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for every child

Handwashing in a Kabul settlement in Kabul (@UNICEF-Afghanistan/2020/Kabul)

Background

According to the Government of Afghanistan, there are 36,710 confirmed COVID-19 cases as of 31 July 2020, compared to 15,205 cases in May 2020. Reported deaths across all 34 provinces reached 1,283. Considering the limited public health resources, the actual cases are likely to be underreported. Besides, the testing rate is very low, standing at 0.2 per cent of the total population. Most importantly, it is anticipated that Afghanistan will experience the pandemic peak between August and September 2020.¹

Men accounted for more than 71 per cent of the total confirmed cases. The lower number of reported cases among girls and women can be explained with their fear of contamination and stigma. It is also due to their limited access to COVID-19 related information and health facilities, as a result of the prevailing culture and traditions, particularly in rural areas.

The prolonged pandemic has forced already vulnerable populations into a devastating situation. According to CARE Rapid Gender Analysis conducted in July 2020,² children, especially girls, and women are severely and disproportionately impacted by the pandemic. They face increased violence, including gender-based violence (GBV), and insecurity, with intensified criminal activities. The COVID-19 pandemic considerably increases the risk for girls, adolescent girls and young women to violence from family members, in-laws and husbands, and the risk for an increase in child, and forced marriages.

UNICEF's Contribution to the Response

With around-the-clock efforts, UNICEF Afghanistan remains a frontline organization responding to combat COVID-19, in addition to continuing most of its regular programming across the country.

In collaboration with relevant governmental counterparts, UNICEF also supports the development of guidelines, tools and standard operating procedures to enhance resiliency within the Government of Afghanistan.

As a lead and co-lead agency of clusters and sub-clusters, the organization plays a key role to ensure the proper and timely coordination among authorities, inter-cluster working groups, other UN agencies, and civil society organizations (CSOs) at national and provincial levels.

UNICEF's Financial Requirements



UNICEF Afghanistan is asking for US\$ 81.4 million to respond to COVID-19-related needs during 2020.

As of 31 July 2020, the response is 55 per cent funded.

¹ OCHA: Strategic Situation Report: COVID-19, No. 65

² CARE Afghanistan: Rapid Gender Analysis COVID-19: Afghanistan, July 2020

Key UNICEF Interventions

UNICEF Afghanistan Country Office (ACO), together with its five field offices and eight outposts, 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, CSOs and donors.



Mitigation of COVID-19 transmission continues to be one of the primary interventions of the **Water, Sanitation and Hygiene (WASH)** cluster led by UNICEF. It has been focusing on hygiene promotion, expanded access

to safe water, and distribution of soap.

Since the beginning of the response in March, the WASH cluster reached more than four million people with hygiene promotion messages and soap distribution. These activities were also possible thanks to the support of the existing polio network. Almost half a million people received hygiene kits, and nearly 154,000 people gained access to safe drinking water. The WASH cluster is currently preparing additional WASH core supplies for distribution to 200,000 people in 27 provinces across the country.

Close engagement with relevant governmental counterparts was also promoted to build sanitation facilities in schools and ensure a safe learning environment in education facilities.



Saeeda, 28, who fled from conflict and drought in Badghis to Herat province, received 12 bars of soap. (©UNICEF/ UNI325454/Ghafary)



Governmental **health** facilities and community health workers (CHW) continued to be supported with supplies, capacity building, and technical support across the country. In June and July 2020, 60 mobile

health teams provided essential reproductive maternal, newborn, adolescents health (RMNCAH) services to the most remote and marginalized areas where people do not have access to static health facilities. A total of 2,900 healthcare providers were also trained at all levels, from community to provincial levels, who will support identification and referrals of COVID-19 cases.

These healthcare providers are better equipped to detect, refer and manage COVID-19 cases. They also provide routine non-COVID basic healthcare services, including immunization, integrated childhood illness management, and nutrition screening and referral services.

Thanks to the financial support of its donors, UNICEF leveraged its global supply expertise to support the Ministry of Public Health in procuring supplies worth over US\$12 million. Supplies include 560 oxygen concentrators, and other life-saving supplies, which will later be used to improve newborn health. These supplies will support healthcare providers in all 34 provinces in their efforts to respond to COVID-19.



Promotion of continued breastfeeding and consumption of nutrient-rich foods remains at the core of the **nutrition** response. Compared to the beginning of the year, an additional 90,000 children under five years of age are suffering

from severe acute malnutrition (SAM) in 2020, from 690,000 to 780,000 SAM cases – thus treatment remains a priority. Nutrition counselling of mothers and caregivers, which will mitigate the negative impact of COVID-19 on maternal and child nutrition, is also an ongoing focus of the nutrition programme. Counselling cards, which promote best practices in the context of COVID-19 are being produced to support the work of nutrition counsellors and CHWs. An infant and young child feeding (IYCF) statement, signed by MoPH, has been issued. This IYCF statement promotes breastfeeding, advocates for continued immunization, and calls for prompt reporting of the promotion of breastmilk substitutes.

To reverse the decreasing trend in uptake of health services, responsible for the 13 per cent increase in the number of SAM cases, alternative strategies have been developed in March 2020 in relation to the coverage of essential nutrition services. Community mobilization is ongoing to increase uptake and access for children who are detected with SAM.

Due to prolonged school closures, many adolescent girls are now unable to receive critical iron folic acid (IFA) supplementation. To address this concern, UNICEF adjusted its strategy to a community-based delivery system through CHWs. With the new strategy, over 10,000 girls' needs were met in Ghazni province in June and July. Out of these, 7,200 girls were not normally attending school, demonstrating the value of this innovative approach in reaching girls who would not have been reached through the regular school programme.

Finally, with the postponement of the National Immunization Day originally planned in March, up to eight million children aged 6-59 months will not receive Vitamin A. Alternative approaches through health facilities and CHWs are also being put in place. The campaign is now planned in August, conditional on final approvals by the Government.



The COVID-19 pandemic does not stop at home and in the community. In fact, children in detention and those detained with their caregivers are one of the most vulnerable groups who need **protection**.

These children are deprived of their basic rights for physical and mental health, and to survive and thrive in hygienic conditions. Moreover, they are at heightened risk of abuse and violence, especially in detention centres and prisons.

As a result of UNICEF and partners' advocacy efforts, over 500 children were released from the Juvenile Rehabilitation Centres (JRCs) and prisons. This is based on three Presidential Decrees to release children as a prevention and containment measure against COVID-19. In addition, hygiene materials and personal protective equipment were provided to all 34 JRCs in the country as well as medical supplies to a JRC in Kabul. This helped protect children who remain in detention centres, and equips these centres for efficient and necessary future interventions.

It is imperative that the rights of every child reached with the COVID-19 response plans are fully respected, protected and fulfilled. UNICEF and partners remain committed to safeguarding children against discrimination. This includes calling for adequate measures for gender-responsive approaches in responding to the COVID-19 emergency in locations where children are deprived of their liberty.



While schools remain closed, children continue to benefit from access to quality **education**. The Education in Emergency Working Group (EiEWG) led by UNICEF established a taskforce to explore alternative learning pathways and facilitate the production of self-learning materials for students in grades 1 to 6.

A task force was also established to engage teachers to maintain their skills and remotely support students. As a result of these initiatives, 737,817 children, of whom 42 per cent are girls, have been able to continue studying remotely through television, radio as well as with self-learning materials.

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The planning of further actions was also initiated, aimed at i) reopening of 1,250 schools in 10 hard-to-reach areas, ii) providing COVID-19 safe, child-friendly and grade-/gender-sensitive learning environment for 625,000 girls and boys, and iii) providing remedial classes for children who have fallen too far below grade level. UNICEF also plans to support an additional 130,000 students to enroll in community-based education classes in nine provinces using the "learning with COVID-19" approach.



Delivery of the mobile library with awareness on COVID-19 to villages in Nangarhar Province (© UNICEF/UNI325983)



Integration of **gender** and a focus on adolescents continue to be part of all programmes. To ensure gender equality among targeted population in the COVID-19 responses, partnerships with two women civil society organisations (CSO) were established to directly

engage girls and women in hard-to-reach and rural areas. These girls and women usually do not have access to information through social media, TV and radio. In June alone, the CSOs reached out to 16,391 people (6,081 men, 7,808 women, 1,439 girls, 1,146 boys) with awareness raising activities on GBV prevention, COVID-19 prevention, and available services, including psychosocial support to GBV survivors and COVID-19 affected people, using their preferred communication channels.

In the spirit of leaving no one behind in the COVID-19 response, UNICEF, with other UN agencies, has issued a Gender Alert Issue XIII³ focusing on 'the impact of COVID-19 on girls, adolescent girls, and young women in Afghanistan'. The publication shows how girls, adolescent girls and young women are particularly affected by COVID-19, and how their needs may not be met because of the exacerbation of pre-existing age and gender inequalities, vulnerabilities, and gaps during the COVID-19 crisis.

³ Please see the full alert at <https://www.unicef.org/afghanistan/documents/gender-alert-covid-19-afghanistan>



Public awareness raising at IDP camp on COVID-19 in Mazar-e-Sharif (©UNICEF/ UNI321530/Fazel)

In addition, rapid assessments on the socio-economic impact of COVID-19 are planned in Herat province. UNICEF will also conduct assessments in Balkh, Kabul, Kandahar, Nangarhar provinces to better understand COVID-19 impact, and to further support evidence-based advocacy and programming on social inclusion.



UNICEF, as the WASH and Nutrition **cluster** lead, Child Protection sub-cluster lead, and EIEWG co-lead, coordinates partners and remains one of the first responders for the COVID-19 pandemic.

The COVID-19 taskforce in the WASH cluster developed a country-specific WASH cluster strategy kit to frame the partners' responses based on four approaches: i) continuity and scale-up of the WASH access, ii) integration of physical barriers, disinfection activities and risk communication, iii) expansion of WASH integrated rapid response team, iv) promotion of proper and sustainable handwashing practices.

The UNICEF-led clusters also focus on multi-sectoral interventions, including WASH facilities in schools and CBEs, where WASH supplies, including soap bars, and handwashing devices are provided. Under the leadership of the MoPH, the nutrition cluster partners, including UNICEF, WHO, FAO, WFP, ACF and Save the Children, also supported the endorsement of the MoPH to protect, promote, and support safe and appropriate IYCF during the current COVID-19 emergency, and cautioned against the unnecessary and harmful donation, distribution and use of milk powder, infant formula and soya milk (powder/liquid).

To continue the efforts in tackling the COVID-19 pandemic, UNICEF-led and co-led clusters have requested US\$ 42.8 million out of the US\$ 164 million appealed by all sectors for August to October 2020. This is planned to support life-saving activities for most vulnerable children and families in Afghanistan.



Children during COVID-19 awareness raising session in Mazar-e-Sharif (©UNICEF/ UNI320907/Fazel)



As a strategic partner of the **Risk Communication and Community Engagement (RCCE)** Task Force of the COVID-19 response, UNICEF continues supporting the Government of Afghanistan in disseminating integrated awareness messages on proper hygiene, hand

washing, community mobilization and health self-care. It also engages with mass and social media to provide timely and accurate information on COVID-19.

Key social media influencers were also engaged to promote preventive messages around COVID-19 in partnership with UNICEF.

With close collaboration with religious leaders as key influencers in communities, over 4,200 mullahs and religious scholars were engaged. They in turn influenced around 800,000 people across the country with messages on COVID-19 preventive measures since March 2020. Moreover, more than 16,685 community health workers have been trained, and were able to reach 1,263,000 households, mainly through a door-to-door approach.

Youth engagement also continues to be promoted and encouraged through *U-Report Afghanistan*. The social messaging platform engages young people and disseminates timely and accurate information on COVID-19 in an interactive manner.



As part of its efforts around **social inclusion**, UNICEF is planning to provide one-off unconditional unrestricted cash transfers to mitigate the significant impacts of COVID-19.

The transfer, planned for August 2020, will target 2,000 vulnerable households with children in Herat province. This is done in close collaboration with the Department of Labour and Social Affairs, to identify vulnerable households working in the informal sector and who have been made increasingly vulnerable due to the socio-economic impact of COVID-19.

Funding Overview

According to the UNICEF Afghanistan COVID-19 response plan, the multi-sectoral interventions require US\$ 81.4 million. By 31 July 2020, a total of US\$ 44.6 million (55 per cent) was raised.

UNICEF's work is funded entirely through the voluntary contributions of millions of people around the world and

our partners in government, civil society and the private sector.

UNICEF Afghanistan expresses sincere gratitude to all of our partners for all their generous contributions, commitment and trust in UNICEF.

Sector	Requirements (\$)	Resources available (\$)	Funding gap	
			Resources (\$)	%
Risk Communication & Community Engagement	5,000,000	3,976,740	1,023,260	20%
Water, Sanitation and Hygiene (WASH)	7,000,000	2,061,520	4,938,480	71%
Health	40,000,000	21,455,145	18,544,855	46%
Nutrition	12,900,000	2,048,771	10,851,229	84%
Education	6,810,000	13,573,668	-6,763,668	-99% ⁴
Child Protection	5,770,000	719,398	5,050,602	88%
Gender and Adolescents	1,500,000	224,000	1,275,800	85%
Risk monitoring and other Social and economic Impacts	1,450,000	313,150	1,136,850	78%
Coordination and Operational Support	1,000,000	273,262	726,738	73%
Total	81,430,000	44,645,854	36,784,146	45%

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

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⁴ Although the COVID-19 response for education is currently overfunded, non-COVID-19 response for education is significantly underfunded.