



Group of children receive family kits in Samangan a northern province of Afghanistan © UNICEF Afghanistan/2019

Reporting Period: 1 January – 30 June 2020

Afghanistan

Humanitarian Situation Report No. 1



Highlights

- Some 12.4 million people, one third of the population, are at the emergency level of food insecurity between June and November 2020.
- 3.7 million are out of school, over 60 per cent are girls, from rural areas. With COVID-19, an additional 10 million are missing learning opportunities.
- Over 93,000 people have sustainable access to safe drinking water.
- With a significant decrease in the coverage of routine reproductive, maternal, newborn, child and adolescent health (RMNCAH) services, up to 25,000 additional children under-five could face deaths within the next 12 months.
- A 38 per cent decrease in admissions for inpatient treatment of SAM and 10 per cent decrease in outpatient services seen between March and May 2020 due to the COVID-19 lockdown.
- On average, children aged 0-17 bear the highest burden in all the predisposing factors to COVID-19 among all other population subgroups.
- Interference attempts by parties to conflict have increased in the second quarter comparing to the first quarter of 2020.
- From 1 January to 30 June 2020, 370,000 most vulnerable people, including over 275,000 children, benefited from UNICEF's integrated humanitarian assistances.

Situation in Numbers



14 M
People in need of humanitarian assistance (Revised Humanitarian Response Plan (HRP), Jun 2020)



7.42 M
people in need (HRP, June 2020)

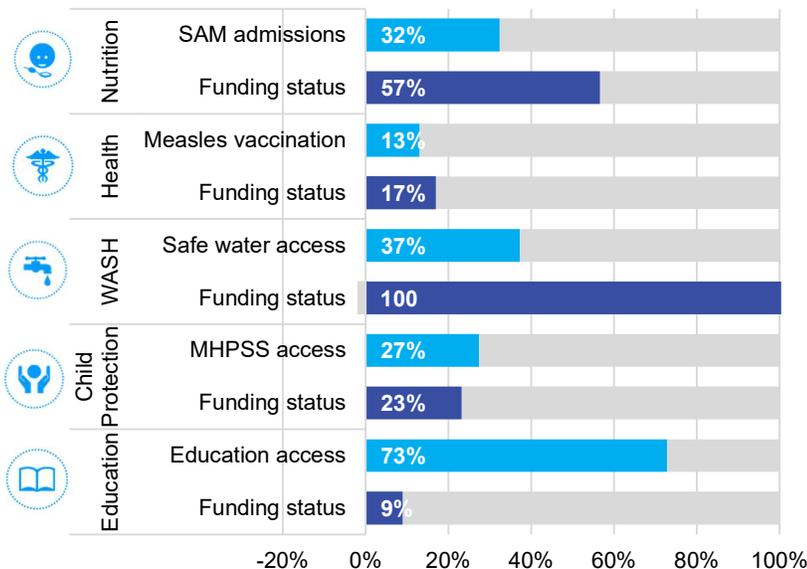


460,000
Returnees in 2020 (HRP, June 2020)



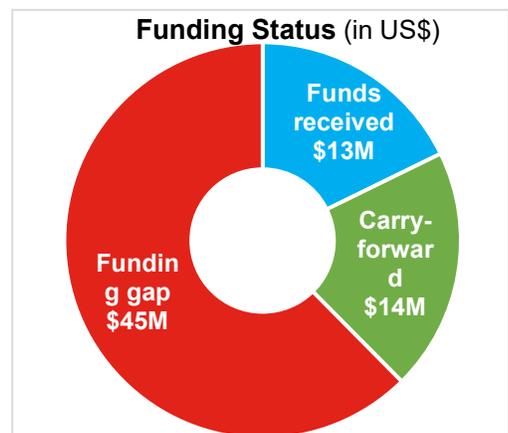
405,000
Internally displaced people in 2020 (HRP, June 2020)

UNICEF's Response and Funding Status



UNICEF Appeal 2020

US\$ 72.05 million



Funding Overview and Partnerships

In 2020, UNICEF had appealed for US\$ 72.05 million to sustain the provision of life-saving services for children, adolescents, and women in Afghanistan. During the course of the year, UNICEF received US\$ 27 million for emergency response, including US\$ 14 million of carried-over funds from 2019. UNICEF expresses its sincere gratitude to all donors for their valuable support, including the governments of Canada, European Union through the European Commission's Civil Protection and Humanitarian Aid Operations (ECHO), and Japan in addition to the Bill and Melinda Gates Foundation, Afghanistan Humanitarian Fund (AHF), Central Emergency Response Fund (CERF), Education Cannot Wait (ECW), Global Partnership for Education (GPE), Global Alliance for Vaccines and Immunizations (GAVI), and U.S. Agency for International Development (USAID). However, as of mid-2020, the 2019 Humanitarian Action for Children still had a funding gap of 62 per cent against the appeal. Under-funded programmes include education and health for their non-COVID-19 related emergency programmes. Although some non-COVID-19 related and the COVID-19 responses are being complementary, the inadequate funds undermine UNICEF's efforts in providing timely and effective humanitarian actions. Without adequate funding, UNICEF and partners will be unable to scale up integrated programming and provide critical and protective services for children and women and men displaced by conflict, affected by natural disasters and impacted by ongoing COVID-19 pandemic.

Situation Overview & Humanitarian Needs

Decades of conflict, cyclical natural disasters, persistent poverty, and weak basic services compounded by the ongoing COVID-19 pandemic is wreaking havoc in Afghanistan. The population in Afghanistan is left with eroded emotional, social and financial capital, which could trigger a series of human tragedies. The revised Humanitarian Response Plan (HRP) reflects a significant increase in the overall number of people in need (PiN) of humanitarian assistance to 14 million (37 percent of the population) from 9.4 million people since the beginning of the year. The impact on children, women and people with specific needs are disproportionately high. According to OCHA, 89 incidents of interferences in the implementation of humanitarian activities were recorded during the first six months of 2020. The conflict continues impeding human rights, including the rights of children who are most often detained due to minor offences, and allegations of association with armed groups. According to UNAMA 2020 midyear report, Afghanistan remains one of the deadliest global conflict for civilians with women and children comprising over 40 per cent of all casualties.

More than one third of Afghans remain facing severe crisis and food insecurity in 2020. An analysis of data from 50 SMART surveys conducted between 2015 and 2019 indicates that a staggering 15.3 per cent of infants under six months of age in Afghanistan are affected by wasting, of which 6.2 per cent are severely wasted. In a deteriorating trend from the beginning of the year, findings of the most recent nutrition surveys show that 26 out of 34 provinces are now above the emergency threshold for acute malnutrition. The nutrition outlook for the remainder of the year remains bleak. The analysis for mid-year HRP revision revealed that number of children with Severe Acute Malnutrition (SAM) has increased by 13 per cent compared to the start of the year, from 690,000 to 780,000.¹

Only 42 per cent of births are registered and the country's under-five mortality rate is high at 62 deaths per 1,000 live births. The COVID-19 pandemic is rapidly pushing the country to plunge back into instability that could undermine the gains attained. The restricted movement and the lack of female health personnel² coupled with pre-existing social and cultural norms around women's access to services³ seriously diminish women's ability to access health services even if they develop symptoms.

Only 67 per cent of households have access to an improved source of drinking water. Access to improved sanitation is as low as 43 per cent with over 13 per cent open defecation, while 38 per cent have access to hygiene supplies/services. In addition, there are over 35% schools and community health facilities with no access to water supply to provide quality education and health care support by promoting healthy hygienic situation. Since COVID-19 pandemic, more than 7.5 million children in schools and more than 500,000 children enrolled in Community Based Education (CBEs) are not attending schools as per the normal schedule. In a country where some 3.7 million children are already out of school, this further widens the education gap – increasing the probability of permanent dropouts, and adversely affects children's general well-being. The closure of schools will exacerbate the burden of unpaid childcare work on women and girls. There is also a higher risk of child labour and early marriage in situations where families become economically stressed. Cultural norms in Afghanistan also limit the role of women outside the home and expose them to increased risks as they are the caregivers for the sick.

The Ministry of Health reported a significant reduction in health facilities attendance. Out of fear of contracting the COVID-19 virus at health facilities, families are de-prioritising pre- and post-natal care adding to the vulnerabilities of pregnant women and newborn babies.

¹ Source: HNO/ HRP 2020.

² Afghanistan has only 15 percent of nurses, and 2 percent of medical doctors who are females

³ The practices of a Mahram – a male family member – accompanying a woman when she goes out of the house puts an additional strain on women's ability to access healthcare in Afghanistan. The practice creates a barrier as women are dependent on the willingness and time of their mahram to take them to the hospital

The microsimulation of effects on multidimensional poverty conducted by University of Oxford and UNICEF Afghanistan in April 2020 showed that eight out of 10 adults face at least one deprivation in predisposing factors to COVID-19. This includes 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, comparing to all other population subgroups.

Summary Analysis of Programme Response

Nutrition

Between January and June 2020, UNICEF and partners treated 127,205 children (57,050 boys; 70,155 girls) suffering from severe acute malnutrition (SAM) reaching 32 per cent of the target. The treatment services achieved an acceptable level of performance during 2020. The cured, default, death and non-cured rates were 84.3 per cent, 13.3 per cent, 0.5 per cent, and 1.9 per cent, respectively. Nutrition services are being delivered through Basic Primary Health Services (BPHS) health facilities and integrated mobile health and nutrition teams. Despite a significant increase in SAM target from 300,000 in January to 400,650 in May (because of COVID-19 induced caseload), around 50 per cent of children in need of SAM treatment do not have access to the treatment across the country.

UNICEF applied required programmatic adaptations in order to continue nutrition programming during the COVID-19 context to minimize the risk of transmission of the virus for both health workers and beneficiaries. UNICEF, in consultation with the Government and nutrition cluster, decreased the frequency of visits for outpatient SAM treatment services from weekly to every two weeks in all health facilities and increased the bed space to minimum of 1.5 meters between beds in inpatient SAM services. The required programmatic adaptations were also applied on Community Based Nutrition Programme (CBNP), Weekly Iron Folic Acid Supplementation (WIFS), and Maternal and Infant & Young Child Nutrition (MIYCN) activities.

UNICEF remains the sole provider of ready-to-use therapeutic food (RUTF) and therapeutic milk for all children under five who require SAM treatment services with an approximate cost of US\$25 million annually in Afghanistan. With the funding challenges, UNICEF, in consultation with the Government and partners, proposed a revised SAM treatment dosage protocol in line with global findings and began its implementation through a phased approach starting in five provinces. The current average dosage is 136 sachets per child which will be minimised to 90 sachets per child per treatment cycle. The preliminary analysis of the revised protocols revealed similar treatment outcomes. With the revised protocol, SAM treatment cost per child is reduced by 40 per cent (from \$55 to \$35 per child) in the target areas. Moreover, UNICEF and implementing partners reached more than 12,995 children aged 6-59 months with vitamin A in the emergency affected areas mainly through mobile teams, which represent around 16 per cent of total target (78,000 children) for 2020.

Health

Health service provisions to IDPs and host communities continue to be impacted by conflict. Low routine immunization coverage and ban on the polio programme in some areas continued to pose public health risks in various parts of the country. Over the next few months, increased risks are anticipated of emerging and re-emerging disease outbreaks particularly preventable diseases like polio, measles, and COVID-19. The spread of COVID-19 in all 34 provinces has dominated the epidemiological map with cases expected to rise further within the next weeks.

According to the Ministry of Public Health (MoPH), there is a significant reduction in uptake of RMNCAH services through public level health facilities due to COVID-19 quarantine measures and movement restrictions, which will negatively impact the population's health status. Despite the reduction of clients for health services in 2020, some 131,878 children and 32,208 pregnant/lactating women from the most vulnerable communities, including Afghan returnees, received basic health services through 60 mobile health teams supported by UNICEF across the country. UNICEF provided delivery kits and newborn kits to 5,077 beneficiaries. UNICEF also supplied 40 tents to establish health services including RMNCAH services in open areas of health facilities in southern region, which will support approximately 16,000 pregnant women and 80,000 children under five under catchment areas of targeted health facilities in Kandahar province.

UNICEF continued to focus on sustaining the capacity of health services in the course of the pandemic. As such, 14,000 healthcare providers working in the community-level health facilities were equipped with needed supplies, such as hand sanitizers, masks and gloves, to provide quality health services, and 8,889 healthcare providers received training on detection and referral of COVID-19 cases. Between January and June 2020, measles vaccination coverage was low due to quarantine and movement restriction related to COVID-19. As part of community management of diarrhoea, Community Health Workers (CHWs) reached 0.6 million children with oral rehydration therapy (ORS) and Zinc. UNICEF had to phase out from some unserved provinces like Kunduz, Faryab, Bamyan, Daikundi, Paktika, and Paktya, due to shortage of funds while leveraging coverage through other partners.

Amid the COVID-19 pandemic, direct attacks on hospitals, abductions of healthcare workers, acts of intimidation and harassment, looting of medical supplies, and indirect harm from the ongoing armed conflict continued to negatively affect health systems. Seven attacks on healthcare were reported in January 2020 alone, resulting in the closure of 16 health facilities, death of 10 health and supportive staff, and detention of four others.

Water, Sanitation and Hygiene (WASH)

UNICEF in collaboration with Government counterparts at national and provincial levels and civil society organisations (CSO), such as DACAAR, IMC, WVI, RI and CoAR, continued to deliver water, sanitation and hygiene services. This includes sustainable and safe water supply services, provision of gender segregated sanitation facilities and hygiene awareness sessions to affected people in IDP settlements, border crossing points and host communities both in accessible and hard to reach areas (HTR). As of June 2020, UNICEF reached 93,125 people in ten provinces with durable water supply systems against the annual target of 250,000 people while 48,038 people with sanitation facilities/services, against the 100,000-annual target. Meanwhile, heavy snowfall in the early part of the year and restriction of project survey/design and implementation in the Northern, Central and Western part of the country as well as the focus on the response related to COVID-19 pandemic have negatively impacted regular WASH programmes. WASH programme has been in forefront in providing basic WASH services for hospitals and health facilities, IDP sites, returnees, urban slum dwellers and most vulnerable people to contain and control spreading COVID-19 pandemic across the country. In this process, UNICEF continued supporting to build the capacity of local development committees (CDC) and water users committees(WUCs) to ensure equitable access of water supply provision for most disadvantaged segments of population living in hard to reach areas through participation of men and women and addressing their specific water supply needs in their respective communities.

Education

The COVID-19 pandemic also seriously affected the education system in Afghanistan as it led to a 6-month closure of schools. As a result, UNICEF supported 152,954 students (57% girls) with access to primary education by establishing 4,300 community-based classes. 4,245 teachers (41% female) were recruited and trained, and both students and teachers received teaching and learning materials. In addition, 8,187 community members and School Management Shuras (SMS) were sensitized on the importance of education, especially for girls. Following closure on March 14, 2020 of all education facilities, UNICEF, as Education in Emergency Working Group (EiEWG) Co-lead, established and led two task forces on alternative learning pathways and teachers' engagement. It includes the production of self-learning materials for 1 to 6 grade students as well as the development of an engagement strategy for teachers to maintain their skills and remotely support students. As a result, 737,817 children (42% girls) have access to education through television and/or radio and self-learning materials in the eastern and western regions of Afghanistan

Child Protection

In 2020, a report commissioned by War Child under the UNICEF/European Union funded programme showed that 15,000 people⁴ returned from Iran to Afghanistan daily, including unaccompanied children, as a result of the COVID-19 pandemic. Those arriving identified their fear of the disease, loss of livelihood and insecurity as key motivating factors for their return. As many people return, families face multiple challenges such as the fear of rejection, stigma, risk of COVID-19 infection, and loss of income generated through remittances prior to the pandemic. The preventative measures impeded some of the UNICEF non-COVID-19 programmes which require group gathering like awareness raising during the reporting period.

While a significant coverage of UNICEF programmes with implementing partners managing 248 child friendly spaces (CFS) for psychosocial support (PSS) and referral services was achieved prior to the pandemic, the current situation requires new modalities which has presented a unique opportunity to test innovative approaches to increase outreach and enhance the provision of child protection services. Various community engagement methods are used, including social media and other distance sensitisation, home visits, face to face awareness raising, distribution of information education and communication (IEC) materials, and small group discussions and workshops. However, difficulties remain in the reporting and verification of grave violations against children, including killing and maiming, sexual violence and child recruitment amongst other violations. It is an increased trend due to the lockdown and unstable security situations.

A total of 103,651 people (47,754 female) received a range of child protection services and winterization support during the reporting period. A total of 57,512 children (25,882 girls), or 27 per cent of the annual target, benefited from PSS to improve their psychosocial wellbeing through different community structures, including CFS and community-based child protection councils. In partnership with the Afghanistan Independent Human Rights Commission (AIHRC) and CSOs, UNICEF monitors the situation of the children on the move particularly those returning voluntarily or deported to Afghanistan. A total of 6,450 children, including 1,847 girls, who are at-risk of abuse received individual case management services and follow up support to meet their specific needs. These children include children separated

⁴ Samuel Hall, "Coming Back to Afghanistan: Deported Minors' Needs at a Time of COVID-19", June 2020

from their family, returning or deported from neighbouring countries who have been reunified through 11 partners in five provinces in the country.

Approximately 39,689 children (20,025 girls) are better equipped for the harsh winter and its associated risks with 5,130 non-food winterization kits. Through continued advocacy efforts, in collaboration with the Ministry of Justice, over 450 detained children gained their freedom and supported to reintegrate into their family.

The Child Protection Action Network (CPAN) and more than 330 social workers are deployed to mobilize communities, identify, assess and refer cases as well as family tracing and reunification and reintegration for the most vulnerable children in 34 provinces. Despite the decrease of civilian casualties during the reporting period, there is still a steady rate of child casualties (1,037 cases), child recruitment (23 children) and other grave violations that were verified by the UN Country Task Force on Monitoring and Reporting Mechanism. 17 attacks on schools were also reported.

Communication & Advocacy and Communication for Development (C4D)

UNICEF continued to advocate for the protection of children through mass and social media platforms. UNICEF published 14 press releases and carried out more than 27 interviews with major international and national media outlets. UNICEF partnered with media outlets such as Radio Free Europe, Pajhwok, and Hewad Media Networks to advocate for the rights of children to survival, growth and development. This enabled UNICEF Afghanistan to reach a total of 1.8 billion people through mass media.

For digital platforms, UNICEF Afghanistan updated its social media strategy and developed the COVID-19 digital strategy on effective engagement with communities amid the current situation. UNICEF also produced and published more than 25 advocacy videos and 70 posts on its social media platforms, which resulted in 997,875 impressions and 8,296 engagements.

UNICEF has largely been supporting the development and implementation of integrated and gender sensitive awareness messages on hygiene, hand washing, community mobilization and health self-care. Various media platforms, including mass and social media, are being used to reach out to the population.

As a lead agency for risk communication and community engagement, UNICEF developed the Risk Communication and Community Engagement (RCCE) strategy and plan for Information, Education and Communication (IEC) materials distributions and implemented community engagement interventions reaching two million people by working with a network of more than 30,000 different groups, including community health supervisors, community workers, religious leaders, CPAN members, adolescent and youth members, women CSO networks, nutrition counsellors, community influencers, and Shura school management members. Some 15 TV spots were produced on the COVID-19 prevention and treatment as well as protection from its related stigma with the IEC materials. These were broadcasted over 50,000 times in 162 local channels reaching estimated six million people.

Gender and Adolescent Development and Participation:

Previous crises have shown that girls, women and other vulnerable groups are at particular risk of gender-based violence (GBV) during public health outbreaks due to their limited input and control in decision-making on a household's response. Girls and women especially those from hard-to-reach areas have less access to information and services on COVID-19⁵. Moreover, domestic and unpaid care responsibilities are often carried out by them, which increases their exposure to COVID-19. To ensure a targeted reach to them, UNICEF Afghanistan has engaged in a strategic partnership with two women CSOs to effectively respond to the specific needs of adolescent girls and women affected by COVID-19 as well as the conflict. Through these CSOs, over 16,391 (6,081 men, 7,808 women, 1,439 adolescent girls and 1,146 boys) received information on the COVID-19 prevention and care. The targeted awareness raising approach resulted in reaching girls and women in rural and hard-to-reach areas with information using their preferred communication tools.

In addition, 43 families and 87 young women impacted by COVID-19 received PSS at household level, including timely referral of two cases for specialized care by relevant GBV service providers. 89 girls and women received hygiene kits to meet their sanitary needs and safeguard their dignity.

To minimize girls' and women's vulnerability to the socio-economic impact of COVID-19 and conflict, UNICEF led the development of a guidance note on reducing vulnerability of adolescent girls to child marriage and teenage pregnancy throughout UNICEF partners due to the pandemic. In collaboration with UN Women and UNFPA, UNICEF developed another guidance note on family protection centres, family guidance centres and women's and girls' safe spaces

⁵ A recent perception survey conducted in Kabul, Kunduz and Khost Provinces showed that only 30% of women were aware of COVID-19 compared to 48% of men. Only 58% of women compared to 79% of men were aware of COVID-19 symptoms, and only 36% of women versus 45% of men were aware of protective measures.

operating during the pandemic. This guidance note helps frontline workers to sustain GBV services during the COVID-19 pandemic.

To mitigate the risk of sexual exploitation and abuse among UNICEF staff, partners and beneficiaries, UNICEF conducted training of trainers for 16 staff members of implementing partners, third party contractors and UNICEF on prevention of sexual exploitation and abuse (PSEA). These trained staff have further cascaded the sexual exploitation and abuse training to 115 personnel (69 from implementing partners and 46 UNICEF staff members in Gardez, Badghis, Jalalabad, Kandahar, Mazar and Ghor). The training helped UNICEF staff and partners institutionalise measures in protecting UNICEF beneficiaries during the recent COVID-19 emergency response.

Humanitarian Leadership, Coordination and Strategy

UNICEF continued to lead Nutrition and WASH Clusters and Child Protection Sub-Cluster and Co-Lead EiEWG and participate in Humanitarian Country Team, Interagency and Inter-Cluster initiatives. UNICEF maintains a strategic partnership with key donors and represents Afghanistan Humanitarian Fund (AHF) as an advisory board member. 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) Healthcare Provision, (iv) Health Promotion and Risk communication and (v) Infection prevention and protection; and sub-national coordination structures are underway at the provincial level. UNICEF is actively participating in relevant working groups at national and sub-national levels.

Human Interest Stories and External Media

Insecurity forces Afghans to leave their homes- 22 June

<https://www.youtube.com/watch?v=Oyv8-zBFHNk&t=5s>

Voices of adolescents from Afghanistan- 28 June

<https://www.youtube.com/watch?v=yI361Rvt2w>

Human interest story: Naghma's love for life– 29 June

<https://www.unicef.org/afghanistan/stories/naghmas-love-life>

Next SitRep: 31 Dec 2020

UNICEF Afghanistan Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Summary of Programme Results

Sector	Overall needs	Cluster/Sector Response			UNICEF and IPs		
		2020 target	Total results	Change since last report ▲▼	2020 target	Total results	Change since last report ▲▼
Nutrition							
Number of children under 5 with SAM admitted for treatment*		377,000	97,286	▲97,286	300,000	127,205	▲ 127,205
Number of children 6-59 Months received Vitamin A			2,063	▲ 2,063	78,000	7,889	▲ 7,889
Health							
Number of children (9 months - 10 years) who received measles vaccination					150,000	19,655	▲ 19,655
Number of pregnant/lactating women and children benefited from essential health services and health education					150,000	32,208	▲ 32,208
WASH							
Number of people affected by humanitarian crisis accessing safe drinking water.		2,053,765	528,273	▲528,273	250,000	93,125	▲ 93,125
Number of people affected by humanitarian crisis accessing sanitation facilities.		794,150	88,081	▲ 88,081	100,000	48,038	▲ 48,038
Child Protection							
Number of Children accessing psychosocial supports through child-friendly spaces			6,133	▲ N/A ⁶	210,000	57,512	▲ 57,512
Number of children protected and supported through case management and family reunification			921	▲ 921	15,000	6,450	▲ 6,450
Number of people affected by conflict and natural disaster received winter clothes and other non-food items					240,000	39,689	▲ 39,689
Education							
Number of emergencies affected children and adolescents who accessed quality education	500,000	349,372	173,938	▲ 173,938	210,000	152,954	▲ 152,954

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⁶ Child Protection AoR has recently developed online reporting tools for partners to report their figures. The figures are not yet up to date.

⁷ The result for cluster is lower than UNICEF, because cluster target is only the 26 HRP priority provinces while UNICEF's target is the entire country (34 provinces)

Annex B

Funding Status

Appeal Sector	2020 Requirements (US\$)	Funds Available		Total Funds Available in 2020	Funding Gap	%
		Funds Received in 2020	2019 Carry Forward			
Education	23,700,000	1,951,653	181,922	2,133,575	21,566,425	91%
Nutrition	22,500,000	9,208,750	3,542,473	12,751,222	9,748,778	43%
Health	8,150,000	536,309	850,070	1,386,380	6,763,620	83%
WASH	8,000,000	0	8,159,192	8,159,192	-159,192	-2%
Child Protection	6,500,000	469,000	1,041,926	1,510,926	4,989,074	77%
Cash transfers and accountability to affected populations	2,000,000	636,704	520,047	1,156,751	843,249	42%
Cluster/sector coordination**	1,200,000	0	0	0	1,200,000	100%
Total	72,050,000	12,802,416	14,295,630	27,098,046	44,951,954	62%