

## WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 17

Date: April 22-28, 2012

### 1. Situation around IDP hosting districts

#### A: Situation in “Jalozai” IDP camp, Nowshera district

WHO shares updates on the disease situation on the newly influx of IDPs of Jalozai IDP camp with health cluster partners on district, provincial and national levels.

WHO along with health cluster partners, UNICEF and provincial health authorities lead the emergency health response for the newly displaced IDPs in Jalozai camp and living in host communities in District Nowshera.

Till 28<sup>th</sup> April, 2012, total IDPs population in KPK and FATA are 148,593 families with 689007 individuals. Out of 148,593 families 41745 families are residing in host communities. 6215 families are residing in Jalozai IDP camp. In total Jalozai camp host 11,350 families with 53 970 individuals. This includes the new influx for Khyber and old caseload of Khyber and Bajaur Agencies. A total of 39 families with 173 individuals were registered on 28<sup>th</sup> April, 2012. Out of which 35 families with 156 individuals opted to live outside the camp and 4 families with 17 individuals elected to reside in Jalozai CAMP. Elsewhere in KP and FATA return has continued with more than 1000 families returning to South Waziristan.

A total of 8 alerts including 6 measles and 2 AFP were reported and responded in this week. There were 6,704 consultations provided through health care provider, including acute respiratory infection (19% or 1,271 cases), acute diarrhoea (9.3% or 621 cases), skin infection (2% or 114) and suspected malaria (1% or 39 cases).

Health & WASH cluster meetings take place once a week on every Wednesday in Jalozai Camp attended by partners from Health (Merlin, CAMP, CERD, UNICEF), WASH, Nutrition, Food and CCM clusters working in the camp where issues are discussed and decisions are taken on the spot to address any loop holes in the health response for containment and control of disease outbreaks in the camp.

Health Cluster meeting of Jalozai IDP Camp was held on Wednesday, April 26th, 2012, in J-3 Health Post of Merlin. The meeting was jointly chaired by coordinator EPI/Focal person DoH and WHO. UNICEF, FATA Health Team, Merlin, CAMP, CERD, SSD, COMNET and EPI representatives.

MCH week will be held from 2nd May to 8th May in the Jalozai IDP camp, the age limit for immunization in the camp, during MCH week will be 5 Years. Issue of shortage of EPI cards and registers in the Camp discussed in a meeting. Particularly it is needed on urgent basis for the MCH week. Request was made to UNICEF to provide 2000 cards for children i.e. routine vaccination, 1000 for TT and 40 registers. Half each. BCG vaccination will be available in the camp on Saturday and on the last day of MCH week i.e. Tuesday 8th May. In the new phases (phase 7 and 8) it will be available on daily basis.

The FATA health team when asked about the documents of their work in Jalozai, by EDO- H representative, could not produce and informed that they don't have such documents. They were advised by representative to come through proper channel that is through EDO Health Nowshera. They want to establish a health facility in Jalozai IDP Camp. They have their own funding. They want to start with one MO, one WMO, 2 LHV's, 1 MT, 1 Psychologist and 2 Hygiene Promoters. They want to run the facility from 9:00 am to 1:00 pm. they will then assess the situation and act accordingly on need basis. This assessment may take ten months. Site of the newly establishing Health Post by FATA is not appropriate even for that sector and the FATA team claim that they are coming to serve the whole Camp. Dr. Shoaib informed the cluster that the Food inspector will visit Jalozai camp on daily basis to check the sale of Unhygienic food and drinks

eDEWS training for the newly appointed staff of CERD and Merlin and FATA team will be held after the MCH week.

WHO EH team addressed WASH partner about the issue related to water storage capacity shortage in MERLIN HF, WASH partner ensured WHO EH Team that a new water storage tank will be installed in the HF with new pipe line and the task will be completed soon. On the advice and request of WHO EH Engineers, WASH partners properly cleaned/ washed all the water storage tanks of Phase I, II, III, IV, V & VI moreover 10 new Hygiene promoters, 12 sweepers & 4 garbage collectors were also hired. Other WASH partner (HRDS) also increased the sanitary staff from 8 to 12 Nos. in new phases i.e. Phase VII & VIII, 2 new washrooms had been constructed in Phase VI and 13 washrooms had been desludged in Phase IV, V & VI. Capacity building of WASH partner's (HRDS) Hygiene promoters was also being carried out regarding following up diarrhea cases in the camp. issue of selling of locally made unhygienic food & drinks and its adverse affects on the community in the camp was discussed with EDO Health representative Nowshera, who then assured that he will involve the Food Inspector to visit and deal with this issue and to take strict action against it.

WHO tested 34 water samples for residual chlorine, 25 samples were found to have residual chlorine within limits and for the rest 9 samples chlorine dose was being adjusted.

### **B. "Togh Sarai" IDP camp, Hangu district**

In Togh Sarai camp total registered families 1159, new registrations are expected in camp. CERD is providing PHC services to the IDPs in the camp. CERD are regularly sharing DEWS data with WHO. WHO is supporting CERD in terms of medicines. WHO on regularly basis monitoring the disease situation and responding to alerts.

Washing and cleaning of water storage tanks are in progress and water tanks numbering have been completed in the camp. Whole camp parada wall has been completed by PDMA. Distribution of hygiene kits has almost been completed. RID Hygiene promoters delivered messages during distribution on using of hygiene kits, personal hygiene, domestic hygiene and environmental hygiene. 23 hygiene sessions were successfully conducted in last week. Desludging of pits are in progress.

District Hangu TMO has requested WHO for provision of Fogging machine for Vector control activities to be carried out in the District. TMO requested for facilitation on solid waste transpirations and collection from different union council's of Hangu and demanded for provision of tractor.

Free Medical camp was conducted for the IDPS of Togh Sarai Camp Hangu by the SAWI a project of AVT channel. The objective of the camp was to provide free medical facility, i.e. consultation, treatment, medicine; diagnostic .Total 890 patients were consulted. WHO Pharmacist took the exit interviews to monitor the satisfaction level of patients, patient's knowledge of correct dosage and average consultation time.

10 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that acute respiratory infection is the highest cause of morbidity (21% or 139 cases) of total of 657 consultations; acute diarrhoea (11% or 73 cases); skin infection (1% or 7 cases).

### **C. Situation in Tank district**

Repatriation of IDPs from District Tank and District D.I.Khan started, on 25th and 26th April, 2012. UNOCHA contacted WHO and discussed the pertinent services availability. Total of 370 families returned from Tank, back to South Waziristan Agency. Presence of Polio team was ensured at the transit point id Est Korr forte as stressed by ACO Tank as well.

WHO attended daily evening meetings in DCO compound. All the participants shared their observations regarding coverage. WHO provided technical support for solution of the problems.

WHO Surveillance officer along with EHE DIKhan/Tank, conducted meeting with Ex.En. Public Health who thanked WHO for its interest also put a request for water testing laboratory services in Tank as the district does not have such facility. EHE discussed his mission regarding Gara Baloch water supply.

Meeting held with DDMO and DEDO H Tank to discuss and plan contingency measures for Tank for upcoming Monsoon season. The letter from the DGHS office did not reach EDO office and who informed the office about the activity.

WHO Conducted meeting with focal person UNFPA. They had some issue at RHC AmaKhel where their staff is working since long. EDO H was met and possible solutions were discussed. Meeting with EDO H and informed about the expired stock available and being utilized at one of the facility in UC Ranwal.

WHO team followed scabies outbreak in the village and the case load in BHU Ranwal assessed. At the moment, cases are still on the rise. The reason may be that people got cautious. This is evident from the Out Patient visit where most of the patients were known diagnosed and under treatment. Training session was conducted with In Charge facilities BHU Ranwal, Kot Allah Dad and Gara Baloch. All diseases pertinent to DEWS were discussed. Health and Hygiene sessions were conducted at village Kot Alla Dad.

#### **D. Situation in D I Khan district**

26 health facilities reported to WHO via e DEWS. ARI remained major cause of morbidity representing 16.28 % as compared to 15.38 % during last week. All diarrhea (OAD & BD) rose to 12.76 % from 11 % in week 16, Scabies at 4 % and Suspected Malaria at 3.23 % respectively.

A total of 17 alerts including 15 for suspected Measles, 01 for Neonatal Tetanus & 01 for CCHF are reported during week 17.

Pak Army, Political Administration, FDMA & UNHCR facilitated the return process from DI Khan and Tank. A total of 495 families Returned on 25th and 26th April 2012.

WHO actively participated in the NIDs and shared observations and findings with the EDO H & EPI in Evening Meetings. The evening meetings are chaired by DCO D I Khan. WHO EHA Surveillance officer performed Market Survey on 5th Day of Polio Campaign as PEO for PEI has not yet arrived. WHO attended another meeting with EDO Health & M.S. of DHQ Hospital for joint response to the cases of CCHF.

WHO D I Khan, Hospital Coordinator WHO KP and Assistant Director Epidemics & Disasters, DGHS Office KP delivered T o T Training to Master Trainers of Education Department on Malaria & Dengue Fever. The purpose of the training was to create awareness among School Children about prevention against Malaria & Dengue Fever.

#### **E. New Durrani” IDP camp, Kurram Agency**

EHSAR foundation is waiting for NOC from last 2 months for the provision of PHC services in new Durrani IDP camp. The process is taking too much time and needs authorities’ attention.

#### **F. Situation in Kohat district**

District Health Authorities and WHO-Polio conducted NID’s on 23rd, 24th and 25th April, 2012 in the whole District. High Risk Union Councils (UC’s) were identified which included UC Kharmatoo, Bilitang, Urban 6, Jerma, Shahpur, Urban 5, Bahaderkot, Nusratkhel, Urban 4 and Muhammad Zai. Among high risk UC’s, WHO EHA took responsibility of monitoring immunization activities in UC Muhammad Zai and Nasratkhel.

WHO investigated and responded 4 suspected measles and 1 OAD alert reported from District Kohat. Suspected Measles Alerts were reported from UC Surgul, Shahpur, Khushal Garh and from UC Banda Dawood Shah of District Karak. All 4 Alerts were investigated in LMH Hospital, District Kohat. Blood Sample were collected and sent to NIH for confirmation. Precautionary measures were taken for the containment of the disease. EDO-H and EPI informed and alerted regarding the situation & team has already declared the reporting areas as an outbreaks and called for Measles Campaign.

Contractor responsible for civil work under SFD fund in Liaqat Memorial Hospital, District Kohat has still not reported. WHO has constantly been reporting this issue but not getting any progress of the issue. (**Chronic issue – needs attention**).

District health authorities has again requested for support in Measles immunization activities in the UC's identified for the Campaign.

District health authorities requested for WHO assistance in the form of ARV's and ASV's due to rise in dog bite cases.

34 out of 43 health facilities provide eDEWS.

WHO under ECHO funded has completed the tube well water supply scheme in LMH Kohat along with 3HP submersible electric water pump, 3" pipe network interlink with overhead water tank, External electrification with 25 kva electric transformer, Room construction having size 10'x10' and auto chlorinator. After conducting physiological water analysis of water sample from the said source, turbidity of the sample has been observed 55NTU, more time span has been recommended for dewatering of turbid water. Chemical parameters testing are also needed.

#### **eDEWS:**

#### **KPK DEWS:**

389 reports were received reporting 92,982 patient consultations in 14 districts of Khyber Pakhtunkhwa Province and remaining district reports will share on Tuesday. Acute respiratory infections are the highest cause of morbidity (22% or 20,427 cases) showing 1% increase in percentage; acute diarrhoea (10% or 8,801 cases); skin infection (3% or 2,303 cases); suspected malaria (2% or 1,526 cases).

#### **FATA DEWS:**

38 reports were received reporting 11,049 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (16% or 1,771 cases) showing 3% decrease; acute diarrhoea (9% or 1,028 cases); skin infection (2% or 200 cases); suspected malaria (6% or 649 cases).

#### **Alerts:**

A total of 86 alerts and 4 outbreaks were received. 61 were suspected measles, 2 were Typhoid, 17 were leishmaniasis, 2 were AFP, 2 Pertusis, 6 were NNT, while 1 each for Other Acute Diarrhoea, Suspected DHF.

District wise alerts bifurcation for measles (61): 14 measles for D.I. Khan, 1 measles for Hangu, 1 from Swabi, 9 from Swat, 1 from Abbottabad, 5 from Bajaur, 1 from Lakki, 2 from Bannu, 1 from Battagram, 10 from Haripur, 3 from Kohat, 1 from Karak, 2 from Manshera, 3 from Mardan, 2 from Mohmand Agency and 5 from Nowshera.

2 cases of **Typhoid** were reported from Nowshera, 1 case of Suspected **DHF** was reported from DI Khan and

1 case of **AD** was reported from district Kohat. 2 cases of **Pertusis** were reported from Swabi. 6 **NNT** cases were reported, 4 from Bajaur and 1 each from Lakki Marwat and D I Khan. 17 cases of **Leishmaniasis** were reported, 12 from Nowshera, 2 from Shangla, 1 each from Lakki Marwat, Mardan and Khyber Agency. 2 cases of **AFP** were reported from district Nowshera.

### **Hospital Coordinator:**

WHO trained second batch of 8 teachers as master trainers on Dengue awareness in DI Khan. Session held in District Head Quarter DI Khan on 26, 27 and 28th April. EDO Education chaired the session. WHO participated in ENC Training course held in MCH Centre PIMS Islamabad. Meeting was conducted with DG Health about Dengue trainings and routine updating about WHO activities. WHO provided Route support to HEPR.

### **Essential Medicines:**

- Total 6 Monitoring and 3 follow up visits were held in last week including Charsadda, Swat, Dir Upper, Tank, Mardan and Hangu. Gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally.
- 6 training sessions were conducted in Hangu, Charsadda, Swat, Mardan, D. I. Khan and Dir Upper on CCHF Management, Dengue, and dosage regime for Antimalarials, Good storage practices, inventory management, and rational use of medicines.
- 17 types of assorted essential medicines delivered to DHQ hospital and PPHI, Dir Lower which is sufficient for approximately 4387 patients. While 3 types of assorted essential medicines delivered to DHQH Kohat which are sufficient for 226 patients.
- 13 Measles, 2 CCHF, Leishmaniasis cases and one scabies outbreak responded at Nowshera, D. I. Khan, Kohat, Hangu and Dir Upper by providing Vitamin A for measles and Meglumine Antimoniate Injections for Leishmaniasis.
- During week 17 total of 10 coordination meetings held with different stake holders including MS DHQHs, PPHI, Chief Pharmacists, RBM Program and EDOHs in which Monsoon Contingency Plan, arrangements for upcoming LSS trainings, Leishmaniasis, availability of Primaquin and essential medicines were discussed.
- Saudi funded EM support including 01 EH Package, 01 Secondary health Package and 01 DD sub package delivered to Mufti Mahmood Memorial Teaching Hospital and 01 DD sub package to DHQH D.I. Khan, 1 EH Package and 1 DD Package were delivered to DHQ hospital Dir Upper, 1 secondary health Package to DHQ hospital Dir Lower and 1 EH Package, 1DD Package and 1 MCH Package delivered to Category-D Hospital Ziarat, Talash Dir Lower.
- IDPs camp Togh Sarai Camp: - Free Medical camp was conducted for the IDPS of Toghsarai Camp Hangu by the SAWI a project of AVT channel. The objective of the camp was to provide free medical facility, i.e. consultation, treatment, medicine; diagnostic .Total 890 patients were consulted. WHO Pharmacist took the exit interviews to monitor the satisfaction level of patients, patient's knowledge of correct dosage and average consultation time. Patients have complete knowledge about the use of prescribed medicines. The request of CERD for 2 EHK Kits has approved, they will receive it Monday.
- IDPs camp Jalozai Activities: - A follow up visit performed to Health facility # 4. Gaps regarding rational use of medicines found. Hands on training provided to MO and pharmacy technician. 3 health facilities visited at Jalozai Camp. Gaps regarding good stacking practices and storage practices found. Hands on training provided to the concerned staff. 30 vials of Insulin 70/30 delivered to Merlin for diabetic patients at Jalozai Camp. Four types of essential medicines provided to CAMP Organization which are sufficient for approximately 516 patients.
- FATA: Participation in NID Polio campaign and World Malaria Day celebrated at CH Jamrud Khyber agency. Fixed, mobile and transit teams have been actively monitored at various locations of Khyber agency during NID, whereas, various issues in regards to disease awareness, treatment, control and future interventions have been discussed at World Malaria day in which DOH, MCP FATA, Save the

Children, Merlin, WHO and local community elders participated.

- Coordination meeting held with MCP Khyber agency and Merlin in which MCP and Merlin both requested the Primaquine tablets for the treatment of P. Vivax related Malaria. They have been informed of last supply of 200000 Primaquine tablets to DHS FATA who can be contacted if they could share the details of relevant malaria cases for last few months. Visits have been made to CHC Wazir Kalay, CD Pindilalma, and BHU Mian Morcha and AS warehouse Khyber agency where essential medicines availability, good pharmaceutical storage practices, Leishmaniasis treatment and limited shelf life items observed and identified gaps have been discussed for improvements.
- 50 Meglumine antimoniate injections provided to PPHI Khyber agency in response to 13 cases of Leishmaniasis registered at BHU Kamshalman.

### **WASH:**

- WHO team in collaboration with LHWs program, WASH health promoters and community volunteers conducted Health education sessions with family members and community in village reported communicable disease alert/outbreak during epidemiological week-17. Health education session conducted with the family members and community in District Dir Lower & upper and Kohat. Health education was provided to community members, female, local influential and health care staff in Alert reported areas. WHO supported these events with health promotion material and technical facilitation from EH and DEWs units.
- Onsite training of PHED, D I Khan, conducted for checking residual chlorine and Wegtech color comparators delivered.
- 8 teachers of Education Department trained on Dengue prevention.
- Biomedical waste incinerator has installed by hepatitis program in DHQ hospital but need proper shading and experts to operate the incinerator where WHO EH team trained the waste management staff on waste management cycle in the hospital.
- 6 WSS of PHED, D I Khan, visited and checked the chlorinators. 2 of the chlorinators were not functioning and were discussed with XEN for remediation.
- 1 WSS of PHED, Tank, and 2 Private WSS visited and water samples taken. Samples of private WSS were contaminated and water is saline. Sample sent to Islamabad office for saline test.
- 6 water samples were tested from two hand pumps, one bore and three household on guest house road. Two hand pumps, one household, one bore water were found microbiologically fit and two household water samples were microbiologically unfit.
- In routine water quality testing, 7 samples have been collected from different areas. Only 2 samples were declared unfit for use.
- Residual Chlorine of 8 Tube wells on which Auto Chlorinators are installed were Checked and found within the range.
- WHO team responded the CCHF alert reported from village Kharposai, Uc pashta Dir upper. Health education provided to the community people and affected families by EHA team on infection control and standard precaution.
- WHO EHA team provided 72 soaps, 2 female hygiene kits, 2 collapsible jerry can, 3 kg HTH Chlorine disinfectants, 20 masks, 3 PPE and one box gloves to the health facility BHU Pashta and affected house in village Kharposai, UC Pashta, Dir Upper.
- CD Shang has been visited. The water supply system is partially functional. Sanitary survey of village Shang was also carried out. Most of the communities have their own water supply system. The pipe conduit are leaked and likely to be contaminated.
- WHO under ECHO funded tube well water supply scheme has been completed in LMH Kohat along with 3HP submersible electric water pump, 3" pipe network interlink with overhead water tank, External electrification with 25 kva electric transformer, Room construction having size 10'x10' and auto chlorinator.
- After conducting physiological water analysis of water sample from the said source, turbidity of the sample has been observed 55NTU, more time span has been recommended for dewatering of turbid water. Chemical parameters testing are also needed.

- In response to CCHF case from district Upper Dir EH team provided The affected house's utensil, bed, bed sheet, surface, washing area, articles used by patient etc were disinfected.
- On job training was provided to health staff on standard precaution and CCHF case management. Literature on CCHF was also provided to the health staff. 3 persons from community also train on disinfection and preparation of different kind of concentrated solution of HTH Chlorine.

### **Nutrition:**

- WHO nutrition team participated in 5 days training workshop on Data Analysis for Nutrition surveillance in Health Services Academy, Islamabad from 23-27 April 2012.
- WHO nutrition team Participated in the Nutrition Health Cluster nominated group on review of the HoP proposals in Peshawar.
- Total of 26 patients of severe acute malnutrition with complications were admitted in 7 Nutrition Stabilization Center with 26 patients were discharged after curing and 01 were defaulter cases.
- In Pabbi Hospital Nowshera, four new case of child with severe acute malnutrition with complications were admitted in the hospital.

### **District level coordination & monitoring:**

**Shangla:** WHO conducted visit during NIDs to DHQ Alpurai, THQ Puran, THQ Besham, Civil Hospital Chakesar, Civil Hospital Karora, BHU Amnavi, BHU Shalizara, BHU Olander, BHU Damorai, BHU Kuzkana, BHU Opal, BHU Maira, BHU Katkoo, BHU Martung, BHU Chowga. Meeting conducted with Wajeeha Thalassemia centre under the chair of DCO and in the presence NCHD, MS DHQ, EDOH for proper utilization of the ECO equipment by establishing Blood bank and ICU. Market survey was conducted and results shared with Team Leader Polio KPK. Meeting held with EDOH for upcoming moon soon contingency workshop to be held in Peshawar on 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> May 2012. Meeting held with PRCS/GRC regarding Dengue week in District Shangla, the date was decided to be 10<sup>th</sup> May 2012.

**Swabi:** WHO conducted visit to BMC hospital Distt: Swabi regarding EH package support. Coordination meeting held with DSM PPHI regarding rational use of medicines supplied by WHO EHA. Coordination meeting held with EDO Health and DCO at EDO Health office regarding polio campaign monitoring. The meeting was chaired by the DCO. The campaign related issues discussed and solved. 17 Health facilities were visited to check system alerts and response. 1 Suspected Measles, 1 Pertusis alert and 1 outbreak was investigated and responded in district.

**Swat:** 10 alerts of Suspected Measles were received and responded during week 17, 2012. Fifteen system generated alerts of Week 16 were responded to in week 17. WHO participated in the NID from 23<sup>rd</sup> to 26<sup>th</sup> April 2012. Monitoring visit conducted to CH Khwazakhela, BHU Gulibagh, BHU Mashkomai, BHU Shalpin & Saidu Group of Teaching Hospital Swat.

**Haripur:** 10 alerts (1 outbreak) were reported and responded in this week. ARI 23% with decrease of 2% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhea 10% with 3% increase compared to previous week and scabies 3%. 7 Health facilities visited during week 17: BHU STC3, BHU Muslimabad, BHU Sarai Saleh, BHU Shah Muhammad, BHU Sikandarpur, BHU Jab, DHQ Haripur. WHO attended Polio evening meetings during NIDs. Coordination meeting with DCO, ACO and Deputy EDO Health, Haripur to discuss Contingency Plan for diarrhoeal diseases prevention and control in District Haripur.

**Khyber:** 1 alert of Leishmaniasis received and responded during week 17, 2012. Two system generated alerts responded from Khyber Agency in Week 17, 2012, all these alerts were false alerts. WHO Actively Participated in Polio Campaign. WHO also participated in Polio campaign inauguration ceremony held in Khyber House. Evening Polio campaign Meetings held with Agency Surgeon Khyber, FSMO, WHO PEO, PPHI, Additional Political Agent and Tehsildar. Monitoring visit conducted to CHC WM Killi, CH Jamrud,

BHU Mian Morcha, ,CD Pindi Lalma. WHO Participated in Malaria day in CH Jamrud.

**Mardan:** Coordination meeting held with EDOH focal person on Dengue and he was emphasized to strengthen health services at BHU Baizo Kharki regarding alarming situation of Leishmaniasis. In coordination meeting line list of Leishmaniasis patients provided through PPHI Distt: Mardan was also shared along with WHO activities conducted for control & prevention of Leishmaniasis which includes provision of EM support (injMeglumine), disease awareness program with treatment protocols for LHWs & training of MT on dose adjustment & intralesional administration of drug therapy. Complete survey of targeted area with coordination of TMA Mardan was decided next week. WHO responded 3 measles Alerts received fromMMC Mardan. Treatment protocols & preventive measures were observed. Blood sample was taken & referred to NIH for further investigation. On job training was conducted for house officers & PMO on DEWS & RUM. The mentioned alert was jointly responded by DoH & WHO along EPI Vaccinators. Outreach Immunization activities were conducted in the affected area with all available antigens. Vitamin A was given to all children, no outbreak was observed in any reported area. WHO visits the Children ward DHQ Hospital Mardan and Mardan Medical Complex for Alerts/outbreak response and routine monitoring. During supervision and monitoring BHU Mian Essa, BHU Baizo Kharki and BHU Gujar Ghari were also visited. Participated in a workshop organized by Sabawon with support of GAVI for improving Mother & Child Health through Awareness risingin selected UCs at Shelton Restaurant Mardan.

**Lower Dir& Upper:** WHO coordinated with EDO health, National Program, EPI team, DSM PPHI, staff of BHU pashta and community leaders. WHO supplied additional medicines to DHQ hospital Dir Upper and PPHI for 28 BHUs in Dir Upper. In this week 2 coordination meetings held with MS DHQ hospital Dir Upper and DSM PPHI Dir Upper regarding monsoon contingency plan and supply of additional medicines to fill gap of deficient essential medicines. Monitoring visit conducted to BHU Pashta Dir Upper regarding availability and rational use of essential medicines. Responded to 1 CCHF alert reported by LRH hospital Peshawar from village Kharposi, UC Pashta Dir Upper, SFD health kits received from Mardan warehouse and further supplied to their respective hospitals. WHO team responded the CCHF alert reported from village kharposai, Uc pashta Dir upper. Health education provided to the community people and affected families by EHA team on infection control and standard precaution. On job training was provided to health staff on standard precaution and CCHF case management. Literature on CCHF was also provided to the health staff. PPEs were provided to medical technician and LHV of BHU in the catchment and trained on use of PPEs.

**Charsadda:** Total No of consultations were 15975. Upper Respiratory Tract Infection was 16%, Pneumonia was 2%, other Acute Diarrhoea 10%, suspected Malaria 2%,Scabies was 3% while Other diseases 55% were reported. Following facilities BHU Dhaki, BHU AKhoon Dheri, BHU Bagh e Bakhtiar, DHQ hospital, BHU Khanmai, Shekhabad, BHU Shakh no 6, BHU Behlola, BHU Mamad Nari were visited in week no 17.Registers checked and on job orientation of the facility incharges regarding DEWS was done. Fix centre for polio vaccination were also checked. In the field mobile team, transit team and supervisors were checked and house hold clusters were taken. On the fix sites banners were displayed and routine vaccination was going on. Micro plans were present .One of the problem observed in most of the EPI centres was that they were not putting used syringes in the safety boxes.

**Logistic:**

The following supplies were supplied from WHO KP warehouse to:

<b>KHYBER AGENCY BHU KANSHALMAN</b>	Meglumine Antimoniate Inj 50
<b>WHO SUB OFFICE EHA KPK</b>	WHO Logo Shirts 35, Beds Nets 5



<b>JALOZAI CAMP NOWSHERA</b>	ORS 1500, CAMP ORGANIZATION JALOZAI NOWSHERA: Ferrous Sulphate Drops 95,Multivitamins +Minerals Tabs 3000,Primaquine 15 mg Tabs 1000,Salbutamol inhalers 50
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