

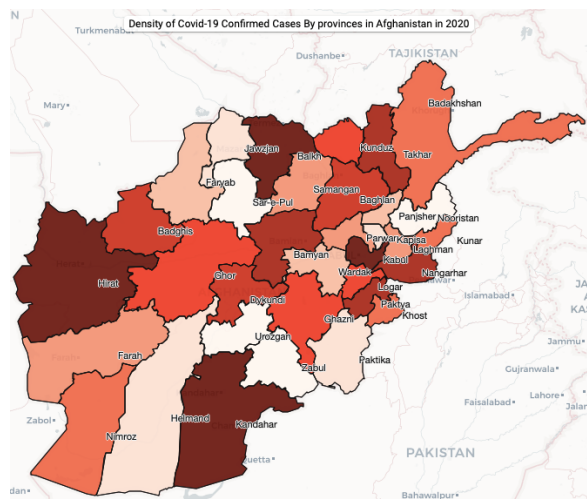
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **24 and 30 August 2020**.

## HIGHLIGHTS

- As of 2 September, 38,205 people in Afghanistan have tested positive for COVID-19; 1,406 have died and 29,254 have recovered.
- Since the start of March, partners have medically screened 495,924 people at points-of-entry, reached 99,683 children with home-based learning materials and distributed 4.72 million bars of soap in 231 districts across the country.

## SITUATION OVERVIEW

**MoPH data** shows that as of 2 September, 38,205 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 29,254 people have recovered, and 1,406 people have died (71 of whom are healthcare workers). 102,904 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. **Three-month nationwide lockdown measures** remain officially in place. According to [reports](#), the measures intended to limit the spread of COVID-19 are no longer being enforced. In the early days of the COVID-19 outbreak, provincial lockdown measures periodically impeded humanitarian movement. Following engagement by OCHA with provincial authorities and a general relaxation of lockdown measures, the situation improved with humanitarian movement no longer impeded by COVID-19 related lockdown measures. For more information on access constraints, please see the latest [C-19 Access Impediment Report](#). Humanitarian partners remain active in responding to crises throughout the country and continue to urge all parties to the conflict to facilitate unimpeded access to civilians so humanitarian assistance is not delayed.

While implementing activities that mitigate the spread of COVID-19, humanitarian partners also 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, 11,643 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 986 people were treated for trauma care and 242 children under the age of 5 years received routine immunisation through MHTs. 3,957 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 41,317 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 3,395 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 16,236 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 2,670 nutritionally at-risk PLWs also received blanket supplementary food. 5,119 caregivers received Infant and Young Child Feeding (IYCF) and maternal counselling during the reporting period, while some 528 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 128 Gender-Based Violence (GBV) cases across 7 provinces were identified and referred to Family Protection Centres (FPCs) for case management. 4,902 hygiene kits were distributed to people with disabilities, pregnant women and the elderly by Protection

Cluster partners across 4 provinces. As part of its regular programming, WFP reached 296,109 people with food and nutrition assistance between 20 and 26 August.\*

## HUMANITARIAN RESPONSE

### 9 Pillars of COVID-19 Response - Summary

<b>Country-level coordination and response planning</b>	<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>29.5 per cent</b> of requirements, leaving a gap of \$797.4m. 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>At \$2.38 billion, the Global HRP is currently <b>23.1 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>
<b>Risk communication and community engagement (RCCE - accountability to affected populations)</b>	<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 199 billboards, printed 113,100 brochures, 39,261 banners and posters 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 147,964 (47,288 men and 98,676 women) 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>
<b>Surveillance, rapid response teams, and case investigation</b>	<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> <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>495,924 people were screened at points of entry by Health Cluster partners.</li> <li>Temperature checks and screening activities are ongoing through deployment of 98 screening staff at all major border crossings with Iran and Pakistan.</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.

	<ul style="list-style-type: none"> <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 38,000 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>495,924 people screened at points-of-entry by Health Cluster partners.</li> <li>4,695,342 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>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>2,320,642 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>93,815 hygiene kits distributed, reaching 595,390 people.</li> <li>More than 4.72m bars of soap distributed in 231 districts across the country.</li> <li>More than 29,500 people at the Islam-Qala border crossing, 71,835 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>2,736 handwashing stations set up at the community-level in 34 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>553,512 people (in 14 provinces) reached with ES-NFI awareness raising sessions on prevention of COVID-19.</li> <li>12,807 IEC materials distributed across 9 provinces.</li> <li>1,300 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>
	<ul style="list-style-type: none"> <li>More than 1.93 million people sensitised on COVID-19 and preventive measures by Protection Cluster partners.</li> <li>58,886 IEC materials distributed.</li> <li>3,394 people interviewed using the COVID-19 specific protection monitoring questionnaire.</li> </ul>

<b>Protection</b>	<ul style="list-style-type: none"> <li>• 13,625 border monitoring interviews conducted.</li> <li>• 262,206 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>• 250,659 people across 9 provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.</li> <li>• 2,258 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 26 August) WFP directly distributed over 65,000MT of food; and disbursed \$7.4 million in cash-based transfers. Over the same period over 7.5 million people were reached with food and nutrition 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>• 99,683 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>• 195,271 community members reached with COVID-19 awareness raising sessions.</li> <li>• 85,153 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.
- Health Cluster partners report the need to maintain risk communication and community engagement messaging focusing on children returning back to school. Moreover, a particular attention should be paid to appropriate hygiene practices and physical distancing measures.

# 12

Laboratories are now operational with capacity to test 2,000 samples per day

### Response:

- RCCE work 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 disseminating key COVID-19 risk communication messages in schools across the country.

### 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.

<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.



- 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.

**2.32M** 

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

### Response:

- With the planned 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 24 and 30 August, 76,620 people were reached with WASH assistance, bringing the total to 2,320,642 people reached since the start of the crisis.
- 15,279 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 63,234 people across 21 districts. 93,815 hygiene kits have been distributed since the start of the crisis, reaching 595,390 people.
- 63,520 bars of soap were distributed across the country between 24 and 30 August. Since the start of the response, more than 4.72m bars of soap have been distributed in 231 districts (or roughly 58 per cent 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 3,807 people, with 71,835 people reached in this location since the start of the crisis.
- During the reporting period, 6 handwashing stations have been set up at the community-level in Balkh province. A total of 2,736 handwashing stations have been set up at the community-level in 34 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:

- 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, ES-NFI Cluster partners have referred 9,509 conflict and/or natural disaster affected families for assessment and provided 4,230 families with ES-NFI assistance.
- Initial reports suggest that as many as 2,049 households were affected by flooding on 26 August. More than 145 people were killed and another 167 sustained injuries across 11 provinces. Shelter, agricultural land, and public infrastructure have also been impacted. The risk of COVID-19 spreading among those displaced by the floods is high due to a lack of physical distancing resulting from damaged and/or destroyed shelters, overcrowding and limited access to handwashing

**553,512**

people reached with COVID-19 awareness raising efforts by ES-NFI partners since the start of the crisis

facilities. While increased risk communications messaging is essential, the provision of shelter reconstruction and repair assistance remains key to holistically reducing the spread of COVID-19 among affected households.

- ES-NFI Cluster partners report that IDP communities in the north-eastern region lack access to safe hygiene products during COVID-19, as the community's capacities to purchase hygiene kits is limited due to poverty, lack of job opportunities, and COVID-19-related lockdown measures.

#### Response:

- During the reporting period, ES-NFI partners reached 11,029 people across 7 provinces with awareness raising sessions on the prevention of COVID-19. 553,512 people in 14 provinces have been reached with key messages by ES-NFI partners since the start of the crisis.
- 80 IEC materials were distributed across Takhar and Badakhshan provinces during the reporting period. ES-NFI Cluster partners have distributed 12,807 IEC materials across 9 provinces since the start of the response.
- Between 24 and 30 August, ES-NFI Cluster partners distributed 4 NFI kits to 3 households with confirmed COVID-19 cases. A total of 1,300 NFI kits have been distributed to vulnerable households across 6 provinces since the start of the crisis.
- During the reporting period, 35 families in Nangarhar province received cash assistance (USD 500) 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.
- ES-NFI Cluster partners in Badakhshan and Takhar provinces distributed 1,730 face masks to vulnerable families and youth between 24 and 30 August to help to mitigate against the spread of COVID-19. ES-NFI Cluster partners have distributed 180,330 face masks across 4 provinces since the start of the crisis.

#### 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 families displaced due to recent conflict in Kunduz province are exposed to the immediate risks of COVID-19 infection. Many displaced families have been settled in public buildings including mosques and schools in Kunduz and Taloqan cities, or are hosted by relatives. In many cases, between 3 to 10 families are reported to be sharing a single house, with no space for self-isolation and physical distancing. Moreover, hygiene practices are reported to be particularly poor.
- Many families affected by recent floods in the central region have reportedly found shelter in their relatives' houses, which may increase the risk of COVID-19 infection due to cramped living space.
- HLP partners report that COVID-19 continues to exert pressure on the Housing, Land and Property (HLP) rights of IDP and returnee renters. An NRC assessment in Kandahar revealed that 83 per cent of the respondents have received threats of eviction from their landlord since the outbreak of COVID-19, due to outstanding rent payment. There is a need for further eviction monitoring and negotiations with landowners to prevent/delay evictions, particularly with regards to non-payment of rent due to the pandemic, as well as the identification of suitable land to accommodate returnees from Iran and Pakistan.
- Rental costs have rapidly increased in Kunduz, Badakhshan and Takhar provinces due to the displacement caused by recent conflict in Kunduz province. Rise in rental costs are concurrent with a contraction of job opportunities due to the COVID-19 outbreak. Vulnerable IDP families are concerned about eviction and harsh weather condition for the upcoming winter.

# 1.93M

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

#### Response:

- Between 24 and 30 August, 22,640 people across the country were sensitised on COVID-19 and preventive measures by Protection Cluster partners, bringing the total to 1,936,555 people since the start of the crisis.
- 1,546 IEC materials on COVID-19 were distributed across 6 provinces during the reporting period. 58,886 IEC materials have been distributed by Protection partners since the start of the crisis.
- During the reporting period, 28 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, 2,258 people have received this kind of cash assistance.

- 233 COVID-19-specific protection monitoring interviews were conducted across 4 provinces between 24 and 30 August, bringing the total to 3,394 interviews since the start of the crisis.
- During the reporting period, 10,179 people received PSS through various modalities across 9 provinces. Since the start of the pandemic, some 262,206 people across 20 provinces received PSS to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 1,291 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak and the Spin Boldak border crossing sites, with 13,625 interviews conducted across all border crossings since the start of the crisis.
- 20,818 people across 9 provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic, with 250,659 people reached since the start of the crisis.
- Protection Cluster partners in Badakhshan province distributed 260 washable face masks, gloves and hand sanitisers between 24 and 30 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 9 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 and foster negative coping mechanisms.
- The hostilities centred around Kunduz have displaced over 9,000 households with an unclear timeframe as to when or if households will be able to return to their communities of origin. Current needs assessments as of 31 August have verified 2,317 HHs as eligible for assistance. Initial displacement and secondary movements are creating concerns around potential COVID-19 transmission. Conflict affected IDPs are at particular risk of food insecurity given their loss of livelihood income, lack of access to productive assets and food reserves. This situation is compounded by the reduction in available day/casual wage opportunities close to urban centres due to economic impacts of COVID-19. Food assistance partners have so far provided 2 months food rations to 420 households. The assistance in some districts is complicated by intermittent attempts to interfere by some actors and ongoing insecurity.
- The widespread flooding across multiple provinces has affected an estimated 2,000 HHs. Multiple HHs have lost their ability to access food stocks and access to their livelihoods. Over 480 HHs have received food assistance, with 500 children and 273 PLW receiving specialized feeding. A further 1,397 HHs will receive assistance during the first weeks of September. Initial assessments indicate that over 700 jeribs of land have been damaged in addition to communal infrastructure including water intakes, milling facilities and roads. Displaced people are also forced to live in congested host households and face heightened risk of COVID-19 while they repair and rebuild their shelters.

# 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 65,000MT of food; and disbursed over \$7.4m in cash-based transfers between 1 March and 26 August. Overall, between 1 March and 26 August more than 7.5m people have been reached with food and nutrition 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 several regions already surveyed. The SFSA is expected to be completed within the next week. 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:

- The previous shortages in vegetable oil stock have been exacerbated by the temporary backlog of trucks at the Torkham crossing due to the recent Tenth of Muharram holiday and security restrictions on entry of trucks into Kabul. Food aid partners are currently distributing food rations without vegetable oil due to this shortage, which should be resolved once transporters are allowed full movement.
- The strain on pipelines for importing humanitarian food 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. 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.
- The lack of dietary diversity for poor families, particularly those in displaced situation requires more urgent in order to provide the required support that will safeguard their basic nutrient intake needs. Moreover, 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.

## 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 EiE Working Group has continued its discussion with the Ministry of Education (MoE) on the reopening of community-based education centres (CBEs). During said discussions, the EiE Working Group proposed a framework for the safe re-opening of schools where EiE Working Group partners will be committed to meet the MoPH requirements for safe re-opening. MoE is expected to respond to the EiE Working Group's request in the coming days.

**99,683**

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

### Response:

- During the reporting period, EiE Working Group partners continued to support the Ministry of Education in the delivery of alternative education through remote learning. 14,865 children (6,423 boys, 8,442 girls) have been reached with EiE-developed home-based learning materials during the reporting period. A total of 99,683 children (49,393 boys, 50,290 girls) across 13 provinces have been reached with home-based support since the start of the COVID-19 crisis.

### Gaps & Constraints:

- Not all children are able to access the alternative modalities to learning offered by partners and the MoE because they lack the resources to access the platforms such as TV, radios, smart devices etc. There is need to expand the printing and distribution of self-learning materials to reach the 250,000 children set at the beginning 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.



- 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.
- The Education sector has been hit particularly hard by the COVID-19 pandemic in terms of service delivery as most planned programmes have been put on hold. Once EiE Working Group partners are given the go-ahead to implement educational group activities and schools re-open, every effort will be made to ensure that children are assisted to catch up on their learning.
- Flexibility is required from donors to factor-in delays in the programme implementation period.



## 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).

# 195,271

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

### Response:

- Between 24 and 30 August, 9,043 people – including PLW's – across 12 provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 195,271 people across the country have been sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the beginning of the COVID-19 response.
- 8,000 IEC materials including posters, leaflets and brochures – were distributed by nutrition partners during the reporting period; 85,153 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. Family MUAC is planned to expand in Hirat province.

### Gaps & Constraints:

- There is a need for additional MHNTs in Hirat province as well as other provinces across the country – that integrate psychosocial support – to provide timely detection and treatment of increasing malnutrition cases.
- Additional production of MUAC tape is needed for children and PLWs.
- Nutrition Cluster partners 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.
- 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 29 August, Awaaz reached over 23,245 callers with pre-recorded COVID-19 messages and directly handled 3,417 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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