

AFGHANISTAN EMERGENCY SITUATION REPORT

No. 20 | August 2022



World Health
Organization
Afghanistan

Key Figures (For August 2022)

395,276

People reached with
emergency health services

7,025

People received physical
rehabilitation services

50 MT

Medical and non-medical
supplies provided

672

Health workers trained

102

Surveillance support
teams deployed to
outbreak areas¹

34

Classical rapid response
teams deployed to
outbreak areas²

Ongoing Outbreaks (Cumulative Cases)

192,615

Total COVID-19
confirmed cases

141,361

Total Acute Watery
Diarrhoea cases³

66,762

Total Measles cases

88

Total Dengue Fever
cases

307

Total CCHF cases



Afghanistan experiences severe flooding, such as this community in Ghazni province.

Overview

August 15 marks one year since the change in the Afghanistan political regime. WHO has continued its life-saving support efforts for those who are affected by various health emergencies. A surge in atypical floods this summer season has affected more than 110,000 people. From June to August 2022, 200 deaths and 454 injuries were reported in 16 provinces, more than 3,300 homes were estimated to have been damaged or destroyed as a result of the floods. WHO-supported ambulatory system transports survivors to hospitals, and provides different medical kits to health facilities including cholera kits to prepare for possible outbreaks in the aftermath of floods.

Furthermore, WHO continues to enhance national capacity to respond to mass casualty events caused by natural and human-induced disasters. In August, Mass Casualty Management (MCM) training was conducted in Gardez for 26 healthcare workers from Paktya and Paktika provinces on triage, pre-hospital, hospital and post-hospital care. In addition, hospital mass casualty plans were developed. Also, WHO delivered a 5-day Basic Emergency Care (BEC) course for 48 trainees from the North East region.

WHO continues to respond to ongoing outbreaks in the country, such as acute watery diarrhea (AWD), dengue fever, Congo-Crimean Hemorrhagic Fever (CCHF) and COVID-19. There was an increase in COVID-19 cases, with 6,840 cases including 29 associated deaths in August. WHO supported the national COVID-19 vaccination campaign conducted from 16 July to 14 August 2022 that reached 4.4 million individuals 18 years and older in 34 provinces. In response to the measles outbreak, WHO is preparing supplementary immunization activities (SIA) for September, and conducted cascade training of frontline workers. For AWD, WHO continues to enhance the disease surveillance system and case management capacity and distributed 400 cholera rapid diagnostic tests and 400 sample collection media to AWD outbreak-affected areas. In August alone, WHO trained a total of 600 medical doctors and nurses to ensure proper treatment of AWD patients.

The overall security situation in the country remains tense and unpredictable following increased security incidents that have caused mass casualties.

WHO has responded to these and other incidents by providing ambulatory services to transport trauma patients to hospitals. WHO works with health cluster partners to provide pre-hospital care with 60 ambulances in four provinces (Kabul, Maidan Wardak, Herat and Parwan). WHO also supports 67 blood banks across the country to ensure the availability of blood transfusions for trauma patients.

¹ A WHO-supported surveillance support team consists of an epidemiology focal point to facilitate data collection and a laboratory focal point to support the National Disease Surveillance and Response (NDSR) in investigating alerts and outbreaks.

² A classical rapid response team is a multi-disciplinary team stationed in each province under Provincial Public Health Directorate (PPHD). WHO supports the operational cost of the activities.

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

Health Cluster

As a Health Cluster lead agency, WHO is coordinating with multiple organizations in responding to health emergencies. In August, WHO has organized regional AWD task force meetings in central, southeastern and eastern regions, as well as provincial AWD task force meetings in southeastern, northern, northeastern and western regions on a weekly/bi-weekly basis. Two Health Cluster coordination meetings were held at national, and seven at the regional levels.

To prepare for winter, the Health Cluster developed the funding allocation strategy under the Afghanistan Humanitarian Fund (AHF) 3rd Reserve Allocation (RA) 2022. This allocation will support more than one million people with winter-specific emergency health assistance in 91 high priority districts in 26 provinces.



Health Cluster conducts coordination meeting in Urozgan province.







Health Cluster conducts coordination meeting in Kandahar.

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 demand for services, including secondary and tertiary care. In addition, WHO works on improving the healthcare access in underserved/white areas of the country where an estimated more than eight million people reside. WHO established 148 fixed and mobile centers: 54 Basic Health Centers (BHCs); 72 Sub Health Centers (SHCs); and 22 Mobile Health Teams (MHTs)) in 24 provinces in collaboration with eight implementation partners.

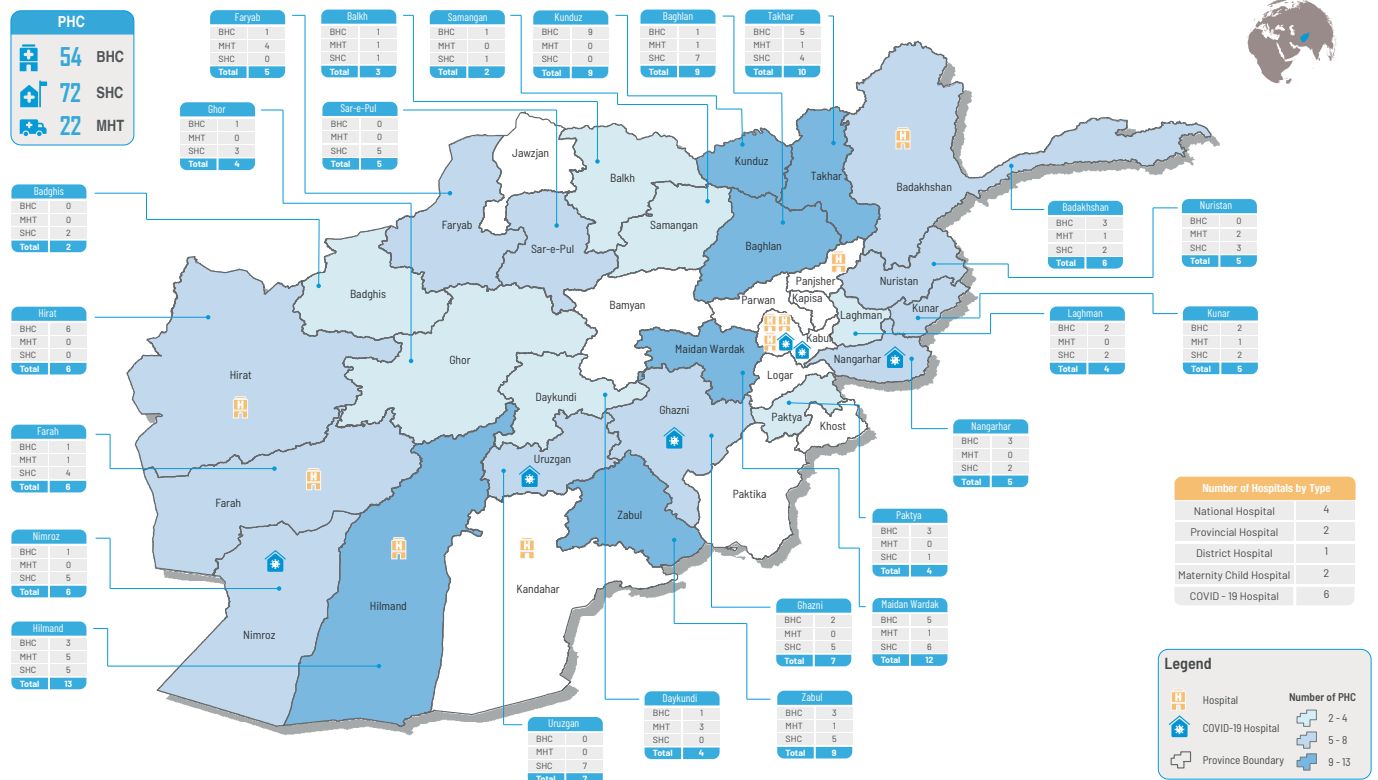
Services provided at WHO-supported PHC facilities (August 2022)	
5,467	Women received ANC
1,759	Women received PNC
163	Institutional deliveries
126,150	Individuals received OPD consultations
120,360	Patients received essential drugs for their basic health services
290	CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
4,981	Women received Family planning services and awareness
51,181	People living in remote and underserved areas received health education and awareness
20,379	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
34,926	Under 5 children received nutrition screening, and referral services.
23,552	People received immediate psychosocial counselling

Beneficiaries of PHC services at WHO-supported facilities and Disaggregation for August 2022 (Total 395,276)				
Over 5		90,036 Male		181,664 Female
Under 5		62,156 Male		61,420 Female

WHO-Supported Hospitals & Primary Health Care (PHC) in the White/Underserved Areas of Afghanistan



UN WHO SUPPORTING 15 HOSPITAL and 148 PHC by NGO 18 IMPLEMENTING PARTNER in 27 PROVINCES and 134 DISTRICTS



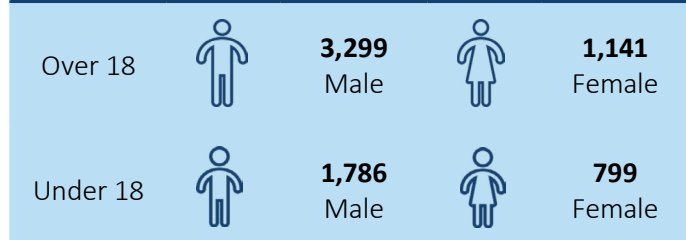
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Trauma and Physical Rehabilitation Care Services

WHO is supporting the provision of trauma, emergency care and physical rehabilitation services across the country. In addition, WHO continues to support 67 blood banks with medical supplies, equipment and training, and the provision of operational support to three physical rehabilitation centers in Laghman, Paktya and Kunar provinces. WHO's effort to sustain the ambulance network with 60 ambulances in four provinces (Kabul, Wardak, Herat and Parwan provinces) is ongoing to provide essential trauma pre-hospital services.

During June and July 2022, a total of 4,458 patients were transported through these ambulatory services. WHO also provided different types of surgical/emergency

Beneficiaries of physical rehabilitation services at WHO-supported facilities and Disaggregation for August 2022 (Total 7,025)



Service Provided at WHO-supported facilities (August 2022)	
1,620	blood transfusion
2,968	people received orthoses devices
72	people received repaired orthoses devices
15	people received prostheses
43	people received repaired prostheses devices
118	people received assistive devices and walking aids
440	people received awareness on disability, early identification and prevention of disability, and victim assistance.

consumable materials, as well as four ultrasound machines. Additionally, 903 trauma surgical and non-surgical emergency kits were distributed to 197 health facilities which benefitted 650,100 patients.

WHO continues to develop the skills of healthcare staff in the acute management of trauma and emergency patients. In August, a 5-day Basic Emergency Care (BEC)

course was completed in Faizabad for 48 trainees from the North East region. A Mass Casualty Management (MCM) course was held in Gardez for 26 participants from South East region (Paktya and Paktika provinces). In addition, WHO conducted Basic Life Support (BLS) Training for 88 ambulance staff (ambulance drivers, nurses and radio room staff) in Kabul from 4 to 21 August.

A team of specialists from Kabul National Blood Bank is conducting a survey of 100 blood banks across all provinces, and the result is due at the end of September.

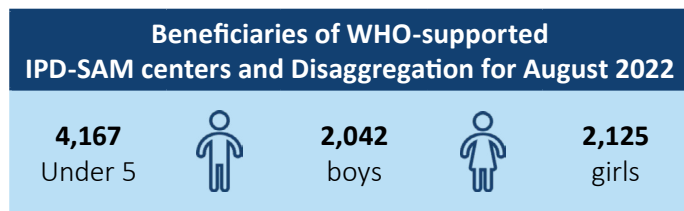


WHO-supported ambulances transport trauma patients in Kabul.

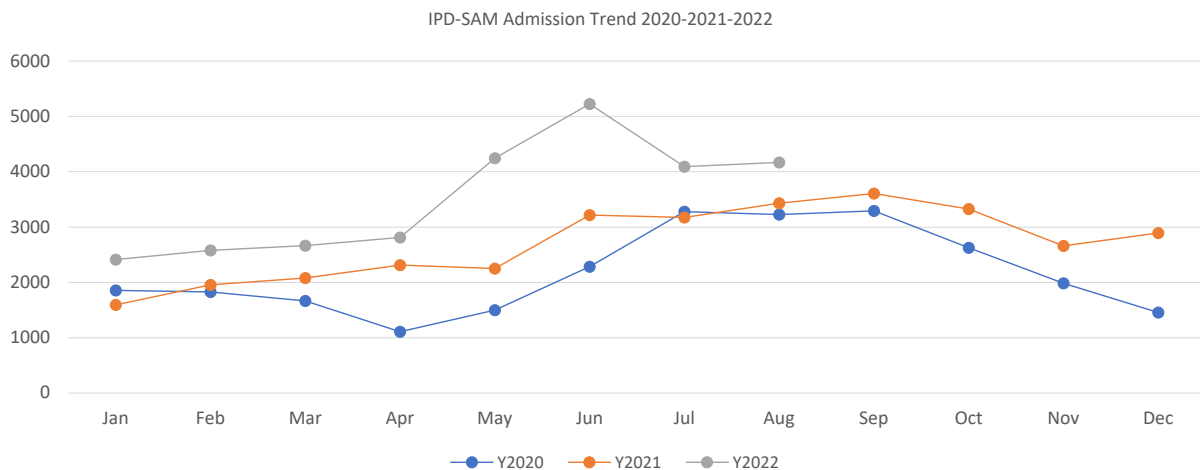
Public Nutrition in Emergencies

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 complications. In August 2022, there were 4,167 malnourished children (2042 boys; 2125 girls) with medical complications admitted and treated in these WHO-supported IPD-SAM centers.



Since the start of 2022, WHO has supported MoPH in conducting IPD-SAM Management and Nutrition Surveillance training for 363 healthcare workers (195 female) to improve and standardize service provision.



Infectious Hazard Preparedness/ Surveillance

WHO works closely 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. 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 supported a COVID-19 vaccination campaign in all provinces of Afghanistan from 16 July to 14 August. The campaign was intended to increase full vaccination coverage to 25% of the total population, utilizing 370 fixed sites and 1,390 mobile teams. A total of 4.4 million individuals 18 years and older in 34 provinces were administered Johnson & Johnson or Covaxin vaccines.

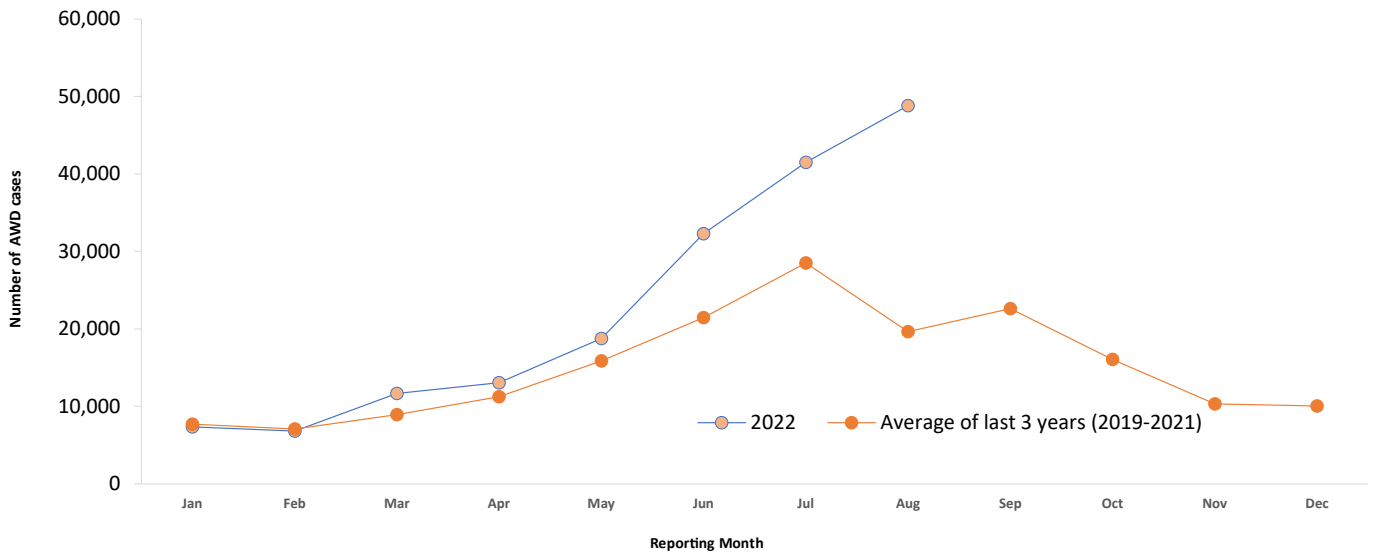
Acute Watery Diarrhea

To improve response to the AWD outbreak, WHO works with stakeholders to ensure early detection, verification and response. WHO enhanced NDSR through the deployment of 102 surveillance support teams (SSTs). A current needs assessment of SST is ongoing to identify further deployments of SST.

WHO has conducted training sessions on AWD case management to ensure proper treatment in line with national guidelines. From 31 July to 27 August 2022, 600 medical doctors and nurses from the northern, southeastern, central and eastern regions were trained. To ensure sufficient and well-coordinated provision of supplies, WHO completed a national mapping of partners' stocks. In August, WHO distributed an additional 400 rapid

diagnostic tests and 400 sample collection media for AWD in outbreak affected districts.

In August, a joint monitoring mission of MoPH and WHO was conducted in four AWD-affected provinces (Ghazni, Helmand, Kandahar and Zabul provinces) to review the situation and enhance response coordination.



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

Measles

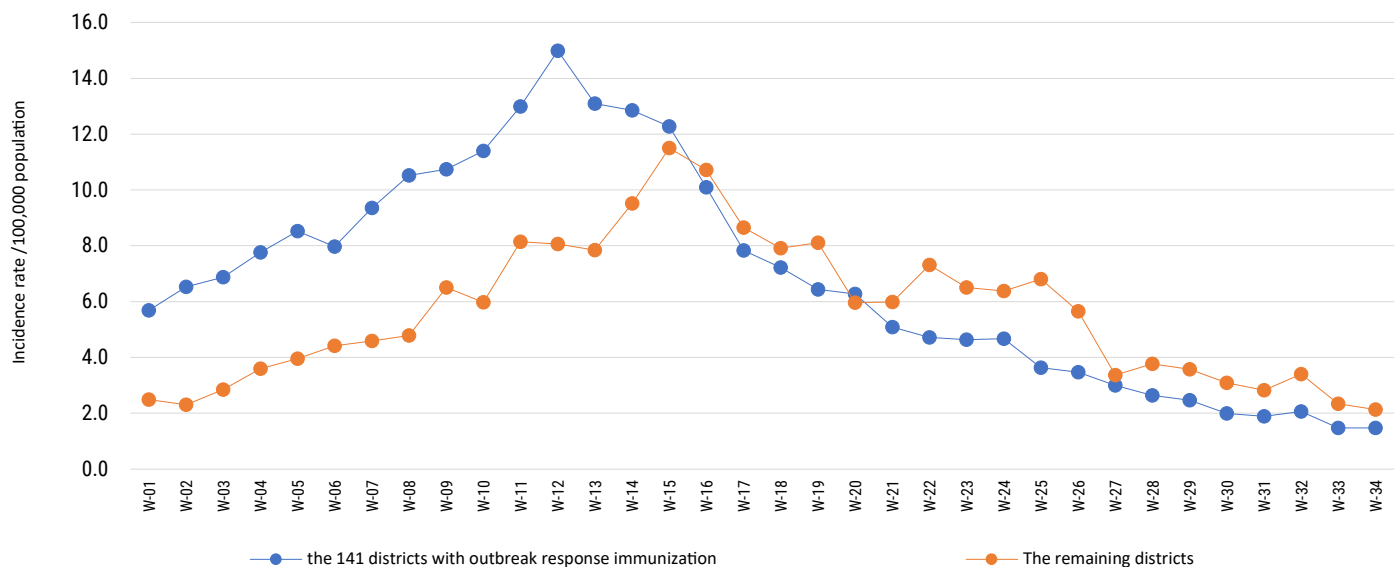
As part of the measles outbreak response, supplementary immunization activities (SIA) are scheduled for September 2022 in 85 high-risk districts targeting 1.5 million children (6-59 months old). WHO began to cascade training of frontline workers (district coordinator, cluster supervisors and team members) from 23 August 2022 to 1 September 2022. SIA implementation is scheduled to start on 3 September 2022.

Dengue fever

To assess transmission risk by the vector, WHO supported a field entomology and surveillance mission in Nangahar Province conducted by the MoPH's malaria and vector-borne disease program (MVDP).

Crimean-Congo haemorrhagic fever (CCHF)

WHO distributed Ribavirin and double bags for CCHF case management to all regions.



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- Aug 2022

Mental Health and Psychosocial Support (MHPSS) and Drug Addiction

WHO has continued its strategic efforts to support the mental and psychosocial health of emergency-affected populations. Mental Health Gap Action Program (mhGAP) training is ongoing in Kabul. In August, 93 doctors working for BPHS and EPHS in the southeastern region (Paktika, Khost, Paktya and Ghazni provinces) received training on diagnoses and case management of common post-disaster mental health problems.



WHO rolls out 3rd batch of mhGAP for 25 doctors from Paktika and Khost provinces in Kabul.

Operational Logistics Support

WHO provided a total of 50 metric tons of medical and non-medical supplies in August benefiting 1,445,100 people in the 34 provinces through 236 health facilities:

- Distributed 622 Interagency Emergency Health Kits (IEHK) to 48 major hospitals across the country and to seven NGO partners providing primary healthcare services through 132 BHCs, PHCs and MHTs.
- Prepositioned 240 cholera kits (for treatment of severe and moderate cases) in the seven WHO's sub-offices across the country to respond to AWD/cholera outbreaks.
- Delivered 40 Trauma and Emergency Surgery Kits (TESK) to the major hospitals in Kabul (Ali Abad Teaching Hospital), Northern Region (including Balk Regional Hospital), Northeastern Region (including Kunduz Regional Hospital), Southern Region (including Mirwais Regional Hospital) and Southeastern (including Ghazni Regional Hospital and Khost University Teaching Hospital).
- Delivered dengue rapid diagnostic test to Antani Hospital in Kabul.

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

WHO organized a training on "Health responses to survivor of violence in emergency settings" from 7 to 11 August 2022 in Bamyán Province, to strengthen the capacity of 34 healthcare providers (nurses and midwives) on responding to GBV and GBV-related health and case management for survivors.

Water Sanitation and Hygiene (WASH) at Health Facilities

WHO is working to improve healthcare service provision through rehabilitation of WASH facilities. In August, WHO completed the establishment of a 20-bed emergency ward in the Infectious Diseases Hospital in Kabul, and the rehabilitation of the measles ward of Mehtarlam Provincial Hospital, Laghman Province. Currently, the construction work in the infectious Diseases Hospital, Herat province, including establishment of ICU and rehabilitation of the hospital building, is ongoing and expected to be completed in September 2022.

In addition, WHO has launched a project to improve WASH facilities in 12 provinces in the Southeastern, Western, Southern, and Eastern regions. Through this project, WHO is constructing 69 bore wells, establishing 55 water supply systems with reservoirs and solar power systems, equipping 110 toilets, and installing incinerators in 69 health facilities, with completion expected in September 2022.

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, 587 new health facilities were registered in August. In total, 3,901 health facilities were registered by 76 partners, and all data was entered. WHO is working with its partners to complete the assessment of every health facility across the country.

Field visits

WHO country and regional technical teams conducted monitoring visits to the provinces in Herat, Khost, Uruzgan, Zabul, Helmand, Kandahar, Nangarhar, and Bamyán in August. The missions reviewed and oversaw the WHO's programme implementation of earthquake response, malnutrition case management, AWD outbreak investigation, and COVID-19 laboratory capacity, as well as assessment of flood-affected areas.

Situation Update: Earthquake Response in the south-eastern region

It has been 70 days since a 5.9 magnitude earthquake struck the southeastern region of Afghanistan on 22 June 2022, affecting Paktika and Khost provinces. WHO, together with 20 health partners, has continued its efforts ramping up the response and providing healthcare services to the affected population. By the end of August, 160,888 people in 13 earthquake-affected districts in Paktika, Paktya and Khost provinces were reached with health assistance, including primary healthcare, trauma and rehabilitation services, and secondary/tertiary healthcare.

Six hospitals in Paktika, Khost, Paktya and Ghazni provinces have been operating to provide trauma care, physical rehabilitation and disability support to treat the injured cases by the earthquake.

WHO, which has closely monitored the trends of AWD and other communicable diseases in the affected areas, deployed SSTs to support the investigation of suspected cases among earthquake-affected populations susceptible to communicable diseases. In August 2022, a total of 1,982 AWD cases were reported in three districts (813 in Giyan in Paktika Province, 632 in Spera in Khost Province, and 537 in Barmal in Paktika). Among the cases, 56 cases were tested positive with cholera RDTs.

A COVID-19 vaccination campaign targeting persons 18 years and older was carried out in all provinces of Afghanistan from mid-July to mid-August. In Paktika Province, 57,100 persons were vaccinated while 133,231 were vaccinated in Khost Province.

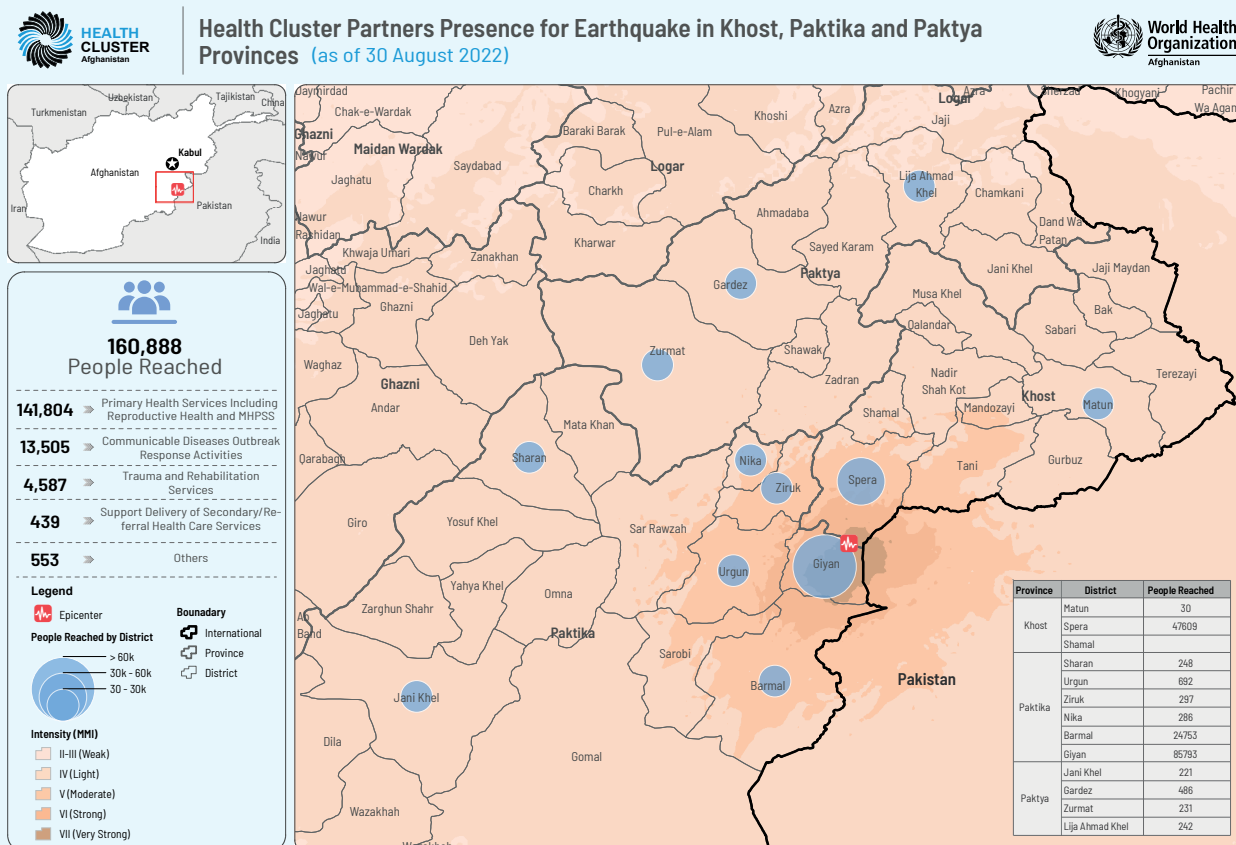
WHO delivered medical and non-medical supplies to health facilities in Paktika and Khost provinces to support the provision of healthcare services, including Paktika Provincial Hospital and Khost Provincial Hospital. Thirteen



MCM plans being developed to better respond to further events.

different modules of TESK and IEHK were distributed to Sharan PH, Urgun DH, Giyan CHC, Barmal CHC and health camps in Giyan and Barmal districts. WHO donated beds and lights for operating theaters, and color doppler ultrasound equipment to the Paktika Provincial Hospital.

To protect the affected population from malaria and other mosquito/vector-borne diseases, WHO completed the distribution of 144,713 long-lasting insecticidal nets (LLINs) in Paktika and Khost provinces on 25 August.



Situation Update: Flash Floods in Afghanistan

In August 2022, flash floods were reported in several provinces across Afghanistan’s eastern, central, southeastern, southern and western regions. According to the MoPH, a total of 200 people were killed and 454 injured in 16 provinces, and more 3,300 homes were damaged due to the floods that occurred between 22 June and 30 August 2022. The most affected province was Nuristan, followed by Nangarhar, Ghazni and Zabul. WHO works with the partners to scale up support for life-saving health interventions and prepare for any potential infectious disease outbreaks in the aftermath of floods.

Southeastern region

In Giyan District, Paktika, 11 casualties and four injuries were reported, with approximately 1,000 families evacuated to shelters due to flooding on 16 August. WHO immediately distributed 10 modules of TESK to Sharan Provincial Hospital to support the treatment of injured cases. WHO also conducted assessment of hospitals in the affected areas on 16 and 17 August.

Central region

In Sia Gird and Shinwari districts in Parwan Province, the heavy rains on 14 to 16 August resulted in 11 casualties and 12 injures, WHO-supported ambulances provided pre-hospital care to survivors and transferred them to the provincial hospital.

In Khoshi district in Logar Province, the flash floods on 19 August, killed 20 people and injured 30. WHO delivered five community cholera kits to Khoshi District to prepare for post-flood infectious disease outbreaks, where more than 2000 families have been displaced.

Sayedabad and Jaghato districts in Maidan Wardak Province were severely affected by flash floods on 20 August. A WHO-supported ambulatory service in Maidan Wardak transferred survivors to hospitals and provided pre-hospital care. In addition, WHO’s SST started case investigations in the affected areas.

Eastern region

On 14 and 15 August, flash floods were reported in Nangarhar, Kunar, Nuristan, and Laghman provinces, affecting 2,600 families. In particular, Jalalabad City in Nangarhar province was severely affected, impacting 1400 families. On 20 August, flash floods again struck

Kunar, Laghman, Nangarhar and Nuristan provinces, resulting in 23 deaths and 68 injured and more than 3,000 families were reportedly affected. In addition, flash floods occurred in Nuristan on 25 August and in Laghman on 26 August, respectively, which resulted in two deaths with two injuries, and one death with 18 injuries. WHO conducted health emergency and coordination meetings with partners to ensure effective and timely responses and delivered four modules of IEHK and four different module of cholera kit to the mobile health teams being deployed by NGO partners.



WHO-SST Team provided medical care and AWD awareness to 45 families in Ghazni province. They also referred 3 critical patients to Ghazni PH and Health Cluster Partner-OHPM providing medical care in flood damaged Health facility in Janikhil-Paktika province.



Spin Boldak district hospital in Kandahar province has been affected by the flash floods.

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

