An outbreak of cholera on September 21 affected multiple communities in Zari district, Balkh province in Northern Afghanistan. The Zari district is in a remote area of the province, where community access to health services is limited. Our teams responded to the outbreak by increasing awareness of cholera prevention strategies, the use and preparation of oral rehydration solution and the effective usage of chlorine in water treatment, and by providing guidance on safe water storage within the community. This intervention reached 3,395 people (1,279 women, 987 men, 482 boys, 647 girls), with each person receiving soap. We also distributed 485 bottles of chlorine across the communities.

International Medical Corps Response

International Medical Corps continues to provide humanitarian assistance to people in Afghanistan’s north, eastern and southern provinces, and since August 2021 has been running mobile health teams to respond to increasing humanitarian needs.

Health

In September, International Medical Corps continued to respond to health needs across Afghanistan by strengthening community capacity and providing vital services in remote areas of Balkh, Faryab, Kabul, Kunar, Laghman, Nangarhar, Nuristan, and Paktika provinces. Additionally, as referenced above, we expanded services to support communities affected by cholera in Balkh province. International Medical Corps currently supports 46 mobile health teams, five first-aid trauma posts, 17 static health centers and two hospitals. These facilities provide vital healthcare services, including outpatient consultations, trauma care, malnutrition screening, antenatal and postnatal care, and health and hygiene awareness.

International Medical Corps has supported numerous people across the facilities we support. Across 17 static health centers, we supported 20,202 outpatient consultations. Our clinics have supported 289 women by providing family planning services, with 1,254 women attending antenatal-care appointments. 1,708 patients underwent minor and major surgeries, with a further 3,063 accessing trauma care. In September, our mobile health teams reached 58,602 people providing them with outpatient consultations, as well as further health-education sessions across 15 provinces of Afghanistan.

Water, Sanitation, and Hygiene (WASH). In September, 71,582 people attended hygiene promotion sessions, where they learned about how to prevent acute watery diarrhea and effective water treatment within the household. International
Medical Corps also distributed handwashing supplies as well as educational materials relating to safe sanitation, including food hygiene, handwashing, personal care and environmental hygiene. Additionally, we distributed 135 water kits and 550 hygiene kits in Laghman and Paktika provinces. We are also constructing infrastructure for 14 piping systems in Faryab, Kunar and Paktika provinces that will provide clean water to the affected communities.

**Mental Health and Psychosocial Support (MHPSS)/Protection**

In September, we reached 16,034 men and women through individual and group MHPSS gatherings in Balkh, Faryab, Kabul, Laghman, Nangarhar, Nuristan, and Sari-Pul provinces. Additionally, International Medical Corps continued to deliver community-based health education sessions, reaching 94,397 people.

International Medical Corps is providing MHPSS awareness and psychoeducation sessions to promote mental health and well-being among those who have experienced loss, grief, stress and anxiety, and is providing individual psychosocial support for those in need. This support included case identification and referral, psychological first aid, case management and more intermediate psychosocial support.

**Nutrition and Food Security**

International Medical Corps’ mobile health and nutrition teams provided vital nutrition services in remote areas of Afghanistan. Through 28 mobile health and nutrition teams, we continue to provide key curative and preventive nutrition services across the four provinces. Throughout September, we screened 11,578 children from 6 to 59 months, with 859 (333 boys and 526 girls) identified as suffering from severe acute malnutrition (SAM) and admitted to the outpatient department for treatment. To promote positive nutrition-based practices for women and their young children, we held meetings across 27 mother-to-mother support groups (MTMSGs), with each support group comprising 15 members. We organized cooking demonstrations within the MTMSGs that focused on key complementary feeding practices for children aged between 6 and 23 months. Demonstrations provided guidance on dietary diversity, quantity, frequency of feeding, food preparation and observing key hygiene practices.

Preliminary results from the national nutrition SMART (standardized monitoring and assessment of relief and transitions) surveys shared in September by the nutrition cluster shows that acute malnutrition remains at high levels across the country, with Badakhshan, Balkh, Farah, Ghazni, Jawzjan, Kabul, Kunar, Laghman, Nangarhar, Nuristan and Paktika provinces being the most affected (global acute malnutrition rate of greater than 15%) among the surveyed provinces.