CHAD

Assessments and events:
- As of 31 March, UNHRC estimated that there were 140,000 IDPs in eastern Chad and more than 283,000 refugees, including 236,800 from Sudan and 46,300 from the Central African Republic.
- Chad is a candidate for the activation of the Cluster Approach.
- According to the Early Warning System set up by WHO in collaboration with the MoH and partners, the first causes of morbidity among IDPs and refugees remain acute respiratory infections, diarrhoea and malaria.
- Three suspected cases of meningitis were notified in Gozbeida during the past week, none of which were confirmed by lumbar punctures.

Actions:
- Health authorities and WHO conducted a mission to Gozbeida to examine the cases of meningitis and organize the response. During the mission, WHO also assessed the needs of the district hospital for the implementation of a new CERF project; US$ 676,026 have been received to improve access to health care for IDPs in eastern Chad.
- WHO participated in an inter-agency mission to Am Dam et Hawish to assess the availability and quality of water supplies and sanitation facilities.
- WHO is working with national counterparts to establish a service for HIV/AIDS counselling in Abéché hospital. Training was organized for health workers throughout the beginning of 2007.
- The first part of the medical kits bought with the Italian funds arrived in Abéché to be distributed to health facilities in the east. Dispatch will be done swiftly so that all is in place before the onset of the rainy season.
- WHO continues supporting coordination of national partners with UN agencies and INGOs to ensure that the health component of humanitarian activities is adequately addressed.
- Emergency activities are supported by the CERF, ECHO and Italy.

HORN OF AFRICA

Assessments and events:
- In south and central Somalia, latest UN figures report that 340,000 people – roughly one-third of the capital’s population – have fled Mogadishu since the start of February; several hundreds are reported killed and at least 1000 injured. The majority of IDPs are women, children and elderly people.
- Since the beginning of January, close to 17,000 cases of acute watery diarrhoea (AWD) and up to 600 related deaths have been reported. Cases are concentrated in Mogadishu and Lower Shabelle but with the large number of IDPs and the onset of the Gu rains, the number of cases is expected to rise.
- In Ethiopia, nine Chinese and 65 Ethiopians were killed in an attack against an oil installation in the Somali region.
- As of 15 April, 69,947 cases of AWD and 824 deaths had been reported nationwide. Seven regions are reporting cases: Oromiya, SNNPR, Afar, Somali and Gambella as well as Amhara and Harari which are newly affected. In Oromiya, SNNP, Gambella and Somali, 54,100 people are reportedly in need of extra food ration; they are mostly IDPs, refugees from Somalia and victims of last year’s floods.
- In Eritrea, the meningitis outbreak in Northern Red Sea is under control.
- In Kenya, between 26 March and 2 May, 415 suspected cases of cholera and 24 deaths have been reported in West Pokot, Turkana, Garissa, Wajir, Mandera and Kwale districts. Since 10 March, 53 cases of measles have been reported in Wajir district, including five confirmed.

Actions:
- In Somalia, WHO is working on supporting health outreach to the affected population, strengthening its operational capacity in Baidoa – where the MoH
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/

is based –, consolidating health cluster coordination as well as reinforcing surveillance, outbreak response and the distribution and use of medical supplies.

- In **Eritrea**, WHO provided vaccines against meningitis and is preparing training on case management for health workers. Training on community-based therapeutic feeding was conducted from 9 to 13 April with support from UNICEF and WHO.

- In **Ethiopia**, WHO assists the Regional Health Bureaus in AWD-affected regions, providing training on case management as well as drugs and supplies in Afar, SNNPR, Oromiya and Somali regions. WHO is assisting the Federal MoH in strengthening the surveillance of diseases with epidemic potential (such as malaria, measles or polio) and malnutrition in all regions.

- In **Kenya**, WHO is supporting cholera surveillance, case management and social mobilization; WHO distributed chlorine for water treatment and guidelines for health staff. In Wajir, efforts for improving measles vaccination coverage are ongoing. WHO is supporting the Kenya Red Cross with drugs and staff for vacant facilities in the Mount Elgon area, where violence reportedly killed several and displaced thousands. Meanwhile, the MoH and WHO are planning a joint assessment mission.

- WHO activities are supported by the CERF, Canada, Italy, Norway, Sweden, the United States and Finland for Somalia and cluster coordination, by the CERF and the local Humanitarian Response Fund in Ethiopia, by ECHO and the CERF in Eritrea as well as by the CERF in Kenya.

### Sudan

More information is available at: [http://www.emro.who.int/sudan/](http://www.emro.who.int/sudan/)

On 2 May, the ICC has issued arrest warrants against two persons suspected of having committed war crimes in Darfur.

**Assessments and events:**

- The UN High Commissioner for Refugees stated that despite some success in meeting humanitarian needs in **Darfur**, the international community’s efforts to improve protection have been a “total failure”.

- In **northern Sudan**, as of 10 April, 625 suspected cases of meningitis and 40 deaths were reported from 13 of 15 states.

- In **southern Sudan**, 11 835 cases of meningitis and 666 deaths were reported between 1 January and 29 April. Although one new state is reporting cases, the overall number of new cases is declining. During the same period, 7685 cases of acute watery diarrhoea (AWD) and 345 deaths were notified.

- In **East Sudan**, Gedaref is reporting 134 suspected cases of AWD and 66 suspected cases of meningitis. Kassala has reported 58 suspected meningitis cases since 28 January and 30 cases of dengue fever since 5 January.

**Actions:**

- In **South Darfur**, following an increase in the number of reported hepatitis cases, WHO is regularly monitoring surveillance data, sanitation and water quality in affected camps.

- In **North Darfur**, WHO supports the MoH in organizing trainings on the surveillance, diagnosis and management of meningitis.

- In response to the meningitis outbreak in **northern Sudan**, the Federal MoH conducted field investigations, standardized case management, provided health education and strengthened surveillance.

- In **southern Sudan**, WHO continues to support the MoH/GoSS in coordinating the response to the meningitis and AWD outbreaks.

- WHO is donating a New Emergency Health Kit to the NGO Cordaid for the provision of health care in Northern Bar el Ghazal.

- WHO is assisting the MoH/GoSS in drafting a new policy for human resources management. A strategy is being prepared in collaboration with the African Medical and Research Foundation.

- In **East Sudan**, WHO and the Kassala and Gedaref MoHs are holding regular meetings of a task force for outbreak preparedness and response against dengue fever and meningitis.

- In 2007, contributions for WHO’s emergency activities have been received from ECHO, Ireland, the CERF and the Common Humanitarian Fund.
Assessments and events:
- WHO conducted a workshop in Ramallah, Nablus and Jerusalem to train MoH and NGO staff on how to access medical articles using the web site of the Health Inter-Network Access to Research Initiative (HINARI).
- The monthly donor meeting that monitors health status and services discussed the surveillance system, health promotion and education, water quality, environmental health, immunization and psychosocial support put in place after the sewage flood in Gaza.
- The strike in the West Bank health sector is now in its eighth week. Most of the facilities surveyed have stopped immunization and provision of drugs to chronic patients, with the exception of insulin, kidney medications and psychotropic medications. Elective surgical and outpatient services remain closed and only critical emergencies and deliveries are admitted for treatment. Staff attendance is low in all the districts.

Actions:
- WHO organized a meeting to follow up on the flood crisis in northern Gaza with UN agencies, local and international organizations and MoH representatives:
  - Since the flooding, the incubation period for any epidemic diseases is now over and no outbreak has been reported;
  - Scabies and other skin diseases remain a persistent problem;
  - Samples show that water quality is satisfactory;
  - The health clinic in Um Al Nasser has reverted back to normal operating hours.
- WHO has funded the production of 20 000 brochures and posters on water preservation and environmental health.
- WHO and the MoH nutrition department met with the Ministry of Education to discuss launching a nutritional surveillance system in schools. WHO will begin training teachers on the surveillance system.
- 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. For 2007, support has been pledged from Norway and Italy.

CÔTE D’IVOIRE

Assessments and events:
- After years of deadlock and failed deals, a peace accord was signed on 4 March between the President and the leader of the Forces Nouvelles, who is now the Prime Minister.
- The majority of health structures have re-opened, mainly thanks to external support. However, most health centres are now staffed only with junior personnel.
- The collection of health information is improving in some districts but, especially in the north and the west, the rate of completeness and promptitude is very low.
- A major immunization campaign against yellow fever was conducted to reduce the high morbidity and mortality notified during the three last months.

Actions:
- During the past year, WHO provided more than eight medical and surgical kits to health facilities in the west and north to improve access to and quality of care and established two sub offices in Bouake and Guiglo to support the MoH and other UN agencies.
- WHO supported the MoH in:
  - Improving the epidemiological and nutrition surveillance system and conducting rapid assessments when needed;
  - Facilitating health prevention activities, such as HIV/AIDS awareness and immunization issues;
  - Organizing an immunization campaign against yellow fever.
- Three WHO epidemiologists posted in Bouake, Man and Abidjan assist with data collection and analysis and boost capacities for outbreak preparedness and response.
- Three additional national EHA consultants were recruited with CERF funds.
to increase the response capacity in the north and the west

- WHO will continue supporting the MoH after the signing of the peace accord. The main goals are to:
  - Continue coordinating health cluster activities in the north and west;
  - Improve access to health and reinforce preparedness for epidemic diseases;
  - Provide drugs, medical supplies, tools and training to build up local health capacity.
- WHO has mobilized more than US$ 1.2 millions from the CERF and other donors to assist the MoH in responding to meningitis and yellow fever outbreaks.

INTER-AGENCY ISSUES

- **IASC Plenary.** The IASC Heads of Agency met in New York on 30 April.
- **Mozambique.** The initial findings of the Inter-Agency Real-Time Evaluation were presented in Geneva on 1 May and were discussed on 2 May at the IASC Weekly meeting.
- **Central Emergency Response Fund.** An inter-agency meeting on the CERF took place on 2 May.
- **Disarmament, Demobilization and Reintegration.** The Inter-Agency Working Group on held a retreat in New York on 2-4 May.
- **ECHA.** On 3 May, the UN Executive Committee on Humanitarian Affairs discussed Myanmar, Côte d’Ivoire and Somalia.
- **Preparedness and Contingency Planning.** The IASC Sub-Working Group met on 3 May. An inter-agency consultation of Contingency Planners will be held in Geneva on 2-4 July.
- **Early Recovery.** The IASC Cluster Working Group met on 4 May. The Early Recovery Cluster Cross-Cutting Issues Review Team will meet on 11 May.
- **Humanitarian Coordinators.** The annual retreat of Humanitarian Coordinators will be held in Geneva on 8-10 May.
- **Gender-based Violence.** The GBV Group of the IASC Gender Sub-Working Group will next meet on 16 May.
- **Gender and Humanitarian Action.** An orientation course for Gender Capacity Advisers will take place in Geneva on 27 May - 2 June. The first deployment is foreseen in early July.
- **IASC Working Group.** The next meeting of the IASC Working Group will take place in New York on 13-15 June.
- **Environmental Emergencies.** The 7th meeting of the Advisory Group on will take place in Sweden on 13-15 June.
- **Global Humanitarian Platform.** Preparations have started for the first meeting in Geneva on 12 July.
- **ECOSOC Humanitarian Segment.** The Humanitarian Segment will be held in Geneva on 16-18 July.

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

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