HEALTH CLUSTER
Afghanistan

HEALTH CLUSTER BULLETIN
April 2018

Nurses trained in trauma care at the Emergency Hospital. Photo: WHO.

Afghanistan

Emergency Type: Protracted Emergency
Reporting Period: 01.01.2018 to 31.03.2018

4.6 MILLION IN NEED OF HEALTH ASSISTANCE

4,342 CHILDREN <5 VACCINATED

58,504 INTERNALLY DISPLACED

US$53 MILLLION FUNDING REQUIRED

HIGHLIGHTS

- The deteriorating security situation in some parts of the country has led to the closure of health facilities in many districts and caused casualties among healthcare workers.
- Health Cluster partners provided support to primary health services for returnees in Torkham, Spin Boldak, Zaranj and Islam Qala border crossings.
- Bird flu continued to be the main challenge for the Western Region in February 2018. Initially in January, bird flu was found in 4 poultry farms, but the disease has now spread to several hundred farms. As a result, 460,000 chicken were disposed from affected farms.
- Measles outbreaks have been the major public health issues of concern with low routine immunization coverage reported as one of the main causes.
- Humanitarian Pooled Funding (HPF) has supported 98 health facilities. In total, CHF is supporting 24 projects.

HEALTH SECTOR

55 HEALTH CLUSTER PARTNERS

MEDICINES DELIVERED

8 IEHK BASIC
3 IEHK SUPPLEMENTARY
4 TRAUMA/SURGICAL SUPPLY KITS

FUNCTIONAL HEALTH FACILITIES

34 CLOSED BPHS DUE TO INSECURITY
1.7 M POPULATION IMPACTED

493,677 CONSULTATIONS (64.4% ♀)
20,924 TRAUMA CASES TREATED
1,883 DELIVERIES ATTENDED BY A SKILLED ATTENDANT
3,658 REFERRALS

VACCINATION

4,342 CHILDREN UNDER 5 VACCINATED[1]

DISEASE SURVEILLANCE

61 OUTBREAK CONFIRMED
542 SENTINEL SITES REPORTING OF TOTAL 548

FUNDING $US[2]

10 MIL RECEIVED IN 2018 — **18.9% covered**

[1] *measles, DTP*
[2] *source: OCHA Financial Tracking System*

Situation Update

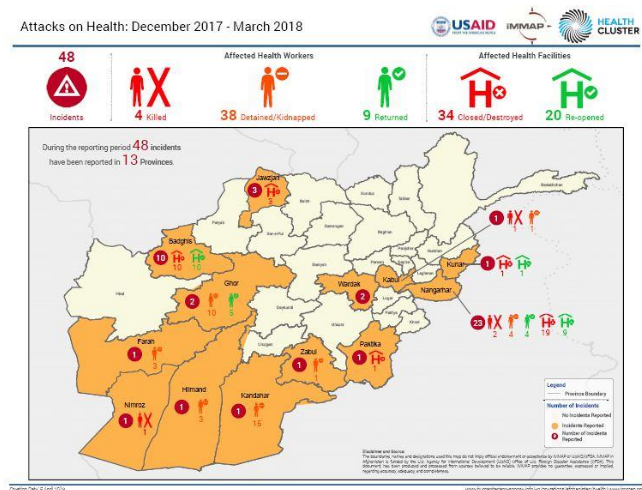
Conflict and displacement has continued to be the focus for Afghanistan Health Cluster, with 58,504 people currently displaced in the country. Issues related to the potential influx of returnees from Pakistan and the possibility of food insecurity crisis may affect up to 1 million people.

In the first quarter of 2018, UNAMA documented 2,258 civilian casualties, reflecting similar levels of civilian harm documented in the first three months of 2017 and 2016. There is a concern that the number for civilian casualties attributed to Anti-Government Elements might increase by 6%.

Public Health Risks, Priorities, Needs and Gaps

Attacks on Healthcare

From December 2017 to March 2018, there were 48 incidents recorded, including 4 healthcare workers who were killed (Figure 1).



Communicable Diseases

Out of all new consultations, 42.5% were due to surveillance-targeted diseases. Main causes of consultations in January to March 2018 were acute respiratory infections (ARI) (15.4%), pneumonia (3.2%) and acute diarrhoeal diseases (13.9%).

Outbreaks reported from January to March 2018 included Crimean-Congo haemorrhagic fever (CCHF) (Faryab, Herat, Parwan and Kabul) and measles (in 21 provinces)

276 disease outbreaks were reported from January to March 2018. 41% of outbreaks were attributed to measles and 29% to CCHF. Outbreaks were investigated and responded to by the Emergency Preparedness and Response (EPR) team.

The overall number of measles outbreaks increased in 2018 compared to the previous years (Figure 2). Measles vaccination coverage is low, and can not prevent outbreaks.

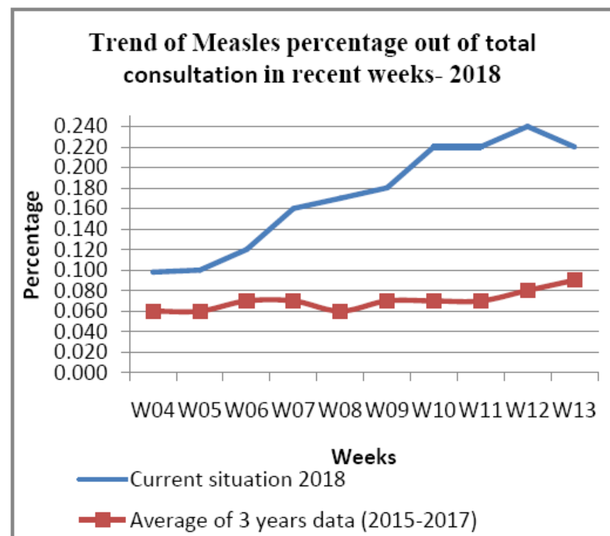


Figure 2. Surveillance/NDSR data on measles trend (NDSR)

Health Cluster Action

The Cluster partners are present in 18 provinces and 80 districts of Afghanistan.

The Health Cluster has prioritized under-served and conflict-affected areas (see Figure 3).

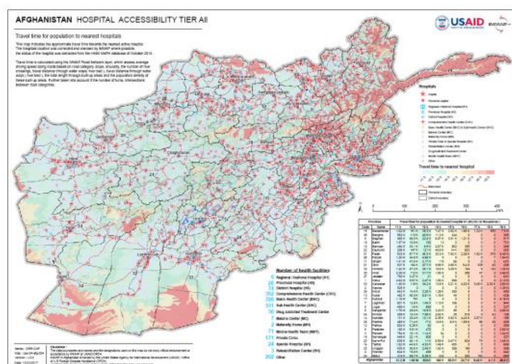


Figure 3. Conflict Areas 2017

Health cluster coordination

Returnees from Pakistan. WHO and the Health Cluster are coordinating the cluster contingency plans for a potential return of 470,000 Afghans from Pakistan in 2018.

On 3 January, the Federal Cabinet of Pakistan gave 1.4m Afghan refugees 30 days to leave the country. This is the shortest extension given and could indicated potential expulsion of Afghans living in Pakistan In addition, the Government of Pakistan issued expulsion orders for 20 international NGOs – representing over USD 124m in projects with many of these organizations operating in areas where government control and service delivery is limited, reinforcing an already imperiled humanitarian operating environment. NGOs are presently appealing the expulsion order and will continue operations until the end of March pending a final decision.

Support to health service delivery

Midwives assessing a patient. Credit: TdH

Terres des Hommes. 24-year old Soraya from Jalalabad moved to Kabul with her family three year ago. After complication in her delivery she called the midwives working for the Terres des Hommes, a humanitarian NGO, for a physical checkup in her tent. The midwife found a part of her placenta retained.

After the midwife's intervention, Soraya and her family have stayed in the camp full-time for regular check-ups. She has also received medicine for anaemia treatment, and her family was also provided a health education session and breastfeeding counselling.

With the help of skilled midwives, Soraya's health improves day by day. This intervention has been possible by a positive and strong relationship between the TDH staff and the community.

Mobile intervention is one of the ways the Health Cluster partners address the needs of IDPs and to support the mothers and their babies to have an equal access to a quality health.

AHDS. Sayd Gul was injured by road side mine blast when he returned from his relative's home in Arghistan district of Kandahar Province. A local resident called the first aid trauma point (FATP) which is funded by the Common Humanitarian Fund. They reached Spinboldak Hospital for further treatment after a two-hour journey. After full recovery, Sayd Gul visited the FATP to thank the team for their vital and timely care.

Patient treated in an ambulance. Photo: AHDS

HealthNet TPO. Khorshid is a 45-year-old woman living in Chardarah district with her family and relatives. She has five children and one of her sons is serving in the Afghan National Army. Due to her son's work, the Taliban compelled the family to leave their village. They have left all of their assets land and livestock. Now she lives in Aliabad as an internally displaced person. When HealthNet TPO's mobile health team visited Aliabad, she came as a client to the mobile health team (MHT) and complained about heartburn, chronic headache, sleeplessness and suicidal thoughts. The doctor gave her some medicine and referred her to psychosocial counselling. The counsellor conducted individual session with her as well as some aerobic exercises. Jointly, the psychosocial counsellor and Ms. Khorshid prepared a daily action plan to decrease her stress and enable her to be involved in the daily chores of the family.

Psychosocial support given to woman. Credit: HNITPO

"I have received many different medicines before, but with this new medicine and following the action plan I finally feel relaxed." Now she is in a better mental state and doing embroidery to support her family. When the team goes to their village, she meets a psychosocial counsellor and is able to now seek counselling and advice when needed.

Capacity Building and Restoration of Disrupted Services

Under the Health Cluster, 742 people were trained in cluster support capacity building. Training on Health Emergency Risk Assessment (HERA) methodology was provided in eastern and southern provinces to 45 officials from nine eastern and southern provincial Public Health Directorates, NGOs and Afghanistan National Disaster Management Authorities.

WHO provided Basic Emergency Obstetric and Newborn Care (BEmONC) training for hard-to-reach district health facilities in Helmand, Kandahar and Urozgan. WASH assessment was completed for four health facilities in Kandahar and Helmand provinces.

Health Emergency Risk Assessment is currently undergoing and is expected to be completed in May 2018.

Plans for Future Response

Potential Low Precipitation Response

A scenario with a target population of 1 million people in which the prolonged dry spell is likely to affect rural population engaged in agriculture, and people who are already very severely food insecure.

Population movement as a result of food insecurity will result in increased demand of services on the existing health system. Access to primary health care for the vulnerable population needs to be maintained.

Mitigation measures: Working closely with all sectors to ensure that the population receiving food and water assistance have access to essential primary health care.

Population affected by severe food shortage will be associated health issues beyond the immediate response period. Working together with Ministry of Public Health, sustainable solutions need to be introduced to enable vulnerable population to access to quality and consistent health care.

Contacts

Dr Rik Peeperkorn
WHO Representative, Afghanistan
Mobile: +93 796 33 76 52
Email: peeperkornr@who.int

Dr David Lai
Health Cluster Coordinator
WHO Afghanistan
Mobile: +93 781 76 49 06
Email: laidavid@who.int

Mr Wael Eskander
Information Management Officer
IMMAP
Mobile: +93 799 83 35 00
Email: weskander@immap.org

Ms Tuuli Hongisto
Communications Officer
WHO Afghanistan
Mobile: +93 782 20 03 54
Email: hongistot@who.int