



# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 40 | May 2024

## Key figures (monthly)

**142 618**

People received emergency health care services (PHC & Hospitals)

**9943**

People received trauma care services (IPD+OPD)

**559**

Medical kits distributed

**607**

Health workers trained



Field visit by health service delivery team to the flood affected people in Faryab province. © RHCC – Northern Region

## Overview

During May 2024, WHO managed to continue routine activities across the country and support ongoing emergency response operations to floods and returnees.

## Health Cluster

- In April 2024, 49 Health Cluster partners reached 583,618 people (46% women, 22% men, 16% girls, and 16% boys) with humanitarian health services. These services were delivered through 761 health facilities across 291 districts, encompassing all 34 provinces of Afghanistan.
- The Health Cluster organized a three-day data management and visualization training for Health Cluster partners in central, southeastern, southern, western, and eastern regions. A total of 91 Health Cluster partners were trained.
- The Regional Health Cluster Coordination Teams for the northeastern, northern, and western regions have effectively coordinated the health response for flood-affected communities by leveraging the collective efforts of health partners and stakeholders at the regional level. They conducted ad hoc meetings with partners to ensure a well-coordinated health response, preventing duplication and optimizing resource utilization. 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. Health partners response included:
  - » As of 26 May 2024, Health Cluster partners deployed 60 Mobile Health and Nutrition Teams (MHNTs) to the flood affected areas across Baghlan (21), Badakhshan (4), Takhar (2), Faryab (10), Ghor (20), and Badghis (3) provinces. Partners who supported the deployment of MHNTs include AADA/UNFPA [6], ACF [2], AFGA [2], AKF [5], AKHS/UNICEF [2], ARCS [7], BARAN/UNICEF [6],

## Summary of outbreaks (2024)

**238 008**

COVID-19 confirmed cases from the beginning of outbreak

**95 384**

ARI-Pneumonia

**15 733**

AWD

**6788**

Measles

**208**

Dengue fever

**80**

CCHF

- HealthNet TPO [3], IOM [1], MOVE [1], MSI [1], Muslim Hand International [1], ORCD/UNFPA [8], SAF [2], SCI [2], WYFA [1] and WVI [10].
- » Between 10 and 25 May 2024, the reported Health Cluster partners provided health services to a total of 38 462 flood affected people in Baghlan (16 064), Badakhshan (7880), Ghor (6804), Takhar (5912), Faryab (1577), Badghis (177) and Jawzjan (48) provinces. The beneficiaries included 14 327 women, 8301 men, 9539 girls, and 6,295 boys. Out of the total beneficiaries, 24 806 individuals received primary health care consultations, 9192 were reached with health promotion activities, 2578 received Mental Health and Psychosocial Support (MHPSS) services, 1516 received maternal, newborn, and child health services, and 370 received trauma care services.
- 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. In May 2024, 10 Health Cluster partners (AADA, HealthNet TPO, INTERSOS, IOM, JACK, PU-AMI, UNFPA, UNICEF, WHO, and WORLD) were involved in the response activities.
- As of 29 May 2024, the Health Cluster partners provided health services to a total of 496 958 returnees. The beneficiaries included 180 519 women, 156 812 men, 84 879 girls, and 74 748 boys. Out of the total beneficiaries, 239 058 individuals received primary health care consultations, 20,494 received secondary health care services, 166,664 were reached with health promotion activities, 31 074 received maternal, newborn, and child health services, 38 810 received MHPSS services, and 858 received trauma care 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.
- As part of Accountability to Affected Population (AAP), 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.



Data management and visualization training in the eastern region. © HCCT

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

In May 2024, WHO supported 48 health facilities for primary health care in 6 provinces through 4 NGO partners. Regarding secondary and tertiary health care, WHO managed to support 18 hospitals in 12 provinces through 11 NGO partners (2 emergency hospitals, 9 infectious diseases hospitals and 2 maternity hospitals, 5 MHPSS facilities). All WHO supported hospitals were supplied with emergency kits and needed medical equipment.

- During May 2024, a total of 142 618 (PHCs: 69 883 , Hospitals 72 735) out-patient consultations were conducted in WHO supported health facilities. Out of total patients received consultations, 57.6% were females. In addition, 95 971 patients received essential medicines for their basic health needs.
- Recorded number of institutional deliveries were 1 456 in May 2024 (PHCs: 590, Hospitals: 866).
- 5717 pregnant women received antenatal services and 3360 women received postnatal services in WHO supported facilities.
- In addition, children aged under 5 received oral polio vaccine (OPV), malnutrition treatment, and screening in May are: 39 011 (PHCs: 29 947, Hospitals: 9 064).
- Pregnant and childbearing age women and under 5 children received TT2+, measles and PENTA-3 vaccination: 9151 (PHCs: 5513, Hospitals: 3638)
- Pregnant and lactating Women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services: 8646 (PHCs: 3931, Hospitals: 4715).

- A total of 2632 (PHCs: 1887 Hospitals: 745) individuals were provided with MHPSS consultations and 30 650 (PHCs: 24 034, Hospitals: 6616) received noncommunicable diseases (NCDs) consultations.
- People living in remote and underserved areas received health education and awareness: 58 334 (PHCs: 48 347, Hospitals: 9987).



**142 618**

People received OPD consultations



**95 971**

Patients received essential drugs for their basic health services



**5717**

Women received ANC



**3360**

Women received PNC

### Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for May 2024 (Total: 142 618)		
Age	Male	Female
Over 18 years	37 898	59 624
Under 18 years	22 557	22 539



**1456**

Institutional deliveries



**30 650**

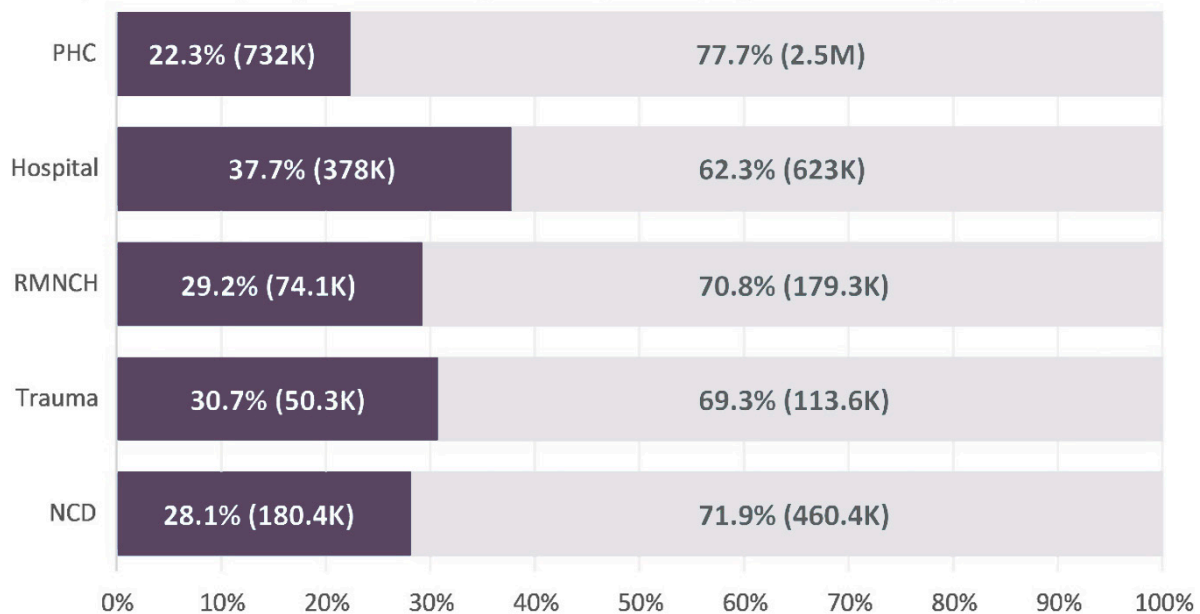
Number of consultations for Non-communicable diseases



**9151**

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

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



### Trauma and Physical Rehabilitation

WHO continued supporting trauma and physical rehabilitation services in all regions during May 2024. A total of 9943(6673 male, 3270 female) beneficiaries received trauma care and 28 621(15 465 male, 13 156 female) received post trauma rehabilitation. Following are some of the post-trauma rehabilitation services provided in health facilities:

-  **3851** people received physiotherapy
-  **5824** people received blood transfusion
-  **2687** people received psychological counselling
-  **9875** people received minor surgical operations
-  **3892** people received major surgical operations

### Trauma care services

Beneficiaries of trauma care services at WHO-supported facilities for May 2024 (Total: 9943)			
	Male	Female	
Over 18 years	3589	1396	
Under 18 years	3084	1874	

### Post trauma rehabilitation

Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for May 2024 (Total: 28 621)			
	Male	Female	
Over 18 years	8491	7644	
Under 18 years	6974	5512	




### Nutrition

In May 2024, a total of 4945 children (2374 girls and 2571 boys) with medical complications were admitted and treated in 140 WHO-supported Inpatient Department for Management of Severe Malnutrition with medical complications (IPD-SAM) centres for children under 5 years of age. This achievement aligns with our monthly target. WHO is actively working to enhance national capacity to address food insecurity and malnutrition through capacity building and gap filling.

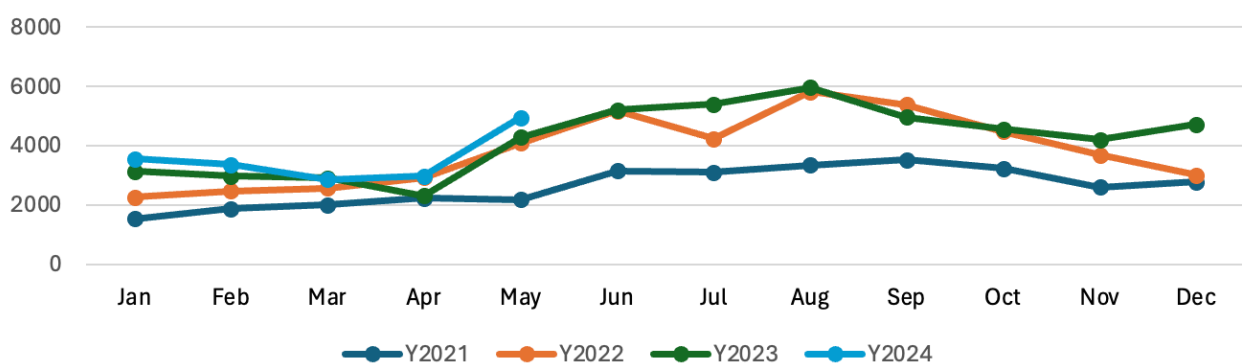
Additionally, WHO has successfully constructed and inaugurated a newly established IPD-SAM unit at Khair Khana 102-bed Hospital in Kabul City. This facility has the capacity to admit and treat 20 children at one time.

A sudden increase of 40% of IPD-SAM cases could be observed in the month of May 2024. Trends from last three years demonstrate an increase in the number of SAM cases from May and peaks from June to August. This is due to food insecurity, coupled with increase in number of seasonal diseases like acute watery diarrhoea (AWD) during these months.

Beneficiaries of 140 WHO-supported IPD-SAM centers for May 2024 (Total: 4945)			
Under five	Boys	Girls	
4945	2571	2374	

-  **8646** Pregnant and lactating women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services
-  **4520** Women received family planning and awareness services
-  **39 011** Under 5 children received OPV, malnutrition treatment and screening

IPD-SAM data admission trend 2021-2024



## Infectious hazard preparedness and surveillance

The monthly summary of infectious diseases outbreaks in Afghanistan, May 2024 (05 May to 01 June 2024) is as follows:

Indicators	Measles (Suspected)	ARI-Pneumonia	COVID-19 (Confirmed)	AWD	CCHF (Suspected)	Dengue fever (Suspected)
Monthly new cases (% change compared to Apr)	6788 (↓6.7)	95 384 (↓24.4)	1791 (↓35.9)	15 733 (↑38.3)	80 (↑81.8)	208 (↑70.5)
Monthly new deaths (CFR%)	26 (0.38)	214 (0.22)	7 (0.39)	6 (0.04)	4 (5.0)	0 (0.00)
Cumulative cases	28 631	722 919	238 008	51 664	189	943
Cumulative deaths	126	1627	8008	26	6	0

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

### Measles:

- During the reporting period, a total of 6788 suspected measles cases and 26 measles-associated deaths (monthly CFR 0.38%) were reported, compared to 7273 cases and 27 deaths during April 2024. This represents a 6.7% decrease in the number of suspected cases compared to the previous month.

### Acute Respiratory Infections-Pneumonia:

- During the reporting period, a total of 95 384 ARI pneumonia cases and 214 associated deaths (monthly CFR 0.22%) were reported, compared to 126 091 cases and 251 deaths during April 2024. This represents a 24.4% decrease in the number of reported cases compared to the previous month.

### COVID-19:

- During the reporting period, a total of 1791 confirmed COVID-19 cases and 7 associated deaths (monthly CFR 0.39%) were reported, compared to 2795 cases and 5 deaths during April 2024. This represents a 35.9 % decrease in the number of reported cases compared to the previous month.
- During this period, a total of 11 038 samples were tested among COVID-19 suspected cases in public laboratories, which decreased by 12.1% compared to the number of tests conducted in April 2024 (12 257), with a test positivity rate of 16.2%.

- During the reporting period, almost 90,000 individuals have been vaccinated against COVID-19, and the proportion of those who received at least one dose of vaccine increased to 42.7%.

### Acute Watery Diarrhoea with dehydration:

- During the reporting period, a total of 15 733 AWD cases with dehydration and 6 associated deaths (monthly CFR 0.04%) were reported, compared to 11 380 cases and 5 deaths during April 2024. This represents a 38.3% increase in the number of reported cases compared to April 2024.

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

- During the reporting period, a total of 80 suspected cases of CCHF with 4 associated deaths (monthly CFR 5.0%) were reported, compared to 44 cases and 1 death reported in April 2024. This shows an 81.8% increase in the number of reported cases compared to the previous month.

### Dengue fever:

- During the reporting period, a total of 208 suspected dengue fever cases and zero deaths were reported, compared to 122 cases reported in April 2024. This shows a 70.5% increase in the number of cases reported during this month.

### Active surveillance in flood-affected districts of Baghlan province (11 May – 01 Jun 2024):

- A total of 5 Surveillance Support Teams (SSTs) are deployed in the flood-affected districts, 2 originally located in Baghlan and 3 mobilized from neighbouring provinces. During the mentioned period, the below infectious diseases have been detected:
  - » 1383 ARI Pneumonia cases
  - » 1316 AWD with dehydration cases
  - » 153 suspected measles cases
  - » 266 suspected COVID-19 cases

- Moreover, a total of 212 RDTs were conducted for COVID-19 suspected cases; among which 39 were positive (positivity rate: 18.4%)
- 79 PCR samples were taken (from positive RDTs and separate samples) and sent to the laboratory; among these samples, 9 were positive out of 62 tested samples (positive rate=14.5%), while the rest are under process in the laboratory.
- 10 RDTs were conducted for AWD with dehydration cases; none were positive.
- Samples were sent to the laboratory for 105 measles suspected cases; among these samples, 9 were positive among 54 tested samples (positivity rate=16.7%); the rest of the samples are under process.

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

Diseases	Number of reported cases from 11 May - 01 Jun 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>ARI-Pneumonia</b>	438	300	326	319	738	645	<b>1383</b>
<b>Suspected measles</b>	76	12	59	6	88	65	<b>153</b>
<b>AWD with dehydration</b>	327	325	287	377	652	664	<b>1316</b>
<b>Suspected COVID-19</b>	10	62	21	173	72	194	<b>266</b>
<b>Total</b>	851	699	693	875	1,550	1,568	<b>3118</b>

**Active surveillance in a joint mission (WHO technical officer, SST, Surveillance Officer) in Badghis during 22-28 May 2024:**

Active surveillance report during 31 March-04 May 2024:

- During the mission, two SST teams were stationed in the Jawand and Kokchayl SHC of Aab Kamari districts, and one MHT was assigned to Qades district. During the mentioned period, the below infectious diseases have been detected:
  - » 143 ARI Pneumonia cases
  - » 32 AWD with dehydration cases
  - » 4 suspected measles cases
  - » 42 suspected COVID-19 cases

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

Diseases	Number of reported cases during 22-28 May 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>ARI-Pneumonia</b>	38	29	46	30	67	76	<b>143</b>
<b>Suspected measles</b>	0	1	0	3	0	4	<b>4</b>
<b>AWD with dehydration</b>	7	8	6	11	15	17	<b>32</b>
<b>Suspected COVID-19</b>	0	27	0	15	27	15	<b>42</b>
<b>Total</b>	45	65	52	59	109	112	<b>221</b>

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

Active surveillance report from 05 May to 01 Jun 2024:

- A total of 5 dedicated Surveillance Support Teams (SSTs) with 2 assigned vehicles are performing active surveillance in the earthquake-affected areas of the Zenda Jan district of Herat province. During the mentioned period, below infectious diseases have been detected:
  - » 1644 ARI-Pneumonia cases
  - » 107 AWD with dehydration cases
  - » 0 suspected measles cases
  - » 64 confirmed COVID-19 cases
- A total of 1053 RDTs and 1064 PCR tests were conducted for suspected COVID-19 cases; of which, 8 and 56 were positive, respectively (RDT positivity rate: 0.8%, PCR positivity rate: 5.3%).
- Moreover, a total of 6 RDTs were conducted for AWD with dehydration cases; among which none were positive.

Active surveillance in Zenda Jan district of Herat province, 05 May – 01 Jun 2024

Districts	Diseases	Number of reported cases during 05 May – 01 Jun 2024						
		Male		Female		Total		
		<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
Zinda Jan	<b>ARI-Pneumonia</b>	262	434	279	669	696	948	1644
	<b>Suspected measles</b>	0	0	0	0	0	0	0
	<b>AWD with dehydration</b>	56	6	43	2	62	45	107
	<b>Suspected COVID-19</b>	0	572	0	1428	572	1428	2000
	<b>Confirmed COVID-19</b>	0	17	0	47	17	47	64
<b>Total</b>	318	1029	322	2146	1347	2468	3815	

**Returns: Epidemiological updates**

- During the reporting period, two public health authority teams, each comprising eight members, were operationalized to execute International Health Regulations-2005 (IHR)-recommended tasks in Torkham and Islam Qala. Furthermore, a SST team (with two members) in Kandahar was 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, 105 399 individuals were screened for various infectious diseases among which 1309 cases of various infectious diseases were detected and reported.



**105 399** Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (02 May to 01 Jun 2024)

Diseases	Number of suspected cases reported among returnees from 02 May to 01 June 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>AWD with Dehydration</b>	69	87	43	65	156	108	264
<b>Suspected dengue fever</b>	0	18	2	10	18	12	30
<b>Suspected malaria</b>	0	16	0	12	16	12	28
<b>ARI/Pneumonia</b>	126	275	94	201	401	295	696
<b>Suspected measles</b>	2	1	1	0	3	1	4
<b>Suspected COVID-19</b>	0	189	0	84	189	84	273
<b>Confirmed COVID-19</b>	0	11	0	3	11	3	14

**Lab results:**

- A total of 263 RDTs and 202 PCR tests were conducted for suspected COVID-19 cases; of which, 55 and 14 were positive, respectively (RDT positivity rate: 20.9%, PCR positivity rate: 6.9%).
- 9 RDTs were conducted for suspected cases of dengue fever, all of which resulted in negative. 52 RDTs were conducted for cases of AWD with dehydration, and one of them yielded a positive result. 27 RDTs were conducted for clinical malaria cases, and one of them yielded a positive result.

**Supplies:**

- During the reporting period, below supplies were delivered to all regions:
  - » 10 AWD with dehydration case management kits
  - » 200 packs of medical masks
  - » 18 500 Rabies antibodies and 60,000 Rabies vaccines
  - » 300 COVID-19 rapid diagnostic tests (RDTs)
- Additionally, the below supplies were supplied to the East region and Kandahar province.
  - » 3380 dengue RDTs
  - » 9300 viral transportation media (VTMs)
  - » 8100 Carly Blair media for the sample collection
  - » 7400 cholera RDTs for AWD with dehydration

**Trainings:**

Name of training	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc)
<b>Training of HCWs on dengue fever case management</b>	2-6 May	Paktika	Dengue fever definition, disease transmission, diagnosis, treatment and prevention	33 HCWs (27 Males and 6 Females) from Paktia and Khost
	11-20 May	Nangarhar		191 HCWs (104 Male and 87 Female) from the East region
<b>Training of HCWs on AWD case management</b>	6-8 May	Kandahar	AWD case definition, disease transmission, diagnosis, treatment, and case management by age categories and prevention.	35 HCWs (all male) from the South region
	7-9 May	Mazar		34 HCWs (30 Males and 4 Females) from the North region
	20-22 May	Kabul		70 HCWs (55 males and 15 females) from Kabul and the Central region
<b>Training of Surveillance support teams</b>	19-22 May	Kabul	Samples collection, storage, and transportation to labs	63 surveillance support team members from the central region
	26-27 May	Kandahar		37 surveillance support team members from the south region

## Mental Health and Psychosocial Support

- Following the TOT on the School Mental Health program, a three-month online supervision which started from 01 March 2024 to 30 May 2024 has been completed. This psychosocial intervention aimed to equip teachers with the necessary guidance to better support their students' mental health needs and to implement practical steps within school settings. Four international consultants provided online supervision to 51 participants (27 male and 24 female) who successfully completed the training in Kabul, Afghanistan, from 17 to 21 February 2024.
- On 08 May 2024, WHO team participated in the "Implementation Learning Collaborative Meeting" for implementation of PM+ in Afghanistan. The meeting aimed to jointly develop an inclusive Theory of Change (ToC) map for implementation and integration of PM+ within Afghanistan's mental health services. This meeting was coordinated by Healthnet TPO and Mental Health Department in the Ministry of Public Health (MoPH) in Afghanistan.
- WHO MHPSS Technical Officer conducted supervisory visit to Drug Addiction Treatment Centre (DATC) in Kandahar from 12 to 14 May 2024. The supervision was conducted according to PM+ supervision guidelines, aiming to enhance PM+ fidelity. This supervision will help improve the capacity of 20 PM+ trained healthcare staff in effective implementation of PM+ assessments and interventions for managing comorbid common mental disorders in DATC.
- On 30 May 2024, WHO team participated in the meeting of Child and Adolescent Mental Health (CAMH) mapping services tools with relevant stakeholders in Afghanistan. The CAMH mapping data was reviewed and finalized. This meeting was coordinated by Healthnet TPO and Mental health department of MoPH Afghanistan.



**2632**

Individuals received mental health consultations

- The MHPSS team provided support in response to the flash floods in Baghlan province. A rapid assessment in the affected areas identified significant psychosocial needs. Based on this initial assessment, Psychological First Aid (PFA) and stress management training was designed for 450 CHWs/CHSs. The training began on 25 May 2024, and will conclude on June 13, 2024. The trained CHWs/CHSs will provide PFA to the affected communities. By 31 May 2024, 139 CHWs (76 males and 63 females) successfully completed the two-day training.
- WHO has established a 20-bed acute mental health ward at Aino Mena Hospital in Kandahar. A contract has been signed with the implementing partner and MHPSS services have commenced at the hospital.
- WHO established four pilot eight-bed acute mental health wards at selected provincial hospitals in Badakhshan, Bamyán, Farah, and Nimroz. Agreements have been signed with the implementing partners, and MHPSS services have commenced at the selected hospitals.
- WHO is providing technical support to UNFPA to conduct mhGAP-IG rollout training for 47 female doctors working in health facilities supported by UNFPA at Kabul.
- Coordination with UNICEF has been made to supply psychotropic medicines to health facilities under the HER project. The list of essential mental health drugs has been shared with UNICEF to ensure the provision of all necessary medicines.



WHO team performing rapid assessment in the flood affected areas to identify psychosocial needs. ©WHO



### MHPSS Response in Flash Flood Emergency in Baghlan and Ghor

- WHO MHPSS team performed a rapid MHPSS needs assessment in the flash flood-affected areas of Baghlan and Ghor and designed context-specific training for the provision of MHPSS services in the affected areas in the mentioned provinces.
- 139 CHWs (76 males and 63 females) were trained on Psychological First Aid (PFA) and stress management in Baghlan.
- WHO planned a mhGAP-IG training for medical doctors and PM+ training for psychologists and psychosocial workers working in the flash flood-affected areas of Ghor and Baghlan.



WHO and UNICEF teams during a visit to a health facility affected by flash floods in Baghlan to assess the availability of essential mental health drugs. ©WHO

### Drug Demand Reduction

- In May, through DATC and OST services, WHO supported 10 DATC 4 OST in 11 provinces by 7 NGOs.
- Regional Directors’ visit to Kabul 100-bed Females and Children Drug Addiction Treatment Centre along with WHO Afghanistan Acting Representative, and MHPSS/DDR Team.
- Participation of DDR focal person in Afghanistan Drug Demand Reduction Dialogue Meeting jointly organized by the U.S. Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL) and the Colombo Plan Drug Advisory Programme (CPDAP) on 06-08 May 2024 in Astana, Kazakhstan and conduct a joint in-person/online presentation of WHO and EU on “WHO Support to the Drug Treatment and Harm Reduction Centers” on 07 May 2024.
- Joint WHO-MoPH assessment visit to Farah 80-bed and Ghoryan-Herat 20-bed Adult Male Drug Addiction Treatment Centre on 12-17 May 2024.
- Joining Inter-agency Standing Committee (IASC)/WHO/UNODC/UNHCR initiative for field testing of “An Orientation on Substance Use and Substance Use Disorders for Humanitarian Actors Who Work with Communities - Facilitators Guide”.
- WHO EMRO Regional Director’s Flagship Initiative
  - » Participation in virtual meeting for the Technical Working Group on WHO EMRO Regional Director’s Flagship Initiative for Action to Strengthen the Public Health Response to Substance Use (SU) in the WHO EMR on 22 May 2024
  - » Participation in Flagship Programs SharePoint-based Platform Training, 23 May 2024
- Participation in coordination meetings and providing feedback on UNAMA’s concept note on “Doha III Discussion on Support to Counternarcotics”
- Participation in the Drug Demand Reduction Task Force (DDR TF) convened by UNODC and WHO as co-leads on 28 May 2024.



Joint WHO and MoPH Baseline Assessment, Farah DATC ©WHO



DATC services at WHO-supported facilities for May 2024 :							
Indicators	Female			Male			
	0-11 yrs	12-17 yrs	18-60 yrs	0-11 yrs	12-17 yrs	18-60 yrs	>60 yrs
Number of Discharged Clients	12		51	15	8	316	10
Number of monthly clients registered	26	7	135	19	9	838	18
Number of patients at the beginning of the month	15	18	71	12	28	489	16



RD's visit to Kabul 100-bed Females and Children DATC. ©WHO

### Water, Sanitation and Hygiene (WASH)

During May 2024, WASH team distributed 10 essential items in response to recent flash floods in Ghor province as listed below to get prepared for the response to upcoming AWD outbreak season:

Description of Item	Unit	Quantity
m-Lauryl Sulphate Broth pack of 25 test	Pack of 6 packet	7
Absorbent pads, 47mm 0.45µm, Sterile	Pack of 100 Paper	7
HydroTest Reagent for pH (MR) 100 tests	Box of 100 Tab	7
Colour Comparator Kit with Comparator, square cuvettes and dilution tube.	Kit	2
Comparator Disc for Chlorine Range - 0.01 - 1 mg/L	Each Disc	2
Trace2o AquaSafe® WSL50 Pro. An advanced portable laboratory offering Physicochemical AND micro-biological testing in a single rugged floating case.	Kit	1
Trace2o AquaSafe® MSL50. single dedicated microbiological kit allowing easy and	Kit	1
Cellulose nitrate membranes, 0.45um, 47mm, sterile	Box of 100 paper	7
Water purification tablets, containing 67mg NaDCC Sodium Dichloroisocyanurate, for 10Ltr of water.	Each box	8
Water purification tablets, containing 1.7g OASIS 1000 for 200 Ltr of water.	Each box	50

In addition, joint WASH activities in the Hilmand provincial laboratory is ongoing with technical support from WHO WASH team which includes the following major activities that are 100% completed:

- Boring of 140 meters deep water well with 14inch 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.

### Reproductive Maternal Neonatal and Child Health Programme (RMNCAH)

WHO has supplied 16 hospitals with RH kits, consumables, Family Planning commodities, medical equipment and provided competency based RMNCAH trainings to health care providers.

Medical supplies distributed during May 2024 included:

- **Consumables:** WHO has supplied 9 regional and provincial hospitals (Nengarhar regional hospital, Nooristan provincial hospital, Kunduz regional hospital, Baghlan provincial hospital, Takhar provincial hospital, Balkh regional hospital, Jawzjan

provincial hospital, Kandahar regional hospital, and Herat provincial hospital) with consumables of 820 boxes of two types of gloves to the mentioned hospitals.

- **Family Planning Commodities:** WHO has supplied four maternity hospitals (Sakina Yaqoubi, Faizabad 60-beds, Fatima Bayat and Aino Mina hospitals) in Herat, Badakhshan, Helmand and Kandahar provinces with implants and Intrauterine Contraceptive Devices(IUD). A total of 600 Implants and 270 IUD were distributed to the said hospitals.



WHO distributes medical supplies to hospitals. ©WHO

### Trainings

The following trainings were conducted in May 2024:

Training Name	Male Participants	Female Participants
AWD Case Management	73	26
Data Management	35	3
Dengue Fever Case Management	167	78
Diagnosis of Dengue by PCR and ELISA	25	18
Laborant	17	0
Mass Casualty Management - MCM	20	6
MNDSR (Maternal Newborn Death Surveillance Response)	11	21
sample collection and case management	52	7
<b>Grand Total</b>	<b>400</b>	<b>159</b>

### Health Logistics:



**105 066**

Patients received essential drugs for their basic health services



**3014**

Different medical kits distributed

During May 2024, a total of 607 different kinds of kits were distributed in WHO supported health facilities.

Kits	# of Kits
Cholera	216
IDP-SAM	110
IEHK Supplementary	34
IEHK Basic	92
TESK	28
Measles	28
Pneumonia	65
<b>Total</b>	<b>607</b>

### Programme Monitoring Unit (PMU)

To ensure effective oversight of project implementation, WHO conducts 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 May 2024, WHO carried out monitoring visits to 43 primary healthcare facilities, including those under the BMGF and returnees project, 26 hospitals encompassing Integrated Infectious Disease and COVID-19 hospitals, Drugs Addiction Treatment Centres, Opioid Substantial Treatment Centres, MHPSS and Emergency Hospitals, 21 Therapeutic Feeding Units and 2 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 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 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)

WHO supported a rapid assessment in Baghlan province to identify Risk Communication and Community Engagement (RCCE) needs of the flood-affected communities.

Some key findings of the assessment include:

- More than 80% people in flood-affected areas reside in temporary shelters such as tents. The poor, overcrowded environment with limited access to safe drinking water and proper WASH facilities will likely lead to an increase in the incidence and severity of infectious diseases
- A huge number of children were reported to suffer from Acute Watery Diarrhoea (AWD) and other types of Gastrointestinal Tract (GI) infections.
- Most residents in the flood-affected areas reported experiencing mental health issues due to losing family members, houses, and livelihoods.
- In almost every family visited, at least 2-4 persons, experienced skin infections.

- An increase in measles cases was reported. Eighteen measles cases were reported from just one village in Burka district.
- Participants in the assessment also reported Acute Respiratory Tract infections (ARIs) including tonsillitis and conjunctivitis cases.

In response, more than 7000 IEC materials were distributed, conveying messages on waterborne disease prevention, including acute watery diarrhea (AWD), to be used in health facilities, by mobile health teams, and communities on waterborne infectious diseases in Ghor, Baghlan and Badakhshan provinces to improve public awareness.



**58 334**

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



WHO supported a rapid assessment mission to identify the RCCE needs of the flood-affected communities in Burka District, Baghlan Province. ©WHO

## Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH)

### Mitigating the risks of SEAH in the Flood and Returnees response:

- In response to the return of refugees from Pakistan, WHO provided a SEAH briefing for 37 members (35 men and 2 women) of the OCT for the flood response. The briefing was highly appreciated as timely, with OCT members emphasizing the need to continuously remind humanitarian workers of codes of conduct and expected behaviours in situations where vulnerabilities are heightened (such as because of floods).
- In partnership with the Accountability Of Affected Populations (AAP) Working Group and UNFPA, the PSEA network has deployed two national officers and one international specialist to coordinate the flood response. With support from the national-level coordination mechanism, they will represent PSEA and AAP in inter-agency forums, will lead risk assessments, organize community engagement activities, and oversee various capacity-building initiatives as requested by members and partners in the field.
- In response to the return of refugees from Pakistan to their communities, the twenty-six implementing partners, who have been actively engaged in this process in Kandahar and Nangarhar provinces, underwent comprehensive training on these matters. This training aimed to enhance their understanding of SEA, its causes, consequences, and how to prevent it. Furthermore, they were taught appropriate response mechanisms when such incidents occur and report.

### Surveillance Sentinel Teams Trained on SEAH

- One hundred and two (102) SSTs from Central and South regions team members received training on sexual misconduct and maintaining ethical conduct during emergencies. This ethical framework is essential in disease surveillance as it ensures that interventions are carried out with integrity, respect for human dignity, and a focus on protecting the health and safety of the community.



WHO distributes supplies to flood-affected areas. ©WHO

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

**Dr Jamshed Tanoli**, Health Emergencies Team Lead, WHO Afghanistan, Email: [tanolij@who.int](mailto:tanolij@who.int)

**Ms Ajyal Al-Sultani**, OIC, Communications, WHO Afghanistan, Email: [sultanya@who.int](mailto:sultanya@who.int)

**Mr Mohamed Kakay**, External Relations & Partnerships Lead, WHO Afghanistan, Email: [kakaym@who.int](mailto:kakaym@who.int)

**Dr Sadia Azam**, Emergency Officer, WHO Afghanistan, Email: [azams@who.int](mailto:azams@who.int)

**WHO’s work in emergencies is supported by the following donors and partners:**

