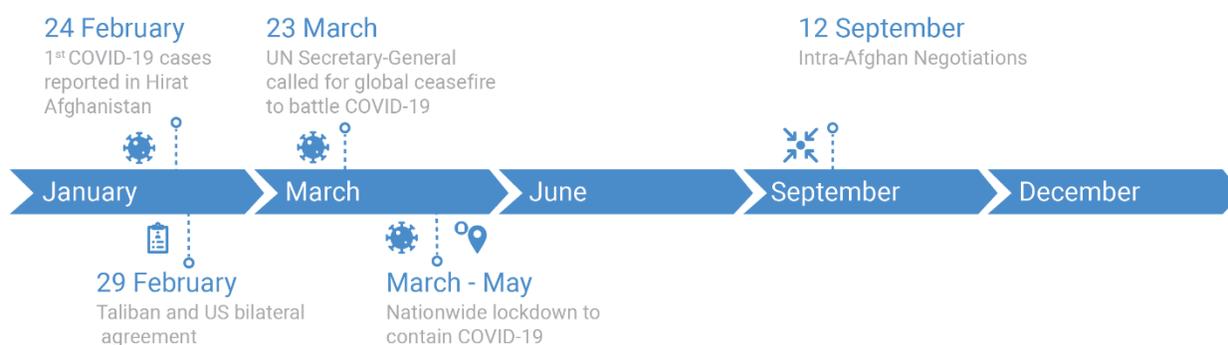


### WHAT HAPPENED IN 2020?

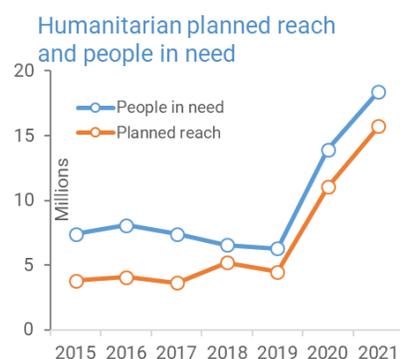
In 2020, the number of people in urgent need of humanitarian assistance almost doubled due mainly to conflict, natural disasters and the COVID-19 pandemic. Since the first case of COVID-19 was confirmed in February 2020, more than 51,500 people were infected and 2,180 people died. The number of people who were infected with COVID-19 is assumed to be significantly higher due to limited public health resources, low testing capacity and lack of people coming forward for testing. A joint study by the Ministry of Public Health, Johns Hopkins University and WHO suggested that by June 2020, COVID-19 had infected about a third of the population. At the end of 2020, only 165,628 people out of a population of 36.7 million had been tested.

On 23 March, the UN Secretary-General called for a [global ceasefire to focus on ending the COVID-19 pandemic](#). While a reduction in civilian casualties was recorded by UNAMA in 2020 compared to 2019, the security situation deteriorated in the last quarter of 2020 with the start of the Intra-Afghan Negotiations. Civilian casualties increased in the last three months of the year by 45 per cent compared to the same period in 2019 especially from improvised explosive attacks and targeted killings. A record number of women were killed in 2020. The number of women and children killed and injured increased by 13 percent, making up 43 per cent of all civilian casualties.

Throughout the year, 404,000 people were forced to flee their homes due to conflict and more than 104,600 people were impacted by natural disasters — their vulnerability compounded by COVID-19. The pandemic also triggered an economic downturn that contributed to a record 868,000 undocumented migrants returning to Afghanistan, the vast majority of whom returned from Iran with humanitarian needs.



### WHY DID HUMANITARIAN NEEDS INCREASE?



COVID-19 contributed to a near-doubling of people in need from 9.4 million in January 2020 to 18.4 million in January 2021. The socio-economic impact of the pandemic compounded rapidly deteriorating food insecurity with levels comparable to those seen during the 2018-2019 drought. By November 2020, 42 per cent of the population or nearly 17 million people were expected to face acute food insecurity (IPC phase 3 and 4). Of those, 5.5 million people were at the emergency level of food insecurity (IPC 4) – the second highest figure in the world. Almost half of children under five are expected to need life-saving nutrition support in 2021, as will a quarter of pregnant and lactating women.

The COVID-19 nationwide lockdown also increased food prices and resulted in losses in income, especially for day labourers and those working in the informal sector. The pandemic contributed to an estimated 5.5–7.4 per cent contraction in the economy in 2020 and 59 per cent of households saw their incomes decrease. According to WFP’s market monitoring, the average price of wheat flour increased by almost 13 per cent between 14 March and 30 December, while the cost of pulses, sugar, cooking oil and rice also increased significantly over the same period.

COVID-19 related interruptions to informal employment and decreased remittances also drove people into crippling debt. Furthermore, 53 per cent of displaced households reported taking on debt to pay for food. Almost one in five households surveyed in the Whole of Afghanistan Assessment had catastrophic levels of debt (more than 65,000 AFN/\$855). Worsening debt decreases people’s resilience and ability to absorb further shocks especially for people with multiple vulnerabilities due to gender, disability and internal displacement.

### WHERE WERE THE NEEDS AND WHO WAS AFFECTED?

In 2020, over 404,000 people were displaced by conflict with the largest displacements occurring in the north-east (142,849) followed by the north (77,659), and the south (64,438). An increasing trend of displacement was noted since the start of Intra-Afghan Negotiations in September 2020.

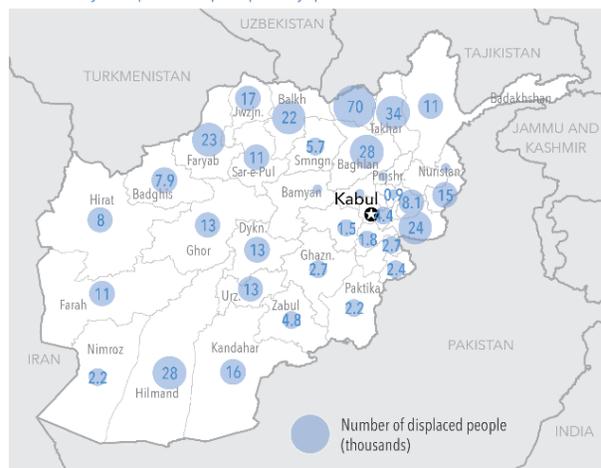
New conflict in Hilmand province resulted in tens of thousands of new displacements in October 2020 which continued to the end of the year. Many people remain displaced across the country, as conflict and poverty prevent them from returning to their areas of origin.

Last year saw the largest number on record of undocumented returnees cross Afghanistan’s borders, with close to 868,000 undocumented Afghan migrants returning from Iran (860,000 people) and Pakistan (7,900 people). In addition, some 6,000 people were deported from Turkey in 2020, while a small number returned from Europe.

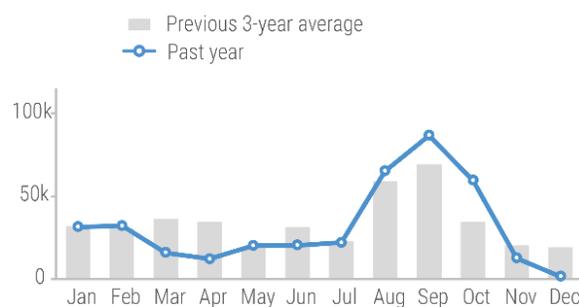
Conflict, natural disasters and health crises impact women and girls differently. This was particularly true during the COVID-19 pandemic. Women and girls faced distinct and increased risks due to COVID-19 which affected their health, economic situation and safety from both conflict and domestic violence.

According to the [2020 Gender-Differentiated Consequences of COVID-19 Survey](#) which assessed gendered impacts of the pandemic on the population of Afghanistan, women’s health indicators — specifically on sexual and reproductive health — are among the worst globally and women faced more challenges and discrimination accessing health services.

Internally displaced people by province of arrival



Monthly displacement trends



### Partner profile: Preventing the spread of diseases among displaced communities through access to safe water



Zufonun is a 45-year-old woman raising four children on her own. She fled conflict in Ghor province and now lives in a mud house in a site for internally displaced people in Hirat province. Determined to keep her children healthy and prevent the spread of COVID-19, Zufonun said she has been trying her best to keep her small house clean and ensure that her children are living in hygienic conditions.

As part of a project to provide winter, water, sanitation and hygiene assistance, funded by the Afghanistan Humanitarian

Fund, World Vision Afghanistan distributed 13,673 hygiene kits to vulnerable families in internally displaced people sites in Shahrak e Sabz, Rekreshan, and Kohdestan in Hirat province. The kits contained basic care items such as jerry cans, a bucket, a water pitcher, towels, toothbrushes, toothpaste, soap, a soap case, and sanitary items for women.

Zufonun proudly recalled that her daughter, Sameha, who is only three years old, has learned to wash her hands on her own. “These hygiene kits minimized one of the burdens from my shoulders. I am very happy that I can keep my children clean. We fetch water with a clean jerry can, and my children can wash their hands and faces with soap,” she added. “From the time these kits were distributed to families in the site, I noticed that people were less likely to get sick, especially children, which also decreased our need to go to the doctor.”

## WHAT CHALLENGES DID HUMANITARIANS FACE?

In 2020, the Humanitarian Access Group (HAG) recorded 1,104 incidents involving security constraints either directly or indirectly affecting humanitarian operations in Afghanistan, compared to just 444 incidents in 2019, highlighting a continuously challenging access environment for the humanitarian community. Afghanistan continued to be one of the most dangerous countries in the world for aid workers with 23 aid workers killed, 53 injured and 120 abducted in 2020.

The highest number of incidents affecting humanitarian operations occurred in September with 136 incidents, making it the month with most access constraints on record since 2016. Most constraints continued to originate from interference with humanitarian activities and an increasing number of constraints stemming from military operations. From September to December 2020, the number of incidents affecting humanitarian access continued to remain well above the previous three-year average.

Most of the population of Afghanistan continued to face challenges in accessing basic services especially healthcare. Decades of conflict have devastated the health system in Afghanistan and the sector remains vastly under-resourced. Findings from the Emergency Response Mechanism, HEAT assessments revealed that 82 per cent of households faced at least one barrier to accessing healthcare; the most frequently reported barriers were the cost of medicine, health care and transport, inaccessible locations, distance and travel time. Despite the increased need for health services due to COVID-19, 182 incidents impacting on healthcare were recorded in 2020, further limiting people’s access to this life-saving support.

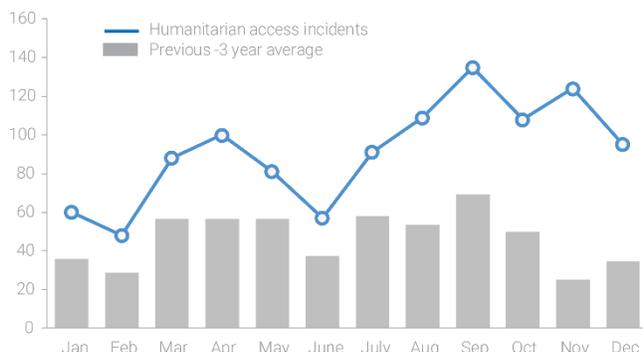
**1,104**

HUMANITARIAN  
ACCESS INCIDENTS

**76**

AID WORKERS  
KILLED & INJURED

### Monthly Access Constraints



### Key Access Figures



In March 2020, school closures were mandated as part of COVID-19 lockdown measures in a context where some 3.7 million children were already out of school, further widening the education gap – increasing the probability of permanent drop-outs and affecting children’s general well-being. In 2020, children’s right to education was also interrupted by conflict with 50 reported attacks on schools from January to September 2020.

#### Health worker profile: A nurse survives COVID-19, returns to work to help others



Sixty-four-year-old Bibi Anisa has been working as a nurse for almost 40 years at Jalalabad Regional Hospital in Nangarhar Province in eastern Afghanistan. She and 11 other female nurses work in the women’s surgical ward and have been putting themselves at risk to help others during the COVID-19 pandemic.

Bibi Anisa and many of her colleagues from the hospital contracted Coronavirus at the beginning of the pandemic. She had to self-isolate for weeks to completely recover. “There is the chance of getting the virus again and being a person above the age of 60 makes me higher risk, but I will never regret being a nurse and will always continue to serve others,” she said.

Of the 404,000 people displaced by conflict in Afghanistan in 2020, more than 47,000 were displaced in eastern Afghanistan. The ongoing conflict in the country continues to take a toll on civilians, causing deaths and injuries. Combined with the COVID-19 pandemic, this has created an even greater demand for health services and dedicated health-care workers such as Bibi Anisa.

“It gives me happiness and a proud feeling to be a female nurse who can help other women who feel comfortable with me, compared to a male nurse, while they recover from a sickness,” she added.

### HOW DID WE SUPPORT PEOPLE IN NEED?

Despite a notable increase in security and access challenges, some 165 humanitarian partners reached 11.7 million people with life-saving assistance in all 401 districts across the country. In 2020, \$565 million (50 per cent of requirements) was received from donors, in addition to \$96 million in late funding carried over from 2019. Humanitarian partners were able to exceed planned reach due to a significant scale-up in higher-reach, lower-cost emergency COVID-19 activities, such as disease surveillance, testing, risk

# AFGHANISTAN: 2020 year in review

## Humanitarian priorities, challenges, and response

communications, hygiene promotion and food assistance. While the number of people reached exceeded 2020 goals, the depth of aid provided was limited by underfunding. Programming and resource allocation towards the COVID-19 response and mitigation has been at the expense of more complex and costly durable interventions such as transitional shelter.

In 2020, 45 national and international partners delivered more than \$56.7 million in cash and voucher assistance in Afghanistan to meet the needs of more than 2.6 million people under the Humanitarian Response Plan. This represents a significant expansion of the use of cash from 2019 when only 24 organisations reported using cash as a modality. The scale-up in cash and voucher use is partially due to its relevance in remote programming in the COVID-19 pandemic, responsiveness to community acceptance and preference, and donor support and advocacy in line with global commitments.

The Afghanistan Humanitarian Fund complemented with CERF funds played a critical role in providing resources required to address gaps and priority needs. The combined pooled funds allocated \$102.2 million for 135 humanitarian projects — 17 per cent of which was for conditional and unconditional cash assistance.

Accountability to Affected People (AAP) was strengthened in 2020 by raising awareness with implementing organisations, providing tools to mainstream AAP in humanitarian response, and collaborating with the NGO coordination agency ACBAR to increase national NGO participation.

**\$565M**

RAISED FOR HRP IN  
2020 (IN USD)

**11.7M**

PEOPLE REACHED  
WITH AID

### Accountability spotlight: Awaaz Afghanistan handled close to 3,800 calls on COVID-19



As part of efforts to strengthen accountability to affected people in 2020, the Awaaz Afghanistan inter-agency feedback hotline and call centre expanded its two-way communications with partners and affected people as part of the COVID-19 response, demonstrating flexibility to respond to crises. During the year, Awaaz handled more than 50,200 calls (23 per cent from women, 77 per cent from men and 13 per cent from children) across all 34 provinces.

Awaaz has proved to be a vital, real-time information source during the COVID-19 response and supported partners with the dissemination of key COVID-19 messages. From mid-February 2020, Awaaz handled close to 3,800 calls specifically related to COVID-19 and shared key messages developed with WHO to raise awareness of COVID-19 risks with nearly 40,000 callers. As of 10 January 2021, Awaaz reached over 39,600 callers with pre-recorded COVID-19 messages since the start of the pandemic.

For more information on the humanitarian response in Afghanistan in 2020: [Afghanistan: Humanitarian Response Plan \(2018-2021\) - Year-End Monitoring Report](#)

For more information on humanitarian needs, planned response and funding requirements in 2021: [Afghanistan HRP 2018-2021](#)

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