

Emergency Humanitarian Action

KEY UPDATES:

- ◆ Joint assessment of health facilities affected by the 7.6 magnitude earthquake that struck in late October has been completed – health facilities in Nangarhar, Kunar and Laghman provinces need renovation
- ◆ WHO assessed post-conflict health care services in Kunduz, with a particular focus on trauma care
- ◆ Sporadic measles and Crimean-Congo haemorrhagic fever (CCHF) outbreaks have been reported
- ◆ WHO/EHA visited Logar province to monitor the rehabilitation work of provincial hospitals affected by an explosion in October and replaced damaged medical equipment and supplies

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ Key findings from a functionality assessment of health facilities in 14 provinces disseminated — a plan of action for each province is drafted based on identified gaps
- ◆ WHO provided winterization supplies to all provinces: 45 IEHK basic units to cover 45,000 beneficiaries for 3 months, 5 DDK kits to cover 3,500 beneficiaries, 65 Pneumonia Kits A+B to cover 22,750 people
- ◆ Renovation work for the isolation ward at Jalalabad Regional Hospital is ongoing to increase the capacity of the infection ward—WHO/EHA is constructing a medical waste disposal system to control hospital infections
- ◆ WHO supplied blood bank medical equipment to 31 provinces

TRAINING:

- ◇ Refresher trainings on reporting on priority communicable diseases/Disease Early Warning System (DEWS) for 94 DEWS and CDC provincial/districts officers from four provinces conducted
- ◇ Basic Life Support training conducted by Emergency NGO for 92 surgical doctors and nurses from 12 provinces
- ◇ Refresher training course on prevention and control of acute respiratory infections and pneumonia conducted for DEWS focal points of all provinces
- ◇ Training-of-trainers on CCHF response and community awareness for 16 community health supervisors and health facility technical staff—100 community health workers trained, 16,000 information leaflets distributed to communities



Marwa, 8, lives in a camp for internally displaced people in Kabul where WHO is supporting health service provision



Training on Crimean-Congo haemorrhagic fever (CCHF) for community health workers and supervisors in Jalalabad



Polio vaccination team is visiting houses in Laghman province to check that all children have been immunized

PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Health facilities have been forced to close due to increasing insecurity in different provinces – four health facilities in Helmand, three in Uruzgan and two in Zabul have been closed
- ◆ The large number of internally displaced people poses a challenge for the country's health system as needs are often bigger than the capacity of health facilities to respond
- ◆ The number of pneumonia cases among children under five years of age reported by DEWS has increased from 7.8% to 8.6% in the last month – acute respiratory infections (ARI) and pneumonia cases might increase in the coming months due to winter weather and related accessibility issues
- ◆ Sporadic measles outbreaks after the nationwide measles vaccination campaign should be taken as an indicator of inadequate coverage

KEY MESSAGES:

- ◆ Acute respiratory infections and pneumonia are a cause for concern for the winter. Health partners must take action to better prevent and respond to ARI and pneumonia in the coming months
- ◆ Many health facilities will be inaccessible during the winter due to snow and harsh weather conditions; it is crucial to ensure adequate winterization supplies and service delivery to inaccessible areas
- ◆ Ensuring vaccination coverage for hard-to-reach areas and sporadic outbreak locations will prevent major measles outbreaks in 2016



WHO delivered pneumonia and Basic Unit Kits as a buffer stock to the Provincial Health Directorate in the eastern region



Fatima visited a WHO-supported mobile clinic in Bamyan



Community awareness campaigning on CCHF in Nangarhar