

KEY ISSUES

In May 2020, the HAG recorded 73 incidents impacting access for humanitarians, compared to 100 incidents in April¹. The decrease in the number of access impediments is largely due to a decrease in C-19 related access incidents, with 12 incidents recorded in May compared to 39 in April².

Access Impediments Related to C-19 outbreak and its response

In May, only one out of the 12 C-19 related access impediments was linked to a movement restriction, compared to 31 C-19 related movement restrictions recorded in April. While lockdown measures officially remained in place, the reinforcement of these measures was a lot more lenient.

In Balkh, provincial authorities proclaimed a full lockdown effective from end of May, after they had temporarily lifted the lockdown on 10 May, while on 26 May, the government in Kabul issued a new plan to ease the COVID-19 lockdown, which foresaw to allow vehicles to drive around Kabul City, on alternating days according to the last digit of their license plates. However, neither of these plans was strictly implemented, with most shops remaining open and movement being largely unimpeded. Provincial authorities find themselves in a difficult position: With the number of infections increasing rapidly, they need to show that they're taking the necessary measures to contain the further spread of the virus, while accommodating concerns of the business community and day laborers who continue to suffer significantly from the lockdown measures.

More information on the C-19 related access impediments can be found in the C-19 Access Impediment Report.

Military Operations and Kinetic Activity

Conflict activity and ongoing fighting continued to impede humanitarian activities, with 15 incidents recorded in May, out of which eight were authored by NSAG-TB, while ANSF authored another four and three were conducted by ACG. The health sector was particularly affected this month, with four health facilities totally or partially damaged during military operations, including two AAF airstrikes.

On 06 May, in Maydan Wardak Province, ANA fired two mortar rounds towards an NGO-run district hospital and while the facility remained operational, some of its buildings sustained damage. On 16 May, in Farah Province, during ongoing fighting between NSAG-TB and ANSF, an NGO-run district hospital partially collapsed when an NSAG-TB-fired RPG round impacted on the roof of the facility. Eight NGO staff members and one female patient were wounded as a result of the RPG detonation. On 18 May, in Ghazni Province, an NGO clinic was collaterally impacted during an AAF airstrike on a nearby mosque where NSAG-TB members were gathering. On 19 May, in Kunduz Province, AAF conducted at least one airstrike on a NGO-run health facility, where NSAG-TB members were reportedly seeking medical attention. The airstrike resulted in significant damage to the facility and wounded two NGO staff and four civilians.

These attacks highlight once more the extremely challenging conditions under which health workers operate in Afghanistan, as well as the risks patients take when visiting health facilities. The HAG and OCHA, together with other humanitarian partners continue to engage both parties to the conflict, emphasizing that deliberate acts of violence against health facilities and personnel are prohibited under international humanitarian law. In the absence of a ceasefire or a reduction in violence, the No Strike List together with deconfliction remain important mechanisms for the humanitarian community to reduce the risk of such incidents occurring.

Interference in the implementation of humanitarian activities

Economic hardship as a result of the C-19 outbreak led to an increase of interferences in the implementation of humanitarian activities, with 10 out of 16 interference attempts in May linked to C-19. With eight incidents, NSAG-TB continued to author most interference attempts, but the six incidents authored by government officials and ANSF members indicate that they equally feel the economic pressure.

An IO reported that they observed a growing demand for food assistance by provincial authorities, with an increasing number of food distributions impeded by government or ANSF officials competing to serve their constituencies. Meanwhile, in the eastern region, provincial authorities approached a number of humanitarian organizations to request that their staff donate parts of their salaries to the provincial C-19 response.

Not only government officials but also NSAG-TB are trying to obtain more humanitarian services for their constituencies: In Kunduz Province, a humanitarian health partner was approached by NSAG-TB members requesting for a new health facility to be located in their area of control rather than in government controlled territory. In Hirat Province, NSAG-TB temporarily suspended an IO-led food distribution in protest over a ration-cut linked to a non-retroactive distribution policy of the organization.

¹In addition to the 77 incidents reported in the April snapshot, the HAG received late reports of an additional 23 incidents in April.

²In addition to the 30 C19-related access impediments reported in the April snapshot, the HAG received late reports of an additional nine C19-related access incidents in April.

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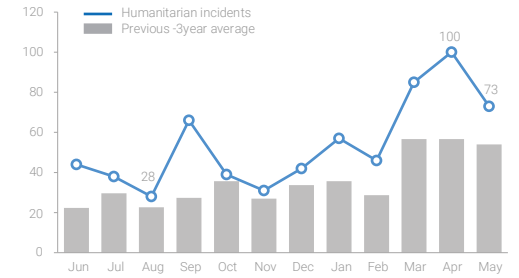
Creation date: 18 June 2020 **Data sources:** Conflict/Access Constrains/Humanitarian Incidents (Various, as of 10 June 2020). These numbers are expected to change as new information becomes available.

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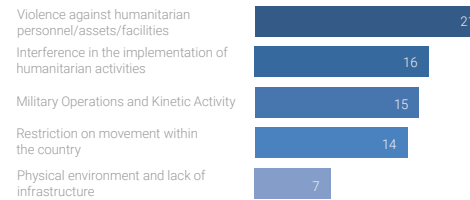
KEY FIGURES

IN MAY	IN 2020	Description
73	364	total number of access incidents
10	40	total incidents related to health workers or facilities
4	13	aid workers killed
14	27	aid workers injured
12	41	aid workers abducted
12	83	Access incidents related to COVID-19

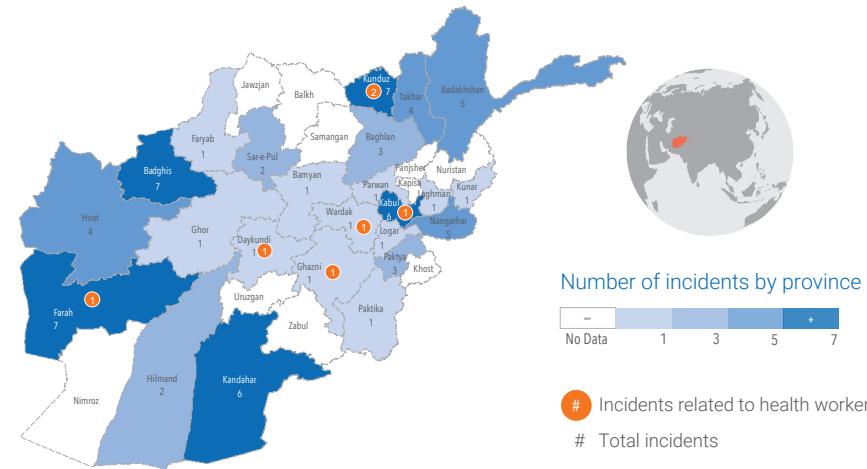
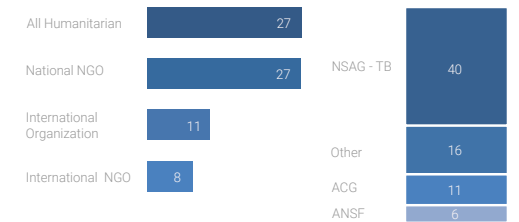
MONTHLY TREND



ACCESS CONSTRAINTS



IMPACTED GROUP/AUTHORED BY



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