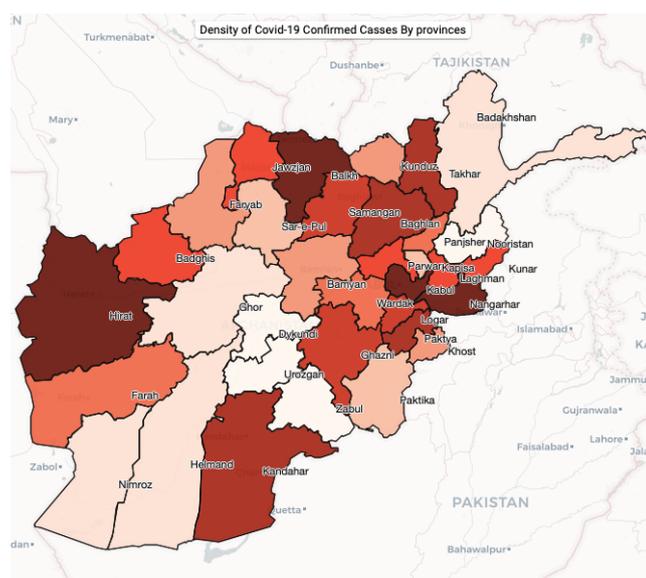


This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 18-31 May 2020.

## HIGHLIGHTS

- Confirmed COVID-19 cases 17,267 people across all 34 provinces. 294 people have died and 1,522 recovered.
- Since the start of the crisis, partners have medically screened 324,564 people at points-of-entry, delivered WASH assistance and hygiene promotion activities to more than 1,092,889 people and sensitised more than 896,846 people on COVID-19 and preventive measures across the country.
- Protection partners report that child protection issues have been increasing due to the COVID-19 lockdown. Moreover, there is a rise in exploitation of children, including child labour, as a negative coping mechanism, with children aged between 10 and 16 years increasingly involved in carrying loads, shoe polishing, car washing and collection of garbage in the street, exposing them further to risks of contracting COVID-19.
- Protection partners also note that women and girls are struggling due to their limited access to markets to buy hygiene and dignity kits due to COVID-19 lockdown measures. Further efforts are needed to reach vulnerable people with these supplies.



Source: Afghanistan Ministry of Public Health (MoPH)  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## SITUATION OVERVIEW

MoPH data shows that **15,451** people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some **1,522** people have recovered, and **297** people have died. **42,273** people out of the population of 37.6 million have been tested. **13** healthcare workers are among those who have died from COVID-19. **More than five per cent of the total confirmed COVID-19 cases are among healthcare staff.** The majority of the deaths were people between ages of 40 and 69. Men in this age group represent more than half of all COVID-19-related deaths. With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the COVID-19 pandemic. Cases are expected to continue to increase over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar. Other health issues continue to affect the people of Afghanistan during the pandemic and continued support is needed to ensure that existing health and WASH services are not interrupted.

The Government of Afghanistan announced on 2 May that it was extending the **nationwide lockdown** in a bid to contain the spread of the virus. Current nationwide lockdown measures are being reviewed. Measures to contain the spread of the virus continue to differ across provinces, with provincial authorities having been given the authority to decide on and implement their own lockdowns. While a number of provinces have already begun easing their lockdowns (e.g. Kandahar, Herat and Ghazni, Badakhshan, Khost, Paktya, Kunduz and Takhar provinces) formally or informally, other provinces, including Balkh and Samangan provinces, revised previously relaxed measures and reinstated a full lockdown from the end of May as the number of infections began increasing.

Throughout the country, these '**measured lockdowns**' have resulted in closures of sections of each city, increased numbers of checkpoints and/or imposition of movement limitations. Reports indicate that despite assurances by the Government that these would not limit critical program movements of NGOs and the UN, the measures continue to impact on the mobility of humanitarian organisations, delaying the delivery of assistance and negatively affecting access to humanitarian assistance. Humanitarian partners remain active in responding to crises throughout the country and continue

to urge the Government to employ a national approach to these movement issues so that individual negotiations are not required on a case-by-case basis.

Humanitarians remain concerned about the impact of extended lockdown measures on the most-vulnerable, particularly families who rely on casual daily labour and lack alternative income sources. According to WFP's market monitoring, the price of wheat flour (low price) has increased by 17 per cent between 14 March and 31 May, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 10 per cent, 10 per cent, 24 per cent, and 6 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers has deteriorated by 14 per cent (compared to 14<sup>th</sup> March).

While implementing activities to mitigate the spread of COVID-19, humanitarians continue to respond to other ongoing and emerging humanitarian needs. Conflict and natural disasters across the country continue to displace thousands of families, compounding pre-existing vulnerabilities and making people potentially more susceptible to serious consequences from COVID-19. During the past week, ES-NFI partners have provided cash-for-livelihood assistance to 310 families in Bamyan province. 130 families were verified by ES-NFI partners as eligible to receive emergency NFI assistance. 3,924 people were treated for trauma care by Health Cluster partners as conflict continues in many parts of the country. 15 Inter-Agency Emergency Health Kits (IEHK) were delivered to contested areas; the kits will be able to reach more than 150,000 people with essential medicines. 3,649 women in hard-to-reach areas received antenatal care from midwives deployed through Mobile Health Teams (MHT). 804 women and girls were provided with dignity and sanitary packages in Kunar, Faryab and Balkh provinces. 12 GBV cases were identified and referred to Family Protection Centres (FPCs) in Kandahar province. 10 boys without parental care, including returnees, were provided with interim care, psychosocial support and reunified with their families by Protection partners. Additionally, 41,287 children aged 6-59 months received Severe Acute Malnutrition (SAM) lifesaving treatment services between March and May 2020 from Nutrition partners. Similarly, 84,815 children aged 6-59 months received Moderate Acute Malnutrition (MAM) lifesaving treatment during the same period. As part of its regular programming, WFP continued to respond to ongoing food needs and has distributed food to more than 379,506 food insecure people between 14-20 May.

## HUMANITARIAN RESPONSE

### 9 Pillars of COVID-19 Response - Summary

<b>Country-level coordination and response planning</b>	<ul style="list-style-type: none"> <li>• Health partners continue to support Government-led planning and response.</li> <li>• Humanitarian partners are currently finalising the Humanitarian Response Plan, integrating COVID-19 needs into overall planning figures and assumptions. This will be published in the coming days and includes a surge in people in humanitarian need – now 14m people up from 9.4m at the start of the year.</li> </ul>
<b>Risk communication and community engagement (RCCE - accountability to affected populations)</b>	<ul style="list-style-type: none"> <li>• The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners.</li> <li>• The RCCE Working Group has carried out an assessment which outlines the communications preferences and the most trusted information sources by geographical area, down to the district level.</li> <li>• IOM's Displacement Tracking Matrix field teams have reached over 6,000 villages in 25 provinces with RCCE messaging. IOM DTM field teams hope to complete 12,000 villages in all 34 provinces by the end of 2020. IOM's priority focus is on mobile and displaced populations and impacted areas.</li> <li>• IOM will recruit 40 social mobilisers to focus on RCCE, including rumour tracking and myth-busting, with particular focus on leadership and special interest groups, in order to drive awareness and health care seeking behaviour.</li> <li>• IOM has set up billboards in all four border provinces with Pakistan and Iran</li> <li>• The new AAP adviser has begun work with OCHA to support accountability aspects of the COVID-19 and ongoing response in line with the Collective Approach to Community Engagement strategy.</li> </ul>
<b>Surveillance, rapid response teams, and case investigation</b>	<ul style="list-style-type: none"> <li>• 34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities.</li> <li>• An additional 18 Mobile Health Teams (MHT) were deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities during the reporting period. As of 31 May, there are 66 MHTs in hard-to-reach areas across the country.</li> <li>• Health Cluster partners' surveillance systems have tracked 454,353 people since the start of the crisis.</li> <li>• IOM Mobile Health Teams have trained over 400 Community Health Workers. More trainings on COVID-19 awareness, prevention, identification and referrals are planned for Nimroz, Kandahar, Nangarhar, Hirat and Hilmand in the coming weeks.</li> <li>• IOM plans on recruiting 11 Rapid Response Teams – with 35 staff members in each team. Staff will be deployed to border provinces to ensure enhanced sample collection at the field level.</li> </ul>

	<ul style="list-style-type: none"> <li>• Active surveillance and contact tracing activities are underway in Hirat IDP sites.</li> <li>• Partners have also scaled-up surveillance activities in other informal sites in nine provinces.</li> </ul>
<b>Points of entry</b>	<ul style="list-style-type: none"> <li>• 12 Mobile Health teams and 4 IOM TB and COVID-19 screening teams are deployed to major border crossing points to provide support to ongoing COVID-19 response efforts.</li> <li>• Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan.</li> <li>• 8 UNHCR staff have been deployed as part of monitoring teams operating at two border points (Spin Boldak in Kandahar province and Milak in Nimroz province). 7 UNHCR staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd control at the Milak border crossing. 10 UNHCR screening teams – consisting of 20 people in total – were initially deployed at Spin Boldak to support the Department of Public Health (DoPH) with its ongoing COVID-19 response efforts. Since Spin Boldak crossing point has remained closed since 16 May for pedestrian movement of stranded citizens of Afghanistan and Pakistan, the 10 screening teams have been relocated to Daman district in Kandahar province to provide screening support at the provincial hospital</li> </ul>
<b>Laboratories</b>	<ul style="list-style-type: none"> <li>• 10 laboratories are now operational – three in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktya, one in Kandahar, and one in Kunduz. The latest one was inaugurated in Kabul on 27 May.</li> </ul>
<b>Infection prevention and control (IPC)</b>	<ul style="list-style-type: none"> <li>• More than 15,000 units of PPE have been disseminated – the estimated need for the country is 425,000 units (MoPH data).</li> <li>• Infection Prevention and Control (IPC) training conducted by partners for an additional 240 healthcare workers, taking the total number of staff trained to 3,238.</li> </ul>
<b>Case management</b>	<ul style="list-style-type: none"> <li>• 2,000 beds are now available for isolation and intensive care.</li> </ul>
<b>Operational support and logistics</b>	<ul style="list-style-type: none"> <li>• WHO has identified a supplier for diagnostic testing kits to provide re-supply as necessary.</li> <li>• FSAC partners continue to monitor the flow of commercial vehicles carrying humanitarian food and supplies across borders to mitigate pipeline breaks for critical food and non-food items.</li> </ul>
<b>Continuation of essential services</b>	<ul style="list-style-type: none"> <li>• A health partner presence survey indicates that 85 per cent of national NGOs and 72 per cent of international NGO partners continue to operate and deliver essential health services.</li> <li>• The last 3W showed no reduction in presence of humanitarian organisations and only a slight reduction in districts reached.</li> <li>• Provision of essential basic primary care continues through the implementation of MHTs across the country inclusive of routine vaccinations, however additional priority and focus is required in this area given the decrease in people seeking health services at static facilities given the facilities' perceived association with COVID-19 infections.</li> </ul>

## Key COVID-19 Cumulative Response Figures

<b>Health</b>	<ul style="list-style-type: none"> <li>• 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing activities.</li> <li>• 324,564 people have been screened at points-of-entry by Health Cluster partners.</li> <li>• More than 3,242,435 people have been reached with risk communication and community engagement.</li> <li>• Health Cluster partners surveillance system has tracked 454,353 people since the start of the crisis.</li> <li>• More than 15,000 units of PPE have been disseminated.</li> <li>• Infection Prevention and Control training conducted for a total of 3,238 healthcare workers.</li> <li>• 2,000 beds have been made available for isolation and intensive care since the start of the pandemic.</li> <li>• Equipment has been provided for 1,541 isolation wards across all 34 provinces.</li> <li>• 2,450 community health and first aid volunteers across 30 provinces have been trained in psychosocial first aid and risk communication. The volunteers have reached 857,000 people (420,175 women and 437,325 men) as of 31 May.</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• 1,092,889 people have been reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>• 57,195 hygiene kits distributed, reaching 386,720 people.</li> <li>• More than 3.67m bars of soap have been distributed in 169 districts across the country.</li> <li>• More than 21,000 people at the Islam-Qala border crossing and 17,064 people at the Milak crossing (Nimroz) have benefitted from WASH facility maintenance and the provision of water.</li> </ul>
<b>Emergency Shelter &amp; NFI</b>	<ul style="list-style-type: none"> <li>• Since the start of the crisis, more than 206,000 people across 12 provinces have been reached by ES-NFI partners with awareness raising sessions on the prevention of COVID-19 since the start of the crisis.</li> <li>• 5,471 IEC materials distributed across eight provinces.</li> <li>• 415 religious leaders have received COVID-19 awareness raising training to disseminate key messages to the community.</li> </ul>

	<ul style="list-style-type: none"> <li>• 10 family tents and 13 refugee housing units (RHU) have been distributed across three provinces to be used for screening, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel as well as registration spaces for citizens of Afghanistan newly returning from Iran.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• 896,846 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners</li> <li>• 855 people have been interviewed using the COVID-19 specific protection monitoring questionnaire.</li> </ul>
<b>Food Security</b>	<ul style="list-style-type: none"> <li>• As part of its regular programming, between 5 March and 20 May WFP has dispatched over 36,000 metric tons of food, and directly distributed over 34,000 mt of food, in addition to disbursing over \$1.5 million in cash-based transfers.</li> <li>• Over the same period 3,244,292 people have been reached with life-saving food assistance*.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• 10,707 children have been reached with home-based learning materials across provinces since the start of the crisis.</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• 13,577 people were reached with COVID-19 awareness raising and breastfeeding counselling between 27 April and 31 May.</li> </ul>

## Health

### Needs:

- Around 30 per cent of the population has limited access to basic health services within a two-hour travel radius of their home. The fragile health system is further overburdened by mass casualty incidents and recurrent outbreaks of communicable diseases, as well as a high burden of non-communicable diseases and malnutrition.
- Community health facilities are overwhelmed due to the spread of COVID-19. Continuation of essential health services is necessary to reduce morbidity and mortality.
- With an anticipated surge in COVID-19 cases, critical medicines and essential medical supplies (beds, thermometers, etc.), including infection prevention and control supplies, are required on an unprecedented scale.
- During the COVID-19 pandemic, misinformation is spreading with devastating consequences for migrants, refugees and other vulnerable groups, provoking social stigma. Widespread misinformation continues to put people in danger and runs the risk of increasing the likelihood of COVID-19 transmission within communities. Due to the digital divide, vulnerable people face technological barriers in terms of accessing facts and accurate information. To protect this group, vulnerable people need access to targeted, rapid and accurate information via other communication channels.

# 3,238

Health care workers trained in Infection Prevention and Control (IPC) since the start of the response

### Response:

- IPC training conducted by partners for an additional 240 healthcare workers, taking the total number of staff trained to 3,238 since the start of the crisis.
- 10 laboratories are now operational – three in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktya, one in Kandahar, and one in Kunduz. The latest one was inaugurated in Kabul on 27 May.
- 10,834 people have been screened for COVID-19 at the Torkham, Spin Boldak, Milak and Islam Qala-Dogharoon border crossing sites between 18-31 May with 1,245 people treated for COVID-19 symptoms. Since the start of the crisis, 324,564 people have been screened at points-of-entry.
- As of 31 May 18 Mobile Health teams have been deployed to hard-to-reach areas to provide additional services to affected people who are unable to attend static health facilities. The mobile health teams are also working with communities on risk communication and community engagement.
- Mental Health and Psychosocial Support Working Group (MHPSS WG) partners have finalised a manual for home-based MHPSS activities to be distributed to parents/caregivers. The manual will be distributed together with psychosocial support kits in the coming weeks.

\* The tonnage of weekly dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

### Gaps & Constraints:

- Despite the heightened pressure on the healthcare system, health facilities and workers continue to suffer harm from attacks, as well as acts of intimidation by parties to the conflict. Since the start of the COVID-19 pandemic, the armed conflict has continued to have a devastating impact through 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. Any incident affecting medical facilities or personnel can have particularly serious and wide-ranging consequences impacting individuals' access to essential healthcare services, particularly during the COVID-19 pandemic.
- There have been issues with laboratories in Kandahar and Nangarhar that have meant they were unable to conduct tests for several days during the month of May. The Kandahar lab remains closed after a problem with contamination of the facility. According to WHO in the east, four out of five PCR lab technicians there also tested positive for COVID-19 rendering the Jalalabad PCR lab temporarily out of service and causing delays in the processing of samples. Two technicians were deployed from Kabul and the Nangarhar laboratory has been back up and running for several days. A delegation from MoPH Kabul visited Jalalabad on 27 May where they engaged in a series of meetings to address COVID-19 challenges and gaps. Additional health staff are being trained by MOPH in Jalalabad to help keep these critical services running and prevent backlogs.
- Countries continue to be affected by global supply shortages, including PPE, laboratory re-agents and RNA extraction kits, affecting testing capacities and the implementation of health programming. Global logistics constraints are also limiting supplies of essential equipment such as ventilators and oxygen concentrators.
- The COVID-19 pandemic is straining health systems worldwide. The Health Cluster calls on countries to balance the demands of responding directly to COVID-19, while maintaining essential health services.
- There is a need to maintain essential health services via alternate modalities given people's fear of contracting COVID-19 at healthcare clinics as well as fear of isolation, which has affected the attendance rate at hospitals.
- High COVID-19 rates among healthcare workers will hamper the work of the health workforce, further disrupting the continuation of essential health services. Provision of adequate PPE and training of health staff in prevention measures is critical.
- Scale-up of community-based risk communication and community engagement is needed in all locations, including contested areas. Targeted risk communication messages and community engagement activities for vulnerable people need strengthening. There is also a lack of awareness on the current pandemic and transmission risks in rural areas. The rural population needs preventative guidance materials and handwashing equipment.
- Aggressive and targeted tactics are needed to find, test, isolate and treat cases, and trace contacts. These measures are not only the best and fastest way out of social and economic restrictions – they are also the best way to prevent them.
- There is need to scale-up early and sufficient mental health care integrated within the broader health response.
- According to ES-NFI partners, IDP communities in north eastern region reported difficulties in accessing medical services, medication, basic PPE, and hygiene items such as gloves, sanitiser, masks, soap, due to surge pricing.
- According to the Nutrition Cluster, health services in Hirat need to be extended to 24-hour care to deal with the pandemic – especially for emergency cases. Currently, service hours are from 8AM to 4PM.

## Water, Sanitation and Hygiene

### Needs:

- Even before COVID-19, coverage of WASH services, including water supply infrastructure, sanitation facilities and hygiene supplies (soap, sanitary pads and hygiene promotion material) were already stretched by conflict and natural disaster.
- Populations in high-risk areas urgently need emergency WASH services including COVID-19-specific hygiene kits and handwashing devices, supply of safe water to support handwashing and tailored information on hygiene practices to mitigate the spread of COVID-19.
- According to a multi-sector needs assessment conducted by Oxfam in Hirat, Bamyan, Daykundi, Nangarhar and Kunduz provinces, 72 per cent of the respondents do not have access to soap for handwashing and 45 per cent lack access to a sufficient supply of clean water for handwashing. The assessment reveals that the provision of new water points, the rehabilitation of existing water points and the distribution of hygiene kits are urgently needed for both IDPs and host community members across the five provinces.
- A recent Knowledge, Attitudes, and Practices (KAP) survey conducted by World Vision in Hirat, Badghis and Ghor provinces reveals a lack of COVID-19 awareness, with close to 50 per cent of the respondents reportedly unaware of transmission through contact (e.g. person-to-person transmission or surface-to-person transmission). According to the same survey, 40 per cent of those surveyed lack access to both water and soap.

1M 

people have received hygiene kits and hygiene promotion during the COVID-19 response

**Response:**

- Between 18 and 31 May, a total of 109,393 people were reached with WASH assistance. 1,092,889 people have been reached since the start of the crisis.
- 13,985 hygiene kits were distributed during the reporting period, reaching 84,250 people across 29 districts. A total of 57,195 hygiene kits have been distributed since the start of the crisis, reaching 386,720 people.
- 200,515 bars of soap were distributed across 29 districts throughout the country between 18 and 31 May. Since the start of the response, more than 3.67m bars of soap have been distributed in 169 districts across the country.
- WASH facility maintenance and provision of water continues at the Islam Qala-Dogharoon land border crossings (Hirat) and the Milak crossing (Nimroz). During the reporting period, WASH activities at the Islam-Qala border crossing reached 9,000 people, with more than 21,000 reached since the start of the outbreak. Similarly, maintenance of WASH facilities and provision of water at the Milak crossing reached 5,310 people during the reporting period, with a total of 17,064 people reached since the start of the COVID-19 response.
- Between 18-31 May, 64 handwashing stations have been set up in 4 schools in Sar-e-Pul province in preparation for the eventual re-opening of schools.
- 60 hand washing stations have been set up in 7 health facilities across 7 provinces during the reporting period.
- 64,062 IEC-materials were distributed at public places, including schools and mosques, in 8 districts in Faryab and Sar-e-Pul provinces.

**Gaps & Constraints:**

- WASH Cluster partners report challenges in implementing response activities as a result of lockdown measures and movement restrictions. Despite this, WASH Cluster partners have maintained operational capacity. 26 WASH Cluster partners have presence and response capacity in all of the 41 districts prioritised by the Inter-Cluster Coordination Team (ICCT) for the first three months of the COVID-19 response.
- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities, as well as COVID-19 response plans; hygiene kits tailored for the COVID-19 response are in high need.
- Confirmed funding is critical to the further scale-up of the WASH response. Due to the unanticipated need to scale-up WASH activities under the multi-sectoral COVID-19 response plan, WASH partners are now facing an overall funding gap of US\$9.3 million during the COVID-19 response period (April-June 2020).


**Emergency Shelter & NFI**
**Needs:**

- More than 4.1 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements where they often live in sub-standard shelters characterised by a lack of privacy and dignity; overcrowding; and poor ventilation. This leaves them susceptible in the event of widespread COVID-19 transmission.
- Those living in existing informal sites need adequate settlement planning and access to centralised services including safe water and sanitation. The current lack of these services and facilities results in poor hygiene practices (including treatment and handling of excreta) and susceptibility to diseases, including COVID-19.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals. Since the beginning of 2020, a total of 5,893 households have been affected by natural disasters in Afghanistan, with 798 households affected during the reporting period across 7 provinces. Over 75,000 people have been displaced due to conflict.
- Assessments show that the more than 111,580 people still living in displacement sites in Hirat and Badghis provinces after the drought are in poor health – making them potentially more vulnerable to COVID-19 – and are in urgent need of shelter, food and hygiene assistance.
- Returnees and households unable to pay rent because they have lost their livelihoods as a result of COVID-19 restrictions now need cash-for-rent assistance. Recent assessments undertaken by ES-NFI Cluster partners highlight the need for cash-for-rent assistance to IDPs in the east, particularly those residing in urban areas and lacking income due to COVID-19-related movement restrictions.

## 206,055

people reached with COVID-19 awareness raising efforts since the start of the crisis

**Response:**

- Throughout the country, ES-NFI Cluster partners are continuing to provide awareness raising sessions on the prevention of COVID-19, focusing on returnees, IDPs and local communities. During the reporting period, ES-NFI partners reached 14,918 individuals with awareness raising sessions on COVID-19 across seven provinces. 206,055 people in 13 provinces have been reached with key messages since the start of the crisis.

- Between 18-31 May, ES-NFI partners continued carrying out community COVID-19 awareness campaigns by airing key messages on 17 local television channels and radio stations in the west and south east.
- Since the start of the crisis, ES-NFI partners have so far provided 10 family tents and 13 Refugee Housing Units (RHU) in Bاميان, Nangarhar and Hirat provinces. The RHUs are being used for screening, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel as well as registration spaces for citizens of Afghanistan newly returning from Iran.

#### Gaps & Constraints:

- The COVID-19 outbreak comes against the backdrop of the flood season and conflict displacement which further complicate partners' response capacity and run the risk of depleting in-country supplies. The effects of flooding and conflict are severe for the population and humanitarian assistance remains essential.
- ES-NFI partners report that there is a lack of adequate PPE kits, hand washing facilities, food, and livelihood opportunities for IDPs and returnees in the north east.
- ES-NFI partners are currently responding to concurrent emergencies. There is concern that spikes in caseloads could strain the pipeline for NFI kits. To meet new and ongoing needs, resources to stabilise, replenish and maintain key shelter and NFI stocks are urgently required.
- Partners emphasise the need to integrate COVID-19 awareness raising activities within existing sectoral activities.
- ES-NFI partners stress the need to establish cash-for-work livelihood programmes for IDPs and returnees, prioritising those affected by lockdown measures and movement restrictions.

## Protection

#### Needs:

- Reports from Protection partners indicate that child protection issues have been increasing due to COVID-19 lockdowns. Protection Cluster partners are noting a rise in the exploitation of children, including through child labour, as a negative coping mechanism. Children between 10 and 16 years old are reported to be involved in carrying loads, shoe polishing, car washing and collection of garbage on the street, further exposing them to risks of contracting COVID-19.
- In Balkh, Badakhshan, Kunduz, Takhar, Kabul, Logar, Nangarhar and Kandahar provinces, Protection partners report that vulnerable people, especially GBV and other domestic violence survivors, are in need of psychosocial and legal aid assistance. Psychosocial support adapted for COVID-19 physical distancing requirements is needed for the most vulnerable communities.
- Increased awareness raising on COVID-19 and preventive measures in remote and hard-to-reach areas is needed.
- Women imprisoned with their children are being exposed to COVID-19 risks due to congestion in women's prisons.
- Women and girls have limited access to markets to buy hygiene and dignity kits due to the COVID-19 lockdown measures. Further efforts are needed to reach vulnerable people with these supplies.
- Direct interviews with affected people during distributions in Hirat province show that people displaced by conflict and people living with disabilities face a lack of job opportunities and economic hardship as a result of the COVID-19 lockdown.
- COVID-19 has also spread into the prison system where two-thirds of facilities are still operating beyond their intended capacity, despite the recent prisoner releases. Limited space, lack of sanitation and hygienic materials, as well the absence of regular medical examinations make prevention a challenge. Some officials have raised concern about many prisoners already having underlying health conditions which make them further vulnerable to the virus. Female prisoners and their accompanying children face further challenges, including insufficient post-release support.

# 896,849

people have been sensitized on COVID-19 preventative measures by protection partners since the start of the crisis.

#### Response:

- More than 34,000 people were sensitised on COVID-19 and preventive measures across the country during the reporting period (18-31 May) as part of ongoing protection activities. Altogether, since the beginning of the COVID-19 response, a total of 896,846 people across the country have been sensitised on COVID-19 preventative measures by Protection partners.
- During the reporting period, 1,077 people received psychosocial support (PSS) through door-to-door visits in Kandahar, Hilmand and Logar provinces. 106 people received PSS through hotline services in Hirat province. Approximately, 74,000 men, women, boys and girls have received psychosocial support services to cope with the mental health-related consequences of COVID-19 since the start of the crisis.
- Housing, Land and Property (HLP) needs assessment in Kandahar is ongoing to assess the security of tenure during the COVID-19 pandemic, as individual/households could be at risk of eviction for non-payment of rent due to the financial impact of the pandemic.

### Gaps & Constraints:

- There is need for the continuation of systematic protection and vulnerability monitoring – including the use of the cluster’s COVID-19-adapted questionnaire – to track trends resulting from COVID-19 restrictions, taking special note of the situation facing women and girls. Preliminary findings of protection monitoring reports show that children and the elderly are being particularly affected by the higher food prices.
- High and increasing risk of COVID-19 transmission, and associated lockdowns, have limited field-based HLP activities.
- Due to movement restrictions, Protection Cluster partners’ working modalities have changed as activities are currently being conducted through door-to-door visits, phone call interviews, and small group discussions.
- Gap in funding child protection response activities, especially as a result of using alternative modalities such as door-to-door visits which imply higher transportation costs.
- All Child Protection activities requiring larger gatherings – such as capacity building training, vocational training, and community dialogues – are suspended due to COVID-19 lockdown measures across the country.
- Legal assistance and awareness raising campaigns by Protection partners have either been disrupted or halted due to movement restrictions and lockdown measures.
- GBV and violence against women and girls protection measures need to be integrated in all COVID-19 preparedness and response plans. The number of reported GBV cases has decreased most likely due to COVID-19 movement restrictions. This is despite the potential increase in risks that women and girls may be facing, particularly relating to domestic violence.
- The provision of essential services for GBV survivors have been disrupted in 12 Women Protection Centres in Kabul, Bamyán, Daikundi, Parwan, Samangan, Jawzjan, Takhar, Baghlan due to COVID-19 lockdown measures. Some partner staff have been working on a rotation basis, which reduces the availability of these key services.
- Field activities related to beneficiary selection, awareness raising and site development under the Presidential Decree on Land Allocation (PD-305) is suspended in Hirat and Kabul due to risk of COVID-19 transmission

## Food Security

### Needs:

- The most recent Integrated Food Security Phase Classification (IPC) analysis shows that some 12.4 million people, or one third of the population, are in ‘crisis’ and ‘emergency’ levels of food insecurity between June and November 2020, with the number of people in ‘emergency’ levels of food insecurity (IPC 4) increasing to almost 4 million people.
- An assessment by Oxfam conducted in Hirat, Daykundi, Bamyán, Kunduz and Nangahar provinces reveals that the use of reduced livelihood coping strategies is on the rise with 32 per cent of the consulted population borrowing to purchase food, 29 per cent selling assets and reducing overall consumption, and close to 72 per cent reporting exhaustion of food stocks.
- The COVID-19 situation in Afghanistan compounds the health emergency with an acute food crisis. Tens of thousands of families relying on daily labour to buy food have been made more vulnerable as they are ordered to stay home and cannot work. Market prices also continue to be significantly higher than pre-crisis levels. The loss in purchasing power continues to be a significant worry for those who have low levels of savings or food stocks and will increase their consumption of cheaper nutrient-poor food or reduce meals.
- Protection reports from Hilmand indicate that 19,500 individuals are suffering from food insecurity, as markets prices are increasing, coupled with food scarcity, lack of available clean drinking water and hygiene kits, as well as poor hygiene practices.
- Some seasonal pastoralists (Kuchis) require permission from authorities to migrate with their livestock to summer pasturelands. Currently their movement is limited, in part due to COVID-19 movement restrictions.
- At the start of the pandemic, domestic trade disruptions and panic buying in major urban centres contributed to spikes in prices for key commodities. Since then, the prices have begun to stabilise at a higher level in most urban centres - particularly those with improved flow of border goods such as Kandahar and Jalalabad. Goods such as cooking oil remains scarce and high in price. The impact of price rises falls disproportionately on vulnerable people, including children, pregnant women, elderly people, malnourished people, people with vulnerable employment status, and people who are ill or immuno-compromised. Vulnerable families need the market to be supplied with an affordable, steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need.
- The crucial wheat harvest season is starting in the country’s east, west and north and this will shortly be followed by the harvest of summer crops and higher value cash crops. Yields are expected to be good for both rainfed and irrigated crops due to favourable precipitation. Producers need access to internal and external markets to secure people’s livelihoods and help them recover from the impacts of the COVID-19 pandemic. Export markets have remained in place

# 12.4M

people are living in a crisis or emergency food insecurity in Afghanistan (June-November)

for the west and the north - with assurances that they will open when the dried fruits and other Afghan products start being sent towards mid-year. However, Afghan producers remain nervous about export markets being restricted during the pandemic.

- As several provinces have begun easing COVID-19 lockdown restrictions, FSAC is particularly concerned about adherence to health guidelines and preventative measures at major urban fruit/vegetable and fresh food markets, as they are seen as potential sites for increased disease transmission given their congestion. Similarly, during the Eid holidays there was a surge in public activities and shopping as people traditionally carry out house-to-house visits and gather in large family groups. While some families did adhere to physical distancing and isolation guidelines, many did not and instead engaged in traditional practices such as shopping for new clothes in crowded markets.

#### Response:

- As part of its regular programming<sup>†</sup>, WFP dispatched a total of 36,429 metric tons of food, distributed 34,971 mt of food and disbursed US\$1,563,621 in cash-based transfers between 5 March and 20 May. Overall, between 5 March and 20 May over 3,200,00 people with life-saving food assistance.
- One FSAC Cluster partner has developed an initiative to contract local tailors in Mazar-e-Sharif and Kabul to produce re-usable masks with an initial production run of 2.1 million, using internal funds. Distributions have occurred across 30 provinces to support health care workers, municipalities and partners. The FSAC partner is now trying to continue this initiative by looking for immediate additional funding to continue production. The activity has been endorsed by both the WASH cluster, and WHO via the Health Cluster. The model of the mask is validated by MoPH and a production visual training can be accessed via this [link](#).
- One FSAC Cluster partner, in collaboration with the Ministry of Agriculture, Irrigation and Livestock (MAIL), carried out a rapid survey on agricultural value chains, market linkages and the impact of the COVID-19 crisis on producers. The results from this survey are anticipated to be released during the month of June.
- Initial assessments are beginning for the upcoming AHF-funded emergency food distributions to IDPs in peri/urban areas of Mazar-e-Sharif, Kandahar, Jalalabad and Hirat.
- Food security partners continue to track food pipelines, monitor market prices and prepare for a scaled-up response to food-related needs due to COVID-19. This is against the backdrop of the ongoing response to conflict- and natural disaster-related food insecurity, including needs driven by flooding.
- WFP issued its first Country-wide Market Price Bulletin covering Week 1 and 2 of May 2020. Issue 2 covering week 3 & 4 will be published on 07 June 2020. From 10 June 2020 onwards, WFP will start regular weekly bulletins, always issued on Wednesdays, for the previous week. WFP will stop publishing the daily market bulletin from now on. This countrywide weekly market bulletin not only contains analysis of the basic staple foods costs, but also analysis of agricultural inputs like seeds, fertilizers, and animal feed.

#### Gaps & Constraints:

- Administrative delays on both sides of the Pakistan border including port clearances, export certificates, and the issuing of exemption certificates have slowed and even stopped the movement of humanitarian food supplies. However, the previous issue with both export certificates and exemptions certificates have improved with increased work hours by the Government of Afghanistan post-Eid. Suppliers of key goods have slowed down their delivery creating concerns about the movement of goods such as vegetable oil and therapeutic supplementary feeding (Acha Mum). FSAC partners are continuing to press for more predictable movement of critical humanitarian food items through border crossing points, particularly given the difficulties in ensuring that time-bound export certificates remain valid. The humanitarian community urges authorities on both sides of the border to facilitate the two-way movement of cargo to ensure the viability of cross-border markets.
- The late occurring effects of the previously closed Afghanistan-Pakistan border crossing along global supply chain bottlenecks is still being felt and will likely cause a partial pipeline issue for cooking oil and Acha Mum. The upcoming summer high temperatures also complicate holding the Acha Mum stock for extended periods of time within existing warehouses due to product wastage.
- Some programmes and activities not prioritised under the COVID-19 response have been paused, including certain biometric activities, trainings and sensitisation sessions. Although biometric activities are paused, FSAC partners have begun restarting registration and monitoring activities. Similarly, livelihoods assistance has been largely put on hold, which means that the most vulnerable will need to start the crucial Spring and Summer cultivation season without

<sup>†</sup> The tonnage of weekly dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

regularly-scheduled support, potentially negatively impacting future yields. Following assessments, some FSAC partners have partially re-started asset creating projects.

- Wheat harvesting has begun in several areas across the country, particularly in the east, north and west with harvest projections showing a good national harvest outlook. Fruit and vegetable production continues with stable movement of products to local and region markets. FSAC stresses that it will be important to ensure that producers continue to have access to markets and a seasonal labour force.
- Increased costs, new import regulations, PPE requirements and administrative slowdowns due to COVID-19 will have an impact on the operational costs of partners. The full extent of this cost will become clearer in the weeks and months ahead.

## Education

### Needs:

- The children of Afghanistan are facing the greatest disruption to their right to education in living memory.
- Education is an undeniable right of children, in times of stability and crisis. Alternative education arrangements are needed to ensure millions of children do not miss out on critical learning.
- Due to the COVID-19 outbreak, the Government announced that all schools had to close. More than seven million children in regular schools and more than 500,000 children enrolled in community-based education (CBE) programmes did not start regular schooling as per the normal schedule. This is in addition to some 3.7m children who were already out of school in Afghanistan.

# 10,707

children reached with home-based learning materials since the start of the crisis

### Response:

- As part of the COVID-19 response, 2,640 children were reached with EiE-developed home-based learning materials during the reporting period. A total of 10,707 children have been reached with home-based support across six provinces since the start of the COVID-19 crisis.
- EiE Working Group partners aim to reach more than 250,000 children with home-based learning materials during the school closure period as a part of their COVID-19 response plan.

### Gaps & Constraints:

- Lack of access to TV, electricity and even radios in many parts of the country and especially in rural areas to participate in home learning.
- There is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant.
- Need to revise/extend self-learning materials and media to supplement in-class lessons.
- Improve the provision of child-friendly, age and gender-appropriate awareness messages on anxiety, fear and self-care strategies.
- Limited available stock of hygiene supplies (soap, buckets with taps and chlorine).
- Continued insecurity may hinder access to high risk areas. There is currently a limited capacity to sufficiently support school-level responses in high-risk areas.
- Limited response and resource capacity for partners to respond.
- Flexibility is required from donors to factor-in delays in the programme implementation period.

## Nutrition

### Needs:

- According to the [Global Nutrition Report](#), malnutrition is putting people at increased risk from COVID-19. Under-nourished people have weaker immune systems which puts them at greater risk of severe illness due to the virus. Poor metabolic health — such as obesity, diabetes and other diet-related chronic diseases—has been strongly linked to worse COVID-19 outcomes, including higher risk of hospitalisation and death.
- Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being. More than 2m women and children are in need of nutritional treatment.
- A recent assessment on the impact of COVID-19 on nutrition programming in Afghanistan reveals a 41 per cent decrease in admission to in-patient SAM care in April compared to March 2020. According to the

# 13,575

people were reached with COVID-19 awareness raising and breastfeeding counselling between 27 April – 31 May

Nutrition Cluster's analysis, the decrease is due to public fear of health and nutrition service providers being infected with COVID-19, thus causing a drop in the number patients seeking in-patient nutrition treatment services.

- Only 16 out of 40 districts identified by the Cluster as being at high risk for COVID-19 have an in-patient SAM treatment ward in the district hospital. In order to mitigate risks of COVID-19 infection for children and mothers seeking treatment, these wards urgently need to be expanded to include adequate space between beds, a separate therapeutic milk preparation space, a counselling space, breast-feeding corners and a waiting area for mothers and children.
- Supplementary feeding programmes for moderately malnourished children and pregnant and lactating women (PLW) need to be established in 11 districts identified as being at high risk for COVID-19.
- Based on a recent assessment carried out by Nutrition Cluster partners, approximately 9,500 households in 11 districts in Hirat are in need of emergency food and nutrition assistance.
- COVID-19 lockdown is having a devastating effect on livelihoods in rural and hard-to-reach locations across Afghanistan. Since travel between locations, markets and workplaces is limited, many families have been left without a source of income, with the risk of causing high levels of malnutrition if the situation continues. Data from sexual and reproductive health (SRH) activities indicate an increase in number of women presenting with anaemia which is as an outcome of limited diversification of household foods. The situation may worsen due to reduced access to health facilities which may further delay the diagnosis and treatment process.

#### Response:

- 30 Department of Public Health (DoPH) staff in Hirat from 19 health facilities, as well as staff members from 60 health facilities in Kunar, received interpersonal and communication counselling training and Infant and Young Child Feeding in Emergency (IYCF-E) training during the reporting period.
- 13,577 community members – including 1,080 PLWs – were reached with COVID-19 awareness raising sessions and breastfeeding counselling by Nutrition Cluster partners in Hirat, Ghor, Daikundi, Bamyar, Badghis and Kunar provinces between 27 April to 31 May.
- During the reporting period, material on breastfeeding in the context of COVID-19 was widely disseminated to all service providers and directors of health facilities across Kunar province. The material stresses the importance of continued breastfeeding during the pandemic to ensure a healthy immune system for babies.
- 280 service providers including community health workers and nutrition counsellors in Laghman received outpatient SAM and MAM, infant and young child feeding (IYCF) and community-based nutrition program (CBNP) implementation guidelines that integrate COVID-19 mitigation measures. These service providers also received training on nutrition and counselling.
- To limit additional exposure to COVID-19 transmission while seeking treatment, all SAM and MAM children have been issued with double rations of ready-to-use therapeutic food (RUTF) since April 2020.
- So far, 22 people in Zharey and Spin Boldak districts have been selected by Nutrition Cluster partners for mask making training during the reporting period. The training program plans to select 44 trainees in total over the coming days. The training will provide a source of livelihood for the participants, as well as help to supply masks to protect against and limit the spread of COVID-19.
- Height measurement of children has been paused in order to reduce physical contact, while mid-upper arm circumference (MUAC) measurement of children by mothers at home is rolled-out instead to assess the nutritional situation of children and thereby reduce physical contacts.
- RUTF supplies have been shifted to COVID-19 high-risk areas. Additional supplies are currently being secured for areas that are less affected by COVID-19 currently but have existing high malnutrition rates.

#### Gaps & Constraints:

- Pipeline breaks for nutrition commodities are anticipated due to COVID-19-related lockdowns and the closure of borders. Continued advocacy for the import of nutrition supplies to pre-empt this anticipated supply shortfall is needed. Nutrition Cluster partners also encourage the scaling-up of cash and voucher assistance to mitigate against the risk of malnutrition as a result of COVID-19 lockdown measures.
- Despite the current mitigation measures in place to reduce the risk of COVID-19 transmission during nutrition programming, continued lockdown measures are expected to substantially affect all regular programs, causing higher default rates, increased length of stay and a high non-response rate or slower catch-up growth amongst children under five years old.
- There is currently a lack of Mobile Health and Nutrition Teams (MHNT) in Hirat province to match the size of the population. There are 3 MHNTs in Hirat, serving 13,000 IDP households. This should be doubled to six to meet current needs.
- There is a lack of hygiene material and PPE for health and nutrition staff working at COVID-19 quarantine and health facilities. It is increasingly difficult to obtain PPE due to price increases and procurement challenges. Also, the Nutrition Cluster reports that aid agencies have limited financial capacity to absorb the additional cost of PPE.

- Due to current movement restrictions in a number of provinces, Nutrition Cluster partners anticipate less frequent follow-ups/monitoring and limited opportunity to see children and caregivers which may result in slower nutritional gain (e.g. weight gain) or recovery among the children receiving nutritional care. Mobile teams are being considered as mitigation measures. In communities where there are more restrictive measures in place and local concerns of COVID-19 transmissions are heightened (e.g. Miramor and Daykundi districts), the access to or follow up nutrition visits have been reduced to once per month instead of weekly.

## GENERAL COORDINATION

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The Government of Afghanistan is primarily responsible for managing and leading the response. The humanitarian community's overall efforts towards the response are delivered in support of the Government and are coordinated under the Humanitarian Country Team (strategic decision-making body) and the Inter-Cluster Coordination Team (its operational arm).

The **Humanitarian Access Group** (HAG) continues to support humanitarian organisations with negotiation assistance to enable sustained access for both COVID-19 and ongoing humanitarian activities. Lockdown measures and movement restrictions continue to impede people's access to humanitarian assistance. The HAG and OCHA sub-offices, together with ACBAR and INSO, continue to reach out to provincial authorities to facilitate humanitarian movement despite COVID-19 lockdown measures. The HAG continues to engage with parties to the conflict to facilitate a COVID-19 response that is free from interference. For additional information on access constraints, please see the [C-19 Access Impediment Report](#).

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 30 May, Awaaz had reached 14,784 callers with pre-recorded key COVID-19 messages and directly handled 2,340 calls related to COVID-19 from all 34 provinces. 24 per cent of all calls came from women. The COVID-19 pandemic poses many operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April, two functionally identical teams are operating the call centre separate from each other on different shifts to reduce the risk of transmission and ensure business continuity.

During the past few weeks, the **Risk Communication and Community Engagement** (RCCE) Working Group has been working on the second round of responses to rumours and misinformation that have collected by field teams throughout the month. Many concerns have been raised about communities who are not presenting at clinics and avoiding diagnosis for fear of being stigmatised - all potentially leading to increased community transmission of the virus. Similarly, specific groups are prone to being blamed for transmission of COVID-19, which may also lead to disputes and further stigmatisation. The RCCE Working Group has been working to help field teams address some of these issues by producing guidance on tackling stigma in local languages while the second round of rumour responses is being finalised for MoPH approval.

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#### Background on the crisis

Due to the scale and spread of transmission, the novel coronavirus (COVID-19) outbreak was declared a global pandemic on 11 March 2020. Afghanistan is being significantly affected due to its weak health system and limited capacity to deal with major disease outbreaks. Afghanistan's close proximity to the Islamic Republic of Iran – a global hotspot for the virus – puts the country at heightened risk, with people and commercial vehicles moving across the border from Iran each day. High internal displacement, low coverage of vaccinations (required for stronger immune systems and augmented ability to fight viral and bacterial infections), in combination with weak health, water and sanitation infrastructure, only worsen the situation. In response to the outbreak, the Government of Afghanistan has developed a master response plan for the health sector and has established a High-Level Emergency Coordination Committee. To support government efforts to contain the disease and prevent further spread, the ICCT has developed a COVID-19 Multi-Sector Country Plan that outlines the strategic response approach to the outbreak. The Humanitarian Response Plan for 2020 is currently being revised.

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