



## WHO Emergency Humanitarian Program Situation Report

**Khyber Pakhtunkhwa and FATA**

**Week 43**

**Date: October 21- 27, 2012**

### 1. Situation around IDP hosting districts

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

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

#### Population:

Till 21<sup>st</sup> October, 2012 total IDPs families registered are 84,336 families with 388, 065 individuals. Jalozai IDP camp hosts 16, 915 families with 79, 523 individuals. 67, 421 families with 308, 542 individuals are living in off communities.

#### Alerts and Consultations:

No alert was reported in this week. There were 3,641 consultations provided through health care provider, including acute respiratory infection (25.4% or 925 cases), other acute diarrhea (7.6% or 275 cases), skin infection (2.1% or 76 cases) and confirmed malaria (0.7% or 27 cases).

#### Coordination:

Health, Nutrition & WASH cluster meetings take place once a week in Jalozai attended by partners from health (Merlin, CAMP, CERD, FATA Health, GiZ, AGE, IR, CTC, 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.

WHO arranged two days training on WHO’s Health Promotion Guidelines for the staff working at Afghan Refugees camp. WHO conducted session with on VPDs, Mosquito transmitted diseases, skin infections and scabies.

#### EHE Interventions:

WHO held coordination meeting with MERLIN for carrying out Indoor Residual Spray (IRS) activity in the camp and ensured them any kind of technical support required from WHO. WHO also shared guidelines/ precautionary measures with MERLIN staff to follow during IRS activity in the camp. WHO took WASH partners on board regarding IRS activity in the camp to mobilize their field teams prior to the IRS activity in the camp in order to properly sensitize IDPs about IRS and precautionary measures to be taken. WHO asked WASH partners to coordinate with MERLIN IRS team and ensure presence of their field staff i.e. social mobilizers/ hygiene promoters to proper counselling and sensitization of IDPs during this activity.

WHO tested a total of 28 water samples for residual chlorine both at sources and at user ends, 14 samples were found to have residual chlorine within the required limits while for the rest of the samples chlorine dose was adjusted. So far WHO has tested a total of 1129 water samples for residual chlorine, out of which more than 94% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly.

WHO tested a total of 09 samples for microbiological contamination and all samples were found fit for drinking

with no contamination. WHO has so far tested 296 samples for microbiological contamination, out of which less than 1% of samples showed contamination at consumers' end, probably due to improper handling, for which chlorine dose was adjusted.

### **Essential Medicines Interventions:**

WHO conducted three monitoring visits to MCH-2, BHU J-4 and BHU CAMP-1. Irrational use of medicines found at J-4 while poor storage practices found at CAMP-1. WHO provided hands on training to a pharmacist and 02 dispensers on rational use of medicines. Remaining medicines from EHK delivered to CAMP Organization for their two health facilities.

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

1159 families with 5821 individuals are residing in IDP camp. WHO visited Togh Sarai and made arrangements for celebration of fifth Global Hand Washing day. On 15<sup>th</sup> October, 2012 Global Hand Washing day was celebrated with participation of all organizations working in the camp and more than 600 school students participated in the event. Debate competition was organized among the students to promote awareness among the camp community. Practical demonstration of proper hand washing was done.

WHO visited BHU Muhammad Khawaja. CERD working in camp is planning to start MCH activities in BHU Muhammad Khawaja for camp IDP's because previously there were many complaints in entertaining camp delivery cases at BHU by governmental staff (especially LHV). In the BHU, availability of proper facilities needs a lot support from all the stakeholders because beside space BHU needs renovation and supply of all equipments and medicines necessary for running a delivery room.

02 out of 18 health facilities reported to WHO via e DEWS. There were 587 consultations provided through partner organization, including acute respiratory infection (20% or 115 cases), other acute diarrhea (10% or 59 cases), also skin infection (4% or 22 cases) and suspected malaria (2.2% or 13 cases).

District authorities and Special Branch police have personally warned WHO to be extra vigilant in visiting the district and keep very limited movement. There are problems in data reporting. WHO in coordination with district health authorities is trying to resolve the issues of data reporting.

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

WHO visited 5 health facilities. WHO conducted routine daily visits to DHQ hospital OPDs and EPI fixed center. WHO held coordination meeting with DEDO- H regarding the follow up of Malaria control measures. WHO shared Measles case investigation reports with DEDO- H.

WHO conducted coordination meeting with M.S DHQ hospital and visit was made to the medicine store. WHO conducted on job training of the in-charge health facilities when following the system generated alerts. CCHF case definition, investigations and protective measures were discussed. WHO held visits to private clinics in the district for discussions on the disease.

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

All registered health facilities submitted weekly data through e DEWS to WHO. ARI remained major cause of morbidity representing 16.86% of total consultations. All diarrheal diseases were reported at 9.27%. Other acute diarrhoea was 9.1%. In children <5 years of age, OAD was the main cause of morbidity representing 21.27% 1.

MdM-F, PRCS, SAHARA & SEED are partners for PHC & WASH services in the district.

WHO provided on job refresher trainings on e DEWS & DEWS alerts to staff of health facilities during field visits. The e DEWS network will be expanded and 20 more facilities will be registered.

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

Save and Serve providing services of PHC under the project titled Provision of Primary Health Care (PHC) Services with a special focus on women and children health care in Durrani IDPs camp Sadda, Kurram Agency. A total of 806 consultations received through Save and Serve organization. Acute respiratory infection is the highest cause of morbidity (38% or 305 cases) of total consultations; other acute diarrhoea (11% or 88 cases); suspected Malaria (5% or 40 cases); skin infection (11% or 89 cases).

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

WHO received and responded and 1 Measles case from district Kohat. WHO visited CH Shakkardarra for response of 3 Bloody Diarrhoea, 2 Typhoid Fever cases and it was found that all 3 cases reported from different locations and there was no clustering of cases, same goes for TF cases too reported by the CH. Measles case reported from LMH was investigated and sample collected and sent to NIH for confirmation.

Children B ward in Women & Children hospital Kohat which serves as DTC & ARI center and also providing services as stabilization center for Nutrition is closed temporarily due to unavailability of (HR) nurses. WHO held coordination meetings with EDO-H and MS of the hospital regarding provision of staff for the running of this ward because Children Ward A is over burdened and bed occupancy of the ward is almost 200% again. Some staff was spared from duty roster of the hospital but DoH is planning for establishment of Nursery in the hospital too and it was decided that spared staff would provide services in the Nursery (yet to be started). MS LMH has forwarded request for provision of staff nurses to EDO-H of the District.

WHO provided an X-Ray machine to DHQ hospital, District Kohat and facilitated DoH in putting it on DoH inventory and shifted the machine to Radiology department at once.

17 out of 43 health facilities in district Kohat provided eDEWS data to WHO.

### **eDEWS:**

#### **KPK eDEWS:**

- 320 reports were received reporting 72,815 patient consultations in 14 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (24.1% or 17,565 cases) showing 1% increase in percentage; other acute diarrhoea (8% or 5,833 cases); skin infection (2.5% or 1,833 cases); suspected malaria (2% or 1,210 cases).

#### **FATA eDEWS:**

- 35 reports were received reporting 11,647 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (15% or 1,733 cases) showing 1.2% decrease; other acute diarrhoea (9% or 905 cases); skin infection (2% or 234 cases); suspected malaria (7.5% or 873 cases).

### **Alerts:**

- WHO received and responded a total of 54 alerts including 05 outbreaks. Out of these alerts 30 were measles, 01 was AWD, 03 were NNT, 11 were Leishmaniasis, 02 were Dengue Fever, 01 was AFP, 01 was CCHF, 01 was Diphtheria, 01 was Pertusis. 01 was Viral Hemorrhagic Fever and 02 were Enteric Fever. All cases reported were properly investigated and responded by WHO.

### **Health Promotion Activities:**

- WHO held coordination meeting with PDH for facilitation of 3<sup>rd</sup> batch of Health Promotion training to be held on 22-23 October 2012.
- WHO conducted coordination meeting with Health Coordinator UNHCR for arrangements and nominations for next health promotion training.
- WHO participated as a Health Promotion representative in advocacy meeting for MCH week in Jalozai to be celebrated from 5-10 November 2012.

#### **Assistant to DEWS Coordinator & Liaison DOH:**

- WHO attended Global Hand Washing day at LRH Peshawar. WHO emphasized on the role of hand washing and hygienic practices in a hospital setup.
- WHO held meeting with DHIS focal person Dr. Akram Shah. In a meeting WHO highlighted the role and importance of DHIS in the current health information flow.
- WHO held meeting with MS Hayatabad Medical complex. WHO handed over WATSAN supplies to the hospital.

#### **Essential Medicines:**

- WHO conducted 12 monitoring and 01 follow up visits to district Mardan, D.I. Khan, Dir Upper, Dir Lower, Bannu, Tank and Charsadda. During these visits gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally. Warehouse construction site visited at D.I. Khan, which is almost completed and the only issues pending are electricity connection and pallets.
- WHO provided a total of 11 hands on training sessions at D.I. Khan, Dir Upper, Charsadda, Bannu and Tank on Dose of TIG, Rational use of medicines, storage of essential medicines, safe disposal of used syringes and LSS. 2 Two days trainings held at D.I. Khan and Shangla on LSS, Pharmaceutical handling and inventory control to PRCS's staff and on RUM & DEWS at DHQH, Shangla respectively. In which 18 participants were trained. At global hand washing day in Kohat and Mardan, training provided on control and preventive measure of communicable diseases.
- WHO conducted 7 coordination meetings with different stakeholders including EDOHs, DSM PPHI, district secretary PRCS, MS WCH and Relief International in which AWD, situation of essential medicines, dose of TIG, pyrexia of unknown origin treated with Antimalarials without slide confirmation and safe disposal of syringes and expired medicines discussed.
- WHO responded 02 Leishmaniasis cases by providing Meglumine Injections at Dir Lower, 1 AWD and 4 Measles alerts was responded at Mardan by providing Vitamin A capsules and paracetamol syrups to Measles alerts.
- WHO delivered 10 TIG delivered to Liaquat Memorial Hospital Kohat as a reserve stock to respond the patients having Diphtheria. F-75= 400 and F-100 delivered to SC DHQH, Charsadda. 4 assorted medicines delivered to Dir lower sufficient for 382 patients approximately. 2 EHKs delivered to The Johannitter which is sufficient for 12000 populations for one month.
- WHO conducted field visit to FATA warehouse, LSS was checked and was found not updated, Supplies from Islamabad warehouse was physically verified and distribution plan was discussed with the store keeper.

#### **WASH:**

- **District Nowshera:**
- WHO held coordination meeting with focal person for RBM Program for carrying out fogging activity in Jalozai camp to contain the potential threat of spread of malaria in the camp. Focal person DOH informed WHO that they had requested DCO to provide them with required funds and as soon as they will receive it they will start with the fogging activity in camp.
- WHO held coordination meeting with PHED and had discussion to prepare a distribution plan for the EH supplies handed over to them by WHO so that proper distribution of these supplies can be ensured.
- WHO visited BHU Aza Khel, conducted hygiene assessment, took on job training session of the BHU staff including technical staff and the sanitary staff on HCWM and maintaining infection free environment in the HF.

- **District Peshawar:**
- WHO Conducted a monitoring visit to Lady reading hospital. Meeting was held with administrator and Director Causality in which different measures regarding improvement of health care waste management and general hygienic improvement for the health facility were discussed.
- WHO conducted meeting with IDEA WASH partner working for the Bara IDPs in Peshawar and discussed the technical issues and training of the staff working in the field on water testing and hygiene promotion.
- WHO Conducted training of Health facilities staff from afghan refugees camps on water quality improvement and prevention of water borne diseases out breaks through water quality improvement.
- **District Charsadda & Swabi:**
- WHO visited PHED & TMA Offices Charsadda to finalize the training plan for focal persons nominated by the line departments. Two days on job activities will be organized next week on Wegtech kits and physiochemical investigation techniques of drinking water sources in the district Charsadda.
- Coordination meeting was held with Executive Engineer PHED office for nomination of focal persons for water quality monitoring in district swabi. PHED Proposed to orient the technical staff for sustainable efforts on water quality monitoring and compliant human resource capacity with the department.
- WHO visited RHC Yar hussain, BMC Swabi and Civil Hospital Kabgani. All these health facilities need assistance for waste management system and equipment. The staff was provided on job orientation on HCWM system and prevention of nosocomial infections.
- WHO collected 7 water samples from UC Jhunda and village pajman. All the samples were found microbiologically fit for human consumption with turbidity in higher limits of 20 NTU. The families were briefed on prior filtration of drinking water using hand pump sources.
- **District Buner:**
- Five staff members of PHED Buner were trained on use of wegtech kits for water quality monitoring by WHO. The trained staff will be responsible for water quality testing in their district.
- Monitoring visit was conducted by WHO to DHQ Daggar and the staff was oriented on Health care waste management and improvement of infection control measures in the hospital.
- **District Swat & Shangla:**
- WHO Swat Team responded to measles outbreak from Kabal area. During response Health and Hygiene sessions were conducted along with active surveillance and vaccination.
- WHO Conducted coordination meeting with SDO PHED in order to share updates on 24th October 2012 in PHED office.
- Two days training for Health Staff of District Shangla was imparted on 22nd and 23rd
- October 2012 in DHQ Alpuri. Total number of participants were 20 and following topics were covered in the training Water Treatment Methods in emergencies, Rational use of Drugs, DEWS, AWD case management and treatment. The training was organized by Malteser International and facilitated by WHO.
- **District Lower Dir:**
- WHO participated in DPEC meeting on 24 October, 2012 at jirga Hall DCO office. Meeting was chaired by DCO and co-chaired by EDO health. Polio awareness Walk was arrange from DCO, EDO health and educations after DPEC meeting.
- WHO responded 5 measles Alerts from village Asal banda, UC Mayar, vilage dairai UC Rabat, village kamar Tall UC Rabbat, village Sakho Kas, shai Tehsil Smarbagh Dir lower (3 Alerts/ 1 outbreak Dir lower) and one Alert from village Shedyal Khakgaram Dir upper.
- Health education session conducted with the 37 family members and community, patient isolated, EDO-H & EPI Coordinator were informed. 15 hygiene kits and 144 soaps were provided to affected families.
- 7 water samples were collected Dub and hawa Bhandra Timargara and tested for pH, Turbidity, residual Chlorine and fecal coli form. 5 out of 7 water samples were found focally contaminated. 3000 aqua tabs and 36 water soaps were provided in affected families.
- **District Haripur:**
- WHO responded to Bloody Diarrhea alert at Mang UC Kot Najeeb District Haripur. The alert was investigated and responded promptly with water analysis, distribution of WASH supplies and health and hygiene session.
- 2 Health facilities (BHU Mang and Dheend) were visited during last week . The health facilities and water supply

system were assessed in order to identify gaps, problems and nature of interventions required in four main areas (water supply, sanitation, Health care waste management tools, equipment and Training of staff on Health care waste) of Environmental Health.

- Total 6 water samples were collected for bacteriological analyses during alert investigation and HF monitoring, 75 % tested water samples were found with bacteriological contamination.
- 50 soaps and 3000 aqua tabs were distributed during alerts response and HF monitoring.
- **District DI Khan:**
- WHO Coordinated with SEED Project Manager and Sub-Engineer and discussed the assessment of 8 health facilities in order to improve their water supply, sanitation and health care waste management.
- WHO Collected 3 water samples from Women And Children Hospital, Bannu. 2 samples contained minor biological contaminations.
- WHO delivered 5000 Aqua Tabs (67mg) to PHI Bannu, and 1000 soap.
- WHO Conducted on job training, 12 participants including paramedics, store keeper and sanitary staff were trained on HCW Management in Women and Children Hospital, Bannu.
- Held Pota-lab training with XEN PHED and 2 SDOs at PHED Office, Bannu.

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

**Haripur:** WHO visited 06 health facilities (DHQ DHQ, BHU Sarai Saleh, BHU Shah Muhammad, BHU STC4, RHC Halli, BHU Dingi). WHO conducted CCHF prevention and contingency coordination meeting: Chaired by DCO Haripur. Following decisions were taken; Implementation of Section 144 prohibiting sales and exhibition of live stock in the city area, Livestock markets were identified and decided that live stock will only be traded in these identified places, Any livestock displayed or traded outside these premises will be confiscated, Veterinary staff will be present at these identified places to monitor livestock, Check points were established where livestock herds will be sprayed before entering city and these markets, Media message on safe butchering practices was communicated to local news papers, Butchers were advised to observe safe butchering practices and to handle animal skin with care, Use of gloves and covered boots was advocated, TMA will ensure early collection and disposal of animal waste, District government will release fund to fill the gaps in purchase of chemicals for spraying, WHO and DoH will provide technical and logistic support and ensure surveillance of suspected CCHF cases, Doctors will be trained on CCHF case management, Anti virals were provided to DoH, Isolation ward will be established if suspected CCHF cases are admitted in DHQ. ARI 25% with increase of 0% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhoea 7% with 1% decrease compared to previous week and scabies 2% with 1% decrease in its proportional morbidity. WHO received and responded 09 alerts.

**Mardan:** WHO conducted coordination meeting with DSM PPHI in his office. In a meeting weekly eDEWS reporting issue was discussed with DSM and official letters has been issued to all health facilities In-charge for regular and timely reporting in future to WHO. PPHI requested WHO to provide hand washing soap, Pure sachets and Aqua tabs for BHUs in Distt Mardan; the requested EH supplies will be provided soon. DOH Mardan has planned a free medical camp on 19th October 2012 in UC Muhib Banda in response to Positive Polio case, EPI Coordinator district Mardan requested WHO for support by providing IEC material for their camp. WHO provided IEC material of different topics for their free medical camp at UC Muhib Banda. WHO conducted routine monitoring visits to DHQ Hospital, Mardan Medical Complex, BHU Kodinaka, Kati Ghari, Babuzai, CD Babuzai, Daga Piran and CD Kass koroona. During visits EH assessment of the health facilities were carried out with on job training of 20 health staff on HCWM and alert/outbreaks response focusing AWD, health and hygiene.. NID was conducted in district Mardan from 15th to 17th October 2012, WHO carried out supervision and monitoring visits to different areas during three days of NIDs. WHO received and responded a total of 4 alerts 2 suspected Measles, 1 suspected AWD and 1 Leishmaniasis alert. All reported alerts were jointly responded with DoH and PPHI, during response all the required interventions were carried out. In response to Measles alerts, EPI team was requested for outreach vaccination in the areas, and they vaccinated 50 less than five years children for all antigens.

**Lower Dir & Upper Dir:** WHO conducted coordination meeting with SDM, NEWS Reporters, EDO

Education, Focal person Dewes, Supridendant police, Police, principal Heera School, MSF Belgium, Moutazim Madrasa Maariful Uloom Al sharia Timargara, MS DHQ, Focal person DEWS, National program Dir lower/upper, EDO health Dir lower/upper For alerts/outbreak response and other field activities. WHO actively participated in NID campaign Dir lower. WHO responded 4 measles outbreak from village Toora Tiga, UC Khongi, Shawa Khat, Ganderai, UC Sadbar Kalay Dir lower, village zaiyarat Korona, Derakai UC Salarzai, Village chorai, Arang nearby tohiabad Bajaur Agency. WHO responded C-leishmaniasis cases reported from Village Gullar, Shontala, UC and Tehsil Samarbagh, Dir Lower, Village Shahi Tangi, Tehsil Khar, Bajaur Agency', Village Kun Kass Maskarai, UC Nihagdarra, Tehsil Wari, Dir Upper. WHO visited DHQ Timargra, BHU Dislore Dir Upper, TB Center, BHU AF Timar Camp, Measles ward Timargara, THQ Smarbagh, RHC Munda.

**Charsadda:** WHO visited BHU Ibrahimzai, DHQ hospital, RHC Sherpao, THQ Tangi registers checked and on job orientation of the facility incharges regarding DEWS was done. 44 health facilities reported EDEWS data to WHO.

**Swabi:** 37 health facilities reported EDEWS reports to WHO. WHO conducted monitoring visits in SNID on 15 to 17<sup>th</sup> October 2012. WHO conducted monitoring visit to Stabilization centre BMC & F-100 milk with limited shelf life was observed. WHO Visited to DHQ and BMC Swabi Hospital. MS DHQ also requested for Cholera Kit. WHO conducted Joint visits to different health facilities with PPHI. WHO received and responded 3 suspected measles cases. WHO responded 04 system generated alerts.

**Peshawar:** WHO conducted coordination meeting with EDO Health. WHO visited 06 health facilities for EDEWS analysis and alerts investigation.

**Swat:** WHO received and responded 11 alerts. WHO conducted 05 Monitoring visits to Saidu Group of Teaching Hospital, BHU Miandam and BHU Dherai. WHO participated in the October NID. WHO held coordination meetings with EDO Health and Coordinator EPI. WHO conducted meetings with the skin specialists and pathologist to discuss the Leishmaniasis cases in Swat. WHO held meeting with DSM PPHI. In a meeting the increase number of dog bite cases was discussed. The issue will be discussed with the DCO and military authorities by PPHI and WHO jointly. Two days training for Health Staff of District Shangla was imparted on 18<sup>th</sup> and 19<sup>th</sup> October 2012 in DHQ Alpuri. Total number of participants were 22 and following topics were covered in the training were Water Treatment Methods in emergencies, Rational use of Drugs, DEWS, AWD case management and treatment. The training was organized by Malteser International and facilitated by WHO.

**Manshera:** WHO received and responded a total of four alerts, three for suspected cases of Measles and one for suspected Dengue Fever from DHQ Hospital this week, All alerts responded on time, 3 suspected cases of CCHF from Oghi Manshera reported by AMC Abbottabad and responded by WHO. Total 3 cases of Measles detected during alerts response from field, and a suspected case of Dengue Fever became positive from RDT in DHQ hospital while results waiting from NIH. Decrease in reported cases of Diarrhoea and increase of ARI cases from DEWS reporting sites as compared to previous weeks. Measles cases still reported from different parts of Manshera. WHO actively participated in monitoring of NID and evening meetings attended and feedback of supervision given. WHO conducted market survey and 103 children assessed for finger marking, report of survey shared. WHO conducted monitoring visit to DHQ Hospital, BHU Kotli Bala, BHU Dharyal, BHU Bherkund, CD Khaki and RHC Shinkiarai for alert response and disease surveillance.

**Bunir:** WHO responded 4 system generated alerts. WHO received and responded 3 alerts of suspected measles and 1 alert of suspected AWD. WHO visited a total of 07 health facilities. Health staff briefed about eDEWS, case definitions of different infectious diseases under surveillance, special emphasis given on AWD and dengue surveillance, alert reporting, and timely submission of weekly reports. WHO held meeting with EPI coordinator and DSV regarding measles cases in various regions.

**Malakand:** WHO conducted coordination meeting with MS-DHQ Batkhela regarding Category B false alerts. WHO held coordination meeting with EDO-H regarding CCHF awareness campaign in the district. WHO conducted monitoring visits to BHU Shingrai, BHU Ashakay, BHU Mura baand, CD Badraga and DHQ Batkhela

visited. Data tallied with OPD registers of these facilities. Weekly data submitted by all 25 targeted health facilities (in a total of 41 facilities). WHO received and responded 03 Measles alerts. WHO responded 04 system generated alerts 1 of bloody diarrhoea and 3 of typhoid fever. None of those was a confirmed alert.

**Khyber Agency:** WHO received and responded three alerts AFP, Measles and Leishmaniasis. The AFP case was responded by collection of stool sample and sent to NIH. The measles alert was responded by mass measles vaccination. The Leishmaniasis case was responded by Provision Injection Glucantime. WHO responded two system generated alerts, all of which were false alerts. WHO participation in NID Polio campaign. WHO held coordination meetings with Agency Surgeon, Political Administration, MS DHQ Hospital Landikotal, FSMO and PPHI. WHO conducted monitoring visit to AHQ Landikotal, CD Pindi Lalma, CH Jamrud, and BHU Mian Morcha and CH Lowara Mina.

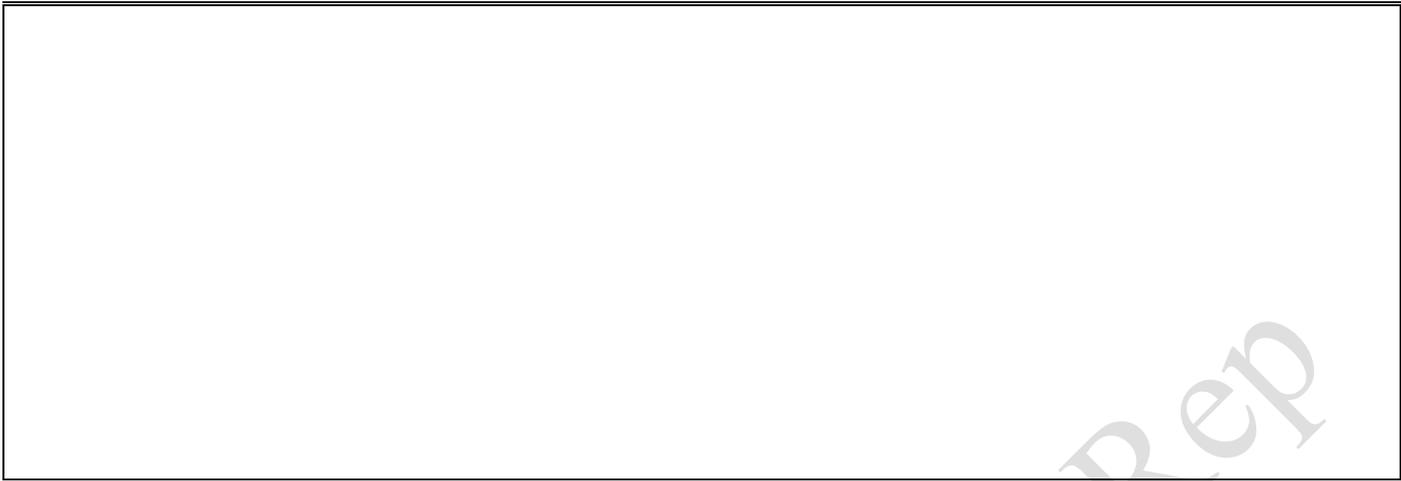
**Mohmand:** WHO conducted monitoring visits to 6 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Babi khel, BHU Lakaro, BHU Momadgat & BHU Michni. WHO held coordination meeting with Agency Surgeon regarding Global hand washing day. WHO celebrated global hand washing day in government middle school & primary school in Ghalani, health & hygiene session conducted, Detol Soap & Aqua sachet distributed among 300 students. WHO participated in Polio campaign from 15<sup>th</sup> to 17<sup>th</sup> October. WHO responded to system generated alerts for bloody diarrhoea & typhoid fever. WHO provided on job training to BHU Michni staff on alert & outbreak reporting & response.

**Bajaur Agency:** 20 out of 24 sentinel sites submitted their eDEWS to WHO. WHO received and responded 9 alerts i.e. 2 of Cutaneous Leishmaniasis, 3 of NNT while 4 of Suspected Measles. WHO visited 3 health facilities, feedback shared with Agency Surgeon and EPI Coordinator. Polio campaign started from 15<sup>th</sup> Oct, 12 WHO monitored in different parts of the agency and daily feedback was shared with all the team in evening meetings. WHO held coordination meeting with Agency Surgeon regarding situation of Cutaneous Leishmaniasis and commencement of oral therapy for complicated multiple lesion patients where intralesional therapy is difficult to be followed. Agency Surgeon requested for the arrangement of a training session for all the concerned MTs & doctors. WHO conducted coordination meeting with newly appointed EPI Coordinator regarding overall EPI situation and redistribution of EPI staff to different health facilities to cater the worse EPI status at some facilities. WHO participated in a general meeting of all EPI staff which was called by Agency Surgeon and EPI Coordinator.

**Logistic:**

The following supplies were supplied from WHO KP warehouse to:

<b>Peshawar</b>	<p><b>Lady Reading Hospital:</b> 10,080 Dettol Soaps, Chlorine 1 Bucket, Aqua Tabs 10,000, Hygiene Kits 50, Water Pure Sachet 10,000, IEC Material 500.</p> <p><b>PPHI Peshawar:</b> Jerry Cans 800, 10,080 Dettol Soaps, Fuji Soaps 100, Aqua Tabs 40000, Hygiene Kits 200, Pure Sachet 10,000, IEC Material 500.</p> <p><b>Khyber Teaching Hospital:</b> 5040 Dettol Soaps, 10,000 Aqua Tabs, 50 Hygiene Kits, 10,000 Pure Sachets, IEC Material 300.</p> <p><b>Hayatabad Medical Complex:</b> 5040 Dettol Soaps, 10,000 Aqua Tabs, 50 Hygiene Kits, 5000 Pure Sachet, IEC Material 300.</p> <p><b>EDO- H:</b> 200 Jerry Cans, 10,080 Dettol Soaps, 100 Fuji Soaps, 150 Hygiene Kits, 40000 Aqua Tabs, Pure Sachets 10,000, IEC Material 500.</p> <p><b>The Johannitter International:</b> 2 EHK,</p> <p><b>Public Health Engineering Department FATA:</b> 4 Wegtech</p>
<b>DHQ Kohat</b>	1 DTK
<b>DHQ Charsadda</b>	F 100 Milk to stabilization center 400, F 75 Milk 200.



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