

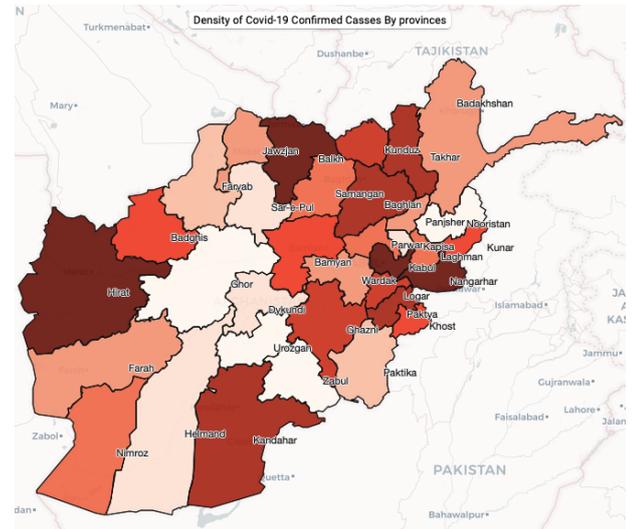
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 15 and 21 June 2020.

HIGHLIGHTS

- As of 24 June, 29,640 people have tested positive for COVID-19; 639 have died and 9,869 have recovered.
- Since the start of March, partners have traced 502,343 people using the Health Cluster partners' surveillance system, delivered WASH assistance to more than 1.9 million people and reached 47,116 children with home-based learning materials across the country.

SITUATION OVERVIEW

MoPH data shows that as of 24 June, 29,640 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 9,869 people have recovered, and 639 people have died (18 of which are healthcare workers). 67,282 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. Almost five per cent of the total confirmed COVID-19 cases are among healthcare staff. The majority of the deaths were people between the ages of 40 and 69. Men in this age group represent more than half of all COVID-19-related deaths. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar provinces.



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

The Government of Afghanistan announced on 6 June that it was extending the **nationwide lockdown** for three more months, issuing new health guidelines for citizens to follow. According to the latest measures, 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. 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; certain 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. According to reports, while lockdown measures have officially remained in place, enforcement has been lenient. Measures to contain the spread of the virus continue to differ across provinces where authorities are deciding on implementation of lockdown measures. While provincial lockdown measures continue to impede humanitarian movement, in the last few weeks, the situation has significantly improved, with less obstructions reported.

Humanitarians remain concerned about the impact of extended lockdown measures on the most-vulnerable, particularly people with disabilities and families who rely on casual daily labour and lack alternative income sources. According to WFP's market monitoring, the average wheat flour price (low price & high price) has increased by 17 per cent between 14 March and 24 June, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 32 per cent, 21 per cent, 40 per cent, and 20 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has deteriorated by 7 per cent and 13 per cent, respectively (compared to 14th March).

While implementing activities to mitigate the spread of COVID-19, humanitarians continue to respond to other ongoing and emerging humanitarian needs. On 23 June, heavy rain triggered localised flash floods in east Afghanistan (particularly Kunar, Laghman and Nangarhar provinces), that have resulted in casualties and material damage. Based on initial assessments, approximately 100 families are expected to be impacted. The Eastern Region Humanitarian Regional Team and Kunar OCT held meetings on 24 June to strengthen ongoing assessments and response to emerging humanitarian needs in impacted

areas. In Laghman, an OCT meeting is planned for tomorrow, 25 June, and will prioritise the deployment of assessment and response teams to the impacted areas.

During the reporting week, Interagency Emergency Health Kits for 30,000 people were distributed in contested areas by Health partners. 18 Mobile Health Teams (MHT) were deployed to contested areas. 3,450 children were vaccinated with routine immunisation through Mobile Health Teams (MHTs). 2,386 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 5,362 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM) during the reporting period. 1,109 children (under-five) were screened for signs of malnutrition in Ghor, Hirat and Kandahar provinces, with 65 children diagnosed with SAM and 215 children with MAM, respectively. 1,961 pregnant and lactating women received targeted supplementary feeding programmes (TSFP). 1,058 GBV cases were identified and referred for case management to Family Protection Centres (FPCs) in 21 provinces. Four unaccompanied and separated children without parental care were reunited with their families in Daykundi province. Protection partners provided legal assistance to 36 people in Kabul and Logar provinces. 25 children identified by the community as suffering due to child rights violations were provided with case management services. 514 people – including frontline workers and volunteers/community network members – received child protection training as well as code of conduct, PSEA and child safeguarding training across five provinces. As part of its regular programming, WFP distributed food to more than 279,910 food insecure people between 11 and 17 June.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

Country-level coordination and response planning	<ul style="list-style-type: none"> Health partners continue to support Government-led planning and response. Humanitarian partners have finalised the Humanitarian Response Plan (HRP), 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. The COVID-19 ONE UN Response Plan was finalised and presented to the Government and UN Country Team.
Risk communication and community engagement (RCCE - accountability to affected populations)	<ul style="list-style-type: none"> The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. It has also carried out an assessment showing communications preferences and the most trusted information sources by geographical area, down to the district level. IOM's Displacement Tracking Matrix field teams reached more than 6,000 villages in 25 provinces with RCCE messaging. IOM DTM field teams hope to complete 12,000 villages in all 34 provinces by the end of 2020. IOM's priority focus is on mobile and displaced populations in impacted areas. IOM has set up billboards in all four border provinces with Pakistan and Iran. The new AAP adviser has begun work with OCHA to support accountability aspects of the COVID-19 and ongoing response in line with the Collective Approach to Community Engagement strategy. More than 4,152,242 people were reached with RCCE messages by partners.
Surveillance, rapid response teams, and case investigation	<ul style="list-style-type: none"> 34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities. 66 Mobile Health Teams (MHTs) have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities. The Health Cluster partners' surveillance system has tracked 512,242 people since the start of the crisis. IOM MHT have trained more than 400 Community Health Workers on COVID-19 awareness, prevention, identification and referrals. 3,140 healthcare workers were 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	<ul style="list-style-type: none"> 12 Mobile Health teams and 4 IOM TB/COVID-19 screening teams are deployed to major border crossing points. 422,232 people were screened at points-of-entry by Health Cluster partners. Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan. 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.
Laboratories	<ul style="list-style-type: none"> 11 laboratories are now operational – 4 in Kabul, 2 in Hirat, and 1 each in Nangarhar, Mazar-e-Sharif, Paktya, Kandahar, and Kunduz. Afghanistan currently has a capacity to carry out 2,000 tests per day. 113 healthcare workers were trained in medically laboratory testing. Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.

Infection prevention and control (IPC)	<ul style="list-style-type: none"> • More than 25,000 units of PPE were provided to MoPH. • Infection Prevention and Control (IPC) training was provided to 3,920 healthcare workers who reached 48,456 people since the start of the crisis.
Case management	<ul style="list-style-type: none"> • 2,000 beds are operating for isolation and intensive care, however these are now being used at full capacity.
Operational support and logistics	<ul style="list-style-type: none"> • WHO has identified a supplier for diagnostic testing kits to provide re-supply as necessary. • FSAC partners continue to monitor the flow of commercial vehicles carrying humanitarian food and supplies across borders to mitigate pipeline breaks for critical food and non-food items. • The Logistics Working Group (LWG) has started its work to address logistics issues during the COVID-19 response. So far, the LWG has established a customs sub-working group, tasked to identify practical solutions to customs delays. 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).
Continuation of essential services	<ul style="list-style-type: none"> • The last 3W showed no reduction in presence of humanitarian partners but a slight reduction in districts reached. • Provision of primary care continues through MHTs (inclusive of routine vaccinations), however expansion is required as the number of people seeking health care at static facilities is decreasing (for fear of COVID-19 transmission).

Key COVID-19 Cumulative Response Figures

Health	<ul style="list-style-type: none"> • 34,000 polio surveillance volunteers are engaged in surveillance, case identification and contact tracing. • 401,232 people were screened at points-of-entry by Health Cluster partners. • 4,152,242 people were reached with risk communication and community engagement messages. • Health Cluster partners' surveillance system has traced 502,343 people since the start of the crisis. • More than 25,000 units of PPE were provided to MoPH by Health Cluster partners. • IPC training conducted for 3,920 healthcare workers who have reached 48,456 people since the start of the crisis. • 3,140 healthcare workers have been trained in surveillance and risk communication in contested areas. • 2,000 beds have been made available for isolation and intensive care • Medical equipment was provided for 1,642 isolation wards across all 34 provinces. • 160 healthcare workers have been trained in Mental Health and Psychosocial Support (MHPSS) since the start of the crisis. • 113 healthcare workers have been trained in medical laboratory testing. • 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 21 June.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> • 1,948,521 people have been reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits. • 64,771 hygiene kits have been distributed, reaching 436,832 people. • More than 3.74m bars of soap have been distributed in 195 districts across the country. • More than 29,500 people at the Islam-Qala border crossing, 38,396 people at the Milak crossing and 10,260 people at the Torkham border crossing have benefitted from WASH facility maintenance and the provision of water. • 1,955 handwashing stations have been set up at the community-level in 17 districts across 11 provinces. • 178 hand washing stations have been set up in health facilities across six provinces.
Emergency Shelter & NFI	<ul style="list-style-type: none"> • 419,615 people (in 13 provinces) were reached with awareness raising sessions on prevention of COVID-19. • 9,164 IEC materials were distributed across 8 provinces. • 237 NFI kits distributed to 202 families at-risk from COVID-19. • 415 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community. • 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.
Protection	<ul style="list-style-type: none"> • 1.2 million people were sensitised on COVID-19 and preventive measures across the country. • 6,540 IEC materials have been distributed since the start of the crisis. • 1,561 people were interviewed using the COVID-19 specific protection monitoring questionnaire. • Protection partners have conducted 7,062 border monitoring interviews since the start of the crisis. • 172,106 people received psychosocial support to cope with the mental health effects of COVID-19.
Food Security	<ul style="list-style-type: none"> • As part of its regular programming, between 5 March and 17 June WFP has dispatched over 45,000 metric tons of food; directly distributed over 43,000MT of food; and disbursed over \$3.9 million in cash-based transfers.

	<ul style="list-style-type: none"> Over the same period over 4.3 million people were reached with food assistance*.
Education	<ul style="list-style-type: none"> 47,116 children were reached with home-based learning materials across 11 provinces. 10,314 children received education through small group learning across 4 provinces. 6,917 children received IEC materials on COVID-19 preventative measures across 8 provinces. 52,118 children were sensitised on COVID-19 and preventive measures through TV and radio in 2 provinces. 1,038 teachers have been trained on safe school protocols in regard to COVID-19.
Nutrition	<ul style="list-style-type: none"> 43,431 community members have been reached with COVID-19 awareness raising sessions

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 mean that many are going undetected and untested. As the scale of the crisis grows, increased testing is urgently needed for a better overview of the situation.
- Community health facilities and workers are coming under extreme pressure from COVID-19 cases. Continuation of all health services, including infection prevention and control, and ensuring the safety of healthcare workers is critical.

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Laboratories are now operational across 7 provinces with capacity to test 2,000 samples per day

Response:

- During the reporting period, 1,111 healthcare workers were trained on case management and intensive care.
- 682 healthcare workers were trained in Infection Prevention Control during the reporting period, with 3,920 health care workers trained since the start of the crisis.

Gaps & Constraints:

- Countries continue to be affected by global supply shortages, including 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.
- High COVID-19 rates among healthcare workers will hamper COVID-19 response and provision of other essential health services. Urgent distribution of adequate PPE to and training of health staff in prevention measures is critical.
- Scale-up of community-based RCCE is critical, including in NSAG-controlled areas, to combat misinformation and stigma, and maintain access of essential health services. Targeted risk communication messages and community engagement activities for vulnerable people need strengthening.

Water, Sanitation and Hygiene

Needs:

- According to a multi-sector needs assessment conducted by Oxfam in Hirat, Bamyán, Daykundi, Nangarhar and Kunduz provinces in May, 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 provision of new water points or rehabilitation of existing water points, along with distribution of hygiene kits for COVID-19 response are needed for IDPs and host communities across these five provinces.
- A Knowledge, Attitudes, and Practices (KAP) survey conducted by World Vision in Hirat, Badghis and Ghor provinces in May revealed limited COVID-19 awareness, with close to 50 per cent of the respondents reportedly unaware of transmission through contact and 40 per cent reporting lack of access to both water and soap.

1.9M

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

* 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:

- Between 15 and 21 June, 570,043 people were reached with WASH assistance, taking the total to 1,948,521 people since the start of the crisis.
- 3,738 hygiene kits were distributed during the reporting period, reaching 23,246 people across 9 districts. 64,771 hygiene kits have been distributed since the start of the crisis, reaching 436,832 people.
- 23,353 bars of soap were distributed across 9 districts throughout the country between 15 and 21 June. Since the start of the response, more than 3.74 m bars of soap have been distributed in 195 districts across the country.
- WASH facility maintenance and provision of water continues at the Milak (Nimroz) and Torkham border crossings. During the reporting period, WASH activities at the Milak border crossing reached 7,990 people, with 38,369 people reached in this location since the start of the crisis. Similarly, WASH activities at the Torkham crossing reached 5,500 people during the reporting period, with 10,260 people reached here since the start of the crisis.
- Between 15 and 21 June, 35 handwashing stations have been set up at the community-level in Kabul informal settlement. A total of 1,955 handwashing stations have been set up at the community-level in 17 districts across 11 provinces since the start of the crisis.
- 12 hand washing stations have been set up in Hirat regional hospital during the reporting period. A total of 178 hand washing stations have been set up in health facilities across 14 districts in 6 provinces since the start of the crisis.
- During the week, WASH partners distributed 517 COVID-19 IEC materials at three health facilities in Hirat 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 needs; 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:

- ES-NFI assessments show that people with COVID-19 symptoms are unable to self-isolate due to overcrowded conditions.
- Assessments show that the more than 111,580 people still living in displacement sites in Hirat and Badghis provinces (areas affected by the drought) are in poor health – making them potentially more vulnerable to COVID-19 – and are in urgent need of shelter.
- Returnees and households report inability to pay rent due to income loss associated with COVID-19 movement restrictions and require cash-for-rent assistance. Recent assessments show that IDPs in the country's east require rental assistance. Additional rental assessments are needed across the country.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals. Since the beginning of 2020, a total of 6,407 families have been affected by natural disasters in Afghanistan across 33 provinces, with new flooding reported during the reporting period in the country's east.

419,615

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 174,696 people with awareness raising sessions on COVID-19 across 11 provinces. 419,615 people in 13 provinces have been reached with key messages since the start of the crisis.
- 3,421 IEC materials were distributed during the reporting period in Kandahar, Hilmand and Badakhshan provinces. ES-NFI Cluster Partners have distributed 9,164 IEC materials across 8 provinces since the start of the response.
- Between 15 and 21 June ES-NFI Cluster partners distributed 189 NFI kits to 167 families at-risk from COVID-19 to limit sharing of core relief items, with 237 NFI kits distributed to 202 families since the start of the crisis.
- During the reporting period, ES-NFI Cluster partners allocated funds towards the improvement and expansion of a COVID-19 treatment centre in Bamyan province. The capacity at the centre has now extended from 20 beds to 40.

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. Moreover, the COVID-19 pandemic has impacted the scheduled distribution of NFI items. Improved coordination of relevant ES-NFI cluster partners is needed to address this issue.

- Lack of adequate hand washing facilities and livelihood opportunities for IDPs and returnees in the north east region.
- Lack of awareness raising on the prevention of COVID-19 in contested areas in Hilmand province.

Protection

Needs:

- Direct interviews with affected people in Kandahar, Kunduz, Takhar and Badakhshan provinces show that many people are facing economic hardship as a result of the lockdown measures. In Kandahar province, some households have received eviction notices for non-payment of rent.
- Increased support to parents is needed in navigating this health crisis by providing parents with accurate, reliable information on the best ways to keep their family safe.
- Lockdown measures are preventing SGBV survivors in need of assistance to reach Family Protection Centres in Hirat, Badghis, Farah and Nimroz provinces.

1.2M

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

Response:

- More than 167,446 people were sensitised on COVID-19 and preventive measures across the country during the reporting period (15-21 June) as part of ongoing protection activities. Since the beginning of the COVID-19 response, 1,273,782 people across the country have been sensitised on COVID-19 preventative measures.
- 2,860 IEC materials on COVID-19 were distributed in Kandahar, Hilmand, Uruzgan, Nimroz and Zabul provinces during the reporting period, with 6,540 IEC materials distributed since the start of the crisis.
- During the reporting period, 389 persons with specific needs (PSN) received cash assistance across the country to cope with the financial impact of COVID-19. An additional 248 PSN's will be assessed individually for cash assistance in the coming weeks.
- 241 COVID-19 specific protection monitoring interviews were conducted in Kandahar, Hilmand and Uruzgan provinces between 15 and 21 June. So far, 1,561 interviews have been conducted since the start of the crisis.
- During the reporting period, 4,842 people across eight provinces received psychosocial support (PSS) through different modalities, including door-to-door visits, hotline services, and face-to-face counselling. Since the start of the crisis, 172,106 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.

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).
- Although wheat flour production and harvesting are occurring across various regions, with initial observations showing a promising yield, there has been a reduction in support/technical services by both government and humanitarians to farmers and producers due to COVID-19. The overall impact on productivity and access to markets remains unclear.
- The long-term impacts of COVID-19 on vulnerable households engaged in insecure or informal employment is still developing. The economic impact on the livelihoods of daily wage labourers will likely continue, causing an increase in negative coping strategies such as the sale of productive assets, depletion of savings and/or dependence on child labour.

12.4M

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

Response:

- As part of its regular programming[†], WFP dispatched more than 45,000MT of food; distributed over 43,000MT of food; and disbursed over \$3.9 million in cash-based transfers between 5 March and 17 June. Overall, between 5 March and 17 June more than 4.3 million people have been reached with food assistance.
- Continued seasonal support activities of both in-kind and cash distributions continued along with hygiene materials and COVID-19 prevention messaging that is being integrated within most FSAC partners' ongoing activities.
- Food security partners continue to track food pipelines, monitor 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 food items, including vegetable oil and therapeutic supplementary feeding, causing increased lead-times and adjustments to food baskets which in turn have created friction with affected people. The humanitarian community would like to call on regional authorities to assist with ensuring the unimpeded and rapid cross-border access of humanitarian foodstuffs. Moreover, FSAC encourages humanitarian actors to explore alternatives to Karachi port in order to ensure the unimpeded entry of humanitarian goods and avoid pipeline ruptures with nationwide shortages of vegetable oil expected.
- Asset creation activities have been impacted by the pandemic,. Also, the regional bottlenecks have disrupted the availability of imported construction materials.
- During the reporting period, the last phase of the government bakery distribution programme across the major urban centres reportedly stopped with unclear impacts on the households expecting to receive this temporary support.
- Shortages of some humanitarian goods are causing partners to adjust their in-kind baskets, which have subsequently been rejected by some beneficiary communities causing further disruptions to the distribution of live-saving assistance.
- Increased cases of COVID-19 amongst humanitarian workers, have forced staff members not working on frontline activities to work remotely, which reduces the overall tempo of programming activities, the ability to maintain required quality controls and sustain engagement with affected populations.

Education**Needs:**

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

47,116

children reached with home-based learning materials since the start of the crisis

Response:

- Education in Emergencies (EiE) Working Group is supporting the Government of Afghanistan in its efforts to facilitate the continuity of education for all through remote learning.
- As part of the COVID-19 response, 34,898 children were reached with EiE-developed home-based learning materials during the reporting period. A total of 47,116 children have been reached with home-based support across 8 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.

Gaps & Constraints:

- Lack of access to TV, electricity and even radios – especially in rural areas – to participate in home learning.
- There is a need to revise/extend self-learning materials to supplement in-class lessons.
- There is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant for when schools/CBE's re-open.

[†] 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.

- Continued insecurity may hinder access to high risk areas.

Nutrition

Needs:

- Malnutrition is putting people at increased risk from COVID-19. Under-nourished people have weaker immune systems which exposes them to greater risk of severe illness due to the virus.
- 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.
- The extended COVID-19 lockdown is having a devastating effect on livelihoods in rural and hard-to-reach locations. Since travel between locations, markets and workplaces is limited, many families have been left without a source of income, with the risk of causing high levels of malnutrition if the situation continues. Additional efforts are needed to optimise maternal and child nutrition.

43,431

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

Response:

- 5,888 people were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners in Ghor, Hilmand, Kabul and Kandahar provinces between 15 and 21 June. Altogether, since the beginning of the COVID-19 response, a total of 43,431 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners.
- 211 IEC materials – including posters, leaflets and brochures – were distributed by Nutrition partners across Hilmand and Ghor provinces between 15 and 21 June.
- During the reporting period, 10 nutrition workers in Ghor province received on-the-job training on adaptation of the nutrition response in the context of COVID-19.
- Nutrition partners are currently recruiting nutrition workers and COVID-19 awareness-raising community mobilisers for 33 health centres in Hirat province.

Gaps & Constraints:

- There is a need to extend the duration of Health and Nutrition projects in Hirat Ghor and Badghis provinces to treat returnees (citizens of Afghanistan) from Iran and their families who have lost income due to the COVID-19 pandemic and are unable to afford medications.
- There is a need to scale up screening and treatment of COVID-19 cases in the Hirat urban area by Mobile Health and Nutrition Teams (MHNT).
- There is a need to scale up Outpatient Moderate Acute Malnutrition services in Kandahar province to address the increasing number of cases in Spin Boldak, Zhari and Maiwand districts.
- The Nutrition Cluster reports that partners have limited financial capacity to absorb the additional cost of PPE.
- The international supply chain for essential supplies to run integrated health and nutrition services has been heavily impacted by the pandemic, causing procurement challenges such as delays in deliveries.
- Increased cases of COVID-19 amongst humanitarian workers including implementing partner staff, are negatively affecting the quality of nutritional services being provided, including outpatient care for MAM and SAM. The Nutrition Cluster highlights the need to recruit MHNT surge teams or back-up teams to address the decreased response capacity. However, the shortage of financial resources to recruit back up staff continues to be a challenge.
- Between 14 and 18 June, nutrition activities in Daikundi and Bamyán provinces were suspended due to COVID-19 lockdown measures.
- There is a need to maintain healthcare and nutrition provision via alternate modalities given people's fear of contracting COVID-19 at health and nutrition facilities, as well as fear of isolation and stigma associated with being diagnosed with the virus.
- Targeted supplementary feeding programmes (TSFP) need to be extended to stabilising centres in Kandahar province affected by COVID-19, especially those located in marginalised, rural and hard-to-reach districts.

GENERAL COORDINATION

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

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

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 20 June, Awaaz had reached 16,292 callers with pre-recorded COVID-19 messages and directly handled 2,684 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.

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Background on the crisis

Due to the scale and spread of transmission, the novel coronavirus (COVID-19) outbreak was declared a global pandemic on 11 March 2020. Afghanistan is being significantly affected due to its fragile health system and limited capacity to deal with major disease outbreaks. High internal displacement, low coverage of vaccinations (required for stronger immune systems and augmented ability to fight viral and bacterial infections), in combination with weak health, water and sanitation infrastructure, only worsen the situation. In response to the outbreak, the Government of Afghanistan has developed a master response plan for the health sector and has established a High-Level Emergency Coordination Committee. To support government efforts to contain the disease and prevent further spread, a revised Humanitarian Response Plan (HRP) for 2020 seeks \$1.1 billion to deliver prioritised assistance to 11.1 million people with acute humanitarian needs.

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