



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 44 | September 2024

Key figures (monthly)

124 371

People received emergency health care services (PHC & Hospitals)

9937

People received trauma care services (IPD+OPD)

3389

Medical kits distributed

491

Health workers trained



Patient satisfaction assessment interview at the WHO-supported National Infectious Disease Hospital in Kabul province. © WHO

Summary of outbreaks (2024)

241 040

COVID-19 confirmed cases from the beginning of outbreak

143 327

AWD

51 719

Measles

2403

Dengue fever

1061

CCHF

Health Service Delivery (Primary Health Care and Hospitals)

During September, WHO supported 45 Primary Health Care (PHC) centres in eight provinces by four NGO partners. These facilities provided primary healthcare services to the remote and underserved populations including women and children.

Regarding secondary and tertiary health care, WHO supported 15 hospitals in nine provinces through nine NGO partners. The hospitals supported by WHO included seven infectious disease hospitals, two emergency hospitals and six hospitals for MHPSS.

WHO also supported 12 drug addiction treatment centres and two opioid substitution treatment clinics in 12 provinces by six NGOs.

- During September, a total of 124 371 (PHCs: 51 731, Hospitals 72 640) out-patient consultations were conducted in WHO-supported health facilities. In these facilities, 53.2% females and 46.8% males attended the out-patient consultations.
- Almost 68 104 patients received essential medicines for their health-related conditions (PHC: 46 840, Hospitals: 21 264).
- Recorded number of institutional deliveries were 501 in September 2024 (PHCs: 270, Hospitals: 231).
- 3832 pregnant women received antenatal services and 1512 women received postnatal services in WHO-supported facilities.
- In addition, children aged under 5 received malnutrition treatment, and screening in September are: 10 656 (PHCs: 8205, Hospitals: 2451).
- Pregnant and childbearing age women and under 5 children received TT2+, measles, PENTA-3, OPV and DTP vaccination: 32 465 (PHCs: 26 416, Hospitals: 6049)
- Pregnant and lactating women received malnutrition screening and treatment: 669 (PHC: 346, Hospitals: 323) and Infant and Young Child Feeding (IYCF) counselling and treatment services: 5665 (PHCs: 3572, Hospitals: 2093).

- A total of 3989 (PHCs: 3675 Hospitals: 314) individuals were provided with MHPSS consultations and 26 630 (PHCs: 18 265, Hospitals: 8365 received noncommunicable diseases (NCDs) consultations.
- People living in remote and underserved areas received health education and awareness: 55 674 (PHCs: 42 202, Hospitals: 13 472).



124 371
People received OPD consultations



68 104
Patients received essential drugs for their basic health services



3832
Women received ANC



1512
Women received PNC



501
Institutional deliveries



26 630
Number of consultations for noncommunicable diseases



32 465
Pregnant, CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination



669
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for September 2024 (Total: 124 371)			
Age	Male	Female	
Over 18 years	38 015	48 343	
Under 18 years	20 095	17 918	



5665
Pregnant and Lactating Women received Infant and Young Child Feeding (IYCF) counselling



2141
Women received family planning and awareness services

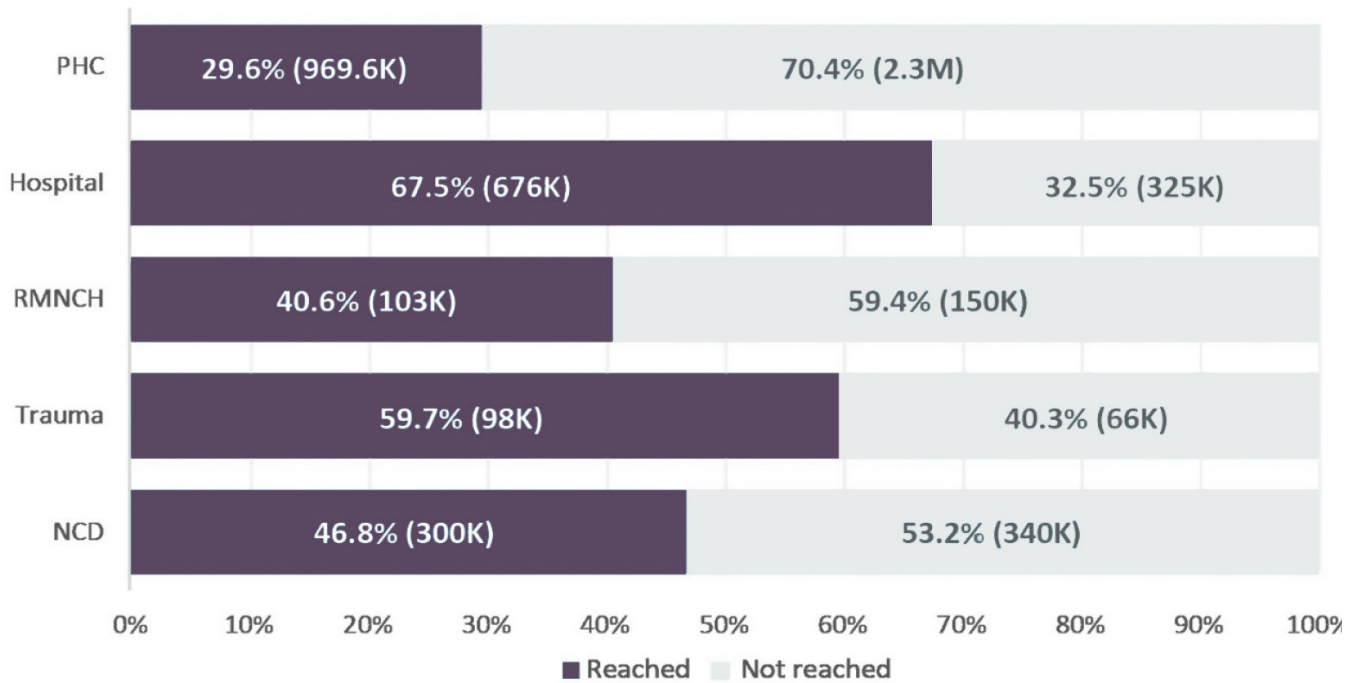


10 656
Under 5 children received OPV, malnutrition treatment and screening



On-the-job training on measurement of MUAC at a WHO-supported Therapeutic Feeding Unit in Ghazni province. © WHO

Proportion of people reached (Jan-Sep 2024) against the target in year 2024



Trauma and Physical Rehabilitation

During September, a total of 9937 (6984 male, 2953 female) beneficiaries received trauma care and 26 709 (14 093 male, 12 616 female) received post trauma rehabilitation.

Following are some of the post-trauma rehabilitation services provided in health facilities:

-  **3662** people received physiotherapy
-  **6117** people received blood transfusion
-  **4794** people received psychological counselling
-  **8409** people received minor surgical operations
-  **3727** people received major surgical operations

Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for September 2024 (Total: 9937)		
	Male	Female
Over 18 years	3940	1203
Under 18 years	3044	1750

Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for September 2024 (Total: 26 709)		
	Male	Female
Over 18 years	8825	8778
Under 18 years	5268	3838

Infectious Disease Hazard and Surveillance

The monthly summary of infectious disease outbreaks in Afghanistan, September 2024 (01 to 28 September 2024)

Indicators	Suspected Dengue fever	AWD with dehydration	Suspected CCHF	Confirmed Malaria	Suspected Measles	Confirmed COVID-19*
Monthly new cases (% change compared to June)	450 (↑3.0)	17 825 (↓25.1)	120 (↓29.4)	14 746 (↑25.9)	3335 (↓40.3)	942 (↑38.1)
Monthly new deaths (CFR%)	0 (0.0)	7 (0.04)	10 (8.3)	0 (0.00)	12 (0.4)	7 (1.3)
Cumulative cases	2403	143 327	1061	62 121	51 719	241 040
Cumulative deaths (CFR%)	0 (0.0)	67 (0.05)	88 (8.3)	2 (0.003)	231 (0.4)	11 009 (4.6)

*COVID-19 cumulative numbers have been reported since the start of the pandemic and the monthly number provided for confirmed cases.

Suspected Dengue fever

- During the reporting period, a total of 450 suspected dengue fever cases and zero deaths were reported, compared to 437 cases reported in August 2024. This shows a 3% increase in the number of suspected cases reported compared to the previous month.

Acute Watery Diarrhea (AWD) with dehydration

- During the reporting period, a total of 17 825 AWD cases with dehydration and seven associated deaths (monthly CFR 0.04%) were reported, compared to 23 801 cases and ten deaths during August 2024. This represents a 25.1% decrease in the number of reported cases compared to the previous month.

Suspected Crimean–Congo Hemorrhagic Fever (CCHF)

- During the reporting period, a total of 120 suspected cases of CCHF with ten associated deaths (monthly CFR 8.3%) were reported, compared to 170 cases and 13 deaths reported in August 2024. This shows a 29.4% decrease in the number of reported cases compared to the previous month.

Confirmed Malaria:

- During the reporting period, a total of 14 746 confirmed malaria cases and zero deaths were reported, compared to 11 714 confirmed cases and one death reported in August 2024. This shows a 25.9% increase in the number

of confirmed cases reported compared to the previous month.

Suspected Measles:

- During the reporting period, a total of 3335 suspected measles cases and 12 associated deaths (monthly CFR 0.4%) were reported, compared to 5584 cases and 31 deaths during August 2024. This represents a 40.3% decrease in the number of suspected cases compared to the previous month.

Confirmed COVID-19

- During the reporting period, a total of 942 confirmed COVID-19 cases and seven associated deaths (monthly CFR 1.3%) were reported, compared to 682 cases and eight deaths during August 2024. This represents a 38.1% increase in the number of confirmed cases compared to the previous month.
- During this period, a total of 8371 samples were tested among suspected COVID-19 cases in public laboratories, which shows an increase of 8.0% compared to the number of tests conducted in August 2024 (7748), with a test positivity rate of 11.3%.
- During the reporting period, a total of 12 307 individuals have been vaccinated against COVID-19, and the proportion of those who received at least one dose of vaccine increased to 43.9%.



Spin Boldak Emergency Hospital supported by WHO in Kandahar province. © WHO

Returnees: Epidemiological updates

- During the reporting period, two public health teams, each comprising of eight members, were operationalized to execute International Health Regulations-2005 (IHR)-recommended tasks in Torkham and Islam Qala. Furthermore, two surveillance support teams (consisting of two members each) in Kandahar, and one SST (composed of two members) were operationalized to conduct screenings of returnees and facilitate collecting, storing, and transporting samples from the respective localities to the Regional Reference Laboratories (RRLs).
- During this reporting period, 225 191 individuals were screened for various infectious diseases. Among these individuals, 1442 were returnees from Pakistan, while the remaining 223 749 were regular passengers from Iran and Pakistan.



129 284

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (01 – 28 September 2024):

Diseases	Number of suspected cases reported among returnees from 01 - 28 Sep 2024						
	Male		Female				
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
AWD with Dehydration	12	5	16	11	17	27	44
Suspected dengue fever	0	24	0	17	24	17	41
ARI-Pneumonia	33	63	53	62	96	115	211
Suspected COVID-19	0	58	0	42	58	42	100
Confirmed COVID-19	0	6	0	2	6	2	8

- Among the returnees, 97 RDTs and 67 PCR tests were conducted for suspected COVID-19 cases. Out of these, eight RDTs and 8 PCRs were positive, respectively, yielding a positivity rate of 8.3% for RDTs and 11.9% for PCRs.
- Thirty-nine RDTs and nine PCR tests were conducted for suspected dengue fever cases. Out of these, 12 RDTs and zero PCRs were positive, yielding a positivity rate of 30.8% for RDTs.
- Additionally, three RDTs were conducted for AWD with dehydration cases. All of them yielded negative results.



WHO Representative to Afghanistan visiting the 100-bed DATC in Kandahar province. © WHO

Trainings:

The following trainings were conducted during the reporting period.

Training	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc.)
Training of Surveillance sentinel sites focal points on EBS and e-surveillance	31 August-5 September 2024- Southeast	Kabul	Event based surveillance and e-surveillance (automated analysis)	168 Sentinel sites focal points (all males), 82 from the Southeast region (Ghazni, Khost, Paktya, and Paktika), and 86 from the South region (Kandahar, Helmand, Nimroz, Urozgan, and Zabul) were trained.
	7-12 September (South)	Kandahar		
Training of SSTs on Case Detection, Sample collection, Storage, Transportation, and RDT use	9-11 September	Nangarhar	<ul style="list-style-type: none"> Understanding case definitions for each disease under surveillance. Introduction to the current testing capabilities available at public health laboratories. Learning biosafety protocols to minimize risks while working in the field. Effective use of personal protective equipment (PPE). 	36 SST members, all males, from the East region (Laghman, Nangarhar, Kunar, and Nuristan) were trained.
	16-18 September	Mazar Sharif		A total of 52 SST members were trained including one female. This includes 29 members from the North region (including one female from Balkh, Sarepul, Samangan, Jawzjan, and Faryab) and 23 members from the Northeast region (Badakhshan, Baghlan, Kunduz, and Takhar).



55 674

People living in remote and underserved areas received health education and awareness-raising materials

Mental Health and Psychosocial Support

- WHO conducted a six-day Thinking Healthy training for 32 midwives on 21-26 September 2024 in Kabul. This training was held for staff in Khost, Nangarhar, Kandahar, and Helmand provinces working in SHCs under Primary Health Care. The Midwives provide mother and child health services at health facilities. The Thinking Healthy programme is focused on antenatal depression, and most mothers visiting health facilities are suffering from depression. The trained Midwives can provide effective psychosocial services to affected mothers.
- WHO conducted a six-day PM Plus rollout training for 30 psychosocial counsellors (23 male and 7 female) on 21-26 September 2024 in Kabul. This training was held for staff in Khost, Nangarhar, Kandahar, and Helmand provinces working in SHCs. The psychosocial counsellors provide counselling sessions to clients who are suffering from different psychosocial problems and mild mental disorders to follow non-pharmacological intervention.



3989

Individuals received mental health consultations

- WHO conducted a two-day training on Psychological First Aid (PFA) and stress management for 160 Community Health Workers (CHWs) and Community Health Supervisors (CHSs) in Jalalabad. The training, which was conducted on 16-22 September, equipped CHWs and CHSs with the skills to provide PFA to communities affected by emergencies. This initiative will help individuals address immediate psychological needs, prevent the onset of mental health issues, and strengthen referral pathways for continued care.
- The national mental health officer participated in a meeting organized by mental health and substance use disorder in EMRO. The meeting was held in Doha, Qatar, and participants were the focal persons from ministries of health from countries under EMRO and WHO's mental health focal persons at the regional level.



Medical kits distributed to the WHO-supported Bamyan 20-bed Female and Child DATC. © WHO



On-the-job training on psychiatric patient case management at the Acute Mental Health Ward in Nimroz Provincial Hospital. © WHO

Drug Demand Reduction

Participation of a team from Afghanistan WHO Country Office in International Society of Addiction Medicine (ISAM) congress on 5-8 September and participation in symposiums as speakers. The first symposium’s title was ‘Evolving Situation of Drug Scene in Afghanistan and Needed Interventions’ and the second symposium was on ‘Challenges and Solutions to Providing Treatment for Women with Drug Use Disorders: A Case of Afghanistan’.

A central theme of WHO Afghanistan’s presentations was the importance of partnership with the EU in tackling drug demand reduction and mental health crises.

Joint monitoring WHO and NDDRD/MoPH visit to Argun 30-bed Basic male adult DATC in Paktika province to ensure that quality drug treatment services are provided to people with drug use disorders and all activities in the focused DATC are toward the goals and objectives of the project on 22-25 September.

- Meeting with Afghanistan UNESCO Youth and Adult Literacy and Basic Education to link clients with low literacy skills who completed their inpatient/residential treatment episode on 29 September 2024



DATC services at WHO-supported facilities for Agusut 2024:

Data Element	Female			Male			
	0-11 yrs	12-17 yrs	18-60 yrs	0-11 yrs	12-17 yrs	18-60 yrs	60 yrs
Number of Discharged Clients	9	9	69	22	9	289	80
Number of monthly clients registered	19	8	158	16	17	706	163
Number of patients at the beginning of the month	18	11	101	24	23	417	140

Water, Sanitation and Hygiene (WASH)

Assessments:

- WHO carried out a rapid assessment at the AFGHAN JAPAN Hospital to evaluate the WASH, and Infection Prevention and Control measures aiming to identify gaps and needs and provide technical support in managing WASH within the hospital. Below are the gaps identified during the assessment:
 - » The hospital faces significant challenges in water supply due to the dryness and water depletion in the 3 boreholes, forcing the hospital to use truck water from outside to bridge the gap but compromising the water quality and safety within the hospital which is not monitored regularly.
 - » Sanitation facilities are adequate and well maintained. However, there are no dedicated sanitation facilities for the staff and individuals with mobility limitations. Waste management practices are not properly followed, with inadequate segregation and safety measures in the storage area. Frequent power interruptions also disrupt hospital operations.
- To address these issues, the hospital should implement chlorination and routine water quality monitoring, repair borewells, and construct above ground headwalls. Proper waste segregation should be enforced, with training for staff and improved safety measures in the storage area. Finally, exploring sustainable backup power options will help ensure operational continuity during outages.

National IDH follow up and improvement plan:

Following the assessment’s findings of the National IDH, WHO is following with the Implementing partner (MMRCA) for the improvement plan.

- A one-day training on WASH in Healthcare Facilities was carried out for participants from WORLD, HMLO, and HDAAF NGOs for eight participants. The trainees will assess 32 health facilities, out of which 20 health facilities will be selected for WASH improvement.

WASH for Nutrition:

WHO is working with the nutrition department to conduct WASH rehabilitations in 19 Therapeutic Feeding Units. The project is distributed into two phases, the first phase includes ten TFUs where the WASH assessment is done, and the technical and financial proposals are under evaluation. The assessment of the remaining nine TFUs is under process; four TFUs are assessed in September.

Field visits:

WHO WASH team participated in the joint mission with IHP to Parwan province in the background of the suspected CCHF and other enteric diseases. Environmental risk factors for CCHF, AWD and other WASH related diseases were assessed. Major findings include location of animal pens adjacent to the houses, incautious contact with animals, and unhygienic animal barns, reliance on surface water sources, lack of water disinfectants, wide open defecation practices, and inappropriate containment of human wastes were identified as risk factors for the circulation of CCHF and potential risk of AWD with dehydration in the area. Recommendations on putting barriers to prevent these diseases were shared within the joint assessment report.

Health Logistics and supplies:



61 777

Patients received essential drugs for their basic health services



966

Different medical kits distributed

During September, a total of 3389 different kind of kits were distributed in WHO supported health facilities.

Kits	# of Kits
PED-SAM	1089
IARH	13
IEHK Basic	113
IEHK Supplementary	165
Measles	688
NCDK	40
PHC	190
Pneumonia	818
TESK	237
AWD with dehydration	36
Total	3389

Prevention of Sexual Exploitation and Abuse:

- In September, WHO expanded its outreach efforts across several geographical areas, specifically targeting regions such as Herat, Badghis, Ghor, Farah, Wakhan, Kohistan, Registan, Kajga, Khahan, Khinj, and Arganijkhaw. During this period, WHO successfully communicated messages regarding expected behaviours and codes of conduct for public health care workers. Notably, these efforts reached a total of 66 individuals—48 females and 18 males—who were informed about the principles surrounding Protection from Sexual Exploitation and Abuse (PSEA).
- Sexual exploitation, abuse, and harassment remain high-priority issues within the Health Cluster framework. In September alone, WHO oriented 107 partners from the Northern and Eastern Region on the expected codes

of behaviour for public health workers. This training included representatives from various public health directorates who were educated on humanitarian codes of conduct related to sexual exploitation, abuse, and harassment.

- Provincial and deputy provincial health directors in Western Afghanistan, specifically in the provinces of Herat, Badghis, Ghor, and Farah, received training regarding the codes of conduct and expected behaviours for public health workers. The discussions also emphasized their responsibilities in formulating strategies to ensure strict adherence to these codes and to safeguard affected individuals from any misconduct.

Programme Monitoring Unit (PMU)

To ensure effective oversight of project implementation, WHO has been conducting systematic and regular monitoring and evaluation (M&E) activities. This involves deploying 21 monitoring officers on the ground who utilize specific tools tailored for each type of health intervention. In September, WHO carried out monitoring visits to 31 primary healthcare facilities, 98 hospitals encompassing integrated infectious disease hospitals, drugs addiction treatment centres, opioid substitution treatment centre, MHPSS and emergency hospitals, therapeutic feeding units.

During these visits, the monitoring officers closely assessed the performance of health facilities and identified areas for

improvement. Newly identified issues requiring attention are addressed in collaboration with implementing partners to ensure that appropriate mitigation measures are promptly put in place.

This proactive approach to monitoring and evaluation highlights WHO’s commitment to enhancing the quality and effectiveness of healthcare services provided within the project’s scope. By timely addressing the identified areas for improvement, the WHO aim to achieve better health outcomes and ensure the delivery of high-quality care to those who need it most. This continuous cycle of assessment and collaboration is essential for fostering an environment of accountability and excellence in healthcare delivery.

Trainings

The following trainings were conducted in August 2024:

Training Name	Male	Female
e-Surveillance	168	0
IPC	12	1
Problem Management Plus	23	7
Psychological First Aid (PFA) and Stress Management	83	77
Surveillance Support Team (SST)	87	1
Thinking Healthy Training	0	32
Grand Total	373	118

Health Cluster

- A total of 49 Health Cluster partners provided humanitarian health services to 843 872 people. These services were delivered through 957 health facilities in 317 districts, covering all 34 provinces of Afghanistan. Of those reached, 45% were women and 36% were children.
- The Health Cluster coordination meeting was held on 17 September, bringing together 119 participants from 76 organizations, both in-person and virtually. The meeting addressed essential coordination issues and focused on consulting health partners regarding the development of the 2025 Humanitarian Programme Cycle (HPC). Key discussions included people in need, targeting strategies, and priority interventions to ensure an effective response. Engaging a diverse range of partners in these consultations is crucial for aligning efforts and maximizing impact in addressing the health needs of affected populations.
- The Health Cluster Coordination Team addressed 35 cases referred through the interagency reporting system AWAAZ Afghanistan. This was done in close coordination with national and international NGOs across seven regions, ensuring Accountability to Affected Populations (AAP).
- The Regional Health Cluster Coordination Teams for the east, southeast, northeast, central, west, and north regions conducted field visits to Nuristan, Ghazni, Kabul, Badakhshan, Badghis, Sar-e-Pul, and Wardak provinces. These visits aimed to address gaps in humanitarian health service delivery and enhance coordination with field-level partners. The visits were planned in alignment with Inter-Cluster Coordination Group (ICCG) missions.
- Bi-weekly Acute Watery Diarrhoea (AWD) Task Force meetings were conducted at both national and sub-national levels to ensure a coordinated response from the health and WASH sectors to AWD cases with dehydration. These meetings focused on enhancing collaboration between stakeholders, improving the timeliness and effectiveness of interventions, and addressing gaps in service delivery particularly in high-risk areas.
- To expedite the finalization of the MoU process, the Health Cluster participated in eight MoU review committee meetings at the Ministry of Public Health (MoPH). The Health Cluster’s engagement was focused on facilitating effective partnerships and improving coordination to support the delivery of critical health services.
- Between 1 November 2023 and 30 September 2024, a total of 25 Health Cluster partners supported the health response for returnees. The partners involved included AADA, AFGA, ARCS, BARAN, HEALTHNET TPO, HEWAD, HMLO, INTERSOS, IOM, IRC, IRW, JACK, MEDAIR, MMRCA, OHPM, ORCD, PU-AMI, SCA, SCI, TDH, WORLD, WVI, UNFPA, UNICEF, and WHO. However, in September 2024, only 8 Health Cluster partners—AADA, AFGA, IOM, IRC, JACK, UNFPA, UNICEF, and WHO—were engaged in response activities.
- As of 30 September, Health Cluster partners provided health services to a total of 613 914 returnees. The beneficiaries included 222 314 women, 201 569 men, 101 869 girls, and 88 162 boys. Among the total beneficiaries, 288 748 individuals received primary health care consultations, 27 499 received secondary health care services, 210 241 were engaged in health promotion activities, 39 186 received reproductive, maternal, newborn, and child health (RMNCH) services, 47 282 accessed mental health and psychosocial support (MHPSS) services, and 958 received trauma care services.

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WHO’s work in emergencies is supported by the following current and previous partners:

