

Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected humanitarian crises. Drawing on the various WHO programmes, contributions cover activities from field and country offices and the support provided by WHO regional offices and Headquarters. The mandate of the WHO Departments specifically concerned with Emergency and Humanitarian Action in Crises is to increase the effectiveness of the WHO contribution to crisis preparedness and response, transition and recovery. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.

INDONESIA



Assessments and events:

- Floods, triggered by heavy seasonal rain have affected 80 districts in Jakarta .More than 70 000 houses were flooded. As of 7 February, 57 deaths and over 250 000 IDPs have been reported.
- The floods have disrupted the distribution of fuel and basic commodities and electricity and water have been cut off in some areas.
- In some areas people remained trapped in their homes, in others there is need of food, clothes, and alternate accommodations. Difficult transport has restricted food distribution.
- An early disease surveillance and out break control system has been established.
- The main illnesses and diseases reported include acute respiratory diseases, diarrhea, skin infection, gastroenteritis, leptospirosis and minor injuries.

Actions:

- WHO facilitated the establishment of 15 mobile health units composed of driver, doctor, nurses, paramedics and specialist, who conducted rapid assessments and provided emergency care
- WHO has provided 20 New Emergency Health Kits, basic units, 2 diarrhea kits, 5 four-wheel drive vehicles, tents and 2 engine-operated boats.
- Immunoglobulin has been ordered for the prevention of tetanus and a tetanus prevention campaign has been initiated.
- WHO is providing technical assistance and guidelines and has established an emergency information center and web sites for information sharing.
- MOH and WHO conducted an assessment on 6 February and convened a health coordination meeting 7 February.

HORN OF AFRICA



More information is available at:
<http://www.who.int/hac/crises/international/hoafrika/en/index.html>

⇒ On 6 February, the UN Executive Committee on Humanitarian Affairs updated on the humanitarian situation in Somalia. The date of the next United Nations Development Group (UNDG) Technical Working Group on Somalia will be 13 February.

Assessments and events:

- As of 31st January, 512 suspected cases of Rift Valley fever (RVF) have been reported, including 178 laboratory confirmed and 140 deaths in the North Eastern and Coastal Provinces of Kenya. Garissa is the most affected area.
- UNCHR reported an upsurge of malaria in the Garissa refugee camps.
- Cholera has been reported from Mandera District.
- Cerebrospinal meningitis has been reported in Kakuma Refugee camp.
- There are over 200 suspected cases of measles in Rift Valley province.
- In Somalia, from 5 - 30 January, a total of 312 cases of Acute Watery Diarrhea (AWD)/Cholera with 34 deaths reported in the Hiran region. In the Shabelle region, 15 January - 4 February, a total of 248 cases were reported with 5 deaths.
- As of 3 February, 103 suspected cases of RVF have been reported, including 50 deaths (CFR 48%). Of those, three have been laboratory confirmed.
- In Ethiopia, a total of 3 176 cases of AWD and 31 deaths were reported. A total of 152 districts and 10 sub-cities have been affected since April 2006.
- The scarcity of staff and shortage of drugs and supplies in health facilities continue in AWD affected areas despite the support from the humanitarian agencies. The majority of the affected population has no access to safe drinking water and sanitation.
- In the Somali region, insecurity hampers humanitarian activities.

Actions:

- In Kenya, WHO and the Global Outbreak Alert and Response Network (GOARN) continue to support the MoH, MSF and UN partners for the control of the RVF outbreak

	<ul style="list-style-type: none"> • The MOH, UNICEF and WHO developed guidelines for rapid health and nutrition assessment and guidelines for community based nutrition management • The MoH, WHO and MSF have been investigating cholera outbreaks in Mandera district. • WHO donated medical supplies for Wajir and Mandera Districts. • In <i>Somalia</i>, WHO is sending one diarrhea kit and ringer lactate to Jowhar /Middle Shabelle and mobilizing further supplies. • WHO and MoH monitor the RVF situation, supporting NGOs and polio teams in the field, as well as training of local health staff. • In <i>Ethiopia</i>, WHO is advocating for potable water and sanitation interventions in responding to the AWD epidemic • WHO works with other UN Agencies in mobilizing funds to fill gaps in the area of the flood crisis, for AWD and RVF response. • WHO national consultants continue to provide technical assistance in AWD and flood affected regions and the WHO surveillance team closely monitors the health situation. • A joint field assessment (FMOH, WHO and partners) was organized on AWD, floods and the RVF threat. • In <i>Djibouti</i>, WHO is providing 2 cholera kits. • In <i>Eritrea</i>, the MOH appointed a focal point to work with the WHO/EHA program. • WHO is working with OCHA to facilitate co-ordination of the humanitarian work in the country. • WHO has donated solar panels, laboratory reagents and tents • WHO activities in the Horn of Africa are supported by grants from the CERF, as well as Sweden, Finland, Canada and Italy for Somalia. Donors are being approached to renew support for strengthening the health operational platform and activities in Central and South Somalia.
<p>CHAD</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • The security situation remains unstable and there continue to be attacks in the area of Goz Beida. • Confirmation of one polio case (type 3) in N'Djamena, the first in Chad since December 2005. • In response, a national polio vaccination campaign was held in the last week of January and covered 2.5 million children under five years (population host, IDPs and refugees). • Investigations of epidemics of acute jaundice syndrome are taking place in the Gouroukoum IDP camp. <p>Actions:</p> <ul style="list-style-type: none"> • WHO sent an assessment team to Goz Beida. • WHO took part in two meetings discussing IDP needs for food, drinking water and the construction of the latrines. • WHO and UNICEF carried out investigations for the opening of a Unit of Therapeutic Nutrition to the Hospital of Regional of Abéché. • In 2006, WHO's emergency activities in Chad were funded by ECHO and supported by a loan from the United Kingdom revolving emergency funds. Additional emergency funding has come from the Italian Cooperation.
<p>SUDAN</p>	<p>Assessments and events:</p> <ul style="list-style-type: none"> • In Darfur violence against humanitarian workers and the local populace continues. • In <i>South Darfur</i>, the SLA/MM and humanitarian community representatives (UN and INGOs) are working at an operational agreement to improve, safety and security of the staff. • The number of acute jaundice syndrome (AJS) cases in the IDP camp in Nyala is declining. • In <i>North Darfur</i>, there were reports that two towns were bombed. Nine people were reported to have died, but the number of injured and extent of destruction remain unknown. • Malaria, ARI and bloody diarrhoea represent the most reported cases.

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More information is available at:
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- In *West Darfur*, border clashes were reported.
- In Kassala state, 22 suspected cases of Dengue fever have been reported, including 1 death.
- Ten leprosy cases have been detected amongst the newly arriving IDPs in Hassihassa IDP camp.
- In *South Sudan*, between 1 January and 4 February there have been 984 reported cases of meningococcal meningitis and 84 deaths (CFR: 8.5%) in 8 of the 10 states of Southern Sudan.
- MERLIN reported 13 cases of AWD and one death in the Khorfulos area.
- Mass vaccination campaigns with bivalent vaccines continue to take place in Warap, Central Equatorial States.

Actions:

- In *South Darfur*, WHO and SMOH strengthened preparedness against meningitis epidemics.
- Public health interventions for AJS have been undertaken by WHO, the SMOH and NGO partners. WHO visited Otash IDP camp to monitor the AJS activities and conduct water testing.
- WHO and the SMOH discussed strategies to continually assist the IDPs in the State and ensure the shipment of drugs to three rural hospitals and the Nyala Teaching Hospital. The Governor of the State agreed to give facilities and additional benefits to medical officers willing to work in Nyala hospital.
- Drug donations were made to an INGO based in the outskirts of Nyala and to the AMIS mobile clinic.
- Epidemic preparedness for meningitis has been strengthened by WHO and the SMOH.
- In *West Darfur*, SMOH and WHO are collaborating for the treatment of leprosy cases.
- There has been a slight increase in the number of consultations reported (16,904) and 397 cases of bloody diarrhoea recorded.
- The WHO sub-office in El Geneina is conducting an assessment of primary health care clinics in five IDP camps in Zalingei.
- Thirty-seven boxes of blood supplies including 12 collection bags, 24 boxes of infusion sets, and a box of needles, were donated to the blood bank of El Geneina hospital.
- Twenty-six nurses were trained on basic nursing skills, hygiene precautions, infection control and the prevention of blindness at the El Geneina Eye hospital.
- Supplies were pre-positioned in preparation for epidemic meningitis in Zalingei and Garsilla hospitals and WHO is working with health partners to enhance surveillance.
- Abate insecticide (80 liters) was donated to the Malaria department of SMOH.
- WHO donated a computer to the water laboratory staff of SMOH to enhance their database and information sharing.
- WHO, FMOH, and SMOH conducted the micro-planning sessions in El Geneina in relation to the Darfur human resources survey.
- In *North Darfur*, SMOH, with the support from WHO, completed an assessment of 29 health facilities. With support from WHO, the rehabilitation of Guzat Jamat was completed and will provide primary health care services to 11 villages.
- WHO provided drugs and funding to the Maternity Hospital and laboratory reagents and equipment to El Fasher Teaching Hospital.
- WHO continues to provide logistical support water testing kits, chlorine testing kits and reagent to SMOH for continued water quality monitoring, and supported SMOH in establishing a plan for garbage collection and disposal activities within Al Salaam IDP camp.
- In *South Kordofan*, WHO is coordinating with other UN agencies for the arrival of returnees from Khartoum this week and in the next few months.
- The MoH, WHO, OCHA and UNICEF are assessing the status of Meiran Hospital.
- In *Eastern Sudan*, WHO coordinates with the State MoH of Kassala and Red Sea State for outbreak preparedness against meningitis and Dengue fever and meningitis.
- Insecticidal spraying is on-going for vector control in Dengue-high risk areas.

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- In *South Sudan*, WHO, UNFPA, IOM and SMOH visited Malualkon, Warawar and Aweil to assess the quality of health services provided by the Way stations for the returnees from South Kordofan and Khartoum.
- WHO supports the GOSS/MOH in organizing the weekly Emergency Preparedness and Response meetings to discuss outbreaks in South Sudan and best methods of verification, early detection and response.
- In 2006, contributions for WHO's emergency activities were received from ECHO, Finland, Ireland, Norway, Switzerland, the United States as well as the CERF and the 2006 Common Humanitarian Fund. For 2007, pledges have been received from Ireland.

INTER-AGENCY ISSUES

- **Sierra Leone.** On 7 February, UNICEF informally briefed the humanitarian community in Geneva on the current situation Sierra Leone moving from relief to development.
- **Health Cluster.** The face-to-face meeting of the health cluster took place in Geneva on 7 and 8 February.
- **Contingency Planning.** The drafting group of the IASC Sub-Working Group on Preparedness and Contingency Planning met for the first time in Geneva on 7 and 8 February to revise the Contingency Planning Guidelines. The monthly meeting of the SWG took place on 8 February.
- **Gender and Humanitarian Action.** The IASC Sub-Working Group on Gender and Humanitarian Action meeting took place on 8 February. The sub-group of the IASC Gender SWG met on 5 February.
- **Framework Team.** The next Framework Team meeting will take place on 14 February.
- **HIV/AIDS in Emergency Settings.** On 14 February, a group of agency representatives under the umbrella of the IASC will discuss in Geneva a way forward to enhance action on HIV/AIDS in crises.
- **IRIN.** On 15 February, OCHA will brief the humanitarian community in Geneva on its new Integrated Regional Information Networks (IRIN) website.
- **Transition Issues.** The next meeting of the UNDG Working Group on Transitions will take place on 16 February.
- **Disaster Preparedness.** The Humanitarian Aid Department of the European Commission (ECHO) is organizing a Round Table in Brussels on 20 February on "Disaster Preparedness in Humanitarian Aid".
- **IASC Working Group.** The next IASC Working Group meeting will be hosted by the ICRC in Geneva from 19-21 March 2007.
- **Public Health Deployment Training.** Information about the next Public Health Pre-Deployment Training (PHPD3) will take place from 15 to 28 April in Moscow, Russian Federation can be viewed online at: <http://www.who.int/hac/techguidance/training/predeployment/en/index.html> .

Please send any comments and corrections to crises@who.int

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