

## HEALTH CLUSTER BULLETIN July 2018



### Afghanistan

Emergency Type: Protracted Emergency  
Reporting Period: 01.04. to 30.06.2018



**4.6 MILLION**  
IN NEED OF  
HEALTH ASSISTANCE



**US\$42 MILLION**  
FUNDING  
REQUIRED



**60,662**  
INTERNALLY  
DISPLACED



**216**  
OUTBREAKS  
CONFIRMED

### HIGHLIGHTS

- Drought in 20 provinces across the country has significantly affected the health and nutrition situation of 4.2 million people. Health Cluster partners are scaling up their response.
- The Humanitarian Response Plan (HRP) has been revised due to the drought situation. An additional \$117 million has been requested from the HRP.
- The deteriorating security situation in some parts of the country has led to the closure of health facilities in many districts and casualties among healthcare workers.
- Health Cluster partners have provided support to primary health services for returnees in Torkham, Spin Boldak, Zaranj and Islam Qala border crossings.
- Measles outbreaks have been a major public health concern with low routine immunization coverage reported as one of the main causes. Supplementary Immunization Activities (SIA) are planned for August and October.
- Highest number of Crimean-Congo haemorrhagic fever (CCHF) cases reported in 10 years.
- Humanitarian Pooled Funding (HPF) has supported 98 health facilities. In total, CHF is supporting 24 projects.

### HEALTH SECTOR



**55** HEALTH CLUSTER  
PARTNERS

#### MEDICINES DELIVERED



**21** IEHK BASIC

**1** IEHK SUPPLEMENTARY

**0** TRAUMA/SURGICAL SUPPLY KITS

#### FUNCTIONAL HEALTH FACILITIES



**34** CLOSED BPHS DUE TO  
INSECURITY

**1.7 M** POPULATION IMPACTED

**493,677** CONSULTATIONS (67% ♀)



**22,544** TRAUMA CASES TREATED

**1,883** DELIVERIES ATTENDED BY A  
SKILLED ATTENDANT

**3,658** REFERRALS

#### DISEASE SURVEILLANCE

**55** MEASLES OUTBREAKS



**174** CCHF CASES

#### FUNDING \$US<sup>1</sup>



**10 MIL** RECEIVED  
IN 2018

**24.4% covered**

<sup>1</sup> Source: OCHA Financial Tracking System

<sup>2</sup> Figures reported during the reporting period

## Situation Update

The government of Afghanistan declared a drought in mid-April and requested the international community's support. Lifesaving and agriculture livestock protection needs are massive across the country. The potential consequences of severe food insecurity and limited water availability will affect the most vulnerable people across Afghanistan, particularly children under five who may experience a deterioration in their nutritional and health status due to poor access to potable water and typical seasonal spikes in diarrheal diseases.



The intense drought between April and September is expected to further aggravate the already poor malnutrition status within the 20 affected provinces, and the impact may extend to December. As a result, an increase in acute malnutrition caseload between July and December 2018 is expected. In addition, the severity of acute malnutrition among children under five may get worse, resulting in cases that are more complicated. Overall, it is reasonable to assume that the increase in magnitude and severity of acute malnutrition and disease will stretch the capacity of health facilities to provide treatment, and that in the medium to long-term, children will face heightened vulnerability to morbidity and mortality.

## Public Health Risks, Priorities, Needs and Gaps

### Attacks on Healthcare

Between 1. January and 30. June 2018, there were a total of 54 incidents recorded, including 12 healthcare workers who were injured or killed. 52 health workers were kidnapped or detained.

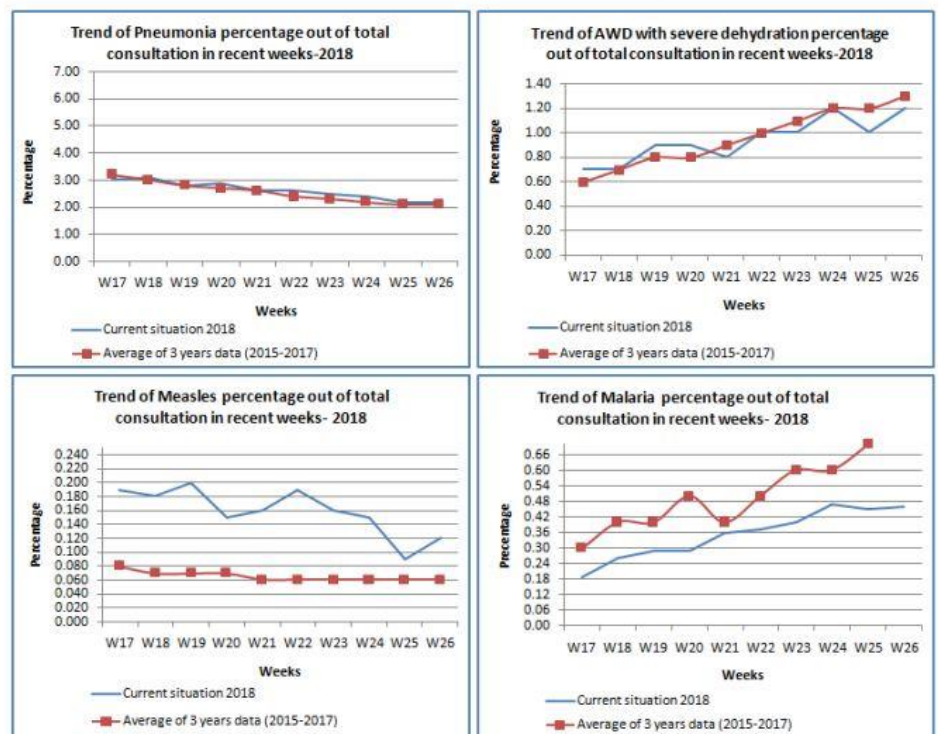
### Communicable Diseases

During the reporting period, 176 cases and 22 deaths due to Crimean Congo Hemorrhagic Fever (case fatality rate 12.6%) have been reported. Last case was reported on 8 July from Taloqan district in Takhar province. Though the majority of the cases are reported from Herat and Kabul provinces, the spread of the disease to 26 provinces is concerning.

Prevention and control measures include enhanced coordination among relevant actors and ministries, increased public awareness, capacity building, enhanced surveillance, and timely distribution of medication and supplies.

216 disease outbreaks were reported from April to June 2018. Outbreaks were investigated and responded to by the Emergency Preparedness and Response (EPR) team.

The overall number of measles outbreaks (55 outbreaks contributing to 944 cases) increased compared to



the previous years (Figure 2). Vaccination coverage is low, and can not prevent outbreaks.

Figure 1: Seasonal Disease Trend



## Healing war traumas and depression in rural Afghanistan

Mostafa lives in a rural village called Muslim Aabad Bawri, located in Maywand district of Kandahar. He is 33 years old and lives with a large 14-member family.

YHDO mobile health team met him in June 2018. Poverty, unemployment, restrictive social settings and war trauma had caused severe mental distress for him. For many years, Mostafa had suffered from severe depression with suicidal thoughts. To alleviate his sorrow, Mostafa had contacted local mullahs for religious treatments, without success.

Mostafa's brother finally brought him to the mobile health team because he had tried to hang himself. By then, his entire life was affected by mental illness. His family had to sell their home, as Mostafa was unable to work and provide financial support. Him and his brother were convinced that ghosts were responsible for his condition. After a long discussion, YHDO medical team persuaded the men that the illness was a medical condition, and that depression could be cured. Mostafa was referred to a nearby facility for further care and treatment. After a month of regular follow-ups, he is now getting better day by day.

Mostafa recently told an YHDO nurse: "Many people in my village have mental health disorders. All of them believe that ghosts and spirits cause their suffering. However, I am now convinced that depression can be cured. Our lives can be saved."



## Capacity Building and Restoration of Disrupted Services

Under the Health Cluster, 334 people were trained in cluster support, mass casualty management, community mobilization, mental health training, and gender based violence management. In addition, WHO provided Basic Emergency Obstetric and Newborn Care (BEmONC) training for health facilities in hard-to-reach districts of Helmand, Kandahar and Urozgan.

Health Emergency Risk Assessment is being finalized.

## Plans for Future Response

### Drought Health Response

Population movement as a result of food insecurity will result in increased demand of health services. Access to primary health care for the vulnerable population needs to be maintained. Population affected by severe food shortage will be associated with a wide range of health issues beyond the immediate response period. Working together with the Ministry of Public Health, sustainable solutions need to be introduced to provide vulnerable population access to health care.

### Common Humanitarian Fund Update

The Common Humanitarian Fund (CHF) has allocated US\$17 million to non-governmental organisations and UN agencies delivering life-saving aid to families affected by the drought that has gripped large parts of Afghanistan.

The emergency assistance will include cash for families to buy food on local markets, trucking of drinking water to villages and schools where fountains have dried up and treatment of malnourished children.

## Contacts

### Dr Richard Peeperkorn

WHO Representative,  
Afghanistan

**Mobile:** +93 796 33 76 52  
**Email:** peeperkornr@who.int

### Dr David Lai

Health Cluster Coordinator  
WHO Afghanistan

**Mobile:** +93 781 76 49 06  
**Email:** laidavid@who.int

### Mr Wael Eskander

Information Management Officer  
IMMAP

**Mobile:** +93 799 83 35 00  
**Email:** weskander@immap.org

### Ms Tuuli Hongisto

Communications Officer  
WHO Afghanistan

**Mobile:** +93 782 20 03 54  
**Email:** hongistot@who.int