



**UNICEF  
GLOBAL  
COVID-19**

FOCUS: HEALTH/NUTRITION

**SITUATION**

**Estimated 45% reduction in coverage**

Of key high impact maternal and child health interventions over six months in 118 low-and-middle-income countries.

**Over five million children under five**

Died every year from preventable causes before COVID-19. Disruptions of health systems, along with increasing malnutrition, will increase this.

**Almost 20 million children**

Go without vaccinations every year. Disruptions in routine immunization service delivery have worsened this.

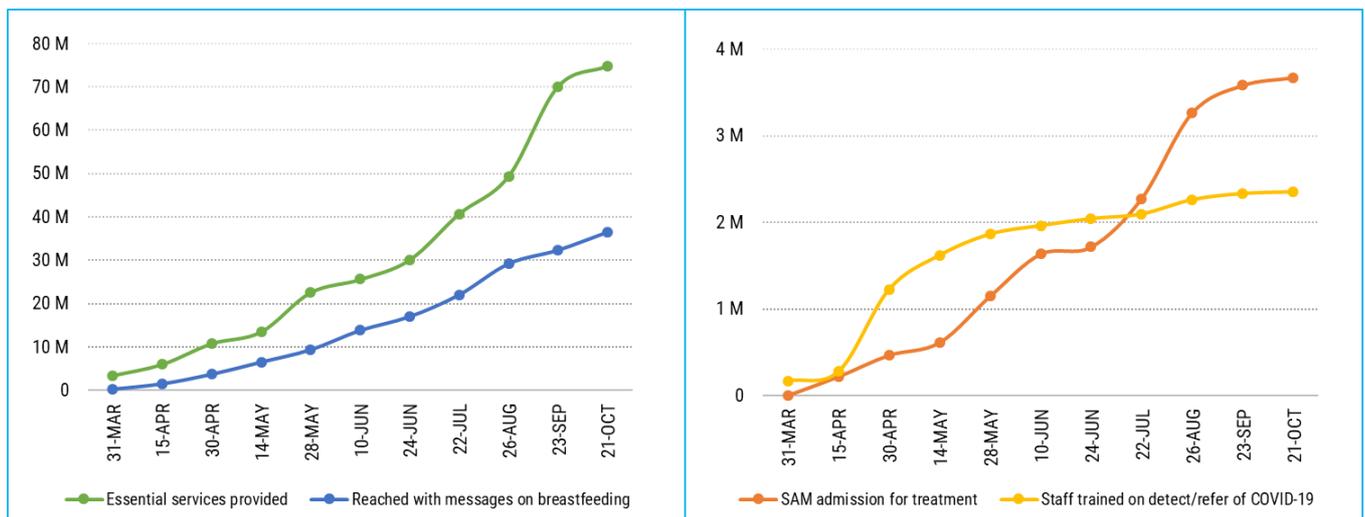
**An additional 6.7 million children**

Could suffer from wasting over the first 12 months of the pandemic (from a baseline of 47 million (2019)), with 80% of them in sub-Saharan Africa and South Asia.

**HIGHLIGHTS**

- UNICEF continued to use innovative approaches to ensure continuity of access to essential services during the pandemic. Through a mix of online and face-to-face modalities, over 3 million healthcare facility staff and community health workers have been trained in infection prevention and control.
- Since the beginning of the pandemic, almost 75 million children and women have received essential healthcare services in UNICEF supported facilities, and over 2 million healthcare providers have been trained in detection, referral and appropriate management of COVID-19 cases.
- UNICEF continued to ensure access to essential nutrition services, including the protection of diets and practices, providing guidance and tools on how to breastfeed and supporting infant and young child feeding practices. Over 36.5 million caregivers have been reached with messages and counselling on infant and young child feeding including hygiene and IPC practices with UNICEF's support.
- UNICEF is supporting governments to expand the coverage of social protection programmes, including supporting families with 'top up' transfers to address food insecurity.

Results trend for 4 health and nutrition pillar indicators throughout the 8 months of COVID-19 pandemic (\*Numbers are from the beginning of the pandemic and should be read as in addition to UNICEF's regular programming.)

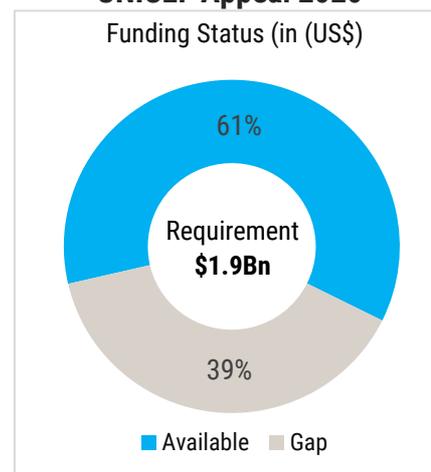


## FUNDING OVERVIEW AND PARTNERSHIPS

By mid-October, UNICEF received US\$1.17 billion in generous contributions from the public and private sectors. Traditional OECD-DAC governments made up 52% of all funding committed. The top contributors to the COVID-19 response are the Global Partnership for Education, the United States, the United Kingdom Department for International Development (DFID), the Government of Japan, and private sector donors. Global Programme Partnerships and International Financial Institutions stepped up and provided resources to respond to the pandemic, including support to continuous education activities. With the complexity and fast-moving spread of the disease globally, flexible resources are essential to support more efficient and effective humanitarian response. Of the total funds received, \$126 million was flexible or softly earmarked. For information on the funding status of the US\$1.93 billion UNICEF appeal, visit: [www.unicef.org/coronavirus/donors-and-partners](http://www.unicef.org/coronavirus/donors-and-partners).

### UNICEF Appeal 2020

Funding Status (in US\$)



\*Funding available includes funds received in the current year; and repurposed funds with agreement from donors.

## SITUATION OVERVIEW & HUMANITARIAN NEEDS

The COVID-19 pandemic continues to cause significant loss of life, disrupting livelihoods and threatening advances in health and global development. As of 12 November 2020, there have been over 51 million confirmed cases of coronavirus disease 2019 (COVID-19), with over 1.28 million deaths reported, including among children<sup>1</sup>.

While the incidence of new COVID-19 cases has increased, the incidence of new deaths has remained relatively stable. New surges have been reported in the US, India, Indonesia, Brazil, Russia and across Europe.

The COVID-19 pandemic is exacerbating existing humanitarian emergencies. In Syria, cases continue to rise as an already strained health care system deals with severe shortage of medicine and equipment. Over 7 million children in Burkina Faso, Mali and Niger are in need of humanitarian assistance, due to instability, armed violence, poverty, hunger and disease, including now COVID-19. In Sudan, more than 4.5 million people are at risk of vector-borne diseases following unprecedented rains and floods. Before COVID-19, the Sudanese health system had already been weakened by years of low funding, lack of personnel and essential medicines. In Venezuela, COVID-19 is further aggravating a pre-existing economic and health system collapse, where hospitals were already short of doctors, medicine and supplies, water, and electricity before the pandemic. After one month of fighting in Nagorno-Karabakh, over 130,000 people have been displaced and at least ten children have been killed. A peace deal has now been brokered with a cessation of hostilities as of Tuesday 11<sup>th</sup> November. The conflict has already exacerbated COVID-19 in both Azerbaijan and Armenia as cases have spiked since the conflict broke out on 27<sup>th</sup> September, with those seeking safety from the conflict being put at further risk due to displacement.

COVID-19 has exposed weaknesses in health systems across the globe in low, medium and high-income settings. Earlier modeling predicted a 15% to 45% reduction in coverage of key high impact maternal and child health interventions over six months in 118 low-and-middle-income countries.<sup>2</sup> Before the pandemic, over five million children under five died every year from preventable causes, including from pneumonia, diarrhea, malaria and vaccine-preventable conditions. Almost 20 million children already go without vital vaccinations every year. Due to disruptions in routine immunization service delivery, many countries have postponed previously scheduled follow-up measles immunization campaigns resulting in the accumulation of susceptible young children, and consequent risks of measles outbreaks. As of late October, over half of planned measles campaigns (in 26 countries) remain postponed due to COVID-19, which may affect at over 104 million persons.

<sup>1</sup> <https://covid19.who.int/>. Accessed 12 November 2020.

<sup>2</sup> <https://protect.everywomaneverychild.org/assets/img/2020-Progress-Report-on-the-EWEC-Global-Strategy-Final.pdf>

The added strain of the COVID-19 pandemic could worsen the situation of child malnutrition globally. In 2020, at least one in three children are not growing well because of malnutrition, and at least two in three are not fed the minimum diet they need to grow, develop and learn to their full potential<sup>3</sup>. Globally, almost 200 million children under 5 suffer from stunting, wasting, or both and at least 340 million from the hidden hunger of vitamin and mineral deficiencies<sup>4</sup>. An analysis published in the Lancet on the impact of COVID-19 on nutrition indicate the number of children with wasting could increase by about 15 per cent (an addition 6.7 million children) over the first 12 months of the pandemic, with 80% of them in sub-Saharan Africa and South Asia. Disruptions of health systems along with increasing malnutrition could contribute to over 56,000 additional maternal deaths over a six-month period, and more than a 1.5 million additional child deaths over the same period, across 118 middle and low income countries.

COVID-19 has impacted the continuity of WASH services. According to UNICEF WASH survey of 75 countries, the most widespread drops in service coverage as compared to this time last year were seen in WASH in Schools and for access to water services at household level. Humanitarian Action for Children appeal countries were more likely to report service disruptions than other countries with nearly 1 in 3 facing a drop in drinking water coverage of more than 10%. 1 in 5 countries reported utilities being unable to collect payments and users being unable to afford services as top reasons for disruption in financing of WASH services, and nearly half of HAC countries reported government redirecting WASH funds to COVID response. Before the pandemic, three billion people globally lacked soap and water at home, 818 million children lacked soap and water at their school (of high importance when children return to school), and 40 per cent of health care facilities were not equipped to practice hand hygiene at points of care.

Approximately 580 million learners continue to be affected due to COVID-19 related school closures (a decline from a peak of 1.5 billion learners affected on 4 April). Before COVID-19, more than 175 million children -- nearly half of all pre-primary-age children globally -- were not enrolled in pre-primary education and 258 million children were out of primary and secondary school. About 370 million children missed out on free or subsidized school meals and the number of families struggling to put food on the table has doubled during the pandemic. When not in school, girls face additional risks of child marriage and child pregnancy, and 7.6 million girls from pre-primary to secondary school are at risk of not returning to school as a result of COVID-19.

Violence prevention and response services have also been severely disrupted. Of the 136 countries that responded to a UNICEF Socio-economic Impact Survey of COVID-19 Response, 104 countries (home to over 1.8 billion children) reported a disruption in services related to violence against children<sup>5</sup>. Recent estimates show that up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence over the next three months<sup>6</sup>.

The COVID-19 pandemic is continuing to have economic and fiscal impacts. According to the Organization for Economic Cooperation and Development, the damage from COVID-19 on the world's major economies is four times worse than the 2009 global financial crisis. For the G20 countries, GDP dropped by 6.9% in the second quarter of 2020, compared to a 1.6% drop recorded in the first quarter of 2009 -- the height of the financial crisis<sup>7</sup>. According to the IMF's June 2020 World Economic Outlook Update, global growth is projected to decline by 4.9 percent in 2020, 1.9 percentage points below the April 2020 World Economic Outlook forecast. UNICEF-SAVE estimates show that an additional 150 million children have already fallen into multidimensional poverty as a result of the pandemic.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

With its dual humanitarian and development child rights mandate, and existing presence at the field, country and regional levels, UNICEF has a strong comparative advantage in its ability to address the scale of COVID-19 needs globally.

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<sup>3</sup> This includes children stunted (144million), wasted (47 million), and overweight (38 million) out of a total under 5 children population (676 million).

<sup>4</sup> This refers to 200 million who are stunted or wasted (or both) often associated with an estimate of undernutrition (and does not include overweight).

<sup>5</sup> <https://www.cnbcfrica.com/africa-press-office/2020/08/18/coronavirus-africa-covid-19-causes-disruptions-to-child-protection-services-in-more-than-100-countries-unicef-survey-finds/>

<sup>6</sup> <https://www.unicef.org/media/74146/file/Protecting-children-from-violence-in-the-time-of-covid-19.pdf>

<sup>7</sup> <http://www.oecd.org/sdd/na/g20-gdp-growth-second-quarter-2020-oecd.htm>

In humanitarian and public health emergencies, UNICEF's response is guided by the Core Commitments for Children in Humanitarian Action and inter-agency standards. UNICEF contributes to both outbreak control and mitigation of the collateral impacts of the pandemic, including interruptions to water, sanitation and hygiene (WASH), health, nutrition, education, protection and essential social services for children, women and vulnerable populations. The organization's COVID-19 preparedness and response strategy aims to reduce human-to-human transmission in affected countries and mitigate the impact of the pandemic on children, youth and their care providers, especially for the most vulnerable. UNICEF's strategy is in line with the WHO COVID-19 strategic preparedness and response plan and the Inter-Agency Standing Committee (IASC) global humanitarian response plan led by the Office for the Coordination of Humanitarian Affairs (OCHA), the WHO Strategic Preparedness and Response Plan and the UNDP Framework for socio-economic impacts.

UNICEF works under the leadership of national governments and in close coordination with WHO, humanitarian country teams, United Nations country teams and civil society partners to protect children and their families from exposure to COVID-19 and minimize mortality.

As a member of the IASC, UNICEF has taken steps to ensure that implementing partners – including local civil society and national and international non-governmental organizations – have the flexibility needed to respond to COVID-19 and continue their important work. UNICEF has been organizing a series of webinars for non-governmental organization partners on UNICEF's response to COVID-19 to ensure the continuity and strength of programming

The coordination of the response relies on high-quality evaluative evidence, including real-time evidence, to ensure organizational learning and continuous improvement. Two approaches are emphasized at the global and decentralized levels: learning-focused evaluations for adaptive management; and summative evaluations to assess UNICEF's overall response, including the results achieved for children. Summative evaluative exercises with sister United Nations agencies will also be prioritized to capture how the United Nations family is working together to achieve collective results.

## GLOBAL COORDINATION AND TECHNICAL SUPPORT

UNICEF works within the United Nations-led architecture and government systems to ensure that the needs of children and women are included in guidance, response plans and country-level implementation. UNICEF is a member of the United Nations Crisis Management Team (CMT), which is composed of 10 United Nations agencies and hosted by the United Nations Operations and Crisis Centre. A UNICEF supply cell (housed at WHO in Geneva) was established to support the COVID Supply Chain System and works closely with the different levels of the governance system.

UNICEF also plays a key role in the ACT-Accelerator, a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. UNICEF is also a contributor and key partner to the WHO-led global response and the COVID-19 regional teams and incident management support teams. UNICEF regional offices are actively coordinating and collaborating with regional WHO incident management support teams. UNICEF is co-leading the RCCE pillar with IFRC and WHO. At the technical level, UNICEF contributes to several WHO expert groups, including those developing technical guidance for case management, IPC, vaccine research and development and social science.

UNICEF procurement services are offered as a development cooperation mechanism to support countries' access to quality and affordable essential supplies via UNICEF. When using procurement services, a government leverages its own domestically mobilized financial resources, which may include its budgetary funding or financing it has secured from third-party financing partners. During the COVID-19 emergency, governments with financial support from, for example, World Bank concessional loans and grants, have secured access to personal protective equipment, diagnostics and medical supplies, including oxygen therapy, via procurement services.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

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

Since the start of the outbreak, UNICEF has shipped more than 77.6 million gloves, 159.4 million surgical masks, 10.4 million N95 respirators, 4 million gowns, 713,553 goggles, 1.7 million face shields, 14,833 Oxygen concentrators and 2.4 million diagnostics tests in support of 133 countries (total value \$175.2 million) as they respond to the pandemic. To meet the demand expected until Q1 2021, UNICEF is ensuring supply availability and has supplies ready for dispatch for key products, such as 141.1 million surgical masks, 3.7 million N95 respirators, 6.4 million coveralls, 7.7 million surgical gowns, 6.5 million face shields, 1,417 Oxygen Concentrators, 18.7 million ampoules and tablets of Dexamethasone for Therapeutic use and 1.5 million diagnostic tests.

Over 3 billion people have been reached with COVID-19 messaging, and almost 250 million people have been engaged on COVID-19 through risk communication and community engagement actions. UNICEF China disseminated essential information related to COVID-19 through its own channels and with partners, reaching over 59 million people on Sina Weibo. A COVID-19 Information chatbot developed by UNICEF Iraq enabled over 36,000 young people across the country to access live health-related information and engage in disseminating healthy messages in their communities. In Jordan, UNICEF and partners disseminated COVID-19 risk mitigation and hygiene information through over 200 WhatsApp messaging groups, reaching over 5,000 individuals in refugee camps and host communities.

UNICEF and partners trained 2.3 million healthcare providers in the detection, referral and appropriate management of COVID-19 cases, and over 3.3 million healthcare facility staff and community health workers were trained in infection prevention and control (IPC). In India, over 400,000 field level workers have been trained in WASH service continuity and IPC related to COVID-19. In Democratic Republic of Congo, UNICEF supported the training of 827 healthcare workers and community health workers on IPC and provided 97 new health facilities with essential WASH services. In Bangladesh, UNICEF trained over 500 staff from 14 health facilities in the Rohingya refugee camps on COVID-19 infection prevention and control.

### **Strategic priority 2: Continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services; assessing and responding to the immediate socio-economic impacts of the COVID-19 response**

UNICEF continued to provide critical health, nutrition, education and social services and supplies.

To ensure continuity of access to essential services, UNICEF has provided training and awareness/hygiene promotion sessions to health workers, volunteers and community leaders via a mix of online and face-to-face modalities. For example, UNICEF's virtual antenatal care programme in Georgia has reached 24,520 pregnant women, out of which around 32% participated in virtual medical consultations. In Indonesia, UNICEF is supporting a series of capacity-building exercises for immunization, HIV, maternal, newborn and child health, and malaria, which have reached almost 50,000 health care workers across 34 provinces. In the Sahel, UNICEF is supporting the planning and developing of digital health strategies that are embedded into the community health/primary health care roadmaps, aiming at integrating this information in the national data collection system (e.g. DHIS2). Globally, through these approaches and others, almost 75 million children and women have received essential healthcare services in UNICEF supported facilities, and over 2 million healthcare providers have been trained in detection, referral and appropriate management of COVID-19 cases in these settings.

UNICEF continued to ensure continuity of access to essential nutrition services, including the protection of diets and practices, providing guidance and tools on how to breastfeed and support families in feeding their young children healthy diets while following hygiene and IPC practices. In Myanmar, despite a rise in cases and lockdown measures, nutrition partners in Rakhine have maintained monthly essential nutrition services through local communities, camp staff and volunteers while implementing COVID-19 infection prevention and control measures. In Tajikistan, UNICEF is supporting the Ministry of Health to extend provision of therapeutic food for children with severe wasting, and the provision of supplementary food. In Armenia, UNICEF has trained over 1500 healthworkers on breastfeeding, young child nutrition, hygiene and safe immunization. Globally, over 36.5 million caregivers have been reached with messages and counselling on infant and young child feeding including hygiene and IPC practices with UNICEF's support.

UNICEF continued to reach populations with critical water, sanitation and hygiene supplies. In India, WASH teams in Gujarat trained 200,000 teachers on WASH protocols through mobile applications, while teams in Maharashtra launched an online [#FlushTheVirus](#) campaign in urban settlements involving young people. WASH and Health teams in Madhya Pradesh trained healthcare facility staff on infection prevention and control measures and facilitated the distribution of 200,000 sanitizers to facilities with the help of on-ground partners and the state government. Globally, almost 74 million people have been reached with critical WASH supplies (including hygiene items).

UNICEF continues to strengthen gender-based violence (GBV) risk mitigation across all programming areas within the COVID-19 response, including health and nutrition. UNICEF has trained over 180,000 UNICEF personnel and partners on GBV risk mitigation and referrals for survivors. In Venezuela, and within the framework of the Response for Venezuela platform (R4V), UNICEF worked with a local partner to develop a toolkit and training materials for remotely addressing GBV, with focus on

adolescent migrant girls. UNICEF has also advocated to ensure that migrant children have access to more flexible alternative care modalities. In Colombia, over 3.1 million children (boys and girls), parents and primary caregivers in 22 counties have received community-based mental health and psychosocial support. In Jamaica, UNICEF provided 50 mobile phones with data for a telehealth referral system for students in need of counselling in partnership with the Ministry of Health and Wellness. In Turkey, UNICEF supported technical guidance on basic psychosocial support adapted to distance delivery to 902 professionals working in the Violence Prevention and Monitoring Centers and Women's Shelters. Overall, almost 75 million children, parents and primary caregivers have been provided with community based mental health and psychosocial support.

As schools reopen across the region, UNICEF is supporting governments to develop and implement WASH/IPC standards and protocols, and to use innovative learning approaches to ensure the safety and wellbeing of children returning to school. For example, 70 schools were provided with handwashing facilities in the Nana Mambere, Nana-Grébizi, Kemo, and Ouaka prefectures in the Central African Republic. In Sudan, over 93,000 students and staff were supported with COVID-19 focused hygiene promotion that combined the installation of handwashing stations, disinfection of the exam classrooms, distribution of handwashing soap and hand sanitizers. To ensure continuity of learning, UNICEF South Africa is supporting a blended learning approach including in-person classes and a special package of radio and TV broadcasts, with online support through a 2Enable app and portal. UNICEF Burkina Faso is offering school meals to the most vulnerable girls to bring them back to school. Globally, over 360,000 schools are implementing safe school protocols.

UNICEF is supporting governments to expand the coverage of social protection programmes, provide top-ups, and simplify the administrative procedures to ensure that families in need are reached and supported. For example, in Tajikistan, a supplemental COVID-19 cash transfer will top up transfers to current national Target Social Assistance (TSA) beneficiary families with children under 2 who face food insecurity. As a result of this and other efforts, over 45 million households are benefiting from new or additional social assistance measures provided by governments.

# East Asia and Pacific Region



Cambodia, China, Cook Islands, Fiji, Indonesia, Kiribati, Korea DPR, Laos PDR, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, Niue, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam

## SITUATION OVERVIEW & HUMANITARIAN NEEDS

While containment measures have been eased in many countries, some countries have reintroduced measures as new community transmission is detected. Restrictions on border crossings and flight operations remain in effect throughout the region. Most countries in the region have now started reopening schools; however, the new school year has recorded a significant decline in enrolment compared to the previous year. Some 4 million children whose nutrition services were disrupted as a result of the pandemic have not regained access to essential nutrition services.



## PROGRAMME RESPONSE HIGHLIGHTS

UNICEF has provided 392,880 health workers with PPE and 10.6 million people with critical WASH supplies. UNICEF and partners have also trained 576,273 health workers on the detection, management and referral of suspected COVID-19 cases. UNICEF and partners have supported 126,050 schools to implement safe school protocols, and have provided 58.5 million children, parents and primary caregivers with community based mental health and psychosocial support. Across the region, UNICEF is supporting governments in adapting COVID-19 international guidance on the provision of nutrition services to national contexts. East Asia and Pacific countries have used of technology and social media in the coordination, training, assessment and monitoring of nutrition services. Over 24 million people across the region have been reached with nutrition messages and over 4.7 million children have been provided with access to essential nutrition services.

## PILLAR IN FOCUS: HEALTH/NUTRITION

**Indonesia:** UNICEF supported health workers and nutritionists across the country to shift from facility care to the provision of nutrition services in the community to ensure continuity of services. UNICEF and partners disseminated key messages on the importance of infant and young child feeding, healthy eating and lifestyle, and hygiene through online and offline platforms, reaching more than 10 million people nationwide. More than 100,000 children across nine provinces were screened using the mid-upper arm circumference (MUAC) measurement and severely wasted children were referred to receive either facility or community-based treatment. UNICEF piloted an innovation of engaging mothers, caregivers, and other family members in identifying severely wasted children at home using MUAC in four provinces, demonstrating the effectiveness of ‘family-led MUAC screening’.

**Lao PDR:** UNICEF supported the Ministry of Health (MoH) to revise the Primary Health Care Policy in line with the Global Declaration of Astana, to promote mental health care as one of the 12 primary health care components. UNICEF also supported MoH to develop the implementation plan to strengthen community health and advocate the policy with multisectoral stakeholders. The focus on primary health care includes linkages between community health and the formal health system. In close collaboration with partners, UNICEF is modelling a sustainable approach to community health system strengthening in selected provinces/districts and generating evidence for scaling up.

Continuity of Health		EAPR		
	Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	576 K	108%	8 COs reported results
	Children and women receiving essential healthcare services in UNICEF supported facilities.	5.3 M	65%	8 COs reported results
	Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	18.8 M	150%	9 COs reported results
	Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	1.9 M	57%	6 COs reported results

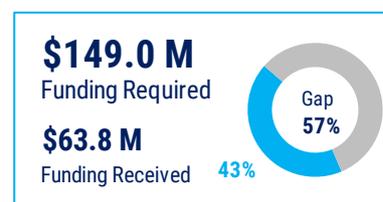
## Europe and Central Asia



Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan. UNICEF is also present in Italy and Greece, supporting refugee and migrant populations.

### SITUATION OVERVIEW & HUMANITARIAN NEEDS

Several countries across Europe are experiencing a surge in cases compared to previous months, leading to the reintroduction of preventative measures, including lockdowns, restricting gatherings and movements and limiting business activities. Efforts to protect citizens from COVID19, have jeopardized access to essential health services, and reduced households' incomes and nutrition security. Nine countries have reported a degree of disruption in a wide range of nutrition services, with lockdowns, closure of facilities and reduction in demand being major causes. All countries have resumed immunization, however coverage remains lower than before the pandemic. At the start of the crisis an estimated 3.3 million children under five were stunted, 7.2 million overweight, and 1 in every 3 women suffering from Anemia.



### PROGRAMME RESPONSE HIGHLIGHTS

In health and nutrition, UNICEF’s response aims to a) reduce transmission and minimize morbidity and mortality through RCCE and IPC; b) provide guidance and technical support to countries to ensure continuity of services; and c) support health system strengthening. Almost 2.6 million children and women have received essential health and nutrition care services through UNICEF supported community health workers and health facilities. Caregivers of over 1.6 million children (0-23 months) were reached with messages on breastfeeding in the context of COVID-19. UNICEF is supporting efforts to address the ‘info-demic’ around COVID-19 and vaccine hesitancy through the use of social media and ensuring that community health workers are well trained and informed to answer questions.

### PILLAR IN FOCUS: HEALTH/NUTRITION

**Serbia:** UNICEF partnered with the Minister of Health and the Association of Health mediators to use telephone interventions to reach almost 20,000 Roma, including almost 8,000 children, with critical health information and services. Roma Health Mediators referred 118 people to COVID-19 outpatient clinics, and 286 children for immunization.

**Regional:** To address the harmful impact of aggressive marketing of breast milk substitute (BMS) and other commercial baby foods, especially in the context of COVID-19, the UNICEF regional office launched a Baby Feeding Code Reporter project. The project aims to inform parents of optimum infant young child feeding practices of newborns, raise awareness of national and international codes of marketing of BMS, and help parents enforce implementation by providing a platform to report violations of the Code in their countries.

Continuity of Health		ECAR		
	Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	29 K	83%	6 COs reported results
	Children and women receiving essential healthcare services in UNICEF supported facilities.	2.7 M	72%	9 COs reported results
	Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	1.8 M	133%	15 COs reported results
	Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	1 K	13%	1 COs reported results

## Eastern and Southern Africa



Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini (Swaziland), Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Tanzania, United Republic of Uganda, Zambia and Zimbabwe

### SITUATION OVERVIEW & HUMANITARIAN NEEDS

Before COVID-19, the region was facing food and nutrition insecurity in several countries, caused by desert locusts, drought, floods and other epidemics. Over 3.3 million children are estimated to be severely wasted, compared to 2.6 million estimated for 2020 before COVID-19, reflecting a 25 per cent increase in the original estimate. The impact of COVID-19 and related lockdown measures have resulted in the disruption to some essential nutrition services (including treatment for severe wasting and vitamin A supplementation). UNICEF continues to collaborate with partners regionally to identify strategies for school aged children to access nutrition and health services. With rising rates of infections among healthcare workers, UNICEF continues to support IPC measures and provision of PPE across the region.



### PROGRAMME RESPONSE HIGHLIGHTS

UNICEF, together with WHO and UNFPA regional focal points for maternal and newborn care, jointly rolled out virtual quality improvement workshops for selected countries in east and southern Africa. UNICEF ESARO developed and rolled out e-learning modules for infant and young child feeding and management of severe wasting in the context of COVID-19. To date, virtual orientation has been completed for 67 nutrition and health staff from 18 countries. UNICEF has adapted its work with adolescents and young mothers. For example, together with Lesotho’s Ministry of Health, UNICEF and Help Lesotho provide teleconsultations for adolescent and young mothers that assess continuity of maternal and child health, HIV, family planning, mental health, birth registration, and prevention of violence services. These teleconsultations are complemented by U-Report engagement to identify and reduce barriers to services.

### PILLAR IN FOCUS: HEALTH/NUTRITION

**Botswana:** UNICEF Botswana adopted innovative approaches to raise awareness, encourage positive behavior and support use of HIV and other services among adolescents and young people (AYP). For example, an early U-Report poll measured awareness and risk perception among 22,000 users. The findings informed the national RCCE group, message development and programming. Through radio, video and social media, the MTV Shuga drama shared first-hand experiences of AYP. An interactive voice response platform hosted the drama, resulting in over 7,000 unique players.

**Somalia:** UNICEF Somalia is using RapidPro to gather information and was one of the earliest countries using eLearning for community and frontline health workers. Despite challenges with connectivity, 372 implementing partner staff have been trained across Somalia, and over 2400 health workers have been trained in Somaliland, Puntland and South-Central Somalia, supporting continuation of essential nutrition services through increased knowledge on IYCF and wasting programming adaptations. Key lessons learned include the importance of cross-sectoral engagement in health, social and behavior change and nutrition to fully leverage implementing partners’ time, and that virtual training can be effective to enhance the delivery of timely and efficient services.

Continuity of Health		ESAR		
	Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	<b>17 K</b>	48%	<b>9</b> COs reported results
	Children and women receiving essential healthcare services in UNICEF supported facilities.	<b>12.2 M</b>	71%	<b>11</b> COs reported results
	Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	<b>8.0 M</b>	89%	<b>16</b> COs reported results
	Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	<b>332 K</b>	67%	<b>12</b> COs reported results

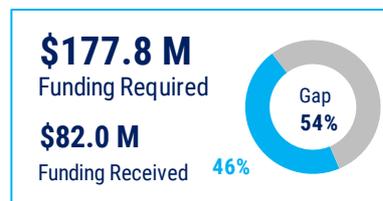
## Latin America and the Caribbean



Antigua & Barbuda, Argentina, Anguilla, Barbados, Belize, Bolivia, Brazil, British Virgin Islands, Chile, Colombia, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts & Nevis, Saint Lucia, Saint Vincent & the Grenadines, Suriname, Trinidad & Tobago, Turks & Caicos Islands, Uruguay and Venezuela (Bolivarian Republic of)

### SITUATION OVERVIEW & HUMANITARIAN NEEDS

COVID-19 figures in the region remain high, with some countries suffering recurrent spikes. The pandemic continues to impact the wellbeing of millions of children and young people across the region, as evidenced in two recent UNICEF supported U-Report surveys among adolescents and young people, on nutrition, and physical activity and mental health. Almost 70% of those surveyed said they did not have enough money to buy healthy food, over half reported they were less physically active than before the pandemic, and over a quarter reported feeling anxiety.



### PROGRAMME RESPONSE HIGHLIGHTS

UNICEF has supported training of more than 36,000 health workers on COVID-19 management and related topics in seven countries. For instance, in Paraguay and Guatemala, training activities via virtual platforms have reached over 7,500 health workers. In Guatemala, particular focus has been on training indigenous community health workers. Colombia, Peru and Paraguay are supporting the implementation of telehealth modalities to provide health services for pregnant women, children and adolescents. In El Salvador, Guatemala and Venezuela, UNICEF supported the reactivation of immunization campaigns. UNICEF is promoting and supporting the use of simplified approaches to identify and care for children with wasting, to improve coverage and reduce costs while maintaining the quality of services. In Haiti and Venezuela, nearly 27,000 children under 5 with acute malnutrition were identified and treated using simplified approaches.

### PILLAR IN FOCUS: HEALTH/NUTRITION

**Bolivia:** UNICEF is supporting the National Strategy to respond to the health crisis. Among other items, UNICEF has provided 5,000 COVID-19 tests to the Ministry of Health. The tests will be used for the early detection of COVID-19 in pregnant women, children and adolescents. With UNICEF and PAHO/ WHO support, the Ministry of Health is conducting intensive vaccination campaigns for children and women. UNICEF provided 27.8 tons of disinfection materials, PPE and medical equipment to prioritized municipalities.

**Dominican Republic:** In September, the Ministry of Health and UNICEF launched the National Plan for the Reduction of Acute Malnutrition in response to the effects of the economic crisis resulting from the COVID-19 pandemic. The effort aims to reach 20,000 children under five, and 700 pregnant and lactating women with nutritional screening and treatment. Implementation of the plan will start in primary health care centers in seven provinces, with focus on capacity building of health workers and community promoters in the application of the simplified protocols; and ensuring availability of supplies for diagnosis and treatment.

Continuity of Health			LACR
	Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	<b>37 K</b> <b>114%</b>	<b>9</b> COs reported results
	Children and women receiving essential healthcare services in UNICEF supported facilities.	<b>3.2 M</b> <b>269%</b>	<b>14</b> COs reported results
	Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	<b>1.4 M</b> <b>105%</b>	<b>12</b> COs reported results
	Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	<b>21 K</b> <b>60%</b>	<b>7</b> COs reported results

## Middle East and North Africa



Algeria, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, State of Palestine, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen

### SITUATION OVERVIEW & HUMANITARIAN NEEDS

While there has been a rebound in utilization of health and nutrition services for children and women in some countries, the pandemic has highlighted the need for investing in health systems and community resilience. This includes investments in making systems agile and flexible to scale-up coverage of growing numbers of vulnerable people. The 2020-2021 academic year is ongoing in most countries using a hybrid of modalities. Attention is needed to address the impact of COVID-19 on student and teacher mental health, and to ensure school feeding programs continue where needed and/or expanded to keep children in school (for example, in Yemen and Sudan). According to the IMF’s MENA regional outlook, oil-exporting countries (Libya, Yemen, Algeria, Oman, Iran, Iraq) have been hit hardest by the pandemic and have experienced a sharp decline in oil prices. Falling trade and tourism have seen a decline in remittances (i.e. Egypt, Syria, Lebanon, Yemen). UNICEF estimates that the socio-economic impact of COVID-19 could result in an additional 12.2 million children falling into multi-dimensional child poverty in 9 MENA countries.



### PROGRAMME RESPONSE HIGHLIGHTS

New emergency situations, such as circulating virus derived polio (Sudan), flooding (Sudan and Yemen) and food insecurity has required the scale-up of UNICEF support to national health and nutrition responses, while also addressing surges in COVID-19. At the regional level, UNICEF has also been co-leading the COVAX Regional Working Group.

### PILLAR IN FOCUS: HEALTH/NUTRITION

**Sudan:** As part of the ‘jumpstart package’ for countries showing declines in utilization of health and nutrition services, UNICEF identified a list of prioritized facilities in Sudan to receive an integrated package of interventions. Together with WHO, UNICEF supported the Ministry of Health in developing guidelines and training materials, including on life-saving services (vaccination, integrated management of childhood illness, community-based management of acute malnutrition and severe acute malnutrition (SAM)). A number of health facility protocols have been modified to include the strengthening of community sensitization, the assignment of a time slot per community or neighborhood to come to the health center to avoid overcrowding, and bi-weekly distribution of supplies to reduce crowding. Service providers have also been trained on IPC, and on the job orientation sessions were provided to frontline workers. UNICEF is creating awareness through flyers, posters, radio and social media to restore trust in the health system, promote health-seeking behavior and foster demand. To date, over 2,400 individuals have been trained in detecting, referral and appropriate management of COVID-19 cases, under 1 million children and women have received essential health care services and around 95,000 children 6-59 months have been admitted for SAM.

Continuity of Health		MENAR		
	Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	<b>9 K</b>	<b>53%</b>	<b>5</b> COs reported results
	Children and women receiving essential healthcare services in UNICEF supported facilities.	<b>7.4 M</b>	<b>99%</b>	<b>10</b> COs reported results
	Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	<b>2.5 M</b>	<b>70%</b>	<b>6</b> COs reported results
	Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	<b>280 K</b>	<b>42%</b>	<b>6</b> COs reported results

## South Asia



Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka

### SITUATION OVERVIEW & HUMANITARIAN NEEDS

Apart from Nepal where new cases increased by 123% and Sri Lanka (90%), the overall situation across the region shows a decreasing trend in the number of new cases. Across the region, there are concerns that widespread complacency and failure to follow preventative guidance is creating grave risks in the community with people generally not observing physical distancing and wearing masks. Over 70 million people have been affected by cyclones, monsoon floods and droughts across the region, forcing them people to live in overcrowded situations with limited water and sanitation service, further exposing them to the spread of the disease.



### PROGRAMME RESPONSE HIGHLIGHTS

UNICEF ROSA collaborated with partners (WHO, UNFPA) to rapidly develop regional guidance on the continuation of essential Maternal Newborn and Child Health (MNCH) services during the pandemic. Two substantive documents were developed and disseminated – the first focusing on principles, the second focusing on implementation across the life course to help countries in prioritizing, organizing and monitoring the continuous delivery of essential maternal and child health services.

### PILLAR IN FOCUS: HEALTH/NUTRITION

**Bangladesh:** A modified, integrated vitamin A supplementation (VAS) campaign was successfully carried out in Rohingya refugee camps using a door-to-door household strategy instead of traditional mass gatherings at nutrition facilities. The campaign reached 155,080 Rohingya children aged 6-59 months with vitamin A supplementation and MUAC screening. Key to the campaign’s success was the recruitment of paid Community Nutrition Volunteers (CNVs) from the Rohingya communities and infection prevention and control measures that reduced the risk of COVID-19 exposure. Following the success of the campaign in the refugee camps a successful national VAS campaign was conducted reaching 21.51 million children.

**India:** UNICEF and partners used existing micro plans, and a network of mobilization volunteers in Bihar who were trained in emergency and campaign-mode response activities to eradicate the polio virus, for COVID-19. With support from UNICEF, WHO and CARE, the government trained volunteers and coordinated efforts to identify any potential symptomatic cases of COVID-19 in 45 urban wards of the district. The use of an existing volunteer structure and micro plans helped the district contain the spread of the pandemic while other districts were experiencing spikes.

Continuity of Health			SAR
	Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	1.5 M 91%	5 COs reported results
	Children and women receiving essential healthcare services in UNICEF supported facilities.	25.0 M 56%	7 COs reported results
	Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	693 K 41%	3 COs reported results
	Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	117 K 21%	4 COs reported results

## West and Central Africa



Benin, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Congo, Cote D'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, San Tome and Principe, Senegal, Sierra Leone and Togo

### SITUATION OVERVIEW & HUMANITARIAN NEEDS

Overall, the pandemic is showing a downward trend in the region. Over 1.2 million children under-5 with severe acute malnutrition were admitted in health facility for treatment across the West and Central Africa region. Compared to the previous year at the same period, this represent an 18% decrease. Nutrition needs are high in the Sahel. The number of Severe Acute Malnourished children expected in 2020 has been estimated at 880,000 according to a joint exercise (UNICEF/WFP) conducted in May 2020, and taking into account the growing food insecurity and the negative socio-economic impacts of COVID-19 on nutritional situation ; this represents an increase of more than 20 percent compared to 2020 initial estimates.



### PROGRAMME RESPONSE HIGHLIGHTS

Under the UNICEF-led West and Central Africa RCCE working group, support to capacity building of RCCE groups across the region continued through a training of trainers on community engagement, planning and implementation. This included the development of feedback mechanisms, and mechanisms to address stigma and rumors. Practical and operational examples were conducted with the Central African Republic RCCE working group. A specific training module on rumors management was designed and shared with Niger RCCE working group members, who will test it and implement it with their community networks. A regional trend analysis revealed challenges to follow prevention measures, namely the use of masks, believes that the disease is over or doesn't even exist, concerns about the vaccines, as well as rumors and doubts about the transmission, whether through breastfeeding, vaccination or dead bodies. To help address these issues, the regional RCCE group organized its third media webinar in English and French with journalists from the region to discuss their role in addressing mistrust in the response and denial of COVID-19.

### PILLAR IN FOCUS: HEALTH/NUTRITION

**Guinea Bissau:** UNICEF continued to provide support to health services, with a particular focus on clinical case management. UNICEF provided an additional 140 oxygen cylinders to fill the gap in oxygen availability in hospitals, while necessary equipment is being put in place for the local production of oxygen. UNICEF also contributed to an integrated training of health technicians on various aspects of COVID-19.

**Nigeria:** UNICEF supported the integration of Vitamin-A supplementation into Community Management of Acute Malnutrition (CMAM) and other routines activities. This activity reached more than 4.8 million children aged 6-59 months. Meanwhile, 317 health workers were trained on SAM (severe acute malnutrition) as well as on good practices in terms of hygiene and social distancing during the treatment of SAM.

Continuity of Health	WCAR
Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	<b>107 K</b> <b>34%</b> <b>14</b> COs reported results
Children and women receiving essential healthcare services in UNICEF supported facilities.	<b>19.1 M</b> <b>86%</b> <b>18</b> COs reported results
Caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	<b>3.3 M</b> <b>60%</b> <b>13</b> COs reported results
Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	<b>1.1 M</b> <b>50%</b> <b>18</b> COs reported results

## Human Interest Stories and External Media

'Toxic brew' of instability, armed violence, extreme poverty, hunger and COVID-19 putting the future of an entire generation of children and young people in the Central Sahel at risk [Link](#)

UNICEF to stockpile over half a billion syringes by year end, as part of efforts to prepare for eventual COVID-19 vaccinations [Link](#)

Remarks by Henrietta H. Fore, UNICEF Executive Director, at the Global Handwashing Day: Accelerating Toward Hand Hygiene for All Event [Link](#)

FACT SHEET: Lack of handwashing with soap puts millions at increased risk to COVID-19 and other infectious diseases [Link](#)

One stillbirth occurs every 16 seconds, according to first ever joint UN estimates [Link](#)

Teachers: Leading in crisis, reimagining the future [Link](#)

Remarks by Henrietta Fore, UNICEF Executive Director, at Security Council meeting on universal connectivity & access to digital technology in conflict & post-conflict contexts [Link](#)

Statement by Henrietta H. Fore, UNICEF Executive Director at the high-level side event on the ACT-Accelerator at the 75th session of UN General Assembly [Link](#)

## Next SitRep: 25 November 2020

UNICEF COVID-19 Crisis Appeal: <https://www.unicef.org/appeals/2020-HAC-CoronaVirus>

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ANNEX A

SUMMARY OF PROGRAMME RESULTS

**Risk Communication and Community Engagement (RCCE)**

Result by 21 Oct 2020\*

**3.00 B**

Number of people reached on COVID-19 through messaging on prevention and access to services



**103%**

Target for Dec 2020

2.90 B

Total countries reported	128
Included in CO response plan	127
Countries set target	127
Countries reported results	125

Result by 21 Oct 2020\*

**249.2 M**

Number of people engaged on COVID-19 through Risk Communication and Community Engagement (RCCE) actions



**108%**

Target for Dec 2020

229.8 M

Total countries reported	128
Included in CO response plan	117
Countries set target	114
Countries reported results	113

Result by 21 Oct 2020\*

**27.7 M**

Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms



**52%**

Target for Dec 2020

52.8 M

Total countries reported	128
Included in CO response plan	78
Countries set target	77
Countries reported results	76

\* Results are for countries that have reported on specific indicators

**WASH / Infection Prevention Control (IPC)**

Result by 21 Oct 2020\*

**73.7 M**

Number of people reached with critical WASH supplies (including hygiene items) and services



**87%**

Target for Dec 2020

84.4 M

Total countries reported	128
Included in CO response plan	121
Countries set target	118
Countries reported results	118

Result by 21 Oct 2020\*

**1.8 M**

Number of healthcare workers within health facilities and communities provided with personal protective equipment (PPE)



**93%**

Target for Dec 2020

1.9 M

Total countries reported	128
Included in CO response plan	106
Countries set target	106
Countries reported results	95

Result by 21 Oct 2020\*

**3.3 M**

Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC)



**94%**

Target for Dec 2020

3.5 M

Total countries reported	128
Included in CO response plan	77
Countries set target	77
Countries reported results	70

\* Results are for countries that have reported on specific indicators

## Continuity of Health

Result by 21 Oct 2020\*

**2.3 M**

Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases



**87%**

Target for Dec 2020  
2.6 M

Total countries reported	128
Included in CO response plan	66
Countries set target	65
Countries reported results	56

Result by 21 Oct 2020\*

**3.7 M**

Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)



**51%**

Target for Dec 2020  
7.2 M

Total countries reported	128
Included in CO response plan	58
Countries set target	57
Countries reported results	54

Result by 21 Oct 2020\*

**74.8 M**

Number of children and women receiving essential healthcare services in UNICEF supported facilities



**72%**

Target for Dec 2020  
104.1 M

Total countries reported	128
Included in CO response plan	84
Countries set target	82
Countries reported results	77

Result by 21 Oct 2020\*

**36.5 M**

Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19



**104%**

Target for Dec 2020  
34.9 M

Total countries reported	128
Included in CO response plan	83
Countries set target	82
Countries reported results	74

\* Results are for countries that have reported on specific indicators

## Access to Continuous Education, Child Protection, Social Protection and GBV Services

Result by 21 Oct 2020\*

**261.2 M**

Number of children supported with distance/home-based learning



**74%**  
Target for Dec 2020  
354.6 M

Total countries reported	128
Included in CO response plan	116
Countries set target	115
Countries reported results	100

Result by 21 Oct 2020\*

**74.7 M**

Number of children, parents and primary caregivers provided with community based mental health and psychosocial support



**100%**  
Target for Dec 2020  
74.4 M

Total countries reported	128
Included in CO response plan	118
Countries set target	117
Countries reported results	113

Result by 21 Oct 2020\*

**112.3 K**

Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19



**7%**  
Target for Dec 2020  
1.7 M

Total countries reported	128
Included in CO response plan	43
Countries set target	41
Countries reported results	22

Result by 21 Oct 2020\*

**368.4 K**

Number of schools implementing safe school protocols (COVID-19 prevention and control)



**44%**  
Target for Dec 2020  
842.7 K

Total countries reported	128
Included in CO response plan	88
Countries set target	84
Countries reported results	68

Result by 21 Oct 2020\*

**183.7 K**

Number of UNICEF personnel & partners that have completed training on GBV risk mitigation & referrals for survivors, including for PSEA



**116%**  
Target for Dec 2020  
158.0 K

Total countries reported	128
Included in CO response plan	89
Countries set target	85
Countries reported results	77

Result by 21 Oct 2020\*

**45.5 M**

Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support



**71%**  
Target for Dec 2020  
63.9 M

Total countries reported	128
Included in CO response plan	55
Countries set target	55
Countries reported results	45

Result by 21 Oct 2020\*

**500.8 K**

Number of children without parental or family care provided with appropriate alternative care arrangements



**103%**  
Target for Dec 2020  
487.3 K

Total countries reported	128
Included in CO response plan	88
Countries set target	86
Countries reported results	83

Result by 21 Oct 2020\*

**22.6 M**

Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse



**71%**  
Target for Dec 2020  
31.9 M

Total countries reported	128
Included in CO response plan	56
Countries set target	51
Countries reported results	45

\* Results are for countries that have reported on specific indicators

### Risk Communication and Community Engagement (RCCE)

Disaggregation of people reached on COVID-19 through messaging on prevention and access to services

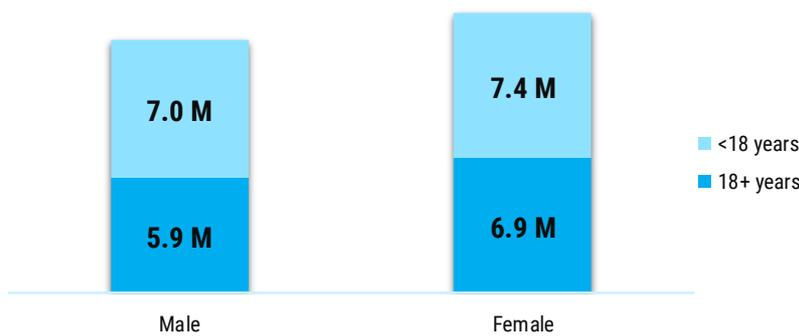


Number of countries reported disaggregation for this indicator

27

### WASH / Infection Prevention Control (IPC)

Disaggregation of people reached with critical WASH supplies (including hygiene items) and services

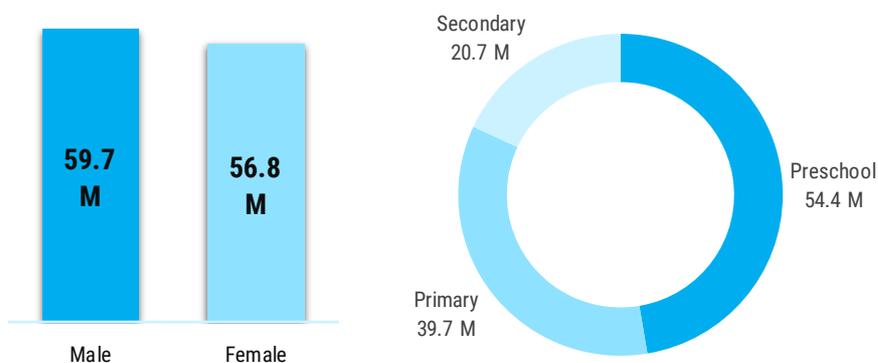


Number of countries reported disaggregation for this indicator

42

### Access to Continuous Education

Disaggregation of children supported with distance/home-based learning



Number of countries reported disaggregation for this indicator

44

ANNEX B

FUNDING STATUS\*

Regional offices/ Headquarters	2020 Requirement	Funding Received	Funding Gap	Gap in %
East Asia and the Pacific	\$162.0 M	\$135.6 M	\$26.4 M	16%
Eastern and Southern Africa	\$349.8 M	\$254.1 M	\$95.7 M	27%
Europe and Central Asia	\$149.0 M	\$63.8 M	\$85.3 M	57%
Latin America and the Caribbean	\$177.8 M	\$82.0 M	\$95.8 M	54%
Middle East and North Africa	\$356.9 M	\$208.2 M	\$148.7 M	42%
South Asia	\$294.0 M	\$143.5 M	\$150.4 M	51%
West and Central Africa	\$424.0 M	\$261.7 M	\$162.3 M	38%
Global coordination and technical support	\$16.7 M	\$18.7 M	-	0%
To be allocated		\$9.1 M		0%
<b>Total</b>	<b>\$1.9 bn</b>	<b>\$1.2 bn</b>	<b>\$0.8 bn</b>	<b>39%</b>

\*Funding status (USD) is based on funding received and allocated by region within the global HAC appeal.

FUNDING GAP

