Reporting Period: 1 April to 30 June 2021

UNICEF works in 22 countries and territories in Europe and Central Asia Region1 (ECAR) and is present in Italy, supporting refugee and migrant populations.

- Since the beginning of April 2021, 3.8 million confirmed cases and 100,733 deaths from COVID-19 were reported in the Europe and Central Asia (ECA) countries. Montenegro had the highest rate of confirmed cases, with 8,220 cases per 100,000 people, followed by Serbia, with 4,329 cases per 100,000 people. While the epidemiological situation is stabilizing, certain countries, such as Kyrgyzstan (+125%) and Uzbekistan (+12%), are facing a sharp increase in cases.

- UNICEF Europe and Central Asia Regional Office (ECARO) continues to focus on enhancing emergency preparedness and response capacity, as well as strengthening risk-informed programmes that build resilience. Furthermore, ECARO’s response to COVID-19 continues to focus on preventing transmission of COVID-19 and mitigating the impact on vulnerable children and families. This entails strengthening systems and services in social protection, education, health, WASH, risk communication, nutrition, and provision of critical supplies.

- During the reporting period, more than 166,000 children accessed formal or non-formal education services, including early learning support. Approximately 240,000 children and caregivers were granted mental health and psychosocial support (MHPSS), while around 505,000 households benefitted from new or additional social transfers from governments, with technical assistance from UNICEF.

- As of June 2021, UNICEF ECARO had received US$15.7 million of the US$ 72 million requested. With an additional US$ 8.6 million carried forward from the previous year, a funding gap of 66% remains. UNICEF ECARO acknowledges and appreciates the generous contributions from all public and private sector donors.

**Situation in numbers**

- 17,006,897 confirmed COVID-19 cases and 360,659 deaths*

- 2.4 million** children affected by partial or full school closures

- 4.2 million*** projected prevalence of children living in monetary poor households due to impact of COVID-19

- 3.7 million**** Children are prone to high earthquake risk

**UNICEF’s funding status**

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding 1 April to 30 June 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
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<tr>
<td>Health</td>
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<tr>
<td>WASH</td>
<td>19%</td>
</tr>
<tr>
<td>Child Protection, GBVIE &amp; PSEA</td>
<td>19%</td>
</tr>
<tr>
<td>Education</td>
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</tr>
<tr>
<td>C4D</td>
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<tr>
<td>Social Protection</td>
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<tr>
<td>Preparedness, Response and DRR</td>
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<tr>
<td>RO Technical Support</td>
<td>51%</td>
</tr>
<tr>
<td>Total</td>
<td>79%</td>
</tr>
</tbody>
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1 Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Greece, Kazakhstan, Kosovo** In line with UN Security Council Resolution (UNSCR 1244), Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan
2 These figures cover data from 23 countries including Italy until 30 June 2021 data source WHO Coronavirus Disease (COVID-19) Dashboard
3 https://www.covideducationrecovery.global/
5 Figure estimated based on country specific interagency plans for earthquakes, 2017-2019, Regional Inter-Agency Standing Committee contingency plan for earthquake in Central Asia and South Caucasus, 2016, Global Facility for Disaster Risk Reduction and Recovery, Disaster Risk Profile for Turkmenistan, 2015, and country multiple indicator surveys in 2018 and 2019
Regional funding overview and partnerships

Under UNICEF’s Humanitarian Action for Children (HAC) for Europe and Central Asia, UNICEF is appealing for about US$ 72 million. At the end of the reporting period, ECAR had received US$ 24.4 million, 34% of the required funding, including US$ 8.7 carry forward from 2020 and US$ 15.7 million received in 2021. UNICEF gratefully acknowledges support from donors whose contributions were received during the reporting period. These include the European Union, The United States Agency for International Development (USAID), the Multi Donor Trust Fund (MDTF), the Swedish International Development Agency (SIDA), the Kingdom of Norway, the Foreign & Commonwealth Office of the United Kingdom, the Global Thematic Humanitarian Funds, UNICEF National Committees in Denmark, Sweden, and the Netherlands, as well as private sector donors.

At country level, UNICEF works closely with other UN agencies, particularly WHO and UNDP, GAVI, governments and line ministries, NGOs, and civil society organisations to conduct assessments of the impact of COVID-19 on children and their families as well as to develop and implement strategic action plans to mitigate the impacts of the pandemic and other emergencies.

Regional situation overview and humanitarian needs

During the second quarter of 2021, 3.8 million confirmed cases and 100,733 deaths from COVID-19 were reported in the ECA region. Montenegro had the highest rate of confirmed cases, with 8,220 cases per 100,000 people, followed by Serbia, with 4,329 cases per 100,000 people. By the end of June, the epidemiological situation was stabilizing, and the number of new COVID-19 cases was generally facing a downward trend. Nonetheless, several countries, such as Kyrgyzstan (+125%) and Uzbekistan (+12%), reported a sharp increase in cases. Furthermore, the Delta variant of COVID-19 has now become the predominant strain in the region. This development, in combination with low vaccination rates across countries and higher mobility in summer, creates further concerns for the upcoming months. The implementation of contact tracing and public compliance with preventive measures, such as physical distancing, remained matters of concern.

Following a general decrease in the number of cases across the region, COVID-19 related restrictions were lifted, and most social services resumed across several ECA countries. Nonetheless, the resurgence of new infections in Armenia, Kazakhstan, and Uzbekistan prompted governments to renew closures and restrictions until July.

As COVID-19 vaccines are being rolled out, UNICEF, WHO, and other partners are supporting governments to combat vaccine hesitancy, which remains significant in the region, as shown by low immunization rates across certain areas, and requires effective and inclusive risk communication and community engagement (RCCE) efforts. In response to this trend, UNICEF launched campaigns and/or supported governments and partners in risk communication to curb the spread of COVID-19 and counter misinformation, with a particular emphasis on promoting COVID-19 vaccine uptake and addressing vaccine hesitancy through tailored messages.

By the end of reporting period, all countries in the region started vaccination campaigns, although not all vaccines were delivered through the COVAX facility. The following countries have so far received doses from COVAX: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kosovo*, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine, and Uzbekistan. By the end of June, 19.7% of population in the region had received the first COVID-19 vaccine dose and 11.2% were fully vaccinated. In addition to COVAX allocations of COVID-19 vaccines, donations from countries are being received to boost up immunization in the region.

The COVID-19 pandemic has overstretched health system capacities in the region, making it difficult to provide basic health services. In Uzbekistan, for example, hospitals specialised in infectious diseases in Tashkent have exceeded their capacity and suspended admissions. In Albania, referral of cases of mental health issues remained a challenge due to the lack of local public services and specialized institutions.

Since March 2021, following the easing of COVID-19 restrictions, school openings have allowed face-to-face learning in most ECA countries. This development intensified the need for WASH supplies and services to strengthen hygiene promotion and disease prevention in schools and ensure a safe reopening.

Despite recent developments, the impact of school closures remains significant and long-lasting. Notably, in Azerbaijan, Bosnia and Herzegovina, Bulgaria, Kazakhstan, North Macedonia, and Turkey, school closures lasted more than 41 weeks, a number significantly higher than the region’s average of 25 weeks. North Macedonia recorded the longest school closure, with students enrolled in online learning for a total of 54 weeks. As of mid-June, the closure or partial closure of schools in the region was still affecting more than 2.4 million children. The most affected are often children who live in poorer households and who do not have access to remote learning tools. Many children have further been impacted by considerable learning losses and experienced negative effects on their physical and mental development. In Romania, for example, an increased need for mental health and psycho-social support was reported, especially for children in public care and their caregivers.

Although routine immunization services have been fully restored in the region, in some countries the pandemic continued to impact vaccination services. A significant (≥ 5%) general drop in routine immunization coverage was

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2 Education: From disruption to recovery (unesco.org)
3 All references to Kosovo should be understood to be in relation to United Nations Security Council resolution 1244 (1999).
4 https://www.covideducationrecovery.global/
reported by Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, and Moldova. During the reporting period, UNICEF continued to support countries to catch up children with their routine immunization schedules by supporting the procurement of routine vaccines, strengthening the capacity of health professionals as well as by addressing vaccine hesitancy.

The economic impacts of COVID-19 continue to be felt in the region. As of June 2021, the World Bank, was forecasting a continuing recovery, with growth projected at 5.6%. However, this growth will likely continue to be uneven, with low-income and middle-income countries expected to show a much weaker performance. Together with economic inequalities, child nutrition constitutes a significant issue, both in itself and because it remains low on most national agendas as well as under-resourced. In line with geographic disparities, some of the most vulnerable countries struggle with acute malnutrition and stunting. UNICEF is working with governments and local partners to improve infant and young child feeding (IYCF) and nutrition services.

The region remained prone to natural hazards, such as earthquakes, floods, and landslides, and continues to face the negative consequences of climate change and environmental hazards, with increasing drought leading to water scarcity, increasing rainfall pattern, air pollution, etc. This requires the scale up of emergency preparedness and response capacities across all UNICEF country offices, with a special focus on Central Asian countries. Torrential rains during the second week of May in Tajikistan triggered floods, landslides, and mudflows in many districts of the country, causing at least seven deaths, and affecting around 18,000 people, as well as 2,500 households.

In April, the conflict at the border between Kyrgyzstan and Tajikistan resulted in internal displacements of people on both sides. In Kyrgyzstan, 61,087 people were affected, while in Tajikistan the total number affected during the acute phase of the crisis stood at around 6,500 people.

In Afghanistan, the situation remains volatile due to the ongoing, rapid withdrawal of international troops, with the potential influx of refugees and population movement into the neighboring Central Asian countries of Tajikistan, Turkmenistan, Uzbekistan, and Kyrgyzstan, as well as into eastern Turkey through Iran. This development requires an immediate scale up of the humanitarian preparedness in the region to address urgent needs of the refugee children and their families in WASH, education, child protection, gender-based violence, health and nutrition, and social protection. UNICEF aims at providing a multi-sectoral response to ensure protection of and equitable/inclusive access to services for refugee children and women arriving from Afghanistan, in line with the Core Commitments for Children in Humanitarian Action (CCCs) and in coordination with UNHCR and other relevant partners.

**Regional humanitarian leadership, coordination, and strategy**

ECARO continues to focus on enhancing capacity in emergency preparedness and response, strengthening risk-informed programming, with a focus on child-centred disaster risk reduction, and actions to reduce the impacts of climate change on children.

In response to the ongoing COVID-19 pandemic in ECAR, UNICEF continues to focus on the provision of a multi-sectoral response to the emergency, in order to prevent the transmission of COVID-19 and mitigate the socioeconomic impact of the pandemic on vulnerable children and families. This includes strengthening systems and services to ensure the continuity of health and nutrition services; developing the capacities of front-line health and social workers; enhancing disease prevention capacities by providing training and personal protective equipment (PPE); scaling up WASH services and supplies in schools and health care facilities; supporting quality, appropriate education and early learning services; supporting child protection services; preventing and responding to gender-based violence; providing mental health and psychosocial support (MHPSS) services for families and children in alternative care; promoting social protection services, including cash transfers for vulnerable families; facilitating appropriate risk communication and behaviour change activities; as well as engaging adolescents and young people. Through a multi-sectoral approach, UNICEF ensures linkages between humanitarian and development programmes to build resilient system and services.

At regional level, UNICEF is working closely with WHO, GAVI, the World Bank, the Asian Development Bank (ADB) and other relevant partners to support countries in the roll-out of COVID-19 vaccines. UNICEF has been participating in regional coordination and technical groups covering supply and logistics, risk communication, and demand generation. At country level, UNICEF, along with WHO and other partners, is active in national coordination and provides technical support to governments in programme implementation and communication strategies related to COVID-19. UNICEF is also working with partners at country level to assess the impact of COVID-19 on the socioeconomic situation and mental health of vulnerable children and adolescents, generating evidence to inform policies and programmes.

**Summary of UNICEF’s response actions in the region**

The following response actions are in relation to the ECA 2021 HAC appeal, which includes UNICEF’s response in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo*, Montenegro, North Macedonia, the Republic of Moldova, Romania, Serbia, Turkey, Turkmenistan, Ukraine, and Uzbekistan. The progress of UNICEF’s COVID-19 vaccine roll-out across the region is recorded in a dedicated situation report.

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Emergency preparedness, response and DRR

UNICEF continued to enhance emergency preparedness and response capacities, as well as disaster risk reduction in Central Asia, with a particular focus on state counterparts, in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC) at regional level, and in close collaboration with National Red Crescent Societies in Kyrgyzstan, Tajikistan, and Uzbekistan.

Following the conflict at the border between Kyrgyzstan and Tajikistan in April 2021, UNICEF provided an immediate response within the first 48 hours, leveraging prepositioned supplies, contingency partnerships and standard operating procedures with the Red Crescent Society of Tajikistan and Red Crescent Society of Kyrgyzstan. In Kyrgyzstan, UNICEF reached 2,990 people, including 1,794 children, with family hygiene and dignity kits.

In response to the conflict at the border, as well as the torrential rains of last May, UNICEF Tajikistan, as part of its Continency Programme Cooperation Agreement (PCA) with the Red Crescent Society of Kyrgyzstan, reached more than 8,000 people (including 6,175 children) with hygiene and dignity kits, water purification tables, water containers and C4D materials, providing an immediate response to the most affected areas within 6-12 hours of the emergency.

UNICEF country offices in Tajikistan, Turkmenistan, and Uzbekistan are further coordinating with partners to prepare for a potential escalation of the situation and the rapid influx of refugees from Afghanistan. In Tajikistan and Uzbekistan, UNICEF has preparedness measures in place, including contingency PCA with the National Red Crescent Societies, prepositioned supplies (hygiene kits, tents, education kits etc.) for 10,000 people, and has Long Term Agreements (LTAs) with local suppliers and transport companies.

Nutrition

UNICEF is working with governments and local partners to disseminate information on age-specific nutrition habits and to promote healthy lifestyles in the context of the COVID-19 pandemic. Throughout the region, approximately 38,072 primary caregivers of children (0-23 months) were reached with messages and counselling on infant and young child feeding (IYCF) during the reporting period.

To consolidate and promote evidence-based interventions, UNICEF Albania developed a nutrition monitoring system for children under five years of age, while supporting the provision of food and critical hygiene packages in four Mother-Baby Corners.

In Armenia, Bosnia and Herzegovina, and Uzbekistan, UNICEF implemented initiatives to increase knowledge on healthy nutritional habits within the global pandemic. In Uzbekistan, UNICEF supported the Ministry of Health (MoH) with the development of guidelines, leaflets, and videos for parents regarding the home fortification programme. UNICEF Bosnia and Herzegovina further provided parents, including pregnant women, with IYCF counselling.

Health

UNICEF is supporting governments and communities in controlling the spread of COVID-19 and restoring essential health services whose capacities were overstretched by the pandemic and other emergencies. During the reporting period, UNICEF centered its efforts on strengthening health systems through trainings and catch-up immunization programmes, which included the provision of critical medical equipment and IPC supplies as well as of healthcare services to pregnant women and newborns.

In many countries in the region, UNICEF enhanced the capacity of health professionals through the delivery of trainings. Notably, UNICEF in Azerbaijan, Albania, Belarus, Georgia, Moldova, and Ukraine focused their training sessions on topics related to COVID-19 prevention, control, and immunization. In Azerbaijan, UNICEF, jointly with WHO, implemented the PROACT Training Programme, which aims at building the capacity of local health workers on COVID-19 prevention and control, case management, hospital emergency management, as well as risk communication. This programme resulted in the establishment of PROACT training centre across 12 districts and the training of 3,031 healthcare workers. In Albania, a cross-sectoral study on knowledge, attitude, and practices of health professionals regarding Infection Prevention and Control (IPC) in health care settings, before and after the IPC training, was conducted in March and April 2021. A representative sample of 505 health professionals were enrolled in the study. Over 80% of health personnel showed a significant improvement of knowledge in IPC after the training. UNICEF Belarus, in cooperation with the Belarussian Medical Academy of Postgraduate Education, organized practice-oriented and multidisciplinary online training activities to increase the knowledge and skills of 450 medical professionals on the prevention, diagnosis, and treatment of COVID-19.

UNICEF is further engaging in capacity building and information campaigns for routine immunization and COVID-19 vaccines. For example, UNICEF Bosnia and Herzegovina continued the cooperation with local governments on catch-up immunization of children by contact parents/guardians who missed routine vaccination due to COVID-19. Thanks to these efforts, 3,774 children were immunized. In Serbia, the capacity building of 295 health professionals on routine immunization in COVID-19 times was conducted to boost low routine immunization rates across the country.

UNICEF further provided support to foster access to inclusive and quality healthcare for pregnant women and newborns. In North Macedonia, UNICEF enhanced the capacity of 200 nurses to carry out home visits and provide basic psycho-social support to pregnant women, mothers with newborns, and their families. In Moldova, UNICEF
supported the update of accreditation criteria for perinatal institutions in line with COVID-19 specific measures and protocols, to ensure the quality of perinatal care during the pandemic.

**WASH**

UNICEF continued the collaboration with national and local governmental authorities to support children and their families with critical WASH supplies, reaching approximately 23,000 people during the reporting period, as well as to ensure key hygiene practices are implemented at family and community level within the context of COVID-19.

In Albania, UNICEF worked with local authorities to reach targeted municipalities with personal and family hygiene supplies, reaching 3,536 adults and 3,920 children. UNICEF Kosovo* distributed hygiene supplies for children aged 0-3 years old through home visits, whereby 1,100 hygiene baby kits reached children in 24 municipalities.

UNICEF is also supporting governments to provide adequate WASH supplies and improved facilities in schools in Albania, Armenia, North Macedonia, and Turkmenistan to ensure a safe reopening. In Albania, 225 children in kindergartens were reached with hygiene kits and disinfectants to guarantee the safe running of preschool institutions. UNICEF Armenia initiated a WASH in schools programme targeting ten at-risk schools, with the aim of improving WASH facilities and enhancing hygiene practices. In North Macedonia, UNICEF installed washing stations in fifteen schools to support safety measures prior to the opening of the school year. UNICEF Turkmenistan, in collaboration with the Ministry of Education, provided 2,000 touchless dispensers for hand sanitization, covering all primary and secondary schools in the country.

**Child protection, GBV and PSEA**

UNICEF continues to support governments and partners in ensuring the continuity of community-based child protection services, including case management. In Albania, UNICEF partnered with local organisations and opened 52 new court and administrative cases of stateless children (36 belonging to Roma community, 31 girls, and 21 boys from Tirana, Elbasan, Shkodra, Durrës, Berat regions). UNICEF Montenegro continued to support family outreach services to prevent separation of children in case of domestic and crisis violence. The service has been implemented in twelve municipalities, reaching so far 278 children and parents.

UNICEF continues to focus on protecting children at risk of family separation and children and women at risk of GBV, as well as on preventing sexual exploitation and abuse (PSEA). For example, UNICEF Croatia launched an online learning package on PSEA in Croatian language targeted for service providers in the child protection system, as well as UNICEF’s implementing partners.

Trainings for service providers and implementing partners were provided, both online and face-to-face, on PSEA and gender-responsiveness in Azerbaijan and Bulgaria, on preparedness of child protection services within the COVID-19 pandemic in Bosnia and Herzegovina, on support for children with disabilities in North Macedonia, on social service practices in Turkey, as well as on service delivery for children and families returned from the conflict zones in Uzbekistan. UNICEF Turkey is providing an in-service training programme on social service practice and case management during the pandemic for professionals in social service centres, aiming to reach 800 professionals across the country through eight training sessions, to increase their response and implementation capacity. As of the end of June, the first two sessions had reached a total of 156 professionals (109 females; 47 males).

During the reporting period, UNICEF and partners reached approximately 240,712 children and caregivers with mental health and psychosocial support (MHPSS) across the region, especially targeting vulnerable populations. UNICEF in Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Turkey, and Ukraine strengthened the delivery of MHPSS for children and adolescents, through dedicated helplines, chats and online counselling for children, parents, or child protection professionals. In Turkey, 18,886 children benefited from structured and sustained MHPSS services, through a blended approach of face-to-face as well as phone, remote, and/or virtual counselling. UNICEF Ukraine continued its support to the national toll-free Child Helpline providing online consultations to children, caregivers, and youth. During the reporting period, 22,985 beneficiaries (16,705 children and 6,280 adults) received consultations, 82% of whom were girls/women, including 502 with disabilities.

To provide safe and inclusive environments for children, UNICEF established Child Friendly Spaces in Armenia, Bosnia and Herzegovina, and Georgia. UNICEF in Armenia set up and improved child-friendly spaces to support children in a refugee like situation and vulnerable children from host communities.

**Education**

The COVID-19 pandemic has exacerbated underlying structural barriers driving inequality and exclusion in education. To address this issue, UNICEF is working closely with governments to ensure education policies and systems are inclusive and resilient. During the reporting period, 166,837 children accessed formal or non-formal education and early learning activities, while 57,769 teachers were trained in digital and distance learning in the region.

UNICEF continued to support online platforms for distance or blended learning approaches in Albania, Georgia, Kosovo*, Montenegro, and Romania. UNICEF Albania strengthened the online platform Akademi.al with a focus on the most vulnerable children, including those affected by earthquakes and children with disabilities. UNICEF Georgia provided 130 laptops to schoolteachers across the Abkhazia region to support the delivery of online education. UNICEF Romania provided IT support to facilitate online learning for the schools involved in the Quality Inclusive Education (QIE)-transition modelling project in the Bacau County.
In Azerbaijan, UNICEF conducted the impact assessment of emergencies in education and key challenges resulting from the pandemic were identified, including learning gaps due to disruption of education, restricted access to connectivity and devices among children and teachers, and MHPSS needs. The findings of the assessment will inform the short to long-term response planning by the national stakeholders and UNICEF. In Ukraine, UNICEF continued the roll out of an interactive guide “Schools in COVID-19 Conditions: Preparedness for Adversities”. During the reporting period, more than 270 education facilities completed the COVID-19 Preparedness Checklist and used recommendations of the guide to improve learning environments.

UNICEF provided online trainings for school and preschool teachers and other support staff on technical skills in Albania, on the processes of planning of online or blended teaching in Bosnia and Herzegovina, Bulgaria, Kazakhstan, Montenegro, and Serbia, on inclusive education in Bulgaria, and on the prevention of infectious diseases in Moldova. In Bulgaria, 426 education and health staff, including teachers, specialists, medical staff in kindergartens, and non-pedagogical staff completed blended learning training courses on inclusive education under the EU Child Guarantee project. In Moldova, UNICEF and Child, Community, Family (CCF) continued their partnership to provide trainings for teachers and school managers to ensure prevention of infectious diseases in schools in the context of COVID-19 pandemic.

UNICEF also provided access to formal or non-formal education to vulnerable children, including refugee and migrant children and Roma children, in Bosnia and Herzegovina, Kosovo*, Croatia, Montenegro, Serbia, and Turkey. In Croatia, UNICEF supported Roma students at risk of dropout with daily or every-alternate-day-activities to build learning routines, have positive educational experiences, and increase school motivation and aspiration.

UNICEF supported children with disabilities and their parents/ caregivers by ensuring they have access to safe, inclusive, and equitable services in Kosovo* and North Macedonia. UNICEF Kosovo* provided ongoing regular checking and monitoring for children with disabilities who received smart tablets to be used for online-supported psychosocial and education activities. In North Macedonia, UNICEF, jointly with local partner Association Open the Windows, provided online education support to 200 children with disabilities and their parents through an online platform.

**Social protection and cash transfers**

UNICEF continues to support governments in implementing cash transfer programmes for low-income, vulnerable populations affected by COVID-19 and other emergencies and strengthening existing social protection systems and services.

UNICEF supported assessments of the impact of COVID-19 on social protection-related issues in Albania, Belarus, Kazakhstan, Moldova, Montenegro, North Macedonia, and Turkey. In Albania, UNICEF, together with UNDP, supported the assessment of the adequacy and relevance of social protection and social inclusions to effectively respond to the COVID-19 pandemic. As a result, data was generated on the challenges and gaps in the local level service delivery due to COVID-19, with a particular focus on the access of vulnerable groups to such services. In Montenegro, UNICEF is leading (jointly with UNDP) a third round of the UN Rapid Social Impact Assessment, which will show how COVID-19 impacted vulnerabilities of known and new vulnerable populations, aiming to provide recommendations to overall social policy response of the Government. In North Macedonia, UNICEF’s assessment of the social and economic effects of COVID-19 showed that the adjusted and expanded cash transfers contributed strongly to the reduction in the number of children living in extreme poverty.

In Armenia, the Cash Coordination Group co-led by UNICEF and UNHCR, in collaboration with Ministry of Labour and Social Affairs, developed an MoU on modalities for humanitarian cash transfers. UNICEF Armenia further provided cash support to 5,000 displaced children (2,500 girls, 2,500 boys) through the treasury system to cover the portion of access to services.

In Georgia, UNICEF conducted a mapping of social protection measures provided by the central and local governments for children with disabilities. The mapping was presented to state agencies, organisations of people with disabilities, UN agencies, and other stakeholders to support national efforts to optimize social protection measures for children with disabilities.

**C4D, community engagement and accountability to affected population (AAP)**

Within the context of the global pandemic, UNICEF’s Communication for Development (C4D) activities centered around effective measures to curb the spread of COVID-19, including key hygiene practices, social distancing, and other behavior changes. Furthermore, UNICEF supported governments and implementing partners with the development of gender and age-sensitive, socially, culturally, linguistically appropriate, and accessible messages on access to essential, safe, trusted, and reliable services. During the reporting period, approximately 27 million people were reached with messaging on access to services regionwide. UNICEF has also been empowering children and youth as agents of change by ensuring they are given the right platform to express their needs and concerns during decision-making processes.

In all 22 countries, UNICEF launched campaigns and/or supported governments and partners in risk communication to curb the spread of COVID-19 and counter misinformation, with a particular emphasis on promoting COVID-19 vaccines uptake and addressing vaccine hesitancy through tailored messages. UNICEF Albania disseminated health education messages in high-risk areas through community engagement, youth groups, and health workers. UNICEF North Macedonia supported a communication campaign across different channels, including TV and social media, to address...
vaccine hesitancy and build public trust on vaccines. Children were further engaged as agents of behavioural change in Romania, where they provided inputs on videos on COVID-19 vaccination and participated as panelists in a public session regarding fake news during pandemic.

UNICEF in Bosnia and Herzegovina, Bulgaria, Montenegro, Ukraine, and Uzbekistan engaged public figures and celebrities to raise awareness on key messages related to COVID-19. In Montenegro, UNICEF National Goodwill Ambassador Rambo Amadeus and UNICEF young reporters made a video for the song #DistanceHandsMask. The video was launched at the beginning of the summer season with a call for the respect of COVID-19 restrictions. UNICEF Ukraine mobilized celebrities to promote evidence based-content on vaccinations and COVID-19 through their own social media channels.

UNICEF continued to promote the application Health Buddy+ in Bulgaria, North Macedonia, and Uzbekistan to provide timely, reliable, and credible health information during the pandemic. The regional initiative is being continuously updated with new content identified through the feedback mechanism option in the tool.

UNICEF further launched communication campaigns to inform and support children and their caregiver who experience stress following the COVID-19 pandemic. UNICEF Azerbaijan, with financial support from the United States Agency for International Development (USAID), developed a series titled #PandemicandEmotions to emphasize the importance of good mental health amongst children and families during the pandemic.

As a part of its community engagement efforts, UNICEF Turkmenistan, jointly with the State Committee for TV, Radio, and Cinematography, and experts from Ministries of Health and Education, is currently developing video messages for parents on the importance of parenting with necessary information on mental health, stress management, and learning through play.

**Story from the field**

Armenia is a country at high risk of earthquakes and climate-related disasters; a factor contributing to high poverty rates. In this context, UNICEF has been working with the government to explore how the social protection system could be strengthened to better support needs of households vulnerable to shocks. In 2017, the UNICEF country office led an assessment of the “readiness” of the country’s social protection system for shock responsiveness. This examined the strengths and weaknesses of the national social protection system, as well as current policy and practice in the disaster risk management system, to inform the feasibility of and entry points for a shock responsive social protection system in the country. The assessment concluded that the Family Benefit programme, and its underlying operational systems and processes, offered an opportunity for responding to the needs of populations affected by disasters. The Family Benefit targets those families with children under 18 that are identified as being poor under the Vulnerability Assessment System (VAS). The analysis generated a series of recommended actions for UNICEF and the government to address these vulnerabilities. UNICEF, in collaboration with the World Bank, provided expert advice to the government on the suggested reform of the social protection system. The findings and recommendations of the feasibility study further guided the government’s social protection plan in response to COVID-19, which included, among others, the provision of additional financial assistance for families with children with disabilities.

**Human interest stories and external media**

- UNICEF Bosnia and Herzegovina: “Vaccines have saved our lives in the past, as they will from now on.”
- UNICEF Kazakhstan: “We have accumulated knowledge, studied the disease and learned how to work with COVID-19”
- UNICEF Turkmenistan: [It's time for #SummerSense while enjoying the holidays and the warm weather](https://www.unicef.org/en/news/151853-rural-doctors-georgia-improve-management-covid-19-cases)
Next SitRep: 25 October 2021

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## Annex A: Summary of selected program Results (Jan to June 2021)

<table>
<thead>
<tr>
<th>Areas of Response</th>
<th>2021 Target</th>
<th>Total UNICEF Results</th>
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<tr>
<td><strong>EC-01 - ECAR - Nutrition</strong></td>
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</tr>
<tr>
<td>1. Number of primary caregivers of children 0-23 months reached with messages and counselling on IYCF</td>
<td>552,500</td>
<td>707,649&lt;sup&gt;7&lt;/sup&gt;</td>
<td>▲ 38,072</td>
</tr>
<tr>
<td><strong>EC-02 - ECAR - Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC)</td>
<td>24,550</td>
<td>14,003</td>
<td>▲ 9,403</td>
</tr>
<tr>
<td>2. Number of children and women accessing primary healthcare in UNICEF supported facilities</td>
<td>341,600</td>
<td>228,236</td>
<td>▲ 44,060</td>
</tr>
<tr>
<td>3. Number of children vaccinated against measles</td>
<td>476,315</td>
<td>367,711</td>
<td>▲ 337,042</td>
</tr>
<tr>
<td>4. Number of caregivers and frontline professionals (healthcare, social workers, teachers) provided with Personal Protective Equipment (PPE)</td>
<td>400,333</td>
<td>18,166&lt;sup&gt;8&lt;/sup&gt;</td>
<td>▲ 5,350</td>
</tr>
<tr>
<td><strong>EC-03 - ECAR - Water, Sanitation and hygiene (WASH)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>776,000</td>
<td>437,547</td>
<td>▲ 22,902</td>
</tr>
<tr>
<td>2. Number of children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces</td>
<td>1,555,330</td>
<td>123,199</td>
<td>▲ 89,039</td>
</tr>
<tr>
<td><strong>EC-04 - ECAR - Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of children accessing formal or non-formal education, including early learning</td>
<td>7,317,644</td>
<td>2,739,288</td>
<td>▲ 166,837</td>
</tr>
<tr>
<td>2. Number of schools implementing safe school protocols (infection prevention and control)</td>
<td>17,566&lt;sup&gt;10&lt;/sup&gt;</td>
<td>3,071</td>
<td>-</td>
</tr>
<tr>
<td>3. Number of teachers trained in delivering digital, distance, and blended learning</td>
<td>140,959</td>
<td>164,458&lt;sup&gt;11&lt;/sup&gt;</td>
<td>▲ 57,769</td>
</tr>
<tr>
<td>4. Number of parents/caregivers of children under 5 receiving ECD counseling and/or parenting support</td>
<td>296,000</td>
<td>705,392&lt;sup&gt;12&lt;/sup&gt;</td>
<td>▲ 638,334</td>
</tr>
<tr>
<td><strong>EC-05 - ECAR - Child Protection, GBVIE &amp; PSEA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of children and caregivers accessing mental health and psychosocial support</td>
<td>700,350</td>
<td>581,706</td>
<td>▲ 240,712</td>
</tr>
<tr>
<td>2. Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions</td>
<td>106,400</td>
<td>14,814</td>
<td>▲ 2,902</td>
</tr>
<tr>
<td>3. Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>27,857</td>
<td>4,342</td>
<td>▲ 3,568</td>
</tr>
<tr>
<td>4. Number of people with access to safe channels to report sexual exploitation and abuse</td>
<td>1,119,363</td>
<td>1,052,551</td>
<td>▲ 4,050</td>
</tr>
<tr>
<td><strong>EC-06 - ECAR - Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of households reached with humanitarian cash transfers across sectors</td>
<td>10,500</td>
<td>1,949</td>
<td>▲ 1,949</td>
</tr>
<tr>
<td>2. Number of households benefitting from new or additional social transfers from governments with UNICEF technical assistance support</td>
<td>124,200</td>
<td>561,879&lt;sup&gt;13&lt;/sup&gt;</td>
<td>▲ 505,238</td>
</tr>
<tr>
<td><strong>EC-07 - ECAR - Communication for Development (C4D)/Community Engagement/Accountability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of people reached through messaging on access to services</td>
<td>18,310,769</td>
<td>27,389,986&lt;sup&gt;14&lt;/sup&gt;</td>
<td>▲ 12,043,153</td>
</tr>
<tr>
<td>2. Number of people participating in engagement actions (for social and behavioral change)</td>
<td>1,081,500</td>
<td>402,230</td>
<td>▲ 171,407</td>
</tr>
</tbody>
</table>

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<sup>7</sup> Target overachieved due to IYCF advocacy campaign in Kazakhstan, North Macedonia and Bulgaria which covered a vast number of caregivers.

<sup>8</sup> Implementation started in quarter two.

<sup>9</sup> While some activities recently started and are in progress, funding gaps remain in WASH supplies and services in schools.

<sup>10</sup> Data is not available for this quarter and will be reported next quarter.

<sup>11</sup> While some overreaching is due to underestimated targets, significant achievements are due to some countries providing training provision through online modalities.

<sup>12</sup> Target overachieved due to significant coverage with social media messaging in Georgia during Positive Parenting campaign.

<sup>13</sup> Overachievement related to a significant coverage of 469,697 households (930,000 children) in Georgia.

<sup>14</sup> Significant achievements due to online platforms boosting messaging.
## Annex B: Funding status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total Requirements</th>
<th>Humanitarian funds</th>
<th>Other resources</th>
<th>Carry-forward</th>
<th>Funding Gaps (US$)</th>
<th>Funding Gaps (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,380,000</td>
<td>37,800</td>
<td>55,878</td>
<td>16,000</td>
<td>1,270,322</td>
<td>92%</td>
</tr>
<tr>
<td>Health</td>
<td>14,425,000</td>
<td>520,481</td>
<td>6,148,806</td>
<td>2,422,217</td>
<td>5,333,496</td>
<td>37%</td>
</tr>
<tr>
<td>WASH</td>
<td>11,699,000</td>
<td>537,800</td>
<td>182,053</td>
<td>414,289</td>
<td>10,564,858</td>
<td>90%</td>
</tr>
<tr>
<td>Child Protection, GBVIE &amp; PSEA</td>
<td>8,839,000</td>
<td>297,678</td>
<td>678,080</td>
<td>677,518</td>
<td>7,185,724</td>
<td>81%</td>
</tr>
<tr>
<td>Education</td>
<td>10,033,000</td>
<td>99,012</td>
<td>543,469</td>
<td>2,268,961</td>
<td>7,121,558</td>
<td>71%</td>
</tr>
<tr>
<td>C4D</td>
<td>7,767,000</td>
<td>202,764</td>
<td>3,132,792</td>
<td>1,053,521</td>
<td>3,377,923</td>
<td>43%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>10,168,750</td>
<td>20,000</td>
<td>151,560</td>
<td>847,543</td>
<td>9,149,647</td>
<td>90%</td>
</tr>
<tr>
<td>Preparedness, Response and DRR</td>
<td>7,110,000</td>
<td>2,962,605</td>
<td>0</td>
<td>650,358</td>
<td>3,497,037</td>
<td>49%</td>
</tr>
<tr>
<td>RO Technical Support</td>
<td>550,000</td>
<td>171,145</td>
<td>0</td>
<td>261,293</td>
<td>117,562</td>
<td>21%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>71,971,750</strong></td>
<td><strong>4,849,285</strong></td>
<td><strong>10,892,637</strong></td>
<td><strong>8,611,699</strong></td>
<td><strong>47,618,128</strong></td>
<td><strong>66%</strong></td>
</tr>
</tbody>
</table>