



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 42 | July 2024

Key figures (monthly)

128 831

People received emergency health care services (PHC & Hospitals)

5211

People received trauma care services (IPD+OPD)

2025

Medical kits distributed

265

Health workers trained



WHO-supported outreach services in Sobari district, Khost province. © WHO

Overview

WHO continued providing health services to people in need during the month of July through supporting primary and secondary health care facilities across all regions of Afghanistan, including Kabul.

Quarterly WHO Health Emergencies (WHE) and Health Cluster programme review meeting was conducted in Kabul on 10-11 July 2024. All WHE and Health Cluster staff from the Country Office and regional offices participated in the meeting. The main objective of the meeting was to review the activities conducted during the first quarter of 2024 through WHE and Health Cluster and to plan effectively for the remaining period of year.

Health Cluster

- In July 2024, 46 Health Cluster partners reached 589 205 people with humanitarian health services. These services were delivered through 763 health facilities across 287 districts, encompassing all 34 provinces of Afghanistan. Of the total reach, 46% were women and 33% were children.
- The Health Cluster conducted one batch of Health Information Management and Assessment training for 25 Health Cluster partners staff from 15 NGOs and INGOs. The overall objective of the training was to enhance the capacity of Health Cluster partners in utilizing various information tools and platforms essential for effective health information management and conducting assessments.
- To ensure an effective and timely response to acute water diarrhoea (AWD) outbreaks at both national and sub-national levels, joint AWD task force meetings of Health and WASH Clusters were held at the national level and in seven regions.
- Regional Health Cluster Coordination Teams have collaborated with health partners across all seven regions. Their activities encompass regular monthly and ad hoc coordination meetings with relevant authorities and health partners, and undertaking joint missions with the Provincial Public Health Directorates

Summary of outbreaks (2024)

239 846

COVID-19 confirmed cases from the beginning of outbreak

865 909

ARI-Pneumonia

101 670

AWD

42 800

Measles

1516

Dengue fever

771

CCHF

(PPHDs), partners, and UN agencies to monitor the health response. Additionally, the regional teams 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 part of the Accountability to Affected Populations (AAP), Regional Health Cluster Coordinators (RHCCs) followed up on community concerns and complaints through the AWAAZ-e-Afghanistan platform. They worked closely with implementing partners and relevant authorities to address and resolve these issues.
- The Regional Health Cluster Coordination Team for the eastern region has effectively coordinated the health response for flood-affected populations by leveraging the collective efforts of all partners and stakeholders at the regional level.

- In July 2024, nine Health Cluster partners (ADA, IOM, IRC, JACK, OHPM, PU-AMI, UNFPA, UNICEF, and WHO) were involved in the health response to returnees. Since November 2023, a total of 25 Health Cluster partners were involved in the response activities.
- As of 31 July 2024, the Health Cluster partners provided health services to a total of 577 986 returnees. The beneficiaries included 208 067 women, 190 244 men, 95 765 girls, and 83 910 boys. Out of the total beneficiaries, 265 953 individuals received primary health care consultations, 26 385 received secondary health care services, 205 538 were reached with health promotion activities, 35 152 received maternal, newborn and child health services, 44 016 received Mental Health and Psychosocial Support (MHPSS) services, and 942 received trauma care services.



WHE and Health Cluster Quarterly Programme review meeting, Kabul. © WHO



Health information management and assessment training for the Health Cluster partners. © HCCT

Health Service Delivery (Primary Health Care and Hospitals)

During the current reporting period, there were 44 functional primary health care (PHC) centres in 29 districts of Herat, Helmand, Kandahar, Khost and Nangarhar provinces by four NGO partners. These facilities provided primary health care services to the vulnerable population of underserved areas, including women and children.

Due to high temperatures, WHO supported installation of solar fans in all health facilities, benefitting health care providers and patients. Regarding secondary and tertiary health care, WHO supported 17 hospitals in 11 provinces through 10 NGO partners. The hospitals supported by WHO included nine infectious disease hospitals, two emergency hospitals and 6 hospitals for MHPSS.

- During July 2024, a total of 128 831 (PHCs: 65 688 , Hospitals 63 143) out-patient consultations were conducted in WHO-supported health facilities; 56.6% females and 43.4% males attended the out-patient consultations.
- A total of 73 808 patients received essential medicines for their health related conditions.
- Recorded number of institutional deliveries were 514 in July 2024 (PHCs: 332 , Hospitals: 182).
- 4519 pregnant women received antenatal services and 1925 women received postnatal services in WHO-supported facilities.
- In addition, children aged under 5 received oral polio vaccine (OPV), malnutrition treatment, and screening in July are: 34 486 (PHCs: 30 933, Hospitals: 3553).
- Pregnant and childbearing age women and under 5 children received TT2+, measles and PENTA-3 vaccination: 7933 (PHCs: 6791, Hospitals: 1 142)

- Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services: 8592 (PHCs: 4133, Hospitals: 4459).
- A total of 3848 (PHCs: 3249 Hospitals: 599) individuals were provided with MHPSS consultations and 24 992 (PHCs: 21 490, Hospitals: 3502 received noncommunicable diseases (NCDs) consultations.
- People living in remote and underserved areas received health education and awareness: 58 239 (PHCs: 50 899, Hospitals: 7340).



128 831

People received OPD consultations



73 808

Patients received essential drugs for their basic health services



4519

Women received ANC



1925

Women received PNC

Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for July 2024 (Total: 128 831)			
Age	Male	Female	
Over 18 years	34 236	50 992	
Under 18 years	21 665	21 938	



514

Institutional deliveries



24 992

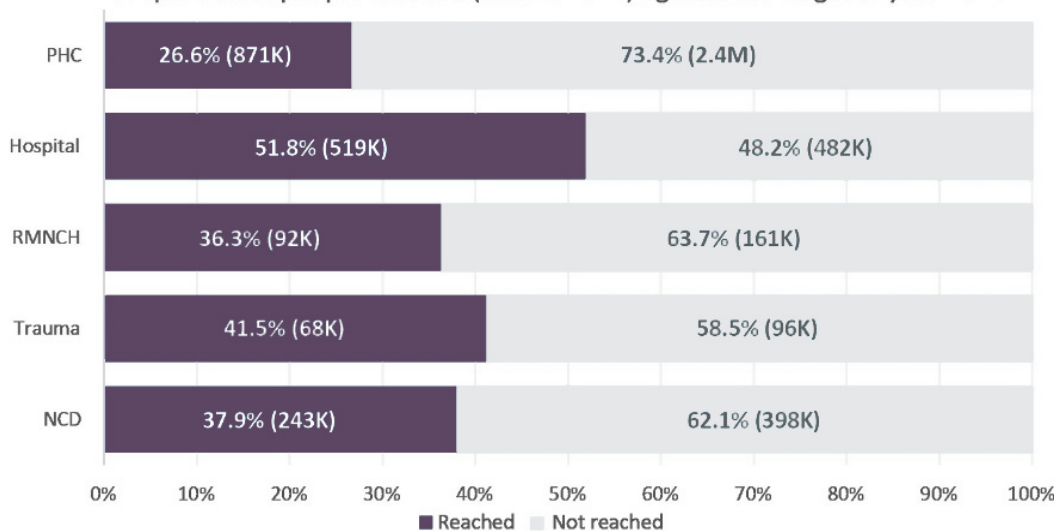
Number of consultations for Non-communicable diseases



7933

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

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



Trauma and Physical Rehabilitation

With regards to trauma management services, a reduction in number of total trauma case management is observed. This reduction is mainly due to the shortage of funding. During July 2024, a total of 5211 (3650 male, 1561 female) beneficiaries received trauma care and 21 544 (11 260 male, 10 284 female) received post trauma rehabilitation. Following are some of the post-trauma rehabilitation services provided in health facilities:

-  **2194** people received physiotherapy
-  **5141** people received blood transfusion
-  **2956** people received psychological counselling
-  **7588** people received minor surgical operations
-  **3665** people received major surgical operations

Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for July 2024 (Total: 5211)		
	Male	Female
Over 18 years	1967	613
Under 18 years	1683	948

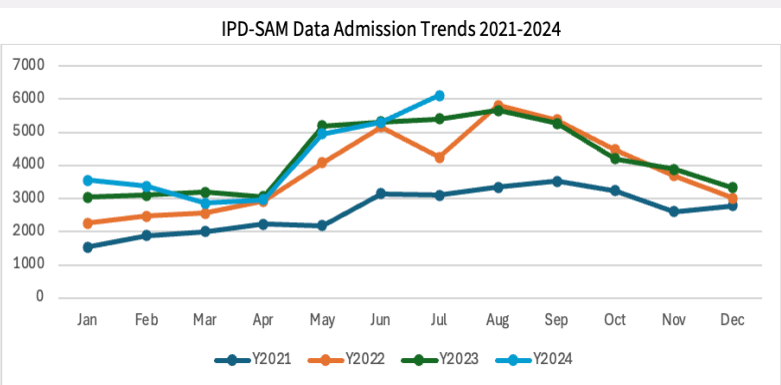
Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for July 2024 (Total: 21 544)		
	Male	Female
Over 18 years	6145	6618
Under 18 years	5115	3666

Nutrition

In July 2024, a total of 6106 children (3042 girls and 3064 boys) with medical complications were admitted and treated at 141 WHO-supported IPD-SAM centres. This achievement superseded nutrition section monthly target by around 17%. The increase in number of admissions for management of SAM with medical complications is attributed to the seasonal diseases like AWD. As compared to July last year, the number of admissions is higher. The possible reasons of this increase may be due to the fact that all therapeutic feeding units are functional with enough supplies and because of the increased awareness about availability of services across different regions.




WHO is actively enhancing national capacity to address food insecurity and malnutrition. So far, 12 provinces (Helmand, Kandahar, Jawzjan, Khost, Laghman, Logar, Nangarhar, Nuristan, Nimroz, Paktya, Parwan and Ghor) have been supplied with milk preparation kits. In addition, 28 therapeutic feeding units received these supplies.



Additionally, in July 2024, WHO conducted one batch of IPD-SAM training for 20 male health workers from Bamyan and Daikundi.

Beneficiaries of 127 WHO-supported IPD-SAM centers for July 2024 (Total: 6106)

Under five	Boys	Girls
6106	3064	3042

-  **8592** Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services
-  **3089** Women received family planning and awareness services
-  **34 486** Under 5 children received OPV, malnutrition treatment and screening



IPD-SAM training for Bamyan and Daikundi male health workers. © WHO

Infectious Disease Hazard and Surveillance

The monthly summary of infectious disease outbreaks in Afghanistan, July 2024 (30 June to 03 August 2024)

Indicators	Measles	ARI-Pneumonia	COVID-19*	AWD with dehydration	CCHF	Dengue fever
Monthly new cases (% change compared to June)	7779 (↑21.7)	78 188 (↑20.6)	823 (↑10.0)	31 320 (↑67.6)	300 (↑6.4)	397 (↑152.9)
Monthly new deaths (CFR%)	41 (0.5)	255 (0.3)	8 (1.0)	12 (0.04)	27 (9.0)	0 (0.0)
Cumulative cases	42 800	865 909	239 846	101 670	771	1516
Cumulative deaths (CFR%)	188 (0.4)	2067 (0.2)	8019 (3.3)	50 (0.05)	63 (8.2)	0 (0.0)

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

Measles:

- During the reporting period, a total of 7779 suspected measles cases and 41 associated deaths (monthly CFR 0.5%) were reported, compared to 6390 cases and 21 deaths during June 2024. This represents a 21.7% increase in the number of suspected cases compared to the previous month.

Acute Respiratory Infections-Pneumonia:

- During the reporting period, a total of 78 188 acute respiratory infection (ARI)-pneumonia cases and 255 associated deaths (monthly CFR 0.3%) were reported, compared to 64 808 cases and 185 deaths during June 2024. This represents a 20.6% increase in the number of reported cases compared to the previous month.

COVID-19:

- During the reporting period, a total of 823 confirmed COVID-19 cases and 8 associated deaths (monthly CFR 1.0%) were reported, compared to 748 cases and 2 deaths during June 2024. This represents a 10.0% increase in the number of confirmed cases compared to the previous month.
- During this period, a total of 10,881 samples were tested from the suspected COVID-19 cases in public laboratories, which shows an increase of 28.3% compared to the number of tests conducted in June 2024 (8,484), with a test positivity rate of 7.6%.

- During the reporting period, almost 26 000 individuals have been vaccinated against COVID-19, and the proportion of those who received at least one dose of vaccine increased to 43.7%.

Acute Watery Diarrhoea with dehydration:

- During the reporting period, a total of 31 320 AWD with dehydration cases and 12 associated deaths (monthly CFR 0.04%) were reported, compared to 18 686 cases and 12 deaths during June 2024. This represents a 67.6% increase in the number of reported cases compared to the previous month.

Crimean-Congo Hemorrhagic Fever (CCHF):

- During the reporting period, a total of 300 suspected cases of Crimean-Congo haemorrhagic fever (CCHF) with 27 associated deaths (monthly CFR 9.0%) were reported, compared to 282 cases and 30 deaths reported in June 2024. This shows a 6.4% increase in the number of reported cases compared to the previous month.

Dengue fever:

- During the reporting period, a total of 397 suspected dengue fever cases and zero deaths were reported, compared to 157 cases reported in June 2024. This shows a 152.9% increase in the number of cases reported during this month.

Active surveillance in flood-affected districts of Baghlan (30 June – 03 August 2024):

- A total of five Surveillance Support Teams (SSTs) were assigned in the flood-affected districts. During the mentioned period, the below infectious diseases have been detected:
 - » 116 suspected measles cases
 - » 1610 suspected COVID-19 cases

- A total of 857 RDTs were conducted for COVID-19 suspected cases; among which 272 were positive (positivity rate 31.7%).
- Additionally, 397 PCR samples were taken (from positive RDTs and separate samples) and sent to the laboratory; among these samples, 34 were positive (positivity rate 8.6%).
- Samples were collected for 16 suspected measles cases; among these samples, five were positive (positivity rate 31.3%).

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

Number of reported cases from 30 June - 03 August 2024							
Diseases	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
ARI-Pneumonia	0	0	0	0	0	0	0
Suspected measles	61	7	29	19	68	48	116
AWD with dehydration	0	0	0	0	0	0	0
Suspected COVID-19	0	591	10	1009	591	1019	1610
Total	61	598	39	1028	659	1067	1726

Active surveillance in flood-affected districts of Faryab (30 June – 03 August 2024):

- A total of two SSTs are assigned in the flood-affected districts. During the mentioned period, the below infectious diseases have been detected:
 - » 302 ARI pneumonia cases
 - » 29 AWD with dehydration cases
 - » 8 suspected measles cases
 - » 104 suspected COVID-19 cases
- A total of 104 PCR samples were sent to the laboratory; among these samples, only four were positive (positivity rate 3.8%).
- A total of four samples were collected for suspected measles cases; among these samples none were positive.
- Also, 29 RDTs were conducted for AWD with dehydration cases; none were positive.

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

Number of reported cases from 30 June – 03 August 2024							
Diseases	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
ARI-Pneumonia	86	79	70	67	165	137	302
Suspected measles	4	3	1	0	7	1	8
AWD with dehydration	3	8	8	10	11	18	29
Suspected COVID-19	0	47	0	57	47	57	104
Total	93	137	79	134	230	213	443

Active surveillance in flood-affected districts of Ghor (30 June – 03 August 2024):

- A total of four SSTs are assigned in the flood-affected districts. During the mentioned period, the below infectious diseases have been detected:
 - » 1102 ARI pneumonia cases
 - » 455 AWD with dehydration cases
 - » 16 suspected measles cases
 - » 579 suspected COVID-19 cases
- A total of 11 RDTs were conducted for AWD with dehydration cases, among which none were positive.
- Also, a total of 541 RDTs were conducted for COVID-19 suspected cases; among which 92 were positive (positivity rate 17.0%).

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

Number of reported cases from 30 June – 03 August 2024							
Diseases	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
ARI-Pneumonia	169	453	180	300	622	480	1102
Suspected measles	0	9	0	7	9	7	16
AWD with dehydration	145	84	124	102	229	226	455
Suspected COVID-19	45	1	533	0	46	533	579
Total	359	547	837	409	906	1246	2152

Returns: Epidemiological updates

- During the reporting period, two public health teams, each comprised of eight members, were operationalized to execute International Health Regulations-2005 (IHR)-recommended tasks in Torkham and Islam Qala points of entry. Furthermore, two SSTs (consisting of two members each) in Kandahar, and two SSTs (each composed of 2 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, 157 093 individuals were screened for various infectious diseases. Among these individuals, 4140 were returnees from Pakistan, while the remaining 152 953 were regular passengers from Pakistan and Iran.

- Among the returnees, 253 RDTs and 194 PCR tests were conducted for suspected COVID-19 cases. Out of these, 21 RDTs and 9 PCRs were positive, respectively, yielding a positivity rate of 8.3% for RDTs and 4.6% for PCRs.
- Moreover, 65 RDTs and 22 PCR tests were conducted for suspected dengue fever cases. Out of these, 22 RDTs and zero PCRs were positive, yielding a positivity rate of 33.8% for RDTs and 0% for PCRs.
- Additionally, 32 RDTs and one culture test were conducted for AWD with dehydration cases. Out of these, one RDT was positive (positivity rate 3.1%) and the culture test yielded a negative result.



157 093

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (30 June - 03 August 2024):

Diseases	Number of suspected cases reported among returnees from 30 Jun - 03 Aug 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
AWD with Dehydration	60	63	63	31	123	94	217
Suspected dengue fever	0	35	0	38	35	38	73
ARI-Pneumonia	123	319	127	259	442	386	828
Suspected COVID-19	0	167	0	86	167	86	253
Confirmed COVID-19	0	4	0	5	4	5	9

Supplies:

- During the reporting period, below supplies were delivered to all regions:
 - » 173 case management kits for AWD with dehydration
 - » 533 kits for case management of measles and ARI
 - » 9000 doses of rabies vaccine and immunoglobulins
 - » 24 kits of dengue fever RDT
 - » 2300 COVID-19 RDTs
 - » 478 RDTs for AWD with dehydration
 - » 115 fogging machines for spraying the larvicides
 - » 4000 gowns for IP to NDSR Kabul
 - » 2 kits of gloves to NDSR Kabul
 - » 1000 polycarbonate goggles for NDSR Kabul

Trainings:

The following trainings were conducted during the reporting period.

Kits	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc)
Training on diagnosis of the causative organism of AWD by culture.	14-18 July	Kabul	Diagnosis of the causative organisms of AWD using culture technique	24 laboratory focal points including 2 females were trained
Training of HCWs of two hospitals (Afghan Japan and NIDH) on case detection and reporting	30-31 July	Kabul	Public health surveillance, importance of surveillance in infectious disease control, indicator and event based surveillance, case detection, line listing, and reporting	25 HCWs including 5 females were trained



58 239

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

Mental Health and Psychosocial Support



3848

Individuals received mental health consultations

- MHPSS team members participated in a 2-day workshop on “Integrating Prevention Principles for Effectiveness in Community Awareness Raising” conducted by UN Women at UNOCA.
- WHO conducted a 6-day mhGAP-IG training for medical doctors, and a 6-day Problem Management Plus (PM+) training for psychologists, psychosocial workers, counsellors, and social workers in Kabul. These trainings were held for staff working in Kandahar, Helmand, Nangarhar, and Khost provinces working in PHC health facilities.
- The WHO team provided technical support to UNFPA to conduct mhGAP-IG training for 52 female doctors. The purpose of the training is to integrate MHPSS services into maternal and child health services in health facilities supported by UNFPA.
- Recently, the Ulama council in Kandahar banned psychosocial counselling services and after discussions

among MHPSS TWG members and sharing this issue with MoPH authorities, a team comprised of head of Mental Health Directorate (MHD), one consultant of MHD, one member of M&E Directorate of MoPH, two members of Irshad Directorate of MoPH, one representative from WHO and one from HNTPO visited Kandahar for advocacy and discussions with relevant authorities.

- In response to the severe windstorm and flash flood that heavily impacted Nangarhar province, a field visit was conducted by MHPSS team to assess the post-disaster situation and enhance MHPSS services for the affected individuals and communities. Based on the needs assessment, WHO provided technical assistance to psychosocial counselors working in the affected health facilities to address both the immediate and long-term mental health needs of the impacted communities.



MhGAP-IG training for medica doctors in Kabul conducted by WHO. ©WHO



Closing session of the WHO-supported PM+ training for psychologists in Kabul. ©WHO

Drug Demand Reduction

- Conducted a 5-day training workshop on “Standard Treatment and Rehabilitation of Drug use Disorders - Special Consideration for Female and Children” in Balkh province for 28 female participants (11 from Balkh Female and children DATC, four from Balkh 70 bed SSAWO, four from Jawzjan, seven from Faryab Females and Children DATCs and two from IMC).

- Another 4-day training was conducted on “Gender-specific Opioid Agonist Maintenance Treatment (OAMT)” for 29 participants (Kabul RHDO three males, Kabul IMC five females, Kabul AKHS two males, Kabul Bridge two males, Helmand RHDO two males, Balkh IMC five females, Herat YHDO three males, Nimroz YHDO three males, NDDR/MoPH three males and from DRC one male).



Training on standard treatment and rehabilitation at Mazar-e-Sharif by WHO. ©WHO



Group work during the DDR training in Kabul. ©WHO

DATC services at WHO-supported facilities for July 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	2	12	252		9	4	58	
Number of monthly clients registered	14	54	452		10	12	139	3
Number of patients at the beginning of the month	13	22	364		14	1	88	

Water, Sanitation and Hygiene (WASH)

Continued routine WASH activities in WHO-supported health facilities.

Health Logistics:



73 808

Patients received essential drugs for their basic health services



2025

Different medical kits distributed

During July 2024, a total of 2025 different kind of kits were distributed in WHO-supported health facilities.

Kits	# of Kits
IDP-SAM	485
IEHK Supplementary	7
IEHK Basic	95
TESK	54
Measles	743
Pneumonia	364
Cholera	252
IARH	25
Total	2025

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 July 2024, WHO carried out monitoring visits to 26 primary healthcare facilities under the BMGF, 30 hospitals encompassing integrated infectious disease hospitals, drugs addiction treatment centres, opioid substitution treatment centres, MHPSS and emergency hospitals, and 35 therapeutic feeding units.

During these visits, the monitoring officers closely monitored health services at the health facility level and identified the areas for improvement. Any newly identified areas requiring attention are addressed in collaboration with the implementing partners to ensure that appropriate mitigation measures are promptly implemented.

This proactive approach to monitoring and evaluation underscores WHO's commitment to enhancing the quality and effectiveness of health care services provided within the project

scope. By addressing identified areas for improvement in a timely manner, we can work towards achieving better health outcomes and ensuring the delivery of high-quality care to those in need.



Monitoring the emergency medical supplies and consumables in Kunduz Infectious Disease Hospital. ©WHO

Trainings

The following trainings were conducted in July 2024:

Training Name	Male	Female
AWD Sample Processing by Culture	22	2
Surveillance and Early Case Detection	20	5
Hospital Management	22	0
Influenza Surveillance	17	9
IPC	15	0
IPD-SAM	20	0
Mass Casualty Management - MCM	23	3
MHGAP-IG	27	0
PM+	0	23
Gender-specific Opioid Agonist Maintenance Treatment	19	10
Standard Treatment and Rehabilitation of Drug Use Disorders	0	28
Grand Total	185	80



Orientation session to the hospital staff at Torkham Emergency Hospital, Nangarhar. © WHO



Visit to patients admitted in Afghan Japan Hospital in Kabul. © WHO

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