**SOUTHERN AFRICA**

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.

**Assessments and Events**
- Heavy rains continue across the sub-region. As many as 68,000 have been displaced by flooding. The number of affected and displaced is expected to increase. There has been damage to crops and infrastructure but its full extent is still being assessed.
- Floods and displacement will increase the risk of communicable diseases, such as diarrhea, malaria, and measles, and malnutrition particularly among children under-five. Reduced access to health facilities will translate into inadequate care for mothers and children and patients with chronic disease.
- The first assessments confirm the need for emergency medical and water supplies and sanitation equipment.
- In Mozambique, flooding has displaced 57,000 people and left three dead; more than 10,000 homes were destroyed. The Government evacuated people out of resettlement areas created after the 2007 floods.
- In Zimbabwe, more than 10,000 are affected by the floods. Meanwhile, in Harare water shortages are compounded by power cuts.
- In Zambia, flooding has displaced 1474 people and affected infrastructure in five districts. The Zambian president has repeated his appeal for international humanitarian aid.
- In Malawi, 1,704 households are affected in several districts around Lilongwe. Eight people have died from an outbreak of cholera in the south.

**Actions**
- WHO country offices are mobilized and are supported by the EHA inter-country team based in Harare.
- In Zimbabwe, WHO is supporting the MoH for environmental and malaria assessment, in response to both the floods and the diarrhoea outbreak in Harare. WHO is preparing a summary of health gaps and needed interventions.
- In Mozambique, UN teams are assessing the impact of the floods on key sectors. Work has begun for malaria and cholera prevention. WHO plans to train NGO volunteers, support deployment of staff, strengthen coordination at field level, as well as disease/nutritional surveillance and water quality control in collaboration with UNICEF and partner NGOs.
- In Zambia, UN agencies, NGOs and the Government are working at a response plan. WHO and MOH are discussing with ECHO the provision of drugs and supplies for diarrhoea and malarias as well as strengthening integrated disease surveillance and cluster coordination. Further assessments are planned.
- In Malawi, the Department of Disaster, Relief and Rehabilitation is leading the response in consultation with the IASC country team. The Government has so far responded with minimal external assistance.
- WHO plans to send Inter-Agency Emergency Health Kits as well as diarrheal disease, malaria and hygiene kits to the four affected countries.

**KENYA**

Up to 250,000 people are displaced into camps and UN agencies are planning their response for the total 500,000 people affected. The situation remains tense in Rift Valley, Western and Nyanza provinces, as well as in Kibera, Nairobi.

- Health workers have also been displaced or are unable to return to their station.
- Loss of livelihoods and lack of access to health care are among the main issues. Immediate health needs include:
  - Emergency care for wounded people;
  - Essential health care for IDPs including management of chronic diseases;
  - Location and deployment of health workers and medical supplies;
  - Surveillance of epidemic diseases and related response plans (including stockpiling);
  - Reproductive health including medical management of cases of gender-based violence; and
  - Water quality control.
The Cluster Approach has been activated.

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.

- The MoH informs that routine stocks are being used to supply the additional needs of facilities. In the field, it is urgent to assess the level of the remaining stocks.
- There are already three suspected cases of measles reported from Eldoret.

**Actions**

- Partners in the field are getting more numerous and coordination is becoming a challenge. WHO is deploying EHA staff to the field; the network of polio surveillance officers has been mobilized to strengthen disease monitoring in the most affected areas.
- As the crisis continues, local capacities are increasingly under stress. WHO is deploying a senior epidemiologist from AFRO and headquarters is sending a logistician.
- WHO, UNICEF and UNFPA obtained US$ 634 000 from the CERF to respond to immediate life-saving needs. Funds will be used to assist all partners in health emergency services, primary health care and outbreak investigation and response.
- In 2007, WHO’s emergency activities in Kenya were supported by the CERF. Current WHO is participating in the Flash Appeal, and has received a statement of interest from the Government of Australia.

**Assessments and Events**

- In Somalia, military confrontations in the South and Central region have killed tens of people.
- According to UNHCR, the number of displaced by the fighting that is ongoing in Mogadishu since the end of October has exceeded 294 000.
- In Ethiopia, the acute watery diarrhoea outbreak is under control in most of the country; according to Federal MoH no cases have been notified for the last four weeks. This significant reduction reflects the combined efforts of all health partners.

**Actions**

- In Somalia, Ministry of Health, UNICEF, WHO and WFP conducted a joint assessment in the flood damaged in sections of Burhakaba town. WHO provided World Vision with essential drugs as well as household chlorination tablets to provide flood-affected populations with safe drinking water for at least one month.
- UNICEF and WHO assessed the health situation in Dayniille district, in Mogadishu, where thousands of displaced people have settled. Dayniille Hospital is the only facility that provides preventive and curative services and is overwhelmed with large numbers of war-injuries.
- In Ethiopia, WHO continues to support community sensitization, training activities on AWD response and surveillance and to provide drugs and medical supplies for case management and outbreak control.
- WHO is supporting the Federal MoH in developing a meningitis preparedness and response plan.
- In 2007, WHO’s emergency activities in Somalia were supported by Australia, Belgium, the CERF, Canada, Finland, Italy, Norway, Sweden and the United States and by the CERF and the local Humanitarian Response Fund in Ethiopia.

**Assessments and Events**

- In Katanga, a cholera outbreak is affecting the health zones of Kampembia, Katuba, Kenya (sic), Ruashi and Lubumbashi; 281 cases were reported between 31 December and 8 January. The number of cases is increasing and the treatment centre set up with support from WHO and UNICEF is overwhelmed.
- Also North Kivu is affected by cholera. During the last week of 2007, 379 cases were reported, including 253 in Rutshuru. Other reported pathologies include 16 cases of bloody diarrhoea and 11 cases of measles. By December 2007, there were about 1 329 000 IDPs in the four eastern provinces of the DRC. Of these, almost half a million had been displaced since December 2006 in North Kivu.
- A thirteenth case of polio was confirmed in Katanga, making it the forty-first case nationwide in 2007. Onset of paralysis was on 18 November.
- Partners in the field are getting more numerous and coordination is becoming a challenge. WHO is deploying EHA staff to the field; the network of polio surveillance officers has been mobilized to strengthen disease monitoring in the most affected areas.
- As the crisis continues, local capacities are increasingly under stress. WHO is deploying a senior epidemiologist from AFRO and headquarters is sending a logistician.
- WHO, UNICEF and UNFPA obtained US$ 634 000 from the CERF to respond to immediate life-saving needs. Funds will be used to assist all partners in health emergency services, primary health care and outbreak investigation and response.
- In 2007, WHO’s emergency activities in Kenya were supported by the CERF. Current WHO is participating in the Flash Appeal, and has received a statement of interest from the Government of Australia.

**Actions**

- With financial and technical support from WHO and UNICEF, a cholera treatment centre was set up in the health zone of Kenya. Case management is handled by the NGO Adra.
- WHO is looking into setting up a second treatment centre in neighbouring Katuba where most cases are now reported. This centre would be managed with

**Assessments and Events**

- A joint UN assessment mission to 4 out of 32 IDP settlements on the road from Afgoye to Mogadishu was carried out in late 2007. UN partners visited Onad camp (600 families), Tawakal Jango'an camp (420 families), Ex-Stadium camp (600 families), Tawakal Jango'an camp (420 families), and Hawa Abdi hospital. Besides the hospital, health care is provided through mobile clinics for the most remote settlements.
- According to UNHCR, the number of displaced by the fighting that is ongoing in Mogadishu since the end of October has exceeded 294 000.
- In Ethiopia, the acute watery diarrhoea outbreak is under control in most of the country; according to Federal MoH no cases have been notified for the last four weeks. This significant reduction reflects the combined efforts of all health partners.
- In 2007, WHO’s emergency activities in Somalia were supported by Australia, Belgium, the CERF, Canada, Finland, Italy, Norway, Sweden and the United States and by the CERF and the local Humanitarian Response Fund in Ethiopia.

**Actions**

- In Somalia, military confrontations in the South and Central region have killed tens of people.
- According to UNHCR, the number of displaced by the fighting that is ongoing in Mogadishu since the end of October has exceeded 294 000.
- In Ethiopia, the acute watery diarrhoea outbreak is under control in most of the country; according to Federal MoH no cases have been notified for the last four weeks. This significant reduction reflects the combined efforts of all health partners.
- In Somalia, Ministry of Health, UNICEF, WHO and WFP conducted a joint assessment in the flood damaged in sections of Burhakaba town. WHO provided World Vision with essential drugs as well as household chlorination tablets to provide flood-affected populations with safe drinking water for at least one month.
- UNICEF and WHO assessed the health situation in Dayniille district, in Mogadishu, where thousands of displaced people have settled. Dayniille Hospital is the only facility that provides preventive and curative services and is overwhelmed with large numbers of war-injuries.
- In Ethiopia, WHO continues to support community sensitization, training activities on AWD response and surveillance and to provide drugs and medical supplies for case management and outbreak control.
- WHO is supporting the Federal MoH in developing a meningitis preparedness and response plan.
- In 2007, WHO’s emergency activities in Somalia were supported by Australia, Belgium, the CERF, Canada, Finland, Italy, Norway, Sweden and the United States and by the CERF and the local Humanitarian Response Fund in Ethiopia.

**Actions**

- With financial and technical support from WHO and UNICEF, a cholera treatment centre was set up in the health zone of Kenya. Case management is handled by the NGO Adra.
- WHO is looking into setting up a second treatment centre in neighbouring Katuba where most cases are now reported. This centre would be managed with

**Assessments and Events**

- A thirteenth case of polio was confirmed in Katanga, making it the forty-first case nationwide in 2007. Onset of paralysis was on 18 November.
- Partners in the field are getting more numerous and coordination is becoming a challenge. WHO is deploying EHA staff to the field; the network of polio surveillance officers has been mobilized to strengthen disease monitoring in the most affected areas.
- As the crisis continues, local capacities are increasingly under stress. WHO is deploying a senior epidemiologist from AFRO and headquarters is sending a logistician.
- WHO, UNICEF and UNFPA obtained US$ 634 000 from the CERF to respond to immediate life-saving needs. Funds will be used to assist all partners in health emergency services, primary health care and outbreak investigation and response.
- In 2007, WHO’s emergency activities in Kenya were supported by the CERF. Current WHO is participating in the Flash Appeal, and has received a statement of interest from the Government of Australia.

**Actions**

- With financial and technical support from WHO and UNICEF, a cholera treatment centre was set up in the health zone of Kenya. Case management is handled by the NGO Adra.
- WHO is looking into setting up a second treatment centre in neighbouring Katuba where most cases are now reported. This centre would be managed with

**Assessments and Events**

- A peace conference was conducted in North Kivu from 6 to 14 January.
- A joint UN assessment mission to 4 out of 32 IDP settlements on the road from Afgoye to Mogadishu was carried out in late 2007. UN partners visited Onad camp (600 families), Tawakal Jango'an camp (420 families), Ex-Stadium camp (333 families) and Hawa Abdi hospital. Besides the hospital, health care is provided through nearby health centre in Afgoye, and mobile clinics for the most remote settlements.
<table>
<thead>
<tr>
<th>Country</th>
<th>Assessments and Events</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Burundi | **Assessments and Events**
- Clashes between government troops and the National Liberation Forces resulted in displacement of about 8,400 people. A subsequent easing of violence allowed several thousand to return to their homes, but over 1,000 remain displaced.
- The delivery of aid is hindered by volatile security issues. UNHCR and OCHA are in the process of organizing needs assessment.
- A cholera epidemic is reported in four provinces since 20 November 2007. As of 12 January 2008, new cases continued to be reported.
- The repatriation of Burundi refugees from Tanzania continues. |
|         | **Actions**
- In response to cholera, health partners support of Ministry of Health in case management and prevention activities.
- WHO is supporting the repatriation process through a joint project with four other UN agencies in support to the Ministry of Health.
- WHO and its partners are implementing health support activities for all humanitarian situations that are occurring in Burundi. |
| Chad    | **Assessments and Events**
- The political situation remains tense. Security in the east remains precarious especially along the border with Sudan and humanitarian activities continue to be affected.
- Four cases of unconfirmed meningitis were notified through the early warning system: two cases in Kerfi and two in Goz Beida.
- Between week 2007/49 and week 2008/1, 55 cases of whooping-cough were reported in the health centre of the camp of Gaga. Of the 55 cases, 37 had never been vaccinated.
- The number of new cases of leishmanioses appears to be in regression.
- There has been an increase in the number of cases of Acute Respiratory Syndrome in recent weeks, especially in the Ouré Cassoni camp in the North.
- The nutritional status of infants and under fives in Western Chad is of growing concern. Chronic malnutrition seems to have increased in many areas. |
|         | **Actions**
- MSF Holland is proceeding with a measles vaccination campaign for under fives in selected host and IDP communities of Eastern Chad.
- WHO is collaborating with the Regional Medical Delegate and partners to hold a health cluster meeting focusing on the preparation and the response to the epidemics of meningitis in the East of Chad, coordinating the response to the whooping-cough around the Gaga camp and the 2008 health cluster action plan.
- In 2007, WHO's activities in eastern Chad were funded by Italy, ECHO and the CERF. |
| Sri Lanka | **Assessments and Events**
- The conflict in the North-East between the Government Army and the Liberation Tigers of Tamil Eelam (LTTE) has already caused the displacement of more than 210,000 people. Two terrorist attacks resulted in civilian casualties in Colombo, increasing insecurity and political tensions.
- Scarcity of food and other essentials, including medicines, can result in a rapid deterioration of the health and nutritional status of the population.
- Recent floods in the East put an additional burden on the poor and already overstretched public health system. Access to health services is generally reduced and there are worrying setbacks in the immunization coverage. There is an acute shortage of doctors and other qualified health professionals.
- There is a rapid spread of Dengue fever in the North. Transmission of mosquito borne diseases between the displaced population and in the hosting communities is expected and needs to be controlled.
- The stress and related mental health problems have led to increasing number of suicides and acute psychiatric diseases. |
|         | **Actions**
- WHO Sri Lanka has been active in the crisis supporting essential healthcare and medical emergency services in collaboration with several partners. There is a |
critical shortfall in funding with a zero balance carried over into 2008 to respond to emergencies.

- Waiting for additional funds to come through the CHAP, HAC-Geneva is providing a loan of USD 80,000 to allow WHO to maintain operational capacity. This is especially urgent since the cluster approach will be introduced in Sri Lanka in 2008 with WHO as the health sector cluster lead.
- The funds will be used to address the health needs of the displaced population and provide relief for new displacements. Rapid health assessment, monitoring of the health situation and enhanced coordination in the delivery of the health service will be further improved.

SUDAN

Assessments and Events
- All ten states in Southern Sudan remain at UN Security Phase III. The areas between Northern Bahr El-Ghazal, Southern Kordofan and Southern Darfur are still tense after military clashes in late December.
- Following an imported case of polio in South Darfur, two rounds of immunization were conducted in Southern Sudan between October and December.
- There has been an increase in the number of acute watery diarrhoea (AWD) cases especially among under fives in Yei, Tamburu, Juba and Wau counties.
- There are reports of meningitis in Western Equatoria but no laboratory results have been received so far. Four suspected cases of meningitis were admitted in Yambio hospital and ten under five cases in Yei during the first week of January 2008.
- Bombings, attacks, car-jacking and shootings are reported in various parts of West Darfur.
- ARI, Malaria and Bloody Diarrhoea continue to be the leading causes of morbidity in Darfur.
- South Darfur: the number of acute jaundice syndrome cases in Kass camp has now decreased.

Actions
- To assist those displaced in the disputed north-south areas, WHO delivered five PHCU kits in Northern Bahr El Ghazal state.
- In response to the increased number of AWD cases and to nine suspected cases of meningitis cases admitted to the Yei hospital, MoH/WHO sent Diarrhoea kits as well as Meningitis rapid test and TI media to the hospital.
- Meanwhile, MSF-E provides technical assistance to Yambio hospital including laboratory confirmation and case management of meningitis.
- West Darfur: WHO in collaboration with the State Ministry of Health (SMoH) conducted a health and water assessment mission to Abu Zer camp.
- WHO and EPI/State Ministry of Health (SMoH) together with Save the Children US and health partners are following up suspected cases of measles from Morni and Al Rayd camps.
- North Darfur: WHO successfully facilitated the commencement of the rehabilitation of Um Hegleig health facility in Um Kaddada locality.
- WHO, UNICEF and health partners in North Darfur are working on ways to cover the gap in the recent polio national immunization campaign.
- WHO participated in the introduction of the pentavalent vaccine to replace the DPT vaccine in South Darfur.
- South Kordofan: WHO provided two vehicles and field supervisors for the three days national immunization campaign for the eastern part of the State.
- East Sudan: Distribution of protective materials to the epidemiology department of three SMOH has started.

INTER-AGENCY ISSUES
- The 77th United Nations Civil-Military Coordination (UN-CMCoord) Training Course will take place from 13 to 18 January 2008 in Kuopio, Finland.
- The UN Executive Committee on Humanitarian Affairs will meet next on 17 January 2008.
- Democratic Republic of the Congo. ECHA Working level meetings on Gender-based Violence in the Country took place on 14 and 18 January.
- Darfur. The UNDG Technical Working Group met on 15 January.
- Kenya. An inter-agency meeting on the situation took place in Geneva on 18 January. The same day, the IASC HIV Taskforce briefed on HIV and the Kenya crisis.
The Camp Coordination and Camp Management Cluster met on 17 January.

Gender. The Steering Committee of the IASC Gender Sub-Working Group on Gender Capacity met on 17 January. The IASC Gender SWG will meet next on 6 February.

Disarmament, Demobilization and Reintegration. The Inter-Agency Working Group on DDR met on 17 January.


Disaster Risk Reduction. A meeting of the UNDG-ECHA Task Team on mainstreaming disaster risk reduction into UN country-level programming will take place on 28 January.

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

MAP DISCLAIMER: The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries. Map source: Perry Castaneda Library Map Collection, University of Texas at Austin.