



**CROSS BORDER & REGIONAL HIGHLIGHTS**

**Crisis in Chad-30,000 Refugees in Cameroon**

Over 30,000 Chadians fled across the border into north-eastern Cameroon after fighting in N'Djamena between armed groups and the Government in early February. More than 4,600 families comprising some 20,000 persons have registered with UNHCR and indicated their intention to stay in Cameroon for the time being. The refugees began to arrive on 2 February and were initially hosted in two temporary sites as well as in schools, churches and private homes in Kousséri.

More than 5,520 Chadian refugees have now been transported to the "Maltam 1" camp, 32 km from Kousséri. The site in Maltam can host up to 100,000 people and is already equipped with wells. Upon arrival in Maltam 1, refugees received relief items from UNHCR including blankets, mats, jerry cans, cooking sets, soap and wood for heating. WFP gave rations including rice, sorghum, beans and cooking oil. UNFPA delivered products for female hygiene. Emergency assistance continues to be provided in Kousséri to those refugees not yet relocated to Maltam.

UNHCR provided two airlift flights with relief supplies including plastic sheeting, jerry cans, blankets, mosquito nets, kitchen sets and plastic rolls. WFP shipped to Kousséri 400 metric tons of food that was already in Cameroon, and 40 metric tons of high-protein biscuits were shipped from Ghana. UNICEF delivered ten cartons of Plumpy Nut therapeutic food used for severely malnourished children. UNFPA provided clean delivery kits, which include plastic sheeting, razor blades and soap, to ensure safe delivery to displaced mothers as well as support local health facilities to provide emergency obstetric care.

**I N T H I S I S S U E**

- **Cross border and regional highlights p. 1-3**
- **Focus: UNDAC in emergencies p. 4**
- **Country Coverage p. 4-5**

A five-day vaccination campaign was launched in Kousséri funded by the Ministry of Health, UNHCR, UNICEF, WHO, the Red Cross Movement, Médecins Sans Frontières-Switzerland and the Organization of Coordination for the Control of Endemic Diseases in Central Africa. The drive that began 13 February saw more than 35,000 infants and children vaccinated against Measles and Polio. Along with the vaccinations, vitamin A supplement tablets were also provided to some 34,000 children.

Funding gaps have so far been filled by a grant of USD 4.7 million from the United Nations Central Emergency Response Fund (CERF) to six UN agencies involved in providing assistance. International Federation of the Red Cross (IFRC) also released USD 272,000 from its Disaster Relief Emergency Fund (DREF) to support Cameroon Red Cross Society.

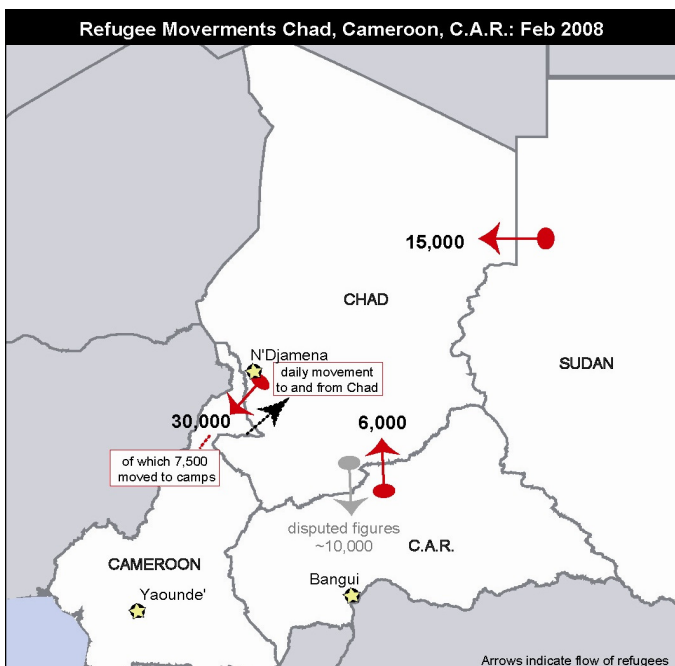
In addition, IFRC has launched an emergency appeal for USD 2.3 million to support the Cameroon Red Cross Society in assisting 10,000 refugees for the next six months. The money raised by the appeal will provide health services for refugees, including the deployment of a basic health care unit in Maltam and the provision of water and sanitation services to the refugees and host populations in Kousséri and in the Maltam 1 camp where 500 latrines will be built. Early recovery activities and transition support will be conducted for a further six months. According to IFRC, there are gaps in the sectors of health, water and sanitation but urgent action is being taken to prevent disease outbreaks.

**Bombing in West Darfur Triggers New Influx of Refugees to Chad**

15,000 Sudanese have crossed the border into Chad in February following air strikes on villages in West Darfur. Many others have sought refuge in areas inside Darfur which have been no-go areas for the African Union/United Nations hybrid operation, UNAMID, for security reasons.

The new refugees are mainly scattered in areas around Birak and Koruk while some are moving further inland in Chad, away from the volatile border and closer to water points. According to UNHCR, the refugees remain in a precarious situation along the border as they await transfer to formal camp sites in Figuera in the Birak area and the Kounougou camp near Guéréda.

The displacement began on 8 February when the Government of Sudan launched air attacks on the villages of Abu Sarouj, Sirba and Sileia aimed at armed groups



which have reportedly been consolidating their positions in West Darfur. Despite assurances from Khartoum that civilians sheltering in the area near the border with Chad would be allowed safe passage, more aerial bombings were carried out in the Jebel Moon area of western Darfur on 18, 19 and 24 February.

UNHCR is awaiting approval from the Government of Chad to move the refugees after armed men prevented the relocation on 12 February, giving no reason for their action. Meanwhile, UNHCR is registering vulnerable cases such as unaccompanied and separated children, pregnant women, the elderly and sick among the refugees. Some cases have been transferred to the hospital in Guéréda. Women who have suffered sexual abuse have also been interviewed.



*Darfuri women in the ruins of Sirba village, ransacked during a government offensive, February 21. Reuters.*

International Committee of the Red Cross (ICRC) in partnership with UNHCR is screening refugees who continue to receive food and non-food items including tarpaulins, nets, jerry cans and soap. UNICEF has sent 4,000 doses of Measles vaccines to the area while WHO has sent two basic health kits to Guéréda. MSF-Suisse is providing emergency food to children and pregnant women while WFP has distributed food rations covering the month of February.

UNHCR expects the new influx to place severe strains on the agency's 12 camps in eastern Chad. Many of the camps are already at maximum capacity or close, and water supply remains a challenge.

The instability at the Chad-Sudan border comes amid growing concern over what observers describe as a proxy war between Sudan and Chad, each country arming dissident groups on the other side of the border.

The recent bombing has sparked concern from UN Secretary-General Ban Ki-moon who has described the bombings as "unacceptable" and stated that "in addition to putting the lives of innocent civilians at risk, the ongoing violence significantly reduces the humanitarian community's access to those in need of life-saving assistance."

### Earth quakes Jolt DRC and Rwanda

Two earthquakes measuring 6.1 and 5.4 on the Richter scale struck the Democratic Republic of Congo (DRC) and Rwanda on 3 and 14 February, respectively. The quakes—caused by movements of the Rift Valley tectonic plates—epicenter was 20 km from the DRC South Kivu provincial capital—Bukavu.

The earthquakes and aftershocks caused in total, 44 deaths and 1,090 injuries as well as significant structural damage (see map). Humanitarian agencies reacted rapidly in both situations, and the affected population's basic needs such as food and shelter were met. In Rwanda, a UN joint assessment team was deployed

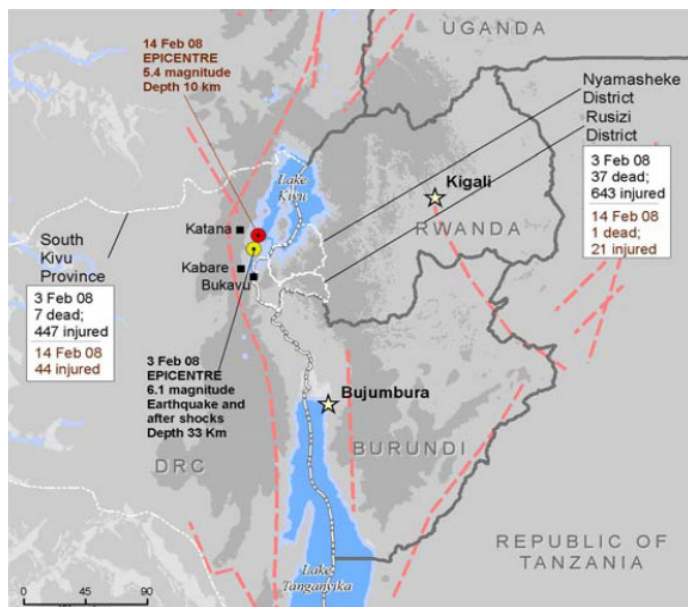
to assess the scope of both the disaster and the assistance required and an UNDAC team arrived in Bukavu on 10<sup>th</sup> February to carry out damage assessments (see also Focus background on UNDAC).

Bukavu has over 245,000 inhabitants and is criss-crossed by several active fault lines known as the Bukavu micro-rift and has long suffered from frequent tremors and associated landslides. In the aftermath of the two February earthquakes and subsequent aftershocks, two landslides were reactivated in the region. Subsequently, the Goma Volcanic Observatory expressed fears that more high-magnitude earth movements might follow. According to seismic studies from the Global Disaster Alert and Coordination System the seismic activity in this region—the Lake Kivu basin—has increased since 1997 thus accelerating the already present landslides.

While there are no scientific methods which can predict earthquakes, much can be done to prepare for their impact. Preventive measures include the es-

establishment of contingency plans embracing UN agencies, Governments and local communities; setting up risk assessment and management units specialised in earthquake and landslide prevention; and production of hazard maps of the fault systems in the region. However, earthquake experts point out that, in the long term, it is essential to improve building regulations and town planning to ensure that all future structures are built to sustain in an earthquake-prone environment.

*Since October 2002, there have been 10 earthquakes of a magnitude over 5.0 on the Richter scale in the Kivu basin.*



*Earthquakes in the Kivu basin and fault lines. Map by OCHA RO-CEA*

## FOCUS

### UNDAC Teams Can 'Parachute' into Rapid-onset Emergencies in 12 to 24 Hours

United Nations Disaster Assessment and Coordination teams (UNDAC) are mobilized mostly during natural disasters but may also exceptionally be called upon in com-

plex emergencies when there is a sudden-onset conflict or a rapid change for the worse in a humanitarian crisis.

UNDAC teams\* are mobilized by the UN Office for the Coordination of Humanitarian Affairs (OCHA) to assist the UN and Governments of a disaster-affected country in providing time-critical information during the first phase of a the emergency, and in the coordination of incoming international relief.

An UNDAC team can be dispatched within 12 to 24 hours triggered by early warning of an emergency and upon request from the national Government or the UN Resident/Humanitarian Coordinator in the country. The team is provided free of charge to the disaster-affected country and is self-sufficient in basic telecommunications, office and personal equipment. The team normally stays in the affected area for up to three weeks in a natural disaster. As of January 2007, UNDAC teams had conducted 159 emergency missions in over 80 countries since its creation in 1993.

The UNDAC roster of experts consists of more than 160 national emergency managers from 57 countries in Europe, the Americas, the Caribbean, Africa, Asia and the Pacific, together with staff from OCHA and 12 other international organizations including UN Agencies. In major international emergencies, UNDAC teams are drawn from the entire membership. Team leaders are normally from OCHA or UN. In disasters of more regional or national concern, they are normally drawn from members in the affected country or region where knowledge of local conditions, language and culture is considered.

UNDAC teams work under the umbrella of the UN Resident/Humanitarian Coordinator and provide additional capacity to organize cross-sectoral emergency assessments, coordination and information management. The teams are therefore an immediately available asset in the form of a small group of international professionals experienced in assessing and responding to sudden-onset emergencies. Where necessary, teams can be supplemented with experts covering specialized fields of emergency management e.g. environment.

*\*The UNDAC system comprises regional teams in Europe-Africa; the Americas (including the Caribbean); and Asia-Pacific.*

For more information on the UNDAC structure visit:  
<http://ochaonline.un.org>

### **UNMEE Forces Withdraw from Temporary Security Zone (TSZ)**

In February, 788 out of a total of 1,115 military personnel with the UN peacekeeping mission in Ethiopia and Eritrea (UNMEE) relocated to Asmara pending further transfer to Ethiopia.

The temporary relocation follows the continuing blockade on fuel supplies by Eritrean authorities to UNMEE, a situation that has paralysed the mission's work in the Temporary Security Zone, situated exclusively on the Eritrean side of the border. The UN Security Council extended UNMEE's mandate to June 2008 and is ex-

pected to make an official pronouncement on the mission's future in the coming weeks.

The UN Security Council and UN Secretary-General Ban Ki-moon have condemned Eritrea's actions as a violation of the resolution for co-operation with UN peacekeepers.

Ban Ki-Moon said that the temporary relocation of the mission's personnel was a "contingency measure forced by the restrictions imposed on UNMEE by the Eritrean authorities who are endangering the safety and security of the mission's personnel". ►

An official statement by the Ministry of Foreign Affairs of the State of Eritrea, released on March 3, 2008, however discounts the allegations as mere propaganda, with Eritrea accusing the Security Council of being 'entangled in tangential issues by ignoring the continued illegal occupation of sovereign Eritrean territories by Ethiopia'. Eritrea continues to call on the Security Council to enforce the legally concluded final and binding boundary demarcation decision, re-affirmed in November 2007, awarding the disputed Badme town to Eritrea.

Fifty Jordanian UNMEE peacekeepers were scheduled to depart from Eritrea to Jordan on 4 March following the completion of their tour of duty. Their departure, a routine operational procedure, coincides with ongoing discussions as to the future status of the mission. It remains unclear whether Jordan will deploy a replacement for this contingent in light of the uncertainty as to the future of UNMEE.

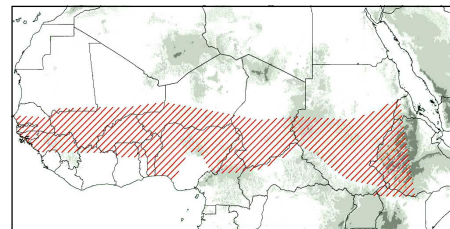
Analysts fear that the lack of UNMEE presence at the Temporary Security Zone (TSZ) could spark renewed conflict, but the rhetoric by both nations reveals no intentions to engage in war. Most of the TSZ remains unoccupied, with few operations on-going in the area.

UNMEE troops have for the past eight years provided a buffer zone between the two countries that fought a bitter war from 1998 to 2000. The troops' intended relocation may signal an end to the TSZ and the reconfiguration of the mission's mandate by the UN Security Council.

### **Fewer Meningitis Cases in Jan and Feb 2008**

Thirteen countries in the African Meningitis Belt\* are currently under enhanced seasonal surveillance by WHO's Multi-Disease Surveillance Centre (MDSC) in Ouagadougou.

A reduced number of 2,312 Meningitis cases with 324 deaths have been reported between 1 January and



10 February 2008 compared to 3,274 cases with 413 deaths reported in the same six week period in 2007. Epidemics have been reported in Central African Republic (CAR) and the Democratic Republic of the Congo (DRC), while Ethiopia's Meningitis activity is yet to reach epidemic thresholds. No cases have so far been reported in Cameroon and Chad.

Burkina Faso is the most affected country with 1,422 cases and 204 deaths (case fatality rate CFR 14.3%) during the reporting period. These cases represent more than 61% of all cases reported to MDSC in 2008.

Some of the preventive measures supported by international partners including WHO and the International Co-ordination Group (ICG) in the affected areas include vaccinations, especially for persons between two and 29 years old.

In CAR, 45 cases, including 5 deaths (CFR 11.1 per cent) have been reported. The Ministry of Health has launched mass vaccination campaigns in some of the communes that have reached the epidemic threshold in the Northern prefecture of Nana-Gribizi. The ICG has provided 40,000 vaccine doses, injection equipment and safety disposal boxes.

Uganda experienced an outbreak in Arua district, West Nile region, with a total of 380 cases, including 17 deaths (CFR 4.5%) reported from 13 December 2007 to 28 January 2008. A sharp decline in the weekly case count was observed following a mass vaccination campaign that was implemented in late January of 2008.

In the DRC, a situation assessment is being carried out in Aru district that neighbours Arua district in Uganda where 167 cases, including 17 deaths (CFR 10.2%) were reported during the period from 1 January to 10 February 2008. The most affected areas include Laybo, Ariwara and Aungba health zones. The Aru district also experienced an outbreak in early 2007.

In Southern Sudan, a similar assessment is being carried out in areas where suspected cases were reported including in Awerial, Bor, Jur River and Torit counties.

The ICG confirms the availability of 7 million doses of bivalent polysaccharide A/C vaccine and 3.3 million doses of trivalent polysaccharide vaccine A/C/W135, to which affected countries can apply.

*\*Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Ethiopia, Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria and Togo.*

### USD 59 Mill from CERF to Five CEA Countries

Five countries in Central and East Africa (CEA) have been allocated a combined USD 59.2 million through the *window for under funded emergencies* from the Central Emergency Response Fund (CERF) in February. The allocations are part of the first of two rounds for under funded emergencies for 2008.

Country	CERF allocation
DRC	38 million
Ethiopia	10 million
Kenya (refugee assistance)	6.7 million
Rep. of Congo	2.5 million
Cameroon	2 million
<b>Total</b>	<b>59.2 million</b>

Source: <http://ochaonline2.un.org/cerf>, 3 March 2008

In total, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, John Holmes, allocated USD 104.3 million from the under funded window of the CERF on 1 February. The allocations were made for life-saving programmes in 15 countries worldwide and the funding to the CEA region represents 57% of the global allocation.

The CERF channels one-third of all grant funds through the under funded window to address funding gaps and promote a more equitable response. In some cases, the allocations are earmarked for particular activities. This was the case for the current allocation to Kenya which has been channelled to refugee assistance.

As of the end of February, USD 69.6 million had been disbursed through the *rapid response window* of the CERF. These grants include a USD 12.7 million for urgent life saving and time critical interventions in the CEA region. In January, USD 7 million was granted for life saving assistance in food, health, shelter and non-food items, camp coordination and camp management, protection, and water and sanitation for 250,000 people displaced by post election violence in Kenya.

In February, the CERF allocated USD 4.7 million for humanitarian assistance to Chadian refugees in Cameroon. These funds will be used to address urgent needs in food, health, shelter and non-food items, protection, education, and water and sanitation. In addition, funds are being used for common support services to facilitate humanitarian response activities.

*Since the launch of the CERF in March 2006, the fund has provided almost USD 662 million in grant allocations to life saving assistance in some 60 countries in Africa, Asia, the Middle East and Latin America. Of this amount USD 333.5 million (more than 50%) has been allocated to countries in the CEA region affected by natural disasters and conflicts. USD 150 million has been channelled to the region through the under funded window.*

## COUNTRY UPDATES

### Democratic Republic of the Congo (DRC)

An outbreak of Cholera in the province of Katanga in southern DRC has, according to OCHA DRC, led to 5,483 cases and 120 deaths during the first seven weeks of 2008. The highest numbers of cases have been reported in the provincial capital, Lubumbashi and in Likasi, approximately 100 kms north of Lubumbashi. The rapid spread of the disease is mainly due to an inadequate water supply and poor sanitation. Whilst the epidemic curve is decreasing in Lubumbashi and Likasi, propagation of the disease continues in five health zones (Fungurume, Kabondo-Dianda, Kapolowe, Manika and Panda). In order to respond to the outbreak, WHO and UNICEF provided support to establish a cholera treatment centre in Lubumbashi and MSF-Belgium have set-up a second centre in the provincial capital. At the request of the Ministry of Health, WHO have financed a third treatment facility in Likasi's General Referral Hospital. A sensitization campaign— using radio,

## COUNTRY COVERAGE

television and brochures—reaching more than 350,000 people is underway to raise awareness on transmission and prevention.

**Burundi**

Twenty people lost their lives in clashes between *Forces de Defense Nationales* (FDN) and the *Palipehutu-Forces Nationales de Liberation* (FNL) on the night of the 29 February. OCHA reported that an armed FNL group had approached a suburb of Gatumba town (Mutimbuzi commune, province of Bujumbura Rural) on Friday night. The group was intercepted by a FDN patrol. FNL rebels threw grenades at the FDN soldiers, killing one and wounding six others. FDN soldiers retaliated later by killing 17 rebels in a FNL position between Gatumba and the river Rusizi at dawn. This episode also resulted in the death of two civilians—among them a pregnant woman—and is the most serious since the signing of the cease-fire agreement in 2006. About 60 persons of mixed Congolese and Burundian origin fled Burundi to Kiliba near Uvira in DRC fearing other clashes. They have been visited by UNHCR, WFP and OCHA but most of them had already returned to Gatumba by the beginning of March.

Meanwhile, there are positive signs coming from the mediation meeting between Palipehutu-FNL and the Burundian Government that took place in Dar-es-Salaam, Tanzania, on 1 and 2 March. A return of FNL to the Joint Verification and Monitoring Mechanism (JVMM) is planned for 1 April and the leaders of the FNL will return to Burundi by May to finalise the 2006 cease-fire agreement. The peace process is then expected to come to an end in July.

**Uganda**

The Government of Uganda and the rebel Lord's Resistance Army (LRA) signed an agreement on disarmament, demobilization and reintegration (DDR) on 29 February, the last step in the process before the signing of the final peace agreement. The disarmament agreement came one week after the two sides signed a permanent ceasefire, which is to enter into force 24 hours after the signing of the final peace deal. Most observers expect the final peace agreement to be signed by the end of March.

## Regional Humanitarian Update \* OCHA RO-CEA

**Somalia**

There is water shortage and deepening drought conditions in Somalia's central regions, Hiraan and extending into the northwest. The situation is due to poor rains during the 2007 Oct-Dec Deyr season and the failure of 2007 April-June Gu season. At least 850,000 people are affected, including IDPs. The Government of Puntland has appealed to humanitarian agencies to assist drought-affected areas in the northwest.

**Kenya**

The Kenya Red Cross is expecting at least 100,000 people to return spontaneously to their ancestral lands in Nyanza and Western provinces. While there are still IDPs in camps around police station and churches, transitory camps for returnees have sprung up in the west and humanitarian assistance such as food, shelter, medical care and trauma counseling is required.

**PUBLICATIONS**

► **Displaced Populations Report, Issue no 2, June-Dec 2007 - OCHA RO-CEA:** At the end of December 2007, there were an estimated 9.7 million IDPs and two million refugees in the Central and East Africa (CEA) region.

► **Regional Humanitarian Funding Update (4th Quarter 2007)**

► **Pastoralist Voices - March 2008**

All new OCHA reports:

<http://ochaonline2.un.org/Default.aspx?tabid=5008>

**Disclaimer:** The information in this document is consolidated from reports and field information from a variety of sources including OCHA field staff, United Nations agencies, humanitarian partners, NGOs, news agencies, and others. The articles provided are subject to availability of data and do not claim to be either exhaustive or fully verified.

UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)  
REGIONAL OFFICER FOR CENTRAL AND EAST AFRICA

OCHA House Gigiri Crescent  
Off UN Avenue  
P.O. Box 30218-00100  
Nairobi, Kenya



Phone: +254-20-7622166  
Fax: +254-20-7622632/7622895  
E-mail: roceainfo@un.org  
Web site: <http://ochaonline.un.org/rocea>