

# **Humanitarian Access Strategy for COVID-19 Response**

## **Afghanistan, 23 March 2020**

### ***Purpose and rationale***

The purpose of this Humanitarian Access Strategy for the 2020 Afghanistan COVID-19 response is to assist humanitarian partners in achieving the additional activities and requirements stemming from the spread of the COVID-19 virus, with a particular focus on access related impediments to the response.

### ***Contextual Analysis***

The outbreak of COVID-19 is likely to significantly affect Afghanistan due to its weak health system and limited capacity to deal with major disease outbreaks. Afghanistan's close proximity to the Islamic Republic of Iran – a global hotspot for the virus – puts the country at heightened risk, with tens of thousands of people and commercial movements across the border from Iran each day. High internal displacement, low coverage of vaccination 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.

As of 25 March, there were 74 confirmed COVID-19 cases in Afghanistan across 12 provinces, including Kabul, with a high likelihood of many more unconfirmed cases due to a limited amount of testing kits and laboratories. The first death from COVID-19 was confirmed on 22 March in Balkh Province involving a 40-year man with no travel history outside the country, which signals community level spread.

Given the prevalence of COVID-19 in Iran, prevention and preparedness activities in Afghanistan will initially focus on provinces and districts that are considered to be at highest risk due to the volume of cross-border movement. This initial three-month plan is primarily focused on the 25 districts that are the primary destinations for returnees from Iran, with Hirat, Nimroz, Kabul, Balkh, Faryab being at the highest risk due to their greater connectivity to outbreak provinces in Iran. The Afghan Minister of Health warned that up to 16 million Afghans could get infected, resulting in deaths in the tens of thousands.

It is considered almost certain that the virus will spread to other provinces, with rapid community transmission favoured by a current lack of awareness about social distancing and crowded living conditions. Beyond areas already affected, large IDP settlements and areas with limited access to health and WASH facilities are most at risk.

### ***Access Impediments***

Community acceptance will be key for a successful COVID-19 response and access to beneficiaries. Acceptance for the COVID-19 response needs to be newly established and cannot be taken for granted, with a lot of community mistrust and misperceptions about this virus linked to widespread misinformation on social media and other media sources. In a deeply religious society with a high illiteracy rate, people

rely on religious leaders for guidance who are not always in line with the official government line or science, continuing to gather people for prayers and encouraging religious studies against the spread of the virus.

Despite the US-Taliban Agreement, fighting between government and NSAG-TB continues to impede access, with an additional risk of NSAG-ISK exploiting the current disorder to launch new attacks.

In some areas, local powerbrokers and strongmen are likely to interfere with the COVID-19 response, with the ongoing political uncertainty following the results of the 2019 Presidential election further complicating the situation on the ground. General mistrust in the government and its capacity to manage this crisis further increases the risks for civil unrest.

The spread of COVID-19 and the planned humanitarian response will also lead to new access concerns: The Afghanistan-Pakistan border is closed for passengers, with only short time windows to allow for commercial items to pass, thereby affecting the supply of critical relief items – notably food, while the government-ordered lockdown in Herat impeded humanitarian activities.

Such access impediments are expected to increase over the following weeks and will specifically impact certain target groups.

Target Group	Risk	Access Impediment
Returnees from Iran and/or people with symptoms	<ul style="list-style-type: none"> <li>• Discrimination/harassment by community and accusations of being responsible for COVID-19 outbreak in Afghanistan;</li> <li>• Improper treatment in government established quarantine camps;</li> <li>• Lack of proper tracking of returnees and no data on their relocation areas;</li> </ul>	<ul style="list-style-type: none"> <li>• Reluctance to openly speak about background, movement plans, symptoms and/or seek timely medical attention;</li> <li>• Prevented from receiving proper medical services</li> <li>• Difficulty for health actors to access people in need or conduct proper tracing</li> </ul>
Foreigners and expat staff members	<ul style="list-style-type: none"> <li>• Increased animosity towards foreigners for allegedly spreading COVID-19;</li> <li>• Reduction of international footprint among humanitarian community;</li> </ul>	<ul style="list-style-type: none"> <li>• Limited field travel and community engagement of expat staff members;</li> <li>• Reduced operationality;</li> </ul>

Humanitarians providing COVID-19 response	<ul style="list-style-type: none"> <li>• Community reluctance to follow prescribed protection measures and seek medical attention due to misinformation and rumours;</li> <li>• Misinformation and lack of protective equipment creates fear among responders;</li> <li>• Government/NSAG-TB interference in beneficiary selection;</li> <li>• Lack of clear government structures due to ongoing political dispute between Ghani and Abdullah;</li> <li>• Lockdown of major cities, including airports and closures of major highways;</li> <li>• Suspension of domestic flights or reduction in number of flights;</li> <li>• Ongoing fighting, including government airstrikes and NSAG-TB checkpoints along roads;</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty to gain acceptance and access to community;</li> <li>• Difficulty for organisations to find qualified personnel willing to respond in hot spots;</li> <li>• Difficulty to access those most in need;</li> <li>• Delayed response and lack of clarity on who to contact within the government, especially on a provincial level;</li> <li>• Limited possibility to implement COVID-19 response activities and reach people in need;</li> <li>• Limited access to target locations and people in need;</li> <li>• Lack of safe and secure passage and limited access to safely deliver response activities;</li> </ul>
Beneficiaries living in crowded settlements	<ul style="list-style-type: none"> <li>• Heightened risk of infection;</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access to/possibility to implement necessary protection measures, including social distancing and WASH facilities;</li> </ul>
Beneficiaries	<ul style="list-style-type: none"> <li>• Inconsistent and politicised COVID-19 response due to ongoing political dispute between Ghani and Abdullah;</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary selection and their access to health services dependent on their political affiliation;</li> </ul>

	<ul style="list-style-type: none"> <li>• Misinformation about the spread of the virus and efficient protection measures, with certain religious leaders further spreading misconceptions;</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary reliance on religion instead of proper healthcare to treat symptoms;</li> </ul>
Female beneficiaries	<ul style="list-style-type: none"> <li>• Not enough female responders and gender-segregated wards.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access to health care for female beneficiaries.</li> </ul>

### ***Monitoring and Reporting on Access Impediments***

In order to constantly adapt and improve the access strategy of the COVID-19 response and guide advocacy efforts with government and NSAG-TB, the HAG will monitor and record access constraints resulting from the COVID response and their impact on the humanitarian response. In order to minimize the workload, partners are encouraged to use the established access impediments reporting mechanisms, with the HAG then ensuring that COVID-19 specific access impediments are captured separately.

### ***Advocacy***

The HAG and CASU will continue to advocate for safe, timely and unhindered access for the COVID-19 response. This includes in particular:

#### ***Movement into and within the country:***

- Support to the HC and donors in their advocacy for borders to remain open for relief items and movement of humanitarian staff. With international flights to and from Kabul being suspended, HAG efforts to establish an international air bridge are key to maintain staff movement in and out of Afghanistan, with particular focus on medevac options.
- The HAG also supports the HC advocating on highest political levels for visa exemptions for humanitarian staff responding to the COVID-19 outbreak.
- Continued engagement with the NSAG-TB leadership to establish mechanisms for unhindered access of relief items and humanitarian staff linked to the COVID-19 response, including free movement along NSAG-TB controlled roads and non-interference with beneficiary selection or staff recruitment as defined in the Joint Operating Principles (JOPs).
- Due to the ongoing conflict, road access to many places remains a challenge, with the humanitarian community's ability to reach affected areas being highly dependent on the services of UNHAS and PACTEC. It is therefore key for the HAG to continue advocating for UNHAS and PACTEC to maintain and expand flights within Afghanistan to enable a broad and efficient COVID-19 response.

### *Military Operations and conduct of hostilities:*

- Continued support to the HC in engaging the government and NSAG-TB leadership on the possibility of jointly responding to COVID-19, including in defining most vulnerable areas. With ongoing fighting impeding a fast and efficient COVID-19 response, the HAG will continue to advocate for a renewed reduction of violence.
- Continued engagement with IMF and ANDSF using established CMCoord mechanisms, including outreach to Afghan security forces for the respect of IHL as the Afghan government envisages movement restrictions and confinement centres. Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.
- OCHA regional offices play an important role in addressing and if necessary, elevating CMCoord issues linked to the COVID-19 response at a regional level, including at border crossing points.
- Sensitize both the Afghan government and the NSAG-TB leadership on the problem of powerbrokers who might use the situation for personal enrichment or abuse of power.

### *Coordination*

- For the time being and in order to respect 'social distancing' measures, the HAG and NNGO HAG will not meet in person, with OCHA regional offices deciding on meeting mechanisms for the regional HAG. However, close contact to HAG members will be maintained through other means, including weekly 'HAG updates' by mail and monthly skype/zoom meetings.
- Sensitize humanitarian partners to continue using the JOPs for engagement in bilateral and joint negotiations with authorities.
- The HAG remains the main forum to collect information on access impediments linked to the COVID-19 outbreak and response. While reporting mechanisms remain the same as for 'normal' access impediments, renewed guidance will be sent to HAG members and the HAG will work with the health cluster and Awaaz to ensure all constraints are captured and avoid duplications.
- The HAG promotes a coordinated approach on the COVID-19 response and will reach out to the health cluster in particular, while remaining also available for individual organisations.
- The HAG will support the OCHA communications team and Awaaz in monitoring the perception about the response and responders and advocate for staff behaviour and practices to be in line with the JOPs.
- The HAG will engage with multiple actors - NATO RS, Donors, Partners (UN & NGO) to establish a Cross Organisation Tactical Operations Center in order to

advice strategic elements in country on the tactical courses of action available especially on MEDEVAC, Staying and Delivering, Pipeline issues (PPE), Engineering, Medical & Aviation assets etc.

- The HAG will continuously engage with Government and NSAG-TB interlocutors to provide unimpeded access to humanitarian workers and in particular to provide clarity to their ground operatives.