

SITUATION OF CHILDREN IN EUROPE AND CENTRAL ASIA



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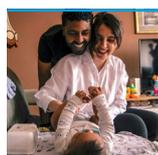
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Abbreviations

ART	Antiretroviral Therapy
CD4	Cluster of Differentiation 4
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CRM	Child Rights Monitoring
DTP	Diphtheria-Tetanus-Pertussis
ECAR	Europe and Central Asia Region
ECD	Early Childhood Development
ECE	Early Childhood Education
EFTA	European Free Trade Association
ENOC	European Network of Ombudspersons for Children
EU	European Union
GDP	Gross Domestic product
GER	Gross Enrolment Ratio
GMA	Guaranteed Minimum Allowance
HLO	Harmonized Learning Outcomes
ILO	International Labour Organization
IMR	Infant Mortality Rate
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MACR	Minimum Age of Criminal Responsibility
MCV	Measles-Containing Vaccine
MICS	Multiple Indicator Cluster Surveys
MMF	Minimum Meal Frequency
NEET	Not in Education, Employment, or Training
OECD	Organisation for Economic Co-operation and Development
OHCHR	The Office of the High Commissioner for Human Rights
OOPS	Out-of-pocket expenditure
OPIC-CRC	Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure
PHC	Primary Health Care
PISA	Programme for International Student Assessment
SDG	Sustainable Development Goals
STEM	Science, Technology, Engineering, and Mathematics
TFR	Total Fertility Rate
U5M	Under Five Mortality
UN	United Nations
UN IGME	United Nations Inter-Agency Group for Child Mortality Estimation
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization

Chapter 1.

INTRODUCTION





Events over the past two years, including the global COVID-19 pandemic, the escalation of the war in Ukraine and subsequent refugee outflow, as well as the many refugee and migrant flows, and the global economic downturn, have had a devastating impact on children and families in Europe and Central Asia Region (ECAR). The COVID-19 pandemic spotlighted the region's deepening inequalities, particularly access to services, such as quality education and healthcare. Children from poor families and/or minority ethnic communities, children with disabilities, those living in residential care and detention centres, children affected by conflict, as well as refugee and migrant children continue to be amongst the most disadvantaged.

While COVID-19 halted international population movements during the lockdowns, they rose again as conflicts escalated on and new crisis occurred, such as the humanitarian crisis in Afghanistan, leading to an influx of refugees to neighbouring countries in Central Asia. The escalation of the war in Ukraine resulted in Europe's largest population displacement since World War II. About 7.9 million refugees from Ukraine crossed Europe, and 4.8 million Ukrainians registered for temporary protection or similar national protection schemes in Europe.¹ More than two-thirds of the refugees from Ukraine are women and children.

Climate change continues to pose a considerable threat. Record heat waves and wildfires in the region in 2022 are foreboding of catastrophes to come.

Despite the challenges, national systems across the region – such as education, health, child protection, and social welfare systems – could and should meet the needs of every child, especially the most vulnerable. Interventions to support children at risk of poverty and social exclusion are not only in line with the Convention on the Rights of the Child (CRC) but are also a sound investment in the future and will bolster a country's productivity. Moreover, as the war in Ukraine takes its toll, the threat of new outbreaks of COVID-19 variants or other pandemics continues, and the effects of climate change are unleashed, these interventions are needed more than ever.

The content of this report is organized in line with the recently developed [Europe and Central Asia Child Rights Monitoring framework](#). The framework covers five critical child rights domains, further broken into specific sub-domains. It also includes a domain of Child rights landscape and governance (also covering selected General Measures of Implementation of the CRC) and five cross-cutting dimensions or groups. Due to a lack of data and information, some sub-domains, e.g., leisure and culture, are not covered in the report. The report utilizes data and analysis from different sources, including the ECAR TransMonEE database for children, research reports, online published articles, and international databases.

COVID-19 took its toll



Since March 2020, the COVID-19 pandemic has been transforming the world, leading to abrupt shifts in political, economic, and societal dynamics. An entire generation of children had their education disrupted.² Learning losses have been worse than expected, and inequities are likely to take new forms.³ School closures in ECAR affected nearly 50 million children in 20 countries during the first nationwide lockdowns in March 2020. The widespread school closures during 2020 brought to the forefront the digital divide as most education ministries implemented remote learning. The lack of access to digital tools meant that globally one in three schoolchildren were unable to access learning.⁴

In the region, the sense of isolation during the lockdown and school closures was particularly acute for the poorest children, those with disabilities, children in residential care and places of detention, and children from some ethnic minorities. The pandemic also exposed significant gaps and inequalities in access to safe water, adequate sanitation, and hygiene services and facilities, especially in schools and healthcare facilities in rural areas in the Caucasus and Central Asia. UNICEF estimated that during the peak of school closures in Europe and Central Asia, one in three learners was not reached by digital and broadcast remote learning. The figure for vulnerable learners who engaged in digital and remote learning would have been even lower.⁵ While intensive support was provided to ensure safe school reopening, at the end of 2020, 26.6 million children remained affected by partial school closures.

The COVID-19 disruptions were not evenly distributed and affected vulnerable children and families the most, particularly children with developmental delays and/or disabilities, at risk of harm, from families with low socio-economic status, living with single parents, and children from remote areas. The disruptions placed young children at risk of falling behind because they and their caregivers often did not receive adequate support nor possess sufficient resources, knowledge and skills to adjust to the changes instigated by the emergency. In addition, social isolation affects the emotional state of family members. During the pandemic, the burden of caring responsibilities was disproportionately higher for women, particularly due to preschools and other care facilities closure, given their roles as primary caregivers during illness.

Overall, COVID-19 has led to rising levels of child poverty, child abuse, sexual and gender-based violence, and an increasing incidence of poor mental health.⁶ COVID-19 has increased vulnerability among children, particularly children from migrant and asylum seekers families, children in conflict with the law, children from Roma and Egyptian families, children from single-parent households, children from households that are Guaranteed Minimum Allowance (GMA) beneficiaries, children from vulnerable households not formally in the social protection system, and children with disabilities (UNICEF, RTA⁷ 2022). Furthermore, coverage of lifesaving vaccines has dropped in every region around the world, the largest sustained drop in childhood vaccinations in about three decades.

Adolescents and youth have been among those most socially affected by the pandemic as not only did it disrupt their schooling but increased their stress levels and led to massive job losses, disproportionately felt by women and youth.⁸ More than 15,000 adolescents and young people who took part in surveys across the region reported that the pandemic had left them with a negative view of their economic prospects.⁹ On a positive note, adolescents were among those most prepared to adapt to the abrupt shift from real to virtual spaces.

Europe and Central Asia Child Rights Monitoring Framework



The information and data in the report represent the entire region whenever it is possible. However, due to data availability and diverse monitoring systems, reference is made to sub-regions or UNICEF CPD* countries. Below is the list of countries in the region, UNICEF CPD countries are indicated in italics.

Western Europe

Andorra, Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, *Greece*, Holy See, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco,

Netherlands, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

Eastern Europe and Central Asia

*Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Bosnia and Herzegovina, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Kosovo**, Montenegro, North Macedonia, Republic of Moldova, Romania, Russian Federation, Serbia, Tajikistan, Türkiye, Turkmenistan, Ukraine and Uzbekistan.*

*CPD refers to the Country Programme Document, which is approved by the UNICEF Executive Board.

**This designation is without prejudice to positions on status and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Chapter 2.

CHILD RIGHTS LANDSCAPE AND GOVERNANCE



Demographics

In recent years, fertility and mortality rates have declined in the region, with international migration becoming an important determinant of population change with huge implications for the child rights landscape.¹⁰

In 2021, 197 million children were living in the ECAR. Approximately 92 million children were living in Western Europe (18 per cent of the total population), 78 million in Eastern Europe (22 per cent of the total population) and 27 million in Central Asia (36 per cent of the total population).¹¹ The children's share of the total population ranges between 15 per cent (Monaco) and 42 per cent (Tajikistan). Approximately 160 million young population (10-24 years) were living in the region.

The Roma are Europe's most significant ethnic minority. Out of an estimated 10 to 12 million Roma living in Europe, approximately 6 million are citizens or residents of the EU. Unfortunately, despite the legal framework to prevent discrimination across EU Member States, many ROMA are still victims of prejudice and social exclusion¹².

An estimated 11 million children aged 0 to 17 years with disabilities live in Europe and Central Asia, representing 6 per cent of all children.¹³ The number is 5.1 million in the UNICEF CPD countries.¹⁴ In most countries and areas, the proportion of children with disabilities is significantly higher in the poorest households. The most frequently occurring functional difficulties vary according to a child's age; however,

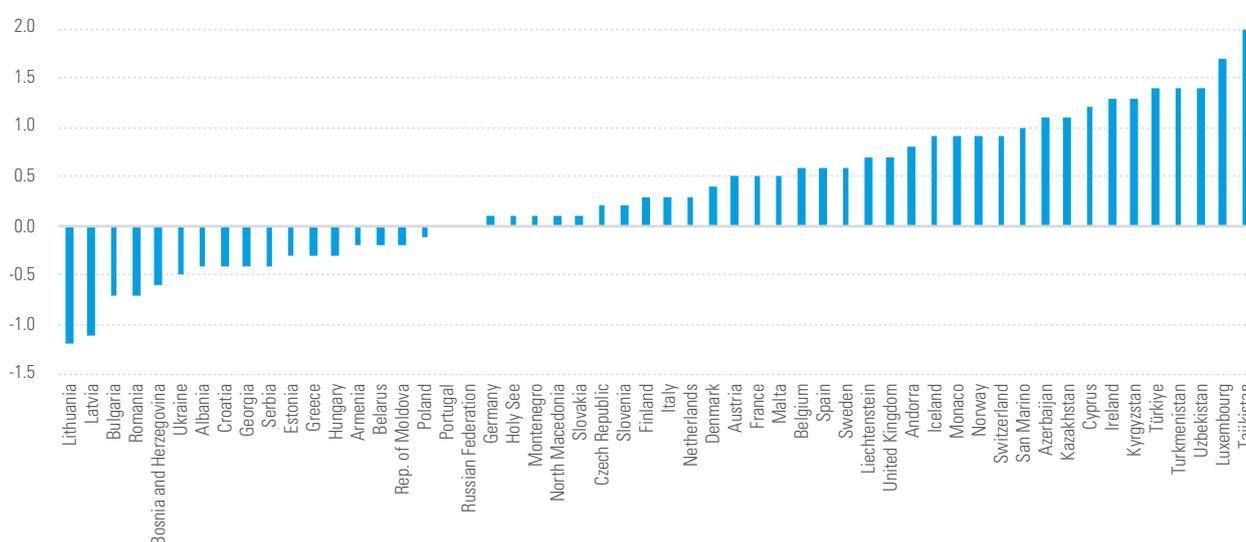
psychosocial difficulties predominate across all ages. Many children with functional difficulties also have signs of anxiety or depression.¹⁵

The total fertility rate (TFR) was 1.7 children per woman in 2021, below the fertility replacement rate of 2.1 live births per woman. Yet there were variations, with five Central Asian countries having higher TFR (2.7-3.2), while Georgia's TFR stood at 2.1 and Türkiye's at 1.9. Albania and Andorra had the lowest TFR in the region at 1.1, followed by Malta (1.2), Ukraine (1.3), Italy (1.3), Cyprus (1.3) and Bosnia and Herzegovina (1.4).¹⁶

While progress has been made in closing the gaps in life expectancy at birth between countries in the region, disparities remain, and progress slowed in 2020 and 2021 due to COVID-19. For example, between 2001 and 2021, life expectancy at birth rose by 7.5 years in Tajikistan and five years in Kazakhstan and Uzbekistan but only by less than one year (0.6) in North Macedonia.¹⁷ In 2021, life expectancy at birth ranged from under 69 years in the Republic of Moldova to 86 years in Switzerland.¹⁸

Annual population growth in the region is 0.05 per cent compared to the global population growth of 0.8 per cent in 2021, although overall, the number masks significant diversity across the region.¹⁹ Between 2000 and 2020, populations fell in 17 countries in the region, predominantly in the Western Balkans and Eastern Europe. Growth was highest in Tajikistan (2.0 per cent) and Luxembourg (1.7 per cent).²⁰

Figure 1: Annual population growth rate – percentage change between 2000 and 2020



Source: United Nations Children's Fund, *The State of the World's Children 2021: On My Mind – Promoting, protecting, and caring for children's mental health*, UNICEF, New York, October 2021.

Political economy

Fiscal space is the flexibility of a government in its spending choices and an indication of the financial well-being of a government. Continuous investment in children can shape a society's long-term health, stability, and prosperity. In the region in 2020, SDG indicator 17.1.1 on the total government revenue as a proportion of GDP was between 17 and 54 per cent. The top five countries were Norway (54 per cent), Denmark (53 per cent), France (52 per cent), Finland (51 per cent) and Belgium (50 per cent). The lowest

were Kazakhstan (17 per cent), Ireland (22 per cent), Albania and Uzbekistan (26 per cent). In addition, the Human Development Index (HDI) for the top three countries were Norway, Ireland and Switzerland, and the bottom three were Tajikistan, Kyrgyzstan and Turkmenistan. The unemployment estimates as a percentage of the total labour force ranged between 3 per cent (Poland) and 11 per cent (Montenegro) in 2020-2021.

Migration and displacement

Net migration between 2015 and 2020 was high; in some cases, children travelled with their families, other times alone, or remained behind if parents and carers sought to work abroad. During that period, the highest positive net migration rates¹ were in Luxembourg (16.3 per 1,000 population), Austria (7.2), Germany (6.6), and Switzerland (6.1). Over the same period, the highest levels of negative net migration rate per 1,000 population were from Lithuania (11.6), Latvia (7.6), Bosnia and Herzegovina (6.4), and Albania (4.9).²¹

Globally, the number of people on the move increased significantly due to conflict, climate and food insecurity. By 2021, Türkiye was already hosting the highest number of refugees from Syria, more than 3.6 million, including 1.7 million children and 320,000 refugees and asylum seekers of other nationalities, of whom at least 140,000 were children.²²

In 2021, the EU also reported that 551,020 new asylum-seekers (first-time applicants) applied for international protection. Nearly one-third were children (173,550), a 29 per cent increase from 2020 (134,725). Germany, France, Austria, Spain, Belgium and Greece recorded the highest numbers of new asylum applications from children, having received more than two-thirds of all first-time child asylum applicants in Europe.²³

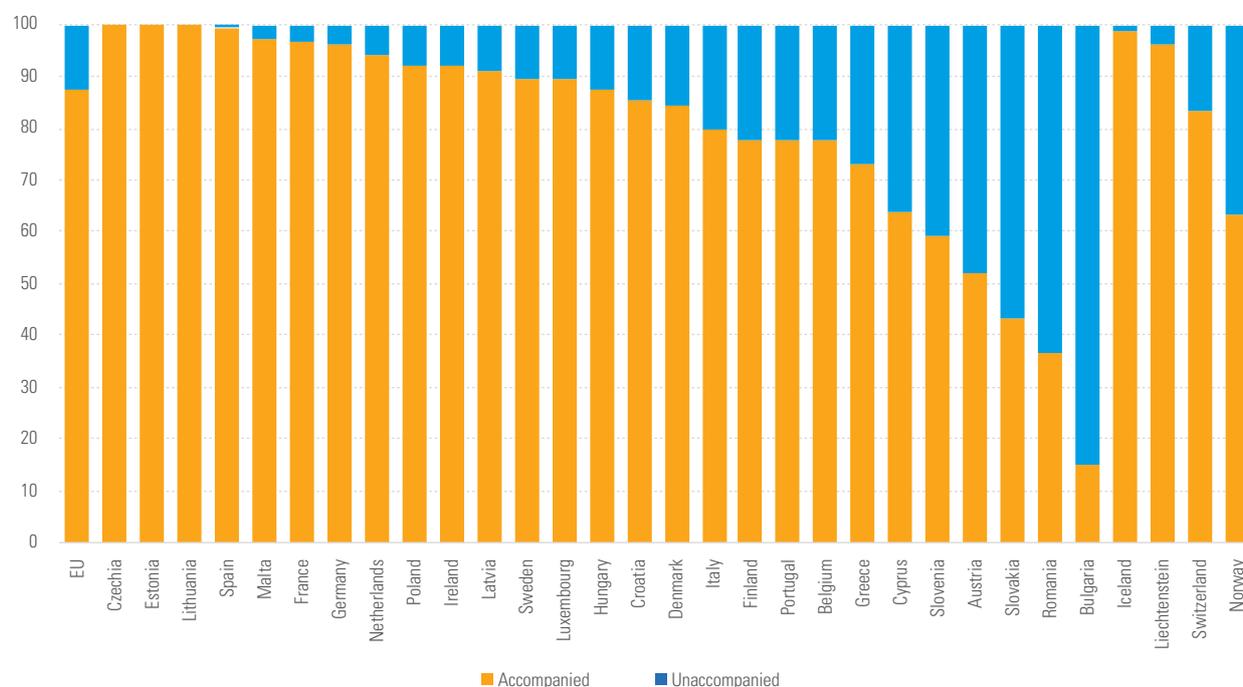
Unaccompanied and separated child refugees are particularly vulnerable. In 2021, 19,995 unaccompanied and separated children lodged asylum applications in the EU. Some 41 per cent of all new asylum-seeking children were girls who are at increased risk of being subject to human trafficking and experiencing abuse and exploitation during and after their journeys.²⁴ However, not enough is known about the profile of unaccompanied and separated children seeking asylum in Europe, including their age and sex distribution, as collection and analysis of disaggregated national and regional data has been limited.²⁵ This information is essential to ensure adequate programming and service delivery.



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¹ The net migration rate is the difference between the number of immigrants (people coming into an area) and the number of emigrants (people leaving an area) throughout the year. When the number of immigrants is larger than the number of emigrants, a positive net migration rate occurs.

Figure 2: Proportion of child asylum applicants who were accompanied/unaccompanied in 2021 in EU and EFTA countries



Note: calculation is based on exact figures (not rounded). For Lithuania and Portugal the 2020 data on unaccompanied minors have been used. Statistics on asylum applicants considered to be unaccompanied minors presented in the article shall refer to the age of such minor accepted by the national asylum authority. In case a national authority carries out an age assessment procedure, the age reported shall be the one determined by the age assessment procedure.

Source: Eurostat database, accessed 12 July 2022.

In 2021, national authorities across the EU issued 150,975 first-instance decisions on child asylum applications. Of these, 60 per cent were positive decisions, 1 per cent more than in 2019. Germany (38 per cent), France (20 per cent), and Greece and Spain (8 per cent each) issued two-thirds of all first-instance decisions on child asylum applications.

Apart from the unprecedented situation in 2022 following the Ukraine war, most refugee and migrant children and families arrive in Europe through the Balkan and Mediterranean routes. The number of new refugees and migrants continues to increase due to conflict and political crises, socioeconomic effects of wars and the pandemic, food insecurity, and the impact of climate change stretching the capacities of host governments to sustain equal access to quality basic services. Gaps include accommodation and sanitation facilities, health and protection services, learning opportunities, measures to prevent and address gender-based violence, and care and support for unaccompanied and separated children.

There has been rising xenophobia and discrimination

against refugees based on religion, nationality, and ethnicity across the region.²⁶ In addition, the COVID-19 restrictions on movement and quarantine rules created even more challenges for refugee and migrant children, particularly for unaccompanied children who needed to access protection, health, and education services.

Among the world's most vulnerable are the thousands of children of foreign fighters, a number of whom come from Central Asia, languishing in camps, detention centres, or orphanages in Syria, Iraq, and elsewhere. These children live in appalling conditions amid constant threats to their health, safety and well-being, with little family support.

While most are stranded with their mothers or caregivers, many are alone.²⁷ These children are doubly rejected, stigmatized by their extended families and communities and shunned by their governments. They face massive legal, logistical, and political challenges in accessing basic services or returning to their countries of origin. However, some countries in the region have repatriated child nationals of their countries from Syria in the last two years.



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Ukraine – The impact of war on children

The continued war in Ukraine has intensified humanitarian needs, with children and their families suffering dire consequences. At the beginning of 2023, there were over 17.6 million people (estimated 3.2 million children) in Ukraine and 9.7 million people (including estimated 3.9 million children) in refugee-receiving countries.²⁸ Many children have lost family members, friends, homes, schools, recreational areas, and access to vital services, including healthcare and safe water. Between 24 February 2022 and 2 January 2023, the Office of the High Commissioner for Human Rights (OHCHR) reported that 6,919 civilians were killed (429 children), and 11,075 were injured. The death toll continues to rise. In addition, 7 million Ukrainians were displaced inside Ukraine.²⁹

About 1.5 million children in the country are likely to have witnessed traumatic events and have suffered distress and are at risk. The need for continued mental health and psychosocial support services is vital.³⁰ However, while all children are vulnerable, some are at greater risk, particularly children in zones of conflict, children with disabilities, children

in residential care, those who have been displaced, and refugee children. Children fleeing the war are at high risk of family separation, violence, abuse, sexual exploitation, and trafficking, particularly girls and children with disabilities. Before the war, Ukraine had the highest number of children in institutional care in Europe. As the war escalated, tens of thousands of children from care institutions were returned to their families, often without the support and protection they needed. Thousands of others have remained in institutions or being relocated inside or outside the country but with enormous challenges. They are more at risk of death or injury as they may not have access to life-saving information or humanitarian assistance. UNICEF estimates that one in five internally displaced persons in Ukraine has a developmental delay or disability, and almost half of the children from institutions are children with disabilities.

The war is destroying Ukraine's civil infrastructure and preventing vital services from reaching those who need them. The World Health Organization (WHO) confirmed that by 22 December 2022,

there were 763 attacks that impacted healthcare facilities.³¹ In some areas, there is limited or no access to medicines, health facilities, or healthcare workers. Moreover, COVID-19 continues to be a threat, and vulnerable groups are at increased risk of severe illness and death as vaccination uptake remains low, particularly among vulnerable populations.

Some 16 million people in Ukraine have needed water, sanitation, and hygiene assistance since March 2022.³² The lack of water or poor water quality can cause diseases, including cholera and other diarrhoeal diseases, that can threaten the lives of the vulnerable, particularly children under five, and cause other serious illnesses and skin infections. Moreover, many people must live in crowded areas to escape the bombardments without adequate sanitation and in conditions where good hygiene is challenging or even impossible.

Since February 2022, 5.7 million school-aged children are estimated to require educational support.³³ In August 2022, the UN estimated 1 in 10 schools was damaged or destroyed. Most children's education depends on online learning; however, lack of access to technology, internet connection, and electricity means many students cannot learn. Learning losses in Ukraine will probably amount to over one year due to pandemic-related closures and the war. According to the Harmonised Learning Outcomes (HLO) database estimates, this length of school closure could make Ukraine fall from 481 to about 451 points, below the lowest-performing countries in the region.³⁴ The World Bank estimates that the long-term effect could be substantial, with future earnings losses of more than 10 per cent a year per student.³⁵

Even accessing food is a struggle. The World Food Programme (WFP) estimated in August 2022 that one in three people in Ukraine has insufficient food, rising to one in two in some areas of the East and South of the country.³⁶ Moreover, as Ukraine is one of the world's main breadbaskets, world food prices have soared. Nevertheless, international efforts are in place to export Ukraine's grain to the neediest countries.



By November 2022, 3.5 million Ukrainians were benefiting from temporary protection across EU and EFTA countries, about 1.3 million of whom were estimated to be children.* The situation of refugees remains complex, unpredictable and acute. Protection remains a significant concern; children and women on the move are at high risk of violence, abuse, trafficking, and sexual and labour exploitation as they seek safety far from home. Those suffering from trauma, unaccompanied, separate and/or relocated from institutional care facilities remain highly vulnerable. Over 70 per cent of children are not formally registered in schools,³⁷ while needs in the healthcare system are already strained in host countries. The war's economic impact and rising inflation have increased child poverty in host countries and the broader region by 19 per cent, driving 4 million additional children into poverty.³⁸ The prolonged displacement is exhausting savings for many, while winter brings significant financial needs, particularly for heated accommodation and warm clothing. Rising energy and food prices further constrain governments' and receiving communities' abilities to host and provide services. The energy and grain crisis also impacts host communities, affecting their solidarity and social cohesion. Many countries continue to host significant numbers of refugees and migrants fleeing other conflicts, with discrepancies in access to services between the different groups of refugees, including Roma communities.

*Eurostat, **Beneficiaries of Temporary Protection**, accessed on 10 January 2023.

Child rights governance and landscape

The countries of ECAR have predominantly adopted the major international human rights instruments – all the nations have ratified or acceded to the Convention on the Rights of the Child (CRC); all except Liechtenstein and Holy See have ratified the Convention on the Rights of Persons with Disabilities, and all except Holy See have ratified or acceded to the Convention on the Elimination of All Forms of Discrimination Against Women.

The Optional Protocol to the Convention on the Rights on a communications procedures (OPIC-CRC) recognizes that children have the right to appeal to an international mechanism specific to them when national mechanisms fail to address violations effectively. In ECAR, only 11 out of 22 UNICEF CPD countries, have ratified OPIC-CRC, namely Albania, Armenia, Bosnia and Herzegovina, Croatia, Georgia, Türkiye, Ukraine, Montenegro, North Macedonia, Romania and Serbia.

Across the region, 37 countries ratified the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, the main regional treaty protecting women and girls from

gender-based violence. Türkiye withdrew from the Convention. Azerbaijan and the Russian Federation have neither signed nor ratified, while seven countries have signed but not ratified, namely Armenia, Bulgaria, the Czech Republic, Hungary, Latvia, Lithuania, and Slovakia.³⁹

There is a lack of comprehensive information about the structure, functioning, resources, and impact of the existing child rights coordinating and monitoring bodies. Most UNICEF CPD countries established some form of a governmental coordinating and monitoring body on child rights, with intersectoral committees or councils for children being the most common models. However, the degree to which these bodies achieve effective and sustainable coordination and monitoring depends on several factors, such as their positioning and chairpersonship, membership, mandate, programme documents, human and financial resources, and normative basis. The allocation of a clear mandate and sufficient financial and human resources to such bodies is imperative.



Public spending on children

National plans and budgets are the most critical instruments for realizing the rights of children sustainably and creating the conditions for children to achieve their full potential. These plans and budgets determine the resources a country commits to invest in children and youth, while domestic revenues play the primary role in financing, complemented by development assistance, grants, loans, and other sources.

However, providing a comprehensive picture of public spending on children in the region is still not possible. This is because budget classifications and reporting systems are not yet geared to produce information for these services and age groups regularly. European Union (EU) countries are the most advanced, with data disaggregated by type of service.⁴⁰ In UNICEF CPD countries, UNICEF has expanded its support to enable child budgeting, including the application of the Child-focused Public Expenditure Measurement methodology.

Most public spending on children is embedded in social sectors: health, education and social protection. According to the most recent data available for UNICEF CPD countries, the average spending in social sectors was equivalent to approximately 24 per cent

of GDP, with health at 3.5 per cent (2018),⁴¹ education at 4 per cent (2017),⁴² and social protection at 17.4 per cent (2020-2022).⁴³ These values are higher than the averages for other regions, although they include expenditure far broader than that on children and youth. For instance, in the case of social protection, in 2017, the EU countries spent just over EUR 300 billion on family/child benefits, amounting to 2.3 per cent of GDP, equivalent to 7 per cent of all expenditure on social benefits.⁴⁴

UNICEF CPD countries mobilized significant resources in the public response to COVID-19. For the public response to COVID-19, UNICEF CPD countries made, on average, 4.5 per cent of GDP available for the response, with half of the countries committing in the range of 2-7 per cent of GDP. Fiscal pressures and the move into managing the post-pandemic period mean social spending will be at risk. The recovery will be uneven across the region, depending on the scale of the economies and the adequacy of fiscal responses.⁴⁵ UNICEF believes that protecting social spending is particularly important in this phase. It is essential to ensure a comprehensive and long-term approach to social spending, which places human capital outcomes at the centre of the budget process.

Data on children

In its most recent Concluding Observations on the rights of children issued to individual countries in the region, the Committee on the Rights of the Child has repeatedly made [recommendations to improve data availability](#) related to children, totalling 370 recommendations for 52 countries. The most common data-related recommendations concerned the need for better disaggregation, better budgetary allocations, mechanisms for data collection and monitoring, and better data dissemination. The recommendation to improve overall data systems for children comes across very frequently as well.⁴⁶ To help countries to organize their data and analysis on children better, UNICEF Regional Office has developed a [Child Rights Monitoring Framework](#) for the region linked to the CRC and SDGs. An initial list of indicators has been mapped against each sub-domain of the framework, with the child-related SDG indicators serving as a starting point.

The exercise helped shed light on measurement and data gaps. Of 55 countries in the region, only four countries, Kyrgyzstan, Uzbekistan, Tajikistan, and Albania, have updated data within the last five years for more than 60 per cent of child-related SDG indicators. Data availability/recency on progress toward relevant child-related SDG indicators varies between 50 and 60 per cent for eight countries and falls below 50 per cent for 43 countries.⁴⁷ The lack of available comparable data makes it challenging to capture a clear picture of the situation of children across the region.

A recent report [Monitoring and Integrating child related SDGs in Europe and Central Asia: Challenges and Opportunities](#) reviewed the status of the child-related SDG targets and indicators in ECAR, focusing on the progress with data availability and data sources, and the integration of national policies and programmes.

Comparable measures for children at different levels

are needed. For example, the Conference of European Statisticians recently adopted a [Guidance on the Improvement of Statistics](#) on children, focusing on children exposed to violence, in alternative care, and with disabilities. Apart from specific recommendations for improving statistics on particular groups of children, the Guidance recommended (a) designating a national focal point for child and youth statistics

to serve as a resource about national indicators and standards, data collection and reporting, (b) including issues for children in regular data collection, such as child-focused surveys, (c) promoting a structured collaboration between international organizations (OECD, Eurostat, and UNICEF) and (d) producing statistics on children to harmonize methods, increase efficiencies and identify data gaps.⁴⁸

Right to remedy

The European Network of Ombudspersons for Children (ENOC) connects 44 independent child rights institutions in 34 countries within the Council of Europe member states to promote children's fundamental rights in the region.⁴⁹ Yet most children in the region whose rights are violated face barriers to accessing justice or redress mechanisms, including Ombudspersons' offices. Children report that violence at home would be one of their main reasons for seeking redress, but although up to 60 per cent of children reported experiencing such violence, few would seek help outside the family. Few, if any, know about their right to redress, let alone how to claim that right – or any other rights.⁵⁰ Overall, children from poor family backgrounds receive less information than others about their rights, are less likely to seek

redress, and have greater difficulties in paying for lawyers, court fees, and transport to attend hearings.

Moreover, children with disabilities lack the communication aids and targeted support that would make it possible for them to effectively participate in redress processes. Children from minority ethnic groups, including Roma, experience stigma that is a further barrier to accessing information about their rights and seeking redress. In parts of the region, girls are more isolated than boys and therefore receive less information about their rights. At the same time, social norms make it even less acceptable for them to come forward in cases of abuse.⁵¹ Unequal access to digital technologies – the gender 'digital divide' – further isolates girls.

Business and child rights

Business for Results (B4R) has manifested itself in ECAR by diversifying approaches to collaborate with the private sector. With the establishment of Business Advisory Councils in CPD programme countries and the roll-out of B4R, there has been a transformation in private sector engagement.

Initiatives across countries, including partnerships with various business sectors, have demonstrated the benefits of strategically engaging businesses to achieve programmatic results. For instance, in many

ECAR countries, the extractive industry continues to be a sector that has a significant impact on children not only through the industry's policies and practices towards their parents as employees but also through the industry's impact on the environment and the community. Beyond the extractive industry, other important areas to explore are family-friendly policies, the effect of the food and beverage sector on children's rights and nutrition habits, online child protection, and understanding the impact of state-owned enterprises on children's rights.

Chapter 3.

HEALTH AND NUTRITION



Health system

The need for public investment in health is particularly acute in Eastern Europe and Central Asia. While spending on hospital care is undeniably important, this should not come at the expense of primary care investment, which is often people's first point of entry into the health system. Primary care is a proven and cost-effective way to promote health and healthy behaviours.

Primary Health Care (PHC) accounts for less than half of current spending on health. On average, PHC spending accounted for 42 per cent of current expenditure on health in the 37 countries that report these data, but there is considerable variation across countries. For example, Switzerland spends the most per person (US\$ 3,923) and Tajikistan the least (US\$ 27). The composition of PHC spending also differs across countries. General outpatient care and outpatient medicines account for the largest share of PHC spending.

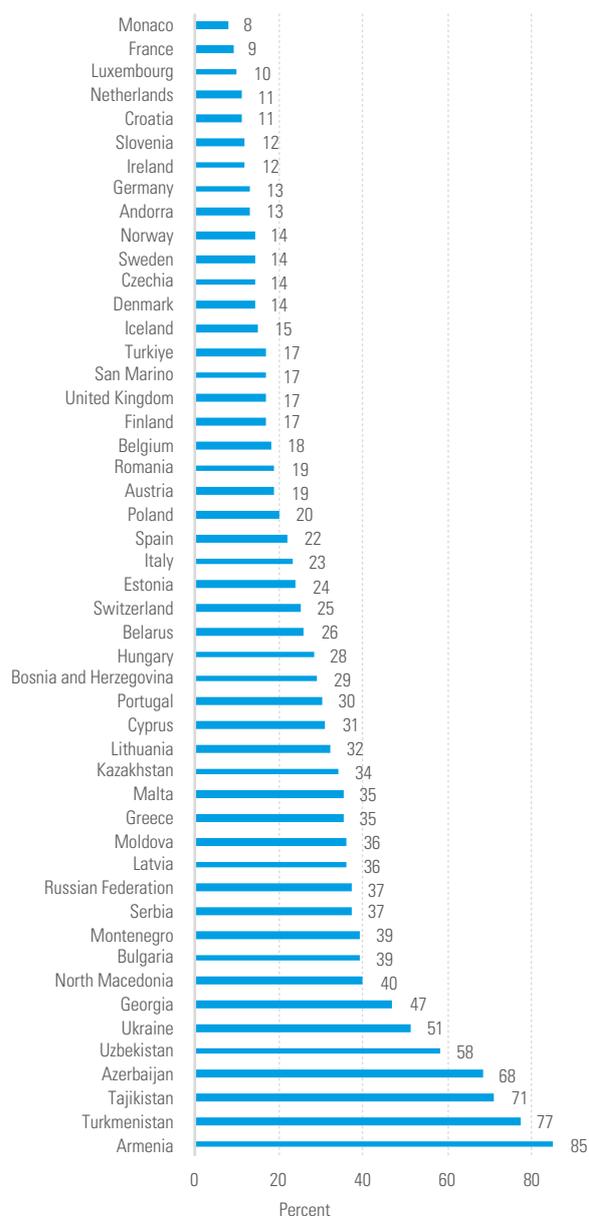
The priority countries give to PHC when allocating government spending on health varies substantially. Among the eight countries, for which PHC spending data are available by financing source, the public share of PHC spending ranges from 42 per cent in Armenia to 12 per cent in Georgia. Public spending on PHC as a share of GDP ranges from 1.2 per cent in the Republic of Moldova and the Russian Federation to 0.3 per cent in Georgia. If these countries invested an additional 1 per cent of GDP in PHC, it would result in an extra US\$ 32, US\$ 44, and US\$ 115 spent publicly per person on PHC in the Republic of Moldova, Georgia and the Russian Federation, respectively⁵².

Out-of-pocket expenditure (OOPE) is a core indicator of health financing systems. It contributes to understanding the relative weight of direct payments by households in total health expenditures. High out-of-pocket payments can have catastrophic consequences for families and must be considered in equity and planning processes.⁵³ OOPE ranges between Monaco (5 per cent) and Armenia (85 per cent).

In recent decades, ECAR countries have significantly improved health outcomes for children and adolescents. But inequities among and within countries persist, millions of children still do not have access to quality health care and services. The COVID-19 pandemic has reversed many of the gains that have been made over the years. In some places,

health facilities are too far or expensive to reach. In others, facilities lack the medical supplies or trained personnel necessary to deliver basic, essential and quality care.

Figure 3: Percentage of out-of-pocket expenditure, as % of current health expenditure, countries with available data



Source: World Bank database, accessed 20 November 2022.

The progress toward realizing sexual and reproductive rights and related outcomes has been uneven. Access to and demand for sexual and reproductive health services, information, and counselling remain

a challenge in parts of the region, resulting in low use of modern contraceptives, unintended pregnancies, unsafe abortions, preventable maternal deaths, and high rates of cervical cancer and sexually transmitted infections. This is partly attributed to a resurgence of socially conservative values and policies over the past 20 years.⁵⁴ The groups most disadvantaged are adolescent girls and boys, young single women, women living in rural areas, poor women, women with disabilities, migrant and refugee women, and women from minority groups, all of whom face intersectional discrimination in the realization of their sexual and reproductive health and rights.⁵⁵

Currently, in UNICEF CPD countries, procedures for the early identification of children at risk of developmental delays, including disabilities, are not built into health systems. There is also a lack of intersectoral coordination and data sharing, meaning that linkages between services are not there or do not function effectively. Multi-sectoral, individualized, family-centered early intervention services for children with developmental delays have only recently started to be developed across the region. They are still not aligned with evidence-based practice. Their number is also insufficient to meet existing needs.⁵⁶

Accessing data relevant to the quality of care for mothers and children in Eastern Europe and Central Asia is challenging. Often, the data are not adequately collected and/or analysed. Poor-quality care is now a bigger barrier to reducing mortality than insufficient access. Deaths due to preventable causes such as asphyxia, and differences in survival rates of newborns weighing 1,500-2,499 grams, which are much higher in Eastern Europe countries and lower in Central Asia, indicate important differences in the quality

Maternal, newborn and child health

Europe and Central Asia include countries with the lowest number of infant and child deaths in the world. Still, the region also has countries where children are more likely to die before the age of 5 than the global average. Mortality varies not only between but within countries. More than half of deaths among children under five years of age in the region are due to diseases that are preventable and treatable through simple, affordable, proven measures.⁵⁸ The leading causes of newborn deaths are prematurity and low birth weight infections, asphyxia, birth trauma, and congenital abnormalities, which account for nearly 80 per cent of deaths in this age group.

of health care. Some 60 per cent of deaths from conditions amenable to health care are due to poor-quality care, whereas the remaining deaths result from non-utilisation of the health system.⁵⁷

In the region, water-related infectious disease outbreaks continue to occur, impairing the health, well-being, and productivity of people and communities. Climate change is already affecting the quality and sustainability of water and sanitation services because of damage to infrastructure by floods, reduced availability of safe water, and increased demand for water from other sectors. Diarrhoea and other diseases such as Hepatitis A, legionellosis and soil-transmitted helminth infections are all related to inadequate access to water, sanitation and hygiene (WASH). In the region, 14 diarrhoea-related deaths a day can be attributed to inadequate WASH. Infants and children under five years of age are particularly vulnerable to diarrhoea, a leading cause of infant and child malnutrition and death.

In some countries, lack of access to adequate WASH facilities, particularly in public places, such as in schools, workplaces, or health centres, makes it difficult for girls and women to manage menstruation safely and hygienically, with implications for reproductive health as well as access to schooling and employment.

Contamination of water used for drinking, hygiene, and recreation, including microbial contamination, is a significant concern throughout the region. Chemical pollution is often localized but may also significantly impact health. Chemicals in drinking water that can cause non-infectious diseases include arsenic, fluoride, lead and nitrate.

Two-thirds of newborn deaths could be prevented if well-known and effective health interventions were provided during pregnancy, at birth, and during the first week of life.⁵⁹

Although maternal mortality has fallen in the region overall, the latest global figures suggest that levels remain unacceptably high in some countries in the Caucasus and Central Asia. These include Armenia (26 deaths per 100,000 live births), Azerbaijan (26 deaths per 100,000 live births), Uzbekistan (29 deaths per 100,000 live births) and Kyrgyzstan (60 deaths per 100,000 live births).⁶⁰

Table 1: Comparative child mortality rates, 2020 and stillbirth rate, 2019

Indicator	Under-5 mortality rate	Infant mortality rate	Neonatal mortality rate	Stillbirth rate
Global	37	27	17	14
Europe and Central Asia	8	7	4	4
Eastern Europe and Central Asia	11	9	5	5
Western Europe	4	3	2	3
Central Asia	19	17	10	7
Europe	5	4	3	3
Highest rates in region	Turkmenistan: 42	Turkmenistan: 36	Turkmenistan: 24 Tajikistan: 14	Armenia: 13 Tajikistan and Azerbaijan: 9
Greatest reduction in rates (between 2000-2020)	Azerbaijan(55), Tajikistan (51)	Azerbaijan(44), Tajikistan (39)	Azerbaijan(24), Uzbekistan (20)	Azerbaijan(10), Georgia (9)

Source: United Nations Inter-agency Group for Child Mortality Estimation (IGCME), *Levels and trends in child mortality 2021*. Mortality rates are deaths per 1,000 live births while stillbirths are deaths (born with no signal of life) per 1,000 total births.

Certain groups of women across the UNICEF CPD countries are at greater risk of dying during pregnancy or childbirth or in the postpartum period, including women living in rural and remote areas and minority women, such as Roma. Contributing factors include lack of access to health care due to the distance required to travel to facilities, service costs, and waiting periods.

The deaths are not occurring equally across the region – 78 per cent of children's deaths occurred in Eastern

Europe and Central Asia. Central Asia had the highest regional probability (19 per 1,000) of dying for the under five years old age group in 2020, compared with Western Europe (4 per 1,000).

In ECAR, nearly 46,000 adolescents died in 2020. The probability of dying among adolescents aged 10–19 years was estimated at three deaths per 1,000 children aged ten years in 2020. Survival chances for children and youth aged 5–24 years depend heavily on the countries they are born in.

Immunization

The COVID-19 pandemic severely affected routine immunization services, with coverage dropping in every region worldwide (WHO and UNICEF, 2022), the largest sustained drop in childhood vaccinations in about three decades. Although the ECAR did not register a dramatic reduction, 95 per cent of countries show a backsliding in immunization coverage. An estimated 200,000 children in ECAR are not vaccinated, around 280,000 did not receive three doses of the diphtheria-tetanus-pertussis (DTP) vaccine, and 412,000 did not receive two doses of measles. Every year, almost 1 million children in the region do not receive all their scheduled vaccinations.⁶¹

The low uptake of the DPT vaccine is particularly concerning. The WHO-UNICEF region aims at

achieving 95 per cent of DTP coverage at the national level and at least 80 per cent at the subnational level, but only eight countries with a UNICEF CPD reported 95 per cent and above immunization coverage of DTP3 in 2021.⁶² The Republic of Moldova has the lowest rate of uptake of DTP1 (87 per cent), followed by Bosnia and Herzegovina and Kyrgyzstan (89 per cent each). In contrast, 99 per cent of infants in Greece received the third dose of the DTP-containing vaccine (DTP3). The coverage of DTP3 is lowest in Bosnia and Herzegovina (73 per cent), Ukraine (78 per cent), and Montenegro (83 per cent).

In addition, many children are not receiving protection against measles. While 99 per cent of children in Uzbekistan, Hungary, Andorra and Luxembourg

received their first dose of measles-containing vaccine (MCV1), the coverage is much lower in Montenegro (only 18 per cent).⁶³

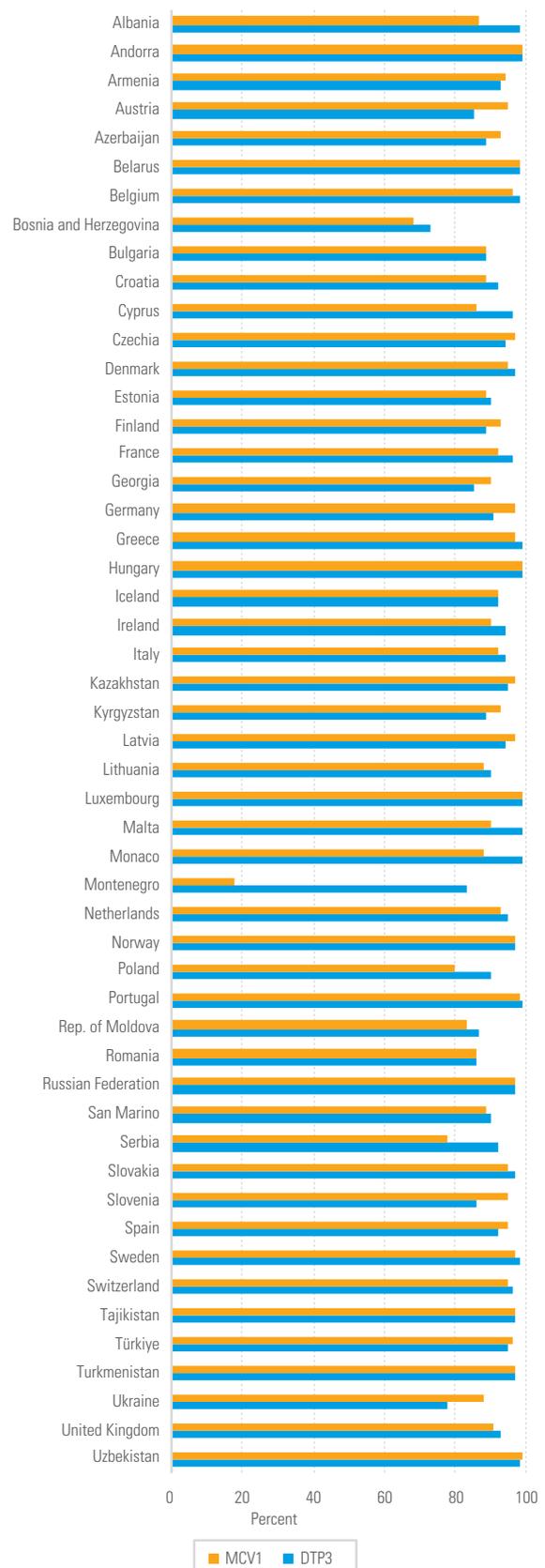


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Roma children are less likely to have received all vaccinations recommended within the national vaccination schedules than non-Roma children in various countries in the ECAR. For instance, less than half of children aged 24–35 months from Roma settlements in Kosovo* and Serbia (38 per cent and 45 per cent, respectively) and slightly more in North Macedonia (57 per cent) have been fully immunized. The disparity between Roma and non-Roma children is greatest in Kosovo*, where 79 per cent of non-Roma children aged 24–35 months have been vaccinated against all antigens compared to 38 per cent of Roma children.⁶⁴

Supply and demand-related issues contribute to pockets of low coverage. Vaccine hesitancy was identified in 2019 as one of the ten most significant threats to global health.⁶⁵ A 2020 survey of EU countries and the United Kingdom found that Portugal and Spain had the highest vaccine confidence (both 70 per cent), while Hungary (36 per cent) and Malta (39 per cent) had the lowest.⁶⁶ In Poland, where routine immunization is mandatory and free of charge, vaccine refusals increased from 4,893 in 2007 to 23,147 in 2016.⁶⁷ A 2020 study in Moldova found that 26 per cent of respondents were hesitant about seeking out vaccination services, while 23 per cent indicated that they were 'not sure' of where they stood on the importance of vaccines.^{68 69}

Figure 4: MCV1 and DTP3 immunization coverage, countries with available data, 2021



Source: WHO/UNICEF national immunization coverage estimates, 2021 revision, accessed October 30, 2022.

During the resurgence of measles in the region, vaccine hesitancy or refusal was mainly due to concerns about vaccine safety, effectiveness, perception of measles risk and burden, mistrust in experts, and accessibility.⁷⁰ Also, a 2019 Wellcome Global Monitor study included the skills, knowledge and attitudes of health professionals as significant reasons for vaccine hesitancy.⁷¹ A European literature review found that one of the most commonly mentioned barriers to receiving or recommending

vaccination among health professionals in Europe pertains to the perceived lack of effectiveness, doubts regarding the usefulness and importance of particular vaccines, and concerns regarding vaccine safety.⁷²

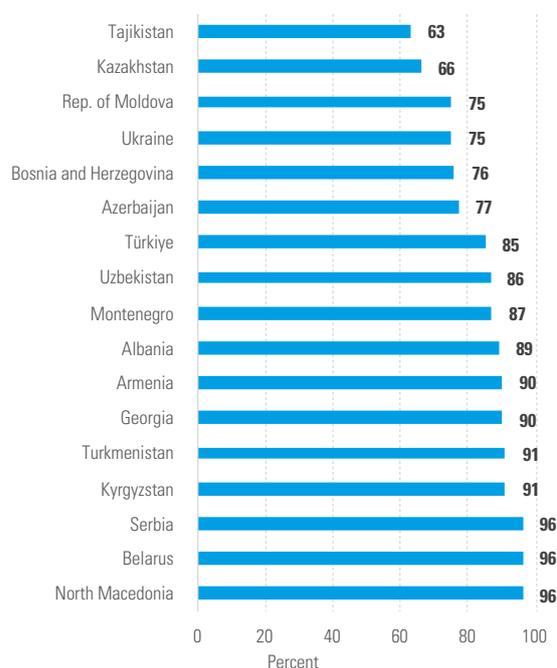
Yet many countries across the region faced outbreaks of vaccine-preventable diseases during 2016-2019. With the decrease in immunization and ongoing outbreaks, children's lives and well-being are at risk.

Nutrition

In Eastern Europe and Central Asia, from 2000 to 2020, stunting among children under five years of age declined from 18 per cent to 8 per cent.⁷³ Survey data reveal that timely introduction of solid, semi-solid and soft foods at 6-8 months is 76 per cent and early initiation of breastfeeding is 70 per cent, while exclusive breastfeeding is 41 per cent and continued breastfeeding for two years among children aged 20-23 months is 50 per cent. While data are available for some countries, as a region, there is a lack of data on key complementary feeding indicators, including minimum meal frequency, minimum dietary diversity and minimum acceptable diet. Many of the high-income countries in Europe (member states of the Organisation for Economic Cooperation and Development – OECD) do not report feeding data in line with UNICEF-WHO indicators, with the most recent data on breastfeeding dating back to 2005 for some countries.⁷⁴

In the UNICEF CPD countries with data, there is variation in the introduction of solid, semi-solid, and soft foods among infants aged 6-8 months, which ranges from 63 per cent (Tajikistan) to 96 per cent (North Macedonia).⁷⁵

Figure 5: Percentage of infants, 6-8 months of age, fed solid, semi-solid or soft foods, countries with available data

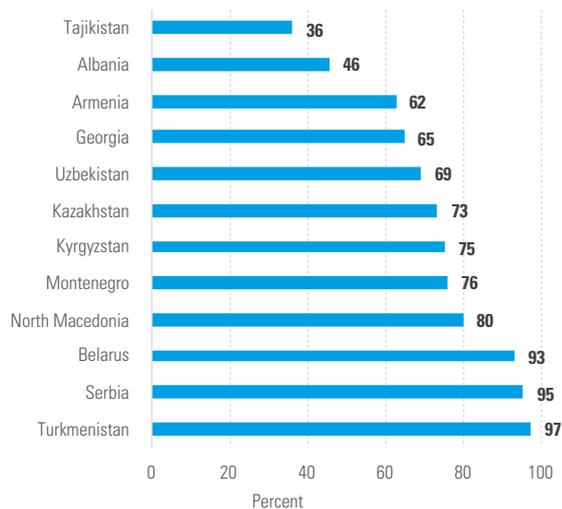


Source: UNICEF data warehouse, 2021, accessed 22 September 2022.

Minimum meal frequency varies across countries, from 36 per cent in Tajikistan to 97 per cent in Turkmenistan, with eight countries reporting minimum meal frequencies above 70 per cent. There are no data on minimum meal frequency in eight UNICEF CPD countries.⁷⁶



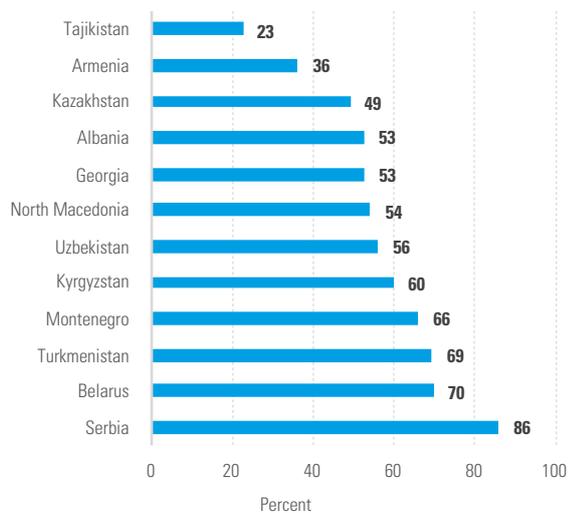
Figure 6: Percentage of children, 6-23 months of age, who received minimum meal frequency (MMF), countries with available data



Source: UNICEF global database, 2021, accessed 22 September 2022.

Data on minimum dietary diversity are available for 13 countries in the region. Estimates ranged from 23 per cent in Tajikistan to 86 per cent in Serbia. In most countries, more than half of children received the required minimum dietary diversity for children aged 6-23 months.⁷⁷

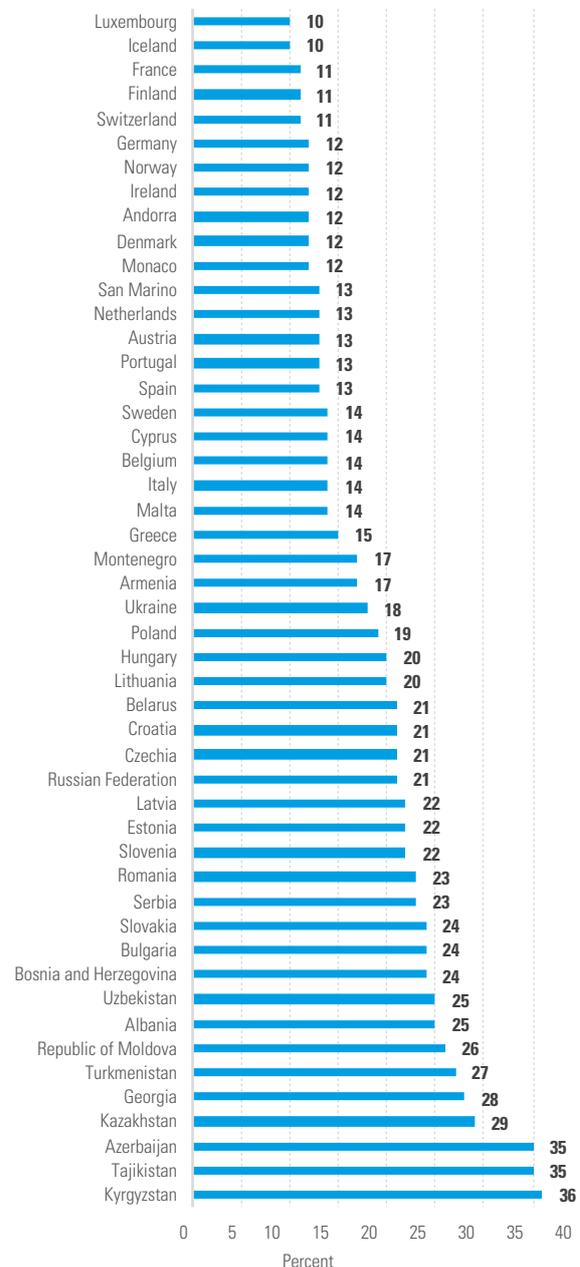
Figure 7: Percentage of children, 6-23 months of age, who received minimum dietary diversity, countries with available data



Source: UNICEF data warehouse, 2021, accessed 22 September 2022.

Being overweight is now a recognized problem in the region, mainly caused by poor diets and lack of physical activity. One in three children aged 6-9 years are overweight or obese, and over 60 per cent of children who are overweight before puberty are overweight in early adulthood.⁷⁸ In Eastern Europe and Central Asia, being overweight concerns about 9 per cent of 0-4-year-olds and 23 per cent of 5-19-year-olds. In Western Europe, the figures for overweight are 7 per cent among 0-4-year-olds and 30 per cent among 5-19-year-olds.

Figure 8: Prevalence of anaemia among women of reproductive age (% of women ages 15-49)



Source: World bank database, accessed 25 October 2022.

For women and girls of reproductive age (15-49), anaemia can be a serious problem in the region. In 2019, the rates were highest in Kyrgyzstan

(36 per cent), followed by Tajikistan (35 per cent), Azerbaijan (35 per cent), Kazakhstan (29 per cent) and Georgia (28 per cent).⁷⁹

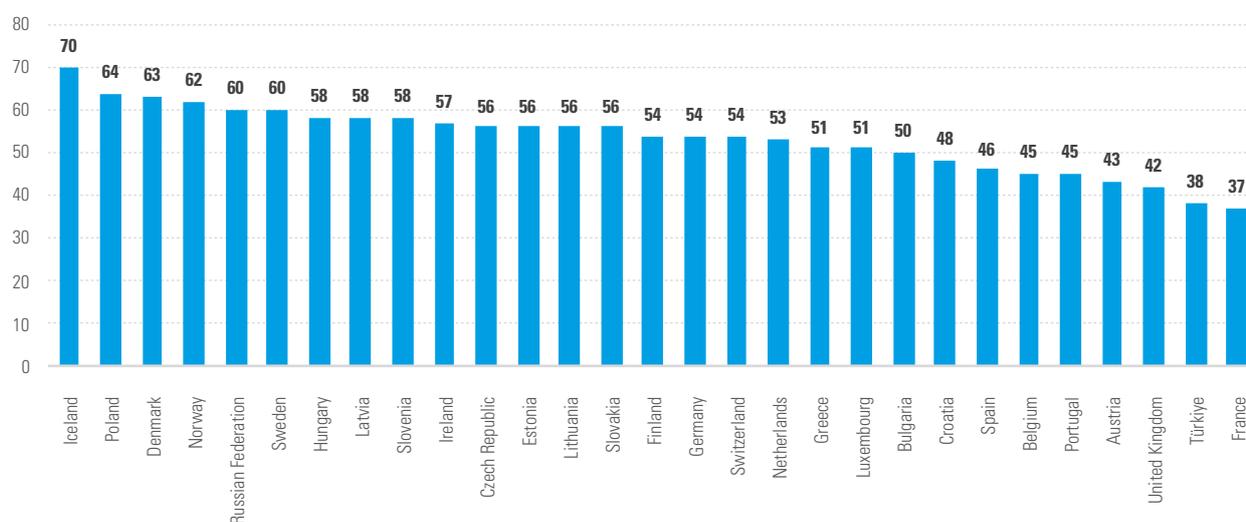
Adolescent physical, mental and reproductive health

The adolescent birth rate in Europe and Central Asia in 2020 was 16 per 1,000 girls aged 15-19, far below the global average of 41 per 1,000. Yet, there was considerable variation across the region and within countries. While the adolescent birth rate for this period was just 8 per 1,000 for Western Europe, it was much higher for Eastern Europe and Central Asia at 25 per 1,000. The figures for Tajikistan (54 per 1,000) and Azerbaijan (48 per 1,000) were above the global average.⁸⁰ In some countries in the region there was high variation within the country. In Montenegro, for example, the adolescent birth rate in Roma

settlements was 161 per 1,000 in 2018, at least ten times higher than the national average.⁸¹

It is well known that vigorous physical activities, which make you 'sweat and breathe hard,' including running, cycling, aerobics, soccer, and skating⁸², are important for adolescent wellbeing. The following data in Figure 9 refers to the per cent of 15-year-old students who reported engaging in vigorous physical activity (for at least 20 minutes) outside of school on at least three days in the past seven days. The data are obsolete, dating back to 2015.

Figure 9: Adolescents (15-year-olds) who report regularly engaging in vigorous physical activity outside of school (in %), 2015, countries with available data

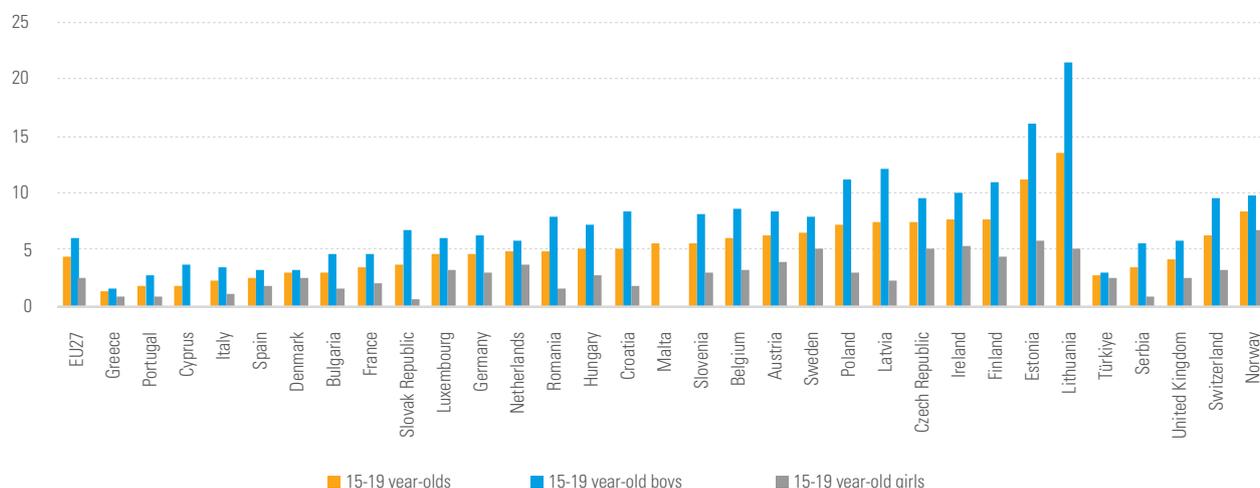


Source: [TransMonEE database](#), extracted data from [OECD Programme for International Student Assessment \(PISA\) database 2015](#), accessed 25 September 2022.

Before the COVID-19 pandemic, 29 per cent of 15-year-old girls and 13 per cent of 15-year-old boys in schools in European countries reported 'feeling low' more than once a week. More than 1 in 10 adolescents were regular weekly drinkers by age of 15 years (9 per cent of girls and 16 per cent of boys).⁸³

Suicide is the leading cause of death among adolescents (10-19 years old) in low- and middle-income countries and the second leading cause in high-income countries in Europe and Central Asia. In 2015, there were over 4,000 deaths from suicide among 10-19-year-olds in the region, principally among boys.⁸⁴

Figure 10: Suicide rate among the 15-19 year olds, 3-year average, 2015-17 (or nearest years), countries with available data



Note: Differences across countries may reflect, at least in part, differences in recording practices. The EU average is weighted. Data refer to a 3-year average (2015-17), except in Cyprus (2015), France (2014-16) and Luxembourg (2014 and 2016 due to missing data in 2015 and 2017).

Source: Eurostat Database, accessed 18 November 2022.

Events in recent years have shown how poverty, conflict, disease, and lack to access to opportunities can have a devastating impact on mental health. Moreover, the COVID-19 pandemic will likely impact the mental health of children, adolescents, and caregivers for years to come.⁸⁵ A survey conducted by UNICEF and Gallup in 21 countries in the first half of 2021 found a median of one in five young people

(19 per cent) reported often feeling depressed or having little interest in doing things. In European countries, the breakdown was 24 per cent of young people in France and Germany, 20 per cent in the UK, 11 per cent in Spain and 12 per cent in Ukraine. However, this survey was conducted before the escalation of the war in Ukraine.

HIV/AIDS

Eastern Europe and Central Asia is the only region where HIV prevalence has not declined in recent years. Global shocks, including the COVID-19 pandemic and the war in Ukraine, have further exacerbated risks for the HIV response in Eastern Europe and Central Asia. The growing HIV epidemic and population movements require urgent and considerable efforts to ensure access to essential HIV services for all people in need.

HIV incidence is increasing, and there are no reductions in AIDS-related mortality in the Europe and Central Asia region. Around 160 000 (between 130,000-180,000) people were newly infected with HIV in Eastern Europe and Central Asia, a 48 per cent increase since 2010. The number of AIDS-related deaths in the region in 2021, estimated at 44,000 (36,000-53,000), is 32 per cent higher than in 2010,

despite expanding HIV treatment coverage and availability of new prevention methods and measures to control opportunistic infections. According to UNAIDS, in 2020, 54 per cent of new HIV diagnoses in the region were detected at the late stage (CD4+ <350 cells), which is 10 per cent more than in 2018.⁸⁶

An estimated 36,000 (31,000-47,000) children and adolescents aged 0-19 years are living with HIV in ECAR. The biggest child and adolescent populations living with HIV are in the Russian Federation - an estimated 21,000 (17,000-23,000), in Uzbekistan 4,600 (4,300-5,100), Ukraine 4,200 (2,900-6,800) and in Turkmenistan 3,000 (1,800-4,500). As of 2020, 74 per cent (67-95 per cent) of children living with HIV were on treatment versus 52 per cent globally. There was no data on virally suppressed.⁸⁷

The antiretroviral therapy (ART) coverage of pregnant women in Eastern Europe and Central Asia is 65 per cent (59-75 per cent), lower than the global average. Analysis of global data from HIV programmes and modelling shows that almost half of new HIV infections in children occur through mother-to-child transmission due to HIV-positive women not receiving antiretroviral therapy. HIV services are missing these women, many of whom avoid HIV services for fear of stigma and discrimination. Legal barriers (such as age-of-consent regulations and laws that criminalize key populations) also make it difficult for them to be tested for HIV and start antiretroviral therapy before pregnancy.

Among 15-24-year-olds, Eastern Europe and Central Asia have the fastest-growing HIV/AIDS in the world after East and Southern Africa.⁸⁸ HIV epidemics are perpetuated primarily through the sexual transmission of infection to successive generations of young people. Sound knowledge about HIV and AIDS is necessary (although often insufficient) for adopting behaviour that reduces the risk of HIV transmission, yet the comprehensive knowledge of HIV/AIDS in the region is low, as MICS surveys indicate. Antiretroviral treatment coverage is moderate in Eastern Europe and Central Asia (46 per cent). ART coverage among girls has increased substantially from 36 per cent to 78 per cent from 2010 to 2020, but among boys, it has increased from 8 per cent to only 31 per cent in the same time period.⁸⁹



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UNICEF's Regional Flagship Result on THRIVING

WHAT DOES UNICEF DO?

Thriving: for every child and adolescent, good health



THE RESULT STATEMENT

By 2030, all countries in the region have 95% of children at the national level, and at least 80% in every district vaccinated with DTP/Penta3.



UNICEF IN ACTION

- Supporting the development of evidence-based policies and budgets, including immunization strategies and action plans.
- Strengthening vaccine management and supply chain systems to ensure no vaccines are out-of-stock in countries.
- Supporting governments to improve access to and quality of immunization services to address inequities and backsliding in immunization coverage and reduce the dropout rates between DTP1 and DTP3.
- Supporting countries to increase demand for immunization and restoration of public trust in vaccination.
- Strengthening collection and analysis of social and behaviour data to inform the development of targeted interventions to increase demand for immunization.
- Supporting risk communication and community engagement interventions.
- Enhancing the capacities of health professionals through interpersonal communication and motivational interviewing to identify and address vaccine hesitancy.

Chapter 4.

EDUCATION, LEISURE AND CULTURE



Education system

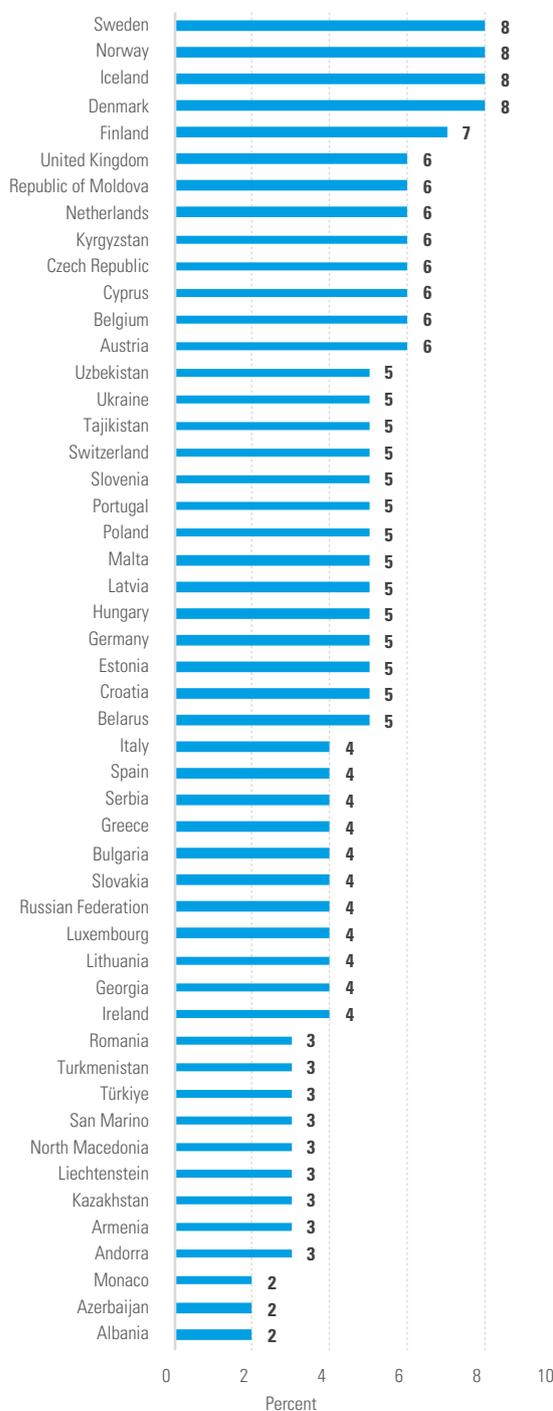
Education systems can provide quality, inclusive education for all when education policy, governance, finance, data management, infrastructure/materials, curriculum, teacher management, and teaching and learning practices, among other key elements, are aligned to meet the learning needs of children under national education strategy and plans. However, many countries cannot collect the systematic data and information needed for evidence-based policymaking and programming to improve education access and quality with targeted interventions.⁹⁰

The Education 2030 Framework for Action endorses the allocation of 4 per cent to 6 per cent of GDP for the government financing of education as a key benchmark.

There are structural barriers to achieving inclusive, quality education for all. Supply-side factors include poor legal or policy provision, limited funding and human resources, planning capacity, curricular frameworks, data management systems, school leadership, teachers' skills and support, teaching and learning materials, and assessment practices. Stigma and discriminatory attitudes, including among teachers, also negatively affect enrolment, retention, and the quality of education, especially among children from minority groups and children with disabilities. Demand-side factors include social and gender norms, parents' financial constraints, unequal access to digital resources, and a lack of awareness of the importance and benefits of education.⁹¹



Figure 11: Government expenditure on education as a percentage of GDP.



Source: UNICEF, ECAR TransMonEE database, Education system: Education and Leisure, accessed 26 November 2022.

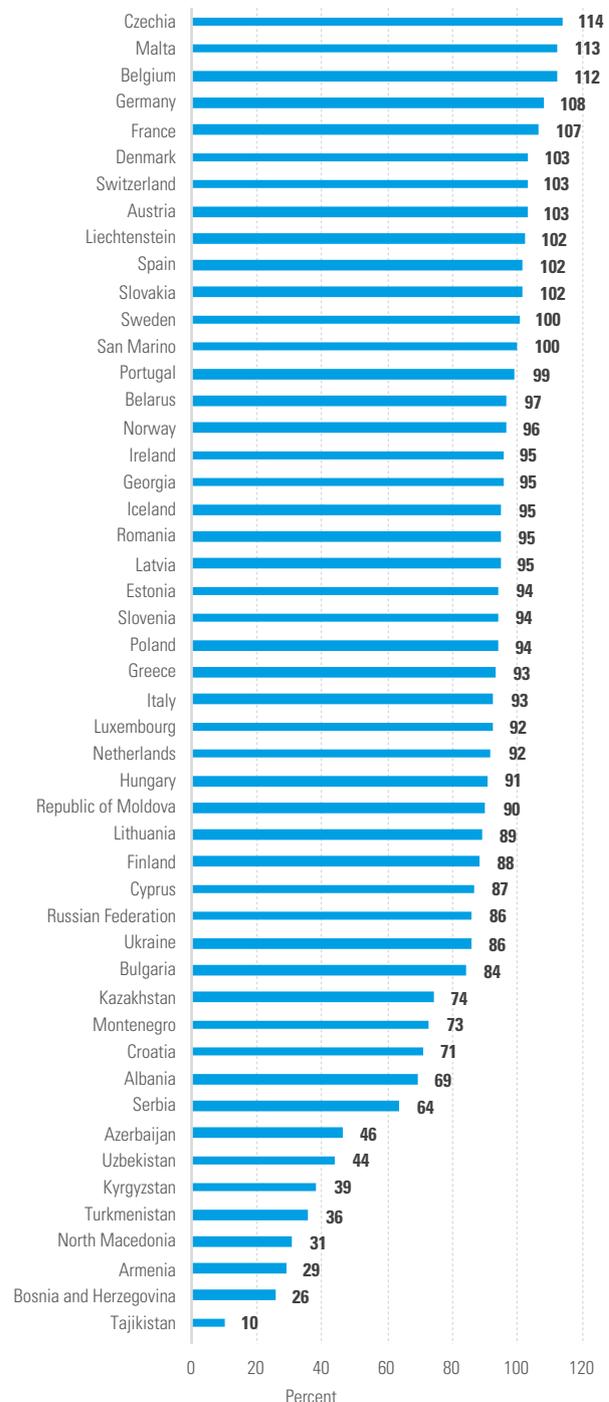
Education access and participation

An estimated 7.3 million children at pre-primary, primary and secondary school age in 22 UNICEF CPD countries in Europe and Central Asia are out of school. Pre-primary education accounts for 55 per cent of the out-of-school children. These countries are home to 14.6 million pre-primary school age children; of these, 4 million do not attend pre-school. This indicates the importance of addressing early learning, which in turn facilitates entry to and completion of primary and secondary education.⁹²

The regional pre-primary gross enrolment ratio (GER) average stands at 56 per cent.⁹³ However, there are significant differences across the region, with GER for pre-primary standing at 10 per cent in Tajikistan but 114 per cent in Belgium. Within countries, issues of equity, quality, and access also remain a challenge. For example, in Serbia, the overall net attendance ratio for children aged one year younger than the official primary school entry age at the beginning of the school year is 97 per cent, whereas, for children from Roma settlements, it is only 76 per cent.⁹⁴

Despite the disparities in early childhood education (ECE), it is gradually becoming a recognized sub-sector in national education systems in UNICEF CPD countries, where 90 per cent have either established or championed national policies, leadership and budgets for early learning. However, the sector is still vulnerable to external shocks and attendance setbacks, as evidenced during the COVID-19 pandemic. It requires reforms in modernization and professionalization of teaching and learning, inclusion and improved provision of alternative service models. Across the region, countries were slow to roll out remote services for pre-primary-aged children, with few countries providing at-home support for early learning. Where this was provided, provision was inadequate. For example, during the pandemic school closures in Ukraine, 59 per cent of ECE providers did not manage to reach all their learners with remote services, and a further 14 per cent of ECE providers did not provide any educational services at all. Now the war has made a bad situation much worse.

Figure 12: Gross enrollment ratios for pre-primary education



Source: UNESCO, UNESCO Institute for Statistics (2017-2021), accessed 15 September 2022.

Many children in the region are not in school at primary and secondary education levels either. In Eastern Europe and Central Asia, 3 per cent of children of primary school age were not in school compared to 1 per cent in Western Europe between 2013-2019, with no gender differentiation. Five countries had particularly high rates of out-of-school children of primary school age: Romania (12 per cent for boys and 13 per cent for girls), the Republic of Moldova (9 per cent and 11 per cent), Kazakhstan (10 per cent and 9 per cent), Armenia (9 per cent and 9 per cent) and Azerbaijan (10 per cent and 7 per cent). In contrast, in France, Austria and Norway, fewer than 0.5 per cent of both boys and girls of primary school age were not attending school.⁹⁵

There were similar differences regarding lower and upper secondary school too. Overall, for lower secondary schools in Europe and Central Asia, an average of 3 per cent of boys and girls of lower secondary school age were not in school between 2013-2019. When looking at Eastern Europe and Central Asia, the figures were 3 per cent for both girls and boys compared to 2 per cent for both sexes in Western Europe.⁹⁶

For upper secondary school, in Europe and Central Asia, an average of 9 per cent of adolescents, both girls and boys of upper secondary school age, were out of school between 2012-2018. In Eastern Europe and Central Asia, the figure was 13 per cent (with no gender differentiation) compared to 6 per cent (with no gender differentiation) in Western Europe.

From birth, Roma children in Europe are among the most marginalized, facing discrimination and exclusion. In four countries/territories in the Balkans (Kosovo*,⁹⁷ Montenegro, North Macedonia, and Serbia), the periodic MICS now include a separate survey of 'Roma settlements' (neighbourhoods with at least 10-20 Roma households). These surveys have

consistently found that children in Roma settlements are less likely than the general population to attend school, more likely to attend a class where they are older than their classmates (and facing a higher risk of dropout), and less likely to complete primary and secondary education. Roma children also have a lower chance of acquiring foundational skills across education levels, age groups, and countries/territories. Except for Montenegro, out-of-school rates in Roma settlements had not changed much since the previous round of MICS. In Roma settlements in Kosovo*, girls are 5 per cent more likely to be out of school than boys; no statistically significant gender difference was found in the other countries/territories.⁹⁸

School education is a driver for foundational skills development regardless of disadvantages. For example, in Roma settlements in Kosovo* and North Macedonia, completing additional school grade is associated with an increase in the probability of acquiring foundational skills by 5-9 percentage points. For example, in Roma settlements in these four countries/territories, children who engaged in child labour, had functional difficulties, or used a language at home that is not an official school language, were just as able as other children to develop foundational skills through school education.

These findings reaffirm the importance of inclusive education to help all children, including the most marginalized, acquire the knowledge and skills necessary to acquire their full potential on an equal footing. Furthermore, given the low school attendance rates in Roma settlements, bringing children who have dropped out back into school could be a practical approach to closing the learning gap in these countries/territories. However, schooling alone may not be enough to fully achieve equitable learning outcomes.⁹⁹

Learning quality and skills

School attendance does not guarantee that students learn adequately. In UNICEF CPD countries in this region, it is estimated that 19.1 million children in school do not reach minimum proficiency in core subjects.¹⁰⁰

The challenges in learning begin in the first cycle of primary education. One in five students in Eastern Europe and Central Asia do not develop basic

proficiency in reading by the end of primary education, and two in five do not acquire basic maths proficiency. In addition, inequality in learning continues to be a challenge in secondary education. Data from countries in Europe and Central Asia that have comparable data on student learning between 2013 and 2019 indicate that the percentage of students at the end of lower secondary education who meet the minimum proficiency level ranges from 36 per cent for reading

and 39 per cent for maths in Georgia (the lowest) to 89 and 90 per cent respectively in Estonia (the highest).¹⁰¹

Gender stereotypes in schools lead to early segregation in subjects that girls and boys are encouraged to pursue. Girls continue to be concentrated in traditionally female-dominated fields such as education, health and welfare, humanities, arts and social services. They are underrepresented in science, technology, engineering, and mathematics (STEM), which reduces their employment prospects and helps to perpetuate occupational segregation and gender stereotypes in the job market. Women make up only 32 per cent of students in STEM programmes in tertiary education in Europe and Central Asia. Addressing the low representation of girls and women in STEM and countering gender norms and stereotypes should be focussed on to improve gender equality at the regional level.¹⁰²

Low learning outcomes in some countries reflect the persistent low quality of education, especially for vulnerable children. Children in rural areas and the region's poorest children have larger learning gaps,¹⁰³ while some children, especially children with disabilities and children belonging to ethnic and linguistic minority groups, remain excluded from school and high-quality learning altogether. However, the results of the 2018 Programme for International Student Assessment (PISA) show big improvements in learning outcomes for students in Albania and the Republic of Moldova. Between 2003 and 2018, the performance also improved in Albania and Türkiye in parallel with sharp rises in the enrolment of 15-year-olds, showing that the quality of education does not have to be sacrificed when access to schooling is increased.¹⁰⁴

Despite the continued efforts being made by governments, educational inequality was exacerbated during the COVID-19 pandemic. Across Europe and Central Asia, 63 million learners live in countries where schools were either partially or fully closed. School closures between three and seven months were predicted to produce learning losses equal to 0.3 to 0.9 equivalent years of schooling, with the most significant impact experienced by children who were already marginalized.¹⁰⁵ Based on the PISA data, 31 per cent of 15-year-olds were below the Level 2 basic skills threshold across literacy, numeracy, and science before the pandemic, and this proportion was expected to rise to between 39 and 48 per cent. The pandemic also led to a decrease in children's emotional and mental well-being, with many children

suffering from anxiety due to a lack of information and uncertainty about the situation.¹⁰⁶



UNICEF's Regional Flagship Result on LEARNING

WHAT DOES UNICEF DO?

Learning: for every child and adolescent, a quality education



THE RESULT STATEMENT

By 2030, one million girls and boys who would have otherwise been out of learning are participating in high quality, inclusive pre-primary, primary and secondary education and skills development.



UNICEF IN ACTION

- Supporting national policy, leadership and budget for early learning.
- Supporting effective governance for early learning.
- Supporting national strategies to address inequities in education access, participation and retention.
- Strengthening the scope and quality of national teacher professional development.
- Strengthening the scope and degree of digital learning ecosystems at primary and secondary level.

Chapter 5.

FAMILY ENVIRONMENT AND PROTECTION FROM VIOLENCE AND HARMFUL PRACTICES



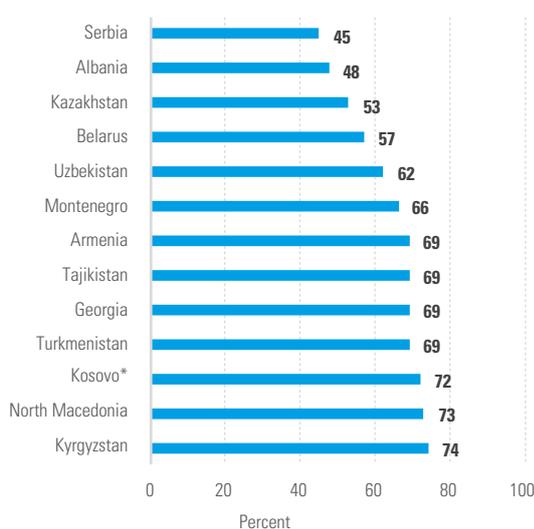
The United Nations Convention on the Rights of the Child (CRC) calls on governments and other stakeholders to ensure the development of every child to the maximum extent possible and recognizes that every child should grow up in a family environment. To enhance the implementation of the CRC, the United Nations General Assembly adopted the Resolution on Guidelines for the Alternative Care of Children in 2009 (hereafter, 2009 Alternative Care Guidelines). The 2009 Alternative Care Guidelines

reflect a ‘reorientation’ from child protection to family support and prevention and a ‘convergence’ between the two systems of family service and child protection, which are both parts of the broader child welfare system (Heimer et al. 2018). As a result, the EU, UNICEF, and similar organizations in the regions have invested in deinstitutionalization reforms. These reforms support the transition to family and community-based care.

Violence against children and women

Violent discipline against children aged 1-14 years at home is commonplace, with around half of all children in Eastern European and Central Asian countries (see Figure 13) experiencing violent discipline at home.¹⁰⁷ Violence against children is closely associated with intimate partner violence in the region, often fuelled by the same underlying causes and usually found in the same households. In addition, there are clear overlaps between witnessing intimate partner violence and experiencing physical abuse as a child.¹⁰⁸

Figure 13: Percentage of children aged 1-14 who have experienced any violent discipline methods, countries with available data.



Source: Data extracted from recent MICS reports, accessed 21 August 2022.

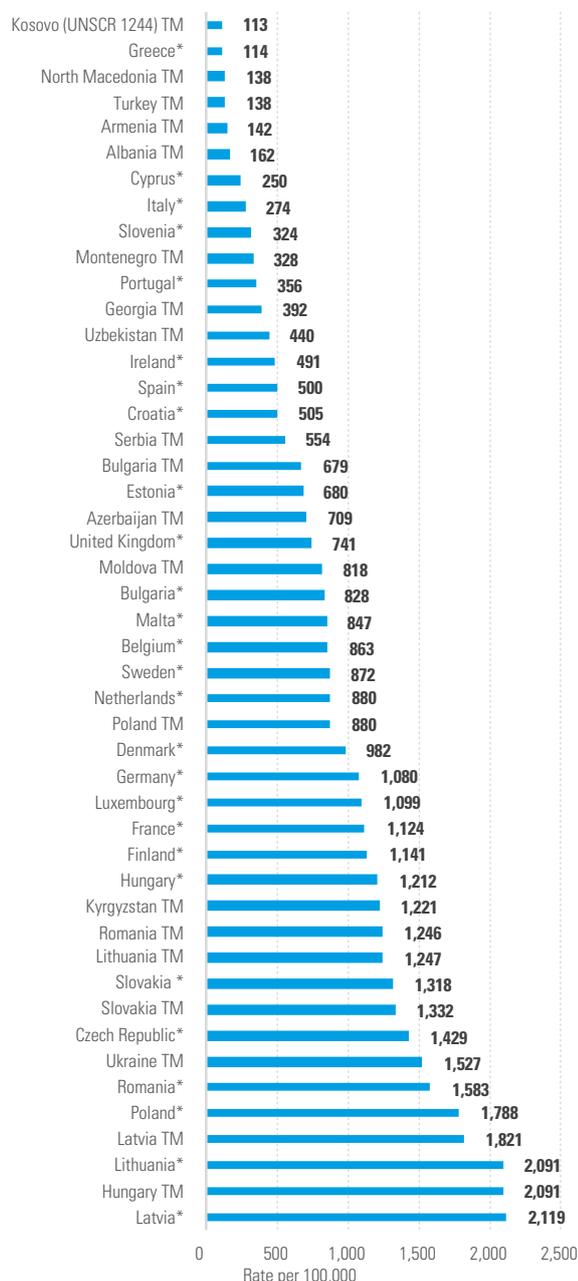
The analysis of MICS data revealed that boys experienced higher violence than girls; however, boys and girls experienced violence differently. In Belarus, Georgia, Kyrgyzstan, Kosovo*, North Macedonia, Serbia, Turkmenistan and Uzbekistan, boys are more likely to

experience physical punishment than girls. In contrast, girls are more likely to experience non-violent methods than boys. Montenegro is an exception in this regard. Violence is also common in schools. For example, in Serbia, 69 per cent of primary school students and 74 per cent of secondary school students reported exposure to at least one form of gender-based violence at school. There are also concerns about bullying, with almost 60 per cent of children aged 11 to 15 admitting that they had bullied others at school at least once in the previous two months.¹⁰⁹ In the countries/territories in the region that took part in the 2018 PISA assessment, the percentage of school students who reported being bullied at least a few times a month was highest in Russia (37 per cent), Azerbaijan (36 per cent – figures for the capital, Baku), Latvia (36 per cent), Bulgaria and Romania (34 per cent each), and lowest in the Netherlands (12 per cent) and Portugal (14 per cent).¹¹⁰

Children in alternative care

The Europe and Central Asia region still has one of the highest rates of children separated from their families (see Figure 14) and children in residential care (see Figure 15) worldwide.¹¹¹ The main source of data on related indicators is TransMonEE, which, apart from serving as a platform for discussions on the improvement of statistics on children, brings annual data together on some of the vulnerable groups of children in close collaboration with the National Statistical Offices of about 30 countries. Data on additional countries below come from the recent DataCare project. Data need to be interpreted with caution as the data sources and denominators vary, and some country data deviate from the standard TransMonEE indicator definition.

Figure 14: Rate of children in formal alternative care at the end of the year, countries with available data

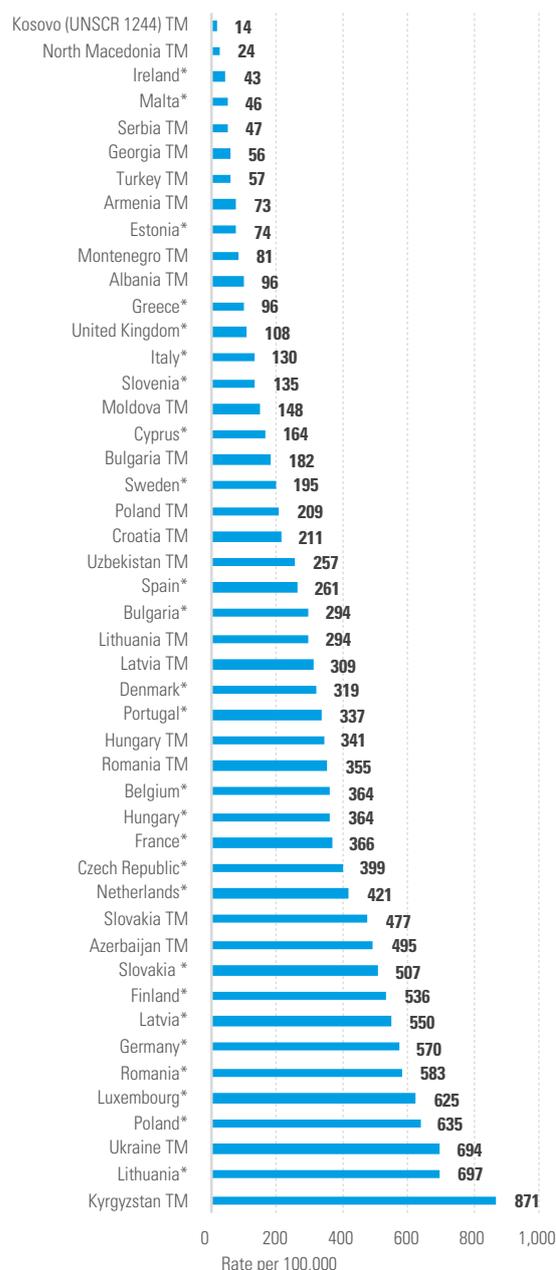


Sources: TransMonEE (TM), 2022 – all data for 2021; *DataCare, 2021. *DataCare data is for 2019 or 2020 (except for France and Italy 2017, Slovenia 2014 and 2017, Spain 2018). Bulgaria DataCare 2019, TM 2021, Ukraine TM, 2020

Figure 14 shows significant variations across Europe and Central Asia in the rates of children in alternative care ranging from below 200 children in alternative care per 100,000 child population to over 2,000 children per 100,000 child population. The same is true for the children in residential care rates shown in Figure 15. There are several reasons for these variations, such as differences in definitions of alternative care applied and

the type of facilities and groups of children counted by countries, among others. However, an in-depth analysis of the data available on children in alternative care in the region is underway and will be published in early 2023.

Figure 15: Rate of children in residential care, countries with available data

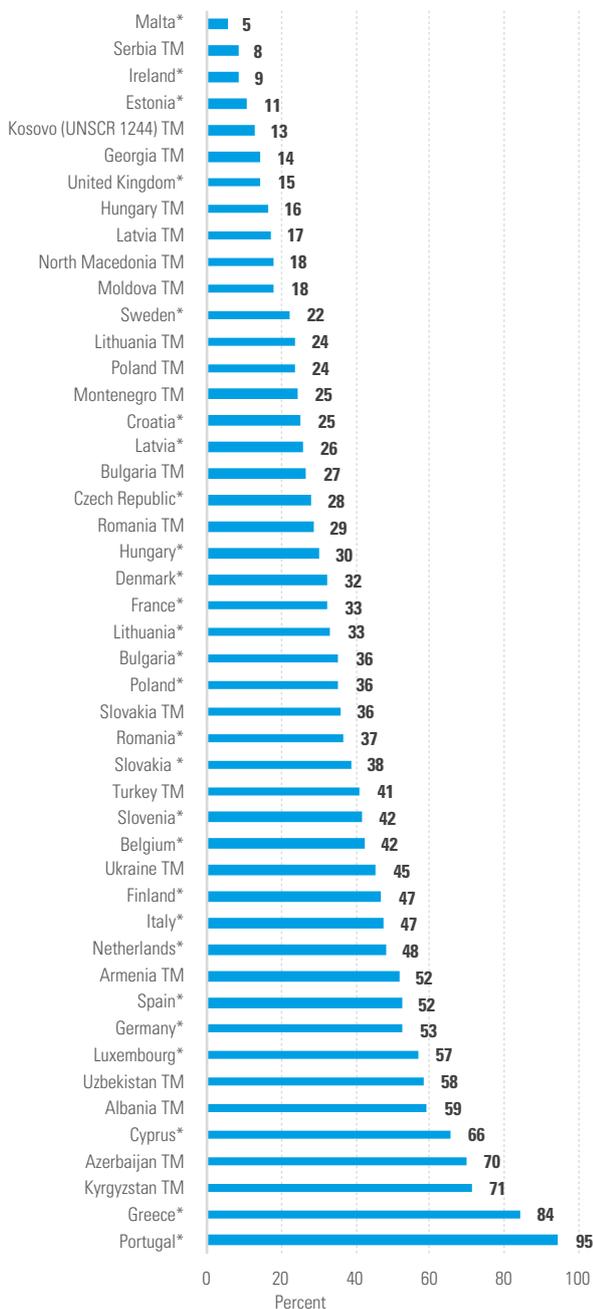


Sources: TransMonEE (TM), 2022 – all data for 2021; *DataCare, 2021. *DataCare data is for 2019 or 2020 (except for France and Italy 2017, Slovenia 2014 and 2017, Spain 2018). Bulgaria DataCare 2019, TM 2021, Ukraine 2020

Figure 15 indicates that the percentage of children in residential care of the total number of children in alternative care is still high in many countries

in the region despite policy commitments to deinstitutionalization and the evidence that children in long-term family foster care have consistently better experiences and fewer problems than children placed in long-term residential care.¹¹² In 12 out of 47 reporting countries, the majority (over 50 per cent – in Greece and Portugal, possibly over 80 per cent) of children in care are in residential care.

Figure 16: Percentage of children in formal residential care of the total number of children in formal alternative care, countries with available data

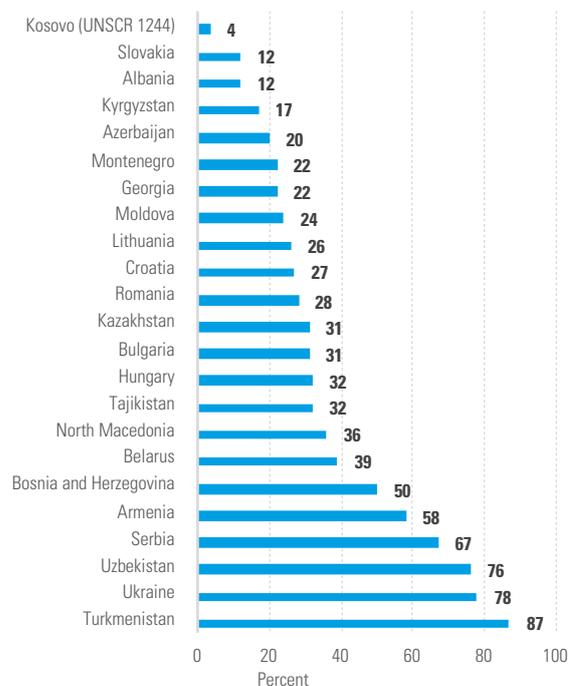


Source: TransMonEE (TM), 2022 – all data for 2021; *DataCare, 2021. *DataCare data is for 2019 or 2020 (except for France and Italy 2017, Slovenia 2014 and 2017, Spain 2018). Bulgaria DataCare 2019, TM 2021, Ukraine 2020

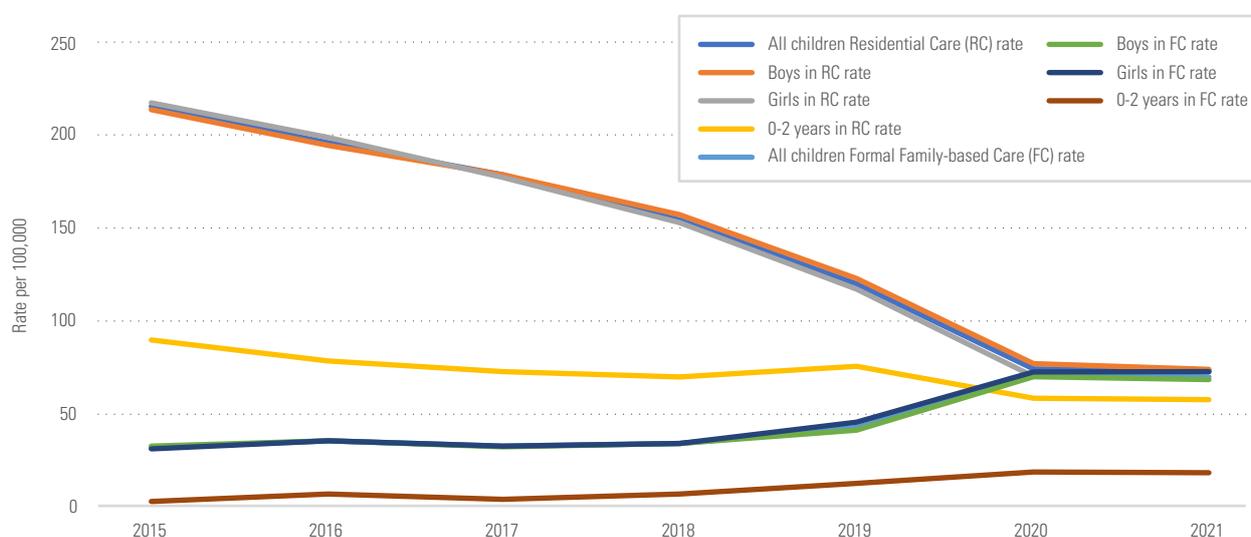


While disaggregated data on children in the different types of alternative care remains scarce, the available data shows that there are groups of children still overrepresented in residential care. These groups include, for instance, children with disabilities (see Figure 17) and, in some countries Roma children.¹¹³

Figure 17: Percentage of children with disabilities in residential care in 2021, countries with available data



Sources: UNICEF, ECAR TransMonEE database (2015-2021)

Figure 18: Evolution of distribution of children by type of care in Armenia

Source: UNICEF's TransMonEE database (2015-2020), <http://transmonee.org/>, accessed 15 November 2022. Adapted from a presentation at the TransMonEE meeting.

Preliminary findings of a trend analysis of available TransMonEE data suggest that in some countries in the region, such as Armenia (see Figure 18), a transition from residential to family-based care may be taking place. Disaggregated data from Armenia suggest that this transition may also benefit specific sub-groups of children in alternative care – children aged 0-2.

To improve a state's ability to protect and promote child rights and conduct sustainable reforms, there needs to

be a systematic collection of reliable and disaggregated national statistics. In particular, the following data is required: numbers and characteristics of children in residential and family-based care; the drivers of institutionalization; the performance of child protection systems and social services in keeping families together and ensuring the necessity and suitability of all care placements; the outcomes for children in care and care leavers; and existing inequality gaps. This data is crucial to help ensure better policies.

Justice for children

The continental Europe's absolute lower age limit, below which children cannot be held criminally responsible, varies in the region from 8 (Scotland and Greece) to 15 (Czech Republic and Poland) and

16 (Belgium).¹¹⁴ However, legislative reforms in the region have increased the minimum age of criminal responsibility to 14 years in most countries.

Table 2: Minimum age of criminal responsibility, countries with available data

Country	Youngest age: juvenile court	Country	Youngest age: juvenile court	Country	Youngest age: juvenile court
Scotland	8 (12)	Azerbaijan	14 (16)	Montenegro	14
Greece	8 (13)	Austria	14	Romania	14 (16)
Malta	9 (14)	Belarus	14	Russian Federation	14 (16)
England & Wales	10	Bosnia-Herzegovina	14	Serbia	14
Ireland	10 (12)	Bulgaria	14	Slovakia	14

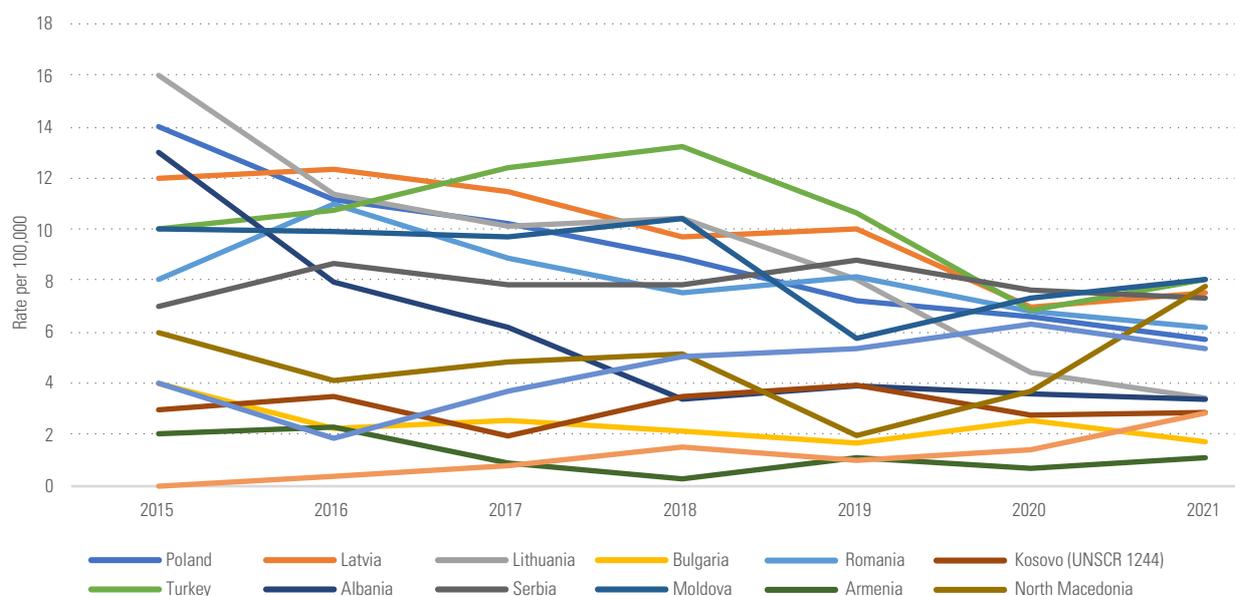
Country	Youngest age: juvenile court	Country	Youngest age: juvenile court	Country	Youngest age: juvenile court
Northern Ireland	10	Croatia	14	Slovenia	14
Switzerland	10	Cyprus	14	Spain	14
Andorra	12	Estonia	14	Ukraine	14 (16)
Hungary	12 (14)	Georgia	14	Czech Republic	15
Netherlands	12	Germany	14	Denmark	15
Portugal	12	Italy	14	Finland	15
San Marino	12	Latvia	14	Iceland	15
France	13 (10)	Liechtenstein	14	Norway	15
Monaco	13	Lithuania	14	Poland	15 (17)
Albania	14	Macedonia	14	Sweden	15
Armenia	14 (16)	Moldova	14 (16)	Belgium	16

Source: Weijers, Ido. "The minimum age of criminal responsibility in continental Europe has a solid rational base." *N. Ir. Legal Q.* 67 (2016): 301, accessed 8 November 2022.

The TransMonEE data suggest that the rate of children in detention is declining in some countries in the region, such as Albania and Lithuania (see Figure 19). However, trend analysis shows considerable variations in the rate across countries in the region, and recorded rates of penal detention for children aged 17 years or

under in EU countries range from fewer than 1 per 100,000 in Sweden to 44 per 100,000 in Poland.¹¹⁵ In 27 countries in the region, legal frameworks still permit the detention of children, and 19 countries allow the detention of unaccompanied and separated children.¹¹⁶

Figure 19: Rate of children in detention at the end of the year in 10 countries in the region (per 100,000), 2010-2021



Source: UNICEF's TransMonEE database (2010-2021), <<http://transmonee.org/>>, accessed 15 November 2022.

Necessary programmatic inputs to help decrease child detention rates include capacity building of professionals across the justice sector on alternatives to detention and the introduction and systematic scale-up of alternative measures to detention, including diverting children in conflict with the law away from judicial proceedings. Evidence shows that investing in alternatives to detention is a more effective way of protecting children than detaining them. Some of these alternatives have shown to achieve up to 95 per cent compliance rates¹¹⁷.

Child marriage

Marrying a child (a person under the age of 18 years) is a human rights violation. It can have devastating consequences on a child's physical health, mental well-being, education and economic opportunities, and society in general.

Girls who marry before 18 often drop out of school and are susceptible to domestic violence. They are often isolated from their peers and parents and may experience an imbalanced power dynamic in the household, especially if their husband is much older. Young adolescent girls who become pregnant are also more likely to die due to complications in pregnancy and childbirth than women in their 20s, and their babies are more likely to be stillborn or die during the first 28 days of life.¹¹⁹ The prevalence of child marriage in Eastern Europe and Central Asia varies across countries, from 4 per cent in Bosnia and Herzegovina to 15 per cent in Turkiye.¹²⁰ However, among high-prevalence countries, Turkiye has seen the most consistent decline in child marriage over the past 25 years.¹²¹

Children in the region who are at increased risk of violence, exploitation, abuse, and social exclusion – including children from minority communities, children affected by migration, and children from poor families – are especially at risk of having their rights violated. They are more likely to be placed in detention, which is often the result of a track record of exclusion and a lack of adequate child protection services, which could address families' problems and ensure adequate care arrangements for unaccompanied and separated children.¹¹⁸

Child marriage is more prevalent in certain groups, such as rural populations (13.8 per cent), women with no or low education (44.1 per cent), and women from the poorest households (24 per cent)¹²². For example, in Moldova, 29 per cent of women aged 20 to 24 years in the poorest quintile were first married or in union before age 18, compared to 5 per cent in the wealthiest.¹²³

The prevalence of child marriage is much higher among the Roma population and has remained consistently high for the past few decades. For example, in Montenegro, 22 per cent of Roma women aged 20 to 24 years were married or in union before the age of 15 years and 60 per cent before 18 compared to the national average of 2 per cent and 6 per cent, respectively.¹²⁴ Even in the Roma population, across most countries, the richest and most educated Roma have a lower incidence of child marriage.

Whether a girl was resident of a rural or urban area was not a significant contributor to the age of marriage in most countries; only in Georgia and Serbia is child marriage more common in rural areas. For example, in Georgia, 25 per cent of women aged 20 to 24 years who lived in rural areas were married before the age of 18, compared to 8 per cent in urban areas, and in Serbia, the prevalence was 11 per cent among women in rural areas compared to 3 per cent in urban.¹²⁵

Overall, the prevalence of child marriage in Eastern Europe and Central Asia has remained lower than in most other regions and has become less common across the region since 2000.



Child exploitation

Child labour continues to affect millions of children in the Europe and Central Asia region¹²⁶. The 2020 ILO-UNICEF global estimates show that 8.3 million children (3.2 million girls and 5.1 million boys) are in child labour, accounting for 5.7 per cent of all children in the ECAR. Moreover, an extremely high share of child labour is hazardous in nature. An estimated 94 per cent of those in child labour – 7.9 million children in absolute terms – are in hazardous work that directly endangers their health, safety and moral development.

These figures place the ECAR in the mid-range of world regions in the prevalence of child labour but second highest in hazardous work prevalence. Moreover, the child labour estimates for the ECAR and the other world regions predate the COVID-19 crisis, which has substantially added to the household vulnerability that drives much of the child labour. The estimates, therefore, likely understate the current prevalence of child labour in the ECAR and elsewhere.

In addition, region-wide estimates disguise huge differences in child labour prevalence and numbers within the ECAR. Central Asia stands out as having by far the highest prevalence of child labour. An estimated 15 per cent of all Central Asian children are in child labour, compared to 7 per cent in Eastern Europe. However, this ranking changes when expressed in absolute terms.

Child labour consists, to a large extent, of unpaid work within the family unit. Overall, nearly two-thirds of all children in child labour work for their own families, while 30 per cent work as employees for third parties and the remaining 7 per cent work for themselves. Children in hazardous work are much less likely to attend school. Among children in the age ranges most closely aligned with compulsory schooling, i.e., 5 to 11 and 12 to 14-year-olds, around 77 per cent and 78 per cent, respectively, of children in hazardous work attend school. By contrast, school attendance is virtually universal among children in these age ranges in non-hazardous child labour.

UNICEF's Regional Flagship Result on PROTECTING

WHAT DOES UNICEF DO?

Protecting: for every child and adolescent, safety from harm



THE RESULT STATEMENT

By 2030, zero children in institutional care.



UNICEF IN ACTION

- Supporting governments to ensure that quality foster care, supported independent living for older adolescents, and other community-based protection services are available, and institutional care is progressively eliminated for all children.
- Developing national and partner capacity to respond to the unique needs of highly vulnerable children, including those displaced, separated or unaccompanied, or evacuated from situations of institutional care.
- Providing data and evidence on how countries across the region manage the transition from institutional to family and community-based care; and how governments manage justice system reforms that promote the rights of children.
- Supporting governments to initiate and sustain social service reforms that lead to the transformation and closure of large institutions and the establishment of a diversified set of sustainable family and community-based care services that address the rights of all children and adolescents.

Chapter 6.

PARTICIPATION AND CIVIL RIGHTS



Adolescents (10-19 years) are often not seen as crucial partners in developing their communities and are rarely engaged in policy development. However, the unprecedented impact of COVID-19 affected their participation even further. In a global survey of young people aged 18-29 by the ILO, European Youth Forum, and other partners, 33 per cent of young people reported that the pandemic had impacted their right to participate in public affairs.¹²⁷ Young people also said that unclear health messaging, inaccurate information about the pandemic and conspiracy theories circulating on social media had affected their right to access information. Yet, at the same time, 31 per cent of young people reported a high degree of volunteerism in initiatives related to COVID-19. Also, young people have found ways to continue their activism on issues they care about, such as climate change and environment, for example Fridays for Future, which moved protests online despite the challenges.¹²⁸

The availability of digital tools mitigated some impacts of the pandemic. The region-wide U-Report initiative is instrumental in facilitating consultations with young people and enabling UNICEF to gain insights into their aspirations and priorities. Digital devices and internet access also provided valuable resources for children, parents, authorities, and caregivers to continue schooling and teaching during school closures. In addition, digital tools offer recreational activities and psychological and social support from outside. They facilitated social interactions among children and contributed to their digital savviness more generally.¹²⁹

However, increased digitalization can also magnify risks such as sexual exploitation and cyberbullying, especially if internet use is unsupervised. During the COVID-19 pandemic, the amount of child sexual abuse material continued to increase, together with live streaming of child sexual abuse and commercialization of child sexual exploitation and abuse. This form of violence disproportionately targets girls. In the EU, 1 in 10 women aged 18 or older report having experienced sexual cyber-harassment since they were aged 15 years. Among young women aged 18 to 29, the prevalence is as high as 20 per cent.¹³⁰ In addition, offenders have become increasingly organized, and widespread abuse of encryption tools, including end-to-end encrypted apps, has lowered the risk of detection of offenders. As a result, isolated or vulnerable children are increasingly being targeted and groomed online for sexual purposes through various platforms.¹³¹



Increased digitalization is also likely to widen inequalities between children as the poorest children are least likely to have a quiet place in their homes to concentrate on their studies and/or have the tools to access online education. They also are possibly less likely to receive quality home-schooling and have less social contact through virtual means than their more wealthier peers. If appropriate action is not taken, the legacy of COVID-19 will be an even wider gap between advantaged and disadvantaged children.¹³²

Young people's voices are often systematically ignored. This is due to a lack of recognition of youth voices and actions, social and gender norms devaluing the views of young people (especially girls), and a series of legal minimum ages and related requirements that impede young people's participation. Only by training adults who work with young people, building the skills and capacities of young people themselves, and establishing long-term (not ad-hoc) opportunities to participate can we create an environment that sees young people as experts in their own lives and key stakeholders in the policies, programmes, and decisions that impact them.



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UNICEF's Regional Flagship Result on PROTECTING

WHAT DOES UNICEF DO?

Connecting: for every child and adolescent, a voice



THE RESULT STATEMENT

By 2030, 20 million adolescents in ECAR have a chance to be connected, engaged, and empowered.



UNICEF IN ACTION

- Establishing connections (offline and online) with adolescents to facilitate dialogue and their contributions towards developing more effective, relevant, and sustainable policies, services and practices and towards realizing their full potential.
- Supporting the development of multisectoral adolescent policies to reflect the rights, commitments and inclusion of adolescents.
- Strengthening mechanisms for sustained and systematic dialogue, inclusion, participation and activation of adolescents in school settings, in local governance, in their communities and on social media to influence change.

Chapter 7.

POVERTY AND ADEQUATE STANDARD OF LIVING





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Social protection system

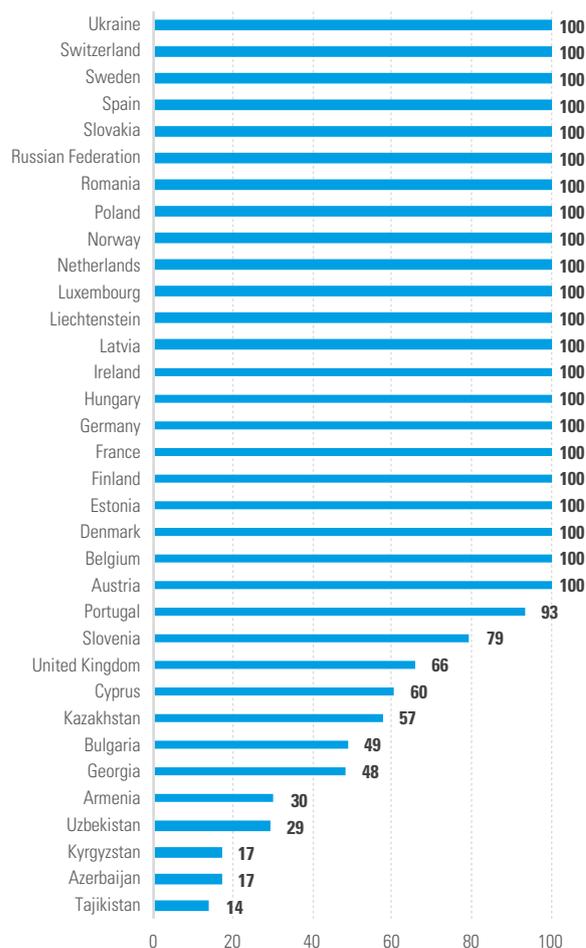
The region's children are much more likely to be covered by social protection systems (93 per cent coverage) than the global average (33 per cent), yet disparities persist. The Western Europe figure (99.6 per cent) is higher than that for Eastern Europe and Central Asia (84 per cent). While many countries report 100 per cent coverage, much lower figures are found in Tajikistan (14 per cent), Kyrgyzstan and Azerbaijan (17 per cent each).¹³³

Furthermore, this indicator masks significant variations in the quality of social protection, particularly in the adequacy of support provided to children and families. For example, while birth grants are prominent in the region and most countries provide cash benefits to mothers of newborns, comprehensive social protection benefits for children through universal child grants and other forms of ongoing support are less common.

UNICEF has recently partnered with the EU Commission and several EU countries to pilot the EU Child Guarantee initiative to mitigate the impact of poverty on children and provide them with opportunities to thrive in adulthood. With more children and families now being pushed into poverty, a robust response is warranted across the region.

The long-term impact of COVID-19 remains unknown, but it is likely that falling incomes in the region will influence families and children unequally, with vulnerable people more affected than the average population. Those at risk of extreme poverty and undernourishment, and young people in the labour market, may be the worst affected.¹³⁴

Figure 20: Proportion of children covered by social protection (%), countries with available data.



Source: United Nations Children's Fund, *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health*, UNICEF, New York, October 2021.

Economic insecurity and an increase in care work, school closures, and the closure of other social services hit single mothers and their families particularly hard.¹³⁵ For example, in Kyrgyzstan, a vulnerability assessment found that the crisis has disproportionately affected single women-headed families, where women are the only breadwinners.¹³⁶ Findings from consultations with youth in the region confirm a worrying picture of the immediate impact of the COVID-19 crisis on youth

employment. Available statistics from labour force surveys show that the economic downturn and decline in employment opportunities have led to higher youth unemployment and a substantial increase in youth inactivity in almost all countries in the region. Young people expressed uncertainty about the future of the economy and their future, and many young people feel isolated and are facing increased levels of stress, anxiety, and depression.¹³⁷

Child poverty and material deprivation

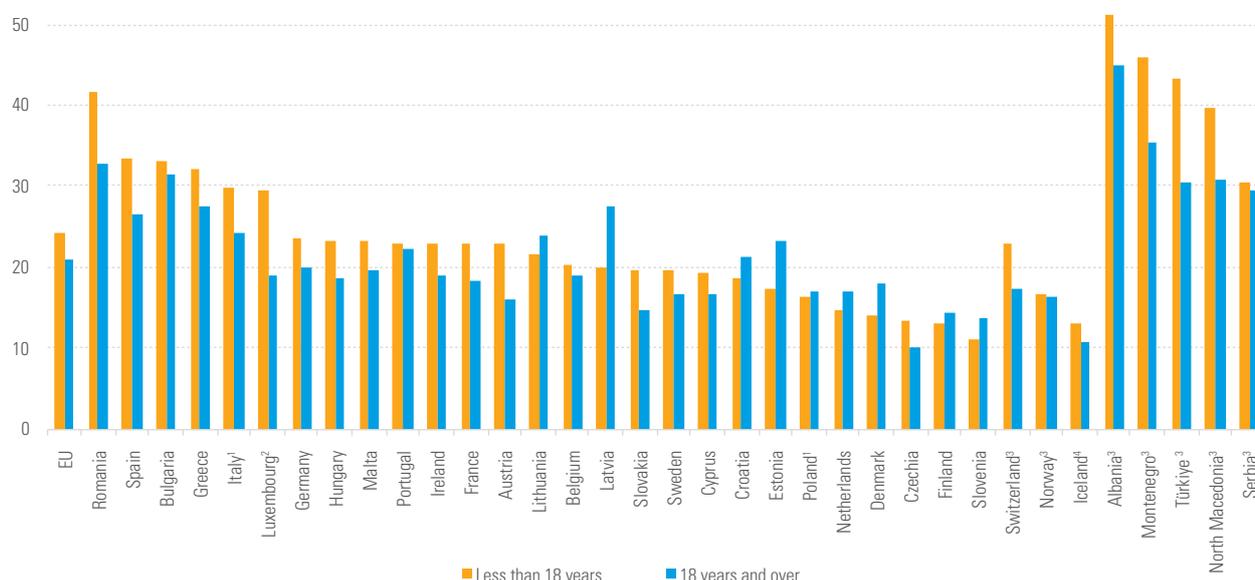
Even before the COVID-19 outbreak, the escalation of the war in Ukraine, and the soaring cost of living, inequality was a concern in the Europe and Central Asia region, with a shrinking middle-class, high levels of informal and vulnerable employment, gaps in social protection, and perceptions of inequality before the law. Although the gap in basic living standards was narrowing, new inequalities were emerging, caused by uneven access to technology and education, particularly among poorer and more vulnerable groups and those affected by the climate crisis.¹³⁸

have fallen into poverty due to the impacts of COVID-19 and resulting restrictions.¹³⁹ Although spending on and coverage of social protection in the region is generally higher than average for middle-income countries, COVID-19 revealed weaknesses in social protection as an automatic stabilizer. Moreover, vulnerabilities of certain groups are likely to increase, including children with disabilities, Roma children, children in residential care, refugee and migrant children, and children from minority communities.

Different poverty measures are used in the region, including for children. Many children in Europe and Central Asia are growing up in poverty. An estimated 22 million children in UNICEF CPD countries were living below national poverty lines before the onset of COVID-19 and the escalation of the war in Ukraine. And, estimates suggest that an additional 6.4 million people in the region – half of them children – could

In 2021, 24 per cent of children (19.6 million) in the European Union were at risk of poverty or social exclusion compared with 21 per cent of adults. (see Figure 21). The highest shares of children at risk of poverty or social exclusion were recorded in Romania (42 per cent), Spain (33 per cent), and Bulgaria (33 per cent). The lowest shares were reported in Slovenia (11 per cent), Finland (13 per cent) and the Czech Republic (13 per cent).¹⁴⁰

Figure 21: Share of persons at risk of poverty or social exclusion by age group, 2021, countries with available data



Note: Data ranked by age group less than 18 years. ¹ Provisional; ² Break in series; ³ 2020 data; ⁴ 2018 data. Source: Eurostat (online data code: ilc_peps01n)



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The impact of the war in Ukraine and the subsequent economic downturn on child poverty in Eastern Europe

Child poverty across Europe and Central Asia (ECA) has soared by 19 per cent as the Ukraine war and rising inflation drive 4 million children into poverty. Data from 22 countries¹⁴⁶ across the region featured in a recent study shows children bear the heaviest burden of the economic crisis caused by the war in Ukraine. While children make up 25 per cent of the population, they account for nearly 40 per cent of the additional 10.4 million people estimated to experience poverty nowadays. The Russian Federation has experienced the most significant increase in the number of children living in poverty, with an additional 2.8 million children now living in households below the poverty line. Ukraine is home to half a million additional children living in poverty, the second largest share. It is important to note that this is a conservative estimate, which uses a GDP drop of 10 per cent.

The consequences of child poverty stretch far beyond families living in financial distress. The sharp increase could result in an additional 4,500 children dying before their first birthday in the countries included in the study. In addition, learning losses could be equivalent to an additional 117,000 children dropping out of school this year.

The poorer a family is, the greater the proportion of their income committed to necessities such as food and fuel. When the costs of basic goods soar, the money available to meet other needs such as health care and education falls. The Ukraine war and subsequent cost-of-living crisis mean that the poorest children are even less likely to access essential services and are more at risk of child marriage, violence, exploitation, and abuse.

To help reduce the number of children living in poverty and prevent more families from falling into financial distress, governments need to:

1. Provide universal cash benefits for children and ensure minimum income security.
2. Expand social assistance benefits to all families with children in need, including refugees.
3. Protect social spending, especially for vulnerable children and families.
4. Protect and support the delivery of health, nutrition, and social care services to pregnant mothers, infants, and pre-schoolers.
5. Introduce price regulations on basic food items for families.

Children were at a higher risk of poverty or social exclusion compared with adults in 18 out of the 27 EU Member States. The largest gaps between the two age groups were recorded in Luxembourg, Romania, Spain and Austria.¹⁴¹

Children who grow up in poverty or social exclusion encounter difficulties in doing well in school, enjoying good health, and realizing their full potential later in life. They also face a higher risk of

becoming unemployed, poor, and socially excluded as adults. Some children are more likely to be poor than others, particularly children with disabilities, children from larger families, and those living in remote rural areas. Roma children also suffer disproportionately from poverty and remain one of the poorest groups in the region; a Roma child is twice as likely to grow up in poverty as a non-Roma child.¹⁴²

Water and sanitation

The region has seen considerable improvement in access to clean water and sanitation. More than 63 million people gained access to drinking water services and 84 million to sanitation services between 2000 and 2017. Nevertheless, over 16 million people still lack access to basic drinking water, and more than 31 million people require basic sanitation. In addition, significant inequalities persist between rural and urban areas, between rich and poor people, the poorest households, and people from marginalized ethnic groups being the most disadvantaged.¹⁴³

During conflicts, water, sanitation, and hygiene services and facilities are often severely affected. For example, in Ukraine in April 2022, 1.4 million people were without access to safe water in the east of the country, and an additional 4.6 million people had only limited access. In total, over 6 million people in Ukraine were struggling every day to find drinking water.¹⁴⁴

In addition to Ukraine, other parts of the region also face challenges relating to access to clean water. The Aral Sea basin in Kazakhstan, Turkmenistan, and Uzbekistan has shrunk by a factor of 14 since the 1960s as a result of the intensive use of water for cotton cultivation and other production. Consequently, children in the region face a wide range of health conditions, including a high incidence of anaemia, kidney problems, respiratory diseases, and tuberculosis.¹⁴⁵

UNICEF's Regional Flagship Result on INCLUDING

WHAT DOES UNICEF DO?

Including: for every child and adolescent, equal opportunity



THE RESULT STATEMENT

By 2030, reduce by 6.6 million the number of children at risk of poverty and social exclusion.



UNICEF IN ACTION

- Supporting governments to measure child poverty and well-being and link to policy, programme, planning and budgeting.
- Promoting the use of evidence and advocacy to improve and increase spending on children.
- Providing technical assistance to expand coverage and inclusion of children in effective cash transfer programmes and systems.

Chapter 8.

CROSS-CUTTING AREAS



Gender

Gender-based norms, stereotypes, barriers, and rigid patriarchal practices throughout Europe and Central Asia threaten equality, inclusion, and sustainable development in the region. The consequences can be particularly acute for children from groups who are already disadvantaged.¹⁴⁷

When gender discrimination is felt during early childhood, and even before birth, the impact can be profound. Preference for sons over daughters can result in extreme sex-selective abortions; in some countries, this has resulted in skewed population sex ratios.¹⁴⁸ In 2022, Liechtenstein had the highest sex imbalance in births in the world, with 1.163 boys born for every girl; Azerbaijan was in third place (1.122), and Armenia was in seventh place (1.091). By comparison, the global average was 1.057 boys born for every girl.¹⁴⁹

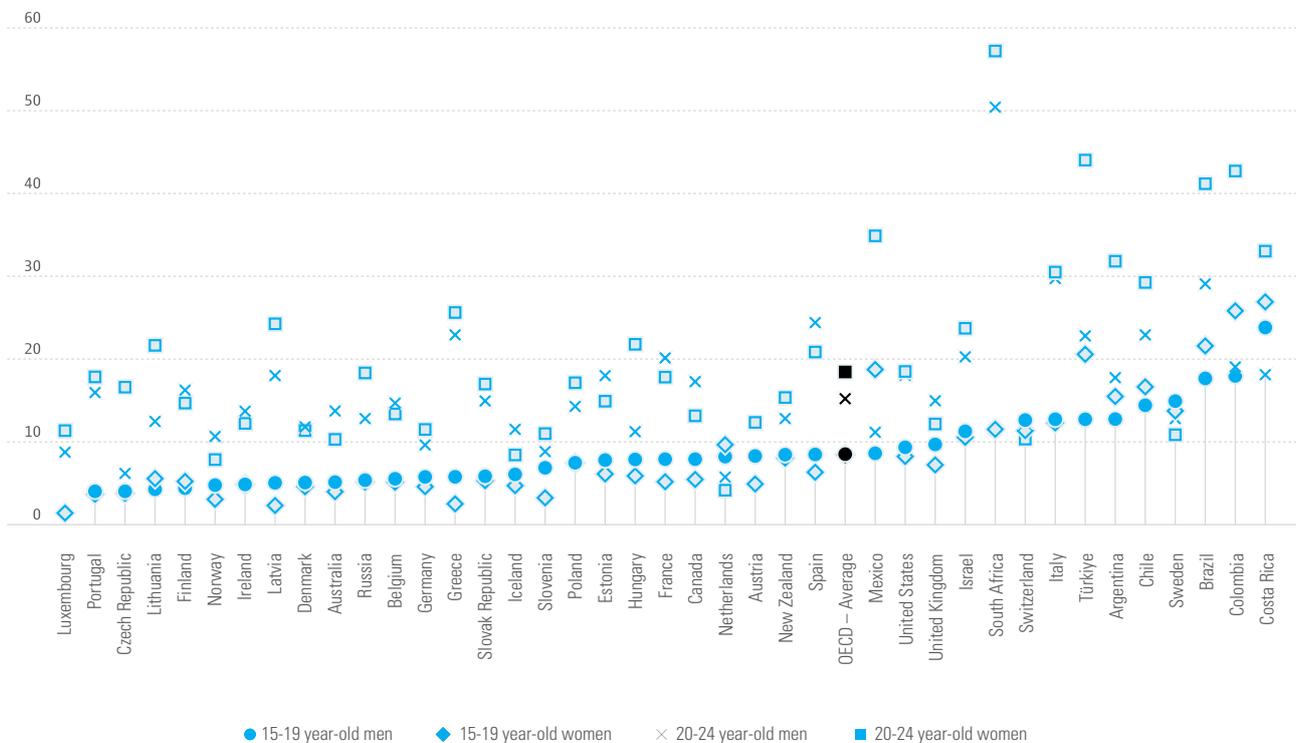
Gender-specific inequalities are also seen in education outcomes. While enrolment rates are similar for girls

and boys in the region until lower-secondary school, gaps emerge at the upper-secondary level. Moreover, while boys are more likely to be out of school in some countries, the enrolment gaps are largest where more girls are out of school, especially in Central Asia.

Across the board, in most countries (beyond Central Asia), the greater school dropout at the secondary level impacts girls, and girls are mainly absent in the labour market and education to employment pathways as well.

Given the region's level of economic development, adolescent girls' empowerment and life outcomes are lagging. When gender discrimination, rigid gender roles, harmful practices, and stereotypes are entrenched, and opportunities for female employment are limited, adolescent girls are more likely to drop out of school and remain outside the workforce, as shown in the higher rates of girls and women not in education, employment or training (NEET) rates.

Figure 22: Youth not in employment, education, or training (NEET) status, countries with available data



Source: OECD, Youth not in employment, education or training (NEET), accessed on 26 November 2022.

As in most parts of the world, gender differences are stark in domestic violence, with more women and young girls at risk, including during the COVID-19 pandemic lockdowns when the risk to women and girls of both intimate partner violence and other forms of domestic violence increased even more.¹⁵⁰

Girls are also more likely than boys to enter or be forced into child marriages, particularly those who drop out of school. Girls who are married before the age of 18 are less likely to be in school than their peers who are not married, and girls who drop out of school are more likely to be married young. Early child and forced marriages are more likely to affect girls from minority ethnic, religious and migrant communities and from conflict-affected populations. For example, Roma women aged 20 to 49 in South-Eastern European countries such as Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia are between 2.5 and 7 times more likely to have married before the age of 18 than non-Roma women. Many marriages involving children are not registered, which makes it challenging to obtain accurate statistical data.¹⁵¹ For Roma girls, refugee girls, and girls in parts of the Caucasus, Central Asia, and Türkiye, marriage often signals the end of education and more limited opportunities throughout their adult life.

Adolescent boys tend to be at higher risk of suicide than girls. However, several countries in the region reported that boys tend to have better ways of managing their mental health than girls, who may lack a safe and enabling environment to access mental health and psychological support. The region has some of the world's highest adolescent suicide rates, particularly for boys, which contribute to lower

Early childhood development

The understanding of the importance of the first 1,000 days of a child's life is increasing, but despite this, support for child development is still not embedded into routine service provision and primary health care systems across the region.¹⁵⁵

One in five children aged under five years is at risk of not reaching their developmental potential.¹⁵⁶ Reasons for this include poor health and nutrition linked to poverty, maltreatment, and use of violent physical discipline towards children in the early years, parents' limited use of developmentally enhancing strategies, and inadequate and delayed identification and referral of children with disabilities.

life expectancy for males in Belarus, Kazakhstan and Kyrgyzstan. One explanation is that adolescent boys come under pressure to start earning money, causing high levels of stress and tempting them to migrate. In addition, some adolescent boys are drawn into risky behaviour, such as substance abuse and sexual practices that result in HIV infection.

Girls and young women are particularly vulnerable regarding their sexual and reproductive health rights, information, and access to age- and gender-responsive services. They tend to feel powerless to negotiate safe sex, avoid early pregnancy or access HIV information and services as they conform to notions of 'acceptable' gendered behaviour.

Lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) adolescents and young people face violence, discrimination, and rejection across the region for their failure to conform to dominant social norms relating to sexual orientation and gender identity and expression. Parents and other family members can find it challenging to accept adolescents who identify as LGBTQI, and in some cases, may even evict them from their homes.¹⁵² In addition to rejection by family or society, children whose sexual orientation or gender identity does not conform to social norms are likely to be exposed to discrimination and violence at school, in hospitals, on sporting teams, and in many other settings.¹⁵³ These children may be more vulnerable to increased health risks owing to a lack of access to appropriate life-skills education and health services. There is also robust evidence to suggest that LGBTQI children are more likely to consider or attempt suicide than their peers.¹⁵⁴

According to recent MICS data surveys, the percentage of children (age 36-59 months) developmentally on track in at least three of the four domains – literacy-numeracy, physical, social-emotional, and learning – varied from 72 per cent in Kyrgyzstan to 97 per cent in Serbia. Children from Roma settlements score lower than children from the national population in all countries with data. Fifty-nine per cent of Roma children in North Macedonia are developmentally on-track compared to 82 per cent of children nationally. The most significant disparity between Roma children and non-Roma children is in the literacy-numeracy domain, with a notable gap in all countries. If children are not benefitting from



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these programmes, it is imperative that parents are supported to provide nurturing and stimulating environments at home or that children can access alternative models of ECD and ECE services.

However, data in the region for birth registration is positive. Almost all children under the age of 5 years have been registered with a civil authority;

Disability¹⁵⁷

Across the region, about 11 million children with disabilities are particularly vulnerable to stigma and discrimination and are often segregated from their peers. As a result, they may not appear in national statistics, leaving them 'invisible' to decision-makers, service providers, and the public. In addition, they face social, cultural, economic, and legal obstacles when seeking justice. These barriers are constructed and sustained by institutional, policy, and legislative failures to challenge and eliminate discrimination, stigma, and impunity. The cumulative weight of these obstacles means that children with disabilities are disproportionately hampered in obtaining justice.¹⁵⁸

Children with disabilities face multiple rights violations, from a lack of early detection or diagnosis of their conditions or being excluded from education and their communities. Those who also belong to another

disadvantaged group suffer even more. 45 countries with 100 per cent coverage, and the remaining countries between 95 and 99 per cent. This means that at least most children are recognized before the law; it is a critical step in ensuring lifelong protection and is a prerequisite for exercising all other rights.

disadvantaged group suffer even more.

A tendency to want to 'fix' children with disabilities, rather than changing attitudes towards them, prevails across the region. The focus is on medical responses to correct 'defects' rather than wider support to help children reach their potential.

Many parts of the region lack services to identify and diagnose childhood disabilities early and provide tailored support for families. As a result, children with disabilities are often placed in residential care; an approach justified as being in their best interests.

In UNICEF CPD countries, at least 75 per cent of children with disabilities cannot access high-quality, inclusive education, with hundreds of thousands remaining in 'special' schools, segregated from their

peers and communities. This exclusion is often due to the limited acceptance of children with disabilities by their communities. More countries are now collecting data in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), mainly through MICS.¹⁵⁹ In its most recent Concluding Observations on the rights of children issued to individual countries in the region, the UN Committee on the Rights of the Child has repeatedly made recommendations that additional data be collected on a wide range of issues relating to children, including on children with disabilities and children belonging to minority ethnic groups.

Many children and adolescents with disabilities are isolated from social activities and have limited or no

Adolescents

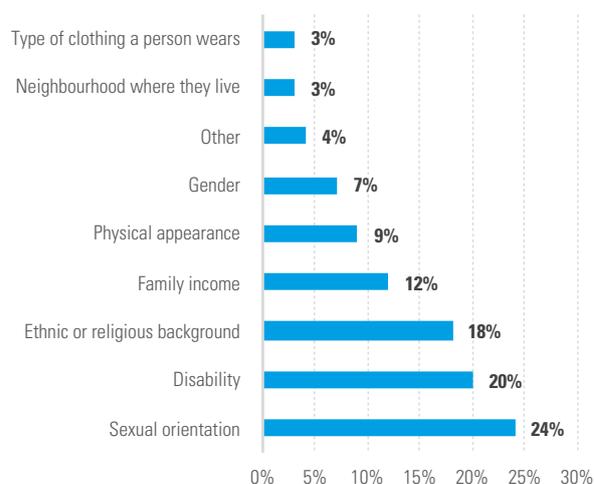
About 107 million are adolescents (aged 10-19 years) live in ECAR. This generation is more connected and socially aware than previous generations and has shown they want to contribute to the well-being of their communities. Yet, many have limited opportunities to participate in decisions affecting their lives. Many come from countries with no history of civil society engagement and where traditional and patriarchal social and gender norms predominate. It makes it difficult for adolescents, especially girls, to have their views heard.¹⁶⁰ As a result, many feel excluded and unsupported within families and communities. For example, 61 per cent of young people polled in six countries in the region reported experiencing or witnessing discrimination, harassment, or exclusion against students in their schools. The respondents also said that the most common reason for discrimination, harassment, or exclusion was sexual orientation (24 per cent), followed by disability (20 per cent), and ethnic or religious background (18 per cent).¹⁶¹

participation in their communities. This is worsened by inaccessible transport and buildings, including schools.

Stigma may stop families from asking for help or information, leaving them unaware of their rights or of the support that is available. Families may struggle to balance earning a living with caring for a child with disabilities, increasing the risk of institutionalization for the child.

Children with disabilities are particularly vulnerable during emergencies. For example, before the war, Ukraine had the highest number of children in institutional care in Europe. Almost half of them were children with disabilities. Once the war spread, tens of thousands of children from the care institutions were returned to their families, often without the care and protection they needed.

Figure 23: Most common reasons for discrimination, harassment, or exclusion (% of respondents)



Source: UNICEF ECAR U-Report polls, May 2021. Note: The number of respondents is 7,685



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The economic downturn resulting from the COVID-19 pandemic has led to higher youth unemployment and a substantial increase in youth inactivity in almost all countries in Europe and Central Asia. Young people fear that the crisis will harm their career perspectives, and they also face increased stress and anxiety levels.¹⁶² Among survey respondents drawn from young people in Europe and Central Asia, 56 per cent did not feel that their schools prepared them for the future. Some 33 per cent of respondents recommended that education systems introduce more green topics and life skills into the curriculum at an early age, with critical thinking and problem-solving skills identified as being the most important to prepare for the future.

Young people also want more practical 'real world' experience during their studies. They feel uninformed about potential jobs or careers and lack reliable information and career guidance to help them make decisions. Family, social or gender expectations often influence their choices. They are not accessing public employment services, which are outdated or inadequate for their needs. They would like to receive more guidance from their teachers. Without other advice, they turn to the internet and social media

to understand emerging trends in job markets and technologies, what skills are needed and how to attain them. However, online information is often unreliable, leaving many young people disoriented or lost.¹⁶³

The SDGs highlight the importance of engaging young people. Engagement, empowerment, and participation of young people are key priorities of the UN Youth Strategy 'Youth 2030'. The European Union Youth Strategy (2019-2027) focuses on empowering young people and building their resilience. Strengthening connections, engagement, and empowerment of adolescents are highlighted as the main strategies.¹⁶⁴ Engagement and participation of adolescents as problem solvers represent one of the seven priorities of Generation Unlimited, a global partnership on adolescents and youth.¹⁶⁵

Challenges remain in ensuring sustainability and scale-up of existing initiatives and developing appropriate and relevant measurement tools to monitor participation and its effectiveness at different levels while considering adolescents' views and perspectives.

Climate, conflict and disaster risk

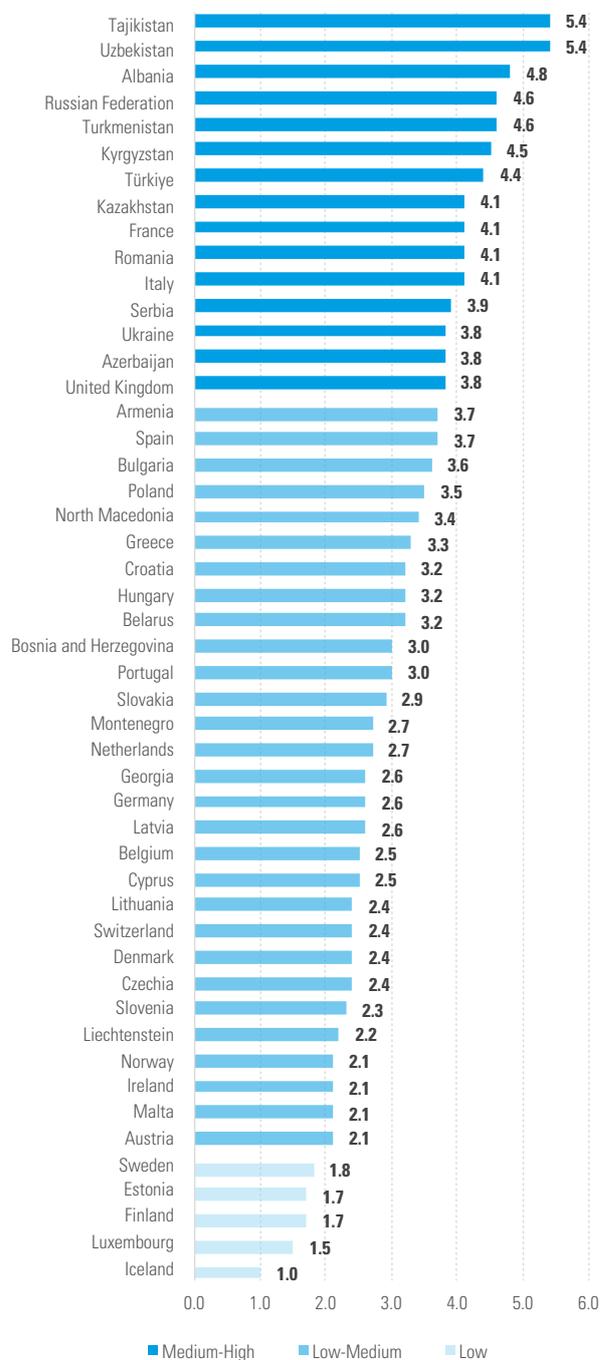
Climate change, environmental degradation, limited access to energy sources, and disasters directly threaten a child's ability to survive, grow and thrive. According to the Children's Climate Risk Index, some countries ranked as mid to highly vulnerable to climate change (see Figure 24). Air pollution is the single most significant environmental risk. It is estimated that 83 per cent of children breathe polluted air - exposed to ambient air pollution (PM_{2.5}) $\geq 10 \mu\text{g}/\text{m}^3$ - in Europe and Central Asia. When PM_{2.5} $\geq 25 \mu\text{g}/\text{m}^3$ is used, the percentage of children exposed to ambient air pollution is 10 per cent.

Climate projections show increased risks of floods and landslides throughout the region, particularly in the Western Balkans and Central Asia. Additionally, heat waves are becoming more common. In Central Asia, the frequency of heatwaves has increased by 30 per cent since the 1960s, with more marked increases in duration and intensity in western areas of Central Asia¹⁶⁶. In comparison, glaciers are estimated to have receded by 25 per cent since historical records began.

According to MICS data from several countries in the region, children from poorer households have less access to clean energy compared with children in richer households. A recent report from Kyrgyzstan shows the link between using raw coal for heating and cooking and exposure to excessive levels of air pollutants, including PM_{2.5}.¹⁶⁷



Figure 24: Children's Climate Risk Index (CCRI), 2020 countries with available data



Source: *The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index*. New York: United Nations Children's Fund (UNICEF), 2021.

UNICEF's Children's Climate Risk Index (CCRI), in the UNICEF CPD countries

- **71.4 million children** (96%*) are exposed to ambient air pollution (PM_{2.5} 10 mg/m³).
- **46.3 million children** (62%) live in areas with high levels of pesticide pollution.
- **41.9 million children** (57%) are exposed to more than six heatwaves per year.
- **32.4 million children** (49%) are highly exposed to water scarcity.
- **6.9 million children** (9%) have blood lead levels over 5 ug/dl.
- **7.5 million children** (10,08%) are exposed to riverine floods.

* The percentages shown were calculated by dividing the number of children exposed by the estimated total number of children in the region.

Source: UNICEF (2021), *The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index*. New York: United Nations Children's Fund. <https://www.unicef.org/media/105376/file/UNICEF-climate-crisis-child-rights-crisis.pdf>

In the short- to medium-term, river water volumes and natural disasters, such as flooding, mudslides, and glacial lake outburst floods, are likely to increase. In the longer term, according to climate projections and emission scenarios, climate change will lead to increased temperatures, heatwaves, droughts, and increased water scarcity, with severe consequences for agriculture and rural livelihoods, health, food security, and energy production.¹⁶⁸ This will have knock-on effects on national budgets and social protection systems.

As the region is prone to natural disasters, including earthquakes, floods, landslides, wildfires and extreme temperatures, children are exposed to multiple hazards and risks which threaten their socioeconomic well-being, security, and rights. Türkiye and Greece are among the 20 countries with the highest levels of earthquake risk globally. In contrast, countries in Central Asia, South Caucasus, and the Western Balkans are also prone to major earthquakes.

Recent significant earthquakes affected Albania in 2019, Türkiye in 2020, and Croatia in 2021. In 2022, floods affected nearly 1,000 households in Kyrgyzstan and Uzbekistan,¹⁶⁹ while extreme weather conditions resulted in devastating wildfires in 32 Turkish provinces in August 2021 and wildfires across the region in 2022, with many European countries recording their hottest temperatures since records began. The impacts of disasters, which are becoming more frequent and intense, are exacerbated by climate change and urbanization.



Political instability, civil unrest and displacement also impacting families. A volatile political and humanitarian situation in Afghanistan potentially triggering refugee movements into Central Asia and ongoing drought, conflict and crisis in the Sahel and Horn of Africa, the Syrian Arab Republic and Yemen potentially could lead to new population movements into Europe.¹⁷⁰

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