

Emergency Humanitarian Action

KEY UPDATES:

- ◆ Influx of refugees from Pakistan's North Waziristan Agency (NWA) into Khost and Paktika provinces continues due to active military operations —32,013 families and 240,098 individuals remain displaced
- ◆ Emergency healthcare services for NWA refugees are provided by HNTPO, IMC and ACTD in collaboration with WHO. 45,689 patients were treated by mobile and static clinics in both provinces since June 2014: services included 109 deliveries and 8,185 routine vaccinations
- ◆ Supported by WHO, Health-Net TPO began psychosocial interventions, including psychotherapy and individual and group counseling, in Khost province's Gulan Camp
- ◆ Winterization contingency plan has been successfully implemented in collaboration with implementing partners
- ◆ Security incidents in Kabul increased during November 2014
- ◆ Measles outbreaks in Ghor, Badghis and Farah provinces were responded to by Western region's Emergency Preparedness and Response (EPR) committee

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ A training on implementation of blood bank standards was conducted for 26 blood bank technicians working in blood banks and transfusion centers from Nuristan, Nangarhar, Logar, Paktia, Paktika, Khost and Kabul
- ◆ 125 acute respiratory infection (ARI) kits have been distributed to 16 implementer NGOs to cover 43,750 people in 98 districts of 26 provinces. 120 Basic Health Kits have been distributed to 24 PHDs: each kit covers 3,000 patients for a month
- ◆ 7 trauma (A+B) kits prepositioned in the WHO sub offices of Jalalabad, Gardiz, Mazar, Kunduz, Kandahar and Herat. One trauma (A+B) kit delivered to Paktika province in response to a mass casualty incident in November 2014
- ◆ WHO established six mobile health teams and five static clinics in collaboration with implementing partners in Bamyan, Ghazni, Logar and Herat. These facilities will provide emergency primary healthcare services to people who might not have access to regular services during the harsh winter season
- ◆ WHO/EHA supported the renovation of an isolation unit of the Kabul Infectious Disease Hospital as part of the ongoing Ebola preparedness planning process



HNTPO mobile health team providing healthcare services to NWA refugees in Khost Province



Outreach service delivery by IMC in Paktika province's Urgun district for NWA refugees



Renovation works in the isolation unit of Kabul's Infectious Diseases Hospital

MAJOR PUBLIC HEALTH RISKS:

- ◆ High number of security incidents in many parts of the country increased the number of civilian casualties: 32,875 weapon-wound cases were reported by HMIS up to September 2014
- ◆ The number of acute respiratory infection (ARI) and pneumonia cases started to increase during the early winter season
- ◆ Measles outbreaks (107) count for 50% of all outbreaks in 2014, and the continuing measles outbreaks in Afghanistan's western region continue to be a challenge
- ◆ Crimean-Congo haemorrhagic fever (CCHF) (40) and pertussis (16) are the second and third most common outbreaks in 2014
- ◆ Number of reported acute flaccid paralysis (AFP) cases reached 2,142 by the end of November 2014. 23 polio cases have been confirmed in 2014, a 64% increase from 2013

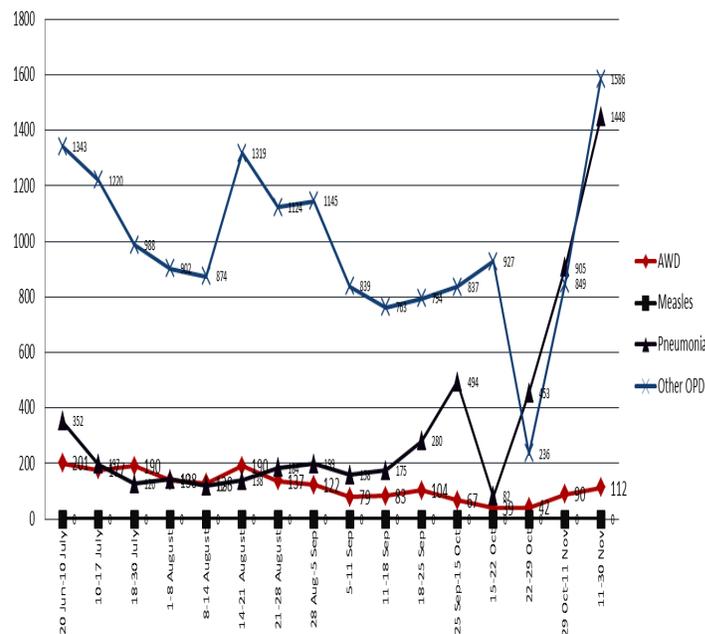
Measles outbreaks continue to be a public health challenge for Afghanistan

KEY MESSAGES:

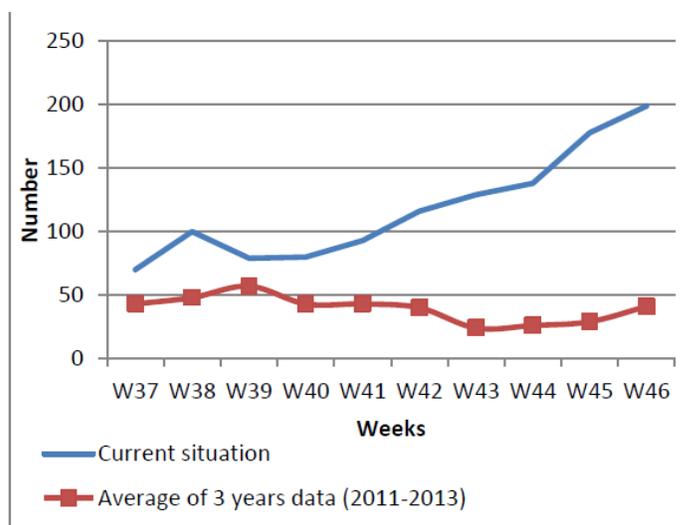
- ◆ Escalated conflict between Afghan security forces and anti-government elements increase civilian casualties, an issue that must be addressed with appropriate preparedness
- ◆ The worsening security situation hampers routine immunization efforts, and vaccine-preventable diseases continue to be a major public health risk which must be addressed with relevant strategies

There was a 64% increase in confirmed polio cases in Afghanistan during the first 11 months of 2014

OPD cases among NWA refugees in Paktika (Weekly reports/June-Nov 2014):



Measles trend in Afghanistan in recent weeks:



Programme Update
Emergency Humanitarian Action WHO Afghanistan

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