



AFGHANISTAN

EMERGENCY SITUATION REPORT

No. 12/ Reporting Period: 1–15 February 2022

Key Figures	People reached with health services	Health facilities supported	Health workers trained	People reached by medical kits deployed	Rapid response teams deployed to outbreak areas
	196,898	265	69	85,800	170
Ongoing Outbreaks	Total COVID-19 confirmed cases	Acute Watery Diarrhoea cases	Dengue Fever cases	Measles cases	Malaria cases
	171,076	5,062	775	39,099	467

Overview

The unprecedented humanitarian crisis in Afghanistan continues to challenge the fragile health system of the country. The World Health Organization (WHO), the United Nations (UN) and non-government organization (NGO) partners have scaled up support to mitigate the impact of the crisis on the lives of the Afghan people. This includes sustaining the functionality of more than 1264 health facilities across Afghanistan. WHO has teams on-the-ground, mostly Afghans, that are working with partners to ensure delivery of health services.

During the last two-weeks, there were remarkable reduction in the new cases of acute watery diarrhoea (AWD), dengue, and malaria. WHO has deployed 170 rapid response teams (RRT) to support surveillance and response.

During the reporting period, an avalanche was reported from Dangam district of Kunar province affecting 125 people and closing the border of Afghanistan with Pakistan. WHO deployed mobile health teams (MHTs) in Kunar province to respond to the emergency and provided the necessary health services to the affected people.

Trauma and post-trauma physical rehabilitation services were provided to 8,920 people through the WHO-supported Trauma Care Units (TCUs) and physical rehabilitation centers. Emergency primary healthcare services were extended to 94,893 people living in underserved and remote areas of Afghanistan through MHTs and sub health centers (SHCs). The emergency medical supplies and kits deployed by WHO to various areas in the last two weeks reached 85,800 people in various parts of the country.



WHO will be supporting the full running cost of the Afghan Japan Hospital in Kabul, Afghanistan to manage patients with COVID-19. A WHO Team met with hospital staff and visited the treatment and ICU wards.

During the last two-weeks, WHO teams visited Wardak, Badakhshan, Takhar, Kunduz, Baghlan, Balkh, Samangan, Jawzjan, Sar-e-Pul, Zabul and Helmand provinces to monitor delivery of health services in WHO-supported health facilities. During these visits, the teams met with Governors, provincial public health directors, implementing NGOs, and other health cluster partners.

Afghanistan faces overlapping health threats: widespread malnutrition, a surge in measles cases, rise of COVID-19, and the potential for a wave of acute watery diarrhoea in the spring. Despite tremendous efforts by WHO and partners, the health system is struggling with shortages of supplies, fuel, and money to pay staff. The country also faces an unprecedented level of malnutrition making people more vulnerable to illness and to diseases like measles – especially children.



Sustaining the Health Service Delivery

WHO continues our work in delivering basic essential health services to the people of Afghanistan. On 10 February, WHO commenced the partnership with 14 NGOs that will support in the implementation of the second phase of the Sehatmandi project at hospital level in 34 provinces in the country.

Jointly implemented by WHO and UNICEF, and funded by the World Bank-led Afghanistan Reconstruction Trust Fund (ARTF), the second phase of Sehatmandi Project will be implemented from February 2022 to June 2022. During this period, UNICEF will be responsible for the primary healthcare while WHO will be responsible for secondary healthcare.

Specifically, WHO will be responsible of the management of equitable and uninterrupted delivery of quality

secondary care health services through district, provincial and regional hospitals, aimed at improving service delivery and strengthening the Afghanistan health system and its performance.



“We have an accountability to the people of Afghanistan and our donor partner, World Bank-led Afghanistan Reconstruction Trust Fund to deliver the best possible health services at this time of unprecedented humanitarian crises,” says Dr Luo Dapeng, WHO Representative in Afghanistan.

“WHO appreciates your partnership and I urge you to work hard to save lives and make Afghan women, men, girls and boys, wherever they are in the country, healthier and better.”

Health Facilities Supported by WHO (November 2021–January 2022)

Health Facilities (HF) Type	Regional Hospital (RH)	Provincial Hospital (PH)	District Hospital (DH)	Comprehensive Health Center (CHC)	Basic Health Center (BHC)	Sub Health Center (SHC)	Family Health House (FHH)	Mobile Health Team (MHT)	Others
Number of Supported HFs	1	7	50	181	416	505	16	12	14



Dr Luo Dapeng, WHO Representative in Afghanistan during the signing of contracts with NGO partners on 10 February 2022.

The first phase of Sehatmadi was implemented from November 2021 to January 2022, with support from the United Nations Central Emergency Response Fund (UN CERF). During this period, WHO has provided access to health services for 17 million people (8,711,934 women and 3,555,892 children under five years of age) and ensured the functionality of 1202 health facilities.

The major issue is funding for sustaining health service delivery – not only for COVID-19 but for all health needs.

There are still over 1,200 health facilities and more than 11,000 health workers who are not covered through current support.

Health facilities to be supported by WHO from February to June 2022

Health Facilities (HF) Type	Regional Hospital (RH)	Provincial Hospital (PH)	District Hospital (DH)
Number of Supported HF	2	16	78



Health Partners' Coordination

As a health cluster lead agency, WHO is in charge of health cluster partner's coordination for ensuring coordinated response to the health emergencies.

During the last two-weeks these are the coordination activities conducted:

- Health Cluster Information Management Working Group (WG) was established. Training was conducted for Information Management WG members on the role of Health Cluster Information Management WG and use of ReportHub.
- Under AHF 1st SA, 18 proposals (14 partners) recommended to support humanitarian response services.
- In line with HRP 2022, ReportHub activities and indicators were updated.
- Bi-weekly Health Cluster coordination meeting conducted on 8th February. 82 participants including cluster partners, donors, and representatives from the Ministry of Public Health attended the meeting.



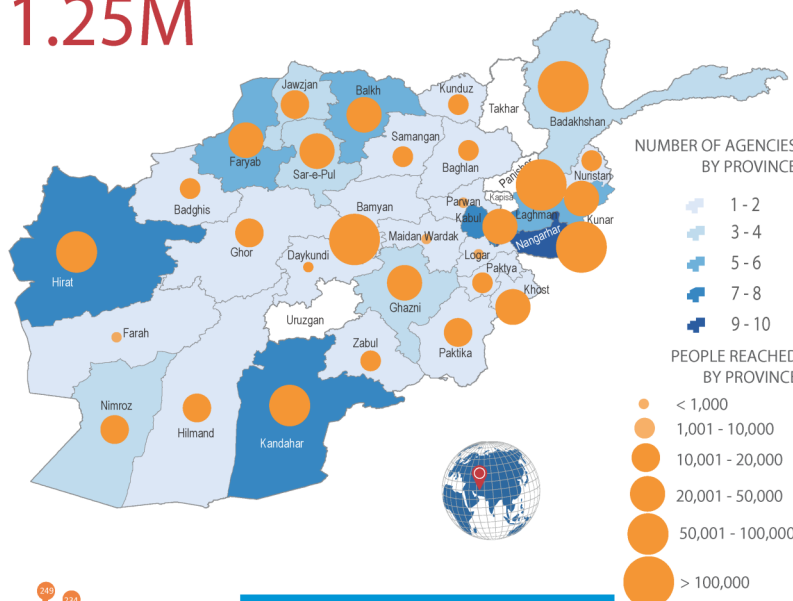
AFGHANISTAN

HEALTH CLUSTER DASHBOARD FOR HUMANITARIAN RESPONSE SERVICES (covering December 2021)



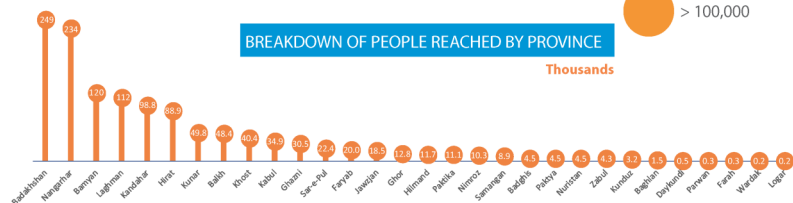
PEOPLE REACHED by 23 ORGANIZATIONS in 30 PROVINCES and 303 LOCATIONS under 35 PROJECTS

1.25M

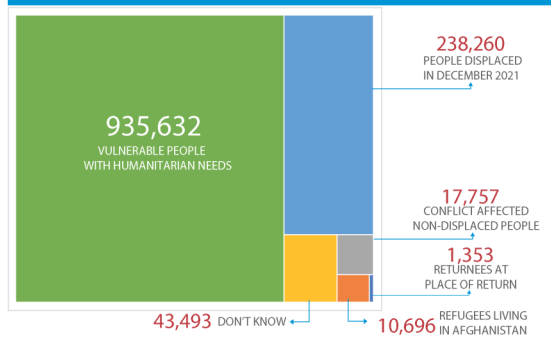


BREAKDOWN OF PEOPLE REACHED BY PROVINCE

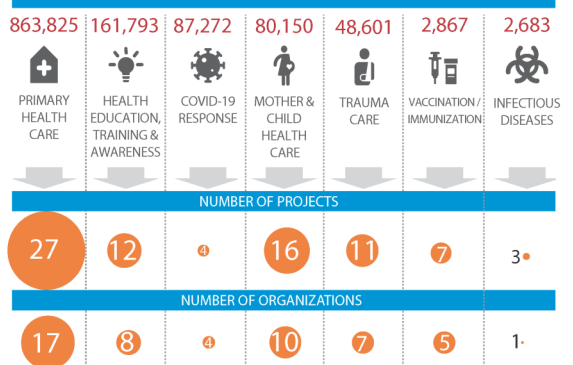
Thousands



PEOPLE REACHED BY HRP BENEFICIARY TYPE



PEOPLE REACHED BY ACTIVITY



The boundaries, denominations, and designations displayed in this product are defined by the data shared with the Afghanistan Health Cluster. The elements and freshness of the data are the responsibilities of the data providers and no endorsement nor acceptance of it by WHO Afghanistan can be assumed.

Trauma and Physical Rehabilitation Care Services



During the month of January 2022, there were 12,335 (3,400 female and 8,935 male) individuals who received trauma care and post-trauma physical rehabilitation services through the WHO-supported health facilities and physical rehabilitation centers.

WHO is currently supporting 132 hospitals across the country through provision of trauma medical supplies, kits and equipment, developing mass casualty management (MCM) plans, training staff and upgrading emergency obstetric/newborn care (EmONC). WHO Afghanistan has recently joined the Global Emergency and Trauma Care Initiative (GETI) which aims to save millions of lives. WHO is supporting 67 blood banks across the country by providing medical supplies, equipment, and training.

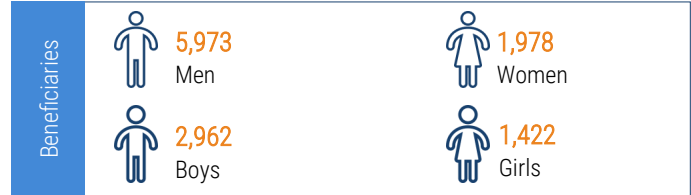
“ WHO was able to deliver the medical supplies and equipment in the last 2 weeks reaching a total of 2,800 beneficiaries.

WHO is providing full support to five post-trauma physical rehabilitation centers through contracting out modality in Baghlan, Zabul, Kunar, Laghman, and Paktia provinces.

Given the potential for a strong Emergency Care System (ECS) to help reduce morbidity and mortality in Afghanistan, the Afghanistan Ministry of Public Health and WHO facilitated the use of evidence-based Emergency Care System Assessment (ECSA) tool with a working group of national emergency care experts and key stakeholders to review the current system and develop a strategic plan.

The working group convened on 1-2 February 2022 to facilitate assessment of the existing national emergency care system as well as to enable identification of action priorities for key context appropriate, improvements to the system.

The stakeholders defined 20 key action priorities for improvement of the emergency care system in Afghanistan. Further development of the emergency care system in Afghanistan is a priority of the WHO and MoPH, and onward engagement to implement the established action priorities is planned. A roadmap for implementation of these action priorities will be defined and disseminated.



Services Provided	
8,052	Blood transfusion
6,097	Major surgical operations
12,187	Minor surgical operations
173	People received orthoses devices
149	People received prostheses
208	People received assistive devices and walking aids
7,240	People received physiotherapy
441	People received awareness on disability, early identification and prevention of disability, and victim assistance.

In response to the ongoing emergencies, WHO was able to deliver the following medical supplies and equipment in the last 2 weeks reaching to a total of 2,800 beneficiaries:

- 4 Trauma Emergency Health Kits (TESK) to Bamyan province,
- 2,400 surgical masks were provided to Nangarhar province,
- 4 Oxygen Concentrator machines were provided to the Baghlan PH to respond the critical shortage of Oxygen in the health facility.



The generous support of the Government of Japan has enabled WHO to procure and distribute live-saving medical kits and equipment to hospitals and health facilities across Afghanistan.

Emergency Primary Health Care Services in Hard-to-Reach Areas

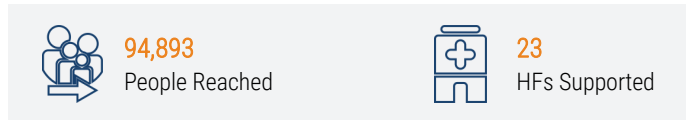
During the month of January 2022, there were 94,893 (33,770 female and 61,123 male) people living in underserved and remote areas of Afghanistan who received emergency primary health care services through WHO-supported Mobile Health Teams (MHTs).

Currently, WHO is supporting 23 MHTs in underserved areas of Herat, Helmand, Nangarhar, Laghman, Kunar, and Nuristan provinces. Meanwhile, WHO is planning to expand the MHTs and SHCs to 136.

The MHTs provide primary healthcare services such as expanded programme on immunization (EPI), ante- and post-natal care, family planning, nutrition counselling/screening and referral, skilled birth attendance and other basic primary healthcare in accordance with the standard MHT package of services.

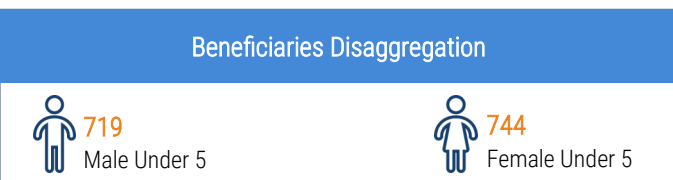
During the last two-weeks WHO has provided 19 Interagency Emergency Health Kits (IEHK) and 10 PED-SAM kits to health facilities of Bamyan and Nangarhar provinces which reached 83,000 individuals.

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Services Provided	
1,958	Women received Antenatal Care (ANC)
953	Women received Postnatal Care (PNC)
538	CBA women and under 5 children received TT2+, measles, PENTA-3 Vaccination
77	Institutional deliveries
586	Women received family planning services and awareness
56,950	People living in remote and underserved areas received health education and awareness
1,658	Pregnant and lactating women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
1,658	Under-5 children received nutrition screening, counselling, and referral services

Public Nutrition in Emergencies



In January 2022, a total of 1,463 malnourished children with medical complication (719 boys and 744 girls) admitted and treated in WHO-supported In-Patient Department-Severe Acute-Malnutrition (IPD-SAM) centers across the country.

WHO is providing regular support to 123 IPD-SAM centers in terms of medicine, medical and non- medical supplies and equipment, and staff training. The IPD-SAM centers are for management of SAM cases with medical complications which need hospitalization and specialized medical treatment.



On February 13, WHO team was in Mehtar Lam Hospital in Laghman Province to visit pediatric and emergency wards. We worked with hospital staff to ensure patients get the treatment they need.



WHE Infectious Hazard Preparedness/ Surveillance

During last two weeks, surveillance activities (outbreaks investigation, reporting, and response) were in place for four major outbreaks (acute watery diarrhoea, dengue fever, measles, and COVID-19). WHO has deployed 170 Rapid Response Teams (RRTs) for outbreaks investigation, data line listing, and sample collection and management for COVID-19 and other epidemic prone diseases in the country.

WHO is supporting disease surveillance activities (outbreak investigation, reporting and response) in Afghanistan through provision of medical and non-medical supplies, support and rehabilitation of laboratories, development of technical guidelines and Standard Operation Procedures (SoPs), and capacity building.

“ WHO has deployed 170 Rapid Response Teams (RRTs) across all 34 provinces for outbreak investigation.

WHO is also providing support to the National Infectious Disease Hospital in Kabul (main referral hospital for all infectious diseases across Afghanistan) through provision of foods for patients, heating system, maintenance of ambulances, waste management, including provision of

Cumulative Number of Cases	Disaggregation of Cases	
	Acute Watery Diarrhoea (AWD)	
5,062	2,590 Male	2,472 Female
	Dengue Fever	
775	473 Male	302 Female
	Measles	
39,099	31,371 Under 5	7,728 Over 5

essential drugs and supplies. Technical guidelines for event-based surveillance and lab surveillance of AWD, and SoPs for RRTs have been recently developed.

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WHO and partners have deployed medical teams for measles case management in most affected areas, including medical supplies.

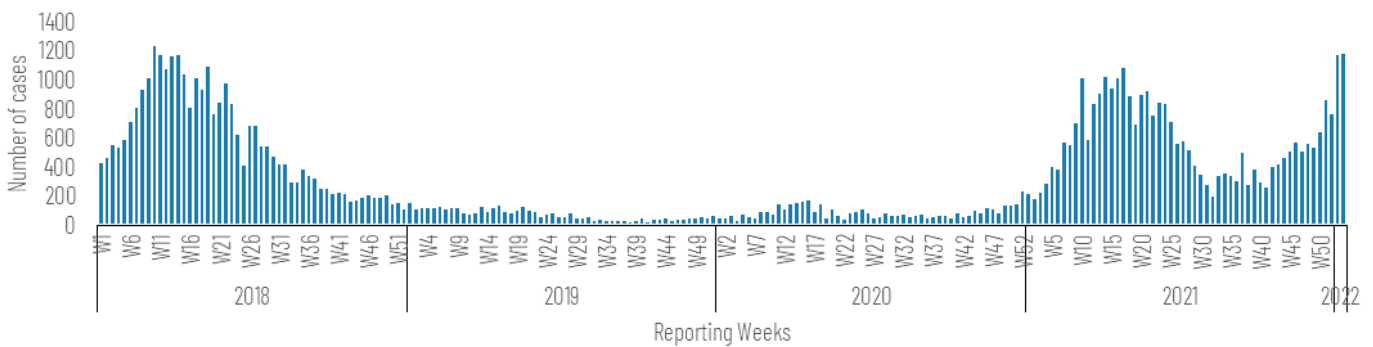


Figure 1. Weekly epidemiological curve of suspected measles cases in Afghanistan, 2018-2022 (n=39,099)

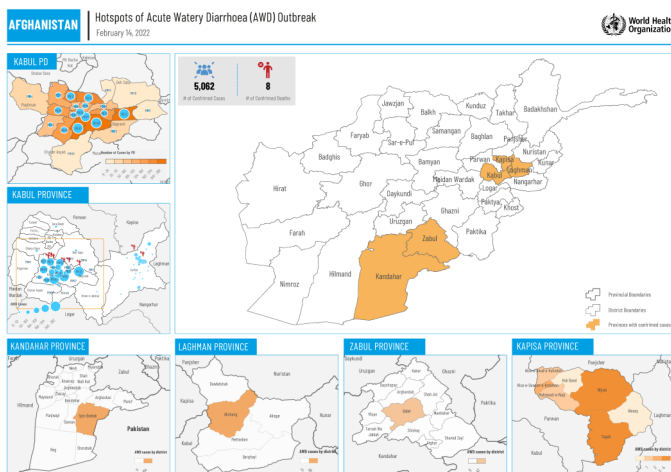


Figure 2. Hotspot areas of acute watery diarrhoea cases, Sep 2021 - Jan 2022 (n=5,062)

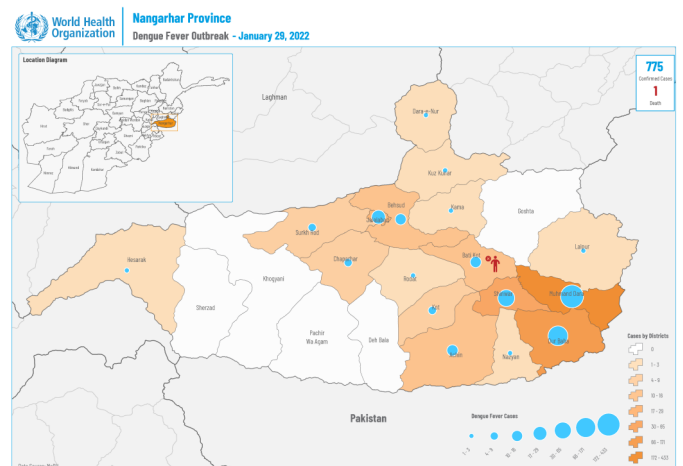
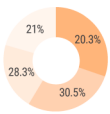


Figure 3. Hotspot areas of dengue cases in Nangrahar province, Sep 2021 - Jan 2022 (n=775)



AFGHANISTAN Measles Risk Assessment Overview

As of 7 February 2022



315
DISTRICTS
Out of
401

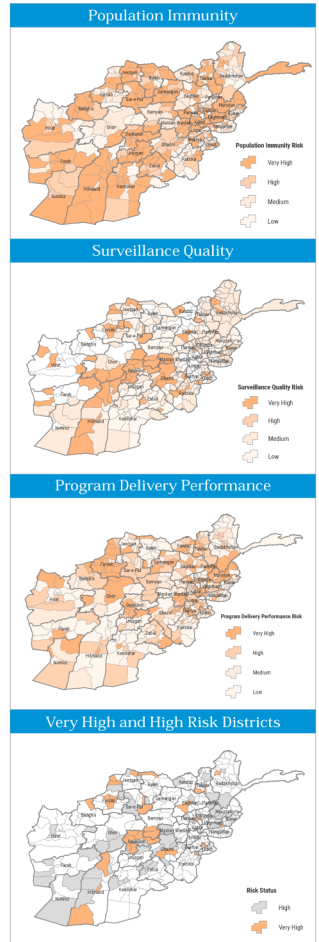
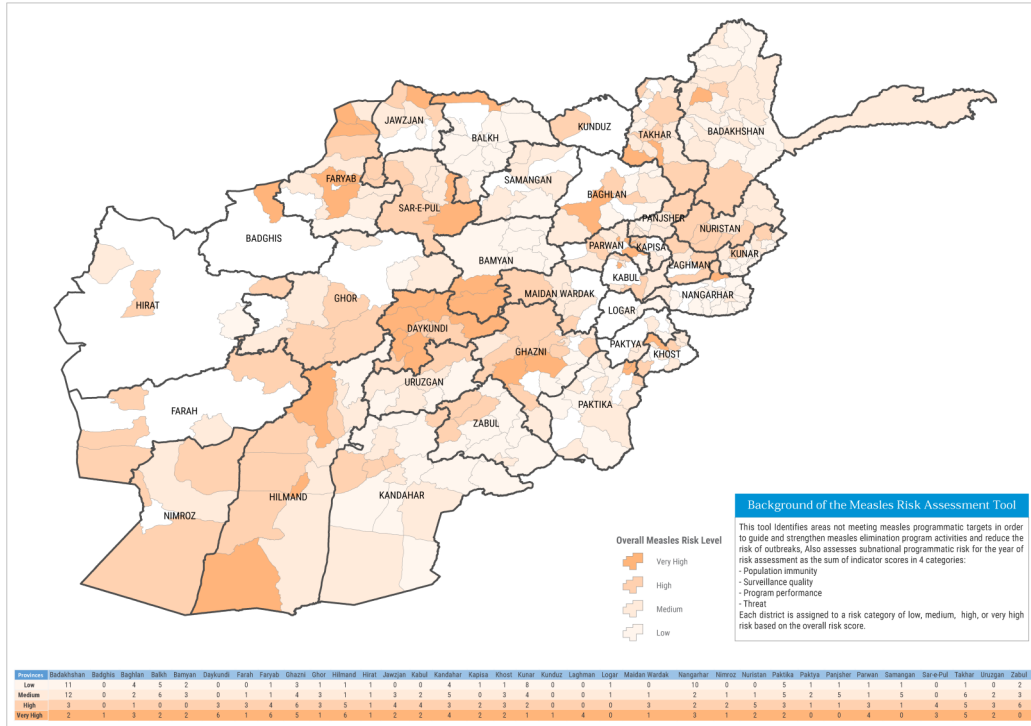
Districts with Very High Risk: **64**
 Districts with High Risk: **96**
 Districts with Medium Risk: **89**
 Districts with Low Risk: **66**

Population Immunity
Assesses measles susceptibility using administrative vaccination coverage data and case-based surveillance data.

Threat Assessment
Accounts for factors that might influence the risk for measles virus exposure and transmission in the population.

Program Performance
Assesses specific aspects of routine immunization services.

Surveillance Quality
Evaluates the ability of a district to detect and confirm cases rapidly and accurately.



COVID -19



171,076
COVID-19 Cases



7,501
Deaths



47.9%
Positivity rate



0.8%
Fatality rate

As of 14 February 2022, a total of 171,076 cases of COVID-19 have been confirmed and 7,501 deaths have been reported. This includes 4738 cases and 97 deaths among healthcare workers. About 28.1 % of the eligible population has been fully vaccinated (4,057,009 people). At total of 877,991 samples have been tested for COVID-19 by both public and private laboratories (60% of samples were tested through public laboratories).

From 5- 12 February, 9,001 samples were tested in public labs, of which 4,317 samples were positive for COVID-19 (positivity of almost 47.9%) and 60 new deaths were reported. This represents 7% increase in cases and 140% increase in the number of deaths, respectively, compared to the previous week.

WHO is currently processing the proposals in providing the full running cost of the following COVID-19 hospitals/ health facilities starting this February for 5 months-12 months:

- Nangarhar COVID-19 with 50 beds
- Ghazni COVID-19 Hospital with 25 beds
- Uruzgan COVID-19 Hospital with 2 beds
- Afghan Japan COVID-19 Hospital with 100 beds
- Kabul Ali Jinnah COVID-19 Hospital with 70 beds
- Paktia COVID-19 Hospital with 50 beds
- Panjshir COVID-19 Hospital with 20 beds





Water Sanitation and Hygiene (WASH) at Health Facilities

WHO, as a normative agency for WASH at the health facilities and as part of its global mandate, is focusing on enhancing WASH, and medical waste management system in health facilities to ensure safe and hygienic environment.

During the last two-weeks, WHO completed the following interventions:

- Establishment of 21 beds infectious disease ward in Laghman Provincial Hospital
- Establishment of 10 beds Trauma Care Unit (TCU) in Spin Boldak DH, Kandahar province
- Rehabilitation of 10 Therapeutic Feeding Units (TFUs) in Parwan, Baghlan, Laghman, Khost, and Logar provinces
- Establishment of water wells, rehabilitation of toilets, and installation of medical waste management system in 4 health facilities located in Kunar, Paktia, and Laghman provinces



Construction of Laghman infectious diseases ward.



Gender Based Violence / Prevention of Sexual Exploitation and Abuse (GBV/ PSEA)

During the last two weeks, a total of eight GBV cases have been reported and received proper and required health services and treatment in national advanced GBV referral center. This includes two physical violence, one emotional violence, one denial of resources, two forced marriage, and two sexual violence.

A training of health response to survivor of violence in emergency setting was conducted on 05-09 February 2022 in Herat province. The training was conducted with the objective of strengthening the knowledge and skills of health care providers on key GBV health issues and understanding how to deal with/how to handle GBV cases in

emergency. Forty-one health care providers including 10 medical doctors, 15 nurses, 10 psychosocial counsellors and six midwives received 13 major modules/sessions.

The share of male and female participation was 71% and 29%. Analysis of pre- and post-test shows significant improvement (80%) in the knowledge of the participants. After receiving this training, the health care providers will be able to timely identify GBV survivors, apply guiding principles in practical way, ensure privacy and confidentiality when dealing with GBV survivor, and manage rape cases in proper way from physical and mental perspective.



Mental Health and Psychological Support (MHPSS)

A needs assessment was done at the southern region of Afghanistan and showed that there is a need to provide a psychiatric unit in Kandahar City to address the needs of the region.

A needs assessment was also done at the Drug Addiction Center in Kandahar last February 2 where 70 patients are currently admitted. There are 20 patients getting home base treatment by the center.

A two-day training on Psychological First Aid and Self Care Training for 45 Community Health Workers (CHWs) and Community Health Supervisors (CHS) were conducted in Kandahar. Trainees came from Zabul, Kandahar, Uruzgan,

and Nimroz. By next week, same type of training will be done at the western region.

A meeting was conducted last February 10 between WHO and the United Nations Office on Drugs and Crime (UNODC) in drafting the priority activities for 2022 on Drug Addiction. Priorities were on evidence treatment services (residency and outreach) for the 95 drug treatment centers across Afghanistan, provision of regular supplies of medications, full running cost for the said drug treatment centers; capacity building and refresher training, and community/school-based intervention on prevention; among others.



WHE Information Management

For more systematic response to emergencies, the Health Information Management (HIM) team of WHO has started the implementation of Health Services Availability Monitoring System (HeRAMS) online platform in Afghanistan. This system will have the up-to-date information on available resources of the health facilities across the country to better respond and manage emergencies. Currently 2,800 out of 3,033 health facilities have entered their data into the HeRAMS online system. The list of the health facilities for verification is finalized and the process will start soon.



This blood bank in Baghlan Hospital is one of the 67 blood banks supported by WHO in Afghanistan



The joint WHO/EU project “Mitigating the health effects of COVID-19 emergency in Afghanistan” focuses on increasing diagnostic capacity through distribution of lab supplies to hospitals admitting COVID-19 patients.

For more information about WHO’s work in emergencies, contact:

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