



HEALTH CLUSTER BULLETIN

September 2021



OPD CONSULTATION IN ONE OF IDP CAMPS IN KABUL

Islamic Republic of Afghanistan
Emergency Type: Level 3 Emergency
Reporting Period: 1-30 September 2021

14.5 M
PIN of health assistance

10.3 M
Planned reach

677 K
IDPs

\$ 169 M
Funds required

866 K
XB Returnees

HIGHLIGHTS

- As of 30th Sep 2021, there have been 155,238 confirmed cases and 7,211 deaths due to COVID-19. The recovery rate is 80.6% with 4.6% case fatality rate (CFR).
- The leading causes of morbidity among all age groups as reported were Acute Respiratory Infection (ARI) and Acute Diarrheal Disease (ADD) across the country.
- A total of 513 (72.6%) functional surveillance sentinel sites in 34 provinces submitted reports through Disease Early Warning System (DEWS).
- WHO dispatched 3,259 medical kits (IEHK, TESK Pneumonia and Cholera Kits) to the health care facilities in 34 provinces. These supplies cover basic needs of 2,641,800 population for three (3) months with 104,200 major and minor surgeries.
- The Health Cluster partners reached close to 518,000 people with health care services, highlighted by 195,133 beneficiaries for COVID-19 response activities, 173,597 on primary health care, 78,870 for trauma care, 48,004 on Health Education, Training & Awareness and 19,028 on Mother & Child Health Care.

HEALTH SECTOR

50 HEALTH CLUSTER PARTNERS
1.7 DOCTORS PER 10,000 POPULATION
2 NURSES PER 10,000 POPULATION
1.3 MIDWIVES PER 10,000 POPULATION

KITS DELIVERED TO HEALTH FACILITIES/PARTNERS

2,019 IEHK BASIC & SUPPLEMENTARY KITS
1,042 TESK KITS
3 CHOLERA KITS
195 PNEUMONIA KITS
1,746,000 TOTAL BENEFICIARIES FROM MEDICAL KITS

PHC AND SUPPORTED MOBILE HEALTH TEAMS

109 MOBILE HEALTH TEAMS
116,998 TOTAL NUMBER OF OPD/MHT CONSULTATIONS
42,568 HEALTH EDUCATION & AWARENESS SESSIONS

TRAUMA CARE

31,426 TOTAL NUMBER OF TRAUMA CASES
10,287 MAJOR SURGERIES CONDUCTED AT TCUs
14,046 MINOR SURGERIES
7,913 VICTIMS BENEFITTED FROM PHYSICAL REHABILITATION SERVICES

VACCINATION

98,783 PENTA 3
85,734 MEASLES
330,465 COVID-19

DISEASE EARLY WARNING SYSTEM (DEWS)

513 TOTAL REPORTING SITES
188 NUMBER OF OUTBREAKS DETECTED AND RESPONDED TO

FUNDING (\$US)

169 M REQUESTED
50 % FUNDED (FTS-OCHA)

Situation Update

- Afghanistan continues to be in a humanitarian emergency due to protracted conflict, frequent natural disasters, disease outbreaks and population displacement, with an increasing number of people in need of assistance during 2021 due to the COVID-19 pandemic.
- In 2021, more than 14.5 million people (out of the total estimated population of 40.4 million) require health assistance.
- So far in 2021, more than 677,832 individuals have been internally displaced due to ongoing conflict and natural disasters. In addition, nearly 800,873 people have returned from neighboring Pakistan and Iran in 2021.
- The recent displacement due to ongoing conflict affects all individuals with different needs: inadequate shelter, food insecurity, insufficient access to basic health services, as well as a lack of protection, resulting in precarious living conditions that jeopardize the wellbeing and dignity of the affected population.
- With new onset of drought comes worsening food insecurity that leads to worsening malnutrition, and with malnutrition comes increased risk of disease and death, especially for children.
- Even prior to the recent drought declaration, the 2021 Humanitarian Response Plan (HRP) for Afghanistan estimated that almost half of children under the age of 5 years (3.1 million) were at risk of acute malnutrition. Of these, 2.2 million were projected to have Moderate Acute Malnutrition (MAM) and 895,000 Severe Acute Malnutrition (SAM).
- As of September 2021, nearly 188,095 trauma cases have been recorded through 130 health facilities (HFs) being supported by WHO. Capacity to provide timely first aid and subsequent rehabilitation is limited.
- Emergency reproductive, maternal and child health services are not readily accessible to significant part of vulnerable population due to limited provider capacity, including weak referral.
- The COVID-19 pandemic provides another layer of complexity to one of the most challenging humanitarian emergencies. The health cluster agencies continue supporting interventions to suppress the transmission of the virus through vaccinations, surveillance, laboratory diagnosis, treatment and ICU care, and community engagement. WHO and UNICEF is supporting MoPH in roll out of COVID 19 vaccine.

Public Health Risks, Priorities, Needs and Gaps

- Funds paused by the World Bank (WB) has affected the functionality of almost all BPHS HFs in all regions that may have catastrophic impacts on the health system if not managed well. High level advocacy is needed.
- Ongoing conflict in the central region has caused closure of 30 health facilities in Panjshir province.
- Weak immunization coverage and frequent outbreaks of communicable disease in the country.
- All HFs in Panjshir, Parwan, Kapisa, Baghlan, Kunduz and Takhar provinces are semi-functional, due to shortage of supplies and running costs.
- Due to freezing of WB funds, COVID-19 hospitals and laboratories are lacking supplies and running costs in the country.
- Low motivation and commitment, and turnover of health workers as they have not received their salaries for the last several months in most of the region considered as a big challenge in service delivery.
- Detection of Cholera, Measles, and dengue outbreaks in Kabul, Wardak, Kapisa and Nangarhar provinces and increase in number of AWD cases in Kabul. Provision of Cholera kits and rabies vaccines are needed.
- The third wave of COVID-19 epidemics is continuing in the western region. The test positivity rate is 37% during Sep 2021; however, the bed occupancy rate is declining throughout the 5 COVID-19 facilities.
- Recent banking problems has created restrictions and delay on the way of procurement of medicine and other medical supplies.

- No identified donor agency to fund BPHS health facilities during 15 Aug-30 Sep 2021.

DEWS and epidemiological updates

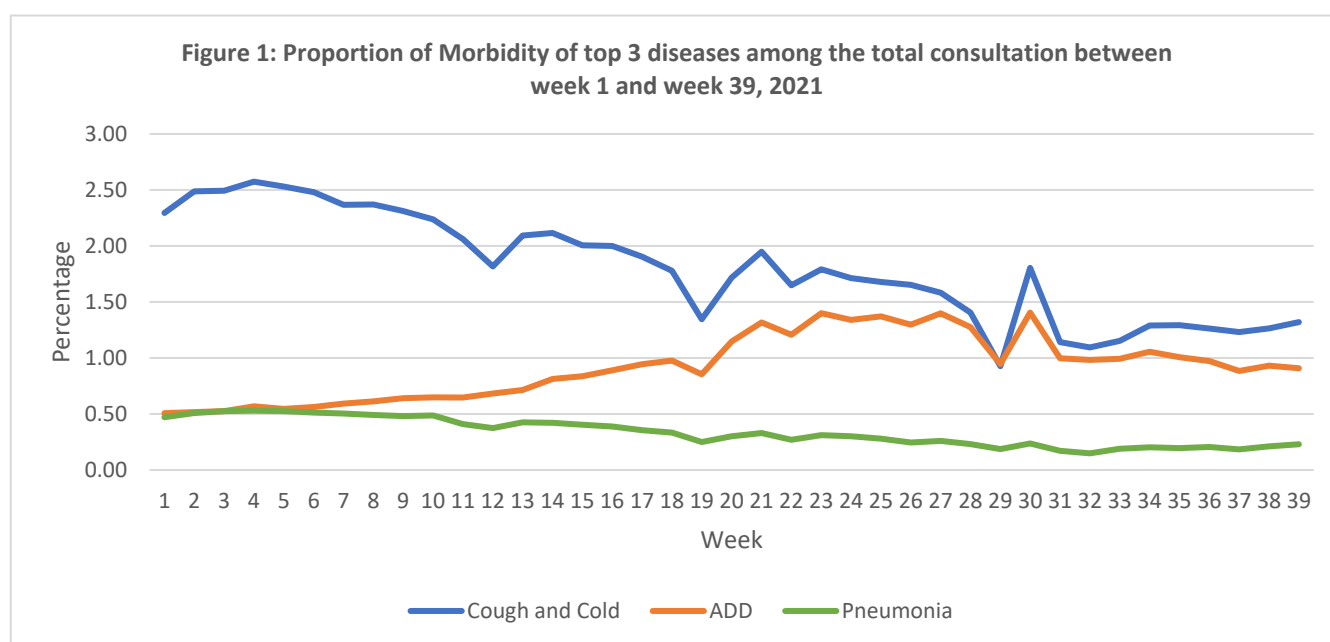
Surveillance performance

- A total of 513 functional Surveillance sentinel sites, 72.6 % have submitted report this month.
- A total of 1,985,315 new consultations, 759,739 (38.2%) were due to Surveillance targeted diseases.

Morbidity

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

- ARI (Cough & Cold): 376,177 accounting for 18.9% of total consultation.
- Acute Diarrheal Disease (ADD): 277,849 accounting for 14% of total consultation.
- ARI (Pneumonia): 61,073 accounting for 3 % of total consultation.
- A total of 952 deaths were reported this month, of which 263 were due to Surveillance targeted diseases.



COVID-19 updates 1 January – 30 September 2021

- As of 30 September 2021, 155,238 cases reported in 34 Provinces with the recovery rate of 80.6%. The number of confirmed cases and deaths are presented in Figures 2 and 3.
- Number of COVID-19 deaths is 7,211 with 4.6% case fatality rate (CFR).
- Cases distribution by gender is 59 % male and 41 % female. The average age is 39 (Figure 4).
- A decrease in cases reported in September by 63% compared with August cases (Figure 5).
- The number of confirmed COVID-19 cases among health workers increased to 4,697 mainly in Herat, Kabul, Nangarhar, Balkh and Kunar provinces. 96 HWs deaths were reported among positive COVID-19 cases.

- Total number of 468,751 lab tests were performed in public health laboratories. The current testing rate is 2,436 tests per 100,000, and positivity rate is 33.1%.

Figure 2: Geographical distribution of COVID-19 cases as of 30 Sep 2021

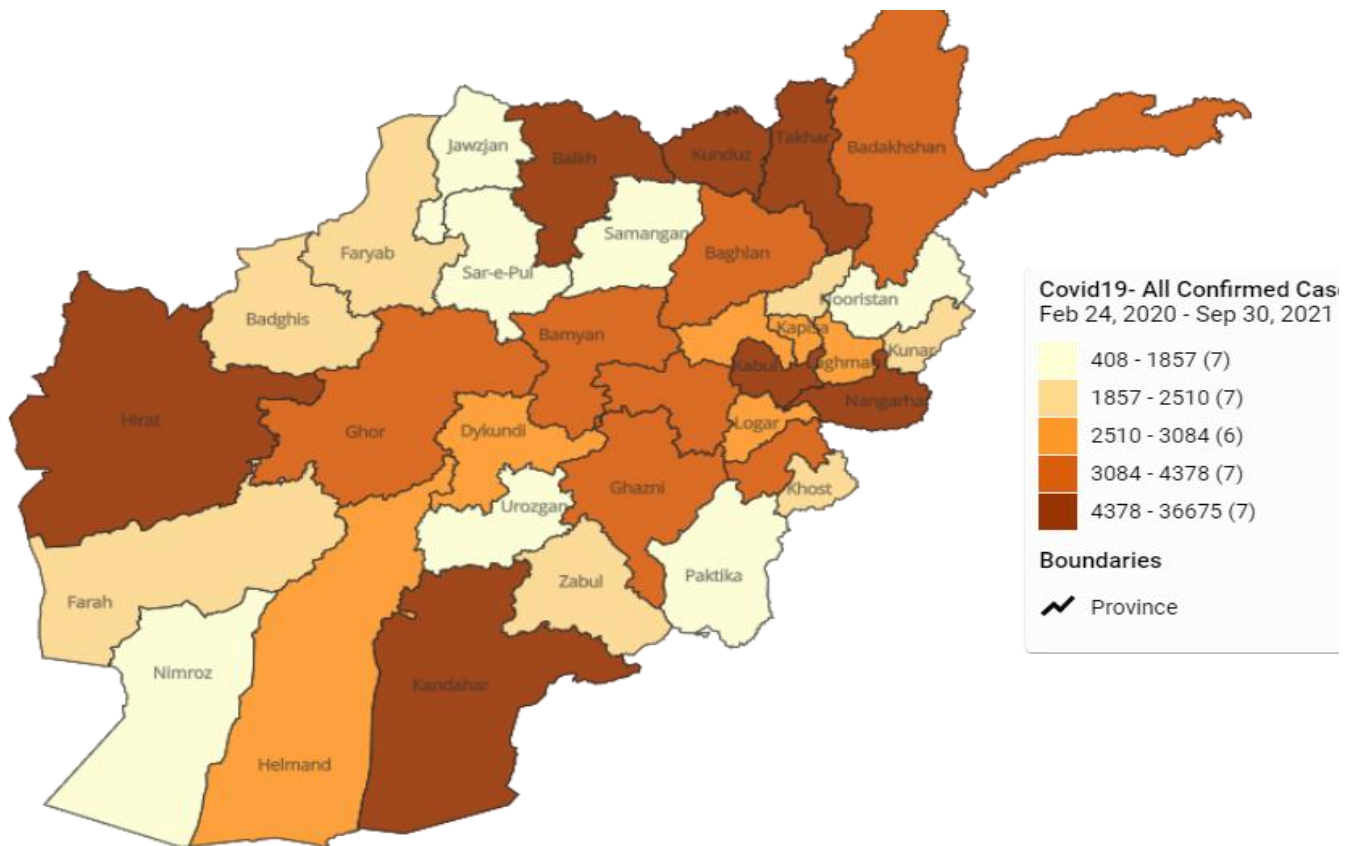
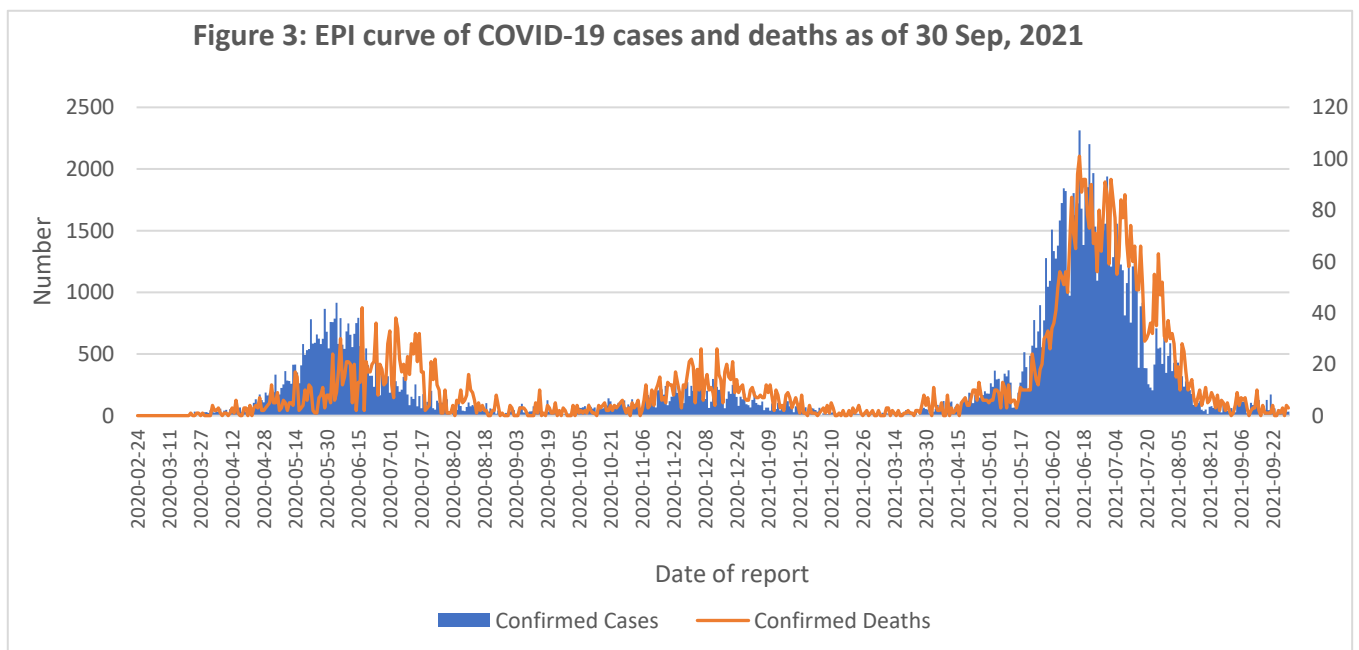
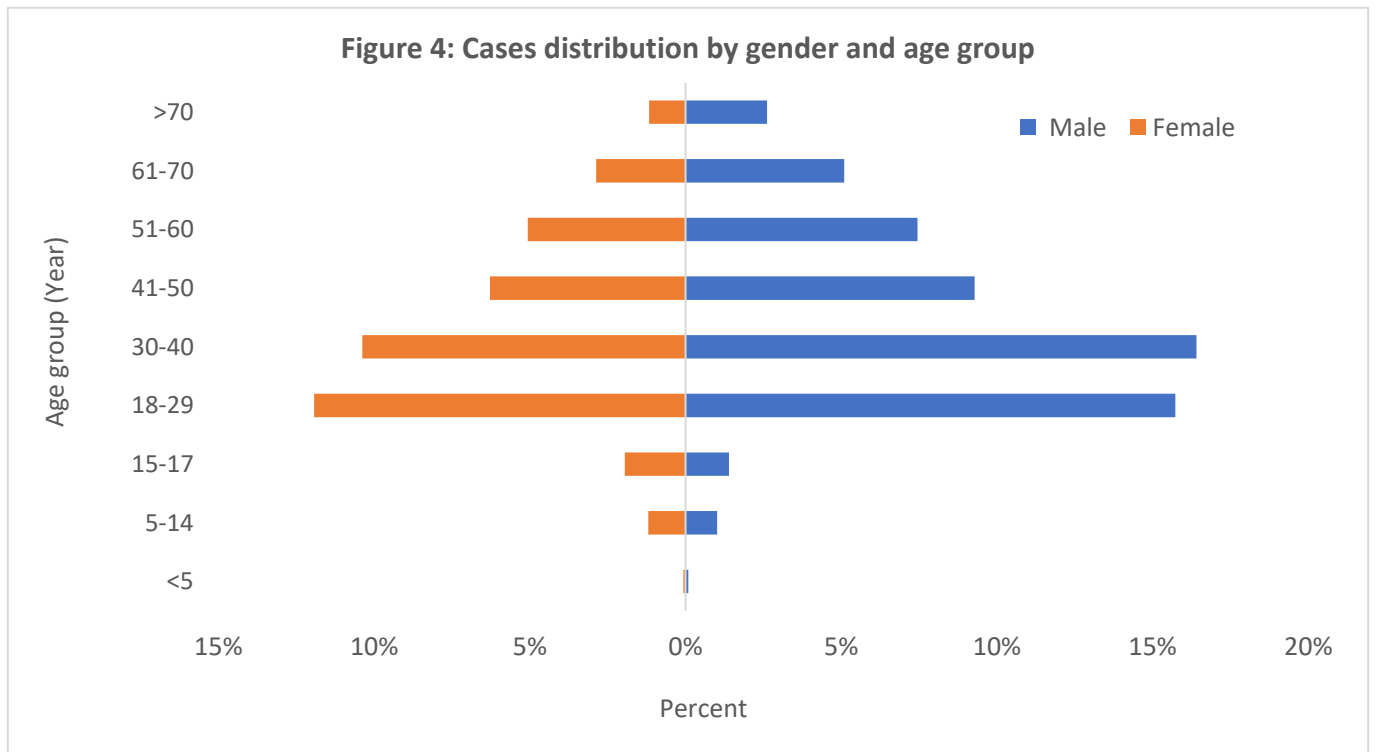


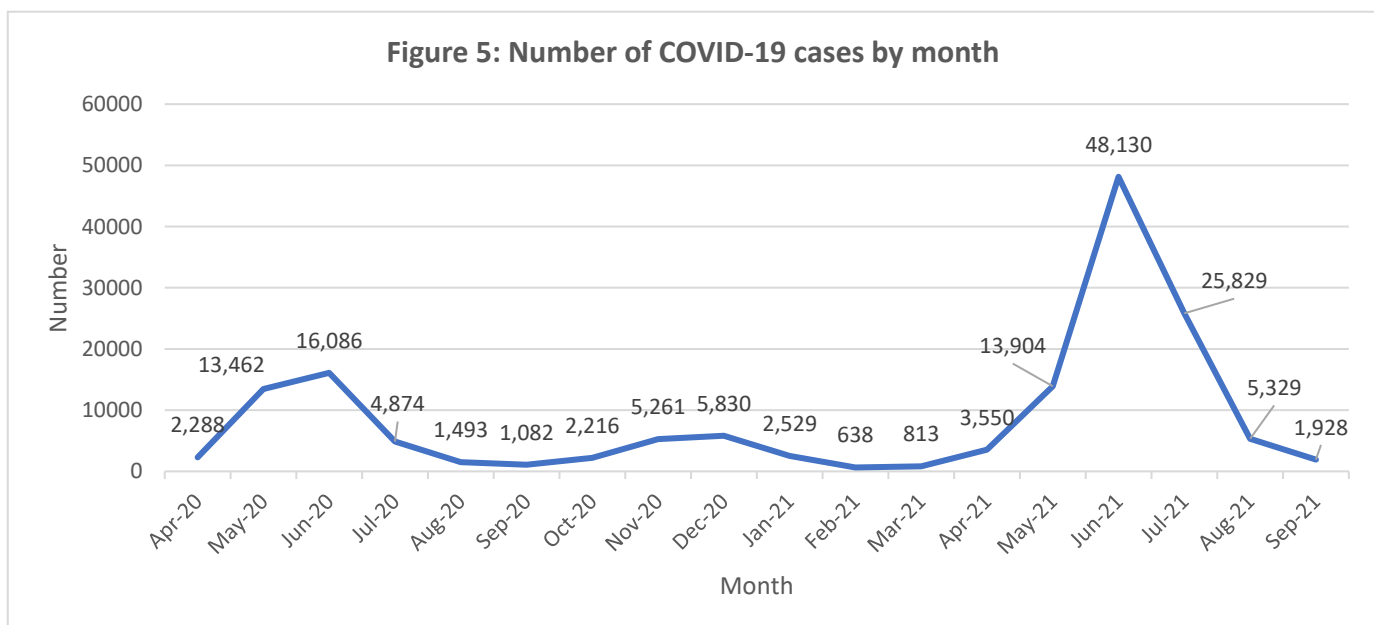
Figure 3: EPI curve of COVID-19 cases and deaths as of 30 Sep, 2021



- The chart shows that case distribution is higher in both genders aged between 18-40 than other age groups.



- The chart below shows a great decrease in cases reported in September 2021 compared with August 2021.



COVID-19 updates 1 - 30 September 2021

- In September 2021 a total of 9,044 samples were tested.
- Total confirmed cases of 1,928 with 82 deaths, which shows a great decrease compared to August 2021.
- There are 14,318 recovered cases reported during the period.
- A total of 330,475 individuals received COVID-19 vaccination in September 2021.

COVID-19 Updates – Afghanistan – 1-30 September 2021					
Period	Confirmed cases	Confirmed deaths	Recovered	Samples tested	Vaccine coverage
September 2021	1,928	82	14,318	9,044	330,475

- WHO established 32 confirmatory public laboratories with the maximum capacity of more than 9,000 tests per 24 hours.
- As of September 2021, WHO supported MoPH with 48 PCR machines, 46 ECG machines, 701 vital sign monitors, and trained 300 laboratory staff on PCR.
- To date 474 Rapid Response Teams (RRTs) are deployed by technical and financial support of WHO to investigate COVID-19 outbreaks and 400 RRT providers received ToT on case investigation, specimen collection, health education and referrals.
- WHO supplied 38 ventilators to COVID-19 hospitals and trained 4,508 health care workers on IPC, 1,852 health workers on case management and 1,182 ICU staff on ICU care.

Attacks on Health Care

- In 2021, 43 attacks on health care facilities or workers have been reported from 16 provinces and 30 districts. This has resulted in the closure of 18 health facilities, deaths of 13 health care personnel and injuries sustained by 21 health care staff and 4 patients. There has been a clear trend of a more direct and violent incidents.
- During the period of 1 – 30 September 2021, 1 attack on health care facilities were reported in 1 province. As a result, 3 health care facilities were closed, no health care providers and patient were affected.
- WHO contracted two projects with partners on risk communication and community engagement activities (RCCE) to raise awareness on COVID-19

Health Cluster Actions

Health Sector Coordination and service delivery.

- In September 2021 two national health cluster meetings conducted in Kabul with participation of all health cluster partners including MoPH, international organizations, donors, and implementing NGOs.
- The total number of people reached during the month with health assistance are more than 518,000.
- Health cluster partners conducted RCCE activities from which 80,698 individuals received necessary health information.

- Health cluster partners provided primary health care (PHC) services through 109 MHTs in the hard-to-reach areas. A total of 116,998 OPD consultations conducted, and 42,568 health education and awareness sessions were delivered.

Health Cluster Response to new IDPs in Kabul

- 12 MHTs are deployed through HC partners for IDPs in Kabul (2 MHTs from JACK, 5 from IMC, 3 from OHW, and 2 from Union Aid) to provide essential health services.
- WHO support MHTs with surveillance/data collection and provision of supplies.
- UNICEF supports nutrition activities, WASH facilities, and provision of medical services and tents for IDPs.
- UNFPA provides staffing support and RH kits to IMC MHTs.
- As of 30 September 2021, a total of 42,821 individuals received overall consultation and PHC services including psychosocial counseling, ARI, ANC, PNC, nutrition services, routine vaccination, and family planning.
- HC partners reached 3,306 children with diarrheal disease.
- Provided ARI services to 5,230 individuals including children under five.
- Overall, 3,955 people received health education sessions.
- 3,217 MAM and SAM children treated and given Vit. A, and deworming.
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Health Education Sessions for IDPs in Kabul



OPD service delivery for IDPs in Kabul

Reproductive and Child Health

- During the month, 98,783 children were immunized for Penta-3, and 85,734 children received measles vaccination.
- Skilled birth attendants conducted 40 normal deliveries in month of September 2021.
- 318,880 mothers visited health facilities for Antenatal Care (ANC), while the number of Postnatal (PNC) visits decreased to 182,708 during the month.

Health Cluster Partners Updates

WHO

- WHO contracted out with AYSO implementing NGO in Kandahar province to fully support operation of trauma care unit in Spin Boldak DH.
- In September 2021, WHO dispatched 3,259 medical kits (IEHK, TESK Pneumonia and Cholera Kits) to the 311 health care facilities in 34 provinces. These supplies cover basic needs of 2,641,800 population for three (3) months with 104,200 major and minor surgeries.
- WHO is supporting 130 health facilities (HFs) with trauma care supplies, trainings, and technical guidance in 34 provinces. During the period, a total of 16,272 trauma cases were reported from these HFs.
- During the period two outbreaks of Cholera and Measles are detected, investigated, and responded to in the central region by support of WHO.
- For the prevention and control of COVID-19 WHO Jalalabad sub office distributed 45 boxes of medical masks (each containing 2,500 masks) to the hospitals in Nangarhar province.
- WHO Jalalabad sub office prepositioned 5 mini TESK 2019 medicine module, 1 IEHK supplementary kit and 10 boxes of ringer's lactate and 10 boxes of NaCl to Nangarhar regional hospital.
- Rehabilitation and partition of CCHF ward in Nangarhar regional hospital has been completed.
- Five COVID-19 facilities provided inpatient services for COVID-19 cases in the western region.
- During Sep 2,500 doses of COVID-19 vaccine was delivered to Nimroz province by financial support of WHO.
- During September, handwash points were constructed in 7 HFs of Southern region.
- PCR machine was installed, and the site functionalized in Nimroz provincial hospital.
- New PCR machine was supplied and installed in Helmand province.
- The ICU training is conducted in Baghlan COVID-19 Hospital.



Distribution of Medical Kits in Southern Region – The kits provided by support of WHO

UNFPA

In September 2021, UNFPA in partnership with local and international implementing partners delivered essential Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) at different levels and through several service delivery points as the following:

- In Kabul, UNFPA in partnership with IMC and with the funding support of Italian Agency for Development Cooperation (AICS) and Australian Government Department of Foreign Affairs and Trade (DFAT) supported three integrated mobile teams that continued the provision of life-saving assistance for the displaced families in Shahri Now and Sari Shamali internally displaced settlements in Kabul.
- In Nangarhar, Kunar and Laghman, UNFPA in partnership with AADA and with the funding support of DFAT supported four integrated mobile health teams that provided an integrated package of health, psychosocial and nutrition services to 5,639 vulnerable including displaced individuals.
- UNFPA seconded 10 midwives to 10 mobile teams of ARCS to provide additional technical support that has enabled the mobile teams to enhance the health service package in Badakhshan, Kunduz, Balkh, Nangarhar, Herat, Logar, Badghis, Kabul, Kunar and Kandahar provinces.
- In Herat, UNFPA in partnership with AADA and funding support of AICS continued to support the full functionality of Sharak-e-Sabz Basic Health Center and Afghan returnees transit center that provided an integrated package of health and psychosocial support treating 4,147 cases.
- In Nimroz, UNFPA in partnership with MOVE Welfare Organization (MOVE) and with funding support of AICS supported full functionality of one health center in the border point with Iran. The health center provided 2,721 returnees and deportees with health screening and treatment services.
- In Kandahar, UNFPA in partnership with HealthNet Transcultural Psychosocial Organization (HNTPO) and with funding support of AICS supported full functionality of Spin Boldak health center that provided 1,989 returnees and host communities with essential health services.
- In Nangarhar, UNFPA in partnership with AADA and with the funding support of DFAT maintained the full functionality of a zero-point clinic at the border crossing in Torkham and reached 357 returnees and host communities with integrated health and psychosocial services
- UNFPA in partnership with ARCS and with the funding support of AICS and DFAT delivered 21 Inter-Agency Emergency Reproductive Health (IAERH) kits to Kandahar and Kunduz Regional Hospitals to facilitate the provision of priority reproductive health services to vulnerable people.
- UNFPA using its own regular resources and with additional funding from AICS, and Global Affairs of Canada (GAC) continued supporting 172 Family Health Houses (FHH) across 10 provinces and reached 4,772 individuals with essential maternal and reproductive health services.
- UNFPA sustained its support for a nationwide toll-free Midwifery Helpline (MHL) that provide routine consultations and emergency referral support for the callers. In September, 1,325 community midwives received technical support related to RMNCAH service provision through MHL

- UNFPA continued supporting a nationwide toll-free Youth Health Line (YHL) that provide consultations on health services to young people across the country. In the month of September, 11,578 youth and adolescents received medical and psychosocial consultations and referral support
- In the month of September, UNFPA sustained its support for 24 Youth Health Corners (YHC) in eight provinces. YHC are dedicated spaces within health facilities in provinces and districts to provide Adolescent Sexual and Reproductive Health (ASRH) services for young people aged between 10 and 24. During the reporting period, 2,636 youth and adolescents received ASRH services. Of the total beneficiary 52% were female while 48% were male.



UNFPA donated ERH Kits to Kunduz Regional Hospital – Afghanistan

Healthnet TPO

HealthNet International TPO (HNI-TPO) has been implementing “essential life-saving trauma care and COVID-19 response services” project in selected districts of Nangarhar, Kunar, and Laghman provinces through funding from AHF. The services are provided through four FATPs, five COVID-19 MHPSS outreach teams, and Nangarhar Regional Hospital (NRH) Trauma Center. The project started on October 20, 2020 and will last until October 19, 2021. Listed below are the major achievements in the month of September 2021:

- 1,126 trauma cases treated through FATPs in Laghman and Kunar provinces.
- 2,665 trauma cases, which needed advanced trauma care, were treated in the Nangarhar Regional Hospital (NRH) Trauma Center.
- 6,762 vulnerable individuals received COVID-19 related awareness raising and risk information through MHPSS outreach teams in Kunar and Laghman provinces.
- 1,300 vulnerable individuals received focused psychosocial and psychological care through MHPSS outreach teams in Kunar and Laghman provinces.



Nutrition Screening through MHTs from Healthnet TPO

AKDN

With technical support from AKDN's Digital Health Resource Center (DHRC) and Roshan Telecommunication, AKHS, A offers e-Health programs in the Bamyan and Badakhshan provinces of Afghanistan. AKHS, A has also linked Bamyan and Faizabad Provincial Hospitals via a tele-link to the French Medical Institute for Children (FMIC) since 2008 and 2011, respectively.

In 2021, AKHS achieved the following:

- E-learning improved the capacity of healthcare providers, while trained staff (534 from hospitals and 125 from DH and CHCs) had a direct impact on the delivery of quality healthcare services.
- 148 staff from Bamyan Provincial Hospital and 68 staff from Faizabad Hospital (i.e., doctors, nurses, pharmacists, and midwives) experienced improved to manage COVID-19 cases. These staff were trained through telemedicine by the global AKHS team, so they can manage patient cases in the hospitals.
- 3,440 teleconsultations (1,717 in Bamyan and 1,723 in Faizabad) were conducted in the two hospitals by FMIC.
- 475 teleconsultations were undertaken in the Badakhshan BPHS eHealth sites by Faizabad hospital.



Laparoscopy Surgery in Faizabad - AKDN

Success story - Qatar Red Crescent Afghanistan (QRCA)

Farida D/O Mohammadzai 30-year-old, the resident of Gulqalacha Dist.#3 Kandahar province, belong to a poor family. According to her state, she has developed cough, fever, loss of appetite for two months.

Her family has treated her symptomatically, due to lack of money, her father was not able to bring her to a hospital or a diagnostic center. One time her neighbor woman met with her and asked about her health problem. She stated her problem to her neighbor, and she was surprised about her weak health condition and poverty situation. She advised her “go there in the clinic, they treat patients for free and without any cost, the staff of the clinic are well qualified, and all the medicines provided to patients are also free”. She guided her to dist. #3 clinic, she told me that the clinic is being sponsored by our Muslim Arab brother of Qatar. Her father took her and came to clinic, the doctor of CHC examined her, he advised her to be investigated of blood and sputum. After investigation, doctor found that she has Bacillus in her sputum, she diagnosed her based on the laboratory investigation.

The doctor told her that she is suffering from pulmonal Tuberculosis, but it is treatable. The doctor further said that the treatment will take time and she need to take medicines on time, bring her family members for sputum test, and if any of the family members have the same signs and symptoms or get the bacteria then bring them to clinics to be investigated and be treated on time. She brought all her family members for sputum examination, fortunately all of them were negative for Bacillus. The doctor informed her about the side effects and complications of missing medicine and treatment to be careful about completion of medicine. He advised her to take TB medicine for two weeks and after two weeks, she went back to the clinic. She already improved and her health condition was in progressive state. After two months monitoring, her sputum became negative, and she gained weight. Doctor advised her to continue taking medicines for 6 additional months and she will be obliged to get her medicines every two months. After completion of TB Courses, she became healthy, she and her family went to the clinic to extend their appreciation and gratitude to the staff and the QRCS. She and her family were very pleased and will include QRCS and those people who have sponsored the clinic financially in their prayers. They stated that last year about 4 women and 3 men have died in their village with the same signs and symptoms.

Alhamdulillah, by getting treatment from this clinic (CHC), the patient had improved and became healthy without any cost. She and her family requested for the expansion of the clinic activities to other area or deploy this kind of clinic in isolated and rural areas to treat many more vulnerable and poor families like me who are not able to treat her family member due to which they are losing their lovely lives.



Ms. Farida – Examination and registration process in the CHC

Plan For Next Month

- Coordination with WASH Cluster for integrated response to AWD outbreak.
- Estimation of figures for People in Need (PIN), Targets, and requirements for HRP 2022.
- Development of HNO narrative, in consultation with Health Cluster Partners.

Contact Us

AFGHANISTAN HEALTH CLUSTER	
Dr. Jamshed Tanoli Health Cluster Coordinator tanolij@who.int	
INFORMATION MANAGEMENT UNIT	
Dr. Humayoon Gardiwal National Technical Officer-HIM, WHO Afghanistan, gardiwalh@who.int	Hosna Hamidi Risk Management Officer, WHO Afghanistan, hamidih@who.int
	Lawrence Aporto Information Management Officer, IMMAP, laporto@immap.org (Supporting the Health Cluster in Afghanistan)