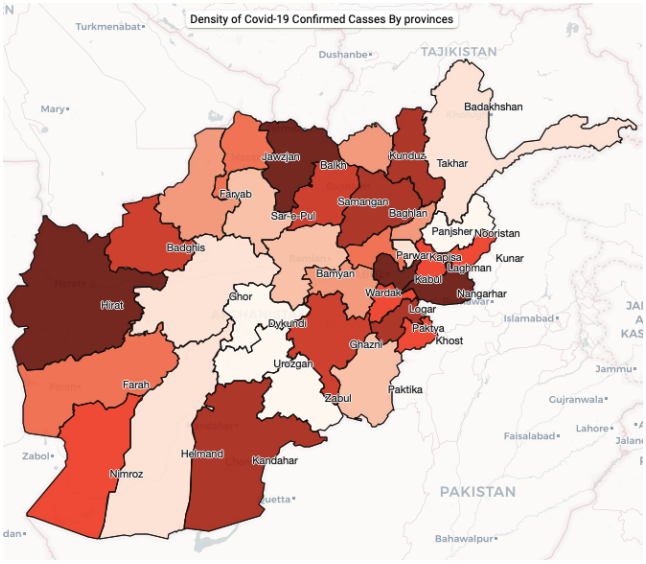
Afghanistan: COVID-19 Multi-Sectoral Response

Operational Situation Report 10 June 2020

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **1 and 7 June 2020**.

HIGHLIGHTS

- 22,142 people have tested positive for COVID-19. 405 people have died and 3,013 recovered.
- Since the start of March, partners have medically screened 389,242 people at points-of-entry, delivered WASH assistance to more than 1,133,794 people and sensitised more than 1,001,011 people on COVID-19 information, risks and preventive measures across the country.
- A revised Humanitarian Response Plan (HRP) for 2020 seeks US$1.1 billion to deliver prioritised assistance to 11.1 million people with acute humanitarian needs.
- Children are exhibiting behavioural and emotional changes due to the extended lockdown situation. A recent phone survey in Hirat province shows that more than 30 per cent of the interviewed parents (646 people) had noticed behaviour changes in their children during the pandemic.
- COVID-19 is having a disproportionate impact on women, children and people with specific needs, as well as displaced people and those deprived of their liberty.



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

SITUATION OVERVIEW

MoPH data shows that 22,142 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 3,013 people have recovered, and 405 people have died (16 of which are healthcare workers). 50,658 people out of the population of 37.6 million have been tested. Afghanistan has a test-positivity-rate – positive tests as a percentage of total tests – of more than 43 per cent. More than six per cent of the total confirmed COVID-19 cases are among healthcare staff. The majority of the deaths were people between ages of 40 and 69. Men in this age group represent more than half of all COVID-19-related deaths. With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan face grave consequences from the COVID-19 pandemic. Cases are expected to continue to increase over the weeks ahead, as community transmission escalates, threatening people's well-being. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar provinces. Resourcing community engagement, surveillance, and contact tracing is critical to scale-up COVID-19 response.

On 6 June, the Government of Afghanistan announced that it was extending the **nationwide lockdown** for three more months, issuing new health guidelines for citizens to follow. According to the new guidelines, people must wear a face mask in public places at all times, maintain a 2-metre physical distance, avoid gatherings of more than 10 people, disinfect all workplaces, and ensure older people stay at home. Additionally, all schools and educational centres, hotels, parks, sports complexes and other public places will remain closed for three months since announcement. Public transport facilities, such as buses, carrying more than four passengers will not be allowed to travel. Restaurants and coffee shops will only be allowed to carry out service delivery and take-aways.

Despite the announcement, implementation of these measures continue to differ across provinces, with provincial authorities having been given the authority to decide on and implement their own lockdowns. While a number of provinces have already begun easing their lockdowns (e.g. Kandahar, Hilmand and Ghazni, Badakhshan, Khost, Paktya, Kunduz and Takhar) formally or informally, other provinces (including Balkh and Samangan) instead reinstated a full lockdown from the end of May as the number of infections began increasing.

Throughout the country, these '**measured lockdowns'** have resulted in closures of sections of each city, increased numbers of checkpoints and/or imposition of movement limitations. Although recent reports indicate a general decrease in the number of reported access incidents as compared to the start of the lockdown measures, humanitarian partners continue to report access constraints across the country, despite assurances by the Government that these would not limit critical UN/NGO programme movements. This has resulted in some delays in assistance delivery. Despite these challenges, humanitarian partners remain active in responding to crises throughout the country and continue to urge the Government to employ a national approach to these movement issues so that individual negotiations are not required on a case-by-case basis.

Humanitarians remain concerned about the impact of extended lockdown measures on the most-vulnerable, particularly families who rely on casual daily labour and lack alternative income sources. According to WFP's market monitoring, the price of wheat flour (low price) has increased by 19 per cent between 14 March and 31 May, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 32 per cent, 19 per cent, 36 per cent, and 22 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists have deteriorated by 12 per cent and 15 per cent, respectively (compared to 14th March), mainly due to increased wheat prices.

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. During the past week, ES-NFI partners have provided shelter support packages to 142 families in Hirat and Farah provinces, reaching 957 people. 41 families were verified by ES-NFI partners as eligible to receive emergency NFI assistance. 4,212 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. 44,963 women in hard-to-reach areas received antenatal and postnatal care from midwives deployed through Mobile Health Teams (MHT). 31 GBV cases were identified and referred to Family Protection Centres (FPCs) in Kabul, Logar and Kandahar provinces. 51 unaccompanied and separated boys without parental care, including returnees, were provided with interim care, psychosocial support and reunified with their families by Protection partners. 1,212 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 1,736 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM) during the reporting period. As part of its regular programming, WFP continued to respond to ongoing food needs and has distributed food to more than 345,135 food insecure people between 21 May – 3 June.

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 have finalised the Humanitarian Response Plan (HRP), integrating COVID-19 needs into overall planning figures and assumptions. 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.
Risk communication and community engagement (RCCE - accountability to affected populations)	• The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. • The RCCE Working Group has carried out an assessment which outlines the communications preferences and the most trusted information sources by geographical area, down to the district level. • IOM's Displacement Tracking Matrix field teams have reached over 6,000 villages in 25 provinces with RCCE messaging. IOM DTM field teams hope to complete 12,000 villages in all 34 provinces by the end of 2020. IOM's priority focus is on mobile and displaced populations and impacted areas. • IOM will recruit 40 social mobilisers to focus on RCCE, including rumour tracking and myth-busting, with particular focus on leadership and special interest groups, in order to drive awareness and health care seeking behaviour. • 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.
Surveillance, rapid response teams, and case investigation	• 34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities. • An additional 18 Mobile Health Teams (MHT) were deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities during the reporting period. As of 31 May, there are 66 MHTs in hard-to-reach areas across the country. • Health Cluster partners' surveillance systems have tracked 454,353 people since the start of the crisis.

	• IOM Mobile Health Teams have trained over 400 Community Health Workers. More trainings on COVID-19 awareness, prevention, identification and referrals are planned for Nimroz, Kandahar, Nangarhar, Hirat and Hilmand in the coming weeks. • IOM plans on recruiting 11 Rapid Response Teams – with 35 staff members in each team. Staff will be deployed to border provinces to ensure enhanced sample collection at the field level. • 585 healthcare workers have been trained by Health 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	• 12 Mobile Health teams and 4 IOM TB and COVID-19 screening teams are deployed to major border crossing points to provide support to ongoing COVID-19 response efforts. • Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan. • 8 UNHCR staff have been deployed as part of monitoring teams operating at two border points (Spin Boldak in Kandahar province and Milak in Nimroz province). 7 UNHCR staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd control at the Milak border crossing. 10 UNHCR screening teams – consisting of 20 people in total – were initially deployed at Spin Boldak to support the Department of Public Health (DoPH) with its ongoing COVID-19 response efforts. Since Spin Boldak crossing point has remained closed since 16 May for pedestrian movement of stranded citizens of Afghanistan and Pakistan, the 10 screening teams have been relocated to Daman district in Kandahar province to provide screening support at the provincial hospital
Laboratories	• 11 laboratories are now operational – four in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktya, one in Kandahar, and one in Kunduz. The latest one was inaugurated in Kabul on 6 June. Afghanistan currently has a capacity to test 2,000 cases per day. The temporary issues with Nangarhar and Kandahar labs have now been resolved.
Infection prevention and control (IPC)	• More than 15,000 units of PPE have been disseminated – the estimated need for the country is 425,000 units (MoPH data). • Infection Prevention and Control (IPC) training conducted by partners for an additional 240 healthcare workers, taking the total number of staff trained to 3,238.
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 across 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 health care. • The last 3W showed no reduction in presence of humanitarian organisations and only a slight reduction in districts reached. • Provision of essential basic primary care continues through the implementation of MHTs across the country inclusive of routine vaccinations, however additional priority and focus is required in this area given the decrease in people seeking health care at static facilities given the facilities' perceived association with COVID-19 infections.

Key COVID-19 Cumulative Response Figures

Health	• 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing activities. • 389,242 people have been screened at points-of-entry by Health Cluster partners. • More than 3,842,532 people have been reached with risk communication and community engagement. • Health Cluster partners' surveillance system has tracked 493,521 people since the start of the crisis. • More than 25,000 units of PPE have been disseminated and distributed to MoPH by Health Cluster partners. • Infection Prevention and Control training conducted for a total of 3,238 healthcare workers. • 2,555 healthcare workers have been trained in surveillance and risk communication. • 2,000 beds have been made available for isolation and intensive care since the start of the pandemic. • Equipment has been provided for 1,642 isolation wards across all 34 provinces. • 125 healthcare workers have been trained in MHPSS since the start of the crisis. • 2,742 community health and first aid volunteers across 30 provinces have been trained in psychosocial first aid and risk communication. The volunteers have reached 857,000 people (420,175 women and 437,325 men) as of 7 June.

Water, Sanitation and Hygiene	• 1,133,794 people have been reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits. • 57,966 hygiene kits distributed, reaching 392,117 people. • More than 3.69m bars of soap have been distributed in 177 districts across the country. • More than 25,250 people at the Islam-Qala border crossing and 23,629 people at the Milak crossing (Nimroz) have benefitted from WASH facility maintenance and the provision of water. • 166 hand washing stations have been set up in health facilities across 13 provinces.
Emergency Shelter & NFI	• Since the start of the crisis, more than 222,057 people across 13 provinces have been reached by ES-NFI partners with awareness raising sessions on the prevention of COVID-19 since the start of the crisis. • 5,471 IEC materials distributed across eight provinces. • 415 religious leaders have received COVID-19 awareness raising training to disseminate key messages to the community. • 10 family tents and 44 refugee housing units (RHU) have been distributed across four provinces to be used for screening, admission, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel as well as registration spaces for citizens of Afghanistan newly returning from Iran.
Protection	• 1,001,011 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners • 877 people have been interviewed using the COVID-19 specific protection monitoring questionnaire.
Food Security	• As part of its regular programming, between 5 March and 3 June WFP has dispatched over 40,000 metric tons of food, and directly distributed over 38,000MT of food, in addition to disbursing over $2.4 million in cash-based transfers. • Over the same period 3,589,427 people have been reached with food assistance*.
Education	• 12,218 children have been reached with home-based learning materials across eight provinces since the start of the crisis. • Over the same period, 10,314 children have received education through small group learning across four provinces.
Nutrition	• 11,098 community members – including 4,329 PLWs – were sensitised on COVID-19 and preventive measures across five provinces during the reporting period (1-7 June), some as part of ongoing nutrition activities including Infant and Young Child Feeding (IYCF) counselling.

Health

Needs:

11

Laboratories are now operational across seven provinces with a capacity to test 2,000 tests per day

- COVID-19 is rapidly spreading across Afghanistan, with a steep surge in the number of confirmed cases during the past couple of weeks. The country's low testing capacity could indicate that many are going undetected and untested. As the scale of the crisis grows, expanding the country's testing capacity is urgently needed for a better overview of the situation.
- Around 30 per cent of the population has limited access to health facilities within a two-hour travel radius of their home. The fragile health system is further overburdened by mass casualty incidents and recurrent outbreaks of communicable diseases, as well as a high burden of non-communicable diseases and malnutrition.
- Community health facilities are overwhelmed due to the spread of COVID-19. Continuation of health care is necessary to reduce morbidity and mortality. This also includes infection prevention and control of health facilities as well as ensuring the safety of healthcare workforce.
- With an anticipated surge in COVID-19 cases, additional volume of critical medicines and essential medical supplies (beds, thermometers, etc.), including infection prevention and control supplies, are required.
- During the COVID-19 pandemic, misinformation is spreading provoking social stigma. This has negatively affected consequences for migrants, refugees and other vulnerable groups, Vulnerable people face technological barriers in

* 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.

terms of accessing facts and accurate information. To protect this group, targeted, rapid and accurate information via other communication channels is urgently required.

Response:

- During the reporting period, 585 healthcare workers have been trained by Health partners in surveillance and risk communication to carry out activities in contested areas. Since the start of the crisis, 2,555 healthcare workers have been trained in surveillance and risk communication.
- 11 laboratories are now operational – four in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktya, one in Kandahar, and one in Kunduz. The latest one was inaugurated in Kabul on 6 June. Afghanistan currently has a capacity to test 2,000 cases per day. Temporary issues with Nangarhar and Kandahar labs seen over the past weeks have now been resolved.
- 35 healthcare workers have been trained in Mental Health and Psychosocial Support (MHPSS). The healthcare workers will support MHT's in hard-to-reach areas. 125 healthcare workers have been trained in MHPSS since the start of the crisis.
- As of 7 June, 18 Mobile Health teams have been deployed to hard-to-reach areas to provide additional services to affected people who are unable to attend static health facilities. The mobile health teams are also working with communities on risk communication and community engagement.

Gaps & Constraints:

- Despite the heightened pressure on the healthcare system, health facilities and workers continue to suffer from attacks, as well as acts of intimidation by parties to the conflict. Since the start of the COVID-19 pandemic, the armed conflict has continued to have a devastating impact through direct attacks on hospitals, abductions of healthcare workers, acts of intimidation and harassment, looting of medical supplies, and indirect harm from the ongoing armed conflict. Any incident affecting medical facilities or personnel can have serious consequences, particularly during the COVID-19 pandemic.
- Countries continue to be affected by global supply shortages, including PPE, laboratory re-agents and RNA extraction kits, affecting testing capacities and the implementation of health programming. Global logistics constraints are also limiting supplies of essential equipment such as ventilators and oxygen concentrators.
- The COVID-19 pandemic is straining health systems worldwide. The Health Cluster calls on countries to balance the demands of responding directly to COVID-19, while maintaining essential health .
- There is a need to maintain healthcare provision via alternate modalities given people's fear of contracting COVID-19 at health facilities as well as fear of isolation, which has affected the attendance rate at hospitals.
- High COVID-19 rates among healthcare workers will hamper the work of the health workforce, further disrupting the continuation of essential health services. Provision of adequate PPE and training of health staff in prevention measures is critical.
- Scale-up of community-based risk communication and community engagement is needed in all locations, including contested areas. Targeted risk communication messages and community engagement activities for vulnerable people need strengthening. There is also a lack of awareness on the current pandemic and transmission risks in rural areas. The rural population needs preventative guidance materials and handwashing equipment.
- Aggressive and targeted tactics are needed to find, test, isolate and treat cases, and trace contacts. These measures are not only the best and fastest way out of social and economic restrictions – they are also the best way to prevent them.
- There is need to scale-up early and sufficient mental health care integrated within the broader health response.

Water, Sanitation and Hygiene

Needs:

1.1M

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

- Even before COVID-19, coverage of WASH services, including water supply infrastructure, sanitation facilities and hygiene supplies (soap, sanitary pads and hygiene promotion material) were already stretched by conflict and natural disasters.
- Populations in high-risk areas urgently need emergency WASH services including COVID-19-specific hygiene kits and handwashing devices, supply of safe water to support handwashing and tailored information on hygiene practices to mitigate the spread of COVID-19.
- According to a multi-sector needs assessment conducted by Oxfam in Hirat, Bamyan, Daykundi, Nangarhar and Kunduz provinces, 72 per cent of the respondents do not have access to soap for handwashing and 45 per cent lack access to a sufficient supply of clean water for handwashing. The assessment

reveals that the provision of new water points, the rehabilitation of existing water points and the distribution of hygiene kits are urgently needed for both IDPs and host community members across the five provinces.

- A recent Knowledge, Attitudes, and Practices (KAP) survey conducted by World Vision in Hirat, Badghis and Ghor provinces reveals a lack of COVID-19 awareness, with close to 50 per cent of the respondents reportedly unaware of transmission through contact (e.g. person-to-person transmission or surface-to-person transmission). According to the same survey, 40 per cent of those surveyed lack access to both water and soap.

Response:

- Between 1 and 7 June, a total of 40,905 people were reached with WASH assistance. 1,133,794 people have been reached since the start of the crisis.
- 771 hygiene kits were distributed during the reporting period, reaching 5,397 people across two districts. A total of 57,966 hygiene kits have been distributed since the start of the crisis, reaching 392,177 people.
- 16,833 bars of soap were distributed across eight districts throughout the country between 1 and 7 June. Since the start of the response, more than 3.69m bars of soap have been distributed in 177 districts across the country.
- WASH facility maintenance and provision of water continues at the Islam Qala-Dogharoon land border crossings (Hirat) and the Milak crossing (Nimroz). During the reporting period, WASH activities at the Islam-Qala border crossing reached 4,250 people, with more than 25,250 reached since the start of the outbreak. Similarly, maintenance of WASH facilities and provision of water at the Milak crossing reached 6,565 people during the reporting period, with a total of 23,629 people reached since the start of the COVID-19 response.
- Between 1-7 June, 245 handwashing stations have been set up at the community-level in 14 districts across eight provinces.
- 106 hand washing stations have been set up in six health facilities across six provinces during the reporting period, with a total of 166 hand washing stations set up in health facilities since the start of the crisis.
- Six health facilities in Hirat province were provided access to safe water through interventions that installed new water supplies.

Gaps & Constraints:

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

Emergency Shelter & NFI

Needs:

222,057

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

- More than 4.1 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements where they often live in sub-standard shelters characterised by a lack of privacy and dignity; overcrowding; and poor ventilation. This leaves them susceptible in the event of widespread COVID-19 transmission.
- Those living in existing informal sites need adequate settlement planning and access to centralised services including safe water and sanitation. This has resulted in poor hygiene practices (including treatment and handling of excreta) and susceptibility to diseases, including COVID-19.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals. Since the beginning of 2020, a total of 6,026 households have been affected by natural disasters in Afghanistan, with 163 households affected during the reporting period across four provinces. Over 84,000 people have been displaced due to conflict.
- Assessments show that the more than 111,580 people still living in displacement sites in Hirat and Badghis provinces after the drought are in poor health – making them potentially more vulnerable to COVID-19 – and are in urgent need of shelter, food and hygiene assistance.
- Returnees and households unable to pay rent because they have lost their livelihoods as a result of COVID-19 restrictions now need cash-for-rent assistance. Recent assessments undertaken by ES-NFI Cluster partners highlight

the need for cash-for-rent assistance to IDPs in the east, particularly those residing in urban areas and lacking income due to COVID-19-related movement restrictions.

Response:

- Throughout the country, ES-NFI Cluster partners are continuing to provide awareness raising sessions on the prevention of COVID-19, focusing on returnees, IDPs and local communities. During the reporting period, ES-NFI partners reached 16,002 individuals with awareness raising sessions on COVID-19 across six provinces. 222,057 people in 13 provinces have been reached with key messages since the start of the crisis.
- During the reporting period, ES-NFI partners provided 31 Refugee Housing Units (RHU) to the provincial health department in Khost to assist in the region's COVID-19 response. The units will primarily be used to boost Khost Hospital's admission capacity within the parameters of Shaikh Zayed University (Khost University). Since the start of the crisis, ES-NFI partners have so far provided 10 family tents and 44 Refugee Housing Units (RHU) in Khost, Bamyan, Nangarhar and Hirat provinces. The RHUs are being used for screening, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel as well as registration spaces for citizens of Afghanistan newly returning from Iran.

Gaps & Constraints:

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

Protection

Needs:

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

1,001,011

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

- The Mental Health and Psychosocial Support Working Group (MHPSS WG) is concerned that the pandemic may increase stress exponentially. The pandemic is causing people to feel anxious, distressed or worried: fear of contracting the virus, of family becoming sickened; fear about the future and of losing livelihood/income; stress and anxiety related to isolation and quarantine measures; distress about separation with family members; fear of longer term impacts of the global disruption; among other reasons. In Afghanistan where communities have long been affected by violence, many people are already experiencing huge psychological stress.
- According to a recent survey carried out in May by one Protection partners, GBV incidents increased as a result of poverty and COVID-19 lockdown in Ghor, Nangarhar, Farah, Hirat, Samangan, Bamyan, Balkh and Jawzjan provinces.
- MHPSS WG report that the combination of economic and social stresses brought on by the pandemic, as well as restrictions on movement, have likely increased the numbers of women and girls facing domestic violence. According to a recently conducted informal household survey in Hirat province in May – interviewing 78 households – most of the respondents claimed that levels of domestic violence against children and women have increased due to lockdown measures, financial impact of the pandemic and mental health stressors.
- Children may exhibit behavioural and emotional changes due to the extended lockdown situation in the wake of the COVID-19 pandemic. Based on a recent phone survey conducted by psychosocial counsellors in Hirat province, more than 30 per cent of the interviewed parents (646 people in total) reported that they had noticed behaviour changes in their children during the pandemic.
- According to a recent MHPSS WG partner assessment, doctors in Hirat province say that approximately 10 per cent of their COVID-19 patients are suffering from anxiety and panic attacks. The survivors of the virus may be at particular risk for long-term psychological effects.
- A recent MoPH study in Hirat province has found that 80 COVID-19 patients and 77 healthcare staff are in need of psychosocial support.

Response:

- More than 104,165 people were sensitised on COVID-19 and preventive measures across the country during the reporting period (1-7 June) as part of ongoing protection activities. Altogether, since the beginning of the COVID-19 response, a total of 1,001,011 people across the country have been sensitised on COVID-19 preventive measures by Protection partners.
- 1,088 IEC materials were distributed in Kandahar, Hilmand, Urozgan, Nimroz and Zabul provinces during the reporting period.
- During the reporting period, 260 persons with specific needs (PSN) received cash-assistance across the country to cope with the financial impact of COVID-19. An additional 1,324 PSN's will be assessed individually for cash-assistance in the weeks.
- COVID-19 specific protection monitoring questionnaire interviews were conducted with 88 undocumented returnees from Iran and Pakistan in Ghor, Kabul, Nimroz, Kunduz, Sar-e-Pul and Balkh provinces between 1—7 June. So far, 877 interviews have been conducted since the start of the crisis.
- Between 1-7 June, 1,406 border monitoring interviews were carried out with returnees (citizens of Afghanistan) at Torkham, Spin Boldak, Milak and Islam Qala border crossing sites. In total, Protection partners have conducted 6,078 border monitoring interviews since the start of the crisis.
- During the reporting period, 1,077 people received psychosocial support (PSS) through door-to-door visits in Kandahar, Hilmand and Logar provinces. 106 people received PSS through hotline services in Hirat province. Approximately, 74,000 men, women, boys and girls have received psychosocial support services to cope with the mental health-related consequences of COVID-19 since the start of the crisis.
- Housing, Land and Property (HLP) needs assessment in Kandahar is ongoing to assess the security of tenure during the COVID-19 pandemic, as individual/households could be at risk of eviction for non-payment of rent due to the financial impact of the pandemic.
- In addition to adapting current activities to continue existing mental health and psychosocial support activities, the MHPSS WG is providing specific COVID-19 support through community engagement, psychosocial support (face-to-face, over the phone and online), sharing material on coping with stress, anxiety and stigma, and providing technical support to volunteers, front liner workers and staff responding to the pandemic.
- 433 people received face-to-face psychosocial support in Hirat, Kabul and Baghlan provinces by MHPSS WG members between 1 and 7 June, whereas 311 people received remote psychosocial support across five provinces during the same period.
- 50 people received awareness raising messages on COVID-19 and stress-relieving activities over the phone across five provinces by MHPSS WG members during the reporting period.

Gaps & Constraints:

- All Child Protection activities requiring larger gatherings – such as capacity building training, vocational training, and community dialogues – are suspended due to COVID-19 lockdown measures across the country. For instance, the

vocational training program for Iranian deportee children have been suspended in Badghis, Baghlan, Balkh, Farah, Faryab, Ghor, Hilmand, Hirat, Kunduz and Sar-e-Pul provinces.

- Legal assistance, mine action activities requiring larger groups of people, and awareness raising campaigns by Protection partners have either been disrupted or halted due to movement restrictions and lockdown measures.
- Scale-up of community-based risk communication and community engagement is needed in rural areas as there is currently a lack of awareness on the current pandemic and transmission risks in rural areas. The rural population needs preventative guidance materials.
- GBV and violence against women and girls' protection measures need to be integrated in all COVID-19 preparedness and response plans. The number of reported GBV cases has decreased most likely due to COVID-19 movement restrictions. This is despite the potential increase in risks that women and girls may be facing, particularly relating to domestic violence.
- The COVID-19 crisis as well as the lockdown measures have disrupted counselling services as people are unable to receive psychosocial support in person. For instance, most face-to-face psychosocial centres are currently closed to reduce the risk of transmission. Although considered an alternative, lack of internet access and mobile connectivity in some rural parts of Afghanistan poses challenges for affected populations to access online/phone counselling. Additionally, lack of privacy in the home makes sharing of sensitive information difficult.
- MHPSS capacity-building training for humanitarian staff and community members have been put on hold due to COVID-19-related lockdown measures.

Food Security

Needs:

- The most recent Integrated Food Security Phase Classification (IPC) analysis shows that some 12.4 million people, or one third of the population, are in 'crisis' and 'emergency' levels of food insecurity between June and November 2020, with the number of people in 'emergency' levels of food insecurity (IPC 4) increasing to almost 4 million people.
- An assessment by Oxfam conducted in Hirat, Daykundi, Bamyan, Kunduz and Nangahar provinces reveals that the use of reduced livelihood coping strategies is on the rise with 32 per cent of the consulted population borrowing to purchase food, 29 per cent selling assets and reducing overall consumption, and close to 72 per cent reporting exhaustion of food stocks.
- The COVID-19 situation in Afghanistan compounds the health emergency with an acute food crisis. Tens of thousands of families relying on daily labour to buy food have been made more vulnerable as they are ordered to stay home and cannot work. Market prices also continue to be significantly higher than pre-crisis levels. The loss in purchasing power continues to be a significant worry for those who have low levels of savings or food stocks and will increase their consumption of cheaper nutrient-poor food or reduce meals.
- Some seasonal pastoralists (Kuchis) require permission from authorities to migrate with their livestock to summer pasturelands. Currently their movement is limited, in part due to COVID-19 movement restrictions.
- At the start of the pandemic, domestic trade disruptions and panic buying in major urban centres contributed to spikes in prices for key commodities. Since then, the prices have begun to stabilise at a higher level in most urban centres - particularly those with improved flow of border goods such as Kandahar and Jalalabad. Goods such as cooking oil remains scarce and high in price. The impact of price rises falls disproportionately on vulnerable people, including children, pregnant women, elderly people, malnourished people, people with vulnerable employment status, and people who are ill or immuno-compromised. Vulnerable families need the market to be supplied with an affordable, steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need.
- In parallel the domestic harvest of seasonal fruit and vegetables have increased the availability of these high value goods. However, the market oversaturation of products such as watermelons has dropped the sale price of these items to levels that create hardships for domestic producers.
- FSAC is concerned about the cessation of the government bakery distributions that occurred throughout the month of Ramadan. The lack of follow-on phased support could likely create hardships on the members of the population who benefited from this temporary support.
- According to FSAC, the risk of food diversion and looting by NSAGs continues to be high in rural areas.
- The crucial wheat harvest season is starting in the country's east, west and north and this will shortly be followed by the harvest of summer crops and higher value cash crops. Yields are expected to be good for both rainfed and irrigated crops due to favourable precipitation. Producers need access to internal and external markets to secure people's livelihoods and help them recover from the impacts of the COVID-19 pandemic. Export markets have remained in place for the west and the north - with assurances that they will open when the dried fruits and other Afghan products start

12.4M

people are living in a crisis or emergency food insecurity in Afghanistan

(June-November)

being sent towards eastern markets mid-year. However, Afghan producers remain nervous about export markets being restricted during the pandemic.
- As several provinces have begun the re-establishment of lockdown measures, FSAC is concerned about the disruption of community-level economic activities, creating an additional layer of hardship for day/casual laborers and petty traders dependent on daily wages for their net food purchases.
- Simultaneously, FSAC is concerned about adherence to health guidelines and preventative measures at major urban fruit/vegetable and fresh food markets, as they are seen as potential sites for increased disease transmission given their congestion.

Response:
- As part of its regular programming†, WFP dispatched a total of 40,244 metric tons of food, distributed 38,300 mt of food and disbursed US$2,426,279 in cash-based transfers between 5 March and 3 June. Overall, between 5 March and 3 June over 3,589,427 people have been reached with food assistance.
- During the reporting period, ongoing distributions of staple food baskets by FSAC partners continued under the seasonal support programme with double rations distributions still applicable.
- 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.

Gaps & Constraints:
- The movement of supplies and goods into the country has notably improved and the movement of domestically produced foodstuff is allowing for an overall better accessibility of food. However, FSAC remains concerned about exporters current ability to access export markets.
- Some programmes and activities not prioritised under the COVID-19 response have been paused, including certain biometric activities, trainings and sensitisation sessions. Although biometric activities are paused, FSAC partners have begun restarting registration and monitoring activities. Similarly, livelihoods assistance has been largely put on hold, which means that the most vulnerable will need to start the crucial Spring and Summer cultivation season without regularly-scheduled support, potentially negatively impacting future yields. Following assessments, some FSAC partners have partially re-started longer term activities such as asset creating projects.
- Increased cases of COVID-19 – both confirmed and suspected – amongst humanitarian workers including implementing partner staff, have forced staff members not working on frontline activities to work remotely, which reduces the overall tempo of programming activities. This may also impact longer-term activities such as asset creation, negatively affecting partners' ability to distribute emergency inputs.
- Given the need to conduct national-level food-security assessments that captures the impact of COVID-19, FSAC stress that it is necessary to ensure that any future assessments are kept flexible and scalable in order to protect both affected populations and staff members while also ensuring the quality of data collected.
- Wheat harvesting has begun in several areas across the country, particularly in the east, north and west with harvest projections showing a good national harvest outlook. Fruit and vegetable production continues with stable movement of products to local and region markets. FSAC stresses that it will be important to ensure that producers continue to have access to markets and a seasonal labour force.

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.
- Due to the COVID-19 outbreak, the Government announced that all schools had to close. More than seven million children in regular schools and more than 500,000 children enrolled in community-based education (CBE) programmes did not start regular schooling as per the normal schedule. This is in addition to some 3.7m children who were already out of school in the country.

12,218

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:

- Education in Emergencies (EiE) Working Group is supporting the Government of Afghanistan in their efforts to mitigate the immediate impact of school closures and to facilitate the continuity of education for all through remote learning.
- As part of the COVID-19 response, 1,511 children were reached with EiE-developed home-based learning materials during the reporting period. A total of 12,218 children have been reached with home-based support across eight 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.
- 10,314 children were provided with education through small learning groups during the reporting period. Following the health recommendations of MoPH with regard to COVID-19, small learning groups at the village level – consisting of class sizes of up to eight pupils – have been identified as an appropriate alternative to formal education as a way to limit large gatherings. Since the start of the crisis, a total of 10,314 children have been reached with small learning group learning across four provinces.

Gaps & Constraints:

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

Nutrition

Needs:

11,098

people were sensitised on COVID-19 and preventative measures across five provinces between 1 – 7 June

- According to the Global Nutrition Report, malnutrition is putting people at increased risk from COVID-19. Under-nourished people have weaker immune systems which puts them at greater risk of severe illness due to the virus. Poor metabolic health — such as obesity, diabetes and other diet-related chronic diseases—has been strongly linked to worse COVID-19 outcomes, including higher risk of hospitalisation and death.
- Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being. More than 2m women and children are in need of nutritional treatment. A distribution campaign providing micronutrient powder (MNP) to all children aged 6-59 months is recommended to prevent micronutrients deficiency. Similarly, pregnancy and breastfeeding are periods of nutritional vulnerability when nutrient needs are increased to meet physiological requirements, sustain foetal growth and development, and protect the health of the mother while breastfeeding. As the COVID-19 pandemic continues to affect livelihood within the region, causing an increase in poverty and food prices, additional efforts are need to optimise maternal nutrition.
- In order to mitigate risks of COVID-19 infection for children and mothers seeking treatment, in-patient SAM 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.
- Based on a recent assessment carried out by Nutrition Cluster partners, approximately 9,500 households in 11 districts in Hirat are in need of emergency food and nutrition assistance.
- COVID-19 lockdown is having a devastating effect on livelihoods in rural and hard-to-reach locations across Afghanistan. Since travel between locations, markets and workplaces is limited, many families have been left without a source of income, with the risk of causing high levels of malnutrition if the situation continues. Data from sexual and reproductive health (SRH) activities indicate an increase in number of women presenting with anaemia which is as an outcome of limited diversification of household foods. The situation may worsen due to reduced access to health facilities which may further delay the diagnosis and treatment process.

Response:

- 11,098 community members – including 4,329 PLWs – were sensitised on COVID-19 and preventive measures across five provinces during the reporting period (1-7 June), some as part of ongoing nutrition activities including Infant and Young Child Feeding (IYCF) counselling. Altogether, since the beginning of the COVID-19 response, a total of 24,675 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners.
- 537 IEC materials – including posters, leaflets and brochures – were distributed by Nutrition partners across Hirat, Ghor and Hilmand provinces between 1-7 June.
- One Nutrition partner signed a contract with Parwan radio station, a local radio station based in Kabul province, to broadcast and disseminate key messages on COVID-19 prevention measures five times per day.
- During the reporting period, one Nutrition partner provided two-month worth of take-home rations to 65,000 secondary and primary school children in Nangahar, Kandahar, and Hilmand provinces to ensure the nutritional needs of children during school closures. The rations include micronutrient fortified snacks and fortified vegetable oil.

Gaps & Constraints:

- Pipeline breaks for nutrition commodities are anticipated due to COVID-19-related lockdowns and the closure of borders. Continued advocacy for the import of nutrition supplies to pre-empt this anticipated supply shortfall is needed. Nutrition Cluster partners also encourage the scaling-up of cash and voucher assistance to mitigate against the risk of malnutrition as a result of COVID-19 lockdown measures.
- The timely supply and availability of nutrition commodities – both within the provincial stocks as well as at health facilities – needs to be ensured by respective agencies.
- To ensure service continuity, additional staff members need to be recruited and be on stand-by, ready to deploy in case regular staff members develop COVID-19 symptoms and are placed on sick leave.
- During the COVID-19 outbreak, healthcare and nutrition professionals are exposed to a high- risk of infection and mental health problems. According to Nutrition Cluster, healthcare worker's families face greater risks of contracting COVID-19. There is a need to ensure the health and safety of first responders as well as their family members.
- Despite the current mitigation measures in place to reduce the risk of COVID-19 transmission during nutrition programming, continued lockdown measures are expected to substantially affect all regular programmes, causing higher default rates, increased length of stay and a high non-response rate or slower catch-up growth amongst children under five years old.
- There is an increased need for additional Mobile Health and Nutrition Teams (MHNTs) to be able to reach parts of the population unable to access health and nutritional services due to COVID-19 lockdown measures. Furthermore, the additional MHNTs could be used to reduce mass gatherings at larger clinics and to increase uptake of nutritional services in hard-to-reach areas, including the provision of counselling, treatment, screening, COVID-19 awareness raising, and follow-up visits.
- Increased cases of COVID-19 – both confirmed and suspected – amongst humanitarian workers including implementing partner staff, are negatively affecting the quality of nutritional services being provided.
- There is a lack of hygiene material and PPE for health and nutrition staff working at COVID-19 quarantine and health facilities. It is increasingly difficult to obtain PPE due to price increases and procurement challenges. Also, the Nutrition Cluster reports that aid agencies have limited financial capacity to absorb the additional cost of PPE.
- Similarly, there is a lack of masks and soap amongst the general population according to MHNT in Ghor province. Community members in hard-to-reach areas are requesting humanitarian partners to distribute masks and soap to help with preventing COVID-19 spread.
- Capacity-building trainings for clinical staff at Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS), including doctors, nurses, and others partaking in the health delivery chain, have been paused due to COVID-19-related lockdown measures.
- Due to current movement restrictions in a number of provinces, Nutrition Cluster partners anticipate less frequent follow-ups/monitoring and limited opportunity to see children and caregivers which may result in slower nutritional gain (e.g. weight gain) or recovery among the children receiving nutritional care. Mobile teams are being considered as mitigation measures. In communities where there are more restrictive measures in place and local concerns of COVID-19 transmissions are heightened (e.g. Miramor and Daykundi districts), the access to or follow up nutrition visits have been reduced to once per month (instead of weekly).

GENERAL COORDINATION

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

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

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 6 June, Awaaz had reached 15,289 callers with pre-recorded key COVID-19 messages and directly handled 2,447 calls related to COVID-19 from all 34 provinces. 24 per cent of all calls came from women. The COVID-19 pandemic poses many operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April, two functionally identical teams are operating the call centre separate from each other on different shifts to reduce the risk of transmission and ensure business continuity.

The **Cash and Voucher Working Group** (CVWG) launched the Afghanistan Joint Market Monitoring Initiative (JMMI) on 23 April in collaboration with REACH Initiative. The objective of the initiative is to provide regular updates on prices of key items of minimum expenditure basket (MEB) and market functionality – while integrating COVID-19-related indicators – to inform cash programming. Data from the pilot round of the JMMI was collected between 23 April and 8 May. During the pilot round, 17 participating agencies carried out 697 key informants interviews (KIIs), assessed 210 marketplaces as well as 27 commodities across 27 provinces. According to the report, market access for all population groups has been impacted by the COVID-19 pandemic. Moreover, supply chain has been interrupted in numbers of places across the county due to road based restrictions. Finally, the cost of MEB's has increased by eight per cent, whereas the cost of food basket has increased by 17 per cent over the past 30 days. The training for the second round of data collection was held on 7 June. The second round of the JMMI will cover the period between 8 and 15 June. For additional information, please see the JMMI pilot report.

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

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