

## HEALTH CLUSTER BULLETIN

### February 2019



## Afghanistan

Emergency Type: Protracted Emergency

Reporting Period: 01.01.2019 to 28.02.2018



**1.9 MILLION**  
IN NEED OF  
HEALTH ASSISTANCE



**US\$51 MILLION**  
FUNDING  
REQUIRED



**6,922**  
INTERNALLY  
DISPLACED



**14**  
OUTBREAKS  
CONFIRMED

## HIGHLIGHTS

- Nine provinces have been affected by heavy rains and flooding. More than 40 people are known to have died, and hundreds of others have been injured or are missing. Numbers are likely to change as assessments are ongoing.
- Current drought renders 3.3 million people severely food insecure. 280,000 people have already been displaced because of drought. Health status of those displaced and at place of origin are compromised with malnutrition, lack of maternal healthcare and potential disease outbreaks (AWD, respiratory infections, CCHF).
- Returnees from Iran (69,369) Pakistan (3,338) and conflict displaced population (280,000 in 2018) face lack of essential services, including housing, food, health services, safe drinking water. Among with lack of maternal and child health, this population are particularly vulnerable to health issues related to non-communicable diseases, mental health and addiction.
- Ongoing conflict continues to drive humanitarian needs with civilian casualties and damage to health and education facilities. In 2018, there has been 39% increase in civilian casualties leading to an increase need for trauma care. 22 incidence of attack on health care has been recorded in 2019. Majority are deliberate attacks targeting health facilities and health workers.

## HEALTH SECTOR



**60** HEALTH CLUSTER  
PARTNERS

### MEDICINES DELIVERED



**12** IEHK BASIC  
**3** IEHK SUPPLEMENTARY  
**2** TRAUMA/SURGICAL SUPPLY KITS

### FUNCTIONAL HEALTH FACILITIES



**12** CLOSED BPHS DUE TO  
INSECURITY  
**0.8 M** POPULATION IMPACTED

**254,346** CONSULTATIONS (65% ♀)



**2,357** TRAUMA CASES TREATED  
**1,737** DELIVERIES ATTENDED BY A  
SKILLED ATTENDANT  
**1,366** REFERRALS

### DISEASE SURVEILLANCE



**3,543** ARI IN IDP SETTLEMENTS  
**843** AWD IN IDP SETTLEMENT

### FUNDING \$US<sup>1</sup>



**0.6** RECEIVED  
**MIL** IN 2019

**1.1% covered**

<sup>1</sup> Source: OCHA Financial Tracking System

<sup>2</sup> Figures reported during the reporting period

## Situation Update

Ongoing conflicts and natural disasters in Afghanistan contribute to population displacement, mass casualty incidents and outbreaks of communicable diseases, leading to a disruption of the Afghan health system. Multiple mass casualty incidences place a strain on trauma care and health services. The lack of sufficient rehabilitative care has left many victims permanently disabled. As humanitarian assistance is transitioning for drought affected population, flash flood in the Southern region has rendered 50,000 people vulnerable. Drought displaced population continues to face significant shortage in primary health services, including antenatal care and mental health. Mental health has been identified as a priority. As we now address the population affected by flood, the risk of communicable diseases is very high in some areas. Cases of acute watery diarrhoea are affecting more than 40 percent of households in displaced sites. Existing health services are unable to cope with the increasing demand in the areas of origin and are now out of essential medicines and supplies.

## Public Health Risks, Priorities, Needs and Gaps

### Attacks on Healthcare

There have been 22 cases of attack on health facilities and workers. The trend has shifted to more directed and violent attacks. An estimate 3.2 million people have reduced access to health services because of these incidents.

### Communicable Diseases

During the current flood response in the province of Kandahar, Hilmand, and Farah, a total of 692 acute watery diarrhoea cases reported from the flood affect population.

Prevention and control measures are already in place to enhance coordination among relevant actors and ministries, increase public awareness, build capacity, enhance surveillance, and timely distribute medication and supplies.

The overall number of measles outbreaks, 27 outbreaks, has increased compare to the previous years. Main contributing factor is the low vaccination coverage particularly in areas that are hard to reach. Supplementary Immunization Activity for measles has been completed nationwide.



*Damaged health facility in Nika District Photo credit: WHO*

## Health Cluster Action

Cluster partners are present in 32 provinces and 141 districts of Afghanistan.

The Health Cluster has prioritized under-served and conflict-affected areas (see Figure 1).

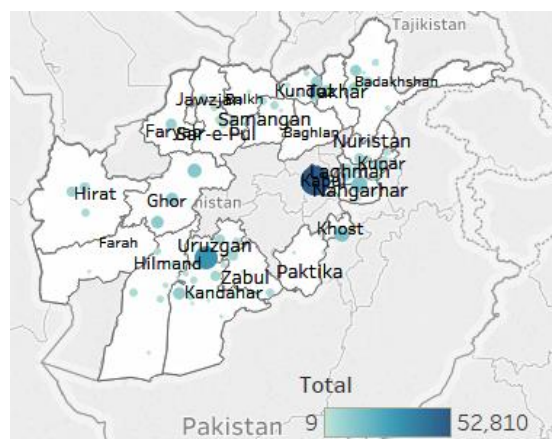


Figure 1. Health Cluster Operation Presence

### Health cluster coordination

#### Updates from Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) in Emergency Committee Activities:

RMNCAH Committee has provided technical and logistic support to the Ministry of Public Health with training materials and medical supplies to continue training for pediatricians of Maiwand and Ataturk Hospitals. The committee has also drafted contingency plan for natural disaster response jointly with UNICEF and UNFPA.

#### Updates from Mental Health and Psychosocial Support (MHPSS) Working Group:

MHPSS Working group has completed the mapping of partners who engage in service provision. Gap identified include capacity, human resources, and response in emergency situation. In 2019, the MHPSS Working Group will look at formulating minimal package and indicators for mental health in emergency in respect to mobile health teams.

### Support to health service delivery



Photo credit: YHDO

Badakhshan is a province facing harsh winters and lack of public services in remote areas. During the cold season, roads are frequently blocked due to heavy snowstorms. Farzana, a 28 year women from Arghanjkhawa district, delivered a baby boy at home. After the delivery, abnormal and abundant bleeding started. Her relatives got worried; it was a hemorrhagic post-partum emergency. Farzana was unconscious and needed to be seen by medical staff, straightaway. As the road was blocked by the snow, Farzana was taken on a litter by her relatives who walked 22 kilometers, to the nearest health facility.

When Farzana arrived to YHDO supported Basic Health Center in Tagabak village, she was bleeding heavily. The health facility midwife tried her best to stop the hemorrhage, but after 2 hours she could not succeed. Farzana condition became very serious, and she had to be referred from the health clinic. At 7 pm, YHDO midwife travelled with Farzana to Faizabad Provincial Hospital, for further investigation and treatment; another 3 hours ride in YHDO ambulance this time.



On arrival to the Provincial Hospital, Farzana was admitted and examined by the gynecology specialist. She was suffering from uterine rupture. She was urgently transferred to the operation theater and a surgery was performed. After a few days, she became stable and was discharged from the hospital. She now returned to her village, along with her newborn baby boy. She is well and the baby is healthy.

With the support of AHF funded emergency projects, lives of patients residing in white areas of remote provinces, like the one of Farzana, are saved.

## Providing Vital Service to Flood Response



*Photo credit: WHO*

Nine provinces have been affected by heavy rains and flooding. More than 40 people are known to have died, and hundreds of others have been injured or are missing. Numbers are likely to change as assessments are ongoing. A complete understanding of the number of people affected and in need may not be available for several days. Until assessments are completed, calculating the scale of need and corresponding response gaps will be challenging.

Health Cluster partners have deployed 12 mobile health teams in Kandahar, 13 mobile health teams in Farah and 8 teams in Hilmand.

Supplies have been distributed to affected province including Interagency Emergency Health Kits, Trauma Kits, and Cholera Kits. Currently there is no public health risk. Health Cluster is working with Ministry of Public Health to scale up early warning disease surveillance system in flood-affected areas. Risk of diseases (vector borne and water borne diseases) in the coming 2 weeks after flood are high if affected population do not have access to clean water, shelter, food and sanitation outbreaks. We are immediately concern about waterborne disease in the second week of flood.

## Plans for Future Response

### Flood Response Contingency Plan

Health cluster partners are currently responding in flood affected areas. Health Cluster Flood Contingency Plan will be revised with the most updated information regarding flood risk for 2019. Health Cluster working with Ministry of Public Health is also looking at emergency stockpile for response.

### Transition Plan for Drought Response

Most humanitarian assistance will stop at displacement sites at the end of June. This includes water tankering and food assistance. For the time being, mobile health and nutrition teams will continue to provide basic health services in the IDP sites. Health and nutrition focus would be on static facilities at areas of origin for the coming months.

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