YEMEN

Assessments and Events
- Despite cease-fire announcements, fighting continues in Sa'ada, exacerbating humanitarian crisis facing IDPs and host communities.
- In Jawf Governorate and Amran governorate's Harf Sufyan area, the most common health conditions among IDPs are diarrheal diseases, acute respiratory infections, malnutrition, malaria and skin diseases.
- Mobile health teams highlighted urgent needs for shelter and food for IDPs.
- There are no reports of disease outbreaks to date.
- From 7-9 September, a rapid assessment of the nutritional status of children under-five inside and outside camps was conducted by the Ministry of Health, UNICEF and other partners. Nutritional supplies and equipment have been pre-positioned in Haradh and 57 health workers and trained volunteers are available to treat severe acute malnourished children identified through the rapid assessment.
- A joint WFP, UNHCR, WHO and UNDSS mission will be sent to the Sa'ada Governorate town of Baqim to assess the IDP situation and provide assistance.

Actions
- WHO is the only UN Agency providing assistance in Jawf, having dispatched medical supplies and two mobile health units. The health department there has been distributing these supplies to IDPs and health facilities in communities hosting IDPs.
- WHO-supported mobile health units consisting of a physician, midwife and laboratory technician have been providing treatment to people in multiple areas.
- A joint-UN-government team, including WHO, WFOP, UNICEF and IOM, visited Hajjah Governorate to assess the relief operation in Al-Mazrak area.
- In Sa'ada Governorate, WHO is locally procuring laboratory supplies and reagents for safe blood transfusion and testing for HIV, Hepatitis, and blood cross matching for Al-Jomhori hospital in Sa'ada City.
- In the Yemen Flash Appeal launched on 2 September, the World Health Organization, on behalf of the Health Cluster, has requested US$ 2.3 million to provide emergency health care to the 150,000 who have been displaced and 800,000 people indirectly affected by the conflict.
- WHO's emergency operations are funded by Italy, Andorra and the CERF. HAC is seeking donor support for this new crisis.


PAKISTAN

Assessments and Events
- Based on the latest data from the National Database Registration Authority (NADRA), there is an influx of returnees in Waziristan. A total of 17,375 families registered and this includes 8,281 families in D.I. Khan District and 2,756 families in Tank District.
- To date, a total of 235,159 families have returned to their respective districts.
- Assessment of health facilities in D.I. Khan was completed on 28 August while assessment for Swat district’s health facilities will be conducted from 13 September.
- Between 22 and 28 August there was a 7% decrease in consultations as compared to the previous week.
- Water samples were taken from IDP hosting districts of Swabi, Mardan, Peshawar and Nowshera. The Health Cluster took action on those 11 out of 34 samples which tested positive for faecal coliform contamination, and the 18 out of 27 samples which tested positive for residual chlorine.
- To date, there is still a gap of female health care providers for health facilities in returnees districts. Tough security conditions remains a challenge in providing health care services in returnees’ districts.

Actions
- In response to the IDP return process, Health Cluster partners are strengthening
### Health Action in Crises

**WHO** is working with partners to address the health aspects of crises in more than 40 countries. Check the Health Action in Crises Web site for more details: [http://www.who.int/hac/](http://www.who.int/hac/)

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#### Assessments and Events

**SUDAN**

- The Federal MoH has reported 4 confirmed cases of Influenza A.

- For more information see [www.who.int/hac](http://www.who.int/hac)

- The overall security situation in Sudan was relatively calm.

- In *Red-Sea State* malnutrition cases are increasing in Haya locality.

- In *Southern Sudan* conflict continues, with inter-tribal attacks in States of Jonglei and Upper Nile and continuing Lord's Resistance Army (LRA) attacks in Western Equatoria State (WES) leaving over 70 dead and many more injured. The security situation remains precarious.

- Inter-agency assessment teams arrived in Ezo County (WES) and Twic East County (Jonglei State) on 3 September.

- Medicines and medical supplies are urgently needed for health facilities in Ezo County.

#### Actions

- In *North Darfur* WHO and SMOH continued monitoring and supervision of IMCI implementing clinics and provision of supplies.

- WHO conducts weekly monitoring visits to monitor and ensure regular free access of IDPs to health facilities in *South Darfur, North Darfur and West Darfur*.

- WHO is monitoring water quality and providing water/sanitation training.

- WHO has donated items to *Southern Sudan* health facilities through the County health department:

  - Ezo, WES: one Inter-Agency Emergency Health kit (IEHK), containing enough medicines and supplies to treat 10 000 people for three months; one Inter-Agency Diarrhoeal Disease kit (containing medicines to treat 100 severe cases of diarrhoea, 400 moderate cases of diarrhoea and 200 Shigella dysentery cases); 2000 adult doses and 3000 children’s doses of artemisinin-based combination therapy (ACT); and 5000 malaria rapid diagnostic tests
  - Twic East, Jonglei State: one IEHK; 4000 adult doses and 3000 children’s doses of ACT; 2000 malaria rapid diagnostic tests; and surgical kits
  - Malakal, Upper Nile State (through the State Ministry of Health): 4000 adult doses and 3000 children’s doses of ACT; and 2000 malaria rapid diagnostic tests.

- WHO has assigned a senior medical officer to Jonglei State to support the humanitarian response.

- WHO is supporting disease surveillance activities in all counties in Jonglei and WES.

- WHO is coordinating all health response activities in Jonglei and WES with the State Ministry of Health and local health partners.

- WHO’s emergency activities in Sudan are funded by Australia, Italy, Monaco, the United States of America, the CERF and the Common Humanitarian Fund.

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* NWFP: North Western Frontier Province; FATA: Federally Administered Tribal Areas.

- WHO is providing continuous support to district health authorities, implementing partners and health partners. Between 31 August to 7 September, WHO provided 1 mini-emergency health kits (MEHK) to Save the Children operating in Buner and 3 MEHK to Merlin for its Jalozai and Mardan health facilities.

- Two cholera kits were provided to Swat and 1 cholera kit to MS Saidu Sharif hospital.

- To help in the prevention of acute skin infection among IDPs in Kacha Gari and Jalozai camps, 2000 bottles of calamine lotion are being procured.

- A training session on health assessment tools was carried-out between 11-12 September for 10 staff of the Department of Health.

- WHO disease surveillance officers conducted two disease early warning system trainings. On 1 September, 14 health staff of the mobile health teams serving communities in Mardan attended a training session. On 2 September, 7 medical staff of IDEA (a partner of Care International) who provide health services in Takhtbai and Buner attended a training session.

- WHO and health partners have received funds from the USA, Australia, Germany, Italy, Japan, the Republic of Korea, Norway, DFID, the CERF and ECHO.
**SOMALIA**

**Assessments and Events**
- The recent escalation of hostilities in May have displaced over 500,000 people.
- Mogadishu and its surrounding areas continue to experience ongoing hostilities that lead to displacement of communities and to a severe lack of access to essential health services.
- An interagency needs assessment of the ongoing humanitarian situation including UNICEF, WFP, UNHCR, OCHA and other agencies visited Mogadishu. The mission visited the 3 IDP settlements of Juba, Baarwaako and Burhan where over 900 families have been displaced.
- Key health risks that these communities face include lack of hygiene and sanitation exposing them to the risk of outbreaks of cholera and other fecal-oral transmitted diseases and absence of vaccination for children and women of child-bearing age which has increased the risk of measles outbreaks.

**Actions**
- WHO and health partners assessed the humanitarian situation and emergency health services needed for pre-existing and recently established IDP settlements around Mogadishu.
- WHO, through its implementing partners, will be providing mobile primary care services within camps and immunization services in Banadir Hospital.
- WHO and partners assessed the situation of 2 hospitals in Banadir and Al Madina in terms of the availability of essential medicines, equipment and surgical supplies, as well as the presence of necessary health workers. WHO will be sending inter-agency emergency health kits to Banadir Hospital that will each reach over 10,000 people for a duration of 3 months.
- Humanitarian agencies also met with local authorities to begin coordinating the joint humanitarian response.
- WHO is seeking new funding for emergency health services for conflict-affected and vulnerable people.
- WHO’s emergency activities are funded by the CERF, China and the HRF.

**ETHIOPIA**

**Assessments and Events**
- The food security situation remains poor as a projected figure of 6.2 million beneficiaries would require food assistance from July to December 2009.
- Malnutrition continued to be a serious concern in several woredas of Southern Nations, Nationalities and Peoples Region (SNNPR) in the first half of the year.
- According to official reports from the Federal Ministry of Health, 383 new cases and eight deaths of AWD (CFR of 2.1%) have been reported from Amhara, Somali, Oromiya, Tigray and SNNP Regions from 24 – 30 August.
- The Federal MoH has reported 6 confirmed cases of Influenza A and no new cases have been reported this week.

**Actions**
- WHO is working effectively in partnership with the FMOH, RHBs and partners in strengthening capacity of the federal and regions for better health and nutrition response.
- WHO’s emergency activities are funded by the CERF and Finland.

**WEST AFRICA**

**Assessments and Events**
- Since June 2009, several West African countries have been affected by unrelenting rains causing the loss of human lives, and massive destruction of infrastructure including dwellings and harvests.
- Some 600,000 people have been affected and these torrential rains have led to the death of 159 people, notably in Sierra Leone.
- Senegal, Burkina Faso, Ghana, Niger and Sierra Leone are among the most affected countries.

**Actions**
- WHO is working with the Ministries of Health of the affected countries to respond to the floods.
- WHO has sent the following supplies:
  - **Senegal**: One inter-agency emergency health kits (IEHK) with supplies for over 10,000 people for a duration of 3 months
  - **Sierra Leone**: 3 basic and 3 malaria units of IEHK.
  - **Niger**: 20 basic and 20 malaria units of IEHK
- WHO’s emergency activities in Niger are funded by Belgium, the CERF and France.
BURKINA FASO

Assessments and Events
- Severe rains on 1st September affected about 150,000 people with 8 deaths.
- Approximately 48,000 people are sheltering in temporary accommodation and about 40,000 with relatives.
- Both the displaced and the host families urgently need food, medical assistance, mosquito nets, water and sanitation, among other support.
- The capital’s main hospital was also flooded and its equipment badly damaged. Patients were evacuated to other health facilities in the city. More than 24,600 houses have been destroyed or damaged in Ouagadougou and surrounding areas. Much of the city's infrastructure – including roads, bridges, one electrical plant and one of the main water purification plants – were also damaged.

Actions
- WHO is providing support for the surveillance of epidemic prone disease (water borne diseases).
- WHO coordinating with partners within the humanitarian cluster approach.
- WHO is providing medical kits; a vehicle for surveillance; 3 Inter Agency Emergency Health Kit, 2 Diarrhoea diseases kit and funding.
- The Flash Appeal was launched on 11 September. The Health cluster has requested $1.5 million, of which US$ 444,000 is for WHO
- WHO’s emergency activities in 2009 were supported with CERF funding.

INTER-AGENCY ISSUES
In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities.
- The Humanitarian Liaison Working Group in Geneva on 7 September on UNRWA’s operations and challenges in the Near-East.
- The third meeting of the IASC Taskforce on meeting humanitarian challenges in urban areas in Rome on 7-9 September.
- A briefing organized by OCHA on civil-military challenges facing the humanitarian community in Afghanistan on 8 September.
- The IASC Gender Sub-Working Group on 9 September
- An inter-agency panel discussion on Population Movements in the context of Climate Change in Geneva on 16 September 2009.
- The monthly meeting of the UN Executive Committee on Humanitarian Affairs on 17 September.
- An inter-cluster coordination meeting on 18 September.
- An Emergency Directors teleconference on 23 September.
- HAC briefed the International Strategy for Disaster Reduction (ISDR) Support Group meeting on 14 September on preparations for the International Day for Disaster Reduction global event in London on 14 October 2009, and plans for the launch of a thematic platform on disaster risk reduction for health and a global programme on Safe Hospitals.

SPECIAL EVENT
HAC is organizing a series of lunchtime seminars on health and human rights in humanitarian settings, linking human rights and international humanitarian law to WHO’s work in emergencies. The next seminar will take place at WHO on 15 September from 12.30–14.00 on health and human rights in humanitarian settings.

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

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