

Final Report

UNICEF's 2020
COVID-19 Response

February – December 2020

unicef
for every child

UNICEF/Yemen/2020/Al-Adimi

SITUATION



1.8 billion children

Live in countries where violence prevention and response services have been disrupted



6.7 million children

At risk of developing wasting and other forms of acute malnutrition



7.6 million girls

At risk of not returning to school



13 million

Additional child marriages expected to take place between 2020 and 2030



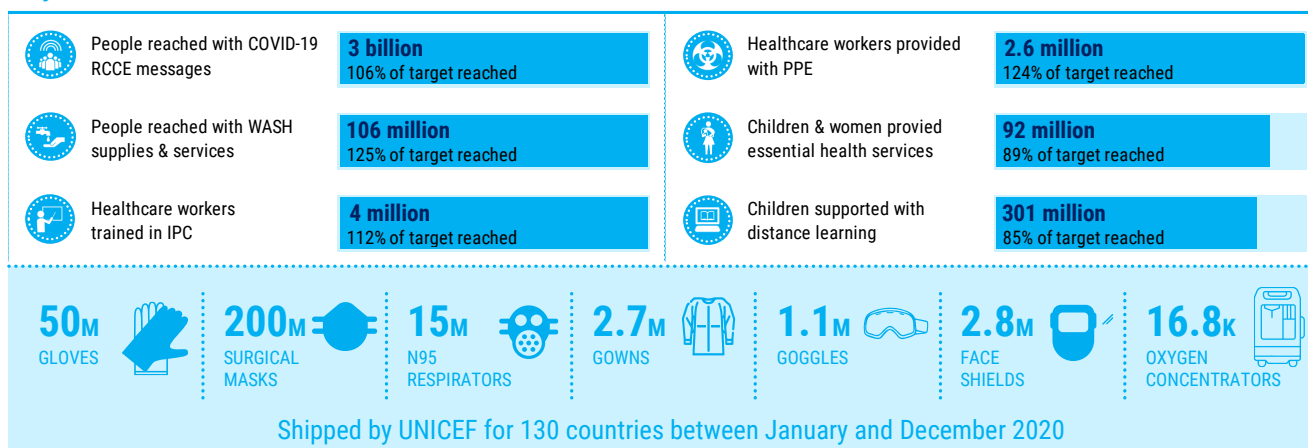
1.2 billion children

Living in multidimensional poverty

HIGHLIGHTS

- Through Infection Prevention and Control (IPC) interventions and the development and implementation of alternative and remote programme modalities, many essential services, including health, nutrition and child protection were able to safely continue throughout the pandemic, despite disruptions.
- Virtual and home-based education programmes benefited 301 million children (147 million girls) in 2020 and were rolled out through various means ranging from high-tech (online platforms and apps) to low- or no-tech modalities (TV, radio, SMS, printed materials).
- To assist vulnerable households affected by the socio-economic consequences of COVID-19, UNICEF worked at the forefront of social protection efforts helping governments to expand the coverage of national social protection programmes reaching 47 million households, while 1.8 million households were provided with humanitarian cash transfers in 2020.
- In 2020, UNICEF became the lead procurer of vaccines through the COVAX facility which has the goal to procure 2 billion doses of COVID-19 vaccine for low and lower middle-income economies by the end of 2021.

Key UNICEF Results in 2020

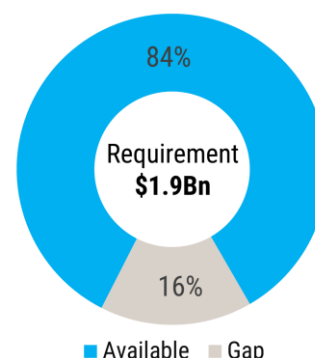


FUNDING OVERVIEW AND PARTNERSHIPS

As of the end of December, UNICEF received US\$1.62 billion in generous contributions from the public and private sectors against UNICEF's 2020 COVID-19 HAC appeal. The top resource partners were Germany, the Global Partnership for Education, the United States, the United Kingdom of Great Britain and Northern Ireland, and the World Bank. Global program partnerships and international financial institutions also stepped up and provided resources to respond to the pandemic, including with support to continuous education activities. UNICEF is deeply appreciative of the increased levels of flexibility provided by resource partners for the global COVID-19 response. Of the funds committed in 2020, US\$150.5 million was provided flexibly (unearmarked and softly earmarked). The private sector showed great flexibility, securing 44 per cent of this type of funding. The top ranked flexible partners to the COVID-19 response were the United Kingdom of Great Britain and Northern Ireland, Germany, US Fund for UNICEF, Japan Committee for UNICEF, CERF, COVID-19 Solidarity Response Fund, Denmark, German Committee for UNICEF, Sweden, and Canada.

UNICEF COVID-19 Appeal 2020

Funding Status (in US\$)



As of 31 December, UNICEF had utilized US\$1.29 billion for the COVID-19 response, of which US\$531.4 million was used for supplies (including personal protective equipment (PPE), diagnostics and oxygen) and close to US\$537.8 million was transferred and committed to implementing partners. This utilized amount includes funds received against the COVID-19 HAC appeal as well as other sources of funding such as regular resources to support the response. In terms of transfers to implementing partners with funding received against the UNICEF COVID-19 global appeal, 64 per cent went to governments, 22 per cent went to national NGO's and/or Red Cross/Crescent National societies and 14 per cent went to international NGO's. For information on the funding status of the US\$1.93 billion UNICEF appeal, please visit: www.unicef.org/coronavirus/donors-and-partners.

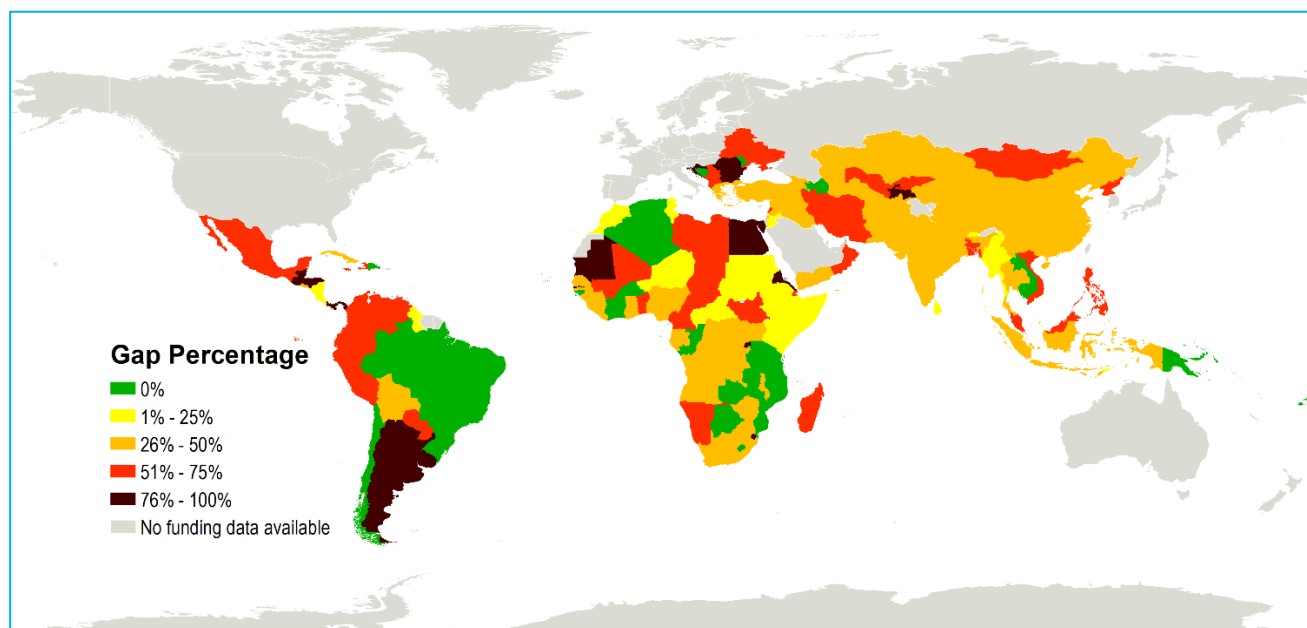
FUNDING STATUS*

*Funding status (USD) is based on funding received and allocated by region within the global HAC appeal as of the end of December 2020.

Regional offices/ Headquarters	2020 Requirement	Funding Received	Funding Gap	Gap in %
East Asia and the Pacific	\$162.0 M	\$146.8 M	\$15.1 M	9%
Eastern and Southern Africa	\$349.8 M	\$338.9 M	\$10.8 M	3%
Europe and Central Asia	\$149.0 M	\$81.3 M	\$67.7 M	45%
Latin America and the Caribbean	\$177.8 M	\$92.9 M	\$84.9 M	48%
Middle East and North Africa	\$356.9 M	\$324.5 M	\$32.4 M	9%
South Asia	\$294.0 M	\$231.8 M	\$62.1 M	21%
West and Central Africa	\$424.0 M	\$348.5 M	\$75.4 M	18%
Global coordination and technical support	\$16.7 M	\$45.3 M	-	0%
To be allocated		\$14.1 M**		0%
Total	\$1.93 bn	\$1.62 bn	\$0.30 bn	16%

**As of February 2021, these funds have been allocated to country offices and UNICEF's supply division for the COVID-19 response, including for delivery of PPE to countries to support the COVID-19 vaccine rollout.

FUNDING GAP



SITUATION OVERVIEW & COVID-19 IMPACT ON CHILDREN

The COVID-19 pandemic caused an unprecedented crisis, straining already overburdened social and health service delivery systems, triggering a humanitarian, socio-economic and human/child rights crisis, and exacerbating the inequalities and vulnerability of children and their families. By the end of 2020, global COVID-19 cases reported stood at around 80 million with 1.7 million reported deaths, however, official figures are likely underreported due to asymptomatic cases, poor capacity of many healthcare systems and subsequent weak surveillance and testing capacity. By the end of 2020, the first COVID-19 vaccine campaigns had begun in multiple countries, however none had started in low to lower-middle-income economies. One COVID-19 vaccine had received emergency use listing from WHO at the end of 2020, while numerous COVID-19 vaccine candidates were in the final stages of approved by national and WHO regulatory processes.

Throughout the pandemic in 2020 there was a considerable decline in the numbers of people accessing essential services, due to service suspension, closures, transport disruptions, movement restrictions and fear among the population of going to public locations where the possibility of contracting COVID-19 might have been higher. The interruption of basic services combined with the numerous consequences that COVID-19 had on children's lives are expected to lead to increased child morbidity and mortality in 2021 and beyond.

COVID-19 overwhelmed some of the world's most robust healthcare systems with more than 90 per cent of countries experiencing regular health service disruption due to the pandemic throughout 2020.¹ The health services that experienced the most severe disruptions in the first few months were routine vaccination, outpatient care, antenatal and postnatal services, births attended by a skilled attendant, and health campaigns. As a result of COVID-19, the global coverage of nutrition services to children, adolescents and women declined by nearly 40 per cent in 2020 and led to the postponement of many integrated child health and nutrition interventions such as vitamin A supplementation and deworming campaigns. Despite these challenges, health and nutrition service provision in many locations globally were able to resume towards the end of 2020 after national COVID-19 safety protocols and measures (including use of PPE, the wearing of facemasks, physical distancing measures, the consistent use of hygiene items, disinfection and cleaning of common surfaces, among others) were put in place.

The pandemic caused the largest disruption of education in history affecting nearly 1.6 billion learners in more than 190 countries. Closures of schools impacted 94 per cent of the world's student population, and up to 99 per cent in low and lower-middle income countries². However, through virtual and home-based education programmes using internet, apps, TV, radio, SMS and printed materials, and through implementation of national guidelines and protocols for COVID-19 infection prevention and control (IPC) in schools, the majority of children globally were able to resume their studies by the end of 2020. Although, concerns still remain, as projections show that 7.6 million girls from pre-primary to secondary school are at risk of not returning

¹ WHO - <https://www.who.int/news/item/31-08-2020-in-who-global-pulse-survey-90-of-countries-report-disruptions-to-essential-health-services-since-covid-19-pandemic>

² UN - https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf

to school as a result of COVID-19 related restrictions and consequences³. This may further exacerbate pre-existing disparities, and risk reversing progress already made globally in education, including girl's education, in 2021 and beyond.

Public health measures, such as border closures, physical distancing and confinement, which were established to reduce the transmission of COVID-19, also heightened protection risks and vulnerabilities for already at-risk groups, including children, women and crisis-affected families. Households with limited resources bore the full brunt of these measures and the resulting stressors and socio-economic impacts, including intimate partner violence, gender-based violence (GBV), civil unrest, child labour and child marriage. UNICEF studies found that in over 100 countries' violence prevention and response services were disrupted or curtailed due to COVID-19 measures, with some countries showing a 50 per cent drop in coverage compared to 2019. Throughout the pandemic, data continued to show a significant increase in the cases of violence against women and girls, and even before the onset of the pandemic, globally 1 in 3 women experience physical and/or sexual violence in their lifetime, mostly by an intimate partner⁴. Underreporting of GBV cases happened in some locations due to stigma, shame faced by survivors, risks of retaliation, further violence and harm, shortages in quality GBV services, barriers in accessing services – such as transportation costs, security concerns, travel restrictions and fear of contracting COVID-19 in public locations. Despite its high visibility, at the onset of the pandemic GBV services were not considered essential in many places, and in others, these services either closed down, or shifted to remote modalities which took time to get up and running. By the end of 2020 child protection and GBV services had largely restarted and were implemented through safer remote modalities including through online and phones, where possible.

COVID-19 disproportionately impacted children on the move, shedding light on vulnerabilities and further exacerbating existing inequalities. Border closures and travel restrictions severely limited their access to protection and asylum services. In May 2020, UNHCR reported that 161 countries had closed their borders to contain the spread of the virus with at least 99 states making no exception for people seeking asylum, seriously limiting the rights of children on the move⁵. Besides facing numerous legal and practical barriers to access health, education, and other critical services, especially if they are undocumented, children on the move have been largely excluded from COVID-19 national response and recovery plans in many countries. This is compounded with rising discrimination, stigma, and violence due to misinformation about COVID-19 in communities and the economic downturn that helps fuel xenophobic behaviour.

Economic slowdown from added economic costs related to health prevention and treatment of COVID, as well as from lockdowns had profound impacts on employment, care, livelihoods and ultimately poverty and inequality in 2020. After nearly a quarter century of steady global declines in extreme poverty, we are expected to experience an increase in global extreme poverty adding between 88 to 115 million people who will live on less than \$1.90 a day. This number may rise to 150 million in 2021 depending on the level of economic contraction⁶. The number of children living in multidimensional poverty (meaning they lack access to health care, education, proper nutrition, or adequate housing) soared to approximately 1.2 billion in 2020. This is a 15 per cent increase in the number of children living in deprivation in low- and middle-income countries, or an additional 150 million children since the onset of the pandemic⁷.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF's COVID-19 response strategy in 2020 was aligned with the WHO's COVID-19 [Strategic Preparedness and Response Plan](#) and the [UN's Global Humanitarian Response Plan](#) led by the Office for the Coordination of Humanitarian Affairs (OCHA). Throughout the COVID-19 response, UNICEF worked under the leadership of national governments and in close coordination with the WHO, humanitarian and UN country and global teams, and civil society partners to protect children and their families from exposure to COVID-19, to minimize the impacts of public health measures, to address the immediate socio-economic consequences, and to increase access and provision of basic social services.

At the onset of the pandemic UNICEF established a Geneva based team dedicated to WHO and other Geneva-based partners that helped facilitate UNICEF's access to and participation in WHO's planning and response to COVID-19, including in IPC, case management, vaccination, procurement and supply of essential commodities as well as providing the joint analytics that informed response to the pandemic. This fostered full collaboration between UNICEF, WHO and other partners and co-leadership in the global public health response to COVID-19. This collaboration allowed for the development of global guidance on maintaining critical services for children including safe re-opening of schools; IPC guidance for health care facilities, schools, homes and community/public spaces in the context of COVID-19.

UNICEF co-led the Risk Communication and Community Engagement (RCCE) pillar of the global COVID-19 response with IFRC and WHO. Together the global RCCE collective service was established to build on each organization's technical assets to

³ UNICEF - <https://www.unicef.org/media/89506/file/GlobalCOVID-19SitRepNo.15-Nov2020.pdf>

⁴ https://www.who.int/health-topics/violence-against-women#tab=tab_1

⁵ <https://unsdg.un.org/resources/policy-brief-covid-19-and-people-move>

⁶ <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>

⁷ UNICEF - <https://data.unicef.org/resources/impact-of-covid-19-on-multidimensional-child-poverty/>

streamline, coordinate, standardize and amplify social and behavioral work, risk communication, and community engagement across a wide range of partners.

UNICEF was a leading member of the United Nations Crisis Management Team (CMT), which was composed of 10 United Nations agencies and hosted by the United Nations Operations and Crisis Centre. A UNICEF supply cell was established to support the COVID Supply Chain System that worked closely with different partners to ensure alignment and coordination on the procurement and supply of essential supplies and to provide solutions to address market failures where needed. UNICEF also had a leading role in the PPE consortium, and UNICEF's procurement services were offered to support partners and countries' access to quality and affordable essential supplies during the response.

In 2020 UNICEF actively engaged in the Access to COVID-19 Tools Accelerator (ACT-A) convened by CEPI, GAVI and WHO to ensure global equitable access to vaccines, therapeutics and diagnostics to fight COVID-19. UNICEF is co-lead of the working group on vaccine partnerships as well as the cross-cutting working group on health system connector and procured therapeutics (Dexamethasone and Remdesivir) and diagnostics (molecular tests and rapid diagnostics tests) to support the global response. UNICEF is the lead procurer of vaccines through the COVAX facility (the vaccines pillar of the ACT-A) which has the goal to procure 2 billion doses of COVID-19 vaccine for low- and lower middle-income countries by the end of 2021.

UNICEF's global clusters contributed to the COVID-19 response throughout 2020 by supporting the development of sector specific programme guidance, through field deployments, virtual and remote technical and coordination assistance, trainings, webinars, information and knowledge management, and supporting the development of national sector response plans.

SUMMARY OF PROGRAMME RESPONSE

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

Within UNICEF's public health response to reduce COVID-19 transmission and mortality, UNICEF and partners worked to strengthen RCCE interventions that reached communities with life-saving information and people-centered-community-led approaches that promote healthy and safe lifestyles, which is key to halting the spread of the pandemic. By the end of 2020, 3 billion people (approximately 1.53 billion women and girls; 810 million children) were reached with RCCE messages while 425 million people (approximately 114 million children; 217 million women and girls) were actively engaged in RCCE activities and interventions.



Community resource staff and volunteers from Sindh province in Pakistan being trained on IPC and WASH measures to reduce the transmission of COVID-19. Following this training, the staff and volunteers rolled out RCCE interventions targeting women and children in rural areas who do not have access to mass media (mobile phone, cable network or social media).

In 2020, UNICEF and partners worked to improve IPC through the training of frontline health workers on the proper use of PPE and practices and procedures to follow to prevent or reduce the risk of disease transmission. IPC training was rolled out in 75 countries benefiting 4 million healthcare staff, while PPE supplies reached 2.6 million healthcare staff in 2020. UNICEF and partners worked to provide access to safe water, sanitation and hygiene (WASH) services (including through the installation of handwashing stations and/or latrines) and supplies (including hygiene kits, soap) for people in highly affected areas, reaching 106 million people (approximately 55 million women and girls, 58 million children) in 120 countries. UNICEF's IPC interventions provided cleaning and disinfection supplies for schools, pre-school, healthcare facilities, social worker offices, safe children spaces, and other public locations where children and their families congregate.



Mary and Precious wash their hands at one of the UNICEF-provided hand washing stations, strategically placed in overpopulated informal settlements in Nairobi, Kenya, to reduce COVID-19 transmission.

UNICEF supported a significant number of data collection and social research undertakings on the impacts that COVID-19 is having on women and children for national public health and other response decision making. In Georgia, a Behavioral Insight Study was carried out by UNICEF and WHO to monitor public knowledge, risk perceptions, behaviors, and trust. The findings from the study were used to develop the RCCE response strategy for the country. A similar study was conducted in three regions in Cote D'Ivoire by UNICEF and partners to inform RCCE strategies, which looked at the population and health professionals' knowledge, attitudes, practices and perceptions of risk of COVID-19, as well as key obstacles to the implementation of measures put in place by the government to fight the pandemic. In East Asia and the Pacific, UNICEF collaborated with UNAIDS and civil society networks to implement a survey that helped to provide recommendations to the government on how to mitigate the specific challenges faced by young populations living with or at risk of HIV in the region. These surveys and others were crucial for governments as well as humanitarian and development actors to ensure future response and development efforts are aligned and adapted to appropriately meet the real needs and gaps in the response to date.

Strategic priority 2: Continuity of health, HIV, nutrition, education, WASH, child protection, GBV, social protection and other social services; assessing and responding to the immediate socioeconomic impacts of the COVID-19 response

To protect people who are the most exposed and vulnerable to COVID-19, it is essential to ensure the continuity of basic services. UNICEF and partners worked throughout 2020 to maintain and adapt basic service coverage in health/HIV/nutrition care, education, child protection, GBV, social protection and WASH, through multiple means, including the distribution of disinfection materials, training of staff and through financial and technical support. Additional UNICEF support included co-coordination of national COVID-19 tasks forces, developing and implementing national protocols and guidance in the context of COVID-19 for the continuation of safe delivery of basic services, developing national contingency and preparedness plans, support to conducting surveillance and epidemiologic investigation, improving data and information flows, establishment and monitoring of isolation centers, capacity building of health care and other social service workers, designing and disseminating risk communication and community engagement content, and procurement and distribution of key supplies.



A healthcare staff wearing PPE provides health care services to a baby in a clinic in Bangladesh in 2020.

To reverse the drop in both availability and utilization of health, HIV and nutrition services, UNICEF worked to ensure national COVID-19 safety protocols and guidelines were in place in service locations, including through the distribution of health and nutrition equipment and supplies (including PPE, RUTF/S, anthropometric equipment, oxygen concentrators, thermometers, diagnostic tests, resuscitation kits, drugs, personal hygiene, cleaning and disinfection supplies). In addition, UNICEF and partners provided training for key health and nutrition personnel and reached 2.6 million health care staff (approximately 1.5



©UNICEF/Uganda/2020/Sibiloni

postnatal and newborn care, support for common childhood illnesses and mental health services. By the end of 2020, UNICEF and partners had reached 92 million people (57 million females; 65 million children) in 82 countries with essential health care services, since the onset of the pandemic. Another key part of UNICEF's COVID-19 response was delivering oxygen concentrators, devices that take in air from the environment, remove nitrogen, and produce a continuous source of oxygen which are used to help COVID-19 patients to breathe. As of November 2020, UNICEF had delivered 15,188 oxygen concentrators to 93 countries to support the COVID-19 response.

UNICEF's nutrition response to COVID-19 focused on ensuring continuity of essential nutrition services, and the protection of children's diets and feeding practices. These services include IYCF support, the provision of Vitamin A, multiple micronutrient supplementation and deworming, as well as the prevention and treatment of malnutrition, including SAM. UNICEF ensured critical continuation of services through guidance and tools for adaptations to service delivery modalities including facility-based and community-based adaptations: reducing the regularity of follow-up visits, provision of MUAC by caregivers, and increasing stocks at district/facility levels. Despite the disruptions of nutrition services due to COVID-19, in 2020 an estimated 137 million⁸ children were screened for early detection of wasting and 5 million children 6-59 months were admitted for treatment of severe acute malnutrition. In addition, 47 million caregivers of children aged 0-23 months were reached with messages aiming to protect breastfeeding, young child feeding and healthy diets in the context of COVID-19.

As schools shut down amidst the pandemic, UNICEF and partners advocated that education was a priority for children and was an essential service that must continue. During national school closers and lockdowns, when the movement of people and children was largely restricted, UNICEF supported virtual and home-based education programmes, benefiting 301 million children (147 million girls) in 2020. Lack of access to the internet exacerbated inequalities and the learning crisis particularly for poor and populations without access to technology. Recognizing equity issues and understanding local contexts, UNICEF supported governments and partners in the roll out of various distance learning initiatives, ranging from high-tech (online platforms and apps) to low- or no-tech modalities (TV, radio, SMS, printed materials), focusing on learning modalities with the greatest reach to support the most disadvantaged and marginalized children. To support and facilitate the gradual re-opening of schools and preschools, UNICEF supported 405,000 schools to provide a safe and inclusive learning environment for children through implementation of national guidelines and protocols for COVID-19 IPC, through the provision of cleaning and disinfection supplies to education centers, establishing WASH facilities and services in schools, the dissemination of behavioral messages and hygiene materials for students and teachers. During the pandemic UNICEF and partners responded to adolescents' needs for the continuity of learning, psychosocial support and skills building with an example from Indonesia where the Adolescent Kit for Expression and Innovation Adapted Resource Package for COVID-19 was rolled out. This resource package includes activities that can be self-administered to promote adolescents' psychosocial wellbeing and learn new skills in times of stress and while staying at home.



©UNICEF/India/2020

Students attending school classes during the pandemic through Radio Brahmaputra in Assam, India in 2020.

⁸ NutriDash Preliminary Data for 2020 Programme Coverage

Since the beginning of the pandemic, UNICEF and partners have been working to ensure the continuity of child protection, social and justice services to respond to the increased incidences of violence, sexual abuse, exploitation, deprivation of liberty and other protection concerns against women and children. However, to ensure continuity of protection services, the social service workforce needed to be able to work safely. At the start of the pandemic UNICEF advocated for and provided technical assistance so that services addressing child protection and GBV be recognized as lifesaving and officially designated as 'essential' for the COVID-19 response. UNICEF worked to ensure that the social service workforce providing such services were equipped with the necessary protective equipment to operate safely. UNICEF teams in many locations advocated with authorities to provide permits and approve special access for social workers and counsellors to locations that had been cut off by different COVID-19 mitigation and closure measures. UNICEF and partners conducted trainings, provided financial support to increase the capacity and numbers of government social workers to conduct case management (including through online/phones where physical presence was not possible), expanded the reach of psychosocial support interventions, and distributed disinfection supplies and PPE to social workers, case management locations, foster parents, residential homes for children and correctional facilities for youth. Both community-based and residential care providers for children were reached with equipment, training and guidance to mitigate and respond to the risk of transmission amongst staff and children. Information campaigns and social measures targeted families and communities receiving children sent back home by institutions impacted by lockdowns. With UNICEF's support, over 711,000 children without parental care were provided with appropriate alternative care arrangements across 87 countries during the pandemic. The importance of integrating child protection issues across sectors was never more apparent than in 2020, with multiple sectors and interventions converging around key protection concerns in the response to COVID-19. Some of these included UNICEF and partners work to provide safe online learning experiences, to prevent and respond to violence against children in all learning environments, and to expand equitable delivery of Cash Plus schemes to ensure cash transfers were linked with access to services that reduce protection risks for children.



© UNICEF/Bangladesh/2020/Kettie

Mental health and psychosocial support were critical during the pandemic for many children and their families to help them cope with the increasing pressures and consequences that communities were facing. Since the start of the pandemic, and through strengthened capacity of frontline workers and paraprofessionals, 78 million people (39 million females; 42 million children) were reached with community-based mental health and psychosocial support. UNICEF employed digital strategies to share information and raise awareness among children, adolescents, and communities, and worked with communities, partners, and governments to ensure continuity and safe access to mental health and psychosocial care, while also prioritizing the mental health needs of frontline workers.



Programming around GBV has been an important component of UNICEF's advocacy and work during the COVID-19 crisis. UNICEF and partners implemented programmes to mitigate, prevent and respond to cases of GBV. In countries where COVID-19 lockdown measures forced GBV service providers to either close safe spaces for women and girls or limit in-person activities, UNICEF and partners shifted to safer remote methods of delivering services, including online support for psychosocial activities and phone counselling. Helplines were a crucial resource in many countries. In settings where in-person services were required, UNICEF and partners focused on ensuring services were safely accessed and provided through modifications to services (e.g., providing PPE and WASH supplies, handwashing

stations and reducing the number of participants). UNICEF and partners used many different modalities to deliver information on GBV services to women and girls during the pandemic including through mobile phone, radio, SMS, WhatsApp groups, posters, leaflets, Instagram posts, Facebook and Facebook Live, television, community volunteers, chatbots and U-Report.

However, the COVID-19 response to GBV throughout the pandemic was significantly hampered by limited funding, and programming to address it was not proportionate to the concern. Lack of meaningful participation of women and girls in decision-making related to COVID-19 responses at all levels made it difficult to incorporate the special needs of women and girls into COVID-19 responses and to prioritize GBV services and special services for women including sexual and reproductive health which will have both immediate and long-term consequences for communities⁹.

To assist vulnerable households affected by the socio-economic consequences of COVID-19, UNICEF worked at the forefront of social protection efforts, supporting governments to expand the coverage of national social protection programmes, to provide cash top-ups, and to simplify the administrative procedures to ensure that families in need were reached and supported. In 2020, UNICEF's support to new or additional social assistance measures provided by governments to respond to COVID-19 benefitted more than 47 million households. In addition, 1.8 million households received humanitarian cash transfers through partnerships with local financial service providers and civil society organizations to help them meet their immediate needs and access life-saving commodities, services and support.

SUPPLY RESPONSE

Delivering supplies for the world's most urgent needs is a challenge in any crisis. However, at the onset of COVID-19, UNICEF faced unprecedented challenges with significant market constraints, pricing volatility and export bans. Global health measures to control COVID-19, including the closure of borders and travel restrictions, significantly hampered the movement of supplies both internationally and nationally. During the first months of the pandemic, options for air freight became very limited, shipments of supplies were quarantined, and freight prices skyrocketed, reducing UNICEF air shipments of essential supplies. At the same time, global demand for PPE far outstripped availability, which led to shortages during the first few months of 2020. As an example of the significant increase in global demand for PPE, in 2019, UNICEF procured 400,000 masks on behalf of country governments. By early 2020, the forecasted demand soared to 240 million while prices of some PPE items surpassed 20 times the cost of historical levels. In response to the market situation and to meet the demand, UNICEF worked with existing suppliers and connected with an additional 1,000 companies to obtain PPE at competitive prices and acceptable quality, while coordination efforts among partners also intensified. To support countries with limited buying power to access essential supplies, UNICEF together with WHO and other agencies worked with governments to consolidate demand and used its procurement expertise and capacity to work with manufacturers to negotiate acceptable pricing, secure supplies and ensure equal access for countries. To mitigate the future risk of supply stock-outs, UNICEF built relationships with large manufacturers and suppliers of PPE and establishing long-term agreements to secure production capacities as well as to geographically diversify the supplier base.

⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/CARE_COVID-19-womens-leadership-report_June-2020.pdf

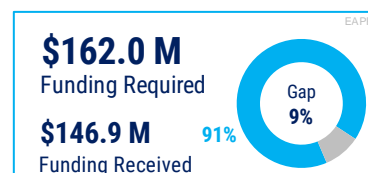
East Asia and Pacific Region



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

SITUATION OVERVIEW

One year after the outbreak of COVID-19 was first reported in Wuhan, China, the pandemic continued to have a devastating impact on the lives of children in the East Asia and Pacific region. In 2020, over 2 million COVID-19 cases and over 45,000 deaths were confirmed in the region, with Indonesia and the Philippines being the most affected. Early action by governments and partners helped limit the spread of COVID-19 of the virus, however, as new outbreaks and community transmission spread, governments resumed enforcing public health measures, including temporarily re-closing schools. Restrictions on border crossings and flight operations remained in effect in some locations. Meanwhile, the social-economic impact of the pandemic exacerbating the vulnerability of families, increasing the risks of disease, malnutrition, GBV, exploitation and abuse.



PROGRAM RESPONSE HIGHLIGHTS

Working in a region with both middle and low-income countries, UNICEF responded to COVID-19 through a combination of providing direct service delivery where needed and providing critical assistance at the policy and technical levels to strengthen the capacity of governments and partners to deliver basic services. As part of the public health response, UNICEF reached 793 million people with RCCE. UNICEF and partners provided 414,974 health workers with PPE, provided 15.2 million people with critical WASH supplies, and trained 654,426 health workers on the detection, management and referral of suspected COVID-19 cases. UNICEF and partners also supported 75.4 million children with distance/home-based learning and 518,904 children without parental or family care were provided with appropriate alternative care arrangements.

Social Protection - The impacts of COVID-19, compounded with shocks from multiple hazards in the region, risk pushing vulnerable households into deeper or prolonged deprivation and poverty in the years to come. Shock responsive social protection programmes were therefore a core part of the efforts to mitigate the impact not only of COVID-19 but of other disasters, to facilitate speedy recovery and strengthen the resilience of poor and vulnerable communities. By March 2020, with technical support from UNICEF, many countries in the region announced their first social protection measures to counter the socioeconomic impact of the COVID-19 containment measures. In 2020, 17.8 million households in the region were benefiting from government social protection services which helped families better cope with the challenges faced during the pandemic. In Mongolia, the national flagship Child Money Programme (CMP) was expanded until the end of the 2020, reaching over 1.1 million children in over 526,000 households, corresponding to a 400 per cent increase (relative to pre-COVID levels) - one of the highest in the world. In the Pacific, many countries adopted stimulus packages that included social protection measures to address the economic losses created by COVID-19. Countries hit by Tropical Cyclone Harold in early April (Fiji, Solomon Islands, Tonga and Vanuatu) further expanded or revised their stimulus packages to respond to the hardest-hit areas.

Regional Results Summary		EAPR
	People reached with COVID-19 RCCE messages	588.0 M 105% of target reached 13 COs reported results
	People reached with WASH supplies & services	15.5 M 127% of target reached 14 COs reported results
	Healthcare workers provided with PPE	579 K 140% of target reached 12 COs reported results
	Healthcare workers trained in IPC	526 K 95% of target reached 10 COs reported results
	Children supported with distance learning	75.5 M 94% of target reached 10 COs reported results
	MHPSS provided to children, parent and caregivers	59.3 M 105% of target reached 13 COs reported results

Europe and Central Asia



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

SITUATION OVERVIEW

By the end of 2020, COVID-19 cases in the region stood at 7.7 million while deaths stood at 174,574. The only country that has not reported COVID-19 cases is Turkmenistan. Health services across the region were stretched by shortages of critical equipment, gaps in IPC measures and disproportionate infection rates among health workers. COVID-19 jeopardized access to essential immunization, nutrition and maternal and child healthcare services. Containment measures interrupted education affecting learning for over 50 million children at the peak of the pandemic. Prevention measures were challenged by inadequate access to WASH services, particularly in underserved communities, while limitations in hand-washing facilities, disinfection and hygiene supplies and IPC controls impacted safety in health facilities and return to schools. Economic slowdown profoundly impacted livelihoods, disproportionately affecting the marginalized, poorest households, who are outside formal social protection systems. Due to the pandemic the region is expected to have an up to 44% increase in poverty. Lockdowns disrupted social services leaving women and children more vulnerable to GBV and domestic violence, children and adolescents at increased risk of psychosocial and mental health issues and children in residential care vulnerable to protection risks and COVID-19 infection. An 'infodemic' of COVID-19 misinformation and disinformation has influenced demand for routine immunization and poses potential challenges to COVID-19 vaccine roll out in 2021 and beyond.



PROGRAM RESPONSE HIGHLIGHTS

Across the region, UNICEF reached almost 190 million people with risk communication and preventive messages on COVID-19. Partnerships with digital media and platforms such as Facebook, Instagram, Twitter and other interactive information polls enabled wide reach and opened an avenue to engage with the affected population. UNICEF reached 179,000 health workers and front-line workers with PPE and other critical supplies, while 44,000 health workers were trained in IPC, case detection and management in the region. Together with partners, UNICEF reached 4.6 million people with WASH supplies and services and reached over 28 million children with distance/home-based learning, including support to bridging the digital divide by making devices and connectivity more available, including for the most marginalized children. To help people cope with the impacts of COVID 19, approximately 3.3 million children, parents and caregivers received mental health and psychosocial support and messaging. Ensuring continuity of nutritional services, 2 million parents and caregivers received breastfeeding messages and IYCF counselling. UNICEF's continuous engagement, advocacy and technical support to strengthen national social protection systems benefitted over 900,000 households in 2020 in the region.

Turkey - The pandemic impacted the learning and overall well-being of nearly 19 million children in Turkey, including more than 760,000 refugees. To address this impact, UNICEF provided financial and technical support to the Ministry of National Education to support the "Education Information Network" (EBA) distance learning platform which is currently enabling 951,878 teachers and 12,286,458 students from kindergarten to grade 12 to continue in the national education system.

Kyrgyzstan - To ensure continuity of child health and maternal services during the COVID-19 outbreak, UNICEF re-adjusted a pilot programme that covered home visits to check on the health and wellbeing of new-borns, to a smartphone-based system which allowed for remote provision of medical consultation and referral services. In 2020, this service reached 85,000 new-borns and helped increase the number of postnatal care visits in some areas up to 94 per cent. This experience is being share with other UNICEF offices and regions as a good practice for potential replication.

Regional Results Summary		ECAR
	People reached with COVID-19 RCCE messages	189.6 M 98% of target reached 22 COs reported results
	People reached with WASH supplies & services	4.6 M 115% of target reached 18 COs reported results
	Healthcare workers provided with PPE	179 K 102% of target reached 18 COs reported results
	Healthcare workers trained in IPC	44 K 52% of target reached 11 COs reported results
	Children supported with distance learning	28.2 M 67% of target reached 20 COs reported results
	MHPSS provided to children, parent and caregivers	3.3 M 138% of target reached 20 COs reported results

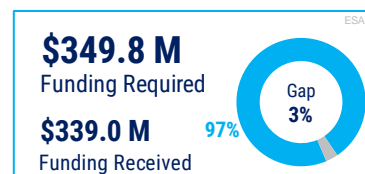
Eastern and Southern Africa



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

By the end of 2020, more than 1.5 million cases of COVID-19 and 34,418 deaths had been recorded, with South Africa constituting the majority of cases in the region. Recent months have shown a continued rise in infections in healthcare workers, signaling a sustained need for IPC measures. The pandemic has been associated with multiple impacts in the region, including reduced access to social services for women and children and a significant reduction in household incomes as a result of strict containment measures in many countries. Physical distancing measures to prevent spread of the virus resulted in more than 119 million children being affected by school closures across 21 countries, and rates of GBV, child neglect and abuse have worsened across most of the region. Most countries in the region have recorded significant reductions in DTP3 vaccine coverage compared to the same period in 2019; the number of severely wasted children has been projected to increase by 25 per cent (from 2.6 million children to 3.3 million children), and an estimated 70 per cent of primary school learners (60 million out of 85 million) remain out of school as a result of the pandemic. A large percentage of the population in the region requires humanitarian assistance, including more than 4.5 million refugees, 9 million IDPs and 40 million people affected by drought. The region has also seen conflict and insecurity (including in Ethiopia and Mozambique), unrest due to elections, and continued climate shocks. To respond to both the pandemic and its associated impacts, continuity of essential health and nutrition services, provision of PPE and messaging on preventing spread of the virus, continued advocacy on return to schools, and provision of continuous child protection and GBV services will remain essential in 2021.



PROGRAM RESPONSE HIGHLIGHTS

Despite multiple challenges in UNICEF's COVID-19 response, including movement restrictions, physical distancing measures, stock-outs of certain vaccines, and lack of adequate PPE for healthcare workers, UNICEF managed to provide more than 12.6 million children and women with essential health care services in UNICEF-supported facilities in the region in 2020. A total of 245 million people were reached with RCCE covering COVID-19, including messaging on prevention and access to services, while more than 13.6 million people were reached with critical WASH supplies and services. UNICEF was able to support 26.7 million children with distance or home-based learning in 2020, while 18 countries in the region integrated HIV programming into their COVID-19 response in 2020 to ensure continuity of HIV services (including through expanding access to multi-month HIV medicine refills and community distribution points).

Ethiopia - UNICEF supported the rollout of the national RCCE strategy in response to the pandemic reaching more than 11 million people with interventions, including 185,861 refugees. As community attitudes to the virus evolved, the strategy was adapted, shifting from broadcasting initial preventative messages in different languages over traditional and social media and through trusted community members to promoting messaging through the implementation of sectoral approaches (such as education). UNICEF supported assessments with partners to assess the needs, demands, and perceptions of parents and communities around the safe reopening of schools and developed messages to address concerns and inform the community about what safe school re-opening would entail. In addition, UNICEF supported the development, design, and printing of communication materials (including COVID-19 teacher booklets and posters for students) that are being distributed to 10,000 schools in nine regions, reaching roughly 407,000 teachers in 13 local languages.

Regional Results Summary		ESAR
	People reached with COVID-19 RCCE messages	269.6 M 135% of target reached 20 COs reported results
	People reached with WASH supplies & services	16.1 M 124% of target reached 19 COs reported results
	Healthcare workers provided with PPE	388 K 170% of target reached 13 COs reported results
	Healthcare workers trained in IPC	64 K 186% of target reached 15 COs reported results
	Children supported with distance learning	26.8 M 86% of target reached 18 COs reported results
	MHPSS provided to children, parent and caregivers	688 K 100% of target reached 18 COs reported results

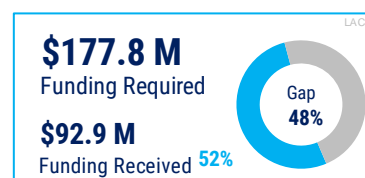
Latin America and the Caribbean



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

By the end of 2020, over 15.5 million COVID-19 cases and 500,000 deaths were reported in the region. Dynamics such as poverty, social and gender inequalities, violence, internal displacement, food insecurity and malnutrition, migration and climate shocks, exacerbated people's vulnerability to the pandemic. The humanitarian and socio-economic impacts of COVID-19 were devastating for children and families considering the extended lockdowns, school closures, ceasing of all but essential economic activities, reduced remittances from migrants, and increased violence against children and women. During the first months of the pandemic, more than 141 million children temporarily stopped attending education classes. In person classes began to reopen gradually, however still millions of children in the region are out of school. Due to lockdown measures, many migrants and refugees lost their livelihoods, leaving them more exposed to COVID-19 infection, violence, xenophobia, exploitation and abuse. Indigenous people are another group of concern in the region, due to their marginalized status in countries pre-COVID-19, resulting in their reduced access to services during the pandemic. Access to health and nutrition services was largely affected by national lockdown policies. The economic fallout as a result of COVID-19 is having shocking consequences on children's wellbeing. It has been estimated that monetary poverty among children in the region could rise by 7.6 percentage points (reaching 51.3%).



PROGRAM RESPONSE HIGHLIGHTS

Through UNICEF and partners, over 8.8 million children and caregivers received community-based mental health and psychosocial support and messaging, while appropriate alternative care arrangements were provided for more than 10,500 children without parental or family care, including migrant and refugee children in 2020. All 24 UNICEF country offices in the region implemented strategies to mitigate, prevent and respond to GBV, which included violence prevention messaging/awareness; prevention campaigns via different channels (TV, radio, social media); strengthening services and front-line workers on psychosocial support and referral pathways; supporting remote GBV services and helplines; and engagement of communities on topics of violence identification and prevention. All UNICEF country offices in the region supported authorities in developing multi-sectoral education responses, including teacher training, development of learning materials, school feeding and distance learning. UNICEF supported over 44 million children during the pandemic with distance and home-based learning delivered through several platforms, while 4.2 million families benefited from new or additional social assistance measures provided by governments. More than 18,000 families received direct cash transfers through UNICEF response, including migrant families in Bolivia, Colombia, Ecuador and Peru.

Guatemala – Guatemala has not only endured the socioeconomic impacts of COVID-19 but was also affected by hurricanes Eta and Iota in November, leaving 1.8 million in need of assistance. From early on, UNICEF established a COVID-19 response strategy aligned with government priorities, with a focus on prevention through community engagement, and care and support to families. Risk communication efforts, through different media channels, and in local indigenous languages reached over 23 million people in 2020. U-Report was a key tool to gather the perceptions of young people on the COVID-19 situation and during the aftermath of Eta and Iota storms reaching over 4 million people. UNICEF also supported specialized protection services, mental health and psychosocial support (MHPSS), and COVID-19 prevention measures for unaccompanied children returned from the United States of America and Mexico. UNICEF, together with the Ministry of Social Development, IMF and the World Bank, contributed in the design and implementation of the flagship social protection programme, identifying and reaching 2.6 million people with cash grants during the pandemic.

Regional Results Summary		LACR
	People reached with COVID-19 RCCE messages	423.4 M 157% of target reached 25 COs reported results
	People reached with WASH supplies & services	8.6 M 112% of target reached 24 COs reported results
	Healthcare workers provided with PPE	543 K 172% of target reached 21 COs reported results
	Healthcare workers trained in IPC	45 K 66% of target reached 7 COs reported results
	Children supported with distance learning	45.6 M 120% of target reached 20 COs reported results
	MHPSS provided to children, parent and caregivers	9.2 M 171% of target reached 24 COs reported results

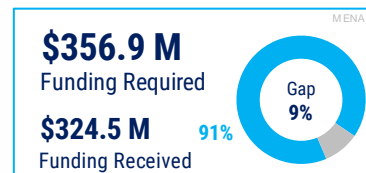
Middle East and North Africa



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The pandemic affected all 20 countries in the MENA region with over 4.5 million registered COVID-19 cases by the end of 2020. ILO estimates that 41 million full-time jobs were lost in the first three quarters of 2020, leading to 10 million more people living under the poverty line when compared to the 50.4 million before the pandemic. The socioeconomic ripple effect has largely affected the delivery and access to basic social services, including in education, health and children protection. If the disruption of health and nutrition services becomes protracted, 51,000 children under the age of five are at risk of death in the region. Malnutrition represents a near 40 per cent increase compared to the same period last year. Evidence also shows an increase in domestic aggression and violence-against-children due to COVID-19 lockdown measures. In Lebanon, a rapid assessment depicts that 57 per cent of women and girls reported feeling less safe in 2020 in their communities, of which, 44 per cent of women and girls reported feeling less safe in their homes.



PROGRAM RESPONSE HIGHLIGHTS

UNICEF's response focus remained on supporting the continuity of basic services throughout 2020. In education UNICEF's regional office developed and rolled out a teacher preparedness training package that included practical modules for teachers to improve teaching behaviors including recognizing and working on children's mental health and psychosocial issues. In Yemen, UNICEF and partners health and nutrition teams localized communication materials through public service announcements, reaching over 1.5 million people, targeting beneficiaries that had discontinued vaccination schedules because of pandemic fear. By the end of 2020, 12 million children who had missed immunizations were reached with vaccinations and 3 million more children are prioritized to be reach in early 2021. More than 9 million children and women received continued health and nutrition services despite lockdown disruptions, including 336,000 Severe Acute Malnutrition (SAM) children who received proper treatment. By the end of November, over 13 million households had benefited from new or additional social assistance measures, as part of UNICEF's support to governments', while more than 57,000 households had received humanitarian cash grants to help them meet their immediate needs and access life-saving commodities, services and support.

Yemen - Despite being the largest humanitarian crisis in the world, in the sixth year of war and in a global pandemic, 24,648 trained Community Health Volunteers reached 8,750 hard-to-reach locations in 2020 to provide basic integrated health and nutrition packages. UNICEF supported 4,146 outpatient therapeutic programmes, adding to 147 mobile teams providing services to otherwise isolated areas. Nearly 3.6 million children under 5 years were screened for malnutrition, of which 231,062 were treated, while 2.4 million mothers and almost 1.4 million children continued to receive nutritional supplements during the pandemic.

Jordan - In 2020, UNICEF and partners reached over 31,700 caregivers (88 per cent female) through parenting programmes. UNICEF also ran an interactive WhatsApp messaging groups for 106,987 children (54 per cent female) and supported remote child protection in Makani ('my space' in Arabic) centres. Makani are child-friendly spaces for the most marginalized children in Jordan where they can access learning opportunities, child protection and other critical services. In 2020, UNICEF piloted the Musiqati programme, the world's first music therapy programme designed specifically for children in refugee camps in two Makani centers.

Regional Results Summary		MENAR
	People reached with COVID-19 RCCE messages	274.5 M 106% of target reached 15 COs reported results
	People reached with WASH supplies & services	22.3 M 197% of target reached 14 COs reported results
	Healthcare workers provided with PPE	207 K 276% of target reached 11 COs reported results
	Healthcare workers trained in IPC	29 K 147% of target reached 7 COs reported results
	Children supported with distance learning	9.5 M 131% of target reached 12 COs reported results
	MHPSS provided to children, parent and caregivers	606 K 137% of target reached 13 COs reported results

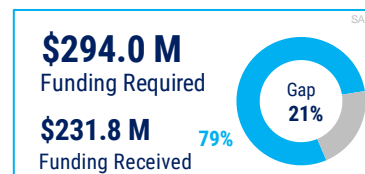
South Asia



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

South Asia has recorded over 12.2 million COVID-19 cases and 178,000 deaths. While the pandemic situation is not yet fully under control, the situation is stable across the region with most countries reporting a declining number of daily cases. With bilateral support, all countries in the region except Pakistan have started vaccination against COVID-19. While schools have opened or are planned to open across the region, due to long school closures, it is estimated that children in the region have experienced a learning loss of 0.5 years. It is projected that 5.5 million students could drop out from the education system adding to the existing 29 million children of primary and lower secondary age who are already out of school in the region. Similarly, due to the pandemic, South Asia's GDP is expected to decline by 7.7 per cent, the largest contraction in history dragging millions of people into poverty. UNICEF's South Asia office in its report titled [Lives Upended](#) has warned that without sustained action, the lives of 600 million children in the region are at risk as the Coronavirus and its socio-economic impact threatens to wipe out decades of development gains on children's health, education and other priorities secured over the past 25 years and impede future outlooks for reaching their full potential.



PROGRAM RESPONSE HIGHLIGHTS

Using different platforms and networks for RCCE, UNICEF and partners across the region reached an estimated 1.2 billion people with information on COVID-19 and targeted messages on prevention and access to services. Rapid assessment surveys conducted in Bangladesh, Maldives, Nepal and Pakistan show that the level of awareness on COVID-19 among the population is high with over 90 per cent of respondents aware of COVID-19 transmission routes and prevention measures. However, with the relaxing of containment measures, compliance to public health guidelines has declined. With poor access to water and sanitation services combined with the increasing rates of health workers becoming infected, the provision of critical WASH and health supplies such as PPE is very critical for IPC and to ensure continued essential health services. In 2020, an estimated 25 million people benefitted from critical WASH and health supplies and services including 325,000 health workers who were equipped with PPE. To ensure continued access to essential health and nutritional services, UNICEF and partners trained an estimated 1.6 million health care providers to detect, refer and manage COVID-19 cases in children, pregnant and breastfeeding women. Combined with IPC measures, UNICEF and government partners reached 30.7 million women and children with essential health care services including immunization, prenatal and postnatal care in 2020. This has helped to reverse the declining trend of service utilization observed at the beginning of the pandemic. In addition, a total of 76.5 million children including 51 per cent girls were reached with home-based learning interventions. At the same time UNICEF has continued to support governments to ensure the safe and sustainable re-opening of schools.

Afghanistan - Due to the lockdown measures introduced in the country, a reduction of attendance in health facilities was observed with a 25-50 per cent decline in attendance including a 40 per cent decrease in the admission of Severe Acute Malnutrition (SAM) in inpatient services during the month of March 2020 when compared to attendance levels in March 2019. This prompted higher demand for services provided by the 60 Mobile Health Teams (MHTs) supported by UNICEF across 14 provinces. Since the start of the response 75,674 beneficiaries (comprising 31,350 boys and 32,061 girls under five as well as 12,263 pregnant women) were supported with essential health services, including antenatal and postnatal care, integrated management of childhood illnesses, nutrition counselling, and immunization services. While 7,600 children were provided with Vitamin A Supplementation through Mobile Health teams in 2020.

Regional Results Summary		SAR
	People reached with COVID-19 RCCE messages	1000.0 M 90% of target reached 8 COs reported results
	People reached with WASH supplies & services	26.0 M 109% of target reached 8 COs reported results
	Healthcare workers provided with PPE	325 K 98% of target reached 8 COs reported results
	Healthcare workers trained in IPC	3.0 M 128% of target reached 5 COs reported results
	Children supported with distance learning	76.7 M 80% of target reached 8 COs reported results
	MHPSS provided to children, parent and caregivers	2.8 M 188% of target reached 8 COs reported results

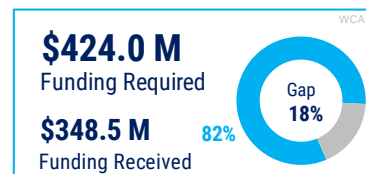
West and Central Africa



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The pandemic continued to spread in the region since the first cases were reported in early March 2020. With the easing of lockdowns in the last quarter of 2020, an increase in cases has been observed. Despite efforts made by governments, the testing capacities of most countries in the region are still limited, meaning the number of COVID-19 cases and deaths is likely to be much higher than official reports state. In 2020, the protection of children became a significant concern in a fast-changing environment with millions of new children at increased risk of COVID-19, violence, including sexual and GBV, child marriage, among other concerning risks. This is in a region where before the onset of the pandemic more than 8 out of 10 children experienced violence in their homes and more than 1 in 10 children experienced sexual violence in their lifetime. This is a region with millions of children on the move, and a region with the highest rates of child marriage globally, and over 7 million forcibly displaced children due to armed conflict.



PROGRAM RESPONSE HIGHLIGHTS

In 2020, UNICEF and partners reached 11.7 million people with critical WASH services including an estimated 6 million people who are living in conflict/humanitarian settings. IPC trainings reached 205,000 healthcare workers and 400,000 healthcare staff were provided with PPE. The region worked to provide access to safe WASH services and supplies for people in highly affected and poor areas and in health care facilities and schools. During the second half of 2020, UNICEF focused on supporting countries to re-open schools for the start of the academic year and by 31 December, 22 out of 24 countries in the region started the 2020-2021 school year. UNICEF provided support to the national coordination mechanisms of 10 countries in terms of RCCE, that focused on capacity building, research tools, technical briefs, and on the implementation of national strategies, in alliance WHO and IFRC and as part of the RCCE Collective Service. In 2020, UNICEF and partners adapted service delivery models which included mobile and virtual, to reach over 1.4 million children and caregivers with mental health and psychosocial support and messaging, including more than 42,000 children without parental care. As a result of UNICEF's efforts, nearly 3,000 children have been released from detention, over 640,000 children on the move have been reached with protective services, over 210,000 women and children have received support on GBV, and nearly half a million adolescent girls were engaged to prevent child marriage.

Togo - UNICEF supported the Government of Togo to reach 4,786 children with psychosocial support in six regions of the country, including 2,391 girls, who were at risk of violence and abuse during the pandemic. Specific attention was given to 1,489 children who were separated from their families or living in the street, and 3,297 children (1,166 girls and 2,131 boys) in reception centers who benefited from material support and information to protect them against COVID-19.

Central African Republic - In Central African Republic, one of the most difficult countries in the world to be a child, girl or woman, the impact of the pandemic, from school closures, lockdowns and household economic stress, led to significant increases in cases of GBV. Between April and June 2020, GBV actors recorded twice the number of incidents as in the first quarter of the year. To address this concern, UNICEF and partners worked to increase access for women and girls to GBV services through door-to-door visits and check-ups on high-risk families and worked to get children back to learning through providing radio education programmes during the pandemic. In 2020, over 1,250 women and girls were reached with GBV services and support during the pandemic.

Regional Results Summary		WCAR
	People reached with COVID-19 RCCE messages	261.5 M 102% of target reached 23 COs reported results
	People reached with WASH supplies & services	12.8 M 100% of target reached 23 COs reported results
	Healthcare workers provided with PPE	414 K 71% of target reached 20 COs reported results
	Healthcare workers trained in IPC	225 K 54% of target reached 20 COs reported results
	Children supported with distance learning	38.7 M 65% of target reached 21 COs reported results
	MHPSS provided to children, parent and caregivers	2.1 M 58% of target reached 21 COs reported results

SUMMARY OF PROGRAM RESULTS

Risk Communication and Community Engagement (RCCE)

Result by 31 Dec 2020*

3.01 B

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

**106%**

Target for Dec 2020

2.84 B

Total countries reported	128
Included in CO response plan	127
Countries set target	127
Countries reported results	126

Result by 31 Dec 2020*

424.5 M

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

**177%**

Target for Dec 2020

240.0 M

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

Result by 31 Dec 2020*

43.2 M

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

**81%**

Target for Dec 2020

53.0 M

Total countries reported	128
Included in CO response plan	81
Countries set target	79
Countries reported results	78

* Results are for countries that have reported on specific indicators

WASH / Infection Prevention Control (IPC)

Result by 31 Dec 2020*

106.0 M

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

**125%**

Target for Dec 2020

84.9 M

Total countries reported	128
Included in CO response plan	121
Countries set target	120
Countries reported results	120

Result by 31 Dec 2020*

2.6 M

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

**124%**

Target for Dec 2020

2.1 M

Total countries reported	128
Included in CO response plan	107
Countries set target	107
Countries reported results	103

Result by 31 Dec 2020*

4.0 M

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

**112%**

Target for Dec 2020

3.5 M

Total countries reported	128
Included in CO response plan	79
Countries set target	79
Countries reported results	75

* Results are for countries that have reported on specific indicators

Continuity of Health

Result by 31 Dec 2020*

2.6 M

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

**97%**

Target for Dec 2020

2.6 M

Total countries reported	128
Included in CO response plan	68
Countries set target	68
Countries reported results	63

Result by 31 Dec 2020*

5.0 M

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

**53%**

Target for Dec 2020

9.5 M

Total countries reported	128
Included in CO response plan	58
Countries set target	56
Countries reported results	57

Result by 31 Dec 2020*

92.2 M

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

**89%**

Target for Dec 2020

104.1 M

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

Result by 31 Dec 2020*

47.0 M

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

**113%**

Target for Dec 2020

41.8 M

Total countries reported	128
Included in CO response plan	82
Countries set target	81
Countries reported results	79

* Results are for countries that have reported on specific indicators

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

Result by 31 Dec 2020*

301.0 M

Number of children supported with distance/home-based learning



85%

Target for Dec 2020
355.2 M

Total countries reported	128
Included in CO response plan	116
Countries set target	115
Countries reported results	109

Result by 31 Dec 2020*

78.0 M

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



111%

Target for Dec 2020
70.5 M

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

Result by 31 Dec 2020*

1.8 M

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



105%

Target for Dec 2020
1.7 M

Total countries reported	128
Included in CO response plan	42
Countries set target	40
Countries reported results	31

Result by 31 Dec 2020*

405.0 K

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



46%

Target for Dec 2020
876.7 K

Total countries reported	128
Included in CO response plan	89
Countries set target	86
Countries reported results	75

Result by 31 Dec 2020*

210.8 K

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



119%

Target for Dec 2020
177.1 K

Total countries reported	128
Included in CO response plan	90
Countries set target	85
Countries reported results	83

Result by 31 Dec 2020*

47.1 M

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



75%

Target for Dec 2020
63.0 M

Total countries reported	128
Included in CO response plan	54
Countries set target	54
Countries reported results	47

Result by 31 Dec 2020*

711.5 K

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



147%

Target for Dec 2020
485.1 K

Total countries reported	128
Included in CO response plan	88
Countries set target	86
Countries reported results	87

Result by 31 Dec 2020 **

24.2 M

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



75%

Target for Dec 2020
32.0 M

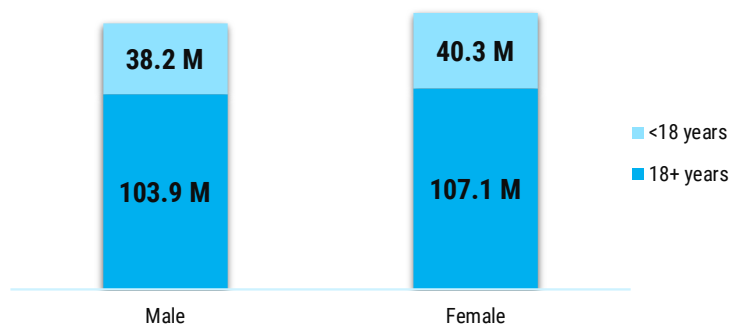
Total countries reported	128
Included in CO response plan	59
Countries set target	54
Countries reported results	50

* Results are for countries that have reported on specific indicators

** Not all PSEA activities are directly reported against the Covid-19 HAC appeal. In total, 91 countries that are responding to COVID-19 have provided 44 million children and adults with access to a safe and accessible channel to report.

Risk Communication and Community Engagement (RCCE)

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

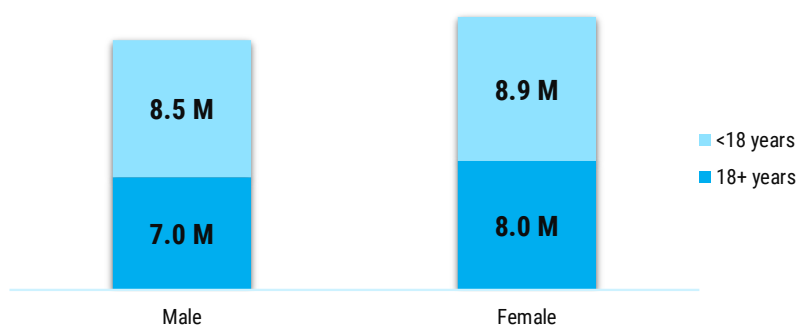


Number of countries reported disaggregation for this indicator

26

WASH / Infection Prevention Control (IPC)

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

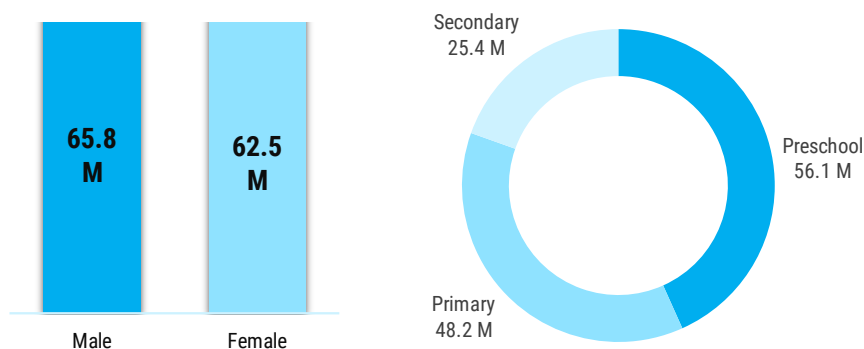


Number of countries reported disaggregation for this indicator

41

Access to Continuous Education

Disaggregation of children supported with distance/home-based learning



Number of countries reported disaggregation for this indicator

49

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- UNICEF launches the COVID-19 vaccine market dashboard [LINK](#)
- UNICEF and the World Economic Forum sign charter with 18 shipping, airlines and logistics companies to deliver COVID-19 vaccines [LINK](#)
- Remarks by Henrietta Fore, UNICEF Executive Director, at briefing on COVAX progress to date [LINK](#)
- UNICEF outlining plans to transport up to 850 tons of COVID-19 vaccines per month on behalf of COVAX, in 'mammoth and historic' logistics [LINK](#)
- COVID-19 has led to dramatic reduction in essential services and protection for migrant and displaced children in countries around the world [LINK](#)
- UN agencies' alarmed at worsening hunger in South Sudan: *Conflict, floods and COVID-19 push more people into extreme hunger* [LINK](#)
- Teachers should be prioritized for vaccination against COVID-19 [LINK](#)
- Almost 2 billion people depend on health care facilities without basic water services – WHO, UNICEF: *Lack of water puts health care workers and patients at higher risk of COVID-19 infection* [LINK](#)
- Child poverty will remain above pre-COVID levels for at least five years in high-income countries – UNICEF [LINK](#)
- COVID-19: UNICEF warns of continued damage to learning and well-being as number of children affected by school closures soars again [LINK](#)
- As the COVID-19 pandemic begins to enter a new phase, UNICEF reminds the world that 'the light at the end of the tunnel needs to shine for all' [LINK](#)
- UNICEF issues record US\$6.4 billion emergency funding appeal to reach more than 190 million children impacted by humanitarian crises and the COVID-19 pandemic [LINK](#)
- UNICEF and Microsoft launch improved, scalable technology to protect vulnerable children and women amid rise in domestic and GBV due to COVID-19 [LINK](#)
- Two thirds of the world's school-age children have no internet access at home, new UNICEF-ITU report says: UNICEF warns of COVID-19 disruptions to HIV service delivery in one third of high burden countries [LINK](#)
- COVID-19 and conflict: A deadly combination [LINK](#)
- Our Pathway to a Healthier Future [LINK](#)
- Blue soap in Burundi helps millions protect themselves against COVID-19 [LINK](#)
- In Côte d'Ivoire, protecting children and young people on the move during COVID-19 [LINK](#)
- Collecting behavioural insights into COVID-19 in Pakistan [LINK](#)
- In Bulgaria, "one stop" child advocacy centres do not stop for pandemics [LINK](#)
- COVID-19 transforms GBV response in Malaysia [LINK](#)

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

Who to contact for further information:

Grant Leaity
Deputy Director
Office of Emergency Programs (EMOPS)
Tel: +1 212 326 7150
Email: gleaity@unicef.org

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

Megan Gilgan
Director (a.i.)
Public Partnership Division (PPD)
Tel: +1 212 326 7364
Email: mgilgan@unicef.org