

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. It covers activities carried out between **12 October and 8 November 2020**. The next Operational Situation Report will be released on 17 December and cover activities carried out between 9 November and 13 December.

HIGHLIGHTS

- According to MOPH data as of 12 November, 42,795 people in Afghanistan have tested positive for COVID-19; 1,591 have died and 35,024 have recovered.
- Since the start of March, partners have medically screened 519,023 people at points-of-entry, provided 301,126 people with psychosocial support to cope with the mental health effects of COVID-19 and distributed more than 5.1 million bars of soap in 349 districts across the country.
- Since the start of the pandemic, almost 1.3 million PPE items have been delivered to the Ministry of Public Health and frontline NGO workers in Afghanistan.

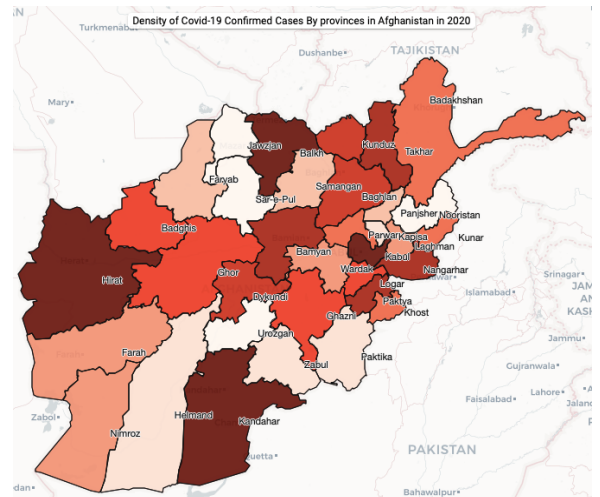
SITUATION OVERVIEW

MOPH Figures: MoPH data shows that as of 12 November, 42,795 people across all 34 provinces in Afghanistan are now confirmed to have COVID-19. Some 35,024 people have recovered, and 1,591 people have died - 79 of whom are healthcare workers. 127,882 people out of a population of 37.6 million have been tested.

Afghanistan has a test-positivity-rate – positive tests as a percentage of total tests – of more than 33 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 more than 69 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, testing criteria, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be under-reported overall in Afghanistan. Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. WHO notes that the official numbers reported by MOPH are likely not capturing the full scale of the situation since testing remains limited to only the most severe cases. 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: Following two months of consistently lower confirmed COVID-19 cases, MoPH tracking data is beginning to reflect anecdotal reports of a recent uptick in cases, with 186 new COVID-19 cases recorded over the past 24 hours and 981 over the past week. As the winter months approach, the spike in new cases suggest a second wave of the pandemic is either looming or has already begun. While the official numbers are not yet at a similar 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 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 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.



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.

9 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. In support of the Government, humanitarian partners have provided hundreds of thousands of pieces of PPE and several thousand items of life-saving medical equipment to the Ministry of Public Health. Additionally, frontline NGO workers are set to receive new deliveries of PPE – including both surgical and N95 masks, face shields and shoe covers – from WHO over the coming weeks. Since the start of the pandemic, through support of the European Commission Humanitarian Aid Office (ECHO), WHO has delivered more than 520,000 PPE items to frontline NGO workers in Afghanistan. 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 14 laboratories are now operating in Afghanistan, the capacity of these facilities remains limited and stocks of supplies have periodically run out. Moreover, the national capacity for COVID-19 testing has topped 5,500 a day, but according to WHO, lack of demand means that fewer than 400 tests are actually being conducted daily. Humanitarian partners urge the Government 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.

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 10 per cent between 14 March and 11 November, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 21 per cent, 18 per cent, 31 per cent, and 20 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 9 per cent and 14 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 in terms of both the number of people in debt and the scale of that debt. Average household debt is now 46,299 AFS/US\$602, up from 9,813 AFS/US\$128 in 2019. Of displaced households in debt, the primary reason for taking on this debt was to pay for food (53 per cent).

Given this situation, there is an urgent need for additional funding for winterisation support to help struggling households survive the harsh weather ahead. 4.8 million people are in urgent need of support to survive the winter season. The ICCT’s \$138m Winterisation Plan remains woefully underfunded with only \$64m received. Support from the Government towards this plan is urgently needed.

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, including in response to recent fighting in the country’s south. During the reporting period, 9,923 women received antenatal and postnatal care through midwives deployed in Mobile Health Teams (MHTs). 1,923 people were treated for trauma care and 1,203 children under the age of 5 years received routine immunisation through MHTs. 3,344 children aged 6-59 months received treatment for Severe Acute Malnutrition (SAM) and 75,620 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. 40,148 pregnant and lactating women (PLW) received assistance through targeted supplementary feeding programmes (TSFP), while 2,532 nutritionally at-risk PLWs also received blanket supplementary food. 40,567 caregivers received Infant and Young Child Feeding (IYCF) and maternal counselling during the reporting period, while 9,449 community members received 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. 567 children and adolescents with protection needs were supported with case management through referrals to multi-sector services across 9 provinces. As part of its regular programming, WFP distributed 5,325 metric tons (mt) of food between 29 October and 4 November.* [Humanitarian partners are also mobilising](#) to respond to needs in southern Afghanistan where tens of thousands of people have been displaced by conflict placing them at greater COVID-19 risk and where there has been a surge in trauma cases. Ongoing fighting has also forced the closure of a number of health facilities, interrupting access to critical health services which in turn has directly impacted more than 130,000 people. Assessment teams are currently verifying the immediate needs of affected families and organising assistance.

* 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.

HUMANITARIAN RESPONSE

9 Pillars of COVID-19 Response - Summary

<p>Country-level coordination and response planning</p>	<ul style="list-style-type: none"> • Health partners continue to support Government-led response to COVID-19. • Humanitarian partners are currently implementing a Humanitarian Response Plan (HRP) which integrates COVID-19 needs into the overall response. Of the 14 million people in need of humanitarian assistance, humanitarian partners have prioritised 11.1 million to receive support in 2020, for which US\$1.1 billion is required. In the first three quarters of the year, 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 42 per cent of requirements, leaving a gap of \$657m. • At \$3.45 billion, the Global HRP for COVID-19 is currently 36.3 per cent funded. This includes Afghanistan's COVID-19 response requirements from the revised HRP. • The COVID-19 ONE UN Response Plan has been finalised and accepted by the Government and UN Country Team, with the quarterly report expected to be published in the coming weeks.
<p>Risk communication and community engagement (RCCE - accountability to affected populations)</p>	<ul style="list-style-type: none"> • The RCCE Working Group has produced a rumour tracking sheet that has been disseminated through MoPH and UN/NGO partners. It has also carried out an assessment showing communication preferences and the most trusted information sources by geographical area, down to the district level. The RCCE Working Group has also developed <i>Self-Isolation at Home Guidance Messages</i> which are available in English, Dari, Pashto. More than 4.72m people have been reached with RCCE messages by health partners. • IOM's Displacement Tracking Matrix (DTM) field teams reached more than 61,405 community leaders and influencers among host, IDP and returnee populations, including humanitarian and development partners and providers of essential services, with RCCE messaging in almost 12,000 villages across 34 provinces. IOM's priority focus is on mobile and displaced people in affected areas. • IOM has set up 199 billboards, printed 113,100 brochures, 39,261 banners and posters in border provinces with Pakistan and Iran. • IOM has reached 147,964 (47,288 men and 98,676 women) people with awareness raising sessions on hygiene practices and COVID-19 prevention. • The AAP adviser is working to support accountability aspects of the response in line with the Collective Approach to Community Engagement strategy. The revitalised AAP Working Group is now meeting regularly and is encouraging strong involvement from national NGOs.
<p>Surveillance, rapid response teams, and case investigation</p>	<ul style="list-style-type: none"> • Health Cluster partners' surveillance systems have traced 591,232 people since the start of the crisis. • 34,000 polio surveillance volunteers have been engaged in surveillance, case identification and community contact tracing activities. 8,954 polio surveillance volunteers have been trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing. With the re-starting of polio campaigns, some of these staff are now returning to their core activities while continuing COVID-19-related community engagement. • 81 MHTs have been deployed to hard-to-reach areas to provide services to affected people unable to attend static health facilities. • 42 rapid response teams (RRTs) have been deployed by humanitarian partners across the country to support MoPH's RRTs with surveillance, case identification, contact tracing, and risk communication. • 3,931 healthcare workers have been trained by Health Cluster partners in surveillance and risk communication to carry out activities in contested areas. • IOM MHTs have trained more than 500 Community Health Workers (CHWs) on COVID-19 awareness, prevention, identification and referrals. • To enhance the reporting and data management capacity of the Provincial Public Health Directors (PPHD), IOM has donated IT-equipment to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces.
<p>Points of entry</p>	<ul style="list-style-type: none"> • 12 MHTs and 4 IOM TB/COVID-19 screening teams are deployed to major border crossing points. • 519,023 people have been screened at points of entry by Health Cluster partners. • Temperature checks and screening activities are ongoing through deployment of 98 screening staff at all major border crossings with Iran and Pakistan. • Seven UNHCR partner staff have supported the Directorate of Refugees and Repatriation (DoRR) with registration and crowd management at the Milak border crossing.
<p>Laboratories</p>	<ul style="list-style-type: none"> • 14 laboratories are now operational. Afghanistan currently has technical capacity to carry out 5,500 tests per day. • 193 healthcare workers have been trained in medical laboratory testing. • Health Cluster partners are supporting testing through provision of diagnostic kits and other laboratory reagents.
<p>Infection prevention and control (IPC)</p>	<ul style="list-style-type: none"> • UNICEF, with the support of the World Bank and the Government of Japan, has distributed 569,823 units of PPE directly to health providers nationwide. • More than 150,000 units of PPE were provided to MoPH by WHO. However, issues around a clear distribution plan remain unresolved.

	<ul style="list-style-type: none"> • With the support from ECHO, WHO has delivered more than 520,000 PPE items to frontline NGO workers in Afghanistan. • IOM has supplied more than 38,000 units of PPE across 6 provinces. • Infection Prevention and Control (IPC) training has been provided to 4,350 healthcare workers.
Case management	<ul style="list-style-type: none"> • 26 isolation wards have been opened by partners since the start of the crisis.
Operational support and logistics	<ul style="list-style-type: none"> • The Logistics Working Group (LWG) is supporting on logistics issues during the COVID-19 response. • The Humanitarian Access group (HAG) is working to resolve access issues on behalf of partners. • FSAC partners continue to monitor the flow of commercial vehicles carrying humanitarian food and supplies across borders to mitigate pipeline breaks for critical food and non-food items.
Continuation of essential services	<ul style="list-style-type: none"> • Provision of primary care continues through MHTs (inclusive of routine vaccinations, treatment and screening services), however expansion is required as the number of people seeking health care at static facilities has dropped (for fear of COVID-19 transmission).

Key COVID-19 Cumulative Response Figures By Cluster/Sector

Health	<ul style="list-style-type: none"> • 34,000 polio surveillance volunteers engaged in surveillance, case identification and contact tracing. • 8,954 polio surveillance volunteers trained on raising COVID-19 awareness, clinical diagnosis, case identification and contact tracing. • 519,023 people screened at points-of-entry by Health Cluster partners. • 4,720,342 people reached with risk communication and community engagement messages by health partners. • 591,232 people traced through Health Cluster surveillance systems since the start of the crisis. • IPC training conducted for 4,350 healthcare workers. • 3,931 healthcare workers trained in surveillance and risk communication in contested areas. • 2,000 beds made available for isolation and intensive care. • Medical equipment provided for 1,642 isolation beds across all 34 provinces. • 160 healthcare workers trained in Mental Health and Psychosocial Support (MHPSS). • 444 healthcare workers trained in Intensive Care. • 193 healthcare workers trained in medical laboratory testing. • 2,742 community health and first aid volunteers across 30 provinces trained in psychosocial first aid and risk communication.
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> • 2,921,238 people reached with WASH assistance including through hygiene promotion, handwashing and distribution of hygiene kits. • 160,204 hygiene kits distributed, reaching 1,018,072 people. • More than 5.1m bars of soap distributed in 349 districts across the country. • 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. • 3,264 handwashing stations set up at the community-level in 64 districts across 20 provinces. • 739 handwashing stations set up in health facilities across 27 districts. • 48 handwashing stations set up in schools across 9 districts.
Emergency Shelter & NFI	<ul style="list-style-type: none"> • 596,399 people in 16 provinces reached with ES-NFI awareness raising sessions on prevention of COVID-19. • 12,807 IEC materials distributed across 9 provinces. • 1,304 NFI kits distributed across 6 provinces to families at-risk from COVID-19. • 182,663 face masks distributed by ES-NFI Cluster partners across 4 provinces. • 771 religious leaders received COVID-19 awareness raising training to disseminate key messages to the community. • 10 family tents, 4 multi-purpose tents and 81 refugee housing units (RHUs) distributed across 5 provinces for screening, admission, outpatient treatment, storage, accommodation/duty stations for doctors and other medical personnel, as well as registration spaces for Afghanistan nationals newly returning from Iran.
Protection	<ul style="list-style-type: none"> • Almost 2.59 million people sensitised on COVID-19 and related preventive measures by Protection Cluster partners. • 75,260 IEC materials distributed. • 5,385 people interviewed using the COVID-19 specific protection monitoring questionnaire. • 24,797 border monitoring interviews conducted. • 301,126 people received psychosocial support to cope with the mental health effects of COVID-19. • 790 children received COVID-19 story books. • 276,308 people received community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic. • 3,012 persons with specific needs (PSNs) received cash assistance across the country to help them cope with the financial impact of COVID-19.

Food Security	<ul style="list-style-type: none"> • 1,125,350 people have been reached with COVID-19 specific food assistance by WFP between 1 March and 11 November.
Education	<ul style="list-style-type: none"> • 119,495 children reached with home-based learning materials across 14 provinces. • 10,314 children across 4 provinces received education through small group learning. • 100,674 children across 11 provinces received IEC materials on COVID-19 preventative measures. • 318,970 children across 4 provinces sensitised on COVID-19 and preventive measures through TV and radio. • 1,231 teachers trained on safe school protocols for COVID-19 for when schools re-open.
Nutrition	<ul style="list-style-type: none"> • 310,755 community members reached with COVID-19 awareness raising sessions. • 125,654 IEC materials distributed

Health

Needs:

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

14

Laboratories are now operational with capacity to test 5,500 samples per day

Response:

- 14 laboratories are now operational. Afghanistan currently has technical capacity to carry out 5,500 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 rumour tracking across the country, as well as risk communication messaging on the safe return to essential health services.

Gaps & Constraints:

- While 14 laboratories are now operating in Afghanistan, laboratory capacity in Afghanistan remains limited. While Afghanistan currently has the technical capacity to carry out 5,500 tests per day, a lack of demand also means that fewer than 400 tests are actually being conducted daily. Humanitarian partners urge the Government of Afghanistan to ensure laboratories are appropriately equipped and that procured supplies go to under-resourced health centres in a transparent manner, so that life-saving support can be delivered to those most in need. Recently developed rapid diagnostic tests (RDT) need to be integrated into current testing plans.
- There is a need to improve staff capacity, increase resources and strengthen the fragile health system to better manage severe cases of COVID-19 amidst a potential second wave.
- 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 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 fetching 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.

2.92M

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

Response:

- Between 12 October and 8 November, 172,932 people were reached with WASH assistance, bringing the total to 2,921,238 people reached since the start of the crisis.
- 10,830 hygiene kits – which include hygiene supplies such as soap for hand washing, bathing and laundry – were distributed during the reporting period, reaching 73,484 people across 36 districts. 160,204 hygiene kits have been distributed since the start of the crisis, reaching 1,018,072 people.
- 89,484 bars of soap were distributed across the country between 12 October and 8 November. Since the start of the response, more than 5.1m bars of soap have been distributed in 349/401 districts across the country.
- WASH facility maintenance and the provision of water continues at the Milak (Nimroz) border crossing. During the reporting period, WASH activities at the Milak border crossing reached 21,716 people, with 114,679 people reached in this location since the start of the crisis.
- Between 12 October and 8 November, 474 handwashing stations have been set up at the community-level. A total of 3,264 handwashing stations have been set up at the community-level in 64 districts across 20 provinces since the start of the crisis.
- 561 handwashing stations were set up in health facilities in 13 districts across 12 provinces; 739 health facilities have been set up in health facilities since the start of the COVID-19 pandemic.

Gaps & Constraints:

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

Emergency Shelter & NFI

Needs:

- 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 the approaching winter and a potential 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:

- During the reporting period, ES-NFI partners reached 18,253 people across 6 provinces with awareness raising sessions on the prevention of COVID-19 through focus group discussions, radio broadcasting and via contracted masjids. More than 596,399 people in 16 provinces have been reached with key messages by ES-NFI partners since the start of the crisis.

Gaps & Constraints:

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

Protection

Needs:

- Based on the protection monitoring reports, the COVID-19 pandemic has exacerbated stress, stigma, and fear of death within the IDP settlements in Hirat province. The lack of sufficient space to allow for individuals exhibiting COVID-19-like symptoms to isolate was also reported as a concern. The current situation highlights the need for further PSS services, information-sharing on how IDPs can adapt to isolation according to their context, and information on other relevant measures in case of COVID-19 infection.
- The COVID-19 pandemic has resulted in an increase in gender-based violence across the country. Based on an assessment conducted by a protection partner in Hirat province, forced marriage and child marriage have become increasingly common practices among poor families to make ends meet. Preventative measures are needed to protect vulnerable individuals from such negative coping strategies. Partners also raise the need for the establishment of safe houses in all provinces to provide secure spaces and enhanced follow-up for GBV survivors.
- Reports from Hilmand province indicate that families displaced due to the recent conflict may be exposed to COVID-19 and protection risks due to challenges for physical distancing and the cold weather.

2.59M

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

Response:

- Between 12 October and 8 November, 302,081 people across the country were sensitised on COVID-19 and related preventive measures by Protection Cluster partners, bringing the total to 2,596,912 people reached since the start of the crisis.
- 5,959 IEC materials on COVID-19 were distributed across 8 provinces during the reporting period. 75,260 IEC materials have been distributed by Protection Cluster partners since the start of the crisis.
- 794 COVID-19-specific protection monitoring interviews were conducted across 6 provinces between 12 October and 8 November, bringing the total to 5,385 interviews since the start of the crisis.
- During the reporting period, 13,543 people received PSS through various modalities across 9 provinces. Since the start of the pandemic, some 301,126 people across 20 provinces received PSS to help them cope with the psycho-social-related consequences of COVID-19.
- During the reporting period, 3,997 border monitoring interviews were conducted with returnees (Afghanistan nationals) at the Milak and the Spin Boldak border crossing sites, with 24,797 interviews conducted across all border crossings since the start of the crisis.
- During the reporting period, 420 persons with specific needs (PSNs) received cash assistance across 10 provinces to help them cope with the financial impact of COVID-19. Since the start of the crisis, 3,012 people have received this kind of cash assistance.
- 7,729 people across 9 provinces received Child Protection community-based awareness raising on the protection of children and positive coping mechanisms during the COVID-19 pandemic, bringing the total to 276,308 people reached since the start of the crisis.
- During the reporting period, 55 children and adolescents with COVID-19-related protection needs were supported with case management through referrals to multi-sector services in Jawzjan, Kandahar, Nangarhar and Sar-e-pul provinces.

Gaps & Constraints:

- The limited number of female workers involved in COVID-19 awareness-raising campaigns in the southern region is a deterrent for female community members to attend information sessions.
- Protection Cluster partners' access to vulnerable populations in most parts of Maidan Wardak and Ghazni provinces, as well as some parts of Kabul province, has been restricted by the deteriorating security situation.
- Due to the COVID-19 pandemic, Explosive Ordnance Risk Education (EORE) sessions are strictly limited to 5 participants per session in order to ensure that COVID-19 preventative measures are followed.
- Child Protection partners working on family tracing and reunification along the western border with Iran report that the cost of accommodation and transportation for the reunification of unaccompanied and separated children has increased during the COVID-19 pandemic.

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 IPC analysis has now been endorsed by the Government and was published this week.
- The new IPC analysis indicates that the ongoing pandemic has magnified regularly occurring shocks and caused a significant degradation in the food security situation across Afghanistan. Since March, there has been a 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 are facing higher levels of debt, reduced income levels and increased household expenditure pressures due to rising commodity prices. 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.
- Vulnerable groups, including IDPs, are disproportionately affected by the COVID-19 pandemic, as they tend to depend on fragile employment streams for their livelihoods.
- 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.
- Increased insecurity due to an uptick in violence is causing more displacement and limited livelihood opportunities for conflict-affected IDPs, particularly in peri-urban or urban environments.
- The depressed economy of neighbouring countries has also contributed to decreased household incomes due to drops in remittances from COVID-19. This is being further compounded by devaluation of currencies.

16.9M

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

Response:

- 1,125,350 people have been reached with COVID-19 specific food assistance by WFP between 1 March and 11 November.
- Food assistance activities have increased in scope and livelihood activities have re-started ahead of the winter wheat planting cycle. Partners have maintained high levels of operational capacity across the country; most FSAC INGO partners are bringing back their international staff who had been working remotely.

Gaps & Constraints:

- FSAC partners report access impediments caused by NSAGs, including interference and temporary detention of humanitarian workers, creating additional delays to distributions as partners are forced to conduct individual negotiations on a case-by-case basis. In a limited number of locations FSAC partners report that NSAGs have enacted measures which limit the ability of partners to collect beneficiary information.

Education

Needs:

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

119K

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

Response:

- 800 children (320 boys, 480 girls) have been reached with EiE-developed home-based learning materials during the reporting period. A total of 119,495 children (56,203 boys, 63,292 girls) across 15 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 during the harsh winter conditions. Support needed includes the provision of winterisation kits consisting of winter clothes for students, bukharis (heaters) and

heating fuel. The provision of winterisation kits will enable children to continue their classes during winter and catch-up on learning opportunities lost to the COVID-19 pandemic.

- WASH support for CBEs is critically needed across the country.

Nutrition

Needs:

- Malnutrition is on the rise and is putting people at increased risk to COVID-19. Undernourished people have weaker immune systems, exposing them to greater risk of severe illness due to the virus. For instance, a severely undernourished child is nine times more likely to die from common infections than a well-nourished child. In a deteriorating trend from the beginning of the year, findings of the most recent nutrition surveys show that 26 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 13 per cent in cases of Severe Acute Malnutrition (SAM). 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 insecurity and COVID-19. This includes ensuring humanitarian access for health and nutrition services (especially children under five and mothers/PLW).

310K

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

Response:

- Between 12 October and 8 November, 47,577 people – including PLW – across 12 provinces were reached with COVID-19 awareness raising sessions by Nutrition Cluster partners. A total of 310,755 people across the country have been sensitised on COVID-19 preventive measures by Nutrition Cluster partners since the start of the COVID-19 crisis.
- 17,246 IEC materials including posters, leaflets and brochures were distributed by nutrition partners during the reporting period; 125,654 IEC materials have been distributed by Nutrition Cluster partners since the start of the crisis.
- Considering the increase of confirmed COVID-19 cases, the Nutrition Cluster will continue to adapt nutrition assessments and surveys 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).
- 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.

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 30,400 callers with pre-recorded COVID-19 messages and directly handled 3,644 calls related to COVID-19 from all 34 provinces. 23 per cent of all calls came from women and 2 per cent from people indicating to have a disability. While Awaaz continues to respond to callers' requests around COVID-19, a considerable drop in enquiries was recorded during this reporting period as compared to previous months; only 3 per cent of all calls handled in October highlighted a need or question around COVID-19 compared to 20 per cent of calls handled in May.

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