

Emergency Humanitarian Action

KEY UPDATES:

- ◆ The influx of refugees from Pakistan's North Waziristan Agency (NWA) into Khost, Paktia and Paktika provinces continues due to active military operations —38,424 families and 280,178 individuals remain displaced
- ◆ Emergency healthcare service provision for refugees from NWA by HealthNet TPO, ACTD and International Medical Corps (IMC) continues in Khost and Paktika in collaboration with WHO: 44,468 patients were treated by mobile and static clinics during December and January, including 126 deliveries and 8,351 routine vaccinations

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ WHO established additional temporary mobile health teams and health sub-centers to 13 health facilities, six new mobile health teams and seven health sub-centres in Bamyan, Ghazni, Logar, Wardak and Herat to reach 155,853 people who are affected by winter weather and lack access to health services
- ◆ WHO is constructing two emergency medical warehouses in Kandahar Spinboldak district and in Nangarhar to enable provincial health authorities to preposition emergency medical supplies for rapid emergency response
- ◆ 43 health workers serving at the Kabul Informal Settlements were trained on the prevention, response and treatment of acute respiratory infection (ARI) to enhance their capacity to recognize and respond to ARI outbreaks and pneumonia cases during the winter season
- ◆ WHO supports the reconstruction of the Ganda basic health centre in Sayad district of Saripul province. The health centre was completely destroyed during the April 2014 floods: 10,447 people rely on this clinic for health services. Construction work began in mid-December and is expected to be completed by this summer
- ◆ WHO conducted a training of trainers on the prevention and control of pertussis, brucellosis and environmental health monitoring for 48 regional health staff from eight provinces
- ◆ A training on the implementation of blood bank standards was conducted for 36 blood bank technicians working in Ghor, Helmand and Kandahar provinces to strengthen mass casualty management capacity, emergency obstetric care and management of pediatric emergencies
- ◆ WHO delivered five inter-agency emergency health kits to cover 5,000 patients in Logar province through the Provincial Public Health Directorate. WHO has provided 14 ARI kits to cover 4,900 patients through IMC in Paktika and Nuristan to treat winter-related ARI cases and 10 basic health kits to Service, Health, Relief Development Organization (SHRDO) to cover 10,000 people
- ◆ First aid training conducted for 32 community health worker (CHW) supervisors from seven provinces in collaboration with the Ministry of Public Health and the Afghan Red Crescent Society
- ◆ WHO provided emergency hygiene and sanitation assistance to refugees in Mandgrditi village of Barmal district of Paktika province
- ◆ Seven trauma kits, six inter-agency emergency health kits and 10 diarrhoeal disease kits were distributed to 12 provinces and regional WHO offices in Kandahar, Kunduz, Herat, Mazar and Badakshan. These supplies will cover 700 major surgical interventions and the management of 60,000 surgical and medical cases and 7000 diarrhoeal disease cases



IMC providing mobile health services for North Waziristan refugees in Paktika province



The construction of the emergency medical warehouse in Spinboldak in Kandahar was completed



Construction of Ganda basic health centre in Sayad district of Saripul province

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MAJOR PUBLIC HEALTH RISKS:

- ◆ The continuing measles epidemic situation over the past year is a cause for concern for public health stakeholders in Afghanistan
- ◆ Crimean-Congo haemorrhagic fever (CCHF) (42), pertussis (18) and water-borne disease (13) outbreaks were among the major public health risks in Afghanistan during 2014
- ◆ 28 confirmed polio cases have been reported by the end of 2014 from 11 provinces. Out of these, 13 were reported from Kandahar province
- ◆ Poza comprehensive health center in Sangin district of Helmand province became under unintended rocket attack on 25 December 2014. A nursing officer was killed and a CHW supervisor injured. The unstable security situation and attacks by anti-government elements continue to pose a major risk to Afghanistan's healthcare system and health infrastructure.

Sub-national immunization activities are not sufficient to control the current measles epidemic – therefore a nationwide measles vaccination campaign has been planned for April 2015

KEY MESSAGES:

- ◆ Strengthening routine immunization and reaching each district with at least an 80 percent vaccination coverage would be the only cost-effective intervention to ensure children under five are protected against vaccine-preventable diseases in Afghanistan
- ◆ Humanitarian agencies must continue to respond to both emergency needs for new arrivals as well as longer-term health needs of NWA refugees
- ◆ The increase in conflict-related injuries and violence against health services should be addressed through stronger preparedness and response measures
- ◆ WHO reminds all parties of their ethical and legal obligations to protect medical services under international humanitarian law. The Organization calls on all parties and individuals to respect and protect the integrity of health systems, and assure the safety of patients, health workers and health facilities

The mild winter may bring about drought and water scarcity during the coming summer which could lead to water-borne disease outbreaks – action must be taken now to enhance the readiness and preparedness of communities and health services



Measles campaign in Chaghcharan district of Ghor province during January 2015

WHO deplores the recent attacks on health staff and health facilities in Afghanistan and expresses deep concern about the serious implications of these attacks on patients, medical personnel and health infrastructure

Trend of Measles in recent weeks- 2014/2015



— Current situation 2014/2015
 ■ Average of 3 years data(2012-2014)