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An adolescent girl participates in the Online Children's Summit in Osh on Children's Day, which focused on reimagining a world after COVID-19.

Kyrgyzstan

HIGHLIGHTS

- The coronavirus disease 2019 (COVID-19) pandemic has had a profound impact on the well-being of children in Kyrgyzstan.¹ With disruptions to education, water, sanitation and hygiene (WASH), nutrition and health – including vaccination – services, and the rise in violence, poverty and stress, children are bearing the brunt of the crisis.
- As the United Nations organization leading the coordination of international assistance in education, WASH and protection, UNICEF has been at the forefront of supporting the Government's response to the pandemic. UNICEF's COVID-19 strategy focuses on mitigating the immediate and long-term impacts on women and children, particularly the most disadvantaged; supporting the restoration of quality health, nutrition and education services; protecting children and women from violence; providing immediate social protection for impoverished families; and engaging communities in the response.
- UNICEF requires US\$15 million to meet critical needs and effectively contribute to government and inter-agency COVID-19 response efforts.

KEY PLANNED TARGETS



500,000

children and women
accessing health care



250,000

children/caregivers
accessing mental health
and psychosocial support



1.6 million

children accessing
educational services



10,000

households reached with
cash transfers across
sectors

unicef 
for every child

Humanitarian Action for Children

IN NEED

2.9 million
people²

2.6 million
children³

TO BE REACHED

1.9 million
people⁴

1.8 million
children⁵

FUNDING REQUIREMENTS

US\$ 15
million

HUMANITARIAN SITUATION AND NEEDS

Following reports of the first COVID-19 cases in Kyrgyzstan in March 2020, the Government declared a national emergency. After the state of emergency was lifted in May, Kyrgyzstan saw a dramatic surge in new cases in June, which peaked at nearly 1,300 daily cases in July¹⁰ – one of the highest per capita ratios globally. This situation has stretched health system capacities, which were unable to cope with the massive number of people seeking testing and treatment. In July, 25 per cent of confirmed cases were among health workers⁹ due to weak infection prevention and control. As of September, there were over 45,000 cumulative cases registered in Kyrgyzstan.⁸

Beyond the immediate health impacts, the socio-economic consequences of the pandemic are significant. Kyrgyzstan's gross domestic product is expected to decline by 10 per cent.¹¹ The World Bank estimates that the poverty rate could increase to 44 per cent – up from 20.1 per cent in 2019 – due to sharp declines in remittances, falling incomes, growing unemployment, rising prices and increased health expenditures.¹² UNICEF and the World Bank estimate that poverty among children could rise to 55 per cent,¹³ which would have a severe impact on the nutrition, health and development prospects of future generations.

School closures have affected 1.6 million children – the total population of school-aged children in Kyrgyzstan.⁷ The majority of children will continue their learning remotely when the 2020/21 school year begins due to lack of adequate WASH facilities and safety measures in schools. This has raised concerns about the quality of education and the mental health of students. More than 60 per cent of adolescents are experiencing high levels of anxiety due to the pandemic.¹⁴

Some 20,000 children under 2 years are at risk of missing out on essential vaccines.¹⁵ Children and adolescent girls are at increased risk of malnutrition due to deteriorating dietary intake, anaemia and micro-nutrient deficiencies.

During the lockdown, 10,000 children living in residential institutions returned to their families and now require individual case assessments. These families need support to keep their children at home and avoid re-institutionalization.⁶

The divide between rich and poor is increasing, and high unemployment and school closures have left children vulnerable to child labour, domestic violence, sexual exploitation and abuse. Children of migrant parents are affected by declines in remittances. Cases of gender-based violence/domestic violence increased by 65 per cent in the first quarter of 2020.¹⁶

SECTOR NEEDS



Health and nutrition

960,000 children and women need health/nutrition services¹⁷



Water, sanitation and hygiene

1.9 million children and women lack access to WASH facilities¹⁸



Child protection, GBViE and PSEA

1.7 million children and women need protection^{19,20}



Education

1.6 million children with poor access to quality education²¹

STORY FROM THE FIELD



A girl participates in the UNICEF-supported electronic assessment for schoolchildren.

In Kyrgyzstan, 1.6 million schoolchildren moved to remote learning due to COVID-19, creating challenges and new opportunities for children, parents and teachers.

While many webinars were held about implementing remote learning and reopening schools, little attention was given to the voices of children, parents and community-based organizations.

To bring these voices to the forefront and learn from their experiences during lockdown and remote learning, the Kyrgyzstan Ministry of Education and Science, jointly with UNICEF, organized the online teaching and learning dialogue on: "What have we learned about education during COVID-19?".

[Read more about this story here](#)

HUMANITARIAN STRATEGY

In line with the Core Commitments for Children in Humanitarian Action and the United Nations Socio-Economic Response Framework, UNICEF is working with the Government of Kyrgyzstan, the United Nations Country Team and civil society organizations to deliver a comprehensive response that leaves no child behind, and builds back better.

UNICEF will support the Ministry of Health to ensure that mothers, newborns, children and adolescents have access to essential health services. This will include the provision of personal protective equipment, life-saving supplies, medicines and resources for telemedicine. UNICEF will strengthen the capacities of village health committees to counsel families on appropriate and gender-sensitive childcare practices and COVID-19 prevention. Nutrition support will focus on improving infant and young child feeding and maternal nutrition, providing micronutrient supplementation and managing severe acute malnutrition (SAM) cases.

The WASH response will incorporate effective national and community-based behaviour change programmes to improve hygiene practices. UNICEF will address critical infrastructure needs in health facilities and schools, including by refurbishing and improving handwashing and sanitation stations and ensuring that these facilities support menstrual hygiene.

UNICEF will enable accessible and quality distance learning by developing adapted lessons and learning support systems for all children, including children with special education needs, children without access to the Internet and children at risk of dropping out. Teachers will receive guidance on how to apply remote teaching methodologies, and schools will be supported to reopen safely. Parents and caregivers will receive information on the importance of continuing learning, especially for adolescent girls, and responsible fatherhood in the home.

UNICEF will provide targeted social support to prevent the re-institutionalization of 10,000 children who returned to their families from residential institutions during the pandemic. Psychosocial support will be expanded for families of children with disabilities and children left behind by migration. Social workers will gain capacities on case management and the identification and referral of gender-based violence cases.

Efforts will be made to mitigate the socio-economic impacts of the COVID-19 pandemic on the most vulnerable families with children, including female-headed households. This will involve technical assistance to expand the coverage of social protection programmes and implement humanitarian cash transfers to benefit the poorest children.

UNICEF will enhance public awareness and engage youth and communities on prevention and safe practice measures. In partnership with local and civil society organizations, UNICEF will improve feedback mechanisms, and ensure gender and disability-responsive approaches to address harmful norms affecting children.

2021 PROGRAMME TARGETS



Nutrition

- **500** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **200,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **150,000** pregnant women receiving iron and folic acid supplementation



Health

- **500,000** children and women accessing primary health care in UNICEF-supported facilities²²



Water, sanitation and hygiene

- **200,000** children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces²³
- **100,000** pregnant women and newborns accessing water, sanitation and hygiene in maternity health facilities



Child protection, GBViE and PSEA

- **250,000** children and caregivers accessing mental health and psychosocial support
- **100,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **10,000** unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services



Education

- **1,612,446** children accessing formal or non-formal education, including early learning
- **75,000** teachers trained on delivering digital, distance and blended learning



Social protection and cash transfers

- **10,000** households reached with humanitarian cash transfers across sectors²⁴
- **338,000** households benefiting from new or additional social transfers from governments with UNICEF technical assistance²⁵



C4D, community engagement and AAP

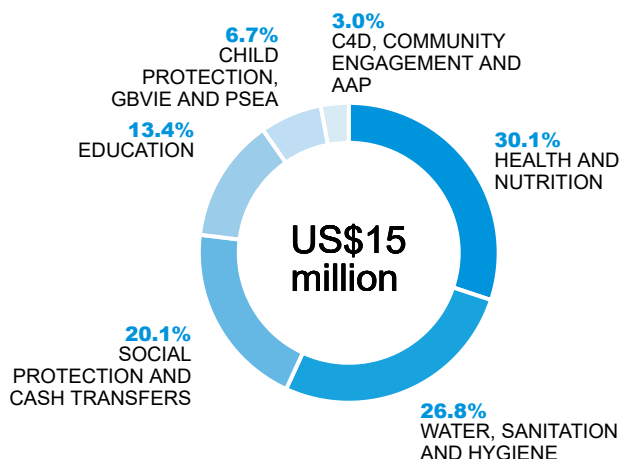
- **3,000,000** people reached with messages on access to services²⁶
- **300,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

FUNDING REQUIREMENTS IN 2021

UNICEF requires US\$15 million to meet the growing needs of children, adolescents and women in health, WASH, protection and education, and mitigate the socio-economic impacts of the pandemic with humanitarian cash transfers, in line with the Grand Bargain commitments.

This appeal is fully aligned with the Disaster Response Coordination Unit COVID-19 Response Plan. This funding will enable UNICEF to support the Government to plan and implement the response to the COVID-19 pandemic based on evidence and secure a safe and enabling environment for children to survive and thrive. Recognizing the importance of partnerships and the need for a coordinated approach, UNICEF will continue to coordinate its response with all stakeholders to optimize funding and ensure impact and sustainability, under the Government's leadership.

Additional resources are essential to UNICEF's ability to respond effectively to the COVID-19 pandemic and cover the underfunded priority areas outlined in this appeal. Without adequate and timely funding, UNICEF and its partners will be unable to support the Government to scale up the humanitarian response for children and families in Kyrgyzstan, which will threaten the country's hard-won development gains.



Sector	2021 requirements (US\$)
Health and nutrition	4,500,000
Water, sanitation and hygiene	4,000,000
Child protection, GBVIE and PSEA	1,000,000 ²⁷
Education	2,000,000
Social protection and cash transfers	3,000,000 ²⁸
C4D, community engagement and AAP	450,000
Total	14,950,000

Who to contact for further information:

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ENDNOTES

1. The child population is 2,550,532, which is 39 per cent of total population of Kyrgyzstan. National Statistical Institute, 2019.
2. National Statistical Institute and Kyrgyzstan Ministry of Health, 2019.
3. Ibid.
4. This was calculated using the following: 1,612,446 children to be reached with formal/non formal education; 65 per cent of 500,000 women and children to be reached with primary health care in UNICEF-supported facilities (to avoid double counting, only 324,000 mothers and newborns to be reached with maternal health care have been included; the remaining 176,000 are expected to be overlapping with the education target); and 500 children aged 6 to 59 months with SAM to be admitted for treatment. Programming will focus on women and children; men are not included in the figures as there are no specific interventions targeting men. While some men may benefit from the psychosocial support for families and communication for development activities, it is a very limited number. The total figure includes 1,038,272 girls/women (162,000 women and 876,272 girls), 898,674 boys/men. The overall figure also includes 30,000 children with disabilities.
5. This was calculated using the following: 1,612,446 children to be reached with formal/non-formal education; 32 per cent of 500,000 children to be reached with primary health care in UNICEF-supported facilities (to avoid double counting, only 162,000 newborns to be reached with maternal health care have been included); and 500 children aged 6 to 59 months with SAM to be admitted for treatment. The total figure includes 876,272 girls and 898,674 boys. The overall figure also includes 30,000 children with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. Kyrgyzstan Ministry of Labour and Social Development, 2020.
7. Kyrgyzstan Ministry of Education and Science, 2020.
8. Kyrgyzstan Ministry of Health, 18 September 2020.
9. Kyrgyzstan Ministry of Health, 14 July 2020.
10. Kyrgyzstan Ministry of Health, July 13-19 2020.
11. United Nations Development Programme and Asian Development Bank, 'COVID-19 in the Kyrgyz Republic: Socioeconomic and vulnerability impact assessment and policy response', UNDP and ADB, August 2020.
12. World Bank, 'Kyrgyz Republic COVID-19 Poverty and Vulnerability Impacts', May 2020.
13. United Nations Children's Fund and the World Bank, 'The Expected Child Poverty Effects of the COVID-19 Crisis and Potential Implications on Social Assistance', May 2020.
14. United Nations Children's Fund and United Nations Population Fund, 'Rapid Needs Assessment on the Kyrgyz Youth Situation in the COVID-19 Pandemic', May 2020.
15. Republican Center of Immunization, September 2020.
16. 24kg, 'Facts of domestic violence in Kyrgyzstan increased by 65 percent', 22 April 2020, <https://24.kg/obschestvo/150800_faktov_semeynogo_nasiliya_vkyrgyzystane_stalo_na65protsentov_bolshe/>, accessed 8 October 2020.
17. Kyrgyzstan e-Health Medical Information Center, 2019.
18. Kyrgyzstan Ministry of Education and Ministry of Health, 2019.
19. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
20. Estimated based on the Multiple Indicator Cluster Survey 2018 and the Kyrgyzstan Ministry of Labour and Social Development household survey, 2019.
21. Kyrgyzstan National Statistical Committee, Education and Culture Statistics, 2019.
22. The high funding request for health is due to the need to purchase expensive life-saving equipment.
23. The high funding request for WASH is due to the need for resource-intensive rehabilitation and construction work.
24. Impoverished households will receive a humanitarian cash transfer to cover their immediate needs (including the immediate needs of children) and to prevent these households from falling into extreme poverty.
25. UNICEF technical assistance will support the Government to extend the coverage of the social protection programme – which provides a monthly cash transfer – to additional impoverished households. Beneficiaries are enrolled for one year.
26. The targeted population is higher than the total number of people/children to be reached because the target includes mass media outreach.
27. This includes US\$650,000 for child protection interventions and US\$350,000 for gender-based violence interventions.
28. US\$2.3 million is the value intended for humanitarian cash transfers.