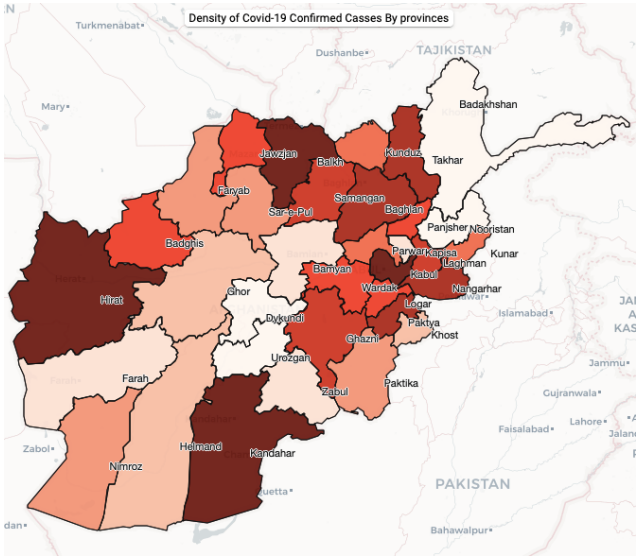
Afghanistan: COVID-19 Multi-Sectoral Response

Operational Situation Report 20 May 2020

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 11-17 May 2020.

HIGHLIGHTS

- Confirmed COVID-19 cases reached 8,145 people across all 34 provinces. 187 people have died and 930 recovered.
- Since the start of the crisis, partners have delivered WASH assistance and hygiene promotion activities to more than 983,496 people and provided more than 74,000 men, women, boys and girls with psychosocial support to deal with the mental health-related consequences of the pandemic.
- The response to COVID-19 is taking place against a backdrop of continued violence. UNAMA's latest preliminary figures indicate a trend of escalating civilian casualties in April from operations conducted by all parties to the conflict. The United Nations is deeply concerned by the increase in civilian harm and the deterioration of parties' respect for international humanitarian law, demonstrated by the recent attacks on healthcare facilities, threats to healthcare workers and occupation of health facilities, failures to take all feasible precautions in the conduct of airstrikes, and the indiscriminate use of explosives in civilian-populated areas. In the context of the COVID-19 pandemic, the ability of affected people to access health services is critical. Humanitarians urge all parties to the conflict to facilitate unfettered access of civilian populations to humanitarian assistance and to take additional measures to ensure civilians, humanitarians, and critical infrastructure are safeguarded.



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 8,145 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 930 people have recovered, and 187 people have died. 12 healthcare workers are among those who have died from COVID-19. The majority of fatalities were people between the ages of 40 and 69. Men between the ages of 40 and 69 represent more than half of all COVID-19-related deaths. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul is the most affected part of the country, followed by Hirat, Kandahar and Balkh.

A number of provinces have instituted measures to limit the exposure of residents to COVID-19. Throughout the country, these '**measured lockdowns'** have resulted in closures of sections of each city, increased numbers of checkpoints and/or imposition of 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, delaying the delivery of assistance and negatively affecting access to humanitarian assistance. 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 casual daily labour and lack alternative income sources. According to WFP's market monitoring, the price of wheat flour (low price) has increased by 19 per cent between 14 March and 18 May, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 13 per cent, 8 per cent, 21 per cent, and 6 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has deteriorated by 15 per cent and 3 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. 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 500 families affected by flooding with emergency NFI assistance. 674 women and girls were provided with dignity and sanitary packages in Bamyan and Balkh provinces. 35,319 children aged 6-59 months received Severe Acute Malnutrition (SAM) lifesaving treatment services between March and April 2020 by Nutrition partners. An additional 2,776 children aged 6-59 months received vitamin A during the same period. 64 GBV cases were identified and referred to Family Protection Centres (FPCs) in Kandahar and Balkh provinces. 3,032 border monitoring interviews were carried out by Protection partners in Zaranj town as well as Islam Qala, Spin Boldak and Torkham border crossing sites. As part of its regular programming, WFP has continued to respond to ongoing food needs, distributing food to more than 423,395 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 an assessment which outlines the communications preferences and the most trusted information sources by geographical area, down to the district level. • IOM's Displacement Tracking Matrix field teams have reached over 4,500 villages in 25 provinces with RCCE messaging • 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.
Surveillance, rapid response teams, and case investigation	• 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing activities. • IOM Mobile Health Teams have trained over 400 Community Health Workers and more trainings are planned for Nimroz, Kandahar, Nangarhar, Hirat and Hilmand in the coming weeks on COVID-19 awareness, prevention, identification and referrals. • IOM plans on hiring an additional 100 health staff to support migration health programming, bringing IOM's total health staff to over 150 personnel. Staff will be deployed to static health facilities, take on social mobilisation activities, and form 12 rapid response teams in coordination with MOPH/PPHD and WHO partners • 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	• 12 Mobile Health teams and 4 IOM TB and COVID-19 screening teams are deployed to major border crossing points to provide support to ongoing COVID-19 response efforts. • 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 two border points (Spin Boldak in Kandahar province and Milak in Nimroz province).
Laboratories	• 9 laboratories are now operational – two in Kabul, two in Hirat, one in Nangarhar, one in Mazar-e-Sharif, one in Paktya, one in Kandahar, and one in Kunduz. The latest one was inaugurated in Kunduz on 9 May.
Infection prevention and control (IPC)	• More than 15,000 units of PPE have been disseminated – the estimated need for the country is 425,000 units (MoPH data). • Infection Prevention and Control (IPC) training conducted by partners for an additional 220 healthcare workers, taking the total number of staff trained to 2,998.
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 shortage. • 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.
	• 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.

Continuation of essential services	• There has been a significant decrease in people seeking health services.

Key COVID-19 Cumulative Response Figures

Health	• 34,000 polio surveillance volunteers have engaged in surveillance, case identification and community contact tracing activities. • More than 15,000 units of PPE have been disseminated. • IPC training conducted for a total of 2,998 healthcare workers. • 2,000 beds have been made available for isolation and intensive care since the start of the pandemic. • Equipment has been provided for 1,541 isolation wards across all 34 provinces. • 2,450 community health and first aid volunteers across 30 provinces have been trained in psychological first aid and risk communication. The volunteers have reached 857,000 people (420,175 women and 437,325 men) as of 11 May.
Water, Sanitation and Hygiene	• 983,496 people have been reached with WASH assistance since the start of the crisis - hygiene promotion, handwashing and distribution of hygiene kits. • 43,210 hygiene kits distributed in 139 districts, reaching 302,470 people. • Almost 3.5m bars of soap have been distributed in 139 districts across the country. • 12,900 people at the Islam-Qala border crossing and 11,754 people at the Milak crossing (Nimroz) have benefitted from WASH facility maintenance and the provision of water.
Emergency Shelter & NFI	• More than 190,000 people have been reached with awareness raising sessions on the prevention of COVID-19 since the start of the crisis. • 5,471 IEC materials distributed across eight provinces.
Protection	• 876,557 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners • Approximately 74,000 men, women, boys and girls have received psychosocial support services to cope with the mental health-related consequences of COVID-19
Food Security	• As part of its regular programming, between 5 March and 13 May WFP has dispatched over 32,000 mts and directly distributed over 31,000 mts of food, in addition to disbursing over $1.1 million in cash-based transfers. • Over the same period 2,860,000 people have been reached with life-saving food assistance*.
Education	• 8,067 children have been reached with home-based learning materials since the start of the crisis.
Nutrition	• 19,252 people have received health and nutrition education sessions as well as risk communication on COVID-19 – including on hygienic practices and other preventive measures.

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.

2,998

Health care workers trained in Infection Prevention and Control (IPC) since the start of the 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.

- During the COVID-19 pandemic, misinformation is spreading with devastating consequences for migrants, refugees and other vulnerable groups, provoking social stigma. Widespread misinformation continues to put people in danger and runs the risk of increasing the likelihood of COVID-19 transmission within communities. Due to the digital divide, vulnerable people face technological barriers in terms of accessing facts and accurate information. To protect this group, vulnerable people need access to targeted, rapid and accurate information.

Response:

- IPC training conducted by partners for an additional 220 healthcare workers, taking the total number of staff trained to 2,998 since the start of the crisis.
- 34,000 polio surveillance volunteers within health facilities, the private sector and communities continue to support efforts to enhance surveillance systems, early detection and contact tracing activities.
- 12 Mobile Health teams and 4 IOM TB and COVID-19 screening teams are deployed to major border crossing points to provide support to ongoing COVID-19 response efforts as of 17 May.

Gaps & Constraints:

- The COVID-19 pandemic is straining health systems worldwide. The Health Cluster calls on countries to balance the demands of responding directly to COVID-19, while maintaining essential health services.
- Countries continue to be affected by global supply shortages, including laboratory re-agents and RNA extraction kits, affecting testing capacities. Global logistics constraints are also limiting supplies of essential equipment such as ventilators and oxygen concentrators.
- Scale-up of community-based risk communication and community engagement is needed in all locations, including contested areas. Targeted risk communication messages and community engagement activities for vulnerable people need strengthening. There is also a lack of awareness on the current pandemic and transmission risks in rural areas. The rural population needs preventative guidance materials and handwashing equipment.
- Aggressive and targeted tactics are needed to find, test, isolate and treat cases, and trace contacts. These measures are not only the best and fastest way out of social and economic restrictions – they are also the best way to prevent them.
- There is need to scale-up early and sufficient mental health care integrated within the broader health response.
- While the vast majority of Health Cluster partners are continuing to operate, physical distancing requirements are impacting the ability of partners to maintain essential services. This is particularly true of mental health and psychosocial support (MHPSS) services and polio vaccination. Polio vaccination campaigns have been temporarily suspended, affecting more than 9 million children. Afghanistan is now seeing polio infection cases in provinces that have not had any reported cases in the last two decades.

Water, Sanitation and Hygiene

Needs:

983,469

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

- 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.
- According to a multi-sectoral needs assessment conducted by Oxfam in Hirat, Bamyan, Daykundi, Nangarhar and Kunduz provinces, 72 per cent of the respondents do not have access to soap for handwashing and 45 per cent lack access to a sufficient supply of clean water for handwashing. The assessment reveals that the provision of new water points, the rehabilitation of existing water points and the distribution of hygiene kits are urgently needed for both IDPs and host community members across the five provinces.
- A recent Knowledge, Attitudes, and Practices (KAP) survey conducted by World Vision in Hirat, Badghis and Ghor provinces reveals a lack of COVID-19 awareness among the population, with close to 50 per cent of the respondents reportedly unaware of transmission through contact (e.g. person-to-person transmission or surface-to-person transmission). According to the same survey, 40 per cent of those surveyed lack access to both water and soap.
- Protection monitoring reports from the country's south indicates that 1,800 people are in need of hygiene kits and WASH facilities in Uruzgan province. An additional 1,500 people are in need of food, WASH facilities and hygiene kits in Kandahar province.

Response:

- Between 10 and 17 May, a total of 359,352 people were reached with WASH assistance. This includes the distribution of 14,745 hygiene kits, reaching 103,215 people across 21 provinces. A total of 43,210 hygiene kits have been distributed since the start of the crisis, reaching 302,470 people.
- WASH Cluster partners aim to reach more than 1.1m people with assistance over a period of six months as a part of their COVID-19 response plan; 983,469 people have been reached since the start of the crisis.
- WASH facility maintenance and provision of water continues at the Islam Qala-Dogharoon land border crossings (Hirat) and the Milak crossing (Nimroz). During the reporting period, WASH activities at the Islam-Qala border crossing reached 3,750 people, with a total of 12,900 reached since the start of the outbreak. Similarly, maintenance of WASH facilities and provision of water at the Milak crossing reached 3,790 people during the reporting period, with a total of 11,754 people reached since the start of the COVID-19 response.
- Between 10-17 May, handwashing stations have been set up in 44 schools in Faryab and Sar-e-Pul provinces in preparation for the eventual re-opening of schools.
- 2,043,487 bars of soap were distributed across 48 districts throughout the country between 10 and 17 May. Since the start of the response, almost 3.5m bars of soap have been distributed in 139 districts across the country.
- WASH cluster partners distributed 350KG of chlorine to health facilities in Kandahar district and Kunduz district in Paktya province between 10 and 17 May.
- A small water reservoir system is currently being constructed by ES-NFI partners in Jalalabad to facilitate regular handwashing. The program is currently being implemented at two hospitals in Jalalabad city and will be expanded to remote areas within and outside of Nangarhar province.

Gaps & Constraints:

- WASH cluster partners report challenges in implementing response activities as a result of lockdown measures and movement restrictions. Despite this, WASH Cluster partners have maintained operational capacity. 26 WASH Cluster partners (NGO/INGOs organisations) have presence and response capacity in all of the 41 districts prioritised by the Inter-Cluster Coordination Team (ICCT) for the first three months of the COVID-19 response.
- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities, as well as COVID-19 response plans; hygiene kits tailored for the COVID-19 response are in high need.
- Confirmed funding is critical to the further scale-up of the WASH response. Due to the unanticipated need to scale-up WASH activities under the multi-sectoral COVID-19 response plan, WASH partners are now facing an overall funding gap of US$9.3 million during the COVID-19 response period (April-June 2020).
- In many parts of the country, sourcing sufficient and safe water supplies to support handwashing and other household needs remains critical to mitigating the spread of COVID-19. This includes rehabilitation of water points/facilities to provide safe water for household use, in addition to supporting handwashing.
- There is limited access to hygiene and sanitary items for vulnerable women and girls, particularly in rural areas and in Kandahar, Hilmand and Uruzgan provinces.

Emergency Shelter & NFI

Needs:

19,979

people reached with COVID-19 awareness raising efforts during the reporting period

- 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 sites need adequate settlement planning and access to centralised services including safe water and sanitation. The current lack of these services and facilities results in poor hygiene practices (including treatment and handling of excreta) and susceptibility to diseases, including COVID-19.
- Returnees and households unable to pay rent because they have lost their livelihoods as a result of COVID-19 restrictions need cash-for-rent assistance. Recent assessments undertaken by ES-NFI cluster partners highlight the need for cash-for-rent assistance to IDPs in the east, particularly those residing in urban areas and lacking income due to COVID-19-related movement restrictions.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals. Since the beginning of 2020, a total of 5,638 families have been affected by natural disasters in Afghanistan.

- Assessments show that the more than 87,000 people still living in displacement sites in Hirat and Badghis provinces after the drought are in poor health – making them potentially more vulnerable to COVID-19 – and are in urgent need of shelter, food and hygiene assistance.
- Recent protection monitoring findings from the northern region indicate that vulnerable people living in crowded houses are unable to maintain social distancing. Families have been joining shelters in an effort to reduce rental costs.

Response:

- Throughout the country, ES-NFI Cluster partners are continuing to provide awareness raising sessions on the prevention of COVID-19, targeting returnees, IDPs and local communities. During the reporting period, ES-NFI partners reached 19,979 individuals with awareness raising sessions on COVID-19 across 9 provinces. 191,137 people in 12 provinces have been reached with key messages since the start of the crisis.
- ES-NFI Cluster Partners in Faizabad districts signed a contract with 80 religious leaders to help disseminate key COVID-19 messages to the general population.
- 1,640 IEC materials were distributed during the reporting period in Nangarhar, Kandahar, Hilmand, Zabul and Uruzgan provinces as part of the COVID-19 response. ES-NFI Cluster Partners have distributed 5,471 IEC materials across 8 provinces since the start of the response.
- 50 families were recently assessed for cash-for-rent assistance in Nangarhar province on the basis that they have been affected by COVID-19 lockdown measures.

Gaps & Constraints:

- The COVID-19 outbreak comes against the backdrop of flooding season and conflict displacement which further complicate partners' response capacity and run the risk of depleting in-country supplies. The effects of flooding and conflict are severe for the population and humanitarian assistance remains essential.
- ES-NFI partners are currently responding to multiple concurrent emergencies. There is concern that spikes in caseloads could strain the pipeline for NFI kits. To meet new and ongoing needs, resources to stabilise, replenish and maintain key shelter and NFI stocks are urgently required.
- Partners emphasise the need to integrate COVID-19 awareness raising activities within existing sectoral activities to increase community awareness.
- ES-NFI partners stress the need to establish cash-for-work livelihood programmes for IDPs and returnees, prioritising those affected by lockdown measures and movement restrictions.

Protection

Needs:

- Reports from Kabul, Nangarhar, Hirat and Mazar-e-Sharif provinces indicate that child protection issues have been increasing due to the COVID-19 lockdown. Protection Cluster partners are particularly noting a rise in exploitation of children, including early child marriage and child labour, as a negative coping mechanisms. Socio-economic support for families impacted by COVID-19-related lockdowns and price increases, particularly female or child headed households, is needed to mitigate against the use of negative coping mechanisms and to meet urgent livelihood gaps.
- Psychosocial support adapted for COVID-19 physical distancing requirements is needed for the most vulnerable communities, including those living in IDP settlements.
- Increased awareness raising on COVID-19 and preventive measures in remote and hard-to-reach areas is needed.
- Several families are currently at urgent risk of eviction in Loya Wala and Mirwais Mina districts in Kandahar province, as they are unable to pay rent due to loss of income as a result of COVID-19 lockdown measures. The families are in urgent need of cash to cover their shelter needs.
- Women imprisoned with their children are being exposed to COVID-19 risks due to congestion in women's prisons.
- Women and girls do not have access to hygiene and dignity kits in rural areas and further efforts are needed to reach vulnerable people with these supplies.
- There is a risk of an uptick in criminal acts due to the sharp rise in food and essential material costs, particularly in the south.

124,392
people were sensitised on COVID-19 prevention measures from 10-17 May.

Response:

- 124,392 people were sensitised on COVID-19 and preventive measures, and 4,565 IEC materials were distributed from 10-17 May as part of ongoing protection activities in 19 provinces. Altogether, since the beginning of the COVID-19

response through to 17 May, a total of 876,557 people have been sensitised on COVID-19 and preventive measures across the country by Protection partners.

- 19,383 people received psychosocial support (PSS) during the reporting period through door-to-door visits in Kandahar, Hilmand, Hirat, Farah, Samangan and Kabul provinces. Approximately, 74,000 men, women, boys and girls have received psychosocial support services to cope with the mental health-related consequences of COVID-19 since the start of the crisis.
- COVID-19 story books designed to help children deal with COVID-19-related stress were distributed to 150 boys and girls in Kandahar province.
- 191 COVID-19 protection monitoring interviews were conducted during the reporting period in Kandahar, Hilmand and Uruzgan provinces using harmonised Protection Cluster tools.
- New COVID-19-related questions have been added to the protection monitoring tools, and COVID-19 awareness raising messages have been incorporated into core GBV and Child Protection activities.

Gaps & Constraints:

- There is need for the continuation of systematic protection and vulnerability monitoring – including the use of the cluster's COVID-19-adapted questionnaire – to track trends resulting from COVID-19 restrictions, taking special note of the situation facing women and girls. Preliminary findings of protection monitoring reports show that children and the elderly are being particularly affected by the higher food prices.
- Due to movement restrictions, Protection Cluster partners' working modalities have changed as activities are currently being conducted through door-to-door visits, phone call interviews, and small group discussions.
- Limited response capacity for partners to respond in hard-to-reach areas due to insecurity.
- Lack of appropriate security measures for survivors of violence in quarantine centres.
- Child Friendly Spaces have closed due to physical distancing requirements, but PSS activities are being carried out in children's homes using remote modalities, social media, and other approaches. However, vulnerable/marginalised children lack access to some of these communications channels.
- Information Counselling and Legal Aid (ICLA) support services have been postponed in the northern region as a result of COVID-19 lockdown measures.
- GBV and violence against women and girls protection measures need to be integrated in all COVID-19 preparedness and response plans. The number of reported GBV cases has decreased most likely due to COVID-19 movement restrictions. This is despite the potential increase in risks that women and girls may be facing, particularly relating to domestic violence.
- All front-line service providers, particularly health workers, need to be trained on how to recognise GBV cases, respond to them, protect survivors and refer them to appropriate services.
- There is a need for a clear referral pathway to respond to protection needs related to COVID-19, particularly for the most vulnerable groups. Referral of vulnerable people to long-term services has been limited as result of lockdowns and movement restrictions.

Food Security

Needs:

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

13.4M

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

(April-May)

- A recent assessment by Oxfam conducted in Hirat, Daykundi, Bamyan, Kunduz and Nangahar provinces reveals that the majority of the consulted households (58 per cent) understand the risk of COVID-19 and have received this information through media – particularly TV and radio. However, the respondents stress that they wish to receive more information about preventative and protective measures. The use of reduced livelihood coping strategies is on the rise with 32 per cent of the consulted population borrowing to purchase food, 29 per cent selling assets and reducing overall consumption, and close to 72 per cent reporting exhaustion of food stocks.
- 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 work. Market prices also continue to be significantly higher than pre-crisis levels. Public unrest is building in areas such as Hirat city where people are calling for more support from the authorities, in large part to meet their immediate food needs.

- Following price shocks, dietary diversity drops as households dedicate more of their available resources to consuming cheaper, nutrition-poor food. This change in consumption patterns to nutrition-poor products impacts malnutrition rates and the access children and pregnant and lactating mothers have to the necessary nutritional-diversity in their diets.
- Flash flooding in Badghis province has affected key public infrastructure including the main irrigation canal and more than 91 acres of agriculture land, affecting fragile fruit producing areas. While the flood season has been less severe than expected in terms of impacts on people's livelihoods, negative impacts are anticipated on the yield of key wheat and summer crops.
- Some seasonal pastoralists (Kuchis) require permission from authorities to migrate with their livestock to summer pasturelands. Currently their movement is limited, in part due to COVID-19 movement restrictions.
- Domestic trade disruptions and panic buying in major urban centres has contributed to spikes in prices for key commodities. While the re-opening of the border with Pakistan is expected to increase food availability in markets and allow for a level of price stability, actual administrative impediments and the necessary cross-border procedures are slowing the movement of goods. The re-opening of the border has not yet translated into significant reduction of food prices in cities. The impact of price rises falls disproportionately on vulnerable people, including children, pregnant women, elderly people, malnourished people, people with vulnerable employment status, and people who are ill or immuno-compromised. Vulnerable families need the market to be supplied with an affordable, steady pipeline of food and supplies to stabilise market prices and ensure millions are not pushed into humanitarian need.
- The loss in purchasing power continues to be a significant worry for those who have low levels of savings or food stocks and will increase their consumption of cheaper nutrient-poor food.
- The crucial wheat harvest season is starting in the country's east and this will shortly be followed by the harvest of summer crops and higher value cash crops. Producers need access to internal and external markets to secure people's livelihoods and help them recover from the impacts of the COVID-19 pandemic.
- As several provinces have begun easing COVID-19 lockdown restrictions, FSAC is particularly concerned about adherence to health guidelines and preventative measures at major urban fruit/vegetable and fresh food markets, as they are seen as potential sites for increased disease transmission given their congestion.

Response:

- As part of its regular programming†, WFP dispatched over 32,000mts and directly distributed over 31,000mts of food, as well as disbursing over $1.1 million in cash-based transfers between 5 March and 13 May. Overall, between 5 March and 13 May over 2,860,000 people were reached with life-saving food assistance. FSAC partners hope to reach 1.2m of the most vulnerable people with food assistance over May and June 2020.
- Based on the latest food security analysis, WFP has prepared its response plans for COVID-19 for the second half of the year. In complementarity to the Government's response to COVID-19, WFP plans to assist an additional 3 million vulnerable people from July to December. 80 per cent of these additional beneficiaries will be selected from the most vulnerable families in cities, given the increased vulnerability to food insecurity in urban areas due to the economic impact of COVID-19. Assistance to these families will be provided through cash-based transfers to help cover food needs for two months.
- FSAC partners are scaling-up awareness-raising campaigns on COVID-19, with distribution of key messages, brochures and PPE currently ongoing in Mazar-e-Sharif, Kabul and Hirat.
- Food security partners continue to track food pipelines, monitor market prices and prepare for a scaled-up response to food-related needs due to COVID-19. This is against the backdrop of the ongoing response to conflict- and natural disaster-related food insecurity, including needs driven by flooding.
- Operational monitoring capacity has resumed in some regions; monitoring staff are wearing PPE and following physical distancing measures.

Gaps & Constraints:

- Food distributions continue, however, COVID-19-related lockdown measures and reduced working hours due to Ramadan have affected the Government's response rate.
- FSAC partners report that humanitarians are currently being pressured by non-state armed groups to increase the amount of food distributed to specific districts.
- FSAC stresses the need to disseminate key COVID-19 messages to humanitarian food distribution staff to ensure staff safety and awareness on the latest mitigation measures.

† 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.

- Administrative delays on both sides of the Pakistan border including port clearances, export certificates, and the issuing of exemption certificates have slowed and even stopped the movement of humanitarian food supplies. Trucks transporting 522 mt of WFP's food are waiting to enter Afghanistan at the border with Pakistan. Additional delays are being reported at Karachi port, Pakistan, due to lockdown measures. FSAC partners are continuing to press for more predictable movement of critical humanitarian food items through border crossing points, particularly given the difficulties in ensuring that time-bound export certificates remain valid. The humanitarian community urges authorities on both sides of the border to facilitate the two-way movement of cargo to ensure the viability of cross-border markets.
- FSAC stresses the importance of ensuring physical distancing measures and phased distribution times are applied to avoid overcrowding at neighbourhood-level sites where distribution of bread through bakeries are currently underway. FSAC also urges all food security actors to ensure transparent beneficiary selection processes to mitigate social tension and generate confidence in assistance modalities.
- Some programmes and activities not prioritised under the COVID-19 response have been paused, including biometric registrations, trainings and sensitisation sessions. Similarly, livelihoods assistance and resilience building asset creation projects have been largely put on hold, which means that the most vulnerable will need to start the crucial Spring and Summer cultivation season without regularly-scheduled support, potentially negatively impacting future yields. Following assessments, some FSAC partners have partially re-started asset creating projects.
- Wheat harvesting has begun in several areas across the country, particularly in the east, with harvest projections showing a good national harvest outlook. FSAC stresses that it will be important to ensure that producers continue to have access to markets and a seasonal labour force.

Education

Needs:

- The children of Afghanistan are facing the greatest disruption to their right to education in living memory.
- Education is an undeniable right of children, in times of stability and crisis. Alternative education arrangements are needed to ensure millions of children do not miss out on critical education.
- Due to the COVID-19 outbreak, the Government announced that all schools had to close. More than seven million children in regular schools and more than 500,000 children enrolled in community-based education (CBE) programmes did not start regular schooling as per the normal schedule. This is in addition to some 3.7m children who were already out of school in Afghanistan.

8,067

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

Response:

- As part of the COVID-19 response, 3,508 children were reached with EiE-developed home-based learning materials during the reporting period. A total of 8,067 children have been reached with home-based support in Faryab and Uruzgan 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 in many parts of the country and especially in rural areas to participate in home learning.
- There is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant.
- Need to revise/extend self-learning materials and media to supplement in-class lessons.
- Improve the provision of child-friendly, age and gender-appropriate awareness messages on anxiety, fear and self-care strategies.
- Limited available stock of hygiene supplies (soap, bucket with taps and chlorine).
- Continued insecurity may hinder access to high risk areas. There is currently a limited capacity to sufficiently support school-level responses in high-risk areas.
- Limited response and resource capacity for partners to respond.
- Flexibility is required from donors to factor-in delays in the programme implementation period.

Nutrition

Needs:

19,252
people have received health and nutrition education sessions since the start of the crisis

- According to the Global Nutrition Report, malnutrition is putting people at increased risk from COVID-19. Undernourished people have weaker immune systems which puts them at greater risk of severe illness due to the virus. Poor metabolic health — such as obesity, diabetes and other diet-related chronic diseases—has been strongly linked to worse COVID-19 outcomes, including higher risk of hospitalisation and death.
- 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.
- A recent assessment on the impact of COVID-19 on nutrition programming in Afghanistan reveals a 40 per cent decrease in admission to in-patient SAM care in March compared to February. According to the Nutrition Cluster's analysis, the decrease is due to public fear of health and nutrition service providers being infected with COVID-19, thus causing a drop in the number patients seeking in-patient nutrition treatment services.
- Only 16 out of 40 districts identified by the Cluster as being at high risk for COVID-19 have an in-patient SAM treatment ward in the district hospital. In order to mitigate risks of COVID-19 infection for children and mothers seeking treatment, these wards urgently need to be expanded to include adequate space between beds, a separate therapeutic milk preparation space, a counselling space, breast-feeding corners and a waiting area for mothers and children.
- Supplementary feeding programmes for moderately malnourished children and pregnant and lactating women need to be established in 11 districts identified as being at high risk for COVID-19.
- Based on a recent assessment carried out by Nutrition Cluster partners, approximately 9,500 households in 11 districts in Hirat are in need of emergency food and nutrition assistance.

Response:

- 123 community health workers from Paktya, Paktika, Khost and Ghazni provinces received an orientation on COVID-19 and nutrition during the reporting period.
- 300 community members were reached with COVID-19 awareness raising sessions in Zharey, Spin Boldak and Maiwand districts. Since the start of the crisis, a total of 19,252 people have received health and nutrition education sessions, as well as risk communication on COVID-19 including information on hygiene and other preventive measures.
- During the reporting period, translated material on breastfeeding in the context of COVID-19 was widely disseminated to MoPH and Nutrition Cluster partners. The material stresses the importance of continued breastfeeding during the pandemic to ensure a healthy immune system for babies.
- All 15 Mobile Health and Nutrition Teams (MHNT) in the west have recruited a nutrition counsellor to carry out promotion related to maternal and infant and young child nutrition during the COVID-19 pandemic. Similarly, a nutrition mobiliser has been recruited to all 33 Basic Health Centre (BHC) in Hirat to promote healthy nutrition practices in areas most affected by the virus.
- Nutrition Cluster partners are increasingly using MHNT's to bring nutrition services closer to affected populations while observing COVID-19 preventive practices..

Gaps & Constraints:

- Pipeline breaks for nutrition commodities are anticipated due to COVID-19-related lockdowns and the closure of borders. Continued advocacy for the import of nutrition supplies to pre-empt this anticipated supply shortfall is needed. Nutrition Cluster partners also encourage the scaling-up of cash and voucher assistance to mitigate the risk of malnutrition as a result of COVID-19 lockdown measures.
- There is currently a lack of hygiene material and PPE for health and nutrition staff working at COVID-19 quarantine and health facilities.
- Ready-to-use therapeutic foods (RUTF) supplies have been shifted to COVID-19 high-risk areas. Additional supplies are currently being secured for areas that are less affected by COVID-19 yet have already existing high malnutrition rates.
- Additional efforts are needed to strengthen community screening, improve health care facilities and minimise close physical contact to curb the spread of the virus. Moreover, community nutrition screening (i.e. a family member or caretaker screening a child's nutritional status) must be strengthened.
- Due to current movement restrictions in a number of provinces, Nutrition Cluster partners anticipate less frequent follow-ups/monitoring and limited opportunity to see children and caregivers which may result in slower nutritional gain (e.g.

weight gain) or recovery among the children receiving nutritional care. Mobile teams are being considered as mitigation measures.
- There is increased need for the timely collection of food security and nutrition information to identify people at risk, monitor and influence factors likely to have a negative impact on the nutritional status of people.
- Nutrition Cluster partners urge local authorities to facilitate people's access to nutrition and health education sessions and nutritional services, either delivered through health facilities or MHNTs.

GENERAL COORDINATION

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

The **Humanitarian Access Group** (HAG) continues to support humanitarian organisations with negotiation assistance to enable sustained access for both COVID-19 and ongoing humanitarian activities. Lockdown measures and movement restrictions continue to impede people's access to humanitarian assistance. The HAG and OCHA sub-offices, together with ACBAR and INSO, continue to reach out to provincial authorities to facilitate humanitarian movement despite 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. In light of recent protests in certain parts of the country and easing of lockdown measures in a number of provinces, the HAG encourages partners to continue clearly communicating their beneficiary selection criteria to the community and other relevant stakeholders, and to maintain a transparent and impartial assistance process. For additional information on access constraints, please see the C-19 Access Impediment Report.

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 16 May, Awaaz had reached 13,928 callers with pre-recorded key COVID-19 messages and directly handled 2,167 calls related to COVID-19 from all 34 provinces with 24 per cent of all calls coming from women. During the month of April, 20 per cent of all calls handled by Awaaz were related to COVID-19.

The **Risk Communication and Community Engagement** (RCCE) Working Group, in partnership with REACH, facilitated a nation-wide assessment on communities' information access, gaps and needs, as well as their communication preferences and habits. The nation-wide assessment was carried out in late April 2020 and involved 2,175 key informant interviews (KIIs) across all districts of Afghanistan. Initial results from the assessment show regional variation in awareness of COVID-19 symptoms, prevention best practices, and appropriate social distancing behaviours. Limited awareness is particularly noted in the eastern provinces, potentially highlighting a need for targeted awareness raising in those areas.

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

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