

TRACKING THE SITUATION OF CHILDREN

A summary of
UNICEF's COVID-19
socio-economic
impact surveys

unicef 
for every child



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UNICEF Data and Analytics Section Division of Data, Analytics, Planning and Monitoring
3 United Nations Plaza, New York, NY 10017, USA
Email: data@unicef.org
Website: data.unicef.org

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The preparation of this brochure was led by the Data and Analytics section, Division of Data, Analytics, Planning and Monitoring, UNICEF Headquarters. Lead authors: Lauren Francis and Monica Giuffrida. Other authors (alphabetical order): Enrique Delamónica, Mariela Giacomponello, Lauren Pandolfelli, and Jennifer Requejo.

The brochure was designed by Era Porth (independent consultant).

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Key messages

- UNICEF Country Offices report that all countries - not only those with ongoing humanitarian response or that are off-track towards reducing child mortality rates - continue to face some severe service disruptions due to the COVID-19 pandemic and response.

- Although severe service disruptions across the sectors of health, child protection, nutrition, education and WASH appear to have gradually decreased over time in reporting countries, these disruptions still represent pressing and immediate need.

WASH and parenting support services have been, in general, less impacted by the pandemic than services in the other key sectors.

Severe disruption in one sector is frequently accompanied by that in others.

'Reduction in demand due to fear of infection' and 'Lockdown restricting users' mobility/transportation' are the top reasons for service disruption across sectors.

- Nearly half of all countries experienced severe disruptions to at least one gender-specific service, with multiple service disruptions more prevalent among countries in which women and girls were living through humanitarian conflict and crisis, pre-pandemic.

- Governments are working to ensure service continuity, but they need continued support from their partners to address the impacts of the pandemic.





Introduction

UNICEF's COVID-19 socio-economic impact surveys

The COVID-19 pandemic is significantly impacting the provision of vital health, nutrition, education, child protection, and water, sanitation and hygiene (WASH) services to women and children.

UNICEF has been conducting surveys with our country offices to better understand the level of disruption to essential services for women and children, the reasons for these disruptions, and government response measures.

To date, UNICEF has conducted three survey rounds using an online questionnaire sent to all 157 UNICEF programme countries plus Greece because of its engagement in the response to the Syrian refugee crisis. Respondents from the country offices used administrative data and recent household survey data to answer the questionnaire. More information on the surveys and summary products including country dashboards are available at data.unicef.org.

This brochure provides an overview of the findings from the past three survey rounds, conducted in quarters 2 and 3 of 2020, and quarter 1 of 2021 (timeline below) on the impact of COVID-19 on essential services for women and children. Patterns related to severe service disruptions, where countries report a drop of 10 per cent or more in coverage for a service, are emphasized given their urgency for remedial action.

This brochure includes:

- A snapshot of the latest survey results on the sectors of child protection, health, nutrition, WASH, HIV and education, as well as on the cross-cutting areas of gender-specific services and parenting support
- Trends in service disruptions over the three surveys, reasons provided for these disruptions, and government responses

Findings in the first sections are mainly on child protection, health, nutrition and WASH as survey questions on these four sectors are more comparable. Findings on gender-specific services, education, HIV and the cross-cutting area of parenting support are presented in later sections.

COVID-19 socio-economic impact survey timeline



Response rates by survey round

Table 1 presents response rates for UNICEF programme countries for each survey round, disaggregated by Programme Region, HIV priority status, Humanitarian Action for Children (HAC) designation (ie. countries with and without ongoing humanitarian response listed in the UNICEF HAC Appeal 2020¹), and whether the country is on- or off-track towards the Sustainable Development Goal Target 3.2 for under-five mortality².

Findings from Round 1 are presented only at the global level³ because of the relatively low response rate (57% of UNICEF programme countries). Results from Survey Rounds 2 and 3 are presented at the global level and further disaggregated as relevant by key country groupings.

Countries included in the trends analyses

Because substantial changes were made to the questionnaire between the first and subsequent survey rounds, only the general trends by sector could be assessed across all three survey rounds. More in-depth trend analyses by sector and specific services were undertaken for Rounds 2 and 3.

Trend analyses are restricted to the 133 countries that responded to both Rounds 2 and 3. However, note that the number of countries that responded to each question in the surveys varied. For each question, only countries that responded to it in both surveys were included in the trend analysis for that question.

TABLE 1. Percentage and number of UNICEF programme countries that responded to Survey Rounds 1-3, by region, HIV priority status, other ongoing humanitarian response (listed as HAC), and progress towards meeting their under-5 mortality rate (U5MR) target

		Survey response rate % (# of countries)		
		Round 1	Round 2	Round 3
Global (158)		57% (90)	94% (148)	87% (137)
UNICEF Programme Region	EAPRO (27)	15% (4)	78% (21)	89% (24)
	ECARO (21)	52% (11)	100% (21)	86% (18)
	ESARO (21)	62% (13)	100% (21)	100% (21)
	LACRO (36)	83% (30)	100% (36)	86% (31)
	MENA (20)	80% (16)	95% (19)	95% (19)
	ROSA (8)	50% (4)	100% (8)	100% (8)
	WCARO (24)	50% (12)	88% (21)	63% (15)
	Other (Greece) (1)	0% (0)	100% (1)	100% (1)
HIV Priority	Yes (35)	49% (17)	91% (32)	91% (32)
	No (123)	59% (73)	94% (116)	85% (105)
HAC 2020	Yes (45)	60% (27)	98% (44)	84% (38)
	No (113)	56% (63)	92% (104)	88% (99)
U5MR (152)*	On-track (99)	56% (55)	92% (91)	89% (88)
	Off-track (53)	57% (30)	96% (51)	83% (44)

Note: The response rates above reflect those countries that responded to one or more questions from the survey.

*Progress towards the SDG U5MR target for 6 countries out of the 158 UNICEF programme countries is unknown.

¹ The HAC Appeal provides conflict- and disaster-affected children with access to water, sanitation, nutrition, education, health, and protection services. The 2020 list includes 38 countries and an additional 7 countries covered in crisis appeals

² The SDG3.2 target: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births for under-5 mortality. An assessment of country progress towards these targets is available in the Levels and trends in child mortality 2020 report. A total of 53 UNICEF programme countries are considered off-track for the U5MR target.

³ For this brochure, "global level" is defined as the universe of the 158 countries: 157 UNICEF programme countries, plus Greece



Section 1

Summary results on service disruptions in Round 3

Severe service disruptions: Latest update

Of the 137 countries responding to survey Round 3, 80% of them experienced severe disruption (defined as $\geq 10\%$ drop) in at least one service across the sectors of child protection, health, nutrition, WASH, HIV and the cross-cutting area of parenting support (Table 2). Only 12 countries (9%) reported no severe disruptions to any service. However, almost all countries (96%) also reported an increase in coverage for at least one service, indicating some recovery.

Severe service disruptions: A comparison across the child protection, health, nutrition and WASH sectors

Round 3 results show that the proportion of countries with severe disruptions in at least one service was highest for the child protection sector at 53%, followed by nutrition at 41%, health at 40%, and WASH at 20%. However, the number of countries experiencing severe disruptions in half or more of the services tracked in the survey was highest in the health sector at 12% (Fig. 1).

Of the 45 HAC countries that responded to the Round 3 survey, 95% experienced a severe disruption in at least one service across all four sectors compared to 74% of the 113 non-HAC countries.

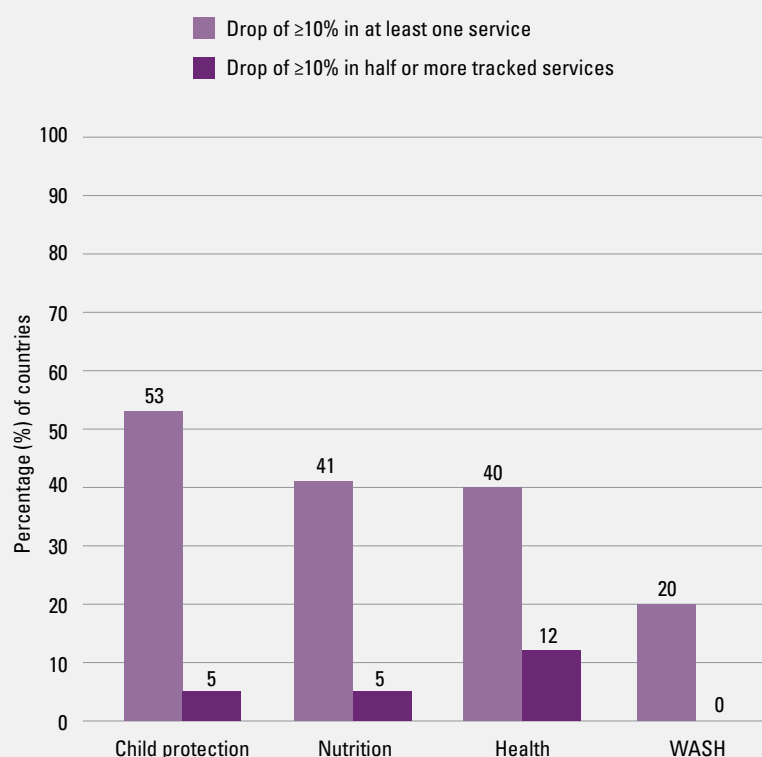
A comparison of disruption rates between countries that are on- and off-track towards their under-5 mortality rate target showed that 76% of on-track and 89% of off-track countries experienced severe disruption in at least one service across sectors.

TABLE 2. Number (percentage) of countries experiencing severe disruption, no severe disruption, or new services/increase in coverage in at least one service across sectors and topical areas

All sectors and topical areas	Countries n (%)
Severe disruption ($\geq 10\%$ drop)	109 (80%)
No severe disruptions	12 (9%)
New/increase in coverage	131 (96%)

The sector with the highest proportion of countries reporting severe disruptions in at least one tracked service is child protection. However, the sector with the largest number of countries reporting severe disruption in half or more services is health.

FIGURE 1. Percentage of countries experiencing a severe disruption in at least one and at least half tracked services, by sector



What is the likelihood that countries reported service disruptions in more than one sector in survey Round 3?

The largest number of countries reported experiencing severe service disruptions in one of the four analyzed sectors of health, child protection, nutrition, and WASH, and the smallest number of countries experienced service disruptions across all four sectors. However, a considerable number of countries reported severe service disruptions in two and three sectors (Figure 2)⁴.

How pervasive are service disruptions at Round 3? Are countries more likely to be experiencing disruptions in more than one sector?

Figure 3 lists the countries (by HAC 2020 designation) that have severe disruptions in two or more key sectors at Round 3, with colour coding by the proportion of services within the sector that are severely disrupted.

Countries were most likely to report severe disruptions within the health sector, and least likely to report a severe disruption in the WASH sector.

Reported degree of severe service disruptions by sector appear relatively consistent across countries regardless of HAC designation or on-track/off-track status for the SDG3 under 5 mortality rate target.

⁴ The four sectors considered in this analysis are health, child protection, nutrition and WASH.

FIGURE 2. Number of countries reporting severe disruptions across the four selected sectors at Round 3

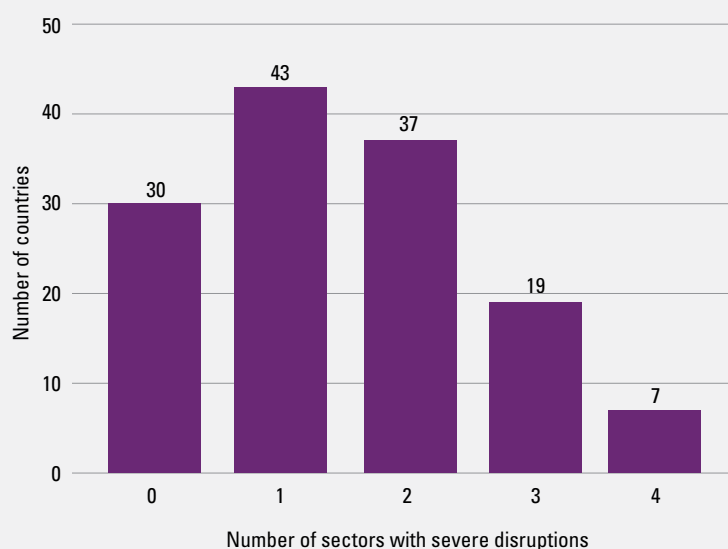
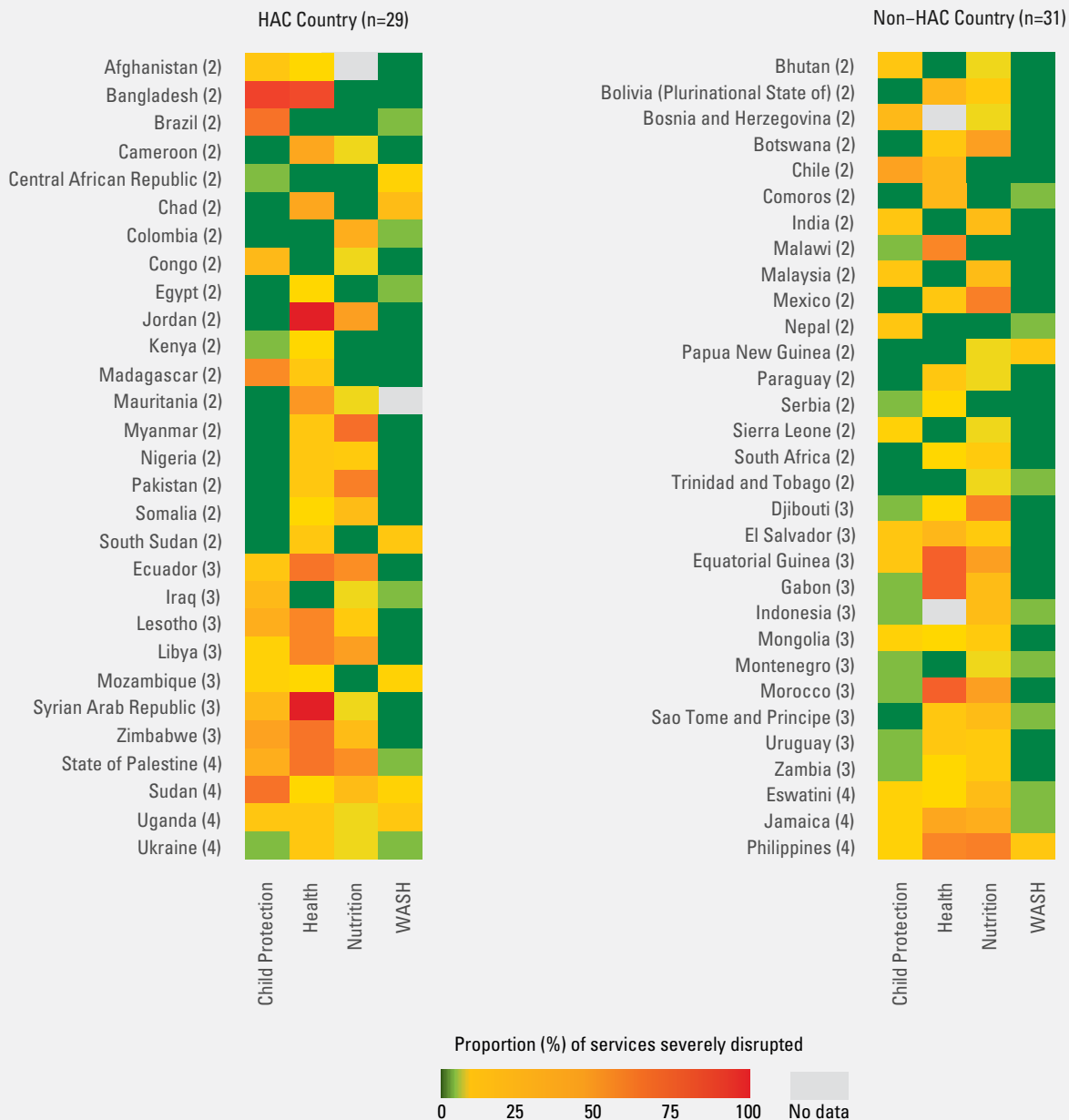


FIGURE 3. Countries reporting severe disruptions in two to four of the key sectors, by number and proportion of services severely disrupted and HAC status



Note: The chart above displays countries with severe disruptions in two or more sectors (indicated in brackets) and is coloured based on the proportion of services within the sector that were severely disrupted. Dark green boxes denote 0% or no severely disrupted services, whilst grey boxes indicate missing data – that is the country did not respond to service disruption questions in the corresponding sector (ie. four countries).

*Three countries that reported a severe service disruption in at least two sectors, all of which are considered to be non-HAC, did not agree to their data being shared publicly and thus are not presented in Fig. 3.



Trends in severe service disruptions in child protection, health, nutrition, and WASH

The results of the Round 1 survey show that the proportion of countries reporting a severe service disruption in at least one service ranged from 95% in child protection to 61% in WASH (Fig. 4). However, these findings need to be interpreted with caution given that the number of UNICEF programme countries responding to the survey questions for each sector were relatively low, ranging from 68 (43%) to 77 (49%).

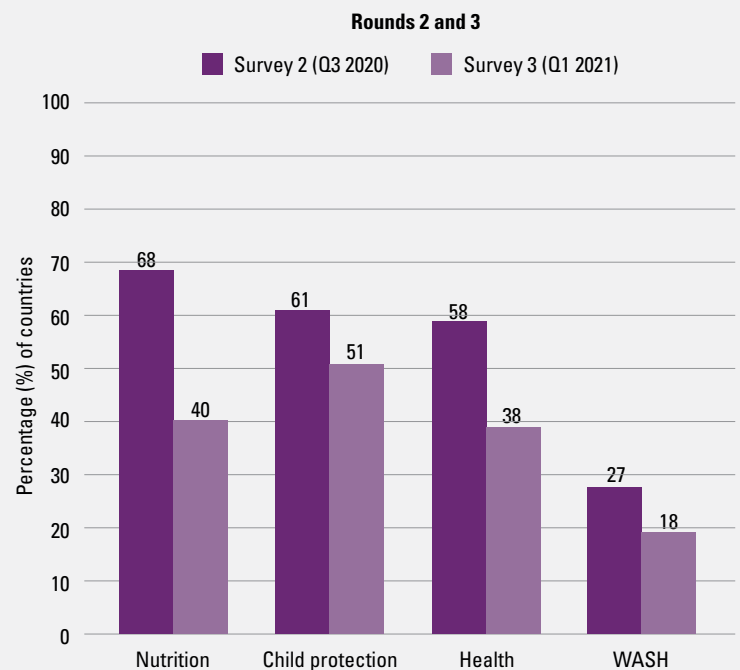
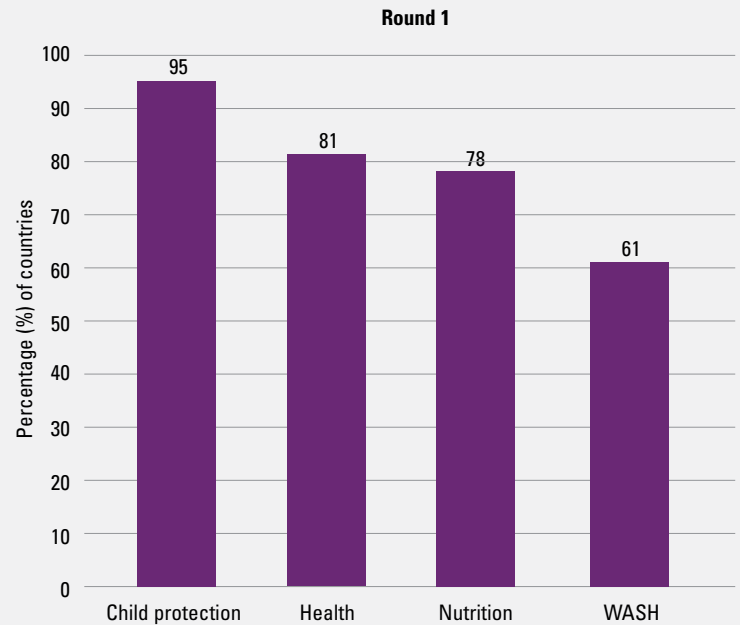
Trends in countries that responded to the later two survey rounds show that the greatest proportion reported severe disruptions in nutrition services in Round 2 (68%) and in child protection services in Round 3 (51%) (Fig. 5).

The proportion of countries reporting severe service disruptions dropped between Rounds 2 and 3 in all four sectors, with the nutrition and health sectors experiencing the greatest improvements. The proportion of countries reporting severe service disruptions in the nutrition and health sectors fell 28 and 20 percentage points, respectively.

Across the three survey rounds, WASH had both the smallest proportion of countries reporting severe disruptions in at least one service (61%, 27% and 18% at Survey Rounds 1, 2 and 3, respectively), and the least improvement between Rounds 2 and 3 with a change of approximately 9 percentage points.

The sectors with the highest proportion of countries reporting severe service disruptions over time were the child protection and nutrition sectors. The sector with consistently the lowest proportion of countries reporting severe service disruption was WASH.

FIGURES 4 and 5. Percentage of countries reporting severe disruptions in at least one service type among the health, nutrition, WASH and child protection sectors, by survey round



Section 2

Top disrupted services by sector

Top severely disrupted services by sector at Round 3

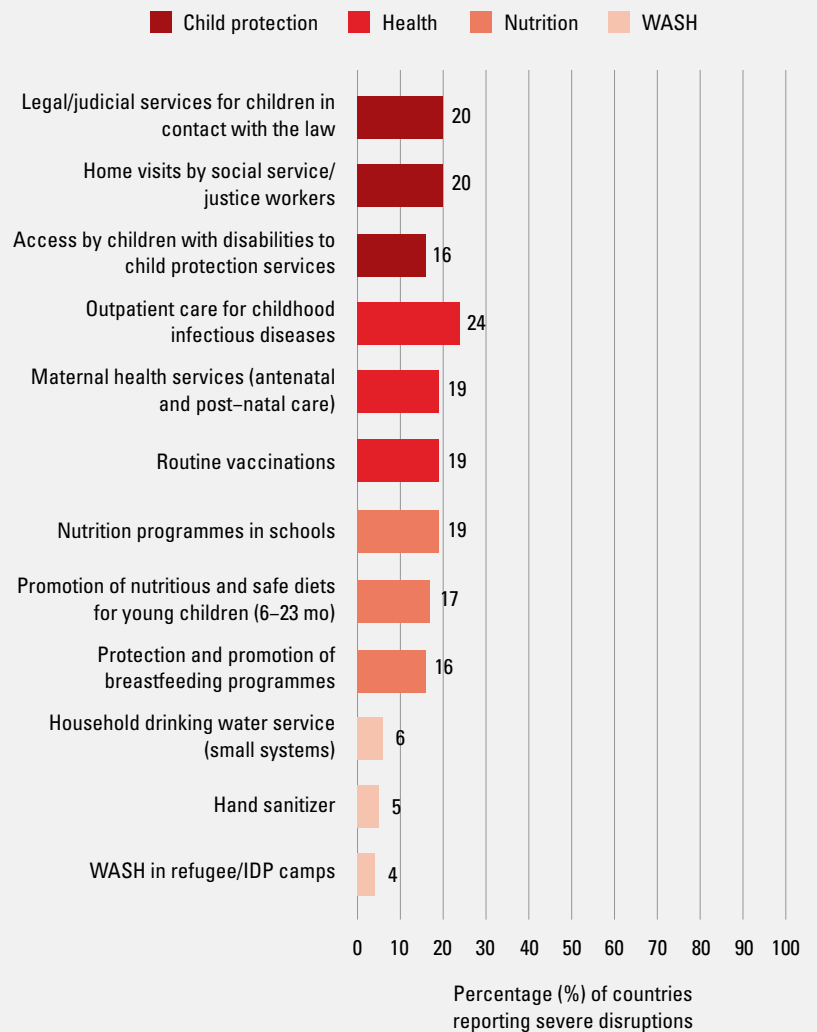
The top three services reported as most severely disrupted within the child protection, health, nutrition, and WASH sectors in Round 3 are displayed in Figure 6.

Across the four sectors, the proportion of countries reporting a severe disruption in a given service were consistently lower than 25%. However, this proportion ranged from 4% to 24%. WASH had considerably lower proportions of countries reporting severely disrupted services compared to the other sectors, with 9 out of the 13 tracked services having 2% or fewer countries reporting severe disruptions.

Of the top three disrupted services per sector, WASH in refugee/IDP camps had the lowest proportion of countries (4%) reporting severe disruption. Meanwhile, outpatient care for childhood infectious diseases, one of the health services, had the highest proportion of countries (24%) reporting severe disruption.

At Round 3, WASH had considerably lower proportions of countries reporting severely disrupted services compared to child protection, health, and nutrition.

FIGURE 6. Top 3 severely disrupted services per sector at Round 3



Section 3

Reasons for service disruptions over time

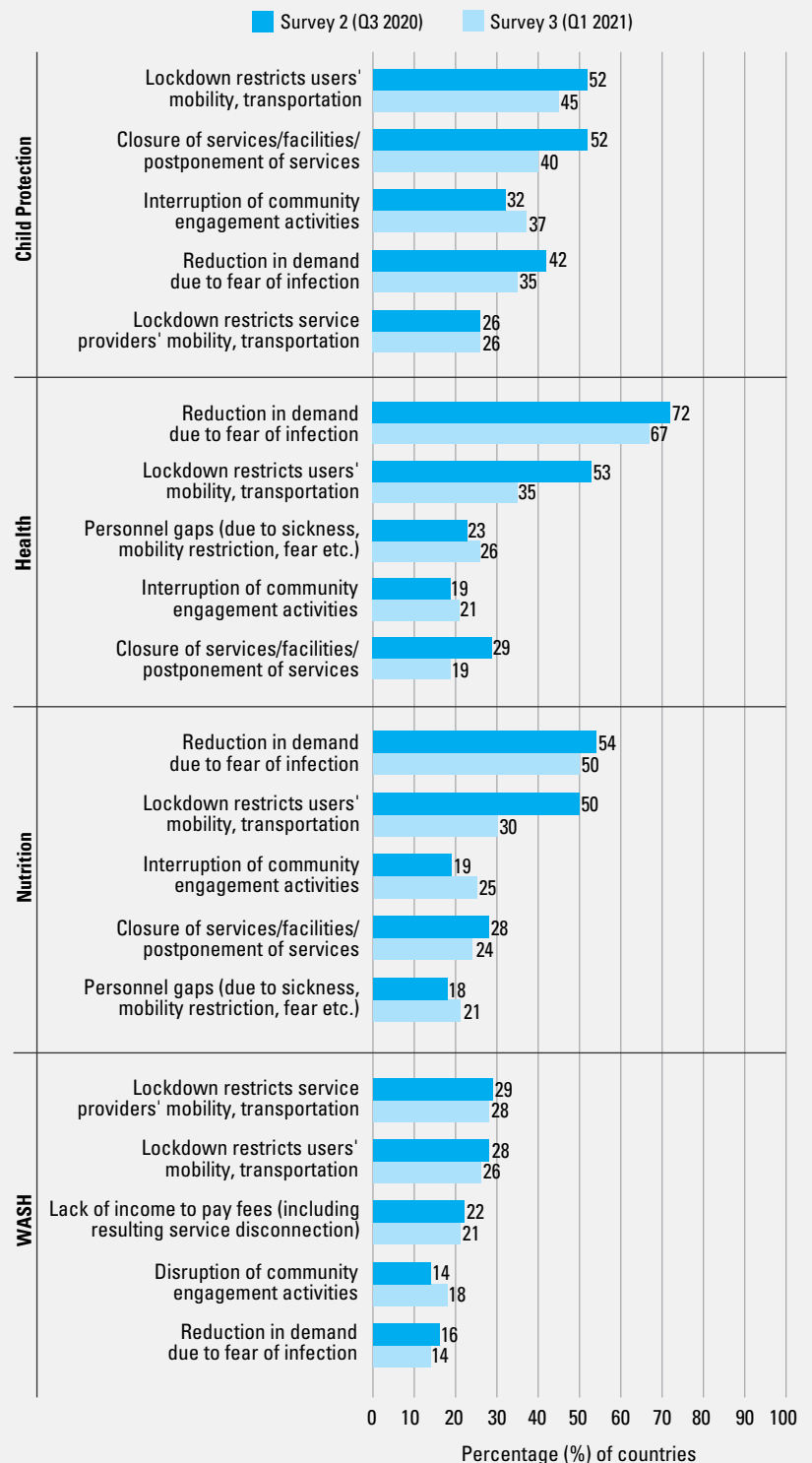
Reasons for service disruptions varied across sectors

The top 5 reasons for service disruptions varied across the sectors. However, the ordering of the reasons was consistent for each of the four sectors of child protection, nutrition, health and WASH between Rounds 2 and 3 (Fig. 7).

The good news is that in most cases, the number of countries reporting each reason dropped between survey Round 2 and 3, reflecting improvements in service accessibility. However, there are exceptions, including more countries reporting the reasons of 'interruption of community engagement' across all sectors in Round 3 compared to Round 2.

Across all four sectors, 'Lockdown restricting users' mobility/ transportation' was a leading or second leading reason for service disruptions.

FIGURE 7. Top 5 reasons for service disruptions by sector at Rounds 2 and 3



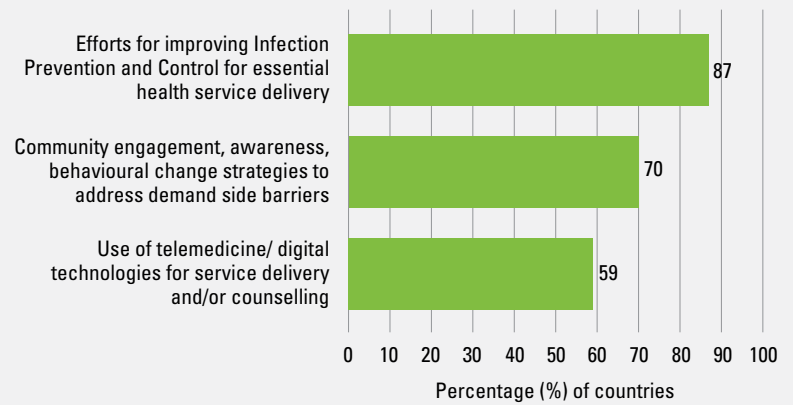
Section 4

Findings on government adaptations to ensure service continuity

Top ways that governments responded to ensure the continuity of services at Round 3

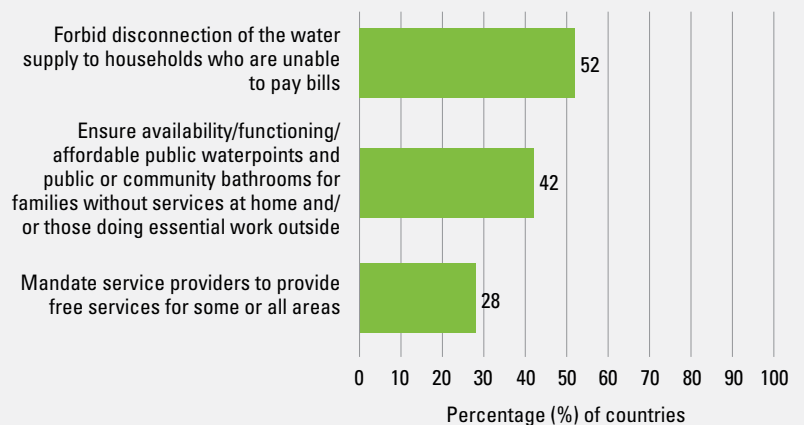
Health: The highest proportion of countries (87%) reported government efforts to improve infection prevention and control, followed by community engagement and awareness (70%), and use of telemedicine and digital technologies for service delivery (59%).

FIGURE 8. Top three government responses to ensure service continuity in health



WASH: Half the countries (52%) reported that governments are forbidding disconnection of water supply to households who are unable to pay bills. Two in five countries (42%) reported that governments are ensuring public waterpoints and public or community bathrooms are available and functioning for families without services at home and/ or those doing essential work outside.

FIGURE 9. Top three government responses to ensure service continuity in WASH



Child Protection: The highest proportion of countries (76%) reported that governments linked their services to pre-existing/new child help lines. Almost three in four countries have provided support to families and children for existing child protection caseloads (74%) and adapted/scaled-up mental health and psychosocial services for parents/caregivers and for children (73%).

Nutrition: Governments have taken various approaches to different nutrition conditions and relevant services:

- For management of acute malnutrition, mid-upper arm circumference (MUAC) measurement by caregivers has been adopted in over half the countries (58%) that responded to the survey.
- Nine in ten countries reported physical distancing at distribution facilities for micronutrient powder (MNP) supplementation, vitamin A supplementation for school aged children and at nutrition services for pregnant/breastfeeding women (90%, 89% and 91%, respectively).

FIGURE 10. Top three government responses to ensure service continuity in child protection

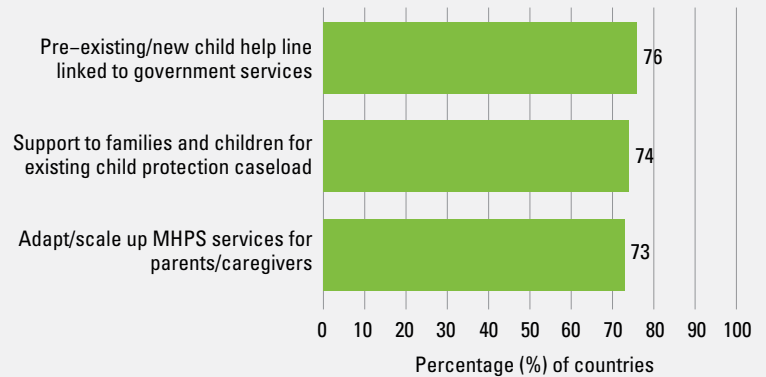
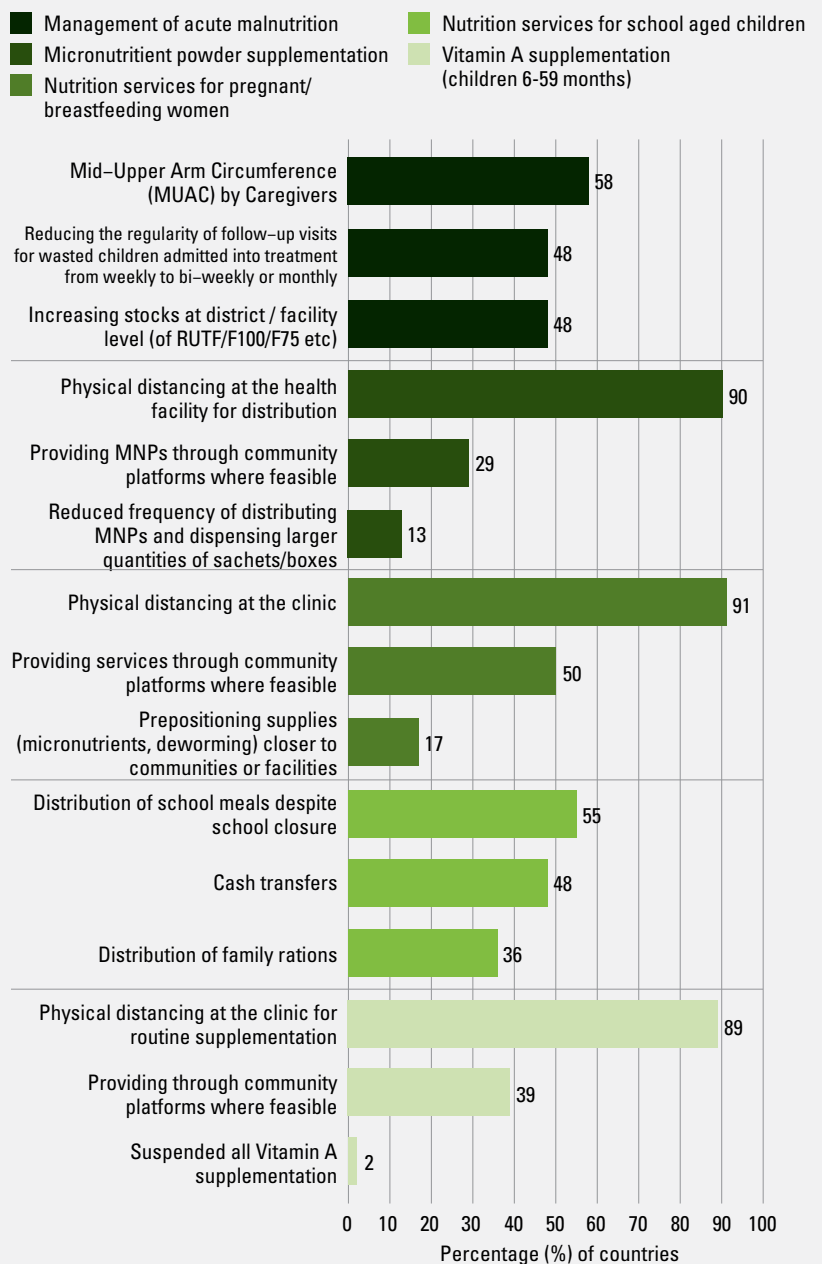


FIGURE 11. Top government responses to ensure service continuity in nutrition





Section 5

In focus: Findings on gender- specific service disruptions and gender-responsive government adaptations

Gender-specific service disruptions

The COVID-19 pandemic, and government efforts to control it, have posed unique risks to women and girls. This section provides an overview of severe disruptions to gender-specific services prioritized in UNICEF's programme priorities for gender equality in the COVID-19 response. These priorities include targeted efforts to promote equitable service delivery for women, girls and boys across sectors; addressing gender-based violence (GBV); and supporting gender-responsive care systems, including social protection (Table 3).

This section also examines the gender-responsiveness of social protection measures implemented to mitigate the effects of the pandemic as well as whether girls' needs are being addressed to ensure the continuity of their learning.

Nearly half (46%) of the 137 countries responding to Round 3 experienced a severe disruption (defined as $\geq 10\%$ drop) in at least one gender-specific service in the past 12 months. When comparing by pre-COVID-19 humanitarian status, 79% of HAC countries reported severe disruptions compared to 33% of non-HAC countries; non-HAC countries were also more likely to report no disruptions to any gender-specific services (30%) than HAC countries (8%). However, a greater proportion of HAC countries than non-HAC countries (87% compared to 76%) reported an increase in coverage or the introduction of a new service for at least one gender-specific service (Table 4).

TABLE 3. Gender-specific services aligned to key COVID-19 gender equality programme priorities

Programme priorities	Gender-specific services
Care for caregivers	<ul style="list-style-type: none"> • Caring for caregivers parenting programmes • Gender socialization parenting programmes
Gender-based violence (GBV) and harmful practices	<ul style="list-style-type: none"> • Access to available women and girls' friendly spaces including support services for GBV survivors, girls at risk of marriage and married girls, and girls affected by female genital mutilation • GBV risk mitigation including consultation with women and girls and training of service providers
Continued access to health and education services	<ul style="list-style-type: none"> • Family planning services • Maternal health services (antenatal and postnatal care) • Maternal health services (delivery care) • Testing for mothers in ANC, HIV-exposed infants • HIV treatment for pregnant women • HIV treatment for children (adolescents 15-19) • Iron-folic acid (IFA) supplementation for adolescent girls • Nutrition support for pregnant and lactating women • Protection and promotion of breastfeeding programmes • Menstrual hygiene materials

Nearly half of all countries experienced severe disruptions to at least one gender-specific service in the past 12 months.

TABLE 4. Percentage of countries experiencing severe disruptions, no disruptions, or new services/increase in at least one gender-specific service, by HAC designation

Gender-specific services (n=14)	Countries n (%)	HAC n (%)	Non-HAC n (%)
Severe disruption ($\geq 10\%$ drop)	63 (46%)	30 (79%)	33 (33%)
No disruptions	33 (24%)	3 (8%)	30 (30%)
New/increase in coverage	108 (79%)	33 (87%)	75 (76%)

Note: Countries designated as HAC are based on the listing of countries in UNICEF Humanitarian Action for Children Appeal as of June 2020 with appeals over USD 10 million.

Multiple gendered impacts have resulted from the COVID-19 pandemic, especially in countries in which women and girls were living through humanitarian conflict and crises, pre-pandemic. While the largest proportion (13%) of responding countries at Round 3 reported severe disruptions to only one gender-specific service, 9% of countries reported severe disruptions to four gender-specific services. Moreover, nearly 1 in 5 (18%) HAC countries experienced severe disruptions to 5 or more gender-specific services compared to less than 1 in 10 non-HAC countries (Fig. 12).

Antenatal and postnatal maternal health services and family planning services are the most severely disrupted gender-specific services, compromising continuity of care for women and adolescent girls and increasing the risks of morbidity, mortality and unintended pregnancies. At Round 3, nearly 1 in 5 of all responding countries experienced severe disruptions in antenatal and postnatal maternal health services and family planning services. When restricting the analysis to HAC countries, the proportion rises to over 1 in 3. Fewer than 10% of responding countries experienced severe disruptions in caring for caregivers or gender socialization parenting programmes, with the provision of menstrual hygiene materials being the least severely disrupted gender-specific service among responding countries (Fig. 13).

Multiple service disruptions are more prevalent among countries in which women and girls were living through humanitarian conflict and crisis, pre-pandemic.

FIGURE 12. Percentage of countries reporting severe disruptions in gender-specific services, by number of services disrupted and HAC designation

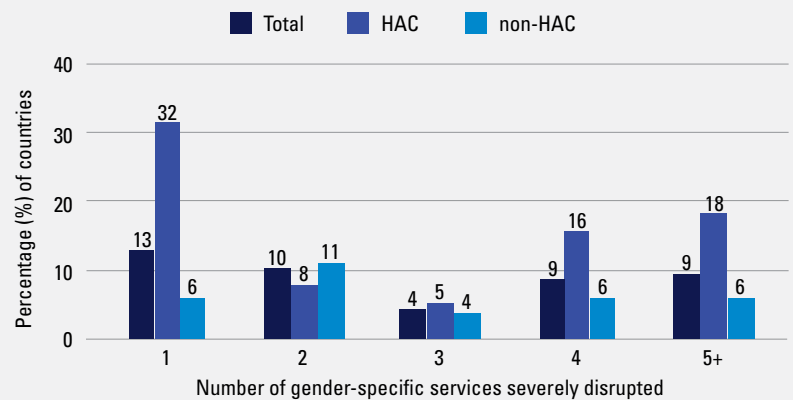
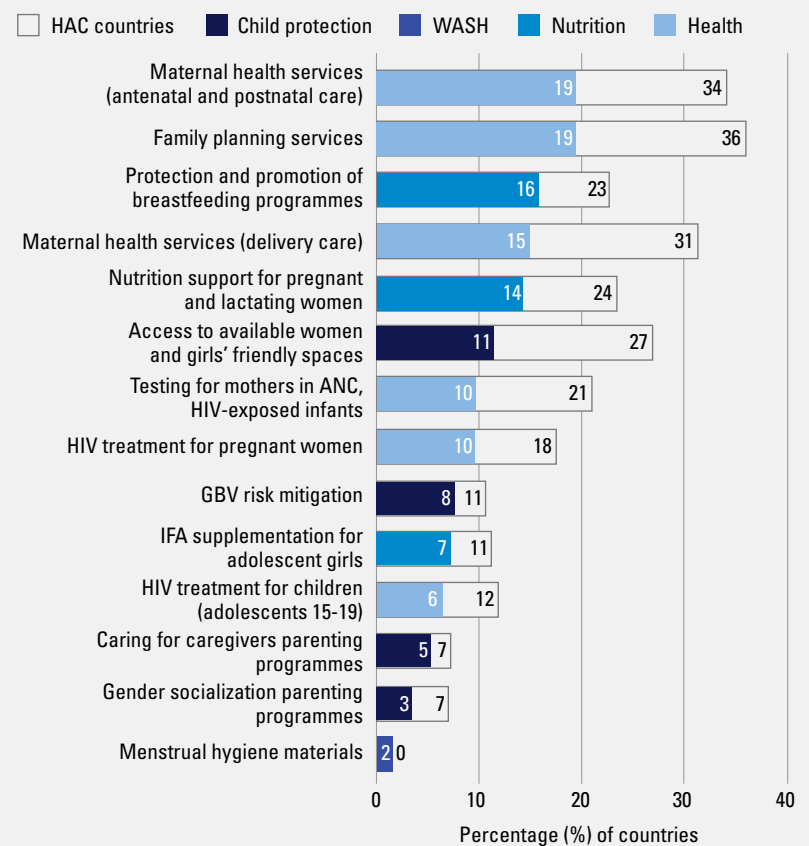


FIGURE 13. Percentage of countries reporting severe disruptions to gender-specific services, by sector



Note: Because not all countries answered all sections of the questionnaire, the denominators for countries reporting service disruptions in each sector may differ, including for countries with HAC status.

Trends in gender-specific service disruptions

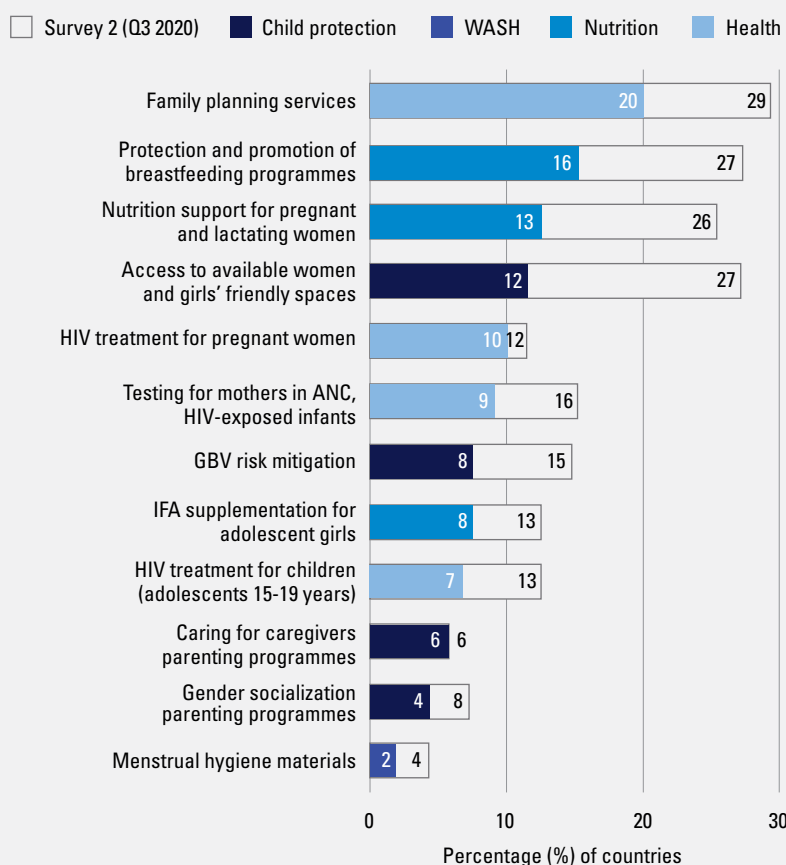
Family planning services, protection and promotion of breastfeeding programmes, nutrition support for pregnant and lactating women and access to available women and girls' friendly spaces remain the top four severely disrupted gender-specific services since the COVID-19 pandemic began (Fig. 14).

However, severe disruptions to almost all gender-specific services have decreased in the last year, with access to available women and girls' friendly spaces experiencing the most improvement, followed by nutrition support for pregnant and lactating women.

As shown on pg. 31, however, when restricting analysis of gender-specific HIV services to HIV-priority countries, the proportion of HIV-priority countries experiencing severe disruptions to testing for pregnant women has actually increased over time.

Severe disruptions to almost all gender-specific services have decreased over time.

FIGURE 14. Percentage of countries reporting severe disruptions to gender-specific services, by sector at Rounds 2 and 3



Note: Questions on disruptions to maternal health services were not asked consistently across Surveys 2 & 3, thus maternal health services are excluded from Fig. 14. Percentages of countries reporting gender-specific service disruptions only include countries that responded to both surveys. Because not all countries answered all sections of the questionnaire, the denominators for countries reporting service disruptions in each sector may differ.

Gender-responsive government adaptations

Expanding gender-responsive social protection measures is central to addressing the socioeconomic impacts of COVID-19 on women and girls. Yet, fewer than 1 in 5 responding countries at Round 3 reported that governments introduced or scaled up gender-responsive social protection measures in the last 12 months, and most of these measures are short-term, even though the gendered impacts of the pandemic are likely to persist. 16% of countries introduced or scaled up employment guarantee programs designed to support working parents while less than 10% of countries implemented cash plus programs supporting gender equality outcomes (Fig. 15).

As schools closed or pivoted to remote learning during the COVID-19 crisis, the gains girls made in education over the past 25 years have been at risk of eroding. Only 14 of 133 of responding countries at Round 3 reported generally more success implementing remote learning support to girls during the past 12 months while 30 countries reported that supporting remote learning for girls during this period was highly problematic. Yet, only 37% of countries which identified remote learning for girls as highly problematic identified improving access to content for girls for future remote learning as a priority or will monitor girls' re-enrollment as schools reopen (Fig. 16).

FIGURE 15. Percentage of countries in which the government introduced or scaled up gender-responsive social protection measures as a result of COVID-19, by type of measure

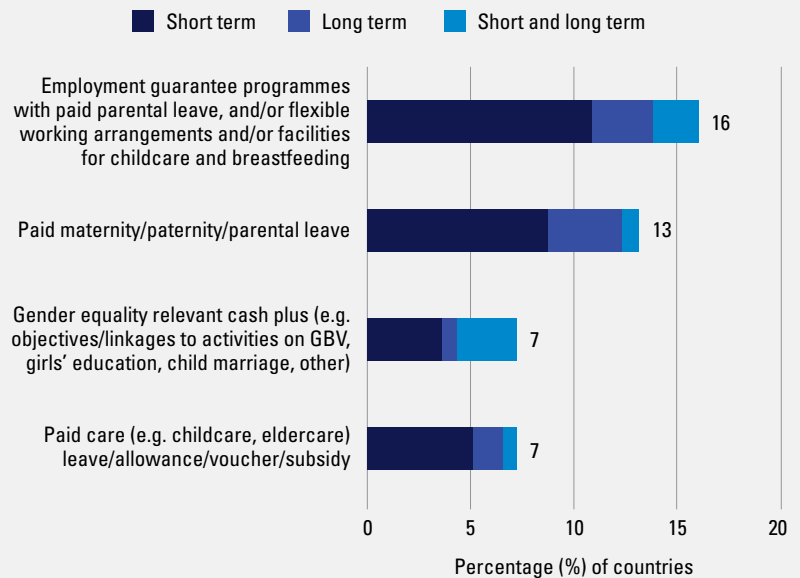
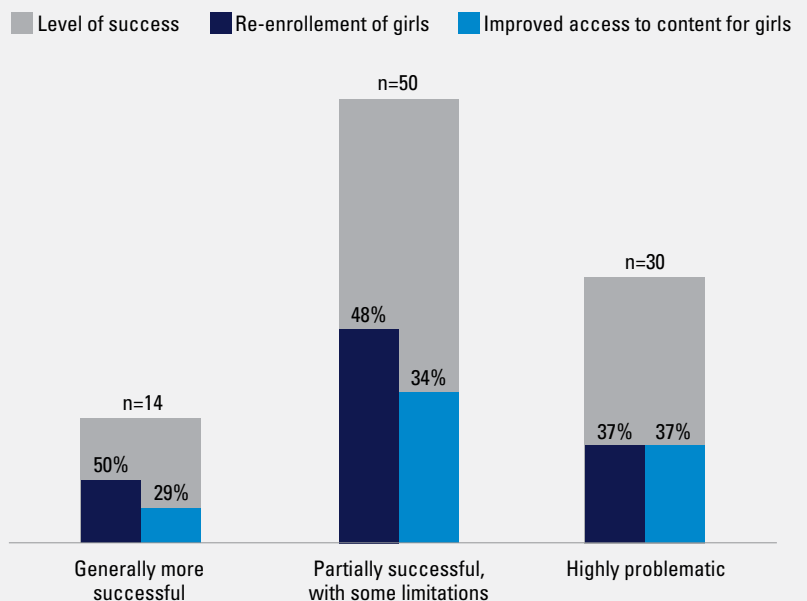


FIGURE 16. Number of countries that have experienced success implementing remote learning support to girls, by level of success, and percentage of these countries monitoring girls' re-enrollment and identifying improved access to content for girls during future remote learning as a priority.



Note: Fig. 16 does not include 39 out of 133 responding countries that reported 'don't know' or 'not applicable.' The inner bars in Fig. 16 represent the percentage of countries reporting each level of success implementing remote learning support to girls that are monitoring re-enrollment of girls and have identified improved access to content for girls for future remote learning as a priority.



Section 6

Findings on additional sectors and topical areas

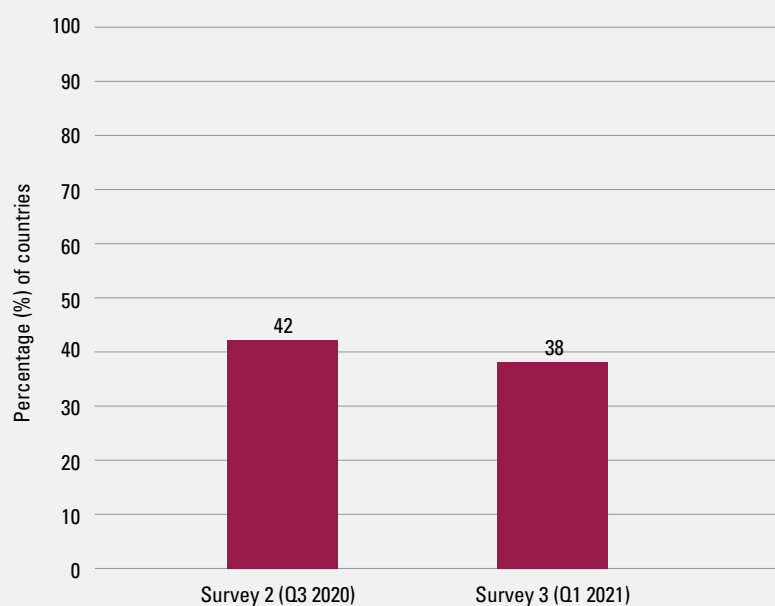
Severe disruptions to HIV services at Round 3 and over time

At Round 3, 38% of HIV priority countries reported a severe disruption in at least one service (Fig. 17). The proportion of those reporting severe disruptions to the four HIV services tracked in the survey ranged from approximately 33% (treatment of pregnant women) to 17% (treatment of adolescents aged 15 to 19 years) (Fig. 18).

The proportion of HIV priority countries reporting severe disruptions in at least one service decreased by approximately 4 per cent between Rounds 2 and 3. Two in five (42%) of responding HIV-priority countries reported severe disruptions in Round 2 while a little more than one in three (38%) did so in Round 3.

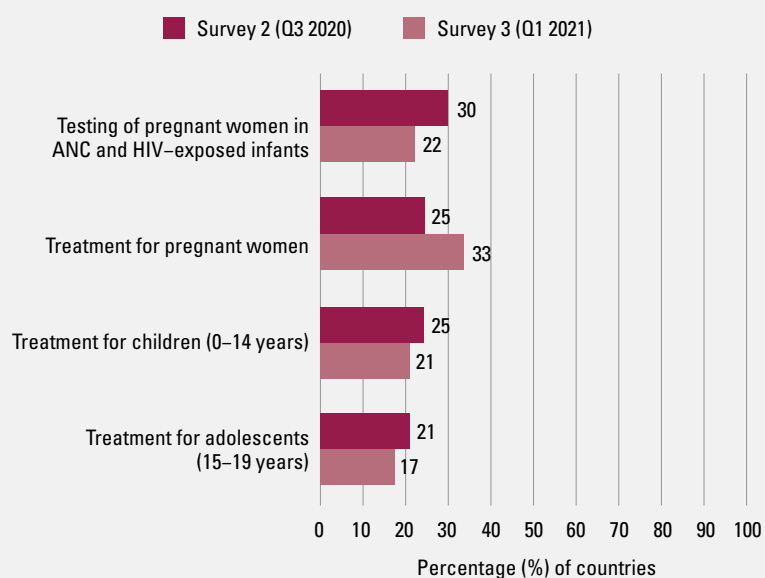
Over time, the proportions of HIV priority countries reporting severely disrupted services decreased in three of four services tracked, but only by a small amount. However, the proportion reporting severe disruptions to treatment for pregnant women increased.

FIGURE 17. Percentage of HIV priority countries reporting severe disruptions in at least one HIV service at Rounds 2 and 3



About 2 in 5 HIV priority countries reported severe disruptions in at least one HIV service at Rounds 2 and 3.

FIGURE 18. Percentage of HIV priority countries reporting severe disruptions in at least one HIV service at Rounds 2 and 3



Note: The analysis of the HIV-related questions (a sub-sector of Health) were restricted to UNICEF's HIV-priority countries, thus the results for these questions are shown separately. Of the 35 HIV-priority countries, 29 (83%) and 27 (77%) responded to the service disruption questions in Rounds 2 and 3, respectively.

Top severely disrupted parenting support services at Round 3 and over time

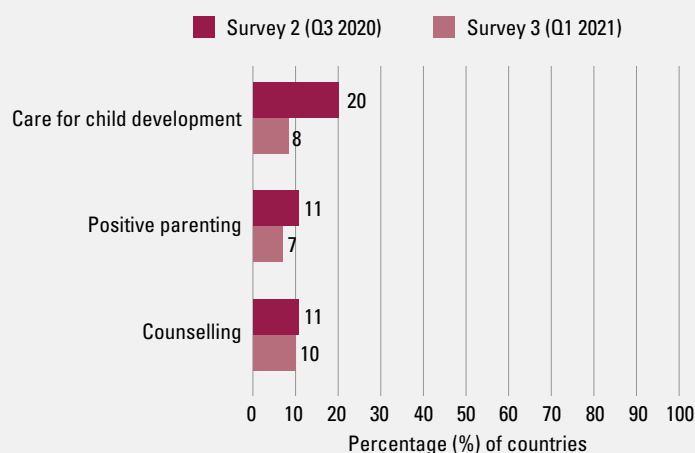
When restricting to questions about specific services that were consistent across the two most recent surveys, the proportion of countries at Round 3 that declared severe disruptions to parenting support services was less than or equal to 10%, with one in ten countries (10%) reporting disruptions to counselling and one in fourteen (8% and 7%, respectively) reporting disruptions to both care for child development and positive parenting (Fig. 19).

The proportions of countries reporting severely disrupted parenting services also decreased between Rounds 2 and 3. Both countries reporting disruptions to positive parenting and care for child development reduced by upwards of 50 per cent.

In addition, the proportion of countries reporting severe disruptions in at least one parenting support service decreased by nearly 40 per cent, from about 29% at Round 2 to 18% at Round 3 (Fig. 20).

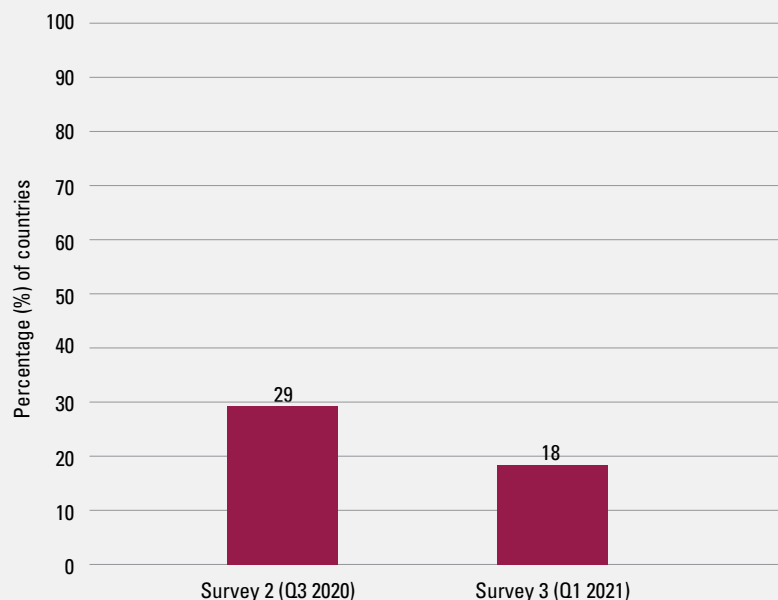
Note: Questions on parenting support programmes including disruptions to services and government responses were asked as part of the Cross-cutting section of the survey. As parenting support is not a UNICEF thematic area by itself, the results for these questions are shown separately.

FIGURE 19. Top severely disrupted parenting support services at Survey Rounds 2 and 3



About 1 in 3 countries reported severe disruptions in at least one parenting support service at Round 2 while 1 in 5 reported these severe disruptions at Round 3.

FIGURE 20. Percentage of countries reporting severe disruptions in at least one service at Surveys Rounds 2 and 3

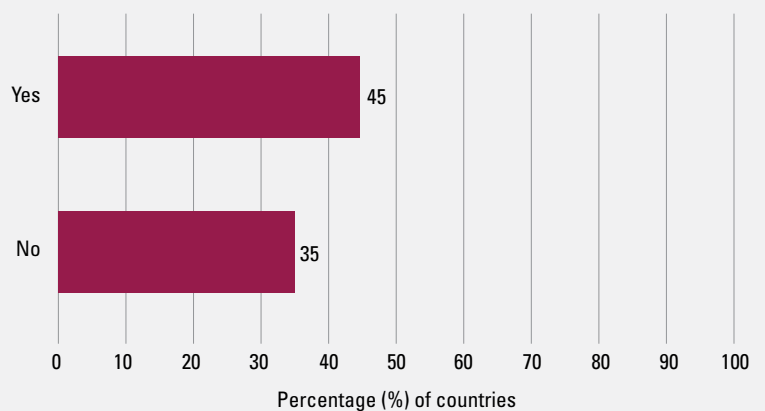




Government-implemented mechanisms to support parents/caregivers in their care of young children

Of the 122 responding countries at Round 3, nearly half (45%) reported that the government has implemented innovative and alternative mechanisms to support parents/caregivers to provide nurturing care for young children as a result of COVID-19. However, one in three (35%) countries have not, and the remaining 20% reported they did not know or that the question was not applicable.

FIGURE 21. Percentage of countries reporting that the government has implemented innovative and alternative mechanisms to support parents/caregivers

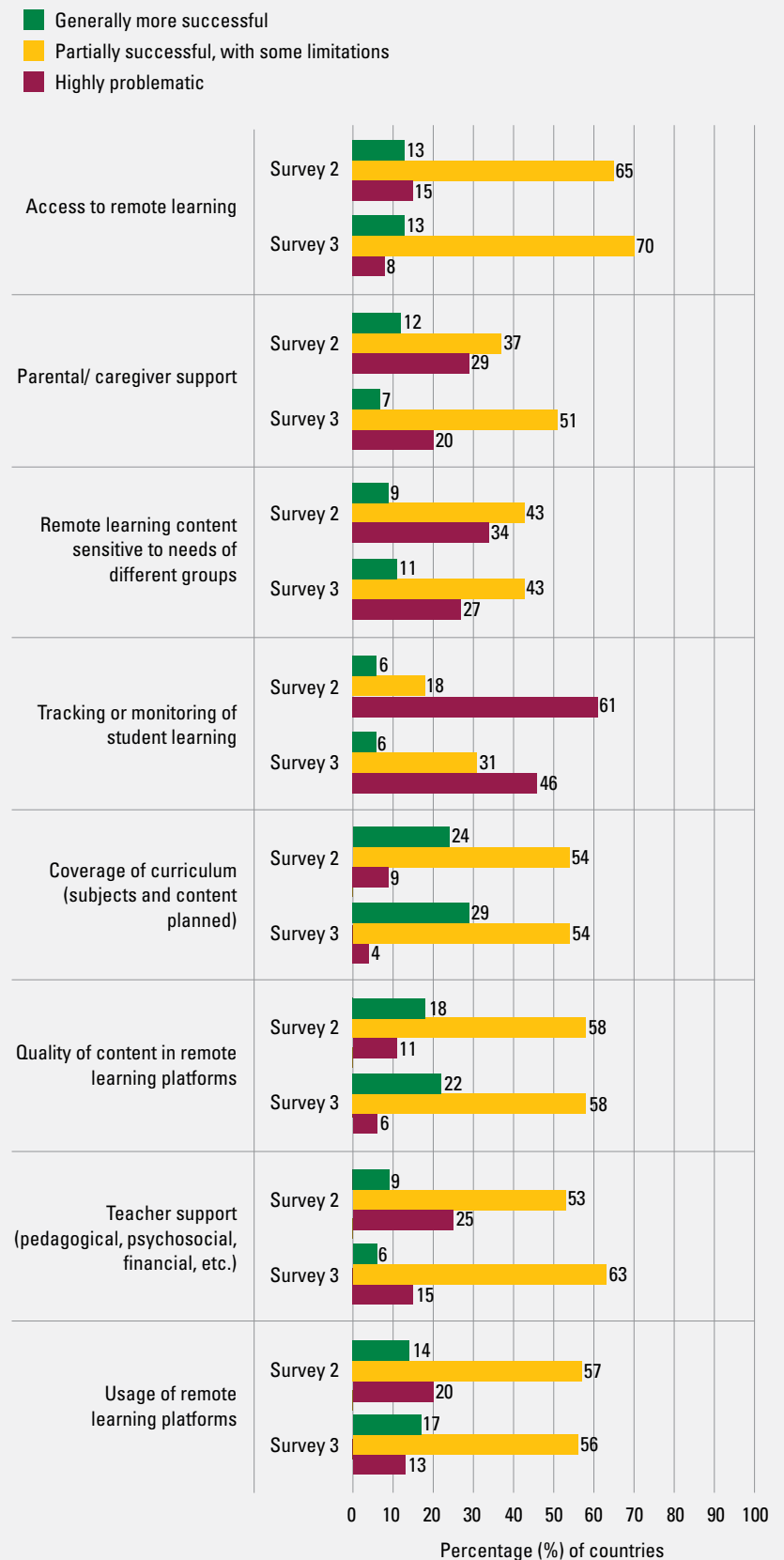


Provision of education services at Round 3 and over time

To ensure that education continues throughout the COVID-19 pandemic, programme countries have implemented remote learning. While many countries have found the implementation of various aspects of remote learning to be partially successful, there have been some limitations. At Round 3, the two areas found to be the most challenging are tracking and monitoring student learning (46%) and tailoring content to be sensitive to the needs of different groups (27%).

The proportions of countries reporting that one or more aspects of implementing remote learning is highly problematic has decreased between Rounds 2 and 3 in all areas, while those reporting partially and generally more successful has generally increased, suggesting overall improvement in the provision of education services during the pandemic over time.

FIGURE 22. Percentage of countries reporting success and limitation in implementing various aspects of distance learning, by survey



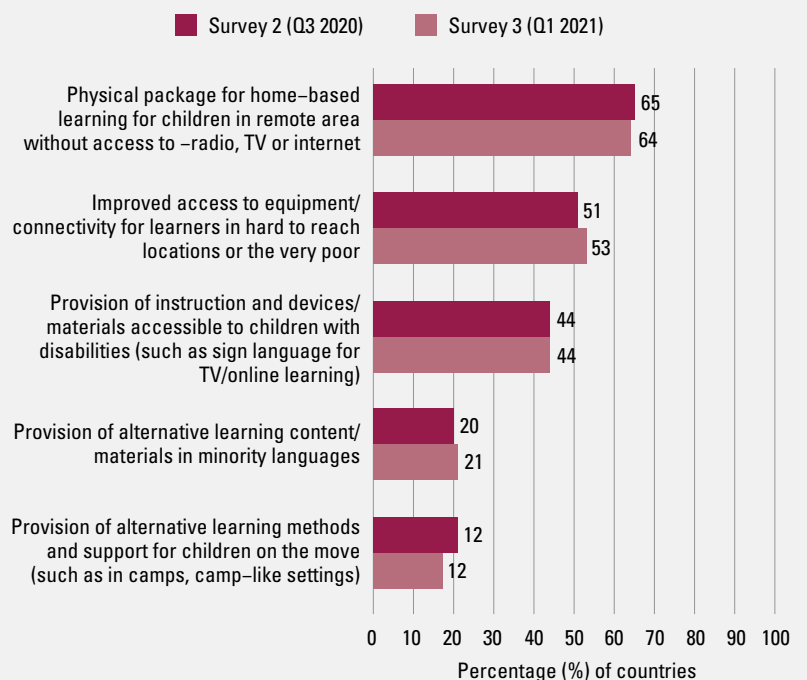
Note: As the survey questions on Education differ from the other sectors, their results are presented separately.



Government measures to ensure that the hardest to reach children are also supported with learning

The provision of education services, specifically that related to distance learning, changed little between Rounds 2 and 3. The most frequently cited measures adopted to support the hardest to reach children include the provision of a physical package for home-based learning for children without access to radio, TV or internet (64%), improved access to equipment/connectivity for learners in hard-to-reach locations (53%), and provision of materials to children with disabilities (44%). However, by the third survey, fewer countries reported not having any measures in place, suggesting more countries are making efforts to reach children by distance learning.

FIGURE 23. Measures adopted by the government to ensure the hardest to reach are also supported with distance learning, by survey





UNICEF
Data and Analytics Section
Division of Data, Analytics,
Planning and Monitoring
3 United Nations Plaza,
New York, NY 10017, USA

Email: data@unicef.org
Website: data.unicef.org