POLICY BRIEFING

FUTURES AT RISK:

THE IMPACT OF COVID-19 ON MATERNAL, NEWBORN, AND CHILD HEALTH IN FRAGILE AND CONFLICT-AFFECTED SETTINGS

unicef
UNITED KINGDOM

FOR EVERY CHILD

INTRODUCTION

Over a year since the COVID-19 outbreak was declared a global pandemic, it continues to affect nearly every country across the world. However, it is impacting countries differently, and exacerbating national and international inequalities and inequities as new variants continue to emerge.

The global burden of COVID-19 deaths is shifting to low-income and lower-middle income countries[1], which are struggling to get access to the vaccines they need at the same time as higher-income countries steam ahead with vaccine roll-out campaigns.[2] Less than 1% of people in low-income countries have received at least one dose of a COVID-19 vaccine.[3]

Health systems in fragile and conflict-affected settings (FCAS) that were already facing extraordinary challenges in reducing maternal,[i] newborn and child health[ii] (MNCH) mortality before the pandemic are being pushed to breaking point.[4,5]

This policy briefing is informed by a new research study[iii] conducted by the London School of Hygiene and Tropical Medicine on behalf of the UK National Committee for UNICEF (UNICEF UK).[6] The study is the first of its kind to document how and why COVID-19 disruptions to MNCH and nutrition interventions in FCAS are increasing the preventable deaths of women, newborns and children.

The research spanned a number of FCAS but had a particular focus on 12 countries facing humanitarian and protracted crises:[iv] Afghanistan, Bangladesh (Cox's Bazaar), Colombia, Democratic Republic of the Congo (DRC), Iraq, Nigeria, Somalia, South Sudan, Syria, Venezuela, Yemen, and Zimbabwe.

The briefing begins by outlining the context of recent UK Government support to FCAS and offers recommendations of what the UK must do now to uphold its long-standing prioritisation of FCAS and drive renewed global leadership on MNCH to avert millions of preventable deaths.

It then explores the main study finding of increased preventable deaths of women, newborns and children and the three "disruption factors" that have affected lifesaving MNCH and nutrition services, leading to these preventable deaths:

1. Funding
2. Change in supply and uptake of essential services
3. COVID-19 mitigation and adaptation strategies.

With FCAS now facing more deadly and more infectious waves of COVID-19, the findings from the research are critically important to inform funding and programmatic decisions that will be taken over the coming months and years.

i The maternal mortality rate in fragile contexts was also four times higher than in non-fragile contexts.

ii The under-five mortality rate in the 58 countries categorised as 'fragile' (based on the World Bank definition) was on average, almost three times higher than in all other countries in 2019, and even higher in extreme fragile contexts.

iii The research used two data sources: (1) a literature review and (2) qualitative key informant interviews with donor staff and humanitarian actors working in FCAS. 103 publications were included in the literature review and 39 remote semi-structured key informant interviews were conducted between November 2020 and January 2021.

iv Additional countries were considered as part of the literature review.

THE NEED FOR UK LEADERSHIP

UK LEADERSHIP ON MNCH AND NUTRITION IN FCAS IS MORE VITAL NOW THAN EVER

A mother cares for her severely malnourished child at a health centre in Hargeisa, Somaliland. With support from UK Aid, UNICEF is helping to provide health care for mothers and babies in Somalia.

The UK Government has been at the forefront of the MNCH and nutrition agenda for more than two decades,[v] and formally committed to allocating at least 50% of UK Aid to fragile states and regions in its 2015 UK Aid strategy.[7]

Examples of UK commitments include:

- From 2006 to 2020, the UK was the top contributor to the UN's Central Emergency Relief Fund.[8]
- Between 2015 and 2020, over 85% of the people reached by UK Aid lived in fragile states,[vi] with over 53% living in extremely fragile states.
- Also between 2015 and 2020, most of the women of childbearing age, adolescent girls and children under 5 (48.4 million) reached by UK Aid nutrition programmes lived in fragile states, including 15.2 million living in extremely fragile states.[9]

There are multiple examples of the life-changing impacts that UK support has achieved, including:

- In Afghanistan, UK Aid helped treat 94% of children under five suffering from severe malnutrition, reducing the newborn mortality rate from 53 to 23 per 1,000 live births (from 2003 to 2018).[10]
- In Yemen, between 2015 and 2020, UK Aid reached 3.6 million children under five, women and adolescent girls with health and nutrition services.[11]
- Through the South Sudan Health Pooled Fund, of which the UK is the lead donor, UK Aid has delivered preventative services to 4.7 million children, including for diarrhoea, one of the leading causes of death in children under the age of 5. It has helped safely deliver 150,000 babies, as well as ensuring 270,000 mothers-to-be could attend at least one antenatal class.

The UK is also the largest donor to Gavi, the Vaccine Alliance, and in 2020, pledged £330 million a year over the next five years to help fund the vaccination of 75 million children in the world's poorest countries.[12]

However, the COVID-19 induced economic downturn has led the UK Government to announce a temporary reduction in the UK Aid budget, including funding for water sanitation and hygiene (WASH) and family planning services. UK Aid has since been reduced by 67% in Syria,[13] by nearly 60% in Yemen,[14] around 60% in Somalia[15] and the Democratic Republic of Congo (DRC), 59% in South Sudan[16], and 58% in Nigeria.[17] Funding reductions have also impacted UN agencies, including UNICEF.

While the full impact of these reductions is not yet known, in many countries experiencing cutbacks, MNCH and nutrition needs are increasing as a direct result of the pandemic.

Women, newborns and children cannot be put "last" and forgotten in the global response to the pandemic. Lessons must be learned from the Ebola epidemic in West Africa that saw the number of indirect maternal, neonatal and stillbirth deaths in the first year of the outbreak surpass the number of Ebola deaths.[18]

v The current government committed to ending preventable deaths of mothers, newborns and children in its 2019 manifesto and has publicly re-committed to this on numerous occasions since.

vi Using the OECD States of Fragility definition.

RECOMMENDATIONS TO THE UK GOVERNMENT

If the UK Government is to deliver on its Manifesto commitment to end preventable deaths and truly be "a force for good in the world",[19] then it must be at the forefront of global efforts to mitigate the devastating impacts of COVID-19 on women, newborns and children in FCAS now, and in response to future waves of the virus.

THE UK SHOULD:

1 **Protect UK Aid spending for MNCH and nutrition programmes in FCAS. The proportion of UK Aid spent on MNCH and nutrition should remain at or above the 2019 level.**

2 **Publish the Government's Action Plan on ending maternal, newborn and child preventable deaths at a prominent political moment before December 2021.**

- The Action Plan must place emphasis on support to the most marginalised women, newborns and children.
- The Action Plan must include strategies to mitigate the impacts of COVID-19 on child and maternal mortality throughout current and future waves of COVID-19, with timebound plans to counter setbacks caused by the pandemic.

3 **Lead efforts to deliver COVID-19 vaccines to health workers in FCAS as a priority**.

- It should ensure that the Access to COVID-19 Tools – Accelerator (ACT-A), COVAX and vaccine delivery efforts are adequately funded through increased financial commitments and dose donations to enable lifesaving services for women, newborns and children to continue or resume.

COVID-19 vaccines arrive in Afghanistan.

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MAIN RESEARCH FINDING:

COVID-19 DISRUPTIONS ARE CAUSING PREVENTABLE DEATHS

"Just at the time when we are concerned that there will be significantly more deaths from the collateral impact of the pandemic, our visibility has reduced and we have become blind to what is happening at population level and in the community. Planned mortality surveys have been suspended, and community mortality surveillance has been severely affected. Therefore, although we know the situation is extremely concerning, we lack data to prove it. I suspect the true impact will only be known afterwards, when it is too late." NGO, multi-country

The research found that COVID-19 has led to increased morbidity and mortality associated with MNCH in FCAS. This is primarily due to the following factors:

- late presentation to health facilities, especially for children with severe disease
- complications due to reduced pregnancy care[20] and outreach activities
- reduced healthcare seeking behaviour, including because of COVID-19 infection
- increased levels of child and maternal malnutrition.

Due to severe disruptions, such as the suspension of critical monitoring activities (including mortality and other surveys in communities), the true extent of maternal, newborn and child deaths remains invisible. Existing modelling studies can however serve as a proxy indication. Based on the level and duration of disruptions to uptake and coverage of lifesaving health and nutrition services, the research found that the effects on maternal and child mortality could be greater than the direct death toll from COVID-19.

It has been projected that major disruption to services in 2020–21 could result in anything between a 1% and 11% increase in maternal mortality due to women's reduced access to facility-based deliveries in select fragile and conflict-affected states[vii] (Yemen, South Sudan, Nigeria, Niger, DRC and Central African Republic). A lack of oral antibiotics for pneumonia and diphtheria, pertussis and tetanus vaccination could increase child mortality by between 12% and 18% in the same countries.

A health worker examines baby Beatrice at a health clinic in Yola, northeast Nigeria. Pneumonia claims the lives of more than 800,000 children under five every year. Nigerian children account for around one in five of these deaths.

vii The breakdown of data for each country is available in the full research report

KEY RESEARCH FINDINGS:
DISRUPTION FACTORS AFFECTING MNCH OUTCOMES IN FCAS

DISRUPTION FACTOR 1: FUNDING FOR MNCH AND NUTRITION SERVICES HAS BEEN DIVERTED, REDUCED, OR SUSPENDED

"When the funding started coming, nutrition did not get a lot of funding because of COVID, because we were classified as a secondary impact. There is the primary impact and the secondary impact." Multilateral organisation, Somalia

From early in the pandemic, a clear political priority was placed on the COVID-19 response in many countries. This led to the repurposing of MNCH and nutrition funding towards COVID-19 activities. In many settings, MNCH services were shut down at the request of governments. When new funding was raised, it was usually directed at COVID-19 specific measures, not to maintain essential services.[21]

Funding disruptions to MNCH and nutrition services during COVID-19 have further exacerbated existing limitations due to the long-standing deprioritisation of MNCH in emergency preparedness and response plans.[22] It has also caused an increase in the cost of maintaining existing activities for MNCH.

Dahiro watches as a doctor weighs her daughter at a health centre in Dolow, Somalia.

Positive funding trends

The research found that there were some accounts of positive trends in relation to funding. These included diversification of funding sources,[23] additional funding being made available from international organisations and donors. There was also increased funding and prioritisation of WASH. In addition, in some cases, funding was not earmarked only for COVID-19 and could be utilised for other activities such as MNCH services.

RECOMMENDATIONS TO THE UK GOVERNMENT

Resuming the delivery of essential MNCH and nutrition services must be a priority for the global COVID-19 global response and recovery efforts. The UK Government must lead global action and:

1. Ensure all funding channelled into the pandemic response, such as through the distribution of vaccines and other tools, also contributes to health-system strengthening and expanded access to other essential health services for mothers, newborns and children.

2. Conduct a review to identify key lessons from the pandemic's impact on UK Aid programmes. This will be critical in strengthening resilience to prevent the closure of services and maintenance of lifesaving services during the entire course of this pandemic as well other future health shocks. The review should explore:

   - the direct and indirect impacts of the pandemic on UK programmes in FCAS;
   - the consequences of the UK's recent cuts to MNCH programmes in FCAS.

DISRUPTION FACTOR 2: COVID-19 LED TO CHANGES IN THE SUPPLY OF AND DEMAND FOR MNCH AND NUTRITION SERVICES

"Across almost all of our projects there were significant reductions in vaccination activity. These populations already had low vaccination coverage and are now extremely vulnerable to other vaccine-preventable diseases that disproportionately affect children." NGO, multi-country

There have been substantial changes in the supply of and demand for MNCH and nutrition services, due to a combination of factors.

In terms of supply, a reduction in MNCH and nutrition service provision was reported across settings due to:

- MNCH staff being diverted to pandemic response activities
- health workers infected with COVID-19 as well as staff absence due to fear of contracting the virus
- the diversion of infrastructure and supplies and shortage of medicines as a result of supply chain disruption.[24]

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Many schools and learning centres like this classroom in Dhaka remained shut because of COVID-19 restrictions in Bangladesh.

In terms of demand, the most common reasons identified for not using MNCH and nutrition services include:

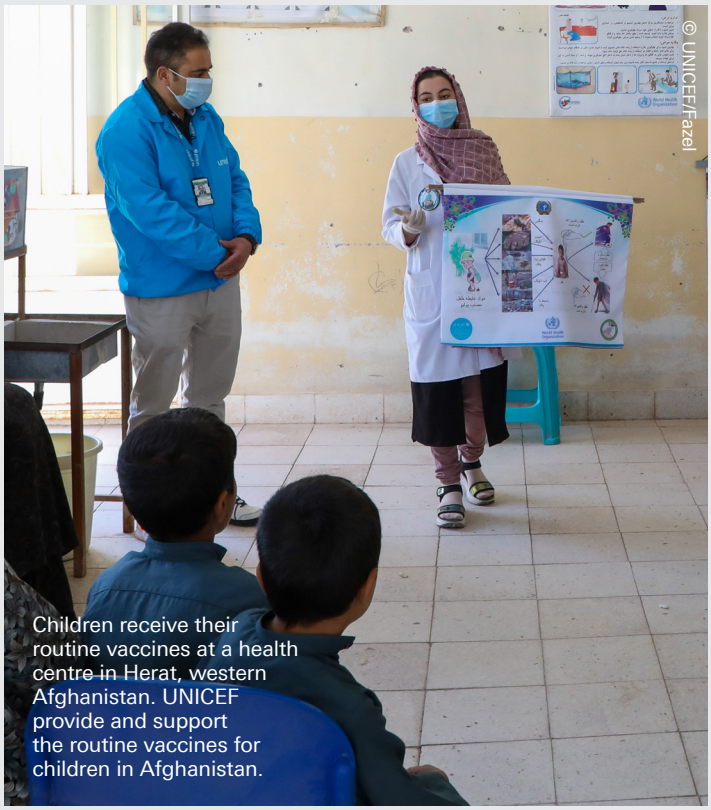
- fear of infection
- interruption of service provision and movement restrictions[25]
- distance from health facility
- difficulties with transportation
- increased financial burden and fear of being quarantined following a positive test result[26,27,28,29,30,31]
- stigma associated with visiting health facilities.

Maternity care has been noticeably impacted by disruptions. For example, a decline in antenatal care attendance was reported in Cox's Bazar, Bangladesh, where consultations for adolescents fell by 65% during the first lockdown between January and May 2020.[32] In Afghanistan, facility-based deliveries decreased by half, and an increase in home deliveries with traditional birth attendants was reported in a number of countries including Nigeria and Bangladesh.[33]

Child health and nutrition interventions have also been severely disrupted.[34] Routine childhood vaccination was found to be one of the most disrupted interventions with campaigns cancelled or scaled down across many settings. In Syria, vaccination programmes decreased by around 40%.[35] Preventive measures against infectious diseases such as malaria were also deprioritised. Measles, diphtheria, pertussis, and other outbreaks have occurred in several humanitarian settings but received insufficient focus or been entirely neglected in many cases. Nutrition services were also badly affected by disruptions, just as food insecurity and poor nutrition were increasing.[36] Nutrition activities linked to schools and learning centres were particularly impacted, as many of these facilities were closed. In Cox's Bazar, nutrition programmme staff could not enter the camps, and community and group activities were stopped until the last week of July.[37]

AFGHANISTAN CASE STUDY: SCALING UP ROUTINE IMMUNISATION AMIDST COVID-19

House-to-house polio vaccination campaigns were halted in late February 2020 due to COVID-19, but thousands of polio programme workers have continued supporting families to ensure that children under one year receive vaccinations at health facilities. Polio social mobilisers from the UNICEF-run Immunization Communication Network support mother and child health referral services and help families keep track of their children's health records. Mobilisers provide families with referral vouchers after they identify the mother and child's health needs and then coordinate vaccination appointments at the nearest health facilities. They also track children who miss appointments and ensure that children do not miss out on vital vaccinations, resulting in fewer children missing out on routine immunisation.



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Children receive their routine vaccines at a health centre in Herat, western Afghanistan. UNICEF provide and support the routine vaccines for children in Afghanistan.

RECOMMENDATIONS TO THE UK GOVERNMENT

As FCAS struggle with more infectious waves of COVID-19 and the number of cases at an all-time high in many settings, the threat of further disruptions to lifesaving interventions for women, newborns and children is even greater. The UK Government must:

1. Provide technical support to Ministries of Health to develop COVID-19 communications strategies that provide clear guidance for women, newborns and children.

2. Urgently prioritise MNCH and nutrition services in COVID-19 response and recovery strategies that the UK is leading and supporting, including the restarting of routine immunisation services.

3. Leverage UK influence on global health multilateral boards to protect and promote health-system strengthening and the inclusion of lifesaving services in global pandemic responses.

4. Utilise global supply chain expertise, including from UNICEF, to help all health commodities reach those who need them.

DISRUPTION FACTOR 3: ADAPTATION STRATEGIES FOR MNCH AND NUTRITION SERVICES HAVE BEEN LIMITED

"We decided to use a mobile clinic to do outpatient treatment... We just needed to be closer to the population to do this screening and treatment at the community level. We left the hospital and moved to the community to try to treat the malnourished children earlier."
International NGO, Yemen

Adaption measures have been adopted to improve access to health interventions but in most countries they have been primarily used to reduce the risk of COVID-19 transmission. The provision of essential services, including outpatient services, have been scaled down in many countries, often to around half the normal activity. The full implementation of adaptation strategies has also been challenging due to lack of flexible funding, disruptions in the global supply chain, and weak capacity to implement new ways of working rapidly.

- *The use of technology* played a vital role in programmes' adaptation strategies, with telemedicine or mobile phone/ WhatsApp calls and messaging on maternal health and nutrition provided in different settings, including Zimbabwe, Syria and Nigeria.[38,39,40,41] However, access to technology is not available across all settings and socioeconomic groups.[42]
- *Decentralisation of MNCH and nutrition services* to community level was a crucial adaptation implemented by humanitarian agencies.[43] The use of self-care interventions was also adopted,[44,45] and treatment protocols altered in some settings to continue essential health care whilst reducing contact frequency at facilities. Yet, this strategy was limited in many settings, due to funding constraints, the repurposing of community health workers to COVID-19 activities and social distancing and movement restrictions.
- *Community engagement*[46] was another adaptation strategy used in some settings, but was severely impacted by COVID-19. This was in particular due to misinformation and mistrust surrounding the virus.

A health worker helps a displaced mum and baby at an immunisation point at the Al-Sha'ab Camp in Aden, Yemen.

UK AID CASE STUDY: VILLAGE HEALTH WORKERS ENSURING CONTINUITY OF ESSENTIAL SERVICES DURING COVID-19 IN ZIMBABWE

A UNICEF community health programme in Zimbabwe, delivered through the multi-donor funded Health Development Fund (HDF) supported by UK Aid, is helping more than 17,600 Village Health Workers (VHWs) to contain the spread of COVID-19 and ensuring access to continuity of essential services for women, newborns and children. The programme conducted refresher trainings for VHWs and recruited and inducted new ones to meet increased demand. The support included providing them with accurate and standardised information on COVID-19 preventive measures, debunking myths and misconceptions, and a demonstration of handwashing techniques. The programme also developed a learning resource package for teaching VHWs how to continue to safely provide services for mothers and children in their communities, as well as caring for themselves. During lockdown, when people were reluctant to visit health facilities for fear of contracting COVID-19, the Sanyati District VHWs managed to reach 2,349 pregnant women and treated 14,927 children under-five for diarrhoea. They also referred 1,261 cases of seriously sick children to health facilities and delivered behaviour- and attitude-change interventions around health practices.

Tambudzai, a UNICEF supported health worker in Zimbabwe, uses her UNICEF bicycle to reach families in remote areas. Eastern Zimbabwe is suffering from severe drought and food shortages, leading to increases in child malnutrition.

RECOMMENDATIONS TO THE UK GOVERNMENT

Humanitarian agencies' adaptation strategies have been critical in mitigating some of the impacts of COVID-19 disruptions on the delivery of lifesaving MNCH and nutrition services but more support is needed.

The UK Government can help build on the lessons from COVID-19 and other infectious disease outbreaks in FCAS by ensuring that UK Aid programmes are as flexible and adaptable as possible by:

1. Prioritising community-focused and participatory approaches when designing adaptation strategies, including the representation of women, newborns and children.
2. Prioritising early planning of adaptations, focusing on maintaining essential services and prioritising MNCH, and avoiding diversion of funding or resources in emergency responses.
3. Expanding support for digital health technology initiatives that offer quality care outside of health facility visits to help ensure these initiatives can reach all who would benefit, including women, newborns and children.

CONCLUSION

Without urgent action to fund and resume lifesaving services and increased investments in health systems, millions of preventable maternal, newborn and child deaths could be the worst legacy of this pandemic.

The pandemic is amplifying an existing and devastating health crisis for women, newborns and children in FCAS. Without urgent action to fund and resume lifesaving services and increased investments in health systems, millions of preventable maternal, newborn and child deaths could be the worst legacy of this pandemic.

Women, newborns and children cannot wait. As a long-standing global leader on MNCH, the UK Government must drive global leadership and action to prevent a catastrophic health crisis for women, newborns and children in FCAS by adopting the recommendations presented in this briefing.

Anna waits for her three-month old baby, Christelle, to be weighed and vaccinated at a health centre in Gonzagueville, Abidjan, Côte d'Ivoire.

ENDNOTES

1 Bloomberg, *Covid Claims 3 Million Lives as Burden Shifts to Poorer Nations*, 2021. Available at: https://www.bloomberg.com/news/articles/2021-04-17/covid-claims-3-million-lives-as-burden-shifts-to-poorer-nations.
2 The Guardian, *Vaccine inequality exposed by dire situation in world's poorest nations*, 2021. Available at: https://www.theguardian.com/world/2021/may/30/vaccine-inequality-exposed-by-dire-situation-in-worlds-poorest-nations.
3 Our World in Data, *Coronavirus Vaccinations,* 2021. Available at: https://ourworldindata.org/covid-vaccinations.
4 Marley, J. and H. Desai, *Fragility and Agenda 2030*, 2020, OECD. Available at: https://www.oecd.org/dac/fragility-and-agenda-2030-65d5cb9c-en.htm
5 United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), *Levels and Trends in Child Mortality: Report 2020*, 2020. Available at: https://www.unicef.org/reports/levels-and-trends-child-mortality-report-2020.
6 Research report: xxx
7 DFID, *UK aid: Tackling global challenges in the national interest*, 2015. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/478834/ODA_strategy_final_web_0905.pdf.
8 CERF, *Contributions*. Available at: https://cerf.un.org/our-donors/contributions.
9 ICAI, *Assessing DFID's results in nutrition*, 2020. Available at: https://icai.independent.gov.uk/report/assessing-dfids-results-in-nutrition/.
10 FCDO, *UK pledges £155 million aid to support peace and stability in Afghanistan*, 2020, Available at: https://www.gov.uk/government/news/uk-pledges-155-million-aid-to-support-peace-and-stability-in-afghanistan.
11 DFID, *DFID Results Estimates 2015-2020: Sector Report,* 2020, Available at: https://www.gov.uk/government/publications/dfid-results-estimates-2015-to-2020?_ga=2.166209086.1208684341.1619003652-668523388.1619003652.
12 FCDO, *UK leads global fight to protect up to 75 million children against deadly diseases*, 2020. Available at: https://www.gov.uk/government/news/uk-leads-global-fight-to-protect-up-to-75-million-children-against-deadly-diseases.
13 Devex, *UK, US announce steep cuts in funding to Syria*, 2021. Available at: https://www.devex.com/news/uk-us-announce-steep-cuts-in-funding-to-syria-99539.
14 UK Parliament, *Yemen: UK Government's aid reduction*, 2021. Available at: https://commonslibrary.parliament.uk/yemen-uk-governments-aid-reduction/.
15 The Guardian, *Leak reveals UK Foreign Office discussing aid cuts of more than 50%,* 2021. Available at: https://www.theguardian.com/politics/2021/mar/05/uk-foreign-office-discussing-aid-cuts-more-than-50-leak-reveals.
16 (Ibid 15)
17 (Ibid 15)
18 Sochas L, Channon AA, Nam S, *Counting indirect crisis-related deaths in the context of a low-resilience health system: The case of maternal and neonatal health during the Ebola epidemic in Sierra Leone*, Health Policy Plan, 2017, Available at: https://academic.oup.com/heapol/article/32/suppl_3/iii32/4621472.
19 FCDO, *Speech: Dominic Raab, A force for good: Global Britain in a competitive age*, 2021. Available at: https://www.gov.uk/government/speeches/a-force-for-good-in-a-competitive-age-foreign-secretary-speech-at-the-aspen-security-conference.
20 Penn-Kekana L, COVID-19 and MNCH: Beyond the models, what are we hearing from countries?, 2020. Available at: https://www.harpnet.org/blog/covid-19-and-mch-beyond-the-models-what-are-we-hearing-from-countries/.
21 Janvrin A, McKay G, *READY: Global Readiness for Major Disease Outbreak Response. Maternal, Newborn, and Reproductive Health and COVID-19: Adaptations, Successes, Challenges, and next Steps. An Expert Consultation*, USAID, 2020. Available at: https://www.ready-initiative.org/wp-content/uploads/2020/12/MNRH-and-COVID-19-Consultation-Report-2020.pdf.
22 (Ibid 21)
23 (Ibid 21)
24 Edwards J, *Protect a Generation. The Impact of COVID-19 on Children's Lives*, Save the Children, 2020. Available at: https://resourcecentre.savethechildren.net/library/protect-generation-impact-covid-19-childrens-lives.
25 MSF, Responding to COVID-19. *Global Accountability Report 2. June to August 2020, 2020*. Available at: https://www.msf.org/msf-and-coronavirus-covid-19-june-august-2020.
26 Save the Children, *Impact of Covid-19 Outbreak on Women and Children: Save the Children Somalia Multi Sector Study*, 2020. Available at: https://resourcecentre.savethechildren.net/library/impact-covid-19-outbreak-children-and-women-save-children-somalia-multi-sector-study.
27 Social Sciences Analytics Cell (CASS), *The Impacts of the COVID-19 Outbreak Response on Women and Girls in the Democratic Republic of the Congo*, 2020. Available at: https://www.socialscienceinaction.org/resources/the-impacts-of-the-covid-19-outbreak-response-on-women-and-girls-in-the-democratic-republic-of-the-congo/.
28 MSF, *Responding to COVID-19. Global Accountability Report 2. June to August 2020*, 2020. Available at: https://www.msf.org/msf-and-coronavirus-covid-19-june-august-2020.
29 Lusambili AM, Martini M, Abdirahman F, et al, *"We have a lot of home deliveries" A qualitative study on the impact of COVID-19 on access to and utilization of reproductive, maternal, newborn and child health care among refugee women in urban Eastleigh, Kenya*, J Migr Heal. 2020, 1-2. Available at: https://www.sciencedirect.com/science/article/pii/S2666623520300258?via%3Dihub.
30 (Ibid 20)
31 Laouan FZ, *Rapid Gender Analysis COVID-19. West Africa-April 2020*, 2020. Available at: https://reliefweb.int/report/benin/rapid-gender-analysis-covid-19-west-africa-april-2020.
32 CARE, *Girl-Driven Change. Meeting the Needs of Adolescent Girls During COVID-19 and Beyond*, 2020. Available at: https://insights.careinternational.org.uk/publications/girl-driven-change-meeting-the-needs-of-adolesent-girls-during-covid-19-and-beyond.
33 (Ibid 20)
34 Ogundele IO, Alakaloko FM, Nwokoro CC, Ameh EA, *Early impact of COVID-19 pandemic on paediatric surgical practice in Nigeria: A national survey of paediatric surgeons*, BMJ Paediatr Open, 2020, 4(1):732. Available at: https://bmjpaedsopen.bmj.com/content/4/1/e000732.
35 UN Country Office Syria, *COVID-19 Socio-Economic Impact Assessment,* 2020.
36 UNICEF, *Tracking the situation of children during COVID-19. Dashboard*, 2021. Available at: https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/.
37 Dube BT, Chelang M, Mustaphi P, et al, *Adaptations to CMAM programming in Cox'a Bazar in the context of the COVID-19 pandemic*, F Exch - Emerg Nutr Netw ENN, 2020, (63):57-60. Available at: https://www.ennonline.net/fex/63/cmamcxbcovid19adaptations.
38 Graham WJ, Afolabi B, Benova L, et al, *Protecting hard-won gains for mothers and newborns in low-income and middle-income countries in the face of COVID-19: Call for a service safety net,* BMJ Global Health, 2020, 5(6):2754. Available at: https://gh.bmj.com/content/5/6/e002754.
39 Ramoni R, *How COVID-19 Is Affecting Antenatal Care,* Daily Trust, 2020.
40 Moyo J, Madziyire G, *Use of telemedicine in obstetrics and gynaecology in Zimbabwe during a lockdown period*, Pan Afr Med J, 2020, 35(Supplement 2):1-4. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7875788/.
41 UNFPA, *SRH Programme in NWS 2020 during the COVID-19 Pandemic,* 2021.
42 Ljarotimi OA, Ubom AE, Olofinbiyi BA, Kuye-Kuku T, Orji EO, Ikimalo JI, *COVID-19 and obstetric practice: A critical review of the Nigerian situation*, Int J Gynecol Obstet, 2020, 151(1):17-22. Available at: https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.13325.
43 (Ibid Janvrin)
44 Rahimov BB, Singh K, Bazar C, *Integrating screening for acute malnutrition into the vitamin A supplementation campaign in the Rohingya camps during the pandemic*, F Exch - Emerg Nutr Netw ENN, 2020, (63):61-63. Available at: https://www.ennonline.net/fex/63/cxbvitaminasupplementation.
45 (Ibid 37)
46 (Ibid 21)

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Front cover

A team of doctors go door to door in Hajr, Yemen, helping to protect families against cholera. The vaccination campaign was supported by UNICEF.

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