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UNICEF Middle East and North Africa

Humanitarian
Situation Report
July – September 2021



Highlights

- With a total of 14,759,132 confirmed cases and 263,323 deaths, as of 11 October 2021, COVID-19 pandemic continued to affect the life of children, and add to the pre-existing deprivations across the Middle East and North Africa (MENA) region. In addition to the direct and indirect effects of the pandemic, the region faced with increased risk of refugee influx from Afghanistan and Ethiopia.
- To mitigate the impact of the pandemic on children, UNICEF supported national efforts to ensure continuity in the provision of essential services to children. UNICEF provided personal protective equipment (PPE), life saving equipment and medicine to health centres in Algeria, Djibouti, Egypt, Morocco and Tunisia. More than 1.4 million women and children have accessed UNICEF supported health facilities.
- Promoting school reopening across the region, in Tunisia, UNICEF supported the return of 2.1 million children to school. In Algeria, UNICEF supported Sahrawi authorities to ensure the access of about 40,000 children to quality education. In Djibouti, UNICEF delivered 40,000 school bags with essential learning materials to children, including 4,500 refugee children, and 800 children in non-formal education settings.

Situation in Numbers*

32 million

children in need

16 million

people need nutrition services

49 million

people need WASH services

24 million

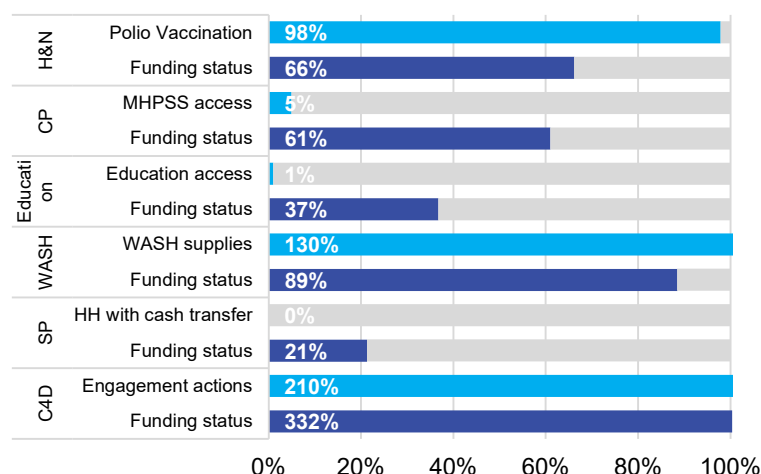
children need protection services

110 million

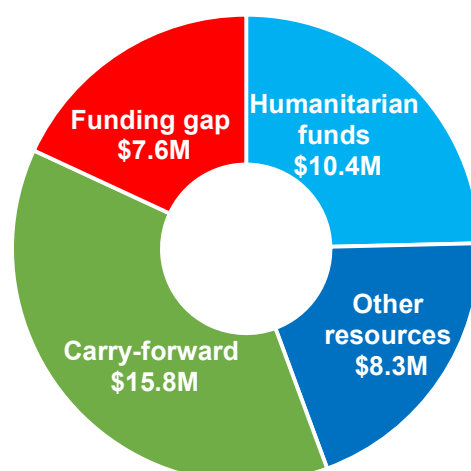
children need access to school

Source: MENARO HAC 2021

UNICEF's Response and Funding Status*



UNICEF Appeal 2021 \$42.08 million



*Funding status demonstrates the status of funding for the sector while progress shows the implementation status of selected indicators.

Situation Overview & Humanitarian Needs

The lingering COVID-19 pandemic continued to affect all countries in the MENA region. By 11 October 2021, the number of confirmed cases reached 14,759,132 and the number of deaths increased to 263,323. Iran and Iraq, respectively with 5.7 and 2.0 million confirmed cases, make more than half of the total number of confirmed cases in the region. Iran and Tunisia, respectively with 122,592 and 25,000 deaths, reported the highest numbers of deaths among the countries in the region. Following a surge in the number of new cases in July and August, the MENA region witnessed a decreasing trend mostly because of the national vaccination campaigns across the region. Nevertheless, the spread of disinformation and misinformation about COVID-19 and COVID-19 vaccination, vaccine hesitancy, and more important non-compliance with COVID-19 prevention protocols slowed down the decreasing trends in the number of new cases, and put at risk the achievements in controlling this pandemic.

In the meantime, the direct and indirect effects of COVID-19 pandemic continued to place additional strains on the national and local public health systems across the region. This situation could threaten the progress made in achieving development goals in the region. In Egypt, for instance, because of restricting the provision and utilization of maternal and child health services, the country witnessed additional child deaths in 2020. Nonetheless, the most significant health impacts reported in the area of mental health. Increased child protection problems, including prevalence of violent discipline within the household, indicates the need for positive parenting strategies during this pandemic. While improving the quality of education, and building essential skills to reflect better the demands of the market elevated as a priority of the national education system, extended periods of school closures during the pandemic resulted in learning loss and increased school dropout. The lack of access to the necessities of digital learning adds to the existing inequality in terms of access to learning opportunities in the region.

The pandemic has negatively affected household income and expenditure, with largest effects experienced by the lowest income households. In certain contexts, lowest income families, have had to ration their food intake and/or compromise on nutritional quality to meet the lowered household budget. Job losses were reported in response to the pandemic, with women experiencing higher impacts to their opportunities for work than men, and an increased number of children working for money.

Continued hostilities in Yemen and Syria, and the fragile contexts of Sudan, Iraq and Libya further add to the complexity of this situation, and create complex risks and deprivations for children. In those contexts, children are direct and indirect victims of violence, insecurity and displacement. Yemen, for instance, has remained the world's worst humanitarian crisis, with 24.3 million people – 71 per cent of the total population – in need of humanitarian assistance. About 2.3 million children in Yemen suffer from acute malnutrition, among which 400,000 children struggle with severe acute malnutrition.

Summary Analysis of Programme Response¹

During the reporting period, UNICEF provided support to national and local partners to ensure continuity in provision of essential services to children. Considering school reopenings, UNICEF focused especially on continuity of learning. It supported national and local back to school efforts by providing WASH and Infection Prevention Control (IPC) in school to ensure safe school operations. UNICEF further provided technical support to national education sectors to generate evidence for informed decision making to mitigate learning loss as schools reopen. UNICEF continued providing required health and nutrition supplies to ensure the most vulnerable mothers and children have to health and nutrition services. In addition to addressing the immediate social protection needs of children in vulnerable households, UNICEF took COVID-19 crisis to support building shock responsive national social protection systems that support children and families in emergencies. UNICEF continued implementing joint child protection interventions with national and local actors with a focus on enhancing quality of mental health and psychosocial support services, and addressing increased violence against children during the COVID-19 pandemic. Communication for social behavioural change activities continued across the region to mainly promote COVID-19 vaccination, COVID-19 prevention and controls, and ensure continuity of essential services.

UNICEF MENARO provided support to the implementation of programme and humanitarian response across the region. It provided support to respective country offices on their preparedness, readiness and contingency planning measures in

¹ This Situation Report does not cover activities and interventions relating to COVID-19 vaccination. UNICEF has a global Humanitarian Action for Children (HAC) appeal specifically dedicated to vaccination, found [here](#).

response to the Afghan and Ethiopian refugee influx in the region. MENARO finalised an operational toolkit for Country Offices to strengthen development and implementation of community-based complaints mechanisms through increased community engagement. This toolkit aims to contribute to UNICEF's broader accountability to affected populations, including ensuring that community-based complaint mechanisms (CBCMs) are in place and safely accessible for all feedback, including sexual exploitation and abuse.

UNICEF across MENA has invested in building capacity of partners on the Prevention of Sexual Exploitation and Abuse (PSEA). Of the 58 active partners (Algeria 11, Djibouti 9, Egypt 15, Morocco 16, and Tunisia 7), 82 per cent have completed PSEA partner assessments. They are implementing action plans to strengthen systems, policies, and staff capacity to prevent and respond to sexual exploitation and abuse. Assessments and action plans for the remaining 15 partners will be completed by the end of the year. Responding to a gap in awareness messages for children and adolescents on PSEA, MENARO worked with Country Offices to develop key messages on PSEA aimed at girls and boys that can be used in multiple forms of communication. Graphics were also developed to accompany these messages that can also be used in various forms including posters or social media.

The following presents a summary analysis of UNICEF programme response in Algeria, Djibouti, Egypt, Morocco, Oman and Tunisia in the third quarter of 2021.

ALGERIA

Health

Using posters, banners, leaflets and 20 megaphones, UNICEF implemented an awareness raising campaign, for COVID-19 vaccination in five refugee camps in Tindouf. In addition to this, UNICEF supported the procurement of PPE, including 50,000 gloves, 55,000 masks, 10,000 plastic aprons, 2,000 insulation gowns, 10 thermometers and 20 oximeters, for Saharawi health workers.

Education

UNICEF supported the national back-to-school efforts through its partnership with the Ministry of Health on the ongoing vaccination campaign for all teachers in schools. In addition to this, UNICEF supported the Ministry of National Education by equipping 10 primary schools in remote areas with all the required items for digital learning in the classroom. As a result of this action, 1,500 primary age students received tablets. Their teachers will benefit from required capacity building trainings in the coming months. As part of its support to the back-to-school in Tindouf, UNICEF procured PPE and hygiene products, including 125,082 washable and reusable masks, 10,000 liters of liquid soap, 1,050 bottles of hydroalcoholic gel for 40,000 children as well as education staff.

Social Protection

To assess the impact of COVID-19 on Algerian households, UNICEF provided technical and financial contribution to a socio-economic study of the impact COVID-19 led by UNDP and the National Economic, Social and Environmental Council (CNESE). Examining a sample of 1,500 households, including about 4,500 children under 18, was completed, and the final report was disseminated at the technical committee level. Despite the limitations of a small sample of families, it is important to notice some expected results for child-related issues. The key results of the this study will be reflected in the following situation reports.

Risk Communication and Community Engagement (RCCE)

UNICEF supported the launch of an awareness raising campaign to promote COVID-19 vaccination on 6 August. This was followed by the realization of communication materials such as leaflets, posters and banners as well as local radio and television programs to reinforce the overall coverage of the campaign. UNICEF is recruiting an expert to analyze the impact of communication and awareness raising activities on the Saharawi population since the detection of the first cases of COVID-19, and develop a communication plan. UNICEF is planning to develop an action plan for behavioral change to build capacity of the relevant staff in charge of communication. UNICEF continued publishing posts on its social media handles on occasions such as the reception of COVID-19 vaccines and the reopening of schools.

DJIBOUTI

Health

UNICEF Supported the Ministry of Health to maintain the continuity of health services by procuring critical lifesaving commodities, including vaccines and essential medicine. UNICEF focused on the continuity of the essential health services through securing the lifesaving commodities including antibiotics contributing to increase the utilisation of health facilities. UNICEF further supported the coaching mechanism for Early Essential Newborn Care (EENC) providing training and refresh training of the pool of the trainers, and conducting a training for 20 midwives and nurses.

Nutrition

In the third quarter of 2021, UNICEF focused on the continuity of children access to nutrition services by ensuring the availability of supplies, such as Ready-to-Use Therapeutic Food (RUTF) and other commodities. The stock management however remains a challenge. Considering this, UNICEF supported the training of 280 Government employees and ensured the transportation and distribution of the commodities through a partnership with the World Food Programme (WFP). Further, UNICEF supported the Ministry of Health to build capacities of health workers and community actors in the field of child nutrition. 26 general supervisors of maternity wards and midwives received a training on the promotion of Exclusive Breastfeeding in public health structures. They in turn provided this training to 250 health providers including managers, midwives and nutrition agents. 384 members of the Community Management Committees received trainings on the promotion of young child and infant feeding, as well as on the nutrition practices of pregnant and lactating women. In another activity, 20 national trainers were provided with a training on the promotion of young child feeding. In close collaboration with local NGOs, UNICEF supported promotion of Infant and Young Child Feeding (IYCF) by holding 34 focus group discussions at the national and local levels. UNICEF further provided financial support for the logistics and distribution of nutritional products in all 54 health facilities across the country.

Child Protection

UNICEF, in collaboration with CARITAS supported provision of assistance and care in the context of COVID-19 pandemic to 348 street children. The assistance included psycho-social support, family reunifications (12 cases), and provision of literacy, food and hygiene services.

Education

UNICEF played an active role in the annual 'back to school campaign' which was conducted in early September. UNICEF procured and distributed more than 40,000 school bags with essential learning materials to the most marginalized children, including 800 children in five non-formal accelerated learning centres, and 4,500 refugee children in three refugee camp schools hosting refugees from Ethiopia and Somalia. UNICEF also provided 40 Early Childhood Development (ECD) kits to the ECD centres and pre-primary classrooms to ensure quality and interactive stimulation and learning of smaller children.

Considering the focus of the Ministry of Education (MoE) on day-to-day safe school operations in its strategy for COVID-19 response, to date, UNICEF has supported more than 100 schools that have received handwashing stations with associated services and hygiene supplies. Inter-ministerial collaboration between the MoE and the Ministry of Youth and Culture (MYC) has resulted in a successful engagement of the local youth for COVID-19 awareness raising and vaccine promotion campaign through the network of Community Development Centres managed by the MYC. UNICEF continues its catalyst role to promote inter- and multi-ministerial collaborations for maximizing the complementarity of various efforts for ensuring continuity of learning in schools across Djibouti.

Currently, UNICEF supports MoE on the development of the forthcoming Education Sector Plan (2021-2035) with financial support from Global Partnership for Education (GPE). Disaster Risk Reduction (DRR) has been identified a top priority in the thematic working group discussions in preparation for this Plan. The Education Sector DRR Strategy, including contingency planning and national/sub-national capacity enhancement, was drafted with UNICEF support last year and the a school-level action plan has been planned to be developed by early 2022. COVID-19 is included as one of the key components in the 'public health emergencies' category in the strategy. UNICEF continues to provide technical expertise to the MoE and national DRR authorities throughout the action plan development process.

WASH

UNICEF delivered hygiene items to 1,350 vulnerable households (8,100 individuals). It further began an assessment of water supply systems to prioritize those for implementation or rehabilitation in the near future. Similar need assessments have been carried out in health care centres and schools to upgrade WASH services to prevent the spread of COVID-19 among the population. To date, 112 schools have been visited and evaluated.

Communications for Development (C4D)

During the reporting period, C4D activities focused mainly on RCCE linked with COVID-19, promotion of essential social practices and social mobilisation of communities for inclusion of children with special needs. In the framework of promotion of essential social practices, UNICEF, with support from the Ministry of Solidarity and Social Affairs has developed and validated communication tools. More specifically, UNICEF and the Ministry have developed a communication tool appropriate for distribution in areas with high number of people, a modified version of this tool for smaller communities, and 13 types of posters with tailored messages in French and in Arabic to facilitate communication in the vicinity. UNICEF further supported the National Agency for Handicapped People to prepare and launch a campaign on social inclusion of children and people with special needs during COVID-19 pandemic.

EGYPT

Health

As of January 2021, UNICEF has supported 343 primary health centres to maintain essential maternal, newborn and child health services. It is estimated that so far 1,306,700 women and children, including 141,692 persons during the reporting period, received essential maternal and child health services in the health facilities supported by UNICEF.

Nutrition

Since January 2021, 467,982 primary caregivers of children aged 0-23 months received IYCF messages, through individual counselling, community outreach activities, social media and other communication channels supported by UNICEF.

Child Protection

UNICEF has been strengthening and providing continuous child protection services to ensure vulnerable children's continuous access to services during the COVID-19 pandemic. During the reporting period from July to September 2021, 2,605 children were provided with mental health and psychosocial support (MHPSS) services through Ministry of Social Solidarity (MoSS) case management units and implementing partners, reaching a cumulative total of 5,113 children since the beginning of 2021. MoSS case management units continued to provide case management services in seven governorates in which cases were referred to and provided with a package of services as per each child's needs and as per the set care plans. Most cases were in need of psychosocial and specialized psychological support. 1,147 children were accordingly provided with MHPSS services through in-person sessions, phone counselling and psychiatric interventions. Furthermore, remote services continued with nearly 4,000 calls made to families on COVID-19 prevention as well as stress management activities through phone services. This is in response to social workers' reports on heightened anxiety and/or increased violence against children within households. This intervention focuses on stress management, positive discipline messages targeting poorest families' beneficiaries of MoSS cash transfer program who are most likely to be affected by socio-economic impact of the COVID-19 pandemic.

Moreover, through UNICEF's implementing partners, including the Egyptian Association for Societal Consolidation (EASC) and the National Foundation for Family and Community Development (NFFCD), 1,458 children (537 male and 921 female; 1,295 in Cairo and 163 in Alexandria) were provided with MHPSS services including both specialized and non-specialized services. Children were also provided with other protection services including legal, medical and education services. The EASC also provided rehabilitation and reintegration services to child survivors of violence with care services through its residential care facilities. Moreover, children and their families in communities received awareness-raising sessions on COVID-19 prevention measures.

Education

During the reporting period, a total of 24 communication hubs were established in all districts of the North and South Sinai and Ismailia governorates. Considering the COVID-19 pandemic, the communication hubs will support Education

Directorates to conduct online trainings and meetings with students and educators to ensure continuity of learning for students and teachers. The communication hubs were equipped with furniture, air-conditioning, computer and audio-visual equipment and internet connection.

Furthermore, UNICEF and its partners continue to promote the Learning Passport (LP) platform to support refugee and migrant students to access continuous education and learning during the COVID-19 pandemic. To improve the content for the online educational materials, a total of 49 teachers (5 Syrians, 14 Sub-Saharan Africans and 30 other nationalities) from eight refugee community schools have attended a two-days content creation workshop to create interactive educational materials for children including videos, podcasts and presentations both in English and Arabic, which will be uploaded on the LP platform.

WASH

UNICEF supported rehabilitation of water and sanitation facilities in 56 Primary Health Care centers, as per the Water and Sanitation Plan, developed in collaboration with the Ministry of health and Population and World Health Organization.

Social Protection

To examine the socio-economic effect of the pandemic on children and amongst vulnerable groups of people, UNICEF, in collaboration with Baseera (one of the premier agencies in the country with expertise in collecting information using telephone interviews), undertook four rounds of repeated cross-sectional surveys between June to December 2020, with an interval of two months between the surveys. Then telephone-based repeated assessments to measure the pulse of the situation of children during the COVID-19 pandemic was recognized as a good practice on 'Situation and Programmatic Monitoring Adaptations in COVID-19' and presented in global webinars. A report, including a summary of the results of the four assessments with their policy implications, provided deeper understanding and a way forward for UNICEF and its partners on programming for children in these changed conditions.

Communications for Development (C4D)

During the reporting period, in close coordination with the RCCE Community Engagement Team (WHO, FAO, UNHCR, MoHP, AL Azhar University and the Coptic Orthodox Church, UNICEF led the process to develop, test and digitalize a toolkit for COVID-19 prevention and response in Egypt. The toolkit will be used by community-based workers to engage and facilitate vaccine registration among most vulnerable communities.

In partnership with the Ministry of State for Information (MoSI), UNICEF supported the creation of a digital platform, 'Waqtena Platform', owned and run by the MoSI, to promote user generated content to be disseminated by mass and social media. Focusing on community resilience mechanisms during the pandemic, this includes promoting COVID-19 protective measures, enhancing demand for vaccine and promoting parents engagement in learning opportunities for children forced to learn remotely. Since its launch in September 2021, the platform has had an impressive growth with a 1,324, 870 reach and 132,958 engagement rate on Facebook and 344,329 reach on Instagram with posts addressing parenting advice on family relationship, and on adapting prevention measures to support the upcoming back to school season, enriched with user generated content and interactive games to internalize the use of hand sanitizer and masks and social distancing, and nurturing discussion on father role, child parents discussions and giving voice to generation Z.

UNICEF continued its support to the MoHP's the First 1,000 Days Facebook page with advice and interactions with families of new born children on nutrition, immunization, and COVID-19 awareness with 437,157 people reached over the reporting period. UNICEF also supported the MoHP COVID-19 response by using RapidPro. With its integration into Emergency Response room, it has improved the quality of the response service for over 8,000 people. The real time information system was used also to support MoSS health and awareness raising convoy to promote vaccine demand generation that resulted in 14,000 people (not counted as engaged) interacting with RapidPro in the Beni Sweif governorate.

In partnership with the National Population Council, UNICEF supported the Egyptian Youth Initiative (trained university volunteers) in conducting over 100 COVID-19 awareness sessions in youth centres engaging over 4,000 adolescents and youths between 14 and 24 years old.

MOROCCO

Health

In partnership with the Ministry of Health, UNICEF conducted a mapping of local civil society organizations in three regions to support the expansion of community engagement efforts. More than 100 new NGOs have been mobilized to support COVID-19 prevention measures and continuity in provision of essential services. A series of capacity building activities was launched, starting with 20 organizations, to build their capacities to support community-based interventions. UNICEF completed the procurement of sterilization autoclaves and water distillers for selected 193 primary healthcare facilities in six regions. The procured items will be delivered to the facilities from mid-October to mid-December.

Education

UNICEF supported the Higher Council of Education to generate evidence on the mainstreaming of distance learning during the COVID-19 lockdown period, and the blended learning used in 2019-2020 school year. The study has focused on analyzing the feedback from teachers, learners and parents, and showed different degrees of efficiency of using distance learning programs depending on teachers' experiences and capacities as well as accessibility of children to digital devices. The recommendations of this study were shared and discussed with the Ministry of Education (MoE) to be used in future work related to digital and distance learning development and improvement.

UNICEF supported MoE to strengthen WASH in school in targeted vulnerable areas. UNICEF supported rehabilitation of WASH facilities in 18 schools, benefiting 4,665 girls and women, and 6,367 boys and men, and leveraging funds from the Ministry of Education to cover more than 127 additional schools to improve WASH facilities in rural and sub-urban areas in two regions.

Social Protection

In collaboration with the High Commission of Planning (HCP, the National Statistics Office), UNICEF launched a study on the strategies and sustainability of the financing of the Sustainable Development Goals (SDGs), taking into consideration the COVID-19 crisis on the financing capacity of Morocco. This study aims at identifying, combining and adapting new instruments and new financing strategies for the SDGs considering the economic and financial crisis caused by the COVID-19 pandemic.

The evaluation of the national social protection DAAM (meaning aid and support in Arabic) Programme, targeting widows and their dependent children, in partnership with the national observatory for human development and the Ministry of Social development, is in progress. The evaluation, including a segment on the impact of the COVID-19 pandemic on the targeted population, is in data collection phase. The results and lessons learned from this evaluation will be used to inform and orient the ongoing reform of social protection especially the universalization of family allowances.

In collaboration with the Ministry of Economy and Finance, UNICEF and partners are working to identify and analyse the fiscal space and financing options for the national social protection system, particularly regarding the generalization of Family Allowances taking into consideration the long-term impact of the COVID-19 pandemic.

During the reporting period, UNICEF supported the multidimensional child poverty analysis. In collaboration with the national observatory for human development, the scenarios for simulation have been developed, and the modeling assumptions specified. During this period a simulation of the generalization of family allowances impact on the monetary poverty of children and their families was being conducted. This will complete the analysis that was conducted last year on the impact of COVID-19 pandemic on child poverty. The consultants will accordingly establish the profile of multidimensional child poverty in Morocco. The third round of the national survey on the impact of the COVID-19 pandemic on the economic, social and psychological situation of households is ongoing. This round is significant as, in partnership with several UN agencies, it will reach 12,000 households. Under the leadership of the HCP, UNICEF and partners have validated the methodology and the questionnaire. Data collection is planned to begin in October 2021.

The ICT-based survey on the impact of COVID-19 on adolescents and youth was completed, with a draft report available. When finalized the report will inform evidence-based interventions for and by youth and adolescents led by the Ministry of Youth and Culture.

Adolescent Development and Participation (ADAP)

UNICEF partnered with Y-PEER Morocco (a Youth-led local organization) to implement a youth engagement project aimed at promoting safe use of internet in the context of COVID-19. This resulted in the training of 282 peer educators (70 per cent female) on RCCE to continue promoting proper use of the internet among the youth and adolescents, COVID-19 prevention measures as new social norms, positive parenting with a focus on adolescent mental health. The trained peer educators have reached out to 1,200 indirect beneficiaries, including families, youth and community members.

Communications for Development (C4D)

RCCE messages on prevention and access to services reached 38,315,665 people with 270,092 engagements. A total of 3,720 people have expressed concerns and asked questions through UNICEF and partners social media platforms. Questions and concerns were shared with the Ministry of Health (MoH) to inform their vaccine roll-out strategies. In summary, the concerns are relating to the effectiveness of vaccines against the Delta variant, fears around vaccination in view of public perception of deaths in breakthrough cases, concerns around mandatory vaccination, and general fatigue of communication related to COVID-19 and its vaccines..

In collaboration with the Ministry of Health and WHO, UNICEF launched two digital campaigns to promote COVID-19 prevention measures as new social norms, and COVID-19 vaccination with a focus on younger populations aged 30 and below. The campaigns, *Vaincre la COVID-19, c'est encore possible* (Defeat COVID-19, it is still possible) that was launched in a context marked by a surge in the number of new cases and high death rates, and *Vaccinons-nous* (Let's get vaccinated) respectively reached 20,634,954 and 17,680,711 people with 113,001 and 157,091 engagements. Both campaigns are the result of a successful joint UNICEF-WHO support to the Ministry of Health. UNICEF continues to invest in and support a coordination framework with MoH and WHO, this tripartite coordination mechanism aims at ensuring synergy and complementarity of UNICEF and WHO in their support to MoH. The ongoing digital campaigns have been co-designed and are overseen and monitored by the three entities with operational support of a local communication agency.

The campaign, 'Solid against COVID-19', in two phases, launched in support of school re-opening. The campaign will continue during the back to school period (October) with national celebrities' involvement to reinforce children and families resilience and support a safe back to school in the context of COVID-19.

Oman

Education

Schools in Oman re-opened on 19 September. Prior to school reopenings, UNICEF conducted advocacy about the importance of re-opening of schools and prioritization of teachers vaccination as part of national vaccination efforts. UNICEF is providing regular risk assessments on the epidemiological situation to the ministries of health, education and social development focusing on the impact of COVID-19 pandemic on children based on global experience. UNICEF developed a thought-piece to support the Ministry of Education with the re-opening of schools and some of the long-term thinking about education recovery and building back better within the context of the COVID-19 post-crisis phase.

UNICEF concluded its work supporting the Ministry of Social Development (MoSD) to safely re-open ECD Centres and nursery schools – affecting 408 facilities covering approximately 20,000 students 0-5 years old. After initially working with the Government of Oman to develop re-opening guidelines, UNICEF monitored and assessed the implementation of these protocols. The assessment identified certain recommendations, including the need for Social Behaviour Change to raise awareness about importance of sending children to ECD facilities and the safety of facilities, provision of materials to support early learning and child development within the home, provision of financial support to nurseries including the provision of loans, and rent exemptions/subsidies, licensing fee reduction/removal. UNICEF advocacy with MoSD resulted in nursery teachers being prioritised in the national vaccination campaign. UNICEF also facilitated regular meetings and advocacy around key issues including engagement of parents and communities.

Social protection

UNICEF and the International Labor Organisation (ILO) are supporting the Government of Oman to redesign the social protection system as part of the overall economic reform agenda. UNICEF's main objective is to redesign the social protection system so that is sufficiently flexible to adjust and expand rapidly in response to shocks, such as COVID-19 – or any emergency that may leave certain groups vulnerable or deprived – thus reducing the need for separate assistance or

a humanitarian response. UNICEF also seeks to ensure that the new system builds the population's resilience through cash-plus and other services.

Similarly, the Government's economic reform agenda as set out in the Medium-Term Fiscal Plan, introduced fiscal consolidation measures that warranted tough choices in sustaining quality of service delivery. As such, UNICEF has conducted a Fiscal Space Analysis to determine financing challenges facing social sectors in the medium term and possible financing solutions to address the gaps. UNICEF also is working with Tawazun (Macro Fiscal Unit), the ministries of Finance, Health, Education and social development to implement the recommendations by recruiting two economists to the Government.

RCCE

Working with the inter-ministerial RCCE Task Force, UNICEF developed a 'back-to-school' social media campaign with messaging on hygiene and protection measures to minimize the risk of COVID-19 infection. The infographics were disseminated and amplified across UNICEF and Government social media channels.

UNICEF supported the inter-ministerial RCCE Task Force in implementing its positive parenting communication strategy. The strategy focuses on providing parents with reliable information addressing the secondary impacts of COVID-19 as well as messaging on overall health, including mental health and nutrition, including breastfeeding. It also addresses misinformation and rumours. The positive parenting strategy complements Government messaging on COVID-19 prevention and containment measures. The RCCE Task Force has created a hashtag, #ForOmansChildren, to promote related content.

UNICEF further developed and disseminated messages for the public via its own social media channels, and amplified Government messaging. UNICEF's messages were also amplified via government and private sector channels, including radio and TV. UNICEF has a monthly reach of more than 209,000 people through its social media accounts (Facebook, Instagram, Twitter, LinkedIn). UNICEF has messaged on vaccines, mental health, COVID-19 protection and prevention measures (i.e. proper hand washing practices and wearing face masks), nutrition, early childhood development, and the environment. disabilities.

Tunisia

Health

In response to the COVID-19 health crisis during the months of July and August, UNICEF supported the national health response through the procurement of 219 oxygen concentrators, over one million facemasks for health workers.

Education and WASH

In September 2021, UNICEF supported the national 'back to school', and the return of 2.1 million children to full-time in-person education, by providing disinfectant and hygiene products to support the implementation of COVID-19 preventive measures in all 6,103 public schools across the country. As a contribution to the strengthening of the recently established national television for education, UNICEF supported MoE in the production of 80 hours of television-based education programmes, especially on secondary school subject matters.

Social Protection

With UNICEF's technical and financial assistance, over the reporting period 115,000 children aged 0-5 years old from poor and vulnerable households were reached with a monthly top-up of cash transfers of 30 dinar (about USD10.67) per child, the amount recommended for the establishment of a universal child benefit in Tunisia. The increase in the number of beneficiaries (previously 50,000 children) was timely as it coincided with the highest peak in the number of COVID-19 cases the country had ever experienced, pushing most of public life to a halt impacting most the poorest households.

Communications for Development (C4D)

During the reporting period, UNICEF was able to reach more than 6.5 million people through social media platforms, including 5.5 million people only through Facebook, continuing communication on COVID-19 preventive measures and advocating for vaccination/immunization as a powerful tool to save lives and protect the Tunisian health system. In response

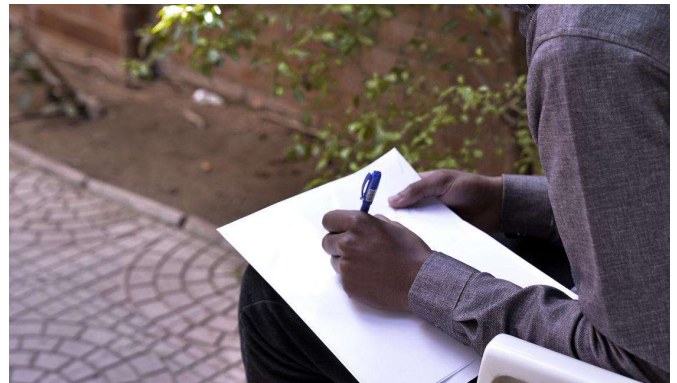
to a noticeable increase in COVID-19 hospitalisation of infants, and upon the request of the Ministry of Health, UNICEF supported the production of a video clip to raise awareness about the risks of COVID-19 for infants. UNICEF also launched a campaign on breastfeeding in the COVID-19 context. 1.3 million video views were recorded on UNICEF Tunisia's Facebook page and 693,000 accounts were reached on Instagram.

Humanitarian Leadership, Coordination and Strategy

During the reporting period, UNICEF actively participated in leading and coordinating the interagency COVID-19 response and humanitarian operations across the region. Depending on the national context, within the framework of Humanitarian Response Plans and in partnership with the Humanitarian Country Teams and Humanitarian Coordinators, UNICEF has led or co-led clusters, sectors, sub-clusters/sectors, and Working Groups including WASH, Education, Nutrition, Child Protection Sub-Cluster. In different national contexts, UNICEF participated in designing and implementing the Socio-Economic Response plans for COVID-19. It further led, or with WHO co-led the RCCE interventions, including establishing and maintaining coordination mechanisms, mobilizing actors, and designing information campaigns, in support of national efforts with a new focus on COVID-19 vaccination.

Human Interest Stories and External Media

Avoiding being a child soldier, John (not his real name) fled his country of origin when he was 15 years old. In Egypt, John was enrolled in an accelerated learning program, a UNICEF-supported initiative that help African children to return to school. "I feel safe when I draw," said John, "when an idea in your mind materializes on paper, it makes more sense and you feel good. That's why I like it." To read more, please refer to this [page](#).



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Annex A

Summary of Programme Results

Sector	UNICEF and IPs response		
	2021 target	Total results	Change since last report
Health			
# children vaccinated against polio	123,500	120,853	120,853
# children and women accessing primary healthcare in UNICEF supported facilities	1,100,000	1,405,150	1,405,150
# of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	51,109	50,000	50,000
Nutrition			
# children aged 6-59 months with SAM admitted for treatment	2,500	4,560	4,560
# primary caregivers of children 0-23 months receiving with IYCF counselling	365,759	467,982	32,773
Child Protection, GBVIE & PSEA			
# children and caregivers accessing mental health and psychosocial support	180,000	8,914	5,527
# of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	2,000	-	N/A
# women, girls and boys accessing GBV risk mitigation, prevention or response interventions	1,003,500	183	183

Education			
# children accessing formal or non-formal education, including early learning	2,807,812	28,275	2,507
# schools implementing safe school protocols (infection prevention and control)	299	99	N/A
Water, Sanitation & Hygiene			
# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	100,000	4,000	4,000
# of people reached with critical WASH supplies (including hygiene items) and services	1,888,645	2,461,185	85,850
Social Protection & Cash Transfers			
# of households benefitting from new or additional emergency social assistance measures provided by governments with UNICEF support	438,818	185	-
# of households receiving humanitarian cash transfers through UNICEF response to meet urgent humanitarian needs	1,000	-	N/A
C4D, Community Engagement & AAP			
# people reached through messaging on access to services	47,140,000	38,258,814	38,049,814
# people participating in engagement actions (for social and behavioural change)	2,065,000	4,330,934	3,701,020
# people sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanism	1,505,000	171,430	3,720

Annex B

Funding Status

Sector	Requirements	Available Funds			Gap	
		Humanitarian resources received in 2021	Other resources used in	Resources available from 2020	\$	%
Health & Nutrition	\$8,239,796	\$3,247,535	\$699,319	\$1,506,040	\$2,786,903	34%
Childprotection,GBViE & PSEA	\$3,630,960	\$1,005,163	\$623,999	\$586,286	\$1,415,512	39%
Education	\$7,159,730	\$1,587,587	\$109,962	\$932,695	\$4,529,486	63%
WASH	\$5,048,460	\$1,653,973	\$776,784	\$2,037,134	\$580,569	11%
Social Protection & Cash Transfers	\$5,296,823	\$952,654	\$59,958	\$115,831	\$4,168,380	79%
C4D, Community Engagement & AAP	\$3,702,240	\$634,272	\$6,045,975	\$5,621,273	\$(8,599,280)	0%
Regional Office Technical Capacity	\$2,455,000	\$724,600	\$0	\$3,292,403	\$(1,562,003)	0%
Emergency Response	\$4,145,000	\$0	\$0	\$176,933	\$3,968,067	96%
Preparedness & Disaster Reduction	\$2,400,000	\$150,000	\$0	\$1,064,070	\$1,185,930	49%
Others/Being Allocated	\$0	\$399,227	\$0	\$456,805	\$(856,032)	0%
Total	\$42,078,009	\$10,355,010	\$8,315,997	\$15,789,470	\$7,617,531	18%

MENARO	Algeria						Djibouti						Egypt						Morocco						Oman						Tunisia						RO							
Sector	Requirements	Received in 2021	Other resources	Carry-over	Funding Gap		Requirements	Received in 2021	Other resources	Carry-over	Funding Gap		Requirements	Received in 2021	Other resources	Carry-over	Funding Gap		Requirements	Received in 2021	Other resources	Carry-over	Funding Gap		Requirements	Received in 2021	Other resources	Carry-over	Funding Gap		Requirements	Received in 2021	Other resources	Carry-over	Funding Gap		Requirements	Received in 2021	Other resources	Carry-over	Funding Gap			
					\$	%					\$	%					\$	%					\$	%					\$	%					\$	%								
Health & Nutrition	0.9	1.1	0.0	0.0	0.0	0%	1.1	0.4	0.7	0.7	0.0	0%	5.7	0.6	0.0	0.3	4.8	85%	0.6	1.0	0.0	0.3	0.0	0%	0.0	0.0	0.0	0.0	0.0	0%	0.0	0.1	0.0	0.2	0.0	0%								
Child protection, GBVIE and PSEA	0.1	0.0	0.0	0.0	0.1	84%	0.8	0.8	0.0	0.6	0.2	25%	1.5	0.5	0.0	0.3	0.7	47%	0.9	0.5	0.0	0.0	0.4	46%	0.2	0.0	0.0	0.0	0.2	100%	0.1	0.0	0.0	0.1	0.0	16%								
Education	0.8	1.6	0.0	0.5	0.0	0%	0.6	0.6	0.0	0.1	0.2	38%	5.2	0.0	0.0	0.1	5.1	98%	0.3	0.0	0.0	0.0	0.2	77%	0.1	0.0	0.0	0.0	0.1	100%	0.2	0.0	0.0	0.1	0.2	70%								
WASH	0.4	0.0	0.0	0.0	0.4	100%	0.8	0.8	1.1	0.8	0.5	62%							0.9	0.6	0.0	0.0	0.3	34%	0.0	0.0	0.0	0.0	0.0	0%	2.9	0.0	0.0	1.5	1.4	48%								
Social protection and cash transfers	0.0	0.0	0.0	0.0	0.0	0%	1.2	1.2	0.0	0.1	0.0	0%	1.3	0.0	0.0	0.0	1.3	100%	0.3	1.0	0.0	0.1	0.0	0%	0.2	0.0	0.0	0.0	0.2	100%	2.3	0.0	0.0	0.0	2.3	99%								
C4D, community engagement and AAP	0.1	0.0	0.0	0.0	0.1	100%	0.1	0.1	0.3	0.1	0.0	0%	1.9	0.0	0.0	0.1	1.8	97%	0.6	0.3	0.0	0.1	0.3	42%	0.3	0.0	0.0	0.0	0.2	83%	0.7	0.0	6.0	5.5	0.0	0%								
Regional Office Technical Capacity																																												
Emergency Response																																												
Preparedness and disaster reduction																																												
Others/ Being Allocated	0.0	0.0	0.0											0.1	0.0	0.0	0.0	0%																										
Total	2.3	2.7	0.0	0.5	0.6	28%	4.6	4.0	2.1	2.3	0.9	20%	15.5	1.2	0.0	0.7	13.7	89%	3.7	3.4	0.0	0.5	1.2	34%	0.7	0.0	0.0	0.0	0.6	93%	6.3	0.1	6.0	7.5	3.9	62%	9.0	1.2	0.0	5.0	5.2	57%		