



AFGHANISTAN EMERGENCY SITUATION REPORT

No. 37 | February 2024

Key figures (monthly)

296 803

People received emergency health care service (PHC & Hospitals)

5706

People received trauma care services (IPD+OPD)

664

Medical kits provided

641

Health workers trained

114

Surveillance support teams deployed to outbreak areas

Summary of outbreaks (2024)

232 606

COVID-19 confirmed cases from the beginning of outbreak

360 470

ARI-Pneumonia

17 350

AWD

8411

Measles

456

Dengue fever

47

CCHF



Psychological First Aid and stress management training by WHO and UNFPA in Kabul. ©WHO

Overview

WHO continued supporting routine activities in all supported health facilities during the month of February 2024. Major highlights for this month are:

- The most commonly reported epidemic-prone infectious diseases during February were Acute Respiratory Infections (ARIs), Acute Watery Diarrhea (AWD) and measles.
- WHO continued supporting health activities in earthquake affected areas in Herat province in western Afghanistan.
- Health partners in northern region held a meeting in the presence of the de facto Minister of Public Health in Mazar-e-Sharif, where WHO participated in the meeting as lead organization and was selected by other UN organizations and NGOs to provide details about health activities in the region.

Health Cluster

- Fifty one Health Cluster partners provided humanitarian health services to approximately 899 532 individuals. These services were delivered through 916 health facilities across 310 districts, encompassing all 34 provinces of Afghanistan. Of the total reach, 45% were women and 32% were children.
- The Health Cluster strategic advisory group members are expanded to include one additional UN agency and one international and one national entity. The new members are selected from UNFPA, Save the Children, and Solidarity for Afghan Families NGOs to represent the UN agencies, international and national NGOs along with the existing members.
- The Health Cluster conducted a mapping exercise of the Community Voice Platform, revealing that health ranks as the second core need of the community. Out of 29 294 respondents, 18% emphasized the importance of health, with an additional 9% requesting Mental Health and Psychosocial Support (MHPSS). More than half of the respondents were female (55.2%), while 44.4% were male, with 0.4 preferring not to reveal their gender. In terms of age distribution, 23% were younger than 24 years of age, 40% were aged between 25 and 35, and 37% were older than 35. Additionally,

10% of respondents reported living with disabilities. Key requests identified from the mapping exercise include the need for health education within the community, improved access to MHPSS, and the development of better health infrastructure, particularly in underserved or rural areas.

- Regional Health Cluster coordination teams have collaborated with health partners across all seven regions (eastern, southern, southeastern, western, northern, northeastern, and central regions). Their activities encompass the development and operationalization of contingency plans, regular weekly and ad hoc coordination meetings with relevant authorities and health partners, and undertaking joint missions with the Provincial Public Health Directorates (PPHDs), partners, and UN agencies to monitor the health response.
- The Regional Health Cluster Coordinators in all seven regions coordinated response to the measles, scabies, and ARIs outbreaks with the PPHDs and implementing partners.
- The Regional Health Cluster Coordinator in northern region, as part of the Inter Cluster Coordination Group (ICCG), met with the de facto Governor of Faryab province to share Health Cluster partners' activities and challenges, and had separate meetings with PPHDs of Balkh, Jawzjan and Faryab provinces to discuss Health Cluster partners' challenges in the field.
- As part of the Accountability to Affected People, the Regional Health Cluster Coordinators 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.
- Between 7 October 2023 and 28 February 2024, a total of 20 Health Cluster partners supported the health needs of the people affected by the earthquakes in Herat. The partners involved were AADA, AFGA, ARCS, CARE, HEALTHNET TPO, HI, IOM, IRC, IRW, JACK, MMRCA, MOVE, JHPIEGO, OCCD, OHPM, UNFPA, UNICEF, WHO, WVI and YHDO. However, four Health Cluster partners (AADA, IOM, UNFPA and WHO) were involved in response to the earthquake-affected people in February.
- Key activities carried out by the Health Cluster Coordination Team and partners to support the health response in Herat included:
 - » Provision of health services. As of 28 February 2024, Health Cluster partners delivered health services to a

total of 179 122 individuals in nine districts. In Zindajan: 89 714; in Ghoryan: 20 861; in Injil: 18,757; in Herat City: 9850; in Kushk: 14 872; in Kohsan: 10 784; in Gulran: 8691; in Guzara: 4419; and in Karukh: 1174 individuals benefited from health services. Among the beneficiaries, 145 459 individuals received primary health care and MHPSS services, 11 063 individuals received trauma care and rehabilitation services, 4235 individuals received various kits such as mama and baby kits, dignity kits, and individual cleaning delivery kits, and 18 365 individuals received communicable disease preventive and treatment support.

- » Deployment of health facilities. By 29 February 2024, a total of 15 static health facilities and five Family Health Houses (FHHs) had been deployed to earthquake-affected communities in Zindajan, Injil, Ghoryan, Kohsan, Gozara, Gulran and Karukh districts. These facilities are providing primary health care, reproductive health care, and MHPSS services. The deployment of these facilities was made possible with the support of five Health Cluster partners: OCCD/WHO (8), World Vision (4), AADA/UNFPA (2), OHPM/UNICEF (1) and CARE (5 FHHs).
- » Coordination. The Regional Health Cluster Team took proactive measures in responding to the earthquake-affected population in Herat province. They conducted ad hoc weekly, biweekly and monthly meetings to ensure a well-coordinated health response in the affected areas, preventing duplication and optimizing resource utilization. Additionally, the Team actively engaged in various coordination platforms, including the Inter-Cluster Coordination Group, Operational Coordination Team, and Emergency Preparedness and Response committee meetings, ensuring a comprehensive multi-cluster response.
- » Collaboration in deployment of additional health facilities. The Health Cluster partners plan to deploy additional 11 static health facilities in earthquake-affected districts. The site selection and staff recruitment processes have already been completed, and currently awaiting the signing of the MOUs. The new static health facilities will be supported by CARE/WHO (4), IRC (2), IRW (3) and WASS/WVI (2).

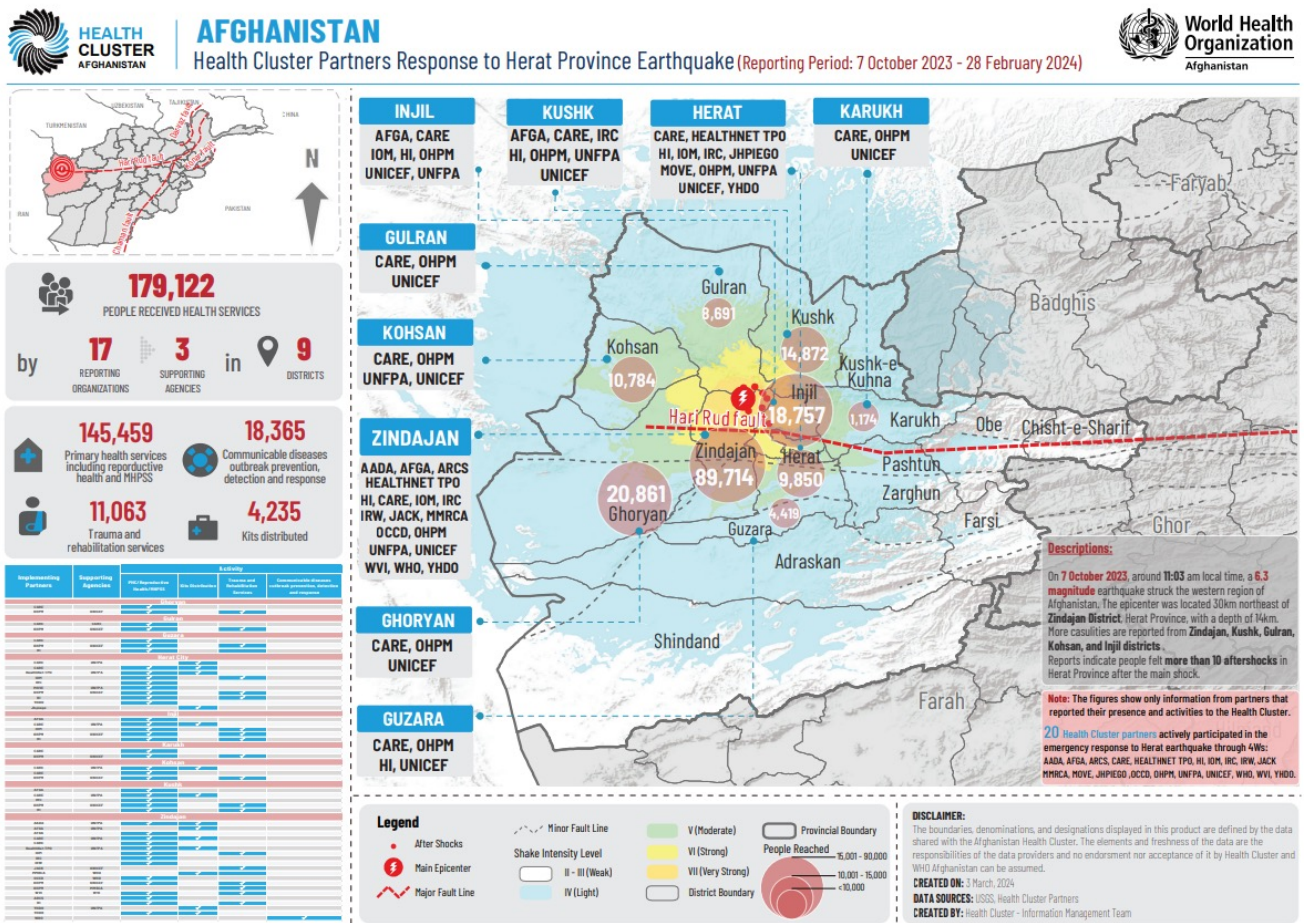


Regional Health Cluster coordination meeting for northern region, led by WHO, in Balkh province. ©WHO



Visit of the Migration Health Task Force, co-chaired by WHO, to Torkham Point of Entry. ©MHTF

- A total of 25 Health Cluster partners supported the health response to returnees. 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. Key activities carried out by the Health Cluster Coordination Team and the partners to support the health response for returnees included:
 - » Since early December 2023, there has been a significant decline in the trend of returnees at both Torkham and Spin Boldak Points of Entry. In order to optimize the allocation of services and prevent potential overlaps, Regional Health Cluster Coordinators in the southern and eastern regions conducted bilateral meetings with the PPHDs in Kandahar and Nangarhar provinces, as well as with partners supporting the health response for returnees. As a result of these coordination efforts, the number of health facilities in Spin Boldak and Takhtapul, Kandahar province has been reduced from 12 to four, comprising of two Basic Health Centres (BHCs) and two Mobile Health and Nutrition Teams (MHNTs). Similarly, in Torkham, Nangarhar, the number of health facilities has been decreased from 16 to six, including one Comprehensive Health Centre (CHC), three BHCs, one Maternal and Child Health Centre (MCH), and one 20-bed Hospital.
 - » The Health Cluster has effectively coordinated the health response for returnees by leveraging the collective efforts of all partners and stakeholders at the national and regional levels.
- » The Migration Health Task Force had a joint mission to Kandahar and Nangarhar provinces. The purpose of the mission was to assess the current situation, identify health needs, map available capacities, and enhance coordination among partners assisting returnees.
- » Biweekly Migration Health Task Force meetings were conducted. Along with providing updates on the situation of and response for returnees, key findings from the Task Force joint mission to Kandahar and Nangarhar provinces were presented. Additionally, the Task Force drafted a guide for the border crossing health package; the guide is under technical review.
- » The Multisectoral Needs Assessment from the returnees' place of origin is ongoing in the central and southeastern regions to identify the current needs and gaps of returnees.
- » The Regional Health Cluster Coordinator for the western region conducted a monitoring visit to a returnee camp in Farah province to assess the status of health service delivery in the camp.
- Between 01 November 2023 and 28 February 2024, the Health Cluster partners provided health services to a total of 330 139 returnees. The beneficiaries included 118 259 women, 96 089 men, 60 786 girls, and 55 005 boys. Out of the total beneficiaries, 167 806 individuals received primary health care consultations; 20 454 received secondary health care services; 91 558 were reached with health promotion activities; 23 187 received maternal, newborn, and child health services; 26 355 received MHPSS services; and 779 received trauma care services.



Health Service Delivery (Primary Health Care and Hospitals)

In February 2024, WHO supported primary and secondary health care across the country through 217 Primary Health Care (PHCs) and 16 Hospitals through 14 NGO partners in 27 provinces.

A total of 296 803 (PHC: 215 681, Hospital: 81 122) patients received outpatient consultations in PHCs and Hospitals during February. Out of the attended clients, 128 716 were male and 168 087 were female. Almost 240 303 patients received essential medicines for their treatment.

During February, 2 218 institutional deliveries were conducted, compared to 1478 such deliveries in January 2024.

In addition, children aged under 5 received oral polio vaccine (OPV), malnutrition treatment, and screening in February are: 75 886 (PHC: 70 306, Hospital: 5 580). A total of 25 408 clients received immunization services and 12 220 individuals were provided MHPSS consultations.

Out of 16 total hospitals supported by WHO, nine are infectious disease hospitals, five general and specialty hospitals and two emergency hospitals.



296 803

People received OPD consultations



240 303

Patients received essential drugs for their basic health services



10 798

Women received ANC



6656

Women received PNC

Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for February 2024 (Total : 296 803)		
Age	Male	Female
Over 18 years	81 817	118 861
Under 18 years	46 899	49 226



2218

Institutional deliveries



47 677

Number of consultations for Non-communicable diseases



25 408

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



Vaccine provision for earthquake-affected communities in Herat province, supported by WHO through OCCD. ©OCCD

Trauma and Physical Rehabilitation

WHO continued to support trauma care through its trauma unit. A total of 5706 beneficiaries received trauma management services and 11 536 beneficiaries received post-trauma rehabilitation services across the country in February.



1741 patients received physiotherapy



1643 patients received blood transfusion



5030 patients received minor surgical operation



1328 patients received major surgical operation

Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for February 2024 (Total: 5706)

	Male	Female
Over 18 years	2356	741
Under 18 years	1537	1072

Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for February 2024 (Total : 11 536)

	Male	Female
Over 18 years	3605	3360
Under 18 years	2460	2111

Nutrition

In February, a total of 3364 (1641 girls and 1723 boys) with medical complications were admitted (90% of the total target) and treated in 130 WHO-supported IPD-SAM Centres (119 Hospitals and 11 Comprehensive Health Centres). Compared to February 2023, there is an increase of 8% and it shows that an increase of complicated cases will be observed again this year.

WHO is helping strengthen the national capacity to respond to food insecurity and malnutrition in the country. Thirty male doctors and nurses from Kandahar and Helmand provinces received training on management of complicated severe acute malnutrition. WHO supplied 50 bedside chairs to Kabul Sarobi District Hospital, Nangarhar Fatima Bayat Hospital, Kunduz Provincial Hospital, Kunduz Imam Sahib District Hospital and Kunda Khan Abad District Hospital.

Beneficiaries of WHO-supported IPD-SAM centers for February 2024

Under five	Boys	Girls
3364	1641	1723



28 680 Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

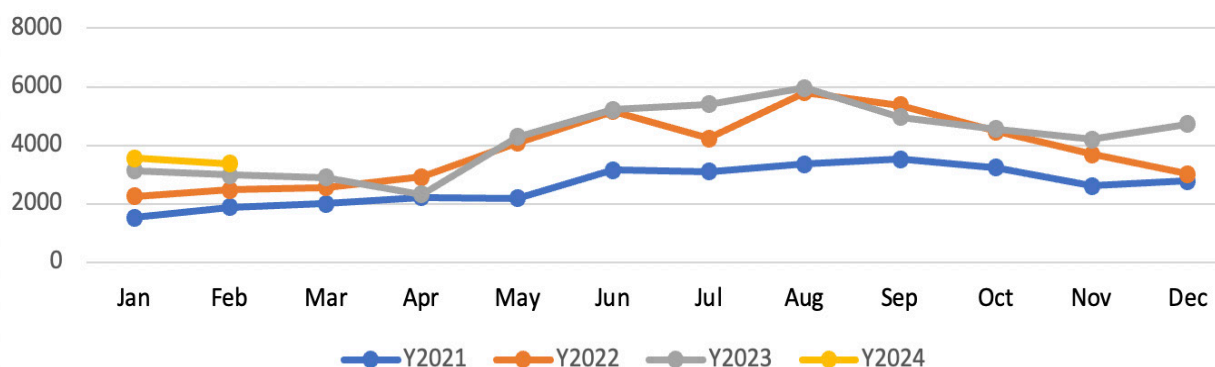


10 857 Women received family planning services and awareness



75 886 Under 5 children received OPV, malnutrition treatment and screening

IPD-SAM data admission trend 2021-2024



Infectious Hazard and Surveillance

The monthly summary of infectious disease outbreaks in Afghanistan between 01 February and 02 March 2024 is as follows:

Indicators	Measles	ARI-Pneumonia	COVID-19	AWD	CCHF	Dengue
Monthly new cases (% change compared to January 2024)	4685 (↑25.6)	159 408 (↓20.8)	937 (↓4.1)	7101 (↓30.7)	21 (↓19.2)	196 (↓24.6)
Monthly new deaths (CFR%)	23 (0.49)	361 (0.23)	9 (0.96)	4 (0.06)	0 (0.00)	0 (0.00)
Cumulative cases (2024)	8411	360 470	232 606*	17 350	47	456
Cumulative deaths (2024)	37	842	7989*	12	0	0

*These figures represent the cumulative number of confirmed COVID-19 cases and associated deaths recorded from February 2020 to December 2023.

Measles:

- During February, a total of 4685 measles cases were reported, compared to 3726 cases during January 2024. This represents a 25.6% increase in the number of suspected cases compared to the previous month, with 23 reported deaths (monthly CFR 0.49%).

ARI-Pneumonia:

- During February, a total of 159 408 ARI-Pneumonia cases were reported, compared to 201 062 cases during January 2024. This represents a 20.8% decrease in the number of reported cases compared to the previous month, with 361 reported deaths (monthly CFR 0.23%).

COVID-19:

- During February, a total of 937 confirmed COVID-19 cases were reported, compared to 977 cases during January 2024. This represents a 4.1% decrease in the number of reported cases compared to the previous month, with nine associated deaths (monthly CFR 0.96%).
- As of 02 March 2024, 963 872 COVID-19 cases have been tested in public health laboratories in total, with reported cumulative 232 606 confirmed cases (24.1% positivity rate) and 7 989 deaths (CFR of 3.4%). Currently, WHO is providing regular support to 34 COVID-19 laboratories on medical and non-medical supplies and other miscellaneous items, with a testing capacity of 8 400 cases per day.
- In February, a total of 12 125 samples were tested in public laboratories, which is increased by 3.3% compared to the number of tests conducted in January

2024 (11 743), with the test positivity rate of 7.7%.

- Almost 208 000 individuals have been vaccinated, and the proportion of those who received at least one dose increased to 41.5%¹.

Acute Watery Diarrhea (AWD):

- During February, a total of 7 101 AWD cases with dehydration were reported, which shows a decrease of 30.7% compared to January 2024, with a total of four associated deaths (monthly CFR of 0.06%).
- Out of the cases reported, 3848 (54.2%) were under 5 children and 3536 (49.8%) were women.

Crimean-Congo Hemorrhagic Fever (CCHF):

- During February, a total of 21 suspected cases of CCHF were reported, compared to 26 cases reported in January 2024. This shows a 19.2% decrease in the number of reported cases compared to the previous month, with no deaths.
- Out of 21 suspected CCHF cases reported, six (27.7%) are females, and all the cases are aged above five years.

Dengue fever:

- During February, a total of 196 suspected dengue fever cases were reported, compared to 260 cases reported in January 2024. This shows a 24.6% decrease in the number of cases reported during the previous month.

¹The total population (denominator) was changed from 39,269,174 (UN estimation) to 43,100,596 (OCHA estimation), therefore, the calculated proportions dropped.

Active surveillance of Herat earthquake-affected areas:

Active surveillance report between 01 February and 02 March 2024:

- A total of 10 dedicated Surveillance Support Teams (SSTs) with three assigned vehicles are doing active surveillance in the earthquake-affected areas of Zindajan district in Herat province. During the mentioned period, below infectious diseases have been detected:
 - » 3295 ARI cases.
 - » 52 AWD cases.
 - » 8 suspected measles cases.
 - » 2 suspected chickenpox cases.
 - » 71 confirmed COVID-19 cases.

- A total of 1251 rapid diagnostic tests (RDTs) and 1783 polymerase chain reaction (PCR) tests were conducted for suspected COVID-19 cases; four and 67 were positive respectively (RDT positivity rate: 0.3%, PCR positivity rate: 3.8%).
- A total of six RDTs were conducted for AWD cases; all results were negative.
- Samples were tested from the three suspected measles cases and the results were negative.

Districts	Diseases	Number of reported cases During 01–29 Feb 2024						
		Male		Female		Total		
		<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
Zindajan	ARI	409	995	484	1407	1404	1891	3295
	Measles	3	2	2	1	5	3	8
	AWD	30	5	15	2	35	17	52
	Chickenpox	2	0	0	0	2	0	2
	Confirmed COVID-19	0	26	0	45	26	45	71

Surveillance updates on returnees :

- During February 2024, two public health authority teams (each consisting of eight members) were functionalized and carried out International Health Regulations (IHR) recommended tasks (Torkham and Islam Qala Points of Entry). Two SSTs (Torkham and Spin Boldak), each team consisting of two members, were deployed to screen the returnees and collect, store, and transport samples from the relevant locality to Regional Reference Labs.
- Overall, 100 078 returnees have been screened for various infectious diseases in February.

Cases detected:

- 365 suspected COVID-19 cases.
- 1039 ARI cases.
- 26 suspected dengue fever cases.
- 130 AWD with severe dehydration cases.
- 46 suspected malaria cases.
- 2 clinical measles cases.

Lab results:

- 323 RDTs were conducted for suspected COVID-19 cases, with 53 out of 323 being positive. Additionally, 132 PCR tests were conducted and 20 resulted positive (positivity rate: 15.1%).
- 33 RDTs were conducted for suspected malaria cases, five (15.1%) resulted positive.
- 26 RDTs for suspected dengue fever and two RDTs for AWD with severe dehydration cases were conducted; all of them resulted negative.

One Health:

- Under the UN-to-UN agreement, the Food and Agriculture Organization of the United Nations (FAO) conducted the following activities:
 - 165 tick samples have been collected in Balkh, Herat, Kabul and Kandahar provinces.
 - 122 blood samples were collected from cattle in Balkh, Herat, Kabul and Kandahar provinces.
 - 10 744 households have been sprayed for vector control in Balkh, Herat, Kabul, Kandahar, Kunduz, Nangarhar and Takhar provinces.
 - 10 744 households have received awareness about CCHF in Balkh, Herat, Kabul, Kandahar, Kunduz, Nangarhar and Takhar provinces.
 - Additionally, three live animal markets have been sprayed for vector control in Kandahar and Nangarhar provinces.

Supplies:

- 100 tubes/doses of anti-scabies permethrin 5% were sent to Bamyan province.
- 50 kits Standard Q Covid-19 Ag Test (25T) Box of 30 were sent to National Disease Surveillance and Response Officers in Baghlan, Takhar, Badakhshan and Kunduz provinces.

Name of Training	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc)
Training of sentinel sites focal points on surveillance procedures	19-20 February	Kabul	Public health surveillance (Indicator-Based Surveillance, Event-Based Surveillance), outbreak investigation and response, sample collection, storage and transportation, line listing and weekly reporting	93 surveillance sentinel sites focal points of Kabul were trained, including 10 females.
	21-22 February			75 surveillance sentinel sites focal points of Nangarhar, Kunar, Laghman and Nuristan were trained.
25-26 February		Nangarhar		
27-28 February				
Training for the laboratory staff on the diagnosis of pertussis, chickenpox, Hep A and E by RT-PCR and ELISA assays	24-29 February	CPHL Kabul	Sample collection, storage, shipment and laboratory diagnosis, biosafety, PCR and ELISA procedures, sample processing on PCR and ELISA, result interpretation and reporting	24 laboratory staff of CPHL, NIDH and RRLs have been trained.

Mental Health and Psychosocial Support



12 220

Individuals received mental health consultations



1794

people received psychological counselling

Training:

WHO conducted a series of trainings for the health staff on different aspects of MHPSS:

- WHO conducted a six-day MhGAP IG training on 2-8 February in Herat city for 21 medical doctors working in PHCs and Drug Addiction Treatment Centres in Herat. These doctors were trained on assessment and management of patients with mental, neurological and substance use disorders in non-specialized health care settings.
- Another six-day training was conducted on 02-08 February on Problem Management Plus (PM+) in Herat city in two groups (male and female). In total, 54 health care workers (27 female and 27 male psychologists and social workers) from Primary Health Care centres were trained on assessment, management and follow up for the patients with common mental health conditions, according to PM+ methodology.
- WHO conducted a Training of Trainers (TOT) for six days on “Thinking Healthy” for 27 health workers in Kabul. The master trainers were trained on methodologies of thinking healthy manual developed by WHO.
- A 5-day TOT was conducted on 17-21 February on school mental health in Kabul. A total of 51 (24 female and 27 male) master trainers were trained from different provinces. This school-based psychological intervention aims to help teachers to support their students’ mental health needs.
- A 2-day Psychological First Aid (PFA) and stress management training were conducted by WHO and UNFPA for Prevention of Sexual Exploitation and Abuse network members on 28-29



School mental health Training of Trainers (ToT) by WHO in Kabul. ©WHO

February in Kabul to enhance the capabilities and skills of PSEA network members in applying PFA to survivors and victims of SEA.

Other (meetings, guidelines, etc.):

- Review of proposals for four 8-bed acute mental health wards in provincial hospitals (Badakhshan, Bamyán, Farah and Nimrooz). This project will be implemented by three implementing partners. These units will provide OPD and IPD services to the patients with mental health disorders.
- Meeting with HEWAD NGO about establishing a 20-bed mental health ward in Kandahar province. Due to lack of space in the regional hospital of Kandahar to establish mental health ward, this ward will be established at Aino Mena Hospital. HEWAD NGO will implement the mental health ward in the Hospital.
- Regular participation of WHO in MHPSS Technical Working Group monthly meetings as co-lead.

Drug Demand Reduction

- Coordination with National Drug Demand Reduction (DDR) Directorate for revision of National DDR Strategic Plan, Standard Operating Procedures, Guidelines and Protocols on service delivery, reporting and monitoring drug treatment and rehabilitation services and receiving an official letter from the Ministry of Public Health, requesting WHO for support of the mentioned activity.
- Reviewing and revising “Guidelines for Reporting Data on Clients Receiving Drug Treatment and Rehabilitation Services - Standard Protocol for Monthly Reporting V1.0”
- Joint Monitoring visit of WHO, UNODC and National DDR Directorate to Kandahar 100-bed Adult Male Pilot DATC, with virtual presence of EU representative on 5-6 February.
- Establishment and introduction of Drug Demand Reduction Task Force under the MHPSS Technical

- Working Group chaired jointly by WHO and UNODC in the Technical Working Group meeting on 08 February.
- Conducted a four-day training together with UNODC on Opioid Agonist Maintenance Treatment (OAMT) for 28 clinical staff (27 male and 1 female) of WHO and UNODC OST Clinics on 10-13 February, under the EU-funded project and representatives of national and international stakeholders.
- Delivered a joint presentation on with UNODC on “WHO-UNODC Project on Mental Health and Psychosocial Support and Drug Use Disorder Services in Afghanistan” in the Substance Use Thematic Group online meeting, Interagency Standing Committee (IASC), MHPSS.
- Conducted a five-day training programme on “Standard Treatment and Rehabilitation of Drug Use Disorders” for 30 clinical staff (all male) of Nangarhar 150-bed Adult Male and 20-bed Adolescent Male DATCs, under the EU-funded project from 25 to 29 February, with active collaboration of the National DDR Programme.



Joint field visit of Embassy of Japan, WHO and UNODC to WHO-supported MOTS services and Dr Nakamura Memorial Park in Nangarhar. ©WHO



Opening ceremony of the OAMT training by WHO and UNODC for clinical staff in Kabul. ©WHO

Water, sanitation and hygiene (WASH)

During February, WHO distributed 1400 needle cutters and 1 400 safety boxes in 70 health facilities in Jalalabad and Kunduz cities.

Health Logistics:

240 303
 Patients received essential drugs for their basic health services

664
 Different medical kits distributed

A total of 664 different types of medical kits were distributed during the month of February 2024.

# of Kits	Kits
Cholera	26
PED-SAM	15
IARH	68
IEHK Supplementary	71
IEHK Basic	325
TESK	65
NCD kits	16
Measles	16
Pneumonia	62
Total	664

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

Working with Frontline Health Workers to Mitigate SEA risks:

WHO has continued to strengthen community level capacities and structures to mitigate and respond to risks of sexual exploitation and abuse in Herat province.

One hundred and fifty frontline health care workers (100 males, 50 females) received training on Sexual exploitation and abuse (SEA) on SEA standard operating procedures equipping them with skills and knowledge on receiving and referring cases from health facilities to WHO and the interagency reporting platform.

Assessing Implementing partners PSEA Capacity:

In line with the United Nations Protocol on Allegations of Sexual Exploitation and Abuse involving Implementing partners, 17 WHO implementing partner organizations were oriented on the PSEA capacity assessment module and tool and WHO policy on preventing and addressing sexual misconduct. The PSEA capacity assessment will help WHO and its implementing partners to ensure adequate safeguarding and appropriate actions to mitigate and respond to SEA are in place. Also, WHO and its implementing partners will be able to set a SEA capacity baseline, determine monitoring and support activities and track progress in line with the PSEA core minimum standards.

Safeguarding our own house:

WHO remained committed to supporting staff and personnel to speak up and report acts of sexual exploitation, abuse and harassment. A session on reporting and disclosing concerns was delivered to help build workforce confidence in reporting and ensure cases on SEAH are handled properly. 200 WHO workforce (160 males and 40 females) participated and analysed data from IOS PRS dashboard and the UN wide 2023 PSEA survey on reported cases and perceptions of WHO workforce on reporting sexual exploitation and abuse. Discussions were also held on how to handle a direct SEAH disclosure, mandatory reporting, available options to report and disclose SEAH concerns according to WHO policy on preventing and addressing sexual misconduct.

Psychological First Aid Training for PSEA Responders:

To support Afghanistan network's broader objective of (i) overseeing victims' right to assistance (whereby every child and adult victim, survivor, and/or complainant is offered immediate, quality assistance) as well as (ii) ensuring that all PSEA focal points use global standards when providing basic support/information/referrals to victims of SEAH, without doing further harm.

WHO and UNFPA provided its first training on psychological first aid to Afghanistan network members. The training

was attended by 30 participants 19 females and 11 males, who at the end of the training gained knowledge and skills on providing practical care and support to SEAH survivors without causing further harm. PSEA responders also learnt how to assess and address survivors' needs and concerns including comforting, calming and connecting survivors to information, services, and social support.

Project 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 24 monitoring officers on the ground who utilize specific tools tailored for each type of health intervention. In February 2024, WHO carried out monitoring visits to 165 primary health care facilities, including those under the BMGF project, as well as 21 hospitals encompassing Integrated Infectious Disease and COVID-19 Hospitals, Drug Addiction Treatment Centres, and Emergency Hospitals.

During these visits, areas for improvement were identified and closely monitored at the health facility level. Any newly identified areas requiring attention will be addressed in collaboration with the implementing partner 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 healthcare 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.

Risk Communication and Community Engagement (RCCE)



154 980

People living in remote and underserved areas received health education and awareness

WHO officially handed over 85 000 information, education, and communication materials on ARIs as part of the countrywide winterization response to be used in areas that are at high risk of disease outbreaks and affected communities, as and when needed.

WHO is committed to promoting public awareness about health issues to protect individuals, families, and communities.



PM+ training for health care workers and social workers in Herat. ©WHO

For more information about WHO’s work in emergencies, contact:

Dr Jamshed Tanoli, Health Emergencies Team Lead, WHO Afghanistan, Email: tanolij@who.int

Mr Mohammad Modaser Islami, OIC, Communications, WHO Afghanistan, Email: islamim@who.int

Mr Mohamed Kakay, External Relations & Partnerships Lead, WHO Afghanistan, Email: kakaym@who.int

Dr Sadia Azam, Emergency Officer, WHO Afghanistan, Email: azams@who.int

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