

Situation report AUGUST 2019



AFGHANISTAN Emergency type: protracted emergency













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	•
118	TOTAL NUMBER OF HEALTH FACILITIES AF- FECTED	•
17	HEALTH WORKERS, PATIENTS AND OTH- ERS KILLED	•
33	HEALTH WORKERS AND PATIENTS IN- JURED/DETAINED	•
27	NUMBER OF HEALTH FACILITIES RE-OPENED	
DISEASES ¹		•
4,348,288	ACUTE RESPIRATORY INFECTION CASES	
1,255,144	ACUTE DIARRHEA CASES	•
217	MEASLES CASES DUR- ING OUTBREAK	
320	SCABIES CASES DUR- ING OUTBREAK	•
473	CCHF CASES DURING OUTBREAK	•

SITUATION UPDATE

- Conflicts forced 12,714 people to flee from their homes in August, bringing the total number of Internally Displaced People (IDPs) to 251,188 in 2019.
- From January to August 2019, 293,828 people (149 killed, 165 injured) were affected by natural disasters throughout Afghanistan. A total of 32 provinces out of 34 experienced natural disaster during the period damaging 24,810 houses and another 13,981 houses were destroyed. Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches.
- 330,522 people returned to Afghanistan since January 2019 from Pakistan, Iran and Turkey with significant needs in health and other basic services..
- In the first six months of 2019, 68 attacks on healthcare were reported resulting in the closure of 101 health facilities, where only 27 of them were re-opened. 18 healthcare workers and patients were killed and 33 others injured.
- Total of 205 outbreaks were reported in June 2019 with a total caseload of 236 cases from 5 different diseases; bringing the total number of outbreaks to 581 outbreaks with a total caseload of 2,974 in 2019.
- According to the projections of Afghanistan Humanitarian Needs Overview 2019, throughout the year, 1.9 million people will be in need of emergency health services due to conflict, natural disasters and a lack of basic services.
 - From 1 January to 30 June 2019, UNAMA documented 3,812 civilian casualties (1,366 deaths and 2,446 injured); While the number of injured civilians in the second quarter is comparable to the first quarter of 2019, UNAMA documented a 27 per cent increase in civilian deaths from the first to second quarter in 2019
- In the first six months of 2019, Health Cluster partners provided life-saving trauma care, rehabilitation and psychosocial support to 43,270 conflict-affected people.
- 28 mobile health teams that assisted approximately 450,476 people in response to natural disasters and conflict.
- Nutrition services were provided to 204,449 malnourished children aged under 5 through integrated Health and Nutrition Teams.

¹ Since January 2019

² Only conflict related IDPs

³ OCHA AFGHANISTAN Snapshot of Population Movements (Jan to Apr 2019)

FB: World Health Organization Afghanistan TTR: @WHOAfghanistan Web: www.emro.who.int/afghanistan

Public health concerns	• Health Cluster partners report a concerning trend of increasing attacks on healthcare facilities and healthcare workers in terms of their frequency, severity and deadliness. More advocacy is needed at all levels to ensure all parties to the conflict respect International Humanitarian Law.
	• Unavailability of trained and skilled health workers, especially female health workers, in remote and hard-to-reach areas, prevents many women from accessing health facilities.
	• With a current immunisation rate of 50 per cent, the risk of disease outbreaks in IDP sites is ever increasing. Scaling-up disease surveillance and response is necessary to prevent large-scale public health crises.
	• Children under five affected by malnutrition, particularly severe acute malnutrition (SAM), will die unless they receive help. Children who are suffering from SAM are nine times as likely to die when compared to apparently healthy children who aren't affected by SAM.
Health needs, priorities and gaps	• The ongoing conflict in the country requires additional support for trauma care, mass causality management, and blood bank support across many provinces in the country.
	• Assistance for individuals with disabilities, often because of trauma, remains a significant gap that should be comprehensively addressed. The continuum of trauma care including rehabilitation and psychosocial support continues to be a major gap in health service provision for an expanding section of the population.
	• Attacks on healthcare workers and health facilities have reduced the access to healthcare and strained health facilities in insecure areas.
	• According to Inter-cluster quarterly pipeline tracking report, there is \$1 million USD shortfall in funds, which requires the Health Cluster to divert resources to cover the most pressing needs.
WHO action	• WHO distributed two Italian Trauma KITs modules A and B, 14 Inter-agency Emergency Health Kits' basic and supplementary modules and loose medicines for replenishment of regional warehouses across the country in Bamyan, Jalalabad, Kandahar and Gardiz in August 2019.
	• The work on national policy revision of blood safety and blood transfusion is ongoing.
	• WHO conducted two batches of Emergency Preparedness and Response training for Emergency focal points and National Disease Surveillance Reporting offices staff during August.
	• WHO monitored the None Communicable Disease programme during August 2019 in one Comprehensive Health Centre in Kandahar Province.
	• WHO conducted Joint Risk Assessment for priority diseases (CCHF and Rabies) with Ministry of Public Health, Ministry of Agriculture, Irrigation and Livestock, National Environmental Protection Agency and WFP.
	• WHO conducted National Disease Surveillance Reporting (NDSR) system's coordination meeting where the NDSR officers were trained on Rapid Response Team (RRT).
	WHO submitted proposal for Central Emergency Revolving Fund (CERF).
	• WHO conducted half day orientation on Trauma Care Services Standard Operating Procedures to Khost Regional Hospital Emergency unit
Health cluster	• In coordination with the Government of Afghanistan through the Ministry of Refugees and Repatriation (MoRR) the joint winterisation strategy for 2019/2020 was finalised. The strategy targets 667,450 individuals through a holistic winterisation response that integrates heating fuel, shelter, food, health and WASH to mitigate vulnerabilities associated with harsh winter conditions.

Gratitude: WHO is grateful for the continuous support of our generous donors: USAID, ECHO, CHF, Japan, Republic of Korea and CERF Contact: Dr. Dauod Altaf, Team Leader Health Emergencies, <u>altafm@who.int</u>





