

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 internal use and does not reflect any official position of the WHO Secretariat.

FLOODS IN CENTRAL AMERICA



More information is available on the [WHO/PAHO web site](#).

⇒ On 20 October, a meeting was organized to present the Government of Honduras national emergency decree to bilateral donors and NGOs and to review immediate needs.

Assessments and Events

- Since 16 October, prolonged heavy rains have caused floods and landslides in *Belize, Costa Rica, Nicaragua, Honduras and Guatemala*.
- The state of emergency was declared in *Honduras*, where 14 people died and 127 000 are affected. All but one of the 18 departments are flooded and 4000 people have found refuge in shelters. Some areas are accessible only by boats. The main health concerns are gastrointestinal diseases and acute respiratory infections. Primary needs include portable latrines, water purification and household hygiene kits.
- Another 13 people died and more than 20 000 are affected in *Costa Rica, Guatemala and Nicaragua*. No deaths are reported in *Belize and El Salvador* but both are also affected by the floods.
- Monitoring and control of vector and waterborne diseases is essential.

Actions

- In *Honduras*, UN agencies and NGOs are working with the MoH to mobilize medical teams across the country. WHO/PAHO reprogrammed regular funds to support the teams and to purchase medicines. WHO/PAHO deployed experts in water and sanitation, disaster management and supply management (SUMA). Three teams are conducting assessments in the most affected areas.
- In *Belize*, WHO/PAHO is supporting a MoH needs assessment mission. No assistance has been requested so far.
- Spain provided US\$ 30 000 to PAHO for disaster relief activities in Honduras.

HORN OF AFRICA



For more information on Somalia, see the [Monthly Morbidity and Mortality Bulletin](#) in Lower Shabelle.

⇒ In *Somalia*, a UNICEF staff member was killed on 19 October by unidentified gunmen in the southern town of Hudur.

⇒ Drought and water shortages in the North and North-Eastern regions of *Kenya* have led to recurrent resource-based conflicts, making parts of the districts of Mandera, Turkana, Marsabit, Cherangany, Marakwet and Samburu inaccessible. An upsurge in insecurity in Mandera district has led to the imposition of a curfew.

Assessments and Events

- More than 17 million people urgently need food and humanitarian assistance in the region, and the number could rise further as the lean season is at its peak.
- The situation is critical in parts of *Ethiopia*, central and southern *Somalia* and *Djibouti*. Food insecurity is worsening in *Eritrea*, northern and north-eastern *Kenya* and in *Uganda's* Karamoja region.
- Across the region, there have been 7574 cases of cholera and acute watery diarrhoea (AWD), 162 of them fatal since January. Both the drought and the localized floods increase the possibility of outbreaks.
- In *Ethiopia*, 6.4 million people need food aid until the end of the year, of which 1.9 million are in the Somali region. As of 5 October, 3675 AWD cases and 22 related deaths had been reported nationwide.
- In *Eritrea*, lack of rains over the last months is further eroding the people's coping capacities.
- In *Djibouti*, approximately 340 000 people – more than half the population – need food assistance.
- In *Kenya*, 1.38 million people require assistance due to the combined impact of drought, violence and a 60% general rise in prices since January. On 14 October, at least 6000 persons were displaced by flash floods in Mandera town.
- In *Somalia*, 3.3 million people, or more than 40% of the population, need humanitarian assistance. More than 97 200 people were displaced in September, of which 22 900 are from Mogadishu. There are now 300 000–400 000 IDPs along the Afgooye corridor, all of them food and health insecure. In September 1253 AWD cases were reported among the IDPs, while in Merka district, 412 suspected cholera cases were reported between 13 August and 7 October.
- In *Uganda*, 70% of the population in the Karamoja region is food-insecure; this figure could rise to 900 000 by the end of 2009 if the deterioration continues. As of 30 September, 8459 cases of hepatitis E and 126 deaths (CFR 1.5%) had been recorded Kitgum district and 53 cases and seven deaths in Pader.

Actions

- In *Ethiopia*, therapeutic feeding programmes have been established in all 54 hot spot districts of SNNP region. Partners are now trying to intensify the response

in the Afar, Amhara and Somali regions where capacity is low. WHO, UNICEF and partner NGOs are supporting the MoH for AWD control.

- In *Djibouti*, WHO has received US\$ 210 833 from the CERF Secretariat to strengthen the decentralization of emergency response. WHO is:
 - strengthening the outreach of mobiles teams with drugs and operational funds, and
 - involving communities in referral of malnutrition or communicable disease cases.
- In *Somalia*, UNFPA provided 200 clean delivery kits to traditional birth attendants in Mogadishu while WHO provided refresher training. WHO and partners provided antibiotics, oral rehydration salts, Ringer Lactate, IV fluids and disinfectants in response to the increasing number of AWD cases. Agencies also provided chlorine for the treatment of wells in Marka district to avoid spread of cholera to Afgooye and other areas.
- In *Uganda*, WHO provides technical and financial support to training and sensitization activities to strengthen case management and epidemiological surveillance in the north and in Karamoja region. WHO, FAO, UNICEF and WFP received a US\$ 5 million CERF grant in August to extend food assistance, scale up therapeutic feeding and conduct other activities.
- WHO's emergency work in the Horn of Africa (Eritrea, Ethiopia, Djibouti, Kenya, Somalia and Uganda) is funded by Canada, China, Italy, Sweden, Turkey, United States, the CERF and OCHA.

SUDAN



⇒ The International Crisis Group warned that the disputed region of South Kordofan could turn into another conflict to rival that in Darfur.

Assessments and Events

- A report from the UN Secretary-General says that violence has displaced 230 000 people in Darfur this year. According to OCHA's latest figures, at least 40 000 were displaced just over the last month. International peacekeepers and aid workers are increasingly at risk of attack. Two NGOs were forced to suspend their activities.
- In *South Darfur*, 566 cases of bloody diarrhoea were reported between 11 and 17 October, compared to 503 during the previous week.
- In *South Kordofan*, a strike of all civil servants, including MoH employees, is affecting activities with the exception of emergency services in state hospitals.

Actions

- WHO hosted a meeting on primary health care for the greater Darfur to discuss technical and organizational issues.
- In *South Darfur*, WHO continues to provide technical support for household water quality to the State MoH and CARE. WHO distributed obstetrical kits, drug kits, consumables and equipment to ten state/rural hospitals. The items were provided by UNICEF.
- In *North Darfur*, WHO and UNICEF continue to support the State MoH monitor water quality in El Fashir town. Recently, 40 private wells were checked for residual chlorine levels, with three below standard rates.
- In *South Kordofan*, WHO is monitoring the health of IDPs in Muglad, Agok and Turalei. Communicable disease surveillance and routine immunization activities are ongoing.
- WHO's emergency work in Sudan is funded by the European Commission (ECHO), Ireland, the United States, the Common Humanitarian Fund and the CERF.

CHAD



See also the [weekly mortality and morbidity report](#) for eastern Chad.

Assessments and Events

- Humanitarian assistance remains minimal in Dogdore IDP site (30 000 persons). MSF-Holland has resumed its activities in Ade on 17 October. However, protection, food security, health and nutrition programmes could all be compromised if security for aid agencies does not improve.
- *Action Contre la Faim* conducted a nutritional survey in Gouroukoun, Gassire and Dogdore. The survey showed that acute malnutrition rates were respectively 4.7%, 10.1% and 5.8%. Mortality rates were under the alert threshold with the exception of the mortality rate for children under five in Gouroukoun which has been at 2.07/10 000 per day over the last three months.
- From 1 January to 19 October, 1881 cases of jaundice and 22 related deaths (CFR 1.2%) were notified in the east. More than half were reported among IDPs and one third among refugees. Dogdore, which reported 43% of all the cases, has not notified any new cases over the last three weeks. Overall the number of new cases is stabilizing.
- Between 13 and 19 October, 21 suspected cases of measles were reported in

<p>⇒ Mortality rate for children under five in Gouroukoun has been at 2.07/10 000 per day over the last three months.</p> <p>⇒ The inter-cluster contingency plan will be updated to prepare for possible new population movements. Partners will also appeal to the Government for reinforced security in areas where humanitarian workers are active.</p>	<p>eastern Chad, including 18 cases in Koibo in Abeche district. All the cases are from the same village.</p> <p>Actions</p> <ul style="list-style-type: none"> • WHO and key partners continue strengthening surveillance activities and case management. • WHO is supporting the MoH in conducting an investigation mission on the measles outbreak in Koibo. The MoH is preparing a vaccination campaign for all children aged 9 months to 14 years and is supervising case management. Surveillance is reinforced and five samples were taken for confirmation. • The WHO sub office in Abeche has a new consultant on hygiene and sanitation. • WHO's emergency response is funded by ECHO, Italy and the CERF.
<p>PAKISTAN</p>  <p>⇒ The Health Cluster is co-chaired by WHO and the provincial Directory for health of NWFP.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • Pakistan is currently suffering from the impact of three stressors: the global food prices crisis, the armed conflict in the Federally Administered Tribal Areas and the North-West Frontier Province (NWFP) and the seasonal monsoon. • In the NWFP, the number of IDPs from Bajaur is increasing every day. Kacha Gari camp had to be expanded and two new camps had to be opened. Meanwhile, the Government has started registering also the IDPs hosted by their families. • The affected populations suffer mostly from acute respiratory infections, acute diarrhoea, scabies and malaria. <p>Actions</p> <ul style="list-style-type: none"> • WHO and partners support the provision of health care in camps and district hospitals, and focus on the monitoring and tracking of diseases with outbreak potential, such as acute watery diarrhoea, among IDPs, returnees from Bajaur and flood-affected people in NWFP and Punjab. • The sudden rise in acute watery diarrhoea cases in Kacha Gari mid-October is now under control. WHO is providing health education in all IDP camps. • So far, 34 % of the US\$ 5.5 million requested by WHO under the humanitarian response plan launched in early September have been received from the CERF, Sweden and USAID.
<p>SRI LANKA</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • Heavy rains caused flooding in Gampaha, Kalutara, Colombo, Matara, Galle and Puttalam districts. Two people died and more than 75 000 are affected. More than 80 houses were damaged and landslides and floods have cut many roads in Matara. • The situation is expected to worsen as rains continue in Matara and Galle. • The MoH Epidemiology Unit issued warnings on the risk of vector and waterborne disease outbreaks in flood-affected areas. Health services are provided by the Government hospitals, mobile clinics and public health Staff. Sufficient medical supplies are available. <p>Actions</p> <ul style="list-style-type: none"> • National disaster relief and management authorities are heading and coordinating the response in Colombo and at district and divisional levels. • The National Disaster Management Centre is monitoring the situation, and has set up nine shelters for displaced persons in Gampaha, Colombo and Puttalam • WHO provided US\$ 15 000 to the Ministry of Healthcare & Nutrition for assessments, disease surveillance and health education on disease prevention. • WHO's emergency work is funded by the CERF.
<p>INTER-AGENCY ISSUES</p> <ul style="list-style-type: none"> • The Inter-Agency Group on Humanitarian Coordination met on 20 October. • The Inter-Agency Central Asia Taskforce met on 21 October. • Clusters. <ul style="list-style-type: none"> ➢ The donor-cluster lead meeting will be held in Geneva on 22 October. ➢ A tri-cluster training (health, water, sanitation and hygiene, nutrition) will take place in Amman on 3–8 November. ➢ The next face to face meeting of the Global Health Cluster will take place in New York on 11–13 November. • An inter-agency meeting on the Central Emergency Response Fund took place on 22 October. • The ISDR Inter-Agency Group met on 23 October to prepare for the Global Platform on Disaster Risk Reduction in June 2009. 	

Health Action in Crises

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- The IASC Sub-Working Group on **Preparedness and Contingency Planning** met on 23–24 October.
- A donor briefing on the **UN Plan of Action - Post Hurricanes 2008** was held in Geneva on 24 October.
- **Gender.**
 - The IASC Gender e-learning group will meet on 29 October. WHO and IRC co-chair this group and the process is managed by InterAction.
 - The next meeting of the IASC Gender Sub-Working Group will take place on 5 November.
- The UN Committee on **Humanitarian Affairs** will meet on 6 November.
- The next **Emergency Directors Meeting** will be held in Rome on 18 November.
- The 2008 meeting of the Consultative Group on the use of **Military and Civil Defence Assets** will take place in Geneva on 18 November.
- The 72nd meeting of the **IASC Working Group** will take place in Rome from 19-21 November.
- The Global **CAP 2009** Launch will be held in Geneva on 19 November. The Abu Dhabi launch will take place on 24 November.

OLDER PERSONS AND HUMANITARIAN ACTION

The IASC Working Group has endorsed a new advocacy paper on humanitarian action and older persons prepared by WHO and HelpAge International at the request of the 69th IASC Working Group in November 2007. The aim of the paper is to highlight key issues affecting older persons in humanitarian emergencies. Recent events have shown the disproportionate impact of crises and natural disasters on older persons and also the key roles that they can play in those situations. Older persons are entitled to equal protection under international human rights and humanitarian law and building awareness about their rights and specific needs is the first step to reducing their marginalization during and after crises and enabling them to continue supporting themselves and others. The report carries a series of recommendations and WHO and HAI strongly encourage their implementation.

The paper can be viewed at www.who.int/hac/network/interagency/news/iasc_humanitarian_action_and_older_persons.pdf

HEALTH CARE OF CHILDREN IN HUMANITARIAN EMERGENCIES

The new WHO (2008) Manual for health care of children in humanitarian emergencies has been released. These guidelines are designed to serve as a reference manual for the evaluation and management of children in emergencies, and as the basis for the training of health care workers. The manual has been jointly prepared by the WHO Department of Child and Adolescent Health and Development (CAH), the WHO Disease Control in Emergencies (DCE) Unit and WHO Health Action in Crises (HAC).

It can be seen at www.who.int/child_adolescent_health/documents/9789241596879/en/

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

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