



A GLOBAL NGO NETWORK
FOR PRINCIPLED AND EFFECTIVE
HUMANITARIAN ACTION



FAQs

This document is a non-exhaustive summary of questions from the NGOs webinars held on 28 April and 5 May 2020. It is intended for webinar participants and UNICEF partners, by providing answers and additional clarifications to questions answered or unanswered during the webinars. On specific programmatic areas including Education, WASH and Child Protection, upcoming webinars in June and July will further cover these areas and this FAQ will be completed.

- For the latest [COVID-19 news and resources](#), please visit <https://www.unicef.org/coronavirus/covid-19>
- For a summary of guidance: use the [resources for practitioners](#)
- For example of UNICEF projects and interventions for Covid-19, see our recent [sitreps](#).

1. On the objective of the NGOs webinars

Q: How can this webinar help my civil society organization (CSO) / non-governmental organization (NGO)?

- The objective of this UNICEF dialogue jointly organized with ICVA, Interaction and SCHR is to create an additional space for CSO/NGO partners to speak to UNICEF around the COVID-19 response, raise concerns and issues, as well as opportunities.
- UNICEF is a decentralized organization, and most UNICEF-partner interaction takes place at the field level. The first two webinars were general, including presentations on UNICEF's COVID-19 response as well as an introduction to the UNICEF [Guiding Principles on simplification and flexibility measures](#).

2. On coordination

Q: Which are the areas UNICEF is leading in the COVID-19 Response?

- At a global level, UNICEF is a leading member of the **UN Crisis Management Team**, which is comprised of 10 UN agencies, funds and programmes, and hosted by the United Nations Operations and Crisis Centre (UNOCC). UNICEF co-leads 2 of the 10 workstreams: social impact (UNICEF) and supply chains (WHO/WFP/UNICEF).
- At country level, UNICEF engages through UN country coordination mechanisms (led by UN Resident Coordinators / Humanitarian Coordinators) to support Host Governments in ensuring continuity of essential services such as health and WASH and mitigation of social and economic impacts, including education, nutrition and child protection. UNICEF and the broader UN System have already issued several programme guidances for UN country teams and partners.
- The **Inter-Agency Standing Committee – through its various bodies including the Emergency Director Group (EDG)** -- is leading coordination support in countries affected by humanitarian crisis notably through the IASC cluster system. UNICEF leads the IASC clusters on Nutrition, WASH, Education (co-led with Save) and the Child Protection Area of Responsibility (AoR). UNICEF is also

a key partner in the Health Cluster and Gender Based Violence Area of Responsibility ensuring that children's needs are represented, planned and accounted for.

- The WHO response to COVID-19 is led globally through a global and regional Incident Management Support Team (IMST). UNICEF HQ is a key stakeholder of the IMST structure at global level, with UNICEF staff integrated in the structure and UNICEF Regional Offices are actively coordinating and collaborating with regional WHO IMST. Specifically, UNICEF is co-leading the Risk Communication and Community Engagement (RCCE) pillar, is part of the Supply Chain Interagency Coordination Cell and the IMST strategic partner coordination mechanism. In addition to the core activities of the IMST structure, UNICEF is also represented through its technical experts in the WHO experts' groups on developing technical guidance for Case Management, Infection Prevention and Control, in the area of work related Research and Development for Vaccine and Social science as well as Case Management and Infection Prevention and Control, and is actively engaging and coordinating for regional and country support as well as strategic planning and financing.

3. On access for humanitarian organisations

Q: How is UNICEF advocating for humanitarian access for all actors, including NGOs?

- UNICEF is proactively engaged in advocacy and other collaborative efforts to enable humanitarian access for its NGO partners. In the context of COVID-19, NGO partners are challenged by both pre-existing and new access constraints. Examples include movement restrictions across borders and within countries for staff and supplies; insecurity and violence; interference in activities; lack of equipment to enable frontline workers to operate in the face of heightened health risks; a lack of minimal health support elements and medivac capacity to care for staff etc., To address these constraints, and in light of the global pandemic, UNICEF is advocating with governments and donors and, directly and through interagency mechanisms, to ease new constraints and bureaucratic impediments and to ensure facilitation of free movement through fast-tracked systems when necessary. More operationally, UNICEF is building its capacities to enable partners to achieve humanitarian access, supporting WFP in its provision of air bridges and a coordinated supply chain for workers and supplies UNICEF Country Offices are working with NGO partners to mitigate some of the pandemic operational challenges.

4. Programming

On UNICEF Guiding Principles on simplification and flexibility measures

Q: Where can I access UNICEF's Emergency Procedures for Coronavirus?

- UNICEF guidance on work during COVID-19 can be found on the UNICEF website: <https://www.unicef.org/documents/unicef-and-civil-society-organizations-covid-19-guiding-principles>
- The same guidance can be found in the [UN Partner Portal Resource Library](#).

Q: Can UNICEF elaborate on how it understands ways to strengthen support to national/local NGO partners on overheads, and to address the pre-financing requirements which can obstruct some national/local NGOs from being able to partner with ?

- UNICEF recognizes "effective and efficient programme management costs" as a standard component of all Programme Documents. Such costs include in-country management and support staff; operational costs; and planning, monitoring, evaluation and communication costs.

For the COVID response, UNICEF offices and partners may agree to a flat, locally appropriate per cent (e.g. 10%, 12%, 15%, etc.) for such programme management costs.

- UNICEF has three cash transfer modalities, one of which is cash advance (“direct cash transfer” or “DCT”), in which funds are transferred prior to programme implementation for the quarter. As UNICEF requires that funds transferred to partners are linked to a signed partnership agreement, we have issued guidance to offices and partners to expedite the development and finalization of agreements to allow the swift transfer of funds to partners.

Q: How does the new arrangement allow partners to seek support to respond to local context specific challenges and solutions that are related but outside the scope of the respective PCAs?

- During the partnership development phase, UNICEF and partners work together to jointly identify programme needs, design programme activities and strategies, and determine intended results. Addressing local context-specific challenges and solutions is at the heart of—not outside the scope of—partnership development. During the programme implementation period, either UNICEF or partners may identify a need for “reprogramming” as the context evolves. Smaller changes (e.g. <20% change at the activity level) do not require additional discussion or agreement, but larger changes proposed should be discussed and agreed between the partner and UNICEF, to allow for overall coordination and coverage across the portfolio of UNICEF-supported programmes.

Q: Can you clarify where existing partnership processes will be used, vs. where the new processes for COVID-19 response should be used? ?

- The UNICEF simplifications and flexibilities are summarized [here](#). In some cases, new flexibilities (e.g. postponement of non-critical assurance requirements and allowance of remote modalities) have been introduced. In other cases, existing flexibilities (e.g. activation of contingency Programme Documents) are being activated. While the COVID pandemic is unprecedented in many ways, UNICEF and partners do have a successful history of jointly responding to previous emergencies, including through reliance on some tested and proven partnership processes.

Q: Does UNICEF have a shareable overview of which countries it will be allocating funding for Covid-19 response to and details of which of these could go towards NGOs ?

- UNICEF works with Host Governments in 128 Country Offices around the world. To date, nearly all requesting Country Offices have been allocated funding for COVID-19, underscoring the global nature of the pandemic.
- UNICEF is a decentralized organization, in which [Country Programme Documents](#) are developed and signed between the UNICEF Country Office and the Host Government. In addition, UNICEF has launched a global appeal for \$ 1.6 bn for its response to Covid-19. This appeal can be found here: <https://www.unicef.org/appeals/covid-2019.html>
- In many countries, and as part of Covid-19 response, civil society engagement and mobilization has been identified as a key strategy for the promotion of child rights and delivery of services and programmes. CSOs can continue to monitor the [UN Partner Portal](#) for partnership opportunities and engage proactively with UNICEF Country Offices

Q: Please clarify the 20% budget flexibility? What does this mean?

- UNICEF is continuing to allow 20% flexibility at the activity level with no additional documentation or approval. Programmes being implemented by UNICEF and partners should be relevant and responsive to the needs of communities, so more extensive reprogramming is allowed and encouraged as/when the programming context evolves. However, such

reprogramming undergoes a lightened UNICEF internal review to allow for coordination, ensure geographic coverage, double-check on donor conditionalities, etc.

Q: On cost eligibility, does UNICEF confirm the eligibility of Human Resources (HR) costs, when :

- **NGO/CSO staff is home working in the country of intervention?**
- **NGO/CSO staff is home working outside of the country of intervention? (for ex: after a medevac or re-localization for personal reasons in this very specific context etc.). If yes, to justify such costs any additional documentation is required (adjusted Timesheet ?) ?**

- UNICEF recognizes staff time (and staff costs) as a critical component of programming. If the changes to HR costs that are part of an activity do not result in a >20% activity budget change, then there is no additional approval required. Timesheets etc. may be reviewed during future spot checks.
- In general, NGO/CSO staff that have been engaged to support programme implementation are expected to continue to support the achievement of the planned programme results. Where the planned programme results can no longer be achieved, such as due to overall social distancing measures or the physical presence of partner staff, then reprogramming may be required, and staffing strategies can be one part of the overall reprogramming conversation.

Q: Where we can get the guidance note on remote programmatic visit and spot checks please?. UNICEF has issued internal guidance to its offices. If UNICEF and a partner jointly agree to a remote spot check because the partnership is for a critical, large-value intervention, then the UNICEF office will share requirements for spot check sampling, digital sharing of support documents, etc.

Q: Has UNICEF developed a strategy to integrate COVID 19 prevention measures into regular programs to ensure that these continue at strength rather than having parallel programs implemented?

- The mitigating measures put in place by governments for Covid-19 have affected UNICEF programme delivery. Please find some examples .
 - In Yemen in March whilst schools had already closed, construction activities were ongoing to rehabilitate over 900 affected schools or WASH facilities in schools for over 300,000 students in 20 governorates
 - With the Sahel crisis, education programming continued to reach children with remote learning, such as the radio programming.
 - In DRC, training for teachers (TOT) on Ebola continued despite schools being shut and was also used as an opportunity for COVID-19 training.
 - In addition, much of the work around continuity of education has been with a view to a sustainable approach which can be built into the long-term education system to increase inclusion, address equity and improve learning.
 - Please see this case study from East Timor [here](#) , Argentina [here](#),
- Much of our **social protection response** to COVID builds on our prior and ongoing efforts on shock responsive social protection. For example,
 - In Mongolia, UNICEF was working with the government to design and pilot climate linked shock responsive social protection programme. This has been continued and scaled up owing to COVID
 - In Sri Lanka, UNICEF was working with the government on strengthening the existing social protection system for making it more responsive to shocks. After COVID, we were able to work with other stakeholders to encourage the government to vertically scale up (provide additional

top up) the existing social cash transfer programme. Discussions are now on to make this programme more inclusive to ensure that those who do not receive the social cash transfers, are also included in the beneficiary lists

- In Yemen, UNICEF has been working on preserving the national social cash transfer programme. This programme is likely to be expanded vertically (increased benefit value).
- In Madagascar, our efforts on shock responsive social protection has been scaled up to support the government to deliver cash transfers in response to COVID rather than setting up a parallel cash transfer programme.
- There are many examples from other regions, where we are scaling up our current engagement and programming on social protection to support governments to scale up the support to people in response to COVID.

➤ For more examples of UNICEF projects and interventions, see our recent [sitreps](#).

Q: How will UNICEF ensure consistent application of flexibility guidance across countries?

- UNICEF introduced additional provisions to respond to the operational context and constraints in the [Guiding Principles on simplification and flexibility measures](#).
- UNICEF's Executive Director has written to Regional Directors and Country Representatives, urging for their application. At a technical level, UNICEF has promoted the content through a series of webinars attended by over 1,000 staff members globally. UNICEF staff are also attending these webinars and listening to the concerns and issues raised by our partners, in addition to the discussions being held at country and regional level.

On partnership opportunities and procedures and the UN partner portal

Q: What would be the mechanism for NGO Partners to solicit/access funding from UNICEF to respond to the needs of most vulnerable children (such as children with disabilities, afghan refugee children, etc.) affected by COVID-19?

- UNICEF offices post new partnership opportunities on the [UN Partner Portal](#). CSOs are also encouraged to actively interact with UNICEF Country Office staff and use the UN Partner Portal to [submit unsolicited concept notes](#).

Q: We are in a process of registering UN partner Portal and I am bit stuck with profile where I couldn't save what I entered

- At registration, please use the Help function which will direct your query to the helpdesk



Q: What is the procedure for new NGO partners regarding to access the COVID- 19 Response funding? Is there any guideline ?

- UNICEF offices post new partnership opportunities on the [UN Partner Portal](#). CSOs are also encouraged to use the UN Partner Portal to [submit unsolicited concept notes](#).
- UNICEF issued [Guidance for Civil Society Organizations on Partnership with UNICEF](#) and an [e-course](#) to help both current and new CSO partners understand UNICEF's partnership processes.

Q: In terms of an implementing partnership, how does it work ?

- Many UN agencies sign "implementing partnership" agreements with entities that have been entrusted with the implementation of programme activities specified in a signed document, along with the assumption of responsibility and accountability for the effective use of resources and the

delivery of programme results. In UNICEF, implementing partnerships are governed by Programme Cooperation Agreements (PCAs)/Programme Documents (PDs) and Small-Scale Funding Agreements (SSFAs). UNICEF issued [Guidance for Civil Society Organizations on Partnership with UNICEF](#) and an [e-course](#) to help both current and new CSO partners understand UNICEF's partnership processes.

Q: Can any organization submit concept note besides call for proposals in this COVID 19 Situation ?

- UNICEF offices post new partnership opportunities on the [UN Partner Portal](#). CSOs are also encouraged to use the UN Partner Portal to [submit unsolicited concept notes](#).

On programming and costs

Q: Is there any guidance on the flat rate for programme support cost?

- For the COVID response, UNICEF offices and partners may agree to a flat, locally appropriate per cent (e.g. 10%, 12%, 15%, etc.) for such programme management costs. UNICEF does not impose a flat rate at global level, as what is appropriate in one country context may not be appropriate in another. Also, to the extent possible, UNICEF tries to align its flat rate with that of other UN agencies as determined at the UN Country Team (UNCT) level.

Q: It is still unclear how flat rates for management and administrative costs are going to work and at what level they will be agreed.

- UNICEF recognizes that partners incur costs to support “Effective and Efficient Programme Management.” Such costs may be classified under one of three standard activities, namely: Standard Activity 1: In-country management and support staff prorated to their contribution to the programme (representation, planning, coordination, logistics, administration, finance), Standard Activity 2: Operational costs prorated to their contribution to the programme (office space, equipment, office supplies, maintenance), Standard Activity 3: Planning, monitoring, evaluation and communication, prorated to their contribution to the programme (venue, travels, etc.)
- For the COVID response, UNICEF offices and partners may agree to a flat, locally appropriate per cent (e.g. 10%, 12%, 15%, etc.) for programme management costs. UNICEF does not impose a flat rate at global level, as what is appropriate in one country context may not be appropriate in another. Also, to the extent possible, UNICEF tries to align its flat rate with that of other UN agencies as determined at the UN Country Team (UNCT) level.

Q: Are the provision for pension and life insurance eligible costs for CSOs?

- Pension and life insurance may be eligible costs if they are part of the standard benefits package offered by the CSO to all employees in line with the CSO's organizational policy or statutory requirements. For example, if individuals employed by the CSO are not offered life insurance coverage as a standard benefit, but staff working specifically on UNICEF-funded projects are offered such a benefit, then it is an ineligible cost. Furthermore, it should be noted that “eligible” costs are not automatically acceptable costs. For example, the UNICEF office may determine that the pension benefit is unreasonable or specifically excluded by a donor agreement, so such a cost, while eligible, may not be accepted as part of programme costs funded by UNICEF. Please discuss the specific case with the UNICEF Country Office.

5. Humanitarian Financing

Q: What financing has UNICEF provided to partners to date? What is the process for getting funds to front line service providers ASAP?

- In recent years, UNICEF has transferred \$1 billion of cash/year to CSOs.
- In the first 5 months of 2020, UNICEF has transferred \$ 360 million to NGOs, that is more cash to CSOs than any other recent year.
- UNICEF transfers on average 20 million USD\$ to partners per week, and we recognize the difficulties faced by partners in the COVID-19 response. In the COVID-19 response, UNICEF is also using funds from its appeal to sources vital supplies and commodities that are transferred to health authorities, government partners and civil society organisations.

Q: Can UNICEF track the speed and volume of funding that comes to civil society from the GHRP via UNICEF? (The background being that civil society can only access funding directly from Country Based Pooled Funds, so indirect funding is important too, in terms of accurate tracking)

- Many of the funding pledges reported by donors in the Financial Tracking System (FTS) managed by OCHA, take time before they hit recipient's (in this case UN agencies) bank accounts.
- For full transparency, UNICEF is reporting on a weekly basis to FTS on contributions received for COVID-19, including the country level allocations made thanks to the flexible funding.
- UNICEF is prioritizing the use of new COVID funds to procure PPE and other vital supplies, much of which are intended to be transferred to partners. As we meet timely supply requirements, we expect for offices to direct more of the newly received COVID funds to go to partners (on top of funds that are not explicitly linked to the COVID Appeal that are already being directed to partners for both COVID and non-COVID response).

Q: How is UNICEF providing funding for local partners? What flexibility and prioritization from UNICEF will enable local organizations to play a leading role in COVID-19 response?

- Partnership with national/local actors—namely government ministries/agencies, national NGOs and community-based organizations—is at the heart of UNICEF's programmes. In recent years, national/local partners have accounted for the majority of UNICEF's partner portfolio in terms of both number of partners, as well as funds transferred. UNICEF expects for this to continue with the COVID response.
- UNICEF has a high proportion of local and community-based partners. In 2019, by year end, UNICEF had transferred 239 million USD\$ to 855 local and community-based NGOs from its emergency funding resources. Already in 2020, as of beginning of May, UNICEF has transferred over 64 million USD\$ to over 450 local and community-based partners.
- UNICEF is promoting involvement of local actors in UNICEF-led clusters/sectors coordination mechanisms at national and sub-national level. Cluster/sectors members are supported to ensure that Humanitarian needs overviews (HNO) for covid-19 include views and data from local actors outlining needs from affected population and institutional strengthening needs. Promotion of diversity in cluster / sector membership including non-traditional humanitarian actors like faith leaders, local private sector groups is a priority.
- UNICEF supports prioritization of local actors' service delivery in the Humanitarian response plan and cluster/sector strategies accompanying with capacity building strategies such as coaching, secondment.

6. WASH

Q: Where can we find guidance on COVID- 19 prevention especially on hand washing ?

UNICEF is working hard to promote good hygiene practice and handwashing. There is a wealth of guidance and Resources for practitioners responding to the COVID-19 pandemic. <https://www.unicef.org/coronavirus/covid-19-resources-practitioners> including on WASH, hygiene promotion and infection prevention.

On COVID-19 Hygiene Hub

[COVID-19 Hygiene Hub](https://hygienehub.info/covid-19) is a chance to ask hygiene questions to a collective of international experts: <https://hygienehub.info/covid-19>

7. Personal Protective Equipment (PPE)

Q: Is UNICEF supporting partners to procure/access PPE? What is your plan to supply PPE to partners? : Is procuring PPE for NGO staff on UNICEF supported programmes eligible, or should PPE for UNICEF programmes be procured through UNICEF?

- For the COVID-19 pandemic response itself, the supply of critical items such as personal protective equipment (PPE) - surgical face masks, N95 respirators, gowns, coveralls, gloves, and hand sanitizers, is constrained. This is because of both increasing demand (which for some products has risen to 100 times pre-outbreak levels) and export restrictions for these commodities in many countries. UNICEF is working with industry globally to source additional products and with relevant authorities to waive export bans for medical items and PPE.
- UNICEF has procured tens of millions of dollars of programme supplies, including PPE in recent weeks. Much of these programme supplies will be transferred to CSO and Government partners. UNICEF has a strong procurement team in its Supply Division, and is communicating availability and timeline of supplies with Country Offices. We encourage partners to discuss with UNICEF Country Offices on whether from a timeline/quality assurance/cost perspective, it makes most sense for UNICEF to transfer PPE to partners, or provide the partner with cash for the partner to procure PPE
- Despite extreme PPE supply shortages in the initial stages of the outbreak, UNICEF has, in view of meeting the demand for PPE products for the months of April to June, managed to secure availability from suppliers for key products, such as 33 million surgical masks, 21.0 million respirators, 4.2 million coveralls, 5.7 million surgical gowns, 1.6 million goggles, 12,000 infrared thermometers and 31.5 million face shields.
- Availability of hand sanitizer – another critical product to disrupt transmission of COVID-19 in communities, at home, and for use by medical professionals – is limited. Suppliers have been communicating price increases to UNICEF ranging from 40 per cent to 90 per cent since the start of the outbreak. Where possible, hand sanitizer is procured locally and regionally to reduce freight cost and prolonged lead times.
- You can find more information from UNICEF’s supply division [here](#)
- .

Guidance from WHO on masks

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

8. Education

Q: What advocacy efforts is UNICEF undertaking to ensure education programming will be appropriate resourced? Given that many schools and ECD centres are closed in refugee settings with very limited

connectivity, can UNICEF share some examples of education activities that are being implemented in these contexts?

- The effects of children out of school is a major concern to UNICEF. At the end of April, UNESCO, UNICEF, WFP and World Bank issued new [guidelines](#) on the safe reopening of schools amidst ongoing closures affecting nearly 1.3 billion students worldwide. Widespread closures of educational facilities in response to the COVID-19 pandemic present an unprecedented risk to children's education and wellbeing, particularly for the most marginalized children who rely on school for their education, health, safety and nutrition. The guidelines offer practical advice for national and local authorities on how to keep children safe when they return to school.

Addressing the issue of schools being used as health facilities and quarantine centers:

- UNICEF and many education clusters are receiving reports of **schools being used as health facilities and quarantine centers during this pandemic**. Returning to school will require adaptation of facilities, risk communication and community engagement, increased support to teachers and initiatives to recover lost learning time. Use of schools as health facilities makes all of this more difficult, by increasing risk to returning staff and students, operational costs and undermining community confidence.
- While we acknowledge that treatment facilities are scarce in many countries, we stress to national authorities that they should, to the extent possible, avoid using education facilities for this purpose. Together the [Guidance on COVID-19 Prevention and Mitigation in Schools](#) (UNICEF, WHO, IFRC) and the [Framework for Reopening Schools](#) (UNESCO, UNICEF, World Bank, and WFP) lay out key actions as well as policy and financing considerations to support safe schools. Both resources convey the necessity of school sanitation and the urgency of resuming schools to support children's learning, protection and wellbeing.
- UNICEF has been working with governments to maximize equitable access to remote learning, considering context and is engaged in a number of fora and partnering with a diverse range of public and private stakeholders' specific dimensions, gender issues, marginalization, and overall access to technology. The [Remote Learning Decision Tree](#), shows how continuity of learning is possible by combining multiple approaches (digital, tv, radio, printed) and providing support to parents and teachers. As part of our post-COVID-19 agenda of Opening Up Better Schools, and as countries develop more effective and resilient education systems, at country level we continue to support the adaptation and development of additional, language- and context-specific resources.
- UNICEF is engaging in high-level advocacy for a multi-sectoral focus on Early Childhood Care and Development (ECCD) within the COVID-19 response to ensure the needs of young children are prioritized. We have also ensured that technical guidance to UNICEF country offices on remote learning is relevant to pre-primary education, including considerations for strengthening engagement of parents/caregivers to support home-based learning. Additionally, UNICEF country offices are integrating early childhood education into programming response through partnerships including the Global Partnership for Education (GPE) and Education Cannot Wait (ECW).
- For more information, please see the [resources for practitioners](#) or contact your UNICEF focal point.
- For example of UNICEF projects and interventions, see our recent [sitreps](#).

Q: COVID-19 has increased the gap in access to education between the rich and the poor, while many in the cities have access to online facilities for learning, the rural areas are left behind. what is UNICEF doing or intending to do to mitigate this?

- In the case of temporary school closures, UNICEF has shared IASC endorsed guidance on: Use of online/e-learning strategies • Assigning reading and exercises for home study • Radio, podcast or television broadcasts of academic content • Assigning teachers to conduct remote daily or weekly follow up with students • Review/develop accelerated education strategies

It is important to ensure that the remote learning integrate disease prevention and control in daily activities and lessons, and ensure content is age-, gender-, ethnicity-, and disability-responsive and activities are built into existing subjects.

- <https://educationcluster.app.box.com/s/qgyxvghxv4mhluy790h6s9jf6ek1q9l4>

For Global Education Cluster data, tools, and technical support, please visit our dedicated COVID-19 webpage: <https://www.educationcluster.net/>

9. Child Protection

Q: How you are addressing the children with disabilities who are the most vulnerable in this pandemic?

- Persons with disabilities may be at higher risk of exposure and severe illness for different reasons: • Some people have underlying health conditions or live in residential facilities with a high risk of spread • Inaccessible information about prevention measures and response services • Obstacles to accessing water, hygiene and health services • Less likely to be prioritized in resource allocation. UNICEF has issued a guidance note on considerations for children and adults with disabilities in the COVID-19 response. The guidance describes what we need to know about the situation of persons with disabilities in COVID-19 response, and what we need to do in five key points. The guidance will be revised as the situation evolves.
https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf
- Here is a tip sheet we shared with our teams to ensure children and adults with disabilities were included in the GHRP <https://drive.google.com/file/d/1-iU81sQXqB6o7Xaxt2qqQUJ0e8LNFOcr/view>

10. On UNICEF response in Bangladesh Cox's Bazar

Q: What is your plan for Rohingya people in Bangladesh in response to COVID 19? . What specific intervention UNICEF is going to take for the safety of children from Covid-19? What is the organization is going to do in Bangladesh regarding this issue?

- Over 854,000 Rohingya people live in one of the largest and most densely populated refugee camps in the world - over half of whom are children. UNICEF is worried about a potential COVID-19 outbreak in the camps. It is incredibly densely populated and so cases may surge rapidly if someone is infected. One of UNICEF's top priorities is to raise awareness among children and families on how to protect themselves from COVID-19, to understand risks, symptoms and transmission. They must also know what to do if they feel sick. During the month of March, UNICEF and its implementing partners reached over 294,000 people in nine camps through 215

community health volunteers with handwashing and COVID-19 related messaging, providing health and hygiene messages. UNICEF is partnering with the Islamic Foundation of Bangladesh to raise awareness on COVID-19 through over 1,100 Islamic centres in Cox's Bazar District and works closely with a number of religious leaders in the Rohingya camps to ensure children and families have accurate and reliable information from trusted sources of information in their communities. The temporary closure of the learning centres doesn't mean children's access to education is on hold. UNICEF is helping teachers, parents and caregivers conduct lessons at home by providing teaching guidelines, workbooks and other learning materials. UNICEF is rapidly establishing a temporary 200-bed COVID-19 isolation and treatment unit in Teknaf, and together with other key partners establishing a 50-bed COVID-19 isolation and treatment unit at Ramu Upazila Health Complex to serve Rohingya and Bangladeshi communities respectively. This is part of the Government of Bangladesh and the Health Sector's plans to provide 1,700 beds in Cox's Bazar District for COVID-19 patients. UNICEF is also supporting 14 health centres provide primary health care to over 185, 000 refugees. Although the challenges remain immense, UNICEF, together with World Health Organization and health partners, are working around the clock to ensure health facilities and health workers are equipped to the extent possible to face this global pandemic and protect vulnerable children and their families in Cox's Bazar, one patient at a time. You can find more information in our global appeal <https://www.unicef.org/appeals/files/2020-HAC-CoronaVirus-updated-05.08.pdf> and the latest [situation reports](#) are available including those for our Regional Office in South Asia (covering Bangladesh) and contain more detail on country level interventions and contact persons.

10. Data analysis

Q: Does UNICEF support at the global level statistical offices for new data collection in the context of Covid to evaluate the impact of. And if there are any recommendations developed for statistical offices?

- Timely, disaggregated, and quality data on the situation of children can help identify where the most vulnerable live so that interventions to counteract the potential adverse effects of COVID-19 can be implemented to reach those most in need. You can find more on the data UNICEF is gathering here <https://data.unicef.org/resources/data-to-inform-the-covid-19-response/> as well as under the [resources for practitioners](#).