A person arriving from a country with local transmission of COVID-19 is screened at the Mazar entry point.

SITUATION UPDATE

- A total of 16,170 people from 18 provinces fled their homes due to conflicts between 1-29 February 2020, bringing the total number of internally displaced persons (IDPs) to 42,449 in 2020.
- Around 27,155 people were affected by natural disasters throughout Afghanistan (27 killed, 13 injured) between 1 Jan-29 Feb 2020.
- In February 2020, 15 out of 34 provinces experienced natural disasters, which damaged 1,260 houses and destroyed another 202. Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches.
- Around 65,201 people returned to Afghanistan from Pakistan and Iran between 1 January-29 February 2020. The returnees have significant needs related to health and other basic services. A total of 63,555 individuals returned from Iran and 1,646 from Pakistan.
- Seven attacks on healthcare were reported in January 2020, resulting in the closure of 16 health facilities, none of which were re-opened. A total of 10 health and supportive staff were killed, and four others detained. No new data was reported in February 2020.
- According to the projections of Afghanistan Humanitarian Needs Overview 2020, throughout the year 3.7 million people will need emergency health services due to conflict, natural disasters and lack of basic services.
- In February 2020, Health Cluster partners provided lifesaving trauma care services to 2904 in-patients and out-patients around the country.
- In February 2020, WHO and Health Cluster implementing partners reached a total of 133,857 beneficiaries (incl: 76,765 women and girls).
### Public health concerns
- Health service provisions to IDPs and host communities continue to be impacted by war and conflict. Advocacy needed at all levels to ensure parties to the conflict respect International Humanitarian Law.
- Low routine immunization coverage and ban on the polio program by AGEs in some areas continued to pose a public health risk in many parts of the country.
- Lack of trained and skilled health workers, especially females, in remote and hard-to-reach areas prevented many women from accessing health facilities.
- Over the next few months, there is an increased risk of emerging and re-emerging disease outbreaks, particularly preventable disease, COVID-19, dengue and CCHF.
- A total of 36 outbreaks were reported at the end of February. COVID-19 spread to 30 provinces and dominated the epidemiological map, with the highest number of cases reported in Herat & Kabul.

### Health needs, priorities and gaps
- Conflict in the country requires additional support to ensure provision of collaborative emergency health services for the vulnerable population and for covering underserved areas in many provinces.
- People continued to flee their homes and settle in Haji IDPs Camp due to conflict and military operations in Nangarhar. This will enhance health risks and the likelihood of disease outbreaks and health emergencies.
- Attacks on healthcare workers and health facilities deprived people from accessing healthcare services and also increased the risk of disease outbreaks in insecure areas.
- While, controlling outbreaks among IDPs remains a concern, the rapid spread of the coronavirus disease across the country requires refocusing attention and resources to the COVID-19 response.

### WHO action
- In February 2020, WHO provided urgent support to MoPH in relation to COVID-19 response activities. This included equipping PoEs with essential resources (infrared thermometer, IEC materials, PPEs, and alcohol-based hand rub), provision of rapid diagnostic kits, specimen triple package boxes and specimen carrier for CHPL. The support also entailed enhancing surveillance and screening at PoEs including installing temporary cameras, facilitating operation of RRTs and conducting refresher trainings on sample collection.
- Preparedness and mitigation measures for the COVID-19 outbreak in the southeast region included allocation of space for isolation wards and extensive engagement in the COVID-19 response with a focus on detection and surveillance, risk communication, case management, infection control and intra and inter-sectoral coordination.
- WHO supported training of epidemiology and surveillance teams on case definition, screening & contact tracing for COVID-19.
- Awareness sessions on COVID-19 were conducted for health staff, CHWs, religious leaders at both national and provincial levels and returnees at PoEs, including distribution of 300,000 leaflets.
- WHO conducted COVID-19 case management, IPC and intubation ToTs for 118 health professionals, specialists and anaesthesiologist from central, regional and provincial hospitals.
- Supplementary medicine kits and supplies were provided for the establishment of an isolation ward for COVID-19 case management in Jalalabad.
- The WASH project in Spinboldak district was completed, while two WASH centres were constructed as part of the health facility projects in Zurmat and Wazi Zadran districts of Paktia province.
- WHO provided health/nutrition services to IDPs located in Herat province through six MHTs. Two MHTs delivered health/nutrition services to IDPs in Badghis province.
- Zero-point clinic in Islam Qala border delivered health services to returnees and refugees from Iran.
- A four-day facility-based prevention and management of PPH, eclampsia, and pre-eclampsia training was conducted at the Nangarhar Regional Training Centre for 23 female health workers from Kunar, Laghman and Nangarhar provinces. WHO also supplied four NCD kits to ARCS clinic in Kandahar.

### Health cluster
- HC partners provided trauma care services to 16,702 people in need through designated MHTs and reached 106,603 beneficiaries with primary health care services in the country.
- HC partners delivered health emergency services to host communities and vaccinated 10,472 children in the eastern region. Health and nutrition services were delivered to IDPs in Herat and Badghis.

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