

Global Interim Report of the UN COVID-19 Response and Recovery Fund

for the period May to September 2020





Global Interim Report of the UN COVID-19 Response and Recovery Fund for the period May to September 2020

UN Multi-Partner Trust Fund Office

© 2020 UN MPTF Office. All rights reserved. May not be reproduced by any means without written permission, except when citing and/or reposting a copy of this PDF document with appropriate attribution.

Sources: Unless noted, all information and data are courtesy of the UN Multi-Partner Trust Fund Office (MPTF Office). The views expressed in this publication are those of the authors and do not necessarily represent those of the United Nations, affiliated agencies or Member States.

Global Interim Report of the UN COVID-19 Response and Recovery Fund for the period May to September 2020

Contents

	Foreword	
	Section 1: Overview of the UN COVID-19 Multi-Partner Fund	
	Introduction	05
	Supporting Emergency Response and UN Reform Results Summary Contributor Overview	
	Operations and Governance	09
	A Timeline of Operational Milestones Responding to a Global Development Emergency Governance Structure and Procedures Work of the Advisory Committee	
	Contributors and Capitalization	13
	Defining Needs Contributors Contributions from the Private Sector and Individuals Earmarking Transparency	
	Raising Visibility and Action	
_	Women Rise for All Recover Better Together Action Forum	17
	Partnering with Civil Society	
	Solutions Catalogue	
	Section II: Country Snapshots and Emerging Results	25



*References to Kosovo shall be understood in the context of the Security Council Resolution 1244 (1999)

FOREWORD

by the United Nations Deputy Secretary-General Amina Mohammed

The COVID-19 pandemic is having a devastating impact on our world. With so much suffering and stress on so many people in so many countries, and the promise of the 2030 Agenda at stake, we must accelerate and amplify our response to this global development emergency.

Governments, communities, and citizens have mobilized in myriad ways. But much more needs to be done. Global human development is on course to decline this year for the first time since it was first measured in 1990. Up to 115 million people are now at risk of falling back into extreme poverty. As the world reels from the first wave of the pandemic, many countries are now experiencing a second or even third surge, and their hardships are accumulating. The race for vaccines and therapeutics brings hope that an end may be in sight to the health crisis, but the social and economic impact of the pandemic will last for years.

The pandemic has exploited and exacerbated the fragilities of our world: inequalities within and between countries; insufficient access to healthcare; and food insecurity. COVID-19 has threatened to roll back progress towards each of the Sustainable Development Goals (SDGs), putting the 'World We Want' further out of reach, especially for those already at risk of being left behind.

The COVID-19 Response and Recovery Trust Fund was established by the Secretary-General to support the United Nations' response to this crisis, as we work hand-in-hand with countries and help them to cope with and recover from the pandemic's social and economic impacts. The Fund has allowed the UN system to tackle the crisis head-on, as a development emergency, with an unprecedent pace and level of coherence.

The COVID-19 Fund complements and generates synergies with the 2030 Agenda Fund as part of the reforms of the UN development system to accelerate efforts towards the SDGs. Leveraging strategically both Funds, UN country teams are helping countries respond swiftly to the initial effects of the pandemic, while anchoring the response strongly in the longer-term objectives of the 2030 Agenda.

Within weeks of its launch, and with generous support from 15 contributors, the COVID-19 Response and Recovery Trust Fund made its first investments and disbursed funds to 47 countries. It has since disbursed US\$64 million to



75 programmes spanning 61 countries. Following its initial investments, the Fund launched a second Call for Proposals that financed interventions in an additional 22 countries. It also developed a 'Solutions Catalogue' of responses that can serve as a tool for donors and investors seeking high impact projects that will make a difference.

This report provides an interim update on what these investments have achieved and the people they have helped. It describes how the United Nations has used the COVID-19 Response and Recovery Trust Fund to help meet countries' development needs, while responding to the immediate health, social, and economic crises caused by the pandemic.

The Fund's investments are diverse, but they align with some common principles and threads: concrete and immediate action, a focus on Leaving No One Behind, and a commitment to inclusivity.

I thank the Fund's contributors for their solidarity; and I commend my United Nations colleagues around the world, who are working to support people through this pandemic, for their dedication and commitment.

Section 1: Overview of the UN COVID-19 Multi-Partner Fund



INTRODUCTION

Supporting Emergency Response and UN Reform

This is a human crisis. Not only have hundreds of thousands of lives been lost - the lives of billions of people have been disrupted. While every country has faced enormous challenges in responding to the pandemic, developing countries lack the domestic resources necessary to mount a sustained response to the health, social and economic impacts of this crisis. COVID-19 has therefore exposed and exacerbated deep inequalities, with the impacts of lockdowns and suspensions of social and economic activities disproportionately felt by the most vulnerable countries and within them, the most vulnerable segments of the population.

Data show that poverty could rise by 420- 580 million people – the first increase in three decades – with 70 to 100 million at risk of falling back into extreme poverty. Gains on gender equality are also at risk of being reversed by decades. The pandemic has endangered the global economy, leading to a record global recession with a projected contraction in global GDP in 2020 of 4.9% - 5.2%. It is estimated that developing countries stand to lose \$220 billion in GDP in 2020 alone. Similarly, global flows of foreign direct investment are forecast to decrease by up to 40% this year as a result of the pandemic.

The impact of the COVID crisis on enterprises and workers has also been devastating. In the second quarter of 2020, an estimated 495 million full-time equivalent jobs were lost, with workers in developing and emerging economies, and especially those in the informal economy, hit hardest. Repercussions on vulnerable groups, like the ability to pay for food¹ and other necessities has been catastrophic, meaning that support for jobs and labor income will need to continue well into 2021 – to keep employment, businesses, and incomes afloat. Overall, global human development is on course to decline this year for the first time since the concept was first measured in 1990. The pandemic is, in every sense, a development emergency - a term coined by the Deputy Secretary-General at the onset of the crisis.

The COVID-19 Response and Recovery Fund has operated as one gear in a bigger machinery of the United Nations' development emergency response mode. The Fund has demonstrated that the UN Development System can develop emergency response projects as well as accept and disburse funding with significant speed to prioritized projects of high quality. While it is difficult to describe exactly what this means, it does entail a commitment to getting the job done quickly and effectively by looking for solutions based on analysis and by considering inter-agency collaboration and assistance as the default approach. It also means working around the clock in different time zones and pursuing innovations over the course of weeks rather than months.

The development emergency mindset has enabled UN System partners to engage each other and external partners in a constructive and forward-leaning manner committed to getting the job done. This has been exemplified by the Fund's Advisory Committee comprising agency representatives at the Assistant Secretary-General's level as well as key donors. Understanding the need to co-create the development emergency interventions, despite high frequency of meetings, members have participated actively with a willingness to contribute, share, and help.

The Fund has also sought to leverage the capacity of a strengthened United Nations Resident Coordinator system – a key outcome of UN reform. At the country level it has done so by engaging the Resident Coordinator Offices directly in strategic discussions about the Fund's focus and modus operandi, in lessons learned exercises (after-action reviews) and when testing new approaches, such as the online Grant Management System. The Fund has also supported Resident Coordinator leadership and UN system jointness by requesting joint programs co-developed and delivered by a partnership of relevant UN Agencies to be prioritized and submitted by the Resident Coordinator.

At the global level, the Fund has also sought to leverage the capacity of the strengthened Resident Coordinator system by introducing as an eligibility criterion in the Fund's Second Call for Proposals, the existence of a Socio-Economic Response Plan (SERP). These plans, which have repurposed existing programs and presented new urgent priorities including unfunded projects, have been a pivotal element of the UNDS' global socio-economic response initiated and supported by the Development Coordination Office (DCO) and United Nations Development Programme (UNDP), which demonstrated both speed and relevance by building over the course of several months a publicly available data platform (https://data.uninfo.org/) collating all relevant SERPs and the vulnerability analysis underpinning them. Introducing the SERP as an eligibility criterion has incentivized rapid and relevant planning with SERPS covering more than 120 countries. The SERPs de facto collectively constitute the UN systems interim global response framework on the socio-economic side pending a recalibration of UN Sustainable Development Cooperation Framework and other frameworks.

Further, we all recognize that resources channeled through the Fund are well below what is needed. This is why the Fund is working as an instrument of knowledge generation that can inform and incentivize much larger resource flows. This can only happen through three key characteristics: speed; strategic risk-taking focus; and quick learning that is shared rapidly and widely with the broader community.

The Fund's approach to enhancing the gender focus in the socio-economic response through its Call for Proposal criteria is described elsewhere in this interim report. The lessons emanating from these ambitions have, however, as collateral impact, led to the pursuing of more systemic reform with regards to gender-responsive planning, budgeting, and reporting, namely by working to ensure that the gender equality marker is included in the UNSDG funding framework.

Finally, the Fund is a response to the ongoing development emergency and as such is time bound. The objective is to sustain activities as long as they are needed, but only until such time that other funding mechanisms and planning approaches and frameworks have been recalibrated to this new reality.

1 ILO COVID Monitor Update: https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/WCMS_755910/lang--en/index.htm

Results Summary

In 47 countries, the COVID-19 MPTF has financed a wide range of programmatic interventions that are helping countries progress towards Pillar 1 on Health First; Pillar Two on Protecting People; and Pillar Three on Economic Recovery and Resilience, as outlined in the 'UN Framework for the Immediate Socio-economic Response to COVID-19.' Within this framework, funded programmes are offering critical support to vulnerable people least able to cope with the health, social and economic shocks the pandemic has caused.

Each programme described in this report is guided by and aligned to one key principle and cross cutting priority of the Fund: Leaving No One Behind (LNOB). This means bringing human beings' dignity to the forefront and placing the progress of the most marginalized communities first, with women and girls often at the top of the list. The emerging results highlighted in this section show how numerous programmes distinctly focus on addressing inequality and the marginalization of vulnerable groups. They are working to assure that no one – women, the elderly, youth, people with disabilities and mental health conditions, migrants, refugees, internally displaced persons, minorities, people in detention, slum dwellers, the homeless, small farmers and people living in remote areas as well as urban informal and selfemployed laborers, among others – is left behind.

Programmatic interventions have procured critical supplies, built infrastructure, and made strides to provide health and basic services to vulnerable people heavily impacted by the pandemic. Some interventions created employment and reskilling opportunities through the local production of personal protective equipment. In **Guinea**, one intervention resourced and employed 500 local artisans to produce 62,815 masks, while another project provided resources to six SMEs, which made 150,000 reusable masks. In **Madagascar**, two women-led textile companies were reskilled to masks production, thereby creating 357 new jobs.

In other countries, infrastructure was upgraded. In The **Gambia**, this has meant procuring 60 containers and 60 standard hospital beds with IV stands and mattresses for the construction of three treatment centers. Meanwhile, in **Belize**, two new isolation facilities are 80% complete. In **Tokelau**, three quarantine centers, one on each of its three atolls, will serve the country's entire population. For **Honduras**, the programme equipped 14 situation rooms and three molecular biology laboratories to increase response and testing capacity.

Programmatic interventions have increased people's access to help and accurate information despite lockdowns and movement restrictions. In **Comoros**, the 24/7 COVID-19 hotline (1717) is operational and its three call centers have received 118,500 calls to date. **Mauritania** also established an operational 24/7 COVID-19 hotline (1155), while **Tajikistan**, put in place five hotline points at national and regional levels. The hotlines offered assistance on COVID-19, sexual and reproductive health, and to victims of genderbased violence. **Kosovo**² used fund resources to support volunteers working for its 24/7 national COVID-19 hotline. It provided 58 volunteers with support packages of PPE (4,850 masks, 1,000 disinfectants, and 10 thermometers) and daily allowances for food and transport expenses.

In **Jamaica**, an intense digital messaging campaign reached approximately 30,000 people in country and approximately 200,000 across the Caribbean. Further, the country is running 21 hotlines to help women, men, and the elderly who require access to essential health services. In **Kosovo**, the programme reached 37,000 people through information and awareness raising campaigns on COVID-19.

Programmes are also helping to meet mental health needs. In the **Maldives**, the project increased the capacity of six thousand people to deliver community-based mental health and psycho-social support, with 3,871 people receiving specialized mental health services. Further, 2,338 callers to a dedicated helpline were provided with mental health services. In **Cote D'Ivoire**, 147 social workers received online training on psychosocial first aid, parenting, and family skills, while in **Jamaica**, 450 staff members of 14 infirmaries were trained to provide mental health and psychosocial support.

Pillar 1 interventions on Health First are also helping countries keep COVID-19 in check at their borders. In **Mauritania**, programmatic initiatives taught eight border communities IPC measures and equipped six border posts with PPE. In **Moldova**, the Fund helped meet Water, Sanitation and Hygiene (WASH), quarantine facilities, and equipment and supply needs at 12 high flow points of entry.

Even as the pandemic slowed and complicated global supply chains, funded programmes helped procure and deliver lifesaving medications, personal protective equipment (PPE), and medical equipment. For instance, in **Kyrgyzstan**, the programme procured 6,700 surgical respirators, 20,500 gowns, 5,500 coveralls, 15,500 surgical masks, 8,380 goggles, and 5,500 face shields and gave them to various medical facilities in the country. In **Lao PDR**, 24,000 surgical masks, 9,840 eye goggles, 192 protective suits, and 72 temperature scanners for use by border guards were delivered. **Moldova** saw PPE delivered to 58 health facilities, border police facilities, and penitentiaries.

In **Madagascar**, programmatic interventions met the supply needs of all 36 treatment centers in the country, as well as assuring the supply of oxygen to 31 hospitals managing severe COVID-19 cases. For **Jamaica**, 28 ventilators and related equipment were procured to serve critically ill patients. **Tajikistan** leveraged Fund support to secure 13 different pharmaceuticals needed by the intensive care units of 35 hospitals and to install five ventilators in five health facilities.

The COVID-19 MPTF funded programmes made progress in assuring well-resourced and continuous healthcare for women and girls of reproductive age. Initiatives have assured services for victims of violence as well as for pregnant women. In **Honduras**, pregnant adolescents were provided with 600 hygiene and dignity kits when they attended maternal child services and the maternity wards

2 References to Kosovo shall be understood in the context of the Security Council Resolution 1244 (1999)

of hospitals. In **Lao PDR**, with programmatic support, the percentage of women receiving antenatal care services rose steadily by 10 % in targeted districts. In **Papua New Guinea**, 14 health workers from seven health facilities and 48 Village Health Volunteers linked to these facilities were trained on safe motherhood and emergency obstetric and newborn care in the context of COVID-19; and 50 newborns were delivered and provided with neonatal care. In **Viet Nam**, the programme provided 7,300 pregnant women with antenatal care services; and 1,600 infants aged between 6-23 months with micro-nutrient supplementations.

In **Malawi**, with Fund support, a reporting mechanism for COVID-19 positive pregnant women was established using data from 55 testing sites, with 38 pregnant women tested positive. The programme also procured hospital equipment for 10 districts of the country: 3 ventilators, 10 anesthesia machines, 20 patient monitors, 10 ultrasound machines, 56 doppler fetal heart machines, 10 vacuum extraction machines, 20 infant scales, 30 suction machines, and 100 hand-operated infant resuscitators.

Other programmes also provisioned supplies to meet the needs of women and girls. In **Morocco**, the initiative equipped 113 gender-based violence units with digital tools to support victims, while in **Ghana**, 1,000 essential personal hygiene dignity kits were distributed to women and girls and a refurbished national shelter now offers sexual and genderbased violence victims a safe space in the Greater Accra Region.

Other programmes focused on helping people at risk of being left behind. In **Moldova**, a programme intervention targeted 4,157 at-risk people from both banks of the Nistru River, providing them with PPE, food packs, hygiene kits, sanitary kits for women, and diapers. In Kosovo, 102 advocacy interventions helped 614 people in need of food, hygiene, and health services.

In Guatemala and Cambodia, resources and services helped protect the health and well-being of migrants. In **Cambodia**, this meant providing 51,760 returning migrants and members of their point of entry host communities with information and resources to prevent COVID-19 transmission. The programme delivered 900 dignity kits to returning women migrant workers, and provided sexual, reproductive, and maternal health and gender-based violence support to 3,970 migrants and their family members. In **Guatemala**, 5,785 (100%) returned migrants were quarantined with dignity and returned to their communities of origin with a certification of their health. Further, 723 unaccompanied children returnees and 119 returned family units were safely reintegrated with their families and into their communities.

Other programmes supported children and the elderly and the homeless. With Fund support, **Kiribati** screened 10,816 children to ensure that none would miss out on routine healthcare. In **Uzbekistan**, trained social workers and senior Ministry staff offered counselling and social services to 100 children repatriated from armed conflict zones and 105 children that had left specialized correctional institutions. Other funding supported rehabilitation centers across 14 provinces that provided 102 women and their children with food, medication, and access to hygiene. Meanwhile, in Georgia, 1,530 vulnerable elderly people living alone received food deliveries, PPE, sanitation kits and COVID-19 information materials designed for them. In Tunisia, the programme offered COVID-19 prevention assistance to 230 homeless people living in centers and on the streets.

A number of interventions focused on extending safety nets to the poorest, often by offering cash transfers. With Fund support:

- Cabo Verde gave 942 eligible households income support for three months;
- Tunisia provided cash transfers to 257 vulnerable households of children who missed out on school meals due to school closures and transferred cash assistance to 1,000 extremely vulnerable refugees and asylum seekers to meet their urgent needs;
- Nepal provided one month of minimum standard salary (NPR 13,500), to 200 vulnerable returnee migrant workers and helped 529 people open bank accounts;
- Armenia provided one-time multipurpose cash transfers to 3,050 children with disabilities;
- Jamaica gave 2,734 beneficiaries cash transfers, a number that included 2,180 children with disabilities, 554 pregnant and lactating women, and 92% women-headed households; and
- Timor-Leste facilitated cash transfers to 298,816 households across all 13 municipalities of the country.

The Fund assisted other countries in determining how to expand social safety nets. For instance, in **Indonesia**, technical support to the Ministry of Social Affairs improved the registration process for woman with disabilities and added 400,000 vulnerable children to the safety net programme. In **Ghana**, the programme identified 181,000 vulnerable people in need of increased cash assistance under the country's Productive Safety Net Programme. Using survey information, the programme also recommended doubling social welfare payments to 300,000 households.

Other interventions supported nutrition and food security for those in need. In **El Salvador**, the programme delivered 350 post-harvest silos to conserve grain, and provided technical assistance to 1,000 smallholder farmers whose food source is maize and bean production. Rural small holder farmers in **Bhutan** were given seeds, agriculture equipment and irrigation support. In **India** and in partnership with a local CSO, 4,000 dry ration kits were procured, 33,600 vulnerable people (8,000 households) registered for assistance, and 2,000 artisans and farmers provided with digital literacy training to help them access virtual financing and e-markets. With Fund support, **Sao Tome and Principe** verified 180 vulnerable and rural families at risk of food insecurity due to the pandemic. Meanwhile in **Vanuatu**, two new markets were created to reduce crowding and increase the safety for food vendors and their customers.

Given the importance of hygiene as a way of stemming COVID-19 transmission, programmes also focused on WASH. In **Federated States of Micronesia**, 35 additional handwashing facilities in 10 healthcare facilities were built and in **Papua New Guinea**, 25 target sites in eight villages will receive WASH infrastructure upgrades, an intervention that will benefit 7,123 people. In **Comoros**, 40,000 people benefited from programmatic implementation of WASH infrastructure and equipment, while in **Viet Nam**, Fund resources provided 3,334 children with WASH in their schools. Also in support of children, programmatic initiatives extended the quality and reach of education in the pandemic context. In Bhutan, 137,865 student received TV and online lessons, while 17,000 children in remote areas benefited from radio lessons developed by the Ministry of Education and Royal Education Council. In Federated States of Micronesia, 219 principals, teachers, and educational staff from 53 schools were trained on COVID-19 infection prevention and control (IPC) in a school setting. For Nicaragua, the programme helped the Department of Educational Programming develop Curricular Adaptation Guidelines for 5,500 teacher trainers, and improved digital communications resulting in the training of 50,000 teachers. In Senegal, pre-recorded radio lessons on math and literacy aired on 120 community radio stations to support nationwide access to education. Meanwhile, in Mongolia, lessons are being tailored to meet the needs of deaf and visually impaired children as well as children who need to be taught in local ethnic languages.

Contributor Overview

Results in this report would not have been possible without the generous contributions to the COVID-19 MPTF by the following donors.

Alt	CAMBODIA		NEW ZEALAND		THAILAND
-	CROATIA		NORWAY		UNITED KINGDOM
	DENMARK		REPUBLIC of KOREA	(3)	UN Evaluation Group
	FINLAND	+	SLOVAK REPUBLIC		
	ICELAND		SWEDEN, Government of	1	Private Sector Contributors
	THE NETHERLANDS	+	SWITZERLAND	Stand	ard Chartered Bank Zambia PLC

OPERATIONS AND GOVERNANCE

A Timeline of Operational Milestones

To date, the Fund has programmed US\$64 million through two Calls for Proposals. In addition, and from its second Call for Proposals, the Fund generated the 'Solutions Catalogue,' which puts forth 206 additional strategic and unfunded priority programmes derived from SERPs. The key principle of the Fund's allocation cycles has been the UN system jointness, with all funded programmes implemented by two to four Recipient UN Organizations. Below is a timeline of the Fund's operational milestones.

3 April 2020: UN Secretary-General establishes the COVID-19 Response and Recovery Trust Fund.

15 April 2020: Fund issues its first Call for Proposals to 47 countries against US\$45 million. The Call focuses on LDCs, LMICs and SIDS not covered by the Global Humanitarian Appeal. Call response rate is 100%.

An Immediate Response to a Global Development Emergency: The Fund's First Call for Proposals

Because the COVID-19-related health and development crises occurred simultaneously, this Call for Proposals fell within Window 1 and Window 2 allocations. It supported joint UN action to: directly mitigate the socioeconomic impacts of the pandemic with a focus on vulnerable groups; and close health sector related investment gaps not covered by UN development agency programming resources. The first Call prioritized the least developed countries (LDCs) not covered in the Office for the Coordination of Humanitarian Affairs (OCHA) Global Humanitarian Response Plan³, Small Island Developing States (SIDS), and middle-income countries heavily impacted by the COVID-19 pandemic. Through this Call, the Fund programmed US\$45 million supporting 56 programmes in 47 countries. The Call built a cadre of programmes that upscaled proven methodologies and adapted them to COVID-19 circumstances, while also supporting the adoption of new technologies and innovations that could simultaneously advance resiliency and recovery. Investment examples can be found *'Programme investments – 1st call for proposals'*.

13 May 2020: Fund begins release of payments to 47 countries of Call 1. 69% of transfers were made within 3 days and 99% of all transfers within 5 days.

19 June 2020: As part of the overall UN's response to COVID-19, the Fund launches a webpage (www. **un.org/recoverbetter**) to share the latest programmatic announcements and key Fund updates.

17 August 2020: The Fund launches a global Call for Proposals derived from Socio-economic Response Plans (SERPs). The Call has a financial target of 30% for GEM 3, and is digitized for the first time ever, using the GMS. The Call will programme US\$16 million and generate a catalogue of actionable, priority and unfunded programmes that can be used to raise additional resources and partnerships. **15 May 2020:** Fund commences an 'After-Action Review' to cultivate lessons learned from its first Call for Proposals and apply them to subsequent Calls.

26 June 2020: On the anniversary of the UN Charter, the UN Deputy Secretary-General convenes the Recover Better Together Action Forum to support capitalization of the Fund. The event hosts 330 participants, features 40 speakers, raises US\$17 million from 10 new donors, and launches two data platforms led by UN Women (COVID-19 and Gender Monitor) and Cepei.

23 July 2020: The Fund targets grants to UN Resident Coordinators (RCs) in selected countries (up to USD \$50,000 each over three months) to cover feasibility and finance studies of potential Fund investments.

Building a Pipeline for the Solutions Catalogue

The Fund's second Call for Proposals sought to fund timely, relevant, prioritized, realistic, evidence-based, joined-up and implementable interventions. In doing so, it built a pipeline of urgent, unfunded, and high quality programmes. The Call put gender equality at its core, requiring a gender marker of GEM 3 for at least 30% of its investments. It also required that country programmes be derived from UN socio-economic response plans (SERPs) published on the DCO platform. Using SERPs as a core criteria of the Call enabled the Fund advanced development planning. The Call funded 22 countries, and it built a pipeline of 206 unfunded, but priority programmes, amounting to USD 252 million, that are being integrated into a 'Catalogue of Solutions'. The Catalogue will serve as a novel tool to garner additional donor resources and partner engagement.

3 see https://fts.unocha.org/appeals/952/summary

Mid-August 2020: The Fund organizes several wellattended trainings to support RCs, RCOs and their agency partners with this Call. The Secretary-General's Designate holds a Q&A session with approximately 120 RCs and their staff members. ILO, IOM, PAHO, UNCTAD, UNDP, UNFPA, UNICEF, UNWOMEN, WFP and WHO colleagues from UN Inter-Agency Network on Women and Gender Equality (IANWGE) hold two gender-responsive programing webinars to support the Call's GEM target that are attended by 400 participants from the RCOs and UNCTs. The Secretariat holds a training on the GMS (digitization of the Call) that is attended by over 100 participants.

31 August 2020: 109 countries publish finalized SERPs (up from approximately 60 prior to the Call) and submit 104 programmes covering 113 countries submit for funding. 250 Concept Notes are submitted to the pipeline of unfunded, priority programmes. LNOB and gender equality dimensions are assessed by inter-agency support networks.

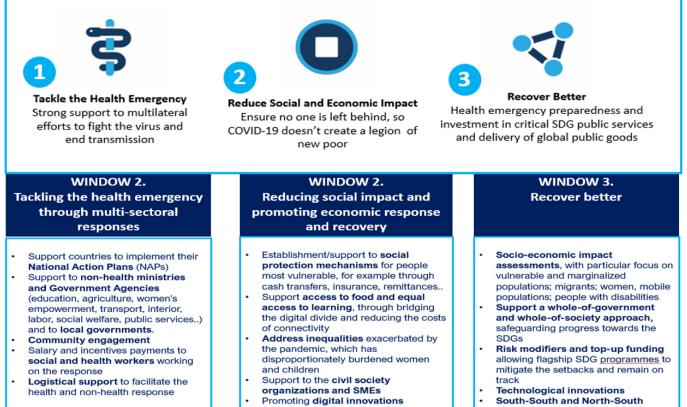
13 October 2020: The Fund begins the release of funding to Call 2 countries.

30 October 2020: The Fund publishes the 'Solutions Catalogue', which profiles urgent, unfunded, and ready to implement projects derived from SERPs. The Catalogue is a novel tool that will support outreach to donors and partners and serve as an evidence base for what the UN considers urgent funding needs.

Responding to a Global Development Emergency

The COVID-19 MPTF finances actions supporting the three objectives outlined in the UN Secretary-General's Call for Solidarity, a plea for collective global action to stop the COVID-19 pandemic and alleviate the suffering it has caused. The Fund's Windows therefore align to (1) tackling the health emergency; (2) mitigating social impacts and

supporting economic response and recovery; and (3) helping countries to recover better. Organization (WHO)'s Strategic Preparedness and Response Plan and the UN Office for the Coordination of Humanitarian Affairs (OCHA)'s Consolidated Global Humanitarian Appeal for COVID-19.



South-South and North-South cooperation



The Fund's investments and operations are guided by UN Framework for the Immediate Socio-economic Response to COVID-19. The Fund supports countries to implement the five pillars of action outlined in this Framework. They include:

(1) Health First – to immunize children, give women safe spaces to deliver babies, and implement tele-medicine, mobile care units, and support innovations needed to provide healthcare to vulnerable people during and beyond the pandemic

(2) Protecting People – to keep families afloat during a time of job losses and economic contract. Financial, nutrition, and other support will target the poorest households, those led by women, and those that care for children, elder, and vulnerable people.

(3) Economic Response and Recovery – to protect jobs, small and medium- sized enterprises, and the informal sector workers. The Fund will support workers re-entry to the job market, and businesses with digitization and innovation so they can safely operate and provide jobs.

(4) Macroeconomic Response and Multilateral Collaboration – with support for active fiscal and monetary policies to stimulate the economy; financial support for SMEs and the self-and informally-employed; and protections for vulnerable workers.

(5) Social Cohesion and Community Resilience – to promote community engagement and empowerment in response and recovery.

The Fund is designed to complement the World Health Organization (WHO)'s Strategic Preparedness and Response Plan and the UN Office for the Coordination of Humanitarian Affairs (OCHA)'s Consolidated Global Humanitarian Appeal for COVID-19.



UN System COVID-19 Response

Governance Structure and Procedures

The Fund operates under the overall leadership of the UN Secretary-General through his Designate to the COVID-19 MPTF, who serves as the Chair of the Advisory Committee.

The Fund's transparent governance structure also consists of an Advisory Committee, a Fund Secretariat, Recipient Organizations, and an Administrative Agent.

The Designate provides oversight and strategic direction, leading the mobilization of resources, approving programmes for funding, and overseeing progress against expected results. Essentially, the Designate articulates the Fund's priorities and makes allocation decisions in consultation with the Advisory Committee.

The Advisory Committee supports the Designate of the Secretary-General in the timely allocation and disbursement of

donor resources, and it provides advice on the management of the Fund. It includes representatives of UN Agencies, Funds and Programmes that cover key sustainable development areas related to the COVID-19 response, five representatives of contributing partners, and five ex-officio members representing WHO, OCHA, UN Development Coordination Office (DCO), UNWOMEN and the MPTF Office.

The Fund's portfolio is selected from investment proposals developed and vetted by the UN Resident Coordinator in consultation with a UN Country Team (UNCT) that maintains an excellent working relationship with the national government as well as with communities in need. Multiple UN agencies, presenting a compendium of expertise work on formation of these proposals along with their implementation. Once UN Resident Coordinators in each country have prioritized and endorsed proposals, they are submitted to the Secretary-General's Designate. Funding decisions on country proposals are made by the UN Secretary-General's Designate, in consultation with the Advisory Committee. The decision making process for Fund allocations to country programmes is outlined in the Fund's Fact Sheet.

Recipient Organizations (UN Agencies, Funds and Programmes) implement joint programmes. Government entities and civil society organizations may also access the Fund as implementing partners of Recipient UN Organizations.

The Fund Secretariat provides technical and management support to the Designate of the Secretary-General. It prepares the Fund strategy, assures rapid development of investments, and manages calls for proposals. It also provides technical assessment of requests in line with the strategic priorities of the Fund and in line with an everevolving pandemic. The Fund Secretariat is also tasked with monitoring and reporting on the Fund's programmatic performance and communicating these results.

Work of the Advisory Committee

The Advisory Committee is a unique facet of the Fund that proposes solutions, gives direction and facilitates the dialogue needed to help the UN Secretary-General's Designate guide the Fund and to make informed, fast, and strategic decisions on how funding should be allocated. Advisory Committee members include: representatives from ILO, UNCTAD, UNICEF, UNDP, WFP, and UNFPA; representatives of the contributing partners of Denmark, the Netherlands, Norway, Sweden, and Switzerland; and five ex-officio members of WHO, OCHA, UN Development



The UNDP Multi-Partner Trust Fund Office (http://mptf. undp.org/) acts as the Administrative Agent of the Fund. It is responsible for fund design, legal agreements with UN entities and donors, administration of donor contributions, fund disbursement and consolidated reporting.

The Fund was operationalized in April 2020, and its scheduled close is set for April 2022. At that time, all operational activities will be completed, and Fund will transition to operation of the Joint SDG Fund.

Coordination Office (DCO), UNWOMEN and the MPTF Office.

The Advisory Committee has met regularly (18 times) since the Fund commenced operations in April. To adapt to the context of COVID-19, meetings were held virtually. These remote consultations provided an opportunity for substantial discussion amongst donors, UN Agencies and the Designate on the strategic direction of the Fund and the comparative value of the programmes it would finance.

Advisory Committee Gives Strategic Direction to Fund

The Committee offered guidance on major decisions for:

- **Designing** a collaborative and **integrated Fund**, assuring its fit into the UN overall response to COVID-19;
- **Instituting** an **After-Action Review** to gather lessons learned from the first Call to inform subsequent allocations; supporting system-wide **evaluation** of the Fund;
- **Building** a strong **gender lens** into programming, such that 30% of funded programmes under Call 2 had a gender maker score (GEM) of three, meaning that

The Advisory Committee helped assure that the Fund supported high-quality programmes that were as much urgent as they were implementable. Towards this end, it advised on the allocation of US\$ 44 million towards 56 country programmes under the Fund's first Call for Proposals; and US\$16 million for another 22 country programmes under the Fund's interim second Call for Proposals. Sixty-six reviewers from UN Agencies, Funds and Programmes and five members of the Fund Secretariat reviewed proposals submitted for funding. The Advisory Committee also supported efforts to generate the Solutions addressing gender inequities was a primary goal of the funded programme;

- Assuring the Fund served as an expression of UN reform, such that Call 2 proposals derived from SERPs; and
- **Guiding** Fund **communications and outreach** initiatives as well as **fundraising initiatives**; including the June Partnership Forum led by the Deputy Secretary-General.

Catalogue, which puts forth an additional 206 unfunded, priority country programmes derived from SERPs. In addition, and to support achievement of gender marker goals, gender-responsive programing webinars were conducted by ILO, IOM, PAHO, UNCTAD, UNDP, UNFPA, UNICEF, UNWOMEN, WFP and WHO colleagues from UN Inter-Agency Network on Women and Gender Equality (IANWGE), to ensure high quality proposals addressing all inequalities and leaving no one behind. IANWGE COVID-19 Gender Equality Checklist was developed to support integration of gender equality in SERPs.

CONTRIBUTORS AND CAPITALIZATION

Defining Needs

The UN Secretary-General launched the COVID-19 Response and Recovery MPTF to help scale-up integrated UN support to countries responding to the socio-economic impacts of the pandemic. Given the scale and pace of the pandemic, programming was designed to be rapid and short-term, characterized by frequent tranche releases and tightly managed liquidity.

The Fund has sought to assure that when resources are received they are rapidly put to work and that programmes can deliver results as fast as possible. To meet unparalleled needs in an unprecedented environment, the Fund adopted over-programming as a mode of operation. It also, under its second Call for Proposals, built a Solutions Catalogue of unfunded priority programmes derived from SERPs. The Catalogue offers a register of ready-to-implement, UNbacked programmes to donors and partners.

The Fund urgently requires USD 252 million for the already developed development emergency programmes to fight the health and development emergencies caused by the pandemic globally. It mobilized US\$66 million in assistance to 47 countries in its first round of allocations (May 2020) and US\$16 million in its second (August 2020).

Contributors

The fund is capitalized at USD 66,255,216 as of mid-October 2020, having received contributions from 15 externals donors as well as a contribution from the UN Evaluation Group for the System-Wide Evaluation of the Fund and the Std Chartered Bank Zambia PLC.

Country	Commitment	Deposit	Deposit Rate*
The Netherlands	16,853,932	16,853,932	100.00%
Norway	14,220,306	14,115,427	99.26%
Switzerland	8,228,236	6,172,738	75.02%
Denmark	7,356,466	7,356,466	100.00%
Sweden	5,500,671	5,500,671	100.00%
Republic of Korea	5,000,000	5,000,000	100.00%
Finland	4,253,744	4,136,374	97.24%
United Kingdom	2,408,325	0	0.00%
New Zealand	1,613,750	1,613,750	100.00%
Croatia	471,920	471,920	100.00%
Iceland	142,969	142,969	100.00%
Thailand	100,000	100,000	100.00%
UN Evaluation Group	100,000	100,000	100.00%
Slovak Republic	56,047	56,047	100.00%
Std Chartered Bank Zambia PLC	50,000	50,000	100.00%
Cambodia	20,000	0	0.00%

*Data as of 22 October 2020

Contributions from the Private Sector and Individuals

The Fund maintains two mechanisms that help draw additional support from individuals or companies anywhere in the world. The Fund offers **Contribution Agreements** for private sector donors who wish to contribute to the Fund. Through a partnership with the UN Foundation, the Fund put in place a 'Donate Button,' a **shareable webpage** that made it easy for anyone or entity to contribute to the Fund.

Earmarking

The Fund offered donors the opportunity to earmark contributions to a particular country or particular Window. Through this mechanism, the UN Resident Coordinator requests the recipient organizations to submit programme proposals – a process external to the central allocation process for unearmarked contributions. The Designate reviews the earmarked proposal to ensure it aligns to the Fund's scope and strategy and approves it for fund disbursement. The process assures that projects approved

Kosovo Programme Launch

The UK Ambassador to Kosovo, the UN Development Coordinator in Kosovo and the Secretary-General's Designate for the COVID19 MPTF launched the



Joint Programme 'Strengthening resilience through a safe and inclusive return to normality in health and education in Kosovo'. Funded by the UK, this was the Fund's first earmarked contribution.

The programme will see that children can safely return

to school. It will make sure those with disabilities are not left behind and that girls are encouraged to continue their education. The programme will strengthen healthcare delivery and access, working towards a system that meets the needs



Transparency

The Fund has made transparency a top priority. It posts all commitments, deposits and allocations in real-time on its **GATEWAY**. This is a public website updated every two hours from the ERP. The Fund also has a legal obligation to issue annual reports on 31 May following the close of the calendar year. Reporting on project implementation is led by the

under the mechanisms of the Fund ensure coherence and a coordinated UN system response.

With earmarked funds in the amount of US\$ 2.4 million from the United Kingdom to Kosovo, the Fund launched its first earmarked programme titled, 'Strengthening resilience through a safe and inclusive return to normality in health and education' in October 2020 in Kosovo.'

of vulnerable groups – like women, children, survivors of violence and those facing ethnic discrimination.

The UK Ambassador, Nicholas Abbott, tweeted from his account, "Today, I am delighted to announce that the Government of the Great Britain has decided to provide GBP 2 million support to help the people of Kosovo to return to normality." UN Kosovo tweeted, that they were "honoured to host the signing ceremony with @ MPTFOffice and @UKinKosovo."



Resident Coordinators that spearheaded the development of the programmes, and it requires that all UN agencies involved in programme implementation provide detailed reports on how they have spent the money and what programme results were achieved. The Fund's first annual report will be released on 31 May 2021.

RAISING VISIBILITY AND ACTION

Women Rise for All

In April 2020, the United Nations Deputy Secretary-General Amina J. Mohammed launched the Women Rise for All campaign to bring together influential women leaders from around the world to show how their leadership is shaping the COVID-19 response and to highlight what it will take to build back better. The digital campaign raises support for the UN Framework, and it advocates for a fully funded COVID-19 Response and Recovery Fund. The Women Rise for All campaign is supported by UN Office for Partnerships.



We are women leaders rising in solidarity to save lives and protect livelihoods from COVID-19.



COVID-19 RESPONS



At its launch in April 2020, influential women lent their voices to the Rise for All Campaign

- President of Ethiopia, Sahle-Work Zewde
- Prime Minister of Norway and Sustainable Development Goals Advocate of the Secretary-General, Erna Solberg
- Sustainable Development Goals Advocate of the Secretary-General Her Highness Sheikha Moza bint Nasser
- Prime Minister of Barbados, Mia Mottley
- Co-chair of the Bill & Melinda Gates Foundation Melinda Gates

The campaign's most recent event shared highlights and presented messages from members of the Circle of Women Ambassadors to the United Nations. UN Deputy Secretary-General, Amina J. Mohammed, led the 24 September event with Nadira Hira who served as Master of Ceremony.

Just prior to the event, at the opening of the 75th session of the UN General Assembly, women Permanent

- Sustainable Development Goals Advocate of the Secretary-General Dia Mirza
- UN Women Goodwill Ambassador of Pakistan Muniba Mazari
- Executive Director of UNICEF, Henrietta Fore
- Executive Director of UN Women, Phumzile Mlambo Ngcuka
- Executive Director of UNFPA, Natalia Kanem

Representatives to the United Nations in New York joined the campaign to recognize women's leadership and to inspire action to save lives and livelihoods. The Permanent Representatives of Andorra, Argentina, Eritrea, El Salvador, Ghana, Hungary, Ireland, Italy, the Netherlands, Norway, Slovenia, Sweden, Switzerland, and the United Arab Emirates supported the campaign.

Recover Better Together Action Forum

On 26 June 2020, the anniversary of the UN Charter, the UN Deputy Secretary-General convened a high-level Forum to raise awareness and support for the UN COVID-19 Response and Recovery Trust Fund. The invitation only Forum, referred to as the 'Recover Better Together Action Forum,' featured Member States (both donors and programming recipients of the Fund), UN Heads of Agencies, SDG Advocate Paul Polman, and civil society leaders. The event hosted 330 participants and featured 40 speakers. Two countries - Mongolia and Jamaica provided videos⁴ showcasing their projects in action.





At the Forum, Cambodia, Republic of Croatia, Finland, Iceland, Republic of Korea, New Zealand, Slovak Republic, Spain, Sweden, and Thailand announced their intention to contribute to the Fund. Overall the Forum raised US\$16.6 million in pledges, and it launched two data platforms: (1) the COVID-19 Gender Monitor, which is a dashboard of indicators meant to inform gender-responsive policy action on COVID-19 led by UN-Women; and (2) a civil society data platform led by the NGO, CEPEI.

The Action Forum saw a swell of support from participants on social media, as it reaffirmed the importance of responding to the COVID-19 pandemic as a development emergency and the importance of taking collective global action. Tweets came from the offices of the DSG, UNSDG, UNDP Adminstrator, UNDP, the MPTF Office, the RC office in Moldova, the RC Office inTimor-Leste as well as the Governments of Croatia (photo left), Norway, Sweden, and Thailand.

4 Mongolia: https://www.youtube.com/watch?v=QbWkyMT480Y&feature=youtu.be and Jamaica: https://we.tl/t-yzfltTuzmk

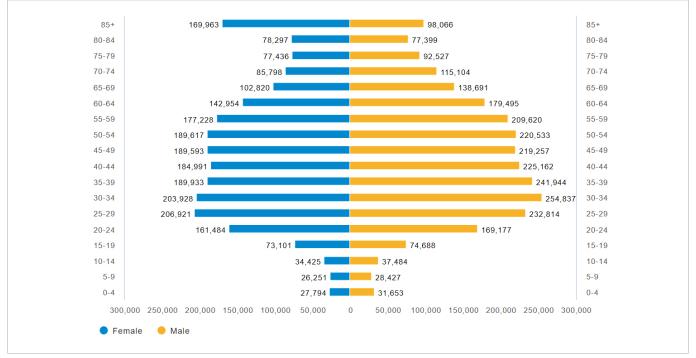
DATA

UN Women has been closely following the social and economic response to COVID-19 and monitoring its impacts on women and girls. The agency is working with partners to deliver a more accurate picture of the gender dimension to the response so that it can be more effective for women and girls.

UN Women and WHO have joined forces to bridge the gender data gap and provide latest available data on

COVID-19 cases by sex and age on the Data Platform. Disaggregated gender data is also being made available on the Gender Monitor, a dashboard of indicators developed to inform gender-responsive policy action on COVID-19.The Dashboard is an inter-agency collaboration benefitting from the collective work of ILO, ITU, UNCTAD, UNDP, UN-Habitat, UNHCR, UNICEF, UNODC, UNWOMEN, WFP, WHO and others.

COVID-19 cases, by age and sex (provisional analysis)



Source: Data submitted to NCOVmart reported through the global surveillance system of WHO, as of 14 July 2020.

Notes: Data cleaning are ongoing and in progress. All numbers should be interpreted with caution. As of 14 July 2020, 12,880,565 cases were reported. Data presented here, therefore, represent only 37% of all reported cases.

Infections of health-care workers: The case of Italy



by sex has been derived using the total number of infected health workers and the percentage of infected male health workers.

Sex-disaggregated case data for select countries

Moldova	
58%	41%
48%	51%
Morocco	53%
33%	67%
Nepal	72%
30%	69%
North Macedonia	-2-2-2
36%	50% 63%
Norway	540
46%	51% 53%
Panama	E 40
32%	54% 68%
Peru	
30%	56% 69%
Portugal	
54% 49%	45%
Romania	
53% 40%	46% 59%
Slovenia	
51% 60%	48% 39%
South Korea	
46%	45%
Sweden	
45%	43% 54%
Thailand	-15-5.50
23%	56% 76%
Turkey	
37%	51% 62%
Uganda	
32%	72% 67%
Vietnam	
49% 62%	50%
1	
👏 Deaths (male)	
	48% Morocco 47% 33% Nepal 27% 30% North Macedonia 49% 30% North Macedonia 49% 30% North Macedonia 49% 30% Norway 40% Panama 46% 32% Peru 44% 30% Portugal 54% 40% Romania 53% 40% Slovenia 51% 60% South Korea 54% 46% Sweden 56% 45% Thailand 43% Uganda 27% Vietnam 49%

	Mexico	
Confirmed:733717.0	48% 51%	
Deaths: 76603.0	35%	
	Mongolia	
Confirmed:313.0 Deaths: nan	31% 68%	
Deatits, fiait	0%	
	Myanmar	
Confirmed:2265.0 Deaths: 226.0	47% 53% 64%	
Doutito. 220.0	33%	
0	Netherlands 56% 43%	
Confirmed: 117459.0 Deaths: 6393.0	45%	
Confirmed 11259.0	Northern Ireland 44%	
Deaths: 577.0	46%	
	Pakistan	
Confirmed:289832.0	26% 74%	
Deaths: 6190.0	26% 74%	
	Paraguay	
Confirmed:38684.0	46% 53%	
Deaths: 782.0	34%	
	Philippines	
Confirmed:307288.0	44% 55%	
Deaths: 5381.0	39%	
	Republic of Ireland	
Confirmed:34958.0 Deaths: 1802.0	55% 44% 50% 49%	
Death5. 1002.0	30%	
Confirmed:27665.0	Scotland 42%	
Deaths: 4236.0	50% 42%	
	Aunth Adding	
Confirmed:666764.0	South Africa	
Deaths: 2745.0	47%	
	Spain	
Confirmed:688974.0	53% 46%	
Deaths: 20518.0	43%	
	Switzerland	
Confirmed:52615.0	51% 48%	
Deaths: 1779.0	42%	
	Tunisia	
Confirmed:3492.0 Deaths: 77.0	53% 47%	
Doams. 11.0	31% 68%	
0	USA 48%	
Confirmed:5249876.0 Deaths: 194087.0	51% 48% 45% 54%	
	04.00	
Confirmed 204822.0	Ukraine 41%	
Deaths: 4066.0	46%	
	Wales	
	Wales	
Confirmed:23569.0	59% 40%	

Source: Global Health 50/50. 10/05/2020

Note: Data are collected from official government sources and compiled by Global Health 50/50. The total number of cases and deaths reported here may not reflect the current number of cases and deaths, as they are reported from the date that sex-disaggregated data was last available. They may also only reflect a subset of data where countries have reported sex-disaggregated data. Definitions of cases and deaths recorded due to COVID-19 may vary by country.

PARTNERING WITH CIVIL SOCIETY



Knowledge factory for the world we deserve



COVID-19 Data and Innovation Centre

Partnerships and Data to #RecoverBetterTogether · www.knowledge4recovery.org · @infoCEPEI

Cepei is a Global South, independent, non-profit, nongovernmental think tank. It promotes multi-stakeholder dialogue, generates evidence for more informed decisionmaking at all levels, and encourages and powers the production and use of high-quality data across sectors and geographies for global agendas on sustainable development. The Centre produces data-driven knowledge that informs decision-makers and provides evidence for resources to flow where they are critically needed. The Centre brings knowledge from the South to the world.

There are a multitude of ideas to improve national and local plans for socioeconomic and environmental recovery from the COVID-19 pandemic. In response, Cepei, in partnership with the UN COVID-19 MPTF and supported by the Tableau Foundation, established the **COVID-19 Data and Innovation Centre**. The Data and Innovate Centre is a digital platform that presents a complete country-by-country view of recovery. It aims to provide evidence and data that can be used to inform responses, including those funded by the UN COVID-19 MPTF, undertaken in low- and middle-income countries. **The COVID-19 Data and Innovation Centre** has two pillars:

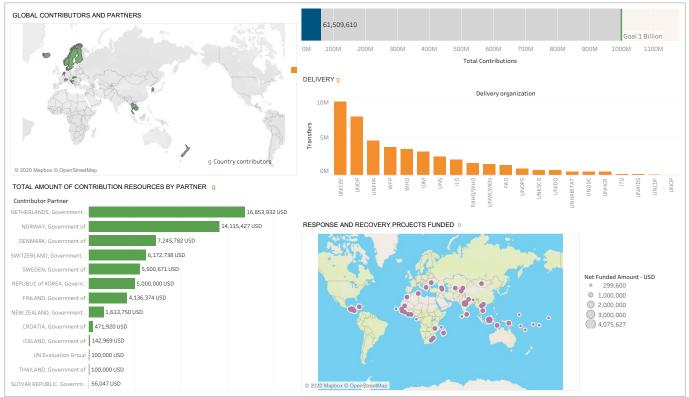
- Data analytics and innovation: The Centre makes sense of data sources and information flows to support robust response and recovery policy design, program implementation, and evaluations. It produces timely insights and actionable recommendations.
- Multi-stakeholder partnerships: The Centre connects stakeholders at every level, working on the non-healthrelated dimensions of COVID-19's impact in communities worldwide. It ideates, launches, and grows partnerships with the private and public sectors, academia, civil society, and every stakeholder and leader who has a role in moving humanity towards meeting the SDGs.

From the South to the World: Interconnected Terminals

Response and Recovery Global Data Terminal GDT:

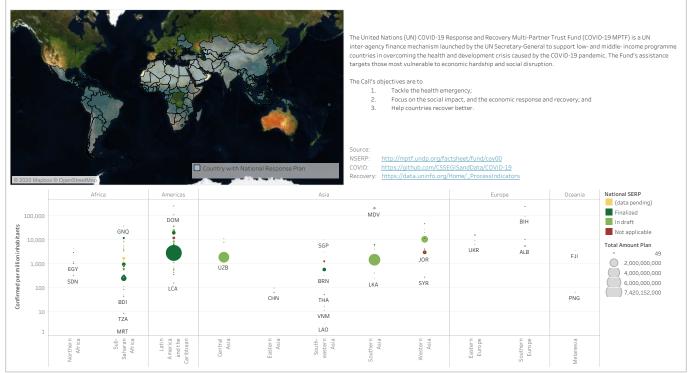
The Terminal is an information platform connecting highquality traditional and non-traditional data and information flows. It provides customizable visualizations that facilitate the analysis and insight to inform decisions and facilitate cooperation. Here are some examples from the Terminal:

Global Progress Towards Response and Recovery

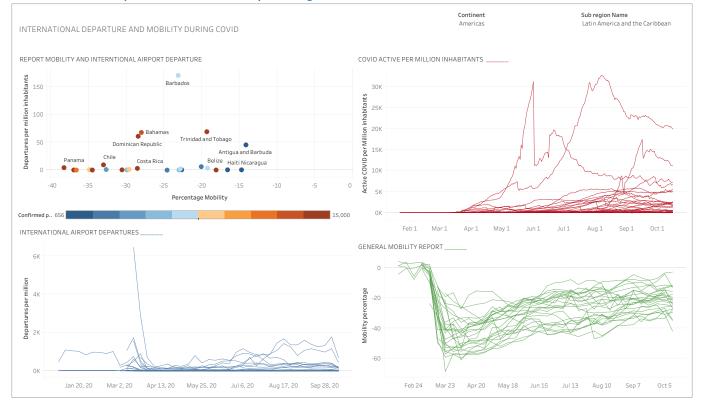


National Socio-economic Response Plan (NESRP)

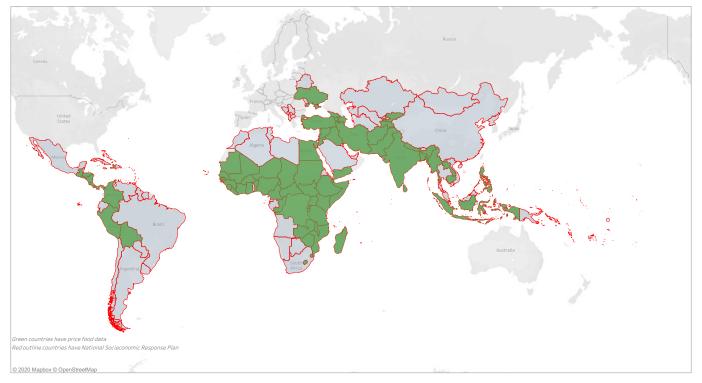
NATIONAL SOCIO ECONOMIC RESPONSE PLAN (NSERP)



International Departure and Mobility During COVID-19



Food Prices During COVID-19



Response and Recovery National Data Terminals NDT: The NDTs are platforms for tracking the impact of each country's response and recovery strategies. Besides the data, the platform strengthens an information-gathering process deeply rooted in local contexts to enrich the global view.

National Data Landscapes: Starting with each Response and Recovery Plan, the NDL identifies data and information needs and requirements, and analyzes the availability for each. Available information connects to the Data Terminals. Data Gaps become fuel for partnerships, capacity building, and cooperation. **Local Nodes Development Platforms LNDP:** Tailor-made to articulate local needs with policy decision-makers and stakeholders. The LNPP promotes a participatory process, supports advanced data analytics, informs policy implementation, and encourages innovation. The LNDP are spaces for collaboration, co-creation, and knowledge-sharing. They facilitate a project's scalability and replication in multiple Global South loci.

Country Profiles: A grand view of available data per country that allows a deeper dive into categories especially connected to the Response and Recovery Plans. A wealth of data sources enriches the analysis about the localized effects of the plans, and highlights opportunities for partnerships and more effective resource allocation.



SOLUTIONS CATALOGUE

The Global Solutions Catalogue for Socio-Economic COVID-19 Response (Solutions Catalogue) currently showcases 206 programmes, amounting to US\$ 252 million. The programmes represent a Call to Action to support an equitable and sustainable socio-economic recovery from the pandemic. It was developed through a global call for proposals initiated by the COVID-19 Response and Recovery Trust Fund in August 2020.

The Solutions Catalogue functions as a sustainable investment portfolio for those wishing to invest in sustainable economic growth and a world that recovers better together. It presents programmes that have been prioritized as urgent, strategic and unfunded by the UN Resident Coordinators and UN Country Teams in 104 countries. Programmes are critical, ready to be implemented, and in need of funding.

The Catalogue is organized around various meta-data filters so that a subset of programmes with a specific thematic, geographical or SDG subset can be generated for interested partners. The programme proposals were assessed by interagency reviewers (proposals submitted for funding) and by the Secretariat (proposals submitted for the Catalogue).

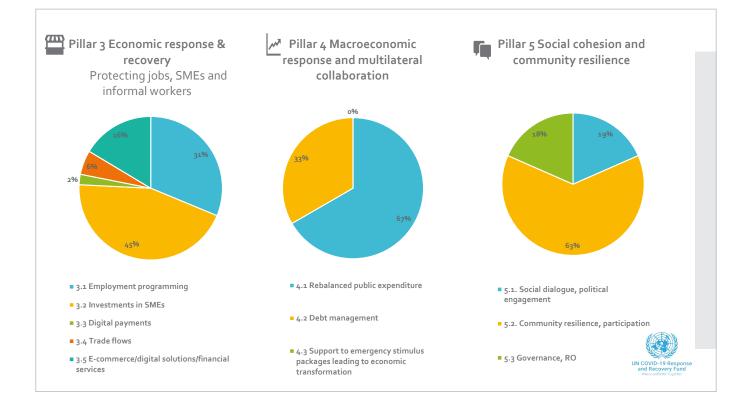
> UN COVID-19 Response and Recovery Fund

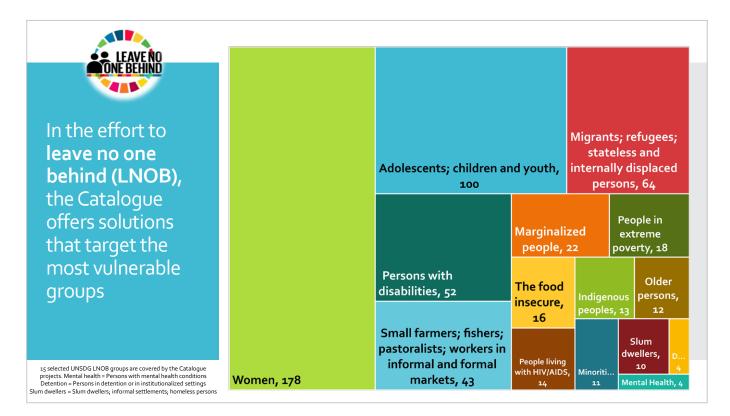
#RecoverBetterTogether

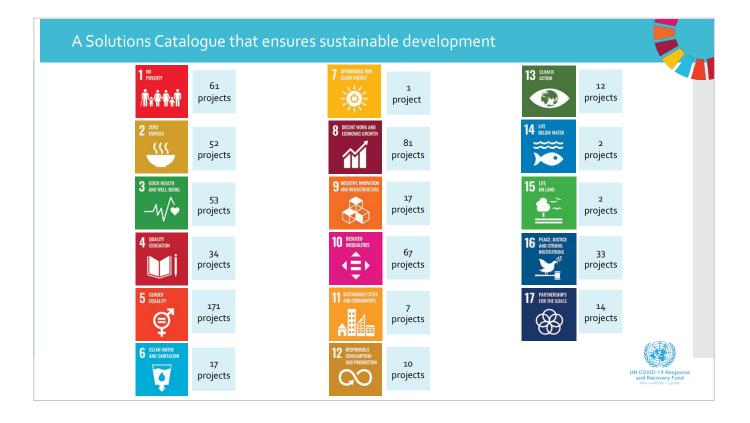
Global Solutions Catalogue for Socio-Economic Covid-19 Response

Developed by the COVID-19 Response and Recovery Fund Secretariat

Pillar 1 Health first: **Pillar 2 Protecting people:** Social Protecting health services protection and basic services and systems during the crisis The Solutions Catalogue grouped by Socio-Economic **Sub-Pillars** 41% 2.1 Social protection systems/cash transfers 1.1 COVID response, health system preparedness and strengthening 2.2 Essential food and nutrition services 1.2 Essential health services 2.3 Water and sanitation services 2.4 Sustained learning/ digital , remote 1.3 Health workforce Each chart illustrates the percentage of the number of projects addressing the respective sub-pillar. Several projects might address more than one sub-pillar learning







Section 2: Country Snapshots and Emerging Results

This section captures emerging results from country programmes during the reporting period of May to September 2020. Reports are organized by Pillar of the 'UN Framework for the Immediate Socio-economic Response to COVID-19' and then alphabetically by country.





COVID-19 Response to Vulnerable Population and Frontline Workers in Belize

Programme Objectives

The programme supports the construction of two isolation facilities in hospitals in the Western and Central Regions, communications to people working in high-risk sectors, and digital service provision for antenatal and prenatal care, as well as sexual and reproductive health services.

Emerging Results

- With progress well underway, an estimated **9,000 people** have benefited from the implementation of this programme's various components
- Upgraded National Risk Communication Strategy with a new repository of COVID-19 messaging and tools stockpiled
- COVID-19 tests and extraction kits procured and handed over to the Central Medical Laboratory for the testing of pregnant women
- Out of 233 healthcare workers, **187 have been equipped** and **93 trained** on COVID-19 and NCDs
- SRH/Contraceptive Mobiles have helped restore HIV and STI counselling, delivery and administration of contraceptives, and safe referral of GBV survivors for psychosocial support e-services
- Two new facilities are 80% ready to serve as isolation centers for moderate symptomatic COVID-19 patients in the Cayo and Belize Districts
- Procured **250 basic kits for community health workers** working in these isolation centers



Mobile SRH Services in Arenal Village

Pillar 1: HEALTH FIRST SOLUTIONS



Strengthened National Preparedness, Response and Resilience to COVID-19 in Cambodia

Programme Objectives

This joint programme protects migrant communities from large-scale COVID-19 transmission and mitigates the socioeconomic impact of the pandemic in three target provinces: Siem Reap, Beantey Meanchey, and Battambang. Its three central priorities are: (1) to prevent transmission and minimise serious disease and associated deaths; (2) to ensure availability and readiness of essential health services during peak epidemic periods; and (3) to minimize impacts of the pandemic through a multi-sectoral response that supports public health and social and economic measures.

Emerging Results

- Provided access to COVID-19 information and prevention measures for 51,760 returning migrants and members of their PoE host communities
- Trained **300 central-level health professionals** in mental health, psychosocial support (MHPSS), and GBV risk mitigation in target provinces
- Conducted **awareness raising sessions** on MHPSS for village chiefs and village health support groups in communities
- Delivered **900 dignity kits** to returning women migrant workers in the three provinces
- Conducted a rapid needs assessment with 84 returning migrants in target districts to identify their interests and business opportunities, and to select beneficiaries for individual economic reintegration packages

- Provided sexual, reproductive, and maternal health and GBV support to 3,970 migrants and their family members
- Provided **hygiene kits to 1,916 returning migrants** who were referred for COVID-19 testing during their stay at the quarantine facility
- Reached 35,794 children, parents, and caregivers with messages on MHPSS, the prevention of COVID-19 and parenting tips through community-based interventions such as mobile campaigns, home-based counselling, and leaflets
- Distributed hygiene supplies to 2,850 caregivers (1,710 females) and 1,900 children (1,140 girls) who were identified as particularly vulnerable
- Trained **241 health professionals and social service workers** on MHPSS and GBV risk mitigation

Innovation

This programme provided online training to 35 district social affairs officers on basic social work, case management and the use of the **new digital case management tool, Primero.**



Support to COVID-19 Preparedness and Response Capacities

Programme Objectives

This joint programme combines different areas of support: 1) **supplies** and equipment for one isolation/quarantine site, with training for site staff; 2) establishment of and support for a **call center**, and; 3) support for **10 additional treatment centers**, based on a rapid assessment of capacities and needs. Support to these additional 10 sites will include **PPE provision**, **WASH interventions** (for drinkable water) and staff training.

Emerging Results

- The 24/7 COVID-19 hotline (1717) is operational, through three call centers now in place and manned by 66 personnel working in PPE and taking protective measures
- The data generated by the calls (over 118,500 received to date) is fed to the government's Health Surveillance unit, to inform policies, operational strategies, and communication approaches
- **40,000 people** benefited from support for WASH interventions and equipment

- Water is now supplied to four health centers
- The Moheli isolation center has been equipped with an autonomous energy supply, water and other WASH equipment (washing machines, etc.), 12 hospitalization rooms, and three rest halls (for health workers) were refurbished for use
- **18 small businesses are receiving support** for the production of contactless hand washing stations

Innovation

The establishment of the 1717 24/7 hotline became even more impactful as information gathered from each call was fed to the Health Surveillance Unit, and the government was able to tailor its response. Setting up three different call centers in three different regions, rather than just one, helped prevent regional dynamics from interfering in the pandemic response.



Hotline volunteer, Sittina Fatuma, says, "I feel the satisfaction of people on the phone when they can confide in a friendly voice. I appreciate this toll-free line initiative because people are reassured and feel heard through the 1717."

Pillar 1: HEALTH FIRST SOLUTIONS



Increased Capacity of the Government and Communities to Suppress Transmission and Mitigate the Impacts of COVID-19 in The Gambia

Programme Objectives

This joint programme enhances COVID-19-related healthcare and the continuity of basic healthcare services in rural areas; and it improves responses to gender-based violence (GBV) and the provision of related psychosocial services. The intervention also offers WASH support. The programme is expected to produce mutually reinforcing positive results in each of these three domains to mitigate the adverse health and socio-economic impacts of the pandemic.

Emerging Results

- Procured and delivered 60 containers and 60 standard hospital beds with IV stands and mattresses for the construction of three treatment centers
- Developed a **GBV referral pathway** and a service directory together with the standard operating procedures (SOPs) for management of one-stop centers in partnership with the Network Against Gender Based Violence
- Procured **10 containers for the sanitation facilities**, including for those in public places
- Procured critical WASH and contingency supplies, such as collapsible water containers, water purification tablets, and family WASH and dignity kits
- Organized a training of trainers on GBV case management together with the Ministry of Women, Children and Social Welfare, targeting 16 participants, including frontline workers, social workers, case managers, psychosocial support staff, and police
- Provided 63 healthcare workers with psychosocial support services through the Mental Health and Psychosocial Support Unit of the Ministry of Health

Innovation

This programme launched the **first-ever National GBV Helpline** in The Gambia to respond to the needs of GBV survivors and provide them with psychosocial first aid. The hotline links intervention services through the GBV referral pathway, providing information and guidance to women, girls, parents, and professionals working on GBV related issues. Approximately **1,169 survivors** have used the Helpline so far.

GUATEMALA

Support to the Guatemalan Humanitarian Response Plan to COVID-19: Protecting Healthcare Workers and Vulnerable Groups and Promoting a Human Rights-based Quarantine

Programme Objectives

This joint programme consists of two main components: (1) in 14 out of the 22 provinces, ensure the provision of health services, including for women, by protecting and training healthcare workers and improving capacity for surveillance and laboratory analyses; and (2) provide returned migrants with dignified quarantine conditions derived from a human rights-based approach. The programme will support six monitoring centers that are providing humanitarian assistance and psychosocial support to 7,000 returned migrants, ensuring their safe return to communities.

Emerging Results

- Advised 22 hospitals for the reorganization of services
- Trained **202 healthcare workers** in the use of PPE and **306 health care workers** and general services staff from 25 hospitals and directorates in water, sanitation, and hygiene
- Strengthened the **surveillance system** by hiring technical and professional staff for the registration of more than 50,000 epidemiological records and developed a strategy for cases and contact tracing
- Supported the provision of PPE **through 15,000 kits** (gowns, googles, surgical masks, N95 respirators and gloves). A proportion has been reserved for delivery to **traditional midwives**
- Helped develop four prevention and educational messages about COVID-19 for traditional midwives
- Provided four virtual trainings on COVID-19 care guidelines for traditional midwives to healthcare workers
- 5,785 (100%) returned migrants have completed a dignified quarantine and returned to their communities of origin with certification of their health

- 723 unaccompanied children returnees (boys: 526, girls: 197) and 119 returned family units (total persons: 292, girls: 78, boys: 84, women: 91, men: 39) were reintegrated with their families and communities in a safe and dignified manner
- Surveyed and held several consultations to develop a protocol addressing the protection and bio-protection needs of women, girls and adolescent girls returned to the country, including support to those who come back unaccompanied
- Provided **2,543 returnees** with training and **1,970 with** food assistance
- Designed an information flyer on the health and the human rights of migrants
- Conducted 466 interviews and identified 95 adults and 48 unaccompanied children in need of protection, providing them with referrals
- Identified 143 returnee persons with protection needs through a coordinated mechanism between state institutions, UN agencies and NGOs

Pillar 1: HEALTH FIRST SOLUTIONS

GUINEA

Supporting the Ministry of Health to Strengthen Local Capacity for Epidemic Response

Programme Objectives

This programme supports the Ministry of Health to build **epidemic response capacity** at national and local levels. It focuses on improving epidemic treatment centers, procuring equipment, and conducting staff training. It will also build awareness in communities, including through the **distribution of solar power radios (600)**, training of community volunteers, **including cash transfers as incentives to teachers** to participate in the effort, and the distribution of **masks** (1 million) using a **social register** to be developed by UNICEF. The intervention also offers **nutritional support through cash transfers to 160,000 people**.

Emerging Results

- **45 staff** belonging to the Regional Epidemic Alert and Response Teams (ERARE) and the Prefectural Epidemic Alert and Response Team (EPARE) were **trained** on Integrated Diseases Surveillance and Response (IDSR) and on COVID-19 surveillance
- The training of 15 trainers on the management of COVID-19 cases in Conakry was completed
- 62,815 masks were produced by 500 selected local artisans in the project regions. These masks are being distributed to the 12,563 beneficiaries targeted by the National Institute of Statistics as the most vulnerable in the project areas, with each beneficiary receiving five masks
- **360 radio stations were mobilized** to raise awareness on COVID-19 prevention in the project areas of Boke and Kankan
- **30 youth volunteers** (50% of women) were trained in communications and outreach in their communities to help prevent community transmission of the disease
- MPTF funding helped **extend care for SAM (severe acute malnutrition) children** to all care structures in the regions of Boké and Kankan



Saving Lives during COVID-19

Programme Objectives

This joint programme supports the direct health response to COVID-19. It focuses on **epidemiological surveillance** through the establishment of rapid response teams (RRTs), increasing the network of laboratories to improve diagnostic capacity, and strengthening Ministry of Health's capacities to ensure the **continuity of maternal and newborn and sexual and reproductive health services.** Overall, the programme aims to **benefit seven million people, including 240,000 women in the three municipalities selected for the sexual and reproductive health service continuity activities.**

Emerging Results

- Equipped 14 situation rooms by procuring technological equipment and establishing a strategy for their operation, which will generate timely and accurate epidemiological information to support early decision making
- Equipped three molecular biology laboratories at the national level; one is already operating
- Improved the capacity of the central laboratory by procuring inputs for COVID-19 testing and maintaining PCR equipment
- Provided 600 biosafety, hygiene and dignity kits to pregnant adolescents who attended maternal child

services in Choloma, Villanueva and the delivery and maternity wards of the HMCR and HLMV hospital

- Trained approximately 240 health care professionals and justice operators in "Integral Care for Women, Adolescents and Girls in Sexual and Reproductive Rights, in the context of COVID-19"
- Trained approximately 1500 professionals, including those in maternal and child services and hospital maternity wards, on caring for pregnant women, women in childbirth and puerperium, and women who are breastfeeding, in the context of COVID-19



Suppress Transmission of COVID-19 and Save Lives in Jamaica

Programme Objectives

This programme responds to needs within the Jamaican health sector. It is designed to ensure equal access to essential health services, while also addressing critical gaps in the response to COVID-19.

Emerging Results

- PPEs and Equipment
- Access to and training for **PPEs** ensured to **100% of HCW** providing services in the target community
- **28 ventilators** and related equipment procured to serve critically ill patients with COVID-19
- PAHO donated 25 Android tablets, with the contact tracing application Go.Data© installed to MOHW to boost the capacity of COVID-19 surveillance and case investigation
- To support the continuity of essential, integrated sexual and reproductive health services for vulnerable groups, the programme Procured **16,000 doses of Depo Provera** (contraceptive) and the following PPE items:

Quantity	Description
182,000	Gown, Isolation, non-woven, disposable
61,000	Coverall, disposable
185,000	Surgical Respirator FFP2/NP5., mask disposable
185,000	Surgical Mask, type IIR, disposable
61,000	Goggle, panoramic, regular nose, indirect ventilation
61,000	Face Shield, reusable
365,000	Glove, surgical, long cuff, nitrile, powder free, sterile
365,000	Gloves examination, long cuff, nitrile, powder, non-sterile
365,000	Surgical masks, type IR, disposable

- Trainings
- Trainings provided on IPC and PPE, and with regard to testing, on workflow, large scale testing, extraction kits, and molecular detection to boost the capacity of **national laboratories and national testing capacity**



Donation of Extractor Kits for Testing

- **146 'trainers of trainers' completed the training on mental health** support to school-based adolescents during the time of COVID
- 450 staff members of the 14 infirmaries trained mental health and psychosocial support
 - o 100 community health aide workers, 60 practical nurses, 80 porters, and 40 nurse managers benefited
- 24 managers of the national quarantine and isolation facilities trained on mental health and psychosocial Support
- Cohort of **46 trainers** were trained in mental health literacy using PAHO's Virtual Campus of Public Health to address expected increases in needs of secondary aged school children
- Communications
- Digital messaging products were used in an intense digital campaign via YouTube, Twitter and Facebook and in Jamaica, the potential reach was 29,720 with approximately 200,928 reached across the Caribbean.
- Made **21 hotlines available** to women, men and the elderly who require access to essential health services
- **80 volunteers** trained to operate these hotlines and respond to GBV and other health issues

KYRGYZSTAN

Safety First: Securing Healthcare Workers and Health Systems in the Response to the Immediate Needs of Vulnerable Populations during COVID-19

Programme Objectives

This programme supports the health sector's response to COVID-19 through procurement and distribution of PPE and the institution of WASH interventions and supplies across hospitals and primary healthcare facilities in Kyrgyzstan. The programme also trains healthcare workers and supports the supply chain for life saving drugs needed by those with non-communicable diseases as well as vulnerable children and the elderly.

Emerging Results

- Procured and delivered thousands of PPE items to 20 healthcare facilities located in Bishkek, and Naryn, and Osh provinces
- Procured and distributed 185 gloves, 20,500 gowns, 5,500 coveralls, 6,700 surgical respirators, 15,500 surgical masks, 8,380 goggles, 5,500 face shields to the Epidemiological Service National Centre for Maternal and Child Health; Naryn Hospital and family medical center, Osh and Kara-Suu hospitals and family medical centers as well as to 13 Bishkek family medical centers
- **Developed a national training plan** that details target trainees, facilities, and locations, as well as training materials and programmes
- Supported procurement and delivery of essential medicines, like insulin, that have been in shortage but are needed to treat children with diabetes and chronic neurological diseases



Pillar 1: HEALTH FIRST SOLUTIONS



Supporting Essential Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health Services during COVID-19 in Lao PDR

Programme Objectives

This joint programme supports the Ministry of Health to redesign its sexual, reproductive, maternal, newborn, and child health (SRMNCAH) services to assure essential health service provision during the COVID-19 crisis.

Emerging Results

- Percentage of women receiving ANC services rose steadily in target districts since the beginning of the project with a monthly increase of 11 % in Phoukhoun District and 9% in Phonthong District
- Workshop series held under the RMNCAH umbrella to redesign care so as to **assure continuity** when patients cannot physically access health facilities
- Developed, printed, and distributed job aides, posters, and guidelines for health workers on integrated

management of new-borns on oxygen therapy and the management of pneumonia in children

- Trained trainers, equipping them with clinical and communication skills to rollout nation-wide trainings on oxygen therapy for children
- **Procured oxygen therapy equipment**, including oxygen concentrators, for the **three district hospitals** of Phoukhoun, Phonthong, and Phonxay

💶 LAO PDR

Supporting Provincial Health Preparedness and Surge Capacities, Including at Points of Entry

Programme Objectives

This programme trains and equips 400 officials working at 17 border crossings and points of entry (PoE) to provide health screenings. The programme also supports the establishment of isolation and quarantine centers in six districts and provides equipment and psychosocial support to residents.

Emerging Results

- Four quarantine/isolation facilities are now managed according to WHO/MoH guidelines and improved capacity of four district administrations to implement MoH guidelines on IPC at these facilities
- Facilitated procurement and delivery of PPE: 24,000 surgical masks, 9,840 eye goggles, 192 protective suits, and 72 temperature scanners for use by border guards
- Conducted joint assessments with the Department of Migration on POEs to determine risks of viral spread and trafficking in persons
- Helped produce training materials and facilitated training of trainers for representatives from the Ministry of Public Security
- Three provincial-level workshops supported six districts and four provincial government administrations to prepare COVID-19 responses that rely on enhanced public services and community engagement



Reinforcing Surveillance and Case Management/IPC in Support of Madagascar's COVID-19 Nation Response Plan

Programme Objectives

This joint programme supports **frontline healthcare workers** by offering them incentives and salaries and trainings and capacity building opportunities, for instance in the use of anesthetist sand resuscitators, PPE, and other medical and nonmedical equipment. The programme also supplies a treatment center with oxygen, supports the establishment **contact tracing teams, and** distributes masks and tissues on a large scale. The programme aims to **impact approximately five million people across 14 districts.**

Emerging Results

- Met the **supply needs of all 36 treatment centers** in the country, as expressed by the MoH
- Equipped 10 COVID-19 hospital resuscitation teams with practical knowledge on caring for patients severely affected by COVID-19
- Assured the supply of oxygen to 31 hospitals managing severe COVID-19 cases

• **Trained 378 hygienists** in seven regions on IPC to reduce COVID-19 transmission

- Trained two women-led textile companies to produce masks, thereby creating 357 new jobs
- Assured treatment of 228 infected healthcare workers across nine regions, with 163 receiving in-hospital treatment

Health First in Action

In August 2020, UNICEF produced a video documenting its Health First activities in Madagascar. It highlights how the agency is strengthening the skills of health workers in case management.

Watch the video here: https://youtu.be/Vi3Gnng1-TM



Emergency Response for the Continuity of Maternal and Newborn Health Services

Programme Objectives

In the context of COVID-19, this programme is expanding the safety, accessibility, and continuity of healthcare to all women of reproductive age. It is improving pregnant women's access to quality maternal and new-born health services.

Emerging Results

- Protocols and guidelines established for treating pregnant women
 - Developed and distributed **1,500 copies of Maternal Neonatal Health** service guidelines
 - Procured **15 laptops**, distributing them to 4 central hospitals, 5 zonal offices, and 6 districts
- Strengthened continuity of maternal, new-born, and comprehensive obstetric care services
 - Established a reporting mechanism for COVID-19 positive pregnant women using data from 55 testing sites, with 38 pregnant women tested positive
 - Procured and distributed PPEs to facilities providing new-born and maternal care
 - o **2,400 buckets with taps** for handwashing for 11 COVID-19 treatment centers
 - o **960 theatre tunics and 250 reusable cloth aprons** for frontline health workers
 - 3,500 boxes of disposable gloves and 50,000 N95 masks for hospital staff

- Procured hospital equipment for 10 districts countrywide
 - 3 ventilators, 10 anesthesia machines, 20 patient monitors, 10 ultrasound machines, 56 doppler fetal heart machines, 10 vacuum extraction machines, 20 infant scales, 30 suction machines and 100 hand-operated infant resuscitators
- **60 community-based distribution agents trained**, who taught brought family planning services to the doorsteps of **1,200 households**, allaying concerns of visiting facilities
- Increased access to information, support, and referral systems (UNW)
 - Created push messages to reach at least 4 million users
 - Expanded the national health helpline to accommodate increased demand by training temporary staff and procuring 10 desktop computers, 2 laptops, 10 GSM handsets and 3 mobile phones



The photo features a hotline service provider who was trained to attend pregnant women and women experiencing GBV. Speaking of her role she says, "I am so proud to have the knowledge and skills to help scared, pregnant women and girls in difficult situations. I can help them to take charge of their bodies, monitor their health and be safe - all in a phone call.

Malawi Early Programmatic Impacts at a Glance

Descriptor	Baseline	Target	Progress
# women utilizing MNH services	0	300,000	1,609,583
# safe births attended	0	140,000	54,434
% pregnant women attending ANC in target facilities	0	100	90
% designated BEmONc facilities performing 7 signal functions	0	100	80
# copies of guidelines distributed nationwide	0	1,500	1,500
# women accessing counselling from a hotline service	0	800	2,759
# women accessing referrals to COVID-19 treatment centers	0	100	170

MALDIVES

Strengthening Resilience of the Most Vulnerable to Future Shocks in the Maldives

Programme Objectives

This programme supports the capacity of the mental health system to help older persons deal better with stress, to support the needs of people with disabilities, to provide tailored support to children and youth on how to deal with stress and anxiety, to expand government services for those living in quarantine, and to provide specialized care for health and essential workers in a gender and age sensitive manner.

Emerging Results

- The project has increased the capacity of **six thousand people** to deliver community-based PSS support and expanded access MHPSS support to a large part of the population
- 3,871 people received specialized mental health services
- A social media campaign reached **110,681 people on Facebook and Viber** with awareness-raising messages (70 posts) on MHPSS
- **2,338 Individual callers to MHPSS helpline** were provided with community-based mental health and psychosocial support services
- **174 people** accessed counselling services through chat sessions
- Access to specialized MHPSS as well as communitybased psychosocial support services has increased



Improving Epidemiological Surveillance for COVID-19 through an inclusive community level response in Mauritania

Programme Objectives

This programme supports three interventions: community surveillance/watches, field epidemiology, and case management in eight Wilayas that include the capital and border areas with Senegal. It provides **information and support at PoEs and for community members and officials**; and it supports **contact tracing** teams, rapid response teams and **treatment facilities** to identify and isolate COVID-19 cases. The programme aims to train **5,500 people involved in this three-tiered response**.

Emerging Results

- Established an operational 24/7 COVID-19 hotline (1155)
- Trained and deployed **1,175 community volunteers**, mostly in and around Nouakchott (the epicentre) on contact tracing and information dissemination;
- Trained and will deploy 1,100 volunteers on contact tracing and information dissemination beyond the capital

Early Innovations and Learning

- Established a 'health intervention brigade' manned by 85 agents and deployed it to support early detection
- Sensitized eight border communities on IPC measures
- Equipped six border posts with PPE and other COVID-19 prevention equipment and trained their agents in COVID-19 safe approaches

Information from the the 1717 24/7 hotline, once fed up to the Health Surveillance Unit, helped the government tailor its COVID-19 response. Establishing three different call centers in three different regions, rather than just one, avoided regional dynamics from interfering in the response.



Strengthening the Republic of Moldova's National Response to the COVID-19 Crisis

Programme Objectives

This programme builds the capacity of the health sector to respond to COVID-19 by improving protection services for vulnerable women and improving screening capacities at Points of Entry (POE).

Emerging Results

- Delivered PPE to 58 health facilities, border police facilities, and penitentiaries, some of which was acquired though local procurement
- Worked with NGOs to identify beneficiaries among vulnerable populations including Roma populations, people living with HIV, people with disabilities, domestic violence survivors, and people in the Transnistrian Region in urgent need of protection
- Provided 4,157 vulnerable people from both banks of the Nistru River (exceeding the initial target of 3,500) PPE, food packs, hygiene kits, sanitary kits for women, and adult and child diapers
- Assessed needs and closed gaps on WASH, quarantine facilities, and equipment and supplies at 12 high flow POES
- Updated standard operating procedures (SOP) for detection, isolation, and referral of COVID-19 cases at POEs and trained 200 border staff on their use



Wash supplies and detection equipment donated to border police

• Provided **500 brochures in three languages** (Romanian, Russian and English) to frontline border police

MOROCCO

Ensuring the Continuity of Essential Primary Healthcare and Hospital Services for the Most Vulnerable and Developing Prevention and Hygiene Measures for Essential Non-health Sectors during the COVID-19 Pandemic

Programme Objectives

This programme proposes a two-pronged approach to address health and safety nationally in the context of COVID-19. It ensures the **continuation of care of selected services** (reproductive and maternal health, chronic care) to vulnerable populations. Second, it **protects frontline workers** through improved IPC and communications in the health sector as well as in three strategic non-health sectors. The programme combines a mix of approaches to ensure the continuity of services including: self-care, mobile apps and other ICT tools, communications, provision of PPE, and support to logistics reorganization, for instance in factories.

Emerging Results

- Equipped 113 GBV units with digital tools to support GBV victims, in line with international norms and standards
- Established an operative cell of psychologists (3), lawyers (3), and social workers (3) to provide advisory support to GBV victims
- Provided PPE to NGOs so they can help maintain maternal and reproductive services
- Provisioned PPE to community volunteers in preparation for their outreach work
- Prepped for the digitalization of maternal and reproductive health centers and services
- Mapped existing practices related to safety measures at work to support gap analysis and responses



Provision and Distribution of PPE to prenatal health centers in Morocco

📼 TAJIKISTAN

Strengthening the Health System in Tajikistan to Prepare and Respond to COVID-19

Programme Objectives

This joint programme supports national preparedness for a surge in COVID-19 patients, paying particular attention to the needs of women of reproductive age. In particular, it assists with the provision of medications, medical equipment and supplies. It also supports routine health services, in particular those related to sexual and reproductive healthcare (SRH), the provision of antenatal care (ANC), family planning, and psychosocial assistance as part of GBV (gender-based violence) prevention services.

Emerging Results

- Initiated procurement of **13 different pharmaceuticals** and various **equipment** needed by the intensive care units of 35 hospitals
- Delivered and installed **five ventilators in five health facilities** and trained ICU staff on use and maintenance
- In collaboration with the MOHSP (Ministry of Health and Social Protection of Population), established a **national** group of experts that adapted temporary counselling protocols on ANC, family planning, and psychosocial protection
- Conducted **three cascade trainings** at national and regional levels covering **91 reproductive healthcare service providers** on the application of temporary

counselling protocols on ANC and family planning in the pandemic context

- Conducted three cascade trainings on the providing alternative (online/telehealth) psychosocial support and referral services during COVID-19, covering 64 SRH specialists across the country
- Established **five hotline points** at national and regional levels (one more than originally planned, to cover the Gorno-Badakhshan Autonomous Region) on **alternate SRH and GBV related services**

🔼 TOKELAU

Enabling Quarantine and Isolation Capacity on the Three Atolls, Convertible to Long-term Use Post COVID-19, in line with the Tokelau Preparedness and Response Plan for COVID-19

Programme Objectives

This programme enhances preparedness and response to COVID-19 by supporting the construction of quarantine centers and isolation wards and building their stocks of PPE to manage expected COVID-19 cases. These efforts will support preparedness for the country's entire population of 1,647 living on its three atolls.

Emerging Results

- Three quarantine centers, one on each of the three atolls, are nearing completion
- Provisioned 21 air conditioning units (against a target of 15) and installed back-up power supplies
- Multimedia and awareness materials produced
- Trained (goal of 60%) of health care workers to manage COVID-19 cases

The refurbishment of its Quarantine Centers and Isolation wards remains the paramount priority for the Government of Tokelau, to ensure that they are well equipped and operational, with sufficient capacities to accommodate any suspected COVID19 case(s). The photo shows a completed isolation room.





Living with COVID-19: Mitigating the Socio-economic Impacts of Crisis on People and Communities for Agenda 2030 in Armenia

Programme Objectives

This programme offers clusters of solutions that support the Government of Armenia in meeting critical social and economic priorities as outlined in the country's pandemic response. Programmatic actions include cash transfers to children with disabilities; psychosocial support and training; financial support to MSMEs; and assistance to migrant workers.

Emerging Results

- Provided one-time multipurpose **cash transfers** to approximately **3,050 children with disabilities** and gave the families of these children with **materials and brochures** (delivered by Haypost) to assist their parenting in the context of COVID-19
- Established the Ministry of Labor and Social Affairs (MoLSA) hotline and upgraded software, with approximately 1,700 persons on average per day calling the hotline
- Trained 500 social workers to offer psycho-social support
- Held 10 meetings in communities with larger migrant labor populations and registered 120 people to apply for assistance with the set-up and/or reorientation of small enterprises in the context of COVID-19;
 - o The programme approved **31 applications for an** estimated total grant amount of US\$ 45,000



Armenuhi lives in Shirak province with her husband and two children. Like many others in Armenia, she and her spouse worked in Moscow to support their family, but lost their jobs when the pandemic shut borders and shuddered the economy. Through this programme, Armenuhi received a micro-grant to start her own livestock breeding business at home. She says that "due to this great assistance and support to set up a small business, now I am able to generate enough income to cover my family's needs without being forced to leave my relatives and live abroad."

(Story: http://www.un.am/en/news/1000)



Education Continuity in Response to COVID-19

Programme Objectives

This programme supports the development, printing, and distribution of **self-instructional materials (SIM) to support education continuity for 17,000 children living in remote areas.** Funded interventions will build the capacity of Education Ministry officials and teachers to prepare and develop SIM that meet the learning requirements of children (by age, grade, gender, and curriculum sensitivity). It will also build teacher capacity to use radio, SIM, television, and online learning modalities, and will blend radio instruction with SIM to meet the education needs of poor and illiterate families. Further, trained school counsellors will provide online and mobile psycho-social support to disadvantaged children.

Emerging Results

- Developed and distributed guidelines to build teacher capacity in the use of radio, SIM, television, and online learning. These included information on how to organize the learning process, use of technology and knowledge sharing
- Out of 170,000 students, **137,865 were reached through TV and online lessons**
- With **technical support** from UNICEF, SIM and radio lessons were developed by the Ministry of Education and Royal Education Council to support the education of 17,000 (formerly identified) children in remote communities lacking access to television or reliable internet
- Completed and distributed the first SIM package print materials for stages I and II of programme implementation
- Provided technical support and training to Sherig Counselling Online services providers. 758 children (294 girls) and 358 adults (133 women) were counselled in their respective districts
- Developed **school counsellor guidelines** that were distributed by the Ministry of Education
- Developed school re-opening guidelines that include WASH safety criteria. In **four districts**, **12 schools received support to rehabilitee WASH facilities**

CABO VERDE

Safety Nets and Revenue Recovery for the Poorest Households and Women Informal Workers in Cabo Verde

Programme Objectives

This programme provides **lifesaving and relief assistance at the national level to 1,000 vulnerable households** in the country. It targets households with at least one child under 15 years of age, an elderly person, or a person with disability. For six municipalities on two islands, the programme also **supports 150 women informal-businesses owners** in recovering their economic activities, while adapting to the pandemic context. The programme will offer concrete policy solutions for economic recovery as the islands emerge from quarantine.

Emerging Results

- Identified 942 eligible households through the single registry database to receive income support for three months. Criteria were also added to ensure territorial equity/equilibrium and gender balance, based on data disaggregated by municipalities and by gender
- Developed criteria to identify and select of **150 women** informal worker beneficiaries

The first three months of programme implementation lent to preparations for ILO and its national partners – MFIS and microcredit institutions, among others – to fully implement financial support to select women-led businesses, and to also, and as expected, offer them an integrated package of financial support, business development coaching, and strategic financial advice as well as other services.

CÔTE D'IVOIRE

Support to the Governance of the Overall National Response and Assistance to Populations made Vulnerable by the COVID-19 Crisis

Programme Objectives

This programme supports government efforts to track, monitor, and respond to **the impacts of COVID-19 on poverty in Côte d'Ivoire**. It assists with the establishment of a National Strategic Monitoring Mechanism as well as routine socioeconomic surveys and analyses that reveal the impacts of the pandemic on various economic sectors. The programme also supports the implementation of a harmonized system to standardize the selection criteria for and monitoring of beneficiary assistance.

Emerging Results

- Deployed a team of two **technical experts** to support the government's overall crisis coordination, monitoring, and reporting on its national response
- Conducted two surveys: one aimed at identifying the determinants of domestic violence and sexual abuse, and another on perceptions towards violence
- Provided 147 social workers with online training on psychosocial first aid, parenting, and family skills
- Established **two strategic monitoring systems** for the rubber and palm oil value chains
- Mapped rubber and palm oil producers in all regions of the country
- Organized awareness-raising and community mobilization sessions for social workers
- Purchased **hygiene kits for prisons** in Bassam and Abidjan

Replicable Success:

This project **housed 357 street children** in temporary centers that offered social and professional intervention programmes. This work and the experiences of the actors involved are being documented with a view to developing procedures and protocols for countrywide replication of the project's methods.

EL SALVADOR

Shock Responsive Social Protection to Reduce the Socioeconomic Impact of the COVID-19 Pandemic on Poor Households, while Ensuring Support for an Early and Sustainable Recovery

Programme Objectives

This programme will create a **scalable model of shock responsive social protection, using national social protection** programmes. It will include multipurpose cash-based transfers; agriculture inputs and technical assistance; and support to prevent violence against women, girls, boys, and adolescents. The programme will establish a model in the initial phase and then up-scale it with government funding. **The programme targets 6,000 families in one district, at a cost of US\$108 per family**.

Emerging Results

- Delivered 350 of 1,000 post-harvest silos to conserve grain
- Provided 1,000 quintals of bocashi type fertiliser, 1,000 gallons of super lean biofertilizer and 1,000 gallons of fungicide calcium sulphate
- Selected 1,000 smallholder farmers families whose food source is maize and bean production and provided them with virtual training and technical assistance on bean production in the form of video tutorials and one-off visits to plots
- Approved the **criteria for the selection of beneficiaries** and identified **2,500 families** in the municipality to be included in the Single Register of Participants and receive unconditional multipurpose cash
- Registered 692 households in the Single Register of Participants

Innovating to Deliver

Due to Covid-19, the programme had to change its technological strategy from the physical to the virtual. Therefore, it created new virtual ways for technicians to interact with and provide technical assistance to beneficiaries. Further, the programmed used social media as well as videos and SD memory cards to share information and conduct trainings.

INDIA

India's Response to COVID-19: Inclusive and Scalable Social Protection Systems for Immediate and Sustained Food and Nutrition and Livelihood Security

Programme Objectives

This joint programme supports national and state-level responses to COVID-19, facilitating collaboration between government, civil society, the private sector, the UN, and other development partners. Innovations and digital tools are applied to facilitate and expand the reach of solutions meeting the needs of vulnerable and marginalized individuals, families, and communities. By strengthening and expanding the social protection system, these interventions have the potential to impact 100 million vulnerable people in India.

Emerging Results

- Established a partnership with SAMARTH, a front-line CSO, which resulted in the procurement of 4,000 dry ration kits and the identification and registration of 33,600 vulnerable people (8,000 households)
- Purchased and shipped **three mobile storage units** to support farmers in Uttarakhand and Odisha to store harvested grains and reduce losses
- Developed IEC materials including 15 awareness collaterals disseminated to 24 states to create awareness of the government's One Nation One Ration Card scheme among migrants impacted by COVID-19
- Provided **training in digital literacy to 2,000 artisans and farmers** to enable them to access opportunities for virtual financing and e-markets

- Conducted online career guidance sessions for 13,000 young people to help them enhance their soft skills, prepare for jobs, and access employment opportunities
- Set up five helpdesks/helplines to assist MSMEs to fully resume operations
- Carried out a capacity needs assessment covering 260 organizations to guide the development of a training programme for CSOs.
- Held virtual training sessions for **1,100 participants** on supporting food security and nutrition

Emerging Results

A mobile application, titled 'Jan Aapurti Uttarakhand,' was developed and deployed allowing vulnerable citizens to order essential commodities for home delivery and supporting farmers to access government agriculture procurement systems. The app has been used by nearly 20,000 households (84,000 people) and is supported by 100 retailers (private sector food providers).

- INDONESIA

Supporting the Government of Indonesia and Key Stakeholders to Scale-up Inclusive Social Protection Programmes in Response to COVID-19

Programme Objectives

This programme supports the government in rolling out social protection that is more effective (reaching the most vulnerable with limited inclusion and exclusion errors), inclusive (leaving no-one behind), responsive and adaptive (contributing to long-term recovery and climate resilience). The beneficiaries of the programme are the beneficiaries of the current and expanded social protection programme for COVID-19, which consists of 10 million households (social assistance programme) and 11.6 million households (village cash transfer).

Emerging Results

- Supported the Government to **expand the social protection program** and launched a new program for the most affected segment of the population
- Provided technical support to the Ministry of Social Affairs (MoSA) for improving registration for woman with disabilities and 400,000 vulnerable children to the safety net programme
- Supported the Ministry of Village and Disadvantaged Region (MoV) in **designing a monitoring and evaluation** system for social protection programs
- Advocated the expansion of vulnerability criteria by including girls, women-headed households, elderly women, and pregnant women; from June 2020, MoV updated its monthly report on cash disbursement beneficiaries based on gender of the family head
- **Developed a digital management tool** to manage the use of Village Development Fund allocation for the cash-for-work programme
- Assessed the targeting mechanism of cash assistance from the village fund and developed a training module to ensure the inclusivity of unconditional cash transfers
- Measured the socio-economic impact of COVID-19 through a household phone-based survey reaching 1,000 households in four sub-national governments
- Developed an **approach to update the unified database for social protection** (DTKS); including a mechanism to target unregistered **homeless** people
- Designed a gender responsive value chain and entrepreneurship development program by **launching pilot program on sustainable cash for work in West Java**
- Developed guidelines for the protection of the rights of women and girls in COVID-19 response and recovery, including specific protocol for protecting marginalized groups

- Piloted multi sectoral integrated services for survivors of gender-based violence
- **Mapped CSO engagement** in COVID-19 response to identify the gaps and areas of support
- **Trained para social workers** including the Integrated Child Welfare Service Center
- Conducted a study on innovative social financing, including a feasibility study on piloting a digital and finance platform in several target provinces to support the government on resource mobilization for immediate cash and in-kind support
- Assisted the government to improve the methodology and incorporate vulnerable households into the early warning system through a cloud service, including developing the methodology to define vulnerability criteria for climatic hazards
- Released three bulletins on the implications of the pandemic on the economy, food security, and livelihoods
- WFP, jointly with FAO and OCHA and NGOs partners also conducted a Joint Market Assessment on the impacts of COVID-19
- UN Women facilitated two studies on(1) rapid assessment on socio-economic impact of COVID-19 on women and girls in Indonesia in partnership with INDOSAT, with seven million surveys sent throughout Indonesia via text messages; and (2) joint policy research with GOJEK (multi-service tech-platform) and Pulse Lab Jakarta combining big data analytics qualitative and quantitative survey to inform 'national economic recovery and government social protection strategies around cash assistance to women-owned micro/small enterprises and to 'women entrepreneurs'



Safeguarding and Protecting the Most Vulnerable: Enhancing Jamaica's Shock Response Social Protection Mechanisms in Support of Vulnerable Groups, including Children

Programme Objectives

This programme helps safeguard the poorest and most vulnerable while assisting them through socio-economic hardships caused by the COVID-19 pandemic.

Emerging Results

- 3,600 programme beneficiaries were identified through the Ministry of Agriculture and Fisheries and the Ministry of Labour and Social Security, with strategic focus placed on pregnant and lactating women; families who have children with disabilities; and female farmers.
- During the period under report, **2,734 beneficiaries have** received social and economic (cash transfers) relief
 - o Numbers include approximately 2,180 children with disabilities and 554 pregnant and lactating women
 - o 92 per cent of benefits were paid to households headed by females
- The project has disbursed approximately 63 percent of the total allocation within the first month of implementation with all targets being achieved and projections for disbursement on track
- Considerable progress has been made towards upgrading the agricultural produce buyback programme and finalizing the technical framework for cooperation to support farmers under the existing Market Support Purchase Programme, with the latter scheduled for roll-out within this guarter.



Enhancing food security, nutrition, and resilience in Kiribati

Programme Objectives

This programme supports small-scale fisheries and aquaculture production as well as small-scale agriculture production systems. The programme helps provision nine different varieties of seeds to up to 2,000 farmers (1,500 located in South Tarawa and 500 in Outer Islands) to increase the local production of vegetables and fruits.

Emerging Results

- Screened 10,816 children (with additional results pending from Outer Islands) to ensure that no child missed routine health sessions and to flag those children at risk of missing out on healthcare
- **Trained 29 medical assistants** on how to provide 'High Impact Nutrition Interventions,' counselling, and community-based food/cooking demonstrations
- Commenced **'Proof of Concept' training** for South Tarawa FAD committee members, **training 18 fishers** to date in new FAD fishing technologies
- Given pandemic-related international shipping delays, the programme revised concepts for seed distribution and training

"Malnutrition is a challenge to us in our line of work, but we want to fight against it and eliminate it from our communities. We have found one way to reach out to all our communities in Temaiku and that is to work with the Mother Community. We will have nutrition awareness and cooking demonstrations and the Mother Community is responsible to disseminate the information and lessons learned to all of the communities. We want our clinic to have zero malnutrition case because in this way we are sure that our children are well taken care of and are healthy."



Countering the Deepening of Pre-existing Inequalities by Assisting Kosovo's Non-majority Communities and Domestic Violence Survivors through COVID-19

Programme Objectives

This programme provides emergency as well as broader **socio-economic support to non-majority communities**, in **particular, Roma, Ashkali, and Egyptian minorities**. It also supports targeted solutions to female GBV/DV survivors from both majority and minority communities. The joint programme will reach **57,260 direct beneficiaries and 126,010 indirect beneficiaries**. Approximately 50,000 will receive information on their rights and state social care services and benefits. Up to 4,180 Roma, Ashkali, and Egyptian as well as Serb community members will be directly assisted. Additionally, the programme will support eight existing safe houses and their staff, which serve female victims of violence.

Emerging Results

- Provided psychosocial counseling sessions to 70 individuals
- Reached **37,000 people** through information and awareness rising campaigns on COVID-19 restrictive measures and pandemic impacts on economic security, with a particular focus on women
- Established **a referral system** to address community needs. Approximately **2,095 referrals** were incorporated of which 679 from UNHR partners in the system have had their needs addressed
- Established a monitoring system to track individual and collective protection concerns that served as a baseline for analyzing COVID 19 impacts on society, producing human rights reports, and advocating with local and international stakeholders.
- Undertook **102 advocacy interventions** to meet the identified needs of **614 individuals** with regard to food and hygiene; access to health services and medicines, access to distance education; access to public utilities; and enrollment and educational grants
- Provided legal aid to 204 (145M/59F) cases, indirectly benefitting 364 individuals
- Identified **192 interested candidates** to benefit from vocational training and awareness raising of women and youth on employment opportunities
- **Providing 22 participants** with training on welding and pastry making
- Signed 30 on-the-job training contracts for a threemonth employment/training with private businesses and beneficiaries, with a prospect of employment after the end of the activity

MICRONESIA

Support COVID-19 Contingency Plan for Federated States of Micronesia: Improved WASH access and services in health facilities

Programme Objectives

This joint programme supports WASH interventions at health dispensaries and facilities in all four FSM States, as well as community and youth educational interventions meant to prevent COVID-19 transmission.

Emerging Results

- UNICEF and IOM reached **4,433 children** (2,180 boys and 2,253 girls) with information on COVID-19 and IPC
- Established **35 additional handwashing facilities in 10 healthcare facilities** at facility entrances, points of care, toilets, and patient waiting areas
- **Installed and/or refurbished 12 water tanks** to the benefit of approximately 20 staff and patients in 10 health facilities.
- Supplied cleaning supplies to 25 HCF staff of healthcare facilities
- Trained 219 principals, teachers, and educational staff from 53 schools on IPC in a school setting

Innovation

Training 70 RCCE outreach team volunteers, mainly from the Red Cross Society, on the use of mobile phone data collection (AKVO Flow app) and analysis (AKVO Lumens) has improved the timeliness and accuracy of data on COVID-19.

💻 NICARAGUA

Strengthening the Educational Strategy to Address Challenges Derived from the Emergency before COVID-19 that Promote Educational Care in any Setting in Nicaragua

Programme Objectives

This programme supports the **implementation of the Ministry of Education's COVID-19 response plan.** It focuses on ensuring educational continuity for and care of children. It comprises six components: (1) Development of teaching skills for effective curricular adaptation; (2) Psycho-emotional care for children and the educational community in general; (3) Strengthening communication, planning, monitoring and evaluation capacity overall and (4) for educational management at the municipal education offices; (5) Improved access to drinking water in schools; and (6) Improved hygiene and sanitary conditions in schools. It also includes ICT tools for connecting local schools to the Ministry's network. Overall, **1.8 million children are covered, along with 14,000 teachers, with 5,500 of them to receive direct training.**

Emerging Results

- The Department of Educational Programming developed Curricular Adaptation Guidelines, which will reach 5,500 teachers that play a leadership role in teachers' continued training
- The Department of Education, central offices, municipal level departments and schools that serve as teacher training centers were connected via a **digital platform**, **resulting in improved communications and 50,000 teachers trained**
- Established a videoconference platform (WEBEX-CISCO) with the capacity to connect 180 rooms and 1,000 attendees per room (available to the Department for a period of one year, until June 2021) to organize, direct, and implement educational forums, training activities, and work sessions with territorial authorities. It is being used as a tool for coordination with other educational actors in the country

🚺 SENEGAL

Ensuring Continuity of Learning for the Most Vulnerable Children and Youth in Senegal

Programme Objectives

This programme addresses the need and the right of children and adolescents to continue their education until schools/ TVET institutions reopen. It supports the provision of equipment (tablets), e-learning techniques, teaching through radio shows, and Wi-Fi/internet connectivity, to this end. Through these various approaches and audiences, the programme provides support to refugee children, children with disabilities, students in TVET institutions, as well as to 200 teachers. The programme is expected to extend distance learning solutions to approximately one million learners who would otherwise remain deprived of learning opportunities as a result of the COVID-19 pandemic.

Emerging Results

- Organized a two-day workshop with the Ministry of Employment, Vocational Training and Handicrafts (MEFPA) to identify the necessary equipment for the virtual laboratories of three selected establishments and to define the technical specifications
- Developed pre-recorded radio lessons (72 lessons on literacy and 72 lessons on mathematics) for the radiobased learning programme
- Aired the radio-based learning programme on community radio channels from 10 August onwards, in partnership with the Ministry of Education (MoE), 120 community radios operating countrywide, and national/ private radio operators
- Aired a first series of **awareness and communication sessions** on community and national radio channels in the context of partial school reopening
- Initiated the contracting process for the technopedagogical training of 100 teachers from the Ministry of National Education and 100 trainers from the MEFPA
- Initiated the procurement process to equip **1,000** students with tablets and 3G or 4G internet connectivity so they can access online learning management systems and contents.

▶ TIMOR-LESTE

Leaving No One Behind in Timor Leste's COVID-19 Response: Technical and Financial Support for the Implementation of the Cash Transfer Scheme for Low-income Households

Programme Objectives

This programme helps the Government of Timor-Leste run an expansive and inclusive cash transfer scheme to help low-income households. It is the first time in the country's history the government has sought to implement this type of nationwide programme.

Emerging Results

- Cash payments transferred between 9 June and 13 July 2020 reached 298,816 households in all 13 municipalities of Timor-Leste
- Each eligible household received a cash transfer of **US\$** 200
- The programme reached **94% of the households eligible** to receive a payment
- With Support from the Government of Australia, **two** monitoring & evaluation surveys were completed
- Surveys showed that 47% of the beneficiaries receiving the payment were women, 69% went on foot to the collection points, and 99% said they felt safe at place of payment

Filomena DeJesus, 34, mother of two, is a resident of Suco Dato/Liquica District and a beneficiary of Timor Leste's COVID-19 cash transfer programme. She was overcome with joy upon receiving her disbursement and is using the US\$200 to buy food, clothes, and books for children so they can continue their schooling. By the programme's second week of implementation, more than 217,000 households in Timor-Leste had received a government subsidy as part of the country's COVID-19 socio-economic response.



TUNISIA

Strengthening social protection and economic relief systems for vulnerable and marginalized segments of the population as a response to COVID-19

Programme Objectives

This joint programme supports the Government of Tunisia to ensure that **vulnerable communities are included in the national response**, through the provision of tools enabling them to target such communities. In parallel, the programme provides **emergency support**, such as financial and psychological support and shelter, in communities currently not covered by the national response. It also offers economic generating opportunities to marginalized women, supporting small and micro businesses, and promoting their inclusion in the digital economy.

Emerging Results

- Provided emergency support to approximately 900 vulnerable people to cover their primary needs
- Offered COVID-19 prevention assistance to 230 homeless people (30 in reception centers and 200 on the street)
- Implemented **cash transfers to 257 vulnerable households** of school children who are unable to benefit from school meals due to school closures in Siliana governorate
- Transferred cash assistance to 1,000 extremely vulnerable refugees and asylum seekers to meet their urgent needs
- Supported the government decision on the establishment of a national observatory for

elimination of violence against women and to allocate TND 700,000 in 2020 to establish accommodation and care centers for women victims of violence

- Produced and published a policy brief on women's economic and social rights titled, 'Tunisian Women in the Face of COVID-19: During and After Confinement'
- Developed and disseminated a gender-responsive guide and action plan for the protection of the elderly during COVID-19
- Published a three-minute video on the Tunisian social media platform «LOOK », summarizing UN Women's policy brief recommendations on addressing the socio-economic impacts and violence against women during the pandemic's first wave

Innovating

Sometimes innovation does not mean high technology. To ensure wide delivery of its cash assistance program, the UN is partnering with Tunisia's post office, a trusted and reliable institution across the country.



Enhancing Food Security and Building Socio-economic Resilience to COVID-19 in Tuvalu

Programme Objectives

This joint programme combines technical support and with equipment provision to support to fisheries, the exploration of agricultural needs, and a COVID-19 socio-economic impact assessment.

Emerging Results

- Outcomes and outputs for this programme are still in their preparatory phases, with studies, mapping, assessments, procurements, and infrastructure construction underway.
- The programme has innovated to deliver in the context of COVID-19
 - Due to border closures, international experts will not be able to provide direct training for the Tuvalu-managed emergency response. Therefore, the project developed full-size templates drawn on thick clear plastic to provide accurate patterns for the paddling canoes to be built in Tuvalu. Paddling canoe construction is to be facilitated by project-developed pictorial guides

and step-by step building instructions for Tuvalu national boat builders to follow. These are being prepared by the Naval Architect working in the UK.

 In a similar manner, the FAO made templates for solar fish dryers. Again, a solar dryer had to be constructed in order to make the templates. These templates will be sent to Tuvalu in time for the arrival of the wood and fiberglass materials to construct the solar dryers. The dryers will be installed in the Community Fisheries Centers (CFC), where their use will be demonstrated by the Tuvalu Fisheries department (TFD)

💳 UZBEKISTAN

Support to Early Recovery and Inclusive Service Delivery for Vulnerable Groups Heavily Affected by the COVID-19 Crisis

Programme Objectives

This Programme will strengthen the capacity of the Ministry of Mahalla and Family Support and its associated service delivery civil society organizations (CSOs) to create policies and deliver inclusive basic socio-economic protection and assistance services to vulnerable populations.

Emerging Results

- The UN has worked with NGOs in selected regions in Andijan, Bukhara, Ferghana, Kashkadarya and Surkhandarya to conduct community outreach and deliver psychological, legal, and socio-economic counseling to returnees and migrants' family members
- Trained social workers and senior staff at the Ministry resulting in 100 children repatriated from armed conflict zones and 105 children leaving specialized correctional institutions benefitting from regular counselling and referral initiatives to existing legal and social services
- Raised awareness on the heightened risks of GBV and provided funding for rehabilitation centers in all 14 provinces, which hosted 102 women and their children and provided them with food, medication, and hygiene
- Established internet/mobile connections to shelter staff providing psychological, legal, and referral services to GBV survivors
- Supported food delivery for people with disabilities who had lost their income due to COVID 19 related restrictions
- The UN helped the Ministry of Mahalla and Family Support to re-launch Integrated Support Services Programmes (ISSP), covering 10 pilot mahallas, which delivered courses on digital skills development, financial literacy, and online trading for women



Innovating

The programme facilitated updated usability and expanded use of the 'Job Café' mobile application. The application matches the needs of employers and workers country-wide, based on their location. It also delivers analytical information for national partners that is disaggregated by age, gender, and region. The updated version has expanded search categories and a new control panel with infographics that allow government agencies to easily access and analyze data.

📩 VIET NAM

Mitigating the Socio-economic Impact of COVID-19 in Viet Nam on the Most Vulnerable Groups and Supporting More Resilient Policies and Systems

Programme Objectives

This programme is mitigating the socio-economic impacts of COVID-19 by helping assure that vulnerable people, like pregnant women, children, drug users and the incarcerated, are able to access health, WASH and other critical services.

Emerging Results

- **Trained 300 front-line health workers** on integrated health and nutrition interventions
- Provided **7,300 pregnant women** with antenatal care services
- Provided **1,600 infants** aged between 6-23 months with micro-nutrient supplementations
- Provided 3,334 children with WASH in their schools
- Completed **80% of planned training courses** on IPC and SRH for health staff serving eight mountainous provinces and three provinces hosting migrant communities
- Developed a **smart phone application** to facilitate the provision and use of SRH services
- Developed and distributed a package of COVID-19 education materials to 90,000 prisoners in 54 prisons and 6 compulsory education/reformatory centers
- Organized trainings on COVID-19 response for 150 healthcare officials and 250 CSO members
- UNODC-led trainings reached 6,000 drug users



Post-natal visit by a local midwife

• Developed and distributed four handbooks on HIV, STIs, Viral Hepatitis and PLHIV, **benefitting 1,500**; and developed and distributed a factsheet on PLHIV and COVID-19 for communities that reached **2,000 viewers via Facebook**



Addressing Gaps in Ghana's Pandemic Response for the Most Vulnerable Populations

Programme Objectives

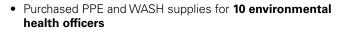
This Joint Programme is providing national-level assistance as well as support for direct service provision in the Greater Accra area, which is the epicenter of the pandemic and home to large numbers of people living in high density and low income circumstances.

Emerging Results under Pillar 1 on Health First

 Built healthcare capacity by training 350 environmental health officers (EHOs) on risk communications and inspections – an action that benefitted 1,477 people in low-income urban communities of Ashiedu-Keteke Sub-Metropolitan district

Emerging Results under Pillar 2 on Protecting People

- Identified **181,000 vulnerable people** as in need of increased cash transfer support under the Ghana Productive Safety Net programme
- Undertook rapid SMS surveys for **260 social welfare** officers, **400 community focal persons and 10,00 LEAP** (Livelihood Empowerment Against Poverty) beneficiaries, resulting in a recommendation to double payments to **330,000 households**
- Simulated the impact of COVID-19 on poverty, showing that a 5% shock to GDP would cause **660,000 Ghanaians** (on top of the existing 8.5 million) **to fall into poverty**
- Updated a large Fiscal Space and Gap analysis for national budget investments and created a pandemicspecific budget with asks for social protection, health, WASH, nutrition, education, and child protection





Ama received 106 Cedis from LEAP to help her support her family until again sell herbs at the market.

Emerging Results under Pillar 3 on Economic Response and Recovery

- Distributed **1,000 essential personal hygiene (dignity) kits** to women and girls
- Refurbished a national shelter (SGBV safe space) in the Greater Accra Region
- **Registered 500 Kayayei** under the National Health Insurance Scheme (NHIS)
- Trained police's Domestic Violence and Victim Support Unit DOVVSU and distributed **PPEs to 596 staff**
- Held anti-stigma campaigns that reached 200,000 people via social media, engaged 64 traditional and opinion leaders, and saw 25,830 messages received and shared

Cross Pillar Programmes: Pillar 1 and 2 HEALTH FIRST and PROTECTING PEOPLE

🕂 GEORGIA

Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19

Programme Objectives

This programme responds to government prioritized needs such as the provision of protective equipment, access to healthcare, continuous education for children, technology to minimize virus transmission, protection of the elderly, and the supply of agriculture inputs to vulnerable households. Many interventions will impact the entire population, while others will target at risk communities and groups such as the poor, women farmers, the elderly, and children.

Emerging Results under Pillar 1 on Health First

- Gave assistance to **1,530 vulnerable older persons living alone** (out of 2,300 targeted elderly) across four municipalities. They received food deliveries, PPE, sanitation kits and COVID-19 information materials designed for the elderly
- Developed a 'Standard' for the prevention and management of COVID-19 in residential institutions and community care homes for the elderly and persons with disabilities along with a monitoring tool to ensure adherence. The MoH Social Protection Policy unit endorsed the Standard
- Delivered **PPE and disinfectants to personnel of three** stated-funded residential institutions and community care homes
- Provided the 144-emergency call center (the focal point for the country's emergency pandemic response, which handles 4,500 calls per day) with specialized GPSequipped dashboards to handle large call volumes and pinpoint the location of callers
- Provisioned mattresses and bedding, kitchen and laundry appliances and supplies, medical equipment, disinfectant, and sanitary supplies and, in one case, a cultivator for a communal garden to three municipal shelters housing 200 elderly and homeless persons
- Procured PPEs for 8,000 front-line public-sector workers (under way)



75 year old Zeinab Geldiashvili from Gori says, "This type of assistance means a lot to me, if I don't have to go out and buy food, it is already a big thing for me." See https://georgia.unfpa.org/en/news/health-and-safety-older-people-times-pandemic

 Issued in-kind grants to four entrepreneurs to establish nurseries and intensive bio-cultivation operations and to showcase innovative and replicable cultivation methods; these projects benefited 60 people

Cross Pillar Programmes: Pillar 1 and 2 HEALTH FIRST and PROTECTING PEOPLE



Support Kosovo Institutions with Swift and Innovative Solutions to Contain the Spread of COVID-19

Programme Objectives

This programme supports government efforts to migrate and verify online registration data from the website of the Employment Agency (EA) to the Employment Management Information System (EMIS). To support the development of pandemic related health needs, the programme will also assist in the production of a video animation and digital content tackling issues such as depression, family communication, GBV, and children's mental health – with content to be posted on the University of Pristina's psychoeducational website www.shendetimendor.uni-pr.edu. Further, the programme will help procure and distribute PPE and other equipment to frontline workers.

Emerging Results under Pillar 1 on Health First

- Helped to safely adapt the work of Parliament to the pandemic context
 - o Provided a Zoom license for the Parliament of Kosovo for one year
 - o Finalizing contractual procedures for the purchase of a Cisco WebEx videoconference system that will **enable** access to secure and reliable videoconferences
- Provided support packages with personal protective equipment (4,850 masks, 1,000 disinfectants, and 10 thermometers) and daily allowances for food and transport expenses to 58 volunteers engaged in the 24/7 in COVID-19 call center and the helpline for psychological support

Emerging Results under Pillar 2 on Protecting People

- Finalized the competitive selection process and prepared to sign a local contractor to upgrade the web-based application system titled, **'Kosovo Job Portal'**
- Initiated the production process of **digital content on psychosocial and mental health support** to be posted on the University of Pristina website
- Developed an **outreach campaign** to promote the digital content and programme results

MONGOLIA

Strengthening the National Capacity to Suppress Transmission and Maintain Essential Services in the COVID-19 Pandemic

Programme Objectives

This programme supports the Government of Mongolia to implement its National COVID-19 Preparedness and Response Plan by focusing on the provision of critical education and health services.

Emerging Results under Pillar 1 on Health First

- Daily national laboratory testing capacity has reached 600.
 - o Overall, 66,819 people were tested for COVID-19 and 24,959 people were isolated
- Procured a GenXpert cartridge and PPEs and disinfectants for distribution to all 21 provinces
- Provisioned sets of PPEs to be used for a month by 500 frontline staff (see photo)



Emerging Results under Pillar 2 on Protecting People

- Selected **104 exemplary lessons to be redesigned** to support and improve existing TV education segments
- Established three working groups to develop content narratives for contents of pre-primary and primary education, secondary education, and health education
- Contracted a **multimedia company to transform the content narratives** into interactive multimedia content
- Lessons will be made user friendly for the **deaf** and **visually impaired** (selected content) and produced in local **ethnic languages**
- Two capacity building workshops were organized for 127 teachers on digital educational content and the process of multimedia content development.
- Conducted a comprehensive feasibility study of e-learning platforms to comparatively assess existing Learning Management Solutions (LMS) and rank those most suitable for the Mongolian context
- Made recommendations on long-term education solutions (customize open source LMS) and short-term (improve content on www.econtent.edu.mn) education solutions

Cross Pillar Programmes: Pillar 1 and 2 HEALTH FIRST and PROTECTING PEOPLE

🔀 PAPUA NEW GUINEA

Integrated WASH, Nutrition, Maternity and Neonatal Health (MHN) Interventions for COVID-19 Response in Western Province, Papua New Guinea

Programme Objectives

This programme seeks to improve basic service delivery in four villages of the North Fly District of Western Province, a border area with COVID-19 cases. It supports the provision of WASH services, the reduction of severe malnutrition rates in young children, and the improvement and continuity of maternal care services.

Emerging Results under Pillar 1 on Health First

- 14 health workers from seven health facilities and 48 Village Health Volunteers (VHVs) linked to these facilities were trained on Safe motherhood and Emergency obstetric and newborn care in COVID-19.
- As a result, 1,730 community members, and 138 pregnant and nursing mothers were reached with information on COVID-19; danger signs in pregnancy; the importance of delivery in a health facility; newborn care; and family planning.
- 50 newborns were delivered and provided with neonatal care during the reporting period
- Provisioned 400 clean Reproductive Health Delivery kits, six Anti-shock Garments and Mannequins to the six project health facilities and the VHVs



24 Village Health Volunteers joined a 3-day training on maternal care in Matkomnae

• Established a basket fund for emergency transport of mothers and newborns from rural communities/facilities to the Rumginae referral hospital

Saving Lives: The resultant skills from the training provided to health workers were immediately put to use in saving a woman from death who had delivered three weeks before the training and was bleeding but could not get to the hospital immediately because of transport restrictions. The trained health worker applied the non-pneumatic antishock garment, and the heart failure and shock the woman experienced was reversed. Another trained health worker prevented the death of a mother and her triplets through the administration of Magnesium Sulphate injection: a skill she had just acquired during the training.

Emerging Results under Pillar 2 on Protecting People

- 25 target sites in eight villages were selected for WASH infrastructure rehabilitation and upgrade - this will benefit 1,203 households including 7,123 individuals by project activities
- Provisioned 100 water containers for use by 145 West Papua refugees (40 Households) who had been residing at a temporary site in Kiunga since February 2020 partners. COVID-19 risk communication messaging was also delivered through local translators

Cross Pillar Programmes: Pillar 1 and 2 HEALTH FIRST and PROTECTING PEOPLE



Protecting Livelihoods and Reinforcing the Tourism and Agriculture Sectors in Bhutan

Programme Objectives

This intervention addresses the direct impacts of COVID-19 on livelihoods and strengthens economic sectors important to Bhutan's future growth. It responds to the loss of jobs and income in the tourism sector; mitigates risks threatening food security while creating jobs and; it invests in strengthening the tourism and agricultural sectors to "build back better."

Emerging Results

- Identified 90 licensed national cultural tour guides for an upskilling program that will train trekking guides and initiated the procurement process for the identification of national training institutes
- Hired a communications expert for the Tourism Council of Bhutan to enhance the communications and outreach of the tourism sector and to develop and implement a communication plan on behalf of the Tourism Council of Bhutan
- Identified 30 national guides (including 10 women) and nine additional tourism workers for a cash-for-work program that will develop trails and digitize a popular trekking route called the Snowman Trek
- Gave **rural small holder farmers in Zhemgang and Samtse** seeds, agriculture equipment and irrigation support
- Through local government agencies and focal agencies for production and marketing, support was provided to local farmers, farm-based enterprises, local traders, and entrepreneurs to help them benefit from market opportunities available locally and internationally

🌆 SRI LANKA

Healthy Socio-economic Recovery of the Micro and Small Enterprise Sector of Sri Lanka

Programme Objectives

This programme assists micro and small enterprise (MSE) in Sri Lanka. Its supports programmes focused on the deployment of MSE surveys, COVID-19 specific Occupational Safety and Health (OSH) trainings, and the provision of business services that address issues such as repurposing, continuity planning, entrepreneurship support, manager-worker dialogue, on-line delivery channels, and trainings to enhance sustainability and ensure decent work.

Emerging Results

- Conducted a survey to identify the PPE needs of micro and small enterprises and to identify beneficiaries for financial assistance. The survey identified **769 MSEs that** had re-started part-time operations and 317 MSEs that had re-started full scale operations
- Produced and disseminated a series of informational videos on Occupational Safety and Health (OSH) in the return to work
- Completed a data mapping, identifying of **1,100 beneficiaries** that need assistance accessing finance and resuming/continuing business operations
- Engaged with local-level actors to provide **psycho-social support to MSEs**

- Established contact with **10 MSEs** in the coconut husk sector in order to offer an effective and quick marketled solution to tackle the effects of pandemic-related movement restrictions
- Initiated the collaboration with the Women's Chamber of Commerce, which aims to provide specialized training and services to **50 female MSEs** on how to improve their business, improve OSH, improve productivity, and make them more resilient to disasters and exogenous shocks.

Emerging Results in Action

The programme created nine videos to build awareness on a safe return to work and how MSMEs are applying COVID-19 prevention measures in their workplaces:

https://youtu.be/YWLkFPCMUZg



GUINEA

Mitigating the Immediate Impacts of COVID-19 on Formal and Informal Private Sectors through Innovative Business Continuity Approaches

Programme Objectives

This joint programme focuses on **mass awareness raising through innovation and technology** (including a sensitization video for free Wi-Fi), mass production of PPEs through private-public partnerships; and **support to businesses on safe adaptation** and business continuity measures. The communication campaign via smartphones will target Conakry, or approximately **one million people**.

Emerging Results

- Provided 80,000 people with PPE and hygiene kits
- **Reached 400 businesses** (formal and informal) with sensitization materials related to operating in the pandemic context
- Improved the capacity of **six SMEs** to produce PPEs and hygiene kits by providing them with equipment and materials (generator, sewing and embroidery machines, and other small equipment). They have **produced 150,000** re-usable masks to date
- Acquisition of **54 public pedal hand washing stations** and **400 tap hand washing** devices underway
- Initiated the 'Entrepreneurial and social innovation challenge in the fight against COVID-19' in partnership with the Ministry of Industry and SMEs and the Jatropha HUB Incubator
- Created and **broadcast short videos** with awareness raising messages though social medias channels and mobile networks with free Wi-Fi (100 MB)
- Provisioned the Prime Minister's communication office with digital equipment so it could monitor the COVID-19 open Wi-Fi programmatic interventions

NEPAL

Immediate UN Response for Coherent Safeguarding the Livelihoods of People Made Most Vulnerable by COVID-19 in Nepal

Programme Objectives

This programme supports **traditionally at-risk groups** whose vulnerabilities have been further compounded by COVID-19 containment measures. It targets **migrants** identified as at-risk of exclusion from existing support programmes, and **young women** who can benefit from specific training and reskilling opportunities. To promote **jobs and sustainable tourism** in the long-term, the programme will also support **local communities to preserve the environment** along road sites; and improve waste management, signage, drainage, and landslide clearing along 600km of popular trekking trails, **creating employment** in the process.

Emerging Results

- Provided immediate cash assistance support, equivalent to one month of minimum standard salary (NPR 13,500), to 200 vulnerable returnee migrant workers (84% women; 70% Janajati, 20% Dalits)
- 529 persons (340 women) received support to open individual bank accounts and received accidental insurance coverage as well as COVID-19 insurance for

one year, personal protective equipment, hand tools to facilitate their work, and orientations on COVID-19-specific safety measures

• 137 enterprises were established, creating employment for approximately 140 people



Five-day skill development training opens at Birendranagar Municipality-3 Surkhet, (UNDP Nepal)



Business plan development training is held in Surkhet (UNDP Nepal)

"My husband was a migrant worker in neighboring India, but he lost his job due to the COVID-19 pandemic and had to return home. This training has taught me how to choose a business area, how to run a business and how to become a successful entrepreneur. During this training period, I have chosen to produce bamboo chairs, and I have also made up my mind and decided to run the business. I am waiting for the skill training to start the business. I have made it both a goal and a plan to do business together with my husband using the resources that are otherwise wasted at the local level. Now it is clear to me and my husband that we can start our own business here at our place and don't need to go abroad for employment."

-- Basanti BK, Birendranagar-9, Surkhet, Nepal

Pillar 3: ECONOMIC RESPONSE AND RECOVERY

SAO TOME AND PRINCIPE

Ensuring the Access of Most Vulnerable Families to Food and Working Conditions Facilities during the COVID-19 Pandemic

Programme Objectives

This programme supports **540 rural and vulnerable families (2,700 people).** The project will provide trainings to families engaged in agriculture to support their hygiene, health, and safety in the agricultural workplace. It will also implement SGBV interventions.

Emerging Results

- Since June 2020, UN agencies have been collaborating on drafting a macro-plan to define, design, and implement programmatic activities, ensuring that all the interventions are operationalized in a participatory and collaborative manner
- The programme verified 180 vulnerable and rural families against the selection criteria to ensure their access to food and nutrition security during the pandemic



Supporting Market Places to Respond to Dual Crises of COVID-19 and Tropical Cyclone Harold in Vanuatu

Programme Objectives

This programme focuses on the health, hygiene, stability and needs of market vendors that service large segments of the population in Vanuatu. The programme will also support the procurement and distribution of seeds, seedlings, and other agricultural inputs to boost agricultural productivity and supply, allowing 3,000 vendors to help meet local demand at the Luganville market, which services a population of approximately 10,000 people.

Emerging Results

- Using a rapid planning tool, M4C staff collaborated with the Port Vila City Council to develop a COVID-19 response plan for municipal and local governments that instituted social distancing mechanisms at the Port Vila Central Market
- Held **awareness raising sessions that provided 54 members** of two sub-associations and their communities with information on COVID-19
- Conducted trainings on agricultural skills and financial services in Epau Village, North East Efate and Emua Village North Efate
- Provided **technical advice and support** to the Silae Vanua Market Vendors Association (SVMVA) to **prepare and connect vendors to new market outlets and locations**
- Created new market outlets: Fine Foods Ltd (a local food processing business) and Cellovilla (a pop-up market at Tebakor), which reduced number of vendors, and therefore reduced crowding, at the Port Vila main market. (Roughly 25 market vendors traded at Cello Vila daily during the implementation period)



Helena sells her eggplants at the Cellovilla market. If not for the new market, her produce would have gone to waste. Photo: UN Women/Trisha Toangwera.

Recipient UN Organizations



UN Multi-Partner Trust Fund Office © 2020 UN MPTF Office. All rights reserved.

Author: COVID-19 Response and Recovery Fund Secretariat Copy Editor: Lauren Anderson Graphic Designer: Edgar Mwakaba Production: Graphics Service Bureau, Digital

