In this issue: The health response to the conflict in South Sudan and the floods in Pakistan, WHO’s role in the United Nations Mission for Emergency Ebola Response and the WHO Project Management in Emergencies workshop

South Sudan

Situation highlights:

The security situation in South Sudan remained calm in most parts of the country, except Bentiu, Mayom, Malakal, Renk and Nassir areas where recurrent clashes have occurred between Government and opposition forces. A tribal clash recorded in Warrap State resulted in over 30 fatalities.

The cholera outbreak continues to decline with fewer cases being reported each week. As of 21 September, a total of 6128 cholera cases and 139 deaths (with a case fatality rate (CFR) of 2.27%) were reported from 13 counties in five states. Transmission continues to be reported in Juba and Ikotos counties. While there is a decrease in cases, there is need for sustained interventions in areas that continue to report cases.

Cases of visceral leishmaniasis (kala-azar) continue to increase mostly in Jonglei, Unity and Upper Nile States. As of 21 September, a total of 4524 cases and 139 deaths (CFR 3%) had been reported from kala-azar endemic areas. Of these, 4249 were new cases and 293 relapses. In comparison, 1285 cases and 42 deaths were reported at the same time in 2013. The situation is attributed to the peak season of the disease, malnutrition and the displacement of non-immune populations to highly endemic areas. WHO continues to support partners with case management, diagnostics and drugs, including prepositioning of supplies in endemic states.

Public health concerns

- Essential medicine shortages at health facilities in crisis-affected areas.
- Increased risk of cases of waterborne diseases (e.g. acute watery diarhoea) and water-related diseases like malaria in most Protection of Civilian (PoC) sites, following the recent flooding. Malaria, acute respiratory infections and acute watery diarrhoea were the main causes of morbidity among IDPs.
- Cases of measles, malaria and hepatitis E are a concern for the current emergency response.
- Despite reports of declining numbers of cholera cases, the disease remains an issue of concern in Ikotos, Eastern Equatorial State and Juba where sanitation conditions are below the minimum standards.
- An upsurge of kala azar cases and deaths in conflict affected areas is a major concern, and access to these affected areas is becoming a major challenge.
- The ongoing Ebola Virus Disease outbreak in the Democratic Republic of the Congo and West Africa is an issue of concern for health authorities.

Health Cluster objectives

- Provide emergency primary health care services for vulnerable people with limited or no access to health services.
- Provide emergency response capacity including surgical interventions.
- Respond to health-related emergencies, including controlling the spread of communicable diseases.

WHO response

- WHO, with other Humanitarian Country Team members, visited Lankien, Nyirol County, Jonglei state, (one of biggest humanitarian operation hubs in conflict affected areas controlled by the opposition forces) to assess the humanitarian needs and the ongoing response activities. Major findings
include continued influx of displaced people, shortage of basic services (food, health, WASH, education, etc.), stock out of essential drugs, overwhelming admission of kala azar cases in the health facilities, and others.

- WHO is supporting the Ministry of Health with preparedness activities for Ebola Virus Disease. These include: enhanced surveillance at ports of entry, material support for the screening process, provision of guidelines and protocols, and training of health workers. In addition, the Organization is supporting risk communication activities on Ebola prevention and control. Screening of passengers on arrival is being carried out at airports in Juba, Central Equatoria State and Wau in Western Bahr el Ghazal.

- WHO supported the State Ministry of Health to conduct an assessment in Warrap State following reports of flooding in the area. All the affected population have been integrated within the communities. In addition, a training of trainers on the Expanded Programme of Immunization (EPI) was conducted for the County EPI Supervisors, Field Supervisors, Cold Chain Assistants and representatives from the lead health partners operating in all eight counties of Warrap State.

- A combined team of WHO, State MOH and humanitarian partners conducted a support supervision mission to Lobonok in Juba County. This followed reports of an increase in acute watery diarrhoea (AWD) cases in the payam (administrative division below county). Over 40 cases of AWD had been managed at the facility with sporadic cases being reported. WHO donated a full Diarrhoea Disease Kit for the treatment of 700 people and two tents to support case management in Pager Primary Health Care Centre and Karpeta Primary Health Care Unit.

- WHO supported a verification exercise to Terekeke and Nzara Counties, following reports of a suspected Viral Hemorrhagic Fever (VHF) case. It was established that the case did not meet the criteria of VHF. A majority of the contacts are under fever surveillance for the next 21 days.

- In Eastern Equatoria State, WHO supported SMOH/ Imatong Military Barrack with diarrheal kits, intravenous fluids and oral rehydration salts to better prepare the facility to manage a potential cholera outbreak. Training on measles and polio for field supervisors was also conducted for 36 vaccinators from six payams of Lopa-Lafon County.

- In Jonglei State, the integrated measles, polio, vitamin A and de-worming campaign in Bor South County, concluded on 4 September. WHO provided support for supervision and monitoring of the Supplementary Immunization Activities (SIA) implementation and participated in the community sensitization of 30 community leaders, men, women and youths. A day-long training for 22 vaccinators, recorders, social mobilizers and team supervisors was conducted in Bor PoC. In addition, the Organization supported a one-day training on Ebola Virus Disease for 17 Bor Hospital Clinicians in order to equip them with skills to be prepared and respond to any potential Ebola case.

- WHO supported the SMOH in Northern Bahr El Ghazal to strengthen the implementation of the pentavalent vaccine. WHO trained 41 vaccinators from Aweil East, Aweil South and Aweil centre. In addition, the Guinea Worm programme supported training of 62 health workers on basic principles of disease surveillance and Guinea Worm containment. The Guinea Worm Cash Reward programme was also launched in Aweil East County.

- In Unity State WHO supported the integrated measles, polio and vitamin A campaign during which 14 562 and 14 090 children were reached with measles and polio vaccinations respectively.

- In Upper Nile State, WHO provided support to the ongoing measles and oral polio vaccine campaign that started on 27 August.
Pakistan

**Situation highlights**

Monsoon rains have led to flooding in Pakistan with the worst affected areas in Punjab, Gilgit Baltistan, and Kashmir and Jammu. The National Disaster Management Authority reports that more than 55,200 homes have been destroyed, 346 people have died and 620 people have been injured. Authorities are expecting around three million people to be affected.

Some villages have been entirely submerged, or swept away by flood waters that are over three metres deep, destroying vast areas of standing crops and infrastructure. To provide immediate assistance to the affected families, 459 relief camps have been set up in the affected areas, providing emergency health care, cooked food, some non-food items and temporary shelter. Evacuation and rescue operations are being coordinated by local authorities and Pakistan’s armed forces.

Health concerns include diarrhoeal diseases, skin infections and eye infections. Stagnant water in the affected areas may lead to increased cases of malaria, dengue and water borne diseases. Damage to roads and infrastructures is compromising access to information and health services. Flooding has damaged 74 health care facilities and shortages of essential medicines, anti-snake venom and anti-rabies vaccines have been reported.

Partners are on the ground, working closely with local authorities to support the affected populations with much needed food, non-food items, health services, medicines, emergency health kits, and monitoring of water borne diseases.

Authorities requested the humanitarian community to conduct a Multi-sector Initial Rapid Assessment (MIRA) in five of the worst affected districts. The MIRA data is available and under analysis. To date, no formal request for international assistance from the Government has been received.

**Health sector priorities**

- There are urgent needs for potable drinking water, oral rehydration salts, and medicines to treat cases of acute respiratory infection, diarrhoea and skin infections especially among children. Anti-malarial treatments and test kits are also required in the camps.
- Structured assessment of the extent of damages to health facilities and needs in terms of staff, medicines, supplies and equipment.
- Appropriate sanitation and disposal services including supplies for water purification and chlorination are required along with health and hygiene education.
- Maternal and child health services along with reproductive health and newborn kits are needed in the affected areas.
- Transportation and referral services to secondary and tertiary level health care facilities.
- Vaccination for commonly occurring diseases and routine EPI.
- Prevention of malaria by distributing long-lasting insecticide treated nets in affected areas especially for pregnant women and children under five.
- Support safe delivery practices by providing a safe delivery kit for each pregnant woman.
- Vitamin A supplementation will be part of National Immunization Days starting from 29th September 2014.
- As the floods are moving south and water is accumulating in the villages and towns, the risk of vector borne diseases like malaria and dengue fever is increasing.
WHO response

- A rapid situation assessment exercise was conducted with the support of Polio Eradication Teams in all affected districts.
- A daily reporting system has been established involving the Disease Early Warning System (DEWS) from all affected districts.
- Regular visits of WHO Field teams (Polio and DEWS) to the affected camps in all districts and regular report sharing.
- Health sector coordination meetings take place at the provincial level and are attended by UN, NGO, INGOs and Department of Health representatives.
- Coordination mechanisms with National Health Emergency Preparedness and response Network (NHEPRN), NDMA, UNICEF and UNFPA and NGO partners is in place at the federal level in Islamabad.

WHO’s role in the United Nations Mission for Emergency Ebola Response

Nearly six months after the first case of Ebola Virus Disease in West Africa was reported to WHO, the United Nations General Assembly and the Security Council have approved resolutions creating the United Nations Mission for Ebola Emergency Response (UNMEER).

This is the first time in history that the UN has created a mission for a public health emergency. UNMEER brings together the vast resources of UN organizations, agencies, funds and programmes to stop Ebola.

The current Ebola Virus Disease outbreak is the largest the world has ever seen. Ebola Virus Disease has never been seen before in five countries, in multiple locations including large cities and major ports. It is not just a health crisis - it has become a complex emergency with significant social, economic, humanitarian, political and security dimensions.

While WHO plays a central role in leading the public health efforts for this response, the support of other UN agencies is essential to deal with the social, economic, development and security challenges that are affecting these countries and the region.

The UN and the international community are coming together to implement an effective response to help the Governments and the people of Guinea, Liberia and Sierra Leone. The strategy is built around 5 pillars:

1. Stop the outbreak.
2. Treat the infected.
3. Ensure essential services.
4. Preserve stability.
5. Prevent further outbreak.

WHO is responsible for overall health strategy and technical/expert advice within the Mission, while other UN agencies will act in their area of expertise under the overall leadership and direction of a single Head of Mission: Anthony Banbury, the UN Secretary-General’s Special Representative and the Head of the United Nations Mission for Ebola Emergency Response.

The UN has established the Ebola Response Multi-Partner Trust Fund which will ensure a coherent UN System contribution to the overall Ebola outbreak response. The Fund is guided by the strategic priorities set out in the OCHA Overview of Needs and Requirements, totalling almost $1 billion.

For further information on WHO’s response to the Ebola Virus Disease visit: http://www.who.int/csr/disease/ebola/en/
WHO Project Management in Emergencies workshop

WHO’s emergency support team based in Amman, in collaboration with WHO headquarters, delivered a two-day workshop in project management to boost WHO country and regional office internal capacity to plan and respond to health needs in conflicts and disasters.

The workshop focused on enhancing participants’ ability to prioritize public health areas of intervention in emergencies and design and deliver timely and effective humanitarian projects. Participants included 16 WHO staff members from Egypt, Iraq, Jordan, Lebanon, and Turkey country offices, and a staff member from the Eastern Mediterranean Regional Office.

“The training builds on a results-based management training conducted in April and the existing project management experience of staff responding to the Syria crisis and other emergencies in the Middle East,” said Dr Nada Al Ward, WHO emergency support team coordinator and course co-facilitator. “We hope that this additional training will result in a more streamlined, results based approach to project design, implementation and management, and help our people better navigate the complexities of project management in the field,” she said.

The workshop covered topics such as logical frameworks, project proposals, core health indicators and implementation schedules. Donor relations and communications were featured with an emphasis on monitoring and evaluation of intervention activities. A major component of the training was considering how gender equality is factored into project planning and operations – something becoming more commonplace in WHO’s work and in the humanitarian sector in general.

“WHO globally has recognized the need to be more sensitive and articulate regarding its work in gender, introducing key concepts in gender sensitivity in its training and programming. This comes as part of enhanced efforts to ensure accountability to beneficiaries under the organization’s emergency response framework,” said Hyo-Jeong Kim, WHO HQ workshop co-facilitator.

Positive feedback was received by workshop participants who in the final session, applied their learning in a simulation action plan exercise. “The mix of theoretical and practical training methods made for an engaging learning experience,” said Dr Oday Ibrahem, a participant from WHO Iraq. “Sharing of ideas and experiences and identifying similar challenges in our everyday work encouraged constructive discussion around solutions, and team collaboration,” he said.

The workshop brought together participants from a mix of professional backgrounds. While it provided those relatively new to project management a chance to gain fresh skills and knowledge, it served as a refresher for more experienced staff members, introducing them to new concepts and benchmarks in the discipline.

“Humanitarian reform has been a big game changer for WHO and project management in emergency operations has evolved considerably over the years,” said Tim Foster, WHO HQ facilitator. “Effective project management demands tight and transparent management of resources channelled towards a well-defined goal. It is very encouraging to see such eager, sharp professionals up for the task,” he said.

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