



April 2020

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Middle East & North Africa

Contribution to UNICEF Global Humanitarian Action for Children

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Novel Coronavirus (COVID-19): UNICEF support to the Middle East and North Africa

Situation Overview

As of 4 April 2020, 19 countries in the Middle East and North Africa region have registered 67,542 confirmed cases of COVID-19 (and 3,848 associated deaths).

The Islamic Republic of Iran has recorded more than 55,000 cases, becoming the country with the 7th highest number of cases globally and the country with the highest number of cases in the MENA region with 82 per cent of the total number of cases and 90 per cent of associated deaths). The situation in Iran is of critical concern, with more than 2,000 cases per day (on average). In the rest of the region, the number of cases doubled over the past week. Five countries in the region are recording Case Fatality Rates (CFR) above six per centⁱ.

The pandemic has mobilized and harnessed the capacities of governments, the private sector and civil society across the region to prevent and mitigate the spread of COVID-19. All countries in the MENA region have implemented containment measures and for most of them, have enforced curfew and closure of services and businesses. In addition to the health impact of COVID-19 and of the public health measures, a broad range of socio-economic and psycho-social impacts are already visible in the region, which are hitting the most vulnerable children the hardest. Availability of basic social services has sharply declined, and children are heavily impacted.

In the health sector, the prioritization of COVID-19 related activities, led in many countries to contractions or postponement of key initiatives in the domain of child and maternal health, in nutrition, immunization, mental health, and preventive health. Immunization campaigns across the region have been the most severely impacted, putting children at risk of childhood diseases.

As part of the initial containment measure, all countries in MENA closed their education institutions including schools, affecting more than 100 million children on top of the 15 million children that were out of school prior to the pandemic. Several governments are setting up distance learning alternatives and making curriculum available on-line or through tv or radio. However, many students in several countries, notably the most vulnerable, risk to be excluded, due to the lack of access to internet or weak internet infrastructure or the absence of assets for distance learning, and parental support.

Closure of most businesses, suspension of salaries, lockdowns and curfews are putting further financial pressure on livelihoods and socioeconomic fragile fabrics of the most vulnerable children and their families, as well as on the medium-term prospects for macro-economic stability. The COVID-19 and its economic fallout is expected to significantly strain existing social protection systems in MENA. The delivery of most social services is affected in a period when a risk exists of exacerbation of violence against

Situation in Numbers



19 out of 20 countries in the MENA region reported laboratory-confirmed cases



67,542 confirmed COVID-19 cases and 3,848 associated deaths in the MENA region



40.4 million People reached by UNICEF



70.7 million People in need of humanitarian assistance in MENA



110 million school aged students out of school due to closure of education facilities

ⁱ As of April 6th: Algeria 11.3% CFR; Egypt 6.6% CFR; Iraq 6.3% CFR; Iran 6.2% CFR; Morocco 6.9%. Countries testing capacity might be in cause. WHO EMRO daily update.

children and gender-based violence. These negative impacts are magnified for the most vulnerable children, including migrants, refugees, children living in institutions, children with disabilities and children living in conflict affected areas. The gender dimension is at the centre of the COVID-19-induced crisis, with women and girls especially vulnerable to violence and exclusion.

Initial assessments made by UNESCWA estimated marked negative impacts on employment (the loss of 1.7 million jobs) and the overall growth in the region, which are expected to be translated into an increase in poverty by an additional 8 million people, and by 1.9 million undernourished people. Children, over-represented among the population falling into poverty, are at risk for falling into the negative consequences of coping strategies that households may adopt, which may have long term impact on their development (child labour, early marriage and dropping out of school).

A region already impacted by humanitarian crises

MENA faces the largest pre-existing humanitarian needs in the world due to ongoing conflicts and/or turmoil and political transitionⁱⁱ. The COVID-19 outbreak is putting people in those countries at further risk, including for displaced communities often living in overcrowded settings, making it incredibly difficult to practice social distancing.

For children in MENA, COVID-19 represents a dramatic additional threat especially in conflict-torn countries risking the disruption of the humanitarian lifelines that provide crucial lifesaving assistance to people affected by those conflictsⁱ. Water supply facilities are of critical importance during the current crisis. For example, in Syria and Yemen many of these installations have been destroyed or severely damaged by the violence over the years. The outbreak of COVID-19 will lead to disruption to the remaining functioning facilities and limit access for maintenance by UNICEF teams and partners affecting thousands of children and civilians access to clean water which will disrupt basic prevention measures, like the need for frequent hand-washing, which can lead to further spread of the virus.

With borders in most countries closing and flights being suspended or cancelled, the delivery of emergency supplies has become even more challenging. For example, the lifesaving supply chain of Ready to Use Therapeutic Food and vaccines for countries like Sudan and Yemen is at imminent risk of disruption risking the lives of millions of children. In Syria, Yemen and Libya, COVID-19 related restrictions imposed by parties to the conflict impede the regular delivery of humanitarian relief.

Government mitigation measures are implemented amid a dramatically worsening financial crisis that has already crippled economies in a number of countries in the region leading to a loss of livelihoods, high levels of inflation, and increasing strain on weak public systems. Refugees, migrants and internally displaced people are at high risk, particularly in countries like Lebanon, Jordan, Egypt and Libya. Many reside in makeshift camps and settlements where social tensions between host communities and refugees could lead to fears of exploitation, violence or deportation.

UNICEF's Response in the MENA Region



UNICEF is working closely in cooperation with governments' line ministries and other United Nations country and humanitarian team partners, to provide technical guidance and support. In line with WHO's COVID-19 Strategic Response Plan and the Global Humanitarian Response Plan for the COVID-19 Pandemic, UNICEF is focusing on contributing to limit human-to-human transmission and mitigating the impact of the outbreak on health systems and affected communities. UNICEF's response in the MENA region contributes to the Global COVID-19 response outlined in the Global Humanitarian Action for Children.



Since the onset of the crisis and in all countries across the region, UNICEF has been working with line Ministries and WHO to establish or reinforce coordination mechanisms for Risk Communication and Community Engagement, and developed materials on COVID-19 prevention and risk reduction practices in local languages, mainly in Arabic and Farsi and on other languages spoken by local communities. The messages are being promoted through a mix of channels including TV, radio, social media, the mass media, billboards, printed material, religious, faith and community leaders, health workers and public influencers.

ⁱⁱ In MENA, as of January 2020: 32.1 million children are in need of humanitarian assistance. 13.9 million people are refugees (including 5.3 million children). 14.2M are displaced people (including 6.2 million children). Almost 25M living in conflict situation (equivalent to 76% of children in need of humanitarian assistance). UNICEF MENARO Humanitarian Overview



UNICEF is assisting governments through providing critical medical and WASH supplies (including Personal Protective Equipment and hygiene products in 10 out of 20 countries in the region). UNICEF is also supporting the improvement of Infection and Prevention Control (IPC) including the revision and reinforcement of the national hygiene and sanitation protocols including in quarantine and isolation facilities, schools, health facilities, markets and other public spaces. In Iran, 16 metric tons of Personal Protective Equipment (PPE) were provided to health workers, and more supplies are in the pipeline. UNICEF is also providing technical assistance and developed guidance for health workers on management of COVID-19 cases for children, pregnant and breastfeeding women.



To respond to the closure of education facilities including schools, UNICEF is supporting governments and partners in the production and dissemination of education distant learning modules and broadcast materials for Radio, TV and online platforms, as well as guidance for parents on home-schooling and extra-curricular activities. In coordination with partners, UNICEF will build on successes to further expand support and activities on distance learning.



To help cushion the significant socio-economic impact of COVID-19 that MENA countries are facing (job and income losses, potential rise in poverty), UNICEF has undertaken timely advocacy and technical advice to help governments expand or establish rapid social protection responses. In Morocco, Jordan and Iraq, large-scale national social cash transfer expansions have been announced for households that are hardest hit. In Yemen, UNICEF is also assessing the potential impact of confinement measures on existing social protection programmes and will work with partners to help implement adjusted modalities.

Strengthening risk communication and community engagement

- Provide support and high-level technical assistance to WHO and other partners for coordination and strengthening of the RCCE efforts at Regional and National level. UNICEF participate in joint inter-agency missions to assess country preparedness/ readiness efforts and capacities in RCCE;
- Support strengthening of institutional RCCE response capacity and evidence-based approaches. Adapt global RCCE guidance and development of RCCE tools and products relevant to the region; model cooperation and diversify partnerships particularly in relation to digital engagement.
- Provide support for rapid information sharing, documentation, identification of good practices, lessons learned, innovation and promote cross-learning between countries.

Providing critical medical and WASH supplies and improving IPC

- Lead regional Infection Prevention Control (IPC) coordination efforts and provide high-level technical assistance to WHO and other partners across the Region.
- Develop the overall UNICEF COVID-19 response strategy in line with UNICEF's commitments, comparative advantage and capacities at country level.
- Participate in joint inter-agency missions to assess country preparedness/ readiness efforts and capacities.
- Review respective national preparedness and response plans and make necessary recommendations.
- Deliver tailored training on WASH areas including IPC programming and safely managing medical waste.
- Facilitate south-south cooperation, and consolidating best practices and lessons learned

Supporting continued access to essential health care services for women, children and vulnerable communities, including case management

- Ensure continuity of essential health services for children and families while enabling physical distancing to be maintained. MNCHN (for example with digital health interventions).
- Leverage the Primary Health Care system and related infrastructure-both at facility and community level including supporting strategies for identification and testing of symptomatic individuals and the tracing of contacts.
- Continue life-saving activities for children and mothers through the delivery of critical supplies including pre-positioning of medical equipment
- Involve existing mobile and outreach Programmes in facilitating contact tracing/testing as well as with community surveillance and referrals to testing centres

Supporting access to continuous education, social protection, child protection and GBV services disrupted by the pandemic

- Safe learning at home: ensure children remain engaged in learning by practicing their foundational skills through reading and writing and developing life skills, learning to live together, to cope and be creative;
- Preparing schools to re-open: invest in disinfection, WASH facilities and ensure space for catch-up on curriculum contents;
- Target the most vulnerable: scale up innovation that reaches the all children. Promote social protection programs such as school feeding is equally important to protect the most vulnerable children.
- Ensure the child protection services respond to existing and emerging needs through child info lines, social workers.
- Strengthen parenting support through communication, community engagement and online counselling
- Prioritize urgent and rapid social protection scale-up for children to cushion socio-economic shock, with a focus on families in most vulnerable positions (informal workers, migrants, refugees). Ensure functioning of existing social protection programmes (e.g: Yemen Cash Transfer Program).

Data collection and analysis of secondary impacts on children and women

- Conduct a weekly survey with updates on the containment measures, and their impact on supply and demand of and access to education, health, WASH services, and essential supplies. MENARO produces the analysis of the collected data complementing it with information from other sources, and specific evidence collected by COs with national partners.
- Collect data to inform immediate responses at the community level to mitigate the impact of C-19 on the most vulnerable children. Given the physical distancing policies adopted by most governments in MENA mobile data collection mechanisms have become the norm. These are mostly based on the mobile phone infrastructure through either SMS-polling or web-based forms sent directly to existing networks of frontline workers.
- Explore alternative approaches to ensure the continuity of data generation on the situation of children and women since most statistical operations of governments have been curbed.
- Develop analytical products to support COs in simulating potential fiscal policy and social protection responses, and to identify the depth of the impacts on the most vulnerable children.

Regional coordination and technical support

- UNICEF works within the United Nations-led structure and support government systems to meet the needs of children and women by providing guidance for the design of response plans and country-level implementation.
- UNICEF is a contributor and key partner to the WHO-led global response and the COVID-19 regional teams and Incident Management Support Teams (IMST), with UNICEF staff integrated into these structures. UNICEF is co-leading the RCCE pillar and is the supply chain inter-agency coordination cell.
- UNICEF MENARO is actively coordinating and collaborating with the regional WHO IMST. At the technical level, UNICEF experts contribute to several WHO expert groups, including those developing technical guidance for case management, IPC, vaccine research and development, and social science.
- UNICEF MENARO is providing technical and quality assurance support for all country offices in the region; to ensure a strong alignment and compliance with both UNICEF's global guiding frameworks, policies and standards, and international guidance and guidelines specific to the COVID-19 response.

With your support...

With the Pandemic fast-moving, UNICEF requires, now more than ever, flexible and timely funding so that it can be quickly allocated to where it is most needed: help prevent as many new infections as possible; support countries with fragile health systems in child survival and well-being and that it is not further eroded by the impact of COVID-19; safeguard longer-term health and nutrition and basic services across affected countries; protect the most vulnerable children and their families; create opportunities for children to continue learning while at home as countries implement nation-wide school closures. What follows is a snapshot of UNICEF's ongoing response across the MENA region; we continue to follow the situation closely and will adjust our response and requirements as circumstances evolve.

Link to the UNICEF Global COVID-19 HAC: <https://www.unicef.org/appeals/covid-2019.html>

Intervention Areas for the UNICEF's COVID-19 emergency response	Estimated cost \$
Estimated costs for the coming 9 months, will be revised as needed	
Strengthen risk communication and community engagement (RCCE)	\$18.4M
Providing critical medical and WASH supplies and improve infection, prevention and control (IPC)	\$31.1M
Supporting continued access to essential health care services for women, children and vulnerable communities, including case management	\$19.9M
Access to continuous education, social protection, child protection and gender-based violence services	\$18.3M
Data collection and analysis on the secondary impacts on children and women	\$0.9M
Coordination and technical support	\$3.7M
TOTAL	\$92.4M

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Annex 1: UNICEF in Action across the Region...

Response Countries for the UNICEF's COVID-19 emergency response Estimated costs for the coming 9 months, will be revised as needed	Estimated cost \$
Djibouti	1.5M
Egypt	12.7M
Iran	6.4M
Iraq	9.7M
Jordan	6.6M
Lebanon	13.9M
Libya	4.2M
Oman	0.2M
State of Palestine	2.3M
Sudan	7.1M
Syria	9.2M
Tunisia	2.2M
Yemen	12.7M
MENA Regional Office	1.2M
MENA contingency to address emerging needs	2.4M
TOTAL	US\$ 92.4M

Algeria

Impact on people and systems

The Algerian Government is fully mobilized to control the evolution of the Covid-19. The Algerian government gradually banned travel; cancelled all large-scale events, closed schools, universities, mosques, and restaurants; and asked people to stay home.

Response strategy

UNICEF Algeria response plan will include a huge support to Sahrawi refugees in Tindouf camps in collaboration with other UN agencies (WFP and UNHCR).

Djibouti

Impact on people and systems

Currently, Djibouti has over 50 cases of laboratory confirmed COVID-19 since. The first case was announced on 19 March. The country is in lock-down under the control of the security forces, with strict control of movement within the cities and between the cities and the regions. In addition to COVID-19, Djibouti is still battling Malaria and Chikungunya. There are concerns that COVID-19 has overwhelmed an already fragile health system and has diverted attention away from pre-existing health concerns, exacerbated by the lockdown.

Migrant and street children, children who were already struggling to access education, routine vaccination and nutrition programmes are at increased risk of falling through

the cracks. Djibouti is host to some 30,000 refugees and asylum seekers and is a migrant transit country as well. The living conditions in the refugee camps as well as the lack of sufficient basic sanitation services along migrant routes put these populations at very high risk. Furthermore, more than 58 per cent of the rural population is food insecure and about 23 per cent live in extreme poverty while 35 percent of the rural population have no access to water. A weak health system, and insufficient access to safe water in country means the COVID-19 pandemic could be disastrous for Djibouti.

Response strategy

UNICEF is focusing on preparedness and response activities for 200,000 of the most vulnerable people, including 80,000 children across the different pillars. UNICEF is working towards supporting existing essential humanitarian programmes like nutrition, education, Water, Sanitation and Hygiene, child protection and social protection of the most vulnerable. UNICEF is supporting the Ministry of Education with learning platforms as required and addressing the

unique needs of refugee and migrant children. UNICEF is also working with over 700 migrant and street children to deliver protection services for children at high risk of violence, abuse and exploitation. UNICEF continues to support children in detention and advocate for their safe release and reintegration into their community. Promote tailored behaviour change communication and prevention practices.

Egypt

Impact on people and systems

Egypt currently has just over 1,000 laboratory confirmed cases and 70 deaths related to COVID-19. The Government of Egypt has put in place several COVID-19 response mechanisms, which will have significant socio-economic consequences. Preliminary estimates show that real GDP growth could reduce by 2.4 per cent to 10.3 per cent per annum and unemployment could increase to 9.3%, while poverty head count could increase on average by four per cent by 2021 (roughly 4 million additional people drawn into poverty). Since the announcement of the closure of all educational institutions in mid-March, the education of over 25.3 million children has been impacted. Closure of education facilities will not only leave children at risk of dropping out of education but will also impact on the mental health and wellbeing of children in Egypt.

The following groups might be impacted by added vulnerabilities due to indirect socio-economic impacts of COVID-19: Women and children (over 25.3 million children impacted by the school closure, 14,500 children in care homes). Up to 60 million youth and adolescents; the elderly; those in urban informal settlements and high-density areas. The extreme poor, near poor and food insecure populations (32.5% of the population are below the national poverty line)

and persons with disability face certain increased risk. Informal sector workers, small-scale farmers; migrants; 258,433 registered refugees and asylum seekers including 4,577 unaccompanied and separated children (70 per cent of the refugees are under the poverty line); people already affected by pre-existing health conditions (such as HIV); and people in closed or crowded settings like prisons are all at increased risk due to the COVID-19 pandemic.

Response strategy

UNICEF is aiming to reach up to 7 million people with preparedness and/or response activities. UNICEF Egypt supports the strengthening of RCCE through working with key influencers to build their capacity for awareness raising and promoting healthy practices through online platforms and mainstream mass media. UNICEF procured and distributed critical hygiene and prevention items, developed and maintained an inventory of essential COVID-19 supplies and reviewed national and sub-national forecast and stocks. UNICEF continues to support the most vulnerable children whose risks will be exacerbated by the COVID-19 pandemic like children in detention and children on the move. UNICEF will continue to work on access to education and learning, particularly for the most vulnerable children.

Gulf Countries (Bahrain, Kingdom of Saudi Arabia, Kuwait, Qatar and the United Arab Emirates)

Impact on people and systems

The UNICEF Gulf Area Office covers five countries: UAE, Qatar, Saudi Arabia, Bahrain, and Kuwait and has presence in the first three countries. Governments across the Gulf have demonstrated substantive capacities and systems to respond rapidly and comprehensively to exercise infection control and prevention. As the pandemic response transitions from the immediate to a more long-term one, UNICEF, in cooperation with partners, are availing guidance and programme practice to support education systems, child protection services, and key advocacy tools to child-focused organisations to mitigate the impact of the pandemic on families. UNICEF in GAO has been working with national

partners in support of all children in the Gulf countries – as they adapt to large-scale changes, such as extended periods of home isolation. This includes addressing increased anxiety by children and their caregivers, accompanying learners and the education sector as they roll-out alternative learning platforms (predominantly online), addressing the impact of reduced mobility, and working with child protection entities to maintain and adapt services.

Response strategy

The Gulf countries are high income and have access to substantive resources to drive national responses to the pandemic. As a result of the global pandemic and the

consequences of COVID-19, UNICEF GAO works in these countries to provide specific and relevant technical support to: a) provide the latest material and guidance around risk communication through social media and other channels, b) work with sister agencies to offer sectoral assessments, c) and offer social sector programme guidance to respond to

the pandemic. Social sector guidance has included support in adopting alternative learning modalities, strengthening child protection systems, promoting mental well-being support to caregivers and children, and promoting healthy living with a focus on physical activity and quality nutrition.

Iran

Impact on people and systems

Iran was the first country reporting a confirmed case in the region in February and is now carrying the heaviest toll of this pandemic in the MENA region. Hospitals and medical facilities are addressing a widescale medical emergency across the country. While the Government developed a response plan, the Iran health system continues to be challenged by the scale of the crisis and the need for additional equipment and medical supplies. In addition to the socio-economic burden that COVID-19 crisis represents for individual and companies, the outbreak impact is aggravated by the economic sanctions which continue to affect the country ability to import medical specialized equipment and secure local production.

Response strategy

UNICEF in Iran is closely working with WHO to support the Ministry of Health in its COVID-19 response and to assist 1 million people, with a focus on protection of vulnerable groups, including refugee children, especially those living in

crowded settings and individuals with precarious and unstable sources of income and people living with HIV. UNICEF is procuring PPE and medical equipment; as of 2 April, four shipments of PPE (27 cubic meters) have been delivered, including surgical masks and gowns, N95 masks and other PPEs. Moreover, UNICEF Iran is supporting the government on Infection Protection Control (IPC) services, including the revision of national hygiene and sanitation protocols for public places, specially schools and health care facilities (HCF) for which UNICEF is also supporting the provision of the required materials and equipment for adequate implementation of the revised IPC. UNICEF is also supporting the procurement of the required supplies for preventing transmission of COVID-19 among the most vulnerable children, including children with disabilities, children in alternative care and children on the street. UNICEF in partnership with relevant stakeholders supports the provision of psychosocial activities to mitigate short-term and long-term consequences of COVID-19 on children and families, including child maltreatment.

Iraq

Impact on people and systems

As of 1 April, Iraq reported 694 confirmed cases of COVID-19. While the Government of Iraq and the Kurdistan Regional Government took immediate prevention and response measures, the COVID-19 outbreak may overwhelm the capacity of health systems. Although most COVID-19-related deaths occurred among people with pre-existing health conditions, Iraq's CFR is particularly high (seven per cent). This might be due to poor quality of healthcare and also limited extent of testing to-date.

There are 4.1 million people in Iraq already in need of humanitarian assistance, and the COVID-19 crisis could prove disastrous for them. Of concern are the 138,179 people living in camps for the internally displaced and 90,394 in refugee camps, where, due to living in poor conditions and in close proximity, the virus could spread rapidly and with devastating consequences. Although the

Government and Religious Leaders are strongly discouraging pilgrims from attending religious festivals, some gatherings will inevitably take place, putting large numbers at risk.

Response strategy

UNICEF's response is aiming to reach 3 million people, including IDPs, refugees, returnees, and conflict-affected communities. Together with partners, UNICEF will focus on increasing public awareness on COVID-19 and countering misinformation, through mass media, social media and direct communication channels, with particular focus on vulnerable populations in camp settings, and populations intent on attending religious gatherings. UNICEF will support the continuity of essential services, particularly WASH in camps, to maintain hygienic environment and promote healthy practices. UNICEF's global supply capacity will support the procurement and

distribution of essential equipment and materials. In partnership with the Ministry of Education, children who are confined to their homes during the lockdown will be supported through online education platforms, while schools will be prepared for safe operation when reopening. Young people will be engaged through the U-Report platform and peer-to-peer initiatives. Continuity of

child protection services will be supported, particularly care arrangements for children whose parents are affected by the virus. UNICEF is also working with the Ministry of Planning on analysis of the socio-economic impact of the crisis and potential mitigating social protection measures.

Jordan

Impact on people and systems

The main challenges that had been facing Jordan, including high unemployment rates especially among women and youth, rising inequality, extensive water shortages, and increasing rates of non-communicable diseases, are expected to be exacerbated by the COVID-19 crisis. Similarly, the pressure of hosting a large number of refugees from Palestine, Syria and Iraq on public services and natural resources is likely to further increase. While the Government has taken early containment steps, challenges remain in the short-term, and the long-term repercussions on a debt-burdened economy already facing severe fiscal constraints are expected to be high. This will be particularly evident among the most vulnerable communities, including women and refugees.

Response strategy

UNICEF's response will complement that of the Government, with a specific focus on communities with low coverage of social services and high levels of vulnerability that are particularly at-risk. These include Syrian and Palestinian refugees living in refugee camps and those most vulnerable in host communities living in temporary settings, as well as Jordanians living in hard-to-

reach areas or relying on the informal labour market. UNICEF's programmes will be gender-responsive, to provide girls and women with intensified support, given that the pandemic accentuates existing inequalities.

Under the leadership of the Government and in coordination with other UN and partner agencies, UNICEF is aiming to reach up to 3.5 million people in the COVID-19 response. Under RCCE, UNICEF continues to support the Ministry of Health's National Campaign, with a focus on adequate and timely information reaching children, youth and parents in the most vulnerable communities. UNICEF will provide life-saving medical equipment and PPEs to the Ministry of Health along with core hygiene supplies to all affected groups. Access to WASH and health services will remain a priority, especially in refugee camps, in order to prevent infections. In addition, UNICEF will continue to support the Ministry of Education's Online Learning Strategy, and to complement the National Social Protection Response with technical support for both the Ministry of Social Development and the National Aid Fund. UNICEF's cash assistance programme, 'Hajati' has also been scaled up to reach over 20,000 vulnerable children each month, regardless of status or nationality.

Lebanon

Impact on people and systems

The COVID-19 arrived as Lebanon was undergoing the worst economic crisis since the end of the Civil War in the country in 1990, with stagnating economy, a failing banking sector, job losses, pay cuts, and severely weakened health systems. Despite support of UN and partners, the Government is struggling to cope with COVID-19 health response, the impact of the crisis and lockdown, and the compound effect on the most vulnerable. Lebanon hosts 1.7 million Palestine and Syrian refugees and many migrant workers in a country of 6 million. The Government has made it clear that it does not have the capacity to respond to the needs of the non-Lebanese communities.

Public health system is ill-equipped to cope if COVID-19 spreads, while the poorest, regardless of nationality, cannot afford health care and associated costs. Refugees and migrant workers face additional vulnerabilities due to discrimination, lack of legal status and fear of arrests, and possible retaliation. The compound effect of the economic crisis and the lockdown means that the most vulnerable families, including those with disabilities, cannot meet their basic needs including hygiene products and food. For children, the extended school closures during 2019-2020 academic year – several weeks last year due to mass protests and over a month now with the lockdown - impacts 1.25 million school-aged children, mostly those

already vulnerable. Access to basic services including protection and primary health care will likely decrease if the lockdown continues and system gets overrun.

Response strategy

UNICEF's multi-sectoral response aims to reach up to 6 million people, with a focus on vulnerable children and families. UNICEF continues to lead the national RCCE coordination mechanism together with partners. Communication/messaging and capacity building are being broadcasted through media channels; training modules developed and frontline workers, including UN, NGO staff, and Government staff at schools, Social Development Centers, Primary Health Care centres and municipalities have been trained. UNICEF also contributes to promoting good personal hygiene behaviour to reduce the propagation of the virus supported by distribution of soap. To date, more than 150,000 individuals have been reached and the aim is reaching 425,000 Syrian and

Palestine refugees living in informal settings and Collective Shelters. WASH services are being provided for temporary medical shelters and isolation rooms/facilities in informal settings and collective shelters for Syrian refugees, as well as IPC kits, safety protocols and guidance, and support to 31 Flu Clinics for the provision of adequate health care for women, children and vulnerable communities is planned. UNICEF is also working on adapted/distance learning, training partners on COVID-19 protocols on remote case management and safe spaces, inter-sectoral referrals, specialized services/support to children with disabilities, and youth engagement through U-report, Youth Poll, Knowledge, Attitude and Practices (KAP) surveys to influence program, communication and advocacy. An Integrated package of social assistance and services will be provided, including a child disability grant, combined with inter-sectoral referrals to needed services for 8,000 children with severe/moderate disabilities identified through national database

Libya

Impact on people and systems

Libya is critically vulnerable to an outbreak of the COVID-19. The ongoing armed conflict has complicated preparedness and response. The social security, education and health systems have been fragmented and damaged by years of armed conflict. Providing services to the most vulnerable, including migrants, refugees, displaced persons, and returnees is challenging. The COVID-19 pandemic will increase pressure on already fragile basic social service delivery systems. In addition, prolonged armed conflict has impacted the oil production and slowed the economic growth, affecting the household purchasing power.

Currently, Libya is host to more than 600,000 migrants from different countries. This population is extremely vulnerable and may be at higher risk of contracting the virus due to their health and nutrition status, living conditions, and difficulties in accessing health services. Migrants and refugees held in detention centres, IDP families in the collective shelters and other groups living in the confined areas are among the most vulnerable in Libya.

Response strategy

UNICEF and partners are aiming to reach up to 4.5 million people, focusing on the highly populated areas of migrants and conflict-affected communities. UNICEF is prioritizing prevention by strengthening national coordination mechanisms for an integrated COVID-19 preparedness and response strategy, (RCCE) and misinformation monitoring to increase preventive behaviours, building social engagement with key stakeholders at the grassroots and municipal levels. UNICEF continues to monitor the impact on children, while strengthening basic health and nutrition services, particularly for infants, pregnant and lactating women. Additionally, improving the preventative WASH services and IPC measures in communities, detention centres, collective centres, and health centres. UNICEF continues to facilitate access to protection services, including psychosocial support and referral to specialized services. UNICEF also works with the Ministry of Education to support children continued access to education, by developing online schooling system

Oman

Impact on people and systems

Oman has shown substantive capacities and systems to respond rapidly and comprehensively to limit the spread of the COVID-19 virus and to mitigate the economic impact of

it. To address the medium- and longer-term impact of this emergency, Oman put out a Royal Decree, on the closure of businesses as well as a reduction in public and private workforce. Oman has a free healthcare and education for all

citizens. Education and rehabilitation centers for children with disabilities have been closed. The healthcare system is coping, meanwhile the Ministry of Education has launched TV, radio and on-line education. Furthermore, child protection services continue in all governorates through dedicated child protection committees.

Response strategy

UNICEF in Oman continues to use policy-advocacy and its convening role to provide counterparts within the public sector with access to international best practices, updated tools and information. Meanwhile, Ministries are responding at the community level. Oman has a cash transfer and benefits programme in place for low-income families, school age children with disabilities and disadvantage will continue to have access distance learning as special content under development.

In coordination with the RCCE committee, key messages are relayed by youth groups and through UNICEF's platforms on awareness raising, access to information as well as targeted campaigns to target migrant workers in different languages. UNICEF is raising awareness among communities on the importance of continued distance learning via its social media channels, radio and TV, disseminating guidance for parents on engagement of children at home in curricula and extra-curricular activities. UNICEF continues to raise awareness on the importance of psychosocial stimulation. UNICEF supported the Ministry of Education in the development and dissemination of guidelines to schools on preventive measures. UNICEF is also undertaking analysis on gaps remote access to education.

Morocco

Impact on people and systems

At the time of writing, Morocco has 1,184 laboratory confirmed cases and 90 deaths related to COVID-19. The country has taken swift measures to mitigate the effects of the pandemic. On 20 March, the government declared a state of health emergency and began to implement progressive measures to contain the virus. This has included closing airports and schools, as well as firm guidelines to ensure social distancing. In order to address urgent medical needs and to mitigate the economic impact of the pandemic, the King of Morocco has ordered the creation of an emergency fund, raising more than 32.7 billion Moroccan Dirhams (\$3.2 billion). The Ministry of Finance will begin to make cash transfers to vulnerable citizens, and especially those who have lost their jobs.

Direct health-related impact is highest on front-line health workers and their families. As well as those from poor and rural populations where disparities in access to health were already present. Children from poor and rural populations are also most at risk of not being able to access distance-learning opportunities. Children without parental or family care are at high risk as institutions close or reduce

services. Children on the move are also at particularly high risk.

Response strategy

As directed by the Government, UNICEF Morocco supports the strengthening of RCCE via age and gender-tailored psychosocial support messages and parental guidance for parents/caregivers, working with key influencers to build their capacity for awareness raising and promoting healthy practices through online platforms and mainstream mass media. UNICEF has made its procurement services available to the Government to ensure continued essential health services such immunization as well access to essential COVID-19 supplies as needed. UNICEF continues to support the most vulnerable children whose risks will be exacerbated by the COVID-19 pandemic like children without parental care and children on the move. UNICEF will continue to work on access to education and learning, particularly for the most vulnerable children, as well provide technical support to social protection measures reaching the most vulnerable families and children.

The State of Palestine

Impact on people and systems

Public spaces, education institutions, places of worship, and factories have been closed in response to the COVID-19 pandemic. The economy of the West Bank will be impacted due to reduced domestic consumption and unemployment is likely to increase. The Ministry of Health designated three health facilities as COVID-19 treatment centres across the

West Bank and Gaza capacity of the Palestinian health system to cope with the expected spread of the pandemic is severely impaired. The situation is particularly severe in the Gaza Strip, where the health system has been already undermined by decades of conflict and blockade.

In the West Bank, people with disabilities and Palestinian refugees living in unsanitary conditions in camps are considered high-risk. In the Gaza Strip, the most affected people are those in quarantine facilities, medical patients, students and commuters working in Israel and residing in the Gaza Strip. Pregnant and lactating women and children who might not be able to receive essential healthcare because of health service re-prioritization are at increased risk. Palestinian refugees who live in one of the 19 overcrowded refugee camps as well as Bedouin communities with inadequate living conditions as well as children in detention facilities are all facing increased risks due to the COVID-19 pandemic.

Response strategy

UNICEF with WHO are leading the Risk Communication and Community Engagement (RCCE) Taskforce to conduct a nation-wide campaign. Focus will be on the most marginalized communities and include GBV and protection

awareness raising information. UNICEF will support quarantine centres with drinking water and the preposition of hygiene and dignity kits in coordination with OCHA and the Clusters, schools with hygiene kits in coordination with MoE and Education Cluster and most impoverished/vulnerable households with hygiene materials through WFP-UNICEF joint e-voucher programme. In partnership with UNESCO, UNICEF will support continuity of learning through provision of online learning materials and ICT support to improve the online platform infrastructure. UNICEF is supporting continuity of health care services particularly for women and children through the introduction of hotlines for promotion and protection of appropriate nutrition among pregnant, lactating women and infants and young children. A PSS partner started providing online training to essential child protection partners for online psychosocial counselling and support, and a “child line” has been strengthened with additional volunteers and is operating 24 hours a day.

Sudan

Impact on people and systems

Sudan confirmed its first COVID-19 case on 20 March and while caseloads are currently relatively modest, the country remains at high risk should the pandemic take hold as health system is frail. In response to the pandemic, preventative measures such as travel restrictions and curfews, put in place has started impacting the faltering economy and fragile political transition.

This situation could further deteriorate the existing vulnerabilities and demographics. Most line ministries have reduced their staff capacity by half to mitigate contagion, weakening their ability to provide services. The rainy season, due in May and bringing flooding, water and vector borne diseases and limited access will critically impede the COVID-19 response.

As per the Humanitarian Needs Overview 2020, Sudan has 9.3 million people already in need including, 5.3 million women and 1.8 million displaced. Sudan is hosting the fourth-highest number of refugees and asylum seekers in the world at 1.1 million, many in camp situations facing

higher risk of infection. Sudan has about 600,000 elderly with chronic medical conditions. Sudan is already experiencing high income poverty with an estimated 6.2 million people – 14 per cent of the population considered in “crisis or worse” levels of food insecurity, and some 3.2 million women and children suffering from global acute malnutrition. High unemployment and meagre economic opportunities are forcing households to make choices between necessities.

Response strategy

UNICEF is supporting the integrated nationwide Government response in line with the global humanitarian response plan consisting eight pillars. UNICEF Sudan targets 6 million people overall. UNICEF has leadership roles in risk communication and community engagement as well as infection prevention and control. Additionally, UNICEF is also working closely with the MoLSD to ensure social safety net is in place to protect the most vulnerable. The support entails cash assistance to 2 million vulnerable households in all States.

Syria

Impact on people and systems

An estimated 90 per cent of the population live under the poverty line. The effects of a COVID-19 outbreak will likely aggravate further economic decline, leading to households’ reduced access to commodities and basic need services.

Syria is at high risk due to political fragmentation, ongoing hostilities, continued displacements, overcrowded camps and sites, and high vulnerability in large parts of the country. The disrupted health system suffering from damaged infrastructure, lack of supplies and shortage of personnel, coupled with inadequate WASH services, will make it

extremely difficult to adequately respond to a widespread COVID-19 outbreak.

Locations without adequate health services - particularly in the north-east and the north west- and insufficient WASH and shelter, are at elevated risk, especially last resort sites (more than 1.4 million IDPs in 1,367 sites) and communities hosting IDPs and returnees (up to 8.8 million people), with ratios particularly high in north-west Syria. Dense urban areas and overburdened host communities, particularly in Damascus and Rural Damascus, are at risk for spread of disease. Caseloads may quickly overwhelm health facilities.

Response strategy

To mitigate and respond to specific COVID-19 needs, the delivery of training on Infection Prevention and Control and provisions of supplies, remain a priority to ensure the continuity of primary health care service. UNICEF chairs the Risk Communication and Community Engagement (RCCE) coordination mechanism and disseminates risk reduction

and prevention messages through innovative channels (interactive apps) and traditional channels (banners, TV and radio messaging). UNICEF will coordinate the WASH response in its capacity as cluster lead while strengthening Infection Prevention and Control in health facilities, schools and learning spaces, youth centres and communities through the drafting and implementation of IPC protocols, procurement and distribution of IPC supplies, and the promotion of hand washing with soap. UNICEF will continue delivering its regular WASH services, most notably the provision of lifesaving intervention in IDP settings and support to the operation and maintenance of WASH infrastructure across the country. In collaboration with WFP, UNICEF is distributing soap and children's recreation kits reaching 4.9 million people while reach on social protection is expanding, building on schemes already in place. In order to continue services, UNICEF is working with NGOs for case management for children and is coordinating with the Ministry of Education to upgrade platforms for remote learning.

Tunisia

Impact on people and system

in Tunisia, the Government has taken progressive measures, initially restrictions on foreign travel; followed by closing of schools, universities, markets and mosques; and the deployment on 21 March of the national response, by implementing a general lockdown where people are asked to leave their homes only in case of urgent needs. As of 31 March, 362 cases of COVID-19 and four localized clusters of transmission have been confirmed. One of the main challenges is to scale up the response according to the evolution of the epidemiologic situation, particularly the health system's capacity to deal with a large number of cases; the fragile macro-economic situation, instability in neighbouring Libya and the economic impact of the pandemic on the productive system may exacerbate the national economic downturn with further negative impacts on the country social fabric and existing disparities. The pandemic consequences result in income losses that directly affect vulnerable populations, including the self-employed,

workers of the informal sector, women (particularly workers of the informal sector, those who provide financial support to the household, those working in the health sector and highly exposed to the risk of contamination, victims of violence, etc.), young people and children from poor families become overexposed to the risk of under- or malnutrition as a result of school closures and the difficulties to access to school canteens.

Response strategy

The Government established a national multidisciplinary response committee to coordinate national efforts to limit the transmission of the virus; monitor the regularity of the supply of basic products and services; and coordinate measures and resources to mitigate socio-economic impact of the pandemic. UNICEF is focusing its actions on Risk Communication and Community Engagement (RCCE); Infection Prevention and Control (IPC/WASH); and supporting the government mitigating the impact of the pandemic, working in close collaboration with UN system and other development partners.

Yemen

Impact on people and systems

As of 2 April 2020, there are no cases of COVID-19 registered in Yemen as reported by the Ministry of Public Health and Population. The dire humanitarian situation in Yemen is however likely to be exacerbated by the ongoing pandemic with 24 million people in need including 12.2 million children

requiring humanitarian assistance and a health system likely to be overwhelmed. Lack of equipment including personal protective equipment and ventilators, medicines and funding in health care is of major concern along with weak IPC in health facilities. In addition, all flights were suspended and points of entry from South to North are also officially

closed. Movement restrictions between governorates is ongoing. All schools, universities and learning institutes are closed. More than 5.8 million children are currently out of primary school. All social, public events including workshops, trainings and events have all been stopped.

Existing vulnerabilities, leading morbidities (notable respiratory infection) and underlying health conditions as well as poor individual and household hygiene practices are likely to aggravate the impact of COVID-19 in Yemen. Displaced people living in crowded informal sites or dense per-urban areas are particularly at risk. Currently 4.4 million people remain displaced across Yemen. 1.2 million children continue to live in 39 active front lines areas. Over 1.2 million people including 200,000 children under 5 live in areas with high risks of malnutrition and cholera.

Response strategy

The response plan focuses on the immediate measures that must be undertaken in priority to ensure preparedness and/or response actions to address the COVID-19 outbreak in Yemen. It targets 2.6 million people. The plan builds on the WHO-led Country Response Plan and considers lessons learned from other affected countries and the AWD/cholera outbreak response ranging from the need for timely action on a no regrets basis, based on established inter-agency partnerships, collaboration with the national Government and *de facto* authorities and unhindered access and where possible depending on securing the sustained presence by partners. The response strategy will also build on and expand the significant investments which have been made over the past years in supporting national health systems, previous outbreaks or health response, and draw on strong

risk communication networks, especially for the most vulnerable communities or those in humanitarian settings (e.g. IDP/refugee camp-settings, marginalized slum communities).

UNICEF is supporting the establishment of a national RCCE coordination mechanism led by the Health Education Centre to tackle misinformation through mass and social media. Mobilise Religious and tribal leaders, teachers, performing artists, and social media activists to amplify messaging through online channels

IPC and WASH programmes focus on entry points: equipping quarantine facilities with water and emergency sanitation facilities as well as hygiene materials. These include installation of water tanks, installation of emergency latrines, emergency water trucking and distribution of hygiene kits

UNICEF is adapting modules and guidelines jointly with WHO to update health workers on the protocol for management of COVID-19 cases including among children, pregnant and breastfeeding women. UNICEF also supports ongoing programming for routine services in Primary Health Care facilities, hospitals and in communities.

UNICEF also advocates for alternative solutions to the use of schools as isolation centers for people forced to return from Saudi Arabia and guarantee access to safe learning for children when schools will reopen. Emergency Cash Transfer and Cash plus initiative procedures have been revised to strengthen scheduling, awareness raising (through distributing materials on COVID-19 awareness at payment sites and in families through case managers) and increasing working hours/days to reduce overcrowding