**UGANDA**


**Assessments and events:**
- The situation remains fluid as the cessation of hostilities agreement signed between the Government and the LRA in August 2006 expired in February.
- An estimated 1.7 million people are still displaced in the north. Despite improved security, the majority lives in difficult conditions with limited access to basic services.
- Provision of health service remains a challenge in the areas of return and resettlement. Many health facilities, closed for a long time, need extensive renovation and new staff as well as equipment, medicines and supplies.
- In West Nile Region, 2029 cases of meningitis and 65 deaths were reported in February. Suspected cases were reported in Oyam, Pager, Gulu and Amuru.

**Actions:**
- In Lango Region, WHO supported the NGO Canadian Physicians for Aid and Relief to construct maternity units at the Okwongo and Acokara health centres in Lira and Oyam respectively. WHO and Caritas are beginning renovation work at Amugo and Akura Health centres in Lira. WHO provided equipment and supplies for the new maternity units.
- WHO is also providing funds and technical assistance to train village health teams. Since the beginning of the programme, hundreds were trained to provide basic health care in hard-to-reach and return areas.
- WHO provided 43 100 insecticide treated nets for distribution in Pader, Kitgum and Apac districts. An additional 73 900 nets will be provided shortly to Oyam, Dokolo, Gulu and Amuru districts.
- In West Nile Region, WHO is providing technical, logistic and financial support to all districts for meningitis surveillance and case management, laboratory confirmation and vaccination activities. WHO has procured over 1.2 million doses of vaccines from the ICG.
- In 2007, WHO’s emergencies activities are funded by the United Kingdom and the United States.

**DEMOCRATIC REPUBLIC OF THE CONGO**

**Assessments and events:**
- As of 27 March, official figures have yet to be released on the death toll of the severe clashes between the army and militiamen loyal to Mr Bemba. So far, humanitarian partners providing assistance in the different medical facilities in Kinshasa report an estimated 200 dead and 150 wounded.
- Although damages are still being assessed, no major destruction affected health centres, water facilities or other essential public infrastructure.
- The capacity of health facilities to deal with the influx of wounded people and to provide appropriate medical treatment was the main concern.
- As of 27 March, two new polio cases have been reported from Equateur province, bringing the total to four since the beginning of 2007.

**Actions:**
- WHO and other health partners have monitored the situation. Under the coordination of the MoH, WHO provided 3 tonnes of essential drugs and surgical materials and 400 rolls of plaster and 100 sheets.
- The most recent polio immunization campaign was held between 8 and 10 March and a new one will begin on 5 April.
- In 2006, WHO’s emergency activities were supported by Finland and Italy. Funds were received from OCHA’s humanitarian fund and the UN CERF.
### CHAD

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<th>Assessments and events:</th>
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<tr>
<td>• Insecurity continues, hampering humanitarian assistance and making access to some areas perilous. NGOs evacuated staff from Dogdoré near Goz Beida; drugs and supplies for three months were left in the care of a local staff.</td>
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<td>• Following up on the cases of anthrax in the village of Abdi, south of Abéché, the MoH, WHO and other health partners continue monitoring the situation.</td>
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<td>• An information and education campaign was organized in the affected area and WHO produced guidelines on case management for local and NGO staff. WHO also provided a New Emergency Health Kit, Ringer Lactate and ciprofloxacin to local health facilities.</td>
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<tr>
<td>• WHO organized a training on nutrition for health care providers in Iriba.</td>
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<tr>
<td>• A rapid response grant of US$ 676 000 from the CERF will be used to ameliorate access to primary health care for IDPs in the health districts of Goz Beida and Adrè.</td>
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<tr>
<td>• As the lead of the Health Cluster, WHO is submitting to OFDA a new project to provide assistance to IDPs in eastern Chad for the next three months.</td>
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### SOUTHERN AFRICA

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<td>• In Mozambique, 106 cholera cases have been detected in northern Niasa and Cabo Delgo by the provincial health authorities. However, the current surveillance system does not cover all areas at risk of outbreaks and data communication from some areas is unreliable. Malaria, diarrhoeal diseases, respiratory infections, conjunctivitis and skin diseases are the main cause of morbidity in flood- and cyclone-affected populations. Support is needed to reinforce the health posts run by the Mozambique Red Cross (MRC) in Vilanculos district where the health structure is very basic.</td>
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<tr>
<td>• In Madagascar, officials report 80 dead, three missing and 104 000 affected in the north. Floods damaged or destroyed 48 health facilities and isolated many villages, making access to many areas difficult. No outbreaks have been reported so far but the surveillance system is weak; risks of waterborne and vector-borne diseases are becoming a concern.</td>
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<tr>
<td>• In Zambia, although the floods are receding, the lives and livelihoods of more than 295 000 people are directly threatened while more than 1.4 million people in 41 districts are affected by the floods. All will require assistance in repairing their houses, latrines, wells, schools, clinics, etc. The Government has requested the assistance of the international community.</td>
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<tr>
<td>• In Mozambique, WHO and partners are conducting a detailed assessment of health facilities damaged by the cyclone in Vilanculos. The Health Cluster is supporting training and supplying essential medicines to some accommodation centres. With support from WHO, UNICEF and the MRC, trainings on diseases surveillance, case management and health promotion has started in the affected Tete Province.</td>
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<tr>
<td>• In Zambia, WHO used US$ 10 000 from its internal emergency budget to provide cholera response medicines and supplies. It is requesting US$ 430 000 through the Flash Appeal to support enhanced disease surveillance, prevent common childhood diseases (including measles) and micronutrient deficiency and provide emergency health support.</td>
</tr>
<tr>
<td>• In Madagascar, WHO provided essential drugs and supplies to the MoH. In addition, WHO will assist the MoH in strengthening epidemiological surveillance and reporting, conducting evaluation missions and analyses as well as designing appropriate response plan to support affected populations.</td>
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**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/](http://www.who.int/hac/)
OCCUPIED PALESTINIAN TERRITORY

More information is available at: http://www.who.int/hac/events/opt_2006/index.html and http://www.emro.who.int/palestine/

Assessments and events:

- On 27 March, an earth embankment around a sewage reservoir collapsed at the Beit Lahia waste water treatment plant in north western Gaza, disgorging a river of waste and mud on the nearby village of Um Al Nasser.
- Five people are reported dead and 11 missing; a further 18 were injured while dozens of homes have been damaged or destroyed.
- The cause of the over flow is not yet clear, but there has been concern for a number of years at the lack of capacity of the treatment plant to absorb the ever expanding volume of waste.
- Meanwhile the strike in the West Bank continues. Vaccination programmes and dispensing of drugs to chronic patients is reduced to twice-weekly, while the entire primary health care services are closed. The MoH headquarters in Ramallah and Nablus are closed as well as the central laboratory in Ramallah.

Actions:

- A UN interagency field visit was organized to Um Al Nasser immediately, followed by a meeting chaired by UNRWA, where a coordinated humanitarian response has been planned.
- The main health threats include the contamination of the water supply, the risks for food safety caused by lack of electricity, cooking facilities and potable water, as well as the mental health effects on the affected people.
- A rapid needs assessment conducted by WHO recommended:
  - Strengthening surveillance and developing contingency control plans;
  - Addressing environmental conditions, monitoring water quality, food inspection, and vector control; conducting public awareness campaigns and community training on post disaster health and safety measures;
  - Intensifying nutrition surveillance and micro-nutrient programme;
  - Monitoring the mental health of the affected population and ensuring the provision of posttraumatic counselling services;
  - Increasing the disaster response capacity of the local and national health sector.
- WHO continues to monitor the health workers strike in the West Bank.
- In 2006, WHO’s emergency activities were funded by the Organization’s Regular Budget and contributions from ECHO, Finland, Japan and Norway as well as the CERF.

SUDAN

More information is available at: http://www.emro.who.int/sudan/

⇒ The United Nations and Sudan signed a joint communiqué on 28 March in which the Government pledged to support, protect and facilitate all humanitarian operations in the Darfur region.
⇒ The UN, the Sudanese Government, the African Union and the League of Arab States are discussing plans to deploy a hybrid UN-AU peacekeeping force to the Darfur region.

Assessments and events:

- Between 1 January and 25 March, 8461 cases of meningitis and 551 deaths were reported in nine states of southern Sudan. Juba and Magwi are the worst affected. During the same period, 3896 cases of acute watery diarrhoea (AWD) and 110 deaths were reported, Juba, Yei and Akobo are most affected.

Actions:

- In Darfur, two grants have been received from the CERF. For US$ 840 000 and US$ 380 000 respectively, they will be used to ensure access to quality health care services to IDPs and to promote environmental health services and control water and sanitation related diseases.
- In southern Sudan, mass meningitis vaccination campaigns were conducted in 15 counties with the support of MSF, Merlin, IMS, Save the Children’s Fund, UNICEF and WHO. Control measures against the epidemic include field assessments in areas reporting new cases and training on case management.
- A cholera treatment centre established at El-sabah in Juba town with the support of MSF-Spain is now functional; another centre will be established in Akobo by Medair.
- WHO continues to monitor and coordinate the health of returnees and host communities. A WHO, MoH, IOM and UNFPA visited Northern Bar El Ghazal to assess the needs of health services in areas of expect high return.
- In 2006, contributions for WHO’s emergency activities were received from ECHO, Finland, Ireland, Norway, Switzerland, the United States as well as the CERF and the Common Humanitarian Fund. For 2007, support has been received from ECHO, Ireland, the CERF and the Common Humanitarian Fund.
Assessments and events:

- Between 1 January and 18 March, 205 cases of meningitis, including 26 deaths, were reported nationwide by the MoH. During the same period, 62 malaria-related deaths as well as 40 suspected cases of measles were reported.
- Since the beginning of the year, 19 946 cases and 23 deaths of malnutrition (both moderate and severe) were reported nationwide, against 22 643 during the same period in 2006.

Actions:

- A meningitis immunization campaign was organized between 19 and 25 March in Dogona health zone, Tillaberi region, where the number of cases increased by twofold over the past week. A total of 1300 persons aged 2 to 30 were immunized.
- Epidemiological surveillance and awareness activities continue particularly in districts bordering on Burkina Faso, and an emergency stockpile of vaccines is kept at central level for dispatch to the regions as needed.
- WHO provided technical support to the MoH for the organization of a meeting of surveillance and vaccination focal points nationwide. It also helped setting up a training of trainers on the management of malnutrition in Agadez and Tahoua regions.
- In 2007, no funding has yet been received for emergency activities.

INTER-AGENCY ISSUES

- **Disaster Risk Reduction.** An inter-agency meeting on Disaster-Risk Reduction took place in Geneva on 28 March.
- **Horn of Africa.** A meeting with the UN Humanitarian Envoy on the consultative process on food security took place in Geneva on 30 March.
- **Clusters.**
  - **Cluster Training.** The Cluster/Sector Leadership Training took place in Montreux from 26 - 30 March.
  - **Global Cluster Appeal.** An informal working level meeting on the Cluster Appeal 2007 will take place in Geneva on 3 April, followed by a formal meeting on 12 April. The appeal is expected to be launched at the end of April.
  - **Water, Sanitation and Hygiene.** The next global WASH cluster meeting will take place in Geneva on 3 and 4 April.
- **CERF.** The Secretariat of the Central Emergency Response Fund will host a training of trainers in Geneva on 2-3 April.
- **ECHA.** On 3 April, ECHA will discuss the situation in Iraq, Darfur/Chad/Central African Republic and Sri Lanka.
- **Central African Republic.** On 4 April, UNICEF will brief the humanitarian community in Geneva on the humanitarian situation in the CAR.
- **Gender and Humanitarian Action.** The IASC Gender Sub-Working Group will next meet on 5 April.
- **Monitoring Emergency Response.** UNICEF is preparing a two-day consultation in Geneva on 10-11 April 2007 on monitoring emergency response.
- **UNHCR.** A briefing on UNHCR’s supplementary appeals for programmes in Africa will be held in Geneva on 12 April.
- **Public Health Pre-Deployment Training.** The next course (PHPD3), organized by WHO, will take place from 15 to 28 April in Moscow, Russian Federation. Additional information can be viewed online at: http://www.who.int/hac/techguidance/training/predeployment/en/index.html
- **Iraq.** On 17 and 18 April, UNHCR is organizing in Geneva an international conference on “Addressing the humanitarian needs of refugees and internally displaced persons inside Iraq and in neighbouring countries”.
- **IASC Plenary.** The next IASC Plenary at the level of Heads of Agency will meet in New York on 30 April.
- **Humanitarian Coordinators.** The annual retreat of Humanitarian Coordinators will be held in Geneva on 8-10 May.
- **Disaster Risk Reduction.** The Global Platform for Disaster Risk Reduction will first meet on 5-7 June.
- **Environmental Emergencies.** The seventh meeting of the Advisory Group on Environmental Emergencies will take place near Stockholm, from 13-15 June.
- **Preparedness and Contingency Planning.** The IASC Sub-Working Group is preparing an inter-agency consultation of Contingency Planners on 2-4 July.

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

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