

AFGHANISTAN EMERGENCY SITUATION REPORT

No. 16

Reporting period: March-April 2022



**World Health
Organization**
Afghanistan

Key Figures

137,465

People reached with
health services

271

Health facilities
supported

143

Health workers trained

8,300

People reached by
medical kits deployed

111

Rapid response teams
deployed to outbreak
areas

Ongoing Outbreaks

178,355

Total COVID -19
confirmed cases

5,221

Total Acute Watery
Diarrhoea cases

775

Total Dengue Fever
cases

31,795

Total Measles cases

468

Total Malaria cases



WHO and partners continue to provide support to health facilities in Afghanistan. The Afghan-Japan Hospital in Kabul is supported by WHO, with financial assistance from the European Union.

Overview

There has been a rise in mass casualty incidents in Afghanistan in the last week of April 2022. WHO teams are on the ground to support hospitals in saving lives, including real-time technical support for mass casualty management, provision of supplies and medicines and coordination of response with the Ministry of Public Health (MoPH) and partners.

In Kabul, WHO dispatched trauma emergency kits to Ali Jinnah Hospital to provide critical, lifesaving care for the casualties and provided necessary emergency supplies to Isteqlal Hospital for emergency care. In Mazar, 300 blood bags were provided to the emergency ward of the Balkh Regional Hospital supported by WHO and the hospital utilized the emergency supplies, including anesthetics, that have been pre-positioned as part of preparedness. In Kunduz, WHO coordinated with Medecins Sans Frontieres (MSF), International Committee of the Red Cross (ICRC) and other partners, activated the mass casualty management plans, and supplied trauma kits to Kunduz Regional Hospital and MSF Trauma Hospital. WHO has also supported countrywide mapping of mass casualty management planning and provided training to health workers for mass casualty response.

To assist health service provision in reducing mortality and disability due to trauma-related casualties, 17,708 individuals (5,381 female and 12,327 male) received trauma care and post-trauma physical rehabilitation through WHO-supported 132 trauma care facilities and five post-trauma physical rehabilitation center services during the month of March 2022. Furthermore, to strengthen the capacity of the hospitals in responding to the mass casualty management and trauma cases response, WHO provided Trauma Care Services (TCS) equipment and 31 items of blood bank consumables.

WHO Health Cluster Coordination (HCC) team is working on the Afghanistan Humanitarian Fund (AHF) 1st reserve allocation 2022. There are 13 pre-selected proposals reviewed by Strategic Review/Technical Review Committee (SR/TRC). The priorities are the provision of essential life-saving health services in underserved and flood-prone locations, COVID-19 response/case management, and infectious diseases outbreak response.

During the month of March 2022, a total of 938,917 people received outpatient consultations and a total of 63,635 patients received inpatients health care services through the hospitals supported by WHO. Furthermore, WHO provided primary healthcare lifesaving services to 118,828 people living in underserved “white” areas through service delivery of the 23 mobile health teams.

The Health Services and Resources Availability Monitoring System (HeRAMS) baseline report was published and shared with all partners. The HeRAMS data was collected from 2,807 health facilities across the country. This report covers key services and resources availability information in 6 pillars. (link: [HeRAMS Baseline Report Afghanistan](#)).

As of end of April, there were 178,154 confirmed cases of COVID-19 (overall positivity of 31.3%) with 7,676 associated deaths (case fatality ratio of 4.30%) that have been reported in Afghanistan since February 2020.

Sustaining the Health Service Delivery

WHO continues to deliver basic essential health services to the people of Afghanistan, with support from the World Bank managed Afghanistan Reconstruction Trust Fund (ARTF). Through partnership with 14 NGOs, WHO continues to implement the Sehatmandi project in 96 hospitals (secondary healthcare services) in 34 provinces of the country.

During the month of March 2022, WHO contributed to health service delivery by supporting the priority hospitals in the country that served 938,917 people. WHO also assisted the hospitals to perform 2,198 caesarian section and 5,864 major surgeries. In addition, 41 hospitals have been monitored for the second round, with major findings shared with NGO to improve quality of health service provision via those key hospitals.

WHO, with assistance from implementing partners, continues to fully support nine COVID-19 hospitals located in Kabul (2 hospitals), Nanagarhar, Urozgan, Zabul, Nimroz, Paktia, Kunar and Ghazni provinces since February 2022. In addition, WHO is providing full support to Ata Turk Children Hospital since January 2022 and to Anabah Maternal, Child and Surgery Hospital since February 2022. WHO is also

Services Provided through 96 WHO-supported hospitals		
OPD Services 938,917		IPD Services 63,635
137,798	 male under 5	13,307
129,942	 female under 5	10,811
253,499	 male, over 5	9,952
417,678	 female, over 5	29,565

fully supporting the Panjshir Maternal, Child and Surgery Hospital since April 2022 and providing support to the National Infectious Disease Hospital in Kabul in terms of food for patients, fuel, gas and other logistic supplies. WHO is continuously advocating to expand its support to other different level hospitals that remain without any support and non-functional.

Health Partners’ Coordination

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

- The humanitarian health services delivered by health cluster partners during the month of March 2022 indicated that over 989,000 people affected by various crisis received humanitarian health services by 30 health partners covering over 397 locations in underserved areas in 34 provinces.
- The AHF 1st standard allocation for 2022 is launched with 13.4 million allocated to health cluster with the priorities on: primary health care services in underserved and flood-prone locations; support to delivery of secondary/referral health care services; infectious diseases outbreak response; and support to trauma care services through pre-hospital care and strengthening of blood bank services. Geographical prioritization for this allocation was based on the inter- sectoral prioritization for the spring plan.

Trauma and Physical Rehabilitation Care Services

During the month of March 2022, there were 17,708 individuals (5,381 female and 12,327 male) who received trauma care and post-trauma physical rehabilitation services through the WHO-supported health facilities and physical rehabilitation centers. WHO’s support to physical rehabilitation and trauma care centers will contribute to morbidity and mortality reduction due to trauma.

Trauma Care Initiative (GETI) which aims to save millions by improving trauma care and physical rehabilitation center, and blood bank services through WHO-supported health facilities. Apart from trauma care, 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 in Baghlan, Zabul, Kunar, Laghman, and Paktia provinces.

Beneficiaries Disaggregation				
Over 18		8,048 Male		2,894 Female
Under 18		4,278 Male		2,487 Female

Services Provided	
7,058	blood transfusion
155	people received orthoses devices
57	people received prostheses
113	people received assistive devices and walking aids
9,807	people received physiotherapy
270	people received awareness on disability, early identification and prevention of disability, and victim assistance.

During the month of March 2022, the Physical Rehabilitation Center (PRC) and trauma services have been strengthened through the WHO-supported PRC centers.

WHO continues to support 132 key hospitals for trauma care across the country through provision of trauma medical supplies, kits and equipment, developing Mass Casualty Management (MCM) plans, capacity building of staff by provision of key trainings including the upgrading of emergency obstetric/newborn care (EmONC). WHO Afghanistan has recently joined the Global Emergency and

As part of its efforts of improving knowledge and skills to provide effective and efficient trauma care services in the hospital settings, WHO trained 25 healthcare workers from southern region in Basic Emergency Care and MCM.

Public Nutrition in Emergencies

WHO supports 123 IPD-SAM centers in Afghanistan. A total of 909 malnourished children (464 boys and 445 girls) with medical complications were admitted and treated in those IPD-SAM centers across the country during the reporting period.

Beneficiaries Disaggregation				
909 Under 5		464 boys		455 girls

Since the start of 2022, there have been 6,307 malnourished children (3,177 boys; 3,130 girls) with medical complications that have been admitted and have received the necessary treatment in WHO-supported IPD SAM centers.

There were five batches of IPD-SAM management training conducted, with a total of 147 health workers (84 female and 63 male) trained since start of 2022.



WHO supports 123 IPD-SAM centers in Afghanistan



Medical supplies are deployed to health facilities to ensure people have access to life-saving medicines, including for trauma care.

Emergency Primary Health Care

To support people living in underserved areas of the country, WHO has been able to deploy 23 mobile health teams in Helmand, Nangarhar, Laghman, Kunar, and Nuristan provinces. These teams have provided primary health care services to 118,828 people in need.

WHO, together with health cluster partners and Departments of Public Health in the provinces, conducted an assessment to identify the underserved “white” areas with limited and no access to primary health care services in central and eastern regions.

To strengthen support for hospitals on trauma management, blood banks, cholera, essential drugs, and other programs, WHO also provided:

- ✓ equipment (1 Air conditioner, 1 Bio base Refrigerator, 1 Water bath, 4 Patient monitors, and 4 Dressing Trolley Cards) to Malik Mohammad Khan District Hospital of Wardak province
- ✓ 1 Ultrasound scanner to Ghor Provincial Hospital
- ✓ three Basic Interagency Emergency Health Kits (IEHKs), three Cholera kits, medicines to Paktia Regional Hospital
- ✓ five basic IEHK basic kits to Paktia Drug Demand Reduction (DDR) center
- ✓ 31 items of blood bank consumables were provided to central blood bank

Beneficiaries Disaggregation				
Over 5		61,041 Male		34,229 Female
Under 5		13,443 Male		10,115 Female

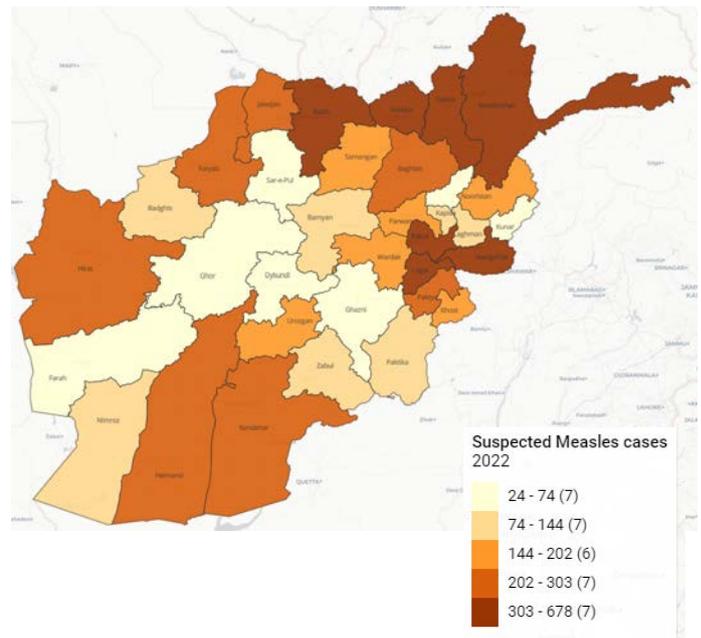
Services Provided	
1,929	Women received ANC
3,949	Women received PNC
1,108	CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
35	Institutional deliveries
635	Women received Family planning services and awareness
19,037	People living in remote and underserved areas received health education and awareness
1,215	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
495	Under 5 children received nutrition screening, and referral services.

WHE Infectious Hazard Preparedness/ Surveillance

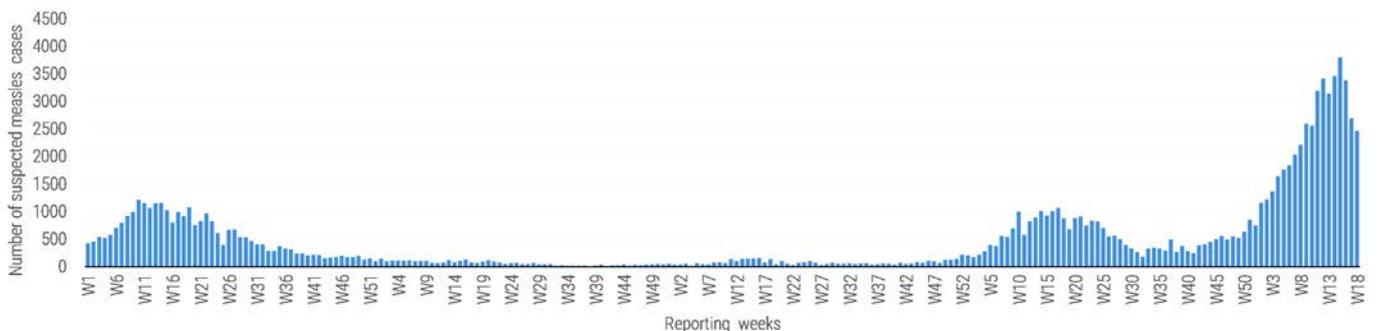
WHO, MoPH and implementing NGOs continue its efforts to prepare for and launch a comprehensive response to disease outbreaks such as measles, acute watery diarrhea, Leishmaniasis and Crimean-Congo haemorrhagic fever (CCHF).

Measles outbreak response:

- In April 2022, there have been 13,844 new suspected measles cases reported from all over the country.
- Since the first week of 2022, the trend of suspected measles cases reported in most of the provinces has continued to increase sharply except for week 16 which showed an 11% decline.
- The most affected provinces by this outbreak are Kunduz (13.4%), Badakhshan (11.6%), Kabul (9.2%), Nangarhar (8.4%), and Helmand (8.4%) and Takhar (7.4%).
- A total of 4,457 samples have been tested out of which 1,605 were lab-confirmed along with 270 measles-associated deaths in 2022.



Trend of Suspected Measles Cases (January-May) 2022



AFG_Weekly Epidemiological curve of AWD cases Sep 2021- May 2022

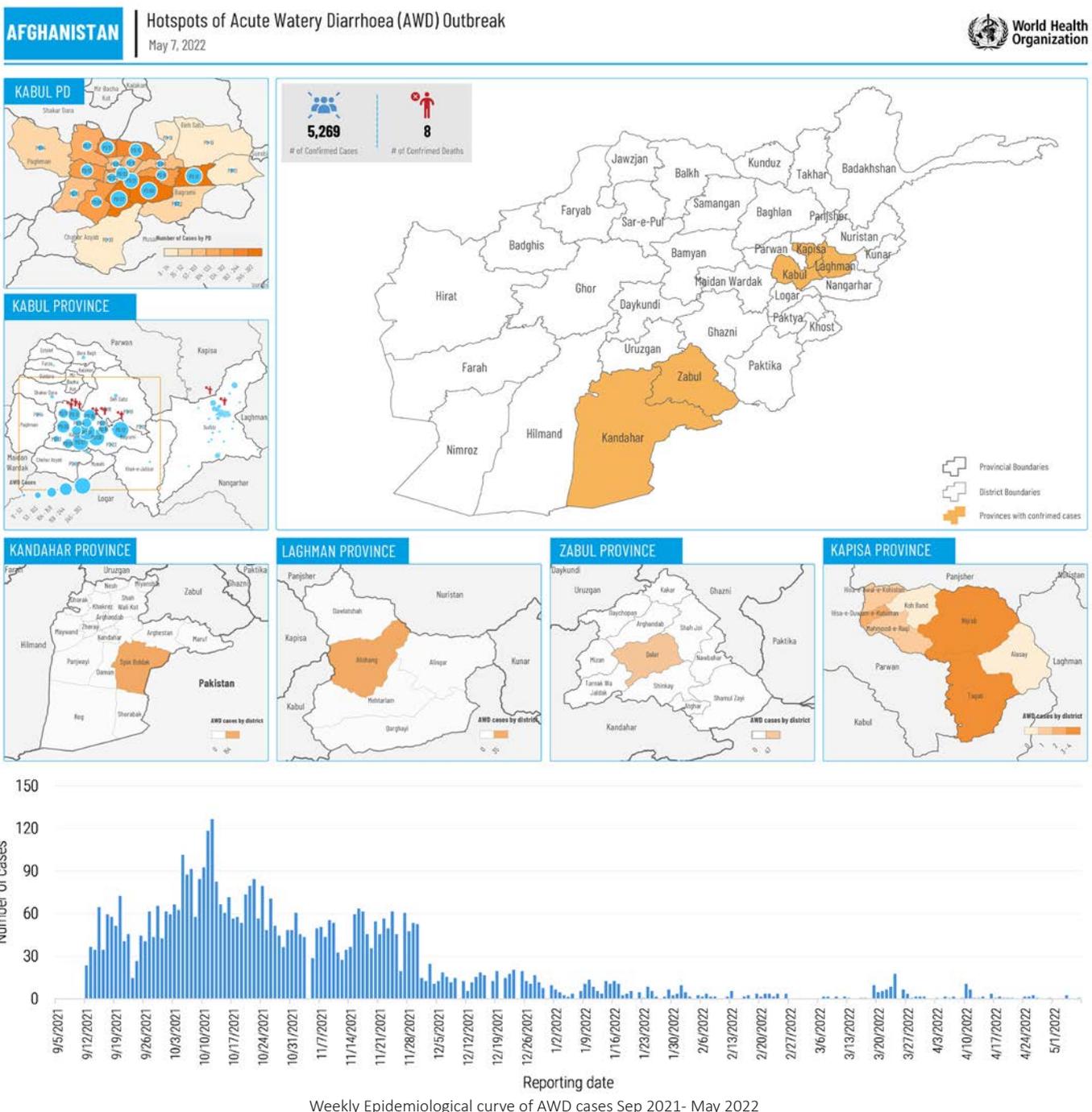
Acute watery diarrhea (AWD) outbreak update

- In April 2022, there have been 48 new AWD cases that were reported in Kabul City.
- Cumulatively, Kabul city (3,971 cases or 75.6%) and Sorobi district (887 cases or 16.9 %) are the most affected areas compared to the other affected provinces.
- Of the total 5,256 cases reported, 895 (17%) were children below 5 years; 2,574 (49%) were females and 3,560 (68%) had severe dehydration.
- A joint WHO & UNICEF mission was conducted to Sorobi district of Kabul to investigate the outbreak of AWD and monitor the response activities and measures to control the spread of infection.
- 200 AWD kits were provided by the WHO to the health facilities and CTUs. The kits are sufficient for 20,000 AWD cases.

- For preparedness to AWD response, WHO has provided a total of 196 central community kits, 23 central medical kits, four logistic kits and 27 investigation kits which is enough for around 25,000 cases across the country.

During the reporting period, one Leishmaniasis outbreak was reported from Wardak province. WHO assigned a rapid response team (RRT) to provide health education to the communities and provide treatment after assessment of cases.

Furthermore, 34 health workers from Northern region were trained in surveillance and case detection of outbreaks that will increase outbreak case detection and response.



Weekly Epidemiological curve of AWD cases Sep 2021- May 2022

COVID-19

Cumulatively, there have been 178,154 confirmed cases (overall positivity of 31.3%) of COVID-19 with 7,676 associated deaths (case fatality ratio of 4.30%) reported in Afghanistan since February 2020.

During the reporting period, there have been 9,497 samples tested in 39 public laboratories (35 labs are supported by WHO), of which 616 samples tested positive for COVID-19 (bi-weekly positivity rate of 6.5%) and 14 new deaths were reported. Week 14 represents a 13% increase in cases and 44% decrease in deaths, compared to week 13 of 2022.

As a part of its mandate in responding to health emergencies, WHO is currently supporting case management of critical cases of COVID-19 by providing a full running cost of the following nine key COVID-19 hospitals/ health facilities which were non/partially functional since August 2022 to ensure provision of quality case management services:

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

COVID-19		
Bi-weekly figures		Total figures
577	 COVID-19 cases	178,355
5	 Deaths	7,676
6.8%	 Positivity rate	31.2%
0.8%	 Fatality rate	4.30%
69,708 fully vaccinated 10,167 partially vaccinated	 Vaccination	4,601,551 fully vaccinated 1,345,692 partially vaccinated

Water Sanitation and Hygiene (WASH) at Health Facilities

Minor rehabilitation services were completed in eight district hospitals and one community health center (Muqur DH, Qarabagh DH, Dehyak CHC, Alingar DH, Kama DH, Hisarak DH, Mirbacha Kut DH, Sarobi DH, Ghoryan DH) located in Ghazni, Nangarhar, Laghman and Kabul provinces.

The establishment and rehabilitation of standard WASH facilities (tailored to be used for different groups of people, including people with disabilities) were also done in health centers located in Kunar, Paktia and Laghman provinces.

WASH interventions (boring of water well with solar power system, rehabilitation and construction of toilets, installation of hand wash basins, supply and installation of incinerator) were constructed in Barikot CHC, Farashgan CHC, Farashgan CHC, and Lokar BHC in Paktia, Laghman, and Kunar provinces.

Mental Health and Psychosocial Support (MHPSS) and Drug Addiction

WHO facilitated a MHPSS Technical Working Group (TWG) workshop on April 10 that identified gaps/challenges and agreed on specific activities such as capacity building, coordination, monitoring and evaluation, quarterly MHPSS Service Mapping, creation of risk communication materials related to mental health stigma, inclusion of Drug Abuse issues within the Technical Working Group, among others.

A delegation from the European Union and WHO visited the Kabul Women and Children Drug Treatment Center currently treating 33 women and 17 children. Preparations are underway for the translation of the mental health Gap Action Program (mhGAP-IG V 2) to local language and implementation of trainings and supervision.

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

Health Response to GBV cases:

During the reporting period, a total of 31 GBV cases have been reported and received proper and required health services and treatment in national advanced GBV referral center.

- Physical violence: 6
- Emotional violence: 8
- Denial of resources: 9
- Forced marriage: 4
- Sexual violence: 4

Since the start of 2022, a total of 86 GBV cases have been reported and received proper and required health services and treatment in national advanced GBV referral center.

Capacity Building:

From the start of 2022, four batches of “health response to survivor of violence in emergency setting” training were

conducted by WHO for the health workers from Herat, Nangarhar, Takhar and Bamyan Provinces. In March - April, there have been 155 health care providers including 42 medical doctors, 58 nurses, 10 psychosocial counsellors and 45 midwives who received the training. Participants are expected to be able to timely identify GBV survivors, apply guiding principles, ensure privacy and confidentiality when dealing with GBV survivor, manage rape cases in proper way from both physical and mental perspective.

Prevention of Sexual Exploitation and Abuse (PSEA):

One PSEA workshop was conducted on 10 April 2022 for the partner organizations supporting the Sehatmandi project, with 12 participants from six organizations. The workshop focused on implementing PSEA, with an emphasis on organizational policy, management and HR systems, training, reporting mechanism, referrals and victim-centered support services, investigations, among others.

Information Management and Monitoring

The Health Services and Resources Availability Monitoring System (HeRAMS) baseline report was published and shared with partners in the monthly Health Development Partner Forum. Through HeRAMS, the partners entered the data for 2,732 health facilities regarding services and resource availability. This report covers key services and resources availability information in six pillars. (link: HeRAMS Baseline Report Afghanistan). Validation of information is ongoing.

Ten field visits to Eastern and Southern region health facilities were conducted to assess the functionality of the health facilities using the HeRAMS checklist. In addition, here are some of the monitoring missions conducted during the reporting period:

- Mission to Samangan, Jawzjan, Badakhshan, Takhar, Kunduz, Paktia, and Khost provinces, with 23 health facilities monitored for the ongoing activities.
- Mission to Bamyan and Daikundi provinces with 2 provincial hospitals and 6 district hospitals.



WHO teams conduct verification of data included in the HeRAMS Report.

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