Background

The Minister of Public Health confirmed the first case of COVID-19 in Afghanistan on 24 February 2020, nearly three weeks prior to the declaration of the current COVID-19 outbreak as a Global Pandemic. As of 12 April 2020, 600 individuals have tested positive, with 19 deaths and 38 people who have recovered. Most of the confirmed cases have a history of travel from Iran, with Herat being the most affected province in Afghanistan, followed by Kabul.

The outbreak of COVID-19 is likely to significantly affect Afghanistan due to its weak health system and limited capacity to deal with major disease outbreaks. Afghanistan being in close proximity to Iran, a global hotspot for the virus, puts the country at heightened risk, with nearly 10,000 people crossing the border every day. The Government of Afghanistan announced a ‘measured lockdown’ in the cities of Herat, Farah, Nimroz and Kabul. Almost all the international flights have suspended their operations.

As of 14 March 2020, schools and community learning centers were requested to remain closed until 19 April, yet the closure is expected to last for another 3-5 months. This puts more than 7.5 million children in regular schools and over 500,000 children enrolled in Community Based Education (CBEs) out of education. In a country where some 3.7 million children are already out of school, this will further widen the education gap, increasing the probability of permanent dropouts and affecting the general well-being of children.

UNICEF’s Contribution to the Response

In response to the COVID-19 Pandemic, the Government of Afghanistan has established a High-Level Emergency Coordination Committee with five technical working groups: (i) Surveillance and Early Detection, (ii) Coordination and Resource Mobilization, (iii) Health Care Provision, (iv) Health Promotion and Risk communication and (v) Infection prevention and protection; and sub-national coordination structures are underway at provincial level.

UNICEF, as the only multi sectoral UN agency with one of the largest footprints in country, is providing technical and coordination support to Government and other partners at national and subnational level, across all regions, in key areas of health, risk communication and community engagement, WASH, nutrition, education, protection and procurement. UNICEF has strategically shifted some of its available resources and infrastructure to respond to the emergency.

UNICEF’s Financial Requirements

UNICEF Afghanistan is asking for US$ 72.7 million to respond to the immediate and long-term needs of the response.
Key UNICEF Interventions

UNICEF Country and Field Offices are on the frontline in the response to the COVID-19 crisis whilst also continuing to address evolving humanitarian emergencies in Afghanistan.

UNICEF has prioritized the provision of safe drinking water, sanitation, handwashing facilities and hygiene supplies to the Internally Displaced Persons (IDPs) living in formal and informal sites, urban slum dwellers, high risk communities, healthcare centers, childcare centers and other public/religious institutions. In Herat province, at the Islam Qala border crossing point with Iran, over 25 emergency handwashing facilities were established to promote healthy handwashing practices by Afghan returnees. In addition, the instalment of 20 latrine stalls is ongoing. Further to this, continuity of water supply provision to over 45,000 IDPs settled in formal sites in Herat is being ensured, including repairing over 50 water points.

Over 5,000 bars of soaps have been delivered in Farah province, targeting the most vulnerable families and communities. The UNICEF-supported Immunization Communication Network (ICN) at the backbone of polio interventions, have also distributed over 680,000 bars of soap to 406,000 households in high risk polio areas, and 1.2 million additional bars are in process of distribution and 6 million are under production. Hygiene supplies and water disinfectant products were also procured and maintained in regional and Kabul warehouses, to be distributed to over 150,000 most vulnerable people living in high risk areas.

UNICEF plays a key supportive role in the COVID-19 health response, by supporting training of health service providers and integrated Mobile Health Teams, including human resources and provision of supplies. Sixty mobile health teams supported by UNICEF in 13 provinces across the country are on stand-by to provide primary health care services and community awareness raising, of which 15 are engaged in community awareness in unserved and underserved districts. UNICEF also supported a training of fifty Mobile Health Teams’ staff on Infection Prevention and Control and provided them with Personal Protective Equipment.

UNICEF has facilitated the integration of essential nutrition services, including counselling on maternal, infant and young children nutrition (MIYCN) and treatment of Severe Acute Malnutrition (SAM) in selected Mobile Health Teams in Faryab, Herat and Kandahar provinces, and in over 60 per cent of health facilities country-wide.

Nutrition therapeutic supplies have been pre-positioned in provinces and health facilities. UNICEF advocated with the Public Nutrition Directorate of the Ministry of Public Health on key messages on feeding practices related to the importance for mothers to continue breastfeeding if they are sick or their child is sick, and for the population to consume nutritious foods for a strong immune system in the context of COVID-19. These were translated into local languages and disseminated to service providers and zonal offices for implementation.

On the education front, UNICEF has been supporting the Ministry of Education (MoE) to put in place alternative delivery mechanisms to reach students through television and radio during school closure. The response will build MoE’s staff and teachers’ capacity on distance education and facilitation of self-learning, as applicable. UNICEF is also helping the MoE develop and implement guidelines for safe school operations after the COVID-19 outbreak and assessing schools and Community Based Education (CBEs)’ needs for WASH facilities to promote handwashing among children and communities once education facilities reopen. Other interventions include community awareness campaigns, and the provision of mental health and psychosocial support for children. So far, 500,000 children have been reached through distance education in the Western region of Afghanistan.

UNICEF has also stepped in with the provision of child protection services, particularly psychosocial support and psychosocial first aid for children, adolescents and caregivers, including sensitization of care givers and tools to address stress and anxiety, particularly during the lockdown or when a family member gets sick. UNICEF also delivers activities in the Juvenile Rehabilitation Centre, in detention centers and care institutions. As part of its child protection efforts, UNICEF has provided over 7,000 bars of soap and nearly 7,800 masks to promote handwashing practices and the safety of children across the country.
As a lead agency for the **risk communication and community engagement** pillar of the COVID-19 response, UNICEF has been supporting the development and implementation of integrated awareness messages on hygiene, hand washing, community mobilization and health self-care. Various media platforms, such as TV, radio and social media are being used to reach out to the population. UNICEF has assisted to broadcast/telecast radio and TV spots 3,640 times in the Western Region, and 420 times in the Eastern Region, reaching approximately 456,000 people in both regions. To amplify mass media engagement, the polio program used its established contact with media to broadcast video and radio spots through 50 TV and 120 radio stations across the country.

UNICEF is currently developing a broadcasting plan and a set of eight new TV spots, focusing on prevention, care and discrimination, including information on handwashing practices, keeping minimum physical distance, referrals to health facilities and avoiding stigma. These are being developed in both Pashto and Dari languages, and will be available on social media platforms. In addition to the mass media efforts promoted by UNICEF, a national community mobilization plan has been in place in Herat, Kandahar and Jalalabad reaching a total of 16,000 people.

The polio communication network has also been engaged in the dissemination of COVID-19 prevention awareness messages, after being provided with appropriate protective gear. Similarly, Adolescent and Youth Network (AYN) members are raising awareness on prevention of COVID-19 through their networks and social media. Through adolescent project partners, key messages are being communicated through mobile teams and small group gatherings.

UNICEF ensures its support to programmes has a strong **gender equity** and adolescents programming lens. Recognizing the extent to which disease outbreaks differently affect women and men and other social groups, including adolescents, UNICEF ensures efforts are made to understand the primary and secondary effects of COVID-19 on different individuals and communities and to create effective, equitable policies, preparedness and interventions. Since the start of the crisis, UNICEF has supported the Directorate of Women’s Affairs in Herat and Farah provinces with targeted distribution of soap and sanitizers to women, in order to meet their dignity and sanitary needs. A total of 1,050 women have benefited from this initiative.

As the lead for WASH and Nutrition Clusters, Child Protection Sub-Cluster and Co-lead for the Education Working Group, UNICEF has quickly embarked on supporting COVID-19 preparedness and response efforts to contribute to **coordination** in the different sectors of intervention.

---

**UNICEF’s Social Media Platforms Supporting Awareness Raising for COVID-19**

UNICEF Afghanistan has available a strong social media base with a reach of over two million across all social media platforms including Facebook, Twitter, Instagram, and YouTube. The total reach, engagement and video views from 26 March to 9 April has been of 5,013,686 (reach), 59,670 (engagement) and 591,866 (video views). This is in addition to over 4,897,367 social media users reached with COVID-19 messages posted on the Facebook page “Polio Free Afghanistan”.

Handwashing awareness in Herat IDP camp (YouTube).
**Funding Overview**

The first Afghanistan COVID-19 Multi-Sector Country Humanitarian Plan was finalized on 24 March 2020. The 3-month plan targets 6.1 million individuals with a total requirement of US$ 108.1 million, including US$ 38.2M from the three UNICEF-led clusters (Education, Nutrition, WASH).

UNICEF Afghanistan is looking at the impact of COVID-19 beyond the immediate needs posed by this crisis. The 4-year plan needs a total of US$ 72.7 million to deliver results across its key areas of interventions. As of 12 April 2020, the plan is only 2 per cent funded.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>US$</td>
</tr>
<tr>
<td>Risk Communication and Community Engagement (RCCE)</td>
<td>5,185,000</td>
<td>556,875</td>
<td>4,628,125</td>
</tr>
<tr>
<td>Critical WASH &amp; Health Supplies</td>
<td>7,551,429</td>
<td>515,452</td>
<td>7,035,977</td>
</tr>
<tr>
<td>Addressing Primary Impacts (Health/Nutrition and WASH)</td>
<td>34,525,768</td>
<td>232,021</td>
<td>34,293,747</td>
</tr>
<tr>
<td>Access to continuous Education and Child Protection services</td>
<td>13,725,000</td>
<td>70,000</td>
<td>13,655,000</td>
</tr>
<tr>
<td>Risk monitoring and other Social and economic Impacts</td>
<td>450,000</td>
<td>0</td>
<td>450,000</td>
</tr>
<tr>
<td>Gender and Adolescents</td>
<td>1,800,000</td>
<td>0</td>
<td>1,800,000</td>
</tr>
<tr>
<td>Cross Cutting and Operational Costs</td>
<td>9,500,000</td>
<td>195,652</td>
<td>9,304,348</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72,737,197</strong></td>
<td><strong>1,570,000</strong></td>
<td><strong>71,167,197</strong></td>
</tr>
</tbody>
</table>

Figures are provisional and subject to change.

1: COVID-19 specific funding received from the start of the outbreak. Existing funds reprogrammed for the response are not included.