



World Health Organization

Situation report
FEBRUARY 2019

AFGHANISTAN

Emergency type: protracted emergency



Radiologist monitoring a patient using the WHO supplied ultrasound machine in Herat



2 M
AFFECTED¹



35,056
DISPLACED^{1,2}



91,705
REFUGEES¹



10
IEHK KITS



22
OUTBREAKS

KEY FIGURES

394	WHO STAFF IN THE COUNTRY
60	HEALTH CLUSTER PARTNERS
1,6M	OUTREACH (POPULATION REACHED)
HEALTH FACILITIES ¹	
2,865	TOTAL NUMBER OF HEALTH FACILITIES
07	TOTAL NUMBER OF HEALTH FACILITIES CLOSED
047	HEALTH WORKERS KILLED
11	TOTAL NUMBER OF ATTACKS
DISEASES	
1,433,695	ACUTE RESPIRATORY INFECTION CASES ¹
172,548	ACUTE DIARRHEA CASES ¹
23	MEASLES CASES DURING OUTBREAK
39	SCABIES
629	ACUTE RESPIRATORY CASES
33	ACUTE VIRAL HEPATITIS
38	CHICKEN POX
20	SUSPECTED RABIES

SITUATION UPDATE

- From 1 January 2019 to 28 February 2019, 35,056 individuals fled their homes due to conflict. A total of 19 out of 34 provinces had recorded some level of forced displacement.
- Afghanistan is currently facing one of the world's largest and most complex humanitarian crisis, with alarming increase of food insecurity and loss of livelihoods, as a result of the combined effect of widespread conflict and insecurity, recurrent natural disasters and ensuing mass displacements.
- According to the 2019 Afghanistan Humanitarian Needs Overview, 1.9 million people will be in need of emergency health services due to conflict, natural disasters and a lack of basic services.
- A total of 11 different outbreaks, including 820 cases of measles, CCHF, chicken pox, poisoning, rabies, scabies, acute viral hepatitis, acute respiratory infection, pertussis, leishmaniosis and unknown haemorrhagic fever were reported during February 2019.
- An unknown haemorrhagic outbreak was reported in Panjshir province which claimed nine lives. The investigation about the cause of the outbreak is still ongoing.
- In first two months of 2019, eleven attacks on healthcare were reported resulting in the closure of seven health facilities and the death of four healthcare workers.
- According to Afghanistan's seasonal monitor, above average precipitation, snow and rainfall will result in significant increase in volume of water in rivers and basins of the country. The higher temperatures in March-April period may accelerate snow melt runoff, which could contribute to flood in basins that are already showing significantly high snow water volumes. These regions will need to be monitored for flood risks in the coming months.

¹ Since January 2019

² Only conflict related IDPs

Facebook: [World Health Organization Afghanistan](#)

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Web: www.emro.who.int/afghanistan

Public health concerns

- 629 cases of acute respiratory infection (ARI) were reported during one outbreak of ARI during February. The total ARI cases for the same month is 1,433,695 .
- 39 cases of scabies were reported during two outbreaks of scabies.
- The large numbers of IDPs and returnees continue to over stretch the existing health system in host community areas, informal settlements and border crossings.
- Recent floods severely affected several provinces of the country, leading to internal mass population movement and loss of livelihood.
- The attacks on healthcare continue to result in the deaths of four health workers and the closure of seven health facilities in 2019.

Health needs, priorities and gaps

- Inadequate shelter, food insecurity, insufficient access to sanitation and health facilities, as well as a lack of protection, often result in precarious living conditions that jeopardise the well-being and dignity of internally displaced families.
- There is a high risk for heavy flooding in March and April 2019 due to heavy snow and above average rainfall in the country.
- Flooding may lead to destruction of homes and increased number of IDPs who will need mobile health teams to respond to the crisis.

WHO action

- 10 Inter-agency Emergency Health Kits (IEHK) basic module was distributed WHO sub office Bamyan as a part of winterization plan's preparedness to any disasters.
- WHO is supporting the development of a drafted contingency plan for Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) jointly with UNICEF and UNFPA.
- WHO is supporting RMNACH directorate of MoPH through actively participation in their meetings, coordination, M&E and SOP development and review.
- WHO drafted with health cluster partners the Mobile Health Team in Emergency Package.
- WHO conducted orientation on Mass Causality Management Standard Operating Procedure and its checklist in South and West regions.
- WHO conducted a two-day Gender Based Violence refresher Training in emergency setting for 25 participants in Kandahar region.
- WHO conducted an one-day Crimean-Congo haemorrhagic fever orientation in 20 hard-to-reach districts of Kandahar, Helmand and Nimroz for Community Health Workers and teachers, in total 460 people participated in the training.
- WHO conducted a Mass Causality Management training for 16 participants in Jamhoriye Hospital in Kabul for two day on 18 and 19 February 2019.

Health cluster

- One unknown outbreak was reported in Panjshir province which calmed the lives of 9 people from the same family. Investigation on what has caused the outbreak is ongoing.
- Humanitarian Response Plan 2019 priorities have now expanded to include restoring livelihoods and rehabilitating trauma victims back into society.

WHO is grateful for the continuous support of our generous donors: USAID, ECHO, CHF, Japan, Republic of Korea and CERF

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