The Central African Republic

Situation highlights

On 13 September 2013, a statement issued by the office of the Transition President announced the dissolution of the Seleka Coalition in the country. However, OCHA reports that violence continues in the northern cities and has caused the death of hundreds of people, including two aid workers. There are 225 000 internally displaced people (IDP) in the country with about 62 714 refugees in neighbouring countries. The refugees are mainly in the Democratic Republic of the Congo with 40 781 refugees (OCHA, 20 September).

The insecurity in the country (looting, carjacking, etc.) is occurring mainly in the north eastern region of Bria (Haute Kotto province) and continues to hinder effective delivery of humanitarian assistance to affected communities. Following attacks from armed groups around the city of Bossangoa, more than 7200 additional IDPs were recorded (OCHA). Violence in the Bouar area caused 50 deaths. More than 2000 houses were burned which led to approximately 22 000 people being displaced (according to the Lutheran World Fund).

The most vulnerable groups, including women and children, are deprived of essential health and nutrition services, access to education, water and sanitation, and protection.

The low coverage of routine immunization activities across the country put nearly 740 000 children under-five at risk of measles contamination. Fifteen districts have already experienced a measles outbreak in 2013.

Health priorities

- Ensure access to health care for the population affected by the crisis including primary health care, secondary emergency care and obstetric care.
- Prevent and control communicable disease outbreaks
- Ensure adequate information management including information on both the health situation and the response capacity along with service availability monitoring to support an evidence-based planning process.
- Ensure coordination and evaluation of the Health Cluster’s interventions
- Ensure prevention and treatment of acute malnutrition.

Health Cluster response

- Several assessments undertaken in July and August are guiding the health response strategy and the preparation of the new humanitarian plan. A health assessment was undertaken in Bossangoa by OCHA, BINUCA (the United Nations Integrated Peacebuilding Office in the Central African Republic) and health partners to determine the needs of the newly displaced population.
- UN agencies are supporting the NGOs that are filling the gaps in health services, through the provision of medical supplies and financial support.
- A national integrated vaccination campaign took place from 23 September. This was the third campaign and was open to all children under five years old within six health regions (with the exception of Bangui). Nearly 550 000 children were targeted for vaccination against measles and polio. The children also received vitamin A and deworming tablets.
- Health partners are providing essential medicines to resupply depleted stocks. The Health Cluster has determined gaps in medicine stocks by analysing assessments and medicine distribution records.
- The Health Cluster is setting up field offices to support the Ministry of Health. WHO deployed two experts in Bouar and Kaga Bandoro.

Only 26.2% of the consolidated appeal is funded for the health sector (OCHA/FTS). Increasing needs related to new displacement and restoration of health services require urgent financial support.

Statistics

<table>
<thead>
<tr>
<th>Total population</th>
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<tbody>
<tr>
<td>Gross national income per capita*</td>
<td>810</td>
</tr>
<tr>
<td>Life expectancy at birth m/f (years)</td>
<td>47/50</td>
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<tr>
<td>Probability of dying between 15 and 60 years m/f **</td>
<td>466/420</td>
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<tr>
<td>Total expenditure on health per capita* (2010)</td>
<td>31</td>
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<tr>
<td>Total expenditure on health as % of GDP (2010)</td>
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</tbody>
</table>

* purchasing power parity international $  
** per 1000 population

Source: WHO/GHO.

Funding US$ 2013

<table>
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<tr>
<th>Health Cluster</th>
<th>WHO</th>
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<tr>
<td>Requested</td>
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</tr>
<tr>
<td>Received</td>
<td>4 621 288 875 000</td>
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</tbody>
</table>

Source: OCHA/FTS

WHO’s emergency activities in the Central African Republic in 2013 have been supported by the Central Emergency Response Fund.

For more information:
http://www.who.int/hac/crises/caf
The Philippines

Situation highlights

Military operations continue in Zamboanga city as a stand-off continues between a faction of the Moro National Liberation Front (MNLF) and the Armed Forces of the Philippines in Zamboanga city. Out of the estimated 170 000 people affected by the conflict, 117 316 remain displaced in Zamboanga (3 October, OCHA). In Basilan, 8105 remain displaced in 12 evacuation centres. National Disaster Risk Reduction and Management Council reports that 137 people were killed and 251 wounded as a result of the conflict in Zamboanga.

The most common causes of consultations include acute respiratory infection, fever, acute watery diarrhoea, skin diseases and wounds. There have been 754 cases of acute watery diarrhoea reported and 12 cases of acute bloody diarrhoea recorded (26 September). Suspected cases of measles (16) were also reported from 13-25 September and the city health office began to conduct vaccinations. However, lack of vaccinators is hampering immunization for more than 30 000 children between six months and 15 years old. Sporadic fighting is a concern for the security of humanitarian workers providing medical support.

In the more than 30 evacuation centres, only 12 have functional health outposts and emergency disease surveillance is limited to eight evacuation centres, according to assessments conducted by health personnel. According to the Water, Sanitation and Hygiene (WASH) Cluster, most of the evacuation centres are not equipped to handle the water and sanitation needs of the displaced population for a prolonged period of time. Due to the large demand, the water supply is inadequate for all the evacuation centres.

The number of water containers, and basic hygiene items such as soap, sanitary napkins, gender sensitive latrines and bathing facilities is insufficient. The accumulation of garbage also poses serious health risks.

Health Cluster priorities

- An estimated 118 000 people in evacuation centres and at least 9500 outside the centres are in need of emergency health services including general medical consultation and treatment, mental health and psychosocial support, reproductive health services, emergency disease surveillance, health promotion, and immunization.
- An estimated 3800 pregnant and lactating women require reproductive health services.
- Displaced people in smaller evacuation centres need to be provided with health services including mental health and psychosocial support, health promotion and disease surveillance.
- More than 30 000 children six to 15 years require measles vaccination, but a lack of vaccinators hampers immunization activities.

Health Cluster response

- Measles vaccination is on-going with 35 vaccination teams established. Vaccination teams have reached 5267 children out of the targeted 36 137 children (six-months-15 years old) and 3809 have been given Vitamin A.
- The Reproductive Health Working Group assessed 27 out of 33 evacuation centres and registered 253 pregnant and 228 lactating women.
- Emergency disease surveillance training was provided to 34 nurse volunteers.
**Situation highlights**

An earthquake with a magnitude of 7.7 struck Balochistan in south-west Pakistan on the afternoon of 24 September, with tremors felt as far as India and United Arab Emirates. On 28 September another earthquake (magnitude 7.2) struck Balochistan.

On 30 September, a Balochistan government representative reported that 375 people had been killed and more than 550 people injured as a result of the two earthquakes. About 300 000 people have been affected in the districts of Awaran, Panjghor, Kech, Khuzdar, Chaghi, Turbat and some areas of Gawader. In Awaran, the most affected district, where the scattered population lives in mud houses, a state of emergency has been declared after the earthquake destroyed approximately 90% of the infrastructure, including shops, houses and schools. Communication systems have been disrupted in many areas.

Due to its remote location and the high security risk, there is an extreme shortage of skilled health care providers in Awaran. Assistance teams are being flown in by helicopter to where they are most needed. In Awaran 28 doctors and 53 paramedics are working along with 34 ambulances to support the earthquake response. In Mashkay 18 doctors and 10 paramedics are working along with three ambulances and a stock of essential lifesaving medicines and supplies. A health assessment team travelled to Awaran to collect information on the status of health facilities and fill immediate gaps in the health service delivery. An Emergency Cell has been activated at the Director General Health Services office for coordination and information sharing on relief activities and addressing emergency health needs.

According to Balochistan health officials, five health facilities in Awaran are partially damaged and three are fully damaged, including District Headquarter Hospital which was affected in the second earthquake. The Rural Health Center Mashkay was completely damaged, 10 Civil Dispensaries are partially/fully damaged and the Basic Health Unit Dhandar in Kech is partially damaged. As of 26 September, approximately 105 severely injured people have been air lifted to a tertiary hospital (Jinnah Hospital) in Karachi.

Fixed health units are reporting malaria and diarrheal cases. There is concern that the number of cases will increase.

The Government has not officially requested international assistance, but WHO has responded to the request from the National Disaster Management Agency (NDMA) and provided emergency medical supplies.

**Health priorities**

- Providing primary health care. A majority of the health facilities in the remote areas are damaged and the number of skilled health care providers is limited.
- The majority of cases have orthopaedic injuries. There is an urgent need for orthopaedic surgeons to provide timely treatment.
- Other needs include malaria medicines, bed nets, International Dihorreal Disease Kits, Rapid Diagnostic Tests, water purification tablets, water filters, soap and hygiene kits.
- There is increased risk of communicable diseases and a need to strengthen the Disease Early Warning and Response system (DEWS).
- As the number of diarrheal cases is increasing, the health department has also requested that a Diarrheal Treatment Center be established in the affected areas.
WHO response

- WHO supported the response operations through the provision of a trauma kit and five emergency health kits, containing medicines and medical supplies for more than 100,000 people. Essential medicines available at the WHO warehouse at Kech and Lasbela were also provided to Awaran district.
- Disease early warning surveillance officers have been stationed in Kech and Awaran districts to detect and control potential disease outbreaks.
- Mini-Multi-Cluster Initial Rapid Assessment (MIRA) training was conducted and 78 participants from 15 National NGOs were trained in Lasbela while 40 staff of the UNDP Area Development Program were also trained in Quetta as back up. In the coming days, 250 villages will be surveyed.

Mali health facility assessment (Health Resource Availability Mapping – HeRAMS)

The armed conflict in Mali has resulted in damage to health facilities and seriously affected the availability of health services, particularly in the northern regions. WHO and the Mali Ministry of Health carried out a health facility assessment survey (HeRAMS) in all public and most other facilities to identify priority needs for the population to be able to access health care.

The areas targeted by the investigation are (i) provision of care, (ii) provision of general clinical services, (iii) child health and communicable diseases, (iv) STI/HIV-AIDS, maternal and newborn health, sexual violence, non-communicable diseases, mental health and environmental health. The results will be presented in specific newsletters.

The cross-sectional assessment was based on a retrospective questionnaire administered to social and health personnel. The variables measured were related to the availability, accessibility and functionality of health care services, partner support to health structures, and the availability of a defined set of services. The survey involved 1581 health facilities including: public (77%), private (20%), and semi-public and faith-based facilities (close to 3%).

Buildings were destroyed or partially damaged in all regions. Cases of complete destruction were noted in five regions: Gao, Kidal, Koulikoro, Mopti and Timbuktu. The situation is particularly critical in Kidal, Gao and Timbuktu, where respectively 70%, 42% and 45% of the structures were either partially or totally damaged. More than 17% of health facilities assessed are only partially functional (11.7%) or not at all (5.5%). In areas formerly occupied, that figure is 65%. A full report of the survey is available in French upon request.

WHO and Health Cluster Emergency Surge Training (10 - 17 September 2013)

The WHO Emergency Response Framework surge policy states that WHO mobilizes and rapidly deploys (surges) experienced professionals to join the WHO Country Office as part of the Emergency response Team to perform WHO’s four critical functions (leadership, information, technical expertise and core services) in emergency response.

The WHO and Health Cluster Emergency Surge Training (WHCEST) was designed to build a pool of dedicated, qualified and experienced public health and allied professionals who are appropriately trained for deployment and engagement in the critical phases of emergencies.

The first WHCEST took place in Geneva 10-17 September organized jointly by WHO’s departments of Emergency Risk Management and Humanitarian Response (ERM), and Communications (DCO) in collaboration with the Global Health Cluster Secretariat. There were 32 participants from Health Cluster partners and WHO country offices, regional offices and headquarters. The training included modules on leadership/humanitarian context, information and technical expertise, core services, and operational and professional effectiveness. The training also included a two-day simulation exercise where participants were able to exercise the systems and procedures established by the Emergency Response Framework (ERF) in the context of the Transformative Agenda (TA) protocols and apply them in a field level simulation of the first seven days following a sudden onset emergency. It was the first time people from different expertise and experience were trained as a team, in line with WHO core functions and performance standards outlined by the ERF and the TA.

The training materials will be used and adapted by WHO regional offices in collaboration with Health Cluster Partners to conduct training at regional and county level.
WHO and Health Cluster Emergency Surge Training - two day simulation exercise

Visiting IDP camps to assess the situation

Under the spotlight: participants interviewed by the media

Planning and implementing the health response

Working together as a team

Facilitators input new details into the simulation

The teams report back on the health response

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