



Health Emergencies

KEY UPDATES:

- ◆ The health cluster partners served 79,924 beneficiaries during September. Almost 62% of the beneficiaries were female and 38% were male.
- ◆ A total of 26,357 returnees received out-patient diagnosis and emergency primary health care services, including TB screening, at the Torkham crossing point.
- ◆ 258 families (1,311 individuals) of documented returnees arrived from Pakistan through Spin Boldak. 303 patients among documented returnees were treated by a health facility for which WHO supplied medicines.
- ◆ 244 families (1,507 Individuals) of undocumented returnees returned to Afghanistan through Spin Boldak border.
- ◆ 8,012 children received vaccination by health partners.
- ◆ Security remains a concern with an increase in the closure of health facilities.
- ◆ AGE-related security incidents also hindered monitoring and supervision of health activities and have forced people to leave their homes.



A mass casualty management simulation was arranged by WHO in Takhar

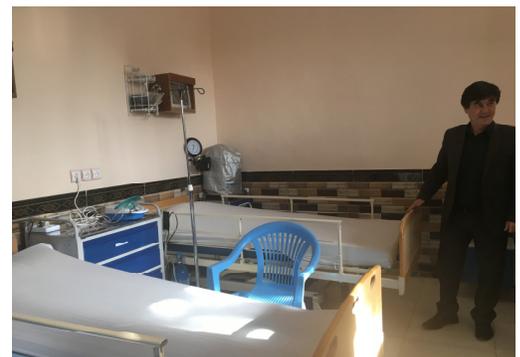


A child of a returnee family receives healthcare in an UNHCR health facility at Torkham

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ In Kunduz, preparations, including recruitment of staff, are made to ensure operation of a trauma care unit in the regional hospital.
- ◆ Takhar and Kunduz provincial hospitals organized Mass Casualty Management (MCM) simulation exercises.
- ◆ National Immunization Day Campaigns were held on 24–29 Sep in the north and on 25–27 in southern regions. The campaigns targeted 2,932,517 children under the age of 5.
- ◆ WHO delivered Trauma Care equipment to Fatimatul Zahra provincial hospital.
- ◆ Trauma care services in Belandghar and Sultanpur Comprehensive Health Centers in Nangrahar were upgraded.
- ◆ A Mass Casualty Management plan was activated as a precaution to expected incidences during Eid-al-Adha celebrations in Kandahar.
- ◆ WHO and Emergency Health Action monitored and provided technical support for the health care of documented returnees. WHO distributed medical kits and medical supplies in the southern and eastern regions.
- ◆ Two electro-chlorination kits were installed in Laghman province to provide chlorine stock solution for the purification of drinking water. Around 380 liters of chlorine stock solution was also distributed to almost 2,440 households.

New electro-chlorination kits for purifying drinking water were installed in Laghman province



A trauma care center in Faryab provincial hospital



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PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Ongoing conflict in the southern, northern and western regions continued to affect the delivery of health services, causing closure of facilities and displacement of people.
- ◆ Weak coordination at provincial level and lack of staff at health facilities, particularly of female staff were also a problem.
- ◆ Risk for disease outbreaks of vaccine preventable and epidemic-prone diseases, including Crimean-Congo Haemorrhagic Fever, particularly in the western region. Limited access to hard-to-reach areas continues to hamper response to outbreaks.

FOCUS AREAS:

- ◆ Strengthening emergency response coordination mechanism through closer links between national and sub-national Command Control Centers and Emergency Preparedness and Response committees.
- ◆ Responding to the risk of outbreaks and Mass Casualty Incidents, especially in Urozgan and Helmand provinces.
- ◆ Improved reporting, early detection and timely response to outbreaks.
- ◆ Targeted public awareness campaigns on Crimean-Congo Haemorrhagic Fever will be organized on in high priority provinces.



A mass casualty management simulation was organized in Takhar



WHO distributed medical kits for health facilities in the northern region

HEALTH CLUSTER COORDINATION:

Health cluster partners held several meetings at the national and sub-national levels.

A 9-month long multi-sector project in Nimroz, addressing the needs of returnees, was planned to start in November. The cluster partners will especially focus on responding to the health and nutrition needs.

The Common Humanitarian Fund allocations for hard-to-reach districts have now been completed with nine health projects.

WHO is grateful for the continuous support to emergency humanitarian action of our generous donors: USAID, European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and the Common Humanitarian Fund (CHF)



Programme Update
WHO Health Emergencies

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