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.

SUDAN

Assessments and events:
- In Darfur, an estimated 150,000 to 200,000 new people have been forced to flee their homes during the past months, bringing the total number of IDPs to 3.6 million, or close to 60% of the population. For more than 700,000 of them, humanitarian access is very limited and irregular.
- After the relative humanitarian improvements achieved in 2005, there is now the risk to return to the same levels of death and suffering as in 2004 if sufficient funding is not raised. UNICEF reports that the prevalence of malnutrition has increased to 15% compared to 11% in 2005.
- In South Sudan, the cholera epidemic continues. Between 28 January and 21 April, 11,955 cases and 314 deaths (CFR 2.6%) have been notified in six of the ten states.

Actions:
- In North Darfur, WHO continues to provide financial support to the Al Fasher Maternity Hospital to ensure free services to IDPs and local communities.
- The staff of El Fasher Teaching Hospital were given an orientation training on surveillance and case management of meningitis.
- WHO continues to provide technical support and equipment on water quality control to Oxfam, UNMIS, the African Union and the state water and sanitation agency to help identify safe water sources in camps.
- WHO is working with partners to prepare vector control plans for the beginning of the rainy season. WHO is providing protective gear and insecticides and assisting the State MoH with coordination.
- In South Darfur, training on environmental health and the proper disposal of medical waste was organized in Kass Hospital. A rapid assessment was also conducted to review equipment and remedy potential shortcomings.
- In South Sudan, the South Sudan and Federal MoHs, WHO, UN agencies, NGOs and other partners continue to struggle against the cholera outbreak, supporting good case management, surveillance environmental control measures and health education.

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

On 26 April, UNICEF briefed the monthly NGO/IASC meeting on its emergency response in Sudan.

On 27 April, UNICEF briefed the humanitarian community in Geneva on the situation in Sudan its financial situation and needs.

On 3 May, the UNDG Sudan Technical Working Group will discuss a Joint Assessment Mission (JAM) in Darfur.

HORN OF AFRICA

Assessments and events:
- Two consecutive years of scarce rains have endangered the livelihoods of nomadic pastoralists across the Horn of Africa, particularly in the area where the borders of Somalia, Kenya and Ethiopia meet. Other pockets of food, water and health insecurity have been identified in the coastal areas of Eritrea, in all the interior of Djibouti and south of Nairobi in Kenya.
- Current estimates count 7 to 8 million affected people. Lives are threatened by under-nutrition but also by infectious diseases – measles, diarrhoeas, acute respiratory infections, meningitis and malaria. Polio is a persisting hazard across the affected areas. Pregnant and breastfeeding women and people living with HIV/AIDS are also more vulnerable.
- It is a “complex crisis of livelihoods”, and whatever the outcomes of relief in the next 12 months, more efforts will be needed in the long term to reduce structural vulnerabilities.

Actions:
- WHO’s action in the region is based on its Four Functions in crises – assessment and monitoring, support to coordination, filling gaps and capacity building. This strategic framework focuses on the common goal of reducing avoidable mortality as well as diminishing vulnerability at the medium and long term.
• On 11 April, the UN Central Emergency Response Fund granted a second donation to support relief activities in the Horn of Africa. WHO will receive USD 2.1 million, in addition to USD 1.9 already received. The two grants will be distributed as follow:
  ➢ USD 220 000 for Djibouti to improve basic health service coverage and delivery in rural districts;
  ➢ USD 1.34 million for Eritrea, for assessment and disease surveillance, strengthening of essential health services, first of all immunizations, and capacity building for the Integrated Management of Childhood Diseases;
  ➢ USD 704 540 for Somalia to strengthen health coordination, assess and monitor the health and nutrition situation, immunizations, micro-nutrient supplementation and support outreach for the delivery of primary health care, with special focus on malaria control;
  ➢ USD 813 600 for Ethiopia to provide essential drugs, ensure communicable disease surveillance and intervention measures and strengthen the health system for emergency care in the Somali Regional State and Oromiya;
  ➢ USD 730 000 for Kenya to foster coordination, increase the number of health facilities and strengthen the cold chain in the nine most affected districts in the North Eastern Province.

NEPAL

Assessments and events:
• Following almost three weeks of general strike and demonstrations in the capital, Kathmandu, Parliament was reinstated on 28 April.
• A WHO, UNICEF and UNFPA assessment of the response capacity of the hospitals in Kathmandu Valley found that the inflow of mass casualties from the demonstrations had been very well managed and that capacities have not been exhausted. This may be partly due to the fact that, because of the strike and curfew, the normal caseload was minimal; as a matter of fact, WHO has been assisting the national health authorities with extensive programmes of mass casualty management training since 1999.
• The concern now is with the backlog of unmet health needs of the general population – chronic patients, etc. – who was unable to seek health care during the disturbances.

Actions:
• WHO, UNICEF and UNFPA conducted a series of assessments in hospitals in Kathmandu Valley; similar assessments will take place in other districts.
• WHO started emergency health sector coordination on 24 April. The next health cluster meeting will take place on 1 May to proceed with contingency planning among UN agencies, donors, government institutions and NGOs.
• The South-East Asia Regional Office in New Delhi is holding surgical supplies on stand-by in case of urgent request.
• No voluntary contributions were received in 2005; 2006 activities are supported by Sweden.

LIBERIA

Assessments and events:
• With peace, it is now essential to support the development of a comprehensive and accessible health care delivery system and to address public health issues such as the rising HIV/AIDS prevalence rate (estimates range from 6 to 12%). To that effect, the participation of UN Agencies, NGOs, faith-based organizations and donor agencies is invaluable.
• At the request of the MoH, a joint WHO (Country Office, AFRO and Headquarters), UNFPA and UNICEF mission was organized to support the MoH in revising the National Health Policy and developing the National Health Development Plan. The mission also followed up on the implementation of the Cluster Approach.

Actions:
• The WHO Country Office will monitor the process, work with the Government and partners to ensure financial, logistic and technical support and open a sub office in the North of the country.
• Meanwhile, AFRO and Headquarters will liaise with other UN agencies at regional level and mobilize resources for the process and its implementation.
• Requesting the inclusion of NGOs in the process, partners have reiterated their commitment to the process: WHO and UNFPA confirmed the
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/disasters/

### Uganda

**Assessments and events:**
- In northern Uganda, returns are taking place although ongoing insecurity is making military escorts compulsory for all agencies working in affected areas and holding up the delivery of services.
- In some areas such as Pader District, there is little change perceptible and congested and over crowded conditions in camps remain.
- An outbreak of cholera was reported in Agoro, Kitgum District, near the border with Sudan. So far 55 suspected cases, including 26 children under the age of five. No deaths have been reported.

**Actions:**
- MSF-Holland, which manages the Agoro Health Centre, is responding to the cholera outbreak. WHO is providing technical support to local health authorities for surveillance, water quality control and coordination.
- WHO has also pre-positioned one cholera kit, to provide treatment to 100 acute cases as a back up in the town of Kitgum.
- WHO and Medair are monitoring the situation in Pader where no new cholera cases have been reported this week.
- In 2005-2006, support for WHO activities was received from the European Commission, Finland, Norway, Sweden, the United Kingdom and the United States.

### Iraq

**Assessments and events:**
- Polio free status is maintained but two new cases of acute flaccid paralysis (AFP) have been reported, in Erbil and Sulaymaniyyah governorates, bringing the total reported cases for 2006 to six.

**Actions:**
- To enhance surveillance of AFP, measles and other vaccine preventable diseases, WHO provided technical and financial support as well as vaccines, cold chain supplies, registers and advertisement materials for the organization of the first round of polio National Immunization Days (NIDs). WHO also supported preparations for several advocacy meetings on cholera and polio in Sulaymaniyyah.
- WHO supported the participation of four MoH representatives in the twelfth International Conference of Drug Regulatory Authorities and facilitated the participation of one candidate from Erbil medical school in the fourth Arab Symposium for Antimicrobial Agents.
- WHO, the World Bank and USAID conducted a workshop on the National Health Accounts for 41 participants from the Ministries of Health and of Finance and Planning.
- WHO continues to provide technical support for Avian Influenza surveillance and response.
- Support for the above mentioned activities was received from the UNDG ITF and the United States.

### Inter-Agency Issues

- **IASC Plenary.** On 24 April, the Principals discussed the Humanitarian Reform initiatives, NGO engagement and participation in the IASC, the UN Department of Safety and Security (UNDSS) and humanitarian work as well as Avian and Human Influenza.
- **Demobilization, Disarmament and Reintegration.** On 24 April, the Inter-Agency Working Group discussed the Integrated DDR Standards, the 2006-2007 work plan and the staffing structure of its Secretariat.
- **Pakistan Earthquake.**
  - On 24 April, the IASC-UNDG Taskforce updated on the Action Plan from Relief to Recovery, reviewed the outcome and next steps of the Lessons Learned exercise, the return planning process and forthcoming missions.
  - On 26 April, the monthly NGO/IASC meeting discussed the evolving cluster approach in Pakistan.
- **Refugee Children.** On 25 April, the Women’s Commission for Refugee Women and Children, the Secretariat of the United Nations Secretary General’s Study on Violence Against Children and UNHCR held a thematic consultation in Geneva on violence against children in refugee and post-conflict situations.

- **ECHA.** The meeting of 26 April discussed the situation in Darfur and South Sudan as well as recent events in the East. Chad and the West Bank and Gaza were also on the agenda.

- **Tsunami Recovery.**
  - On 26 April, the IASC-UNDG Taskforce discussed the OSE-commissioned equity study in Sri Lanka and updated on recovery in Aceh.
  - On 28 April in New York, the fourth meeting of the Global Tsunami Consortium and the first meeting in the second year of the recovery discussed experiences and challenges in long-term recovery and reconstruction, reviewing good practices and considering new priorities for the year ahead.

- **Humanitarian Coordinators’ Training and Induction.** On 26 April, the IASC Core Group working on the training and induction of Humanitarian Coordinators discussed the programme development for the candidates in the HC pool.

- **West Bank and Gaza.** A UN Seminar on assistance to the Palestinian people took place in Cairo on 26-27 April. The theme of the seminar was “International Efforts at Alleviating the Palestinian Economic and Humanitarian Crisis”.

- **Transition Issues.** On 27 April, the UNDG-ECHA Working Group reported on the workshop which took place in Marrakesh, Morocco at the end of February, updated on the UNDG/ECHA Multi-Donor trust Fund review and planned for the full UNDGO Principals meeting to take place in the margins of ECOSOC in July.

- **Early Recovery.** On 28 April the Cluster meeting discussed its Information Management needs.

- **Emergency Response Training.** From 30 April to 13 May, WFP will hold a residential Emergency Response Training, in Revinge, Sweden, co-hosted by the Swedish Rescue Service Agency.

- **Humanitarian Coordinator System.** The first meeting of the IASC Group on issues related to the Humanitarian Coordinator will take place on 5 May.

- **CAP training of trainers.** OCHA is organizing a CAP Training of Trainers Workshop in Geneva on 16-18 May.

- **Cholera control in emergency settings.** On 17 May, WHO will brief the IASC weekly meeting in Geneva on cholera control in emergency settings.

- **IFRC.** The IFRC Global Health and Care Forum will take place in Geneva on 17-19 May.

- **Information Management.** Preparations are under way for the IASC workshop on inter-agency information management on 8-9 June in Geneva.

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**THE UN CENTRAL EMERGENCY RESPONSE FUND**

On 27 April, the IASC discussed progress made on the implementation of the Central Emergency Response Fund (CERF). Since its launch in March, numerous requests for funding have been received. Of the total USD 254 million pledged to the CERF so far, USD 700 000 have been granted for Côte d’Ivoire and USD 25 million for the Horn of Africa. OCHA proposes to allocate USD 25 million in May and another USD 50 million in July. The Humanitarian/Resident Coordinators in Niger, Chad, and Sudan have also recommended agencies activities to the CERF. So far donors have transferred USD 106 million to the Fund.

By putting in place procedures to prioritize needs and process requests, the CERF promotes greater cooperation between OCHA and humanitarian partners to serve the victims of disasters more predictably and pro-actively. The CERF can effectively jump start operations by funding a portion of the core emergency needs and although it is not a substitute for regular fund-raising through the CAP, it can provide partial coverage of initial needs.

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

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