

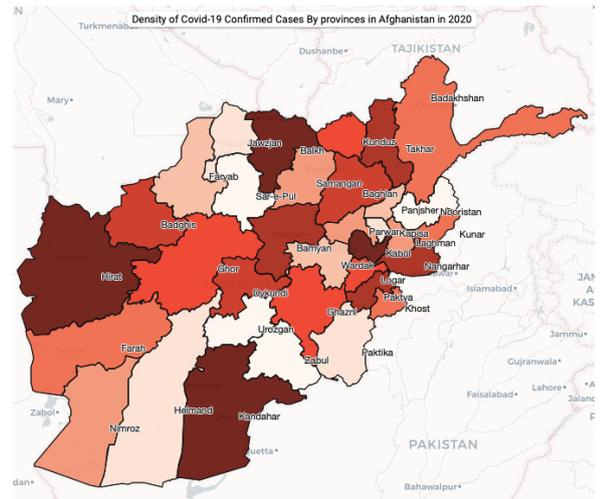
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **14 September and 11 October 2020**. The next Operational Situation Report will be released on 12 November and cover activities carried out between 12 October and 8 November.

HIGHLIGHTS

- According to MOPH data as of 15 October, 40,026 people in Afghanistan have tested positive for COVID-19; 1,481 have died and 33,447 have recovered.
- Since the start of March, partners have medically screened 496,901 people at points-of-entry, provided 287,583 people with psychosocial support to cope with the mental health effects of COVID-19 and distributed more than 5 million bars of soap in 312 districts across the country.

SITUATION OVERVIEW

MOPH Figures: MoPH data shows that as of 15 October, 40,026 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 33,447 people have recovered, and 1,481 people have died - 76 of whom are healthcare workers. 115,968 people out of a population of 37.6 million have been tested. The majority of the recorded deaths were men between the ages of 50 and 79. Men also account for almost 70 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, 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. 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 protocols.



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.

Second Wave: With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences from the COVID-19 pandemic. While data suggests that the first wave seemed to peak in June, a new rise in cases is being closely monitored. WHO is warning that the second wave of COVID-19 may be deadlier than the first if people do not follow health advice. This dangerous second wave of the virus comes at a time of increased conflict and political uncertainty and reduced community adherence to prevention measures. Limited access to water and sanitation for good hygiene, widespread food insecurity and high rates of malnutrition are all additional complicating factors for Afghanistan. Resourcing community engagement, surveillance, and contact tracing remains critical to supporting the COVID-19 response. Health partners are continuing to see lower numbers of patients at fixed health and nutrition facilities due to people’s fear of catching the virus and have been delivering programmed via mobile teams wherever possible.

Socio-economic impacts: The socio-economic impacts of COVID-19 are translating into a dramatic impact in food insecurity with levels now similar to those seen during the 2018 drought. An estimated 14.7 million people are in acute food insecurity from August to October 2020. Looking forward, 17m people are 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 9 per cent between 14 March and 14 October, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 25 per cent, 18 per cent, 26 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 deteriorated by over 7 per cent and 11 per cent respectively (compared to 14 March).

Ongoing needs: While implementing activities to mitigate the spread of COVID-19, humanitarian partners also continue to respond to other ongoing and emerging humanitarian needs. During the reporting period, 14,533 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 3,532 people were treated for trauma care

and 2,342 children under the age of 5 years received routine immunisation through MHTs. 6,669 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 33,027 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 2,080 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 17,724 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 1,281 nutritionally at-risk PLWs also received blanket supplementary food. 26,503 caregivers received Infant and Young Child Feeding (IYCF) and maternal counselling during the reporting period, while 12,183 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 175 Gender-Based Violence (GBV) cases across 5 provinces were identified and referred to Family Protection Centres (FPCs) for case management. 3,042 dignity kits were distributed to women and girls across Hirat, Balkh and Badghis provinces. 12 children and adolescents with COVID-19 related protection needs were supported with case management through referrals to multi-sector services in Nangarhar provinces. As part of its regular programming, WFP distributed 10,931 metric tons (mt) of food between 10 September and 7 October.* [Humanitarian partners are also mobilising](#) to respond to needs in southern Afghanistan where an estimated 35,000 people have been displaced by conflict and there has been a surge in trauma cases. Ongoing fighting has also forced the closure of a number of health facilities, interrupting access to critical health services for more than 38,000 people. Assessment teams are currently verifying the immediate needs of affected families and mobilising assistance.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

<p>Country-level coordination and response planning</p>	<ul style="list-style-type: none"> • Health partners continue to support Government-led response to COVID-19. • Humanitarian partners are currently implementing a Humanitarian Response Plan (HRP) which integrates 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 33 per cent of requirements, leaving a gap of \$753m. • At \$3.22 billion, the Global HRP for COVID-19 is currently 31.6 per cent funded. This includes Afghanistan's COVID-19 response requirements from the revised HRP. • 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.
<p>Risk communication and community engagement (RCCE - accountability to affected populations)</p>	<ul style="list-style-type: none"> • 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 English, Dari, Pashto. More than 4.7m people have been reached with RCCE messages by health partners. • IOM's Displacement Tracking Matrix (DTM) 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. • IOM has set up 199 billboards, printed 113,100 brochures, 39,261 banners and posters in border provinces with Pakistan and Iran. • The AAP adviser is working 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 and is encouraging strong involvement from national NGOs. • IOM has reached 147,964 (47,288 men and 98,676 women) people with awareness raising sessions on hygiene practices and COVID-19 prevention.
<p>Surveillance, rapid response teams, and</p>	<ul style="list-style-type: none"> • Health Cluster partners' surveillance systems have traced 561,024 people since the start of the crisis. • 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. 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. • 74 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities.

* 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.

case investigation	<ul style="list-style-type: none"> • 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. • 3,213 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 500 Community Health Workers (CHWs) 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 donated IT-equipment to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces.
Points of entry	<ul style="list-style-type: none"> • 12 MHTs and 4 IOM TB/COVID-19 screening teams are deployed to major border crossing points. • 496,901 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"> • 13 laboratories are now operational. Afghanistan currently has technical capacity to carry out 5,000 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 366,542 units of PPE directly to health providers nationwide. • More than 25,000 units of PPE were provided to MoPH by WHO. However, issues around a clear distribution plan remain unresolved. • IOM has supplied more than 38,000 units of PPE across 6 provinces. • Infection Prevention and Control (IPC) training has been provided to 4,350 healthcare workers.
Case management	<ul style="list-style-type: none"> • 26 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).

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. • 496,901 people screened at points-of-entry by Health Cluster partners. • 4,701,252 people reached with risk communication and community engagement messages by health partners. • 561,024 people traced through Health Cluster surveillance systems since the start of the crisis. • IPC training conducted for 4,350 healthcare workers. • 3,213 healthcare workers trained in surveillance and risk communication in contested areas. • 2,000 beds made available for isolation and intensive care. • Medical equipment provided for 1,642 isolation 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"> • 2,748,307 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits. • 149,374 hygiene kits distributed, reaching 944,588 people. • More than 5m bars of soap distributed in 312 districts across the country. • More than 29,500 people at the Islam-Qala border crossing, 92,963 people at the Milak crossing and 16,100 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water. • 2,790 handwashing stations set up at the community-level in 37 districts across 15 provinces. • 14,600 people reached with hand washing stations set up in health facilities in 14 districts across 6 provinces. • 48 hand washing stations set up in schools across 9 districts.

Emergency Shelter & NFI	<ul style="list-style-type: none"> • 578,146 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 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.
Protection	<ul style="list-style-type: none"> • Almost 2.3 million people sensitised on COVID-19 and related preventive measures by Protection Cluster partners. • 69,301 IEC materials distributed. • 4,591 people interviewed using the COVID-19 specific protection monitoring questionnaire. • 20,800 border monitoring interviews conducted. • 287,583 people received psychosocial support to cope with the mental health effects of COVID-19. • 790 children received COVID-19 story books. • 268,579 people received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic. • 2,592 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"> • As part of its regular programming, since the start of the COVID-19 crisis (between 1 March and 11 October) WFP has reached 5 million people with food assistance; directly distributed over 76,000MT of food; and disbursed over \$10.8 million in cash-based transfers.[†] • 326,648 people have been reached with COVID-19 specific food assistance by FSAC partners between the beginning of May and 31 July.
Education	<ul style="list-style-type: none"> • 118,695 children reached with home-based learning materials across 14 provinces. • 10,314 children across 4 provinces received education through small group learning. • 100,674 children across 11 provinces received IEC materials on COVID-19 preventative measures. • 318,970 children across 4 provinces sensitised on COVID-19 and preventive measures through TV and radio. • 1,231 teachers trained on safe school protocols for COVID-19 for when schools re-open.
Nutrition	<ul style="list-style-type: none"> • 263,178 community members reached with COVID-19 awareness raising sessions. • 108,408 IEC materials distributed

Health

Needs:

- According to information collected through Health Cluster partners' COVID-19 surveillance system, a new rise in cases have been reported in the western region. Continued surveillance and contact tracing is needed to monitor the situation.
- Continuation of all health services – including primary health care for vulnerable people – and community engagement to combat misinformation and fear are critical. Maintaining essential health services for women and girls, displaced people and returnees is particularly important.
- Given current rumours and misinformation related to a COVID-19 vaccine, Health Cluster partners report the need to maintain risk communication and community engagement messaging in order to curb the spread of misinformation within the community and to strengthen the population's confidence in vaccines. Pre-emptive action is needed to ensure people are confident receiving care once a safe and effective COVID-19 vaccine becomes available.

13

Laboratories are now operational with capacity to test 5,000 samples per day

Response:

- Between 14 September and 11 October, Infection Prevention and Control (IPC) training has been provided to 105 healthcare workers, with 4,350 healthcare workers trained in IPC since the start of the crisis.
- During the reporting period, 35 healthcare workers were trained in medical laboratory testing, with 193 healthcare staff trained in medical laboratory testing since the start of the pandemic.

[†] 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.

- 25 healthcare workers received Intensive Care training during the reporting period. Since the start of the outbreak, 444 healthcare workers have been trained in Intensive Care.
- RCCE work has 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 continued rumour tracking across the country, as well as risk communication messaging on the safe return to essential health services.

Gaps & Constraints:

- While 13 laboratories are now operating in Afghanistan, laboratory capacity in Afghanistan remains limited. 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. The recent development of rapid diagnostic tests (RDT) needs 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 amidst a potential second wave.
- 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:

- 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 prices. Moreover, 45 per cent of displaced households reported lack of access to water for handwashing.
- A joint UN Women and IRC survey conducted in September revealed an increase in time spent by women and girls fetching water compared to pre-COVID-19 levels, potentially increasing their risk of exposure to the virus. Moreover, 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.

2.74M 

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

Response:

- Between 14 September and 11 October, 141,943 people were reached with WASH assistance, bringing the total to 2,748,307 people reached since the start of the crisis.
- 10,730 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 76,897 people across 45 districts. 149,374 hygiene kits have been distributed since the start of the crisis, reaching 944,588 people.
- 75,109 bars of soap were distributed across the country between 14 September and 11 October. Since the start of the response, more than 5m bars of soap have been distributed in 312 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 17,242 people, with 92,963 people reached in this location since the start of the crisis.

Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and flood induced IDPs and COVID-19 response needs; hygiene kits tailored for the COVID-19 response are also in high demand.
- WASH Cluster partners report challenges with attaining approvals from the appropriate line ministries to begin COVID-19 responses, resulting in delays in response for people in need. WASH partners note that non-health-related COVID-19 response activities are taking longer to approve.

Emergency Shelter & NFI

Needs:

- Returnees and vulnerable households report inability to pay rent due to income loss associated with COVID-19 movement restrictions. They now require cash-for-rent assistance, particularly in Kabul, Jalalabad and the north-east.
- Considering the approaching winter and possible second wave of COVID-19, there is critical need for warm clothing and winter assistance for the IDP community, specifically in the north and north-east regions.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable people.

578K

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 11,652 people across 6 provinces with awareness raising sessions on the prevention of COVID-19 through focus group discussions, radio broadcasting and via contracted masjids.
- More than 578,146 people in 16 provinces have been reached with key messages by ES-NFI partners 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, sporadic flooding creates humanitarian needs and planning for winterisation begins, additional resources are critical.

Protection

Needs:

- The impact of COVID-19 (e.g. lockdown measures, unemployment, and returnees' flows from Iran etc.) has caused widespread economic hardship in the country's south. At the same time, the lockdown has forced thousands of men who typically reside/work in bigger cities or abroad – back to their rural villages of origin in the provinces. The combination of these factors has fuelled family tensions and contributed to a steep increase in protection incidents. There is a need for an increase in livelihood support, as well as awareness raising, community dialoguing and counselling to mitigate family tensions.
- As a result of the recent conflict in Pashton Zarghon district of Hirat province, residents – including IDPs and host communities in Koshke Sewan, Korte Khwaja, Jez Abaad, Band Abaad, and Myandojoy areas – report a lack of access to services and need for COVID-19 response and prevention support.
- Protection Cluster partners report that job opportunities and income generating activities have significantly decreased in the south since the start of the outbreak. Living standards have been degraded in these areas compared to pre-COVID-19 levels while vulnerability amongst the population is increasing.

2.3M

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

Response:

- Between 14 September and 11 October, 198,178 people across the country were sensitised on COVID-19 and related preventive measures by Protection Cluster partners, bringing the total to 2,294,831 people reached since the start of the crisis.
- 6,006 IEC materials on COVID-19 were distributed across 9 provinces during the reporting period. 69,301 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- 915 COVID-19-specific protection monitoring interviews were conducted across 6 provinces between 14 September and 11 October, bringing the total to 4,591 interviews since the start of the crisis.
- During the reporting period, 8,848 people received PSS through various modalities across 12 provinces. Since the start of the pandemic, some 287,583 people across 20 provinces received PSS to help them cope with the psycho-social-related consequences of COVID-19.
- Between 14 September and 11 October, 400 people in Hirat and Kandahar provinces received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic, with 268,579 people reached since the start of the crisis.
- During the reporting period, 4,616 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak and the Spin Boldak border crossing sites, with 20,800 interviews conducted across all border crossings since the start of the crisis.

- During the reporting period, 320 persons with specific needs (PSNs) received cash assistance across 8 provinces to help them cope with the financial impact of COVID-19. Since the start of the crisis, 2,592 people have received this kind of cash assistance.
- Child Protection partners working in Kabul reported that their programmes have re-started since the easing of the COVID-19-related lockdown measures, with children now regularly partaking in various activities at the centres.

Gaps & Constraints:

- Despite massive efforts in raising awareness and fighting rumours, misconceptions remain widespread in rural areas. As a result, adherence to COVID-19 preventive measures is extremely poor in many areas of the country.
- The Cash for Protection Programme has temporarily been suspended by Department of Refugees and Repatriation (DoRR) offices in the north due to data sharing issues. The Government has requested to receive beneficiary data on a regular basis. The request is currently being discussed by the humanitarian community.

Food Security

Needs:

- An estimated 14.7 million people are in acute food insecurity from August to October 2020. Looking forward, IPC analysis projects 17m people will be in crisis or emergency food insecurity from November to March, 5.5 million of whom are in 'emergency' level food insecurity (IPC 4).
- IPC 2020 Analysis has been completed and shows the ongoing pandemic has magnified regular occurring shocks and caused a significant degradation in the food security situation across Afghanistan. Since March, there has been a 9 per cent jump of the population facing food acute food insecurity.
- As a result of the COVID-19 outbreak, there are higher levels of debt and reduced income levels along with increased household expenditure due to commodity price rises. The impact of the drop in income is affecting refugees and displaced HHs the hardest.
- Anticipated La Niña impacts are also expected to result in less than average precipitation over the winter months, which may have impacts on the 2021 cultivation cycle.
- Assessments of displaced people show an increasing number facing either poor or borderline food consumption scores and increasing levels of debt. Lack of income also exposes households to new risks such as forced evictions and further disruptions to their livelihoods.
- The food insecurity situation is pronounced in the areas with fragile livelihoods and remote access issues such as the central highlands and the highlands of the northeast. The upcoming winter/lean season is expected to further exacerbate the situation in these provinces as food stocks and household savings are further depleted.
- Increased insecurity due to an uptick in violence is causing more displacement, while natural hazards such as late flooding continue to affect pockets of vulnerable people across several provinces.
- The depressed economy of neighbouring countries has also contributed to decreased household incomes due to drops in remittances from COVID-19. This is being further compounded by devaluation of currencies.

17M

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

Response:

- As part of its regular programming,[‡] WFP has reached 5 million people with food assistance; distributed over 76,000MT of food; and disbursed over \$10.8m in cash-based transfers between 1 March and 11 October.
- 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 were reached with COVID-19 specific food assistance by FSAC partners. A further update to these numbers will be completed in the coming weeks.
- Responses continue at an increased rate with scaled-up activities in cash for food distributions and resumption of in-kind programmes for school children and agricultural livelihood interventions.

[‡] 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.

- Food assistance activities have increased in scope and livelihood activities have re-started ahead of the winter wheat planting cycle. Partners have maintained a high level of operational capacity across the entire crisis and the situation is normalising to the point where most FSAC INGO partners are bringing back their international staff.

Gaps & Constraints:

- Although commercial supply movement is occurring on a more regular schedule, the strain on pipelines for importing key staple goods including vegetable oil 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 of lifesaving goods.

Education

Needs:

- All educational activities have resumed as of 3 October with CBEs and public schools now fully functional. Children who had their education disrupted by the COVID-19 outbreak, and particularly children who had no access to alternative learning modalities during the pandemic, are in urgent need of assistance.
- Schools and CBEs need appropriate preventive measures in place to reduce the risk of COVID-19 transmission and provide safe learning spaces. This is challenging for many schools and CBEs currently do still lack adequate WASH facilities.

118K

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

Response:

- To ensure the safe return of children to the classroom, EiE-WG partners have produced Back-To-School content for TV and radio with four spots delivered so far. The content also includes key messages to students and parents on COVID-19 mitigation measures in schools. The Back-To-School content will be broadcast widely across the country by 182 national and local TV and Radio channels.
- During the reporting period, the EiE-WG Working Group developed a Risk Communication and Community Engagement guidance note which will be shared with partners once approved by the Strategic Advisory Group (SAG).
- 6,525 children (4,490 boys, 2,035 girls) have been reached with EiE-developed home-based learning materials during the reporting period. A total of 118,695 children (55,883 boys, 62,812 girls) across 14 provinces have been reached with home-based support since the start of the COVID-19 crisis.

Gaps & Constraints:

- Winterisation support is needed to enable schools to continue to operate, despite harsh winter conditions. Support needs include the provision of winterisation kits consisting of winter clothes to students, bukharis (heaters) and heating fuel. The provision of winterisation kits will enable children to continue their classes during winter and catch-up on learning opportunities lost to the COVID-19 pandemic.
- WASH support for CBEs is critically needed across the country.

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 insecurity and COVID-19. This includes ensuring humanitarian access for health and nutrition services (especially children under five and mothers/PLW).

263K

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

Response:

- Between 14 September and 11 October, 57,871 people – including PLW – across 12 provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 263,178 people across the country have been sensitised on COVID-19 preventative measures by Nutrition Cluster partners since the start of the COVID-19 crisis.
- 20,109 IEC materials including posters, leaflets and brochures were distributed by nutrition partners during the reporting period; 108,408 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 to minimise the physical contact between service providers, caregivers and children. Since the start of the crisis, a total of 4,747 mothers/community members have been engaged in monitoring of their children's nutritional status.
- Nutritional screening of children under five have been re-activated with COVID-19 preventive measures in place. During the reporting period, a total of 31,668 children have been screened by Nutrition Cluster partners.

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 for additional MHNTs to provide timely detection and treatment of malnutrition cases.
- Anthropometric measurement, such as height measurement, has been stopped to minimise physical contact.
- Additional production of MUAC tape is needed for children and PLW.
- 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.
- 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 COVID-19 pandemic is putting pressure on global production capacities and supply chains. Increased lead time, as well as cross-border delays, have resulted in slow arrival of nutrition supplies into Afghanistan.
- There is need to establish additional breast-feeding corners as part of both winter response and overall nutrition response physical infrastructure.

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 has supported partners with the dissemination of key COVID-19 messages. As of 10 October, Awaaz reached over 27,955 callers with pre-recorded COVID-19 messages and directly handled 3,582 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. While Awaaz kept responding to callers' requests around COVID-19, a considerable drop in enquiries around COVID-19 was recorded during this reporting period as compared to previous months earlier in the year; while in May calls related to COVID-19 represented roughly 20 per cent of the overall call volume handled, only 3 per cent of the calls in September highlighted a need or question around COVID-19.

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