

# Health Emergencies

## KEY UPDATES:

- ◆ 18,122 Afghan returnees received outpatient services at the Torkham border while a total of 9,455 Afghan returnee children received polio (OPV and IPV) and measles vaccinations with WHO support in August
- ◆ Insecurity and conflict continue to disrupt health services: the Oshey comprehensive health centre (CHC) in Uruzgan and the Treakh Nawer and Sangin CHCs in Helmand remain closed while a few health facilities were able to resume operations in both provinces during August
- ◆ The Nawa CHC in Helmand is fully closed while five other health facilities remain partially closed
- ◆ Bans by anti-government elements on the distribution of medical supplies to four health facilities in the Gezab district of Urozgan province hamper health service delivery in the district
- ◆ As of 26 August 2017, 2360 undocumented returnees and 1544 refugees returned through Torkham (IOM/UNHCR). During the same period, 1512 documented returnees have returned from Pakistan through the Spinboldak border
- ◆ 453 families, 17,568 individuals and 181 unaccompanied minors returned from Iran through the Milak border of Nimruz province
- ◆ One new wild poliovirus case (WPV1) was reported in August, from Zabul province, bringing the total number of polio cases to 6 in 2017



**Distribution of information materials on Crimean-Congo haemorrhagic fever (CCHF) at a cattle market in Jalalabad. WHO/A.Alkozai**



**A child gets vaccinated at a Torkham border health facility. WHO/A.Alkozai**

## PROGRAMME ACTIVITIES AND ACHIEVEMENTS:

- ◆ WHO supplied three electro-chlorination kits to Nangarhar and Laghman provinces for the provision of safe drinking water to local communities. In addition, PU-AMI NGO donated ECHO-funded medical and non-medical equipment to AADA for the provision of health services to returnees and refugees in Nangarhar
- ◆ WHO installed a digital X-ray machine in the trauma unit of Takhar provincial hospital and developed a simulation exercise plan for mass casualty management
- ◆ Risk mapping on natural and manmade disasters, hazards, risks, existing vulnerabilities and capacity has been completed at the district level for the southern region to support strategy development and contingency planning for emergencies
- ◆ WHO and partners completed detailed profiles on “white areas” (areas without government primary healthcare provision) to find out existing challenges, gaps and needs for health services for Zabul, Nimroz and Urozgan provinces—profiles were jointly completed with BPHS implementer NGOs and provincial public health directorates
- ◆ WHO conducted public awareness campaigns on Crimean-Congo haemorrhagic fever (CCHF) through print IEC materials, orientation sessions, TV broadcasts and community engagement in high-risk provinces, targeting community health workers and supervisors, veterinarians and butchers ahead of Eid al-Adha when the risk of CCHF increases
- ◆ The Nangarhar Public Health Directorate and surveillance team is developing a public awareness campaign and circulating standard case definition/surveillance guidelines to health facilities to respond to dengue fever concerns from KPK Pakistan
- ◆ 17 anaesthesia technicians from provincial hospitals trained by CURE hospital in a five-day training with WHO support. 40 nurses from 20 public hospitals in Kabul were trained on first aid and trauma care and transportation



**Children receive polio vaccines in Kabul during a National Immunization Days campaign in August. WHO/S.Ramo**



**Doctor examines a patient at a WHO-supported health facility at the Torkham border, Nangarhar. WHO/A.Alkozai**





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## PUBLIC HEALTH RISKS AND CHALLENGES:

- ◆ Insecurity and conflict continue to obstruct health service delivery - over 160 health facilities have been forced to close so far in 2017
- ◆ Particularly Helmand, Uruzgan, Nangarhar, Kunduz, Baghlan, Badakhshan and Takhar provinces suffer from significant disruptions in health service delivery. Bans on the distribution of medical supplies in the southern region remain a challenge
- ◆ Low immunization coverage and recurring disease outbreaks in many parts of the country
- ◆ Displacement, inadequate access to safe water and compromised environmental conditions increase the risk of public health outbreaks
- ◆ Limited access to remote areas for outbreak investigations

## FOCUS AREAS:

- ◆ Targeted public awareness campaigns on CCHF in high-risk provinces
- ◆ Improved reporting, early detection and timely response to disease outbreaks
- ◆ Strengthening needs assessments as well as the monitoring of activities supported by WHO and the Health Cluster
- ◆ Containing the risk of epidemics and vaccine-preventable disease outbreaks, especially in Uruzgan and Helmand provinces

### Attacks on healthcare on the rise in Afghanistan

As the conflict in Afghanistan escalates and expands, healthcare comes under attack. "We live with violence all the time. It has become part of our lives," says Sediqa (name changed), a vaccinator working in a health facility in Herat province in western Afghanistan. Sediqa has regularly faced harassment, threats and physical violence at work. [Read more](#)



Raising public awareness about CCHF ahead of Eid al-Adha in Nangarhar. WHO/A.Alkozai



Over 160 health facilities have been forced to close due to conflict this year. WHO/G.Elham

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## Health Cluster Coordination:

Cluster partners are in the process of proposal submission for the second standard allocation of the Common Humanitarian Fund. In this allocation, partners are asked to provide health services to 16 priority hard-to-reach districts as well as additional 29 high-risk districts across 11 provinces. Health Cluster partners are able to provide proposals for 42 out of the 45 most challenging districts in the country. All projects will be intersectoral with protection integration. The multi-sector Steering Committee will meet 17-20 September 2017.

Health Cluster partners have reached a total of 38,425 beneficiaries, focusing on trauma care - 38% are women while 16% are girls. The majority of the beneficiaries are conflict-affected people and Afghan returnees from Pakistan.

Programme Update  
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