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.

YEMEN

Assessments and Events
• Fighting has spread to Daher, Razih, Saqayan, Shada, Maraan, Ghamar and Haydan districts in Saada governorate and Harf Sufian district in Amran governorate.
• Some IDPs have fled north towards Saudi Arabia while hundreds of families have crossed south into Hajjah governorate. Second or multiple displacements are common. IDPs are also reported in Al Malahet, Al Hassama, Amran and Al-Jouf governorates.
• During a joint-mission to Hajjah governorate, WHO assessed the health status of a few IDP families living in schools and tents. Diarrhoea and skin rashes are the most common ailments, and a few malaria cases were reported. The mission found that water and sanitation were a concern, due to the lack of latrines.
• A UNHCR/WFP/WHO/UNICEF mission to Haradh found around 600 IDP families registered in the Al-Yarmuk school, in Al Mazarak area, halfway between Haradh and Al Malahet.

Actions
• WHO donated two Trauma Kits A&B (enough for 200 surgical interventions). The kits arrived on 17 August. The Government of Italy has agreed to fund the purchase of additional surgical supplies.
• The WHO Regional Office for the Eastern Mediterranean sent an emergency health officer to support country operations. WHO will also deploy two mobile health teams (two doctors and four health workers) to Al Mazarak to provide basic primary health care services including treatment for malaria, diarrhoea and skin diseases. The teams will also ensure routine vaccination and reproductive health care services. More severe cases will be referred to hospitals.
• WHO received almost US$ 230 000 from the CERF to provide emergency health care for IDPs in Al Malahet. The project aims to:
  ➢ provide curative and preventive health services, especially for children and women;
  ➢ reduce malaria, diarrhoea and acute respiratory infections;
  ➢ improve disease surveillance and response;
  ➢ provide medicines and other emergency health supplies.
• WHO’s emergency operations are funded by Andorra and the CERF. HAC is seeking donor support for this new crisis.

PAKISTAN

Assessments and Events
• Ten of the over 20 camps set up in Peshawar, Mardan, Nowshera, Charsadda and Swabi districts have been closed as almost 218 500 IDP families have now returned to their places of origin. However, five new camps have been opened in Buner and Lower Dir as some are unable to return to their homes due to continuing fighting.
• The disease surveillance system reports upper respiratory tract infections as the leading cause of morbidity both inside and outside the camps, except in Swabi district where acute diarrhoea is the first cause of consultation. Acute diarrhoea and lower respiratory tract infections are the leading causes of mortality among children under five. Acute diarrhoea cases are expected to increase with the onset of the monsoon season.
• Outpatient consultations for maternal, newborn and child health care have decreased by 8% in Lower Dir, Mardan and Nowshera. At the same time, pre- and postnatal consultations have increased by 37% and 33% respectively.
• Additional maternal, newborn and child health care services are badly needed in returnee districts but securing the services of trained female health care providers is a challenge given the prevalent insecurity.
• Meanwhile on 16 August, monsoon-triggered flash floods swept through Mardan and Swabi districts, destroying 400–450 houses and causing severe
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/

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**Agreed cluster strategies.**

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

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**SUDAN**

For more information see www.who.int/hac.

The Federal MoH has reported 4 confirmed cases of Influenza A.

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**Assessments and Events**

Weekly Health Coordination meetings in the three Darfur States show that the health situation remains stable with a morbidity rate within the normal range and a mortality rate below the emergency threshold.

Acute respiratory infections, bloody diarrhoea, malaria and acute jaundice continue to be the main conditions of public health importance reported by the disease surveillance system in the greater Darfur.

In North Darfur, more than 40 000 people affected by continuous conflict have sought refuge in three camps around Tawila.

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**Actions**

In *West Darfur*, **WHO** and MEDAIR are planning their interventions in Forbaranga and Habilla, from where Save the Children-US was expelled.

**WHO** and OCHA are responding to the floods in Kerenik, where IDPs were affected. Preliminary assessments indicate that food and safe drinking water as well as health care are urgently needed.

In *South Darfur*, **WHO** and the State MoH trained 55 MoH and NGO medical assistants, physicians and auxiliary nurses from Al Daen on AWD case detection, management notification, and sample collection.

**WHO** and OCHA updated the who is doing what and where section of the State’s emergency profile.

In North Darfur, OCHA coordinated an interagency mission to assess the current situation of IDPs in Tawila. **WHO** participated in the mission to assess the health situation and strengthen the existing health services.

In *Kassala*, **WHO** participated in an emergency meeting called by RCO and HAC in response to floods in Badreer area in south delta locality, the meeting discussed coordination between all sectors in intervention response to crises.

**WHO**’s emergency activities in Sudan are funded by Australia, Italy, Monaco, the United States of America, the CERF and the Common Humanitarian Fund.
**CHAD**

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

> From 17–21 August, WHO participated in a workshop to develop messages and educational supports for reproductive health. The goal was to equip NGOs working with refugees and host communities with communication tools adapted to the local situation and better able to support sensitization activities.

**Assessments and Events**

- Between 10 and 15 August, two suspect cases of measles were notified in eastern Chad, both in Iriba health district. Since 1 January, 1195 cases were notified including 12 deaths. The outbreak is now controlled and the number of reported cases is decreasing every week.
- During the same period, six cases of acute jaundice were notified, including three in Abeche health district, two in Adre and one in Goz Beida. Since 1 January, 441 suspect cases were notified including two deaths. For the same period, 1908 cases and 21 deaths had been reported in 2007 and 1395 cases and 16 deaths in 2008.

**Actions**

- From 18 to 20 August, a WHO consultant and a Government official from the national AIDS programme conducted a preliminary investigation on AIDS awareness, behaviours and practices among people in Adre health district. The investigation is covering both the IDPs from Farchana camp and the host populations. Various discussion groups were organized according to age groups and gender.
- The 26 community focal points set up by WHO continue to collect data and detect malnourished children. In the 18 villages surrounding Abeche, 1842 children under five were assessed between 10 and 15 August, including 42 suffering from severer acute malnutrition and 125 from moderate acute malnutrition. Forty children were referred to the ambulatory nutritional centre and one to the paediatric ward therapeutic nutritional centre.
- Chad is on the list of CERF funding for the second round of underfunded emergencies. According to the preliminary repartition by the UN Country team US$ 850 000 will be devoted to health and US$ 400 000 to nutrition.
- WHO’s emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland and Italy.

**CENTRAL AFRICAN REPUBLIC**

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

> CAR is second to last on the UNDP index development scale before Sierra Leone.

**Assessments and Events**

- Violence in the north-east and the south-east are leaving thousands of IDPs in need of assistance. In the south east, more than 1000 people from surrounding areas have temporarily relocated to Obo, in Haut-Mbomou prefecture, following attacks by the LRA on two villages.
- About 18 000 people have also fled to Chad since the beginning of the year.

**Actions**

- An inter-agency mission including WHO, OCHA, UNFPA, UNHCR, UNICEF, WFP and the UN Peace-building Office in the CAR is taking place in Obo from 29 August to 2 September.
- The objective of the mission is to evaluate the humanitarian situation in this zone and provide medicines, food and other first aid supplies. WHO donated 12 Basic Kit boxes, including amoxicillin, ampicillin, paracetamol, ciprofloxacin as well as essential supplies such as syringes.
- WHO’s emergency activities are funded by Finland, the Humanitarian and Development Partnership Team and the CERF.

**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.

- Inter-agency meeting on 17 August to prepare for World Humanitarian Day in Geneva and worldwide on 19 August.
- Ad-hoc IASC meeting on China/Taiwan on 17 August.
- UNHCR briefing on Somali refugees in Dabaab, Kenya, and Burundian refugees in Tanzania’s old settlements on 20 August.
- OCHA training on Information Management in Humanitarian Response in Neuhausen, Germany, on 24–28 August.
- IASC Taskforce meeting on Information Management on 3 September.
- The first meeting of the IASC Cluster Task Team to provide a report with recommendations on mainstreaming cluster costs and functions by the end of 2009 on 4 September.
- The Advisory Committee on the gender e-learning initiative of the IASC Gender Sub-Working Group on 4 September.
• The third meeting of the IASC Taskforce on meeting humanitarian challenges in urban areas in Rome on 7–9 September.
• An inter-cluster coordination meeting on 18 September.

WORLD HUMANITARIAN DAY - 19 AUGUST

In December 2008, the General Assembly determined to celebrate World Humanitarian Day on 19 August every year to “contribute to increasing public awareness about humanitarian assistance activities worldwide and the importance of international cooperation in this regard, as well as to honour all humanitarian and UN and associated personnel who have worked in the promotion of the humanitarian cause and those who have lost their lives in the cause of duty”. The purpose of the day is also to put emphasis on current humanitarian needs and challenges, and particularly on the beneficiaries on whose behalf we work.

The statement by WHO Director-General, Dr Margaret Chan, can be seen at http://www.who.int/mediacentre/news/statements/2009/humanitarian_day_20090818/en/index.html


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

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