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UNICEF Europe & Central Asia Region (ECAR)

Novel Coronavirus (COVID-19)

Situation Report No. 14






25 September – 21 October

Highlights

UNICEF works in 22 countries and territories¹ in Europe and Central Asia Region (ECAR) and is present in Italy, supporting refugee and migrant populations. During the reporting period:

- ECAR experienced the highest daily rise in new cases since the start of the pandemic with 20,062 average daily cases recorded between 25 September and 21 October.² Armenia, Georgia, Moldova, Montenegro, North Macedonia, Romania, Ukraine had the highest increases.
- Humanitarian situations and political developments have complicated efforts to ensure a systematic response to protect vulnerable children and families. Displaced families in Nagorno-Karabakh are living in temporary shelters with limited space and WASH facilities. In Belarus and Kyrgyzstan, mass gatherings without masks or social distancing have elevated the risk of spreading COVID-19. In Greece, families are placed at increased risk as local opposition mounted against new accommodations for refugees and migrants who lost everything in a fire at Moria Reception and Identification Centre (RIC) on Lesbos.
- UNICEF’s leadership in risk communication and community engagement (RCCE) programming highlighted the importance of investing in young people to implement solutions that break silences and bridge gaps to reach the most vulnerable in their communities. In the past month, UNICEF reached an additional 4.5 million people with RCCE messages on COVID-19 prevention, bringing the total number reached to more than 193 million. As well, more than half a million more people are now being reached with critical WASH supplies, including hygiene items, bringing the total reached to over 2 million.
- An emerging [evidence base](#) on maternal and newborn deaths is uncovering the tragic impact of COVID-19 not only from infection but as a result of the increased difficulty women experience in accessing antenatal care and safe births when health personnel and resources have been diverted away from routine health services. In Kazakhstan, the Ministry of Health (MoH) reported a threefold increase in maternal mortality during the first nine months of 2020. UNICEF supported the MoH in developing an action plan on quality improvement of mother and child health (MCH) services and has provided technical expertise in preparing a confidential audit of maternal and perinatal mortality.

-  **1,652,637 COVID-19 cases** in 22 countries**
-  **35,691 COVID-19 deaths** in 22 countries**
-  **\$149 million funding requirement** for ECAR response

¹Albania, Armenia, Azerbaijan, 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)

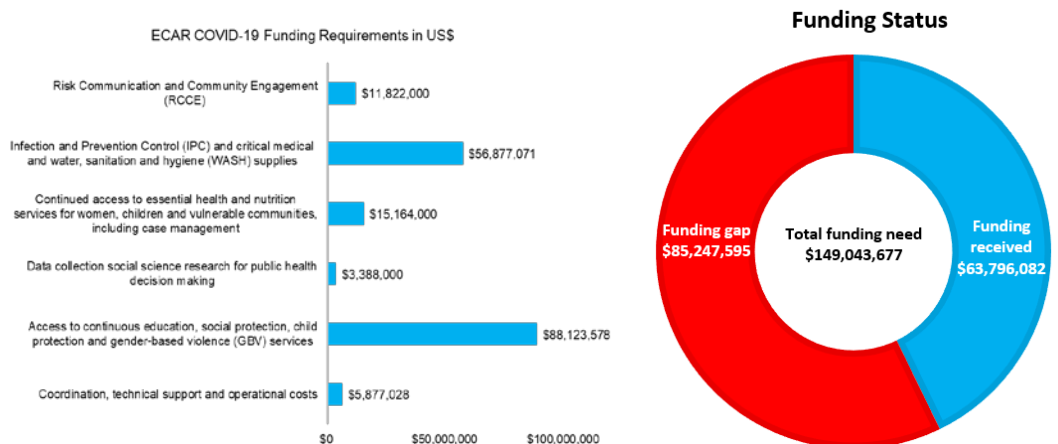
**Source: World Health Organization (WHO), as of 21 October. Figures do not include Italy.

Photo: In Uzbekistan, Aziza Abduazimova has been immunizing children at Polyclinic #47 in Tashkent for seven years. UNICEF is working with partners to provide life-saving supplies such as personal protective equipment (PPE) to health facilities to enable Aziza and other health workers to continue providing routine immunization services and maintain essential health services for children during the COVID-19 pandemic.

² Figures adjusted without Italy: 15,177 cases a day on average during the reporting period with 23,192 as highest daily increase recorded in ECAR on a single day (21 October).

Funding Overview and Partnerships

Under UNICEF’s Global Humanitarian Action for Children (HAC) appeal for the COVID-19 response, ECAR is appealing for a little over **\$149 million**. At the end of this reporting period, ECAR has raised nearly **\$63.8 million³**, or **43%** of the required funding. UNICEF gratefully acknowledges donors whose contributions were received during the reporting period: Germany (KfW) for Turkey; Global Thematic Humanitarian Funds for Armenia, Azerbaijan, Belarus, ECA Regional Office, Georgia, and Moldova; Education Can Wait (ECW) for Greece; the Government of Norway for Montenegro; the German UNICEF National Committee for Bosnia and Herzegovina; UNICEF UK for Italy; the United Nations (UNDP-USA) for Albania.



Situation Overview and Humanitarian Needs

During the first half of October, ECAR countries reported higher levels of new COVID-19 infections compared to the same period in September. Montenegro recorded the highest average of daily COVID-19 cases across the region, with 38 cases per 100,000 population compared to 22 in the first half of September. Armenia’s average daily cases per 100,000 rose to 21 compared to 5 in the first half of September. Significant rises were reported in Moldova (20), Georgia (13), Romania (13), North Macedonia (12) and Ukraine (10). In contrast, Azerbaijan, Kazakhstan, Serbia, Tajikistan, Turkey and Uzbekistan reported two or fewer daily average cases per 100,000 people. Turkmenistan continues to report no confirmed cases.

In Greece, the number of COVID-19 cases continued to rise with more than 26,469 confirmed as of 20 October 2020, with a record high of 667 new cases reported on the same day. There were 740 confirmed cases within the refugee/migrant community, including 83 active cases in Open Accommodation Sites (OAS). Restrictions have been imposed on 25 out of 32 OAS and RICs.

In [Italy](#), the number of infected cases reached 449,648 with sharp daily increases in the last few weeks (over 15,000 on 21 October). COVID-19 cases were also identified among migrants and refugees, including children. Reception and quarantine conditions are reported to be below standard.

Ongoing humanitarian situations during the reporting period are creating additional hardships for families and children already vulnerable to COVID-19 infection. For example:

- Since 27 September, the escalation in the conflict in and around [Nagorno-Karabakh](#) has displaced families and children. Many are living in temporary shelters (e.g., schools, public buildings) with limited space and WASH facilities.
- In Kyrgyzstan and Belarus, large numbers of people protesting national election outcomes without masks or social distancing, are contributing to new spikes in infection rates.
- In Ukraine the entry/exit crossing point (EECP) ‘Stanytsia Luhanska’ was impacted by wildfires that erupted in Government-controlled areas (GCA) of Luhanska oblast in late September. In mid-October, the EECP were temporarily closed to civilians because of the spike in new COVID-19 cases.

Some countries have delayed the resumption of in-person classes because of the prevailing epidemiological trends. As a result, millions of children have started the school year via distance learning either full or part time. Croatia, Georgia, Kosovo*, Moldova, and North Macedonia among others are closely following and documenting infection rates among staff and students

³ List of donors to HAC available on request. Impact resulting from these contributions will be documented in progress, annual donor reports, according to schedules of individual donors. UNICEF is also grateful for support enabling the ongoing response to refugee and migrants in Europe, including during the COVID-19 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).

in school. In Kosovo*, UNICEF supported the Ministry of Education (MoE) in developing the Case Registration Reporting System (CRRS) module attached to the education management information system (EMIS) to track new infections daily and enable the quick reaction of Task Forces when needed. To close gaps in children's uneven access to digital learning, governments have distributed lessons via printed materials (e.g., North Macedonia, Turkey) and television (e.g., North Macedonia, Uzbekistan).

The pandemic response has made extraordinary demands on existing staff and resources in health facilities. A newly-released global UNICEF report, [A Neglected Tragedy: The Global Burden of Stillbirths](#), linked COVID-19 and weakened health systems to increases in neonatal and maternal mortality. In Kazakhstan, the Ministry of Health (MoH) reported a threefold increase in maternal mortality during the first nine months of 2020 with 142 registered cases of maternal mortality (44.6 per 100,000 live births), out of which 51 were related COVID-19 infection. UNICEF supported the MoH in developing an action plan on quality improvement of mother child health (MCH) services and has provided technical expertise in preparing a confidential audit of maternal and perinatal mortality.

Partnerships & Coordination

UNICEF is an active participant in UN coordination mechanisms and is providing inputs into COVID-19 national-level preparedness and response plans, in collaboration with the UN Country Teams and, in particular, with WHO. UNICEF's ECA Regional Office (ECARO) works with WHO Europe (EURO) in monitoring the disruption of services and providing guidance and support to countries to restore immunization services. Close coordination is ongoing prepare ECAR countries for the anticipated COVID-19 vaccine deployment. To this end, UNICEF is contributing to a regional monitoring framework for new vaccine introduction preparedness; organizing joint coordination and technical webinars with WHO, UNICEF country offices and Governments; and providing joint technical support to countries for the deployment of an eventual COVID-19 vaccine.

UNICEF's ECAR Regional Office (RO) reached an agreement with European Network for Ombudsman for Children (ENOC) to support national child rights mechanisms to assess the impact of COVID-19 on specific vulnerable groups of children including those in institutional care, in detention/closed institutions, those affected by violence, involved in child labour, and/or affected by migration. Participating countries include **Albania, Bulgaria, Georgia, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, and Uzbekistan**. Other countries may also be joining this initiative.

In **Azerbaijan**, UNICEF joined the Government Humanitarian Coordination Group established to coordinate emergency response to the conflict escalation. UNICEF highlighted the needs of continuous risk communication and safe behaviours for COVID-19 prevention as part of the emergency response plan. **Tajikistan** endorsed the establishment of the National COVID-19 Task Force. This task force will be chaired by the Deputy Prime Minister on Social Affairs, bringing formal cross agency work around risk communication and community engagement (RCCE) under a single, coordinated platform. A newly signed UNICEF-ILO global Memorandum of Understanding (MoU) has launched a digital learning collaboration with a special focus on strengthening vocational education in **Ukraine**. The initiative will explore the use of the Learning Passport (LP) in the development of distance learning in the vocational education space.

Response Actions

Supplies: Since the start of the pandemic, UNICEF has shipped **\$8 million** in COVID-19 supplies (i.e., PPE, therapeutics, diagnostic equipment and oxygen-related hospital equipment) to ECAR countries. UNICEF has handed over these supplies to government and other implementing partners and these have reached end-users (e.g., vulnerable families, health facilities, schools etc.). COVID-19 related supply procurement peaked in May 2020 and since then, procurement rates have steadily declined. An analysis into the reasons for this drop revealed that while the global PPE scarcity that defined the supply landscape at the start of the pandemic has been largely overcome, countries are now facing a liquidity shortage which prevent them from sustaining procurement at the same intensity and volume. Countries participating in the analysis indicated a funding gap of over \$2.6 million which, if available, could have been used to procure supplies, including for prepositioning.

During the reporting period, UNICEF delivered a range of personal protective equipment (PPE) and/or hygiene supplies to vulnerable children and families (**Armenia, Greece, Kyrgyzstan, Montenegro, Serbia, Turkey, Ukraine**); to health care facilities (**Albania, Belarus, Romania, Ukraine**); to social services institutions (**Kyrgyzstan**); and to schools (**Armenia, Georgia, Moldova**). UNICEF delivered medical supplies, for example, thermometers to health facilities (**Albania, Ukraine, Uzbekistan**) and to schools (**Georgia, Moldova**); pulse oximeters to health centres (**Armenia, Turkmenistan**); ventilators to health facilities (**Kyrgyzstan, Tajikistan**); oxygen flowmeters to health institutions (**Serbia**); oxygen concentrators to hospitals (**Serbia, Tajikistan, Ukraine**); and laboratory supplies and testing kits to health authorities (**Uzbekistan**). Learning support materials were also delivered, including tablets to children in refugee reception centres (**Serbia**) and video platforms for health authorities (**Uzbekistan**).

Provision of Healthcare and Nutrition Services: The sharp resurgence of COVID-19 cases following the easing of lockdowns has highlighted the most pressing investments needed to support governments in assessing quality, set national standards, and

strengthen the capacity of healthcare professionals. UNICEF support is helping to overcome COVID-19 fatigue, maintain continuity of health and nutrition services during the pandemic (and beyond) and result in better outcomes for children. To safeguard immunization, support is being provided to address the 'info-demic' around COVID-19 and vaccine hesitancy through social media listening and by providing credible information on the safety and benefits of vaccines, and supporting countries to ensure that health workers are trained and ready to recommend vaccination and respond to concerns from the community. In ECAR, UNICEF joined the global efforts in supporting countries for COVID-19 vaccine readiness and deployment, focusing on supply chain and demand creation for a new vaccine. For example:

In **Armenia**, UNICEF supported training of 1,950 nurses and doctors, including neonatologists and paediatricians and physicians, on nutrition, immunization and childcare in eight regions. In **Kazakhstan**, 400 medical professionals from all regions were trained on Immunization during the COVID-19 pandemic. In **Ukraine**, UNICEF conducted 15 online sessions on Facebook targeting various healthcare workers and partners on range of interventions in the context of COVID-19 (e.g., flu vaccination, managing COVID-19 patients).

Infection, Protection and Control (IPC)/WASH Services: UNICEF efforts are helping to ensure that countries have the capacity to enable everyone in institutional or community settings to practice preventive hygiene. UNICEF's ongoing and completed WASH assessments are sound and critical investments forming the basis of enduring systemic improvements based on lessons learned which, are leading to better outcomes for children. For example:

In **Belarus**, UNICEF supported the National Centre of Hygiene, Epidemiology and Public Health in drafting methodological materials to improve the quality of the COVID-19 infection monitoring system which consolidates an analysis of the operational epidemiological and an assessment of the effectiveness of IPC control measures. In **Georgia**, UNICEF findings of assessments of maternity homes are being used to develop recommendations to improve IPC and support the training of clinic staff. Advocacy with key government officials was re-vitalized to update and adopt the WASH technical regulations for schools which were developed in 2014 but had not been adopted. In **Kyrgyzstan**, UNICEF carried out WASH assessments in schools and preschools to assess the conditions of WASH facilities and the capacities on IPC management to prevent COVID-19. Around three-quarters of 3,900 schools and pre-schools have, so far, responded to the assessment questionnaire. As well, UNICEF has made available a preliminary first draft of findings of WASH assessments covering 152 health care facilities. In **North Macedonia**, UNICEF along with the Ministry of Education and Science (MoES) and the Institute of Public Health (IPH), introduced an online WASH self-assessment tool in line with national protocols for safe school reopening to representatives of schools and municipalities. The initiative signified a new era of collaboration between these levels of authority on WASH programming in schools.

Risk Communication and Community Engagement (RCCE): Since the start of the pandemic, UNICEF's RCCE activities have focused on effective handwashing and hygiene practices, physical distancing and other behaviour changes as critical to slowing the transmission of COVID-19. Information on seeking early and appropriate care, both for COVID-19 and for other health needs, is also essential, as is integrating information about protection services into RCCE.

During this reporting period, World Mental Health Day was an opportunity for UNICEF to help countries overcome stigma and normalize acknowledgement and concern about the impact of isolation, losses and other hardships triggered by the pandemic, and to advocate for greater resources to support the mental health of children, adolescents and parents. UNICEF messaging offered practical support and actions during the indeterminable period of extraordinary stress. For example, UNICEF Representative in **Bosnia and Herzegovina** published an Op Ed in national media and on [UNICEF platforms](#). In **Bulgaria**, **Georgia**, **Kyrgyzstan**, **North Macedonia** UNICEF used social media to amplify the importance of communication to address mental health. Mental health of children and adolescents was the main theme of UNICEF's contribution to **Croatia's** traditional Children's Rights Festival, which was launched during the reporting period. UNICEF social media campaigns incorporated expertise trusted, known authorities, for example, the National Mental Health Centre in **Kazakhstan**; the WHO in [Montenegro](#).

Engaging Adolescents and Young People: UNICEF worked with partners to implement an array of programmes that invested in young people and ensured they were at the forefront as leaders in community engagement, and are supported in building skills, and keeping physically and mentally healthy during the pandemic. Young people also seized opportunities to express their opinions and ideas that are helping to shape the COVID-19 response and beyond. For example:

The participation of young people in U-Report polls featured prominently during the reporting period and these became an important means for their opinions and concerns to be documented and transmitted to government policy decision levels. For example, in **Croatia**, polls focused on the mental health of young people during the pandemic, and key findings will be used for the creation of a youth digital hub on positive adolescent development. UNICEF in **Italy** launched U-Report poll to assess the mental health support needed by young migrants and refugees. UNICEF in **Kosovo*** conducted a U-Report poll in collaboration with the Ministry of Education on attitudes and perceptions around school re-opening. Nearly two-thirds of respondents wanted learning to continue in person. However, a significant percentage expressed concerns on schools' capacity to keep student and staff safe. A similar poll in [Moldova](#) revealed that one in four students did not feel safe at school and as many as

40% of students said they were not coping well in school. In **Serbia**, UNICEF in partnership with the Standing Conference of Towns and Municipalities and the National Association of Youth, used U-Report to engage young people in shaping local planning across 17 municipalities. U-Report also enabled the incorporation of youth perspectives in the UN Country Team's [COVID-19 Socio-Economic Impact Assessment](#). Other means for collecting young people's opinions and expressions were also deployed. For example, in **Romania**, children and young people were able to highlight their most pressing concerns due to the pandemic through their participation in virtual international conferences, for example, the European Forum on the Rights of the Child, the European Sustainable Development Network Conference, and the Friends of Europe's "State of Europe".

Access to Continuous Learning: An emergency marks a dramatic shift from the contextual status quo within which UNICEF carries out its work. However, COVID-19 is different because the scope, severity and duration of disruption are much more intense and lasting. Underlying structural barriers that were driving inequality and exclusion in education before the pandemic has brought such disparities into sharper focus. During the reporting period, the scope of UNICEF's role to ensure no child is left behind focused on building the infrastructure/resources needed and the capacity of teachers and other school staff and managers to deliver quality distance learning, and to ensure learning was more inclusive. For example:

The UNICEF and World Bank partnership supporting an online education programme in **Belarus** for teachers, school psychologists, school social workers, school principals, and local education authorities provided a range of webinars, trainings on managing online learning effectively, and ensuring the inclusion of children with disabilities through the adaptation of learning materials. UNICEF provided financial support to the **Bulgaria** State Agency for Refugees to enable Internet connection for 206 asylum-seeking children living in registration and reception centres and they are can now can join distance and non-formal online learning. In Croatia, 20 university professors participated in a training of trainers programme that will enable them to increase the capacity of teachers to ensure inclusive practices across diverse types of learners. In **Georgia**, UNICEF in collaboration with the "Education for All" coalition and the K-12 Foundation, created a web portal to assist students in the distance learning process on the K-12 Platform and delivered educational materials, computers, projectors, and network devices for a youth centre and schools in Pankisi Gorge. Ongoing support to blended/distance learning in **Tajikistan** is being provided through the development of television-based lessons and digital learning. With UNICEF support, the Ministry of National Education (MoNE) in **Turkey** has improved the bandwidth coverage for the Government's remote learning platform to more effectively offer quality distance learning services to all students nationwide.

Access to Child Protection and Preventing Violence: UNICEF deployed wide-ranging activities to protect children most vulnerable to the physical threats and psychological pressures resulting from the pandemic-related stresses. Activities and milestones during this reporting period included UNICEF's focus on protecting children and women in particularly difficult circumstances including those vulnerable to gender-based violence (GBV), was reinforced by support to partners and resources that ensure accessibility to legal and/or psychological support. Highlights from across the region during the reporting period reached out to children, parents, and professionals needing help in accessing psychosocial and related types of support, for example:

Over 300 children with hearing impairments in **Albania** benefited from videos produced by UNICEF and the Albanian National Association for the Deaf (ANAD) covering critical COVID-19 information and on seeking help, reporting abuse and violence, addressing stigma, parenting, online protection, etc. These videos were made available through social media and are shared through the dedicated accessible platforms for persons with hearing impairment. In **Azerbaijan**, UNICEF reached 4,365 people through social media, messaging platforms etc. with messages on positive parenting and coping with stress, targeting vulnerable families affected by financial hardship, families of children with disabilities, single-parent families, etc. UNICEF continued to support **Bosnia and Herzegovina** in strengthening referral pathways for mental health and psychosocial support to provide holistic response related COVID-19 needs through a partnership with Associations of Psychologists, and the Bosnian-Herzegovinian Association for Integrative Child and Adolescent Psychotherapy (BHIDAPA). In **Georgia**, UNICEF's partner, Initiatives for Social Change (ISC), provided training and supervision sessions for social workers and psychologists from the State Care Agency and the National Agency for Crime Prevention and Probation on preventing professional stress and burn out and social work in emergencies. In **Serbia**, UNICEF, in coordination with the Ministry of Labour, Employment, Veterans and Social Affairs (MoLEVSA), finalized the development of a chatbot and the upgrading of the website of the National Child Help Line (NADEL).

Social Protection: In line with government socioeconomic recovery plans, UNICEF and partners continued to establish/strengthen humanitarian cash transfers (HCTs), improve existing social protection systems and services, and introduce new schemes and programmes. This includes helping to expand existing systems to rapidly cover households made vulnerable by the economic downturn, providing top-up benefits to existing payments, and designing and delivering cash transfers complementing the government response. UNICEF has pursued social protection initiatives by first, establishing a solid evidence base and following up with continual monitoring. UNICEF-led rapid assessments and modelling of the impact of the crisis on child poverty are helping to guide responses. For example:

In **Bosnia and Herzegovina**, in close collaboration with five cantonal associations of social workers, UNICEF supported impact assessment of COVID-19 pandemic on social protection beneficiaries, institutions, social service workforce and persons who lost their jobs. In addition, the assessment included the analyses of legal frameworks and administrative data on all available benefits and budgets for social protection. The impact assessments are currently being used to support integrated cantonal development strategies and planning processes, with a focus on shock-responsive elements of social protection. UNICEF in **Croatia** and the World Bank agreed to jointly present the findings of the surveys on the socio-economic impact of COVID-19 to the newly formed Ministry of Labor, Pension System, Family and Social Policy. The surveys' findings are complementary, as the World Bank probed the general population, and UNICEF focused on households with children, also having indicative findings for households with children with disabilities. In **Ukraine**, the Rapid State Budget Analysis was completed to inform policy dialog in three sectors: Education, Health and Social Protection, with special focus on COVID-19 related expenditure. The report examines the draft State Budget for 2021 in comparison with the current 2020 Budget, as well as analyses the trend for the past 5 years. In **Uzbekistan**, a UNICEF-supported brief with anti-crisis measures for the Public Finance Management and budgetary analysis of the COVID-19 pandemic was drafted.

Data Collection, Analysis & Research: Elements in this cross-cutting section have been embedded in the narrative describing progress and results in the relevant pillars above.

Internal and External Communication

WEBSITE: From [Stories from the region](#), [Press centre](#), [“Our Voices”](#)

- Kazakhstan] [Education in rural Kazakhstan during the pandemic](#)
- [RO, blog] [Supporting families in times of crisis: the case for universal child benefits](#)
- [Montenegro] [Developing digital skills – supporting children’s education](#)

TWITTER

- [Kazakhstan] [Education in rural Kazakhstan during the pandemic; Ilda, 14, from Nur-Sultan shows what he does during the day to cope with the #quarantine; To address the emerging needs for psychosocial support, UNICEF launched a platform for individual online counseling](#)
- [RO] [Now is the time to rapidly expand social protection systems, to mitigate the impact of the crisis on children; All good times for #handwashing to stop COVID-19 and other diseases; Keep connecting. Keep caring; Managing mental health can be a battle. No child should face it alone.](#)
- [Montenegro] [Poverty impacts children like no other age group. UNICEF calls for child poverty reduction to be an urgent priority](#)
- [Ukraine, RT] [As #COVID19 threatens to reverse years of progress in poverty reduction, it is important for governments to scale up social protection systems; Yana & her team @teenergizer share their tips on how young people can survive the lockdown while](#)
- [Albania, RT] [School children celebrated today with lots of information and fun activities; 3rd grader Shukrona explains how handwashing became her new habit; It’s up to us to make hand hygiene a priority](#)
- [Turkmenistan] [UNICEF visited schools to remind children that #SafeHands are crucial in preventing the spread of diseases like #COVID19](#)

Next Sitrep: 3 December 2020

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Annex I: Summary of Selected Regional Programme Results (as of 21 October 2020)¹

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	193,570,000	184,692,792	▲ 4,504,075	95%
Number of people engaged on COVID-19 through RCCE actions	10,116,550	7,888,565	▲ 820,291	78%
Critical Supply and Logistics and WASH services				
Number of people reached with critical wash supplies (including hygiene items) and services	4,035,300 ⁱ	2,144,342	▲ 530,382	53%
Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	161,136	131,900	▲ 7,088	82%
Provision of Healthcare and Nutrition Services				
Number of children and women receiving essential healthcare through UNICEF supported community health workers and health facilities.	3,751,492	2,710,180	▲ 120,027	72%
Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	1,329,050	1,761,086 ⁱⁱ	▲ 128,104	133%
Access to Continuous Education and Child Protection Services				
Number of children supported with distance/home-based learning	42,381,092	25,012,266	▲ 154,152	59%
Number of children without parental or family care provided with appropriate alternative care arrangements	35,735	27,089	▲ 1,411	76%
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	2,420,888	2,652,035 ⁱⁱⁱ	▲ 293,271	110%
Number of UNICEF personnel & partners that have completed training on GBV risk mitigation & referrals for survivors	6,180	2,148	▲ 136	35%
Number of parents/caregivers of children under 5 receiving ECD counseling and/or parenting support	1,327,000	863,466	▲ 47,169	65%
Number of teachers trained in delivering distance learning	103,330	89,338	▲ 3,577	86%
Access to Social Protection Services				
Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19	14,800	6,924	▲ 3,020	47%
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	793,841	634,439	▲ 17,541	80%

ⁱ In comparison to the previous reporting period, the target value for this indicator has changed owing to the adjustments and revisions made to account for the shifting contexts and needs and evolving programme priorities.

ⁱⁱ Target has been exceeded 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.

ⁱⁱⁱ Target has been exceeded owing to the use of digital platforms, leading to a broader coverage than initially anticipated.