



# AFGHANISTAN EMERGENCY SITUATION REPORT

No. 43 | August 2024

## Key figures (monthly)

**115 856**

People received emergency health care services (PHC & Hospitals)

**10 747**

People received trauma care services (IPD+OPD)

**966**

Medical kits distributed

**633**

Health workers trained



WHO visits an acute mental health ward in Kandahar Province. © WHO

## Summary of outbreaks (2024)

**240 587**

COVID-19 confirmed cases from the beginning of outbreak

**928 780**

ARI-Pneumonia

**125 471**

AWD

**48 384**

Measles

**1953**

Dengue fever

**941**

CCHF

## Health Cluster

- Forty six Health Cluster partners reached 666 025 people with humanitarian health services. These services were delivered through 746 health facilities across 286 districts, encompassing all 34 provinces of Afghanistan. Of the total reach, 45% were women and 37% were children.
- The Accountability for Affected Populations (AAP) Strategy for the Health Cluster was drafted and is under review by partners through a participatory process.
- To ensure an effective and timely response to acute watery diarrhoea (AWD) outbreaks at both national and sub-national levels, joint Health and WASH Clusters AWD task force meetings were held at the national level and in seven regions. Additionally, the regional integrated AWD operational plan for 2024 has been developed for all the seven regions and finalized in consultation with the regional WASH Cluster, WHO and UNICEF regional teams.
- In August 2024, the Health Cluster conducted Strategic Advisory Group (SAG) meeting. The focused agenda points were Humanitarian Programme Cycle, Mpox updates, Humanitarian Needs and Response Plan impact indicators for 2025, Japan-ASEAN Integration Fund (JAIF) 2.0 indicators, and discussion on the suspensions of mental health and psychosocial services (MHPSS).
- During the reporting period, the Health Cluster team at the national and sub-national levels followed up and addressed around 30 cases referred from interagency reporting system AWAAZ-e-Afghanistan across seven regions in close coordination of national and international NGOs. The overall purpose is to ensure accountability to affected populations.
- The Health Cluster and WHO, with the support of USAID's Bureau of Humanitarian Affairs (BHA) launched a project to enhance access to healthcare through accountability to affected populations.
- Regional Health Cluster Coordination (RHCC) teams have collaborated with health partners across all seven regions. Their activities encompass regular monthly and ad hoc coordination meetings with relevant authorities and health partners, and undertaking joint missions with the Provincial Public Health Directorates (PPHDs), partners, and UN agencies to monitor the health response.

- As of 31 August 2024, 25 Health Cluster partners provided health services to a total of 599,008 returnees: 216 850 women, 196 327 men, 99 312 girls, and 86 519 boys. Out of the total beneficiaries, 279 015 individuals received primary health care consultations, 27 499 received secondary health care services, 208 121 were reached with health promotion activities, 37 746 received MNCH services, 45 669 received MHPSS services, and 958 received trauma care services.
- In August 2024, ten Health Cluster partners (AADA, HMLO, IOM, IRC, JACK, PU-AMI, SCI, UNFPA, UNICEF and WHO) were involved in the response activities.



Health Cluster coordination meeting in Herat. © WHO

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

During August 2024, WHO supported 32 Primary Healthcare Centres (PHCs) in four provinces by three NGO partners. These facilities provided primary healthcare services to the remote and underserved populations including women and children.

Regarding secondary and tertiary health care, WHO supported 16 hospitals in ten provinces through ten NGO partners. The hospitals supported by WHO included eight infectious disease hospitals, two emergency hospitals and six hospitals for MHPSS.

WHO also supported ten Drug Addiction and Treatment Centers and two opioid substitution treatment (OSTs) in 11 provinces by seven NGOs.

- During August 2024, a total of 115 856 (PHCs: 46 671, Hospitals 69 185) outpatient consultations were conducted in WHO-supported health facilities; 55.5% females and 44.5% males attended the out-patient consultations.
- A total of 61 777 patients received essential medicines for their health-related conditions (PHC: 43 109, Hospital: 18 668).
- Recorded number of institutional deliveries were 483 in August 2024 (PHCs: 260, Hospitals: 223).
- 3391 pregnant women received antenatal services and 1361 women received postnatal services in WHO-supported facilities.
- In addition, children aged under 5 received oral polio vaccine (OPV), malnutrition treatment, and screening in August 2024 are: 28 610 (PHCs: 24 992, Hospitals: 3618).
- Pregnant and childbearing age women and under 5 children received TT2+, measles and PENTA-3 vaccination: 6718 (PHCs: 4792, Hospitals: 1926)
- Pregnant and lactating Women received malnutrition screening and Infant and Young Child Feeding (IYCF) counselling and treatment services: 6909 (PHCs: 3327, Hospitals: 3582).
- A total of 2037 (PHCs: 1853, Hospitals: 184) individuals were provided with MHPSS consultations and

30 276 (PHCs: 16 349, Hospitals: 13 927) received noncommunicable diseases (NCDs) consultations.

- People living in remote and underserved areas received health education and awareness: 43 947 (PHCs: 37 177, Hospitals: 6770).



**115 856**  
People received OPD consultations



**61 777**  
Patients received essential drugs for their basic health services



**3391**  
Women received ANC



**1361**  
Women received PNC

### Sustaining health care services delivery

Beneficiaries of PHC & Hospital services at WHO-supported facilities for August 2024 (Total: 115 856)			
Age	Male	Female	
Over 18 years	31 675	45 679	
Under 18 years	19 788	18 714	



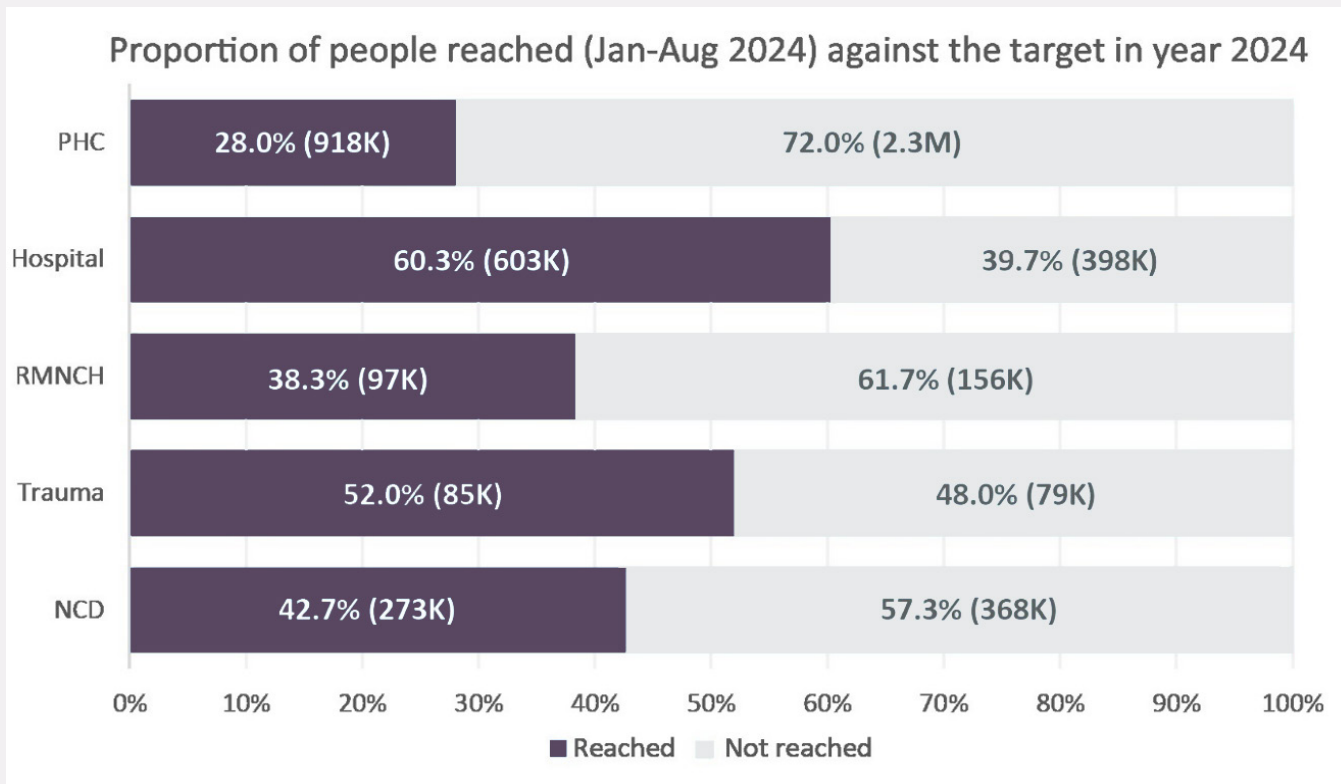
**483**  
Institutional deliveries



**30 276**  
Number of consultations for Non-communicable diseases



**6718**  
Pregnant, CBA Women and under 5 children received TT2+, measles, and PENTA-3 Vaccination



## Trauma and Physical Rehabilitation

During August 2024, a total of 10 747 (7568 male, 3179 female) beneficiaries received trauma care and 29 084 (16 128 male, 12 956 female) received post trauma rehabilitation.

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



**3319** people received physiotherapy



**5863** people received blood transfusion



**4372** people received psychological counselling



**11 379** people received minor surgical operations



**4151** people received major surgical operations

## Trauma care services

### Beneficiaries of trauma care services at WHO-supported facilities for August 2024 (Total: 10 747)

	Male	Female
Over 18 years	4511	1391
Under 18 years	3057	1788

## Post trauma rehabilitation

### Beneficiaries of post trauma rehabilitation services at WHO-supported facilities for August 2024 (Total: 29 084)

	Male	Female
Over 18 years	9684	8145
Under 18 years	6444	4811

## Nutrition

In August 2024, a total of 6705 children (3287 girls and 3418 boys) with medical complications were admitted and treated at 141 WHO-supported IPD-SAM centers. WHO is actively enhancing national capacity through capacity building of first line workers in TFUs.

In August 2024 we have managed to conduct one batch of IPD-SAM training for Balkh, Samangan, Jawzjan and Faryab provinces in Mazar- Sharif city and a total of 32 Doctors and nurses received training on management of complicated severe acute malnutrition.

### Beneficiaries of 141 WHO-supported IPD-SAM centers for August 2024 (Total: 6705)

<b>Under five</b>		<b>Boys</b>		<b>Girls</b>
6705		3418		3287



#### 6909

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



#### 2307

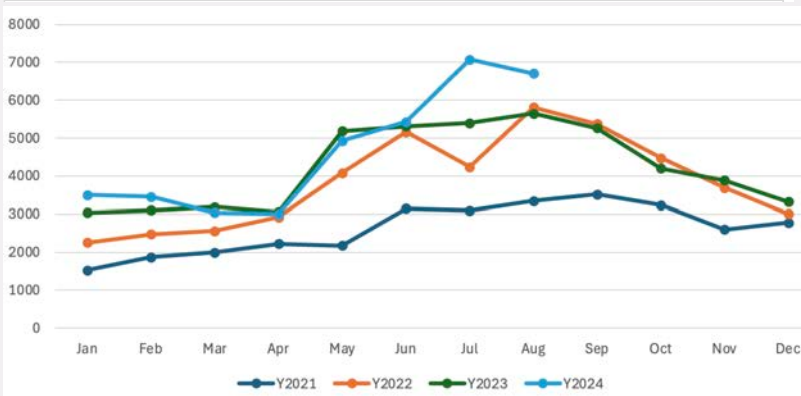
Women received family planning and awareness services



#### 28 610

Under 5 children received OPV, malnutrition treatment and screening

IPD-SAM Data Admission Trends 2021-2024



## Infectious Disease Hazard and Surveillance

The monthly summary of infectious disease outbreaks in Afghanistan, August 2024 (04 to 31 August 2024)

Indicators	Suspected Dengue fever	AWD with dehydration	Suspected CCHF	Confirmed Malaria	Suspected Measles	ARI-Pneumonia	Confirmed COVID-19*
Monthly new cases (% change compared to June)	437 (↑10.1)	23 801 (↓24.0)	170 (↓43.5)	11 714 (↓7.8)	5584 (↓28.2)	62 871 (↓19.6)	682 (↓17.7)
Monthly new deaths (CFR%)	0 (0.0)	10 (0.04)	13 (7.6)	1 (0.01)	31 (0.6)	153 (0.2)	8 (1.3)
Cumulative cases	1953	125 471	941	47 375	48 384	928 780	240 587
Cumulative deaths (CFR%)	0 (0.0)	60 (0.05)	78 (8.3)	2 (0.004)	219 (0.5)	2220 (0.2)	8027 (3.3)

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

### Dengue fever

- During the reporting period, a total of 437 suspected dengue fever cases and zero deaths were reported, compared to 397 cases reported in July 2024. This shows a 10.1% increase in the number of suspected cases reported compared to the previous month.

### Acute Watery Diarrhea with dehydration

- During the reporting period, a total of 23 801 AWD cases with dehydration and ten associated deaths (monthly CFR 0.04%) were reported, compared to 31 320 cases and 12 deaths during July 2024. This represents a 24.0% decrease in the number of reported cases compared to the previous month.

### Crimean-Congo Hemorrhagic Fever

- During the reporting period, a total of 170 suspected cases of CCHF with 13 associated deaths (monthly CFR

7.6%) were reported, compared to 301 cases and 27 deaths reported in July 2024. This shows a 43.5% decrease in the number of reported cases compared to the previous month.

### Malaria:

- During the reporting period, a total of 11 714 confirmed malaria cases and one death (monthly CFR 0.01%) were reported, compared to 12 701 confirmed cases and zero deaths reported in July 2024. This shows a 7.8% decrease in the number of confirmed cases reported compared to the previous month. shows a 152.9% increase in the number of cases reported during this month.

### Measles:

- During the reporting period, a total of 5584 suspected measles cases and 31 associated deaths (monthly

CFR 0.6%) were reported, compared to 7779 cases and 41 deaths during July 2024. This represents a 28.2% decrease in the number of suspected cases compared to the previous month.

**Acute Respiratory Infection pneumonia**

- During the reporting period, a total of 62 871 ARI pneumonia cases and 153 associated deaths (monthly CFR 0.2%) were reported, compared to 78 188 cases and 255 deaths during July 2024. This represents a 19.6% decrease in the number of reported cases compared to the previous month.

**COVID-19**

- During the reporting period, a total of 682 confirmed COVID-19 cases and eight associated deaths (monthly

CFR 1.3%) were reported, compared to 829 cases and eight deaths during July 2024. This represents a 17.7% decrease in the number of confirmed cases compared to the previous month.

- During this period, a total of 7748 samples were tested among suspected COVID-19 cases in public laboratories, which shows a decrease of 19.5% compared to the number of tests conducted in July 2024 (9629), with a test positivity rate of 8.8%.
- During the reporting period, 6000 individuals have been vaccinated against COVID-19, and the proportion of those who received at least one dose of vaccine increased to 43.8%.

**Active surveillance in flood-affected districts of Baghlan (04 - 31 August 2024):**

- A total of five Surveillance Support Teams (SSTs) were assigned to the flood-affected districts. During the mentioned period, the below infectious diseases have been detected:
  - » 63 suspected measles cases
  - » 1345 suspected COVID-19 cases
- A total of 857 RDTs were conducted for COVID-19 suspected cases; among which 272 were positive (positivity rate 31.7%).
- A total of 708 RDTs were conducted for COVID-19 suspected cases; among which 289 were positive (positivity rate 40.8%).
- Additionally, 466 PCR samples were taken (from positive RDTs and separate samples) and sent to the laboratory; among these samples, 45 were positive (positivity rate 9.7%).

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

Diseases	Number of reported cases from 04 - 31 August 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>Suspected measles</b>	29	1	20	13	30	33	<b>63</b>
<b>Suspected COVID-19</b>	2	394	1	948	396	949	<b>1345</b>
<b>Total</b>	<b>31</b>	<b>395</b>	<b>21</b>	<b>961</b>	<b>426</b>	<b>982</b>	<b>1408</b>

**Active surveillance in flood-affected districts of Faryab (04 - 31 August 2024):**

- A total of four SSTs are assigned in the flood-affected districts. During the mentioned period, the below infectious diseases have been detected:
  - » 162 ARI pneumonia cases
  - » 32 AWD with dehydration cases
  - » 6 suspected measles cases
  - » 79 suspected COVID-19 cases
- A total of 79 RDTs were conducted for COVID-19 suspected cases; among which, eight were positive (positivity rate 10.1%).
- A total of 28 PCR samples were sent to the laboratory; among these samples, only two were positive (positivity rate 7.1%).
- A total of four samples were collected for suspected measles cases; among these samples, none was positive.
- In addition, 32 RDTs were conducted for AWD with dehydration cases; among which, none were positive.

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

Diseases	Number of reported cases from 04 - 31 August 2024						
	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>ARI-Pneumonia</b>	56	34	46	26	90	72	<b>162</b>
<b>Suspected measles</b>	3	2	1	0	5	1	<b>6</b>
<b>AWD with dehydration</b>	0	17	7	8	17	15	<b>32</b>
<b>Suspected COVID-19</b>	0	36	0	43	36	43	<b>79</b>
<b>Total</b>	<b>59</b>	<b>89</b>	<b>54</b>	<b>77</b>	<b>148</b>	<b>131</b>	<b>279</b>

**Active surveillance in flood-affected districts of Ghor (04 - 31 August 2024):**

- A total of two SSTs are assigned in the flood-affected districts. During the mentioned period, the below infectious diseases have been detected:
  - » 954 ARI pneumonia cases
  - » 174 AWD with dehydration cases
- » 27 suspected measles cases
- » 446 suspected COVID-19 cases
- A total of 413 RDTs were conducted for suspected COVID-19 cases; 66 were positive (positivity rate 16.0%).

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

Number of reported cases from 04 - 31 August 2024							
Diseases	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	Male	Female	Total
<b>ARI-Pneumonia</b>	139	376	136	303	515	439	<b>954</b>
<b>Suspected measles</b>	0	20	1	6	20	7	<b>27</b>
<b>AWD with dehydration</b>	82	13	69	10	95	79	<b>174</b>
<b>Suspected COVID-19</b>	100	0	346	0	100	346	<b>446</b>
<b>Total</b>	<b>321</b>	<b>409</b>	<b>552</b>	<b>319</b>	<b>730</b>	<b>871</b>	<b>1601</b>

**Returns: Epidemiological updates**

- During the reporting period, two public health teams, each comprising of eight members, were operationalized to execute International Health Regulations-2005 (IHR) recommended tasks in Torkham and Islam Qala points of entry. Furthermore, two SSTs (consisting of two members each) in Kandahar, and one SST in Torkham were operationalized to conduct screenings of returnees and facilitate collecting, storing, and transporting samples from the respective localities to the Regional Reference Laboratories.
- During this reporting period, 129 284 individuals were screened for various infectious diseases. Among these individuals, 6148 were returnees from Pakistan, while the remaining 123 136 were regular passengers from Iran and Pakistan.
- Among the returnees, 230 RDTs and 158 PCR tests were conducted for suspected COVID-19 cases. Out of these, 15 RDTs and 12 PCRs were positive, yielding a positivity rate of 6.5% for RDTs and 7.6% for PCRs respectively.
- 159 RDTs and 75 PCR tests were conducted for suspected dengue fever cases. Out of these, 72 RDTs and 21 PCRs were positive, yielding a positivity rate of 45.2% for RDTs and 28.0% for PCRs.
- Additionally, 53 RDTs and one culture test were conducted for AWD with dehydration cases. Of these, one RDT was positive (positivity rate = 1.9%), and the culture test yielded a negative result.



**129 284**

Individuals were screened for various infectious diseases

Summary of reported cases from the returnee sites, in Afghanistan (04 – 31 August 2024):

Number of reported cases from 04 - 31 August 2024							
Diseases	Male		Female		Total		
	<5 Years	>5 Years	<5 Years	>5 Years	<5 Years	>5 Years	Total
<b>AWD with Dehydration</b>	124	97	113	77	221	190	<b>411</b>
<b>Suspected dengue fever</b>	1	96	0	71	97	71	<b>168</b>
<b>ARI-Pneumonia</b>	196	364	187	450	560	637	<b>1197</b>
<b>Suspected COVID-19</b>	0	152	0	82	152	82	<b>234</b>
<b>Confirmed COVID-19</b>	0	8	0	4	8	4	<b>12</b>

**Supplies:**

- During the reporting period, below supplies were delivered to all regions:
  - » 60 case management kits for AWD with dehydration
  - » 400 Respirator Aragon N95 (ARP50), non-fluid resistant. Box of 20 respirators/white distributed.

- » 100 COVID-19 RDTs
- » 1940 RDTs and Cary Blair for AWD with dehydration
- » 7 fogging machines for spraying the larvicides and 840 graves trapes distributed for dengue.
- » 38 Abat 1 SG 25 kg drum of larvicides for dengue



WHO distributed different type of medical kits in Nangarhar. © WHO

**Trainings:**

The following trainings were conducted during the reporting period.

Training	Date	Location	Training contents	Participants (#, affiliation, occupation, place of origin, etc)
Training of HCWs of two hospitals (Afghan Japan and NIDH) on case detection and reporting	7-8 August	Kabul	Public Health surveillance, importance of surveillance in infectious disease control, Indicator and Event based surveillance, case detection, line listing, and reporting	25 HCWs including 5 females were trained
Training of Surveillance sentinel sites focal points on EBS and e-surveillance	5-6 August 7-8 August 11-12 August 12-14 August 21-22 August 24-25 August 26-27 August 28-29 August	Kabul	Event based surveillance, e-surveillance (automated analysis)	238 Sentinel sites focal points (all males) from Central East (157) (Wardak, Kapisa, Kabul, Logar Panjsher, and Parwan) and East (81) (Nuristan, Laghman, Kunar and Nangarhar) have been trained
Training of midwives on Thinking Healthy	10-15 August	Kabul	The Thinking Healthy programme is focused on antenatal depression	32 midwives from Khost, Nangarhar, Kandahar, and Helmand provinces were trained
Evidence-based Behavioral Treatments for People with Stimulant Use Disorder	17-22 August	Kabul	The training was focused on enhancing skills in psychosocial treatments for stimulant use disorder, equipping attendees with practical strategies to improve patient care.	32 treatment providers including 15 females and 17 males participated in the training



**43 947**

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

### Mental Health and Psychosocial Support



2037

Individuals received mental health consultations

- WHO conducted a 6-day Thinking Healthy training for 32 midwives from Khost, Nangarhar, Kandahar, and Helmand provinces working in SHCs under PHC on 10-15 August in Kabul. The Midwives provide mother and child health services at health facilities. The Thinking Healthy programme is focused on antenatal depression. According to midwives, most mothers visiting health facilities have depression issues. Therefore, the trained midwives can provide effective psychosocial services to affected mothers.
- To enhance MHPSS across the country, WHO has established five acute mental health wards at both provincial and regional levels. The MHPSS team conducted four field visits to oversee activities at three

newly established 8-bed acute mental health wards in Bamyán, Farah, and Badakhshan provincial hospitals, as well as a 20-bed acute mental health ward at Aino Mina Hospital in Kandahar. During these visits, the MHPSS technical team and WHE regional focal points performed comprehensive assessments of the ongoing services and on-the-job training was provided to doctors and psychologists to improve evidence-based mental health and psychosocial services at the hospitals.

- During visits to acute mental health wards at provincial hospitals, the team supervised two DATCs in Bamyán and Herat provinces.



Thinking Healthy training for midwives from Khost, Nangarhar, Kandahar, and Helmand provinces working in SHCs. ©WHO

### Drug Demand Reduction

- Conducted a six-day training on “Evidence-based Behavioral Treatments for People with Stimulant Use Disorder” for clinical psychologists and PSCs of DATCs and OST Clinics under EU and UN Women awards on 17-22 August 2024 in Kabul, Afghanistan. Overall, 32 treatment providers including 15 females and 17 males participated in the training which was facilitated by three international consultants.



Evidence-based Behavioral Treatments for people with Stimulant-based disorders training in Kabul. ©WHO

DATC services at WHO-supported facilities for August 2024:

Data Element	Male			Female		
	0-11 yrs	12-17 yrs	18-60 yrs	0-11 yrs	12-17 yrs	18-60 yrs
Number of Discharged Clients	14	9	368	14	3	63
Number of monthly clients registered	23	18	836	24	14	120
Number of patients at the beginning of the month	14	21	549	18	15	103



## Water, Sanitation and Hygiene (WASH)

### Assessments:

WHO conducted a rapid assessment at the National Infectious Diseases Hospital to evaluate the WASH and Infection Prevention and Control measures in managing AWD/cholera cases aiming to identify gaps and needs and provide solutions to prevent the hospital from becoming a source of infection. The assessment revealed several critical issues, including the absence of a proper triage system, insufficient handwashing stations within key service areas, inadequate disinfection, mixing of AWD cases with other communicable diseases, increasing the risk of cross-contamination and compromising patient and staff safety. The AWD/cholera ward was lacking bedpans, standard cholera beds, handwashing stations, and sharing of facilities between patients with AWD/cholera and those with other communicable diseases.

### WASH Interventions in ten Therapeutic Feeding Units (TFUs):

A Request for Proposal (RFP) to conduct WASH rehabilitations in ten Therapeutic Feeding Units, in ten district and provincial hospitals has been announced, and technical proposals were received, reviewed, and scored. Currently the process is at the financial proposal evaluation stage.

### Supplies:

WHO has dispatched water purification supplies and water quality monitoring equipment to accelerate Water Quality Monitoring (WQM) efforts in 17 provinces heavily affected by AWD/cholera. These supplies include portable water testing kits, devices for monitoring free residual chlorine, culture media, reagents for measuring various physicochemical parameters, and water purification tablets.

### Coordination:

WHO conducted a series of meetings with MoPH and discussed different issues related to improving water quality/safety monitoring activities and improvement of WASH in healthcare facilities. The meetings discussed the existing capacity, gaps and needs and the way of upgrading the central water quality lab in Kabul and other three regional labs, in addition to the update and development of SOPs and guidelines for drinking water quality testing procedures.

## Health Logistics and supplies:



61 777

Patients received essential drugs for their basic health services



966

Different medical kits distributed

During August 2024, a total of 966 different kinds of kits were distributed in WHO-supported health facilities.

Kits	# of Kits
IDP-SAM	618
IEHK Supplementary	2
NCDK	31
PHC	79
Cholera	236
<b>Total</b>	<b>966</b>

## Prevention of Sexual Exploitation and Abuse:

### Enhancement of WHO's Efforts in Preventing Sexual Exploitation and Abuse in Health Emergencies

WHO has been actively working to enhance the prevention and response mechanisms related to sexual exploitation and abuse (SEA) within health emergencies. This initiative is particularly crucial as health workers often find themselves in positions where they can either prevent or inadvertently contribute to such abuses, given their daily interactions with vulnerable populations.

In Bamiyan and Badakhshan, WHO has in the past month focused on capacity building for both partners and frontline health workers. Trainings and conversations on PSEA have been conducted for 45 females and 18 males from various health facilities. The training focused on developing and enhancing the skills of frontline healthcare workers in managing and referring issues related to sexual exploitation and abuse. It also emphasized on educating these workers about what constitutes sexual exploitation and abuse, enabling them to recognize such incidents if they occur, and empowering them to report these cases through safe and confidential channels.

### Programme Monitoring Unit (PMU)

To ensure effective oversight of project implementation, WHO has been conducting systematic and regular monitoring and evaluation (M&E) activities. This involves deploying 21 monitoring officers on the ground who utilize specific tools tailored for each type of health intervention. In August 2024, WHO carried out monitoring visits to 26 primary healthcare facilities; 29 hospitals, encompassing integrated infectious disease hospitals, DATCs, OSTs, MHPSS and emergency hospitals; and 47 Therapeutic Feeding Units.

During these visits, PMU closely monitored activities at the health facility level and identified the areas for improvement.

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, WHO will work towards achieving better health outcomes and ensuring the delivery of high-quality care to those in need.

### Trainings

The following trainings were conducted in August 2024:

Training Name	Male	Female
Basic Emergency Care	28	12
Clinical Case Management of Patient in Intensive Care Service	28	14
e-Surveillance	225	13
Health Response to Survivor of Violence and Emergency	0	25
IPD-SAM	31	24
Mass Casualty Management - MCM	13	9
Surveillance and Early case Detection	21	5
Surveillance Support Team (SST)	23	5
TB Case Management	0	125
Thinking Healthy Training	0	32
<b>Grand Total</b>	<b>369</b>	<b>264</b>

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### WHO’s work in emergencies is supported by the following current and previous partners:

