



# World Health Organization

Situation report  
11/2018

AFGHANISTAN

Emergency type: Protracted emergency



A child receiving trauma care service in Kunduz Regional Hospital



2 M  
AFFECTED<sup>1</sup>



529,261  
DISPLACED<sup>1</sup>



752,325  
REFUGEES<sup>1</sup>



17  
IEHK KITS



11  
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
03	TOTAL NUMBER OF HEALTH FACILITIES CLOSED
01	HEALTH WORKERS KILLED
04	HEALTH WORKERS ATTACKED/DETAINED
DISEASES	
537,879	ACUTE RESPIRATORY INFECTION
194,157	ACUTE WATERY DIARRHEA
9	MEASLES CASES
07	CCHF CASES

## SITUATION UPDATE

- A total of 24,161 people are newly displaced due to conflict in November this year, bringing the total number of conflict driven internally displaced persons (IDPs) to 306,161 people in 2018
- In the first 11 months of 2018, a total of 752,325 people returned from Iran and Pakistan
- According to Humanitarian Needs Overview 2019, “6.3 million people require some form of humanitarian and protection assistance including 3.7 million in severe and major need due to a convergence of factors arising from exposure to escalating violence, forced displacement, the loss of essential livelihoods and limited access to basic services”.
- Badghis is one of the provinces severely affected by drought. According to the Directorate of Refugees and Repartitions a total 14,790 IDP families or 70,000 individuals have been displaced to 9 settlements in the provincial capital, Qala-e Naw.
- Nine mobile health teams are working in the region where WHO is supporting one of the mobile health teams through the local BPHS implementer.
- Since the start of the drought response, two rounds of measles supplementary immunisation activities (SIA) were conducted in both Herat and Badghis reaching 61,510 children (78% of target).
- During November, in Herat province, a vehicle with 2 health workers and the driver was hijacked. The staff and driver were released but the vehicle was taken. At the same time, in Nengarhar, one health worker was shot and killed. On the other hand a health facility was re-opened after 2 months closure because of cross fire. The facility sustained a lot of damages and require a large amount of resources to function again. Two other health facilities were closed, while one health facility was partially opened in Uruzga.

<sup>1</sup> Since January 2018

Facebook: [World Health Organization Afghanistan](#) Twitter: [@WHOafghanistan](#)

Web: [www.emro.who.int/afghanistan](http://www.emro.who.int/afghanistan)

## Public health concerns

- More than 220,000 IDPs are now living in make-shift tents or open air which makes them highly vulnerable to Afghanistan's extreme winter conditions and related health threats, including significant increase in acute respiratory infection and its related complications.
- Around 752,325 people have returned from Iran and Pakistan since 01 January 2018. The large number of returnees are over-stretching the existing health system at border crossings.
- Since January 2018, there have been 851 incidents of attacks on healthcare staff, commodities and facilities which cut short the access of 5.6 million people to health services since January 2018.
- The trend analysis of national nutrition sentinel surveillance (NNSS) data from health facilities and community sentinel sites across the country shows a slight increase in acute malnutrition levels and underweight cases in Q3-2018 compared to Q2-2018.
- In November 2018, 9 cases of measles (1 outbreak) and 7 cases of Crimean-congo haemorrhagic fever (CCHF) were reported across the country.
- Closure of one health facility (HF) in Nuristan Province and two HFs in Uruzgan due to insecurity has led to a decreased access to healthcare services.
- Risk of the vaccine preventable diseases is especially high in Urozgan, Nuristan, Kunar, Nangrahar and Helmand Provinces due to closure of health facility, conflict, and poor accessibility.

## Health needs, priorities and gaps

- 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. Additionally, the lack of female health workers in the structure of mobile health teams in Badghis has been widely criticized.
- The Therapeutic Feeding Units require additional support to be able to handle the high load of cases of population affected by drought.
- Continuous training for health workers on improved emergency response modules are needed to enhance their skills to better respond to needs of vulnerable population.
- Khan Abad District Hospital (DH) of Kunduz Province and Baghlan Jadid DH of Baghlan Province are located in conflict areas; therefore, require Trauma Care support.
- Trauma care is needed for conflict affected areas..
- Routine Expanded Programme on Immunization (EPI) has limited reach in some parts of the country particularly in Nuristan, where armed groups have hindered the activities of the programme.

## WHO action

- WHO has supported the provision of emergency primary healthcare services in Badghis and Nimruz Provinces.
- A total of 17 Interagency Emergency Health KIT and one trauma KIT was distributed in Ghazni Province to respond to health needs of population during the recent conflict.
- Trauma care services equipment were distributed to 24 locations across the country based on the need of healthcare facilities.
- Blood bank equipment was distributed to Nimruz Provincial Hospital, Grish District Hospital and Sorobi District Hospital.
- Supported procurement and distribution of nutrition kits (bedside chairs, milk preparation kits, cold and warm chain equipment) to 10 Therapeutic Feeding Units (TFU's).
- A total of 68 (31 Male, 37 Female) Health Workers were trained on a 5 day Inpatient Management of Severe Acute Malnutrition (IPD-SAM) in 11 provinces. The training was conducted in 3 batches; 10-15 November for the Central and West regions, and 24 -29 November for the North Region respectively.
- A total of 25 health professional introduced by MoPH are currently being trained in MCM, and trauma care in Thailand with the generous support of the Republic of Korea.
- IDPs in Badghis and Nirmuz are currently receiving emergency primary healthcare from mobile health teams deployed to the provinces with the support of WHO.

## Health cluster

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

### Contact:

Dr. Dauod Altaf, Acting Emergency Coordinator [altafm@who.int](mailto:altafm@who.int)