

Emergency Humanitarian Action

KEY UPDATES:

- ◆ Afghanistan continues to be impacted by emergencies, including mass casualty incidents, natural disasters and disease outbreaks
- ◆ A major complex attack on the headquarters of a military unit killed 64 and injured around 350 people, many of whom were civilians. A major road traffic accident killed more than 70 people in Ghazni
- ◆ 24 people lost their lives due to flash floods in Badghis and Takhar
- ◆ Military operations in Kunduz and related conflicts killed one person, injured 35 and led to sporadic internal displacement
- ◆ An earthquake on 10 April resulted in the temporary evacuation of 231 families from Badakhshan and Takhar provinces
- ◆ Eight measles outbreaks were reported by DEWS in April with 608 cases—two CCHF and one pertussis outbreak were also reported



Surgeons operate on a patient at the WHO-supported EMERGENCY surgical centre in Lashkargah, Helmand province

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ Three trauma kits distributed to Kunduz (2) and Jalalabad (1) to cover 300 major surgeries; WHO sent a personal protection equipment kit to Herat Regional Hospital to manage at least 150 CCHF cases
- ◆ WHO supported the installment of new blood bank equipment in Paktia and Jawzjan provincial hospitals to enable the provision of expanded blood transfusion services, including blood fragments
- ◆ Construction and installation of Emergency Operation Centres (EOC) in Kabul, Mazar and Kandahar completed with WHO support; terms of reference and standard operating procedures are being developed
- ◆ Emergency WASH equipment was distributed to 27,750 people affected by disasters and conflicts in Paktika, Kandahar and Nangarhar, targeting priority areas to reduce under-5 mortality related to unsafe water
- ◆ Mass awareness campaigns on infection prevention conducted in Herat by HealthO for 76 healthcare staff and 3,539 community members
- ◆ Mass casualty management planning workshop for five national hospitals conducted in early April in Kabul—the training supported efficient management of the major complex attack incident on 19 April
- ◆ Staff recruited for Trauma Care Centre (TCU) in Kunduz
- ◆ An awareness campaign conducted in Kandahar on acute watery diarrhoea (AWD) and cholera targeted 125 community representatives and 3,000 people through mass media
- ◆ WASH service delivery training delivered to 180 Afghan Red Crescent Society (ARCS) community volunteers in Kandahar, Nangarhar and Paktika
- ◆ Construction of an isolation unit and a hospital waste management system in Nangarhar Regional Hospital was completed



Flash floods affected Ghor province in April



CCHF case management in a newly-rehabilitated isolation ward in Herat Regional Hospital

Three Emergency Operations Centres (EOC) have been constructed in Kabul, Mazar and Kandahar in April to coordinate all health-related emergencies at the national and provincial level



PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Increasing conflict and emergencies caused by natural disasters and mass casualty incidents continue to be the priority public health challenges in Afghanistan
- ◆ Measles outbreaks with a large number of cases in many provinces continue to pose a threat to public health
- ◆ Outbreaks of zoonotic diseases such as the Crimean-Congo haemorrhagic fever (CCHF) could increase in the coming months
- ◆ Continuing conflict-related displacement and drought predicted in the following months demands more environmental interventions, including building emergency latrines and safe water supplies

KEY MESSAGES:

- ◆ Increasing mass casualty incidents necessitate more mass casualty management trainings, supplies and drills for communities, ambulance services, primary, secondary and tertiary health facilities in high-risk provinces
- ◆ A national measles vaccination campaign for children under the age of 10 years, with catch-up campaigns in poor coverage districts within 6-month intervals is necessary in order to control the measles epidemic
- ◆ Joint interventions for zoonotic disease outbreak prevention and control is extremely important for the control of CCHF and rabies
- ◆ A national dialogue should be initiated and consensus reached on preventing attacks on health service providers



ARCS distributed equipment for water purification in Paktika province during a WHO-supported training



WHO supplied trauma kits A+B to Nangarhar Regional Hospital for mass casualty management



Inauguration of Mohmandara comprehensive health centre in Nangarhar that was destroyed by an earthquake in October 2015—WHO supported the renovation of this health facility and it is now operational, providing essential health services to all



Community health worker WASH training by ARCS facilitators with the support of WHO in Farah province

Between January–April 2016, five aid workers have been killed, 10 wounded and 81 abducted. There have been 12 incidents against health facilities and healthcare workers in Afghanistan (OCHA)

Health services are overburdened and disrupted in conflict-affected areas with over 40% of the population being left with limited access to essential life-saving health care services

Programme Update
Emergency Humanitarian Action WHO Afghanistan

Contact:
Dr Mohammad Altaf Dawod, Acting Emergency Coordinator
Email: altafm@who.int

 Find us on Facebook: World Health Organization Afghanistan

 Twitter: @WHOafghanistan

www.emro.who.int/afghanistan