Highlights

- As part of the overall UN-wide effort, UNICEF continues working around the clock to scale-up and deliver a response across its sectors to address the needs created by the COVID-19 pandemic.
- To date, UNICEF and partners have reached over half a billion people with COVID-19 prevention messaging around hand washing, cough and sneeze hygiene.
- UNICEF has provided around USD 4 million in hospital equipment including defibrillators, electrocardiogram monitors, portable ultrasound systems, infusion pumps; and Personal Protective Equipment (PPE) including N95 masks, gloves, protective goggles, face shields and protective boots. The PPE has been provided to 40 million health care and front-line workers.
- Being increasingly aware of the unintended consequences of some of the decisions taken to contain the spread of COVID-19, UNICEF issued a Technical Note on the Protection of Children during the Coronavirus Pandemic to guide the actions of government and partners.
- End Child Poverty Global Coalition, co-led by UNICEF, launched a mini knowledge hub on their website dedicated to COVID19 impact on poor children.
- Over 154 million children in eight countries are being supported with distance/home-based learning.

Funding Overview and Partnerships

As of 31 March, UNICEF has received US$52.2 million thanks to generous contributions from the Japan, United Kingdom, United Nations Central Emergency Response Fund (CERF), United States of America, Republic of Korea, Asian Development Bank, private sector, Switzerland and Australia, as well as a contribution through World Health Organization (WHO). In addition, to rapidly kickstart activities at the onset of the outbreak, UNICEF issued an internal loan to its regional offices through its Emergency Programme Fund mechanism to the value of US$8 million on a “no regrets basis”.

UNICEF’s appeal and strategy are in line with the WHO’s inter-agency Strategic Response Plan and the COVID-19 Global Humanitarian Response Plan led by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

With the fast-moving spread of the pandemic UNICEF requires, now more than ever, flexible and timely funding so that it can be allocated quickly to where it is most needed and as the situation evolves. A lack of flexible funding will diminish the humanitarian system’s capacity to respond effectively and efficiently.

For up to date information on the funding status of the UNICEF appeal of $651.6 million, please visit https://www.unicef.org/coronavirus/donors-and-partners.

Situation in Numbers

- 1.58 billion Children and youth affected by COVID-19 school closures
- 750,890 Laboratory-confirmed 2019-nCoV cases
- 36,405 COVID-19 deaths

UNICEF Appeal 2020

US$ 651.2 million

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<th>Funding Status (in US$)</th>
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*Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.
Situation Overview & Humanitarian Needs

Since the start of the outbreak in December 2019, the new coronavirus has spread to nearly all countries and territories. As of 31 March 2020, there have been over 750,000 confirmed cases of coronavirus disease 2019 (COVID-19), with over 36,000 deaths reported\(^1\), including among children. Basic preventative measures like handwashing with soap and water are much more difficult for poor and vulnerable people with an estimated 2.1 billion people worldwide lacking access to safe, readily available water at home.

Country-wide school closures implemented by governments to control the spread of COVID-19 are now in place in 188 countries, resulting in over 1.5 billion learners studying remotely\(^2\) or without access to education. In many settings, remote learning will not reach those without internet access, and learning will be challenging for many without appropriate supervision. Children on the move are already disproportionately affected by learning disruptions, and they are at great risk of exclusion from online or other alternative learning options. As schools close, school meals and other support services are no longer available for the poorest children. Even when schools reopen, children will be returning to only 53 per cent of schools having basic hygiene services (defined as having a handwashing facility with water and soap available). Nearly 900 million children worldwide lack basic hygiene services at their school, increasing their risk of exposure to diseases such as COVID-19.

In many countries, especially those with ongoing humanitarian crises, the COVID-19 outbreak is creating significant additional pressure on the already overburdened social service delivery systems, exacerbating the vulnerabilities of affected populations. The urban poor, migrant, stateless, internally displaced and refugee populations are especially at risk as they tend to live in overcrowded settings, making it incredibly difficult to practise social distancing. These settings often also lack continuous access to health, water and sanitation services. Populations on the move will be further exposed to the disease as basic essential and life-saving services are hindered due to control measures, movement restrictions, border closures and discriminatory access to testing and other health services.

Humanitarian Leadership, Coordination and Strategy

At the global, regional and country levels, UNICEF is coordinating efforts to reduce transmission and mitigate the impacts of COVID-19 with national authorities, UN and other partners, including WHO, International Federation of Red Cross (IFRC), national Centres for Disease Control (CDCs), NGO partners and the private sector. UNICEF is working closely with all partners worldwide through its 7 Regional Offices and HQ.

At global level, UNICEF Executive Director regularly attends the Inter-Agency Standing Committee Principals coordination meetings as well as meetings of the SG’s Executive Committee – both are key forums for top level decision making in the overall COVID-19 response. Under the auspices of the Executive Committee, UNICEF also actively contributed to the SG’s Report on the UN’s COVID Response which maps out the UN’s approach to the medium- and long-term development challenges caused by the outbreak.

In addition, UNICEF works within the UN-led architecture and government systems to ensure the needs of children and pregnant women are included in the guidance, response plans and country-level implementation. UNICEF’s work contributes to both outbreak control and the collateral impacts of the outbreak including to ensure continuity of essential social services for children, women, and vulnerable populations in COVID-19 affected areas. Here are some key examples:

The UN Crisis Management Team (CMT)

UNICEF is a leading member of the CMT which is comprised of 10 UN agencies, and hosted by the United Nations Operations and Crisis Centre (UNOCC). UNICEF co-leads 2 of the 10 workstreams: social impact (UNICEF) and supply chains (WHO/WFP/UNICEF).

UNICEF engages through UN country coordination mechanisms (led by UN Resident Coordinators - RCs) to ensure continuity of essential services and mitigation of social and economic impacts, for example (but not limited to) education, nutrition and child protection. UNICEF and the broader UN system have already issued programme guidance for country offices.

Inter-Agency Standing Committee - Emergency Director Group

The group is leading coordination in countries affected by humanitarian crisis through the cluster system. UNICEF leads on the Nutrition, WASH, Education Clusters and Child Protection Area of Responsibility (AoR). UNICEF is also a key partner in the Health Cluster and Gender Based Violence Area of Responsibility ensuring that children’s needs are represented, planned and accounted for.

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1 WHO sitrep #71; 31 March 2020
2 https://en.unesco.org/covid19/educationresponse accessed 31 March 2020
WHO Incident Management Support Team

The WHO response to COVID-19 is led globally through a global and regional Incident Management Support Team (IMST). UNICEF HQ is a key stakeholder of the IMST structure at global level, with UNICEF staff integrated in the structure and UNICEF Regional Offices are actively coordinating and collaborating with regional WHO IMST. Specifically, UNICEF is co-leading the Risk Communication and Community Engagement (RCCE) pillar, is part of the Supply Chain Interagency Coordination Cell and the IMST strategic partner coordination mechanism. In addition to the core activities of the IMST structure, UNICEF is also represented through its technical experts in the WHO experts’ groups on developing technical guidance for Case Management, Infection Prevention and Control, in the area of work related Research and Development for Vaccine and Social science as well as Case Management and Infection Prevention and Control, and is actively engaging and coordinating for regional and country support as well as strategic planning and financing.

Summary Analysis of Programme Response

**Strategic priority 1: Public health response to reduce novel coronavirus transmission and mortality**

UNICEF has provided around USD 4 million in hospital equipment and Personal Protective Equipment (PPE) including defibrillators, electrocardiogram monitors, portable ultrasound systems, infusion pumps, N95 masks, aprons, coveralls, gloves, protective goggles, infrared thermometers, face shields and protective boots.

UNICEF is working with more than 1,000 suppliers, wholesalers and manufacturers globally through regional and country offices, UNICEF national committees, and trade commissions to secure PPE items increasing its pipeline to provide millions of units of PPE products scheduled for delivery by suppliers in April and May 2020. UNICEF is part of joint-UN industry consultation with coordinated UN forecasts, political advocacy with national counterparts to fast-track regulatory clearances, ease border restrictions and allow flexible financing to support procurement at scale.

All polio surge human resources for vaccine management and C4D in Pakistan, Afghanistan, Niger, Somalia, South Sudan, Chad and the Democratic Republic of Congo have been directed to support COVID-19 (supply chain management, logistics working groups, health promotion working groups for COVID-19). UNICEF headquarters members of the rapid response team are currently in Niger, DRC and Chad and are supporting the logistics and communication working groups for the COVID response.

**Strategic priority 2: Continuity of health, education and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response.**

UNICEF continues to stay and deliver life-saving humanitarian aid in crisis affected countries. UNICEF issued this press release on 20 March 2020, urging governments and partners to take action, guided by the Technical Note on the Protection of Children during the Coronavirus Pandemic. The Note was produced under the leadership of UNICEF and through the contribution of several agencies under the aegis of the Alliance for Child Protection in Humanitarian Action.

The COVID-19 pandemic has upended family life around the world. School closures, working remote, physical distancing — it’s a lot to navigate for anyone, but especially for parents. In order to support parents to address anxiety and insecurity felt by their children following school closures, and their own mental and emotional stress, UNICEF has worked with Parenting for Lifelong Health and other key partners in the dissemination of evidence-based, positive parenting resources. Please see our public website.

UNICEF also worked with the IASC MHPSS Reference Group to issue guidance, available in multiple languages, that addresses the mental health and psychosocial aspects of the outbreak. Understanding and addressing mental health and psychosocial considerations will be key to stopping transmission and preventing the risk of long-term repercussions on populations’ wellbeing and capacity to cope with adversity.

An increase in gender-based violence is expected in the countries most affected by the COVID-19 outbreak, based on previous experience of epidemics and reports are already coming in. For example, domestic violence organisations have observed that extended quarantine and other physical distancing measures have increased the reports of domestic violence, due to household stress of economic and health shocks combined with coexistence in narrow living spaces (Violence Against Women and Girls Helpdesk report, March 2020). UNICEF is also concerned about the risk of sexual exploitation and abuse, and negative coping mechanisms including child marriage. Please see guidance issued 10 March 2020 by the GBV area of responsibility Helpdesk, managed and funded by UNICEF, on adapting GBV case management for COVID.

UNICEF Social policy global twitter channel started promoting messages on socio-economic impact of COVID, which received 10.4K views over the past week.

End Child Poverty Global Coalition, co-led by UNICEF, launched a mini knowledge hub on their website dedicated to COVID19 impact on poor children.
The East Asia and Pacific region (EAP) was the first region to be affected by COVID-19 and with over 110,000 confirmed cases, it remains one of the most heavily impacted regions. All countries in the region have been taking measures to prepare for or mitigate community contagion of COVID-19. While the outbreak’s burden on health systems increases rapidly, and affects healthcare provision unrelated to COVID-19, necessary mitigation measures are affecting livelihoods and access to public services. School closures implemented by countries in the region to contain the spread of the virus have affected 323 million children and may have unintended consequences in terms of child protection, if alternative care arrangements are not in place. The impact of the closure of companies and economic slowdown is mostly felt by those families that were already on unstable and low wages. Urgent efforts are needed to contain the outbreak and to support health systems and communities to mitigate the impacts.

Programme Response Highlights
Responding to a regional context with both middle-income and low-income countries, UNICEF’s approach in EAP is a combination of critical upstream interventions such as technical assistance to communication strategies and IPC and prevention trainings to essential health personnel, and downstream activities such as strengthening handwashing installations in schools and direct provision of hygiene kits to vulnerable groups. To mitigate the secondary impacts of the COVID-19 crisis, UNICEF supports governments in EAP with facilities for continued learning, provides technical assistance for continued child protection services and assists to leverage social protection systems to meet income needs of affected families. UNICEF harnesses its social and traditional media assets to reach people with accurate information and prevention messaging as well as to engage with children, adolescents and their caregivers. Where critical gaps in necessary PPE and WASH supplies exist, UNICEF assists governments in meeting the needs of their populations.

Pillar in Focus: Risk Communication and Community Engagement
Indonesia: Through UNICEF’s support to developing a public information campaign with the Emergency Coordination Authority, a website was launched that provides the public with content and messages for key target groups, a hoax buster section, educational materials, articles and case data. The site has been visited more than 4 million times in the week after its launch.

Myanmar: UNICEF has targeted COVID-19 messaging to vulnerable populations in IDP camps in Kachin state as well as at other at-risk groups including communities with high levels of labour migrants.

Philippines: UNICEF supported the Department of Health with its mass and social media plans and with its first live Facebook event following the lockdown in Manila. The event was watched over 500,000 times on Facebook, and on the pages of major national news outlets.

Thailand: UNICEF’s video “Careful but not panic” was launched on UNICEF’s social media channels, including its Facebook channel where the video was already viewed 306,000 times. The video also aired on Thai public television. UNICEF worked with WHO and the Migrant Working Group to develop a COVID-19 prevention and response plan for Thailand’s migrant population.

Vietnam: UNICEF’s social media outreach has reached over 2 million people with more than 30 online assets published including videos, images with prevention and public health messages. A key group of influencers feeding into the social media outreach are the Mummy bloggers who are a group of female parents who share their lives through blogs, vlogs and social media.

Pillar in Focus: IPC, WASH and supplies
Cambodia: UNICEF provided the Government with handwashing supplies for distribution to residential care facilities, religious facilities, ID-poor households and communities.

Democratic People’s Republic of Korea: Critical PPE supplies were provided to DPRK that will equip 500 health workers as part of the Government-led preparedness measures.

Solomon Islands, Vanuatu, Fiji and Kiribati: UNICEF provided governments with tents to be used as holding areas, testing centers and hospital extensions.

Papua New Guinea: UNICEF constructed WASH stations in schools that will benefit 56,000 schoolchildren.
Eastern and Southern Africa

Situation Overview & Humanitarian Needs

The COVID-19 situation in the Eastern and Southern Africa Region (ESAR) is evolving rapidly with new countries confirming outbreaks almost daily. As of 30 March, a total of 1,610 cases with six deaths had been reported by 15 out of 21 countries in ESAR. South Africa has reported over 1,200 cases in just under a month and there are six other countries where local transmission has been confirmed. Laboratory capacity in the region has increased, with most countries in the region now having the capacity to conduct confirmatory testing for SARS-CoV-2 virus. Test kits will need to be urgently replenished to keep up with growing demand. In many countries of the region, the COVID-19 outbreak has forced governments to take strict containment measures which have impacted the social and economic lives of the population. Although spared from the immediate health consequences of the COVID-19 pandemic, children are being severely impacted from lower household income, rising prices and reduced access to social services, including school closures. The closure of education institutions in 20 countries is depriving over 119 million children of education, and not all countries are able to provide immediate alternative learning options. Air travel and border closures are limiting access to supplies and technical expertise for response, and while remote support is currently being provided it also has obvious limitations. Advocacy for universal access to services (including for migrants, refugees and IDPs) as well as against stigmatisation and xenophobia is key.

Programme Response Highlights

In ESAR, UNICEF is taking a three-pronged approach to addressing the COVID-19 crises: emergency response to address containment measures and response to case management; sustaining existing programming to the extent possible; and planning for and putting in place measures to address the socio-economic impact of the crises. External coordination includes co-leadership and participation in the regional RCCE, supply, MHPSS, and continuity of essential services COVID-19 technical working groups (TWGs). Internal support is cross-sectoral in nature and includes monitoring of the outbreak; procurement of COVID-19 supplies for case management; and ensuring the continuity of essential lifesaving services, especially perinatal, curative services and community treatment for common causes of illness among children under five. Guidance on infant and young child feeding (IYCF) in the context of COVID-19 has been shared with countries and a regional statement on IYCF was developed together with WHO, UNHCR and WFP. To respond to school closures (affecting 20 out of 21 countries in the region), ESAR Education team provided support on knowledge management, technical input on distance learning, budgeting and fundraising through a developed costing tool. ESAR Child Protection team provided technical assistance on the prevention of, mitigation of and response to violence, abuse and neglect through GBV, VAC and PSEA programming. ESARO is additionally providing technical support on MHPSS and advocacy for the continuity of services and prevention of family separation in quarantine centers. The regional Supply team is providing technical advice and hands on support to countries to fast track procurement of COVID-19 related supplies. The team is also engaged in monitoring of supply chains for essential commodities (e.g. for management of SAM, antimalarials, etc.) and has contracted a partner to conduct a regional market survey for essential as well as COVID-19 supplies.

Country in Focus:

South Africa: In South Africa, where almost 13 million learners have been impacted by school closures due to COVID-19 and are currently out of school, UNICEF is scaling up RCCE programming to support learners and spread messaging on handwashing to combat the virus. UNICEF is supporting the Department of Basic Education (DBE) to produce ECD, pre-primary and primary education lessons that can be broadcast through radio, television, social media platforms and other distance learning platforms as required. UNICEF is leveraging existing ECD partnerships (including the National Early Childhood Development Alliance and the South Africa Congress for ECD) to support parents and caregivers through platforms such as P.L.A.Y. Online, an in-service training database of more than 100,000 ECD practitioners; and ECDmobi, which reaches more than 100,000 parents. For learners at the primary and secondary levels, UNICEF is supporting DBE through the Children's Radio Foundation to develop and provide education messages to out-of-school learners through youth-friendly radio; working with SABC TV and Radio to broadcast lessons; and partnering with Vodacom, MTN, Telkom and Cell-C to provide electronic readers. Through partnerships with USAID and Unilever, UNICEF has also launched the “Littlehandsmatter” campaign to target the estimated 5.5 million people living in informal settlements with poor access to water, focused on establishing hand-washing stations and disseminating messages on handwashing through the South Africa Broadcasting Corporation (SABC), community radio stations, religious organisations, civil society organisations and social media.
Europe and Central Asia

Situation Overview & Humanitarian Needs
The situation of the twenty countries in Europe and Central Asia (ECA) is urgent: all but two are reporting cases; eight have declared state emergencies; 16 have temporarily closed schools. With schools closed, home-based quarantine, parents are frontline responders, requiring support to ensure health, wellbeing and learning at home. Stay-at-home orders have heightened risks of violence in the home and potential neglect and mistreatment of children in residential institutions and other closed facilities. In refugee hosting countries, children are particularly vulnerable, especially those living in reception centres or overcrowded, informal, unsanitary conditions. Children, adolescents and youth, particularly those most vulnerable, need preventive information, a means to action hygiene and health advice and psychosocial support. A key ask from Governments is support to procurement of essential, strategic health supplies and equipment. Despite global market constraints, UNICEF has made preliminary deliveries in 11 countries, however significant needs remain.

Programme Response Highlights
UNICEF response is focused around 6 pillars: Supporting national efforts on Risk Communication and Community Engagement, with key messages on COVID-19 safety, protection, positive parenting, and being of service to others reaching thousands of children, parents and target audiences through multilingual print materials, video, social media and interactive platforms like U-Report polls. Interactive technology, like an AI-powered Q&A ChatBot for COVID-19 response (https://healthbuddy.info/) built on a RapidPro platform, has been launched in English and Russian, highlighting the region’s capacity to incubate and replicate innovations. Procuring, delivering life-saving supplies (PPE, hygiene items, medical equipment) to Government facilities and front-line social workers, alongside technical support to health authorities on surveillance, advocacy and capacity building. Ensuring continuous learning, by working with MoEs to support distance learning, for all languages and ages, through digital platforms and TV broadcasts; creating print and digital resources for parents and caregivers to support children and monitoring secondary impact on education in at least 6 countries. Focusing on engaging Adolescents and Young People in efforts to keep communities safe, including in 10 countries where the U-Report platform has already provided 220,157 feedback on COVID-19 polls. Improving Access to Health Services, Child Protection and Social Protection by tackling increasing threats to child safety and wellbeing, including mistreatment, GBV, exploitation, social exclusion and separation from caregivers. UNICEF is also focused on ensuring continuity of health, protection and social services, for the most vulnerable populations paying special attention to reach children in institutions, refugee and other high-risk communities. Supporting Data Collection Analysis and Research to better understand and analyse the impact of COVID-19 on children and families, particularly most vulnerable due to reduced access to healthcare, school closures and limited child protection/social protection services.

Countries in Focus:
UNICEF is employing various risk communication and community engagement approaches to keep children and their families safe. In Croatia and Kyrgyzstan, UNICEF has been disseminating information via social network channel, producing local and adapting global content. To combat misinformation and fake news, UNICEF is regularly sharing content from reliable sources, including government entities.

Croatia: Young people have been engaged in finding solutions to the challenges of the pandemic, include co-creating communication tools and content to promote responsible behaviour and safety to reduce negative impacts on mental health, stigmatization and discrimination. In partnership with the Croatian Agency for Electronic Media, UNICEF is organizing online activities related to media literacy (educational materials, webinars, virtual classrooms, articles, social banners), focusing critical thinking, recognition of fake news and online safety.

Kyrgyzstan: UNICEF volunteers are engaged to spread messages through social media/channels. UNICEF is supporting the Ministry of Education to develop the Strategic Response Plan for the Education Sector, providing technical support for the planning of distance learning via online and TV platforms, development of education materials for school children including for children with disabilities, and supporting teacher training on remote teaching and learning methodologies. The team is working closely with the Government, WHO and ADB to secure medical supplies procurement, especially PPEs and Oxygen Concentrators, through UNICEF supply division.
Latin America and the Caribbean

Situation Overview & Humanitarian Needs
The number of confirmed cases in Latin America and the Caribbean (LAC) has grown rapidly since the first case was reported in Brazil on 26 February, to more than 16,000 cases as of 30 March³. All 36 countries and territories where UNICEF works have confirmed cases, with Brazil, Chile and Ecuador reporting the highest numbers. With the disease spreading in countries with weak health and protection systems, especially those with ongoing emergencies, the impacts could be devastating. Most of the governments have established strict measures including partial or total lockdown, school closure, limits on public gatherings, and ceasing of all but essential economic activities. With most countries closing their borders,⁴ and migration through irregular channels increasing, migrants are risking deportation or refoulement. Over 159 million children⁵ are temporarily out of school and affected by the interruption of services such as school feeding. As 50% of the labour force in the region is informal,⁶ millions are at risk of losing their source of income and will depend on humanitarian assistance. The global shortage of supplies is creating bottlenecks and delays in the provision of essential supplies for the response.

Programme Response Highlights
Among priority areas of engagement, aiming at enhanced preparedness and response capacity - at national and local level - are: risk communication and community engagement; infection prevention and control through handwashing campaigns in 19 countries, procuring and distributing critical items; identification/development of context-appropriate strategies to ensure education continuity through flexible home-based learning through on-line platforms, radio and TV, depending on connectivity; ensuring continuity of primary health care services, especially in contexts with weak health systems, for women, children and adolescents; strengthening shock-responsive social protection systems - including cash-based interventions. Collecting situation and secondary impact data is a cross-cutting priority. At the regional level, focus is on technical support to Country Offices and provision of critical PPE, WASH and medical supplies, including by prepositioning of Regional Office stock, sourcing locally when possible. As the situation is rapidly evolving, UNICEF is revisiting its country/regional response plans and funding needs to better suit the changing needs.

Countries in Focus:
Colombia: On 23 March 2020, Colombia was the first Country Office to launch the regional ‘#LearningAtHome Challenge’ campaign, supported by LACRO. In response to parents’ concerns, UNICEF LACRO shares daily home style videos from countries across the region to highlight fun and hands-on learning activities that can be replicated at home. Complementing the launch, UNICEF issued a press release to raise awareness about the issue of schools’ closure.

Venezuela: The Venezuela CO supports the development of distance learning content, and launched a mass media campaign to disseminate prevention messages via SMS (targeting 8.5 million people), UNICEF social media channels (over 445,000 people) and radio spots (with audience of over 10 million people). Over 13,450 masks, 1,500 pairs of gloves and 2,900 PPEs are being delivered in health facilities and vulnerable communities, hand-washing points have been installed in border reception centers and over 50,000 people in areas with water shortages have benefited from water tanks.

³ Coronavirus COVID-19, Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, 30 March 2020.
⁴ Mainly for travellers, not necessarily for cargo.
Situation Overview & Humanitarian Needs

A significant spread of the COVID-19 outbreak was recorded throughout the Middle East and North Africa (MENA) region in the second half of March and is expected to continue over the coming weeks, requiring an increase in support to government-led responses. As of 29 March 2020, 19 out of 20 countries have laboratory-confirmed cases, with Iran - the first country reporting a confirmed case in February - recording 35,408 cases (85% of regional cases) and 2,679 deaths (94% of regional cases). Negative impacts on systems are starting to become visible, ranging from a rapid slowdown of economic activities to the disruption of basic social services affecting in particular the most vulnerable children. All students and school-aged children in the MENA region — over 110 million children and youth — are unable to attend class because of nationwide school closures, on top of the 15 million children already out-of-school. This includes the 1.3 million Syrian refugees enrolled in formal and non-formal education in the five refugee-host countries. MENA has the greatest concentration of pre-existing humanitarian needs in the world due to conflicts and/or turmoil and political transition. The COVID-19 outbreak is putting the population in those countries at further risk, including for displaced populations often living in overcrowded settings, making it incredibly difficult to practice social distancing. An additional concern has been the need to sustain urgent life-saving humanitarian actions related to health, nutrition, water and sanitation and child protection in conditions of lockdown. With borders closure and flights cancellation, the delivery of emergency supplies has become more challenging; UNICEF shipments are being re-routed or mode of transportation changed to ensure delivery of supplies, within constraints in the availability of supplies globally. The Ready to Use Therapeutic Food pipeline for countries like Sudan and Yemen is secure for the time-being if some of the planned flights and movements of supplies can be completed. Steps are being taken to secure the supply of vaccines.

Programme Response Highlights

In all countries of the region, UNICEF is working with line Ministries and WHO to establish or reinforce coordination mechanisms for RCCE, and developed RCCE materials on COVID-19 prevention and risk reduction practices in local languages, including Arabic, Farsi, Kurdish, French, Somali, Hausa, Amahric, and Tigrinya (focused on migrants), as well as English and local dialects. The messages are being promoted through a mix of channels including TV, radio, social media, press, billboards, printed materials, religious leaders, health workers and social media influencers. In Algeria, UNICEF is engaging youth through the Algerian Muslim Scouts association. UNICEF is assisting Governments with the provision of critical medical and WASH supplies and activities related to the improvement of IPC, delivering supplies to 10 out of 20 countries in the region. In 8 out of 20 countries, UNICEF is providing technical assistance and developed guidance, SOPs and guidelines for health workers on management of COVID-19 cases for children, pregnant and breastfeeding women. UNICEF is supporting Governments and partners in 7 countries in the production and dissemination of educational E-learning modules and broadcast materials for Radio, TV and online platforms, as well as guidance for parents on home-schooling and extra-curricular activities.

Countries in Focus:

Iran: Due to the widescale medical emergency across the country, UNICEF is supporting the Ministry of Health and Medical Education (MOHME) with supplies. The scarcity of global production and supply of Personal Protective Equipment (PPE) as well as current travel restrictions and sanctions are challenging for the humanitarian response. In March, together with WHO, UNICEF procured vital and lifesaving equipment for medical and social workers. About 16 metric tons of PPEs were provided to hospitals treating COVID-19 patients in 6 provinces, including 136,500 pack of 50 surgical masks, 10,080 N95 Masks, 71,036 surgical gowns and 241 surgical goggles. More supplies are in the pipeline to cover other affected provinces. ICO translated UNICEF key messages on prevention and control in schools for the Ministry of Education (MOE) for nation-wide dissemination, and UNICEF initiated a national Mental Health Psycho-Social Support (MHPSS) Task Force on joint Risk Communication, including PSS for students, parents & teachers. The Safe School Guidelines were also translated into Farsi.

Lebanon: UNICEF multi-sectoral response is targeting up to 6 million people, with a focus on children and families. In March, in addition to strengthening RCCE, UNICEF provided IPC supplies and PPE worth US$ 1.9 million for Public Health Centres (PHC), Social Development Centres (SDCs), informal settlements and frontline workers. UNICEF developed IPC training materials, conducted Training of Trainers (TOTs), and trained (with WHO) over 1,000 front-line workers in 192 PHCs. UNICEF already started a blanket distribution of soap and Information, Education and Communication (IEC) materials, including Hygiene promotion, reaching 80,000 people.
Situation Overview & Humanitarian Needs
During the month of March, the overall situation in the region has rapidly escalated from eight cases at the beginning of the month to over 3100 confirmed cases. The highest increase has been reported in Pakistan, followed by India, Afghanistan, Sri Lanka, Bangladesh, and Maldives. While WHO is urging countries to test more people, the number of tested cases remains very low in the region. Except for Nepal, all cases in the region are classified as local transmission. The increasing number of cases in Bangladesh particularly the reported case in Cox Bazar is a major concern. More than 855,000 Rohingya refugees are at high risk considering the overcrowded living conditions. In addition, the restrictions of humanitarian operations into the camps could have a negative impact on the delivery of services. While most of the land borders with neighboring countries have been closed, there are concerns for the mass movement of Afghan returnees from Iran to Afghanistan. According to IOM, more than 115,000 returnees crossed the Islam Qala border crossing alone over a two-week period ending 21 March thereby increasing the risk of the spread of the disease. While it is too early to assess the impact of the lockdown, in India, it has led to mass exodus of vulnerable daily workers fleeing towns for the villages. In Pakistan the restrictions on movement has led to closure of over 300 nutrition sites in Sindh and Khyber and Pakhtunkhwa (KP) provinces for treatment of severe acute malnutrition (SAM) cases.

Programme Response Highlights
The Regional Office and Country offices response plans have been developed in alignment with the 2020 WHO Global Strategic Preparedness and Response Plan (SPRP), and the 2020 UNICEF COVID-2019 Humanitarian Action for Children Appeal. The key priority for the RO/COs is on the immediate measures that must be undertaken to prevent and respond to the COVID-19 outbreak in each country focusing on the following areas; (1) risk communication and community engagement, (2) critical medical and Water Supply and Hygiene (WASH) supplies and services, (3) provision of healthcare and nutrition services, (4) access to continuous education and child protection services, and promoting cash transfers to address the social impact of the epidemic. Recognizing the specific impact on women, adolescents and children, the strategy includes engagement with women leaders and organizations to reach communities, and integration of measures for Gender Based Violence (GBV) prevention and response across sectors. Building on UNICEF’s wide network of offices, ongoing programs and vast network of partners, UNICEF in South Asia stepped up its engagement in risk communication and community engagement relying on its know-how on hygiene promotion, social and behaviour change communication and experience from previous epidemics, including in this region (SARS, H1N1 etc).

Country in Focus: Bangladesh
Risk Communication and Community Engagement
UNICEF distributed its first television public service announcement (PSA) on COVID-19 prevention and a handwashing video co-created with volunteers to 15 TV stations. The spots started airing on primetime on 25 March. The PSA was also promoted through social media and as of 26 March reached 1 million views, 50,000+ reactions and 11,000+ shares. With support from C4D and WASH, Islamic Foundation of Bangladesh designed and printed 600,000 fact sheets titled Prevention of Coronavirus (Covid-19) infections in light of Islam that have been disseminated to 500,000 imams nationwide. In Cox’s Bazar, radio programmes are being aired every 30 minutes in different formats (jingles, magazine and call-ins). Three cable operators are airing the Deputy Commissioner’s Video PSA, reaching estimated 100,000 people. UNICEF’s implementing partners reached 294,000 people in 9 camps through 215 community health volunteers with handwashing and COVID-related messaging. A misinformation tracking system has been established and the National Telecommunication Monitoring Centre liaises with Facebook for removal of incorrect messages. As of 27 March, 109,000 people had accessed the U-Report COVID-19 information centre (chatbot). Most sought information on what coronavirus is (26%); how it is spread (19%); symptoms (13%); and how to protect themselves (12%). On average, each user accessed the information centre 4.7 times.

Critical medical and IPC supplies
- The first local procurement items have been received by Central Medical Store Division, Dhaka (15 oxygen cylinders, 10 ventilators and 447 pulse-oximeters) for nationwide use. The overall supply requirements, including for personal protective equipment (PPE), were estimated in collaboration with government for nationwide preparedness of health facilities under COVID-19 response plan.
- In Cox’s Bazar, the 50-bed COVID-19 isolation and treatment unit at Ramu Upazila Health Complex is expected to be completed in the coming week with support from all key health partners. UNICEF is providing equipment (including oxygen concentrators and resuscitation and sterilization kits), consumables and medicines.
- Soap was distributed to 29,000 households and 2,500 household handwashing facilities were installed. Soap availability is being closely monitored.
West and Central Africa

Situation Overview & Humanitarian Needs

The pandemic is escalating in West and Central Africa (WCA) region with 23 out of 24 countries that have COVID-19 confirmed cases, including 12 countries with local transmission. The stringent measures taken by many governments including border closures are impacting the procurement of essential supplies needed for the response (PPE, oxygen concentrators) as well as essential medicines including vaccines to ensure continuation of routine health services. As a solution, UNICEF and other UN agencies in WCA region are advocating for governments to create humanitarian corridors for aid workers to deliver much needed humanitarian supplies and support to affected populations. As of 30 March, schools in all 24 countries have been closed by governments due to COVID-19, affecting 128 million children in addition to the 41 million out-of-school children in the region. The region faces multiple, underlying vulnerabilities, including food insecurity, undernutrition, and disease burden coupled with high levels of poverty and limited access to clean water and sanitation facilities which places the population at higher risk of infection. The region is also at risk of collateral impacts of COVID-19 linked to both the epidemic and the response including increase in acute malnutrition in vulnerable households.

Programme Response Highlights

In WCA, UNICEF is supporting Governments in the development and implementation of their COVID-19 response plans. All offices have finalized their internal response plan focusing on support for RCCE, provision of critical WASH-IPC materials and services in health facilities and within communities and continuity of essential health services. UNICEF is leading the coordination of regional partners’ support on RCCE pillar, and co-leading the Operational Coordination, the case management & IPC and the logistic & operational support. UNICEF is also leading a Nutrition subgroup under the Food Security and Nutrition Working Group to enhance coordination of nutrition interventions related to COVID-19. The regional office is also involved in the coordination of the cross sectoral contribution to the response through the Education and Protection sections. The Regional Office created a COVID-19 Hotline so that country offices can rapidly access useful information and technical support on C4D/RCCE, WASH and Health. In Education, the regional office is supporting all 24 countries in finding country-based solutions to ensure continue education for 128 million children, and support the Education sector in planning, response and monitoring the learning outcomes.

Pillar in Focus: Risk Communication and Community Engagement

Cote d’Ivoire: SMS messages reinforcing hygiene protocols were sent to 24 million mobile networks users and a Coronavirus information center (1364) was activated with more than 1.3 million consultations. In Abidjan, 26 containment sites were provided with handwashing devices and liquid soap. With the closure of a schools since 16th March, UNICEF as the Education Donor Group sector lead is actively supporting the Ministry of Education to set up alternative education mechanisms including through TV, Radio and a SMS based platform.

Democratic Republic of the Congo: In DRC, key messages for the use of community platforms were developed and 105 community mobilisers trained to develop a micro-plan of community engagement in collaboration with the respective Community Animation Units, local leaders and influencers. UNICEF is also supporting a COVID19 hotline to promote dialogue around COVID19 and address communities' feedback; 50 phone operators have been trained already.

Gambia: UNICEF provided to Ministry of Health 500 5 liters containers of bleach, 500 units of soap powder, and 1,500 units of laundry soap to support implementation of IPC in health facilities.
Human Interest Stories and External Media


Dallas television station [26 March] Struggling to homeschool during school closures? UNICEF has some advice

DEVEX Article Published citing UNICEF experts: [What does a COVID-19 response look like with limited water](https://www.unicef.org/coronavirus/covid-19-resources-practitioners)


Next SitRep: 13 April 2020


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Annex A

Summary of Programme Results

Total number of countries included in SitRep: 92

Risk Communication and Community Engagement (RCCE)

Target for Dec 2020

502,833,488
Number of people reached on COVID-19 through messaging on prevention and access to services

37%
Results by March 2020

Included in CO response plan
Countries set target
Countries reported results

Target for Dec 2020

360,311,382
Number of people engaged on COVID-19 through RCCE actions

20%
Results by March 2020

Included in CO response plan
Countries set target
Countries reported results

Target for Dec 2020

24,294,688
Number of people sharing their concerns and asking questions for available support services to address their needs through established feedback mechanisms

11%
Results by March 2020

Included in CO response plan
Countries set target
Countries reported results
### WASH / Infection Prevention Control (IPC)

#### Target for Dec 2020

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>Target</th>
<th>Included in CO response plan</th>
<th>Countries set target</th>
<th>Countries reported results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>40,292,026</strong> Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td><strong>10%</strong> Results by March 2020</td>
<td><strong>68</strong></td>
<td><strong>42</strong></td>
<td><strong>17</strong></td>
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#### Target for Dec 2020

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<tbody>
<tr>
<td><strong>1,516,048</strong> Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)</td>
<td><strong>6%</strong> Results by March 2020</td>
<td><strong>66</strong></td>
<td><strong>46</strong></td>
<td><strong>10</strong></td>
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<tr>
<td><strong>66,050</strong> Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td><strong>2%</strong> Results by March 2020</td>
<td><strong>40</strong></td>
<td><strong>26</strong></td>
<td><strong>5</strong></td>
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</table>
### Continuity of Health Care

**Target for Dec 2020**

- **1,272,995**
  - Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women
  - **13%** Results by March 2020
  - Included in CO response plan: 44
  - Countries set target: 32
  - Countries reported results: 6

- **12,980,366**
  - Number of children & women receiving essential healthcare services, including immunization, prenatal, postnatal, HIV & GBV care in UNICEF supported facilities
  - **27%** Results by March 2020
  - Included in CO response plan: 43
  - Countries set target: 25
  - Countries reported results: 7

- **6,463,648**
  - Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms
  - **5%** Results by March 2020
  - Included in CO response plan: 47
  - Countries set target: 31
  - Countries reported results: 7

### List of Countries

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Note: The table above lists the countries based on their region and country codes. The filled circles indicate that the country has met the target. The empty circles indicate that the country has not met the target.
Access to Continuous Education, Child Protection, Social Protection and GBV Services

**Target for Dec 2020**

- **154,083,048**
  - Number of children supported with distance / home-based learning
  - **34%** Results by March 2020
  - Included in CO response plan: 73
  - Countries set target: 48
  - Countries reported results: 8

- **612,216**
  - Number of schools implementing safe school protocols (COVID-19 prevention and control)
  - **1%** Results by March 2020
  - Included in CO response plan: 47
  - Countries set target: 33
  - Countries reported results: 5

- **1,149,925**
  - Number of children without parental or family care provided with appropriate alternative care arrangements
  - **1%** Results by March 2020
  - Included in CO response plan: 52
  - Countries set target: 30
  - Countries reported results: 6

---

**Region/Country**

- **EAPR:** Cambodia, China, DPR of Korea, Fiji (Pacific Islands), Indonesia, Lao People’s Dem. Rep.
- **ECAR:** Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Thailand, Timor-Leste, Vietnam
- **ESA1:** Albania, Austria, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Tajikistan, Turkey
- **ECAR:** Angola, Botswana, Burundi, Cameroon, Eritrea, Eswatini, Ethiopia, Kenya, Madagascar, Malawi, Namibia, Republic of Mozambique, Rwanda, Somalia, Uganda, United Rep. of Tanzania, Zambia, Zimbabwe
- **LACR:** Argentina, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Venezuela
- **MENA:** Egypt, Iran, Iraq, Lebanon, Oman, Syria, Yemen
- **SA:** Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, Sri Lanka, WCAR
- **WECAR:** Benin, Central African Republic, Chad, Cote d’Ivoire, Liberia, Mali, Niger, Republic of Cameroon, Sierra Leone
## Access to Continuous Education, Child Protection, Social Protection and GBV Services

### Target for Dec 2020

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>7,541,897</th>
<th>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</th>
<th>3%</th>
<th>Included in CO response plan 70</th>
<th>Countries set target 46</th>
<th>Countries reported results 13</th>
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</thead>
</table>

### Target for Dec 2020

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>46,777</th>
<th>Number of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors, including for PSEA</th>
<th>2%</th>
<th>Included in CO response plan 40</th>
<th>Countries set target 23</th>
<th>Countries reported results 10</th>
</tr>
</thead>
</table>

### Target for Dec 2020

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>1,251,807</th>
<th>Number of households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs</th>
<th>1%</th>
<th>Included in CO response plan 36</th>
<th>Countries set target 21</th>
<th>Countries reported results 1</th>
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</thead>
</table>
Annex B

Funding Status*

<table>
<thead>
<tr>
<th>Funding requirement</th>
<th>Funds Received</th>
<th>Funding Gap</th>
<th>Gap in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 651,576,741</td>
<td>$ 52,200,000</td>
<td>$ 599,376,741</td>
<td>92%</td>
</tr>
</tbody>
</table>

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1 Information on school closures and students affected are from UNESCO and include pre-primary, primary, secondary and tertiary education. [https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures](https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures).