



AFGHANISTAN

EMERGENCY SITUATION REPORT

No. 13/ Reporting Period: 15–28 February 2022

| | | | | | |
|-------------------|-------------------------------------|------------------------------|------------------------|---|---|
| Key Figures | People reached with health services | Health facilities supported | Health workers trained | People reached by medical kits deployed | Rapid response teams deployed to outbreak areas |
| | 299,316 | 272 | 212 | 191,700 | 111 |
| Ongoing Outbreaks | Total COVID-19 confirmed cases | Acute Watery Diarrhoea cases | Dengue Fever cases | Measles cases | Malaria cases |
| | 169,448 | 5,077 | 775 | 41,444 | 468 |



Overview

The World Health Organization (WHO) continues to support the delivery of life-saving health services in Afghanistan. In the last two-weeks, WHO teams conducted field visits to Laghman, Sar-e-Pul, Jawzjan, Ghazni, Badakhshan, Takhar and Kandahar provinces to ensure delivery of health services in WHO-supported health facilities. During these visits, the teams met with Governors, provincial public health directors, Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) implementing NGOs, and other health cluster partners.

Altaf Sadrudin Musani, Director of Health Emergency Interventions of WHO, conducted field visit to Kandahar province to witness first-hand the situation on the ground and observe the ongoing humanitarian response. Besides visiting some WHO-supported health facilities, such as the Mirwais Regional Hospital and Spin Boldak District Hospital, the delegation had a meeting with local de facto government authorities, other healthcare partners, community health workers, and Sehatmandi implementer NGOs.

A delegation of Emergency Directors Group (EDG) of different humanitarian agencies, including Mr.

During the reporting period, one of the challenges in health service delivery in the southeastern and southern



WHO's Director of Health Emergency Interventions Mr Altaf Musani joined the EDG Mission to Afghanistan. (28 Feb. 2022)

regions concerned female patients who were not allowed to visit the health facilities without Mahram (an adult male companion of a female). This would seriously affect access and utilization of health services. WHO is in communication with the de facto health authorities at the national and regional levels to find solutions for access of quality healthcare services among female patients.

WHO also met with de facto health authorities and health partners in the northern and central regions to improve coordination and address public health issues and health emergencies.

During the last two-weeks, reduction in the new cases of acute watery diarrhea (AWD), dengue, and malaria continues while new measles cases are being reported every day. Furthermore, one suspected outbreak of rabies was reported from Paktia province which was responded by surveillance team. WHO has deployed 111 rapid response teams (RRT) to support surveillance and response.

Trauma and post-trauma physical rehabilitation services were provided to 8,920 people through the WHO-supported Trauma Care Units (TCUs) and physical rehabilitation centers. Emergency primary healthcare services were extended to 94,893 people living in underserved and remote areas of Afghanistan through mobile health teams (MHTs) and sub health centers (SHCs). The emergency medical supplies and kits deployed by WHO to various areas in the last two weeks reached 191,700 people in various parts of the country.

On February 24, eight polio workers were killed in Kunduz and Takhar provinces during the course of their life-saving work. The national polio vaccination campaign was suspended in both provinces following the attacks. The UN and WHO have extended its deepest condolences to the families, friends and colleagues of these courageous health workers.



WHO team visited the Mirwais Regional Hospital in Kandahar and inaugurated the newly-built WHO/EU emergency room and triage center. (28 Feb. 2022)



Sustaining the Health Service Delivery

WHO continues to work towards delivering basic essential health services to the people of Afghanistan. WHO has commenced partnership with 14 NGOs that will support the implementation of the next phase of the Sehatmandi project at the hospital level in 34 provinces of the country and already disbursed the first installment of more than USD 12M.

To ensure delivery of quality health services, WHO hired 20 officers to monitor 96 hospitals in all 34 provinces and the monitoring has already been started by conducting baseline assessment in hospitals using structured assessment tool.

During past two weeks, WHO monitors visited 18 provinces to assess functionality of 41 district, 7 provincial and 1 regional hospitals.

During the month of January 2022, a total of 2,448,819 people received primary and secondary health care through the 1,130 health facilities supported by WHO in 17 provinces.

| OPD Services | | IPD Services |
|--------------|--|--------------|
| 684,082 |  children under 5 | 13,357 |
| 620,908 |  male, over 5 | 6,814 |
| 1,101,269 |  female, over 5 | 13,357 |

| Health facilities being supported by WHO | | | |
|--|------------------------|--------------------------|------------------------|
| Health Facilities (HFs) Type | Regional Hospital (RH) | Provincial Hospital (RH) | District Hospital (DH) |
| Number of supported HFs | 2 | 16 | 78 |

Additionally, to serve the vulnerable and respond to the urgent needs of the people, WHO is committed to provide full support to 10 COVID-19 hospitals through the implementing partners. Given the huge needs in provision of hospital services in the country, WHO is providing a full support to Ata Turk Hospital since Jan 2022, and to Panjshir Anabah Emergency Hospital since Feb 2022 and is committed to start full support to Anabah Hospital and Baghlan Provincial Hospital in the near future. Moreover, WHO is currently advocating to expand its support to other different level hospitals that remain without any support and non-functional.

About the Sehatmandi Project

Jointly implemented by WHO and UNICEF, and funded by the World Bank-led Afghanistan Reconstruction Trust Fund (ARTF), the second phase of Sehatmandi Project will be implemented from February 2022 to June 2022.

During this period, UNICEF will be responsible for the primary healthcare while WHO will be responsible for secondary healthcare.

Specifically, WHO will be responsible of the management of equitable and uninterrupted delivery of quality secondary care health services through district, provincial and regional hospitals, aimed at improving service delivery and strengthening the Afghanistan health system and its performance.

The first phase of Sehatmadi was implemented from November 2021 to January 2022, with support from the United Nations Central Emergency Response Fund (UN CERF). During this period, WHO has provided access to health services for 17 million people (8,711,934 women and 3,555,892 children under five years of age) and ensured the functionality of 1202 health facilities.



Joint WHO/UNICEF mission to the southern region of Afghanistan on handover of medical and non-medical equipment, purchased and delivered by BARAN NGO, the implementer of Sehatmandi Project in Kandahar. (27 Feb. 2022)



Health Partners' Coordination

As a health cluster lead agency, WHO ensures coordinated response to the health emergencies.

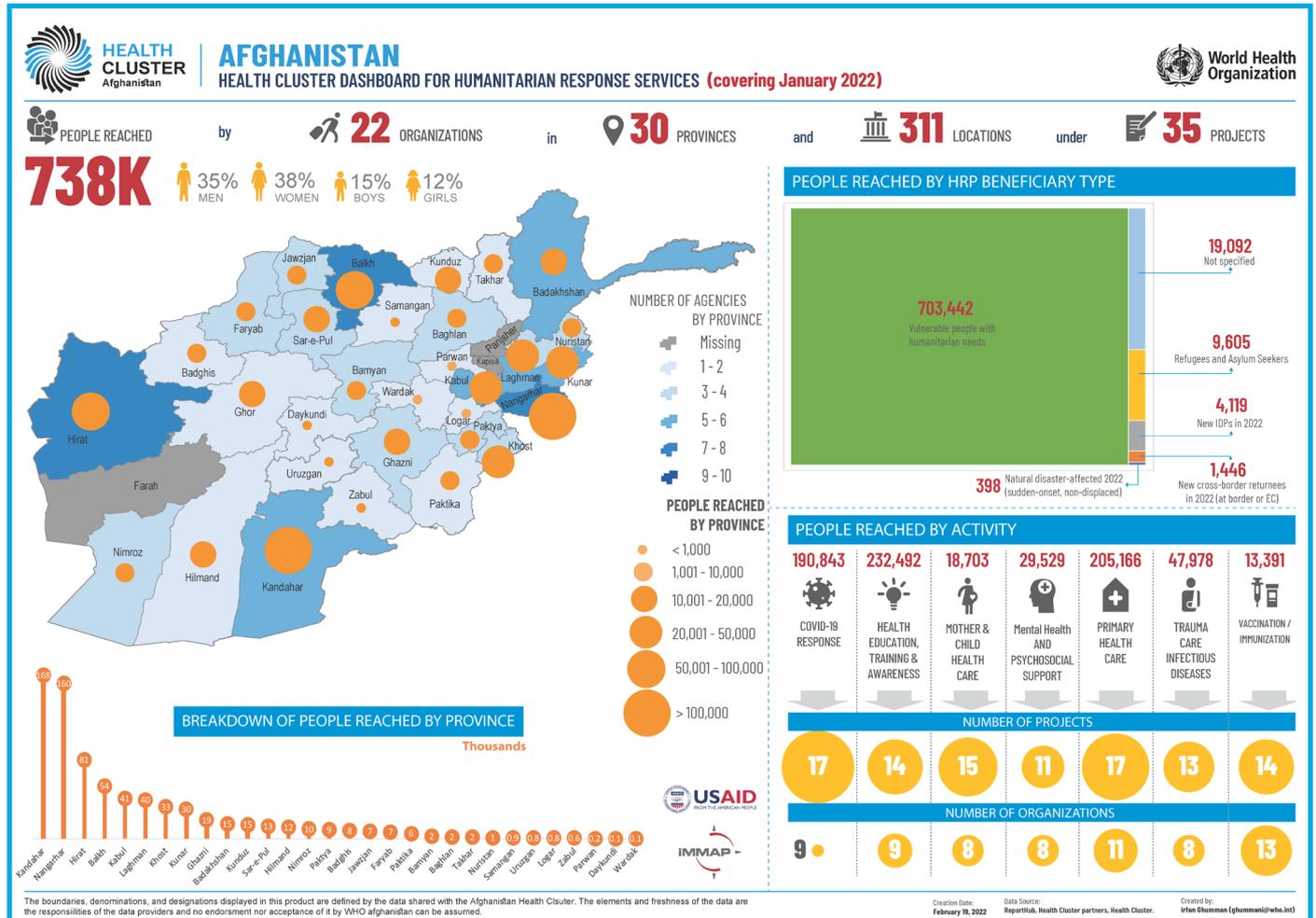
During the last two-weeks, the following activities were conducted by the health cluster:

- In January, health cluster partners reached 783,000 people delivering health services to 311 locations of 30 provinces. The people reached include: 190,843 for COVID-19 response; 232,449 health education/training/awareness; 18,703 maternal and child health care (MCH); 29,529 mental health and psychosocial support (MHPSS); 205,166 primary health care; 47,978 trauma care/infectious diseases; and 13,391 vaccination/immunization.
- Health cluster Strategic Advisory Group (HC-SAG) meeting was held on 15 February 2022. SAG ToRs endorsed and shared.
- Bi-weekly Health Cluster coordination meeting conducted on 22 February: 83 participants including cluster partners, donors, and representatives from the Ministry of Public Health attended the meeting.

- Health cluster team on process to finalize partners' profile tool which would help monitor performance and serve as a reference document capturing information on 3Ws.
- Regional health cluster coordination meeting for the southern region conducted on 14 February 2022 at PPHD office Kandahar: over 50 participants from PPHDs and NGOs participated in this meeting.



The WHO Health Emergency (WHE) team in Afghanistan visited a warehouse of an implementing NGO in Kandahar province to ensure availability of supplies to the primary health care services. (15 Feb. 2022)





Trauma and Physical Rehabilitation Care Services

During the month of January 2022, 11,250 (3,194 female and 8,056 male) individuals received trauma care and post-trauma physical rehabilitation services through the WHO-supported health facilities and physical rehabilitation centers.

WHO is currently supporting 132 hospitals across the country through provision of trauma medical supplies, kits and equipment, developing mass causality management (MCM) plans, training staff and upgrading emergency obstetric/newborn care (EmONC). WHO Afghanistan has recently joined the Global Emergency and Trauma Care Initiative (GETI) which aims to save millions of lives. WHO is supporting 67 blood banks across the country by providing medical supplies, equipment, and training.

WHO is providing full support to five post-trauma physical rehabilitation centers through contracting out modality in Baghlan, Zabul, Kunar, Laghman, and Paktia provinces.

The Basic Emergency Care (BEC) course, jointly developed by WHO and ICRC in collaboration with the International Federation for Emergency Medicine, is designed to help frontline healthcare providers manage acute illness and injury with limited resources. Providers trained in BEC

are taught a systematic approach to initial assessment, stabilization, and management of illness and injury that are dependent on early interventions to reduce morbidity and mortality. After identification of training of frontline care providers in emergency management as an urgent priority by key stakeholders, a plan was made to cascade the training to an additional 500 frontline care providers. The series of BEC trainings began 20 February 2022 in the Eastern Region. Six national BEC trainers trained 48 healthcare workers from Nangahar, Laghman, Kunar, and Nuristan in basic emergency care. Additional trainings will be ongoing throughout 2022.

In response to the ongoing emergencies, over the past two-weeks, WHO was able to deliver 1,800 blood bags to Asad Abad PH, Mehtarlam PH, and Herat Regional Hospital which will assist the provision to trauma care to 1,800 beneficiaries. Moreover, one centrifuge machine, one refrigerator, and one shocking machine was provided to Herat Regional hospital for management of trauma cases. Additionally, 15 beds and Emergency Cart Trolleys were provided to the Triage area of the Balkh Regional Hospital.

| Beneficiaries Disaggregation | | | | |
|------------------------------|---|---------------|---|-----------------|
| Over 18 |  | 5,805 Male |  | 1,944 Female |
| Under 18 |  | 2,251 Male |  | 1,200 Female |

| Services Provided | |
|-------------------|--|
| 5,140 | blood transfusion |
| 173 | people received orthoses devices |
| 149 | people received prostheses |
| 208 | people received assistive devices and walking aids |
| 6,949 | people received physiotherapy |
| 441 | people received awareness on disability, early identification and prevention of disability, and victim assistance. |



WHO is supporting Afghan hospitals through provision of trauma medical supplies, kits and equipment to ensure availability of health service to the vulnerable populations across Afghanistan.



Emergency Primary Health Care

During the month of January 2022, 94,893 (33,770 female and 61,123 male) people living in underserved and remote areas of Afghanistan received emergency primary health care services through 23 WHO-supported Mobile Health Teams (MHTs).

| Beneficiaries Disaggregation | | | | |
|------------------------------|---|----------------|---|------------------|
| Over 5 |  | 54,219 Male |  | 27,189 Female |
| Under 5 |  | 6,904 Male |  | 6,581 Female |

Currently, WHO is supporting 23 MHTs in underserved areas of Herat, Helmand, Nangarhar, Laghman, Kunar, and Nuristan provinces. Meanwhile, considering the escalated needs and accessibility to the previous white areas, WHO is planning to expand the MHTs and SHCs to 136 in the near future. Needs assessment was conducted in the eastern region for identifying the underserved areas for PHC services, 79 areas were identified for the PHC services for future planning.

The MHTs provide primary healthcare services such as immunization, anti- and post- natal care, family planning, nutrition counselling/screening and referral, skilled birth attendance and other basic primary healthcare in accordance with the standard MHT package of services.

| Services Provided | |
|-------------------|---|
| 1,958 | Women received ANC |
| 953 | Women received PNC |
| 538 | CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination |
| 77 | Institutional deliveries |
| 586 | Women received Family planning services and awareness |
| 56,950 | People living in remote and underserved areas received health education and awareness |
| 1,658 | Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling |
| 1,658 | Under 5 children received nutrition screening, and referral services. |

During the last two-weeks, WHO has provided 55 Interagency Emergency Medical Kits (IEHKs), three Pneumonia kits, and one Cholera kit to 10 health facilities for provision of emergency PHC services to the people living in underserved areas of Kandahar, Urozgan, Balkh, Nangarhar, Laghman, Ghor, and Herat provinces; reaching 189,100 beneficiaries.



Public Nutrition in Emergencies

In January 2022, a total of 1,463 malnourished children with medical complication (719 boys and 744 girls) were admitted and treated in WHO-supported In-Patient Department - Severe Acute Malnutrition (IPD-SAM) centers across the country.

Furthermore, WHO conducted IPD-SAM management training in Herat province and 31 (13 female, and 18 male) health workers from Herat, Ghor, Badghis, and Farah provinces attended the training. Around 16 PED-SAM kits containing medicine and equipment were provided to 16 IPD-SAM centers in Herat, Ghor, Badghis, Farah, and Faryab; and the kits will cover treatment of 800 hospitalized SAM patients with medical complications.

| Beneficiaries Disaggregation | | | | |
|------------------------------|--|-------------|---|--------------|
| 1,463 Under 5 |  | 719 boys |  | 744 girls |

WHO is providing regular support to 123 IPD-SAM centers located across the country in terms of medicine, medical and non- medical supplies and equipment, and staff training. The IPD- SAM centers are for management of SAM cases with medical complications which need hospitalization and specialized medical treatment.

WHE Infectious Hazard Preparedness/ Surveillance

During last two weeks, surveillance activities (outbreaks investigation, reporting, and response) were in place for four major outbreaks (acute water diarrhea, dengue fever, measles, and COVID-19). WHO has deployed 170 Rapid Response Teams (RRTs) for outbreaks investigation, data line listing, and sample collection and management of COVID-19 and other epidemic-prone diseases in the country.

Suspected rabies outbreak was reported from Paktika Province, which was followed by surveillance team’s investigation and response. Five human cases were identified and vaccinated, and the team mobilized people to immediately report suspected cases to the surveillance team.

WHO is also providing support to the National Infectious Disease Hospital in Kabul (main referral hospital for all infectious diseases across Afghanistan) through provision

of foods for patients, heating system, maintenance of ambulances, waste management, including provision of essential drugs and supplies.

Technical guidelines for event-based surveillance and laboratory surveillance of AWD, and SoPs for RRTs have been recently developed.

| Outbreaks detected | | | | |
|--------------------|--|-------------------|---|-----------------|
| AWD |  | 2,597 Male |  | 2,480 Female |
| Dengue Fever |  | 473 Male |  | 302 Female |
| Measles |  | 33,232 under 5 |  | 8,212 over 5 |

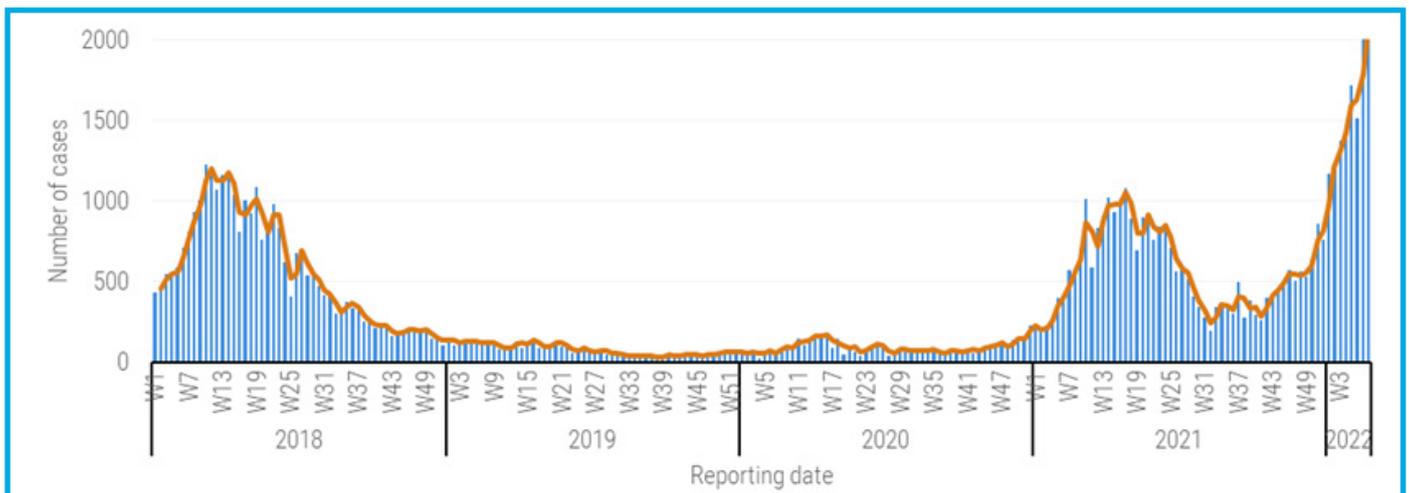


Figure 2. Weekly epidemiological curve of suspected measles cases in Afghanistan, 2018-2022

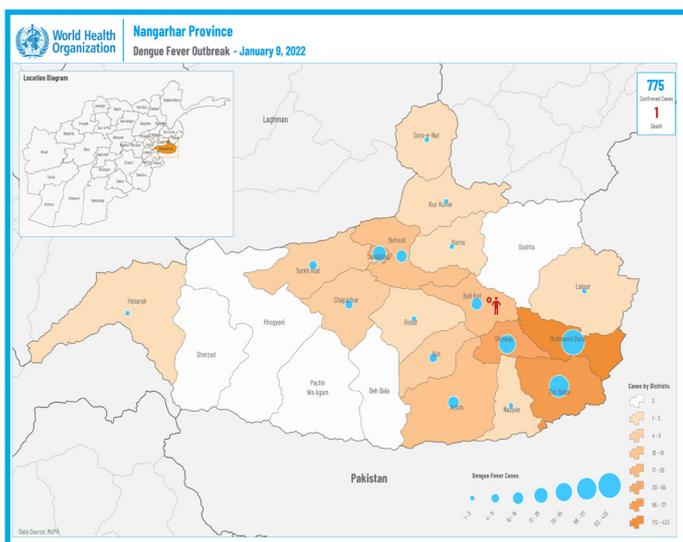


Figure 3. Hotspot areas of dengue cases in Nangrahar province

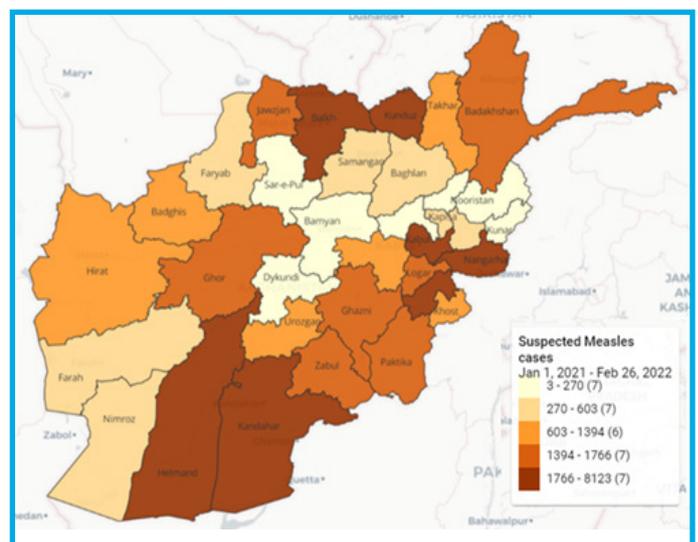


Figure 4. Hotspot areas of measles

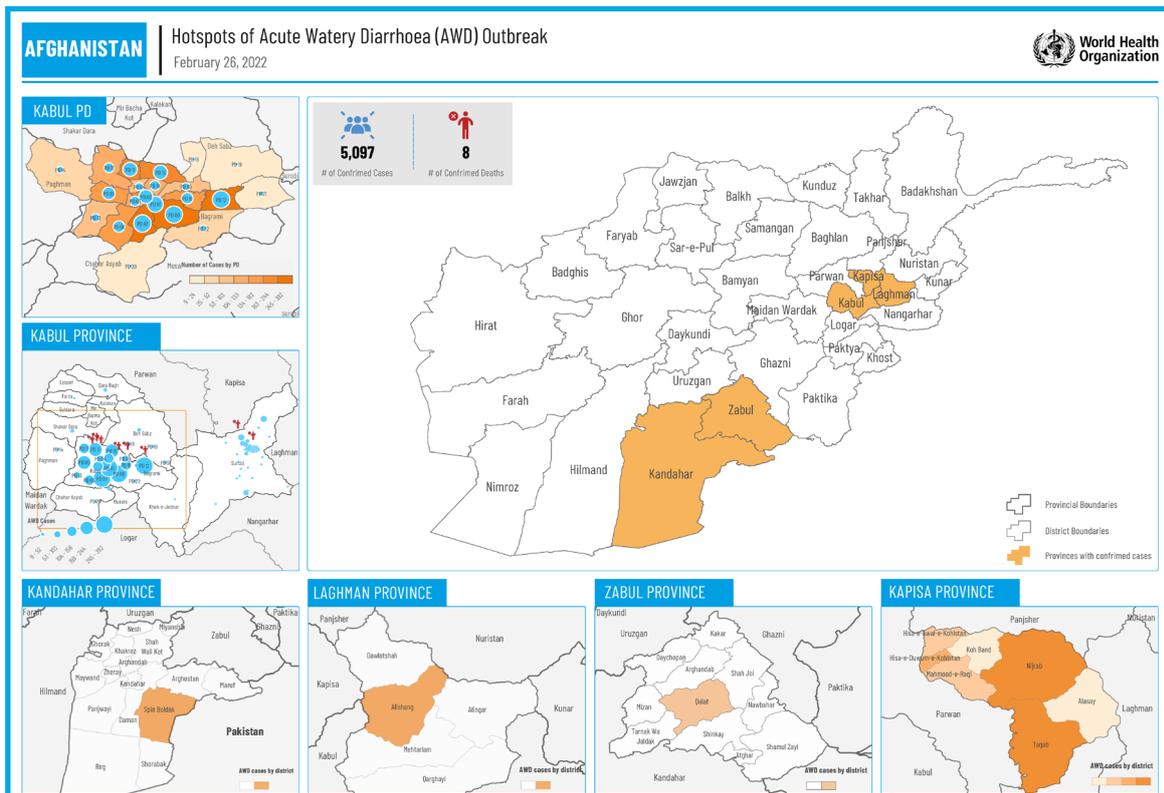


Figure 5. Hotspot areas of acute watery diarrhoea cases,

COVID-19

From a total of 40 COVID 19 hospitals across the country, only 11 are fully functional while nine hospitals are partially functional, and 20 others having been forced to close in recent months due to lack of funding. Hence, out of the total beds available in the country, 53% of COVID-19 hospitals beds, 52% of isolation beds, and 54% of ICU beds are currently active, which compromises provision of already inadequate COVID-19 case management services. WHO is currently providing full running cost of the following COVID-19 hospitals/ health facilities starting this February for 5-12 months:

1. Nangahar COVID-19 with 50 beds- Healthnet TPO
2. Ghazni COVID-19 Hospital with 25 beds- AADA
3. Uruzgan COVID-19 Hospital with 2 beds- MOVE
4. Afghan Japan COVID-19 Hospital with 100 beds- Healthnet TPO
5. Kabul Ali Jinnah COVID-19 Hospital with 70 beds- JACK
6. Paktia COVID-19 Hospital with 50 beds- AADA
7. Panjshir COVID-19 Hospital with 20 beds- RHDO

WHO is also including full running cost for Kunar COVID-19 Hospital with 10 beds thru Healthnet TPO, Zabul COVID-19 Hospital with 20 beds thru AADA, and Nimroz COVID-19 Hospital with 20 beds thru CHA, to start March 1.

| COVID-19 | | |
|---|-----------------|--|
| Bi-weekly figures | Total figures | |
| 2,934 | COVID-19 cases | 172,924 |
| 93 | Deaths | 7,575 |
| 36.3% | Positivity rate | 32.2% |
| 0.8% | Fatality rate | 4.3% |
| 198,813 fully vaccinated 28,475 partially vaccinated | Vaccination | 4,230,152 fully vaccinated 1,302,588 partially vaccinated |



Water Sanitation and Hygiene (WASH) at health facilities

As a normative agency for WASH at the health facilities, and as part of its global mandate, WHO is focusing on enhancing WASH, and medical waste management system in health facilities to ensure safe and hygienic environment.

During the last two-weeks, the following environmental health interventions were carried out in Barikot CHC-Kunar province, Ibrahim Khail BHC- Paktia province, Farasang CHC and Lokar BHC-Laghman province:

- Establishment of four water wells with water supply network and solar power system,
- Rehabilitation of 10 toilets, and
- Supply and installation of four incinerators for medical waste management.

WASH needs assessment was done for the health facilities in the Southeast region. The health facilities in need of urgent renovation and establishment/rehabilitation of WASH facilities were identified for consideration for 2022 plan.



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

During the last two weeks, a total of 10 GBV cases have been reported and received proper and required health services and treatment in national advanced GBV referral center. This includes six physical violence, one emotional violence, one denial of resources, one forced marriage, and one sexual violence.

Training of health response to survivor of violence in emergency setting was conducted during 19-23 February 2022 for 37 healthcare workers for the eastern region in Nangarhar province. The training was conducted with the objective of strengthening the knowledge and skills of health care providers on key GBV health issues and understanding how to deal with/how to handle GBV cases in emergency. There were 37 health care providers including 11 medical doctors, 12 nurses, and 14 midwives who received 13 major modules/sessions.



Mental Health and Psychosocial Support (MHPSS) and Drug Addiction

A two-day training was conducted on Psychosocial First Aid (PFA) and Stress Management for 66 Community Health Workers (CHWs) and Community Health Supervisors (CHSs) in Herat province. Participants from Herat, Farah, Ghor and Badghis provinces attended the training. Furthermore, 30 midwives and nurses from Bamyan and Wardak were trained on Emergency Counseling which was conducted in Kabul province.

A need assessment of western psychiatric unit (Herat regional hospital) was conducted. The doctors (psychiatry trainees) need mhGAPs and more advanced psychiatry training, the psychosocial counselors need psychosocial counseling training, and nurses need psychiatric nursing training.

A Needs Assessment was also done at the Drug Addiction Center in Herat. Previously, there were 270 beds (five hospitals) in the said center, but now there are only 37 beds available, managed by ARC NGO, and the rest were closed.



Information Management and Monitoring

To better respond to emergencies, the Health Information Management (HIM) team of WHO has started the implementation of Health Services Availability Monitoring System (HeRAMS) online platform in Afghanistan. This system will have the up-to-date information on available resources of the health facilities across the country to better respond and manage emergencies.

Currently, 2,800 out of 3,033 health facilities have entered their data into the HeRAMS online system. The list of the health facilities for verification is finalized and the process will start soon.

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