



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 35 | November 2023

Key figures (monthly)

382,022

People received emergency
healthcare service (PHC &
Hospitals)

10,162

People received trauma care
services (IPD+OPD)

1,092

Medical kit
delivered

433

Health workers trained

114

Surveillance support teams
deployed to outbreak areas¹

Summary of outbreaks

1,492

COVID-19
confirmed cases

17,496

Acute Watery Diarrhea
AWD (2023)

1,556

Measles (2023)

259

Dengue fever (2023)

41

CCHF (2023)



Returnees are provided with various health services.

Returnees response

- At the start of October 2023, the Government of Pakistan announced its decree “Illegal Foreigners’ Repatriation Plan” which set a 1 November deadline for the ‘voluntary return’ of all undocumented 1.3M Afghans in Pakistan to their country of origin. By the end of November, 413,700 returnees had been received. Of these, approximately 48% are females. 274,600 returnees arrived at Torkham (Nangarhar Province) and 134,100 at Spin Boldak (Kandahar Province).
- Aligned with the border consortium, WHO and its Health Cluster partners have supported these vulnerable returnees and provided 117,511 returnees (41,224 women, 29,239 men, 24,459 girls, and 22,589 boys) with various health services.
- WHO, in coordination with National Disease Surveillance and Response (NDSR), has deployed surveillance support teams at Points of Entry (PoEs). During November, a total of 178,325 returnees were screened for various infectious diseases.
- The winter season has heightened the vulnerability of the returnees, especially those staying in temporary shelters. This has contributed to an increase in acute respiratory infection (ARI) cases among the returnee population, especially children, the elderly, and those with comorbidities.
- Throughout November, 49 Health Cluster partners provided humanitarian health services to approximately 1.2 million individuals. These services were delivered through 741 health facilities across 289 districts, encompassing all 34 provinces of Afghanistan.

¹A classical rapid response team is a multi-disciplinary team stationed in each province under Provincial Public Health Directorate (PPHD). The team consists of six personnel: an epidemiologist, a WASH & environmental health officer, a CDC officer, an EPI officer, and a laboratory technician and NGO staff. WHO supports the operational cost of the activities.

²A WHO-supported surveillance support team consisting of an epidemiology focal point to facilitate data collection and a laboratory focal point to support sample collection from suspected cases as well as aid the National Disease Surveillance and Response (NDSR) in investigating alerts and outbreaks.

³AWD case data is reported from all 519 sentinel sites in the country. Previously data extracted was only collected from sentinel sites reporting above-threshold numbers of AWD cases. The change in methodology will better capture the AWD cases using the standard case definition and ensure proper representation of the country, as it uses all sentinel sites in Afghanistan.

- In November, a total of 4,193 (2,205 girls and 1,988 boys) severe acute malnutrition (SAM) cases with medical complications were admitted and treated in 140 WHO-supported IPD-SAM centers.
- On 21st Nov 2023, WHO inaugurated a 30-bed Emergency Hospital in Spin Boldak, Kandahar. The hospital is equipped with two ambulances and provides emergency healthcare services, including trauma care for returnees and the host communities.

Health Cluster Coordination

- In November 49 Health Cluster partners provided humanitarian health services to approximately 1.2 million individuals. These services were delivered through 741 health facilities across 289 districts, encompassing all 34 provinces of Afghanistan.
- The Afghanistan Health Cluster has actively engaged in capacity-building efforts for health partners. In November 30 health partner staff received training in Public Health in Emergencies, enhancing their skills and knowledge in this area.
- A total of 20 Health Cluster partners supported the health needs of the people affected by Herat earthquake. Key activities carried out by the Health Cluster Coordination Team and the partners to support the health response included:
 - » **Provision of health services:** As of 29 November 2023, Health Cluster partners delivered health services to a total of 70,718 individuals in six districts. In Zindajan, 41,743; Injil, 10,145; Herat City, 6,692; iKushk, 5,453; Kohsan, 3,937; and Gulran, 2,748 individuals benefited from health services. Among the beneficiaries, 62,570 individuals received primary health care and mental health and psychosocial support (MHPSS) services, 3,915 individuals received trauma care and rehabilitation services, and 4,233 individuals received various kits such as mama and baby kits, dignity kits, and individual cleaning delivery kits.
 - » **Deployment of health facilities:** By 30 November a total of 14 health facilities had been deployed to 14 earthquake-affected communities in Zindajan district and Herat City. These facilities, including both static and mobile units, provided primary health care and MHPSS services.
 - » **Collaboration with other clusters:** To ensure a comprehensive response across multiple sectors, the Regional Health Cluster Coordination Team collaborated closely with the WASH, Nutrition, and Protection Clusters. This collaboration facilitated the provision of tents, supplies for malnutrition, and the establishment of emergency toilets for healthcare workers and affected communities.
 - » **Coordination for additional health facilities:** In coordination with partners, the Regional Health Cluster Coordination Team facilitated the selection of sites for an additional 15 static health facilities. The aim is to ensure the continuity of health services and a coordinated response in the affected areas.
- A total of 21 Health Cluster partners supported the health response to returnees from Pakistan. Key activities carried out by the Health Cluster Coordination Team and the partners to support the health response for returnees included:
 - » To facilitate an effective response to the health needs of returnees, the Migration Health Task Force has been established. The Task Force will operate within the framework of the Health Cluster, with IOM taking on the role of Chair. The primary objective of the Migration Health Task Force is to ensure that migration health priorities are systematically addressed throughout all phases of the humanitarian response.
 - » The Health Cluster has effectively coordinated the health response for returnees by leveraging the collective efforts of all partners and stakeholders at the national and sub-national levels. A Health Cluster coordination meeting was held at the national level to discuss the coordination, response, and challenges related to returnees, with a focus on the Torkham and Spin Boldak borders. Additionally, the Regional Health Cluster Coordination Teams in the eastern, southern, southeastern, western, and central regions have collaborated with health partners to ensure a well-coordinated healthcare response for the returnees. Their activities include the development of a contingency plan, conducting regular weekly meetings, and organizing ad-hoc coordination meetings with relevant authorities and health partners. They have also conducted joint missions with the Provincial Public Health Directorates (PPHDs) and UN agencies to monitor and assess the health response.
 - » Between 1 - 28 November 2023, the Health Cluster partners provided health services to a total of 117,511 returnees. The beneficiaries included 41,224 women, 29,239 men, 24,459 girls, and 22,589 boys. Out of the total beneficiaries, 70,260 individuals received primary health care consultations, 16,427 received secondary health care services, 15,537 were reached with health promotion activities, 7,482 received maternal, newborn, and child health services, 7,569 received MHPSS services, and 236 received trauma care services.



Monitoring visit from Spinboldak Zero Point clinic, Southern region

Health Service Delivery (Primary Health Care and Hospitals)

WHO currently operates 221 primary health care facilities: 1 comprehensive health center (CHC); 68 basic health centers (BHCs), 137 sub-health centers (SHCs); 15 mobile health teams (MHTs); and 24 hospitals (a specialized hospital, one Polyclinic, one Provincial Hospital, two National Hospitals, two Maternal Hospitals, three Emergency Hospitals, and 14 Infectious Disease Hospital), in collaboration with 16 implementing partners

In November, 382,022 people received healthcare services from those health facilities, including 29,104 individuals who received immunization services (measles, TT2+, PENTA), 14,269 received psychosocial counseling, 12,879 women provided with antenatal care services, and 7,043 mothers with postnatal care. In addition, 56,523 individuals were screened for malnutrition.

Sustaining healthcare services delivery

| Beneficiaries of PHC & Hospital services at WHO-supported facilities for November 2023 (Total: 382,022) | | |
|--|--------|---------|
| Age | Male | Female |
| Over 18 years | 92,212 | 160,051 |
| Under 18 years | 66,269 | 63,490 |





Trauma care services




| Beneficiaries of trauma care services at WHO-supported facilities for November 2023 (Total: 10,162) | | |
|---|-------|--------|
| | Male | Female |
| Over 18 years | 4,008 | 1,487 |
| Under 18 years | 2,735 | 1,932 |




Post trauma rehabilitation

| Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for November 2023 (Total: 24,150) | | |
|--|-------|--------|
| | Male | Female |
| Over 18 years | 8,282 | 6,511 |
| Under 18 years | 5,242 | 4,115 |

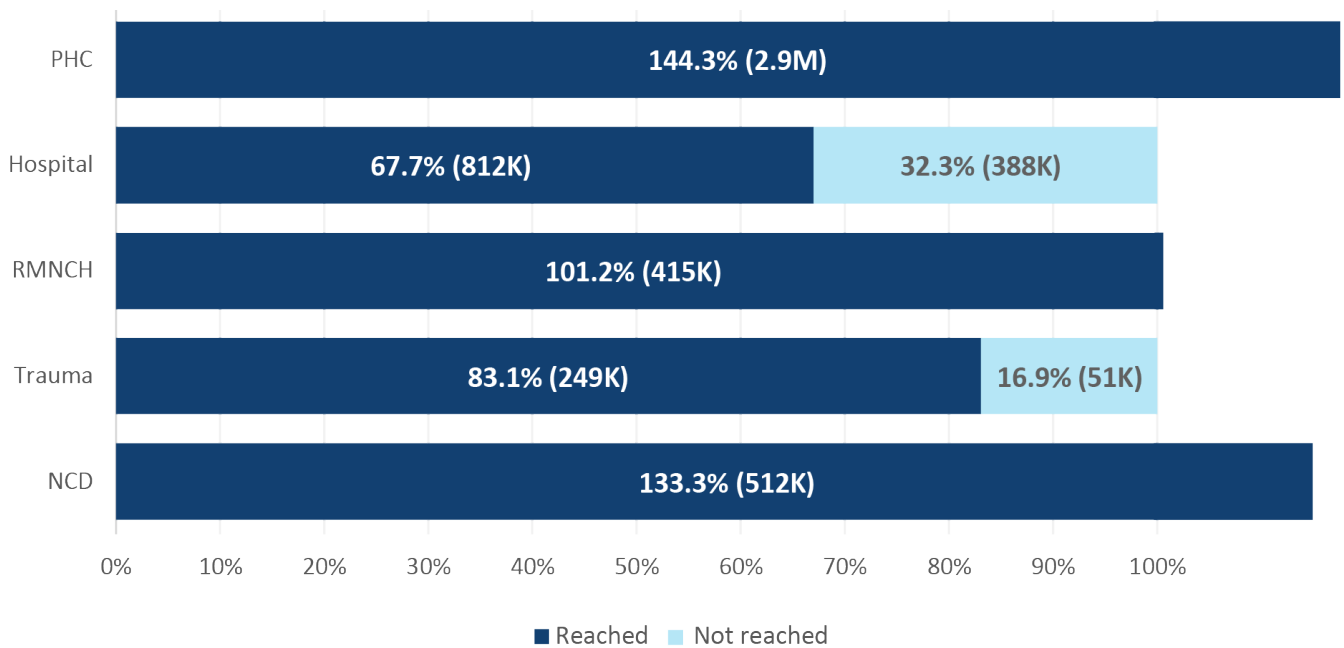
Primary Health Care

-  **382,022**
People received OPD consultations
-  **329,711**
Patients received essential drugs for their basic health services
-  **12,879**
Women received ANC
-  **7,043**
Women received PNC

-  **2,693**
Institutional deliveries
-  **51,590**
Number of consultations for Non-communicable diseases
-  **29,104**
Pregnant, CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination

-  **2,652**
patients received physiotherapy
-  **5,098**
patients received blood transfusion
-  **9,943**
patients received minor surgical operation
-  **2,943**
patients received major surgical operation

Proportion of people reached (Jan-November 2023) against the target in year 2023



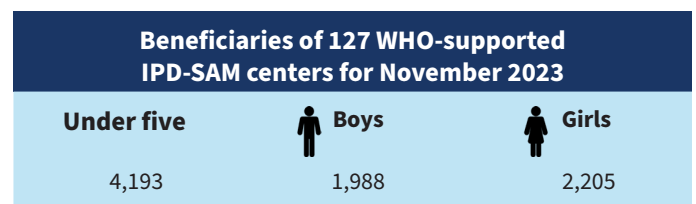
Nutrition in Emergencies Reproductive Health

In November, a total of 4,193 severe acute malnutrition cases (2,205 girls and 1,988 boys) with medical complications were admitted, and were treated in 140 WHO-supported IPD-SAM centers (127 hospitals and 11 CHC+s). After August, the number of admissions decreased, but due to food insecurity and disease burden, the number of SAM with complications was high in November.

WHO supports strengthening the national capacity to respond to food insecurity and malnutrition. 13 female doctors and nurses from Kabul and Ghazni provinces received training on the management of complicated

severe acute malnutrition. As well as 25 female nutrition screeners from Ghazni, Uruzgan, and Zabul received training on facility-based nutrition surveillance in Kabul province.

A total of 246 bedside chairs were supplied to 26 IPD-SAM centers in Ghazni, Paktika, Helmand, Nangarhar, and Herat provinces.

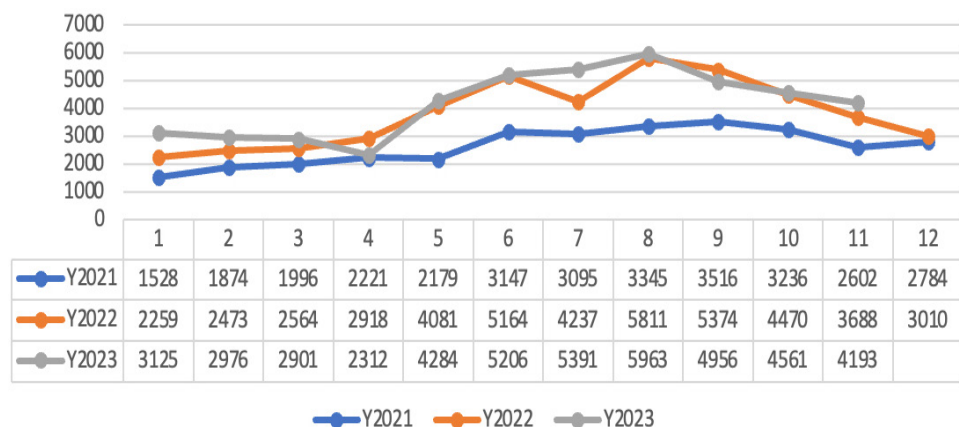


38,260
 Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

10,460
 Women received family planning services and awareness

94,191
 Under 5 children received OPV, malnutrition treatment and screening

IPD-SAM admission trend



Infectious Hazard Preparedness and Surveillance

Monthly summary of infectious disease outbreaks in Afghanistan, November 2023

| Indicators | AWD | ARI-Pneumonia | CCHF | COVID-19 | Measles | Dengue |
|--|---------------|-----------------|------------|--------------|---------------|-------------|
| Monthly new cases (% change compared to October) | 17,496 (↓6.1) | 156,013 (↑62.0) | 41 (↓45.3) | 1,492 (↑3.8) | 1,556 (↑45.4) | 259 (↑29.5) |
| Monthly new deaths (CFR%) | 3 (0.02) | 289 (0.190) | 3 (7.32) | 9 (0.60) | 2 (0.13) | 0 (0.0) |
| Cumulative cases | 212,805 | 1,237,782 | 1,231 | 229,372 | 24,198 | 1,281 |
| Cumulative deaths | 95 | 2,513 | 114 | 7,964 | 64 | 1 |

Acute Watery Diarrhea (AWD) with dehydration

- A total of 17,496 AWD cases with dehydration were reported, which shows a decrease of 6.1% compared to October 2023, with a total of 3 associated deaths (monthly CFR of 0.02%).
- Cumulatively, since the beginning of 2023, 212,805 cases of AWD with dehydration were reported, of which 57.1% were under-five children and 49.8% were females.

Crimean-Congo Hemorrhagic Fever (CCHF)

- The number of suspected CCHF cases showed a 45.3% decrease (41 suspected cases in November compared to 75 in October), with 3 new associated deaths (monthly CFR% of 7.3%).
- Cumulatively, since January 2023, a total of 1,231 suspected CCHF cases have been reported; 31.2% (384) are females, and 99.8% (1,228) are aged more than 5 years. The CCHF-associated deaths were reported from 15 provinces, more than half of which were reported from 2 provinces: Kabul (52, 45.6%) and Balkh (16, 14.0%). In total, 1,096 samples of suspected CCHF cases were tested since the beginning of 2023, of which 383 samples were positive (positivity = 34.9%)

COVID-19

- As of 30 November 2023, 932,146 suspected COVID-19 cases have been tested in public health laboratories, with cumulative confirmed cases of 229,336 (24.6%) and 7,965 (3.5%) deaths have been reported. Currently,
- WHO is providing regular support to 34 COVID-19 labs on medical and non-medical supplies and other miscellaneous items, with a testing capacity of 8,400. In November, a total of 13,785 samples were tested by these laboratories.
 - In addition, WHO is planning to scale up the testing scope of the laboratories and integrate some new tests to maintain sustainability, whereas the COVID-19 laboratory in Kunar province has already been scaled up to a public health laboratory.
- During the last month, the number of confirmed COVID-19 cases showed a slight increase of 3.8% (1,492 cases were reported during November compared to 1,438 during

October 2023) with 9 associated deaths (CFR 0.6%).

- During November 2023, a total of 13,785 tests were conducted in public laboratories, which is slightly higher compared to the number of tests done in October 2023 (4.6% increase). Meanwhile, the test positivity remained almost the same as last month (10.8% in November versus 10.7% in October 2023).
- During the reporting period, around 199,000 individuals have been vaccinated, and the proportion of those who received at least one dose slightly increased to reach 44.1%.

Measles

- The number of suspected measles cases was 1,556 in November 2023, which increased by 45.4% compared to October 2023, with two reported deaths (monthly CFR 0.13%).

Dengue fever

- In total, 259 new suspected cases with no associated death were reported in November 2023, which shows a 29.5% increase compared to October 2023.

Active surveillance of Herat Earthquake-affected areas

- A total of five newly dedicated SSTs have been assigned to the Zendajan district of Herat provinces to perform active surveillance, where 3,101 ARI cases, 321 AWD cases, and one suspected measles case have been reported during November 2023.
- All cases received proper health education and treatment as indicated.
 - A total of 680 rapid diagnostic tests (RDTs) were conducted for suspected COVID-19 cases, out of which 26 of them resulted in **positive** (positivity rate: **3.8%**). Among them, a total of 1,106 samples were tested by PCR in the Herat Regional Reference Laboratory, out of which 73 were **positive** for COVID-19 (positivity rate **6.6%**).
 - A total of 12 RDTs were conducted for AWD cases,

- and the result was negative for all of them.
- » A total of 12 influenza samples were sent to the National Influenza Center in Kabul, and the result was negative for all of them.
- » COVID-19 vaccination started in November, and so far, a total of 1,240 adult people (459 males and 781 females) have been vaccinated against COVID-19.

Surveillance updates on returnees

- There were two public health authority teams (each team consisting of 8 members) functionalized in two PoEs; Torkham and Islam Qala. In addition, eight SSTs (six in Paktika, one for each in Torkham and Kandahar) were deployed to collect, store, and transport samples from the relevant locality to RRLs. A total of **178,325** returnees were screened for various infectious diseases.
- Among those screened returnees, a total of 964 suspected COVID-19 cases, 1022 ARI cases, 308 AWD cases, 79 suspected Dengue Fever cases, and 3 suspected Measles cases were reported.
- For those suspected, 650 COVID-19 RDTs were conducted, of which 146 yielded positive results (**22.4%** positivity rate). Additionally, 161 PCR tests were conducted for COVID-19, of which 16 yielded positive results (**9.9%** positivity rate). Furthermore, 64 AWD RDTs were conducted, and 21 yielded positive results (**32.8%** positivity rate), culture tests were performed for AWD on 27 samples, with 2 of them resulting in positive results (**7.4%** positivity rate). 61 Dengue Fever RDTs were conducted, and all of them yielded negative results (**0.0%** positivity rate). Also, 4 samples were collected for the Dengue Fever PCR test, all of which yielded negative results (**0.0%** positivity rate).

Supplies

- A total of 585 cholera RDT kits were supplied to all 34 provinces.
- 200 Standard Q Dengue Duo kits and 30, 000 masks have been delivered to Nangarhar NDSR.
- 450 copies of dengue and 455 copies of the CCHF treatment algorithm were supplied to Nangarhar, Kandahar, Herat, Balkh, Bamyan, Badakhshan, Paktya, and Kunduz provinces.
- 46 different kits (interagency emergency health kits (IEHK), PED SAM, AWD, ARI, and Pneumonia) were sent to Kandahar as part of the outbreak response among the returnees.

Mental Health and Psychosocial Support Services (MHPSS)



14,269

Individuals received mental health consultations



3,479

people received psychological counselling

- WHO conducted a six-day mhGAP IG/HIG training for healthcare staff working in fixed and mobile health facilities across eight earthquake-affected districts in Herat province. Those trained doctors will provide improved mental health services to the affected community on how to manage patients with mental disorders, particularly for those experiencing grief and trauma in the earthquake-affected areas.
- WHO organized a six-day Problem Management Plus (PM+) rollout training for psychologists, psychosocial counselors, social workers, and nurses at the female 100-bed Drug Addiction Treatment Center (DATC) in Kabul. The training focused on assessing, managing, and providing follow-up care for patients with comorbid common mental health problems. This initiative aims to integrate MHPSS into DATC operations.



mhGAP training participants

Drug Demand Reduction Services (DDRS)

- WHO organized a 5-day training workshop on “*Treatment and Rehabilitation of Drug Use Disorders*” under the EU-funded project for 28 clinical staff of the Kandahar 100-bed and Urozgan 20-bed adult male DATCs with the close coordination of WHO Kandahar regional office, NDDR/MoPH, and HLMO, the WHO IP in Kandahar.
- In addition, WHO conducted “*WHO-UNODC Consultative Workshop on Unification of Service Delivery and Reporting of Opioid Agonist Maintenance Treatment (OAMT) Programs in Afghanistan*” to bring together national and international stakeholders who are knowledgeable and experienced in the treatment of drug use disorders

for standardization of activities and programs including representatives from UNODC, UNDP, UN Women, Japan Embassy, Afghanistan National Programme for control of AIDS/HIV, STI & Hepatitis (ANPASH) and WHO and UNODC’s implementing partners.

Water, sanitation and hygiene (WASH)

Monitoring the progress and enhancement of WASH services in healthcare facilities is a priority for WHO. The WASH FIT tool is utilized to assess and evaluate the WASH and waste management services in 15 health facilities. The assessments have revealed limited availability of water, sanitation, hygiene, and waste management services, indicating areas for improvement.

In addition, WHO is also involved in supporting water quality surveillance in healthcare facilities and responding to waterborne disease alerts or outbreaks. WHO’s WASH team has conducted water quality testing in 20 healthcare facilities, revealing microbiological contamination in 20% of the samples. The results have been shared with hospital administrations, and necessary measures have been implemented or recommended to minimize the risk of contamination.

By addressing WASH-related challenges and promoting safe water, sanitation, hygiene, and waste management practices, WHO aims to enhance the overall quality and safety of healthcare services in these facilities.

Health logistical support

329,711
Patients received essential drugs for their basic health services

1,561,050
People benefited from assorted medical supplies

In November, WHO delivered 1092 different types of medical kits across the country, which benefitted to more than 1.5 million people.

| Kits | # of Kits | Beneficiary |
|--------------------|--------------|------------------|
| PED-SAM | 369 | 18,450 |
| IEHK Supplementary | 142 | 1,420,000 |
| IEHK Basic | 82 | 82,000 |
| TESK | 286 | 14,300 |
| Cholera | 25 | 2,500 |
| Measles | 37 | 3,700 |
| IARH | 20 | 7,000 |
| Pneumonia | 131 | 13,100 |
| Total | 1,092 | 1,561,050 |



WHO-UNODC Consultative Workshop on Unification of Service Delivery and Reporting of Opioid Agonist Maintenance Treatment (OAMT) Programs in Afghanistan, November 19, 2023 -Kabul



WHO’s WASH team conducted water quality testing

Risk Communication and Community Engagement (RCCE)



203,696

People living in remote and underserved areas received health education and awareness

In November, WHO and MoPH conducted a Risk Communication and Community Engagement (RCCE) campaign in the earthquake-affected communities of Herat province. The focus was on raising awareness among the affected communities in high-risk districts about the prevention of outbreak-prone diseases such as COVID-19, AWD, ARIs, and measles, as well as psychosocial and mental health support and prevention of sexual misconduct.

The mass awareness campaign reached more than 33,500 people, including 16,275 women. Close to 20,000 information, education, and communication (IEC) materials on various diseases were distributed throughout the campaign.

In health emergencies such as the earthquake in Herat, outbreak-prone diseases like AWD, ARIs, and measles can be spread quickly. COVID-19 cases have already been reported and with the congested population living in tents, awareness is key to protecting people from infection.

WHO also conducted a Risk Communication and Community Engagement (RCCE) campaign in remote and hard-to-reach communities in Badakhshan province. The focus was on raising awareness among the communities in high-risk districts about preparedness and response to winterization and prevention of outbreak-prone diseases such as COVID-19, ARIs, and winter-related diseases.

The mass awareness campaign reached more than 13,168 people, including 3,814 women. More than 10,000 information, education, and communication (IEC) materials on various diseases were distributed throughout the campaign.



Mass awareness campaigns in earthquake-affected areas of Herat



Local mobilizers talking to communities about prevention of outbreak-prone diseases

Project Monitoring Unit (PMU)

To ensure proper oversight of project implementation, WHO has conducted systematic and regular monitoring and evaluation (M&E) activities through 34 monitoring officers on the ground using specific tools developed for each type of health intervention. In November 2023 WHO conducted monitoring visits from 142 primary healthcare facilities including BMGF project, 96 Therapeutic Feeding Units (TFU), and 54 hospitals (including Integrated Infectious Disease and COVID-19 hospitals, Drugs Addiction Treatment Centers, Emergency Hospitals, and Rehabilitation Centers), and 96 hospitals under HER projects in 34 provinces.

The identified areas of improvement were strictly followed up at the health facility level and the new identified areas will be followed up with the implementing partner to ensure mitigation measures take place.

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

In November, WHO country representatives re-introduced a policy on preventing and responding to sexual misconduct to seventy-four staff and personnel (12 females and 62 males) in the Kabul office. The Country representative emphasized the zero tolerance to all forms of sexual misconduct as well as the application of the policy to all WHO staff, associates, and partners who must always comply with its requirements, including in their private lives, and understand the sanctions that will be applied for breaches of the policy.

A PRSEAH orientation session targeting Program managers of WHO implementing partners (OCCD and WORLD) implementing programs in Northeastern and eastern regions of Afghanistan was held. The session aimed to sensitize the IPs management and supervisors on their PRSEAH accountabilities to ensure PRSEAH is integrated in the day-to-day implementation of the programs. The orientation mainly focused on:

- definitions of sexual exploitation, abuse, and harassment;
- codes of conduct and expected behavior o for UN/WHO and partner agency staff;
- rights of affected communities to health services and humanitarian assistance;
- how to report acts of misconduct and access survivor support services



PSEAH training in WHO, Kabul

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