



Emergency Humanitarian Action



KEY UPDATES:

- ◆ WHO continued to support health services and trauma care in conflict-affected areas during December
- ◆ 592,324 people have been internally displaced due to conflict in 2016, the highest on record. All provinces and a third of all districts are now hosting internally displaced persons (IDPs), with Helmand, Kunduz, Takhar, Baghlan, Uruzgan and Farah experiencing the highest numbers of displacements. (OCHA)
- ◆ 4.5 million people live in conflict-affected districts with extremely constrained access to health services
- ◆ Pneumonia cases are increasing as people suffer from harsh winter weather conditions – WHO stepped up the distribution of medical supplies and medicines for vulnerable populations for the winter
- ◆ Four new Crimean-Congo haemorrhagic fever (CCHF) outbreaks were reported in December



Eight-year-old Ahmad Jan gets treatment for his leg injury at a trauma unit supported by WHO in Kunduz



PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ WHO-supported Kunduz Regional Hospital Trauma Care Unit (TCU) provided trauma care for 431 outpatients and 117 inpatients, and conducted 89 major and 151 minor surgeries in December 2016
- ◆ WHO supports the provision of health services to IDPs through four mobile health teams in Kabul and Paghman through SHRDO NGO—a total of 41,407 people will be covered by primary health care provided by mobile health teams during this winter
- ◆ Three Pneumonia Kits A+B and three Basic Health Kits were provided by WHO to Kunar Provincial Health Directorate to support basic health services, especially targeting returnees and refugees exposed to winter-related acute respiratory infections (ARI) and pneumonia
- ◆ WHO conducted an emergency preparedness and response training for 34 Disease Early Warning System (DEWS) officers from 34 provinces and staff from the Ministry of Public Health's Emergency Command and Control Centre
- ◆ Refresher simulation exercises on mass casualty management conducted by WHO in Laghman and Kunar for 400 participants, including hospital staff, community health workers, police, fire fighters, media, provincial shuras and Afghan Red Crescent Society (ARCS)
- ◆ WHO carried out a supervisory and monitoring visit to the zero point and First Aid Trauma Post (FATP) in Spinboldak district of Kandahar with a focus on health provision to unregistered returnees



Simulation exercise on mass casualty management in Laghman



WHO supplied Pneumonia and Basic Health Kits to Kunar Public Health Directorate





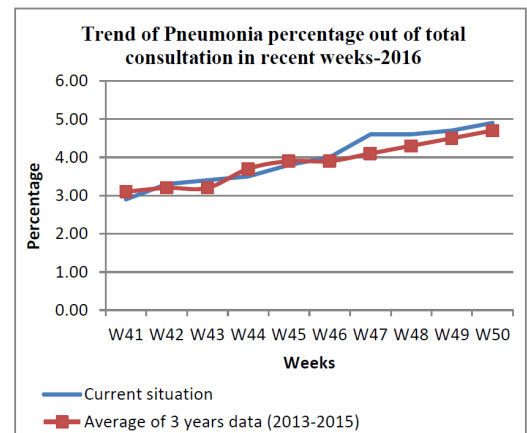
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PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Intensifying insecurity has led to the closure of 29 health facilities in eastern, southern and south-eastern regions, depriving 377,633 people from essential health services
- ◆ Health facilities continue to be targeted by armed groups: a basic health centre was burned down and equipment and supplies looted from a district hospital in Nangarhar by unknown armed groups
- ◆ Four new Crimean-Congo haemorrhagic fever (CCHF) outbreaks were reported in December. There have been 158 CCHF outbreaks so far in 2016 with 162 cases and 18 deaths
- ◆ Pneumonia cases are increasing during the winter – continuing population movements and overcrowding in urban centres might further increase pneumonia outbreaks during the winter



10-year-old Khadeja was treated at the WHO-supported Emergency Hospital in Helmand



KEY MESSAGES:

- ◆ Access to emergency health services, effective trauma care and mass casualty management for shock-affected people must be strengthened
- ◆ Increased awareness about the importance of seeking early treatment for acute respiratory infections at the community and primary healthcare levels would reduce the burden of pneumonia and ARI-related deaths among children
- ◆ Although the number of CCHF outbreaks is likely to decrease during the winter, continuous prevention efforts will help reduce CCHF incidence in 2017

Health Cluster Coordination:

- ◆ [The Humanitarian Response Plan \(HRP\) for 2017](#) has been finalized—the Health Cluster response will target 3.8 million people in high-risk areas. As a first priority, the Health Cluster will focus on “white areas” affected by conflict, including refugees and returnees.
- ◆ Initial call for applications for CHF funding has been made by OCHA and shared with Health Cluster partners
- ◆ Health Cluster meetings will be conducted in Central and Southern regions in January 2017



Dr. Davod Altaf from WHO describes the impact of hazards on health service delivery in an emergency operations workshop in Kabul

Programme Update
Emergency Humanitarian Action WHO Afghanistan

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