



Emergency Humanitarian Action



KEY UPDATES:

- ◆ Health facilities in many provinces remain closed due to insecurity and increasing violent conflict
- ◆ Between January and March, 89,000 people have been displaced due to conflict—27,000 people were displaced during March (OCHA)
- ◆ WHO continued to build national capacity in mass casualty management and provided life-saving medicines and medical supplies to health facilities
- ◆ 10 incidents against health workers and facilities occurred in the first quarter of 2016—a 40% increase from 2015 (OCHA)



PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

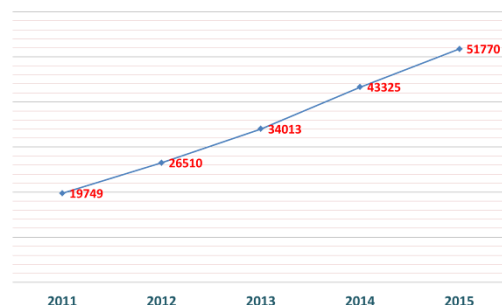
- ◆ An isolation ward and waste management system supported by WHO were inaugurated in Nangarhar province
- ◆ WHO supplied and installed blood bank equipment for 11 provinces with the support of ECHO
- ◆ Measles and infection prevention awareness campaigns conducted in Nangarhar, Ghazni and Herat provinces
- ◆ WHO-EHA distributed water filters for 200 families affected by floods and other natural disasters in insecure areas, with the support of the Afghan Red Crescent Society (ARCS)
- ◆ WHO-EHA prepositioned one diarrhoeal disease kit (DDK) (covering 100 people), 26 IEHK Basic Units (covering 26,000 people), 32 Pneumonia Kits A+B (covering 11,200 people) to Kandahar, Jalalabad, Mazar, Kunduz, Bamyan and Paktia
- ◆ A two-day workshop on mass casualty planning conducted for five national hospitals, including Ibne Sina, Jamhoriyat, Indira Gandhi, Wazir Akbar Khan and Khair Khana hospitals
- ◆ WHO conducted a mass casualty simulation exercise in Badakhshan province for 140 participants, including hospital staff, students from Balkh Health Institute, Ministry of Public Health officials, Badakhshan police and fire departments
- ◆ A training-of-trainers conducted for community health worker (CHW) training for 34 people from ARCS and BPHS NGOs from 17 provinces through USAID support—trainers will train CHWs from villages with weak access to health services, covering topics such as triage, first aid and referrals of war trauma cases



Aziza gets a medical check-up and health education at a WHO-supported mobile clinic in an IDP camp in Kabul



WHO distributed medicines and medical supplies to the provinces for contingency flood preparedness and response



Weapon-wounded cases registered in hospitals at the national level 2011-2015



UN DSRSG Mark Bowden and WHO Representative Richard Peeperkorn inaugurated a new isolation ward in Nangarhar province



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PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Access to essential health services has continuously reduced in war-affected areas where people's increased need for health services and medical care is far surpassing the capacity and resources of the basic services available
- ◆ 26 health facilities remained temporarily closed due to insecurity in Nangarhar, Helmand, Kandahar, Paktia, Uruzgan and Zabul Provinces
- ◆ An ambulance of a therapeutic supplementary feeding programme (TSFP) in Ghor province was hijacked by anti-government elements
- ◆ Inaccessibility and disruption of basic services, including electricity and the cold chain system, cause interruptions in the availability of life-saving medicines and medical equipment at all levels of the health system
- ◆ Vaccination coverage remains inadequate in many areas, exposing children to communicable diseases such as measles

Health Cluster Coordination:

Led by WHO, the health cluster is responsible for developing and applying assessment, monitoring and information management tools to collect, analyse and manage health information during crises. An orientation workshop was conducted for key health NGOs in March to develop an online interface to ensure regular updating of the health situation and cluster activity monitoring

KEY MESSAGES:

- ◆ Medical facilities, health workers and those who are receiving treatment must never be placed at risk, let alone subject to attack
- ◆ Access to emergency healthcare services for displaced people, refugees and returnees is a priority intervention for reducing morbidity and mortality
- ◆ Coordination among health partners must be strengthened for effective implementation of spring flood contingency plans
- ◆ Mass casualty and trauma are priority concerns requiring focused coordination, ensuring life-saving interventions such as first aid and surgical trauma care at all levels



WHO delivered medical supplies to Badghis and Herat provinces



Provincial health staff are trained on the installation and use of blood bank equipment supplied by WHO to 10 provinces



WHO distributed water filters to 200 families affected by floods and other natural disasters