



# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 41 | June 2024

## Key figures (monthly)

**151 376**

People received emergency health care services (PHC & Hospitals)

**10 587**

People received trauma care services (IPD+OPD)

**236**

Medical kits distributed

**828**

Health workers trained



WHO Afghanistan technical team visit to Afghan Japan Hospital, Kabul. © WHO

## Overview

During June 2024, WHO continued supporting health interventions across all regions in Afghanistan. The highlights from various sections are as follows:

## Summary of outbreaks (2024)

**239 009**

COVID-19 confirmed cases from the beginning of outbreak

**787 721**

ARI-Pneumonia

**70 350**

AWD

**35 021**

Measles

**1088**

Dengue fever

**470**

CCHF

## Health Cluster

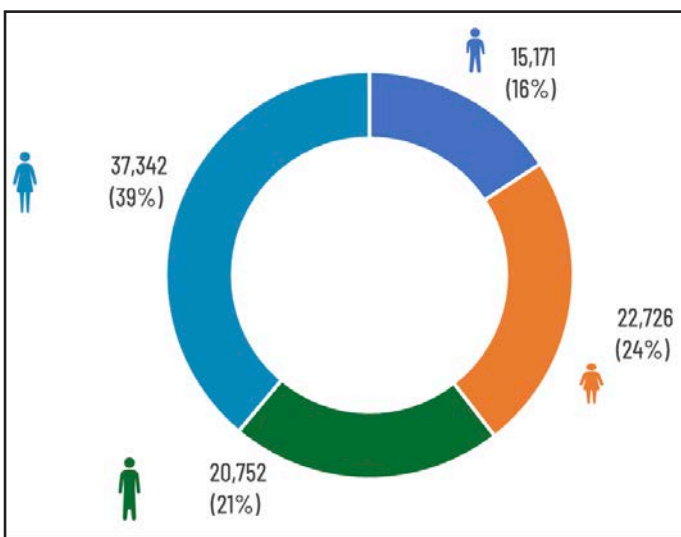
- 46 Health Cluster partners provided humanitarian health services to 677 394 people through 816 health facilities across 298 districts, covering all 34 provinces of Afghanistan. Of the total reached, 45% were women, and 35% were children.
- The Health Cluster conducted two batches of Health Information Management and Assessment training for 70 staff members from 20 NGOs. The training aimed to enhance the capacity of Health Cluster partners in utilizing various information tools, systems, and platforms essential for effective health information management.
- To ensure proper preparation and timely response to Acute Watery Diarrhea (AWD) outbreaks at both national and sub-national levels, the Health Cluster, in collaboration with the WASH Cluster, WHO, and UNICEF, developed an Integrated AWD Preparedness and Response Plan for 2024-2025. The AWD task force has also been reactivated.
- Regional Health Cluster Coordination Teams collaborated with health partners across all seven regions (eastern, southern, southeastern, western, northern, northeastern, and central). Their activities included regular weekly, monthly, and ad-hoc coordination meetings with relevant authorities and health partners, and joint missions with the provincial health partners, and UN agencies to monitor the health response.
- As part of Accountability of Affected Populations (AAP), Regional Health Cluster Coordinators (RHCCs) addressed community concerns and complaints through the AWAAZ-e-Afghanistan platform, working closely with implementing partners and relevant authorities to resolve these issues.
- The Regional Health Cluster Coordination Teams in the northeastern, northern, and

western regions effectively coordinated the health response for flood-affected populations by leveraging the collective efforts of all partners and stakeholders at the regional level. They actively participated in various coordination platforms, including the Inter-Cluster Coordination Group (ICCG), Operational Coordination Team (OCT), and Emergency Preparedness and Response (EPR) committee meetings, ensuring a comprehensive multi-cluster response.

- As of 30 June 2024, Health Cluster partners provided health services to 95 991 flood-affected people in Baghlan (31 071), Badakhshan (22 448), Ghor (26 876), Takhar (9447), Faryab (5924), Badghis (177), and Jawzjan (48) provinces. The beneficiaries included 37 342 women, 20 752 men, 22 726 girls, and 15 171 boys. Out of the total beneficiaries, 60 305 individuals received primary health care consultations, 26 966 were reached with health promotion activities, 4505 received Mental Health and Psychosocial Support (MHPSS) services, 3690 received maternal, newborn, and child health (MNCH) services, and 525 received trauma care services.



Provincial Health Cluster Coordination Meeting – Kandahar. © RHCC



- As of 30 June 2024, a total of 25 Health Cluster partners have been supporting the health response for returnees since 1 November 2023. The partners involved were: 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 June 2024, 10 Health Cluster partners (AADA, AFGA, HMLO, IOM, JACK, PU-AMI, UNFPA, UNICEF, WHO, and WORLD) were actively involved in the response activities.
- As of 30 June 2024, Health Cluster partners provided health services to a total of 549 154 returnees. The beneficiaries included 195 805 women, 180 392 men, 91 648 girls, and 81 309 boys. Among the total beneficiaries, 254 238 individuals received primary health care consultations, 26 385 received secondary health care services, 193 265 were reached with health promotion activities, 32 986 received MNCH services, 41 387 received MHPSS services, and 893 received trauma care services.



Health Information Management and Assessment Training. © HCCT

### Health Service Delivery (Primary Health Care and Hospitals)

During June 2024, WHO continued its support for 48 health facilities providing primary health care in five provinces through four NGO partners: Care International, HADAAF, WORLD, and HML0. Regarding secondary and tertiary health care, WHO supported 19 hospitals in 12 provinces through 11 NGO partners. The hospitals supported by WHO included nine infectious disease hospitals, two emergency hospitals, two maternity hospitals, and six hospitals for MHPSS. These hospitals were supplied with emergency kits and essential medical equipment.

- In June 2024, a total of 151 376 outpatient consultations were conducted in WHO-supported health facilities (72 057 in primary health care facilities and 79 319 in hospitals). Of these consultations, 57.3% were attended by females and 42.7% by males.
- Nearly 93 557 patients received essential medicines for their health conditions.
- The recorded number of institutional deliveries was 1714 (711 in primary health care facilities and 1003 in hospitals).
- A total of 5592 pregnant women received antenatal services, and 3491 women received postnatal services in WHO-supported facilities.
- Children under five received oral polio vaccines (OPV), malnutrition treatment, and screening, totaling 34 343 (26 666 in primary health care facilities and 7677 in hospitals).
- Pregnant women, women of childbearing age, and children under five received TT2+, measles, and PENTA-3 vaccinations, totaling 10 338 (5533 in primary health care facilities and 4505 in hospitals).
- Pregnant and lactating women received malnutrition screening, Infant and Young Child Feeding (IYCF) counseling, and treatment services,

totaling 16 392 (4247 in primary health care facilities and 12 145 in hospitals).

- A total of 4666 individuals (3612 in primary health care facilities and 1054 in hospitals) received MHPSS consultations, and 37 777 individuals (23 556 in primary health care facilities and 14 221 in hospitals) received consultations for noncommunicable diseases (NCDs).
- People living in remote and underserved areas received health education and awareness, totaling 71 433 (49 099 in primary health care facilities and 22 334 in hospitals).



**151 376**

People received OPD consultations



**93 557**

Patients received essential drugs for their basic health services



**5592**

Women received ANC



**3491**

Women received PNC

### Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for June 2024 (Total: 151 376)		
Age	Male	Female
Over 18 years	39 304	62 441
Under 18 years	25 265	24 366



**1714**

Institutional deliveries



**37 777**

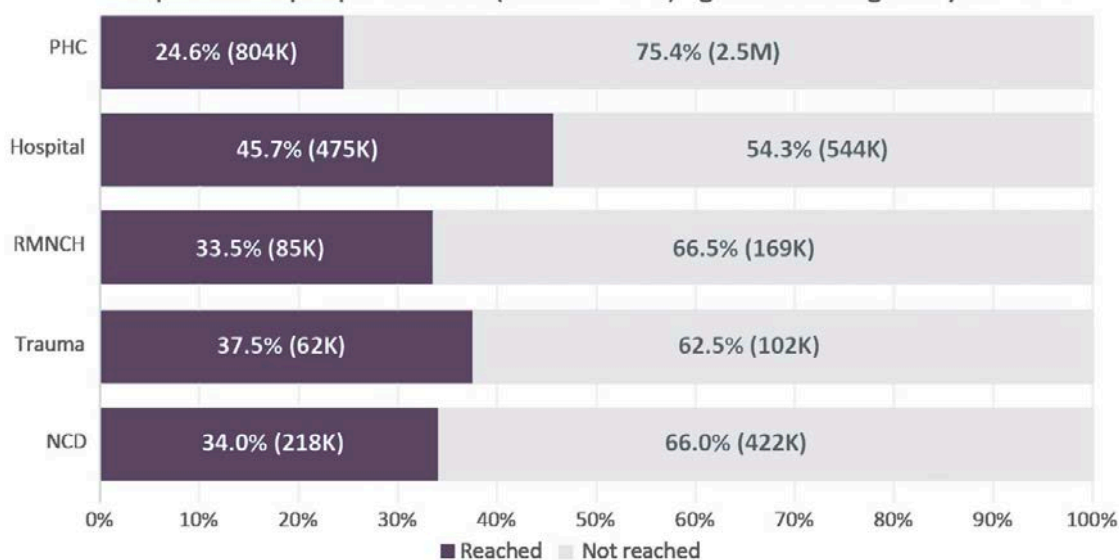
Number of consultations for Non-communicable diseases



**10 038**

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

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



### Trauma and Physical Rehabilitation

WHO maintained its support to trauma and rehabilitation services across all regions during June 2024. A total of 10 587 beneficiaries (7347 males and 3240 females) received trauma care, and 23 262 beneficiaries (12 739 males and 10 523 females) received post-trauma rehabilitation. The post-trauma rehabilitation services provided in health facilities included:



**2427**  
people received physiotherapy



**5401**  
people received blood transfusion



**3719**  
people received psychological counselling



**8699**  
people received minor surgical operations



**3016**  
people received major surgical operations

### Trauma care services

#### Beneficiaries of trauma care services at WHO-supported facilities for June 2024 (Total: 10 587)

	Male	Female
Over 18 years	4333	1461
Under 18 years	3014	1779

### Post trauma rehabilitation

#### Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for June 2024 (Total: 23 262)

	Male	Female
Over 18 years	7461	6679
Under 18 years	5278	3844

### Nutrition

In June 2024, a total of 5298 children (2597 girls and 2701 boys) with medical complications were admitted and treated at 141 WHO-supported IPD-SAM centers. This achievement aligns with the nutrition section’s monthly target. WHO is actively enhancing national capacity to address food insecurity and malnutrition.

In June 2024, WHO organized and conducted a batch of Inpatient Management of Severe Acute Malnutrition with Medical Complications (IPD-SAM) Training of Trainers (ToT) for participants from Kabul, Herat, Jalalabad, and Mazar-e-Sharif. A total of 19 female doctors received the training in addition to 21 female nutrition screeners who received training on facility-based nutrition surveillance in Kandahar province.

#### Beneficiaries of 127 WHO-supported IPD-SAM centers for June 2024 (Total: 5298)

Under five	Boys	Girls
5298	2701	2597



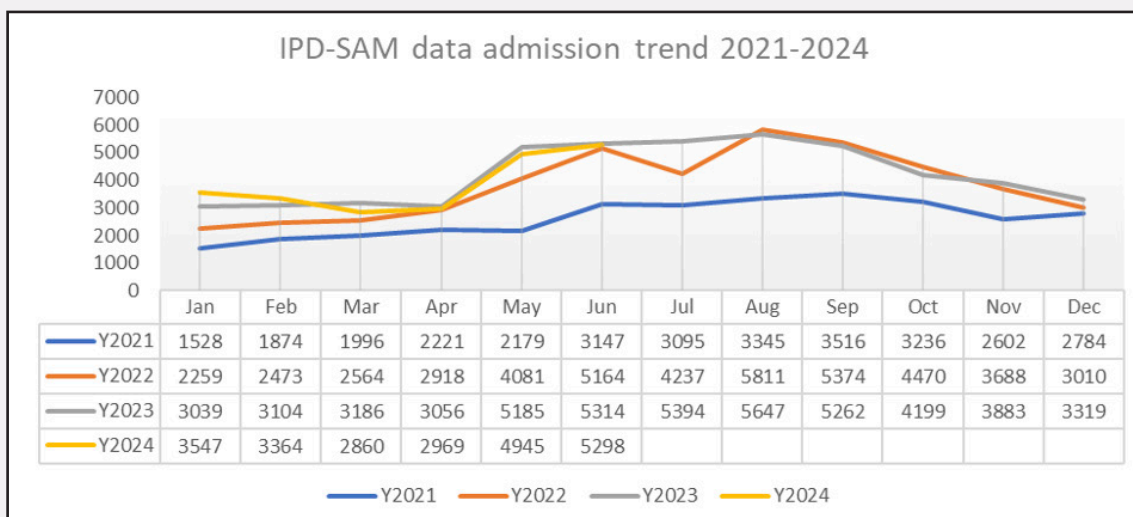
**16 392**  
Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services



**4403**  
Women received family planning and awareness services



**34 343**  
Under 5 children received OPV, malnutrition treatment and screening



## Infectious Disease Hazard and surveillance

Monthly Summary of Infectious Disease Outbreaks in Afghanistan, June 2024 (2 to 29 June 2024):

Indicators	Measles (Suspected)	ARI-Pneumonia	COVID-19 (Confirmed)	AWD	CCHF (Suspected)	Dengue fever (Suspected)
Monthly new cases (% change compared to May)	6390 (↓5.9)	64 808 (↓32.1)	722 (↓59.7)	18 686 (↑18.8)	281 (↑251.3)	145 (↓30.3)
Monthly new deaths (CFR%)	21 (0.3)	185 (0.3)	2 (0.28)	12 (0.06)	29 (10.3)	0 (0.0)
Cumulative cases	35 021	787 721	239,009	70,350	470	1088
Cumulative deaths (CFR%)	147 (0.4)	1812 (0.2)	8,010 (3.4)	38 (0.05)	35 (7.4)	0 (0.0)

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

### Measles:

- During the reporting period, a total of 6390 suspected measles cases and 21 associated deaths (monthly CFR 0.3%) were reported, compared to 6788 cases and 26 deaths in May 2024. This represents a 5.9% decrease in the number of suspected cases compared to the previous month.

### Acute Respiratory Infections-Pneumonia:

- During the reporting period, there were 64 808 cases of ARI pneumonia and 185 associated deaths, resulting in a monthly CFR of 0.29%. This is a 32.1% decrease in reported cases compared to May 2024, which saw 95 384 cases and 214 deaths.

### COVID-19:

- During the reporting period, 722 confirmed COVID-19 cases and 2 associated deaths were reported, yielding a monthly CFR of 0.28%. This marks a 59.7% decrease in reported cases compared to May 2024, which had 1791 cases and 7 deaths.
- A total of 7907 samples were tested for suspected COVID-19 cases in public laboratories, a 30.8% decrease from the 11 424 tests conducted in May 2024. The test positivity rate was 9.1%.

- During this period, nearly 28 000 individuals received COVID-19 vaccinations, raising the proportion of those who have received at least one dose to 43.5%.

### Acute Watery Diarrhoea with dehydration:

- During the reporting period, there were 18,686 cases of AWD with dehydration and 12 associated deaths, resulting in a monthly CFR of 0.06%. This represents an 18.8% increase in reported cases compared to May 2024, which had 15,733 cases and 6 deaths.

### Crimean-Congo Hemorrhagic Fever (CCHF):

- During the reporting period, there were 281 suspected cases of CCHF and 29 associated deaths, resulting in a monthly CFR of 10.3%. This represents a 251.3% increase in reported cases compared to May 2024, which had 80 cases and 4 deaths. This rise coincided with Eid-ul-Adha, during which increased contact with animals as part of the rituals may have contributed to the surge in cases.

### Dengue fever:

- During the reporting period, there were 145 suspected cases of dengue fever and no deaths reported, compared to 208 cases in May 2024. This represents a 30.3% decrease in the number of reported cases.

### Active surveillance in flood-affected districts of Baghlan (02 – 29 June 2024):

- A total of five Surveillance Support Teams (SSTs) has been deployed to the flood-affected districts. During the reporting period, the following infectious diseases were detected:
  - » 14 cases of AWD with dehydration
  - » 76 suspected cases of measles
  - » 663 suspected cases of COVID-19
- Additionally, 505 RDTs were conducted for suspected

COVID-19 cases, with 174 testing positive (positivity rate: 34.5%).

- 151 PCR samples (including those from positive RDTs and separate samples) were sent to the laboratory, with 17 testing positive (positive rate: 11.3%).
- 14 RDTs were conducted for AWD with dehydration cases, of which three were positive (positivity rate: 21.4%). However, culture results for these positive RDTs were negative.
- Samples were collected from 54 suspected measles cases, with 15 testing positive (positivity rate: 27.8%).

Number of reported cases of infectious diseases in flood-affected districts of Baghlan Province

Diseases	Number of reported cases from 02 - 29 Jun 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>Suspected measles</b>	114	19	124	19	133	143	<b>276</b>
<b>AWD with dehydration</b>	0	6	0	8	6	8	<b>14</b>
<b>Suspected COVID-19</b>	1	226	5	431	227	436	<b>663</b>
<b>Total</b>	<b>115</b>	<b>251</b>	<b>129</b>	<b>458</b>	<b>366</b>	<b>587</b>	<b>953</b>

**Active surveillance in flood-affected districts of Faryab (02 – 29 June 2024):**

- A total of 2 Surveillance Support Teams (SSTs) has been deployed to the flood-affected districts. During the reporting period, the following infectious diseases were detected:
  - » 228 cases of ARI Pneumonia
  - » 11 cases of AWD with dehydration
  - » 15 suspected cases of measles
  - » 409 suspected cases of COVID-19
- A total of 403 PCR samples were sent to the laboratory, with only 8 testing positive (positivity rate: 2.0%).
- Furthermore, nine RDTs were conducted for AWD with dehydration cases, none of which were positive.

Number of reported cases of infectious diseases in flood-affected districts of Faryab Province

Diseases	Number of reported cases from 02 - 29 Jun 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>ARI-Pneumonia</b>	98	0	107	23	98	130	<b>228</b>
<b>Suspected measles</b>	10	0	5	0	10	5	<b>15</b>
<b>AWD with dehydration</b>	2	4	4	1	6	5	<b>11</b>
<b>Suspected COVID-19</b>	2	154	0	253	156	253	<b>409</b>
<b>Total</b>	<b>112</b>	<b>158</b>	<b>116</b>	<b>277</b>	<b>270</b>	<b>393</b>	<b>663</b>

**Active surveillance in flood-affected districts of Ghor (02 – 29 June 2024):**

Active surveillance report from 05 May to 01 Jun 2024:

- A total of 4 Surveillance Support Teams (SSTs) has been deployed to the flood-affected districts. During the reporting period, the following infectious diseases were detected:
  - » 47 cases of ARI Pneumonia
  - » 98 cases of AWD with dehydration
  - » 2 suspected cases of measles
  - » 169 suspected cases of COVID-19
- All AWD with dehydration cases were tested using RDTs, and none were positive.
- Additionally, 133 RDTs were conducted for suspected COVID-19 cases, with none testing positive.

Number of reported cases of infectious diseases in flood-affected districts of Ghor Province

Diseases	Number of reported cases from 02 - 29 Jun 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>ARI-Pneumonia</b>	14	11	19	3	25	22	<b>47</b>
<b>Suspected measles</b>	0	0	2	0	0	2	<b>2</b>
<b>AWD with dehydration</b>	6	45	11	36	51	47	<b>98</b>
<b>Suspected COVID-19</b>	0	51	0	118	51	118	<b>169</b>
<b>Total</b>	<b>20</b>	<b>107</b>	<b>32</b>	<b>157</b>	<b>127</b>	<b>189</b>	<b>316</b>

**Returnees: Epidemiological updates**

- During the reporting period, two public health partner’s teams, each with eight members, were deployed to Turkham and Islam Qala to perform tasks recommended by the International Health Regulations-2005 (IHR). Two SST teams (each with 2 members) in Kandahar and another two SST teams (each with 2 members) were operationalized to screen returnees and facilitate the collection, storage, and transportation of samples to the Regional Reference Laboratories (RRLs).
- A total of 120 624 individuals were screened for various infectious diseases during this period, including 2613 returnees from Pakistan.
- Among the returnees, 160 RDTs and 135 PCR tests were conducted for suspected COVID-19 cases. Of these, four RDTs and two PCRs tested positive, resulting in positivity rates of 2.5% for RDTs and 1.4% for PCRs.
- Additional six RDTs for suspected dengue fever and 11 RDTs for AWD with dehydration cases were conducted, all of which returned negative results.



**120 624**

Individuals were screened for various infectious diseases

Summary of reported cases from returnee sites in Afghanistan (June 02-29, 2024):

Diseases	Number of reported cases among returnees from 02-29 Jun 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>AWD with Dehydration</b>	38	31	21	25	69	46	<b>115</b>
<b>Suspected dengue fever</b>	0	5	0	1	5	1	<b>6</b>
<b>ARI-Pneumonia</b>	93	219	81	162	312	243	<b>555</b>
<b>Suspected COVID-19</b>	0	116	0	45	116	45	<b>161</b>
<b>Total</b>	<b>131</b>	<b>371</b>	<b>102</b>	<b>233</b>	<b>502</b>	<b>335</b>	<b>837</b>

**Supplies:**

- During the reporting period, the following supplies were delivered to all regions:
  - » 198 case management kits for AWD with dehydration
  - » 3300 double bags for CCHF cases
  - » 640 kits for measles case management
  - » 164 kits for malaria case management
  - » 185 kits for pneumonia case management
  - » 26 000 vials of Sodium stibogluconate for Leishmania treatment
  - » 950 kg of larvicides
  - » 15 fogging machines for larvicide application
  - » 60 COVID-19 sample carrier kits
  - » 150 COVID-19 RDTs
  - » 65 RDTs for AWD with dehydration

**Trainings:**

The following trainings were conducted during the reporting period.

Training	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc.)
<b>Training of surveillance sentinel sites focal points on surveillance procedures</b>	8-13 June	Mazar-e-Sharief	Public Health Surveillance (including Indicator-Based and Event-Based Surveillance), outbreak investigation and response, sample collection, storage and transportation, line listing, and weekly reporting	84 sentinel site focal points, including 9 females, from Balkh, Jawzjan, Saripul, Samangan, and Faryab.
<b>Training of SSTs of Southeast region (Ghazni, Paktika, Paktya, and Khost)</b>	11-13 June	Kabul	Samples collection, storage, and transportation to labs	29 SSTs from the Southeast region (All males)



**71 433**

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

## Mental Health and Psychosocial Support

- In response to the flash floods in Baghlan Province, the WHO team, in collaboration with the provincial public health directorate (PPHD) and the Mental Health Department of MoPH, provided Psychological First Aid (PFA) and stress management training for 453 Community Health Workers (CHW)/Community Health Support teams (CHSs). The training, which took place from May 25 to June 13, 2024, aimed to enable the trained CHWs/CHSs to offer Psychological First Aid (PFA) to the affected community.
- WHO conducted a 6-day mhGAP-IG training for medical doctors from June 01 – 06, 2024, and a 6-day Problem Management Plus (PM+) training for psychologists, psychosocial workers, counselors, and social workers from June 08 – 13, 2024, in Kabul. These sessions targeted staff working in the 8-bed acute mental health wards at provincial hospitals in Badakhshan, Bamyan, Farah, and Nimroz, as well as in drug addiction treatment centers (DATC) and OST clinics. Seven medical doctors from flash flood-affected areas in Ghor province have also participated.
- As Co-Lead, WHO organized and coordinated the monthly MHPSS Technical Working Group meeting on June 6, 2024.



4666

Individuals received mental health consultations

The meeting covered updates on MHPSS activities, including WHO's ongoing capacity development for healthcare staff, research on Afghan returnees from Pakistan, and the establishment of acute mental health wards in four provincial hospitals and Aino Mena Hospital in Afghanistan.

- WHO will provide technical support to UNFPA for mhGAP-IG training for 47 female doctors in July 2024. This training aims to integrate MHPSS services into maternal and child health services in health facilities supported by UNFPA.
- On June 11, 2024, WHO MHPSS/DDR team delivered a one-day training to the research team of the Afghanistan National Public Health Institute (ANPHI) on data collection tools. The research study aims to explore the prevalence and correlation of non-communicable disease risk factors, mental illness, and substance use disorders among returnees from Pakistan. WHO is providing both technical and financial support for this joint research with ANPHI in Afghanistan.



Simulation exercise during PFA and stress management training. ©WHO



WHO team with data collectors. ©WHO

## Drug Demand Reduction

- Meeting with representatives from four national NGOs on 3 June 2024, to discuss social support services, including shelter and protection for vulnerable populations such as females and adolescents with problematic drug use.
- Meeting with the Internal Audit Team of UN Women HQ on 3 June 2024. The DDR Team addressed their inquiries related to our DDR initiatives.
- Joint monitoring visit by WHO, UNODC, and MoPH to the 150-bed pilot male adult and 20-bed pilot male adolescent DATCs in Nangarhar, with virtual participation by Dr Saadat and a donor representative, from 9-14 June 2024.

- Support was provided to celebrating the World Drug Day (WDD) 2024 through:
  - » Translating the WDD 2024 message into local languages, including Dari and Pashtu.
  - » Developing and distributing brochures in English, Dari, and Pashtu during the WDD event on 26 June 2024.
- Created banners, rollup stands, and provided 300 WHO visibility items including folders, pens, and notebooks for participants during the WDD event on 26 June 2024.
- Conducted a joint WHO-MoPH assessment visit to the 50-bed Females and Children Drug Addiction Treatment Center in Balkh and the 20-bed Females and Children Drug Addiction Treatment Center in Faryab.



- WHO DDR/MHPSS/GBV partnership with UN Women:
  - » Participated in regular coordination meetings with UN Women.
  - » Drafted a guide on “Gender-Specific Approaches for Treatment of Substance Use Disorders” to support training on “Standard Treatment and Rehabilitation of Drug Use Disorders - Special Considerations for Females and Children.”
- Participated in the International Agency Standing Committee IASC/WHO/UNODC/UNHCR initiative for field testing of the “Orientation on Substance Use and Substance Use Disorders for Humanitarian Actors - Facilitator’s Guide”, including:
  - » Attended coordination meetings.
  - » Translated the Facilitator’s Guide into Dari to facilitate contextualization training.



WHO support for the World Drug Day (WDD) 2024 celebration. © WHO

DATC services at WHO-supported facilities for June 2024 :

Indicators	Male				Female			
	0 - 11 yrs	12 - 17 yrs	18 - 60 yrs	> 60 yrs	0 - 11 yrs	12 - 17 yrs	18 - 60 yrs	> 60 yrs
Number of Discharged Clients	4	10	168	5	1	0	24	125
Number of monthly clients registered	7	7	182	0	11	5	88	116
Number of patients at the beginning of the month	3	21	254	5	5	2	44	178

### Water, Sanitation and Hygiene (WASH)

Regular monitoring and support for the flood-affected areas in the North-East Region (Baghlan, Takhar, Badakhshan, and Kunduz provinces) continued throughout June 2024.

### Gender-Based Violence (GBV)

#### PSEA SOPs for Health Facilities Rolled out in Bamiyan

- The development and rollout of the PSEA SOPs for health facilities in Afghanistan was a collaborative effort involving WHO, the health cluster, and the PSEA network. These SOPs are designed to provide healthcare workers with clear guidelines for managing cases of suspected or alleged sexual exploitation and abuse within healthcare settings. They detail the procedures to follow from the intake of a complaint to its formal reporting, ensuring that all incidents are addressed appropriately and in line with established protocols.
- During the rollout meeting, health cluster partners identified critical risks associated with the implementation of the SEA SOPs and outlined measures to mitigate these risks. They also emphasized the importance of involving key stakeholders to ensure the successful rollout and effective implementation of the PSEA SOPs.

#### Results of the Health Cluster PSEA Survey findings Shared with Collaborating Partners:

- The survey findings indicate that 53% of Health Cluster Partners require support in various aspects of PSEA capacity

strengthening, including PSEA policies, code of conduct, and community awareness-raising.

- Support services for survivors may encompass counseling, medical care, legal assistance, and other forms of aid to help survivors regain their safety and dignity.

**Enhancing Ethical Practices in Procurement by preventing Sexual Misconduct**

- Ethical procurement practices are essential for maintaining transparency, fairness, and accountability, especially during health crises. To support this, 62 suppliers involved in the WHE program received training on PSEA and procurement ethics. The training aimed to raise awareness about the expected standards in emergency healthcare services and empowered suppliers

to recognize and prevent potential misconduct within their operations.

**Mitigating Risks of SEA in the flood Response**

- A briefing was held for 37 members of the Operational Coordination Team (OCT), focusing on expected behaviors and codes of conduct for humanitarian workers during emergency situations, particularly in the context of increased vulnerabilities due to floods. PSEA awareness messages were also provided in Dari and Pashto to facilitate communication with local communities. Cluster leads are committed to disseminate these messages among their team members to ensure consistent application when interacting with individuals affected by the disaster.

**Trainings**

The following trainings were conducted in May 2024:

Training category by gender for June 2024		
Training Name	Male	Female
Basic Emergency Care	72	63
CCHF Case Management	22	18
Hospital Management	20	1
Mental Health Psychosocial First Aid (PFA)	230	223
MHGAP	39	9
NDSR Focal Points Training	71	3
Problem Management Plus	20	6
Rescue Communication and Community Engagement	19	12
Grand Total	493	335

**Health Logistics:**



**93 557**  
Patients received essential drugs for their basic health services



**236**  
Different medical kits distributed

In June 2024, a total of 236 different types of kits were distributed to WHO-supported health facilities.

Kits	# of Kits
IDP-SAM	16
IEHK Supplementary	24
IEHK Basic	61
TESK	34
Measles	65
IARH	36
<b>Total</b>	<b>236</b>

### Programme Monitoring Unit (PMU)

On June 2024, WHO deployed a total of 21 monitoring officers equipped with specialized tools for each type of health intervention to oversee health facilities. During this period, WHO conducted monitoring visits to:

- 28 primary healthcare facilities under the BMGF and returnees' projects
- 27 hospitals, including Integrated Infectious Disease and COVID-19 hospitals, Drug Addiction Treatment Centers, Opioid Substitution Treatment Centers, MHPSS facilities, and emergency hospitals
- 70 inpatient departments for the management of Severe Acute Malnutrition
- Two ambulatory services projects for returnees

These visits identified areas for improvement, which were monitored closely at the health facility level. Any newly identified issues will be addressed in collaboration with implementing partners to ensure prompt implementation of appropriate mitigation measures.

This proactive approach to monitoring and evaluation highlights WHO's commitment to enhancing the quality and effectiveness of healthcare services within the project scope. By addressing areas for improvement promptly, we aim to achieve better health outcomes and ensure the delivery of high-quality care to those in need.



On-job training on height measurement of malnourished children at the District Hospital in Saripul. © WHO



Orientation session on HMIS reporting at Balkh IDH. © WHO

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