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Promotion of handwashing in Jalalabad ©UNICEF Afghanistan/2020/Lameha

Background

Since the confirmation of the first COVID-19 case on 24 February 2020, the number of confirmed COVID-19 cases has reached 15,205 across all 34 provinces in Afghanistan, with 257 deaths (as of 31 May 2020). Nearly 10 percent of the confirmed cases are health workers.¹

Unless serious containment measures are enforced, the number of COVID-19 cases is expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being, especially children.

Fear of contamination has resulted in reductions in attendance in health facilities, with an observed increased demand for the services provided by Mobile Health Teams. Drop in coverage of routine Reproductive Maternal Neonatal Child & Adolescents Health (RMNCAH) services such as ante- and post- natal care, and management of acute malnutrition, in a context where immunization coverage was already only 51 percent may lead to some 25,000 additional deaths of under-five children in the next 12 months.

Eight out of 10 adults face at least one deprivation in predisposing factors to COVID-19, including i) food insecurity, ii) lack of adequate sanitation, iii) lack of a safe source of drinking water and iv) lack of access to clean cooking fuel. On average, children aged 0-17 bear the highest burden in all the predisposing factors, nine out of 10, when compared to all the other population subgroups².

UNICEF's Contribution to the Response

Thanks to its Country and Field Offices' presence, UNICEF Afghanistan continues to prioritize the response to COVID-19 as well as all other regular interventions across the country. More specifically, UNICEF is scaling up activities related to Risk Communication and Community Engagement, plays a key role in preventive and RMNCAH services, while continuing to lead the delivery of WASH, Nutrition, Education and Child Protection services in collaboration with authorities, inter-cluster working groups, and other UN agencies at national and provincial level.

Global COVID-19 procedures and tools guides preventive measures to reduce human-to-human transmission in affected locations. The current programmes help mitigate collateral impacts of the pandemic, including interruptions to WASH, health, nutrition, education, protection and essential social services for children and vulnerable populations.

UNICEF's Financial Requirements



UNICEF Afghanistan is asking for US\$ 81.43 million to respond to COVID-19-related needs during 2020³. As of 31 May 2020, the response is 36% funded.

¹ COVID-19 Dashboard, Ministry of Public Health, Afghanistan, 31 May 2020.

² "The socioeconomic impact of COVID-19 in Afghanistan, Microsimulation of effects on multidimensional poverty", University of Oxford and UNICEF Afghanistan, 27 April 2020.

³ Due to the nature of the response, funding needs have changed since figures were reported in UNICEF Afghanistan's COVID-19 Response Brief #01.

Key UNICEF Interventions

UNICEF Afghanistan Country Office, together with its five Field Offices and eight Outpost Offices, has put in place a detailed response plan to respond to COVID-19 in close collaboration and coordination with Ministries, Inter-Agency Working Groups, Clusters, UN Agencies, Civil Society Organizations (CSOs) and Donors.



Provision of safe drinking **water**, **sanitation**, distribution of **hygiene** supplies, hygiene promotion, and installation and upgrade of handwashing facilities in formal/informal schools and health

facilities continue to be key priorities of the response. Also being prioritized is the upgrade of WASH services at points of return from neighboring countries, formal and informal sites of internally displaced persons, informal settlements on the fringes of urban areas, childcare centers, child friendly spaces, as well as public and religious institutions. Activities are underway in 14 provinces, including start-up work in informal settlements on the fringes of Kabul and Herat cities.

From the beginning of the response in March, 267,500 people received hygiene materials along with hygiene promotion, and 67 handwashing facilities were either established or refurbished in key locations and at border crossing points with Iran and Pakistan.

Through the polio eradication program, a cumulative total of 3 million of soap bars has been procured and distributed in high polio risk locations, mostly in the southern and eastern regions.



Abul Zia (7) and Abul Naser (5) hold soap provided by UNICEF in Herat (© UNICEF Afghanistan/2020/Ghafary)



UNICEF continues to work closely with the Ministry of Public Health (MoPH), the World Health Organization and CSOs to provide continued support to essential **health** services. Due to the lockdown measures introduced in

recent months, a reduction of attendance in health facilities has been observed, prompting higher demand for services provided by the 60 Mobile Health Teams (MHTs) supported by UNICEF in 14 provinces. In addition to regular service provision, MHTs support

identification of patients with COVID-19 symptoms and conduct community sensitization. Since the start of the response in March, 124,038 women and children have benefitted from continued access to obstetric, neo- and postnatal and child health care, including immunization services provided by mobile teams. Additionally, 340 community health workers (of which 163 females) were mobilized and oriented on COVID-19. A total of 1,500 Personal Protective Equipment (PPE) kits have been procured for health, waste management and other frontline workers, and UNICEF is currently facilitating the offshore procurement of essential medical supplies under a contribution agreement between the MoPH and the World Bank.

The resources from the Immunization Communication network (ICN) of the Polio programme have also been maximized, with social mobilisers engaging in sensitizing families and communities with COVID-19 messages since March, visiting more than 1.9 million households.



Promotion of continued breastfeeding and consumption of nutrient-rich foods are at the core of the **nutrition** response. Treatment of children affected by severe acute malnutrition (SAM) and provision of nutrition counselling to mothers and

caregivers continue to be the primary focus of service delivery to mitigate the negative impact of COVID-19 on maternal and child nutrition.

An analysis on the implications of COVID-19 on nutrition services across the country revealed a 38 percent decrease in the trend of SAM admissions in inpatient services between March 2019 and March 2020, and a 10 percent decrease in outpatient services. Adolescent girls are not receiving iron folic acid (IFA) supplementation because of school closures, and attendance by pregnant and lactating women to Ante-Natal and Post-Natal Care has indicated a slight decrease, which will affect their consumption of IFA.

UNICEF prepared a Guidance Note which includes key messages and actions necessary to maintain essential nutrition services related to treatment and prevention of undernutrition in the context of COVID-19. It also advocated with the Public Nutrition Directorate of the MoPH on key messages around feeding practices and the importance for mothers to continue breastfeeding and to consume nutritious foods to maintain a strong immune system. These documents were translated in local languages and disseminated to the service providers and UNICEF's Zonal Offices for use and implementation.



As a strategic partner of the **Risk Communication and Community Engagement (RCCE)** Task Force of the COVID-19 response, UNICEF is using mass media, social media and community awareness to provide timely and accurate information to

families and communities. Support has been provided to the Government to develop and implement integrated awareness messages on proper hygiene, hand washing, community mobilization and health self-care.

A media spots campaign on COVID-19 was launched, broadcasted across 167 channels, and is expected to reach more than 6 million people. Through its online platforms, UNICEF reached close to 8 million people.

Aligned with the power of influence of the religious leaders in their communities, UNICEF engaged with more than 1,600 *mullahs* and religious scholars to support preventive measures of COVID19, especially during the month of Ramadan.

Key social media influencers were also engaged to promote preventive messages around COVID-19, and partnerships were developed with leading regional and national media outlets, including Reuters, Radio Free Europe, *Pajhwok wire*, *Hewad* and *Sharq*.

U-Report Afghanistan, a social messaging tool to improve citizen engagement, was launched to galvanize youth engagement around COVID-19 and its impact on young people, to provide evidence for continued advocacy.



Faith leaders, community health workers and mobilizers learning about fighting COVID-19 (© UNICEF Afghanistan/2020/Ghafary)



As the co-lead of the **Education in Emergency Working Group (EiEWG)**, UNICEF continues to work closely with the Ministry of Education and other partners. The *Teacher Engagement Taskforce* established by the EiEWG drafted a plan to

support teachers in raising awareness of COVID-19 at the community-level, ensuring continuation of education, providing basic psychosocial support to children, and enhancing the capacity of 4,000 teachers.

Further, the EiEWG has developed home-based learning materials for Grades 1-3 and is working on similar materials for Grades 4-6. The home-based learning programme aims to reach 4 million children during the school closure period. Nearly 500,000 children have been reached up to mid-May 2020.

The EiEWG is now in the process of developing a nine-month plan focusing on three key areas: (i) minimum WASH provision (including hygiene kits and soft component) for Community Based Education (CBEs) and schools in preparation of their re-opening; (ii) development of a plan to make up for lost school time; (iii) development of a winterization strategy to ensure children have continued access to education during winter.



With school closures, restrictive movements and interruption to normal routines, stigma and discrimination have been exacerbated, especially for children on the move returning from

Iran, increasing their vulnerability to abuse, exploitation and violence. Gender-specific **protection** risks are also heightened, leading to negative coping mechanisms such as child marriage for girls and recruitment into armed forces for boys. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings, such as detention centers and care institutions, and lack adequate hygiene and prevention measures, are also particularly at-risk.

The Child Protection response has focused on raising awareness in communities and ensuring access to hygiene kits to the most marginalized children such as those who are in detention, orphanages, children on the move and those without parental care. Nearly 50,000 children and parents have benefitted from Psycho-social first aid and positive parenting messages to promote their resilience, maintain normalcy and to minimize negative coping mechanisms during COVID-19. Similarly, UNICEF is on the front-line supporting the unaccompanied and separated children (UAMS) including those returned from Iran/Pakistan, 1738 have been reached and supported with identification, documentation, tracing and reunification (IDTR) through trained Social Workers. Key messages on child protection, COVID-19 Prevention and addressing stigma and discrimination has reached 150,000 people in high-risk communities. In cooperation with Ministry of Labor and Social Affairs, Ministry of Refugee and Repatriation (MORR), IOM and UNICEF are rolling out the Standard Operating Procedures (SOP) on Case Management to address stigmatization and discrimination to ensure continuum of care to child migrants returning from Iran/Pakistan especially during COVID -19.



Integration of **gender** and a focus on adolescents continue to be part of all programmes. A Guidance Note on COVID19 and young girls' vulnerability to child marriage and teenage pregnancy has been shared with partners⁴. The closure

of schools – which normally provide a safe space where teachers and other adults identify signs of abuse and intervene in the lives of vulnerable girls – makes them more vulnerable to abuse, child marriage and pregnancy. Loss of family care due to COVID-19 quarantine, and hospitalization or death of a caregiver, requiring adolescents to live with another family, are also identified as increasing the risk of abuse of children, especially adolescent girls.



On **Social Inclusion**, in partnership with the University of Oxford, UNICEF carried out a micro-simulation (based on data from the 2016/2017 Afghanistan Living Conditions Survey) to assess the socio-economic impact

of COVID-19 on multi-dimensional poverty levels in Afghanistan. This micro-simulation shows that there is a need to consider social protection measures (including cash grants) to safeguard the overall welfare of the affected population. Multi-dimensional poverty could soar if children fail to return to school, or individuals face food insecurity on a regular basis, or many already highly precarious workers experience further deteriorations in their job conditions.



As the lead for WASH and Nutrition **Clusters**, Child Protection Sub-Cluster and Co-lead for the EiEWG, UNICEF coordinates the response with cluster members.

The WASH cluster continues to provide uninterrupted services across the country, with cluster members reaching over 1 million people with WASH assistance since the start of the crisis, through hygiene promotion, handwashing and distribution of hygiene kits.

The Nutrition cluster continues to advocate for more integrated services, particularly with health sector and in communities, to ensure key messages on important nutrition behaviors are communicated. In collaboration with the Ministry of Public Health / Public Nutrition Department and WHO, the cluster also supported the efforts to mitigate myths around breastfeeding in the context of COVID-19, by issuing translated Frequently Asked Questions (FAQs) on breastfeeding during COVID-19, to be disseminated to frontline health and nutrition workers. Members of the Child Protection sub-cluster, of which UNICEF is the co-lead, have reached more than 270,000 children and their caregivers on preventive measures on COVID-19 and child protection issues exacerbated during this pandemic, including prevention of stigma and discrimination. Out of them, more than 85,000 girls and boys received psychosocial support to enable them to cope with the current situation.



Community mobilizer conducts a COVID-19 awareness session in Herat IDP camp (©UNICEF Afghanistan/2020/Ghafary)

⁴ <https://www.unicef.org/afghanistan/documents/covid-19-and-young-girls-vulnerability-child-marriage-and-teenage-pregnancy>

Funding Overview

UNICEF Afghanistan has developed a detailed response plan in line with Afghanistan COVID-19 Multi-Sector Country Humanitarian Plan and Global Humanitarian Action for Children. The response, supporting interventions until the end of 2020, requires US\$ 81.43 million, and 36 percent funded as of 31 May 2020. Without additional funding, UNICEF will be unable to support the countrywide COVID-19 response.

UNICEF's work is funded entirely through the voluntary contribution of millions of people around the world and our partners in government, civil society and the private sector.

UNICEF Afghanistan sincerely thanks our partners for their commitment and trust in UNICEF.

Sector	Requirements (\$)	Resources available (\$)	Funding gap	
			Resources (\$)	%
Risk Communication & Community Engagement	5,000,000	3,856,857	1,413,143	23%
Water, Sanitation and Hygiene (WASH)	7,000,000	2,047,000	4,953,000	71%
Health	40,000,000	19,354,430	20,645,570	52%
Nutrition	12,900,000	1,401,826	11,498,174	89%
Education	6,810,000	1,250,000	5,560,000	82%
Child Protection	5,770,000	499,360	5,270,640	91%
Gender and Adolescents	1,500,000	100,000	1,400,000	93%
Risk monitoring and other Social and economic Impacts	1,450,000	373,353	1,076,647	74%
Coordination and Operational Support	1,000,000	338,692	661,308	66%
Total	81,430,000	29,221,518	52,208,482	64%

Figures are provisional and subject to change due to the evolving nature of the response.

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