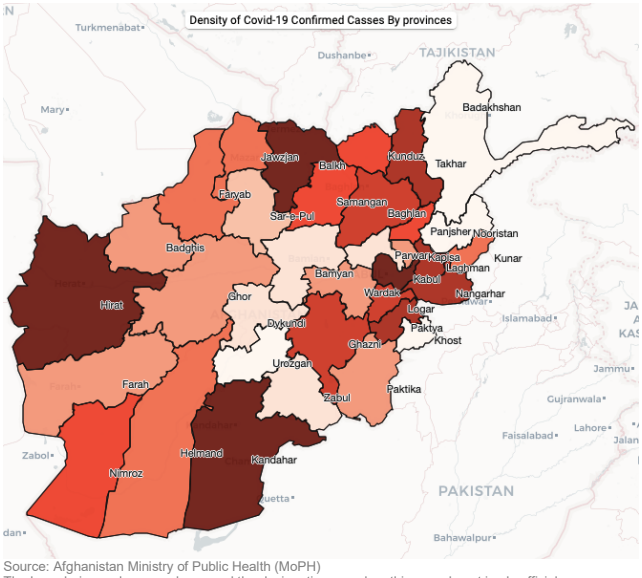
Afghanistan: COVID-19 Multi-Sectoral Response

Operational Situation Report 6 May 2020

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers the period from 27 April to 4 May 2020.

HIGHLIGHTS

- Confirmed COVID-19 cases reached 3,392 people across all 34 provinces. 104 people have died and 460 recovered.
- Partners have delivered WASH assistance and hygiene promotion activities to more than 307,000 people, and supported more than 5,618 men, women, boys and girls with psychosocial support services to cope with the emotional consequences of COVID-19.
- Humanitarians continue to monitor the secondary impacts of extended lockdowns on vulnerable households and warn these may exacerbate existing needs, pushing households to adopt negative coping strategies.
- Partners have raised concerns about women imprisoned with their children, increasing the risk of COVID-19 transmission amid congestion.



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

SITUATION OVERVIEW

MoPH data shows that 3,392 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 460 people have recovered, and 104 people have died. Of the 104 people who have died from COVID-19, 74 had at least one underlying disease, the most common of which are cardio-vascular disease, diabetes, lung disease and neurological diseases. The majority of fatalities were between the ages of 40-69. Men between the ages of 40-69 represent around 50 per cent of all COVID-19-related deaths. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul is now the most affected part of the country, followed by Hirat, Kandahar and Balkh.

A number of provinces have instituted measures to limit the exposure of residents to COVID-19. Throughout the country, these '**measured lockdowns'** have resulted in closures of sections of each city and/or movement limitations. Reports indicate that despite assurances by the Government that these would not limit critical program movements of NGOs and the UN, the measures continue to impact on the mobility of humanitarian organisations. A number of provinces – including Kandahar, Hilmand and Ghazni – have begun easing their lockdowns. The move, which coincides with the start of Ramadan, has seen movement restrictions being lifted with shops allowed to open during specific daytime hours. Humanitarian partners remain active in responding to crises throughout the country and continue to urge the Government to employ a national approach to these movement issues so that individual negotiations are not required on a case-by-case basis.

Humanitarians remain concerned about the impact of extended lockdown measures on the most-vulnerable, particularly families who rely on causal daily labour and lack alternative income sources. According to WFP's market monitoring, the prices of wheat flour, rice, pulses or cooking oil have increased by 15 per cent between 14 March and 4 May, while the cost of pulses, sugar and rice increased by 14 per cent, 7 per cent, and 9 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has significantly deteriorated by 18 per cent and 10 per cent, respectively, due to price increases and decreased wages (compared to 14th March). Already, humanitarian partners note a rise in protection risks as vulnerable households resort to negative coping mechanisms to meet basic subsistence needs. As public fear of COVID-19 spreads, humanitarians remain concerned about potential stigmatisation of and discrimination against those who are perceived to have COVID-19, particularly those who have recently returned from neighbouring countries. Humanitarians urge authorities to put additional measures in place to safeguard individuals and families from exclusion and abuse.

While implementing activities to mitigate the spread of COVID-19, humanitarians continue to respond to other ongoing and emerging humanitarian needs. Conflict and natural disasters across the country continue to displace thousands of families, compounding pre-existing vulnerabilities and making them potentially more susceptible to serious consequences from COVID-19. During this week's reporting period, partners have responded to the needs of 159 families affected by natural disaster in Kapisa, Kabul and Panjsher provinces with emergency NFI assistance. Moreover, 84 IDPs displaced by conflict were recently assessed and assisted with NFI assistance in cash. ES-NFI partners assessed the needs of 4,125 IDPs displaced by clashes in Norgal and Chawki districts of Kunar province and provided emergency shelter and NFI assistance to almost 2,102 families. Protection partners also continue to monitor and respond to ongoing needs; 57 children without parental care have been identified in border areas of Hirat and Kandahar provinces, and were provided with interim care before being reunified with their families. 210 women were provided with dignity and sanitary packages in Bamyan and Balkh provinces. 10 GBV cases were identified and referred to Family Protection Centres (FPCs) in Badghis province. WFP has continued to respond to ongoing food needs, distributing food to more than 225,000 food insecure people over the past week.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

Country-level coordination and response planning	• Health partners continue to support Government-led planning and response. • Humanitarian partners are currently updating the Humanitarian Response Plan, integrating COVID-19 needs into overall planning figures and assumptions.
Risk communication and community engagement (RCCE - accountability to affected populations)	• The RCCE Working Group has produced rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. • The RCCE Working Group has carried out a communications assessment which outlines the communications preferences and most trusted information sources by geographical area, down to the district level. • The new AAP adviser has begun work with OCHA to support accountability aspects of the COVID-19 and ongoing response in line with the Collective Approach to Community Engagement strategy.
Surveillance, rapid response teams, and case investigation	• 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing. • 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	• 15 IOM health staff are deployed to major border crossing points with Iran to provide support to ongoing COVID-19 response efforts. • 8 UNHCR staff have been deployed as part of monitoring teams operating at two border points (Spin Boldak in Kandahar province and Milak in Nimroz province).
Laboratories	• 8 laboratories are now operational – two in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktya, and one in Kandahar. • A shipment of RNA Extraction kit has arrived with enough supplies for 14 days of testing. This pipeline remains unstable due to global shortages and will influence the expansion of testing labs.
Infection prevention and control (IPC)	• More than 15,000 units of PPE have arrived and been disseminated– estimated need for country is 425,000 (MoPH data). • IPC training conducted by partners for an additional 445 healthcare workers, taking the total number of staff trained to 2798.
Case management	• 2,000 beds are now available for isolation and intensive care.
Operational support and logistics	• WHO has identified a supplier for diagnostic testing kits to provide re-supply as necessary; RNA extraction kits remain a persistent challenge due to global shortages • FSAC partners continue to monitor the flow of commercial vehicles carrying humanitarian food and supplies at the borders to mitigate pipeline breaks for critical food and non-food items.
Continuation of essential services	• A health partner presence survey indicates that 85 per cent of national NGOs and 72 per cent of international NGO partners continue to operate and deliver essential health services. • There has been a significant decrease in people seeking health services with a 6 per cent drop in antennal care compared to December and an 11 per cent decrease in primary health care consultations compared to December. Similarly, there has been a 11 per cent decrease in primary health care consultations compared to December in hospital setting. However, community mobile health team and community health facilities have witnessed an 89 per cent increase in attendance.

Health

Needs:

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

25,000

RNA extraction kits are expected to arrive this week

Response:

- 25,000 RNA extraction kits are expected to arrive in the coming days.
- Eight laboratories are operational now. Health cluster partners continue to improve testing capabilities and are working to establish up to 15 diagnostic laboratories nationally.
- More than 15,000 units of Personal Protective Equipment (PPE) have been distributed to MoPH. Additional PPE, masks and medical equipment will be procured in country.
- Cluster partners have carried out infection prevention and control (IPC) training for 445 healthcare workers across the country.
- Capacity building is underway for 34,000 polio surveillance volunteers previously mobilised for COVID activities. Polio surveillance volunteers have begun contact tracing activities in addition to surveillance and case identification.
- 2,865 people received COVID-19 screening through emergency health services in Hirat informal settlements during the reporting period. Cluster partners have engaged in active surveillance and contact tracing activities in Hirat IDP sites and have scaled-up surveillance activities in other informal sites in nine provinces.
- 2,000 beds are now available for isolation and Intensive Care. Additionally, equipment has been provided for 1,541 isolation wards across all 34 provinces.

Gaps & Constraints:

- Countries continue to be affected by global supply shortages, including laboratory re-agents and RNA extraction kits, affecting testing capacities.
- Global logistics constraints are limiting supplies of essential equipment such as ventilators and oxygen concentrators .
- The need to scale up early and sufficient mental health care integrated within the broader health response remains a challenge.
- While the vast majority of Health Cluster partners are continuing to operate, physical distancing requirements are impacting the ability of partners to maintain essential services. This is particularly true of mental health and psychosocial support (MHPSS) services and polio vaccination. Polio vaccination campaigns have been temporarily suspended amid the surging COVID-19 pandemic, affecting more than 9 million children.
- Scale-up of community-based risk communication and community engagement is needed in all locations, including contested areas. Targeted risk communication messages and community engagement activities for vulnerable populations need strengthening.

Water, Sanitation and Hygiene

Needs:

- Even before COVID-19, coverage of WASH services, including water supply infrastructure, sanitation facilities and hygiene supplies (soaps, sanitary pads and hygiene promotion material) were already stretched by conflict and natural disaster.
- Populations in high-risk areas urgently need emergency WASH services including COVID-19-specific hygiene kits and handwashing devices, supply of safe water to support handwashing and tailored information on hygiene practices to mitigate the spread of COVID-19.

307,474

vulnerable people received hygiene kits and hygiene promotion to date

Response:

- A total of 205,650 people were reached with WASH assistance during the reporting period, including hygiene promotion sessions, handwashing and distribution of hygiene kits as part of the COVID-19 response. WASH Cluster partners aim to reach more than 800,000 people with assistance over a period of six months as a part of their COVID-19 response plan; 307,474 people have been reached to date.
- 102,431 bars of soap have been distributed across 14 districts throughout the country between 27 April and 4 May. So far, almost 1.3m bars of soap have been distributed across 55 districts in the north, east, west, central and south.
- During the reporting period, 178,474 people in 17 districts – in Badghis, Helmand, Nangarhar, Logar, Khost, Paktya, and Laghman provinces – were sensitised on COVID-19 key messages.
- An estimated 27,000 people were reached with hygiene promotion in Hirat, Badghis and Ghor provinces during the reporting period.
- WASH facility maintenance and provision of water continues at the Islam Qala-Dogharoon land border crossings (Hirat) and the Milak crossing (Nimroz).

Gaps & Constraints:

- WASH cluster partners are reporting challenges in implementing response activities as a result of lockdown measures and movement restrictions. Despite this, WASH Cluster partners have maintained operational capacity.
- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities as well asCOVID-19 response plans; hygiene kits tailored for the COVID-19 response are in high need.
- Confirmed funding is critical to further scale-up of the WASH response. Due to funding a shortfall created by the redirection of resources to urgent COVID-19 activities, partners report that they have been unable to reach all prioritised districts in Hirat province with other WASH activities.
- 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:

68,978

People reached with COVID-19 awareness raising efforts in Kandahar province

- More than 4.1 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements where they often live in sub-standard shelters characterised by a lack of privacy and dignity; overcrowding; and poor ventilation. This leaves them susceptible in the event of widespread COVID-19 transmission.
- Those living in existing informal settlements need adequate settlement planning and access to centralised services including safe water and sanitation. The current lack of these services and facilities results in poor hygiene practices (including treatment and handling of excreta) and susceptibility to diseases, including COVID-19.
- Returnees and households unable to pay rent due because they have lost their livelihoods as result of COVID-19 restrictions need cash-for-rent assistance.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals.
- ES-NFI Cluster partners have raised concern for the more than 87,000 people still living in displacements sites in Hirat and Badghis provinces after the drought. Assessments show that the IDP population is in poor health – making them more vulnerable to COVID-19 – and remains in urgent need of shelter, food and hygiene assistance.
- UNHCR registered 16,330 families in the east in need of food and NFI assistance in order to cope with the current COVID-19 lockdown measures. Registered families includes both IDPs and host community members.
- A new COVID-19 treatment centre with 120 beds has been opened in Badakhshan province.

Response:

- Throughout the country, ES-NFI Cluster partners are continuing to provide awareness raising sessions on the prevention of COVID-19. In Kandahar province alone, 68,978 people were reached with COVID-19 awareness raising campaigns, and in the west, 193 families received key COVID-19 messages. Similar awareness campaigns are currently being rolled out in Kabul, Logar, Ghazni, Maidan Wardak, Kapisa, Parwan, Panjshir, Paktia and Paktika provinces.
- Partners sensitised 415 religious leaders in Hirat on key COVID-19 messages.
- Partners continue to carry out awareness raising programs in IDP and returnee areas. 6,400 IDPs and returnees have been sensitised on COVID-19 and preventative measures through leaflets and phone calls.
- 228 families received NFI assistance in Baghlan province.

Gaps & Constraints:

- ES-NFI partners are currently responding to multiple concurrent emergencies. There is concern that spikes in caseloads could strain the pipeline for NFI kits. To meet new and ongoing needs, resources to stabilise, replenish and maintain key shelter and NFI stocks are urgently required.
- Need to integrate COVID-19 awareness raising activities within existing sectorial activities to increase community awareness.

Protection

Needs:

- Socio-economic support for families impacted by COVID-19-related lockdowns to mitigate against the use of negative coping mechanisms and meet urgent livelihood gaps. In Hirat province, 70 per cent of people reached through protection monitoring complained about lack of income and 95 per cent were stressed about the pandemic.
- Psychosocial support adapted for COVID-19 physical distancing requirements in the most vulnerable communities, including those living in IDP settlements.
- Continuation of systematic protection and vulnerability monitoring to track trends resulting from 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.
- Women imprisoned with their children are being exposed COVID-19 risks due to congestion in in women's prisons.
- Women and girls do not have access to hygiene and dignity kits in rural areas and further efforts are needed to reach vulnerable people with these supplies, particularly GBV survivors and women at risk.
- Risk of an uptick in criminal acts due to the rise of food and essential material costs particularly in southern region. Vulnerability assessment were conducted with 2,166 heads of household in Hirat province to identify consequences related to the COVID-19 lockdown. Initial finding indicating increase in child labor, child marriage, limited access to health services.

294

COVID-19-related border monitoring interviews conducted with returnees at Spin Boldak and Milak border crossing sites

Response:

- 326,255 people have been sensitised on COVID-19 and preventive measures through mobile messaging, door-to-door visits, and mosques in Kabul, Khost, Zabul, Balkh, Ghazni, Kandahar, Hilmand, Uruzgan, Nimroz, Faryab, Sar-e-pul, Badakhshan, Samangan, Kunduz, Kunar, Takhar, Baghlan, Jawzjan, Bamyan, Hirat, Badghis, Ghor, and Faryab provinces.
- 1,815 COVID-19 awareness raising IEC materials were distributed to communities in Kandahar, Hilmand, Uruzgan and Zabul provinces.
- 294 COVID-19-related border monitoring interviews were conducted with returnees at Spin Boldak (Kandahar) and Milak (Nimroz) border crossing site. Findings of the interviews can be found on the UNHCR dashboard on Border Monitoring.
- 5,618 men, women, boys and girls received psychosocial support services to cope with the mental health-related consequences of COVID-19 through door-to-door visits in the country's centre, north, west, east and south.
- 15,155 children and their caregivers in the country's centre, north, west, east and south have been sensitised on COVID-19 key messages and child protection risks, including prevention of stigma and discrimination against children.
- Protection cluster partners initiated work with women entrepreneurs in Kabul, Kandahar and Nangarhar provinces. So far 549 women have been provided with vocational training to start producing food and sewing face masks from home, which enables them to earn an income and keep their small businesses afloat after they were put on hold due to the COVID-19 lockdown.

Gaps & Constraints:

- Activities involving large gatherings have been suspended due to COVID-19 transmission concerns. Protection Cluster partners are exploring alternative modalities to deliver services.
- Referral of vulnerable people to long-term services has been limited as result of lockdowns and movement restrictions.
- The number of reported GBV cases have decreased most likely due to COVID-19 movement restrictions, despite the potential increase in risks that women and girls may be facing, particularly relating to domestic violence.
- Child Friendly Spaces have halted due to the current lockdown measures, but PSS activities are carried out in children's homes by use of remote activities, social media, and others. However, vulnerable/marginalised children are lacking access to some of these communications channels, which remains a challenge.

- CP and GBV Case Management is ongoing in most locations, carried out with disease control measures such as holding physical distance and wearing PPE.
- There is limited access to hygiene and sanitary items for vulnerable women and girls, particularly in rural areas.
- Reports from Kabul, Nangarhar, Hirat and Mazar-e-Sharif provinces indicate that child protection issues have been increasing due to the COVID-19 lockdown. Protection Cluster partners are particularly noting a rise in exploitation of children, including early child marriage, as a negative coping mechanism.

Food Security

Needs:

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

13.4M

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

- The COVID-19 situation in Afghanistan compounds the health emergency with an acute food crisis. Tens of thousands of families relying on daily labour to buy food have been made more vulnerable as they are ordered to stay home and cannot find work. Market prices also continue to be significantly higher than pre-crisis levels.
- While the flood season has been less severe than expected in terms of impacts on people's livelihood, it will have negative impacts on the expected yield of key crops such as wheat and summer crops.
- Following the recent variable rainfall patterns across the country, conditions have been created for the spread of harmful pests and crop diseases that can cause yield losses of 20 per cent or more, these include locusts and an increased incidence of wheat rust, affecting key staple crops.
- Some seasonal pastoralists (Kuchis) require permission from authorities to migrate with their livestock to summer pasturelands. Currently their movement is blocked in part due to COVID-19 movement restrictions.
- Domestic trade disruptions and panic buying in major urban centres have led to spikes in prices for key commodities. The re-opening of the border with Pakistan has not yet translated into significant reduction of food prices in cities. According to WFP's market monitoring, the prices of wheat flour, rice, pulses or cooking oil have not decreased in recent days. On the contrary, the price of wheat has increased by 15 per cent between 14 March and 4 May 2020, while the cost of pulses, sugar and rice increased by 14 per cent, 7 per cent, and 9 per cent, respectively, over the same period. The impact of these price rises falls disproportionately on vulnerable populations, including children, pregnant women, elderly people, malnourished people, people with vulnerable employment status, and people who are ill or immuno-compromised. Vulnerable families need the market to be supplied with an affordable, steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need.
- The crucial wheat harvest season is starting in the country's east and this will be shortly be followed by the harvest of summer crops and higher value cash crops. Ensuring t producer access to internal and external markets will be crucial to secure the viability of people's livelihood and recovery from the impacts of the COVID-19 pandemic.

Response:

- Food distributions continue at similar levels to the pre-crisis response although amounts may differ due to double ration distributions. WFP continues to distribute rations for two months in one go as part of its regular programming. WFP has continued to respond to ongoing food needs, distributing food to more than 225,000 food insecure people over the past week.
- Food security partners continue to track food pipelines, monitor market prices and prepare for a scaled-up response to food-related needs due to COVID-19. This is against the backdrop of the ongoing response to conflict- and natural disaster-related food insecurity, including needs driven by flooding.
- 258 MT of SuperCereal that had been stuck in Karachi Port due to the border closure is now en-route to Afghanistan: 117 MT is in transit to Chaman-Spin Boldak border and 141 MT has arrived at the Torkham border on the Pakistani side. FSAC partners are continuing to press for more predictable movement of critical humanitarian food items through border crossing points particularly given the difficulties in ensuring that time bound export certificates remain valid.
- The delivery modality of the take-home package of school feedings has been finalised and will be delivered through schools to parents.

Gaps & Constraints:

- While humanitarians welcome the recent announcement of five times per week openings of the Afghanistan-Pakistan crossings, the movement of supplies across the border continues to be limited due to the need to move empty trucks

back across, the necessary disinfection procedures and the limited opening times. The new procedures also feature additional expenses that are increasing the cross-border cost of movement by between US$50-70. The humanitarian community urges authorities on both sides of the border to facilitate the two-way movement of cargo to ensure the viability of cross-border markets.

- Movement of products has been secured through multi-lateral agreements but producers are still struggling to move similar volumes of products compared to before the COVID-19 outbreak.
- There is a requirement to build better understanding of the situation of urban and peri-urban IDPs and nomadic pastoralists as analysis of their food insecurity levels was not central to the recent IPC analysis.
- Operational monitoring capacity has been paused as monitoring staff are unable to access offices and field locations. Internal movements of humanitarian staff and support workers (including day labourers for unloading/loading trucks) and materials transported by commercial means must be supported by authorities at the national and sub-national level.
- Some programmes and activities not prioritised under the COVID-19 response have been paused, including monitoring and trainings and sensitisation sessions. Similarly, livelihood assistance and resilience building asset creation projects have been put on hold, which means that the most vulnerable will need to start the crucial Spring and Summer cultivation season without regularly scheduled support, potentially negatively impacting future yields.

Education

Needs:

- The children of Afghanistan are facing the greatest disruption to their right to education in living memory.
- Due to the COVID-19 outbreak, 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 who were already out of school in Afghanistan.
- Alternative education arrangements are needed to ensure millions of children do not miss out on critical education.

7.5M
children missing out on vital schooling

Response:

- EiE Working Group partners are in the process of developing a nine-month plan that focuses on three key areas: 1) minimum WASH provision (including the provision of hygiene kits) for CBEs and schools as well as covering of both hard and soft components when schools re-open; 2) development of a standard plan to make-up for lost school time; 3) development of a winterisation strategy to ensure that children have continued access to education during winter.
- The EiE Working Group has developed a 4W template for the collection of COVID-19 data from education partners.

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.
- 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 responses in high-risk areas
- Flexibility is required from donors to factor-in delays in the programme implementation period.

Nutrition

Needs:

- Measures aimed at slowing the transmission of COVID-19 are resulting in hardship for many vulnerable families. The COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services and schools, as well as its impacting on the nutrition status of those most affected, particularly the poor and vulnerable.
- Lockdown restrictions have resulted in slowdowns of deliveries which, in turn, pose an immediate threat to efforts to provide vital assistance to end hunger and malnutrition.
- The pandemic will have a secondary impact on the population's access to nutritious food and other basic needs due to movement restrictions, disruptions to market functionality, higher commodity prices and limited access to health services and hygiene. This will be felt hardest by socially and economically disadvantaged groups. Market disruption may also force people to consume less nutritious food.

2M
Women and children are in need of nutritional treatment

- Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being. More than 2m women and children are in need of nutritional treatment.
- School closures have a secondary effect of preventing children from accessing crucial school health and nutrition services. The absence of school feeding programmes could have an adverse impact on children's health and nutrition status.
- 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 an emergency level of malnutrition even before the COVID-19 crisis began.
- Only 16 out of 40 districts identified by the cluster as being at high risk for COVID-19 have an in-patient SAM treatment ward in the district hospital. In order to mitigate risks of COVID-19 infection for children and mothers seeking treatment, these wards urgently need to be expanded to include adequate space between beds, a separate therapeutic-milk preparation space, a counselling space, breast-feeding corners and a waiting area for mothers and children.
- Supplementary feeding programmes for moderately malnourished children and pregnant and lactating women need to be established in 11 districts identified as being at high risk for COVID-19.

Response:

- Mobile Health and Nutrition Teams (MHNT) in Hirat, Badghis and Ghor province carried out health and nutrition education sessions as well as risk communication on COVID-19 – including maintaining hygienic practices and other preventive measures – to 2,269 people (448 men, 1,812 women).
- Eight Nutrition Technical Facilitators from four provinces (Paktya, Paktika, Khost and Ghazni) took part in a capacity-building exercise on COVID-19 and nutrition.
- A total of 63 community visits were conducted by nutrition extenders from 63 health facilities in Paktya, Paktika, Khost and Ghazni. 77 community visits were conducted by nutrition extenders from 77 health facilities in Nangahar. The aim of the visits is to help mothers access timely nutrition screening and care during the COVID-19 pandemic.

Gaps & Constraints:

- Possible pipeline breaks for nutrition commodities are expected due to COVID-19-related lockdowns and the closure of borders. Continued advocacy for in-flow of nutrition supplies to pre-empt the supply shortfall is needed.
- Additional efforts need to be made to strengthen community screening, improve health care facilities and minimise close physical contact to curb the spread of the virus. Moreover, community nutrition screening (i.e. a family member or caretaker screening a child for nutritional status) must be strengthened.
- Due to current movement restrictions in a number of provinces, Nutrition Cluster partners anticipate less frequent follow-ups/monitoring and limited opportunity to see children and caregivers which, may result in slower nutritional gain (e.g. weight gain) or recovery among the children receiving nutritional care.
- There is increased need for the timely collection of food security and nutrition information to identify populations at risk, as well as monitoring and influencing factors likely to have a negative impact on the nutritional status of people.
- Nutrition cluster partners urge the local authorities to facilitate civilian access to nutrition and health education sessions as well as to nutritional services, either delivered through health facilities or MHNTs.

GENERAL COORDINATION

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

The **Humanitarian Access Group** (HAG) continues to support humanitarian organisations with negotiation assistance to enable sustained access for both COVID-19 and ongoing humanitarian activities. Despite an increasing number of provinces issuing permits or letters, humanitarian organisations continued to face issues at checkpoints or city gates. OCHA regional offices are providing ad-hoc support to organisations, including in Jalalabad where they established a direct hotline with the Chief of Police. For additional information on access constraints, please see the C-19 Access Impediment Report.

The **Awaaz Afghanistan** inter-agency phone number has supported partners with the dissemination of key COVID-19 messages to all callers. As of 2 May, Awaaz had reached 12,520 callers with pre-recorded key COVID-19 messages, and had directly handled 1,918 calls related to COVID-19 from all 34 provinces – with 24 per cent of all calls coming from women.

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

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