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for every child

Handwashing at an Internally Displaced Persons (IDP) camp in Balkh province, Afghanistan (© UNICEF/UNI367259/Fazel)

## Background

The **lives of children** in Afghanistan **are being changed** in profound ways. Polio immunization activities have been on hold, schools closed, access to health facilities limited. The figures of reported cases of COVID-19 nation-wide has increased from 36,710 on 31 July, to 39,254 on 30 September. According to a nationwide study by the Ministry of Public Health (MOPH),<sup>1</sup> around 10 million people, or 31.5 per cent of the population, were reported in July as having either a current or past COVID-19 infection. Of these, approximately 3 million are children under 18.

Utilization of Maternal, Newborn and Child Health services reported a significant decrease between the first quarters of 2019 and 2020. Home deliveries dropped by over 30 per cent, post-natal care by 5 per cent, and ante-natal care by over 10 per cent.

The pandemic exacerbated already vulnerable situations **especially for girls and women**. In a recent survey on the impact of COVID-19, 97 per cent of female respondents reported an increase in Gender Based Violence (GBV) since the start of the outbreak.<sup>2</sup> Independent estimates from UNICEF and the World Bank suggest that the poverty rate in Afghanistan is expected to increase to up to 72 per cent from an average of 54.5 per cent.<sup>3</sup>

The Ministry of Education (MOE) announced the re-opening of all grades in public schools from October 3<sup>rd</sup>. A second wave of the virus remains a concern.

## UNICEF's Financial Requirements



UNICEF Afghanistan's COVID-19 emergency plan requires US\$ 81.4 million to respond to all identified needs during 2020.

As of 30 September 2020, the response is 75 per cent funded.

## UNICEF's Contribution to the Response

UNICEF Afghanistan remains on the frontline of the response to mitigate the effects of COVID-19 across the country. In addition, its regular programming continues with the necessary precautions and adaptations.

In collaboration with 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, it is a key role of UNICEF 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.

<sup>1</sup> Prevalence of COVID-19 and its Related Deaths in Afghanistan, July 2020, [available here](#).

<sup>2</sup> Oxfam Briefing Note, A New Scourge to Afghan Women: COVID-19, Oxfam, April 2020.

<sup>3</sup> World Bank, Surviving the storm, July 2020, [available here](#).

## Key UNICEF Interventions

The UNICEF Afghanistan Country Office, together with its five field offices and eight outpost offices, has been responding to the COVID-19 pandemic in partnership with ministries, Inter-Agency Working Groups, clusters, other UN Agencies, CSOs and donors since March 2020.



Increasing knowledge around access to **Water, Sanitation and Hygiene** (WASH), use of hand washing facilities, and proper hygiene practices remains a key intervention to mitigate the effects of the pandemic.

Partners in the WASH Cluster Task Force have jointly reached 2.6 million persons by mid-September. This includes distributing five million bars of soap, and sharing information on hygiene promotion. More than 865,000 people also received hygiene kits, and 2,790 hand washing facilities were installed across 14 provinces.

UNICEF's interventions have contributed to reaching 750,000 people, through hygiene awareness, hygiene supplies, and access to handwashing stations. UNICEF continues to distribute hygiene supplies and sensitize communities with key messages on how to prevent transmission. The installation of hand washing facilities and stations remains a priority in Internally Displaced Persons (IDPs)' sites, health facilities and mosques.



Ensuring quality **health** services is essential to mitigate further diffusion of COVID-19. In support of government counterparts and in collaboration with community health supervisors and workers, UNICEF supported fifty Mobile Health Teams

(MHTs) providing reproductive, maternal, newborn, adolescents health services in the most remote and hard-to reach communities. During September, 4,495 children under five and 2,443 pregnant women received essential health services through MHTs in 14 provinces.

An additional 569 healthcare providers were trained to identify and respond to community's healthcare needs in the COVID-19 context, totaling nearly 9,500 providers since June. They also provide other basic healthcare services, including immunization and nutrition screening.

In addition to supporting the procurement of personal protective equipment (PPE) and routine vaccines, UNICEF supports the MOPH for its preparedness for the COVAX vaccine in 2021.

Due to COVID-19, polio activities stopped in March. The polio communication network continued to work to deliver COVID-19 preventive messages and distribute hygiene materials. Localized polio campaigns resumed in July, August and September to respond to outbreaks of circulating Derived Polio Virus type 2 occurring mainly in the East and North-East, and one Sub National Immunization Days campaign was conducted in the South, South East and West in September. Polio front line workers were provided with masks, hand-sanitizers and adequate training to work in the COVID-19 pandemic context.

**Musbashir, 2-years old, receives his measles vaccine at Indira Ghandi Children's Hospital, Kabul. His mother says:**

*"I know the importance of vaccines for my children, now more than ever"*



Measles vaccinations continue in Afghanistan (©UNICEF/UNI368583/Fazel)



COVID-19 has further deteriorated children's **nutrition** status. As families' access and use of health facilities resume, the admission of cases of severe acute malnutrition (SAM) has increased from 26,575 in June to 36,342 in August. UNICEF continues promoting practices of breastfeeding and consumption of nutrient-rich foods. Nutrition counselors also continue providing counseling along with COVID-19 related information to mothers and caregivers at health facilities. After the completion of healthcare providers' training on new COVID-19 guidelines, UNICEF and partners are now supporting frontline workers. With the re-opening of schools, adolescent girls will re-start receiving critical iron folic acid (IFA) supplementation.



Continued emphasis is placed on the importance of **gender** integration and risk mitigation of GBV and sexual exploitation and abuse as part of the COVID-19 context. Interventions have focused mainly on awareness raising and reduction of girls' and women's vulnerability to GBV at household level. A total of 19,043 persons (including 2,780 girls and 6,786 women) were reached with COVID-19 prevention messages since June in remote and hard-to-reach areas, including information on available services, including for GBV survivors. This is an increase of 2,600 persons compared to the last report shared at end July.

UNICEF continued to provide capacity support to its implementing partners and UNICEF-led clusters in order to ensure gender integration and mainstreaming.

The pandemic has significantly impacted children and their families, forcing them to adapt a new way of living. Adjustments can trigger negative and unhealthy skills to cope with stress. To **protect** children from additional harm, UNICEF as a co-chair of the Case Management Task Force finalized the Case Management



Standard Operating Procedures (SoP), to support the social workforce in providing adequate care for children. A master training was piloted reaching 48 persons amongst social workers, Child Protection Actors' Network (CPAN) members and other CP actors.

Direct support for children was also provided, with consideration of the individual needs of children affected by COVID-19. In August-September, a total of 16,700 children and 562 caregivers received psychosocial support, including through door-to-door support.

UNICEF continues its work with communities through sensitization efforts to raise awareness on protection of children and positive coping skills in the COVID-19 situation. In August-September, 89,765 community members, including 49,765 children, were reached through these activities.



Child Friendly Spaces are safely reopening (©UNICEF/UNI367308/Fazel)

Given the dire needs for continued **education**, MOE announced the re-opening of all public schools on October 3rd. To support the return to school, UNICEF broadcasted spots promoting the Back-To-School campaign and promoting COVID-19 mitigation measures in schools, through 182 national and local TV and radio channels. Additionally, UNICEF is planning to distribute education learning materials for one million children returning to formal public schools.



The taskforce established by the Education in Emergency Working Group (EiEWG) to explore alternative learning pathways, continued supporting teachers in providing remote learning opportunities to a cumulative total of 860,122 children, of whom 43 per cent are girls, through TV, radio and self-learning materials.



Access to reliable sources of information and mass media remains a challenge in Afghanistan, particularly in rural communities and urban settlements. UNICEF, as a strategic partner of the **Risk Communication and Community Engagement (RCCE)** Task Force

of the COVID-19 response, oriented 70,689 frontline workers and community workers, reaching nearly 3.8 million households through community mobilization and engagement since April 2020, up from 1.3 million at the end of July. TV and radio communication, which have been identified as the most effective tool for awareness raising, were also used, with 182 TV and radio channels used to conduct media campaigns reaching 7 million individuals.

The 24/7 hotline, Health Information Centre, managed by MOPH since June, was operationalized to respond to queries, concerns and questions from the population. This hotline received an average of 60,000 calls per month.

According to a rapid study conducted by MOPH in the call centre of the Central Region, the different modalities of community engagement led to 95 per cent of the population being aware of how COVID-19 is spread and its symptoms, and 65 per cent of the population reported washing their hands more than 5 times a day. A study launched by WHO in July, interviewing 3,000 individuals across the country, also showed that 98 per cent of the population had information about COVID-19 protective measures such as handwashing, physical distancing and use of mask.<sup>4</sup>



Amongst the various **clusters** active in Afghanistan, UNICEF leads or co-leads the WASH, Nutrition, Education and Child Protection Area of Responsibility, groups.

As mentioned above, the 22 partners of the WASH Cluster Task Force have jointly been able to reach 2.6 million people with services between March and mid-September. These services included the construction of 2,790 hand washing stations in communities in 14 provinces, distribution of 138,644 hygiene kits for 867,000 people, and distribution of 5 million bars of soap.

Frontline healthcare workers always face the most risks and challenges as they themselves fall into ill with COVID-19. The Nutrition cluster continues to ensure ongoing technical and capacity building support to its participating partners as well as PSEA and gender mainstreaming. With the support from the global nutrition cluster, the cluster members in Afghanistan focuses on humanitarian development nexus and opportunities for sustained nutritional improvement of children and pregnant and lactating women in Afghanistan, especially during COVID-19.

<sup>4</sup> KAP Study, World Health Organization, 2020.



As part of its efforts in enhancing **social inclusion**, in September UNICEF conducted a one-off unconditional and unrestricted cash transfer project to help mitigate the socio-economic impact of COVID-19

in Herat province. Vulnerability criteria were applied in collaboration with the Ministry of Labor and Social Affairs and Child Protection Actors Network to focus on households with children with disabilities, children with vulnerable and harmful employment. UNICEF continues exploring possibility of expanding this Cash Plus approach combining one-off cash transfers with COVID-19 information sessions and child protection case management in other provinces.



Cash distribution in Herat province (© UNICEF Afghanistan).

## Funding Overview

With stronger advocacy and fundraising efforts, UNICEF Afghanistan was able to raise US\$ 61.2 million, or 75 per cent, against the appealed fund of US\$ 81.4 based on its COVID-19 response plan as of end of September 2020.

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 expresses sincere gratitude for all the generous contribution from its partners for their commitment and trust in its work.

We are joined by the mothers, caregivers and children whose lives we strive to improve every single day. When 28-year old Gulseeke brought her 11-month old girl Naghma to a hospital in Kandahar with diarrhoea and vomiting, she was scared. Naghma was hospitalized and recovered. This was and continues to be possible only thanks to the work of healthcare frontline workers, and the generous support of our partners.

**Thank you! Tashakor! Manana!**

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%)
Child Protection	5,770,000	719,398	5,050,602	88%
Gender and Adolescents	1,500,000	224,200	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	483,262	516,738	52%
<b>Total</b>	<b>81,430,000</b>	<b>61,165,665</b>	<b>20,264,335</b>	<b>25%</b>

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

Resources available include funding to be carried forward to 2021, which explains why the education sector looks over-funded.

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