



# AFGHANISTAN EMERGENCY SITUATION REPORT



No. 38 | March 2024

## Key figures (monthly)

**158 313**

People received emergency health care service (PHC & Hospitals)

**7151**

People received trauma care services (IPD+OPD)

**4398**

Medical and Non-Medical supplies provided

**341**

Health workers trained

**114**

Surveillance support teams deployed to outbreak areas

## Summary of outbreaks (2024)

**233 616**

COVID-19 confirmed cases from the beginning of outbreak

**501 444**

ARI-Pneumonia

**24 553**

AWD

**14 570**

Measles

**613**

Dengue fever

**64**

CCHF



Distribution of WHO-donated emergency medicine kits to Mirwais Regional Hospital in Kandahar

## Overview

WHO continued to support various interventions during the month of March 2024. Major highlights for the month include:

- The most commonly reported epidemic-prone infectious diseases during March were Acute Respiratory Infections (ARIs), Acute Watery Diarrhea (AWD) and measles.
- WHO has upgraded the Drug Demand Reduction programme and is currently supporting seven Drug Addiction Treatment Centres (DATCs) and two OSTs in seven provinces across the country.
- Flash floods affected parts of Paktya, Ghazni, Khost and Daykundi provinces due to excessive rainfall between 28 and 30 March which damaged several houses and destroyed farmlands. At least, 11 houses were damaged in Paktya and 56 houses in seven districts across Daykundi province. In addition, 250 acres of farmland was destroyed in Khost.
- WHO trained a total of 341 technical health staff across the country on mental health, Mental Health and Psychosocial Support (MHPSS), IPD-SAM, and Surveillance and Standard Treatment and Rehabilitation of drug use disorders.
- The returnees situation is still fluctuating with anticipated surge next month. Efforts are being made to strengthen contingency planning and preparedness.

## Major updates (security situation, incidents, floods, etc.)

### Health Cluster

- Fifty three Health Cluster partners reached 812,700 people with humanitarian health services. These services were delivered through 933 health facilities across 318 districts, encompassing all 34 provinces of Afghanistan. Out of the total population reached, 44% were women and 33% were children.
- The template for Client and Patient Satisfaction Survey has been revised. It is disaggregated by gender, age and disability and covers a variety of factors influencing the patient's experience of a health facility. This includes waiting time, waiting area,

toilets, cleanliness, behaviour, medication, privacy, respect, access, feedback and services.

- Regional Health Cluster coordination teams have collaborated with health partners across all seven regions (eastern, southern, southeastern, western, northern, northeastern, and central). Their activities encompass 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 (RHCCs) in all seven regions coordinated response to the measles, scabies, and ARI outbreaks with the PPHDs and implementing partners.
- As part of accountability of affected populations (AAP), 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 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).

**Herat Earthquake Response:**

Between 07 October 2023 and 30 March 2024, a total of 20 Health Cluster partners supported the health needs of the people affected by Herat earthquake. 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, in March 2024, only six Health Cluster Partners (AADA, IOM, UNFPA, IRW, CARE, and WHO) were involved in response to the earthquake affected people.

Key activities carried out by Health Cluster Coordination Team and the partners to support the health response included:

- Provision of health services: As of 30 March 2024, Health Cluster partners delivered health services to a total of 195 102 individuals in nine districts. In Zindajan, 100 499; in Ghoryan, 20 861; in Injil, 20 879; in Herat City, 9850; in Kushk, 15 140; in Kohsan, 10 784; in Gulran, 9758; in Guzara, 5486; and in Karukh, 1845 individuals benefited from health services. Among the beneficiaries, 158 900 individuals received primary health care and MHPSS services, 11 074 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 20 893 individuals received communicable disease preventive and treatment support.
- Deployment of health facilities: By 30 March 2024, a total of 20 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), IRW (3), WVI/WASA (2), and CARE (5 FHHs).



*Provision of primary health care services to the earthquake-affected areas of Herat province through CARE International, supported by WHO.*

**Returnees Response:**

Between 01 November 2023 and 30 March 2024, a total of 25 Health Cluster partners supported the health response to returnees from Pakistan. 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 March 2024, only 10 Health Cluster partners (IRW, JACK, OHPM, PU-AMI, SCI, UNFPA, UNICEF, WHO, WORLD, and WVI) were involved in the response activities.

Key activities carried out by the Health Cluster Coordination Team and the partners to support the health response for returnees included:

- 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.
- As of 30 March 2024, the Health Cluster partners provided health services to a total of 370 552 returnees. The beneficiaries included 139 423 women, 103 075 men, 67 856 girls, and 60 198 boys. Out of the total beneficiaries, 192 357 individuals received primary health care consultations, 20 454 received secondary health care services, 100 693 were reached with health promotion activities, 26 856 received maternal, newborn and child health services, 29 377 received MHPSS services, and 815 received trauma care services.
- Biweekly Migration Health Task Force meetings were conducted and the updates on the returnees’ situation response along with the drafted guide for the border health package was reviewed.

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

In March, WHO funded 16 Hospitals and 93 Primary Health Care (PHC) facilities across different provinces of Afghanistan (3 general and specialty hospitals, 2 emergency hospitals, 9 infectious diseases hospitals & 2 maternity hospitals). All WHO supported hospitals were supplied with emergency kits and needed medical equipment.

Twelve PHC facilities have been operationalized with funding from the the Bill & Melinda Gates Foundation (BMGF) fund through WHO implementing partner Care international All these health facilities were supplied with PHC kits.

- During March 2024, a total of 158 313 (PHCs: 87 259 , Hospitals 71 054) outpatient consultations were conducted in WHO supported health facilities. Out of the total patients received consultations, 54.8% were female. Meanwhile, 98 764 patients received essential medicines for their basic health needs.
- Number of institutional deliveries is markedly decreased during March 2024 from 2218 in February to 1401 in March (PHC: 492, Hospitals: 909). This decrease is attributed to closure of many PHCs.
- 6068 pregnant women received antenatal services and 3612 women received postnatal services in WHO supported facilities.
- In addition, children aged under 5 received oral polio vaccine (OPV), malnutrition treatment, and screening in March are: 34 774 (PHC: 27 941, Hospitals: 6833).
- Pregnant and childbearing age women and under 5 children received TT2+, measles and PENTA-3 vaccination: 7780 (PHC: 5030, Hospitals: 2750)
- Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services: 11 730 (PHC: 8334, Hospitals: 3036).
- A total of 3109 individuals were provided with MHPSS consultations and 21 017 received Non-communicable diseases (NCDs) consultations.
- People living in remote and underserved areas received health education and awareness: 74 083 (PHC: 60 514, Hospitals: 13 569).



**158 313**  
People received OPD consultations



**98 764**  
Patients received essential drugs for their basic health services



**6068**  
Women received ANC



**3612**  
Women received PNC



**1401**  
Institutional deliveries



**21 017**  
Number of consultations for Non-communicable diseases

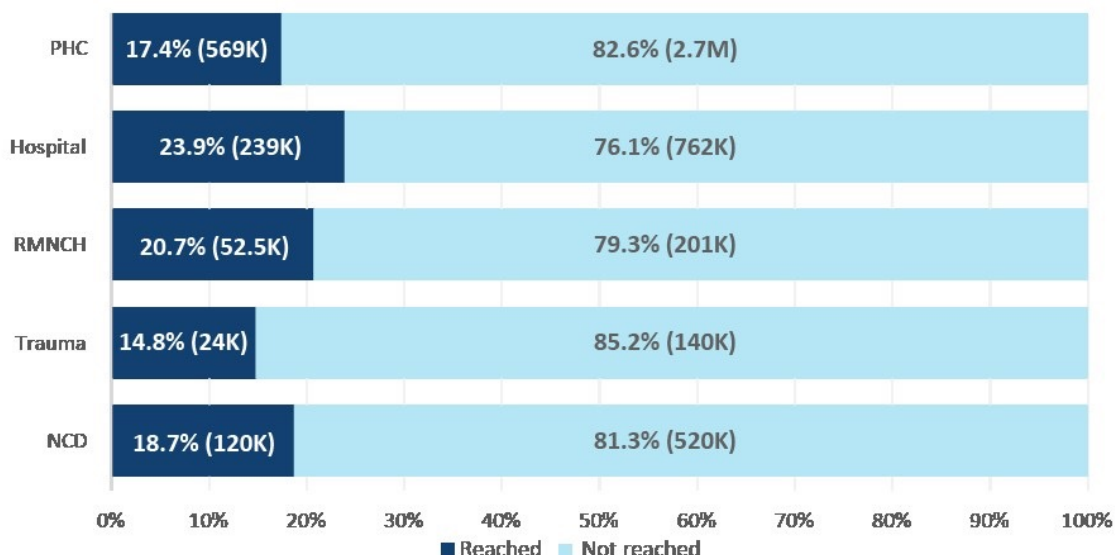


**7 780**  
Pregnant, CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination

### Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for March 2024 (Total: 158 313)			
Age	Male	Female	
Over 18 years	45 915	61 711	
Under 18 years	25 517	25 170	






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



### Trauma and Physical Rehabilitation

WHO continued supporting trauma care and physical rehabilitation services during the month of March 2024. Total of 7151 (5008 male,2143 female) beneficiaries received trauma care and 17 291 (8801 male, 8490 female) received post trauma rehabilitation.



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

-  **1494** patients received physiotherapy
-  **2056** People received psychological counselling
-  **5277** patients received blood transfusion
-  **3137** patients received minor surgical operation
-  **5327** patients received major surgical operation



### Ambulatory services

WHO supported two sites of the returnees entry points (Torkham and Spin Boldak) in order to refer the patients who need specialty services to relevant health centres. During March, a total of 105 patients were referred to different health facilities.



WHO Supports 2 Ambulatory services in Torkham and Spin Boldak, here is the data from these services:



Number of patients referred from one health facility to another level of care (health facility):		
	 Male	 Female
Over 18 years	24	19
Under 18 years	14	11

### Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for March 2024 (Total: 7151)		
	 Male	 Female
Over 18 years	2763	857
Under 18 years	2245	1286

### Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for March 2024 (Total : 17 291)		
	 Male	 Female
Over 18 years	5180	5054
Under 18 years	3621	3436

Number of patients referred from the site of incident to near health facility:		
	 Male	 Female
Over 18 years	17	3
Under 18 years	6	4

Number of pregnant women transferred from their home to health facilities:		
Over 18 years	6	
Under 18 years	0	

### Nutrition

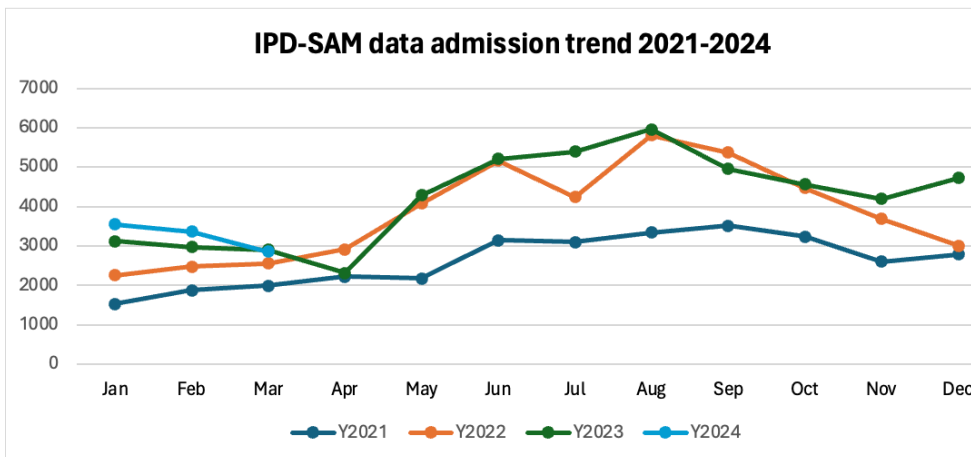
A total of 2860 (1421 girls and 1439 boys) with medical complications were admitted and treated in 130 WHO supported IPD-SAM centres during March. WHO is helping strengthen the national capacity to respond to food insecurity and malnutrition. To this end, 25 medical doctors and nurses (13 female and 12 male) from Nangarhar province received training on management of complicated severe acute malnutrition.

Beneficiaries of WHO-supported IPD-SAM centers for March 2024		
Under five	Boys	Girls
2860	1439	1421

**11 370** Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services

**5044** Women received family planning services and awareness

**34 774** Under 5 children received OPV, malnutrition treatment and screening



Samsung Quad Camera  
Shot with my Galaxy A51

Bedside chairs for Daykundi provincial Hospital IPD-SAM/TFU, donated by WHO.



### Infectious Hazard and Surveillance

The monthly summary of infectious disease outbreaks in Afghanistan during March 2024

Indicators	Measles	ARI-Pneumonia	COVID-19	AWD	CCHF	Dengue fever
Monthly new cases (% change compared to Feb)	6115 (↑31.4)	140 816 (↓11.7)	1096 (↑17.0)	7203 (↑1.4)	17 (↓19.0)	157 (↓19.9)
Monthly new deaths (CFR%)	34 (0.55)	320 (0.23)	5 (0.46)	1 (0.01)	1 (5.88)	0 (0.00)
Cumulative cases	14 570	501 444	233 616*	24 553	64	613
Cumulative deaths	71	1162	7994	13	1	0

\*Covid-19 cumulative numbers have been reported since the start of the pandemic.

#### Measles:

- During March, a total of 6115 suspected measles cases and 34 measles associated deaths (monthly CFR 0.49%) were reported, compared to 4685 cases and 23 deaths during February 2024. This represents a 31.4% increase in the number of suspected cases and 32.4 % increase in the number of measles associated deaths compared to the previous month.
- Out of the total cases reported in 2024, 11 728 (80.5%) were under 5 children and 6615 (45.4%) were females.

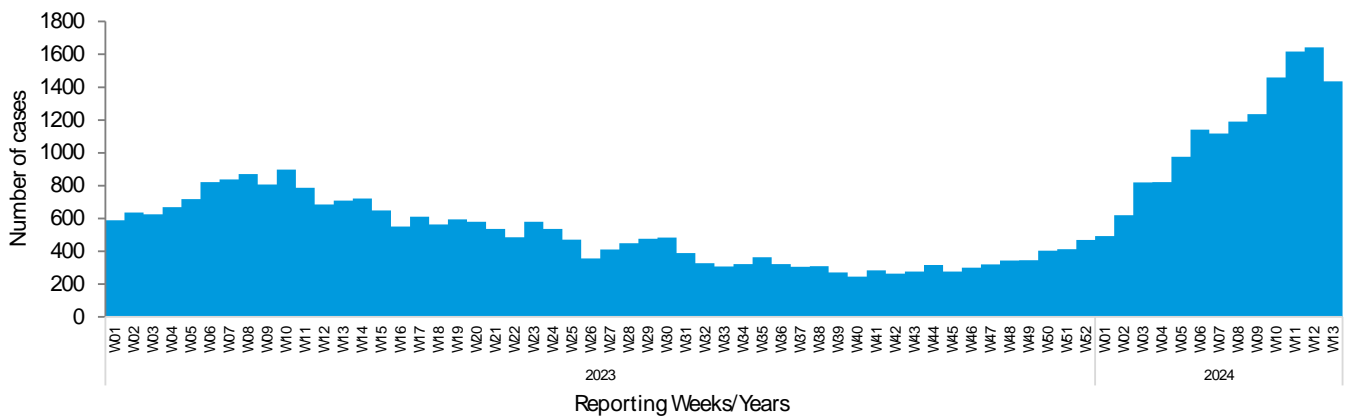


Figure 1. The epidemiological curve of suspected measles cases in Afghanistan 01 Jan 2023 - 30 Mar 2024 (N= 40 446)

#### Acute Respiratory Infections

- A total of 140 816 ARI-pneumonia cases and 320 associated deaths (monthly CFR 0.23%) were reported from sentinel sites, compared to 159 408 cases and 361 deaths during February 2024. This represents a 11.7% decrease in the number of reported cases and 12.8% decrease in the number of ARI-pneumonia associated deaths compared to the previous month.
- Out of the cases reported in 2024, 317 410 (63.3%) were under 5 children and 247 681 (49.4%) were females.

#### COVID-19

- A total of 1096 confirmed COVID-19 cases and five associated deaths (monthly CFR 0.46%) were reported in March, compared to 937 cases and nine deaths during February 2024. This represents a 17.0% increase in the number of reported cases and 80% decrease in the

number of COVID-19 associated deaths compared to the previous month.

- As of 31 March 2024, 975 306 COVID-19 cases have been tested in public health laboratories in total, with reported cumulative 233 616 confirmed cases (23.9% positivity rate) and 7994 deaths (CFR of 3.4%). WHO is providing regular support to 34 COVID-19 laboratories for medical and non-medical supplies and other miscellaneous items, with a testing capacity of 8400 cases per day.
- In March, a total of 11 434 samples were tested in public laboratories, which decreased by 8.9% compared to the number of tests conducted in February 2024 (12 552), with the test positivity rate of 9.6%.
- Almost 75 000 individuals have been vaccinated, and the proportion of those who received at least one dose of vaccine increased to 42.1%.

**Acute Watery Diarrhea**

- During March, a total of 7203 AWD cases with dehydration and one associated death (monthly CFR 0.01%) were reported, compared to 7101 cases and four deaths in February 2024. This represents a slight (1.4%) increase in the number of reported cases, while the number of reported deaths were reduced from four to one compared to February 2024.
- Out of the cases reported, 13 338 (54.3%) were under 5 children and 12 279 (50.0%) were females.

**Crimean–Congo Hemorrhagic Fever**

- During March, a total of 17 suspected cases of CCHF with one associated death (monthly CFR 5.9%) were reported, compared to 21 cases and zero death reported in February 2024. This shows a 19.0% decrease in the number of reported cases and a 100% increase in the number of reported deaths compared to the previous month.
- Out of 64 suspected CCHF cases reported, 22 (34.4%) are females, and all the cases are aged above 5 years.

**Dengue fever**

- During March, a total of 157 suspected dengue fever cases and zero death (monthly CFR 0.0%) were reported, compared to 196 cases reported in February 2024. This shows a 19.9% decrease in the number of cases reported during the previous month.

**Active surveillance of Herat earthquake-affected areas**

Active surveillance report for the period of 01-31 March 2024:

- A total of five dedicated Surveillance Support Teams (SSTs) with two assigned vehicles continued performing active surveillance in the earthquake-affected areas of Zindajan district of Herat province. During the mentioned period, below infectious diseases have been detected:
  - » 2589 ARI cases.
  - » 79 AWD cases.
  - » 4 suspected measles cases.
  - » 10 suspected mumps cases.
  - » 0 confirmed COVID-19
- A total of 1370 Rapid Diagnostic Tests (RDTs) and 1566 polymerase chain reaction (PCR) tests were conducted for suspected COVID-19 cases; of which, 11 and 69 were tested positive, respectively (RDT positivity rate: 0.8%, PCR positivity rate: 4.4%).
- A total of five RDTs were conducted for AWD cases, all results were negative.
- Samples were tested from the four suspected measles cases and the results were negative.

Districts	Diseases	Number of reported cases During 01–31 Mar 2024						
		Male		Female		Total		Grand Total
		<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	
Zinda Jan	ARI	305	676	389	1219	981	1608	2589
	Measles	0	3	0	1	3	1	4
	AWD	37	5	36	1	42	37	79
	Mumps	0	3	2	5	3	7	10
	Suspected COVID-19	0	842	0	2067	842	2067	2909
	Confirmed COVID-19	0	28	0	52	28	52	80

**Surveillance updates on returnees**

In March 2024, two public health authority teams, each comprising of eight members, were operationalized to execute International Health Regulations (IHR)-recommended tasks in Torkham and Islam Qala. Furthermore, two SSTs (one in Torkham and one in Kandahar) with two members each were deployed to conduct screenings of returnees and facilitate the collection, storage, and transportation of samples from the respective localities to the Regional Reference Laboratories (RRLs).

110 914 individuals underwent screening for various infectious diseases during this reporting period. Of these screened individuals, 910 were returnees from Pakistan.



**110 914**

Individuals underwent screening for various infectious diseases



Diseases	Number of suspected cases reported during 01-31 March 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Grand total
<b>ARI</b>	29	307	13	46	336	59	<b>395</b>
<b>Suspected measles</b>	0	2	0	0	2	0	<b>2</b>
<b>AWD with Dehydration</b>	4	67	2	16	71	18	<b>89</b>
<b>Suspected dengue fever</b>	0	4	0	1	4	1	<b>5</b>
<b>Suspected malaria</b>	0	28	0	9	28	9	<b>37</b>
<b>Suspected COVID-19</b>	0	232	0	38	232	38	<b>270</b>
<b>Confirmed COVID-19</b>	0	2	0	2	2	2	<b>4</b>

**Lab results:**

- A total of 256 RDTs and 46 PCR tests were conducted for suspected COVID-19 cases, of which 47 and four were positive respectively (RDT positivity rate = 18.3%, PCR positivity rate = 8.6%).
- In addition, 29 RDTs were performed for suspected malaria cases, five RDTs for suspected dengue fever cases, and one RDT for AWD with severe dehydration case, all of these cases were resulted negative.

**Supplies:**

- 20 Dengue Ag-IgG/IgM Rapid Test kits were sent to Paktya, Paktika, Khost and Ghazni National Disease Surveillance.
- 133 cholera kits were distributed to eight WHO regional offices of Kandahar, Nangarhar, Mazar, Herat, Bamyan, Kunduz and Paktia as prepositioning supply for new cholera season.
- Eight TESK kits were sent to TIKA Hospital of Sheberghan in Jawzjan province.

**Mental Health and Psychosocial Support**

- A 2-Day Psychological First Aid and stress management training was conducted for community health workers and supervisors working in earthquake-affected areas of Herat province. A total of 201 healthcare staff (101 male and 100 female) were trained in four batches on 09-17 March 2024 in Herat. The training focused on emergency service provision based on the PFA principles and stress management during challenging times. Participants hailed from various districts, including Herat City, Zindajan, Gulran, Ghorian, Kushk-e-Rubat Sangi, Kohsan, Guzara, and Injil.
- As Co-Lead, WHO coordinated and organized the monthly MHPSS Technical Working Group meeting at the WHO office in Kabul on 07 March 2024. The WHO MHPSS team briefed working group members on ongoing activities, including the National ToT on “Thinking Healthy”, National ToT on “School Mental Health”, and the establishment of four 8-bed MHPSS wards at provincial hospitals in Badakhshan, Bamiyan, Farah, and Nimroz provinces.
- An agreement has been signed with the Aga Khan Foundation Afghanistan for the establishment of MHPSS Acute Inpatient Care units in Badakhshan and Bamyan provincial hospitals. This initiative will enhance access to specialized MHPSS services in the two provinces.
- Following the TOT on the “Thinking Healthy” programme, a 2-month online supervision has commenced starting from 01 March 2024. This psychosocial intervention aims to address perinatal depression by training midwives in Afghanistan. The goal of the supervision is to enhance MHPSS provision and



**3109**

Individuals received mental health consultations

improve maternal and child mental health. Two international consultants are providing online supervision to the 27 female participants who successfully completed the training in Kabul, Afghanistan, on 10-15 February 2024.

- Following the TOT on the “School Mental Health” programme, a 3-month online supervision has commenced starting from 01 March 2024. This psychosocial intervention aims to equip educators with the necessary guidance to better support their students’ mental health needs and implement practical steps within school settings. Four international consultants are providing online supervision to the 51 participants (27 male and 24 female) who successfully completed the training in Kabul, Afghanistan, on 17-21 February 2024.
- Preparing for the establishment of a 20-bed MHPSS Acute Inpatient Care unit at Aino Mena hospital in Kandahar. HEWAD NGO has been identified for the implementation of the project.
- The MHPSS team attended the first-quarter meeting of the MHPSS Technical Working Group at the Ministry of Public Health on 28 March 2024. WHO MHPSS programme head provided a briefing to the Director of Primary Health Care on the ongoing MHPSS activities. The Director of Primary Health Care appreciated WHO’s ongoing activities and support in strengthening MHPSS services in the country, both for specialized and non-specialized services for the people of Afghanistan.



WHO conducted PFA training session in Herat.



WHO conducted PFA training in Herat.

### Drug Demand Reduction (DDR):

- During March, seven Drug Addiction Treatment Centres (DATCs) and two Opioid Substitute Treatment (OST) centres were supported by WHO and were fully functional in seven provinces. A total of 518 consultations were done and clients were admitted to the treatment programme including 128 females. Out of the 518 people with drug disorder, 190 were discharged of which 71 were female and they were introduced to the community as normal people.
- Organized and conducted a five-day training program titled “Standard Treatment and Rehabilitation of Drug Use Disorders” on March 3-7 2024 in Kabul for 25 participants (all females). In addition, 20 participants were trained from Kabul Females and Children DATC and five from Bamiyan Females and Children DATC.
- Presentation of terms of reference for the creation of the Drug Demand Reduction (DDR) Task Force under MHPSS Technical Working Group in the first DDR Task Force meeting hosted by UNODC on 10 March 2024.
- Countersignature of MoU between WHO, International Medical Corps (IMC), and MoPH for the project titled “Provision of full operational support to Kabul 100-bed female and children DATCs” on 11 March 2024
- Bilateral meeting with Chief of HIV/AIDS Section of UNODC and her team to discuss challenges and potential solutions for scaling up HIV prevention and harm reduction services among vulnerable people who use drugs in Afghanistan in Vienna International Centre on 22 March.
- Translation of “Guideline for collecting, treatment and relapse prevention of people with drug addiction and providing them vocational training” developed by the Deputy of Counter Narcotics, Ministry of Interior in 2023 from Dari to English.
- Countersignature of the UN-to-UN agreement between WHO and UN Women to receive a contribution of USD 1.5 million through an award titled “Reintegration of vulnerable women with drug use disorder and their children into the community through the provision of a comprehensive package of protection, drug addiction, and mental health services in Afghanistan” on 27 March 2024
- Donation of medicine kits, medical equipment, and stationery items to inpatient and outpatient treatment units of the Aghoush Camp on 27 March 2024.
- Provide feedback and finalization of translation of two WHO manuals including “The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Manual for use in primary care” and “Brief Intervention: The ASSIST-linked brief intervention for hazardous and harmful substance use: Manual for use in primary care” from English to Dari.

Health facility	Data name	Boys	Men	Girls	Women	Total
Kabul 100 Beds Woman and Child DTC	IPD- Number of monthly clients registered	17		15	42	74
Kabul 100 Beds Woman and Child DTC	IPD- Number of discharged clients	12		18	53	83
Kabul OST Center	IPD- Number of monthly clients registered	.	13	.		13
Kabul OST Center	IPD- Number of discharged clients	.	3	.		3
Nangarhar 150 Beds DTC(2469)	IPD- Number of monthly clients registered	.	155	.		155
Nangarhar 150 Beds DTC(2469)	IPD- Number of discharged clients	.	100	.		100
Nangarhar 150 Beds DTC(2469)	IPD- Hepatitis B	.	3	.		3
Nangarhar 150 Beds DTC(2469)	IPD- Hepatitis C	.	2	.		2
Nangarhar 150 Beds DTC(2469)	IPD- Syphilis	.	1	.		1
Nangarhar 20 Beds Adolescent DTC	IPD- Number of monthly clients registered	6		.		6
Nangarhar 20 Beds Adolescent DTC	IPD- Number of discharged clients	4		.		4

### Risk Communication and Community Engagement (RCCE)



74 083

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

Community engagement through mobile outreach teams under the BMGF funded project is going on. Health education sessions through health facilities and awareness on ARI, AWD, measles, PFA and NCD provided at the earthquake-affected areas.

### Water, sanitation and hygiene (WASH)

- Monitoring the progress and enhancement of WASH services in healthcare facilities is a priority for WHO. The WASH assessment tool was utilized to assess and evaluate the WASH and waste management services in two health facilities (Mohammad Ali Jinnah Hospital and Afghan-Japan Hospital in Kabul). The assessments have revealed limited availability of water, sanitation, hygiene, and waste management services, indicating areas for improvement.
- Joint WASH activity in the Hilmand provincial laboratory is ongoing with technical input of WHE WASH team which includes the following major activities that is already 30% completed:
  - » WHO installed 140-meter deep water well with 14 inches diameter with all required activities, material, equipment etc.
  - » Installation of water tank with metal stand with all required activities.
  - » Solar power system for operation of bore well.
  - » Rehabilitation of existing toilets with all required activities.
- Repaired the safe drinking water system in Baharak CHC and Qolbars BHC by HER-2 project implementing partner in Takhar province.
- Repaired the safe drinking water system of seven health facilities in Badakhshan province by HER-2 project implementing partner.

### RMNCAH

- FP/PPIUCD at the Sakina Yaqoubi 20bed MCH hospital activated and supported by WHO RMNCAH unit.
- 11 FP/PPIUCD corner supported by WHO in Herat province under the HER project 9, one in regional hospital and one in Sakina Yaqoubi 20 beds MCH Hospital.
- Provided implants services for clients during the reporting month across nine health facilities.
- One FP/PPIUD also supported by WHO in Herat 650-bed Regional Hospital.



WHO-supported WASH activity in the Hilmand provincial laboratory

### Health Logistics:



98 764

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.
- Dispatched 42 bedside chairs from Kabul to Bamyan and Daykundi provinces for two PH, six DH and one CHC+.

# of Kits	Kits
Cholera	125
PED-SAM	0
IARH	40
IEHK Supplementary	38
IEHK Basic	2960
TESK	723
NCD kits	98
Pneumonia	414
<b>Total</b>	<b>4398</b>

## 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 22 monitoring officers on the ground who utilize specific tools tailored for each type of health intervention. In March 2024, WHO carried out monitoring visits to 50 primary healthcare facilities, including those under the BMGF project, 27 hospitals encompassing integrated infectious disease and COVID-19 hospitals, DATCs, and emergency hospitals, 96 Therapeutic Feeding Units and two ambulatory services project for the returnees.

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.

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

- WHO Afghanistan Acting Country Representative DR TANOLI Jamshed Approves TORs for PRSEAH Champions
  - » Noting the risks associated with the ongoing insecurity, displacements, outbreaks, food insecurity and earthquakes, all of which are compounded by entrenched social norms and beliefs that perpetuate gender inequalities and increase risks of sexual exploitation and abuse. A pool and cadre of champions has been established within the structures of the workforce to broaden the work of PRSEAH in the context of health emergencies supporting the implementation of WHO 3 year strategy and policy on Preventing and addressing sexual misconduct. With technical guidance and overall coordination of the PRSEAH Coordinator, and leadership from WHO Representative, the team is expected to innovate and bring new approaches and ideas to the work of promoting, prevention of, and response to sexual misconduct. as guided by WHO policy and strategy on preventing and addressing sexual misconduct.
- More than 30 000, 51% women Engaged on Sexual Exploitation and Abuse (SEA) risks through Community Voices Platform.
  - » The partnership between the Afghanistan Accountability to Affected People and the PSEA network has ensured continuous engagement of community members on quarterly basis on PSEA risks including on issues around awareness, meaningful access to humanitarian and emergency health services, reporting mechanisms preferences and gendered SEA risks.
- SEA issues Identified last quarter include:
  - » Very low awareness of SEA, rights, and available reporting mechanisms
  - » Lack of trust, insecurity, and stigma as main reasons for not reporting
  - » Women, girls, and widows seen as most at risk.
  - » Focal point or community committees preferred entry point for reporting.
  - » Face to face communication from focal points or information provision from health workers are seen as the best options for information sharing on PRSEAH.
- UNHCT Approves PSEA network Annual Action Plan.
- SEA communication and campaign materials developed and tested in communities
- Mitigating Sexual exploitation, abuse, and Harassment in the Returnees Response:
  - » To mitigate risks of sexual exploitation, abuse, and harassment in health emergencies, WHO has continued to build capacities of implementing partners on PRSEAH requirements as guided first by the WHO policy on preventing and responding to sexual misconduct and emergency response framework. In March, 25 frontline female health care providers from 19 organizations who included six nurses, nine midwives, eight doctors and two psychosocial counsellors were trained on victim and survivor-centred approach including on how to respond to survivors of violence in emergencies and sexual exploitation and abuse. To ensure cases of sexual exploitation and abuse are reported and handled in a safe and confidential manner, the 25 frontline health care workers were also trained on PSEA SOPs for them to better handle sensitive cases of SEA disclosures and to create safe spaces for victims including child victims.
  - » WHO Jalalabad office unpacks Policy on Preventing and Addressing Sexual Misconduct. Seventeen workforce members were briefed on the heightened risks of sexual exploitation and abuse in their province because of vulnerable Afghans being returned from Pakistan. Workforce members were reminded of the need to maintain the highest level of conduct and behaviour as outlined in the WHO code of ethics. The zero-tolerance policy against sexual misconduct, inaction and retaliation was unpacked including where to report and disclose concerns.



Fingermark by female vaccinator to a child in Spera BHC funded under BMGF, supported by WHO.



Checking of the MUAC to a child at Robat BHC, Paktia province, supported by WHO.

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