

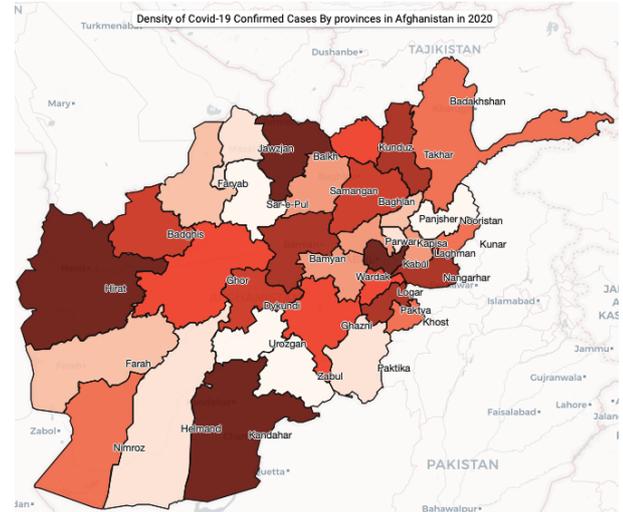
This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between 10 and 16 August 2020.

HIGHLIGHTS

- As of 20 August, 37,759 people in Afghanistan have tested positive for COVID-19; 1,383 have died and 27,316 have recovered.
- Since the start of March, partners have medically screened 494,895 people at points-of-entry, reached 83,508 children with home-based learning materials and reached 224,502 people with psychosocial support to cope with the mental health effects of COVID-19 across the country.

SITUATION OVERVIEW

MoPH data shows that as of 20 August, 37,759 people across all 34 provinces in Afghanistan have tested positive for COVID-19. Some 27,314 people have recovered, and 1,383 people have died (68 of whom are healthcare workers). 99,772 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 40 and 69. Men in this age group represent 50 per cent of all COVID-19-related deaths. Moreover, men account for more than 70 per cent of the total COVID-19 confirmed cases, however this may be the result of testing bias. Kabul remains the most affected part of the country in terms of confirmed cases, followed by Hirat, Balkh, Kandahar and Nangarhar provinces.



Source: Afghanistan Ministry of Public Health (MoPH)
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing protocols. Recent modelling on COVID-19 projections, developed by the Centre for Humanitarian Data in collaboration with Johns Hopkins Applied Physics Laboratory and released on 12 August, suggests cases and deaths will continue to rise over the next four weeks. Modelling further suggests a significant increase in severe cases (potentially up to 4x the number) should current preventative measures be lifted, creating grave implications for Afghanistan's economy and people's well-being. The Government of Afghanistan's nationwide lockdown measures remain in place. However according to reports, public health advice is not being followed and enforcement has been lenient. Measures to contain the spread of the virus continue to differ across provinces where local authorities decide on implementation of lockdown measures.

Humanitarians remain concerned about the impact of extended lockdown measures and movement constraints on the most-vulnerable, particularly people with disabilities and families who rely on casual daily labour and lack alternative income sources. According to WFP's market monitoring, the average wheat flour price (low price and high price) increased by 10 per cent between 14 March and 19 August, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 27 per cent, 21 per cent, 30 per cent, and 17 per cent, respectively, over the same period. This price increase is accompanied by a declining purchasing power of casual labourers and pastoralists – which have deteriorated by 5 per cent and 6 per cent respectively (compared to 14 March).

While implementing activities that mitigate the spread of COVID-19, humanitarian partners continue to respond to other ongoing and emerging humanitarian needs. During the reporting period, ES-NFI Cluster partners provided NFI assistance to 265 natural disaster-affected families in Kunar province and 12 conflict-affected families in Ghor province. 124 families in Hirat province also received shelter assistance. In the same period, 28,563 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 2,632 people were treated for trauma care and 185 children under the age of 5 years received routine immunisation through MHTs. 1,082 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 46,333 children aged 6-59 months received treatment for Moderate Acute

Malnutrition (MAM). 911 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 19,600 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 1,100 nutritionally at-risk PLWs also received supplementary food. 24,058 caregivers received Infant and Young Child Feeding (IYCF) and maternal counselling during the reporting period, while some 1,937 community members received Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 97 unaccompanied and separated boys without parental care were reunified with their families in Hirat province through support from protection partners. 29 children received integrated case management services in Kandahar province. 69 Gender-Based Violence (GBV) cases across 5 provinces were identified and referred to Family Protection Centres (FPCs) for case management. 150 dignity kits were distributed to women and girls across 5 provinces. As part of its regular programming, WFP distributed food to 290,042 food insecure people between 6 and 12 August*.

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 have launched a revised Humanitarian Response Plan (HRP), integrating COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian and protection aid, humanitarian partners have prioritised 11.1 million to receive immediate assistance in 2020, for which US\$1.1 billion is required. The HRP remains significantly underfunded at just 28 per cent of requirements, leaving a gap of \$820m. The ICCT has produced an urgent funding gaps note which identifies \$164m in life saving activities that require immediate support to avoid service interruptions and loss of life. • The updated Global Humanitarian Response Plan was launched on 17 July. The third iteration of the GHRP is seeking \$10.3 billion to help 250 million people across 63 vulnerable countries and to cover the global transport system necessary to deliver relief. At \$2.21 billion, the GHRP is currently 21.5 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. • IOM's Displacement Tracking Matrix field teams reached more than 61,405 community leaders and influencers among host, IDP and returnee populations, including humanitarian and development partners and providers of essential services, with RCCE messaging in almost 12,000 villages across 34 provinces. OM's priority focus is on mobile and displaced people in affected areas. • IOM has set up billboards in all four border provinces with Pakistan and Iran. • The new AAP adviser has begun work with OCHA to support accountability aspects of the response in line with the Collective Approach to Community Engagement strategy. The revitalised AAP Working Group is now meeting regularly. • IOM has reached 146,466 people with awareness raising session on hygiene practices and COVID-19 prevention. • Almost 4.7m people have been reached with RCCE messages by health partners.
<p>Surveillance, rapid response teams, and case investigation</p>	<ul style="list-style-type: none"> • 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. The previously suspended polio campaign will resume in the country's east in the coming weeks and will be linked with COVID-19 surveillance activities. • 74 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities. • 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. • Health Cluster partners' surveillance systems have traced 557,353 people since the start of the crisis. • IOM MHTs have trained more than 500 Community Health Workers on COVID-19 awareness, prevention, identification and referrals.

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

	<ul style="list-style-type: none"> 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. 3,213 healthcare workers were trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas.
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. 494,895 people were screened at points of entry by Health Cluster partners. Temperature checks and screening activities are ongoing at all major border crossings with Iran and Pakistan. 20 screening staff have been deployed by UNHCR partners to Daman district in Kandahar province to provide screening support at the provincial hospital. 8 of the 20 screening staff have been further deployed as part of monitoring teams operating at Spin Boldak and Milak. Additionally, seven UNHCR partner staff are currently supporting the Directorate of Refugees and Repatriation (DoRR) with registration and crowd management at the Milak border crossing.
Laboratories	<ul style="list-style-type: none"> 12 laboratories are now operational. Afghanistan currently has capacity to carry out 2,000 tests per day. 128 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 36,000 units of PPE across 6 provinces. Infection Prevention and Control (IPC) training has been provided to 4,190 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 working to support logistics issues during the COVID-19 response. 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 is decreasing (for fear of COVID-19 transmission).

Key COVID-19 Cumulative Response Figures

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. 494,895 people screened at points-of-entry by Health Cluster partners. 4,691,424 people reached with risk communication and community engagement messages by health partners. 557,353 people traced through Health Cluster surveillance systems since the start of the crisis. IPC training conducted for 4,190 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 wards across all 34 provinces. 160 healthcare workers trained in Mental Health and Psychosocial Support (MHPSS). 419 healthcare workers trained in Intensive Care. 128 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, with plans to reach 857,000 people.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> 2,219,711 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits. 77,204 hygiene kits distributed, reaching 524,354 people. More than 4.65m bars of soap distributed in 220 districts across the country. More than 29,500 people at the Islam-Qala border crossing, 56,859 people at the Milak crossing and 16,100 people at the Torkham border crossing benefitted from WASH facility maintenance and the provision of water. 2,728 handwashing stations set up at the community-level in 32 districts across 13 provinces. 14,600 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.
	<ul style="list-style-type: none"> 523,817 people (in 14 provinces) reached with ES-NFI awareness raising sessions on prevention of COVID-19. 12,727 IEC materials distributed across 9 provinces. 1,268 NFI kits distributed to families at-risk from COVID-19.

Emergency Shelter & NFI	<ul style="list-style-type: none"> • 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"> • More than 1.86 million people sensitised on COVID-19 and preventive measures by Protection Cluster partners. • 44,818 IEC materials distributed. • 2,891 people interviewed using the COVID-19 specific protection monitoring questionnaire. • 11,595 border monitoring interviews conducted. • 224,502 people received psychosocial support to cope with the mental health effects of COVID-19. • 790 children received COVID-19 story books. • 2,212 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 12 August) WFP directly distributed over 62,000MT of food; and disbursed over \$6.9 million in cash-based transfers. Over the same period over 7.1 million people were reached with food assistance[†]. • 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"> • 83,508 children reached across 13 provinces with home-based learning materials. • 10,314 children across 4 provinces received education through small group learning. • 94,125 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"> • 157,287 community members reached with COVID-19 awareness raising sessions. • 67,628 IEC materials distributed

Health

Needs:

- Different COVID-19 models show that the peak of the COVID-19 outbreak in Afghanistan has not yet passed. As the scale of the crisis grows, increased testing, community engagement and case management are urgently needed.
- Afghanistan needs to continue to maintain non-pharmaceutical interventions to prevent, mitigate and treat COVID-19. With increasing population movements (domestic and cross-border) and easing of COVID-19-related lockdown measures, Health Cluster partners are wary of a further increase in COVID-19 cases.
- Continuation of all health services – including primary health care for vulnerable people – and community engagement to combat misinformation and fear is critical. Maintaining essential health services for women and girls, displaced people and returnees is particularly important.

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

Response:

- During the reporting period, health partners trained 36 healthcare workers in IPC. 4,190 healthcare workers have been trained in IPC care since the start of the crisis.
- Polio vaccination campaigns have started in the east; the campaign is linked to COVID-19 screening and case identification activities. Between 10 and 16 August, 1,635 people were screened by health partners, with 45 people identified with COVID-19 symptoms.
- RCCE work that is focused on maintaining health services, combatting stigma, promoting physical distancing and mitigating complacency among people continues across the country. During the reporting period, Health Cluster partners began circulating [self-isolation at home guidance](#) messages, targeting 32 communities across the country.

[†] 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.

Gaps & Constraints:

- The current laboratory capacity is limited. There is an urgent need to increase laboratory supplies as well as to strengthen human capacity and operational support.
- There is 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.

2.2M 

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

Response:

- Between 10 and 16 August, 12,168 people were reached with WASH assistance. 2,219,711 people have been reached with WASH assistance since the start of the crisis.
- During the reporting period, 467 handwashing stations have been set up at the community-level in Faryab and Sar-e-Pul provinces. A total of 2,728 handwashing stations have been set up at the community-level in 32 districts across 13 provinces since the start of the crisis.

Gaps & Constraints:

- The WASH pipeline is in urgent need of replenishment to cover both existing conflict and COVID-19 response needs; hygiene kits tailored for the COVID-19 response are also in high demand.
- As a result of a more comprehensive response approach to escalating needs due to COVID-19, the WASH Cluster's requirement is now \$152.2 million, up from \$70.9 million in the original 2020 Humanitarian Response Plan.

Emergency Shelter & NFI

Needs:

- ES-NFI assessments show that people with COVID-19 symptoms are unable to self-isolate due to overcrowded housing conditions.
- Returnees and vulnerable households report inability to pay rent due to income loss associated with COVID-19 movement restrictions and now require cash-for-rent assistance, particularly in Kabul, Jalalabad and the north-east. Additional rental assessments are needed across the country.
- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable groups and individuals. Since the beginning of 2020, a total of 7,918 families have been affected by natural disasters in Afghanistan across 33 provinces.

523,817

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 7,525 people across 5 provinces with awareness raising sessions on the prevention of COVID-19. 523,817 people in 14 provinces have been reached with key messages by ES-NFI partners since the start of the crisis.
- 327 IEC materials were distributed across Hilmand and Hirat provinces during the reporting period. ES-NFI Cluster partners have distributed 12,727 IEC materials across 9 provinces since the start of the response.
- Between 10 and 16 August, ES-NFI Cluster partners distributed 60 NFI kits to 60 households with confirmed COVID-19 cases. A total of 1,268 NFI kits have been distributed to vulnerable households across 6 provinces since the start of the crisis.
- ES-NFI Cluster partners disinfected government departments, faculties and dormitories in Faizabad city in Badakhshan province during the reporting period.

Gaps & Constraints:

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

 **Protection**
Needs:

- In the Central Highlands, Protection Cluster partners, the Department of Women Affairs, and the Afghanistan Independent Human Rights Commission report an increase in GBV incidents.
- Around 1,700 households affected by COVID-19-related lockdown measures in Bamyan city, report difficulties in meeting their basic needs. Similarly, Protection Cluster partners report that the pandemic has resulted in an increase in negative coping mechanisms being used in Nangarhar, Kunar and Laghman provinces to help people to weather the economic impact of the pandemic. Some families there are relying on their children to work in fields, collect firewood and/or beg in order to meet the household's basic and daily needs.
- GBV survivors in Nangarhar, Kunar and Laghman provinces are in need of livelihoods support and income-generating activities.
- Protection Cluster partners report a surge in COVID-19 cases in the South of the country, with the lack of access to safe hygiene products and basic sanitation facilities during COVID-19 posing a real threat to people's health and safety.
- Around 12,000 individuals in Khairo Karez and Sola villages in Tirinkot city, Uruzgan province, have lost their livelihoods and employment due to ongoing COVID-19-related lockdown measures.

1.87M

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

Response:

- Between 10 and 16 August, 74,283 people across the country were sensitised on COVID-19 and preventive measures by Protection Cluster partners, bringing the total to 1,869,645 people since the start of the crisis.
- 30,148 IEC materials on COVID-19 were distributed across 5 provinces during the reporting period. 44,818 IEC materials have been distributed by Protection partners since the start of the crisis.
- During the reporting period, 23 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, 2,212 people have received this kind of cash assistance.
- 75 COVID-19-specific protection monitoring interviews were conducted in Kandahar province between 10 and 16 August, bringing the total to 2,891 interviews since the start of the crisis.
- During the reporting period, 20,987 children and adults also received PSS through various modalities. Since the start of the pandemic, some 244,502 people across 20 provinces received PSS to help them cope with the mental health-related consequences of COVID-19.
- During the reporting period, 820 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak and the Spin Boldak border crossing sites, with 11,595 interviews conducted across all border crossings since the start of the crisis.
- 31,274 people across 10 provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.

Gaps & Constraints:

- Child protection partners in Ghazni, Kunar and Nangarhar provinces have postponed trainings and capacity-building activities involving social gatherings due to COVID-19.
- Protection Cluster partners report that women prisoners in Kabul's central prison are unable to follow recommended preventative practices/measures due to a lack of hygiene facilities. Furthermore, space for physical distancing is inadequate or non-existent.
- Protection Cluster partners in Balkh, Faryab and Logar provinces report an urgent need to scale-up COVID-19 awareness raising – especially in rural areas.
- Lack or limited psychosocial services to affected communities, particularly in rural areas, to address the anxiety and stress caused by the impact of COVID-19 remains a gap. For instance, Protection Cluster partners in Balkh, Faryab and Logar provinces report the need for targeted PSS activities for girls and boys to ensure their well-being.

Food Security

Needs:

- Some 12.4 million people are in acute food insecurity, 4 million of whom are in 'emergency' level food insecurity (IPC 4).
- Although prices of staple goods show signs of stabilising, prices continue to be higher than pre-crisis levels. While predatory price gouging and hoarding have been mitigated in part due to increased food availability, price control measures remain essential to protect the most vulnerable.
- The poorest households across Afghanistan have become more dependent on cheaper, nutrient-poor staple goods to meet their daily food intake needs during the COVID-19 crisis. FSAC partners are anticipating a larger beneficiary caseload during the upcoming lean season.
- Humanitarian partners welcome the announcement of Government's planned large-scale national food and seed distributions in collaboration with the World Bank. However, food security actors are concerned about delays to assistance in some hard-to-reach areas. Even in areas with good access there may be segments of the population where municipal coverage is limited. These government-led interventions should be harmonised with existing humanitarian distributions to ensure maximum coverage of complementary assistance. This includes providing assistance in hard-to-reach districts, in areas with challenged reach by Community Development Councils, as well as in areas with large IDP populations.
- While COVID-19-related lockdown measures have officially remained in place, enforcement has been lenient as major urban areas resume economic activities. FSAC partners report that this may have a positive impact on the purchasing power of people in vulnerable employment situations, although this is yet to be seen. Staple goods continue to be between 12 and 30 per cent higher than pre-crisis prices. Moreover, FSAC partners are concerned about the higher prices of pulses, sugar and cooking oil and the resulting impact on household dietary diversity.

12.4M

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

Response:

- As part of its regular programming[‡], WFP distributed over 62,000MT of food; and disbursed over \$6.9 m in cash-based transfers between 1 March and 12 August. Overall, between 1 March and 12 August more than 7.1 m people have been reached with food assistance.
- COVID-19 specific FSAC responses, which provide the cash value of two months of half-rations, have begun in collaboration with government line ministries across the north. Between the beginning of May and 31 July, 326,648 people have been reached with COVID-19 specific food assistance by FSAC partners. A further update to these numbers will be completed by mid-September.
- FSAC has begun the selection of beneficiaries under the 3rd Afghanistan Humanitarian Fund (AHF) Reserve Allocation 2020 for the COVID-19 response along with activities under the 1st Standard Allocation which were temporarily delayed due to the COVID-19 outbreak.
- FSAC has launched the yearly Seasonal Food Security Assessment (SFSA) with data collection to occur in the post-harvest phase of August 2020. Enumerator training began on 11 August. Trainings were conducted in line with the most recent health guidance to ensure physical distancing, use of PPE and other measures to keep both staff and interviewed people safe. Initial findings are anticipated by late September/early October and will provide a strong evidence base of the current food security and livelihoods situation at the provincial level for the 2021 HNO/HRP.

Gaps & Constraints:

- The Spin Boldak border crossing has reopened with an expected daily flow of 185 commercial trucks. A humanitarian shipment of vegetable oil which was delayed due to administrative impediments has now been cleared to transit into Afghanistan. The reestablishment of this key border crossing is anticipated to have a positive impact on market prices for staple goods and food availability provided the border crossing site remains open. Humanitarians have been mitigating the impact of the previous closure of Spin Boldak border crossing by routing incoming shipments of wheat soya blend and vegetable oil through the northern Torkham crossing. These goods will allow for the re-establishment of more complete food assistance packages that allow the most vulnerable Afghan households to meet their minimum daily caloric intake.

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

- The strain on pipelines for importing humanitarian foods continues to be felt with ongoing logistical bottlenecks at major hubs such as Karachi Port in Pakistan. Although some initial shipments of commercial goods have started through Gwadar port, the majority of humanitarian foodstuff is dependent on Karachi's Port Qasim where they face continued administrative restrictions. Humanitarians request that administrative procedures and exemption certificates be provided through a fast-tracked process to mitigate against further delays. These delays impact on the composition of in-kind food baskets and market prices of staple goods with nationwide shortages of cooking oil and pulses continuing to drive up prices to well above pre-crisis levels.
- The lack of dietary diversity for poor families, particularly those who are displaced requires more urgent attention so as to ensure people can consume their required nutrient intake. This would include investing more efforts in the distribution of fortified foodstuff and targeted nutrition interventions.
- Access impediments are causing some delays in the data collection phase of SFSA 2020 with some hard-to-reach areas likely to require additional time to complete enumeration.
- FSAC partners report that military operations in the East could potentially disrupt humanitarian movement.

Education

Needs:

- Education is an undeniable right of children, in times of stability and crisis. Alternative education arrangements are needed to ensure millions of children do not miss out on critical learning.
- The Education in Emergencies (EiE) Working Group reports uncertainty as to when schools across the country will reopen. While the Ministry of Education has issued a new guidance on reopening schools on 22 August, no clear plan has been communicated for re-opening of CBEs. Further advocacy is required to ensure the inclusion of CBEs in school reopening.

83,508

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

Response:

- The EiE Working Group is supporting the Government of Afghanistan in its efforts to facilitate the continuity of education for all through remote learning until schools reopen.
- 15,925 children (8,281 boys, 7,644 girls) have been reached with EiE-developed home-based learning materials during the reporting period. A total of 83,508 children (42,360 boys, 41,148 girls) across 13 provinces have been reached with home-based support since the start of the COVID-19 crisis. The EiE Working Group aims to reach more than 250,000 children with home-based learning materials during the school closure period as a part of its COVID-19 response plan.

Gaps & Constraints:

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

Nutrition

Needs:

- Malnutrition is putting people at increased risk from COVID-19. Undernourished people have weaker immune systems, exposing them to greater risk of severe illness due to the virus. For instance, a severely undernourished child is nine times more likely to die from common infections than a well-nourished child.
- The Nutrition Cluster urges all parties to the conflict to ensure access to the most vulnerable provinces and people impacted by food insecurity and COVID-19. This includes ensuring humanitarian access for health and nutrition services (especially children under five and mothers/PLW).

157,287

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

Response:

- Between 10 and 16 August, 9,869 people – including PLW's – across 10 provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 157,287 people across the country have been

sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the beginning of the COVID-19 response.

- 696 IEC materials including posters, leaflets and brochures – were distributed by nutrition partners during the reporting period; 67,628 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. 1,834 children have been screened with MUAC tape by their family members since the start of the crisis.
- During the reporting period, the Nutrition Cluster, in collaboration with the Public Nutrition Directorate under the Ministry of Public Health and with technical guidance from advisory and assessment technical working group members, issued a guidance note on conducting assessments while minimising physical contact to prevent the spread of COVID-19.

Gaps & Constraints:

- Additional production of MUAC tapes is needed.
- Anthropometric measurement, such as height measurement, has been stopped to minimise physical contact.
- Increased cases of COVID-19 among humanitarian workers, including implementing partner staff, are negatively affecting the quality of nutritional services being provided, including SAM and MAM treatment.
- Although MHNTs are being increased to move services closer to the community, COVID-19 continues to have an effect on health and nutrition service-seeking habits by community members, resulting in delayed nutritional status diagnosis of children, slower nutritional gain and/or lower admission at the facilities.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.
- Nutrition Cluster partners report a lack of PPE for nutrition and health frontline workers.
- The current COVID-19 pandemic is putting pressure on global production capacities and supply chains. Moreover, increased lead time, as well as cross-border delays, have resulted in slow arrival of nutrition supplies into Afghanistan.

GENERAL COORDINATION

The **Government of Afghanistan** is primarily responsible for managing and leading the response, including the provision of PPE stocks to BPHS partners. The humanitarian community's overall efforts towards the response are delivered in support of the Government and are coordinated under the **Humanitarian Country Team** (strategic decision-making body) and the **Inter-Cluster Coordination Team** (its operational arm).

The **Humanitarian Access Group** (HAG) continues to support humanitarian organisations with negotiation assistance to enable sustained access for both COVID-19 and ongoing humanitarian activities. The HAG and OCHA sub-offices, together with ACBAR and INSO, continue to reach out to provincial authorities to facilitate humanitarian movement in the face of COVID-19 lockdown measures. The HAG continues to engage with parties to the conflict to facilitate a COVID-19 response that is free from interference. For additional information on access constraints, please see [HAG Quarterly Report 2020](#).

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 15 August, Awaaz reached over 21,000 callers with pre-recorded COVID-19 messages and directly handled 3,334 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women, while 2 per cent of all calls came from people with disability. The COVID-19 pandemic poses several operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April, two functionally identical teams are operating the call centre, separate from each other, on different shifts to reduce the risk of transmission and ensure business continuity.

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Background on the crisis

Due to the scale and spread of transmission, the novel coronavirus (COVID-19) outbreak was declared a global pandemic on 11 March 2020. Afghanistan is being significantly affected due to its fragile health system and limited capacity to deal with major disease outbreaks. High internal displacement, low coverage of vaccinations (required for stronger immune systems and augmented ability to fight viral and bacterial infections), in combination with weak health, water and sanitation infrastructure, only worsen the situation. In response to the outbreak, the Government of Afghanistan has developed a master response plan for the health sector and has established a High-Level Emergency Coordination Committee. To support government efforts to contain the disease and prevent further spread, a revised Humanitarian Response Plan (HRP) for 2020 seeks \$1.1 billion to deliver prioritised assistance to 11.1 million people with acute humanitarian needs, including those caused by COVID-19.

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