

AFGHANISTAN EMERGENCY SITUATION REPORT

No. 21 | September 2022



World Health
Organization
Afghanistan

Key Figures (For September 2022)

478,891

People reached with
emergency health services

15,711

People received trauma
care services

5,192

Severe acute malnourished
children treated

150 MT

Medical and Non-Medical
supplies provided

806

Health workers trained

121

Surveillance support
team deployed to
outbreak areas²

Summary of Outbreaks (Cumulative Cases)

199,463

Total COVID -19
confirmed cases

184,975

Total Acute Watery
Diarrhoea cases³

69,534

Total Measles cases

148

Total Dengue Fever
cases

345

Total CCHF cases

195

Total Pertusis cases



WHO-supported ambulances helped transport victims of the incident at an education center in Kabul.

Overview

Afghanistan continues to face health challenges and about 18.1 million Afghans are in need of health assistance. Recurrent natural disasters, increased food insecurity and continued infectious disease outbreaks that are compounded by over four decades of conflict are ongoing threats to the people of Afghanistan. WHO has worked with the health cluster partners to serve the most vulnerable communities in providing life-saving support across the country.

Food insecurity has posed a serious impact with about 18.9 million people, out of a total population of 40 million, facing high levels of acute food insecurity. In 2022, there has been a significant increase in the number of children under five years of age being admitted to hospital inpatient departments with severe acute malnutrition (IPD-SAM), reaching more than 34,000 children through September 2022. This has already exceeded the total number of IPD-SAM cases reported during whole year of 2021 (32,506 cases). WHO has continued to support quality of nutrition care services at all 127 IPD-SAM facilities in the country by providing medical and non-medical supplies and capacity building of healthcare workers.

WHO has recently expanded its support to healthcare services delivery in underserved areas by establishing primary healthcare facilities. About 13.3 million people in 34 provinces who reside in areas where primary healthcare is not within one hour's walk from their dwellings¹ have been identified. By the end of September 2022, WHO had established 177 primary health care facilities in 29 provinces, reaching more than 265,000 people, in collaboration with 19 partners.

The country continues to face multiple security incidents that have inflicted mass casualties in major cities, including Herat and Kabul. Together with its partners, WHO has sustained the only existing ambulatory system in the country, with 60 ambulances in four provinces (Kabul, Maidan Wardak, Herat and Parwan). During mass causality incidents, the ambulances have played critical roles in promptly providing emergency medical services and transporting trauma victims and survivors to hospitals. Furthermore, WHO immediately scaled up its response capacity, including the provision of medical supplies to hospitals accepting survivors and increasing the availability of blood transfusions.

WHO made great strides in its health information management system with the launch of the new health information hub held in September 2022. This open-access information portal provides comprehensive and interactive data on Health Resources and Services Availability Monitoring System (HeRAMS), mapping underserved/white areas, trauma care, and medical supplies. This information portal helps health partners with their planning and decision-making processes, which are essential to emergency preparedness and response.

¹ The sphere handbook 2018. Sphere. (n.d.). Retrieved October 4, 2022, from <https://spherestandards.org/handbook-2018/>

² 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.

³ 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. In September, Health Cluster conducted two health cluster coordination meetings at national, and seven at the regional levels, regional/provincial acute watery diarrhea (AWD) task force meetings, and a consultation meeting on the development of Humanitarian Program Cycle (HPC) 2023.

To prepare for winter, the Health Cluster mobilized US\$ 10.5 million under the Afghanistan Humanitarian Fund (AHF) 3rd Reserve Allocation (RA) 2022. This allocation will support more than 1.1 million people with winter-specific emergency health assistance in 91 high priority districts in 26 provinces through the partners.

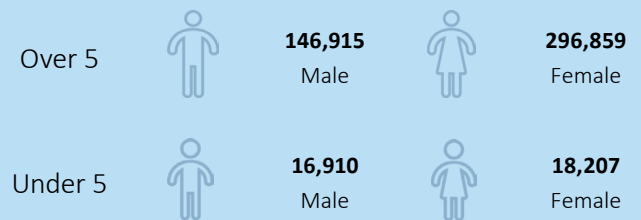
Sustaining the Health Service Delivery

WHO continues to work towards delivering healthcare services to the people of Afghanistan at different levels. In partnership with the partners, WHO is currently supporting 15 hospitals (six are COVID-19 hospitals) to meet increased demand for services, including secondary and tertiary care. WHO also deployed a bioengineer in four provinces (Paktya, Paktika, Panjshir, and Balkh) for repair and maintenance of different medical and laboratory equipment such as X-ray machines, patient monitors, ECG machines, and centrifuge machines. Those items were mainly damaged due to the June 22 earthquake. About 76 equipment had been repaired and currently functional.

WHO organized a project implementing partners' meeting on 29 September in Kabul to enhance the coordination and to facilitate the project implementation where 49 participants attended from the partner agencies.

In addition, WHO works on improving the healthcare access in underserved/white area where primary healthcare service is not available within one hour's walk from the settlement. WHO established 177 fixed and mobile centers: 62 Basic Health Centers (BHCs); 85 Sub Health Centers (SHCs); and 30 Mobile Health Teams (MHTs) in 29 provinces in collaboration with 19 implementing partners.

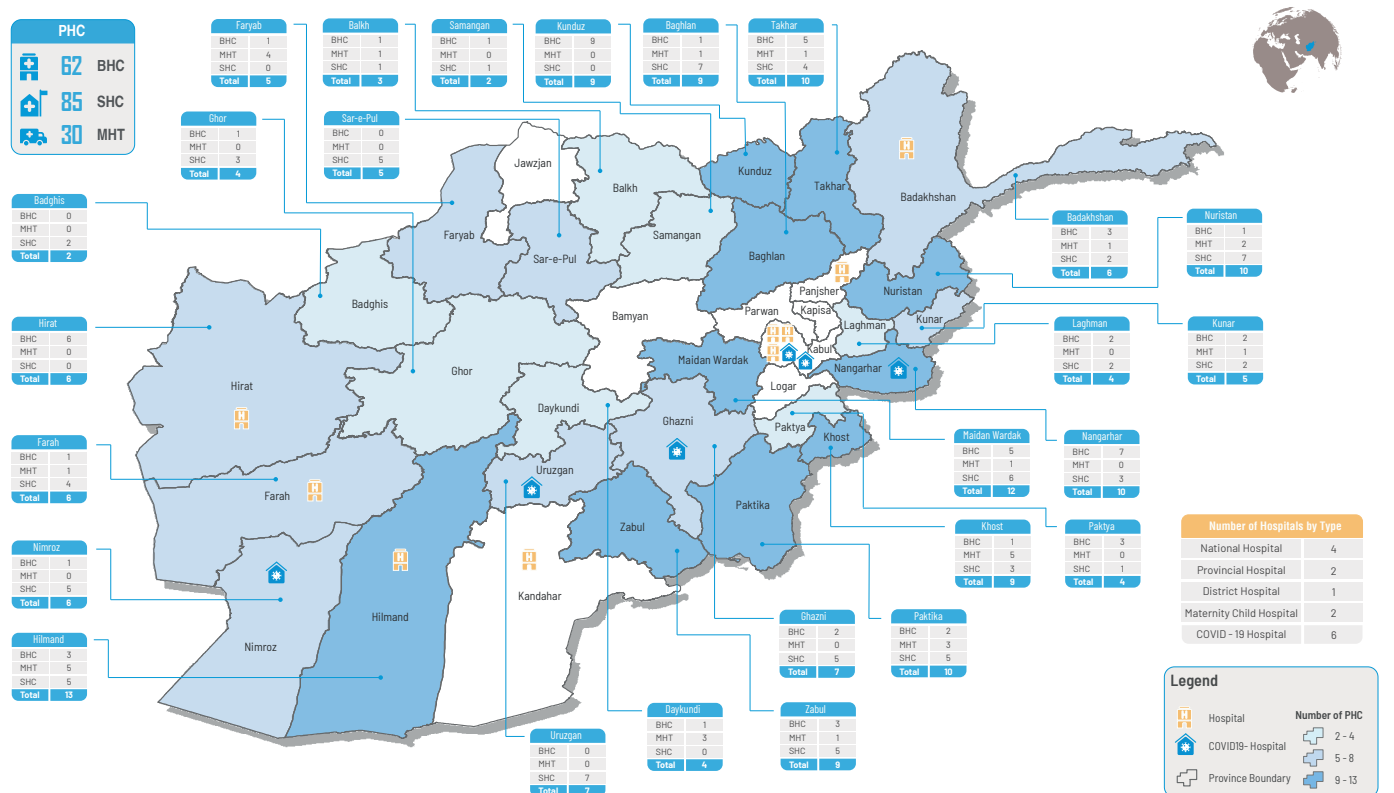
Beneficiaries of PHC services at WHO-supported facilities for September 2022 (Total 478,891)



Afghanistan, WHO Supporting Hospitals & Primary Health Care (PHC) in the White/Underserved Area



UN WHO SUPPORTING 15 HOSPITAL and 177 PHC by NGO 21 IMPLEMENTING PARTNERS in 29 PROVINCES and 149 DISTRICTS



Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization.

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WHO has deployed a bioengineer for repair and maintenance of medical and laboratory equipment.



WHO, together with 22 implementing partners, held a meeting in Kabul to enhance coordination and review the implementation of health care services.





Services provided at WHO-supported PHC facilities for September 2022	
7,760	Women received ANC
2,840	Women received PNC
187	Institutional deliveries
154,160	Individuals received OPD consultations
138,281	Patients received essential drugs for their basic health services
2,548	CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
4,225	Women received Family planning services and awareness
57,448	People living in remote and underserved areas received health education and awareness
44,802	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
33,998	Under 5 children received nutrition screening, and referral services.
18,053	People received immediate psychosocial counselling

Trauma and Physical Rehabilitation Care Services

WHO continues to support emergency care system through ambulatory system, trauma care and 67 blood banks across the country.

WHO maintains the only existing ambulatory system with 60 ambulances in four provinces (Kabul, Heart, Parwan and Wardak). This month, those ambulances provided pre-hospital medical care to victims and survivors and transported them to hospitals during multiple security incidents, including the explosions at the Dar-a-Amran district of Kabul on 5 September, at the Dasht-e-Barch district of Kabul on 10 September, and at Wazir Mohammed Akbar Khan mosques in Kabul on 23 September. Emergency support was also provided during the recent incident at the Kaaj Education Center in the Dasht-e-Barch district in Kabul on 30 September that resulted in at least 53 deaths and 110 injuries (Source: UNAMA).

In addition, as a part of the Global Emergency and Trauma Care initiative (GETI), WHO continues to develop the skills of healthcare staff in the acute management of trauma and emergency patients. In September, a four-day Mass Casualty Management (MCM) course was held in Gardez for 28 hospital management staff from the south-eastern region (Khost and Ghazni provinces).

Beneficiaries of trauma care services at WHO-supported facilities for September 2022 (Total 15,711)				
Over 18		7,371 Male		2,600 Female
Under 18		3,856 Male		1,844 Female





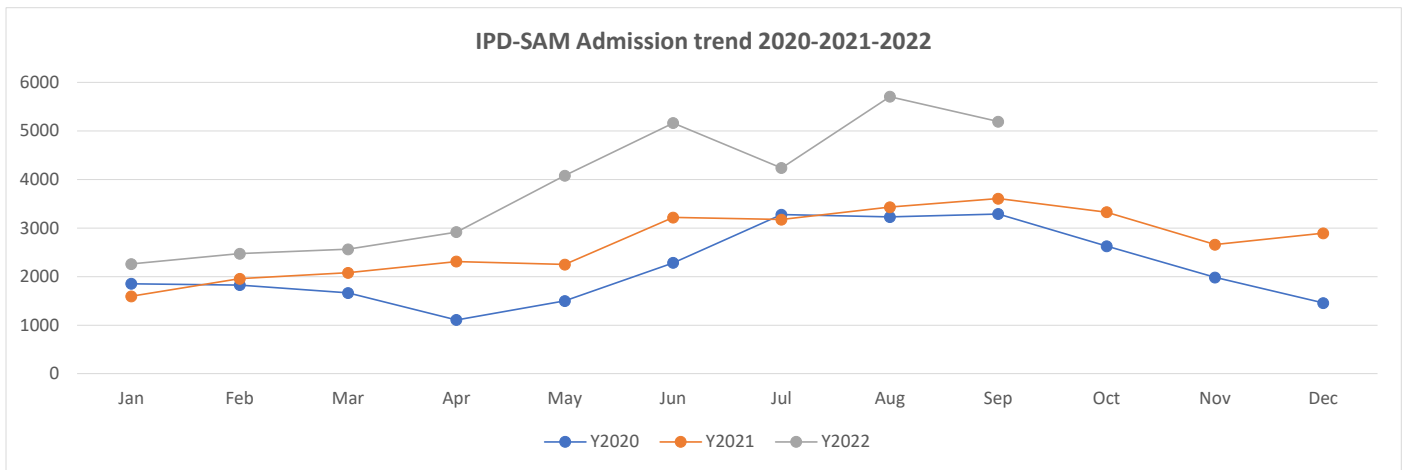
WHO support ambulatory systems to provide pre-hospital emergency care at the Kaaj Education Center in Kabul

Nutrition in Emergencies

WHO has supported 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 September 2022, there were 5,192 malnourished children (2551 boys; 2641 girls) with medical complications admitted and treated in these WHO-supported IPD-SAM centers.

Since the start of 2022, WHO has supported MoPH on building the capacity of IPD-SAM management and nutrition surveillance; a total of 417 healthcare workers (223 female) were trained to improve and standardize service provision.

Beneficiaries of 127 WHO-supported IPD-SAM centers for September 2022				
5,192 Under 5		2,551 boys		2,641 girls



Infectious Hazard Preparedness/ Surveillance

WHO has been working 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](#).



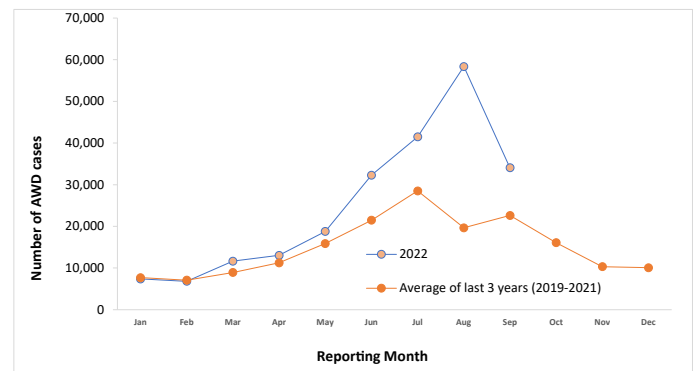
Scan to access Afghanistan's infectious disease outbreak situation reports.

COVID-19

In September, more than 387,000 individuals 18 years and older were administered Covaxin and Sinopharm vaccines in three provinces (Nangarhar, Kunar, and Laghman). A total of 28.0% of the total population received at least one vaccine dose.

Acute Watery Diarrhea

WHO has enhanced its disease surveillance through the deployment of 121 surveillance support teams (SSTs), as well as case management by conducting training. From 9 to 20 September 2022, 664 medical doctors and nurses from the northern, southern, central and eastern regions of Afghanistan were trained on the proper treatment of AWD cases in line with national guidelines. To ensure sufficient and well-coordinated provision of supplies, WHO completed a national mapping of its partners' stocks. In September, WHO distributed a total of 370 WHO cholera kits (10 central and 360 community), 300 cholera rapid diagnostic tests, and 200 Cary-Blair transport medium across the country.



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

Measles

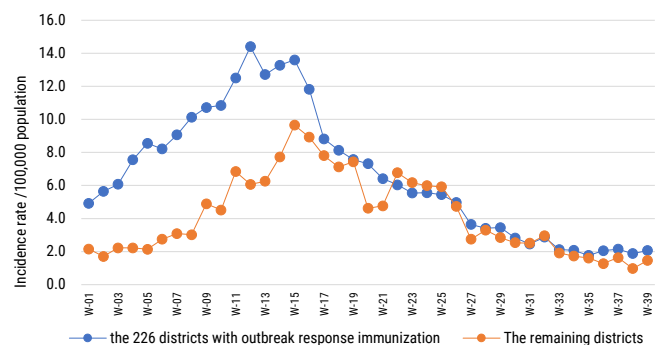
As part of the measles outbreak response, supplementary immunization activities (SIA) were conducted from 3 to 8 September. More than 1.36 million children (6-59 months old) were vaccinated in 85 high-risk districts across 25 provinces.

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). In addition, a field investigation was conducted in Kabul, and the existence of the vector was not found.

Crimean-Congo haemorrhagic fever (CCHF)

WHO distributed 1,200 double bags for CCHF case management to four regions (western, eastern, central and north).



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 September, 24 doctors working for BPHS and EPHS in Paktya and Ghazni provinces received training on diagnoses and case management of common post-disaster mental health problems. Also, WHO conducted four training workshops of Psychological First Aid (PFA) and stress management for 200 community healthcare workers and community health supervisors in Gardiz, Paktya province.

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 the survivors of violence during emergencies. WHO is working on capacity building of healthcare providers for GBV and GBV-related health problems. In September, 20 GBV cases were received at the center (19 female, and male) and proper treatment was provided. The GBV cases include six denial of resources, five emotional violence, four physical violence, four forced marriages and one sexual violence.

Water Sanitation and Hygiene (WASH) at Health Facilities

WHO is working to improve healthcare service provision through rehabilitation of WASH facilities. The construction work in the infectious Diseases Hospital in Herat is ongoing and expected to be completed in October 2022, including establishment of intensive care unit (ICU) and rehabilitation of the whole building. Also, WHO continues its efforts to establish 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. A total of 69 bore wells, 55 water supply systems with reservoirs and solar power systems, 110 toilets, and 69 incinerators to be equipped in those health facilities, with completion expected in October 2022.



WHO provided solar power system for water supply network in Azro CHC in Ghazni province.

Health Information Management

A one-stop shop on health information products on Afghanistan was launched on 27 September 2022 in Kabul on a hybrid format of in-person and online participation. The open-access portal provides comprehensive and interactive information dashboards including the health resources and services availability monitoring system (HeRAMS), underserved/white area analysis, trauma care services, and medical supplies, as well as different infographics. This high-quality, dynamic data and products will support the health partners in planning, coordination, preparedness and decision making essential to emergency preparedness and response. (you can find more details in FOCUS)

Operational Logistics Support

WHO provided a total of 150 metric tons (MT) of medical and non-medical supplies in September 2022 will benefit 1,445,100 people in the 34 provinces through 236 health facilities:

- Distributed 1,089 interagency emergency health kits (IEHK) to 48 major hospitals and 132 primary healthcare facilities across 34 provinces through seven NGO partners.
- Delivered 231 trauma and emergency surgery kits (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).

To expand the storage capacity, WHO opened two new warehouses, in Kabul (2400 sqm) and Herat (600 sqm) this month. A total of 320 MT of medical supplies with a volume of 1586 cubic meters are stored at those new warehouses.



The WHO warehouse in Kabul has been expanded to provide logistics support.

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 September, WHO monitoring was conducted in 48 hospitals in 13 provinces (Baghlan, Farah, Faryab, Helmand, Jawzjan, Kandahar, Nangarhar, Badakhshan, Kabul, Kapisa, Takhar, Badghis and Samangan) to review the therapeutic feeding unit (TFU) for malnutrition. Key findings were shared with the implementing partners and required remedial actions were identified and followed up to improve the service delivery.

Field Visits

WHO country and regional technical teams conducted monitoring visits to the provinces in Kabul, Herat, Khost, Ghazni, Paktika, Kunar, Nuristan, Kapisa, Parwan, Logar, Wardak, and Nangarhar in September. The missions reviewed and oversaw the WHO's programme implementation, including information management system, COVID-19 case management, AWD response, dengue fever investigation as well as conducted assessment of Point of Entry in Islam Qala and Torkham.

FOCUS: Launch of Health Information Products Portal

On 27 September 2022, WHO launched the WHO Afghanistan Emergency Information Hub, an open access platform that will provide comprehensive and interactive information dashboards for the Health Resources and Services Availability Monitoring System (HeRAMS), underserved areas (so-called white areas), trauma care, and medical supplies. The Hub also provides WHO and Health Cluster partners a set of infographics on health interventions and situation analysis.

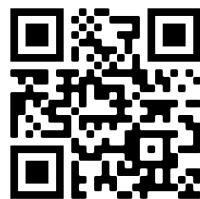
HeRAMS dashboard provides information on current availability of resources and services at a total of 4,065 healthcare facilities in the country, covering more than 98% of the existing health facilities. Based on six pillars, HeRAMS is configured to capture data for several components of health services, including type and functionality of facility, service availability, locations, and the implementing partners. The data is collected from implementing partners through self-reporting and active data collection surveys, followed by data validation by WHO. This platform helps partners view up-to-date comprehensive status of health facilities and identify the assets and gaps on the ground.

The **underserved area dashboard** presents a geo-spatial analysis to determine the settlement and locations where primary healthcare is not accessible within one hour's walk. The set of remotely sensed and geospatial data was analyzed using AccessMod. The geospatial data of health facilities, road networks, rivers, landcover, and digital elevation model as well as population and settlement was generated to measure the physical accessibility to health facilities and the travel time, geographical coverage and catchment population of each primary healthcare health facility. The analysis indicates that 13.3 million people in 34 provinces reside in areas where primary healthcare is not accessible within one hour's walk from their dwellings. The provinces with the highest population in underserved areas are Badakhshan (1,506,934), Herat (1,176,486) and Ghor (845,840).

The **trauma care dashboard** provides information on the various trauma care services and the trend analysis of trauma cases based on data collected from 106 WHO-supported health facilities, including specialized hospitals, regional, provincial and district hospitals, teaching hospitals, and basic health and sub-health centers.

The **medical supply dashboard** provides information on WHO's distribution of the medical kits, supplies and equipment sent to partners in the country. WHO has an online medical supply request system to support partners requesting WHO approved items, which enable partners to sustain quality health care services. The dashboard shows the number and type of supplies, including locations, distributed by WHO to recipient partners.

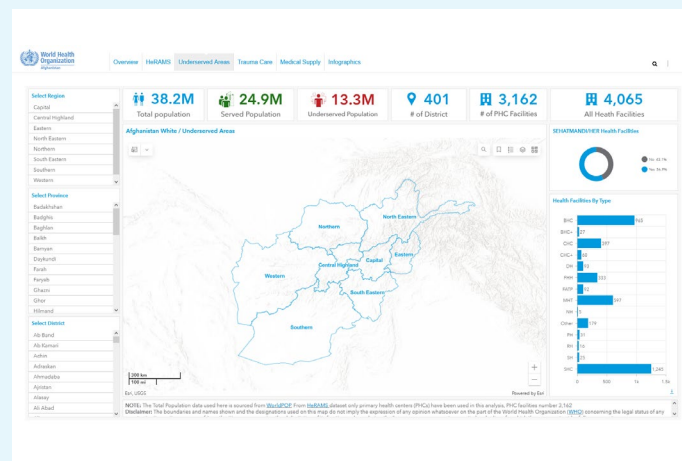
WHO is working together with its partners to increase access to healthcare services, improve the quality of services, and strengthen the overall health system in Afghanistan. These health information products, which provide up-to-date information on the performance of health services will contribute to increasing evidence-based health interventions.



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.



WHO launched the new health information hub which includes dashboards on HeRAMS, underserved areas, trauma care and medical supplies.



For more information about WHO's work in emergencies, contact:

Dr Alaa AbouZeid, Health Emergencies Team Lead, WHO Afghanistan, Email: abouzeida@who.int

Ms Joy Rivaca, Head of Communications, WHO Afghanistan, Email: caminadej@who.int

Mr Mohamed Kakay, External Relations/Resource Mobilization (EXR) Officer, Email: kakaym@who.int

Ms Akiko Takeuchi, Technical Officer, WHO Afghanistan, Email: takeuchia@who.int

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