



World Health Organization

Situation report
DECEMBER 2018

AFGHANISTAN
Emergency type: Protracted emergency



Children receiving trauma care service at Kunduz Regional Hospital



2 M
AFFECTED¹



529,261
DISPLACED¹



75,121
REFUGEES¹



116
IEHK KITS



12
OUTBREAKS

KEY FIGURES

394	WHO STAFF IN THE COUNTRY
60	HEALTH CLUSTER PARTNERS
1,6M	OUTREACH (POPULATION REACHED)
HEALTH FACILITIES	
3,911	TOTAL NUMBER OF HEALTH FACILITIES
89	¹ TOTAL # OF HEALTH FACILITIES CLOSED/DESTROYED
17	¹ HEALTH WORKERS KILLED
103	¹ HEALTH WORKERS ATTACKED/DETAINED
DISEASES	
603,765	ACUTE RESPIRATORY INFECTION CASES
131,026	ACUTE WATERY AND BLOOD DIARRHEA CASES
96	MEASLES CASES DURING OUTBREAK
96	SCABIES CASES DURING OUTBREAK

SITUATION UPDATE

- 800,124 total returnees from Iran and Pakistan since January 2018
- 280,000 people have been displaced in Afghanistan due to conflict in 2018. They face challenges due to lack of essential services including housing, food, health services and safe drinking water. The displaced population is particularly vulnerable to health issues related to non-communicable diseases, mental health issues and addiction.
- In 2018, there was a 39% increase in civilian casualties, which led to an increased need for trauma care. 85 incidents of attacks on health care targeting health facilities and health workers have been reported in 2018 alone.
- According to the 2019 Afghanistan Humanitarian Needs Overview, 1.9 million people will be in need of emergency health services due to conflict, natural disasters and a lack of basic services.
- Poor access to health services in drought-affected areas contributed to high rates of children under two missing out on vaccinations: 51 per cent in Badghis province and 26 per cent in Ghor province, compared to the national average of 18.3 per cent.
- A total of 812 outbreaks (6,036 cases) were reported during 2018, of which 12 outbreaks (231 cases and 2 deaths) occurred during December 2018. The highest number of cases and deaths during outbreaks was from measles, which included 215 outbreaks, 2,806 cases and 19 deaths.
- 2019 HRP priorities have now expanded to include restoring livelihoods and rehabilitating trauma victims back into society.
- In December 2018, four health facilities were closed and at least two health workers were detained.

¹ Since January 2018

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Public health concerns

- Low vaccination coverage of preventable diseases such as measles, particularly in hard-to-reach areas, resulted in higher number of measles cases this year compared to 2017. In 2018, 215 measles outbreaks contributed to 2,806 reported cases.
- An estimated 5.6 million people have reduced access to health services as a result of 85 incidents of attacks on healthcare in 2018.
- A rapid nutrition survey conducted in Badghis province found that global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates in Afghanistan currently exceed emergency thresholds at 19.7 per cent and 5.7 per cent respectively.
- The large number of internally displaced populations (IDPs) and returnees continue to overstretch existing health system in host communities, informal settlements and border crossings.

Health needs, priorities and gaps

- Population movements as a result of food insecurity will result in increased demand on health services. There is a need for more sustainable health services in locations with high numbers of IDPs.
- The 2018 drought affected more than two-thirds of Afghans. It reduced incomes, caused serious health issues and prompted negative coping mechanisms, such as addictions.
- Rehabilitation and psychosocial support is needed to support victims of conflict-related trauma and drought-affected population.
- Lack of female staff leads to lower utilization of health facilities by women.
- Therapeutic Feeding Units (TFUs) require additional support to be able to respond to the high case load of population affected by drought.
- Continuous training for health workers on improved emergency response modules is needed to enable them better respond to needs of vulnerable population.
- Immunization programme coverage has limited reach in many parts of the country.

WHO action

- Distribution of 116 International Emergency Health Kit (IEHK) basic for preparedness during harsh winterization to 97 health facilities in 17 provinces during December 2018.
- Distribution of two cholera and one IEHK supplementary kits to WHO sub-offices.
- Completion of WASH services at five new health facilities in Amarkhil Basic Health Center (BHC), Bar Kashkot BHC in Nangarhar, Sawkay District Hospital (DH), Manogai DH, and Senzai DH in Kunar province.
- IDPs in Badghis and Nirmuz provinces are currently receiving emergency primary healthcare through mobile health teams deployed to the provinces with the support of WHO. Rehabilitated WASH systems of 11 Therapeutic Feeding Units (TFUs): 3 TFUs in Balkh, 2 in Baghlan, 3 in Diakundi, 2 in Laghman, and 1 in Bamyán province.
- Conducted training on management of acute malnutrition for 17 female and male TFUs staff in Helmand and Kandahar provinces.
- Distributed milk preparation kits, medical equipment and bedside chairs to 10 TFUs.

Health cluster

As an immediate response measure, health cluster partners on the ground are arranging mobile health clinics in informal settlements to cover the gap in health services.

WHO is grateful for the continuous support of our generous donors: USAID, ECHO, CHF, Japan, Republic of Korea and CERF

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