World Health Organization

Afghanistan Crisis

Donor brief & funding request

November 2016

PEOPLE AFFECTED

600 000	in need of health services

HEALTH SECTOR (Data as of 22 October 2016)

41	health facilities currently closed due to insecurity and conflict
174	health facilities functioning with external funding support from humanitarian partners in areas affected by natural disasters and conflict as well as "white areas" (areas not covered under the government's Basic Package of Health Services, BPHS), including mobile health teams, sub-health centres, first aid trauma posts and family health houses
92	health facilities are supported within the BPHS/EPHS to improve and strengthen basic level services and build capacity on specialized trauma care and primary health care
1459	cases of measles in 2016
354	Disease outbreaks with 7088 cases
1 million	anticipated cases of malnutrition in 2016

BENEFICIARIES REACHED

January – September 2016

1 709 366	received primary health care PHC services
62 708	conflict-induced trauma treated
17 669	deliveries conducted by skilled birth attendants (SBAs)
30 975	children immunized (PENTA3)

FUNDING REQUIREMENTS US$

HEALTH CLUSTER HRP 2016

39.8 million	REQUESTED
21.9 million	RECEIVED
44.9%	**FUNDING GAP**

HEALTH CLUSTER FLASH APPEAL

7.8 million	REQUESTED
298 775	RECEIVED
96.16%	**FUNDING GAP**

WHO Afghanistan/R.Akbar

Highlights

- Between 600 000 and 1 million returnees and internally displaced people (IDPs) are expected in Afghanistan by the end of 2016
- Approximately 5.8 million people will be in need of emergency health assistance in Afghanistan
- As winter approaches, funding is needed to avoid a potential humanitarian crisis

Situation Update

The number of returnees to Afghanistan has increased substantially since July. The current trend predicts an influx of between 600 000 and 1 million returnees and internally displaced people (IDPs) by the end of 2016.

This adds to the over 5 million people in Afghanistan who require humanitarian assistance. The majority (57%) of the emergency affected population are children, while 23% are women. In this context the remaining three months of the year will require a well-coordinated and multi-faceted advocacy and operational response by the humanitarian community to avert a potential humanitarian crisis as winter approaches and many go without proper accommodation or shelter.

These figures far surpass the planning figures for the 2016 Humanitarian Response Plan and have the potential to overwhelm the already fragile health system within Afghanistan.

The flash appeal for this humanitarian emergency will be based on the estimated 600 000 people in need by the end of 2016.

KEY PUBLIC HEALTH CONCERNS

- Overload of the current health care system, resulting in increased disease outbreaks
- Increased number of polio cases
- Outbreaks of vaccine-preventable diseases.
- Spread of water-borne diseases
- Spread of zoonotic diseases

WHO Afghanistan/S.Ramo

SURGE CAPACITY

- 24 WHO staff at the national and sub-national levels
- 11 employees for EHA/Health Cluster; 3 employees each in Eastern, Southern and North-eastern regions; 2 in the Western region, 1 in the Northern Region and 1 in the South-eastern Region
- 18 Health Cluster members are included in the 2016 Afghanistan Humanitarian Response Plan
- Health Clusters are active and functional at the national level as well as in the Eastern, Southern, Western and North-eastern regions

Public Health Concerns

Based on previous experience of population movements across the Afghanistan-Pakistan border, the following public health challenges and related emergencies should be considered:

- An overload of the current health care system, resulting in a decreased capacity to respond to communicable and non-communicable diseases and provide maternal, newborn and child health and trauma services.
- The returnees may include unimmunized persons, resulting in a potential increase in polio cases.
- Outbreaks of other vaccine-preventable diseases, including measles, diphtheria and pertussis, particularly in confined and crowed settlement areas.
- The spread of water-borne diseases, including acute watery diarrhoea, bloody diarrhoea, typhoid, hepatitis and cholera outbreaks due to overstretched water, sanitation and hygiene (WASH) facilities.
- The spread of zoonotic diseases such as the Crimean-Congo haemorrhagic fever, rabies and anthrax.
- The existing health care facilities must be strengthened in order to deal with the significant increase in demands on services, to meet individual health needs and to prevent serious disease outbreaks. An initial rapid assessment confirms that the influx of refugees has placed enormous pressure on health facilities at the district and provincial level, with an average increase of 10% in both IDP and OPD patients.

Health Cluster Priorities and Targets

The Health Cluster will work to enhance vaccination, surveillance and response, improve essential health service delivery (including trauma care), support water quality monitoring and treatment, and prevent and control zoonotic diseases. Currently, the funding under CERF aims to cover supplementary health care services, including blanket vaccination of children under 10, TB screening, reproductive, maternal and neonatal services as well as public awareness campaigns on common diseases.

Specific priority actions will include:

- measles vaccination on the Pakistan side of the border and vaccination at entry points;
- enhanced surveillance and outbreak response in concentrated returnee locations;
- service improvement in existing health facilities relating to staff, equipment;
- supplies and surveillance systems;
- advocacy for animal vaccination at entry points and enhanced surveillance and vaccination in concentrated settlement locations, and;
- health awareness through encashment centres.

The Health Cluster strategies will be focused in border crossing points and returnee-concentrated provinces. The cluster anticipates responding to 60% of the population.

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Photos: WHO Afghanistan/S.Ramo

WHO and Health Cluster Action

Interventions recommended by the Health Cluster:

- Strengthening and expanding the existing Basic Package of Health Services and Essential Package of Hospital Services (including trauma care services) in the returnee-concentrated provinces. WHO has already provided essential medicines to the BPHS and EPHS and other agencies for use at points where returnees enter the country.
- Establishing new temporary and fixed health facilities as per BPHS standards.
- Plans are also underway to increase the capacity of existing BPHS health facilities in returnee-concentrated areas to offer more services to the increasing caseload, focusing on maternal and newborn health, psychosocial first aid and trauma care.
- The Health Cluster plans to support eight mobile health teams to ensure all returnees have access to health services.
- All children to be vaccinated (0-10 years for polio and 6 months to 10 years for measles) preferably within Pakistan prior to entering Afghanistan. All vaccinated children should also be finger marked. This will be carried out in collaboration with health authorities in Pakistan.
- WHO has strengthened immunization at entry points which will be expanded as the influx rate and needs increase. An expansion of vaccination activities at entry points will be carried out according to the influx rate and needs.
- Follow up and conducting measles and polio Supplementary Immunization Activities (SIAs) in returnee-concentrated locations.
- Advocating for animal vaccination at entry points, in conjunction with enhanced surveillance and vaccination in returnee areas.
- Enhancing surveillance and outbreak response in returnee locations – each new health facility should have a focal point and will be considered as a sentinel site.
- Improving water quality monitoring and treatment through the available enhanced surveillance system.
- Developing and implementing winter and flood contingency plans for returnee areas.
- Conducting public awareness campaigns among the returnees in Afghanistan, specifically focusing on common diseases and the availability of health services in their settlement locations.
- The influx of returnees is likely to increase after the winter and after the March 2017 deadline for returns set by the Government of Pakistan. The Health Cluster needs conduct new assessments to measure gaps and design the response accordingly.

CRISIS DONORS

USAID, ECHO, CERF AND CHF

FUNDING REQUIREMENTS

ACTIVITY	TARGET GP	BENEFICIARIES FOR 4 MONTHS	ESTIMATED BUDGET US$
Service improvement in the existing facilities through the strengthening and expansion of BPHS and EPHS	60%	360 000	3 600 000
Establishment of temporary/fixed new health facilities	40% of returnees	240 000	3 600 000
Vaccinating at entry points (Measles <10 yrs., DPT <2 yrs.) *	<10yr children	240 000	60 000
Follow up and SIAs in returnee-concentrated locations	<14yr children	288 000	230 400
Enhanced surveillance and outbreak response in returnee-concentrated locations	All	600 000	60 000
Improved water quality monitoring and treatment in returnee-	All	600 000	60 000

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concentrated provinces			
Develop and implement winter and flood contingency plans for returnee locations/provinces	20% of returnees	120 000	120 000
Public awareness campaigns	all	600 000	60 000
		Total	**7 790 400**

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