

# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 19 | July 2022



World Health  
Organization  
Afghanistan

## Key Figures (For July 2022)

**230,598**

People reached with  
emergency health services

**3,696**

People received physical  
rehabilitation services

**71 MT**

Medical and non-medical  
supplies provided

**321**

Health workers trained

**102**

Surveillance support  
teams deployed to  
outbreak areas

**34**

Classical rapid response  
teams deployed to  
outbreak areas

## Ongoing Outbreaks (Cumulative Cases)

**185,775**

Total COVID-19  
confirmed cases

**19,050**

Total Acute Watery  
Diarrhoea cases

**64**

Total Dengue Fever  
cases

**63,654**

Total Measles cases

**229**

Total CCHF cases



WHO surveillance team supporting outbreak investigation for acute watery diarrhea.

## Overview

WHO continues to mobilize resources and scale up capacities to respond to outbreaks, health emergencies and natural disasters affecting Afghanistan in July 2022.

In addition to the 5.9 magnitude earthquake on 22 June 2022 that affected more than 361,000 people, including 1036 casualties, there was a 5.1 aftershock that hit the south-eastern provinces of Khost and Paktika on 18 July. WHO and humanitarian partners continue to provide life-saving support, including primary health care services and trauma care, mental health and psychosocial support services, medical supply kit distribution (71 MT of supplies, including over 60 different modules of IEHK, TESK, NCDK, and cholera) and deployment of 10 female health care workers. WHO is also enhancing mass casualty management with a Basic Emergency Care (BEC) course for 48 healthcare professionals conducted in Gardez in July. WHO, with support from partners, distributed long-lasting insecticidal nets (LLINs) to earthquake-affected communities and deployed 10 teams of social mobilizers to enhance risk communication and community engagement (RCCE) focusing on prevention of acute watery diarrhea and other infectious diseases.

Afghanistan continues to face multiple disease outbreaks. A significant surge of acute watery diarrhea (AWD) cases has been observed across the country. For measles, although the number of cases has decreased, all provinces continue to report cases. Crimean-Congo haemorrhagic fever (CCHF) cases, including six associated deaths, have been reported from 13 provinces while a surge of new dengue fever cases was reported in Nangarhar province in July 2022. A COVID-19 vaccination campaign was launched on 16 July 2022, targeting 4.8 million individuals. As of 30 July, more than 2.1 million doses have been administered.

Furthermore, flash flooding increased in July, inflicting multiple casualties. Heavy rains also damaged thousands of houses and impacted infrastructure, such as roads and bridges, including areas impacted by the June 22 earthquake. WHO worked with MoPH to assess health facilities in flash flood-affected areas and provided emergency kits in Herat Province.

The Health Cluster Coordination team is working on the Afghanistan Humanitarian Fund (AHF) on the second reserve allocation (RA) for 2022 with USD 4.7 million for the earthquake response. In addition, Health Cluster worked with stakeholders to develop the regional AWD response plans for the south, central, north, east, south-east and west regions and to enhance the coordination with WASH Cluster.

## Health Partners' Coordination

As a Health Cluster lead agency, WHO is coordinating with multiple organizations to respond to health emergencies, including:

- Support to earthquake response in Paktika and Khost provinces: Under the Afghanistan Humanitarian Fund (AHF) Reserve Allocation (RA) 2, almost USD 4.7 million was mobilized to support earthquake response through seven health partners (WHO, IOM, HealthNet-TPO, OHPM, IRC, CAF, and HI).
- Field monitoring: The Health Cluster team conducted field visits in Paktika and Khost provinces to monitor the quality of services delivered by health partners and identify the gaps. The mapping of health partners using 4Ws tool was completed and updated on a weekly basis. More than 20 health partners are operational in 13 districts.
- Support for regional AWD responses: The regional AWD operational response plans have been developed for the south, central, north, east, south-east and west regions, and response to AWD is coordinated with health partners and WASH cluster.
- Winterization Plan: Health Cluster developed a Winterization plan (October – December 2022) in consultation with partners. The plan is based on the



Health Cluster Coordinator and team visited Giyan Health Camp to monitor the delivery of health services by health partners.

prioritization of the districts for heavy snow, road blockade, high number of winter-related diseases, poor access, etc. About 10.4 million people will need some kind of winter-specific emergency health assistance. About 23% of the districts (91) with 1.1 million people are considered high priority and will be targeted. The funding requirement is US\$ 18 million.

## Sustaining the Health Service Delivery





WHO continues to work towards delivering healthcare services to the people of Afghanistan at different levels. In partnership with the implementation partners, WHO is currently supporting 15 hospitals (six are COVID-19 hospitals) to meet increased services demand including secondary and tertiary care.

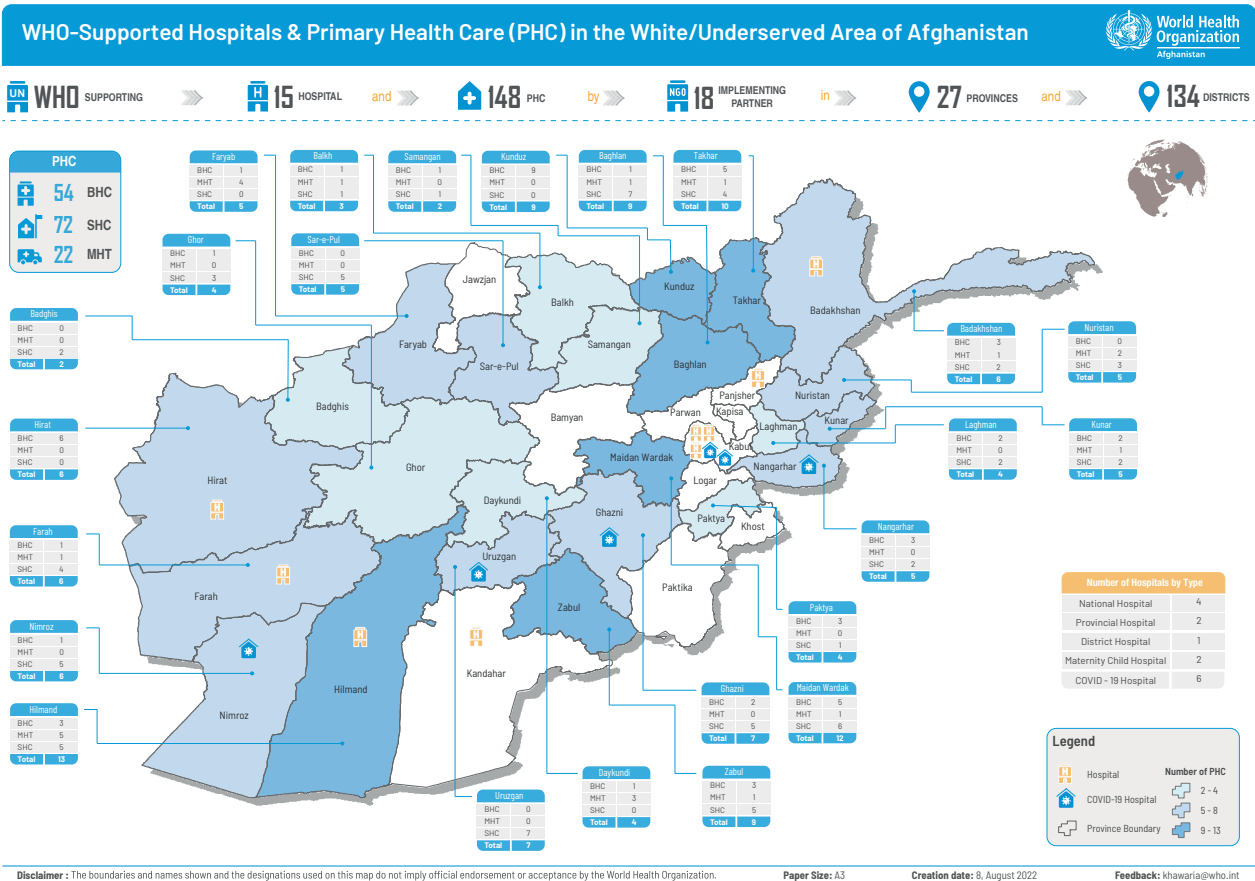
To improve the healthcare access in underserved/white areas, WHO established 148 fixed and mobile centers (54 BHCs, 72 SHCs, 22 MHTs) in 24 provinces in collaboration with eight implementation partners.

Under the WHO Family Planning Accelerator project, WHO is working with MoPH to train healthcare workers on postpartum and post-abortion family planning. Two training workshops on family planning were conducted for 20 midwives from Herat and Kabul provinces in July 2022.

To address the shortage of female healthcare workers in earthquake-affected areas, WHO deployed 10 female healthcare workers (six doctors, four midwives) in Barmal and Giyan districts in collaboration with the Afghan Society for Obstetrics and Gynecology (AFSOG).

Services provided at 148 WHO-supported PHC facilities (July 2022)	
<b>3,755</b>	Women received ANC
<b>1,412</b>	Women received PNC
<b>118</b>	Institutional deliveries
<b>88,036</b>	Individuals received OPD consultations
<b>8,611</b>	Patients received essential drugs for their basic health services
<b>184</b>	CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
<b>2,788</b>	Women received Family planning services and awareness
<b>28,489</b>	People living in remote and underserved areas received health education and awareness
<b>23,211</b>	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
<b>11,184</b>	Under 5 children received nutrition screening, and referral services.

Beneficiaries of PHC services at 148 WHO-supported facilities and Disaggregation for July 2022 (Total 230,598)				
Over 5		<b>59,605</b> Male		<b>102,380</b> Female
Under 5		<b>34,214</b> Male		<b>34,399</b> Female



## Trauma and Physical Rehabilitation Care Services

To reduce morbidity and mortality due to trauma, WHO is supporting the provision of trauma, emergency care, and physical rehabilitation services across the country by:

- Supporting 132 critical trauma care hospitals by providing medical supplies, kits and equipment.
- Supporting 67 blood banks by providing medical supplies, equipment and training, including the Kabul National Blood Bank service.
- Building ambulance network in four provinces (Kabul, Wardak, Herat, Parwan) with 60 ambulances for pre-hospital emergency services. Kabul Ambulance responded to the explosion at Kabul Cricket Stadium on 29th July and transported 12 patients to the hospital.
- Providing operational support to Physical Rehabilitation Centers in Kunar, Laghman and Paktya, and a trauma care unit in Spin Boldak District Hospital in Kandahar.

WHO continues the capacity-building of healthcare staff in the management of acute trauma and emergency patients. A 5-day WHO-ICRC Basic Emergency Care (BEC) course was completed in Gardez on 18-21 of July. Forty-eight doctors, nurses and specialists (21 participants were female) from Paktya, Paktika, Ghazni and Khost provinces attended the training.

The provincial survey of blood banks across 34 provinces of Afghanistan commenced in July 2022. This survey will highlight gaps and challenges in blood bank services and guide the prioritization of needs.

Beneficiaries of physical rehabilitation services at WHO-supported facilities and Disaggregation for July 2022 (Total 3,696)				
Over 18		<b>2,408</b> Male		<b>799</b> Female
Under 18		<b>323</b> Male		<b>166</b> Female

Service Provided at WHO-supported facilities (July 2022)	
<b>4,124</b>	blood transfusion
<b>218</b>	people received orthoses devices
<b>117</b>	people received repaired orthoses devices
<b>57</b>	people received prostheses
<b>57</b>	people received repaired prostheses devices
<b>164</b>	people received assistive devices and walking aids
<b>1,182</b>	people received physiotherapy
<b>1,119</b>	people received awareness on disability, early identification and prevention of disability, and victim assistance.

## Public Nutrition in Emergencies

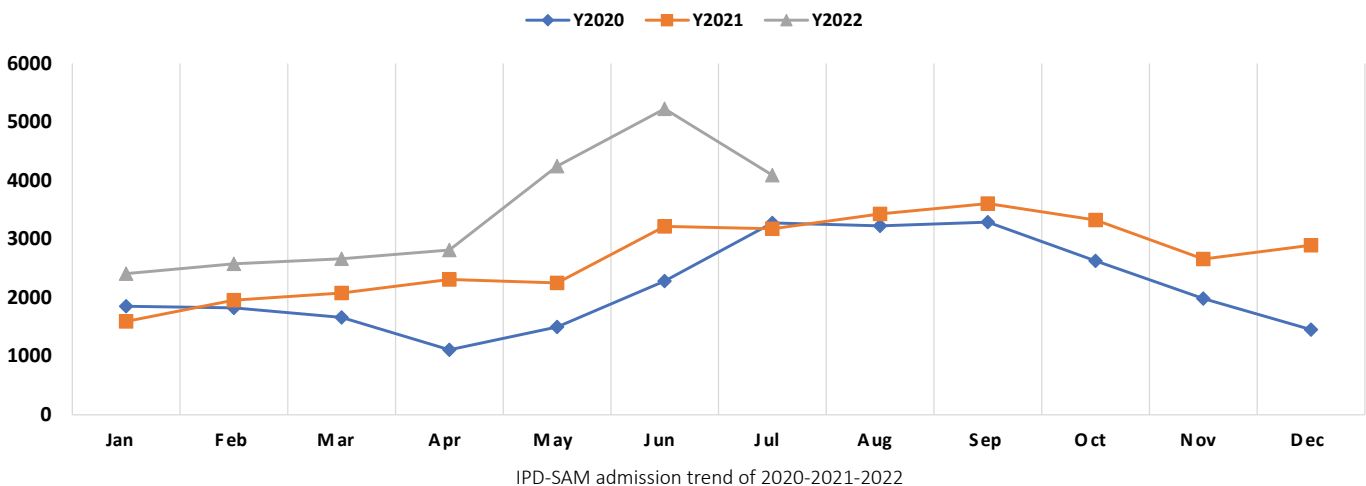
WHO has supported 123 In-Patient Department-Severe Acute Malnutrition (IPD-SAM) centers in 112 hospitals and 11 Comprehensive Health Centers plus (CHC+s) to

tackle malnutrition by strengthening case management of acute malnutrition and complication. In July 2022, There were 4,092 malnourished children (1,964 boys; 2,128 girls) with medical complications admitted and treated in those WHO-supported IPD-SAM centers.

**Beneficiaries of WHO-supported IPD-SAM centers and Disaggregation for July 2022**

<b>4,092</b> Under 5	 <b>1,964</b> boys	 <b>2,128</b> girls
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Since the start of 2022, WHO has supported MoPH conduct training on IPD-SAM Management and Nutrition Surveillance for 307 healthcare workers (185 female and 122 male) to improve and standardize the service provision.



## WHE Infectious Hazard Preparedness/ Surveillance

WHO works with MoPH and their national disease surveillance response (NDSR) team on early detection and verification of alerts, investigations and immediate responses to different public health hazards. The regular updates on disease outbreaks are available in the weekly situation reports in this link: [Afghanistan’s infectious disease outbreak situation reports](#).



Scan to access Afghanistan’s infectious disease outbreak situation reports.

### COVID-19

- WHO supports the COVID-19 vaccination campaign which was launched on 16 July 2022. The campaign targets 4.8 million individuals. As of 30 July, more than 2.1 million doses have been administered.
- WHO is currently supporting the management of critical cases of COVID-19 by covering the full operational costs of six key COVID-19 hospitals/ health facilities in Nangahar, Ghazni, Uruzgan, Nimruz and Kabul provinces. As there is a decline in COVID-19 cases and decrease in hospitalization, WHO, in coordination with MoPH, has conducted an assessment of the COVID-19 hospitals (Logar Provincial Hospital (PH), Kapisa PH, Parwan PH, Panjshir Rukha District Hospital, and Wardak PH, Baghlan, Takhar, Badakhshan and Kunduz) to review the possible integration of COVID hospitals into infectious diseases units.

### Acute Watery Diarrhea

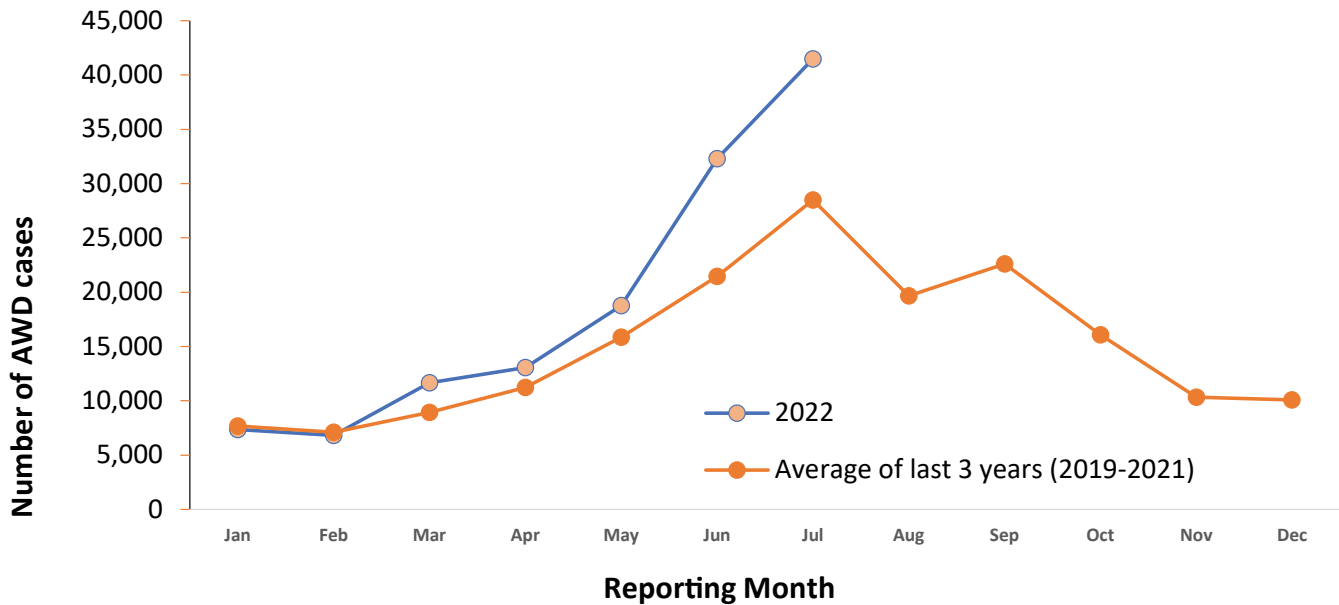
- WHO supported NDSR by deploying 102 surveillance support teams (SSTs) in all provinces for line-listing and sample collection. There are 229 cholera treatment centers (CTCs), cholera treatment units (CTUs) and oral rehydration points (ORPs) established and are functional at AWD outbreak- affected districts.
- To ensure sufficient and well-coordinated provision of supplies, WHO completed a national mapping of partners’ stocks. In July, WHO has provided 150 beds, large tents and IV fluid bags, and distributed an additional 2,000 rapid diagnostic tests and 750 sample collection media for AWD in outbreak-affected districts.
- WHO supports the MoPH Health Promotion Department on AWD risk communication and community engagement sessions in all affected provinces, especially in Paktika, Kabul, Khost,

Helmand, Kandahar, Zabul, Ghazni and Jawzjan provinces.

- To enhance AWD response coordination mechanism in the affected provinces, a national task force meeting was held at MoPH on 17 July. Also, WHO established regional AWD taskforce teams with UNICEF, DoPH and NGOs in Nangahar, Kandahar, Balkh and Paktya provinces.



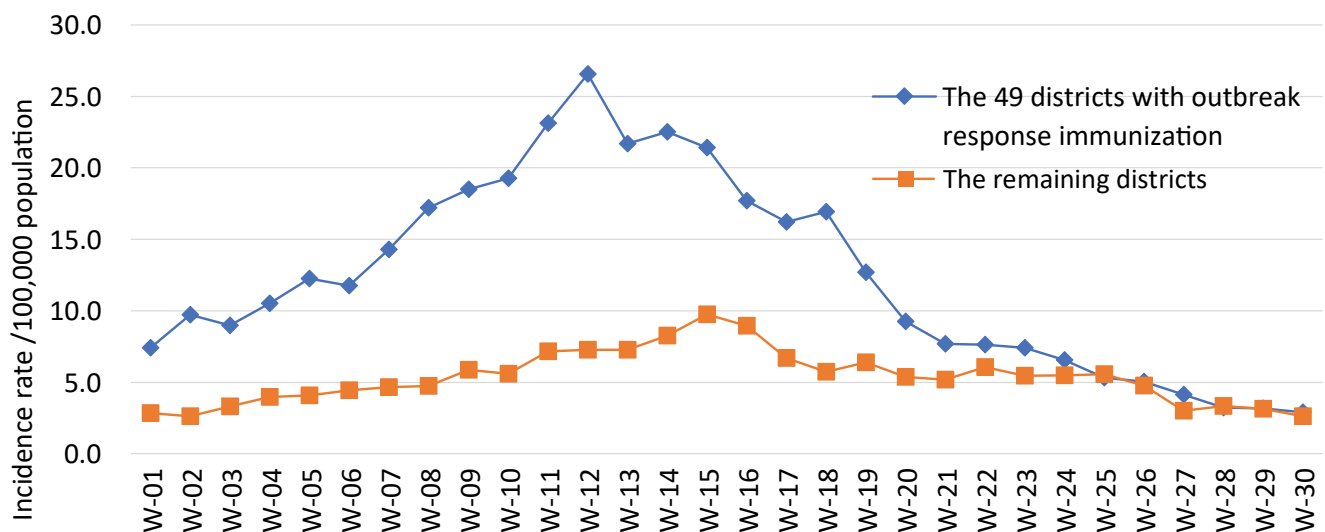
WHO and MoPH jointly trained RCCE mobilizers and deployed teams in high-risk provinces for AWD awareness in communities.



Trend of AWD cases (NDSR data) in Afghanistan, (2019-2021 and 2022)

**Measles**

- WHO-supported SSTs have investigated suspected measles cases, collected samples and shipped them to the Central Public Health Laboratory (CPHL).
- A measles immunization campaign was conducted 23- 28 July 2022, targeting 125,000 children aged 6 months to 14 years, in seven earthquake-impacted districts in Paktika and Khost provinces.



Weekly incidence rate/100,000 population of suspected measles cases in 49 districts where measles campaign was conducted and the remaining districts in Afghanistan, Jan- Jul 2022

**Dengue fever**

- WHO supports a field entomology and surveillance mission to Nangahar by the malaria and vector-borne disease program (MVDP) of MoPH in July 2022.
- About 1000kg larvicides has arrived in the country and will be delivered to Nangarhar province for vector control activities.



WHO has deployed entomology and surveillance experts to boost the dengue fever outbreak response in Nangarhar province.

**Crimean-Congo haemorrhagic fever (CCHF)**

- CCHF RCCE campaign was conducted in July 2022 in high-risk provinces in six regions (the south, southeast, central east, central west, west and north east).

**Capacity Building**

- WHO has trained 110 risk communication and community engagement staff from 34 provinces in a series of four trainings. These trained staff are then deployed to Paktika, Kandahar, Helmand, Samangan and Kabul to scale up RCCE response to AWD and other infectious diseases.
- WHO facilitated 3-day data management training workshop for 52 NDSR provincial supervisors and Data Management Officers from all 34 provinces. The training also covered main concepts of indicator-based and event-based surveillance systems (IBS &EBS).
- AWD case management ToTs were conducted in Kabul for 47 trainers (medical specialists, physicians, pediatricians and nurses), and the cascade training expanded to 208 healthcare workers.
- On-the-job training for diagnosis of AWD by culture method was provided to 25 laboratory technicians from four regional reference laboratories in Kandahar, Balkh, Nangarhar and Herat provinces.



Four batches of RCCE trainings were conducted by WHO and MoPH for 34 provinces of Afghanistan.



For communication materials on COVID-19, CCHF, AWD/Cholera, and other diseases, access this link: [bit.ly/3PpZuc9](https://bit.ly/3PpZuc9) or scan the QR code on the left with your mobile phone.

**Mental Health and Psychosocial Support (MHPSS) and Drug Addiction**

WHO has continued its strategic efforts to support the mental and psychosocial health of the emergency-affected population. A six-day Mental Health Gap Action Program (mhGAP) training is planned on diagnoses and case management of the common mental health problems in post-disasters. The training targets 100 doctors working for BPHS and EPHS level in south-eastern provinces. The first batch of the training started on 30 July in Kabul for 24 medical doctors from Paktika and Khost provinces.

**Water Sanitation and Hygiene (WASH) at Health Facilities**

WHO completed the construction of a water supply network at the Central Blood Bank in Kabul, including water bore well with a solar power system and a water pipe network from the well to the water tank and distribution system. The water supply network is now available at the Blood Bank for beneficiaries. Also, the rehabilitation of Central Public Health Laboratory (CPHL) has been completed, with the installation of furniture, a camera monitoring system, and the electrical and pumping system.

WHO is currently working on establishing a 20-bed Emergency Ward in the Infectious Diseases Hospital in Kabul, and this is expected to be completed in August. The building includes two stories with an operation theatre, recovery room and WASH facilities.

## Operational Logistics Support

WHO provided a total of 71 metric tons of medical and non-medical supplies in July which benefits 705,250 people:

- Distributed 2,638 items of trauma care-related equipment to 104 health facilities in 18 provinces. This includes anesthesia machines, ECG machines, oxygen concentrators, patient monitors, autoclaves, laboratory equipment, surgical and orthopedics sets.
- Provided 1,334 different medical kits including 116 different modules of non-communicable diseases kit (NCDK) to 15 partners. The items have been distributed to 221 health facilities in all 34 provinces, including Paktya Regional Hospital and Paktya Provincial Hospital.
- Delivered 200 oxygen cylinders to Kunduz Regional Hospital for use with their new oxygen plant.
- With support from BMGF, CERF and AHF, WHO has provided 144,713 long-lasting insecticidal nets (LLINs) in earthquake-affected areas to protect people from malaria and other mosquito/vector-borne diseases.



WHO distributed 144,713 long-lasting insecticidal nets (LLINs) to earthquake affected communities of Bermal, Gayan, Ziruk and Naka Districts in Paktika and Spera District in Khost.

## Information Management and Monitoring

The Health Resources and Services Availability Monitoring System (HeRAMS) provides decision-makers and health stakeholders with up-to-date information on the availability of essential health resources and services. Through the HeRAMS Platform, 327 new health facilities were registered in July. In total, 3314 health facilities were registered by 72 partners, and the data was entered. WHO is working with its partners to complete the assessment of all health facilities across the country.

## Field visits

WHO country and Regional technical teams conducted supported and monitoring visits to the provinces in Paktika, Ghazni, Nangarhar, Balkh, Hirat, Baghlan and Bamyan provinces with the purpose to oversee and support WHO Program implementation including disease outbreak investigation and response, assessments and trauma care.



WHO Representative Dr Luo Dapeng conducts field visit to Bamyan province and met with health partners and health workers.

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WHO's work in emergencies is supported by the following donors and partners:

