

## Emergency Humanitarian Action

### KEY UPDATES:

- ◆ A major explosion in Kabul on 31 May killed at least 150 people and injured hundreds
- ◆ The deteriorated security situation resulted in the closure of more health facilities in the Southern and Eastern regions—15 health facilities reported being either closed or only partially open
- ◆ 61 disease outbreaks were reported in May — 40% of outbreaks were attributed to measles and 25% to Crimean-Congo haemorrhagic fever (CCHF)
- ◆ The National Disease Surveillance and Response (NDSR) system confirmed 65 cases of rabies in May — the outbreak was investigated and responded to by the Emergency Preparedness and Response (EPR) team in Laghman Province

### PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ To support health response to the major explosion in Kabul, WHO provided the Wazir Akhbar Khan hospital with Trauma Kits A+B and the Jamhuriat Hospital with Interagency Emergency Health Kits (IEHK).
- ◆ The national blood bank, supported by WHO and ECHO, collected over 1500 units of blood and made 900 units available for transfusion to patients who suffered injuries in the Kabul blast.
- ◆ WHO supported primary health services for returnees and refugees at the Torkham border in Nangarhar, including vaccination, tuberculosis (TB) and HIV screening, reproductive health and referrals.
- ◆ In May, over 16,000 returnees were provided with emergency health services such as OPD, TB and HIV screening, maternal and neonatal health services and over 25,000 children were vaccinated against polio and measles.
- ◆ Pre-hospital and hospital Mass Casualty Management (MCM) Plans for 30 provinces were thoroughly reviewed and revised.
- ◆ Gap analysis of trauma care services in 39 provincial and district hospitals was conducted to support the upgrading of trauma care services in high-risk areas.
- ◆ A five-day Basic Life Support (BLS) training for 31 doctors and nurses from 10 provinces (Takhar, Badakhshan, Saripul, Faryab, Mazar, Ghor, Badghis, Ghazni, Zabul and Nangarhar) was conducted by Emergency NGO with WHO support.
- ◆ WHO conducted a training on blood bank standard processes and blood safety for 30 participants from 26 provincial and district blood banks.
- ◆ A five-day anaesthesia training for 30 anaesthesia doctors and technicians from provincial hospitals was organized at the CURE Hospital with WHO support.
- ◆ Assessment for MCM and trauma care services (TCS) conducted in six national hospitals and one provincial hospital—MCM and TCS plans are currently being drafted.



Nurse Zahra checks a child's blood pressure at the Emergency Surgical Centre for War Victims in Helmand supported by WHO and ECHO. WHO/G.Elham



A patient is taken to a health centre near the Torkham border in Nangarhar where WHO supports the provision of health services to returnees and refugees. WHO/A.Alkozai



WHO distributed diarrhoeal disease kits (DDK) to Nangarhar Regional Hospital. WHO/A.Alkozai



### PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Expansion and increased intensity of armed conflict continues to cause health facility closures and wide-scale population movements
- ◆ Increased population movement (IDPs and returnees) in areas with already inadequate and overstretched health services
- ◆ Rabies cases are increasing: 65 new cases were reported and investigated during May in Laghman Province
- ◆ Inadequate access to safe water and sanitation services and constrained shelter, particularly among IDPs and returnees

#### Photo Essay:

**WHO-supported mobile clinics bring essential health services to internally displaced Afghans >> [click here to read](#)**



A doctor checks a patient at the AADA-run health centre near the Torkham border. WHO/A.Alkozai

### Health Cluster Coordination:

- ◆ The Health Cluster has completed the first allocation of the Common Humanitarian Fund (CHF) project supporting the three Cluster priorities of trauma care, life-saving health care and disease outbreaks.
- ◆ Health Cluster partners served 368,593 beneficiaries from 82 high-risk districts affected by conflict, population movement and outbreaks during the first five months of 2017. The interventions were implemented by 12 partners who are providing services through 123 health facilities.
- ◆ The Cluster supported emergency service delivery in Kunduz during the recent escalation of conflict.
- ◆ The Cluster continues supporting health care services to returnees and refugees from Pakistan at the Torkham “zero point” by providing life-saving health services and disease outbreak control.
- ◆ Worked with communities and community health workers (CHWs) to improve referrals from the community to First Aid Trauma Posts (FATPs).
- ◆ Health Cluster partners coordinated mass casualty management and urgent trauma care after the major explosion on 31 May in Kabul.

Since January 2017, Health Cluster partners have served over 360,000 beneficiaries through 123 health facilities from 82 high-risk districts affected by conflict, population movement and outbreaks

WHO is grateful for the continuous support to emergency humanitarian action of our generous donors: USAID, European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and the Common Humanitarian Fund (CHF)



Zeeba provides a tetanus vaccine to a woman at an IDP camp mobile clinic supported by WHO, USAID, ECHO and CHF. WHO/S.Ramo

**Programme Update**  
**Emergency Humanitarian Action WHO Afghanistan**

**Contact:**  
Dr. Davud Altaf, Acting Emergency Coordinator  
Email: [altafm@who.int](mailto:altafm@who.int)



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