WHO continued to support health service provision in conflict-affected areas, with a focus on strengthening trauma care and mass casualty management capacity

Over 601,850 Afghans (unregistered 232,566 and 369,285 registered) have returned from Pakistan this year. Overall 93% of them returned between July and November, representing an increase of 1,250% from the period of January to June. (OCHA)

As of 27 November, 511,762 individuals have been displaced country-wide due to conflict so far in 2016. (OCHA)

WHO supported winterization preparedness by prepositioning medicines and supplies to areas likely to experience harsh winter weather

WHO-supported Kunduz Regional Hospital Trauma Care Unit (TCU) provided trauma care for 572 outpatients and 57 inpatients, and conducted 77 major and 218 minor surgeries in November

Mass casualty management assessment and implementation plans for Badghis and Ghor provinces developed with WHO support

Pneumonia Kits A+B and 1 Basic Health Kit provided by WHO to IOM transit center in Nangarhar to support healthcare provision for returnees and refugees

Two Pneumonia Kits A+B distributed by WHO to mobile teams providing health services to returnees and refugees in Jalalabad

Trauma Kits A+B provided to Nangarhar Regional Hospital to cover 100 major surgeries

With the support of WHO, provincial winterization plans were developed by Emergency Preparedness Committees in the Western region

As part of winterization preparedness, WHO prepositioned 199 Pneumonia Kits to 107 districts of 24 provinces prone to harsh winter conditions to cover 69,650 people over three months

WHO conducted a health facility assessment in the Spinboldak district of Kandahar, focusing on mass casualty management planning for Spinboldak District Hospital

WHO conducted a training on water, sanitation and hygiene (WASH) and environmental health for 37 technical and support staff of Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) implementers in the Eastern region
PUBLIC HEALTH RISKS AND CHALLENGES:

- Attacks against health facilities, patients and medical staff continue to disrupt health services and deprive people of life-saving treatment
- The large influx of returnees and refugees from Pakistan in the past months has led to health services being overstretched in many areas
- 4.5 million people live in conflict-affected districts with extremely limited or no access to health services
- Acute respiratory infections and pneumonia cases are increasing as winter approaches
- Four new Crimean-Congo haemorrhagic fever (CCHF) cases were reported in November. There have been 154 CCHF cases so far in 2016, with 18 deaths

Click [here for a photo essay](#) on how WHO supports health service provision for returnees and refugees

KEY MESSAGES:

- The Basic Package of Health Services (BPHS) only covers 60% of the country and it does not include trauma care and adequate mass casualty management capacity – there is a dire need to strengthen trauma care in all provinces to save lives
- Preparedness and response capacity of local BPHS/EPHS implementers must be scaled up to ensure effective response to natural and man-made disasters
- Women’s and girls’ access to quality health services, especially for reproductive and sexual health and services for survivors of gender-based violence (GBV), must be strengthened around the country

Health Cluster:
Health Cluster analysis of key humanitarian health issues such as immunization coverage, war trauma and access to health services indicated 95 districts with 4.5 million people to be high priority for providing emergency healthcare in 2017.

Programme Update
Emergency Humanitarian Action WHO Afghanistan

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Training on WASH and environmental health in health facilities

WHO supplied Pneumonia Kits, Basic Health and Trauma kits A+B for the IOM transit center for returnees in Torkham to support health response. Here a child receives a polio vaccine at the transit center.