

*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.*

## LEBANON CRISIS



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

- ⇒ On 26 July, the IASC Task Force meeting updated on the overall situation, including the humanitarian corridors, security, the Flash Appeal and CERF allocations.
- ⇒ On 25 July, the IASC activated the UN Joint Logistics Cell in Limassol, Cyprus, to facilitate the supply of humanitarian relief material.
- ⇒ On 24 July, the Health Cluster discussed funding issues and the terms of reference of the health cluster field coordinator.
- ⇒ The Nutrition Cluster met on 26 July.
- ⇒ On 27 July, the health and nutrition clusters updated donors on needs and reviewed the main technical areas, water, sanitation and hygiene, nutrition, communicable and non communicable diseases, maternal, new born and child health, and mental health, logistics and funding.
- ⇒ On 26 July, the DG's Representative for Health Action in Crises, travelled the Regional Director for EMRO to Syria.

### Assessments and events:

- As of 27 July, attacks continue on South Lebanon and Beirut as well as against Israel. Data on deaths is contradictory. In Lebanon, the Higher Relief Committee is reporting 3225 injured. In Israel, reports indicate several hundred people wounded.
- In Lebanon, more than 865 000 people have been displaced so far, of which approximately 107 000 are living in temporary accommodation. Another 150 000 have fled across the border to Syria.
- The large-scale destruction of Lebanon's infrastructure is affecting the health system's capacity to deliver care. No reports have been received yet regarding damaged health facilities.
- According to the Lebanese Higher Relief Committee, severe shortages of safe drinking water, food, and medical supplies are reported all over South Lebanon and in the Bekaa Valley. The targeting of factories has drastically slowed local production of food and non-food items.
- The Committee distributed 7650 food baskets, 8000 blankets, 2000 mattresses and 360 children kits. UN agencies and international NGOs are also conducting direct distribution of aid to affected areas.
- Access to the targeted areas needs to be secured.

### Actions:

- WHO's response team comprising a senior epidemiologist, a senior public health officer, and a senior mental health adviser arrived in Damascus and have started operational coordination.
- WHO sent supplies as part of a UN convoy carrying WHO, WFP, UNRWA and UNICEF emergency supplies to the city of Tyre. WHO supplies will provide basic healthcare for 50 000 people for three months, including five emergency health kits, oral rehydration salts, glucose and Ringer's solution.
- In Beirut, assessments in a number of shelters reveal that the majority of needs are being covered by national NGOs.
- A pilot mechanism for early warning and surveillance is under discussion among health partners in Lebanon. WHO is sharing forms for data collection, which can be easily adapted to the Lebanese situation.
- Collaboration with other agencies such as UNICEF, UNFPA, the Lebanese Red Cross and others is instituted through the Health Cluster mechanism.
- Seeking US\$ 144 million, the Flash Appeal for Lebanon was launched on 24 July. More than US\$ 32.4 million are requested for health, including US\$ 14 million specifically for WHO activities. Pledges have been received from the Central Emergency Response Fund (CERF), Australia, Canada, ECHO, Italy, Ireland and Sweden.

## OCCUPIED PALESTINIAN TERRITORY



### Assessments and events:

- In the week between 16 and 22 July, armed operations in the Gaza Strip have killed 24 and injured 107.
- Shortages of water and electricity in Gaza are resulting in health threats to the population. Lack of power affects water treatment plants, increasing the risk of communicable disease outbreaks, and hinders the preservation of cold chain items and food supplies. The ongoing financial crisis is hampering the payment of salaries and the purchase of drugs and supplies.
- Water quality is regularly sampled by the Palestinian MoH and the Coastal Municipalities Water Utility.

### Actions:

- WHO continues to monitor the impact of the current crisis on the delivery of health services by visiting primary health care facilities, hospitals and drug stores in the West Bank and in Gaza.
- WHO and the World Bank discussed the WHO system monitoring the

More information is available at:  
[http://www.who.int/hac/events/opt\\_2006/en/index.html](http://www.who.int/hac/events/opt_2006/en/index.html) or  
<http://www.bridgesmagazine.org/>

- humanitarian situation and health indicators which will be used by the World Bank to monitor the Palestinian Authority performance.
- WHO made a presentation on health situation to an EC meeting with donors and specialized agencies.
  - A health-coordination meeting was held at WHO on the health emergency situation with the participation of donors, UN Agencies and NGOs.
  - WHO supported a capacity building workshop for the district nutrition focal points of the MoH in Ramallah.
  - A Nutrition Steering Committee meeting co-chaired by the MoH and WHO was convened with both West Bank and Gaza. The MoH and UN agencies discussed the MoH nutrition surveillance system supported by WHO.
  - WHO's mental health team worked with a visiting consultant preparing a funding proposal for ECHO. WHO sponsored a workshop for nurses as well as a meeting for stakeholders on mental health.
  - WHO's 2006 emergency activities are funded by the Organization's Regular Budget, a contribution from Norway and a UN Trust Fund for Human Security funded by Japan.

## HORN OF AFRICA



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

### Assessments and events:

- Food insecurity across the region continues to affect 88 000 in Djibouti, 350 000 in Eritrea, 2.6 million in Ethiopia, 3.5 million in Kenya and 2.1 million in Somalia. FAO warned of a looming food crisis in Somalia, brought on by patchy seasonal rains and military activities.
- In *Ethiopia*, health service delivery in Borena is extremely fragile; most health facilities are inadequately staffed and have only a nominal budget for drugs and operational costs.
- In *Kenya*, ten cases of leishmaniasis were confirmed in the district of Isiolo. The MoH delivered appropriate drugs to Wajir and Isiolo districts.
- In *Somalia*, 25 cases of watery diarrhoea with four deaths were reported among children under five in Afmadow district, Lower Juba, during the second week of June.

### Actions:

- In *Djibouti*, work started to strengthen nutritional surveillance. Results from a field assessment report on nutrition will be available shortly.
- In *Eritrea*, outreach services are planned for the Northern and Southern Red Sea regions. Health emergency and trauma kits were procured. Some 74 clinicians were trained on integrated disease surveillance and response. Operational guidelines were produced.
- In *Ethiopia*, WHO provided health kits to support relief operations in Borena. The health centre of Yabelo, the capital city of Borena, has a capacity of six beds, which was increased with tents during the recent conflict. WHO provided anti-malaria drugs and insecticides and supported training on surveillance to enhance completeness, timeliness and information dissemination.
- In *Kenya*, a MoH team from Isiolo was sent to support investigations. WHO is supporting training on integrated disease surveillance and response against leishmaniasis. Community mobilization and use of insecticide-treated bed nets have started.
- In *Somalia*, WHO sent medical supplies to Lower Juba to respond to the diarrhoea outbreak. Social mobilization is also under way in the affected district.
- WHO and UNICEF prepared a proposal for cross border immunization in the drought affected area. It includes strengthening the cold chain, improving detection and response to outbreaks and supporting coordination.
- WHO's emergency activities are supported by a grant from the Central Emergency Response Fund (CERF). Additional support is provided by Italy for Djibouti and Sweden for Somalia.

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## SUDAN



More information is available at:  
<http://www.emro.who.int/sudan/>

⇒ The Darfur Joint Assessment Mission has started, which includes the Government, the Sudanese Liberation Movement, the UN and the World Bank left for Nyala to start fieldwork. WHO seconded a staff member to lead the cluster on basic social services.

### Assessments and events:

- As of 24 July, 5058 cases of cholera, including 168 deaths, are reported in nine out of 15 states in *northern Sudan*. More than a quarter were reported in *North Kordofan*. Other affected states are *Al Gezira, Kassala, Khartoum State, Red Sea, River Nile, South Darfur, South Kordofan* and *White Nile*. Case fatality varies between 2 to 10%.
- Volatile security in Darfur is limiting access for aid workers. Security in *North Darfur* remains tense and unpredictable, while fighting in Buram and Fardous in *South Darfur* left about 240 people dead and a high number of casualties. Large movements of populations are expected as a result.

### Actions:

- WHO continues to support the Federal and State MoH with basic drugs, IV fluids, testing kits and laboratory equipment as well as training for health staff.
- A medical and environmental assessment for cholera was conducted by WHO with the Federal MoH and UNICEF in *North Kordofan*.
- In *South Kordofan*, the cholera trend has stabilized thanks to the combined efforts of all health partners. Progress achieved needs to be sustained.
- In *North Darfur*, WHO is supporting the State MoH and NGOs in organizing trainings on cholera prevention and ensuring that quality health services are provided to IDPs arriving in Zamzam, As Salaam and Tawilla camps.
- In *West Darfur*, UNFPA, the State MoH and WHO conducted a workshop on case definition for diseases under surveillance and data collection for 25 national and NGO staff working in IDP camps in El Geneina locality.
- In *South Darfur*, the number of cholera cases reported in Nyala Teaching Hospital rose to 98, with no death notified. WHO provided IV fluids, oral rehydration salts, cannulae and other supplies.
- WHO visited the cholera treatment facilities in Dreig and Kalma camps and Nyala town to monitor case management, water supply, waste disposal and sanitation. On the job training was conducted.
- A further five facilities were identified as “oral rehydration corners” and local staff was trained on case management and reporting.
- WHO continues supporting Darfur hospitals with essential drugs and equipment, assisting the State MoH and health partners on water quality control and monitoring and providing health staff with essential training.
- In 2006, contributions for WHO’s emergency activities were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Response Fund and the 2006 Common Humanitarian Fund.

## INDONESIA



More information is available at:  
<http://www.who.int/hac/crises/idn/sitrep/en/index.html> or at  
[http://www.searo.who.int/en/Section23/Section1108/Section2077\\_11723.htm](http://www.searo.who.int/en/Section23/Section1108/Section2077_11723.htm)

### Assessments and events:

- Following the earthquake-triggered tsunami that struck the southwest coast of Java on 17 July, the MoH has reported 651 dead, 94 missing and 2010 injured. The estimated 35 500 displaced people show clear signs of trauma and are reluctant to return to their homes.
- Diarrhoea, respiratory diseases and gastritis are the most common illnesses reported in shelters.
- Emergency information and supply management need to be strengthened.
- Public health facilities need water and sanitation support and emergency kits. Other needs include insecticide-treated bed nets, artemisinin-based therapy against malaria, malaria sampling kits, masks, gloves, eye/ear drops, eye/skin cream, multivitamins and anti-allergen.
- The Government is conducting measles vaccination and vitamin A supplementation.
- Local authorities provide temporary shelters, public kitchens, health services, and food and non food items. The priority needs of displaced populations include sanitary and bathing facilities, food, blankets, mats and breast milk substitute for babies.
- Meanwhile, in the areas affected by the 27 May earthquake, some 400-1000 people remain in need of assistance in medical services, physiotherapy,

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- ⇒ On 4 August, the IASC Taskforce will update on the humanitarian situation and discuss cluster coordination and the handover to UNDP.
- ⇒ Early August, the Water, Sanitation and Hygiene Cluster will undertake an inter-agency Global Cluster review in Java.

shelter and nutrition. Communicable disease control is ongoing as measles, diarrhoea and acute respiratory infections continue to affect the population.

**Actions:**

- WHO helps providing post trauma care tetanus control and facilitates refresher training.
- District health officers have been deployed and WHO has distributed medicines to the affected area.
- WHO has sent two vehicles and is getting ready to send three more. It is also contributing to the operational cost of mobile clinics. The vehicles, equipped with WHO new emergency health kits (NEHK), will treat and refer patients.
- WHO supports the West Java public health office in establishing an emergency information and supplies management system and continues to facilitate the MoH's operations.
- Support for WHO's emergency operations is provided by Australia, Canada, Iceland, Monaco, Sweden, Saudi Arabia and the United States.

**CENTRAL AFRICAN REPUBLIC**



**Assessments and events:**

- Armed violence continues in the North. Nationwide immunization coverage among children under five is very low, averaging 40% for DTP and polio and 70% for BCG.
- The north-east regions of Bamingui-Bangoran and Vakaga are affected by heavy rains blocking the main road and impeding access to populations. Most health centres in the area are not functioning. Epidemiological surveillance is very weak.
- Flooding is also expected in Bangui as the rainy season continues. In August 2005, the floods had affected over 600 000 people.
- An evaluation mission on sexual and gender based violence in five conflict-affected provinces was completed. Of the 192 interviewees, only less than half had received medical treatment and 14% were in need of urgent psychological care. Sixty-five or 40% were HIV positive and required adequate follow up.

**Actions:**

- With technical and logistic support from WHO and UNICEF, preparations continue for a speeded up immunization campaign in conflict-affected areas.
- WHO is preparing for the possible floods in Bangui, improving surveillance for epidemic-prone diseases and the provision of safe drinking water.
- Based on the findings of the mission on SGBV, WHO is purchasing equipment and essential drugs locally for the implementation of a project on SGBV and obstetric care. A second field mission is under preparation and will offer training to health staff and sensitization activities to local populations. SGBV victims will be treated free of charge.
- Support for 2006 emergency activities has been received from Finland.

**UGANDA**



**Assessments and events:**

- Security in the districts of Pader, Gulu and Kitgum remains stable.
- *Cholera*: although the cumulative number of cases is high, the attack rate of cholera in Kitgum has stabilized. By 20 July, 943 cases were reported, including 12 deaths, compared to 876 at the end of June. Most of the new cases were reported in areas where access to safe water is limited and hygiene and sanitation practices remain poor.
- The outbreak seems to be under control in Pader, with no new cases reported in the past two weeks. The cumulative number of cases remains at 22 with no deaths. In Gulu the number of cholera cases has increased from 20 at the beginning of July to 27 and two deaths by mid-July.
- *Measles*: since the beginning of the outbreak in June and as of 18 July, 281 cases of measles and seven deaths have been confirmed in IDP camps in Pader and 22 cases and no deaths in Kitgum.
- A rapid assessment of Coartem stocks in all three districts shows an erratic supply mechanism with shortages occurring in some areas. It also revealed

	<p>that some are not adopting the introduction of Artemether-Lumefantrine for the treatment of malaria due to limited resources.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• WHO posters and brochures addressing community strategies to prevent the spread of cholera have been distributed to all partners in Gulu, Kitgum and Pader.</li> <li>• The cholera treatment centre in Gulu remains operational and surveillance is ongoing. Vigorous social mobilization and environmental and personal hygiene promotion continue.</li> <li>• A WHO poster educating families to recognize vaccine-preventable diseases is being translated in Luo language.</li> <li>• Between 14 and 16 July, the MoH, district health authorities, UNICEF and WHO organized a measles vaccination campaign, supported by UN agencies and NGOs. The campaign included also immunization for diphtheria pertussis and tetanus (DPT), influenza and hepatitis B and tuberculosis for children under one and tetanus toxoid for women and girls of child bearing age. Preliminary results show a good coverage.</li> <li>• The WHO sub office in Gulu is monitoring the introduction of Coartem and will liaise with the partners to ensure a consistent supply of the drug.</li> <li>• In Gulu, WHO is promoting the formation of specific working groups to improve the performance of the health sector. Sharing data and coverage on nutrition, HIV/AIDS, malaria and reproductive health, among others, will help monitor achievements and gaps in services and needs.</li> <li>• WHO is discussing with various NGO partners the possible construction of maternity shelters in Gulu, Pader and Kitgum.</li> <li>• In 2005-2006, WHO's emergency activities were supported by the European Commission, Finland, Norway, Sweden, the United Kingdom and the United States.</li> </ul>
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## INTER-AGENCY ISSUES

- **Early Recovery.**
  - On 27 July, the Cluster's sub-group on monitoring and evaluation (M&E) discussed other cluster approaches, members' current M&E frameworks, identification of indicators and resource allocation.
  - On 3 August, the Cluster Working Group will discuss membership, the early recovery guidance note, the cluster's 2006 calendar, the global cluster appeal and early recovery in the Lebanon Flash Appeal.
- **Gender and Humanitarian Action.** On 25 July, the IASC Taskforce briefed on issues discussed during the IASC Working Group meeting in July, reviewed the status of the *Gender Handbook's* draft and discussed the field consultation process, the revision of the *Reproductive Inter-Agency Field Manual* and the *Five Ways to Strengthen Gender Mainstreaming in Humanitarian Action*. The next meeting will take place late August or early September.
- **Framework Team.** On 25 July, the Team updated on countries currently under review and discussed the outcome of the interim review consultations concerning countries newly proposed for review.
- **CERF.** On 26 July, an Inter-Agency meeting on the Central Emergency Response Fund discussed lessons learned, programme support costs, the second round of CERF allocations to "Under-Funded" crises and the UN Secretary-General's Report to the General Assembly.
- **IASC/InterAction meeting.** On 28 July, the monthly OCHA/InterAction meeting in New York provided a humanitarian update on the West Bank and Gaza Strip and on Lebanon, discussed nutrition indicators in Niger, and updated on Uganda and on the Brussels pledging conference for Sudan/Chad.
- **Pakistan.** On 2 August, the next meeting of the IASC-UNDG Taskforce on the South Asia Earthquake will update on the implementation of the UN Early Recovery Plan and contingency planning.

*Please send any comments and corrections to [crises@who.int](mailto:crises@who.int)*

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