

Situation report JULY 2019



AFGHANISTAN Emergency type: protracted emergency













KEY FIGURES

394	WHO STAFF IN THE COUNTRY	
60	HEALTH CLUSTER	
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		
3,835,840	ACUTE RESPIRATORY INFECTION CASES	
1,214,763	ACUTE DIARRHEA CASES	
258	CHICKEN POX CASES DURING OUTBREAK	
320	SCABIES CASES DUR- ING OUTBREAK	
272	CCHF CASES DURING OUTBREAK	

SITUATION UPDATE

- Conflicts forced 25,135 people to flee from their homes in July, bringing the total number of Internally Displaced People (IDPs) to 238,474 in 2019.
- In July 2019, 363 people were affected by natural disasters mainly floods throughout Afghanistan. A total of 3 provinces out of 34 experienced some kind of natural disaster during the month where 363 people were affect and 58 houses were damaged and another 32 houses were destroyed. Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches. Over three decades of conflict, coupled with environmental degradation, and insufficient investment in disaster risk reduction strategies, have contributed to increasing vulnerability of the Afghan people to cope with the sudden shock of natural disasters.
- 282,863 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, 65 attacks on healthcare were reported resulting in the closure of 101 health facilities, where only 27 of them were re-opened. 17 healthcare workers and patients were killed and 33 others injured.
- Total of 120 outbreaks were reported in June 2019 with a total caseload of 477 cases from 8 different diseases; bringing the total number of outbreaks to 376 outbreaks with a total caseload of 2,738 in 2019.
- 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
- 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.
- The joint winterization 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.

¹ Since January 2019

² Only conflict related IDPs

² OCHA AFGHANISTAN Snapshot of Population Movements (Jan to Apr 2019)

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Public health concerns	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.
	• On the basis of current resourcing levels, the outlook is rather bleak for the funding of the 2019/2020 winterisation strategy. If the strategy is not funded, approximately 95,000 vulnerable families may be without fuel, food and health support in the upcoming winter.
	• Humanitarian access for healthcare workers is deteriorating in many conflicted-affected areas. So far in 2019, there have been extensive bans on vaccinations, closures of health facilities and reduced access due to insecurity, affecting close to 3.2 million people, reducing their access to essential health services.
	Attack on health care system that pressurize health service delivery.
priorities and gaps	• 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.
	• Attacks on healthcare workers and health facilities have reduced the access to healthcare and strained health facilities in insecure areas.
	• In light of the ongoing conflict and chronic under-development, increased death and suffering will occur. Up to 250,000 people with trauma-related injuries will not receive essential care and disability support and 270,000 IDPs will be denied access to essential life-saving health services, including 120,000 women of reproductive age who will not receive essential reproductive health care.
	• 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.
	• 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.
WHO action	• WHO distributed one Italian Trauma KIT modules A and B and one Cholera KIT to Ghazni Provincial Hospital and Antani National Hospital in July 2019.
	WHO conducted Mass Casualty Management training for 17 manager lever staff of north- eastern region's provincial for 4 in Kunduz Regional Hospital.
	• WHO conducted four monitoring visit for monitoring of None-communicable diseases' pilot project, trauma care equipment and blood bank services in four different regions.
	• WHO completed construction work of 12-bed infection ward in Zabul and Takhar provincial hospitals to prevent spread of contagious diseases from patient to other patients, health care workers, and visitors, or from outsiders to a particular patient (reverse isolation).
	• WHO conducted five days training for 23 health professionals on Gender based Violence prevention and treatment in Kandahar province.
	• The establishment of blood banks in Wazir Akbar Khan National Hospital and Jamhoryat National hospital is ongoing.
Health cluster	• 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 by establishing First Aid Trauma Posts and Trauma Care Units in 8 provinces. In response to conflict and natural disasters, the Health Cluster established 28 mobile health teams that assisted approximately 450,476 people. 204,449 children aged under 5 were successfully treated for Severe and Moderate Acute Malnutrition through integrated Mobile Health and Nutrition Teams and other health facilities.
	• Health cluster provided health emergency response to the IDPs of Watapoor, Kunar and Khogayni and Sherzad districts in Nangarhar through mobile teams and fixed HFs of BPHS

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