



# World Health Organization

Situation report  
06-2018

AFGHANISTAN  
Emergency type: Protracted emergency



Trauma care  
in Kunduz Regional Hospital



2 M  
AFFECTED



132,000  
DISPLACED



84,000  
REFUGEES/  
RETURNEES



39  
ATTACKS ON  
HEALTHCARE



125  
OUTBREAKS

## KEY FIGURES

394	WHO STAFF IN THE COUNTRY
16	HEALTH CLUSTER PARTNERS
1,6M	TARGET POPULATION
HEALTH FACILITIES	
3,911	TOTAL NUMBER OF HEALTH FACILITIES
23	TOTAL NUMBER OF HEALTH FACILITIES CLOSED/DAMAGED/LOOTED
2	HEALTH WORKERS KILLED
11	HEALTH WORKERS ATTACKED/DETAINED
OTHER	
14	MEASLES OUTBREAKS
97	CCHF OUTBREAKS
07	PERTUSSIS
68	NUMBER OF CLUSTER MEETINGS (NATIONAL, REGIONAL AND EPR)

## SITUATION UPDATE

- Health Cluster partners are responding to a drought in the northern region. Up to 2,2 million people may be affected by food insecurity.
- UNAMA released their latest update on civilian casualties covering the first half of 2018. A total 5,122 casualties (1,692 deaths and 3,430 injured) were reported between 1 January and 30 June, and the figures remain at record high.
- The top two communicable diseases during June were acute respiratory infections (namely cough, cold and pneumonia, 431,578 cases) and acute diarrheal diseases (357,662 cases).
- Population movement and returnees from Pakistan and Iran placed increased demand on health services. In June 2018, a total of 83,845 documented and undocumented individuals returned through Turkham, Spinboldak, Islam Qala and Milak border crossings, bringing the total returns from Pakistan in 2018 to 17,007 and from Iran to 362,499 individuals.
- 39 attacks on healthcare were reported in June. Two healthcare workers were killed, one health facility destroyed and two facilities damaged in Ghazni, Nuristan and Zabul provinces.
- In Daychopan, Zabul, all three health facilities remained closed for the third week in a row.
- 17 clinics in Badghis have reportedly run out of supplies due to interference by armed groups.
- Flash floods in Takhar have reportedly affected around 700 people, according to first reports.

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## Public health concerns

- Attacks on health continue to reduce availability and access to basic services.
- The total caseload of Acute Malnutrition in the country is approximately 1,600,000, and of these, an estimated 571,000 have Severe Acute Malnutrition (SAM). Children with SAM will need life-saving emergency nutrition services.
- The drought has had a negative impact to the nutritional status of the affected population. There is a seasonal increase of 25% in severe acute malnutrition cases and an additional 10% increase in caseloads attributable to the drought. 22% of the total SAM cases are from the drought -affected provinces. Approximately 15% (85,650) children will require inpatient treatment due to medical complications.
- Crimean-Congo haemorrhagic fever (CCHF) cases and deaths have significantly increased in June compared to previous months in 2018 and June 2017. Most affected provinces are Herat, Kabul, Faryab and Balkh.
- More cases and outbreaks of measles have been reported in 2018 so far compared to previous year. In 2018, about 25,000 cases and about 190 death have been reported so far, compared to the same period in 2017, when about 14,000 cases and 190 deaths were reported.

## Health needs, priorities and gaps

- Population movement has increased the demand for emergency healthcare to IDPs, returnees and host communities.
- Closure of health facilities continues to increase the burden on the neighbouring provinces.
- Improved trauma care is needed in response to the increased insecurity.
- Rehabilitation and psychosocial support is needed to support victims of conflict-related trauma.
- Lack of female staff leads to lower utilization of health facilities by women.
- A monitoring visit to Herat found that the staff at Islam Qala Zero Point Health Facility, Islam Qala Comprehensive Health Center and the IOM Health Facility in Ansar Camp needed further training on reproductive, maternal, newborn, child and adolescent health (RMNCAH). In addition, the privacy and confidentiality of returnee patients is poor due to infrastructure. There is also a lack of ambulances and RMNCAH contingency plan for returnees and IDPs.

## WHO action

- Data collection for the National Health Emergency Risk Assessment is completed in 266 districts of 34 provinces. Next steps include data cleaning and preparing a report which will be used for health emergency preparedness and response at district and provincial levels.
- Trauma care supplies were delivered to Farah Provincial hospital.
- 21 Inter-Agency Emergency Health Kits (IAEHK) were delivered to Badghis, Ghor and Farah.
- WASH rehabilitation at eleven health facilities in Laghman, Kandahar, Zabul, Helmand & Kunar is in progress and reported to be completed in two weeks.

## Health cluster

- ✓ Health Cluster partners provided services to 143,534 people (56% women and girls) in June. Trauma care provision continued to increase, totaling 4,732 (3.6% increase.)
- ✓ Drought has significantly affected the health and nutritional situation of 4.2 million people. Cluster partners are scaling up the response and the Humanitarian Response Plan has been revised. Additional 117 million USD has been requested from the HRP. Health Cluster partners are supporting the Ministry of Public Health in drafting the Health Response Plan for Drought.
- ✓ In June, Health Cluster partners provided support to primary health services for returnees in Torkham, Spin Boldak, Zaranj and Islam Qala border crossings.

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