

KEY UPDATES:

- ◆ Conflict and war continued to cause mass casualties and disruption to health service provision in many areas in April 2017
- ◆ Three more health facilities were forced to close in the southern region due to conflict—around 1700 families were internally displaced
- ◆ WHO continued to support the upgrading of trauma care services in provincial hospitals in Badakhshan, Takhar, Ghor, Badghis and Saripul
- ◆ The number of returnees and refugees returning to Afghanistan from Pakistan and Iran reached 155 000 by the end of April for 2017—over 109 000 undocumented returnees have arrived from Iran. In April, 19 460 undocumented Afghans and 3,692 documented returnee refugees crossed the Torkham border to Afghanistan
- ◆ 148 disease outbreaks were reported from January to 22 April 2017—over 70% of outbreaks are attributed to measles and 12% to Crimean-Congo haemorrhagic fever (CCHF)

PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ WHO supported the upgrading of five provincial hospitals for effective trauma care services in Badakhshan, Takhar, Ghor, Badghis and Saripul provinces as well as two district hospitals (Khogiani and Ghanikhil) and two comprehensive health centres (CHCs) in Nangarhar province
- ◆ Primary health services, including vaccination, TB and HIV screening, reproductive health and referral services provided with WHO support at Torkham border's "Zero Point" to returnees and refugees - 31 423 returnees were provided with emergency health services such as OPD, TB and HIV screening, and maternal and neonatal health services in April
- ◆ Over 22 000 children were vaccinated against polio and measles between mid-March and the end of April 2017 at the Torkham border with WHO support
- ◆ 180 female community volunteers were trained on emergency water treatment and hygiene promotion in Paktya, Hilmand and Jawzjan provinces
- ◆ Ambulance training for 52 nurses and ambulance technicians conducted
- ◆ WHO and the Ministry of Public Health conducted health awareness campaigns in Nangarhar province through radio, community outreach and print materials, targeting returnees and host communities on the prevention of measles, acute respiratory infections and diarrhoeal diseases—over 95 000 returnees and refugees were reached during March and April
- ◆ Two Trauma Kits, one Interagency Emergency Health Kit (IEHK) and WASH supplies were distributed to Kunduz and Balkh provinces
- ◆ Blood bank monitoring teams visited 10 more blood banks in Kabul during April—results and findings to be shared with blood banks by June
- ◆ Assessment of mass casualty management (MCM) and trauma care services (TCS) conducted in six national and one provincial hospital—MCM and TCS plans are being drafted



Training of female community volunteers on emergency water treatment and hygiene promotion



Health check-up at the Pul-e-Company IDP camp's mobile clinic supported by WHO



Children outside a WHO-supported mobile clinic at the Kabul Nasaji Bagrami IDP camp



WHO supplied Pneumonia A+B Kits and Basic Health Kits to Laghman, Kunar and Torkham





Emergency Humanitarian Action

PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Mass population movements (IDPs and returnee/refugees) cause further demands on health facilities in areas with already inadequate health service provision
- ◆ Inadequate access to safe water and sanitation services and constrained shelter, particularly among IDPs and returnees
- ◆ Escalating conflict in many areas hampers access for the delivery of emergency health services
- ◆ Disruption and dysfunction of basic health services in many provinces
- ◆ Limitation in access to remote areas for effective outbreak investigation and response

KEY MESSAGES:

- ◆ World Blood Donor Day is marked on 14 June—during the holy month of Ramadan, Afghanistan often faces blood shortages, creating a crucial need for more voluntary blood donors during May-June
- ◆ Emergency Preparedness and Response (EPR) committees should take an active role in monitoring public health risks and events
- ◆ Strengthened inter-cluster coordination on disease prevention and outbreak response is crucial
- ◆ Targeted public awareness campaigns on common diseases and utilization of health services are needed for IDPs and returnee refugees



Polio vaccinators get ready to vaccinate returnee children at the Torkham border in Nangarhar



Children who returned from Pakistan receive vaccines at a health facility at the Torkham border

Health Cluster Coordination:

Health Cluster partners reached **337 873 beneficiaries** with the provision of **essential basic and emergency health services**, effective **trauma care** and measles **vaccination services**.

In April, Health Cluster has **prioritized 95 high-risk districts** due to low measles vaccination coverage (EPI), number of war-wounded registered and the percentage of population in white, underserved areas (GCMU). Prioritized districts are focused in HRP 2017 for intervention in line with the strategic objective of the Health Cluster.

The Health Cluster is supporting partners in delivering **reproductive health services** through mobile health teams and public health facilities to IDP and refugee women of reproductive age. Reproductive health is earmarked as a health priority by cluster partners.

In April, coordination meetings were held with communities and community health workers (CHWs) to **improve referrals** from the community to **First Aid Trauma Posts (FATPs)**. Consultation meetings were also held with the community, provincial Public Health Directorates and partner NGOs to address accountability to affected populations.

The primary constraint is the **escalating conflict** in target areas as well as **limited access** to these areas for delivering reproductive health services. The cluster is continuing to work with the MoPH to gain a better understanding of access to areas with the greatest needs.

Programme Update
Emergency Humanitarian Action WHO Afghanistan

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