



**UNICEF
GLOBAL
COVID-19**

FOCUS: WASH/IPC

SITUATION



Two out of five people

Globally, do not have a handwashing facility with soap and water at home.



3 out of 5 children

Lacked basic handwashing services at school at the start of the pandemic).

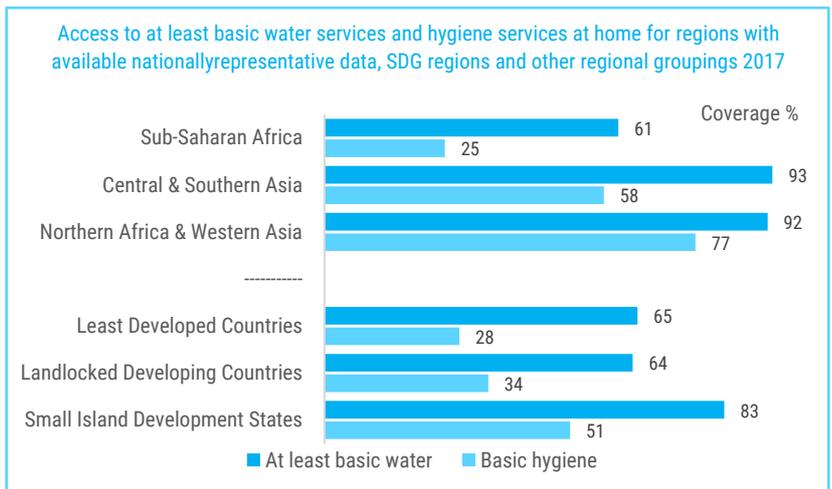
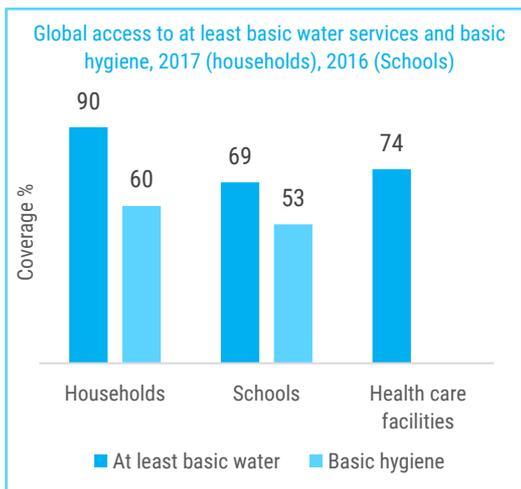


Over 40% of Health Care Facilities

Globally, lack hand hygiene facilities where patients receive care.

HIGHLIGHTS

- UNICEF continues to scale-up and deliver life-saving support to address humanitarian needs created by the COVID-19 pandemic, with a focus on improving people’s access to clean water, appropriate sanitation facilities and services and hygiene, which continues to be one of the best frontline defenses against the virus.
- Over 73.2 million people reached with critical WASH supplies (including hygiene items) and services in 118 countries, while 3 million healthcare facility staff and community health workers have been trained in infection prevention and control (IPC).
- Over 2.3 million schools are implementing safe schools protocols that include WASH standards to ensure safety and wellbeing of children returning to school.
- UNICEF has continued to promote the importance of WASH across programmatic interventions, through, for example, providing guidance and tools on how to breastfeed and support infant and young children feeding while following hygiene and IPC practices.
- UNICEF developed training materials to equip WASH actors on how to address the needs of women and girls in WASH programming. UNICEF is supporting governments to expand the coverage of social protection programmes, which include expanding water service provision to highly vulnerable populations.



FUNDING OVERVIEW AND PARTNERSHIPS

By the end September, UNICEF has received US\$1.12 billion in generous contributions from the public and private sectors. The top contributors to the COVID-19 response are the Global Partnership for Education, the United States, the United Kingdom Department for International Development (DFID), the Government of Japan, and private sector donors. As of 1 October, UNICEF had utilized US\$852.7 million for the COVID-19 response, of which US\$380.2 million was used for supplies (including PPE, diagnostics and oxygen) and close to US\$309.4 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 and repurposed to support the response. Flexible resources remain critical to UNICEF's and its partners' ability to respond effectively and efficiently to the global COVID-19 pandemic. In terms of transfers to implementing partners with funding received against the UNICEF COVID-19 global appeal, just above 45 per cent of disbursements were transferred to civil society organizations (including 28 per cent for national NGOs and community-based organization and 1 per cent academic institutions, and 17 per cent for international NGOs), and 55 per cent were transferred to governments. For information on the funding status of the US\$1.93 billion UNICEF appeal, visit: www.unicef.org/coronavirus/donors-and-partners.

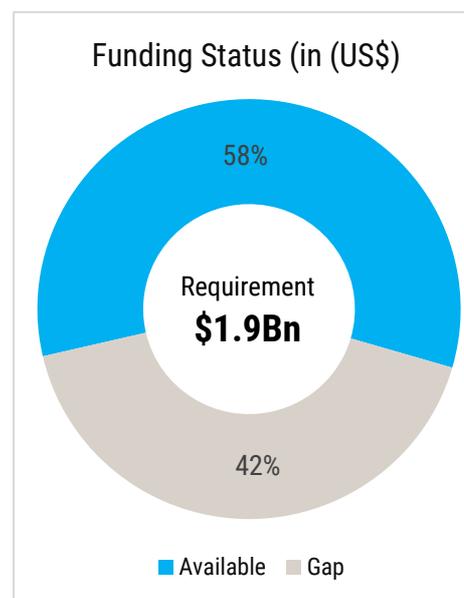
SITUATION OVERVIEW & HUMANITARIAN NEEDS

The COVID-19 pandemic continues to cause significant loss of life, disrupting livelihoods and threatening advances in health and global development. As of 15 October 2020, there have been over 38 million confirmed cases of coronavirus disease 2019 (COVID-19), with over 1 million deaths reported, including among children².

The global number of COVID-19 cases per day continues to increase, with the US, India, Brazil, Russia, Colombia, Peru and Mexico reporting the highest number of COVID-19 cases. The number of COVID-19 deaths increased to more than 5,000 per day on average globally in late August and September. New surges have been recorded in Argentina, France, Indonesia, Iran, Iraq, Israel, the Ukraine, the U.K and Spain, to name a few.³

The COVID-19 pandemic is exacerbating existing humanitarian emergencies. While official numbers of COVID-19 in Syria are low, cases have more than doubled in the past month, and given limited testing capacity, the number of actual cases likely far exceed those that are officially reported. Somalia is facing a complex crisis driven by the triple threat of a fragile health care system and rapid spread of COVID-9, intensifying climate shocks, and serious risks to food security and livelihoods from the ongoing East African desert locust invasion. This is compounded by widespread insecurity and heightened political tension over upcoming parliamentary and presidential elections. In Venezuela, COVID-19 is further aggravating a pre-existing economic and health system collapse, where hospitals were already short of doctors, medicine and supplies, water, and electricity before the pandemic. Doctors, nurses and health-care personnel have been disproportionately affected, with deaths amongst doctors and nurses comprising almost 25 per cent of the total COVID-19 deaths in Venezuela⁴. Already suffering from more than five years of war, Yemen is battling an underreported COVID-19 pandemic while also addressing rising cases of cholera, food

UNICEF Appeal 2020



*Funding available includes funds received in the current year; and repurposed funds with agreement from donors.¹

¹ Data on funds received and utilized for the UNICEF COVID-19 response are provisional and subject to change.

² <https://covid19.who.int/>. Accessed 15 October 2020.

³ <https://www.msn.com/en-us/health/medical/coronavirus-update-global-death-toll-inches-toward-1-million-as-hot-spots-emerge-in-india-europe-south-america-and-israel/ar-BB19vf5y>

⁴ <http://www.laht.com/article.asp?ArticleId=2495529&CategoryId=10717>

insecurity, and wasting. Nearly 29 per cent of the detected COVID-19 cases have led to death, which is higher than the global average⁵.

Having potable water for hygiene and an adequate and safe sanitation system are the first lines of defense for disease prevention. Before the pandemic, three billion people globally lacked soap and water at home, 818 million children lacked soap and water at their school (of high importance when children return to school), and 40 per cent of health care facilities were not equipped to practice hand hygiene at points of care. The majority of people in the least developed countries are at immediate risk of COVID-19 infection due to a lack of appropriate hand-washing facilities.

At the same time, over 50 per cent of countries globally have reported partial or severe disruptions to health services from the dual impact of COVID-19 and climate crisis⁶, according to a report from Every Woman Every Child. In addition, there has been a 45 per cent reduction in coverage of key high impact maternal and child health interventions in 118 low-and-middle-income countries⁷. This could result in additional 1,157,000 child deaths and 56,700 maternal deaths. The impact of the COVID-19 pandemic on the provision of routine childhood vaccination services has varied by country and region, according to emerging data. Generally, countries with lower immunization coverage in the pre-COVID period experienced larger declines in the number of children vaccinated immediately after the COVID-19 pandemic was declared. At the end of September, around 56 per cent of measles campaigns (in 27 countries) remain postponed due to COVID-19, leaving 105 million children at high risk of contracting the disease.

According to an analysis published in the Lancet on the impact of COVID-19 on nutrition indicate the number of children with wasting could increase by about 15 per cent (an addition 6.7 million children) over the first 12 months of the pandemic, with 80% of the cases expected in sub-Saharan Africa and South Asia. Over 250 million children are missing the benefits of vitamin A supplementation - vital to strengthen children's immune systems - due to pandemic containment measures, including school closures. Approximately 706 million learners continue to be affected due to COVID-19 related school closures (a decline from a peak of 1.5 billion learners affected on 4 April). At least 40 million children worldwide have missed out on early childhood education as COVID-19 shuttered childcare and early education facilities.

Violence prevention and response services have also been severely disrupted. Of 136 countries that responded to a UNICEF Socio-economic Impact Survey of COVID-19 Response, 104 countries (home to over 1.8 billion children) reported a disruption in services related to violence against children⁸. Recent estimates show that up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence over the next three months⁹.

The COVID-19 pandemic is continuing to have economic and fiscal impacts. According to the IMF's June 2020 World Economic Outlook Update, global growth is projected to decline by 4.9 percent in 2020, 1.9 percentage points below the April 2020 World Economic Outlook forecast. The projections suggest a cumulative loss of the global economy of over \$12 trillion over two years (2020 to 2021), the impact of which will be particularly acute for low-income households, including female-headed households. Recent UNICEF-SAVE estimates show that an additional 150 million children have already fallen into multidimensional poverty as a result of the pandemic.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

With its dual humanitarian and development child rights mandate, and existing presence at the field, country and regional levels, UNICEF has a strong comparative advantage in its ability to address the scale of COVID-19 needs globally.

In humanitarian and public health emergencies, UNICEF's response is guided by the Core Commitments for Children in Humanitarian Action and inter-agency standards. UNICEF contributes to both outbreak control and mitigation of the collateral impacts of the pandemic, including interruptions to water, sanitation and hygiene (WASH), health, nutrition, education,

⁵ <https://reliefweb.int/report/yemen/red-cross-opens-coronavirus-treatment-centre-yemen>

⁶ Protect the Progress: Rise, Refocus, Recover -- 2020 Progress Report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

⁷ <https://www.forbes.com/sites/dishashetty/2020/09/26/covid-19-climate-crisis-hits-health-services-in-50-countries/#11f3de8a75b8>

⁸ <https://www.cnbcafrica.com/africa-press-office/2020/08/18/coronavirus-africa-covid-19-causes-disruptions-to-child-protection-services-in-more-than-100-countries-unicef-survey-finds/>

⁹ <https://www.unicef.org/media/74146/file/Protecting-children-from-violence-in-the-time-of-covid-19.pdf>

protection and essential social services for children, women and vulnerable populations. The organization's COVID-19 preparedness and response strategy aims to reduce human-to-human transmission in affected countries and mitigate the impact of the pandemic on children, youth and their care providers, especially for the most vulnerable. UNICEF's strategy is in line with the WHO COVID-19 strategic preparedness and response plan and the Inter-Agency Standing Committee (IASC) global humanitarian response plan led by the Office for the Coordination of Humanitarian Affairs (OCHA), the WHO Strategic Preparedness and Response Plan and the UNDP Framework for socio-economic impacts.

UNICEF works under the leadership of national governments and in close coordination with WHO, humanitarian country teams, United Nations country teams and civil society partners to protect children and their families from exposure to COVID-19 and minimize mortality.

As a member of the IASC, UNICEF has taken steps to ensure that implementing partners – including local civil society and national and international non-governmental organizations – have the flexibility needed to respond to COVID-19 and continue their important work. UNICEF has been organizing a series of webinars for non-governmental organization partners on UNICEF's response to COVID-19 to ensure the continuity and strength of programming

The coordination of the response relies on high-quality evaluative evidence, including real-time evidence, to ensure organizational learning and continuous improvement. Two approaches are emphasized at the global and decentralized levels: learning-focused evaluations for adaptive management; and summative evaluations to assess UNICEF's overall response, including the results achieved for children. Summative evaluative exercises with sister United Nations agencies will also be prioritized to capture how the United Nations family is working together to achieve collective results.

GLOBAL COORDINATION AND TECHNICAL SUPPORT

UNICEF works within the United Nations-led architecture and government systems to ensure that the needs of children and women are included in guidance, response plans and country-level implementation. UNICEF is a member of the United Nations Crisis Management Team (CMT), which is composed of 10 United Nations agencies and hosted by the United Nations Operations and Crisis Centre. A UNICEF supply cell (housed at WHO in Geneva) was established to support the COVID Supply Chain System and works closely with the different levels of the governance system. UNICEF also plays a key role in the ACT-Accelerator, a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. UNICEF is also a contributor and key partner to the WHO-led global response and the COVID-19 regional teams and incident management support teams. UNICEF regional offices are actively coordinating and collaborating with regional WHO incident management support teams. UNICEF is co-leading the RCCE pillar with IFRC and WHO. At the technical level, UNICEF contributes to several WHO expert groups, including those developing technical guidance for case management, IPC, vaccine research and development and social science.

UNICEF procurement services are offered as a development cooperation mechanism to support countries' access to quality and affordable essential supplies via UNICEF. When using procurement services, a government leverages its own domestically mobilized financial resources, which may include its budgetary funding or financing it has secured from third-party financing partners. During the COVID-19 emergency, governments with financial support from, for example, World Bank concessional loans and grants, have secured access to personal protective equipment, diagnostics and medical supplies, including oxygen therapy, via procurement services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

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

Since the start of the outbreak, UNICEF has shipped more than 62.5 million gloves, 154.2 million surgical masks, 10 million N95 respirators, 3.6 million gowns, 621,699 goggles, 1.7 million face shields, 14,170 oxygen concentrators and 1.8 million diagnostics tests in support of 132 countries as they respond to the pandemic. The total value of these deliveries amounts to \$156.2 million. In view of meeting the demand expected until Q1 2021, UNICEF is ensuring supply availability and has supplies ready for dispatch for key products, such as 275.7 million surgical masks, 12 million N95 respirators, 6.6 million coveralls, 9.1 million surgical gowns, 27.5 million face shields, 1,464 oxygen concentrators, 2.1 million ampoules and tablets of Dexamethasone for Therapeutic use, and 1.8 million diagnostic tests.

UNICEF is continuing to work through Health and WASH sectors to accelerate infection prevention and control activities in health care facilities. For example, UNICEF Egypt helped to supply disinfectants to 3,200 primary health care centers nationwide, reaching an estimated coverage of 2,400,000 people. Almost 2 million healthcare workers within

health facilities and communities have been provided with personal protective equipment (PPE), and over 3 million healthcare facility staff and community health workers have been trained in infection prevention and control (IPC). Across the globe, UNICEF is working with government to use the Water and Sanitation for Health Facility Improvement Tools (WASH FIT) to assess WASH and IPC protocols in health care facilities. In addition, UNICEF continues to strengthen Governments capacity on IPC. For example, the MENA and ECAR Region, UNICEF delivered an IPC training of trainers course to partners and staff to implement IPC at scale in different settings including health care facilities, schools, camps, shelters, and public spaces. UNICEF is also working with governments and partners to promote long term and sustainable improvement to IPC in health care settings.

UNICEF continued to coordinate with authorities and Risk Communication and Community Engagement (RCCE) partners to track and respond to misinformation and ensure that children and their families know how to protect themselves from COVID-19 and seek assistance. To date, UNICEF has reached over 2.88 billion people with COVID-19 messaging. Over 231 million people have been engaged through RCCE actions. Working with national authorities, UNICEF is mobilizing networks of community health volunteers, workers and midwives to support community engagement efforts, as well as building the capacities of key influencers to raise awareness and promote healthy practices, including specific outreach to children and people with disabilities.

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

UNICEF continues to provide critical health, nutrition, education and social services and supplies, including on social protection, with focus on the most vulnerable, including women and girls.

To ensure continuity of access to essential services, UNICEF has provided training and awareness/hygiene promotion sessions to health workers, volunteers and community leaders via a mix of online and face-to-face modalities adapted to the epidemic constraints. For example, in Myanmar, through partnership with Health Poverty Action in Kachin and Shan, and Myanmar Health Assistance Association in Rakhine, a total of 14,648 people of conflict affected and hard to reach areas were provided with basic health care services. In DPRK, provision of both preventative and curative healthcare and nutrition services continued to be delivered to targeted populations. In Egypt, approximately 1,500 health workers have been trained on IPC and safe patient flow in health facilities. Through these approaches and others, over 70 million children and women have received essential healthcare services in UNICEF supported facilities, and over 2.3 million healthcare providers have been trained in detection, referral and appropriate management of COVID-19 cases in these settings.

UNICEF has continued to promote the importance and safety of infant and young child feeding (IYCF) in the context of COVID-19, providing guidance and tools on how to breastfeed and support families in feeding their young children healthy diets while following hygiene and IPC practices. In Ethiopia, UNICEF, in collaboration with the Federal Ministry of Health, has adapted messages on safe IYCF practices through print and digital media channels, reaching 670,545 people through social media. In contexts where WASH/IPC may be compromised or constrained, UNICEF has promoted the adaptations to interventions for the early detection and treatment of wasting in health facilities. For example, in Indonesia, UNICEF provided mid-upper arm circumference (MUAC) tape across all eight provinces and pilot tested a 'family-led MUAC screening'. Over 32 million caregivers have been reached with messages and counselling on infant and young child feeding including hygiene and IPC practices with UNICEF's support.

UNICEF is helping to ensure adequate WASH services and essential supplies like soap, hand sanitizer and water treatment chemicals are widely available. In Pakistan, UNICEF has rehabilitated and installed WASH facilities in 567 Health Care Facilities, reaching more than 1.4 million people. In Cote d'Ivoire, UNICEF has supported the installation of foot-operated handwashing stations at the entrance of healthcare facilities. In Yemen, UNICEF is providing support to quarantine facilities with water and emergency sanitation facilities and hygiene materials. This includes installation of water tanks, installation of emergency latrines, emergency water trucking and distribution of hygiene kits. UNICEF Madagascar launched "FANDIO TSOTRA" campaign to support 1,000 vulnerable households to build safe handwashing facilities with recycled materials. Youth associations were engaged and trained to coach families to build their own handwashing device and received a donation of bicycles. Globally, 73 million people have been reached with critical WASH supplies (including hygiene items).

UNICEF continues to strengthen gender-based violence (GBV) risk mitigation across all programming areas within the COVID-19 response, including WASH. Since the beginning of the pandemic, UNICEF has trained more than 139,000 UNICEF personnel and partners on GBV risk mitigation and referrals for survivors. UNICEF developed a podcast and training video to equip WASH

actors on how to mitigate risk of GBV and address needs of women and girls in WASH programming in the context of the COVID-19 pandemic. Over 28 million children and adults have access to safe and accessible channel to report sexual exploitation and abuse; and almost 156,000 UNICEF personnel and partners have completed training on GBV risk mitigation and referrals for survivors in these settings.

As schools reopen across the region, UNICEF is supporting governments to develop and implement WASH standards and protocols to ensure safety and wellbeing of children returning to school. In Angola, UNICEF provided technical support to the Ministry of Education and the Ministry of Energy and Water to undertake COVID-19 sensitive WASH audits/diagnostics in over 1000 school nationwide. In India, UNICEF worked with the Ministry of Education, to develop education materials, guidelines and checklists around sanitation/WASH in schools to aid effective planning for schools to reopen. In Cameroon, through its partnership with the Cameroon Red-Cross and a national NGO, UNICEF ensured that 150,000 students in 890 schools across the country benefitted from school disinfection for the duration of school reopening and exams. Overall, almost 250 million children have been supported with distance and home-based learning, and over 2.3 million schools are implementing safe schools protocols.

UNICEF is supporting governments to expand the coverage of social protection programmes, provide top-ups, and simplify the administrative procedures to ensure that families in need are reached and supported through critical measures in over 100 countries. In Malawi, UNICEF assisted five water boards to develop and cost Business Continuity Plans (BCPs), conduct quarterly water quality audits, and put in place an innovative water service provision (400 prepaid water meters in water kiosks with 50 per cent water tariff subsidy for three months). The pre-paid water service will ensure more reliable and affordable access to safe drinking water for 26,000 income-poor customers. In the State of Palestine, e-voucher top-ups were provided for target vulnerable populations to redeem hygiene items at local shops. In Ecuador, a top-up humanitarian cash transfer programme is benefiting over 1,800 Venezuelan migrant families with cash transfers for WASH items, for a total of six months. As a result of these and other efforts, almost 45 million households are benefiting from new or additional social assistance measures provided by governments.

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 & HUMANITARIAN NEEDS

After months of steady decline, several countries have seen increases in cases over the past months, including in the Philippines and Indonesia. According to a UNESCO Report, more than 2.6 million children in the East Asia and Pacific region are at risk of dropping out of school in the wake of COVID-19. Most countries in the region have now reopened their schools; however, new outbreaks of community transmission were registered in countries such as Myanmar and Papua New Guinea. This has led the respective governments to resume public health measures in affected areas to prevent transmission, including case investigation, contact tracing, quarantine of close contacts, mass screening, social distancing, compulsory use of mask in public places and school closures. In Myanmar, the occurrence of COVID-19 cases in Rakhine State and subsequent containment measures by the Government of Myanmar have impacted UNICEF and partners' ability to provide humanitarian assistance to conflict-affected and internally displaced people in camps and displacement sites.



PROGRAMME RESPONSE HIGHLIGHTS

Responding to a regional context with both middle-income and low-income countries, UNICEF's approach to the public health response in East Asia and Pacific is a combination of providing direct service delivery where needed (such as installing handwashing stations in health facilities, schools and communities and the provision of critical medical, PPE and WASH supplies) and providing critical guidance and technical assistance to strengthen the capacity of health systems and health personnel. UNICEF has provided 326,652 health workers with PPE and 7.6 million people with critical WASH supplies. As schools reopen across the region, UNICEF is supporting governments to develop and implement WASH standards and protocols to ensure safety and wellbeing of children returning to school, in line with the "10 minimum Actions" issued by the Global WASH in Schools Network and complying to the Global Call to Action on School Reopening. To mitigate the direct and indirect socio-economic impacts of COVID-19, UNICEF supported governments in the region to facilitate distance/home based learning for over 70.6 million students, and provided technical assistance for continued health and child protection services, including community based mental health and psychosocial support to over 55.6 million children, parents and primary caregivers.

PILLAR IN FOCUS: WASH/IPC

Cambodia: UNICEF aims to provide all schools nation-wide with essential WASH supplies and equipment for cleaning, disinfection and personal hygiene, reaching 16,546 schools, including 3,064 community pre-schools with essential WASH consumables and equipment. UNICEF has distributed its prepositioned 6,195 hand sanitizers, 72,725 soaps and 801 thermometers to 417 schools (290,772 students) in six provinces. UNICEF also delivered hand hygiene and school cleaning supplies to 438 schools and 136 community pre-schools in Mondulkiri and Kratie, reaching 76,299 students.

Philippines: UNICEF, in coordination with the Department of Health (DOH) and WHO, launched the WASH Facility Improvement Tool (FIT) to assess WASH and IPC protocols in health care facilities. The tool is being piloted in public and private health care facilities, local government units and health units, and with the WASH cluster and other development partners. The objectives of the pilot are to: 1) develop an improved and contextualized version of the WASH FIT for the Philippines; and 2) formulate policy recommendations for DOH on the use of WASH FIT. The WASH FIT pilot involves 62 health facilities representing all types of health facilities, including those that have been converted into temporary treatment and monitoring facilities for COVID-19.

WASH / Infection Prevention Control (IPC)			EAPR	
	People reached with critical WASH supplies (including hygiene items) and services	7.6 M	86%	13 COs reported results
	Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	327 K	116%	10 COs reported results
	Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	465 K	84%	9 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 & HUMANITARIAN NEEDS

Prevention of the spread of COVID-19 remains challenged by inadequate access to safe water, sanitation and hygiene services, particularly for more vulnerable, and underserved groups including rural and refugee communities. Limitations, including insufficient hand-washing facilities, disinfection materials and hygiene supplies and absence of safe hygiene and infection prevention control protocols, negatively impact safe delivery of services in health facilities and children’s return to schools. Moreover, while guidelines and protocols on maintaining proper hygiene in schools and health facilities are in place, they are often not properly applied due to inadequate resources or gaps in capacities and follow up. Results of recent WASH assessments in relation to the ongoing COVID-19 crisis, particularly in Central Asia, confirm the need to scale up WASH services in schools and health facilities, particularly in rural and remote areas that are particularly disadvantaged.



PROGRAMME RESPONSE HIGHLIGHTS

UNICEF’s response continues to center around provision of protective, life-saving supplies; RCCE and IPC; continuation of education, including through distance learning and safe reopening of schools; mental health, psychosocial assistance and GBV prevention; and social protection programming. UNICEF is supporting the provision of critical hygiene and sanitation supplies for schools and kindergartens and is prioritizing hygiene promotion campaigns at the national level, focusing on hand hygiene and IPC measures for health and educational facilities. UNICEF has also supported governments to revise and adapt guidelines and protocols to include additional, critical measures to ensure safe school environments. To better identify critical gaps, UNICEF, in collaboration with relevant government entities, has initiated and conducted WASH assessments in schools and health facilities in several countries, notably Kyrgyzstan, Tajikistan and Uzbekistan.

PILLAR IN FOCUS: WASH/IPC

Moldova: To support adequate hand hygiene in schools and kindergartens, UNICEF procured over 68,000 liters of liquid soap, 454,000 soap bars and over 136,000 liters of liquid hand sanitizer to meet the needs of over 2,600 educational institutions (schools and kindergartens; almost 23,000 classes and groups of kindergartens) for 3 months. This support is complemented by hygiene focused awareness-raising activities, including producing and launching a song promoting good hygiene practices among younger children (kindergarten age children) and development and distribution of stickers promoting healthy WASH behaviors in school.

Turkmenistan: UNICEF is supporting a nation-wide information campaign on hygiene promotion and healthy lifestyles among children in schools. It features, among other topics, proper use of critical hygiene supplies and includes communication materials such as handouts, posters, cartoons and videos. All materials have been compiled on CDs and made available to all 1,868 schools in the country.

WASH / Infection Prevention Control (IPC)			ECAR
	People reached with critical WASH supplies (including hygiene items) and services	1.6 M 42%	17 COs reported results
	Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	125 K 77%	15 COs reported results
	Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	35 K 45%	8 COs reported results

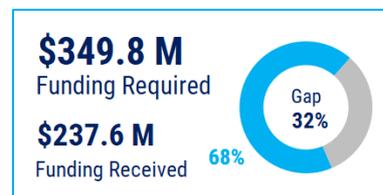
Eastern and Southern Africa



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

South Africa continues to have the highest caseload in the region and in all of Africa, with high caseloads also reported in Ethiopia, Kenya, Madagascar, Zambia and Namibia. UNICEF continues to advocate for the full reopening of schools safely and in a phased manner across the region. Despite partial school re-openings in many countries, only 20 million out of 85 million primary school children are back in school, necessitating continued work from UNICEF and partners to ensure safe reopening, and the safe operations of schools that have reopened through WASH and IPC measures and removing barriers for the re-entry of girls (including married or pregnant girls) and out-of-school children.



PROGRAMME RESPONSE HIGHLIGHTS

To date, 7.8 million people in Eastern and Southern Africa have been reached with critical WASH supplies (including hygiene items) and services since the start of the pandemic. With a reported rise in cases among healthcare workers, ensuring adequate access to IPC supplies and measures has been a priority, and to date more than 150,300 healthcare workers within health facilities and communities have been provided with PPE and more than 20,300 healthcare facility staff and community health workers have been trained in IPC. ESAR is host to a large number of refugees, internally-displaced people (IDPs) and returnees who frequently live in crowded conditions with limited access to basic services, including basic WASH and hygiene services. UNICEF has been working regionally to ensure continuity of WASH programmes for these populations, which has included 45,000 refugees and 3,835 IDPs in Ethiopia receiving access to basic sanitation since the start of the COVID-19 response and 58,696 people in IDP settlements receiving safe access to water through construction of water infrastructure and piping to water points.

PILLAR IN FOCUS: WASH/IPC

Malawi: Forty per cent of communal water points in low-income settings have been disconnected, due to failure to pay Water Board (WB) fees. UNICEF assisted five WBs in Malawi to develop and cost their Business Continuity Plans (BCPs), conduct quarterly water quality audits and put in place an innovative pro-poor water service provision (providing 400 prepaid water meters in water kiosks with 50 per cent water tariff subsidy for three months). The pre-paid water service will ensure more reliable and affordable access to safe drinking water for 26,000 poor customers (with additional plans to scale up) and reduce commercial losses for the WBs. The BCPs triggered a WB financing of US\$ 2.5 million for immediate investments and active fundraising for an additional US\$ 15 million.

South Sudan: IDPs living in Protection of Civilian sites and those living in informal settlements have been severely impacted by the COVID-19 pandemic and expenses for food have been prioritized over other expenses, including hygiene items. Sustaining minimum measures of IPC for COVID-19 prevention at home and in healthcare facilities is a serious challenge. In response, UNICEF and partners have assisted roughly 728,000 people with hygiene items and/or water supply (soap, buckets, water purification tablets and water tankers). UNICEF is also supporting health facilities with IPC services, supplies including PPE and IPC capacity development. In communities with high transmission risks, people were provided with cloth masks and handwashing facilities. This has enabled the most vulnerable to better protect themselves against COVID-19 and other communicable diseases, as well as maintain their dignity through access to WASH supplies and services.

WASH / Infection Prevention Control (IPC)			ESAR
	People reached with critical WASH supplies (including hygiene items) and services	11.1 M 85%	19 COs reported results
	Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	376 K 164%	14 COs reported results
	Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	26 K 79%	16 COs reported results

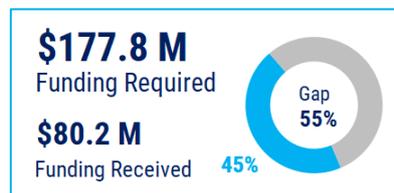
Latin America and the Caribbean



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

After some of the longest lockdowns globally, countries in LAC are starting to lift containment measures, progressively reactivating economic sectors. Eight countries and territories in the region have reopened schools, while schools are partially open in six others. In light of the increase in cases and deaths of COVID-19 among healthcare workers, PAHO/WHO issued an epidemiological alert urging countries to strengthen the capacity of healthcare services, ensuring that healthcare workers are equipped with appropriate resources and training. Brazil and Mexico continue to have the highest number of infections among health workers. Lack of access to safe water, sanitation and hygiene are among the main factors contributing to the risk of infection for LAC families and communities. Service coverage gaps are concerning: 9% of health care facilities have no water services and 10% have no sanitation services. Out of 830,000 primary and secondary schools, 16% have no water services and 40% have either none or limited (water but no soap) handwashing facilities.



PROGRAMME RESPONSE HIGHLIGHTS

Across 20 LAC countries, UNICEF has supported provision of PPE for over 323,000 health workers in healthcare facilities and communities, and nearly 31,000 workers – 17,000 of them in Brazil - have received training on IPC measures in six countries. The Water, Sanitation and Hygiene for Health Facility Improvement tool (WASH-FIT) has been used for initial assessment and development of improvement plans in Venezuela and Nicaragua. UNICEF is advocating with ministries of education to take leadership in addressing the WASH/IPC gaps for school reopening, with UNICEF offering strong support in strategy design, fund leveraging and implementation, following the Global Framework for school reopening. Ecuador, for example, has established a dedicated sub-platform for WASH/IPC in schools. This experience has been shared with UNICEF country offices and education authorities in Mexico and Paraguay, fostering horizontal learning.

PILLAR IN FOCUS: WASH/IPC

Paraguay: In line with the collaboration framework with the ministry of children and adolescents and the ministry of health, UNICEF has provided PPE, hygiene kits and medical equipment to health workers and frontline staff working with children and adolescents. As part of its health system strengthening approach, UNICEF is supporting health centers and hospitals by building capacity for community health workers and health education on issues related to COVID-19 transmission, targeting Concepcion, San Pedro, Central and Asuncion departments. A total of 248,000 people, 435 health workers and 77 health centers will benefit from these interventions. In addition, UNICEF has developed an online refresher learning programme for health workers - offered via the ministry of health's web platforms - on primary health care, respiratory infections, maternal and child health. IPC, including the use of PPEs, is part of the key contents offered in this programme.

Nicaragua: In the COVID-19 context, UNICEF has capitalized on previous system strengthening efforts. In mid-2019, following the request from the ministry of health, UNICEF trained the ministry staff on the use of the WASH-FIT tool to improve WASH services in healthcare facilities. It started with an initiation approach to the tool and discussions around national monitoring of WASH services in healthcare facilities. After this effort, the ministry assessed more than 500 facilities to update data on WASH services coverage in the country. These findings have been fundamental for government and partners to support evidence-based prioritization of WASH support in healthcare facilities, and critical for preventing the spread of the pandemic in this environment.

WASH / Infection Prevention Control (IPC)			LACR	
	People reached with critical WASH supplies (including hygiene items) and services	7.0 M	91%	24 COs reported results
	Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	359 K	113%	21 COs reported results
	Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	36 K	52%	6 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

National health data has shown an upward health and nutrition coverage in some countries, including routine immunization services. However, ante-natal care and births attended by skilled birth attendants remain low compared to last year. The number of children treated for severe acute malnutrition (SAM) is also lower due to reduced service demand. The new school year began in 10 countries, three of which already started in August in different modalities. Schools that opened physically in Jordan and Iran, closed again after two weeks of operations. Socio-economic challenges continue as a result of COVID-19 related lockdowns as well as disruptions in trade and tourism. Along with the economic downturn, job losses are expected to rise, such as in Tunisia, Egypt and Jordan. A multitude of shocks (flooding in Sudan, continued inflation throughout region, fluctuating oil prices) have further exacerbated the situation, highlighting the continued and robust need for social protection to protect families and children. The gender impact of the pandemic has also been amplified across sectors, and data across the region indicates reduced utilization of maternal health services, increased GBV reporting, as well as a growing domestic work burden on women.



PROGRAMME RESPONSE HIGHLIGHTS

UNICEF continued to provide WASH as well as health and nutrition support to health facilities, isolation/quarantine centers, schools and IDP/refugee camps throughout the region. It has done so by training healthcare workers on IPC protocols/PPE use (over 4,500 people) and COVID-19 detection, referral and appropriate case management (over 1,000 people). Nearly 48,000 healthcare workers have also received PPE supplies in the form of soap, disinfectant, cleaning items. Around 1 million children and women received essential healthcare services, while nearly 390,000 caregivers of children (0-23 months) have been reached with messages on breastfeeding since last month. UNICEF has focused on helping governments reopen schools by providing school supplies (reaching under 5 million with distance learning) and disseminating safe school guidelines to over 13,000 schools, with particular attention to preparing teachers via the roll-out of the Teacher Preparedness Training Package. UNICEF remained focused on socio-economic system strengthening, by strengthening the evidence base and providing technical support to countries to implement longer-term shock responsive and child inclusive social protection. UNICEF provided direct support via Humanitarian Cash Transfers in Egypt, Jordan, Morocco and Syria.

PILLAR IN FOCUS: WASH/IPC

Egypt: UNICEF Egypt has delivered WASH supplies (i.e. chlorine, alcohol hand gel, soap) to over three million people, as well as provided PPE to over 111,000 health workers – including gloves and gowns. Approximately 1,500 health workers have been trained on IPC and safe patient flow in health facilities. An improvement plan for sustainable WASH in health facilities was developed, with rehabilitation initiated in 60 health centers and fever hospitals. UNICEF supported the Ministry of Health and Population (MoHP) by developing technical guidance on safe school re-opening, which outlines IPC and hygiene safety measures. To improve IPC in 341 childcare institutions, UNICEF delivered hygiene supplies to the Ministry of Social Solidarity, benefitting 7,567 children and 4,409 employees/caregivers.

Jordan: UNICEF continued providing an increased water supply, 5.7 million to 6.5 million liters daily to Azraq, Za’atari, and KAP refugee camps to mitigate the potential spread of COVID-19, due to rising temperatures. Similarly, in the Rukban settlement, UNICEF increased the supply of water from approximately 46 to 60 liters of water per person per day to more than 8,000 children and their families.

WASH / Infection Prevention Control (IPC)			MENAR
People reached with critical WASH supplies (including hygiene items) and services	15.6 M	138%	14 COs reported results
Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	170 K	227%	9 COs reported results
Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	12 K	60%	7 COs reported results

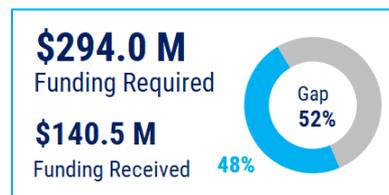
South Asia



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

While the cases continue to decline in most countries such as Bangladesh, Bhutan, Maldives, Pakistan and Sri Lanka, cases continued to rise in India, and Nepal. India ranks as the second worst affected country in the world behind the USA, and cases are concentrated in ten states particularly in high density and low capacity locations. There has been a significant spike of cases in Nepal, with a daily average of 1000 new cases. There are concerns that the new surge in infections in Nepal could overwhelm the health system if active cases cross the 24,000 mark. Across the region, testing capacity remains weak, particularly in Afghanistan where less than 110,000 people (0.3% of the population) has been tested. The number of actual number of cases could be significantly under reported. With over 10% of the affected people being health workers in Afghanistan, health facilities continue to report challenges maintaining essential health services and treat patients with COVID-19.



PROGRAMME RESPONSE HIGHLIGHTS

The region has prioritized addressing critical issues relating to clinical waste in HCF through proper waste management practices. UNICEF is promoting and supporting WASH and IPC in schools in preparation for the safe return to schools, modifying and refining areas of the WASH in Schools programmes. UNICEF is facilitating cross learning through dedicated webinars and providing platforms to share innovative developments and IEC materials and guidance documents. UNICEF is also supporting the cost estimation of immediate, medium term and long-term intervention packages with a view to enhancing hand washing practices and behaviors.

PILLAR IN FOCUS: WASH/IPC

Afghanistan: With the support from the World Bank, Japanese Government and Gavi, UNICEF has procured and delivered a shipment of 366,542 PPEs to be used by 7,000 frontline health care providers to help scale up the identification and management of up to 10,000 hospitalized COVID-19 patients. WASH programmes have reached over 714,261 people with hygiene supplies. Over 220,000 people have benefitted from installation of WASH services and facilities in border crossing points (Herat, Nangahar, Kandahar and Nimroz) with Iran and Pakistan, IDP sites, host communities as well as in health care facilities in COVID-19 prone provinces and districts.

Nepal: Together with partners, UNICEF engaged companies engaged to design low-cost elbow or foot operated preassembled handwashing stations. The water stations are equipped with a mechanism to safely collect and dispose the greywater. UNICEF has supported the installation of over 70 stations in health-care facilities, isolation and transit centers. A total of 127,553 people have benefitted from WASH supplies and services including hygiene promotion activities.

WASH / Infection Prevention Control (IPC)			SAR
	People reached with critical WASH supplies (including hygiene items) and services	20.7 M 86%	8 COs reported results
	Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	221 K 79%	7 COs reported results
	Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	2.4 M 103%	5 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

There is a downward trend of in new confirmed cases and deaths of COVID-19 across the region. However, testing capacities remain limited in most of countries of WCAR. The Central Sahel is the region with fastest WASH growing needs, as 41 per cent of people do not have access to safe water, and 76 per cent are deprived of sanitation facilities. In Burkina Faso, 93 per cent of internally displaced people in Kaya say that they do not have enough access to WASH to implement safe hygiene practices to protect from COVID-19 (compared to 67 per cent for non-displaced population). Access to WASH services has been further reduced by the humanitarian crisis and the COVID-19 pandemic, with a total of 6.7 million people in need of WASH humanitarian services, including 3.6 million children. The WASH humanitarian sector response has provided safe water to 400,000 people (19 per cent of target) and sanitation services to 182,000 people (18 per cent of the target). Nigeria, Chad, Cameroon, CAR and DRC account for 24 million people in need of WASH humanitarian assistance (including 12.3 million children), with 5.4 million people reached so far with safe water supply.



PROGRAMME RESPONSE HIGHLIGHTS

Since the start of the pandemic, 7.9 million people have been reached with critical WASH services out of 12.2 million people targeted (65 per cent progress), including an estimated five million people who are living in conflict/humanitarian settings. A total of 167,400 healthcare facilities staff and community health workers were trained in infection prevention and control procedures (41 per cent progress). WCARO has been supporting country offices to apply a multi-sectoral approach to the re-opening of schools. Child protection interventions are closely coordinated with the WASH response across the region, combining core child protection messages on the prevention of violence, FGM and child marriage and access to services, with COVID-19 prevention messages. Social workers and community leaders have been trained as frontline workers to support the most vulnerable children with COVID-19 prevention, and facilities such as civil registration centers, detention centers, residential care facilities, foster families and childcare institutions across the region have been supplied with essential handwashing and hygiene materials.

PILLAR IN FOCUS: WASH/IPC

Central African Republic: A total of 435,000 people were reached with critical WASH supplies and services. To ensure the continuity of water distribution in the capital Bangui, especially in undeserved neighborhoods, UNICEF, in collaboration with Agence Nationale de l'Eau et de l'Assainissement (ANEA), is running 15 water supply systems serving 30,000 people. To promote handwashing as a prevention measure, UNICEF, ANEA and the Direction Générale de Ressources Hydrauliques (DGRH) installed 1,250 handwashing facilities in public places such as at water points. UNICEF also provided handwashing facilities and soap to 66 health centers. In total, 390 schools were provided with handwashing facilities and IPC measures to ensure Safe Schools Protocols.

Niger: UNICEF continued to support the training of health workers and hygienists. During the reporting period, 300 health workers were trained on IPC protocols in partnership with the Nigerien Red Cross, and in close collaboration with the regional directorates of public health. During the reporting period, the Ministry of Water and Sanitation with UNICEF support, equipped 54 healthcare facilities, 85 schools and 71 public places of Niamey with 362 handwashing facilities. In collaboration with International Organization for Migration, UNICEF helped strengthen the WASH/IPC response in the Seno site in Niamey, where returnees await the results of their COVID-19 tests. Activities included awareness raising on COVID-19 and prevention measures, maintenance and disinfection of the latrines and cleaning.

WASH / Infection Prevention Control (IPC)			WCAR
People reached with critical WASH supplies (including hygiene items) and services	9.7 M	81%	23 COs reported results
Healthcare workers within health facilities and communities provided with personal protective equipment (PPE)	327 K	57%	19 COs reported results
Healthcare facility staff and community health workers trained in infection prevention and control (IPC)	181 K	44%	20 COs reported results

Human Interest Stories and External Media

Press Releases

As classrooms for half the world's schoolchildren remain closed, UNICEF and EU urge countries to prioritize schools in re-opening plans [LINK](#)

UNICEF Executive Director Henrietta Fore remarks at the Digital Co-operation Event: Action for Future Generations [LINK](#)

Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation [LINK](#)

COVID-19 pandemic: countries urged to take stronger action to stop spread of harmful information [LINK](#)

Boost for global response to COVID-19 as economies worldwide formally sign up to COVAX Facility [LINK](#)

Time to re-open schools in Eastern & Southern Africa, as the cost for children escalates in learning, protection and nutrition [LINK](#)

WHO and UNICEF recommit to accelerating health and well-being at all ages [LINK](#)

Over 12 million children, caregivers and teachers reached by UNICEF and Millicom (TIGO) to strengthen child rights across Latin America during COVID 19 [LINK](#)

150 million additional children plunged into poverty due to COVID-19, UNICEF, Save the Children say [LINK](#)

UNICEF Executive Director Henrietta Fore remarks at a press conference on new updated guidance on school-related public health measures in the context of COVID-19 [LINK](#)

UNICEF uses online gaming to showcase potential, skills and creativity of refugee and migrant children [LINK](#)

UNESCO, UNICEF and WHO issue considerations for school-related public health measures in the context of COVID-19 [LINK](#)

The Time to Prepare for COVID-19 Vaccine Transport is Now [LINK](#)

COVID-19 could reverse decades of progress toward eliminating preventable child deaths, agencies warn [LINK](#)

UNICEF to lead procurement and supply of COVID-19 vaccines in world's largest and fastest ever operation of its kind [LINK](#)

Increased support vital to help children affected by Beirut explosions back to school, one month after devastating explosions [LINK](#)

World's richest countries grappling with children's reading and math skills, mental well-being and obesity [LINK](#)

Business, government, multilateral agency and UN leaders commit to connecting children and young people to the internet by 2030 [LINK](#)

Severe water shortages compound desperate situation for children and families in Beirut [LINK](#)

Human interest stories

"Thank you teacher" - Children around the world thank teachers for helping them keep learning before, during and after COVID-19 school closures [LINK](#)

Protecting the most vulnerable children from the impact of coronavirus: An agenda for action [LINK](#)

Everything you need to know about washing your hands to protect against coronavirus (COVID-19) [LINK](#)

Three children, unlimited potential [LINK](#)

Cleaning and hygiene tips to help keep the COVID-19 virus out of your home [LINK](#)

Travelling with your family during COVID-19 [LINK](#)

Classroom precautions during COVID-19 [LINK](#)

Navigating pregnancy during the coronavirus disease (COVID-19) pandemic [LINK](#)

Vaccinations and COVID-19: What parents need to know [LINK](#)

Breastfeeding safely during the COVID-19 pandemic [LINK](#)

How teachers can talk to children about coronavirus disease (COVID-19) [LINK](#)

Staying safe outside during COVID-19 [LINK](#)

One of the best defenses against coronavirus [LINK](#)

Periods in the pandemic: 9 things we need to know [LINK](#)

Next SitRep: 21 October 2020

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 Programmes (EMOPS)
Tel: +1 212 326 7150
Email: gleaity@unicef.org

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

Carla Haddad Mardini
Director
Public Partnership Division (PPD)
Tel: +1 212 326 7160
Email: chaddadmardini@unicef.org

ANNEX A

SUMMARY OF PROGRAMME RESULTS

Risk Communication and Community Engagement (RCCE)

Result by 23 Sep 2020*

2.88 B

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

**99%**

Target for Dec 2020
2.91 B

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

Result by 23 Sep 2020*

231.8 M

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

**97%**

Target for Dec 2020
238.8 M

Total countries reported	128
Included in CO response plan	117
Countries set target	116
Countries reported results	115

Result by 23 Sep 2020*

31.3 M

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

**59%**

Target for Dec 2020
52.8 M

Total countries reported	128
Included in CO response plan	78
Countries set target	77
Countries reported results	76

* Results are for countries that have reported on specific indicators

WASH / Infection Prevention Control (IPC)

Result by 23 Sep 2020*

73.2 M

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

**91%**

Target for Dec 2020
80.6 M

Total countries reported	128
Included in CO response plan	121
Countries set target	119
Countries reported results	118

Result by 23 Sep 2020*

1.9 M

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

**99%**

Target for Dec 2020
1.9 M

Total countries reported	128
Included in CO response plan	106
Countries set target	106
Countries reported results	95

Result by 23 Sep 2020*

3.1 M

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

**90%**

Target for Dec 2020
3.5 M

Total countries reported	128
Included in CO response plan	76
Countries set target	76
Countries reported results	71

* Results are for countries that have reported on specific indicators

Continuity of Health

Result by 23 Sep 2020*

2.3 M

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



89%

Target for Dec 2020

2.6 M

Total countries reported	128
Included in CO response plan	66
Countries set target	65
Countries reported results	55

Result by 23 Sep 2020*

3.6 M

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



49%

Target for Dec 2020

7.2 M

Total countries reported	128
Included in CO response plan	58
Countries set target	57
Countries reported results	54

Result by 23 Sep 2020*

70.1 M

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



67%

Target for Dec 2020

104.1 M

Total countries reported	128
Included in CO response plan	84
Countries set target	82
Countries reported results	79

Result by 23 Sep 2020*

32.3 M

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



93%

Target for Dec 2020

34.9 M

Total countries reported	128
Included in CO response plan	83
Countries set target	82
Countries reported results	77

* Results are for countries that have reported on specific indicators

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

Result by 23 Sep 2020*

249.9 M

Number of children supported with distance/home-based learning



67%

Target for Dec 2020

371.6 M

Total countries reported	128
Included in CO response plan	116
Countries set target	115
Countries reported results	104

Result by 23 Sep 2020*

71.1 M

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



101%

Target for Dec 2020

70.2 M

Total countries reported	128
Included in CO response plan	117
Countries set target	116
Countries reported results	112

Result by 23 Sep 2020*

151.0 K

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



9%

Target for Dec 2020

1.7 M

Total countries reported	128
Included in CO response plan	43
Countries set target	42
Countries reported results	18

Result by 23 Sep 2020*

2.3 M

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



195%

Target for Dec 2020

1.2 M

Total countries reported	128
Included in CO response plan	88
Countries set target	85
Countries reported results	62

Result by 23 Sep 2020*

155.9 K

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



99%

Target for Dec 2020

158.1 K

Total countries reported	128
Included in CO response plan	90
Countries set target	85
Countries reported results	77

Result by 23 Sep 2020*

44.8 M

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



71%

Target for Dec 2020

63.0 M

Total countries reported	128
Included in CO response plan	54
Countries set target	54
Countries reported results	43

Result by 23 Sep 2020*

471.0 K

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



99%

Target for Dec 2020

474.2 K

Total countries reported	128
Included in CO response plan	87
Countries set target	86
Countries reported results	81

Result by 23 Sep 2020*

28.4 M

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



103%

Target for Dec 2020

27.5 M

Total countries reported	128
Included in CO response plan	56
Countries set target	51
Countries reported results	43

* Results are for countries that have reported on specific indicators

Risk Communication and Community Engagement (RCCE)

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

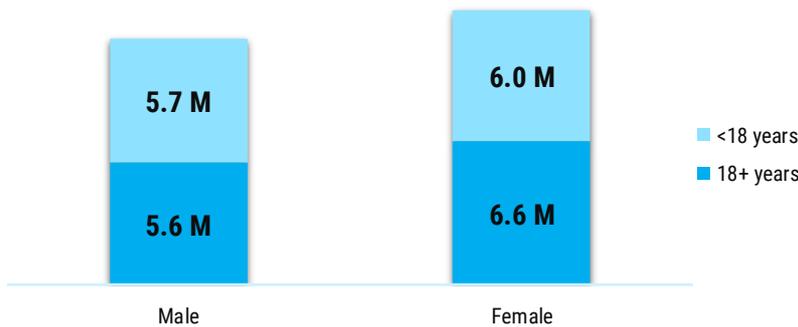


Number of countries reported disaggregation for this indicator

25

WASH / Infection Prevention Control (IPC)

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

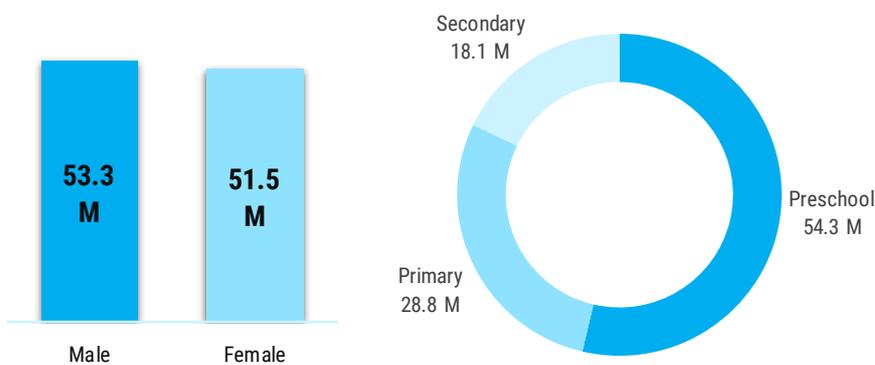


Number of countries reported disaggregation for this indicator

38

Access to Continuous Education

Disaggregation of children supported with distance/home-based learning



Number of countries reported disaggregation for this indicator

42

ANNEX B

FUNDING STATUS*

Regional offices/ Headquarters	2020 Requirement	Funding Received	Funding Gap	Gap in %
East Asia and the Pacific	\$162.0 M	\$134.6 M	\$27.4 M	17%
Eastern and Southern Africa	\$349.8 M	\$237.6 M	\$112.2 M	32%
Europe and Central Asia	\$149.0 M	\$51.7 M	\$97.4 M	65%
Latin America and the Caribbean	\$177.8 M	\$80.2 M	\$97.6 M	55%
Middle East and North Africa	\$356.9 M	\$202.2 M	\$154.7 M	43%
South Asia	\$294.0 M	\$140.5 M	\$153.5 M	52%
West and Central Africa	\$424.0 M	\$248.3 M	\$175.7 M	41%
Global coordination and technical support	\$16.7 M	\$19.2 M	-	0%
To be allocated		\$7.6 M		
Total	\$1.9 Bn	\$1.1 Bn	\$808.3 M	42%

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

FUNDING GAP

