

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 12

Date: March 18-24, 2012

1. Situation around IDP hosting districts

A. “New Durrani” IDP camp, Kurram Agency

Local NGO “EHSAR Foundation” selected for provision of PHC services in the camp. NOC is expected to be provided in the nearest time.

UNFPA provides MNCH services in the camp via support to THQ Sadda (8 antenatal cases, 8 postnatal and 12 deliveries were reported). THQ is 24/7 facility providing EmNOC services.

B. “Togh Sarai” IDP camp, Hangu district

Present population is about 1188 families (or 7414 people). CERD provides PHC along with MCH services while sharing required DEWS with WHO. WHO provides necessary essential medicines support to CERD. UNICEF will launch a set of activities commemorating Mother and Child Week in the camp though present CERD.

WHO in collaboration with WASH partner organization (RID) present in the camp celebrated World Water Day focusing on school children and elders. WHO distributed 288 units of soaps, 10 hygiene kits and 60 pampers’ packets.

District health authorities request WHO assistance for ARVs and ASVs.

WHO DEWS report that acute respiratory infections are still the highest cause of morbidity (14.4% or 88 cases) of total of 610 consultations; other acute diarrhea (10.3% or 63 cases); skin infection (3% or 16 cases). One measles alert was reported and responded.

WHO conducted a monitoring visit of CERD health post. Stock record of WHO medicines was checked and analyzed. Gaps regarding good dispensing, storage practices, and patient counseling were identified and discussed with the medical officer and health staff.

C. Situation in Tank district

WHO expressed concerns over immunization status of IDPs recently shifted to UC Sarangzona. The necessary plan of action is put in place with district health authorities to ensure mass immunization of non-registered IDPs.

One LHW was murdered inside of BHU Kot Hakim.

There is a continuous problem of shortage of medical officers. EPI outreach plans and activities are to be further strengthened.

D. Situation in D I Khan district

26 health facilities reported eDEWS to WHO. A total of 7626 consultations were provided. ARI remained major cause of morbidity (16.82%), diarrhea (6.31%), scabies (3.07%) and malaria (3.5%). A total of 8 measles alerts were received and responded.

WHO continuously monitors the situation of the nutrition stabilization center at DHQ D I Khan. WHO

supervises the construction work of the warehouse of EDOH (to be completed in April).

WHO plans to organize an awareness seminar on Dengue Fever in Gomal Medical College D I Khan in April in collaboration with the Department of Community Medicine.

WHO monitored post campaign Training of Independent Monitors for Polio (performing PCM survey after SNIDs).

E. Situation in “Jalozai” IDP camp, Nowshera district

WHO shares daily updates and disease situation 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.

The disease trend for Acute Respiratory tract infections (ARI) accounted for 20% or 74 cases of the total patients (372 consultations) in all age groups and show 6% decrease of ARI patient visits as compared to 22nd, March 2012. Other Acute Diarrhea (OAD) account for 7.3% or 27 cases of total patient consultations in all age groups by showing 1.5% increase as compared to OAD patient visits on 22nd, March 2012. Bloody Diarrhea (BD) shared 1.6% or 6 cases of all patient visits on 23rd, March, 2012. Skin Infections (SCB) reported as 2% or 7 cases of the total patient consultations by showing 1% decrease as compared to 22nd, March 2012 .

Since the start of latest influx there has been five measles, two AFP (both confirmed as polio cases) and one suspected malaria cases reported from the camp. All cases were responded by joint teams of WHO-EHA and present health partners. The area needs to be screened for any other suspected cases & routine immunization sessions are to be arranged for measles and introduction of vector disease control activities.

The latest fire incident and burning down of few tents in the camp resulted in one death case (3 years old child) and one child injured (7 months) requiring attention for all partners and present organizations to consider set up of all possible means and mitigation measures to avoid the re-occurrence of such episodes.

Health cluster meetings take place on daily basis 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 monitors and updates partners on daily disease consultations provided to IDPs, disease trends, including upper respiratory infections, pneumonia, bloody diarrhea, other acute diarrhea, malaria, scabies and other diseases.

WHO deployed additional technical human resources to strengthen the rapid response team, composed of two DEWS surveillance officers, two environmental health engineers and one essential medicines' expert, permanently based in and around the camp.

Assessment of 8 health facilities in 7 union councils of Nowshera having high influx of IDP's from Bara, Khyber Agency is under process. The union councils (with HF) are: Dak Ismail Khel (RHC Dak Ismail Khel), Jalozai (BHU Jalozai, BHU Wazir Garhi), Spin Khak (BHU Spin Khak), Shah Kot (BHU Saleh Khana and CD Shah Kot), Dag Baisud (BHU Dag Baisud), Dagai (BHU Dagai), Pabbi (Pabbi Satellite Hospital already assessed two weeks back).

Routine vaccination is in progress by polio teams. A total of 15133 IDP children and women were provided

BCG, Polio, Penta, Measles and TT vaccination. MERLIN provides polio and routine immunization to children at two registration points and vaccination desks in all 3 health facilities (all children under 5 years get vaccinated). District EPI authorities arrange required measures for measles campaign in the camp. Necessary laboratory services are available in the camp (with average of 107-120 tests per day).

Health partners monitor the nutrition situation in the camp ensuring proper screening and required admissions of children between 6 to 59 months and pregnant women. Health cluster partners put efforts to provide necessary MCH services to all women in need on ante- and post-natal care. On a daily average there are 13 new cases registered, 50-60 consultations and 3-5 deliveries.

WHO rapid response team provided required 100 liters of liquid chlorine to the tube well operators along with the trainings on preparation of stock solution and dose adjustment. 14 water samples were tested for residual chlorine at different delivery points. 10 water samples were found as fit for further use while chlorine dose adjusted for the remaining four for proper chlorination.

Three new chlorinators installed in the camp on main tube wells in phases 1, 4 and 5. All chlorinators were tested after installation through residual chlorine monitoring for proper dose management at source and users end.

363 health education sessions were conducted at registration point attended by 1071 males and 2636 females in the camp.

WHO rapid response team visits health posts in Jalozai camp on a daily basis to monitor and assess the stock of essential medicines. At present it is reported that sufficient stocks are available in the health posts managed by MERLIN and CAMP (two health cluster implementing partners in the camp).

CERD (UNICEF implementing partner) has established a temporary MCH at the registration point to better facilitate pregnant women and children, with a team of female medical officer, LHV, 2 female social mobilizers, 2 male social mobilizers). CERD ensures OPD services with high risk pregnancies identified and referred to MSF hospital for proper treatment. A standby ambulance is available 24/7 for the transportation to MCH/tertiary care.

The polio and measles campaigns in the camp need to be enhanced and well-coordinated so all children are vaccinated which were deprived from vaccination from last 3 years due to security situation in Bara Tehsil of Khyber Agency.

Immediate assistance is required for health facilities in the surrounding of Jalozai camp where IDP live in host communities. The assistance should be in terms of essential medicines/ supplies, human resource and referral system strengthening focusing on overburdened health facilities.

Close inter cluster coordination is required between Health, WASH and Nutrition clusters to address issues related to water born diseases and malnutrition among the IDP population living in camp.

The current situation in and around Jalozai camp provides all recommendation to set up additional health posts in Jalozai camp, including two PHC centers and one MCH centre, in new phases of the camp. This will definitely strengthen health service delivery and reduce the burden on the existing health facilities. District level coordination team reconfirmed and proposed a strong recommendation to establish new facilities. A similar recommendation was also made by the latest provincial health cluster with joint consensus of present partners and health authorities.

F. Situation in Kohat district

WHO strengthens district level activities on plans for public awareness campaigns, including participation of religious leaders on summer water borne diseases.

District health authorities request WHO assistance with ARV and ASV, insulin, Inj magnesium sulphate and Inj valium for insulin dependent people.

41 out of 43 health facilities provide eDEWS. A total of 2,938 consultations were provided. ARI remained major cause of morbidity (19%), diarrhea (2.3%), scabies (1%) and malaria (1%). A total of 10 measles alerts were received and responded.

eDEWS:

KPK DEWS:

295 reports were received reporting 77,613 patient consultations in 14 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (27% or 20,867 cases) showing no change in percentage; acute diarrhoea (6% or 4,289 cases); skin infection (3% or 2,012 cases); suspected malaria (1.3% or 988 cases).

FATA DEWS:

40 reports were received reporting 9,720 patient consultations in 3 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (24.2% or 2,197 cases) showing 3% decrease; acute diarrhoea (6% or 563 cases); skin infection (3% or 269 cases); suspected malaria (3% or 254 cases).

Alerts:

A total of 44 alerts including 4 outbreaks (2 from Haripur while 1 each from Upper Dir and Swat) were received. 41 were suspected measles, 1 for AWD, 1 for Typhoid and 1 for Leishmaniasis.

District Wise Break Up: Suspected Measles 3 (Abbottabad), 9 (DI Khan), 2 (Hangu), 4 (Haripur), 10 (Kohat), 3 (Lower Dir), 2 (Malakand), 8 (Swat), AWD 1 (Upper Dir), Leishmaniasis 1 from Shangla, Typhoid 1 from Haripur.

ARI Centers:

7 ARI centres are functioning in different districts of KPK. A total of 1,448 consultations were reported. Functioning ARI Centers are 2 each in district Shangla and Kohistan while 1 each in Lower Dir, Manshera and Abbottabad.

Hospital Coordinator:

WHO plans in cooperation with Afghan Refugee's office to arrange training of health staff of BHUs serving Afghan refugees' population on DEWS, ARIs and DTCs. WHO provides routing support HEPR for preparation on dengue control and prevention. WHO received and submitted for further analysis the first draft of HEPR annual workplan developed jointly with WHO.

Essential Medicines:

- During week 13 a total of 5 coordination meetings held with different government authorities including MS, DMS and EDOHs in meeting availability of essential medicines and implementation of LSS and availability were discussed respectively.
- Total of 3 Monitoring, 3 follow up and one assessment visit were performed during last week at districts including Nowshera, Lakki Marwat, Swat(Kalam), Dir Lower and D.I. Khan. Gaps regarding irrational use, storage of essential medicines, inventory control, record keeping and stock outs identified generally. Training and required Essential medicines provided as per need at visited health facilities.

- Total of 6 training sessions were conducted in Lakki Marwat, Swat (Kalam), Dir lower and D.I. Khan. One day capacity building for staff of Save the Children on rational use of medicines held at Hari Pur in which 10 participants including 1 MO, 1 Pharmacist and 8 dispensers were trained.
- In response to 3 Leishmaniasis cases at Nowshera WHO EM provided Meglumine Antimoniate Injections, 13 Measles, one chicken Pox and one Tetanus cases responded at Bannu, Swat, Hangu, Dir Lower D.I. Khan by providing Vitamin A and TIGs.
- WHO delivered 6 types of essential medicines which are sufficient for the coverage of approx 900 consultations in Hangu. Essential medicines gaps filled at ARI treatment centers in Abbottabad, Kohistan, Shangla.
- IDPs camp Togh Sarai Camp: EM team conducted follow up visit to CERD working at IDPs Togh Sarai camp Hangu in regards to evaluate the outcomes of hands on training last week on good dispensing and use of safety boxes and observed practical implementation of proper dispensing with improved patients counseling and use of safety boxes. WHO pharmacist also provided required essential medicines.
- IDPs camp Jalozi Activities: All the health facilities visited to evaluate the situation of essential medicines. All the facilities had the sufficient stock of essential medicines. Gaps regarding Record keeping and patient counseling found. Hands on training on record keeping and patient counseling provided to the dispensers at the facility. 1 EH Package (for 6000) along with assorted medicines (sufficient for 2537 consultations) delivered to CAMP Organization and another 1 EH Package (for 6000 population) is ready to be dispatched. Assorted medicines also provided to CERD which are sufficient for 1242 consultations.
- **FATA:** Coordination meeting held with AS Mohmand agency in regards to essential medicines supply gap as 29 health facilities are being reemphasized. Due limited availability of fund with FATA, Agency Surgeon requested WHO for essential medicines support.
- Visits have been made to RHC Ekkaghund and BHUs in Ghazi kor, Kessai and Mohammad gut Mohmand agency where essential medicines availability, record keeping and OPD trend observed.
- Monitoring visit have been made to BHU Lakkaro Mohmand agency, supported by FPHC, where essential medicines availability, storage practices and rational use of medicines observed and identified gaps discussed with concerned staff for improvements.
- Measles alert in Khyber agency responded by providing vitamin A. Required medicines are provided to nearby BHU Pendilalma, and participated vaccination campaign in affected area.
- **RAHA:** WHO EM team conducted 1 day capacity building training on rational use of medicines as per WHO standard guidelines to Save the Children organization Distt: Haripur. A total of 10 health team members (1 MO, 1 Pharmacist, 8 dispensers) were trained. Follow up visit performed at BHU #2 at Afghan Refugees camp to evaluate outcomes of RUM training & observed practical implementation.

WASH:

- WHO EH team celebrated World water day on March 22, 2012 throughout KPK. The event is celebrated to raise awareness about the benefits and importance of fresh water. Provision of Safe potable water to the community is fundamental and basic right.
- Main activity of the World Water Day 2012 was organized at country level in National library Islamabad with theme “Water safety & Malnutrition” in collaboration with UNICEF, WWF, FAO, Plan, UN-Habitat, HSA, Shifa International, PCRWR, WaterAid and PIEDAR. Different school and college students actively participated in the event; Minister Disaster Management Authority was chief guest. WHO in its stall presented and provided complete data, Health journals based on water born disease preventive & control measures, demonstration on chemical and microbiological water testing kit (Wagtech PotaLab).
- WHO EH Unit KPK/FATA celebrated World Water Day on 22nd March, 2012 in Jalozi IDPs camp. Two different Ceremonies were held in the Camp schools in this regard. Hundreds of students, Parents, school staff, WASH partners, Health partners, Colleagues from UNICEF, IRC, PDMA and PSU attended these gatherings.
- WHO EHA Team regularly visiting and attending Coordination meeting in Jalozi Camp in order to

tackle needs of the new IDPs influx in the Camp.

- WHO EH team District Nowshera hold meetings with the WASH Partners, Health partners, Camp In charge and UNICEF WASH monitors regarding timely solution of problems to new IDPs influx in Jalojai IDP camp.
- Coordination meeting held with EDO Swat Focal Person regarding measles prevention and outbreak response in Sarsardary area.
- WHO EHA team Dir Lower conducted Coordination meetings with EDO-H, EPI coordinator, National program, MS Smarbagh, MS DHQ Timargara and staff of CD Koto, ARI center Chakdara, to discuss measles and other communicable disease situation.
- Coordination meeting held with EDO-H Dir Upper, EPI coordinator, National program, Health staff RHC Warrai, RHC TarpaTar for measles and AWD alert Response.
- WHO EH team FATA conducted a meeting with PPHI and health staff in BHU Torkhum to control and prevent Leishmaniasis outbreak in the locality. WHO EH team district Shangla conducted a coordination meeting with WASH partner regarding the water supply and sanitation issues in areas reported AWD Alert in previous year.
- WHO Team district D.I.Khan visited Pusha Pul and Awan Abad, Bannu Road, DI- Khan, and met the patients' family for education of the effected community. Visit will be made in coming week to inspect the WASH improvements works in City Hospital, Lacki Marwat.
- WHO EH team district Kohat is regularly monitoring the progressive civil WASH infrastructure improvement works in Liaqat Memorial Hospital Kohat & DHQ hospital Hangu. On job health and hygiene session was conducted with sanitary staff on hospital hygiene and infection control measures in the health facility.
- In response to alerts WHO Team Dir Lower visited DHQ Timargara, ARI center Chakdara, THQ Smarbagh and DHQ Timargara.
- WHO EH team FATA conducted field visit to monitor construction works of WHO funded ware house, which are yet pending in both CH Jamrud and AHQ Khaar.
- WHO EH team District Swat conducted monitoring visit to Saidu Group of Teaching Hospital, The issue relating perfect builders in WASH/Civil work, including the repair and re functioning of Public latrines is pending.
- WHO EH engr visited village Basi, Matta Awan, Shahpur and Damorai, health education session conducted to mealse affected families and chlorination of water tanks have been carried out in villages Shahpur and Damorai.
- In Epi week 12, 2012 WHO team responded 15 Measles Alerts/outbreaks (15 alerts) received from village Pusha Pul, Awan Abad Bannu Road (D I Khan) Basi, Matta Awan (District Shangla), village Ranedaley Maskeny UC/Tehsil Samar Bagh, village Qalagai UC Koto Tehsil Balambat (Dir lower), village Sadiqa UC TarPaTar Osherai Dara (Distt Dir upper) and follow up visit to Measles outbreak area Sarsardary Distt Swat.
- All the above mentioned measles alerts were jointly responded by DoH & WHO EHA Team along EPI Vaccinators. Outreach Immunization activities were conducted in each affected areas with all available antigens along with health promotion campaign and distribution of hygiene kits and soap in the affected household.
- 1 AWD Alert received and responded from village Jattgram, Tehsil Wari, Distt Dir Upper on 19th March, 2012.
- In Epi-week 12, 2012 WHO EH unit collected and analyzed 5 water samples were collected and analyzed two from open springs, 1 from main water tank and three samples from affected HH in Distt Dir Upper. Total of 82 water samples were tested from Jalojai IDP camp for residual chlorine at different delivery points. 15 water samples were found within WHO guideline values.
- Chlorine dose adjusted for the remaining for proper chlorination. Three new chlorinators installed in the camp on main tube wells in phase 1, Phase 4 and Phase 5. All the chlorinators were tested after installation through residual chlorine monitoring for proper dose management at source and users end. 74% of the total water samples tested found proper chlorinated with residual chlorine within WHO guidelines. The water tanks in villages Shahpur and Damorai Distt Swat have been chlorinated.
- WHO in collaboration with District water authorities and WASH partners responded to improve the

drinking water quality by health promotion sessions, disinfection of contaminated water sources and distribution of 1000 sets of IEC material, Shock chlorination of springs & water storage tanks.

- WHO EH unit provided 1430 Aqua tabs, 100 ORS, 8 Hygiene kits, 10 jerry cans, 144 soaps and 3 life straw filters to the AWD affected families in Distt Dir Upper. 200 ITNs, 216 soaps and IEC materials were provided to leishmaniasis affected families in Torkhum Khyber Agency.
- WHO EH unit provided 150 IEC and books, 2 safety boxes, 4 hand sanitizers, 1 Potalab testing kits, HTH Powders for exhibition stall of World Water Day at Islamabad.

Nutrition:

- Coordination meeting held with Deputy Chief HSRU regarding the inaugural meeting of Provincial Thematic Working Group of Nutrition. Health secretary has asked for agenda and work up of the meeting before announcing date. Concept note and agenda provided.
- Visit conducted to district Mardan. Monitoring of the Nutrition Stabilization Center done. Activities noted and slight modifications in the daily activities discussed with the health care staff. Good positive response received from the staff there.
- Monitoring and evaluation of the Health and Nutrition Sentinel Site Surveillance System in Mardan held, in the sentinel sites of THQ Katlang and THQ TakhtBai.
- Coordination meeting held with Deputy Director Nutrition regarding nominations for Trainings regarding Facility based management of SAM. Letters sent to respective districts for nominations.
- Coordination meeting conducted with Deputy Director Nutrition regarding nominations for Trainings regarding Facility based management of SAM. Facilitators nominated to conduct the trainings. D.I.Khan training planned in the next week. Operational issues looked into.
- Nutrition cluster meeting FATA was held in FATA directorate conference room and Nutrition Cluster meeting KPK in conference hall of DG Health officer. In both meetings participants were briefed on WHO nutrition activities.
- Meeting with Paediatrician of Children hospital Peshawar held. Development of capacity of the hospital in manufacturing of F-75 and F-100 locally discussed. They requested for training the staff on facility based management of SAM.
- Monitoring visit to Stabilization center in Pabbi Hospital Nowshera. Operational issues discussed. Stabilization center running in peads ward. Need for training stressed.
- Monitoring and evaluation of the Health and Nutrition Sentinel Site Surveillance System in Nowshera held, in the sentinel sites of RHC Akbar Pura and RHC Akora Khattak.
- Participation in the Nowshera District Jalozaï camp cluster meeting. Informed the participants about the nutrition activities and stabilization center.
- Monitoring visit of health stations in Jalozaï camp was conducted. Monitored nutrition related activities in the stations. It was reported that there was refusal by guardians of SAM with complication children to be referred to the stabilization center.
- Total of **19** patients were admitted in 5 Nutrition Stabilization Center with **13** discharged after curing and **2** were defaulter cases.

District level coordination & monitoring:

Shangla: WHO conducted visit to DHQ Alpurai for eDEWS analysis on 19/03/2012. Meeting held with Education department on propagation of health and hygiene message on 19/03/2012.

Peshawar: Health coordination meeting Of KP and FATA held on 21st March, 2011. All DEWS Surveillance officers Participated in DEWS quarterly meeting held on 21-22 March in Islamabad.

Lower Dir: Coordination meeting held with EDOH, EPI coordinator, National program, MS Smarbagh, MS DHQ Timargara and staff of CD Koto, ARI center Chakdara, for measles alert response and monitoring visits. WHO team responded 2 measles Alerts received from village Ranedaley Maskeny UC and Tehsil

Samar Bagh and village Qalagai, UC Koto and Tehsil Balambat Dir lower. All the mentioned alerts/outbreaks were jointly responded by DoH & WHO EHA Team along EPI Vaccinators. Outreach Immunization activities were conducted in each affected areas with all available antigens.

Swabi: Coordination meeting with both the MSs of DHQ and Bacha Khan Medical Complex regarding on installation of WHO provided medical equipment. Dengue outbreak prevention preparedness meeting was held on 19th march 2012 at DCO office Swabi. WHO EHA, EDO health, EDO education, TMO, PHED, EDO Agriculture and local NGOs. 7 Health facilities were monitored.

Swat: Medical Camp was organized in the area to give medical treatment to the patients during follow up visit to Sarsardary. Medicines delivered to CH Madyan & SGTH under SFD. Coordination meeting held with EDO Focal Person regarding outbreak response.

Upper Dir: Coordination meeting held with EDOH, EPI coordinator, National program, Incharge RHC of Warrai, RHC TarPaTar for measles and AWD alert response. WHO responded to measles alert from village Sadiqa UC TarPaTar Osherai Dara Dir upper. Outreach Immunization activities were conducted in affected areas with all available antigens and 168 children were vaccinated.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

Place	Item Sent to
To Islamabad Country Office for World Water Day	Life Straws Filters With User Guide Qty 1, Beds Nets -2, Potatest kit -1, Hanna Turbidity Meter -1, Spray Pump-1, Safety Boxes-2, Hand Sanitizer Gel- 4, HTH 450 Gram Bottle -1, Hygiene Kit-1, IEC Materials -150
DHQ Batkhaila Malakand	Haematology Analyzers With Starter Pack Of Reagent & Mini Laptop With Battery.