

# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 22 | October 2022



World Health  
Organization  
Afghanistan

## Key Figures (For October 2022)

**604,017**

People reached with  
emergency health services

**11,383**

People received trauma  
care services

**667 MT**

Medical and Non-Medical  
supplies provided

**870**

Health workers trained

**121**

Surveillance support  
team deployed to  
outbreak areas<sup>1</sup>

## Summary of Outbreaks (Cumulative Cases)

**202,993**

Total COVID-19  
confirmed cases<sup>2</sup>

**209,055**

Total Acute Watery  
Diarrhoea cases<sup>3</sup>

**71,614**

Total Measles cases

**616**

Total Dengue Fever cases

**367**

Total CCHF cases

**768**

Total Pertussis cases



WHO conducted Training of Trainers on basic emergency care and the use of trauma care toolkit exclusively for 25 female health workers from 13 provinces of Afghanistan.

## Overview

The World Health Organization (WHO) and the Health Cluster partners have further ramped up delivery of essential life-saving healthcare services in Afghanistan, in which much of the population is vulnerable. The continued conflict and natural disasters have led to more than 32,000 people being displaced so far this year. The security situation remains volatile, and various infectious disease outbreaks such as acute watery diarrhea, measles, dengue fever, malaria and COVID-19, have impacted the already-affected population.

In October 2022, there was a significant increase of dengue fever cases, with a total of 468 newly suspected cases reported in Nangarhar, Laghman and Kabul provinces. More than 2,000 measles cases were newly reported in October. An increase of respiratory infections can also be expected during the winter season, given the crowded living conditions and poor respiratory hygiene among the population.

To reduce mortality and morbidity from vaccine-preventable diseases, WHO has continued to support the national expanded programme on immunization (EPI). In preparation for a nationwide measles supplementary immunization activity (SIA), WHO trained more than 100 provincial leaders from 34 provinces to lead SIA implementation. COVID-19 vaccination activities have continued across the country, with more than 156,000 individuals being administered Johnson & Johnson vaccines in October.

To enhance national capacities for emergency preparedness and response in line with the International Health Regulations (IHR, 2005), WHO conducted points of entry (PoE) assessments at two ground-crossings in Torkham (Nangarhar Province) and Islam Qala (Herat Province), as well as in Mazar-e-Sharif International Airport in Balkh Province. WHO works with multiple partners to ensure systems are in place at PoE to prepare for, detect, and respond to public health emergencies.

WHO conducted its first emergency care courses exclusively for female front-line healthcare providers of Afghanistan. The training produced 25 female healthcare workers ready to deliver WHO Basic Emergency Care using Emergency Care Toolkits at their health facilities. To date, WHO Afghanistan has trained 385 front line healthcare workers (141 are female) and produced 58 trainers, half of which are female.

Efforts to strengthen public health laboratories are ongoing. During this month, there have been a total of six training workshops for 153 laboratory technicians, including bacteriology and research methodologies. WHO also inaugurated a newly-established laboratory and 20-bed emergency unit inside the WHO-supported Infectious Disease Hospital in Kabul which is the only specialized hospital for infectious diseases in the country.

To prepare for the winter season, which intensifies the vulnerability of the people, the Health Cluster mobilized US\$10.5 million under the Afghanistan Humanitarian Fund (AHF) 3rd Reserve Allocation (RA) 2022 for provision of life-saving winter assistance that targets 1.1 million people in 26 provinces. To preposition supplies in strategic areas, WHO has distributed 369 metric tons (MT) of Interagency Emergency Health Kits (IEHK), and Trauma and Emergency Surgery Kits (TESK) in all regions in preparation for the interruption of transportation of supplies during the winter season.

<sup>1</sup> A 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

<sup>2</sup> From the beginning of the outbreak (February 2020)

<sup>3</sup> AWD case data is reported from all 519 sentinel sites in the country

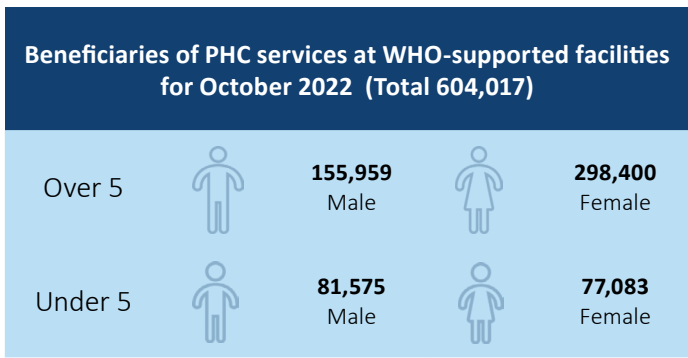
### Health Cluster

As a Health Cluster lead agency, WHO is coordinating with multiple organizations in responding to health emergencies. From January to September 2022, the Health Cluster provided 9.4 million people with health assistance across the country through 133 projects operated by 64 partner organizations. In October 2022, Health Cluster conducted two coordination meetings at the national level, and seven at the

regional levels. Also, Health Cluster drafted a humanitarian needs overview (HNO) 2023, including new estimates for people in need (PIN) of health assistance, targeted beneficiaries, budget requirements, indicators and priority activities, as a part of the humanitarian programme cycle (HPC) for 2023.

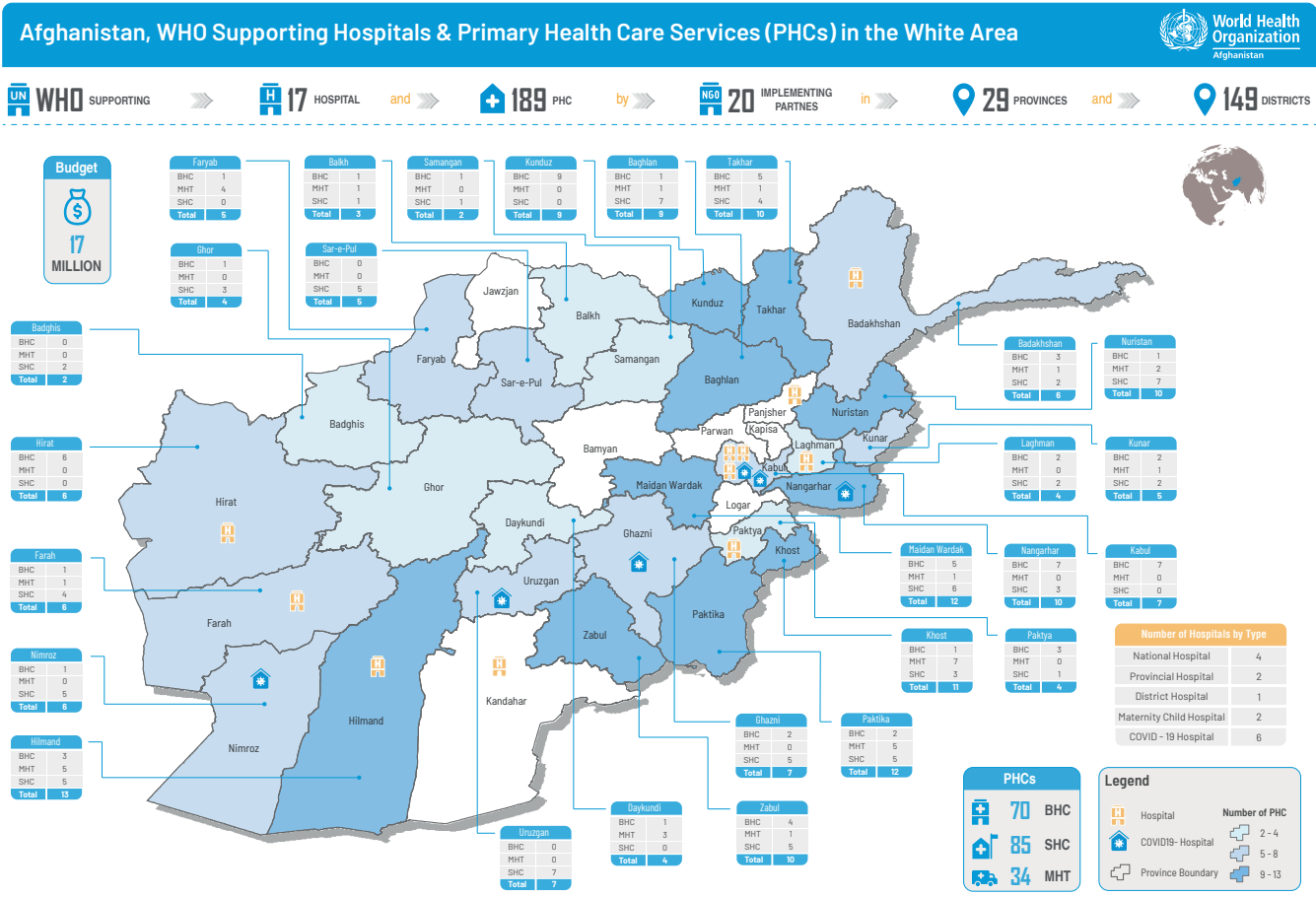
### Sustaining the Health Service Delivery

WHO continues to work towards delivering healthcare services to the people of Afghanistan at ever increasing levels. In partnership with 23 health partners, WHO is currently supporting 17 hospitals (six are COVID-19 hospitals), and it established 189 primary healthcare facilities to improve healthcare access in underserved/white areas.<sup>4</sup> The breakdown of facilities is as follows: 70 Basic Health Centers (BHCs); 85 Sub Health Centers (SHCs); and 34 Mobile Health Teams (MHTs) in 29 provinces. The budget is US\$17 million.



#### Services provided at WHO-supported PHC facilities for October 2022

<b>7,451</b>	Women received antenatal care (ANC)
<b>2,821</b>	Women received prenatal care (PNC)
<b>464</b>	Institutional deliveries
<b>199,253</b>	Individuals received outpatient (OPD) consultations
<b>175,615</b>	Patients received essential drugs for their basic health services
<b>3,203</b>	Child bearing age (CBA) women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
<b>4,178</b>	Women received Family planning services and awareness
<b>94,522</b>	People living in remote and underserved areas received health education and awareness
<b>20,615</b>	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
<b>43,192</b>	Children under 5 received nutrition screening, and referral services.
<b>11,415</b>	People received immediate psychosocial counselling







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<sup>4</sup> WHO analysis identified approximately 13.3 million people in 34 provinces who reside in areas where primary healthcare is not within one hour's walk from their dwellings.

### Trauma and Physical Rehabilitation Care Services

WHO continues to support Afghanistan’s emergency care through an enhanced ambulatory system, trauma care and 67 blood banks across the country. Together with its partners, WHO has sustained the country’s only existing ambulatory system, with 60 ambulances in four provinces (Kabul, Herat, Parwan and Wardak) providing prompt pre-hospital medical services and transporting patients who need urgent medical care at hospitals. In addition, as a member of the Global Emergency and Trauma Care initiative (GETI), WHO Afghanistan continues to build the national capacity, most recently conducting Training of Trainers on basic emergency care and the trauma care toolkit exclusively for 25 female health workers from 13 provinces in Kabul (9 - 13 October).

Beneficiaries of trauma care services at WHO-supported facilities for October 2022 (Total 11,383)				
Over 18		<b>4,385</b> Male		<b>2,076</b> Female
Under 18		<b>3,028</b> Male		<b>1,894</b> Female

Service Provided at WHO-supported facilities (October 2022)	
<b>6,928</b>	people received physiotherapy
<b>9,968</b>	people received psychological counselling
<b>2,018</b>	people who received blood transfusion

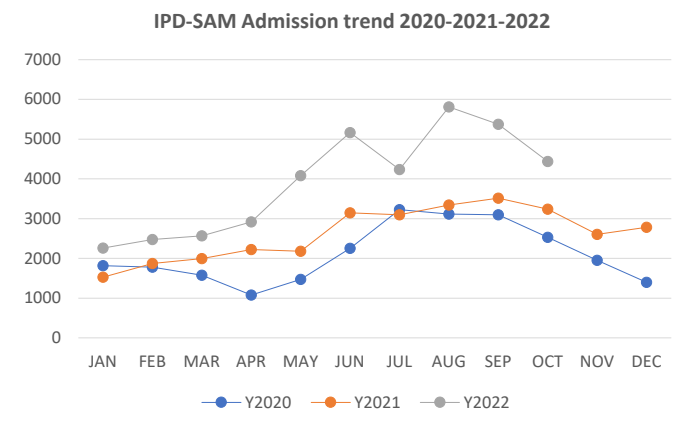


To date, WHO trained total of 385 frontline health providers on basic emergency care including 141 female staff.

### Nutrition in Emergencies

WHO supports 127 In-Patient Department-Severe Acute Malnutrition (IPD-SAM) centers in 116 hospitals and 11 Comprehensive Health Centers plus (CHC+s) in an effort to tackle malnutrition by strengthening case management of acute cases and complications. In October 2022, there were 4,439 malnourished children (2157 boys; 2282 girls) with medical complications admitted and treated in these WHO-supported IPD-SAM centers.

Beneficiaries of 127 WHO-supported IPD-SAM centers for October 2022				
<b>4,439</b> Under 5		<b>2,157</b> boys		<b>2,282</b> girls



WHO provides medical supplies to IPD-SAM centers in Afghanistan for case management of acute cases and complications of malnutrition.

## Infectious Hazard Preparedness/ Surveillance

WHO has been working closely with MoPH on its national disease surveillance response (NDSR) for early detection and verification of alerts, investigations, and immediate responses to 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](#).

### COVID-19

WHO has supported the establishment and ongoing operations of COVID-19 laboratories in the country through the provision of diagnostic equipment/supplies, rehabilitation of infrastructure, and capacity building. As of October 2022, 35 COVID-19 laboratories are functional across 34 provinces, with the capacity of 9,050 tests per day.

COVID-19 vaccination activities (with Johnson & Johnson vaccine) continue to be conducted through fixed sites available in all provinces, with approximately 156,000 additional individuals being fully vaccinated in October and 30.8% of the total population receiving at least one vaccine dose.

### Acute Watery Diarrhea (AWD)

WHO has worked on building the national capacity of case management. There were 223 medical doctors and nurses from Herat, Badghis, Farah and Ghor provinces who were trained on the proper treatment of AWD cases in line with national guidelines. In addition, case management kits (20 cholera community kits) and specimen carriers (12 Cary-Blair transport mediums) and 10 rapid diagnostic test (RDT) kits were distributed to outbreak-affected areas.

### Measles

Activities for measles were centered on the preparation for measles supplementary immunization activities (SIA) with the oral polio vaccine (OPV). During the month of October 2022, the national training of trainers for the measles OPV SIA was conducted for more than 100 provincial managers from all 34 provinces in Kabul (2-5 October). In addition, all necessary supplies were procured and shipped to the provinces. Communication materials, developed under leadership of National EPI, and supported by UNICEF and WHO, were printed and shipped to the WHO sub-offices.

### Dengue fever

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

### Crimean-Congo haemorrhagic fever (CCHF)

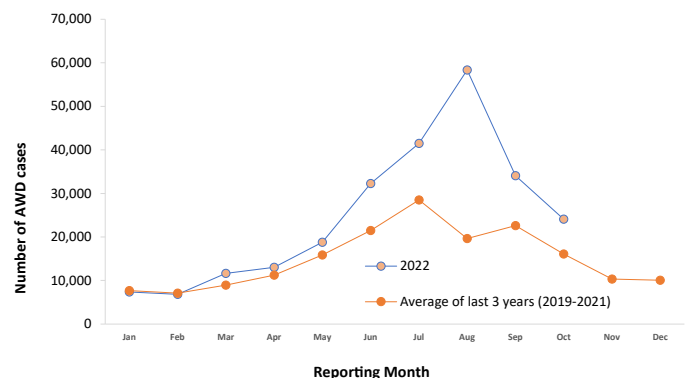
WHO conducted two days of CCHF case management training in Kabul (3 - 4 October). A total of 38 healthcare workers (medical doctors and nurses) from 15 provinces were trained on case definition, diagnosis, and case management as well as preventive measures.

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

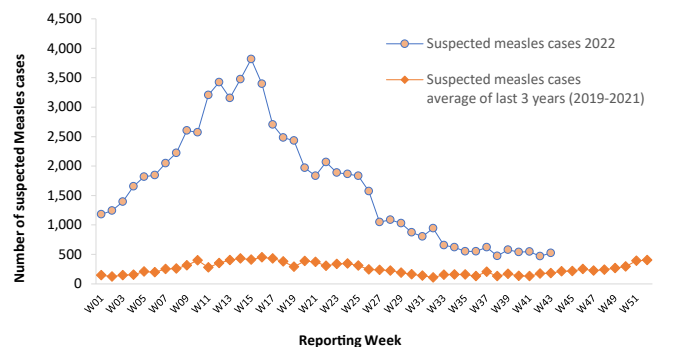
WHO is providing essential emergency MHPSS services for the 22 June 2022 earthquake-affected population in Khost and Paktika provinces through four MHPSS outreach teams. In addition, WHO has continued strategic efforts to support the mental and psychosocial health of emergency-affected populations. Mental Health Gap Action Program (mhGAP) training is ongoing in Kabul. In October 2022, WHO trained 27 primary healthcare officers of PPHD on diagnoses and case



WHO supports the infectious diseases hospital in Kabul. A new laboratory was inaugurated inside the hospital in October.



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



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

### Surveillance

WHO deploys surveillance support teams (SST), which each consists of an epidemiology focal point and a laboratory focal point to support NDSR. In October 2022, WHO trained 54 newly-recruited SST members on sample collection, handling and referral, as well as use of RDTs in Kabul (9-10 October). It also conducted training on infectious disease surveillance for 94 focal points of newly-established sentinel sites in 17 provinces (23-24 October).

management of common mental health problems and neurological and substance use disorders (8-13 October). WHO also conducted four training workshops of Psychological First Aid (PFA) and stress management for 198 community healthcare workers and community health supervisors (48% female) in Gardiz and Paktiya provinces (3-19 October).

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

WHO is supporting the operation of the National Psychosocial Support Center in Kabul, which provides medical treatment and counseling for survivors of violence. In October alone, 20 GBV cases were received at the center (19 female), due to emotional violence (8 cases), physical violence (5), denial of resources (5) and forced marriages (2). In addition, WHO is working on capacity building of healthcare providers for GBV and GBV-related health problems and conducted a training of “preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) and health response to survivors of violence in emergency setting” from 15 to 19 October in Herat Province. There were 40 healthcare workers (45% female), including medical doctors, nurses and midwives, who received 13 training modules, including history taking, physical examinations and wound, burn and rape management.

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

In October, WHO completed its rehabilitation work in the Infectious Diseases Hospital in Herat Province, including an intensive care unit (ICU). WHO is also working to establish a proper water system in 69 health facilities (65 primary healthcare facilities and four district hospitals) in 12 provinces in the southeastern, western, southern, and eastern regions; 69 bore wells, 55 water supply systems with reservoirs and solar power systems, 110 toilets, and 69 incinerators will be equipped in those health facilities.

## Health Information Management

WHO’s open-access health Information portal provides updated dashboards of the Health Resources and Services Availability Monitoring System (HeRAMS), underserved/white area analysis, trauma care services, and medical supplies, as well as different infographics. HeRAMS demonstrates information on the current availability of resources and services from 4,199 healthcare facilities in the country. In October, 163 new health facilities were registered. Also, the quarterly full database update cycle was initiated and over 1900 health facilities were updated by the end of October.

## Monitoring and Evaluation

To ensure proper oversight of project implementation, WHO has conducted systematic and regular monitoring and evaluation (M&E) activities through 20 monitoring officers on the ground using specific tools developed for each type of health interventions. In October, WHO conducted monitoring visits of 137 primary healthcare facilities, seven hospitals (including three COVID-19 hospitals), a physical rehabilitation center and four ambulatory services stations in 28 provinces. The identified areas of improvements will be followed up to ensure mitigation measures take place.

## Operational Logistics Support

WHO provided 667 MT of medical and non-medical supplies in October 2022, which will benefit 1,445,100 people in 34 provinces through 236 health facilities:

- Distributed 857 IEHK to 48 major hospitals and seven health cluster partners operating 132 primary healthcare facilities across 34 provinces.
- Delivered 81 TESK to the major hospitals in Kabul (including 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).
- Distributed the total of 285 MT of “first aid kit” in 34 provinces which were donated by UNOPS

In addition, WHO received 4,185kg of essential pneumonia medicine from EU Civil Protection and Humanitarian Aid to support treatment of 5,000 patients (12 October).



In October, WHO delivered a total of 667 MT of medical and non-medical supplies to 236 health facilities across the country.

## Field Visits

WHO country and regional technical teams, as well as Health Cluster Coordinator teams, conducted field visits to Kabul, Samangan, Badakhshan, Balkh, Ghazni, Nangarhar, Paktika, Khost, Badghis, Herat, and Jawzjan provinces in October 2022. The missions provided technical support and oversight on the WHO programme implementation, including primary healthcare services, the information management system, COVID-19 case management, AWD response, and dengue fever investigation, as well as conducting an assessment of the PoEs in Islam Qala and Torkham ground crossings ground crossings and Mazar-e-Sharif international airport.



To access the WHO Afghanistan Information Hub, access this link: <https://dashboard.whe-him.org/> or scan the QR code on the left with your mobile phone.

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