HUMANITARIAN CRISIS

LEBANON

Ongoing military action is hampering the delivery of aid.

According to the High Relief Committee, more than 900 000 people, or a quarter of Lebanon’s population, have fled their homes. An estimated 565 000 displaced persons (IDPs) are staying with relatives and friends, while more than 130 000 are staying in schools and public institutions.

Humanitarian partners are launching rapid assessments into new areas as they become accessible, focusing on swiftly addressing vital needs.

UN agencies, health authorities and local partners conducted a needs assessment in Saida – currently hosting 70 000 IDPs. Preparations are ongoing for the set up of humanitarian hubs in Saida, Tyre and Tripoli.

Fuel shortages are a major concern and a large proportion of hospitals and health facilities throughout Lebanon could face closure within days if fuel supplies are not delivered.

Actions:

• In Lebanon, following the weekend’s offensive, WHO contacted public hospitals to assess their operating status and urgent needs. All those contacted reported being functional but needing fuel, staff, oxygen, drugs and medical supplies.
• WHO provided drugs for chronic diseases and items for dialysis to the MoH as well as medical supplies to local NGOs working with affected populations. It also delivered donated drugs to Zahlia in the Beqaa Valley.
• In collaboration with the MoH, UNFPA and UNICEF, WHO is establishing a water quality monitoring system in shelters.
• The MoH, WHO and UNICEF launched on 9 August a measles and polio immunization campaign in downtown Beirut. The campaign will cover local and displaced populations and is targeting more than 100 000 children.
• In Syria, 4727 children were vaccinated again measles during a campaign organized in shelters by the MoH, UNICEF, WHO and partner NGOs. Approximately 4300 children were also vaccinated against polio, 3200 against measles, mumps, and rubella and 2500 against meningitis.
• Health partners are implementing a water and sanitation programme for shelters focusing on hygiene, health education and waste disposal.
• WHO is supporting the Syrian Red Crescent Society in establishing an emergency operating centre.
• The Flash Appeal for Lebanon seeks more than US$ 32.4 million for health, including US$ 14 million specifically for WHO activities. Pledges for health were received from the Central Emergency Response Fund (CERF), Australia, Canada, ECHO, Italy, Ireland, Japan, Norway and Sweden.

Assessments and events:

Since 31 July, a IASC Task Force on Lebanon meets twice a week exchanging information on the situation, humanitarian corridors and priorities, staff deployment and security issues.

On 9 August, the UN ECHA Core Group updated on the political situation and discussed the overall humanitarian strategy, operational plans, staff and advocacy.

On 11 August, the Emergency Relief Coordinator, Jan Egeland, briefed the humanitarian community in Geneva.

A WHO paper on Disease Surveillance/Early Warning and Response Guidelines for the Middle East Crisis is available at: http://www.who.int/diseasecontrol_emergencies/guidelines/en/

OCCUPIED PALESTINIAN TERRITORY

The financial crisis facing the Palestinian Authority continues to impact on the delivery of health care. At the end of July, stocks for 80 out of the 437 items on the list of essential drugs had shrunk to cover needs for less than one month and stocks for another 80 to less than three months.

All MoH hospitals in the Gaza Strip are operational but have reduced their service provision including diagnostic and outpatient services; some cases of elective surgery are being referred to NGO hospitals.

Referral of patients abroad remains a serious problem. Until 11 August, none of the 300 patients referred to Egypt and Jordan by the MoH was able to leave due to the temporary closure of the Rafah crossing.

Actions:

• WHO, UNICEF and UNFPA are strengthening the information system on pharmaceuticals to allow the Palestinian MoH to better monitor the flow for drugs and medical supplies to all governmental health facilities and to track shortages and donors responses.
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/

HORN OF AFRICA

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.
- In Ethiopia, at least 10,000 people have lost their homes in the city of Dire Dawa after a flash flood hit the area. At least 200 people are reported to have died while more than 300 are still unaccounted for.
- In Kenya, 11 measles cases have been reported in Moyale District. No new cases of leishmaniasis have been reported last week in Isiolo and Wajir.

Actions:
- In Djibouti, from 31 July to 6 August, WHO conducted trainings on epidemiological and nutritional surveillance in five drought-affected districts. Guidance on the management of mobile health units was also provided to the 57 participants. Fax machines will be supplied to the district hospitals to enhance health information management.
- In Kenya, WHO, the MoH and partners conducted an emergency polio campaign from 29 July to 2 August in five drought-affected districts.
- Training on disease surveillance and response was conducted into two new districts, bringing the total of districts covered to seven out of ten.
- Contingency planning has started for the possible influx of Somali refugees.
- In Somalia, the long delayed measles immunization campaign in Mogadishu, organized by WHO, UNICEF, the MoH, Islamic Courts and health partners has begun, targeting around 625,000 children aged 9 months to 15 years.
- On 2 August, WHO took part in a UN mission to Mogadishu to discuss humanitarian priorities and activities with the Supreme Council of Islamic Courts.
- WHO is increasing resources for its Mogadishu sub office to support health authorities with drugs, equipment and supplies for priority hospitals.
- 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.

SUDAN

Assessments and events:
- Escalating violence against aid workers in Darfur is seriously jeopardizing humanitarian activities according to OCHA. Access is at its lowest since operations began in the region. The need for humanitarian assistance is increasing while aid workers’ ability to respond is being ever more restricted.
- In West Darfur, malnutrition is reportedly increasing. The State MoH reported cases of severe malnutrition in Zalingi and Habilla.
- The cholera outbreak in northern Sudan in ongoing. Between 21 April and 31 July, 5,405 cases, including 183 deaths, were reported in nine of the 15 states. Central, West and East Equatoria, Upper Nile, Jonglei, Lakes, Unity, Bahr el Ghazel, Khartum, North and South Kordofan, White Nile, River Nile, South Darfur, Gezira and Kassala are affected.
- Between 28 January and 6 August, 17,162 cases of cholera, including 507 deaths, were reported in eight of ten states of South Sudan. Some 37% of cases were reported in Juba and 51% in Central Equatoria State.

Actions:
- In South Sudan, WHO, the Federal MoH and other UN and NGO partners have implemented cholera control measures including stronger surveillance, specimen collection, case management and chlorination of water.

A real time evaluation for the Horn of Africa is due to begin next week. The purpose of the evaluation is to provide quick and practical feedback on action needed in the short and medium term to achieve humanitarian goals in the region. Conclusions and recommendations of the overall evaluation should be available by mid-October.

WHO is supporting the MoH in setting up a national nutrition surveillance system. Growth data covering the months of June and July has been entered into the database.

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.

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<th>Country</th>
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| Sudan            | • In Khartoum, WHO is collecting data on vaccination coverage in IDP areas to ensure that all IDPs intending to return are properly immunized and identifying health workers and medical personnel in the camps.  
• No cases of cholera have been reported in the last five weeks.  
• In East Sudan, an assessment on malaria and waterborne diseases was conducted in Port Sudan (Red Sea State). In Gedaref, training on malaria surveillance and case management was organized.  
• In North Darfur, WHO continues to implement the anti-cholera programme as the rains are making conditions favourable for an outbreak. As part of a door-to-door education campaign, the State MoH and WHO trained 270 community health workers in Zam Zam camp on cholera prevention.  
• Due to the increase in waterborne diseases in camps, WHO supported a State MoH training of trainers on personal hygiene and water safety for 20 school teachers. Ultimately, up to 100 teachers and 3000 children in Abu Shoak and As Salam camps are targeted.  
• 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. | • WHO is working in close collaboration with partner NGOs and local authorities to ensure that access to health services is available for vulnerable populations countrywide.  
• WHO, UN agencies and donors are discussing the distribution of essential drugs and supplies to health infrastructures to support the policy for free health care for children under five and pregnant women decided by the Government earlier this year.  
• From 19 to 23 July, WHO supported a nationwide measles immunization campaign that vaccinated more than 1.2 million children aged 9 to 59 months. Vitamin A and deworming treatment were also provided.  
• Following a meeting between UNICEF and WHO to discuss a cholera contingency plan for the second half of 2006, a workshop is being organized for the end of August which will include the MoH and other partners.  
• In collaboration with the NGO HealthNet and with financial and technical support from WHO, the MoH conducted a workshop on the integration of mental health in basic health care activities.  
• There have been no contributions to 2006 activities so far. WHO prepared a project for US$ 500 000 for the CERF under the “under funded” countries window. |
| Burundi          | Displacement is often adopted as a coping mechanism by the most destitute but is in fact one of the main determinants of vulnerability. There are about 40 000 refugees from the Democratic Republic of the Congo, 17 500 from Rwanda and 116 000 IDPs living in various camps across the country, while about 430 000 Burundians remain in Tanzania. | WHO is working in close collaboration with partner NGOs and local authorities to ensure that access to health services is available for vulnerable populations countrywide.  
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| Chad             | OCHA is reporting a deterioration of security in eastern Chad over the last six months. Incursions by armed groups from Sudan and attacks on civilians have multiplied.  
In addition to the 200 000 refugees from Darfur accommodated into a dozen camps across the East, violence has forced 50 000 Chadians to flee their homes. Some have crossed the border into Sudan but most remain internally displaced.  
The arrival of the rainy season is facilitating the spread of waterborne diseases and hinders access to several zones hosting displaced people, including the area of Goz Beida, where a large number of IDPs and refugees are living. | WHO is working in close collaboration with partner NGOs and local authorities to ensure that access to health services is available for vulnerable populations countrywide.  
• WHO, UN agencies and donors are discussing the distribution of essential drugs and supplies to health infrastructures to support the policy for free health care for children under five and pregnant women decided by the Government earlier this year.  
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### Actions:
- The early warning and response system set up by WHO and the MoH in eastern Chad continues ensuring the timely detection of epidemic prone diseases among local and refugee populations.
- WHO and the MoH are putting together a contingency plan against cholera and other waterborne diseases.
- Following the notification of 28 suspected cases of hepatitis E in Gaga camp, Goz Beida, blood samples were taken and sent to N'djamena. The MoH, HCR and WHO are conducting a mission to the camp to support the elaboration of a response plan. Since March, 123 cases have been notified in the camp, including 3 deaths.
- A WHO and UNICEF mission was conducted early July to Goz Beida to investigate the provision of health care to displaced people in the area. Currently these are benefiting from the free services provided to refugee populations.
- WHO’s emergency activities in Chad are funded by the United Kingdom and ECHO.

### INTER-AGENCY ISSUES

- **IASC Global Clusters.**
  - **Early Recovery.** On 8 August, the Cluster Working Group discussed membership, Guidance Note, the 2006 calendar, the Global Cluster Appeal and the Lebanon Flash Appeal.
  - **Emergency Shelter.** On 9 August, the IASC Cluster Working Group discussed training, the IASC Gender Handbook and updated on cluster activities in Lebanon.
- **Indonesia.** On 15 August, the IASC Taskforce will update on the humanitarian situation and discuss cluster coordination and the handover to UNDP.
- **CERF.** The next inter-agency meeting on the Central Emergency Response Fund will take place on 16 August.
- **IASC Weekly.** On 9 August, the IASC weekly meeting in Geneva discussed Sri Lanka and Indonesia.

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

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