UNICEF works in 22 countries and territories in Europe and Central Asia Region (ECAR) and is present in Italy, supporting refugee and migrant populations.

During the reporting period:

• Since the start of the pandemic, UNICEF programmes across the region have reached over 177 million people with COVID-19 prevention and safety messages through online platforms and social media. Nearly 25 million children were supported with distance/home-based learning. 1.9 million children, parents and primary caregivers were provided with community based mental health and psychosocial support.

• After easing containment measures in May and June, most countries experienced an increase in COVID-19 cases. On July 5, Kazakhstan became the world’s first country to impose a second nationwide lockdown. Almost all countries have reinstated restrictions on domestic travel, entry of international visitors, and non-essential business, with many enforcing wearing masks and social distancing.

• By the end of the reporting period, countries with the highest increases included Kazakhstan, Kyrgyzstan, Uzbekistan and several Balkan countries, including Bosnia and Herzegovina, Bulgaria, Romania and Serbia. At the same time, infection rates have declined in Armenia, Belarus, Moldova, North Macedonia, Tajikistan, Turkey, and Ukraine, and have stabilized in Georgia.

• Despite reporting no officially confirmed cases, Turkmenistan hosted a WHO mission from 6 to 15 July, which generated a recommendation for the country to take measures as if COVID-19 existed. Mask wearing, disinfection and temperature-taking are now required at public venues, shopping and inter-regional transportation are suspended, and everyone has been encouraged to stay home.

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1Albania, Armenia, Armenia, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Greece, Kazakhstan, Kosovo*, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

*In line with UN Security Council Resolution (UNSCR 124)

**Source: World Health Organization (WHO) 28 July 2020. Figures do not include Italy

Photo: In Kosovo*, UNICEF launched “Youth Solutions for COVID-19”, a by-youth-for-youth initiative empowering marginalized young people by transforming them into agents for social change in their communities. Over 250 adolescents and youth will be directly engaged awareness raising about COVID-19 prevention and safe return to schools.
• UNICEF has been deeply engaged in consultations on re-opening of schools. With other UN agencies and government, UNICEF is developing (Albania, Armenia, Kazakhstan, Kosovo*, North Macedonia, Tajikistan) or has already shared (Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Romania) guidance on requisite health, Risk Communication and Community Engagement (RCCE) and WASH measures for children and teachers return to classrooms safely. Azerbaijan and Turkey will re-open classrooms in September and UNICEF is supporting the preparation of “Back to School” campaigns.

• To intensify technical support for Infection Prevention and Control (IPC) and WASH in Health Care Facilities, UNICEF initiated a series of online training sessions in July, attended by over 70 health care practitioners, public health experts, key partners and UNICEF staff from Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, Georgia, Kazakhstan, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan. Sessions included knowledge sharing and discussions on hand hygiene, personal protective equipment (PPE), principles and applicability of standard precautions, environmental cleaning and disinfection, among others.

• UNICEF ECAR’s Humanitarian Action for Children (HAC) appeal has been revised upwards to $149 million. The $16 million increase since 8 May reflects growing humanitarian needs and requirements for strengthened technical and coordination support. ECAR currently has a funding gap of nearly $107 million with needs most acutely felt in Bulgaria, Belarus, Croatia, Montenegro, Romania and Serbia. Urgent needs are also unmet in Central Asia, where increasing numbers of new infections are placing additional pressures on the health system and on efforts to ensure the socioeconomic wellbeing of the most vulnerable children and families.

Funding Overview and Partnerships

Under UNICEF’s revised Global HAC for the COVID-19 response, UNICEF ECAR is appealing for $149 million, against which nearly $42.3 million2 or 28% of required funding has been received. During the reporting period, UNICEF Albania, Armenia, Azerbaijan Belarus, Bosnia and Herzegovina, Georgia, Greece, Kazakhstan, Kosovo*, Kyrgyzstan, Moldova, North Macedonia, Serbia, Turkmenistan, and Ukraine gratefully acknowledged support from the Governments of Germany, Luxembourg, Sweden, the United Kingdom, and the United States; the World Bank; the National Committees of Sweden and Switzerland and ING.

![ECAR COVID-19 Funding Requirements in US$](chart.png)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Funding Status (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Communication and Community Engagement (RCCE)</td>
<td>$11,822,000</td>
</tr>
<tr>
<td>Infection and Prevention Control (IPC) and critical medical and water, sanitation and hygiene (WASH) supplies</td>
<td>$56,877,071</td>
</tr>
<tr>
<td>Continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</td>
<td>$15,164,000</td>
</tr>
<tr>
<td>Data collection social science research for public health decision making</td>
<td>$3,388,000</td>
</tr>
<tr>
<td>Access to continuous education, social protection, child protection and gender-based violence (GBV) services</td>
<td>$88,123,578</td>
</tr>
<tr>
<td>Coordination, technical support and operational costs</td>
<td>$5,877,026</td>
</tr>
</tbody>
</table>

2 List of donors to HAC appeal available on request. The impact resulting from these new and reprogrammed contributions and other support have been gratefully received and acknowledged by UNICEF and will be documented in progress and annual donor reports, according to schedules agreed with individual donors. UNICEF is also grateful for support enabling the ongoing response to refugee and migrants in Europe, including during the COVID pandemic. On behalf of these vulnerable children and families, UNICEF acknowledges: the European Union, the Government of the United States (BPRM), CEB, Education Cannot Wait, IOM, UNHCR, UNICEF National Committees (France, Germany, Italy, Netherlands, Spain, Sweden, United States).

Situation Overview and Humanitarian Needs

In the weeks following relaxation of containment measures in May and June, the majority of ECAR countries reported a surge in new infections. The upward trend continued into July across 14 countries, with the highest increases experienced by Kazakhstan, Kyrgyzstan, Uzbekistan and several Balkan countries, including Bosnia and Herzegovina, Bulgaria, Romania and...
Serbia. The most substantial increase in the number of daily average cases was recorded in Kazakhstan with 2,223 cases in the first half of July (compared to 467 cases in the second half of June). Turkmenistan is the only country without any reported cases.

There have also been some gains, with the biggest drop in the average daily cases registered in Belarus (an average of 231 daily cases in the first half of July compared to 521 in the second half of June). The second largest decline was recorded in Turkey; however, its average daily case number remains second highest after Kazakhstan. Other countries with a drop in new cases are Armenia, Moldova, North Macedonia, Tajikistan, and Ukraine. In Georgia, where a Behaviour Insights Study found over 90% of the population using self-protection measures, infection rates stabilized in the last two months.

When comparing data on death rates between the second half of June and the first half of July, the largest increases have been observed in Serbia, with over nine daily average deaths compared to just over one death in the second half of June. Other countries reporting major increases are Kazakhstan, Kyrgyzstan and Romania. Decreases in average daily death rates have been recorded for Turkey (from 20.5 in the second half of June to 19 in the first half of July), North Macedonia, Moldova, Armenia and Greece. While Turkey reported the largest decrease, average daily death rates, along with Romania, remain relatively high.

Upward trends in infections have been attributed to several factors, including insufficient PPE (Albania, Tajikistan), limited health system capacity in management of severe cases (Albania, Tajikistan, Uzbekistan) and low COVID-19 testing capacity (Kyrgyzstan, Tajikistan). WHO estimates that healthcare workers account for 10% of COVID-19 infections globally. However, available data suggests COVID-19 infections among healthcare workers in ECAR exceeds this average in at least eight countries, with the highest concentrations reported in Azerbaijan, Kyrgyzstan Tajikistan, and Ukraine. In Ukraine, the primary health care (PHC) dashboard enables public access to statistics on COVID-19 infection rates among health workers and in the general population. Some countries (Belarus, Moldova, Montenegro) concerned that populations seem to have become more relaxed about wearing masks and observing social distance, are implementing more precisely targeted RCCE on COVID-19 prevention (Albania, Belarus). In Kosovo*, the office of the Deputy Prime Minister, the Ministry of Health, and UNICEF agreed on the creation of a social movement to promote mask wearing and social distancing.

Kazakhstan became the first country to reimpose a nationwide lockdown, initially for 14 days, then extended to 2 August. Kosovo* re-imposed evening curfews, Belarus, Moldova and others announced further restrictions on domestic travel while rules on mandatory face masks, hygiene, and/or temperature taking have been imposed in Croatia, Kosovo*, Montenegro, Serbia, Tajikistan and others, with some countries imposing stiff fines for non-compliance. Some governments have banned the entry of nationals from countries with high prevalence. In Azerbaijan, residents are now required to obtain permission via SMS to leave their homes for up to three hours while in Bulgaria, entire Roma neighbourhoods are reportedly under severe restrictions, further impacting an already marginalized community. Georgia’s Parliament passed a bill which allows restriction of movement, migration, and economic activity without declaring a state of emergency. In Greece, restriction measures were extended for the Refugee Identification Centres (RICs) on the Aegean islands until 2 August.

Humanitarian situations in ECAR also presented additional challenges to the COVID-19 response. In early July, 3,000 Tajik and Uzbek migrant workers, a quarter of whom women and children, became stranded on the Kazakhstan-Uzbekistan border after desperately attempting to return to their home countries when COVID-19 containment measures shut down economic activity in Russia and Kazakhstan, and suddenly left them out of work. Living conditions were poor, with little access to basic sanitation and food. Without masks and little space to practise social distancing, families were extremely vulnerable to COVID-19. UNICEF, IOM, and the Red Crescent Society in Kazakhstan supported local authorities to respond to this crisis. UNICEF’s NGO partner, Sana Selim, provided clean water, hygiene kits, masks, psychosocial support, and as well, medical attention for pregnant women. With support from the European Union (EU), embassies were able to facilitate transportation of their citizens, including unaccompanied children, to their home countries. By 10 July, the number of stranded migrant workers dropped to 300.

In eastern Ukraine despite a relative de-escalation of hostilities, the humanitarian situation remained tense. During the reporting period, multiple violations of the ceasefire resulted in eight civilians injured and one killed. Despite occasional permission granted for people to cross between Government (GCA) and Non-Government Controlled Areas (NGCA), 80% of graduating high school students from NGCAs were unable enter the GCA to sit final exams. On a positive note, a UN Convoy successfully delivered long-awaited immunization information material and diapers for families and infants in Donetsk NGCA.

Most ECAR countries closed schools for summer holidays shortly before or during the reporting period, and many are currently undertaking national assessments to determine the effectiveness of distance learning and the impact of COVID-19 school closures on academic outcomes. In Bulgaria, the State Agency for Child Protection found distance education made little impact on children in institutions. In discussions on challenges generated by the COVID-19 pandemic, UNICEF and the Ombudsman of Republic focused on inequalities around accessing online education and systemic failures in preserving children’s rights and

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3 Data may change rapidly
wellbeing, with both parties agreeing to prepare recommendations for relevant authorities. Croatia found that over half of Roma children were unable to participate in distance learning. UNICEF is currently supporting Ministries of Education in Azerbaijan, Croatia, Greece, Kosovo*, Montenegro, and North Macedonia, Serbia on similar assessments which will inform strategies to build a more resilient education system, particularly for the most marginalized children.

There are hopeful indications that in the aftermath of this crisis, the situation of excluded children is becoming increasingly visible in the public agenda. For example, Albania has recognized “digital vulnerability” of children who had no access to internet and internet-enabled devices. In Bosnia and Herzegovina, 402 refugee and migrant children of primary school age have been included in the formal education system, including online education organized as a response to COVID-19 pandemic. In Croatia, where school closures meant the poorest children were deprived of their daily EU-funded school dinners, a movement by law professors is demanding a more systematic, transparent and sustainable approach to financing school meals.

However, forecasts on the economic future of ECAR countries continue to be grim. In Moldova, according to the Biroul Național de Statistică (NBS) in June the annual inflation reached 4.25%, with food at 8.48%. In Montenegro’s revised national budget decreased child allowances and material family support by 6.6% and 3.2% respectively. A third package of economic measures which was expected to be released in June, has yet to be adopted. Over the reporting period, UNICEF, in partnership with the World Bank and other UN agencies have undertaken surveys and assessments across several ECAR countries to build an evidence base that ensures the needs of children and families are visible at every level of planning and decision making.

**Partnerships & Coordination**

In most ECAR countries, the UN Resident Coordinator’s Office (RCO) has had a leadership role in national COVID-19 responses, ensuring a harmonized, multi-sector approach between the UN, Government, donor and key implementing partners. In some countries (Bulgaria, Romania, Turkmenistan) UNICEF leads UN coordination in the COVID-19 response. In Turkey, within existing Regional Refugee and Resilience (3RP) response coordination, UNICEF and others are prioritizing 3RP activities to limit the impact of COVID-19 on refugee and migrant populations and vulnerable host communities, as well as on implementation of planned 3RP activities. In Ukraine, overall coordination for nationwide COVID-19 response is led by the RC (who is also the Humanitarian Coordinator) and WHO, with the complementary support of UN-OCHA coordinating the COVID-19 related activities in conflict affected Eastern Ukraine. UNICEF actively participates in both.

Across all ECAR countries, UNICEF is an active participant in UN coordination mechanisms and is providing inputs into COVID-19 national-level preparedness and response plans. UNICEF is leading, co-leading or supporting sector-specific COVID-19 task forces or working groups (see below).

UNICEF’s new partnerships increased attention and collaboration between governments, the UN system, the donor community and non-government organizations (NGOs) that will support ideas and action to building shock responsive social protection systems and improve transparency and accountability in the COVID-19 response. For example:

- In Armenia, UNICEF led the formation of a partnership drawing expertise from WFP, UNDP, UNFPA, IOM and the World Bank to strengthen the country’s social protection information management system in collaboration with the Ministry of Labour and Social Affairs (MoLSA),
- In Belarus, UNICEF as a participant in the newly established UN Donor Coordination and Partnerships Task Force, has been preparing donor and private sector consultations related to support for the country’s COVID-19 response.
• In Georgia, UNICEF initiated a partnership with the Administration of All Muslims on RCCE and organized seminars for religious leaders of the Orthodox and Armenian Apostolic Churches on their role in upholding children’s rights during the COVID-19 pandemic.

• In Serbia, UNICEF as a member of the UN Country Team supporting the country’s Socio-Economic Impact Assessment, has adapted post-disaster needs assessment (PDNA) methodology for the Government Investment Management Office to use in estimating education and social protection losses due to COVID-19.

• In Tajikistan, UNICEF finalized a common monitoring platform on COVID-19 supply delivery that will improve coordination across humanitarian agencies and addressing misuse and appropriation.

UNICEF’s ECA Region Preparedness and Response Actions

Supplies: During the reporting period, hygiene, health and other supplies reached government and implementing partners and vulnerable families across ECAR. UNICEF has been working with partners to ensure the delivery of:

WASH, education and psychosocial supplies. In Moldova, computers to 105 digital school libraries via the Ministry of Education, Culture and Research (MECR). In Ukraine, in-kind donations of disinfectant and detergent from Unilever, P&G to the Ministry of Education and Science and from Nova Poshta to families with children with disabilities and with children returned from the residential care in Donetsk and Luhansk; drinking water from Bjormi to nine hospitals in Donetsk and Luhansk for 1,814 medical staff and patients and to 18 kindergartens in Donetsk; 914 family hygiene kits to 2,101 vulnerable individuals in eastern Ukraine; family hygiene kits to 867 people living in Roma settlements in western Ukraine.

In Georgia, hygiene items to 39 kindergartens in Abkhazia to facilitate safe reopening (via the Prime Minister’s Office, State Ministry of Reconciliation and Equity and local authorities); essential food and hygiene boxes to 50 vulnerable families in Akhalkalaki (via the Prime Minister’s Office, State Ministry of Reconciliation and Equity and local authorities); recreation, and rehabilitation items to the Special Penitentiary Service, that will be used in juvenile rehabilitation centres under the close supervision of psychologists and social workers within individual rehabilitation/treatment plans.

In Turkey, 50,563 COVID-19 hygiene kits reached more than 252,000 people, including 151,000 children via the Ministry of National Education (MoNE), the Ministry of Youth and Sports (MoYS), Kilis Municipality, Turkish Red Crescent (TRC), and the Association for Solidarity with Asylum Seekers and Migrants (ASAM); 32,631 psychosocial support kits to 81,000 vulnerable Turkish and Syrian refugee children across 33 provinces.

In Albania, critical hygiene supplies to 17,438 people in 12 municipalities. In Croatia, in-kind donations of hygiene supplies from Colgate, Palmolive and Labud to social welfare institutions providing services to children with behavioural issues and up to 121 poor families with children (via the Ministry of Demography, Family, Youth and Social Policy and the Centre for Social Welfare Sisak). In Montenegro, 1,416 hygiene packs to Roma and Egyptian settlements and to 1,350 vulnerable children and families from the general population (via the Red Cross of Montenegro). In North Macedonia, 1,200 bottles of hand sanitizers and 1,700 litres of surface disinfectants to the national health care system. In Serbia, hygiene packs to 6,100 children placed with foster families; hygiene packs for 2,142 Roma families; dignity kits to 570 women and girls in refugee centres; family packages for play and learning to 1,650 Roma and 510 poor families with children under the age of 10.

Medical equipment. In Kyrgyzstan, nasal prongs, airway tubes, gynaecological gloves to health workers. In Uzbekistan, filter tips and tubes to MoH to strengthen COVID-19 laboratory testing capacity.

In Ukraine, 30 oxygen concentrators to the western region of Ukraine. In total 9 hospitals were supported with life-saving devices and accessories (e.g., filters, tubes, cannulas).

In Romania, 1,000 testing kits, 20 oxygen concentrators, 28 thermometers to hospitals and district health authorities.

In Armenia, 10,000 testing kits to laboratory facilities via Ministry of Health (MoH). In Belarus, two cardiographers to six clinics in Minsk; 43 air recirculates to 38 social pedagogical centers, six clinics in Minsk, and to nine residential care institutions of the MoLSP.

In Bosnia and Herzegovina, 800 non-contact thermometers to kindergartens, maternity wards and paediatric units (via the Institute for Public Health of the Federation of Bosnia and Herzegovina (FBiH) and the Republic of Srpska (RS) Institutes of Public Health). In Croatia, 10 oxygen concentrators to the Directorate for Civil Protection. In North Macedonia, 10 ventilators, 20 pulse oximeters, 5,000 testing kits to the national health care system. In Serbia, 28 ventilators distributed to 11 to health institutions.

PPE. In Bulgaria, 23,000 masks and coveralls to 3,000 health professionals in health facilities (via the Ministry of Health). In Romania, 250 gowns to staff working with children in residential care via the General Directorate for Social Assistance and Child
outside the formal refugee reception system and national recommendations.

In Kyrgyzstan, coveralls, goggles, masks to health workers.

In Belarus, medical gloves, shoe covers, face masks and face shields to MoH medical centres, social pedagogical centres, closed educational institutions, residential care institutions, and early childhood intervention (ECI) centres. In Moldova, gowns and protective suits to the Border Police.

In Bosnia and Herzegovina, 1,800 protective goggles to kindergartens, maternity wards and paediatric units (via the Institute for Public Health of the Federation of Bosnia and Herzegovina (FBiH) and the Republic of Srpska (RS) Institutes of Public Health). In North Macedonia, 5,000 gloves, 0,000 masks to the national health care system. In Serbia, 55,200 protective masks distributed to 134 centres for social work, reaching a total of 1,390 professionals; 12,000 masks distributed to 80 Roma health mediators and 2,800 coveralls distributed to 16 health institutions covering 1,247 health workers.

**Provision of Healthcare and Nutrition Services**: During the reporting period, newly initiated activities and results achieved by UNICEF and partners are helping to ensure health systems have strengthened capacities and modalities to deliver services in the context of COVID-19, included for example:

**Building professional capacity in the health sector.** Webinars and online trainings were conducted by UNICEF in partnership with government, academic institutions, and technical expertise from a range of organizations. Transnational learning opportunities supported by UNICEF were conducted in Belarus, where online training on technical aspects of caring for patients, for example, using oxygen concentrators, reached 356 specialists from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Turkmenistan, Ukraine, and Uzbekistan. With technical support from UNICEF and WHO, a webinar with medical specialists from Italy and Kazakhstan was conducted to exchange experiences on health services for pregnant women, mothers and newborns during the COVID-19 pandemic. Participants also discussed the global and national recommendations on maternal and child management, including exclusive breastfeeding. The webinar was organized by the Scientific Centre for Obstetrics, Gynaecology and Perinatology of Kazakhstan, the Scientific Centre for Paediatrics and Paediatric Surgery in Kazakhstan the St. Angelo Hospital (Venice). In addition:

In Kyrgyzstan, UNICEF supported the Postgraduate Medical University in completing 41 online training sessions for health care providers focusing on newly approved protocols for home visits and newborn care in the context of COVID-19. UNICEF also supported the training of 40 neonatologists on the management of newborns of mothers with suspected or confirmed COVID-19 infections.

In Armenia online training for paediatricians, family physicians and nurses on MoH guidelines covering child nutrition, home visiting and immunization.

In Albania, online training for neonatologists focused on WHO breastfeeding recommendations. In Kosovo*, an online training package on home visiting, childcare, developed for the MoH with technical support by UNICEF was accredited by the Chamber of Physicians and Nurses.

**Making service delivery more efficient during the COVID-19 pandemic – and beyond.** During the reporting period UNICEF helped strengthen in-country health infrastructure. For example, in Croatia, UNICEF handed over an especially equipped refrigerated vehicle to the Human Milk Bank to improve access to breastmilk for premature and seriously ill newborns. In North Macedonia, UNICEF supported the MoH in establishing a technical working group that will be digitalizing information recorded by staff during home visits, so data can be integrated into the country’s Health Management Information System (HMIS).

**Facilitating access to health services.** UNICEF supported efforts to provide information and guidance on health and nutrition services targeted to parents, pregnant women and others (e.g. via livestreams and webinars with paediatricians, breastfeeding counsellors etc.) and through printed leaflets and handouts delivered at home or promoted in public spaces community. Across sub regions:

In Bulgaria, UNICEF-supported home visiting services provided counselling, information, and guidance on nutrition, health and nurturing caregiving, to over 3,400 families with young children. In Italy, UNICEF and partners reached 150 people with health screenings, pre-triage, referral activities. Outside the formal refugee reception system 179 were reached with hygiene products. In transit areas and in informal settlements in Rome, 95 individuals were reached with health screenings by UNICEF partner INTERSOS’s mobile team. 55 vulnerable migrants and refugees were provided health and psychosocial support through the UNICEF-supported Médecins du monde (MdM) hotline and by an MdM doctor.
In Georgia, UNICEF, in partnership with the National Centre for Disease Control and Public Health (NCDC) and the Ministry of Health of Autonomous Republic of Adjara and Medical Society, launched virtual antenatal consultations for 1,575 pregnant women, of whom 30% benefitted from virtual medical consultations.

In Bosnia and Herzegovina, UNICEF and partners provided nutrition support and counselling on breastfeeding and infant feeding to mothers in temporary reception centres via Mother Baby Corners (MBC). In Serbia, a partnership with MoH and the Association of Roma Health Mediators, enabled UNICEF to ensure continuity of health services to 23,087 Roma families via telephone. UNICEF established a Yammer platform that is enabling Roma Health Mediators to exchange COVID-19 information and better their coordinate their support to families with newborns and young infants.

**Infection, Protection and Control (IPC)/WASH Services:** Routine health services and schools have re-opened (or are under consideration to re-open) in many countries, and IPC and access to sanitation and hygiene is critical to keep family, children, and staff safe.

**Capacity building of professional staff.** Training has been an important dimension of UNICEF’s work, and during the reporting period. To intensify technical support for Infection Prevention and Control (IPC) and WASH in Health Care Facilities, UNICEF initiated a series of online training session in July, attended by over 70 health care practitioners, public health experts, key partners and UNICEF staff from Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, Georgia, Kazakhstan, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan. Sessions included knowledge sharing and discussions on hand hygiene, personal protective equipment (PPE), principles and applicability of standard precautions, environmental cleaning and disinfection, among others. In addition:

In Albania, IPC training was conducted for neonatologists and nurses

In Kazakhstan, IPC workshops were conducted for 200 specialists from perinatal centres and children's hospitals. In Turkmenistan, UNICEF worked with the Ministry of Health and Medical Industry (MoHMI) to produce IPC visual aids and communication materials for health workers.

In Azerbaijan, a new partnership, with Reliable Future Social Initiatives Public Union delivered IPC training for health workers in children’s polyclinics, and in maternal and child health public healthcare facilities; in Georgia, for nurses and healthcare assistants in Abkhazia region. In Moldova, UNICEF and WHO supported specialists in from the Ministry of Health (MoH), the Ministry of Labour and Social Protection (MoLSP), the Institute of Mother and Child Health, and the Coordination Unit of the National Programme on HIV and STI Prevention and Control, to develop online trainings materials on IPC for primary health care providers and specialists at perinatal centres and maternities.

**WASH assessments.** During the reporting period, to support governments prepare for the re-opening of schools, UNICEF helped to initiate (Serbia and Tajikistan) or completed (Kyrgyzstan) WASH assessments.

**Donor coordination on WASH supplies.** In Tajikistan, through the Donor Coordinating Committee (DCC), UNICEF advocated with the World Bank, European Bank of Reconstruction and Development (EBRD), Japan International Cooperation Agency (JICA), Swiss Development Cooperation (SDC) and the European Union (EU), to support the country’s COVID-19 National Coordination Committee (chaired by the Prime Minister) in averting a potential shortage of chlorine needed to keep the country’s water supply safe during the pandemic.

**Risk Communication and Community Engagement (RCCE):** As the easing of lockdown gave way to surges in the number of new COVID-19 infections, activities supporting RCCE have reinforced messages on people’s individual responsibility in preventing the spread of COVID-19. During the reporting period, across five sub-regions, UNICEF deployed a range of traditional (print, television, radio), and digital media (internet, social media) approaches to disseminate messages. For example:

In Turkey, COVID-19 related information on prevention and safety reached over 78 million people via UNICEF’s Facebook page, and engaged more than 650,000. UNICEF launched its TikTok social media platform, aiming to further extend reach and influence among adolescents and young people.

In Kazakhstan, UNICEF continued to promote COVID-19 preventive practices messages and generated 290,661 views on UNICEF’s social media accounts and website. In Kyrgyzstan, UNICEF supported production of two-minute videos for children aged 3-6 years old to help them practice handwashing and social distancing. In Tajikistan, COVID-19 prevention messages on UNICEF’s social media channels reached 200,000 people. UNICEF launched multiple COVID-19 related social media packages on adolescent skills-building, adolescent mental health, breastfeeding, distance Learning, early childhood development (ECD), immunization, WASH, and positive, parenting (e.g., #StayHome-2). In Uzbekistan, UNICEF aimed social media messages (via Telegram) on COVID-19 social distancing and personal hygiene at young people.
In Belarus, UNICEF-supported COVID-19 prevention and positive parenting messages on social media channels reached 589,000 people. In Moldova, COVID-19 prevention and safety messages were especially targeted to reach private sector employers, transportation services providers, retail units, barber shops, and agricultural workers. Also, UNICEF partnered with Premier Energy to bundle COVID-19 safety information with regular electricity bill mailings received by 200,000 households. In Ukraine, UNICEF launched a national solidarity campaign to fight stigma and discrimination of people associated with COVID-19. The campaign promotes portraits the elderly and frontline workers, was expanded to out-of-home (i.e., outdoor) advertising platforms and has reached 6,834,000 people in one month.

In Greece, UNICEF supported the distribution of COVID-19 safety posters, stickers, and instructions to use the HealthBuddy.info chatbot. 6,387 individuals were reached in RICs and in Open Accommodation Sites. In Italy, through outreach and social media partnerships with Associazione di Promozione Sociale (ARCI), INTERSOS and Médecins du monde (MdM), more than 100,000 refugee and migrants were reached with multilingual messages on COVID-19 prevention. In Romania, UNICEF developed new material on hygiene and protection measures, and advice for parents on communicating about COVID-19 safety with children. These generated nearly 750,000 views on UNICEF’s website and Facebook channel, and reached 2.7 million people via television and radio.

In Armenia, UNICEF developed and pre-tested among children three posters on mask wearing and handwashing for dissemination through healthcare facilities, schools and preschools. In Azerbaijan, UNICEF in partnership with the Azerbaijan Youth Foundation (AYF), produced and disseminated new social media content on COVID-19 safety. Videos on preventive measures such as social distancing in supermarkets and in the workplace generated more than 7,000 views. In Georgia, UNICEF supported the production of multilingual (Azerbaijani, Armenian, Russian) television programmes on COVID-19 safety for ethnic minority groups from Samtske-Javakheti and Kvemo Kartli regions. These are being aired in partnership with the Association of Regional Media, regional broadcasters Marneuli TV, Parvana TV, Tok TV and NCDC. UNICEF also released a multimedia package for young people on accessing COVID-19 questions and answers via the newly released HealthBuddy.info chatbot.

In Albania, UNICEF adapted elements of UNICEF’s global campaign, “Hand Hygiene for All” for a national campaign launched in cooperation with the Institute of Public Health (IPH). In Bosnia and Herzegovina, six episodes of a television series for younger children, “Kid Scientists” with content on COVID-19 prevention and protection, were produced and broadcasted to 120,000 viewers on national television. The series was shared with other outlets for unlimited broadcast. In Montenegro, UNICEF supported the production and dissemination of animations on social distancing and, with the participation of a popular UNICEF Goodwill Ambassador, generated significant views. In North Macedonia, UNICEF produced child-focused multilingual (Macedonian, Albanian, Romani) animated videos for national television, Roma television and social media channels. To prepare for re-opening kindergartens, four child-focused instructional posters on handwashing and other safety protocols were designed for distribution across all pre-schools. UNICEF also piloted the HealthBuddy.info chatbot in Macedonian. In Serbia, UNICEF launched a social media campaign addressing protection measures and safe breastfeeding during the pandemic. During the reporting period, social media content reached 637,990 people, and on UNICEF’s website, generated 55,874 visits. UNICEF developed and disseminated COVID-19 prevention materials in Arabic, Pashto and Farsi, which reached 2,920 refugees and migrants, including 1,099 children in asylum and reception centres.

Engaging Adolescents and Young People: UNICEF supported surveys that elicited young people’s opinions on their experiences and attitudes related to COVID-19, which are helping to form an advocacy evidence base to influence future COVID-19 response and recovery programming. U-Report has been the most popular online platform for gathering such data quickly. Topics included: distance learning (Albania); social, economic, and psychological/emotional impacts related to the pandemic (Belarus, Bosnia and Herzegovina, Kosovo*, Kyrgyzstan, Romania); coping with violence during lockdown (Bulgaria, Kyrgyzstan); looking into the future (or “building back better”) after the pandemic (Croatia, Italy, Romania); and coping with menstrual hygiene during lockdown (Moldova). Sometimes more formal consultations also took place. For example, in Bulgaria, UNICEF conducted a knowledge, attitudes, beliefs and practices (KABP) survey among adolescents regarding COVID-19. In Georgia, UNICEF, in partnership with Kant’s Academy, initiated an online survey for adolescents to monitor their wellbeing, identify their concerns and challenges, as well as their usage of internet resources, and engagement in online gaming. The survey data is to be used in the preparation to aid the needs of adolescents.

Learning new skills. Across ECAR, UNICEF-supported activities focused on empowering young people and adolescents to help shape their countries’ economic and social life by acquiring skills and social capital by learning new skills and developing deeper connections with their communities and with each other. Despite the transformation of UNICEF-supported programmes from in-person to online delivery, enthusiasm and participation among young people have not diminished.

In Tajikistan, adolescents participating in the UNICEF-supported online UPSHIFT programme developed a quality, low-maintenance automatic dispensing sanitizer, much cheaper than imported versions and currently being used in three public
locations.

In Italy, UNICEF supported online skills-building non-formal education programmes for adolescents and young people were concluded for the summer. Final events were held online for UPSHIFT, which had provided opportunities for adolescents to turn promising start up ideas into businesses, and for U-TOPIA, an active citizenship programme, in partnership with the Council of Europe Development Bank, that engaged young people in participatory workshops and inclusion activities.

In Croatia, the skills-building programme “Innovation Academy” opened enrolment for 140 adolescents and will provide scholarships for participants from vulnerable groups living in rural and isolated areas. In Montenegro, UNICEF organized the first summer UPSHIFT session which included an online financial literacy workshop for adolescents leading or participating in civic engagement initiatives, many of which are related to COVID-19. In Serbia, UNICEF-organized online UPSHIFT sessions on entrepreneurial skills gathered 13 teams from across the country. Selected youth-led projects will be adapted to the COVID-19 context to address challenges in their respective communities.

**Volunteering.** UNICEF noted several milestones for adolescents on learning new skills through volunteering during the reporting period. For example:

In Bulgaria, UNICEF and the National Youth Forum issued a joint letter at the end of the school year, outlining summer opportunities for volunteering, events, activism, generating 450,000 views on Facebook. In Croatia, the UNICEF-supported youth programme ZABUM enabled young people to engage with others through blogs and videos on adolescent behaviour, intergenerational solidarity, children’s rights and disinformation via Facebook, Instagram, Twitter and YouTube.

In Armenia, 350 participants in a live stream of “Accelarator#5”, a STEM project for young women and girls, learned about spreading awareness on COVID-19 and on the escalation of domestic violence. In Azerbaijan, UNICEF’s partner Junior Achievement Azerbaijan, provided young people opportunities to learn new skills like financial literacy.

In Kosovo*, UNICEF engaged with 2,400 adolescents and youth through organized virtual Podium Workshop and “Youth Solutions for COVID-19” via UNICEF Innovations Lab social media channels (Facebook, Twitter, Instagram). UNICEF, and Peer Educators Network (PEN), has helped empower young people in voicing their solutions for a healthier and safer future. In Serbia, 2,617 adolescents and young people were engaged through online volunteering programme - an increase of 1,385 new volunteers and beneficiaries since the last reporting. Young people implemented 654 volunteering activities, including an awareness raising campaign, peer online support and translation of educational materials. They also mobilised 2,164 of their peers to become digitally engaged and register as U–Reporters.

**Adolescent mental health.** In Tajikistan, UNICEF-supported mental health outreach attracted 56,073 participants mostly adolescents and young people, through several online platforms. 237 young people have received telephone support by professional psychologists.

In Ukraine, UNICEF launched the first telephone volunteering system in response to the growing loneliness and isolation caused by the pandemic. As part of the project, over 1,000 young people were mobilized in providing telephone support and useful information on COVID-19 prevention to people who feel lonely, including older adults, children and adults with disabilities, and other most vulnerable groups.

In Azerbaijan a UNICEF-supported hotline operated by Red Crescent Society received over 700 calls from children and youth calls in the reporting period (more than double the call volume before the pandemic) asking for practical information on coping with the pandemic and current economic uncertainty.

In North Macedonia, the UNICEF-supported youth-led #PlantAtHome volunteer initiative focused on supporting adolescent mental health during COVID-19 and generated more than 1,200 followers.

**Access to Continuous Learning:** In parallel to consultations with on re-opening of schools, additional support included,

**Building professional capacity of teachers to deliver online learning:** In Albania, Bosnia and Herzegovina, Kosovo*, Montenegro and Serbia, teachers and other school staff, continued to engaged in LearnIn, an online initiative that is helping to build pedagogical and digital competencies in the use of digital technology for learning. During the reporting period, teachers were engaged in enriching and contextualizing manuals, and integrating the initiative into support for teacher training.

**Improving content for distance learning.** In Ukraine UNICEF continued to support the Ministry of Education and Science (MoES) to improve the quality of education for children with special educational needs related to dyslexia, including provision of specially designed textbooks and paper and digital materials in selected schools, and in partnership with Learning Passport, creating a series of digital animations to support early learners with related difficulties.
In Croatia, the UNICEF-supported Tape Library, a system to improve the functionality of the server for online education of primary and secondary students, has been installed with the Croatian Academic and Research Network. In Kosovo*, the UNICEF-supported early childhood education resources available via the MoE’s digital ECD platform reached 2.4 million viewers and 190,000 unique users.

In Georgia, UNICEF supported the Ministry of Education, Science, Culture and Sport (MoESCS), the Education Management Information System (EMIS) and the Georgian Coalition for Education for All (EFA) in developing essential teaching and learning resources for online education of children during the COVID-19 pandemic.

In Kyrgyzstan, UNICEF supported the Ministry of Education and Science’s (MoES) in finalizing the plan for developing online content for remote learning for the 2020-2021 school year. Implementation has been supported by UNICEF in collaboration with partners and with technical inputs from the UNESCO, and the Centre for Media Support. 6,000 video lessons are envisioned to cover 824 schools. In Tajikistan, the development of a UNICEF-supported learning mobile app, “Maktab Mobile” was completed and presented to Development Partners and MoES. The app will enable teachers and students to access to textbooks, video-lesson. The new app will be integrated with the Learning Passport platform.

**Enabling students to get more out of distance learning.** In Turkey, UNICEF continued supporting the Ministry of National Education (MoNE) both financially and technically to ensure that national distance learning programmes can meet the needs of all 17 million learners in Turkey— including over 680,000 Syrian and other refugee children in public schools and temporary education centres. The country’s Education Information Network (EBA) have continued to broadcast online learning as part of summer distance learning programmes.

In Bulgaria UNICEF in cooperation with the MoES is testing materials with 100 parents to help them engage kindergarten-age children to learn at home. In Greece, UNICEF is assessing the effectiveness of distance learning among refugee and migrant children living in Open Accommodation Sites.

In Albania, 2,100 lessons are being aired over summer for students who missed out earlier. UNICEF is also working closely with national counterparts to upgrade online learning tool “Akelius”, for language acquisition for refugee and migrants in the three reception centres in Albania. In Croatia, an e-learning platform to enable early childhood intervention practitioners provide quality tele-intervention services for children with developmental delays and disabilities during COVID-19 and beyond was launched on 13 July, with over 950 professionals already signed up. In Montenegro, the MoE agreed in the context of COVID-19 to continue cooperation with UNICEF on digital education, inclusive education and preschool. In North Macedonia, UNICEF provided support for production of video lessons available on the “Eduino” platform for children to access during summer break. The platform now has more than 1,700 lessons which has generated 2.4 million views.

**Access to Child Protection and Preventing Violence:** Measures imposed in response to the pandemic abruptly disconnected individuals with normal social contact and confined family member together as they absorbed profound economic shock and contemplated uncertain futures. The anxiety and stress generated by COVID-19 have underscored UNICEF’s priority to support countries in providing children and families with access to protection and psychosocial support.

**Improving access to psychosocial services.** Telephone messaging platforms were among the many lifelines for children and their families seeking psychosocial support during the reporting period. For example:

In Ukraine, UNICEF supported psychosocial teams operating in Luhansk and Donetsk (NGCA) continue providing consultation via phone, Skype, and other social media channels to children and families living along the contact line in the east. In total, 480 beneficiaries, including 358 children and their caregivers received psychosocial counselling, information on positive parenting and had special sessions on COVID-19.

The UNICEF-supported Azerbaijan Child Helpline handled 467 calls while in Georgia, the “111” hotline responded to 619 children and their family members and UNICEF support enabled psychosocial support for 193 children and 121 caregivers in small group homes and in foster care.

In Kosovo*, 34 professional therapists, supported by UNICEF and implemented by the Kosovo* Disability Forum, have continued to provide online COVID-19 related psychosocial support and counselling to around 2,000 children with disabilities and their parents. UNICEF also enabled Organization for Children Without Parental Care (OFAP) to provide psychosocial support to 57 children and their foster care parents. In Montenegro, UNICEF supported the Association of Youth with Disabilities to provide psychosocial and legal support to children with disabilities and their families through an online platform that reached 17,484 children and adults. Montenegro’s UNICEF-supported Child Helpline also began providing 24/7 access. In Serbia, UNICEF and partners provided psychosocial support to refugee and migrant children and women and ensured access to child protection and GBV services through face-to-face activities and online channels.
Protecting children and women in difficult circumstances has been a UNICEF priority since the start of the pandemic, and during the reporting period, the most vulnerable have been reached via a range of specialized partners. To mitigate the ever-increasing rate of violence and abuse against women and children, UNICEF has been providing inputs into various guidance notes (in Albania, to prevent online abuse), action plans (in Armenia, Croatia), training packages (in Albania for mental health workers and social services staff, in Armenia for humanitarian workers; Italy for cultural mediators; in Kazakhstan for service providers providing psychosocial and legal services; in Montenegro for Red Cross outreach workers) that will have enduring long-term application. In addition:

In Turkey, 73 UNICEF-supported child protection centres were re-opened with services adapted to comply with national guidelines for safe operations.

In Kazakhstan, UNICEF supported local-level coordination in Nur-Sultan city to ensure delivery of child protection programming for children affected by migration during the COVID-19 pandemic. In Kyrgyzstan, UNICEF supported the Ministry of Labour and Social Development to assess the situation of 4,000 children who returned to their families after residential institution closures. During the reporting period, the UNICEF-supported child hotline “111” provided psychological support to approximately 380 callers every day. In Uzbekistan an on-line webinar was organized for 20 staff of Social and Legal Centres of the Ministry of Interior to discuss prevention and response mechanisms for children placed in short term transit facilities.

In Ukraine, 12 UNICEF supported mobile GBV teams in Eastern Ukraine provided 2,413 online consultations (out of which 204 calls from children) by telephone and Skype to population living along the contact line in Donetsk and Luhansk (GCA). Over 1,900 beneficiaries were referred to the local social service departments, police and/or free legal aid.

In Bulgaria, UNICEF helped ensure 1,098 vulnerable women and children in the refugee population had access to Mother Baby Units (MBUs) and Crisis Centres via social media channels and telephone, exceeding the estimated target. In Greece, UNICEF continued to support Lesvos Solidarity in providing emergency shelter for unaccompanied children in Moria RIC. In Romania, UNICEF supported the National Authority for the Rights of Persons with Disabilities, Children and Adoption (NARPDCA), Council for Institutionalised Youth (CIY) and the Centre for Legal Resources (CLR) in launching TELVERDE, a hotline for children and adults, with and without disabilities, living in residential care, and their caregiver.

In Georgia, in partnership with the Public Defender’s Office, UNICEF conducted a workshop for community-based organizations of Akhalkalaki and Akhaltsikhe municipalities to improve the situation of children in difficult circumstances like child labour.

In North Macedonia, UNICEF in partnership with civil society organization “Open the Windows” (OtW) has been providing services for individualized online support activities and workshops (e.g., on exercise, speech disorders, dyslexia, play) for children with disabilities and their parent. So far, 981 sessions reached 85 children and 155 parents. In Serbia, UNICEF organized meetings of the Working Group for Protection of Refugee and Migrant Children and supported regular service mapping in the asylum/reception centres to promote better coordination and updates of the referral pathways for child protection and gender-based violence (GBV).

Social Protection: UNICEF, working with governments and partners, has had an important role in ensuring that the socio-economic impact of COVID-19 pandemic on families is visible, and that practical steps are in place to shift current models of limited social benefits for limited number of people. To do this effectively, UNICEF activities have a strong focus on preparing a solid evidence base on which to make a case, through partnership advocacy, guidance, legal frameworks and systems design.

Needs assessments to determine vulnerability. In Tajikistan, UNICEF and the MoHSP have agreed to undertake a mapping exercise on social protection data systems aimed at streamlining vulnerability assessment and registration approaches and establishing a unified database on social protection services and cash programmes.

In Belarus, the fourth round of UNICEF/World Bank COVID-19 rapid online survey confirmed an increase in the number of respondents facing economic hardships and depression resulting from the COVID-19 pandemic. As well, the survey found that expanding social benefits was becoming increasingly politically acceptable. UNICEF provided the UN Task Force on COVID-19 socio-economic response with an update on the employment and poverty based on findings of the third round of COVID-19 survey results, which formed an evidence base for strengthening social safety nets. In Ukraine, UNICEF contributed to the development of the joint UN socio-economic impact assessment, leading on “Pillar 2” related to social protection and basic services and while co-leading the pillars on health and macro-economic impact assessment. The document benefitted from UNICEF’s assessment on poverty and macro-economic forecasts as a key evidence.

In Bulgaria, the first wave of high-frequency monitoring COVID-19 impact on households was carried out by UNICEF and World Bank, between 3 June and 2 July. In Romania, the report for round three of the Rapid Assessment of the situation of children and families, focusing on vulnerable ones, in the context of COVID-19 was finalized and posted online.
In Armenia, high level officials from the Mayor’s Office in Yerevan (home to a third of the country’s population) presented proposed reforms of the child and social protection system. These included the introduction of community-level psychologists and social workers as well as programmes to address possible future economic shocks and disasters. A feature interview on the main upcoming changes to the social protection system by the Municipality in Yerevan was published.

In Bosnia and Herzegovina, in addition to five FBiH cantons currently conducting the rapid impact assessments of pandemic crisis on social protection, UNICEF is extending geographical scope to and additional six municipalities in Republika Srpska, with first results expected in August. In Croatia, UNICEF and the World Bank continued their joint approach on data/information collection and dissemination on the socio-economic impact of COVID-19 on the most affected population, particularly children and families. UNICEF and the World Bank harmonized information collection instruments to ensure quality and complementarity of data sets on national social policy, child protection and education programmes. In Montenegro, the second wave of the UN Rapid Social Impact Assessment (RSIA) was completed, providing insights on the impact of the evolving crisis, and identifying emerging vulnerabilities. In Serbia, UNICEF released its report on the survey of the socio-economic impact of COVID-19 on families with children to Government partners. The report is drawing significant interest from the professional research community and results have been incorporated in the fact-finding mission of the PDNA exercise undertaken by Government (under the lead of the Public Investment Management Office) with support from UN agencies. UNICEF has also completed the second wave of the longitudinal survey, now capturing 1,060 households.

Humanitarian Cash Transfers. In Turkey, the Conditional Cash Transfer for Education (CCTE) Programme for Refugee Children managed by the Turkish Red Crescent (TRC), continued benefiting 465,231 children. The call centre system, continued providing services in Turkish, English, Arabic, Farsi and Pashto. UNICEF and partners continued to provide services to children and families at risk of child labour. To date, 736 families have been supported with remote case management, awareness raising, and counselling services through phone calls and messaging platforms delivered in multiple languages, enabling callers to receive information about available governmental and NGO services during the COVID-19 pandemic.

In Georgia, UNICEF completed a simulation exercise to assess feasibility of cash transfer programmes designed to mitigate the impact of the COVID-19. The results, along with social protection system readiness assessment report, were shared with the National Security Council, Administration of the Government of Georgia, Economic Advisor to the Prime Minister, Advisor on Human Rights and Gender Equality, and Deputy Ministers for Health for further review and action.

In Albania, a UNICEF rapid assessment survey of six municipalities where families received in-kind support, confirmed that cash transfers would have been a more efficient, cost-effective response. The finding is key to a report to be used in future national advocacy and policy dialogue with Government. In Serbia, UNICEF worked with the Ministry of Labour, Employment, Veteran and Social Affairs, the Social Inclusion Poverty Reduction Unit of the Government and the Red Cross of Serbia on selection criteria to prepare for roll-out of humanitarian cash transfers (HCTs) to 2,000 households.

Systematizing the delivery of social service. In Albania, UNICEF partnered with Terre des Hommes and Municipalities and Tirana and Shkodra to develop standards of operation for community care social services to be delivered during COVID 19 or similar crisis, to be approved by MoHS for national use. In Kosovo*, UNICEF participated in a session with the new Minister of Finance organized to discuss collaboration the Socio-Economic Response Plan to COVID-19.

In Armenia, UNICEF, as lead of the UN COVID-19 Social Protection and Psychosocial sector coordination group, provided consolidated feedback, including, from the EU the World Bank ILO IOM, UNCHR, WFP, to the Ministry of Labour and Social Affairs (MoLSA) on the country’s draft Labour and Social Protection Sector Development Strategy 2020-2025. The joint effort offered a very strong message on better shock-responsiveness of the social protection system. A thematic discussion among the Minister, Deputy Ministers, and development partners (ADB, EU, USAID, WB and UN agencies), focused on the development of the integrated social protection information management system.

In Kazakhstan, UNICEF is providing technical support to Government to improve the methodology for defining targeted social assistance. In Uzbekistan, based on the request of the Ministry of Finance, UNICEF extended support to accelerate the nationwide roll-out of the Single Registry, an integrated management information system of social protection. The roll-out is built on the aims to introduce enabling mechanisms to extend social assistance programmes in response to the COVID-19 pandemic. Within the reporting period, UNICEF supported extension of the system’s capacity to accommodate more beneficiarieds and to design and operationalize modules related to transfer of information and processes to the Single Registry. Special attention is being paid to building capacity of national partners to operate the system independently and sustainably.

Data Collection Analysis and Research: key examples are embedded in sections above, as relevant to the programme area.

Next Sitrep: 4 September 2020
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In comparison to the previous reporting period, majority of the indicator targets have been amended owing to the adjustments and revisions made to account for the shifting context and needs, evolving programme priorities, and revised calculation methodologies.

There has been a marked decrease in the result value of this indicator due to the changes in the calculation methodology in line with the latest guidance from UNICEF HQ. The result was previously indicated at 185,302,184.

The result has been overachieved mainly due to the use of social media and online platforms, leading to a broader coverage than initially anticipated. The pro bono boost offered by various social media platforms has contributed to this higher level of achievement.

The increase in the result value is due to the application of revised calculation methodology.

Annex I: Summary of Selected Regional Programme Results (as of 22 July 2020)

<table>
<thead>
<tr>
<th>Areas of Response</th>
<th>2020 target</th>
<th>Total UNICEF Results</th>
<th>Increase from last SitRep</th>
<th>% Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Communication and Community Engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>193,370,000</td>
<td>176,976,951</td>
<td>0</td>
<td>92%</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions</td>
<td>9,816,550</td>
<td>6,183,465</td>
<td>▲ 282,972</td>
<td>63%</td>
</tr>
<tr>
<td>Critical Supply and Logistics and WASH service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical wash supplies (including hygiene items) and services</td>
<td>3,188,300</td>
<td>930,847</td>
<td>▲ 277,221</td>
<td>29%</td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
<td>161,136</td>
<td>98,597</td>
<td>▲ 10,455</td>
<td>61%</td>
</tr>
<tr>
<td>Provision of Healthcare and Nutrition Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare through UNICEF supported community health workers and health facilities.</td>
<td>3,751,492</td>
<td>2,261,158</td>
<td>▲ 763,073</td>
<td>60%</td>
</tr>
<tr>
<td>Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19</td>
<td>1,329,050</td>
<td>1,570,075</td>
<td>▲ 126,874</td>
<td>118%</td>
</tr>
<tr>
<td>Access to Continuous Education, Child Protection and GBV Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>42,569,896</td>
<td>24,835,793</td>
<td>▲ 888,265</td>
<td>58%</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>36,732</td>
<td>21,630</td>
<td>▲ 6,296</td>
<td>59%</td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>2,420,888</td>
<td>1,895,979</td>
<td>▲ 116,318</td>
<td>78%</td>
</tr>
<tr>
<td>Number of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors</td>
<td>5,943</td>
<td>1,933</td>
<td>▲ 369</td>
<td>33%</td>
</tr>
<tr>
<td>Number of parents/caregivers of children under 5 receiving ECD counselling and/or parenting support</td>
<td>1,327,000</td>
<td>747,829</td>
<td>▲ 83,694</td>
<td>56%</td>
</tr>
<tr>
<td>Number of teachers trained in delivering distance learning</td>
<td>102,793</td>
<td>67,428</td>
<td>▲ 13,082</td>
<td>66%</td>
</tr>
<tr>
<td>Access to Social Protection Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19</td>
<td>39,800</td>
<td>2,439</td>
<td>▲ 1,382</td>
<td>6%</td>
</tr>
<tr>
<td>Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support</td>
<td>343,841</td>
<td>174,938</td>
<td>▲ 63,444</td>
<td>51%</td>
</tr>
</tbody>
</table>

ii There has been a marked decrease in the result value of this indicator due to the changes in the calculation methodology in line with the latest guidance from UNICEF HQ. The result was previously indicated at 185,302,184.

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