

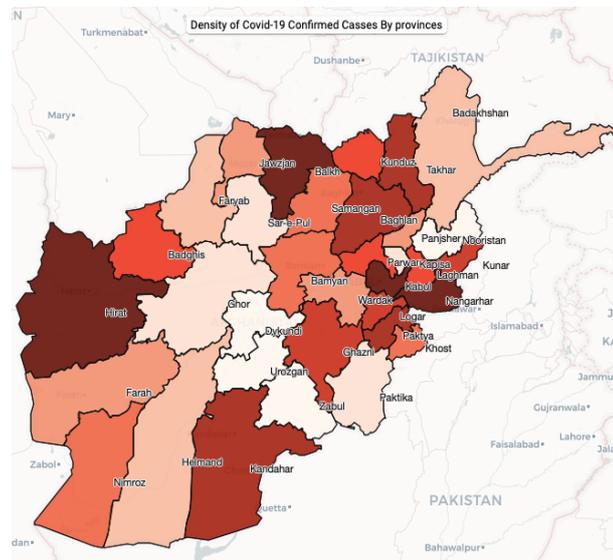
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 8 and 14 June 2020.

### HIGHLIGHTS

- As of 17 June, 26,874 people have tested positive for COVID-19; 504 have died and 6,158 have recovered.
- Since the start of March, partners medically screened 422,232 people at points-of-entry, delivered WASH assistance to more than 1.3 million people and sensitised more than 1.1 million people on COVID-19 preventive measures across the country.

### SITUATION OVERVIEW

MoPH data shows that as of 17 June, 26,874 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 6,158 people have recovered, and 504 people have died (16 of which are healthcare workers). 60,298 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 44 per cent. More than five 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. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar provinces.



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

The Government of Afghanistan announced on 6 June that it was extending the **nationwide lockdown** for three more months, issuing new health guidelines for citizens to follow. According to the latest measures, people must: wear a face mask in public places at all times; maintain a 2-meter social distance; avoid gatherings of more than 10 people; disinfect all workplaces; and ensure older people stay at home. The Government has extended the closure of schools for three more months. Additionally, all hotels, parks, sports complexes and other public places will remain closed for three months, while public transport facilities, such as buses carrying more than four passengers, will not be allowed to travel. All government offices have reopened with government employees attending in two shifts and on alternate days. Measures to contain the spread of the virus continue to differ across provinces, with provincial authorities maintaining the authority to decide on and implement their lockdown measures. In light of the newly announced nationwide preventative measures, provincial authorities are currently reviewing their lockdown measures. While provincial lockdown measures continue to impede humanitarian movement, in the last few weeks, the situation significantly improved, with less obstructions reported.

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 average wheat flour price (low price & high price) has increased by 18 per cent between 14 March and 7 June, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 31 per cent, 19 per cent, 37 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 has deteriorated by 8 per cent and 13 per cent, respectively (compared to 14<sup>th</sup> March).

While implementing activities to mitigate the spread of COVID-19, humanitarians continue to respond to other ongoing and emerging humanitarian needs. During the reporting week, 4,412 people received trauma care. Five health facilities in contested areas were rehabilitated by Health partners. 46,023 women in hard-to-reach areas received antenatal and postnatal care from midwives deployed through Mobile Health Teams (MHT). 1,234 GBV cases were identified and referred for case management to Family Protection Centres (FPCs) in 21 provinces. 55 unaccompanied and separated boys without

parental care were reunified with their families in Hirat province. Protection partners provided 24 children in Hilmand province with case management services. 48 individuals – including frontline workers and volunteers/community network members – received child protection training in Kandahar province. As part of its regular programming, WFP distributed food to more than 478,868 food insecure people between 4 and 10 June.

## HUMANITARIAN RESPONSE

### 9 Pillars of COVID-19 Response - Summary

<b>Country-level coordination and response planning</b>	<ul style="list-style-type: none"> <li>Health partners continue to support Government-led planning and response.</li> <li>Humanitarian partners have finalised the <a href="#">Humanitarian Response Plan (HRP)</a>, integrating COVID-19 needs into overall response. Of the 14 million people in need of humanitarian and protection assistance, humanitarian partners have prioritised 11.1 million to receive immediate assistance in 2020, for which US\$1.1 billion is required.</li> <li>The COVID-19 ONE UN Response Plan was finalised and presented to the Government and UN Country Team.</li> </ul>
<b>Risk communication and community engagement (RCCE - accountability to affected populations)</b>	<ul style="list-style-type: none"> <li>The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. It has also carried out an assessment showing communications preferences and the most trusted information sources by geographical area, down to the district level.</li> <li>IOM's Displacement Tracking Matrix field teams 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.</li> <li>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.</li> <li>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.</li> <li>More than 4,102,200 people were reached with RCCE messages by partners.</li> </ul>
<b>Surveillance, rapid response teams, and case investigation</b>	<ul style="list-style-type: none"> <li>34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities.</li> <li>66 Mobile Health Teams (MHT) have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities across the country.</li> <li>Health Cluster partners' surveillance system has tracked 512,242 people since the start of the crisis.</li> <li>IOM MHT have trained over 400 Community Health Workers on COVID-19 awareness, prevention, identification and referrals.</li> <li>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.</li> <li>3,140 healthcare workers were trained by Health partners in surveillance and risk communication to carry out activities in contested areas.</li> <li>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.</li> </ul>
<b>Points of entry</b>	<ul style="list-style-type: none"> <li>12 Mobile Health teams and 4 IOM TB and COVID-19 screening teams are deployed to major border crossing points.</li> <li>422,232 people were screened at points-of-entry by Health Cluster partners.</li> <li>Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan.</li> <li>8 UNHCR staff have been deployed as part of monitoring teams operating at Spin Boldak and Milak. 7 UNHCR staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd control at the Milak border crossing. 20 UNHCR screening staff have been deployed to Daman district in Kandahar province to provide screening support at the provincial hospital.</li> </ul>
<b>Laboratories</b>	<ul style="list-style-type: none"> <li>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. Afghanistan currently has a capacity to carry out 2,000 tests per day.</li> <li>113 healthcare workers were trained in medically laboratory testing.</li> <li>Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.</li> </ul>
<b>Infection prevention and control (IPC)</b>	<ul style="list-style-type: none"> <li>More than 25,000 units of PPE were provided to MoPH. According to the Ministry, 425,000 units are needed.</li> <li>IPC training was provided to 3,238 healthcare workers who reached 51,242 people since the start of the crisis.</li> </ul>
<b>Case management</b>	<ul style="list-style-type: none"> <li>2,000 beds are now available for isolation and intensive care.</li> </ul>
<b>Operational support and logistics</b>	<ul style="list-style-type: none"> <li>WHO has identified a supplier for diagnostic testing kits to provide re-supply as necessary.</li> <li>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.</li> </ul>

<b>Continuation of essential services</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The last 3W showed no reduction in presence of humanitarian partners but a slight reduction in districts reached.</li> <li>• Provision of primary care continues through MHTs (inclusive of routine vaccinations), however expansion is required as the number of people seeking health care at static facilities is decreasing (for fear of COVID-19 transmission).</li> </ul>
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## Key COVID-19 Cumulative Response Figures

<b>Health</b>	<ul style="list-style-type: none"> <li>• 34,000 polio surveillance volunteers are engaged in surveillance, case identification and contact tracing.</li> <li>• 422,232 people were screened at points-of-entry by Health Cluster partners.</li> <li>• 4,102,232 people were reached with risk communication and community engagement messages.</li> <li>• Health Cluster partners' surveillance system has tracked 512,242 people since the start of the crisis.</li> <li>• More than 25,000 units of PPE were provided to MoPH by Health Cluster partners.</li> <li>• IPC training conducted for 3,238 healthcare workers who reached 51,242 people since the start of the crisis.</li> <li>• 3,140 healthcare workers have been trained in surveillance and risk communication in contested areas.</li> <li>• 2,000 beds have been made available for isolation and intensive care since the start of the crisis.</li> <li>• Medical equipment was provided for 1,642 isolation wards across all 34 provinces.</li> <li>• 160 healthcare workers have been trained in MHPSS since the start of the crisis.</li> <li>• 113 healthcare workers have been trained in medically laboratory testing.</li> <li>• 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 as of 14 June.</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• 1,378,478 people were reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>• 61,033 hygiene kits distributed, reaching 413,586 people.</li> <li>• More than 3.72m bars of soap were distributed in 186 districts across the country.</li> <li>• More than 29,500 people at the Islam-Qala border crossing, 30,379 people at the Milak crossing and 4,760 people at the Torkham border crossing have benefitted from WASH facility maintenance and the provision of water.</li> <li>• 1,920 handwashing stations have been set up at the community-level in 16 districts across 10 provinces.</li> </ul>
<b>Emergency Shelter &amp; NFI</b>	<ul style="list-style-type: none"> <li>• 244,919 people (in 13 provinces) were reached with awareness raising sessions on prevention of COVID-19.</li> <li>• 5,743 IEC materials were distributed across eight provinces.</li> <li>• 415 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community.</li> <li>• 10 family tents and 44 refugee housing units (RHU) were 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.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• 1,1 million people were sensitised on COVID-19 and preventive measures across the country.</li> <li>• 3,680 IEC materials distributed since the start of the crisis.</li> <li>• 1,320 people were interviewed using the COVID-19 specific protection monitoring questionnaire.</li> <li>• Protection partners have conducted 6,674 border monitoring interviews since the start of the crisis.</li> <li>• 73,818 people (in 20 provinces) received psychosocial support to cope with the mental health effects of COVID-19.</li> </ul>
<b>Food Security</b>	<ul style="list-style-type: none"> <li>• As part of its regular programming, between 5 March and 10 June WFP has dispatched over 43,000 metric tons of food; directly distributed over 41,000MT of food; and disbursed over \$3.6 million in cash-based transfers.</li> <li>• Over the same period over 4 million people were reached with food assistance*.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• 12,218 children were reached with home-based learning materials across eight provinces.</li> <li>• 10,314 children received education through small group learning across four provinces.</li> <li>• 6,917 children received IEC materials on COVID-19 preventative measures across eight provinces.</li> <li>• 52,118 children were sensitised on COVID-19 and preventive measures through TV and radio in two provinces.</li> <li>• 1,038 teachers have been trained on safe school protocols in regards to COVID-19.</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• 29,516 community members have been reached with COVID-19 awareness raising sessions</li> </ul>

\* 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:

- 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.
- Community health facilities and workers are overwhelmed due to COVID-19. Continuation of all health services, including infection prevention and control, and ensuring the safety of healthcare workers is critical.
- There is widespread misinformation about herbal treatments as well as unauthorized and unproven vaccines for COVID-19. The use of these treatments may be potentially dangerous.

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

### Response:

- During the reporting period, 595 healthcare workers were trained in surveillance and risk communication to carry out activities in NSAG-controlled areas. 3,140 healthcare workers were trained in these themes since the start of the crisis.
- 35 healthcare workers have been trained in Mental Health and Psychosocial Support (MHPSS) and will support MHT's in hard-to-reach areas. 160 healthcare workers have been trained in MHPSS since the start of the crisis.
- 3,252 people received mental health services during the reporting period, with more than 6,353 people reached since the start of the crisis.

### Gaps & Constraints:

- Countries continue to be affected by global supply shortages, including PPE, laboratory re-agents and RNA extraction kits, affecting testing and health response. Global logistics constraints are also limiting supplies of essential equipment such as ventilators and oxygen concentrators.
- There is no in-country capacity and resources to manage severe cases of COVID-19.
- High COVID-19 rates among healthcare workers will hamper COVID-19 response and provision of other essential health services. Provision of adequate PPE and training of health staff in prevention measures is critical.
- Scale-up of community-based RCCE is critical, including in NSAG-controlled areas. Targeted risk communication messages and community engagement activities for vulnerable people need strengthening.
- There is need to scale-up early and sufficient mental health care integrated within the broader health response.



## Water, Sanitation and Hygiene

### Needs:

- According to a multi-sector needs assessment conducted by Oxfam in Hirat, Bamyán, 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.
- A recent Knowledge, Attitudes, and Practices (KAP) survey conducted by World Vision in Hirat, Badghis and Ghor provinces reveals limited COVID-19 awareness, with close to 50 per cent of the respondents reportedly unaware of transmission through contact and 40 per cent reporting lack of access to both water and soap.

1.3M

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

### Response:

- Between 7 and 14 June, 244,684 people were reached with WASH assistance, taking the total to 1,378,478 people since the start of the crisis.
- 3,067 hygiene kits were distributed during the reporting period, reaching 21,469 people across five districts. 61,033 hygiene kits have been distributed since the start of the crisis, reaching 413,586 people.
- 26,924 bars of soap were distributed across nine districts throughout the country between 7 and 14 June. Since the start of the response, more than 3.72 m bars of soap have been distributed in 186 districts across the country.
- WASH facility maintenance and provision of water continues at the Islam Qala-Dogharoon land border crossings (Hirat), Milak crossing (Nimroz) and the Torkham crossing. During the reporting period, WASH activities at the Islam-Qala border crossing reached 4,250 people, with more than 29,500 reached since the start of the outbreak. Maintenance of WASH facilities and provision of water at the Milak crossing reached 6,750 people during the reporting period, with 30,379 people reached since the start of the crisis. Similarly, installation of new water supplies at Torkham border crossing reached 4,760 people during the reporting period.

- Between 7 and 14 June, 1,675 handwashing stations have been set up at the community-level in two districts in Kabul and Hirat provinces, with a total of 1,920 handwashing stations set up at the community-level in 16 districts across 10 provinces since the start of the crisis.
- One health facility in Hirat province was provided access to safe water through installation of a water scheme.
- During the week, WASH partners distributed 211 water kits for safe water use, reaching 1,477 people in Balkh province.

#### Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities, as well as COVID-19 response plans; hygiene kits tailored for the COVID-19 response are in high need.
- 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 \$9.3 million during the COVID-19 response period (April-June 2020).

## Emergency Shelter & NFI

#### Needs:

- More than 4.1 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements in sub-standard shelters characterised by a lack of privacy and dignity, overcrowding, and poor ventilation. This leaves them susceptible to COVID-19 transmission.
- Assessments show that the more than 111,580 people still living in displacement sites in Hirat and Badghis provinces (areas affected by the drought) are in poor health – making them potentially more vulnerable to COVID-19 – and are in urgent need of shelter.
- Returnees and households report inability to pay rent due to income loss associated with COVID-19 movement restrictions and require cash-for-rent assistance. Recent assessments show that IDPs in the east require rental assistance.

# 244,919

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

#### 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 22,862 individuals with awareness raising sessions on COVID-19 across eight provinces. 244,919 people in 13 provinces have been reached with key messages since the start of the crisis.
- 272 IEC materials were distributed during the reporting period in Kandahar, Hilmand and Uruzgan provinces. ES-NFI Cluster Partners have distributed 5,743 IEC materials across 8 provinces since the start of the response.
- ES-NFI Cluster partners distributed 48 NFI kits to 35 families at-risk from COVID-19 to limit sharing of core relief items.

#### 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 region.
- 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:

- Direct interviews with affected people during distributions in Hirat province show that people displaced by conflict and people living with disabilities are facing economic hardship as a result of the lockdown measures. This has notably been reported from Karukh and Zindajan districts in Hirat province.
- Psychosocial support services (PSS) are required in IDP settlements in Hirat province.
- Lockdown measures are preventing SGBV survivors in need of assistance to reach Family Protection Centres in Hirat, Badghis, Farah and Nimroz provinces.
- Increased awareness raising on COVID-19 and preventive measures in remote and hard-to-reach areas is needed.
- The Mental Health and Psychosocial Support Working Group (MHPSS WG) reports that the pandemic is causing people to feel anxious, distressed or worried: fear of contracting the virus, of family becoming sickened; fear about the future

# 1.1M

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

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 are already experiencing grave psychological stress.

#### Response:

- More than 105,325 people were sensitised on COVID-19 and preventive measures across the country during the reporting period (8-14 June) as part of ongoing protection activities. Since the beginning of the COVID-19 response, 1,106,336 people across the country were sensitised on COVID-19 preventive measures.
- 592 IEC materials on COVID-19 were distributed in Kandahar, Hilmand, Uruzgan, Nimroz and Zabul provinces during the reporting period, with 3,680 IEC materials distributed since the start of the crisis.
- COVID-19 story books designed to help children deal with COVID-19-related stress were distributed to 90 boys and girls in Kandahar province.
- During the reporting period, 309 persons with specific needs (PSN) received cash-assistance across the country to cope with the financial impact of COVID-19. An additional 403 PSN have been assessed in Kandahar, Uruzgan, Zabul, Nimroz and Hilmand provinces.
- 443 COVID-19 specific protection monitoring questionnaire interviews were conducted in Kandahar, Hilmand and Uruzgan provinces between 8 and 14 June. So far, 1,320 interviews have been conducted since the start of the crisis.
- Between 8 and 14 June, 596 border monitoring interviews were carried out with returnees (citizens of Afghanistan) at Milak border crossing site. Protection partners conducted 6,674 border monitoring interviews since the start of the crisis.
- During the reporting period, 54,491 people across nine provinces received PSS through different modalities, including door-to-door visits, hotline services, local TV and face-to-face counselling. Since the start of the crisis, 73,818 people received PSS across 20 provinces to cope with the mental health-related consequences of COVID-19.

#### Gaps & Constraints:

- Protection activities requiring larger gatherings – such as capacity building training, focus group discussions, legal assistance and mine risk education – have been suspended in the northern region.
- Vocational training centres and child-friendly spaces have either been disrupted or halted due to movement restrictions and lockdown measures, causing delay in project activities.
- Protection partners report an increase in child protection concerns with more children out-of-school children and engaged in child labour activities.
- Scale-up of community-based risk communication and community engagement is needed in the rural areas of the southern region. The rural population needs preventative guidance materials.
- Continued lockdown measures are causing mental health and psychosocial distresses to large parts of the population. Counselling services have been temporarily interrupted as people are unable to receive psychosocial support in person.

## Food Security

#### Needs:

- Some 12.4 million people are in 'crisis' and 'emergency' levels of food insecurity until November 2020, 4 million of whom are in 'emergency' levels of food insecurity (IPC 4).
- Wheat flour production has been affected in the west due to technical issues that affected the regional milling capacity and regional logistic bottlenecks that affected the ability of commercial suppliers to obtain their required spare parts.
- 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. People with low levels of savings or food stocks are affected and will increase their intake of cheaper nutrient-poor food or reduce meals.

# 12.4M

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

#### Response:

- As part of its regular programming<sup>†</sup>, WFP dispatched more than 43,000MT of food; distributed over 41,000MT of food; and disbursed over \$3.6 million in cash-based transfers between 5 March and 10 June. Overall, between 5 March and 10 June more than 4 million people have been reached with food assistance.

<sup>†</sup> 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.

- Cash distributions to people affected by COVID-19 have started and will be scaled-up over the next months.
- Food security partners continue to track food pipelines, monitor market food and agricultural input 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:

- Ongoing regional-level logistical bottlenecks, such as reduced operations at Karachi port, have caused delays in the port clearance and access to specific humanitarian foods, including vegetable oil and therapeutic supplementary feeding.
- While both improved food cargo imports and domestic production of fruit and vegetable has allowed for increased availability and access to food stuff, Afghan producers' ability to export their cash crops, particularly through the eastern border remains a concern. As food is not a proven vector of disease transmission, FSAC stresses that disinfection procedures that provide no known health benefits and harm the flow of cross-border foodstuff should be avoided or discontinued.
- The bakery distribution programme featured a proprietary selection criteria used by municipal authorities to build beneficiary lists. The programme showed that some municipalities have varying capacities in managing distributions. There is need to carefully phase future interventions that rely on municipal level associations in line with their capacities.
- 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 and the ability to maintain required quality controls as well as sustaining engagement with affected populations. Moreover, out of precaution and in order to protect affected populations, monitoring activities, trainings and asset creation activities have been delayed or postponed. Pause of biometric registration is further expected to affect the quality of data and ability to limit duplications.
- Longer-term activities such as asset creation will likely continue but at a slower rhythm due to increasing COVID-19 cases amongst implementing partner staff.
- The post-Eid increase in COVID-19 cases amongst humanitarian workers has created an additional workload in regard to the evacuation and treatment of staff who are often unable to access timely treatment, testing or higher-level care centres in-country.

## Education

#### Needs:

- Alternative education arrangements are needed to ensure millions of children do not miss out on critical learning.
- More than seven million children in regular schools and more than 500,000 children enrolled in community-based education (CBE) programmes did not start regular schooling as per the normal schedule. This is in addition to some 3.7m children who were already out of school.

# 52,118

children sensitised on COVID-19 and preventive measures between 8 and 14 June

#### Response:

- Education in Emergencies (EiE) Working Group is supporting the Government of Afghanistan in their efforts to facilitate the continuity of education for all through remote learning.
- A total of 52,118 children in Kabul and Balkh provinces were sensitised on COVID-19 and preventive measures through TV and radio during the reporting period.
- 6,917 children were reached with COVID-19 IEC-material across eight provinces between 8 and 14 June.
- During the reporting period, 1,038 teachers were trained in COVID-19 safe school protocols in Hirat, Balkh and Sar-e-Pul.

#### 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.
- As of early June, all alternative educational activities such as self-learning material distribution and Small Learning Group (SLG) activities apart from distance learning (through TV and radio) are currently suspended for three months.
- There is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant for when schools/CBE's re-open.
- Limited available stock of hygiene supplies (soap, buckets with taps and chlorine).
- Continued insecurity may hinder access to high risk areas.
- Flexibility is required from donors to factor-in delays in the programme implementation period.

## Nutrition

### Needs:

- 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.
- Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being. More than 3.5m women and children are in need of nutritional treatment. As the COVID-19 pandemic continues to affect livelihood within the region, causing an increase in poverty and food prices, additional efforts are needed to optimise maternal nutrition.
- A total of 1,640,109 children have been screened for nutritional status across 34 provinces between March and April 2020. Recent screenings show a proxy Global Acute Malnutrition (GAM) rate ranged from 6.3 per cent in Paktya and 27.5 per cent in Jawzjan provinces. Additionally, the proxy Severe Acute Malnutrition (SAM) ranged from 1.1 per cent in Kabul and 6.4 per cent in Hilmand.
- There has been a general nutritional status deterioration across 21 provinces during March – April 2020, compared to the same period in 2019 with a mean increase of 2.9 per cent in GAM, according to analysis of mid-upper arm circumference (MUAC) screening data.
- 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.

# 4,841

people were sensitised on COVID-19 and preventative measures across five provinces between 8 and 14 June

### Response:

- 4,841 people – including 25 religious and community leaders – were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners in Hirat, Ghor, Hilmand and Jawzjan provinces between 8 and 14 June. Altogether, since the beginning of the COVID-19 response, a total of 29,516 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners.
- During the reporting period, 231 people were screened for acute respiratory infections in Hirat and Ghor provinces by Nutrition partners. Nutrition partners identified six suspected COVID-19 cases which were referred to Hirat provincial hospital. Similarly, four suspected cases were identified and referred to the provincial hospital in Ghor.
- 223 IEC materials – including posters, leaflets and brochures – were distributed by Nutrition partners across Hilmand and Ghor provinces between 8 and 14 June.

### Gaps & Constraints:

- Need for increased COVID-19 risk communication, community engagement and community-level screening in order to increase access to health facilities and uptake of nutrition services.
- There is currently a lack of Mobile Health and Nutrition Teams (MHNT) in Hirat province to match the size of the population. There are 3 MHNTs in Hirat, serving 13,000 IDP households. This should be doubled to six to meet current needs.
- Measures aimed at slowing the transmission of COVID-19 are resulting in difficulties for many vulnerable families in accessing health services and nutritional treatment sites. The admissions for inpatient treatment of severe acute malnutrition has decreased by 46 per cent during the period March – May 2020, compared to the same period last year. Similarly, the admissions for outpatient treatment of severe acute malnutrition has decreased by 12 per cent in March – May 2020 (compared to March – May 2019).
- 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.
- To minimize physical contact by the health and nutrition service providers with the caretakers and children amid the pandemic, the frequency of follow up visits for outpatient Integrated Management of Acute Malnutrition (IMAM) services is decreased to every two weeks for SAM, and on a monthly-basis for Moderate Acute Malnutrition (MAM). However, in communities where there are more restrictive lockdown measures in place or where local concerns are heightened (e.g. Miramor district in Daykundi province), the SAM follow up nutrition visits have been reduced to once per month.
- There is increased need for the timely collection of nutrition information to identify populations at risk, as well as monitoring and influencing factors likely to have a negative impact on the nutritional status of people.
- There is a need for continued advocacy with provincial and district-level health offices to increase the physical space during the provision of inpatient nutrition services.
- Additional efforts need to be made to strengthen community-level screening in order to improve access to nutrition treatment sites.

## 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. The HAG and OCHA sub-offices, together with ACBAR and INSO, continue to reach out to provincial authorities to facilitate humanitarian movement in the face of COVID-19 lockdown measures. The HAG continues to engage with parties to the conflict to facilitate a COVID-19 response that is free from interference. For additional information on access constraints, please see [C-19 Access Impediment Report](#).

The **Logistics Working Group (LWG)** has started its work to address logistics issues during the COVID-19 response. During the reporting period, LWG established a customs sub-working group, tasked to identify practical solutions to customs delays. Additionally, a PPE sub-working group will be formed in the coming weeks to discuss and systematically approach PPE and other medical supply sources (national and international). Please see the [LWG Afghanistan Country Page](#).

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 13 June, Awaaz had reached 15,805 callers with pre-recorded key COVID-19 messages and directly handled 2,587 calls related to COVID-19 from all 34 provinces. 24 per cent of all calls came from women. Since early April, two functionally identical teams are operating the call centre separate from each other on different shifts to reduce the risk of transmission and ensure business continuity.

The **Risk Communication and Community Engagement (RCCE)** Working Group, hosted two webinars during the reporting period. One of the webinars was for ACBAR members, where RCEE presented on the nation-wide assessment on communities' information access, gaps and needs, as well as their communication preferences and habits, developed in partnership with REACH. The second webinar covered RCCE partner updates, broadly speaking, and UNICEF's ongoing RCCE activities, more specifically. Both webinars will be available on the IOM-hosted RCCE WG webpage as part of the working groups audio 4Ws series.

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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 (HRP) for 2020 seeks \$1.1 billion to deliver prioritised assistance to 11.1 million people with acute humanitarian needs.

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