

United Nations Kazakhstan

# Covid-19 Socio-Economic Response & Recovery Plan

UNCT Kazakhstan

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## Abbreviations

|        |  |
|--------|--|
| ADB    | Asian Development Bank   |
| IoM    | International Organization for Migration                         |
| IsDB   | Islamic Development Bank   |
| MoES   | Ministry of Education and Science                                |
| MoFA   | Ministry of Foreign Affairs                                      |
| MoH    | Ministry of Health   |
| Mol    | Ministry of Interior   |
| MoISD  | Ministry of Information and Social Development                   |
| MoLSPP | Ministry of Labour, Social Protection of the Population          |
| MoNE   | Ministry of National Economy                                     |
| NGOs   | Non-Governmental Organisations                                   |
| PAGE   | Partnership for Action on Green Economy                          |
| RGA    | Rapid Gender Assessment  |
| UNAIDS | Joint United Nations Programme on HIV/AIDS                       |
| UNICEF | United Nations Children's Fund                                   |
| UNDP   | United Nations Development Programme                             |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA  | United Nations Population Fund                                   |
| UNHCR  | Office of the United Nations High Commissioner for Refugees      |
| UNITAR | United Nations Institute for Training and Research               |
| UNRCO  | UN Resident Coordinator Office                                   |
| UNV    | United Nations Volunteers  |
| UNW    | UN Women   |
| UNECE  | United Nations Economic Commission for Europe                    |
| WHO    | World Health Organisation  |
| UNIDO  | United National Industrial Development office                    |

# Plan at a Glance

## Overview of Programmatic Activities

|   |                     |                    |                              |
|---|---------------------|--------------------|------------------------------|
| <b>1</b>  <b>HEALTH FIRST:</b><br>Protecting health services and systems during the crisis   |                     |                    |                              |
| UN Agencies <b>7</b>  | Partners <b>14+</b> | Projects <b>10</b> | Investments USD <b>5.6 m</b> |
| <b>2</b>  <b>PROTECTING PEOPLE:</b><br>Social protection and basic services  |                     |                    |                              |
| UN Agencies <b>8</b>  | Partners <b>22+</b> | Projects <b>20</b> | Investments USD <b>1.2 m</b> |
| <b>3</b>  <b>ECONOMIC RESPONSE &amp; RECOVERY:</b><br>Protecting jobs, small and medium-sized enterprises, and the informal sector workers |                     |                    |                              |
| UN Agencies <b>3</b>  | Partners <b>15+</b> | Projects <b>6</b>  | Investments USD <b>5,9 m</b> |
| <b>4</b>  <b>MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</b>   |                     |                    |                              |
| UN Agencies <b>6</b>  | Partners <b>3+</b>  | Projects <b>8</b>  | Investments USD <b>1,3 m</b> |
| <b>5</b>  <b>SOCIAL COHESION AND COMMUNITY RESILIENCE</b>  |                     |                    |                              |
| UN Agencies <b>7</b>  | Partners <b>16+</b> | Projects <b>9</b>  | Investments USD <b>533 k</b> |

The total **programmatic investment** amounts to **USD 14,555,000 / 53 projects**.

The total **non-programmatic investment** amounts to **1,140,000 / 35 projects**

## 1.0 Introduction

This document sets out the Plan for the United Nations Country Team's (UNCT) socio-economic response to COVID-19 in Kazakhstan, in line with the United Nations' global [framework for the immediate socio-economic response to COVID-19](#).

**The pandemic is an unprecedented public health crisis but it is much more than that.** The initial and on-going health crisis has major socio-economic consequences that are touching everyone's lives and disproportionately affecting the most vulnerable people, as well as the enterprises and entrepreneurs that provide them with jobs, incomes and contribute to the taxes that the state relies upon to deliver public services. The crisis demonstrates the need to invest in the health, social and economic systems: all three need to be prioritised. Furthermore, the pandemic has impacted men and women differently and further exacerbated existing gender inequalities.

The world has made [remarkable progress](#) in the attainment of the [Sustainable Development Goals](#) (SDGs), which lie at the centre of the UN's remit. However, **the pandemic is unleashing a human development crisis that may reverse some of this progress.** On some dimensions of human development, conditions today are equivalent to levels of deprivation last seen in the mid-1980s as the crisis is hitting hard human development's constitutive elements: income, health and education, exacerbating existing inequalities, and generating new ones. The full impact is yet to be documented as the crisis continues in different forms and shapes such as increased gender-based violence. These inequalities in human development are a roadblock to achieving the 2030 Agenda for Sustainable Development. As such, the advent of **COVID-19** has the **potential to not only hinder the attainment of the SDGs, but to actually reverse decades' worth of progress across many socio-economic and environmental dimensions.**

The timescale of this crisis is unknown, as is much else about the coronavirus. What is clear is that **the UNCT must act decisively.** There is no going back to the pre-COVID-19 world until such a time as a vaccine is available and globally distributed. **This radically different environment is the new normal.** This means that the UNCT must strive even harder to assist the Government of Kazakhstan to make appropriate policy choices which impinge the lives of the most vulnerable groups and firms.

This response plan consists of **five streams of work** to protect the needs and rights of people living under the duress of the pandemic, with particular focus on the **most vulnerable groups and people who risk being left behind**. The five streams of work that constitute this package are illustrated below. They are connected by a strong **environmental sustainability, social inclusiveness / gender equality, human rights and people-centred based approaches**, and **build back better** imperative.

**1**  **HEALTH FIRST:**  
Protecting health services and systems during the crisis

The UNCT’s **dual priorities** are evident and linked to the 2030 Agenda and the SDGs, namely to:

**2**  **PROTECTING PEOPLE:**  
Social protection and basic services

- Respond urgently to stem the COVID-19 impact;
- Help governments & populations build a better future.

**3**  **ECONOMIC RESPONSE & RECOVERY:**  
Protecting jobs, small and medium-sized enterprises, and the informal sector workers

The UNCT in Kazakhstan has undertaken various **steps in achieving this urgent new requirement**. It has:

**4**  **MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION**

- Undertaken a number of **rapid assessments** to understand the situation and the gaps (gender, vulnerable, businesses, etc.);
- Reviewed and **reprofiled its programmatic and non-programmatic portfolio** to address the COVID-19 challenge;
- Identified the key immediate **challenges**, including the need for closer cooperation within the UNCT and multilateral cooperation with International Financial Institutions (IFIs).

**5**  **SOCIAL COHESION AND COMMUNITY RESILIENCE**

This process on socioeconomic response involved each UN agency reconsidering its role in the context of the COVID-19 world within the approved UN frameworks for Kazakhstan, namely the **UN Sustainable Development Cooperation Framework (2021-2025)** and the **Common Country Analysis**.

The process has been led by the Resident Coordinator and the UNDP Resident Representative, and sought to link the humanitarian and health responses with the Socio-Economic Response and Recovery Plan in this document. The implementation will be **monitored and evaluated** regularly by the UN Country Team, since the future trajectory of the epidemic is not known and historical precedents offer limited relevant information with which to plan a fixed response.

## 2. Situation Analysis and Response

The impact of the pandemic is increasingly well-documented, indicating a global socio-economic crisis of catastrophic nature. The crisis has not only caused deaths and hardship and seriously overburdened the health system, but also led to a notable increase in joblessness and bankruptcies across the world.

The impact is far worse than the 2008-9 Financial and Economic Crisis and worse still than the Great Depression of the 1930s. It is the fastest and deepest economic crisis witnessed and, as a result, governments are acting more or less simultaneously in all regions of the world. Its impacts will almost certainly continue, in phases, until an effective, safe treatment and/or vaccine are developed and administered. Its effects are extremely serious for everyone but especially so for the vulnerable groups, as well as for entrepreneurs in both formal and informal sectors. It also has notable economic and social consequences for women, exacerbating their already disadvantaged position in the labour market, while also increasing the burden of unpaid care and domestic work.

COVID-19 threatens people's health and livelihoods, and could potentially exacerbate, poverty, hunger, destitution, inequality, violence and death. If vulnerable groups and micro small and medium-sized enterprises (SMEs) are not supported, countries could face a surge in extreme poverty and inequality. This could wipe out the development gains achieved in the recent decades. For countries such as Kazakhstan, its development capability could be seriously undermined, leading directly to an inability to achieve the SDGs by 2030.

## 2.1 International Context

The likely effects of the pandemic are widespread and significant. In summary, the main global trends are illustrated below, with information added for Kazakhstan where available:

- An expected 4.9% reduction in global GDP in 2020 and a reduction of 2.7% for Kazakhstan (IMF, 2020);
- An unprecedented 14 % drop in global working hours during the 2nd quarter of 2020, equivalent to the loss of 400 million full-time jobs (based on 48 hour working week), as well as 2 billion people in the informal economy which risk falling deeper into poverty (ILO, 2020), which is likely to affect women and youth disproportionately;
- A sharp decline in all commodity prices (except for coffee, uranium and gold), including a projected 47.9% decline in oil prices in 2020, with the non-energy commodity price index falling by 5.9% (World Bank, 2020);
- A major projected decrease of 30% to 40% in Foreign Direct Investment (FDI - UNCTAD, 2020);
- A significant decrease (19.7%) in remittances flowing to low and middle-income countries (World Bank, 2020);
- Human development – the measure of the world's education, health and living standards – is on course to decline in 2020, for the first time since measurement began (UNDP, 2020);
- An increase in various other risks such as deepening pre-existing inequalities and vulnerabilities. Some examples illustrate the situation. Women are playing a disproportionate role in responding to the disease, including as frontline healthcare workers, community leaders and mobilisers and caregivers at home. Experience of other disease outbreaks shows that this care burden also increases their risk of infection. Globally, women make up 70% of workers in the health and social sector. When health systems are overloaded, a greater burden is carried by women. Gender issues such as an increase in unintended pregnancies and gender-based violence (17% of Kazakhstani women experienced physical and/or sexual violence pre-COVID-19; for every 3 months the lockdown continues, an additional 15 million cases of gender-based violence are expected globally (UNFPA 2020)). Measures to 'flatten the curve' of infections is greatly impacting mobility and migration resulting in millions of stranded migrants with minimal financial support and exclusion from national social protection systems. As a further example, men having sex with men, transgender people and sex workers have been severely affected by the reduced access to commodities for prevention of HIV and Sexually Transmitted Infections, while people who inject drugs were affected by the lack of access to methadone maintenance drugs.

The above global trends are impacting all nations, including Kazakhstan.

## 2.2 Kazakhstan's Economy: a brief synopsis

A recent World Bank update on Kazakhstan's macro-economy stresses that the COVID-19 crisis is still unfolding, as the world experiences one of the deepest recessions, with massive reductions in GDP,

job losses and contraction in business activity. The Tenge has also depreciated following the collapse of oil prices, resulting in an up-tick in inflation. Businesses are contracting at a greater rate than the 2015-6 crisis yet the full impact of the recession has not yet been felt.

The World Bank’s basic scenario for Kazakhstan assumes that the severe global economic recession will depress demand, oil production will fall, there will be continued restrictions in mobility and thus also weakened investment and consumer spending. The indebtedness of consumers and corporations could put the financial sector under greater stress and a longer lasting outbreak could further contract GDP, with a spike in the poverty rate. The depth and duration of the crisis depend on how timely and efficiently the pandemic will be contained and how global demand recovers.

The key positive note is that though the Government’s fiscal response (i.e. to fight infection, maintain disposable incomes and protect businesses) will raise public debt, this remains at manageable levels. Government debt is expected to reach 30.5% of GDP in 2021, which is relatively low by international standards. The Government has fiscal space to continue to protect vulnerable businesses and people.

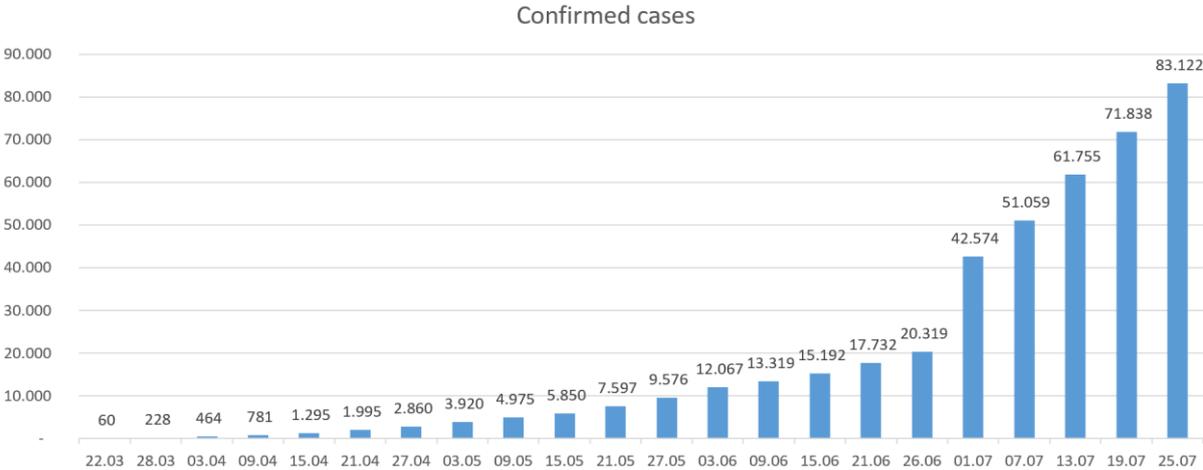
The discussion is supplemented below with an analysis of the situation in Kazakhstan, in terms of vulnerable groups.

### 2.3 COVID-19 Vulnerability Assessments

#### 2.3.1 Pandemic: an overview

On 30 January 2020, the WHO announced that the coronavirus outbreak had been declared a pandemic and recommended governments to act and promoted protective measures against the spread of coronavirus infection. As a result, measures unprecedented in speed and scale have been implemented by countries across the globe to protect human health. It is for each nation state to determine what to do, since the WHO provides technical expertise and guidance to Member States. Each Member State has to adapt these recommendations and tailor them to their particular context.

On 13 March 2020, the first cases of COVID-19 infection were reported in Kazakhstan. The figures below illustrate the increased number of official confirmed cases of infections in Kazakhstan from 22 March to 25 July 2020 (Source: coronavirus2020.kz).



While the figures above appear modest based on international comparisons, it should be noted that Kazakhstan has invested heavily in testing patients including groups at risk. However, the implications on people and businesses are of enormous significance. On 15 March 2020, Mr. Kassym-

Zhomart Tokayev, President of Kazakhstan, signed a Decree imposing a State of Emergency from 16 March - 15 April 2020. On 24 March 2020, the President announced the anti-crisis package, with financial support amounting to USD 10 billion, and focusing on supporting citizens and businesses which were deprived of income/revenue as a result of the quarantine measures. The public health and social distancing measures were subsequently extended until 01 May 2020 and again until 11 May 2020. Following the increasing trend in the COVID-19 incidence, the government has reintroduced public health and social distancing measures during the period 05-18 July and then 19 July - 02 August 2020.

### 2.3.2 Vulnerable People: an overview

The lockdown inevitably had significant impacts on the economy, namely Micro, Small and Medium-sized Enterprises (SMEs) and the large numbers of self-employed, as well as a disproportionate effect on vulnerable groups. This led the UN to undertake a major Socio-Economic Impact Assessment (overall sample amounting to 12,067 participants across all 14 regions and 3 key cities of the country carried out during 5 May – 10 June 2020). The SEIA's intention was to determine the categories and groups of the population that are in greater need of measures of state protection in the current crisis, to determine the socio-economic impact on individual segments of the population and to identify policy recommendations for both the UNCT and for government. The key target groups covered were: SMEs and self-employed, population, including vulnerable social groups, namely the economically active population, elderly and/or single people, persons with disabilities, disadvantaged and other vulnerable categories, parents with children under 6 years of age, education and healthcare. The key results of the survey are summarised below and are complemented by other surveys carried out by UN Agencies, such as the Rapid Gender Assessment (RGA).

#### **SME entrepreneurs** (sample: 1,545)

- In 2019, according to the Statistics Committee of the MoNE of Kazakhstan, there were 1.3 mln. active small and medium enterprises in Kazakhstan, employing 3.3 mln. people. Due to the quarantine measures and state of emergency, **69.6% of SMEs were forced to suspend their economic activities and another 2.2% completely stopped their activities.**
- **Women-entrepreneurs were more affected (+10%) by quarantine measures and state of emergency:** during the period of quarantine, 69% of SMEs stopped their activities among women-entrepreneurs, compared with 59% of men-entrepreneurs.
- **Quarantine measures and state of emergency have led to the destabilization of established business processes:** 42% of SMEs indicated a gap in their supply chains, 63% of SMEs noted a decrease in revenue, while 48% of the surveyed representatives of SMEs do not have revenue at all, and one in five SMEs noted the lack of funds in their business accounts, which puts them at risk of liquidation.
- Since the introduction of the quarantine, **only 10% of SMEs have taken measures to adapt to the new conditions:** 5% of SMEs have implemented online services for customers, and 2.5% have implemented online services for employees.
- According to the study results during the period of quarantine and state of emergency the most affected areas of the economy were: "Art, entertainment and recreation" (88% of subjects in this industry ceased operations during the quarantine period), "Tourist business" (87%), "Educational services" (85%), "Beauty industry" (84%), "Sports and entertainment industry and shopping centres" (80%), "HORECA" (78%), "Wholesale and retail trade and service stations" (73%) and "Transportation services" (75%).

- **In general, the most affected sectors of the economy are the service industry**, with official data showing that 73% of all employees are employed in the service industry (14% in agriculture, 13% in industry). The SME sector provides employment for 28% of the working-age population (aged from 15 to 64), in megapolises this indicator is 44%.
- **The main burden of supporting employees in the SME sector fell on the state.** 66% of SMEs applied for social payments from the state in the amount of 42,500 KZT for their employees. At the same time, the state was able to provide only one-time payments for employees, as a result of which most of the staff was sent on unpaid leave or dismissed.
- On a positive note, **73% of the SME representatives surveyed believe that their business activity will be restored to its previous level** after the termination of quarantine measures and state of emergency, while 19% actually plan to expand their activities. However, this may be too optimistic, given the latest quarantine measures and restrictions on business activities.
- **In a state of emergency, legislation guarantees employees a minimum wage (42,500 KZT). For the duration of the quarantine, 8 mln. people applied for benefits due to loss of income** (or 91% of the total employed population) and 4.6 mln. citizens received a one-time payment (57% of all those who applied for benefits): Only 2.9 million people received payment for the second month (36% of all those who applied for benefits).

#### **Self-employed** (*sample: 869*)

- According to the survey, **the majority of self-employed people (71%) have suspended their activities due to the introduction of quarantine measures.** At the same time, among self-employed women, activity was suspended by 10% more than among self-employed men (76% and 66% respectively).
- **In six sectors of the economy, more than 80% of the self-employed completely stopped their activities:** "Beauty industry" (92%), "Art, entertainment and recreation" (88%), "Construction" (84%), "Logistics services" (81%), "HORECA" (80%), "Provision of other services" (83%).
- **69% of self-employed people report a decrease in income from the introduction of quarantine measures.** At the same time, 44% of self-employed people note a decrease in prices for their goods and services, and 11% of self-employed people note an increase in the loan burden. For 47% of the self-employed, the quarantine measures have resulted in a disruption of supply chains and a loss of income. A third of the self-employed are anxious about the uncertainty of the economic situation and the instability of the national currency. Every sixth self-employed person notes the inability to get a loan and high loan rates.
- **72% of the surveyed self-employed applied for state support (42,500 KZT) during the first wave of quarantine measures:** less than half of the self-employed (45%) received social benefits from the state. In almost 25% of cases, the self-employed obtained no social benefits. The self-employed also do not have access to unemployment benefits because to do so, they must not have worked officially for the last 6 months.
- In 20% of cases, the self-employed respondents note **the complexity of the procedure for obtaining** social benefits (42,500 KZT).
- More than half (59%) of the self-employed intend to make changes to their business model. However, in reality, during the quarantine period, 91% of the self-employed did not make any changes and **only 3.5% of the self-employed implemented online services for clients.**

**Socially vulnerable segments of the population** (*sample: 5,156; people on low income: 899, persons with disabilities: 517, unemployed: 982, elderly and/or single people: 692, economically active population: 2,049, and other vulnerable groups: 17 expert surveys of NGO representatives*)

- According to the survey results, **the average monthly income** of the majority of the low income people (55%) **does not exceed 75,000 KZT per month**, among the unemployed (49%), persons with disabilities (46%), the elderly (31%) and the economically active (32%).
- **A deterioration of the financial situation caused by quarantine measures is noted by** 51% of the unemployed, 45% of low income people, 42% of persons with disabilities, 36% of the economically active population. Among the elderly, the majority notes that their level of financial well-being has not changed, which is associated with receipt of mandatory monthly pensions and benefits. The majority of respondents note that the quarantine measures will have a negative impact on the economic situation of themselves and their loved ones. The negative consequences are of greatest concern among the unemployed (69%), people on low income (68%) and economically active citizens (66%).
- **Quarantine measures and state of emergency largely affect the most vulnerable groups of the population:** 40% of the unemployed and 38% of low income people reported that they could not afford enough food; 43% of the unemployed and low income people reported difficulties paying for utilities; 38% of the unemployed and 47% of low income people had to borrow money and/or take loans to pay for staple commodities. As for people with disabilities (PwD), 41% of respondents could not pay for utilities, 38% could not buy enough food, and 35% were forced to borrow money to provide for their basic needs. The elderly were somewhat cushioned by pensions and benefits: two-thirds were still able to pay for utilities, buy enough food, and did not have to borrow money to pay bills.
- **In the first quarantine period, 60.8% of all respondents applied for state financial assistance – a social payment of 42,500 KZT.** Of these, 21% received both payments and 41.6% received only one payment. 35.7% of those who asked for help were refused the social payments, with the elderly (71%) and PwD (52.5%) suffering from the most rejections. Despite the fact that they are recipients of pensions (for age, disability), they have significant restrictions on the possibility of additional earnings and social payments are often the only source of income, which renders them highly vulnerable.
- For 40.6% of respondents, these **social payments (42,500 KZT) provided significant financial assistance** for 26.7% partially eased the financial burden. However, 32.7% of respondents noted that these payments did not solve their main financial difficulties.
- The majority of respondents (53%) experienced difficulties in obtaining state assistance during the first quarantine, and one in five (18.6%) of the vulnerable groups did not receive assistance from the state due to insurmountable registration difficulties.
- During the quarantine period, **additional state support in the form of monetary assistance** in paying for utilities, food and household kits, deferred payment of loans from the bank, deferred payment of utilities was necessary for 34% of PwD, 24.8% of low income people, 24.5% of the unemployed, among the elderly, state support is required for 24%, among the economically active population - 21%. During the quarantine period, 38% of PwD, 27% of low income people, 26% of the unemployed and the elderly applied for food packages. The majority of PwD (52%) applied for help to pay for utilities. A third of low income people, a quarter of the unemployed and PwD applied for deferred loan payments.

- During the first quarantine, **20% of respondents indicated that they needed medical care, services, procedures and care**, especially 39% of PwD needed medical care, and one in four of elderly people did. Only 37.6% received the necessary medical care. In 21.7% of cases, respondents indicated that the availability of personal protective equipment (PPE) in pharmacies was restricted.
- A separate assessment on People with Disabilities conducted by UNFPA revealed that **46% of them could not buy protective sanitary and hygienic means**, due to lack of funds and increased cost in pharmacies and stores. Stock-outs of these items was also reported;
- Furthermore, more than 45% of the respondents were involved in volunteerism to respond to COVID-19 and provide immediate help to the affected groups of population. The national volunteer movement demonstrated further growth and active support, at both informal and formal levels, that led to strengthened civic participation and social responsibility of society.

**Sphere of Education** (*sample: 2,684; representatives of universities: 26, representatives of VET colleges: 17, representatives of schools: 19, representatives of academic staff (hereinafter as AS) of universities: 89, academic staff of the VET Colleges: 64, school teachers: 85, students: 1,157, parents: 713, 514 parents of children with disabilities (school age)*)

- Universities were well-placed to switch to e-learning relatively quickly. **Yet only 19% of university students believe that the transition to e-learning has not affected the quality of education in any way. 70% of the respondents believe that education has become at least a quarter less productive.** Fee-based students are highly critical in assessing the quality of e-learning. This is probably due to a lower level of involvement in the educational process, as well as due to the fact that fee-based students cannot use the full range of services offered by universities, so their level of satisfaction with the quality of services is lower.
- Leaders and teachers of VET institutions are rather sceptical in assessing the work that was performed by the Ministry of Education and Science and the Ministry of Information and Social Development in supporting e-learning. In these institutions, teachers were less involved in teaching work in a distance format than university teachers. This may be due to the fact that, in VET educational institutions, it is more difficult to transfer applied areas of education to a distance format, which require constant practical training of students.
- **The survey helped to identify the main technical barriers that hinder the effective organization of e-learning.** More often, parents of pupils and students complain about the low speed of the Internet, which is why long conferences cannot be held.
- Teachers and the administration of educational institutions note that there are no technical prerequisites for students and schoolchildren, however, the reality is more nuanced. According to the survey, only 11% of students have no computer or laptop, while among schoolchildren this figure reaches 55%, so students and schoolchildren used smartphones for learning.
- This indicates that there is no educational Internet platform that works effectively (this would have required a more powerful device than a smartphone). **Platonus and Kundilik.kz, the two Kazakhstan-developed platforms that are used by schools and universities**, are significantly less popular than Zoom and WhatsApp. A number of mass media reported that the Platonus system could not withstand the load from mass use.
- **There is a need to monitor the usability and fullness of existing Internet platforms and resources for distance education.** The predominant use of Zoom and WhatsApp indicates that limited opportunities for organizing distance learning. At the same time, classes (lessons,

seminars, lectures) were transferred to the concept of online conferences without making changes to the methodology and concepts of teaching disciplines.

- **Teachers and school administration recognize the lack of training of teaching staff to organize distance learning**, which requires skills and experience. 75% of higher education institutions teachers, 50% of VET institution teachers and about 20% of schoolteachers were trained in the basics of distance learning.
- **90% of the surveyed heads of universities plan to work towards the development of distance education** but they expect state bodies to work to increase the speed of Internet communication, to provide access to online training platforms and to train teachers on distance learning. Representatives of all levels of education expressed a readiness to provide quality education via distance learning in case of a re-introduction of quarantine.
- 13% of schoolteachers, 42% of university teachers and 14% of teachers of VET institutions believe that **some students did not have the opportunity to participate in the distance learning process**. The availability of a smartphone provided an opportunity to study online, however, even with the gadget, some learners could not connect to the Internet, which reduced access to learning. Parents of students from rural areas were 13% more likely to report the problem of low Internet speed. The parents noted the absence of a computer, laptop or even TV in some households.
- The vast majority of parents of children with special educational needs surveyed noted that the school schedule changed during the quarantine. **58% of parents of children with special educational needs believe that changing the concept of education or suspending education during quarantine may negatively affect child development of their child.**

**Preschool children** (*sample: 1,035 parents of preschool children (aged 0-6), including: parents with preschool children without health complications: 830; parents with disabled preschool children: 205*)

- The negative economic effect of quarantine measures and state of emergency has been experienced by a significant part of Kazakhstani families with pre-school children. **More than 40% of parents surveyed report a deterioration in their financial situation over the past 3 months** (March-May 2020). At the same time, residents of large cities were more likely to feel the negative socio-economic effect of quarantine measures and state of emergency than residents of small towns and villages, most likely due to the peculiarities of the employment structure in cities (service industry and trade).
- **The most vulnerable, in terms of financial security and emotional state, are parents with older children, as well as families with three or more children.** Dissatisfaction with their situation increases with the age of the child, which is explained by the increase in the cost of maintaining children as they grow up, as well as the limited duration of most state support measures for children aged under one year of age.
- **In the current situation, most parents with pre-school children need support from the state.** The main expectations of parents are related to financial and material assistance, including food, clothing and shoes, as well as household goods. Families raising children with disabilities (90%) are in particular need, and their needs are primarily focused on receiving medical treatment and wellness treatments for their children.
- **About 80% of parents applied for state-provided assistance**, which confirms the financial vulnerability of parents in the post-quarantine period. The most popular application made was to receive a social payment of 42,500 KZT (70%) and 43% of the applicants gained it. Cash assistance

in paying for utilities turned out to be less accessible for parents of preschool children (only 23% of those who applied actually received it, 20,5% did not and other applications were under consideration). 68% of the 10% of the parents who applied received a food basket. At the same time, about half of the parents who received state assistance experienced some difficulties in the process of registration.

- **Social support measures during the state of emergency covered a minority of parents with pre-school children (46%).** A significant number of requests were left unconfirmed by state authorities. In addition, only 40% of the families who received the assistance felt the financial support to be significant, while the rest were only able to ease the burden partially or only slightly on the family budget. Due to the limited amount of assistance, as well as difficulties in obtaining it, the vast majority of parents and guardians of children interviewed met the basic needs of their children independently of state assistance during the quarantine period.
- **The negative socio-economic consequences of the quarantine for families with pre-school children** should be considered a deterioration in the quality of the consumer basket, a decrease in spending on educational services for children, and a subsequent decline in the quality of human capital in the country as a whole.
- **Under quarantine, the use of all types of medical services by pre-school children has decreased.** This is especially true for preventive vaccinations, which were received by 39% before the quarantine, and 9% of the children of the parents surveyed during the quarantine period. There are fewer requests for medical examinations, preventive and rehabilitative support measures. Among older children (school children), there is less demand to receive certain medical services during the quarantine period, although in this age group of children there is also a decrease in access to medical services during the quarantine period.
- **Families with a disabled child were the most vulnerable.** During the quarantine period, these families faced restrictions on all medical services provided: restrictions applied to rehabilitation (31%), visits to specialists (27%), treatment (21%) and preventive procedures (20%). More than half of parents of children with disabilities believe that the lack of necessary medical services will negatively affect the health of their children.
- **Parents of schoolchildren assess the availability and quality of medical services "below average",** which is also associated with a decrease in access to medical care during quarantine and state of emergency. Of the 13% of respondents who needed medical care, the majority could not get it. Parents believe this will negatively impact their children's health.
- **The growing psychological burden on children in quarantine is noteworthy.** One in five parents with schoolchildren noted a deterioration in their child's psychological and emotional state during this period. In the case of children with disabilities and special needs, the cases of deterioration of psycho-emotional health are noted more often.
- In the long term, increased pressure on the social protection system due to measures taken to counteract coronavirus may **aggravate the situation of children with disabilities, further increasing their economic and social exclusion.** Children with chronic diseases who lost necessary medical procedures and medicines during the quarantine period are also at risk.
- **Due to the closure of preschool institutions during the state of emergency, more than half of children aged 1 to 6 years lost access to educational services.** In terms of children's leisure time, the study identified two key problems. First, most children in home isolation were not able to walk in the fresh air, not only because of quarantine measures, but also because of the parents' belief that this is not necessary. Secondly, the problem of gender inequality in the organization of

children's leisure emerged clearly. Despite the fact that both parents had the opportunity to spend time with their children, under quarantine, mothers spend disproportionately more time on parenting than fathers. **In 89% of cases, mothers were responsible for organizing children's leisure activities during the quarantine period.**

### Regional Issues

- **Regional disparities in terms of per capita GRP are drastic.** in Turkestan region, per capita GRP is only 6.3% of those in Atyrau Region. Even if Atyrau Region is excluded as an oil-extracting one, per capita GRP in Turkestan region is 11.7% of those of Almaty and 14.3% of per capita GRP in Nur-Sultan. Such huge gaps create incentives for internal migration to more economically developed regions, especially the cities.
- As a result, urbanization is increasing very fast. between 2016 and 2019 alone, the share of urban population increased from 56.8% to 58.5% (i.e. rural population fell by 1.6%, while urban population went up by 5.4%).
- On the other hand, **regional disparities are much lower if compare regions in terms of average per capita household income.** In Turkestan region, it is 25.5% of Atyrau Region, 31.4% of Nur-Sultan, and 33.6% of Almaty. In terms of median per capita household income, no serious disparities are observed: median income in Atyrau Region is among the lowest, while Turkestan region is still the least developed with median income of 45.8% of median income of Almaty and 58.5% of Nur-Sultan. Large difference between per capita GRP, per capita income, and median income is points to significant income inequality across the country. Furthermore, median income in Turkestan region is equal to subsistence minimum, and in most of the other regions is quite close to the subsistence minimum, indicating that large portion of the population is at poverty risk, especially in case of shocks similar to COVID-19 pandemic.
- **In 9 of the 17 regions of Kazakhstan, more than 70% of self-employed were forced to suspend activities in the period of quarantine:** in the cities of Almaty and Shymkent 86% and 85% of self-employed, respectively, suspended their activities, followed by Kyzylorda (83%), Akmola (83%), Karaganda (78%) and Almaty (77%) regions;
- 72% of the surveyed self-employed applied for state support (42,500 tenge) during the first wave of quarantine measures but **self-employed residents of the Mangistau (51.4%) and Turkestan (50%) regions received the most refusals.**
- The **largest share of people registered with various types of medical record is in the following regions:** 82.4% in Karaganda region, 78.9% in North Kazakhstan region, 77.8% in Zhambyl region, and 71.4% in Kostanay.

### 2.3.3 Gender Dimension

The Rapid Gender Assessment (RGA) for the COVID-19 situation was carried out (2,200 respondents across all 14 regions and 3 major cities; UN Women/UNFPA, May 2020). The RGA aimed at identifying and address the specific needs, opportunities and survival strategies of women and men before, during and after emergencies, and provides important information on gender roles and responsibilities, opportunities and vulnerabilities that have emerged in society due to COVID-19. It supports and reinforces the SEIA analysis presented above:

- **Families with children are more likely to face greater difficulties in accessing basic services.** This is particularly true for food and sanitation, while access to health and public transport services was also more difficult. However, men reported more problems with access to basic services

than women did. **The most vulnerable are families with children under 17 years of age raised by one parent;**

- The analysis of employment status shows that **self-employed were the most vulnerable in terms of ability to keep their paid employment**. These changes affected self-employed men and women equally. Self-employed people were more likely to lose their jobs in urban areas, while in rural areas they experienced a decrease in the number of work hours;
- According to the RGA survey, **six out of ten employers (60%) had to completely stop their business** after COVID-19 began to spread. This has **affected rural entrepreneurs and women's businesses to a greater extent;**
- **The share of women who lost their jobs among those employed before COVID-19 was 26% compared with 21% of men**. 39% of salaried employees were sent on leave after the announcement of the state of emergency, while 56% continue to work and receive income from paid employment. Among women, the age groups 18-34 and 55-64 were more likely to be on unpaid leave. In view of the employment challenges for workers over 45 years of age, there is a high probability that these respondents will not be (re)employed after the quarantine;
- The most significant negative changes have been observed in such household support resource as **income from paid work/wages, with almost one third of respondents indicating that it has decreased**. Women were more likely to say that if restrictive measures were to continue, they would face the problem of optimizing / cutting back on their household expenditures while men were more likely to say they would seek external (outside the household) financial instruments such as loans and social assistance;
- **During the isolation, women, more than men, experienced an increase in the amount of domestic work**. While the cumulative percentage of men who have increased time spent on three or more types of household chores is 26%, it is 40% for women in this category;
- About **15% of respondents are aware of an increase in cases of domestic violence** since the beginning of the COVID-19 pandemic;
- According to the RGA, amongst the most frequently cited difficulties (40%) experienced in quarantine were the **closure of schools or reduction of school-related activities for children and the impact on psychological / emotional well-being** (stress, anxiety, etc.).

#### 2.3.4 Refugees, asylum-seekers and undocumented stateless persons

- The Covid-19 and lockdown had a significant impact to the socio-economic situation of refugees and asylum-seekers. Over 95% of refugees and asylum-seekers lost their income and means of support as many of them work informally in service sectors. By virtue of their legal status, the refugees and asylum-seekers are not eligible for social assistance provided by the Government to the affected population. The temporary nature of refugees hinders them from naturalization in Kazakhstan, regardless of their stay, which further limits their rights in accessing formal employment, healthcare services, all forms of social protection and assistance, including disability allowances, child, maternity, pension and unemployment benefits;
- The COVID-19 crisis deteriorated the deprived situation of undocumented persons even further. Absence of valid identity documents restricts undocumented persons from accessing fundamental human rights such as the right to qualified medical care, the right to education, the right to work, the right to social protection and benefits, and limits access to adequate housing, which make them vulnerable to become victims of human trafficking for sexual or labour exploitation, forced labour or slavery.

### 2.3.5 Environmental Aspects

- **COVID-19 shows that the health of people and the planet are one and the same.** Human activity has altered virtually every corner of Earth, bringing humans into contact with new vectors: 75% of all emerging infectious diseases in humans cross from animals. The long-term threats of climate change and ecosystem and biodiversity loss also spring from the destruction of nature.
- **There is a need to transition to a Green Economy and sustainable development** through a focus on: decarbonization of the economy, introduction of the most environmentally friendly and energy efficient technologies for sustainable production and consumption, and taking greater responsibility for the use of resources and preservation of natural heritage.
- **COVID-19 provides the impetus to revisit our relationship with nature and build a better world.** Governments should respond to the COVID-19 crisis by making policy and investment decisions that also address crises, such as air pollution and the climate emergency.
- **Analysing the full effects of COVID-19 on the environment will be a priority for future UNCT activity** since the Green Economy is an opportunity to rebalance nature, climate and economy. It allows for supporting new social safety nets, innovative public private partnerships in areas such as ecotourism and green transport, sustainable agricultural practices, as well as the health sector itself, being closely linked to environmental practices.

The impacts highlighted above are only a partial snapshot of an evolving situation. However, it is abundantly evident **that COVID-19 is affecting a wide range of vulnerable groups disproportionately and reinforcing inequalities and disadvantage in its wake**, even as a surge in infection is happening.

The analysis above underlines the urgency to address the needs of the most severely affected groups, to build resilience and crisis preparedness, as well as speed and flexibility in policy making, both in the context of the UNCT's COVID-19 plan, as well as broader government policy. **The COVID-19 induced environment is the new reality, the new normal.** The UNCT will respond accordingly and actively engage with the government in order to jointly develop suitable policy responses as the pandemic evolves.

## 2.4 COVID-19 Responses

The United Nations Country Team (UNCT) Kazakhstan's COVID-19 Socio-Economic Response & Recovery Plan, is guided by the global UN Framework for the Immediate Socio-economic Response to COVID-19's five pillars, the UN Sustainable Development Cooperation Framework (2021-2025), the Common Country Analysis, the Socio-Economic Impact Assessment (SEIA), as well as the wider regional Framework on Socio-Economic Response to COVID-19. Its objective is to save lives, with a particular focus on the most vulnerable groups at risk of being left behind by the effects of the pandemic, as well as focusing on the enterprises and entrepreneurs that are critical to protect and assist, if the SDGs are to be attained.

### 2.4.1 The Covid-19 Socio-Economic Response and Recovery Plan

**The UNCT is well-placed to address the multi-faceted aspects of the increasing COVID-19 challenges.** The various UN agencies active in the country and their programmes cover a palette of different and inter-related COVID-19 responses, including:

- Health: e.g. until June 2020, the WHO mobilized about USD 4 million to procure medical supplies and trained health care workers in infection prevention and control, case management and laboratories. The WHO is also assessing the impact COVID-19 has on access to essential healthcare services, such as immunizations or patients with non-communicable diseases or TB patients;
- Education: e.g. UNESCO's support in deploying effective distance learning strategies and tools and ensuring access to education, UNICEF's guidelines on pre-schools and schools reopening and online trainings to equip central and local executive authorities and schools' management on how to work together to ensure the right of every child to education, health and safety while returning to schools and UNESCO/World Bank/WFP's Guidelines for pre-school reopening;
- Gender: e.g. Rapid Gender Assessment conducted by UN Women and UNFPA, with regards to the economic insecurity and sources of household income, access to basic social services, general needs, strategies for securing economic resources and maintaining livelihood, family workload sharing during COVID-19 while providing support and care, etc.;
- Digital transformation: e.g. all manner of webinars and digital training (e.g. health officials, civil servants, etc.), such as UNDP's efforts to increase digital literacy of the users of public services, as well as support the digital transformation of the civil service;
- Employment and migration: e.g. subsidized Youth Apprenticeship Programme accompanied by soft-skills trainings and mentorship support for 150 vulnerable youth of Nur-Sultan, IOM's humanitarian assistance in the form of hygiene and PPE kits, food and other essential items to 2,300 vulnerable migrants and transfer of over 1,500 stranded migrants from Kazakhstan, ESCAP's transboundary initiatives and policy advocacy on e-resilience against pandemic, etc.
- Elderly: e.g. needs assessment of the elderly including COVID-19 and calculation of the Healthy Ageing Index;
- Employment and labour market: ILO conducts rapid assessment of economy and labour market in the context of covid-19 pandemic;
- Volunteerism: provision of innovative onsite and online volunteer solutions by UNV and other volunteer actors for support to the UN entities, Government institutions and civil society with the socio-economic response to the pandemic.
- Urban transformation: e.g. development of a Sustainable Smart City Evaluation Report with the help of United for Smart Sustainable Cities (U4SSC) KPI Collection Methodology, which includes the impact of COVID-19 and provides related recommendations.

The above is a brief indication of the wide-ranging UNCT role. This Covid-19 Socio-Economic Plan aims to support the Government of Kazakhstan to mitigate the effects of the pandemic, save lives, protect people and businesses, and "build back / recover better".

It aims to promote sustainable socio-economic development in Kazakhstan by understanding the multidimensional negative impacts of COVID-19 on vulnerable people and businesses most at risk, and developing policies and programmes designed to mitigate the impacts on them.

The Plan consists of **two main workstreams**.

The first workstream is **non-programmatic** in nature and is highlighted in Table 1 below.

The total **non-programmatic investment** amounts to **USD 1,140,000 / 35 projects**.

**Table 1: Non-Programmatic COVID-19 Support: analyses, policy advice, communication, etc.**

| Activity  | Target group(s) and geography  | Key Partners   | Available technical capacity                             | Timeline (18 months) | Scale-up Potential | Budget Available | Expected Outputs                                  |
|---|--|--|--|----------------------|--------------------|------------------|---|
| 1. Analysis of the points of vulnerability and response measures for employment, labour market and SME owners and employees   | SMEs, self-employed (sample: 4,000)<br>National  | <b>UNDP</b> , National Chamber of Entrepreneurs  | National consultants                                     | May - Jun 2020       | N/A                | USD 56,000       | Report and recommendations                        |
| 2. Analysis of the points of vulnerability and response measures for the most vulnerable groups, including public welfare coverage, access to education healthcare services | PwDs, marginalized groups, large families with children, single people (sample: 8,000)<br>National | <b>UNDP, UNICEF</b><br>Ministry of Labour, Social Protection of the Population (MoLSPP), Ministry of Education and Science (MoES), Ministry of Health (MoH), UNICEF, WHO | National and international consultants                   | Mar - Jun 2020       | N/A                |                  | Report and recommendations                        |
| 4. Develop and disseminate technical guidelines and improve risk communication  | Health care workers<br>National, regional and local level  | <b>WHO</b>   | National and international consultants                   | Mar - Dec 2020       | Large              | USD 200,000      | Technical guidance, including risk communications |
| 5. Policy advice to Ministry of National Economy (MoNE), including Covid-19 socio-economic response   | MoNE<br>National   | <b>UNDP, UNITAR</b><br>under PAGE  | Expertise in macro-economics and sustainable development | Jun 2020 - Dec 2021  | N/A                | USD 130,000      | Strategic Development Plan until 2025             |
| 6. New analysis of barriers and solutions to effective teleworking in ministries in order to work effectively, including under crisis conditions such as Covid-19           | Civil servants<br>National, regional and local   | <b>UNDP</b> , Centre for Civil Service Personnel Management, Civil Service Agency, Astana Civil Service Hub  | Expertise in teleworking                                 | May 2020 - Sep 2020  | Large              | USD 10,000       | Report with solutions for effective teleworking   |
| 8. Global monitoring of school closure, including Kazakhstan, related to COVID-19 (daily data on number of schools and children affected)                                   | School age children<br>National  | <b>UNESCO, WHO, MoES, MoH</b>  | Monitoring and policy advice                             | Mar 2020 - May 2021  | N/A                | USD 50,000       | Interactive map (periodic data)                   |

|  |   |  |   |                     |        |                  |  |
|--|---|--|---|---------------------|--------|------------------|--|
| 9. Survey on National Education Responses to COVID-19 School Closures  | MoES<br>National  | <b>UNESCO</b> , MoES   | Policy advice and programming             | Mar - Apr 2020      | N/A    | N/A              | Report   |
| 10. Survey on ICT skills and competencies of teachers to enhance curriculum and improve teacher training and introduction of ICT Competency Framework for Teachers (TBC)           | Teachers<br>National  | <b>UNESCO</b> , MoES   | Policy advice and teacher training ICT    | Jun 2020 - Dec 2021 | Large  | USD 10,000 (TBC) | Report   |
| 11. Webinars on supporting distance learning strategies and tools and platform for sharing country experiences in the region, including on strengthening ICT in education policies | MoES, teachers<br>National  | <b>UNESCO</b>  | Policy advice and capacity building       | Apr - Dec 2020      | Medium | USD 20,000 (TBC) | Issue notes  |
| 12. Online trainings of trainers for teacher trainers and education policy-makers on distance learning solutions and tools   | MoES, teacher training institutions, Global Education Coalition partners<br>National        | <b>UNESCO</b>  | Capacity building                         | July - Sep 2020     | Large  | USD 10,000 (TBC) | Pool of 24 Master trainers   |
| 13. Campaign on the promotion of indoor sports and physical activity to combat health and well-being consequences of COVID-19  | Youth, adolescents and children<br>National   | <b>UNESCO</b> , National Olympic Committee   | Advocacy and raising-awareness            | Apr - May 2020      | N/A    | USD 6,000        | Total reach via social media >1.4 mln people                       |
| 14. Webinars on Open Science, including for UNESCO Global Recommendations for Open Science and how science addresses COVID-19 in the Central Asia region                           | MoES, research and science institutions<br>National and Regional                            | <b>UNESCO</b> , MoES, Academy of Science, Scientific Centres                                   | Raising awareness, policy recommendations | Jul - Dec 2020      | N/A    | N/A              | Report and policy recommendations                                  |
| 15. Webinars based on the experiences of the UNESCO Biosphere Reserves to live in harmony with nature, in the context of COVID-19 and future pandemics                             | Biosphere Reserves of Kazakhstan and Central Asia, public at large<br>National and Regional | <b>UNESCO</b> , Ministry of Ecology, Man and the Biosphere, Programme National committee of RK | Advocacy and raising-awareness            | Jul - Dec 2020      | High   | USD 5,000        | 20 Biosphere Reserves and 300 stakeholders from Biosphere Reserves |

|  |  |   |  |                |         |            |   |
|--|--|---|--|----------------|---------|------------|---|
| 16. Capacity development of media to cover the crisis: Series of webinars on Journalism Fake news and Disinformation, the UNESCO reading materials translated into Russian and Kazakh languages            | Central Communication Service, Media Alliance, Academia, Media NGOs, Print, Broadcast and online media outlets, MIL trainers<br>National | <b>UNESCO</b> , WHO, Latvian Embassy to Kazakhstan, National Commission of UNESCO in Kazakhstan       | Capacity development   | Jun - Dec 2020 | Large   | USD 52,000 | 120 media professionals and journalists and media outreach  |
| 17. Needs assessment of country's Biosphere Reserves and policy advice and capacity development support on reconciliation with nature based on Geoparks and Natural Heritage in "building back better"     | Researchers, local communities, local authorities<br>National and regional   | <b>UNESCO</b> , Science, Technology and Innovation institutions, tourism sector, local administration | Technical advice and policy recommendations, notably based on UNESCO MAB and IGPP programmes | from Jul 2020  | high    | USD 30,000 | Policy advice   |
| 18. Needs assessment of the Science, Technology and Innovation (STI) sector to respond to COVID-19 and recommendations, including on open science and national and regional cooperation initiatives in STI | STI institutions, universities, research centres, etc<br>National  | <b>UNESCO</b> , MoES, Academy of Science, Scientific Centres  | Policy recommendations   | from Jul 2020  | High    | USD 30,000 | Policy recommendations/report   |
| 19. Rapid needs assessment of People with Disabilities (PwDs) during the period of lockdown  | PwDs of Shymkent City and Turkestan region   | <b>UNFPA</b> , Association of Women with Disabilities "Shyrak"  | In-house expertise, national experts, policy advice  | Apr - Jun 2020 | N/A     | USD 5,000  | Report with recommendations   |
| 20. Develop key messages for People with Disabilities (PwDs) during the period of lockdown   | PwDs<br>National   | <b>WHO</b>  | In-house expertise, national experts, policy advice  | Apr - Jun 2020 | Mediums | USD 5,000  | Public media coverage to ensure that COVID-19 public health messages are translated for visually impaired persons |
| 21. Rapid Gender Assessment of COVID-19's impact on people's lives   | Women, men and elderly<br>National   | <b>UNWOMEN</b> , UNFPA (sample 2,200)   | In-house expertise, national experts, policy advice  | May - Jul 2020 | N/A     | USD 6,000  | Report with recommendations   |
| 22. Improve evidence-based decision making to better protect female health care workers  | Female health care workers<br>National   | <b>WHO</b>  | National and international experts, policy advice  | May - Jul 2020 | Medium  | USD 54,000 | Research methods applied to protect health care workers   |

|  |   |   |  |                     |        |            |   |
|--|---|---|--|---------------------|--------|------------|---|
| 23. Needs assessment of elderly (Healthy Ageing Index) including COVID-19 effects (in collaboration with UNECE to support the development of a roadmap: sample 2,000)  | Elderly population<br>National  | <b>UNFPA</b> , UNECE, MoLSPP  | International experts, national experts, policy advice | Jul - Oct 2020      | N/A    | USD 37,000 | Report with recommendations   |
| 24. Policy advice and technical guidelines on Antenatal care, during Delivery and Post-natal care adopted to COVID and extensive communication campaigns on impact of COVID-19 on reproductive health and gender | Health providers, , pregnant and post-partum women<br>National                                    | <b>UNFPA</b> , MoH,   | In-house expertise, National experts, policy advice    | Apr - Dec 2020      | N/A    | USD 45,000 | Guidelines issued by MoH and 8 UNFPA-organized web training courses for more than 1,400 health providers. UNFPA printed around 110,000 leaflets for pregnant and post-partum women and MOH issued "prikaz to print the same and other UNFPA-developed materials throughout the country. Dissemination of WHO guidelines on breastfeeding practices for patients with COVID-19 |
| 25. Extensive communication campaign on impact of COVID-19 on reproductive health and gender   | PwDs, men and boys, survivors of GBV  | <b>UNFPA</b> , National Commission on Women, MoH, Ministry of Information, Ministry of Interior | In-house expertise, National experts                   | Apr - Dec 2020      | N/A    | USD 15,000 | Podcasts targeting men, TV clips for PwD and Covid-19, social media, talk shows, leaflets for survivors of GBV  |
| 26. Monitoring the situation of migrants, COVID-19 impact on migrant families. Development of the Monitoring tool for children migrants through the open digital platform ODK opendatakit.org                    | Children affected by migration<br>Nur-Sultan, Almaty, Shymkent cities, Turkestan Oblast, national | <b>UNICEF</b> , Human Rights Ombudsperson and Implementing partners in testing regions (NGOs)   | In-house expertise, national experts                   | Apr 2020 – Jun 2021 | Medium | USD 15,000 | Monitoring tool, monitoring reports   |
| 27. Nation-wide hand-washing campaign together with Infection Prevention and Control (IPC) messaging aimed for promotion of the personal hygiene and improve protective hygiene practices                        | General population, families with children, health workers, National                              | <b>UNICEF</b> , MoH   | Health and Nutrition team and Comms team               | Aug 2020 - Apr 2021 | High   | USD 10,000 | Materials developed; messages reached the target groups   |
| 28. Rapid Assessment of COVID-19 Crisis Impact and Prospective Social Protection Responses   | National  | <b>UNICEF</b> , MLSP  | Social protection team                                 | Jun - Sep 2020      | N/A    | N/A        | Analysis report with country case study   |

|  |   |  |   |                |       |                      |  |
|--|---|--|---|----------------|-------|----------------------|--|
| 29. Increasing knowledge and skills of caregivers on appropriate breastfeeding and supplementary feeding practices for under-five children in the COVID-19 context | National  | <b>UNICEF</b> , MoH  | Health and Nutrition team                 | Jul - Dec 2020 | M     | USD 30,000           | Parents of U5 children reached                       |
| 30. Assessment of the Impact of COVID-19 Pandemic on the State of Migrants and Remittances in Central Asia   | Migrants affected by pandemic and communities in Central Asia | <b>IOM</b>   | International experts, policy advice      | May - Jun 2020 | N/A   | USD 6,000            | Report with recommendations                          |
| 31. Monitoring and analysis of the situation of refugees, asylum-seekers and undocumented stateless persons in view of Covid-19 impact                             | Refugees, asylum-seekers                                      | <b>UNHCR</b> , KZ Red Crescent Society, KZ Bureau for Human Rights, "Sana Sezim" | National/international expertise          | Apr - Dec 2020 | N/A   | N/A                  | Report with recommendations                          |
| 32. Rapid Needs Assessment of people with HIV during COVID19 pandemic  | People with HIV<br>National                                   | <b>UNAIDS</b> , KSCDID of MoH  | In-house expertise                        | May - Apr 2020 | High  | USD 500              | Report with recommendations                          |
| 33. Policy advice and technical guidelines on COVID19 prevention and interactions with Antiretroviral treatment for People Living with HIV                         | People with HIV<br>National                                   | <b>UNAIDS</b> , KSCDID of MoH  | In-house expertise                        | Apr - Dec 2020 | N/A   | USD 500              | Guidelines by MoH                                    |
| 34. Increasing civic engagement and participation in socio-economic response through volunteerism and innovative volunteer solutions                               | Youth, local communities<br>National                          | UNV, National Volunteer Network Association                                      | In-house                                  | Mar - Dec 2020 | Large | USD 3,000            | Number of UN Volunteers, report with recommendations |
| 35. Rapid assessment of economy and labour market in the context of covid-19 pandemic  | Employees<br>National   | ILO  | National/international/in-house expertise | Jul - Sep 2020 | N/A   | USD 15,000           | Report and policy recommendations                    |
| <b>Total Non-Programmatic Investment</b>   |   |  |   |                |       | <b>USD 1,140,000</b> |  |

The second workstream is **programmatic** in nature. This socio-economic recovery and response plan consists of **five pillars of work** to protect the needs and human rights of people living under the duress of the pandemic, with particular focus on the most vulnerable and marginalized groups and people who risk being left behind, as well as small businesses and self-employed. The 5 Pillars are summarised below. The details are available in Table 2 below.

|   |                     |                    |                              |
|---|---------------------|--------------------|------------------------------|
| <b>1</b>  <b>HEALTH FIRST:</b><br>Protecting health services and systems during the crisis   |                     |                    |                              |
| UN Agencies <b>7</b>  | Partners <b>14+</b> | Projects <b>10</b> | Investments USD <b>5.6 m</b> |
| <b>2</b>  <b>PROTECTING PEOPLE:</b><br>Social protection and basic services  |                     |                    |                              |
| UN Agencies <b>8</b>  | Partners <b>22+</b> | Projects <b>20</b> | Investments USD <b>1.2 m</b> |
| <b>3</b>  <b>ECONOMIC RESPONSE &amp; RECOVERY:</b><br>Protecting jobs, small and medium-sized enterprises, and the informal sector workers |                     |                    |                              |
| UN Agencies <b>3</b>  | Partners <b>15+</b> | Projects <b>6</b>  | Investments USD <b>5,9 m</b> |
| <b>4</b>  <b>MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</b>   |                     |                    |                              |
| UN Agencies <b>6</b>  | Partners <b>3+</b>  | Projects <b>8</b>  | Investments USD <b>1,3 m</b> |
| <b>5</b>  <b>SOCIAL COHESION AND COMMUNITY RESILIENCE</b>  |                     |                    |                              |
| UN Agencies <b>7</b>  | Partners <b>16+</b> | Projects <b>9</b>  | Investments USD <b>533 k</b> |

The total **programmatic investment** amounts to **USD 14,555,000 / 53 projects**.

**Table 2: Programmatic COVID-19 Support**

| Activity   | Target group(s) and geography   | Key Partners   | Available technical capacity   | Timeline (18 months) | Scale-up Potential | Budget Available | Expected Outputs   |
|--|---|--|--|----------------------|--------------------|------------------|--|
|   |   |  |  |                      |                    |                  |  |
| 1. New centralized approach to deliver Covid-19 procurement of medical supplies (diagnostic tests, medicines, list of 6 types of PPE items, sanitizers, specialized equipment and devices) | Health care workers, infected people, vulnerable population<br>National                           | <b>WHO, UNDP</b> , WHO, UNICEF, UNPS   | Platform for more effective procurement of Covid-19 medical supplies | Jun 2020 - Dec 2021  | Small              | USD 4,300,000    | Better access to prevention diagnostics and treatment for infected people and health workers (3,000 beneficiaries). Procurement of medical supplies until Jul 2020. Additional USD 2.2 million being mobilised for supplies until Dec 2020 |
| 2. Hospital Associated Infection Prevention and Control with particular focus on maternities recalibrated for COVID-19   | Health care workers, MoH, women of reproductive age and health workers in maternities<br>National | <b>WHO, UNFPA</b> , Ministry of Health (MoH) and Republican Centre for Healthcare Development, WHO, UNICEF | National and international experts                                   | May 2020 - Dec 2021  | High               | USD 230,000      | Series of webinars (200+ health authorities are trained). 1,900+ health care workers trained and provided with appropriate technical expertise   |
| 3. Capacity building on implementation of the Clinical Protocol on Sexual and Gender Based Violence (SGBV) due to impact of COVID-19 following development of a training package           | Health workers dealing with SGBV<br>National  | <b>UNFPA</b> , MoH   | National experts and in-house expertise                              | Apr 2020 - Dec 2021  | Medium             | USD 50,000       | 100 health service providers   |
| 4. Develop and disseminate good practice clinical protocols of case management, infection prevention and control and laboratories for health care workers and                              | Health care workers, lab technicians<br>National  | <b>WHO</b>   | National experts and in-house expertise                              | Apr 2020 - Dec 2021  | Medium             | USD 100,000      | 3000 health care workers   |
| 5. Strengthened immunization system, including measles outbreak and the suspended/delayed vaccination due to COVID-19  | Children<br>National  | <b>UNICEF</b> , WHO, MoH, local health departments, CDC  | National and international experts                                   | May 2020 - Apr 2021  | Large              | USD 700,000      | Catch-up vaccination, improved forecasting & budgeting of supplies &   |

|   |  |  |   |                     |        |                      |  |
|---|--|--|---|---------------------|--------|----------------------|--|
|   |  |  |   |                     |        |                      | strengthened vaccine management, etc.  |
| 6. Information outreach on COVID-19 prevention in children's hospitals  | Health workers, caregivers, children, mothers<br>National  | <b>UNICEF</b> , MoH, akimats   | National experts, in-house expertise        | May - Jun 2020      | Large  | USD 20,000           | 852 mother and child health facilities with education and information materials              |
| 7. Assessment of the IPC with focus on COVID-19, including Water, Sanitation and Hygiene (WASH) in 14 Mother and Child healthcare facilities & Analysis of the infection cases in 7 perinatal centres, IPC strengthening in 7 maternity/ children's hospitals | Health workers, parents, mothers, children<br>Turkestan, East Kaz, Almaty oblasts, Shymkent, Almaty & national             | <b>UNICEF</b> , MoH, Karaganda Medical University, local authorities                               | Health and Nutrition and immunization teams | Jul - Dec 2020      | Medium | USD 50,000           | Health workers capacity on IPC is strengthened; Report leading to programming                |
| 8. Supporting small scale rehabilitation/repair of the WASH facilities in health care centres for children  | Health workers, caregivers, mothers, children<br>Turkestan, East Kazakhstan, Almaty regions and Shymkent and Almaty cities | <b>UNICEF</b> , MoH, akimats   | Health and Nutrition team                   | Sep - Dec 2020      | Medium | USD 14,000           | WASH facilities in 3 regions and 2 cities repaired   |
| 9. Develop tools and mechanisms for the collection of migration-related data to inform decision-making on the COVID-19 response and recovery measures   | Migrants<br>National   | <b>IOM</b> , Statistics Committee, MoIA, MoLSPP, Akimats, Diasporas, Embassies                     | In-house expertise, international experts   | Aug 2020 - May 2021 | Large  | USD 65,000           | Migration-related data is available to inform decision-making                                |
| 10. Conduct a series of webinars and workshops to link network of migrants' organizations to identify and refer migrants in vulnerable situations   | Vulnerable Migrants<br>National  | <b>IOM</b> , NGO partners (migrants' service providers in the countries of origin and destination) | In-house expertise, National experts        | Aug 2020 - May 2021 | Medium | USD 1,000            | NGO partners have increased capacity to identify and refer migrants in vulnerable situations |
| <b>Total Pillar 1</b>   |  |  |   |                     |        | <b>USD 5,630,000</b> |  |



**2 PROTECTING PEOPLE:**  
Social protection and basic services

|  |  |  |  |                     |        |             |   |
|--|--|--|--|---------------------|--------|-------------|---|
| 1. Restructuring social services portal enabling vulnerable groups to access services with greater Covid-19 orientation  | PwDs and other vulnerable groups including children Nationwide | <b>UNDP</b> , Ministry of Labour and Social Protection of Population (MoLSPP)      | Expertise on accessing vulnerable groups and delivering services to PwDs | Dec 2018 - Dec 2020 | Large  | USD 540,000 | 1 million people benefiting<br>2 modules completed and 4 under development  |
| 2. Support to increase digital literacy of users of public services and development of users' Guidance   | Users of public services<br><br>Nationwide                     | <b>UNDP</b> , Civil Service Agency, National Corporation "Government-for-Citizens" | Expertise on enhancing public services                                   | Jun 2020 - Dec 2021 | Medium | USD 25,000  | Increase of digital literacy – level of e-gov platform usage  |
| 3. Enhancement of National Preventive Mechanism against torture (NPM) and creation of a platform for NPM data and reports to ensure basic human rights are guaranteed during Covid-19      | Members of NPM, persons in closed institutions Nationwide      | <b>UNDP</b> , National Centre for Human Rights                                     | Expertise in platform development  | Jul 2020            | Small  | USD 42,000  | 200 NPM members   |
| 4. Supporting educational stakeholders with COVID-19 information and awareness raising on handling it in daily life via customised Information Cards                                       | Teachers, heads, psychologists, etc.<br>National               | <b>UNESCO</b> , MoES, ASPnet schools and clubs, UNICEF                             | National/international expertise   | Mar 2020 - Aug 2020 | Low    | N/A         | 9 electronic Information Cards, 3,300 education stakeholders, 10,000 hits   |
| 5. Online trainings on distance learning tools to counteract COVID-19 school closures  | Teachers and teacher trainers<br>National                      | <b>UNESCO</b> , MoES   | Pool of trainers, training manuals, partnership network                  | Jun 2020 - Sep 2020 | High   | USD 5,000   | 3 ToTs, 90 participants   |
| 6. Equipping teachers with the skills on how to teach sexuality education at school and colleges   | Teachers, young people, educational authorities<br>National    | <b>UNFPA</b> , MoES  | National expertise   | Jul - Dec 2020      | Medium | USD 47,000  | Improved skills of teachers to prevent violence, bullying; help youth develop healthier relationships; delay sexual initiation; reduce unintended pregnancy, STIs, including HIV among young people |
| 7. Develop online training for Y-PEER volunteers with information on SRHR and other related youth issue, and provide a platform to share and discuss ideas and engage members meaningfully | Young people, volunteers<br>National                           | <b>UNFPA</b> , MoES, MoSD, MoH   | National expertise   | Aug - Dec 2020      | Medium | USD 15,000  | Volunteers better equipped to teach their peers on issues related to SRH/RR using peer to peer method   |

|   |  |  |   |                     |        |            |   |
|---|--|--|---|---------------------|--------|------------|---|
| 8. Creation of chatbots on HIV treatment and prevention, including information on COVID-19  | Young people with HIV<br>National                    | <b>UNESCO</b> , HIV Centre, Association of People Living with HIV                                | National/international expertise                          | Jul 2020 - Mar 2021 | Low    | USD 24,000 | 1,000 participants  |
| 9. Humanitarian assistance to women suffering from the technogenic flood, aggravated by the COVID-19 crisis   | Women, Turkestan region of South Kazakhstan          | <b>UN Women</b> , MoFA, National Commission for Women and Family Affairs                         | Supply of sanitary and COVID-19 personal protection goods | Jul 2020            | Medium | USD 42,000 | 1,500 women who suffered from the flood and lost their dwelling due flood   |
| 10. Reducing the negative impact of COVID19 by providing expert support in identifying the most vulnerable, informally employed and unemployed women  | Rural women and girls<br>Akmola and Almaty region    | <b>UN Women</b> , MoFA, National Commission for Women and Family Affairs                         | National expertise and technical support                  | Jul 2020 - Dec 2020 | High   | USD 53,000 | Ca. 50 rural women and girls provided notebooks and Internet equipment  |
| 11. Building capacity of school psychologists to provide online psycho-social support to children and parents; supporting free online psychological counselling                                     | School psychologists<br>National                     | <b>UNICEF</b> , MoES, National Mental Health Centre  | National experts, in-house expertise                      | May - Aug 2020      | High   | USD 50,000 | Recommendations made; webinars for service providers, 7,735 school psychologists supported, 17,000+ people reached  |
| 12. Capacitating management, teachers, medical staff of the remote rural schools on COVID-19 prevention and control and pre-schools provision of schools with guidelines for safe school operations | Rural multi-graded schools & pre-schools<br>National | <b>UNICEF</b> , MoES, MoH  | National experts  | May - Oct 2020      | High   | USD 20,000 | Guides on Safe reopening of schools & and on pre-school reopening, management, teachers, medical staff of remote rural schools and pre-schools (2,500) with materials |
| 13. Distribution of communication materials on COVID-19 prevention to local Social Protection services  | 17 regions   | <b>UNICEF</b> , MoLSPP   | In-house expertise  | Apr - May 2020      | High   | USD 10,000 | 16,000 posters, 500,000 leaflets  |
| 14. Addressing COVID-19 myths through online volunteers and engagement of youth under the UNICEF Kazakhstan online volunteering programme   | Young people<br>National                             | <b>UNICEF</b> , National Volunteers Network  | Local experts and in-house expertise                      | Apr - Dec 2020      | High   | USD 20,000 | 1,500 young people equipped with knowledge and skills to counter COVID-19 myths and misinformation via webinars   |
| 15. Direct assistance to vulnerable migrants affected by COVID-19 pandemic  | Vulnerable migrants<br>National                      | <b>IOM</b> , NGOs, Diasporas, MoIA   | Humanitarian expertise, SOPs, network of partner NGOs     | Aug 2020 - May 2021 | Large  | USD 22,000 | 70 vulnerable migrants assisted   |
| 16. Policy advice and technical recommendations on inclusion of refugees, asylum-seekers to national healthcare and social protection services on par with other citizens                           | Refugees, asylum-seekers<br>National                 | <b>UNHCR</b> , MoFA, MoIA, MoH, MoLSPP, Bureau for Human Rights, Red Crescent Society, Ombudsman | National/international expertise                          | Jul 2020 - Dec 2020 | N/A    | N/A        | Analysis of the existing gaps in national legislation and recommendations   |

|   |  |   |                                      |                     |        |                      |   |
|---|--|---|--------------------------------------|---------------------|--------|----------------------|---|
| 17. Provision of legal, medical, humanitarian and financial assistance to the most vulnerable refugees and asylum-seekers   | Refugees, asylum-seekers                                   | <b>UNHCR</b> , Kazakhstan Red Crescent Society, Kazakhstan Bureau for Human Rights      | National/international expertise     | Mar 2020 - Dec 2020 | N/A    | USD 224,000          | Legal, medical, humanitarian and financial assistance to meet basic needs (food, clothes, medicines, hygiene items, etc.)       |
| 18. Identification and documentation of undocumented stateless persons  | Undocumented stateless persons                             | <b>UNHCR</b> , MFA, MoIA, MoJ, MoLSPP, Bureau for Human Rights, “Sana Sezim”, Ombudsman | National/international expertise     | Jul 2020 - Dec 2021 | N/A    | N/A                  | Undocumented stateless persons, development of national statelessness determination procedures (SDPs) supported                 |
| 19. Launching a site for psychosocial assistance to MSM, transgender, sex workers and people with HIV <a href="https://key-help.mentalcenter.kz/">https://key-help.mentalcenter.kz/</a> | MSM, transgender, sex workers and people with HIV National | <b>UNAIDS</b> , Republican Scientific and Practical Centre for Mental Health of MoH     | Local experts and in-house expertise | June - Dec 2020     | High   | USD 6,000            | 1000+ beneficiaries   |
| 20. Rapid country assessment of COVID-19 impact on older persons to identify long-term care system challenges, good practice, building evidence base for necessary interventions        | Elderly persons National: pilot in Kazakhstan              | <b>UNECE</b>  | National/international expertise     | 2020                | Medium | USD 15,000           | Enhancing emergency response and preparedness to mitigate risks for older persons, esp. those in need of acute & long-term care |
| <b>Total Pillar 2</b>   |  |   |                                      |                     |        | <b>USD 1,174,000</b> |   |

| <b>3</b>  <b>ECONOMIC RESPONSE &amp; RECOVERY:</b><br>Protecting jobs, small and medium-sized enterprises, and the informal sector workers |  |   |   |                     |                                |                      |  |
|---|--|---|---|---------------------|--------------------------------|----------------------|--|
| 1. Establishment of the Solidarity Fund to counteract the socio-economic disruption and assist in post-crisis socio-economic development  | PWDs & other vulnerable groups, women-run rural SMEs, National                   | <b>UNDP</b> , ADB, MoNE, MoLSPP, World Bank, National Chamber of Entrepreneurs "Atameken"                   | Technical capacity to develop online business platform and expertise in youth employment, grant schemes | May 2020 - Apr 2021 | Small                          | USD 5,300,000        | 1,100,000 entities (800,000 individual entrepreneurs and 300,000 SMEs)           |
| 2. New, custom-designed training programme for civil servants on effective work in crisis settings such as Covid-19   | Civil servants (managers and specialist) National                                | <b>UNDP</b> , Agency for Civil Service Affairs, Academy of Public Administration, Astana Civil Service Hub  | Expertise in crisis preparedness and resilience   | May 2020 - Sep 2020 | Large (150,000 civil servants) | USD 30,000           | 1,000 civil servants   |
| 3. Virtual platform to exchange knowledge and best practices in applying innovations and best fit digital solutions to COVID-19 crisis  | Line ministries Nationwide   | <b>UNDP</b> , Agency for Civil Service Affairs, Astana Civil Service Hub                                    | Expert support in Civil service reform – roster of 130 experts  | Mar 2020 - Dec 2020 | Large                          | USD 100,000          | At least 10 innovative solutions adopted by civil service                        |
| 4. Stimulate instruments and mechanisms through the Green Finance & Tech Accelerator to support post-COVID «greener» economic recovery  | State and private-sector entities engaged in green economy Pilot Pavlodar region | <b>UNDP</b> , DAMU, IGTIC, IFIs (ADB, IsDB, World Bank) UNIDO, Ministry of Ecology, Pavlodar mayor's office | Expertise in energy efficiency, renewable energy, green finance, and data analysis                      | Jun 2020 - Dec 2021 | Large                          | USD 400,000          | USD 3 million (under discussion) private and IFI financing to green enterprises  |
| 5. Rapid assessment of women led SMEs' needs and development of an algorithm of actions for state authorities   | Women led SMEs 4 pilot regions   | <b>UN Women</b> , MoLSPP  | Expertise in gender sensitive programmes and policies   | Jul – Dec 2020      | Large                          | USD 7,000            | Recommendations to support of women's entrepreneurship in conditions of COVID-19 |
| 6. Rapid assessment and workshop on COVID-19 impact on labour mobility  | Labour Migrants, Women and Youth, National                                       | <b>IOM</b> , MLSP, MoNE   | In-house expertise, national experts  | Sep 2020 - Feb 2021 | Medium                         | USD 16,000           | Capacity of key stakeholders is improved and policy recommendations made         |
| <b>Total Pillar 3</b>   |  |   |   |                     |                                | <b>USD 5,853,000</b> |  |

4 

## MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

|  |   |                                  |  |                     |                     |               |   |
|--|---|----------------------------------|--|---------------------|---------------------|---------------|---|
| 1. Assessment of the resource gaps for financing national development plans and priority SDGs towards an integrated national financing framework. COVID financing strategy (planning to financing)                                     | Line ministries<br>Nationwide   | <b>UNDP</b> , ADB, UNICEF, ESCAP | Expertise in SDG financing (methodology is the product of UNDP)            | Jun 2020 - May 2022 | Large               | USD 1,000,000 | National holistic SDG financing strategy and roadmap  |
| 2. Assessment of the potential fiscal space to respond to the COVID-19 pandemic and recommendations on fiscal stimulus packages with redirection of public resources to Resource Efficiency, low carbon development, health, education | Line ministries<br>Nationwide   | <b>UNDP</b> , UNEP under PAGE    | Expertise in fiscal policies, macro-economics, and sustainable development | Jun 2020 - Dec 2021 | Large               | USD 90,000    | Recommendations for strengthening resilience and coherence of public finance against unforeseen economic shocks refocused on Covid-19   |
| 3. Capacity building to use satellite data and geospatial information for tracking and monitoring the patterns and progress of pandemics in Central Asia   | Disaster-related ministries<br>National and Central Asia  | <b>ESCAP</b> , CESDRR in Almaty  | Expertise in technical assistance  | N/A                 | Small               | USD 30,000    | Regional workshop on space applications   |
| 4. Addressing the Transboundary Dimensions of the 2030 Agenda through Regional Economic Cooperation and Integration in Asia and the Pacific  | ICT, transport, energy, social development, SDGs, financing infrastructure<br>National and Central Asia | <b>ESCAP</b>                     | Expertise in technical assistance  | 2018 - 2021         | Transboundary large | USD 100,000   | Pilot project, feasibility study for the energy or transport corridor, centralized information portal on co-deployment planning in Kazakhstan, Kyrgyzstan and Mongolia, simulation models |
| 5. Gender analysis of strategic documents, planning and budgeting processes in health, social and education sectors for assessing the inclusion of gender  | Line ministries<br>Local executive bodies<br>Akmola region  | <b>UN Women</b> , MoNE           | Expertise in gender aspects of strategic budgeting planning policies       | Jul 2020 - Feb 2021 | Medium              | USD 40,000    | Recommendations for integration of gender principles and indicators to state programmes and planning processes  |
| 6. Assessment of the non-tariff measures introduced by SPECA country Governments on trade patterns and trade costs in response to covid19  | Line ministries<br>National   | <b>UNECE</b>                     | Expertise in trade, trade facilitation                                     | 2020 – 2021         | Medium              | USD 5,000     | Understanding of trade patterns in response to Covid-19 and recommendations   |
| 7. Capacity-building on environmental consideration in response to the Covid19   | Line ministries<br>National   | <b>UNECE</b>                     | Expertise in water management, air   | 2020                | Medium              | USD 70,000    | Ensure that environmental consideration is duly reflected in the Covid19  |

|   |                             |                       |   |             |        |                      |  |
|---|-----------------------------|-----------------------|---|-------------|--------|----------------------|--|
| through implementation of the multilateral environmental agreements                   |                             |                       | pollution, climate change etc               |             |        |                      | response and development of new solutions to the emerging threats  |
| 8. Regional cooperation on coordinated trade and transport policy response to covid19 | Line ministries<br>National | <b>UNECE, UNESCAP</b> | Expertise in trade, transport, connectivity | 2020 – 2021 | Medium | USD 10,000           | Increased regional and sectorial collaboration leading to a greater cooperation and synergies in responding to the covid-19 pandemic |
| <b>Total Pillar 4</b>   |                             |                       |   |             |        | <b>USD 1,345,000</b> |  |

| <b>5  SOCIAL COHESION AND COMMUNITY RESILIENCE</b>   |  |   |   |                      |        |             |   |
|---|--|---|---|----------------------|--------|-------------|---|
| 1. Help vulnerable youth made unemployed (e.g. by Covid-19) to engage in Youth Apprenticeship Scheme and supported (training, mentoring, psychological, etc.) to reintegrate in the labour market | At risk unemployed youth<br>Nationalwide   | <b>UNDP</b> , Employers, MoLSPP, Ministry of Information and Social Development, Local government, NGOs | Expertise in teleworking                                  | May – Sep 2020       | Large  | USD 110,000 | Toolkit to add value to State Youth Practice  |
| 2. Infodemic campaign to raise awareness on counter disinformation and COVID-19 #StayAtHome, #shareinformation  | Wider public, vulnerable groups<br>National                                      | <b>WHO, UNESCO</b> , UN agencies, Media, Academia   | National/international expertise                          | Mar 2020 - Mar 2021  | Low    | USD 93,000  | 8 million Kazakh/Russian speaking population  |
| 3. Producing Science-based learning tools, including on COVID-19-related  | Children, parents, educators, youth<br>National                                  | <b>WHO, UNESCO</b> , MoES   | UNESCO SC and ED joint expertise                          | N/A                  | Medium | USD 5,000   | Educational tools disseminated via UNESCO Associated schools' network   |
| 4. Awareness raising on protecting people at home and outside in relation to COVID-19. Role of men during the quarantine in avoiding violence and sharing in domestic chores                      | General with focus on pregnant women and PwDs. Husbands/ Fathers<br>Nationalwide | <b>UNFPA</b> , National Commission on Women, Family etc, Ministry of Info and Social Development        | National experts, psychologists, individual Entrepreneurs | Jun 2020 to Dec 2021 | Large  | USD 40,000  | 200,000 target population, videos for PwDs on measures to be taken broadcast on the main TV channels, Fathers' union, influencers |
| 5. Reduce violence towards women at risk during the period of COVID-19, including PwD and support access to info and services on covid-19 and GBV   | Women at risk, , PwD, women living with HIV<br>Nationalwide                      | <b>UNFPA</b> , National Commission on Women, Mol, UNW, NGOs Revanch,                                    | In house expertise  | May 2020 to Dec 2021 | Large  | USD 25,000  | 50,000 target population  |

|   |  |   |   |                     |        |                    |   |
|---|--|---|---|---------------------|--------|--------------------|---|
|   |  | Shyrak and Fathers' Union   |   |                     |        |                    |   |
| 6. Policy advocacy, community-based services in regions; capacity building of specialists on case-management; testing of the electronic monitoring tool   | Children affected by migration<br>Nur-Sultan, Almaty, Shymkent, Turkestan Oblast | <b>UNICEF</b> , Human Rights Ombudsperson, Implementing partners in testing regions                                 | International and national experts, in-house expertise                      | Apr 2020 - Apr 2021 | Medium | USD 135,000        | Community-based services tested; service providers' capacities increased  |
| 7. Human & Child Right monitoring rights violation due to gender-based violence, family separation. GBV guide for CSO specialists, training on processing GBV / violence against children cases; raising awareness GBV prevention, response, support mechanisms and counselling | HR and CR Ombudspersons, CSO, police<br><br>National                             | <b>UNICEF</b> , National Commission on Women etc., MoH, Ombudspersons on HR and CR, MoI, UN Women, KazPost, Beeline | National experts, in-house expertise  | May - Dec 2020      | High   | USD 30,000         | Advocacy online meetings/calls, tools and brochures, staff trained on response to violence against children, victims of violence provided with counselling and support services |
| 8. Equipping parents with information on COVID-19 preventive practices and tips on positive parenting   | Parents, National  | <b>UNICEF</b> , HR and CR Ombudsp. MoI, UNW, KazPost, Beeline   | national experts, in-house expertise  | May -Dec 2020       | High   | USD 25,000         | Webinars on positive parenting facilitated  |
| 9. Sustainable housing and urban development and innovative financing of smart sustainable cities based on the city assessment with the help of United for Smart Sustainable Cities (U4SSC) KPI Collection Methodology  | Line Ministries<br>Cities  | <b>UNECE</b> , UN-Habitat   | Expertise in housing, urban development, smart cities, innovative financing | 2020 – 2023         | Medium | USD 70,000         | Development of the Evaluation Report (City Profile), including covid19 impact and recommendations   |
| <b>Total Pillar 5</b>   |  |   |   |                     |        | <b>USD 533,000</b> |   |

## 3. Plan Implementation

Kazakhstan's COVID-19 Socio-Economic Response and Recovery Plan set out in the preceding section is based on a reprofiling of non-programmatic and programmatic activities based on existing projects and resources. **This is only a starting point** for the UNCT for three main reasons:

- The COVID-19 epidemic is evolving in the country and its effects are not yet clear;
- The impact on vulnerable groups and enterprises are starting to emerge via assessments;
- Targeted projects and programmes need to be developed to address the COVID-19 challenges.

**It will be necessary to evolve the previously discussed programmatic activities in order to address the COVID-19 challenges head-on in the future.**

### 3.1 Moving Forward

Below, we briefly set out how the UNCT will implement this COVID-19 response, as well as how it will be strengthened and built upon in the future, as the impacts of the pandemic become evident.

#### 3.1.1 Analysis and Response

This health and socio-economic crisis is evolving and its ultimate trajectory and impact is unclear. The non-programmatic portfolio discussed in the preceding section illustrates various activities put in place to **track and understand the evolution and impact** of the pandemic. The UNCT will develop a deeper understanding of the ways in which the vulnerable are being left further behind, as well as **emerging new sources of inequality** (e.g. connected with the lack of digital transformation tools, such as internet access and quality, as well as devices) through various analysis based on disaggregated data, such as:

- People with Disabilities (PwDs);
- Learners affected by school closures;
- Vulnerable migrants;
- Gender;
- Elderly;
- Environment, etc.

These and other planned assessments will enable the UNCT to respond to the evolving COVID-19 pandemic, including communicating with the relevant stakeholders and engaging with government in developing suitable **policy responses to counteract its effects on lives and livelihoods**. The above analyses will also feed into future iterations of the five pillars of this Plan.

#### 3.1.2 Addressing the Needs of the Vulnerable

The previously discussed socio-economic assessment focused on vulnerable groups such as: the poor, the elderly, people with disabilities, the unemployed, learners, patients and their family members, women and large families with new-borns and pre-school children. It also addressed the self-employed and small businesses. The overall results demonstrate clearly that many have suffered during the pandemic and that the levels of economic and social resilience have been undermined. **These vulnerable groups are already being left behind.** But they are not alone. **Pressures will also increase on the middle class over time.**

The re-profiled programmes embody a strategy to address the needs of vulnerable groups and mitigate the impact of the COVID-19 crisis, for example:

- Health protection: procurement of medical supplies such as Personal Protective Equipment (PPE) and medical equipment, providing technical expertise, train health care workers in infection prevention and control, case management and laboratories, ensuring appropriate treatment protocols are developed and adhered to and develop protocols on Sexual and Gender Based Violence (SGBV) due to the impact of COVID-19, etc.;
- Social Protection: improving digital literacy and access to internet of vulnerable groups, including rural women and their families, ensuring human rights and the empowerment of women, advocacy on better targeting families with children by the USD 100 allowance due to COVID-19, webinars for school/college psychologists, information provision, etc.;
- Education: providing support with distance learning through teacher training and development of online teaching and learning materials;
- Economic Recovery: supporting SMEs, including female entrepreneurship, stimulation of green finance and tech acceleration, enhancement of crisis preparedness and resilience, etc.;
- Macro-economy/Cooperation: integrating the SDGs and gender aspects into the national planning and financing frameworks, assessment of fiscal space to respond to the COVID-19 pandemic and integration of environmental considerations into the COVID-19 response through multilateral environmental agreements;
- Community Resilience: assisting at risk unemployed youth, reducing violence towards women, Infodemic campaigns, etc.

**The future programmatic interventions to be developed will be much more targeted at key COVID-19 related emerging issues, as well as to building back better, such as:**

- Vulnerable groups: high incidence of people not gaining access to unemployment/social/pension state benefits, low levels of state benefits for those that are eligible, high incidence of poor, disabled and pensioners not being able to buy enough food / pay for utilities and/or getting into further debt, difficulties in accessing pandemic state benefits/support, etc.;
- Women (and girls): greater incidence of receipt of social benefits, being self-employed/in SMEs /sectors of economic activity that are disproportionately affected by COVID-19, increased workload for mothers, particularly if they work remotely, as well as elevated levels of gender based violence. It will also be important to focus on PwDs because of their dependence on family members and fear of increased violence;
- Digital divide: gaps in media and information literacy skills, as well as availability of both computers and access to and speed of internet, which impact negatively, for example on education, training and business development, such as in rural areas;
- Environmental sustainability: protection, preservation and sustainable use of natural resources.

Building back better requires social and economic interventions that are resilient. Beyond the socio-economic frame of the current COVID-19 response, however, environmental sustainability plays a crucial role in the path to recovery and building back better. The recognition of the interconnectivity of all life on this planet will help better cope with future shocks and, therefore, merits attention.

### 3.1.3 Linkage to Existing Strategies

The Covid-19 Socio-Economic Response and Recovery Plan has been designed to be embedded within Kazakhstan's national strategies and plans, and to be consistent with the overall UN policy framework for the country.

#### Government Strategies

- Strategic Development Plan 2025: aims to modernize the economy, institutions and society and includes specific indicators of achievement for 2021, 2025 and 2050. The plan promotes several flagship policy areas, notably increasing renewable energy supply, improving water efficiency and reducing greenhouse gas emissions. It also contains gender-sensitive initiatives;
- Revised Strategic Development Plan 2025: the government has recognised that COVID-19 has rendered aspects of the original 2025 Plan obsolete. Through UNDP, the UNCT is currently providing technical expertise in macro-economics, sustainable development, SDGs, etc. to support the Ministry of National Economy (MoNE) with policy advice to revise the Plan, with particular emphasis on the COVID-19 socio-economic response;
- Comprehensive Economic Growth Recovery Plan: this is the key Government planning document until the end of 2020. The Recovery Plan contains multiple priorities including attracting investment, sector support (e.g. manufacturing and services), SMEs (e.g. loans, guarantees, tax, etc.), macro-economic, tax and monetary policy, digitization initiatives, social sphere (e.g. education and healthcare), regional development and strategic planning. It covers more than 150 recovery measures, some of which need to be made consistent with the approaches set out in this Plan, including environmental / green economy aspects.

#### UN strategies

- The UN Sustainable Development Cooperation Framework (2021-2025): sets out interventions targeting the achievement of full enjoyment of human rights and empowerment of all people in Kazakhstan, including those most at risk of being left behind: people with disabilities including children with disabilities; people who use drugs, people who inject drugs, people living with HIV; men having sex with men, transgender people, sex workers; people in detention; refugees; stateless persons; migrants; victims of trafficking; women and children victims of gender-based violence; children in institutions or living separately from their parents; adolescents with chronic diseases; women, children, adolescents living in rural and remote and/or economically disadvantaged areas. These groups remain as valid as ever, with previously discussed assessments highlighting the increasing challenges faced as a result of COVID-19, such as people with disabilities, migrants, women and children victims of gender-based violence, children, etc.;
- The Common Country Analysis: stresses three priorities, namely inequalities (regional, gender and equal access to services), economic diversification (demography/urbanization, labour productivity and access to higher education) and regional challenges (migration/refugee issues, prevention of radicalization, water issues and adaptation to climate change). These emphases remain valid and some, such as aspects of regional and gender disparities, are becoming more pronounced;
- The Regional Framework on Socio-Economic Response to COVID-19, prepared by ESCAP, addresses transboundary risks and fallouts of the COVID-19 pandemic on the countries' sustainable development and the challenges of protecting people and enhancing resilience; supporting economic recovery; and restoring supply chains and supporting SMEs. The regional approach for sustainable recovery from the crisis supports the preservation of trade and

transport connectivity and regional integration in Central Asia, while allowing Kazakhstan to build back better from the crisis.

### 3.2 Implementation

To save lives and maintain livelihoods, especially for the vulnerable groups identified in this document, Kazakhstan needs to develop an **integrated health and socio-economic response to COVID-19**. The nexus between these three elements has never been more important.

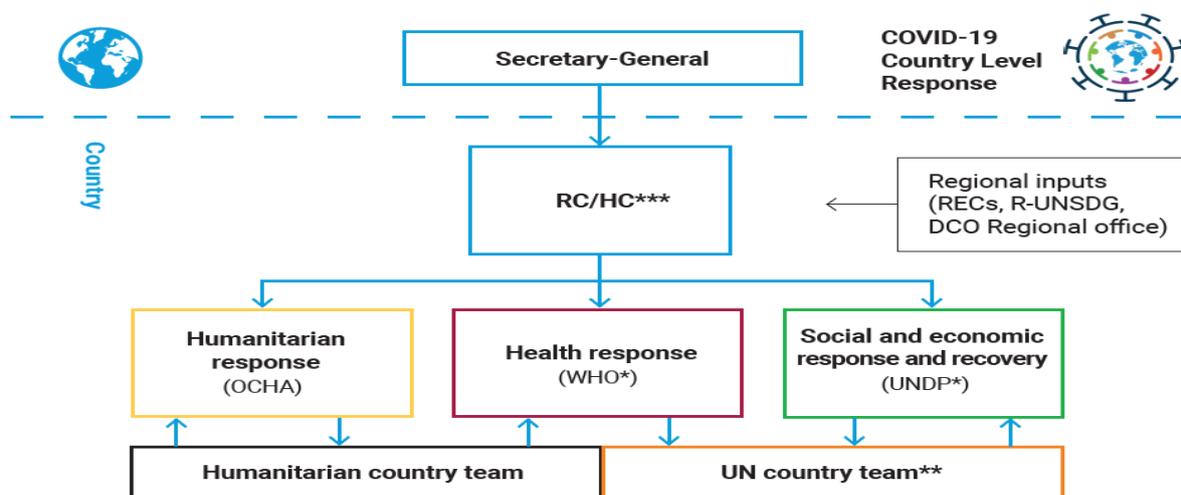
**Responsibility** for leading the response on all three elements rests first and foremost with the country’s national and regional and local governments. The government is rising to the challenge but the sheer scale of COVID-19’s impact means that it cannot deliver this response alone. Other development partners, not least the UN agencies, IFIs, private sector, NGOs/CSOs, academia and media, all have a role to play in accelerating responses and protecting lives and livelihoods.

**Four main elements** work in unison in the implementation of the Socio-Economic Response and Recovery Plan.

Firstly, the Plan has been **embedded in Kazakhstan’s national strategies and plans**, which the UNCT has played a key role in developing. It is also **consistent with the overall UN’s policy framework for the country** and wider region, as discussed above.

Second, technical, advisory and implementation support is needed to **analyse the new and rapidly evolving situation, so as to ensure targeted policy, programming and delivery**. To this end, the UNCT has established a series of assessments, surveys and other non-programmatic actions on the pandemic’s impact on vulnerable groups, households and businesses. These analyses will be used to sharpen the focus of government plans and interventions. The analyses will also feed into the activities of donors, IFIs (e.g. Asian Development Bank and World Bank) and other development partners, resulting in coherent and flexible responses to an evolving crisis.

Third, some COVID-19 responses are difficult or impossible to implement without coordination at various levels of government. Likewise, the UNCT has developed a **mechanism to deliver an integrated health, humanitarian and socio-economic response** to COVID-19, as illustrated below.



\* Technical Lead

\*\* irrespective of the physical location of the entity

\*\*\* In 29 countries, RCs also serve as Humanitarian Coordinator appointed by the Emergency Relief Coordinator

Fourthly, in recognition of the still unknown character of the pandemic and its continuing evolution, the UNCT will ensure that it **monitors and reports regularly on the progress** with this Covid-19 Socio-Economic Response and Recovery Plan. The Plan will be **monitored on a quarterly basis** to ensure that it remains valid and achieves maximum impact, especially on behalf of the most vulnerable groups and enterprises/entrepreneurs at risk.

### 3.3 Immediate Covid-19 Challenges

As previously noted, significant UNCT resources have been re-purposed to the extent possible.

The UNCT undertook comprehensive analysis to assess where the critical gaps and / or opportunities exist for further coordinated activity. On the basis of this exercise, the key **immediate challenges** are worth noting, as illustrated in the Table below.

These are not currently funded under the existing UNCT budgets. Therefore, UNCT will coordinate its activities to mobilise COVID-19 programmatic activities in order to ensure that these immediate Covid-19 challenges are addressed. This will be led by the **Resident Coordinator**, with the support of the **Resident Representative**, and include a focus on the UN Response and Recovery Fund for Covid-19 and other sources, including the government of the Republic of Kazakhstan.

| Table 3: Immediate COVID-19 Challenges  | Agencies                          | Target group  | Content   | Estimated Budget |
|---|-----------------------------------|---|---|------------------|
| 4.5 million people without official state support in relation to effects of COVID-19                              | UNDP, UNICEF, IoM, other agencies | Most vulnerable segments of the population without official incomes | <p><b>Eligibility to state benefits</b></p> <p>8 million+ Kazakhstanis submitted applications for the “42,500” state support but less than 3.5 million applications were approved. A key condition for receiving the “42,500” payment was that contributions to the social insurance system were made during the 6 months preceding application for support. A significant number of the most vulnerable segments of the population without official incomes did not make contributions. It is necessary to undertake assessments of this group and establish policy dialogue to ensure support in view of possible future consequences of COVID-19 and future lockdowns, as well as bring such activity into the formal sector, thus paving the way to access to state support, including health, pensions, etc. It is important to enhance social protection response to COVID 19 by ensuring income security through cash transfers and extending coverage through existing or new programmes as well as adapting entitlement conditions, obligations and delivery mechanisms for formal and informal sector. Expansion of child and family benefits has proven as an effective policy tool to protect vulnerable families from deepening levels of poverty and deprivation, and can help to mitigate catastrophic societal and economic impacts. Universalizing benefits reduces risks often associated with narrow means testing whereby some families in need are left without financial support, including due to exclusion errors. Universalizing social protection programmes such as cash or tax transfers also helps to remove stigma associated with benefit schemes overall. While citizens are provided with minimal financial support, migrants that lost their jobs are excluded from social protection systems and lack the financial means to manage periods of self-isolation or quarantine. It is also important to consider access to state support by non-citizens during the crisis.</p> | USD 1,000,000    |
| COVID-19 has accelerated disadvantages and further phased of the pandemic threaten poverty and attainment of SDGs | UNDP, other agencies              | Most vulnerable and marginalized segments of the population         | <p><b>Vulnerability Reduction Strategy</b></p> <p>The socio-economic crisis triggered by the COVID 19 pandemic exacerbates scale and depth of financial hardship among poor families and threatens to roll back years of progress in reducing poverty and to leave many, such as children, deprived of essential services. It is important that Government can measure and monitor the multidimensional aspects of poverty and deprivation (access to health, education, nutrition, etc.) and adjust public policy to emerging needs. There is need for a dedicated strategy that addresses the multiple sources on accelerating poverty and vulnerability, with a focus on all the key target groups of vulnerable people, including children, by utilizing international good practice methodologies (e.g. poverty line) and mitigating the impact of the current and possible future phases of the COVID-19 pandemic.</p>  | USD 1,500,000    |

|  |                                       |   |  |               |
|--|---------------------------------------|---|--|---------------|
| COVID-19 is shifting social and business life to internet platforms, however, this could now become new driver of disparities in the country                   | UNICEF, UNESCO, UNIDO, other agencies | School age children, students, TVET / schoolteachers, SMEs and self-employed                                  | <b>Digital literacy: Schools, TVET + infrastructure/speed</b><br>Possible multiple phases of the pandemic mean that digital transformation tools become ever more important. However, certain groups of learners lack internet/rely on smartphones and the speed is so low that the quality of learning is severely impacted. This is compounded by the fact that relatively few TVE and schoolteachers have been trained on distance learning methods. SMEs and Self-Employed also need to make use of digital transformation tools to survive or develop new business models. This is consistent with the Ministry of Education and Science's policy, which has identified the following challenges and needs in terms of COVID-19 impact on the education sector: strengthening the use of digital educational platforms, developing high-quality digital content and developing teachers' competencies for effective use of distance and online learning methods | USD 2,000,000 |
| The population at large is experiencing hindered access to routine health services due to the COVID-19 outbreak  | UNICEF, WHO, UNDP                     | Children with chronic diseases, with disabilities, children and young people affected by mental health issues | <b>Digitalizing health services/E-health</b><br>Enabling timely online consultations by paediatricians and other specialists would secure continuity and increase access to quality services for the vulnerable population (e.g. remote locations, etc.). Innovative solutions would improve the quality and timeliness of services provided (e.g. Cloud X-ray to speed up the interpretation of CT by doctors)  | USD 1,000,000 |
| Bridging digital divide to ensure children's access to education and beyond  | UNICEF, ITU, UNESCO, UNDP             | Children, including the most vulnerable; teachers and caregivers  | <b>GIGA or "A GAVI for Gigabytes"</b><br>Due to school closure and challenges with connectivity and bandwidth, education was interrupted for many learners, especially the most vulnerable living in remote rural areas. GIGA or "A GAVI for Gigabytes" is a financing initiative to connect every school in the world to the internet and every young person to information, opportunity and choice, including: i) map all schools and connectivity ii) cost estimate of connectivity iii) connecting iv) develop digital learning content. Affordable access to connectivity provides opportunities to improve the reach and quality of education. Connected schools can leverage new learning tools, online content, information and resources that empower young people. Policymakers can deploy adjustments to educational programmes in a timely manner and cost-effectively, train teachers and monitor schools' needs in real-time                           | USD 6,000,000 |
| It is important for the government to determine COVID-19 policy responses by engaging with peer countries in the region to learn from each other's experiences | UNIDO                                 | Policy makers   | <b>Regional COVID-19 Policy Dialogue and Cooperation</b><br>Every country is currently, at least in part, inventing the COVID-19 wheel. This results in inefficiency and waste, which impacts negatively on people's lives and livelihoods. It would be very desirable to establish a COVID-19 dialogue platform and cooperation initiative at the regional level, which would enable regular  | USD 1,000,000 |

|  |                         |   |   |                  |
|--|-------------------------|---|---|------------------|
|  |                         |   | policy exchanges, enabling the policy makers to learn from each other and thus maximize the impact of limited state funds   |                  |
| WHO's preparedness and response programme is tailored according to 9 pillars of the health response to COVID-19.   | WHO                     | Entire population since WHO supports the primary, secondary and tertiary health system which serves the entire population | <b>Health related aspects, services, access</b><br>Responding to the needs caused by COVID-19 requires a short, medium- and long-term approach focusing on all the building blocks of the health system. A comprehensive approach has to be tailored to the context and needs to be founded on epidemiological data taking into consideration the recommended public health measures and promote them across the country. Populations have to be aware of how to protect themselves and this is particularly true for health care workers. A comprehensive approach based on the 9 pillars of the health response to COVID-19 (leadership and coordination, risk communication, case identification and contact tracing, points of entry, laboratories, infection prevention and control, case management, operational support and logistics and research). | USD<br>6,200,000 |
| To strengthen the health system and ensure that maternal mortality and morbidity do not increase   | UNFPA                   | Health providers with a focus on maternities  | <b>Perinatal care and strengthening prevention and control of healthcare-associated infections</b><br>A Situation Analysis on control of infections associated with perinatal care and a national strategy on strengthening prevention and control of healthcare-associated infections were developed in 2019 using the results and lessons learned from a pilot initiative on hospital-associated infection control implemented in some regions of the south with experts from Lithuania. COVID-19 further highlighted some of the challenges associated with IPC and resulted in an increase in the number of pregnancy-related deaths because of COVID-19. A project proposal has been developed along with an action plan, for which funding is required.   | USD<br>1,200,000 |
| To prevent future outbreaks, we must address the threats to ecosystems and wildlife, including habitat loss, illegal trade, pollution and climate change                               | UNESCO, UNEP, UNDP, WHO | Population as a whole   | <b>Environmental sustainability: reconciling with nature</b><br>The zoonotic origin of the COVID crises reminds us of the interlinkages between the health of people and the planet. Environmental sustainability is critical and we need to aim at a more balanced coexistence with nature. There is a need to promote regional cooperation, policy dialogue and the best practices of protection, preservation and sustainable use of natural resources to build back better and greener. Develop One Health approach to prevent and prepare for future outbreaks in collaboration with FAO and OIE.  | USD<br>1,500,000 |
| COVID-19 exacerbated the situation with Domestic Violence in the country. Also, women do not participate at the COVID-19 related decision-making processes for example in the National | UN Women, WHO, UNFPA    | Women healthcare workers, rural women and girls (including those with disabilities), informally employed or               | <b>Ensuring equal voice for women in decision making and measures to prevent and respond to Domestic and Gender-based violence in the COVID-19 response</b><br>It is necessary to ensure women's participation in the development and implementation of COVID-19 response plans. The national COVID-19 commissions and coordination bodies should be supported to include women healthcare workers, women representatives of civil society and private sector. Services to  | USD<br>1,500,000 |

|  |       |   |  |             |
|--|-------|---|--|-------------|
| Commission on the State of Emergency and COVID-19 coordination bodies  |       | unemployed women, service sector personnel (health, police, social) | prevent and respond to violence against women need to be expanded and adapted to the new circumstances. Options include: more shelters and specific protocols for the pandemic, 24/7 hotlines and online counselling, psychosocial support for women and girls (including those with disabilities) who may be affected by the outbreak and are also GBV survivors to ensure that health, police and social support systems can continue to respond to violence against women, including through a multi-sectoral response to GBV (health, police, social services, etc.)   |             |
| Covid-19 has impacted the socio-economic situation of refugees and asylum-seekers leading to loss of jobs and income generating activities , lack of right for unemployment benefits and state social assistance, limited access to healthcare and social protection services and lack of documentation and regularization of legal status | UNHCR | Refugees, asylum-seekers, undocumented stateless persons            | <p><b>Improving the socio-economic situation of refugees and asylum-seekers</b></p> <p>Over 95% of refugees and asylum-seekers lost their income and means of support as many of them work informally in the service sectors. By the virtue of their legal status, the refugees and asylum-seekers are not eligible for social assistance provided by the Government to the affected population. The temporary nature of refugees hinders them from naturalization in Kazakhstan, regardless of their stay, which further limits their rights in accessing formal employment, healthcare services, all forms of social protection and assistance including disability allowances, child benefits, maternity benefits, pension benefits, unemployment benefits. Furthermore, the COVID-19 crisis led to further deterioration of the already deprived situation of undocumented persons. Absence of valid identity documents restricts undocumented persons from accessing fundamental human rights, such as the right to qualified medical care, education, work, social protection and benefits, and limits access to adequate housing, making them vulnerable to become victims of human trafficking for sexual or labour exploitation, forced labour or slavery. The proposed project would address these important issues.</p> | USD 500,000 |

### 3.4 The Second Phase of the COVID-19 Response: the new normal

The UNCT will need to plan for the new normal, which means analysing the emerging trends and issues and outlining the future strategic priorities within the UNCT, as well as a within individual agencies. In this context UNDP, which has the technical lead role on the UN’s socio-economic response, proposes a forward looking vision for building back better and greener. The recovery agenda encapsulated in this Plan moves beyond a return to the old normal. Instead, the ambition is to achieve a greener and more inclusive, humane and resilient future. This vision is closely aligned with the Sustainable Development Goals (SDGs) and the Paris Climate Change Agreement.

#### *Beyond Recovery: towards 2030*

The Covid-19 Socio-Economic Response & Recovery Framework informed the initial UNCT response to the pandemic. However, there is a need to already start preparing the **second phase of the COVID-19 response**, with a focus on achieving results in key interconnected areas, looking at and beyond socio-economic recovery to lay the foundations for a fair and just transition to the future. These areas will evolve in line with countries’ changing needs, as we adapt to and learn from the impacts of the pandemic. The second phase response would need to be designed to help decision-makers look beyond recovery, towards 2030, making choices and managing complexity and uncertainty in four main areas: **governance, social protection, green economy and digital disruption**, as shown below.



This proposed approach encourages the UNCT to focus on the four themes above and localising them to the specific context of Kazakhstan. Taking the various UN and Government strategic documents into consideration, as well as the trends emerging from the various socio-economic impact assessments, this leads to a set of **broad directions** highlighted below.

#### **1. Social protection:**

Objective: urgent need to reset the basis of the social protection system to reduce poverty, inequality and vulnerability.

*Priorities:*

1. Eligibility for social assistance: ensure that vulnerable groups are eligible for state benefits.
2. Establish poverty line: ensure that methodology is compatible with international practices.
3. Poverty Reduction Initiative: concerted efforts to reform the social protection system aimed at counteracting accelerating poverty and vulnerability.
4. Universal health coverage: support healthcare systems and services, including for key populations such as PwDs, elderly, people with HIV, migrants, etc.

## **2. Digital Disruption**

Objective: urgent need to address the digital divide (coverage, speed, reliability, etc.).

*Priorities:*

1. TVET/Schools: ensure that teachers and learners have distance learning tools & techniques.
2. SMEs: ensure maximum use of digital transformation to develop new business models and increase resilience and crisis preparedness.
3. Coverage: ensure disadvantaged regions and rural areas are fully connected.
4. Digital platforms: ensure access to services (e.g. health, e-commerce) for vulnerable people/firms.

## **3. Governance**

Objective: urgent need to stimulate greater dialogue in key spheres of policy-making.

*Priorities:*

1. Strengthen social capital: establish systems for voice, inclusion and engagement with civil society;
2. Public Private Dialogue: establish systems for regular, two-way dialogue between government and the SME sector and its representatives;
3. Keep government doors 'open' via e-governance: manage crisis and uncertainty, develop and implement emergency policies, regulations and contingency planning, and ensure continuity of essential services;
4. Strengthen availability of disaggregated statistical data (by sex, age, location, disability and other forms of vulnerability) and invest in population projections to support the development of a comprehensive demographic policy, as well as inform other policies and plans.

## **4. Green economy**

Objective: urgent need to rebalance nature, climate and economy via a focus on the green economy.

*Priorities:*

1. Restore balance between people and planet: design nature-based solutions, encourage sustainable public-private partnerships, such as in ecotourism and green transport systems, transform agriculture from a carbon contributor to a carbon sink.
2. Reduce fossil fuel dependence: stimulate industries to invest in inclusive green economy.

3. Build Back Better and Greener: regional cooperation, policy dialogue and the best practices of protection, preservation and sustainable use of natural resources to build back better and greener.

In the second **phase of the UNCT's COVID-19 response**, the focus will be on achieving results in these four integrated areas, looking at and beyond socio-economic recovery, to lay the foundations for a fair and just transition to the future with 2030 in mind. These areas will evolve in line with Kazakhstan's changing needs, as the UNCT continues to adapt to and learn from the impacts of the pandemic, thus providing the best support possible to the people and the government.