The Coronavirus (COVID-19) has spread to all 12 countries and territories covered by the UNICEF Eastern Caribbean Area (ECA)\(^1\), which comprises of about \textbf{2.3 million people of which 26 per cent are children}. It has severely impacted all areas of life and is as much a health crisis as a social and economic threat, creating extremely challenging situations. The unfolding situation has disrupted all aspects of life, for example, resulting in school closures; loss of jobs in the heavily tourism-reliant economies, heightened food insecurity; importation and overburdening of already challenged government systems.

All countries have temporarily closed pre-primary, primary, secondary schools and universities, and over half a million children are at home. The closures are directly affecting learners and their parents/care givers, further straining family coping capacities and disrupting children’s education for the foreseeable future. The evolving situation requires innovative teaching methodologies to be rapidly developed and implemented to continue learning. \textbf{Children and their families are also suffering large scale disruptions of basic social services and their access to health, food, housing, minimum income and safe social interaction is increasingly affected.}

There are vulnerable groups who risk falling through the cracks in the current crises, which include children in institutions and detention centres, which total approximately \textbf{1,201 children across the 12 countries}; and the estimated \textbf{33,400 migrants from Venezuela located in Trinidad and Tobago.}

With COVID-19 dealing a severe blow to the tourism-dependent economies in the Eastern Caribbean\(^2\), governments’ ability to respond to the myriad needs of their population across several sectors will be severely limited.

\textsuperscript{1} Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines; Trinidad and Tobago; Turks and Caicos Islands.

UNICEF has more than 70 years of experience ensuring the health, education, nutrition and protection of children, especially those most in need. The organization has been working with the small island developing states in the Eastern Caribbean since the 1950s and has supported the subregion during some of its most challenging times.

UNICEF has an integrated approach to address the needs of children throughout their life cycle. UNICEF brings public and private sector actors together to find multi-stakeholder solutions and has a unique dual humanitarian and development mandate to work towards the realization of the rights of all children in emergency and development settings.

UNICEF’s COVID Response Plan aims to reduce human-to-human transmission of the COVID-19 and to mitigate its impacts through: risk communication and community engagement (RCCE), including provision of age and gender-tailored psychosocial support messages and parental guidance for service providers, parents/caregivers; provision of critical hygiene and prevention supplies, and data collection and analysis; and advocating and supporting the expansion of social protection programmes. UNICEF is targeting up to 1 million people (of which 370,000 are primary and secondary school children, and 230,000 parents/caregivers, community members, and educational professionals) with preparedness and/or response activities, in the following pillars:

1. Limit human-to-human transmission and protect individuals from exposure to COVID-19
   a. Risk communication & community engagement (RCCE) including digital engagement and rumours monitoring
      • Coordinate with authorities to track and respond to misinformation and ensure children and their families know how to prevent COVID-19 and seek assistance;
      • Develop and broadcast messaging and information on COVID-19 through social media, radio broadcasts, and other channels including targeted messaging for key stakeholders and at-risk groups based on community risk perceptions (including children, parents/caregivers, pregnant women, health providers etc) and to prevent and mitigate the likelihood of COVID-19 related GBV, child abuse and exploitation. This will include specific support for positive parenting;
      • Launch handwashing campaigns in ECD centres, schools, health facilities and public spaces to improve preventive practices among children, at-risk groups, and the general public;
      • Support innovative approaches to communicate with communities remotely (Facebook live session; radio programme targeting parents and caregivers on child protection, psychosocial support).
   b. Infection Prevention and Control (IPC)
      • Support the Ministries of Education to develop and implement guidelines for safe school operations during a COVID-19 outbreak.
   c. Social sciences research
      • Conduct knowledge, behavioural and attitude change assessments related to COVID-19 outbreak using socialmedia polls and/or telephone interviews among targeted groups at key stages of C4D programme implementation.
2. Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak

a. Assessment
   • Support the assessment and monitoring of the secondary effects of the outbreak and containment measures on the population, with a focus on the most vulnerable, including the impact on education, social support, poverty and other key areas (to be defined in each country).
   • Support the Ministries of Education to develop and implement guidelines for safe school operations during a COVID-19 outbreak.

b. Social Protection
   • Provide technical and financial assistance in advocating, designing, implementing (i.e. market assessment, M&E, data management) a cash-based intervention targeting the poor and vulnerable households with children to mitigate social and economic risks of COVID-19. This CBI will build on existing social protection system, that not only seeks to address immediate basic needs of most vulnerable households but also support stabilizing the economy and keep the local markets functional.
   • Support the development of a social protection financing strategy for countries.
   • Advocate for existing social protection system to support efforts in incorporating cash plus services for households to gain timely and quality access health, education, and child protection services.
   • Advocate on the use of CBI to strengthen the continued effort of the OECS’s priority on resilience building and shock responsive social protection system strengthening.

c. Education
   • Support the Ministries of Education to develop and implement guidelines for safe school operations during a COVID-19 outbreak.
   • Provide guidance to Ministries of Education for the safe reopening of schools and distribution of critical hygiene and prevention items for use in schools; (School level Hygiene Kit)
   • Training of school principals and teachers on use of hygiene kits and preventive practices.
   • Support the Ministries of Education and Health to provide support/referrals for psychosocial support to children, parents and the education workforce.
   • Support the Ministries of Education to update or develop Education in Emergency / contingency plans at Education Sector and school level.
   • Support for the delivery of education through online platforms and support with community level connectivity for under privileged (including connectivity and provision of tablets to underprivileged children to access online educational support).

d. Child Protection
   • Provide group-based education relating to psychological and social needs to frontline workers with children and their families (teachers, health workers, social workers, hotline workers, community workers)
   • Support policy makers/CSOs with best practice Child Protection Guidance
   • Provide individual or group-based counseling for frontline workers with children and their families (teachers, health workers, social workers, hotline workers, community workers)
   • Provide parenting advice and support to prevent child abuse and parental stress via national radio and all social media platforms
   • Provide special engagement of Children and Adolescents to help them process their feelings and to provide sources of support through dedicated social media fora.
   • Provide psychosocial support to adolescents and support life skills, with a focus on mental and emotional wellbeing
   • Provide special engagement of persons (including children and adolescents) with pre-existing mental health and physical conditions and disabilities and their caregivers to assure their safety and to reduce incidences of relapse.

e. Migrant Response
   • Collaborate with IOM and UNHCR, and key partners, to disseminate information, coordinate response plans and minimize the impact of COVID-19 on children and families on the move.
   • Provide appropriate dissemination of culturally and linguistically appropriate, child-friendly and relevant information on COVID-19 to children and families on the move.
   • Work with implementing partners to plan communication, digital learning for children and provision of online psychosocial support.
3. Enhance risk reduction and in-country preparedness including coordination

- Advocate for timely sharing of information and advice to affected populations, increase visibility and resource mobilization to ensure affected and at-risk children and communities have equitable access to diagnostics, care and treatment services.
- Participate in national and inter-agency COVID-19 response coordination mechanisms, as appropriate. Support the enhancement of links across all pillars of response.
- Closely monitor for any secondary impact of the COVID-19 outbreak, including disruptions to health, education and other social services delivery (including due to overburdening of local health systems), changes in care seeking behaviour, impact on the local economy and livelihoods, widespread panic, civil unrest, as well as new/increased protection needs.

Geographical Prioritization

The Country Office Plan focuses on the 12 countries and territories: Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands.
The COVID-19 pandemic can have serious consequences on the lives of boys, girls and adolescents. UNICEF calls upon the international donor community to prioritize the needs of children and their families as part of the international response to the crisis. The consequences of prolonged funding gaps will hamper UNICEF’s capacity to address urgent needs and mitigate the medium- and long-term effects of the crisis. In order to provide urgent and adequate response to the COVID-19 crisis UNICEF Eastern Caribbean Area Office will need **US$9,231,240** to support the Governments of Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands in this response.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding in US$</th>
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<tbody>
<tr>
<td>Risk Communication and Community Engagement</td>
<td>160,000</td>
</tr>
<tr>
<td>Infection Control and Prevention</td>
<td>25,000</td>
</tr>
<tr>
<td>Research, monitoring and evaluation</td>
<td>50,000</td>
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<tr>
<td>Social Protection</td>
<td>4,019,240</td>
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<tr>
<td>Education</td>
<td>4,185,000</td>
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<tr>
<td>Child Protection</td>
<td>800,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,239,240</strong></td>
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</tbody>
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