

## Emergency Humanitarian Action

### KEY UPDATES:

- ◆ 40 health facilities were forced to close in Laghman province in early June due to threats from anti-government elements —the clinics were able to resume operations in July.
- ◆ 5 health facilities were forced to close in Nangarhar and Kunar provinces in June due to conflict and threats—currently health services are provided by mobile teams
- ◆ 10 health facilities in Kandahar, Helmand and Uruzgan were forced to close in June but were able to resume operations in July.
- ◆ Suicide bombing in a Herat mosque killed 30 people and wounded 65—WHO supported the emergency response.
- ◆ The number of undocumented returnees from Pakistan via Torkham and Spinboldak border crossings has increased from 924 returns in May to 2342 in June and July.

### PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ WHO supplied emergency kits, including trauma kits, Inter-Agency Emergency Health Kits (IEHK) and diarrhoeal disease kits to Nangarhar Regional Hospital in response to the additional caseload following the influx of returnees to Jalalabad.
- ◆ To support emergency response to the mass casualty incident in Herat province in July, WHO provided medical supplies to Herat Regional Hospital.
- ◆ 125 disease outbreaks were reported, investigated and responded to in June and July, including 65 Crimean-Congo haemorrhagic fever (CCHF) and 19 measles outbreaks— 45 CCHF outbreaks were reported from the Western region alone.
- ◆ WHO delivered cholera and IEHK kits to Zabol provincial hospital and IV fluids and diarrhoeal disease kits to Herat district hospital.
- ◆ 9,565 internally displaced persons (IDPs) received primary healthcare services and 2,209 IDP children and 183,367 children in host communities received routine vaccinations with WHO support in the eastern and northern regions.
- ◆ The mass casualty management (MCM) plan for Spinboldak was reviewed and revised as a simulation exercise was successfully conducted—the review and revision of MCM plans for all provinces has been completed.
- ◆ A digital X-ray machine was installed in Takhar Provincial Hospital—WHO also supplied other medical and non-medical equipment to support the hospital's operations.
- ◆ Advanced trauma care training conducted for 25 surgeons in Wazir Akbar Khan Hospital in Kabul in July.
- ◆ The renovation of the Belnaghar Comprehensive Health Centre (CHC) in Nangarhar province, damaged recently as a result of conflict, has begun with WHO support.
- ◆ 133 basic and 11 supplementary IEHKs, loose medicines and 4500 IV solutions, mass casualty management kits and triage supplies were delivered to high priority target areas to serve a population of 250,000 over 3 months.
- ◆ 25 medical staff from Herat and Ghor provinces were trained on ambulance emergency care in July.
- ◆ WHO trained 50 community health workers on psycho-social first aid in Kabul.
- ◆ WHO, in collaboration with CURE Hospital, supported the training of 20 anaesthesia doctors and technicians from different Kabul hospitals on anaesthesia basic methods.
- ◆ WHO supported the training of 2184 injectable inactivated polio vaccine (IPV) vaccinators in three districts of Kunduz province.



Amir, injured by a landmine, was treated at the WHO-supported trauma unit at Kunduz Regional Hospital. WHO/S.Ramo



Mass casualty management simulation exercise in Kandahar province. Photo: WHO



A nurse checks on a patient at the Emergency Hospital in Lashkar Gah, Helmand. WHO/G.Elham



WHO delivered medical supplies to Nangarhar Regional Hospital



### PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Escalating and expanding armed conflict hampers health service delivery in many areas of the country.
- ◆ Increased population movement (internally displaced persons and returnees) in areas with already inadequate health service provision put health services under pressure.
- ◆ Low routine immunization coverage and recurring disease outbreaks.
- ◆ Displacement, inadequate access to safe water and compromised environmental conditions increase the risk of disease outbreaks.

### KEY MESSAGES:

- ◆ There is a need to strengthen the emergency response coordination mechanism through closer links between national and sub-national Command and Control Centres and Emergency Preparedness and Response Committees.
- ◆ Improved reporting, early detection and timely response to outbreaks is crucial.
- ◆ Targeted public awareness campaigns are needed on [CCHF](#) in high priority provinces, especially ahead of Eid al-Adha which increases people's exposure to livestock.

### Health Cluster Coordination:

- ◆ The second allocation of the Common Humanitarian Fund (CHF) has rolled out with Health Cluster receiving US\$ 7 million
- ◆ In June and July, Health Cluster partners reached 134,653 beneficiaries, almost 60% of whom live in conflict-affected areas. Overall 41% of the beneficiaries were women and 11% were girls.
- ◆ Health Cluster partners conducted 37,632 outpatient consultations and treated 47,695 trauma cases in June and July.
- ◆ The Health Cluster continues to collect information on Attacks on Healthcare—in June and July, there were 43 forced closures of health facilities, three deliberate attacks on health facilities, and four health workers were injured. Most of the incidences occurred in the Southern and Northern regions.
- ◆ Health Cluster partners responded to an acute watery diarrhoea outbreak in Badakhshan province in June by delivering emergency medicines and supplies.
- ◆ Cluster partners continued to provide support in Laghman province after 40 health facilities were forced to close by anti-government elements—the facilities were able to resume operations in July



*"I lost my leg to a roadside bomb in the Nawzad district. My older brother also lost his leg, another one lost his hand and my son Latifullah, 11, lost a finger. Now I come to this hospital twice a week for my check-ups and I am really happy with the services they provide here. All the staff are working very hard and they are doing their best," said Najibullah, sitting next to his son Latifullah in the courtyard of the WHO-supported Emergency Surgical Centre for war victims in Lashkar Gah, Helmand.*

Photo: WHO/G.Elham

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**Programme Update**  
**Emergency Humanitarian Action WHO Afghanistan**

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