

AFGHANISTAN EMERGENCY SITUATION REPORT

No. 17 | May 2022



World Health
Organization
Afghanistan

Key Figures (Monthly)

39,830

People reached with
emergency health services

1,016,844

People in Sehatmandi-
supported health facilities

455,200

People reached by
medical kits deployed

102

Health workers trained

102

Rapid response teams
deployed to outbreak
areas

Ongoing Outbreaks

180,688

Total COVID -19
confirmed cases

5,683

Total Acute Watery
Diarrhoea cases

775

Total Dengue Fever
cases

50,433

Total Measles cases

468

Total Malaria cases



Team led by WHO Representative Dr. Luo Dapeng visited Herat Regional Hospital to monitor WHO health activities on the ground.

Overview

Outbreaks of measles, acute watery diarrhea (AWD) and Crimean-Congo haemorrhagic fever (CCHF) were reported to and responded by the World Health Organization (WHO). To control the spread of diseases, and decrease morbidity and mortality associated with these outbreaks, the WHO-deployed teams in Central, Northern, Northeastern, Southern and Eastern Regions conducted measles vaccination campaign for the surrounding villages, provided education messages to the affected communities, and supported proper case management in the health facilities.

Faryab, Samangan and Balkh provinces were affected by floods. The results of the needs assessments showed that 114 families were affected. WHO, in coordination with other agencies provided four cholera case management kits, one cholera investigation kit, and one cholera equipment kit to the mobile health teams (MHT) to respond to the emergency.

A mission from WHO Afghanistan, including the WHO Representative Dr Luo Dapeng, visited Herat province and met with the local health authorities to discuss WHO activities in the region. The WHO Team also visited COVID-19 hospitals, Herat Regional Hospital and Gozara District Hospital.

To articulate Health Cluster priorities, summer prioritization plan has been developed to address the emerging seasonal and operational needs and risks. According to the health cluster comprehensive technical and context analysis using the seven dedicated Regional Health Cluster Coordinators, 186 districts have been categorized in the highest priority, 123 districts in medium priority and 92 remaining districts in low priority.

During the reporting period, WHO conducted mapping of status of Mass Casualty Management (MCM) plans in hospitals. The MCM plans of Nangarhar Regional Hospital, Asadabad and Mihterlam Provincial Hospitals have been updated, in partnership with the hospital staff.

For contextualization of the Mental Health Gap Action Programm (mhGAP), a contextualization workshop for mhGAP IG version 2.0 is planned for mental health and psychosocial support (MHPSS) stakeholders, to be supported by WHO.

WHO continues provision of Emergency Primary Health Care Services in underserved/white areas and has established 70 fixed and mobile centers in the underserved areas of Nangarhar, Laghman, Kunar, Nuristan, Helmand, Nimroz, Urozgan, Zabul, Daikundi and Maidan Wardak provinces.

Sustaining the Health Service Delivery

WHO continues to work towards delivering basic essential health services to the people of Afghanistan. In partnership with 14 NGOs supporting the implementation of the Sehatmandi Programme at the hospital level (secondary healthcare services), WHO works in 34 provinces through the financial support from the Afghanistan Reconstruction Trust Fund (ARTF).

During the month of May 2022, the health service delivery supported by WHO served 947,456 people at out-patient department (OPD) and 69,388 people at in-patient department (IPD). As part of the core services, WHO also assisted the hospitals to perform 28,940 institutional deliveries, 2,134 caesarian section deliveries and 5,422 major surgeries. In addition, 41 hospitals have been monitored for the second round, and the major findings were shared with implementing NGOs to improve quality of health service provision.

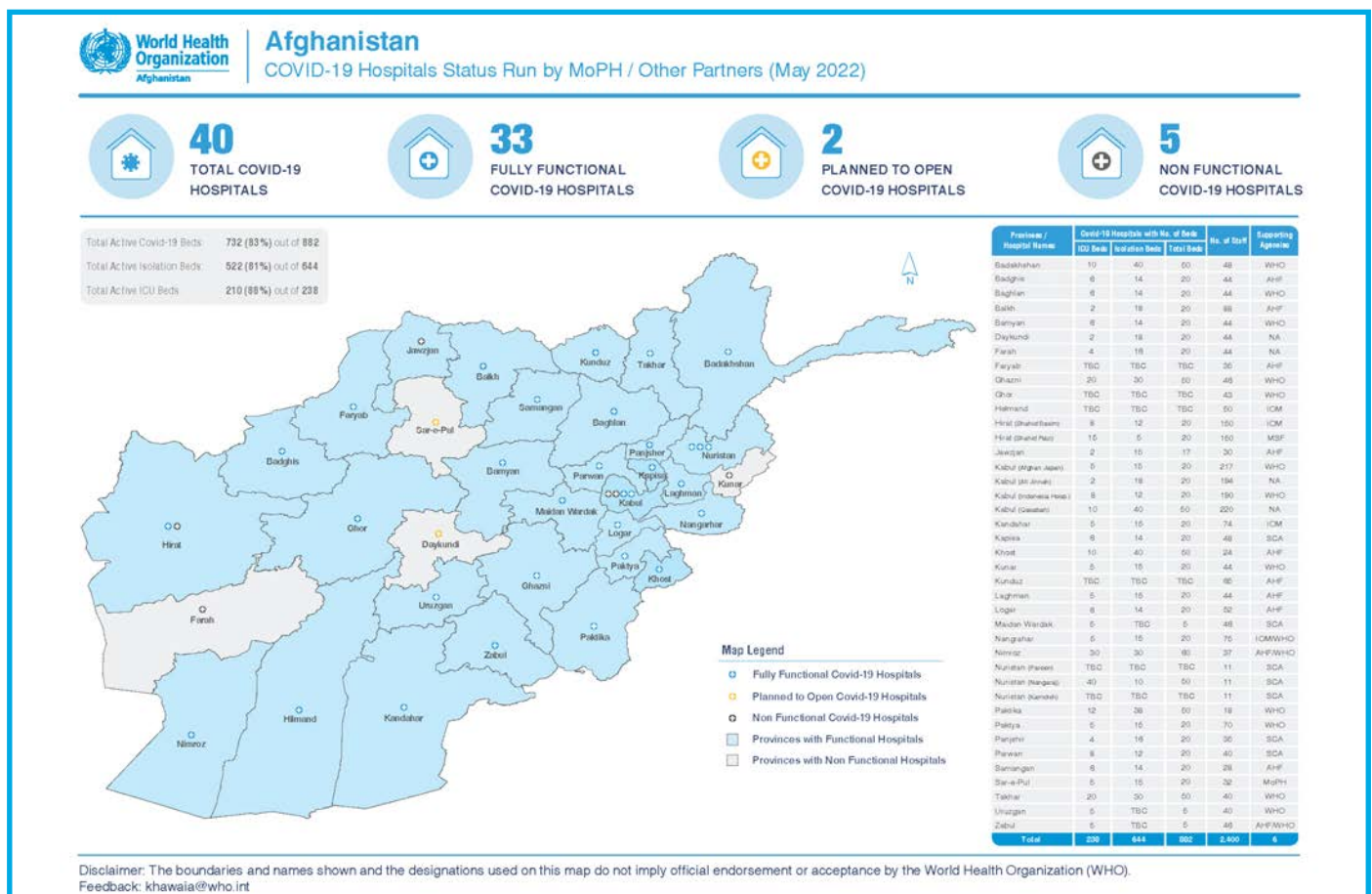
WHO, through the Sehatmandi Programme, continues to support 96 hospitals, including 78 district hospitals, 16 provincial hospitals and two regional hospitals throughout the country.

Additionally, WHO is providing full support to nine COVID-19 hospitals in Kabul, Nanagarhar, Urozgan, Zabul, Nimroz, Paktia, Khost, Kunar and Ghazni provinces since February 2022.

Given the huge needs for hospital services in the country, WHO is providing full support to Ata Turk Children’s Hospital since January 2022; Panjshir Anabah Emergency Hospital since February 2022; and Panjshir Maternal, Child and Surgery Hospital since April 2022. WHO is also supporting the Infectious Disease Hospital in Kabul in terms of food for patients, fuel, gas and other logistical supplies.

WHO continues to advocate to expand its support to other hospitals that remain without any support and/or non-functional such as the Fatima Bayat’s Mother and Child Hospital in Helmand; Aino Mena Hospital in Kandahar; and Gynae Obstetrics Hospital in Badakhshan.

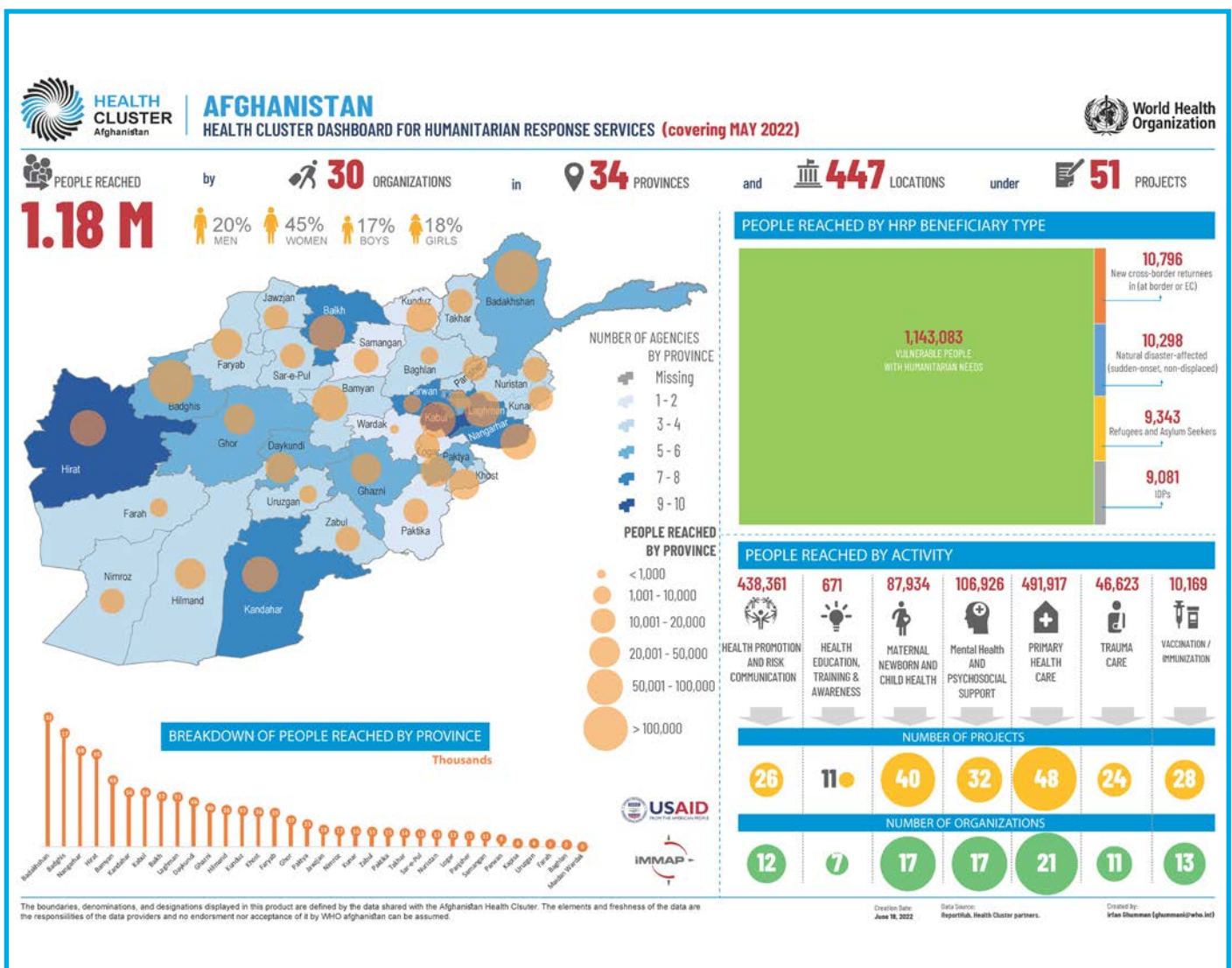
Services Provided through 96 WHO-supported hospitals		
OPD Services 947,456		IPD Services 69,388
138,150	male under 5	12,478
126,269	female under 5	12,478
250,638	male, over 5	11,790
432,402	female, over 5	35,642



Health Partners' Coordination

As a health cluster lead agency, WHO ensures coordinated response during health emergencies. During the month of May 2022, the following major activities were conducted by the health cluster members:

- Summer prioritization plan has been developed to address the emerging seasonal and operational needs and risks. According to the health cluster comprehensive technical and context analysis using the seven dedicated Regional Health Cluster Coordinators, 186 districts have been categorized in the highest priority, 123 districts in medium priority and 92 remaining districts in low priority.
- Health and WASH Clusters jointly developed the “Integrated AWD Preparedness and Response Plan 2022” to ensure coordinated response to addressing AWD outbreak.
- Health Cluster Coordinator joined Deputy Humanitarian Coordinator and WASH Cluster Coordinator for a joint visit to Kandahar to assess the current situation of AWD outbreak and support response activities.
- Under the Afghanistan Humanitarian Fund (AHF) 1st SA 2022, USD 13.4 million is allocated for the health envelope. The strategic and technical review committees will review 14 proposals submitted by Health Cluster partners, with the priorities focusing on primary health care services in underserved and flood-prone locations; support delivery of secondary/referral health care services; infectious diseases outbreak response; and support trauma care services with the focus on pre-ambulance care and blood bank.
- 25 participants from different health cluster partners were trained in management and proposal writing from 23 - 26 May 2022, and the second batch of the training will be conducted during second week of June 2022.



Trauma and Physical Rehabilitation Care Services

During the reporting period, WHO provided 204 trauma care service-related equipment including anesthesia machines, incubators, oxygen concentrators, patient monitors, autoclaves, biobased refrigerators, IV stand and X-ray machines to 50 major hospitals located throughout the country.

On prevention, mitigation and effective case management of trauma care-related incidents, WHO supported mapping of Mass Causality Management (MCM) plans in the hospitals and conducted orientation sessions to key staff and departments within the hospitals.

During the month of May 2022, there were 17,476 individuals (4,787 female and 12,689 male) who received trauma care and post-trauma physical rehabilitation services through the WHO-supported health facilities and physical rehabilitation centers.

A team of specialists from WHO conducted an emergency and trauma care mission to assess capacities for intervention, readiness for impact outcome assessment and capacity building activities. The mission team conducted activities in Kabul from 8-11 May and 20 May, and in Kandahar from 12-19 May. The mission involved site visits to emergency units in key referral hospitals in Kabul and South Region (Kandahar, Spin Boldak) and Basic Emergency Care (BEC) Course and WHO Emergency Care Toolkit (ECT) Training of Trainers held in Kandahar.





Physical Rehabilitation Center (PRC) and Trauma services have been strengthened through the WHO- supported PRC centers, aiming to decrease morbidity and mortality due to trauma. To date, WHO is providing full support to six post-trauma PRCs in Baghlan, Zabul, Kunar, Laghman and Paktia provinces

WHO continues to support 132 key hospitals for trauma care across the country through provision of trauma medical supplies, kits and equipment, developing

MCM plans, capacity building of staff and upgrading of emergency obstetric/newborn care (EmONC).

WHO Afghanistan has joined the Global Emergency and 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. Aside from trauma care, WHO is supporting 67 blood banks across the country by providing medical supplies, equipment and training.

WHO contributes to provision of trauma pre-hospital care service by operationalizing the ambulance network in the country (Kabul, Warded, Herat and Parwan provinces). To ensure that facilities are prepared to deliver essential lifesaving services for trauma and other emergency conditions, WHO will further expand the ambulance services to other priority provinces of Afghanistan.

Beneficiaries Disaggregation				
Over 18		7,945 Male		2,707 Female
Under 18		4,744 Male		2,080 Female

Services Provided	
7,058	blood transfusion
226	people received orthoses devices
205	people received prostheses
88	people received assistive devices and walking aids
6,663	people received physiotherapy
691	people received awareness on disability, early identification and prevention of disability, and victim assistance.



Basic Emergency Care (BEC) Course conducted by WHO in Kandahar

Emergency Primary Health Care

WHO is supporting provision of emergency primary health care services in underserved/white areas and has established 70 fixed and mobile centers in Nangarhar, Laghman, Kunar, Nuristan, Helmand, Nimroz, Urozgan, Zabul, Daikundi and Maidan Wardak provinces. The fixed and mobile centers have started provision of services since the June 2022.

Public Nutrition in Emergencies

WHO, together with partners, continues to fight malnutrition by strengthening case management of acute malnutrition and complication in 123 WHO-supported In-Patient Department-Severe Acute Malnutrition (IPD-SAM) centers. In May 2022, a total of 2,388 malnourished children with medical complications were admitted and treated the WHO-supported IPD-SAM centers across the country. About 11,959 malnourished children with medical complications (5,937 boys; 6,022 girls) were admitted and have received the necessary treatment since the start of 2022. In addition, 18 health workers from Bamyan and Daikundi provinces were trained in management of SAM with complication. To date, 229 health workers (116 female; 113 male) have been trained in 2022.



Acute malnourishment at Guzara District Hospital

Beneficiaries Disaggregation

2,388
Under 5



1,139
boys



1,249
girls







WHO supports 123 IPD-SAM centers throughout Afghanistan, just like this one in Guzara District Hospital

WHE Infectious Hazard Preparedness/ Surveillance

Preparedness for monkeypox

Given the reported outbreaks of monkeypox in some countries, Afghanistan is heightening preparedness, including enhanced surveillance and risk communication. During the Public Health Coordination Committee (PHCC) meeting at the central highland region, WHO gave an orientation on the disease, including case definition of monkeypox and asked relevant colleagues to increase health education and awareness.

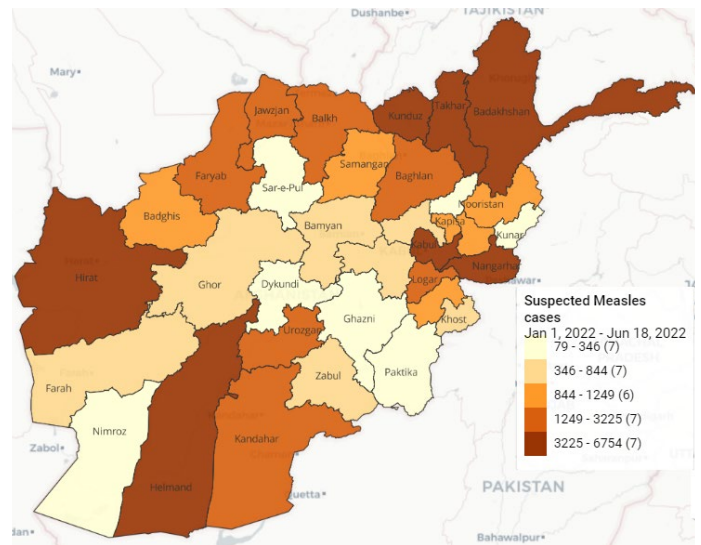
Outbreaks detected				
AWD		2,913 Male		2,876 Female
Measles		41,136 under 5		11,151 over 5

Measles outbreak response update

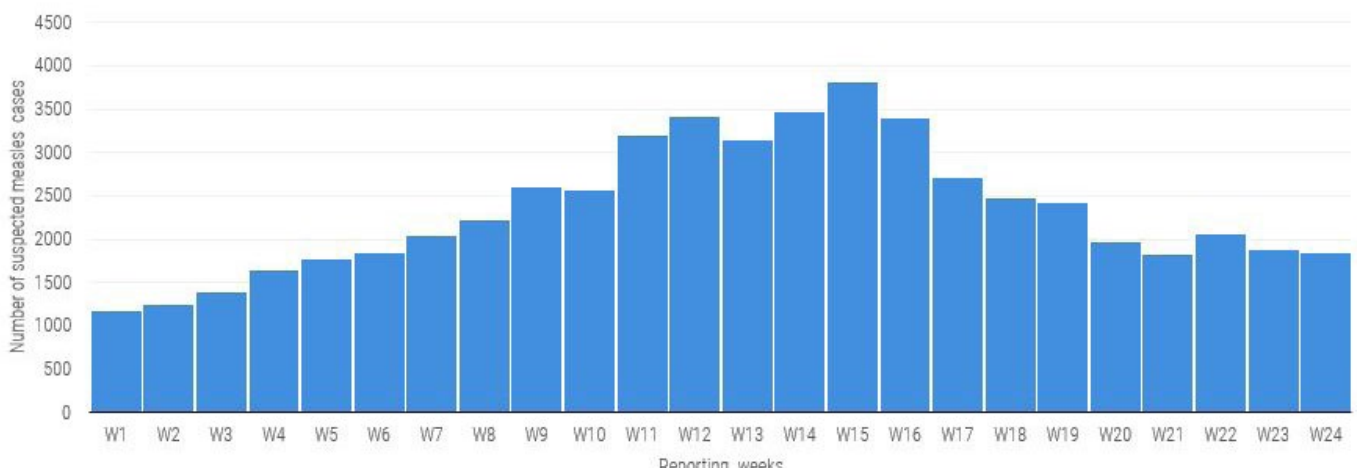
- 8,716 new suspected measles cases were reported from all over the country (41.8% decrease in the number of cases as compared to the previous month)
- The most affected provinces by this outbreak are Nangarhar (15.1%), Badakhshan (11.1%), Herat (9.4%), Kabul (8.7%), Helmand (5.8), and Logar (5.5%)
- After the measles case management training was conducted in Kabul (April 2022), the cascade of measles case management training started in week 20 in the West Region (Herat province) and will be extended to other regions in the coming weeks.
- To improve treatment and management of measles complicated cases, 70 technical staff (doctors and nurses) from 18 major hospitals of the Eastern region have received training on case management. After conducting the training, within two weeks, the burden of measles cases decreased at regional and provincial hospitals which led to decrease the rate of mortality of children due to measles.



WHO Representative Dr. Luo Dapeng visits Herat Regional Hospital to monitor measles outbreak response



Suspected Measles Cases 1 January - 18 June 2022



Trend of Suspected Measles Cases (January-June) 2022

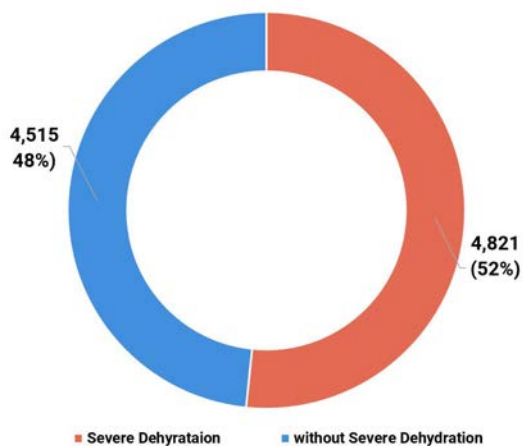
AWD outbreak response update

- During May 2022, Kabul city (266 cases, 52.4%) Zabul (158 cases 28.5 %), and Kandahar (130 cases 23.5%) are the most affected areas of the AWD outbreak
- Out of the total 554 cases, 12.6% (69) were children below 5 years: 46.9% (257) were females and 39.4% (218) had severe dehydration.
- To enhance coordination, preparedness, and response to the AWD outbreak, joint work between WHO, UNICEF, MSF, IOM, Save the Children, Health-WASH clusters, and MOPH has taken place in outbreak-affected areas.
- Active case findings are in place in outbreak affected areas.
- WHO has deployed surveillance support teams (SSTs) for line-listing and sample collection for AWD.
- AWD case management materials are available at the affected sites and national mapping of partners' stocks is completed by WHO.
- WHO has procured 2,000 Rapid Diagnostic Tests (RDTs) for AWD and distribution is ongoing.
- Kabul surveillance team visited Sorobi District Hospital and advised the field workers to enhance testing of suspected cases.
- WHO trained seven laboratory technicians (from regional reference laboratories, IDH and CPHL) in diagnosis of the AWD by culture method.

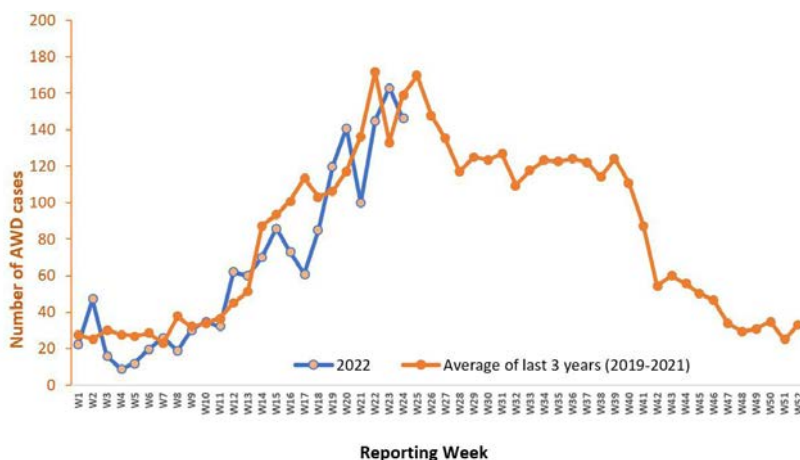
- WHO has established an AWD taskforce at the regional level. The team is composed of UNICEF, WHO, DoPH and implementing NGOs and the committee is led by WHO.
- WHO distributed 92 cholera kits to the provinces with outbreak of AWD reported. The kits have the capacity of treating 9,200 cases.
- Risk communication and community engagement (RCCE) materials (posters, brochures, flip charts) have been produced and sent to outbreak-affected areas and will also be made available to other provinces.



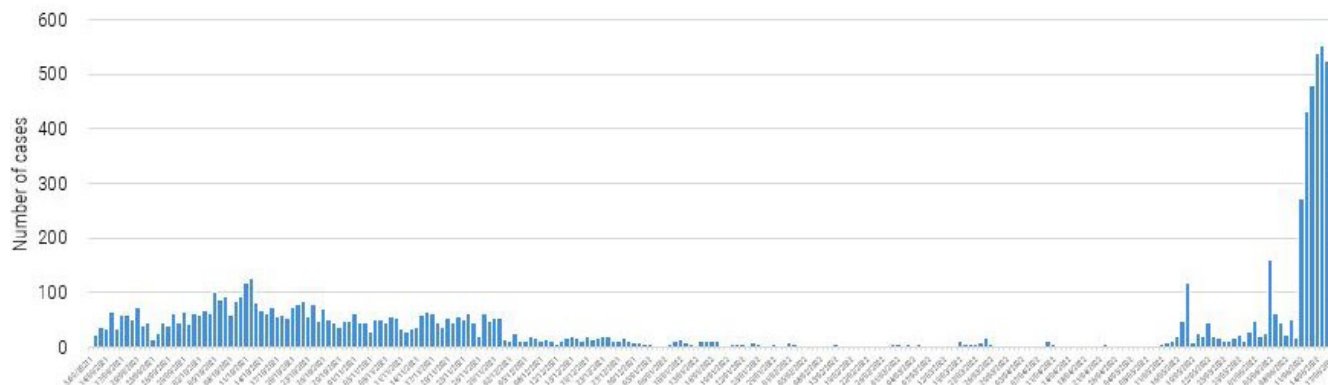
Community awareness session conducted by WASH partners in one of the neighboring villages in Qasimpol area of Dand district in Kandahar, Afghanistan.



AWD cases with severe dehydration in Afghanistan Sep 2021-Jun 2022



Trend of AWD cases with dehydration in Kandahar City (2019-2021 and 2022)



Daily distribution of AWD cases in Afghanistan Sep 2021-Jun 2022 (N=9,336)



AFGHANISTAN Hotspots of Acute Watery Diarrhoea (AWD) Outbreak
20 June 2022

GHAZNI PROVINCE



KABUL PROVINCE



KANDAHAR PROVINCE



JAWZJAN PROVINCE



LAGHMAN PROVINCE



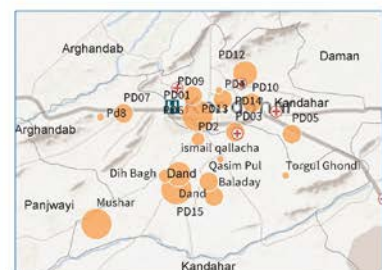
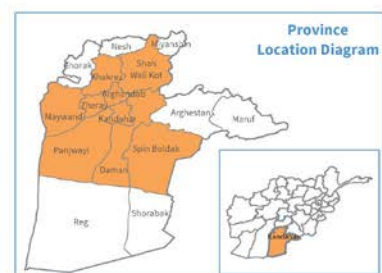
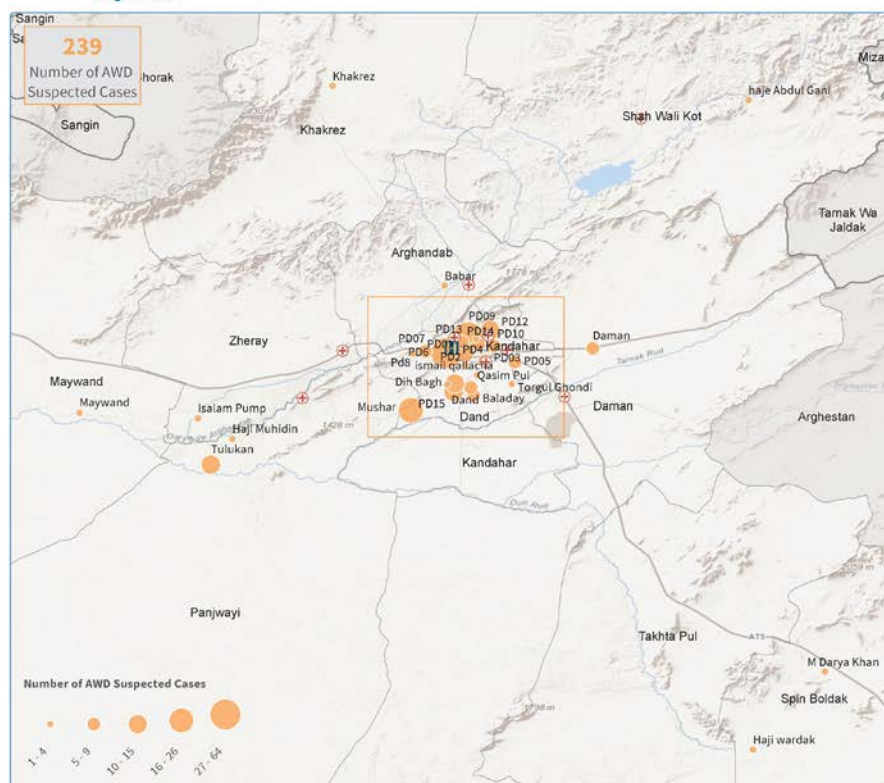
ZABUL PROVINCE



KAPISA PROVINCE



AFGHANISTAN Hotspot of Acute Watery Diarrhoea Outbreak (AWD) In Kandahar Province
As of 18 June 2022



- Surveillance Sentinel Sites**
- Comprehensive Health Center (CHC)
 - Regional Hospital (RH)
 - Hotspot of AWD Suspected Cases
 - Province Boundaries
 - Districts Boundaries

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization.
Creation date: 18 June 2022 Sources: World Health Organization, MoPH. Feedback: nasery@who.int

COVID-19

In May 2022 (epidemiological weeks 18 to 21), there were 16,322 samples tested in public laboratories; of which 1,522 samples tested positive for COVID-19 (monthly positivity rate of 7.7%) and 24 new deaths were reported. The last two epidemiological weeks show 4% increase in cases and 57% decrease in deaths. Cumulatively, there were 180,688 confirmed cases (overall positivity of 30.1%) of COVID-19 with 7,709 associated deaths (case fatality ratio of 4.26%) have been reported in Afghanistan since February 2020. As of 28 May 2022, 90.4 % of cases have recovered.

WHO has taken an additional step to improve infection prevention and control (IPC) of communicable diseases by conducting an IPC training for 30 medical doctors (28 male & 2 female) from Herat, Badghis, Ghor and Farah provinces. To support monitoring at the points of entry, WHO has supplied four rapid diagnostic tests to IOM screening center in Torkham zero point.

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 to nine COVID-19 hospitals/ health facilities which were non/partially functional since August 2022:

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. Zabul 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

In Kabul, due to some negotiations with the MoPH, the planned COVID-19 facility for Ali Jinnah Hospital was shifted to Afghan-Indonesia Friendship Hospital with 60 beds.



WHO inspecting oxygen processing at Herat COVID-19 Hospital.

COVID-19		
Monthly figures		Total figures
1,522	COVID-19 cases	180,688
24	Deaths	7,709
7.7%	Positivity rate	30.1%
1.6%	Fatality rate	4.26%
149,988 fully vaccinated 11,310 partially vaccinated	Vaccination	4,863,308 fully vaccinated 1,366,964 partially vaccinated

Water Sanitation and Hygiene (WASH) at Health Facilities

WASH activities such as boring water wells with solar system, rehabilitation of water wells with solar system, rehabilitation of toilets, construction of septic tanks are in progress in Central Blood Bank, Jaghori District Hospital and Ghazni Regional Hospital. These facilities are expected to be completed by the end of June 2022.

Mental Health and Psychosocial Support (MHPSS) and Drug Addiction

Preparation for mental health Gap Action Programme (mhGAP) master ToT for national mental health trainers, in coordination with mental health department of MoPH, has been underway. About 25 trainers, including psychiatrists, mental health doctors and mental health focal points from different regions will be trained and will cascade the training to other mhGAP IG trainers at the regional level, and eventually to the PHC level. They are also expected to provide technical supportive supervision for mhGAP IG regional trainers and PHC doctors.

A contextualization workshop for mhGAP IG version 2.0 is planned to be conducted for MHPSS stakeholders, with support of WHO. To support implementation of mhGAP IG, the manual is being translated to Dari and Pashto languages.

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

Health Response to GBV cases:

During the reporting period, a total of 50 GBV cases have been reported and received proper and required health services and treatment in national advanced GBV referral center. This includes 11 physical violence, 17 emotional violence, 15 denial of resources, seven forced marriage and four sexual violence. Since the start of 2022, a total of 136 GBV cases have been reported and have received proper and required health services and treatment in national advanced GBV referral center.

Prevention of Sexual Exploitation and Abuse (PSEA):

A sensitization session was conducted for WHO regional health cluster coordinators in the last week of May 2022. These regional health cluster coordinators will in their turn cascade the PSEA sensitization sessions to the health cluster members at the regional level.

Information Management and Monitoring

Through HeRAMS, WHO partners have provided data for 2,836 health facilities on the services and resources availability. This report covers key services and resources availability information in six pillars indicated in the HeRAMS Baseline Report Afghanistan.

The HeRAMS verification was completed in 334 out of 362 health facilities. The findings will be used to validate the HeRAMS baseline report.

Furthermore, for supporting reliable data, WHO provided an orientation training on DHIS2 system for the 21 HMIS staff of MoPH.

During the reporting period, some of the monitoring visits included the following:

- WHO Western region visited Ghor province and WHO focal point for Central Highland visited Bamyan province for monitoring of WHO implemented activities.
- National Emergency Response Officer from WHO country office conducted a supportive and monitoring visit to Herat province to support the sub office operation, monitored the WHO-supported health facilities for Sehatmandi and improve the WHO-supported trauma care services.
- WHO Representative for Afghanistan Dr Luo Dapeng visited Herat province and met with local health authorities and discuss WHO activities in the region. He also visited COVID-19 hospital, Herat Regional Hospital and Gozara District Hospital.

- WHO Eastern Region team conducted three field visits to Nangarhar and Laghman provinces to monitor the overall health situation; support measles outbreak response; monitor WHO supported trauma care centers; and update the MCM plan of Mihterlam Provincial Hospital.
- WHO Northern Region team conducted field missions to Faryab, Samangan, Jawzjan and Saripul provinces to monitor and enhance WHO activities, including response to the ongoing outbreaks in these provinces. There was also a humanitarian mission to Sar-e-Pul to observe the humanitarian context in the province.
- WHO Northeastern Region team conducted joint monitoring mission with PPHD, PHOs, and BPHS implementers in Baghlan, Badakhshan and Kunduz provinces.



WHO visited Guzara Hospital as part of monitoring activities.

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

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