

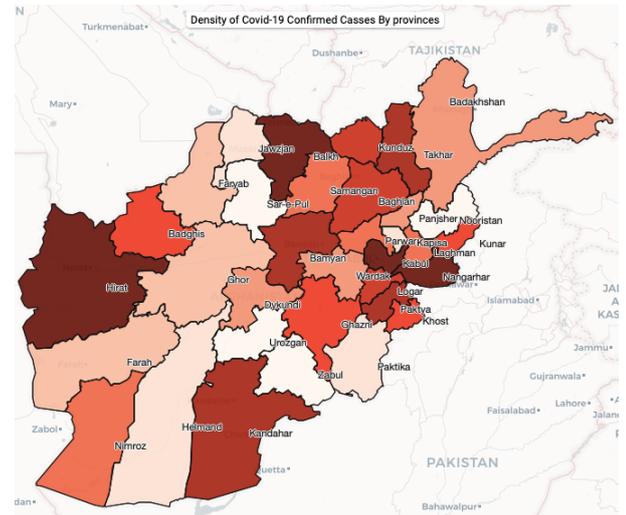
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **29 June and 5 July 2020**.

HIGHLIGHTS

- As of 8 July, 33,594 people in Afghanistan have tested positive for COVID-19; 936 have died and 20,305 have recovered.
- Since the start of March, partners have screened 489,242 people at points-of-entry, delivered WASH assistance to more than 2 million people and reached 190,615 people with psychosocial support to cope with the mental health effects of COVID-19 across the country.

SITUATION OVERVIEW

MoPH data shows that as of 8 July, **33,594 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 20,305 people have recovered, and 936 people have died (26 of whom are healthcare workers). 77,501 people out of the population of 37.6 million have been tested. Almost 10 per cent of the total confirmed COVID-19 cases are among healthcare staff.** The majority of the deaths were people between the ages of 40 and 69. Men in this age group represent more than half of all COVID-19-related deaths. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar provinces.



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.

The Government of Afghanistan announced on 6 June that it was extending the **nationwide lockdown** for three more months, issuing new health guidelines for citizens to follow. The Government has also extended the closure of schools for three more months until the end of August. Additionally, all hotels, parks, sports complexes and other public places will remain closed; certain public transport facilities, such as buses carrying more than four passengers, will not be allowed to travel. All government offices have reopened with public servants attending in two shifts and on alternate days. According to [reports](#), while lockdown measures have officially remained in place, enforcement has been lenient. Measures to contain the spread of the virus continue to differ across provinces where local authorities decide on implementation of lockdown measures. While provincial lockdown measures continue to periodically impede humanitarian movement, the situation has significantly improved in the last few weeks, with fewer obstructions reported.

Humanitarians remain concerned about the impact of extended lockdown measures on the most-vulnerable, particularly people with disabilities and families who rely on casual daily labour and lack alternative income sources. According to [WFP's market monitoring](#), the average wheat flour price (low price & high price) has increased by 12 per cent between 14 March and 8 July, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 31 per cent, 22 per cent, 37 per cent, and 20 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has deteriorated by 3 per cent and 11 per cent, respectively (compared to 14th March).

While implementing activities to mitigate the spread of COVID-19, humanitarians continue to respond to other ongoing and emerging humanitarian needs. During the reporting week, 1,352 women received antenatal and postnatal care from midwives deployed through Mobile Health Teams (MHTs). 3,745 people were treated for trauma care by Health Cluster partners as conflict continues in many parts of the country. 32,525 returnees (Afghanistan nationals) benefitted from emergency health services through both mobile and static health facilities at border crossing sites. 2,026 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 5,040 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM) during the reporting period. 2,480 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 26,592 PLWs received Infant and Young Child Feeding (IYCF)

counselling and maternal counselling during the reporting period. 483 Gender-Based Violence (GBV) cases were identified and referred for case management to Family Protection Centres (FPCs) across 22 provinces. 69 dignity kits were distributed to women and girls across 4 provinces. As part of its regular programming, WFP distributed food to 454,566 food insecure people between 25 June and 1 July*.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

Country-level coordination and response planning	<ul style="list-style-type: none"> Health partners continue to support Government-led planning and response. Humanitarian partners have finalised the revised Humanitarian Response Plan (HRP), integrating COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian and protection assistance, humanitarian partners have prioritised 11.1 million to receive immediate assistance in 2020, for which US\$1.1 billion is required. OCHA has submitted Afghanistan inputs to the next edition of the Global HRP, reflecting the revised HRP numbers. The COVID-19 ONE UN Response Plan was finalised and presented to the Government and UN Country Team.
Risk communication and community engagement (RCCE - accountability to affected populations)	<ul style="list-style-type: none"> The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. It has also carried out an assessment showing communication preferences and the most trusted information sources by geographical area, down to the district level. IOM's Displacement Tracking Matrix field teams reached more than 6,000 villages in 25 provinces with RCCE messaging. IOM DTM field teams hope to reach 12,000 villages in all 34 provinces by the end of 2020. IOM's priority focus is on mobile and displaced populations in impacted areas. IOM has set up billboards in all four border provinces with Pakistan and Iran. The new AAP adviser has begun work with OCHA to support accountability aspects of both the COVID-19 and ongoing response in line with the Collective Approach to Community Engagement strategy. The revitalised AAP Working Group will meet for the first time on 20 July. More than 4,584,364 people have been reached with RCCE messages by partners. 2.6 million brochures and 225,000 posters have been distributed and 35 billboards, 15 TV and 80 radio spots have been placed, through specific WHO support.
Surveillance, rapid response teams, and case investigation	<ul style="list-style-type: none"> 34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities. 8,954 polio surveillance volunteers have been trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing. 74 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities. 22 rapid response teams (RRT) have been deployed by humanitarian partners across the country to support MoPH's RRT's with surveillance, case identification, contact tracing, and community risk communication. The Health Cluster partners' surveillance system has traced 554,747 people since the start of the crisis. IOM MHTs have trained more than 400 Community Health Workers on COVID-19 awareness, prevention, identification and referrals. 3,140 healthcare workers were trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas. Active surveillance and contact tracing activities are underway in Hirat IDP sites. Partners have also scaled-up surveillance activities in other informal sites in nine provinces.
Points of entry	<ul style="list-style-type: none"> 12 MHTs and 4 IOM TB/COVID-19 screening teams are deployed to major border crossing points. 489,242 people were screened at points of entry by Health Cluster partners. Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan. Eight UNHCR staff have been deployed as part of monitoring teams operating at Spin Boldak and Milak. Seven UNHCR staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd control at the Milak border crossing. 20 UNHCR screening staff have been deployed to Daman district in Kandahar province to provide screening support at the provincial hospital.
Laboratories	<ul style="list-style-type: none"> 12 laboratories are now operational. Afghanistan currently has a capacity to carry out 2,000 tests per day. 113 healthcare workers have been trained in medical laboratory testing. Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.

* 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.

Infection prevention and control (IPC)	<ul style="list-style-type: none"> • More than 25,000 units of PPE were provided to MoPH by WHO. However distribution remains a problem. • Infection Prevention and Control (IPC) training was provided to 3,920 healthcare workers who have reached 49,923 people since the start of the crisis.
Case management	<ul style="list-style-type: none"> • 2,000 beds are operating for isolation and intensive care, however these are now being used at full capacity.
Operational support and logistics	<ul style="list-style-type: none"> • WHO has identified a supplier for diagnostic testing kits to provide re-supply as necessary. • 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. • The Logistics Working Group (LWG) has started its work to address logistics issues during the COVID-19 response.
Continuation of essential services	<ul style="list-style-type: none"> • The last 3W showed no reduction in presence of humanitarian partners but a slight reduction in districts reached. • Provision of primary care continues through MHTs (inclusive of routine vaccinations), however expansion is required as the number of people seeking health care at static facilities is decreasing (for fear of COVID-19 transmission).

Key COVID-19 Cumulative Response Figures

Health	<ul style="list-style-type: none"> • 34,000 polio surveillance volunteers engaged in surveillance, case identification and contact tracing. • 489,242 people screened at points-of-entry by Health Cluster partners. • 4,584,364 people reached with risk communication and community engagement messages. • 554,747 people traced through Health Cluster surveillance systems since the start of the crisis. • More than 25,000 units of PPE provided to MoPH by Health Cluster partners. • IPC training conducted for 3,920 healthcare workers who have reached 49,923 people since the start of the crisis. • 3,140 healthcare workers trained in surveillance and risk communication in contested areas. • 2,000 beds made available for isolation and intensive care • Medical equipment provided for 1,642 isolation wards across all 34 provinces. • 160 healthcare workers trained in Mental Health and Psychosocial Support (MHPSS) since the start of the crisis. • 214 healthcare workers trained in Intensive Care Unit (ICU) care. • 113 healthcare workers trained in medical laboratory testing. • 2,742 community health and first aid volunteers across 30 provinces trained in psychosocial first aid and risk communication. The volunteers reached 857,000 people as of 21 June.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> • 2,061,486 people reached with WASH assistance since the start of the crisis – including through hygiene promotion, handwashing and distribution of hygiene kits. • 71,018 hygiene kits distributed, reaching 480,897 people. • 4,914 people received water kits as part of safe water promotion across three districts in Balkh province. • More than 3.79m bars of soap have been distributed in 206 districts across the country. • More than 29,500 people at the Islam-Qala border crossing, 41,707 people at the Milak crossing and 15,125 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water. • 2,076 handwashing stations set up at the community-level in 19 districts across 11 provinces. • 178 hand washing stations set up in health facilities across 6 provinces.
Emergency Shelter & NFI	<ul style="list-style-type: none"> • 505,876 people (in 14 provinces) reached with awareness raising sessions on prevention of COVID-19. • 10,691 IEC materials distributed across nine provinces. • 480 NFI kits distributed to 426 families at-risk from COVID-19. • 764 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community. • 10 family tents and 46 refugee housing units (RHU) distributed across 4 provinces for screening, admission, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel as well as registration spaces for Afghanistan nationals newly returning from Iran.
Protection	<ul style="list-style-type: none"> • More than 1.5 million people sensitised on COVID-19 and preventive measures across the country. • 9,435 IEC materials distributed since the start of the crisis. • 2,216 people interviewed using the COVID-19 specific protection monitoring questionnaire. • Protection partners conducted 8,315 border monitoring interviews since the start of the crisis. • 190,615 people received psychosocial support to cope with the mental health effects of COVID-19.

Food Security	<ul style="list-style-type: none"> As part of its regular programming, between 5 March and 1 July WFP dispatched over 52,000MT of food; directly distributed over 50,000MT of food; and disbursed over \$5.3 million in cash-based transfers. Over the same period over 5.2 million people were reached with food assistance[†].
Education	<ul style="list-style-type: none"> 50,642 children reached with home-based learning materials across 13 provinces. 10,314 children received education through small group learning across 4 provinces. 64,829 children received IEC materials on COVID-19 preventative measures across 11 provinces. 9,968 children sensitised on COVID-19 and preventive measures through TV and radio across 4 provinces. 1,231 teachers trained on safe school protocols for COVID-19.
Nutrition	<ul style="list-style-type: none"> 59,952 community members reached with COVID-19 awareness raising sessions. 33,238 IEC materials distributed since the start of the crisis.

Health

Needs:

- COVID-19 is rapidly spreading across Afghanistan, with a steep surge in the number of confirmed cases during the last weeks of June/early July. Different COVID-19 models show that the peak for the COVID-19 outbreak in Afghanistan is expected between late July and early August. As the scale of the crisis grows, increased testing, community engagement and case management are urgently needed to prepare for the approaching peak.
- Continuation of all health services – including the availability of primary care for vulnerable populations and community engagement to combat misinformation – is critical.

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Laboratories are now operational with capacity to test 2,000 samples per day

Response:

- 12 laboratories are now operational, with the latest one inaugurated in Kunduz. Afghanistan currently has a capacity to carry out 2,000 tests per day. However, COVID-19 testing is not operating at full capacity due to operational challenges.
- An additional eight Mobile Health Teams (MHT) have been deployed to Kandahar, Kunduz, Hirat, and Kabul provinces during the reporting period. Since the start of the crisis, 74 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities.
- 22 rapid response teams (RRT) have been deployed by Health Cluster partners across the country to support MoPH RRT's with surveillance, case identification, contact tracing, and community risk communication.

Gaps & Constraints:

- The fragile health system in Afghanistan is insufficiently prepared in terms of capacity and resources to manage severe cases of COVID-19.
- The current laboratory capacity is limited. There is an urgent need to increase laboratory supplies as well as to strengthen human capacity and operational support.
- There is no health system without a workforce; increasing COVID-19 rates among healthcare workers have hampered the COVID-19 response and the provision of other essential health services.
- Scale-up of community-based RCCE is critical to combat misinformation, especially targeting vulnerable people.

Water, Sanitation and Hygiene

Needs:

- According to a multi-sector needs assessment conducted by Oxfam in Hirat, Bamyan, Daykundi, Nangarhar and Kunduz provinces in May, 72 per cent of respondents did not have access to soap for handwashing and 45 per cent lacked access to a sufficient supply of clean water for handwashing. The provision of new water points or rehabilitation of existing water points, along with distribution of hygiene kits for COVID-19 response are needed for IDPs and host communities across these five provinces.
- A Knowledge, Attitudes, and Practices (KAP) survey conducted by World Vision in Hirat, Badghis and Ghor provinces in May revealed limited COVID-19 awareness, with close to 50

2M

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

[†] 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.

per cent of the respondents reportedly unaware of transmission through contact and 40 per cent reporting lack of access to both water and soap.

Response:

- Between 29 June and 5 July, 50,194 people were reached with WASH assistance, bringing the total to 2,061,486 people reached since the start of the crisis.
- 4,647 hygiene kits – which includes hygiene supplies such as soap for hand washing, bathing and laundry as well as toothpaste and a toothbrush – were distributed during the reporting period, reaching 32,543 people across 4 districts. 71,018 hygiene kits have been distributed since the start of the crisis, reaching 480,897 people.
- During the reporting period, 293 water kits – which include plastic jerry cans, plastic buckets, antiseptic soap, water purification tablets and an instruction leaflet on the use of chlorine tablets – were distributed in Balkh province, reaching 1,673 people. 702 water kits have been distributed since the start of the crisis, reaching 4,914 people across three districts in Balkh province.
- 32,543 bars of soap were distributed across seven districts throughout the country between 29 June and 5 July. Since the start of the response, more than 3.79 m bars of soap have been distributed in 206 districts across the country.
- WASH facility maintenance and the provision of water continues at the Milak (Nimroz) border crossings. During the reporting period, WASH activities at the Milak border crossing reached 3,271 people, with 41,707 people reached in this location since the start of the crisis.
- Between 29 June and 5 July, 19 handwashing stations have been set up at the community-level in Kabul Informal Settlement. A total of 2,076 handwashing stations have been set up at the community-level in 19 districts across 11 provinces since the start of the crisis.

Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities, as well as COVID-19 response needs; hygiene kits tailored for the COVID-19 response are also in high need.
- A few WASH Cluster partners report slower implementation of response activities as a result of COVID-19 lockdown measures and movement restrictions.
- As a result of a deeper response approach to escalating needs due to COVID-19, the WASH Cluster's requirements is now \$152.2 million, up from \$70.9 million in the original 2020 Humanitarian Response Plan.

Emergency Shelter & NFI

Needs:

- ES-NFI assessments show that people with COVID-19 symptoms are unable to self-isolate due to overcrowded conditions.
- Returnees and households report inability to pay rent due to income loss associated with COVID-19 movement restrictions and now require cash-for-rent assistance, particularly in Kabul and Jalalabad. Additional rental assessments are needed across the country.
- 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 6,498 families (45,535 individuals) have been affected by natural disasters in Afghanistan across 33 provinces, with Kunar, Farah, Samangan, Nangarhar, Laghman, Faryab and Hirat being the most affected provinces.

505,876

people reached with COVID-19 awareness raising efforts by ES-NFI partners since the start of the crisis

Response:

- During the reporting period, ES-NFI partners reached 57,409 people across 7 provinces with awareness raising sessions on the prevention of COVID-19. 505,876 people in 14 provinces have been reached with key messages since the start of the crisis.
- 601 IEC materials were distributed during the reporting period across 5 provinces. ES-NFI Cluster partners have distributed 10,691 IEC materials across 9 provinces since the start of the response.
- Between 29 June and 5 July, ES-NFI Cluster partners distributed 136 NFI kits to 136 families with confirmed COVID-19 cases. A total of 480 NFI kits have been distributed to 426 families since the start of the crisis.
- ES-NFI Cluster partners deployed 54 volunteers to 3 districts in Badghis province to conduct awareness raising training on COVID-19, targeting community members.
- During the reporting period, 23 families in Nangarhar province received cash assistance (AFS 11,500) for rental support and shelter repairs to cope with the financial impact of COVID-19. A total of 1,210 families are to be assisted with cash assistance by ES-NFI Cluster partners in Nangarhar province in the coming weeks.

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 impacts of flooding and conflict are severe for the population and humanitarian assistance remains essential.
- The COVID-19 pandemic has impacted on the scheduled distribution of NFI items. Improved coordination of relevant ES-NFI cluster partners is needed to address this issue.


Protection
Needs:

- Based on the initial findings of Community Based Protection Monitoring (CBPM) reports, the deteriorating security environment in the centre of the country, in addition to the COVID-19 outbreak, have negatively impacted social services and livelihood activities, making it increasingly difficult for affected populations to cope with the situation. Food and shelter remained first priority needs, according to the report.
- An uptick in criminal acts due to the economic fallout of COVID-19 – including the closure of businesses and loss of livelihoods – have been reported in the south of the country. The struggle to meet daily needs for weeks and or even months without a regular income, has caused additional social issues such as increased theft and petty crime driven by hunger.
- There is a stronger need for enhanced psychosocial support services and counselling across the country to address the mental health effects of COVID-19.
- The Legal Counselling Assistance Team reports that families – particularly IDPs and returnees – across Arghandab, Zhari, Takhtapul and Spin Boldak districts in Kandahar province, have been impacted by the economic downturn caused by COVID-19 in terms of housing issues, preventing them from paying their rent.
- Protection Cluster partners in Kandahar province report that two-thirds of the families living in Nazak Kotai and Seemano Pol areas have been affected financially by COVID-19 lockdown measures. Most of the women who previously worked as cleaners before the lockdown have now lost their jobs, and may resort to negative coping mechanisms

1.5M

people have been sensitised on COVID-19 preventative measures by Protection Cluster partners since the start of the crisis.

Response:

- 143,359 people were sensitised on COVID-19 and preventive measures by Protection Cluster partners across the country between 29 June and 5 July; 1,540,267 people have been sensitised on COVID-19 preventive measures since the start of the crisis.
- 1,121 IEC materials on COVID-19 were distributed in Kandahar, Hilmand, Uruzgan, Nimroz and Zabul provinces during the reporting period; 9,435 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- Between 29 June and 5 July, 105 children in Kandahar province received COVID-19 story books.
- During the reporting period, 170 persons with specific needs (PSNs) received cash assistance across the country to help them cope with the financial impact of COVID-19.
- 349 COVID-19-specific protection monitoring interviews were conducted in Kandahar, Hirat, Hilmand and Uruzgan provinces between 29 June and 5 July. 2,216 interviews have been conducted since the start of the crisis.
- During the reporting period, 6,733 people across 11 provinces received psychosocial support (PSS) through different modalities. Since the start of the crisis, 190,615 people have received PSS across 20 provinces to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 701 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak border crossing, Nimroz province, with 8,315 border monitoring interviews conducted since the start of the crisis.
- Protection Cluster partners in Badakhshan province distributed 17,000 washable face masks between 29 June and 5 July to help to mitigate the spread of COVID-19.

Gaps & Constraints:

- Protection monitoring through focus-group discussions has been suspended in the north due to COVID-19 lockdown measures. Protection monitoring activities have been replaced by phone call interviews.
- There is a lack of adequate space in women's shelters in Kabul, Nangarhar, Parwan, Kapisa, Wardak, Kunduz and Takhar provinces to ensure that physical distancing requirements are respected.

Food Security

Needs:

- Some 12.4 million people are in acute food insecurity (IPC 3 and 4) until November 2020, 4 million of whom are in 'emergency' levels of food insecurity (IPC 4).
- While COVID-19-related lockdown measures have officially remained in place, enforcement has been lenient as major urban areas resume economic activities. This has resulted in an improvement in wage work opportunities for many people, in addition to the increase in seasonal labour demand due to the harvest period.
- The Agricultural Prospect Report indicates a favourable wheat production for Afghanistan in 2020. However, Afghanistan remains dependent on wheat imports to complete its yearly wheat demand – even in good harvest years.

12.4M

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

Response:

- As part of its regular programming[‡], WFP dispatched more than 52,000MT of food; distributed over 50,000MT of food; and disbursed over \$5.3 million in cash-based transfers between 5 March and 1 July. Overall, between 5 March and 1 July more than 5.2 million people have been reached with food assistance.
- The delivery of assistance to COVID-19-affected people alongside the distribution of seasonal food support is continuing across the country.

Gaps & Constraints:

- The official government and private sector emergency interventions to support poor urban populations have largely ended with unclear impacts on food insecurity and coping strategies of the urban poor. This has increased the need for updated nationwide assessments that consider the unique situation of the urban population together with rural smallholders. FSAC is in the final stages of planning the yearly Seasonal Food Security Assessment with data collection to occur in the post-harvest phase of August 2020.
- The deterioration of security conditions in Afghanistan is causing localised displacement and an increased demand for emergency food assistance for affected people. However, FSAC partners report access impediments by NSAGs including interference and levy requests, causing additional delays to ongoing distributions as partners are forced to conduct individual negotiations on a case-by-case basis.
- The strain on pipelines for importing humanitarian foodstuffs continues to be felt with ongoing logistical bottlenecks at major hubs such as Karachi Port in Pakistan. This delay has caused adjustments to in-kind food baskets and changes to ration sizes, resulting in friction between FSAC partners and beneficiaries. Humanitarians request that administrative procedures and exemption certificates be provided through a fast-tracked process to mitigate against further delays.
- Work from home modalities continues to affect the ability for most FSAC partners to conduct trainings, assessments and monitoring activities.
- Country office staff for most FSAC partners have been limited in their ability to conduct field missions. Moreover, regional focal points are mostly self-isolated at home causing a temporary gap in direct field-country office coordination and interactions with beneficiaries.

Education

Needs:

- 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.
- More than 7m 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.

50,642

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

[‡] 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.

Response:

- 1,834 children have been reached with EiE-developed home-based learning materials during the reporting period. A total of 50,642 children have been reached with home-based support across 13 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.
- 4,271 children were reached with COVID-19 IEC-material across 11 provinces between 29 June and 5 July, with 64,829 children reached since the start of the crisis.
- During the reporting period, 99 teachers were trained in COVID-19 safe school protocols. A total of 1,231 teachers have been trained on safe school protocols across Hirat, Balkh and Sar-e-Pul provinces since start of the COVID-19 crisis.
- 1,566 children were reached COVID-19 awareness and preventive measures through TV and radio during the reporting period; 9,968 children have been reached with preventive measures through TV and radio across 4 provinces since the start of the COVID-19 crisis.

Gaps & Constraints:

- Lack of access to TV, electricity and even radios – especially in rural areas – to participate in home learning.
- There is a need to revise/extend self-learning materials to supplement in-class lessons.
- There is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant for when schools/CBEs re-open.
- Improve the provision of child-friendly, age and gender-appropriate awareness messages on anxiety, fear and promoting self-care strategies.
- Flexibility is required from donors to factor-in delays in the programme implementation period.
- As of early June, the Ministry of Education stopped ‘Small Group Learnings’, an important model for supporting children’s continued education in the areas where there is no access to distance and self-learning options. Options to reopen “Small Group Learning” – in line with health guidelines of physical distancing – are needed to ensure the critical education window is not missed.

**Nutrition****Needs:**

- Malnutrition is putting people at increased risk from COVID-19. Under-nourished people have weaker immune systems which exposes them to greater risk of severe illness due to the virus. For instance, a severely undernourished child is nine times more likely to die from common infections than a well-nourished child.
- The extended COVID-19 lockdown is having a devastating effect on livelihoods in rural and hard-to-reach locations. 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. Additional efforts are needed to optimise maternal and child nutrition.

59,952

people have been sensitised on COVID-19 and preventative measures by Nutrition Cluster partners since the start of the crisis

Response:

- Between 29 June and 5 July, 12,267 people – including pregnant and lactating mothers – were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners across 9 provinces. A total of 59,952 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners since the beginning of the COVID-19 response.
- 32,676 IEC materials – including posters, leaflets and brochures – were distributed by Nutrition partners between 29 June and 5 July; 33,238 IEC materials have been distributed since the start of the crisis.
- In an effort to reduce the spread of COVID-19, Mobile Health and Nutrition Team’s (MHNT) are enforcing hygiene measures including hand washing and physical distancing upon entering MHNT service sites.
- Nutrition Cluster partners continue to adapt the guidance notes on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) programming to minimise physical contact, for instance by distributing two-week’s worth of ready-to-use therapeutic foods (RUTF).

Gaps & Constraints:

- Anthropometric measurement, such as height measurement, has been stopped to minimise physical contact and reduce the risk of COVID-19 at nutrition facilities.

- Mother-led mid-upper arm circumference (MUAC) screening has been prioritised by Nutrition Cluster partners, in order to minimise the physical contact between service providers and caregivers and children. 920 children were screened with MUAC tape by their family members during the reporting period. Additional production of MUAC tapes is needed.
- Increased cases of COVID-19 amongst humanitarian workers including implementing partner staff, are negatively affecting the quality of nutritional services being provided, including SAM and MAM treatment. To ensure the continuation of nutrition services, several Nutrition Cluster partners have begun recruiting Mobile Health and Nutrition Team (MHNT) surge/back-up staff to address the decreased response capacity.
- In light of the worsening security situation across the country, there is a need to ensure access to the most vulnerable provinces impacted by food insecurity and in need of nutritional assistance, especially reaching vulnerable groups such as children under five, mothers and pregnant and lactating women.
- There is a need to maintain and expand healthcare and nutrition provision via alternate modalities such as MHNT, given people's fear of contracting COVID-19 at health and nutrition facilities, as well as fear of isolation and stigma associated with being diagnosed as COVID-19 infected. Moreover, the fear of contracting COVID-19 at health and nutrition facilities has resulted in delayed diagnosis of children's nutritional status.
- Nutrition Cluster partners report that there is a general fear amongst community health workers' of becoming infected with COVID-19 when carrying out follow-up visits at the community-level.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.

GENERAL COORDINATION

The **Government of Afghanistan** is primarily responsible for managing and leading the response, including the provision of PPE stocks to BPHS partners. 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. The HAG and OCHA sub-offices, together with ACBAR and INSO, continue to reach out to provincial authorities to facilitate humanitarian movement in the face of 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 [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 4 July, Awaaz had reached 17,243 callers with pre-recorded COVID-19 messages and directly handled 2,929 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women. The COVID-19 pandemic poses several 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.

The **Risk Communication and Community Engagement** (RCCE) Working Group, has continued its briefing series to partners, NGOs, as well as regional Humanitarian Response Teams (HRTs). The briefing series will continue in the coming weeks, targeting other HRTs around the country. The objective is to ensure that the rumour and misinformation tracking and response reaches the field and informs the community engagement activities of RCCE partners. Additionally, the RCCE Working Group is developing guidance materials for field teams and media actors on self-isolation. In order to address stigma, the RCCE Working Group has disseminated guidance notes that promote empathy, tolerance, kindness and community solidarity in the face of the virus, and present teachings from the Quran that promote the need to work together to overcome COVID-19. The guidance notes – which are available in English, Pashto, Dari and Arabic – are to be used by field teams and frontline workers communicating with at-risk communities. The Working Group has also briefed senior members of the UN, including the SRSG on the need to build confidence in essential public services and to ensure that rumours and misinformation are actively dispelled at the highest levels of government.

The **Logistics Working Group** (LWG) continues to gather information from organisations to identify common customs bottlenecks. During the reporting period, UNCTAD, WFP and OCHA have partnered to discuss the next steps needed to introduce the 'Automated System for Relief Emergency Consignments' (ASYREC), which will facilitate and speed-up the processing of international relief, whether the supplies are related to disasters or complex emergencies such as a conflict. The LWG notes that the Spin Boldak crossing point has remained closed for commercial traffic since mid-June due to protests, with an estimated 3,000 trucks stuck waiting to cross into Afghanistan. Lastly, the LWG has identified a new LWG chair who is expected to arrive to Afghanistan in the coming two weeks. Please see the [LWG Afghanistan Country Page](#) for more information.

The **Cash and Voucher Working Group (CVWG)**, started a Financial Service Provider (FSP) mapping exercise during the reporting period, in collaboration with FSAC and REACH Initiative. The aim of the FSP mapping is to understand the most appropriate method of CVA to be used by humanitarian actors, both in terms of the capacity of financial institutions and the feasibility of different transfer mechanisms. During the reporting period, the CVWG also carried out the third round of CVA capacity-building training for AHF proposal writing, with eight NGO partners attending the online training.

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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 fragile health system and limited capacity to deal with major disease outbreaks. 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, a revised Humanitarian Response Plan (HRP) for 2020 seeks \$1.1 billion to deliver prioritised assistance to 11.1 million people with acute humanitarian needs.

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