



**2M**  
AFFECTED<sup>1</sup>



**70,557**  
DISPLACED<sup>1,2</sup>



**1,563**  
REFUGEES<sup>1,3</sup>



**40**  
IEHK KITS<sup>1</sup>



**16**  
OUTBREAKS

## KEY FIGURES

394	WHO STAFF IN THE COUNTRY
60	HEALTH CLUSTER PARTNERS
1,6M	OUTREACH (POPULATION REACHED)
<b>HEALTH FACILITIES</b>	
2,865	TOTAL NUMBER OF HEALTH FACILITIES
87	TOTAL NUMBER OF HEALTH FACILITIES CLOSED
09	HEALTH WORKERS AND PATIENTS KILLED
13	HEALTH WORKERS AND PATIENTS INJURED/ DETAINED
27	NUMBER OF HEALTH FACILITIES RE-OPENED
<b>DISEASES</b>	
2,021,326	ACUTE RESPIRATORY INFECTION CASES
384,242	ACUTE DIARRHEA CASES <sup>1</sup>
38	MEASLES CASES DURING OUTBREAK
146	SCABIES
31	PERTUSSIS

## SITUATION UPDATE

- In March 2019, 29,251 people fled their homes due to conflict bringing the total number of IDPs in 2019 to 70,557 people.
- Similarly, over 21,000 people have been displaced due to recent conflict in Kunar and Nangrahar provinces on March 23.
- Pneumonia remains one of the leading causes of death among infectious disease in Afghanistan as the number of deaths showed an increase this past winter, even though mortality from pneumonia is always high for all seasons.
- Total 52 outbreaks/alerts were reported and investigated during the first quarter of 2019. 12 of those outbreaks were confirmed by laboratory testing and a total of 1,238 cases were associated with those outbreaks. The size of the outbreaks ranged from one case of Crimean-Congo haemorrhagic fever (CCHF) to 629 cases of acute respiratory infections (ARI) to an average of almost 24 cases per other detected outbreak.
- As of 19 March, more than 122,600 people across 14 provinces have been identified as affected by floods and in need of humanitarian assistance. The floods resulted in 63 deaths and 31 injuries. Moreover, heavy rains continued to cause flash flooding in six provinces in the north and west regions through the end of the month, leaving an estimated 17,000 people affected particularly in Balkh and Hirat provinces suffering the worst impact.
- In the first quarter of 2019, 34 attacks on healthcare were reported resulting in the closure of 87 health facilities, where only 27 of them re-opened. Nine healthcare workers and patients have been killed and 9 others injured since the start of 2019.

<sup>1</sup> Since January 2019

<sup>2</sup> Only conflict related IDPs

<sup>3</sup> UNHCR

## Public health concerns

- Unavailability of trained and skilled health workers in remote and hard-to-reach areas
- Disrupted communication channels due to rains and floods.
- Provision of health services to scattered populations of IDPs (both urban and rural) is challenging with limited resources.
- Lack of presence of NGO partners for health service delivery in remote locations.
- Shortage of funding to cover operational costs for mobile health and nutrition teams to cover hard-to-reach areas affected by flood.
- The natural disaster (i.e. floods) badly affected several provinces of the country, leading to internal mass population movement and loss of livelihood.

## Health needs, priorities and gaps

- Around 112,600 flood-affected people are expected to be in need of health services due to flooding alone in the second quarter of 2019.
- Shortage of funding to cover operational costs for mobile health and nutrition teams to cover hard-to-reach areas affected by floods.
- Around 36% of IDPs and returnees are diagnosed with life-threatening non-communicable diseases.
- According to the 2019 Afghanistan Humanitarian Needs Overview projections, 1.9 million people will be in need of emergency health services due to conflict, natural disasters and a lack of basic services.

## WHO action

- WHO supports the medicines for UNHCR Encashment Centres Health Facility and IOM Transit Centre Health Facilities in Kandahar
- The health cluster, led by WHO, provided health emergency response to the IDPs of Chapa-dara Kunar province through mobile teams and fixed health facilities of Basic Packages of Health Services' partners in the province. A total of 5190 outpatients received primary health care at those facilities.
- Data analysis of the Health Emergency Risk Assessment conducted in 289 districts of Afghanistan in late 2018 has been completed. Preliminary findings were shared with the Ministry of Public Health.
- World Health Organization / Health Emergency Programme (WHE) conducted a two-day training workshop on triage for mass casualty management for 18 health staff from high risk and remote district hospitals at the national and provincial level.
- WHO conducted a two-day e-Surveillance training for 46 medical professionals in Herat.
- WHO supported a joint rapid health needs assessment in Kandahar for flood affected populations.

## Health cluster

- In March 2019, a total of 9 out of 34 provinces recorded some level of forced displacement. Constrained humanitarian access hinders assessments, thus preventing verification of the full extent of displacement and undermines the provision of assistance and services.
- Health cluster and Inter-Cluster Coordination Team (ICCT) is proposing Health, WASH, Food Security and Agriculture Cluster (FSAC) and Nutrition meeting to prepare and respond to any potential outbreaks, particularly of cholera.

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