

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **9 November and 13 December 2020**. The next Operational Situation Report will be released on 14 January and cover activities carried out between 14 December and 10 January.

### HIGHLIGHTS

- According to MOPH data as of 20 December, 50,677 people in Afghanistan have tested positive for COVID-19; 2,110 have died and 39,158 have recovered.
- Since the start of March, partners have medically screened 536,363 people at points-of-entry, provided 310,026 people with psychosocial support to cope with the mental health effects of COVID-19 and distributed more than 5.4 million bars of soap in 376 districts across the country.
- Since the start of the pandemic, more than 1.3 million PPE items have been delivered to the Ministry of Public Health and frontline NGO workers in Afghanistan.

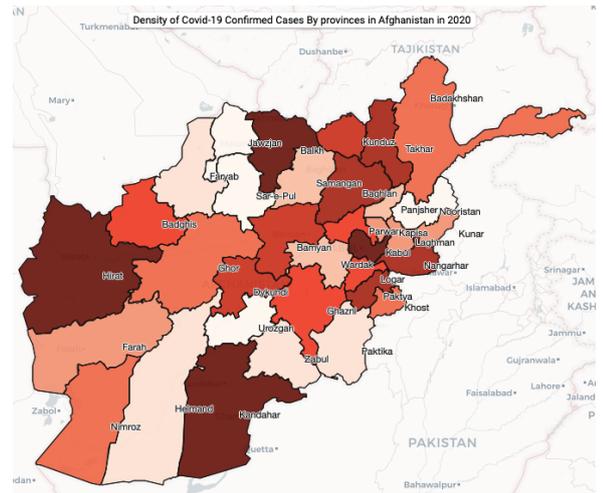
### SITUATION OVERVIEW

**MOPH Figures:** MoPH data shows that as of 20 December, 50,677 people across all 34 provinces in Afghanistan are confirmed to have had COVID-19. Some 39,158 people have recovered, and 2,110 people have died – at least 86 of whom are healthcare workers. Only 189,385 people out of a population of 36.7 million have been tested.

Afghanistan now has a test-positivity-rate – positive tests as a percentage of total tests – of 28 per cent, suggesting overall under-testing of potential cases. The majority of recorded deaths were men between the ages of 50 and 79. Men account for 68 per cent of the total COVID-19 confirmed cases in the MoPH data, although this may be the result of over-representation of men in testing. Due to limited public health resources and testing capacity, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be under-reported overall in Afghanistan. This is supported by the results of an early seropositivity study by MoPH, Johns Hopkins and WHO that estimated 30 per cent of the population had been exposed to COVID-19 by June 2020. Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. WHO warns that widespread complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing or mask wearing protocols.

**Second Wave:** The MoPH has confirmed that Afghanistan is in a second wave of the COVID-19 pandemic. Following two months of consistently lower confirmed COVID-19 cases, MoPH tracking data is starting to reflect an uptick in cases, with 141 new COVID-19 cases recorded in the last 24 hours. Furthermore, suspected and confirmed cases of COVID-19 are again rising in the western part of the country in particular. According to WHO, the Hirat Regional Hospital is currently operating at full capacity. The hospital has now expanded its bed capacity from 100 to 130 beds, all of which are now filled with COVID-19 patients. Other COVID-19 hospitals in Kandahar and Nangarhar are also operating at full capacity. While the official numbers across the country are not yet at the same level as the May/June peak, when taken together with reports of increased hospitalisations for COVID-19-like symptoms, the need for vigilance should be reinforced. The rollout of the annual influenza vaccination across Afghanistan will be more important than ever to help the health system manage the rise in COVID-19 cases. Increasing influenza vaccine coverage can reduce the strain on the health care system and free-up limited health resources to focus on treating more severe cases of COVID-19. Public health experts strongly urge the public to follow health advice on physical distancing, mask wearing, good hygiene, hand washing and other proven strategies that mitigate the risk of COVID-19 transmission amid this second wave.

**Health Services:** Hospitals and clinics continue to report challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19, as well as maintaining essential health services, especially in areas of active conflict. WHO



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.

stresses the need to balance the demands of responding directly to COVID-19, with simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating against the risk of system collapse.

More than 8 per cent of the total confirmed COVID-19 cases are among healthcare staff. Health facilities across the country continue to report shortfalls in PPE, medical supplies and equipment, further challenging their capacity to treat COVID-19 patients. With a second wave of the gathering pace globally, there is an urgent need to ensure a rapid distribution of medical and protective equipment to all corners of the country. While 15 laboratories are now operating in Afghanistan, the capacity of these facilities remains limited and stocks of supplies have periodically run out. National capacity for COVID-19 testing has topped at 5,800 a day. Humanitarian partners urge the Government to ensure laboratories are appropriately equipped, staff receive timely remuneration and that procured supplies go to under-resourced health centres in a transparent manner so that life-saving support can be delivered to those most in need.

**Vaccination:** The Government of Afghanistan and the UN have initiated a number of steps to prepare for the rollout of a COVID-19 vaccine across the country, including the establishment of a dedicated National Technical Working Group (TWG) for COVID-19 response within the MoPH. The TWG will focus on operations, cold chain, communication, surveillance, training and monitoring and evaluation/data and will complement the existing Vice Presidential COVID-19 Task Force. The COVID-19 vaccine is expected to be available in Afghanistan in 2021 through the COVAX Advanced Market Commitment (AMC) facility. While COVAX will sponsor vaccine costs for up to 20 per cent of the population, the vaccine presentation, dosage, costs and cold chain requirements are not yet known. A plan to vaccinate the remaining 80 per cent of the population is currently being developed.

**Socio-economic impacts:** The socio-economic impacts of COVID-19 are translating into a dramatic impact on food insecurity with levels now similar to those seen during the 2018 drought. An estimated 16.9 million 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 11 per cent between 14 March and 2 December, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 21 per cent, 19 per cent, 36 per cent, and 21 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 13 per cent and 16 per cent respectively (compared to 14 March). These factors, combined with COVID-19 related interruptions to informal employment, are driving people into crippling debt. Data from the Whole of Afghanistan Assessment shows that household debt is rapidly escalating. For displaced households in debt, the primary reason for taking on this debt was to pay for food (53 per cent).

**Winterisation support:** Afghanistan is facing a grim winter ahead as people struggle to keep themselves warm amid soaring poverty driven by the economic shock of COVID-19. Given this situation, there is an urgent need for additional funding for winterisation support from both the Government and donors to help struggling households survive the harsh weather ahead. The ICCT's \$138m winterisation plan aims to reach 2.5m people over the winter months with a range of life-saving support including cash and in-kind heating assistance for households and classrooms, warm clothes, seasonal food support, nutrition treatment, and health services for winter sickness. To date, about half of the funds needed have been committed by donors and the Government (\$67m), leaving a gap of \$71m.

**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, 10,236 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 2,353 people were treated for trauma care and 1,634 children under the age of 5 years received routine immunisation through MHTs. 672 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 1,187 children aged 6-59 months received treatment for Moderate Acute Malnutrition (MAM). 7,696 nutritionally at-risk children under the age of 5 years received blanket supplementary feeding. 669 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 1,918 caregivers received Infant and Young Child Feeding (IYCF) and Maternal, Infant and Young Child Nutrition (MIYCN) counselling. 133 Gender-Based Violence (GBV) cases across 5 provinces were identified and referred to Family Protection Centres (FPCs) for case management. 2,602 dignity kits were distributed to women and girls across Hirat, Faryab and Kunduz provinces. As part of its regular programming, WFP distributed 2,211 metric tons (mt) of food between 10 and 16 December.

## 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 are currently implementing a <a href="#">Humanitarian Response Plan (HRP)</a> which integrates COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian assistance, humanitarian partners have prioritised 11.1 million to receive support in 2020, for which US\$1.1 billion is required. <a href="#">In the first three quarters of the year</a>, humanitarians were able to reach 7.6 million people with some form of assistance despite a desperate lack of funding. The HRP remains significantly underfunded at just <a href="#">48.6 per cent</a> of requirements, leaving a gap of \$581m.</li> <li>• At \$3.83 billion, the Global HRP for COVID-19 is currently <a href="#">40.3 per cent</a> 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 latest response update available <a href="#">online</a>.</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>. More than 4.73m people have been reached with RCCE messages by health partners.</li> <li>• Since 1 March, IOM's Displacement Tracking Matrix (DTM) field teams have reached more than 132,682 community leaders and influencers among host, IDP and returnee populations, including humanitarian and development partners and providers of essential services, with RCCE messaging in over 12,300 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 263,100 brochures, 47,023 banners and posters in border provinces with Pakistan and Iran.</li> <li>• IOM has reached 316,366 (204,099 men and 112,267 women) people with awareness raising sessions on hygiene practices and COVID-19 prevention.</li> <li>• 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.</li> </ul>
<p><b>Surveillance, rapid response teams, and case investigation</b></p>	<ul style="list-style-type: none"> <li>• Health Cluster partners' surveillance systems have traced 596,252 people since the start of the crisis.</li> <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. 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.</li> <li>• 81 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities.</li> <li>• 42 rapid response teams (RRTs) have been deployed by humanitarian partners across the country to support MoPH's RRTs with surveillance, case identification, contact tracing, and risk communication.</li> <li>• 3,931 healthcare workers have been trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas.</li> <li>• IOM MHTs have trained more than 800 Community Health Workers (CHWs) and 100 school teachers 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 deployed over 300 staff as well as donated IT-equipment to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces.</li> </ul>
<p><b>Points of entry</b></p>	<ul style="list-style-type: none"> <li>• 12 MHTs and 4 IOM TB/COVID-19 screening teams, consisting of 389 staff, are deployed to major border crossing points.</li> <li>• 536,363 people have been screened at points of entry by Health Cluster partners.</li> <li>• Temperature checks and screening activities are ongoing through deployment of 98 screening staff at all major border crossings with Iran and Pakistan.</li> <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>
<p><b>Laboratories</b></p>	<ul style="list-style-type: none"> <li>• 15 laboratories are now operational. Afghanistan currently has technical capacity to carry out 5,800 tests per day.</li> <li>• 193 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>
	<ul style="list-style-type: none"> <li>• UNICEF, with the support of the World Bank and the Government of Japan, has distributed 569,823 units of PPE directly to health providers nationwide.</li> </ul>

<b>Infection prevention and control (IPC)</b>	<ul style="list-style-type: none"> <li>• More than 150,000 units of PPE were provided to MoPH by WHO. However, issues around a clear distribution plan remain unresolved.</li> <li>• With the support from ECHO, WHO has delivered more than 520,000 PPE items to frontline NGO workers.</li> <li>• IOM has supplied more than 88,000 units of PPE across 6 provinces.</li> <li>• Infection Prevention and Control (IPC) training has been provided to 4,350 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>• 536,363 people screened at points-of-entry by Health Cluster partners.</li> <li>• 4,731,242 people reached with risk communication and community engagement messages by health partners.</li> <li>• 596,252 people traced through Health Cluster surveillance systems since the start of the crisis.</li> <li>• IPC training conducted for 4,350 healthcare workers.</li> <li>• 3,931 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>• 444 healthcare workers trained in Intensive Care.</li> <li>• 193 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>• 3,123,622 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits.</li> <li>• 189,802 hygiene kits distributed, reaching 1,144,882 people.</li> <li>• More than 5.4m bars of soap distributed in 376 districts across the country.</li> <li>• More than 29,500 people at the Islam-Qala border crossing, 114,679 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>• 3,269 handwashing stations set up at the community-level in 66 districts across 21 provinces.</li> <li>• 739 handwashing stations set up in health facilities across 27 districts.</li> <li>• 48 handwashing stations set up in schools across 9 districts.</li> </ul>
<b>Emergency Shelter &amp; NFI</b>	<ul style="list-style-type: none"> <li>• 596,399 people in 16 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>• 182,663 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, 4 multi-purpose tents and 81 refugee housing units (RHUs) distributed across 5 provinces for screening, admission, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel, as well as registration spaces for Afghanistan nationals newly returning from Iran.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• Almost 2.77 million people sensitised on COVID-19 and related preventive measures by Protection Cluster partners.</li> <li>• 100,395 IEC materials distributed.</li> <li>• 6,565 people interviewed using the COVID-19 specific protection monitoring questionnaire.</li> <li>• 24,797 border monitoring interviews conducted.</li> <li>• 310,026 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>• 276,308 people received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic.</li> <li>• 4,037 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>• 1,274,833 people have been reached with COVID-19 specific food assistance by WFP between 1 March and the first week of December.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• 123,656 children reached with home-based learning materials across 15 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>• 1,460 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>• 312,936 community members reached with COVID-19 awareness raising sessions.</li> <li>• 125,654 IEC materials distributed</li> </ul>

## Health

### Needs:

- Both MoPH and WHO have confirmed the arrival of a COVID-19 second wave. At present it is impossible to know the full extent of infection given the low testing rates. Given that the arrival of the second wave coincides with the onset of winter, WHO has warned it may be deadlier than the first. Kabul remains the most affected part of the country in terms of confirmed cases. Suspected and confirmed cases of COVID-19 are again rising in the western part of the country in particular. Continued surveillance and contact tracing are needed to monitor the situation.
- Preparations are underway for the arrival of a vaccine in Afghanistan using global mechanisms, although ensuring cold chain protocols in hard-to-reach areas remains a challenge. Reports indicate that MoPH initially plans to vaccinate 20 per cent of the population, including the most vulnerable and frontline workers.
- Continuation of all health services – including primary health care for vulnerable people – and community engagement to combat misinformation and fear are critical. Messaging on the safe return to essential health services and emphasising home-based care are particularly important.

# 15

Laboratories are now operational with capacity to test 5,800 samples per day

### Response:

- 15 laboratories are now operational, with the latest laboratory established in Badakhshan province on 15 November. Afghanistan currently has technical capacity to carry out 5,800 tests per day.
- 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 risk communication messaging on physical distancing and home-based care.

### Gaps & Constraints:

- While 15 laboratories are now operating in Afghanistan, laboratory capacity in Afghanistan remains limited. Afghanistan currently has the technical capacity to carry out 5,800 tests per day. Humanitarian partners urge the Government of Afghanistan to ensure laboratories are appropriately equipped and that procured supplies go to under-resourced health centres in a transparent manner, so that life-saving support can be delivered to those most in need. Recently developed rapid diagnostic tests (RDT) need to be integrated into current testing plans.
- The global COVID-19 outbreak has led to an acute shortage of essential supplies.
- There is a need to improve staff capacity, increase resources and strengthen the fragile health system to better manage severe cases of COVID-19 during the second wave of the pandemic.
- There is no health system without a workforce; COVID-19 among healthcare workers has hampered the pandemic response and the provision of other essential health services.
- Scale-up of community-based RCCE is critical to combat misinformation, especially for vulnerable people.

## Water, Sanitation and Hygiene

### Needs:

- According to the 2020 Whole of Afghanistan Multi-Sector Needs Assessment, 70 per cent of displaced households reported limited access to soap due to high market prices. At the same time, 45 per cent of displaced households reported lack of access to water for handwashing.
- A joint UN Women and IRC survey conducted in September revealed an increase in time spent by women and girls collecting water compared to pre-COVID-19 levels, potentially increasing their risk of exposure to the virus. 40 per cent of the consulted IDPs, 45 per cent of returnees and 27 per cent of host community members reported an increased time required to procure water.

# 3.12M

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

**Response:**

- All WASH activities are contributing to the COVID-19 response, with the scaling-up of handwashing, hygiene promotion and hygiene kit distribution considered a top priority.
- Between 9 November and 13 December, 202,384 people were reached with WASH assistance, bringing the total to 3,123,622 people reached since the start of the crisis.
- 29,598 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 126,810 people across 9 districts. 189,802 hygiene kits have been distributed since the start of the crisis, reaching 1,144,882 people.
- 321,100 bars of soap were distributed across the country between 9 November and 13 December. Since the start of the response, more than 5.4m bars of soap have been distributed in 376/401 districts across the country.
- During the reporting period, 384 Biosand filters (BSFs) were distributed across Daykundi province to promote safe water consumption at the household-level.
- Between 9 November and 13 December, 5 handwashing stations have been set up at the community-level. A total of 3,269 handwashing stations have been set up at the community-level in 66 districts across 21 provinces since the start of the crisis.

**Gaps & Constraints:**

- The WASH pipeline is in urgent need of replenishment to cover both COVID-19 response and new conflict-induced IDP 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. WASH partners note that line ministries are taking longer to approve non-health-related COVID-19 response activities.


**Emergency Shelter & NFI** NO UPDATE
**Needs:**

- In a country already beset by natural disasters and conflict, the pandemic creates an additional layer of risk for vulnerable people.
- 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 winter and the 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. ES-NFI partners are encouraged to maintain a sufficient quantity of NFIs, winter cloths and blankets in their regional and provincial stocks to enable timely response to affected people in case of snow blocked roads and/or insecurity.

**596K**

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

**Response:**

- 596,399 people in 16 provinces have been reached with key messages by ES-NFI partners since the start of the crisis.
- Since the start of the pandemic, 12,807 IEC materials have been distributed across 9 provinces.
- 1,304 NFI kits have been distributed to families at-risk from COVID-19 since the start of the COVID-19 pandemic.
- A total of 182,663 face masks have been distributed across 4 provinces since the start of the crisis.

**Gaps & Constraints:**

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

## Protection

### Needs:

- Afghanistan is facing a grim winter ahead as people struggle to keep themselves warm amid soaring poverty driven by the economic shock of COVID-19. Protection Cluster partners report that vulnerable families in Kandahar, Hilmand, Urozgan, Nimroz and Zabul provinces are struggling to cope with the harsh winter and are afraid of exposure to COVID-19.
- Reports from Hirat and Farah provinces as well as Central Region indicate that poor families are unable to afford PPE to protect themselves from the COVID-19 virus. Furthermore, families are concerned about the arrival of the second wave of COVID-19 infections as cases across the country are rising once more.

# 2.77M

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

### Response:

- During the reporting period, 258,552 people across the country were sensitised on COVID-19 and related preventive measures by Protection Cluster partners, bringing the total to 2,770,171 people reached since the start of the crisis.
- 25,135 IEC materials on COVID-19 were distributed across 9 provinces during the reporting period. 100,395 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- 1,180 COVID-19-specific protection monitoring interviews were conducted across 14 provinces between 9 November and 13 December, bringing the total to 6,565 interviews since the start of the crisis.
- Between 9 November and 13 December, 8,900 people received PSS through various modalities across 9 provinces. Since the start of the pandemic, some 310,026 people across 20 provinces received PSS to help them cope with the psycho-social-related consequences of COVID-19.
- During the reporting period, 1,025 persons with specific needs (PSNs) received cash assistance across 11 provinces to help them cope with the financial impact of COVID-19. Since the start of the crisis, 4,037 people have received this kind of cash assistance.

### Gaps & Constraints:

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

## Food Security

### Needs:

- An estimated 16.9 million people are in crisis or emergency food insecurity from November 2020 to March 2021, 5.5 million of whom are in 'emergency' level food insecurity (IPC 4).
- The 2020 IPC Analysis indicates that the pandemic has magnified regular shocks and caused a significant deterioration in the food security situation across Afghanistan. Since March, there has been 9 per cent jump in the proportion of the population facing food acute food insecurity (IPC 3+).
- As a result of the COVID-19 outbreak families – especially refugees and IDPs – are facing higher levels of debt, reduced income levels and increased household expenditure due to rising commodity prices. While post-harvest supplies have improved the stability of prices for staple foods across the country, the overall prices for key commodities remain above the pre-COVID-19 price baseline with the cost of some items such as vegetable oil continuing to affect the purchasing power of poorer households. Based on seasonal trends, it is anticipated that prices will continue to increase during the lean season.
- The food insecurity situation is most pronounced in the areas with fragile livelihoods and remote access issues such as the central highlands and the highlands of the 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.
- A global La Niña event has been declared and regional climate outlooks are indicating 'rainfall departure' from Afghanistan, Iran and other Central Asian countries. This suggests below-average rain and above-average temperatures should be expected between October 2020 and February 2021. If realised, this means it is likely that there will be a reduction in water availability for the winter wheat crop cycle (cultivation in spring); a reduction in rangeland production negatively affecting livestock; and risk of avalanches (in the highlands) and other types of winter hazards associated with warmer temperatures during winter.

# 16.9M

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

**Response:**

- 1,274,833 people have been reached with COVID-19 specific food assistance by WFP between 1 March and the first week of December. This is in addition to the emergency assistance provided to displaced people, regular assistance to returnees and seasonal support to people in IPC 3 & 4.
- FSAC activities have largely resumed with food assistance activities increasing in scope and livelihood activities restarting ahead of the winter wheat planting cycle. Partners have maintained a high level of operational capacity across the country throughout the COVID-19 crisis and the situation is normalising. Government, NGO partners and the UN are now on a regular work cycle with most staff returning to work as normal while observing COVID-19 preventative measures.

**Gaps & Constraints:**

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

**Education****Needs:**

- Afghanistan has two academic years – one running from March until December in areas affected by cold winters, and the second beginning in September in areas where the summers are too hot to hold classes. On 15 November 2020, the Ministry of Education announced the closure of schools in cold climate provinces for grades 1-12. The MoEs justification for the closure of schools in cold climate has not been explicitly linked to the COVID-19 pandemic. The decision has affected all educational activities in “cold weather” provinces, including CBE classes operated by development and EiE partners. Although “warm weather” schools continue to operate, the EiE WG is concerned that these schools will also be forced to close again due to the second wave of COVID-19.
- Since the start of the pandemic, school children in Afghanistan have lost several months of schooling (between 14 March and 3 October).

**123K**

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

**Response:**

- The Education in Emergencies (EiE) Working Group is supporting the Government of Afghanistan in their efforts to facilitate the continuity of education for all through remote learning.
- 4,161 children (1,805 boys, 2,356 girls) have been reached with EiE-developed home-based learning materials during the reporting period. Since the start of the pandemic, a total of 123,656 children (58,008 boys, 65,648 girls) across 15 provinces have been reached with home-based support.
- 225 teachers (120 males, 105 females) received training on safe school’s protocols between 9 November and 13 December. A total of 1,460 teachers (352 males, 1,108 females) across the country have been trained on safe school’s protocols since the start of the COVID-19 pandemic.

**Gaps & Constraints:**

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

**Nutrition****Needs:**

- Malnutrition is on the rise and is putting people at increased risk to COVID-19. Undernourished people have weaker immune systems, exposing them to greater risk of severe illness due to the virus. For instance, a severely undernourished child is nine times more likely to die from common infections than a well-nourished child. In a deteriorating trend from the beginning of the year, findings of the most recent nutrition surveys show that 27 out of 34 provinces are now within the emergency threshold for acute malnutrition. Almost half of children under five need life-saving nutrition support as do a quarter of pregnant and lactating women (PLW). The nutrition outlook for the remainder of the year remains bleak. Recent analysis by the Nutrition cluster revealed an increase of nutrition needs by 16 per cent compared to June 2020.

**313K**

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

Additionally, a staggering 15.3 per cent of infants under six months are affected by wasting, 6.2 per cent of whom are severely wasted.

- The Nutrition Cluster urges all parties to the conflict to ensure access to the most vulnerable provinces and people impacted by food and nutrition insecurity and COVID-19. This includes ensuring humanitarian access for health and nutrition services (especially children under five and mothers/PLW).

#### Response:

- Between 9 November and 13 December, 2,181 people – including PLW – across Kandahar province were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 312,936 people across the country have been sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the start of the COVID-19 crisis.
- Considering the increase of confirmed COVID-19 cases, the Nutrition Cluster will continue to adapt nutrition assessments and surveys to mitigate transmission of the virus.

#### Gaps & Constraints:

- Although MHNTs have scaled-up to move services closer to the community, COVID-19 continues to impact health and nutrition service-seeking habits by community members, resulting in delayed nutritional status diagnosis of children, slower nutritional gain and/or lower admission at the facilities.
- To ensure the continuation of nutrition services, Nutrition Cluster partners need resources to recruit and deploy additional Mobile Health and Nutrition Teams (MHNT).
- In addition to having access to nutrition therapeutic supplies, local partners require financial support to cover operational expenses of treatment programmes.
- There is a need for additional MHNTs to provide timely detection and treatment of malnutrition cases.
- 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 department staff and community workers. Additionally, more capacity-building on nutrition and nutritional guidance in the context of COVID-19 is needed for health and nutrition workers, including nutrition counsellors.
- Insufficient spacing at health and nutrition facilities continues to be a challenge in terms of enforcing physical distancing.
- Nutrition Cluster partners report a lack of PPE for nutrition and health frontline workers.
- Additional paediatricians are needed at Inpatient Departments for Severe Acute Malnutrition (IPD-SAM) wards to deal with the COVID-19 outbreak.
- There is need for additional breastfeeding corners to be established at nutrition sites to ensure appropriate physical distancing measures

## GENERAL COORDINATION

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

The **Awaaz Afghanistan** inter-agency call centre has supported partners with the dissemination of key COVID-19 messages. As of 8 November, Awaaz had reached over 35,000 callers with pre-recorded COVID-19 messages and directly handled 3,725 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women, 28 per cent from child callers, and 2 per cent from people indicating to have a disability. While Awaaz continues to respond to callers' requests around COVID-19, a considerable drop in enquiries was recorded since August compared to the start of the pandemic; only 2 per cent of all calls handled in November highlighted a need or question around COVID-19 compared to 20 per cent of calls handled in May.

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