

Afghanistan

Earthquake in Paktika and Khost

Situation Report No. 12

7 August 2022

(Reporting period: from 24 July to 6 August)



WHO distributing 144 713 long-lasting insecticidal nets (LLINs) in five districts in Paktika and Khost province



361 634¹
People affected



1036²
People killed



2989³
People injured



4543⁴
Homes affected (partially/fully)



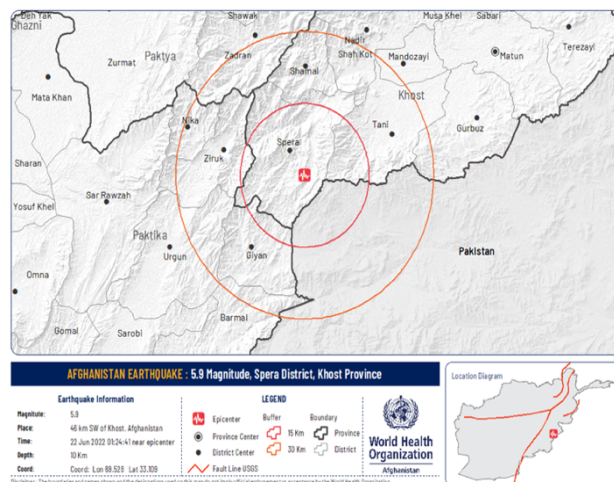
91 874⁵
People reached by Health Cluster



22⁵
Health Partners responding

HIGHLIGHTS

- It's been more than 40 days since a 5.9 magnitude earthquake struck the southeastern region of Afghanistan on 22 June 2022, affecting Paktika and Khost provinces.
- WHO and 21 Health Cluster (HC) partners continue providing primary healthcare (PHC) services and reached more than 91 000 people.
- Heavy rains and flash flooding have continued in south-eastern regions with multiple casualties in Khost and Paktika.
- WHO and Health Cluster partners are working together to mitigate the risk of communicable diseases among the population. WHO and UNICEF supported the measles vaccination campaign conducted on 23-28 July in seven districts in Paktika and Khost provinces, covering 138 696 children between six months and 14 years old.
- With the surge of cases of acute watery diarrhea (AWD), Health and WASH Clusters have enhanced coordination and response measures. Health Cluster has established the regional AWD taskforce and developed the regional AWD response plan. WHO conducted AWD case management training for 100 healthcare workers.
- Under the Afghanistan Humanitarian Fund (AHF), 2nd Reserve Allocation (RA) 2022, US\$ 4.7 million was allocated for Health Cluster. The Health Cluster Strategic/Technical Review Committee is reviewing the proposals.
- WHO has received US\$ 4.935 million, while the funding gap is US\$1.685 million out of 6 million required for three months for health and WASH interventions.



Map: The earthquake affected area

SITUATION UPDATES

An earthquake with 5.9 magnitude and aftershocks hit the Southeastern Region on June 22, impacting 361 634 people mainly in Giyan, Barmal, Nika and Ziruk districts in Paktika province, and Spera and Shamal districts in Khost province.

Since July, heavy rains and flash flooding have continued in south-eastern regions. Between 24 July and 1 August, flash floods have reportedly killed two people in Khost province, and six people in Paktika province. Two people are injured in Paktika province. Heavy rains have damaged or destroyed at least 100 houses in Paktika and 500 in Paktika. The flash floods have hindered the humanitarian efforts by Health Cluster partners for the earthquake-affected population, especially outreach activities in remote areas.

¹ UN OCHA. (2022). Emergency Earthquake Response Plan Afghanistan

² Ministry of Public Health. (2022). Summary of Casualties in Khost and Paktika Provinces from 22 June 2022 earthquake (published on 26 June 2022)

³ Ministry of Public Health. (2022). In addition to 2949 injured cases announced by MoPH on 26 June 2022, a total of 40 people were reported injured by the aftershock on 18 July 2022 (19 July 2022).

⁴ Ministry of Public Health. (2022). In addition to 4500 homes affected announced by MoPH on 26 June 2022, a total of 43 homes were reported as fully or partially destroyed by the aftershock on 18 July 2022 (19 July 2022)

⁵ Health Cluster. (2022). Health Cluster Partners Response for Paktika and Khost Provinces (as of 2 August 2022)

EMERGENCY RESPONSE

Health Cluster Response

- Under the Afghanistan Humanitarian Fund (AHF), 2nd Reserve Allocation (RA) 2022, US\$ 4.7 million was allocated for health to support earthquake response. Seven partners were recommended to submit their proposals for carrying out the priority interventions, including: 1) primary health care services, including emergency sexual and reproductive health (SRH) services, mental health and psychosocial support mental health psychosocial support (MHPSS) and support to the referral health facilities; 2) trauma care services, including mass casualty management and physical rehabilitation of injured people; 3) infectious diseases outbreak response with the focus on AWD and measles; 4) procurement of medical kits/supplies; and 5) rehabilitation of damaged health facilities.
- Health Cluster coordinated with 22 Health Cluster partners to update the 4Ws in 13 districts (Annex).
- Health Cluster team conducted field missions to Paktika and Khost provinces (25-29 July), and Paktya COVID-19 Hospital (4 August).
- Regional Health Cluster Coordinator held meetings with the partners to enhance the coordination mechanism: meeting on the 2nd assessment in Khost province with OCHA, UNICEF, WFP, IOM, UNHCR, IRC, OHPM, CAR on 31 July; Emergency Preparedness and Response Committee in Paktya Province on 31 July; and Health and WASH cluster meetings on 3 August.



Health Cluster meeting at Khost Province on 31 July 2022

Trauma and Hospital Care

- Six hospitals in Paktika, Khost, Paktya and Ghazni provinces have been operating to provide trauma care, physical rehabilitation and disability support.⁶ No new earthquake-related trauma cases have been reported since 23 July 2022. The injured cases by the earthquake have been treated in inpatient department at the hospitals, and receiving physical rehabilitation services including physiotherapy, orthotics, repair and assistive devices by the Health Cluster partners.
- REACH has conducted a detailed facility damage assessment in Giyan, Barmal in Paktika province, Spera and Tani in Khost province. Around 2% of assessed health facilities were reported to be severely damaged or destroyed; 15% have minor to moderate damage.⁷
- WHO supports the 20-day training on intensive care unit (ICU) from 6 to 26 August in FMIC hospital in Kabul and six healthcare workers from Paktika and Ghazni provinces are being trained.
- Health Cluster partners are providing primary healthcare service, including trauma care to the affected population (Annex).
 - Two health camps are currently functioning through the joint efforts of OHPM, IRC, IMC, Afghan Family Guidance Association (AFGA), HADAAF, Human First, Union Aid, CARE and IOM in Giyan and Barmal districts in Paktika.
 - UNFPA has established two static health facilities in Spera, Khost province, where 376 people received different PHC services.
 - OHPM (UNICEF) has provided first aid health services, general health services for outpatients, nutrition, MCH, vaccination and CDC services in Giyan and Barmal districts in Paktika province, including referral.
 - UNICEF, in partnership with HN-TPO, has distributed hygiene kits and health kits, deployed a mobile health team (MHT) and provided emergency health and trauma care services in Spera, Khost province.
 - JIA/HADAAF has provided mother and child health care, outpatient department (OPD) trauma management, and psychosocial services in Spera district, Khost.
 - International Medical Corps (IMC) has provided trauma care, stabilization, and referral services in Giyan in Paktika.
 - Union Aid has provided primary healthcare services in Giyan in Paktika.



IOM delegation visited Giyan, Paktika province



HADAAF provide primary healthcare services in Spera, Khost province

⁶ Six hospitals are Paktika (Sharan) Provincial Hospital (PH), Urgun District Hospital, and Kairkot DH in Paktika province, Khost PH in Khost province, Ghazni PH in Ghazni province, and Gardez Regional Hospital (RH) in Paktya province

Vaccination

A measles vaccination campaign was conducted from 23 to 28 July. While the target population was 124 674, there were 138 696 children between six months and 14 years old vaccinated in seven districts in Paktika province (Sarobi, Barmal, Giyan, Urgun, Ziruk, Nika) and a district in Khost province (Spera).

Mental health and psychosocial support (MHPSS)

- WHO launched a series of 5-day Mental Health Gap Action Program (mhGAP) training workshops for 100 doctors at basic package of health service (BPHS) facilities in Paktika, Khost and Paktya provinces on 30 July. There were 25 medical doctors from Paktika and Khost provinces who received the training from 30 July to 4 August in Kabul. This training will help doctors provide non-specialized diagnoses and manage most common mental health problems in post-disasters.
- IOM has mobilized five female MHPSSS counselors in Giyan district in Paktika and provided MHPSS services to a total of 1,224 individuals (358 girls, 235 boys, 455 women and 176 men) through group and individual basic counseling sessions and peer-support group.
- UNICEF, in partnership with HN-TPO, has mobilized psychosocial counselors in Spera district of Khost province to provide psychological first aid (PFA) and emergency counseling with 208 clients sessions.



WHO MHPSS specialist training medical doctors on diagnosis of common mental health problems in Kabul

Reproductive Maternal and Child Health (RMCH)



UNFPA conducted a field mission to Paktika province to monitor RMNCH services

- As part of Minimum Initial Service Package (MISP) services, AFGA has provided various sexual and reproductive health services at health camp in Giyan Paktika and a mobile clinic in Spera in Khost province. This includes health education by midwives and health care services related to prevention of HIV and STI, and family planning.
- UNFPA has provided RH services through five MHTs in Giyan, Barmal, Nika, Ziruk and Urgun in Paktika province: 214 women received antenatal care (ANC); 72 women received postnatal care (PNC); 456 women participated in awareness sessions; and 92 women received the family planning services. Two deliveries were attended by midwives and UNFPA supported referral of two cases.
- IOM has provided RMCH services including ANC and PNC to 212 females in Giyan district, Paktika.

Disease surveillance/Potential Diseases Outbreak Prevention & Response

AWD/cholera

There has been a significant increase in AWD cases in the affected areas (figure 1 & 2).⁸ Between 24 July to 6 August 2022, a total of 846 AWD cases were newly detected in the affected districts: 561 cases were reported in Giyan district in Paktika; 220 cases in Spera district in Khost; and 65 cases in Barmal district in Paktika. All cases received treatment (IV fluid, ORS, zinc) at the health facilities, and severe cases were sent to referral hospitals. No death was reported.

Since 25 June 2022, a total of 3,060 AWD cases, including one associated death, have been reported in three districts (Giyan and Barmal in Paktika province, and Spera in Khost province). Among them, 25 cases were positive for cholera rapid diagnostic test (RDT) (11 cases reported in Giyan, eight in Barmal, six in Spera districts).

WHO delivered cholera RDT kits to the affected provinces: 50 RDTs to Paktika; 10 to Khost and 40 to Ghazni. Additionally, WHO has supplied 50 sample transportation media and 2000 RDTs to Gardez WHO Warehouse. WHO has also supported AWD case management training conducted on 3-4 August in Kabul. A total of 100 healthcare workers (50 medical doctors and 50 nurses) from southeast region were trained.

⁸ Fluctuations in the trend curves could be explained by delays in weekly data reporting

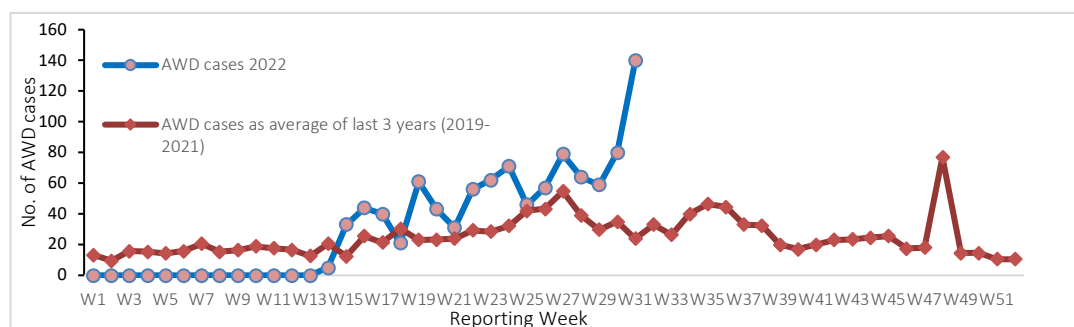


Figure1: Weekly trend of AWD reported cases from Spera district in Khost province, Afghanistan (2022 and 2019-2021)

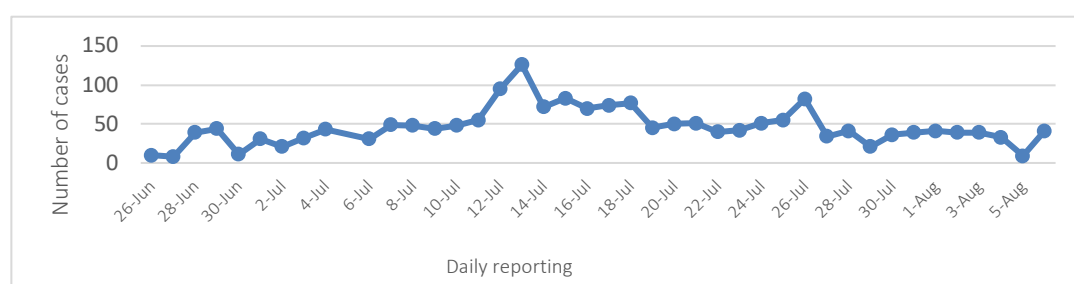


Figure 2: Daily trend of AWD reported cases from Giyan district in Paktika province, Afghanistan 24 Jul to 6 Aug 2022

Malaria

With support from the Bill and Melinda Gates Foundation, CERF and AHF, WHO has started distribution of 144 713 long-lasting insecticidal nets (LLINs) in Barmal, Giyan, Ziruk, Naka in Paktika province and Spera in Khost province to protect people from malaria and other mosquito- and vector-borne diseases from 21 July to 25 August.



WHO distributing LLINs in the high-risk areas of malaria

Risk comms and community engagement (RCCE)



IMC organized hygiene sessions to children

Health partners continue to engage communities to mitigate the spread of AWD. IMC has provided hygiene-related messages to 946 families in Giyan district in Paktika province. IOM MHTs carried out daily awareness and health messaging to the communities, within the reporting period 3479 individuals (1683 males and 1796 females) reached through this direct activity in Giyan district, Paktika.

WHO continues its deployment of RCCE mobilizers in Paktika to support AWD prevention measures.

Operational support and logistics

- WHO distributed a total of 15 metric tons of medical and non-medical supplies including
 - 228 items of trauma care-related equipment to health facilities in the earthquake-affected provinces, including anesthesia machines, ECG machines, oxygen concentrators, patient monitors, autoclaves, blood bank equipment, and surgical and orthopedic sets and PPE.
 - 20 different modules of Non-Communicable Disease Kit (NCDK) across the country.
- UNFPA has provided 146 dignity kits through outreach mobile health teams in earthquake affected areas.

NEEDS AND GAPS

- Most of affected areas are remote and hard-to-reach which have been affected by heavy rains. While most of the beneficiaries of primary health care service are women and children, a shortage of female healthcare workers has been critical, especially for MHTs due to required travels and security concerns. Furthermore, recent flash flood hindered reach out activities by MHTs.
- Some of the fixed healthcare facilities still remain fully or partially damaged, which has hampered the healthcare service provision.
- With the surge of AWD cases, insufficient safe water supply, poor hygiene and sanitation practices among the community is a concern, as well as limited capacity of AWD case management at healthcare facilities including infection prevention and control measures.
- The risk of other health problems is high such as mental health problems and non-communicable diseases often occurs in the aftermath of the disasters and emergencies.

AREAS OF IMPROVEMENT

- Sustaining of availability and accessibility of primary health care service in the affected areas including sexual and reproductive health (SRH) services, immunization, MHPSS, and non-communicable diseases. This includes continued support for referrals and secondary health care facilities, and sustainable provision of medical and non-medical supplies.
- Restoring functionality of damaged health facilities in the affected areas.
- Enhancing resiliency of the health staff for future natural and/or man-made disasters, and public health emergencies through building the capacity of mass casualty management at healthcare facilities, equipping emergency and resuscitation rooms, and pre-positioning trauma kits and supplies.
- Enhancing specialized medical care service availability, such as reconstructive surgeries, physical rehabilitation, and disability support.

FUNDING NEEDS

- WHO's initial response to the 22 June 2022 earthquake in Afghanistan has been possible with the funding support of the following donors: Afghanistan Humanitarian Fund (AHF), EU ECHO, EU DEVCO, Italian Government, Italian Regions, USAID, Japanese Government, and Bill and Melinda Gates Foundation.
- WHO requires US\$ 6.0 million for three months for Health and WASH interventions, including medical supplies, rehabilitation, essential healthcare service, and provision of LLINs. To date, US\$ 4.935 million were received (US\$ 2.25 million from UN CERF, US\$ 1 million from Bill and Melinda Gates Foundation, US\$ 1.685 million from AHF 2nd RA), while the funding gap is US\$ 1.065 million.

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RCCE trainees empowering vulnerable populations with life-saving information

Risk communication and community engagement (RCCE) is an integral part of any emergency preparedness and response, and it is a two-way and multi-directional communication and engagement with affected populations so that they can make informed and timely decisions to protect themselves and their families.



In June-July, Ministry of Public Health (MoPH) and WHO conducted a series of four training sessions on RCCE covering 34 provinces of Afghanistan. There were 110 master trainers at national and sub-national levels who underwent sessions on how to communicate risk and prevent diseases such as COVID-19, measles, Acute Watery Diarrhoea (AWD)/cholera, dengue, and Crimean-Congo Haemorrhagic Fever (CCHF). The curriculum also included skills building on communication community engagement that are essential in outbreaks, disasters and emergencies.

Fresh from the training classrooms, 50 teams were deployed jointly by MoPH and WHO to conduct RCCE interventions in earthquake-affected communities of Paktika, as well as in provinces affected by AWD outbreaks in Kandahar, Helmand, Samangan and Kabul. Teams are also being deployed in Zabul.

How did the RCCE ToT help you in conducting successful community mobilization sessions?

The ToT on RCCE which I received in Kabul, with support from WHO, is the base for our successful implementation of community engagement and mobilization sessions. Right after the earthquake, I oriented the response team on risk communication and engagement of the people.

Currently, we are conducting RCCE for prevention of AWD, COVID-19 and dengue in Giyan and Barmal districts of Paktika province that were affected by earthquake. We appreciate the support in building capacities at national, provincial and district level on RCCE for various health topics.

(Dr Maqboul Loqmanzai, RCCE team member at Gayan, Paktika)

Is RCCE is related to your current work?

The RCCE training is directly linked to my current job and the interventions we conduct and enhanced my interpersonal communication and community engagement skills. In addition, risk communication is a new topic I learned about. I will use the knowledge and skills of this training in community related interventions and will share the skills with my network at communities that work for improvement of village dwellers. (Dr. Abdul Qahar Ludin, Nuristan CBHC officer)

What do participants learn on the RCCE and what was the new topic?

From this course we learn how to engage community while an emergency occurs, and which steps need to be done. Now I will replicate the training at my office and will utilize the skills I have learned here. (Dr. Noor Abass, Logar CBHC officer)

Does this training meets your RCCE needs and how will you replicate it?

Nomads are the most vulnerable and marginalized people. The topics covered in the training were the unmet needs for me and my staff. I will use it in my daily activities particularly during provision of care. I will replicate the training to the staff at my health facility. I appreciate the efforts of the trainers and support of WHO in provision of such trainings. (Dr. Abdul Saboor Omer, head of nomad health hospital)



