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for every child



## Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children

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### **Purpose:**

This Guidance Note has been produced to:

- provide programmatic coherence and consistency across UNICEF when addressing the immediate health and socio-economic impacts of the COVID-19 pandemic on children, families and communities;
- support the Organization, and country offices in particular, to reprioritize and reorientate programmes for the next two to three years to address the COVID-19 crisis and its impacts.
- inform advocacy and partner engagement;
- contribute to organization-wide alignment across HQ divisions, regional and country offices and with National Committees; and,
- constitute an update to the Programme Guidance dated 6 February 2020. As the COVID-19 pandemic is unprecedented and as UNICEF (and the world) is learning how to deal with it, adaptation and flexibility is paramount. For that reason this Note will be adjusted and updated on a regular basis. This Note is complemented by several technical programme guidance notes, FAQs and other tools which are listed in Annex I.

### **Target audience:**

UNICEF staff developing programmatic, advocacy, fundraising and other related products, tools, programme guidance, or communications materials to support UNICEF's organization-wide response to the COVID-19 pandemic, including engaging in UN-wide planning and advocacy.

## INTRODUCTION

The world is facing an unprecedented health, humanitarian, socio-economic and human rights crisis triggered by the COVID-19 pandemic. While its full impact and long-term fallout is still unclear, one thing is known: the impact of the pandemic on the lives of hundreds of millions of children and women will be severe. UNICEF must urgently reallocate resources and reprioritize programming and operational approaches to address this new reality.

The world is already off track to achieve many of the Sustainable Development Goals (SDGs). COVID-19 will further unravel years of progress on child rights and will tear apart economies, significantly worsen inequalities, disrupt key essential public services and safety nets, and further reverse critical gains made under the SDG Agenda.

While children seem to be less vulnerable to the direct physical impact of the virus, many have fallen ill, some critically so, and some children have died. However, beyond direct illness, hundreds of millions of children will have their health severely impacted as health systems are overwhelmed and routine services, such as immunization and treatment for childhood illnesses, are suspended. Children's education and learning will be severely impacted as schools are closed: at the date of writing, it is estimated that there are already approximately 1.5 billion children out of school. Children's vulnerability to exploitation, abuse, neglect and violence will increase significantly as their caregivers are directly affected by the virus and as their families and communities lose their incomes and livelihoods. Children's mental health will be affected by the stress they, and their families and communities, are subjected to.

All children will be affected and while the virus does not discriminate by nationality, citizenship, income or ethnicity, the most vulnerable children and women will be hit hardest. UNICEF is particularly concerned about the impact of COVID-19 on children and women already affected by inequality, poverty, disability, and social exclusion, including refugees, migrants, asylum seekers and internally displaced persons, as well as those affected by humanitarian crises. And as with all crises, girls and women will be the most severely impacted in all areas.

Poor children will be disproportionately affected by the crisis. Urban poor, migrant and forcibly-displaced families are especially at risk as they tend to live in overcrowded settings, without adequate nutrition and WASH services and the possibility to practice physical distancing. This includes more than half a billion children living in slums and informal settlements whose access to essential services is already limited, with households largely dependent on daily wages, which are at risk of vanishing overnight. Those children already socially excluded and affected by discrimination, such as those in street situations or institutions or otherwise without parental/family care, will become even more vulnerable due to lockdowns and closure of social services, and they may face arbitrary arrests and detention, where they are also vulnerable to sexual violence (abuse and exploitation).

The impacts of the COVID-19 pandemic will fall on hundreds of millions of children, families and communities for years to come. As such, UNICEF is urgently reprioritizing and reorientating its programmes, operational support and resources to address this

unprecedented crisis. Since January 2020, UNICEF has been addressing the changing needs arising from the COVID-19 pandemic.

This Guidance Note outlines the programming approaches and prioritization measures that UNICEF is taking to address the COVID-19 pandemic. This Note does not go into detailed analysis of children in specific situations or measures being taken in specific sectors. That detailed analysis and technical guidance (including specifically for National Committees) is available in other materials being produced by UNICEF. **Annex 1 of this Note includes an index, with hyperlinks, to that more detailed technical guidance and other resources.**

## 1 CONTROLLING THE SPREAD AND MORTALITY OF COVID-19

UNICEF will continue to work under the leadership of national governments and in close coordination with WHO in its immediate interventions to protect children and their families from exposure to COVID-19 and to minimize its mortality. Such efforts will also contribute to the collective strengthening of public health capacity and service delivery for other outbreaks. The range of contributions from UNICEF in this area will depend on the country-specific contexts and the state of the epidemic. Each strategy needs to be considered in the context of the overall approach of the government to outbreak containment (i.e. test and isolate cases and contacts; physical distancing; partial or total interdiction of travel and public spaces; quarantine; etc.). In humanitarian situations, UNICEF's response will be guided by its Core Commitments to Children in Humanitarian Action and interagency standards. Mechanisms for UNICEF's commitment to ensuring accountability to affected populations, including the most vulnerable children and their caregivers, will be a key consideration in this guidance.

### 1.1 LIMIT HUMAN TO HUMAN TRANSMISSION AND PROTECT INDIVIDUALS FROM EXPOSURE TO COVID-19

#### a. Risk communication and community engagement (RCCE) including digital engagement and monitoring of misinformation

Led by the C4D and WASH Sectors, UNICEF will:

- Conduct rapid qualitative and quantitative assessments and desk reviews to determine key audiences and how to engage them. The results of the analysis will help teams to identify segments that require tailored behaviour-focused messaging and interventions, and trusted influencers and sources.
- Conduct rapid social science assessments to determine the perceptions, knowledge and understanding regarding the risk of the disease, concerns, behaviours and practices of children, their caregivers and their communities. The inclusion of social scientists in response teams will enhance collaboration with different response teams and provide information regarding community concerns, priorities, and needs at all stages of the response (see section c. below).
- Improve the communication of accurate information and messaging through social media, radio broadcasts, and other channels, including targeted messaging for key

stakeholders and at-risk groups (including children, parents/care givers, women, young people, health providers, teachers, businesses, etc.), based on community risk perceptions.

- Map and integrate information and messages about available care services and referrals for COVID-19, including protection services.
- Work with key influencers, community groups, women and youth groups, health workers and community volunteers to build their capacity for awareness raising, and for promoting healthy practices and help-seeking behaviour, including access to available care services, information hotlines and other participatory and inclusive interventions.
- Coordinate with national health authorities to track and respond to misinformation, and to ensure children and their families know how to access and apply the latest official recommendations or national guidance to prevent COVID-19 and seek timely and appropriate assistance.
- Launch population-wide handwashing campaigns, including in ECD/childcare centres, pre-schools, schools, health facilities, pharmacies, local women's organizations/youth organizations, refugee and internally displaced persons' (IDPs) camps, migrant shelters and transit centres, detention facilities, orphanages and public spaces, to improve the continuity of preventive practices among children, at-risk groups, and the general public.
- Conduct targeted outreach to the urban poor and other potentially high-risk communities, including the utilization of existing social protection systems, to ensure the continuous delivery of accurate information on prevention assistance.
- Support the implementation of physical distancing measures, where appropriate, through community mobilization, in consultation with communities.

#### **b. Infection Prevention and Control (IPC)**

Led by the Health and WASH sectors, UNICEF will:

- Coordinate with governments and key WASH and Health IPC stakeholders to strengthen governments' leadership and accountability, ensuring cross-sectoral coordination.
- Define a minimum package of WASH activities, based on a context-specific risk analysis for different settings (health care facilities, households, schools, other public spaces and vulnerable settings such as IDP sites, refugee camps and urban slums ). Working with governments and partners, organize supply planning for UNICEF-prioritized activities.
- Support ministries of education to make schools safe, where in operation (including when providing only meals to pupils), and after reopening, through implementation and monitoring of infection prevention and control enhancements in schools.
- Support ministries of education and health to develop and implement guidelines for safe childcare, pre-schools, school operations (e.g. promotion of hand and respiratory hygiene, screening and referral of suspected cases, as appropriate), and education about COVID-19 prevention.
- Support ministries of health and health authorities to assess and improve IPC in health care facilities, in particular:
  - Build on existing WASH services in health care facility programmes; support the establishment of isolation and quarantine facilities by providing the WASH

components; support assessments (i.e. through the use and adaptation of the WASHFit tool) and immediate actions to upgrade IPC services, or provide WASH services if they are not available, giving key priority to the facilities dealing with case management (by connecting to the water supply, ensuring availability and functionality of sanitation facilities, handwashing stations with soap, and clear (monitored) cleaning protocols).

- Procure and distribute critical hygiene and IPC items (including soap, hand-sanitizer, chlorine, protected drinking water dispensers, disinfectant, incinerators/autoclaves, sprayers and personal protection equipment).
- Ensure IPC protocols are in place and that there is effective implementation of IPC elements (hand hygiene, cleaning and disinfection of surfaces, waste collection and final disposal, and standard safety procedures for health care workers, etc.).
- Train health care workers, including hygienists, on IPC protocols.

UNICEF will support governments, local authorities and community-based structures to improve IPC in households, communities and public spaces:

- Procure and deliver, or support local production of, critical hygiene and prevention items including soap, hand-sanitizer, cleaning and disinfection materials, cloth masks where applicable, etc. for use in quarantined households or areas, affected vulnerable communities and sites confined with suspected cases and contacts.
- Provide training on the use of critical hygiene and prevention items (see RCCE).
- Advocate governments and support water utilities to continue serving populations, particularly those already lacking access, to ensure a minimum water quantity to allow for hand hygiene and cleanliness in homes.
- Ensure a handwashing infrastructure is available, safe, accessible and functional where and when needed, prioritizing public places in COVID-19 affected areas and high-risk areas, as well as commercial buildings, public transport stations and markets.
- Collaborate with UN partners to support governments in the expansion of availability and access to WASH services in places where children are on the move (i.e. IDPs, refugees, migrants) and at other critical locations, such as border crossings or key transit points.

### c. Social science research for public health decision making

Led by the Science Unit in the COVID-19 Secretariat, UNICEF will collect and analyse social science data related to COVID-19 in order to better understand outbreak dynamics and the appropriateness of response strategies at the local level. In particular:

- Study topics should include, among others: local care-seeking patterns; the understanding of risk communication messages; and local implementation of physical distancing, etc.
- Research methodology may include, among others: KAP studies; qualitative and mixed methodology studies; and youth-led participatory action research, etc.

- Specific at-risk/vulnerable populations should be targeted as appropriate (e.g. market workers, health care providers in public, private, traditional practices, pharmacies, community health workers, first responders/law enforcement officers, etc.). Contribute to the evidence base on how the epidemic and the response impacts differently on population groups depending on specific risk factors.
- Within the national coordination structure, establish a mechanism to share relevant findings and key recommendations in a timely and consistent manner to inform the response across all national response pillars.
- Implement a system to monitor changes in behaviours that may affect the evolution of the outbreak, or its lethality.

## 1.2 MINIMIZE MORBIDITY AND MORTALITY AS A RESULT OF COVID-19

### a. Support WHO with surveillance, epidemiologic investigation, case investigation, contact tracing and self-isolation, with:

- National early warning and alert systems and outbreak investigations in countries and across borders.
- The integration of COVID-19 surveillance with other surveillance systems, including the polio system, whilst seeking synergies. Include the systematic collection of age categories and sex disaggregated data, as well as pregnancy status, as appropriate.
- Contact tracing through community-based networks, and support individuals and communities in the implementation of self-isolation measures, as contacts, cases or vulnerable populations are targeted for special protection.

### b. Support WHO with case management of COVID-19, including through the provision of adequate health and nutrition care for children, women and vulnerable communities

- In support of the government and in coordination with WHO, conduct refresher trainings for primary health care providers, including public, private, traditional practices, and pharmacies as appropriate, to strengthen detection, case management, and referral of COVID-19 cases.
- Build capacity for detection and management of 2019-nCoV cases, including paediatric cases.
- Provide technical and material support to primary, secondary and tertiary health facilities with oxygen therapy.

## 1.3 PROVISION AND DELIVERY OF SUPPLIES FOR PREVENTION AND TREATMENT OF COVID-19

Led by Supply Division, UNICEF will:

- Support national health authorities with supply and distribution planning, including demand forecast coordination, procurement and facilitation of the availability and delivery of critical supplies and equipment for COVID-19, including, but not limited to, diagnostic tests, personal protective equipment (PPE), WASH supplies (including

soap, hand-sanitizer, chlorine, hand-washing and drinking water dispensers and disinfectant), oxygen concentrators, drugs and basic health kits for case management.

- Support supply chains and local, regional and international markets during the pandemic, in order to maintain a flow of critical supplies.

## 2 RESPONDING TO THE SOCIO-ECONOMIC IMPACTS OF THE COVID-19 PANDEMIC ON CHILDREN

In addition to the immediate physical risk of exposure to COVID-19, this crisis poses enormous risks to children, their families, and their communities. While children seem to be less vulnerable to the physical impacts of the virus than their parents and grandparents, many have fallen ill, some critically so, and some have died. The socio-economic impacts of COVID-19 and the policies and measures being adopted to prevent its spread on children, families and communities are already devastating. These impacts are likely to become much worse over the coming months and years. The pandemic is at very different stages in different countries (and within countries) around the world; countries have widely disparate capacities within their health, nutrition, WASH, education, protection and other social service systems to respond. This will cause the immediate and ongoing socio-economic impacts to vary from country to country (and region to region within countries), increasing over time at different rates. In humanitarian, conflict-affected and fragile settings, for example, the response to the impact of the COVID-19 crisis is particularly urgent as it will severely affect those children already furthest behind—compounding their needs, vulnerabilities and risks. For these reasons, prioritization and sequencing of the response to the socio-economic impacts is crucial. The following immediate impacts will persist and increase over time as the pandemic progresses:

### 2.1 IMMEDIATE SOCIO-ECONOMIC IMPACTS ON CHILDREN

#### A. LOSS OF ACCESS TO HEALTH SERVICES

Tens of millions of children are losing access to basic routine health services as hospitals and health systems are over-run with highly infectious COVID-19 patients. In most countries affected by the pandemic, most health staff and resources are being redeployed to treat COVID-19 patients, leaving a greatly reduced capacity, and in many instances no capacity, to address routine childhood illnesses such as diarrheal diseases, malaria and other respiratory infections and other vital health services, such as safe delivery and prenatal care. Many routine immunization and nutrition programmes have already been suspended and many more are at risk of being halted. Where public funding is inadequate, there is a risk of increased informal fees and charges for health services being demanded, that will further reduce the access of poorer families.

Pre- and post-maternal care will be affected, putting women, adolescent girls, mothers and newborns at risk. In previous outbreaks, such as the Ebola crisis in West Africa and other health crises across the world, countries saw spikes in different forms of gender-based

violence including sexual violence, and increases in adolescent pregnancy, with significant impacts on individuals and communities who do not have access to adequate health care. These disruptions in health care systems will cause significant increases in childhood deaths, illnesses and malnutrition and will impact children's overall development. In humanitarian situations, sustained access to health care services and immunization is a matter of life and death for children and mothers.

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## **B. LOSS OF ACCESS TO NUTRITION SERVICES**

For millions of children, women and families, food and nutrition services are disrupted or have broken down, which is resulting in an immediate negative impact on the quality of diets and nutrition practices. This causes increased mortality, morbidity and malnutrition among the population groups with the highest nutrition needs: young children, school-age children and adolescents, and pregnant women and breastfeeding mothers. Many routine programmes to protect, promote and support adequate nutrition in young children, school-age children and women are disrupted or suspended as a result of the COVID-19 crisis, as are community programmes for the early detection and treatment of undernourished children and women. The closure of schools eliminates access to school-based nutrition programmes for many millions of children. The disruption of food markets reduces access to and the affordability of healthy diets, which translates into poorer, less frequent, and less diverse meals particularly among children, adolescents and women from poorer households, thereby driving undernutrition, micronutrient deficiencies and obesity rates upwards.

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## **C. LOSS OF ACCESS TO CARE AND LEARNING AND THE PROTECTIVE ENVIRONMENT OF CHILDCARE AND SCHOOL**

An estimated 1.54 billion (as of the date of writing) children are already out of school and tens of millions are likely to join them as more schools are closed around the world to prevent transmission of the disease and to protect older teachers. Only a small fraction of these students will have access to effective online, or other alternate forms of, learning. For most children, their learning progress will be disrupted, affecting their future learning and evolving capacities, and many – particularly girls – may never return to school without specific interventions and support. Left without access to the protective environment of school, the risk of children being neglected, abused or exploited increases significantly. For billions of children, notably in humanitarian situations, access to key services, such as school meals, play and recreation services and pedagogical and psychological support, is also disrupted. For girls, school closure increases their vulnerability to child marriage, FGM, child labour and sexual violence. For adolescent girls, school closure means limited access to peer social networks and safe spaces (girls' clubs), which is critical for their social and emotional development and empowerment. For the foreseeable future, these closures and restricted access to childcare services and school, has created a crisis of care and learning, which has imposed additional responsibilities on parents/caregivers and has raised additional stresses resulting from the shifting reality of daily life, gender inequalities and power imbalances that vary depending on contexts.

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#### **D. INCREASED DEPRIVATIONS**

The world economy has already entered a recession as a result of the measures adopted to contain the spread of COVID-19. The first estimates of the scale of this recession, published by Goldman Sachs, anticipate global income contracting by 1 per cent in 2020, representing a 4 percentage point reduction in global growth versus pre-pandemic estimates. This would represent the worst year for the world economy since 1950. Based on prior global downturns, it is expected that there will be further downward revisions of global growth projections, as the depths of previous recessions have been consistently underestimated, especially at their outset. Some initial modelling by IFPRI indicates that for each percentage point reduction in global growth, extreme poverty (US\$1.90 a day) will increase by 14 million to 22 million people. Based on the initial growth projections by Goldman Sachs, this would imply an increase of between 50 and 90 million people living below the global poverty line over the next three years, half of whom are children. Containment measures implemented by governments to control the spread of COVID-19 are already resulting in loss of household and community incomes, including a dramatic drop in remittances. This will have a major impact on children, adolescents, and women by even further reducing their access to health, nutrition, water and sanitation, protection and education services.

Women employed in formal and informal sectors are especially impacted by the increase in the care burden linked to the disease. Loss of household incomes and livelihoods can increase women's dependency on others for their own survival and vulnerability to gender-based violence. Children who are already marginalized by lack of access to digital tools and internet connectivity risk falling further behind. This will be especially true for children living in slums and informal settlements where the population is largely dependent on the informal economy, as well as for children and communities dependent on remittances of migrant workers, and in humanitarian crisis situations. Children living without family care and those in street situations are witnessing loss of daily incomes, thus depriving them of essential nutrition, hygiene, protection and health and exposing them to violence, including sexual violence.

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#### **E. INCREASED MENTAL HEALTH ISSUES**

The constant fear, worry and acute stressors experienced by families and communities during the COVID-19 crisis can lead to long-term consequences, such as: a deterioration of social networks, local dynamics and economies; stigma and discrimination towards surviving patients (in particular, children from marginalized groups) resulting in rejection by communities; people with developing or existing mental health and substance use disorders experiencing relapses and other negative outcomes because they are avoiding health facilities or are unable to access or continue treatment with their care providers. As parents and caregivers may be less capable of providing appropriate care and support to children, and children and adolescents are socially isolated from their peers and directly/indirectly affected by socio-economic stressors, their psychosocial wellbeing and health will be directly and negatively affected. This will be further compounded by the reduction of resources such as school counsellors, case managers and social workers, to detect and refer those in need to mental health and psychosocial support.

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## **F. INCREASED EXPLOITATION, VIOLENCE AND ABUSE:**

As millions of parents lose their jobs and sources of income, children are subjected to immediate and rapidly increasing levels of poverty and associated stress. Out-of-school children and children in homes that have lost income, access to food, and economic resources are at greatly increased risk of abuse, neglect, exploitation and violence, or lack of stimulation or learning opportunities. In the medium-term, economic stressors may result in deteriorating situations in the home, as well as increased school dropouts, child labour, child sexual abuse, child marriage, female genital mutilation (FGM), family separation, irregular migration or trafficking, statelessness and other protection issues. Children and women who are in need of protection services find themselves at even greater risk as social services are disrupted or suspended entirely, and access to justice or legal aid further limited.

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## **G. DISPROPORTIONATE IMPACT AND UNDERVALUING OF GIRLS, WOMEN AND THEIR NETWORKS**

It is well documented that public health and economic crises exacerbate existing vulnerabilities and inequalities for women and girls. This includes: an increase in gender-based violence in all forms; exclusion in decision-making at all levels; an overburdening of a predominately female frontline workforce; increases in school drop-out and pregnancies among girls; increases in harmful practices; neglect of menstrual health management; and an uneven and stereotypical burden on women and girls to provide unpaid care in the home, including remote children's learning and caring for the sick. Access to information and safe spaces, such as girls' clubs for in-school and out-of-school girls and the accompanying services, is hindered or has been suspended. At the same time, the strength of women's and youth rights' networks in communities, at national level and on digital platforms, remains largely under-recognized. Approximately 70 per cent of health workers and staff in caring professions are women, who are at increased risk of contracting COVID-19. A key impediment to understanding these and other impacts is the chronic lack of sex, age and disability disaggregated data.

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## **H. HEIGHTENED RISK OF CONFLICT, SOCIAL TENSIONS AND DISCRIMINATION**

Four hundred and twenty million children live in conflict-affected and fragile settings, including 30 million child refugees and internally displaced children, due to conflict and violence. As the Ebola crisis demonstrated, in conflict-affected and fragile settings, public health emergencies are likely to increase social tensions, heighten group discrimination, incite civil unrest and political instability, and exacerbate conflict dynamics. The pandemic is likely to deepen suspicion and grievances based on existing patterns of exclusion, particularly around access to social services. Government containment and mitigation measures, restriction of movement as well as disruption of social services – aggravated by the economic crises affecting vulnerable households – may trigger increased fear and anger against frontline workers and authorities, particularly in areas where mistrust is already high. There is also a risk that response measures will lead to regressions in the protection of child and human rights. These dynamics pose a dual risk to children: limiting the impact of the health responses; and potentially exposing communities to heightened violence and rights' violations.

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## I. LACK OF KNOWLEDGE AND DATA

While UNICEF has significant experience in responding to disease epidemics, such as Ebola, Zika and cholera, the modern world has never experienced a crisis of the current magnitude. For this reason, there is little knowledge or evidence of best practices in how to effectively coordinate a multi-sectorial response in different resource settings and across various contexts, especially given the indiscriminate nature, scale and depth of the impact of Covid-19 and the policies and measures that accompany it.

## 2.2 PROGRAMME RESPONSE - CRITERIA FOR PRIORITIZATION AND SEQUENCING

UNICEF has on-going country programmes of cooperation in 141 countries and territories and humanitarian response programmes in 36 of those countries. Most of what UNICEF already does is focused on supporting the children, parents, caregivers, families and communities that are most vulnerable to the socio-economic impacts of the COVID-19 pandemic. Those children and families live in a wide variety of circumstances, which are changing rapidly. For these reasons, UNICEF programming must be agile, flexible, innovative, scalable, and adaptive. Programming needs to respond to specific contexts in countries and regions that are at different stages of the pandemic. The capacities of national service delivery systems in countries and regions may be very different, and the impact of the crisis may increase rapidly over time. In conflict-affected and fragile settings, UNICEF must ensure that its response adopts a conflict-sensitive lens to mitigate unintended harm and maximize positive impacts.

Prioritization and sequencing of the response to the socio-economic impacts of the COVID-19 pandemic are critical. Initial indicators and early analysis of the socio-economic impact of the pandemic, including situational analysis underpinning the 121 UNICEF country office COVID-19 response plans developed to date, have been applied to prioritize the following programmatic interventions: support to WHO efforts to control and mitigate the spread of COVID-19; rapid scaling up of social protection programming, especially cash transfers; access to child and maternal health services (including nutrition) while health systems are impacted; support to learning out of school and a safe return to better schools; and, a rapid scaling up of child protection services. Within this global prioritization, there will be regional specific priorities as required (e.g. in areas of high HIV prevalence, maintenance of, and access to ARV supplies will be a priority). Each of the priority interventions will be gender focused and will integrate key cross-sectoral components to programming (ECD, C4D, human rights and ADAP). Specific vulnerable groups of children, women and communities will also be prioritized as outlined in the sections below.

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### A. SEQUENCING AND TYPE OF NATIONAL RESPONSE/CONTAINMENT MEASURES

Prevention and containment measures are decided by national governments, evolve over time, and will lead to different socio-economic impacts. They include:

- Full lock-down;

- Partial lock-down;
- School closure/partial closure/no closure;
- Gathering limits and curfews;
- Closure/reduction of businesses and other economic activity;
- Movement/travel restrictions (may disrupt supply chains, or prevent migrant workers from returning home, and may result in family separation);
- Border closures – prevents free flow of goods and people;
- Control of information.

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## B. EXISTING CAPACITY IN COUNTRY

UNICEF's programme responses will be calibrated and adjusted over time depending on existing capacity in regions and countries and how that capacity is degraded over time, specifically:

- Social protection systems and their capacity to rapidly scale up cash transfers and other social safety nets;
- Health and nutrition systems and the degree to which they are impacted, especially their capacity to maintain key child and maternal health and nutrition services outside of the usual community-based settings and clinics and centres;
- Education systems and their capacity to continue learning out of school<sup>1</sup> and effectively and safely return all children to early child care and school facilities (and ideally improved schools);
- Child protection systems and their capacity to rapidly scale up violence prevention, child justice, care and protection services;
- Capacity in cross-cutting areas to ensure inclusive, universal, age and gender-responsive, equitable, rights-based services, including gender-based violence risk mitigation and responses; and,
- Public financial management capacity, including the capacity to effectively plan and budget for response needs, manage the procurement and supply chain of essential goods and ensure that essential resources, including salaries, supplies, and transfers, reach the point of service delivery.

## 2.3 PROGRAMME PRIORITY AREAS (WHAT)

Within its existing country and humanitarian programmes, UNICEF will prioritize and focus on the following areas. In humanitarian settings, UNICEF will apply adapted measures to ensure safe access to basic services in line with its CCCs.

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### A. HEALTH

**Objective:** All newborns, children, adolescents and women continue to have access to health services, especially emergency and life-saving services, and to information on services and practices that improve their health, development and nutritional status.

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<sup>1</sup> Covers any recognized place of learning.

UNICEF and partners will support national health authorities to ensure children and women, have continued access to essential health care services including maternal and newborn care, stimulation and nurturing care, immunization, treatment of childhood illnesses, and HIV care at household level and service delivery through alternate service delivery systems and platforms where required, despite the impact of COVID-19 on health systems. Where required, UNICEF will focus on GBV response care-provision of clinical management of rape (CMR) services for survivors of sexual violence.

UNICEF will provide guidance to, and advocate with, governments and partners on policies and actions to mitigate the impact of COVID-19, including the transition to simplified approaches and protocols for delivery of integrated health services. Where the COVID-19 response leads to an increased re-allocation of resources, including personnel, difficult trade-offs involving routine MNCH and nutrition services will be needed. UNICEF will support countries in the prioritization of life-saving services and in the management of trade-offs due to reduced capacity for preventive, schedulable services (e.g. disruption of routine immunization services).<sup>2</sup> In such contexts, UNICEF will work closely with national health authorities to develop new ways to provide maternal, newborn, child and adolescent health (MNCAH) services outside of regular primary health care systems for all children.

UNICEF will accelerate supply planning, including demand forecasting, distribution planning and procurement and pre-positioning of key health and nutrition commodities (e.g. vaccines, ORS, etc.) at district and health facility levels to sustain services in the likely event of disruptions to international and national supply chains, caused by the COVID-19 crisis.

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## B. NUTRITION

**Objective:** All children and women continue to have access to nutritious and affordable diets, adequate nutrition services – including emergency services – and information on nutrition services and practices to protect, promote and support adequate nutrition.

The impacts of the COVID-19 pandemic on the nutritional status of children and women are expected to include: significant undermining of the current efforts on breastfeeding due to inaccurate information about mother-to-child viral transmission; a significant impact on the quality of children’s and women’s diets (frequency, quantity and diversity) due to disrupted food systems (access to food) and a hike in food prices; and an increase in the number of undernourished children in need of therapeutic feeding and care due to poorer breastfeeding practices, poorer diets, increased morbidity, and disrupted primary health care systems.

UNICEF will support national governments to mitigate the impact of COVID-19 and ensure that children and women have continued access to nutritious and affordable diets, essential nutrition services – including emergency nutrition services – and information on nutrition services and practices to protect, promote and support adequate nutrition. UNICEF will prioritize support to policies and programmes in three areas: (i) ensure evidence-based guidance, counselling and support on infant and young child feeding and related maternal and child nutrition, including monitoring the use of breastmilk substitutes (which is expected to increase during the COVID-19 crisis) and supporting the use of multiple micronutrient

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<sup>2</sup> Any disruption to immunization services, even for short periods, will result in an accumulation of susceptible individuals, and a higher likelihood of VPD outbreaks.

supplementation, home-based fortification, and deworming prophylaxis for children and women; (ii) working with governments and partners, including the World Food Programme (WFP), to provide access to nutritious food for children and women and through cash-based and other safety-net programmes coupled with social behaviour change communication for nutrition that promotes healthy feeding and discourages the consumption of unhealthy foods; and, (iii) ensure facility and (primarily) community-based programmes for the early detection and treatment of wasted children, through alternate service delivery platforms and approaches when required, including the use of simplified protocols and therapeutic foods for the treatment of child wasting.

UNICEF's nutrition programmes will accelerate forecasting, pre-positioning and distribution of essential nutrition commodities (e.g. micronutrient supplements, multiple-micronutrient powders, and ready-to-use therapeutic foods), in anticipation of the impact of the COVID-19 crisis.

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### C. EDUCATION

**Objective:** All children continue to learn during the COVID-19 pandemic and safely return to improved schools.

UNICEF will work with governments, to support operationalization of inclusive and safe school practices across all levels<sup>3</sup> of learning including the equipping of schools with protective measures such as hygiene supplies, promoting and disseminating life-saving information material and adapting school policies. UNICEF is also working with governments and private sector providers to support the continuation of learning during the COVID-19 pandemic through appropriate strategies for each context - including conflict-sensitive approaches in conflict-affected and fragile settings. This includes the development and roll-out of free and open digital tools to support large-scale remote learning, educational TV and radio programmes, online content, internet-based learning and print material for use at home.

UNICEF will also deploy a mix of approaches across the different levels of education to ensure accessibility of instructions for all children regardless of the medium of delivery. UNICEF will employ strategies to address: school-related gender-based violence (SRGBV); the provision of psychosocial support (PSS) to help children, teachers and communities heal and re-build trust, confidence and social cohesion after the pandemic; and the provision of school-based health, nutrition services and standards-based WASH facilities which prevent drop-outs and keep children safe and healthy. These strategies will also contribute to the reduction of barriers that kept vulnerable children out of school before the COVID-19 crisis. UNICEF will work to ensure all children and young people, especially the most vulnerable and those at risk of dropping out, are mobilized to enrol or re-enrol in school through communication campaigns and social mobilization, recover lost learning including through accelerated education, and support design and roll-out of system-wide solutions to address missed examinations. If strategies are implemented effectively, these approaches can also attract children who were previously out of school, which would significantly advance progress towards SDG 4.

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<sup>3</sup> All levels include preschool, kindergarten, primary school, secondary school, and recognized non-formal centres, and technical and vocational educational and training (TVET) centres.

UNICEF is committed to addressing the binding constraints to connectivity during and after the COVID-19 crisis, especially through partnerships with national governments and the private sector. The evidence of what works in remote learning for the most vulnerable groups, including children with disabilities, will be documented and supported to scale as a long-term system-wide strategy to reach every child.

UNICEF will accelerate supply planning, including demand forecasting, distribution planning and procurement and pre-positioning of key education commodities, especially for return-to-school programmes. Close consultation with UNICEF's Supply Division will be required, in advance, to ensure that demands for these commodities, if not available locally or regionally, are met.

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#### D. WASH

**Objective:** All children and their families directly impacted by COVID-19 have access to safe and affordable water and sanitation services, menstrual health management, and hygiene supplies, including menstrual supplies for girls and women.

UNICEF will work with local water and sanitation authorities and utilities to ensure continuity and quality of water and sanitation services to avoid deterioration or collapse of essential public services during the COVID-19 crisis and sustain, affordable access to WASH products and services for the poorest and most vulnerable population groups (e.g. refugee/IDP camps, urban slums) with special attention for children with disabilities and those living in humanitarian settings. UNICEF's WASH programmes will work closely with the education sector to ensure all schools have IPC measures in place so that they are clean and safe environments for students to return to.

Close collaboration with UNICEF's Supply Division will be required in case of scale up of construction/rehabilitation programmes in health and education facilities, especially in countries where construction programmes are not yet resourced.

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#### E. SOCIAL POLICY: SOCIAL PROTECTION, PUBLIC FINANCE AND LEVERAGING INTERNATIONAL FINANCIAL INSTITUTIONS (IFIS)

**Objective:** All children and their families directly impacted by COVID-19 have financial access to goods and services essential for meeting their basic needs. National ministries and IFIs prioritize the needs of the poorest children and women who are hardest hit by the COVID-19 pandemic in funding allocations and prioritization; and national and local governments will maintain timely, efficient, effective and transparent systems to deliver essential goods, services and transfers where needed.

UNICEF will provide technical support to governments to ensure routine cash transfer programmes are not disrupted and that they are adjusted and/or rapidly scaled up to respond to the increasing needs created by the COVID-19 pandemic. This includes ensuring adaptation and scale up are gender-responsive and disability-inclusive, so the most marginalized are not left behind as systems and programmes adapt (for example, in changing to new delivery mechanisms and in managing GBV risks) and that linkages to essential services are maintained or created to respond to their specific needs. In addition, alongside cash transfers, other components of social protection systems (including in-kind assistance, social insurance, employment guarantee programmes, etc.) will respond to the needs of the most marginalised

and vulnerable – economically, socially and medically – in the short- and longer-term. UNICEF will advocate for continued financial support for child-focused programmes (i.e. child benefits and subsidies for childcare) and services.

Where social protection systems do not exist, or cannot be fully leveraged, UNICEF will embark on humanitarian cash transfer programmes to address multi-sectoral cross-cutting needs of children and deliver them through parallel systems that build on existing, or form the basis for future, social protection systems. In designing or advocating for a social protection response, due consideration will be given to special assistance programmes, for caregivers and front-line workers. UNICEF will work closely with other UN agencies and multilateral partners, such as the World Bank, to ensure social protection systems and especially their cash transfer components focus on the children most effected by the collateral impact of the COVID-19 pandemic.

UNICEF country programmes will support governments to prepare budgets and implementation plans for priority response measures. These will include the scaling up of social protection and the identification of additional domestic resources for response, through reprioritization of budgets to provide space for priority spending, while protecting resources for routine services for children. Country teams will also engage with IFIs and other external partners and will support governments to reprioritize existing programmes of support where possible and to access timely sources of grants or concessional finance. Country offices will consider public finance capacity and constraints in the scale and introduction of new response measures and will monitor funding flows and service deliveries to identify and propose solutions to facilitate timely delivery of essential goods, services and transfers.

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## F. CHILD PROTECTION

**Objective:** All children and women at increased risk of violence, exploitation, abuse and neglect, due to COVID-19, are protected through social and protection services in humanitarian and development contexts.

UNICEF will work with government and civil society partners to bolster and adapt protection services, with particular attention to the most vulnerable and at risk, including displaced and migrant children, children in humanitarian settings, and children with disabilities.

Protecting children from violence, exploitation and abuse at home and online will prioritize positive parenting resources focused on safe internet usage; working with schools and the education sector to ensure safe virtual learning platforms used to mitigate online risks; and collaborating with technology partners to develop digital solutions for child online safety, with strengthened child-friendly reporting mechanisms.

UNICEF will respond to the increase of gender-based violence through risk mitigation and response services, adapting programming in the context of COVID-19 measures for the safe availability, accessibility, acceptability and quality of response services. Protection from sexual exploitation and abuse by humanitarian and development workers is critical, especially as basic needs grow more acute; UNICEF will adapt safe and responsive reporting channels. To protect children without parental care and to prevent family separation arising from the

COVID-19 crisis, UNICEF will support national case management systems and mobile services to adapt to confinement and lockdown measures in order to offer continuity of care. UNICEF will work with national authorities to protect the social service workforce, including recognizing them as essential workers and supplying PPE. In addition, UNICEF will support measures to divert children safely from detention to their families, communities or appropriate alternatives and will promote protection in detention for those children who cannot be released safely.

UNICEF will work with governments and civil society to prevent negative coping mechanisms likely to increase under duress, including child labour, child marriage and FGM, by adapting existing programming. UNICEF and partners will adapt all child protection interventions in humanitarian settings, including armed conflict, to minimize risks to children, families and service providers, including case management systems for children experiencing acute protection problems.

Finally, UNICEF will invest in real-time learning to share data on child protection impacts and evidence on response strategies, and will promote knowledge management across sectors.

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## G. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

**Objective:** Children, adolescents and caregivers have sustained access to continuous, scaled-up and quality mental health and psychosocial support services, including available help lines, virtual services and adapted one-to-one counselling.

The COVID-19 pandemic is a threat to both the physical and mental health of children, adolescents and caregivers. UNICEF will work with governments and partners to support MHPSS interventions and approaches for children, adolescents and caregivers to adapt, implement and facilitate these services into models that can be accessible and sustained despite restrictions of movement and other containment measures, including: remotely by volunteers, frontline workers and practitioners, including safe spaces, peer to peer activities, child protection case management services, and specialized mental health care; and within homes/centres/hospitals, by parents/caregivers who can facilitate supportive MHPSS activities and care with children/adolescents. This will include specific support to MHPSS in the context of stigma, rising social tensions and hardships due to COVID-19, particularly in conflict-affected and fragile settings.

### 2.4 PRIORITY GROUPS OF CHILDREN (WHO)

While all children will be impacted by the socio-economic effects of the COVID-19 pandemic, there are certain groups of children who will be especially hard hit. UNICEF programmes will prioritize based on need, and depending on different situations in different countries (and regions within countries) will include the following groups of children and their families. Within each of these vulnerable groups, programmes will focus on girls and women who are on the frontlines of service provision and caregiving - as professionals, mothers, and home caregivers.

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## A. CHILDREN LIVING IN HIGH-DENSITY ENVIRONMENTS AND SLUMS

Children, and their care-givers, living in acute poverty and especially those living in urban slums and other informal settlements, will be particularly vulnerable to rapid COVID-19 transmission due to the overcrowded and poor living conditions, lack of hand-washing and other hygiene facilities and poor diets. The current crisis and abrupt loss of livelihood opportunities and disruption of key services will exacerbate the situation of children living in these areas where access to quality essential services, such as health care, childcare, food and nutrition, education, adequate sanitation, lack of public spaces, playgrounds and transport, is already limited.

Poor urban areas also present specific challenges for child protection, bringing heightened risks of exploitation and abuse, violence, crime and drugs. Many of these risks are associated with high levels of social exclusion often marked by informality and insecure tenure. Urban governments often do not provide services in these areas to avoid creating a precedent for legitimizing their residency and many informal settlements lie in disaster-prone areas, such as riverbeds, canal banks and industrial areas. For these reasons, UNICEF's COVID-19 response will specifically target children in these areas for support.

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## B. CHILDREN OUTSIDE OF FAMILY CARE OR AT RISK OF SEPARATION

The disruptions caused by the COVID-19 crisis and the associated containment measures, places some groups of children at an increased risk of harm. This includes children without parental/family care, those at risk of separation from family, and those in alternative care. Measures used to prevent and control COVID-19, will likely lead to an increase in the number of children at-risk of separation, both during and following the COVID-19 crisis. Children who are already in alternative care face particular challenges. Kinship or foster carers – often grandparents and/or older adults – may need to temporarily step away from such duties, due to their increased health vulnerabilities. Separated children who live in residential families are at risk of displacement due to closure of such facilities without appropriate processes to ensure their safety and protection.

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## C. CHILDREN DEPRIVED OF THEIR LIBERTY

Children deprived of their liberty in locked facilities are at greater risk of contracting and spreading the disease. Measures imposed to control the spread of the virus and its societal impacts are also likely to negatively affect their well-being and healthy development, including adequate care while detained, and family and community support. Children deprived of their liberty are more vulnerable because of the confined conditions in which they live, facilities that are overcrowded and unclean, and security or infrastructure that reduces access to water, sanitation and basic hygiene. Children deprived of their liberty are also more likely to have or experience underlying psychosocial, physical and mental health issues that are exacerbated by their placement in custody, and will be further exacerbated by the COVID-19 crisis. For these reasons, UNICEF will advocate with national authorities for the temporary release of children in detention to protect them from COVID-19.

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#### **D. CHILDREN ON THE MOVE (MIGRANT, REFUGEE AND IDP CHILDREN)**

Migrant and displaced refugee and IDP children are at heightened risk of being affected by both the immediate and socio-economic impacts of COVID-19. Migrant workers and refugees often live in the most disadvantaged urban areas, where access to essential services is already limited for those without legal citizenship, in cramped conditions, including in camps, shelters or informal urban settlements, and in some instances, in immigration detention, with no or only limited access to food, nutrition, WASH services and no possibility for physical distancing. A growing number, including vulnerable unaccompanied children and adolescents, now find themselves separated from families due to COVID-19-related border closures and travel restrictions, with access to asylum and international protection due to legal refugee status as well as family unification being suspended by a growing number of states.

Migrant, refugee and IDP, and displaced populations can be hardest to reach with accurate information in a language they understand. Refugee and migrant children may also be prevented from accessing essential services due to legal, administrative documentation, linguistic or safety barriers. The misinformation on the spread of COVID-19 exacerbates the xenophobia and discrimination that migrant and displaced children and their families already face. Further, remittances are often a vital lifeline and social safety net for millions of children 'left behind' by migrant families. The expected dramatic decrease in remittances will inevitably result in an increased risk of school dropout, child labour, child sexual abuse, child marriage, FGM, abuse, trafficking and other severe protection concerns.

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#### **E. CHILDREN LIVING IN CONFLICT-AFFECTED AND FRAGILE SETTINGS**

In early April 2020 the Secretary General warned the UN Security Council that the pandemic had the potential to increase social unrest and violence, which would greatly undermine the world's ability to fight the disease. Increased social tensions, conflict dynamics and challenges to social cohesion will be exacerbated by the COVID-19 crisis, the immediate response and the ensuing socio-economic impacts. UNICEF is prioritizing countries with existing humanitarian response plans, including those affected by violent conflict, as children in these countries are already acutely vulnerable. Children in conflict-affected and fragile states are already significantly more deprived of key services due to worsening conflict. In many countries, the public infrastructure on which children rely, such as schools, early learning programmes, hospitals, and water systems, and the workforces that keep them running, are destroyed or very weak. The intersection of the COVID-19 crisis with protracted conflict will have devastating effects – physical, psychological and emotional – on children already experiencing long-term exposure to violence. This includes the thousands of children belonging to armed forces and non-state armed groups.

The existing and new barriers and restrictions in these settings will further threaten to limit the rights and ability of children and adolescents to participate in civic, community and family life – key rights that they are already deprived of as a result of conflict. Of significant concern is that the impact of COVID-19 and responses to it are likely to exacerbate underlying conflict dynamics, social tension and discrimination. UNICEF will ensure that children, adolescents and youth are included in the COVID-19 preparedness, response and recovery efforts, and that as agents of change, they play a role in fostering social cohesion and peace.

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## **F. CHILDREN LIVING WITH VULNERABLE PARENTS OR CARE PROVIDERS**

Family environments marked by poverty or limited resources will bear the full brunt of measures used to prevent and control COVID-19, such as reduced income/employment, access to social services and support, hunger and social isolation. The number of children at-risk of separation will increase, as a result of the COVID-19 crisis. In most cases, where parents and other primary caregivers are affected by the virus, they will be able to rely on other family members and relatives to step in to care for their children. In some cases, however, alternative care arrangements will be needed.

Given the higher mortality risk for older carers, advance planning will be needed to anticipate children's needs for alternative care arrangements. For those children who are already outside of parental/family care, such as those in street situations, access to help and legal aid or social services will become even more challenging due to lockdowns and closure of social services. In addition, UNICEF will anticipate and provide special attention to the needs of children and parents/caregivers who are frontline workers (health care workers and first responders) who are also susceptible to COVID-19 and may require additional care and support.

Many adolescents are at a transitional point in their life during this crisis, where they are finishing school and exams and are about to move into/or are already in the informal or formal employment sectors. Adolescents, especially girls, face the risk of not having access to services, including psychosocial support, and support and response services for gender-based violence. They also face an increased risk of harmful practices including child marriage and FGM. Adolescents can be change agents among their peers and in their communities. For this to happen, stakeholders need to make space for the participation of adolescents and youth as partners in the response, approach them as equals or agents of change, embrace and respect their views and leverage their added value to the response.

Each of these groups of children will need very focused specific programmatic attention from national governments, civil society and private sector actors at local and international levels. UNICEF will work with these partners to ensure none of the children in these groups, who are most impacted by COVID-19 and the policies to contain it, are left behind or left out.

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## **G. CHILDREN WITH DISABILITIES**

An estimated 10 per cent of the world's children have a disability. Children and women with disabilities are at heightened risk because they cannot access basic services or information about prevention. Children with disabilities also face multiple forms of discrimination and additional barriers regarding access to remote and distance learning and alternative education. Children with disabilities, many of whom require regular access to specialized support services, are also disproportionately impacted by a disruption in those services. Children with disabilities are at heightened risk of violence, abuse and neglect in the home, while those children with disabilities in residential care face acute risks as protective services are disrupted, visiting rights are restricted and care personnel is increasingly overwhelmed. For these reasons, all of UNICEF's COVID-19 programme interventions will include a focus on children and care-givers with disabilities.

## 2.5 PROGRAMME IMPLEMENTATION (HOW)

UNICEF has long-standing programmes of cooperation in 141 countries and representation in another 33 countries, all of which are being impacted by the COVID-19 pandemic. That long-standing and broad presence will allow UNICEF to apply the following key implementation strategies to reach the maximum number of children. UNICEF will rely on its country office presence and country programme agreements with governments with the following adjustments:

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### A. PRIORITIZATION AND FOCUS

Developing a specific focus on key programmatic areas (what) and most vulnerable groups of children and women (who and where) is a critical component of UNICEF's strategy for scaling up programming in response to the COVID-19 pandemic. This response will not be 'business as usual': UNICEF will prioritize and focus resources on countries and areas already dealing with on-going humanitarian crises (existing HAC countries), based on capacity and emphasis on preparedness in countries not yet highly affected, and in countries where the response is having the most collateral impact on children and families. In line with the principle of humanity and equity, UNICEF will prioritize measures that save lives, protect health and nutrition, and alleviate suffering, based on greatest needs. The use of cash transfers, as an implementation modality that can serve a variety of sector-specific outcomes will be systematically considered. In the existing highly constrained environment, inter-agency programme criticality assessments will inform the prioritization of resources and business continuity measures.

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### B. EXPERIENCE AND LESSONS LEARNED

UNICEF has significant experience with programming in response to epidemics (e.g. Ebola in West Africa, Zika, cholera etc.), albeit on a smaller scale, that is already being applied and will rapidly be scaled up in response to COVID-19. The Organization will also engage in extensive data collection and real-time analysis to ensure that programming is able to adapt as we learn more.

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### C. SYSTEM STRENGTHENING

As a core element of linking humanitarian and development programmes, UNICEF will focus on strengthening systems, including national health and nutrition supply chains and supply and distribution planning, while being flexible and developing new and innovative rights-based approaches to service delivery where existing systems cannot be used (e.g. school closures) or have collapsed (e.g. some health services have already collapsed). UNICEF will work closely with national and local governments, including through their planning, budgeting, implementation, coordination and reporting mechanisms, wherever possible. UNICEF will invest in participatory community approaches and community-based women and youth organizations to build their capacity, enhance positive coping mechanisms and engage women and youth as agents of change and key partners in the response.

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#### **D. CONFLICT SENSITIVE AND RISK-INFORMED PROGRAMMING**

Conflict and high levels of mistrust pose a barrier to effective responses. Therefore, in places likely to experience significant social tensions, especially in conflict-affected and fragile settings, UNICEF will identify existing or potential conflict dynamics or strains to social cohesion to minimize the potential negative impacts for children and their communities ('do no harm'). UNICEF will ensure its responses are conflict sensitive, support conflict sensitive government and partner responses, support community inclusion and participation and work with key actors, including young people to reduce social tensions, stigma and misinformation. The Ebola crisis showed that peacebuilding approaches and conflict-sensitive engagement with diverse actors, in particular at local level, can be used to gain access to children and communities in hard-to-reach areas for service provision. All of UNICEF's programming will be risk-informed and forward-looking to focus on 'building back better' to create more robust and resilient health, education, WASH and protection systems and permanent expanded social protection systems.

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#### **E. ENHANCING SUPPORT FOR PARENTING**

COVID-19 has shown that parents are the frontline responders in an emerging crisis of care and learning. It is imperative for UNICEF to be a trusted partner to the parents of the children and young people served by the Organization. UNICEF's response to supporting parents during the COVID-19 pandemic will be a key accelerator in achieving results for children during and after the pandemic and is aligned with our overall programmatic approach to parenting. Building on programmatic experience, UNICEF will work to elevate parenting support through six strategies: enhancing enabling environments; raising levels of awareness among parents and communities; empowering parents for agency and social change; enhancing integrated services; promoting positive social and gender norms; and caring for caregivers.

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#### **F. PARTNERSHIPS**

Partnerships and coordination with governments, UN agencies, local organizations and existing networks is be a key strategy to maintain and scale up implementation of programmes, especially in contexts where the population is highly affected and prevention measures include partial or total lockdown and restriction of movements. Of particular importance to UNICEF's COVID-19 strategy is partnership with local youth and women's organizations and companies. There is ample evidence that such organizations provide the most effective means of gathering data and analysis and of reaching the vulnerable and impacted children and women during crises. There is also strong evidence that partnership with local youth and and women's organizations correlates with sustainability and meaningful 'building back better'. Partnerships with donors and IFIs are outlined further under the fundraising section below.

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#### **G. PRIVATE SECTOR ENGAGEMENT**

As the COVID-19 pandemic impacts the whole world, it also disrupts supply chains, private sector capacity and financing. Supply chains for essential food, WASH and IPC services and supplies are severely constrained. Private sector capacity has been reduced globally on a

massive scale with millions of businesses having to lay-off staff as they reduce capacity or close altogether. Partnering with the private sector, especially local private sector partners (including private providers in the health sector), as economies recover and businesses reopen, presents opportunities for creative, innovative financing approaches and youth employment, including with young entrepreneurs, and the use of communication technology for youth civic engagement. UNICEF will work closely with the private sector including through its Generation Unlimited programme to support adolescents and youth during the recovery and to ensure they access the professional market. In addition, the current crisis serves as an opportunity for UNICEF to continue engagement with the private sector on how they can best support employees who are parents and caregivers during crises, emphasizing the importance of family-friendly policies, with regards to both the immediate and long term impacts of COVID-19.

The information and technology sector has not been impacted the same way that most of the rest of the private sector has. Conversely, online services are in heavy demand and UNICEF is working with tech service providers to increase broadband capacity and equitable access, especially for children, who are now out of school to support online and distance learning in a variety of ways including mass media (TV and Radio) to ensure accessibility and reach.

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#### **H. ADOLESCENT AND YOUTH ENGAGEMENT AND COMMUNITY MOBILIZATION, INCLUDING WOMEN'S NETWORKS**

Community mobilization, adolescent and youth engagement and women's networks will be critical components of UNICEF's response to the COVID-19 crisis. Adolescents and youth can engage in the COVID-19 preparedness and response efforts to be educators and change agents among their peers and in their communities. This will be complimented by the large footprint of women's groups and networks that exist at community and national levels, as well as on digital platforms. UNICEF will engage with women, adolescents and youth, including marginalized communities (migrant or displaced, and with disabilities), to understand their specific needs, amplify their voices, and discuss and plan how they can take action, including advocacy to advance children's and women's rights. Consultations with adolescents and youth provide the best resource to determine how UNICEF can engage, protect, and support adolescents and youth in the COVID-19 response with child-friendly language and effective platforms or tools.

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#### **I. INNOVATION, RAPID LEARNING, DEVELOPMENT OF EVIDENCE AND ADAPTIVE PROGRAMMING**

The COVID-19 crisis poses a challenge for humanitarian and development actors due to its unprecedented nature. Not only is there a lack data and evidence or access to key informants or physical databases, the context is rapidly changing. As such, flexible and adaptive programming is critical to ensuring interventions are agile and responsive. Adaptive programming is designed to be responsive to change in complex environments, and places learning, both on context and effectiveness of intervention, at the centre of interventions. Adaptable programming approaches include: flexible and transparent management of funds, and predictable funding flows; ongoing data collection and contextual analysis; a programme planning framework in which results, outputs and timelines are revised throughout the lifecycle of the programme, as well as a willingness to experiment and learn from smaller pilot

interventions, and to learn from mistakes; and evolving good practices from countries as the response is provided.

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## **J. REPRIORITISATION AND REALLOCATION OF RESOURCES**

UNICEF is reprioritising resources based on the immediate needs and is reallocating resources that cannot be used in the current situation (e.g. the global polio eradication programme is being suspended and human resources being applied temporarily to COVID-19). This includes enabling country offices to reprogramme flexible funding to respond to the crisis. UNICEF is also using simplified operating procedures and has issued separate guidance on supporting greater flexibility to respond to the crisis within agreements with implementing partners. In humanitarian situations and where appropriate in development contexts, programme criticality will inform the prioritization of resources and business continuity measures.

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## **K. ADVOCACY**

A key component of UNICEF's response will be global, national and local evidence-based advocacy to focus attention on the plight of children and women in the context of the COVID-19 pandemic. This is particularly important as early coverage of the crisis often mentioned that children seem to be less vulnerable to the virus and therefore did not receive sufficient attention. However, as mentioned above, while children may not be at the same risk of illness, they are at greatest risk of the socioeconomic impacts, and this must be highlighted.

Advocacy on the plight of children will focus on national budgetary allocations not being diverted from key essential resources or services for children; and will mobilize solidarity and actions to address the immediate, ongoing and longer-term socio-economic impacts on children, leveraging the application of resources of governments and civil society and other multilaterals and Member States (e.g. IFIs, G-20 donors etc.).

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## **L. RESOURCE MOBILIZATION AND LEVERAGING**

The COVID19 pandemic presents unprecedented risks and opportunities. In terms of opportunities, it could release additional funding (both core and non-core) towards UNICEF's outbreak response – but also towards longer-term funding, positioning UNICEF's ongoing and regular programming in light of the COVID19 response. UNICEF's Covid-19 response could highlight UNICEF's central role and global reach in risk communication, primary health care systems strengthening, and continuity of education, protection and GBV programmes as well as to highlight the strength as the largest humanitarian warehouse with supply capacity in PPE, essential medicines, vaccine procurement and distribution, when a COVID vaccine becomes available.

In terms of risks, the pandemic and the mitigation measures deployed by governments resulted in the deliberate shutting-down of economic activity, pushing the global economy into a recession. While its impact on ODA flows is uncertain, ODA has long been a stable source of development financing, cushioning the immediate impact of previous financial crises. Hence, UNICEF is also engaging donor partners in moving from emergency response to recovery and addressing the secondary – social and economic – effects of the pandemic on vulnerable children. In addition to engaging the top traditional bilateral OECD/DAC donor partners, there are new and additional growth opportunities from non-DAC government

partners, Global Public Partnerships (GPPs) and International Financial Institutions (IFIs). Leading IFIs have announced significant financing envelopes for countries to support both immediate response, economic continuity and recovery, and future resilience. This includes a World Bank allocation of US\$160 billion for secondary impacts, including for education, WASH and safety nets, largely grants to the 76 poorest countries. New and emerging donors, especially the Gulf States, present an opportunity to mobilise additional emergency but also flexible resources by tapping into the potential of Muslim philanthropy and Islamic financing for UNICEF, especially in the context of the upcoming Ramadan season which will start at the end of April. Equally, GPPs, including the Global Fund, GAVI and the Global Partnership for Education (GPE), are enabling a shift of resources to support health systems strengthening and for GPE continuity of education.

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## ANNEX I

### COVID-19 Technical Guidance and Related Materials and Other Resources

All technical guidance produced in support of the COVID-19 response to date is available through this link: [Technical guidelines developed by Programme Division since the beginning of the Pandemic](#)

For additional information, please visit the COVID-19 Secretariat Info Platform through this link: <https://unicef.sharepoint.com/sites/EMOPS-2019nCoV>

Supply updates and highlights on COVID-19 can be found through this link:

[https://unicef.sharepoint.com/sites/SD/SitePages/Supply-Division-Novel-Coronavirus-\(nCoV19\).aspx](https://unicef.sharepoint.com/sites/SD/SitePages/Supply-Division-Novel-Coronavirus-(nCoV19).aspx)