

Saving lives, protecting the vulnerable and responding to life-threatening emergencies in Afghanistan

WHO Health Emergencies Programme report 2023



**World Health
Organization**

Afghanistan

HEALTH
EMERGENCIES
programme

Saving lives, protecting the vulnerable and responding to life-threatening emergencies in Afghanistan

WHO Health Emergencies Programme report 2023



WHO Library Cataloguing in Publication Data

Names: World Health Organization. Eastern Mediterranean Region

Title: Saving lives, protecting the vulnerable and responding to life-threatening emergencies in Afghanistan: WHO Health Emergencies Programme report 2023 / World Health Organization. Eastern Mediterranean Region

Description: Cairo: World Health Organization. Eastern Mediterranean Region, 2024

Identifier: ISBN 978-92-9274-291-1 (pbk.) | ISBN 978-92-9274-292-8 (online)

Subjects: Emergency Medical Services | Disaster Planning | Delivery of Health Care | Noncommunicable Diseases - prevention & control | Reproductive Health Services | Mental Health | Violence | Sexual Harassment | World Health Organization | Afghanistan

Classification: NLM WA 300

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Saving lives, protecting the vulnerable and responding to life-threatening emergencies in Afghanistan. WHO Health Emergencies Programme report 2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Contents

Foreword	v
Executive summary	vi
2023 at a glance	1
Overview of emergency preparedness and response activities in 2023	3
Key activities, events and achievements	5
Enhancing access to PHC in emergencies	6
Responding to the health needs of returnees	7
Supporting essential secondary health care services in emergencies	8
WASH interventions	9
Emergency trauma care and physical rehabilitation	10
Medical supply kits distributed in 2023	11
Capacity-building	11
Trauma care units	12
Ambulance project supported by WHO	13
Physical rehabilitation centre at Gardez, Paktya	13
Blood bank support	14
Trauma working group	14
Infectious hazards and preparedness	15
Key activities of the Infectious Hazard Preparedness team	16
Nutrition in emergencies	21
Nutrition achievements in 2023	22
Best practices	22
Reproductive health services including maternal, newborn and child health in emergencies	23
Reproductive health achievements in 2023	24
MHPSS in emergencies	26
WHO MHPSS Programme	27
MHPSS achievements in 2023	27
Capacity-building	29
Drug demand reduction	30
Activities in 2023	31
NCD response in emergencies	34
NCD prevention and control achievements in 2023	35
Information management for health emergency operations	36
Training and capacity-building	37
The 4W framework	37

Health Cluster in Afghanistan	38
Health Cluster key activities in 2023	39
Health Cluster achievements in 2023	40
Prevention of and response to sexual exploitation, abuse and harassment in emergencies	42
Safeguarding our own house	42
Engagement with health partners on PSEA	42
PSEA community awareness-raising	42
Strengthening SEA community reporting mechanisms	43
SEA risk assessment and mitigation	43
Access to survivor-centred services for victims of SEA	44
Issues identified	45
Health response to GBV in emergencies	46
GBV response achievements	47
Lessons learned	47
Monitoring and evaluation in emergencies	48
PMU achievements in 2023	49
Operations, support and logistics	50
Herat earthquake response	51
Best practices and learnings in 2023	52
Capacity-building interventions	53
Acknowledgements	54

Foreword

The year 2023 presented several challenging scenarios within an already protracted complex emergency response. Confronted with dwindling funding resources as the global community continues to grapple with conflicts and multiple disasters in different part of the world, WHO Afghanistan remained committed to supporting communities and populations in need.

In 2023, the WHO Health Emergencies Programme (WHE) rolled out a programme of action to implement technical and operational interventions toward strengthening a context-specific and operationally dynamic response. Interventions were targeted at meeting the health needs of Afghanistan's crisis-affected populations, as outlined in WHE's operational plan for 2023. We have consistently implemented this plan in collaboration with donors, partners and other stakeholders, as well as with the affected people of Afghanistan. Approximately 3 million people received primary health care interventions, and WHE teams conducted last-mile distribution of more than 5383 metric tonnes of emergency medical supply kits to affected populations, especially in the underserved areas of the country.

I would also like to commend the key role played by Dr Alaa Abu Zaid, former Team Lead of the Health Emergencies Programme at WHO, in advancing health emergency response efforts in Afghanistan throughout 2023. His leadership and expertise have been instrumental in guiding WHO's initiatives to ensure the delivery of critical health care services to those in need amid challenging circumstances.

I am grateful to all donors, Health Cluster partners, implementing partners and the people of Afghanistan for their support, and consider it a privilege to serve the affected populations in the country.

Dr Jamshed Tanoli

WHO Health Emergencies Team Lead
WHO Afghanistan



Executive summary

In 2023, Afghanistan is still making efforts to deal with the impact of over four decades of conflict, political instability, recurrent natural disasters, climate change and infectious disease outbreaks. Out of a population of around 43.1 million, more than 23% of people live in underserved areas of the country.

Since August 2021, the Afghan economy has shrunk by 25%, unemployment has more than doubled and underemployment has increased by almost one quarter. In 2023, 65% of families reported directly experiencing economic shock, an increase of 20% since 2022. Poverty affects one in every two Afghan people, with 80% of households living on less than US\$ 1 a day per member and more than 13 million people (29% of the population) facing a high level of food insecurity (IPC Phase 3 and above). In October

2023, a series of three 6.3-magnitude earthquakes struck Herat province in just eight days, killing nearly 1500 people and injuring approximately 2000, destroying around 40 000 homes and leaving 275 000 people in urgent need of shelter and emergency health interventions. Additionally, flooding in 2023 affected nearly 27 600 people across 26 provinces, destroying agricultural land, crops and infrastructure.

Despite the challenges, WHO implemented various interventions and recorded notable achievements in support of people in need. In 2023, the Health Cluster engaged with over 70 partners, of which 62 (four United Nations agencies, 26 international nongovernmental organizations and 32 national nongovernmental organizations) reported their activities through the ReportHub.



WHO and partners reached 16.5 million people (47% women, 21% men, 16% girls and 16% boys) across 89 districts in all 34 provinces. Throughout 2023, WHO Afghanistan implemented targeted primary health care (PHC) interventions, supported 317 PHC centres and installed 44 connexes/health facilities, covering 33 provinces and approximately 3 million beneficiaries (60% of which were female). In addition, 4 205 800 people benefited from medical supplies provided to WHO-supported secondary health care facilities.

In response to the returnee crisis, WHO and Health Cluster partners deployed an integrated response to reach 208 928 returnees (74 359 women, 52 165 men, 43 344 girls and 39 060 boys) with various health services encompassing primary and secondary health care interventions.

In 2023, in addition to distributing trauma and emergency surgery kits, the WHO Health Emergencies Programme (WHE) trauma team reached more than 229 227 Afghan patients and trained 51 health professionals on mass casualty management, with a special focus on senior health facility and health management staff.

There was a total of 1138 outbreak alerts in 2023, of which 1106 (97.2%) were responded to within 24–48 hours and 367 (33.2%) were laboratory-confirmed. Electronic surveillance was rolled out in 254 sentinel surveillance sites, and 295 sentinel surveillance focal points, 195 surveillance support teams and 74 national disease surveillance and response staff were trained on surveillance procedures. As part of nutrition interventions, WHO-supported facilities admitted and treated 50 588 children (25 800 boys and 24 788 girls) with complicated severe acute malnutrition.

WHE also strengthened reproductive health interventions in emergency settings: 41 881 women of childbearing age received family planning services (including counselling) and 6076 deliveries were conducted by the target hospitals. A total of 37 hospitals were supplied with 222 essential reproductive health kits.

During January–December, a total of 194 722 people received mental health consultations and 181 744 received immediate psychosocial counselling. WHO provided operational support to five pilot drug addiction treatment centres in a joint project with the United Nations Office on Drugs and Crime (UNODC). A total of 974 people with drug use disorders (852 adult males, 74 adult females, 18 adolescent males, 1 adolescent female and 29 children) completed drug treatment services in six provinces, while 3132 clients received pretreatment motivational counselling.

In response to the rising trends in noncommunicable diseases (NCDs), WHE adapted the WHO Package of Essential NCD interventions (WHO PEN) to the Afghanistan context and conducted PEN training-of-trainers in Kabul for 25 physicians and 12 midwives. A total of 33 587 women and 27 000 men received sexual exploitation and abuse (SEA) awareness-raising information, and 269 frontline health care providers including 77 doctors, 101 midwives, 87 nurses and 4 psychosocial counsellors (78% female) received five days of training on prevention of SEA and health response to gender-based violence (GBV) in emergency settings. Moreover, a total of 1727 GBV cases were reported to and received advanced treatment in the national advanced GBV referral centre, of which 99% (1727) were female and 1% were male survivors.

The Programme Monitoring Unit conducted 1152 monitoring missions (Health Emergency Response project's 96 hospitals) and 2803 monitoring visits (WHO-supported projects) country-wide. The overall client and patient satisfaction rate during 2023 was 88%. Overall, WHO supplied 13 590 medical kits to 837 health facilities for 14 909 200 beneficiaries. WHO appreciates the support of various stakeholders, United Nations agencies and Health Cluster partners, the donor community, and the people of Afghanistan as we work together across the country. This report provides an overview of WHE's work in Afghanistan in support of people in need, especially in underserved areas.

2023 at a glance



FEBRUARY

- Assessment of district hospitals for establishment of emergency services
- Points-of-entry assessment for establishment of screening, in line with the International Health Regulations (2005)
- Assessment visit to Kandahar drug addiction treatment centre (DATC)

APRIL

- Nosocomial outbreak of Crimean-Congo haemorrhagic fever (CCHF)
- 526 kits distributed to PHC health facilities in four provinces (Zabul, Urozgan, Helmand, Nimroz)
- WHO deployed three staff from Kandahar office and four from Kabul to investigate the CCHF outbreak and provide technical support to Department of Public Health partners for response interventions

JUNE

- CCHF outbreak

MARCH

- European Civil Protection and Humanitarian Aid Operations (ECHO)/WHE team led a monitoring mission
- ECHO delegations undertook a monitoring mission to the northeast provinces
- Assessment of DATCs for planned 3 years of WHO support

MAY

- Event-based surveillance (EBS) implementation in five provinces
- Quarterly Health Cluster meeting





JULY

- Inauguration of three new therapeutic feeding units in districts of Kandahar
- High-level joint mission to Panjshir with United Nations organizations
- WHO responded to flash flood in Maidan Wardak, Central Region

SEPTEMBER

- High-level WHO headquarters/Regional Office mission on mental health and psychosocial support/disarmament, demobilization and reintegration
- High-level ECHO mission to Badakhshan.

NOVEMBER

- Inauguration of Spin Boldak Emergency Hospital
- WHO deployed response for Afghan returnees from Pakistan
- Inauguration of 100-bed DATC in Kandahar province
- Implementation of water, sanitation and hygiene activities in 22 health facilities

AUGUST

- Inauguration of 100-bed DATC in Kandahar province
- Implementation of WASH activities in 22 health facilities

OCTOBER

- WHO responded to high magnitude earthquakes in Herat and western regions

DECEMBER

- Roll out of electronic surveillance in 254 surveillance sentinel sites



Overview of emergency preparedness and response activities in 2023

Afghanistan, with a population of around 43.1 million, has been affected by significant vulnerabilities, decades of conflict, recurrent infectious disease outbreaks and natural disasters, as well as persistent and severe drought conditions that are forecasted to continue into 2024.

Following the change of regime, Afghanistan's economy has contracted significantly, plunging by 20.7% in 2021 and an additional 6.2% in 2022. Since the political transition, unemployment has also more than doubled and underemployment has increased by almost one quarter. In 2023, 65% of families reported directly experiencing an economic shock, a 20% increase compared to 2022. Poverty affects one in every two Afghans, with 80% of Afghan households living on less than US\$ 1 a day per household member. In 2023, more than 13 million people (around 29% of the population) faced high levels of food insecurity (IPC Phase 3 and above).¹

The recurrent adverse climatic conditions have implications for water, sanitation and hygiene (WASH), with only 20% of households reporting access to basic WASH services, while almost 80% of households do not have enough water for drinking, cooking, bathing and washing.

According to the Afghanistan Independent Human Rights Commission, only 36% of girls are enrolled in primary school and 19% in secondary school. In 2023, the de facto authorities banned girls from attending secondary schools, further limiting their access to education.

43.1 million
total population



80% of households
live on less than
US\$ 1 a day per
household member



29% of the population
face high level of
food insecurity



80% of households
lack access to
enough water



¹ Afghanistan: acute food insecurity situation for October 2023 [website]. Integrated Food Security Phase Classification (IPC); 2023 (<https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156740/?iso3=AFG>).

In October 2023, a series of three 6.3 magnitude earthquakes struck Herat province within just eight days, killing nearly 1500 people and injured approximately 2000. The tremors also destroyed around 40 000 homes and left 275 000 people in nine districts in urgent need of shelter and emergency health interventions. Additionally, flooding in 2023 affected nearly 27 600 people across 26 provinces, causing destruction to agricultural land, crops and infrastructure.

The WHO country office in Afghanistan, through its WHO Health Emergencies Programme (WHE), has been leading the response to humanitarian and public health emergencies across the 34 provinces of Afghanistan. With a workforce of more than 1000 across the country, the WHE team has been supporting primary health care (PHC) services in vulnerable situations and conditions. Around 20% of Afghanistan's 43.1 million population live in remote and hard-to-reach underserved areas, where access to health and life saving interventions is a major challenge.

From Badakhshan to Kandahar/Nimruz and from Herat to Khost, from earthquakes and infectious disease outbreaks to displaced populations, WHO continues to deploy a timely response to protect the vulnerable and deliver life-saving interventions to the people of Afghanistan. WHO is grateful to our donors, partners, stakeholders and the affected populations that we serve.

3 strong earthquakes
struck Herat province



275 000 people
affected by earthquakes required urgent emergency health interventions



27 000 people
affected by floods across 26 provinces



23% of the population
live in hard-to-reach underserved areas



Key activities, events and achievements

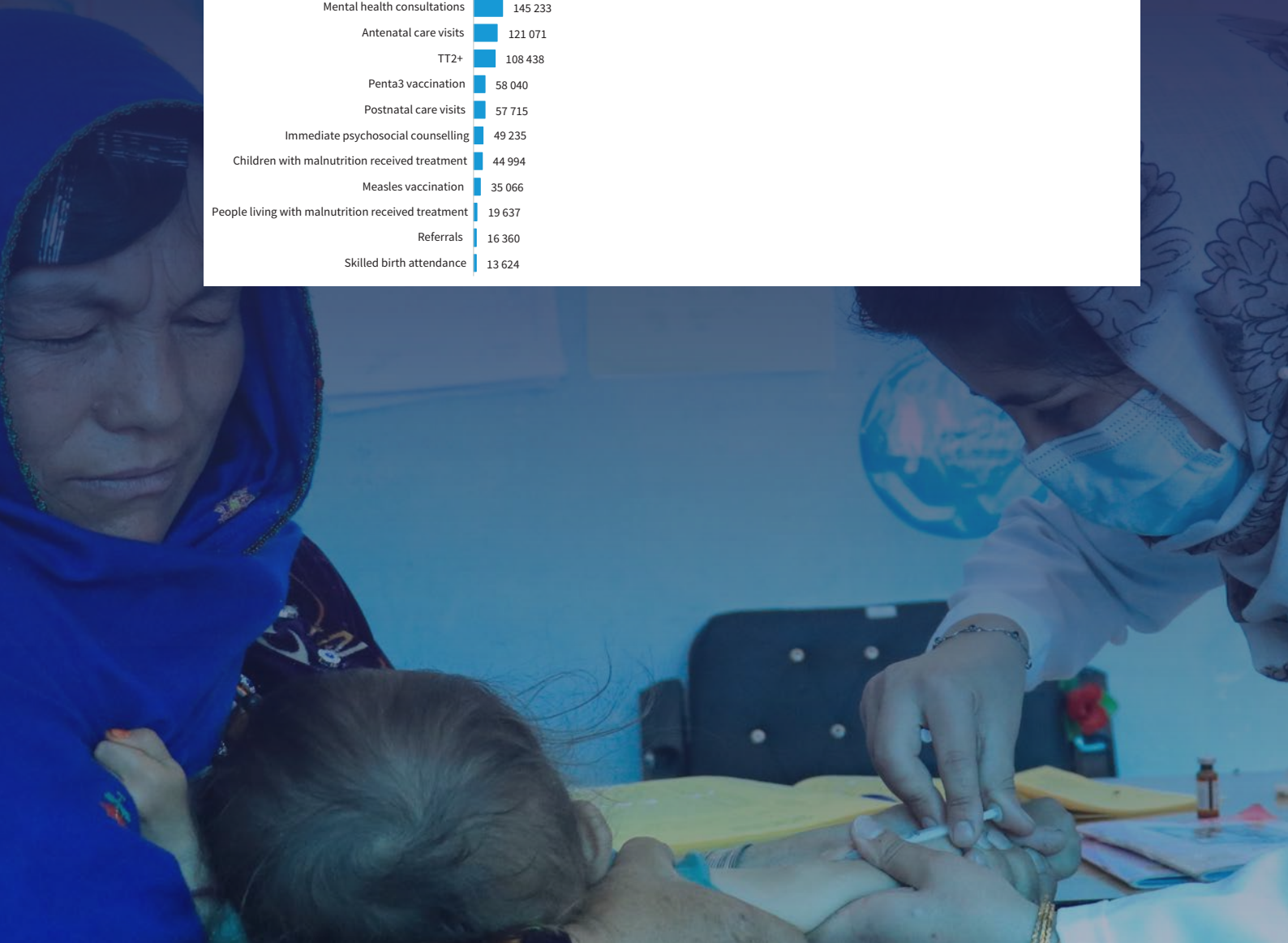
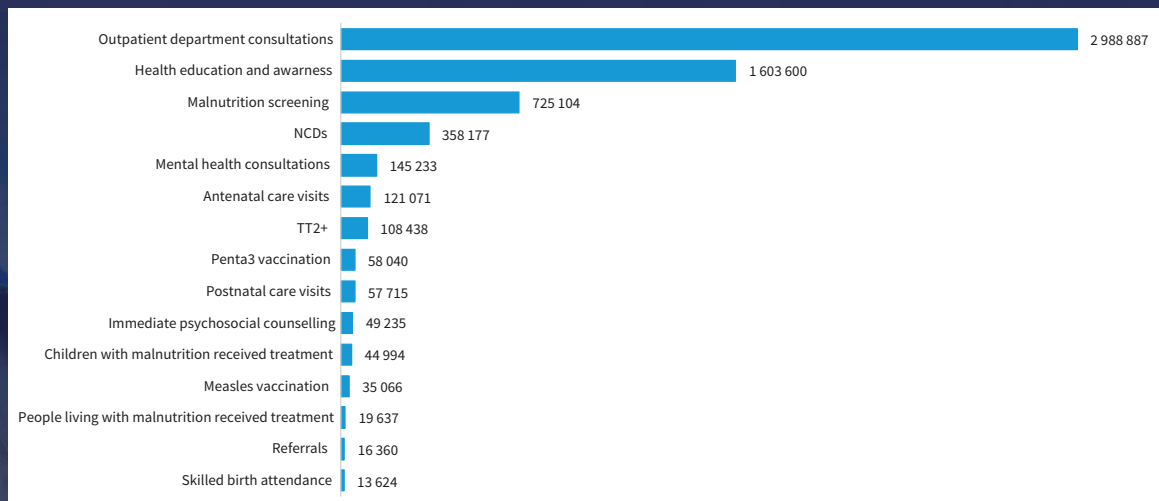


Enhancing access to PHC in emergencies

PHC remains the bedrock of Afghanistan's health system, as per the Basic Package of Health Services (BPHS) guideline. The BPHS provides a wide range of services to people in need, including immunization, health screening, mental health and psychosocial support (MHPSS), reproductive health, and NCD screening and support (Fig. 1). Providing basic and essential PHC is key to sustaining the health of emergency-affected populations. In 2023, WHO Afghanistan completed a mapping of underserved areas, which will play a strategic role in implementing PHC services.

In 2023, WHO Afghanistan supported 317 PHC centres and completed the installation of connexes for 44 health facilities, covering 33 provinces. These PHC facilities included three comprehensive health centres, 88 basic health centres, 189 subhealth centres and 37 mobile health teams, working with nine implementing partners. In 2023, WHO's PHC response interventions reached a catchment population of almost 3 million people, around 60% of whom were female.

Fig. 1. WHO-supported PHC services, 2023



Responding to the health needs of returnees

As at December 2023, 471 500 returnees had been received in Afghanistan, around 48% of whom were female. A total of 304 500 returnees arrived at Torkham (Nangarhar province) and 159 700 at Spin Boldak (Kandahar province). WHO and Health Cluster partners have reached 208 928 returnees (74 359 women, 52 165 men, 43 344 girls and 39 060 boys) with various health services encompassing PHC and secondary health care consultations, MHPSS, and maternal, newborn and child health care. A total of 46 different case management kits for acute watery diarrhoea (AWD) and acute respiratory infection (ARI), as well as 32 COVID-19 rapid diagnostic test (RDT) kits, were supplied to the above-mentioned provinces.

**471 500
returnees**

received

48%
were female

**208 928
returnees**

reached by WHO and
Health Cluster partners
with various
health services

**46 case
management
kits**

supplied to
Nangarhar and
Kandahar provinces



Supporting essential secondary health care services in emergencies

In 2023, WHE supported 24 hospitals with a total bed capacity of 1472 beds, including 15 integrated infectious disease hospitals, mother and child hospitals, and trauma and emergency care hospitals (Table 1). The integrated infectious disease hospitals, which were previously COVID-19 health care facilities, were upgraded to cater not only for COVID-19 but also for several other priority infectious diseases, in line with the identified needs of communities and affected populations. This was part of WHE's strategic intervention for strengthening infectious hazard preparedness and response capacity, given the high vulnerability of Afghanistan. These hospitals provided secondary (including inpatient) and tertiary health care services to approximately 1 million beneficiaries.

Table 1. WHO-supported hospitals providing secondary health care services, 2023

Hospital category	Number of hospitals	Bed capacity
Integrated infectious disease hospitals	15	720
Specialty tertiary care hospitals	3	272
Mother and child hospitals	3	130
Trauma and emergency care hospitals	3	350



WASH interventions

WHO supports WASH interventions in health facilities, working with the WASH cluster and partners. In 2023, WHO implemented WASH activities in 105 health facilities in 11 provinces. Achievements included:

- 105 borehole water sources established, with solar power and water supply network
- 580 toilets constructed/rehabilitated, with septic tanks and sanitation network
- 105 medical waste management facilities established
- 630 hygiene and handwashing facilities installed.

WHO provided WASH supplies to 70 health facilities in the east and northeast regions; 480 water quality tests were conducted; and 83 staff from the Environmental Health Directorate/Ministry of Public Health were trained on different aspects of water quality testing. In addition, WASH rehabilitation activities were implemented in 28 therapeutic feeding units in nine provinces.



Emergency trauma care and physical rehabilitation



Medical supply kits distributed in 2023

WHO supplied standardized essential medicines (health kits) and medical consumables to meet different health needs in humanitarian and public health emergencies. These kits are deployed to provide reliable, quick, easily accessible medicines and supplies for emergency life-saving interventions to those in need. A total of 2344 trauma and emergency surgery kits (TESK) were distributed to health facilities around the country, reaching more than 229 227 patients.

229 227
beneficiaries
of trauma and
emergency
services kits



Capacity-building

The WHE trauma programme in Afghanistan includes the following capacity-building trainings:

- mass casualty management
- emergency care toolkit
- safe blood safe transfusion.

In 2023, WHE's trauma team trained: 51 health professionals on mass casualty management, with a special focus on senior health facility and health management staff; 73 health professionals on safe

blood, safe transfusions; and 94 health professionals on the emergency care toolkit, including frontline clinicians working in trauma and emergency care, designated emergency response focal points in health facilities, hospital management staff/designated focal persons involved in emergency preparedness, non-rotated health care providers assigned to emergency units in health facilities, general/orthopaedic surgeons/traumatologists, gynaecologists, anaesthesiologists and head nurses (Table 2).

51
health professionals
trained on mass
casualty management



73
trained on safe blood safe
transfusion

94
trained on emergency
care toolkit

Table 2. Participants of training in Afghanistan, 2023

Training	Male	Female	Total
Mass casualty management	38	13	51
Emergency care toolkit	94	0	94
Safe blood, safe transfusion	68	5	73

Trauma care units

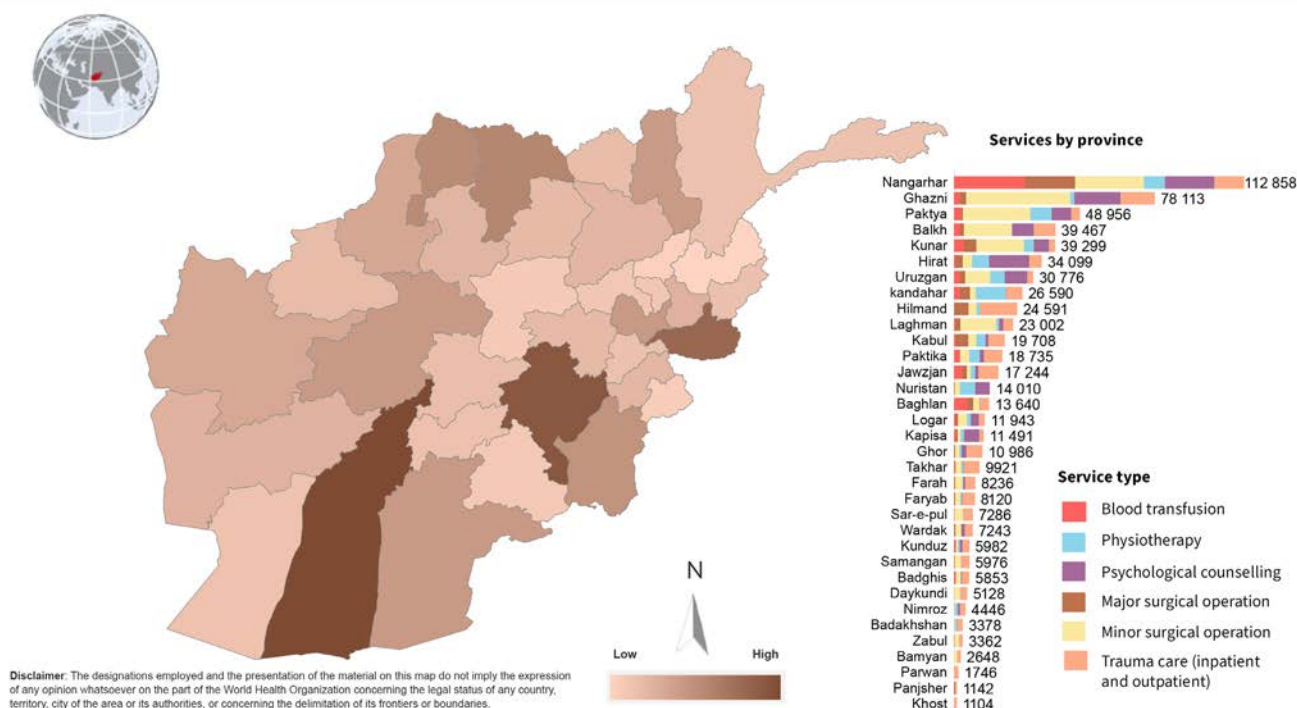
Trauma care is a priority for WHO and partners in Afghanistan. During 2023, WHO and partners supported 177 health care facilities across the country in: trauma information management; building national capacity; strengthening trauma service delivery; developing contingency and mass casualty management plans; and conducting simulation exercises.

The number of trauma patients who received services in the WHO-supported health facilities is shown in Table 3, and the sites of trauma care support services across Afghanistan are shown in Fig. 2.

Table 3. Number of trauma patients who received services in WHO-supported facilities

Activities	Male	Female	Boys	Girls	Total
Inpatient admission	10 550	3307	6330	3624	23 811
Outpatient consultation	48 664	17 756	34 974	22 530	123 924
Major surgical operations	19 716	12 482	18 676	9216	60 090
Minor surgical operations	68 225	37 846	55 770	42 661	204 502
Blood transfusion	13 491	22 495	14 795	12 261	63 042
Physiotherapy	26 390	23 288	13 681	8156	71 515
Psychological counselling sessions	34 083	53 665	8039	14 443	110 230

Fig. 2. Sites for trauma care support



WHO supported the operation of three emergency hospitals across the country:

1. Lashkar-Gah, an emergency hospital based in Helmand province
2. Spin Boldak, a 30-bed emergency hospital based in Kandahar province
3. Torkham, a 20-bed emergency hospital based in Nangarhar.

Ambulance project supported by WHO

In 2023, WHE supported the pre-hospital referral ambulance services in Kabul, Herat, Balkh, Paktya, Parwan, Maiden-Wardak and Nangarhar provinces, as part of efforts to strengthen the referral mechanism in Afghanistan (Table 4). The project ensured the provision of round-the-clock, free-of-charge, patient-centred, safe emergency medical transport and first aid services to those in need. This has positive implications for the management of emergency cases and complicated pregnancies and deliveries.



Table 4. WHO-supported ambulance services, 2023

Number of patients referred by ambulance, May–August 2023								
	Kabul	Herat	Parwan	Wardak	Nangarhar	Balkh	Paktya	Total
Number of referrals	5118	4408	1091	639	1648	2064	601	15 569
Target	5250	3780	2520	1050	2730	2520	1050	18 900

Physical rehabilitation centre at Gardez, Paktya

To improve the quality of physical rehabilitation services for persons with disabilities and victims of war in targeted districts, WHO supported health partners to provide physical rehabilitation services including physiotherapy, orthosis, prosthesis and repair of prosthetics/orthotics. Health staff were trained on disability and physical rehabilitation in emergency settings, and in raising community awareness on disability causes, prevention and rights. In 2023, direct beneficiaries of these interventions included 10 191 people who were victims of conflict, mines and/or explosive remnants of war, as well as persons with disabilities (Table 5).

10 191
people
benefited from physical
rehabilitation services



Table 5. Persons with disabilities and victims of war benefitting from services, 2023

Beneficiaries	Number (%)
Male	5076 (50%)
Female	1592 (16%)
Children	3523 (34%)
Total	10 191

Blood bank support

In 2023, WHO supported a total of 67 blood banks across Afghanistan with consumables. WHO provided equipment to regional- and provincial-level blood banks, and training was conducted for 73 health professionals. Furthermore, WHO provided technical support to conduct monitoring of blood bank services for 104 blood banks across the country. The report shared with the Ministry of Public Health will help to guide and improve the safety and quality of blood services.

Trauma working group

- **WHE trauma technical working group:** the WHE trauma team established a technical working group with the Ministry of Public Health, the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF), under the umbrella of the Health Cluster.
- **Herat earthquake response:** the WHE trauma team integrated with the WHO Afghanistan Incident Management Support Team (IMST) for the Herat earthquake response, providing urgent technical support in several areas including proposal development, on-the-job training, mass casualty management, post-operative care, infection prevention and control, trauma service delivery, data analysis and health information management, as well as provision of medical supplies.

67 blood banks

supported with consumables

104 blood banks

supported to conduct monitoring of services

WHE technical working group

established, with health ministry, ICRC and MSF

WHO IMST

integrated for Herat earthquake to provide urgent technical support



Infectious hazards and preparedness

The goal of the Infectious Hazard Preparedness unit is to reduce preventable morbidity and mortality associated with infectious diseases in Afghanistan. The team is mandated with strengthening the country's public health capacity to prepare for, detect early, and respond in a timely manner to emerging and re-emerging epidemic-prone infectious diseases. The past year has seen significant achievements, and the team has set the stage for continued growth and impact.



Key activities of the Infectious Hazard Preparedness team

Surveillance and outbreak investigation

- A total of 1138 outbreak alerts were detected and reported, of which 1106 (96%) were responded to within 24–48 hours.
- Of that total, 367 (33.2%) outbreaks were laboratory-confirmed.
- COVID-19 surveillance was integrated into the national disease surveillance and response (NDSR) system.
- The average completeness rate of weekly reports from sentinel sites was 98%.
- Electronic surveillance was rolled out in 254 sentinel surveillance sites; focal points at sentinel sites were trained on e-surveillance; and data analysis and visualization training was conducted for 23 participants.
- A total of 295 sentinel surveillance focal points, 195 surveillance support teams and 74 NDSR supervisors, officers and coordinators were trained on surveillance procedures.
- Weekly infectious disease outbreak situation reports were prepared and disseminated on a timely basis.
- A total of 2479 health care workers (including 174 females) in eight regions of 34 provinces were trained on case management protocols for priority infectious diseases.



1138
alerts
detected and
reported

1106 (96%)
alerts
responded
to within
24–48 hours

98%
completeness
rate of weekly reports
from sentinel sites



254
sentinel sites
equipped with
electronic surveillance

564
focal points
trained on surveillance
procedures



2479
health care workers
in 34 provinces trained on case
management protocols for priority
infectious diseases

Laboratories

- Testing capacity for some priority infectious diseases was decentralized from the Central Public Health Laboratory to five regional reference laboratories and infectious disease hospitals.
- A total of seven GeneXpert PCR machines, five automated nucleic acid extraction machines, and 10 Abbott ID NOW machines were provided to laboratories across the country.
- A total of 60 laboratory technicians were trained on biosafety and diagnosis of priority infectious diseases.



60
laboratory technicians
trained on biosafety and diagnosis of priority infectious diseases

Influenza and pandemic influenza preparedness

- National guidelines on integrated sentinel surveillance systems for influenza and SARS-CoV-2 were developed and translated into local languages.
- The number of influenza sentinel surveillance sites was expanded from nine sites to 10.
- Epidemiological/virological data and viruses were shared the Global Influenza Surveillance and Response System (GISRS).
- The new version of the Eastern Mediterranean Flu Network (EMFLU 2.0) platform was rolled out for influenza surveillance.
- Refresher training was conducted for 10 influenza assistants and 13 NDSR officers in 10 provinces (Kabul, Kapisa, Herat, Balkh, Bamyan, Baghlan, Badakhshan, Paktya, Nangarhar and Kandahar).



Expansion to 10
from 9 influenza surveillance sentinel sites

23 influenza assistants and NDSR officers
in 10 provinces received refresher training



Event-based surveillance

- A total of 2120 signals were reported during 2023 (signals are information that may represent events of public health importance, either from the community, a health facility or laboratory)
- Of the 2120 signals, 1065 (50.2%) were verified as events (confirmed through triage and verification processes): 115 signals were reported by the community, 551 were reported by the private sector and 399 were reported by health facilities.
- Event-based surveillance training was conducted for 1049 community health supervisors and medical officers, and for 11 000 community-level key informants.

International Health Regulations (IHR) and One Health

- The Torkham and Islam Qala public health teams screened a total of 1.2 million travellers for various infectious diseases in 2023.
- A One Health consultative workshop was organized in September 2023.

Support in responding to Herat earthquake

- A total of five dedicated surveillance support teams with two assigned vehicles were assigned to active surveillance in earthquake-affected areas of the Zenda Jan district of Herat province.

- Laboratory supplies and case management kits were delivered to Herat NDSR staff for detection and response to alerts/outbreaks of infectious diseases, including:
 - » 150 AWD rapid diagnostic test kits
 - » 1000 COVID-19 rapid diagnostic test kits
 - » 300 influenza viral transport medium kits
 - » 30 AWD investigation kits.
- COVID-19 vaccination was provided to 1240 adults (459 males and 781 females).
- Table 6 shows infectious diseases detected in Zenda Jan district of Herat province between 9 October and 31 December 2023.

Support in responding to returnees

- In addition to two public health teams operational in Torkham (Nangarhar) and Islam Qala (Herat), nine surveillance support teams (two members per team) were assigned in Torkham (Nangarhar), Spin Boldak (Kandahar) and Angor Ada (Paktika).
- A total of 46 case management kits for AWD and ARI and 32 COVID-19 rapid diagnostic test kits were supplied to the above-mentioned provinces.
- Table 7 shows infectious diseases detected between 9 November and 31 December 2023 at Angor Ada (Paktika), Torkham (Nangarhar), Spin Boldak (Kandahar) and Islam Qala (Herat) points of entry.

Table 6. Infectious diseases detected and responded to in Zenda Jan district of Herat (2023 earthquake response)

Diseases	Number of reported cases from 9 October to 31 December 2023						
	Male		Female		Total		
	<5 years	>5 years	<5 years	>5 years	Male	Female	Total
ARI	1658	2988	1668	3821	4646	5489	10 135
Measles	3	0	0	0	3	0	3
AWD	262	207	242	195	469	437	906
Suspected COVID-19	2	1538	1	3309	1540	3310	4850
Confirmed COVID-19	0	95	0	190	95	190	285

Table 7. Alerts detected and responded to as part of the returnee response

Diseases	Number of reported cases from 9 November to 31 December 2023						
	Male		Female		Total		
	<5 years	>5 years	<5 years	>5 years	Male	Female	Total
ARI	358	1143	295	615	1501	910	2411
Measles	1	0	1	2	1	3	4
AWD	130	235	111	101	365	212	577
Suspected COVID-19	0	1050	0	635	1050	635	1685

Outbreak preparedness and response













Table 8 shows the major outbreaks of infectious diseases that were detected and responded to in Afghanistan during 2023.

Table 8. Outbreaks detected and responded to in Afghanistan, 2023

Major outbreak	Number of cases	Number of deaths	Case fatality rate
ARI	1 383 066	2790	0.2
AWD/cholera	222 230	101	0.05
Measles	25 856	64	0.2
Dengue fever	1496	1	0.1
Crimean-Congo haemorrhagic fever	1263	114	9.2
COVID-19*	230 629	7972	3.5
COVID-19 vaccination			
Proportion of the population fully vaccinated	39.8%	Proportion of the population that received at least one dose	44.6%
Proportion of the population that received booster dose	7.0%		

*The COVID-19 figures are reported for the period February 2020–December 2023

During 2023, medical supplies, equipment and kits were distributed to respond to disease outbreaks across the country.

<p>AWD with dehydration</p> <p>Rapid diagnostic tests (RDTs) and Cary Blairs</p> <p>10 000 RDTs and Cary Blairs</p> <p>AWD case management kits</p> <p>1060</p> 	<p>Dengue fever</p> <p>Gravitraps</p> <p>1200</p> <p>Dengue fever RDTs</p> <p>5000</p> <p>Larvicide for dengue</p> <p>1200 kg</p> <p>Fogging machines</p> <p>15</p> <p>Dengue fever case management protocol printed and distributed</p> <p>500</p> 		<p>Crimean-Congo Hemorrhagic Fever (CCHF)</p> <p>CCHF case management protocols printed and distributed</p> <p>500</p> <p>Double bags for case management</p> <p>5000</p> <p>Ribavirin 200mg tablets</p> <p>574 in doses</p> 	
<p>Rabies vaccine and antibodies</p> <p>130 000 doses</p> 	<p>Long-lasting insecticidal nets (LLINs)</p> <p>300 000</p> 	<p>Pneumonia kits</p> <p>450</p> 	<p>COVID-19 RDTs and viral transport media</p> <p>300 000</p> 	<p>Viral leishmaniasis medication (sodium stibogluconate)</p> <p>30 000</p> 
<p>Measles case management kits</p> <p>200</p> 	<p>Paediatric kits including severe acute malnutrition treatments</p> <p>600</p> 	<p>Hepatitis B and C treatment regimes</p> <p>5900 doses</p> 	<p>Rental vehicles for surveillance teams</p> <p>54</p> 	

Nutrition achievements in 2023

- Admitted and treated 50 588 children (25 800 boys and 24 788 girls) with complicated SAM.
- Established 12 new inpatient-SAM (IPD-SAM) centres and strengthened the operational capacity of 130 therapeutic feeding units/IPD-SAM centres by providing milk preparation kits, medical/non-medical equipment and medicines.
- Constructed two IPD-SAM centres in Kabul and Nangarhar provinces and rehabilitated WASH systems in 28 IPD-SAM centres.
- Trained 356 (148 male and 208 female) health staff on IPD-SAM and 223 (21 male and 202 female) health staff on nutrition surveillance.
- Oriented 72 media staff and traders on the International Code of Marketing of Breast-milk Substitutes and the benefits of breast milk.
- Conducted regular monitoring of 130 IPD-SAM centres, by WHO Programme Management Unit provincial monitoring and evaluation officers and Public Nutrition Department/health ministry officers.
- Supported the Ministry of Public Health in developing the emergency plan for the Herat earthquakes.



50 588
children
with complicated
acute malnutrition
treated

12 new
IPD-SAM
centres
established

130
IPD-SAM
centres
regularly monitored



356
health staff
trained on
IPD-SAM

223
health staff
trained on nutrition
surveillance

Best practices

- **Private hospital involvement:** WHO supported two private hospitals in treating children with SAM (Irene Salimi Children's Hospital and the French Medical Institute for Mothers and Children).
- **Coordination with partners:** Active participation in all nutrition-related coordination platforms including the Strategic Advisory Group, the nutrition cluster and all technical working groups (such as the working groups on assessment and information management, micronutrients, infant and young child feeding, and integrated management of acute malnutrition).
- **Integration:** Nutrition monitoring and patient satisfaction questionnaires were integrated with the WHO health emergency monitoring system.



72
media staff
and traders
oriented on
breast-milk benefits
and breast-milk
substitutes code

Reproductive health services including maternal, newborn and child health in emergencies



Reproductive health achievements in 2023

Birth spacing service

In 2023, postpartum and post-abortion birth spacing corners were established in four maternity hospitals in four provinces (Kandahar, Helmand, Herat and Badakhshan) and 25 postpartum/post-abortion birth spacing corners were established and supported in Kabul (10 service points) and Herat (15 service points). In total, 41 881 women of childbearing age received family planning services (including counselling) and 6076 deliveries were conducted by the target hospitals. Fifteen primary health care facilities in Kabul and 10 health facilities in Herat, which were supported by WHO's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) unit, conducted 121 779 normal deliveries.

Maternal and neonatal death surveillance and response (MNDSR)

Facility-level MNDSR processes/systems were established in Sakina-Yaqoubi (Herat province), Ayno-Mina (Kandahar province), Fatima-Bayat (Helmand province) and Faiz-Abad (Badakhshan province) maternity hospitals in 2023. A total of 25 professionals including hospital senior management teams and health care providers were trained and briefed on MNDSR processes, and MNDRC was operationalized in the target hospitals.

The RMNCAH team provided technical support to national maternity hospitals in Kabul (Rabia-

e-Balkhi, Malalai, Istiqlal, Khairkhana) to conduct MNDRC meetings, identify causes of deaths and report maternal and newborn death within 24 hours.

In total, 52 cases of maternal death were reported by eight hospitals in 2023 and the underlying causes of death for mothers were eclampsia, postpartum haemorrhage and embolism. A total of 635 neonatal deaths were reported by the hospitals and the underlying causes of neonatal death were prematurity, asphyxia and congenital anomalies.

Capacity-building for health care providers

WHO sponsored health care providers from target health facilities and several different competency-based trainings in 2023. The training courses included basic emergency obstetric and newborn care (BEmONC), essential newborn care (ENC), family planning, long-acting reversible contraception (LARC), MNDSR, emergency triage assessment and treatment (ETAT) and integrated management of newborn and child illnesses (IMNCI). Both pre- and post-evaluation checklists were applied to ensure the quality of training. A total of 287 medical doctors, nurses and midwives from hospitals and primary health care centres were trained in 2023 (Table 9).



41 881
women
received family
planning services

6076
deliveries
conducted by the
target hospitals

25 health
facilities
supported by
WHO/RMNCAH in
Kabul and Herat

Table 9. Capacity-building in maternal and child health in Afghanistan, 2023

Category	Description	No. of batches	Male	Female	Total
Trainings	BEmONC	2	0	34	34
	ENC	3	6	52	58
	ETAT	2	38	0	38
	Family planning	3	0	56	56
	IMNCI	2	39	0	39
	LARC	1	0	16	16
	MNDSR	2	14	18	32
Total			95	192	287

Supply of essential kits and equipment

In 2023, 37 hospitals were supplied with essential reproductive health kits. A total of 222 reproductive health kits were distributed.

The RMNCAH unit procured 61 incubators and 13 ultrasounds machines in 2023. They were distributed to 13 provincial and district hospitals across the country. WHO also supported four maternity hospitals with 20 intrauterine device insertion/removal kits, 20 implant insertion/removal kits and other accessories.



37 hospitals
supplied with
essential reproductive
health kits

222 kits
distributed to health
facilities



MHPSS in emergencies

Mental health is a worldwide public health issue and contributes 7.4% to the global burden of disease. It is estimated that a 50–100% increase in mental health disorders occurs during emergency events such as war conflict, displacement, immigration, earthquake, flood and others. Afghanistan faces a high burden of mental health problems, compounded by persistent stressors and limited mental health services. The national mental health survey (2018) showed that 47.72% of people have psychosocial stress and distress, 24.3% of them are badly affected, and that their work and quality of life are impaired by mental health problems. According to the same survey, 11.5% of children are affected in their daily lives by a mental health problem and only 11.57% of people seek care for mental health problems.

194 722

people received
mental health
consultation

181 744

people received
immediate
psychosocial
counselling



WHO MHPSS Programme

WHO, in collaboration with the Ministry of Public Health, United Nations agencies and nongovernmental organizations, has been implementing non-specialized and specialized MHPSS interventions in Afghanistan. These include the Mental Health Gap Action Programme (mhGAP) components such as the mhGAP intervention guide (mhGAP-IG), Problem Management Plus (PM+), Thinking Healthy and Mental Health in Schools, among others. In 2023, efforts were made to expand MHPSS service availability, including supporting the national Mental Health Hospital in Kabul, advocating to donors to establish acute mental health wards at provincial and regional hospitals, strengthening capacity-building of the health care workforce at different levels, and integrating MHPSS in drug addiction treatment centres (DATCs) in the country.

MHPSS achievements in 2023

Coordination and technical support for MHPSS stakeholders

- As the co-lead of the national MHPSS technical working group, under the umbrella of the Health Cluster, WHO coordinated and organized the monthly MHPSS working group meetings at the WHO country office from January to December 2023.

- Three WHO low-intensity psychological intervention manuals were translated and contextualized into Dari and Pashto (PM+, Thinking Healthy and Mental Health in Schools).
- Eight-bed acute mental health wards were established in four selected provincial hospitals (Farah, Nimroz, Bamyán and Badakhshan).
- As part of the earthquake response in Herat province, 165 psychologists and psychosocial counsellors were trained on psychological first aid by members of the MHPSS technical working group; 80 doctors were trained on mhGAP-IG in earthquake-affected districts; and a 1-day self-care training was conducted for 25 Herat regional hospital staff.
- WHO provided the full operational cost of the 100-bed national Mental Health Hospital in Kabul from January to December 2023.
- WHO provided high-level technical support to the Ministry of Public Health on MHPSS and drug demand reduction, with deployment of mental health experts from WHO headquarters and the Regional Office for the Eastern Mediterranean: a 2-day workshop on Mastering MHPSS Coordination and Services Scale Up was organized, and consultative visits were conducted to the 100-bed national Mental Health Hospital; the findings and recommendations have improved implementation of the MHPSS and drug demand reduction programmes in Afghanistan.



Capacity-building

Implementation of mhGAP-IG

The mhGAP is a WHO training manual for non-specialized health facilities. Using the manual, doctors can provide mental health services to clients/patients with psychosocial problems and mental disorders, and the community benefits from trained doctors working in nearby health facilities. During 2023, mhGAP-IG training included:

- mhGAP-IG regional training-of-trainers (ToT): one batch of training was conducted for 27 master trainers from different regions, who then cascaded the subnational training.
- mhGAP-IG roll-out training: 300 doctors from the eastern region were trained in providing mental health services and conducting referrals when needed.
- mhGAP-IG training for earthquake response: in Herat province, 80 doctors/nurses (70 males and 10 females) working in BHPS and EPHS health facilities were trained on mhGAP-IG, to provide services to earthquake-affected communities.

Implementation of PM+

PM+ is a guideline for low-intensity psychosocial interventions. Psychologists, psychosocial counsellors and social workers from DATCs were trained on the manual to provide psychosocial services to clients.

- PM+ master ToT: six days of national ToT was conducted for 47 participants (22 males and 25 females) from different regions and provinces by four global PM+ trainers. A mentorship programme was deployed, and participants were supervised for two months by international master trainers. Finally, 43 PM+ master trainers were certified to facilitate PM+ roll-out training across Afghanistan.
- PM+ roll-out training: trainings were conducted for psychologists, psychosocial counsellors, social workers and nurses working at DATCs. In total, 95 staff participated (45 females from Kabul women's DATC, 45 males from Nangahar men's/adolescent DATC and five from the opioid substitute treatment clinic in Jalalabad, Nangahar).

Table 10 shows the MHPSS training programmes conducted in 2023 on mhGAP-IG and PM+.

Table 10. MHPSS training programmes, 2023

Training programme	Total participants	Male	Female
Regional ToT on mhGAP-IG	27	25	2
mhGAP-IG roll-out training	300	258	42
mhGAP-IG training in Herat	80	70	10
National ToT on PM+	47	22	25
PM+ roll-out training	95	50	45

Supervision of mhGAP IG-trained doctors and MHPSS staff trained on PM (+)

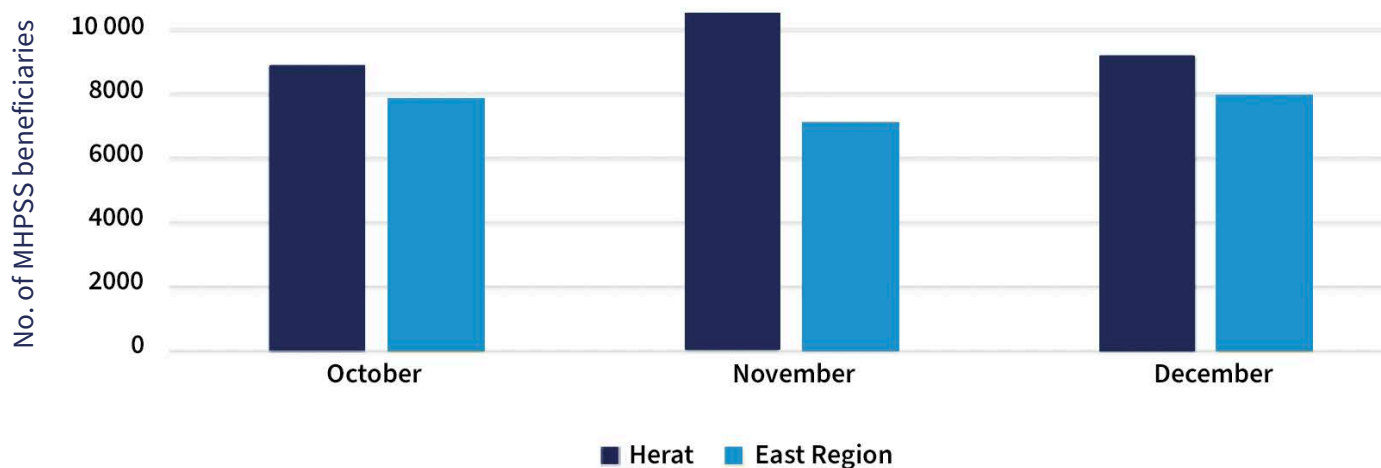
- Supervision of mhGAP-IG-trained doctors: from the 300 doctors (258 males and 42 females) that were trained by WHO, in partnership with the International Medical Corps (IMC), WHO provided six months of mhGAP-IG field supervision from August 2023 to January 2024.
- Supervision of PM+ trained health care staff: WHO technical leads partnered with global PM+ trainers to provide two months of online supervision for the 47 national PM+ trainers (22 males and 25 females); WHO also provided technical supervision to MHPSS staff of four targeted DATCs who were trained during PM+ roll-out.
- Joint supervision with mental health department of the Ministry of Public Health: mhGAP-IG trained doctors in Kunar and Nuristan provinces received joint supervision; findings were shared with BPHS and EPHS implementers and the provincial health directorate.

Impact of capacity-building and supervision

Based on the mental health morbidity report to WHO's health information management team, a total of 194 722 people received mental health consultations and 181 744 people received immediate psychosocial counselling between January and December 2023.

Fig. 3 shows the quarterly morbidity report from PHC facilities in Herat province and the East Region for October to December 2023.

Fig. 3. MHPSS quarterly report from PHC facilities in Herat province and East Region: October–December 2023



Drug demand reduction

In 2023, WHO and the United Nations Office on Drugs and Crime (UNODC), in partnership with the European Union (EU), supported drug demand reduction and harm reduction programmes in Afghanistan to provide improved services integrated with physical and MHPSS services in selected drug treatment and harm reduction programmes across the country.

5 focused pilot DATCs

received operational support from WHO and UNODC

5 small DATCs

received operational support from WHO and UNODC

4 opioid substitution treatment clinics

received operational support from WHO and UNODC



Activities in 2023

Provision of support to focused pilot drug addiction treatment centres (DATCs)

- Operational support was provided to five focused pilot DATCs by WHO: Kabul 100-bed female and children DATC, Kandahar 100-bed adult male DATC, Nangarhar 150-bed adult male DATC and Nangarhar 20-bed adolescent male DATC; and support was provided to Herat 150-bed adult male DATC by UNODC (Table 11).
- Integrated drug treatment and rehabilitation and MHPSS services were provided.
- WHO supported its counterpart organization, UNODC, in vocational rehabilitation for individuals with drug use disorders who had been stabilized in the treatment and rehabilitation programme.
- Community-based services were provided by mobile outreach teams (MOTs).
- Advocacy was conducted with the de facto health ministry authorities for provision of community-based outreach services.
- Operational support was provided to six MOTs affiliated to pilot DATCs in Kandahar and Nangarhar (three MOTs in Kandahar 100-bed adult male DATC, two MOTs in Nangarhar 150-bed adult male DATC and one MOT in Nangarhar 20-bed adolescent male DATC).
- WHO supported UNODC to implement six MOTs affiliated to pilot DATCs in Kabul and Herat (three MOTs for each DATC).
- A total of 1781 patients completed 45 days of inpatient treatment in DATCs (Table 12).

Table 11. Drug addiction treatment centres in Afghanistan

Pilot DATC	
WHO	Kabul 100-bed female and children DATC
	Kandahar 100-bed adult male DATC
	Nangarhar 150-bed adult male DATC
	Nangarhar 20-bed adolescent male DATC
UNODC	Herat 150-bed adult male DATC

Table 12. Number of patients who completed their 45 days inpatient/residential treatment in DATCs

	WHO	UNODC	Total
Pilot DATCs (n=5)			
Male adults	548	197	745
Male adolescents	18	-	18
Female adults	27	-	27
Female adolescents	2	-	2
Children	15	-	15
Sub-total	610	197	807
Basic DATCs (n=5)			
Male adults	87	20	107
Male adolescents	-	-	-
Female adults	21	26	47
Female adolescents	-	-	-
Children	-	13	13
Sub-total	108	59	167
Total	718	256	974

Basic package of support for small DATCs

- A basic package of support was provided to five small DATCs by WHO, including Bamyan 20-bed female and children DATC, Paktika 30-bed adult male DATC, Uruzgan 20-bed adult male DATC, and support was provided by UNODC to Jawzjan 20-bed female DATC and Badghis 20-bed adult male DATC (Table 13).

Expanding availability of opioid substitution treatment (OST) clinics

- Operational support was provided to two OST clinics in Kabul and Helmand by WHO and to two OST clinics in Herat and Nimrooz by UNODC (Table 14).

Capacity-building

- A one-day workshop on Adaptation of International Standards of Drug Use Disorders Treatment into the Afghanistan Context was conducted on 30 August 2023, with WHO headquarters and UNODC experts as facilitators. The 26 participants (3 females and 23 males) included representatives from the National Drug Demand Reduction (NDDR) Directorate, Afghanistan National Programme for Control of HIV/AIDS, STIs and Hepatitis (ANPASH), UNODC, the United Nations Development Programme (UNDP), staff of UNDP-supported OST clinics in Kabul, staff of Kabul 100-bed female and children DATC and WHO implementing partners under the EU project including WORLD, Human Management and Leadership Organization, Move Against Poverty of Women Organization (MAPWO) and International Medical Corps.
- A one-day workshop with stakeholders to complete the Global Survey on Progress on Sustainable Development Goals Health Target 3.5 Section on Service Capacity for Afghanistan was held on 31 August 2023. The 14 workshop participants included one female and 13 males from the NDDR Directorate, ANPASH, UNODC, UNDP and WHO mhGAP implementing partners.
- A two-day WHO-UNODC Consultative

Table 13. Basic support to small DATCs

	Small DATCs	Implementing partners
WHO	Paktika 30-bed adult male DATC	MAPWO
	Bamiyan 20-bed female DATC	MAPWO
	Urozgan 20-bed adult male DATC	MAPWO
	Jawzjan 20-bed female DATC	SAF
UNODC	Badghis 20-bed adult male DATC	SAF

SAF: Solidarity for Afghan Families.

Table 14. Support to OST clinics

	OST clinics	Implementing partners
WHO	Kabul OST clinic	RHDO
	Helmand OST clinic	RHDO
	Kandahar OST clinic	-
	Herat OST clinic	YHDO
UNODC	Herat OST clinic	YHDO

RHDO: Relief Humanitarian Development Organization; YHDO: Youth Health and Development Organization.

Workshop on the Unification of Service Delivery and Reporting of Drug Use Disorders in EU Project was held on 2–3 October 2023, bringing together international and national stakeholders including WHO, UNODC, NDDR Directorate, ANPASH and representatives of implementing partners.

- A one-day WHO-UNODC Consultative Workshop on Unification of Service Delivery and Reporting of Opioid Agonist Maintenance Treatment (OAMT) Programmes in Afghanistan was held on 19 November 2023, bringing together national and international stakeholders with experience in treatment of drug use disorders, including representatives from UNODC, UNDP, UN Women, Embassy of Japan, ANPASH and WHO and UNODC's implementing partners
- A 5-day training curriculum was developed to strengthen national capacity to provide evidence-based drug treatment and rehabilitation services. In 2023, 61 clinical staff from pilot and small DATCs (medical doctors, psychiatrists, nurses, clinical psychologists, social workers, and psychosocial counsellors)

received the 5-day curriculum, including 23 staff (all male) from Kandahar 100-bed adult male DATC, five (all male) from Uruzgan 20-bed adult male DATC and 33 (all male) from Nangarhar DATC.

- Training programmes will continue until March 2024 for 55 clinical staff from pilot and small DATCs, including 20 staff (all female) from Kabul female and children DATC, five (all female) from Bamyan female and children DATC and 30 (all male) from Nangarhar 150-bed adult male DATC and 20-bed adolescent male DATC.



974 people
with drug use
disorders completed
drug treatment
services

Achievements

- A total number of 974 clients with drug use disorders including 852 adult males, 18 adolescent males, 74 adult females, two adolescent females and 28 children who completed their inpatient/residential episode of treatment successfully in WHO- and UNODC-supported pilot and basic DATCs in nine provinces (Kabul, Kandahar, Nangarhar, Herat, Bamiyan, Paktika, Uruzgan, Jawzjan and Badghis).
- A total number of 3132 clients received pre-treatment motivational counselling.
- A total number of 30 280 people received awareness services in the community.



3132 clients
received pre-
treatment
motivational
counselling

Best practices

- Provision of enhanced drug treatment and rehabilitation services through community-based outpatient and MOT services.
- Integration of MHPSS into drug treatment and rehabilitation programmes.



30 280 people
received awareness
services in the
community



NCD response in emergencies

WHO Afghanistan, in collaboration with Primary Care International (United Kingdom of Great Britain and Northern Ireland), developed a training package on the WHO Package of Essential NCD (PEN) interventions for PHC in humanitarian settings, working with the Ministry of Public Health.



NCD prevention and control achievements in 2023

- Adaption of WHO PEN to the Afghanistan context, including development of a PEN workbook for PHC doctors and nurses, and a workbook specific to midwives translated into Dari and Pashto (August 2023).
- Creation of all presentation slides needed for the training of doctors and midwives, including translation in Dari and Pashto (September 2023).
- Conduction of PEN ToT for 25 physicians (21 male and four female) and 12 midwives in Kabul (Table 15).

The PEN Clinical Guidelines Specific for Doctors and Nurses for Afghanistan include:

- cardiovascular disease in PHC
- hypertension in PHC
- type 2 diabetes in PHC
- chronic obstructive pulmonary disease
- asthma.

The PEN Clinical Guidelines Specific for PHC Midwives for Afghanistan include:

- hypertension guide for midwives
- hypertension in pregnancy guide for midwives
- diabetes guide for midwives
- diabetes in pregnancy for midwives
- asthma guide for midwives.

Table 15. NCD trainings implemented, 2023

Training programme	Total participants	Male	Female
PEN ToT for physicians	25	21	4
PEN ToT for midwives	12	-	12



37 health workers
received
PEN ToT

Information management for health emergency operations

WHE runs a comprehensive health information management team that oversees the structured collection and flow of data, the 4W framework, information collation, analysis and dissemination of data for monitoring and evaluation, rapid assessments following disasters, and risk assessment for emergency health profiling.

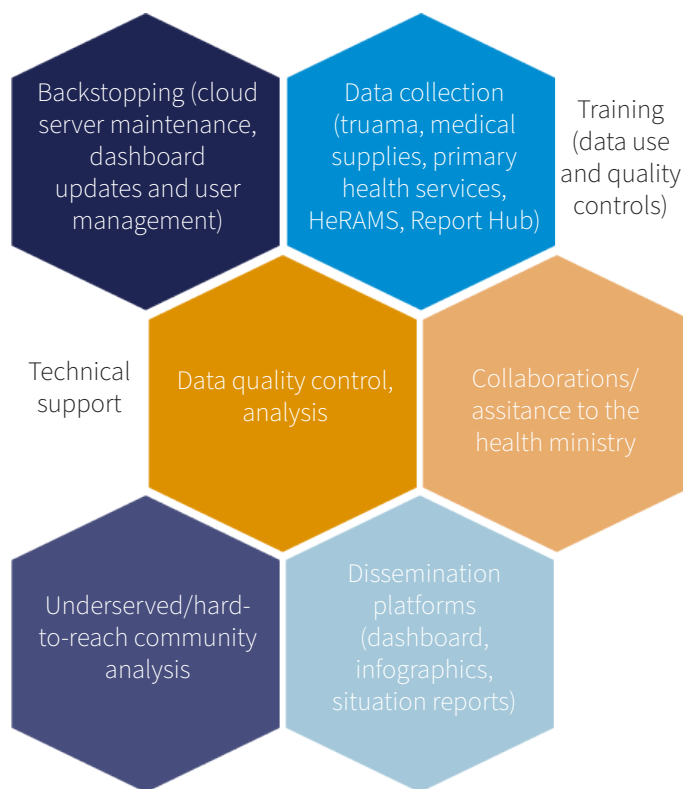


The 4W framework

The 4W (who, what, where and when) framework involves maintaining a database of health resources availability, integrating the dimensions of health interventions by determining what resources are available, when they are available, to whom they are available and where they are available (Fig. 4). An underserved areas tool was developed using geospatial analysis integrating multiple data layers to identify regions lacking PHC services in the country (Fig. 5).

- developing a database for post-graduate student management
- data management technical backstopping for the Polio Eradication Initiative in underserved areas.

Fig. 4. Illustration of the health information management framework

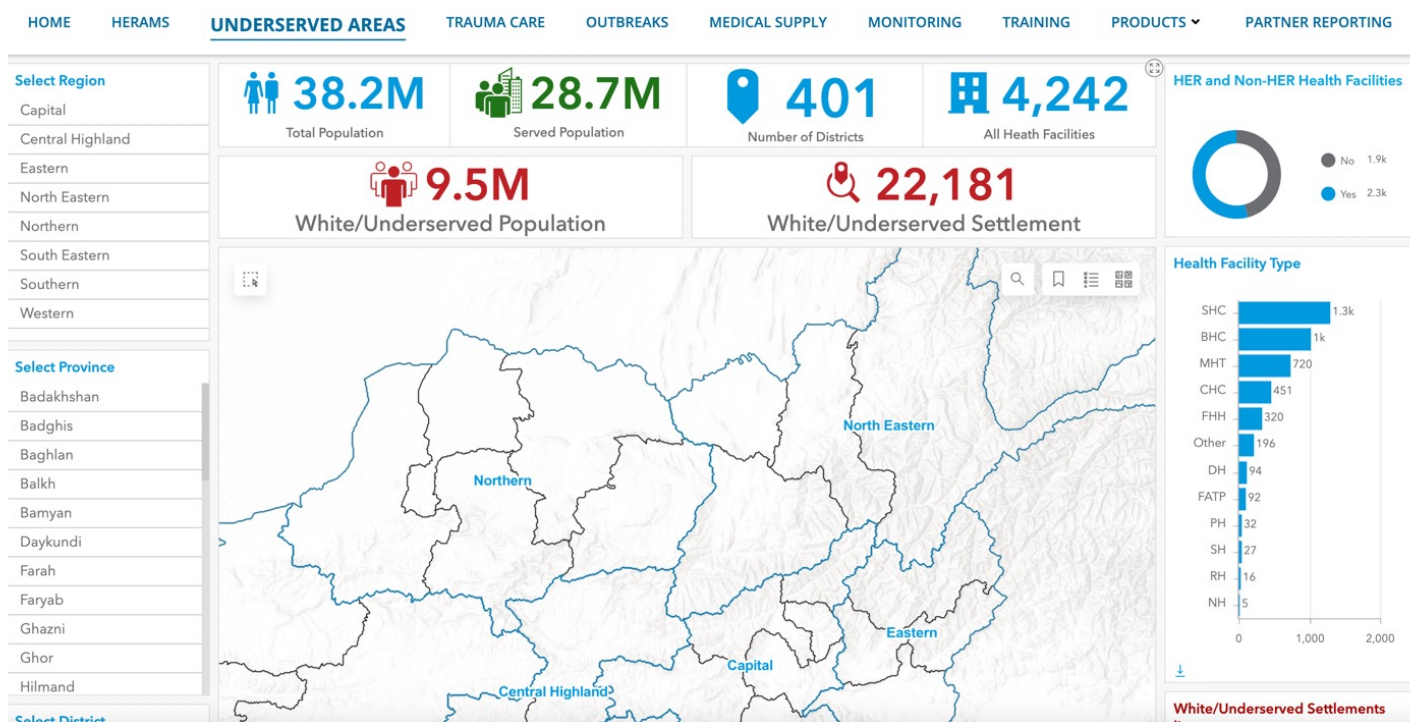


Training and capacity-building

The health information management team provided capacity-building for data management, including dataset-specific training to regional- and national-level stakeholders. Trainings conducted and technical assistance provided during 2023 included:

- DHIS2 training for trauma focal points
- DHIS2 orientation for technical output managers
- underserved communities’ village review and verification

Fig. 5. Mapping of underserved areas (in white) of Afghanistan



Health Cluster in Afghanistan

The Health Cluster aims to save lives, uphold dignity during humanitarian and public health emergencies, and enhance the efficiency and accountability of all stakeholders involved in humanitarian health response. This is achieved through effective coordination between the Health Cluster partners and ensuring the continuity of health services for the population.



Health Cluster key activities in 2023

In 2023, the Health Cluster team was expanded and reinforced at both national and subnational levels. At the national level, there are designated positions such as the Health Cluster Coordinator, Health Cluster Co-coordinator, Health Cluster Support Officer, two Information Management Officers and a Programme Assistant. Similarly, at the subnational level, seven Regional Health Cluster Coordinators have been deployed across different regions, supported by five Health Cluster Co-coordinators. This expansion has greatly enhanced the effectiveness of the Afghanistan Health Cluster operations.

To address the evolving challenges and priorities in health care delivery, several technical working groups and task forces operate under the umbrella of the Health Cluster. These include the RMNCAH in Emergencies Working Group, Information Management Working Group, MHPSS Working Group, Migration Health Task Force and Trauma Care Task Force. These groups have made significant achievements in 2023 and have laid the groundwork for strategic planning in 2024. The MHPSS Working Group is part of the Inter Cluster Coordination Team and sits under both the Health Cluster and the Protection Cluster.

Over 70 partners
successfully engaged



62 Health Cluster partners
reported through the ReportHub



In 2023, the Health Cluster coordination mechanism successfully engaged with over 70 partners. Out of these, 62 partners (4 United Nations agencies, 26 international nongovernmental organizations, 32 national nongovernmental organizations) actively reported their progress through the Health Cluster's ReportHub.



Health Cluster achievements in 2023

- In 2023, with support from 62 Health Cluster partners, humanitarian health assistance reached 16.5 million people (47% women, 21% men, 16% girls and 16% boys) across 89 districts of all 34 provinces. To support the health response to the Herat earthquake, from 7 October to 31 December 2023, 20 Health Cluster partners provided essential health services to a total of 102 655 individuals residing in the six districts affected by the earthquake. Furthermore, between 1 November and 31 December 2023, 23 Health Cluster partners provided health services to a total of 208 928 returnees.
- In consultation and collaboration with partners and other clusters, the Health Cluster supported development of several planning documents and guides, including: 1) 2024 Humanitarian Needs and Response Plan; 2) Revision of the 2023 Humanitarian Response Plan; 3) AWD Preparedness and Response Plan 2023; 4) summer, winter and spring seasonal plans for 2023; 5) Herat Earthquake Emergency Response Plan for October 2023 to March 2024; and 6) Returnees Health Contingency Plans for the eastern and southern regions.
- The Health Cluster played a key role in supporting the development and finalization of the *Strategic guide for the rationalization of mobile health and nutrition teams and enhancing access to health services in underserved areas of Afghanistan*. To operationalize this guide, a two-day workshop was conducted for provincial public health departments, the Ministry of Public Health, the Health Emergency Response project's implementing partners, and other humanitarian partners.
- Throughout 2023, the Health Cluster maintained a robust schedule of coordination meetings, ensuring regular communication and collaboration at both the national and subnational levels. A total of 128 coordination meetings took place, with 24 held at the national level and 104 at the subnational level. These meetings served as vital platforms for over 100 participants, representing more than 65 partners, to come together and align their efforts in delivering humanitarian health assistance.
- To ensure effective information management and coordination, the Health Cluster produced and shared valuable resources to ensure effective information management and coordination.



Provincial public health departments attended a two-day workshop on operationalization of the Mobile Health and Nutrition Team's strategic guide



Health Cluster-supported training for health partner staff

- These resources included the monthly bulletin and dashboards, providing insights into partners' operational presence, humanitarian response services, attacks on health care and mapping of supported health facilities at national and subnational levels. A notable achievement was the increased engagement of health partners reporting through the ReportHub platform, with partner numbers increasing from 22 in August 2021 to 62 in December 2023.
 - The Health Cluster prioritized partner capacity-building for effective response to health emergencies: 160 health partner staff received training in data management and visualization, risk management and contingency planning, and public health in emergencies. The training aimed to equip participants with skills to manage data, assess risks and respond to emergencies. Additional sessions were conducted on accountability to affected populations (AAP),
- Prevention of sexual exploitation and abuse (PSEA) and reporting via the ReportHub platform to further enhance partner capacity.
- The Health Cluster recruited an AAP technical specialist to enhance implementing partners' capacity in supporting affected people. The specialist focused on four key areas: 1) facilitating access to information for affected people; 2) establishing reliable and confidential feedback mechanisms; 3) adjusting Cluster programming based on feedback; and 4) closing the feedback loop. The Cluster aimed to introduce perception monitoring and partner monitoring indicators to assess inclusion, safety, participation, satisfaction, treatment and feedback. Collaboration with the AWAAZ inter-agency feedback mechanism and the AAP working group allowed the Cluster to address complaints, analyse trends and effectively respond to vulnerable groups.

16.5 million people

reached with humanitarian health assistance



160 health partner staff

received capacity-building for effective response to health emergencies



102 644 individuals

provided with essential health services in earthquake-affected areas from 7 October to 31 December 2023



208 928 returnees

provided with health services from 1 November to 31 December 2023

128 coordination meetings

held to improve response efforts in delivering humanitarian health assistance



Prevention of and response to sexual exploitation, abuse and harassment in emergencies

The risk of sexual exploitation and abuse (SEA) remains high in Afghanistan. Stigma, widespread cultural acceptance of violence against women, harmful social norms, and men's disproportionate power and control over women's lives and bodies continue to present persistent and multifaceted threats to Afghan women, affecting protection from sexual exploitation and abuse (PSEA) awareness and reporting.



**23 587 women
and 27 000 men**
reached with SEA
awareness-raising information

**1002 WHO
workforce**
trained on the policy on
preventing and addressing
sexual misconduct

Safeguarding our own house

WHO remained committed to supporting staff and personnel to speak up and report acts of sexual exploitation, abuse and harassment (SEAH). By relaunching the policy on preventing and addressing sexual misconduct, the WHO Representative in Afghanistan reinforced and reiterated WHO's commitment to zero tolerance of any form of SEAH, in action and retaliation. A call for collective action was put forward, with emergency programme and operation teams requested to ensure strict implementation of the policy on preventing and addressing sexual misconduct by ensuring identification and implementation of programme and operational risks. A total of 1002 WHO staff (969 males and 33 females) have been trained on the policy through monthly learning sessions and through deployment trainings. Topics that have been covered include individual and team responsibilities and accountabilities in preventing and addressing sexual misconduct, mandatory reporting, disclosing concerns and handling direct disclosures.

Engagement with health partners on PSEA

To strengthen PSEA in the delivery of emergency health services, WHO worked closely with the Afghanistan PSEA network to ensure Health Cluster partners are continuously briefed on their PSEA roles and responsibilities, ensuring that people receiving humanitarian aid and health services remain safe from sexual exploitation and abuse. Thus, PSEA remains a priority in the health emergency preparedness and response plan. So far, 54 Health Cluster and WHO implementing partners have been briefed and trained on WHO policies on preventing and addressing sexual misconduct, sexual exploitation and abuse, and accountabilities. In 2024, WHO will ensure that PSEA is systematically embedded in humanitarian health response activities, operations, funding and governance structures.

PSEA community awareness-raising

WHO partnered with the Ministry of Public Health and the PSEA network in public health PSEA awareness campaigns and trained 80 health care providers (40 males and 40 females) to raise awareness on SEAH. This was a strong mitigatory measure following a PSEA risk assessment for Herat that revealed very low awareness on PSEA in communities and especially for women and girls.

A total of 33 587 women and 27 000 men have been reached so far with SEA awareness-raising information on where and how to report complaints and share feedback, rights to humanitarian assistance, the rights of beneficiaries in respect to protection from SEA, expected behaviour for United Nations/WHO and partners' staff (including the WHO zero tolerance policy on SEAH) and how to access survivor support services.

Strengthening SEA community reporting mechanisms

To establish and support community mechanisms on sexual exploitation and abuse, WHO in partnership with the Afghanistan PSEA network developed SEA standard operating procedures (SOPs) for health centres. To date, 30 primary health care facilities in Herat earthquake-affected communities have been strengthened as a community reporting mechanism, and 269 (181 females and 88 males) frontline health care providers have been trained to detect, receive and refer SEA cases to the Afghanistan PSEA platform. In collaboration with the Afghanistan PSEA network, a nationwide PSEA focal-point and community reporting helpline was launched, operated by the United Nations Office for Project Services (UNOPS). The helpline is an entry point and a community reporting line to access information about intake and referral of SEA cases, including GBV, child protection and health referral pathways in Afghanistan. The helpline operators will also be able to connect PSEA focal

points with the Inter-Agency PSEAH Coordinator and other cross-cutting specialists to provide any needed guidance on victim-support, SOPs, risk mitigation, reporting mechanisms and community engagement.

SEA risk assessment and mitigation

To support an effective response in health emergencies, WHO supported a joint mission to identify SEA risks in the Herat earthquake response, propose relevant recommendations and actions, and engage affected community members and partners to better understand the risks. Overall SEA risks identified during the joint mission included lack of awareness of and access to reporting mechanisms, lack of SEA awareness in the affected communities, lack of capacity among implementing partners, reluctance to report suspected or alleged SEA due to fear of retaliation, and low awareness of the SEA SOPs for health centres. The risk identification exercise was followed by the implementation of SEA mitigation measures including community awareness-raising, partner capacity-building, strengthening of community reporting mechanisms and survivor support services, and training of focal persons on risk management, in collaboration with the International Organization for Migration and the United Nations Population Fund. WHO has also continued to partner with the Afghanistan inter-agency AAP working group to identify SEA risks and strengthen mitigation measures.

SEAH capacity-strengthening for frontline health care providers and partners

WHO provided an orientation for 25 implementing partners who are in the process of carrying out self-assessments. Twenty-eight implementing and prospective partners have been trained on the WHO policy on preventing and addressing sexual misconduct and PSEA according to the Inter-agency Standing Committee standards for emergencies. To address immediate gaps identified during the assessments, WHO has trained health care providers and partners responding to the earthquake and to returnees,

with the objective of ensuring a common understanding of SEA and its consequences and the need to implement mitigation measures to prevent it. Training also focused on ensuring frontline health care providers are aware of their rights, the requirements for mandatory reporting and where to report concerns.

Access to survivor-centred services for victims of SEA

WHO collaborated with UNICEF and the Afghanistan PSEA network to train partners' PSEA focal persons responding to the Herat earthquake on the United Nations Victim Assistance Protocol, with the aim of broadening PSEA focal points' knowledge of SEA victim assistance and to provide them with practical guidance on the implementation of the Victim Assistance Protocol in the earthquake response. Fifty female PSEA focal points attended the training, which included guidance on how to assist victims of SEA (including child victims), addressing any gaps in support and services for SEA victims and supporting effective integration of victim assistance into country-level frameworks. Internal and external GVB services were mapped and are being shared with survivors only, on a confidential basis, because of the safety and security risks. The Afghanistan country office has mapped internal and external GBV and survivor-centred support services.

PSEA education materials

To strengthen communications and community engagement, WHO, in partnership with the PSEA network, hired a design, education and technology firm for the ideation, development and production of an information campaign package for the United Nations Country Team and the Humanitarian Country Team on the important issue of PSEA. This includes the development of editorial design, media/illustrations and information graphics to ensure a uniformed PSEA branding across United Nations partners, nongovernmental organizations and civil society organizations in Afghanistan. The development process includes video animations with accompanying media designs targeting affected populations, and a separate type of video animations targeting stakeholders (i.e. PSEA focal

points, staff and partners). The materials will be ready for use by March 2024 and will be accessible in English, Dari and Pashto.

WHO, through the PSEA network, has been working closely with the AAP working group to ensure the inclusion of PSEA questions and SEA risk identification in the AAP quarterly assessment with affected communities across Afghanistan, through the community voices and accountability initiative. Since October 2023, over 30 000 (51% female) affected community members have been engaged on SEAH issues, including asking questions around PSEA awareness, information sharing preferences, access to reporting mechanisms, barriers to reporting, SEAH risks and at-risk groups. The information derived through the community voices initiative is being utilized to

design evidence-based, outward-focused, gender-sensitive and intersectional PSEA initiatives and strategies for smooth access and delivery of emergency health services.

Issues identified

Very low awareness of SEA, related rights and available reporting mechanisms was identified. Lack of trust, insecurity and stigma are the main reasons for the lack of reporting. Women, girls and widows have been identified as most at risk. Focal point or community committees are preferred as entry points for reporting. Face-to-face communication from focal points or information provision from health workers are seen as the best options for information sharing on PRSEAH.



Health response to GBV in emergencies

GBV is a violation of human rights and a major public health concern. It affects women and girls disproportionately, and takes many forms including domestic violence (intimate partner violence, in particular), sexual violence, rape, emotional/psychological violence, violence related to harmful traditional practices and customary norms, and neglect of basic needs.

According to the Afghanistan Demographic and Health Survey 2015, 52% of ever-married women have suffered from spousal violence, whether physical (46%), sexual (6%) or emotional (34%), and 53% of women have experienced physical violence after the age of 15. Furthermore, 16% of women aged 15–49 reported that they had experienced violence during pregnancy.

Health response to GBV has been one of the main areas/priorities under WHE and, during 2023, the Gender, Equity and Human Rights unit has focused on four main planned activities in terms of health response to GBV.

A woman wearing a blue coat and a blue headscarf stands on a balcony, looking out towards a building with a grid-patterned facade. She is wearing red shoes. The scene is set outdoors with some greenery visible in the background.

1727

GBV cases were reported
and received
advanced treatment

269

health care providers
received training on
health response to GBV

GBV response achievements in 2023

During the reporting period, a total of 269 frontline health care providers including 77 physicians, 101 midwives, 87 nurses and four psychosocial counsellors (Fig. 6) received five days of training on health response to GBV (the GBV Treatment Protocol) in emergency settings in Nangarhar, Balkh, Bamyan, Paktya, Takhar and Herat provinces. The share of female participation was 78%. Moreover, a total of 1727 GBV cases were reported to and received advanced treatment from the national advanced GBV referral centre, of which 99% (1727) were female and 1% (21) were male survivors. SOPs for health facilities were developed and the GBV Treatment Protocol was updated and aligned with the WHO guidance on *Clinical management of rape and intimate partner violence: developing protocols for use in humanitarian settings*, launched in 2020. To maintain the functionality of the centre and ensure the availability of quality health services, a total of 30 different emergency medical kits were procured and supplied to the national advanced GBV referral centre in 2023.

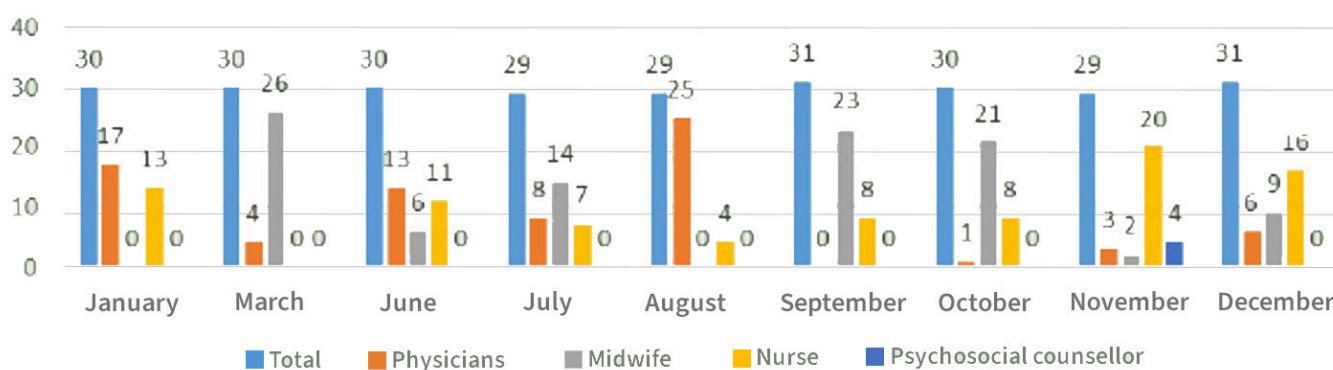


A client undergoing counselling at the GBV centre in Kabul.

Lessons learned

- Multisectoral response and strong coordination between key agencies working on GBV is crucial.
- There is a need to have more women involved in all activities around GBV response (trainings, services, assessments) to ensure better outcomes.
- Health care providers’ negative attitudes and limited understanding of GBV and gender inequality need to be addressed to bring about more effective and sustainable change – however, this is a long-term process requiring interventions from many directions.

Fig. 6. Health professionals trained on GBV in 2023



Monitoring and evaluation in emergencies

The Programme Management Unit (PMU) is a multifaceted entity that conducts monitoring and evaluation field visits to implementing partners, providing supportive supervision to ensure quality-based service provision, contributing to service procurement and conducting data verification.

PMU supported the Health Emergency Response project by conducting 14 comprehensive rounds of monitoring across all 96 hospitals in 34 provinces, as well as all WHO-supported projects, including specialty hospitals, PHC centres, infectious disease hospitals, maternity hospitals, public hospitals, therapeutic feeding units, Bill & Melinda Gates Foundation family health houses and DATCs. PMU has also been instrumental in offering recommendations for the improvement of service delivery through monthly monitoring reports to implementing partners.



**14 comprehensive
monitoring rounds**

conducted across all
96 hospitals in
34 provinces

**1152
monitoring
visits**

conducted under
Health Emergency
Response project

PMU achievements in 2023

- 1152 monitoring missions were conducted of all 96 hospitals under the Health Emergency Response project in the country, as shown in Fig. 7.
- 2803 monitoring visits were conducted of all WHO-supported projects in the country, as shown in Fig. 8.
- The overall client and patient satisfaction rating during the past year was 88%, as shown in Fig. 9.

Fig. 7. PMU monitoring and follow-up results for Health Emergency Response projects, 2023

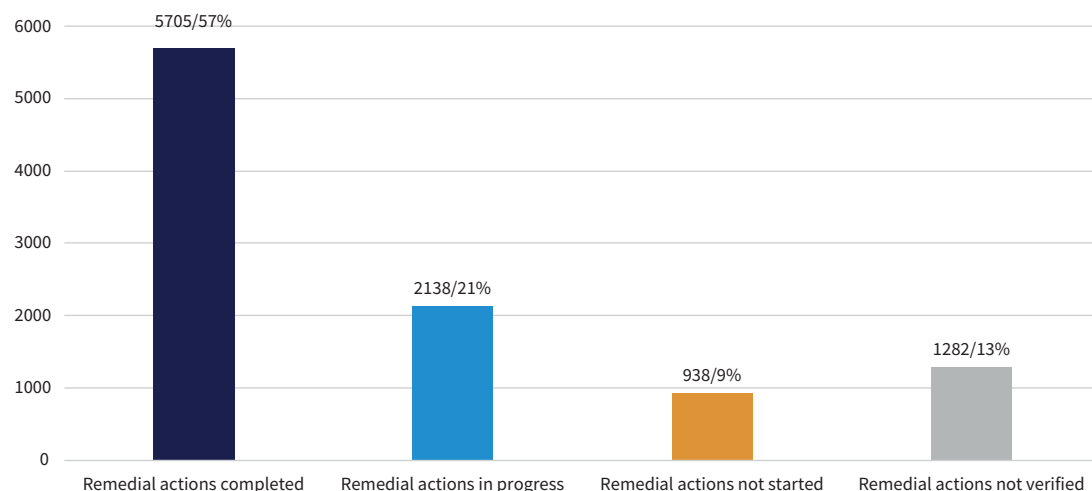


Fig. 8. PMU monitoring and follow-up results for WHO-supported projects, 2023

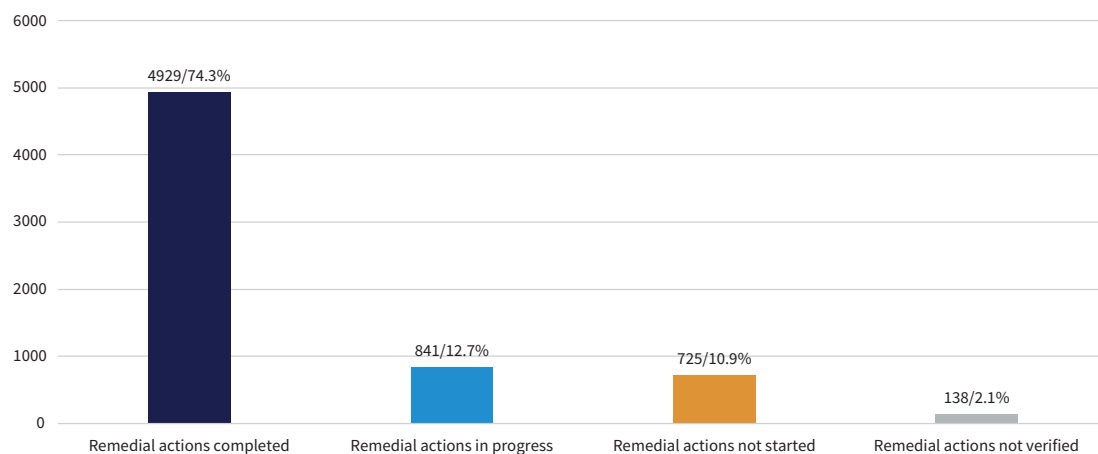
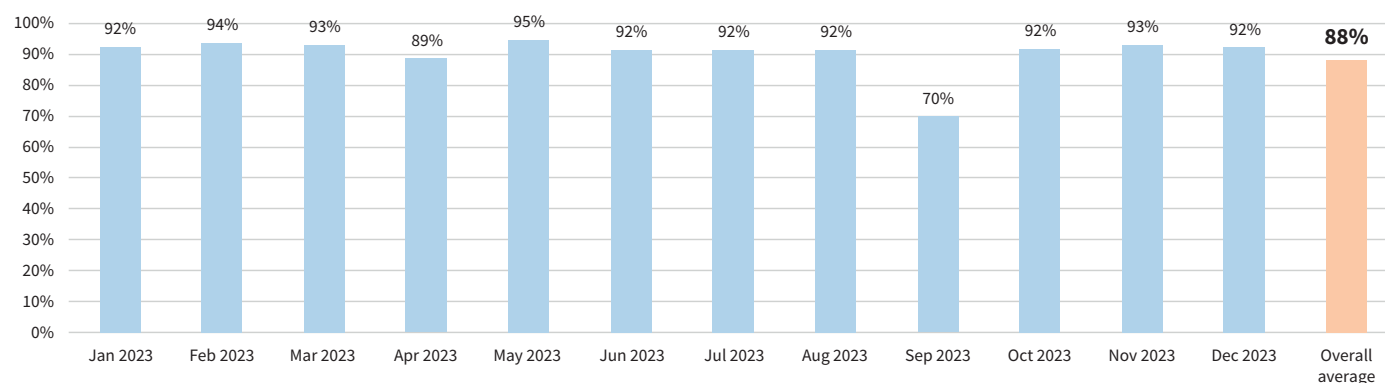


Fig. 9. Client/patient satisfaction survey for selected hospitals, 2023



Operations, support and logistics

During 2023, WHO Afghanistan provided medicines and medical consumables to multiple PHC projects, infectious diseases hospitals and other health facilities across the country.

Based on contract agreements to PHC and other projects, requests from field offices or departments and in response to outbreaks and emergencies, WHO supplied a total of 13 590 medical kits to 837 health facilities for 14 909 200 beneficiaries.

93

NCD kits

868

cholera kits

2344

TESK

304

measles kits

892

pneumonia kits

779

supplementary
IEHK

1360

IARH kits

5602

basic IEHK

14 909 200
beneficiaries
of medical kits

837 health
facilities
received medical kits



Total of
920 326 kg
(5383 metric tonnes)
medical kits donated

in **34 provinces**



through **44**
implementing partners

Herat earthquake response

Between 7 and 15 October 2023, Herat province in western Afghanistan was struck by three 6.3 magnitude earthquakes which led to unprecedented disaster and destruction. The earthquakes took the lives of more than 1500 people and injured over 2000. WHO was a first responder to this devastating emergency. WHO emergency teams were on the ground within a very short time, and deployed emergency support as well as the Incident Management System for a graded operational response. The WHO country office provided more than 3 metric tonnes of medicines and supplies including 100 tents, 700 mobile solar devices and eight PHC health facilities, and conducted regular training and monitoring from the earthquake-affected areas. WHO also participated in the multi-agency, multisectoral post-disaster needs assessment for Herat.



WHE and Polio Eradication teams in Spin Boldak vaccination project for returnees



Mass casualty management training for earthquake-affected areas



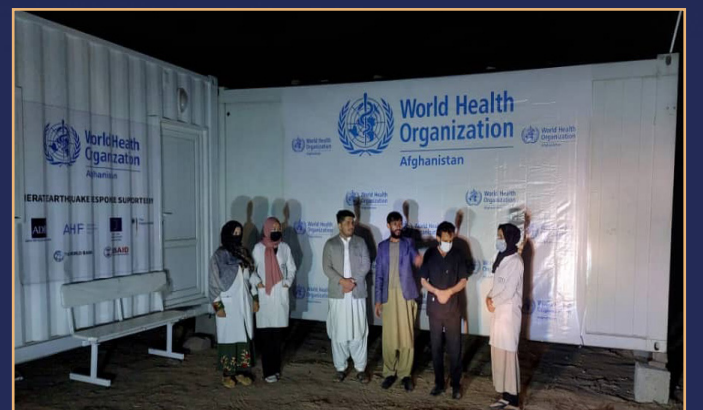
PRSEAH, ARI, AWD and measles training for earthquake-affected areas (female class)



PRSEAH, ARI, AWD and measles training for earthquake-affected areas (male class)



PHC project supervision in hard-to-reach community of Badakhshan province



Ensuring health service delivery in earthquake-affected areas in Herat province

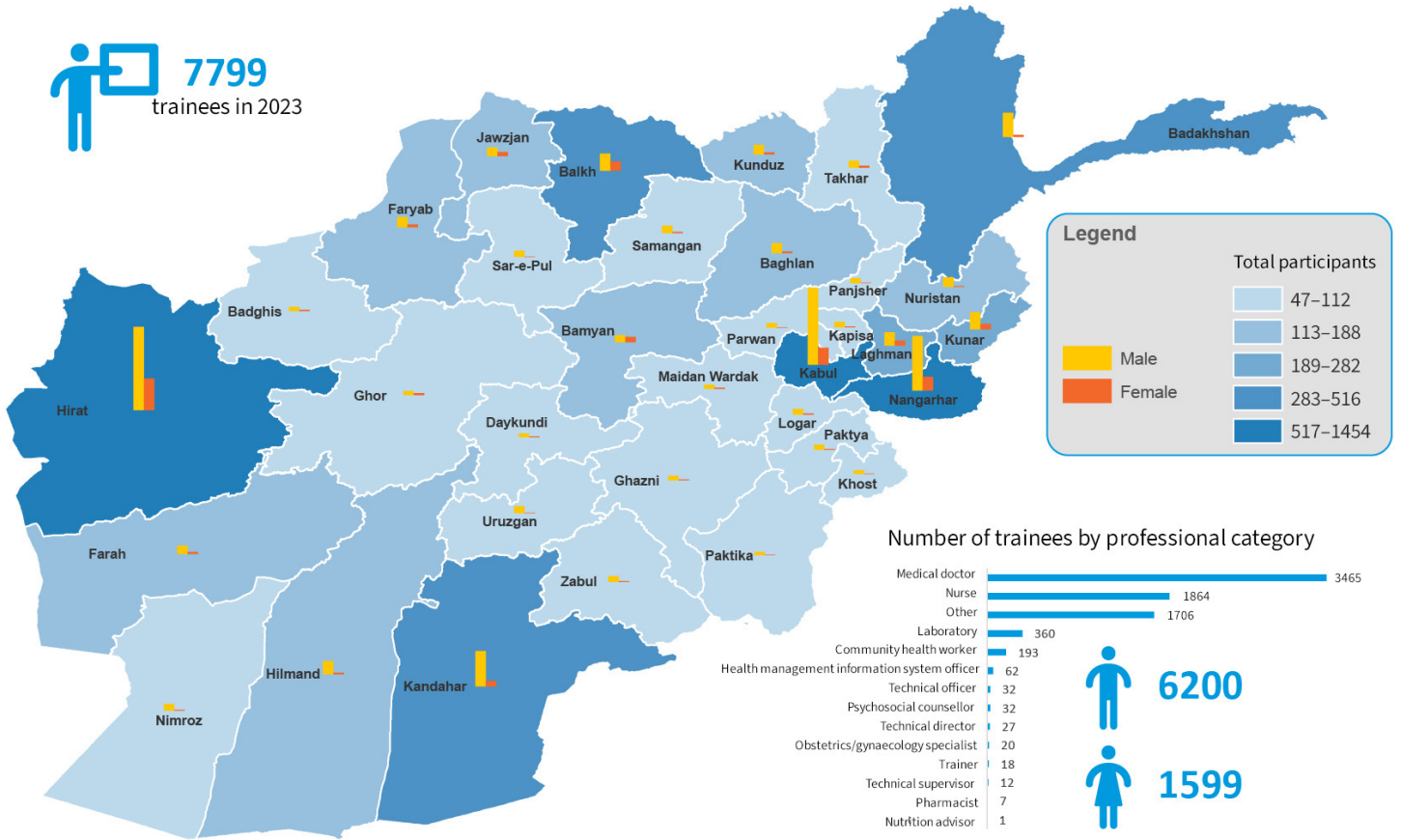
Best practices and learnings in 2023

- Establishment and use of connexes has strengthened the quality and safety of PHC services.
- Timely coordination and communication with health implementing partners and de facto authorities has resulted in high achievement of planned activities at the regional level in Afghanistan.
- Deployment of surveillance support teams including Expanded Programme on Immunization and laboratory focal points has significantly improved early detection of priority infectious diseases, including sample collection and shipment.
- Decentralization of laboratory capacities has improved timely COVID-19 case confirmation at regional and provincial levels in the country.
- Private hospital involvement in treatment of severe acute malnutrition is crucial: WHO supports two private hospitals – Irene Salimi Children’s Hospital and French Medical Institute for Mothers and Children.
- Coordination with partners is important in achieving better results: a joint effort with UNICEF has resulted in re-establishment of facility- and community-based nutrition surveillance in 19 provinces.
- Integration of nutrition monitoring and patient satisfaction questionnaires into WHO’s health emergency monitoring system is required.



Capacity-building interventions

 **7799**
trainees in 2023



Donors

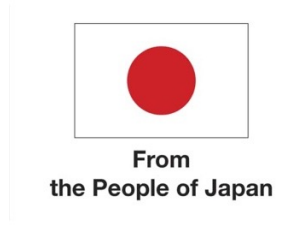
WHO gratefully acknowledges the support of its donors.



European Union



Funded by European Union Humanitarian Aid





**World Health
Organization**

Afghanistan