

*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 internal use and does not reflect any official position of the WHO Secretariat.*

**KENYA**



⇒ The UN Country Team has prepared a revised Emergency Humanitarian Response Plan to mobilize essential resources to continue supporting the IDPs now the crisis has ended. As of 20 March, only 21% of the funds requested by WHO in the first appeal launched on 16 January were funded (29% for the health sector).

**Assessments and Events**

- Humanitarian needs are expected to continue during the upcoming period of return and re-integration of the IDPs.
- An estimated 300 000 IDPs are still in camps and twice as many are residing in host communities. Camps are congested and the quality of water, shelter and sanitation has fallen below international standards.
- The return of a number of IDPs to their provinces of origin will increase the pressure on infrastructures, even in areas unaffected by the violence, and stretch further humanitarian operations.
- The already fragile health care system was seriously weakened by the crisis and is only partially functioning. Many health facilities remain closed. Many displaced health workers have not and may not return to their posts. Patients suffering from chronic diseases have lost access to treatment.
- In the North Eastern province, the cholera outbreak in Mandera district continues, with 323 cases and 11 deaths reported as of 13 March.
- As of the same date, 204 cases of cholera and 16 deaths had also been reported in Nyanza province.
- Improving coordination and information management, identifying and filling gaps, reinforcing disease surveillance and providing psychosocial support remain crucial. Other key interventions include access to primary health care and curative and referral care services for IDP and host communities.

**Actions**

- WHO continues to lead the Health Cluster and, in collaboration with UNICEF and UNFPA, to support health partners (Kenyan Red Cross, international and local NGOs, community- and faith-based organizations), and the provincial and district teams that respond to immediate needs and arising public health threats.
- WHO's emergency activities have been funded by the CERF and Australia. Turkey also indicated interest in WHO's activities. WHO and IMC are negotiating with OFDA for a grant. WHO also advanced US\$ 240 000 from its own regular budget.
- In the context of the Emergency Humanitarian Response Plan, WHO is requesting external assistance to:
  - ensure surveillance and respond to disease outbreaks;
  - strengthen coordination, information management, assessments and monitoring in the most critical provinces as well as in Nairobi;
  - identify gaps in the health care delivery system as well as in the overall emergency response and facilitate gap-filling interventions;
  - support primary health care services and ensure the availability of medical supplies in IDP camps and host communities.

**CHAD**



**Assessments and Events**

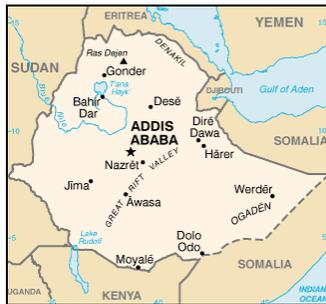
- In the east, between 3 and 23 March, 13 cases of meningitis were notified in five districts. No deaths were reported and none of the districts has reached epidemic level.
- Mass vaccination against measles is ongoing among the refugees that recently arrived from Darfur. IMC has already immunized 816 children under 15.
- Security remains volatile.

**Actions**

- WHO continues supervision and training to improve health workers' skills in surveillance and management of malnutrition; the most recent mission was conducted in Amdam. In coordination with UNICEF and UNHCR, WHO provided training on the recommendations of the national protocol on the management of malnutrition in Ouaddaï and Wadi Fira.

- Similarly, WHO, in collaboration with the team from the regional hospital in Abeche, is supervising and reinforcing the laboratory capacities of the hospitals in Amdam, Iriba, Guereda and Goz Beida.
- A training on the surveillance and management of measles and yellow fever was also organized in Abeche.
- WHO provided transport media and laboratory supplies to Save the Children in Bredjing and COOPI in Goz Beida. WHO is organizing the provision of additional medical supplies.
- Recent WHO's activities in Chad have been funded by ECHO Italy, Finland and the CERF. WHO in Ndjamena is discussing further funding with ECHO. WHO is discussing further funding with ECHO in Ndjamena.

## ETHIOPIA



⇒ Ethiopia's Disaster Prevention and Preparedness Agency (DPPA) will initiate an appeal to address the 2008 drought. Approximately 1.5 million people are already affected by the drought mostly in Oromiya's Borena Zone and in Afar and Somali regions. The authorities expected an increase of affected population in the coming months.

⇒ the UN Country Team expects to have the government's approval to extend humanitarian activities in the Somali Region by a further three months.

### Assessments and Events

- Between 1 January and 21 March, 172 suspected cases of meningitis and nine deaths were recorded (CFR 5.2%) in Afar, Oromiya and SNNRP regions and Addis Ababa. Sidama zone in SNNRP is the most affected area with 107 cases and two deaths. Health units report scarcity of proper equipment for lumbar punctures and out-of-date test kits.
- The Federal MoH recorded 13 measles outbreaks since 1 January, totalling 6404 suspected cases and 93 reported deaths. With over 90% of all reported cases, Hambella Wamana (3245 cases) and Karcha (2428) districts in Oromiya's Guji Zone are the most affected.
- Between 14 January and 15 March, 97 suspected cases of acute watery diarrhoea (AWD) and eight deaths were reported in the Somali region's Dolo Ado district. In the bordering districts of Kenya, investigations have confirmed *Vibrio Cholera* in several cases.

### Actions

- Drugs and supplies pre-positioned by WHO last December were sent to the districts reporting meningitis; funds were allocated for staff training and community education. WHO is assisting the Federal MoH in procuring additional drugs, test kits, supplies and vaccines for replenishing the stocks.
- WHO is discussing with OCHA two projects addressing the meningitis outbreak. The first, to be funded by DFID, covers the procurement of 1.5 million doses of vaccine; the second, agreed with CIDA, will support the operational cost of the immunization campaign.
- In Guji Zone, a measles vaccination campaign conducted by the Regional Health Bureau and MSF-Belgium with the support of WHO, was completed in the four most affected districts two weeks ago. A new proposal was sent to OCHA requesting US\$ 700 000 from the Humanitarian Response Fund to fight measles in Guji and Borena Zones.
- The Federal MoH, WHO, UNICEF and UNFPA are finalizing the health, nutrition and hygiene and sanitation plan for 2008. The plan will address malnutrition, diarrhoeal diseases, meningitis, measles and malaria and request approximately US\$ 81 million within the framework of the projected appeal.

## COMOROS



⇒ The UN Country Team and partners are looking into possible funding for emergency response. A Flash Appeal and a multisectoral CERF proposal are being developed.

### Assessments and Events

- The Union Government of Comoros and AU troops have taken control of all the major towns on the island of Anjouan. So far there are no reports of movements or casualties among the population due to the fighting. On 12 March, the Comorian Red Crescent (CRCo) had reported that 208 IDPs had fled following rumours of imminent fighting in February.
- Despite the relatively low number of IDPs for now, coping mechanisms are under stress. At country level, low implementation capacity, weak logistics and transport and safety of staff are reasons of concern.
- Major diseases include malaria (responsible for 24% of the overall mortality), diarrhoea and respiratory tract infections. The country is also experiencing a cholera epidemic with 1564 cases and 29 deaths reported between January 2006 and March 2008.

### Actions

- Only the CRCo and two NGOs, AIFO and Caritas, are running health facilities in Anjouan. Staffing, logistic and supply constraints are considerable and their

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<p>⇒ The French and Spanish Red Cross are supporting the CRCO in Anjouan. IMC, MEDAIR, OXFAM and MSF-Switzerland are looking to support the emergency response in the health and water and environment sectors.</p>	<p>capacity to cope with any influx of patients is uncertain. A third NGO, Initiative Development, works in water/sanitation with a local association.</p> <ul style="list-style-type: none"> <li>• Humanitarian partners are strengthening their presence to provide assistance in the event of a humanitarian emergency. WHO deployed an emergency expert from its AFRO Regional Office and participated in an interagency rapid health assessment to respond to the needs of the population.</li> <li>• WHO is requesting US\$ 135 900 from the CERF to: <ul style="list-style-type: none"> <li>➢ Deploy two emergency staff members during the acute emergency phase to support assessments, cluster activities and disease surveillance;</li> <li>➢ Provide trauma kit where shortages have been identified;</li> <li>➢ Procure essential drugs for a prompt response to outbreak;</li> <li>➢ Provide support to health personnel for the management of disease outbreaks and the surveillance of epidemic-prone diseases.</li> </ul> </li> </ul>
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<p><b>SUDAN</b></p>  <p>⇒ Earlier this year the UN-AU peace-keeping mission, UNAMID, has begun deploying to Darfur. So far about 9000 personnel are in place, out of the 26 000 expected when the operation reaches full capacity.</p>	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>• Recent armed attacks on <i>West Darfur</i> villages have killed scores of people and displaced thousands. Most health centres have suffered serious damages, with drugs, equipment and furniture partially or totally looted.</li> <li>• Almost all health care providers fled together with the population, restricting people's access to health care and affecting the disease surveillance system as their slows down the detection and reporting of communicable diseases.</li> <li>• Displacement has increased the risk of gender-based violence.</li> <li>• Attacks against aid workers have reached unprecedented levels, jeopardizing relief operations.</li> <li>• The most urgent priorities are refurbishing facilities, replenishing medical equipment and supplies, providing vaccination, and reactivating the disease surveillance system.</li> <li>• In <i>Abyei</i>, recent clashes between the Sudan People's Liberation Movement army and fighters from the mainly Arab Misseriya community have displaced hundreds of civilians from their homes and raised tension across the State.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• In February and early March, WHO led a series of day trips of mobile units staffed by UN and NGO partners to conduct field assessments and provide on-the-spot clinical services in the affected areas of <i>West Darfur</i>.</li> <li>• As the conflict is escalating, WHO is appealing for US\$ 490 000 from the CERF to: <ul style="list-style-type: none"> <li>➢ Provide essential drugs and medical supplies in affected areas to ensure the delivery of curative and preventive health care, including reproductive health care;</li> <li>➢ Provide supplies and operational support for "catch up" immunization campaigns;</li> <li>➢ Re-establish the pre-existing early warning system through the provision of communication equipment;</li> <li>➢ Rehabilitate and re-equip affected health care facilities in conflict-affected areas.</li> </ul> </li> <li>• The proposed activities will be implemented in collaboration with the State MoH, UNICEF, UNFPA and other health partners (including Medair, the Comité d'aide médicale and the Norwegian Church Aid).</li> <li>• In <i>Southern Sudan</i>, WHO procured five German Pharma Health Fund mini-laboratory kits – sets of essential laboratory equipment and reagents to perform rapid tests on medicines – for the MoH Directorate of Pharmaceutical Services.</li> <li>• In Juba, WHO will rehabilitate a section of the Central Medical Stores/GoSS, to provide storage for emergency medical kits and laboratory supplies.</li> <li>• WHO coordinated the development of preparedness and response plans for meningitis and cholera for 2008.</li> <li>• Recent WHO's activities have been funded by the CERF, the Common Humanitarian Fund and ECHO, Finland, Ireland, Italy and USAID.</li> </ul>
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## NAMIBIA



⇒ Almost one million people across southern Africa have been affected by floods, cyclones and rains during this year wet season. Although the worst of the weather is over, problems could persist until the end of April.

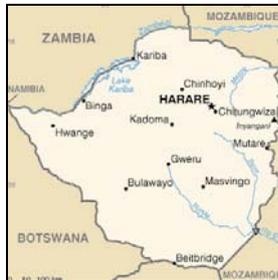
### Assessments and Events

- Floods in the north have displaced 3000 people and killed up to 29 persons in Omusati, Oshana, Oshana-Namaland and Erongo.
- The Namibian Red Cross reports that displaced persons lack safe water and sanitation facilities. The risk of outbreak of infectious diseases is heightened as mosquitoes breed in the numerous pool of stagnant water. The situation is complicated by the substantial damage to many roads and other vital infrastructure, preventing aid from reaching affected areas.
- In Erongo district, the MoH detected a cholera outbreak: as of 16 March, 123 suspect cases had been reported, including at least four confirmed.
- The Government has declared a state of emergency and appealed to the international community for assistance.

### Actions

- In response to the cholera outbreak, WHO will provide technical support to the MoH for the formulation of a response strategy. The necessary stock of essential drugs and supplies are already in place.
- An AFRO technical staff member is participating in a mission to assess the situation, identify immediate needs and prepare an appeal.
- WHO's emergency operations are so far funded by the regular budget.

## ZIMBABWE



⇒ The cluster approach is now officially activated in Zimbabwe, and WHO leads the Health Cluster.

### Assessments and Events

- The upcoming presidential elections are expected to cause large population movements of Zimbabweans returning home from abroad to vote.
- The interagency contingency plan was revised to reflect all possible situations, including the worst case scenario of violence and forced displacements. Hopefully avoidable, a severe acute crisis could see up to 250 000-300 000 people fleeing to neighbouring countries.
- Whatever the results of the elections, high unemployment and high inflation are likely to continue to drive Zimbabweans into South Africa, Mozambique, Zambia and Botswana. Humanitarian needs are likely to increase as the economic collapse is creating severe food insecurity and household and social distress for the most vulnerable. The risk for malnutrition and disease outbreaks is increasing.

### Actions

- OCHA is maintaining an Emergency Relief Supply and Capacity Matrix for Zimbabwe, with the cooperation of humanitarian partner organizations.
- WHO is monitoring the situation in the country and in the surrounding countries. Medical supplies have been put on stand by in WFP/WHO humanitarian depots.

## MENINGITIS – WEST AFRICA



### Assessments and Events

- In *Burkina Faso*, meningitis has killed 584 people out of 5892 cases (CFR 10.3%) reported between 1 January and 23 March. Out of 16 affected districts, eight have reached the epidemic level and 11 the alert level.
- In *Côte d'Ivoire*, 44 deaths had been reported by 20 February.
- In *Niger*, 360 cases and 26 deaths (CFR 7.2%) have been reported as of 16 March. The district of Birni N'Konni, in Tahoua region, has reached the alert level with a weekly attack rate of 5.4 per 100 000 inhabitants.

### Actions

- Health authorities in *Burkina Faso* and *Côte d'Ivoire* are coordinating a joint health programme to tackle the epidemic. WHO is supporting epidemiological surveillance and coordination.
- In *Niger*, a joint WHO/UNICEF mission will take place from 29 March to 1 April to investigate the outbreak in Birni N'Konni.
- USAID and the Office of U.S. Foreign Disaster Assistance (OFDA) have granted US\$ 50 000 to WHO to support surveillance, community awareness and laboratory activities in Burkina Faso. Ireland granted €500 000 under the CAP 2008.

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## INTER-AGENCY ISSUES

- **Clusters**
  - A **Global Cluster Leads/Task Team/Donor meeting** will take place in Geneva on 7 April. An inter-agency preparatory meeting will take place on 26 March.
  - On 23-24 April, WHO will host the next face to face meeting of the **Global Logistics Cluster**.
  - The **Global Health Cluster** will meet face to face in Geneva on 6-7 May.
- The 26-March **IASC Weekly** meeting in Geneva updated on the situation in Zimbabwe. On 2 April, it will update on the Information Management Group of the Kenya Health Cluster, mapping of camps *WHO, What, Where* and the application of a draft tri-cluster rapid assessment.
- The **WHO Public Health Pre-Deployment Course** (PHPD4) is taking place in Hammamet, from 30 March-12 April.
- The **Humanitarian Coordination Group** will meet on 1 April
- The **IASC Gender Sub-Working Group** will meet on 2 April.
- The **IASC Reference Group on Human Rights and Humanitarian Action** will next meet on 8 April.
- The next **Emergency Team Leadership Programme** will be held in Villars, Switzerland, from 13-18 April.
- The next **ECHA meeting** will take place on 17 April.
- The **IASC Taskforce on HIV in Emergencies** will meet next on 23-24 April.
- The **IASC Principals'** meeting will take place in Geneva on 30 April.
- The annual **RC/HC Retreat** will be held in Montreux on 5-7 May.

*Please send any comments and corrections to [crises@who.int](mailto:crises@who.int)*

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