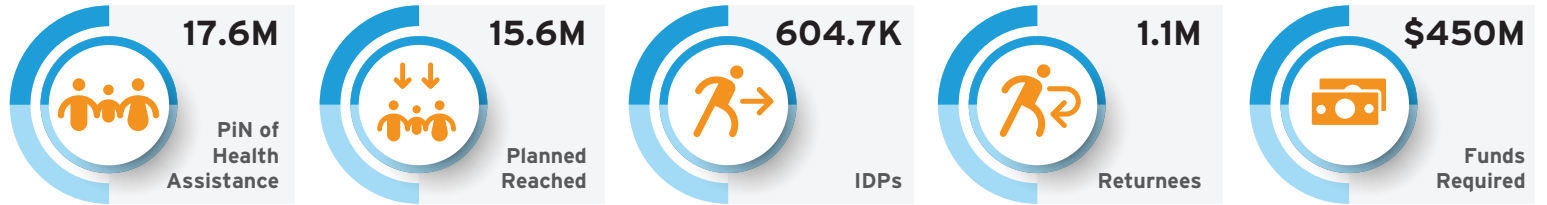




Afghanistan Emergency Type: Level 3/Grade 3 Reporting Period: 1-28 February 2023



HIGHLIGHTS

As of 28 February, a total of 209,079 confirmed cases, and 7,886 deaths of COVID-19 were reported. The recovery rate was 91.3% with a 3.8% case fatality rate.

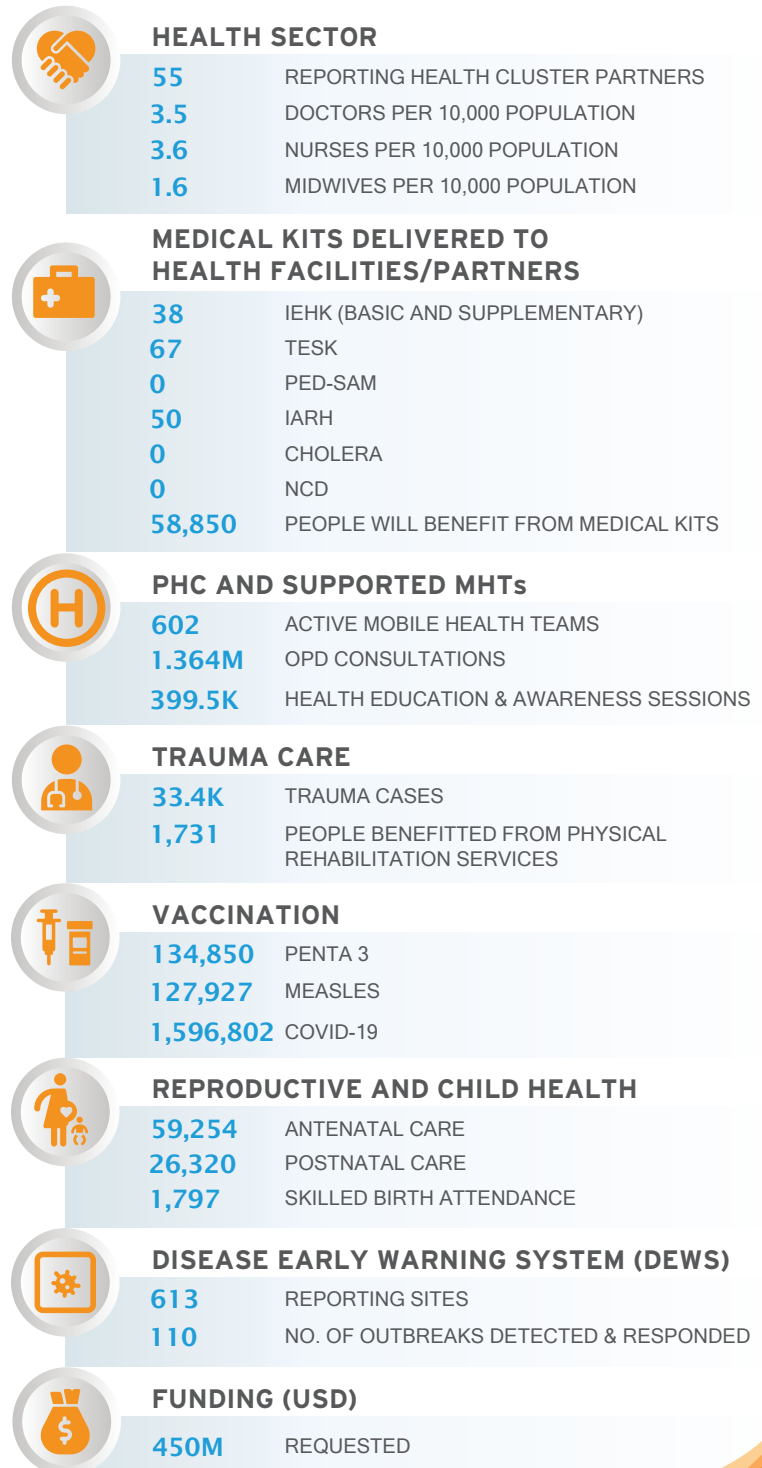
The leading causes of morbidity among all age groups were Acute Respiratory Infection (ARI) and Acute Diarrheal Disease (ADD) across the country.

WHO distributed a total of 155 different types of emergency medical kits (38 IEHK, 67 TESK, and 50 IARH) which will benefit around 58,850 people in 34 provinces in the next three months.

UNICEF’s engagement in reaching under-served populations residing in mountainous terrain continued through the Mobile Health and Nutrition Teams. 158 MHNTs were operational in February 2023, which provided health and nutrition services to more than 287,000 people.

HADAAF is providing Primary Health-Care services including Mental Health and Psychosocial Support (MHPSS), COVID-19 and nutrition services in underserved areas of Helmand, Paktya, Ghazni, Khost, Balkh and Nangarhar provinces through 1 CHC, 12 BHCs, 36 SHCs, 14 MHNTs, 5 MHTs, and 4 sample collection centers.

AAH provides primary health care and acute malnutrition treatment services in Helmand, Ghor, Badakhshan, Daikundi, and Kabul Provinces through 7 TFUs, 16 MHTs and 20 SHCs.



- HEALTH SECTOR**
 - 55 REPORTING HEALTH CLUSTER PARTNERS
 - 3.5 DOCTORS PER 10,000 POPULATION
 - 3.6 NURSES PER 10,000 POPULATION
 - 1.6 MIDWIVES PER 10,000 POPULATION
- MEDICAL KITS DELIVERED TO HEALTH FACILITIES/PARTNERS**
 - 38 IEHK (BASIC AND SUPPLEMENTARY)
 - 67 TESK
 - 0 PED-SAM
 - 50 IARH
 - 0 CHOLERA
 - 0 NCD
 - 58,850 PEOPLE WILL BENEFIT FROM MEDICAL KITS
- PHC AND SUPPORTED MHTs**
 - 602 ACTIVE MOBILE HEALTH TEAMS
 - 1.364M OPD CONSULTATIONS
 - 399.5K HEALTH EDUCATION & AWARENESS SESSIONS
- TRAUMA CARE**
 - 33.4K TRAUMA CASES
 - 1,731 PEOPLE BENEFITTED FROM PHYSICAL REHABILITATION SERVICES
- VACCINATION**
 - 134,850 PENTA 3
 - 127,927 MEASLES
 - 1,596,802 COVID-19
- REPRODUCTIVE AND CHILD HEALTH**
 - 59,254 ANTENATAL CARE
 - 26,320 POSTNATAL CARE
 - 1,797 SKILLED BIRTH ATTENDANCE
- DISEASE EARLY WARNING SYSTEM (DEWS)**
 - 613 REPORTING SITES
 - 110 NO. OF OUTBREAKS DETECTED & RESPONDED
- FUNDING (USD)**
 - 450M REQUESTED

SITUATIONAL ANALYSIS

Overall Situation Update

There are multiple shocks - natural and unnatural that affect and drive the health needs in the country. The shocks severely impacted the existing weak health systems and services.

According to the Humanitarian Needs Overview (HNO) 2023, it is projected that more than 17.6 million (Urban: 5M; Rural: 12.6M) people will need humanitarian health assistance of which 15.6 million (Urban: 4.4M; Rural: 11.2M) people are planned to be reached in both urban and rural areas indicating around six percent increase as compared to 2022.

Among 17.6 million people in need of humanitarian health assistance, 53% are children under five years; 22% are women, 8.4% are disabled, 3% are elderly, and 44% of adults will require urgent access to health care services in 2023 in both urban and rural settings.

In 2023, it is estimated to have 1.1 million cross-border returnees, 0.7 million new IDPs, and vulnerable migrants that will need humanitarian health assistance.

Emergency reproductive, maternal, and child health services are not readily accessible to a significant part of the vulnerable population due to the limited capacity of providers and weak referral system.

The population of Afghanistan is very much exposed to traumatic events and psychosocial problems. One out of two Afghans is suffering from psychological distress and one out of five is impaired in his or her role because of his or her mental health.

Based on the overall severity ranking, 21 provinces (Badakhshan, Baghlan, Balkh, Daikundi, Farah, Ghazni, Ghor, Helmand, Kabul, Kapisa, Khost, Laghman, Nimroz, Nuristan, Paktika, Paktya, Panjsher, Parwan, Sar-e-Pul, Wardak and Zabul) have been identified with critical/extreme needs and the remaining 13 provinces with severe needs.

Public Health Risks, Needs, Gaps, and Priorities

The humanitarian lifesaving and life-sustaining essential health services at primary healthcare centers, and coordinated referrals to secondary care and trauma services, are vital for addressing population health needs and preventing further harm.

Availability of reproductive, maternal, newborn, and child health services are critical in humanitarian settings, the absence of these typically leads to a rise in maternal deaths, unintended pregnancies, sexually transmitted infections, unsafe abortion, and gender-based violence.

Children under age five need routine immunization services – enhanced efforts are needed in areas with low rates of vaccination coverage.

Mothers need outreach support to properly care for the newborn at home, including feeding practices for infants and young children.

Adolescent girls are particularly vulnerable in crisis settings and require tailored health services and approaches to manage sexual and reproductive health and GBV.

Recent assessments indicate the need for an improved supply of medicines and services within primary health care particularly for non-communicable diseases that are estimated to account for 33 percent of all deaths. Mental Health and Psychosocial Support Services (MHPSS) needs are critical: Prolonged exposure to conflict is believed to increase the prevalence of mental health conditions above the WHO global prevalence of 15 percent, yet stigma and shortages of trained healthcare workers are treatment barriers. The cost of medicines is also an issue suggesting a need to support people to purchase the drugs prescribed by the physician.

Surveillance data for epidemic-prone diseases indicates that acute respiratory infections, measles, and diarrheal diseases are the most common morbidities. At the same time, outbreaks of COVID-19 continue, and increased cases of CCHF, dengue fever, pertussis, and malaria are reported. Broad coverage of surveillance activities and response teams, as well as joint efforts with WASH actors to ensure safe water supplies and sanitation, are needed to prevent and control disease outbreaks.

Trauma cases remain high due to suicide attacks, landmines, and road traffic accidents. Many will be left with life-long disabilities, requiring post-operative care, MHPSS, rehabilitation, and prosthetics. Providing free-of-charge quality trauma care can prevent fatalities, reduce the amount of short-term and long-term disability, and help those affected to cope physically, emotionally, and financially with the impact of the injury on their lives.

Surveillance

There are a total of 613 functional surveillance sentinel sites – 96.8 % submitted reports for the month of February 2023.

A total of 2,519,388 new consultations were conducted, of which 978,338 (38.8%) were surveillance-targeted diseases.

Morbidity

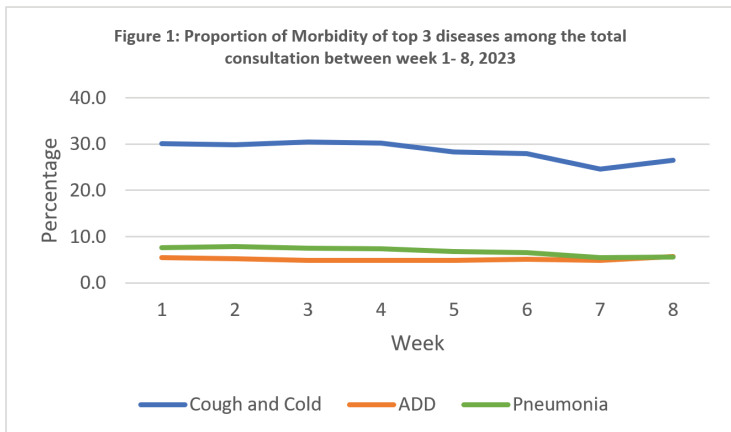
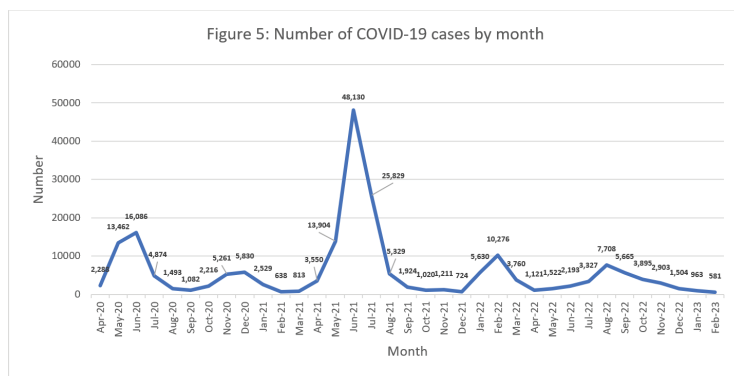
The leading causes of morbidity among all age groups were ARI and Acute Diarrheal Disease (ADD). The breakdown of the leading morbidities is summarized as follows:

ARI (Cough and Cold): 675,989 - accounting for 26.8% of total consultations.

Acute Diarrheal Disease: 128,891- accounting for 5.1% of total consultations.

ARI (Pneumonia): 152,859 - accounting for 6.1% of total consultations.

1,053 deaths were reported, of which 332 were due to surveillance-targeted diseases.



Attacks on Health Care Workers

As of February 2023, two attacks on healthcare were reported from the Mandozai district of Khost province and Arghandab area of Kandahar province. As a result, six healthcare workers were affected.

HEALTH CLUSTER ACTION

In February 2023, WHO and the 54 Health Cluster partners reached 1,465,753 people with humanitarian health services through 990 health facilities in 307 districts of all 34 provinces.

Health Cluster is in process of developing a “Costing Guideline for Humanitarian Health Services in Afghanistan” to determine the unified salary scale for healthcare workers and costing of primary health care services in humanitarian health projects.

The Health Cluster will finalize the guideline in close coordination with MoPH and Health Cluster partners.

Health and WASH Clusters with technical support from WHO and UNICEF drafted Integrated AWD Preparedness and Response Plan 2023. The plan has been shared with MoPH and Health Cluster’s Strategic Advisory Group for their input.

The Health Cluster conducted an orientation session for the information management focal points of the 45 Health Cluster partners. The main objective of this session was to orient Health Cluster partners on the ReportHub 2023 indicators.

During the reporting period, the Health Cluster conducted two coordination meetings at the national and seven at the sub-national levels.

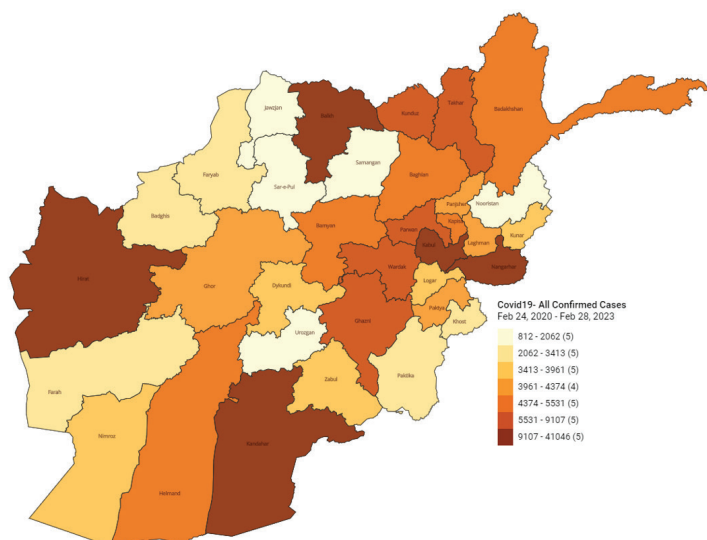
Regional Health Cluster Team

Regional Health Cluster Coordination meetings were conducted in seven regions, minutes of the meetings were distributed among the partners, and action points were followed/addressed. any possible overlap.

COVID-19 Updates (February 2020 - February 2023)

Since the onset of the outbreak, a total of 209,079 COVID-19 cases were reported from 34 provinces. The recovery rate was 91.3%. 7,879 deaths were reported with a CFR of 3.8%.

So far, 799,590 lab tests were performed in public health laboratories. The testing rate was 3,836 tests per 100,000, and the positivity rate was 26.1%.



Geographical distribution of COVID-19 cases since the onset of outbreak (February 2020 – February 2023)

The chart shows a decrease in reported cases in February compared to January 2023.

In February 2023, a total of 581 confirmed cases and 7 associated deaths were reported from 34 provinces.

RHCCs collected information on the hardship calculation at the district level and updated the provincial health profile for developing the costing guideline for humanitarian health services in Afghanistan.

RHCCs followed up with the regional partners and coordinated response activities on ARI and other seasonal diseases.

Regional Health Cluster Coordinators (RHCCs) conducted field visits to Laghman, Nimroz, and Farah provinces. The overall objective of these field visits was to monitor the available resources, find existing gaps, and avoid any possible overlap.

RHCCs attended a number of coordination meetings (e.g., EPR, PHCC, ICCG, HRT, UNRT) at the regional level.

RHCCs regularly shared information with the health partners at the regional level.

RHCCs followed up with the regional partners on the operational impact of the ban on female humanitarian workers.

RHCCs were engaged with partners and PPHDs at the field level to support the regional health cluster partners to resume their activities.

RHCCs are following up on the MoU issues of the health cluster partners with PPHDs to facilitate their activities at the field level until the MoUs are signed.



Monitoring of AHF funded project in Farah province
(Credit RHCC – Western Region)

HEALTH CLUSTER PARTNERS UPDATES

World Health Organization (WHO)

WHO is currently supporting 17 hospitals (including six COVID-19 hospitals) and 189 primary healthcare (PHC) facilities to improve healthcare access in underserved (white) areas in partnership with 20 health partners.

The PHC facilities supported include 70 Basic Health Centers (BHCs), 85 Sub Health Centers (SHCs), and 34 Mobile Health Teams (MHTs).

In February 2023, 2,976 (1,518 girls and 1,458 boys) malnourished children with medical complications were admitted to 127 IPD-SAM centers, and 65 (44 female and 21 male) health staff trained in the management of severe acute malnutrition with medical complications.

280 bedside chairs and 100 (PED-SAM 2020) Equipment kits were distributed to 50 IPD-SAM centers.

621,427 people have reached during February 2023 as SUM of all indicators supported by WHO considering divided by 1.5 for (Out-Patient Consultations and People Received Health Education and Awareness).

A total of 1,018 medical officers and community health supervisors (CHSs) have been trained on procedures of event base surveillance (EBS) in 6 provinces (Kabul, Badakhshan, Bamyán, Herat, and Kandahar).

The COVID-19 immunization campaign implementation started in the 17 participating provinces on February 15th and will continue until March 6th. The target population for this campaign is all adults ≥ 18 years that have not yet received the full primary series of COVID-19 vaccine doses or have not yet received a booster dose.

WHO is supporting the operation of the national advanced referral center for survivors of violence in Kabul, which provides medical treatment and counseling for survivors of violence. In February, 142 cases of the survivor of violence (142 are female) were received at the center, which was provided with the required healthcare services, treatment and counseling

WHO is supporting the provision of trauma, emergency care, and physical rehabilitation services across the country by providing medical/non-medical supplies to health facilities, including 67 blood banks, capacity building, and full operational support of a rehabilitation center in Paktya.

United Nations Population Fund (UNFPA)

In February 2023, UNFPA and its implementing partners delivered lifesaving Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) Care Services through 114 MHTs, 8 BHCs, 3 Zero Point Health Facilities, and 1 Transition Center across the country.

In Herat, Takhar, Ghazni, Zabul, Paktya, Nangarhar, Laghman, and Kunar provinces, UNFPA and AADA, supported 28 integrated mobile health teams, 6 Basic Health Centers (BHCs),



Provision of SRH services through MHT in Daikundi province (Credit - UNFPA)

1 Transition Center, and one HF in Torkham border entry point which they provided an integrated package of health, psychosocial and nutrition services, and reached a total of 47,865 Internally Displaced People (IDPs), returnees and vulnerable host community people.

In Nuristan, Kunduz, Balkh, Baghlan, and Badakhshan provinces, UNFPA and its partner ORCD supported 61 MHTs and provided essential health services to 56,832 people during the reporting period.

In Nimroz, Uruzgan, Badghis, Jawzjan, Sar-e-pul, Badakhshan, Daikundi, and Bamyán Provinces, UNFPA and its partner MOVE Welfare Organization supported 15 Integrated Mobile Health Teams and one Health Center at the border point with Iran. These Service Delivery Points provided 20,228 IDPs, returnees, deportees, and vulnerable host community people with health and psychosocial screening and treatment services.

In Kandahar, Farah, and Khost provinces, UNFPA and Its Implementing Partner HNTPO, supported five Integrated mobile health teams, two static health facilities, and the Spin Boldak Health Center and provided essential health services to 6,359 IDPs, returnees, and vulnerable host communities.

In Paktika, UNFPA through Implementing Partner OHPM is Implementing 5 MHTs. These MHTs provided integrated services of health and psychosocial to 557 people in the target coverage areas.

The UNFPA-led RMNCAH Emergency Working Group regularly held its monthly meeting with a focus on maternal, neonatal, child, and adolescent health affected by crisis situations.

During the month, UNFPA through its Implementing Partners has distributed a total of 38 Inter-Agency Reproductive Health (IARH) kits to Provincial Hospitals, District Hospitals, Comprehensive Health Centers, and Mobile Health Teams in East, Southern, Southeast, North, Northeast, West, and Central highland regions in 26 provinces of Afghanistan.

UNFPA distributed 570 blankets and 40,935 tarpaulin sheets through MHTs to 40,935 women of reproductive age, women-headed households, women with disabilities, and refugees and returnees in Helmand, Takhar, Nuristan, Badakhshan, Kunduz, Balkh, and Baghlan provinces.

International Rescue Committee (IRC)

During the month, 35 MHNTs and 5 fixed centers were activated and provided primary health care services in white areas in 11 targeted provinces.

IPC mentorship was active and conducted from 71 targeted health facilities.



OPD consultation through MHT in Chaparhar district of Nangarhar province (Credit - IRC)

Action Against Hunger (AAH)

AAH provided lifesaving primary health care and acute malnutrition treatment services in Helmand, Ghor, Badakhshan, Daikundi, and Kabul Provinces through:

Establishing 2 TFUs and 20 SHCs in Helmand province.

Deployment of 16 IMHNTs in Ghor, Helmand, Daikundi, and Badakhshan provinces.

Establishment of 2 TFUs in Ghor, 1 TFU in Daikundi, 1 TFU in Badakhshan and 1 TFU in Kabul.



Distribution of food and medical supplies to the MHNTs in Khwahan district of Badakhshan province (Credit - AAH)

SUCCESS STORIES

International Medical Corps (IMC)

Roqia, a 33 years old woman, lives in Tarako village of Nangarhar province with her husband and children. Roqia’s husband is a farmer and the breadwinner of his eight-member family. Unfortunately, he does not have his own plot of land and has to work for others. He works long, hard hours, but his income is not enough to sufficiently support his family.

In addition, the family lacked access to healthcare services which led to their son, along with hundreds of other children, experiencing ongoing illnesses without treatment.

Realizing the need for healthcare services in remote villages like Tarako, an International Medical Corps mobile health team started visiting villages in the area to serve the vulnerable people there.



Provision of primary health care services through MHT in Nangarhar province (Credit - IMC)

“Before the mobile team began coming to Tarako, we were supposed to visit the district clinic, which is far from us and the other surrounding villages,” said Malik, a community elder in Tarako.

When Roqia heard about the mobile team, she immediately brought her three-year-old son Rafiullah to be treated. Her son had fever, and he had been coughing for days. The doctor diagnosed Ragiullah with pneumonia and provided medicine for him. After three days of treatment, the child’s condition improved, and the doctor advised bed rest until he felt better. He also advised Roqia to visit the mobile health team when they come to her village to address any other health issues she or her family might have.

“We had given up hope for our son’s survival. We believed he wouldn’t live long,” said Roqia. “We’re grateful to International Medical Corps for coming to our village and providing him with treatment.”

MOVE Welfare Organization

A 24-year-old patient called Hamida resident of Korga village in Daikundi province was brought to the Family Health House (FHH) on a frigid February night in 2023 to give birth. With the aid of HF’s midwife, the patient gave birth. The newborn had respiratory problems soon after birth and didn’t cry for the first minute.



Normal delivery at the FHH in Daikundi province (Credit - MOVE)

The midwife then started the resuscitation process to get the baby’s breathing back to normal, and once that was done, the baby’s health condition improved. After receiving oxygen and appropriate consultation, the newborn was also kept in the baby warmer for two hours until her condition returned to normal. She then sucked on her mother’s breast milk normally and was kept under close observation for more than six hours to achieve a normal situation for both mother and child. The woman was requested for follow-up appointment after receiving instructions on breastfeeding, cleaning, and caring for the infant. The mother and the other members of her family were grateful for getting timely proper services.

Humanitarian Assistance and Development Association for Afghanistan (HADAAF)

Atifa is a 40-year-old woman who lives in Mangalzai village of the Nawa district of the Helmand province. She lost her husband due to recent conflicts. She has 6 children, 5 girls, and a 10-year-old son. The burden of supporting her family with a low income became a source of stress and anxiety.

Once she visited Mangalzai HSC for her chest problem, during the examination, the doctor found that along with her chest issue, she has also severe mental illnesses that need to be introduced to the clinic's female psychosocial counselor.

The psychosocial counselor gave her enough time and got her history. The psychosocial counselor realized that because of her family problems, as she does not have someone to support her and her family, and the economic issues she is struggling with, have led to mild to severe depression. After noticing her suicidal tendencies, the counselor carried out a detailed assessment and found that the problem originated when Atifa lost her husband and had to take care of her family alone. Therefore, the psychosocial counselor started standard treatment of Atifa and called her for follow-up visits.



Psychosocial counseling through HSC in Helmand province
(Credit - HADAAF)

After frequent visits to the clinic, Atifa saw that her mental health condition is improving, and she also learned how to effectively cope with the stress and other elements of depression. Now she is fine and pursuing her normal life with her family.

She states, "I am confident and able to take care of my family and children. I thank the health workers from the depth of my heart who provided healthcare services to hundreds of families who are underserved and cannot afford their treatment through private clinics. I am so happy and glad that the hope to live and care for myself and my family has found me again and the meaning to breathe with commitment.

Information Sources

Health Cluster: <https://response.reliefweb.int/afghanistan/health-cluster-afghanistan>

World Health Organization (WHO): <http://www.emro.who.int/afg/information-resources/>

World Health Emergency (WHE) Health Information Hub: <https://dashboard.whe-him.org/>