



AFGHANISTAN

EMERGENCY SITUATION REPORT

No. 15/ Reporting Period: 15–31 March 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
	147,246 1,472,730 with medical supplies for 3 months	271	177	1,472,730	111
Ongoing Outbreaks	Total COVID-19 confirmed cases	Acute Watery Diarrhoea cases	Dengue Fever cases	Measles cases	Malaria cases
	177,747	5,207	775	55,207	468



Overview

Afghanistan is facing one of the biggest humanitarian crises in the world and the number of people needing humanitarian assistance continues to increase. The World Health Organization (WHO), the United Nations (UN) and non-government organization (NGO) partners have scaled up support to mitigate the impact of the crisis on the lives of the Afghan people. This includes sustaining the functionality of 108 hospitals across the country: 96 hospitals in 34 provinces under SEHATMDNI; nine COVID-19 hospitals located in Kabul, Uruzgan, Ghazni, Paktik, Zabul, Nimroz, Paktia, Kunar, Khost and Nangarhar provinces; two national hospitals in Kabul; Ata Turk Children’s Hospital and National Infectious Disease Hospital; and one emergency hospital in Panjshir province. WHO has teams on-the-ground, mostly Afghans, that are working with partners to ensure delivery of health services.

On 29-31 March, delegates from WHO, UNICEF, humanitarian partners, and Afghanistan representatives

convened in a high-level meeting hosted by the State of Qatar to discuss interim health priorities for Afghanistan over the next 18-24 months. Health experts jointly reviewed the current situation and gaps in health service delivery and identified solutions to strengthen the overall service system. The delegates also discussed opportunities to improve health governance and coordination, and collaborations to meet existing and emerging humanitarian needs of children, women and other vulnerable groups.

Some provinces were affected by flash floods in the last two weeks. On 16 March, around 50 households in Sancharak District (Sar-e-Pul Province) were affected by the floods while on 21 March, around 50 persons were affected in some villages of Dasht-e-Archi District of Kudukz Province. WHO provided health kits to Sancharak District Hospital to assist in the response, including provision of cholera kits to deal with acute watery diarrhea (AWD) cases. One mobile health team (MHT) has been deployed to the flood-



WHO-UNICEF Joint Meeting on Interim Health Priorities for Afghanistan hosted by the State of Qatar in Doha on 29-31 March 2022.



WHO Afghanistan Team, led by the Country Representative Dr Luo Dapeng (3rd from left), joins the WHO-UNICEF Joint Meeting in Qatar

affected areas. Water sources were also affected and WHO contacted partners to start WASH activities in the affected areas.

WHO has conducted trainings on health management, in-patient management of severe acute malnutrition (SAM), basic emergency care, health response to survivors of violence, and use of intensive care unit and ventilator. A total of 177 health workers have been trained during the last two weeks.

In response to the ongoing emergencies, over the past two weeks, WHO delivered 396 trauma emergency surgery kits (TESK), 19 oxygen concentrators, six portable ventilators, 12 portable section units, nine vital sign monitors, three electrocardiograph, three defibrillators, three ventilators, 49 infusion pumps, 491 Interagency Emergency Medical Kits (IEHKs), and 279 Non-Communicable Diseases (NCD) kits to 36 provincial, district, comprehensive, national, and special hospitals to support trauma care needs of the people living in underserved areas.

Additionally, 189 cholera kits and nine pneumonia kits were provided to cover primary and essential healthcare needs

of people living in underserved areas. The medical kits and supplies provided by WHO during the last two weeks will benefit around 1,472,730 individuals living in underserved areas to meet their basic and essential healthcare needs.

During the epidemiological weeks 11 and 12, there have been 6,529 cases of measles reported from the sentinel sites of WHO. Most of the cases (80%) were under five years of age and most of them were reported from Helmand, Kabul, Kunduz, Kandahar and Nangarhar provinces. The current outbreak started since 17 October 2021 and the number of cases continues to increase.

In epidemiological week 12-2022, there have been 4,287 samples that were tested in public laboratories for COVID-19, of which, 432 samples tested positive (positivity rate 10%) and eight new deaths were reported. This represents a 51% decrease in cases and 27% decrease in deaths, compared to week 11-2022. Cumulatively, there have been 177,548 confirmed cases (positivity 31.8%) of COVID-19 with 7,662 associated deaths (case fatality ratio 4.31%) reported in Afghanistan since February 2020. As of 26 March 2022, more than 90% of the cases have recovered.



WHO and UNICEF joint investigation of AWD/suspected cholera outbreak, Sarobi District, Kabul Province



Sustaining the Health Service Delivery

WHO conducted capacity building workshop for Provincial Public Health Directors (PPHD) for Good Governance from 27-29 March in Kabul. A total of 34 PPHD and senior officials of the Ministry of Public Health (MoPH) participated in the workshop. The objectives were to enhance good governance at provincial level by strengthening the capacity of provincial public health directors, and strengthen the coordination mechanism among PPHDs and Sehatmandi implementation partners at the provincial level.

WHO continues to work towards delivering basic essential health services to the people of Afghanistan, in partnership with 14 NGOs who are working at the hospital level (secondary healthcare services) in 34 provinces of the country, with support from the World Bank-led Afghanistan Reconstruction Trust Fund (ARTF).

To ensure delivery of quality health services, WHO hired 20 monitoring officers to monitor 96 hospitals in all 34 provinces. The monitoring activities have been conducted for baseline assessment in hospitals using structured

assessment tool. By the second week of March 2022, 72 out of 96 hospitals in 29 provinces (75.0%) have been monitored.

Additionally, to serve the vulnerable people and respond to the urgent needs on-the-ground, WHO is providing full support to nine COVID-19 hospitals through the implementing partner-hospitals located in Kabul, Nanagarhar, Uruzgan, Urozgan, Zabul, Nimroz, Paktia, Khost, Kunar and Ghazni provinces since February 2022.

Given the huge needs in provision of hospital services in the country, WHO is providing a full support to Ata Turk Hospital since January 2022 and to Panjshir Anabah Emergency Hospital since February 2022.

WHO is also providing support to Infectious Disease Hospital in Kabul in terms of food for patients, fuel, gas and other logistic supplies. Moreover, WHO is currently advocating to expand its support to other hospitals.



Health Partners' Coordination

As a health cluster lead agency, WHO coordinates the health response to health emergencies of about 50 humanitarian agencies.

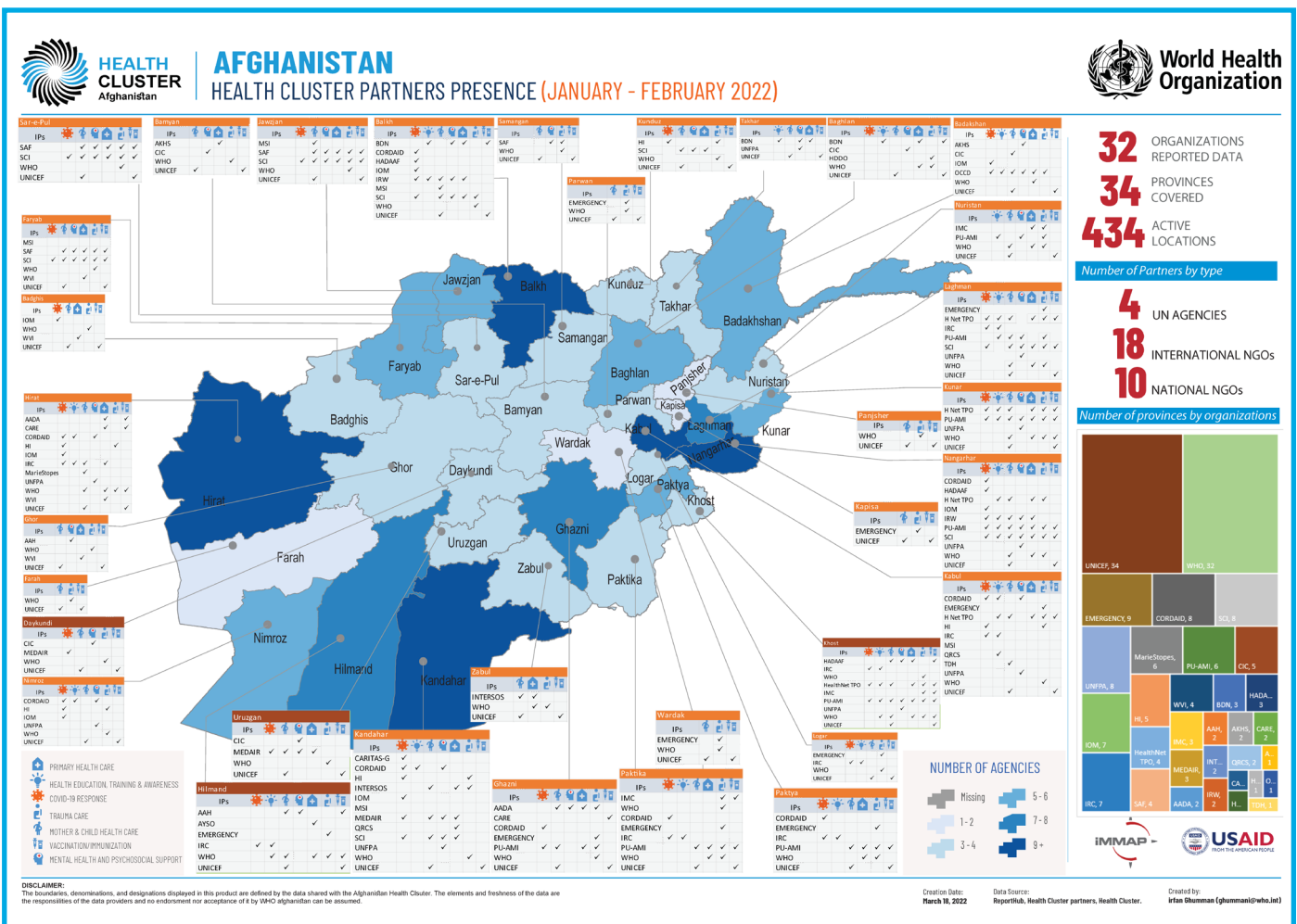
Through AHF 1st Reserved Allocation 2022, 11 projects were recommended to provide essential life-saving health care services in underserved and flood-prone locations, COVID-19 response and case management, and infectious disease outbreak response with the focus on measles and AWD for more than 1.5 million people.

On 27 March 2022, a joint health and WASH clusters sensitization workshop on integrated AWD preparedness and response plan 2022 was conducted with the aim to: introduce the plan, gather strategic inputs, and identify what activities of the plan will be supported by the partners. The workshop was attended by 56 representatives from health and WASH clusters, and MoPH.

A community health assessment tool is finalized, that will be used by health cluster partners for community and household level assessments for the identification of health needs and gaps in the targeted communities.



WHO and UNICEF joint investigation team inspects the contaminated water source during the AWD outbreak response in Sarobi District, Kabul Province.



Trauma and Physical Rehabilitation Care Services

In response to ongoing emergencies, over the past two weeks, WHO delivered 396 Trauma Emergency Surgery Kits (TESK), 19 oxygen concentrators, six portable ventilators, 12 portable section units, nine vital sign monitors, three electrocardiograph, three defibrillators, three ventilators and 49 infusion pumps to 36 provincial, district, comprehensive, national, and special hospitals.

During the reporting period, 50 (19 female, and 31 male) health care workers, including medical doctors, nurses, anesthesia technicians from Kandahar, Nimroz, Helmand, Urozgan, and Zabul provinces of the country received training on Basic Emergency Care.



Emergency Primary Health Care

During the last two-weeks, WHO has provided 491 Interagency Emergency Medical Kits (IEHKs) and 279 Non-Communicable Diseases (NCD) kits to 29 health facilities to support provision of emergency primary health care services. The total medical kits and supplies provided by WHO during the last two weeks will benefit around 1,472,730 individuals living in underserved areas of Northern, Eastern, Western, Southern, Northeastern, and Southeastern regions in the next three months.

WHO has also deployed 23 mobile health teams in Helmand, Nangarhar, Laghman, Kunar and Nuristan provinces to provide primary health care and physical rehabilitation services.

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 is also supporting 67 blood banks across the country by providing medical supplies, equipment and training.



Public Nutrition in Emergencies

During the last two weeks, a total of 817 malnourished children with medical complications were admitted and treated in WHO-supported In-Patient Department Severe Acute Malnutrition (IPD-SAM) centers across the country. Since the start of 2022, there have been 5,376 malnourished children (2,689 boys and 2,687 girls) with medical complications who were admitted and received the necessary treatment in WHO-supported IPD SAM centers. Furthermore, WHO conducted IPD-SAM management training in Kabul, Balkh and Nangarhar provinces, with 88 health workers (60 female, and 28 male) who attended the training.

WHO continues to provide 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

Measles update and response:

During the epidemiological weeks 11 and 12, there were 6,529 cases that were reported from the WHO sentinel sites. Most of the cases (80%) were under five years of age and majority are from Helmand, Kabul, Kunduz, Kandahar and Nangarhar provinces. The current outbreak started in October 2021 and the cases have an increasing trend.

From 12-18 March 2022, the first phase of measles vaccine campaign was conducted in 48 high-risk districts in 24 provinces of Afghanistan. During this campaign, more than 1.2 million children aged 6-59 (50.2% girls) were vaccinated in the targeted districts. The second phase of measles vaccination campaign will be conducted in 111 high-risk districts in 27 provinces. Around 3.5 million children will be targeted in this campaign on the same age group.

AWD update and response:

During the epidemiological weeks 11 and 12, there were 70 AWD cases that were reported from Sorobi district of Kabul province. Almost half of these cases were females and around 20% of them were children under five.

WHO provided cholera supplies and kits to the flood-affected areas in Faryab province. Case management guidelines were provided to the CTCs and health facilities. A sensitization workshop on Integrated Health and WASH Clusters AWD/ Cholera Preparedness and Response Plan 2022 was conducted in close coordination with the MOPH and partners in Kabul.

On 20th March 2022, the outbreak is reported from Waras district and center of Bamyan province with 34 suspected cases.

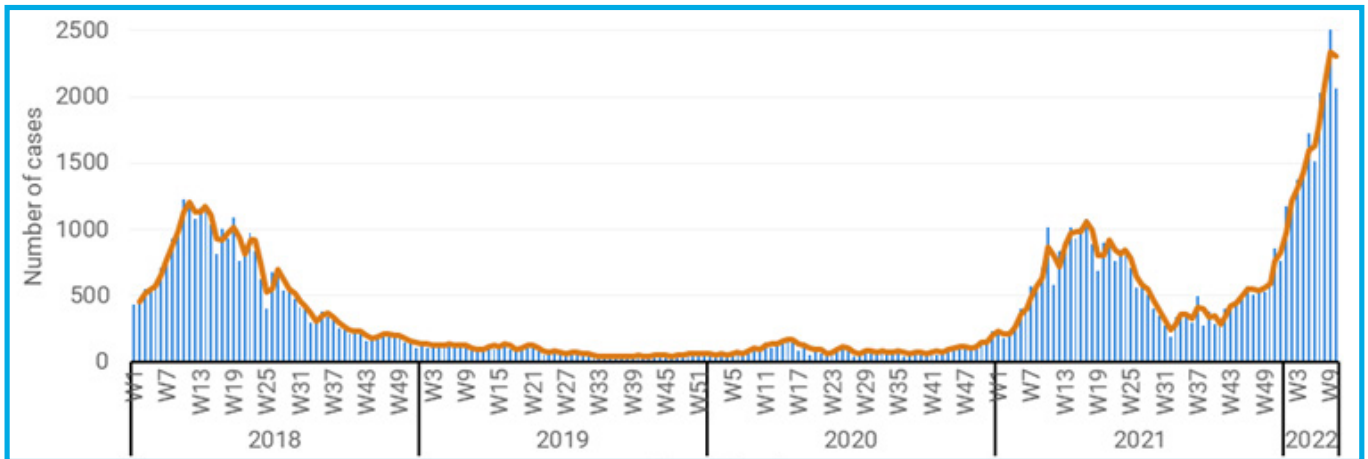
Furthermore, in response to the ongoing outbreaks and for treatment of communicable diseases, WHO deployed 189 cholera kits and nine pneumonia kits to the health facilities located in the areas of high needs. The medical kits will be used for treatment of 18,900 patients for a period of two weeks.

During the reporting report, 34 health workers and surveillance officers from Balkh, Samangan, Jawzjan, Faryab, and Sar-e-Pul provinces were trained on infectious disease surveillance and early detection.

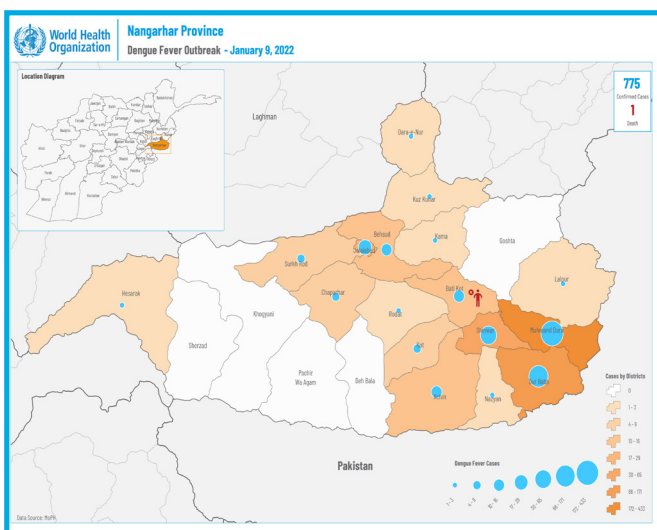
WHO continues to support disease surveillance activities (outbreak investigation, reporting and response) in Afghanistan through provision of medical and non-medical supplies, support and rehabilitation of laboratories, development of technical guidelines and Standard Operating Procedures (SoPs), and capacity building.

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 lab surveillance of AWD, and SoPs for RRTs have also been developed.

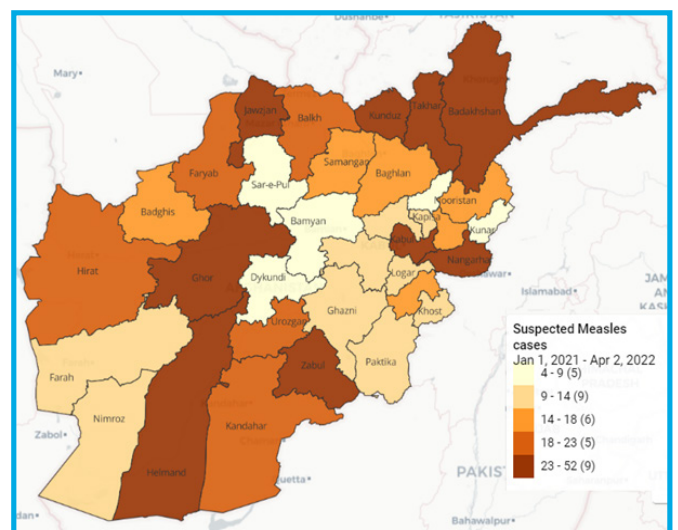
WHO has also deployed 111 Rapid Response Teams (RRTs) for outbreaks investigation, data line listing, and sample collection, and management for COVID-19 and other epidemic-prone diseases in the country.



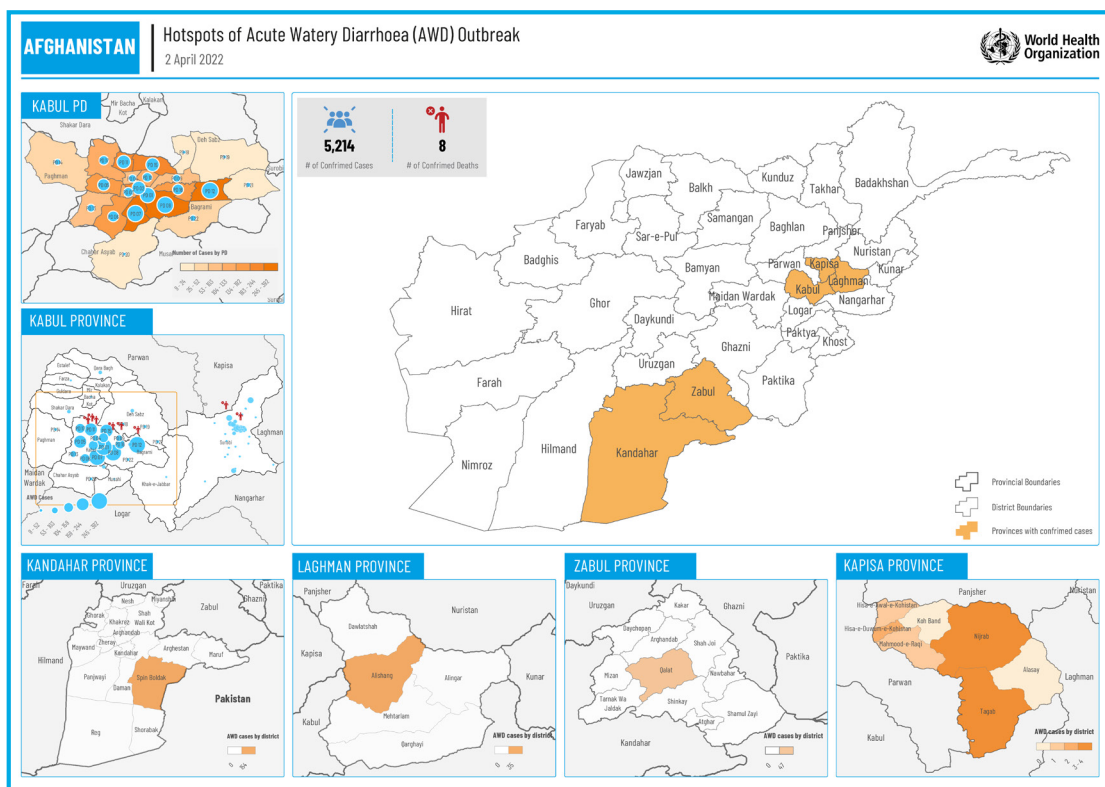
Weekly epidemiological curve of suspected measles cases in Afghanistan , 2018-2022 (N=97,210)



Hotspot areas of dengue outbreak



Hotspot areas of measles outbreak



Hotspot areas of acute watery diarrhoea outbreak



COVID-19

In the past week (epidemiological week 12-2022), there were 4,287 samples tested in public laboratories, of which 432 samples tested positive for COVID-19 (positivity rate 10%) and eight new deaths were reported. This represents a 51% decrease in cases and 27% decrease in deaths, compared to week 11-2022. Cumulatively, 177,548 confirmed cases (positivity 31.8%) of COVID-19 with 7,662 associated deaths (case fatality ratio 4.31%) have been reported in Afghanistan since February 2020. As of 26 March 2022, 90.4 % of the cases have recovered.

From the 40 COVID 19 hospitals across Afghanistan, 20 hospitals offer COVID-19 treatment, with 16 having been forced to close in recent months due to lack of funding and four others providing limited services due to funding limitation. WHO is currently providing full running cost of the following COVID-19 hospitals/ health facilities, with NGOs managing day-to-day operations.

1. Nangahar COVID-19 with 50 beds- managed by Healthnet TPO
2. Ghazni COVID-19 Hospital with 20 beds- managed by AADA
3. Uruzgan COVID-19 Hospital with 20 beds- managed by MOVE
4. Zabul COVID-19 Hospital with 20 beds- managed by AADA
5. Nimroz COVID-19 hospital with 20 beds- managed by CHA
6. Kabul- Afghan Japan COVID-19 Hospital with 100 beds- managed by Healthnet TPO
7. Paktia COVID-19 Hospital with 50 beds- managed by AADA
8. Kunar COVID-19 Hospital with 10 beds – managed by Healthnet TPO (2 months)
9. Khost COVID-19 Hospital with 20 beds- managed by RHDO (2 months)

COVID-19		
Bi-weekly figures		Total figures
957	 COVID-19 cases	177,747
19	 Deaths	7,670
9.8%	 Positivity rate	31.6%
1.9%	 Fatality rate	4.31%
160,703 fully vaccinated 13,635 partially vaccinated	 Vaccination	4,520,750 fully vaccinated 1,338,952 partially vaccinated

In Kabul, due to some negotiations with the MoPH, the planned COVID-19 facility for Ali Jinnah Hospital was shifted now Afghan-Indonesia Friendship Hospital with 60 beds for two months, and WHO contract is being finalized with JACK.

During the reporting period, 43 health workers from Balkh, Jawzjan, Samangan, Faryab, and Sar-e-Pul provinces were trained in Intensive Care Unit (ICU) and use of ventilator.

The Islam Qala Zero-point clinic, funded by WHO, has been providing regular health services, health education/ awareness and COVID-19 screening at Islam Qala border (between Afghanistan and Iran).



Water Sanitation and Hygiene (WASH) at health facilities

WASH construction, including 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 were carried out in two Basic Health Centers (BHCs), and two Comprehensive Health Centers (CHCs) in Kunar, Paktia, and Laghman provinces. Rehabilitation of WASH facilities, electricity and water supply systems were conducted in Hisarak District Hospital of Nangarhar Province and Sorobi District Hospital of Kabul Province.

WHO continues to support the following WASH activities:

- Establishment of 21-bed infectious disease ward in Laghman Provincial Hospital
- Establishment of 10-bed trauma care unit in Spin Boldak District Hospital
- Establishment of 20-bed emergency room in Infectious Disease Hospital of Kabul



Mental Health and Psychosocial Support (MHPSS) and Drug Addiction

During the reporting period, assessments were conducted at the psychiatric units of Balkh Regional Hospital (RH) and Kunduz RH, and Drug Treatment Centers (DTCs) of Balkh Province using WHO standard tools. The objective of the assessment was to identify opportunities and gaps in psychiatric units and DTCs in Afghanistan.

The assessments found critical shortage of psychotropic medicine, lack of professional psychosocial counselor,

capacity building of the existing staff on psychosocial counselling, lack of salary for the staffs, lack of food for staffs and patients, lack of resources for maintenance of the building, and lack of Infection Prevention and Control (IPC) materials for cleaning. WHO will coordinate the provision of essential drugs according to the standard drug list to the psychiatric units and DTCs, and capacity building of the staff.



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

During the last two weeks, eight GBV cases have been reported and received the required health services and treatment in national advanced GBV referral center. This included two physical violence, three emotional violence, one denial of resources, and two sexual violence. Since the start of 2022, a total of 55 GBV cases have been reported and provided the necessary health services and treatment in national advanced GBV referral center.

There were 39 health care providers (6 medical doctors, 16 nurses, and 17 midwives) who received the training on health response to survivors of violence in emergency setting that was conducted by WHO on 13-17 March 2022 in Bamyan province. The training was conducted to strengthen the knowledge and skills of health care providers on addressing GBV and health issues in emergency and

ensure availability of standard specified GBV services at health facilities, particularly in hard-to-reach areas. From the start of 2022, there have been three batches of training of “health response to survivor of violence in emergency setting” that were conducted for 117 healthcare workers in Western, Eastern, and Central regions.

As part of its standard program implementation approach, WHO has conducted Prevention of Sexual Exploitation and Abuse (PSEA) training to all the SEHATMANDI partners. The partners were requested to assign one focal point for PSEA and complete a self-assessment to create action plans for PSEA for each partner. The next step would be to set a deadline for their entire teams to be trained in PSEA rules, sanctions and reporting mechanisms, as well as sets up an MoU with AWAAZ to receive complaints.



Information Management and Monitoring

WHO recently completed the Geographic and Topographic Health Mapping System for Afghanistan using Satellite Imagery (using Satellite Density of 2020), Health Services Availability Monitoring System (HeRAMS) and Barriere (HOTOSOM). This mapping helps to identify the distances of the specific white areas to the nearest health facilities (using HeRAMS and Satellite Imagery using Population Density. It also included the topography of the specific white areas, and can capture a specific district, province and region in Afghanistan.

The provinces are categorized based on the following:

- accessibility to health facilities in flat areas considered <8KM
- accessibility to health facilities in provinces with moderate barriers considered <6KM.
- accessibility to health facilities in provinces with severe barriers considered <4KM
- and national standard of the time to reach closest health facility 2Hr/8KM.

WHO is now using this system to ensure proper positioning of health facilities in the white areas, provide the appropriate health facility (HC, MHT, or SHC), and ensure provision of quality health services to the unserved communities across Afghanistan.

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

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