As of 15 March 2020

**Highlights**

Since early January 2020, UNICEF has been preparing and responding to the epidemic of COVID-19 around the world, knowing that the virus is spreading to children and communities. We continue to work closely with WHO, Governments and our partners to stop the transmission of the virus, reduce morbidity and mortality and minimize its effects in health and social services and in the most vulnerable populations.

On 12 March the WHO Director-General reiterated in a statement to member states that countries should not give up on stopping the outbreak now that WHO has characterized it as a pandemic.

The size and evolution of the outbreak and current knowledge on its ability to be transmitted through communities, signals that the virus will still spread further globally, despite efforts by national authorities and the international community to contain it. Urgent efforts are needed to stop transmission of the outbreak where it is spreading and to prepare health systems and communities to mitigate the impacts.

UNICEF has delivered 118,791 N95 and 180,850 surgical masks, 38,543 protective suits, 13,844 gowns, 45,632 protective goggles, 1.2 million surgical gloves, 20,004 heavy-duty/examination gloves, 4,991 sample collection kits and 5,916 thermometers to the Government of China.

**UNICEF-WHO-IFRC Technical Guidance on Safe School Operations:** Under the leadership of UNICEF, and working with the IFRC and the WHO, a new guidance to help protect children from COVID-19 and support safe school operations was issued on 10 March. The guidance provides critical considerations and practical checklists to keep schools safe. It also advises national and local authorities on how to adapt and implement emergency plans for educational facilities.

**Funding Overview and Partnerships**

In February, UNICEF issued an initial appeal of US$ 42.3M for COVID-19 response. To meet the growing and evolving needs around the world, UNICEF is currently revising its HAC which will present significant increase in funding needs. The activities presented in the revised HAC will also feed into an Inter-Agency aggregated global humanitarian response plan for COVID-19.

So far, UNICEF has received timely funding support from CERF, DFID, along with private sector help and further support is expected from other public and private sector partners, including from the Government of Japan, the United States, and Republic of Korea. To meet the immediate response needs and scale up the response until additional funding is secured, UNICEF has allocated loans in the amount US$ 8.2 million from its Emergency Programme Fund mechanism (funding from UNICEF’s regular resources).
Situation Overview & Humanitarian Needs
Characterized as a pandemic by the World Health Organisation (WHO), a lot has been learnt about the virus and the disease in the two months since its discovery. However, there currently remains uncertainty around susceptibility and the full extent of clinical features of infection in children and pregnant women. While the response by China and other countries in the region has been unprecedented, medical supplies, including personal protective equipment, have started to run short. Countries with weaker health systems and limited capacity to deal with a major disease outbreak are at particular risk.

The pandemic also has major secondary impacts for families and communities. A record number of children and youth are not attending school or university because of temporary or indefinite closures mandated by governments in an attempt to slow the spread of coronavirus. As of 12 March, 49 countries have announced or implemented school and university closures. Twenty-nine countries have shut schools nationwide, impacting almost 391.5 million children and youth. A further twenty countries have implemented localized school closures to prevent or contain the spread of COVID-19. Should these countries also order nationwide school and university closures, it would disrupt the education of more than 500 million additional children and youth. These closures are likely having unintended child protection consequences where alternative care arrangements are not in place.

The impact of the closure of small business and companies and the economic slowdown is mostly felt by those families that had precarious employment or low wages. Moreover, COVID-19 poses a risk to women in particular in a direct way as women are overrepresented among healthcare workers, through their role in caring for children who are out of school, and in indirect ways such as a possible surge in Gender-Based Violence (GBV) during crises and a drop-in care and support of GBV survivors. UNICEF’s response to the COVID-19 outbreak therefore focuses on the reduction of human-to-human transmission as well as the mitigation of the secondary impacts of the crisis, in line with WHO’s Strategic Response Plan.

UNICEF works in and with affected communities to mitigate secondary impacts of the outbreak and related control measures on children, including school closures, the burden on local health systems for the delivery of primary care, protection risks and economic pressures felt by some families. Therefore, the continuity of our regular programmes and support to governments to ensure continuity of health, education and social services is crucial.

Partnerships and Coordination
UNICEF works closely with WHO and Agencies and entities to ensure a timely and effective response
UNICEF works within the UN-led architecture and government systems to ensure the needs of children and pregnant women are included in guidance, response plans and country-level implementation. UNICEF’s work contributes to both outbreak control and the secondary impacts of the outbreak including to ensure continuity of essential social services for children, women, and vulnerable populations in COVID-19 affected areas.

The UN Crisis Management Team
UNICEF is a leading member of the CMT which is comprised of 10 UN agencies, and hosted by the UNOCC. UNICEF co-leads (in brackets) on 2 of the 10 workstreams: health impact (WHO), social impact (UNICEF), economic/finance impact (WB), staff health (DOS), national action plans & support (DCO/OCHA), travel & trade impact (ICAO/IMO), mass gathering events (DOS/WHO), animal-human interface (FAO), supply chains (WHO/WFP/UNICEF) and external communications (DGC).
UNICEF engages through UN country coordination mechanisms (led by UN Resident Coordinator) to ensure continuity of essential services and mitigation of social and economic impacts, for example (but not limited to) education, nutrition and child protection. UNICEF and the broader UN system have already issued programme guidance for country offices and country plans are being finalized and updated based on the evolution of the situation.

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

1 https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures
WHO Incident Management Support Team

The WHO response to COVID-19 is led globally through a global and Regional and Incident Management Support Team (IMST). The IMST is structured around 8 pillars centred around outbreak control measures 1) Key enabling functions, 2) administrative and financial planning, 3) partner coordination, 4) international health regulations, points of entry, 5) communication (media liaison, comms products), 6) info-demic management/risk communication and community engagement, 7) health information, and 8) health operations. The IMST which leads on operational programming is supported at global level by four streams: 1) Regional and Country Office Coordination, 2) research and development, 3) strategic planning & financing, and 4) a task force on prevention and control in communities.

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

Summary of UNICEF’s Global Preparedness and Response Actions:

Supplies

UNICEF is providing critical hygiene, medical and prevention supplies to support the control of transmission in healthcare settings and communities and strengthen health systems’ response capacities, ensuring access for the poorest. As many countries can no longer locally source Personal Protection Equipment (PPE) and other health supplies, UNICEF’s support is critical to fill these supply gaps. UNICEF’s Supply Division can secure procurement of other response needs, including critical equipment to supply oxygen to the most severely ill patients.

Although UNICEF has many pre-existing long-term agreements with local suppliers, local sourcing has become more challenging as stocks of certain PPE articles have been running low globally, mainly due to increased demand and decreased supply of PPE articles from China. Closing borders is causing challenges in delivery of supplies in some situations.

- In China, Malaysia, Lao PDR, PNG and PICs, UNICEF procured essential PPE, other medical equipment in support of a healthcare system response as well as handwashing supplies.
- In the Philippines, UNICEF provided the Government with 20 tents for hospital triage systems.
- In China, UNICEF continued to deliver critical PPE supplies. So far, UNICEF handed over to the Government a total of 118,791 N95 and 180,850 surgical masks, 38,543 protective suits, 13,844 gowns, 45,632 protective goggles, 1.2 million surgical gloves, 20,004 heavy-duty/examination gloves, 4,991 sample collection kits and 5,916 thermometers. Meanwhile, the delivery of six different types of hospital equipment and additional PPE procured locally is in progress and expected to be completed by the end of March.
- Close to $1 million worth of PPE is about to be shipped to Algeria, Bhutan, Eritrea, Indonesia, Iran, Liberia, Nigeria, Pakistan, Palestine and Venezuela.

Risk Communication and Community Engagement (RCCE)

- Technical guidance developed and rolled-out, adapted in ROs and COS: RCCE assessment tool, RCCE training package, key messages across program response, stigma guide, community volunteers guide; campaign package for children and larger public under development.
- UNICEF co-leads the RCCE pillar of COVID-19 response at the global level with C4D Humanitarian Action expert deployed at WHO HQ Geneva.
- Joint leadership on global RCCE (UNICEF/WHO/IFRC), with agile daily coordination, linkages with UNHCR on working with Refugees. Weekly coordination with larger set of partner organizations. RCCE coordination established with regions (led by UNICEF and attended by WHO/IFRC)
- Digital engagement: U-report (15 countries opted-in to activate the U-Report Coronavirus Information Centre bot); Coronavirus content made available on Internet of Good Things (IOGT); working on coordinating rumors tracking and misinformation monitoring.
Infection, Protection and Control (IPC)/WASH Services
UNICEF and WHO developed a joint guidance on water, sanitation, hygiene and waste management for COVID-19. Additionally, the WASH team has developed guidance for country offices on:

- IPC/WASH in health care facilities
- IPC/WASH in schools
- IPC/WASH in HH and communities
- Hygiene programming

Provision of Healthcare and Nutrition Services
UNICEF, in close coordination with partners and health authorities, is supporting countries’ health systems to respond to and prepare for COVID-19 outbreaks. At the same time, UNICEF is also ensuring the continued provision of adequate health care, including nutritional services, for children, pregnant women and vulnerable communities.

- In China, UNICEF supported the national CDC to develop four online training packages for health and public health workers across China. The four modules were released on the ‘National Continuing Medical Education platform’ by the National Health Commission and together registered more than 50,000 learners.
- UNICEF is contributing to the development of WHO technical guidance on clinical management of COVID-19, including for the care of pregnant patients, infants and breastfeeding (expected to be published soon).

Access to Continuous Education and Child Protection Services
UNICEF is supporting the continued access to of education, early child development (ECD) and child protection services, including integrated case management, alternative care and mental health and psychosocial support services. UNICEF is also supporting the preparedness of education, ECD and child protection services for possible COVID-19 outbreak in across regions. Jointly with WHO and IFRC and with the support of Country Offices and the East Asia Pacific Regional Office, UNICEF released a guidance document on Key Messages and Actions for COVID-19 Prevention and Control in Schools.

- UNICEF Mongolia Country Office supported the translation of TV lessons into minority languages, which were watched by 2,000 children from ethnic minorities.
- In Cambodia, UNICEF supported the Ministry of Education, Youth and Sport to develop online learning methods to provide continuous learning in Siem Reap, where schools have temporarily been closed.
- UNICEF supported the Cambodian Ministry of Education, Youth and Sport with the preparation of a handwashing in schools campaign, a first round of which will be conducted in 413 urban areas.

Data Collection, Analysis and Research
To better understand trends, vulnerabilities and the impact on women and children, UNICEF is collecting and analysing data as well as conducting research on the impact of the disease on children and women and the measures taken to contain it.

- At the Global Level UNICEF is developing a data collection system to track the secondary impacts of the response. Initial information is expected by the end of March.
- At the East Asia and Pacific Regional level, UNICEF is developing a questionnaire to assess the impact of Non-Pharmaceutical Interventions on children and their families.
- The China Country Office conducted a rapid assessment of the impact of COVID-19 on social behaviours among pregnant women and caregivers continued to be undertaken through the Healthy Family App. The results are currently being analyzed.
- In Mongolia, UNICEF is closely monitoring the situation of children and families during school and kindergarten closure due to COVID-19 preparedness/response.
- UNICEF supported the Cambodian Ministry of Education, Youth and Sport with the preparation of a handwashing in schools’ campaign, a first round of which will be conducted in 413 urban areas.

Internal and External Media
UNICEF is working with global health experts around the clock to provide accurate information on the outbreak and the impacts on responses to the outbreak. Information you can trust is grounded in the latest scientific evidence. UNICEF will continue to provide the latest updates, explainers for parents and teachers, and resources for media as new information becomes available on their dedicated UNICEF COVID-19 page, which includes information on how to stay informed of the best ways to protect yourself and your family.

• WHO’s live 2019-nCoV dashboard: http://who.maps.arcgis.com/apps/opsdashboard/index.html#/c88e37cf43b4ed3baf977d77e4a0667

Next SitRep: 29 March 2020

Who to contact for further information:

Carlos Navarro Colorado
Principal Adviser, Public Health Emergencies
Tel: +1 212 824 6029
Email: cnava@unifce.org

Manuel Fontaine
Director, Office of Emergency Programmes (EMOPS)
Tel: +1 212 326 7163
Email: mfontaine@unicef.org

Carla Haddad Mardini
Director, Public Partnership Division (PPD)
Tel: +66 (0) 23569235
Email: chaddadmardini@unicef.org
Annex A: Funding Status

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Funds received</th>
<th>Funding Gap</th>
<th>Gap in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Funding Update</td>
<td>$42,333,840</td>
<td>$7,149,712</td>
<td>$35,184,128</td>
</tr>
</tbody>
</table>