

WHO Afghanistan Monthly Programme Update: November 2017

# Health Emergencies

## KEY UPDATES:

- Conflict continued to displace families and individuals, which created pressure on health services around the country in November 2017. Due to the newly increased number of IDPs from Khogiani district in the Eastern region, the host communities of the surrounding areas were stretched with patients.
- Number of closed health facilities was increased in the southern region due to the deteriorated security situation.
- In the eastern region, emergency health services were provided to a total of 6,432 IDPs by partners (AADA, PU-AMI) in November.
- In addition, 25,020 returnees and IDPs received outpatient services.
- WHO maintained emergency health services at zero point Torkham through a health center administered by WHO, UNFPA and AADA as well as via fixed health facilities in the region.
- A total of 164 families (739 individuals) of documented returnees returned to Afghanistan through Spin Boldak gate from Pakistan.
- A total of 281 patients were treated by UNHCR encashment center health facility with medicines provided by WHO.

## PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- Wazir Akhbar Khan National Hospital in Kabul planned a simulation based on Mass casualty management plan (MCM) with the support of WHO.
- WHO conducted an awareness campaign on waterborne diseases in six districts of Badakhshan.
- An MCM simulation was conducted in Mogur distict hospital and Faryab provincial hospital.
- Chlorine solution was distributed to 913 households in Laghman province for the purification of drinking water.
- A sub-national polio vaccination campaign was conducted in November, and it targeted 1,786,801 children under five years old.
- Supplementary emergency health kits, trauma kits and one complete cholera kit was donated in different regions as part of needs-based contingency plan, in order to prepare for covering any expected emergency and mass causality incidences and as a part of the winterization plan.



A child received emergency care in Faryab Provincial hospital



Trauma care service equipment from an MCM simulation exercise in Faryab Provincial hospital



Trauma kits were provided to Zabul province to prepare for mass casualty incidents



WHO distributed 24 filters to Laghman, Kunar and Nuristan for purification of drinking water.



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### **PUBLIC HEALTH RISKS AND CHALLENGES:**

- The ongoing conflict affected the health services and continued to cause displacement of people.
- Number of closed health facilities increased to 37 in the southern region and 8 in the eastern region due to the ongoing conflict. Another 15 health facilities were only partially open in the southern region.
- Low coordination of health stakeholders as well as lack of female staff ٠ in health facilities limited service delivery.
- Winter season affected transportation in some southern districts. ٠
- CCHF, measles outbreaks were reported in south and west regions. ٠
- High number of scabies, and leishmanasis incidents were reported in ٠ Badghees province.

## **FOCUS AREAS:**

- National Assessment Management Team was established to oversee the Health Emergency Risk assessment implementation at national level and the team revised the tools for data collection.
- WHO supplied and pre-dispositioned medicines and supplies in various regions as per the winterization plan.

#### News: Improved trauma care in the busiest border crossing

WHO supports the improvement of trauma care facilities in Milak border crossing point transit centre in Nimroz province. Milak is the busiest border crossing point for undocumented refugees in Afghanistan. Read more

### **Health Cluster Coordination:**

Health Cluster partners reached 108,834 beneficiaries in 23 provinces. Trauma cases accounted for 42% with increase of 38% compared to same time in 2016.

The Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) were finalized. For 2018, the required health funding is 42 million USD.

Health Cluster also participated in a multisector assessment mission to Jalalabad in response to the increasing number of IDPs from Khogayani. Health partner response has been very active and cluster will continue to support the increasing number of IDPs. Re-fresher training for the use of ReportHub was provided by iMMAP for 25 partners and their information management teams. All closed facilities in Uruzgan have now been opened. Health Cluster partners supported health services during the closure.



IDPs in Khogiani (Nangarhar) received emergency health services from NGOs PU-AMI and AADA, supported by WHO.



A Cholera kit was supplied to Helmand to prepare for any possible future emergences

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





# **Programme Update**

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