

# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 18 | June 2022



World Health  
Organization  
Afghanistan

## Key Figures (Monthly)

**179,809**

People reached with  
emergency health services

**1,152,919**

People in Sehatmandi-  
supported health facilities

**1,773,640**

People reached by  
medical kits deployed

**230**

Health workers trained

**100**

Surveillance support  
teams deployed to  
outbreak areas

**34**

Classical rapid response  
teams deployed to  
outbreak areas

## Ongoing Outbreaks

**182,614**

Total COVID -19  
confirmed cases

**8,617**

Total Acute Watery  
Diarrhoea cases

**13**

Total Dengue Fever  
cases

**59,662**

Total Measles cases

**90**

Total Malaria cases



A UN inter-agency team visited earthquake-affected areas, 25 June 2022.

## Highlight in June: Delivering life-saving health interventions to respond to the earthquake in Paktika and Khost provinces of Afghanistan

A 5.9 magnitude earthquake struck the Southeastern Region of Afghanistan on 22 June 2022, affecting the lives of more than 360,000 people in Paktika and Khost provinces. A 4.2 magnitude aftershock hit Giyan District in Paktika two days after. The earthquake's damage has been wide, impacting 17 districts across Paktika and Khost provinces. According to a Ministry of Public Health report published on 26 June 2022, 1,036 people were killed, 2,949 were injured, and 4,500 homes were damaged.

Within a few hours, WHO immediately activated an Incident Management Team in the WHO Afghanistan country office and mobilized emergency life-saving support to affected areas. This includes provision of more than 20MT of medical supplies (different TESK and IEHK modules), deployment of two mobile health teams (MHTs) in coordination with HMLO (LNGO), supporting trauma care and mass casualty management, providing physical rehabilitation and disability support services through implementation of ABRAAR (LNGO), assessment of health facilities in the affected districts, and shipment of more than 2000 vials of tetanus and diphtheria (Td) vaccines.

WHO also deployed surveillance support teams to Giyan and Barmal districts in Paktika and Spera District in Khost, the districts most impacted by the earthquake. As people were forced to live outside in temporary shelters with limited safe water and proper WASH facilities, WHO worked with the national disease surveillance and response (NDSR) team and began active surveillance to prepare for and respond to potential outbreaks of water-borne and vector-borne diseases, which are highly anticipated among people living in post-disaster deteriorated living conditions.

WHO is dedicated to supporting those with mental health issues caused by the earthquake, for example due to the loss of family members, friends, homes, and belongings. WHO's mental health and psychosocial support (MHPSS) expert assessed the needs on the ground, provided technical support to the health partners, provided immediate Psychological First Aid (PFA) and conducted MHPSS counselling at hospitals and in communities.

In addition to a staff surge to the affected areas, WHO conducted several missions. The WHO representative visited Paktika and Paktya provinces from 25 to 27 July, including visits to Paktika Provincial hospital and Paktya Regional Hospital. The mission assessed the situation in the health facilities and discussed with the health authorities and community leaders on the health gaps, needs and the strategic response plan.

Closely working with WHO, the Health Cluster Coordinator organized ad-hoc Health Cluster coordination meetings at both national and provincial levels to streamline response activities among partners on the ground. The Health Cluster Coordinator also conducted a joint mission with WHO and IOM to Paktika and Khost from 29 June to 1 July to ramp up the coordination mechanism with various stakeholders.

Furthermore, WHO and health cluster members jointly developed and published seven daily situation reports on the earthquake emergency response from 22 June to date. To improve response efforts, WHO shared the information with Health Cluster partners.

## Sustaining the Health Service Delivery

WHO continues to work towards delivering basic essential health services to the people of Afghanistan. With support from the Afghanistan Reconstruction Trust Fund (ARTF), WHO forged partnerships with 14 NGOs in February 2022, and supported the implementation of the Sehatmandi Project, which provided secondary healthcare services at hospital level in 34 provinces throughout Afghanistan until the end of June 2022. This project covered 96 hospitals, including 78 District Hospitals (DHs), 16 Provincial Hospitals (PHs) and 2 Regional Hospitals (RHs) in the country.





During the month of June 2022, there were 1,091,125 people who received a Outpatient Department (OPD) treatment and 61,794 were admitted for Inpatient Department (IPD) services in 96 WHO-supported hospitals. Also, with WHO’s support, 26,133 institutional deliveries, 1786 caesarean section, and 5068 major surgeries were performed at those hospitals.

To ensure that quality healthcare services are provided at those hospitals, WHO conducted systematic monitoring and evaluation by 19 monitors on the ground, using the standard hospital checklist. By the end of June 2022, all 96 WHO-supported hospitals had been visited at least four times by the monitors. WHO has closely worked and followed up with its implementation partners to provide remedial actions to address gaps identified by previous monitoring visits and provide technical support to improve healthcare service delivery.

To ramp up the COVID-19 response, WHO has provided operational support to eight COVID-19 hospitals in eight provinces (Kabul, Nangahar, Uruzgan, Zabul, Nimroz, Khost, Kunar and Ghazni) through the implementation partners since February 2022.

In addition, WHO has been helping the following six hospitals meet increased demands for their services.

- **Ata Turk Children Hospital in Kabul** (since January 2022): From January to March 2022, 2600 inpatients were received at the hospital, and an average of 18-24 patients have been received at ER per day, with 360 patients at OPD per day.
- **Fatima Bayat Maternity Hospital (50 beds) in Helmand** (since June 2022): Located in Lashkargah, the capital

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

city of Helmand province, the hospital is providing a full range of maternity and newborn health care services around the clock, including antenatal care (ANC), postnatal care (PNC), assisted deliveries including caesarian section, immunization service, family planning, etc.

- **Panjsher Anabah Emergency Hospital (20 beds) in Panjsher:** This district-level hospital in Anabah District provides 24-hour primary healthcare services.
- **60-beds Obstetrics and Gynecology hospital in Badakhshan:** The hospital was fully supported by MoPH before 15 August 2021 but became unfunctional afterwards. WHO will re-open this hospital and deliver specialized gynecological and obstetrical healthcare services through Aga Khan Foundation/Aga Khan Health Services from July 2022.
- **Ayno Meana Hospital (with 50 beds) in Kandahar:** The hospital provides secondary healthcare services, including maternal and newborn care, child health and immunization, nutrition, communicable disease, mental health and psychosocial services, disability and physical rehabilitation services, along with providing essential medicine. WHO finalized the contractual agreement with the responsible NGO to fully operationalize the hospital from August-December 2022.

- Infectious Disease Hospital (with 100 beds) in Kabul: This is the only hospital in the country specialized in infectious disease. WHO is supporting the hospital by providing patients’ food and medicines/consumables.

WHO will fully support the operation of this hospital from August 2022 through February 2023 in collaboration with the implementation partner.

## Health Partners’ Coordination

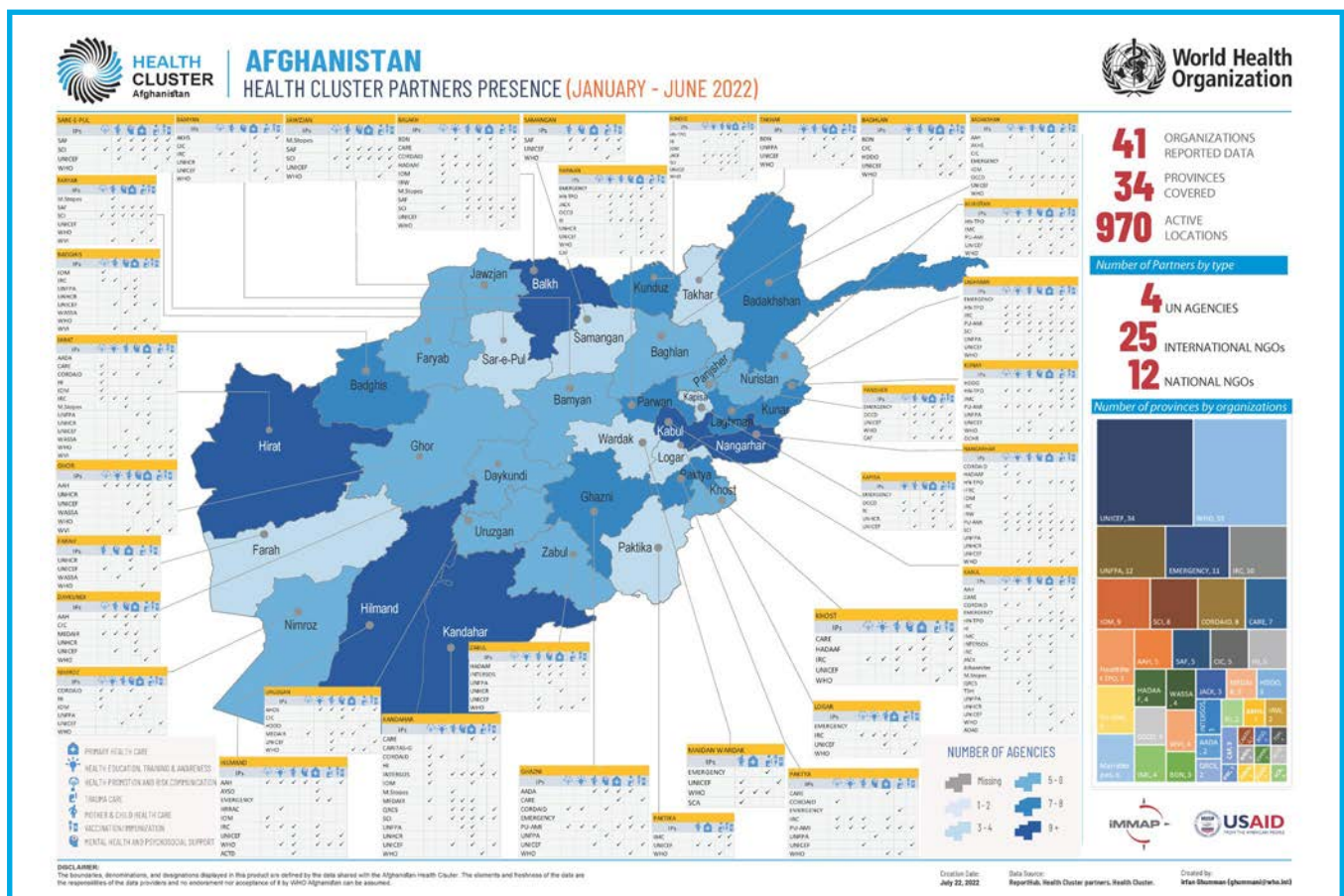
As a Health Cluster lead agency, WHO is coordinating, streamlining and leveraging efforts of multiple organizations to respond to the health emergencies.

In June 2022, the following key activities were conducted by the Health Cluster:

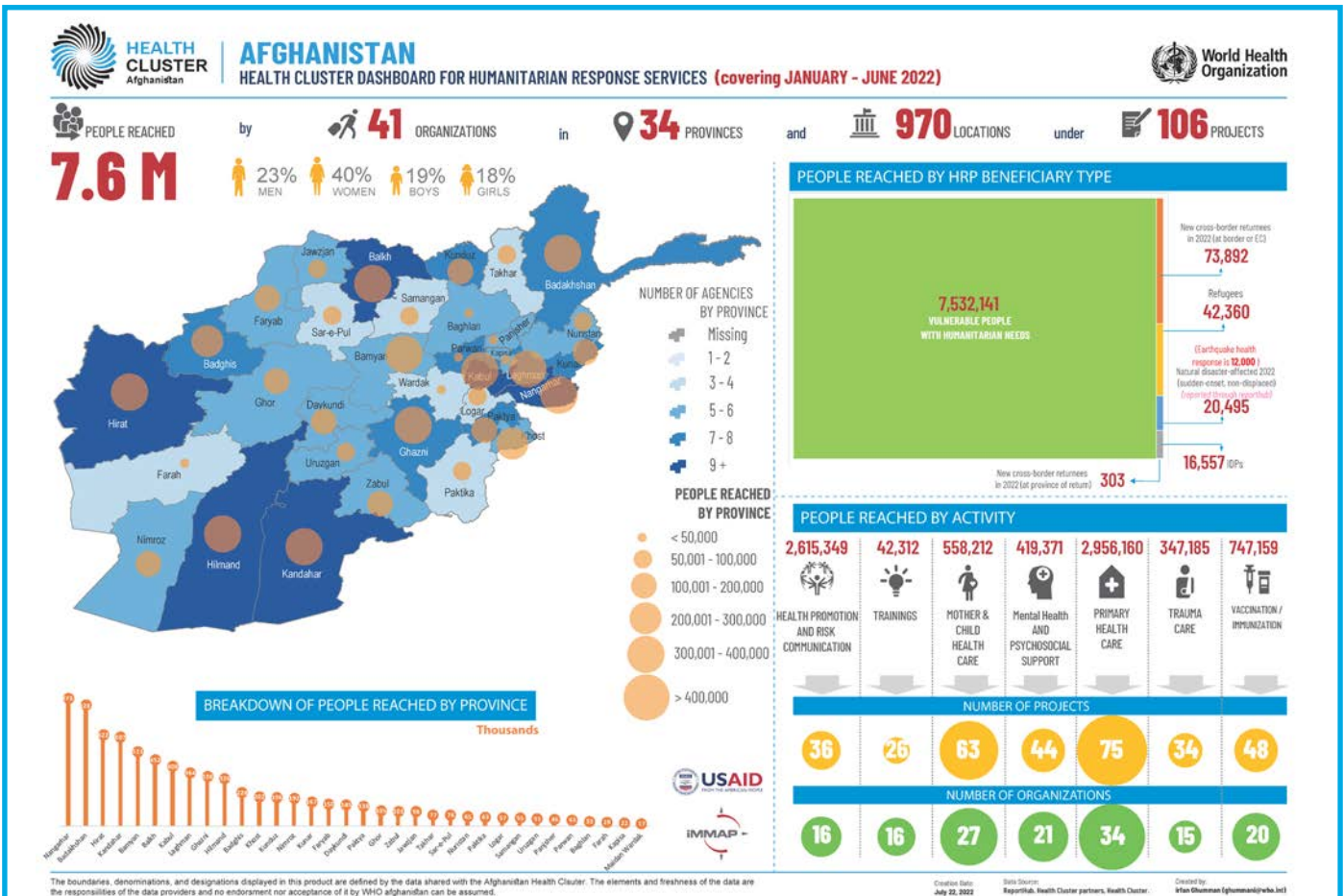
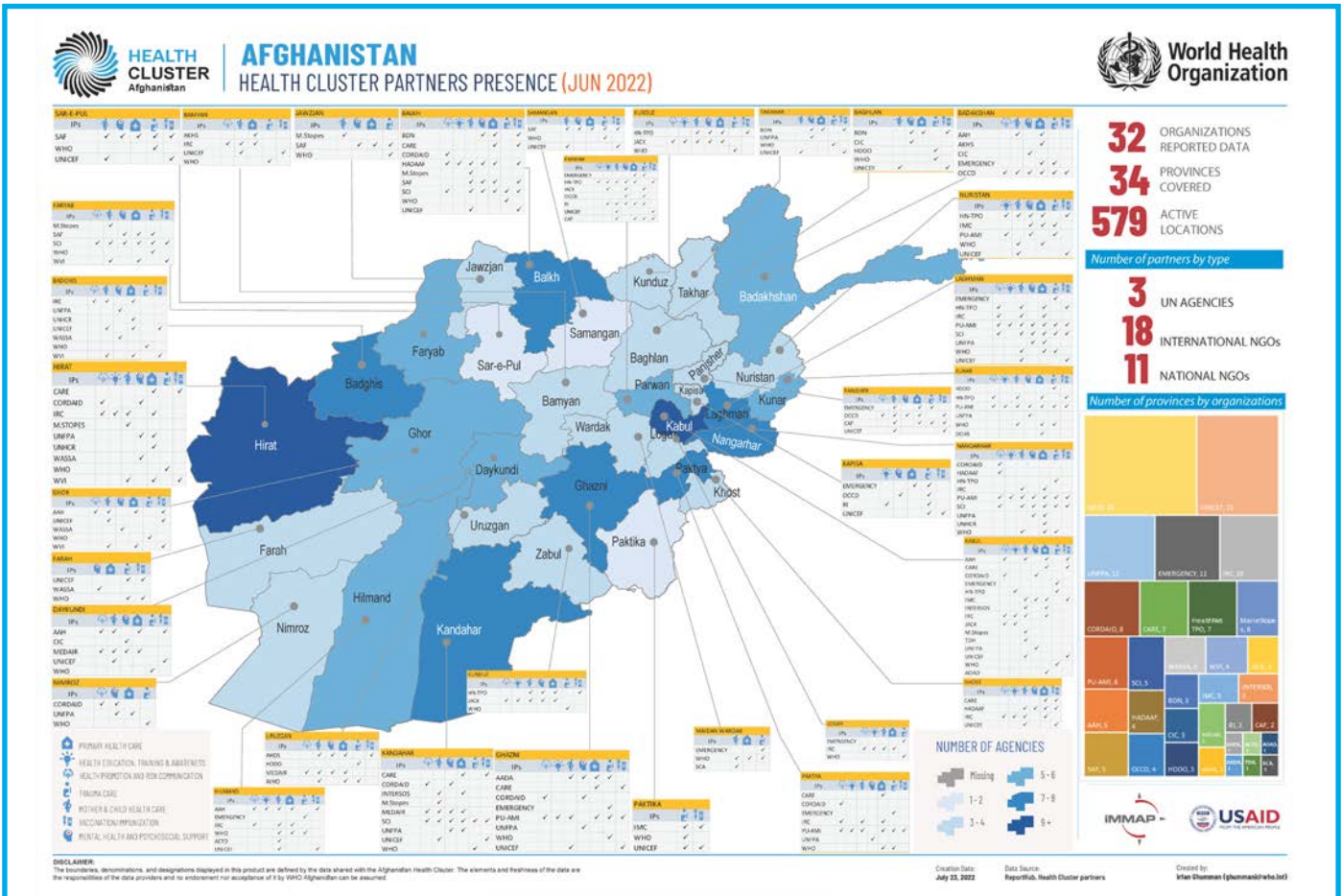
- Earthquake response in Paktika and Khost provinces:
  - Two Regional Health Cluster Coordinators (RHCCs) were re-purposed from Kunduz and Mazar (Balkh province) to Khost and Paktika provinces to enhance response coordination with the Southeast region RHCC.
  - Several Health Cluster coordination meetings were organized at national and provincial levels.
  - The Health Cluster Coordinator conducted a joint mission with WHO and IOM to Paktika and Khost provinces from 29 June to 1 July.
  - The Health Cluster completed 4Ws for the affected areas with 20 partners in 12 districts. The 4Ws were updated on a weekly basis.
  - A multi-sectoral Earthquake Response Plan was developed to cover three months (July to September 2022). Around 362,000 people living in high intensity earthquake zones are targeted

with a budget requirement of USD 6 million. The Health Cluster has mobilized USD 1.25 million from UN CERF and has advocated for mobilizing the remaining budget requirement.

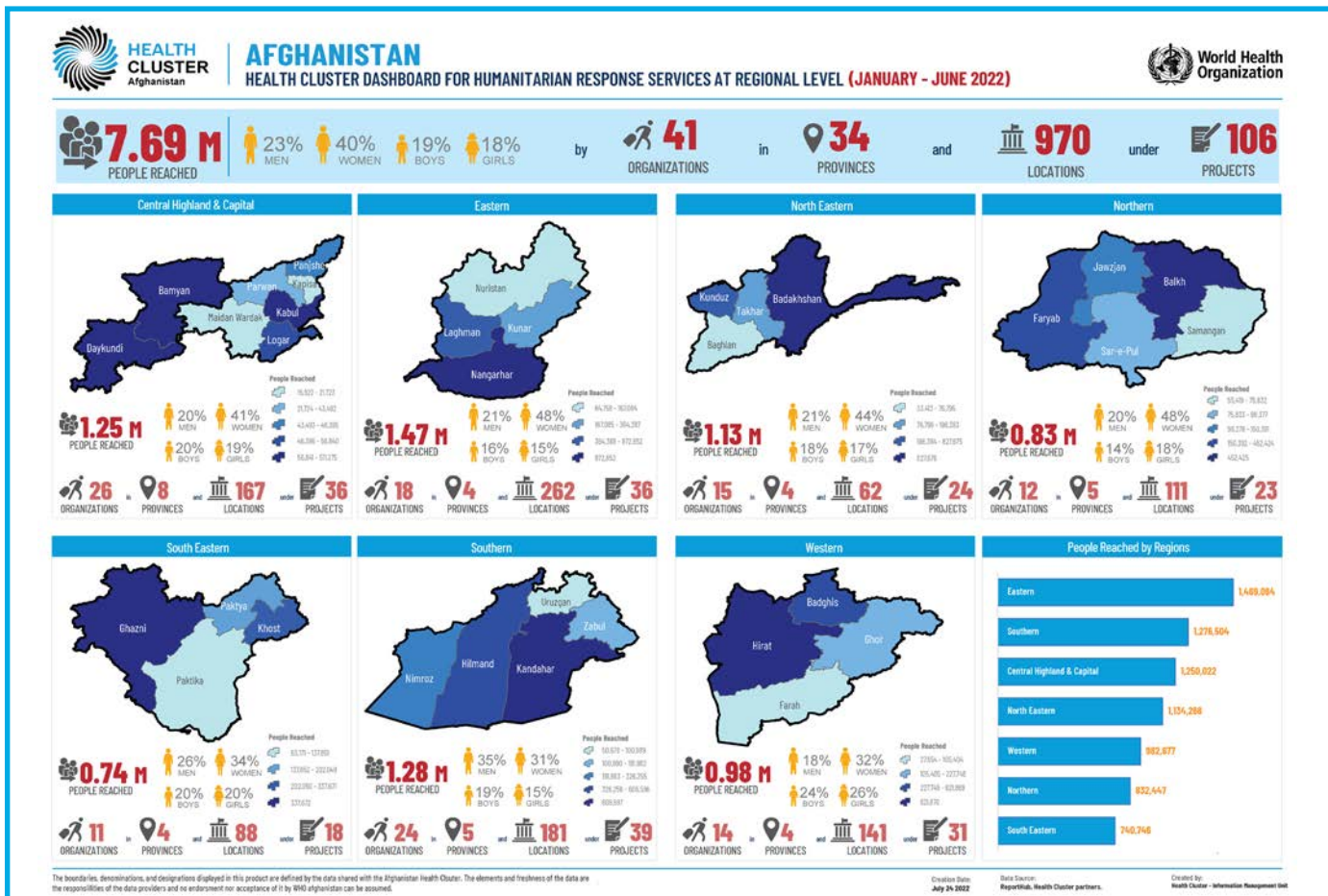
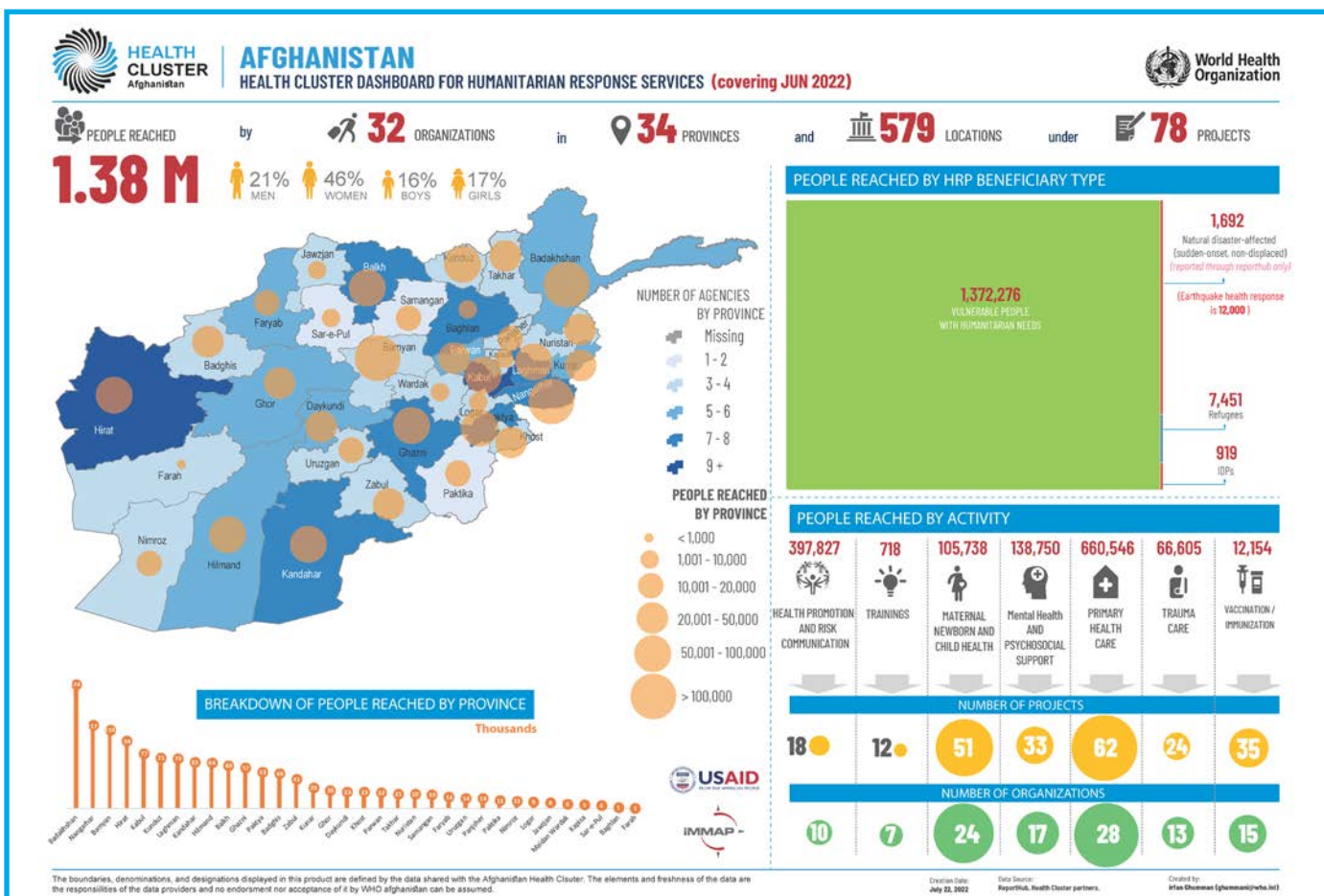
- WHO developed seven situation reports and shared them with the Health Cluster partners.
- To improve quality of humanitarian health program implementation, a two-day workshop was conducted to orient 43 Health Cluster partners on quality-of-care tool kit.
- The Health Cluster supported the training of 43 Health Cluster partners’ managers and staff members on project management, proposals and report writing.
- Under the Afghanistan Humanitarian Fund (AHF), the first standard allocation (SA) for 2022, USD 13.4 million was allocated for health. Around 12 projects were recommended for carrying out the priority interventions, including: 1) primary health care services in underserved and flood-prone locations; 2) delivery of secondary/referral health care services; 3) infectious diseases outbreak response; and 4) trauma care services with a focus on pre-ambulance care and blood banks.

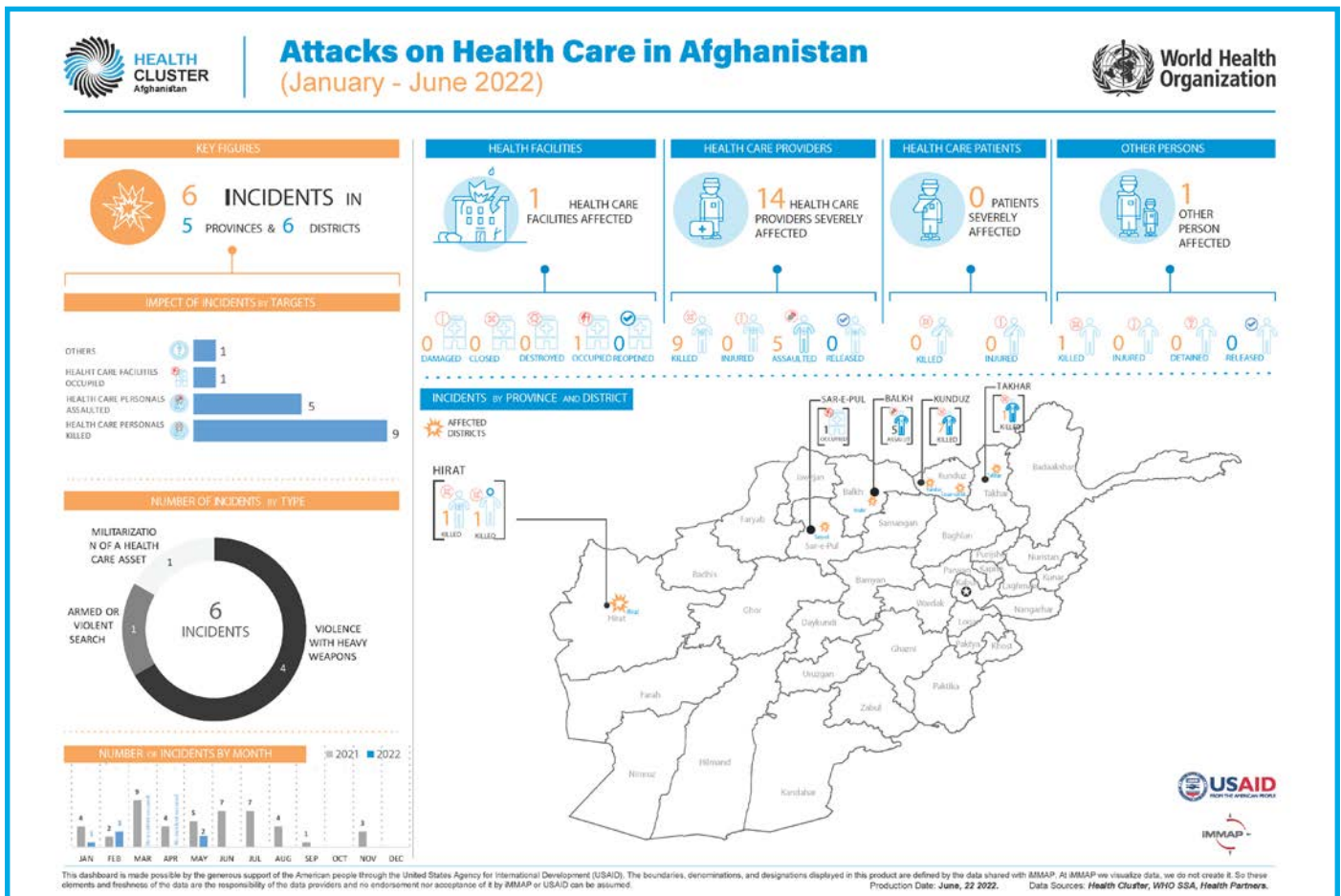












## Trauma and Physical Rehabilitation Care Services

To help reduce morbidity and mortality due to trauma, WHO is supporting the provision of trauma, emergency care and physical rehabilitation services across the country by:

- Supporting 132 key trauma care hospitals by providing medical supplies, kits and equipment.
- Developing Mass Casualty Management (MCM) plans and capacity building of staff.
- Supporting 67 blood banks across the country by providing necessary medical supplies, equipment, and training.
- Operationalization and planning to expand the ambulance network in four provinces (Kabul, Warded, Herat and Parwan) by providing full support for essential pre-hospital trauma services.
- Established six post-trauma physical rehabilitation centers (PRC) by contracting out modality with implementation partners in Baghlan, Zabul, Kunar, Laghman and Paktia provinces.
- Helped update the mass casualty management plans of Nangarhar Regional hospital (RH), Asadabad and Mihterlam provincial hospitals (PHs) in Nangarhar.

At the above WHO-supported health facilities, 24,734 patients (5505 female and 19,229 male) received trauma care and post-trauma physical rehabilitation services in June 2022. Overall, in the first six months of 2022, 121,952

individuals have received trauma and physical rehabilitation services through WHO-supported health facilities.

WHO also provided medical and non-medical supplies in June as follows:

- Distributed 308 items of trauma care-related equipment to 171 health facilities in 33 provinces. This includes anesthesia machines, ECG machines, oxygen concentrators, patient monitors, autoclaves, IV stands, pulse oximeters, blood bank equipment, and surgical and orthopedic sets.
- Distributed 109 different modules of WHO trauma and emergency surgery kits (TESK) across the country, which will benefit 5,450 trauma patients.
- Delivered 200 oxygen cylinders to Kunduz Regional Hospital in response to the mass casualty caused by the 22 June earthquake.

In addition, WHO continues the capacity-building of healthcare staff on the acute management of trauma and emergency patients. In June 2022, a 5-day Basic Emergency Care (BEC) course was completed for trainees from the Northern Region in Mazar Sharif from 19 to 23 June. There were 48 hospital-based healthcare workers, including doctors, nurses, specialists and clinical officers from Balkh, Jawzjan, Sar-e-Pol, Faryab, and Samangan, who attended the course.







Continued armed clashes in Balkhab district of Sar-e-Pul Province caused the displacement of several families to the mountainous parts towards Yakawlang District in Bamyan Province, Dara-e-Sufi Bala district in Samangan province, and Zari district (Armakh/Marghzar areas) in Balkh Province. Also, some 300 individuals had already moved to Sar-e-Pul City before the conflict started.

The district hospital in Tarhoj village in the center of Balkhab district and other 10 health facilities in this district are now functional. In June, 11 injuries were treated in Sar-e-Pul Provincial Hospital, 14 in Balkhab DH (with five deaths) and six injuries in Sancharak DH (one death). WHO supported those DHs under the Sehatmandi project by providing medical and non-medical supplies. WHO also delivered medical kits (IEHK and TESK and Phumonia kits) and ringer lactate to Sar-e-Pul PH.

Immediately after the earthquake in the Southeast region, WHO sent an emergency mission to the affected areas. The team visited key regional, provincial and district hospitals and conducted onsite assessments of health facilities to identify acute needs and gaps. Based on the assessment, WHO has provided direct support to hospitals to prepare for further casualties, including the donation of trauma emergency kits and medical equipment and

the preparation of patient resuscitation areas in hospitals. BEC courses and MCM training will be conducted in July and August in the four Southeastern provinces (Paktika, Ghazni, Paktya and Khost).

Beneficiaries Disaggregation				
Over 18		9,284 Male		3,412 Female
Under 18		3,345 Male		2,093 Female





Services Provided	
4,012	blood transfusion
218	people received orthoses devices
57	people received prostheses
60	people received assistive devices and walking aids
8,833	people received physiotherapy
1,180	people received awareness on disability, early identification and prevention of disability, and victim assistance.

## Primary Health Care in Emergencies

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 June 2022.



WHO supports emergency primary health care services and malnutrition treatment in underserved/white areas through 70 fixed and mobile centers in different provinces of Afghanistan.

Beneficiaries Disaggregation				
Over 5		37,106 Male		64,767 Female
Under 5		25,722 Male		21,161 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.

## Public Nutrition in Emergencies

WHO and partners continue to tackle malnutrition by strengthening case management of acute malnutrition and complication in 123 WHO-supported IPD SAM (Patient Department Severe Acute Malnutrition) centers located in 112 hospitals and 11 Comprehensive Health Centers plus (CHC+s).

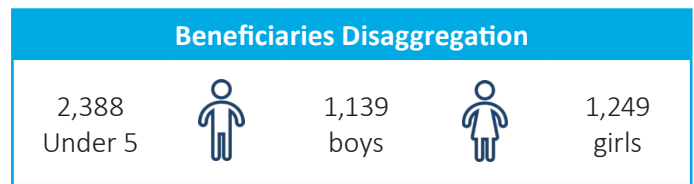
In June 2022, 3,313 malnourished children with medical complications were admitted and treated in WHO-supported IPD-SAM centers. Since the beginning of 2022, 17,298 (8,551 boys; 8,747 girls) malnourished children with medical complication were admitted and received the necessary treatment at WHO-supported IPD SAM centers.

## WHE Infectious Hazard Preparedness/ Surveillance

WHO has worked with MoPH and their national disease surveillance response (NDSR) team on early detection and verification of alerts, investigation, and immediate response actions to public health hazards.

### Acute Watery Diarrhea (AWD) outbreak response

- A significant surge of the AWD cases has been observed. In June 2022, AWD outbreaks were reported in six provinces (Jawzjan, Paktika, Ghazni, Kabul, Kandahar, and Zabul). Jawzjan (6,607 cases, 86.5%) was the most affected province by the outbreak, followed by Paktika (370 cases, 4.8%), and Ghazni (278 cases 3.6%).
- There were 7,638 new AWD cases, including 11 associated deaths, reported in June (CFR:0.14%). Among them, 29.8% (2,281) were children under five years of age and 55.6% (4,252) were females. More than 31% (2,401) had severe dehydration. The cases received treatment in the healthcare facilities according to the treatment protocol.
- To enhance coordination in preparedness and response, joint work among WHO, UNICEF, MSF, IOM, Save the Children, Health & WASH clusters, and MoPH has taken place in outbreak-affected areas. This includes information sharing, investigation of the outbreak and delivery of medical/non-medical supplies, as well as WASH interventions.
- WHO provided NDSR with surveillance support teams (SSTs) in six most-AWD affected provinces for line-listing and sample collection.
- AWD case management materials are available at the affected sites.
- The national mapping of partners' stocks is completed by WHO. In June, WHO procured an additional 2000 Rapid Diagnostic Tests (RDTs) and 750 sample collection media for AWD, and the distribution is ongoing.
- WHO has provided on-the-job training for six laboratory technicians from three regional reference laboratories (RRLs) in Kandahar, Balkh and Nangarhar



Furthermore, since the start of 2022, WHO supported the Ministry of Public Health (MoPH) conduct training on IPD-SAM Management and Nutrition Surveillance for 259 healthcare workers (137 female and 122 male) to improve and standardize the service provision at the WHO-supported IPD-SAM centers.

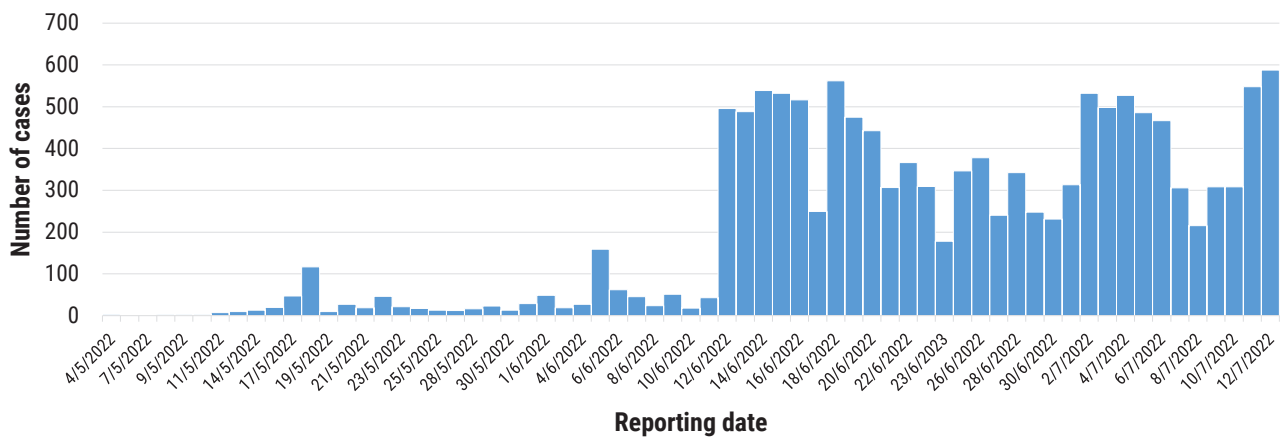
for diagnosis of the AWD by culture method.

- At the regional level, WHO has coordinated with PPHD on the AWD response.
  - In the southern region, jointly with Provincial Public Health Directorate (PPHD) and the Health Cluster, WHO conducted Emergency Preparedness and Response (EPR) meetings in the Southern Region and Kandahar following the surge of the AWD cases in those areas.
  - WHO conducted a joint mission with UNICEF to investigate the AWD/suspected cholera outbreak in Aqcha and Mordian districts of Jawzjan province (26 June). A health and WASH cluster coordination meeting was held in Jawzjan PHD office to discuss further actions for response.
  - WHO dispatched cholera community kits and RDTs to health facilities.
  - WHO has established an AWD taskforce team in Nangarhar composed with UNICEF, WHO, DoPH and NGOs. During the reporting period, two meetings were conducted to streamline the response of AWD cases.

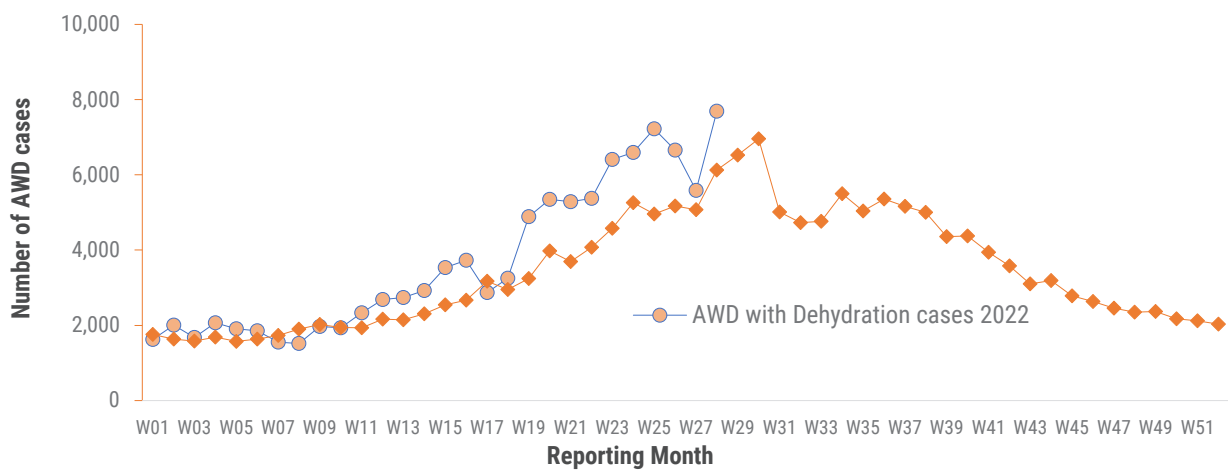


Poster for AWD prevention, issued by MOPH and WHO

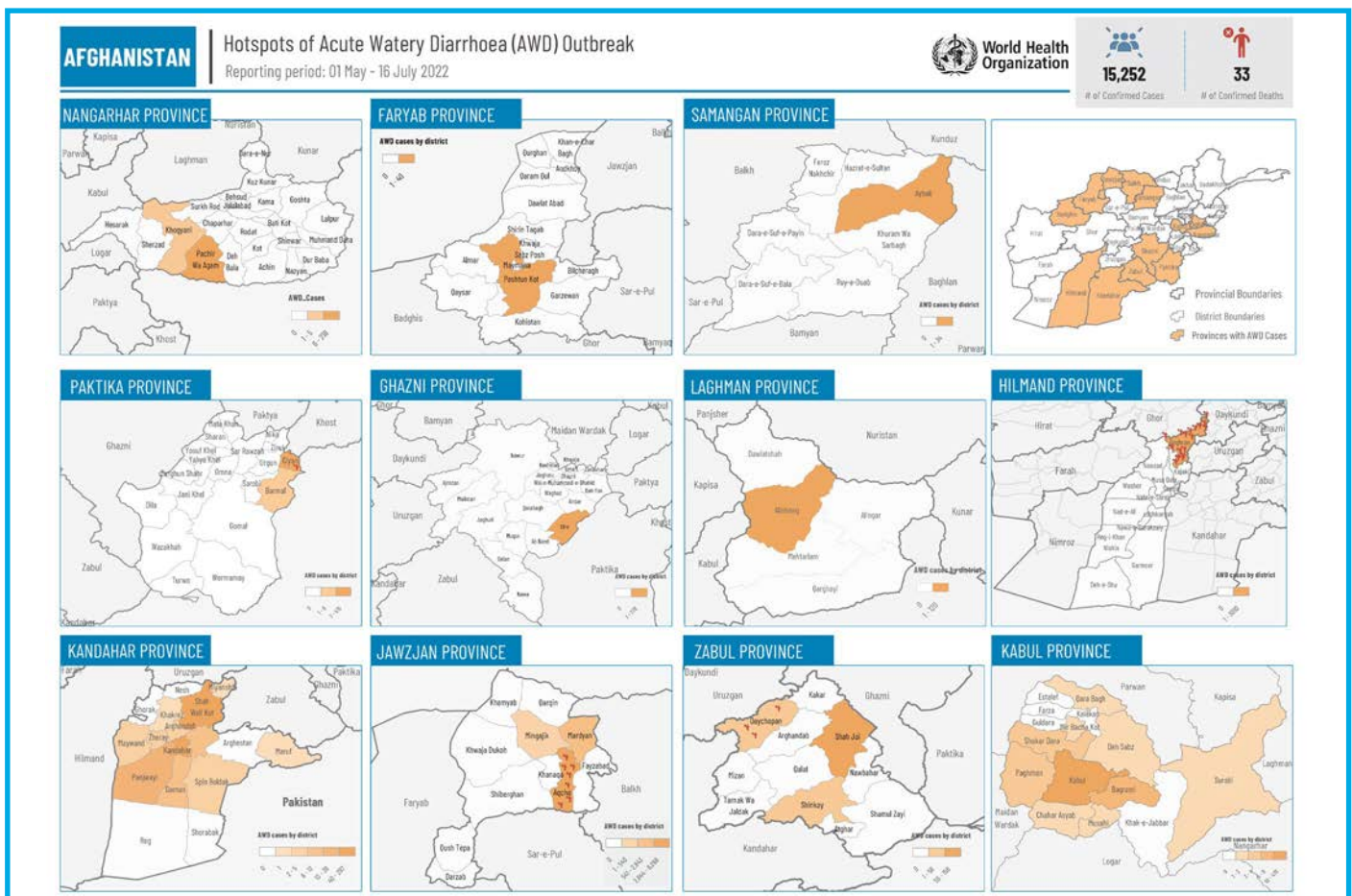


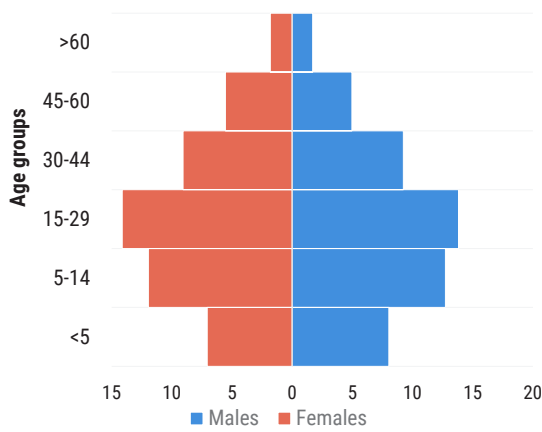


Daily distribution of AWD cases in Afghanistan May-Jul 2022 (N=15,252)

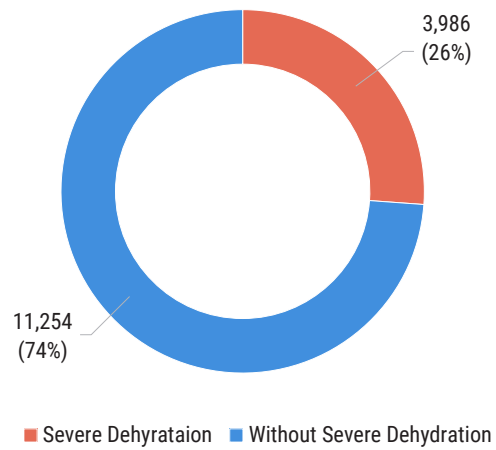


National trend of AWD with dehydration cases (NDSR data) in Afghanistan, (2019-2021 and 2022)

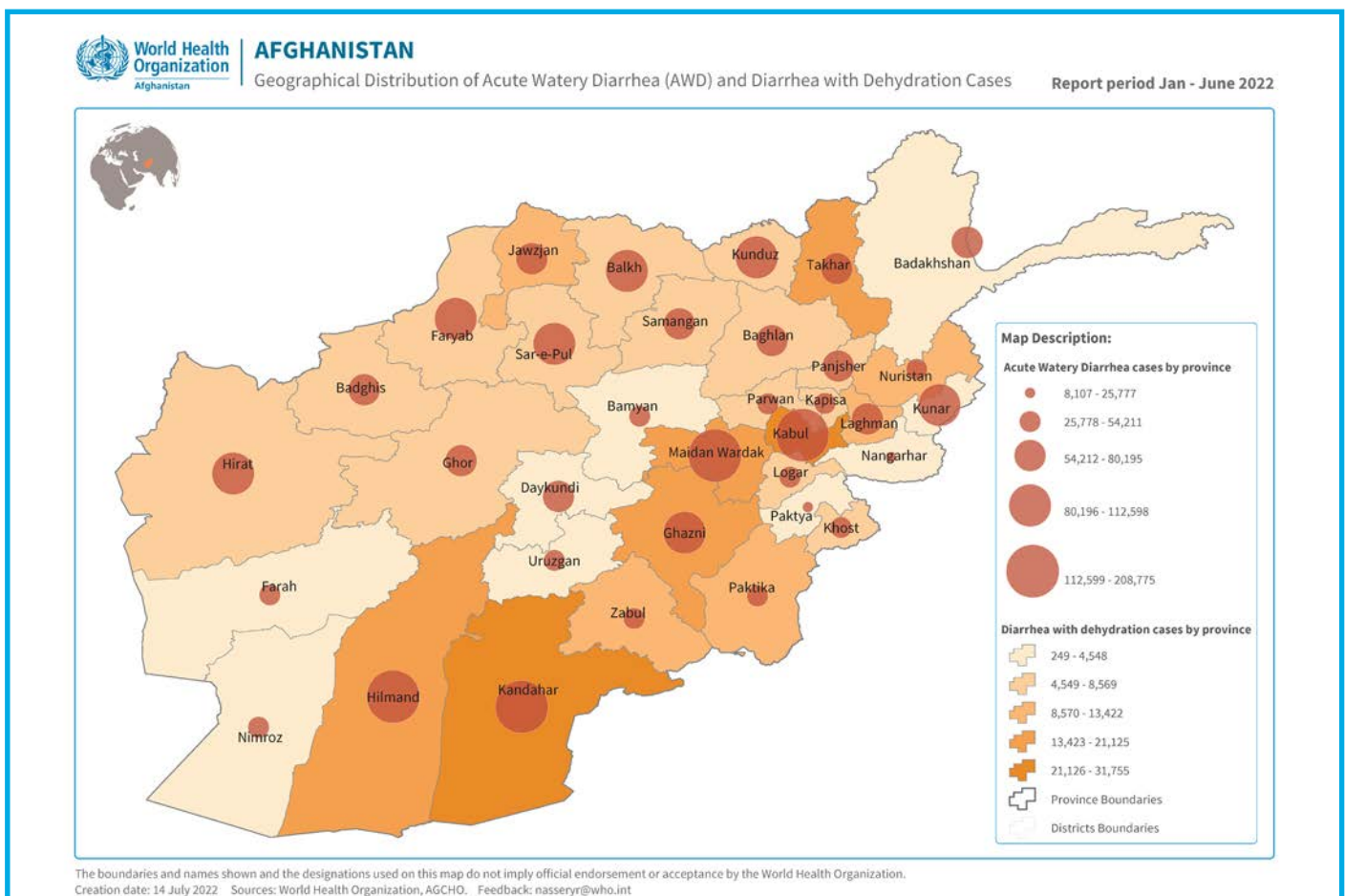




Distribution of AWD cases by sex and age groups in Afghanistan, May-Jul 2022 (N=15,252)



AWD cases with severe dehydration in Afghanistan, May-Jul 2022



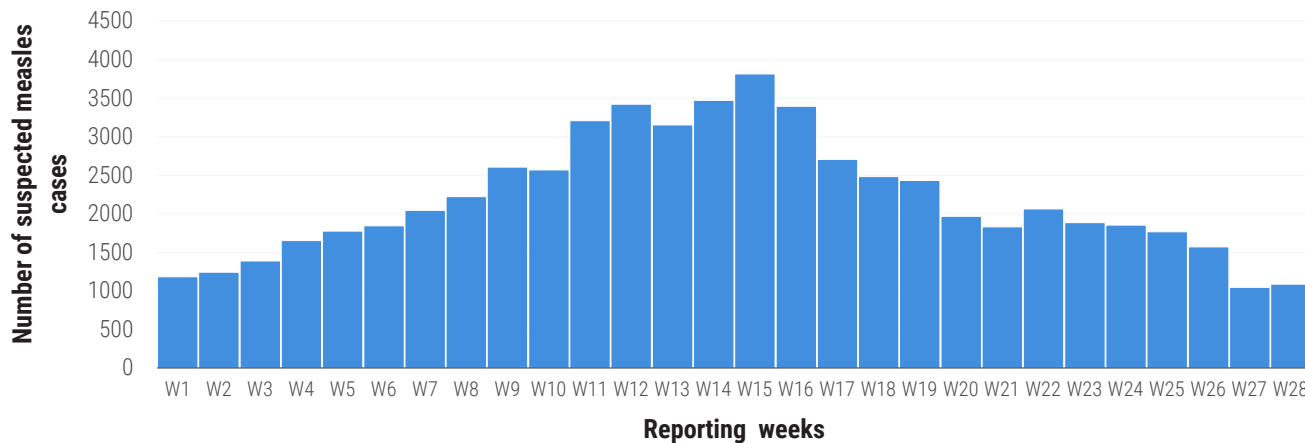
Measles outbreak response

- There were 9,189 new suspected measles cases reported from all over the country (5.4% increase in the number of cases as compared to the previous month). The most affected provinces are Badakhshan (12.4%), Nangarhar (9.6%), Kunduz (9.3%), Kabul (8.7%), Helmand (6.6%), and Takhar (6.0%).
- The WHO-supported SST continues its investigation of suspected measles cases, sample collection and shipping to the Central Public Health Laboratory (CPHL).
- Cases have been treated at health facilities with Vitamin A and antibiotics. Health education messages

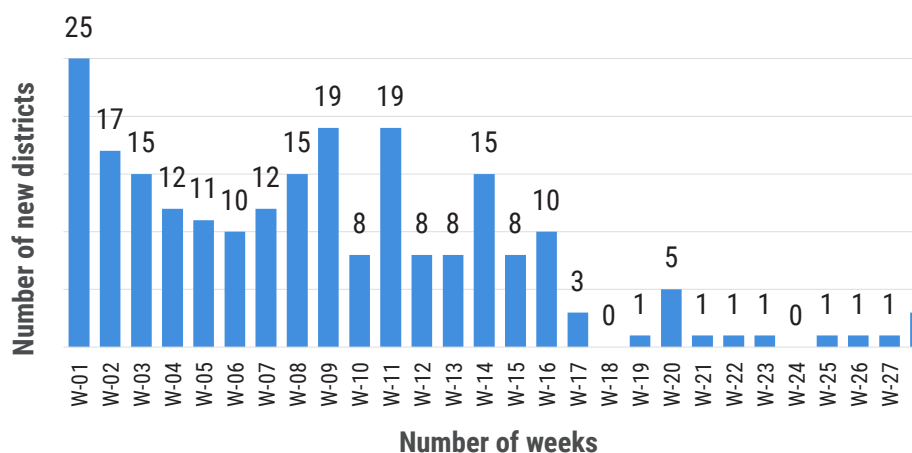
to encourage vaccinations of children were scaled-up to affected communities and mothers were advised to get their children vaccinated. For the case management of measles in earthquake-affected areas, WHO also delivered 11 measles kits to Paktika (7 kits) and Khost provinces (4 kits).

- The measles case management training of trainers (TOT) was conducted in Kabul for 19 provinces in April 2022, and the cascade training on measles case management has taken place in the East and West regions, targeting 105 and 200 healthcare workers, respectively.

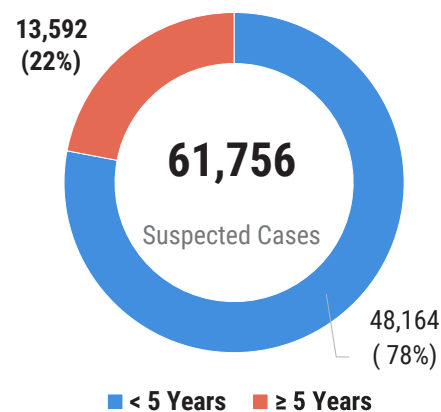




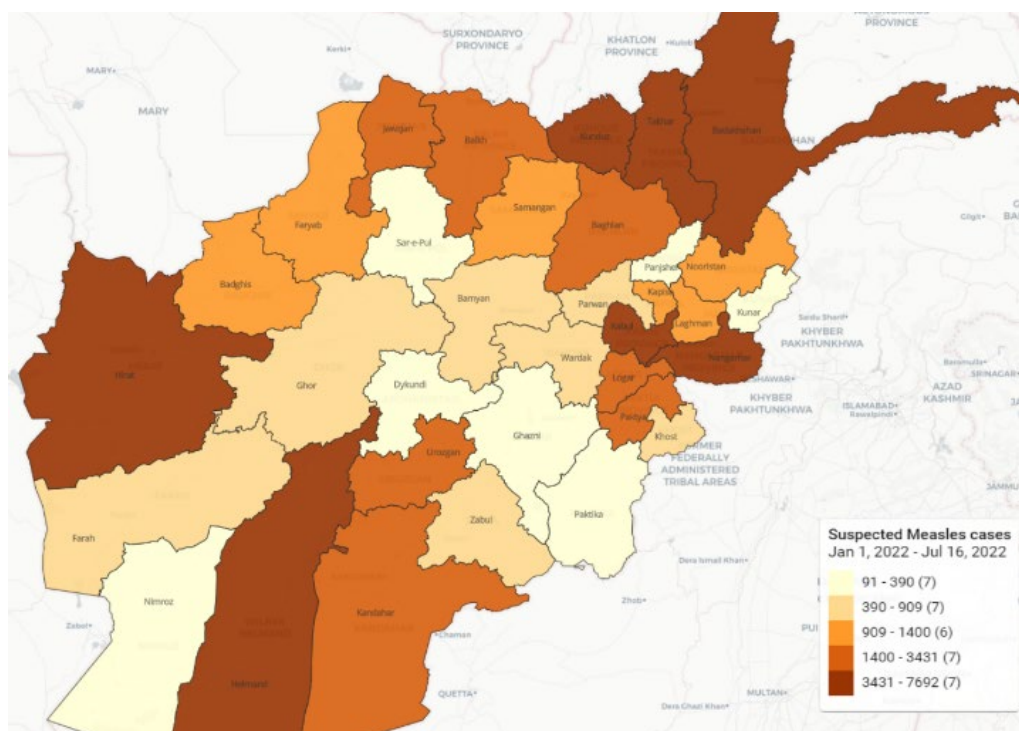
Weekly distribution of suspected measles cases in Afghanistan, Jan– Jul 2022 (N=61,756)



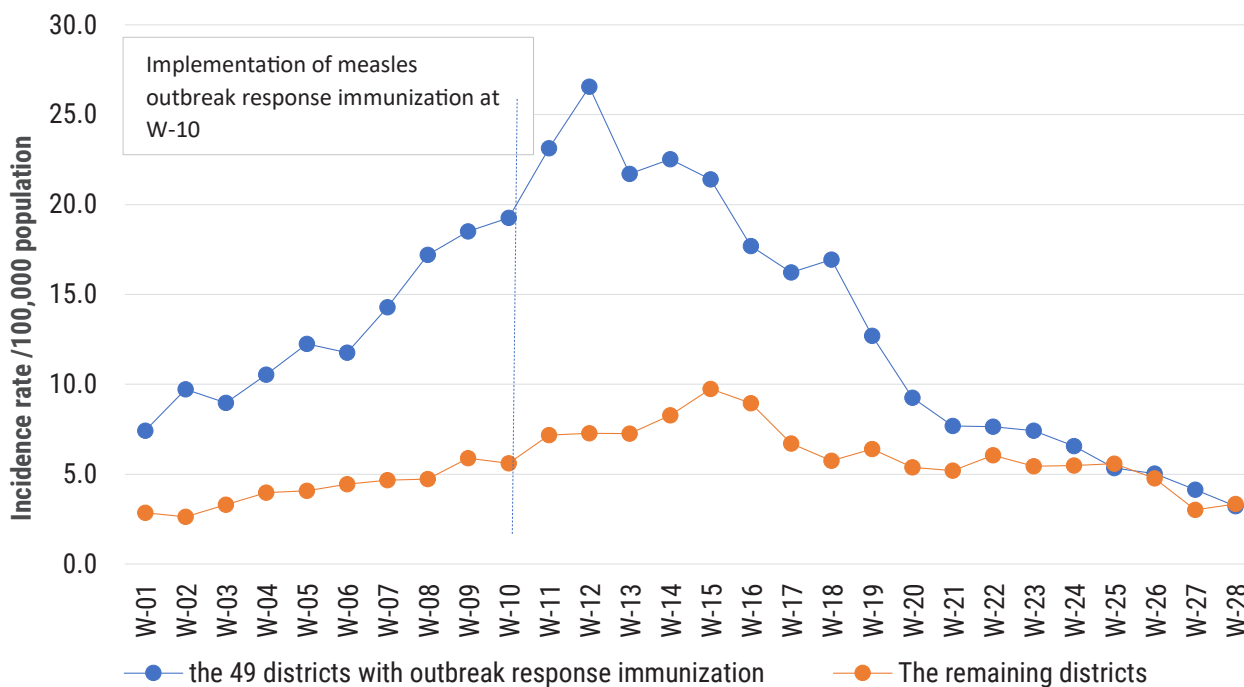
New districts reporting suspected measles cases on weekly bases in Afghanistan Jan– Jul 2022 (N=230)



Distribution of suspected measles cases by age groups in Afghanistan, Jan- Jul 2022



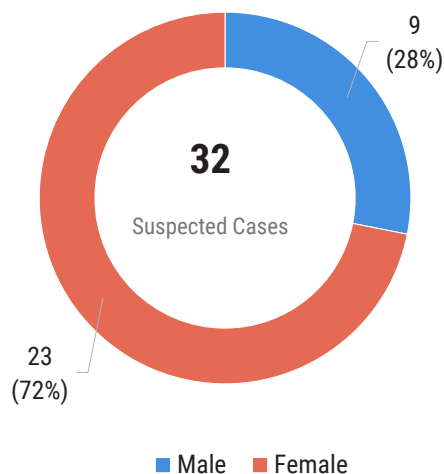
Geographical distribution of suspected measles cases in Afghanistan Jan- Jul 2022 (N=61,756)



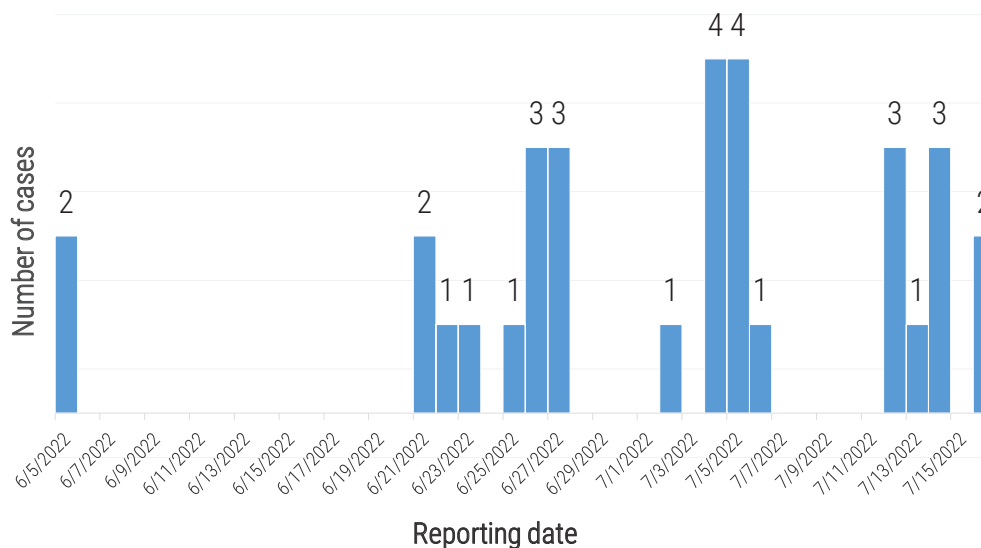
Weekly incidence rate/100,000 population of suspected measles cases in 49 districts where measles campaign was conducted and the remaining districts in Afghanistan, Jan- Jul 2022

Dengue fever response

- 13 new dengue fever cases were reported from Nangarhar province during June 2022. Out of these 13 cases, 76.9% (10) were female and all were over five years of age. All cases that tested positive were done using the dengue rapid diagnostic test (RDT), however, confirmation by PCR method is still pending.
- WHO has distributed 2,000 dengue RDTs for rapid confirmation and 7,020 Gravitraps for vector control activities to highly affected districts in Nangarhar Province.
- WHO is supporting a field entomology and surveillance mission by the malaria and vector borne disease program (MVDP) of MoPH that was launched in July 2022 to boost dengue outbreak response in Nangarhar province.



Distribution of suspected dengue fever cases by sex in Afghanistan, Jun-Jul 2022



Daily distribution of dengue fever cases in Afghanistan Jun-Jul 2022 (N=32)

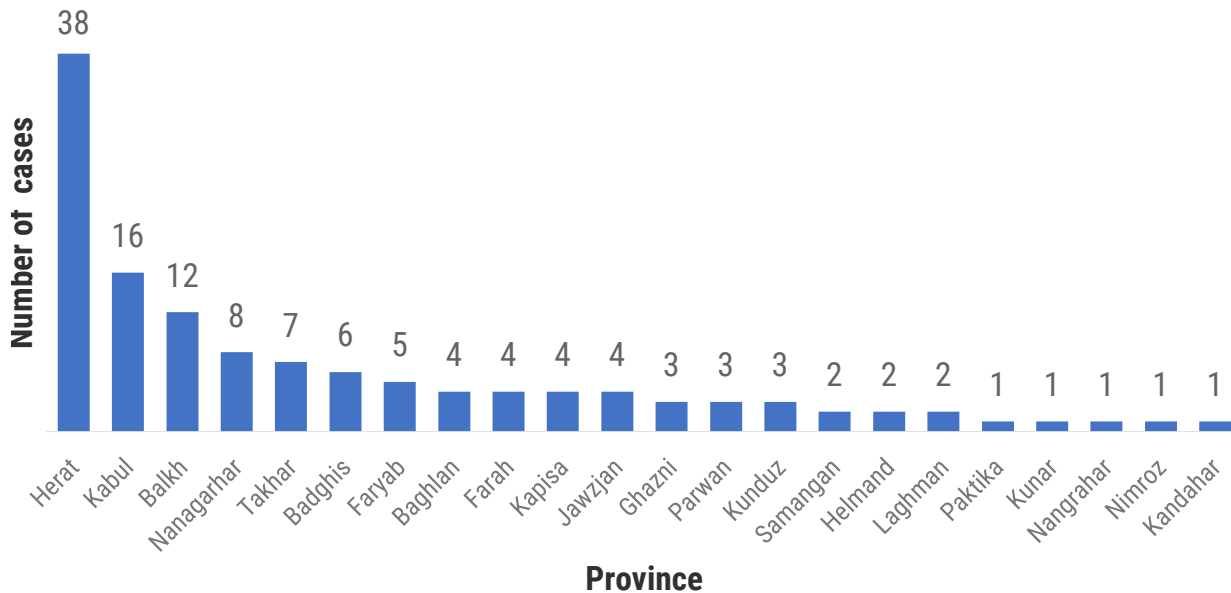


Crimean-Congo haemorrhagic fever (CCHF) response

- There were 50 new CCHF cases, including six associated deaths reported from 13 provinces during June 2022 (CFR: 12.0%). The highest number of cases were reported from Herat (17, 34%), Balkh (10, 20%) Kabul (5, 10%) and Takhar (4, 8%). Out of 50 reported cases, 26% (13) were female, and all were over five years of age.
- The cases are being managed in the health facilities according to national guidelines, including the

administration of the ribavirin. Through its NGO partners, WHO supported the response to CCHF with availing ribavirin and double bags which are essential for the case management.

- WHO-supported SST continues to conduct community awareness campaigns, investigate households for possible further cases, and provide health education in response to the outbreak in Kabul.



Distribution of suspected CCHF cases by province in Afghanistan (Jan-Jul 2022)

Preparedness for Monkeypox

- No new suspected cases of monkeypox were reported during June 2022. The total number of suspected cases reported has remained 15 since the end of May 2022.
- WHO has established in-country capacity for laboratory diagnosis of monkeypox by providing PCR kits and other reagents to the Central Public Health Laboratory (CPHL) sufficient for performing 400 tests.

Surveillance

- WHO facilitated NDSR focal points training for the Northern region in Balkh Province. There were 75 staff members, including NDSR officers, and focal points from WHO health facilities in four provinces in the region received updated training on indicator-based surveillance (IBS) and event-based surveillance (EBS).



WHO handed over test kits and reagents to CPHL to enhance capacity for laboratory diagnosis of Monkeypox.

# COVID-19

In June 2022 (epidemiological weeks 22 to 25), there were 28,812 samples of suspected COVID-19 tested in public laboratories. Of which, 2,193 samples tested positive (monthly positivity rate: 7.0%) including 16 new associated deaths. Comparing the last two epidemiological weeks, there was a decrease in cases by 4.0%, and an increase in deaths by 33.0%. Cumulatively, 182,614 confirmed cases (overall percent positivity rate: 29.0%) of COVID-19 with 7,723 associated deaths (case fatality rate :4.2%) have been reported in Afghanistan since February 2020.

As a part of its mandate to respond to health emergencies, WHO is currently supporting management of critical cases of COVID-19 by covering the full running costs of the following eight key COVID-19 hospitals/health facilities, which have been non/partially functional since August 2021, and to ensure provision of quality case management:

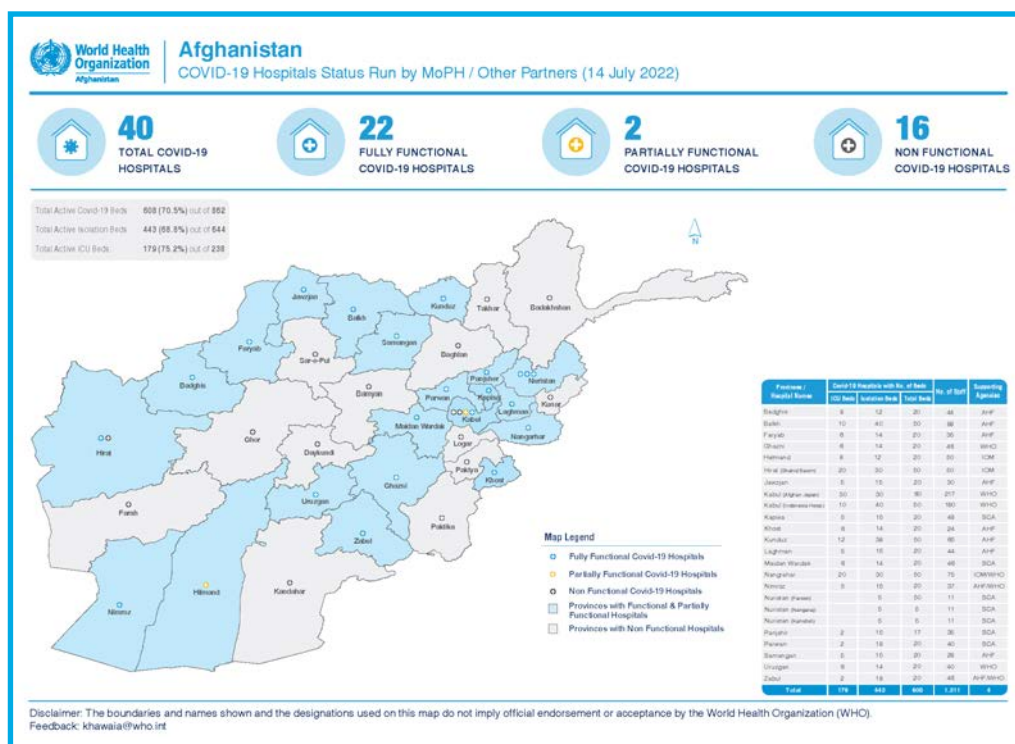
1. Nangahar COVID-19 with 50 beds by Healthnet TPO
2. Ghazni COVID-19 Hospital with 20 beds by AADA
3. Uruzgan COVID-19 Hospital with 20 beds by MOVE
4. Zabul COVID-19 Hospital with 20 beds by AADA
5. Nimroz COVID-19 hospital with 20 beds by CHA
6. Kabul- Afghan Japan COVID-19 Hospital with 100 beds by Healthnet TPO (contract ends on 13 July 21)
7. Kunar COVID-19 Hospital with 10 beds by Healthnet TPO (for two months)
8. Khost COVID-19 Hospital with 20 beds by RHDO (for two months)

In Kabul, based on the discussions and agreement with MoPH, the planned COVID-19 facility for Ali Jinnah Hospital was shifted to Afghan-Indonesia Friendship Hospital (60 beds) for two months, and the contract with JACK is under

COVID-19		
Monthly figures	Total figures	
2,193	COVID-19 cases	182,614
16	Deaths	7,723
7.0%	Positivity rate	29.0%
0.7%	Fatality rate	4.2%
264,029 fully vaccinated 18,791 partially vaccinated	Vaccination	5,077,076 fully vaccinated 1,382,531 partially vaccinated

finalization. The project will start in July 2022 and will continue for five months.

In view of declining COVID cases and decreased hospitalization, WHO, in coordination with MoPH, initiated an assessment of the current functionality and utilization of hospitals, as well as the possible integration of COVID hospitals into public hospitals. WHO conducted field missions to Mehtarlam PH in Laghman province, Asadabad PH in Kunar province, and three provinces in Balkh to review the situation of COVID-19 treatment and admission.





## Mental Health and Psychosocial Support (MHPSS) and Drug Addiction

WHO has continued its strategic efforts to support the mental and psychosocial health of the emergency-affected population. A six-day Mental Health Gap Action Program (mhGAP) for trainers (TOT) was completed in June for 25 mental health master trainers, including psychiatrists, mental health doctors and mental health focal points from different regions. The training was conducted by two international mhGAP trainers who will continue supervising the cascade of training at the regional and PHC levels. Cascade training is scheduled in Paktika, Khost and Paktya provinces from July to August 2022 targeting 100 doctors working at BPHS facilities. The training focuses on the integrated management of priority mental health and neurological conditions using algorithms for clinical decision making. This training will help doctors provide

non-specialized diagnoses and manage the treatment of the most common mental health problems in post-disasters.

To respond to the acute needs of MHPSS by survivors of the earthquake in the Southeastern Region, WHO deployed mental health specialists to Paktika and Khost provinces to assess the situation and the needs for mental health among the affected population, and conduct different coordination meetings with the stakeholders to improve the response of MHPSS on the ground. After identifying gaps during the assessment, WHO has planned implementation of six-month MHPSS outreach services by three mobile teams in Paktika and Khost provinces.

## Water Sanitation and Hygiene (WASH) at Health Facilities

During the reporting period, the following Water Sanitation and Hygiene (WASH) activities in Jaghori DH-Ghazni and Ghazni Regional Hospital were in progress and are expected to be completed by the end of July 2022.

- Rehabilitation of two wells with solar power system
- Rehabilitation of 24 toilets
- Construction of 2 septic tanks

WHO is working to improve WASH in emergency settings. Two new bore wells with solar power systems were established and completed in the Central Blood Bank in Kabul in June.

## 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 data for 3225 health facilities on services and resources availability. This report covers key availability information in six pillars:

1. Operational status of the health system
2. Child health and nutrition services
3. Communicable disease services
4. General clinical and trauma care services
5. Non-communicable disease and mental health services
6. Sexual and reproductive health services



WHO deployed mental health and psychosocial support experts to provide emergency counselling to families affected by the Afghanistan earthquake.

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

In 2022, four training courses on “Health Response to Survivors in Emergency Setting” were conducted: 155 health workers were trained to help survivors access quality, life-saving care, support and protection for survivors of GBV in emergency settings.



WHO Representative Dr Luo Dapeng visited health facilities where survivors of the earthquake were treated.

## Field visits in the regional offices

WHO Country and regional teams conducted monitoring and supportive visits in the regions including Eastern, Northern, Northeastern and Central regions with a main focus of assessing the overall health situation, conducting coordination meetings with PHDs and stakeholders. These visits also included supporting communicable disease prevention and case management including measles, AWD, dengue and CCHF, providing support to the hospitals, coordinating Sehatmandi project implementation, improving trauma care and other WHO program implementation in the regions.

- WHO's Eastern Regional office conducted two field visits to Mehtarlam PH of Laghman Province and Asadabad PH of Kunar Province. The main objectives were to monitor and assess the overall health situation in Laghman and Kunar provinces, measles case management at hospitals, trauma care services, and COVID-19 integration to the BPHS system.
- WHO's Northern Regional Office conducted missions to four provinces during the reporting period to monitor and evaluate the support needs of 10 health facilities, attend EPR meetings in three provinces and meet with five PPHDs and the Sehatmandi project

implementors. During the missions, WHO also carried out two supportive supervisions for two SSTs in two provinces, and assessed COVID-19 hospitals in three provinces.

- WHO's Northeastern Regional Office conducted a joint monitoring visit to Takhar DH, supported by WHO's Kabul Office through the Sehatmandi Project. Key findings included delay in procurement of supplies, lack of capacity building opportunities for the hospital staff, and inappropriate waste management. The action points were agreed with the implementation partner and WHO to follow up on the remedial action.
- In central highlands, WHO conducted a joint monitoring visit and supportive supervision from 13 to 25 June 2022 at Lal Wa Sarjangal District Hospital and the health facilities in Bamyan and Daykundi provinces (a DH, two CHCs+, and two BHCs). Also, a joint monitoring visit was conducted with NDSRs officers /PPHD from a COVID-19 20-bed hospital in Bamyan that reopened in early June 2022 as part of the Sehatmandi Project.

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