MENA Real Time Assessment

COVID 19 Response

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Abbreviations

C4D	Communication for Development
CO	Country Office
GAO	Gulf Area Office
HQ	Headquarters
HR	Human Resources
MENA	Middle East and North Africa
MENARO	Middle East and North Africa Regional Office
MoE	Ministry of Education
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
REMT	Regional Emergency Management Team
RO	Regional Office
RTA	Real Time Assessment
SoP	State of Palestine
WHO	World Health Organization

Introduction

1. At its July 2020 meeting, the UNICEF Executive Board encouraged evaluative work on UNICEF's COVID-19 response. The Evaluation Office, in consultation with the Office of Emergency Programmes, therefore designed a "Real Time Assessment" (RTA) to assess the quality of UNICEF's COVID-19 response. The RTA is a forward-looking reflection on the country offices' response to COVID-19 thus far; its specific focus is on the implications that the COVID-19 response has for UNICEF's regular programme delivery, the quality of the COVID-19 response, and early insights on achievements and lessons learned during the COVID-19 response. This preliminary report is a compilation of findings from countries across the region that presents trends and provides an overview of the quality of the UNICEF response. This report provides a regional overview of UNICEF's COVID-19 response from the country offices' (CO) perspective.

2. The RTA employs a **mixed-methods** approach and, to make the exercise as unobtrusive as possible, relies on existing data that COs generated from February to October 2020. The RTA methodology includes remote data collection in the form of an online survey administered to every country office. Key informant interviews with UNICEF staff, implementing partners, government contacts, and frontline workers were conducted exclusively in countries selected to serve as case studies in the final report. The Regional Office perspective has not been included in the assessment per design.

3. The RTA focuses on trends amongst country offices in the region and therefore does not cover the achievements of each CO in detail, except when illustrating a regional trend. The case studies highlight specific aspects of the response in selected COs[1] that can inform the response of other country offices around the world and are not written to cover all aspects of the response in the country.

4. The RTA is guided by the following four overarching questions:

- How effectively is the CO implementing the response to COVID-19 so far? How is the **quality** of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?
- How well is the CO adapting to the needs of the population, including the **socio-economic impact** of the pandemic? How have these **needs been determined**?
- What are the **early lessons** that are emerging from the implementation of the response? What are the emerging positives from the response and what have been the greatest challenges in responding to COVID-19 so far? Are there discernible trends applicable to **different settings**?
- What **more** should be done and what should be done **differently** to enhance COVID-19 response programming for children and their communities?

5. Considering the constrained implementation and work environment, the unprecedented and ongoing nature of the crisis and the data and information available at this stage, the RTA analysis focuses on assessing the quality of the response based on:

- Timeliness, including an analysis of factors that enabled and constrained a timely response to perceived needs
- Appropriateness of the response, including CO ability to adapt as new evidence emerged
- Ability to scale up to address new and emerging needs

6. Data collection began on September 20, 2020 and lasted until November 5, 2020. Limitations of the RTA include the availability of information during on-going crisis, and the availability of staff

[1] Egypt, Iran, Jordan, Oman, Tunisia, Yemen

for interviews. Fourteen COs responded to the online survey. The RTA report is only able to reflect on data and information made available at the time the assessment was conducted.

Overview of the Context and Response

7. Overall, the UNICEF response in the Middle East and North Africa (MENA) region occurred in an already complex context. The economic crisis resulting from COVID-19 has impacted national budgets across the region and decreased financing regionally and globally. This reduction in resources has serious repercussions in terms of funding available for immediate response as well as response to the secondary impacts of COVID-19. On a global level, the economic strain that COVID-19 has caused will also decrease the humanitarian assistance, bilateral aid, and multilateral development aid that will be available in coming years.

8. Prior to COVID-19, countries in the region were already contending with diverse and significant challenges such as conflict, forced displacement, recurrent disasters, inflation, collapsing oil prices, political upheavals and migration, amongst others; the pandemic generally exacerbated existing issues in the region. Little was known about the pandemic's nature or duration during the beginning of the response, which limited the extent to which COs could make plans based on robust evidence. During the first phase of the response, CO responses focused on supporting the treatment of cases and procuring essential supplies and support to prevent transmission at the beginning of the response. The global nature of the crisis hampered access to additional human and financial resources for many COs, and these difficulties were compounded by the global competition for supplies like personal protective equipment (PPE) and ventilators.

9. As the scope of the crisis became clearer, COs adapted their plans in order to be able to launch a much broader crisis response. The pandemic has been affecting the entire population of all countries in the region, including UNICEF's target population and UNICEF staff and partners, as well as creating acute needs within new population groups. COVID-19 has hampered the continuity of health services and has interrupted social and economic services. There has been significant variability in the reliability of case reporting across the region, which has also impacted CO's ability to plan and respond to the reality on the ground. As of this writing, the region is facing rising caseloads and increasing restrictions on its population once again; UNICEF COs have recognized the need to focus the response more on secondary impacts of the crisis given this reality. The response has been hampered in some countries, however, by national governments that are not publicly recognizing the threat that the pandemic poses.

10. The Regional Office (RO) response to the crisis also evolved over time as the needs of COs and the nature of the crisis became clearer. Initially, the RO reconvened the Health and Emergency Taskforce that had been put in place for cholera response. Less than one month into the response, however, the RO changed its response management structure to mimic the more inter-sectoral Task Team structure set up at Headquarters (HQ) to include key regional sections like supply, humanitarian, evaluation, child rights, and others. The Task Team was first convened at the end of March and began meeting three times per week; as the crisis continued, these meetings were made less frequent. RO Regional Director also convened the Regional Emergency Management Team (REMT), in which the highest-level staff member for each country in the region was included. The REMT also began meeting regularly in March; meetings were held in a country roundtable format but, over time shifted to a "deep dives" format in which a specific country presented their response to the group in-depth on its assigned week. COs also established dedicated Task Teams from the inception of the crisis. The Business Continuity Plan Management Team has also been meeting regularly to discuss issues pertaining to stay and deliver policies during the response.

Main Findings

11. RO and key emergency staff clearly articulated UNICEF's response priorities as early as February 2020, before the WHO declaration of a pandemic. Clear messaging from RO and emergency staff at this stage was instrumental in guiding CO preparedness and response planning. The **first phase of the response to COVID-19** was focused on risk communication, infection prevention control, COVID-19 case management, and secondary impact monitoring. After a few weeks, a second response phase was initiated. During the **second phase of the response, the Regional Office (MENARO) has provided a number of robust sectoral guidance packages** for COVID-19 response, including the Jumpstart guidance for continuity of healthcare issued in May 2020 and educational continuity guidance. Most COs found this guidance to be sensible and appropriate to reality on the ground.

12. The COVID-19 response highlighted the **importance of investing in and enhancing disaster preparedness at the CO level.** The COVID-19 response in the various COs was influenced by each individual Country Office's activities, competencies, level of preparedness prior to the pandemic. These factors, combined with national epidemiologic trends, UNICEF's relationship with national government, and CO funding levels, were determinants of each CO's response to the crisis. Countries with pre-existing emergency response programmes, particularly those affected by forced displacement, conflict and epidemics, were able to respond very quickly to the rapidly developing crisis due to their pre-existing programming, staff capacity, and funding resources. In general, countries experienced in emergency response, and with an extended network of partners, were able to respond and to scale up their response more quickly and easily. Just as these countries' strength in emergency response enabled them to respond quickly, the response was also limited by the pre-existing weaknesses in each CO. For example, COs' pre-existing capacity in terms of procurement and RCCE response proved important determinants of the CO's ability to ramp up its response in these areas to the extent the crisis required. Similarly, pre-existing relationships with other UN agencies and international actors were also important determinants of CO response; countries in which COs had strong relationships were able to organize a functional and cross-agency response more swiftly whereas countries in which these relationships were more fraught pre-crisis often found themselves competing with other agencies for resources. In order to better prepare all COs for crises like COVID-19, clearer guidance on streamlined processes for emergency fund reprogramming, emergency response protocols, partnership agreement and pre-existing HR policies for crisis in terms of contracting procedure and payment (especially in countries with high inflation rates) is needed.

13. The response also **increased decision-making agility** in the COs. As the extent of the pandemic has come into focus, COs have iteratively adapted their response. The constantly changing nature of the pandemic required COs to act quickly, constantly re-assess their actions, and to make decisions even when complete information was not available. In one CO, staff described the management approach to COVID-19 as a "no regrets policy," with one manager telling staff that the key to a strong crisis response is "speed over perfection." This approach fomented innovation in COs, as evidenced by rapidly developed responses like the Jordanian volunteer force mobilized to collect prescriptions from vulnerable people, pick up their medications, and deliver them to their houses. While such a novel response might have been complicated to organize in another context, the urgency of the need and reassurance of the leadership enabled the relevant staff and authorities to act quickly and decisively. UNICEF COs' ability to carry out assessments during this first phase of crisis response was varied, and many COs collaborated with other agencies on needs assessments or commissioned policy papers and technical notes. UNICEF needs assessments from the first phase of COVID-19 response are limited and there was therefore limited evidence upon which COs could base their decisions during this initial phase of crisis response. Some countries also have restrictions on evidence generation and information sharing that limited UNICEF's ability to make decisions

based on robust data. COVID-19 was thus an opportunity for UNICEF COs to find more flexible and agile ways of working in order to be more responsive to reality on the ground in the absence of complete data. The crisis highlighted the benefits of being an adaptable and flexible organisation.

14. COVID-19 allowed **UNICEF COs to forge new partnerships and strengthen existing partnerships.** The crisis response has required regular funds reprogramming which, in turn, requires COs to have adequate skills and engagement in partnerships management. Reprogramming has also required implementing partners and donors to be more flexible. The nature of the crisis highlighted the importance of Communication for Development (C4D) and awareness-raising responses as populations had to rapidly learn about the nature and severity of COVID-19; UNICEF's prominence in RCCE and C4D therefore served as a door-opener for UNICEF to collaborate more closely with a wide range of UN agency, government, and local partners. The crisis response also improved existing partnerships and facilitated new partnerships in the education sector, particularly partnerships with the technology sector. UNICEF's robust education response, which included developing new instruments and methods of reaching the most vulnerable children while strengthening cross-sectoral coordination, also boosted CO credibility as a national authority and desirable partner on access to education.

15. One way in which UNICEF COs have strengthened partnerships with Governments is by seconding UNICEF staff to be embedded during key ministries during the response. Due to the urgency of the need for a robust response, COs also established a wide range of partnership with more unconventional partners like the Jordanian restaurant association, Omani technology companies, and the Sudanese diaspora. Relatedly, the crisis has also been an opportunity for COs to strengthen its network of local suppliers and partners because of limits on international travel that limited international suppliers and partners' ability to render services. The increased agility of the COs also facilitated the establishment of these new partnerships by fast-tracking processes and consensus-based decision-making that generally slows the development of these partnerships. UNICEF COs collaborated with other agencies on needs assessments, advocacy campaigns, policy papers, and technical notes. UNICEF's swift response to COVID-19 has raised its visibility and credibility in many countries; the crisis has repositioned UNICEF in the eyes of many governments and UN agencies as a capable partner in emergencies. By and large, the COVID-19 response has strengthened UNICEF's relationship with the World Health Organization (WHO) in the region. The crisis' broad scope also led some COs to engage in new sectors and take on new roles.

16. As the crisis has developed, it has been **challenging for COs to assess the quality** of their response due to constrained response resources and the limited availability of the data and tools necessary to conduct assessments in the current operating environment. Standardized response indicators from HQ and RO have been more focused on quantity than quality, making it difficult to select the most cost-effective response modalities and confidently plan for a next phase of the response given funding uncertainty. COs with large-scale operations were better equipped to continue monitoring activities. Reflection and assessment were particularly challenging in the first phase of the response due to the crisis' rapid development and mobility restrictions, however COs recognize the need to engage more in monitoring, evaluation and evidence-based planning in the next phase of the response.

17. There is widespread **concern about adequately financing the next phase of the response** and COVID-19 recovery due to the economic impact that the pandemic has had globally. Declining oil prices have also severely impacted some of the strongest economies in the region.

18. Throughout the response, **CO staff has shown remarkable dedication and motivation** despite a heavy workload and the impact that the crisis has had on their personal lives.

Risk Communication (RCCE, C4D)

19. Risk Communication and Community Engagement (RCCE) activities initiated at the start of the crisis in all COs despite varying C4D and Communications capacities. UNICEF worked with national governments, most commonly with the Ministry of Health, in coordination with the WHO on RCCE. Generally, the COs led wide-reaching campaigns that have increased awareness of COVID-19 and its risks in the region while continuously adapting messaging based on emerging evidence about COVID-19's transmission, epidemiologic trends, and the needs of the populations. RCCE messaging at the beginning of the response was largely focused on COVID-19 transmission and psychosocial support. As the response effort continued, messaging began to address alternatives to education, health seeking behaviours, and the use of alternative child protection services. COs adapted RCCE messages regularly based on increasingly available information, including rapid Knowledge, Attitudes and Practices surveys and other community surveying tools.

20. The COs leveraged a wide range of media to launch far-reaching RCCE campaigns, and the use of social and mass media allowed UNICEF to reach a high number of people very quickly, which was particularly important at the beginning of the response due to mobility restrictions and the limited access to protective equipment. New partnerships were forged to continue community engagement despite the mobility restrictions, including partnerships with imams and religious authorities to include RCCE messaging in Friday prayer sermons in Sudan, Jordan, and Yemen, partnering with hiking guides to hike into remote areas to deliver messages in Jordan, and mounting audio and visual messaging on cars and even on donkeys. Efforts to reach hard-to-reach portions of the population included partnering with grassroots organizations, like the scouts in Algeria and Tunisia, in order to stay regular contact with these populations. In Algeria, Jordan, Iraq, and Lebanon, COs were particularly focused on delivering messages to people living in crowded settings, including formal and informal refugee and IDP camps. In Tunisia, GAO, Morocco, Lebanon, Oman, and Iran, amongst others, COs began working with influencers early in the crisis in order to further expand the reach of RCCE messaging.

21. As COVID-19 restrictions became more flexible later in the response, UNICEF COs resumed direct community engagement as soon as it was safe to do so because of an awareness that risk messaging without community engagement is not as effective at changing behaviour. Indeed, in Djibouti, Yemen, Tunisia, and Morocco, assessments carried out relatively early in the response highlighted the insufficient impact of media campaigns on behaviour, renewing a sense of urgency for COs to reinitiate community engagement efforts. Many COs collaborated with the private sector in order to run their RCCE communications campaigns and to carry out Knowledge, Attitudes and Practices surveys. In countries where these partnerships with private sector entities predated COVID-19, these activities were designed and carried out quickly. Pre-existing partnerships of this type also allowed many COs to make use of additional resources needed to run large-scale RCCE campaigns such as pro bono advertising and message dissemination opportunities.

Assessment

22. COs mounted a wide-reaching RCCE response very quickly and were able to adapt RCCE messaging based on emerging evidence. These efforts reached a particularly large part of the population in countries where the population regularly uses social media, TV, and radio, such as Tunisia, Morocco, GAO, Iran, Jordan, Egypt, Lebanon, State of Palestine (SoP), Lebanon, Iran, and Sudan. Digital inclusion posed an important challenge to RCCE campaigns early in the response, particularly in light of movement restrictions that made it difficult to reach the most vulnerable. While many COs developed innovative solutions to conduct outreach to illiterate and digitally excluded populations, sustaining community engagement is crucial to reaching the most vulnerable in the next phase of the response.

23. The actual impact of these RCCE campaigns on behaviour change is difficult to measure, and COs have been measuring the success of these campaigns in terms of numbers of people who have seen them (e.g. number of clicks on online messaging) or engaged with them (e.g. number of comments on online messaging). Therefore, the extent to which RCCE efforts have influenced attitude or behaviour change is unclear. Strong cultural norms in the MENA region make accepting mask-wearing and social distancing particularly challenging as both mask-wearing and social distancing are sometimes often viewed as insulting and damaging to important social relations, and survey and interview responses from COs and UNICEF partners in the region suggests that the RCCE effort since the beginning of the response was rapidly scaled up, but the messaging-focused approach has been too light-touch to address these cultural norms and effect real change in population-level attitudes and behaviours. Many CO staff noted that CO management would benefit from developing RCCE strategies that make a clear distinction between the Communications and C4D teams and roles in order to elicit both risk awareness and the corresponding behaviour change. Coordination challenges between the Communications and C4D sections at various COs were highlighted in the CO survey and key informant interviews; staff note that the two sections are often conflated in the eyes of CO leadership.

24. UNICEF's RCCE messaging was particularly important in cases when the population does not have a high level of trust in the information provided by the national government or in the public health system. In these cases, COs reported that UNICEF was able to brand its messaging as independent and non-partisan in a way that increased the population's confidence in information disseminated by UNICEF.

25. A key challenge for the RCCE response has been sustaining engagement with limited staff capacity. For example, in Algeria there is one staff member tasked with RCCE and in Djibouti the CO reports insufficient RCCE partners. Many COs have dealt with their limited staff capacity for RCCE response by relying on implementing and private sector partners to elevate and disseminate RCCE messages.

26. UNICEF's strong RCCE response has served as a door-opener for new partnerships with Government and other international agencies, and in the next phase of the response it will be particularly important for COs to focus on building Government RCCE capacity. Investing in RCCE capacity-building in national governments will make UNICEF's support to RCCE efforts more sustainable in the long-term and will make these efforts more likely to effect long-term change nationally.

27. Generally, the COs have been able to positively influence the reach and the coverage of the campaigns and the scientific content of the messages, even in particularly constrained institutional environments.

Infection Prevention and Control (IPC) -Water Sanitation and Hygiene (WASH)

28. At the beginning of the crisis, UNICEF COs led a mostly facility-based IPC and WASH response focusing on health and quarantine centres because this was the most straightforward type of response to scale up quickly and because visibility at the beginning of the crisis was limited; it only became clear that the crisis response would need to extend beyond primary healthcare facilities once community spread began in countries across the region. Support was provided in quarantine and migrants centres in Djibouti, Yemen, Jordan (in refugee camp quarantine), Sudan, Lebanon (in refugee camps), Syria and in Iran for children living in challenging settings. At this point, roughly one month into the crisis, COs made a concerted effort to transition from a facility-based WASH and IPC response to a community-based one. Many COs supported the adaptation of protocols and

guidance and provided training for all staff, but particularly frontline staff, early in the response on their own or in partnership with the Ministry of Health (Yemen, Syria, Tunisia, Sudan, Egypt, Iran).

29. CO response on IPC, including WASH, can be conceptualized in terms of three country typologies: (1) L3 (emergency) countries already conducting significant IPC and WASH programming pre-COVID-19, (2) countries with some pre-crisis IPC and WASH programming experience, and (3) countries without pre-crisis experience in these sectors. L3 countries and countries in which UNICEF is operating large-scale WASH responses (Yemen, Syria, Sudan) have trained staff and partners, Human resources (HR) technical and strategic capacity, and the on-going programmes and funding in place to rapidly adapt IPC and WASH activities to respond to COVID-19. Meanwhile, COs with some pre-COVID-19 experience in these sectors (Jordan, Egypt, Libya, SoP, Lebanon, Iraq, Tunisia, Djibouti, Iran), also had some pre-crisis activities and staff in place that could be scaled up to provide IPC and WASH response to COVID-19 rather quickly. COs that did not have pre-crisis engagement in IPC and WASH (GAO, Oman, Morocco, Algeria), however, had to develop the partnerships, HR and technical capacity, and funding in order to start operating in these sectors as part of their response effort.

30. In terms of its material response, UNICEF engaged in significant efforts to provide PPE for UNICEF staff, implementing partners, and frontline workers across countries. UNICEF was also a key supporter of national efforts to procure PPE for health workers with whom the COs had not previously worked. UNICEF supported many countries in procuring COVID-19 tests (Algeria, Djibouti, Morocco, Iraq, Sudan, Iran). UNICEF supported large-scale hand washing equipment supply initiatives as early as the first month of the response in urban areas in Djibouti, in camps in Jordan and Sudan, and in Lebanon, Iraq, Egypt. UNICEF also worked with other agencies to carry out a pre-emptive bundling response in which particularly vulnerable populations were targeted with WASH supplies in addition to other necessary materials. For example, in Syria and Sudan, soap was distributed in the first months of the response along with World Food Programme (WFP) food rations and increased quantities of water to vulnerable populations. Similarly, in SoP, UNICEF collaborated with the WFP and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to bundle WASH/IPC and other necessary material supplies distribution.

31. A major aspect of UNICEF's IPC and WASH response was to pre-emptively provide IPC and WASH services and supplies to the most vulnerable populations. UNICEF COs therefore provided hygiene kits and other WASH services and supplies in quarantine centres, migrant centres, and refugee/IDP camps early in the response (March-April) irrespective of demonstrated caseload (Djibouti, Yemen, Jordan, Sudan, Iraq, Lebanon, Syria). Many COs followed a community shielding strategy in which services and supplies were focused on the most vulnerable groups in a community, such as the elderly, chronically sick, and people with disabilities. In many cases, UNICEF COs distributed WASH kits to particularly vulnerable populations beginning two to three months into the response in order to strengthen the existing resources provided to these populations. Some examples of this approach were the provision of WASH kits to rural families in Djibouti, to children without parental care in Morocco, to displaced families in Iraq, and to particularly vulnerable families in SoP in partnership with the World Food Programme (WFP) and United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

32. As Governments began to consider the possibility of reopening schools and early childhood development (ECD) centres, UNICEF also began to provide IPC and WASH guidance, supplies, and services for this purpose as CO capacity and funding levels allowed. UNICEF supported the national authorities on the WASH aspect of school reopening in Egypt, Jordan, SoP, Sudan, Iran and Tunisia through rehabilitation of equipment, provision of new equipment and, in Sudan, through the provision of a WASH COVID-19 supply package consisting of cleaning kits, soap, water storage tanks and chlorine to support school reopening.

33. The UNICEF IPC and WASH response also included innovative initiatives, such as a UNICEF-supported partnership with the University of Karbala in Iraq to support local production of hand sanitizer and disinfectant.

Assessment

34. Overall, the IPC and WASH response was timely and able to adapt to the changing needs as the crisis developed. Reporting on the IPC/WASH supplies and services provision during the first phase of the response was quite general, and leaves open the question of what is considered a "critical WASH supply." It has been difficult for COs to trace supplies that UNICEF has contributed to Government response efforts and to conduct end user monitoring because in many cases COs were providing unconditional bulk supplies to Governments and only had limited ability to monitor and report on these contributions after they were provided to the Government. Even in cases when COs were able to track their supply contributions more easily, COs mostly reported on the WASH and IPC response in general terms (ex. Number of hygiene kits distributed, bars of soap distributed, number of facilities sanitized), thus limiting their ability to measure the appropriateness and quality of the response. In the next phase of the response, more evidence generation and quality-focused indicators are required in order to assure that the IPC/WASH response is of high quality.

35. COs had to overcome various challenges in order to deliver a timely and appropriate response. Firstly, due to the global nature of the crisis, the supply chain for PPE and other essential IPC / WASH items was overburdened; this led to significant delays in the delivery of PPE and other essential items. While COs reported that Governments were understanding of the delays, they also reported that there was not always full transparency about procurement time estimates, which limited CO ability to communicate accurate messages about procurement to national and Government partners, which sometimes negatively impacted the trusting relationship being established between UNICEF and partners.

36. Mobility restrictions early in the crisis limited CO ability to provide continuous IPC / WASH support. While most COs eventually found ways to obtain movement permits or work around movement restrictions, this initial challenge limited services and supplies provided at the beginning of the response. In almost all cases, Government counterparts released limited information to UNICEF during the first months of the response; CO ability to plan an IPC and WASH response based on evidence was therefore limited. This limited access to evidence also made it difficult for COs to prioritize needs and evaluate the impact of different interventions.

37. COs with larger pre-crisis operations and capacities were able to respond to IPC / WASH needs more quickly and extensively. As previously discussed, L3 countries and countries with some experience with IPC / WASH were able to move from a facility-based response to a community-based IPC / WASH response more quickly and seamlessly due to pre-existing HR and technical capacities in these COs. The scale of the IPC / WASH responses was therefore dependent upon other external factors as well, including access to information, ability to procure essential items, funding availability, and implementing partner capacity to operate in a particularly constrained environment.

Continuity of Health Care Services for Women and Children

38. The health sector response to COVID-19 had two phases. The first phase was focused on responding to the primary impact of COVID-19 by supporting COVID-19 case treatment. The second phase focused on addressing the secondary impacts of the crisis, which has dramatically disrupted health care services and health seeking behaviours while also damaging trust in health care systems.

39. During the **first phase** of the health response, COs initiated a massive procurement campaign as soon as the pandemic was declared in order to secure essential protective equipment and respiratory assistance equipment for all countries in the region. During this period, UNICEF COs

positioned themselves to support line ministries' health response plans; in some countries, UNICEF supported the development of these response and continuity plans in coordination with WHO, while in other countries, government (MoH) did not invite COs provide support on the planning process.

40. Rapidly increasing national caseloads and mobility restrictions, combined with the decreasing capacity of the health system due to shifting priorities and further constrained resources, impacted the continuity of health services and the population's access to these services during this period. In some countries, health centres and / or mobile health teams were suspended temporarily (Yemen, Sudan). These challenges to health services continuity were compounded by fear of exposure to COVID-19, which led to decreased demand for primary health services.

41. The crisis' impact on the routine childhood immunization was of particular concern, especially in countries facing regular outbreak of measles and a high risk of polio (Iran, Sudan, Yemen, Syria, Djibouti, Morocco). The economic impact of the crisis, which resulted in reduced budgets and constrained funding, also impacted vaccination campaigns (SoP, Iraq, Libya, Djibouti). Projects supporting cold chains were affected by mobility restrictions but resumed as soon as possible (ex.: Syria) and began to prepare for the COVID-19 immunization effort.

42. Mobility restrictions, lack of PPE at health centres, widespread fear of contamination, stigmatisation of frontline health workers, and non-payment of health worker salaries (during or pre-dating the pandemic) negatively impacted health seeking behaviours and access to health across the region.

43. Due to the extent of health services disruption in the region, UNICEF COs focused on supporting the adaptation and continuity of primary healthcare services (pre and ante natal care, immunisation and nutrition services) during the **second phase** of the response, roughly two months after the pandemic was declared. This was a joint effort of the health, C4D, and WASH sections. The intersectoral effort to support the continuity of health care services has been institutionalized in the "Jump Start" package, which covers four main areas: response protocols for health centres (including training health providers and queuing and social distance protocols), IPC at health centres, advocacy to address the stigma surrounding visits to health centres and build trust in health services during COVID-19, and responses to the economic barriers to accessing health services (expense of transport, etc.) resulting from the pandemic. To support the first two "supply side" aspects of the Jump Start effort, response protocols and IPC for health centres, COs helped develop adapted protocols for health workers and worked on large-scale procurement initiatives to secure protective equipment for health frontline workers. Both RCCE and WASH collaborations have been vital parts of this effort, with WASH providing access to water and sanitation in health facilities and RCCE working to build the population's demand for and trust in health services during COVID-19. To address economic challenges to health services access, some COs provided incentives or transport to frontline workers, while others involved the social protection section to increase the economic accessibility of services. To date, efforts are continuing to support the health and nutrition services to continue and to recover the population's trust in them. The levels are not back to pre-crisis. Some signs of recovery have been observed in immunization trends but not in other essential care practices such as maternal and child health and nutrition.

44. While each CO worked on every aspect of the Jump Start strategy to some extent, the specific focus of each CO's contribution to supporting the continuation of health services was determined by the structure of the national health systems pre-crisis and the CO's pre-crisis health and nutrition programming. Some COs supported the continuity of health and nutrition services by providing essential supplies and products, including vaccines (Djibouti, Yemen, Syria, Sudan, Iran), while others focused on communication to support health-seeking behaviours. In some countries, UNICEF contributed to efforts to map health care centre activities and capabilities (Libya, Egypt,

Jordan, Sudan). UNICEF, as Nutrition Cluster lead, played an important role in the adapting the CMAM protocols in countries where the nutrition clusters are activated (Yemen, Sudan, Syria,) but also in other countries (Egypt).

45. UNICEF also supported innovative service delivery in response to the barriers to health care during the initial phase of the pandemic. For example, in Jordan, volunteers collected prescriptions for vulnerable, homebound people and telemedicine and hotlines were implemented in Egypt and SoP to provide continuity of care.

46. In some countries, the response to the pandemic was used to strengthen the health systems. In Syria for example, COVID-19 prompted the rehabilitation of health centres, while in Tunisia the pandemic response was an opportunity to reinforce cold chain capabilities and WASH in health centres.

Assessment

47. The response in the health sector was timely across the region and focused on quickly ensuring the continuity of health services both phase of the response. Overall, COs tailored their specific response strategy to their comparative advantage.

48. In the **first phase** of the response, UNICEF COs led a timely and appropriate response focused on supporting Governments providing care to COVID-19 patients and protecting the health workers treating them. UNICEF's contribution to PPE provision was significant, despite procurement challenges (see Supply section below) and funding limitations in some countries. COs acknowledge that their focus on supply and equipment provision to support Government efforts to maintain services was necessary at the beginning of the crisis. The focus on supply and procurement in COs early in the crisis response also helped increase the visibility and credibility of national partnerships with UNICEF.

49. During the **second phase** of health services support, during which COs focused more on strengthening the health care systems' ability to function safely despite the pandemic while encouraging the population to feel comfortable seeking services, COs tailored their response to the needs of the health sector in their country in a timely manner. Most COs supported the continuation of health services by developing and disseminating communication materials encouraging health seeking behaviours, providing technical assistance to the MoH, providing direct support to the health systems, supporting systems resilience, and preparing for the COVID-19 immunisation phase .Overall, COs were able to make decisions on support strategies despite limited access to comprehensive information on population needs.

50. The PPE and equipment that UNICEF provided to support the second phase of the response may not have been sufficient to ensure the continuity of services as the response continued in light of the economic crisis and reduced fiscal space. Economic concerns have also impacted Government ability to pay salaries and purchase other essential equipment and supplies, such as sanitation infrastructure and medication, during the pandemic. COs were only able to provide limited support in these areas, which do not fall directly in UNICEF's mandate but are pressing concerns impacting health care services in countries across the region.

51. Monitoring of UNICEF's support for the continuity of healthcare services is now increasing as mobility restrictions are relaxed and data becomes more easily gathered. Newly available data is allowing COs to reflect on early lessons learnt. For example, the simplified nutrition treatment protocol in Yemen and use of PPE delivered to MoH early in the response are currently being monitored (Tunisia, Iran). Continued monitoring efforts are necessary to track the evolution of the situation, population needs, and the pandemic's impact on preventable childhood diseases like measles and polio.

52. UNICEF did its best to reach vulnerable populations, however in key informant interviews it became clear that it was not always possible to reach specific vulnerable groups due to institutional constraints. UNICEF was also a key partner in reaching elderly populations and those with long-term, non-communicable illness, which represented an expansion of its target groups. In the cases that UNICEF supported health services for this population (ex. Jordan), this service expansion was at the request of the Government or other partners.

Education Services for Children and Adolescents

53. Across the region, the COs provided support to the ministries of education (MoEs) to ensure the continuity of education services. The support was tailored to each country's education system structures, existing partnerships, and each CO's pre-crisis engagement in this sector. UNICEF COs contributed to the development of response plans and educational materials. COs also provided IT equipment and paper-based materials to reach the most vulnerable children.

54. While UNICEF recognizes the importance of learning, the rapidly evolving evidence on risk of COVID-19 transmission in a school setting was often not sufficient for UNICEF COs to make an evidence-based decision on the organization's guidance to Ministries of Education on school reopening. UNICEF COs have been constantly weighing the potential risk of contamination in schools against the proven role that school facilities play in the prevention of violence against children (VAC), social and economic inclusion, and gender equity as they consider how to proceed in the education sector. COs have also had to consider the guidance of other UN agencies and international bodies, including the WHO, as they decide how to provide input into national school reopening decisions.

55. In contexts where UNICEF COs were not involved directly in the provision of education services, Governments depended upon UNICEF for guidance on and materials for distance learning and school reopening. UNICEF also served as a convener of education stakeholders in some countries.

56. In March and April, COs began to support governments in setting up distance learning as schools remained closed (Algeria, Djibouti, Morocco, Iraq, Yemen) and in the development of blended learning[2] curriculum and platform design (Iraq, Jordan, Libya, Lebanon). COs also complemented their development and dissemination of distance learning materials by designing and, in some cases, conducting teacher trainings.

57. The continuity of education for vulnerable children was of particular concern for UNICEF COs. UNICEF provided IT equipment for the most vulnerable children in a variety of settings; for example, UNICEF provided equipment for children in Algerian refugee camps, for children with disabilities in Morocco, and for children with disabilities and vulnerable rural children and adolescents in Tunisia. In response to limited access to online materials, UNICEF also provided educational materials via other modalities. UNICEF COs supported the development of TV programmes in countries with a large access to mass media and provided paper-based kits to support inclusion in Djibouti and Syria as early as April. UNICEF developed solutions to limit drop-out and facilitate catch-up in many countries. In Algeria, the CO supported the Education Management Information System, while in Qatar UNICEF collaborated on a learning platform for digitally isolated children. In Syria, UNICEF worked on an accelerated learning programme.

58. Towards the second quarter of 2020, quite early in the response, a few UNICEF COs provided support to high school exams (Algeria, Egypt, Sudan, SoP, Yemen, Syria) by providing PPE and sanitization equipment as well as transport, accommodation, and child protection referrals when

[2] Blended learning refers to a mixture of in-person and remote (online) learning modalities.

necessary. Discussions about reopening schools began in April in many countries in the region, and the COs supported 'Back to Learning' initiatives by developing guidelines and protocols, supplying WASH supplies and equipment, and launching communication campaigns in most countries in the region. In some countries, important pre-crisis WASH gaps were identified, and support provided. The WASH response for schools capitalised on long-standing partnerships with line ministries in countries with limited WASH in schools and accelerated UNICEF partnerships with MoH and MoE in Tunisia, Morocco, Syria, Jordan, Sudan, and other countries in the region.

59. In Syria, where no option for distance learning was identified, schools reopened early, and UNICEF provided support for their safe reopening by providing guidance, equipment, and vouchers for school children to access hygiene products. In Syria and Yemen, distance learning was difficult to set up, thus limiting the continuity of education services.

60. Positioning UNICEF in the back-to-school processes was very challenging due to the need to maintain an appropriate balance between the child safety from disease contamination, increased protection risks for children during confinement, and the risks of drop out and lost opportunities that children would forfeit by not being able to continue their education and take certified examinations. UNICEF supported the MoE in most countries in the region by contributing to the MoE risk assessment activities and by preparing a safe and clean school environment in advance of children returning to school facilities.

61. UNICEF also used secondment to MoE (SoP) as a strategy to facilitate coordination with the MoE and to support MoE monitoring of the access to online learning.

Assessment

62. Supporting the continuity of education services was challenging, and the crisis highlighted the pre-crisis weaknesses and inequalities pervasive in the region's education systems. UNICEF demonstrated its responsiveness and agility by supporting MoE efforts to navigate novel challenges and propose innovative solutions.

63. UNICEF was particularly timely in supporting Ministries of Education to develop distance learning materials, providing physical support to improve access to distant learning materials for the most vulnerable children, and supporting back-to-learning campaigns.

64. UNICEF COs depended upon the decisions of national institutions when deciding how to support educational continuity, with examples of this approach being exam administration and to back-to-learning initiatives. Requests for guidance, training, and equipment support were often made with very short notice, but the anticipation and preparedness of the COs allowed UNICEF to respond quickly to these requests. Some COs, such as Djibouti, had limited ability to respond to requests to strengthen educational infrastructure that had been weak since before the pandemic because of financial considerations in the CO.

65. UNICEF COs worked to develop the most appropriate materials to support education continuity during school closures for various groups of children and adolescents. The COs also developed materials for educators to build their capacity to deliver instruction online, address the needs of students who have been out of school for extended periods, and support the psychosocial needs of teachers and students. This effort to roll out distance learning materials was particularly challenging environment because most COs had limited infrastructure for, experience with and evidence on distance learning. UNICEF developed a wide range of tools tailored to a diversity of needs, including online tools as well as TV and radio programmes. UNICEF COs also attempted to address the lack of digital inclusivity and create materials for digitally excluded populations, however there is still a need to expand the reach of these distance learning options to the most vulnerable children

66. UNICEF COs had a multi-sectoral response to the education aspect of the COVID-19 response. COs involved RCCE, child protection, and WASH colleagues in efforts to increase access to and uptake of distance learning materials, services, and the back-to-school campaigns. UNICEF support with exam administration was combined with protection services as some children had to be lodged outside of their home and communities. Psychosocial support services were dedicated largely to supporting parents and children so that children could continue learning despite school closures.

67. As monitoring efforts are ramping up in the current phase of crisis response, evidence is being generated on access to distance learning. While it was already known that distance learning was not an appropriate alternative in Syria and Yemen, the joint WB/UNICEF assessment conducted in Morocco in April also showed limitations in this less constrained environment (50 per cent of the children did not follow the remote learning available to them and 20 per cent did not have access to remote learning). Similarly, in Iran the Government's official data shows that 40 per cent pf the children do not have access to online education.

68. The scale of the response was limited by the funding available and challenges procuring PPE and sanitization materials.

Child Protection and GBV Services

69. Mobility restrictions, the crisis' impact on normal social and other activities, increased confinement, and the economic impacts of the crisis exacerbated the risk of violence against children and women. These factors also exacerbated protection risks for other at-risk groups. The crisis decreased the availability of existing services as well as individuals' access to them, thus highlighting gaps in prevention, case management, and protection activities intended to prevent violence against children (VAC) and SGBV.

70. UNICEF COs led a child protection response that had two main elements–advocating for the release of child detainees and adapting ongoing child protection programming so that it could continue during the pandemic. In terms of the first element, all COs advocated for the release of children in detention COs conducted high-level advocacy with national ministries of justice and internal affairs, highlighting that child detention posed a disease contamination risk to the children in question. In terms of adapting existing child protection programming to the context of the pandemic, COs pursued a variety of strategies. When faced with school closures and restrictions on face-to-face service provision and outreach, COs began considering alternative means of continuing to support at-risk children. These COs adapted their responses based on pre-existing partnerships and capacities. In Algeria, Tunisia, Egypt, Sudan, and SoP, for example, COs expanded existing hotlines as well as social and mass media campaigns focused on positive parenting practices. In GAO, UNICEF continued its advocacy efforts and provided guidance to government institutions to adapt, continue and expand services. UNICEF also supported media campaigns to raise awareness on child protection issues and services. In Morocco, UNICEF initiated a partnership with the Mohamed V University to provide remote psychosocial support, which used RCCE messaging and a group of frontline workers who were able to communicate with one another via a WhatsApp community. In Oman, positive parenting messaging was integrated into pre-existing RCCE efforts. In Syria, Jordan, and Egypt, UNICEF provided training on remote case management, including mental health and psychosocial support. In Iran, UNICEF set up a mental health and psychosocial support task force. In June, the Djibouti CO, despite limited human resources, supported the launch of a hotline with the Government through a partnership with Lutheran World Federation.

71. COs often integrated child protection topics into other ongoing initiatives, particularly RCCE and C4D initiatives, due to difficulty reaching children during the pandemic and concerns about frontline worker safety. Integrating child protection messages into existing RCCE and C4D activities

was a way to promote hotlines and remote services, but also served as a new way to communicate with the most vulnerable children. In Algeria and GAO, COs incorporated child protection messaging into ongoing back-to-learning campaigns.

72. In some COs that had limited access to PPE and other essential supplies at the beginning of the crisis, the IPC, Health and child protection teams worked jointly to identify the most acute needs. The eventual lifting of mobility restrictions and procurement of protective equipment allowed some direct engagement activities, such as mental health and psychosocial support for children in camps and/or without connectivity, to resume.

73. Considering the specific risks facing the most vulnerable children, UNICEF COs organised supplies and services for different groups of particularly vulnerable children depending on the CO's particular context. In Djibouti, for example, UNICEF began providing support to migrant children in March, support to street children in May, and support to children in alternative care in June. In Iran, through dialogue with the Government, UNICEF gained access to street children, children without caregivers, juvenile centres and detained children while also strengthening its advocacy and support for children living with disabilities. In Morocco, UNICEF provided support to children on the move, street children and children in emergency centres. In Jordan, UNICEF focused its support to children in camps and in informal tented settlements, while in Egypt, the focus was on rural children. In Libya, the CO had a particular focus on children on the move, while in Syria the CO made a special effort to reach children in residential care centres. In Sudan, CO advocacy has resulted in more than 10,000 children were released from Quranic schools (khalwas) across the countries and reunited with their families due to COVID-19 infection concerns in the schools; the CO has also provided psychosocial support to children living and working on the streets during the pandemic.

74. While the prevention of SGBV is the mandate of UNFPA, UNICEF COs have been involved in addressing specific SGBV needs in conjunction with child protection activities. Examples of COs addressing SGBV as part of child protection activities during the crisis response include work with migrant women (Djibouti), development and support of child protection helplines (Tunisia, Iran, Qatar, Oman, Jordan), support to children on the move and their families (Morocco and Libya), and work on GBV prevention in Syria.

Assessment

75. The first element of the child protection response in the region, advocacy for the release of children in detention, was both timely and appropriate to the situation. COVID-19 presented a major opportunity for COs to advocate for releasing detained children because it presented COs with a compelling argument for these children to be released; in many cases, COs had been advocating for releasing children from detention prior to COVID-19, but the pandemic gave Governments the motivation to respond to these advocacy efforts. The release of child detainees in many countries was a major achievement for COs across the region. While it is not clear whether countries that released children from detention will continue to refrain detaining children during the pandemic and beyond, the release of many children detained at the beginning of the pandemic has given many children their freedom.

76. In terms of the second element of the child protection response, the adaption of child protection programming to the COVID-19 context, COs with robust child protection interventions, partnerships, and dedicated staff prior to the crisis were able to respond quickly to emerging needs and propose alternative solutions more quickly than those with limited child protection activities pre-COVID. COs that had robust child protection interventions pre-COVID-19 were able to adapt more easily to the situation despite child protection traditionally being a sector that requires direct, individualized interactions. Countries that had extensive local child protection networks pre-crisis were also able to adapt earlier to remote child protection management. In some countries, COs were

able to forge new partnerships with governmental and non-governmental organisations, gain increased access to high-risk children, and implement new interventions contributing to child protection.

77. Many COs were able to identify the needs of particularly vulnerable rights holders, including those UNICEF did not target pre-crisis, and to develop a response. These responses were highly constrained by the institutional environment and mobility restrictions that limited engagement with these groups. Some frontline workers and resources normally dedicated to child protection were also diverted to the primary health care response effort, thus reducing the response capacity of CO child protection sections.

78. While UNICEF engaged in developing specific guidance and training to conduct activities remotely, the target groups and individuals often do not have an easy access to remote communication tools and were likely reticent to share private information remotely. UNICEF COs adapted their mode of intervention as mobility and contact restrictions required; COs resumed more direct engagement as soon as possible and sometimes with the support of new partnerships.

Social Policy and Social Protection

79. The crisis exacerbated the social and economic vulnerability of many groups, such as informal workers, migrants, and people living with disability, highlighting the inadequacy of existing social protection measures in the region as well as the nutritional vulnerability of children in LMICs. UNICEF COs collaborated with other agencies and organizations to generate evidence on these gaps in social protection in order to strengthen its advocacy for increased social protection measures in countries across the region. COs also took COVID-19 as an opportunity to initiate social protection interventions or to support Governments as they scaled up pre-existing social protection schemes

80. All COs used the crisis as an opportunity to ramp up their advocacy to Governments in support of expanding social protection programmes; COs did this by highlighting the enduring economic hardship that the crisis has caused and citing this hardship as evidence of the urgent need for increased social protection responses . The crisis was an opportunity to access resources and finalise partnerships around new schemes and projects prepared pre-crisis. UNICEF successfully advocated for the expansion of government-led cash assistance and social protection schemes to support groups particularly affected by the crisis in Algeria, Djibouti, Tunisia, Morocco Iran, Egypt, Jordan, Sudan and Iraq. Technical assistance was provided to the government on COVID-19-sensitive delivery mechanisms, such as digitized registration and payments, in Jordan, Iraq and Egypt, amongst others.

81. UNICEF provided direct support to Governments to adapt their policies and legislation to address increasing socio-economic needs in Jordan and in Oman, including an assessment of the social protection system. In Lebanon, the CO was instrumental in developing the Development National Social Protection Response Strategy, which was approved by the prime minister and Inter-ministerial committee in June. In Tunisia and Morocco, UNICEF generated evidence on the potential impacts of COVID-19 on monetary child poverty that guided national social protection responses with a focus on children. In Sudan, technical support was provided to the Government to develop a COVID-19 Social Protection Response Plan aimed at supporting informal sector families during a three-month lockdown.

82. The crisis provided an opportunity for UNICEF to advocate specifically for child-sensitive social protection schemes by building on the pre-crisis foundations in this area. In Lebanon and Iran, COs launched conditional cash transfers for vulnerable children, while in Tunisia, UNICEF secured funding to support the initial roll-out of a Universal Child Grant. In Sudan, UNICEF successfully advocated and secured funding for a new, Government-led cash transfer programme targeting

nutritionally vulnerable groups, particularly pregnant women and children under two years of age. UNICEF also engaged in resource mobilisation and reprogramming to expand UNICEF-supported cash and in-kind assistance to new target groups and increase the amount of cash assistance provided in Yemen, Sudan, Syria and Jordan. UNICEF supported a cash for work scheme for young people through IPC in Djibouti as well as a voucher scheme for hygiene products for school children in Syria. These efforts focused on creating synergies among interventions and were largely opportunistic based on CO positioning on social protection pre-crisis. While COs were able to move quite quickly because of ample evidence on social protection and significant technical expertise, t, sustaining these interventions will challenging given the shrinking fiscal space and resource availability in all countries; COs therefore will need to engage with Governments on more systems-based approaches, with a particular focus on social protection financing, to maintain and leverage the gains of their initial social protection response.

83. UNICEF COs played an important role as a convener of stakeholders on shock-responsive social protection. For example, in Iran, the CO is leading the UN social protection pillar and supporting the increasing responsiveness of the social protection programmes. In Libya, UNICEF was a key convener of UN Agencies (UNDP, WFP and UNHCR) and the World Bank as these organizations worked to formalize a coordinated approach to support a national shock-responsive social protection system. UNICEF also engaged with the World Bank and IMF to develop new partnerships in Jordan, Egypt, Iraq, Lebanon during the response. There was variability in the timeliness of this aspect of the response across COs.

Assessment

84. COVID-19 highlighted the vulnerabilities of particular groups as well as the inadequacy of the social protection support they were receiving, which presented an opportunity for UNICEF to advocate for and initiate expanded social protection initiatives in the region. UNICEF COs were timely in seizing this opportunity. Many Governments found the proposed SP measures and programming expansions to be appropriate but were constrained by the challenge of financing social protection schemes.

85. UNICEF's efforts to contribute in expanding social protection were timely in countries across the region despite some COs not having enough human resources dedicated to this effort. The COs demonstrated their capacity to adapt and to seize the opportunities provided by the crisis in this sector. Their advocacy efforts benefited from the ample availability of pre-crisis evidence generation including poverty analyses, systems-level analyses, PF4C research, fiscal analyses, and micro-simulation. Pre-COVID-19 humanitarian cash transfer programming in the region also gave COs readily available examples to use in advocacy to Governments. COs were able to mobilise financial resources to launch for child sensitive schemes. COs were particularly adept at understanding the magnitude and severity of pandemic's impact on the socio-economic situation and working to expand support to new groups in need accordingly.

86. The overall social protection response also benefited from pre-crisis efforts to develop shock responsive social protection systems and strengthen existing systems; these pre-crisis efforts allowed governments to scale-up emergency cash responses rapidly, even if temporarily. Additional effort is required to make the overall systems more shock-responsive and able to nimbly to respond to crises like COVID-19.

87. In the MENA region, the social protection sector plays an important role in COVID-19 response and many organisations have positioned themselves in this sector, creating an additional need for coordination and collaboration. The crisis is also impacting national fiscal spaces for social protection as well as its external financing, creating new constraints and competition. While most

Governments in the region recognize the benefits of social protection schemes, most also struggle to identify sustainable ways to finance such schemes.

Gender

88. The MENARO Iterative Action Review one on gender integration into the Covid-19 response conducted July 2020 noted that the integration of gender into SitRep reporting increased over time from Sitrep 1 to Sitrep 7. Gender disaggregation was not considered at the beginning of the crisis response, except in sectors and programmes for which disaggregated data and information were already collected and available pre-crisis. Gender disaggregation was enhanced with the introduction of key essential indicators in June and the RO reminders and discussions about the importance of gender-disaggregated data.

89. RCCE, Health and Nutrition, and Social Protection have more often collected and analysed gender disaggregated data than other sectors. The Regional Emergency Management Team, comprised of country representatives and selected RO management, do not mention discussions on gender-specific issues, however RO Task Team meeting notes reflect that gender has been specifically discussed during Task Team meetings.

90. Approximately 70 per cent of the documents (reports and guidelines) related to the COVID-19 crisis response that were analysed during the iterative action review included some gender-considerations. Analysis against the budget target of minimum 15 per cent of funding to have a gender tag showed that of the overall COVID response 15 per cent of the MENA funds utilised had a gender tag, with the majority spent on social protection. The country with the highest gender-tagged funds utilization in the response has been Yemen (78 per cent). Djibouti and Syria are close to 15 per cent, but the rest of the countries are far below. There seems to be a discrepancy between gender initiatives reported and gender budgeting. While Iran, Jordan and Libya report on gender initiatives, the budget analysis shows no allocation of gender budget. On the other hand, Algeria, GAO and Tunisia mention in their reporting documents that there is an allocation for gender budget although they do not report on any gender initiatives.

91. Very few of the deep dive exercises pay specific attention to gender-related issues or analyse the situation with a gender perspective.

Assessment

92. Gender disaggregation was considered relatively late in the response and depended on the development and communication of indicators that were gender sensitive. Gender visibility increased over time, however it is still limited, as demonstrated by the lack of specific considerations and analysis in the deep dives and in the regional management team.

93. Considering that the crisis has exacerbated existing gender inequality, the late and uneven consideration of gender in the response should be more comprehensively addressed. Gender related risks and vulnerabilities are not considered as cross cutting issues in all the sectors and programmes of the response; however, this assessment is not able to identify whether this has impacted the appropriateness of the response to gender-specific needs.

Implementation

Supply and procurement /PPE

94. When the crisis began, COs were immediately asked to support countries with health and nutrition products, medicines, vaccines, diagnostic tests, PPE, and medical equipment (e.g. oxygen concentrators). The Supply Division was able to provide weekly updates, however there were severe limitations to airfreight and very high airfreight rates to countries in the region that lie outside major trade routes (e.g. African countries). There were also significant challenges in supply-producing

countries, all of which were also impacted by the pandemic. In this environment, there was limited availability of critical items to the COVID-19 response such as PPE and hand sanitizer, in addition to increasing demand and export restrictions.

95. Planning was constrained by the lack of evidence required for needs forecasting as well as information on other organisations' capacities and responses. During the initial response period COs were managing panic while rapidly preparing for a sharp increase in cases and contamination by launching massive, lifesaving, PPE procurement effort. An additional challenge to CO planning processes during the first few months of the response was receiving multiple, and occasionally competing, support requests from Ministries of Health.

96. Some COs were able to provide PPE to health workers very early in the response (e.g. Algeria), whereas others experienced significant delays in PPE provision (e.g. Morocco, Yemen). In some cases, equipment delays were so pronounced that Governments cancelled their orders via UNICEF and procured the necessary equipment independently (e.g. Oman). Delays in providing support to MoH might have resulted in some loss of credibility.

97. In April, in response to the early procurement issues, the Supply Division advised COs to proceed with local procurement for essential products whenever COs had the necessary support from the WHO and access to government facilities to test the quality of goods. Several COs engaged in local PPE procurement (Algeria in May, Egypt, Lebanon, Yemen amidst quality and price challenges), and while GAO, Egypt, and Lebanon also provided PPE to other countries in the region. In Sudan, UNICEF partnered with the Sudanese diaspora to airlift PPE and oxygen cylinders, with UNICEF covering the freight cost and the diaspora procuring the supplies.

Assessment:

98. Overall, COs appreciated the Supply Division's hard work to secure supplies in a uniquely challenging situation, but requested clearer, honest communication about supply challenges, priorities, and timelines that would allow COs to plan their response and communicate with partners more effectively. The supply response was timely in the sense that orders were put in quite early in the pandemic, however procurement was significantly delayed due to the aforementioned factors. Staff noted that gaining visibility on the scale and type of need was challenging during the beginning of the response due to limited information available, and COs therefore did their best to forecast national needs despite limited evidence. A full understanding of UNICEF's contribution to supply at the national level is still limited because many Governments in the region receive supplies from multiple sources, are sourcing locally, or have developed their own procurement protocols that limit UNICEF's ability to measure its contributions in terms of the overall national supply and procurement strategy.

99. While staff recognized the unique difficulties that UNICEF's Supply Division faced during the beginning of the COVID-19 response because of inflation, sanctions, transport restrictions, and competition for limited supplies, COs also felt that there had been a lack of transparency on allocation decisions and prioritisation at the beginning of the response. Despite the high level of collaboration and support at the global and regional levels, many COs still expressed confusion about supply processes during regional meetings, as evidenced by notes from REMT meetings (e.g. Sudan's efforts to procure vaccines). In addition, COs expressed concern that priority for funding and equipment was given to countries reporting high caseloads or mortality rates because some countries were not accurately reporting these statistics.

100. Staff expressed mixed perceptions of the simplified contracting procedures activated during the COVID-19 response.

HR/Staff Well-Being

101. By virtue of global travel restrictions, some international staff were stranded outside or inside their duty station while other international staff had to start a new position without ever meeting in-country team members or partners. Mobility restrictions for international staff often left national staff on the frontlines, where they also had to undertake new responsibilities in order to carry out the crisis response. In some cases, national staff had to stay in the field for extended periods due to the rapid imposition of mobility restrictions (e.g. Algeria/Tindouf) or had to relocate to the field in order to ensure continuity of services (e.g. national staff relocating to Jordan refugee camps for extended periods).

102. Management in many COs tried to encourage local staff in these situations to make use of extra leave days made available to them, however frontline workers noted that they did not feel able to make use of these extra leave days because there was not sufficient staff capacity for others to fulfil their roles and ensure continuity of services in the field in their absence.

103. Staff reported that the experience of working remotely with government partners depended upon the national political context; in some countries, working online with Government partners facilitated more efficient working relationships (e.g. partners attending meetings on time), while in other countries Government contacts refused to collaborate via the Internet or limited information sharing with UNICEF staff working remotely because of a lack of trust in sharing information online.

104. COVID-19 necessitated a shift to working from home, which posed challenges for staff members who have poor Internet connectivity and limited electricity in their homes (especially in the Yemen, Libya, Sudan, and Syria COs). Management provided essential staff with extra assets to maintain their connectivity, but there were not sufficient resources for all staff. Many COs gave staff the option to work from home or telework outside if their duty station to give staff the opportunity to return to their home country, and many procedures and work modalities were made more flexible; many staff appreciated this offer.

Assessment

105. The response to staff well-being was timely in the sense that a shift to remote working modalities was rapid, however not all COs were well-positioned to respond to the challenges that remote work and movement restrictions posed for all staff.

106. The General Staff Survey conducted in June-July 2020 in all countries highlighted the crisis' significant impact on staff workload and work-life balance. The exercise also noted that the crisis exacerbated pre-existing HR and management issues. COVID-19 exacerbated both strengths and weaknesses in UNICEF's HR and staff well-being procedures. Staff who entered the crisis highly motivated mostly stayed this way despite having an exceptionally high workload for extended periods, however the crisis also highlighted cases of underperformance.

107. Staff reported in key informant interviews and surveys that the sheer number of meetings held, particularly at the beginning of the response, decreased the amount of work they were able to accomplish during working hours. Staff also noted that COs, and particular sections, could have benefited from more structured regional sharing sessions initiated by RO on region-specific topics not covered by the COVID-19 response pillars (e.g. there was never a 3RP meeting to discuss managing COVID-19 in refugee camps/active conflict, so the Jordan camps staff is conducting its own sharing exercise with Bangladesh staff).

108. COs tried to comfort staff and provide support, however COs with limited or no previous experience in emergency response often struggled to predict staff needs. There is a need for COs to strategize more about how to deal with staff fatigue and prolonged stress, develop protocols on leave rights accumulation, and communicate clearly to staff about their salaries in countries where

inflation causes significant staff anxiety about payment. In particular, staff expressed in key informant interviews, the general service staff, and the survey that transparency and clear communication regarding safety precautions and infections in the UNICEF offices is vital to staff wellbeing.

Reporting

109. Many COs reported difficulties obtaining data and evidence needed to plan their response efforts and evaluate impact. These difficulties were due to workload, Government reticence to provide data or research permissions, and the limitations on travel to the field to conduct research. At the beginning of the response, COs had to rely heavily on limited qualitative evidence because of these constraints on conducting detailed needs assessments. Once COs had the capacity to develop and conduct needs assessments, there were limited attempt to harmonize data collection efforts with other UN agencies and therefore data collection efforts were often redundant.

Assessment:

110. The assessment found that COs were struggling to respond to multiple, often redundant reporting lines and requests, which added to an already high workload. While many found that this improved over the course of the response (e.g. SitRep was redundant, so its frequency decreased from twice per week to biweekly to a final switch to a monthly SitRep in July 2020), there is still a need for a more coordinated and consistent approach to reporting between HQ and RO and across sectors. High-income COs reported that many COVID-19 response indicators were not applicable to their advocacy-focused response strategy and therefore limited their ability to communicate their activities and achievements to a wider audience.

111. Once again, L3 countries and countries with prior emergency response experience were able to adapt to the new reporting requirements more easily because of their existing technical capacity, already developed remote data collection tools, and their familiarity with humanitarian reporting standards. Countries without prior emergency response experience had to invest more time and effort into reporting because these tools and capacities were not in place prior to the crisis.

Opportunities

112. UNICEF can leverage the COVID-19 response an **opportunity to build response capacity in government partners**. As noted during the April 2020 regional Task Team meeting, UNICEF began the response effort in "service provision mode" in countries where pre-existing government response mechanisms were weak, such as Syria, Libya, Yemen, and State of Palestine (SoP).In these cases, UNICEF will not be able to step in as a service provider in the long-term, and a strategic approach to supporting Government capacity-building so that Government can take over some service provision post-COVID-19 is a priority for these COs in the next phase of the response.

113. COVID-19 has been an opportunity for UNICEF to advocate for better services for vulnerable populations and has **increased many governments' awareness of and political will to use social protection approaches** to combat the secondary impacts of COVID-19. UNICEF COs have positioned themselves to be an integral part of that policy discussion by issuing position papers, providing technical support to existing social protection schemes, and participating in ongoing discussions between governments and the International Monetary Fund and World Bank. COVID-19 is an opportunity for UNICEF to advance the social protection agenda in the MENA region. The crisis exacerbated specific socio-economic vulnerabilities: informal workers, migrants in GAO, which might transform social protection durably.

114. COVID-19 precipitated an **increased use of remote communications and casework**, which in turn allowed UNICEF to attain **greater reach** in some cases. In the education sector in particular, the COVID-19 response is providing new foundations for UNICEF to work on inclusive education,

reach the most vulnerable children, and develop new expertise (ex. blended learning). In order to maintain this momentum, UNICEF will need to find ways to sustain these dialogues with new partners during the next phase of the response.

115. The crisis has been an opportunity to **strengthen the partnership with WHO and with ministries of Health in many countries.** The ability to provide concrete support and equipment from the inception of the crisis has raised the visibility and credibility of UNICEF. The continuing support on national cold chain and logistics capacities is an important way in which UNICEF is boosting and maintaining its credibility as a vaccine provider in preparation for the COVID-19 vaccination phase. The important efforts made to support the continuity of the health services and increase demand of PHC have to be sustained over the next 6 months to achieve sufficient level of immunisation and treatment to prevent increased morbidity and mortality non-Covid related.

116. The crisis also **accelerated some processes benefiting child protection** and allowed UNICEF to access particularly at-risk groups through reinforced partnerships and enhanced credibility. UNICEF will have the opportunity to continue adapting to the increasing needs for child protection in the next phase of the response due to the continuing crisis and the steady increase in social and economic tensions, which have resulted in higher rates of child labour, school dropout, child marriages, and intrahousehold violence. The crisis also highlighted the specific needs of the children on the move and migrant children, affected by the mobility restriction and economic crisis, and provided reinforced evidence on the needs of children with disability, children with restricted freedom and children in alternative care. The new partnerships and solutions that UNICEF developed during the first phase of the response will be crucial to sustain progress on child protection despite resource limitations. However, the crisis has also demonstrated the limitations of the alternatives to direct case management and outreach for child protection. Direct, individual and private engagement are important parts of UNICEF's child protection work that are not easily replaced with virtual engagement. Child protection sections may be able to employ some of the practices that Health and WASH sections have employed allow frontline workers to resume their lifesaving work.

117. The COVID-19 response has also been an **opportunity for increased intersectoral coordination** at both the RO and CO levels. For example, in the education sector, the crisis led to increased cross-sectoral collaboration as education services were increasingly seen as part of child protection and early childhood development (Oman, Lebanon, Sudan, Iraq), and there was an increasing recognition of the importance of a strong WASH/IPC and social protection in order to facilitate school reopening.

118. COVID-19 also ushered in a **renewed focused on WASH's implications for child wellbeing and** has therefore allowed UNICEF to build stronger relationships with WASH stakeholders and Government partners who will be **important partners in future efforts to address climate change.**

Annex: MENA Real Time Assessment – Country Case Studies

Egypt

1. Egypt reported its first COVID-19 case on 14 February 2020 and cases steadily increased throughout the spring, especially when containment measures eased during Ramadan. By July 2020, Egypt had one of the highest COVID-19 fatality rates in the region (~5 per cent) and many healthcare workers had fallen ill. The Government has maintained some COVID-19 restrictions, however most economic, business, and educational activities have resumed gradually since June, with schools opening in October. Regardless, the pandemic has intensified challenges present prior to the crisis, including economic imbalances and child poverty.

2. The CO response to the crisis in most sectors has been along the lines previously described in this report. UNICEF's response in Egypt was coordinated via the Resident Coordinator's Office and the World Health Organization, with participation from other UN agencies. The CO was particularly deft at using the COVID-19 response as an opportunity to strengthen its existing relationships, accelerate existing social protection efforts, and enact new evidence generation initiatives.

A One UN Response

3. The Resident Coordinator's Office (RCO) led the joint UN agency response in Egypt. While the joint UN response initially slowed decision-making because of the time required to reach a consensus amongst agencies, this mode of operating ultimately strengthened UNICEF's relationship with other UN agencies. The RCO brought together the UN agencies to draft and propose two separate response plans to the Government during the first two months of the response: the Country Preparedness and Response Plan (CPRP) for initial medical response and the Socio-Economic Response Plan. UNICEF co-chaired the RCCE pillar of the CPRP with the WHO and was a member of all partnership platforms proposed in the CPRP and the Socio-Economic Response Plan. These plans were later extended and expanded in a second CPRP focused on the pandemic's secondary impacts (CPRPII) and maintaining the continuity of essential health services. There is a need for the CO, in its capacity as RCCE co-chair, to further foster participation from other UN agencies and increase NGO sector participation in RCCE during coming phases of the joint response.

Highlighting the Value of Existing Partnerships with Government

4. UNICEF's extensive reach on digital platforms (roughly 64 million people with both Facebook and Instagram designating it as a trustworthy source of COVID-19 information) and large youth volunteer network served as a door-opener for deeper engagement with key Government actors. The CO's external communications team worked diligently at the outset of the pandemic to strategically position UNICEF as the UN specialist in RCCE in Egypt.

5. The CO's engagement with the Ministry of Health and Population (MoHP) and the World Health Organization (WHO) during the response is a particularly illustrative example of how this positioning led RCCE to serve as a door-opener. The MoHP and WHO had a strong relationship before the pandemic built on prior engagements and geographic proximity (they share a building), so the MoHP naturally relied primarily on the WHO's support during the first days of the response. The WHO and MoHP brought UNICEF into this partnership early in the response because, due to the CO's strategic positioning effort, they quickly realized the CO's comparative advantage in RCCE. The CO's comparative advantage in RCCE thus strengthened its existing partnership with the MoHP and WHO.

6. The CO leveraged its position as a key partner to the MoHP on RCCE to broaden the scope of support UNICEF provides to MoHP, particularly in terms of training. UNICEF and MoHP established a system for online meetings, trainings, and follow ups, with UNICEF organizing 86

online sessions for almost 5,2000 health staff by November 2020. UNICEF familiarized MoHP personnel with online training platforms and has helped MoHP develop remote trainings for health workers during the pandemic. These trainings covered topics such as: infection prevention and control, integrated management of childhood illnesses, organization of immunization during COVID-19, and service provision to children with disabilities and the poor. The online sessions were instrumental in reorganizing primary health services during the peak of the outbreak, and CO staff have attended every training, either in-person or virtually, which further increased MoHP's trust and respect for the CO's technical expertise. By October 2020, UNICEF had provided 55 per cent of all UN activities contributions to the medical response in Egypt.

Scaling Up Social Protection

7. Four million people are estimated to have entered poverty as a result of the COVID-19 crisis, resulting in an increased Government interest in ramping up social protection measures. The CO was immediately identified as a key player in the Government's effort to ramp up social protection measures during COVID-19 because of its close pre-pandemic engagement with the Ministry of Social Solidarity (MoSS)'s Takaful and Karama cash transfer programme.

8. Prior to the pandemic, UNICEF already had a strong relationship with the MoSS and had a staff member embedded at MoSS working as the Takaful and Karama programme (TKP) Coordinator. Once the pandemic was declared, the CO met with the Minister of MoSS several times in order to discuss potential social protection options that the Government should consider in response to COVID-19. The TKP Coordinator was critical in leading the expansion of the programme from 2.6 million households in February 2020 to 3.2 million households in July 2020. However, the TKP was not MoSS' only response to the crisis, and at the request of the Minister UNICEF recruited for secondment a senior advisor to focus on non-contributory (e.g. pension, social insurance) schemes and COVID-19 policy coordination to ensure that the crisis response would target a wider strata of society than TKP.

9. The CO has also been engaging with the International Monetary Fund (IMF) during the pandemic to ensure that new loan agreements under discussion include important guarantees and expansions for child-related allocations and expenditures. The CO decided to engage the IMF at the beginning of the crisis to propose child-sensitive conditionalities for the new IMF emergency loan to the Government. UNICEF made a strategic decision to approach the IMF via the Resident Coordinator's Office to present a united UN approach. In June 2020, UNICEF, under the umbrella of the RCO, developed and proposed child-sensitive structural benchmark conditionalities on social protection spending to be added to the new USD 5.2 billion IMF loan. UNICEF may continue to support the IMF on monitoring and transparency in its future engagements in Egypt, depending upon resource availability.

Accelerating Outreach and Evidence Generation

10. COVID-19 accelerated the CO's work on outreach and evidence generation. The CO had been working to get RapidPro deployment approved in Egypt for many months prior to the crisis but did not succeed due to extensive Government approvals required to launch the tool. The pandemic led the Government to immediately recognize the important role that RapidPro's mass-messaging and feedback capabilities could play in generating evidence and spreading information as part of the COVID-19 response effort. This new perspective fast-tracked Government approval, and RapidPro was launched in Egypt by June 2020. UNICEF, MoHP, and MoSS have been using RapidPro to reach 3.2 million of the most vulnerable individuals (TKP recipients) with COVID-19-related information. MoHP has been using RapidPro to conduct follow-up with people in contact with COVID-19 cases.

11. UNICEF was also able to implement another long-term evidence generation project, Real-Time Monitoring (RTM,) as a result of the increased Government appetite for real-time data during

the COVID-19 response. The CO contracted a nationally respected research firm to begin the first round of RTM in June. The RTM surveys a nationally representative randomized sample of 1500 families every two months for eight months, including a small sub-sample of refugee families. The phone survey covers a wide range of topics including education, employment, income and consumption, health, child protection, and psychosocial support, and will inform CO response efforts in all sectors. The CO regularly shares summary findings with the Government and key partners, providing Government additional findings upon request. The Government has recognized the RTM's usefulness and frequently submits additional questions for inclusion in the survey so that responses can be used to shape policy decisions. The RTM has thus positioned UNICEF as a knowledge hub.

Iran

1. Iran was the first country in the MENA region reporting a confirmed case on 19 February 2020. Iran has been the worst-hit country in the region thus far with over 1,028,986 cases (6/12/2020). This country case study was conducted as the country faced a dramatic increase in cases since the second half of September 2020, which is considered as a second wave of the pandemic that is much more dramatic than the first.

2. The UNICEF response in Iran occurred in an already complex context. Since the renewal of the unilateral sanctions on Iran in 2018, the country's economic situation has deteriorated. Iran has been facing high inflation and major challenges importing essential products, both of which have led to a worsening economic situation for the most vulnerable individuals and households. The COVID-19 crisis further impacted the national budget, public services, and the population's socio-economic situation. Given the extent of the needs, CO redoubled efforts to mobilize resources to support its regular programme and the crisis response.

3. While the CO response to the crisis is aligned with the regional response described in the real-time assessment report, the CO's support to the health care system, already strained by the sanctions, and efforts to reduce the pandemic's negative impact on maternal and children health and nutrition are of particular note. The crisis also represented an opportunity for the CO to ramp up its work and partnerships on child protection and social protection.

The Challenge of Getting Essential Supplies

4. It was particularly difficult for UNICEF to respond to the Government requests for treatment and protective equipment due to the specific institutional challenges facing Iran. The CO shared its requests as soon as the pandemic started with the Supply Division and the RO. These requests represented a small share of the Government's forecasted needs and the supplies needed to provide essential protective equipment to the CO's implementing partners, but it was important to secure this contribution and to ensure UNICEF's own supply. Air traffic was first suspended and then considerably reduced due to the crisis. The sanctions regime and the associated cumbersome procedures further postponed the delivery of offshore procurements and supplies. Furthermore, the CO had to cope with inflation and its impact on the exchange rate, which rendered budgetary planning challenging. The CO proactively reached out to the UNICEF Supply Division and RO to attempt to mitigate these barriers. CO took an innovative path through its partnership with Embassy of Qatar, and Qatar Airways and leveraging MFA's partnership with Qatar and China to eliminate transportation and delivery challenges, as well as avoid significant freight rates. Moreover, CO identified reliable suppliers through its private sector partnerships, and more supplies were procured locally.

5. The supplies arrived in different batches of limited quantities. The first batch was delivered in April and the CO prioritized providing PPE to the Ministry of Health to support front-line health workers, the continuity of the health services, and children living in institutions and in challenging settings, considering their high risks of infection. The procurement constraints strained the CO, its partnership with the MoH and the ability of UNICEF partners to continue their activities until local procurement resumed in June and the Government mobilised sufficient resources to cover its needs. This episode highlighted the need to build emergency response capacities and particularly to adapt UNICEF standard emergency and simplified procedures to the national context, as the CO was not able to use the standard simplified procedures.

Ensuring the continuity of essential health care for women and children

6. The COVID-19 crisis emerged as the country was already facing challenges maintaining the quality and coverage of its health care services due to the financial and economic crisis. Before the COVID-19 crisis, the CO was striving to support the MoH to improving the quality of essential primary health care. Following the outbreak of COVID-19, the country office focused its support to the Ministry of Health and Medical Education (MOHME) on the continuation of health and nutrition services during the crisis. Among others, UNICEF supported MOHME to address the significant drop in Iran's high vaccination rates, as well as the drop in prenatal care and the Prevention of Mother-to-Child Transmission programme. This was done by providing essential equipment and supplies, as well as technical assistance to the provision of uninterrupted health and nutrition services by MOHME.

7. From the inception of the pandemic, the UNICEF CO strived to use all opportunities to support the continuity of health care despite the limitations on direct engagement; for example, the CO supported the MoHME for remote breastfeeding counselling and strategically used communication campaigns to support health-seeking behaviours.

8. The CO fulfilled essential gaps in the provision of health and nutrition services. As a result of additional economic pressure on Households due to Covid and the sanctions, the most vulnerable populations including women and children in 8 food insecure provinces are at risk of malnutrition. To tackle micronutrient deficiencies in these deprived areas, the CO has procured mega-dose vitamin A supplements for under 5 children as part of its wider health system strengthening country portfolio.

9. As the crisis endures, the CO is invested in monitoring the impact of the crisis on the health systems and strategically reviewing how it could support the primary health care system through this complex crisis beyond procuring PPE and medical/diagnostic equipment and supplies. Communication to address the fear of infection upon referring to the Health Centres, became an important priority.

Providing essential support to children living in challenging settings

10. Before the crisis, the CO had been involved in the promotion of child rights and the prevention of violence against children. The CO gained visibility and credibility as a first responder to the crisis through its support to the different ministries and its early involvement in risk communication. The CO used this position to develop new partnerships and to provide support to new groups of children during the crisis. The Government has been preparing a Child and Adolescent Bill for the past ten years. Despite the crisis disruption, the Government passed this bill in May 2020, providing more opportunity for UNICEF to engage. Due to the crisis' urgency, the Government asked the support of the CO to provide assistance to particularly vulnerable children. UNICEF provided essential supplies and services, through a multisector approach, for children living in alternative care, especially children with disabilities in rehabilitation centres, children living in prison and juvenile centres, children in detention and street children. The CO was able to develop specific guidelines and to organise training on psycho-social support for the staff working in these institutions and to secure the permanent and temporary releases of children in detention.

11. The CO established new partnerships with the Directorate General of Prisons Organisation and with the judiciary for street children and migrant children. The CO established new partnerships with civil society organisations to implement these specific activities. Developing these partnerships and new programmes required UNICEF staff to attend face-to-face meetings, especially at the beginning of the crisis, and to find the right balance between the restrictions imposed by the UN rules and pursuing essential partnerships until partners adapted to new ways of working.

Considering the size of the office and the challenges to mobilise resources, sustaining the support to children in challenging settings and these new partnerships might be challenging.

Supporting Social Protection Reform

12. In 2018, the CO conducted a multidimensional poverty study and in 2019, UNICEF used its partnership with IPC-IG to conduct a system diagnostic and to organize exchanges with Brazil to support the reform of the Social Protection System with the Ministry of Social Welfare (MoSW). The Social Protection System review, led by the MoSW, was finalised at the beginning of the crisis, allowing the CO to highlight the enduring economic hardship faced by children in Iran, the accumulating effect of the crisis, and the need for increased social protection programming. The CO built on this review and the evidence of increasing needs to ramp up its partnership with the MoSW and notably to strengthen its dialogue with the MoSW on the creation of a Universal Basic Income and child-sensitive conditional cash scheme, with components to promote access to health, nutrition education services.

13. UNICEF launched a pilot project providing food rations for the most vulnerable children during the crisis. The project was limited to a few locations due to funding constraints but is contributing to the CO's advocacy work. The CO increased visibility and enhanced partnership to reinforce its advocacy for children living with disabilities to access social protection services and to work with the Statistical Centre of Iran to better understand the crisis' impact on children. As the crisis endures, monitoring the impact of the crisis on children health, poverty and risks must continue. It will support the CO in reviewing its priorities and ensure its engagement in social protection and in advocating for the inclusion of the most vulnerable children. The COVID-19 response also highlighted the importance of investing in and enhancing disaster preparedness, also relevant to emergent SP programming

14. The COVID-19 crisis has moved beyond the public health domain causing a major socio-economic shock. In the worst-case scenario, the economic contraction provoked by the pandemic represents up to 15 per cent of GDP. The rate of unemployment (10.7 per cent by March 2020) and the poverty among highly vulnerable populations has increased drastically. The CO further proposes that approx. 42,000 at-risk and vulnerable households in three particularly affected provinces receive soft conditional cash transfers and psycho-social services through a replicable social protection scheme to mitigate the health, economic and social impact of the COVID-19 pandemic. The programme will be implemented with the MoSW and with support of data from the Iranian Social Welfare database.

Jordan

1. The Government instituted a strict, six-week lockdown at the beginning of the pandemic. The lockdown and the pandemic itself exacerbated existing protection, economic, education and infrastructure issues. As in other countries, Jordan has seen an uptick in child labour, child marriage, and violence against children during the pandemic as the unemployment rate has risen to roughly 23 per cent (World Bank Group, 2020).

2. The CO had limited access to data required to gauge the scale and nature of needs at the beginning of the response, but it has since launched many evidence generation activities that are enabling it to tailor its response to current demonstrated needs. UNICEF mounted a substantial programmatic response despite movement and other logistical restrictions while leveraging its vast pre-pandemic field presence and community engagement network to support a range of Government response initiatives for children.

A "No Regrets" Response that Strengthened Local Partnerships

3. CO management called staff during the first weeks of the crisis to encourage them to prioritize "speed over perfection." The CO leadership encouraged a "no regrets" approach to the response effort that empowered programme section chiefs to make decisions even when complete data was unavailable. This approach allowed for the rapid establishment of contingency emergency procedures to expedite the response (i.e. activation of the business continuity plan, rapid partnership formalization procedures, etc.). The "no regrets" approach sped up the CO's programme response across sectors; both implementing partners and Government officials noticed and applauded this effort.

4. The need for swift response led the CO to rely more heavily on implementing partners (IPs) and private sector contractors able to quickly and flexibly provide services during the national lockdown. These were, by and large, local IPs and contractors. Urgently arising needs also fast-tracked new, and sometimes unconventional, local partnerships that expanded the CO's reach. New partnerships included work with the Ministry of Culture to incorporate COVID-19 messages into national arts activities, the Jordan Trail Association/Jordan Tourism Board hiking guides to disseminate COVID-19 messages to remote communities, volunteer groups to deliver prescriptions to the elderly and disabled, and the Jordan Restaurant Association to maintain visible COVID-19 precaution messaging in restaurants across the country. The CO's partnership with the Ministry of Islamic Affairs allowed UNICEF to contribute COVID-19 messaging to Friday prayer sermons across the country, and a UNICEF-supported mask-making initiative provided livelihoods to low-income women who produced over one million non-medical facemasks. UNICEF's expanded work with the local private sector during COVID-19 mobilized significant in-kind donations, including billboard space, pro bono RCCE messaging at thousands of locations across the country, and mobile wallet support to enhance financial inclusion. In fact, in-kind and financial donations supported roughly 60 per cent of the CO's RCCE campaigning budget.

5. The CO had a robust web-based data management system for monitoring (Bayanati) in place prior to COVID-19, which it combined with spot checks conducted via Zoom as part of its remote monitoring protocol. During March and April, IPs reported to the CO on an almost daily basis, which allowed the CO to adjust its support to IPs quickly; as the situation stabilized, reporting transitioned to weekly and then biweekly. Once the lockdown was relaxed in May, CO staff returned to the field to conduct spot checks and engage with partners, new and old, face-to-face. These clear monitoring protocols further facilitated transparency between the COs and its local partners.

Responding in Refugee Camps and Informal Tented Settlements During National Lockdown

6. Government-mandated movement restrictions posed a significant challenge to the CO's response effort in refugee camps and informal tented settlements (ITS). At the beginning of the

response, the Government allocated a limited number of movements permits to the joint UN via the Resident Coordinator's Office so that UN and other essential response staff could continue to provide services during the national lockdown. However, inter-agency coordination challenges resulted in UNICEF receiving fewer permits than necessary to continue operating at customary staffing levels in the refugee camps and ITS. UNICEF is the main water provider in the refugee camps, so some national staff stayed in the camps for weeks on end at the start of the lockdown in order to maintain services while UNICEF worked to secure additional permits.

7. The CO leveraged its strong partnership with the National Centre for Security and Crisis Management, Syrian Refugee Affairs Directorate, and Ministry of Water and Irrigation to advocate for and secure additional permits for camp access, continuous camps access to all WASH contractors, and police escorts for water truck operation continuity. Once this additional access to the camps was secured, staff were no longer required to stay in the camps to ensure service continuity. Unlike many INGOs and some UN agencies, the CO never completely lost access to the camps or ITS. In fact, UNICEF was one of the few, if not the only, UN agency with continuous access and Government approval to support distributions in the ITS and therefore distributed goods in informal tented settlements on behalf of multiple agencies (ILO, ACTED, TdH, etc.).

8. UNICEF enhanced its WASH-focused response in refugee camps in late February and early March prior to the national lockdown by pre-positioning hygiene supplies, providing hygiene training, increasing water trucking, and ensuring IPC capabilities. Since many of these activities were conducted prior to the national lockdown, staff staying in the camps during the first weeks of lockdown had sufficient supplies to stay and deliver.

9. The CO similarly pre-positioned education supplies by conducting a camp-wide distribution of supplies and reloading 10 GB of data for families with children in schools. These preparedness efforts took place while the CO developed protocols for the safe opening and operation of Makani centres and youth centres, while also working with the MoE to establish safety protocols for opening and operating schools in camp settings.

Using the Response to Strengthen Relationships with Government

10. The CO used the COVID-19 response as an opportunity to strengthen its relationship with line ministries. At the beginning of the response CO leadership personally reached out to line ministers to offer support and frequently followed up with ministries to offer additional support and rebuild relationships when line ministry personnel changed over the course of the pandemic. A key ingredient of the CO's offers of support was that the CO approached ministries with developed strategies and plans for the response; ministries were largely appreciative of this approach which, in turn, led line ministries to increasingly value UNICEF's presence.

11. The CO was opportunistic in its approaches to line ministries, customizing offers of supply and technical support to each ministry's needs. For example, the CO provided significant technical support to the Ministry of Planning and International Cooperation with RapidPro and e-wallets, evidence and policy inputs to the National Social Protection Plan, and a computer equilibrium model that simulates the impact of different macroeconomic shocks. Meanwhile, the CO's service and supply support on water trucking, WASH repairs, hygiene supplies, PPE (~3 million USD-worth), medical equipment, and vaccination was crucial to relationship building with Ministry of Water and Irrigation, Ministry of Education (MoE), and Ministry of Health (MoH). UNICEF provided the Ministry of Education with immediate financial assistance to produce televised lessons, which enabled children's continued learning during the complete lockdown and beyond. UNICEF funded more than half of the production costs of these televised lessons, providing USD$500,000 in March at a time when no other donor was able to respond as rapidly. The MoE greatly appreciated this flexibility. While the CO's supply and in-kind support efforts were modest compared to the scale of the needs, they were crucial to building trust and cooperation between UNICEF and these line ministries.

12. The CO's support to the MoE has resulted in particularly close collaboration. The CO initially supported the MoE by assisting with WASH and IPC in preparation for school reopening as well as rapidly developing Safe School Protocols based on the UNICEF/UNESCO/WHO Global Framework for School Reopening. UNICEF's leveraged its Makani centres' extensive reach across the country to provide Jordan's students with homework support and RCCE messages, whilst non-formal and inclusive education services continued remotely. UNICEF worked with IPs to immediately shift non-formal education services for children in the Drop Out program online and to continue Inclusive Education programming for children with disabilities continued through home-based visits in camps. The UNICEF-MoE engagement became more symbiotic as the response continued and the CO began supporting the development of the Learning Bridges blended learning programme to serve up to one million students in grades 4-9. Learning Bridges launched in September 2020. The CO is a key partner in the MoE's use of the Learning Bridges platform to provide online teacher training that conforms to national standards for more than 24,000 teachers. This is the first time that online professional development for teachers has been offered in Jordan, and modules covering safeguarding and distance learning are in being developed and rolled out during 2021.

13. As the CO has strengthened its relationships with line ministries over the course of the response, it has been increasingly able to quickly secure Government support for its other response efforts. For example, when there was a need for rapid COVID-19 test processing in Azraq camp so that schools could reopen, the CO's strong relationship with MoH enabled the CO to expedite these results. Along the same lines, the strengthened UNICEF-MoH relationship facilitated a UNICEF partnership with a local university to conduct an IPC and hygiene standards gap analysis in hospitals and primary health centres for the MoH.

Oman

1. At the beginning of the pandemic, the Government transitioned its activities online and closed schools and businesses. Initial lockdown measures significantly interrupted government operations. Initially, the majority of COVID-19 cases were among expatriate workers, and the Government therefore made a special effort to reach this population early in the pandemic. Once it became clear that the broader community was affected as well, the Government launched a more comprehensive response. The Government has loosened restrictions on movement and economic activity during Autumn 2020, but the sharp decline in global oil prices and widespread restriction of economic activity during the pandemic has resulted in a stagnating economy, deteriorating fiscal balance, and falling credit rating. The pandemic occurred during a national political transition following Sultan Qaboos' death in January 2020. In August 2020, the current leader, Sultan Haitham, announced a comprehensive restructuring of the government and extensive leadership changes.

2. Oman is a considered a high-income country, and once the CO "graduated" from Regular Resources (RR) in 1999, Oman and UNICEF developed a new type of partnership focused on policy development, knowledge sharing, and access to global best practices. The Government of Oman (GoO) gradually assumed costs of this partnership and has entirely funded the UNICEF Cooperation Programme since 2004. However, UNICEF did receive three grants under the COVID-19 HAC.

3. The CO worked in close partnership with the Government and other UN agencies throughout the COVID-19 response, which enabled the CO to accomplish a great deal despite its small size (8 staff). The CO mounted a robust RCCE response, supported the safe re-opening of schools and nurseries, launched a youth innovation competition to address COVID-19 in partnership with the Oman Technology Fund, studied the impact of economic recession on social services, and supported work on the emerging national priority of social protection.

Proactive Response Planning with Government

4. When the pandemic was declared in March 2020, the Country Office responded by conducting a review of the work plan based on three scenarios (ranging from most to least likely) to accommodate the impact of COVID-19. The three scenarios, which envisaged a pandemic that would last one month, three months, or more than a year, were presented in March to the Programme Management Group (PMG), a Government body consisting of several ministries at Directorate General level that coordinates the UNICEF Cooperation Programme. The PMG reviewed and revised the scenarios, and the CO and PMG jointly decided to proceed with the scenario that predicted a return to normal in September. However, the CO and PMG agreed to review the situation periodically and adjust as necessary. Ultimately, after a number of monthly meetings, the PMG and CO agreed that the scenario predicting a pandemic lasting more than one year was most appropriate.

5. The CO was a critical contributor to the Government's Early Childhood Development centres, nurseries and schools reopening strategy. The CO developed guidelines and standard operating procedures with the Ministry of Social Development, Ministry of Education, and Ministry of Health to facilitate the re-opening of early childhood development centres, nurseries, and schools based on a risk assessment and review of standards in these facilities. These guidelines included specific guidance on providing services to children with disabilities. The proposed strategy and guidelines were approved by the Government, and the effort culminated in Oman reopening schools on 1 November 2020 with a hybrid approach that has special provisions for children with disabilities. UNICEF also supported the Ministry of Education in developing and disseminating school guidelines on preventive measures and mental health and psychosocial support. UNICEF's work on the reopening guidelines, and the robust, evidence-based results presented to the Government represented an important opportunity for the CO to display UNICEF's value and ability to contribute to strategic aspects of the COVID-19 response in collaboration with the COVID-19 Supreme Committee established by HM Sultan Haitham.

Supply and Reputational Risk

6. The Minister of Health approached the UNICEF CO and the WHO in the first month of the pandemic to ask for support securing PPE, ventilators, and other supplies at the Government's expense. The WHO was partially able to provide needed supplies in a timely manner, but UNICEF supplies were severely delayed. The delay, and the CO's limited information on the supply process status, timeline and availability, posed a credibility issue because a central part of UNICEF's value proposition in Oman is its ability to be a reliable partner to the Government in emergencies. The CO contracted a procurement expert from the private sector to work embedded at the Ministry of Health (MoH) in an attempt to minimize the reputational risk that the supply delay posed.

7. The Government eventually conducted its own procurement to make up for the lag in UNICEF supplies, but the UNICEF supply credibility issue remains critical looking forward to UNICEF's projected role in COVID-19 vaccine distribution. UNICEF's procurement services to HICs like Oman is a lengthy procedure that could benefit from a UNICEF-led effort to identify how to expedite supply in such contexts. This is critical for UNICEF's future presence in HICs context like Oman where national partners expect COs to be a gateway to organizational support.

RCCE Targeting the Most Vulnerable

8. The CO's RCCE efforts focused primarily on the most vulnerable populations in Oman– expatriate workers, people living with disabilities, and children who have experienced or are at risk of violence. UNICEF was immediately invited to work with the inter-ministerial Social and Behaviour Change Committee (SBCC) taskforce formed to lead communication around the COVID-19 response. To address the initial COVID-19 outbreak amongst expatriate workers, UNICEF and the SBCC taskforce worked with other ROs and COs to adapt material developed in Asia. UNICEF and the SBCC taskforce also worked with various embassies in Oman to develop and disseminate RCCE messages via SMS, the Internet, influencers, and embassies to expatriate workers in ten languages.

9. In May, UNICEF and the SBCC taskforce rolled out RCCE materials focused on positive parenting for eight priority groups, including parents of children with disabilities. The CO and Government worked together for maximal RCCE impact by relying on UNICEF's content and technical expertise as well as the Government's extensive media infrastructure. The CO recruited an RCCE specialist to work with the Supreme Committee on designing RCCE for vulnerable groups at the national level to provide further support to the national RCCE strategy. OCO also ran its own "Parents4Parents" positive parenting social media campaign featuring parents from all walks of life in Oman and influential advocates for children. A main challenge for the CO's RCCE efforts has been measuring whether campaigns reach their target audience, particularly children with disabilities, and the CO is working to generate evidence on this topic.

10. Working with the Oman Technology Fund, the CO ran a COVID-19 Youth Technology Challenge in June to encourage young people to participate in finding solutions for the challenges created by outbreak. One of the winners was an online education platform called Tazeez that connects children with disabilities and their parents to specialized teachers.

Fiscal Space Analysis to Project Social Services Spending Requirements

11. GoO cut recurrent expenditures across all Government departments by 10 per cent as an immediate policy response to COVID-19 and the deepening fiscal deficit. These cuts will have negative implications for social services provision. Both the pandemic and related budget cuts have underscored the need for UNICEF to advocate for public finance for children activities to enhance social protection measures.

12. Building on the Government's efforts to identify potential responses to COVID-19 and related economic shocks, the CO undertook a set of analyses that combine various potential financing sources in a Fiscal Space Analysis (FSA) framework for the social sectors. The FSA provides an economic briefing as well as financial modelling and economic scenario elaborations that detail the economic realities amid the impact of COVID-19 and the oil price crash on the economy. The FSA also details the impact that COVID-19 and the oil price crash has had and will have on social sector service delivery. The FSA provides projections on the available fiscal space for children in the

medium to longer term and aligns with the assumptions that underpin the Mid Term Fiscal Plan in order to provide credible and concrete financing options that can underpin quality and sustainable social services.

13. UNICEF's FSA has highlighted its ability to provide technical capacity building expertise on public financing for children at line ministries going forward. The CO's FSA also demonstrated to partners the CO's ability to undertake analytical pieces to inform policy decisions that are required to maintain quality service delivery for children.

Shifting the Country Programme Towards a Social Protection Focus

14. The current Country Programme (CP) was scheduled to end in 2020, but the Government agreed to extend it for one year because of the delays caused by COVID-19 and the shift in national priorities. The next programme cycle will span four years from 2022-2025 to allow for re-alignment with government planning processes.

15. Social protection became a priority during the COVID-19 pandemic as many families suffered economic impacts of the crisis. The Government has introduced a set of measures to address the economic impacts of the crisis and is in the process of redesigning the social safety net. Social protection will therefore be further incorporated into subsequent CPDs.

16. In line with increasing national focus on social protection, the CO conducted a preliminary analysis of the cash transfer system to gain a better understanding of the scheme, identify challenges and opportunities, and propose recommendations to position children's priorities and needs within the ongoing reform of the Social Safety Net. The CO's economic analysis of COVID-19's impact on social services and its ten-year economic modelling analysis further underscore the need for enhanced social protection. These analytic activities, the CO's partnership with IPC-IG, and UNICEF's current work with the Ministry of Social Development on designing shock responsive social protection systems will contribute to the new CPD's strategic focus on enhanced social protection measures, particularly in terms of targeting and inclusion.

Tunisia

1. The country had a general lockdown from mid-March 2020 until the end of May 2020. The first official case of COVID-19 In Tunisia was declared on March 2nd, 2020. Restrictions were gradually lifted early June, with borders reopening on June 27th, 2020, whereas schools reopened for high school exams In June and from 15 September on rotating attendance. The number of declared cases remained low until September 2020, but there was then a sharp increase from mid-October 2020 onwards.

2. Tunisia has seen a record shrinking of its already fragile economy during the pandemic, with its GDP cut by 21.6 per cent in the second quarter of 2020 and unemployment rising to 18 per cent. A study commissioned by UNICEF in June 2020 forecasts an increase in child poverty in Tunisia from 19 per cent to between 25 per cent and 29 per cent by the end of 2020 as a result of the lockdown, representing over 15 years backward progress.

3. The CO response to the crisis is aligned with the regional response described in this assessment report. The crisis represented an opportunity for the CO to strengthen key strategic partnerships and to ramp up its work on health, WASH and social protection thanks to its ability to respond early and effectively to the emergency, which consolidated its position as a strong partner of the Government of Tunisia.

Adapting to Provide an Early Emergency Response

4. As early as February 2020, the CO was able to identify a set of 3 priorities, RCCE, IPC/WASH and secondary impacts, thanks to its exchanges with the RO's emergency team. The office rapidly moved to an emergency gear, despite having only 30 staff members and limited experience in emergency response. The Country Representative was also acting as Resident Coordinator at the beginning of the pandemic and got directly involved in the crisis response with the Government, propelling the CO to rapidly support the Government response by engaging with the Government's central Crisis Unit and supporting the Government in the development of its COVID-19 National Preparedness and Response Plan and ensuring coordination.

5. The CO engaged in a massive procurement to secure essential protective and medical equipment through the Supply Division (78 per cent) and local procurement (22 per cent) as well as communication services at the beginning of the crisis. Overall, the CO managed to procure a total of 83 tons of essential Personal Protective Equipment, 100,000 COVID-19 detection tests (RT-PCR) and large quantities of protective, sanitising and WASH equipment for schools, health centres and Institutions hosting children. The CO volume of services and goods procurement was multiplied by 10 in the first months of the crisis to respond to needs, with the operations team fully on board to support UNICEF, UN and government COVID-19 procurement coordination and emergency response.

6. The CO mobilised around USD19.4M for the COVID-19 response, equivalent to about 3 times the 2019 overall budget. New funding opportunities emerged during the crisis, allowing the CO to mobilize funding for WASH/IPC and risk communication and community engagement interventions. The crisis also provided opportunities to secure funds for pre-crisis proposals becoming particularly relevant such as support to the vaccines cold chain, and expansion of existing social protection schemes. The partnerships team worked around the clock with the country representative to develop new proposals and to secure partnerships with new donors. These additional resources were also used to provide essential IT equipment to Government partners for teleworking.

7. The CO's very dynamic communication campaigns also raised UNICEF's visibility in Tunisia. The communications team developed over 116 communication materials on topics ranging from virus transmission and preventive measures to health and education continuity and the protection of children during the pandemic. The CO worked with the relevant ministries, WHO and UNFPA to

develop appropriate messages and with private companies to produce communication tools for a wide range of media outlets including social media, billboards, TV, and radio, which are very popular and have high coverage in Tunisia. This strategy added considerable strain on the staff and the communication team but allowed the CO to provide an essential contribution to the crisis response, and to gain visibility and credibility as a first responder to the crisis. The CO strengthened its partnerships with key partners in the Ministry of Health, Ministry of Women, Family and Seniors and the Ministry of Education, leading to new programmes and partnerships in the subsequent phase.

Strengthening Partnerships to Improve Response Efforts

8. The CO was involved in the prevention of violence against children and the promotion of children rights before the crisis. When the pandemic was declared, the CO had to adapt its child protection interventions to ensure the safety of frontline workers and continue activities despite the restrictions. The CO provided advocacy and operational guidance, training and equipment to the Ministry of Women, Family and Seniors to continue providing services remotely. The CO supported the creation of a dedicated hotline for children and families and mobilised voluntary contributions from the private sector to support the hotline at its inception. The CO is now working closely with UNFPA, on the integration of this hotline with GBV prevention and the GBV dedicated hotline and services, to ensure its sustainability, through a common strategy and partnership.

9. The planning of education activities has been particularly difficult and sensitive throughout the crisis. The decision to reopen schools has been difficult at the onset of the first wave of COVID-19 and beyond. Decisions were often taken at the last minute and the CO had to respond at very short notice. Towards the end of the school year, before the summer, the CO provided essential support to the organisation of the high school exams through its partnership with the Ministry of Education by providing guidance, communication, and equipment to facilitate the prevention in the school environment. The CO played a key role among the technical and financial partners for the back-to-school campaign in September 2020 by being the first responder to an urgent request from the Ministry of Education to support with essential preventive and disinfection equipment for schools nationwide. Most of this support was mobilised within the space of a few days thanks to supply contracts the CO had already put in place. UNICEF also supported the Ministry of Education adapting the curricula from primary to upper secondary to fit the adapted fifty-per-cent operational schedule of schools and supporting remote learning opportunities through the national television and initiatives by the civil society organisations targeting most vulnerable children and adolescents.

10. The CO had been addressing the need for the rehabilitation of WASH infrastructure in schools In the most vulnerable regions since 2016 to ensure minimum provision of water and sanitation services. The scale of this programme significantly increased with the COVID-19 response. The urgency of the needs related to the COVID-19 crisis provided an opportunity to secure funding and launch additional WASH Interventions, for schools, primary health centres and Institutions hosting children, In partnerships with the Ministry of Justice and the Ministry of Social Affairs and the Ministry of Women, Family and Seniors. The crisis was also an opportunity to resume UNICEF partnership with the Tunisian Scouts and its national-wide network of young volunteers to conduct community engagement and mobilisation initiatives on education and risk communication activities in public spaces, including schools and ECD centres nationwide.

11. During this first phase of the crisis, it is quite clear that the CO staff coped with the workload and the stress inherent to this unprecedented crisis by working closely together and helping each other despite the remote working modalities. The crisis was an opportunity to strengthen the CO's intersectoral coordination and to renew its engagement in disaster preparedness, which previously focused primarily on addressing risks of localised floods and epidemics and the possible influx of mixed population from Libya. After the pandemic response experience, the CO may now be able to expand its engagement in the WASH sector. However, considering the size of the office, the CO will

have also to consider how to sustain its engagement with key partners and with the new initiatives emerging from the crisis.

Ramping up the Social Protection Agenda

12. Over the past three years, the CO had worked closely with the Ministry of Social Affairs to generate evidence on how to address poverty amongst children, supporting the development of a social protection floor and a child grant. Since the crisis exacerbated the needs for many children, KfW made additional funds available and the CO secured 12M euros to start to support the poorest and most vulnerable households with children with top-up cash transfers to mitigate the negative socio-economic impacts of COVID-19 on children. This programme is providing a benefit to children under 5 and school-aged children until 18, also contributing to their access to health care and education services.

13. The CO Is strongly engaged with Parliament and government leaders in favour of increasing child-sensitive social protection. The crisis exacerbated the socio-economic vulnerability and needs of many families in Tunisia and highlighted their fragile economic situation, leading the Government to decide in April 2020 to expand the existing social transfers system's caseload and to increase the transfer amount to poor and vulnerable families in response to the COVID-19 crisis. The CO supported this process and, through its advocacy efforts, changes to improve the equity of the system were also approved, suppressing the ceiling on the number and age of the children Included In the calculation of the benefit, ensuring more equity for children living in the larger families benefiting of the existing social protection schemes.

14. The CO continues to be involved in coordinated evidence generation on the impact of the crisis on child poverty and is already advocating for an increase of the child grant value from 10 to 30 dinars through existing social protection schemes based on earlier evidence of effectiveness and to expand the number of children covered by government programmes. The COVID-19 response highlighted the importance of investing in and enhancing disaster preparedness and the programme with KFW foresees the provision of support to the Ministry of Social Affairs to enhance its systems to enable shock-responsive SP programming beyond this crisis.

Yemen

1. Four years into a devastating conflict, Yemen has become the largest humanitarian crisis in the world and is classified as an L3 emergency. The conflict and severe economic decline are driving the country to the brink of famine and exacerbating needs in all sectors. The country is also divided institutionally between two authorities, one based in Sanaa in the North and another based in Aden in the South, rendering humanitarian access to the population in need even more difficult.

2. The COVID-19 pandemic layered an additional emergency on top of a pre-existing emergency. The pandemic added another layer of complexity in assessing the needs, accessing the population in need, and securing procurement and partnerships. It became clear early in the response that the secondary impact of the pandemic would be far worse than the impact of COVID-19 infections. The CO strategy therefore transitioned within the first six weeks of the crisis from a strategy focused on COVID-19 treatment to one ensuring the continuity of services through a multisectoral approach. The COVID-19 crisis brought new challenges to the CO, including a dramatic decline in use of health centres, difficulty maintaining WASH programmes in a particularly constrained operational environment, and the challenge of continuing C4D with limited direct engagement.

Fighting the decline of the health care system during the pandemic

3. Prior to the pandemic, half of health facilities were not functioning or were only partially functioning due to staff shortages, lack of supplies, inability to meet operational costs or limited access. Despite a limited number of declared cases, health centre usage dropped dramatically at the beginning of the pandemic, impacting access to maternal and child health services, including nutrition treatment. Lowered utilization rates were due to several factors, including fear of infection, lack of protective equipment, shortage of essential products and salary payment delays. The CO prioritised the return of primary health care services to pre-COVID levels through a multi-sectoral strategy involving IPC in health facilities, massive provision of PPE and essential WASH services and training. The CO supported media campaigns focusing on rebuilding trust in the health services, contributed to adapt health and nutrition treatment protocols and looked for ways to provide Incentives to the frontline workers. The issue of non-payment of the health workers became particularly acute as their personal risk of infection increased.

4. One third of health services are traditionally provided through direct community engagement including outreach, immunisation campaigns, nutrition screening and case management, and counselling. Mobile services play a significant role in accessing communities but were suspended at the start of the pandemic. They later resumed, and immunisation campaigns were organised in September thanks to PPE procurement. The procurement of essential items, including PPE, was hampered at the beginning of the pandemic by the suspension of international transport and lack of funding. The situation improved over the summer, and by September the supply flow increased and 26 per cent of the CO requests had been delivered. The crisis put a considerable strain on the CO staff and on implementing partners. The suspension of activities impacted non-governmental partners' financial stability, and some had to scale down offices and staff, complicating the CO efforts to scale up activities to address increasing needs.

Adapting WASH Interventions to a Pandemic Response

5. The CO WASH team had considerable experience preparing for and responding to cholera outbreaks, which was useful as they responded to COVID-19. The team set up an internal task force at the beginning of the pandemic to define the response and CO priorities. However, the CO WASH response was limited by funding constraints and by initial difficulties defining priorities because of the unprecedented nature of the crisis. At the beginning of the pandemic, the strategy was focused

on providing essential water and sanitation in health and quarantine facilities. However, two months into the response the CO strategy became more community based.

6. WASH community-based activities scaled up by May, supported by a global shift towards more community-based activities in response to the pandemic, acknowledging that maintaining an adequate level of access to water, soap and sanitation is crucial to prevent transmission and continue life-saving services. However, many still saw WASH interventions as business as usual and it was particularly difficult for the CO to mobilise sufficient financial resources to increase the quantity of water and soap provided. As a consequence of pre-crisis funding cuts, UNICEF-supported water provision dropped by half in June. The relatively slow onset of the contamination compared to other countries provided time to prepare but also made the crisis less visible and hindered resource mobilisation.

7. The necessary prioritisation led to the development of the innovative community shielding approach. The CO developed this approach to target the most vulnerable to COVID-19 infection– the elderly, people living with chronic illness, and people living with disabilities– with a package of interventions, including essential WASH items and cash transfers to enable these vulnerable populations to stay at home.

Innovative RCCE and new partnerships

8. Yemen being prone to epidemics, the prevention of infection has always been an important part of the CO's C4D. The CO started communication on COVID-19 transmission as early as February 2020 with a strong emphasis on fighting misconceptions. The CO developed new partnerships to increase its RCCE coverage and to adapt to the restrictions imposed on direct engagement. Some partners involved in previous cholera responses were mobilised, as were new partners. As health centre visit numbers dropped, promoting the continuity of life-saving health care practices also became a priority.

9. The CO risk communication strategy was particularly innovative and used a wide range of tools and media. Media campaigns disseminated one-way informational messaging about IPC and Health and Nutrition services. Both community engagement activities and a WhatsApp messaging service allowed for two-way communication in which participants could ask questions about IPC and available services. In Yemen, social networks are highly valued, and including this element of social interaction was essential in the risk communication strategy. To cope with the risks and the restrictions imposed by the pandemic, the CO developed new ways to communicate and resume direct community engagement once protective equipment was made available. The direct community engagement was also essential to demonstrate appropriate IPC practices, facilitate their adoption, and reduce fear and stigma around COVID-19.

10. The CO developed new partnerships with individuals and groups able to maintain minimum interactions with their neighbours and communities, despite mobility restrictions, such as religious leaders, including female religious leader and community volunteers. This led to a strengthened partnership with the Ministry of Religious Affairs. The CO used a wide range of social and mass media. The partnerships with private companies allowed the CO to produce extremely attractive products: TV series, song and radio broadcasts. However, the population's access to social and mass media is limited, so TV and radio show broadcasts were organised in the streets and public places using screens and speakers mounted on trucks, and even on donkeys. The CO made extensive use of messaging opportunities on billboards, consumer goods (sugar bags, soap bars, etc.) and masks instead of flyers.