

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 Cluster Approach has been activated.
- ⇒ On 9 January, a health sector-wide coordination meeting was organized, attended by all health partners.
- ⇒ The current crisis is also impacting on humanitarian operations in Uganda, Southern Sudan, and Somalia.

Assessments and Events

- Latest figures on the toll of the violence that followed the 27 December election indicate more than 500 people killed, 250 000 displaced in camps and 500 000 also directly affected. The situation remains critical in Rift Valley, Western and Nyanza provinces, as well as in the slum areas of major cities.
- The most direct health impact of the violence are physical and psychosocial trauma, including cases of rape. The indirect impact is mainly defined by the need of assistance for the IDPs: at this stage, their location, precise number and priority needs are still to be properly assessed.
- The provision of health care is also affected: health workers feel insecure and there are shortages of fuel. Hospitals lack the capacity to handle the sudden caseload of wounded. Already, there are reports of patients on antiretroviral therapy unable to access treatment.
- The immediate health needs include in-depth assessments and diseases surveillance, emergency surgical, medical and primary health care services in the affected areas, as well as supplies and logistics.

Actions

- Crisis centres are being established in hospitals in Nairobi and Kisumu and additional health workers are being mobilized.
- The MoH has established a health coordination structure with sub-committees for curative services; public health, nutrition, HIV and TB; logistics; and monitoring, evaluation and communication. WHO has assigned technical officers to each working group and supports the coordination of the increasing number of health partners.
- The MoH requests WHO's assistance to distribute 20 tons of medical supplies.
- WHO is reinforcing its in-country capacities to respond to the humanitarian needs and to coordinate health partners in the field and has received a statement of interest from the Government of Australia.
- In 2007, WHO's emergency activities in Kenya were supported by the CERF. Current WHO are funded by a new Rapid Response Grant and the Organization is participating in the Flash Appeal.

SOUTHERN AFRICA



- ⇒ In Mozambique, UN teams deployed to the affected regions are conducting rapid assessments of the impact of flooding on key activities like agriculture, water and sanitation, nutrition, education and child protection.

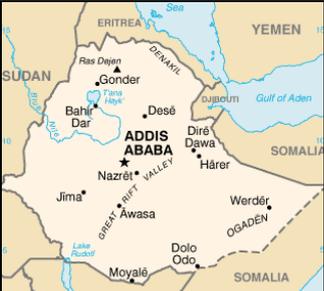
Assessments and Events

- Early and heavy rains are causing flooding in Zambia, Zimbabwe and Mozambique. OCHA reports 81 000 affected people (72 000 in Mozambique, 8000 in Zimbabwe and 800 in Zambia) since the beginning of December and the numbers are expected to increase as the rains continue. There are damages to crops and infrastructure but the situation is fluid and the full extent of the damage is still being assessed.
- In *Mozambique*, about 30 000 people have already been evacuated to resettlement centres and relocation of populations at risk continues. Cases of suspected cholera have been reported and are being investigated.
- In *Zimbabwe*, malaria and diarrhoeal disease outbreaks were reported in Muzarabani, where floods displaced up to 600 families last month. To date, World Vision International has recorded 46 cases of diarrhoea, 85 cases of malaria and 14 cases of dysentery. In Harare, two residential areas are affected by an outbreak of diarrhoea, that averaged about 400 cases per week at the end of December.
- In *Zambia*, affected people are currently being housed in schools in Mazabuka.

Actions

- The WHO country offices are mobilized and they are being supported by the EHA inter-country team based in Harare.

<p>⇒ On 8 January, Zambia presented to international partners a US\$ 13 million, national contingency plan covering the period January to June, and addressing floods, droughts and cholera.</p> <p>⇒ In Madagascar, the Government informs that up to 600 000 people could be affected by floods over the next three months, especially in the north and east.</p>	<ul style="list-style-type: none"> • In <i>Zimbabwe</i>, WHO is providing technical support to the MoH for environmental and malaria assessment and for responding to both the flood and the diarrhoea outbreak in Harare, while municipal authorities are pumping water and repairing sewers into the affected areas. WHO is preparing a summary of the existing Health gaps and needed interventions. • In <i>Mozambique</i>, UN teams work alongside the authorities in Sofala to assist in identifying priorities. Assessments in Manica and Tete will be conducted in the coming days. WHO and health partners are consolidating the findings of the assessments. Health facilities near the resettlement camps are weak and good sanitation and clean water is lacking in most of the camps. • In <i>Zambia</i>, WHO works with UN agencies, NGOs and Government at a flood response plan. • To support Mozambique's MoH, WHO is planning training activities for NGO volunteers, supporting the re-deploying staff, strengthening coordination at field level and supporting disease and nutritional surveillance and water quality control in collaboration with UNICEF and partner NGOs.
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<h2>ETHIOPIA</h2>	
	<p>Assessments and Events</p> <ul style="list-style-type: none"> • The acute watery diarrhoea outbreak is under control in most of the affected regions, that according to the Federal MoH have notified no cases for the last three to four weeks. Three new cases and no deaths were reported during the last week of December. This significant reduction reflects the combined effort of all health partners. • The SNNP region reported 46 meningitis cases in 2007; suspected cases are reported in other regions too. • In the Somali region, the security and humanitarian situations show a marked improvement, except for a few incidents. However, food security is a concern, particularly as locusts are expected to affect crops and pastures. <p>Actions</p> <ul style="list-style-type: none"> • Nationwide, WHO continues to support community sensitization, training activities on outbreak response and surveillance and to provide drugs and medical supplies for case management and outbreak control. • Last December, in the Somali region, a OCHA, WFP, UNICEF WHO and UNDSS assessed the situation in Wadewr zone. WHO is recruiting an international expert to work in Kebridehar, and has already posted surveillance officers in Jijiga, Gode, Degehabur and Kebridehar; in Jijiga and Gode, they are paired with public health consultants. In Hamaro and Fik zones, the Regional Health bureau, supported by WHO and UNICEF, sent staff and drugs to deal with reports of bloody diarrhoea.
<p>⇒ The Federal MoH fears a large scale meningitis outbreak in 2008; in collaboration with WHO, it is stockpiling vaccines, plus drugs and medical supplies for case management, stepping up training activities, and increasing public awareness. The Federal MoH is asking financial and technical support from all health partners.</p>	

<h2>UGANDA</h2>	
	<p>Assessments and Events</p> <ul style="list-style-type: none"> • The Ebola outbreak appears to be declining and is confined in Bundibugyo district. There are no confirmed cases in other parts of the country. No new case has been reported since 3 January, the last confirmed case was reported on 22 December. To date, 149 cases were reported of which 37 were confirmed. • On another note, as of 7 January, the Red Cross Society reported that 29 000 Kenyans had crossed the border into Uganda. <p>Actions</p> <ul style="list-style-type: none"> • WHO assists the MoH in coordinating the response against Ebola, with special emphasis on community trust, awareness and participation. MoH and IFRC social mobilization activities continue by radio broadcasts, mobile film vans, fact sheets, brochures and posters. • In Lango sub-region, WHO participated in the development of Ebola preparedness plans for Lira and Oyam districts and supported the investigation of alert cases of Ebola in both districts. • In the north, WHO helped strengthen the health system with technical and financial support to training activities on the isolation and management of Ebola patients in Kitgum hospital. Personal protective equipments were provided to Kitgum and St. Josephs hospitals. • Contributions for WHO's public health response activities in Uganda were received from Norway, Sweden, the UK and the US.

CENTRAL AFRICAN REPUBLIC



Assessments and Events

- Over the past weeks, health partners have notified a increase in the cases of suspected meningitis in four localities in the north-west of the country. MSF has reported ten cases in Boguila and ASSOMESCA 12 cases and five deaths in Bocaranga, while the health centres in Paoua and Kaga Bandoro have reported 17 and ten suspected cases respectively, including five deaths in Kaga Bandoro.

Actions

- The national committee for the management of outbreaks, which include the MoH, WHO, MSF- France, MSF- Belgium and MSF-Spain as well as Caritas, has been mobilized.
- An investigation mission for a probable outbreak is planned with WHO's logistics and technical support. WHO will provide a diagnostic kit and transport media for the samples.
- On 10 January, 30 500 doses of meningitis A+C vaccines have been delivered to Bangui to be pre-positioned for the response.
- In 2007, WHO's emergency activities were funded by Finland and the CERF.

CHAD



Assessments and Events

- Overall the situation remains very tense. There are substantive movement of troops and reports of affrontments across the border Security in the east remains stable but precarious and humanitarian activities continue to be affected by thefts.
- Two children were wounded by the explosion of a landmine on 7 January.
- A suspected case of meningitis was reported in Biltine hospital during the last week of 2007. The diagnostic has not been confirmed yet.
- A recent UN food self-reliance assessment among refugees, IDPs and host communities show that the vast majority of households will continue to need of food aid during 2008. Over 95% of households will not be able to cover more than three months of their needs for cereals.

Actions

- MOH, WHO and health partners continue to prepare for a possible meningitis outbreak.
- MOH, WHO and MSF-France discussed the closure of the NGO's bases in Koukou and Goz Beida following repeated attacks and thefts. The activities will be taken over by COOPI.
- In 2007, WHO's activities in eastern Chad were funded by Italy, ECHO and the CERF.

BANGLADESH – CYCLONE SIDR



More information is available at [SEARO Emergencies and Humanitarian Action](http://www.searo.int/hac/)

Assessments and Events

- Six weeks after Cyclone Sidr struck the country, humanitarian partners continue providing support to the millions of people rendered homeless by the storm.
- Overall, the trend for diarrhoeal and respiratory infections is constant, with some areas signalling a decline.

Actions

- Health Cluster partners' interventions continue in the areas of disease surveillance and control, mental and psychosocial health, water and sanitation (with a focus on health facilities) and health information management
- WHO is supporting the MoH in addressing the priority health needs and in strengthening health and nutritional surveillance.
- Norwegian technicians seconded through WHO are training the staff of the Department of Public Health Engineering of the affected districts on the installation and maintenance of water and sanitation equipment for health facilities donated by Norway.
- An assessment of health needs and services in the affected districts is being conducted by the Directorate General of Health Services, WHO and Merlin as the main partner among NGOs.
- WHO is also organizing training activities on psychosocial and mental health for the physicians and community level health workers.
- As the lead of the Health Cluster, WHO is implementing a six-month plan to reduce mortality and morbidity by addressing the main risk factors in the 21

	<p>affected districts. The plan concentrates on:</p> <ul style="list-style-type: none"> ➤ Supporting medical logistic and replacing damaged health and medical equipment; ➤ Providing front-line health workers with equipment and supplies to speed up public health response; ➤ Strengthening communicable disease surveillance to speed up detection and control of waterborne diseases; ➤ Providing support for essential public health needs such as maternal health and other reproductive health services, newborn health services and immunization. <ul style="list-style-type: none"> • SEARO and headquarters are providing technical back-up on recovery and logistics issues. • Support for WHO's emergency activities in Bangladesh is provided by Italy, Japan, Norway and the UNCERF.
<p>KYRGYZSTAN</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • On 1 January, a series of earthquakes occurred in a remote area near the southern city of Osh. • There have been no fatalities or injuries. Substantial damage is reported – up to 70% of the infrastructure in some villages –, and an estimated 3000 people had to evacuated their homes. The Papan district hospital is disabled, but the obstetric and medical attendant station in Kara-Suget still operates despite small damage. • Priorities include winter tents and heaters as local temperature hovers between -15 and -20 degrees. The Government has called for humanitarian assistance. • Given the cold weather, the Ministry of Emergencies expects increased health problems among the people who have lost their homes and alerts that in time it may call for medical supplies. <p>Actions</p> <ul style="list-style-type: none"> • Regional health authorities are organizing the response with an ambulance car serving the Kara-Su Centre of Family Medicine on a 24-hours basis. Physicians from the Kara-Su region and Osh oblast are providing care. Drugs are reportedly available. • The WHO office in Bishkek is following-up and is ready to provide medical supplies according to needs.

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

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