

Key Figures



1. Highlights

- Health Cluster (HC) conducted one-day workshop on 17 Jan 022, attended by 45 participants (I/NGOs, UN agencies, RCRC); provided with an orientation on cluster approach including roles and responsibilities; conducted analysis of Strength Weakness, Opportunity and Threat (SWOT) of health cluster; and the annual work plan of cluster for 2022 was finalized.
- HC continued the engagement with health cluster partners through bi-weekly HC meeting with close follow up of actions agreed; continued with one-to-one engagement with HC partners; and continued the coordination with ICCT including inter-cluster groups and HC Technical Working Groups (TWG) i.e. RMNCAH WG and PSCM SG.
- AHF 1st Standard Allocation – a total of 18 proposals, from 14 partners, reviewed and recommended to support the implementation of humanitarian health services. A total of USD 18m was allocated for the health envelope.
- HC organized an orientation session on Accountability to Affected People (AAP) and PSEA to Health Cluster partners in cooperation with AAP WG and PSEA focal persons.
- Expansion of HC structure to sub-national levels – recruitment of regional coordinators expected to complete in March 2022.
- HCC team produced and disseminated information products on monthly basis including the HC bulletin; HC partners operational updates/situation report; and various dashboards including HC partners operational presence, humanitarian response services and attacks on health care.
- HC IM-WG has been established with an aim to improve data collection, quality and information dissemination; and an introductory training for the HC-IMWG focal points, on the use of ReportHub, has been conducted.
- HC activities and indicators have been reviewed, finalized and uploaded into the ReportHub for the use in reporting in monthly basis, which is an interactive tool to collect the data/reports from all health cluster partners.
- Submitted the HRP 2021 end-of-year narrative and indicators/data reports to OCHA.

Key updates reported in the reportHub

- A total of 738,000 people (35% men, 38% women, 15% girls and 12% boys) in 311 locations of 30 provinces, reached with humanitarian health services. This update is reported by only 22 health partners, and rest of the HC partners required to submit data/reports to reportHub.
- People reached by activities/services include: i) 190,843 COVID-19 response; ii) 232,492 training, health education/awareness; iii) 18,703 maternal and child health care (MCH); iv) 29,529 mental and psychosocial support (MHPSS); v) 205,166 primary healthcare; vi) 47,978 trauma care and infectious diseases; and vii) 13,391 vaccination/immunization.
- A total of 703,442 vulnerable people with humanitarian needs reached by HRP beneficiary, including: i) 9,605 refugees/asylum seekers; ii) 4,119 new IDPs; iii) 14,446 new cross-border returnees; and iv) 398 natural disaster-affected.
- Mobile Health Teams (MHTs) - the reports indicated – a total of 404,000 people reached by 404 mobile health teams in 22 provinces supported by 13 health partners; however this report does not reflect the complete report as only 22 health partners submitted the report in January; and rest of the partners required to submit reports using reportHub.

2. Emergency Response

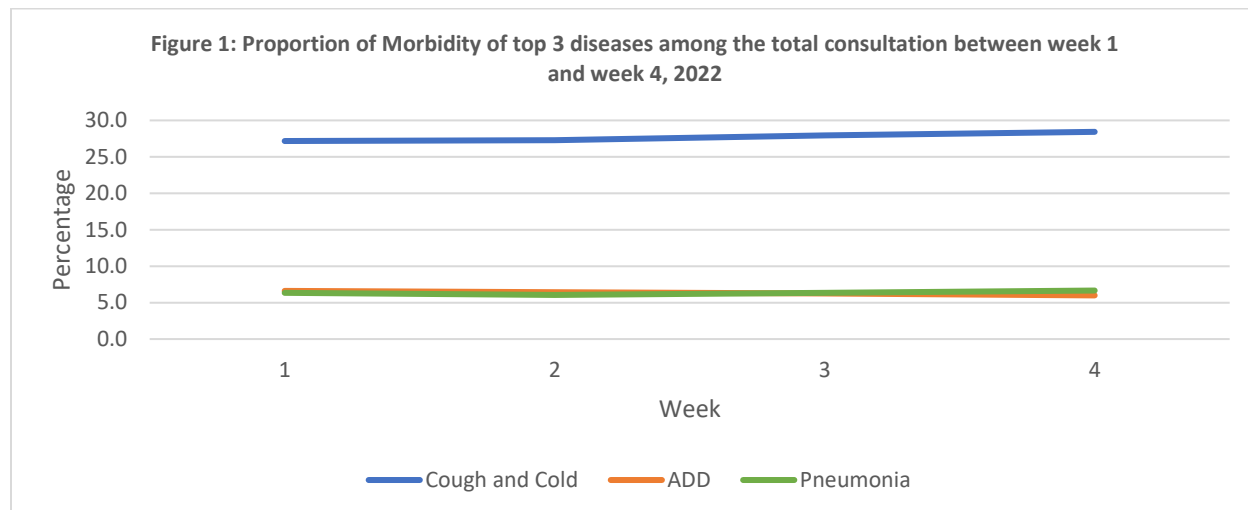
2.1 Caseload of Trauma/Care

- As reported in the reportHub, a total of 47,331 trauma cases treated, which includes 430 trauma cases referred to referral hospitals for better care.

2.2 Surveillance and Disease Outbreak Response

- The update on surveillance performance include: i) a total of 519 functional Surveillance sentinel sites - 95 % have submitted reports in Jan 2022; and ii) 1,921,417 new consultations including 801,724 (41.7%) were of surveillance targeted diseases.
- The updates on leading causes of morbidity among all age groups were ARI and ADD (Figure 1). The breakdown of the leading morbidity include: i) ARI (Cough and Cold): 532,753 accounting for 27.7% of total consultations; ii) Acute Diarrheal Disease (ADD): 121,253 accounting for 6.3% of total consultations; iii) ARI (Pneumonia): 122,107 accounting for 6.3 % of total consultations; and iv) A total of 1,065 deaths were reported this month, of which 420 were of surveillance targeted diseases.

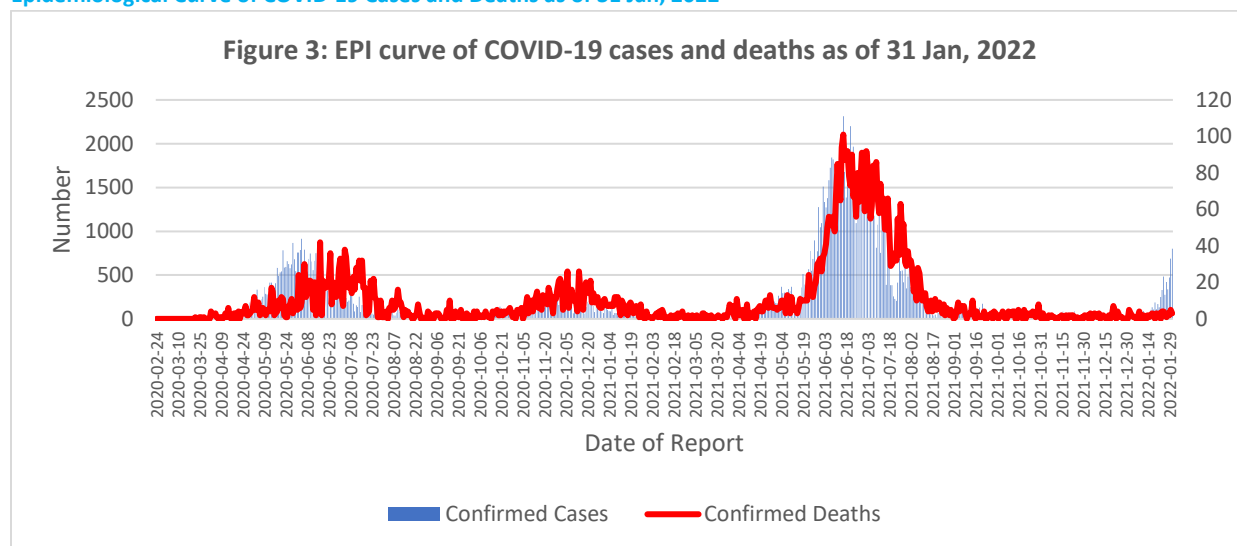
Proportion of Morbidity of top 3 diseases out of the total consultation between Epi-week 1 and Epi-week 4, 2022



COVID-19 Response Updates for the period of Feb 2020 – Jan 2022.

The updates since the onset of the outbreak include: 1) as of 31 Jan 2022, a total of 163,742 COVID-19 cases reported from 34 Provinces; ii) the COVID-19 confirmed cases and deaths are illustrated in figures 2 and 3, and the overall recovery rate is 89.5%; iii) the total number of COVID-19 deaths is 7,417 (CFR: 4.5%); iv) COVID-19 case distribution by gender is 58 % male and 42 % female. The average age is 39 years (Fig. 4); iv) COVID-19 cases reported in Jan 2022 shows a significant increase compared to the cases in Dec 2021. (Fig. 5); v) 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; and vi) 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%.

Epidemiological Curve of COVID-19 Cases and Deaths as of 31 Jan, 2022



The COVID-19 cases for 1-31 January 2022

COVID-19 Updates, January 2022					
Period	Confirmed cases	Confirmed deaths	Recovered	Samples tested	Vaccine coverage
January 2022	5,630	61	981	34,590	115,739

The updates of January include: i) 34,590 samples tested; ii) 5,630 confirmed COVID-19 cases with 61 deaths, which shows a significant increase as compared to 724 confirmed cases in Dec. 2021; iii) 981 cases reported were recovered; iv) 115,739 individuals received COVID-19 vaccination in Jan 2022, which shows a significant decrease as compared to 420,372 individuals

received full COVID-19 vaccination in Dec.2021. The key updates include: 1) 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. 2) 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. 3) 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. 4) 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. 5) 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.

2.3 Health Partners' Response

Reproductive Maternal Neonatal Child and Adolescent Health Working Group (RMNCAH WG) Updates

The key updates from the RMNCAH working group include: 1) Two RMNCAH-Working Group coordination meetings were conducted in January 2022. During the first meeting that was held on the 10th of January, two members of the Working Group: ORCD and UNICEF shared their ongoing RMNCAH interventions. The second meeting that was held on the 31st of January, UNICEF provided update on the Maternal and Child Health (MCH) Handbook Program Implementation and UNFPA shared information regarding RH Kits distribution and provision of RMNCAH services via Mobile Health Teams in different provinces across the country. 2) An orientation on Adolescent Sexual and Reproductive Health (ASRH), Youth Engagement and Meaningful Participation in Humanitarian Settings was conducted by UNFPA on the 31st of January 2022. The orientation focused on adapting the Inter Agency Working Group's ASRH Toolkit for Humanitarian Settings into Afghanistan context. The ASRH Toolkit is developed jointly by UNFPA and Save the Children at global level. The topic was relevant to the current humanitarian context as Afghanistan has a young age structure where 63.7 percent of the population is under 25 years of age, and 46.1 percent is below age 15. In a normal situation, adolescents face barriers to accessing health services, and the current humanitarian crisis exacerbating the challenge to information and access to ASRH services. Furthermore, adolescents face increased risks of violence, risky behavior, child marriage, and others during emergencies. In contrast, despite the challenges, adolescents are the potential group to support an emergency response. 3) The Working Group is working towards unifying the current RMNCAH assessment tools used by various organizations during the humanitarian response. In this regards, each member of RMNCAH WG will share their assessment tool, and a team has been formulated to review and compile the tools and come up with a generic RMNCAH Assessment Tool which will be used in a future emergency.

United Nations Population Fund (UNFPA) Updates

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 58,355 people [46,427 females and 11,928 males]. The key Update include: 1) 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). 2) 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. 3) 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). 4) 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. 5) 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). 6) 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. 7) 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. 8) 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. 9) 80 Inter-Agency Reproductive Health Kits (IARH kits) were

distributed to various health facilities in Takhar, Kunduz, Baghlan and Balkh provinces. These IARH kits aim to address the reproductive health commodities and supplies needs.

HealthNet TPO (HNI-TPO) Updates

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 UN OCHA/AHF. 2) 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 mentioned provinces due consideration to the humanitarian principles. The services delivered include: 1) 24,945 patients, mostly women and children, received OPD consultation services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar. 2) 1,854 pregnant women received antenatal care (ANC) services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar provinces. 3) 40 home delivery attended by the MHT midwives with all essential maternal and newborn care services in Kabul, Kandahar, Kunar, and Laghman. 4) 1,145 mothers received postnatal care (PNC) services in Kabul, Nangarhar, Laghman, Kunar, and Kandahar. 5) 140 women of childbearing age received family planning services in Kandahar province. 6) 2,189 women of childbearing age received TT2+ vaccine in Kabul, Kunar, Laghman, and Nangarhar. 7) 713 children under two received Penta 3 vaccine in Kabul, Kunar, Laghman, and Nangarhar. 8) 1,351 vulnerable persons received psychosocial support services in Kabul and Kandahar provinces. 9) 1,214 vulnerable persons received COVID-19 risk communication and awareness services in Kunar and Laghman. 10) 1,214 vulnerable persons received health education on various health and nutrition topics in Laghman and Kunar. 11) 6,202 patients received trauma care services by FATPs in Kabul, Kunar, and Laghman. 12) 2,400 trauma cases, which needed advanced trauma care, were treated in the Nangarhar Regional Hospital (NRH) Trauma Center. 13) 1,419 children under five received nutrition screening services in Kunar and Laghman provinces. 14) 107 severely acute malnourished children under five enrolled in the severe acute malnutrition (SAM) treatment program in Kunar and Laghman. 15) 18 severe acute malnutrition (SAM) children were cured in Kunar and Laghman. 16) 315 moderate acute malnourished children under five admitted in management of acute malnutrition (OPD-MAM) program in Kunar and Laghman. 17) 266 moderate acute malnourished children under five were cured after receiving acute malnutrition management services through the OPD-MAM program in Kunar and Laghman. 18) 932 PLWs received malnutrition screening services in Kunar and Laghman. 19) 318 acute malnourished pregnant and lactating women received treatment services for acute malnutrition (OPD-MAM) in Kunar and Laghman. 20) 679 children under two received growth monitoring services, and their mothers received recommended IYCF counseling in Kunar and Laghman. 21) 26 frontline health workers received training on health, nutrition, and MPHSS in Kunar, Laghman and Nangarhar.

International Medical Corps (IMC) Updates

January 2022, IMC conducted following activities through different Health emergency and humanitarian projects include: 1) GAC Funded Project: the project - Life-Saving Basic Primary Health Services, Trauma Care and Referral Services to Conflict Affected People in Kunar, Nuristan and Paktika provinces by support of GAC (Global Affairs of Canada) Fund. The major activities and achievements in the month of January 2022 include: i) all HF (6FATPs, 7SHCs, 1MHT) are functional along with 6 ambulances for FATPs; ii) HF/FATPs have enough medicine, medical supplies, patient foods, and office supplies; iii) a total of 14555 people reached with humanitarian assistance activities in Kunar, Nuristan and Paktika provinces; iv) a total of 197 trauma cases are covered; v) a total of 2009 individuals benefited from Sexual and Reproductive Health and Rights (SRHR) services, and 1299 trauma affected patients received trauma care services; v) a total 14323 OPD consultations is done which included 285 ANC consultations, 177 vaccination clients, 70 skilled birth attendances, and other PHC services; and vi) MISP training was successfully finished. 2) Gates Foundation (GF) Funded Mobile Health Teams: GF funded three mobile health teams have provided the following services to the target populations of Mandol, Kamdesh and Noorgram districts include: i) a total, 4065 individuals including women, men, girls, and boys of received outpatient's consultation through three Mobile health teams; ii) a total, 1908 ARI and 548 Diarrhea cases are treated; iii) a total 368 ANC and 250 PNC visits conducted for women, as well as 29 Family Planning clients received services; iv) a total 2,025 individuals received awareness about Mental Health and Psychosocial Awareness and 43 individuals received mental health care (individual services/ Brief counseling and Psychological First Aid); v) a total 1418 individuals attended the awareness raising sessions about Covid -19; vi) a total 2881 received health education; and vii) a total of 110 clients received Family planning methods. 3) AHF Funded project: the project-improved availability and provision of lifesaving trauma care, essential primary healthcare services for conflict-affected and vulnerable people in hard-to-reach communities of Paktika and Nuristan provinces; which include: i) four SHCs and five First Aid Trauma Posts (FATP) were operational throughout the reporting period; ii) a total of 140 individuals were treated and 18 series cases referred after being involved in car accidents; ii) a total of 3264 people (1306 males, 1093 women, 434 boys, and 431 girls) were served by primary health care, and 22 sever patients of them referred to high-level HF; iii) a total of 2299 ARI cases were treated throughout the reporting period; iv) a total of 229 of diarrhea cases were treated; v) a total 431 Pregnant women received ANC service and 77 women received family planning, as well as 29 deliveries attended by midwives in HF; and vi) supervision visits were conducted to all sites.

International Organization for Migration (IOM) Updates

IOM is operating in 12 provinces (Badghis, Badakhshan, Balkh, Ghor, Herat, Kabul, Helmand, Kandahar, Kunduz, Nangarhar, Nimroz and Takhar) and provided life-saving essential health services to returnees, IDP and host communities through 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 is supporting 69 health centers and 14 health posts, and four (4) COVID-19 treatment centers at provincial hospitals through national NGOs (RHDO and OHPM) with 100 beds capacities in four (4) provinces (Kandahar, Helmand, Herat and Nangarhar). IOM with partners conducted a joint monitoring and 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 linkage and interface between partners working in the mental health and psychosocial support thematic areas. The main achievements in January 2022 include: 1) 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. 2) 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. 3) 75,096 people (43,244 male and 31,852 female) reached by IOM health education and awareness activities. 4) 1,861 (290 male and 1,571 female) affected people with the crisis received Mental Health and Psychosocial Services (MHPSS). 5) 13,001 (6,470 male and 6,531 female) returnees, IDPs and host communities affected by the crisis vaccinated against COVID-19. 6) In the reporting period, 24,983 (9,652 male and 15,331 female) people screened for tuberculosis at Points of Entry (PoEs), IDP settlements and, under served host communities, and of which 43 (24 male and 19 female) were confirmed cases. 7) Over 505 people also were referred to higher level health facilities for a critical life-saving health care service. 8) 672 COVID-19 cases being managed at four COVID-19 hospital.



IOM MHT providing COVID-19 vaccine in Badghis province, Afghanistan © IOM 2021.



Picture 2: RRT doctor collecting COVID-19 sample at Sheikh Mesri clinic, Nangarhar province, Afghanistan © IOM 2021

Action Against Hunger (AAH) Updates

AAH launched its first relief operations in Afghanistan in 1995. Currently AAH provides lifesaving primary health care and acute malnutrition treatment services in Helmand, Ghor, Badakhshan, and Daikundi provinces through deploying integrated mobile health teams in under-served areas. The key Update include: 1) Across the four provinces over 5, 313 people reached through medical consultation by MHTs - over 3586 IMNCI consultations, 1707 SRH consultations, and 20 EPI services. 2) 75 health and nutrition education sessions were organized and attended by 5100 (851 male, 4249 Female) individuals.

La Chaîne de l'Espoir Updates

The Chaîne de l'Espoir intervenes in Afghanistan since 2001. 2005, CDE built and equipped the French Medical Institute for Mother's and children (FMIC) in Kabul. Over the years, the hospital has developed care in pediatric specialties, medical and surgeries. In 2014, the FMIC extended its healthcare services to adults and the Obstetric/Gynae opened in 2016. The achievements, include: i) 164 new patients registered in month of January 2022, which were referred by the partners from different provinces; ii) 841 patients (745 for OPD service and 96 for Surgical procedures) at FMIC; iii) 39 patient's surgery/treatment was successfully completed; iv) 175 BNFs awareness sessions were conducted by the social care facilitators'

and distributed 91 hygiene and 7 post care kits; and iii) IDP camp visit by Midwife team - 3 visits, awareness to 61 women, 50 women for medical examination, and 15 women referred for surgery to FMIC.

Month	Total	OPD	New admission	Surgery	Treatment completed	Awareness Session	Hygiene and Post Care kits Distribution
January 2022	841	745	164	96	39	23	71

Aga Khan Health Services (AKHS) Updates

The key Update of the health activities supported by AKHS include: 1) Bamyan - a total of 82,333 OPD consultations, 658 delivery cases and 37 major surgical operation have been done in BPHS. 2) Badakhshan – a total of 173,628 OPD consultations, 2501 delivery cases and 473 major surgical operation have been done in BPHS and EPHS health facilities. 3) Involved and contributed for outbreaks reporting and response in Badakshan, controlled in timely manner. AKHS regularly participated in the PHCC meetings, regional and national HC coordination meetings.

Organization for Community Coordination and Development (OCCD) Updates

Badakhshan – the include: i) 1,260 trauma cases treated through FATPs; ii) 27 trauma patients referred to higher HF for secondary care; iii) 28 trauma cases brought from line FATP; and iv) 798 cases (women, men, girls and boys) provided psychosocial support. OCCD provided health/nutrition lifesaving services through three FATPs and one MHT under AHF reserve allocation and one MHNT in Kapisa province funded by UNICEF. The updates include: 1) **Badakhshan** – PHCC meeting and presented lifesaving activities in Badakhshan; coordination meetings with provincial public health department; WFP to discuss food supply for MHNTs; attended meetings on EPI, HMIS, RH, Nutrition, DEWS and CBHC; meeting with WHO; meeting with deputy of BDK governor and district governors of Teshkan, Tagab and Yagman; meeting with Health Shuras of Teshkan, Tagab and Yagman; and meeting with CDCs Yeftali Sufla and Faizabad. 2) **Kapisa** - coordination meeting with PPHD and district governors of Tagab and Najrab in Kapisa; meeting (CM) with provincial economic department; meeting with PPHD, PNO, UNICEF, PPHD; CM with EPI and MCH officer on immunization and ANC/PNC training; monthly coordination of E-department on project activities; meeting with governor of Tagab district and CM with the leader of Shura in Tagab district. A total of 180 ANC 80 PNC 14 delivery 122 FP service provided for women in FATP, OPD consultation provided for 150 women and men in FATP, 27 boys and girls (6-59 months) with MAM received MAM treatment through MHNT, 191 PLW who received IYCF-E through MHNT, 500 children <5 screened for malnutrition status through MHNT, 1408 children/women and men received OPD through MHNT. Similarly, a total of 132 ANC 95 PNC 18 PENT 3, 56 Td2 and 10 FP services provided for women Through Mobile health. 3) The report submitted through the Hub Report from Kapisa province, through MHNTs-IMAM and IYCF, immunization and ANC/PNC trainings for MHNTs conducted. 4) There was a measles and pneumonia outbreak in Yawan district of Badakhshan, OCCD as health partner at the provincial level, dispatched a health team to the area with health partners/BPHS implementer. The challenge faced is delay in food supply from WFP and UNICEF.

Medair Updates

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. The main updates, include: 1) Medair have provided IMNCI OPD consultations for 1521 children under five. The achievement is below the target not since operations in Daikundi provinces interrupted due to inaccessibility resulted from heavy snowfall. 2) Comprehensive SRH care (ANC,PNC and safe delivery advise) was given to 302 mothers in Kandahar and Uruzgan provinces. 3) 5719 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. 4) Over 5690 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). 5) PSS counselling provided to 269 clients through counselors. 6) 32 MHNT staff received training on IMNCI and SRH in the reporting month. Moreover, 60 Community Volunteers took two-day training on outreach, key health and nutrition messages, defaulter tracing and health promotion. 7) Regular coordination with partner organizations continued.

National Disability Prevention and Rehabilitation Task Force (NDPRTF) Updates

In an effort to have highlighted the importance and targeted response for persons with disability; the health cluster invited Dr. Musa Zia the Director of PHC-MoPH to make a presentation to all partners and give updates on behalf of the National Disability Prevention and Rehabilitation Task Force: With 13.9% prevalence disability in Afghanistan health cluster puts emphasis donors and partners to prioritize to support the programs on disability – and assured the health cluster will continue advocating with donors and partners for attention and support in this area.

2.4 Medical Supplies and Logistics

- Pipeline tracking for the period (March-May) 2022 has shown, a total of 3,946 kits (RH, IEHK, TESK, Pneumonia, and Cholera kits) are available in the current stocks, a total of 28,485 kits are procured/in the pipeline and 2,132 kits are estimated gap.
- AKHS has supplies a full package for winterization for both Bamyan and Badakshan health facilities for period of six months.

- OCCD has supplies to support the FATPs and MHNT in BDK and one MHNT team in Kapsia were supplied for three months.
- Health cluster coordination team supported to design online supply request/distribution system for health partners under WHO Health Emergencies Program.
- Medair indicated that there is a lack of regular commercial flights to Afghanistan affected Medair's plan of procurement and shipment of key medicines and medical supplies to the country.
- Pharmaceutical Supply Chain Management-Sub Group (PSCM SG) has continued with coordination with health partners that the matters related to pharmaceutical and supply chain through the weekly coordination meeting and discussions on issues/challenges faced by the health partners.

3. Coordination and Information Management

- AFN-HC has full team at national level, including 1 HCC, 1 Co-HCC (IRC), 1 International surge) and 1 national HC support officers, and 2 IMOs (1 surge and 1 WHO).
- Engagement with all HC partners through regular bi-weekly coordination meetings at the central level with over 50 health partners Continued with one-on-one meetings to coordinate humanitarian health priorities and responses.
- Expansion of HC structure to sub-national levels – the recruitment of regional coordinators is expected to complete in March.
- Health Cluster activities and indicators have been reviewed, finalized and uploaded into the ReportHub for use in reporting on a monthly basis, which is an interactive tool to collect the data/reports from all health cluster partners.
- 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 and Pharmaceutical and Supply Chain Management (PSCM SG); and continued coordination with inter-clusters (WASH, Nutrition, CCCM WG) and the ICCT OCHA.

4. Risk Communication and Community Engagement (RCCE)

- 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.

5. Attacks against Health Care

- One incident of attack to health care reported from Herat city. Two persons got killed during an incident when security forces opened fire on a car at the checkpoint. The driver and a pharmacist got killed in this incident. The pharmacist has his private pharmacy in Jebriel town. The pharmacy is closed, but there is no impact on the local community as there are many other private pharmacies nearby in the city. No health facility closed.

6. Funding

- HRP 2022, out of the 378M required for the humanitarian health response, so far only 1.8M (0.5%) has been received as indicated in the online financial tracking system (FTS). HC requests partners and donors to report into the FTS for funds received in country for humanitarian health response.
- Health Cluster (HC) has received an approval for funding from BHA for the expansion of HC structure to regional levels to ensure better engagement and coordination with health partners and inter-cluster teams.
- AKHS has acquired funding for next five months for running of primary and secondary health services at Bamyan, Badakhshan and Takhar Provinces.

Contacts:

AFGHANISTAN HEALTH CLUSTER		
Dr. Jamshed Tanoli Health Cluster Lead and Coordinator Email: tanolij@who.int	Umesh Kattel Health Cluster Support Officer Email: kattelu@who.int	Dr. Mansoor Staniczai Health Cluster Technical Support Officer Email: staniczais@who.int
INFORMATION MANAGEMENT UNIT		
Mutasem Mohammad Health Cluster-Information Management Officer Email: mohammadm@who.int	Irfan Ghumman Health Cluster-Information Management Specialist Email: ghummani@who.int	