Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are 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 operational use and does not reflect any official position of the WHO Secretariat.

PAKISTAN

For more information see the Health Cluster Bulletin no. 4, the WHO Pakistan Office website and the latest Press Release.

➤ On 18 June, Under-Secretary General/Emergency Relief Coordinator Mr. John Holmes briefed the member states on the current humanitarian crisis in Pakistan. USG highlighted the underfunding for health and other sectors and stated:

"Unfortunately, most sectors remain largely under-funded so far. With the monsoon fast approaching and the need to ensure proper preventative and curative care, Health support is clearly critical, but it is only 27% funded."

* NWFP: North Western Frontier Province; FATA: Federally Administered Tribal Areas.

Assessments and Events

- As of 23 June, National Database Registration Authority has verified 261 749 families displaced by the crisis.
- The measles campaign was completed in Larama IDP camp in Peshawar and vaccinated 2160 children.
- The 4-day national polio vaccination campaign targeting 20.9 million children started on June 22. In North West Frontier Province (NWFP) and Federally Administered Tribal Areas (FATA), 5.4 million children under five living in camps and in host communities were targeted for vaccination.
- Health cluster meetings were conducted on 16 -17 June in Islamabad to allocate the US$ 3.25 million from DFID.
- The risk of diarrheal diseases outbreak in IDP camps as well as in hosting communities remains high. Oral rehydration therapy (ORT) corners have been established in eight IDP camps while health partners are working on establishing Diarrhoea Treatment Centers (DTCs) in camps.
- Findings from the weekly disease early warning system reports included:
  - Acute diarrhoea comprised 10% of total consultations
  - 19% of consultations among children under 5 are due to acute diarrhoea
  - Acute respiratory inspection (ARI) is the leading cause of consultations accounting for 21% of reported consultations.
- Most common health problems facing IDPs in camps are malaria, diarrhoea, acute respiratory infection and scabies. Some IDPs are also suffering from heat stroke.
- 50 000 people have been displaced by new military operations in Waziristan and they are now residing in the Tank and Dera Ismail Khan districts. Immediate support is required to deliver health services.

Actions

- WHO is conducting a needs-based assessment survey to determine the prevalence of persons with disabilities in IDP camps as well as their needs in terms of health and rehabilitation services.
- The disease situation, health care delivery, medicine supply, water quality, sanitation and environmental hygiene in the IDP camps are monitored on a daily basis. Appropriate measures are jointly undertaken with Health and WASH cluster partners.
- Several meetings were conducted by the Nutrition Cluster to establish a nutrition surveillance system. It was agreed that data collected from camps and host communities will be submitted to WHO for analysis and production of a monthly report.
- The total pledges received by WHO following the revised appeal stands at US$ 4 653 593 (16.2%). There is still a funding gap of US$ 24 146 407 of the US$ 28.8 million in the WHO appeal. So far, contributions have been received from the United States, United Kingdom and Italy. Also ECHO has announced funding to WHO.

SUDAN

Assessments and Events

- Kass and Kalma Camp are facing inadequacy of water and sanitation facilities. There is a high risk of acute watery diarrhoea.
- In West Darfur, most of rebel held areas are inaccessible for the provision of health services by SMOH but accessible for the UN and INGOs. The situation is the same for Jabel Moon in Northern Corridor/West Darfur.
**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/)

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**SUDAN**

Cluster trainings were conducted this week in South and North Darfur.

In North Darfur, a flood Task Force committee has been established in Gedarif.

**Actions**

- WHO together with partners continued monitoring water quality control in all Darfur states.
- In South Darfur, WHO and SMoH conducted a training session for 35 health cadres on acute watery diarrhoea (AWD) case detection, case management, notification SOPs, and sample collection.
- WHO and UNICEF conducted a mission to assess the delivery of health services in Sharea Saleah, Labado and Muhajuria.
- WHO has been providing partners with regular Influenza A (H1N1) updates.
- In North Darfur, FMOH, WHO and health partners inaugurated a Blood bank, Ophthalmology hospital and a new diagnostic center.
- WHO supported HAD clinics with Integrated Management of Childhood Illness guidelines.
- WHO supported El-fasher Teaching Hospital and Maternity Centre with drugs and laboratory reagents.
- WHO/ECHO donated laboratory equipment to El Geniena Teaching Hospital. Weekly monitoring visit is ongoing to state hospitals.
- WHO provided Nyala Hospital with: essential drugs, antibiotics and consumable supplies.
- WHO conducted monitoring and supervision visits to hospitals to ensure the quality of care provided to all patients and free access for IDPs.
- In Port Sudan, WHO/MOH conducted a joint visit to Arbaat to evaluate the water source and collect samples.
- WHO and MOH in Port Sudan conducted a joint supervisory visit to Sawakin hospital and to two health centers.
- WHO's activities in Sudan are funded by Monaco, the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland, Italy and the USA.

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**SRI LANKA**

Assessments and Events

- There are approximately 280,000 internally displaced persons (IDPs) in Northern Sri Lanka mainly housed in six welfare villages in Cheddikulam area.
- Four hospitals, in Vavuniya, Mannar, Cheddikulam and Poovarasankulam, provide the majority of inpatient care services for the IDPs.
- Fourteen Primary Health Care Centers and four referral hospitals in the welfare villages provide health services to the IDPs in those villages.
- Mobile health teams provide health services in the temporary sites.
- The number of new cases of chickenpox and infective hepatitis are decreasing.
- Small-scale outbreaks of dysentery and diarrhoea have been reported from the welfare villages but no major disease outbreaks have occurred in Jaffna district.
- Though water and sanitation issues are being addressed, and active disease surveillance is in place, communicable disease control is a daunting task to date.

**Actions**

- Coordination on health with all stakeholders is being led by the Regional Director of Health Services and WHO.
- In Cheddikulam WHO provided assistance to construct two semi-permanent quarters for the doctors, accommodating 48 persons.
- Supplies have been provided to improve solid waste collection.
- A referral Hospital was constructed by Sewa Lanka with support from WHO and Mercy Malaysia.
- WHO provided furniture to the hospitals in Vavuniya Mannar and Cheddikulam.
- The first edition of the Communicable Disease Weekly Update was published in collaboration with RDHS, the Director IDP Health and WHO.
- WHO received funding from Italy, the CERF and the South-East Regional
### CHAD

Assessments and Events
- From 17 to 24 June, nine suspected cases of measles were reported in eastern Chad, including two in Abeche district and a death in the medical district of Iriba, bringing the total number of cases reported since 1 January to 1063 and five deaths (CFR 0.47%). During the same period, five suspected cases of meningitis were reported for a total of 61 cases and five deaths since 1 January (CFR 8%).
- Eastern Chad remains in security level phase 4 and the general security situation is regarded as relatively calm.

Actions
- WHO continues to support health authorities for epidemiological surveillance in the eight health districts of eastern Chad. The latest weekly morbidity and mortality report is available on the HAC web site.
- WHO participated in the technical committee on nutrition to modify performance indicators to include measuring impacts of exclusive breastfeeding and the introduction of complementary feeding to infants and young children.
- WHO activities are funded by ECHO, Italy, Finland, Spain and the CERF.

For more information see [www.who.int/hac](http://www.who.int/hac).

### OCCUPIED PALESTINIAN TERRITORY

Assessments and Events
- Palestinian Ministry of Health diagnosed a new case of H1N1 on June 23, bringing the overall number of cases in West Bank to nine.

Actions
- WHO and HCC hosted a meeting for the Medical Waste Management (MWM) Task Group to discuss ways to improve the system.
- WHO donated a fully equipped mobile clinic to MoH in Gaza to be used to increase surveillance and epidemiological work for the H1N1 influenza plan.
- WHO organized a training day for 14 MoH staff for data entry of anthropometric measurements.
- WHO mental health team organized a one day workshop for discussing the roles and functions of the newly established mental health directorate and the integration of acute psychiatric units in the general hospitals. The workshop was attended by 25 technical officials.
- WHO mental health team organized a one day workshop for discussing the prescription, distribution, dispensing and storage of psycho-tropics and 20 technical officials attended.
- WHO has received support from OCHA, Italy, Norway and Australia. Spain, Switzerland and ECHO have contributed to the CAP.

For more information see [www.who.int/hac](http://www.who.int/hac).

### INTER-AGENCY ISSUES

In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities.

- The UNDAC Training Course in Lausanne from 14–26 June.
- IASC weekly meetings on Sri Lanka (24 July) and on Civil/Humanitarian Military Coordination (1 July)
- An Inter-Agency meeting on Sri Lanka on 25 June.
- Pakistan. Inter-Agency meeting on 24 June and preparatory meeting on possible inter-cluster mission on 29 June.
- Inter-Agency meetings on the Central Emergency Response Fund on 24 and 30 June
- Humanitarian Liaison Working Group meetings on the Democratic Republic of Congo (25 June) and Nepal, Uganda and Sudan (26 June)
- The IASC Taskforce on Information Management on 25 June.
- The IASC Round Table on Perceptions of Humanitarian Assistance in Rome on 26 June.
- An inter-agency meeting on 26 June to review Humanitarian Action Workshops.
- The monthly meeting of the UN Executive Committee on Humanitarian Affairs on 29 June.
- An inter-agency meeting to prepare for World Humanitarian Day in Geneva (19 August) on 30 June.
- An informal discussion between Global Cluster Leads and Early Recovery Advisors and Cluster Coordinators on 1 July.
The monthly meeting of the IASC CAP Sub-Working Group on 2 July and the Launch of the CAP Mid Year Review on 21 July.
The retreat of the IASC Sub-Working Group on Preparedness and Contingency Planning on 2 and 3 July.
The IASC HIV Taskforce meeting on 3 July.
The 74th IASC Working Group meeting in Geneva, 13-15 July
The 8th Emergency Directors Meeting in Geneva on 16 July
The ECOSOC Humanitarian Affairs Segment in Geneva, 20-22 July. WHO is organizing a lunch time side event on 20 July on the implementation of the health cluster at the country level.

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

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