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Joint Meeting of the Executive Boards of UNDP/UNFPA/UNOPS, UNICEF, UN-Women and WFP

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Background note:

“How has the COVID-19 pandemic has accelerated the way the UNDS is working together?”

1. Introduction

2020 marks the start of the Decade of Action to deliver the SDGs. Over the past few months, this ambition has been challenged by the COVID-19 pandemic, which poses a global health crisis, and a global humanitarian and development crisis like no other, with severe socioeconomic effects. As indicated by the Secretary-General, the COVID-19 crisis calls for unprecedented measures in order to save lives, protect people and rebuild better.

The response of the UN system has been quick and well-coordinated, working across the nexus of humanitarian assistance, development cooperation, and peace operations. Within a very short timeframe, a comprehensive response framework was developed, supported by a dedicated inter-agency funding mechanism. At the country level, existing UN programming has been swiftly strengthened and coordinated consultations between UNCTs and national stakeholders have taken place to identify critical priorities and support needs. This swift and coordinated response builds on the results of the UN repositioning exercise.

The COVID-19 development emergency underscores the paramount importance of rigorous and collaborative efforts and multilateral responses to address this large-scale human crisis. The hard truth is that had better progress been made on delivering on the SDGs (and the prior MDGs), we would now be better placed to respond to the current crisis. Under the principle of collective ownership, the six entities of UNDP, UNFPA, UNOPS, UNICEF, UN-Women and WFP remain unwavering in their commitment to a repositioned UN Development System, optimally equipped to support countries to achieve the 2030 Agenda. These agencies are working together to drive UNDS reforms forward, with the primary objective of delivering more and better development results for the people.

2. Responding to the development emergency collectively – How the UN is working together in the context of the UN framework for the immediate socio-economic response to COVID-19

The response of the UNDS to the socio-economic support needs of countries in the face of the COVID-19 is laid out in the UN Framework for the Immediate Socio-Economic Response to COVID-19. This framework is one of three critical components of the UN’s support, alongside the health response led by the World Health Organization, and the humanitarian response detailed in the UN-led COVID-19 Global Humanitarian Response Plan. The socio-economic response framework comprises the following five streams of work: 1) protecting health services and systems during the crisis; 2) social protection and basic services; 3) protecting jobs, small and medium-sized enterprises, and the informal sector workers; 4) macroeconomic response and multilateral collaboration; and 5) social cohesion and community resilience. The 2030 Agenda serves as the guiding reference of the framework, with ‘leaving no one behind’ as the central promise, and environmental sustainability and gender equality as key enabling principles across the five workstreams, as to build back better.



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While the socioeconomic response has been estimated as requiring substantive additional funding – with the new UN COVID-19 Response and Recovery Multi-Partner Trust Fund (MPTF) providing a critical mechanism for a cohesive UN response– the offer of the UNDS and of these respective agencies is immediate. Together, the 6 agencies are present in 170 countries and territories, supported by global and regional networks of expertise. Their mandates are broad and complementary, their collective development portfolio substantive, and they offer broad knowhow and strong partnerships, with an operational infrastructure that is fit for purpose, enabling integrated approaches and tailored SDG-focused responses to countries.

To this end, the 6 agencies have worked together at the country level on social and economic impact needs assessments and responses, and to develop joint proposals to the MPTF, amongst other unilateral and joint initiatives. Vis-à-vis the five workstreams of the UN Framework for the Immediate Socio-Economic Response to COVID-19, the entities have collaborated closely, for example as follows:

- At country level, UNCT members coming together under the leadership of Resident Coordinators to undertake joint analyses, planning, programming, resource mobilization, and results assessment discussions;
- In the context of UNCT Results Groups, driving joined-up action in specific thematic sectors;
- Socioeconomic impact analyses of the COVID-19 pandemic, and joint support to government-led analyses thereof, and development of joint response plans;
- Common Country Analysis with a COVID-19 focus to collectively assess new programming needs;
- Discussions about the COVID-19 focus of new Cooperation Frameworks as the basis for future collective action;
- Delivering coordinated technical support and capacity building support to government and civil society partners;
- UNCTs ‘communicating as one’ on COVID-19, including joint awareness raising campaigns.

Throughout this work, the agencies guiding reference remains that of the 2030 Agenda and its promise to “leave no one behind”. Therefore, across their work, the agencies are guided by the principles of gender equality, environmental sustainability, transparency, accountability, and the need to build resilience.



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Appendix

To address and respond to the five workstreams highlighted under the [UN Framework for the Immediate Socio-Economic Response to COVID-19](#), the agencies have coordinated their responses in support of comprehensive, coherent support to country-led efforts. Examples include the following:

1. Protecting health services and systems during the crisis

Across countries, under the leadership of UN Resident Coordinators, UNDP,, WHO and other UN agencies and partners are working closely to support countries in strengthening their health systems in the face of COVID-19, including by helping procure urgently needed health and medical supplies, strengthening health infrastructure, managing health waste, ensuring salary payments to health workers, and facilitating South-South knowledge sharing on health system responses.

At different levels, UN entities have joined forces to advocate and raise awareness on the health dimensions of the COVID response. Examples include the global advocacy webinar on the International Day of the Midwife (05 May) with participation of DG, WHO, UNICEF and UNFPA along with the Minister of Health of Tonga.

On behalf of the UN system, WFP is providing logistics services for global COVID-19 efforts, enabling a steady flow of humanitarian and health cargo including personal protective equipment and workers to the frontlines of the pandemic. Since late January, WFP has dispatched more than 6,500 cubic meters of humanitarian and medical cargo to 112 countries to support governments and health partners in their response.

In Argentina, UNFPA and WHO are working with the Ministry of Health to ensure that surveillance and response systems include disaggregated health-related data by age, sex, pregnancy status and disability.

In China, UN-Women led a joint UNCT online campaign entitled “A Message to Her” highlighting the role and contribution of women frontline workers during the COVID-19 outbreak, and to raise awareness on the need for a gender-inclusive response to the pandemic. This campaign generated over 56,700,000 views and 37,240 online discussions in Chinese social media platforms.

In Moldova, together with the Resident Coordinator, UNFPA and WHO led and supported the creation of a real time monitoring data dashboard (a joint project of Esri IT company and Johns Hopkins University), which is currently being used in several countries affected by the COVID-19 pandemic.

In Cote d’Ivoire, UNICEF, WHO, UNAIDS and the Ministry of Health have delivered Personal Protective Equipment (PPE), hygiene kits and computer equipment to 15 adolescent and young people health centers and 3 NGOs for PLHIV in Abidjan to ensure the continuity of services. In collaboration with the Ministry of Health, a Multi-Religious Faith-in-Action Initiative was launched on the 14 May gathering the Ministry of Health (MoH), by UNICEF, WHO and UNAIDS representatives to fight stigmatization, promote the use of routine services and prevent



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violence in the COVID-19 context.

In **Egypt**, UNFPA and WHO jointly with the Ministry of Health launched a pregnancy and COVID-19 hotline and engaged celebrities to create and post videos on COVID-19.

In **Kenya**, UNOPS and UNICEF are working collaboratively to work with the Ministry of Health to provide COVID-19 training for 420 healthcare workers across 14 counties.

In **Lebanon**, under the World Bank's Health Resilience Project, UNOPS and WHO are supporting the Ministry of Public Health with the procurement of critically needed equipment and supplies. This includes personal protective equipment, ventilators and specialized machines.

In **Libya**, in the context of joint support with WHO to the Ministry of Health, the Ministry of Planning and the National Centre for Disease Control, UNDP has procured test kits, rehabilitated an isolation facility to receive coronavirus patients and established a testing facility in the southern region. Through a joint programme, UNDP and UN-Women are working to further collaborate to support increasing the production capacity of Tripoli's only factory producing PPEs, creating jobs for women.

In **Moldova**, together with the Resident Coordinator, UNFPA and WHO led and supported the creation of a real time monitoring data dashboard (a joint project of Esri IT company and Johns Hopkins University), which is currently being used in several countries affected by the COVID-19 pandemic.

In **Pakistan**, the H5 Partnership of UNICEF, WHO, UNFPA, WB and UNFPA developed a three-pronged framework to support continuation of the essential Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH&N) services.

In **Palestine**, UNFPA, UNICEF, and WHO organized a hackathon, "Hack the Crisis Palestine," with young innovators to provide structured platforms and tools for conveying and sharing public feedback and concerns related to COVID-19 with decision makers, and generate immediate solutions to the health and economic crisis.

In **Tajikistan**, UNFPA is leading joint UN efforts (WHO, WFP, IOM, UNAIDS, UNFPA) on pandemic preparedness and response agency in the context of the Medical Doctors Group.

In **Zambia**, UNFPA, UNICEF and WHO are providing joint support to strengthening the resilience of the health system, with a focus on primary health care and universal health coverage to mitigate the impact of COVID-19. Support has been provided to virtual advocacy events, outreach and campaign support, and to deliver webinars on joint guidance for community-based health care, partnered and led by UNICEF and WHO with IFRC, included outreach and campaign support in the context of the COVID-19 Pandemic.

2. Protecting people: social protection and basic services

In the context of global efforts, UNICEF and WFP co-authored the Social Protection and basic social services pillar of the Secretary General's report: *A UN framework for the immediate socio-economic response to COVID-19*.



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ILO, UNICEF, FAO and other partners, are collaborating in the development of an e-coaching training programme on shock responsive social protection, including in the context of COVID-19 response and recovery, targeting national policy makers across regions. Working together, UNICEF, UN-Women and the ILO have produced joint guidance for employers on family-friendly policies and other good workplace practices in the context of COVID-19.

At global, regional and country levels, the UN system has worked collaboratively to adjust existing Spotlight programmes to respond to the increase of violence against women and girls, and the specific challenges that the pandemic poses to preventing and responding to violence, working with governments and with grassroots women’s networks and organizations. This includes work to strengthen helplines, enable remote service delivery, and adjusting awareness raising campaigns. For example, in **Honduras**, UN-Women and UNICEF are working together to collect data on the impact of gender-based violence on youth. In **PNG**, UN-Women and UNDP are supporting safe houses to reopen and operate under current restrictions in country. In **Liberia**, UN-Women, UNDP, UNFPA, UNICEF and OHCHR are working with the Ministry of Gender to establish a SGBV call-in center. In **Timor-Leste and Nigeria**, UN entities are adjusting violence prevention work targeting boys and girls in schools to online education.

UNICEF and WFP are working together to scale up joint work on school health and nutrition in response to the impact of COVID-19 on schools, including work on a joint “Back to Better School” campaign with comprehensive support to the health and nutrition status of learners over a 3–6 month period. With almost 1.6 billion learners in 192 countries affected directly by school closures and 370 million learners missing out on school meals, the global campaign aims to mobilize USD 600 million to benefit 10 million children in 30 of the poorest countries for the next 6 months.

In **Barbados, Saint Lucia**, and in support of the work of the **Organization of Eastern Caribbean States Commission**, UNICEF, WFP, ILO, UN-Women and UNDP are supporting government-led efforts to respond to COVID-19 through a two-year Joint Programme that aims to progressively increase access to social protection services towards universal coverage; ensure that social protection programmes are equipped for crisis preparation and response; and help people to be more resilient to economic, climate and health-related crises in the future.

Joint UN efforts are taking place to provide cash and digital assistance to the needy, including by allowing inter-operability of respective beneficiary information management systems in **Bangladesh** (WFP and UNHCR); delivering joint assistance through a single channel in **Syria** (WFP, UNICEF and UNFPA); and piggy backing on contracts with service providers in **Uganda** (WFP, UNHCR).

In **Nepal, Pakistan and Vietnam**, WHO and UNICEF have jointly coordinated with national governments and health department officials to conduct WASH assessments and trainings. Further, UNICEF jointly with WHO and the World Bank, is launching a Hand Hygiene Scale up Initiative that intends to link the COVID-19 response plans to a broader country level system change.



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In **Armenia**, UNICEF, WFP and UNDP are working together to support the government to develop a rapid needs assessment and beneficiary registration system to provide tailored solutions to those most affected by COVID-19 and left out of existing socio-economic support programmes and government data systems.

In **Bolivia**, technical experts from UNDP, RCO, PAHO and OCHA, with inputs from WFP, have joined forces to design a situation room to support joint decision-making and intersectoral actions aimed at containing COVID-19 and mitigating its impact by making data and strategic information available (e.g. on health systems, economic systems, social aspects), integrating and analyzing sectoral data for scenario modeling, and generating daily information products for the Inter-Ministerial Committee.

In **Fiji**, UN-Women and UNICEF are providing coordination support to the safety and protection cluster.

In **North Macedonia**, in the frame of the joint project “Working Bottom up – Building a local model on deinstitutionalization” UN-Women, UNDP, UNFPA and UNICEF supported the distribution of emergency packages and nutrition support to respond to the immediate needs of persons with disabilities and their caregivers.

In **Paraguay**, UNDP, UNICEF, UNFPA and UN-Women are providing advisory services jointly to the Ministry of Women.

In **Sri Lanka**, UNICEF, ILO and UNDP are working collaboratively with the aim of providing monthly cash transfers to all families with children, older persons, and people with disabilities for six months as an immediate response, with the plan to support the design of a national social protection floor in the medium- to long-term.

In **Viet Nam**, UN-Women and UNICEF are supporting the Ministry of Labour, Invalids and Social Affairs to develop codes of conduct and safeguarding measures for women and children in quarantine centres set up as a result of the COVID-19 outbreak.

3. Economic response and recovery: protecting jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy

On a global level, UNDP, UN-Women, WFP and WHO have cooperated with FAO, the Global Compact, IOM, OCHA, the UN Foundation to produce a business guide for private sector engagement in order to support the private sector in responding to the crisis.

In **Argentina**, UNDP’s Accelerator Lab has launched the ‘Payinadvance’ initiative in partnership with the RC Office, UNV and UN-Women. The initiative supports self-employed, informal economy workers and small businesses by allowing citizens to order services in advance for collection as soon as the lockdown is over.

In **South Africa**, UNDP and UNICEF are working together with Zlto, the award-winning digital rewards system that helps overcome barriers to employment faced by young people to refocus it



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to motivate safe, healthy actions around COVID and help mitigate its social and economic impacts.

Regarding future actions, among other, UNICEF and UNDP plan to cooperate on joint methodological approaches to financing COVID response and recovery plans in line with the SDGs, especially pertaining to social protection joint programming.

4. Macroeconomic response and multilateral collaboration

In 55 countries, UNDP is working with UNCT members on national socio-economic impact assessments of COVID, to inform response and recovery planning and financing of government, UN and development partners.

In **Ethiopia**, in close cooperation with WHO, UN-Women and IOM as well as the Ministry of Health and the Ministry of Planning, UNDP is working on a nation-wide study on the socio-economic impact of COVID-19 as well as a gender assessment of the impact of COVID-19. UNDP is working with the World Bank and the IMF on macro modelling.

In **Moldova**, in agreement with the UNCT and in coordination with the Government, UNDP has provided a platform for a COVID-19 Social and Economic Taskforce composed of 23 member entities, including UN entities (RCO, UNFPA, UN-Women, UNICEF, UNECE, ILO, FAO, UNAIDS, UNODC, UNIDO, IOM, OHCHR), IFIs (WB, IMF, EBRD, EIB) and major development partners (SDC, EUD, Council of Europe, UK Embassy, USAID, OSCE).

In **Togo**, UNDP is leading joint efforts to undertake a COVID-19 socio-economic impact analysis together with the RCO, UNICEF, the IMF, World Bank, and the Ministry of Finance.

5. Social cohesion and community resilience

In **Iran**, UNDP, UNICEF, UNAIDS and UNFPA are collaborating to implement initiatives focused on behaviour change, risk communication and community mobilization against COVID-19, raising public awareness about WHO-recommended precautionary measures through social media platforms (#SpreadingFacts).

In **Libya**, UNDP and UNSMIL have joined forces to support public information and awareness raising by mobilizing the National Reconciliation Network of Mediators and other local networks established through the Stabilization Facility, including through the promotion of a social media campaign to support the global call for ceasefire and peace to fight the COVID-19 (#peacenowstopcorona).

In **Sudan**, UNDP, UNICEF and WHO are working closely to support the Transitional Government to design a multi-sectoral COVID-19 gender-sensitive contingency plan for national and state level while enhancing preparedness and crisis management and coordination capacities.

In **Ukraine**, in the context of the UN Recovery and Peacebuilding Programme, UNDP, UN Women, UNFPA and FAO have provided small grants to 18 grass-roots organizations and NGOs from conflict-affected regions to address the negative impacts of COVID-19, with a special focus on vulnerable groups of women.

