

AFGHANISTAN

Returnees Response

Health Situation Report No. 6

21 December 2023

Based on available information as of 16:00 on 20 December 2023

Highlights



As of 16 December, **471,500 returnees** have been received. Approximately **48% are females**.

304,500 returnees arrived at Torkham (Nangarhar Province) and **159,700 at Spin Boldak** (Kandahar Province)



WHO and its Health Cluster partners have reached **167,797 returnees** (59,797 women, 41,157 men, 35,046 girls, and 31,797 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**



The Regional Health Cluster Coordinator (western) conducted a monitoring visit to the returnees' camp in Farah province.

SITUATION UPDATE

Since September 2023, a total of 471,500 returnees have arrived at Afghan border crossings, primarily Torkham ground crossing point of entry (PoE) in Nangarhar with 304,500 and Spin Boldak ground crossing PoE in Kandahar with 159,700. 48% of returnees are women and 62% are children and adolescents, with 24% under five years of age. According to the border consortium, there has also been a notable increase of undocumented returnees from Iran, with almost 126,000 arrivals in November 2023, compared to 95,000 the previous year.

The World Health Organization and the Health Cluster partners have been diligently providing essential health services to these returnees at PoEs. Between November 1 and December 19, 2023, 167,797 returnees received services encompassing primary and secondary healthcare consultations, mental health and psychosocial support, as well as maternal, newborn, and child health services.

Harsh winter and congested and challenging condition among returnees throughout their journey have further increased the vulnerability of returnees, especially women, children, the elderly, and those with comorbidities. WHO has deployed surveillance support teams (SST) at several PoEs for active disease surveillance. In week 51, there was a significant increase in suspected cases of COVID-19, with 298 cases reported, marking a 79.5% increase compared to the previous week. During this same week, there were 61 reported cases of acute watery diarrhea (AWD) with dehydration among returnees, a 17.3% increase compared to week 50, 2023.

Following registration and humanitarian assistance at PoEs, most returnees have begun settling in communities. Nearly 90% intend to return to their provinces of origin, including Nangarhar, Kandahar, Kunar, Kabul, and Kunduz. However, the influx into these communities is straining the health system, particularly in rural areas where an estimated 48% of returnees are settled and healthcare services are limited. Long-term support for these vulnerable returnees is crucial to addressing the healthcare needs of these vulnerable population.

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 have collaborated with health partners across all seven regions (eastern, southern, southeastern, western, north and northeastern and central). Their activities encompass development and operationalization of contingency plans, 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.
- The regional Health Cluster coordinators for the eastern, northern, northeastern, and central regions attended the Inter-Cluster Coordination Group (ICCG) weekly meetings to ensure that the health response is coordinated with other clusters.
- The Health Cluster coordination meeting held on 19 December covered updates on the trend of returnees, the Migration Health Task Force, and the health response to returnees.
- WHO was selected as the Co-Chair of the Migration Health Task Force, while the second Co-Chair will be an NGO.
- The Regional Health Cluster Coordinators in the southern and western regions conducted joint field visits to Takhtapul district, Kandahar and Farah Province.

Health Responses by Region

Between 1 November and 19 December 2023, the Health Cluster partners reached 167,797 beneficiaries (59,797 women, 41,157 men, 35,046 girls, and 31,797 boys), delivering health services across the six regions (eastern, southern, southeastern, western, northern and central). This includes 97,289 primary healthcare (PHC) consultations, 28,213 reached with health promotion activities, 18,713 receiving secondary health care services, 12,526 provided mental health psychosocial support (MHPSS) services, 10,726 given maternal, newborn and child health services, and 330 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 HFIs: a 20-bed emergency hospital with two ambulance; 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 255 workers (72 female) to support and provide primary and secondary healthcare services. A total of 13,298 OPD consultations were conducted for returnees from 7 to 20 December.
- In addition, WHO and WORLD are operating five SHCs in under-served areas in Nangarhar, where returnees settled in communities are receiving healthcare services.



WHO-supported 20-bed emergency hospital in Torkham provide services to returnees.

- WHO has deployed one surveillance support team (SST) (composed of two members) and one PoE public health team (eight members) at Torkham PoE. Between 6 and 20 December, 32,573 returnees were screened for infectious diseases: 446 acute respiratory infections (ARI), 202 suspected COVID-19 infections, 79 acute watery diarrhea (AWD) cases, and 10 suspected dengue fever cases were reported.
- Among 185 COVID-19 suspected cases tested with rapid diagnostic tests (RDTs), eight were positive. Additionally, 60 samples were collected for COVID-19 PCR tests, with 20 confirmed as positive (positivity rate of 33%). Nine samples of suspected dengue fever were tested with RDT, all negative.
- There are 14 vaccination teams in Torkham (PoE and transit center). Between 3 and 16 December 2023 (week 49 and 50), 12,005 were vaccinated with Oral Polio Vaccine (OPV) and 1,427 received measles vaccinations.



AADA-supported Torkham Zero Point clinic pharmacy section



WHO/WORLD supported SHCs received returnees patients, Nangarhar.

2. Southern Region

Since the surge of returnees has decreased, two camps in Spin Boldak and Kandahar City (Rahmat Mina) were closed, while a new camp was established in Takhtapul District (between Spin Boldak and Kandahar City).

- 10 Health Cluster partners (ARCS, BARAN, HealthNet TPO, INTERSOS, IOM, Medair, SCI, UNFPA, UNICEF and WHO) are providing 24/7 healthcare services to returnees through 18 healthcare facilities (HFs) (one BHC and 17 MHTs) and 10 ambulances, with 224 workers (69 females).
- In collaboration with HMLO, WHO established and is operating a 30-bed emergency hospital in Spin Boldak, Kandahar, located 5km from Spin Boldak PoE. The hospital is equipped with two ambulances and is providing emergency health care for returnees and communities.
- A WHO-supported SST shifted to the new camp in Takhtapul. Between 6 and 20 December, 450 returnees were screened for infectious diseases; 213 suspected COVID-19 cases, 51 ARI cases, 17 AWD cases, and five suspected dengue fever AWD cases were reported.
- There were 25 RDTs conducted for COVID-19, with five testing positive. These five RTD positive samples were referred for PCR testing, and all were negative for COVID-19. Four RDTs were conducted for suspected dengue fever; all were negative.
- In week 49, a total of 36 vaccination teams were stationed in six repatriation centers in Kandahar (4), Hilmand (1) and Zabul (1) provinces. In week 50, the number of teams decreased to 28 in five repatriation centers (Kandahar (3), Hilmand (1) and Zabul (1) provinces, including in Takhtapul. Between 3 and 16 December 2023, 14,151 returnees were vaccinated with OPV; 238 returnees received measles vaccines



WHO conducted monitoring mission to Takhtapul returnees camp, Kandahar Province.

3. Western Region

- There are four Health Cluster partners: ARCS, JACK, HealthNet TPO, IOM, UNICEF, UNFPA, and WHO are supporting the health response for returnees in Herat and Farah provinces through one CHC and three MHNTs.
- At Islam Qala PoE in Herat Province, WHO has supported the deployment of a public health authority team (composed of 7 members). Between 6 and 20 December, among 29,165 returnees, 44 ARI cases, 43 suspected COVID-19 cases (three were RDT positive), and 14 AWD cases were reported.
- One vaccination team has been stationed in Islam Qala PoE. In week 49 and 50; 551 returnees were vaccinated with OPV.

4. Southeast Region

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

- The health needs of returnees in the region are being addressed by five Health Cluster partners, including AKHS, JACK, OCCD, ORCD, and IMC. They are providing support to existing health facilities.
- Between 6 and 20 December, a WHO-supported SST conducted screenings of 76 returnees at Angor Ada PoE, Paktika Province; 18 ARI cases, six suspected COVID-19 cases (all RDT negative), and three AWD cases (all RDT negative) were reported.
- WHO delivered 32 COVID-19 RDT kits to the national disease surveillance response (NDSR) team in Paktya.
- In week 49, there were two vaccination teams deployed to Angor Ada (Barmal district) and Qamardin Bazar (Turwee district) in Paktika Province, where 76 returnees received OPV. In week 50, a team was deployed only to Angor Ada and 106 individuals were admitted with OPV.



Provision of primary health care services to the returnees by a MHT in Paktika province (OHPM/UNFPA)

5. Central Region

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

- There are eight Health Cluster partners (ARCS, CAF, OHPM, SCA, RI, AKHS, 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 Bamyán provinces (three teams supported by ARCS, one team each by AKHS, CAF, MOVE and OHPM)
- Healthcare services have continued to be provided at a static clinic established by PPHD in a transit camp in the Loway Baba Jan area in Kabul. The clinic offers outpatient consultations and immunizations, as well as reproductive, maternal, newborn, and child healthcare services. Between November 14 and December 19, 2023, 3,230 returnees received essential services at the clinic.
- WHO provided an emergency kit to support the health needs of returnees at the UNHCR encashment center in Dehsabz, Kabul.
- There is one vaccination team stationed in UNHCR encashment center in Dehsabz, Kabul. In weeks 49 and 50, 2,015 returnees received OPV vaccines, and 266 received measles vaccinations.



A static clinic established by PPHD in a transit camp in the Loway Baba Jan area in Kabul



WHO/RHDO deployed an ambulance to the Mazar-e-Sharif returnees' camp from the integrated infectious disease hospital in Balkh

6. Northern Region

- 359 households were registered in Mazar-e-Sharif camp from 11 to 20 December. There are two MHTs (ARCS and BDN/WHO) providing health service delivery for returnees in the 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 7 and 20 December, 295 people received health services; 11 patients (three female) were referred to the Regional Hospital by ambulance.
- In addition, five Health Cluster partners (AKHS, JACK, OCCD, ORCD, and IMC) are providing health responses to returnees through existing health facilities.

GAPS and URGENT NEEDS

- **Provision of Healthcare Services:** The influx of returnees has increased the demand for essential healthcare services in destination communities, especially rural areas. There is an urgent need for additional medicines and medical supplies, and healthcare workers (with a focus on female staff).
- **Flexible Healthcare Approach:** It is necessary to develop a healthcare strategy that combines static health facilities, mobile health teams and outreach services to reach returnees, considering their dynamic movements.
- **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 health facilities hinder privacy and proper infection prevention and control, further complicating the provision of these vital services.
- **WASH:** A substantial number of returnees are residing in temporary shelters, such as tents, where access to water and hygiene facilities is limited. This situation poses an increased risk of communicable disease outbreaks due to lack of sanitation and poor hygiene practices.
- **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.
- **Funding Gap and Response Efforts:** WHO requested \$10 million for a six-month response plan, but has only received \$500,000, leaving a critical funding gap of \$9.5 million. Immediate additional funding is needed, especially considering the harsh winter season.

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