

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. The WHO contributions in each situation are provided through a mix of different WHO programmes: the staff involved is drawn from WHO field and country offices, often with support from different departments in WHO regional offices and Headquarters. The remit 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.

IRAN



Assessments and events:

- A series of earthquakes, with magnitudes of up to six, has affected remote villages between the towns of Doroud and Boroujerd in the province of Lorestan approximately 300km south/southwest of Teheran.
- According to the latest figures released by the Government, 54 persons have been killed and 850 injured. Some 330 villages have been partially or completely damaged.
- The Red Crescent and other local NGOs are on the scene.
- The authorities have not requested assistance so far.

Actions:

- The WHO Representative (WR) in Teheran is in contact with the UN Resident Coordinator and local authorities.
- An EHA Focal Point is present in the WHO Country Office. The WR is preparing for possible requests and organizing for initial assessments.

HORN OF AFRICA



⇒ On 30 March, the Somalia Country Team briefed the IASC weekly meeting in Geneva on the overall humanitarian crisis in the country, with a focus on the drought. On 31 March, the Country Team will brief the humanitarian community on the current humanitarian challenges facing Somalia.

Assessments and events:

- Preliminary assessments in the Horn of Africa show that 20 out of every 100 children under five are suffering from moderate to severe wasting making them more vulnerable to diseases such as malaria, diarrhoea, acute respiratory infections and TB, all prevalent in the region.
- The Horn is prone to outbreaks of measles, cholera and meningitis.
- Health coverage is poor: immunization rate is estimated at 30% in Somalia, 64% in Djibouti, 66% in Ethiopia, 73% in Kenya and 80% in Eritrea,
- To reduce avoidable morbidity and mortality, the humanitarian response needs to provide a comprehensive response which includes food, water and sanitation as well as health care.
- Several initiatives are under way to support a strong humanitarian response. The Central Emergency Response Fund (CERF) has already allocated USD 24.6 million for life saving activities, support to the common services and strengthening of the cluster approach. Meanwhile, a Regional Appeal, covering the period March to December, is under preparation and should be launched early April. Last, the 2006 CAP for Somalia was revised requesting an additional USD 152 million to sustain humanitarian operations until the end of 2006.

Actions:

- As the lead agency for health, WHO is supporting the MoHs of the affected countries in coordinating the response of the humanitarian actors. Priorities are promoting disease prevention and surveillance, monitoring malnutrition, training health workers in proper diagnosis and treatment of disease and malnutrition and supplying essential drugs and medical supplies.
- WHO, UNICEF and the MoH are working together implementing measles and polio immunization and providing vitamin A supplementation and health education and information. A mass polio vaccination campaign has just started in Somalia, targeting 1.4 million children.
- WHO is helping to reinforce networks to monitor disease and malnutrition in high risk areas by training and equipping the MoH and NGOs working in the field and by analysing and disseminating findings to partners.
- Disease and nutrition surveillance will help prevent the spread of diseases and of severe malnutrition and make treatment more effective. Meanwhile, WHO has started training health staff to better diagnose and treat communicable diseases and malnutrition.
- In 2005, WHO activities in Kenya were supported by the African Development Bank; no voluntary contributions were received for Djibouti, Eritrea or Ethiopia. Other 2006 activities in Somalia are supported by Italy and Sweden.

SUDAN



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

⇒ On 30 March, WHO is organizing in Geneva a briefing with donors on the health implications of the current shortage of humanitarian funding to Sudan. As part of the UN Work Plan for Sudan, WHO has developed 20 health projects for implementation requiring USD 24 million.

Assessments and events:

- In the three *Darfur* States, security has dramatically deteriorated since the last quarter of 2005. Although the crude mortality rate almost halved between August 2004 and May 2005, insecurity leaves almost a third of the affected population without access to primary health care services.
- As of 25 March, 1 335 cases of meningitis, including 145 deaths (CFR 10.9%) have been reported in 15 of the 25 States of Sudan, of which more than half were reported in the southern states of *Warab* and *Western Bahr-el Ghazal*. Further spread of the disease is likely due to the lack of access to essential drugs and vaccinations. In high risk areas, the existing surveillance system has only a limited capacity.
- Between 28 January and 26 March, the cumulative number of cases of cholera reported in *South Sudan* is 9 394 cases and 248 deaths (CFR 2.62%). Although the situation in Juba is improving, cases of acute watery diarrhoea are being reported in new locations.

Actions:

- In *Bahr al Ghazal*, the MoH, WHO and partners have established a Task Force to reinforce coordination and surveillance, standardize case management and implement immunization campaigns and other environmental control measures. More than 45 000 people have already been vaccinated.
- Close monitoring of the cholera outbreak in *South Sudan* continues.
- In *North Darfur*, WHO provided technical and support equipment to Oxfam on water quality analysis for the construction of new water points in camps.
- In *West Darfur*, WHO provided two vehicles and all printed material for the Sudanese Household Survey. WHO is acting as a focal point for UN agencies and NGOs contributions. WHO has donated to the State MoH Malaria Department sufficient anti-malaria drugs and funds for spraying all the IDPs camps in the State in 2006.
- In *South Darfur*, The NGO Merlin reported an increase in the average number of antenatal care visits from 50 to 300 per site per month. WHO provided the NGO with copies of a reproductive health guidelines.
- WHO developed a questionnaire to collect data on the availability of psychological services. The questionnaire was distributed among NGOs in preparation for a forthcoming workshop on mental health
- In 2005, activities were supported by the European Commission, Ireland, Italy, the Netherlands, Norway, Sweden, the United Kingdom and the United States. In 2006 contributions were received from Switzerland and Ireland. Allocation of funds of the 2006 Common Humanitarian Fund has begun.

SOUTH ASIA EARTHQUAKE



Assessments and events:

- The final version of the *Build Back Better* Reconstruction and Rehabilitation Strategy for the Health Sector of the Earthquake Reconstruction and Rehabilitation Authority (ERRA) has been circulated.
- The main causes for consultations for the past week remain acute respiratory infections (25%), acute watery diarrhoea (6%) and (4%) injuries. ARIs account for a third of all consultations among children under five. More than 260 deaths have been reported since surveillance started, of which 29% were due to ARIs.

Actions:

- A WHO secondment to ERRA is working to ensure coordination and cooperation between the MoH, ERRA and all health partners.
- To minimize gaps in health services delivery during the transition process, WHO is compiling a *Who Is Doing What Where* matrix for all health partners. A draft of the proposed health projects was presented to OCHA as part of the Pakistan Action Plan from Relief to Recovery.
- In *Bagh*, all Lady Health Workers working on reproductive health, mother and child health care, family planning, STIs and HIV/AIDS participated in a Training of Trainers on reproductive health. In *Muzaffarabad*, 25 Lady Health Workers were trained on Primary Health Care, will all Lady Health

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http://www.who.int/hac/crises/international/pakistan_earthquake/en/index.html

- Workers in *Mansehra* and a large number of volunteers were trained in identifying cases of TB and referral procedures.
- In *Battagram*, WHO is shifting its health promotion activities to the places of return. In cooperation with the Pakistani authorities, WHO will be compiling a database for water quality surveillance and monitoring in the district.
 - WHO and partners organized several localized measles vaccination campaigns to respond to isolated cases. Outbreak investigations mission were carried out in *Balakot* and *Muzaffarabad*.
 - WHO carried an outbreak investigation mission in *Rawalakot* following the report of several cases of acute jaundice syndrome in various locations. Improvement in the water and sanitation conditions, education and information activities and chlorination of water sources will be carried out.
 - WHO activities are supported by Australia, Canada, Denmark, the European Commission, Ireland, Italy, Japan, the Republic of Korea, Kuwait, Monaco, Norway, the Slovak Republic, Sweden, Switzerland, Turkey, the United Kingdom, the United States and many private contributions.

DEMOCRATIC REPUBLIC OF THE CONGO



⇒ On 29 March, the Deputy Special Representative of the UN Secretary-General briefed the international community in Geneva on the humanitarian aspects of the situation in the Democratic Republic of Congo.

Assessments and events:

- In some areas of eastern DRC, military operations are triggering population displacements with disastrous consequences for those affected. Attacks by various armed groups are causing further grief.
- In some areas, lack of access, difficult logistics and inadequate resources are proving insurmountable for humanitarian actors trying to reach affected populations.
- Several interagency missions are under preparation to Katanga, where tens of thousands of people remain displaced following fighting at the end of 2005.
- Outbreaks of measles are reported in the four eastern provinces (including over 80 cases between 13 and 18 March in *Maniema* alone) and *Kasai Oriental* as well as in *Bandundu* and *Bas-Congo*. Outbreaks of cholera are ongoing in *Orientale*, *Katanga* and *Maniema*. Malaria remains the first cause of morbidity with more than 25 000 cases reported in the four eastern provinces between 13 and 18 March.
- In *Katanga*, MSF conducted a 90-day recall survey in *Dubie*, finding a crude mortality rate of 4.3 per 10 000 per day and a under-five rate of 12.7 per 10 000 per day, indicating a catastrophic situation. The prevalence of global acute malnutrition was 19.2%.

Actions:

- Following several requests from local and national health authorities, WHO is looking into ways to secure funding to enhance the national response to the measles outbreaks and provide essential medicines and supplies.
- WHO is holding information and sensitization reunions on Avian Influenza for health and administrative personnel in all provinces.
- In 2005, WHO activities were supported by Belgium, the European Commission, Finland, Norway and the United Kingdom.

ECUADOR



Assessments and events:

- During the last week, torrential rains in the provinces of *Manabi*, *Los Rios*, *Guayas* and *El Oro* along the Pacific coast caused serious floods and landslides. Approximately 1 800 families have been affected and evacuated while a large number health facilities have been flooded or have become inaccessible due to landslides.
- Respiratory infections, diarrhoea, gastroenterological and skin infections are prevalent in the affected areas as well as Dengue and Hemorrhagic Dengue. Malaria and leptospirosis are also endemic in *Manabi*. Stagnant water may increase the mosquito population.


Actions:

- The MoH and WHO/PAHO are focusing on coordination among health actors and environmental health measures including reducing vector breeding sites, spraying, distributing safe water and implementing water quality control and disease surveillance activities.

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	<ul style="list-style-type: none"> • WHO/PAHO, in coordination with regional and provincial health authorities, and WFP will proceed with the distribution of food, water containers, drugs for health centres and hospitals. • OCHA has assigned USD 39 000 to WHO/PAHO Ecuador to meet some of the emergency health needs.
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<p>ZIMBABWE</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • The country is in the grip of its fifth year of food shortages and the price of maize continues to escalate. • Cholera is spreading to new areas in <i>Harare</i> although it is now under control in <i>Manicaland Province</i>. More than 20 deaths have been reported in Harare alone since the beginning of the year. • Shortage of fuel has resulted in accumulation of urban refuse. Meanwhile shortage of foreign currency has delayed the purchase of water treatment chemicals, resulting in erratic water treatment, which could render the water supply unsuitable for human consumption. <p>Actions:</p> <ul style="list-style-type: none"> • WHO is providing the MoH with medical supplies and equipment to control the cholera outbreaks, including one tent, one cholera kit, 20kg sodium hypochlorite as well as information and education material on health and hygiene promotion. • WHO technical staff members were seconded to the MoH to provide support for surveillance, contact tracing, health education and infection control. • Avian Influenza preparedness is ongoing with WHO's support. • No funds have been received in 2005 and 2006.
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<p>INTER-AGENCY ISSUES</p> <ul style="list-style-type: none"> • Early Warning. On 27-29 March, the Third International Conference on Early Warning against natural hazards took place in Bonn under the auspices of the United Nations. • NAF. On 30 and 31 March, WHO, including three EHA/AFRO Focal Points, participated in a workshop organized by OCHA to introduce the Needs Analysis Framework (NAF). The NAF is a tool designed to organize and present needs assessment information in a consistent and transparent way, providing a platform for analysis, prioritization, and planning. WHO participated in the development of the tool, which so far has been piloted Burundi, Côte d'Ivoire, DRC, The West Bank and Gaza and Uganda. • West Africa. The West Africa Consolidated Appeal revision, which seeks an additional \$92 million to provide urgently required assistance for some 3.2 million people, can now be found on http://www.humanitarianappeal.net • Gender and Humanitarian Assistance. the IASC Taskforce will organize a meeting in New York on 6-7 April to complete the draft of the Gender Mainstreaming Handbook. Sector specialists and interested actors are invited. 	
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Please send any comments and corrections to crises@who.int

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