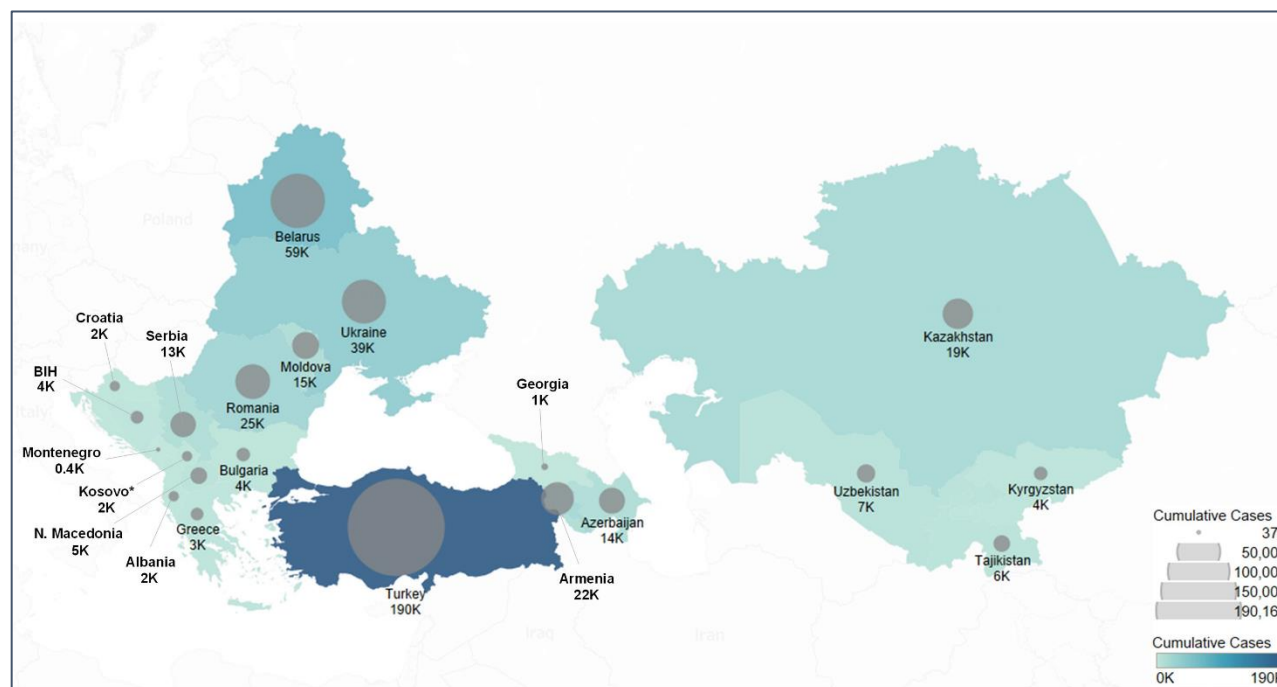




Europe & Central Asia Region

Special Update: March – June 2020

Novel Coronavirus (COVID-19)

3 July 2020

Map: Cumulative confirmed COVID-19 cases in Europe and Central Asia Region (ECAR) as of 24 June 2020¹.

SITUATION OVERVIEW IN EUROPE & CENTRAL ASIA REGION

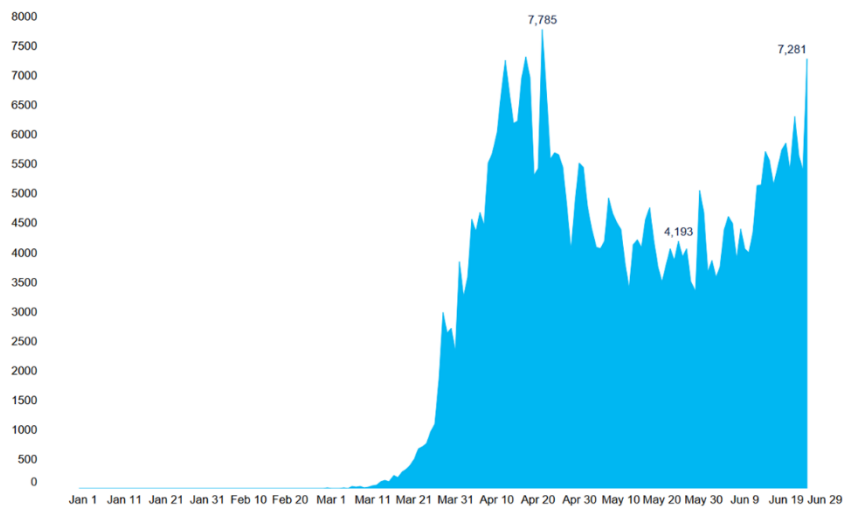
On 30 January 2020, WHO declared COVID-19 a [public health emergency of international concern](#). Out of 7,771 confirmed cases, only 82 were outside China. In ECAR, the first COVID-19 case was confirmed in Italy on 31 January, and in Croatia on 25 February. On 12 March, the day after WHO declared COVID-19 a global pandemic, it identified the European Region as the centre of the pandemic, with 20,000 confirmed cases and 1,000 deaths. By the end of March, 17,029 people in 22 ECAR countries², including children, were

infected. On 16 April, UNICEF's Executive Director declared the activation of a Global Level 3 Scale-up of the Corporate Emergency for the COVID-19 pandemic. UNICEF mobilised the entirety of its expertise, leadership, staff and resources to strengthen the timely, effective and predictable delivery of support to children and families in ECAR. As of 24 June, ECAR had confirmed 435,413 cases, with 10,533 registered COVID-19 related deaths (see map, above).

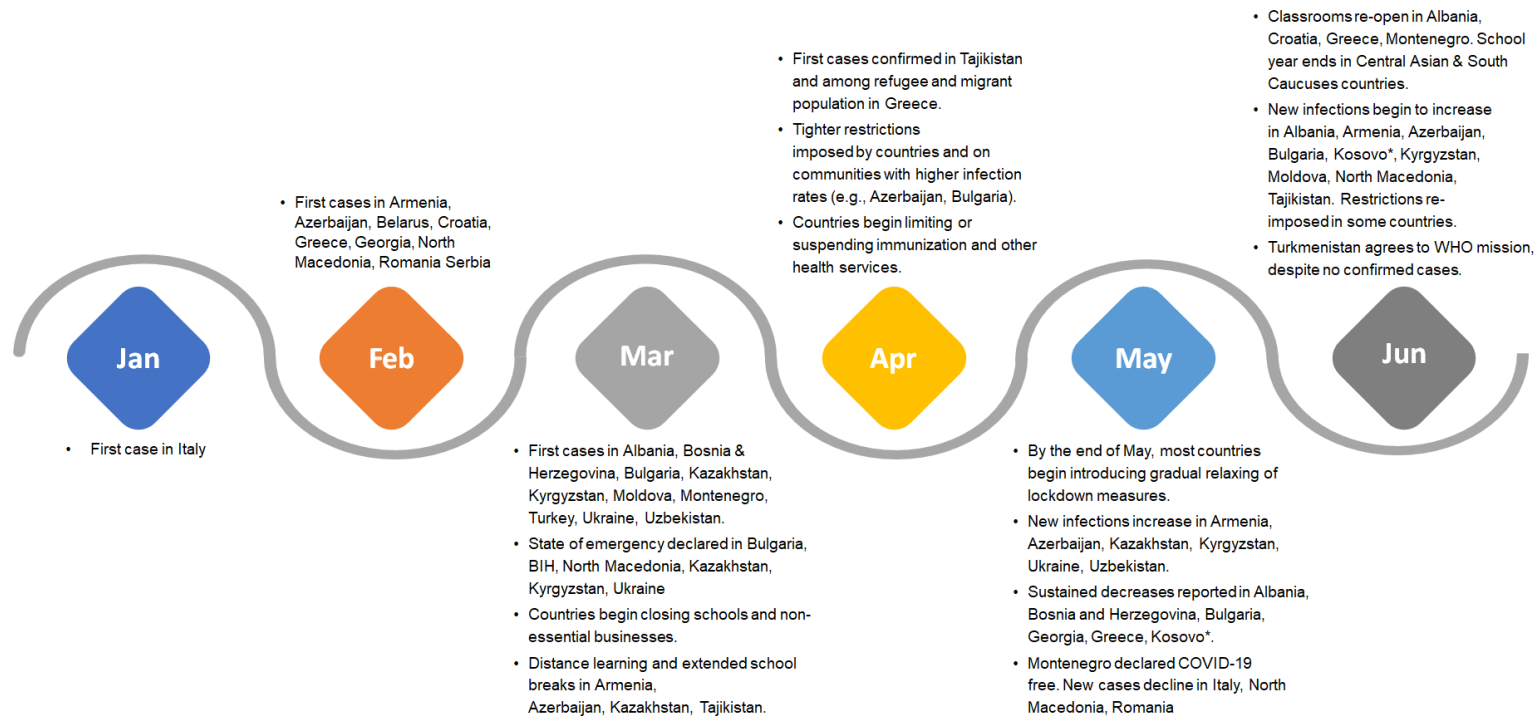
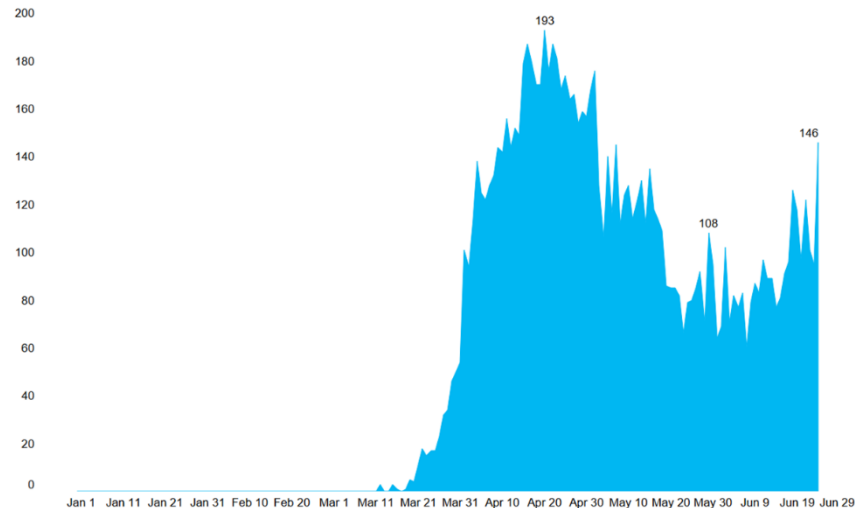
¹ UNICEF works for children and adolescents in Albania, Armenia, Belarus, Bosnia and Herzegovina (BIH), Bulgaria, Croatia, Georgia, Greece, Kazakhstan, Kosovo* (References to Kosovo* are in line with UN Security Council Resolution (UNSCR 1244), Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan. UNICEF is also present in Italy, supporting refugee and migrant populations.

² World Health Organization (WHO) 31 March 2020. Does not include Italy.

New confirmed cases of COVID-19 from 1 January to 24 June 2020



New reported COVID-19 deaths ECAR 1 January to 24 June 2020



Following WHO's advice to take pre-emptive action wherever possible to slow down viral transmission, by February and March countries across ECAR began closing their borders and airports. Domestic travel was severely restricted. Large gatherings were banned. Schools and non-essential businesses were suspended.

Due to a global shortage of protective personal equipment (PPE), ventilators and other critical medical equipment, all countries in ECAR have struggled to procure adequate lifesaving supplies to protect medical staff and treat patients, with COVID-19 exacting a heavy toll on health systems. In many countries, health workers have experienced disproportionate infection rates. In Moldova, by April, a third of all infections were among medical staff. By June, these infection rates among health workers in Central Asia had increased to 36% in Tajikistan, 15% in Kyrgyzstan and 11.6% in Kazakhstan.

The reduced availability of routine immunization, antenatal care, home visits and other services has also impacted the health and wellbeing of children and families. Kyrgyzstan reached near stock-out levels for cancer and diabetes medicines for children. Routine immunization was suspended or severely reduced across countries including, Bulgaria, Kazakhstan, Kosovo*.

Children in residential care, often with disabilities or in detention, faced increased risks because staff were not trained in appropriate protocols. In Albania, the People's Advocate called for authorities to replace sentencing of children held in detention with alternative measures and the number of children in pre-trial detention dropped. In Bulgaria with UNICEF technical assistance, the Ombudsman's Office issued recommendations on ensuring safety and wellbeing of children in correctional-educational boarding school. In Turkey, the Minister of Justice reported that some 750 children were released from prisons following an amendment on enforcement and sentencing laws. In Kazakhstan, videos from residential institutions showed developmental and learning activities during quarantine that were co-created with children, and posted on social media by the Child Rights Protection Committee.

The pandemic has magnified inequalities within countries. Wherever space is limited or where running water, soap and disinfectant are in short supply,

it has been almost impossible for families and children to practice social distancing or frequent handwashing. Such hardships are especially apparent in Roma communities in the Western Balkans, and among families and children living in overcrowded refugee and migrant accommodations in Greece.

School closures have affected children across ECAR, reaching a peak of over [50.3 million children by April](#). Although many countries pursued opportunities for children to continue learning from home through online or televised classes, those without the required technology or connectivity have been excluded. In ECAR, these have been the poorest children, those from minority ethnic communities such as the Roma, in institutions, with disabilities, and migrant and refugee children – whether with family or traveling alone. Surveys of students confirmed that even among those with connectivity, learning was sometimes impeded by teachers ill-prepared to effectively transition into a digital classroom and by parents or home conditions that did not support children learning from home.

The impact of COVID-19 on the global economy has been unprecedented. Abrupt, country-wide suspensions of social and economic life exposed vulnerabilities of the working poor in middle income economies, especially people whose livelihoods depended the informal sector. As prices for essential goods increased, many newly unemployed have found that existing social safety nets did not extend to them.

Compared with other regions, ECAR is expected to have the biggest increase in poverty (44%) as a result of the pandemic, equivalent to an additional 6.1 million children living in poverty. The IMF, World Bank, and OECD economic [growth estimates](#) released in June showed limited variations, converging around scenarios of global contraction of approximately -4.9% (IMF) and ECAR contraction of around -4.7%.

ECAR countries welcomed [guidance](#) prepared by UNICEF and the Alliance of Child Protection in Humanitarian Action, that provided governments and protection authorities with an outline of practical measures to keep children safe during prolonged lockdown and increasing economic uncertainty. UNICEF had warned governments around the world that that hundreds of millions of children would likely face increasing threats to their safety and

wellbeing as a result of prolonged confinement and increasing economic uncertainty.

Although in many instances official figures were not available, indications confirm that violence in the home increased [Balkan countries](#), [Kyrgyzstan](#), [Turkey](#), [Ukraine](#) for example. In Kazakhstan, the increased vulnerability of women during COVID-19 confinement renewed calls by rights groups and NGOs for the criminalization of domestic violence in that country.

In some countries, the COVID-19 response has been exacerbated by existing or additional humanitarian situations. Turkey hosts the world's largest refugee population which includes 680,000 Syrian children enrolled in public school. Turkey has, in total, 19 million children whose learning was interrupted as a result of school closures. The extraordinary scale of Turkey's school-going child population generated a nationally coordinated response reinforced by targeted interventions supported by the refugee community.

On 22 March, Croatia was struck by a 5.3 magnitude earthquake centred in Zagreb, damaging over 1,900 buildings, including schools and homes. On May 1, a dam collapsed along the Sardoba Reservoir in Uzbekistan, causing the evacuation of some 30,000 people in the country and in neighbouring Kazakhstan.

In the first week of May in eastern Ukraine, six children were injured at home after their village came under shelling – an escalation of violence that included nine attacks on schools since the beginning of the year. On 23 June, Bosnia and Herzegovina, Romania, Serbia and Ukraine were hit by torrential rains, leading to severe flooding. Thousands of households were affected and over 300 people were evacuated to shelters and other temporary accommodations.

Infection rates began to show signs of dropping in May. By the end of that month, most countries had begun to gradually lift lockdown measures permitting social and economic life to resume, and people were permitted to circulate more freely. 12 million children have been able to return to classrooms. However, in many countries, populations enjoying relaxed containment measures also became less diligent in adhering to public health precautionary measures still in effect on wearing masks and practising social

distancing.

Infection rates across the region have begun rising by June. In some countries, for example Armenia, overburdened health systems are no longer able to cope with new patients. Low global supplies of PPE (and its escalating cost) make procurement very difficult.

After declaring itself to be COVID-free on 25 May, Montenegro reported 18 new cases on 20 June. All Central Asian countries (except Turkmenistan) reported a surge in infection rates by the end of June. WHO mentioned [Kazakhstan and Kyrgyzstan](#) among the countries of concern with growing number of cases and deaths.

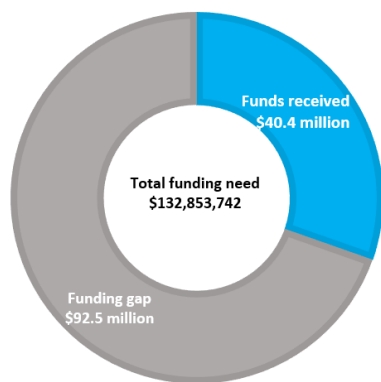
By June 24, an increasing number of countries (e.g., Azerbaijan, North Macedonia, Kosovo*, Kyrgyzstan, Moldova, Montenegro, Romania) have re-imposed restrictions and taken steps to quarantine towns and communities where cases have surged. Kazakhstan re-imposed quarantine restrictions nationwide.



Kazakhstan: Keeping children's health care accessible during the COVID-19 pandemic

FUNDING OVERVIEW Top 10 donors to ECAR's COVID-19 HAC appeal gaps

(as of 7 July 2020)



ECAR is asking for nearly **\$133 million** under UNICEF's Global Humanitarian Action for Children (HAC) appeal for the COVID-19 response. Against this target, ECAR has mobilized **\$40.4 million** – (30.4%).

83% of funds received comes from bilateral donors, including Canada, Germany, Japan, Luxembourg, Sweden, Switzerland, the United Kingdom, and the United States. The

Government of the United States has contributed to 46% of the total amount received to date against ECAR's COVID-19 HAC appeal.

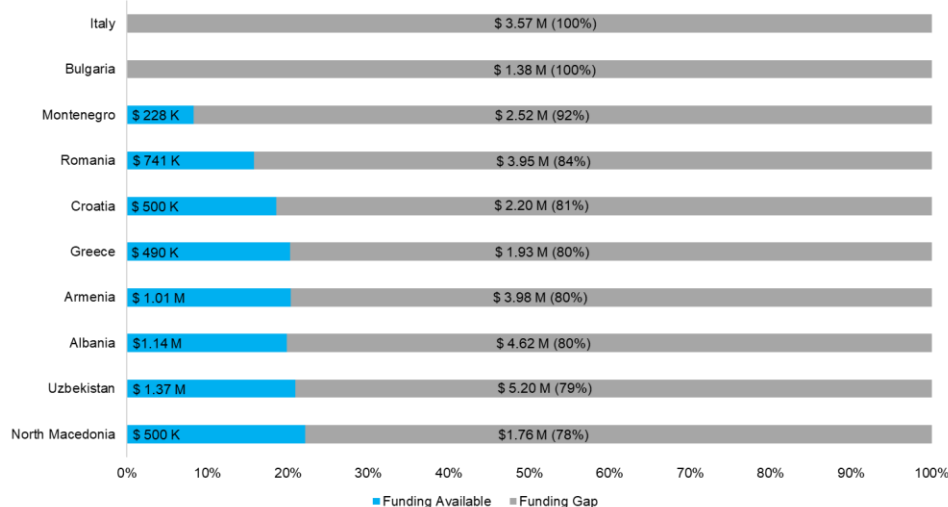
In ECAR, where most countries are classified as middle income economies, UNICEF's partnerships and resource mobilization efforts with the private

sector is particularly significant. Contributions from corporates, private foundations and individuals account for \$6.4 million – almost 16% of funds raised to date against ECAR'S COVID-19 HAC appeal.

In ECAR, UNICEF's 'Business for Results' initiative is scaling up engagement with business, developing shared value partnerships, and embedding child rights into corporate practices. In Armenia, Belarus, Croatia, Serbia, Romania, and Ukraine, UNICEF efforts to leverage private sector support has resulted in both financial contributions and in-kind donations, for example, bottled water, hygiene supplies, PPE, and diverse telecommunication assets. Individual giving has raised public support for UNICEF and has provided an important opportunity for diaspora communities to give back to children and families in their home country.

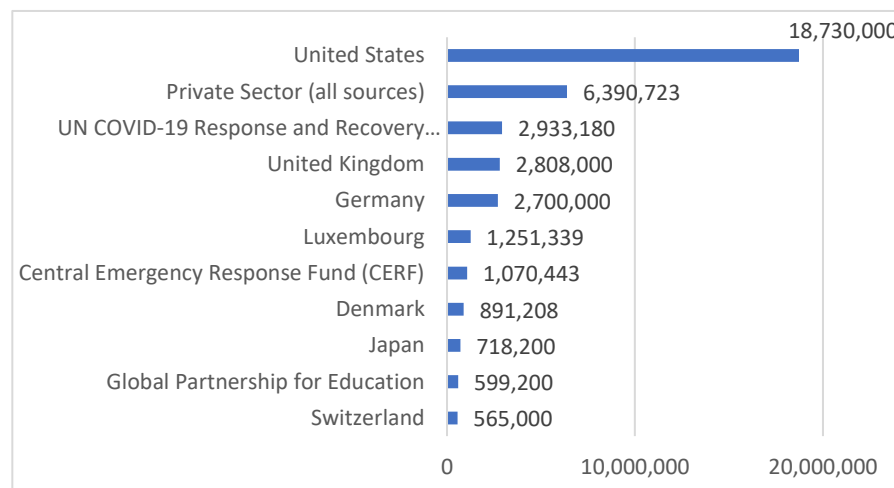
UNICEF across ECAR remains grateful for the tireless work of UNICEF National Committees in Canada, Denmark, Germany, Italy, Japan, Spain, Sweden, Switzerland, and the United States who have supported directly or by providing flexible funds as thematic contributions.

ECAR countries with the highest funding gaps



Note: Countries that have not yet been able to raise funds against the HAC have been implementing response plans using UNICEF's internal resources

Top 10 funding sources for ECAR's COVID-19 response



PARTNERSHIPS & COORDINATION

In most ECAR countries, the UN Resident Coordinator's Office (RCO) has had a leadership role in across national COVID-19 responses and has ensured a coordinated, multi-sector approach between the UN, Government, donor and key implementing partners. In some countries (e.g., 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.

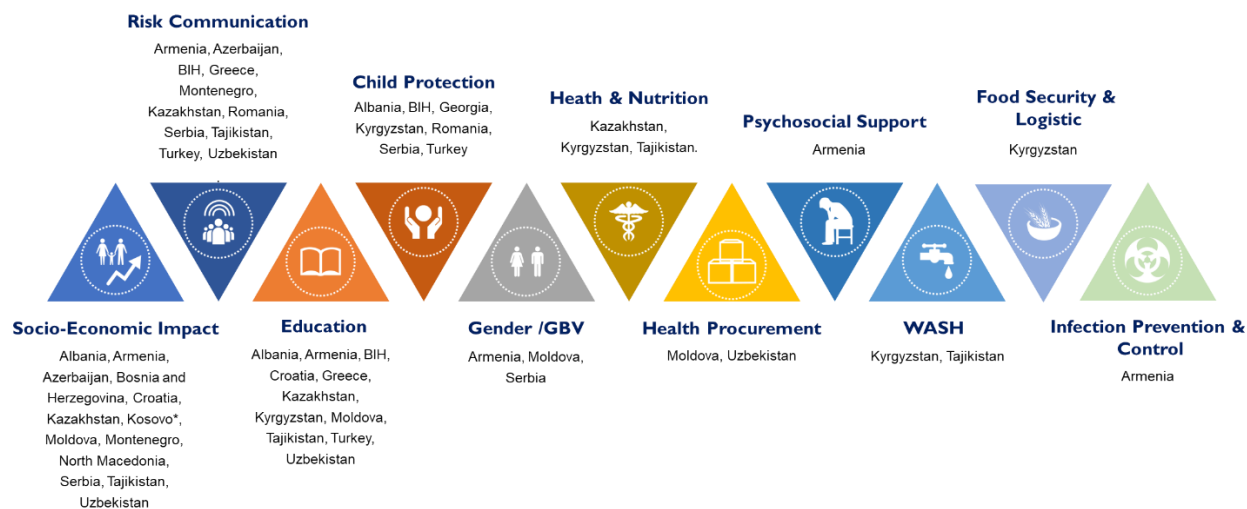
In Ukraine, overall coordination for nationwide COVID-19 response is led by the Resident Coordinator (also the Humanitarian Coordinator) and WHO, with the complementary support of UN-OCHA coordinating the COVID-19 related activities in conflict affected Eastern Ukraine. UNICEF actively participates in 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).



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Turkey: UNICEF, in partnership with the Turkish Red Crescent and other national partners distributed psychosocial support kits to 50,000 Turkish and refugee families throughout the country.



PREPAREDNESS & RESPONSE ACTIONS IN ECAR

UNICEF's COVID-19 response plan for ECAR is aligned with WHO's global Strategic Response Plan, the UN's Global Humanitarian Response Plan for COVID-19 and UNICEF's COVID-2019 Humanitarian Action for Children appeal. Across countries in ECAR, a multi-sector approach is adopted to

support national efforts to contain the spread of COVID-19 while mitigating the impacts on children and their families. Actions cover five main areas of programming.

1) Risk communication and community engagement (RCCE)



Collage: COVID-19 caring and safety messages (left to right) from UNICEF in Albania, Bosnia and Herzegovina, Kyrgyzstan, Moldova, Serbia.

In at least 11 countries in ECAR, UNICEF has been leading or co-leading in the design and implementation of national RCCE activities. For example, in Tajikistan, UNICEF supported the development of the country's official COVID-19 website, the primary source of safety and prevention information. A region-wide partnership with the European Broadcast Union has been amplifying messages in 15 countries. Partnerships around digital platforms have enabled tremendous reach. For example in Turkey, a partnership with Facebook made it possible for UNICEF to reach more than 78 million people.

UNICEF-supported RCCE efforts to counter misinformation and keep people safe from the spread of infection, have reached over 185 million people. Such success has been possible in part, as a result of UNICEF's capacity to translate and contextualise global messages in a way that resonated easily for specific linguistic communities. These were delivered to people's homes

and promoted in public spaces via posters and flyers, broadcasted on television and radio, and disseminated widely on social media platforms, including Facebook, Instagram, Telegram, Tik Tok, and Twitter.

Many countries adopted social media campaigns (e.g., [#playathome](#), [#stayathome](#), [#havefunathome](#)), that responded to urgent need of families confined with young children and adolescents to find ways to keep occupied, reduce stress, and encourage family solidarity.

UNICEF ensured messages reached minority ethnic communities, often home to some of the most vulnerable families, in the language they understood, for example, Romani (in Bulgaria, Montenegro, Serbia), Albanian (in Montenegro), Arabic (in Turkey).

Innovative and interactive platforms, such the artificial intelligence-driven [HealthBuddy](#) chatbot, has been able to generate answers to people's questions on COVID-19 prevention. In a few weeks, its database expanded to seven languages.

As lockdowns gradually ease across ECAR, there has been a worrying surge in new infections which has, in part, been attributed to populations abandoning safe practices such as social distancing and wearing masks. UNICEF is supporting assessments of previously effective of RCCE approaches and in some countries have opted to re-frame messages, for example, to emphasize everyone's personal responsibility to keep families and communities safe.

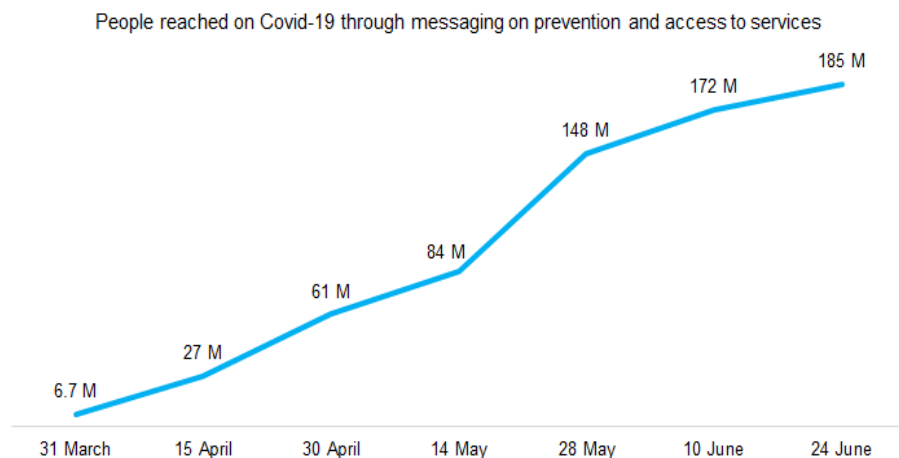
UNICEF in ECAR has long-engaged adolescents and young people as crucial partners identifying innovative solutions to challenges confronting communities. The voices and energy of young people have been an important component of community engagement and ensuring that they continue to participate in their country's social and economic development

during the pandemic. UNICEF, in partnership with UNDP, supported young programmers in creating digital solutions to fight COVID-19 misinformation and promote media literacy in Bulgaria and to help children and women in difficult situations under confinement in Kyrgyzstan.

In Albania, Bosnia and Herzegovina, Bulgaria, Italy, Moldova, Romania, Serbia, Ukraine, and Uzbekistan, young people have been providing opinions and solutions via U-Report surveys that invite the youth perspective on programme design.

UNICEF-supported youth-centred online community engagement initiatives, have provided opportunities for adolescents and young people to build a sense of belonging despite long periods of self-isolation, and to lead in demonstrating care for others.

Photo: Niginakho Shukurova, a UNICEF-supported youth volunteer, is helping to raise local awareness on COVID-19 prevention in Bobojon Gafurov district, Tajikistan.



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2) Supply & logistics and WASH services

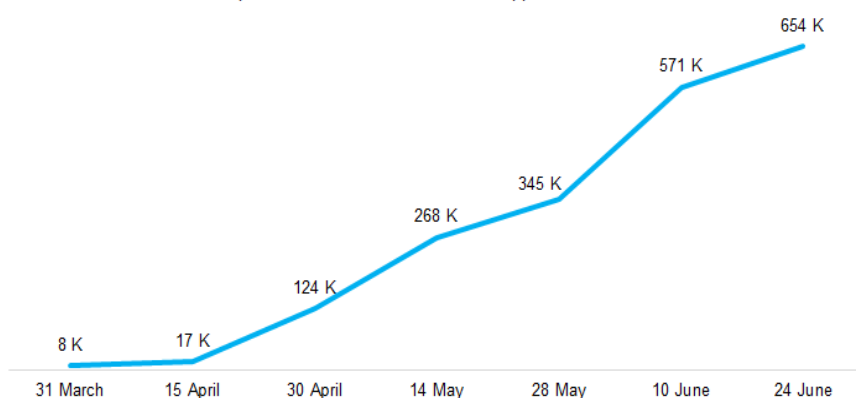
In ECAR, the severe and mounting disruption to the global supply of personal protective equipment (PPE) – caused by rising demand, panic buying, hoarding and misuse – has put lives at risk. Airport closures and restrictions in domestic movements have made deliveries very difficult.

Across almost all countries UNICEF is working with WHO and other partners to assess needs and develop procurement plans, which also include critical medical equipment (e.g., digital thermometers, ventilators) and WASH items (e.g., hand sanitisers and disinfectants) to meet immediate needs of health workers, social workers, families in vulnerable communities, and children and staff in closed institutions), and to prepare for re-opening of schools, health centres and other vital services.

UNICEF has advocated with financial institutions such as the Asian Development Bank (ADB) (Armenia, Kyrgyzstan, Uzbekistan) and the World Bank (Belarus, Kosovo*, Kyrgyzstan, Moldova, Ukraine, Uzbekistan) to make the necessary investments for governments to procure life-saving PPE and other supplies.

Implementation partners have been key in ensuring supplies reach the most vulnerable and often remote communities. For example, the International

People reached with critical WASH supplies and services

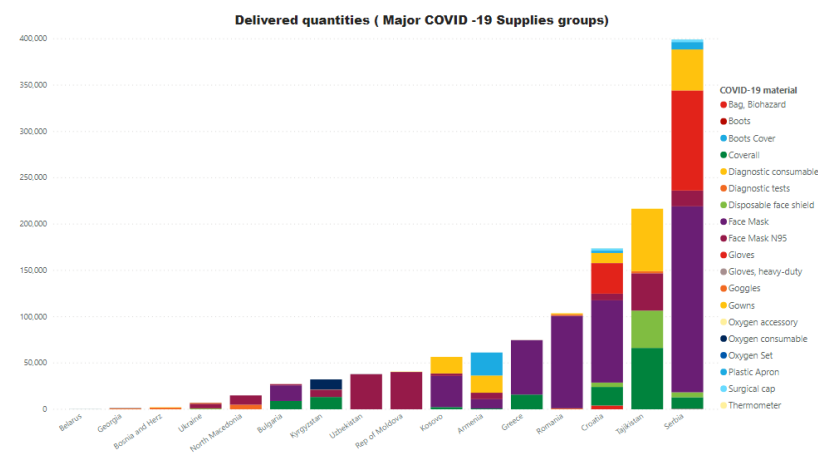


Federation of the Red Cross/Red Crescent (IFRC) has emerged as a significant partner in distributing hygiene kits for families and other learning materials for children in Kosovo*, Montenegro, North Macedonia, and Turkey.

As countries considered or began re-opening classrooms, either before the end of the current academic year or in September, UNICEF is working at regional and country levels to help establish and roll-out protocols on hygiene and safe distances to ensure the safe return of students and teachers.

UNICEF is also supporting local authorities to identify gaps that need to be addressed, for example, ensuring adequate supplies of disinfectant for shared learning spaces, and soap and sanitizer to permit frequent handwashing.

Below: Supply of COVID-19 PPE materials to ECAR – deliveries up to 8 July, includes: 736,630 face masks, 160,020 gowns, 141,100 gloves, 140,099 coveralls, 7,000 diagnostic tests, 120 oxygen sets.



3) Provision of healthcare and nutrition services

With entire health systems focused on COVID-19 patients, and families unable to venture from strict lockdowns, routine health and nutrition services were severely disrupted across ECAR.

UNICEF's close partnerships with WHO and national and local health authorities have been essential to reinforcing capacities of health workers on infection prevention and control and on clinical case management in the COVID-19 context. UNICEF translated and disseminated critical guidance, for example, on breast feeding, young child feeding (IYCF), PPE standards, and scaling up laboratory capacity to practitioners and policy makers.

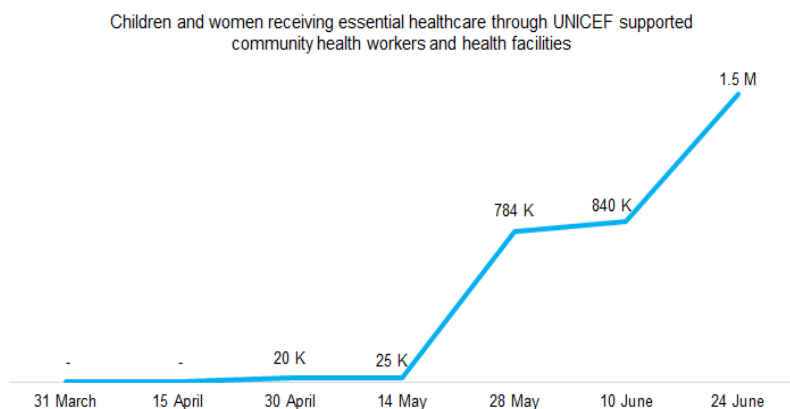
To reach children and families, UNICEF has been working with Ministries of Health and partners on the ground to re-think and re-programme modalities of service delivery. From the onset, UNICEF has established new social media pages (e.g., Azerbaijan) that provide parents real-time information and webinars from breastfeeding counsellors, paediatricians, child psychologists, and other health professionals. Home visits have been replaced by telephone counselling for pregnant women, and for families with young children (e.g., Bulgaria, Kosovo*, Moldova), while new websites

have been launched focused on specific information, for example mental health (e.g., in Kazakhstan).

UNICEF has engaged with partners with specialized reach, for example Roma Health Mediators in Serbia, to intensify contacts with families via phone, and provide support to home-visiting nurses who were no longer able to provide face to face service. In Greece, UNICEF partner, Mediciens du Monde, has been essential in ensuring that migrants and refugee children and families continue accessing health screening and referral services.

Supporting the procurement of essential medicines not related to COVID-19 is also important to minimize the impact of disruptions, including, for example, antiretrovirals for pregnant women and children in Moldova.

Given ongoing measles outbreaks in Kazakhstan, Kyrgyzstan, Ukraine and Uzbekistan, UNICEF is providing strong, well-coordinated support to countries ready to resume routine immunization and catch up rounds. This includes providing guidance on managing patient flow and ensuring adequate supplies of items like hand sanitizer and PPEs for re-opened clinics.



4) Access to continuous education, child protection and GBV services

UNICEF has taken a leadership role in supporting government commitments to ensure that learning prevails despite temporary school closures that affected nearly all ECAR countries. Kyrgyzstan, Tajikistan and Ukraine are among ECAR countries in which UNICEF, early on, supported the Ministry of Education to develop sector response plans focused on learning continuity.

In ECAR, UNICEF's top priorities have been to support the implementation of new modalities of quality distance learning, maintain continuous monitoring of learning outcomes, and ensure no child is excluded from their right to learn. UNICEF has offered many innovative solutions for teachers needing help to function effectively in the new context. For example, an online initiative, "LearnIn" was launched to provide teachers in Albania, Armenia, Bosnia and Herzegovina, Kosovo*, Kyrgyzstan, Montenegro, Moldova, North Macedonia, Serbia, Romania Greece and Tajikistan an opportunity to build pedagogical and digital competencies. UNICEF's partnership with Zurich Teacher Education University, Centre de Recherches Interdisciplinaires and LabXchange has been helping to improve the quality and effectiveness of distance online learning for children.

UNICEF has recognized that parents also need guidance to support their children navigate the new learning modalities. For example, in Turkey, parents of vulnerable families receive daily phone calls via What's App from more than 200 teachers who are providing guidance on home learning activities. Azerbaijan has similar telephone and app-based parental support.

Kosovo*, Montenegro, and Ukraine were among the first countries where UNICEF's collaboration with the Ministry of Education, Microsoft and Cambridge University enabled distance learning through the global "Learning Passport" platform.

In Bulgaria, UNICEF and the National Association of Resource Teachers have developed an online platform for children with disabilities and special needs. In Albania, Croatia, Greece, Kosovo* and other countries, efforts have been made to procure tablets, and enable connectivity. In some cases, thanks to in-kind contributions from UNICEF corporate partners.

With UNICEF support, many countries (e.g., Armenia, Azerbaijan, Croatia, Kyrgyzstan, Kyrgyzstan, Serbia, Tajikistan, Ukraine) have accelerated efforts to produce video lessons for television. Sometimes, these have included translations into sign language (e.g., Armenia, Ukraine). Where digital and televised were not accessible, UNICEF has distributed printed homework packages for example for refugee and migrant children living in the Open Accommodation Sites in Greece, and for Roma and Egyptian children living in impoverished ethnic communities in Montenegro.

Non-formal education opportunities (e.g., UPSHIFT) that enable adolescents and young people to become skilled social entrepreneurs, have been adapted to digital formats in Italy, Kosovo*, Montenegro and others – and attracted keen participation throughout the lockdown period. In Kosovo*, it could be argued that the digital adaptation of UPSHIFT in response to



COVID-19 has increased the programme's accessibility and accelerated its formal accreditation into the country's national curriculum.

Among the most vulnerable children in need of protection are those living in closed institutions where precautions to prevent the spread of COVID-19 is a priority (e.g., children in juvenile detention in Albania, Kosovo*, Moldova).

Where possible, UNICEF has advocated for alternative care arrangements to minimize risk, including for example, for children in residential care in Armenia, Georgia, Serbia, Tajikistan, Ukraine, Uzbekistan.

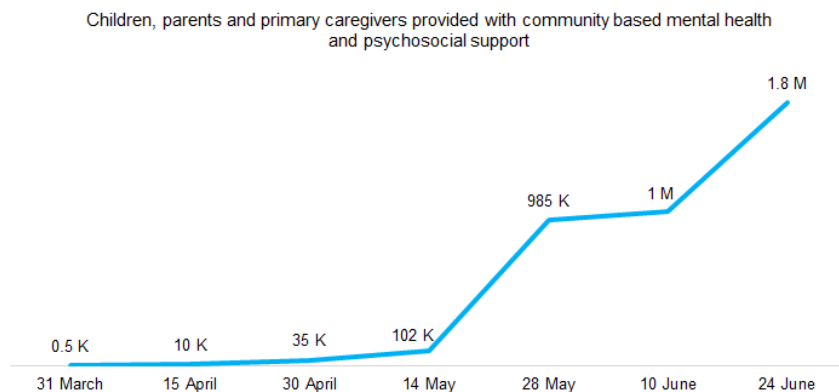
In Greece, refugee and migrant children – whether with their family or traveling alone – were identified for remote support during their extended periods of quarantine. In Kyrgyzstan, the situation of children left behind by migrating families are of serious concern to UNICEF. Support mechanisms such as hotlines, helplines or interactive websites, and formalized WhatsApp groups, have been established to provide support in Albania, Bulgaria, Greece, Italy, Montenegro, Kazakhstan, Kyrgyzstan, North

Macedonia, Romania, Serbia, Turkey, Ukraine.

In many instances, UNICEF's approach to protection in the COVID-19 context has been holistic, integrating protection services with access to justice systems (e.g., Georgia, Greece, Italy) or integrating medical and therapeutic services (e.g., Bulgaria), particularly for victims of violence. In Bulgaria, UNICEF is supporting GBV services and information aimed at refugee and migrants living outside of formal reception centres.

UNICEF is also deeply concerned in providing support to families and foster families caring for children with disabilities in Georgia, Kosovo*, Montenegro, North Macedonia. Across nearly all countries, UNICEF has supported collaboration to strengthen the capacity of front-line social services workers and enable them to assist vulnerable children, women and families when face-to-face contact had to be drastically minimized.

In Albania, Belarus, Bosnia and Herzegovina, Croatia, Greece, Italy, Kazakhstan, North Macedonia, Turkey, Uzbekistan, UNICEF launched online training and guidance have been made available on several relevant topics including on case management, and psychosocial interventions.



Montenegro: Promoting a UNICEF-supported children's helpline,

5) Access to social protection services

While social protection systems in ECAR are relatively advanced, coverage is limited, and benefit levels do not meaningfully reduce child poverty. Reforms aimed at reducing dependency and eliminating extreme poverty have resulted in more precisely targeted programmes to help the very poorest families. This concentrated focus often means that many other families, including the working poor, are left without support. In the ongoing COVID-19 pandemic, it is evident that disaster risk management systems are not linked to social protection programmes in a way that triggers a safety net for all vulnerable families.

UNICEF's experience in previous emergencies has suggested that existing legislative frameworks and administrative could be the backbone for an efficient and effective response. UNICEF is supporting ECAR countries in introducing the flexibility needed in social protection programmes to enable a response that meets the needs of all vulnerable families whenever emergencies strike.

In the months of the pandemic, UNICEF has worked hand in hand with national and municipal governments to strengthen access to social protection services. A first step has usually involved collaboration on COVID-19 socio-economic impact assessment, most often with UNDP, the World Bank and other international financial institutions (e.g., ADB), and with significant members of the donor community, for example, the European Union (EU). UNICEF has also coordinated with other entities, for example WFP, on the provision of complementary cash transfers.

Assessments are carried out via surveys (e.g., household vulnerability assessment, rapid assessments, high frequency assessments), by collecting data from existing systems, through micro simulations and macroeconomic consensus. UNICEF-led assessments, focusing on vulnerable children and families in Armenia, Bosnia and Herzegovina, Kosovo*, Montenegro, Serbia, Tajikistan, Turkmenistan, Romania, and Ukraine has provided a more detailed examination of specific vulnerabilities included in broader poverty analyses carried out by the World Bank.

Recent UNICEF-led socio-economic assessments have revealed the precariousness of working families in middle income countries. For example:

- Belarus focused on families who were dependent on female-dominated industries (e.g., textile sector) which are expected to be massively impacted by the economic downturn.
- Bulgaria set out to identify families eligible for food packages under the EU operational programme for food and basic material assistance.
- Montenegro reframed an ongoing socio-economic assessment, in light of the rapidly evolving COVID-19 context, to collect data on how families and children experience and cope with economic shocks.
- Moldova aimed to reallocate funds for school meals to in-kind or cash transfers for children from vulnerable families in lockdown)/
- Romania focused on Roma children, children with disabilities, children in public care and their caregivers.
- Turkey drew attention to seasonal agricultural workers, many of whom are refugees and migrants.

Findings from the impact assessments are the basis for action plans, usually included evidence collection from several local organizations that are helping to collect evidence. They also serve as the evidence base for advocacy efforts and programme design, leading to UNICEF technical assistance to develop mechanisms to expand and improve family benefits system. UNICEF has supported countries' social protection ambitions, for example:

- In Albania, helping to formalize arrangements with municipalities to effect one-time HCT to households.
- In Armenia, supporting the design multi-purpose cash assistance top-ups to existing benefits.
- In Azerbaijan, extending payments to children and adults with disabilities, easing procedures for newly unemployed applicants.
- Tajikistan, informing the World Bank's \$11.3 million investment into the country.

- Uzbekistan, implementing a recently piloted Single Registry Platform.

UNICEF advocacy along with technical support, has achieved results over the pandemic period, including for example:

- In Armenia, in three districts, parents of vulnerable children were able to access new social assistance lump sum payments.
- In Kosovo*, in partnership with the World Bank, the Government relief package was extended to families with children with severe disabilities and to those participating in the foster care scheme.
- In Kyrgyzstan, HCT was delivered to children in remote, disaster-prone communities.
- In Turkey, UNICEF ensured the continuity of the conditional cash transfer for education (CCTE) for refugee children during school closures. A dedicated CCTE call centre functioned without interruption in Arabic, English, Farsi, Pashto and Turkish languages.



Photo: In Romania, the results of a UNICEF [rapid assessment survey](#) in May highlighted the need for all children in Romania to access basic services at community level. This can be achieved by extending the Minimum Package of Services (MPS) to the entire country, by placing a community nurse, a social worker/assistant and an education counsellor in every community and school.

NEXT SIT REP: 31 July 2020

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Annex1: Summary of Selected Regional Programme Results (as of 24 June 2020)

Areas of Response	2020 target	Total UNICEF Results	Increase from last SitRep	% Achieved
Risk Communication and Community Engagement				
Number of people reached on COVID-19 through messaging on prevention and access to services	194,560,000 ³	185,302,184	▲ 13,538,845	95%
Number of people engaged on COVID-19 through RCCE actions	7,829,000 ⁴	5,900,493	▲ 658,340	75%
Critical Supply and Logistics and WASH service				
Number of people reached with critical wash supplies (including hygiene items) and services	3,006,020	653,626	▲ 82,326	22%
Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	153,936	88,142	▲ 5,535	57%
Provision of Healthcare and Nutrition Service				
Number of children and women receiving essential healthcare through UNICEF supported community health workers and health facilities.	3,746,492 ⁵	1,498,085	▲ 658,253	40%
Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	1,250,050	1,443,201 ⁶	▲ 10,781	115%
Access to Continuous Education and Child Protection Services				
Number of children supported with distance/home-based learning	41,448,596 ⁷	23,947,528	▲ 2,069,888	58%
Number of children without parental or family care provided with appropriate alternative care arrangements.	36,003 ⁸	15,334	▲ 2,633	43%
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support.	2,323,517 ⁹	1,779,661	▲ 734,156	77%

³ In comparison to the previous reporting period, there has been a slight decrease in the target value of this indicator due to the changes in the calculation methodology for the indicator in line with the latest guidance from HQ. It was previously quoted at 195,110,000.

⁴ In comparison to the previous reporting period, there has been a marked increase in the target value of this indicator due to changes in the calculation methodology for the indicator in line with the latest guidance from HQ. It was previously indicated at 6,547,000.

Number of UNICEF personnel & partners that have completed training on GBV risk mitigation & referrals for survivors	5,612	1,564	▲	59	28%
Number of parents/caregivers of children under 5 receiving ECD counselling and/or parenting support*	1,304,500	664,135	▲	128,373	51%
Number of teachers trained in delivering distance learning*	75,171	54,346	▲	1,474	72%
Access to Social Protection Services					
Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19	39,500	1,057	▲	440	3%
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	343,841 ¹⁰	111,494 ¹¹		-	32%

⁵ In comparison to the previous reporting period, there has been an increase in the target value of this indicator due to reporting from an additional Country Office that has recently included the indicator in its response plan. The indicator was previously indicated at 3,632,140.

⁶ The ongoing revision to the calculation methodology has meant that the reported results have increased in some countries especially those who are counting broader coverage through social media and online platforms. Technical conversations are ongoing to ensure proper application of appropriate methodologies.

⁷ In comparison to the previous reporting period, there has been a marked increase in the target value of this indicator due to an increase in target made by Romania. The CO now intends to target all school going children and is supporting the Ministry of Education with the development of online education material that will be used by all the schools and has increased the target accordingly. The target was previously indicated at 38,651,096

⁸ In comparison to the previous reporting period, there has been a slight increase in the target value of this indicator owing to an increase in target by Romania based on the availability of latest estimates provided by the national authority on child rights. It was previously indicated at 30,009.

⁹ In comparison to the previous reporting period, there has been a marked increase in the target value of this indicator due to the changes made in the targets by a few country offices. The CO's now intend to reach more beneficiaries with MHPSS support via additional communication, outreach, and awareness activities. It was previously indicated at 1,859,617

¹⁰ In comparison to the previous reporting period, there has been an increase in the target value of this indicator owing to reporting from an additional country office that has recently included the indicator in its response plan. It was previously indicated at 283,090.

¹¹ In comparison to the previous reporting period, there has been a decrease in the result value of this indicator owing to changes applied to the scope of the indicator. The result was previously indicated at 275,187.

* These are additional indicators adopted by ECAR and do not form part of the global group of HPM indicators.