Assessments and Events
- The intensification of the conflict during the past weeks exacerbated the already precarious humanitarian situation.
- The evacuation of some critically injured patients through Rafah has alleviated the strain on Gaza’s hospitals. However, the ICRC reports that surgical facilities, particularly in the north, still deal with large number of wounded.
- Gaza continues to suffer from electricity blackouts that force hospitals to switch on their generators, while the supply of fuel remains precarious. Electric shortages also impede the supply of drinking water for about half a million residents. Raw, untreated sewage continues to be discharged into the sea at the rate of 20 000 m³ each day.

Actions
- WHO is monitoring the health situation, including the evacuation of medical cases through Rafah and Erez crossings, and the availability of fuel for emergency generators and vehicles.
- In the monthly health coordination meeting, WHO presented the current status of MoH health care facilities in terms of functionality of ambulances and intensive care units, availability of hospital beds, health personnel, pharmaceuticals and electricity.
- WHO is coordinating with UNRWA, UNICEF and OCHA the preparation of a health sector contingency plan for Gaza.
- In 2007, WHO’s emergency activities were supported by ECHO, Italy, Norway, OCHA/Spain, and the CERF.

Assessments and Events
- Floods in the north have displaced thousands of people. Preliminary reports from regional authorities suggest that up to 29 persons have died in Omusati, Oshangwena, Oshikoto and Caprivi.
- Health clinics are cut off, while outreach services had to be suspended because of damaged roads. Also cut off from the rest of the country is Engela district hospital, where the MoH had detected a cholera outbreak: out of 123 suspect cases, at least four suspected were confirmed and two deaths are reported.
- The Namibian Red Cross reports that displaced persons lack safe water and sanitation facilities. The Government has declared a state of emergency and appealed to the international community for assistance.

Actions
- National disaster authorities, accompanied by an UN inter-agency team, are assessing damages and needs.
- WHO is participating in a mission with the MoH, the Ministry of Defense and UNICEF, to assess the situation and identify immediate needs.
- WHO is providing one diarrhoeal disease kit, which contains enough drugs and supplies to treat 100 severe cases, and is fielding one logistician to support the coordination of health operations.
- WHO’s emergency operations are so far funded by the regular budget. WHO will assist the Government and partners in preparing an appeal for aid.
MOZAMBIQUE – CYCLONE JOKWE

Assessments and Events
- Cyclone Jokwe made landfall on 9 March in Nampula province. According to the IFRC, at least 8000 houses in coastal areas were damaged and more than 40 000 people were displaced. Seven deaths have been reported.
- As of 14 March, eight districts have been affected in Nampula and Zambézia provinces, namely Ilha de Moçambique, Mossuril, Mogincual, Angoche, Moma, Mogovolas, Nacala Porto and Pebane.

Actions
- The National Institute for Disaster Management (INGC), UN agencies and humanitarian partners are conducting rapid needs assessments and providing humanitarian assistance to the affected populations.
- WHO participates in the inter-agency activities and supporting Health Cluster coordination.
- Operational costs are so far supported by the Organization’s regular budget.

MADAGASCAR

Assessments and Events
- The most recent update on the damages caused by Cyclone Ivan records more than 332 000 affected, including 191 000 homeless and 93 deaths.
- Difficult access continues to impede humanitarian assistance while lack of drugs and medical supplies limit the provision of health care to the affected populations.
- Another cyclone, Jokwe, brushed the northern tip of the island, affecting another 400 persons on Nosy Be island.

Actions
- Health partners, including the Red Cross and Médecins du Monde, continue conducting assessments. The priority needs are better access to health care, stronger control of communicable diseases and stronger the epidemiological surveillance.
- WHO is supporting the MoH’s emergency team and epidemiological surveillance service for coordination, emergency stock management and surveillance.
- WHO’s activities are supported by the CERF. Monaco has expressed interest in funding the reconstruction of health facilities in ile Sainte Marie.

COMOROS

Assessments and Events
- Political negotiations are ongoing but military action in Anjouan remains possible. It would increase risk for ill health, disrupt the already limited access to healthcare, clean water and proper sanitation and put extra burden on the available health human resources. At least 40 000 people could be affected.
- Likely critical health needs include surgical services and referral for injuries, and support to Primary Health Care, such as communicable diseases (diarrhoeal diseases, respiratory infections and malaria), reproductive health, malnutrition and mental health. The provision of drugs and supplies and as well as water and sanitation including for health facilities will also need to be addressed.

Actions
- WHO is monitoring the situation, coordinating with Health Cluster partners and preparing a contingency plan to meet the critical needs that would arise from an armed conflict. It is understood that ICRC will cover the surgical needs.
- Stronger human and financial resources must be brought to bear in the area of primary health care. IMC and African Humanitarian Action (AHA) have stated interest and are exploring funding possibilities.
LIBERIA

A mini-joint Appeal was launched on 11 March, requesting US$ 128 million to meet critical needs in health, water and sanitation and food security. Intended beneficiaries are 2 million people, particularly in under-served communities in the south-east of the country.

Assessments and Events
- Despite progress in consolidating peace and national institutions, large segments of the population remain vulnerable, with no access to healthcare, safe drinking water, shelter and education.
- As a matter of fact, the 2006-07 Liberia Demographic and Health Survey shows that since the end of the war in 2003, maternal mortality has gone up by about 71% and reaches now 994/100 000 live births.
- Rabies is re-emerging as a public health problem. In 2007, at least six deaths were reported, most in Lofa County.

Actions
- In response to rabies, WHO mobilized vaccines for high risk communities in Lofa, Bong, Nimba and Montserrado counties and assisted the MoH in participating in a multi-sectoral, country-wide strategy for the prevention and control of rabies. FAO is also supporting the Government in this area.
- WHO also supports the MoH in strengthening the laboratory network within the country. Following a recent training on laboratory procedures for measles and yellow fever, MOH and WHO are now conducting a refresher training on bacteriological diagnosis of cholera, shigellosis and meningitis.
- In the mini-Joint Appeal, the health sector requests US$ 7 million for ten projects prepared by UN agencies and NGOs: they will focus on maternal and reproductive health, child survival, primary health care and disease outbreaks response.
- WHO’s activities are funded by DFID, the CERF, ECHO, Ireland and Spain.

NIGER

Assessments and Events
- Cases of meningitis are still reported from Dosso, Maradi, Niamey, Tahoua, Tillabéri and Zinder. No district has reached alert or epidemic level so far.
- In the first week of March, 1836 citizens of Niger were repatriated from Algeria and Libya and arrived in Agadez.
- Security phase 3 is still in force in Agadez, causing a decline in economic activities and the utilization of social services, particularly health care. The vulnerability of both local and returnee populations needs to be monitored.

Actions
- WHO is participating actively in the national committee for the management of epidemics to prevent an outbreak.
- WHO organized a mission to Agadez to assess the returnees’ needs and opened a sub office locally to support health authorities and partners and reinforce the coordination of health-related humanitarian activities. WHO also prepared a project for the creation of transit sites to accommodate the returnees in Agadez, Dirkou and Madama.
- In 2007, WHO’s activities were supported by in-kind donations from Norway and Italy. WHO is coordinating with ECHO to discuss resource mobilization to strengthen response capacity and preparedness in Agadez.

CHAD

Assessments and Events
- Although conditions for aid work are improving across the east, the UN humanitarian coordinator in Chad warned of an aggravation of the current crisis in the region.
- UNHCR has reported the arrival of at least 12 000 refugees from CAR and 14 000 from Darfur since the beginning of the year; further arrivals from Darfur are predicted.
- Eastern Chad hosts 250 000 refugees from Darfur, 57 000 from CAR and 180 000 IDPs. In addition, as many as 800 000 persons in the host communities appear to become increasingly vulnerable.

Actions
- WHO positioned health supplies to support the needs of the new refugees for a three to six month period.
- After equipping Bahaï and Iriba WHO and UNHCR, continue to install solar-powered high frequency radios in the eastern districts. The radios will allow a more timely detection and response to outbreak across eastern Chad.
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<tr>
<th>Country</th>
<th>Assessments and Events</th>
<th>Actions</th>
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<tbody>
<tr>
<td><strong>ETHIOPIA</strong></td>
<td>Between 1 January and 29 February, 89 sporadic cases of meningitis and five related deaths have been reported in the Southern Nations, Nationalities, and People’s Region as well as Oromiya and Afar regions.</td>
<td>The EU peace force EUFOR has deployed 3700 troops so far to protect the refugees and IDPs.</td>
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<td>The Somali Regional Health Bureau (RHB) confirms the report of suspected acute watery diarrhoea (AWD) cases in Dollow-Ado district. Between 14th January and 3 March, 72 suspected cases and five deaths were reported. The upcoming short rainy season is threatening to revive the outbreak.</td>
<td>WHO is also reinforcing the laboratories of Biltine, Bahai and Guereda district hospitals, providing training and supervision in collaboration with the MoH. Similar trainings have been given for the detection and management of tuberculosis in several rural health centres in Abeche district.</td>
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<td>WHO’s activities in Chad are funded by ECHO Italy, Finland and the CERF.</td>
<td>Meanwhile, training on the management of malnutrition continue, in cooperation with UNHCR, UNICEF and the Ouaddaï regional health authorities.</td>
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<td><strong>ECUADOR</strong></td>
<td>Floods are now affecting 13 provinces and are expected to continue as rains should last until April. At least 315 000 people are affected so far, of which 21 500 are living in shelters. Several health centres and hospitals are damaged and water and power supply are affected, too.</td>
<td>WHO supports meningitis surveillance in high risk areas. Based on the plan developed by the Federal MoH, WHO coordinates the procurement of vaccines to support a possible mass vaccination campaign with funds received from DFID and CIDA.</td>
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<td>The MoH reports cases of dengue and dengue hemorrhagic fever but the current numbers remain below those reported for the same period in 2007.</td>
<td>In the Somali region, WHO supported the deployment of regional health teams to Dollow-Ado district: the teams will strengthen outbreak investigation and response, as well as community mobilization and case management.</td>
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<td>WHO/PAHO continues to provide technical support to the MoH in damage assessment and the analysis of health needs. Current health needs include the prevention of disease outbreaks, increased epidemiological surveillance, basic sanitation measures, and vector control.</td>
<td>In 2007, WHO’s emergency activities were supported by the CERF and the local Humanitarian Response Fund. WHO is leading the development of a new Health Cluster’s proposal to be submitted to the local Humanitarian Response Fund.</td>
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<td><strong>PARAGUAY</strong></td>
<td>Since the onset of the yellow fever outbreak in January, the MoH has confirmed 22 cases, including six deaths in San Pedro, Central and Caaguazú departments.</td>
<td>WHO/PAHO has provided approximately 3.2 million doses of yellow fever vaccine; so far, almost 1.3 million people have been immunized. WHO/PAHO completed a survey to estimate vaccination coverage in the capital Asunción and in Central department and is currently formulating a training plan for health personnel. Two WHO/PAHO entomologists will also support vector control activities.</td>
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<td>Current needs include vector control and surveillance, laboratory equipment, and a risk communication plan for yellow fever.</td>
<td>The WHO Global Stockpile and Brazil, Peru, Bolivia, Venezuela and Cuba have provided approximately 3.2 million doses of yellow fever vaccine; so far, almost 1.3 million people have been immunized.</td>
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<td>Actions</td>
<td>The WHO/PAHO operations are supported by the CERF and Norway.</td>
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More information is available at www.paho.org/english/dd/ped/EOCRreports.htm
### INTER-AGENCY ISSUES

- **Liberia.** A mini CAP is under preparation. WHO is presenting two projects for an amount of US$ 1.6 million.
- **IASC WG.** The 70th meeting took place on 11-13 March.
- **HIV/AIDS in emergency settings.** A briefing of donor countries took place in Geneva on 12 March.
- On 13-15 March, HAC/ERO and EHA Regional Advisers held a first [WHO Humanitarian Logistics Meeting](http://www.who.int/hac/).
- The 4th [Emergency Directors’ meeting](http://www.who.int/hac/) took place in New York on 14 March.
- The UNDG Task Team on mainstreaming [Disaster Risk Reduction](http://www.who.int/hac/) will meet on 18 March.
- **ECHA.** The next meeting will be on 19 March.
- **Consolidated Appeals Process.** The next IASC Sub-Working Group meeting will be held on 20 March.
- **Timor-Leste.** A Transitional Strategy and Appeal 2008 is under preparation. WHO is preparing two projects to strengthen disease surveillance and vector control for an amount of US$ 840 000.
- **Clusters**
  - On 23-24 April, WHO will host the next face to face meeting of the [Global Logistics Cluster](http://www.who.int/hac/).
  - The [Global Health Cluster](http://www.who.int/hac/) will meet face to face in Geneva on 6-7 May.
- The next [Emergency Team Leadership Programme (ETLP)](http://www.who.int/hac/) will take place in Villars, Switzerland on 13-18 April.
- The [IASC Principals](http://www.who.int/hac/) will meet in Geneva on 30 April.
- The [WHO Public Health Pre-Deployment Course (PHPD4)](http://www.who.int/hac/) will take place in Hammamet on 30 March-12 April.

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

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