

Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are 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 operational use and does not reflect any official position of the WHO Secretariat.

SOMALIA



For more information see www.who.int/hac/crises/som/en/index.html, and the [WHO Country Office in Somalia web site](#).

⇒ According to the Food Security and Nutrition Analysis Unit (FSNAU), the overall food security is improving and the number of people in crisis in Southern Somalia is expected to decline in 2010. In contrast, Central Somalia is now experiencing a sixth consecutive season of drought.

* Corrigendum: More than 1.5 million people are currently displaced throughout the country, mainly in South Central Somalia, but not all of them have been displaced over the past 12 months as erroneously printed in the previous issue of the Highlights.

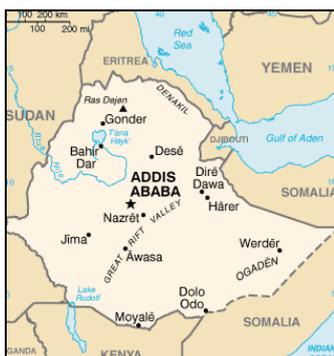
Assessments and Events

- Based on reports gathered from health partners, the recent fighting in Dhuusa Mureeb in Galgaduud caused an estimated 150 deaths and 81 injuries. Between 10 000 and 12 000 people have been newly displaced in Elbur District, of which most are women, children and older people IDPs. The main health concerns are lack of safe drinking water, sanitation and shelter as well as increased risk of acute respiratory infection and acute watery diarrhoea.
- Between 21 and 26 December, Banadir Hospital reported 70 cases of acute watery diarrhoea, bringing the total number reported since 12 October to 766. Of these, 86% were children under five. Eighteen deaths were reported during that period, and children under two accounted for 83% of all (CFR 2.35%). One of seven samples tested positive for *Vibrio cholera*.
- During the same period, the seven districts of Lower and Middle Jubba under surveillance reported 86 cases and no deaths, of which 27% were notified in Kismayo District. The 35 health facilities in Lower Shabelle reporting to the surveillance system notified 23 cases and no deaths.
- Nutritional surveys completed in October-November indicate a sustained nutritional crisis in Central Somalia with Global Acute Malnutrition (GAM) levels significantly above the emergency threshold of 15%.

Actions

- In Banadir Hospital, WHO is analysing the records of AWD cases. The hospital serves a substantial IDP population.
- WHO continues to monitor health services for conflict-affected communities in Kismayo and surrounding areas, and is ready to provide necessary medicines and supplies.
- In Galgaduud, WHO is assessing with partners the needs of affected communities and the number of reported casualties. Merlin pre-positioned medical supplies in the area through the HRF, and WHO will provide additional support as required.
- WHO sent 2 basic units of the Inter-Agency Emergency Health Kit to Trocaire in Luuq (Gedo Region) for the hospitals in Luuq and Elbon. The supplies provide enough for 2000 people for 3 months.
- WHO visited Hudur and Tieglow (Bakool Region), Buale (Middle Jubba) and two health facilities in Warsheikh (Middle Shabelle) to assess access to services and follow up on communicable diseases in conflict-affected populations. WHO also visited the hard-to-reach area of Labatunjerow, in Bay Region, to assess health service provision for conflict-affected communities.
- WHO participated in the FSNAU survey to assess levels of malnutrition in Lower and Middle Jubba.
- WHO's emergency activities are funded by the CERF and the Humanitarian Response Fund.

ETHIOPIA



Assessments and Events

- Although expected to be below normal in some areas, the *meher* harvest will improve short-term food security in many parts of the country. Nevertheless, despite recent assessments indicating relatively improving conditions, the lowlands of eastern Oromiya, parts of eastern Amhara, eastern and southern Tigray and some of the southern lowlands of SNNPR* are already vulnerable to food insecurity.
- Severe water shortages continue to be reported in some parts of Somali, Afar, Oromiya, Tigray, Amhara and SNNP Regions. These areas will be the object of enhanced surveillance for malnutrition, acute watery diarrhoea and measles.
- The acute watery diarrhoea (AWD) outbreak in Oromiya and SNNP Regions continues to expand. The outbreak, which started in Oromiya's Bale Zone on 28 November, now affects up to 15 woredas (the most affected being Guinner Woreda) in the same zone and has expanded to neighbouring Arsi and West Arsi zones. In SNNPR, up to 11 woredas are reporting cases from in South Omo,

<p>For more information see www.who.int/hac</p> <p>⇒ The multisectoral contingency plan for the first half of 2010 was released on 7 December. The plan, which reviews prevailing and potential hazards based on the mid <i>meher</i> assessment and available early warning information, provides three different scenarios, identifying the most likely to estimate sectoral requirements to foster preparedness.</p> <p>⇒ WHO participated in the regional workshop on emergency malnutrition implementation organized by Concern Worldwide and the Oromiya Region on 9 December.</p> <p>* SNNPR: Southern Nations, Nationalities, and People's Region</p>	<p>Gedio, Wolayita, silit and Gurage Zones. Figures are not always available but the MoH reported 122 cases in Oromiya between 14 and 20 December and 111 in SNNPR during the same period. Medicines and containers for water treatment in households are needed as well as funds for operational support.</p> <p>Actions</p> <ul style="list-style-type: none"> • WHO continues to support regional health authorities: <ul style="list-style-type: none"> ➢ to roll out the out-patient therapeutic programme (OTP) in hotspot woredas of Amhara, Oromiya, Tigray and SNNPR; ➢ to strengthen surveillance, early warning, outbreak investigation and response assessment in AWD-affected woredas of Oromiya and SNNPR; ➢ to monitor on-the-job training for health workers on the management of severe acute malnutrition and AWD. • The WHO Country Office sent two Diarrheal Diseases Kits to Oromiya and two to SNNPR. Each kit provides treatment for 100 severe cases or 400 moderate cases. • In SNNPR, WHO trained 31 surveillance focal points in Gedio Zone on setting up treatment centres and on improving hygiene, water and sanitation and case management working in centres. • The multisectoral contingency plan request an estimated US\$ 270 million for all sectors, including US\$ 25.7 million for the health and nutrition sectors. The health sector is addressing four major threats – acute watery diarrhoea, malaria, meningitis and measles – as well as related surveillance activities and capacity building of the health system and health staff. • WHO's emergency activities are funded by Finland, the HRF and the CERF.
<p>CHAD</p>  <p>For more information, see www.who.int/hac/</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • During the last two weeks of 2009, nine cases of acute jaundice were reported in eastern Chad, bringing the total number of cases report in 2009 to 711, including seven related deaths. During the same period, nine measles cases were reported for 1283 and 15 death between 1 January and 31 December. • During the last week of the year, 1054 new cases of acute watery diarrhoea were reported in eastern Chad, including 296 (28%) in Goz Beida health District. The same district also reported 1210 cases of acute respiratory infection or half of all cases reported between 24 and 31 December. <p>Actions</p> <ul style="list-style-type: none"> • WHO continues to support health authorities for epidemiological surveillance in the eight health districts of eastern Chad. The latest weekly morbidity and mortality report is available on the HAC web site. • WHO and UNICEF are reinforcing vaccination activities in Iriba Health District where six cases were reported during the last week of 2009. Both Amnaback and Tiné refugee camps are concerned by the vaccination programme. • WHO donated adequate medicines to local health authorities to support case management and is supporting the transport of samples for analysis. • WHO and the NGO International Medical Corps are working together to prepare the most adequate response to the rise in measles cases. • WHO's emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and Spain.
<p>ANGOLA</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • Since last October, about 54 000 Angolans have returned home from the DRC following a mass expulsion campaign. Most of the returnees, of whom around half are children, are sheltered in Mama Rosa temporary camps in Zaire Province, close to the border. The rest are in Uige and Cabinda Provinces. • A government/UN (IOM, WHO, UNICEF, UNHCR, UNFPA) assessment conducted between 18 and 20 October found the following gaps: <ul style="list-style-type: none"> ➢ health centres are in poor conditions, cannot provide full primary health services and have a shortage of medical staff; ➢ the only voluntary counselling and testing centre in the provincial hospital of Mbanza Congo is little used; ➢ the distribution of condoms in centres is not regular and the quantity is insufficient; ➢ no prenatal and postnatal care services are provided; ➢ no of female hygienic items are distributed. <p>Actions</p>

Health Action in Crises

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<p>⇒ On 11 December, an Action Plan was launched by the Government and the United Nations Country Team in Angola requesting US\$ 5 million to address the needs of Angolans expelled from the DRC.</p>	<ul style="list-style-type: none"> • WHO first donated one inter-agency emergency health kit (IEHK) providing supplies for the basic health needs of 10 000 people for three months. • Together with the MoH, UNICEF and UNFPA, WHO is requesting US\$ 830 970 in the Action Plan to support the MoH to provide emergency primary health care services. WHO is requesting US\$ 176 550 to provide additional medical supplies, provide refresher training on primary health care for common conditions to 40 health staff and to recruit additional staff among the returnee population.
<p>UNITED REPUBLIC OF TANZANIA – ZANZIBAR</p>  <p>For more information, see www.who.int/hac.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • Unguja Island has had no power since 10 December following the failure of the main power station in Fumba, which itself receives power from the mainland. The problem is likely to continue for at least three months as the obsolete equipment needs to be replaced entirely. • Unguja is the largest of the two islands of Zanzibar with 750 000–800 000 inhabitants. There are an estimated 200 000 children under five and 300 000 pregnant women. • The power outage has had an immediate effect on the all sectors of the economy as well as on basic social services and on the provision of water. The impacts on health services include, among others: <ul style="list-style-type: none"> ➢ use of generators (where available) in public and private health centres, increasing expenditure on fuel and maintenance by 75–80%; ➢ overloaded generators; ➢ suspension of all elective and non emergency surgeries; ➢ reduction by half of emergency caesarean sections and surgical interventions; ➢ damaged medicines, vaccines and blood products due to lack of refrigeration ➢ resurgence of diarrhoea diseases, including cases of cholera; ➢ weakened surveillance system due to inoperative communication systems. • Lack of electricity is further affecting the supply of safe drinking water. • The Revolutionary Government of Zanzibar has declared the situation a humanitarian emergency and has called for support from partners such as DANIDA and UN agencies, mainly WHO and UNICEF. <p>Actions</p> <ul style="list-style-type: none"> • WHO help the MoH conduct a five-day assessment to Unguja Island to assess the impact of the power outage on the health system and on the availability of water and the related effected on sanitation and hygiene. • WHO, is helping the MoH to coordinate the health interventions among the few existing partners including UNICEF.
<p>INTERAGENCY ISSUES</p> <p>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</p> <ul style="list-style-type: none"> • The IASC Weekly meeting in Geneva on 6 January. • An inter-agency meeting with the World Bank on 12 January. • The technical workshop on the humanitarian dashboard of the IASC Needs Assessment Task Force on 13 January. 	
<p>PUBLIC HEALTH PRE DEPLOYMENT TRAINING</p> <p>WHO/HAC completed its 6th Public Health Pre Deployment Training course in Hammamet, Tunisia. This two-week course implemented by the WHO Mediterranean Centre for Health Risk Reduction brought together 26 WHO staff and participants representing countries in Africa, the Middle East, Latin America, and Asia. The course content focuses on the importance of the humanitarian reforms and impact on WHO as an agency, demonstrates the public health impact due to natural and man made disasters. The course ends by applying new skills and knowledge in a field simulation exercise.</p> <p>Partners who assisted WHO in implementing this course include the MSB of Sweden, Johns Hopkins University, SAMU and Ministry of Defence of Tunisia.</p> <p>Future courses to be conducted in French and English are being scheduled for mid 2010. For more on this and other courses see http://www.who.int/hac/techguidance/training/predeployment/phpd/en/index.html or contact Rudi Coninx (Coordinator for Emergency Institutional Readiness and Capacity Building) at coninxr@who.int</p>	

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COMMUNITY HEALTH WORKERS - THE FIRST RESPONSE IN EMERGENCIES JANUARY 2010

In times of crisis, what often makes headlines is the international response. But in most cases, those who provide the initial lifesaving care are health workers from the very communities affected. WHO works with governments and partners to equip, train and prepare community health workers worldwide to provide critical care for millions of people affected by natural disasters, war and other crises, and the health risks that follow.

Local health workers help ensure equity in health at grassroots levels – urban and remote – and contribute to country efforts to ensure health care for all, particularly the poor, underserved and underprivileged. These workers are trained in hygiene, first aid, immunization and other essential primary health care services and form the backbone of any emergency health response.

This [photo essay](#) highlights the critical role these workers play in saving lives by preparing for and responding to emergencies.

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WHO/HAC is publishing two articles on activities in the [January UN Special](#) magazine.

- Insecurity, flu threats add to Afghanistan humanitarian crisis
- Health providers step up training, support for better Somali care

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

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