

# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 26 | February 2023



World Health  
Organization  
Afghanistan

## Key Figures (Monthly)

**621,427**

People reached with  
emergency health services

**10,512**

People received trauma  
care services<sup>1</sup>

**2,816 CBM**

Medical and Non-Medical  
supplies provided

**646**

Health workers trained

**121**

Surveillance support team  
deployed to outbreak areas<sup>2</sup>

## Summary of Outbreaks (February 2023)

**609**

COVID-19 confirmed cases

**9,707**

Acute Watery Diarrhea (AWD)

**828,786**

Acute Respiratory Infection

**3,245**

Measles

**35**

Pertusis

**32**

Dengue fever



WHO Health Emergencies Programme Team Lead, Dr Alaa Abouzeid (center) visited Chila Mazar BHC in Kunduz Province

## Overview

February was a prolific month in the provision of health services to the Afghan people. This month, WHO and 47 Health Cluster partners reached 1,082,672 people with humanitarian health services through 832 health facilities in 305 districts in all 34 provinces. With the target for 2023 of 15.6 million people, WHO, with its partners, has continued to build up the effort to ensure access to essential healthcare services throughout the country, including remote and hard-to-reach areas.

By the end of February, WHO established 185 primary healthcare facilities in underserved/white areas across 26 provinces, in which over 220,000 people received services. In addition, WHO distributed more than 2800 cubic meters (CBM) of medical and non-medical supplies to the partners in response to ongoing health emergencies.

### Outbreaks of acute respiratory infection

Respiratory infections continued to be rife across the region. The cold weather continues; some snow still remains in high-altitude areas, and low temperature exacerbates the vulnerability of people. In February, over 828,000 acute respiratory infections (ARI) were newly reported. Since October 2022, of the total 4,353,661 ARI cases reported, representing 13.3% of the total population of Afghanistan, 45.1% have afflicted children under five years of age. In addition, ARI cases have increased since 2022 compared to the average of the previous three years. WHO's preparedness and response efforts have continued. A total of 179 physicians and nurse were trained on ARI case management this month. Also, medical supplies and sufficient antibiotics have been prepositioned for the surge of cases.

### WHO's efforts on mental health, psychosocial support and drug addiction

Following emergencies, an estimated 17% of impacted adults experience mild to moderate psychological disorders, including depression, anxiety and post-traumatic stress disorder (PTSD).<sup>3</sup> Furthermore, a reciprocal link between drug use and mental health disorders is well documented. Decades of conflict and instability have left many Afghans vulnerable to mental health problems, which are risk factors for drug abuse.

WHO has increased access to MHPSS services for people with mental health problems who had been previously neglected. WHO has worked on capacity building of physicians in line with the mental health gap action program (mhGAP) intervention guidelines; 109 physicians were trained in February. In Khost, WHO has carried out MHPSS outreach activities to follow up on mental health cases among those affected by the 22 June earthquake last year. WHO also continued its efforts to enhance case management of hospitalized patients with severe mental disorders. Several assessments were conducted to review the MHPSS needs at four provincial hospitals (Badakhshan, Bamyan, Farah, Nimroz), four regional hospitals (Nangarhar, Herat, Balkh, Kunduz), and the female and child drug addiction treatment center in Kabul.

### What If The World Fails To Respond?<sup>4</sup>

If the Health Cluster fails to respond effectively and efficiently, this will result in limited or no functional health facilities to provide life-saving services for approximately 14.6 million vulnerable people. Disruption of disease surveillance systems could lead to undetected disease outbreaks and an increase in morbidities and mortalities. More than 200 trauma care facilities will cease to function, and trauma care will not be available for more than 250,000 patients. More than 400 mobile health teams will cease to function, and lifesaving services will not be available for more than 3.5 million people. More than 290,000 pregnant women will not have access to ante-natal care, safe deliveries, or post-natal care. In total, this would limit access to Afghanistan's approximately 1.5 million women of reproductive age to reproductive health services. More than 3,750 healthcare staff members could miss out on essential training on lifesaving and life-sustaining health care, as well as support for prevention of gender-based violence (GBV) and sexual exploitations and abuse (PSEA). This could also mean no availability of emergency health, trauma, noncommunicable diseases (NCD), cholera or reproductive health kits, including family planning commodities, for more than 6 million beneficiaries.

<sup>1</sup> The number of people who received trauma care services both in outpatient department and inpatient department of WHO-supported health facilities (PHC and hospitals)

<sup>2</sup> A WHO-supported surveillance support team consists of an epidemiology focal point to facilitate data collection and a laboratory focal point to support sample collection from suspected cases as well as the National Disease Surveillance and Response (NDSR) in investing alerts and outbreaks

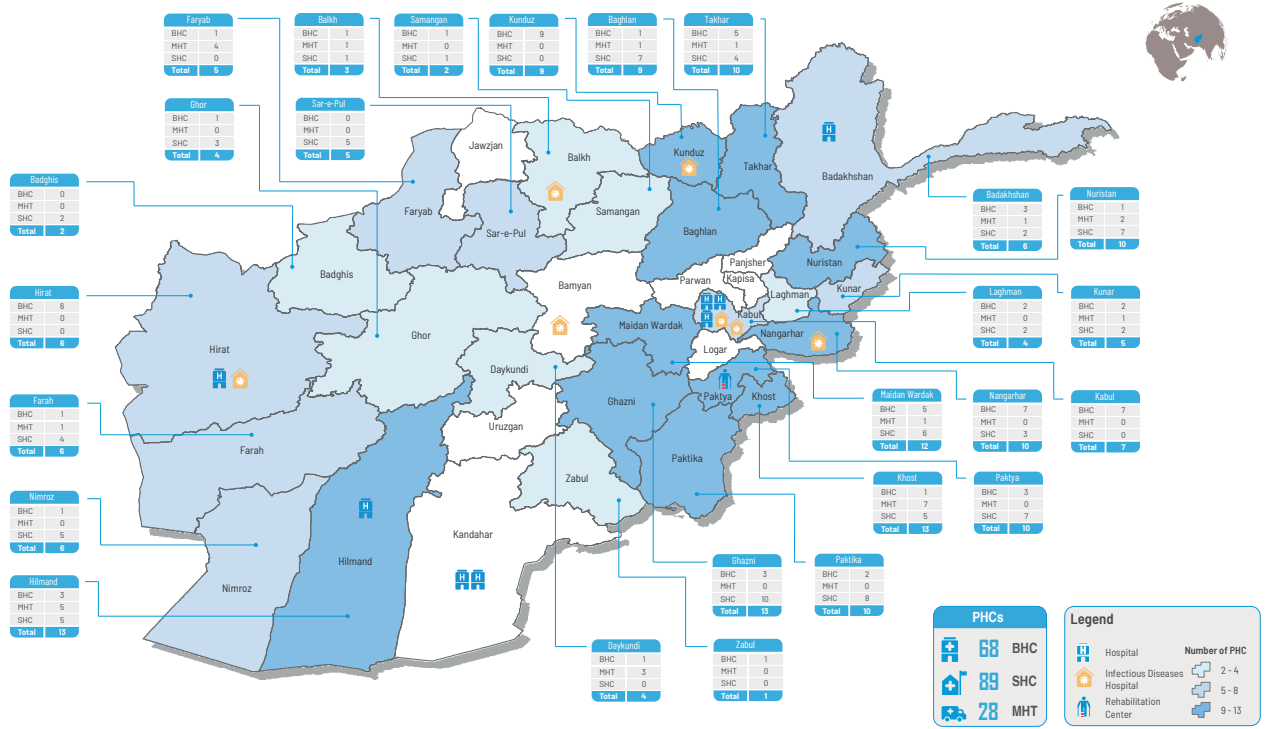
<sup>3</sup> World Health Organization. (2022). Mental Health in Emergencies. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>

<sup>4</sup> WHO, Afghanistan Overview of Humanitarian Needs and Planned Response, 2023

Afghanistan, WHO-Supported Hospitals & Primary Health Care Services (PHCs) in the White Area



UN WHO SUPPORTING 8 HOSPITALS and 7 INFECTIOUS DISEASES HOSPITALS and 1 REHABILITATION CENTER and 185 PHCs by 18 IMPLEMENTING PARTNERS in 28 PROVINCES



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Health Cluster Coordination

As a Health Cluster lead agency, WHO continues coordination efforts with its health partners and stakeholders, enhancing the mechanism for humanitarian response within the cluster and leveraging their efforts on the ground. In February 2023, WHO and the 47 health cluster partners successfully provided 1,082,672 people with humanitarian health services through 832 health facilities in 305 districts of all 34 provinces. The Health Cluster has also exerted its efforts to improve the data and health information reported by the its partners through ReportHub, an orientation for information management focal points was conducted for 45 partners. Two Health Cluster coordination meetings were held in February and more than 60 health partners participated.

Sustaining the Health Service Delivery

WHO continues to work towards delivering healthcare services to the people of Afghanistan at ever-increasing levels. In partnership with 20 health partners, WHO is currently supporting 17 hospitals (including seven COVID-19 hospitals) and 185 primary healthcare (PHC) facilities to improve healthcare access in underserved (white) areas. The PHC facilities supported include 68 Basic Health Centers (BHCs), 89 Sub Health Centers (SHCs), and 28 Mobile Health Teams (MHTs), where 220,235 people received PHC services in February 2023. In addition, WHO trained 30 X-ray technicians from Kaul, Kunduz, Paktya, Balkh, Hirat and Nangarhar on radiology in Kabul (26 Feb – 2 Mar), as well as 31 hospital directors from Kabul on medical ethics and professionalism in Kabul (19-23 Feb).



Women waiting for outpatient consultation at WHO-supported PHC facility in Shash Pul village, Badakhshan Province

Beneficiaries of PHC services at WHO-supported facilities for February 2023 (Total 220,235)

Over 5	59,162 Male	99,244 Female
Under 5	31,308 Male	30,521 Female

Services Provided at WHO-supported health facilities (February 2023)

220,235	Individuals received outpatient (OPD) consultations
8,426	Women received antenatal care (ANC)
4,879	Women received prenatal care (PNC)
767	Institutional deliveries
208,651	Patients received essential drugs for their basic health services
10,334	Pregnant women, child bearing age (CBA) women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
6,367	Women received family planning services and awareness
127,206	People living in remote and underserved areas received health education and awareness
27,352	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
7,773	# of children under 5 received OPV
43,318	# of children under 5 screened for malnutrition
18,376	People received mental health consultations

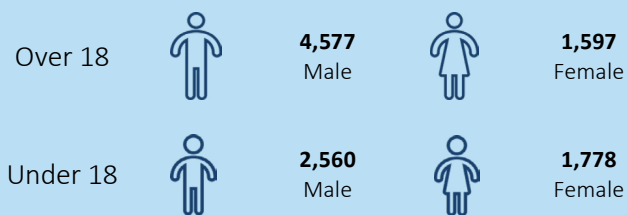
## Trauma and Physical Rehabilitation Care Services

WHO is supporting the provision of trauma care, emergency care, and physical rehabilitation services across the country by providing medical/non-medical supplies to 204 critical trauma care facilities and 67 blood banks, in addition to capacity building and full operational support of a rehabilitation center in Paktya. In February, WHO conducted training on safe blood extractions and transfusions for 50 blood bank staff members in Kabul (29 Jan-2 Feb).



WHO has trained a total of 100 blood bank staff on safe blood transfusion since December 2022.

### Beneficiaries of trauma care services at WHO-supported facilities for February 2023 (Total 10,512)



### Service Provided at WHO-supported facilities (February 2023)

<b>7,976</b>	people received physiotherapy
<b>13,422</b>	people received psychological counselling
<b>3,269</b>	people who received blood transfusion
<b>14,511</b>	people who received minor surgical operation
<b>2,564</b>	people who received major surgical operation

## Nutrition in Emergencies

In February 2023, there were 2,976 malnourished children (1,518 girls and 1,458 boys) with medical complications admitted and treated in 127 WHO-supported IPD-SAM centers (116 hospitals and 11 Comprehensive Health Centers plus), an increase of 20% compared to February 2022.

WHO is helping strengthen the national capacity to respond to food insecurity and malnutrition. A total of 65 health staff members (44 female) were trained in the management of severe acute malnutrition with medical complications, and 280 bedside chairs and 100 modules of PED/SAM kit (equipment) were donated to 50 IPD-SAM centers this month.

### Beneficiaries of 127 WHO-supported IPD-SAM centers for February 2023 (Total 2,976)



## Infectious Hazard Preparedness/ Surveillance

WHO has been working closely with Ministry of Public Health (MoPH) on its national disease surveillance response (NDSR) for early detection and verification of alerts. WHO has deployed 121 surveillance support teams (SSTs) which are actively participating in outbreak investigation and response activities related to public health hazards in 34 provinces. Regular updates on disease outbreaks are available in the weekly situation reports in this link: [Afghanistan's infectious disease outbreak situation reports](#).

### Measles

In response to small local outbreaks, vaccination responses were conducted in affected villages in Helmand, Uruzgan, and Bamyan Provinces to vaccinate children with the measles vaccine. Over 2,000 children were vaccinated in the month of February.

### COVID-19

The COVID-19 immunization campaign implementation (with the Johnson & Johnson vaccine) took place from 15 February to 6 March in 17 provinces: Baghlan, Balkh, Farah, Herat, Hilmand, Jawzjan,, Kandahar, Kapisa, Khost, Kunar, Kunduz, Laghman, Nangarhar, Nimroz, Parwan, Samangan and Takhar. The target population for this campaign was adults 18 years and older that had not yet received the full primary series of COVID-19 vaccine doses or not yet received a booster dose. In addition, WHO has continued to support the operations of 35 COVID-19 laboratories in 34 provinces through the provision of diagnostic equipment/supplies, rehabilitation of infrastructure, and capacity building.



COVID-19 vaccination campaign at Kapisa Province.

### Acute Watery Diarrhea (AWD)

Jointly with Health and WASH Clusters, the integrated acute watery diarrhea (AWD) preparedness and response plan for 2023 was drafted and shared with the MoPH to ensure the capacity is in place for the anticipated surge of AWD in the coming months. An additional 4,000 cholera rapid diagnostic tests (RDTs) were prepositioned in WHO's warehouse in Kabul as a part of preparedness.

### Case management of infectious diseases

WHO has continuously supported the operations of infectious disease hospitals, including the national infectious disease hospital in Kabul, which is the referral point for the central and eastern regions, and four integrated infectious disease hospitals in Balkh, Bamyan, Herat and Kunduz Provinces.

WHO also ensures capacity building of healthcare workers for case management of various infectious diseases. In February, WHO conducted three training sessions on case management of respiratory infections, such as ARI, measles, pertussis, and chickenpox, in Kabul, including one training for trainers (ToT). A total of 55 physicians from 34 provinces were qualified as trainers for cascade training at regional level. Furthermore, 124 physicians and nurses from the central region (Bamyan, Daykundi, Parwan, Panjsher, Logar, Wardak, and Kapisa Provinces) were trained on case definition, transmission, diagnosis, case management and prevention measures.

**Surveillance**

To improve the sensitivity of the national disease surveillance response (NDSR) system, WHO has supported the expansion of event-based surveillance (EBS) in the country, which can capture information about potential public health risks through different channels. WHO delivered training on EBS in Herat Province, where 181 community health supervisors and medical officers were trained on identification of signals and events, verification of the events, and risk assessment (14-16 Feb). In addition, E-surveillance training was conducted in Kabul (20-21 Feb) for 10 NDSR focal points from Kabul, Parwan and Wardak Provinces and DHIS2 software for reporting the surveillance data was introduced for timely and accurate reporting.

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

WHO continued the roll-out training of the mental health gap action program (mhGAP) intervention guide (version 2.0) in Nangarhar (28 Jan- 2 Feb, 11-16 Feb and 25 Feb – 2 Mar). During this period, a total of 109 physicians working in provincial/district hospitals and PHC facilities in the eastern region (Kunar, Laghman, Nangarhar, and Nuristan) received training. This mhGAP training is intended to improve the access to MHPSS services at different levels of health facilities by orienting physicians on the assessment, management and follow-up of mental, neurological and substance use disorders in non-specialized care settings.

**Health Response to Survivors of Violence**

WHO is supporting the operations of the national advanced referral center for survivors of violence in Kabul by providing medical treatment and counseling for survivors of violence. In February, 142 survivors of violence cases were received at the center and provided with the required healthcare services, treatment and counselling.

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

WASH in healthcare facilities and the provision of water, sanitation and healthcare waste management are essential for patient safety. WHO has been proactively engaged in improving WASH in healthcare settings throughout the country. In February, WHO finalized the establishment of WASH facilities in 24 health centers (12 PHC facilities and 12 hospitals) in nine provinces (Badakhshan, Faryab, Ghazni, Kabul, Khost, Kunduz, Paktika, Samangant, and Takhar). All 24 had bore wells, water supply systems with reservoirs and solar power systems, and toilets with septic tanks, while 11 had incinerators installed in their health facilities.

**Health Information Management**

The WHO Afghanistan health information hub provides analysis of various data related to health interventions across the country collected from its health partners. The information hub includes the Health Resources and Services Availability Monitoring System (HeRAMS), underserved (white) area analysis and trauma care service. In February, WHO launched three new dashboards for disease outbreaks, monitoring WHO’s supported facilities and training. For more information please access: [WHO’s open-access health information portal](#).

**Monitoring and Evaluation (M&E)**

To ensure proper oversight of project implementation, WHO has conducted systematic and regular monitoring and evaluation (M&E) activities through 30 monitoring officers on the ground using specific tools developed for each type of health intervention. In February, WHO conducted monitoring visits to 96 therapeutic feeding units (TFUs), 95 hospitals under the Afghanistan Health Emergency Response (HER) project, 77 PHC facilities, 18 WHO-supported hospitals (including three COVID-19 hospitals), and five family health houses (FFHs). The identified areas of improvement during the monitoring receive followed up to ensure mitigation measures have taken place in close coordination with the implementing partners.

**Operational Support and Logistics**

In February 2023, WHO provided a total 155 different medical kits and modules with a total volume of 2,816 CBM, which will benefit 58,850 people over 10 provinces. The supplies provided included:

- 38 Inter-Agency Emergency Health Kits (IEHK) to cover 38,000 beneficiaries composed of 19 basic medicine modules and 19 basic renewables and equipment modules, distributed in Kabul to various health facilities.
- 50 Inter-Agency Reproductive Health Kits (IARH) in health facilities including Provincial Hospitals in Bamyan, Wardsk, Badakhshan, Parwan and Daikundi.
- 67 WHO Trauma and Emergency Surgery Kits (TESK) in the province of Kandahar, in support of the Mirwais Regional Hospital.

**Field Visits**

WHO country and regional technical teams conducted field visits to Badakhshan, Baghlan, Farah, Herat, Kabul, Kandahar, Kunduz, Laghman, Nangarhar, Nimruz, and Takhar in February 2023. These missions provided technical support and oversight on WHO programme implementation - primarily PHC service provision and hospital care. Also rapid needs assessments of healthcare facilities and Point of Entry (Spin Boldak ground-crossing) were carried out to review the situation and gaps.

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