Emergency Humanitarian Action

WHO Afghanistan Monthly Programme Update: August 2016

KEY UPDATES:

- Over 5,000 displaced Afghans are returning from Pakistan every day and over 1 million are anticipated to be displaced internally and across borders by the end of the year.
- Two new polio cases were reported in August from Paktika and Kabul provinces.
- Cases of Crimean–Congo Haemorrhagic fever (CCHF) are on the rise and the risk of transmission further increases during Eid al-Adha in September. CCHF spreads mainly through ticks or contact with the blood or body fluids of an infected animal.

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- WHO-established trauma care unit in Kunduz Regional Hospital is now functional and receiving patients.
- Outreach activities to educate communities and high-risk groups ahead of Eid al-Adha to prevent the spread of CCHF were carried out in August.
- WHO Kunduz distributed 1 Trauma Kit A+B to Baghlan Provincial Hospital to support the treatment of an increasing number of trauma patients resulting from mass casualty incidents.
- Health Emergency Risk Assessment (HERA) data collection has been completed—34 provinces are assessed for the frequency, magnitude and exposure to disasters and health risks.
- WHO conducted two trainings on advanced trauma care for 41 surgeons from 16 provinces.
- Simulation exercise on mass casualty management conducted in Uruzgan with 123 participants, including hospital staff, the police and community health workers.
- WHO distributed 5 Interagency Emergency Health Kit (IEHK) Basic Units to SHRDO NGO mobile clinics to support the delivery of health services to 5000 people living in IDP camps in Kabul.
- 2 IEHK basic units provided through AADA NGO for conflict-induced IDPs in Nangarhar; Diarrhoeal Disease Kits (DDK) distributed to Laghman, Badghis and Farah.
- WHO supported an assessment by Mission East in Badakhshan in districts affected by high diarrhoeal disease case-loads to gather data on communities’ water, hygiene and sanitation needs to prevent typhoid fever outbreaks—results will be available in September.

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PUBLIC HEALTH RISKS AND CHALLENGES:

♦ Health implications are expected with the influx of returnees—of high risk is an influx of polio carriers and unimmunized population, with high potential for outbreaks of other vaccine-preventable diseases such as measles, diphtheria and pertussis
♦ Highly vulnerable families will experience the severity of Afghan winter, many for the first time
♦ Closure of health facilities due to insecurity leave thousands of people without access to basic health services
♦ As many people celebrate Eid-al-Adha and slaughter animals, the risk of CCHF will increase

KEY MESSAGES:

♦ The huge influx of returnees requires further investments on health facilities for adequate provision of primary health care, immunization, mental health, trauma care as well as reproductive, maternal and child health services
♦ To prevent the transmission of CCHF, people should wear gloves and other protective clothing when handling animals and their tissues. Protective and light-coloured clothing will enable ticks to be detected more easily.

More about CCHF.

“Families have lost their homes and livelihoods. Displaced people are living in tents, unable to feed their children and have had little or no formal education. This cyclical pattern of prolonged conflict must end to avoid another generation of children being lost to war and suffering.”

(The UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Stephen O’Brien, Kabul)