Highlights

UNICEF works in 22 countries and territories in Europe and Central Asia Region (ECAR) and is present in Italy, targeting refugee and migrant populations. In 2020:

- The first case of COVID-19 was detected in February and quickly spread across ECAR. 7.7 million people were infected, and 174,574 COVID-19 deaths were recorded by the end of the year. The highest peaks occurred in March/April and then October/November. Officially, Turkmenistan maintained it had no confirmed cases.

- UNICEF procured over $39.7 million in COVID-19 supplies, 20% of which for WASH. Over 4.6 million people received critical WASH supplies and services in under-resourced health centres, schools, closed institutions, and in the most marginalized communities.

- Digital outreach on social media and via interactive web and mobile apps were significant innovations that influenced populations behaviours for COVID-19 prevention. Social listening tools helped gather feedback to define messages that resonated more effectively with target audiences. In 2020, UNICEF reached nearly 198 million people with messaging on COVID-19 prevention and access to services.

- UNICEF helped ensure over 4.2 million people could access healthcare through community health workers and health facilities. Home visits by community nurses were transformed through digital and telephone outreach, while support to health systems ensured adequate infection prevention and control (IPC) measures, restoration of immunization, antenatal care and other mother/child health services.

- During the first nation-wide lockdowns, school closures affected nearly 50 million children in 20 countries. While intensive support was provided to ensure safe school re-openings, at the end of the year, 26.6 million children remain impacted by partial school closures. UNICEF supported 28.2 million children in distance/home-based learning.

- Across ECAR, the socio-economic impact is expected to increase poverty by 44 percent – equivalent to an additional 6.1 million children living in poverty. Initial support to countries in building more resilient social protection systems, included the introduction and strengthening of cash transfer programmes, reaching 9.7 million people.

- In partnership with WHO and Gavi, UNICEF has been providing regional-level technical support and ensuring country readiness for COVID-19 vaccine roll out through assessments of cold chains, supporting the development of national deployment and vaccination plans, facilitating the procurement of COVID-19 vaccines, and preparing evidence-based communications campaigns to maximise vaccine uptake.

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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

**Source: World Health Organization (WHO), as of 31 December. Figures include Italy.**
Situation Overview and Humanitarian Needs

In 2020, Europe and Central Asia Region (ECAR) recorded nearly 7.7 million COVID-19 infections and 174,500 deaths\(^2\). The first confirmed case was recorded in Italy and by March, infections had spread across the region. Most countries recorded a first peak by early April. Nearly all countries heeded WHO’s advice to take pre-emptive action to slow down transmission. Borders and airports were closed, and domestic travel was restricted. Large gatherings were banned. Schools were closed. Non-essential businesses were suspended. Some 49.8 million children in 20 countries were affected by school closures. Due to a global shortage of protective personal equipment (PPE), oxygen concentrators and other critical medical equipment, all countries struggled to procure live-saving supplies. Health workers experienced disproportionate infection rates. By April, in Moldova, a third of all infections were among medical staff. By June, infection rates among health workers had increased to 36 percent in Tajikistan, 15 percent in Kyrgyzstan and 11.6 percent in Kazakhstan.

In May and June, many countries recorded a decline in monthly infections per 100,000 population and had begun to gradually lift containment measures. Some 12 million children were able to return to classrooms either full or part time. However, populations also became less diligent in adhering to public health precautions. After declaring itself 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 the end of June, an increasing number of countries (Azerbaijan, North Macedonia, Kosovo*, Kyrgyzstan, Moldova, Montenegro, Romania) began re-imposing local restrictions wherever infections surged. However, summer holiday travel, reactivated businesses and more relaxed social interaction contributed prompted public health authorities to issue warning of a likely second wave. In July, Kazakhstan re-imposed quarantine restrictions nation-wide. From mid-July, the monthly cases per 100,000 population began to climb again. For Central Asia, July turned out to be the worst month of the pandemic in 2020. In August, Turkmenistan had still not officially confirmed any COVID-19 cases. However, the President acknowledged the spread of pneumonia of an atypical nature and that “there is an opinion” that it was caused by COVID-19.

Almost all countries recorded a sharp rise in new infections by mid-October. Greece reported a record high of 3,209 new daily cases in November, with 992 confirmed in the refugee/migrant community, and 96 in Open Accommodation Sites. In Italy, high levels of infection were recorded in receptions centres and among newly arrived migrants and refugees, including children. Pandemic fatigue was thought to be a major contributor to the increase in new infections, with many countries (e.g., Azerbaijan, Belarus, Croatia, Greece, Italy, Kosovo*, Montenegro, North Macedonia, Romania, Serbia, Turkey, Turkmenistan, Ukraine) extending or re-imposing curfews, reducing business hours for shops and restaurants, increasing fines for non-compliance, and/or re-framing and sharpening Risk Communication and Community Engagement (RCCE) strategies.

In November, the number of infections per 100,000 population shattered nearly all previous records set in the Western Balkans, the South Caucuses, Bulgaria, Greece, Italy, Turkey, and Ukraine. Between November and December, Georgia registered the highest number of infections ever with 2,317 cases per 100,000 population, followed by Croatia (2,027), Montenegro (2,024), Serbia (1,883), North Macedonia (1,020), Azerbaijan (999), Turkey (964), Moldova (909), Bulgaria (833), Italy (825), and Armenia (805). In December, Turkey registered the highest increase of COVID-19 cases since the outbreak of the pandemic, a trend in line with the Turkish Health Ministry’s decision to publish all positive cases, including asymptomatic ones, in its daily count. This change in reporting caused an exponential six-fold increase from 147 cases in November to 964 in December.

The reduced availability of routine immunization, antenatal care, home visits and other services 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, and Kosovo*. A 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.

With classroom closures beginning in March countries rushed to provide alternative distance learning to salvage the remaining academic year. However, children without access to the Internet enabling technology were automatically excluded from new digital learning platforms. Many countries closed this gap by disseminating lessons via television, and through the distribution of printed

\(^2\) Source: All epidemiological data, including on graph, from WHO as of 31 December 2020 and includes 23 countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Montenegro, N. Macedonia, Romania, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan and Italy)
learning materials. Over the summer, UNICEF prioritised working with Ministries of Education (MoE) and Health (MoH) and school authorities to support safe classroom re-openings by ensuring adequate hygiene supplies and WASH facilities and implementing comprehensive back-to-school engagement campaigns promoting safe behaviour. Blended learning, which combined in-person and distance classes, was the most commonly implemented option across ECAR. Turkey, which hosts the world’s largest refugee population, including 680,000 Syrian children enrolled in public school, had in total 19 million children whose learning was interrupted as a result of temporary school closures. The extraordinary scale of Turkey’s school-going child population generated a nationally coordinated response, reinforced by targeted interventions drawn from the refugee community.

In closed facilities, whether residential homes or detention centres, communal accommodation made social distancing impossible. In Bulgaria, the Ombudsman’s Office issued recommendations to the Ministry of Education and Science (MoES) on ensuring the safety and wellbeing of children deprived of liberty in correctional-educational boarding schools. In Turkey, the Ministry of Justice reported that approximately 750 children were released from prisons following a legislative amendment. In Kazakhstan, UNICEF’s advocacy with the Human Rights Ombudsman and NGOs resulted in a statement to the General Prosecutor’s Office and Ministry of Internal Affairs to oversee and strengthen response measures for children in closed institutions, particularly children affected by migration placed in Centres for the Adaptation of Minors.

In 2020, the funding target for UNICEF’s Europe and Central Asia COVID-19 Humanitarian Action for Children (HAC) appeal for was revised twice due to rising costs of supplies and logistics and as comprehensive needs assessments revealed greater needs of vulnerable children and families. By the close of 2020, against the appeal of $149 million, ECAR had raised $81.3 million1 (or 55 per cent of required funding). Funding shortfalls were most persistent across interventions planned for education, child protection, including addressing GBV, and social protection. UNICEF met the rapid escalation of the pandemic with accelerated efforts to align and consolidate existing partnerships and forge new alliances across public and private sectors. Significant breakthroughs in partnerships around COVID-19 support included, for example:

A new regional partnership with the Asian Development Bank (ADB) which provided technical assistance responding to immediate needs in in Central Asia and the Caucuses. $1.49 million in grants established an important foundation for additional funding to support the COVID-19 vaccine roll-out and health system strengthening. UNICEF received $1 million from the Pandemic Emergency Facility (PEF) established by the World Bank, and countries continue engagement with their respective ministries of health to identify

Compared with other regions, the socioeconomic impact on ECAR is expected to result in significant increases in poverty (44 percent) – equivalent to an additional 6.1 million children living in poverty. The World Bank ominously forecasted sharp declines in GDP (for example, 3.7 percent in Bulgaria and 4 percent in Belarus) due to the toll that COVID-19 is expected to have on export and domestic activity. In Tajikistan where almost a third of the economy depends on remittances mainly from migrant workers in the Russia Federation, a decline of remittance income of up to 35 percent is anticipated. Establishing new initiatives, and scaling up existing social assistance, including child benefits for low income families are key for mitigating the socio-economic impact of COVID-19.

Although in many instances official figures are often not available, indications confirmed that violence in the home increased in the Balkan countries, Kyrgyzstan, Turkey and Ukraine. In Kazakhstan, the increased vulnerability of women during COVID-19 confinement renewed calls by rights groups and NGOs for the criminalization of domestic violence. Against a backdrop of intensified stress, uncertainty and isolation, many measures imposed to control the spread of the disease not only increased violence against children (VAC) and gender based violence (GBV) against women and girls, but also limited the ability of survivors to distance themselves from their abusers and access support. Countries welcomed guidance prepared by UNICEF and the Alliance of Child Protection in Humanitarian Action, providing governments and protection authorities with an outline of practical measures to keep children safe during prolonged lockdown and increasing economic uncertainty. UNICEF collaborated with UN partners and social services providers to build capacity to prevent and address VAC and GBV and ensure access to mental health and psychosocial support (MHPSS).

In 2020, political and humanitarian situations complicated systematic response to the pandemic. In migrant and refugee hosting countries, the rise in COVID-19 cases increased politicization of their entry and accommodation, with UNICEF strongly advocating governments to put the needs of children first. In Italy, from July there was an increase in the number of arrivals by sea. In Greece, after September 9, a fire destroyed Moria Reception and Identification Centre (RIC) on Lesvos island, there remained 9,500 refugees, migrants and asylum-seekers with limited access to critical services and WASH facilities critical to preventing the spread of COVID-19. With the onset of winter Europe, new COVID-19-related movement restrictions and harsher weather conditions negatively impacted the ability of migrants and refugees to move within and across countries.

From 27 September, conflict in and around Nagorno-Karabakh significantly affected families and children. While military hostilities ended on 9 November, the surge of COVID-19 cases in Armenia and Azerbaijan created additional risks for affected families and children. In late spring and throughout summer, in Belarus, tens of thousands of people gathered in mass post-election protests, creating significant risks for the spread of infection. In Kyrgyzstan, protests in October following the contested elections limited capacity to address the COVID-19 pandemic.

Funding Overview

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opportunities to improve supply and cold chain management within the PEF framework. Exemplifying the UN’s mission to “build back better”, cross-sectoral alignment and joint programming helped to secure Multi Partner Trust Fund (MPTF) support for programmes to strengthen social protection systems, enhance economic recovery and empower women and girls. Long-established partnerships, for example with the European Union (EU) and Germany (BMZ/KfW) allowed UNICEF to re-programme funds to meet urgent needs. Bilateral donors who intensified their support for children in ECAR in 2020 included Canada, ECHO, Germany, Japan, Luxembourg, Norway, Sweden, Switzerland, the United Kingdom, and the United States.

UNICEF adopted fund-raising strategies to intensify digital outreach when traditional face-to-face engagement with individuals and corporate donors was no longer possible. In Belarus online engagement raised $1.7 million. An annual charity race in Croatia, among other community fundraising initiatives, was reimagined as a virtual event and attracted enthusiastic participation. In Romania, digital campaigns reached nearly six million people through broadcast time donated by media outlets. In Serbia, the leadership of UNICEF’s Business Advisory Board in mobilizing business networks and personal engagement, increased private sector contributions for children by 143 per cent. In Bulgaria, Bosnia and Herzegovina, Croatia, Kazakhstan, Romania, Ukraine, among others, corporate alliances resulted in cash contributions and material contribution in hygiene supplies for schools and communities. Laptops and other internet enabling devices, along with Wi-Fi and data connections were donated for students, teachers and health workers. Private sector contributions were augmented through efforts of UNICEF National Committees from Austria, Canada, Denmark, Germany, Sweden, Switzerland, and United States who in addition to providing valuable funding, used their communication channels to highlight issues impacting children.

Partnerships and Coordination

UNICEF’s expertise and long-established presence in ECAR enabled countries to work closely with governments to plan actions in line with the UN’s Comprehensive Response to COVID-19, as responses to a child rights crisis. UN efforts ensured coherent advocacy that gave visibility to the needs of children and families and ensured these were integrated into government-led national-level emergency preparedness and response plans for COVID-19 and beyond. For example, in Greece, UNICEF’s participation in the Inter-Agency Monitoring Committee for mainland refugee accommodation sites ensured monitoring tools supporting COVID-19 response included child-focused assessments (e.g., distance learning). In Italy, UNICEF’s joint advocacy with IOM and UNHCR helped ensure response efforts for refugee and migrant children and families were included in national plans. In Turkey, UNICEF and Regional Refugee and Resilience Plan (3RP) partners revised plans to reflect additional needs of refugees and host communities generated by COVID-19.

In Armenia, Azerbaijan, Bosnia and Herzegovina, Kazakhstan, Kosovo*, Montenegro, North Macedonia, Serbia, Tajikistan Turkmenistan, Ukraine, Uzbekistan, UNICEF supported joint UN Country Team (UNCT) assessments of the socio-economic dimensions of the pandemic and their impacts on vulnerable populations. In almost all countries, UNICEF led or co-led data collection and analysis on education, child protection, and social protection sectors. While such assessments focused on the most vulnerable children and families (e.g., with disabilities, living in marginalized communities, refugees, migrants, etc.), they also revealed groups who became newly vulnerable in 2020, for example, the working poor who were ineligible to access existing social services systems. Such data was critical for collaborations other agencies (e.g., ILO, IOM, UNDP, UNESCO, UNFPA, UNHCR, WHO) in planning initiatives to mitigate poverty and other immediate- and longer-term impacts. UNICEF led or co-led UN teams in developing and finalizing socio-economic plans to scale up and expand resilient social inclusion and protection systems and services, that included the activation of cash transfer programmes, the mapping of ongoing interventions, and the alignment of eligibility and delivery mechanisms.

WHO and UNICEF were important partners in the design and delivery of support to address the public health impacts of the pandemic, including the training of health personnel on implementing infection prevention control (IPC) measures in hospitals and healthcare facilities, and applying safety protocols in caring for children and others with suspected or confirmed COVID-19. UNICEF’s partnership with WHO was also important in promoting messages to parents on breastfeeding, infant and young child feeding (IYCF), and childhood immunization in the context of the COVID-19 pandemic. In Ukraine, UNICEF cooperation with WHO led to improvements of the country’s national testing strategy. In Albania, Bulgaria and elsewhere, UNICEF and WHO worked with the ministries responsible for
health and social protection to design and implement evidence-based programmes addressing increasing reports of domestic abuse and GBV.

In Albania, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Serbia, Tajikistan, Turkmenistan, Ukraine, UNICEF led or co-led with WHO and others, in adapting and promoting Risk Communication and Community Engagement (RCCE) efforts to contain the spread of COVID-19 via traditional and digital platforms. Analysis of results from frequent and regularly timed behavioural insight surveys conducted by UNICEF in partnership with WHO and public health authorities provided an evidence base for assessing the effectiveness of behavioural communication strategies and refine and focus content.

Within UN Cooperation Frameworks and in other UN contexts, UNICEF in Albania, Armenia, Georgia, Moldova, Tajikistan led the Education cluster mechanism. In Greece, UNICEF chaired the Education Sector Working Group and participated in national and sub-national working groups. In Albania, the education response both in post-earthquake and COVID-19 pandemic context, was co-led with Save the Children. In Bulgaria, Kazakhstan, Montenegro, Serbia and Romania, UNICEF joined efforts with WHO, and/or the World Bank, UNESCO to advocate with Government on safe school re-opening, support online and blended learning initiatives and strengthen the capacities of teachers and school managers on implementing IPC measures.

UNICEF expertise on prevailing market conditions, and knowledge and experience to overcome logistical delivery challenges, contributed to timely forecasting and procurement of life-saving health supplies (e.g., PPE, oxygenators and other hospital equipment). In Albania, Belarus, Georgia, Kosovo, Kazakhstan, Kyrgyzstan, Moldova North Macedonia, UNICEF coordinated (often leading or co-leading with UNDP and/or WHO) COVID-19 procurement working groups or task forces, which other agencies and Ministry of Health (MoH), and other partners such as the EU and the World Bank. In Uzbekistan, UNICEF joined WHO, UNICEF and UNFPA to support the MoH in assessing national procurement and supply chain management for health products and helped to identify and address capacity and performance gaps. UNICEF worked closely with WHO and academia to develop and deliver training related to the use of hospital equipment, for example in Belarus, where training videos on oxygen-related therapy had wide uptake in the medical community.

**UNICEF Response Actions in ECAR**

**Supplies:** In 2020, UNICEF procured over $39.7 million worth of COVID-19 supplies for ECAR. 20 percent this amount funded procurement of hygiene kits and other WASH supplies, with 30 percent for PPE. UNICEF procurement included a range of supplies to enable programme implementation in digital formats. Enabling devices (e.g., laptops, tablets, mobile phones) and connectivity (e.g., SIM cards) paved the way for healthcare and social workers to deliver services remotely.

Globally, tough competition for critical items in short supply, closures of airports, lengthy customs and quarantine measures imposed on incoming shipments, and restrictions in domestic movement added to cost and delays. In ECAR, local markets were generally robust in WASH supplies, but much more limited for PPE and hospital equipment. UNICEF’s close monitoring of local market capacity contributed to an acceleration of local PPE procurement, for example, in Ukraine and Uzbekistan. UNICEF introduced innovative processes to fast-track delivery, for example, in Ukraine, where virtual pre-inspection with suppliers was introduced to assure quality without adding time. In addition to local freight forwarders, on-the-ground partners (e.g., Red Cross in Bulgaria, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia; Red Crescent Society in Tajikistan, Turkey; Roma Health Mediators (RHM) in Serbia) were critical in the delivery of supplies, especially to remote or hard-to-reach communities.

In partnership WHO, UNDP and other UN agencies, UNICEF collaborated and coordinated with Ministries of Health to identify needs, support procurement planning and avoid duplication. While governments prioritised the safety of health personnel, UNICEF advocacy efforts also drew attention to the needs of social workers, residential care staff, teachers, and other school personnel.

**Progress on COVID-19 Vaccine Readiness and Deployment:** COVAX, one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, aims to speed up development and manufacture of COVID-19 vaccines, and guarantee fair and equitable access for every country. Through the COVAX Facility, self-financing countries will be guaranteed sufficient doses to protect 10 to 50 percent of their population, depending on how much they buy into it. A separate funding mechanism, the COVAX Advance Market Commitment (AMC), will support access to COVID-19 vaccines for middle- and lower-income countries that cannot fully afford to pay for COVID-19 vaccines by themselves.
In ECAR, UNICEF worked closely with WHO to support countries preparing to procure and deliver COVID-19 vaccines. UNICEF is part of the regional coordination group and leads or co-leads technical groups on vaccines and logistics and on RCCE. UNICEF supported countries on their COVAX applications and provided guidance on preparedness, including assessments of existing cold chains and inventories. As of 15 December, Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Montenegro, and Serbia had signed commitment agreements to the COVAX Facility as self-financing countries. Bulgaria, Croatia, Greece, Italy, and Romania joined as part of the European Commission’s Team Europe. Kosovo*, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan are middle- or lower-income economies that are fully supported as AMC-eligible countries. By the end of 2021, subject to funding availability, AMC-eligible countries will receive enough doses to vaccinate up to 20 per cent of their populations. In anticipation, UNICEF has been supporting priority countries in developing national deployment vaccination plans.

In parallel to COVID-19 vaccine deployment preparedness, UNICEF has been leading support to government RCCE efforts to address vaccine hesitancy and misinformation. Social listening tools and dashboards were established in 16 countries and are helping UNICEF and country stakeholders to gain insights into current sentiments and understanding about COVID-19 vaccinations, so messages highlighted in social media and other communication campaigns, can be refined to resonate more effectively with target audiences.

On 3 February 2021, the COVAX Facility shared its first indicative vaccine distribution forecast based on early availability of doses of the Pfizer-BioNTech and the AstraZeneca/Oxford vaccines. The indicative distribution forecast (subject to change) is intended to provide interim guidance to help with planning, and included preliminary allocations for Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kosovo*, Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Ukraine, and Uzbekistan. Based on readiness, Bosnia and Herzegovina, Georgia, Moldova and Ukraine will be among the first wave of COVAX vaccine deliveries that are scheduled between February and March.

**Provision of Healthcare and Nutrition Services:** UNICEF supported governments in identifying and quantifying their country’s needs in preventive and life-saving interventions while keeping top of mind, the most vulnerable children and families. UNICEF’s coordination with WHO, other agencies, and donors was especially important as worldwide shortages and increasing costs of PPE, test kits, oxygen concentrators and other equipment threatened to delay the response. The supply component of UNICEF’s health response was vital in saving lives among the most vulnerable populations. For example, in Tajikistan, the pandemic threatened to increase malnutrition that already affected 2.8 million children. UNICEF supported scaling-up of procurement of supplies to diagnose and treat malnutrition (i.e., mid-upper arm circumference measuring tapes and ready-to-use therapeutic food).

UNICEF supported health authorities in rolling out training for health personnel on using equipment to treat COVID-19 patients, and clinical protocols for treating children and adolescents. From the start, UNICEF ensured global- and regional-level guidance and updates on adapting essential child and maternal healthcare, including case management, to reflect the pandemic context. To respond urgently to intensified public health needs, UNICEF accelerated its cross-sectoral work in innovation around digital and SMS technology. This, in turn, significantly broadened UNICEF’s ambition and scope to build capacity in ECAR’s health sector and ensure continuity of services. Through a range of collaboration at global level with UN agencies, government, the private sector, academia and on ground partners, UNICEF launched digital tools to support real-time collection and monitoring of health data. In Georgia, UNICEF developed an online tool that allowed forecasting of COVID-19 spread and expected hospitalization. In North Macedonia, UNICEF supported software development and legislative changes home visiting nurses needed to replace paper-based recording and reporting, with a system-wide digital platform. UNICEF also supported digital-based platforms that connected health professionals and enabled them to pool knowledge, share experiences, and/or access training. Centralized communication platforms connecting doctors countrywide were developed in Georgia and in Serbia. In Serbia, UNICEF supported the operationalization of a Yammer-based platform for home visiting nurses on which they could exchange information and information and coordinate work on COVID-19. An e-learning platform was developed for early intervention practitioners in Croatia. Belarus developed extensive webinar series on the oxygen therapy and other COVID-related practices and through YouTube gained wide viewership by specialized health professionals.
UNICEF support helped to expand access to primary care by digitizing access to community health. This included training health professionals in tele-medicine which enabled them to evaluate, diagnose and provide advice to patients remotely. In Albania, a web-based data collection system for monitoring child growth and IYCF provided early warning for healthcare professionals to plan and implement interventions. In Serbia, digitalization of services meant home-visiting nurses, early childhood intervention (ECI) practitioners and Roma health mediators could reach 47,000 more parents via telephone and video. Kyrgyzstan piloted a similar adaptation using WhatsApp platforms on smartphones, and postnatal consultation coverage increased from 54 to 96 percent. In Georgia, the introduction of a remote service delivery model, and shared medical appointments with groups of 20 to 25 pregnant women, facilitated the continuity of antenatal care services for 26,000 women. Tele-health guidance and the adaptation of Kosovo’s home visiting programme to digital modalities enabled community health workers to reach mothers with comprehensive parental and young child services that covered 17,000 children under the age of three.

Innovations were vital in the reach and effectiveness of communication campaigns aimed at supporting parents in choosing preventive public health measures to support their children’s early development, immunization, and so on. UNICEF disseminated health information on social media, live-streams, interactive websites, and SMS messaging. For example, Croatia offered smartphone based e-courses to expectant parents to prepare for childbirth, postpartum, and breastfeeding. In Serbia, UNICEF produced a prototype of the ParentBuddy app to support parents and caregivers in responding to health, well-being and care, and learning needs of young children. Across ECAR, multiple social media campaigns around breastfeeding, immunization, and mental health attracted high audience interest and engagement, especially through interactive question and answers sessions on social media platforms and via dedicated hotlines.

**Infection Protection Control (IPC)/WASH Services:** WASH services require strong national policies, financial systems, and monitoring to be sustainable, resilient and accountable. In many countries, institutional structures remained fragile, putting vulnerable populations at higher risk in the context of COVID-19. UNICEF advocacy for inter-ministerial collaboration and joint monitoring, in collaboration with WHO, resulted in the inclusion of IPC in national-level COVID-19 responses. Of importance was the acknowledgement of gender dimensions in WASH response planning.

In many countries, UNICEF engaged on-the-ground partners known and trusted by vulnerable communities, to ensure the provision of much needed hygiene kits to vulnerable populations, for example minority communities (e.g., Roma) in Western Balkan countries and to families in Georgia’s remote Abkhazia region. In Greece, where crowded conditions in refugee accommodation sites made it impossible to practice social distancing and other safety precautions, UNICEF established handwashing station and other emergency WASH facilities at RICs.

Training on IPC was key to increasing the number of in-country IPC experts and to bring health workers up to date on protocols to minimize the spread of infection. UNICEF adapted WHO and national health standards to develop IPC self-study online training that was integrated in pre-service training, for example in Uzbekistan. Belarus reinforced IPC training as duties of healthcare staff were re-profiled to address COVID-19. In many countries, UNICEF and partners needed to address the limited data on WASH in healthcare facilities so that interventions in WASH and waste management practices would be effective and well-targeted. UNICEF in partnership with government health authorities, carried out large-scale nation-wide assessments of healthcare facilities in North Macedonia, Uzbekistan, Kyrgyzstan. In Kazakhstan and Turkmenistan, assessments focused on remote or underserved countries and results informed government COVID-19 WASH and IPC related response. To ensure safe school re-opening, UNICEF in Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Croatia, Kazakhstan, Kosovo*, Kyrgyzstan, Moldova, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan worked with health and education authorities to ensure guidelines, IPC protocols, and adequate WASH supplies were in place for to keep students, teachers and school support staff safe.

**Risk Communication and Community Engagement (RCCE):** Until vaccines and treatments against COVID-19 are widely available, people’s willingness to follow public health and social measures remain the most powerful means to mitigate the spread of COVID-19. At global level, long experience in designing public health messages and engaging communities to make informed decisions to protect children and families during public health crises, has earned UNICEF a competitive advantage in RCCE.

During the pandemic, UNICEF’s RCCE activities focused on safe practices such as frequent handwashing, social distancing, and
seeking preventive healthcare and protection services. At regional level, UNICEF developed a rich base of digital assets that could be converted into print, video, and audio formats and widely transmitted on websites and social media platforms (e.g., Facebook, Instagram, Telegram, TikTok, and Twitter), and via out-of-home media. UNICEF deployed a range of social media influencers, popular national Goodwill Ambassadors, and high-profile media events to attract record-breaking numbers of views and audience engagement.

UNICEF also developed country-specific material which that could be used throughout subregions that shared the same language or media space. Content was adapted to reach linguistic minority communities, for example, Farsi in Azerbaijan; Albanian and Romani in the Western Balkans; and Arabic in Tajikistan and Turkey. Traditional print media (e.g., posters, leaflets) were essential to reach places with limited digital access and were often bundled in hygiene kits and food parcels distributed the poorest, most marginalized families.

Digital assets were also packaged as global-level campaigns which UNICEF country offices adapted to the local context. In 2020, these campaigns, defined by catchy hashtags, included, for example, #LearningAtHome, #PlayAtHome to help parents with young children cope during prolonged confinement; #BackToSchool on safe school re-opening; and #MentalHealth which raised awareness and destigmatised this emerging issue within families and among adolescents.

UNICEF invested heavily in research that revealed people’s knowledge, attitudes, and perceptions (KAP) of COVID-19 and preventive public health advice. Results from telephone surveys and online polls indicated that stop/start approaches to lockdown, lack of official enforcement of safety advice, the imperative to work, and/or the impulse to participate in social life, all contributed to diluting the effectiveness of messages. The difficulty to separate trustworthy information from disinformation was exacerbated by the sheer volume of messages or infodemic.

When countries entered the second wave of infections, KAP research documented that practices such as mask wearing, social distancing, and avoiding public places were declining in many segments of the population. Through social listening, UNICEF intensified its generated evidence and analyses that was used to refocus strategies and reframe messages. Because the end of the pandemic depends upon the global uptake of safe and effective COVID-19 vaccines, UNICEF launched new social listening tools to overcome counterintuitive behavior, or pandemic fatigue. At regional level, UNICEF, in collaboration with the London School of Hygiene and Tropical Medicine, initiated the Vaccine Confidence Project (VCP) which is engaging Albania, Armenia, Bosnia and Herzegovina, France, Georgia, Kazakhstan, Kosovo*, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, and Uzbekistan. UNICEF and VCP conducted a social media landscape analysis, identifying the most popular digital platforms where conversations around COVID-19 are happening, the most popular pages, and most active influencers. UNICEF and WHO launched the HealthBuddy+ app, which enables users to participate in polls and share opinions and experiences in 15 languages spoken across the region. Data generated from the app will complement insights gathered from other sources, for example, U-Report polls. U-Report, is a digital platform that has improved social accountability and youth engagement. Albania, Kosovo*, and Montenegro established the first U-Report sub-regional platform. In Italy, U-Report on the Move has connected and amplified the voices of adolescents and young people in the refugee and migrant population.

Engaging Adolescents and Young People: UNICEF in ECAR has long-engaged adolescents and young people as crucial partners to achieve sustainable economic and social development, and to identify innovative solutions to challenges facing countries and communities. In 2020, region-wide consultations with 15,000 adolescents and young people, conducted by UNICEF and the European Training Foundation (ETF) revealed that interrupted schooling and uncertain job prospects have increased levels of stress, anxiety and depression in all countries. However, when given the opportunity, adolescents and young people were also among the first to adapt to transitions when schools and skills training shifted to online modalities.

A joint UNICEF-ETF report documented practical recommendations by young people, for achieving a more inclusive, equitable and prosperous future. Some of these solutions were apparent in UNICEF-supported skills building opportunities which were adapted onto digital platforms to overcome the public health measures. In Kosovo*, the Ministry of Education and Science’s (MoES) accreditation of UNICEF-supported programmes UPSHIFT, PODIUM and PONDER and their integration into the country-wide digital Learning Passport opened a new and accessible path for young people to learn social entrepreneurship, job market skills and make connections with their communities. An online platform “Know Your Rights” was developed in cooperation with the Ombudsperson Institution in Kosovo* and is increasing youth-led advocacy. In Montenegro, UNICEF hosted a Hackathon for Social Change and socio-emotional skills workshops online. In Uzbekistan, UNICEF piloted UPSHIFT, in the most remote communities affected by the Aral Sea crisis. The programme received support from the local government and funding for scaling up. In Kosovo*, in the context of COVID-19, UNICEF launched Kosovo* Generation Unlimited (K-GenU) and established the local K-GenU Secretariat. The K-GenU has provided paid internships for three months for 500 young people placed in 53 business entities.

Consultations on preventing a “lockdown generation”, were among many initiatives over the year that engaged young people as leaders and participants in community engagement. In Azerbaijan, the Service Evaluation System mobile was introduced so that young participants could provide feedback and evaluation on different programmes – from art to IT- offered by the Ministry of Youth and Sports (MoES). In Belarus, UNICEF developed a peer-to-peer chatbot on COVID-19 related issues and overcoming crisis situations and in cooperation with the Republican Volunteer Centre (RVC), Centres of Adolescents Empowerment and Youth Friendly Health Centres
Outreach to youth also focused on engagement to keep physically and mentally healthy during the pandemic, and a number of these introduced digital outreach. In Albania, an online psychological and mental health platform is delivering one-on-one counselling for children and young people. In Croatia, UNICEF partnered with the Faculty of Education and Rehabilitation Sciences to develop a Youth Digital Hub on Positive Adolescent Development. Nearly 200 adolescents helped to develop content (e.g., photography, video, podcast) on preventive activities. In Georgia, UNICEF and partners reached over 7,200 adolescents with mental health and psychosocial support. A hotline was established providing support for substance abuse and online gambling. In Kosovo*, 106 youth-led initiatives were implemented by targeting specific issues, such as mental health, domestic violence and access to education, as mechanisms for reaching a wide range of adolescent girls and boys during the pandemic. UNICEF Montenegro launched the #StudyBuddy programme which connected adolescents wanting to support each other in studying during the pandemic. A volunteering platform, developed in cooperation with the Association of Youth with Disabilities, provided adolescents with disabilities with social, legal and other kinds of support during the pandemic and reached 10,000 adolescents. In Serbia, UNICEF with the Ministry of Youth and Sports launched the innovative National Online Volunteering platform which engaged 1,020 young people through safe online volunteering activities and supported 3,492 peers in navigating the negative impact related to loss of schooling, disruption in peer relations, and mental health issues.

**Access to continuous education:** 49.8 million children across 20 countries were affected by closures of schools and learning centres. In December, 26.6 million children in nine countries remained impacted by partial school closures. UNICEF reached over 28.2 million children with distance and/or home-based learning. UNICEF leveraged regional partnerships with government, academia, civil society, teacher organizations and private sector to accelerate a range of innovations to ensure continuous access to education. Guidance on access and equity covered monitoring school reopening, formative assessments and bridging learning gaps. Regular data collection on children and teachers’ engagement provided evidence to support course-corrections and deliver targeted programming. Efforts to map, collate and establish resources on different learning modalities (distance, digital, blended), paid special attention to the most marginalized, hard-to-reach children.

Initiatives putting children with disabilities first, included, for example Albania, where UNICEF supported the MoE designing a national platform and creating content and lessons accessible for children with disabilities. Accessibility is embedded as the key feature to ensure children have access to education and learning while video lessons have voice-only, video-only, and text-only formats for children with disabilities. UNICEF helped establish an online interactive platform that supports children with disabilities and their teachers in Bulgaria; introduced digital libraries for children with disabilities to access digital technology and assistive technology (AT) in Serbia; with the help of UNICEF volunteers, added sign language to 400 video lessons in Kyrgyzstan; developed the digital platform “Maktab Mobile” which offers disability-friendly content and video materials adapted for children with disabilities in Tajikistan.

The drive for inclusive education also focused on refugee and migrant children. For example, in collaboration with the Akelius Foundation, UNICEF enabled remote learning via the Akelius Digital Language Course for refugee and migrant children in Bosnia and Herzegovina; Greece; Serbia, and Albania. The Akelius platform provides children and adolescents a practical understanding of spoken and written language – and promotes conversational skills as a first step towards language acquisition.

Alliances with academia, the business sector, and other agencies featured in region-wide initiatives towards digitalization. For example, UNICEF, Microsoft, and Cambridge University launched the pilot of Learning Passport in Kosovo* and Ukraine. Montenegro also took steps to initiate the flexible, learner-centred remote platform, which facilitates country-level curriculum for children and provides collaborative spaces and key resources for teachers. Kazakhstan, Kyrgyzstan and Uzbekistan participated in GIGA, an initiative launched by UNICEF and International Telecommunications Union (ITU) that aims to connect every school to the Internet. In 2020, real-time mapping of all 2,180 schools in Kyrgyzstan enabled the Government to go on and provide connectivity to around one third of them. In a regionally-led effort, UNICEF launched LearnIn in established multi-disciplinary regional and national level task forces to deliver resources, tools and training to educators in Albania, Armenia, Bosnia and Herzegovina, Greece, Kosovo*, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, and Romania. The LearnIn platform offers experiential learning for teachers on quality, inclusive pedagogy and supports personalized learning pathways for students, both online and offline.
Significant country-level innovations to make learning accessible during pandemic times included, for example, in Tajikistan, UNICEF’s transformative Reimagine Education initiative underpinned support towards mainstreaming technology-enabled learning as part of the national education strategy 2030. This included a nation-wide assessment of school connectivity and ICT capacity at central and regional level. In Turkey, UNICEF financial and technical support to the Ministry of National Education (MoNE) boosted the technical capacity and infrastructure of the Education Information Network (EBA) distance learning platform. The EBA platform reaches nearly one million teachers and over 12 million students from preschool to Grade 12. 170 EBA support centres were established to support vulnerable children, including refugees, and six mobile centres provide such support in the most remote areas.

At country level, UNICEF integrated psychosocial support with support for inclusive education by involving a range of local actors, such as social workers and local education authorities. For example, in Turkey, UNICEF supported MoNE to develop a Mental Health Psychosocial Support Programme to increase the resilience of students, teachers, and parents during the COVID-19 pandemic and to facilitate their adaptation to the normalization process.

**Access to Child Protection and Preventing Violence:** Around the world, prolonged confinement and the continuing economic crisis reduced the capacity of families, community, and government institutions to care for children. Children’s everyday environments, routines and relationships were overturned. Children without parental care, for example unaccompanied and separated children (UASC) who arrived to Europe as refugees without parents or other support living in crowded unsanitary accommodation; children living in residential care (most of whom with disabilities); and children in detention were also much more at risk to infection and to the consequences of the ongoing lockdown.

Stresses of economic hardship and uncertain futures correlated with a surge in the violence and abuse children and women experienced at home and also contributed to increase risks of GBV for women and girls who are refugees or migrants. The suspension of reporting and referral mechanisms for protection services, court trials and proceedings, left many children and families vulnerable.

From the regional level, UNICEF supported countries with technical guidance to respond to immediate and emerging issues around child protection and GBV. In March, UNICEF published a region-wide survey of how national authorities adjusted and augmented national child protection systems and services in response to the first wave of COVID-19. UNICEF’s regional- and country-level capacity to leverage resources, convene and lead coalitions, resulted in strong advocacy and efforts. National guidelines on child protection programmes in the COVID-19 context were developed and/or adapted, for example, on residential care facilities housing UASC and GBV survivors in Greece. In Ukraine, UNICEF-generated evidence and advocacy on the impact of COVID-19, drawing wide attention to 42,000 children e returned to their families and communities by residential institutions at the onset of the pandemic. Following the release of a child poverty study, the President of Ukraine met with UNICEF and committed full support for de-institutionalization reform. A UNICEF region-wide review on how governments and partners were using digital technology to respond to child protection issues during the COVID-19 pandemic inspired countries to respond to challenges with user-centred design, robust safeguards, and technology solutions to complement social work capacities.

As digitalized service became increasingly important in people’s everyday lives, attention was paid to ensure safe internet access. Albania introduced the Child and Family Friendly WiFi, a safe internet free from harmful and illegal content for all children in the country. In Belarus, an interactive web application, developed alongside the Ministry of Internal Affairs, provided information to children, parents, and schools to identify and respond to cyber bullying. In Montenegro, a mobile app and website, Net friends, offered safe online navigation for 9 to 11-year-olds.

UNICEF support addressed persistent gaps, including insufficient psychosocial support to the child and social protection workforce. Capacity building of the social services work force improved case management, and provided guidance on supporting survivors of GBV and sexual exploitation. Armenia introduced online distance learning courses for judges and prosecutors focused on children in contact with the law during the pandemic. In Azerbaijan, a new digital case management system transformed paper-based processes into a common data base accessible to the social worker, psychologist and lawyer evaluating a child’s situation. In North Macedonia, the introduction of digital technology enabled social service professionals to deliver services to home-bound children, adolescents, and families in remote areas. In Serbia, KonekTas, an online knowledge and peer-support platform brought together 800 social welfare staff. In Turkey, UNICEF supported capacity building around psychosocial support, GBV, child abuse, positive parenting and case management for 1,746 national social services staff working directly with children, women and families; 364 probation officers and prison staff participated in online trainings on stress management, and the prevention of violence against children; and 1,702 staff working at Violence Prevention and Monitoring Centres (ŞÖNİMs), women’s shelters, and social support centres were provided with information on how COVID-19 impacts violence against women and children. In Turkmenistan, as part of socio-economic response
UNICEF strengthened the capacity of the Office of Ombudsmen, and together with OHCHR, a workshop was organized for law enforcement agencies and other institutions supporting the protection of child rights.

Through community-based outreach or telephone or online platforms, psychosocial support and mental health services were established or expanded, for example, in Italy for refugee and migrant children, adolescents and women; in Kosovo* for 4,201 children with multiple disabilities, children without parental care, and children on the move; in Montenegro for 29,000 children and parents, with specialized help extended to children with disabilities. In North Macedonia psychosocial support reached children with disabilities via telephone. In Romania, UNICEF and the National Child Rights Authority set up a helpline, TelVerde, which provided COVID-19 information and psychosocial support for children and staff in residential care institutions. In Serbia, nearly 6,500 children were directly reached through community-based mental health and psychosocial support messages, via national child helplines, chat-bots, Viber-bots, online individual psychosocial support (group support for children in residential institutions), and through outreach to refugee and migrant children and women in reception centres.

Social Protection: For households not captured in narrowly targeted poverty programmes, for example, those whose livelihoods depended on the informal economy (e.g., street vendors, waste pickers, migrant labourers etc.) the pandemic intensified financial vulnerabilities. In 2020, UNICEF’s shock responsive social protection (SRSP) response aimed at supporting governments in maintaining, scaling-up, and expanding social protection systems to meet immediate and longer-term needs of affected people. UNICEF framed the pandemic across ECAR as an opportunity to strengthen and expand social protection mechanisms, noting the critical role of national governments as first responders to the crisis through massive expansions of social protection support. At the regional level, UNICEF contributed to evidence-based research which focused the government and stakeholder attention on protecting children from the worst impacts of the COVID-19 and beyond. UNICEF supported live tracking of government social protection responses, inquiries into their financing, and, in partnership with ILO, UNDP, WHO, the World Bank, EU and others, supported government-led SRSP initiatives that put children first.

In Albania UNICEF provided technical advice and leadership to a coalition of international organizations to draft the COVID-19 Joint Standard Operating Procedures (SOPs) for the humanitarian cash transfer (HCT) programme that offered a common platform of intervention that streamlined coordination across central and municipal governments. UNICEF supported Montenegro in launching an integrated programme response to address the immediate needs of vulnerable children. This included a one-off HCT of €100 that reached 1,200 vulnerable families. The results of an ongoing social protection system assessment, adapted to the COVID-19 response, are informing future social protection system reforms. In Tajikistan, UNICEF supported efforts to strengthened and adapt the country’s Targeted Social Assistance (TSA), to better support the needs of the most vulnerable households in case of emergencies. UNICEF’s technical support resulted in a new model for HCT programming that reached 64,469 low income families with children under three years old. In Turkey, The Conditional Cash Transfer for Education (CCTE) Programme for Refugees remained operational throughout 2020. CCTE provided a one-time top-up benefitting 518,794 children. An additional top-up payment supported older 521,270 students whose families faced socio-economic challenges.

In Armenia, UNICEF collaborated with the Ministry of Labour and Social Affairs (MoLSA), WFP, UNDP, and the World Bank, UNICEF to develop IT systems and databases that extended the social protection system outside existing support packages. Dedicated software and tablets facilitated data collection by social workers for a rapid needs assessment covering 35,000 families affected by the pandemic and by the NK conflict. In Tajikistan, support to the Ministry of Health and Social Policy (MoHSP) helped to initiate an integrated approach to data to data collection, analysis and management in social protection system using a more multi-dimensional definition of vulnerability. UNICEF supported the Government of Turkmenistan and led the UN Country Team in signing the Joint Programme (JP) on improving the system of social protection through the introduction of inclusive quality community-based social services. Through the JP, 45 community-based social workers were recruited, trained, and placed to practice.

Research by UNICEF and the World Bank on the socio-economic effects of COVID-19 on children and families underpinned actions in several countries. For example, in Croatia, a study detailed the situation, knowledge, and behaviours relevant to the general population with a focus on households with children, including children with disabilities, and their perceived availability of public services. The findings helped inform national social and economic recovery plans and formed the basis for future collaboration on evidence-based policy development. Together with national partners, UNICEF commissioned a microsimulation model that estimated the impact of COVID-19 on Child Poverty in Georgia. Income shocks and simulations were conducted to learn the potential impact of cash transfer programs that could be implemented to alleviate the effects of COVID-19. The findings contributed to the introduction of a universal, one-off payment of approximately $65 for all children under the age of 18, to mitigate the potential impact of COVID-19 on child poverty. Over 915,000 children have received this cash transfer, with the remaining 15,000 child population to receive in early 2021.

In Kazakhstan, UNICEF and UNDP conducted research on socio-economic impact of COVID-19. With the World Bank, UNICEF launched the monthly “Listening to Kazakhstan” well-being survey, which collects socio-economic data at household level.
Evidence-based research and technical assistance underpinned reform and legislative change. In North Macedonia, UNICEF support to the Ministry of Labour and Social Policy resulted in the drafting of the new Social Protection Law – a major revision of the Child Protection Law that resulted in a five-fold raise (compared to 2016) in number of children benefiting from poverty reduction transfers. UNICEF met the change of government in Uzbekistan with intensified high-level advocacy on the need for institutional reforms in social protection and ensuring national strategies are closely linked with the poverty agenda led by UNDP and the World Bank. In 2020, UNICEF modified its interventions within the UN Joint Programme on Strengthening Social Protection by modelling case management in the provision of social support services. As well, the Ministry of Economic Development and Poverty Reduction (MoEDPR) agreed to develop a national action plan to introduce monetary and multidimensional child poverty measurements into programming.

Data Collection, Analysis & Research: UNICEF launched several global- and decentralized initiatives aimed at responding to needs in data collection, analysis and research since the start of the COVID-19 crisis. In September, UNICEF ECAR launched the Real-Time Assessment (RTA) of the country-level COVID-19 response, supporting forward-looking reflection and enabling regional-level oversight in Croatia, Georgia, Kyrgyzstan, Moldova, Tajikistan and Ukraine. The initial data collection and analysis started in November 2020 with the self-reported data by UNICEF country offices on adaptations undertaken and lessons learned. Further data collection included surveys from the perspectives of civil society organization (CSOs), private sector and government partners in the six countries. The RTA is currently at the stage of analysing collected data and enriching and contextualising it against available secondary data to answer questions from multiple sources. Towards the end of 2021, an RTA is planned to include results from the evaluation of Early Childhood Development (ECD) in the COVID-19 context, and an analysis of social media listening as a tool in RCCE. ECARO will ensure the RTA informs a forward-looking reflection on the response implementation by exploring the effect of COVID-19 pandemic on basic services, the quality of the related programme response, while also providing early insights on outcomes achieved.

External Communication

UNICEF connected to audiences through traditional and social media platforms, with brief sampling of 2020 communications below:
Albania: Twitter The Hygiene Promotion Campaign, Facebook The Hygiene Promotion Message from Dr. Pepper
Armenia: Website What should parents know about COVID-19, Website How to help yourself during emergency situations
Azerbaijan: Website What parents need to know about COVID-19, Website Learning at Home Campaign in Azerbaijani
Bosnia and Herzegovina: Website Children and Youth need safer and better schools, Website Back to school stories
Bulgaria: Facebook Fulya Metin’s story of empathy and service from Bulgaria, Facebook What does a world after COVID-19 look like?
Croatia: Facebook Togetherness and solidarity will help protect children and families; Together Campaign, Facebook 10 oxygenators to help mitigate the pandemic
Georgia: YouTube Learn more about COVID-19 TV program, YouTube UNICEF Partnering with Regional Media
Italy: Website What you need to know about COVID-19, Website The Future we want campaign
Kosovo*: Website A Letter from Quarantine- Children with disabilities are always isolated, Website Meet the faces behind the masks
Kazakhstan: Website UNICEF online volunteers in Kazakhstan, Website Multi-Graded Rural School
Kyrgyzstan: Website Struggles of children left behind by migration at the time of COVID-19: Website Let’s talk about it–A Dialogue with stakeholders on lessons learned on education and remote learning:
Moldova: Facebook A song with educational messages, Website Inclusive Education during COVID-19
Montenegro: Website UNICEF poverty campaign advanced child advocacy efforts, Website UNICEF safe school reopening campaign
North Macedonia: Website Teachers matter, Website Online early intervention services for children with disabilities
Romania: Website Pandemic deepens child vulnerabilities, Website COVID-19 parenting stories
Serbia: Website Konetas volunteer service and interactive platform, Website Mother and baby corner - a place of health and serenity
Tajikistan: Facebook The EU and UNICEF support Tajikistan respond to COVID-19, Website Cash Assistance for Struggling Families in Tajikistan
Turkey: Facebook Back to school awareness raising, Facebook The Success of the Social Cohesion and Youth Participation
Turkmenistan: Instagram Principles of risk communication and their role in preventing an outbreak; Website
Ukraine: Website Medical professionals are battling to save children and their families, Website A little blue backpack helped with the wait for school
Uzbekistan: Press Interview with Umid Aliyev, Social Policy Adviser at UNICEF Uzbekistan; The promotion and successful introduction the Single Registry system in all regions of Uzbekistan

Next Sitrep: 15 April 2021

Who to contact for further information:

Afshan Khan - Regional Director
UNICEF Regional Office for Europe and Central Asia
Email: akhan@unicef.org

Basil Rodrigues - Regional Adviser, Health
UNICEF Regional Office for Europe and Central Asia
Email: brodriques@unicef.org

Annmarie Swai- Regional Adviser, Emergency
UNICEF Regional Office for Europe and Central Asia
Email: aswai@unicef.org
Annex 1: Summary of Selected Regional Programme Results (as of 31 December 2020)

<table>
<thead>
<tr>
<th>Areas of Response</th>
<th>2020 target</th>
<th>Total UNICEF Results</th>
<th>Increase from last SitRep</th>
<th>% Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Communication and Community Engagement</td>
<td></td>
<td></td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>No. of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>193,570,000</td>
<td>189,783,400</td>
<td>▲ 3,898,952</td>
<td>98%</td>
</tr>
<tr>
<td>No. of people engaged on COVID-19 through RCCE actions</td>
<td>10,116,550</td>
<td>10,415,398</td>
<td>▲ 628,125</td>
<td>103%</td>
</tr>
<tr>
<td>Critical Supply and Logistics and WASH Services</td>
<td></td>
<td></td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>No. of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>4,044,300</td>
<td>4,638,486</td>
<td>▲ 592,430</td>
<td>115%</td>
</tr>
<tr>
<td>No. of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
<td>176,136ii</td>
<td>179,387</td>
<td>▲ 40,692</td>
<td>102%</td>
</tr>
<tr>
<td>Provision of Healthcare and Nutrition Services</td>
<td></td>
<td></td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>No. of children and women receiving essential healthcare through UNICEF supported community health workers and health facilities.</td>
<td>3,751,492</td>
<td>4,251,015</td>
<td>▲ 1,122,790</td>
<td>113%</td>
</tr>
<tr>
<td>No. of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19</td>
<td>1,329,050</td>
<td>2,031,425</td>
<td>▲ 245,094</td>
<td>153%</td>
</tr>
<tr>
<td>Access to Continuous Education and Child Protection Services</td>
<td></td>
<td></td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>No. of children supported with distance/home-based learning</td>
<td>42,381,092</td>
<td>28,205,649</td>
<td>▲ 1,132,919</td>
<td>67%</td>
</tr>
<tr>
<td>No. of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>35,735</td>
<td>32,241</td>
<td>▲ 1,863</td>
<td>90%</td>
</tr>
<tr>
<td>No. of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>2,420,888</td>
<td>3,331,137iv</td>
<td>▲ 408,983</td>
<td>138%</td>
</tr>
<tr>
<td>No. of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors</td>
<td>6,180</td>
<td>3,204</td>
<td>▲ 664</td>
<td>52%</td>
</tr>
<tr>
<td>No. of parents/caregivers of children under 5 receiving ECD counselling and/or parenting support</td>
<td>1,327,000</td>
<td>977,588</td>
<td>▲ 36,612</td>
<td>74%</td>
</tr>
<tr>
<td>No. of teachers trained in delivering distance learning</td>
<td>246,330</td>
<td>322,477v</td>
<td>▲ 12,565</td>
<td>131%</td>
</tr>
<tr>
<td>Access to Social Protection Services</td>
<td></td>
<td></td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>No. of households receiving humanitarian cash transfers through UNICEF response to COVID-19</td>
<td>14,800</td>
<td>9,739</td>
<td>▲ 515</td>
<td>66%</td>
</tr>
<tr>
<td>No. of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support</td>
<td>793,841</td>
<td>918,108</td>
<td>▲ 187,420</td>
<td>116%</td>
</tr>
</tbody>
</table>

i Results have largely met or exceeded initially set targets, mainly due to the use of online/remote delivery modalities which allowed extensive coverage within available funds. However, some targets especially those related to “humanitarian cash transfers”, “distance learning” and “GBV trainings” were not met owing to the shortfalls in funding, COVID-19 related restrictions which made it difficult to organize in-person trainings and due to the unavailability of and inaccessibility to internet and technologies in some of the countries in the region.

ii In comparison to the previous reporting period, the target for the “PPE indicator” has changed owing to the adjustment made to account for the shifting context and needs and evolving programme priorities.

iii Target for this indicator 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.

iv The result has been overachieved owing to the use of digital platforms, leading to a broader coverage than initially anticipated.

v Target has been exceeded mainly due to the use of blended training modalities (i.e., face-to-face, and online), leading to cost savings that allowed UNICEF to reach more teachers within available funds.