### LEBANON

**Assessments and events:**
- Fighting in the Palestinian camp of Nahr al-Bared has forced more than half of the 40,000 residents to flee, mostly to the nearby Badami camp. Half of these refugees are being sheltered in five highly overcrowded schools.
- Thousands of elderly and sick refugees in the camps are in urgent need of treatment for chronic diseases such as diabetes, high blood pressure and kidney failure.
- A recent ICRC assessment on access to health facilities for Palestinians in Lebanon’s camps, had showed that about 30% of the people living in Nahr al-Bared suffer from heart disease, 17% from neurological disorders such as epilepsy, and 16% from diabetes.
- The health centre in Badami camp is operating on double shift to provide essential medical services to the new comers.

**Actions:**
- UNRWA has established two mobile clinics to provide medical services to the people fleeing from the camps. With the facilitation of the MoPH and WHO, UNRWA made arrangements with the Islamic Hospital in Tripoli to admit Palestinian patients at reduced prices and with the local pharmacies in Tripoli to sell medications that are not available in its stock at reduced prices.
- WHO has committed one emergency trauma kit as well as chronic and essential medical care kits. Two other trauma kits will be available shortly.

**On 30 May, the IASC Weekly meeting in Geneva updated on the situation of Iraqi children and on the humanitarian situation in Lebanon.**

### CENTRAL AFRICAN REPUBLIC

**Assessments and events:**
- About 3000 new Sudanese refugees driven from their homes by fighting in Darfur have crossed the border into the CAR. An inter-agency evaluation mission, including WHO, will take place shortly to plan for stronger humanitarian assistance in the areas of protection, security, food, shelter, health and water and sanitation.
- On the Ouandago-Kaga Bandoro axis, in Nana-Gribizi prefecture, serious difficulties are reported in access to primary health care, including impregnated bed nets, and to drinking water. Besides, in health facilities not assisted by MSF or that didn’t received the UNFPA emergency reproductive health kit, supplies for safe blood transfusion are insufficient.

**Actions:**
- WHO participated in an inter-agency assessment mission to the Ouandago-Kaga Bandoro axis to review the health situation and link up with the various partners already active in the area.
- Emergency activities are funded by Finland and the CERF.

### CHAD

**Assessments and events:**
- Violence and insecurity persist in the east. WFP has suspended operations in the eastern district of Bil’ine after attackers beat up two local employees in the town of Iriba. Meanwhile the strike of the public sector continues.
- The first results of a profiling exercise undertaken in 14 sites by INTERSOS, UNHCR and ICRC put the total number of displaced people in the Dar Sila and Quaddai regions at almost 150,000.
- According to the Early Warning System set up by WHO in collaboration with the MoH and partners, the first causes of morbidity among IDPs and refugees remain acute respiratory infections and diarrhea.
- An outbreak of hepatitis E is reported in three IDPs sites in Goz Beida health district. Between 1 January and 9 May, 295 cases of jaundice have been notified. Increasing numbers of diarrhoeal diseases and hepatitis E cases are clear indicators of the deteriorating hygiene and sanitation conditions in the IDP and refugee camps.
### Health Action in Crises

**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/](http://www.who.int/hac/)

#### Actions:

- WHO met with water and sanitation partners to define a response plan against hepatitis E in Goz Beida. Meanwhile a second MoH/WHO mission visited the district to deliver drugs and equipment and review the situation. Scarcity of drinking water, insufficient number of latrines and irregular distribution of soap are among the main problems reported. A cholera response plan was elaborated at the same time.
- WHO continues coordinating health activities with partners on the ground. Two workshops were organized with the MoH, WFP, UNICEF and the European Union on nutritional surveillance and supplies management.
- Emergency activities are supported by ECHO, Italy and the CERF.

### HORN OF AFRICA

#### Assessments and events:

- In *Ethiopia*, 76 081 cases of acute watery diarrhoea (AWD) and 863 related deaths were reported between 15 April 2006 and 15 May 2007. Since 20 May, 16 cases of AWD and two deaths have been reported in “Sister of Charity” camp which hosts around 500 Somali refugees in Jijiga town, Somali Region.
- In *centre south Somalia*, the impact of the massive displacement from Mogadishu continues to be felt; the District Commissioner of Bardera said he was not in a position to provide the estimated 12 000 people displaced to the town with sufficient shelter, food and medicine. The Famine Early Warning Systems Network warns that IDPs, host families and the urban poor “are at the edge of their coping capacity.” As of 11 May, 30 227 cases of AWD and 973 related deaths have been reported. The number of cases reported is decreasing; however, insecurity makes complete reporting difficult.

#### Actions:

- In *Ethiopia*, WHO is working in most affected districts in Oromiya, SNNPR, Afar, Somali and Harari providing technical support to district health offices in controlling the AWD epidemic. They concentrate on gaps and priority actions identification, assisting in coordination, advocacy and resource mobilization and health staff training. In some districts they are involved in case management and community education.
- WHO is providing US$ 10 000 to the Ethiopian Red Cross to conduct community education on environmental and personal hygiene in the Borena zone of Oromia. On 23 May, the Federal MoH, the Regional Health Bureau and WHO visited Jijiga town to assess the AWD cases. Absence of clean drinking water, poor sanitation, and a lack of community education programmes have exacerbated the outbreak.
- In *Kenya*, WHO is supporting cholera surveillance, case management and social mobilization, and distributed chlorine for water treatment and guidelines for health staff. In Wajir, efforts for improving measles vaccination coverage are ongoing. WHO is supporting the Kenya Red Cross with drugs and staff for vacant facilities in the Mount Elgon area. Meanwhile, the MoH and WHO are planning a joint assessment mission.
- In *Somalia*, a inter-agency assessment in Baidoa identified around 12 480 IDPs in urgent need of shelter, food, water and health care. WHO is supporting the construction of a new outpatient department in Bay Regional Hospital in Baidoa; it will be run by the NGO International Medical Corps.
- WHO activities are supported by the CERF, Canada, Italy, Norway, Sweden, the United States and Finland for Somalia and cluster coordination, by the CERF and the local Humanitarian Response Fund in Ethiopia as well as by the CERF in Kenya.

#### The UNDG Technical Working Group on Somalia met on 29 May.

#### The Humanitarian Coordinator and OCHA have approved the Cluster roll out in Ethiopia – the first health and nutrition clusters meeting was chaired by the FMoH on 3 May. HAC HQ and ICST Nairobi provided technical support on the implementation of the health cluster coordination and the development of the tentative work plan.
OCCUPIED PALESTINIAN TERRITORY

Assessments and events:
- The cease-fire between Fatah and Hamas announced on 19 May that ended the week long internal violence is still holding. However the situation remains tense. The latest issue of OCHA’s Humanitarian Monitor emphasizes, among the main issues affecting the population, the escalation of the strike and the rising poverty and declining access to services. In the West Bank. Hospitals only provide life-saving treatments.

Actions:
- WHO continues monitoring health care provision in the West Bank.
- The pharmaceutical project continues: consumables and lab supplies are now stored at the WHO warehouse in Ramallah, while drugs and laboratory items have been ordered. Consultations are ongoing with partners to sort out technical and practical issued related to the project.
- 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. For 2007, support has been pledged from Norway and Italy.

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

SUDAN

Assessments and events:
- In Darfur, a recent food security and nutrition assessment found that 38% of the IDPs in the north have been displaced for less than a year; the figure is 17% in the south and 8% in the west. The prevalence of Global Acute Malnutrition, 12.9%, shows no significant improvement from 2005, but remains significantly lower than it was in 2004. The prevalence of reported illness in children (fever, cough, bloody/watery diarrhoea) is lower than in 2005.
- Between 1 January and 18 May, the Federal MoH reported 1898 suspected cases of meningitis and 106 deaths from 13 out of 15 states of northern Sudan. Several districts still exceed the epidemic threshold.
- In southern Sudan, the meningitis outbreak is almost over, and plans for the prevention of cholera are being finalized. Between 1 January and 20 May, 11 894 cases and 668 deaths were reported. During the same period, 8101 cases of AWD and 355 deaths were reported. The onset of the rainy season, which will put a close to the meningitis outbreak, will also increase the risk for malaria and diarrhoea particularly among women, children and the elderly.

Actions:
- In Darfur, rehabilitation of health facilities and access to hospital care for IDPs remain important aspects of WHO’s work.
- In response to the meningitis outbreak in northern Sudan, the Federal MoH conducted field investigations, standardized case management, provided health education and strengthened surveillance.
- In southern Sudan, WHO, the MoH/GoSS, and other agencies are working to strengthen regional and local health services, help them cope with the increasing numbers of returnees and prevent a public health crisis. A multi-sectoral inter-agency committee is working on a long-term strategy to reduce cholera epidemics. The WHO-led health and nutrition sector is compiling the Sudan Work Plan mid year review, which will be disseminated by end of August.
- WHO supports the MoG/GoSS in organizing the upcoming Health Assembly. Representatives from the MoH, international NGOs, UN Agencies and the private sector will define the roles and responsibilities of the various health partners at central, state and county levels.
- In 2007, contributions for WHO’s emergency activities were received from ECHO, Ireland, Finland, the CERF and the Common Humanitarian Fund.

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

On 30 May, the Humanitarian Liaison Working Group debriefed on a recent UN/Donors mission to South Sudan.
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/hac/.

INDONESIA

Assessments and events:
- Floods, triggered by heavy seasonal rain, affected several sub districts in Kutai Barat and Kutai Kertanegara, in East Kalimantan Province.
- Two persons died, 5600 were displaced and up to 100 000 were affected.
- More than 14 000 houses are flooded and 16 sub district health centres have closed down.
- The Government has not made an official request for assistance.

Actions:
- The MoH, with WHO support and in close coordination with provincial and district health offices, has issued early warning to the referral hospitals to be on standby and be ready to provide immediate support; established health posts in the evacuation sites to provide medical care; deployed staff to conduct rapid health assessments and assist district health offices in helping the affected population; and delivered food and non-food items (boats, life jackets, chlorine and folding beds).
- Monitoring of the health situation is ongoing; most sensitive issues are communicable disease surveillance and environmental sanitation.

INTER-AGENCY ISSUES

- **Gender and Humanitarian Action.** An orientation course for Gender Capacity Advisers will take place in Geneva on 27 May-2 June. The first deployment is foreseen in early July. The next meeting of the IASC Gender Sub-Working Group will take place on 6 June.
- **Disarmament, Demobilization and Reintegration.** The Inter-Agency Working Group met on 31 May.
- **Central Emergency Response Fund.** An inter-agency meeting on the CERF was held on 31 May. CERF workshops will take place in Dakar on 31 May-1 June and in Nairobi on 4-5 June.
- **Information Management.** An inter-agency meeting on Information Management took place on 31 May.
- **Transition.** The UNDG-ECHA Working Group met on 1 June. On 15 June in New York, the Working Group will host with UNDP a session on recovery and transition in conjunction with the IASC Working Group meeting.
- **UNHCR.** On 1 June, UNHCR briefed the humanitarian community in Geneva on the main outcome of its Real-Time Evaluations for IDP operations in Liberia and Chad.
- **Disaster Risk Reduction.** The first session of the Global Platform for Disaster Risk Reduction will be held in Geneva on 5-7 June. An International Recovery Platform side event will take place on 6 June.
- The **Capacity for Disaster Reduction Initiative (CADRI)** will be launched in Geneva on 6 June. An inter-agency CADRI workshop will take place in Geneva on 8 June.
- **Humanitarian Reform.** Preparations are under way for the IASC Middle East Regional Humanitarian Workshop in Amman on 11-12 June.
- The second meeting of **Directors of Emergencies** will take place in New York on 12 June.
- **IASC Working Group.** The next meeting of the IASC Working Group will take place in New York on 13-15 June.
- **Environmental Emergencies.** The seventh meeting of the Advisory Group on Environmental Emergencies will take place in Stockholm from 13-15 June.
- **Clusters.**
  - The next face to face meeting of the Health Cluster will take place in New York from 18 - 20 June.
  - The second Cluster/Sector Lead Training will take place near Geneva on 2-6 July.
- **ECHA.** The next meeting of the UN Executive Committee on Humanitarian Affairs will be held on 21 June.
- **Consolidated Appeal Process.** The next meeting of the CAP Sub-Working Group will take place on 21 June. The 2007 CAP Mid Year Review will be held in Geneva on 17 July in the margins of the ECOSOC Humanitarian Segment.
- An inter-agency meeting on **Public-Private Collaboration for Humanitarian Action** will take place in Geneva on 28 June.
- **Preparedness and Contingency Planning.** Preparations have started for an inter-agency consultation on 2-4 July.
- **ECOSOC.** The ECOSOC informal transition event will be held in Geneva on 13 July, followed on 16-18 July by the Humanitarian Segment.

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

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