The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

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This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 4-11 May 2020.

HIGHLIGHTS

- Confirmed COVID-19 cases reached 5,226 people across all 34 provinces. 130 people have died and 652 recovered.
- Since the start of the crisis, partners have delivered WASH assistance and hygiene promotion activities to more than 624,000 people and supported more than 4,559 children with home-based learning materials to ensure the continuity of education during the pandemic.
- Protection partners in Kabul, Nangarhar, Hirat and Mazar-e-Sharif report an increase in child protection issues, such as child labour and early child marriage, as families resort to negative coping strategies to meet needs exacerbated by extended lockdowns.
- Humanitarians have condemned the recent attack on Sad Bistar Hospital in Kabul and call for an immediate end to the targeting of health facilities, health staff and civilians seeking care. In a statement, the Humanitarian Coordinator said “It beggars belief that such a heinous act could be committed when Afghanistan is being ravaged by the COVID-19 pandemic. Civilians receiving care in hospitals, health workers, medical infrastructure and aid workers are protected under International Humanitarian Law; violations must be investigated and those behind the attacks brought to justice.”

SITUATION OVERVIEW

MoPH data shows that 5,226 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 652 people have recovered, and 130 people have died. Of the 130 people who have died from COVID-19, 111 had at least one underlying disease, the most common of which are cardio-vascular disease, diabetes, lung disease and neurological diseases. The majority of fatalities were between the ages of 40 and 69. Men between the ages of 40 and 69 represent more than 50 per cent of all COVID-19-related deaths. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan’s economy and people’s well-being. Kabul is the most affected part of the country, followed by Hirat, Kandahar and Balkh.

A number of provinces have instituted measures to limit the exposure of residents to COVID-19. Throughout the country, these ‘measured lockdowns’ have resulted in closures of sections of each city and/or movement limitations. Reports indicate that despite assurances by the Government that these would not limit critical program movements of NGOs and the UN, the measures continue to impact on the mobility of humanitarian organisations. 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.

Between 8 and 9 May, protests took place in Chaghcharan district in Ghor province, Sharana district in Paktika province, and in Shinwar and Rodat districts in Nangahar province. Citizens were protesting over an alleged irregularities in bread distributions organised by the authorities.

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 prices of wheat flour (low price) has increased by 19 per cent between 14 March and 11 May, while the cost of pulses,
sugar, cooking oil and rice (low quality) increased by 13 per cent, 8 per cent, 19 per cent, and 6 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has significantly deteriorated by 16 per cent and 5 per cent, respectively, mainly due to the wheat price increase (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. Conflict and natural disasters across the country continue to displace thousands of families, compounding pre-existing vulnerabilities and making them potentially more susceptible to serious consequences from COVID-19. During this week’s reporting period, partners have responded to the needs of 600 families affected by flooding with emergency NFI assistance. IDPs recently assessed by ES-NFI partners report difficulties in accessing medical facilities, medication and medical supplies as the price of medicines and other medical items (e.g. gloves, hand sanitisers and masks) have increased because of the crisis. IDP communities also raised the need for food assistance and hygiene kits as a priority. Protection partners also continue to monitor and respond to ongoing needs; 254 children without parental care were reunified with their families and provided with psychosocial support and temporary shelter. 653 women and girls were more than 225,000 food insecure people over the past week.

IDP communities also raised the need for food assistance and hygiene kits as a priority. Protection partners also continue to monitor and respond to ongoing needs; 254 children without parental care were reunified with their families and provided with psychosocial support and temporary shelter. 653 women and girls were more than 225,000 food insecure people over the past week.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

<table>
<thead>
<tr>
<th>Country-level coordination and response planning</th>
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<tbody>
<tr>
<td>• Health partners continue to support Government-led planning and response.</td>
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<td>• Humanitarian partners are currently updating the Humanitarian Response Plan, integrating COVID-19 needs into overall planning figures and assumptions.</td>
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<th>Risk communication and community engagement (RCCE - accountability to affected populations)</th>
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<tr>
<td>• The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners.</td>
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<td>• 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.</td>
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<td>• IOM’s Displacement Tracking Matrix field teams have reached over 4,500 villages in 25 provinces with RCCE messaging</td>
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<td>• IOM has set up billboards in all four border provinces with Pakistan and Iran</td>
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<td>• 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.</td>
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<th>Surveillance, rapid response teams, and case investigation</th>
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<td>• 350 WHO polio surveillance staff, 1,000 polio surveillance focal points, and 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing activities.</td>
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<td>• IOM Mobile Health Teams have trained over 400 Community Health Workers and more trainings are planned for Nimroz, Kandahar, Nangarhar, Hirat and Hilmand in the coming weeks on COVID-19 awareness, prevention, identification and referrals.</td>
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<tr>
<td>• IOM plans on hiring an additional 100 health staff to support migration health programming, bringing IOM’s total health staff to over 150 personnel. Staff will be deployed to static health facilities, take on social mobilisation activities, and form 12 rapid response teams in coordination with MOPH/PPHD and WHO partners</td>
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<tr>
<td>• Active surveillance and contact tracing activities are underway in Hirat IDP sites.</td>
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<td>• Partners have also scaled-up surveillance activities in other informal sites in nine provinces.</td>
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<th>Points of entry</th>
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<tr>
<td>• 7 IOM 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.</td>
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<tr>
<td>• Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan</td>
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<td>• 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).</td>
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<th>Laboratories</th>
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<td>• 9 laboratories are now operational – two 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 Kunduz on 9 May.</td>
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<tr>
<td>• A shipment of RNA Extraction kit has arrived with enough supplies for 14 days of testing. This pipeline remains unstable due to global shortages and will influence the expansion of testing labs.</td>
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**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).
- IPC training conducted by partners for an additional 445 healthcare workers, taking the total number of staff trained to 2,798.

**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; RNA extraction kits remain a persistent challenge due to global shortages.
- 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 essential health services.
- There has been a significant decrease in people seeking health services with a 6 per cent drop in antenatal care compared to December and an 11 per cent decrease in primary health care consultations compared to December. Similarly, there has been a 11 per cent decrease in primary health care consultations in hospital settings compared to December. However, community mobile health team and community health facilities have witnessed an 89 per cent increase in attendance.

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**Key COVID-19 Cumulative Response Figures**

| Health | • 350 WHO polio surveillance staff, 1,000 polio surveillance focal points, and 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing activities.  
• More than 15,000 units of PPE have been disseminated  
• IPC training conducted for a total of 2,798 healthcare workers  
• 2,000 beds have been made available for isolation and intensive care since the start of the pandemic.  
• Equipment has been provided for 1,541 isolation wards across all 34 provinces.  
• 2,450 community health and first aid volunteers across 30 provinces have been trained in psychological first aid and risk communication. The volunteers have reached 857,000 people (420,175 women and 437,325 men) as of 11 May. |
| Water, Sanitation and Hygiene | • 24,144 people have been reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits.  
• 28,465 hygiene kits distributed, reaching 199,255 people.  
• Almost 1.4m bars of soap have been distributed in 91 districts across the country.  
• 9,150 people at the Islam-Qala border crossing and 7,964 people at the Miliak crossing (Nimroz) have benefited from WASH facility maintenance and provision of water. |
| Emergency Shelter & NFI | • More than 150,000 people have been reached with awareness raising sessions on the prevention of COVID-19 since the start of the crisis. |
| Protection | • 752,165 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners  
• Approximately 45,000 men, women, boys and girls have received psychosocial support services to cope with the mental health-related consequences |
| Food Security | • As part of its regular programming, WFP dispatched close to 30,000 mts and directly distributed over 27,000 mts of food and have disbursed close to $1 million in cash-based transfers.  
• 2,440,000 people have been reached with life-saving food assistance* |
| Education | • 4,559 children have been reached with home-based learning material since the start of the crisis |
| Nutrition | • 19,252 people have received health and nutrition education sessions as well as risk communication on COVID-19 – including maintaining hygienic practices and other preventive measures. |

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* 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.
Health

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

Response:
- Nine laboratories are now operational, bringing the total national testing capacity to 1,000 tests a day. The newest laboratory was established in Kunduz on 9 May with a daily testing capacity of 80 tests. Health cluster partners continue to improve testing capacities and are working to establish up to 20 diagnostic laboratories nationally.
- Health partners are working to procure in-country personal protective equipment (PPE), masks and medical equipment in support of the Government’s effort. Between 16 April to 11 May, more than 15,000 units of Personal Protective Equipment (PPE) have been distributed to MoPH by Health partners.
- Since the start of the outbreak, the health response has been supported by 350 WHO polio surveillance staff, 1,000 polio surveillance focal points, and 34,000 polio surveillance volunteers within health facilities, the private sector and communities. These personnel continue to support efforts to enhance surveillance systems, early detection and contact tracing activities.
- Health Cluster partners provided 8,023 religious and community leaders with an orientation on COVID-19 preventative measures between 4-11 May.
- Seven rapid response teams from WHO have been deployed to country’s west to provide support with surveillance, case identification and contact tracing.
- 2,000 beds have been made available for isolation and intensive care since the start of the pandemic. Additionally, equipment has been provided for 1,541 isolation wards across all 34 provinces.
- A psychosocial support unit has been established at the Fatimatul Zuhra hospital where two psychosocial support (PSS) providers will deliver services to people in need.
- Mobile Health Teams in both Nangahar and Kunar provinces are currently disseminating information on stress management to the public to respond to heightened emotional and psychological stress due to COVID-19. Targeted messages have also been developed specifically for children.
- During the month of March and April, MHPSS Working Group partners trained 2,450 community health and first aid volunteers across 30 provinces in psychological first aid and risk communication. Following the training, volunteers carried out household visits, passing on key messages about COVID-19 prevention and supporting rumour control. A total of 857,000 people (420,175 women and 437,325 men) have benefitted from the volunteer service as of 11 May. Additional volunteer trainings will be carried out in the coming weeks.

Gaps & Constraints:
- The COVID-19 pandemic is straining health systems worldwide. The Health Cluster calls on countries to balance the demands of responding directly to COVID-19, while maintaining essential health services.
- Countries continue to be affected by global supply shortages, including laboratory re-agents and RNA extraction kits, affecting testing capacities. Global logistics constraints are limiting supplies of essential equipment such as ventilators and oxygen concentrators.
- 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 need preventative guidance materials and handwashing equipment.
- There is a lack of capacity for secondary care such as intensive care and oxygen therapy.
• 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.

• While the vast majority of Health Cluster partners are continuing to operate, physical distancing requirements are impacting the ability of partners to maintain essential services. This is particularly true of mental health and psychosocial support (MHPSS) services and polio vaccination. Polio vaccination campaigns have been temporarily suspended, affecting more than 9 million children. Afghanistan is now seeing polio infection cases in provinces that have not had any reported cases in the last two decades.

**Water, Sanitation and Hygiene**

**Needs:**

- Even before COVID-19, coverage of WASH services, including water supply infrastructure, sanitation facilities and hygiene supplies (soaps, sanitary pads and hygiene promotion material) were already stretched by conflict and natural disaster.

- Populations in high-risk areas urgently need emergency WASH services including COVID-19-specific hygiene kits and handwashing devices, supply of safe water to support handwashing and tailored information on hygiene practices to mitigate the spread of COVID-19.

**Response:**

- A total of 162,105 people were reached with WASH assistance between 4-10 May, including with hygiene promotion, handwashing and distribution of hygiene kits. WASH Cluster partners aim to reach more than 1.1m people with assistance over a period of six months as a part of their COVID-19 response plan; 624,144 people have been reached since the start of the crisis.

- During the weekly reporting period, WASH Cluster partners distributed 19,465 hygiene kits, reaching 136,255 people across 24 provinces. A total of 28,465 hygiene kits have been distributed since the start of the crisis, reaching 199,255 people.

- 136,266 bars of soap were distributed across 36 districts throughout the country between 4-10 May. Since the start of the response, almost 1.4m bars of soap have been distributed in 91 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 3,750 people this week, with a total of 9,150 reached since the start of the outbreak. Similarly, maintenance of WASH facilities and provision of water at the Milak crossing reached 3,790 people from 4-10 May, with a total of 7,964 people reached since the start of the COVID-19 response.

**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 (NGO/INGOs organisations) 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 million.

- In many parts of the country, sourcing sufficient and safe water supplies to support handwashing and other household needs remains critical to mitigating the spread of COVID-19. This includes rehabilitation of water points/facilities to provide safe water for household use, in addition to supporting handwashing.

- There is limited access to hygiene and sanitary items for vulnerable women and girls, particularly in rural areas and in Kandahar, Hilmand and Uruzgan provinces.
Emergency Shelter & NFI

Needs:

- More than 4.1 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements where they often live in sub-standard shelters characterised by a lack of privacy and dignity; overcrowding; and poor ventilation. This leaves them susceptible in the event of widespread COVID-19 transmission.
- Those living in existing informal settlements need adequate settlement planning and access to centralised services including safe water and sanitation. The current lack of these services and facilities results in poor hygiene practices (including treatment and handling of excreta) and susceptibility to diseases, including COVID-19.
- Returnees and households unable to pay rent because they have lost their livelihoods as result of COVID-19 restrictions 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.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals.
- Assessments show that the more than 87,000 people still living in displacement sites in Hirat and Badghis provinces after the drought are in poor health – making them more vulnerable to COVID-19 – and are in urgent need of shelter, food and hygiene assistance.

Response:

- Throughout the country, ES-NFI Cluster partners are continuing to provide awareness raising sessions on the prevention of COVID-19, targeting returnees, IDPs and local communities. During the reporting period, ES-NFI partners in the north-east, reached close to 3,900 IDPs with COVID-19 awareness raising campaigns and 4,000 leaflets were distributed in Kunduz, Takhar and Badakhshan provinces. In the west, partners reached 101 IDP households in Farah and Ghor provinces with key messages and are planning to roll out additional risk communication messaging in 38 villages across the region. More than 150,000 people have been reached with key messages since the start of the crisis.
- In collaboration with the Department of Public Health, one ES-NFI partner signed a contract with two local radio stations in Faizabad city to broadcast and disseminate key messages on COVID-19 prevention measures.

Gaps & Constraints:

- ES-NFI partners are currently responding to multiple concurrent emergencies. There is concern that spikes in caseloads could strain the pipeline for NFI kits. To meet new and ongoing needs, resources to stabilise, replenish and maintain key shelter and NFI stocks are urgently required.
- Partners emphasise the need to integrate COVID-19 awareness raising activities within existing sectoral activities to increase community awareness.
- 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 Kabul, Nangarhar, Hirat and Mazar-e-Sharif provinces indicate that child protection issues have been increasing due to the COVID-19 lockdown. Protection Cluster partners are particularly noting a rise in exploitation of children, including early child marriage and child labour, as a negative coping mechanism. Socio-economic support for families impacted by COVID-19-related lockdowns and price increases is needed to mitigate against the use of negative coping mechanisms and meet urgent livelihood gaps.
- Psychosocial support adapted for COVID-19 physical distancing requirements is needed for the most vulnerable communities, including those living in IDP settlements.
- There is need for the continuation of systematic protection and vulnerability monitoring – including the use of the cluster’s COVID-19-adapted questionnaire – to track trends resulting from COVID-19 restrictions, taking special note of the situation facing women and girls. Preliminary findings of protection monitoring reports show that children and the elderly are being particularly affected by the higher price of food.
- Increased awareness raising on COVID-19 and preventive measures in remote and hard-to-reach areas is needed.
Livelihood or multi-purpose cash transfer support for households headed by women or children. Several families are currently at urgent risk of eviction in Loya Wala and Mirwais Mina districts in Kandahar province, as they are unable to pay rent due to loss of income as a result of COVID-19 lockdown measures. The families are in urgent need of cash to cover their shelter needs.

Women imprisoned with their children are being exposed COVID-19 risks due to congestion in women’s prisons.

Women and girls do not have access to hygiene and dignity kits in rural areas and further efforts are needed to reach vulnerable people with these supplies, particularly GBV survivors and women at risk.

There is a risk of an uptick in criminal acts due to the jump in food and essential material costs particularly in the south. Initial findings of vulnerability assessments indicate increases in child labor and child marriage, and limited access to health services.

Response:

63,552 people were sensitised on COVID-19 and preventive measures between 4-11 May using mobile messaging, door-to-door visits, and outreach in mosques in Balkh, Samangan, Faryab, Jawzjan, Samangan, Kandahar, Hilmand, Uruzgan, Nimroz, Nangarhar, Kunar, Sar-e-Pul, Farah, Hirat, and Bamiyan provinces. Altogether, since the beginning of the COVID-19 response to 11 May, a total of 752,165 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners.

653 women and girls were provided with dignity and sanitary kits in Bamyan and Balkh provinces between 4 -11 May.

In collaboration with WASH efforts, 1,100 people received hygiene materials in Central region during the reporting period.

90 Afghan returnees in Ghor, Nangarhar, Kabul, Faryab, Sar-e-Pul, Balkh, Takhar, and Kunduz who took part in a COVID-19 protection monitoring survey, received key messages related to COVID-19.

COVID-19 story books were distributed to 70 boys and girls in Kandahar province.

10,231 children and 871 parents received psychosocial support (PSS) during the reporting period. Approximately, 45,000 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.

Protection Cluster partners are carrying out COVID-19 awareness raising campaigns – based on information published on the WHO-website – in Kabul, Parwan, Ghazni, Khost, Paktika, Kandahar and Ghor provinces.

A new hotline number has been created and distributed to enable communities to directly report protection and COVID-19 concerns. Calls are free of charge.

Assistance to people with specific needs continues in Kandahar, Hilmand and Uruzgan provinces; 105 families were assessed for assistance during the weekly reporting period.

Information, counselling and legal assistance (ICLA) projects have resumed. Legal and counselling sessions are being provided in small groups and engage with communities on land verification, counselling on housing, land and property (HLP) rights. Each meeting integrates information sessions on COVID-19.

Gaps & Constraints:

There is a lack of COVID-19 testing for women and children in Women Protection Centres.

Lack of appropriate security measures for survivors of violence in quarantine centres.

Child Friendly Spaces have closed due to physical distancing requirements, but PSS activities are being carried out in children's homes using remote modalities, social media, and other approaches. However, vulnerable/marginalised children lack access to some of these communications channels.

Gender-Based Violence (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.

All front-line service providers, particularly health workers, need to be trained on how to recognise GBV cases, respond to them, protect survivors and refer them to appropriate services.

Referral of vulnerable people to long-term services has been limited as result of lockdowns and movement restrictions.
Food Security

Needs:

- The most recent food security analysis indicates that an estimated 13.4m people are severely food insecure (April and May). Of these, about 9.1m people are classified as being in IPC Phase 3 (Crisis) and about 4.3m people are in IPC Phase 4 (Emergency). Food insecurity for vulnerable populations, including IDPs and the urban poor, is of particular concern. The outlook for the remainder of the year remains dire with 12.4m people in IPC 3 and 4 from June through to November.

- 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 find work. Market prices also continue to be significantly higher than pre-crisis levels. Public unrest is building in areas such as Hirat city where people are calling for more support from the authorities, in large part to meet their immediate food needs.

- Following price shocks, dietary diversity drops as households dedicate more of their available resources to consuming nutrition-poor foodstuffs. This change in consumption patterns to nutrition-poor products impacts malnutrition rates and the access children and pregnant and lactating mothers have to nutritionally-diverse diets.

- Flash flooding in Badghis province has affected key public infrastructure including the main irrigation canal and more than 91 acres of agriculture land, including fragile fruit producing areas. While the flood season has been less severe than expected in terms of impacts on people’s livelihood, negative impacts are anticipated on the yield of key wheat and summer crops.

- Following the recent variable rainfall patterns across the country, conditions have been created for the spread of harmful pests and crop diseases that can cause yield losses of 20 per cent or more, these include locusts and an increased incidence of wheat rust, affecting key staple crops.

- 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.

- Domestic trade disruptions and panic buying in major urban centres has contributed to spikes in prices for key commodities. While the re-opening of the border with Pakistan is expected to increase food availability in markets and allow for a level of price stability, actual administrative impediments and the necessary cross-border procedures are slowing the movement of goods. The re-opening of the border has not yet translated into significant reduction of food prices in cities. The impact of price rises falls disproportionately on vulnerable people, including children, pregnant women, elderly people, malnourished people, people with vulnerable employment status, and people who are ill or immuno-compromised. Vulnerable families need the market to be supplied with an affordable, steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need.

- The loss in purchasing power continues to be a significant worry for small shop owners who have low levels of savings or limited ability to absorb the impacts of sales decreases, as well as being dependent on food markets for their daily calorie intake.

- The crucial wheat harvest season is starting in the country’s east and this will be shortly be followed by the harvest of summer crops and higher value cash crops. Producers need access to internal and external markets to secure the viability of people’s livelihoods and recovery from the impacts of the COVID-19 pandemic.

Response:

- As part of its regular programming, WFP dispatched close to 30,000mts and directly distributed over 27,000mts of food, as well as disbursing close to $1 million in cash-based transfers between 5 March and 6 May. Overall between 5 March and 6 May over 2,440,000 people were reached with life-saving food assistance. FSAC partners hope to cover 1.2m of the most vulnerable people with food assistance over May and June 2020.

- 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.

- Operational monitoring capacity has resumed in some regions as monitoring staff are wearing PPE and following physical distancing measures to conduct the required post distribution monitoring.

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

- Food distributions continue, however, COVID-19-related lockdown measures and reduced working hours due to Ramadan have affected the Government’s response rate.
- Administrative delays on both sides of the border including port clearances, export certificates, and the issuing of exemption certificates have slowed and even stopped the movement of humanitarian food supplies. FSAC partners are continuing to press for more predictable movement of critical humanitarian food items through border crossing points particularly given the difficulties in ensuring that time-bound export certificates remain valid. The humanitarian community urges authorities on both sides of the border to facilitate the two-way movement of cargo to ensure the viability of cross-border markets.
- FSAC stress the importance of ensuring physical distancing measures and phased distribution times are applied to avoid overcrowding at neighbourhood-level sites where distribution of bread through bakeries are currently underway.
- Some programmes and activities not prioritised under the COVID-19 response have been paused, including biometric registrations, trainings and sensitisation sessions. Similarly, livelihood assistance and resilience building asset creation projects have 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. FSAC partners are currently exploring how to conduct partial start-ups of asset creating projects.

Education

Needs:

- The children of Afghanistan are facing the greatest disruption to their right to education in living memory.
- Education is an undeniable right of children, in times of stability and crisis. Alternative education arrangements are needed to ensure millions of children do not miss out on critical education.
- 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 normal schooling as per the normal schedule. This is in addition to some 3.7m children who were already out of school in Afghanistan.

Response:

- The Education in Emergencies (EiE) Working Group is supporting the Government in its efforts to mitigate the immediate impact of school closures and facilitate the continuity of education for all children through remote learning.
- As part of the COVID-19 response, 559 children were reached with EiE-developed home-based learning materials from 4-11 May. So far, a total of 4,559 children have been reached with this kind of support since the start of the COVID-19 crisis. EiE Working Group partners aim to reach more than 250,000 children with home-based learning materials during the school closure period as a part of their COVID-19 response plan.

Gaps & Constraints:

- Lack of access to TV, electricity and even radios in many parts of the country and especially in rural areas to participate in home learning.
- There is a critical need to improve and sustain safe schools/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, bucket 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:
- Measures aimed at slowing the transmission of COVID-19 are resulting in hardship for many vulnerable families. The COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services and schools, as well as the nutrition status of the poor and vulnerable.
- Lockdowns have resulted in slowdowns of deliveries of essential food items which, in turn, pose an immediate threat to assistance aimed at ending hunger and malnutrition.
- 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.
- School closures are having the secondary effect of preventing children from accessing crucial school health and nutrition services. The absence of school feeding programmes could have an adverse impact on children’s health and nutrition status.
- Only 16 out of 40 districts identified by the Cluster as being at high risk for COVID-19 have an in-patient SAM treatment ward in the district hospital. In order to mitigate risks of COVID-19 infection for children and mothers seeking treatment, these wards urgently need to be expanded to include adequate space between beds, a separate therapeutic-milk preparation space, a counselling space, breast-feeding corners and a waiting area for mothers and children.
- Supplementary feeding programmes for moderately malnourished children and pregnant and lactating women need to be established in 11 districts identified as being at high risk for COVID-19.
- Based on a recent assessment carried out by Nutrition Cluster partners, approximately 9,500 households in 11 districts in Hirat are in need of emergency food and nutrition assistance.

Response:
- Seven Mobile Health and Nutrition Teams (MHNT) in Hirat, Badghis and Ghor provinces screened approximately 2,700 people for COVID-19 symptoms during the reporting period. Approximately 350 people were identified as having Acute Respiratory Infections and referred for treatment; no COVID-19 cases were identified during the screening process.
- 16,983 people (9,213 men and 7,770 women) received health and nutrition education sessions, as well as risk communication on COVID-19 – including maintaining hygienic practices and other preventive measures – during the reporting period. Since the start of the crisis, a total of 19,252 have been reached by these campaigns.

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 the supply shortfall is needed.
- Additional efforts are needed to strengthen community screening, improve health care facilities and minimise close physical contact to curb the spread of the virus. Moreover, community nutrition screening (i.e. a family member or caretaker screening a child’s nutritional status) must be strengthened.
- 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.
- There is increased need for the timely collection of food security and nutrition information to identify populations at risk, monitor and influence factors likely to have a negative impact on the nutritional status of people.
- Nutrition Cluster partners urge local authorities to facilitate civilian access to nutrition and health education sessions and nutritional services, either delivered through health facilities or MHNTs.

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. In light of recent protests in certain parts of the country and easing of lockdown measures in a number of provinces, the HAG encourages partners to continue clearly communicating their beneficiary selection criteria to the community and all other relevant stakeholders, and to maintain a
transparent and impartial assistance process. For additional information on access constraints, please see the C-19 Access Impediment Report.

The **Cash and Voucher Working Group** (CVWG) continues to support partners implementing cash programming during the COVID-19 pandemic. The CVWG has issued two sectoral cash guidance notes (one on protection and one on education) related to COVID-19. Both notes were developed in close collaboration with the relevant clusters. During the reporting period, CVWG also reviewed partners’ cash proposals for the upcoming Afghanistan Humanitarian Fund (AHF) 3rd Reserve Allocation 2020 for COVID-19 response and provided tailored feedback. With the possibility of scaling up education-related to COVID-19. Both notes were developed in close collaboration with the relevant clusters. During the reporting period, CVWG also reviewed partners’ cash proposals for the upcoming Afghanistan Humanitarian Fund (AHF) 3rd Reserve Allocation 2020 for COVID-19 response and provided tailored feedback. With the possibility of scaling up cash programming, including during the COVID-19 pandemic, the CVWG has also provided partners with a risk mitigation document. The document is aimed at supporting both international and national NGO partners and has been translated into local languages (Dari and Pashto).

The **Risk Communication and Community Engagement (RCCE) Working Group** has begun developing guidance for Health and Protection partners that are including RCCE activities in forthcoming Afghanistan Humanitarian Fund allocations.

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**Background on the crisis**

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

For further information, please contact:

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For more information, please visit [www.unocha.org](http://www.unocha.org) [www.reliefweb.int](http://www.reliefweb.int) [https://www.humanitarianresponse.info/operations/afghanistan](https://www.humanitarianresponse.info/operations/afghanistan)