

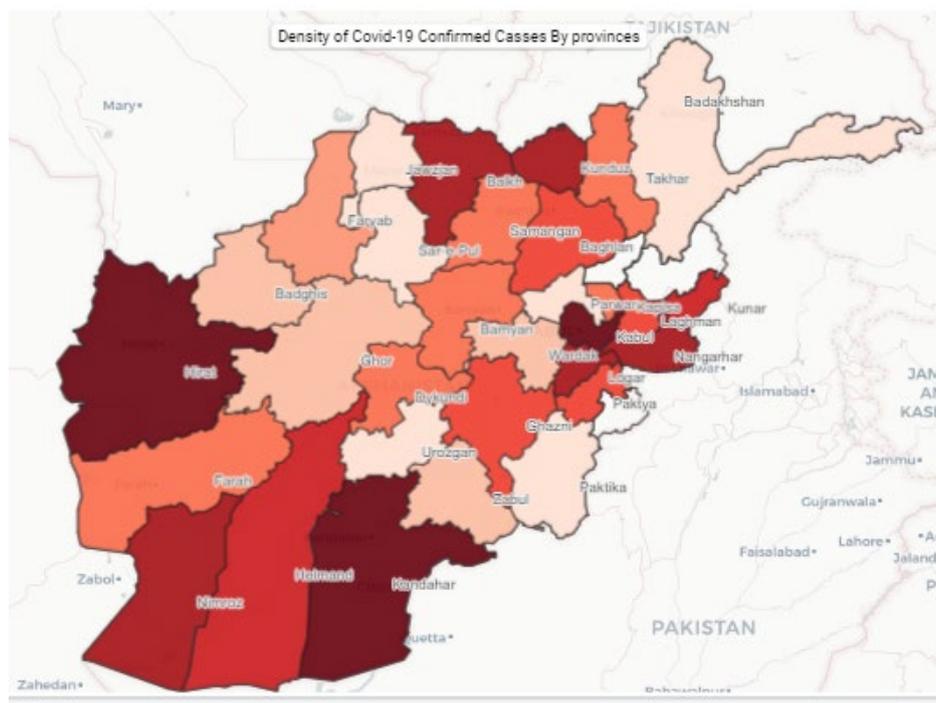
Key Messages: **UPDATED**

- **People confirmed to have COVID-19: 1,486** (as of 6pm, 26 April. Source: Afghanistan Ministry of Public Health - MoPH)
- **Deaths from COVID-19: 50**

Key concerns: Border crossing areas, in-country testing capacity, protective equipment for frontline workers, commodity prices, floods, messaging and rumour management, international air services

Situation Overview: **UPDATED**

MoPH data shows that 1,486 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 212 people have recovered and 50 people have died. Six healthcare workers are among those who have died from COVID-19. Among the fatalities, 33 had at least one underlying disease, the most common of which are cardio-vascular disease and diabetes. The majority were between ages of 40-69. Men between the ages of 40-69 represent 60 per cent of all COVID-19 related deaths. 30,000 diagnostic testing kits are available in-country and the WHO has a supplier in place to provide additional kits as necessary. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul is now the most affected part of the country, followed by Hirat.



Source: MoPH

| | Age 0-19 | | Age 20-29 | | Age 30-39 | | Age 40-49 | | Age 50-59 | | Age 60-69 | | Age 70-79 | | Age 80+ | | Total |
|---|----------|------|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|---------|-----|-------|
| | Girls | Boys | Women | Men | Women | Men | |
| # people confirmed with COVID-19 | 55 | 59 | 122 | 304 | 73 | 312 | 60 | 186 | 49 | 124 | 24 | 85 | 5 | 16 | 4 | 15 | 1493 |
| # deaths from COVID-19 | 1 | 0 | 0 | 0 | 0 | 4 | 2 | 9 | 0 | 7 | 3 | 16 | 0 | 5 | 3 | 0 | 50 |

The Global Network Against Food Crises has released its fourth annual [Global Report on Food Crises](#) report. The report has found that the overall number of people battling acute hunger and suffering from malnutrition is on the rise and the upheaval set in motion by the COVID-19 pandemic may push even more families and communities into distress. At the close of 2019, 135 million people in 55 countries and territories faced crisis-level food insecurity, coupled with an additional 130 million on the edge of starvation prompted by COVID-19, the response to which creates an “excruciating trade-off between saving lives or livelihoods or, in a worst-case scenario, saving people from the coronavirus to have them die from hunger”. At the same time, 17 million children in these 55 countries and territories suffered from wasting due to acute malnutrition, and as many as 75 million had stunted growth due to chronic malnutrition. According to the report, for the second year in a row, Afghanistan had one of the largest populations in Crisis or worse IPC phases.

The report recommends anticipatory actions be taken to safeguard the livelihoods of the most vulnerable. These include:

- Expanding near-real time, remote food security monitoring systems
- Preserving critical humanitarian food, livelihood and nutrition assistance to vulnerable groups
- Positioning food in food-crisis countries to reinforce and scale up social protection systems
- Scaling up support for food processing, transport and local food market and advocating for trade corridors to remain open

The Food Security and Agriculture Cluster is in the process of completing an IPC analysis; final numbers are anticipated to be released shortly.

The Impact of COVID-19 on Women – UN Women

According to a new report released by UN Women, the COVID-19 pandemic is deepening pre-existing inequalities and exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of COVID-19. Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls:

- Compounded **economic** impacts are felt especially by women and girls who are generally earning less, saving less, and holding insecure jobs or living close to poverty.
- While early reports reveal more men are dying as a result of COVID-19, the **health** of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services.
- **Unpaid care work** has increased, with children out-of-school, heightened care needs of older people and overwhelmed health services.
- As the COVID-19 pandemic deepens economic and social stress coupled with restricted movement and social isolation measures, **gender-based violence** is increasing exponentially around the world. In some countries reported cases have doubled. Many women are being forced to ‘lockdown’ at home with their abusers at the same time that services to support survivors are being disrupted or made inaccessible.
- All of these impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined and institutional capacity and services are limited.

In Afghanistan specifically, the UN Women Gender Alert highlights that decades of economic and political crises have disproportionately affected women in Afghanistan. In 2019, Afghanistan ranked 170 out of 189 on the Gender Development Index.

Unlike many other parts of the world where women comprise the majority of health care professionals, in Afghanistan, due to cultural norms around women’s roles outside the home, the number of women healthcare workers is limited. Social norms may dictate that women and girls are the last to receive medical attention when they become ill, which could hinder their ability to receive timely care for COVID-19. As such, women’s ability to access healthcare remains seriously weakened due to limited availability of female health workers.

UN Women emphasises three cross-cutting priority measures to accompany both the immediate response and longer-term recovery efforts:

1. Ensure women’s equal representation in all COVID-19 response planning and decision-making;
2. Drive transformative change for equality by addressing the care economy, paid and unpaid;
3. Target women and girls in all efforts to address the socio-economic impact of COVID-19

Cross Border Concerns: **UPDATED**

The Milak crossing (Nimroz) is formally open only to commercial traffic and documented citizens of Afghanistan; the Islam Qala-Dogharoon land border crossings (Hirat) remain open on both sides for both individuals and commercial traffic. While the number of people returning from Iran this week has been in line with average return rates, IOM emphasises the scale of humanitarian needs of returnees returning from Iran. Close to 100 per cent of returnees are in need of humanitarian post-arrival assistance, compared to the 20 per cent previously estimated.

An analysis of information collected during [UNHCR's border monitoring process](#) from 6-15 April shows that a vast majority of people returning from Iran are coming back to Afghanistan due to the lack of employment opportunities in Iran and due to COVID-19-related fears. Those returning from Pakistan are predominantly coming back to Afghanistan to reunite with family members.

On Saturday, Pakistan temporarily opened its border at Torkham to facilitate the return of Pakistani nationals. Approximately 500 Pakistani nationals returned to Pakistan; 200 citizens of Afghanistan were also facilitated to return home. Pakistan has announced twice weekly border openings, on Tuesdays and Saturdays, to allow Pakistani nationals to return.

Pakistan continues to facilitate the movement of cargo trucks and containers into Afghanistan through the Torkham and Chaman border crossing points three days per week (on Monday, Wednesday and Friday). All trucks carrying humanitarian food supplies which were previously waiting on the Pakistan side of the border have now crossed to Afghanistan. Over the next few weeks, food security partners hope to move more than 1,400MT of food assistance through the northern Torkham border and 117MT through Spin Boldak crossing. Humanitarians emphasise the critical importance of maintaining a reliable flow of traffic for humanitarian cargo and advocate for special consideration to expedite humanitarian food and relief items through border crossings.

Borders with Tajikistan, Uzbekistan and Turkmenistan remain open only for commercial traffic and crossings of passport holders back to Afghanistan.

Operational Issues:

'**Measured lockdowns**' instituted to limit the exposure of residents to COVID-19 continue throughout the country, resulting in closures of sections of each city and/or movement limitations. Humanitarian personnel have received permission to continue their duties amid the movement restrictions; however, NGOs report periodic delays and complications. Humanitarians continue to urge the Government to employ a national approach to these issues so that individual negotiations are not required on a case-by-case basis. The closure of government institutions due to movement restrictions may create new coordination challenges for humanitarian agencies.

The United Nations Humanitarian Air Service (UNHAS) has started airbridge service connecting flights from Kabul to Doha. Flights into Doha accommodate transiting passengers only. The next flight is planned for 30 April. UNHAS intends to maintain flights every Tuesday, Thursday, and Sunday, pending demand. UNHAS has circulated updated booking guidance.

More Information – Links: **UPDATED**

WHO

- [WHO's latest information on COVID-19](#)
- [WHO COVID-19 Global Dashboard](#)
- [Interim guidance: Safe Ramadan practices in the context of COVID-19](#)
- [Interim guidance: Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](#)
- [How to include marginalized and vulnerable people in RCCE](#)

Inter-Agency Standing Committee

- [IASC-endorsed COVID-19 guidance – new materials available](#)

UN and others

- [UNHCR: Livelihoods Short Guidance on COVID-19 Response](#)

- [Open letter on urgent call to fund the global emergency supply system to fight COVID-19](#)
- [UNHCR/UNICEF: Joint Statement on children during Covid-19 \(20 April\)](#)
- [UNHCR: Press statement on the heightened risk of GBV faced by displaced and stateless women and girls during the coronavirus pandemic](#)
- [UN SG: Statement on Human rights](#)
- [UNHCR: Press statement on long-term damage to human rights and refugee rights due to COVID-19](#)
- [UN: COVID-19 and Human Rights policy brief](#)
- [UN Women: Policy Brief: The impact of COVID-19 on Women](#)
- [Ministry of Public Health: COVID-19 Dashboard](#)
- [Relief Web: COVID-19 Response Page](#)
- [IOM: Dashboard on impacts of the COVID-19 pandemic on human mobility](#)

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