Afghanistan
Emergency Type: Level 3 Emergency
Reporting Period: 1-31 January 2022

HIGHLIGHTS

- As of 31st Jan 2022, a total of 163,742 confirmed cases and 7,417 deaths were reported due to COVID-19. The recovery rate is 89.5% with a 4.5% Case Fatality Rate (CFR).

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

- A total of 519 (95%) functional surveillance sentinel sites in 34 Provinces, which submitted reports through the Disease Early Warning System (DEWS).

- A total of 3,090 medical kits (2,844 IEHKs, 242 TESKs, 3 Pneumonia, 1 Cholera Kits) were delivered by WHO to the 135 health facilities in 34 Provinces. These supplies cover the basic needs of the 2,874,500 population for three (3) months including 12,100 major and minor surgeries.

- In January, a total of 115,739 individuals received COVID-19 vaccination

- In Jan 2022, IOM is operating in 12 Provinces (Badghis, Badakhshan, Balkh, Ghor, Herat, Kabul, Helmand, Kandahar, Kunduz, Nangarhar, Nimroz and Takhar) directly provided life-saving essential health services to returnees, IDP and host communities through its 19 (MHTs), 50 RRTs, 4 Tuberculosis Active Case Finding (ACF) teams and 21 COVID-19 vaccination teams.
SITUATION UPDATE

- The country is currently facing multiple outbreaks, including COVID-19, measles, Acute Watery Diarrhea (AWD), dengue fever and malaria, which have increased the burden on the already fragile health system.
- Population growth, internal displacement, higher rate of cross-border returnees are contributing to increased strain on limited resources, livelihood opportunities and basic services like health, nutrition, education, shelter, and clean water.
- According to the Humanitarian Need Overview for Afghanistan, in 2022, more than 24.4 million people, out of the total estimated population of 41.7 million, will be in need of humanitarian health assistance, out of which 18.1 million are in need of health assistance.
- Among 18.1 million people in need of health services, 3.19 million are children under 5 years old, 348,621 women are expected to become pregnant in 2022, and 482,627 are elderly and those with early-onset chronic diseases.
- At the same time, the infant mortality rate is 46.5 per 1,000 births, and maternal mortality rate is projected 638 deaths per 100,000 births. Pregnant women are in dire need of pre and post-natal care as well as access to skilled birth attendants. An estimated 20% of deliveries and 20% of newborns will require life-saving emergency interventions in Afghanistan.
- An updated Integrated Food Security Phase Classification (IPC) analysis indicates that in the first quarter of 2022, around 23 million people or 55% of the population are expected to be in crisis or emergency level of food insecurity (IPC 3 and 4), out of this some 8.7 million people projected to be in IPC 4, which is the highest number in the world.
- Emergency reproductive, maternal and child health services are not readily accessible to a significant part of the vulnerable population due to limited provider capacity, including a weak referral system.
- The COVID-19 pandemic provides another layer of complexity to one of the most challenging humanitarian emergencies. The health cluster partners continued supporting the COVID-19 response interventions to control the transmission of the virus through the provision of vaccinations and continued surveillance, laboratory diagnosis, treatment, and ICU care, promotion of infection prevention and control measures, and risk communication and community engagement to promote adherence of preventive measures. WHO and UNICEF continue supporting MoPH in the roll-out of COVID-19 vaccination.

PUBLIC HEALTH RISKS, NEEDS, GAPS AND PRIORITIES

- COVID-19 hospitals in Logar, Bamyan, Daikundi, Badakhshan, Farah and 2 hospitals in Kabul are closed, and the other COVID-19 Hospitals under MoPH are facing with a critical shortage of food, fuel and other required supplies. This is one of the major challenges for COVID-19 case management. Advocacy is needed to mobilize resources for the continuation of services in designated COVID-19 hospitals and diagnostic laboratories.
- In January, there were a number of natural disasters; an earthquake with 5.2 magnitude in the Qadis district of Badghis province that affected around 1,000 families, a landslide in Shahrak district of Ghor province and floods in Guzara district in Herat province. Moreover, due to recent heavy snowfalls, roads from Ghazni-Nawa and Ghazni-Jaghuri have been blocked and it affected the shipment of medical supplies to the various locations.
- The AWD outbreak continued in Kabul Provinces
- Recently, a cluster of confirmed malaria cases has been reported from Alishang district of Laghman province, which is one of the key endemic areas for malaria outbreak.
- Measles outbreak is reported from all over the country, which is a major public health issue in the country.
- Rehabilitation of Health Facilities, which has been affected due to the last conflict, is urgently needed to resume.
- Provision of rabies vaccine is most needed in the central region.
- Enhanced Risk Communication and Community Engagement (RCCE) campaigns for COVID-19 and measles vaccinations required to be continued.
- Need of developing Mass Causality Management plan for the HFs not having such plans.
- There are white areas in the country that need PHC support. The health cluster partners to mobilize resources and sustain the critical life-saving health services in white areas and remote locations to minimize maternal, child, and other avoidable morbidities and mortalities.
DISEASE EARLY WARNING SYSTEM (DEWS) AND EPIDEMIOLOGICAL UPDATES

Surveillance performance

- A total of 519 functional Surveillance sentinel sites - 95% have submitted reports for January 2022.
- A total of 1,921,417 new consultations – 801,724 (41.7%) were due to Surveillance targeted diseases.

Morbidity

The leading causes of morbidity among all age groups were ARI and ADD (Figure 1). The breakdown of the leading morbidity is as follows:

- ARI (Cough and Cold): 532,753 accounting for 27.7% of total consultations.
- Acute Diarrheal Disease (ADD): 121,253 accounting for 6.3% of total consultations.
- ARI (Pneumonia): 122,107 accounting for 6.3% of total consultations.
- A total of 1,065 deaths were reported this month, of which 420 were due to Surveillance targeted diseases.

COVID-19 updates since the onset of outbreak (Feb 2020 – Jan 2022).

- As of 31 Jan 2022, a total of 163,742 COVID-19 cases reported from 34 Provinces.
- The COVID-19 confirmed cases and deaths are illustrated in figures 2 and 3. Overall recovery rate is 89.5%.
- The total number of COVID-19 deaths is 7,417 (CFR: 4.5%).
- COVID-19 case distribution by gender is 58% male and 42% female. The average age is 39 years (Fig. 4).
- COVID-19 cases reported in Jan 2022 shows a significant increase compared to the cases in Dec 2021. (Fig. 5).
- The confirmed COVID-19 cases among health workers reached to 4,738 cases, and the increase is reported mainly in Herat, Kabul, Nangarhar, Balkh and Kunar Provinces.
- A total of 519,985 laboratory tests were performed in the designated public health laboratories. The current testing rate is 2,855 tests per 100,000, and the positivity rate is 31.9%.
The map below shows the geographical distribution of COVID-19 cases since the onset of outbreak (Feb 2020 – Jan 2022).

Figure 2: Geographical distribution of COVID-19 cases.

The chart below shows the Epi-curve of COVID-19 cases and deaths since the onset of outbreak (Feb 2020 – Jan 2022).

Figure 3: EPI curve of COVID-19 cases and deaths as of 31 Jan, 2022
The chart below shows that the case distribution in both genders (male and female). Among all the age groups - the group between the ages of 18-40 years is higher as compared to the other age groups.

The chart below shows a significant increase in cases reported in Jan 2022 as compared to Dec 2021.
COVID-19 Updates – Afghanistan – 1-31 January 2022

<table>
<thead>
<tr>
<th>Period</th>
<th>Confirmed cases</th>
<th>Confirmed deaths</th>
<th>Recovered</th>
<th>Samples tested</th>
<th>Vaccine coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2022</td>
<td>5,630</td>
<td>61</td>
<td>981</td>
<td>34,590</td>
<td>115,739</td>
</tr>
</tbody>
</table>

- A total of 34,590 samples tested.
- A total of 5,630 confirmed COVID-19 cases with 61 deaths, which shows a significant increase as compared to 724 confirmed cases in Dec. 2021.
- A total of 981 cases reported were recovered.
- A total of 115,739 individuals received COVID-19 vaccination in Jan 2022, which shows a great decrease to a total of 420,372 individuals received full COVID-19 vaccination in Dec. 2021.
- WHO provided with support to establish 35 public health laboratories, to perform confirmatory test, with a maximum capacity of more than 8,252 tests per 24 hours.
- As of Jan. 2022, WHO supported MoPH with 58 PCR machines, 46 ECG machines, 701 vital sign monitors, and trained 306 laboratory personnel on PCR.
- A total of 170 Rapid Response Teams (RRTs) have been newly deployed through the technical and financial support of WHO to investigate COVID-19 outbreaks in 34 Provinces, and 474 RRT members received Training of Trainers (ToT) on case investigation, specimen collection, health education and referrals.
- WHO provided with 38 ventilators to designated COVID-19 hospitals and trained 4,508 health care workers on Infection Prevention and Control (IPC), 1,852 health workers on case management and 1,287 ICU staff on ICU care.
- WHO provided support to two implementing partners to implement the risk communication and community engagement (RCCE) to ensure awareness, social mobilization, and to re-enforce adherence of COVID-19 prevention measures.

Attacks on Health Care
- So far in 2022, 1 attack on health care facility is reported from Herat city. This resulted in death of one health care worker. No health facility closed.

Health Cluster Action
- Continued Health Cluster Coordination meetings at national and sub national levels to ensure effective coordination with health cluster partners and stakeholders on humanitarian health service delivery.
- Two national health cluster meetings and one regional meeting were conducted in Kabul with the participation of the health cluster partners including MoPH, UN agencies, donors, and international & national organizations implementing humanitarian health services.
- Health cluster partners conducted risk communication and community engagement activities through which a total of 190,804 individuals were provided with health information on various health topics.
- Health cluster conducted one day workshop for health cluster partners to provide an orientation on cluster approach including roles and responsibilities; and review and finalize the health cluster annual work plan for 2022.
- HC activities and indicators have been reviewed, finalized and uploaded to the ReportHub for health partners to report on monthly basis.
- Health Cluster IM-WG has been established with an aim to improve data collection, quality and information dissemination; and introductory training for the HC-IMWG focal points, on the use of ReportHub, has been conducted.
- HCC team continued with participation in HC-TWG i.e., RMNCAH WG & Pharmaceutical & Supply Chain Management (PSCM SG); and continued coordination with inter-clusters (WASH, Nutrition, CCCM WG) & the ICCT OCHA.
- Organized an orientation session on Accountability to Affected People (AAP) & PSEA to HC partners in cooperation with AAP WG & PSEA focal persons.
Reproductive and Child Health, January 2022

- A total of 118,204 children were immunized for Penta-3, and 116,268 children received measles vaccination.
- A total of 328 normal deliveries were conducted by Skilled birth attendants through primary health care centers deployed by health cluster partners including WHO.
- A total of 389,379 mothers visited health facilities for Antenatal Care (ANC), while the number of Postnatal (PNC) visits reported 210,066 during the month.

HEALTH CLUSTER PARTNERS UPDATES

WHO

- WHO continued its support to MoPH in response to COVID-19 under 8 pillars (Coordination, Surveillance, Risk Communication and Community Engagement, Laboratory, Points of Entries, Case Management, Infectious Prevention and Control, and Logistics).
- As part of the assistance to health care facilities under the SEHATMANDI project, WHO supported 1,202 health facilities in 17 Provinces and covered salary of 14,000 health care workers for month of Jan 2022.
- In response to the measles outbreak, WHO supported a measles vaccination campaign in 6 Provinces. The campaign targeted 1.4 million children aged 9-59 months.
- The national vaccination campaign was conducted. This was the second nation-wide campaign after the transition of government.
- WHO and UNICEF jointly conducted a COVID-19 vaccination acceleration campaign in all 34 Provinces.
- In response to dengue fever in Nangarhar province, WHO is supporting the provision of vector surveillance and control supplies to strengthen the outbreak response. Additionally, a public information TV and Radio campaign has been supported to raise awareness among population of Nangarhar.
WHO is supporting to strengthen malaria testing, case management and surveillance in the country; and supplied anti malaria medicines to 8 health facilities located in Alishang district of Laghman province in Jan.

As part of an emergency response treatment of more than 1,000 children suffering from severe acute malnutrition, WHO airlifted 34.6 tons of life saving health supplies to Afghanistan. This supply can treat 150,000 people in need of medical care for three months.

WHO conducted 3 days ambulance training for 57 nurses from Daikundi, Bamian, Logar and Wardak Provinces.

WHO supplied 3 blood refrigerators (1 to each Parwan PH, Lolenj DH, and Barake Barak DH), 4 patient monitors to Parwan DH and 2 for Lolenj DH, and 4 Oxygen concentrators to Baghlan PH for responding to urgent needs.

Currently, WHO is supporting 24 MHTs and SHCs in underserved areas of Herat, Badghis, Helmand, Nangarhar, Laghman, Kunar and Nuristan Provinces.

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Currently, WHO is supporting 24 MHTs and SHCs in underserved areas of Herat, Badghis, Helmand, Nangarhar, Laghman, Kunar and Nuristan Provinces.
WHO also conducted 2-days training on psychological first aid and stress management for 220 community health workers (CHWs) and community health supervisors (CHS) across Afghanistan. Recently 55 of them just completed the said training from Eastern Provinces.

IOM

From 1-31 January 2022, IOM is operating in 12 Provinces (Badghis, Badakhshan, Balkh, Ghor, Herat, Kabul, Helmand, Kandahar, Kunduz, Nangarhar, Nimroz and Takhar) directly provided life-saving essential health services to returnees, IDP and host communities through its 19 Mobile Health Teams (MHTs), 50 Rapid Response Teams (RRTs) including IOM partners, four (4) Tuberculosis Active Case Finding (ACF) teams and 21 COVID-19 vaccination team. IOM has been supporting also 69 health centers and 14 health posts, and four (4) COVID-19 treatment centers provincial hospitals through national NGOs (RHDO and OHPM) with 100 beds capacities in four (4) Provinces (Kandahar, Helmand, Heart and Nangarhar).

During this reporting period, IOM and partners conducted a joint monitoring and a post patient satisfaction survey visit in the four Provinces (Kandahar, Helmand, Nangarhar and Herat) to check the progress of the project activities, identify and address the challenges timely.

IOM developed a detailed referral guideline for mental health and psychosocial cases to strengthen linkages and interface between partners working in the Mental Health and Psychosocial Support (MHPSS) thematic areas. The main achievements in January 2022 were as follows:

- A total of 16,120 people reached through medical consultation by MHTs. Of these, only 2,824 were women and girls. The proportion of women and girls receiving health services drastically decreases compared to the report to the last month. This probably explained by the new policy of movement restriction imposed on women and girls by the de facto government.
- A total of 5,481 women and girls reached through reproductive health care services. Of these, 2,254 women and adolescent girls attended antenatal (ANC) and 949 postnatal (PNC) follow up and consultation sessions, over 794 assisted with skilled health facility delivery, and close to 1,579 received family planning counselling and guidance services.
- A total of 75,096 people (43,244 males and 31,852 female) reached by IOM health education and awareness activities.
- A total of 1,861 (290 males and 1,571 female) affected people with the crisis received MHPSS.
- A total of 13,001 (6,470 males and 6,531 female) returnees, IDPs and host communities affected by the crisis vaccinated against COVID-19.
- 24,983 (9,652 males and 15,331 female) people screened for tuberculosis at Points of Entry (PoEs), IDP settlements and, under served host communities, and off which 43 (24 males and 19 female) were confirmed cases.
- Over 505 people also were referred to higher level health facilities for a critical life-saving health care service.
- A total of 672 COVID-19 cases were being managed at four supported COVID-19 hospitals.
UNFPA

In January 2022, UNFPA and its local and international implementing partners, delivered a series of sessions on Essential Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Care Services through several service delivery points across the country. The sessions have reached a total of 58,355 people (46,427 females and 11,928 males).

- Kabul, UNFPA and IMC supported three integrated mobile teams to deliver life-saving assistance for the displaced families in various internally displaced settlements in Kabul. A total of 6,738 persons received lifesaving health services. This initiative is funded by the Bureau of Population, Refugees and Migrants (BPRM).
- Nangarhar, Kunar and Laghman Provinces, UNFPA and Agency for Assistance and Development of Afghanistan (AADA), with the funding support from DFAT, supported four integrated mobile health teams provided an integrated package of health, psychosocial and nutrition services, and reached a total of 6,340 vulnerable and displaced people.
- Nangarhar and Laghman, UNFPA and AADA supported four Basic Health Centers providing an integrated package of health, psychosocial and nutrition services to 8,677 vulnerable and displaced people. The intervention is funded by the Bureau of Population, Refugees and Migrants (BPRM).
- Herat, UNFPA in partnership with AADA and funding support of Italian Agency for Development Cooperation (AICS) continued to support the full functionality of Sharak-e-Sabz Basic Health Center and Afghan Returnees Transit Center that provided an integrated package of health and psychosocial support treating 2,830 returnees and IDPs. Similarly, UNFPA with partnership with AADA and with the funding support of BPRM supported two integrated mobile health teams provided an integrated package of health, psychosocial and nutrition services to 2,757 vulnerable and displaced people.
- Nimroz, UNFPA and its partner MOVE Welfare Organization supported full functionality of the health center at the border point with Iran. The health center provided 2,717 returnees and deportees with health screening and treatment services. This intervention are funded by the Italian Agency for Development Cooperation (AICS).
- Takhar, UNFPA and AADA, with funding support of BPRM, supported one MHT in Takhar and reached 1,522 IDPs and host communities with essential health services.
- Kandahar, UNFPA and HealthNet Transcultural Psychosocial Organization (HNTPO), with funding support of AICS, supported the Spin Boldak Health Center and provided essential health services to 2,565 returnees and host communities. Moreover, with funding support of BPRM, UNFPA and HNTPO supported one MHT in Kandahar and provided 2,590 IDPs and host communities with essential health services.
- Nangarhar, UNFPA and AADA, with the funding support of DFAT, maintained the full functionality of a zero-point clinic at the border crossing in Torkham and reached 534 returnees and host communities with integrated health and psychosocial services.
- January, a total of 80 Inter-Agency Reproductive Health Kits (IARH kits) were distributed to various health facilities in Takhar, Kundoz, Baghlan and Balkh Provinces. These IARH kits aim to address the reproductive health commodities and supplies needs.
International Medical Corps (IMC)

IMC (International Medical Corps) implements a project (Life-Saving Basic Primary Health Services, Trauma Care Services, and Referral Services to Conflict-Affected People) in Kunar, Nuristan, and Paktika Provinces with the support of the **GAC (Global Affairs of Canada) Fund**. Through this project, IMC intends to complement the existing Basic Package of Health Services (BPHS) and provide health services in areas where existing BPHS facilities are either not functioning or overwhelmed. As well as trauma care (TC) services for physical trauma cases and causalties, they are a critical part of health cluster priorities. The health cluster and Humanitarian Response Plan (HRP) 2022 also endorsed and recommended the provision of basic primary health services for conflict-induced internally displaced persons (IDPs) and underserved local communities. The project started on April 16th, 2021 and will be completed by April 15th, 2022. IMC established seven sub-health centers, one mobile health team, and six first-aid trauma posts. The provision of ambulances for each First Aid Trauma Post, the construction of an emergency room/operation theater, and the provision of medical equipment and supplies for the CHC and hospital.

The major achievements in the month of January 2022 through project are:

- January, a total of 14,555 people (m/f) were reached through humanitarian assistance activities in Afghanistan’s Kunar, Nuristan, and Paktika Provinces, broken down by gender and age.
- In voluntarily exit interviews, the percentage of beneficiaries who reported satisfaction with IMC health services was broken down by gender (96%).
- The number of people directly benefiting from the sexual and reproductive health and rights (SRHR) services, through GAC-MHD funding delivered by International Medical Corps, disaggregated by gender and age in January was 2,009.
- Beneficiaries receiving trauma care services, broken down by gender and age, were 1,197.
- Minor surgical procedures performed through the supported provincial hospital disaggregated by gender and age in January was 648.
- Major surgeries provided through the supported provincial hospitals disaggregated by gender and age in January was 179.
- OPD consultations provided to women, men, boys, and girls in the supported healthcare facilities disaggregated by gender and age in January was 14,323.
- ANC consultations (1st ANC visits) provided at the supported SHCs and MHTs in January was 285.
- January, 70 skilled birth attendances were provided at the supported seven SHCs.
- People provided with modern contraception (by method) through GAC-funded projects in January was 201.
- Under-one children provided with vaccination (full immunization) at the supported SHCs and MHT disaggregated by gender in January was 171.
- A total of 3,375 people were vaccinated (COVID-19) by IMC-supported vaccinators and 15,201 people participated in awareness raising in Kunar province.
- The MISP (Minimum Initial Service Package) training was conducted for 15 participants.
HealthNet TPO
HealthNet International TPO (HNI-TPO) provides emergency life-saving health, nutrition, MHPSS, and trauma care services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar Provinces through funding from UNOCHA/AFH. In January 2022, HNI-TPO provided dignified health, nutrition, MHPSS, and trauma care services to 46,273 vulnerable people, particularly women and children, in underserved and hardest-to-reach locations of the aforementioned Provinces due consideration to the humanitarian principles. The main achievements during Jan 2022 are as in the following:

- 24,945 patients, mostly women and children, received OPD consultation services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar Provinces.
- 1,854 pregnant women received antenatal care (ANC) services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar Provinces.
- 40 home delivery attended by the MHT midwives with all essential maternal and newborn care services in Kabul, Kandahar, Kunar, and Laghman Provinces.
- 1,145 mothers received postnatal care (PNC) services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar Provinces.
- 140 women of childbearing age received family planning services in Kandahar province.
- 2,189 women of childbearing age received TT2+ vaccine in Kabul, Kunar, Laghman, and Nangarhar Provinces.
- 713 children under two received Penta 3 vaccine in Kabul, Kunar, Laghman, and Nangarhar Provinces.
- 1,351 vulnerable persons received psychosocial support services in Kabul and Kandahar Provinces.
- 1,214 vulnerable persons received COVID-19 risk communication and awareness services in Kunar and Laghman Provinces.
- 1,214 vulnerable persons received health education on various health and nutrition topics in Laghman and Kunar Provinces.
- 6,202 patients received trauma care services by FATPs in Kabul, Kunar, and Laghman Provinces.
- 2,400 trauma cases, which needed advanced trauma care, were treated in the Nangarhar Regional Hospital (NRH) Trauma Center.
- 1,419 children under five received nutrition screening services in Kunar and Laghman Provinces.
- 107 severely acute malnourished children under five enrolled in the severe acute malnutrition (SAM) treatment program in Kunar and Laghman Provinces.
- 18 severe acute malnutrition (SAM) children were cured in Kunar and Laghman Provinces.
- 315 moderate acute malnourished children under five admitted in management of acute malnutrition (OPD-MAM) program in Kunar and Laghman Provinces.
- 266 moderate acute malnourished children under five were cured after receiving acute malnutrition management services through the OPD-MAM program in Kunar and Laghman Provinces.
- 932 PLWs received malnutrition screening services in Kunar and Laghman Provinces.
- 318 acute malnourished pregnant and lactating women received treatment services for acute malnutrition (OPD-MAM) in Kunar and Laghman Provinces.
- 679 children under two received growth monitoring services, and their mothers received recommended IYCF counseling in Kunar and Laghman Provinces.
- 26 frontline health workers received training on health, Nutrition, and MPHSS topics in Kunar, Laghman and Nangarhar Provinces.
Bakhtar Development Network (BDN)

- Bakhtar Development Network (BDN) is operating in 3 Provinces of Takhar, Baghlan, and Balkh reaching out to a total of 3,570,324 populations by implementing various developmental projects in terms of health services, nutrition, hygiene, and community development through 280 networks of HFs whilst 2153 Health Posts are also functional providing HP level services and referrals. All HFs in the three foresaid Provinces are functional with appropriate staffing, supplies, and equipment.

- With the support of the World Food Program (WFP) provided nutrition services in Balkh and Takhar Provinces under the TSFP project including 5224 children with moderate acute malnutrition and 2492 Pregnant and lactating women having acute malnutrition for which 104.438 MT food commodities were distributed.

- With the support of UNDP/GF continued implementation of the Malaria project in Balkh, Baghlan, and Takhar Provinces where 877 Malaria suspected cases were tested and 2 cases diagnosed as positive and treated at health facility levels. Likewise, Rapid Diagnostic Tests (RDT) applied for malaria by community health workers (CHWs) at HP levels where 759 Malaria suspected cases were tested and 5 positive cases reported and treated.

- With the support of UNICEF has launched the provision of essential and life-saving health and nutrition services for children and women in need affected by the emergency in Afghanistan through Mobile Health and Nutrition Teams (MHNT) in Balkh, Baghlan, and Takhar Provinces. The project has started its activities and planned to serve 1,872,000 affected populations (1,033,000 women and 839,000 children).

International Rescue Committee (IRC)

RCCE activities are ongoing in 9 Provinces of Afghanistan. IRC Recruited technical staff and procured medicine and medical equipment for 30 MHTs in Kabul, Laghman, Nangarhar, Logar, Paktia, Khost, Herat, Helmand, Badghis and Bamyan in January, the field activities will be started Feb 2022

- RCCE activities are in progress in nine Provinces of Afghanistan (Kabul, Laghman, Logar, Paktia, Khost, Helmand, Herat, Badghis and Bamyan)

- IRC conducted Community health promotion training for 908 community elders in Herat, Kabul, Khost, Laghman, Logar and Paktia Provinces include 170 Female.

- IRC conducted 13511 houses to house visit in Herat, Kabul, Khost, Laghman, Logar and Paktia Provinces to cascade health promotion mhealth related message into household level. As result 90135 individual received health education
(ANC, PNC, IYCF, Breast feeding, Malnutrition, hygiene, WASH and Covid-19 messages) and public awareness. include 44842 girls and women.

- During house-to-house visits, a total of 772 under five children, which was suffering from severe acute malnutrition are identified and referred them to nearest health facility.
- IRC have been selected 200 new communities in each province of Badghis, Bamyan and Herat under BHA grant. IRC conducted IPC training at Helmand, Kabul, Laghman and Logar Provinces for 66 HCWs include MD, Nurse, Midwife, Nutrition consular, vaccinator, health educator distribute.

HADAAF

- Provided primary Health Care services including ANC, PNC, vaccination, screening for COVID-19, psychosocial counseling and delivery to IDPs and host communities of Khost province through Golan CHC and 3 MHTs funded by Johanniter International
- In response to COVID-19, HADAAF conducted Risk Communication and Community Engagement (RCCE) session, collected samples for COVID-19 and distributed weekly Iron folic acid supplement (WIFS) to adolescent and out-of-school age girls at community level in Nangarhar and Balkh Provinces.

Medair

Medair Afghanistan have been operational in Afghanistan since 1996 and currently have a presence in three Provinces (Kandahar, Uruzgan and Daikundi) running integrated health, nutrition, WASH and FS projects. Through the support of BHA and Swiss Solidarity funding, the team is running six MHNTs in the mentioned Provinces.

- January 2022, Medair have provided IMNCI OPD consultations for 1,521 children under five. The achievement is below the target not since operations in Daikundi Provinces interrupted due to inaccessibility resulted from heavy snowfall.
- Comprehensive SRH care (ANC, PNC and safe delivery advise) was given to 302 mothers in Kandahar and Uruzgan Provinces.
- A total of 5,719 children Under five and 2379 PLW got malnutrition screening and 1,110 children and 631 PLW newly admitted to OPD SAM and OPD MAM treatment program.
- More than 5,690 community members received COVID-19 prevention messages through facility and outreach activities including through use of BCC cascade groups. In addition, 4207 primary caregivers of children under two have received individual and group counselling on MIYCN (IYCF).
- PSS counselling provided to 269 clients through trained PSS lay counselors.
- 32 MHNT staff received comprehensive training on IMNCI and SRH in the reporting month. Moreover, 60 Community volunteers have got a two-days training on outreach activities on the topics of key health and nutrition messages, defaulter tracing and health promotion.
- Regular coordination with different partners continued.

SAF

- Delivering BPHS/EPHS health services in Jawzjan, Saripul, Samangan and Faryab Provinces and ensuring the continuity of delivery of health services to the people in the community through 235 HFs including one PH.
- Provision of pharmaceutical supply, and non-medical supply to all 235 HFs in targeted Provinces.
- Takeover of the BPHS HFs from AHEAD organization in Samangan province.
- Totally 1,199,211 beneficiaries (434,593 Male and 764,618 Female including 424,012 children under five) has been received health services during the project period in targeted Provinces (Jawzjan, Faryab, Samangan, and Sar-e-pul).
- Extension of the contract of all HFs staff based on the project contact for three months (form 1st November 2021 till 31 January 2022).
- Provision of medical, non-medical, and winterization supply for all HF in targeted Provinces.
- Timely payment of the salary of HFs, and management staff.
- Regular Supervision/ monitoring feedback/follow-up of HFs by M&E department of SAF HO and supervisors of SAF POs.
- Participation in Joint monitoring conducted from Sehatmandi HFs by WHO PMU focal points in targeted Provinces.
• Developing of follow-up action plan for addressing the weekly monitoring findings of WHO PMU provincial focal points.
• Regular recording and reporting from performance of Sehatmandi project in targeted Provinces.
• Timely and successful data entry of Sehatmandi project HFs in HiRAMS database.
• Strong coordination mechanism with PPHDs, MoPH, WHO and other stakeholders at central, and provincial level.
• The project target indicators are achieved, and the work plan of the project is implemented on time.
• Winterization supply provided for all HFs of Jawzjan, Sarepol, Samangan, and Faryab Provinces.

JACK
• The project indicators are achieved and over performances were there such as delivery, ANC, PNC, Family Planning, CYP, Growth monitoring and so on
• Measles acceleration campaign is conducted in the Kunduz province to control the measles outbreak
• All JACK under coverage health facilities in Kunduz, Kabul and Parwan Provinces are 100% supervised and monitored in January 2022.
• GPS of the Kabul health facilities was not available from many years; so JACK team could collect GPS points and shared with WHO
• JACK is elected as member of AAHF advisory board member
• For Community Engagement – All the Health Facilities Shura or councils are conducted; and all health posts Shura are conducted as well as Family Health Action Groups were active
• Medicines are supplied for those health facilities which they were shortage
• Pharmacy clinical audit is conducted from health facilities to decrease and control the percentage of antibiotics, analgesic and also apply NSTG.
• Weekly COVID-19 update is shared with Northeast region OCHA Office
Weekly COVID-19 update is shared with Northeast region office of WHO. The following committees have been established and meetings were conducted in HFs: i) HMIS committee; ii) Mortality and Morbidity Committee; iii) HQIP committee; iv) Refusal committee; v) IP Committee; vi) Pharmacy committee; and vii) EPR Committee

Weekly basis the performances are followed up and targets are set

Weekly basis the ARI cases and COVID-19 screening data are collected from health facilities to show where the COVID-19 is in peak to promptly have the intervention in that place

Internal Verification Mechanism is conducted in health facilities for data quality (Consistency and Accuracy of Data)

HQIP is applied in some health facilities and it is going on

Penta-3 and TT acceleration campaign plan is developed and will be conducted in this month February 2022

Success Story - INTERSOS

Najibullah S/O Mohammadullah is a 7 months of old children living in Sohbat Karez village of Zheray District of Kandahar Province. He belongs to a very poor family and his father is Farmer – this child was suffering from the Malnutrition in the first visit his MUAC was 10 – and we admit him as a severe acute malnutrition (SAM) case in the feeding program and we give him RUTF based on the protocol and standard, then we checked him and followed him accordingly and gradually his MUAC was increased after 3 months of treatment his MUAC become 12.6 and we discharge him as a cure child with no malnutrition.

His father said science INTERSOS is doing services in this village we are very happy and all of us have easy access to this Health Facility and there services, before we had a lots of problems that the Health facilities were very far and we did not have access to them because of our financial situation the cost was very high to get services from there but now we are so happy that we have access to primary health care services near our houses within our village.

Success Story – QRCS

Ihsanullah S/O Mohamad Zarif 9-months Old baby, the resident of Chaharso 3rd District, he belongs to a poor family, due to lack of enough food, he developed weakness, lethargy loss of weight and dermatitis, often he suffered from different kinds of diseases, he came to CHC for treatment of his baby sickness. While he has been checked, the Doctor found that he has developed malnutrition, he is registered there with nutrition department, then the Doctor advised him for RUTF for 15 days, continually called for follow up check up and getting RUTF for his treatment, mother of Ihsanullah regularly visited clinic for his check up and getting RUTF, after each dose his growth and weight has increased, his skin and health condition goes to improvement, after 3 months duration his health condition totally improved, in the faces of his mother and poor father happiness was seen, they thanked CHC staff and those people whom are sponsoring the CHC financial cost, finally they thanked QRCS staff and prayed for all those whom helped for their baby’s treatment.
PLAN FOR NEXT MONTH

- Prepare to organize a consultative workshop of health cluster partners to discuss thematic and geographical priorities to ensure essential humanitarian health services are prioritized to deliver in the underserved areas and people most in need.
- Complete the recruitment of regional health clusters to expand the health cluster coordination structure to strengthen coordination with health partners and inter-cluster groups at regional and provincial levels.
- Continue with the health cluster coordination meetings at central and regional levels.
- Establish Health Cluster Information Management Working Group (HC-IMWG) and provide training for capacity building of the IM focal persons of the health partners; and regularize the meeting of the working group.

CONTACT US

<table>
<thead>
<tr>
<th>COORDINATION TEAM</th>
<th>INFORMATION MANAGEMENT TEAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jamshed Tanoli</td>
<td>Mutaseem Mohammad</td>
</tr>
<tr>
<td>Health Cluster Coordinator</td>
<td>Health Cluster - Information Management Officer</td>
</tr>
<tr>
<td><a href="mailto:tanolij@who.int">tanolij@who.int</a></td>
<td><a href="mailto:mohammadm@who.int">mohammadm@who.int</a></td>
</tr>
<tr>
<td>Umesh Kattel</td>
<td>Irfan Sarwar Ghumman</td>
</tr>
<tr>
<td>Health Cluster Support Officer</td>
<td>Health Cluster - Information Management Specialist</td>
</tr>
<tr>
<td><a href="mailto:kattelu@who.int">kattelu@who.int</a></td>
<td><a href="mailto:ghummanij@who.int">ghummanij@who.int</a></td>
</tr>
<tr>
<td>Dr. Shah Mansoor Staniczai</td>
<td>Hosna Hamidi</td>
</tr>
<tr>
<td>Health Cluster Support Officer</td>
<td>Risk Management Officer, WHO</td>
</tr>
<tr>
<td><a href="mailto:staniczais@who.int">staniczais@who.int</a></td>
<td><a href="mailto:hamidih@who.int">hamidih@who.int</a></td>
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