



## Emergency Humanitarian Action



### KEY UPDATES:

- ◆ Insecurity and conflict continue to hamper health care provision in Afghanistan: 31 health facilities remained closed in Nangarhar, Uruzgan, Helmand and Kandahar provinces
- ◆ 32,395 incidents of weapon and conflict-related trauma cases were treated in first aid trauma posts in the first 6 months of 2016, representing a 20% increase in war trauma patients as compared to the same period in 2015 (Health Cluster)
- ◆ A comprehensive Health Emergency Risk Assessment (HERA) will begin in August 2016 in 102 districts in all 34 provinces to collect data and information on the probability of health consequences from the interaction of hazards, vulnerabilities and existing capacity in all provinces



### PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ WHO supplied and installed medical equipment to Kunduz Regional Hospital's Trauma Care Unit to ensure that increasing needs for trauma care are properly met
- ◆ WHO supplied 2 Diarrhoeal Disease Kits, 5 Pneumonia Kits and loose medicines to Uruzgan Public Health Directorate to strengthen emergency preparedness and response in the region
- ◆ WHO conducted two batches of training of trainers on the Health Emergency Risk Assessment (HERA) for provincial public health staff from all 34 provinces. The district/village level HERA assessment will be completed by September.
- ◆ WHO distributed one trauma kit to Laghman Provincial Hospital and one trauma kit to Nangarhar Provincial Hospital. One IEHK basic unit was supplied to IOM to support health service provision to returnees from Pakistan.
- ◆ WHO distributed 3 Trauma Kits A, 3 Trauma Kits B, 7 IEHK basic units, 11 Diarrhoeal Disease Kits, 20 Pneumonia Kits A, 20 Pneumonia Kits B to WHO sub offices in Kandahar, Kunduz, Herat and Jalalabad and Public Health Directorates of Faryab, Jawzjan, Samangan and Saripul as well as provincial hospitals of Laghman and Kunar and Nangarhar Regional Hospital to cover 92,300 patients.



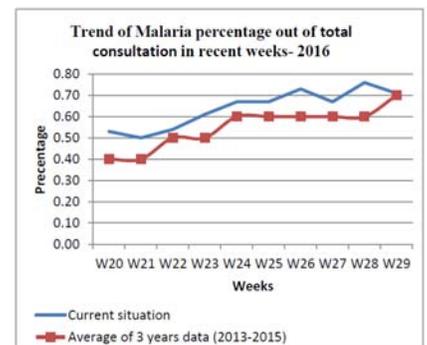
A patient is being treated at a newly built trauma care unit equipped by WHO in the Kunduz Regional Hospital



A boy receives 2 drops of the oral polio vaccine during a vaccination campaign in Kabul



Returnees from Pakistan cross the border at Torkham to Afghanistan while polio vaccinators immunize children





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## **PUBLIC HEALTH RISKS AND CHALLENGES:**

- ◆ Continuing conflict and insecurity weaken health service provision in Afghanistan
- ◆ As 31 health facilities remain closed in Nangarhar, Helmand, Kandahar and Uruzgan due to insecurity, an estimated 400,000 people lack access to basic health services.
- ◆ Cases of Crimean-Congo haemorrhagic fever (CCHF) are on the increase—CCHF outbreaks are serious as they have a case fatality rate of up to 40%. CCHF is transmitted to people either by tick bites or through contact with infected animal blood or tissues during and immediately after slaughter. Therefore the upcoming Eid al-Adha holiday will increase the risk of CCHF.
- ◆ The high number of returnees from Pakistan requires enhanced preparedness and strengthening of health services to ensure needs are met.



WHO supplies trauma kits to Nangarhar Regional Hospital to support mass casualty management



Training-of-trainers for HERA assessment focal points from 34 provinces at the Ministry of Public Health



Left: Aziza is receiving a medical check-up at a mobile clinic supported by WHO in Bamyan province. Right: Eight-month-old Jawaher waits to get examined at a WHO-supported mobile clinic operating in a camp for internally displaced persons in Kabul.

Humanitarian personnel, assets and facilities continue to be targeted throughout Afghanistan with 107 reported incidents affecting NGOs, UN and International Organisations in the first half of 2016. (OCHA)



WHO distributes medical supplies and kits to WHO sub offices and Provincial Health Directorates

**Programme Update**  
**Emergency Humanitarian Action WHO Afghanistan**

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