

AFGHANISTAN EMERGENCY SITUATION REPORT

No. 23 | November 2022



World Health
Organization
Afghanistan

Key Figures (For November 2022)

531,511

People reached with
emergency health services

13,293

People received trauma
care services

811 MT

Medical and Non-Medical
supplies provided

725

Health workers trained

121

Surveillance support
team deployed to
outbreak areas¹

Summary of Outbreaks (Cumulative Cases)

205,663

Total COVID -19
confirmed cases²

225,756

Total Acute Watery
Diarrhoea cases³

74,010

Total Measles cases

1,056

Total Dengue Fever cases

384

Total CCHF cases

836

Total Pertusis cases



WHO Representative Dr Luo Dapeng and WHO field teams in Kandahar supported the nationwide measles and polio vaccination campaign in Afghanistan.

Overview

From January to October 2022, the World Health Organization (WHO) and its Health Cluster partners have reached 10.7 million people with access to health care consultations and treatment, which is 73% of the 14.7 million people targeted for 2022. For 2023, the people in need of health assistance is expected to be 17.6 million people.

In preparation for the winter season that is expected to worsen the vulnerability of the people, especially in high-altitude locations and hard-to-reach areas, WHO and Health Cluster partners have prepositioned medicines and medical supplies in 91 priority districts. This is in line with the inter-cluster coordination team (ICCT) winterization plan and based on the collective analysis of seasonal scenarios and risk assessments. WHO has established 189 primary healthcare (PHC) facilities in those underserved areas in 27 provinces to improve healthcare access.⁴ Currently, WHO is working with the implementing partners on winterization at those facilities with the provision of operational support and logistics, including fuel, heating materials, blankets and food for patients.

Winter has contributed to an increased incidence and severity of respiratory infections. In November, a significant surge of pertussis cases was observed, with 64 suspected cases. A total of 2,396 newly suspected measles cases, including seven associated deaths, were reported, which has increased by 15.3% compared to the previous month. The majority of the cases were children under five years of age.

To prepare for and respond to the surge of infectious diseases in winter season, WHO has supported the national disease surveillance response (NDSR) system, as well as provided supplies and supported capacity building to ensure proper case management at health facilities. In November, WHO trained 120 community health supervisors and medical officers on event-based surveillance (EBS) which helps capture alerts and signals of infectious diseases and other public health events from various information sources, including communities. In addition, WHO distributed 811 metric tons (MT) for a volume of 3,196 cubic meters (CBM) of medical and non-medical supplies to 235 health facilities across the country. This includes 3,021 Interagency Emergency Health Kits (IEHK), 50 pneumonia kits and 85 cholera kits.

The capacity building activities at the public health laboratories have been enhanced – 116 laboratory technicians from 33 provinces were trained on sample collection and handling techniques while 14 laboratory technicians received training on diagnosis of COVID-19 by real-time PCR (RT-PCR).

In addition, WHO is supporting the nationwide measles and oral polio vaccination (OPV) campaign being conducted from 26 November until 5 December 2022. The measles vaccination targets 5.4 million children from 9 to 59 months in 329 districts across the 34 provinces, and the campaign has been undertaken by 4,341 vaccination teams consisting of four members in each team and 2,153 supervisors.

¹ 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

² From the beginning of the outbreak (February 2020)

³ AWD case data is reported from all 519 sentinel sites in the country

⁴ According to the WHO's geo-spatial analysis on underserved areas in Afghanistan, there are 13.3 million people in 34 provinces residing in areas where primary healthcare is not accessible within one hour's walk from their dwellings.

Health Cluster

As a Health Cluster lead agency, WHO is coordinating with multiple organizations in responding to health emergencies. From January to October 2022, WHO and the 68 Health Cluster partners have reached 10.7 million people with health care services, consultations and treatment through 141 projects at 1,328 locations across the 34 provinces in the country. In November 2022, the Health Cluster conducted two coordination meetings at the national level and seven at the regional level. In addition, regional joint Health and WASH cluster lessons learned workshops on acute watery diarrhea (AWD) response were held in seven regions (Kabul, Balkh, Kunduz, Nangarhar, Kandahar, Herat and Gardez). The workshops participated in by the Ministry of Public Health (MoPH), Provincial Public Health Directorates (PPHDs), non-government organizations (NGOs) and UN agencies discussed the best way forward for a well-coordinated, timely, and adequate response to AWD in 2023.

Medicines and medical supplies have also been prepositioned in 91 priority districts as part of the inter-cluster coordination team (ICCT) winterization plan to address the health needs of more than one million people.

For 2023, the Health Cluster partners have finalized the estimates for people in need (PIN) of health assistance to be 17.6 million, with 15.6 million people as target beneficiaries, with a requirement of US\$ 450 million.



Health Cluster organized a regional joint Health and WASH cluster lessons learned workshops on AWD response 2022 in Kabul for a well-coordinated, timely, and adequate response to AWD in 2023.

Sustaining the Health Service Delivery

WHO continues to work towards delivering healthcare services to the people of Afghanistan at ever increasing levels. In partnership with 20 health partners, WHO is currently supporting 17 hospitals (six are COVID-19 hospitals), and 189 primary healthcare (PHC) facilities to improve healthcare access in underserved (white) areas. The PHC facilities supported include: 70 Basic Health Centers (BHCs), 85 Sub Health Centers (SHCs), and 34 Mobile Health Teams (MHTs) which benefit 147,960 people in 27 provinces.

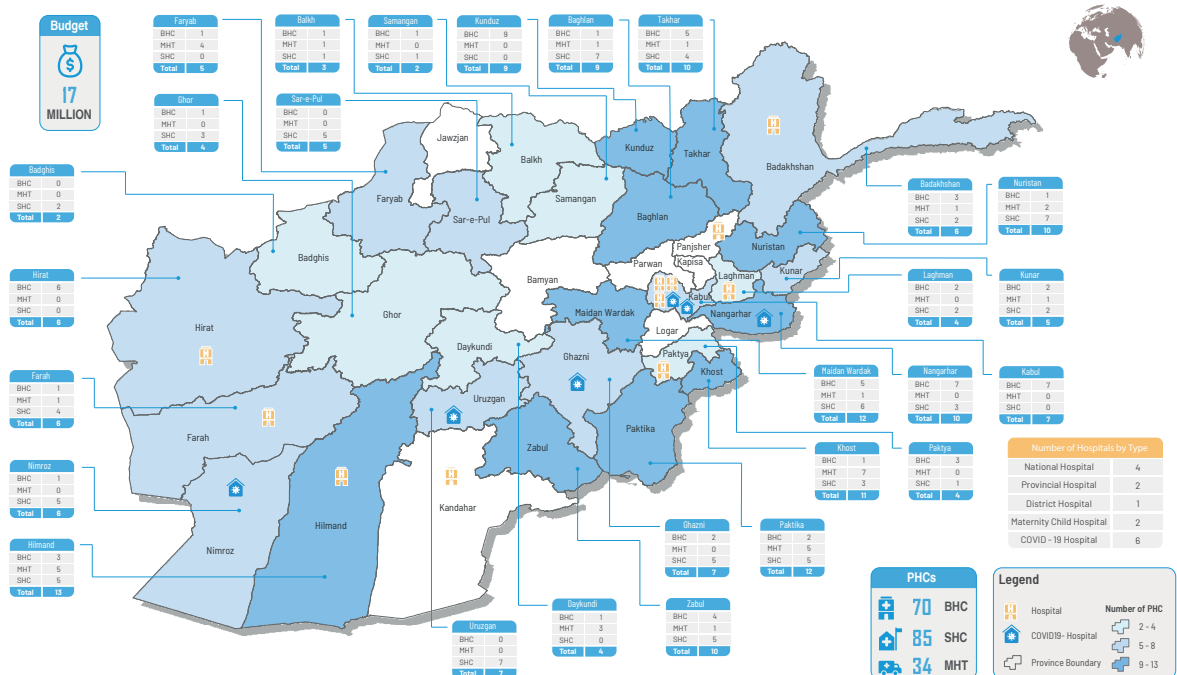
Beneficiaries of PHC services at WHO-supported facilities for November 2022 (Total 531,511)

Over 5		138,588 Male		244,627 Female
Under 5		74,266 Male		74,030 Female

Afghanistan, WHO-Supported Hospitals & Primary Health Care Services (PHCs) in the White Area



UN WHO SUPPORTING 17 HOSPITAL and 189 PHC by 20 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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Feedback: khawaria@who.int

Services provided at WHO-supported PHC facilities for November 2022	
5,940	Women received antenatal care (ANC)
2,906	Women received prenatal care (PNC)
477	Institutional deliveries
179,736	Individuals received outpatient (OPD) consultations
155,107	Patients received essential drugs for their basic health services
4,991	Child bearing age (CBA) women and under 5 children received TT2+, measles, and PENTA-3 Vaccination
4,826	Women received Family planning services and awareness
78,663	People living in remote and underserved areas received health education and awareness
11,326	Pregnant and Lactating Women received nutrition screening and Infant and Young Child Feeding (IYCF) counselling
50,535	Children under 5 received nutrition screening, and referral services.
7,740	People received immediate psychosocial counselling

Trauma and Physical Rehabilitation Care Services

WHO continues to support Afghanistan’s emergency care through an enhanced pre-hospital referral/ambulatory system, trauma care and 67 blood banks across the country, including the Kabul central blood bank. WHO finalized an assessment and monitoring report of 104 blood banks in November. The capacity building of the staff is scheduled in December based on key findings from the assessment.

Together with its partners, WHO has sustained the country’s only existing ambulatory system, with 60 ambulances in four provinces (Kabul, Herat, Parwan and Wardak) providing prompt pre-hospital medical services and transporting patients who need urgent medical care at hospitals. Also, WHO has continued the national capacity building efforts, and carried out a training workshop on intensive care unit (ICU) nursing in Kabul for 32 nurses (29 October to 17 November).

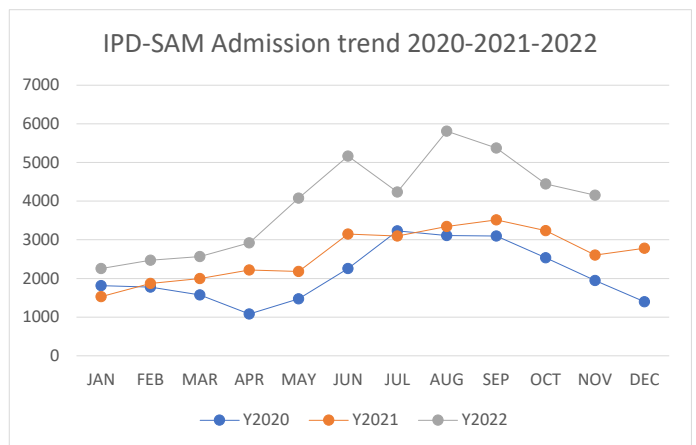
Beneficiaries of trauma care services at WHO-supported facilities for November 2022 (Total 13,293)				
Over 18		4,830 Male		3,522 Female
Under 18		2,788 Male		2,153 Female

Service Provided at WHO-supported facilities (November 2022)	
2,078	people received physiotherapy
1,393	people received psychological counselling
1,133	people who received blood transfusion
3,888	people who received minor surgical operation
750	people who received major surgical operation

Nutrition in Emergencies

WHO supports 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 November, WHO donated 656 bedside chairs to 50 IPD-SAM centers, and also established a new IPD-SAM center with 10 beds in Dasht-e-Barchi Hospital in Kabul. WHO has continued to support training on management of SAM cases in Kabul for 26 healthcare workers, and on nutrition surveillance in Nangarhar Province for 26 female healthcare workers.

In November 2022, there were 4,157 malnourished children (2120 boys; 2037 girls) with medical complications who were admitted and treated in these WHO-supported IPD-SAM centers.



Infectious Hazard Preparedness/ Surveillance

WHO has been working closely with MoPH on its national disease surveillance response (NDSR) for early detection and verification of alerts, investigations, and immediate responses to 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](#).



WHO trained 14 laboratory technicians on COVID-19 diagnosis using RT-PCR in Kabul.

COVID-19

WHO has supported the establishment and ongoing operations of COVID-19 laboratories in the country through the provision of diagnostic equipment/supplies, rehabilitation of infrastructure, and capacity building. WHO trained 14 laboratory technicians from Badakhshan, Bamyan, Baghlan, Farah, Hilmand, Laghman, Parwan and Zabul on diagnosis of COVID-19 by RT-PCR, in addition to clinical waste management, infection prevention control in biosafety and biosecurity in Kabul (29 October - 10 November).

Acute Watery Diarrhea (AWD)

WHO has worked on building the national capacity of case management. There were 220 medical doctors and nurses from Zabul, Kandahar and Nimroz provinces who were trained on the proper treatment of AWD cases in line with national guidelines (7-26 November). In addition, WHO distributed 10 Cary-Blair transport mediums and 10 rapid diagnostic test (RDT) kits to Kabul and Hilmand provinces.

Measles

WHO and partners are supporting the nationwide measles and polio vaccination campaign currently being conducted (26 November until 5 December 2022). The campaign is targeting 5.4 million children from 9 to 59 months for measles and 6.3 million children 0 to 59 months for polio in 329 districts across the 34 provinces. Prior to the implementation of the nationwide vaccination campaign, technical training on implementation of measles supplementary immunization activities (SIA) with OPV was conducted in the targeted 329 districts. A total of 434 district coordinators, 1,379 cluster supervisors, and 13,023 vaccination team members of all provinces were trained on vaccine management, cold chain, safe injection techniques, data collection and compilation (21-24 November).

Dengue fever

Suspected dengue fever cases have been reported in Kabul and Nangarhar provinces. WHO provided 1,000 kg larvicide to Nangarhar Province for vector control activities.

Surveillance

WHO continues to support the expansion of event-based surveillance (EBS) in the country, which can capture information about potential public health risks through different channels. In November, WHO conducted an EBS training workshop in Kabul for 120 community health supervisors and medical officers from Bamyan Province on identification of signals and events, triage and verification of the events, and risk assessment (20-21 November).

Public Health Laboratory

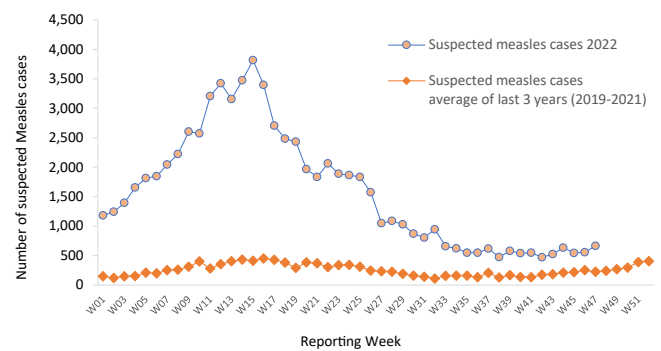
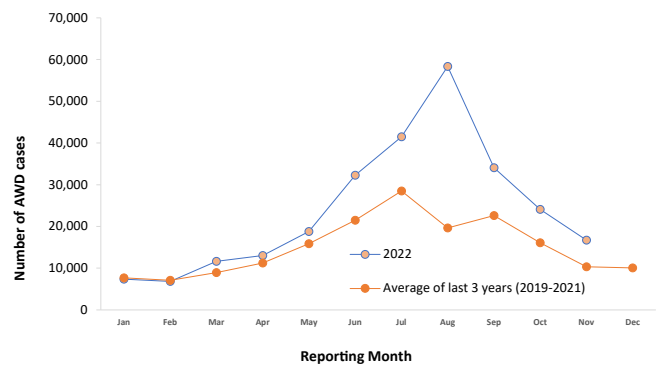
Public health laboratories have played a critical role in early detection and responses to infectious diseases. In November, WHO trained a total of 116 laboratory technicians from 33 provinces on specimen collection and handling, rational use of RDTs and use of personal protection equipment (PPE).

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, in line with the Mental Health Gap Action Program (mhGAP). In November 2022, WHO conducted two mhGAP Intervention Guide (mhGAP-IG) roll-out training workshops in Kabul. There were 60 medical doctors from Ghazni Province trained for prevention and management of priority mental disorders according to the mhGAP IG Version 2.0. The training was held on 5-10 November and 19-24 November and included 25% female participants. In addition, WHO is providing essential emergency MHPSS services for the 22 June 2022 earthquake-affected population in Khost and Paktika provinces through four MHPSS outreach teams.



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



Water Sanitation and Hygiene (WASH) at Health Facilities

WHO has been working to establish a proper water network and waste management system in 69 health facilities (65 primary healthcare facilities and four district hospitals) in 12 provinces in the southeastern, western, southern, and eastern regions. Around 69 bore wells, 55 water supply systems with reservoirs and solar power systems, 110 toilets, and 69 incinerators will be equipped in these health facilities.

Women Specialized Services

WHO is supporting the operation of the National Center for Women Specialized Service in Kabul, which provides medical treatment and counseling for survivors of violence. In November alone, 17 cases of survivor of violence were received at the center, which were provided with the required healthcare services and treatment.

WHO is also working on capacity building of healthcare workers on violence and related health problems. WHO carried out a training on “preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) and health response to survivors of violence in emergency setting” from 12 to 16 November in Bamyan Province. There were 38 healthcare workers (45% female), including medical doctors, nurses and midwives, who received 13 training modules, including history taking, physical examinations, wound and burn management and rape management.

Health Information Management

WHO and health partners continue to collect and analyze various information related to health interventions across the country. The Health Resources and Services Availability Monitoring System (HeRAMS) provides information on the current availability of resources and services from 4,181 health facilities. A full quarterly database cycle was initiated in October, and 3,350 health facilities completed the data update by the end of November 2022.

[WHO's open-access health Information portal](#) provides updated dashboards of the HeRAMS, underserved (white) area analysis, trauma care services, and medical supplies, as well as different infographics.

Operational Logistics Support

WHO provided 811 MT for a volume of 3,196 cubic meters (CBM) of medical and non-medical supplies in November 2022, which will benefit 3,853,000 people in 34 provinces through 236 health facilities, including:

- 3,021 IEHK (2,873 basic module and 148 supplementary module) to 36 hospitals and 130 primary healthcare facilities across 16 provinces.
- 85 cholera kits (central) to hospitals, including Mirwais Regional Hospital and Ayno Mena Provincial Hospital in Kandahar, and Fatima Bayat Maternity Hospital in Hilmand.
- 239 TESK to 25 hospitals in eight provinces (Kabul, Kunar, Laghman, Nangarhar, Kandahar, Hilmand, Takhar and Baghlan) including Mohammad Ali Jinnah Hospital in Kabul, and Nangarhar Teaching Hospital.
- 581 PED SAM pediatric kits including SAM/MC Children and 50 pneumonia kits.
- Diphtheria Antitoxin (500 vials of 5ml and 500 vials of 10 ml) were distributed to all regions.



WHO delivered a total of 811 MT of medical and non-medical supplies in November 2022, which will benefit 3,853,000 people through 236 health facilities across the country.

Monitoring and Evaluation (M&E)

To ensure proper oversight of project implementation, WHO has conducted systematic and regular monitoring and evaluation (M&E) activities through 30 monitoring officers on the ground using specific tools developed for each type of health intervention. In November, WHO conducted monitoring visits in 34 provinces, which include 111 primary healthcare facilities, 91 therapeutic feeding units (TFUs), nine hospitals (including three COVID-19 hospitals), and four ambulatory services stations. WHO also conducts bilateral meetings with the implementing partners to review the implementation status and identify the best way forward to ensure high quality healthcare services as a part of M&E.

Field Visits

WHO country and regional technical teams, as well as Health Cluster Coordinator teams, conducted field visits to Kabul, Kandahar, Khost, Paktya, Balkh, Badakhshan Kunduz, Laghman, Nuristan, Kunar, Parwan, Maidan Wardak and Nangarhar provinces in November 2022. The missions provided technical support and oversight on the WHO programme implementation, including the nationwide measles and OPV campaign, ambulance and referral system, primary healthcare services, AWD and malaria case management, and dengue fever investigation. An assessment was also conducted at the points of entry (PoE) in Mawlana Jalal ad- Dine Mohammed Balkh international Airport.

Funding Needs

WHO's health emergency response in Afghanistan has been made possible through the generous contributions of donors and partners. In 2022, WHO has required US\$250 million for health interventions and \$193,206,052 has been received, with a funding gap of \$56,793,948.



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 & Partnerships Lead, WHO Afghanistan, Email: kakaym@who.int**
- Ms Akiko Takeuchi, Technical Officer, WHO Afghanistan, Email: takeuchia@who.int**

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