

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **11 January and 14 February 2021**. This will be the final edition of this monthly COVID-19 multi-sector update unless the situation changes. Cluster progress against the Humanitarian Response Plan is published quarterly. Strategic COVID-19 updates will still be issued every two weeks.

HIGHLIGHTS

- According to MOPH data as of 18 February, 55,575 people in Afghanistan have tested positive for COVID-19; 2,430 have died and 48,798 have recovered.
- Since the start of March 2020, partners have medically screened 537,764 people at points-of-entry, provided 335,068 people with psychosocial support to cope with the mental health effects of COVID-19 and distributed more than 5.6 million bars of soap in 379 districts across the country.
- Since the start of the pandemic, some 36 million PPE items have been delivered to the Ministry of Public Health and frontline NGO workers in Afghanistan.

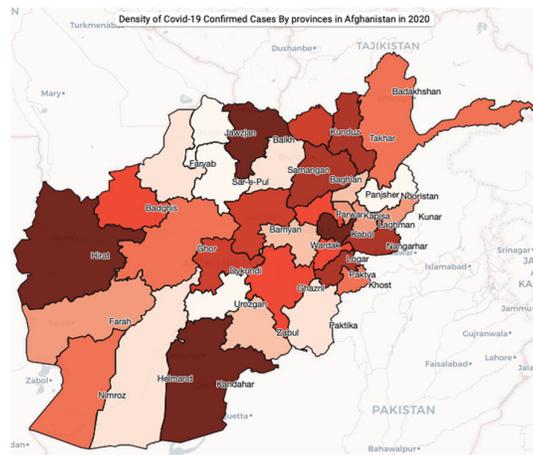
SITUATION OVERVIEW

MOPH Figures: MoPH data shows that as of 18 February, 55,575 people across all 34 provinces in Afghanistan are confirmed to have had COVID-19. Some 48,798 people have recovered, and 2,430 people have died – at least 91 of whom are healthcare workers. Only 282,249 people out of a population of 40.4 million have been tested.

Afghanistan now has a test-positivity-rate – positive tests as a percentage of total tests – of more than 19 per cent, suggesting overall under-testing of potential cases. The majority of recorded deaths were men between the ages of 50 and 79. Men account for 67 per cent of the total COVID-19 confirmed cases in the MoPH data, although this may be the result of over-representation of men in testing. Due to limited public health resources and testing capacity, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be under-reported overall in Afghanistan. Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. WHO warns that widespread complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing or mask wearing protocols. WHO Afghanistan remains concerned about mutations of the virus. WHO has sent recent COVID-19 samples for genomic sequencing to track for variants and confirm if the mutation is currently present in Afghanistan. WHO suspects this to be the case and reiterates that vigilance should be maintained.

Almost 8 per cent of the total confirmed COVID-19 cases are among healthcare staff and they will be the highest priority for vaccination. There is an urgent need to ensure a continued distribution of medical and protective equipment to all corners of the country. While 22 laboratories are now operating in Afghanistan – with plans to scale up to at least one laboratory per province by June 2021 – the capacity of these facilities remains limited and stocks of supplies have periodically run out. National capacity for COVID-19 testing has reached 8,500 samples a day however these laboratories are not being fully utilised. Humanitarian partners urge the Government to ensure laboratories are appropriately equipped, staff receive timely remuneration and that procured supplies go to under-resourced health centres in a transparent manner so that life-saving support can be delivered to those most in need.

Vaccination: The Government of Afghanistan and the UN have initiated a number of steps to prepare for the rollout of COVID-19 vaccines across the country, including the development of a National Vaccine Deployment Plan (NVDP). A technical working group comprised of government and UN organisations and chaired by MoPH has developed plans for vaccine operations, cold chain management, communication, surveillance, training and monitoring and evaluation/data, and



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.

will complement the existing Vice Presidential COVID-19 Task Force. On 7 February, Afghanistan received 500,000 doses (one person requires two doses to have a complete course) of AstraZeneca's COVID-19 vaccine from India, the first vaccine supplies Afghanistan has received to date. The vaccination campaign will begin in the coming days with 128,000 doses available for prioritised groups. A small buffer of about 5 per cent of the total number of available doses through the COVAX facility has been earmarked for humanitarian caseloads although details on how the logistics costs of distribution will be managed are still under discussion. Further discussions are also underway with China on potential donation of additional vaccines.

Socio-economic impacts: The socio-economic impacts of COVID-19 are translating into a dramatic impact on food insecurity. La Nina weather conditions are being closely monitored with grave concerns about low rainfall and high temperatures over recent week which may exacerbate this situation. An estimated 16.9 million people are already in crisis or emergency food insecurity from November to March, 5.5 million of whom are in 'emergency' level food insecurity (IPC 4). According to WFP's market monitoring, the average wheat flour price (low price and high price) increased by 13 per cent between 14 March 2020 and 31 January 2021, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 23 per cent, 21 per cent, 46 per cent, and 19 per cent, respectively, over the same period. This price increase is accompanied by a declining purchasing power of casual labourers and pastoralists – which have both deteriorated by more than 18 per cent (compared to 14 March). These factors, combined with COVID-19 related interruptions to informal employment, are driving people into crippling debt. Data from the Whole of Afghanistan Assessment shows that household debt is rapidly escalating. For displaced households in debt, the primary reason for taking on this debt was to pay for food (53 per cent).

Humanitarian Needs and Response Planning: The newly revised [Afghanistan Humanitarian Response Plan \(HRP\) for 2018- 2021](#) identifies 18.4 million people in humanitarian need in 2021, as a result of COVID-19, ongoing conflict and natural disasters. Approximately six times the number of people are in need of humanitarian assistance in 2021 compared to four years ago when the multi-year HRP was first developed. The health and socio-economic impacts of the COVID-19 pandemic have seen the number of people in need almost double in the past year alone. Afghanistan now has the second highest number of people in emergency food insecurity in the world (5.5 million), while nearly one in two children under-five will face acute malnutrition in 2021.

Against this backdrop, the La Niña event is causing below average precipitation, thin snowpack and above average temperatures in most parts of the country and it is expected that farmers and pastoralists will be negatively affected. While details on the degree of impact on agricultural and hydrological environments is still being evaluated, the ICCT has started on common planning around the dry spell, flooding and other contextual factors that will influence the scale of humanitarian needs during the Spring.

Ongoing needs: While implementing activities to mitigate against the spread of COVID-19, humanitarian partners are also continuing to respond to other ongoing and emerging humanitarian needs. During the reporting period, 6,345 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 1,432 people were treated for trauma care and 788 children under the age of 5 years received routine immunisation through MHTs. 18,686 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 33,806 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 3,303 women and 10,397 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 20,761 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 9,500 caregivers received Infant and Young Child Feeding (IYCF) and Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 24 Gender-Based Violence (GBV) cases across 5 provinces were identified and referred to Family Protection Centres (FPCs) for case management. As part of its regular programming, WFP distributed 1,415 metric tons (mt) of food between 3 and 10 February*.

* The tonnage of weekly dispatches 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 management that ranges from two to four months.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

Country-level coordination and response planning	<ul style="list-style-type: none"> Health partners continue to support Government-led response to COVID-19 and plan for the rollout of vaccinations. In 2020, humanitarians were able to reach 11.75m people in all 401 districts with some form of assistance, exceeding targets. Humanitarian partners are currently implementing a Humanitarian Response Plan (HRP) which integrates COVID-19 needs into the overall response in 2021. Of the 18.4 million people in need of humanitarian assistance, humanitarian partners have prioritised 15.7 million to receive support in 2021, for which US\$1.3 billion is required. Response updates under the COVID-19 ONE UN Response Plan are available online.
Risk communication and community engagement (RCCE - accountability to affected populations)	<ul style="list-style-type: none"> The RCCE Working Group 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 also developed <i>Self-Isolation at Home Guidance Messages</i> which are available in English, Dari, Pashto. More than 4.73m people have been reached with RCCE messages by health partners. Since 1 March 2020, IOM's Displacement Tracking Matrix (DTM) field teams have reached more than 151,859 community leaders and influencers among host, IDP and returnee populations, including humanitarian and development partners and providers of essential services, with RCCE messaging in over 12,600 villages across 34 provinces. IOM's priority focus is on mobile and displaced people in affected areas. IOM has set up 199 billboards, printed 263,100 brochures, 47,023 banners and posters in border provinces with Pakistan and Iran. IOM has reached 408,752 (259,732 men and 149,020 women) people with awareness raising sessions on hygiene practices and COVID-19 prevention. The AAP adviser is working to support accountability aspects of the response in line with the Collective Approach to Community Engagement strategy. The AAP Working Group is now meeting regularly and is encouraging strong involvement from national NGOs.
Surveillance, rapid response teams, and case investigation	<ul style="list-style-type: none"> Health Cluster partners' surveillance systems have traced 597,901 people since the start of the crisis. 34,000 polio surveillance volunteers were 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. With the re-starting of polio campaigns, some of these staff are now returning to their core activities while continuing COVID-19-related community engagement. 81 mobile health teams (MHTs) have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities. 42 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. 3,931 healthcare workers have been trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas. IOM MHTs have trained more than 1,174 Community Health Workers (CHWs) and 100 school teachers on COVID-19 awareness, prevention, identification and referrals. To enhance the reporting and data management capacity of the Provincial Public Health Directors (PPHD), IOM has deployed over 230 staff as well as donated IT-equipment to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces.
Points-of-entry	<ul style="list-style-type: none"> 7 MHTs, 14 RRTs and 4 IOM TB/COVID-19 screening teams, consisting of 389 staff, are deployed to major border crossing points. 537,764 people have been screened at points-of-entry by Health Cluster partners. Temperature checks and screening activities are ongoing through deployment of 98 screening staff at all major border crossings with Iran and Pakistan. Seven UNHCR partner staff have supported the Directorate of Refugees and Repatriation (DoRR) with registration and crowd management at the Milak border crossing.
Laboratories	<ul style="list-style-type: none"> 22 laboratories are now operational. Afghanistan currently has technical capacity to carry out 8,500 tests per day. 193 healthcare workers have been trained in medical laboratory testing. Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.
Infection prevention and control (IPC)	<ul style="list-style-type: none"> UNICEF, with the support of the World Bank and the Government of Japan, has distributed 569,823 units of PPE directly to health providers nationwide. More than 34 million units of PPE (surgical masks) were provided to MoPH by WHO. However, issues around a clear distribution plan remain unresolved. With support from ECHO, WHO has delivered more than 1.2m PPE items to frontline NGO workers.

	<ul style="list-style-type: none"> IOM has supplied more than 71,000 units of PPE, 3,716 bottles of hand sanitiser, 825 bottles of antiseptic liquid and 5,068 bars of soap across six provinces Infection Prevention and Control (IPC) training has been provided to 4,350 healthcare workers.
Case management	<ul style="list-style-type: none"> 29 isolation wards have been opened by partners since the start of the crisis.
Operational support and logistics	<ul style="list-style-type: none"> The Logistics Working Group (LWG) is supporting on logistics issues during the COVID-19 response. The Humanitarian Access Group (HAG) is working to resolve access issues on behalf of partners. FSAC partners continue to monitor the flow of commercial vehicles carrying humanitarian food and supplies across borders to mitigate pipeline breaks for critical food and non-food items.
Continuation of essential services	<ul style="list-style-type: none"> 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). 144,238 (53,727 men and 79,139 women) patients received treatment and emergency referral services through IOM's MHTs across 4 border provinces – Hirat, Nimroz, Kandahar and Nangarhar.

Key COVID-19 Cumulative Response Figures By Cluster/Sector

Health	<ul style="list-style-type: none"> 34,000 polio surveillance volunteers engaged in surveillance, case identification and contact tracing. 8,954 polio surveillance volunteers trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing. 537,764 people screened at points-of-entry by Health Cluster partners. 4,733,123 people reached with risk communication and community engagement messages by health partners. 597,901 people traced through Health Cluster surveillance systems since the start of the crisis. IPC training conducted for 4,350 healthcare workers. 3,931 healthcare workers trained in surveillance and risk communication in contested areas. 2,000 beds made available for isolation and intensive care. Medical equipment provided for 1,642 isolation beds across all 34 provinces. 160 healthcare workers trained in Mental Health and Psychosocial Support (MHPSS). 444 healthcare workers trained in Intensive Care. 193 healthcare workers trained in medical laboratory testing. 2,742 community health and first aid volunteers across 30 provinces trained in psychosocial first aid and risk communication.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> 3.73m people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits. 214,700 hygiene kits distributed, reaching 1,307,115 people. More than 5.6m bars of soap distributed in 379 districts across the country. More than 29,500 people at the Islam-Qala border crossing, 129,433 people at the Milak crossing and 16,100 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water. 3,269 handwashing stations set up at the community-level in 358 districts. 739 handwashing stations set up in health facilities across 27 districts. 85 handwashing stations set up in schools across 15 districts.
Emergency Shelter & NFI	<ul style="list-style-type: none"> 596,399 people in 16 provinces reached with ES-NFI awareness raising sessions on prevention of COVID-19. 12,807 IEC materials distributed across 9 provinces. 1,304 NFI kits distributed across 6 provinces to families at-risk from COVID-19. 182,663 face masks distributed by ES-NFI Cluster partners across 4 provinces. 771 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community. 10 family tents, 4 multi-purpose tents and 81 refugee housing units (RHUs) distributed across 5 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.
Protection	<ul style="list-style-type: none"> More than 3 million people sensitised on COVID-19 and related preventive measures by Protection Cluster partners. 132,786 IEC materials distributed. 7,888 people interviewed using the COVID-19 specific protection monitoring questionnaire. 37,659 border monitoring interviews conducted. 335,068 people received psychosocial support to cope with the mental health effects of COVID-19. 790 children received COVID-19 story books. 276,308 people received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic. 4,523 persons with specific needs (PSNs) received cash assistance across the country to help them cope with the financial impact of COVID-19.

Food Security	<ul style="list-style-type: none"> 1.53m people have been reached with COVID-19 specific food assistance by WFP between 1 March 2020 and the second week of February 2021.
Education	<ul style="list-style-type: none"> 129,086 children reached with home-based learning materials across 15 provinces. 81,624 children across 4 provinces received education through small group learning. 100,674 children across 11 provinces received IEC materials on COVID-19 preventative measures. 319,137 children across 4 provinces sensitised on COVID-19 and preventive measures through TV and radio. 2,460 teachers trained on safe school protocols for COVID-19 for when schools re-open.
Nutrition	<ul style="list-style-type: none"> 419,223 community members reached with COVID-19 awareness raising sessions. 158,421 IEC materials distributed

Health

Needs:

- WHO Afghanistan is concerned about mutations of the virus as variants of COVID-19 have been detected in neighbouring countries. Afghanistan currently has no genomic testing capacity. Instead, WHO has sent recent COVID-19 samples abroad for genomic sequencing to track for variants and confirm if the mutation is currently present in Afghanistan. WHO suspects this to be the case and reiterates that vigilance should be maintained.
- The COVID-19 vaccination campaign is expected to start very soon with healthcare workers identified as a top priority group. The Health Cluster reports that increased advocacy is needed to ensure that vulnerable populations are included in the early stages of the vaccination campaign.
- Continuation of all health services – including primary health care for vulnerable people – and community engagement to combat misinformation and fear are critical. Messaging that it is safe to return to essential health services, around vaccination, and to emphasise the best ways to provide home-based care are particularly important.

22

Laboratories are now operational with capacity to test 8,500 samples per day

Response:

- RCCE work has focused on maintaining utilisation of health services, combatting stigma, promoting physical distancing and mitigating complacency among people continues across the country. During the reporting period, Health Cluster partners continued risk communication messaging on physical distancing, vaccination and home-based care.

Gaps & Constraints:

- While 22 laboratories are now operating in Afghanistan – with plans to scale up to at least one laboratory per province by June 2021 – the capacity of these facilities remains limited and stocks of supplies have periodically run out. National capacity for COVID-19 testing has reached 8,500 samples a day however these laboratories are not being fully utilised. Humanitarian partners urge the Government of Afghanistan to ensure laboratories are appropriately equipped and that procured supplies go to under-resourced health centres in a transparent manner, so that life-saving support can be delivered to those most in need. Recently developed rapid diagnostic tests (RDT) need to be integrated into current testing plans.
- There is a need to improve staff 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; COVID-19 among healthcare workers has hampered the pandemic response and the provision of other essential health services.
- Scale-up of community-based RCCE is critical to combat misinformation, especially for vulnerable people.

Water, Sanitation and Hygiene

Needs:

- According to the 2020 Whole of Afghanistan Multi-Sector Needs Assessment, 70 per cent of displaced households reported limited access to soap due to high market prices. At the same time, 45 per cent of displaced households reported lack of access to water for handwashing.

3.73M

people have received WASH assistance during the COVID-19 response

- Data from the Whole of Afghanistan Assessment shows that 81 per cent of vulnerable non-displaced households reported not taking any preventative measures to stop the spread of COVID-19.[†]
- A joint UN Women and IRC survey conducted in September 2020 revealed an increase in time spent by women and girls collecting water compared to pre-COVID-19 levels, potentially increasing their risk of exposure to the virus. 40 per cent of the consulted IDPs, 45 per cent of returnees and 27 per cent of host community members reported an increased time required to procure water.

Response:

- All WASH activities are contributing to the COVID-19 response, with the scaling-up of handwashing, hygiene promotion and hygiene kit distribution considered a top priority.
- Between 11 January and 14 February, 439,856 people were reached with WASH assistance, bringing the total to 3,730,762 people reached since the start of the crisis.
- 13,745 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 96,129 people. 214,700 hygiene kits have been distributed since the start of the crisis, reaching 1,307,115 people.
- 106,629 bars of soap were distributed across the country between 11 January and 14 February. Since the start of the response, more than 5.6m bars of soap have been distributed in 379 of the country's 401 districts.

Gaps & Constraints:

- The WASH pipeline remains in need of replenishment to cover COVID-19 response, new conflict-induced IDP needs and to prepare for *La Nina*-driven needs.
- WASH Cluster partners report challenges with attaining approvals from the appropriate line ministries to begin COVID-19 responses, resulting in delays in response. WASH partners note that line ministries are taking longer to approve non-health-related COVID-19 response activities.

Emergency Shelter & NFI

Needs:

- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable people.
- Afghanistan is enduring a grim winter as people living at high altitudes have been struggling to keep themselves warm amid soaring poverty driven by the economic shock of COVID-19.
- Inadequate shelter and heating material can increase respiratory diseases which aggravate the impact of the virus. The ICCT's \$137m winterisation plan aims to reach 2.5m people over the winter months with a range of life-saving support including cash and in-kind heating assistance for households and classrooms, warm clothes, seasonal food support, nutrition treatment, and health services for winter sickness. Only about half of the funds needed were received by donors and the Government (\$72.26m), leaving a gap of \$65.3m. The ES-NFI Cluster requires \$57.5m to reach 1.35m people with heating materials, winter clothing and blanket packages assistance. The Cluster has received \$20.78m to assist 397,908 people, leaving a gap of \$36.72m.

596K

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

Response:

- 596,399 people in 16 provinces have been reached with key messages by ES-NFI partners since the start of the crisis.
- Since the start of the pandemic, 12,807 IEC materials have been distributed across 9 provinces.
- 1,304 NFI kits have been distributed to families at-risk from COVID-19 since the start of the COVID-19 pandemic.
- A total of 182,663 face masks have been distributed 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 and the winterisation response is ongoing, additional resources are critical.
- Lack of COVID-19 specific funding has limited ES-NFI cluster's capacity to support the pandemic responses. Expanding the shelters of vulnerable households to reduce overcrowding and mitigate the spread of the virus should be prioritised.

[†] Whole of Afghanistan and Hard to Reach Assessments; Key Findings for the AAP Working Group, Kabul, 12 October 2020

Protection

Needs:

- Families who have been recently displaced by conflict, particularly in Daykundi and Uruzgan, are living in crowded areas at heightened risk of COVID-19 and are in need of food, NFIs and COVID-19 prevention materials.
- An increase in mental health challenges has been noted by Protection partners among female-headed households in Farah province during the pandemic.
- Partners note that vulnerable communities' capacity to purchase hygiene kits is limited due to the COVID-19 pandemic which has pushed people further into poverty and limited job opportunities across Takhar province.

3M

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

Response:

- During the reporting period, 222,634 people across the country were sensitised on COVID-19 and related preventive measures by Protection Cluster partners, bringing the total to 3,089,833 people reached since the start of the crisis.
- 9,328 IEC materials on COVID-19 were distributed across 5 provinces during the reporting period. 132,786 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- 897 COVID-19-specific protection monitoring interviews were conducted across 15 provinces between 11 January and 14 February, bringing the total to 7,888 since the start of the crisis.
- During the reporting period, 4,986 border monitoring interviews were conducted with returnees (Afghanistan nationals) across border crossing sites, with 37,659 interviews conducted across all border crossings since the start of the crisis.
- Between 11 January and 14 February, 6,952 people received PSS through various modalities across 10 provinces. Since the start of the pandemic, some 335,068 people across 20 provinces received PSS to help them cope with the psychosocial-related consequences of COVID-19.
- 486 PSNs received cash assistance across the country to help them cope with the financial impact of COVID-19 during the reporting period, with 4,523 PSNs receiving cash assistance since the start of the pandemic.

Gaps & Constraints:

- Protection Cluster partners' access to vulnerable populations in parts of Ghazni and Logar provinces has been restricted by the deteriorating security situation and other access challenges. Protection Cluster partners are working on resolving access impediments including through engagement with the HAG.

Food Security

Needs:

- An estimated 16.9 million people are in crisis or emergency food insecurity from November 2020 to March 2021, 5.5 million of whom are in 'emergency' level food insecurity (IPC 4).
- The most recent IPC Analysis indicates that the pandemic has intensified regular shocks and caused a significant deterioration in the food security situation across Afghanistan.
- The negative impact of COVID-19 on labour opportunities, wage income and poor inflow of remittances from neighbouring countries will continue to be felt through until the end of the lean season.
- The relaxation in COVID-19-related restrictions has encouraged improved trade and movement of casual labour. FSAC fears that increased physical interaction may increase the risk of COVID-19 transmission.
- The food insecurity situation is most pronounced in the areas with fragile livelihoods and remote access issues such as the Central Highlands and the highlands of the North East. The winter/lean season is expected to further exacerbate the situation in these provinces as food stocks and household savings are further depleted in a La Nina year.
- The lack of dietary diversity for poor families, particularly those who have been displaced, requires urgent attention to ensure that food support safeguards basic nutrient intake needs. This would include needing to invest more efforts in the distribution of fortified foodstuffs and targeted nutrition interventions.
- A global La Niña event has been declared and regional climate outlooks suggests below-average rain and above-average temperatures are expected over the coming months. The event is likely to have an impact on the 2021 cultivation cycle, in particular rain-fed crops for the first cycle and availability of water for second cycle irrigated crops. The situation is being closely monitored.

16.9M

people are living in a crisis or emergency food insecurity in Afghanistan
IPC 3 & 4
(November 2020 - March 2021)

Response:

- FSAC partners continue COVID-19 awareness-raising campaigns across the country to limit the transmission of the virus.
- During the reporting period, WFP distributed \$2.6m to 258,538 COVID-19 affected people in Kabul, Khost, Daykundi, Samangan, Balkh, Kandahar, Hirat and Badghis provinces.
- FSAC's pre-lean season baseline survey data collection has been completed. The survey results will provide a strong evidence base of the current food security and livelihoods situation in Afghanistan for the most vulnerable. The data will also be used in the upcoming IPC analysis and ICCT planning for the current dry spell.

Gaps & Constraints:

- FSAC partners report access impediments such as road blockages due to bad weather conditions.

Education**Needs:**

- Afghanistan has two academic years – one running from March until December in areas affected by cold winters, and the second beginning in September in areas where the summers are too hot to hold classes. On 15 November 2020, the Ministry of Education announced the closure of schools in cold climate provinces for grades 1-12. The decision has affected all educational activities in “cold weather” provinces, including CBE classes operated by development and EiE partners. The EiE WG is concerned about the impact of school closure on vulnerable children in cold weather provinces.
- Since the start of the pandemic, school children in Afghanistan have lost several months of schooling (between 14 March and 3 October).

129K

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

Response:

- The Education in Emergencies (EiE) Working Group is supporting the Government of Afghanistan in their efforts to facilitate the continuity of education for all through remote learning.
- 5,430 children (1,650 boys, 3,780 girls) have been reached with EiE-developed home-based learning materials during the reporting period. Since the start of the pandemic, a total of 129,086 children (69,428 boys, 59,658 girls) across 15 provinces have been reached with home-based support.

Gaps & Constraints:

- School closures and the disallowance of winterisation activities have meant that previously budgeted and approved activities will not be implemented, which impacts not only children's learning trajectory, wellbeing and ability to catch-up on learning opportunities lost to the COVID-19 pandemic but also donor confidence in funding critical education programming.

Nutrition**Needs:**

- Malnutrition is on the rise and is putting people at increased risk to 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 and nutrition insecurity and COVID-19. This includes ensuring humanitarian access for health and nutrition services (especially malnourished children under five and mothers/PLW).

419K

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

Response:

- Between 11 January and 14 February, 24,075 people – including PLW – across Kunar and Nangahar provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 419,223 people across the country have been sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the start of the COVID-19 crisis.
- 2,550 IEC materials including posters, leaflets and brochures were distributed by nutrition partners during the reporting period; 158,421 IEC materials have been distributed by Nutrition Cluster partners since the start of the crisis.

- Considering the increase of confirmed COVID-19 cases, the Nutrition Cluster will continue to adapt nutrition assessments and surveys in line with the adapted nutrition technical guidance note to mitigate against transmission of the virus.

Gaps & Constraints:

- Although MHNTs have scaled-up to move services closer to the community, COVID-19 continues to impact 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.
- There is a need to maintain and expand nutrition provision via alternate modalities such as MHNTs in remote and hard-to-reach locations.
- Nutrition Cluster partners report delayed arrival of imported nutrition supplies due to prolonged customs clearances at border crossing sites.
- Additional production of MUAC tape is needed for children and PLW. Additional production will strengthen the existing mother/family-led MUAC initiative that equips mothers/caretakers to screen children within their households and refer malnourished children for treatment.
- Partners continue to report the need for more PPE for health and nutrition frontline workers.
- Nutrition Cluster partners report that behavioural change communication (BCC) materials related to COVID-19 are needed for nutrition department staff and community workers. Additionally, more capacity-building on nutrition and nutritional guidance in the context of COVID-19 is needed for health and nutrition workers, including nutrition counsellors.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.
- Additional paediatricians are needed at inpatient departments for Severe Acute Malnutrition (IPD-SAM) wards to deal with the COVID-19 outbreak.
- There is need for additional breastfeeding corners to be established at nutrition sites to ensure appropriate physical distancing measures

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 **Awaaz Afghanistan** inter-agency call centre continuously supports partners with the dissemination of key COVID-19 messages. As of 14 February 2021, Awaaz had reached over 44,000 callers with pre-recorded COVID-19 messages and directly handled 3,866 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women and 2 per cent from people indicating to have a disability. All figures are reported through Awaaz's [interactive dashboard](#). There has been a considerable drop in COVID-19-related enquiries during this reporting period compared to last year. In May 2020, during the first wave, calls related to COVID-19 represented roughly 20 per cent of the overall call volume handled, while only 1 per cent of calls in January 2021 highlighted a need or question around COVID-19. Awaaz Afghanistan remains on standby to share approved COVID-19 vaccination messages with callers.

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