

AFGHANISTAN

Returnees Response

Health Situation Report No. 5

7 December 2023

Based on available information as of 16:00 on 6 December 2023



World Health
Organization

Afghanistan



HEALTH
CLUSTER

Afghanistan

Highlights



As of 2 December, **438,200 returnees** have been received. Approximately **48% are females**.

286,500 returnees arrived at Torkham (Nangarhar Province) and **145,900 at Spin Boldak** (Kandahar Province).



WHO and its Health Cluster partners have reached **133,821 returnees** (47,152 women; 32,911 men; 27,909 girls; 25,849 boys) with various health services.



WHO has requested **US\$ 10 million for six months**. To date, only US\$ 500,000 has been received, leaving a funding gap of **US\$ 9.5 million**.



WHO monitoring mission to a sub-health center in Speenghar district, Nangarhar Province where returnees receive services.

SITUATION UPDATE

Between September 15 and December 2, 2023, there has been a significant surge of over 438,200 returnees, triggered by Pakistan's decree of repatriation of illegal foreigners. Massive inflows were experienced at border crossings, with 286,500 returnees in Torkham, Nangarhar, and 145,900 returnees in Spin Boldak, Kandahar. While the number of returnees has gradually decreased from the peak, it remains significantly higher than pre-September 15 levels. An additional 280,000 returnees are expected by July 2024.

In response to this influx of returnees at the border crossings, various services have been provided to returnees by World Health Organization (WHO) and its Health Cluster partners. As of 5 December 2023, WHO and the Health Cluster partners have provided 133,821 returnees (56.1% are female) with various health services across the six regions (eastern, southern, southeastern, western, northern and central). The services encompass primary and secondary healthcare consultations, mental health and psychosocial support (MHPSS), maternal, newborn, and child health and immunization.

Approximately 89% of returnees intend to return to their provinces of origin, with Nangarhar, Kandahar, Kunar, Kabul and Kunduz being the main destinations. While the registration of returnees has proceeded at the borders, around 80% of returnees have begun settling in communities, while others, lacking a place to go, are residing in makeshift camps. In this country with an already fragile health system and roughly 25% of the total population living in underserved areas, significant demand for healthcare services persists, especially in rural areas where only limited healthcare access is available.

The vulnerability of returnees will intensify during the harsh winter, leading to a greater demand for lifesaving healthcare services as the situation evolves.

WHO has appealed for US\$ 10 million in funding to address these challenges and provide essential health assistance to all those in need for six months. To date, only US\$ 500,000 has been received, leaving a substantial funding gap of US\$ 9.5 million.

Health Cluster Coordination

The Health Cluster has effectively coordinated health responses by leveraging collective efforts of all partners and stakeholders at national and regional levels.

- Regional Health Cluster coordination teams continue to work with health partners across all five regions (eastern, southern, southeastern, western and central). Their activities encompass the development and operationalization of a contingency plan, conducting regular weekly and ad-hoc coordination meetings with relevant authorities and health partners, and undertaking joint missions with the Provincial Public Health Directorate (PPHD), partners and UN agencies to monitor/assess the health response.
- During the reporting period, regional Health Cluster coordination meetings were conducted in eastern and southern regions.
- The regional Health Cluster coordinators for the northern, southeastern and central regions attended the Inter-Cluster Coordination Group (ICCG) weekly meetings to ensure that the health response is coordinated with other clusters.
- The third meeting of the Migration Health Task Force took place on 6 December, where the situation of returnees, health coordination and response efforts, as well as the health contingency plan for returnees was presented by WHO.
- An Expression of Interest (EOI) for the position of Co-Chair of the Migration Health Task Force was shared with partners, and three health partners have applied. The selection process for the Co-Chair position will be concluded in a week.

Health Responses by Region

Between 1 November and 5 December 2023, the Health Cluster partners reached 133,821 beneficiaries (47,152 women; 32,911 men; 27,909 girls; and 25,849 boys), delivering health services across the six regions (eastern, southern, southeastern, western, northern and central). This includes 80,969 PHC consultations; 18,099 reached with health promotion activities; 16,427 receiving secondary health care services; 9,481 who were given mental health psychosocial support (MHPSS) services; 8,583 given maternal, newborn and child health services; and 262 receiving trauma care.

1. Eastern Region

- There are 12 Health Cluster partners – AADA, ARCS, JACK, IOM, IRW, PU-AMI, SCA, SCI, UNFPA, UNICEF, WHO and WORLD – supporting 14 health facilities (HFs): a 20-bed emergency hospital with two ambulances; two comprehensive health centers (CHCs); two basic health centers (BHCs); one sub health center (SHC); one maternity clinic; and seven mobile health and nutrition teams (MHNTs), with 231 workers (68 female) to support and provide primary and secondary healthcare services.



*Provision of primary health care services to the returnees in Eastern Region
Credit (IRW)*

- WHO, in partnership with WORLD, is supporting the Drug Addiction Treatment Center located in Jalalabad, Nangarhar Province, where male returnees are being admitted.
- WHO has put in place one surveillance support team (SST) (composed of two members) and one point of entry (PoE) public health team (eight members) at Torkham PoE. Between 29 November and 5 December, there were 15,504 returnees screened for infectious diseases: 336 acute respiratory infections (ARI), 96 suspected COVID-19 infections, 88 acute watery diarrhea (AWD) cases, and 12 suspected dengue fever cases.
- Among 96 COVID-19 suspected cases tested with rapid diagnostic tests (RDTs), seven were confirmed as positive. One RDT was conducted for AWD, yielding negative results. Four samples were collected for dengue fever PCR tests, and the results are pending.
- There are 14 vaccination teams in Torkham (PoE and transit center). Between 26 November and 2 December 2023 (week 48), 10,579 were vaccinated with Oral Polio Vaccine (OPV) and 1,024 received measles vaccinations.



Returnees settled in the communities visiting SHC in Nangarhar (WORLD)



UN joint mission conducted at Takhta Pul transition point, Kandahar Province



Maternal and child health services have been provided at Torkham, Nangarhar (PU-AMI)

2. Southern Region

- Nine Health Cluster partners (ARCS, BARAN, HealthNet TPO, IOM, Medair, SCI, UNFPA, UNICEF and WHO) are providing 24/7 healthcare services to returnees through 18 HFs (one BHC and 17 MHTs) and 10 ambulances, with 224 workers (64 females).
- A WHO mission, including a hospital specialist and trauma officer, visited a WHO-supported 30-bed emergency hospital in Spin Boldak, Kandahar, on 5 December. The hospital was inaugurated on 22 November 2023. The mission assessed the operational status and made recommendations for improving the quality of care for returnees and communities.
- WHO conducted a joint mission with other UN agencies to Takhta Pul transition point for returnees on 6 December to assess the services and identify needs and gaps.

- WHO has deployed an SST in Spin Boldak, and five SSTs in the returnees' camps in Kandahar City (Rahmat Mina). Between 29 November and 5 December, 447 returnees were screened for infectious diseases: 134 suspected COVID-19 cases, 41 ARI cases, 23 AWD cases, and 12 suspected dengue fever AWD cases were reported.
- There were 56 RDTs conducted for COVID-19, with 24 testing positive. These 24 RDT positive samples were referred for PCR testing, and two cases were confirmed positive for COVID-19. Five RDTs were conducted for AWD, with two cases testing positive. There were 12 RDTs conducted for dengue fever, all of which yielded negative results.
- There are 32 vaccination teams operating in five repatriation centers in Kandahar (3), Hilmand (1) and Zabul (1) provinces. Between 26 November and 2 December 2023, 10,238 returnees were vaccinated with OPV; 374 returnees received measles vaccines.



WHO technical mission was conducted at the 30-bed emergency hospital, Spin Boldak, Kandahar

3. Southeast Region

There are seven unofficial border crossings with Pakistan in the southeastern region (Paktya, Paktika, Ghazni and Khost provinces).

- Seven Health Cluster partners (ADAA, ARCS, NAC, OHPM, PU-AMI, UNICF and WHO) are supporting the health response to returnees in Paktya, Paktika and Ghazni provinces, via existing static health facilities and five MHNTs.
- The interagency team led by the Danish Refugees Council (DRC) sent a mission to Ghazni on 4 December to review the situation of returnees at district level, especially remote areas.
- Between 29 November and 5 December, WHO-supported SSTs conducted screening for 175 returnees at Angor Ada PoE, Paktika Province; 52 ARI cases, 31 suspected COVID-19 cases, and 17 AWD cases were reported. Among them, eight AWD cases were RDT tested negative, and 31 suspected COVID-19 cases were RDT negative. Two samples of suspected COVID-19 cases were referred for PCR, and the results are pending.
- WHO delivered 32 COVID-19 RDT kits to the national disease surveillance response (NDSR) team in Paktya.
- Two vaccination teams have traveled to Angor Ada (Barmal district) and Qamardin Bazar (Turwee district) in Paktika Province, where 71 returnees received OPV in week 48.



PHC consultations have been provided to the returnees through MHT in Ghazni province.

4. Northern Region

- One MHT (ARCS/ORCD) is providing health service delivery for returnees in the Mazar camp. In addition, the WHO/RHDO-supported integrated infectious disease hospital in Balkh has deployed an ambulance (with a nurse) for 24/7 referral of emergency cases. Between 30 November and 6 December, 424 people received health service (majority female), and three patients were referred by the ambulance.
- There are also two Health Cluster partners (ARCS, and ORCD) providing health responses to returnees through the deployment of two MHNTs with 13 health care staff members (five are female).
- WHO conducted a monitoring mission to the camp on 6 December to evaluate the situation.

5. Central Region

In the central region (Kabul, Kapisa, Logar, Wardak, and Parwan provinces), returnees have largely been accommodated within the communities.

- There are six Health Cluster partners (ARCS, CAF, OHPM, SCA, UNICEF and WHO) providing healthcare services at the existing static health facilities, distributing emergency medical kits, and deploying SSTs and vaccination teams.
- Additionally, seven MHNTs are on standby in Parwan, Kapisa, Daikundi, and Bamyan provinces (three teams supported by ARCS, one team each by AKHS, CAF, MOVE and OHPM)
- A static clinic established in a temporary camp in the Loway Baba Jan area in Kabul has installed 50 tents and emergency toilets for returnees. Between 14 November and 5 December 2023, there were 2,305 returnees who have received these services at the clinic.
- There is one vaccination team stationed in Dehsabz district, where, in week 48, 724 returnees received OPV vaccines and 266 received measles vaccination.



Health education sessions were conducted for the returnees at MHT in Mazar-e-Sheria, Balkh Province (RHDO)



PHC consultations have been provided to the female returnees, Farah Province (JACK)

6. Western Region

While Islam Qala PoE in Herat is currently closed, returnees from Iran are being accommodated in temporary camps and communities.

- There are four Health Cluster partners (ARCS, JACK, HealthNet TPO and UNFPA) supporting the health response for the returnees in Herat and Farah provinces through one CHC and three MHNTs.
- At Islam Qala PoE in Herat Province, public health authority team (composed of 7 members) screened a total of 18,374 returnees between 29 November and 5 December: 25 suspected COVID-19 cases (three RDT positive), 23 ARI cases, and 13 AWD cases have been reported.
- One vaccination team has been deployed in Islam Qala PoE. In week 48, there were 263 returnees vaccinated with OPV.

GAPS and URGENT NEEDS

- **Provision of Healthcare Services:** The influx of returnees has increased the demand for essential healthcare services at border crossings and destination locations. There is an urgent need for additional medicines and medical supplies, and healthcare workers (with a focus on female staff).
- **Winter Season and Vulnerability:** The winter season has exacerbated the vulnerability of returnees, particularly those in temporary shelters. Shortages of winterization supplies, such as blankets and heating systems, have led to increased cases of ARIs, especially among children, the elderly, and individuals with comorbidities.
- **Reproductive and Child Health:** A significant portion of returnees are female and children. Limited space and resources in temporarily-setup health facilities hinder privacy and proper infection prevention and control, further complicating the provision of these vital services.
- **Hygiene and Waste Management:** Poor hygiene conditions persist among returnees due to limited access to water and hygiene materials, especially in makeshift camps. In addition, the absence of a solid waste management system has led to indiscriminate dumping of waste, contributing to the rise in infectious diseases.
- **Community Engagement:** While the majority of returnees have settled in their original communities, there is a need to enhance community engagement with returnees to better understand their needs, priorities and gaps.
- **Accommodation:** There is a lack of suitable accommodations for healthcare workers and staff, particularly in remote areas, which is impeding response efforts. This shortage of accommodations not only hinders the ability to maintain and expand response efforts but also limits the accessibility of healthcare services for returnees, further exacerbating the overall health challenges.
- **Funding Gap and Response Efforts:** WHO has requested US\$ 10 million for a six-month response plan to address these challenges and provide essential health assistance. Only a fraction of this funding (US\$ 500,000) has been received, leaving a significant funding gap of US\$ 9.5 million. With winter fast approaching, additional funding is urgently needed.

For more information, contact:

Dr Alaa AbouZeid, Team Lead, Emergencies, Email: abouzeida@who.int

Dr Jamshed Ali Tanoli, Health Cluster Coordinator, Email: tanolij@who.int

Ms Joy Rivaca Caminade, Head, Communications, Email: caminadej@who.int

Mr Mohamed Kakay, External Relations and Partnerships Team Lead, Email: kakaym@who.int

Ms Akiko Takeuchi, Emergency Officer, Email: takeuchia@who.int

For more information, please visit:

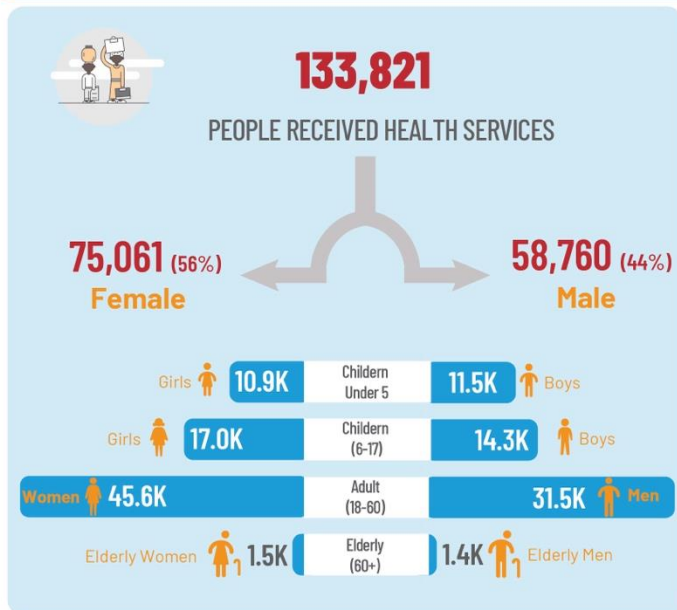
- Facebook: <https://www.facebook.com/WHOAfghanistan>
- Twitter: <https://twitter.com/WHOAfghanistan>
- Website: <https://www.who.int/emergencies/situations/afghanistan-crisis/funding>

Thank you to the following donors for supporting WHO's health response to the returnees:



Humanitarian Aid
and Civil Protection





Province	District	Organization Acronym (IP)	Primary health care services	Health promotion & risk communication	Secondary health care services	Mental Health and Psychosocial Support (MHPSS)	Maternal, Newborn and Child Health (MNCH)	Trauma care
Farah	Farah	UNICEF (JACK)						
Hirat	Hirat	IOH						
Kandahar	Kandahar	UNICEF (BARAN)						
Kandahar	Kandahar	WHO (HEWAD)						
Kandahar	Kandahar	IOH						
Kandahar	Kandahar	MEDAIR						
Kandahar	Kandahar	SCI						
Kandahar	Spin Boldak	UNICEF (BARAN)						
Kandahar	Spin Boldak	UNFPA (HealthNet TPO)						
Kandahar	Spin Boldak	SCI						
Laghman	Daman	UNICEF (BARAN)						
Laghman	Garghayi	IRC						
Laghman	Garghayi	UNFPA (AADA)						
Laghman	Garghayi	ARCS						
Laghman	Garghayi	HealthNet TPO						
Laghman	Garghayi	IOH						
Laghman	Garghayi	IRC						
Laghman	Garghayi	IRW						
Nangarhar	Plushmand Dara	UNFPA (ORCD)						
Nangarhar	Plushmand Dara	PU-AMI						
Nangarhar	Plushmand Dara	SCA						
Nangarhar	Plushmand Dara	SCI						
Nangarhar	Plushmand Dara	WHO (WORLD)						
Nangarhar	Plushmand Dara	UNICEF (JACK)						
Nangarhar	Dur Baba	IOH						
Nimroz	Zaranj	IOH						
Paktika	Turwo	ARCS						
Paktika	Barmal	UNFPA (OHPP)						
Paktia	Dand Wa Patan	UNFPA (AADA)						

Descriptions:

On 3 October 2023, the Government of Pakistan announced its decree "Illegal Foreigners' Repatriation Plan" setting a 1 November deadline for the 'voluntary return' of all undocumented Afghans in Pakistan to their country of origin. As this decree applies to an estimated 1.3 million undocumented Afghans residing in Pakistan, Returnees coming to Afghanistan from Torkham (Nangarhar), Spin boldak - (Kandahar) border crossings recently Herat and Paktia border crossing also opened for returnees.

Note: The figures show only information from partners that reported their presence and activities to the Health Cluster.

21 Health Cluster partners actively participated in the returnees response through 4Ws: AADA, ARCS, BARAN, HEALTHNET TPO, HEWAD, IOH, IRC, IRW, JACK, MEDAIR, OHPP, ORCD, PU-AMI, SCA, SCI, TDH, WORLD, WVI, UNFPA, UNICEF, WHO.

DISCLAIMER:

The boundaries, denominations, and designations displayed in this product are defined by the data shared with the Afghanistan Health Cluster. The elements and freshness of the data are the responsibilities of the data providers and no endorsement nor acceptance of it by the Health Cluster and WHO Afghanistan can be assumed.

CREATED ON: 6 December, 2023 DATA SOURCE: Health Cluster Partners CREATED BY: HIC-IM Team