

MÉDECINS SANS FRONTIÈRES IN AFGHANISTAN

ANNUAL OVERVIEW
OF ACTIVITIES

2024



داکتران بدون سرحد
بی پولی داکتران

Foreword

We are pleased to present the 2024 Annual Overview of Activities for Médecins Sans Frontières (MSF) in Afghanistan. This report highlights the dedicated efforts of MSF teams to provide critical healthcare services across the country. On behalf of MSF, I wish to take the opportunity to extend our gratitude to the Ministry of Public Health and its dedicated personnel for their instrumental commitment and collaboration in delivering medical care.

Throughout 2024, MSF has continued to respond to the pressing medical needs of Afghan communities, despite significant challenges. Our work at Mazar-i-Sharif Regional Hospital in Balkh has been instrumental in reducing neonatal and paediatric mortality through structured triage, emergency care, and the expansion of neonatal and paediatric intensive care units. In Herat, we have provided essential paediatric care at the Herat Regional Hospital, addressing a growing patient load and supporting malnourished children.

At Boost Provincial Hospital in Helmand, our largest project in Afghanistan, MSF has managed a high volume of emergency cases, maternal health services, and intensive paediatric and neonatal care, often operating beyond capacity. In Khost, our focus on Comprehensive Emergency Obstetric and Neonatal Care has enabled safe deliveries and improved maternal and neonatal outcomes, while our newly established microbiology laboratory has strengthened our ability to combat antimicrobial resistance.

In Kunduz, the MSF Trauma Centre received over 32,000 patients, offering emergency treatment for severe injuries and performing nearly 4,750 surgical procedures. Our antimicrobial stewardship program has been crucial in addressing multi-drug-resistant infections, ensuring responsible antibiotic use and improving patient outcomes. In Kandahar, our efforts in combating drug-resistant tuberculosis (DR-TB) have yielded significant success,

with a 95% treatment success rate among patients completing their regimen. The introduction of shorter treatment protocols has enhanced adherence and recovery rates, and our laboratory services continue to play a vital role in diagnosing and monitoring TB cases.

In Bamyan, MSF continued its community healthcare program, supporting eight sub-health centres to provide maternal and child health services to underserved populations. Our teams assisted in childbirth, conducted antenatal and postnatal care, and responded to multiple disease outbreaks, including measles and acute watery diarrhoea.

This report reflects the commitment of our medical teams who work tirelessly to provide high-quality, free healthcare to those who need it most. However, the challenges remain significant, with high patient numbers, resource limitations, and the ongoing burden of malnutrition and infectious diseases. We hope this report sheds light on the impact of MSF's work and the continued need for humanitarian medical assistance in Afghanistan.

We extend our deepest gratitude to our dedicated staff, our partners, and the communities we serve. We remain committed to delivering impartial medical care and advocating for improved healthcare access for all Afghans.

Mickael Le Paih
Country Representative

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Cover Photo: ©Nava Jamshidi/MSF

An MSF midwife visits Khadija, who has a fever and cough caused by pneumonia, in the MSF-supported community health facility in Jalmish, a remote valley of Shibar District in Bamyan Province, Afghanistan.

ABBREVIATIONS

ANC

Antenatal Care

ATFC

Ambulatory Therapeutic Feeding Centre

AWD

Acute Watery Diarrhoea

BOR

Bed Occupancy Rate

CFR

Case Fatality Rate

CHC

Comprehensive Health Centre

CS

Caesarean Section

CSF

Cerebrospinal fluid

DR-TB

Drug-Resistant Tuberculosis

EPI

Expanded Programme of Immunization

ER

Emergency Room

FP

Family Planning

HRH

Herat Regional Hospital

ICU

Intensive Care Unit

IDP

Internally Displaced Person

IPD

Inpatient Department

ITFC

Inpatient Therapeutic Feeding Centre

IPC

Infection Prevention and Control

KMC

Kangaroo Mother Care

LAMA

Left Against Medical Advice

MAM

Moderate Acute Malnutrition

MCH

Maternal and Child Health

MoPH

Ministry of Public Health

MSF

Médecins Sans Frontières

NICU

Neonatal Intensive Care Unit

OPD

Outpatient Department

PLW

Pregnant and Lactating Women

PICU

Paediatric Intensive Care Unit

PNC

Postnatal Care

SAM

Severe Acute Malnutrition

TB

Tuberculosis

MSF AT A GLANCE

Médecins Sans Frontières (MSF), which translates to Doctors without Borders, is an independent medical humanitarian organization that aims to deliver medical care where it is needed most. MSF works in more than 70 countries around the world and provides neutral and impartial medical and humanitarian assistance to individuals regardless of race, religion, gender, or political affiliation. To maintain its independence, MSF does not accept funding from any government or international agency for its programmes in Afghanistan. Instead, it relies solely on private donations from around the world to support and carry out its work.

A photograph showing three men walking through a field of large, light-brown rubble and debris. The man on the left is wearing a white shirt and a white vest with a red cross emblem. The man in the middle is wearing a white shirt and blue jeans, also with a red cross emblem on his sleeve. The man on the right is wearing a dark blue jacket. They are walking towards the camera. The background shows more rubble and a clear blue sky.

**"OUR ACTIONS
ARE GUIDED
BY MEDICAL
ETHICS"**

MSF PRINCIPLES

MSF provides assistance to populations in distress, to victims of natural or man-made disasters, and to victims of armed conflict. We do so irrespective of race, religion, creed, or political convictions. MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions. Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic, or religious powers.

PATIENTS FIRST

MSF's actions are primarily medical. The notion of quality care for the individual patient is central to our humanitarian objective. We seek to provide health care that meets minimum standards, is safe and accessible; to always act in the best interests of our patients; to respect their confidentiality, their right to make their own decisions and to do them no harm. When medical assistance alone is not enough, we may provide shelter, water and sanitation, food or other services.

IMPARTIALITY

We offer assistance to people based on need. It doesn't matter which country they are from, which religion they belong to, or what their political affiliations are. We give priority to those in the most serious and immediate danger.

INDEPENDENCE

Our decision to offer assistance is based on our evaluation of medical needs, independent of political, economic, or religious interests. Our independence is rooted in our funding; in Afghanistan, MSF does not accept funding from institutional donors and relies solely on private donations for its work in the country. We strive to freely evaluate needs, access populations without restriction, and to directly deliver the aid we provide.

NEUTRALITY

We do not take sides in armed conflicts nor support the agendas of warring parties. Sometimes we are not present on all sides to the conflict; this may be because access is denied to us, or due to insecurity, or because the main needs of the population are already covered.

BEARING WITNESS

Neutrality is not synonymous with silence. Our proximity to people in distress implies a duty to raise awareness of their plight to help improve their situation. We may seek to bring attention to extreme need and suffering when access to lifesaving medical care is hindered, when our teams witness extreme acts of violence, when crises are neglected, or when the provision of aid is abused.

TRANSPARENCY AND ACCOUNTABILITY

We are accountable to our patients and donors for the actions we take and are transparent about the choices we make. Evaluations, critical reviews and debate on our field practices, our public positioning and on wider humanitarian issues, are necessary to improve what we do.

MSF PRESENCE IN AFGHANISTAN

BUDGET
\$57 million

NO. STAFF
3,596

PROJECTS
7



Médecins Sans Frontières (MSF) has been providing healthcare services in Afghanistan since 1980. In 2024, MSF ran medical activities in seven provinces of the country and has a coordination office in Kabul.

In Balkh Province, MSF supports paediatric and neonatal health services at the Mazar-i-Sharif Regional Hospital.

In Bamyan Province, MSF provides primary healthcare services through eight sub-health centres in remote and underserved villages in the province.

In Herat Province, MSF operated two programs: an outpatient clinic in Kahdestan in Injeel District, and paediatric care services at the Herat Regional Hospital.

In Helmand Province, MSF supports Boost Provincial Hospital, a major referral hospital in southern Afghanistan.

In Kandahar, MSF runs a Multidrug-Resistant Tuberculosis (MDR TB) treatment facility, supports the National Tuberculosis Control Program in diagnosing Drug-Sensitive Tuberculosis in the southern region,

and operates a 40-bed Inpatient Therapeutic Feeding Centre (ITFC) and an Ambulatory Therapeutic Feeding Centre (ATFC).

In Khost Province, MSF runs a maternity hospital, with a focus on providing Comprehensive Emergency Obstetric and Neonatal Care (CEmONC). In Kunduz Province, MSF runs a 72-bed trauma centre and supports an outpatient healthcare facility in the province's Chahardara District to address the ongoing need for trauma and primary care services, including an ATFC, in the province and surrounding areas.

SUMMARY OF KEY FIGURES (2024)



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404,511Emergency Room
Consultations**245,557**

Outpatient consultations

119,349

Inpatient admissions

45,061 Deliveries assisted**31,351** Total ICU admissions**18,149** Surgical interventions**15,811** Paediatric ICU admissions**14,295** Neonatal ICU admissions**13,030** Measles patients treated**9,751** Children admitted to ITFCs**4,016** Children enrolled in ATFCs**3,111** Total Caesarean Sections conducted**383** Drug-resistant tuberculosis patients completed treatment since start of project**85** Drug-resistant tuberculosis patients enrolled on treatment

BALKH

Start of Activities: August 2023

KEY FIGURES

160,858
total patients triaged

52,408
total emergency room
consultations

8,419
neonatology admissions

6,333
measles cases treated

3,161
paediatric intensive care
unit admissions (since May
2024)

In early August 2023, MSF commenced operations at Mazar-i-Sharif Regional Hospital in Balkh province, partnering with the Ministry of Public Health to lower paediatric and neonatal mortality rates in the northern region of Afghanistan.

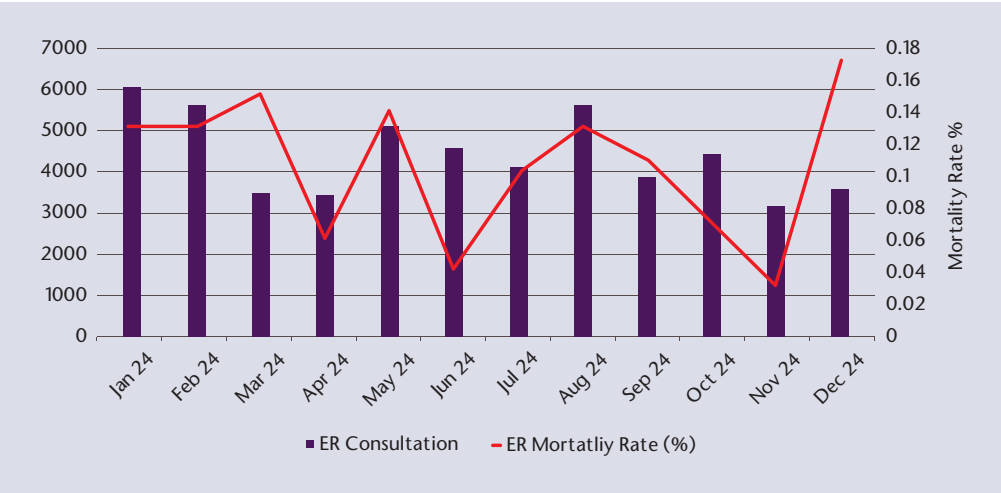
MSF’s support started in the paediatric emergency room (ER) and observation room for children up to 15 years old, establishing a triage system to ensure critically ill patients are prioritized for necessary care. All patients presenting to the ER pass a screening point – triage – where patients are categorised based on the severity of their illness into three categories: red, yellow and green. Red and yellow cases are the unstable patients who are prioritised for medical care, and green patients are directed to seek treatment at the primary healthcare level.

In 2024, of the 160,858 patients presented to the triage, 51,836 were red and yellow, who then received consultations and medical care in the ER or were admitted to the hospital for further investigation and treatment. Throughout the year, 52,408 (144 per day) children received

consultations in the paediatric emergency room. Among them, 6,636 were treated in the ER and discharged, 15,888 were transferred to observation room, and 27,921 (76 per day) were admitted to the hospital. The primary morbidities observed in the ER were respiratory tract infections (49.3%), sepsis (16.9%) and non-bloody diarrhoea (12.9%), especially in neonates.

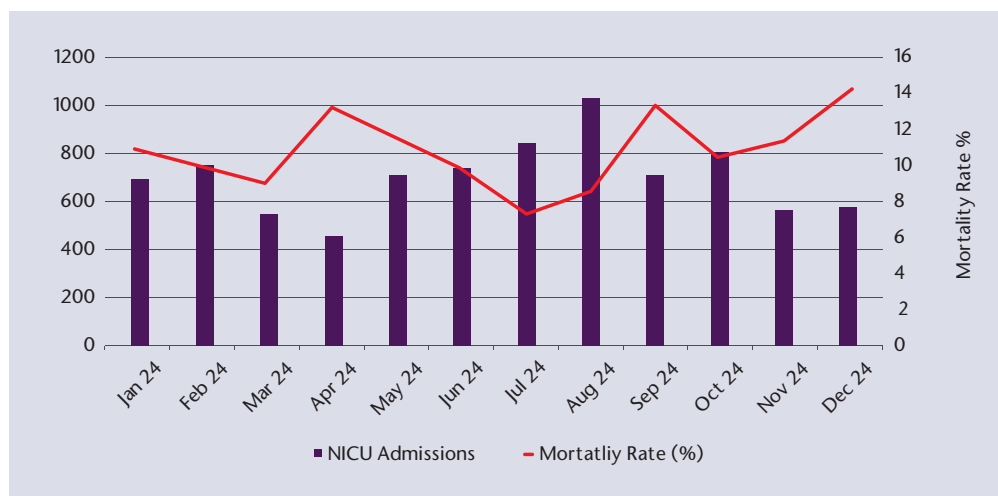
The ER mortality rate remained below 1%. There was a total of 373 deaths in the ER, of which 317 patients were already dead upon arrival, 46 patients died within two hours of arrival, and 10 patients died in the ER more than two hours after arriving. The top five causes of death in the ER were deaths due to unknown causes (199 cases), death due to conditions originating in the perinatal period (55 cases), sepsis (48 cases), lower respiratory tract infection (24 cases) and death due to shock (12 cases).

Figure 1: Paediatric Emergency Room consultation and mortality rate - Mazar Regional Hospital (2024)



Source: MSF District Health Information Software 2 (DHIS2)

Figure 2: Neonatal Intensive Care Unit (NICU) admissions and Mortality Rate (%) - Mazar Regional Hospital (2024)



Source: MSF District Health Information Software 2(DHIS2)

In October 2023, MSF expanded its support to the neonatal ward and the neonatal intensive care unit (NICU), catering to premature and sick newborns. The neonatal unit has a total capacity of 148 beds spread across neonatal intensive care unit (70 beds), neonatal ward (44 beds), prematurity ward (25 beds), and isolation (9 beds). In 2024, there were a total of 8,419 admissions to the neonatology unit, averaging more than 700 admissions per month.

In 2024, the average bed occupancy rate was 143.4%, meaning there were often two infants sharing one bed while receiving treatment. This is despite mitigation measures, such as increasing human resources, expanding bed capacity from 99 to 148 beds, and enforcing stringent admission and discharge criteria. The average mortality rate in neonatology was 10.9%, with the main causes of death being sepsis (321 cases), prematurity (274 cases), and perinatal asphyxia (164 cases). Across the neonatology and NICU departments, the average length of stay was 6.5 days. The primary diagnoses in these departments included: 6,759 cases of sepsis (76.9%), 899 cases of low birth weight and/or prematurity (10.2%), and 721 cases of perinatal asphyxia (8.2%).

In May 2024, MSF started supporting the paediatric intensive care unit (PICU) with a capacity of 36 beds. Since then, a total of 3,161 children have been admitted, averaging almost 400 admissions each month. Of these admissions, 2,516 (79.6%) were from the emergency room, 514 (16.3%) from the general ward/inpatient therapeutic feeding centre (ITFC), and 131 (4.1%) was readmission.



An MSF nurse checks the vital signs of a patient in the NICU at Mazar-i-Sharif Regional Hospital. The bed occupancy rate is very high, meaning two or even three patients will share one bed.

The bed occupancy rate in the PICU regularly exceeded 160%, and the average length of stay was three days. The mortality rate was an average of 14.4%, primarily attributed to severe pneumonia, sepsis, and Central Nervous System (CNS) infections, particularly meningitis.

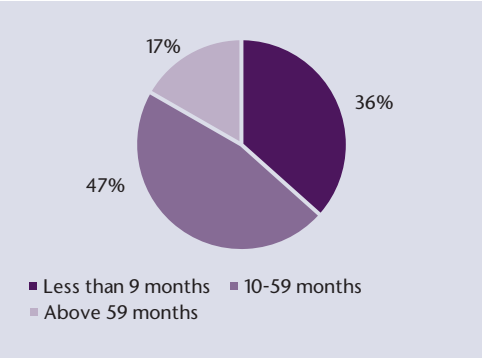
In 2024, increasing cases of suspected measles were reported at the Mazar-i-Sharif Regional Hospital, prompting the opening of a separate isolation ward with 36 beds. The total number of cases seen throughout the year was 6,333, with an average mortality rate of 0.9%. More than a third of the cases 2,318 (36%) were infants younger than nine months.

The peak of suspected measles cases occurred in February-March, with the bed occupancy rates surpassing 150%. From April to December 2024, the trend has shown a decline in monthly cases, however, measles is endemic in Afghanistan and cases and deaths continue to be recorded – the deaths often due to very late arrival at the hospital. Despite routine vaccination efforts by the Ministry of Public Health (MoPH), current coverage remains inadequate in controlling measles.

A mass vaccination campaign could provide greater protection in the medium term, effectively preventing measles.

One of the key challenges MSF experienced in 2024 is the significant patient load in the paediatric ER and neonatal units, despite implementing a triage system to prioritize moderate to severe cases. This is straining limited resources and driving high bed occupancy rates in the neonatology and paediatric intensive care units. Establishing stringent admission criteria is challenging due to the lack of viable alternative health facilities to send patients in critical condition.

Figure 3: Measles Cases, Age breakdown



Source: MSF Mazar 2024 Measles Line list

An MSF doctor reviews patient documentation while checking the vital signs for three babies sharing one bed in the neonatal ICU at Mazar-i-Sharif Regional Hospital.



BAMYAN

Start of Activities: December 2022

KEY FIGURES

57,171

outpatient consultations

5,156

number of routine vaccine doses given

4,530

gynaecological consultations

1,471

antenatal consultations

278

postnatal consultations

155

deliveries assisted

Since December 2022, MSF has been running a community healthcare programme in Bamyan, aiming to provide healthcare services to under-served villages in the province, focusing on Saighan, Shibar, and Yakawalang 1 districts. MSF collaborated with the Ministry of Public Health (MoPH) in identifying these communities, located more than 10 kilometres – or more than two hours walking-distance – away from the nearest healthcare facilities.

MSF constructed eight sub-health centres: Baghalak, Dar-e-Ali, Band-e-Amir and Sar-e-Tanook in Yakawalang 1; Amroot and Pusht-e-Waz in Saighan district; and Baghak and Jalmish in Shibar district. The MSF-supported medical facilities provide mother and child health care services, including obstetric and gynaecological consultations, antenatal and postnatal care, family planning, normal deliveries, and outpatient services for children and adults.

In 2024, MSF teams assisted 155 deliveries, administered 5,156 doses of routine vaccines, and performed a total of 1,471 antenatal and 271 postnatal consultations. While postnatal consultations are crucial, they are fewer in number, as compared to antenatal consultations. This could be because some women perceive that they are at a lower medical risk during the postnatal period, as compared to when they are pregnant. Additionally, there is a belief in some rural areas that mothers should stay indoors for the first six weeks after giving birth, which may lead to fewer postnatal consultations.

Medical conditions sometimes require a referral to a higher-level health facility for mothers, usually to a CHC, or a district or provincial hospital. In 2024, 51 mothers were referred for emergency obstetric

care. MSF also supports human resources in the maternity waiting area of Bamyan Provincial Hospital to increase their capacity to provide medical monitoring and timely access to healthcare for pregnant women with complicated or high-risk pregnancies who live far away. In 2024, 214 pregnant women were admitted in this maternity waiting area.

Throughout the year, MSF teams provided 57,171 general consultations, almost half of which were upper respiratory tract infections.

In 2024, MSF responded to multiple outbreaks, including providing some support in the form of human resources and medical supplies to the Bamyan Provincial Hospital in April and May following a surge in measles cases, and an outbreak of 505 cases of acute watery diarrhoea in Jalmish in May and June.

MSF midwife Hajira Mohammadi measures the blood pressure of a patient in the MSF-supported community health facility in Jalmish, a remote valley of Shibar District in Bamyan Province, Afghanistan.



HELMAND

Start of Activities: 2009

KEY FIGURES

273,976
Number of patients received in emergency department
228,391
emergency room consultations
44,205
patients admitted to the hospital
21,033
antenatal consultations
27,208
deliveries assisted
29,406
postnatal consultations
12,136
total surgical interventions
4,280
malnourished children admitted to ITFC

Since 2009, MSF has collaborated with the Ministry of Public Health (MoPH) to support Boost Provincial Hospital in Lashkar Gah city, in Helmand province. The hospital serves as the main referral centre for healthcare facilities in Helmand as well as nearby districts in the provinces of Kandahar, Urozgan, Farah, and Nimroz. Since MSF started supporting Boost, the hospital has expanded from a 150-bed to a 340-bed facility, with more than 1,000 staff employed, making it MSF’s largest project in the country.

MSF’s support to the hospital encompasses a comprehensive range of medical and support services. This includes a 24/7 emergency department, a paediatric department (including the general paediatric ward, inpatient therapeutic feeding centre (ITFC), neonatal intensive care unit (NICU), and paediatric intensive care unit (PICU)), maternity, surgical services, internal medicine, and isolation wards.

Over the course of 2024, a total of 273,976 patients visited the hospital’s emergency room (ER), averaging roughly 750 patients per day. Upon arrival at the ER, patients are triaged to determine the severity of their health condition and are then categorized into one of four levels: red, orange, yellow, and green; with red being the most critical and green representing the most stable cases.

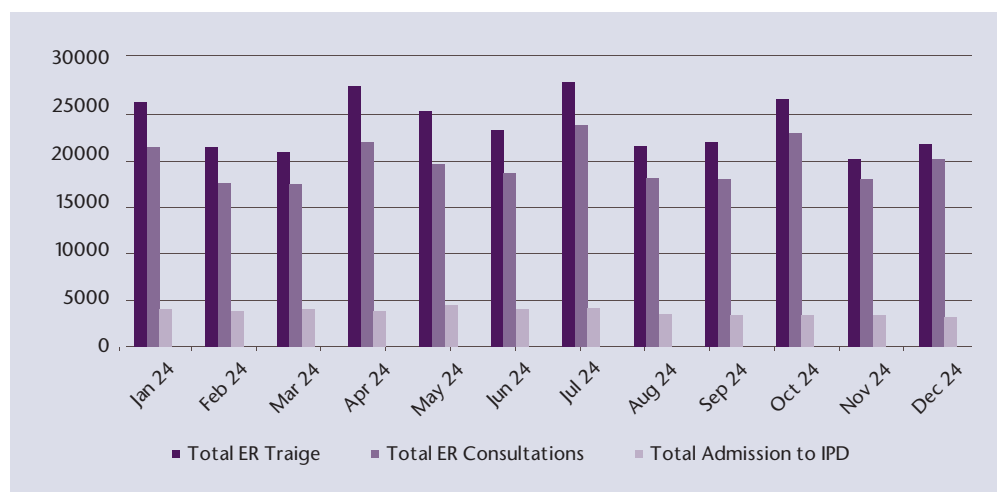
Typically, patients who are categorized as green or yellow cases have relatively minor illnesses that could be treated at primary health facilities or district hospitals, and don’t need specialized treatment from a provincial hospital. After triage, 44,019 patients (17%) were classified as green cases and redirected to other health facilities. Another 228,391 patients (83%) that were triaged as yellow, orange or red cases received consultations in the emergency department, 46.5% of whom were children

under 5 years. A total of 44,205 patients were subsequently admitted to the different departments for further care at the Boost Provincial Hospital, as can be seen in Figure 4.

In 2024, a total of 22,182 children were admitted to the paediatric department in Boost hospital: 8,122 to general paediatric ward; 4,280 severely malnourished children to the ITFC; 3,884 to the PICU; and 5,896 to the NICU.

MSF supports a 37-bed ITFC for severely malnourished children under 5 years in Boost hospital. This capacity cannot be further expanded as the overall physical space in the hospital is limited. However, the number of children presenting with severe acute malnutrition is extremely high, meaning there are often two patients in each bed in the ITFC. The main complications leading to ITFC admission were acute watery diarrhoea, lower respiratory tract infection, and sepsis. Nearly one-quarter (24.3%) of all ITFC admissions were infants under six months old. The ITFC stabilization rate was 90% in 2024. Once patients are stabilized, they are referred to ambulatory therapeutic feeding centres (ATFC) at other health facilities for continued treatment.

Figure 4: Total Triage, Consultation at ER and IPD Admission at Boost Hospital 2024



Source: MSF District Health Information Software 2 (DHIS2)

MSF supports a very busy 30-bed PICU, where the bed occupancy rate (BOR) is always above 100%. In 2024, the BOR ranged from as low as 149.3% to as high as 193.7%, meaning patients were almost always sharing a bed. In 2024, a total of 3,884 patients were admitted to PICU with an 81.4% stabilization rate and an 18.1% mortality rate. The main causes of mortality were sepsis (35.9%), respiratory failure (18.2%), and multi-organ failure (15.9%). About 30% of patients who died in PICU, died within the first 24 hours.

MSF runs a 53-bed NICU in Boost hospital. In 2024, the BOR in the NICU fluctuated between as low as 113.4% to as high as 155.2%. In 2024, a total of 5,896 neonates were admitted to the hospital's NICU, about two-thirds (68.8%) of whom were admitted from outside of the hospital, while one-third (31.2%) were born at the Boost hospital maternity. Of the neonatal patients admitted to the NICU, 23.7% were from Lashkar Gah city, 15% from rural areas of Lashkar Gah, 15% from the Nahr-e-Seraj district, 11.3% from Marja district, and 11% from Nad Ali district. With improved security in the province, over the past three years there has been an increase in admissions to the NICU, while in 2023 and 2022 the number of patients admitted was 5,636 and 4,177, respectively.

Many newborns admitted to the NICU were critically ill upon arrival, often due to having travelled long distances to

reach the hospital. The top morbidities among infants admitted to NICU were sepsis (46%), prematurity (27%), and birth asphyxia (17%). In 2024, mortality rate in the neonatal intensive care unit (NICU) was 19.1%, while it was 23.6% and 19.1% in 2023 and 2022, respectively.

Maternity is another very busy department at Boost hospital that is supported by MSF. In 2024, a total of 27,208 deliveries were assisted, averaging approximately 2,267 deliveries each month. Most deliveries (83.6%) were normal spontaneous vaginal deliveries, while 8.3% of deliveries were conducted by Caesarean section and 8.1% were complicated non-instrumental vaginal deliveries.

Most of the mothers that had a normal vaginal delivery were observed for about six hours post-delivery before being discharged. There were 8,087 patients admitted to the maternity ward for sexual and reproductive health-related complications, including eclampsia, pre-eclampsia, ante/post-partum haemorrhage, ectopic pregnancy, sepsis, and those who had Caesarean sections. Of the admitted patients, 97.9% were discharged home after treatment, 1.3% left against medical advice, 0.62% died, and 0.13% were referred out for further care. The average length of stay for patients admitted to maternity ward was 1.5 days. In 2024, a total of 58 mothers died at Boost Provincial Hospital, of which 23 women were pregnant when they died and 35 women had given birth within the previous 42 days.



An MSF nurse checks the patient's vital signs in the paediatric intensive care unit of MSF-supported Boost Hospital.

Over the course of the year, the hospital conducted 21,033 antenatal care (ANC) consultations – around one-third of which were ANC first visit – 29,406 post-natal care (PNC) consultations, and provided 14,416 family planning services. A total of 35,034 pregnant and lactating women (PLW) were screened for malnutrition, of which 3,809 women (10.9%) were malnourished and given ready-to-use therapeutic food (RUTF).

Boost hospital's maternity ward, like other wards, experiences high bed occupancy rates exceeding 100%. The hospital faces a dual challenge of managing complicated maternity cases from various parts of the province and a significant influx of normal deliveries. Improving healthcare services at the district level to accommodate routine deliveries could alleviate pressure on the hospital, enabling the provincial hospital maternity ward to prioritize care for mothers with direct obstetric complications and at-risk pregnancies.

MSF supports a 70-bed surgical ward with three operating theatres in Boost hospital. In 2024, the surgical department conducted 12,136 surgical interventions, including 57% non-trauma-related surgeries, 24% obstetric and gynaecological operations, and 18.8% trauma-related surgeries. Nearly two-thirds (65.6%) of surgeries were

emergency and urgent procedures. The top five procedures were appendectomy (19.7%), Caesarean section (19.6%), burn dressing (14.8%), non-burn-related dressing (7.2%), and drainage of abscess (6.4%).

MSF also supports the 35-bed internal medicine ward and 9-bed general ICU in Boost hospital. In 2024, a total of 5,355 patients were admitted to medical and ICU, representing a 10.6% decrease from the previous year. This reduction was attributed to the effective functioning of Fatima Bayat Hospital in 2024. However, with the suspension of support by the World Health Organization to Fatima Bayat Hospital starting in July 2024, this admission rate might increase in 2025.

In 2024, there were 1,778 patients admitted to the 30-bed isolation ward with various illnesses, including measles (76.1%), acute watery diarrhoea (11.98%), tuberculosis (4.16%) and Crimean Congo Haemorrhagic Fever (CCHF) (0.27%). Over the course of the year, a total of 4,823 suspected measles cases were reported from the beginning of 2024 until the end of year, with 1,552 admissions to the hospital and 3,271 OPD patients receiving treatment in the emergency room. This represents a 34% increase in the number of measles cases as compared to the previous year.

HERAT

Start of Activities: August 2023

KEY FIGURES

Herat Regional Hospital

365,634
paediatric patients
presented to triage

101,455
emergency room
consultations

17,575
patients admitted to
stepdown

8,790
patients admitted to
intensive care unit

3,982
malnourished children
admitted to ITFC

1,874
measles admissions

Kahdestan Clinic

31,620
outpatient consultations

24,499
patients screened for
malnutrition

600
children under 5 followed
in ATFC

5,231
pregnant & lactating
women screened for
malnutrition

11,461
vaccine doses given

Since 2018, MSF has been operating in Herat Province. In 2024, MSF managed two programs: an outpatient clinic in Kahdestan, Injeel District, and paediatric care services at the Herat Regional Hospital (HRH), in collaboration with the Ministry of Public Health (MoPH).

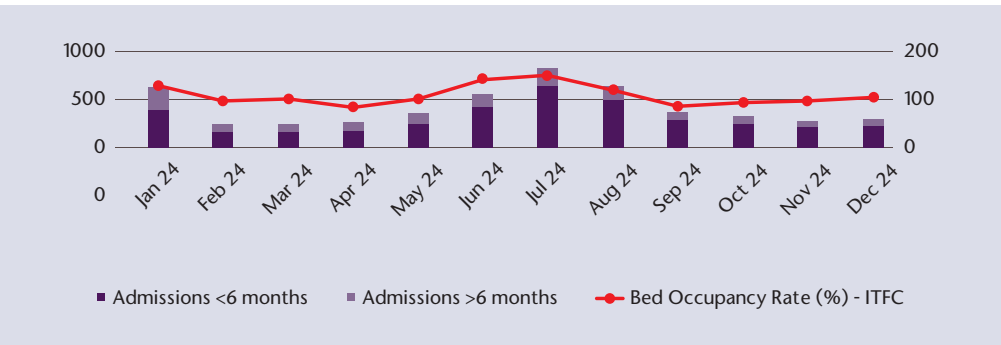
At HRH, MSF supports the paediatric department, including a triage, emergency room (ER), inpatient therapeutic feeding centre (ITFC), intensive care unit (ICU), intermediate care unit (stepdown) for children discharged from the ICU, an ambulatory therapeutic feeding centre (ATFC), and a measles isolation ward. Compared to last year, the total number of paediatric patients increased by 32% in the emergency room, by 31.5% in ICU, by 51% in stepdown, and decreased by 8% in the ITFC.

From the 101,455 patients presented in the ER, referral reasons are mainly infectious diseases, amongst them 322 were deceased (0.32%), primarily due to late presentations. Of those that received treatment in the ER, 3,982 were admitted to the ITFC due to severe acute malnutrition. The most common morbidities were non-bloody diarrhoea (34%) and sepsis (34%),

and lower respiratory tract infections (19%). The mortality rate in the ITFC was 10.3%, primarily due to late arrivals and underlying medical conditions, such as congenital heart diseases, cerebral palsy, and sepsis. As a contributing factor, the proportion of children under six months is high (37%).

In 2024, a total of 26,365 patients were admitted in the intensive care and stepdown units. In the ICU, there was an increase in the number of patients in the winter during the first two months of the year, demonstrating the impact of the colder weather on ICU admissions. The top three morbidities in the ICU were lower respiratory tract infections, sepsis and convulsions (due to cerebral infection or cerebral palsy). The average length of stay in the unit was less than 2 days. The mortality rate was roughly 8%, linked to

Figure 5: ITFC Admissions



Seasonality: increase in the number of admissions in ITFC during summer. Source: MSF DHIS

a high patient load with an average bed occupancy rate above 120%, and patients with severe medical conditions, such as heart failure resulting from congenital heart issues or severe infections. Most of the children (84.03%) were under 5 years old.

MSF responded to a measles outbreak in western Afghanistan from April to June by expanding the number of isolation beds from 11 to 60 beds and admitting 1,088 suspected measles cases, 43% of whom were younger than 6 months. The mortality rate was 4.8%. In April, MSF started supporting catch-up vaccination at discharge from HRH.

MSF reopened the paediatric laboratory at HRH, and regularly conducts biochemistry and haematology tests, as well as operating a blood bank for the paediatric units.

Psychostimulation activities have started in HRH for malnourished children from the ITFC. The mental health team offers group and mother-and-child sessions to reinforce mental well-being and the caregiver-child relationships through targeted psychosocial activities.

In Kahdestan, the MSF primary healthcare clinic offered general outpatient consultations for children under five, antenatal and postnatal care, family planning services, nutrition services for children and pregnant and lactating women (PLW), routine vaccinations, management of non-communicable diseases (NCDs) for adults, wound dressings, and assistance in referrals. Between January to end of October, the NCD adult patient cohort was 328. MSF closed the Kahdestan clinic at the end of October 2024 to concentrate efforts in HRH, and all patients were referred to other health organizations in the region.



Shayma and her two-month-old son Maisam are in the emergency room (red zone) where Doctor Sayeed Matiullah is examining the baby. They travelled from Kocha Ansari which is a 30-minute distance by car from the hospital to seek medical care for her son who has a severe cough.

KANDAHAR

Start of Activities: 2016

KEY FIGURES

44,940

patients consulted for drug-sensitive tuberculosis

383

drug-resistant tuberculosis patients completed treatment since start of project

85

drug-resistant tuberculosis patients enrolled on treatment in 2024

1,490

malnourished patients admitted to the ITFC

2,540

malnourished patients admitted to the ATFC

Since 2016, MSF has been treating patients with drug-resistant tuberculosis (DR-TB) in Kandahar Province. MSF runs a hospital with a laboratory, an outpatient clinic, and a 22-bed inpatient department for patients diagnosed with DR-TB, and patients who develop adverse side effects from DR-TB medications. The hospital is the only referral centre for patients with DR-TB for Kandahar and provinces in the southern region of Afghanistan.

MSF supports the screening and diagnosis of drug-sensitive tuberculosis patients in other facilities in southern Afghanistan, including Mirwais Regional Hospital, Kandahar Provincial TB centre, Sarpoza Prison, and Zabul Provincial TB Centre.

In 2024, MSF provided consultations for 44,940 patients, with 2,696 individuals being diagnosed with drug-sensitive TB. Additionally, the MSF hospital registered 87 cases of DR-TB, enrolling 85 patients for DR-TB treatment. Throughout the year, 85 patients completed their treatment courses for DR-TB, resulting in a treatment success rate of 95%. This brings the total number of patients who have completed their DR-TB treatment courses to 383 since the program began in 2016.

In 2024, four patients were lost to follow-up, and four patients enrolled in the DR-TB treatment program died, 2 of them died due to non tuberculosis related causes. MSF also assessed the national tuberculosis program services provided in Urozgan province in 2024 and is considering extending support to screen and diagnose tuberculosis in Urozgan in 2025.

In 2023, MSF had initiated six-month oral BPAL and BPALM regimens for treating multi-drug-resistant tuberculosis (MDR-TB) in patients aged 14 years and older. This shorter regimen, which does not require patients to take as many medications, aims to improve treatment adherence, minimize

toxicity, and promote a faster return-to-work for patients.

Since the implementation of this regimen in 2023, a total of 69 patients have been enrolled for treatment. At the end of 2024, 43 patients had successfully completed the treatment regimen, while two chose to leave against medical advice and four died. Currently, 20 patients remain under treatment with this regimen.

MSF also runs a TB culture lab in Kandahar province, where in 2024, MSF team tested 1,028 samples, of which 91 were positive. MSF also provides mental health support and undertakes health promotion activities related to TB. A guesthouse wing is provided to house patients and their caretakers who come from distant areas during treatment.

MALNUTRITION PROGRAMME

To address concerning levels of malnutrition in Kandahar in April 2022, MSF opened a 40-bed inpatient therapeutic feeding centre (ITFC) and an ambulatory therapeutic feeding centre (ATFC), and started providing routine vaccinations for children under 5 years. The centre treats malnourished children and provides nutrition support to pregnant and lactating women.

In 2024, there were 19,613 children screened for malnutrition, of which 2,540 were diagnosed with severe acute malnutrition

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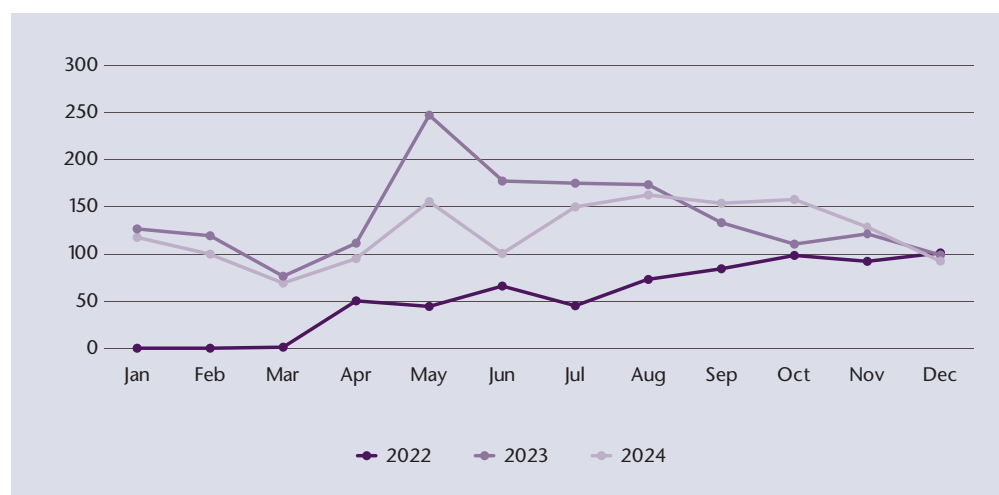
MSF doctor Sherbaz Amiri checks the vital signs of a tuberculosis patient in the inpatient ward of Médecins Sans Frontières' (MSF) drug-resistant tuberculosis (DR-TB) hospital in Kandahar City, Kandahar Province, Afghanistan.

and 1,495 were subsequently admitted to the ITFC for stabilization and then followed up in the ATFC. A total of 1,050 stable patients with severe acute malnutrition were enrolled directly in the ATFC.

Due to space constraints and to improve the quality of care provided to patients, MSF maintained a strict cap of 40 patient admissions to the ITFC, referring patients

to Mirwais Regional Hospital (MRH) in Kandahar when required. In 2024, MSF saw that MRH was overwhelmed with patients, so in collaboration with MRH health officials, we opened a referral pathway and started receiving some malnourished patients to try to ease some of the pressure facing the regional hospital.

Figure 6: Inpatient Therapeutic Feeding Centre Admission - Kandahar (2022-2024)



Seasonality: increase in the number of admissions in ITFC during summer. Source: MSF DHIS

KHOST

Start of Activities: 2012

KEY FIGURES

20,299
pregnant and lactating
women screened for
malnutrition

17,698
number of deliveries
assisted at Khost Maternity
Hospital

8,247
number of deliveries
assisted at MSF-supported
CHCs

3,924
deliveries with direct
obstetric complications

827
total Caesarean sections
conducted:

1,845
neonatal admissions

MSF has been working in Khost Province since 2012 and focuses on providing Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) at the Khost Maternity Hospital (KMH). MSF staff at the hospital assists an average of 1,474 deliveries each month. The hospital serves as a referral centre for Direct Obstetric Complications (DoCs) and normal deliveries for the province.

Afghanistan has some of the highest maternal mortality rates in the world. Obstetric complications before, during and after birth are the biggest causes of maternal mortality and KMH was established to help mothers with complicated and high-risk pregnancies deliver safely.

In Khost, MSF observes a set of admission criteria for expectant mothers to ensure that the mothers with at-risk pregnancies and direct obstetric complications get priority care, while also taking care of other normal deliveries. Some mothers in stable condition are referred to health facilities nearest to them or to Khost Provincial Hospital, to maintain our own capacity to admit complicated cases.

In 2024, the top four direct obstetric complications observed were: 1,339 cases of prolonged labour (34.1%); 749 cases of antepartum haemorrhage (19.1%); 743 women with post-partum haemorrhage (18.9%); and 617 cases of abortion with severe complications (15.7%). Out of the 17,698 deliveries supported at the hospital, 827 required emergency Caesarean sections.

MSF also supports eight comprehensive healthcare centres (CHCs) in Nader Shah Kot, Gurbuz, Tani, Lakan, Sabari, Terezai, Jaji Maydan, and Musa Khil to decentralize maternal deliveries, establish referral pathways for complicated deliveries, and

reduce the workload on KMH. MSF provides financial and training support for staff, mainly midwives and cleaners, in these facilities. In 2024, the CHCs supported by MSF assisted 8,247 deliveries, and referred another 394 women to KMH.

MSF also focused on screening pregnant and lactating women for malnutrition, with 18.7% of the 20,299 women screened during 2024 found to have acute malnutrition. Those diagnosed with malnutrition received supplementary high-nutrient meals during their hospital stay and upon discharge were subsequently referred to the CHC closest to their home that treats malnutrition.

During the period of 2024, a total of 1,845 newborns were admitted to the neonatal unit, with the top morbidities being: neonatal sepsis (20.9%); prematurity/low birth weight (21.6%); and birth asphyxia (13%). Another 14.7% of the newborns were admitted for observation. Additionally, 264 mothers and their pre-term/low birthweight babies were enrolled for Kangaroo Mother Care (KMC), an intervention to care for infants that involves skin-to-skin contact between mother and baby. MSF teams administered 49,019 doses of routine vaccines, and all patients were referred to the CHC closest to their homes for all follow-up doses of vaccine.



An MSF midwife accompanies a pregnant woman in the labour room at the MSF Khost maternity hospital.

When it comes to the origin of patients, 43.7% of those admitted came from Matun district, due to its proximity to the hospital; 10.3% of patients came from Sabari; 7.8% from Mando Zayi; 5.7% from Teri Zay; and 5.4% from Tani district.

MICROBIOLOGY LABORATORY

In May 2024, MSF established a microbiology laboratory at Khost Maternity Hospital to enhance patient care, particularly in the neonatal unit, while also strengthening the hospital's antimicrobial resistance program. This lab was instrumental in identifying an outbreak of Carbapenem-resistant *Acinetobacter baumannii* (CRAB) in the neonatal unit a month later. In response, MSF sent a team of specialists to support the implementation of measures such as patient isolation, adjusted patient flow, and heightened infection prevention protocols. In the eight months since implementation, the laboratory has completed 536 blood cultures for 474 patients.

KUNDUZ

Start of Activities: 2011

KEY FIGURES

Kunduz Trauma Centre

32,628
patients presented to the emergency room

23,217
total outpatient consultations

4,742
number of surgical interventions

2,980
total admissions

355
ICU admissions

Chahardara Clinic

10,092
outpatient consultations

9,597
vaccinations administered

8,981
children screened in the ATFC

503
admission to ATFC

The 72-bed Kunduz Trauma Centre (KTC) opened in August 2021, the previous Kunduz Trauma Centre having been destroyed by a US airstrike on 3 October 2015. The facility provides comprehensive care for patients suffering from major and minor traumatic injuries, including those resulting from falls, motor vehicle collisions, gunshot wounds, unexploded ordnance, and others.

In 2024, the triage at KTC received 32,628 patients, of whom 18% were classified as severe cases. Of those received at the emergency room during this period, 16,850 were discharged home after receiving treatment, 2,402 were admitted to the hospital, 2,645 were referred to other health facilities, and 104 left against medical advice. There were 26 deaths, of which 3 deaths were on arrival, recorded due to severe trauma throughout the year.

A total of 4,742 surgical interventions were performed in 2024, including 1,549 emergency procedures. The most common surgical interventions were: extensive debridement (3,029 operations); osteosynthesis or internal fixation (1,101); reduction and external fixation (342); insertion/removal of drain (303); and skin graft (220).

ANTIMICROBIAL STEWARDSHIP

Since 2023, MSF has been running an antimicrobial stewardship program at the KTC to address increasing occurrences of antimicrobial resistance in the province. The main goal is to ensure that antibiotics are used appropriately to maximize their effectiveness, minimize toxicity and side effects, and slow the development of antimicrobial resistance and spread of multi-drug-resistant organisms (MDROs).

In 2024, 131 patients with MDROs were registered at the microbiology lab. The

MDROs were detected in various samples, including 17 specimens from blood, 104 specimens from tissue and bone, and 10 specimens from urine.

CHAHARDARA CLINIC

For more than six years, MSF has provided healthcare services in Chahardara district, in an underserved area located more than seven kilometres from the nearest health facility. At its health post, MSF manages trauma patients, and provides outpatient consultations for children, screening and treating moderate and severe acute malnutrition, and offering vaccination services.

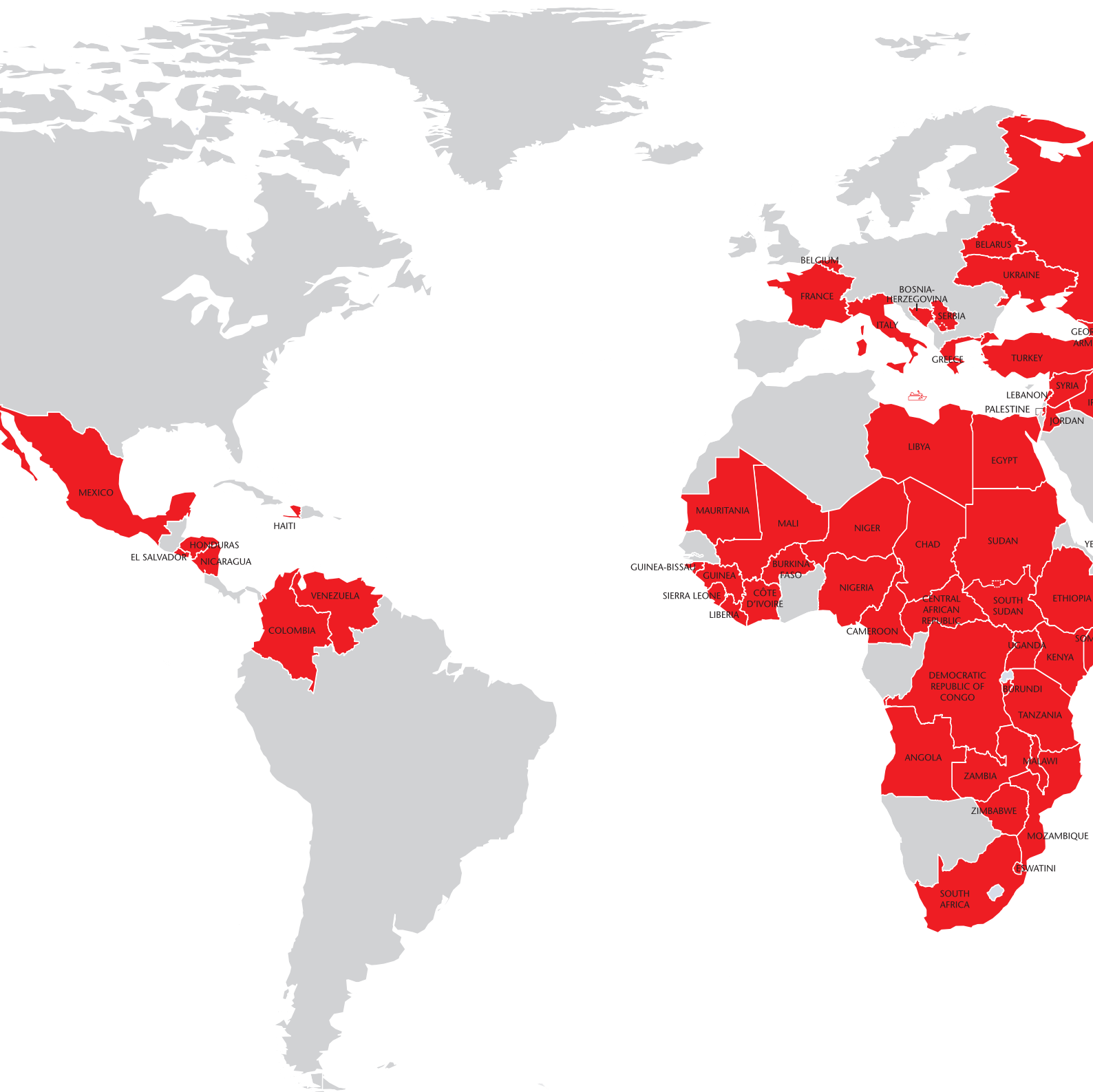
In 2024, MSF screened 8,981 children under five years for malnutrition, enrolling 503 (5.6%) in the ambulatory therapeutic feeding centre (ATFC), including 79 children with severe acute malnutrition and 424 with moderate acute malnutrition. MSF administered 9,597 vaccine doses to children under five years and adult women (TT).

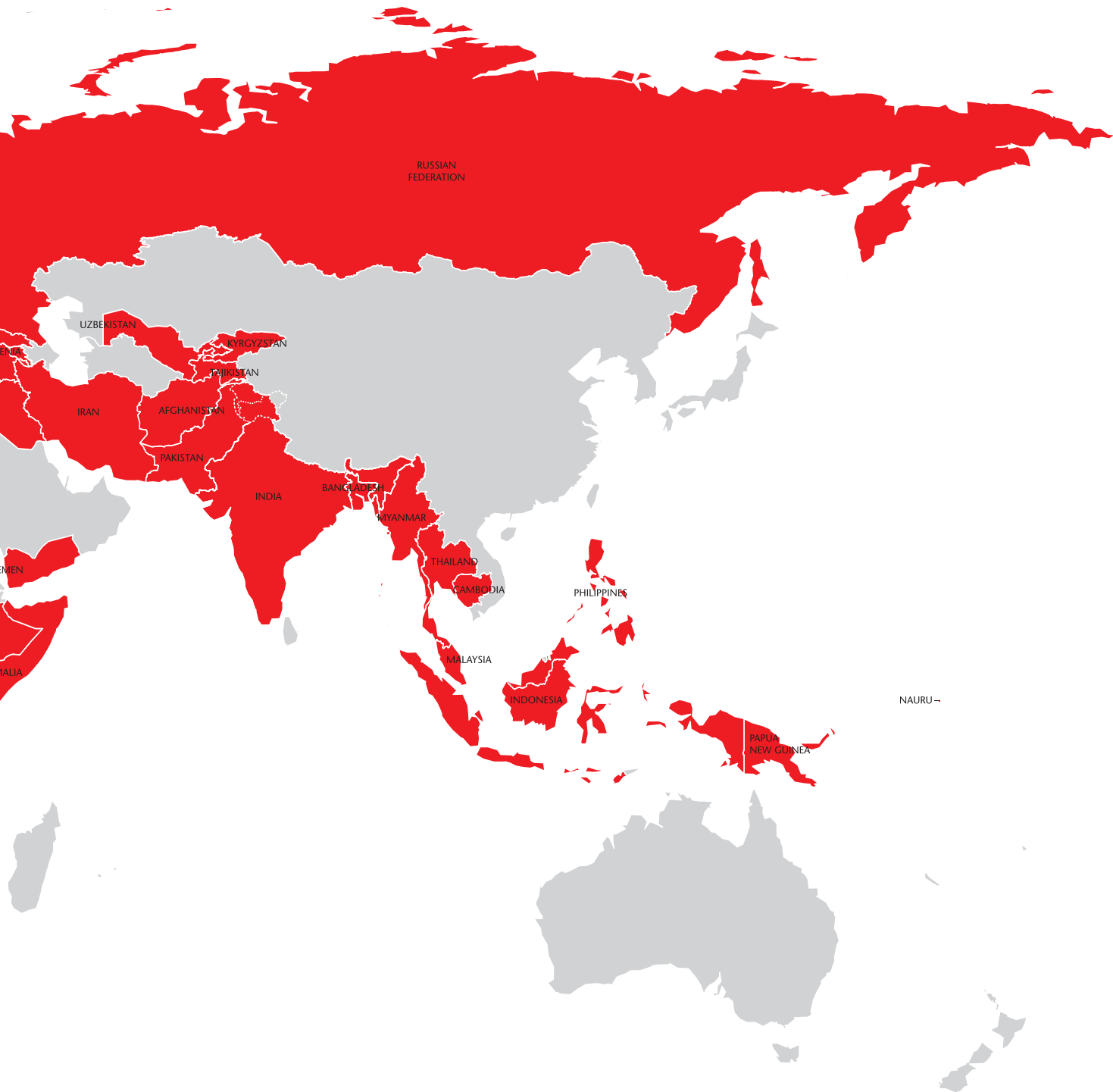
In the outpatient department, MSF treated 2,840 children with upper respiratory tract infections, 1,921 children with non-bloody diarrhoea, 1,202 children who had suffered accidental trauma, 700 who had lower respiratory tract infections, and 359 who had fever or other illnesses.



MSF staff members in the Kunduz Trauma Centre in Afghanistan are finishing a surgical procedure known as a 'skin-graft,' during which surgeons replace the damaged tissue with health tissue taken from another part of the patient's body.

MSF PROGRAMMES AROUND THE WORLD







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An MSF nurse, Farida, checks the vital signs of 10-month-old Ali Ramin in the measles isolation ward at Mazar-i-Sharif Regional Hospital in Balkh Province.