

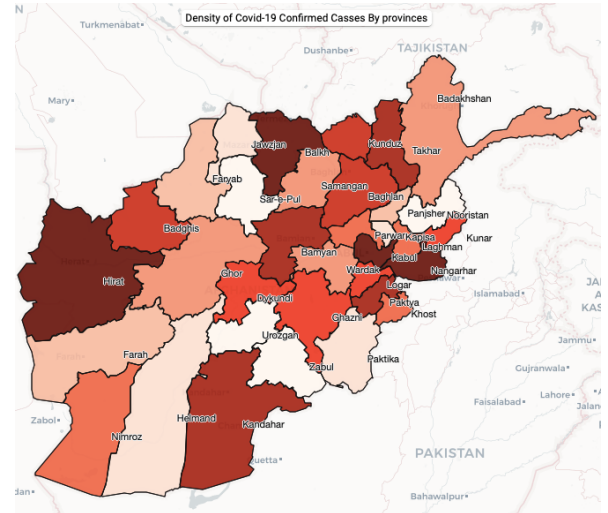
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 13 and 19 July 2020.

### HIGHLIGHTS

- As of 22 July, 35,727 people in Afghanistan have tested positive for COVID-19; 1,190 have died and 23,924 have recovered.
- Since the start of March, partners have traced 568,453 people through Health Cluster surveillance networks, delivered WASH assistance to more than 2.15 million people and reached 53,527 children with home-based learning material across the country.

### SITUATION OVERVIEW

**MoPH data** shows that as of 22 July, 35,727 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 23,924 people have recovered, and 1,190 people have died (54 of whom are healthcare workers). 84,579 people out of the population of 37.6 million have been tested. Ten per cent of the total confirmed COVID-19 cases are among healthcare staff. The majority of the deaths were people between the ages of 40 and 69. Men in this age group represent more than 52 per cent of all COVID-19-related deaths. Moreover, men account for more than 71 per cent of the total COVID-19 confirmed cases. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar provinces. Modelling suggests the peak has not yet passed and cases may still accelerate over the coming weeks.



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

The Government of Afghanistan's nationwide lockdown measures remain in place. According to reports, public health advice is not being followed and enforcement has been lenient. Measures to contain the spread of the virus continue to differ across provinces where local authorities decide on implementation of lockdown measures. Provincial lockdown measures continue to periodically impede humanitarian movement. In the second quarter of 2020, the Humanitarian Access Group (HAG) recorded a total of 227 incidents impacting access of humanitarians, compared to 193 in the first quarter of 2020. According to Q2 Access Report, while the high incident numbers in March and April 2020 can be explained by government-imposed lockdown measures to contain the spread of COVID-19 (which led to 29 and 31 movement restrictions respectively), the high incident numbers in May were no longer directly linked to COVID-19, but rather stemmed from interference attempts and conflict activity.

Humanitarians remain concerned about the impact of extended lockdown measures on the most-vulnerable, particularly people with disabilities and families who rely on casual daily labour and lack alternative income sources. According to WFP's market monitoring, the average wheat flour price (low price and high price) has increased by 13 per cent between 14 March and 22 July, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 30 per cent, 22 per cent, 33 per cent, and 19 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has deteriorated by 5 per cent and 10 per cent, respectively (compared to 14 March).

While implementing activities to mitigate the spread of COVID-19, humanitarians continue to respond to other ongoing and emerging humanitarian needs. During the reporting period, ES-NFI Cluster partners identified 173 conflict-affected families across 36 provinces to receive NFI assistance. 50,242 women received antenatal and postnatal care from midwives deployed through Mobile Health Teams (MHTs). 4,152 people were treated for trauma care by Health Cluster partners. 2,285 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 31,200 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 49,300 children under the age of 5 years received blanket supplementary feeding. 10,800 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding.

programmes (TSFP), while 21,237 caregivers received Infant and Young Child Feeding (IYCF) counselling and maternal counselling during the reporting period. 435 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 561 Gender-Based Violence (GBV) cases across 21 provinces were identified and referred for case management to Family Protection Centres (FPCs). 1,575 children with protection needs were referred to multi-sector services in Balkh, Kunar, Nangarhar and Nuristan provinces. 23 unaccompanied and separated boys without parental care were reunified with their families in Hirat province by protection partners. 179 children received integrated case management services across 4 provinces. 433 dignity kits were distributed to women and girls across 7 provinces. As part of its regular programming, WFP distributed food to 148,395 food insecure people between 9 and 15 July\*.

## HUMANITARIAN RESPONSE

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

<p><b>Country-level coordination and response planning</b></p>	<ul style="list-style-type: none"> <li>• Health partners continue to support Government-led planning and response.</li> <li>• Humanitarian partners have launched a revised <a href="#">Humanitarian Response Plan (HRP)</a>, integrating COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian and protection aid, humanitarian partners have prioritised 11.1 million to receive immediate assistance in 2020, for which US\$1.1 billion is required.</li> <li>• The updated <a href="#">Global Humanitarian Response Plan</a> was launched on 17 July. The third iteration of the GHRP is seeking \$10.3 billion to help 250 million people across 63 vulnerable countries and to cover the global transport system necessary to deliver relief.</li> <li>• The COVID-19 ONE UN Response Plan has been finalised and accepted by the Government and UN Country Team, with the quarterly report expected to be published in the coming weeks.</li> </ul>
<p><b>Risk communication and community engagement (RCCE - accountability to affected populations)</b></p>	<ul style="list-style-type: none"> <li>• The RCCE Working Group has produced a rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. It has also carried out an assessment showing communication preferences and the most trusted information sources by geographical area, down to the district level.</li> <li>• IOM's Displacement Tracking Matrix field teams reached more than 10,881 villages in 34 provinces with RCCE messaging. IOM DTM field teams hope to reach 12,000 villages in all 34 provinces by the end of 2020. IOM's priority focus is on mobile and displaced populations in impacted areas.</li> <li>• IOM has set up billboards in all four border provinces with Pakistan and Iran.</li> <li>• The new AAP adviser has begun work with OCHA to support accountability aspects of the response in line with the Collective Approach to Community Engagement strategy. The revitalised AAP Working Group held its initial meeting on 20 July.</li> <li>• IOM has reached 146,466 people with awareness raising session on hygiene practices and COVID-19 prevention.</li> <li>• More than 4,586,632 people have been reached with RCCE messages by health partners.</li> </ul>
<p><b>Surveillance, rapid response teams, and case investigation</b></p>	<ul style="list-style-type: none"> <li>• 34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities. 8,954 polio surveillance volunteers have been trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing. The polio campaign will resume in the country's east in the coming weeks and will be linked with COVID-19 surveillance activities.</li> <li>• 74 Mobile Health teams have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities.</li> <li>• 22 rapid response teams (RRT) have been deployed by humanitarian partners across the country to support MoPH's RRT's with surveillance, case identification, contact tracing, and community risk communication. An additional 13 RRT's are currently being recruited for rapid sample collection and referral of severe COVID-19 cases.</li> <li>• Health Cluster partners' surveillance systems have traced 568,453 people since the start of the crisis.</li> <li>• IOM MHTs have trained more than 400 Community Health Workers on COVID-19 awareness, prevention, identification and referrals.</li> <li>• To enhance the reporting and data management capacity of the Provincial Public Health Directors (PPHD), IOM has donated IT-equipment to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces.</li> <li>• 3,213 healthcare workers were trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas.</li> </ul>
	<ul style="list-style-type: none"> <li>• 12 MHTs and 4 IOM TB/COVID-19 screening teams are deployed to major border crossing points.</li> <li>• 490,242 people were screened at points of entry by Health Cluster partners.</li> <li>• Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan.</li> </ul>

\* The tonnage of weekly dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

<b>Points of entry</b>	<ul style="list-style-type: none"> <li>• Eight UNHCR staff have been deployed as part of monitoring teams operating at Spin Boldak and Milak. Seven UNHCR staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd control at the Milak border crossing. 20 UNHCR screening staff have been deployed to Daman district in Kandahar province to provide screening support at the provincial hospital.</li> </ul>
<b>Laboratories</b>	<ul style="list-style-type: none"> <li>• 12 laboratories are now operational. Afghanistan currently has capacity to carry out 2,000 tests per day.</li> <li>• 128 healthcare workers have been trained in medical laboratory testing.</li> <li>• Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.</li> </ul>
<b>Infection prevention and control (IPC)</b>	<ul style="list-style-type: none"> <li>• UNICEF, with the support of the World Bank and the Government of Japan, has distributed 366,542 units of PPE to health providers nationwide.</li> <li>• More than 25,000 units of PPE were provided to MoPH by WHO. However, distribution of PPE remains unresolved.</li> <li>• Similarly, IOM has supplied more than 36,000 units of PPE across 6 provinces.</li> <li>• Infection Prevention and Control (IPC) training has been provided to 4,124 healthcare workers.</li> </ul>
<b>Case management</b>	<ul style="list-style-type: none"> <li>• 26 isolation wards have been opened by partners since the start of the crisis.</li> </ul>
<b>Operational support and logistics</b>	<ul style="list-style-type: none"> <li>• The Logistics Working Group (LWG) has started its work to address logistics issues during the COVID-19 response.</li> <li>• FSAC partners continue to monitor the flow of commercial vehicles carrying humanitarian food and supplies across borders to mitigate pipeline breaks for critical food and non-food items</li> </ul>
<b>Continuation of essential services</b>	<ul style="list-style-type: none"> <li>• Provision of primary care continues through MHTs (inclusive of routine vaccinations, treatment and screening services), however expansion is required as the number of people seeking health care at static facilities is decreasing (for fear of COVID-19 transmission).</li> </ul>

## Key COVID-19 Cumulative Response Figures

<b>Health</b>	<ul style="list-style-type: none"> <li>• 34,000 polio surveillance volunteers engaged in surveillance, case identification and contact tracing.</li> <li>• 8,954 polio surveillance volunteers trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing.</li> <li>• 490,242 people screened at points-of-entry by Health Cluster partners.</li> <li>• 4,586,632 people reached with risk communication and community engagement messages.</li> <li>• 568,453 people traced through Health Cluster surveillance systems since the start of the crisis.</li> <li>• More than 25,000 units of PPE provided to MoPH by Health Cluster partners.</li> <li>• IPC training conducted for 4,124 healthcare workers.</li> <li>• 3,213 healthcare workers trained in surveillance and risk communication in contested areas.</li> <li>• 2,000 beds made available for isolation and intensive care.</li> <li>• Medical equipment provided for 1,642 isolation wards across all 34 provinces.</li> <li>• 160 healthcare workers trained in Mental Health and Psychosocial Support (MHPSS) since the start of the crisis.</li> <li>• 214 healthcare workers trained in Intensive Care Unit (ICU) care.</li> <li>• 128 healthcare workers trained in medical laboratory testing.</li> <li>• 2,742 community health and first aid volunteers across 30 provinces trained in psychosocial first aid and risk communication, with plans to reach 857,000 people.</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• 2,152,408 people reached with WASH assistance since the start of the crisis – including through hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>• 72,778 hygiene kits distributed, reaching 493,647 people.</li> <li>• More than 4.62m bars of soap distributed in more than 200 districts across the country. More than 29,500 people at the Islam-Qala border crossing, 49,240 people at the Milak crossing and 16,100 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water.</li> <li>• 2,253 handwashing stations set up at the community-level in 23 districts across 11 provinces.</li> <li>• 14,600 hand washing stations set up in health facilities in 14 districts across 6 provinces.</li> <li>• 48 hand washing stations set up in schools across 9 districts.</li> </ul>
<b>Emergency Shelter &amp; NFI</b>	<ul style="list-style-type: none"> <li>• 510,463 people (in 14 provinces) reached with awareness raising sessions on prevention of COVID-19.</li> <li>• 11,052 IEC materials distributed across nine provinces.</li> <li>• 950 NFI kits distributed to 950 families at-risk from COVID-19.</li> <li>• 771 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community.</li> <li>• 10 family tents and 44 refugee housing units (RHU) distributed across 4 provinces for screening, admission, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel as well as registration spaces for Afghanistan nationals newly returning from Iran.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• More than 1.68 million people sensitised on COVID-19 and preventive measures across the country.</li> <li>• 13,012 IEC materials distributed since the start of the crisis.</li> <li>• 2,490 people interviewed using the COVID-19 specific protection monitoring questionnaire.</li> <li>• 9,313 border monitoring interviews conducted since the start of the crisis.</li> </ul>

	<ul style="list-style-type: none"> <li>• 207,466 people received psychosocial support to cope with the mental health effects of COVID-19.</li> <li>• 739 children received COVID-19 story books.</li> <li>• 2,000 persons with specific needs (PSNs) received cash assistance across the country to help them cope with the financial impact of COVID-19.</li> </ul>
<b>Food Security</b>	<ul style="list-style-type: none"> <li>• As part of its regular programming, since the start of the COVID crisis (between 5 March and 15 July) WFP dispatched over 55,000MT of food; directly distributed over 51,000MT of food; and disbursed over \$5.8 million in cash-based transfers. Over the same period over 5.5 million people were reached with food assistance<sup>†</sup>.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• 53,527 children across 13 provinces reached with home-based learning materials.</li> <li>• 10,314 children across 4 provinces received education through small group learning.</li> <li>• 77,640 children across 11 provinces received IEC materials on COVID-19 preventative measures.</li> <li>• 318,970 children across 4 provinces sensitised on COVID-19 and preventive measures through TV and radio.</li> <li>• 1,231 teachers trained on safe school protocols for COVID-19.</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• 75,951 community members reached with COVID-19 awareness raising sessions.</li> <li>• 63,310 IEC materials distributed since the start of the crisis.</li> </ul>

## Health

### Needs:

- COVID-19 is rapidly spreading across Afghanistan, with a steep surge in the number of confirmed cases since the end of June. Different COVID-19 models show that the peak for the COVID-19 outbreak in Afghanistan is expected between late July and early August. As the scale of the crisis grows, increased testing, community engagement and case management are urgently needed to prepare for the peak.
- Continuation of all health services – including the availability of primary care for vulnerable people and community engagement to combat misinformation – is critical. Maintaining essential health services for women and girls, displaced people and returnees is particularly important.

# 12

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

### Response:

- 12 laboratories are now operational, with the latest one inaugurated in Kunduz. Afghanistan currently has a capacity to carry out 2,000 tests per day, however, COVID-19 testing is not currently operating at full capacity due to limited human resources.
- During the reporting period, Health Cluster partners have opened two new isolation wards. 26 isolation wards have been opened by partners since the start of the crisis, however, nearly all ICUs are at full capacity.

### Gaps & Constraints:

- The fragile health system in Afghanistan is insufficiently prepared in terms of capacity and resources to manage severe cases of COVID-19.
- The current laboratory capacity is limited. There is an urgent need to increase laboratory supplies as well as to strengthen human capacity and operational support.
- There is no health system without a workforce; increasing COVID-19 rates among healthcare workers have hampered the COVID-19 response and the provision of other essential health services.
- Scale-up of community-based RCCE is critical to combat misinformation, especially targeting vulnerable people.

<sup>†</sup> The tonnage of weekly dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

## Water, Sanitation and Hygiene

### Needs:

- The provision of new water points or rehabilitation of existing water points, along with distribution of hygiene kits for COVID-19 response are needed across multiple communities.
- There is a need to increase both the distribution of hygiene kits as well as targeted preventive awareness campaigns to protect beneficiaries from the spread of COVID-19.
- An inter-agency COVID-19 Knowledge, Attitudes, and Practices (KAP) survey conducted across 30 provinces in June revealed limited COVID-19 awareness, with 96 per cent of the respondents reportedly unaware of asymptomatic transmission and 78 per cent were unaware of transmission through droplets (saliva) from infected people. 13 per cent of the respondents were unaware that washing hands regularly using soap, water or alcohol-based hand gel is a COVID-19 preventative measure.

**2.1M** 

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

### Response:

- Between 13 and 19 July, 35,530 people were reached with WASH assistance, bringing the total to 2,152,408 people reached since the start of the crisis.
- 669 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry as well as toothpaste and a toothbrush – were distributed during the reporting period, reaching 4,648 people across 9 districts. 72,778 hygiene kits have been distributed since the start of the crisis, reaching 493,647 people.
- 821,421 bars of soap were distributed across the country between 13 and 19 July. Since the start of the response, more than 4.62 m bars of soap have been distributed in over 200 districts across the country.
- WASH facility maintenance and the provision of water continues at the Milak (Nimroz) and Torkham border crossings. During the reporting period, WASH activities at the Milak border crossing reached 4,344 people, with 49,240 people reached in this location since the start of the crisis. Similarly, WASH activities at the Torkham border crossing reached 975 people during the reporting period, with 16,100 people reached in this location since the start of the crisis.
- Between 13 and 19 July, 85 handwashing stations have been set up at the community-level in Kabul Informal Settlement. A total of 2,253 handwashing stations have been set up at the community-level in 23 districts across 11 provinces since the start of the crisis.

### Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and natural disaster activities, as well as COVID-19 response needs; hygiene kits tailored for the COVID-19 response are also in high need.
- A few WASH Cluster partners report slower implementation of response activities as a result of COVID-19 lockdown measures and movement restrictions.
- As a result of a more comprehensive response approach to escalating needs due to COVID-19, the WASH Cluster's requirements is now \$152.2 million, up from \$70.9 million in the original 2020 Humanitarian Response Plan.

## Emergency Shelter & NFI

### Needs:

- ES-NFI assessments show that people with COVID-19 symptoms are unable to self-isolate due to overcrowded conditions.
- Returnees and vulnerable households report inability to pay rent due to income loss associated with COVID-19 movement restrictions and now require cash-for-rent assistance, particularly in Kabul and Jalalabad and the north-eastern region. Additional rental assessments are needed across the country.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals. Since the beginning of 2020, a total of 6,591 families (46,137 people) have been affected by natural disasters in Afghanistan across 33 provinces, with Kunar, Farah, Samangan, Nangarhar, Laghman, Faryab and Hirat being the most affected provinces.

**510,463**

people reached with COVID-19 awareness raising efforts by ES-NFI partners since the start of the crisis

### Response:

- During the reporting period, ES-NFI partners reached 3,689 people across 6 provinces with awareness raising sessions on the prevention of COVID-19. 510,463 people in 14 provinces have been reached with key messages since the start of the crisis.



- Between 13 and 19 July, ES-NFI Cluster partners distributed 157 NFI kits to 157 families with confirmed COVID-19 cases. A total of 950 NFI kits have been distributed to 950 families since the start of the crisis.
- During the reporting period, ES-NFI partners completed the installation of 31 refugee housing units (RHU) in Khost. The RHU's were handed over to the local authorities and will be used to enhance the patient admission capacity of Khost University Teaching hospital. ES-NFI Cluster Partners have so far provided 44 RHUs in Khost, Bamyan, Nangarhar and Hirat provinces.

#### Gaps & Constraints:

- The COVID-19 outbreak comes against the backdrop of the flood season and ongoing conflict displacement, which further complicates partners' response capacity. Where they occur, the impacts of flooding and conflict are severe for affected populations.
- Conflict escalation across the country is restricting humanitarian access to affected populations.

## Protection

#### Needs:

- Protection Cluster partners in Hilmand, Kandahar and Nimroz provinces report a worsening economic situation for families as a direct effect of the COVID-19 lockdown. Criminal activities have reportedly increased, particularly cases of armed robberies.
- IDPs and returnees in the centre and south east are concerned about their safety and wellbeing due to ongoing conflict, in addition to the COVID-19 outbreak. Moreover, Protection Cluster partners report that the dual challenge of conflict and COVID-19 has a negative impact on IDP and returnee access to social services and livelihood activities.
- According to Protection Cluster partners in Uruzgan province, the population in Toray and Sola areas in Tirinkot district fear leaving their residential areas due to COVID-19 contamination and conflict.
- IDPs and returnees in Chahal Mitra and Kariaz areas in Lashkar Gah district in Hilmand province are concerned over the lack of hygiene materials and the lack of plans to sanitize public places where large gatherings are taking place.
- There is a need for enhanced psychosocial support services and counselling across the country to address the mental health effects of COVID-19, especially face-to-face counselling.

# 1.68M

people have been sensitised on COVID-19 preventative measures by Protection Cluster partners since the start of the crisis.

#### Response:

- 66,107 people were sensitised on COVID-19 and preventive measures by Protection Cluster partners across the country between 13 and 19 July; 1,684,198 people have been sensitised on COVID-19 preventive measures since the start of the crisis.
- 1,198 people in Hilmand, Kandahar, Logar and Nangarhar provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.
- 2,565 IEC materials on COVID-19 were distributed across 5 provinces during the reporting period; 13,012 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- Between 13 and 19 July, 14 children in Kandahar province received COVID-19 story books; 739 children have received COVID-19 story books since the start of the crisis.
- During the reporting period, 298 persons with specific needs (PSNs) received cash assistance across the country to help them cope with the financial impact of COVID-19. Since the start of the crisis, 2,000 PSNs have received cash assistance.
- 139 COVID-19-specific protection monitoring interviews were conducted in Kandahar, Hilmand and Uruzgan provinces between 13 and 19 July. 2,490 interviews have been conducted since the start of the crisis.
- During the reporting period, 9,136 people across 16 provinces received psychosocial support (PSS) through various modalities. Since the start of the crisis, 207,466 people across 20 provinces have received PSS to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 565 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak border crossing, with 9,313 interviews conducted across all border crossings since the start of the crisis.
- Protection Cluster partners in Badakhshan and Takhar provinces distributed 3,554 washable face masks between 13 and 19 July to help to mitigate against the spread of COVID-19.

#### Gaps & Constraints:

- There is need for an expansion of child protection services in hard-to-reach areas.
- Most PSS centres offering face-to-face counselling are currently closed due to COVID-19 movement restrictions and/or due to the need to maintain physical distancing measures. Due to the lack of privacy in houses, individuals in need of

PSS report that they are unable to share their concerns in a confidential manner. Moreover, many of the female PSS counsellors do not have phones, limiting options for women to reach out to them.

## Food Security

### Needs:

- Some 12.4 million people are in acute food insecurity, 4 million of whom are in 'emergency' levels of food insecurity (IPC 4).
- While the Agricultural Prospect Report indicates a favourable wheat production, chronic wheat deficit against the yearly domestic demand remains. During the COVID-19 pandemic, the continued higher price of this staple good has significant impact on household's ability to adapt. Continued distributions of fortified wheat to the most vulnerable is needed to ensure that people can meet their basic daily caloric intake.
- Although prices of staple goods show signs of stabilising, prices continue to be higher than pre-crisis levels. The price control measures will continue to be required if border closures continue to have an impact on the availability of foodstuff in regional markets.
- A joint rapid assessment by FAO and MAIL found an ongoing negative impact on farmers and herders due to COVID-19-related restrictions. Further assistance to facilitate on-time cultivation, processing of produce, and improve market functionality is needed. Of particular concern are Kuchi populations; the majority of whom reported restrictions impacting central livelihood activities.

# 12.4M

people are living in a crisis or emergency food insecurity in Afghanistan (IPC 3 & 4) (June-November)

### Response:

- As part of its regular programming<sup>‡</sup>, WFP dispatched more than 55,000MT of food; distributed over 51,000MT of food; and disbursed over \$5.8 million in cash-based transfers between 5 March and 15 July. Overall, between 5 March and 15 July more than 5.5 million people have been reached with food assistance.
- The delivery of assistance to COVID-19-affected people alongside the distribution of seasonal food support is continuing across the country.
- FSAC is preparing to launch the yearly Seasonal Food Security Assessment with data collection to occur in the post-harvest phase of August 2020.

### Gaps & Constraints:

- The Spin Boldak crossing point continues to be impacted by closures which may have future impact on market prices for staple goods in the south.
- The strain on pipelines for importing humanitarian foodstuffs continues to be felt with ongoing logistical bottlenecks at major hubs such as Karachi Port in Pakistan. Humanitarians request that administrative procedures and exemption certificates be provided through a fast-tracked process to mitigate against further delays.
- There remain shortages in the availability of key staple humanitarian foodstuffs, necessitating adjustments of food baskets in terms of the diversity of items available for regular distributions. A lack of dietary diversity can negatively impact beneficiaries' health and resistance to health shocks.
- Continued COVID-19-related lockdown restrictions have forced staff members not working on frontline activities to work remotely, which has negatively impacted on their ability to collect biometric data and thus carry out data de-duplication work.
- During the reporting period, FSAC partners report a decrease in the number of access impediments caused by both Government and NSAGs. However, some ad-hoc access impediments have been reported in the West related to the movement of food trucks.

<sup>‡</sup> The tonnage of weekly dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

## Education

### Needs:

- Education is an undeniable right of children, in times of stability and crisis. Alternative education arrangements are needed to ensure millions of children do not miss out on critical learning.
- More than 7m 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.

# 53,527

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

### Response:

- The Education in Emergencies (EiE) Working Group is supporting the Government of Afghanistan in their efforts to facilitate the continuity of education for all through remote learning.
- 875 children have been reached with EiE-developed home-based learning materials during the reporting period. A total of 53,527 children across 13 provinces have been reached with home-based support since the start of the COVID-19 crisis. EiE Working Group partners aim to reach more than 250,000 children with home-based learning materials during the school closure period as a part of their COVID-19 response plan.

### Gaps & Constraints:

- Lack of access to TV, electricity and even radios – especially in rural areas – to participate in home learning.
- There is a need to revise/extend self-learning materials to supplement in-class lessons.
- There is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant for when schools/CBEs re-open.
- There is need to improve the provision of child-friendly, age and gender-appropriate awareness messages on anxiety, fear and promoting self-care strategies.
- Flexibility is required from donors to factor-in delays in the programme implementation period.

## Nutrition

### Needs:

- Malnutrition is putting people at increased risk from COVID-19. Under-nourished people have weaker immune systems exposing them to greater risk of severe illness due to the virus. For instance, a severely undernourished child is nine times more likely to die from common infections than a well-nourished child.
- The Nutrition Cluster urges all parties to ensure access to the most vulnerable provinces and people impacted by food insecurity and COVID-19. This includes reaching the most vulnerable with adequate health and nutrition services (especially children under five and mothers/PLW).

# 75,951

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

### Response:

- Between 13 and 19 July, 15,999 people – including pregnant and lactating mothers – were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners across 10 provinces. A total of 75,951 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners since the beginning of the COVID-19 response.
- 30,434 IEC materials including posters, leaflets and brochures – were distributed by Nutrition partners between 13 and 19 July; 63,310 IEC materials have been distributed by Nutrition Cluster partners since the start of the crisis.
- Mother-led mid-upper arm circumference (MUAC) screening has been prioritised by Nutrition Cluster partners in order to minimise the physical contact between service providers, caregivers and children. 908 children were screened with MUAC tape by their family members during the reporting period. Additional production of MUAC tapes is needed.

### Gaps & Constraints:

- Increased cases of COVID-19 amongst humanitarian workers, including implementing partner staff, are negatively affecting the quality of nutritional services being provided, including SAM and MAM treatment. To ensure the continuation of nutrition services, several Nutrition Cluster partners have begun recruiting Mobile Health and Nutrition Team (MHNT) surge/back-up staff to address the decreased response capacity.
- Although MHNTs are being increased to move services closer to the community, COVID-19 continues to have an effect on health and nutrition service-seeking habits by community members, resulting in delayed nutritional status diagnosis of children, slower nutritional gain and/or lower admission at the facilities.



- Nutrition Cluster partners report a general fear amongst community health workers (CHW) of becoming infected with COVID-19 when carrying out follow-up visits at the community-level threatening willingness of CHWs to carry out critical follow-up visits.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.

## GENERAL COORDINATION

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

The **Humanitarian Access Group** (HAG) continues to support humanitarian organisations with negotiation assistance to enable sustained access for both COVID-19 and ongoing humanitarian activities. The HAG and OCHA sub-offices, together with ACBAR and INSO, continue to reach out to provincial authorities to facilitate humanitarian movement in the face of COVID-19 lockdown measures. The HAG continues to engage with parties to the conflict to facilitate a COVID-19 response that is free from interference. For additional information on access constraints, please see [HAG Quarterly Report \(April to June 2020\)](#).

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 18 July, Awaaz reached 18,456 callers with pre-recorded COVID-19 messages and directly handled 3,075 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women. The COVID-19 pandemic poses several operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April, two functionally identical teams are operating the call centre, separate from each other, on different shifts to reduce the risk of transmission and ensure business continuity.

The **Risk Communication and Community Engagement** (RCCE) Working Group has completed the second round of rumours, responses and guidance notes for RCCE actors. As with the previous round, the responses can be incorporated into information campaigns, for discussions and face-to-face interactions with communities, religious leaders, key influencers, and for mass media outreach. The aim is to ensure that humanitarian, development and media actors are communicating with communities in such a way as to correct misinformation and combat stigmatisation.

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#### Background on the crisis

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

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