The world faces an unprecedented global health and socio-economic crisis triggered by the COVID-19 (C-19) pandemic. **While its full impact and long-term fallout is still unclear, there is one thing we do know: the impact of C-19 on the lives of millions of children will be severe.** While children seem to be less vulnerable to the physical impact of the virus, many have fallen ill, some critically so. At a time when the world is already off track to achieve many of the SDGs, C-10 may further unravel years of progress on child rights, tear apart economies, disrupt key public services and safety nets and reverse critical gains achieved under the SDG Agenda. In the face of lives being lost, health and education systems getting disrupted, families sliding into poverty and the risk of violence increasing, it will take global action and attention to protect children, especially the most vulnerable.

While the virus does not discriminate by nationality, income or ethnicity, the most vulnerable children and communities will be hit hardest: those who are already marginalized, excluded and displaced, living in urban slums or camps, in places with weak or no health systems, without access to adequate water, sanitation and hygiene (WASH) or technological devices and connectivity and without any safety nets. For this reason the threat of C-19 is especially acute in countries with ongoing humanitarian crises and in places with extremely fragile service delivery systems.

**Impact on Children**

UNICEF is particularly concerned about the impact of C-19 on children, young people and women already affected by poverty, disability or social exclusion, including refugees, migrants and internally displaced, as well as those affected by humanitarian crises.

**Poor children will be disproportionately affected by the crisis.** Urban poor, migrant and displaced families are especially at risk as they tend to live in overcrowded settings, without WASH services and the possibility to practice physical distancing. This includes more than half a billion children living in slums and informal settlements, including millions of minorities and undocumented migrant children, whose access to essential services is already limited, with households largely dependent on daily wages at risk of vanishing overnight.

An estimated 420 million children and their families currently live in conflict-affected and fragile settings, including 12 million refugee children and 17 million children internally displaced due to conflict and violence.

Children living in humanitarian contexts now find themselves in a double crisis with fragile and depleted services unable to respond to the global pandemic. 2020 was already going to be a year with record...
numbers of children dependent on humanitarian assistance- C-19 will make reaching and assisting them so much harder.

5.1% of the world’s children have a disability. **Children, especially girls and women with disabilities are at heightened risk** due to inaccessible information about prevention and assistance and acute barriers to accessing health or basic WASH services. Children with disabilities also face additional barriers when it comes to online learning and alternative education. Millions of children and caregivers are living with HIV or other chronic health conditions so are at greater risk from C-19 and face the imminent risk of losing access to basic health care, diagnosis and treatment as hospitals and health systems are over-run with C-19 patients and health staff and resources are redeployed.

**Globally, an estimated 1.2 billion children are already out of school and tens of millions more are likely to join them.** As schools close, children also lose access to key health and protective services. Across high, middle and low-income countries, the learning gap is likely to widen as poor children cannot access remote learning and child nutrition will be affected as children can no longer access school meals. Girls and children with disabilities are again disproportionately affected. These exacerbated learning and protection risks will likely result in increases in gender-based violence, child labour, child marriage or teenage pregnancies. Many children – especially girls and children from poorer households- may never return to school again.

Poverty, stigma and marginalization, will take its own toll on families and communities as parents and caregivers will increasingly struggle to provide appropriate care and support to children. It is the very young and adolescents (girls in particular) that are most at risk – given the critical impact of nurturing care and nutrition during the first 1000 days of life and recognising that many now face deteriorating situations at home and sudden isolation from informal support networks such as friends, extended family and teachers and formal child protection and other services.

**Six Actions UNICEF and Partners Need to Take Now**

Already, children and communities are affected in different ways, with patterns of exclusion, discrimination and deprivation exacerbating. As the pandemic spreads, given the widely different capacities of health, education and social service systems to respond, the impact of the crisis will vary from country to country (and between regions within countries). For these reasons, prioritization and sequencing of response measures is crucial.

UNICEF is rapidly scaling up and striving to maintain continuity of programmes and operations while responding and adapting to the pandemic and its impact. We are committed to delivering assistance to children and women across all affected areas, together with governments and partners, to ensure all children in need receive humanitarian assistance and the support they need to cope with the impact of the crisis. UNICEF offices are working around the clock to meet the increased needs of communities and health systems to protect against the disease and address its impacts on children and families. We are working to strengthen the public health response to reduce coronavirus transmission and mortality, while monitoring and responding to the socio economic impact on children and families, especially the most disadvantaged, as the pandemic and efforts to contain it disrupt access to health care, learning, protection and other services essential to children’s rights and well-being.

An agile business continuity plan is being implemented to help UNICEF manage business and programme continuity while keeping the security and well-being of staff at the forefront. We are concerned about the potential negative impact on overall funding and our ability to support the last child. UNICEF calls on all Member States and other partners to unite in protecting vulnerable children and their families, sustaining the development gains of recent years, and recommitting to multilateralism and international cooperation as the only way forward. Responding to C-19 and minimising its impact on children will require global solidarity and the cooperation and participation of individuals, communities, governments and the private sector.
Together, we need to ramp up our response to the crisis and shield children – especially the most vulnerable - from the risks now facing them. Decisive action is needed in the following six priority areas:

1. **Keep children healthy**
   - Shore up health system capacities to maintain routine immunization, maternal, newborn, young child and adolescent care, HIV treatment, nutrition services and capacities to respond to other life-threatening diseases, such as pneumonia.
   - Strengthen risk communication and community engagement (RCCE) to ensure children and their families know how to protect themselves from C-19 and know how to seek assistance.
   - Advocate for non-discriminatory access to safe testing and treatment – regardless of nationality, migratory status, ethnicity, faith.
   - Invest in skilling frontline health workers.

2. **Reach vulnerable children with water, sanitation and hygiene (WASH)**
   - Provide WASH services and supplies in health facilities and schools to ensure access to WASH for households living in affected areas, at vulnerable collective sites, and in public spaces, and train health workers and teachers.
   - Ensure continued access to essential IPC, WASH and medical supplies.
   - Support local water and sanitation authorities and utilities to ensure continuity, quality and affordable access to WASH products and services for the poorest and most vulnerable population groups, including children with disabilities, displaced and migrant populations, and those living in humanitarian settings

3. **Keep children learning**
   - Support ministries of education and other education actors in providing large-scale and inclusive distance learning – with adapted measures in humanitarian settings to ensure continued and safe access to education.
   - Invest in and prioritise internet connectivity in rural and underserved areas, provide the necessary technology and develop and promote free and open digital tools.
   - Ensure the continuity of school feeding programmes and other protective services provided at schools.
   - Invest in skilling frontline education and social service workers, and businesses to support parents

Where schools remain open and once schools reopen:
   - Advocate for implementation of the guidelines for safe school operations
   - Take special measures to close any learning gaps, including enabling pathways back to school for the most vulnerable, especially girls.

4. **Support families to cover their needs and care for their children**
   - Build and/or strengthen shock-responsive social protection systems, considering the impact of C-19 on remittance flows as a key source of household income.
   - Ensure access to services to cover basic needs for families affected by a loss of income, including through the provision of emergency cash transfer, the expansion of existing social protection provisions, and adjusting and/or scaling up cash transfer programmes where appropriate.
   - Invest in rapid data collection, analysis and development of an evidence base to measure the outbreak’s impact on children and families and enable adaptive programming.
   - Advocate for the most vulnerable children and households to be included and targeted in national/global social and economic recovery measures adopted in response to C-19.
   - Advocate for and adopt Family Friendly Policies including paid sick leave, flexible work arrangements and accessible, safe and affordable childcare and child benefits
   - Care for the caregivers and support their physical, emotional and mental health including through information and communication campaigns
   - Promote positive parenting and provide parenting content and activities for parents, in local languages, safely and easily accessible.
   - Monitor and measure children’s developmental status within four domains: literacy-numeracy, physical, and social-emotional development.
5. **Protect children from violence, exploitation and abuse**
   - Invest in the social service workforce as a key pillar of the C-19 response and train health, education and social service workers.
   - Strengthen and/or establish national protection services, safe and trusted response and referral mechanisms for GBV and psychosocial services response – especially in conflict affected situations and other humanitarian settings.
   - Ensure that all children affected by C-19 – including displaced and migrant children – have access to adequate alternative care arrangements and protection services.
   - Scale up access and availability of mental health and psychosocial support by integrating MHPSS across all sectors and services and promoting access to quality services.

6. **Take targeted actions to protect refugee, migrant and internally displaced children and children in conflict-affected and humanitarian settings**
   - Uphold the rights of children affected by armed conflict and ensure their needs, vulnerabilities and risks are addressed in the response to C-19. Consider adapted measures to ensure access to health, WASH, education and protection services also in humanitarian settings.
   - Ensure all children – without discrimination and regardless of migratory status – are considered and included in policies and actions responding to C-19 and ensure access to basic services.
   - Get children out of harm’s way, including through relocation, and ensure that all displaced and migrant children have access to adequate reception, safe housing or alternative care arrangements, especially if they are unaccompanied and separated.
   - Advocate for children and families’ continued access to asylum, international protection and family reunification procedures, in line with public health guidelines.
   - Uphold commitments to child rights and international human rights, including refugee standards, and manage borders in a way that protects public health and ensures access to international protection and essential services for families that rely on cross-border movement.
   - Speak up proactively against xenophobia, stigma, and discrimination – the virus does not discriminate, and neither do we.

**Building Global Solidarity**
The overarching principle of Humanity must guide all our actions, namely to protect life and health and prevent and alleviate human suffering wherever it is found, without discrimination.

- Advocate for global solidarity and international cooperation and commit to protecting ODA and national budget allocations for critical child-focused services to sustain the development gains of recent years.
- Partner with the private sector to increase the accessibility and availability of safe, affordable technologies and solutions, including connectivity, to minimise the impact of C-19 on children’s health, wellbeing and development.
- Support cities as frontline partners to protect children and families, especially those living in urban slums and informal settlements, the displaced and undocumented, the poor and the hard-to-reach.
- Make space for the meaningful participation of adolescents and youth in the C-19 response, partner with adolescent and youth organizations, networks and volunteer programmes and build their capacity to educate and help their peer groups, families, and communities.