The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

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This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 6 and 12 July 2020.

**HIGHLIGHTS**

- As of 15 July, 34,994 people in Afghanistan have tested positive for COVID-19; 1,094 have died and 22,456 have recovered.
- Since the start of March, partners have traced 568,453 people through Health Cluster surveillance networks, delivered WASH assistance to more than 2.1 million people and reached 52,742 children with home-based learning material across the country.

**SITUATION OVERVIEW**

MoPH data shows that as of 15 July, 34,994 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 22,456 people have recovered, and 1,094 people have died (54 of whom are healthcare workers). 81,934 people out of the population of 37.6 million have been tested. 10 per cent of the total confirmed COVID-19 cases are among healthcare staff. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Nangarhar and Kandahar provinces.

The Government of Afghanistan’s nationwide lockdown measures remain in place. According to reports, 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. While provincial lockdown measures continue to periodically impede humanitarian movement, the situation has significantly improved in the last few weeks, with fewer obstructions reported.

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 12 per cent between 14 March and 15 July, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 31 per cent, 21 per cent, 34 per cent, and 20 per cent, respectively, over the same period. FSAC partners have also noted that the purchasing power of casual labourers and pastoralists has deteriorated by 3 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 week, ES-NFI Cluster partner assessment teams identified 136 conflict-affected families across 3 provinces to receive NFI assistance. 49,893 women received antenatal and postnatal care from midwives deployed through Mobile Health Teams (MHTs). 3,974 people were treated for trauma care by Health Cluster partners. 763 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 3,074 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM) during the reporting period. 1,036 children under the age of 5 years received blanket supplementary feeding. 1,681 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 3,165 caregivers received Infant and Young Child Feeding (IYCF) counselling and maternal counselling during the reporting period. 609 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 96 Gender-Based Violence (GBV) cases across 6 provinces were identified and referred for case management to Family Protection Centres (FPCs). Four children received integrated
case management services in Balkh province. 1,151 dignity kits were distributed to women and girls across 9 provinces. As part of its regular programming, WFP distributed food to 167,002 food insecure people between 2 and 8 July.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

<table>
<thead>
<tr>
<th>Country-level coordination and response planning</th>
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<tbody>
<tr>
<td>• Health partners continue to support Government-led planning and response.</td>
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<tr>
<td>• Humanitarian partners finalised the revised Humanitarian Response Plan (HRP), integrating COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian and protection assistance, humanitarian partners have prioritised 11.1 million to receive immediate assistance in 2020, for which US$1.1 billion is required.</td>
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<td>• OCHA has submitted Afghanistan inputs to the next edition of the Global HRP, reflecting the revised HRP numbers. The next GHRP edition is expected to be published in the coming days.</td>
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<td>• The COVID-19 ONE UN Response Plan was finalised and presented to the Government and UN Country Team.</td>
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<th>Risk communication and community engagement (RCCE - accountability to affected populations)</th>
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<tr>
<td>• The RCCE Working Group has produced 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.</td>
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<tr>
<td>• 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.</td>
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<td>• IOM has set up billboards in all four border provinces with Pakistan and Iran.</td>
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<td>• The new AAP adviser has begun work with OCHA to support accountability aspects of both the COVID-19 and ongoing response in line with the Collective Approach to Community Engagement strategy. The revitalised AAP Working Group will meet for the first time on 20 July.</td>
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<tr>
<td>• IOM has reached 146,466 people with hygiene practices and COVID-19 prevention awareness raising sessions.</td>
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<td>• More than 4,584,364 people have been reached with RCCE messages by partners.</td>
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<th>Surveillance, rapid response teams, and case investigation</th>
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<tr>
<td>• 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 olio campaign will resume in the country’s east in the coming weeks and will be linked with COVID-19 surveillance activities.</td>
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<td>• 74 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities.</td>
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<td>• 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.</td>
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<tr>
<td>• Health Cluster partners’ surveillance system has traced 568,453 people since the start of the crisis.</td>
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<tr>
<td>• IOM MHTs have trained more than 400 Community Health Workers on COVID-19 awareness, prevention, identification and referrals.</td>
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<tr>
<td>• 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.</td>
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<tr>
<td>• 3,213 healthcare workers were trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas.</td>
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<th>Points of entry</th>
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<td>• 12 MHTs and 4 IOM TB/COVID-19 screening teams are deployed to major border crossing points.</td>
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<td>• 489,242 people were screened at points of entry by Health Cluster partners.</td>
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<td>• Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan.</td>
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<tr>
<td>• 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.</td>
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<th>Laboratories</th>
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<td>• 12 laboratories are now operational. Afghanistan currently has capacity to carry out 2,000 tests per day.</td>
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<td>• 128 healthcare workers have been trained in medical laboratory testing.</td>
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<tr>
<td>• Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.</td>
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* 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.
<table>
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<tr>
<th>Category</th>
<th>Key Figures</th>
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| Infection prevention and control (IPC) | - More than 25,000 units of PPE were provided to MoPH by WHO. However distribution of PPE remains a problem.  
- Similarly, IOM has supplied more than 36,000 units of PPE across 6 provinces.  
- Infection Prevention and Control (IPC) training has been provided to 4,124 healthcare workers.                      |
| Case management                   | - 24 isolation wards have been opened by partners since the start of the crisis.                                                                                                                             |
| Operational support and logistics | - The Logistics Working Group (LWG) has started its work to address logistics issues during the COVID-19 response.  
- 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. |
| Continuation of essential services | - The last 3W showed no reduction in presence of humanitarian partners but a slight reduction in districts reached. The next 3W is currently under development.  
- 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). |

### Key COVID-19 Cumulative Response Figures

<table>
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<tr>
<th>Area</th>
<th>Highlights</th>
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| Health                            | - 34,000 polio surveillance volunteers engaged in surveillance, case identification and contact tracing.  
- 8,954 polio surveillance volunteers have been trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing.  
- 489,242 people screened at points-of-entry by Health Cluster partners.  
- 4,584,364 people reached with risk communication and community engagement messages.  
- 568,453 people traced through Health Cluster surveillance systems since the start of the crisis.  
- More than 25,000 units of PPE provided to MoPH by Health Cluster partners.  
- IPC training conducted for 4,124 healthcare workers.  
- 3,213 healthcare workers trained in surveillance and risk communication in contested areas.  
- 2,000 beds made available for isolation and intensive care.  
- Medical equipment provided for 1,642 isolation wards across all 34 provinces.  
- 160 healthcare workers trained in Mental Health and Psychosocial Support (MHPSS) since the start of the crisis.  
- 214 healthcare workers trained in Intensive Care Unit (ICU) care.  
- 128 healthcare workers trained in medical laboratory testing.  
- 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. |
| Water, Sanitation and Hygiene      | - 2,116,878 people reached with WASH assistance since the start of the crisis – including through hygiene promotion, handwashing and distribution of hygiene kits.  
- 72,109 hygiene kits distributed, reaching 488,999 people.  
- More than 3.79m bars of soap have been distributed in 206 districts across the country.  
- More than 29,500 people at the Islam-Qala border crossing, 44,896 people at the Milak crossing and 15,125 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water.  
- 2,168 handwashing stations set up at the community-level in 21 districts across 11 provinces.  
- 14,600 hand washing stations set up in health facilities in 14 districts across 6 provinces.  
- 48 hand washing stations set up in schools across 9 districts. |
| Emergency Shelter & NFI           | - 506,774 people (in 14 provinces) reached with awareness raising sessions on prevention of COVID-19.  
- 11,052 IEC materials distributed across nine provinces.  
- 793 NFI kits distributed to 426 families at-risk from COVID-19.  
- 771 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community.  
- 10 family tents and 46 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 Afghan nationals newly returning from Iran. |
| Protection                         | - More than 1.6 million people sensitised on COVID-19 and preventive measures across the country.  
- 10,447 IEC materials distributed since the start of the crisis.  
- 2,351 people interviewed using the COVID-19 specific protection monitoring questionnaire.  
- Protection partners conducted 8,748 border monitoring interviews since the start of the crisis.  
- 198,330 people received psychosocial support to cope with the mental health effects of COVID-19.  
- 725 children have received COVID-19 story books.  
- 1,702 persons with specific needs (PSNs) have received cash assistance across the country to help them cope with the financial impact of COVID-19. |
Health

Needs:
- COVID-19 is rapidly spreading across Afghanistan, with a steep surge in the number of confirmed cases during the last weeks of June/early July. 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 approaching peak.
- Continuation of all health services – including the availability of primary care for vulnerable people and community engagement to combat misinformation – is critical.

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. COVID-19 testing is not operating at full capacity due to operational challenges.
- During the reporting period, Health Cluster partners have opened four new isolation wards. 24 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.

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 of washing hands regularly using soap, water or alcohol-based hand gel as a COVID-19 preventative measure.

† 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.
Response:
- Between 6 and 12 July, 55,392 people were reached with WASH assistance, bringing the total to 2,116,878 people reached since the start of the crisis.
- 1,091 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 8,102 people across 6 districts. 72,109 hygiene kits have been distributed since the start of the crisis, reaching 488,999 people.
- 7,779 bars of soap were distributed across seven districts throughout the country between 6 and 12 July. Since the start of the response, more than 3.79 m bars of soap have been distributed in 213 districts across the country.
- WASH facility maintenance and the provision of water continues at the Milak (Nimroz) border crossings. During the reporting period, WASH activities at the Milak border crossing reached 3,189 people, with 44,896 people reached in this location since the start of the crisis.
- Between 6 and 12 July, 92 handwashing stations have been set up at the community-level in Kabul Informal Settlement. A total of 2,168 handwashing stations have been set up at the community-level in 21 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. 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 individuals) 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.

Response:
- During the reporting period, ES-NFI partners reached 898 people across 10 provinces with awareness raising sessions on the prevention of COVID-19. 506,774 people in 14 provinces have been reached with key messages since the start of the crisis.
- 361 IEC materials were distributed across 5 provinces during the reporting period. ES-NFI Cluster partners have distributed 11,052 IEC materials across 9 provinces since the start of the response.
- Between 6 and 12 July, ES-NFI Cluster partners distributed 313 NFI kits to 313 families with confirmed COVID-19 cases. A total of 793 NFI kits have been distributed to 739 families since the start of the crisis.
- During the reporting period, ES-NFI Cluster partners provided 4 multi-purpose tents and 20 tarpaulins to MoPH in Kabul. The tents are to be used for screening, outpatient treatment, accommodation/duty stations for doctors and other medical personnel as well as collecting samples for COVID-19 by MHTs.

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 the population and humanitarian assistance remains essential.
- Conflict escalation across the country is restricting humanitarian access to affected populations.
- The COVID-19 pandemic has impacted ES-NFI programming and the distribution of NFI items.
Protection

Needs:

- Protection Cluster partners report that 100 families in Kochi Khel and Hazara Khel villages in Arghandab district, Zabul province, have lost their livelihood during the COVID-19 lockdown and/or due to the intensification of the conflict, resulting in increased vulnerability. Similarly, Protection Cluster partners in Hirat and Badghis province report that some parents and caregivers are unable to meet their children’s most basic needs due to increasing prices and loss of livelihoods as a result the COVID-19 pandemic.

- According to a recent report produced by the Afghan Ministry of Women’s Affairs and the Afghan Independent Human Rights Commission, domestic violence (including physical, verbal and psychological) has increased in central region due to COVID-19-related lockdown measures and movement restrictions.

- There is a need for enhanced psychosocial support services and counselling across the country to address the mental health effects of COVID-19. In Nangarhar, Kunar, Balkh, Kunduz, Kandahar and Logar provinces, Protection Cluster partners report that community members – including children – are in need of enhanced psychosocial and mental health support to cope with the situation.

Response:

- 77,824 people were sensitised on COVID-19 and preventive measures by Protection Cluster partners across the country between 6 and 12 July; 1,618,081 people have been sensitised on COVID-19 preventive measures since the start of the crisis.

- 12,977 people across 12 provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.

- 1,012 IEC materials on COVID-19 were distributed across 5 provinces during the reporting period; 10,447 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.

- Between 6 and 12 July, 90 children in Kandahar province received COVID-19 story books; 725 children have received COVID-19 story books since the start of the crisis.

- During the reporting period, 241 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, 1,702 PSNs have received cash assistance.

- 135 COVID-19-specific protection monitoring interviews were conducted in Kandahar, Hilmand and Uruzgan provinces between 6 and 12 July. 2,351 interviews have been conducted since the start of the crisis.

- During the reporting period, 7,715 people across 14 provinces received psychosocial support (PSS) through different modalities. Since the start of the crisis, 198,330 people across 20 provinces have received PSS to help them cope with the mental health-related consequences of COVID-19.

- During the reporting period, 433 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak border crossing, with 8,748 interviews conducted across all border crossings since the start of the crisis.

- Protection Cluster partners in Badakhshan, Faizabad and Takhar provinces distributed 11,000 washable face masks between 6 and 12 July to help to mitigate the spread of COVID-19.

Gaps & Constraints:

- All Child Protection-related activities with larger gatherings have been suspended in Hirat province, including: children’s weekly classes; regular trainings for field staff on child development; and regular meetings with community and religious leaders on child protection.

- There is urgent need for increased economic and livelihood opportunities, as well as cash transfers to prevent negative coping mechanisms amongst affected population, such as child marriage and child labour.

- There is currently limited funding to support programming activities addressing child labour.
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).
- The Agricultural Prospect Report indicates a favourable wheat production for Afghanistan in 2020. However, even in good harvest years, Afghanistan remains dependent on wheat imports to fulfill its yearly wheat demand.
- Although prices of staple goods are showing signs of stabilising, prices continue to be higher than pre-crisis levels.

Response:

- As part of its regular programming\(^\d\), WFP dispatched more than 53,000MT of food; distributed over 51,000MT of food; and disbursed over $5.3 million in cash-based transfers between 5 March and 8 July. Overall, between 5 March and 8 July more than 5.3 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 has increased the volume of its distributions since the onset of COVID-19, with double ration measures taken to mitigate the consequences of the virus for food insecure and acutely vulnerable households.
- FSAC is in the final stages of planning 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 has remained closed for commercial traffic since mid-June due to protests, with an estimated 4,000 trucks stuck waiting to cross into Afghanistan. Torkham border crossing site remains open but is plagued with administrative irregularities that have caused unrest amongst drivers.
- Shortages in the availability of key staple humanitarian foodstuff has forced the adjustment of humanitarian food baskets in terms of the diversity of items available for regular distributions. The lack of dietary diversity can negatively impact beneficiary health and resistance to health shocks.
- FSAC partners report access impediments caused by both Government and NSAG actors including interference and levy requests, creating additional delays to ongoing distributions as partners are forced to conduct individual negotiations on a case-by-case basis.
- 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.
- Increased cases of COVID-19 – both confirmed and suspected – amongst humanitarian workers including implementing partner staff, have forced staff members not working on frontline activities to work remotely, which reduces the overall tempo of programming activities. While life-saving activities continue, work from home modalities continue to affect the ability for most FSAC partners to conduct trainings and monitoring activities.
- Country office staff for most FSAC partners have been limited in their ability to conduct field missions. Moreover, regional focal points are mostly self-isolated at home causing a temporary gap in direct field-country office coordination and interactions with beneficiaries.

\(^\d\) 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.

**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.
- 2,100 children have been reached with EiE-developed home-based learning materials during the reporting period. A total of 52,742 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.
- 12,811 children were reached with COVID-19 IEC-material across 11 provinces between 6 and 12 July, with 77,640 children reached since the start of the crisis.
- 309,002 children were reached COVID-19 awareness and preventive measures through TV and radio during the reporting period; 318,970 children have been reached with preventive measures through TV and radio across 16 districts in 4 provinces since the start of the COVID-19 crisis.

**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.
- As of early June, the Ministry of Education stopped ‘Small Group Learning’, an important model for supporting children’s continued education in the areas where there is no access to distance and self-learning options. Options to reopen “Small Group Learning” – in line with health guidelines of physical distancing – are needed to ensure the critical education window is not missed.

### 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 the Government of Afghanistan 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).

**Response (No updated numbers received for this reporting period):**
- Between 6 and 12 July, 12,267 people – including pregnant and lactating mothers – were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners across 9 provinces. A total of 59,952 people across the country have been sensitised on COVID-19 preventive measures by Nutrition partners since the beginning of the COVID-19 response.
- 32,676 IEC materials including posters, leaflets and brochures – were distributed by Nutrition partners between 29 June and 5 July; 33,238 IEC materials have been distributed since the start of the crisis.
- In an effort to reduce the spread of COVID-19, Mobile Health and Nutrition Team’s (MHNT) are enforcing hygiene measures including hand washing and physical distancing upon entering MHNT service sites.
Nutrition Cluster partners continue to adapt the guidance notes on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) programming to minimise physical contact, for instance by distributing two-week’s worth of ready-to-use therapeutic foods (RUTF).

Gaps & Constraints:

- Anthropometric measurement, such as height measurement, has been stopped to minimise physical contact and reduce the risk of COVID-19 at nutrition facilities.
- 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. 1,275 children were screened with MUAC tape by their family members during the reporting period. Additional production of MUAC tapes is needed.
- 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 diagnosis of children for their nutritional status, slower nutritional gain and/or lower admission at the facilities.
- Nutrition Cluster partners report that there is a general fear amongst community health workers of becoming infected with COVID-19 when carrying out follow-up visits at the community-level.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.

GENERAL COORDINATION

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 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 11 July, Awaaz reached 17,763 callers with pre-recorded COVID-19 messages and directly handled 3,009 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 Cash and Voucher Working Group (CVWG), released analysis from the second round of data collection under the Afghanistan Joint Market Monitoring Initiative (JMMI). Data from the second round of the JMMI was collected between 8 and 21 June, in 29 provinces. According to the report, market access for all population groups has been impacted by the pandemic. Moreover, supply chain has been interrupted in a number of places across the country, with 19 per cent of interviewed vendors reporting difficulties in obtaining enough commodities to meet demand in the last 30 days. The cost of a Minimum Expenditure Basket has decreased by four per cent, whereas the cost of a food basket has decreased by eight per cent, compared to the first JMMI round (23 April – 8 May). For additional information, please see the latest JMMI Situation Overview.
<table>
<thead>
<tr>
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</table>

**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.

For further information, please contact:

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For more information, please visit [www.unocha.org](http://www.unocha.org) [www.reliefweb.int](http://www.reliefweb.int) [https://www.humanitarianresponse.info/operations/afghanistan](https://www.humanitarianresponse.info/operations/afghanistan)