

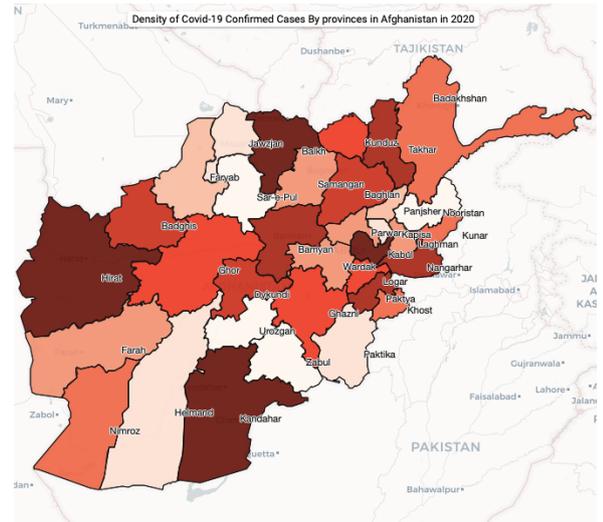
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **7 and 13 September 2020**. The next Operational Situation Report will be released on 14 October and cover activities carried out between 14 September and 11 October.

### HIGHLIGHTS

- As of 16 September, 38,855 people in Afghanistan have tested positive for COVID-19; 1,436 have died and 32,503 have recovered.
- Since the start of March, partners have medically screened 496,365 people at points-of-entry, reached 112,170 children with home-based learning materials and distributed almost 5 million bars of soap in 267 districts across the country.

### SITUATION OVERVIEW

**MoPH data shows that as of 16 September, 38,855 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 32,503 people have recovered, and 1,436 people have died (76 of whom are healthcare workers). 107,593 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 half 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 are creating grave risks in the community with people generally not observing physical distancing protocols. Recent modelling on COVID-19 projections, developed by the Centre for Humanitarian Data in collaboration with Johns Hopkins Applied Physics Laboratory and released on 9 September, suggests that based on MOPH data, cases and deaths will continue to rise over the next four weeks. Modelling further suggests a significant increase in severe cases (potentially up to 3x the number) should current preventative measures be lifted, creating grave implications for Afghanistan’s economy and people’s well-being.

According to [WFP’s market monitoring](#), the average wheat flour price (low price) increased by 8 per cent between 14 March and 16 September, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 25 per cent, 20 per cent, 27 per cent, and 18 per cent, respectively, over the same period. This price increase is accompanied by a declining purchasing power of casual labourers and pastoralists – which have deteriorated by 4 per cent and 8 per cent respectively (compared to 14 March).

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, 6,472 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 324 people were treated for trauma care and 274 children under the age of 5 years received routine immunisation through MHTs. 640 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 31,430 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 4,607 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 11,739 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 2,124 nutritionally at-risk PLWs also received blanket supplementary food. 3,982 caregivers received Infant and Young Child Feeding (IYCF) and maternal counselling during the reporting period, while 2,399 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 106 Gender-Based Violence (GBV) cases across 4 provinces were identified and referred to Family Protection Centres (FPCs) for case management. 79 dignity kits were

distributed to women and girls across Balkh and Badghis provinces. As part of its regular programming, WFP distributed 2,293 metric tons (mt) of food between 3 and 9 September.\*

## HUMANITARIAN RESPONSE

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

<p><b>Country-level coordination and response planning</b></p>	<ul style="list-style-type: none"> <li>• Health partners continue to support Government-led response to COVID-19.</li> <li>• Humanitarian partners have launched a revised <a href="#">Humanitarian Response Plan (HRP)</a>, integrating COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian and protection aid, humanitarian partners have prioritised 11.1 million to receive immediate assistance in 2020, for which US\$1.1 billion is required. At the mid-year point, 6m people had been reached with assistance. The HRP remains significantly underfunded at just <b>30 per cent</b> of requirements, leaving a gap of \$791m. 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 \$2.57 billion, the Global HRP is currently <b>24.9 per cent</b> funded. This includes Afghanistan's COVID-19 response requirements from the revised HRP.</li> <li>• The COVID-19 ONE UN Response Plan has been finalised and accepted by the Government and UN Country Team, with the quarterly report expected to be published in the coming weeks.</li> </ul>
<p><b>Risk communication and community engagement (RCCE - accountability to affected populations)</b></p>	<ul style="list-style-type: none"> <li>• The RCCE Working Group has produced a rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. It has also carried out an assessment showing communication preferences and the most trusted information sources by geographical area, down to the district level. The RCCE Working Group has also developed <i>Self-Isolation at Home Guidance Messages</i> which are available in <a href="#">English</a>, <a href="#">Dari</a>, <a href="#">Pashto</a>.</li> <li>• IOM's Displacement Tracking Matrix (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.</li> <li>• IOM has set up 199 billboards, printed 113,100 brochures, 39,261 banners and posters in border provinces with Pakistan and Iran.</li> <li>• The new AAP adviser is working 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 and is encouraging strong involvement from national NGOs.</li> <li>• IOM has reached 147,964 (47,288 men and 98,676 women) people with awareness raising sessions on hygiene practices and COVID-19 prevention.</li> <li>• Almost 4.7m people have been reached with RCCE messages by health partners.</li> </ul>
<p><b>Surveillance, rapid response teams, and case investigation</b></p>	<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 579,353 people since the start of the crisis.</li> <li>• IOM MHTs have trained more than 500 Community Health Workers (CHWs) 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 have been trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas.</li> </ul>
	<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>• 496,024 people have been screened at points of entry by Health Cluster partners.</li> </ul>

\* The tonnage of weekly dispatched fluctuates regularly based on programme needs, use of commercial transporters versus WFP's own fleet, capacities to distribute in the field and other factors. Weekly figures are regularly consolidated and analysed as part of WFP's overall rolling implementation plan that ranges from two to four months.

<b>Points of entry</b>	<ul style="list-style-type: none"> <li>• Temperature checks and screening activities are ongoing through deployment of 98 screening staff at all major border crossings with Iran and Pakistan.</li> <li>• Seven UNHCR partner staff have supported 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>• 13 laboratories are now operational. Afghanistan currently has technical capacity to carry out 5,000 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 4,245 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 supporting on logistics issues during the COVID-19 response.</li> <li>• The Humanitarian Access group (HAG) is working to resolve access issues on behalf of partners.</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 By Cluster/Sector

<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>• 496,365 people screened at points-of-entry by Health Cluster partners.</li> <li>• 4,696,363 people reached with risk communication and community engagement messages by health partners.</li> <li>• 579,353 people traced through Health Cluster surveillance systems since the start of the crisis.</li> <li>• IPC training conducted for 4,245 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 beds 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.</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• 2,606,364 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>• 138,644 hygiene kits distributed, reaching 867,691 people.</li> <li>• Almost 5m bars of soap distributed in 267 districts across the country.</li> <li>• More than 29,500 people at the Islam-Qala border crossing, 75,721 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>• 2,790 handwashing stations set up at the community-level in 37 districts across 15 provinces.</li> <li>• 14,600 people reached with 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>• 566,494 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>• 1,304 NFI kits distributed across 6 provinces to families at-risk from COVID-19.</li> <li>• 181,177 face masks distributed by ES-NFI Cluster partners across 4 provinces.</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>• Almost 2.1 million people sensitised on COVID-19 and related preventive measures by Protection Cluster partners.</li> <li>• 63,295 IEC materials distributed.</li> </ul>

<b>Protection</b>	<ul style="list-style-type: none"> <li>• 3,679 people interviewed using the COVID-19 specific protection monitoring questionnaire.</li> <li>• 16,184 border monitoring interviews conducted.</li> <li>• 278,735 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>• 268,179 people received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.</li> <li>• 2,272 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 9 September) WFP directly distributed over 68,000MT of food; and disbursed over \$8.2 million in cash-based transfers.<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>• 112,170 children reached with home-based learning materials across 14 provinces.</li> <li>• 10,314 children across 4 provinces received education through small group learning.</li> <li>• 100,674 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>• 205,307 community members reached with COVID-19 awareness raising sessions.</li> <li>• 88,299 IEC materials distributed</li> </ul>

## Health

### Needs:

- Different COVID-19 models show that COVID-19 cases in Afghanistan will continue to rise. As crisis expands, 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 anticipate further increases 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 are critical. 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 to school. Particular attention should be paid to appropriate hygiene practices and physical distancing measures.

# 13

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

### Response:

- 13 laboratories are now operational. Afghanistan currently has technical capacity to carry out at least 5,000 tests per day. However, COVID-19 testing is not operating at full capacity due to operational challenges, as well as a lack of appetite for testing among the general population.
- Throughout the COVID-19 crisis, WHO has worked to build the Government's capacity to deal with major outbreaks by strengthening in-country laboratory infrastructure. WHO will continue to support the Government of Afghanistan's goal to have functional laboratories across all provinces, as well as to expand qualified staffing resources.
- During the reporting period, Infection Prevention and Control (IPC) training has been provided to 55 healthcare workers, with 4,245 healthcare workers trained in IPC since the start of the crisis.
- 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, as well as disseminating key COVID-19 risk communication messages in schools across the country.

### Gaps & Constraints:

<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 an urgent need to increase laboratory supplies as well as to strengthen human capacity and operational support.
- 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; increasing COVID-19 rates among healthcare workers have hampered the COVID-19 response and the provision of other essential health services.
- Scale-up of community-based RCCE is critical to combat misinformation, especially for vulnerable people.
- There is a global shortage of health and medical supplies as many countries are once again experiencing a resurgence of COVID-19 cases.

## Water, Sanitation and Hygiene

### Needs:

- An inter-agency COVID-19 Knowledge, Attitudes, and Practices (KAP) survey conducted across 30 provinces in June revealed limited COVID-19 awareness, with 96 per cent of the respondents reportedly unaware of asymptomatic transmission. 78 per cent of those surveyed were also unaware of transmission through droplets (saliva) from infected people. There is a continued need for handwashing promotion to prevent and control COVID-19 transmission. 13 per cent of the respondents were unaware that washing hands regularly using soap, water or alcohol-based hand gel is a COVID-19 preventative measure.
- Schools and CBEs without access to clean and safe drinking water are in urgent need of WASH support to mitigate the spread of COVID-19. This also includes, the promotion of hand washing with soap and water.

**2.6M** 

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

### Response:

- Between 7 and 13 September, 257,711 people were reached with WASH assistance, bringing the total to 2,606,364 people reached since the start of the crisis.
- 42,032 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 252,389 people across 18 districts. 138,644 hygiene kits have been distributed since the start of the crisis, reaching 867,691 people.
- 252,389 bars of soap were distributed across the country between 7 and 13 September. Since the start of the response, almost 5m bars of soap have been distributed in 267 districts across the country.
- During the reporting period, three handwashing stations have been set up at the community-level. A total of 2,790 handwashing stations have been set up at the community-level in 37 districts across 15 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.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable people.

**566K**

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 2,057 people across 5 provinces with awareness raising sessions on the prevention of COVID-19 through focus group discussions, radio broadcasting and via contracted masjids. More than 566,494 people in 14 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 needs are critical.
- While the ES-NFI Cluster continues to provide lifesaving emergency shelter and NFI assistance to vulnerable populations affected by conflict and natural disasters, resources specifically for COVID-19 activities have been limited. Additional support is urgently needed to address rent and other transitional shelter needs that aim to reduce density and improve living conditions for populations with COVID-19-related chronic and acute vulnerabilities.

## Protection

### Needs:

- Protection Cluster partners report that food prices in the south have been rising sharply due to the COVID-19-related lockdown measures, while job opportunities have simultaneously decreased.
- Child Protection partners report that insecurity, poverty, and lack of access to health facilities, safe drinking water and job opportunities in Ghazni province are leading to increased concerns about children's safety and wellbeing.

# 2.1M

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

### Response:

- Between 7 and 13 September, 95,847 people across the country were sensitised on COVID-19 and related preventive measures by Protection Cluster partners, bringing the total to 2,096,653 people reached since the start of the crisis.
- 3,978 IEC materials on COVID-19 were distributed across 6 provinces during the reporting period. 63,295 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- 163 COVID-19-specific protection monitoring interviews were conducted across 5 provinces between 7 and 13 September, bringing the total to 3,679 interviews since the start of the crisis.
- During the reporting period, 9,100 people received PSS through various modalities across 15 provinces. Since the start of the pandemic, some 278,735 people across 20 provinces received PSS to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 1,341 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak and the Spin Boldak border crossing sites, with 16,184 interviews conducted across all border crossings since the start of the crisis.
- Between 7 and 13 September, 17,520 people across 4 provinces received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic, with 268,179 people reached since the start of the crisis.
- During the reporting period, 14 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, 2,272 people have received this kind of cash assistance.

### Gaps & Constraints:

- Protection partners working in Kabul and Balkh provinces note that as a result of school closures, self-learning at home has been the only way to deliver educational services. Closer coordination with Education partners at the field level is recommended, especially to reinforce positive parenting support and engagement. Identifying and responding to the protection issues facing children at home remains a major constraint that is regularly flagged by Child Protection (CP) partners. Strengthening community-based structures, including CP Community Committees and volunteers, is a prioritised activity for partners. Strengthening inter-sectoral referral systems as part of the newly-developed Case Management SOPs will be essential to overcoming this challenge and reaching children who have been left out of schools during the school closure.

## 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 are still higher than pre-crisis levels. Staple goods continue to be between 7 and 27 per cent higher than pre-crisis prices.
- FSAC partners are concerned about the higher prices of pulses, sugar and cooking oil and the resulting impact on household dietary diversity and negative coping mechanisms.
- The poorest households across Afghanistan have become more dependent on cheaper, nutrient-poor staple goods such as cereals 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.
- 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.
- With the measures intended to limit the spread of COVID-19 no longer being thoroughly enforced, FSAC anticipates increased trade and movement of casual labour. However, improved movement could also translate into increased transmission of COVID-19.

# 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 has distributed over 68,000MT of food; and disbursed over \$8.2m in cash-based transfers between 1 March and 9 September.
- 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 by mid-September.
- FSAC's Seasonal Food Security Assessment (SFSA) data collection process is 93 per cent complete. These results will provide a strong evidence base on the current food security and livelihoods situation for the most vulnerable people at the provincial level for the 2021 HNO/HRP. FSAC welcomes the support provided by various actors to the SFSA 2020. Capturing accurate and updated information will ensure awareness of the most recent changes in household food security and livelihood needs since the outbreak of the COVID-19 pandemic. Having updated and clear information on how the pandemic has impacted household market access and availability of foodstuffs will allow for more targeted assistance ahead of the lean season.
- As part of its COVID-19 response, FSAC partners continue to raise awareness on COVID-19 to ensure that people know the dangers of the disease and how to protect themselves.

### Gaps & Constraints:

- Although commercial movement is occurring on a more regular schedule, 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. Food aid partners are exploring the use of alternative supply routes that are more stable and reliable such as the northern crossings and Central Asian markets. 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 requires urgent action. Moreover, further investment in efforts to distribute fortified foodstuffs and targeted nutrition assistance is needed.
- Access impediments are causing some delays in the data collection phase of SFSA 2020 in some hard-to-reach areas and are likely to require additional time to complete enumeration. However, data collection will be closed this week to ensure that data analysis can progress.

<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.

## 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 Ministry of Education (MoE) recently agreed that community-based education centres (CBEs) and EiE classes (i.e. normal classes conducted in double or triple shifts to ensure physical distancing measures) would be allowed to re-open as of 12 September but would need to comply with MoE and MoPH health and safety guidance. Temporary learning spaces will be opened only if there are no appropriate open-air learning spaces available or if the size of the classrooms are too small. To ensure the safety of students, EiE Working Group partners conducting CBE activities need to sign a form committing to meet 10 health and safety standards and receive a permission letter from MoE. The standards include the use of PPE and masks, the availability of hand washing stations and soap, and compliance with physical distancing measures in the classroom. WASH resources are urgently needed to support re-opened CBEs and alternative learning spaces meet MoE and MoPH COVID-19 standards.

# 112K

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.
- 11,496 children (1,482 boys, 10,014 girls) have been reached with EiE-developed home-based learning materials during the reporting period. A total of 112,170 children (51,393 boys, 60,777 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.

## 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).

# 205K

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

### Response:

- Between 7 and 13 September, 1,125 people – including PLW – across 12 provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 205,307 people across the country have been sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the start of the COVID-19 crisis.
- 532 IEC materials including posters, leaflets and brochures – were distributed by nutrition partners during the reporting period; 88,299 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. Since the start of the crisis, a total of 12,591 mothers/community members have been engaged in monitoring of their children's nutritional status.

### 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.
- In addition to having access to nutrition therapeutic supplies, Nutrition Cluster partners require financial support to cover the operational expenses of treatment programmes.

## GENERAL COORDINATION

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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 12 September, Awaaz reached over 24,751 callers with pre-recorded COVID-19 messages and directly handled 3,479 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. 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.

Sector/cluster	Role	Name	Organisation	Email
ICCT	Inter-Cluster Coordinator	Danielle Parry	OCHA	<a href="mailto:parryd@un.org">parryd@un.org</a>
FSAC	Cluster Coordinator	Jean-Noel Melotte	FAO	<a href="mailto:jeannoel.melotte@fao.org">jeannoel.melotte@fao.org</a>
Protection	Cluster Coordinator	Elise Verron	UNHCR	<a href="mailto:verron@unhcr.org">verron@unhcr.org</a>
Protection	Co-lead	Samira Bavand	NRC	<a href="mailto:samira.bavand@nrc.no">samira.bavand@nrc.no</a>
Health	Cluster Coordinator	David Lai	WHO	<a href="mailto:laidavid@who.int">laidavid@who.int</a>
Nutrition	Cluster Coordinator	Aye Aye Khaine	UNICEF	<a href="mailto:akhaine@unicef.org">akhaine@unicef.org</a>
Nutrition	Co-lead	Beka Teshome	ACF	<a href="mailto:nuthod@af-actionagainsthunger.org">nuthod@af-actionagainsthunger.org</a>
WASH	Cluster Coordinator	François Bellet	UNICEF	<a href="mailto:fbellet@unicef.org">fbellet@unicef.org</a>
WASH	Co-lead	Joseph Waithaka	DACAAR	<a href="mailto:joseph.waithaka@dacaar.org">joseph.waithaka@dacaar.org</a>
WASH	Co-lead	Malik Temory	MRRD	<a href="mailto:malik.temory@mrrd.gov.af">malik.temory@mrrd.gov.af</a>
ES-NFI	Cluster Coordinator	Irene Mutevu	UNHCR	<a href="mailto:mutevu@unhcr.org">mutevu@unhcr.org</a>
ES-NFI	Co-lead	Gul Ahmadi	IOM	<a href="mailto:gahmadi@iom.int">gahmadi@iom.int</a>
EiE	WG Coordinator	Cleopatra Chipuriro	UNICEF	<a href="mailto:cchipuriro@unicef.org">cchipuriro@unicef.org</a>
EiE	WG Co-lead	Romal Abdullah	SCI	<a href="mailto:romal.abdullah@savethechildren.org">romal.abdullah@savethechildren.org</a>
MHPSS	WG Coordinator	Nadia Jabarkhail	ACF	<a href="mailto:mhpssco@af-actionagainsthunger.org">mhpssco@af-actionagainsthunger.org</a>
CVWG	WG Coordinator	Toma Dursina	WFP	<a href="mailto:toma.dursina@wfp.org">toma.dursina@wfp.org</a>
CVWG	WG Coordinator	Abandokht Sarkarati	DRC	<a href="mailto:abandokht.sarkarati@drc.ngo">abandokht.sarkarati@drc.ngo</a>
AAP	AAP Advisor	Carolyn Davis	OCHA	<a href="mailto:carolyn.davis@un.org">carolyn.davis@un.org</a>
RCCE	WG Co-coordinator	Stephen Catling	WHO	<a href="mailto:catlings@who.int">catlings@who.int</a>
RCCE	WG Co-coordinator	Elisabeth Koek	NRC	<a href="mailto:elisabeth.koek@nrc.no">elisabeth.koek@nrc.no</a>
PSEA	PSEA Coordinator	Janet Omogi	WFP	<a href="mailto:janet.omogi@wfp.org">janet.omogi@wfp.org</a>
GiHA	WG Co-lead	Zahra Hossainy	UN Women	<a href="mailto:zahra.hossainy@unwomen.org">zahra.hossainy@unwomen.org</a>
GiHA	WG Co-lead	Leisha Beardmore	IRC	<a href="mailto:leisha.beardmore@rescue.org">leisha.beardmore@rescue.org</a>
Humanitarian Access Group	WG Coordinator	Sean Ridge	OCHA	<a href="mailto:ridges@un.org">ridges@un.org</a>
Humanitarian Access Group	WG Co-coordinator	Nadja Leuenberger	NRC	<a href="mailto:nadja.leuenberger@nrc.no">nadja.leuenberger@nrc.no</a>
LWG	WG Coordinator	Ben Collard	WFP	<a href="mailto:ben.collard@wfp.org">ben.collard@wfp.org</a>
LWG	WG Coordinator	Sylvain Sanhueza	PU-AMI	<a href="mailto:afg.logco@pu-ami.org">afg.logco@pu-ami.org</a>

For further information, please contact:

**Danielle Parry**, Head of Strategy and Coordination Unit, UNOCHA Afghanistan, [parryd@un.org](mailto:parryd@un.org), +61 413 137283

For more information, please visit [www.unocha.org](http://www.unocha.org) [www.reliefweb.int](http://www.reliefweb.int) <https://www.humanitarianresponse.info/operations/afghanistan>