HEALTH CLUSTER
Afghanistan

HEALTH CLUSTER BULLETIN
December 2017


Community Outreach in Tani District. Photo: HNI-TPO.

Afghanistan

Emergency Type: Protracted Emergency
Reporting Period: 01.08.2017 to 31.12.2017

4.6 MILLION IN NEED OF HEALTH ASSISTANCE

1,486 CHILDREN <5 VACCINATED

187,400 INTERNALLY DISPLACED

USD 53 MILLLION FUNDING REQUIRED

HIGHLIGHTS

- Under the 2nd Allocation of the Common Humanitarain Fund (CHF), 9 health projects are supported with an overall Health envelop of USD 6,408, 749.
- The deteriorating security situation in many parts of the country has led to the closure of health facilities in many districts. There have been reports of closed health facilities in Uruzgan and Badghis due to armed group interference.
- Health Cluster partners support primary health services for returnees from Iran at the Zaranj border in Nimroz, including vaccination, tuberculosis and HIV screening, reproductive health services and referrals as part of the inter-sector response.
- Humanitarian Pooled Funding (HPF) has supported 98 health facilities. In total, CHF is supporting 24 projects.

HEALTH SECTOR

55 HEALTH CLUSTER PARTNERS

MEDICINES DELIVERED

8 IEHK BASIC
3 IEHK SUPPLEMENTARY
4 TRAUMA/SURGICAL SUPPLY KITS

FUNCTIONAL HEALTH FACILITIES

42 CLOSED BPHS DUE TO INSECURITY
2.1 M POPULATION IMPACTED

213,692 CONSULTATIONS (64.4% ♀)
47,204 TRAUMA CASES TREATED
10,534 DELIVERIES ATTENDED BY A SKILLED ATTENDANT
2,024 REFERRALS

VACCINATION

1,486 CHILDREN UNDER 5 VACCINATED[1]

DISEASE SURVEILLANCE

61 OUTBREAK CONFIRMED
542 SENTINEL SITES REPORTING OF TOTAL 548

FUNDING $US[2]

15.5 MIL RECEIVED IN 2017 — **47.3% covered**

[1] *measles, DTP*
[2] *source: OCHA Financial Tracking System*

Situation Update

Conflict and displacement continued into 2017, with 343,958 people currently displaced in Afghanistan. This is a 30 per cent reduction in displacement compared to the same period in 2016, and 23 per cent of the newly displaced people are in hard-to-reach areas. Military operations in Kapisa reportedly displaced some 4,200 people within Tagab district and to Sarobi, Kabul. More than 1,600 people have reportedly been displaced from two districts in Kunar to Asadabad and other localities due to intensified cross-border shelling.

During the second half of 2017, the UN Assistance Mission in Afghanistan (UNAMA) documented 5,243 civilian casualties (1,662 deaths and 3,581 injured) of which 1,577 were children (436 deaths and 1,141 injured). There has been a one per cent increase in child deaths and injuries compared to the second half of 2016. A total of 17,970 undocumented returnees arrived from Pakistan, a 20 per cent increase compared to the same period in 2016.

Public Health Risks, Priorities, Needs and Gaps

Trauma

A total of 47,204 new, war-related trauma cases were recorded and treated between July and October 2017.

Communicable Diseases

Out of all new consultations, 32.9% were due to surveillance-targeted diseases. Main causes of consultations in August to October 2017 were acute respiratory infections (ARI) (15.4%), pneumonia (3.2%) and acute diarrhoeal diseases (13.9%).

Outbreaks reported in August to October 2017 included Crimean-Congo haemorrhagic fever (CCHF), (Faryab, Herat, Parwan and Kabul), measles (Khost, Takhar), pertussis (Paktika, Daikundi), chicken pox (Wardak), scabies (Badakhshan) and anthrax (Kapisa) (see Figure 1).

A total of 469 disease outbreaks were reported from January to October 2017. 36% of outbreaks were attributed to measles and 49% to CCHF. Outbreaks were investigated and responded to by the Emergency Preparedness and Response (EPR) team.

Overall the number of CCHF and measles outbreaks increased in 2017 compared to the previous years. Measles vaccination coverage is low, and can not prevent outbreaks. Lab capacity in the country can only confirm 34% of outbreaks/events in a timely manner. At the provinical level, laboratories can only confirm 16% of diseases.

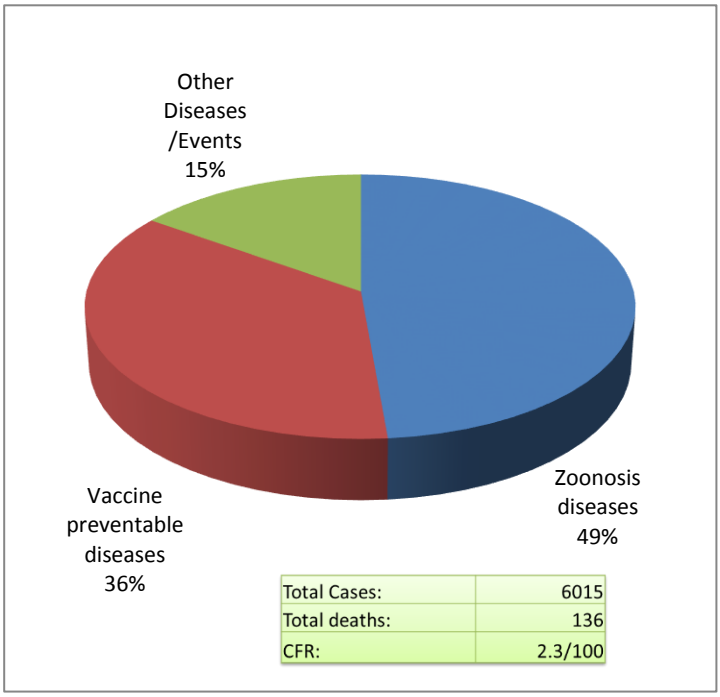


Figure 1. Trends of the priority diseases for the weeks 32-45 of 2017. Data is provided by the National Disease Surveillance and Response (NDSR) system.

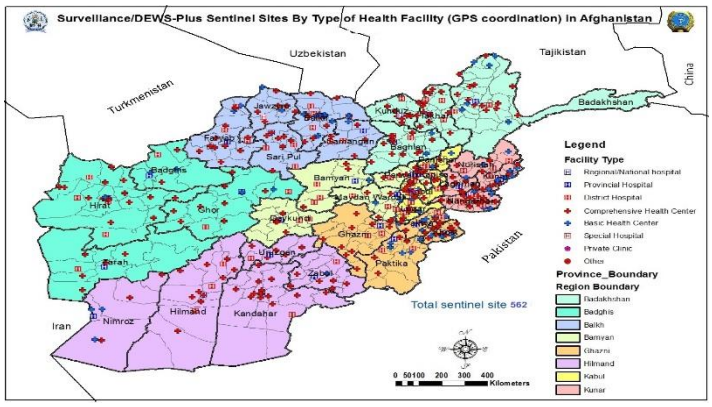


Figure 2. Surveillance/NDSR Sentinel sites with GPS by type of Health Facilities.

Health Cluster Action

The Cluster partners are present in 21 provinces and 78 districts of Afghanistan. The Health Cluster has prioritized under-served and conflict-affected areas (see Figure 3).

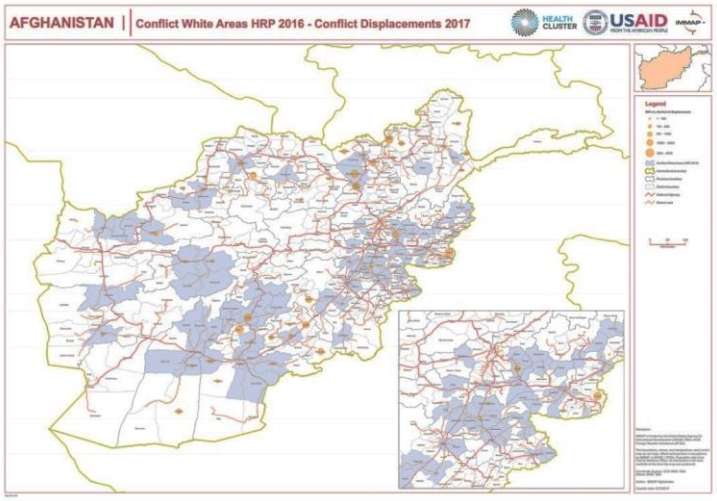


Figure 3. Conflict Areas 2017

Health cluster coordination

Winterization. WHO and the health cluster are coordinating the cluster contingency plans, including the winterization plan with OCHA, and the stock status of emergency kits and medical supplies. Health cluster is working with health partners, the EPR and other relevant MoPH departments on winter preparedness plans and activities. Emergency kits, particularly ARI and IEHK kits, are prepositioned at all levels, including dispatch of kits and medical supplies to those districts faced with harsh winter and those likely blockaded during winter season.

Support to health service delivery

Psychosocial Support. Under ECHO funding, a French NGO Première Urgence – Aide Médicale Internationale (PU-AMI) operates 2 Mobile Health Teams (MHT) in Nangarhar province. Each MHT is staffed with a doctor, a nurse, a midwife, and a psychological first aid (PFA) provider.

A female psychological first aid (PFA) patient (name not disclosed) was displaced from Mamand area to Ghazi Amanullah Khan area due to conflict. *"We had a happy and comfortable life; we had our own farmland, livestock, fruit trees and so on, but when an armed groups attacked our village, they set our houses on fire and detained my father-in-law and other villagers. What was left was blown up by bombs. We left our village and all our belongings and were displaced to Ghazi Amanullah Khan area. Now we don't have anything. I have suffered from headache, sleeplessness, lack of appetite and sadness and am feeling scared, so I came to the MHT for medication".*

The patient found psychological first aid provided by the MTH helpful. *"The PFA provider in the MHT talked to me and listened to my problems. She showed me a number of ways to cope with my feelings and problems. Learning those coping mechanisms has improved my wellbeing significantly. I am able to cope with daily life and to complete my domestic chores, worship and socialize with other women. I keep hens as well. I am happy for the service that I have received."*

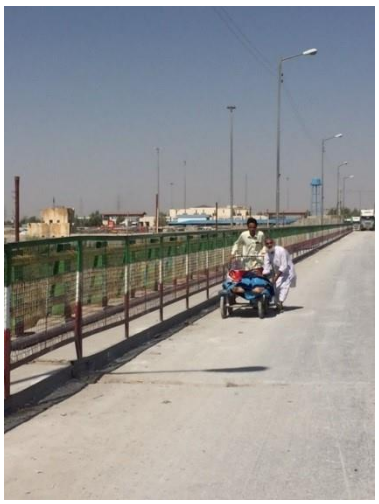
Women and families receiving health education in Nimroz. Photo: WHO / David Lai

Nimroz. Since January 2017, over 190,000 undocumented Afghans have returned to Afghanistan from Iran through the Milak border crossing in Nimroz province. Presently, over 1,500 returnees are crossing daily and 40,000-60,000 per month. This movement comes amidst the closure of the Islam Qala border crossing in Herat province for undocumented Afghans.

Approximately 1,400,000 undocumented Afghans live in Iran, although this number fluctuates. The vast majority of the returnees are estimated to be single males (90-95%), while the rest are families and unaccompanied migrant children averaging 12-17 years of age. Reasons for return include arbitrary arrests and detention, attacks, looting, direct police harassment or intimidation, family reunification and fear of deportation.

There is no health post operating at the border – and no female practitioners are employed, which means that women are unable to seek the medical and reproductive attention they may need. Additional health facilities provided at an IOM run health post are effectively operated by one medical doctor and provide very limited services and health screening.

Under CERF-Underfund support, inter-sectoral response will support the returnee population. The health cluster will respond by providing much needed service at Zero Point and at the transit centre. In addition, strengthening the regional health system will be a priority.



A patient is carried across the border from Iran to Afghanistan in a makeshift cart.
Photo: WHO / David Lai

Capacity Building and Restoration of Disrupted Services

Under the Health Cluster, 121 people (80 men 41 women) were trained in cluster support capacity building. 180 female community volunteers were trained on emergency water and hygiene promotion in Paktya, Helmand and Jawjzan provinces. Ambulance training for 52 nurses and ambulance technicians was conducted by Cluster partners in collaboration with the Ministry of Public Health, and health awareness campaigns were carried out in Nangarhar province through radio, community outreach and print materials. In addition, a training on basic life support for 31 doctors and nurses from 10 provinces was conducted by an Italian NGO Emergency with WHO support.

Assessment of mass casualty management and trauma care services was conducted by WHO and Emergency in six national and one provincial hospital. Gap analysis of trauma care services in 42 provincial and district hospitals was carried out to support the upgrading of trauma care services in high-risk areas. In addition, 23 mass casualty simulations have been carried out.

Plans for Future Response

The Health Cluster continues to support partners' contribution and capacity to respond to emergencies, particularly in under-served and conflict-affected areas.

Humanitarian Response Plan 2018

The 2018 Humanitarian Needs Overview and the 2018 Humanitarian Response Plan are in its final stages of completion. Health Cluster objectives will continue to focus on trauma are, emergency primary health care and response to disease outbreaks. In trauma care, objectives have expanded. Health Cluster objectives are as follows:

1. Ensure access to emergency trauma care, rehabilitation and psychosocial support for shock affected people.
2. Ensure access to essential life-saving and emergency health services including reproductive health in conflict-affected and displaced population.
3. Provide immediate lifesaving assistance to those affected by public health outbreaks and disasters.
4. Strengthen institutional and individual capacity to address health-related violations in conflicted affected areas.

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