KEY UPDATES:

♦ Conflict and displacement continued to affect delivery of health services across the country in December 2017.
♦ In Nangarhar, the Khogiani IDPs continued to burden health services in surrounding districts.
♦ 8 health facilities in 4 districts in the west region were closed by Taliban and three health facilities were closed in Kandahar.
♦ 1,414 families were displaced in the northeastern region.
♦ A health center in Shawalikot was burnt and a nurse and two vaccinators arrested. Two of the staff were released, but the facility remains closed.
♦ In Helmand, a doctor and security guard of a health facility were arrested, but later released.
♦ Two new polio cases were confirmed in Kandahar province, bringing the total number of polio cases in 2017 to 13.
♦ In 2017, a total of 2,640 families (12,634 individuals) of documented returnees returned to Afghanistan through Spinboldak gate from Pakistan: a decrease of 67% compared to 2016.

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

♦ In the Eastern region, 34,243 returnees and IDPs received outpatient services, including vaccination of 3,654 children.
♦ Electro-chlorination project has been completed in 31st Dec.
♦ Two trauma A+B kits were provided to district hospitals in Nangarhar, and one to Shindand District Hospital and Herat Regional Hospital.
♦ Distribution of a cholera kit, 11 trauma kits (A+B) and medicines to 14 hospitals in Kabul, Zabul, Herat, Balkh and other areas.
♦ A cholera kit, antibiotics and IV fluid were distributed to Ghor and Badghis provinces.
♦ Technical assistance was provided to RMNCAH in Emergency Committee to develop indicators and Rapid Assessment Tool for RMNCH in emergency situations.
♦ A supervisory and monitoring visit from IOM’s transit center health facility and Spinboldak district hospital was conducted in December which mainly focused on health issues for undocumented returnees and mass causality management and WASH issues.
♦ Basic life support (BLS) training was conducted for 25 participants from 8 provinces in a hospital run by Emergency, an Italian NGO.
PUBLIC HEALTH RISKS AND CHALLENGES:
- 13 measles outbreaks were reported, investigated and responded to in the South, West and East regions.
- Due to poor condition and overpopulation of Khogiani IDPs, there is likely a rising risk of epidemics of diseases such as ARI, pneumonia, measles, hepatitis and malaria in Sra qala, Nangarhar.
- Health facilities continue to be closed in Nangarhar due to insecurity.
- Inadequate access to some areas due to insecurity.
- Lack of human resources at health facility level, especially female staff.

FOCUS AREAS:
Negotiations were conducted with AGEs to ensure opening of some of the closed facilities. As a result, five new Sub health centers and one new Comprehensive Health Center (CHC) were established, and upgrading two Basic health centers to CHCs was allowed in Urozgan province. Additionally, AHDS NGO was allowed to reopen their provincial office and 35 closed health facilities in December.

Health Cluster Coordination:
Health cluster partners supported 102,352 beneficiaries in December. Work included responding to the VBIED attack in December 28 in Kabul by providing specialized trauma care to victims. Health Cluster partners also responded to the needs of the increased number of IDPs from Khogayani by providing mobile health team and emergency supply support.

Health Cluster also endorsed the Attack on healthcare reporting form and will now work with the Ministry of Public to support a implementation strategy. Cluster assessment form will now include RMNCAH in Health Emergency and work is ongoing to finalize the assessment format.

Health Cluster partners in the region participated in winterization preparedness plan. Currently there is no outstanding need.

Programme Update
WHO Health Emergencies

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