

HIGHLIGHTS

As of 31 January 2023, a total of 208,498 confirmed cases, and 7,879 deaths of COVID-19 were reported. The recovery rate was 90.4% with 3.8% case fatality rate.

The leading causes of morbidity among all age groups were Acute Respiratory Infection (ARI) and acute diarrheal disease across the country.

WHO provided 2,014 metric tons of medical and non-medical supplies in January 2023, which will benefit over 3 million people in 34 provinces in the next three months, through 27 health facilities across the country.

INTERSOS is present in two provinces (Zabul, and Kabul) providing an integrated health, nutrition, and protection program using a community needs-based approach through 12 Mobile Health Teams (MHTs), two First Aid Trauma Points (FATPs), three static health facilities, 12 Basic Health Centers (BHCs) in the mentioned provinces and is supporting the maternity ward in Qalat Provincial Hospital (PH).

WORLD with the financial support of WHO is running 29 Health Facilities (12 BHCs, 14 SHCs, and 3 MHTs) in the eastern region (Nangarhar, Laghman, Kunar, Kunar, and Nuristan).

La Chaîne de l'Espoir is sponsoring FMIC with 16 beds on regular basis to treat children with severe acute malnutrition.

HEALTH SECTOR

- 48** 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

- 1,529** IEHK (BASIC AND SUPPLEMENTARY)
- 128** TESK
- 231** PED-SAM
- 490** IARH
- 29** CHOLERA
- 12** NCD
- 3.1M** PEOPLE WILL BENEFIT FROM MEDICAL KITS

PHC AND SUPPORTED MHTs

- 497** ACTIVE MOBILE HEALTH TEAMS
- 1,016.3K** OPD CONSULTATIONS
- 280K** HEALTH EDUCATION & AWARENESS SESSIONS

TRAUMA CARE

- 26.5K** TRAUMA CASES
- 1,871** PEOPLE BENEFITTED FROM PHYSICAL REHABILITATION SERVICES

VACCINATION

- 120K** PENTA 3
- 112K** MEASLES
- 224K** COVID-19

REPRODUCTIVE AND CHILD HEALTH

- 46K** ANTENATAL CARE
- 21.5K** POSTNATAL CARE
- 1,941** SKILLED BIRTH ATTENDANCE

DISEASE EARLY WARNING SYSTEM (DEWS)

- 613** REPORTING SITES
- 95** 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 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 be in need of 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, Daykundi, Farah, Ghazni, Ghor, Helmand, Kabul, Kapisa, Khost, Laghman, Nimroz, Nuristan, Paktika, Paktya, Panjsher, Parwan, Sar-e-Pul, Wardak and Zabol) 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 that typically see rises in maternal deaths, unintended pregnancy, 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 January 2023.

A total of 2,433,619 new consultations were conducted, of which 1,061,770 (43.6%) were surveillance-targeted diseases.

Morbidity

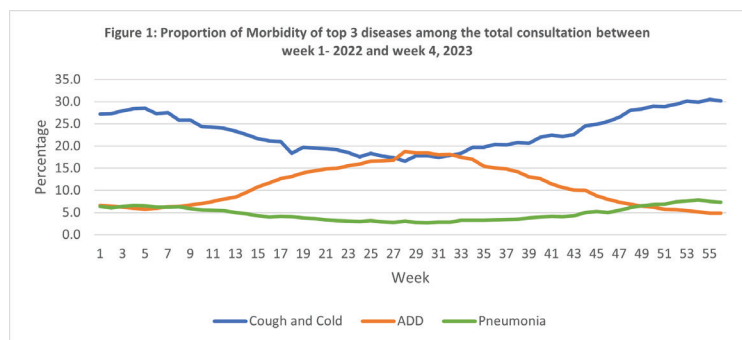
The leading causes of morbidity among all age groups were ARI and Acute Diarrheal Disease (ADD). The breakdown of the leading morbidities is summarized as follows:

ARI (Cough and Cold): 733,484 accounting for 30.1% of total consultations.

Acute Diarrheal Disease: 123,988 accounting for 5.1% of total consultations.

ARI (Pneumonia): 183,973 accounting for 7.6% of total consultations.

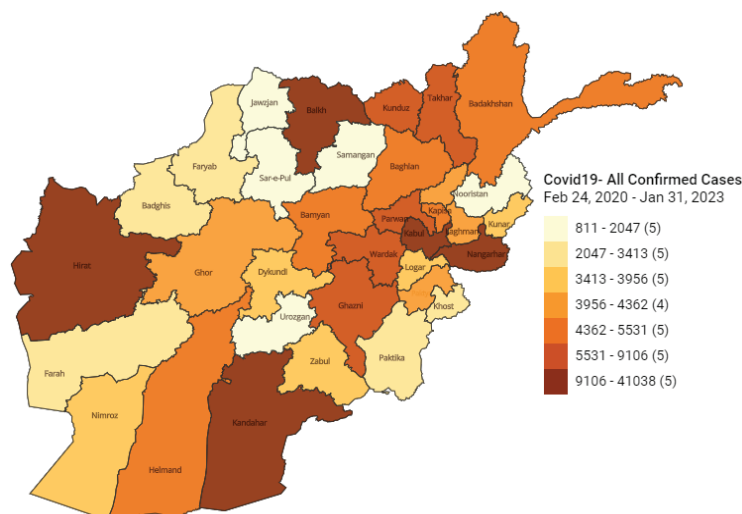
1,227 deaths were reported, of which 432 were due to surveillance targeted diseases.



COVID-19 Updates (February 2020 - January 2023)

Since the onset of the outbreak, a total of 208,498 COVID-19 cases were reported from 34 provinces. The recovery rate was 90.4%. 7,879 deaths were reported with a CFR of 3.8%.

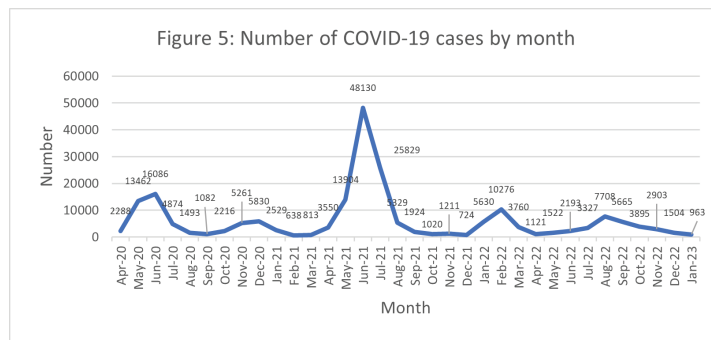
So far, 790,340 lab tests were performed in public health laboratories. The testing rate was 4,709 tests per 100,000, and the positivity rate was 26.4%.



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

The chart shows a decrease in reported cases in January 2023 compared to December 2022.

In January 2023, a total of 963 confirmed cases and 22 associated deaths were reported from 34 provinces



Attacks on Health Care Workers

In January 2023, one attack on healthcare was reported from the Mandozai district of Khost province. As a result, four healthcare workers were arrested, and after negotiation they were released. No health facility/s affected.

HEALTH CLUSTER ACTION

In Jan 2023, WHO and the 47 Health Cluster partners reached 1,082,672 people with humanitarian health services through 832 health facilities in 305 districts located across 34 provinces.

The Humanitarian Need Overview (HNO) 2023 has been published.

In January 2023, the Health Cluster conducted two coordination meetings at the national and five at sub-national levels.

Health Cluster carried out an in-depth survey to better understand how the recent ban on female aid workers affected the delivery of health services. Out of 48 respondents, the majority did not suspend their operation. Of those suspended, most of them resumed their operation or planned to resume. The most affected health activities were primary health care, Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), MHPSS, health education/RCCE, and training and supervision of health interventions by female staff. 47% of the partners provide incentives to the Mahram of female staff while 53% are not providing any incentive to the Mahram. Key challenges faced by the female staff include additional resources to facilitate separate transport and office space and need for the written permission to conduct field visits.

Additionally, to assess the operational impact of the ban on female aid workers, Health Cluster produced three dashboards in January 2023. The last information indicates that the operation of three organizations (Save the Children, Medair and INTERSOS) remained suspended in Kandahar province. These partners support 19 mobile health teams in Kandahar.

The Health Cluster team remained engaged with MoPH at the national and sub-national levels to support a resumption of Health Cluster partners' operations at the field level and discussed the challenges partners are encountering.

The Health Cluster along with the WASH Cluster and WHO technical team is working on the Integrated Health and WASH AWD Strategic Response Plan 2023. It is aimed to finalize the plan in close coordination and consultation with MoPH, Health and WASH partners, and Education and Nutrition Clusters.

The Global Health Cluster conducted a study in 24 countries including Afghanistan to review the coordination structure of COVID-19 response in the humanitarian context. The objectives of the study included mapping the coordination structures currently in use across humanitarian settings and how they were modified to support the COVID-19 response as well as identifying best practices, successful strategies, and difficulties encountered within and among the various coordination structures.

The Health Cluster in consultation with health partners updated Report Hub - A platform for reporting humanitarian health response - indicators. In 2023, humanitarian health partners will report in the Report Hub based on the updated indicators.

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.

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



Monitoring of PCR lab supported through AHF fund in Ghor province (Credit RHCC Western Region)

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 the female humanitarian workers

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

RHCCs updated 3Ws at the regional level to map the available resources and avoid duplication of 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.

HEALTH CLUSTER PARTNERS UPDATES

World Health Organization (WHO)

In partnership with 18 health partners, WHO is currently supporting 15 hospitals (including seven infectious disease and COVID-19 hospitals), and 173 primary healthcare (PHC) facilities to improve healthcare access in underserved (white) areas. The PHC facilities supported include 65 Basic Health Centers (BHCs), 81 Sub Health Centers (SHCs), and 27 Mobile Health Teams (MHTs).

In January 2023, WHO trained 18 physicians and specialists on intensive care unit (ICU) management in Kabul; 55 physicians and nurses from Nangarhar, Laghman, Kunar and Herat on infection prevention and control (IPC); and 100 blood bank staffers on safe blood transfusion in Kabul Central Blood Bank. Also. Trained 70 physicians and nurses working in Kabul on case management of infectious diseases.

WHO supported 127 Inpatient Department for Severe Acute Malnutrition (IPD-SAM) sites in 116 hospitals and 11 Comprehensive Health Centers plus (CHC+) to tackle malnutrition by strengthening case management of complicated cases. In January 2023, there were 3,125 malnourished children (1,469 boys; 1,656 girls) with medical complications admitted and treated in these WHO-supported IPD-SAM centers

In response to local outbreaks, rapid vaccination responses were conducted in affected villages to vaccinate children with the measles vaccine. In January 2023, over 1,000 children were vaccinated in Kandahar, Helmand, Zabul, Uruzgan and Paktya provinces.

WHO has continued to support the operations of 35 COVID-19 laboratories in 34 provinces through the provision of diagnostic equipment/supplies, rehabilitation of infrastructure, and capacity building

WHO is supporting the operations of the national advanced referral center for survivors of violence in Kabul, which provides medical treatment and counseling for survivors of violence. In January, 137 survivors of violence cases were received at the center and provided with the required healthcare services, treatment and counselling.

International Organization for Migration (IOM)

Distributed recreational materials for Herat, Nimruz, Nangarhar, Kandahar, Khost, and Paktika provinces for conducting recreational activities with MHPSS beneficiaries.

Conducted coordination meeting with National EPI for COVID-19 National Immunizations Campaign

Resumed health activities at the community level after DFA banned women's activities.

IOM is providing medication consultation, reproductive healthcare services, malnutrition, MHPSS, awareness, vaccination, and screening for the IDPs and host communities through MHTs.



Nutrition nurse is measuring height of a child in Nimroz province (Credit: IOM)

INTERMEDIARIES

INTERMEDIARIES has been operational in Afghanistan since 2001 and currently is present in three provinces (Kandahar, Zabul, and Kabul) providing an integrated health, nutrition, and protection program using a community needs-based approach. Through the support of BHA, ECHO, SV, UNICEF, and WHO funding, the team is running 18 Mobile Health Teams (MHTs), two First Aid Trauma Points (FATPs), three static health facilities, 12 Basic Health Centers (BHCs) in the mentioned provinces and is supporting the maternity ward in Qalat Provincial Hospital (PH).

INTERMEDIARIES started the assessment for the rehabilitation and upgrade to BEmONC facilities of two BHCs in Kandahar province to support and strengthen maternal services as well as the procurement process for five ambulances to support the referral system for complicated pregnancies and deliveries.

In January, in Kabul province, the activities have been running in the supported 11 BHCs funded by WHO and SV and in the three BHA-supported MHTs.

In the third week of January 2023, INTERMEDIARIES restarted the implementation of health and nutrition activities in Zabul, following the confirmation that female staff could work in the health facilities.

In Kandahar province, INTERMEDIARIES reactivated the services with both male and female staff in the two FATPs and in four static health facilities.

Bu Ali Rehabilitation & Aid Network (BARAN)

BARAN conducted 10 community awareness sessions in Madrasas, Schools, and Mosques where 554 people participated in these sessions. These sessions provided awareness on specific topics including Covid-19, AWD, EPI, TB, CBHC, and nutrition as well as ARI.

BARAN provided physiotherapy services for 210 disabled persons in the district hospital of Spinboldak in Kandahar province.

Conducting Newborn Care Training for 5 days for 29 FHH midwives, and EPI refresher training for 6 days for 29 FHH male and female vaccinators in Helmand province.

BARAN initiated a Polio vaccination program in 5 FHHs in Kandahar and 5 FHHs in Helmand province.

Initiated recruitment of Psychosocial Counselors for 5 FHHs.

Established 2 new FHHs in the Registan district of Kandahar province by the installation of 2 containers for each FHH in close coordination and communication with PPHD and the provincial governor.



Refresher training for the vaccinators (Credit: BARAN)

Agba Khan Health Services (AKHS)

Establishment of 14 sub-centers under AHF 3rd Reserve allocation in Bamyan and Badakshan provinces. Also deployed 3 mobile RCCE teams in Yawan, Faizabad, and Shighnan districts.

Successful takeover of Baghlan, Takhar, and Kabul BPHS health facilities.

Currently, AKF/AKHS have been managing 412 Static and 30 Mobile health facilities in Bamyan, Baghlan, Kabul, Takhar, Kunduz, Samangan, Badakshan, and Daikundi provinces.

The necessary health services and logistics were provided to the Health Facilities run by AKHS as part of the winterization plan.

La Chaîne de l'Espoir (CDE)

Given the deteriorated humanitarian and health context along with the growing needs, CDE has extended the Woman & Children's House project in January 2023 providing access to healthcare, particularly surgery to children under 18 years old suffering from complex pathologies that are not available in a public hospital, living in Kabul Internally Displaced Camps, and to women in need of care in order to give them access to gynecological and reconstructive surgery.

In Kabul for IDPs, in partnership with Norwegian Refugee Council (NRC) and other medical organizations, CDE is identifying women and children in need of surgical treatment according to the set CDE admission criteria. They are then referred to the FMIC, and La Chaîne de l'Espoir covers the costs of the treatment and accompanies the beneficiaries all along the treatment with nurses and social workers.

Additionally, the outreach medical teams are conducting awareness sessions on Preventing communicable diseases in children, Inclusion of children with disabilities, Personal hygiene for children, Prevention of use of chemical liquids in the house, Personal hygiene for women, Prevention of STD, and Family Planning for IDPs at comps management center of NRC.

CDE is sponsoring FMIC with 16 beds on regular basis supporting children with severe acute malnutrition.

Welfare Organization, Rehabilitation Livelihood, and Development (WORLD)

WORLD with the financial support of WHO is running 29 Health Facilities in the eastern region (Nangarhar, Laghman, Kunar, Kunar, and Nuristan). All 29 HFs (12 BHCs, 14 SHCs, and 3 MHTs) remained fully functional during the reporting period and both male and female staff reported to work as usual delivering emergency health services to the neediest and vulnerable populations in the catchment areas.



Health education session in Gul Dag district of Nangarhar province (Credit WORLD)

Provided a sufficient quantity of required medicines and medical equipment to all HFs in the target areas of the project.

Based on the WHO's monitoring mission recommendations, undertook renovation and maintenance work in a considerable number of the 29 HFs in the four provinces. Work at some HFs continues.

Supplied HMIS tools to all 29 HFs including for recording, registration, and reporting of activities as per MoPH HMIS policy. Provided winterization supplies to all 29 HFs as planned.

Delivered EPI services and nutrition services such as malnourished screening and treatment of OPD SAM throughout the reporting period.

Printed additional IEC materials and supplied them to the HFs for proper use for BCC (Behavior Change Communication).

Printed 22 Guidelines and supplied them to HFs as per MoPH policy for patients' treatment and disease prevention.

Conducted Health Education sessions for the target populations and continued to keep the community engaged in the promotion of health services in their catchment areas.

Provided on-the-job training and orientation sessions to the technical staff of our HFs to build their capacity to the required level so they can deliver quality services to the communities.

SUCCESS STORIES

Qatar Red Crescent Society (QRCS)

Mariam an 11-month baby girl and the daughter of Abdullah is an orphan, who belongs to a poor family living in the fifth district of Kandahar city. Her father passed away, and as Mariam’s mother stated, their life was in a very critical situation. She brought Mariam to the clinic for getting access to free healthcare services. After the check-up, it was found that Mariam is suffering from severe malnutrition, and she was registered in the nutrition ward of the clinic. The doctor started treatment and prescribed the necessary medicines including RUTF. After two consecutive follow-ups, the overall condition of the child has been improving, and ORS was given to control her diarrhea.

Mariam’s mother and all the family members were very happy with her treatment as her condition was improving day by day. They gratitude to all the staff of the clinic for the provision of services to Mariam that caused saving her life.



Nutrition screening and service provision in Kandahar city (Credit QRCS)

Première Urgence - Aide Médicale Internationale (PU-AMI)

Zarmina comes from a small, remote village in eastern Afghanistan. As a mother of 5 children, she knows all the problems faced by women in her community. In particular, the lack of health facilities near her village puts the health of pregnant women and their unborn children at great risk.

“There are two main challenges for women in my community, they don’t have access to safe deliveries and to antenatal and postnatal checkups”, Zarmina says. “The condition of many roads and streets is very bad, people live in remote mountainous and hard-to-reach areas far away from health facilities.” Zarmina adds while closely checking on her patients.



Provision of assistance to the newborn (Credit PU-AMI)

Unfortunately, not all women are fortunate enough to be assisted by a professional midwife like Zarmina during delivery. Thus, besides the basic education at the university, Zarmina also receives additional training in Basic Emergency and Obstetrical Newborn Care (BEmONC), it helped her to manage complicated deliveries and emergency situations in her delivery room. Zarmina says, “almost a month ago, on the first week of January, a mother giving birth for the first time was brought to me with heavy bleeding due to uterine rupture. I explored and sutured the rupture. I was able to stop the bleeding and the patient’s condition become good and stable”.

Many deliveries at Zarmina’s delivery room take place at night. In most cases, midwives can’t be found in basic health centers such as Islam Abad BHC during the night. Also, traveling during the night poses a great risk for women and usually requires accompaniment by the husband or close relative.

This forces families to take pregnant women to the nearest hospital, which is often kilometers away from their village, resulting in women often dying on the way there due to complications. Therefore, it is important for Zarmina to become available for her patients at night. To ensure that Zarmina can assist with deliveries during the night shift, PU-AMI build an accommodation room next to the maternity ward where Zarmina can stay after her official shift ended.

Zarmina dedicated her life to her profession. For her, it is not just a job that she puts aside after her working hours. It is her vocation to support mothers and children and to be there for them around the clock and to help make Afghanistan a safer place for children and mothers to give birth.

“I enjoy every time when a mother goes home healthy and happy after delivery”, Zarmina says.

Johanniter

Prolonged political instability and armed conflict – worsened by natural disasters – create vulnerability in all provinces in Afghanistan, including Khost which limits access to

basic needs. Driven by this condition and the organization's mandate, the Johanner International Assistance (JIA) – in cooperation with HADAAF - provides quality health services in Khost through static health facilities and mobile health teams.

One of the beneficiaries receiving the assistance was Kamal Bibi – a 32-year-old female-headed household with 4 children living in Torghar Village (Matun District). Her husband owned a poultry farm next to their house, but the situation changed drastically for Bibi when her husband got killed due to political disputes in June 2021. Feeling helpless, economic pressure affected her mental health. Later on, her stress made her stay in bed for 1 year after her husband's death.

One day, as the MHT did a routine visit to Torghar Village, Bibi's older son (12 years old) reached out and asked MHT to visit Bibi. The psychosocial counselor found that Bibi's main stressors were her husband's death and pressure that made her the new main breadwinner in the family.



Mental health counseling (Credit Johanniter)

Bibi says “I have lost my husband and I used to think that I have lost hope in life. But now I am having my second life because of generous health care assistance from the doctors”.

To address Bibi's needs, MHT prescribed appropriate medicines and provided a series of individual counseling for 4 months. Eventually, she was finally able to get back on her feet and supported her family.

Financially supported by her relatives, Bibi re-establishes her family breeder poultry farm in the garden inside her house. This business helps Bibi's family in fulfilling their family's daily needs.

Afghan Health and Development Services (AHDS)

Ali Son of Naeem 26-year-old resident of Reg village in Spin boldak district of Kandahar province visited the AHDS-supported Trauma Care Unit due to the injuries he got in his mouth and neck during the gunshot that happened in the area of his residency. While coming to the treatment center, he had severe bleeding and respiratory difficulties.

The doctors provided urgent care to Ali including blood transfusion, tracheostomy, and hemostasis. Once the patient became stable, he was referred to the orofacial specialist hospital by the AHDS ambulance. After 15 days the patient revisited the Spin Boldak TCU for a follow-up checkup and thanked AHDS's TCU team for providing immediate emergency services that saved his life.

Bakhtar Development Network (BDN)

Mohamad S/O Abdul Wahid, a resident of Shortipa District, Basharily village of Balkh province brought to the mobile health team by his mother for seeking health care services, after the assessment of his nutrition status by anthropometric tools, he was detected as a SAM case with severe wasting without any other complications, he enrolled in OPD SAM treatment program (OPD SAM).

The child was admitted to the OPD SAM treatment with MUAC 11 cm, health worker prescribed the RUTF. Additionally, the Health Facility Nutrition Nurse has provided counseling on nutrition-optimal practices and behaviors and how to take care of the malnourished child, proper use of RUTF, and the date for the next visits. After almost seven weeks of treatment, Mohamad Mohammad's weight increased from 7.8 kg to 9.7 kg.

In conclusion, Mohamad was discharged as a cured child from the OPD SAM program, and after two follow-up visits, the final dose of RUTF was given to him, and referred to CHWs for follow-up in the community.

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/>