<table>
<thead>
<tr>
<th>KENYA</th>
<th>MADAGASCAR</th>
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<tr>
<td><strong>Assessments and Events</strong></td>
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<td>• On 28 February, the conflicting parties agreed to form a coalition government.</td>
<td>• Latest figures indicate that 60 people were killed by Cyclone Ivan and nearly 145 000 were left homeless, including 20 000 in the capital.</td>
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<td>• Expectations are high, although the risk of violence, food insecurity and general distress continue to affect large numbers of people. Crowded conditions in some IDP camps cause concerns about the standards of services available. The need for additional or larger sites to ease this congestion is becoming critical.</td>
<td>• Preliminary assessments in Antananarivo show overcrowding and poor sanitation in the shelters, which put people at risk of waterborne diseases such as diarrhoea or cholera. Scarcie logistic resources are delaying assessments out of the capital.</td>
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<td>• IDPs leave the camps in the Rift Valley to move to their families’ place of origin, in Nyanza, Western Kenya and Central Province.</td>
<td>• Health infrastructures and medical supplies are damaged or destroyed, reducing access to health care including for chronic diseases patients.</td>
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<td>• In each of these four provinces and in Nairobi, new pressure on infrastructures and supplies – water and sanitation as well as food and basic commodities increases the risk for disease and demand urgent attention.</td>
<td>• The national contingency plan needs to be supported by strong health coordination and disease surveillance.</td>
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<td>• The main causes of consultation are respiratory infections, diarrhoea and fevers (including malaria). Malnutrition in children under five is also reported. The MoH reports that there has been no cases of meningitis in the Rift Valley for the last three weeks. However, a meningitis preparedness plan has been completed.</td>
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<td>• Meanwhile, in Mandera (North-eastern Province), cholera is spreading and is threatening refugees and host populations. A total of 392 suspected cases of cholera and seven deaths have been reported including 12 in Mandera Triangle on 26 and 27 February.</td>
<td>• WHO had already applied to the CERF to support refugee health in the North-Eastern Province: cholera now raises considerably the funding requirements.</td>
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<td>• WHO’s operations in the field continue with teams based in Nakuru, Eldoret and Kisumu. The teams support coordination meetings, conduct assessments in IDP camps and provide technical assistance to provincial/district health teams.</td>
<td>• WHO, UNICEF and UNFPA obtained US$ 634 000 from the CERF for immediate life-saving activities. WHO is participating in the Flash Appeal and has received funds from the CERF and a statement of interest from Australia.</td>
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<td>• In Mandera, cross-border meetings have been initiated by Kenyan health authorities with counterparts from Ethiopia and Somalia on how to contain the cholera outbreak. WHO is assisting the Provincial Health Office and Mandera’s District Health Team.</td>
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The UN Country Team has started preparations for a renewed Flash Appeal.
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<th>A Flash Appeal is being launched. The Health Cluster is requesting US$ 5.4 million for emergency activities.</th>
<th>• WHO’s emergency activities are funded by the CERF. Monaco is expressing the intention of support WHO’s response to the event.</th>
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<tr>
<td><strong>OCCUPIED PALESTINIAN TERRITORY</strong></td>
<td><strong>Assessments and Events</strong></td>
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| More information is available at: [www.emro.who.int/palestine/](http://www.emro.who.int/palestine/) | • Since 27 February, air strikes in the Gaza Strip have killed 102 persons and injured 260.  
• The MoH has declared a state of emergency. A number of essential drugs for surgery and emergency interventions are depleted and others are running short. Elective surgeries have been suspended in all hospitals.  
• Several health facilities were also damaged, including the main office of the Palestinian Medical Relief Society, a mobile clinic unit and an ophthalmology clinic in Nablus.  
• The continued lack of fuel is affecting the functioning of ambulances at the MoH, the Palestine Red Crescent Society and still functioning hospitals.  
• According to the Coastal Municipalities Water Utilities, electricity shortages are impeding the supply of drinking water for about half a million of Gaza’s residents. The company also continues to discharge daily 40,000 m³ of untreated and partially treated waste waters in the open sea. |
| The December-January edition of *Bridges*, the Israeli-Palestinian public health magazine, is dedicated to Research for Health. It contains an interview with Bernard Kouchner, co-founder of Médecins Sans Frontières, and a special focus on the situation in the Gaza Strip during the last weeks of January. | **Actions** |
|  | • WHO has received a request from the MoH for urgent supplies and equipment that will be purchased locally.  
• WHO delivered drugs and disposables to Gaza and supported the transport of MoH and UNFPA supplies into Gaza.  
• The development of the PAL-SEM tool (Palestinian Socio-Economic Monitoring tool), in coordination with FAO, UNICEF, and WFP is ongoing.  
• In 2007, WHO’s emergency activities were supported by ECHO, Italy, Norway, OCHA/Spain, and the CERF. |
| **CAMEROON** | **Assessments and Events** |
|  | • More than 5500 persons have been transferred from Kousseri to the new camp in Maltam; an estimated 10,000 more are expected to join them in the coming weeks.  
• The main causes of consultation among refugees are ear, nose and throat infection, acute respiratory infection, skin infection and acute watery diarrhoea. Trauma is also reported.  
• Violent unrest has spread from Douala to Yaoundé and other cities. So far 17 have died during the protests this week. |
|  | **Actions** |
|  | • The IFRC and health partners, such as MSF-Switzerland and MSF-France, are assisting the MoH in providing health care to the Chadian refugees.  
• WHO, together with the MoH and the IFRC, focuses on the surveillance of epidemic-prone diseases, as well as on following up on the transport of samples for analysis and evaluating health facilities laboratories in Kousseri and Madana. WHO is producing a weekly bulletin which will also include health information from Maltam camp.  
• The MoH, WHO and health partners coordinated and organized a campaign of meningitis vaccination which began on 28 February.  
• Hygiene committees are being set up with IFRC volunteers to ensure safe conditions around water points in the camp.  
• Current emergency operations in Chad and Cameroon are funded by the WHO regular budget. WHO also received a Rapid Response grant for US$ 330,630 from the CERF for Cameroon. |
### CHAD

#### Assessments and Events
- In the east, humanitarian activities are returning to normal. Health coverage in IDP sites and refugee camps is almost completely re-established except for Adé where security remains fragile.
- Two cases of wild polio virus have been confirmed since the beginning of the year: one in Abeche and another in Dababad. Meanwhile the number of cases of chickenpox in Treguine continues to rise; between 17 December and 24 February, 389 cases were reported, including 19 among the local population.
- Four suspected cases of meningitis have also been reported.

#### Actions
- A solar-powered high frequency radio has been installed at the regional health delegation in Abeche; it will speed up the transmission of data for the surveillance of epidemic-prone diseases.
- A training on nutritional surveillance is being put together for health centres in the district of Adre.
- WHO and IFRC are coordinating the response to the chickenpox outbreak.
- WHO, in coordination with local health authorities, is supervising therapeutic feeding centres in Abeche. In coordination with UNICEF, WHO will assess nutritional care in the hospitals of Biltine, Amdam and Abeche.
- WHO’s activities in eastern Chad are funded by Italy, Finland, ECHO and the CERF.

### TAJIKISTAN

#### Assessments and Events
- The recent spell of extreme temperatures has affected the provision of power, water and food as well as healthcare. Essential life-saving services like intensive care units and operating theatres are compromised. Primary health care services are almost paralysed.
- Irregular power supply to urban water systems raises concerns about waterborne epidemics. The Tajik Red Crescent Society reports an increase in cases of typhoid fever: an estimated 200 cases and at least six deaths are being investigated by WHO.

#### Actions
- WHO, together with UNPFA, Oxfam and UNICEF, is participating in the Flash Appeal launched on 18 February, requesting US$ 870 000 to:
  - Sustain basic energy supply to priority health facilities;
  - Provide of essential medicines and supplies to key hospitals;
  - Support hygiene and sanitation in key health facilities;
  - Support psychosocial activities.
- A WHO logistician from headquarters will be dispatched to assist in the storage and local distribution of health kits.
- WHO has received a Rapid Response grant for US$ 250 000 from the CERF to supply generators and fuel to selected priority health facilities and a grant of US$ 350 000 from Norway to support the MoH in procuring and distributing drugs and consumables for the maintenance of health services.
- WHO is further negotiating with donors at the local level.

### KAZAKSTAN

#### Assessments and Events
- Severe winter conditions in Central Asia with heavy precipitation of snow and frozen rivers, combined with sudden warmer temperatures and rains have resulted in severe flooding in Southern Kazakhstan. Almost 13 000 people are reported homeless. Roads and bridges were destroyed and schools and primary health centres have been damaged.
- The Government has started relief operation and precautionary evacuation of population still at risk, and is requesting international assistance.

#### Actions
- The UN Country Team is preparing an inter-agency assessment mission to the affected areas. WHO will participate.
NIGER

Assessments and Events
- Since 1 January, 217 cases of meningitis and 15 deaths (CFR 6.9%) have been notified. None of the departments have reached alert or epidemic level.
- Three cases of wild polio virus have been reported since the beginning of the year in the Maradi and Zinder departments.
- Meanwhile, reports of political violence in the north continue: Agadez remains on security phase 3.

Actions
- WHO is contributing to the national committee for the management of epidemics to support the containment of the meningitis outbreak.
- WHO is coordinating with ECHO to discuss resource mobilization to strengthen response capacity and preparedness in Agadez.
- In 2007, WHO’s activities were supported by in-kind donations from Norway and Italy.

ETHIOPIA

Assessments and Events
- The Federal MoH reports the acute watery diarrhoea outbreak is under control in most places. Suspected cases in the Somali region will be investigated.
- Sporadic cases of meningitis are reported from Oromiya and Afar regions.
- As of 22 February, at least six measles outbreaks are reported in six districts, totalling 1426 suspected cases. Most of the confirmed cases (1135) were in Guji zone, Oromiya region. Reportedly, health facilities lack essential drugs and medical supplies.

Actions
- In the Somali region, WHO assigned eight staff to support the Regional Health Bureaus and provided funds for training and community mobilization. WHO also deployed an international consultant for three months to coordinate its humanitarian work in the region.
- WHO and health partners are running a mass measles and polio vaccination campaign in 32 woredas, including vitamin A and de-worming for children under five. Special attention goes to the management of measles cases.
- The Federal MoH is collaborating with WHO and UNICEF to extend the campaign to Borena and Guji zones in Oromiya and SNNP regions in April. WHO has deployed a national consultant to Borena.
- In Oromiya region, WHO, in coordination with UNICEF, is seeking US$ 1.25 million from the local Humanitarian Response Fund for the drought in Borena to strengthen health outreach and respond to the measles outbreak with stronger surveillance, vaccinations, drugs and community education.
- In 2007, WHO’s emergency activities were supported by the CERF and the local Humanitarian Response Fund. WHO submitted a US$ 32 million proposal to donors to support the national meningitis preparedness plan.
- WHO is leading the development of a new health proposal to be submitted to the local Humanitarian Response Fund.

DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and Events
- In Katanga, the cholera outbreak continues. Between 1 October and 10 February, 2518 cases were reported in Lubumbashi (Katuba, Kenya and Kisanga health zones) and 1656 in Likasi (Kikula, Likasi and Panda health zones) between 15 December and 24 February. Overall 143 people have died. With a fatality rate reaching 5.4%.

Actions
- In December, WHO and UNICEF provided financial and technical support to set up a first cholera treatment centre in Lubumbashi while MSF-Belgium put up another.
- At the request of the MoH, WHO financed and furnished a third cholera treatment centre in Likasi’s General Referral Hospital. Simultaneously, WHO is organizing diagnosis and case management training activities for health staff.
- WHO also dispatched diarrhoeal kits as well as drugs and medical supplies to Lubumbashi to support case management.
### ECUADOR

#### Assessments and Events
- Heavy rainfalls continue, and the state of emergency declared in nine provinces on 31 January has now been extended to the entire country. The floods have killed 12 people and affected up to 265,000, of which 14,000 are in shelters.
- Floods and landslides have destroyed road networks in the west, particularly in Manabi Province, where the Civil Defense reports at least five deaths and 125,000 people affected.
- Armed and police forces have been mobilized to assist in relief efforts. Emergency Operations Centers have been established in the affected provinces.
- No health impact has been reported. Current needs are being met by local and national resources.

#### Actions
- WHO/PAHO is assisting emergency response coordination with the MoH.

### BOLIVIA

#### Assessments and Events
- Heavy rains and flooding continue, particularly in the department of Beni and its capital Trinidad. More floods are expected over the next three weeks. Overall, the disaster has affected around 73,000 families.
- The recent heavy rains in Trinidad have worsened the situation of families in shelters.

#### Actions
- A disaster specialist and logistician from the WHO/PAHO Regional Office are supporting the national response efforts.
- On 20 February, OCHA released a Flash Appeal for USD $15.9 million to support relief activities.

### INTER-AGENCY ISSUES

- **Clusters**
  - The IASC Training Advisory Team and the Task Team and Global Cluster Leads met on 29 February.
  - The Camp Coordination and Camp Management Cluster met face to face in Geneva on 28 February.
  - A special meeting of the IASC Task Team and Global Cluster Leads will take place on 7 March.
  - The Global Health Cluster will meet face to face in Geneva on 6 and 7 May.
  - On 23 and 24 April, WHO will host the next face to face meeting of the Global Logistics Cluster.

- **Climate Change.** On 27 February, the IASC Weekly Meeting in Geneva updated on climate change in relation to humanitarian action.

- **Transition.** On 27 February, the dedicated UNDG-ECHA Working Group briefed on the Joint Initiative on Strengthening Recovery Coordination.

- **Disarmament, Demobilization and Reintegration.** The Inter-Agency Working Group met on 28 February.

- **Gender and Humanitarian Action.** The IASC Gender Sub-Working Group will meet next on 5 March.

- **IASC WG.** Preparations are ongoing for the 70th IASC Working Group in New York on 11-13 March.

- **ECHA.** The UN Executive Committee on Humanitarian Affairs will meet on 19 March.

- The WHO Public Health Pre-Deployment Course will take place in Hammamet, Tunisia, from 30 March-12 April.

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

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