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This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers the period from 16-27 April 2020. These operational situation reports will be produced weekly moving forward.

HIGHLIGHTS

- Confirmed COVID-19 cases approach 2,000 people across 33 provinces. 61 people have died and 256 recovered.
- Partners have delivered WASH kits and tailored hygiene promotion activities to more than 100,000 people, have reached almost 84,000 people with COVID-19 awareness raising materials, and have supported more than 29,000 women and children with Psychosocial Support services to cope with the emotional consequences of COVID-19.
- Humanitarians continue to monitor secondary impacts of extended lockdowns on vulnerable households and warn these may exacerbate existing needs and push households to adopt negative coping strategies.
- Humanitarian responses to conflict- and natural-disaster emergencies continue, alongside the COVID-19 response. Partners are modifying implementation plans to mitigate the spread of COVID-19.

SITUATION OVERVIEW

MoPH data shows that 1,939 people across 33 provinces in Afghanistan are now confirmed to have COVID-19. Some 256 people have recovered and 61 people have died. Of the 61 people who have died from COVID-19, 52 had at least one underlying disease, the most common of which are cardio-vascular disease, diabetes, and lung disease. The majority were between ages of 40-69. Men between the ages of 40-69 represent around 60 per cent of all COVID-19-related deaths. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan’s economy and people’s well-being. Kabul is now the most affected part of the country, followed by Hirat.

There are currently eight laboratories in the country. Each lab is able to process an average of 100-150 tests per day. Additional labs in Bamyan and Badakhshan are being established and the Government eventually hopes to have a total of 15 labs operating. Currently laboratory re-agents, ribonucleic acid (RNA) Extraction Kits, COVID-19 specimen collection, and viral transport media (VTM) for transport of specimen are in short supply and this will affect the pace of new labs opening.

A number of provinces have instituted measures to limit the exposure of residents to COVID-19. Throughout the country, these ‘measured lockdowns’ have resulted in closures of sections of each city and/or movement limitations. These include limits on the number of people travelling together and the imposition of curfews. Reports indicate that despite assurances by the Government that these would not limit critical program movements of NGOs and the UN, newly introduced lockdown measures continue to impact on the mobility of some staff members. Humanitarian partners remain active in responding to crises throughout the country and continue to urge the Government to employ a national approach to these 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 causal daily labour and lack alternative income sources. Already, humanitarian partners note a rise in protection risks as vulnerable households resort to negative coping mechanisms to meet basic subsistence needs. As public fear of COVID-19 spreads, humanitarians are also concerned about potential stigmatisation of and discrimination against those who are perceived to have COVID-19, particularly those who have recently returned from neighbouring countries.
Humanitarian surge authorities to put additional measures in place to safeguard individuals and families from exclusion and abuse.

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 them potentially more susceptible to exposure to and transmission of COVID-19. During this reporting period, ES-NFI partners have responded to the needs of 2,586 families affected by conflict in Balkh, Maidan Wardak, and Baghlan provinces with emergency NFI assistance. Almost 4,000 families have reportedly been displaced by clashes in Norgal and Chawki district of Kunar province; ES-NFI partners have assessed needs and will provide assistance to 1,973 affected families, including with assistance that mitigates additional vulnerability to COVID-19. Protection partners also continue to monitor and respond to ongoing needs; 1,303 children without parental care have been identified in border areas of Hirat, Nimroz, Nangarhar, and Mazar-e-Sharif provinces, and were provided with interim care before being reunified with their families. 1,050 women were provided with dignity and sanitary packages in Hirat and Farah provinces. Case management support was provided to 106 children and 282 individuals received hygiene materials in the centre of the country. WFP has continued to respond to ongoing food needs, distributing food to more than 263,000 food insecure people over the past week.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

| Country-level coordination and response planning | • Health partners continue to support Government led planning and response.  
• Humanitarian partners are also currently updating the Humanitarian Response Plan, integrating COVID-19 needs into overall planning figures and assumptions. |
| Risk communication and community engagement (RCCE - accountability to affected populations) | • RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners  
• RCCE WG has carried out a communications assessment which outlines the communications preferences and most trusted information sources by geographical area, down to the district level  
• Partners have distributed 700,000 awareness materials to 28 provinces |
| Surveillance, rapid response teams, and case investigation | • 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing  
• Active surveillance and contact tracing activities have started in Hirat IDP sites  
• Partners have also scaled-up surveillance activities in other informal sites in Nangarhar, Kunduz and Ghazni |
| Points of entry | • 15 IOM health staff are deployed to major border crossing points with Iran to provide support to ongoing COVID-19 response efforts  
• 8 UNHCR staff have been deployed as part of monitoring teams operating at two borders’ points (Spin Boldak in Kandahar province and Milak in Nimroz province) |
| Laboratories | • 8 laboratories are operational now –Two in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktia, and one in Kandahar  
• A shipment of RNA Extraction kit has arrived with enough supplies for 7 days of testing. This pipeline remains unstable due to global shortages |
| Infection prevention and control (IPC) | • 10,000 units of PPE have arrived and been disseminated– estimated need for country is 425,000 (MoPH data)  
• IPC training conducted by partners for 825 healthcare workers. |
| Case management | • 2,000 beds are now available for isolation and intensive care |
| Operational support and logistics | • 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 at the borders to mitigate pipeline breaks for critical food and non-food items |
| Continuation of essential services | • 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  
• There has been a significant decrease in people seeking health services with a 6 per cent drop in antenatal care compared to December and an 11 per cent decrease in primary health care consultations compared to December |
Health

Needs:
• Around 30 per cent of the population has limited access to basic health services within a two-hour travel radius. The fragile health system is further overburdened by mass casualty incidents and recurrent outbreaks of communicable diseases, and a high burden of non-communicable diseases and malnutrition.
• With an anticipated surge of COVID-19 cases, critical medicines and essential medical supplies (beds, thermometers, etc.), including infection prevention and control supplies, are required on an unprecedented scale.

Response:
• 5,000 RNA extraction kits have been distributed to laboratories.
• 10,000 units of Personal Protective Equipment (PPE) have arrived and been distributed to MoPH.
• Cluster partners have carried out infection prevention and control (IPC) training for 825 healthcare workers.
• WHO has identified a supplier for diagnostic testing kits to provide re-supply as necessary.
• Cluster partners have engaged in active surveillance and contact tracing activities in Hirat IDP sites and have scaled-up surveillance activities in other informal sites in Nangahar, Kunduz, and Ghazni.
• The Risk Communication and Community Engagement (RCCE) Working Group has completed an initial rumour tracking database and continues to support Government RCCE efforts; a common repository for community engagement materials is under development.
• RCCE Working Group partners have distributed 700,000 awareness raising materials across 28 provinces.
• Mental Health and Psychosocial Support (MHPSS) Working Group partners are carrying out community perception surveys and continue training of PSS staff on COVID-19-specific guidelines.
• 2,000 beds are now available for isolation and Intensive Care.

Gaps & Constraints:
• RNA extraction kits and laboratory re-agents are urgently needed, recognising that there is a global shortage of these essential items.
• Contact tracing and surveillance resources in urban areas remain a challenge.
• Need to increase understanding and familiarity with government referral pathways.
• Due to fears of contracting COVID-19 in health facilities, patients seeking and receiving antenatal care have decreased by 6 per cent while out-patient consultation has decreased by 11 per cent compared to December of 2019. Health cluster partners are also concerned that people who may have contracted COVID-19 are avoiding hospitalisation due to fear of isolation, stigmatisation, and/or the economic impact of isolation, potentially leading to a higher prevalence of at-home deaths from COVID-19.
• While the vast majority of Health Cluster partners are continuing to operate, physical distancing requirements are impacting ability of Health Cluster partners to maintain essential services. This is particularly true of MPHSS services.

Water, Sanitation and Hygiene

Needs:
• Even before COVID-19, coverage of WASH services, including water supply infrastructure, sanitation facilities and hygiene promotion supplies (soaps, 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.

Response:
• 26 WASH Cluster partners have confirmed presence and response capacity in all 41 districts prioritised for COVID-19 response by the cluster.
• 280 water tanks have been distributed in Badakhshan and Takhar to increase the number of water points to support physical distancing during water collection.
• Almost 1.2m bars of soap have been distributed across 41 districts throughout the country.
WASH cluster partners have distributed 9,000 hygiene kits in Hirat, Kabul, Nimroz and Badghis provinces; partners are also planning to distribute 12,328 hygiene kits to vulnerable IDP, returnee, host community and refugees in 10 provinces of the country’s centre and southeast.

Hand washing and sanitation facilities have been installed and water supply systems rehabilitated and/or upgraded at border points with Pakistan.

Hand washing facilities have been installed at a COVID-19 isolation centre in Kunar.

Water filtration systems have been rehabilitated and hand washing facilities installed in isolation centres in Hirat.

Hand washing facilities have been installed and maintenance of WASH facilities carried out at Milak border crossing in Nimroz.

WASH facilities have been upgraded in the COVID-19 hospital in Farah province.

Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities and COVID-19 response plans; hygiene kits tailored for the COVID-19 response are in high need.
- In many parts of the country sourcing sufficient and safe water supplies to support handwashing and other household needs remains critical to mitigating the spread of COVID-19.
- Assured funding is critical to further scale-up of the WASH response.

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 lack of privacy and dignity; overcrowding; and poor ventilation. This leaves them susceptible in event of widespread COVID-19 transmission.
- Those living in existing informal settlements need adequate settlement planning and access to centralised services including safe water and sanitation facilities. 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.
- Returnees and households unable to pay rent due to loss of livelihoods caused by COVID-19 restrictions need cash-for-rent assistance.

Response:

- Throughout the country ES-NFI Cluster partners are continuing to provide awareness raising sessions on prevention of COVID-19. In the country’s north, 15,000 IDPs and returnees were reached with COVID-19 awareness raising materials, provided simultaneously during needs assessments, as well as NFI and food distributions. In the south, partners have reached 68,800 people through a COVID-19 awareness campaign in Kandahar province. And in the west, partners are providing COVID-19 awareness sessions in returnee areas and IDP sites, distributing NFI and hygiene kits, as well as training staff and health workers.
- In the country’s east, partners have distributed two sanitisation kits for CDCs.
- Cluster partners are also pre-positioning key shelter and NFI items throughout the country, including Refugee Housing Units for distribution to health departments and NFIs to minimise the sharing of household items amongst affected people in Kunduz and other provinces in the north east.

Gaps & Constraints:

- ES-NFI partners are currently responding to multiple 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.

Protection

Needs:

- Socio-economic support for families impacted by COVID-19-related lockdowns to mitigate against the use of negative coping mechanisms and meet urgent livelihood gaps.
- Psychosocial support adapted for COVID-19 physical distancing requirements in the most vulnerable communities, including those living in IDP settlements.
• Continuation of systematic protection and vulnerability monitoring to track trends resulting from COVID-19 restrictions including monitoring the situation facing women and girls.
• Awareness raising on COVID-19 and preventive measures in remote and hard-to-reach areas.
• Livelihood or multi-purpose cash transfer support for households headed by women or children.

Response:
• 164,024 people have been sensitised on COVID-19 and preventive measures in Kabul, Saripul, Balkh, Samangan, Baghlan, Jawzjan, Faryab, Hirat, Logar, Kandahar, Nimroz, Zabul, Hilmand, Daykundi, Uruzgan and Bamyan provinces.
• 74,343 children and their caregivers in the country’s centre, north, west, east and south have been sensitised on COVID-19 key messages and child protection risks including prevention of stigma and discrimination against children.

• 29,143 women and children have received psychosocial support services to cope with the mental health-related consequences of COVID-19 through door-to-door visits in the country’s centre, north, west, east and south.
• 5,500 face masks to reduce COVID-19 transmission were distributed to vulnerable people in Balkh province.
• Eight staff have been deployed to four border monitoring teams operating at two borders’ points (Spin Boldak in Kandahar province and Milak in Nimroz province).
• Women’s rights and GBV prevention have been integrated into COVID-19 awareness raising messages. Awareness raising sessions are ongoing through media broadcasts and door-to-door outreach visits.
• Partners have developed new ways of doing psychosocial support consultations through phone calls and door-to-door visits to provide support to GBV survivors, child protection cases, and other vulnerable population groups.
• The Protection Cluster has developed new criteria for ‘Persons with Specific Needs’ who qualify for financial assistance. These now include cases exposed to additional risks as a result of the COVID-19 lockdown.
• COVID-19 prevention awareness raising sessions have been conducted and hygiene materials distributed to detainees in Mazar Juvenile Rehabilitation Centre and prison.
• COVID-19 awareness raising and other child protection activities with children in JRCs are ongoing and will continue upon their release to reduce potential protection risks.
• COVID-19 awareness raising has been integrated into Housing, Land and Property (HLP) information and support sessions.
• Protection awareness raising sessions that were previously halted have resumed in Kandahar province. Staff members have been provided with PPE and will focus on areas exposed to high risks.
• Protection cluster partners continue to monitor COVID-19-related evictions.

Gaps & Constraints:
• Activities involving large gatherings have been suspended due to COVID-19 transmission concerns. Protection Cluster partners are exploring alternative modalities to deliver services.
• Child Friendly Space shave been closed due to the need for social distancing.
• Referral of vulnerable people to long-term services has been limited as result of lockdowns and movement restrictions.
• Information Counselling and Legal Aid (ICLA) support has been postponed in the north.
• There is a current lack of data on the incidence of GBV, including specific locations where women, girls and boys could have been affected by domestic and other forms of violence.
• There remain limited safe shelter alternatives for those who are experiencing domestic violence. Existing shelters and gender-segregated isolation centres do not have enough space to maintain appropriate physical distancing between individuals.
• Protection Cluster partners report an increase in child protection challenges during COVID-19 lockdowns, particularly noting a rise in exploitation of children, including early child marriage, as a negative coping mechanism.
• Closure of government buildings is limiting legal assistance to those in need of HLP assistance.

Food Security

Needs:
• An updated food security analysis conducted in Afghanistan indicates that an estimated 13.4m people are severely food insecure between April and May 2020. Of these, about 9.1m people were classified in IPC Phase 3 (Crisis) and about 4.3m people in IPC Phase 4 (Emergency). The increased food insecurity for vulnerable populations, including...
• IDPs and the urban poor, is of particular concern. The outlook for the remainder of the year also remains dire with 12.4m people in IPC 3 and 4 through until November.
• Following the recent variable rainfall patterns across the country, yield losses of 20 per cent or more have been estimated due to an increased incidence of wheat rust, affecting the crops on which people depended for food.
• Domestic trade disruptions and panic buying in major urban centres have led to spikes in prices for key commodities. The price of wheat has increased by 17 per cent between 14 March and 27 April 2020, while the cost of pulses, sugar and rice increased by 12 per cent, 8 per cent, and 7 per cent, respectively, over the same period. The impact of these price rises fall disproportionately on vulnerable populations, 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 a steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need. Alignment between provincial charity boxes and humanitarian support is necessary to ensure consistent levels of assistance.
• The ability of small landholder farmers to access agricultural inputs and markets is of key concern as spring and summer crops are harvested over the coming months.

Response:
• WFP distributed food to more than 263,000 food insecure people over the last week as part of its ongoing programme.
• Partners are currently exploring ways to scale-up humanitarian cash transfers, if appropriate, in addition to the ongoing pre-planned seasonal support. This will include additional in-kind or cash distributions to over 30,000 HHs, pending funding approval.
• 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. Changes in current food distribution schedules are minimal at the moment as existing supplies were able to absorb the temporary cargo interruption from Pakistan and the COVID-19-specific response has not yet begun in earnest.
• FSAC partners have noted that market price data – as per WFP reporting – shows that prices for staple goods continue to remain well above pre-crisis levels at the same time that the purchasing power of casual labourers continues to drop. The purchasing power of casual labour and pastoralists has significantly deteriorated by 19 per cent and 12 per cent, respectively, due to wheat price increases and decreased wages (compared to 14th March).
• All of the 15 commercial trucks carrying 578 mt of SuperCereal and vegetable oil have now successfully crossed into Afghanistan after being stuck at the Chaman-Spin Boldak border crossing with Pakistan for several weeks. FSAC partners are continuing to press for more predictable movement of critical humanitarian food items through border crossing points.

Gaps & Constraints:
• The movement of trucks across the Afghanistan-Pakistan border crossings remains constrained to a maximum of 100 trucks per day which further jeopardises the access of vulnerable populations to a reliable supply of diversified food and the ability of markets to return to pre-crisis prices.
• The risk of food diversion, looting and other security issues – particularly in rural areas – due to an increased number of unemployed people and predictions of food shortages as a result of lockdowns have been flagged as a concern.
• Monitoring capacity is paused, monitoring staff are unable to access offices and field locations. Internal movements of humanitarian staff and support workers (including day labourers for unloading/loading trucks) and materials transported by commercial means must be supported by authorities at the national and sub-national level.
• Some programmes and activities not prioritised under the COVID-19 response have been paused, including livelihood assistance, monitoring and trainings and sensitisation sessions which will impact upon the viability of upcoming harvest seasons. Resilience building asset creation projects have been put on hold.

Education

Needs:
• The children of Afghanistan are facing the greatest disruption to their right to education in living memory.
• Due to the COVID-19 outbreak, the Government announced that all schools were 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.
Alternative education arrangements are needed to ensure millions of children do not miss out on critical education.

Response:
- Education in Emergencies (EiE) Working Group partners have developed home-based learning materials for Grades 1-3 and are working on similar materials for Grades 4-6. The home-based learning programme aims to reach 250,000 children during the school closure period. 4,000 children have been reached in April 2020.
- 1.15m children – half of them girls – have been reached by multi-media education in April. The EiE Working Group aims to reach 4m children in total during the school closure period.
- EiE Working Group partners provided feedback on the Ministry of Education COVID-19 response plan which is focusing on self-learning, distance learning and small group learning.
- A standard operating procedure (SOP) for distribution of self-learning materials has been developed and is available in Dari.
- The Teacher Engagement Taskforce drafted a plan which aims to support teachers in raising awareness of COVID-19 at the community-level, ensuring continuation of education, providing basic psychosocial support to children, and helping to enhance teacher capacity.

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.
- Limited WASH facilities in schools if they re-open.
- Limited available stock of hygiene supplies (soaps, bucket with taps and chlorine).
- Continued insecurity may hinder access to high risk areas.
- Limited response and resource capacity for partners to respond.
- Limited capacity to sufficiently support school-level intervention in high-risk areas.
- Flexibility is required from donors to factor-in delays in the programme implementation period.

Nutrition

Needs:
- Measures aimed at slowing the transmission of COVID-19 are resulting in hardship for many vulnerable families. The COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services and schools, as well as its impacting on the nutrition status of those most affected, particularly the poor and vulnerable.
- The pandemic will have a secondary impact on the population’s access to nutritious food and other basic needs due to movement restrictions, disruptions of market functionality, higher market commodity prices and limited access to health services and hygiene. This will be felt hardest by socially and economically disadvantaged groups. Market disruption may also force people to consume less nutritious.
- Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being in contexts where access to essential health and nutrition services and affordable nutritious diets is constrained. More than 2m women and children are in need of nutritional treatment.
- School closures have a secondary effect of preventing children from accessing crucial school health and nutrition services. The absence of school feeding programmes could have an adverse impact on children’s health and nutrition status.
- The nutritional status of children under five continues to deteriorate in most parts of Afghanistan. More than two thirds of the country (25 out of 34 provinces) was at an emergency level of malnutrition even before the COVID-19 crisis began.
- Only 16 out of 40 districts identified by the cluster as 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 treatment 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 need to be established in 11 districts identified as high risk for COVID-19.

Response:
- The cluster is aiming to maintain the existing scale of nutrition services during the COVID-19 outbreak with some adaptations to ensure an effective response. The Nutrition Cluster is working to further decentralise services to the community through the use of mobile teams, ensuring that nutrition services are accessible to affected populations.
• Nutrition partners in Daykundi, Bamyan and Kandahar province have introduced various COVID-19-sensitive approaches, including a triage testing system for facility-based systematic screening, enhanced handwashing and disinfection procedures, pre-positioning of personal protective equipment (PPE), and the provision of double rations for MAM children (6 to 59 months) in accordance with global nutrition cluster guidelines. Targeted messaging in the form of Information, Education, Communication (IEC) materials and Behaviour Change Communication (BCC) has shifted to focus on hygiene measures and the prevention of COVID-19 transmission.

• Nutrition Cluster partners are providing COVID-19-sensitive breastfeeding counselling services across the country. The adapted services were developed by the cluster and has been endorsed by the Government.

• Eight new partnerships will be agreed to support the COVID-19 response together with WFP in priority locations. Two cooperating partners will provide extended MAM treatment services through mobile health teams in Hilmand and Ghor, while the other eight will provide preventive nutrition assistance as a safety net to pregnant and lactating women (PLW) and children (6-59 months) in COVID-19-affected locations.

Gaps & Constraints:
• Possible pipeline breaks for nutrition commodities are expected due to COVID-19-related lockdowns and the closure of borders. Continued advocacy for in-flow of nutrition supplies to pre-empt the supply shortfall is needed.

• Due to current movement restrictions in a number of provinces, Nutrition Cluster partners anticipate less frequent follow-ups/monitoring and limited opportunity to see the children and caregivers which, may result in slower nutritional gain (e.g. weight gain) or recovery among the children receiving nutritional care.

• Data from the nutrition database shows a 38 per cent decrease in admissions for SAM treatment services in in-patient settings and a 10 per cent decrease in out-patient settings in March 2020, compared to the same period last year. In provinces with higher confirmed COVID-19 cases including Kabul, Hirat, Kandahar, Balkh and Nangarhar, the analysis revealed a 48 per cent decrease in the admissions for SAM treatment services in in-patient settings and unexpectedly an 8 per cent increase in out-patient settings during the same period.

• In an effort to reduce COVID-19 transmission amongst affected populations and health workers, Nutrition Cluster partners have begun reducing the frequency of visits for SAM treatment services to once every two weeks, and MAM services to once a month.

• There is increased need for the timely collection of food security and nutrition information to identify populations at risk, as well as monitoring and influencing factors likely to have a negative impact on the nutritional status of people.

GENERAL COORDINATION

The Government of Afghanistan is primarily responsible for managing the response. The humanitarian community’s overall efforts towards the response are coordinated under the Humanitarian Country Team as the strategic decision-making body and the inter-Cluster Coordination Team as its operational arm.

The Cash and Voucher Working Group (CVWG) has continued to support partners with capacity building trainings aimed at strengthening compliance with AHF requirements and overall best practice for cash programming. The CVWG has also disseminated a guidance note on implementing cash programming to respond to COVID-19 needs and a list of recommendations for risk mitigation. The CVWG continues to work with REACH on a joint-market monitoring initiative (JMMI), the results of which are expected in mid-May.

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. As of 28 April, at least 23 provinces have imposed lockdown measures. In the absence of a nation-wide solution to facilitate humanitarian movement these measures continue to impede humanitarian work across the country. Movement restrictions not only delay the implementation of the COVID-19 response, but also pose a safety and security risk for humanitarian organisations as long queues at checkpoints increase exposure to risks from non-state armed groups. While regional solutions have been developed to help facilitate humanitarian movement, including the issuance of permits in Kunar, Nangarhar and Hirat or the publishing of a permission letter in Balkh, challenges in the uniform implementation of these solutions remain.

The Risk Communication and Community Engagement (RCCE) Working Group has carried out a communications assessment which outlines the communications preferences and the most trusted information sources by geographical area, down to the district level. Using preferred and trusted communications mechanisms is the best way to ensure that COVID-19-related messaging and information reaches communities with maximum impact. Findings from the assessment will be made available shortly. The RCCE Working Group is also aiming to ensure that information given to communities is appropriately tailored to their current understanding and knowledge about the virus. Specifically, the group is actively engaging with communities to collect, understand and dispel rumours and disinformation about the virus. These resources
will support those engaging in risk communication to ensure that people at risk apply the correct prevention procedures rather than relying on treatments or cultural practices that may be ineffective in keeping them safe from the virus.

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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 likely to be 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.

For further information, please contact:

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