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.

INDONESIA

Secretary-General Ban Ki-moon reiterated the UN offer of emergency help.

Assessments and events:

**Sumatra**
- On 6 March, two strong earthquakes hit Sumatra near Padang, killing at least 70 people and injuring an estimated 194. Some buildings collapsed while several others were badly damaged.
- The Padang Referral Hospital had to temporarily evacuate patients. Following the quake, hospitals reported being overwhelmed with injured patients.
- Authorities are providing free medical service to the affected communities. Provincial and district health offices are monitoring the health situation.

**East Nusa Tenggara Province**
- A landslide early on 3 March has killed 40 and injured 26 in several areas of Manggarai District; 34 are still missing.
- The flood and landslide also inundated and damaged hundreds of houses.
- The IDPs need food and clean water, water purification tablets, hygiene kits as well as tents, kerosene lamps, boots, rain coats, etc.

Actions:

**Sumatra**
- A UN inter-agency aid team arrived in the affected area on 7 March.
- WHO, in close cooperation with the MoH, is monitoring the health situation.
- Emergency trauma kits are on stand-by for immediate shipment. Health professionals are also on stand-by and ready for deployment if required.

**East Nusa Tenggara Province**
- The MoH and WHO are monitoring the situation and have deployed a health team for rapid assessment. They have evacuated the wounded, established health posts, provided health care at the local hospital and health facilities.
- WHO has stand-by emergency medical supplies for support as required.

CHAD

Assessments and events:

- Continuing insecurity hampers humanitarian work. In some remote areas, the displaced are still living in basic, make-shift shelters and desperately require food, blankets and hygiene kits.
- Between 31 January and 1 March, 28 cases of whooping cough were reported in Gaga camp and neighbouring villages.
- Two cases of meningitis were notified in Treguine. The last mass vaccination campaign was conducted in February 2005.

Actions:

- The MoH and WHO travelled to Treguine camp to examine the meningitis cases, assess the emergency stocks and discuss how to respond to a potential outbreak with the IFCR and MSF-Holland, who are in charge of health services in Treguine and neighbouring Bredjing.
- Preparedness is being reinforced in both camps, including surveillance, training of health workers and community sensitization as well as provision of necessary medicines and media for the transport of samples.
- A mission to Gaga camp is being organized to investigate the whooping cough outbreak, assess vaccination coverage and provide support as needed. WHO also provided technical advice to the NGO International Medical Corps who is managing the outbreak.
- WHO organized two workshops for health district and refugee camps focal points. The first dealt with TB case management and monitoring. The second, on HIV/Aids test counselling, aims to establish voluntary testing centres in the four district hospitals and in the camps, and to reinforce activities already conducted in that field.
- In 2006, WHO’s emergency activities in Chad were funded by ECHO and supported by a loan from the United Kingdom revolving emergency funds. Additional emergency funding has come from the Italian Cooperation.
CENTRAL AFRICAN REPUBLIC

Assessments and events:
- Recent fighting in Birao has reportedly pushed most of the population in the bush. MSF, the only humanitarian actor in Birao, has evacuated.
- A rapid health or need assessment to the area is necessary, but insecurity limits the movements of humanitarian agencies.

Actions:
- WHO completed a first distribution of emergency drugs in the north. In total, 15 obstetric kits and two trauma kits reached 12 localities.
- A field mission in support of the SGBV programme distributed malaria drugs in eight conflict-affected localities.
- Drugs pre-positioned in Bangui for Birao have not been delivered but a trauma kit available in Ndélé hospital could provide support to Birao hospital.
- Following concerns expressed by the UN country team about reports of diarrhoea and malaria cases among prisoners in Bambari district, WHO provided essential drugs to the UN Peace-building Office in the CAR who will take charge of transportation and management.
- In 2006, support for WHO’s emergency activities was received from Finland Italy and the CERF. Additional resources are needed.

MOZAMBIQUE

Assessments and events:
- The Government estimates that humanitarian assistance will be required for 285 000 people affected by the floods along the Zambezi River and 209 000 affected by Cyclone Favio in Inhambane province.
- The exact extent of the damages is still to be defined; the IDPs’ situation is fluid and changing by the day in terms of numbers and availability of basic services and infrastructures in the accommodation centres.
- Access is difficult. MSF reports that more than 25 000 displaced people of the Mopeia and Morrumbala districts are still without support, whereas the WHO assessment teams were unable to reach two or three major centres/villages.

Actions:
- A UNCT delegation visited the cyclone-affected areas around Vilanculos and flood-affected areas around Caia on 8-9 March. WHO will set-up offices in both cities to continue monitoring the situation.
- A US$ 385 472 grant received from the CERF will enable WHO to provide essential medicines and medical supplies, health education materials, training for community workers, technical support in the field and at central level for health coordination.
- WHO will also support the national authorities in strengthening systems for early detection and rapid response to communicable diseases outbreaks and supply basic medical equipment and commodities.
- WHO’s response is supported by regular budget funds and the CERF.

OCCUPIED PALESTINIAN TERRITORY

Assessments and events:
- OCHA issued the January Humanitarian Monitor report. It highlights positive developments, such as Israel’s partial transfer of clearance revenues to the Palestinian Authority, the end of the strike and the announced reduction of internal closures in the West Bank.

Actions:
- WHO is monitoring the impact that the incursion in Nablus has had on access to health care.
- UNFPA, UNRWA and OCHA are working with WHO to produce a summary analysis of the health sector for the next Humanitarian Monitor issue.
- WHO nutrition project sponsored the participation of two MoH senior staff at a training workshop organized by EMRO for the new WHO growth charts.
- In 2006, WHO’s emergency activities were funded by the Organization’s Regular Budget and contributions from ECHO, Finland, Japan and Norway as well as the CERF.

HORN OF AFRICA

Assessments and events:
- As of 19 February, 625 suspected cases of Rift Valley fever (RVF), of which 207 were laboratory confirmed, and 151 deaths, have been reported by the MoH in the North Eastern and Coastal Provinces of Kenya.
- As of 19 February, 59 163 cases of acute watery diarrhoea (AWD), and 684
On 5 March, the UN Country Team in Somalia updated the humanitarian community in Geneva on the situation. A separate meeting with humanitarian agencies and NGOs reviewed priorities, challenges and the way forward.

**SUDAN**

More information is available at: [http://www.emro.who.int/sudan/](http://www.emro.who.int/sudan/)

Deaths, have been reported in Ethiopia. Also 63 suspected cases of meningitis, and five deaths, have been reported in the Borena Zone of Oromiya Region.

- Meanwhile in Somalia, 4222 AWD cases and 199 deaths have been reported between 23 November and 2 March in Hiran, Middle and lower Shabelle, Lower and middle Juba and Mogadishu/Banadir.

**Actions:**

- In Kenya, WHO continue to support the MoH, MSF and UN partners for the control of the RVF outbreak. In Baringo district, WHO coordinates activities with the Provincial MoH.
- In Ethiopia, WHO is monitoring the meningitis outbreak in close collaboration with the Federal MOH surveillance units at district level; CSF samples from the suspected cases are with the Oromiya Regional Health Bureau Laboratory for analyses.
- In Somalia, the MoH has set up a task force to deal with the AWD outbreak and WHO, UNICEF, Somali Red Crescent Society and other NGOs partners are providing resources and assistance. Task forces in Hiran, Middle Shabelle, Mogadishu and Kismayo meet regularly under the leadership of WHO to discuss and improve the response to the outbreak.
- WHO pre-positioned Diarrhoeal Disease Kits in Mogadishu, Hargeisa and Garowe and ordered five other kits.
- In Eritrea, WHO and the MoH conducted a rapid health and nutrition assessment in Anseba and Gash Barka regions. The findings are that health and nutrition conditions were below standard in all villages and need immediate attention. Most of the health facilities were out of stock of basic drugs and medical supplies.
- WHO activities in the Horn of Africa are supported by grants from the CERF, as well as Canada, Italy, Norway, Sweden and Finland for Somalia and cluster coordination.

**Assessments and events:**

- In Darfur, access has been regained in some areas, however many locations remain inaccessible to humanitarian workers. In South Darfur, seven suspected cases of meningitis have been notified.
- In southern Sudan, 2811 suspected cases of meningitis, including 204 deaths, have been reported as of 4 March. Affected areas have large number of returnees and IDPs living in areas difficult to access and in dispersed settlements.
- Since 1 January, 1684 cases of AWD, including 61 deaths, have been reported in Upper Nile, Eastern and Central Equatoria.

**Actions:**

- In South Darfur, WHO supported the State MoH in preparing a meningitis response plan and trained MoH and NGO staff in Ad Daein on case detection, reporting, management and collection of CSF samples. Media for transport of samples, lumbar puncture kits and rapid test kits are pre-positioned at locality and camp level.
- Through the collaboration of the State MoH, WHO and health and watsan partners, active case finding, hygiene promotion, clean up campaigns, construction of latrines and chlorination of water have reduced the number of hepatitis E cases in Ottash camp.
- In North Darfur, WHO is conducting weekly technical meetings with partners to increase their vigilance and preparedness; the latest meeting dealt with meningitis.
- In southern Sudan, the MoH, WHO and partners provided drugs for case management as well as emergency supplies for outbreak investigation and technical guidance for meningitis control.
- Around 610 000 people in high-risk areas were vaccinated during a mass meningitis immunization campaign implemented by the Federal MoH and the MoH/GoSS with WHO, UNICEF, OCHA, ECHO, MSF and MEDAIR.
- In 2006, contributions for WHO’s emergency activities were received from ECHO, Finland, Ireland, Norway, Switzerland, the United States as well as the CERF and the 2006 Common Humanitarian Fund. For 2007, pledges have been received from Ireland and the Common Humanitarian Fund.
SRI LANKA

Assessments and events:
- Insecurity hampers assessments and provision of assistance to the estimated 206,000 IDPs in the affected districts. Of these, at least 79,100 are only partially accessible.
- There is no acute shortage of drugs and vaccines in all areas. However, gaps in health service coverage in the LTTE-controlled areas are considerable.
- Chronic shortage of skilled health care personnel is an issue in both LTTE and Government-controlled areas.
- No outbreaks have been reported from IDP sites in the north and east areas though sporadic cases of viral hepatitis and chickenpox have been notified in Batticaloa.

Actions:
- WHO visited hospitals and preventive care institutions in Batticaloa and Nuwara Eliya district last week to identify immediate needs.
- An assessment on reproductive health was conducted in Batticaloa.
- WHO provided surgical and diarrhoeal kits to local health authorities in Jaffna and Batticaloa. Further distribution of emergency health kits, including surgical and diarrhoeal kits, is planned.
- WHO chairs or participates in health coordination meetings with all partners.
- The Sri Lanka Common Humanitarian Action Plan 2007 (CHAP) was launched last January. WHO’s emergency activities in Sri Lanka are currently funded by a contribution from Italy.

INTER-AGENCY ISSUES

- **Cluster Approach.** The IASC Task Team on the Implementing the Cluster Approach met on 5 March.
- **ECHA.** On 6 March, the UN Executive Committee on Humanitarian Affairs discussed Uganda, Afghanistan and the impact of the High Level Panel Report on system wide coherence on humanitarian action.
- **Guinea.** On 7 March, the IASC Weekly meeting in Geneva updated on the humanitarian situation in Guinea.
- **Lao People’s Democratic Republic.** On 7 March, the UN Disaster Assessment and Coordination (UNDAC) team debriefed in Geneva on its disaster preparedness mission to Vientiane.
- **Sexual Violence in Conflict.** On the occasion of International Women’s Day, in Geneva, an inter-agency panel discussed the UN joint response to sexual violence in conflict. The panel was co-sponsored by the Department of Peacekeeping Operations, OCHA, OHCHR, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WFP and WHO, as part of a new inter-agency initiative: UN Action against Sexual Violence in Conflict.
- **CERF.** The inter-agency meeting on the Central Emergency Response Fund took place on 8 March.
- **Disarmament, Demobilization and Reintegration.** The Inter-Agency Working Group on DDR met on 8 March.
- **ECOSOC Humanitarian Segment.** The next inter-agency meeting on the ECOSOC Humanitarian Segment (July 2007) will take place on 12 March.
- **IASC Working Group.** Preparations are ongoing for the 19-21 March IASC Working Group meeting in Geneva.
- **Consultation of IASC Emergency Directors.** A special consultation will take place in Geneva on 21 March.
- **Public Health Pre-Deployment Training.** The next course (PHPD3), organized by WHO, will take place from 15 to 28 April in Moscow, Russian Federation. Additional information can be viewed online at: http://www.who.int/hac/techguidance/training/predeployment/en/index.html

Guidelines on Mental Health and Psychosocial Support in Emergencies

The Inter-Agency Standing Committee Working Group endorsed the Inter-Agency Standing Committee (IASC) Guidelines on mental health and psychosocial support in emergencies. WHO and InterAction co-chair this Taskforce. The Guidelines can be viewed online at: http://www.who.int/hac/network/interagency/news/mental_health_guidelines/en/index.html

In case of further questions, please contact Mark van Ommeren, vanommerenm@who.int

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

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