

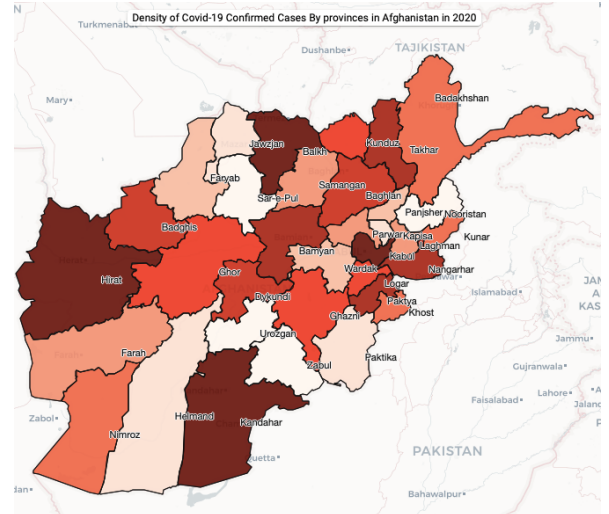
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 17 and 23 August 2020.

### HIGHLIGHTS

- As of 26 August, 38,113 people in Afghanistan have tested positive for COVID-19; 1,401 have died and 29,042 have recovered.
- Since the start of March, partners have medically screened 495,042 people at points-of-entry, reached 84,818 children with home-based learning materials and provided 252,027 people with psychosocial support to cope with the mental health effects of COVID-19 across the country.

### SITUATION OVERVIEW

**MoPH data shows that as of 26 August, 38,113 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 29,042 people have recovered, and 1,401 people have died (69 of whom are healthcare workers). 101,893 people out of the population of 37.6 million have been tested. Almost 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 50 and 79. Men in this age group represent 50 per cent of all COVID-19-related deaths. Moreover, men account for more than 70 per cent of the total COVID-19 confirmed cases, however this may be the result of testing bias. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Kandahar and Nangarhar provinces.



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.

Complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing protocols. Recent modelling on COVID-19 projections, developed by the Centre for Humanitarian Data in collaboration with Johns Hopkins Applied Physics Laboratory and released on 12 August, suggests cases and deaths will continue to rise over the coming weeks. Modelling further suggests a significant increase in severe cases (potentially up to 4x the number) should current preventative measures be lifted, creating grave implications for Afghanistan’s economy and people’s well-being. The Government of Afghanistan’s nationwide lockdown measures remain in place. However 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.

Humanitarians remain concerned about the impact of extended lockdown measures and movement constraints 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) increased by 9 per cent between 14 March and 26 August, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 26 per cent, 21 per cent, 30 per cent, and 18 per cent, respectively, over the same period. This price increase is accompanied by a declining purchasing power of casual labourers and pastoralists – which have deteriorated by 5 per cent and 7 per cent respectively (compared to 14 March).

The **Cash and Voucher Working Group (CVWG)** released analysis from the third round of data collection under the Afghanistan Joint Market Monitoring Initiative (JMMI). Data from the third round of the JMMI was collected between 14 and 26 July, in 29 provinces. According to the report, market access for all population groups has been impacted by the pandemic. Moreover, supply chains have been interrupted in a number of places across the country, with 7 per cent of key informants (KIs) interviewed reporting difficulties in obtaining enough commodities to meet demand in the last 30 days. The cost of a **Minimum Expenditure Basket** has decreased by three per cent, whereas the cost of food basket has decreased by six per cent, compared to the second JMMI round (8 and 21 June). The report finds increased number of shops, seasonality (i.e.

post-harvest), and increase in demand are the main reasons for the decrease. For additional information, please see the latest [JMMI Situation Overview](#).

While implementing activities that mitigate the spread of COVID-19, humanitarian partners continue to respond to other ongoing and emerging humanitarian needs. Humanitarians have been responding to new displacement as a result of conflict, as well as people affected by flooding in different parts of the country. During the reporting period, 18,342 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 1,563 people were treated for trauma care and 205 children under the age of 5 years received routine immunisation through MHTs. 2,402 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 40,383 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 1,861 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 18,041 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 2,099 nutritionally at-risk PLWs also received blanket supplementary food. 18,243 caregivers received Infant and Young Child Feeding (IYCF) and maternal counselling during the reporting period, while some 962 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 69 children received integrated case management services in Badakhshan province. 205 Gender-Based Violence (GBV) cases across 12 provinces were identified and referred to Family Protection Centres (FPCs) for case management. 88 dignity kits were distributed to women and girls across 7 provinces. As part of its regular programming, WFP distributed food to 116,288 food insecure people between 13 and 19 August.\*

## 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 response to COVID-19.</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. The HRP remains significantly underfunded at just <b>29.3 per cent</b> of requirements, leaving a gap of \$800.2m. The ICCT has produced an <a href="#">urgent funding gaps note</a> which identifies \$164m in life saving activities that require immediate support to avoid service interruptions and loss of life.</li> <li>The updated <a href="#">Global Humanitarian Response Plan</a> was launched on 17 July. The third iteration of the GHRP is seeking \$10.31 billion to help 250 million people across 63 vulnerable countries and to cover the global transport system necessary to deliver relief. At \$2.35 billion, the GHRP is currently <b>22.8 per cent</b> funded. This includes Afghanistan's COVID-19 response requirements from the revised HRP.</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. The RCCE Working Group has also developed <i>Self-Isolation at Home Guidance Messages</i> which are available in <a href="#">English</a>, <a href="#">Dari</a>, <a href="#">Pashto</a>.</li> <li>IOM's Displacement Tracking Matrix field teams reached more than 61,405 community leaders and influencers among host, IDP and returnee populations, including humanitarian and development partners and providers of essential services, with RCCE messaging in almost 12,000 villages across 34 provinces. IOM's priority focus is on mobile and displaced people in affected 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 is now meeting regularly.</li> <li>IOM has reached 146,466 people with awareness raising session on hygiene practices and COVID-19 prevention.</li> <li>Almost 4.7m people have been reached with RCCE messages by health partners.</li> </ul>
	<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.</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>Surveillance, rapid response teams, and case investigation</b>	<ul style="list-style-type: none"> <li>• 74 MHTs 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 (RRTs) have been deployed by humanitarian partners across the country to support MoPH's RRTs with surveillance, case identification, contact tracing, and risk communication. An additional 13 RRTs are currently being recruited for rapid sample collection and referral of severe COVID-19 cases.</li> <li>• Health Cluster partners' surveillance systems have traced 557,978 people since the start of the crisis.</li> <li>• IOM MHTs have trained more than 500 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>
<b>Points of entry</b>	<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>• 495,042 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> <li>• 20 screening staff have been deployed by UNHCR partners to Daman district in Kandahar province to provide screening support at the provincial hospital. 8 of the 20 screening staff have been further deployed as part of monitoring teams operating at Spin Boldak and Milak. Additionally, seven UNHCR partner staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd management at the Milak border crossing.</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>• 158 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 directly to health providers nationwide.</li> <li>• More than 25,000 units of PPE were provided to MoPH by WHO. However, issues around a clear distribution plan remain unresolved.</li> <li>• 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 4,190 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) is working to support 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 has dropped (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>• 495,042 people screened at points-of-entry by Health Cluster partners.</li> <li>• 4,694,242 people reached with risk communication and community engagement messages by health partners.</li> <li>• 557,978 people traced through Health Cluster surveillance systems since the start of the crisis.</li> <li>• IPC training conducted for 4,190 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).</li> <li>• 419 healthcare workers trained in Intensive Care.</li> <li>• 158 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>
	<ul style="list-style-type: none"> <li>• 2,244,022 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>• 78,536 hygiene kits distributed, reaching 524,354 people.</li> <li>• More than 4.66m bars of soap distributed in 231 districts across the country.</li> </ul>

<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• More than 29,500 people at the Islam-Qala border crossing, 68,028 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>• 2,730 handwashing stations set up at the community-level in 33 districts across 14 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>• 542,483 people (in 14 provinces) reached with ES-NFI awareness raising sessions on prevention of COVID-19.</li> <li>• 12,727 IEC materials distributed across 9 provinces.</li> <li>• 1,296 NFI kits distributed to 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 (RHUs) 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 1.91 million people sensitised on COVID-19 and preventive measures by Protection Cluster partners.</li> <li>• 57,340 IEC materials distributed.</li> <li>• 3,161 people interviewed using the COVID-19 specific protection monitoring questionnaire.</li> <li>• 12,334 border monitoring interviews conducted.</li> <li>• 252,027 people received psychosocial support to cope with the mental health effects of COVID-19.</li> <li>• 790 children received COVID-19 story books.</li> <li>• 2,230 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-19 crisis (between 1 March and 19 August) WFP directly distributed over 63,000MT of food; and disbursed over \$7 million in cash-based transfers. Over the same period over 7.2 million people were reached with food assistance<sup>†</sup>.</li> <li>• 326,648 people have been reached with COVID-19 specific food assistance by FSAC partners between the beginning of May and 31 July.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• 84,818 children reached across 13 provinces with home-based learning materials.</li> <li>• 10,314 children across 4 provinces received education through small group learning.</li> <li>• 94,125 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 for when schools re-open.</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• 186,228 community members reached with COVID-19 awareness raising sessions.</li> <li>• 77,153 IEC materials distributed</li> </ul>

## Health

### Needs:

- Different COVID-19 models show that the peak of the COVID-19 outbreak in Afghanistan has not yet passed. As the scale of the crisis grows, increased testing, community engagement and case management are urgently needed.
- Afghanistan needs to continue to maintain non-pharmaceutical interventions to prevent, mitigate and treat COVID-19. Although Afghanistan is seeing fewer reported COVID-19 cases according to MoPH data, Health Cluster partners are wary of a further increase in COVID-19 cases in Afghanistan as many countries are experiencing a second wave of the virus.
- Continuation of all health services – including primary health care for vulnerable people – and community engagement to combat misinformation and fear is critical. This also includes ensuring appropriate IPC measures in health facilities. 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:

- During the reporting period, health partners trained 30 healthcare workers in medical laboratory testing in Kunduz province. 158 healthcare workers have been trained in medical laboratory testing since the start of the crisis.

<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.



- WHO and UNICEF have procured US\$3 million worth of medical supplies – including personal protective equipment, laboratory supplies, and hospital equipment – which have arrived in Afghanistan and will be handed over to MoPH for further distribution.
- RCCE work that is focused on maintaining health services, combatting stigma, promoting physical distancing and mitigating complacency among people continues across the country. During the reporting period, Health Cluster partners began working on perceptions tracking that will look specifically at fear or denial about using health services and treating regular health issues (non-COVID-19).

#### Gaps & Constraints:

- 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 a need to improve human capacity, increase resources and strengthen the fragile health system to better manage severe cases of COVID-19
- 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 for vulnerable people.
- There is a global shortage of health and medical supplies as many countries are once again experiencing a resurgence of COVID-19 cases.

## Water, Sanitation and Hygiene

#### Needs:

- 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. 78 per cent of those surveyed were also unaware of transmission through droplets (saliva) from infected people. There is a continued need for handwashing promotion to prevent and control COVID-19 transmission. 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.
- Schools and CBEs without access to clean and safe drinking water are in need of WASH support to mitigate the spread of COVID-19. This also includes, the promotion of hand washing with soap and water.

**2.24M** 

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

#### Response:

- With the reopening of schools, the WASH Cluster has finalised a plan for COVID-19 IPC measures to be implemented in schools and CBEs, including the setting up of hand washing systems, water source rehabilitation, and disinfection of common equipment.
- Between 17 and 23 August, 24,311 people were reached with WASH assistance, bringing the total to 2,244,022 people reached since the start of the crisis.
- 1,332 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 7,802 people across 4 districts. 78,536 hygiene kits have been distributed since the start of the crisis, reaching 532,156 people.
- 9,324 bars of soap were distributed across the country between 17 and 23 August. Since the start of the response, more than 4.66m bars of soap have been distributed in 231 districts (well over half of all districts) across the country.
- WASH facility maintenance and the provision of water continues at the Milak (Nimroz) border crossing. During the reporting period, WASH activities at the Milak border crossing reached 11,169 people, with 68,028 people reached in this location since the start of the crisis.
- During the reporting period, two handwashing stations have been set up at the community-level in Balkh province. A total of 2,730 handwashing stations have been set up at the community-level in 33 districts across 14 provinces since the start of the crisis.

#### Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and COVID-19 response needs; hygiene kits tailored for the COVID-19 response are also in high demand.
- As a result of a more comprehensive response approach to escalating needs due to COVID-19, the WASH Cluster's requirement 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 housing 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, Jalalabad and the north-east. 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 7,918 families have been affected by natural disasters in Afghanistan across 33 provinces.

# 542,483

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 18,666 people across 6 provinces with awareness raising sessions on the prevention of COVID-19. 542,483 people in 14 provinces have been reached with key messages by ES-NFI partners since the start of the crisis.
- Between 17 and 23 August, ES-NFI Cluster partners distributed 28 NFI kits to 24 households with confirmed COVID-19 cases. A total of 1,296 NFI kits have been distributed to vulnerable households across 6 provinces since the start of the crisis.
- During the reporting period, 41 families in Nangarhar province received cash assistance for rental support and shelter repairs to cope with the financial impact of COVID-19. A total of 1,237 families are to be assisted with cash assistance by ES-NFI Cluster partners in Nangarhar province in the coming weeks.

### Gaps & Constraints:

- The COVID-19 outbreak is continuing to stretch limited resources. As ongoing conflict continues to displace families, flooding creates humanitarian needs and planning for winterisation begins, additional resources to meet expanding needs are critical.

## Protection

### Needs:

- Protection Cluster partners report that the COVID-19-related lockdown measures have severely affected vulnerable communities across the country. Communities face challenges in accessing livelihood and income-generation sources as the situation has been ongoing for several months.
- The COVID-19 pandemic presents unique challenges for people with substance use disorders and in recovery. Protection Cluster partners report that the consumption of narcotics has significantly increased compared to 2019, especially in areas of cultivation. In addition to this, COVID-19-related socio-economic consequences such as high unemployment among many adult men have been noted as accompanying increased drug usage and addiction. This may place GBV survivors at higher risk of violence and abuse, and as such, risk reduction, prevention and GBV response services (such as; healthcare, case management and psycho-social support (PSS), legal and referrals to safe shelters) are essential. In addition, any healthcare provider offering treatment for addiction must ensure that all approaches are survivor-centred, considering not only the safety of the client receiving addiction services, but the rest of their household.

# 1.91M

people have been sensitised on COVID-19 preventative measures by Protection Cluster partners

### Response:

- Between 17 and 23 August, 44,270 people across the country were sensitised on COVID-19 and preventive measures by Protection Cluster partners, bringing the total to 1,913,915 people since the start of the crisis.
- 12,522 IEC materials on COVID-19 were distributed across 4 provinces during the reporting period. 57,340 IEC materials have been distributed by Protection partners since the start of the crisis.
- During the reporting period, 18 persons with specific needs (PSNs) received cash assistance in Kunduz, Takhar and Badakhshan provinces to help them cope with the financial impact of COVID-19. Since the start of the crisis, 2,230 people have received this kind of cash assistance.
- 270 COVID-19-specific protection monitoring interviews were conducted across 6 provinces between 17 and 23 August, bringing the total to 3,161 interviews since the start of the crisis.

- During the reporting period, 7,525 children and adults also received PSS through various modalities. Since the start of the pandemic, some 252,027 people across 20 provinces received PSS to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 739 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak and the Spin Boldak border crossing sites, with 12,334 interviews conducted across all border crossings since the start of the crisis.
- 17,087 people across 10 provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.
- Protection Cluster partners in Badakhshan province distributed 1,278 washable face masks, gloves and hand sanitisers between 17 and 23 August to help to mitigate against the spread of COVID-19.

#### Gaps & Constraints:

- The Women Protection Centres (WPC) in Bamyan and Daikundi provinces report not having adequate space to achieve appropriate physical distancing.

## Food Security

#### Needs:

- Some 12.4 million people are in acute food insecurity, 4 million of whom are in 'emergency' level food insecurity (IPC 4).
- Although prices of staple goods show signs of stabilising, prices continue to be higher than pre-crisis levels. While predatory price gouging and hoarding have been mitigated in part due to increased food availability, price control measures remain essential to protect the most vulnerable.
- The poorest households across Afghanistan have become more dependent on cheaper, nutrient-poor staple goods to meet their daily food intake needs during the COVID-19 crisis. FSAC partners are anticipating a larger beneficiary caseload during the upcoming lean season.
- Staple goods continue to be between 12 and 30 per cent higher than pre-crisis prices. Moreover, FSAC partners are concerned about the higher prices of pulses, sugar and cooking oil and the resulting impact on household dietary diversity.

# 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 distributed over 63,000MT of food; and disbursed over \$7m in cash-based transfers between 1 March and 19 August. Overall, between 1 March and 19 August more than 7.2m people have been reached with food assistance.
- COVID-19 specific FSAC responses, which provide the cash value of two months of half-rations, have begun in collaboration with government line ministries across the north. Between the beginning of May and 31 July, 326,648 people have been reached with COVID-19 specific food assistance by FSAC partners. A further update to these numbers will be completed by mid-September.
- FSAC has launched the yearly Seasonal Food Security Assessment (SFSA) with close to 8,000 households already surveyed. Data collection will continue in the post-harvest phase of August 2020 with initial findings being anticipated by late September/early October. These results will provide a strong evidence base of the current food security and livelihoods situation at the provincial level for the 2021 HNO/HRP.

#### Gaps & Constraints:

- Humanitarian partners welcome the announcement of Government's planned large-scale national food and seed distributions in collaboration with the World Bank. However, food security actors are anxious to receive clear guidance on timelines for distributions so that this can be properly coordinated. Humanitarian partners call upon the Government and development partners to provide clear delivery schedules to ensure that these government-led interventions are harmonised with existing humanitarian distributions, maximising coverage with complementary assistance.

<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.

- The Spin Boldak border crossing has reopened and is now operating regularly. The re-establishment of this key border crossing is anticipated to have a positive impact on market prices for staple goods and food availability provided the border crossing site remains open.
- FSAC partners are working to re-establish complete food baskets by prioritising the procurement of wheat soya blend and vegetable oil. These goods will allow for the re-establishment of more complete food assistance packages that allow the most vulnerable Afghan households to meet their minimum daily caloric intake.
- The strain on pipelines for importing humanitarian foods continues to be felt with ongoing logistical bottlenecks at major hubs such as Karachi Port in Pakistan. Although some initial shipments of commercial goods have started through Gwadar port, the majority of humanitarian foodstuff is dependent on Karachi's Port Qasim where they face continued administrative restrictions. Humanitarians request that administrative procedures and exemption certificates be provided through a fast-tracked process to mitigate against further delays. These delays impact on the composition of in-kind food baskets and market prices of staple goods with nationwide shortages of cooking oil and pulses continuing to drive up prices to well above pre-crisis levels.
- Further investment in efforts to distribute fortified foodstuff and targeted nutrition interventions is needed.
- Access impediments are causing some delays in the data collection phase of SFSA 2020 with some hard-to-reach areas and are likely to require additional time to complete enumeration. Moreover, FSAC partners report that military operations in the West are causing access challenges for SFSA enumerators.

## 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.
- The Education in Emergencies (EiE) Working Group reports that schools across the country reopened on 22 August for grades 7-12 for Government schools and grades 1-12 for private schools. While the Ministry of Education (MoE) has issued a new guidance on the reopening schools, no clear plan has been communicated for re-opening of community-based education centres (CBEs). The EiE Working Group has raised its concerns in an advocacy letter to the MoE, highlighting the need to ensure the inclusion of CBEs in school reopening.

# 84,818

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

### Response:

- The EiE Working Group is supporting the Government of Afghanistan in its efforts to facilitate the continuity of education for all through remote learning until schools reopen.
- 1,310 children (610 boys, 700 girls) have been reached with EiE-developed home-based learning materials during the reporting period. A total of 84,818 children (42,970 boys, 41,848 girls) across 13 provinces have been reached with home-based support since the start of the COVID-19 crisis.
- During the reporting period, the EiE Working Group developed a framework for the safe reopening of schools and CBEs.

### Gaps & Constraints:

- To facilitate safe school reopening, there is a critical need to improve and sustain safe school/CBE environments by providing access to clean water, hygiene kits and disinfectant. Currently, many schools are unable to meet the minimum requirements to keep children safe as they do not have adequate WASH facilities.
- Improvements need to be made to ensure the safety of children once in school. This includes providing all children with reusable facemasks and ensuring that physical distancing measures are maintained.
- Where schools are not able to re-open, small groups learning schemes ought to be continued.

## Nutrition

### Needs:

- Malnutrition is putting people at increased risk from COVID-19. Undernourished 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 the conflict to ensure access to the most vulnerable provinces and people impacted by food insecurity and COVID-19. This includes ensuring humanitarian access for health and nutrition services (especially children under five and mothers/PLW).

# 186,228

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



**Response:**

- Between 17 and 23 August, 28,941 people – including PLW's – across 12 provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 186,228 people across the country have been sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the beginning of the COVID-19 response.
- 9,525 IEC materials including posters, leaflets and brochures – were distributed by nutrition partners during the reporting period; 77,153 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. 2,204 children have been screened with MUAC tape since the start of the crisis.

**Gaps & Constraints:**

- There is a need for additional MHNTs in Hirat province – that integrate psychosocial support – to provide timely detection and treatment of increasing malnutrition cases.
- Additional production of MUAC tape is needed.
- The Nutrition Cluster report that behavioural change communication (BCC) materials related to COVID-19 are needed for nutrition departments and workers. Additionally, more capacity-building on nutrition and nutritional guidance in the context of COVID-19 is needed for health and nutrition workers.
- Anthropometric measurement, such as height measurement, has been stopped to minimise physical contact.
- Increased cases of COVID-19 among humanitarian workers, including implementing partner staff, are negatively affecting the quality of nutritional services being provided, including SAM and MAM treatment.
- 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.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.
- Nutrition Cluster partners report a lack of PPE for nutrition and health frontline workers.
- The current COVID-19 pandemic is putting pressure on global production capacities and supply chains. Moreover, increased lead time, as well as cross-border delays, have resulted in slow arrival of nutrition supplies into Afghanistan.

## 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 [HAG Quarterly Report 2020](#).

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 22 August, Awaaz reached over 22,400 callers with pre-recorded COVID-19 messages and directly handled 3,386 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women, while 2 per cent of all calls came from people with disability. 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.

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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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