INTRODUCTION

A CHANGING SCENARIO

Recent events may change the focus and scope of the humanitarian assistance

The last few months have brought about dramatic changes in the scenario of the WHO Humanitarian Assistance Programme.

In July was the exodus from the enclaves of Srebenica and Zepa. Tens of thousands of people had to leave their homes after the Bosnian Serbs captured the city. Emergency humanitarian interventions were once again organized, especially around Tuzla and later on in Zenica. The WHO team in Bosnia and Herzegovina engaged themselves successfully in the coordination of health interventions on the spot. Due to the core presence of qualified health staff, WHO was able to offer an immediate response to the identified needs.

In only a few days, starting on 4 August, the Croatian military took over the former sectors North and South (Krajina) giving way to a new even greater exodus. Most of the inhabitants left Krajina and passed through the Banja Luka region, where some stayed. Some of the refugees continued to Serbia proper. Recent figures estimate that about 175,000 individuals have entered Croatia, while others were escorted by the Croatian authorities by the Lipovac highway to Serbia. In a few dramatic days the International Humanitarian Organizations were challenged to offer humanitarian assistance of great dimensions. Soon afterwards most of the refugees were placed over most of Serbia.

The arrival of new refugees in the Banja Luka region initiated an expulsion of Croat and Muslim minorities from there. Refugees began to arrive in small ferryboats, crossing the Sava river at Davor. Other minority groups passed into Croatia from Vojvodina. A very special group arrived from Velika Kladusa, the former stronghold of Mr F. Abdic. A dramatic, still ongoing, scenario was developing near Vojnic. About 25,000 people have remained in a valley, living in their cars, trucks, tents and shelters created from plastic sheets and corn-plants — the Kupljensko Camp. Heavy rainfall soon provoked a massive muddy ground and flooding. A WHO organized coordination began both in Zagreb and on the spot. Our field officer in collaboration with the international agencies and local health personnel is committed to optimal health interventions in a politically touchy context. In this report the situation is presented in detail by the WHO public health professionals.

A new wave of Human Rights Violations has been reported by international observers. In the former sectors North and South, much looting and burnings were observed. These areas are today rather deserted, estimated at a total population of about 6000. Other human rights violations were reported from refugees leaving the Banja Luka region and also near the Kupljensko camp. The human rights violations and the uprooting of more than 200,000 people in this period have enhanced the

number of people in need of psycho-social support even further. Already before the latest exodus, it was estimated that more than one million people were in need of emergency assistance.

In Bosnia and Herzegovina the siege of and the attacks on Sarajevo continued throughout the summer. A significant deterioration of the living conditions has developed with the lack of gas, fuel, electricity, water and heating. The culmination came with a new mortar disaster killing and wounding many civilians. This event triggered a change of attitudes and actions by NATO and UN with new air strikes and interventions by the so-called Rapid Reaction Force (RRF).

Continued diplomatic activities resulted in the first meeting between the foreign ministers from Bosnia and Herzegovina, Croatia and the Federal Republic of Yugoslavia. The latter also represented the Bosnian Serbs. The first steps in a peace attempt were consolidated in a mutual statement on the 8 September 1995. Still, it seems as if there is a long way to go before a stable peace can be established. The hope for peace, however, is shared by many on all sides of the front lines and borders. When "peace breaks out", there will still be an enormous challenge for reconstruction and reconciliation.

WHO HUMANITARIAN OPERATION IN TRANSITION

After a serious cutback a few months ago, the WHO Humanitarian Operation is now on its way again. New donations have secured the WHO core staff presence and assistance to continue with new strength. The cutback also offered the opportunity to revise the structure. "Lessons learnt" from three years into the programme are now being implemented to strengthen the management and develop more flexible procedures. A WHO Office for Croatia will be inaugurated in the near future and a new post as Special Representative for Croatia has been established.

Let me take this opportunity to express special thanks to the former WHO Special Representative, Dr Hannu Vuori, who has now taken up new duties for WHO in Turkey. Thanks also to the WHO staff, who have left the operation within the recent months, for their good work.

In the upcoming months several new faces will appear among the WHO staff. The combination of an experienced field staff and engaged newcomers hopefully creates a strong mixture of continuity and fresh new WHO initiatives.

Most of the WHO staff will meet the public at a Press Conference in Zagreb, 5 October 1995.

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WHO Special Representative of the Regional Director

PUBLIC HEALTH

Objectives:

- *to monitor the health status of the people and detect health problems, particularly epidemics caused by the war and deteriorating health care systems;*
- *to monitor the nutritional status of the people, particularly refugees and displaced persons, to detect possible problems and to advise on the appropriate composition of food aid;*
- *to plan and carry out public health interventions (e.g. immunization campaigns, delousing, water, sanitation and environmental health actions) as needed;*
- *to coordinate the health-related activities of the intergovernmental (IGO) and nongovernmental (NGO) agencies and the WHO offices in former Yugoslavia;*
- *to liaise with IGOs, NGOs and national and local health authorities; and*
- *to liaise with the media and provide information on WHO's humanitarian assistance activities.*

WHO HEALTH MONITORING ON THE SPOT

Case of Kupljensko camp

In August, one of the main activities of the Public Health Unit was involvement with the health situation of a refugee population coming from Velika Kladusa in the Bihac Pocket. About 25,000 people fled to Kupljensko (near Vojnic) during the week of 7 August 1995. Initial access was difficult due to restrictions imposed by Croatian authorities.

WHO set up emergency coordination meetings in Zagreb for health assistance and carried out field visit assessments. We decided to take a step further to coordinate health efforts on the spot. Regular meetings were established on a weekly basis in Zagreb to monitor and coordinate the situation.

Together with the other UN agencies, international NGOs, local health personnel and Croatian Health authorities a coordinated response little by little developed. Certain improvements have been achieved. We are still primarily addressing symptomatic relief due to the lack of an overall political solution.

Situation in the camp

The site of the camp is totally inappropriate. The people are crowded into a narrow winding valley which floods at its base following heavy rainfalls. The accomodation is makeshift. The houses are full to the brim and numerous groups also live in cars, the backs of vans, trucks, carts etc. Temporary tent frames have been erected and covered with blankets, plastic sheeting, leaves and anything else available to withstand rain and wind. As time has progressed and because it looks as though the refugees will be staying for a longer period, more semi-permanent structures have been built; mainly consisting of wood. Many of these structures are situated close to the road lending to dangerous congestion and accidents.

Repeated concern has been voiced regarding the conditions in which the refugees are living. The inappropriatness of the site poses a serious public health risk for this already vulnerable population. Additionally, there have been serious allegations of

breaches of human rights. This has taken the form of shooting incidents of refugees found outside the camp without weapons. UN human rights personnel are following up on this.

Sanitation

With the marked overcrowding all available water sources and sanitation systems have been stretched. The local wells are contaminated due to indiscriminate defecation and dead carcasses lying in the area. The inital latrines erected by the refugees themselves were frequently built near the streams or close to the houses. With increased involvement of the UN agencies, latrine building has commenced which should improve this situation. Refuse disposal is a high priority and requires increased intervention.

Health situation in the camp

When the refugees initially came to the valley they set up a health facility based at a house near the entrance of the camp. Here were placed the many injured and war wounded patients. There are also seven paraplegics and six hemiplegics: There were an additional number living in two trucks, with nurses looking after them. The one paediatrician in the camp was overstressed and unable to function well.

Due to poor hygienic conditions many people have become ill in the camp. Many cases of diarrhea have been reported (>35% children >5 years and 4% children<5 years), Airs(5%), skin infections and infestations, wounds (15-20%) and psychological problems. A large percentage of the consultations have been paediatric There are 184 pregnant women, with at least 10 deliveries since the camp started (either in Karlovac Hospital or in the camp itself).

Health activities plan for the camp

The initial leading agency in the camp was ICRC as they had the most access. They are now phasing out their involvement and MSF-H will continue as the main medical organization. WHO have been assisting in the coordination of health activities amongst the different groups, Croatian Health authorities, NGOs, UNPF medical teams and local health personnel.

A nurse has been identified among the refugees to organize refugee nurses. There are five ambulantas and one MCH ambulanta. Each ambulanta has nominated one nurse to represent its unit. The hospital will continue to function as the centre for the more difficult cases and as a referral centre.

The priorities over the recent weeks have been to ensure adequate water, shelter, and sanitation. WHO has been working closely together with the various groups to formulate a more organized and structured health service.

Much aid is entering the camp now and the situation will undoubtedly improve. However, it is important that the assistance is coordinated and WHO has been identified as the appropriate independent organzation to continue to act as the main liaison body spanning and influencing the Croatian authorities, UNPF and the other agencies.

Supplies

Supplies, both medical and non-medical, have been arriving from different sources. WHO supplied the camp with one chronic disease kit and one pneumonia kit. Additionally, UNPF medical teams were also supplied with some supplies. Progress has been made to centralize drug supplies. Unsolicited drug supplies were a problem due to lack of storage space and unfamiliar preparations entering the camp. Future supplies from a more central supplier should ensure that an essential drug list is adhered to more strictly.

Health interventions

A vaccination programme is planned with support from UNICEF pending further discussions with Croatian Health authorities.

The MCH service will be strengthened involving the three midwives in the camp

As for psychosocial intervention, .Marie Stopes International have liaised with field workers present in the camp and will start a network of support for vulnerable women and children.

Rehabilitation assessment was done by Dr Bengt Lagerkvist, Rehabilitation Advisor on 29 August. He visited Vojnic to do an initial assessment of the health facilities, resources and potential for rehabilitation assessment. His final report will outline suggested interventions.

Brief notes

The Health Monitoring unit visited the Karlovac Hospital and met with the hospital's director, who informed us on the facilities for the patients referred from the camp.

The refugees from Banja Luka situated in Vojnic are being accommodated in different centres. One of which is Vojnic. WHO met with the physician responsible for their health care: She will be based in a converted flat which has been renovated:

Suzanne Cotter, took up her duties as the new Field Officer for Croatia and Northern Bosnia.

MEDICAL SUPPLIES, DRUG POLICY AND LOGISTIC SUPPORT

Objectives:

- *to assess and set priorities for the medical supply needs of different regions and health care institutions;*
- *to procure, store and distribute the medical supplies intended to cover the assessed needs;*
- *to ensure timely and safe delivery, following donor instructions, to the intended end-users;*
- *to evaluate the appropriateness and impact of the supplies; and*
- *to report to the donors.*

Medical Supplies

New donations rectify the low stock situation faced by WHO

Many medical supplies have arrived in July and August through the generous donations of several of WHO's most important funders. The incoming medical material has done much to temporarily rectify the low stock situation faced by WHO in the past several months.

A generous donation from the government of Japan has enabled the WHO Zagreb office to procure a wide assortment of medical material. During the past two months, WHO has received Anaesthetic kits, Chronic Disease kits, Clean Intermittent Catheterization kits, Epidemic Response kits, New Emergency kits, Pneumonia kits, Transfusion kits, X-ray material and hospital spare parts.

Reproductive Health kits have arrived from a donation of the US Government: ten are in Zagreb and twelve are in Metkovic awaiting further distribution. These kits reflect revisions in contents made after assessment of the last phase of the Reproductive Health Kit programme done in conjunction with Marie Stopes International.

The government of Sweden has supported the WHO Rehabilitation operations throughout its mission in former Yugoslavia. The Rehabilitation department has used the WHO kit concept and with the assistance of DPMSD has developed several different pre-packaged kits for distribution. This has included the Clean Intermittent Catheterization kit and the newly developed Physiotherapy and Splint kits. The Physiotherapy kits have arrived in addition to other rehabilitation materials and are in the process of being distributed according to plan to institutions in Croatia and Bosnia.

Seventeen Clinical Microbiology Laboratory kits have arrived as a part of the continuing support of Denmark to diagnostic facilities in Bosnia and Herzegovina. Proposals have been submitted to the government of Denmark for continuing support of WHO's regular supply programme through to the end of 1995. An additional appeal has been submitted for funds to help cover unforseeable emergencies requiring supplies outside of WHO's regularly available medical materials.

Issues from the field

The materials received during this summer period have been an integral part of WHO's interventions following the heightened military activities over the past month. Croatia's military move to recapture occupied areas led to large movements of refugees into Banja Luka and FRY regions. WHO quickly responded to the refugee situation by sending consignments of emergency supplies to Belgrade. The materials sent included medicines to cover disease outbreaks which are prevalent in refugee situations as well as drugs for chronic illnesses.

A consignment of fifty doses of locally procured anti-viperinum serum were sent to Zenica in August. The Public Health Institute there had reported several deaths during the summer due to snake bites. WHO Zagreb issued guidelines for the use of anti-viperinum serum in 1994. The consignment is expected to cover the needs of the most serious cases for the entire regions.

WHO has decided to continue with its support of Measles Mumps Rubella (MMR) vaccine distribution to Bosnia and Herzegovina. WHO provided 60 000 doses of MMR vaccines for all parts of Bosnia and Herzegovina in 1995 as a joint project with UNICEF. At the moment there are an estimated 150,000 to 200,000 children in Bosnia and Herzegovina without vaccination coverage against rubella and mumps.

The WHO field office in Mostar is coordinating a Community Based Physical Rehabilitation (CBR) project which includes the renovation and supply of a new Rehabilitation centre in Mostar East. The Zagreb office will be involved in the procurement of supplies for the new centre which is expected to open within the next three months.

Brief notes

Following the general structural changes undergoing in the WHO Zagreb Area Office, the Drug Policies and Medical Supplies Department will be evolving in the next months. WHO is very pleased to see the return of Ms Heidi Schmidt, the former Medical Supplies Coordinator. Ms Schmidt who left in June, has returned to the new position of Procurement and Finance Manager. Ms Schmidt will recommence with medical supplies coordination duties and will have additional responsibility for budget and finance management of the mission.

The WHO Zagreb Drug Policies and Medical Supplies Department faces the imminent departure of Dr G. B. Forte, Project Manager, who will be terminating his duties at the end of September. No final decisions have been taken as to the future coordination of drug policies projects in former Yugoslavia.

Drug Policies

A new WHO Medical Kits 1995 manual for Former Yugoslavia is ready for publication

The Pharmaceutical Unit has been involved in collaboration and production of several important documents during July and August. WHO Geneva has been developing an official WHO document for wide distribution regarding general guidelines for donors. WHO Zagreb has been actively involved in the past years with the coordination of

donations in-kind to former Yugoslavia. The general guidelines which are based on those from the WHO former Yugoslavia mission as well as other missions and emergency operations, gives advise and sensitize donors to the special circumstances of emergency and developmental programmes. The guidelines are being finalized and should be ready for distribution in the near future.

The manual contains descriptions, contents lists and other information about medical kits distributed by WHO in former Yugoslavia. The kit concept has been an important part of the humanitarian aid distributed in this mission and its relevance for other countries in similar circumstances has become evident.

LOGISTICS SUPPORT

WHO, ODA and RAF moved 800 units of blood from a U.K. blood bank to the Transfusiology Institute in Sarajevo within 48 hours

Events of the past two months have proved, yet again, the value of WHO medical supplies in response to a humanitarian crisis situation and added weight to the standing of WHO in its role as principal health coordinator. UNPF, ICRC, MSF and various other agencies/NGOs have beaten a path to our door with requests for supplies which they were unable to find from any other source in the time available. Our response has been sympathetic and speedy and with transport assistance from various sources all requests have been fulfilled. Examples include a UNHCR air-lift from Ancona to Belgrade and Zagreb - Tuzla, UNHCR convoys Zagreb - Belgrade, UNHCR heli-lift Zagreb - Banja Luka, numerous air and road facilities from UNPROFOR resources and ready co-operation from ICRC and MSF to include WHO materials in their convoy manifests.

A logistics exercise of note was completed during the period. On 25 July Ms Stephanie Simmonds, WHO Special Representative BiH, identified by fax to ODA the urgent need for blood to replenish dwindling stocks at the Sarajevo Transfusiology Institute. An immediate response by ODA resulted in the consolidation of c.800 units of blood from UK sources at the British Army Blood Transfusion Depot(ABSD) by 31 July. ABSD packed and delivered the goods to RAF Brize Norton on 1 August from where they were flown by RAF C130 to Split arriving p.m. 2 August. WHO Metkovic staff met the flight and deposited the consignment in the Metkovic Cold Room overnight. A locally hired commercial refrigerated vehicle, escorted by WHO Metkovic staff, moved the goods to Tarcin on 3 August where they were met by two WHO Sarajevo armoured vehicles, driven by WHO staff, which had driven in over Mt Igman - and targeted by small arms fire en route! They returned to Sarajevo without incident. To move this quantity of a highly perishable material from Blood Bank (ABSD) to Blood Bank (Transfusiology Institute) in a city under siege and within 48 hours is an impressive achievement and a tribute to the dedication, professionalism (and bravery) of all concerned. Additionally, WHO and the Sarajevo authorities are grateful for the ready cooperation and response from ODA and the parts played by the British Armed Services.

Regrettably, this success story is not matched by efforts to move bulk supplies into Sarajevo. This matter remains a problem in the absence of air-access via Ancona and indications that the service is unlikely to resume in the foreseeable future. Recent

UNPF/UNHCR efforts by road convoy, via Mt Igman and Sierra routes, have been intermittently successful but offer the only means of access. The situation is being closely monitored on a day-to-day basis, but with reducing shelf life of goods in Ancona and the need to replenish Sarajevo stocks prior to the winter season it is imperative that the Ancona stocks should be moved to Metkovic as soon as possible for inclusion in the UNPF/UNHCR convoys. The risk of losing some items via the Sierra routes is ever present and unavoidable in the circumstances but every effort will be made by WHO Sarajevo to convince the relevant authorities that WHO materials should pass unhindered and will be distributed equably to all factions in accordance with need, as in the past. The intention, therefore, is to move all WHO stocks from Ancona to Metkovic, either in cooperation with UNHCR or by own means. This process is already underway with a target completion date of 30 September 1995. The experience gained will enable a rapid re-establishment of the Ancona facility if the air lift resumes, and if appropriate at the time, but the current intention is a close down by the target date. Details will be issued in due course, but international suppliers are being advised on a consignment by consignment basis that goods previously earmarked for Ancona should be re-directed to either Zagreb or Metkovic.

Routine receipts and issues have continued without problem amongst the excitement of the various crises and it is gratifying to report that even Bihac is now easily accessible. The close cooperation with the ODA Convoy Team remains and, with UNHCR agreement, they are providing transport for all routine movement of WHO materials between Zagreb and Metkovic. In addition, there is always an immediate and positive response for requests to move items within the city, principally to the airport.

Closer to base, Zagreb Logistics Staff, in addition to their normal duties are currently providing assistance in the Zagreb Area Office reorganization including the establishment of a computer network which, *inter alia,* will provide easier access to the e-mail system. Work is also underway to identify, procure and supply vehicle accessories, fuel and emergency lighting and heating equipment for all offices in good time for the winter season.