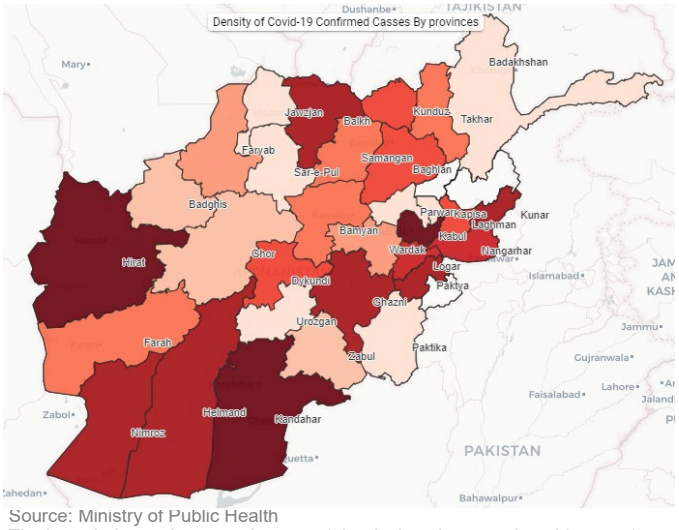
Afghanistan: COVID-19 Multi-Sectoral Response

Operational Situation Report 22 April 2020

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers the period from the beginning of the response to 16 April 2020. These operational situation reports will be produced weekly moving forward.

HIGHLIGHTS

- 1111 people are confirmed to have contracted COVID-19 across 30 provinces. 41 people have died and 162 recovered.
- 20 provinces have instituted “measured lockdowns” to limit population movement and slow the spread of COVID-19. Exceptions for humanitarian staff have been assured by provincial governors; incidents of restrictions on humanitarian movement continue to be reported.
- Humanitarian responses to conflict- and natural-disaster emergencies continue, alongside the COVID-19 response.
- Partners are shifting resources to high-risk areas and modifying implementation plans to mitigate against the spread of COVID-19.
- Limited supplies of personal protective equipment (PPE) are impacting on implementation across all sectors; humanitarian organisations rely on PPE to ensure the safety of beneficiaries and staff delivering assistance.



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

SITUATION OVERVIEW

MoPH data shows that 1111 people across 33 provinces in Afghanistan are now confirmed to have COVID-19. Some 162 people have recovered and 41 people have died. Of the 41 people who have died from COVID-19, 35 had at least one underlying disease, the most common of which are diabetes and cardio-vascular disease. The majority were between ages of 40-69; men between the ages of 40-69 represent 68 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 now the most affected part of the country, followed by Hirat.

There are currently eight laboratories in the country. Each lab is able to process an average of 100-150 tests per day. Additional labs in Bamyan and Badakhshan are being established and the Government eventually hopes to have a total of 15 labs operating. Currently laboratory re-agents and RNA Extraction Kits are in short supply; WHO is working to source additional supplies this week but is limited by a global shortage.

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. These include limits on the number of people travelling together and the imposition of curfews. Limitations on inter-city travel have also been implemented. Reports indicate that despite assurances by the Government that these would not limit critical program movements of NGOs and the UN, newly introduced lockdown measures continue to impact on the mobility of some staff members. Humanitarian partners remain active in responding to crises throughout the country and continue to urge the Government to employ a national approach to these issues so that individual negotiations are not required on a case-by-case basis.

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 exposure to and transmission of COVID-19.

Humanitarians are concerned about the impact of extended lockdown measures on the most-vulnerable, particularly families who rely on causal daily labour and lack alternative income sources. As public fear of COVID-19 spreads, humanitarians are also concerned about potential stigmatisation and discrimination of those who are perceived to have COVID-19, particularly those who have recently returned from neighbouring countries, and urge additional measures be put in place to safeguard individuals and families from exclusion and abuse.

HUMANITARIAN RESPONSE

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, and a high burden of non-communicable diseases and malnutrition.
- With an anticipated surge of COVID-19 cases, critical medicines and essential medical supplies (beds, thermometers, etc.), including infection prevention and control supplies, are required on an unprecedented scale.

1,877
Health care professionals trained

Response:

- 16,000 diagnostic kits have been procured and delivered to the Ministry of Public Health
- 1,877 health care professions have been trained in infection prevention and control, case management, diagnostic sample collection, and risk communication awareness across the country
- 933 hospital beds have been prepared for COVID-19 patients with isolation and ICU capacity
- WHO is mobilising to support the establishment of 15 diagnostic laboratories nationally
- 34,000 polio surveillance volunteers are set to begin contact tracing, in addition to the surveillance and case identification work they have already been doing.
- Health partners are working to procure in-country personal protective equipment (PPE), masks and medical equipment in support of the Government's effort.
- Health partners in-country are scaling-up to meet anticipated needs by conducting risk communication campaigns, providing necessary medical equipment when available, and continuing essential health services.
- Members of the Mental Health and Psychosocial Support Working Group (MHPSSWG) are also working to develop positive coping strategy messaging for children, produce materials for remote PSS, and set up tele-psychosocial support and psycho-education through free online and hotline services

Gaps & Constraints:

- RNA Extraction Kits and laboratory re-agents are urgently needed, recognising that there is a global shortage of these essential items.
- Ongoing health campaigns have been temporarily halted; WHO Polio campaign has been suspended due to the need for social distancing, affecting more than 15.4 million children. Some group MHPSS activities in hospitals and IDP centers have also stopped. Health Cluster partners need adequate resources to balance the demands of responding directly to COVID-19 while maintaining essential health services.
- Community-based risk communication and community engagement to prevent the spread of COVID-19 needs to be rolled-out in all areas, including areas controlled by Non-State Armed Groups.

Water, Sanitation and Hygiene

Needs:

- Even before COVID-19, coverage of WASH services, including water supply infrastructure, sanitation facilities and hygiene promotion supplies (soaps, sanitary pads and hygiene promotion material) was 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.

133,000
vulnerable people received hygiene promotion information in March

Response:

- 133,000 vulnerable people received hygiene promotion messages and training in March
- 25 WASH Cluster partners are ramping-up additional services for a dedicated COVID-19 response.
- A WASH pipeline for a COVID-19-specific hygiene kit and handwashing device has been developed. The package includes 250 grams of bathing soap, 200 grams of laundry soap, a plastic soap-case, a 10 litre rigid plastic jerry can, Ewer/Aftaba (pitcher used for washing), sanitary pads and a COVID-19 fact sheet.
- WASH Cluster partners are also raising awareness and modifying activity plans in order to implement best practices on physical distancing at collective water points and distributions.

Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities and COVID-19 response plans.
- 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

Emergency Shelter & NFI

Needs:

4.1M

IDPs displaced since 2012 living in sub-standard shelters

- 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 lack of privacy and dignity; overcrowding; and poor ventilation. This leaves them susceptible in event of widespread transmission.
- Those living in existing informal settlements need adequate settlement planning and access to centralised services including safe water and sanitation facilities. The current lack of these services and facilities result in poor hygiene practices (including treatment and handling of excreta) and susceptibility to diseases including COVID-19.
- Returnees and households unable to pay rent due to loss of livelihoods caused by COVID-19 restrictions need cash-for-rent assistance.

Response:

- ES-NFI Cluster partners are carrying out COVID-19 awareness-raising activities for IDPs, returnees and host communities in all regions including by distributing leaflets on COVID-19 prevention measures in the country's north, north-east and east.
- Masks and sanitisation kits are being distributed to those attending distributions.
- Cluster partners have also provided tents and 11 refugee housing units (RHUs) to health department and DORR offices in the east. An additional 11 RHUs will be delivered to health facilities soon.
- Partners have begun training field staff, health workers and community members on prevention of COVID-19.
- In efforts to reduce contagion risk factors associated with sharing of household items, ES-NFI partners will support with the provision of NFI to high risk areas to avail more items per household.
- ES-NFI partners will also start supporting IDPs affected by COVID 19 in the east through a cash-for-rent program.

Gaps & Constraints:

- ES-NFI partners are currently responding to multiple concurrent emergencies, substantially straining the pipeline for NFI kits; partners have already reported an urgent need for replenishment of NFI stocks in the north. To meet new and ongoing needs, resources to stabilise, replenish and maintain key shelter and NFI stocks are urgently required.
- Due to the COVID-19 outbreak, the DoRR office in Kunduz has reduced its operations including for IDP registration, petitions, and assessments except for distributions of food rations to vulnerable families.
- Partners have expressed a need for additional RHUs in the north eastern provinces (Badakhshan, Takhar and Kunduz).
- There are concerns that typical community support that is usually offered to flood-affected families, such as hosting of displaced people by relatives or neighbors, could exacerbate high COVID-19 transmission risks.
- Logistical issues are being encountered by some ES-NFI partners due to COVID-19 movement restrictions, however local authorities are supportive and have assisted in movement of trucks and supplies.
- Some partners encountered delays in cash distributions as financial service providers were unable to provide cash at distribution sites due to movement limitations. The issue has been largely resolved but partners caution that additional measures to slow the spread of COVID-19, such as tightened movement restrictions, may cause further delays to cash distributions.

Protection

Needs:

- Identification of land to support returnees from Iran/Pakistan who may not have shelters and identification of additional space to support families living in over-crowded settlements who are at higher risk of catching COVID-19 due to lack of space to maintain social distance and lack of WASH and health facilities
- Continuation of systematic protection and vulnerability monitoring to track trends due to COVID-19 restrictions including monitoring the situation facing women and girls.
- Awareness raising on COVID-19 and preventive measures in remote and hard-to-reach areas.
- Livelihood or multi-purpose cash transfer support for households headed by women or children.

198,334

people sensitised on COVID-19 prevention measures across Kandahar, Nimroz, Zabul, Hilmand, Daykunid, Uruzgan, and Bamyian

Response:

- 198,334 people have been sensitised on COVID-19 preventive measures in Kandahar, Nimroz, Zabul, Hilmand, Daykundi, Uruzgan and Bamyan; IEC materials have been distributed by Protection Cluster partners in urban and rural areas and communities.
- 26 provincial Family Response Units (FRUs) remain functional and continue to address cases of domestic violence and assist women and children who are victims of crime.
- 399 children in the Juvenile Rehabilitation Centres (JRCs) in 12 provinces and 894 children in orphanages received COVID-19 prevention awareness sessions and were provided with soap.
- 220 COVID-19 hygiene kits were distributed to women in Kabul prison.
- Housing, Land and Property (HLP) awareness sessions with integrated COVID-19 prevention messages are continuing, including legal support and advocacy on HLP rights. Questions related to COVID-19-related eviction threats have been integrated into the protection monitoring questionnaire.
- Protection Cluster partners also introduced a COVID-19-related questionnaire in the general Protection Monitoring assessment to identify exacerbated vulnerabilities and protection risks.
- A COVID-19-specific vulnerability assessment conducted in IDP and returnee-impacted areas of Hirat city and the districts of Karukh, Zindajan, and Guzara.
- Protection Cluster partners continue the provision of COVID-19 prevention awareness, psychosocial assistance and case management to children, as needed.
- Where possible, Protection Cluster partners are shifting modalities to implement current programming, for instance switching to key informant interviews by phone or household-level assessments instead of focus group discussions given the need for social distancing and to abide by movement restrictions in place. However, some activities involving large gatherings such as capacity building training, vocational training and child friendly spaces, are currently suspended.

Gaps & Constraints:

- Risk of an increase in child abuse and GBV due to suspension of all outdoor activities; mitigation campaign to be launched.
- Lack of awareness raising and delivery of services in districts and rural hard-to-reach areas and limited awareness raising materials to meet the needs of vulnerable people in languages other than Pashto and Dari.
- Access to hygiene items is particularly challenging for people with specific needs, people with disability, female-headed households in rural areas, compounded by the economic hardship and the measured lockdowns.

Food Security

Needs:

- Domestic trade disruptions and panic buying in major urban centres have led to spikes in prices for key commodities. The impacts of this falls disproportionately on vulnerable populations, including children, pregnant women, elderly people, malnourished people, and people who are ill or immuno-compromised.
- Vulnerable families need the market to be supplied with a steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need.

11

of 15 trucks carrying 578 mt of SuperCereal and vegetable oil successfully crossed into Afghanistan

Response:

- Food security partners continue to track and monitor 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-driven food insecurity. Changes in current food distribution schedules are minimal at the moment; however small programmatic changes such as double rations and phased distributions are being implemented to limit potential transmission of COVID-19 during distributions.
- FSAC partners have focused on ensuring the movement of critical humanitarian food items from storage sites in Pakistan; successful negotiation has mitigated a potential pipeline break. The border to Pakistan is now opening for cargo three times a week and the backlog of thousands of trucks has started to clear. Out of the 15 commercial trucks carrying 578 mt of SuperCereal and vegetable oil waiting at the Chaman-Spin Boldak border crossing, 11 trucks successfully crossed into Afghanistan over the past week. The remaining four trucks are expected to follow this week.
- Despite lockdown and movement restrictions across the country to limit the spread of the coronavirus, WFP managed to continue dispatches and distributions for more than 300,000 food insecure people as part of its ongoing programme.

Gaps & Constraints:

- Movements of critical humanitarian supplies, including food and perishable goods, must continue to be prioritised with streamlined cross-border measures for the efficient and safe movement of humanitarian cargo.
- Internal movements of humanitarian staff and support workers (including day labourers for unloading/loading trucks) and materials transported by commercial means must be supported at the national and sub-national level
- Programming has been affected in the west with registration of new beneficiaries paused and public gatherings banned. FSAC is concerned about vulnerable people located in IDP sites in the west.
- Some programmes and activities not prioritised under the COVID-19 response have been paused, including livelihood assistance, monitoring and trainings and sensitisation sessions which will impact upon the viability of upcoming harvest seasons.

Education

Needs:

- Due to COVID-19, the Government announced that all schools were to close. More than seven million children in regular schools and more than 500,000 children enrolled in community-based education (CBE) programmes did not start regular schooling as per the normal schedule. This is in addition to some 3.7m children that already remained out of school in Afghanistan.
- Alternative education arrangements are needed to ensure millions of children do not miss out on critical education.

7M

Children in regular schools and more than 500,000 children enrolled in CBEs will not start regular schooling as scheduled

Response:

- Two taskforces on Alternative Learning Pathways and Teacher Engagement have been established.
- Education in Emergencies (EiE) Working Group partners have developed home-based learning material for Grades 1-3 and are working on materials for the other grades.
- The Ministry of Education COVID-19 response is focusing on self-learning, distance learning and small group learning and guidance has been shared with partners to be followed in their COVID-19 response.
- EiE Working Group partners are also in the process of the developing a nine-month plan that focuses on the following three areas: Minimum WASH provision for CBEs and schools such as hand washing, hygiene, etc. covering both hard and soft components when schools re-open ; development of a standard plan to compensate for the missed or wasted education time or teaching hours; development of a winterisation strategy for children to continue their studying during winter and to complete the school year/grade.

Gaps & Constraints:

- Lack of access to TVs, electricity and even radios in many parts of the country and especially in rural areas to participate in home learning.
- Limited WASH facilities in schools if they re-open.
- Limited available stock of hygiene supplies (soaps, bucket with taps and chlorine).
- Continued insecurity may hinder access to high risk areas.
- Limited response and resource capacity for partners to respond.
- Limited capacity to sufficiently support school-level intervention in high-risk areas.
- Flexibility is required from donors to factor-in delays in the programme implementation period.

Nutrition

Needs:

40
High risk districts identified by Nutrition Cluster partners

- The nutritional status of children under five continues to deteriorate in most parts of Afghanistan. More than two thirds of the country (25 out of 34 provinces) was at emergency level of malnutrition even before the COVID-19 crisis began.
- The spread of COVID-19 is expected to exacerbate the current nutrition emergency already affecting 2.54m children under five.
- Only 16 districts out of 40 districts that are identified as 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 treatment wards urgently need to be expanded to include adequate space between beds, a separate therapeutic-milk preparation space, a counselling space, breast-feeding corners and a waiting area for mothers and children.
- Supplementary feeding programmes for moderately malnourished children and pregnant and lactating women need to be established in 11 districts identified as high risk for COVID-19.

Response:

- The Nutrition Cluster in coordination with MoPH/PND issued an adapted guidance note for IMAM and IYCF to mitigate exposure to COVID-19. Adapted guidance has been disseminated to all Nutrition Cluster partners.

Gaps & Constraints:

- RUTF supplies have been shifted to COVID-19 high-risk areas; additional supplies need to be secured for areas that are less at risk for COVID-19 yet already have existing high malnutrition rates.
- Due to current movement restrictions in a number of provinces, Nutrition Cluster partners anticipate less frequent follow-ups and limited opportunity to see the children and caregivers which, may result in slower nutritional gain (e.g. weight gain) or recovery among the children receiving nutritional care.
- Fear of catching COVID-19 at health facilities is already impacting health-seeking behaviors amongst vulnerable groups. Data from the nutrition database shows a 38 per cent decrease in the admissions for SAM treatment services in in-patient settings and a 10 per cent decrease in outpatient settings.
- Modifications and adaptations of nutrition programming to reduce the risk of exposure to COVID-19 may lead to high default rates, increased length of stay and a high non-response rate.

GENERAL COORDINATION

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

As a cross-cutting working group, the **Cash and Voucher Working Group** (CVWG) has been engaging with development actors to support partner mapping and connection with humanitarian actors implementing cash programming, key financial service providers to ensure continuity and potential scale-up of services, and CVWG partners to enhance in-country cash programming capacity.

The **Humanitarian Access Group** (HAG) continues to support humanitarian organisations with tailored guidance and negotiation assistance to enable sustained access for both COVID-19 and ongoing humanitarian activities. With at least 20 provinces having imposed lockdown measures and in the absence of a nation-wide solution to facilitate movement of humanitarians, the HAG continues to monitor incidents of NGOs being stopped at checkpoints and prevented from moving despite showing their IDs. In order not to delay the COVID-19 response, the HAG advocates for a nation-wide solution that facilitates humanitarian movements amid measured lockdowns.

The **Risk Communication and Community Engagement** (RCCE) working group has developed a collective approach to RCCE in Afghanistan. The approach will work in direct support of and in close collaboration with relevant government counterparts and includes three pillars: coordination, assessment and analysis, and development of information/messaging, feedback and distribution. To further support the dissemination of COVID-19 messages, Awaaz has started sharing COVID-19 messages with all callers. To date, Awaaz has handled 1604 calls related to COVID-19 and disseminated messages to 10,839 callers.

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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 tens of thousands of people and commercial movements across the border from Iran each day. High internal displacement, low coverage of vaccination 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.

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