



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 21

Date: May 20-26, 2012

1. Situation around IDP hosting districts

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

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.

Agency surgeon, Khyber visited Jalozai IDP camp. All the issues relating FATA health facility were discussed. He showed his assurance that all these issues will be solved very soon. He showed his commitment to visit camp on weekly basis or if he didn't WHO focal person can meet him weekly until all the issues related to FATA health facility is resolved.

Till 23rd May, 2012, Jalozai IDP camp hosts (Families: 10836, Individuals: 62689). **Off camp families:** (50,687, individuals: 231677). All Mohmand Agency IDPs Returned on 18-04-12.

A total of 4 suspected Measles alerts were reported and responded in this week. There were 3,452 consultations provided through health care provider, including acute respiratory infection (18% or 621 cases), acute diarrhoea (9% or 309 cases), skin infection (2% or 57 cases) and suspected malaria (2.2% or 75 cases).

In last health cluster meeting which was held on 25th May, 2012 DGHS KPK pointed out that our major concern is the identification of IDPs living in host communities and provision of services to them. A joint collaborative effort is required to reach these IDPs in the host community and to provide better health coverage to them. To devise the strategy for the identification and service provision to the new IDPs living in host communities a joint meeting of partners interested in providing services to them will be held on Monday at 11am in the conference room of DGHS. All interested partners were requested to attend the meeting.

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.

The twenty fifth Health Cluster meeting of Jalozai IDP Camp was held here on Wednesday, May, 23rd, 2012, in J-3 Health Post of Merlin. The meeting was chaired by WHO-EHA. FATA Health Team, Merlin, CAMP, CERD, SSD and DoH representatives attended the meeting.

SIAs is conducted in Jalozai IDP Camp along with 12 IDPs hosting UCs of Nowshera and 48 IDPs hosting UCs of Peshawar. According to the plan of MERLIN malaria control program and in view of few malaria cases being reported from camp, Indoor Residual Spraying (IRS) activities will be started from next week by MERLIN which is a standardized and well established control method of mosquitoes. The newly hired staff for J4 Health facility has arrived. Proposal is submitted by Merlin to donor to convert its J2 Health facility to 24/7. Merlin suggests calling the Camp health Cluster meeting as Health and Nutrition Cluster meeting. Polio SIAs will be conducted from 4th to 7th June in the camp. The addresses of the new IDPs are still a big issue. As there is no numbers on the majority of tents. This creates a lot of problem. IRC representatives assured that the numbering of tents in phase 7 will start in few days and all this process in phase 7 and 8 will

take few weeks. The issue will be resolved in few two to three weeks.

WHO conducted eDEWS training of the newly appointed staff of Merlin, CERD and FATA. Two male medical officers, five female medical officers, 2 LHV's and 2 TBAs were trained on eDEWS. WHO conducted meeting with focal person IOM and topics for the IEC material prioritized.

On reporting of Bloody Diarrhea cases, WHO EH team conducted coordination meetings regarding stool RE with Medical Officers of MERLIN HF's who ensured that now stool RE is being done for all the BD cases before reporting. The HF's doctors further told that stool RE is a useful practice to sort out genuine and fake BD cases but sometimes the patients get reluctant to go for stool RE mainly because of the fact that out of 4 HF's of MERLIN the laboratory is only in one HF and patients then refuse to go from one HF to another for stool RE not even in HF ambulance and in that case that particular HF had to report the BD case without stool RE.

DTC established by EHSAR foundation in THQ Pabbi is being routinely monitored by WHO EH Team to ensure its proper functioning according to the standard defined protocols and to fill up gaps if any in terms of supplies.

WHO EH engineer and Health Promoter visited CAMP health facility to discuss the status of health promotion being carried out in the HF. WHO Health Promoter recommended different methods and techniques to further strengthen health and hygiene promotion activities being carried out by CAMP in their HF. The Project Manager of CAMP HF also requested WHO EH Team to provide them with IEC material and on their request 500 sets of IEC material on different subjects had been approved and will be given to them next week.

WHO tested 22 water samples for residual chlorine both at sources and at user ends, 19 samples were found to have residual chlorine within the required limits while for the rest 3 samples chlorine dose was adjusted.

In total 748 water samples have been tested up-till now for residual chlorine, out of which 85% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly. 13 samples were being tested for microbiological contamination and all samples were found fit for drinking with no contamination.

In total 121 samples have been tested up-till now for microbiological contamination, out of which less than 2 % of samples showed contamination at consumers' end probably due to improper handling, for which chlorine dose was adjusted.

Routine coordination meeting was carried out with camp WASH partners (SSD & HRDS) and emphasis was laid on the issues of de-sludging and lime treatment of old latrines, de-sludging of honeycombs and construction of new WASH facilities where lime treatment and de-sludging would no more be effective

B. "Togh Sarai" IDP camp, Hangu district

In Togh Sarai there are total 11 sectors, 63 blocks, 1159 tents, 1159 families with 5821 individuals. In last provincial health cluster meeting which was held on 25th May, 2012 WHO extended their full support to CERD for any assistance they need in service provision to IDPs living in the camp and off the camp.

EPI Hangu has requested for provision of 4000 Measles Vaccines for IDP Camp Togh Sarai for all under 15 children. They have been directed to make a formal request to Provincial EPI along submission of a Micro plan as soon possible to put an end to transmission of disease.

WHO took 6 water samples from storage tanks of the camp and 02 Ice samples were taken from camp vendor, in which 3 samples collected from storage tank and 1 Ice sample was found contaminated. The results were shared with WASH partner and administrative working in camp to take immediate action.

As moon season was started now and there is a prime need of fumigation activities in camp to reduce vector related health problems. On that regard WHO team needs Logistic support to conduct fumigation activities in IDPs camp and host communities.

District Health Authorities has requested WHO assistance for establishment of DTC in district Hangu.

District Hangu TMO has requested WHO for provision of Fogging machine for Vector control activities to be carried out in the District.

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 (14% or 99 cases) of total of 732 consultations; acute diarrhoea (21% or 153 cases); skin infection (4% or 26 cases).

C. Situation in Tank district

UNFPA is the only health organization working in Tank district. WHO conducted meeting with UNFPA over the all around status of consultations in their centers at DHQ hospital and RHC Ama Khel.

WHO attended DPEC meeting, chaired by honourable DCO Tank. All line departments and EPI Coordinator, DSV and DHT participated. Campaign preparation was discussed and issues were raised. DCO instructed health department to arrange all teams with government accountable persons, a problem long faced by health office Tank. DCO extended his gratitude for the performance in FR Tank Polio campaign as well as the district Tank EPI Coordinator's efforts put in preparation for the upcoming campaign, Later, it was decided by EPI Coordinator that Micro plans need to be revised because there has been fluctuations in population because of the IDPs from Waziristan.

Based upon observations during surveillance in field, EPI vaccination for VPDs seems to be very poor, especially, in IDPs. Hour's detailed meeting held with EPI Coordinator, DSV, EPI technicians and DHTs decided, addressed and planned various EPI related issues, including their fixed station roles, vaccine availability and outreach activities in local and displaced population. Soon after, a meeting of all district EPI staff was called according to the schedule prepared for EPI section.

WHO briefed EDO H briefed regarding DRM workshop, needs and gaps in the district and management plans. EDO had a meeting with Divisional Commissioner in DI Khan in this regard.

WHO conducted meeting in UNOCHA office in order to discuss the current IDP status in the district, repatriation and new IDP arrival. UN mission to Gomal areas of Tank (Gomal area harbours more than 4,000 families, many of these families are believed to be neither properly registered, nor assessed) was also discussed. This mission has been postponed twice. The new schedule is yet to be planned.

In coordination meeting with EDO H office, proposal for health requirements was proposed which was to be discussed in a meeting in islamabad. Funds were to be assigned for three districts, TANK, Lakki Marwat and Bannu.

A meeting is planned with UNFPA regarding disease trends and activities in the district.

EDO H conducted a meeting with staff of MnCH in Tank district. TORs were stressed and EDO encouraged the staff to work hard in the district.

D. Situation in D I Khan district

30 health facilities reported to WHO via e DEWS. Total 8714 Consultations were reported. Diarrheal were major cause of morbidity representing 12.37 % (OAD as 11.92 % & BD as 0.44 %). ARI was reported at

11.66 %, Scabies at 3.88 % and Suspected Malaria at 4.28 % respectively.

DPEC (District Polio Eradication Committee) meeting chaired by DCO D I Khan was held on 25th May 2012. All stake holders attended the meeting.

District Monsoon Contingency Plan was finalized jointly by DoH & WHO. It was submitted to provincial HEPR cell & WHO Islamabad.

WHO plans to deliver a presentation on Dengue Fever to the staff of a local NGO (HDO-HAMDAM DEVELOPMENT ORGANIZATION) upon request by its management.

E. New Durrani” IDP camp, Kurram Agency

EHSAR Foundation request for NOC was rejected by authorities.

F. Situation in Kohat district

Contractor responsible for civil work under SFD fund in LMH Hospital, District Kohat has still not reported. **WHO district team has constantly been reporting this issue but not getting any progress of the issue.**

District Health Authorities has requested WHO assistance for establishment of DTC in district Kohat because Diarrheal cases are gradually taking over the high positions than ARI's.

WHO conducted meeting with EPI department and EDO-H District Kohat regarding strengthening of Outreach activities for Measles vaccination in the District. (More than 319 cases received in the district from different areas and WHO has identified Outbreak areas) but according to Coordinator EPI, his staff will be busy whole month in Polio NID's (in Week 21 & 22) 3 SNID Campaigns have been planned by WHO-Polio. Out of which 2 are Unplanned. And the second reason is absence of POL for Outreach; they have Motorbikes but no POL available from Provincial EPI department for Outreach activities. EPI coordinator has requested for time from Polio and provides free POL; they will conduct a Mass Measles campaign in all the problem areas.

WHO investigated and responded 2 Cutaneous Leishmaniasis alerts from District Kohat in last week. One Leishmaniasis alert was reported from Village Barh in UC Nasrat Khel. Total cases reported were 20 but WHO investigated 2 cases in detail. Team provided 5 boxes of Glucantime Injections to the patients and advised use of Bed nets (not available with the Team for Distribution). Second Cutaneous Leishmaniasis alert was reported from Mohallah HakeemAbad in Village Billitang. Total cases reported were 15, out of which 4 cases were from one household. Team provided 4 boxes of Glucantime injections to the patients and advised use of Treated Bednets. Details of this alert can be seen in Week 21 Alert Sheet.

District health authorities requested for WHO assistance in the form of ARV's and ASV's due to rise in dog bite cases. More ever MS, DHQ and DMS, LMH has requested for provision of Insulin 70/30, Inj Magnesium Sulphate and Inj Valium for Insulin dependent and other cases in their hospitals.

Fogging as a Vector control activity has been started in the District Kohat. WHO paid final work Check visit to Tube-well constructed by contractor working under ECHO fund in LMH Hospital and their work was found to be satisfactory.

WHO conducted on job training in EDO-H office to sanitary inspectors of EDO-Health on” uses of chlorine HTH70%” and total 05 persons were trained. Another on job training were conducted in DHQ hospital on preparation of different types of stock solution and disinfection method, total 04 sanitary staff were trained.

37 out of 43 health facilities provide eDEWS.

eDEWS:

KPK DEWS:

386 reports were received reporting 127,730 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 (17.5% or 22,374 cases) showing 1.5% decrease in percentage; acute diarrhoea (10% or 12,348 cases); skin infection (2.5% or 3,242 cases); suspected malaria (2% or 2,475 cases).

FATA DEWS:

24 reports were received reporting 5,557 patient consultations in 1 agency of FATA. Acute respiratory infections are the highest cause of morbidity (12.4% or 691 cases) showing 2% decrease; acute diarrhoea (9.4% or 524 cases); skin infection (3% or 154 cases); suspected malaria (9.4% or 521 cases).

Alerts:

In week 21 WHO received a total of 125 alerts. 112 were suspected measles, 2 were NNT, 1 was tetanus, 1 was AWD, 1 was AVH, 1 was Enteric Fever, 4 Leishmaniasis, 1 was scabies and 2 were Dengue Fever.. All cases reported were properly investigated and responded by WHO team.

Hospital Coordinator:

- WHO successfully completed IMNCI course held from 14th to 24th May 2012 in Khyber Teaching Hospital Peshawar. The course was organized for the health staff working in the health facilities that provide healthcare services for Afghan refugees. In the closing ceremony held on 22th May 2012, Director General Health Services Dr. Sharif Ahmed Khan participated and distributed the certificate of completion to 22 participants. Among other guest include Program Manage PDH, Program Coordinator MNCH, Dy Director Public Health and Head of Pediatrics Department Khyber Teaching Hospital.
- WHO Participated in the meeting called by Secretary Social Sector (Health, Education and Social Welfare) for holding a consultative workshop for IVM in FATA. WHO was request by Secretary to facilitate the workshop and support the implementation of IVM Program in the FATA. He ensures his full support in this regard.
- The distribution plan for 10 generators and some other items remaining under SFD was endorsed by DG Health KPK. Preliminary visit to proposed venue for IVM workshop was made to see the feasibility of holding the workshop.

DTCs:

- EHSAR Foundation is running DTC center with the support of WHO in Pabbi Satellite hospital district Nowshera from 4th May, 2012. In week 21, 2012 a total of 212 patients were consulted in DTC center in District Nowshera, out of these 116 were of type A, 71 were of type B and 25 were of type C.

Essential Medicines:

- Total of 6 Monitoring, 2 Follow up visits and visit to 4 health facilities performed this week including Mardan, Dir Lower, Bannu and D. I. Khan. Gaps regarding safe disposal of sharps, irrational use, storage of essential medicines, record keeping and stock outs identified generally. Hands on trainings provided to the concerned staff of health facilities.
- 4 training sessions were conducted in Mardan, Bannu and D. I. Khan on Safe disposal of sharps, good storage practices, inventory management, and rational use of medicines.
- 19 types of assorted essential medicines delivered to Dir Lower, D. I. Khan and Charsadda which is sufficient for approximately 7380 patients.

- 13 Measles alerts and 6 cases of Leishmaniasis alerts responded at Kohat, Dir Lower, Bannu and D.I. Khan by providing Vitamin A for measles and Meglumine Antimoniate Injections for Leishmaniasis. 2 measles outbreaks also responded at Mardan. Health and hygiene sessions were also conducted in the areas having measles outbreaks.
- During week 21 total of 08 coordination meetings held with different stake holders including EDOH, Saidu Group of Teaching Hospital, Senior pharmacist of KTH and DSM PPHI in which construction of warehouses at Swat and D.I. Khan, Leishmaniasis alerts and response, availability of essential medicines and implementation of LSS were discussed.
- **IDPs camp Jalozai Activities:** - A monitoring visit performed this week to BHU J-3 at Jalozai Camp supported by Merlin. Overall conditions of storage, patient counselling and rational use of medicines found satisfactory. A visit also paid to CAMP Organization's health facility # 1 and advised to arrange thermometer for monitoring of temperature at the Pharmacy. 25 Injections of Meglumine Antimoniate Injections delivered to Merlin for 5 patients having Leishmaniasis.
- **FATA:** Coordination meeting held with DG Health FATA and Agency Surgeon Khyber agency in which Kurram agency HeRAMS assessment report, approval of 5 IEHK distribution plan and issues related to Khyber agency health staff appointed at Jalozai camp discussed respectively. DG health FATA approved the assessment report and distribution plan, while, Agency Surgeon decided to visit the Jalozai camp to sort the problem out.
- Pharmacy at CH Jamrud visited where line list of leishmaniasis checked and treatment protocol observed. The line list has been maintained properly but treatment protocols have not been followed as the patient received doses without proper dose calculation. However, MT explained that we are not providing patients with required injections because of some allergic reaction at the site of injection due to low quality brand of meglumine antimoniate supplied by DHS FATA.
- Visit made to AS Khyber agency main warehouse where essential medicines availability assessed. It has been observed that nearly all of the key essential medicines were available except amoxicillin which were in pipeline. Some of the bin cards required to be updated.
- Visit to DHS FATA main warehouse where IEHK dismantled to EHKS observed but due to busy routine of staff at warehouse only 5 EHKs have been prepared. EHKs' Distribution plan approved by the DG Health FATA has been shared with store keeper who confirmed the progress will be made on preparation of EHKs in coming weeks.
- 3 EHKs provided to AS Mohmand agency in accordance with DG Health FATA approved distribution plan to fill in the gaps of essential medicines supply.

WASH:

- Meeting of Environmental Health Engineers FATA/ KP was held at EHA Provincial office Peshawar on May 23rd 2012, chaired by Mr. Azret Kalmykov EHA Team leader and Health cluster coordinator KPK/ FATA. Environmental health engineers shared the updates of EH activities in their respective districts. Issues related to EH activities were also discussed and important decisions were taken in this regard.
- Environmental Engineers from field provided technical verification of ware houses construction and Health facilities improvements included in SFD and ECHO Funded projects.
- In view of upcoming monsoon season and rise in malaria cases being reported from camp, Merlin malaria control unit is starting "Indoor Residual Spraying (IRS)" activities from next week. EH Staff in the camp is also supporting the activities for complete coverage through coordination with the partners in the camp.
- On reporting of Bloody Diarrhea cases, WHO EH Engineer did coordination meetings regarding stool RE with Medical Officers of MERLIN HFs who ensured that now stool RE is being done for all the BD cases before reporting. The HFs doctors further told that stool RE is a useful practice to sort out genuine and fake BD cases but sometimes the patients get reluctant to go for stool RE mainly because of the fact that out of 4 HFs of MERLIN the laboratory is only in one HF and patients then refuse to go from one HF to another for stool RE not even in HF ambulance and in that case that particular HF had to report the BD case without stool RE.
- On May, 24th 2012 coordination meeting was held with DSM PPHI and RBM District Mardan; WHO

team shared situation of measles outbreak in catchment of BHU Kot Jungara and newly registered cases of C-Leishmaniasis from UC Baizo Kharkai; in coordination with WHO, PPHI team visited UC Baizo Kharkai meeting conducted with local elders and community support group to plan immediate vector control measures / IRS in the C-Leishmaniasis affected areas.

- Coordination meeting was conducted in EDO- Health office district Kohat. The participants of the meeting were EDO-H Kohat, National program coordinator, RBM, Sainitary Inspector EDO-H, P&D. Existing situation of water quality, chlorination status and disinfection was shared by EHE. EDO-H requested WHO EHA team to organize training for partners working in Kohat on “chlorination and disinfection”. EHA team requested TMA’s Kohat & Lachi, PHED Kohat, Kohat Development Authority KDA, DMS LMH and MS DHQ hospital for fully participation of the training.
- WHO conducted a second coordination meeting on Haripur diarrheal disease contingency involving DCO, EDO Planning and Finance, TMO, Public Health Engineering Department, Irrigation Department, MS DHQ, Save the Children, PPHI, Social Welfare department. 20 areas with unprotected water sources were identified to the cluster from where cholera outbreaks were reported last year. DCO has agreed to protect them by WHO recommended measures. He also requested that WHO take the initiative and build 1 or 2 spring boxes (source protection) which will serve model for District government and other health partners working with us. The rest of the sources will be protected by District Government with its own budget using the model provided by WHO. These source protection needs to be completed before monsoon (July) in order to reduce the diarrheal disease morbidity and prevent mortality.
- EHA team successfully investigated 02 alerts of Cutaneous Leishmaniasis, reported from BHU Barh and Bilitang District Kohat. During field visits to the affected communities’ total 13 CL patients were found. Domestic hygiene of the affected families was found very poor. Health and hygiene session were conducted among the affected communities on prevention and control of Leishmaniasis, and malaria. Health & Hygiene sessions were conducted among the affected communities. 45 H/Kits were distributed among the affected communities.
- An Ajs alert at Khalla butt township sector 4 and enteric fever alert at Padiana Afghan Camp Haripur were investigated and responded promptly with water analysis, WASH supplies and health and hygiene session. The community and in specific the affected families were educated for the improvement of their personal and domestic hygiene.
- EH Teams visited and inspected the ongoing construction of ware houses in Kohat, Bannu, DI Khan, Swat, upper Dir, Bajaur, Mohmand, Khyber and Buner in KPK/ FATA and shared the detail reports.
- EH Engineer visited/inspected civil works under progress in Leady reading hospital. Meeting was also held with director accident and emergency department to discuss the progress of work. The team declared the work satisfactory.
- WHO team in collaboration with LHWs program, WASH health promoters and community volunteers conducted Health education sessions with family members and community in reported village.
- Health education session conducted with the family members and community in District Dir Lower & upper, Haripur, Mardan and Kohat.
- Health education was provided to community members, female, local stake holders and health care staff in Alert reported areas.
- WHO supported these events with health promotion material and technical facilitation from EH and DEWs units.

Nutrition:

- Coordination meeting held with Nutrition Cell, LRH Administration and Facilitators regarding 07 days workshop on facility based management of severe acute malnutrition. Tentative agreement reached for the dates of to, will be conducted in first week of June.
- Meeting conducted with World Bank, AusAid team along with UNICEF, MI and WFP. Discussions regarding the integrated PC1 took place.
- Coordination meeting held with Nutrition Cell DoH regarding finalizing monitoring plan of NSCs for the coming weeks. Another meeting is planned with Deputy Director after his return from Joint Review,

regarding same issue in which dates will be finalized.

- Coordination meeting conducted with National Program for Family planning and PHC regarding visit to Shangla. Tentative plan to visit Shangla in the next week.
- Total of **27** patients of severe acute malnutrition with life threatening complications were admitted in 8 Nutrition Stabilization Center with **22** patients were cured, **01** died and **03** were defaulter cases.
- In Pabbi Hospital Nowshera, **nine** new cases of children with severe acute malnutrition with life threatening complications were admitted in the hospital and **four** were cured with three defaulters.
- **Upper Dir:** Monitoring and supervision visits conducted of the Stabilization centre. Monitoring and Supervision visits to the Basic Health Unit (BHU) Bebwar, BHU Daslour, Rural Health Center(RHC) Wari to establish the referral chain of mechanism for the severely malnourished children with complications within the health facilities and the stabilization center.
- **Lower Dir:** WHO performed routine monitoring and supervisory role at NSC Chakdarra. Following of WHO protocol in NSC was assured. Children screening process was examined at OPD. Coordination meeting held with District Nutrition Coordinator for sharing updates on nutrition activities. WHO conducted visit to EDO-H office. The Monthly Time sheet was verified and signed from EDO-H for activities carried out during May, 2012.
- **Kohistan:** WHO participated in training by UNICEF regarding CMAM & IYCF on, 21, 22 and 23rd of May at Bisham Continental Hotel. Coordination meeting held with In Charge RHC Dasu regarding establishment of SC a RHC Dasu on May 18th. Coordination meeting conducted with Executive District Officer Health (EDO-H) regarding recent issue raised in the district related to ban on female staff working in the district on 24th May.

District level coordination & monitoring:

Shangla: WHO held meeting with Delegates of European Union, explained the role of WHO in the District. The role was appreciated by the delegates and it was emphasized that WHO should continue to play its role in vaccine preventable Diseases and advocate Routine vaccination. WHO conducted Meeting with DCO Shangla on increase in malpraxis in the district causing rumors of acute appendicitis in Village Ragishum and Martooba. The meeting was also attended by EDOH, MS DHQ and ACO Shangla. It was decided in the meeting to ban illegal practices in the District. WHO conducted visit by district Task team to Village Ragishum, Martooba and Kuzpao. During the visit WHO addressed the local communities and addressed their problems regarding the Acute appendicitis cases and devised plans for their rectification. Meeting held with Director Wajeeha Thalassemia centre. It was decided in the meeting that the centre will be ready in the upcoming week and inauguration will take place. WHO Investigated 03 Measles alerts and 01 AJS Alert (03 cases) in week 21/2012.

Swat: 10 alerts of Suspected Measles were received and responded to during week 21, 2012. Ten system generated alerts of Week 20 were responded to in the current week. WHO Swat team conducted coordination meetings with MS SGTH & EDO Health Swat. Monitoring visit conducted to SGTH to check the status of equipments donated by WHO through the ECHO fund. Monitoring visit conducted to BHU Manyar, BHU Odigram, CD Ghalegay, BU Qambar and CH Manglore.

Haripur: 18 alerts (6 outbreaks) were reported and responded in this week. Coordination meeting held with DCO, TMO, Public Health Engineering Department, Social Welfare Department, EDO Health, EDO Finance and Planning Save the children and PPHI regarding Diarrhoeal Disease contingency Planning in Haripur and water protection of sources in previously identified areas to reduce the risk of water borne diseases. WHO visited 9 Health facilities: CD Kot Najibullah, RHC Kot Najibullah, RHC Khanpur, BHU Sarai Saleh, BHU Luder Mang, BHU Bagra, BHU Mankarai, BHU Jatti Pind, DHQ Haripur. ARI 20% 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 diarrhoea 12% with 1% increase compared to previous week and scabies 2%.

Mardan: WHO conducted coordination meeting with DSM PPHI and RBM; WHO team shared situation of

measles outbreak in catchment of BHU Kot Jungara and newly registered cases of C-Leishmaniasis from UC Baizo Kharki; in coordination with WHO, PPHI team visited UC Baizo Kharki meeting conducted with local elders and community support group to plan immediate vector control measures / IRS in the C-Leishmaniasis affected areas. Coordination meeting was conducted with MS THQ Hospital Takht Bhai; during meeting MS was requested for sharing weekly eDEWS report to the EDO Health Office and WHO EHA team to avoid any unpleasant circumstances. MS ensured his full support and also requested for supply of EM especially for summer season. In routine monitoring visit, WHO team conducted visits to 8 health facilities of district Mardan: DHQ Hospital Mardan, Mardan Medical Complex for any Alerts/outbreak. Field visits are conducted to BHU Mayar, BHU Pir Sado, BHU Kot Jungara, RHC Toru, RHC Manga and THQ Takht-Bhai. On job training of health staff was conducted on disease case definition, alert and outbreak response. Two measles including One outbreak with 2 deaths and one C-Leishmaniasis alerts were reported during week 21. All the reported alerts/outbreaks were responded jointly with DoH & PPHI Mardan.

Lower Dir& Upper: WHO conducted coordination meetings with EDOH, EPI coordinator, National program Dir lower and upper for measles response in Dir lower and upper. WHO Team participated in Quarterly meeting District dir lower on May 23, 2012 at Agriculture office Dir lower. WHO team presented the role of WHO in zoonotic disease control, updates and reporting format. EDO health requested the Relief international for Anti rabies vaccine. TMA and Participants requested WHO team to visit the slaughter house and give suggestion for the improvement of slaughter house. WHO team responded 2 measles Alert/outbreak reported from AR Toor Camp Munda Dir lower and village Sher petao Nasafa Tehsil Warai Dir Upper. All the Alert/outbreaks were jointly responded by DoH & WHO Team along EPI Vaccinators. Outreach Immunization activities were conducted in each affected areas with all available antigens. Vitamin A was given to all children.

Charsadda: WHO visited BHU Akbarabad, BHU Shiekho, BHU Zarinabad, THQ Tangi and DHQ hospital to check alerts. DEWS data was submitted by 49 facilities. Total no of consultations were 16268. Upper Respiratory Tract Infection was 15%, Pneumonia was 0.9%, other Acute Diarrhea 12%, suspected Malaria 3%, Scabies was 3% while Other diseases 54% were reported.

Manshera: An outbreak of Scabies reported from Kashtara Village UC Talhata, almost 84 cases were found, primary school was also affected from scabies, Team along with PPHI and HF staff went and HE session conducted in the school and community, soaps distributed and Benzyle Benzoate Lotion distributed for treatment. Two suspected cases of Measles reported from DHQ Hospital with complications of Pneumonia. Vitamin A given to children, EDO Health office informed for vaccination of missed children in the area. Acute (upper) respiratory infection (10.18%), Scabies (2.17%), Suspected malaria (0.05%), Other Acute Diarrhea (5.58%), Pneumonia (0.38%) remain the leading causes of morbidity representing a total of 18.36%. Bloody diarrhoea, Dengue Fever, acute watery diarrhoea (AWD), suspected measles, Cutaneous Leishmaniasis and meningitis represented less than 1 % of total morbidity in reporting period. Bloody diarrhoea represented 0.24% of this morbidity. All diarrheal disease comprised 5.82%, Viral Hepatitis 0.39% and ARIs 10.56% of total morbidity. In patients aged < 5 years, Pneumonia (1.42%) was the most notified cause of morbidity, followed by other acute diarrhoea (17.04%), Acute Watery Diarrhea (0%), Bloody Diarrhea (0.52%).

Swabi: Coordination meeting held with EDO Health and DCO at DCO office regarding the new role of UPEC chairmen and member on 21st May 2012. The meeting was chaired by the DCO. EDO Health summarised the role and responsibilities of UPEC members. All The relevant issues discussed and solved. Coordination meeting conducted with Provincial Measles Coordinator held at EDO Health Office. WHO discussed all the relevant details which were appreciated by Provincial Measles Coordinator. The EPI coordinator discussed all the relevant campaign details. 15 Health facilities were visited.

Mohmand: 7 health facilities AHQ Ghalanai, RHC Yakkaghund ,BHU Lakarro, BHU Momad gat, BHU Prang ghar, BHU Nawa Kalay BHU Michni visited. Coordination meetings held with Agency Surgeon Mohmand Regarding distribution of medicines provided by WHO to newly reemphasized health facilities. Coordination meeting conducted with MS AHQ Ghalanai in which proper utilization of EH Supplies were

discussed. WHO attended APEC meeting chaired by Political agent Mohmand, progress & readiness for upcoming campaign was reviewed. Coordination meeting held with FSMO for Measles vaccination in Ambar. WHO attended & monitored AIC training.

Lakki Marwat & Bannu: 2nd SNID in 16 high risk UC's started on 19th May in District Lakki Marwat. DEWS team fully participated in campaign. DEWS team supervised and monitored three different UC's and shared the data in evening meetings with DCO, EDO health and WHO polio eradication team. Campaign activities were also monitored in Afghan refugees camps. In district Bannu and Lakki there are 5 small camps. The estimated population of refugees in these camps is 18000. These camps are in Taja Zai, Siraye Gambila, Gandhi chok (Lakki District) and in Bizen Khel, Ghoriwala (Bannu District). Only one health facility BHU Siraye Gambila run by PDH/UNHCR covers all these camps. Five measles cases were reported from Women & Children hospital of Bannu. All the cases were investigated. One alert turned out to be an outbreak in UC Hakim Bharat, mop up carried out in which 21 children were vaccinated by DEWS team accompanied with focal person from EDO health. In response EPI coordinator mailed to DD EPI for mass vaccination campaign in the district. Five health facilities were visited by DEWS team. Provided case definitions charts to 2 facilities.

Battagram: WHO conducted visits to DHQ Hospital Battagram, RHC Banna, RHC Kuza Banda, RHC Thakot, BHU Batly, BHU Huthal Bathkool, BHU Phagora and BHU Shamlai for eDEWS analysis. 8 Measles alerts reported from DHQ Hospital were investigated and responded. 1 System generated Alert of URTI, 1 of BD and 3 of TF for Week 21-2012 were investigated and responded. A meeting was held with EDO Health and Senior Program Manager Health Save the Children Battagram and shared the current status of Measles Alerts at District Battagram. EDO issued a notification to all In charge Health Facilities to Monitor and supervises the EPI Technicians regarding their outreach immunization activities.

Khyber Agency: One Outbreak of Leishmaniasis received and responded to during week 21, 2012. 3 system generated alerts responded to from Khyber Agency in Week 21, 2012, all these alerts were false alerts. Coordination Meetings held with Agency Surgeon, FSMO and PPHI. Monitoring visit conducted to CH Jamrud, CD Qadam, BHU Mian Morcha, CHC Wazir Muhammad killi and CH Lowara Mina

Logistic:

The following supplies were supplied from WHO KP warehouse to:

Nowshera	MERLIN JALozAI CAMP: Meglumine inj 5ml 25 PABBI: Public Hygiene Urdu & English poster 5, safe Disposal of Faces in English Poster 5, Safe drinking Water Urdu & English poster 5, Hand Hygeine English & Urdu Poster 5, Water Pure Sachets 100, Nerox Filters 5
UPPER DIR	Hygiene kits 200, Water pure Sachets 100000
LOWER DIR	Hygiene kits 200, Water pure Sachets 100000
BUNER	Hygiene kits 200, Water pure Sachets 100000
MARDAN	Hygiene kits 200, Water pure Sachets 100000. PPHI MARDAN: Meglumine inj 5ml 200 Cholera outbreak Urdu & English posters 50, Hand hygiene English & urdu posters 50, WHO Logo Shirt 1
SWABI	Hygiene kits 250, Water pure Sachets 300000.
SWAT	Apron SFD 40, Hygiene kits 300, Masks 50, Needle Cutter 20 , Water pure Sachets 100000 Rubber Boot SFD 15 Pairs
MALAKAND	Apron SFD 5, Hygeine kits 100, Masks 9, Needle Cutter 8, and Water Pure Sachets 100000.
AFGHAN REFUGE CAMP	Bed Nets 25

PPHI CHARSADA	Mupiricin Cream 2% 15gm 40,Salbutamol inhalers 1000,Bethmethasone 5gm Cream 2000,Glucosamine + Chandrotin Sulphate Tabs 3000,Mebendazole 20mg per ml Syrup 320,Metronidazole 400 mg Tabs 15000,Permethrin 5% lotion 500
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WHO EHA KPK Sitrep