

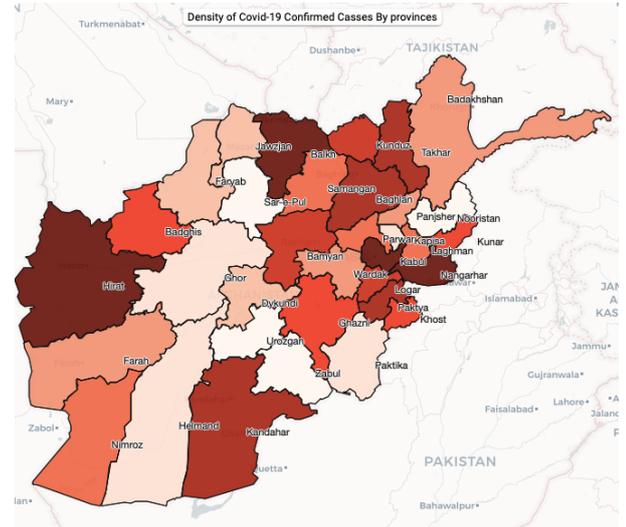
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **22 and 28 June 2020**.

HIGHLIGHTS

- Global COVID-19 cases passed the 10 million mark on 28 June – with the death toll surpassing 500,000 – as concerns mount over a dangerous resurgence of the disease in several countries.
- As of 1 July, 31,836 people in Afghanistan have tested positive for COVID-19; 774 have died and 15,651 have recovered.
- Since the start of March, partners have screened 468,353 people at points-of-entry, delivered WASH assistance to more than 2 million people and reached 48,808 children with home-based learning materials across the country.

SITUATION OVERVIEW

MoPH data shows that as of 1 July, **31,836 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 15,651 people have recovered, and 774 people have died (18 of whom are healthcare workers). 72,996 people out of the population of 37.6 million have been tested. Almost five 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 15 per cent between 14 March and 1 July, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 32 per cent, 22 per cent, 40 per cent, and 21 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has deteriorated by 4 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, 14,242 women received antenatal and postnatal care from midwives deployed through Mobile Health Teams (MHTs). 3,342 people were treated for trauma care by Health Cluster partners as conflict continues in many parts of the country. Five health facilities in contested areas were rehabilitated by Health partners. 2,159 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 6,658 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM) during the reporting period. 2,366 pregnant and lactating women (PLW) received targeted supplementary feeding programmes (TSFP), whereas 2,904 PLWs received

Infant and Young Child Feeding (IYCF) counselling and maternal counselling during the reporting period. 820 Gender-Based Violence (GBV) cases were identified and referred for case management to Family Protection Centres (FPCs) across 17 provinces. Five unaccompanied and separated children were reunited with their families in Daykundi province. Protection partners provided legal assistance to 23 people in Kabul and Logar provinces. 243 dignity kits were distributed to women and girls across four provinces. As part of its regular programming, WFP distributed food to 414,253 food insecure people between 18 and 24 June*.

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. • 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 communications 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 the COVID-19 and ongoing response in line with the Collective Approach to Community Engagement strategy. • More than 4,324,532 people have been reached with RCCE messages by partners.
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. • 66 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities. • The Health Cluster partners' surveillance system has traced 532,743 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. • 468,353 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"> • 11 laboratories are now operational. Afghanistan currently has a capacity to carry out 2,000 tests per day. • 113 healthcare workers were trained in medical laboratory testing. • Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.
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.

* 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.

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. So far, the LWG has established a customs sub-working group, tasked to identify practical solutions to customs delays.
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. • 468,353 people screened at points-of-entry by Health Cluster partners. • 4,324,532 people reached with risk communication and community engagement messages. • 532,743 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"> • 2,011,292 people reached with WASH assistance since the start of the crisis – including through hygiene promotion, handwashing and distribution of hygiene kits. • 66,371 hygiene kits distributed, reaching 436,832 people. • 3,241 people received water kits as part of safe water promotion across three in Balkh province. • More than 3.75m bars of soap have been distributed in 195 districts across the country. • More than 29,500 people at the Islam-Qala border crossing, 38,436 people at the Milak crossing and 15,125 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water. • 2,057 handwashing stations set up at the community-level in 18 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"> • 448,467 people (in 13 provinces) reached with awareness raising sessions on prevention of COVID-19. • 10,090 IEC materials distributed across 8 provinces. • 344 NFI kits distributed to 290 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"> • Almost 1.4 million people sensitised on COVID-19 and preventive measures across the country. • 8,314 IEC materials distributed since the start of the crisis. • 1,867 people interviewed using the COVID-19 specific protection monitoring questionnaire. • Protection partners conducted 7,614 border monitoring interviews since the start of the crisis. • 183,882 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 24 June WFP dispatched over 49,000MT of food; directly distributed over 47,000MT of food; and disbursed over \$4.6 million in cash-based transfers. • Over the same period over 4.7 million people were reached with food assistance[†].
	<ul style="list-style-type: none"> • 48,808 children reached with home-based learning materials across 11 provinces.

[†] 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.

Education	<ul style="list-style-type: none"> • 10,314 children received education through small group learning across 4 provinces. • 60,558 children received IEC materials on COVID-19 preventative measures across 8 provinces. • 8,402 children sensitised on COVID-19 and preventive measures through TV and radio in 2 provinces. • 1,132 teachers trained on safe school protocols in regard to COVID-19.
Nutrition	<ul style="list-style-type: none"> • 47,685 community members reached with COVID-19 awareness raising sessions. • 773 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. 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.

11

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

Response:

- 11 laboratories are now operational. 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.
- 214 healthcare workers were trained in Intensive Care Unit (ICU) skills during the reporting period.

Gaps & Constraints:

- Humanitarian partners have provided tens of thousands of pieces of PPE and several thousand items of life-saving medical equipment to the MoPH. More is expected to arrive in-country soon. With the peak of the pandemic expected between late July and early August, there is an urgent need to ensure a rapid distribution of medical and protective equipment to all corners of the country. Humanitarian partners stand ready to provide logistical assistance to the Ministry to allow the distribution of these items and request a detailed distribution plan to support this effort.
- 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 has hampered COVID-19 response and the provision of other essential health services.
- Scale-up of community-based RCCE is critical to combat misinformation and stigma, especially targeting vulnerable people.

Water, Sanitation and Hygiene

Needs:

- According to a multi-sector needs assessment conducted by Oxfam in Hirat, Bاميان, 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 per cent of the respondents reportedly unaware of transmission through contact and 40 per cent reporting lack of access to both water and soap.

2M

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

Response:

- Between 22 and 28 June, 62,771 people were reached with WASH assistance, bringing the total to 2,011,292 people reached since the start of the crisis.

- 1,600 hygiene kits – which includes hygiene supplies such as soap for hand washing, bathing and laundry as well as toothpaste and toothbrush – were distributed during the reporting period, reaching 11,522 people across five districts. 66,371 hygiene kits have been distributed since the start of the crisis, reaching 448,354 people.
- During the reporting period, 252 water kits – which includes plastic jerry can, plastic bucket, antiseptic soap, water purification tablets and an instruction leaflet on the use of chlorine tablets – were distributed in Balkh province, reaching 1,764 people. 463 water kits have been distributed since the start of the crisis, reaching 3,241 people across three districts.
- 12,512 bars of soap were distributed across seven districts throughout the country between 22 and 28 June. Since the start of the response, more than 3.75 m bars of soap have been distributed in 202 districts across the country.
- WASH facility maintenance and the provision of water continues at the Milak (Nimroz) and Torkham border crossings. During the reporting period, WASH activities at the Milak border crossing reached 67 people, with 38,436 people reached in this location since the start of the crisis. Similarly, WASH activities at the Torkham crossing reached 4,865 people during the reporting period, with 15,125 people reached here since the start of the crisis.
- Between 22 and 28 June, 102 handwashing stations have been set up at the community-level in Kabul Informal Settlement. A total of 2,057 handwashing stations have been set up at the community-level in 18 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.

Emergency Shelter & NFI

Needs:

- ES-NFI assessments show that people with COVID-19 symptoms are unable to self-isolate due to overcrowded conditions.
- Assessments show that the more than 111,580 people still living in displacement sites in Hirat and Badghis provinces (areas affected by the drought) are in poor health – making them potentially more vulnerable to COVID-19 – and are in urgent need of shelter.
- 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 6,462 families have been affected by natural disasters in Afghanistan across 33 provinces, with new flooding reported during the reporting period in Laghman province.

448,467

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

Response:

- During the reporting period, ES-NFI partners reached 28,852 people across 13 provinces with awareness raising sessions on the prevention of COVID-19. 448,467 people in 13 provinces have been reached with key messages since the start of the crisis.
- 476 IEC materials were distributed during the reporting period in Kandahar, Hilmand and Badakhshan provinces. ES-NFI Cluster Partners have distributed 10,090 IEC materials across 8 provinces since the start of the response.
- Between 22 and 28 June, ES-NFI Cluster partners distributed 107 NFI kits to 88 families with confirmed COVID-19 cases (families with more than 10 members received two NFI kits to limit sharing of core relief items). A total of 344 NFI kits have been distributed to 290 families since the start of the crisis.
- 349 religious leaders received COVID-19 awareness raising training to help them disseminate key messages to the community, with a total of 764 religious leaders trained across Badakhshan and Paktya provinces since start of the crisis.

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. Moreover, 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.
- Lack of awareness raising on the prevention of COVID-19 in contested areas in Hilmand province.

Protection

Needs:

- In Nangarhar province, sustainable and daily working opportunities are decreasing due to COVID-19 lockdown, which is resulting in decreased ability of vulnerable families, to meet their needs including food supplies. The situation is increasing reliance on negative coping mechanisms, such as child labour (including begging), and is adding an additional burden on women, who are also being increasingly pushed to engage in different forms of work, such as collecting fire wood and working in the fields.
- Community Based Protection Monitoring (CBPM) reports from Logar, Maidan Wardak, Panjsher and Paktika province reveal IDPs and returnee are reportedly stressed and concerned about their future, as they have very limited access to food and livelihood opportunities. Interviewees report that they may have to engage with negative coping mechanism, such as child labour and child marriage, begging, and illegal migration, in order to fulfil their basic needs.
- According to the latest COVID-19 specific protection monitoring, 4,800 families living in Bolan district in Hilmand province, and 800 families in Tirinkot city in Uruzgan province, do not have access to livelihood opportunities as a result of COVID-19 lockdown measures.
- Vulnerable families are struggling to afford preventive materials/equipment (e.g. masks, sanitiser, soap) given the high prices and unavailability of the commodities in marketplaces in Nangarhar, Kunar, Laghman and Nuristan provinces. Supportive measures such as cash or distribution of protective materials to the most vulnerable families who have lost their income source due to COVID-19 should be considered.
- According to Child Protection sub-cluster partners, there is urgent need to raise awareness on COVID-19 in Logar province, especially in rural areas, targeting vulnerable children and their households.

1.4M

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

Response:

- 123,126 people were sensitised on COVID-19 and preventive measures by protection partners across the country between 22-28 June; 1,396,908 people have been sensitised on COVID-19 preventive measures since the start of the crisis.
- 1,774 IEC materials on COVID-19 were distributed in Kandahar, Hilmand, Uruzgan, Nimroz and Zabul provinces during the reporting period; 8,314 IEC materials have been distributed by protection partners since the start of the crisis.
- Between 22 and 28 June, 90 children in Kandahar province received COVID-19 story books.
- During the reporting period, 227 persons with specific needs (PSNs) received cash assistance across the country to help them cope with the financial impact of COVID-19.
- 306 COVID-19-specific protection monitoring interviews were conducted in Kandahar, Hilmand and Uruzgan provinces between 22 and 28 June. 1,867 interviews have been conducted since the start of the crisis.
- During the reporting period, 11,776 people across 8 provinces received psychosocial support (PSS) through different modalities. Since the start of the crisis, 183,882 people have received PSS across 20 provinces to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 552 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak border crossing, Nimroz province, with 7,614 border monitoring interviews conducted since the start of the crisis.
- A few Protection Cluster partners in Hirat province have re-designed their livelihood projects in order to address the needs of communities affected by COVID-19. For instance, under the micro-enterprise project, beneficiaries have begun producing cloth masks, instead of the shoes they previously made.

Gaps & Constraints:

- Some protection activities requiring larger gatherings – such as Child Friendly Spaces (CFS), Safe Healing Learning Spaces (SHLS) and Vocational Training Centres – have either been suspended or postponed.
- GBV survivors at Family Protection Centres (FPCs) and Women Protection Centres (WPC) are being exposed to higher risks of COVID-19 infection in Bamyán, Kandahar, Faryab, Parwan, Kapisa and Nangarhar provinces due to insufficient spaces to maintain physical distancing.
- Only one child protection partner has been able to provide child protection services in Deh Sabz district, Kabul province, due to movement restrictions and lockdown measures. There is need for additional presence in the area.

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).
- Food availability and access are showing signs of stabilising as the summer harvest is beginning to arrive to markets. However, prices continue to be higher than pre-crisis levels for staple goods which, along with an improvement in the availability of wage labour, may provide small improvements in the purchasing power of rural share-croppers and smallholders.
- The harvest of both spring and summer crops has increased the demand for agricultural labour in certain areas where major crops are harvested twice a year, particularly in the east and in the north.
- Some of the most vulnerable households affected by this crisis have also experienced the dual shock of lower remittance inflows and the continued impact of COVID-19 lockdown measures, which is anticipated to cause debt levels to rise as households struggle to meet their daily food consumptions needs.
- Ongoing natural disasters such as flooding in the east and increasing levels of violence continue to demand a high level of response from FSAC partners at the same time that support and frontline staff are being forced to self-isolate following suspected and confirmed COVID-19 cases.

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 49,000MT of food; distributed over 47,000MT of food; and disbursed over \$4.6 million in cash-based transfers between 5 March and 24 June. Overall, between 5 March and 24 June more than 4.7 million people have been reached with food assistance.
- Pre-planned activities are continuing and the delivery of assistance to COVID-19 affected people has begun through cash distributions and in-kind support with a particular focus on the urban poor, nomadic pastoralists and smallholder farmers.
- Distribution of masks, seasonal agricultural inputs and awareness raising continues alongside the distribution of seasonal food support.

Gaps & Constraints:

- The strain on pipelines for importing processed goods, such as vegetable oil, continues to be felt with ongoing logistical bottlenecks at major logistical hubs such as Karachi port in Pakistan. These bottlenecks risk the ability of humanitarians to deliver complete food baskets.
- Kabul 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. This situation is expected to persist until after the peak month of COVID-19 activity in Afghanistan and in turn creates uncertainty as to when pre-planned yearly trainings and assessments can re-start.
- During the reporting period, increased cases of COVID-19 amongst implementing partners and agency staff, have forced staff members not working on frontline activities to work remotely and self-isolate, often in locations with poor internet connectivity, thereby affecting their ability to connect and input into ongoing projects.

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 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.

48,808

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:

- 1,692 children have been reached with EiE-developed home-based learning materials during the reporting period. A total of 48,808 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.
- 8,440 children were reached with COVID-19 IEC-material across 9 provinces between 22 and 28 June, with 60,558 children reached since the start of the crisis.
- During the reporting period, 94 teachers were trained in COVID-19 safe school protocols. A total of 1,132 teachers have been trained on safe school protocols across 3 provinces since start of the COVID-19 crisis.
- 1,485 children were reached COVID-19 awareness and preventive measures through TV and radio during the reporting period; 8,402 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/CBE's re-open.
- Improve the provision of child-friendly, age and gender appropriate awareness messages on anxiety, fear and promoting self-care strategies.
- 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.
- 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.
- Nutrition Cluster partners are calling for the provision of social safety net assistance including food and cash assistance to counteract economic losses and nutritional deterioration.

47,685

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

Response:

- During the reporting period, 4,254 people – including pregnant and lactating mothers – were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners in Kandahar, Kunduz, Hilmand, Ghor and Kabul provinces. A total of 47,685 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners since the beginning of the COVID-19 response.
- 562 IEC materials – including posters, leaflets and brochures – were distributed by Nutrition partners between 22 and 28 June; 773 IEC materials have been distributed since the start of the crisis.
- In an effort to improve access to nutrition services, one Nutrition Cluster partner has expanded its programme to include 61 mobile teams across 13 provinces. This effort will ensure improved and continued access to Integrated Management of Acute Malnutrition (IMAM) and TSFP services, benefitting approximately 20,00 beneficiaries.

Gaps & Constraints:

- Vitamin A supplementation activities for children in Kunduz province are temporarily suspended due to COVID-19 lockdown measures.
- Despite Nutrition Cluster partners' best efforts to procure PPE for frontline nutrition staff, the available supply of PPE is insufficient to meet needs.
- The international supply chain for essential supplies to run integrated health and nutrition services has been heavily impacted by the pandemic and border closures, causing procurement challenges such as delays in deliveries.

- 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.
- 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.

GENERAL COORDINATION

The **Government of Afghanistan** is primarily responsible for managing and leading the response, including the distribution 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 27 June, Awaaz had reached 16,724 callers with pre-recorded COVID-19 messages and directly handled 2,817 calls related to COVID-19 from all 34 provinces. 24 per cent of all calls came from women. 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 been focusing on briefing partners, a number of NGOs, as well as the Humanitarian Response Team (HRT) in Jalalabad on the *Communities' Information Access Preferences, Needs and Habits* assessment developed by the RCCE Working Group and conducted by REACH. The RCCE-WG has also briefed partners on the RCCE-WG's rumour tracking and response mechanism, and how partners can participate. The briefing series will continue in the following weeks to the other HRTs around the country. The objective is to improve the regional understanding of the community engagement elements of RCCE's work in order to strengthen two-way communication on COVID-19 and to dispel rumours and misinformation that often result in social stigma.

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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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