

IOM AFGHANISTAN

MIGRATION HEALTH STRATEGIC PLAN

2021



I. BACKGROUND

40 years of violent conflict have caused waves of displacement and mobility within Afghanistan and across its borders. Annually, an average of 500,000 undocumented migrants return from Iran and Pakistan; 250,000 persons are affected by natural disasters and 200-400,000 are displaced by conflict. Despite the advent of peace negotiations between the Taliban and the Afghan State in September 2020, new levels of violence have been triggered in 24 of 34 provinces with a series of high profile suicide attacks against military and civilian targets including hospitals in Kabul and other urban centers. Attacks on health care including static facilities and health workers are an increasing feature of daily life in Afghanistan.

In 2020, COVID-19 saw its first casualties in February. Over 45,000 persons have since been test confirmed positive with nearly 1,800 deaths as of late November 2020, however the true infection rate is believed to be many times higher as indicated by several national wide assessments with prevalence rates as high as 90% in some provinces with IOM's own staff were severely impacted by COVID-19 infections in 2020. Limited availability of testing materials, reluctance on the part of community members to be tested and socio-cultural norms have combined to deter health seeking behavior. Public confidence in the health care system is at an all time low where at least 9% of all COVID-19 infections are frontline health care workers. Visitations to health facilities have declined by 25% in 2020. With more and more Afghans out of work, the cost of paying for medicines and other advanced forms of care within the public system and the higher cost of private care will be increasingly prohibitive for most.

COVID-19 will continue to have profound and long term impacts on both the Afghan economy which is set to contract by 7.4% in 2020 and the health outcomes of the Afghan population for many years to come. Using polio as an example, and despite the success of recent vaccination trials, Low and Middle Income Countries (LMICs) like Afghanistan may not have early access to vaccines where supply chain and production issues, insecurity and violence may mean that the successful roll out of comprehensive vaccine coverage could be years in the making.

In addition, the results of the 2021-2024 Afghanistan Conference held in November 2020 in Geneva witnessed a 20% overall cut in pledges from international donors. Only 3.3 Billion USD in pledges for 2021 are confirmed with the remaining 9 billion USD dependent on progress in peace talks and other performance based indicators. This does not bode well for Afghanistan's 300m USD per year NGO-led Integrated Package of Health Services where funding is likely to be cut. Moreover, given the rates of return and displacement, mobile populations typically fall outside of the catchment areas of static health facilities and mobile health remains limited in scope.

As of early December 2020, nearly 800,000 undocumented migrants returned to Afghanistan with over 99% returning from Iran through the Herat (Islam Qala) and Nimroz (Milak) border crossings.¹

Given the scale and magnitude of cross border returns in addition to the full scale reopening of the borders, the epidemiological profiles related to COVID-19 transmission, and the complex health needs of returnees, there is a need to improve the coordination and delivery of existing health services at border areas and areas of return.

According to the IOM's Displacement Tracking Matrix (DTM) Community Needs Assessment January to June 2020, access to health and education was marked by similar challenges. The top three reported ailments were fever, respiratory infections and watery diarrhoea, symptoms in line with those of COVID-19. These findings indicate a need for increased Infection Prevention and Control (IPC) measures, including increased COVID-19 risk information provision at the community level. On average access to healthcare is 23 kilometres away from settlements, only 23% of survey participants stated they had access to healthcare facilities within their settlement. Access to adequate care was further reduced by overall low service quality, lack of medicines and staffing. The absence of female staff was also among the top four reasons not to use the nearest healthcare facility.² While limited access to essential health services affects the entire population, IDPs and returnees are acutely disenfranchised. Across the country, health development indicators remain stagnant and, in some cases, immunization coverage has declined. According to the recent Whole of Afghanistan assessment, a quarter of the population (9.4 million) will require multi-sectoral assistance, symptomatic of the convergence of physical and psychological trauma, displacement, lack of health services, malnutrition and general poverty compounded by the diminishing economy and loss of livelihoods.

2. IOM AFGHANISTAN'S MIGRATION HEALTH RESPONSE IN 2020

Core Achievement: In 2020, IOM's Migration Health Unit grew into one of the largest health delivery partners in Afghanistan serving over 500,000 unique patients with over 350 staff. Notably, IOM is the only UN health actor to employ a direct implementation modality which ensures greater responsiveness to community needs.

Between January – November 2020, through seven Mobile Health Teams (MHTs), IOM assisted over 500,000 (56% girls and women) Afghan returnees, IDPs and host community members with health screening and primary basic health care. 106,436 (65,169 girls and women, 41,267 boys and men) patients were provided with outpatient clinical care.³ IOM provided critical supplies for prevention of COVID-19 transmission to health workers with 43,034 pieces of Personal Protective Equipment (PPE) to Nangarhar, Kandahar, Nimroz, Herat, Zabul and Helmand provinces. IOM also supported the recruitment of over 350 COVID-19 response staff (137 female and 213 male), inclusive of Rapid Response Teams.

1 IOM Afghanistan – Return of Undocumented Afghans Situation Report 22-28 November 2020, IOM

2 IOM DTM Community Based Needs January to June 2020

3 Migration Health Weekly Situation Report 22-28 November 2020, IOM

According to IOM's ongoing Post-care Patient Monitoring conducted by a contracted third party call center in Kabul, between June – August 2020, over 95% of IOM's patients expressed satisfaction with the services they received.

Under IOM's Global Fund supported Regional Multi-country Tuberculosis programme to detect TB in Afghan migrant populations returning from Iran and Pakistan, as of 30 November, 428,738 returnees were screened for TB, 4,925 cases were identified as presumptive, and 85 TB cases were confirmed through laboratory testing.

Since the outset of the COVID-19 outbreak in Afghanistan, IOM has been able to successfully include migrants and mobility in preparedness planning and response documents, including the Multi-Sector Response Plan, the revised Humanitarian Response Plan 2020 and the ONE UN Health Plan in close coordination with OCHA, WHO and the humanitarian cluster system. IOM's Migration Health Unit collaborates closely with the Ministry of Public Health and the Provincial Public Health Directorates (PPHDs) in the border provinces of Herat, Nimroz, Kandahar and Nangarhar. At the request of the Humanitarian Coordinator and the WHO, IOM and UNHCR, are co-leading a Point of Entry Working Group.

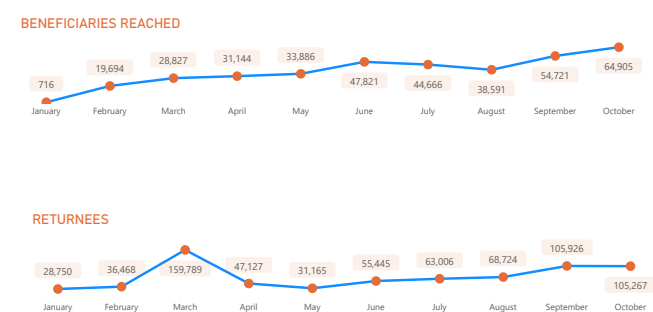


Figure 1: Flow of returnees and Migration Health beneficiaries between January and October 2020

IOM'S MOBILE HEALTH TEAMS PROVIDE SAFE DELIVERY CARE FOR MOTHERS

Fatima Gul (alias), 23, received ante-natal care from one of IOM's Mobile Health Teams (MHT) in southern Kandahar province in May 2020. After a few weeks Fatima returned with labour pain. With no available spaces at the nearest Provincial Hospital, 8 km from her home, IOM's health team kept Fatima under observation and successfully delivered her baby.

IOM's mobile health teams have incorporated a comprehensive, one-stop service package inclusive of Reproductive, Maternal, Neo-natal and Child Health (RMNCH), out-patient consultation, Mental Health and Psychosocial Support, limited trauma management and referral care. RMNCH components include – ante-natal care with counselling, promotion of facility-based care, limited capacity for uncomplicated delivery, Post-natal Care (PNC), childhood immunization, and family planning. As of 31 October 2020, IOM has conducted 6,135 ANC, 1,934 PNC, 13 deliveries, and provided family planning counselling to 6,734 female patients. IOM's skilled Midwives are the centre of RMNCH services, under the guidance and support of IOM Medical Doctors.

**Please note that the names have been changed and village locations have been kept anonymous to protect the identity of the interviewee.*

3. IOM'S MIGRATION HEALTH STRATEGIC GOALS IN 2021

IOM's overarching goal for Migration Health programming in Afghanistan is to reduce avoidable mortality, morbidity and disability, and to ensure the delivery of essential preventive and curative health services for returnees, underserved populations and conflict affected internally displaced communities.

IOM'S CORE STRATEGIC OBJECTIVES IN 2021 INCLUDE:

- Assist the Ministry of Public Health in developing and formulating migrant sensitive health policies and integrating migrant populations within existing national health strategies inclusive of immunization and national planning on COVAX prioritization and roll out, while leveraging partnerships with UN and NGO partners;
- Enhance existing systems to prevent, detect and respond to COVID-19 and other disease outbreaks, as well as existing communicable diseases such as TB inclusive of the roll out of public information and vaccination campaigns for COVID-19;
- Improve access to, and responsiveness of, essential and emergency health care and strengthen systems for identification and grow partner capacity through sub-grant two existing private drug rehabilitation centers to enable extension of supportive care to women and girls with substance abuse concerns;
- Improve availability, access and demand for services targeting highly vulnerable communities through Health System Strengthening (HSS) inclusive of the roll out of community event based surveillance to ensure responses are cost effective and community driven.

4. IOM'S MIGRATION HEALTH INTENDED GEOGRAPHIC COVERAGE AREAS IN 2021

IOM is presently implementing health activities in Herat, Nimroz, Kandahar, and Nangarhar provinces with some extension into, Helmand, and Ghor. In 2021, IOM will also seek to expand into Badghis, Farah, Faryab, Kunduz, and Takhar provinces- based on rates of return and displacement and critically lack of access to basic primary care.



5. PROJECTED FUNDING NEEDS

USD 10 million for 2021

Intervention	Monthly Average Cost	2021 Requirement	Beneficiaries/ Activities
1. Mainstreaming Migration Health and Implementation of International Health Regulations (IHR)	62,500 USD Kabul Nangarhar Kandahar Herat Nimroz	750,000 USD	<ul style="list-style-type: none"> Assist government in mainstreaming migration health concepts and promoting migrant friendly and mobility competent health services in the country Assist government in partnership with WHO, UNICEF, UNFPA, UNDP, and other health agencies in developing a Migration Health Strategic Plan for the country Assist government with implementing the IHR, including SoP development, simulation exercise, and participatory mobility mapping Support national migration health policy development, Promote inclusion of migration into health policies, and inclusion of health into migration policies. Support cross-border coordination and partnerships on migration health with neighbouring countries Support national planning around immunization and roll out of COVAX with WHO/MOPH
2. Improve access to, and responsiveness of, essential and emergency health care and extend drug treatment services to vulnerable undocumented returnees through establishing partnerships with existing treatment facilities.	500,000 USD at Herat Nimroz Kandahar Nangarhar Badghis Farah Faryab Kunduz Takhar	6,000,000 USD	<ul style="list-style-type: none"> Provide essential health care through mobile health teams targeting underserved migrants communities Support existing static clinics to provide quality services inclusive of retrofitting conflict affected structures that have been damaged Scale up reproductive maternal newborn child health services inclusive childhood vaccination Provide mental health and psychosocial support, including psychological first aid, counselling Extend treatment coverage for persons with substance abuse concerns with a focus on women and girls where presently no such services are available.
3. Enhance existing systems to prevent, detect and respond to TB, COVID-19 and other disease outbreaks.	208,333 USD Herat Nimroz Kandahar Nangarhar Helmand Ghor Badghis Farah Faryab Kunduz Takhar	2,500,000 USD	<ul style="list-style-type: none"> Strengthen community event based surveillance through Risk Communication and Community Engagement (RCCE) Health response and selection of targeted facilities guided by DTM IOM will conduct Baseline Mobility Assessments (BMA) and Community-based Needs Assessments (CBNA) to monitor displaced and returned populations and needs Health promotion and awareness raising Establish Rapid Response Teams (RRTs) to support integrated public health response and sample collection through community outreach Implement Active Case Finding approach for TB diagnosis and treatment
4. Improve availability, access and demand for services targeting highly vulnerable communities through Health System Strengthening (HSS) inclusive of the roll out of community event based surveillance to ensure responses are cost effective and community driven	62,500 USD Nimroz Kandahar Badghis Farah Faryab Kunduz Takhar	750,000 USD	<ul style="list-style-type: none"> Provide immediate and urgent primary health services in areas where health facilities have been destroyed via mobile health teams or temporary health posts Rehabilitate damaged health facilities to enable functioning Provide cash support for health services, when appropriate
2021 Total		10,000,000 USD	600,000 beneficiaries

6. CORE TAKEAWAYS FOR 2021

1. COVID-19 and escalation in conflict will play a profound role in public health outcomes in Afghanistan throughout 2021. Limited donor funding for the IPHS will also place additional strain on service delivery and building back confidence in the public system will be made doubly difficult as a result. In order to ensure access to health service delivery in remote rural and underserved areas to mobile populations while laying the foundation for vaccine delivery, IOM will employ a focus on community event based surveillance and mobile health. This will enable a cost effective and community driven approach. *IOM will work with MoPH, COVAX, Gavi, WHO, UNICEF and the Afghan government to support the roll out of vaccinations with initial discussions already underway.*
2. Supply chain management in Afghanistan remains a critical gap, where despite WHO leading on international procurement of testing resources, these items rarely reach regional reference labs and the rate of testing has significantly diminished since June leading many Afghans to believe the outbreak is over. Yet, evidence demonstrates a growing second wave which has been fed by the reopening of in-person classes at schools and universities and the resumption of cross border movement with Pakistan where the border was closed for over 5 months from March-August.
3. With COVID-19 impacts including the significant contraction of the Afghan economy (-7.4% in 2020) leading to mass unemployment and a rising poverty rate which has increased from 50% up to 90% of the total population, multi-year, flexible funding modalities for COVID-19 response programming inclusive of the continuity of basic primary health care in underserved areas will be critical throughout 2021 and into 2022.
4. In 2021, in partnership with WHO, IOM is seeking to support the Government of Afghanistan to ensure implementation of International Health Regulations (IHR) at major Points of Entry.
5. IOM Afghanistan is seeking 10 M USD in 2021 to continue its current Migration Health programming and expand into the above critical areas.

IOM MIGRATION HEALTH SUPPORT TO IDPs

IOM initiated provision of health services through a Mobile Health Team in the IDP settlement in Shahrak-e Sabz, Herat in February 2020. Soon after a static clinic space was established based on the scale of needs at the community level. The basic clinic space provides comprehensive essential health care inclusive of the treatment of general diseases, maternal and child health care, childhood vaccinations, screening and management of malnutrition, TB and COVID-19 symptom screening, limited surgical care, psychosocial support services, dispensing of free medicines, awareness raising on preventive health, and management and referral of critical patients through IOM's private hospital partner. To date, IOM has reached over 50,000 beneficiaries, of which over 20,000 patients received treatment, and 784 critical patients were managed at secondary level treatment facilities. To ensure 24 hour services for maternal cases, one ambulance remains on standby for day and night shifts.



WHAT WILL HAPPEN WITHOUT CONTINUITY OF FUNDS TO IOM IN 2021?

Without critical funding to IOM's migration health and displacement tracking matrix programmes some of Afghanistan's most vulnerable and underserved populations may witness a significant and severely negative impact on their health outcomes.

Moreover as IOM is one of the only stakeholders in Afghanistan with presence in all 34 provinces and in over 12,300 communities, limited funding will also have consequences on health seeking behavior, public health information campaigning and potentially less community level buy in for vaccination roll out.

In 2020, IOM was grateful for the financial contributions of the following donor countries and agencies:

