KEY UPDATES:

- More health facilities were forced to close due to increasing insecurity and escalating conflict
- WHO will begin supporting Kunduz Regional Hospital to establish a trauma care unit with the provincial health authorities. The trauma care centre will have a 40-bed capacity for war trauma cases with two operation theatres. Medical equipment, drugs and non-medical supplies and additional human resources will be provided through WHO.
- New mobile and static health clinics were established in January with WHO support to increase people’s access to basic health services.

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- WHO supported the establishment of a mobile clinic and four static health clinics in Ghor province and one mobile health team in Badghis province to provide life-saving primary healthcare services for conflict-affected people and internally displaced persons (IDPs).
- WHO continues to support emergency mobile health services for IDPs living in Kabul city through SHRDO NGO.
- WHO distributed 62 Basic Inter Emergency Health Kits (IEHK) as winterization supplies to 21 provinces.
- Four temporary static health clinics in Daikundi province are operated by PU-AMI NGO with the support of WHO to ensure health service provision in remote and under-served areas.
- One-day orientation on mass casualty management simulation was conducted in Badghis Provincial Hospital.
- WHO supported the establishment of a Health Sub Center and supports the Aino Birth Center in Kandahar city as a referral point from remote areas to reduce the incidence of maternal and child morbidity and mortality.
- WHO provided a water treatment unit to for flood-prone Faryab province — the unit can deliver 4,000 liters of drinking water per hour when operated at optimal capacity.
- Emergency Preparedness and Response training conducted for 57 EPR Central Region committee members.
PUBLIC HEALTH RISKS AND CHALLENGES:

- 24 health facilities remain closed due to insecurity in Helmand, Nangarhar, Paktia, Uruzgan and Zabul provinces
- Widespread ongoing conflict in different regions causes health facility closures and population displacement
- Natural hazards, including earthquakes, floods, droughts and avalanches, expose vulnerable groups to multiple public health risks in the absence of adequate response capacity and coping mechanisms
- Chronic underdevelopment and civil unrest, combined with harsh climate conditions, especially in Central and northeastern Afghanistan, cause high morbidity and mortality rates among local populations

HEALTH CLUSTER COORDINATION:

- WHO leads and supports health cluster coordination in collaboration with the Ministry of Public Health and partners. During January, the cluster worked on the health cluster performance monitoring review and plan of action. The cluster also worked with MoPH and partners on a cluster transition plan to be implemented gradually toward deactivation of the cluster and handover of health emergency response to MoPH.

KEY MESSAGES:

- Preparation for flood response must be initiated as soon as possible to mitigate the effects of possible spring floods
- Pneumonia remains a public health concern, particularly in IDP camps—health partners must take action to ensure better prevention and response
- Close monitoring of measles cases and ensuring improved vaccination coverage will prevent major outbreaks in 2016
- Increasing conflict, especially in the coming spring season, is a cause of concern—trauma care preparedness must be further enhanced

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