



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 44

Date: October 28- November 03, 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 24th October, 2012 total IDPs families registered are 85,400 families with 392, 626 individuals. Jalozai IDP camp hosts 17, 287 families with 81, 086 individuals. 68, 113 families with 311, 540 individuals are living in off communities.

Alerts and Consultations:

A total of two alert cases of C-Leishmaniasis were reported. There were 260 consultations provided through partner organization, including acute respiratory infection (25% or 65 cases), other acute diarrhea (18% or 47 cases), also skin infection (2% or 5 cases) and suspected malaria (1% or 2 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 coordinated with health promotion team of Merlin and discussed training the community volunteers on WHO Health Promotion Guidelines.

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 conducted coordination meetings with WASH partners in the camp regarding updates on their routine activities. Emphasis was laid on vigilantly following the trends of different water & vector borne diseases projected in weekly disease situation update report of WHO or by getting the data from health facilities in camp.

WHO advised water quality analysts of all WASH partners to regularly monitor, record and share water quality testing data including both physiochemical & microbial testing and ensure supply of 100% chlorinated water in the

camp.

WHO carried out on job training sessions with field teams of WASH partners which included health & hygiene promoters/ social mobilizers and advised them to create awareness among IDPs and convey health & hygiene messages to them keeping in view the current disease trends and also emphasize them on adopting preventive measures against different diseases like Malaria, Scabies & Diarrhea.

WASH partners updated WHO that they are regularly carrying out their repair and maintenance work of WASH facilities in which also includes periodic washing and cleaning of water storage tanks.

WHO tested 33 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 1162 water samples for residual chlorine, out of which more than 96% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly.

WHO tested 11 samples for microbiological contamination and all samples were found fit for drinking with no contamination. So far WHO has tested a total of 307 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 coordination meeting with Merlin's district pharmacist regarding availability of essential medicines. It was informed that all key essential medicines are available at the facilities. Standard guidelines on Rational Use of Medicines were shared with Merlin's pharmacist. 300 Oxytocin injections delivered to CERD for use at Jalojai camp.

B. Togh Sarai" IDP camp, Hangu district

1159 families with 5821 individuals are residing in IDP camp. CERD has planned for MCH activities. The week will be held in BHU Muhammad Khawaja.

EDO-H Hangu has requested for installation and training of health personnel over X-Ray processor plant provided by the WHO.

WHO conducted coordination meeting with EDO-H Hangu and MS THQ hospital regarding issues in civil work projects for THQ hospital in the district.

04 out of 18 health facilities reported to WHO via e DEWS. There were 260 consultations provided through partner organization, including acute respiratory infection (25% or 65 cases), other acute diarrhoea (18% or 47 cases), also skin infection (2% or 5 cases) and suspected malaria (1% or 2 cases).

C. Situation in Tank district

WHO visited 4 health facilities. WHO conducted routine daily visits to DHQ hospital OPDs and EPI fixed center. During visit to the facilities, on job training of in-charge health facilities on Measles and chicken pox case definition were conducted. WHO held coordination meeting with DEDO H to discuss the DEWS data and overall health situation in the district.

WHO followed Measles case and conducted survey in the affected area.

D. Situation in D I Khan district

WHO conducted monitoring visits to BHU ShorKot, MCHC center and Nutrition stabilization center to discuss

disease trends. WHO conducted routine daily visits to DHQ hospital and to Peads Nursery wards.

WHO conducted coordination meeting with DEDO-H to discuss the health situation in the district. WHO held meeting with the staff of Malaria control program. WHO conducted meeting with provincial Coordinator National Program. WHO held meetings with Agency surgeon FR DI Khan, district EPI official and consultant to discuss the diphtheria cases erupted in FR DI Khan.

WHO received and responded Dengue case.

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 618 consultations received through Save and Serve organization. Acute respiratory infection is the highest cause of morbidity (38% or 234 cases) of total consultations; other acute diarrhoea (4.5% or 28 cases); suspected Malaria (7% or 44 cases); skin infection (8% or 52 cases).

F. Situation in Kohat district

WHO received and responded and 02 AWD cases from district Kohat. WHO visited SHC Surgul for response. WHO collected sample and sent to NIH for confirmation.

WHO received and responded 03 BD reported by RHC Usterzai. WHO did detailed investigation. RHC staff was met and inquiry regarding the reported cases was done, reporting medical technician explained that they have received BD cases but there was no clustering among the cases, all cases came from different localities.

14 out of 43 health facilities reported to WHO via e DEWS.

eDEWS:

KPK eDEWS:

- 338 reports were received reporting 61,840 patient consultations in 14 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (27% or 16,786 cases) showing 5% increase in percentage; other acute diarrhoea (10% or 5,933 cases); skin infection (2.5% or 1,527 cases); suspected malaria (1.5% or 936 cases).

FATA eDEWS:

- 40 reports were received reporting 5,677 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (18% or 1,026 cases) showing 4% increase; other acute diarrhoea (11% or 643 cases); skin infection (3.6% or 202 cases); suspected malaria (7% or 461 cases).

Alerts:

- WHO received and responded a total of 25 alerts including 05 outbreaks. Out of these alerts 12 were reported for measles, 02 were NNT, 05 were Leishmaniasis, 02 were Dengue Fever, 01 was Viral Hemorrhagic Fever, 02 were Typhoid Fever and 01 was Acute Viral Hepatitis. All cases reported were properly investigated and responded by WHO.

Health Promotion Activities:

- WHO conducted a two days health promotion training for the UNHCR’s health staff for Afghan refugees. 29 participants (doctors, dispensers, vaccinators and community health supervisors) from different districts of KP

were trained on WHO Health Promotion Guidelines.

Assistant to DEWS Coordinator & Liaison DOH:

- WHO conducted meeting with Polio team leader regarding problems of NID activities in district Bunir. WHO DEWS coordinator and Dr .Israr will visit district and will held meeting with EDO-H and administration to solve the issues.
- WHO held meeting with Dr. Abid provincial coordinator PRCS/GRC on Winter Contingency Plan sharing.

Essential Medicines:

- WHO conducted 13 monitoring and 06 follow up visits to district D.I. Khan, Kohat, dir lower, Mardan, Bannu and Nowshera. During these visits gaps regarding irrational use & storage of essential medicines, record keeping and stock outs identified generally. Hands on trainings provided to the concerned staff of health facilities.
- WHO conducted one day capacity building training at Mardan. 33 participants from Relief International trained on rational use of medicines in this session. One day training session held on Safe Disposal of Expired Medicines at Women and Children hospital, Bannu in which 12 participants were trained including MT, male nurse, female nurse and sanitary staff. Two days training on Rational Use of Medicines held at district Shangla in which 16 participants from Malteser International trained. Total of 12 hands on training sessions held at D.I. Khan and Nowshera on Rational use of medicines and storage of essential medicines. On request of The Johannitter, WHO shared standard guidelines on Safe disposal of expired medicines and standard guidelines on good storage practices, RUM and good dispensing practices with hospital pharmacist of Mardan Medical Complex.
- WHO conducted 12 coordination meetings with different stakeholders including In-charge Medical ward C, Malaria Supervisor, EDOHs, MS DHQH, DMS LMH, MS MMMTH, MS WCH and Hospital Pharmacist in which non availability of EM, I/V fluids, implementation of LSS, safe disposal of F-100 milk, technical support on LSS, situation of EM, suspected diphtheria patients and non availability of anti malarial discussed.
- WHO responded to 4 Diphtheria cases at Bannu and Buner by providing ADS . WHO responded diphtheria cases, 20 ADS to swat, 5 to HMC Peshawar, 5 to KTH Peshawar and 8 ADS delivered to Mardan. 1 CCHF and 3 Measles alerts at Dir Lower and Mardan responded by providing vitamin "A" capsules and training to staff on isolation of patients.
- WHO delivered 10 TIG and 15 ADS to Buner to respond Tetanus and Diphtheria respectively. 50 Insulin vials delivered to Ayub Teaching Hospital, Abbotabad. 1 DT Kit delivered to DHQH, D.I. Khan which is sufficient for 1000 patients approximately
- WHO provided one EHK sufficient for 6000 patients and assorted medicines to save and serve from FATA warehouse after analyzing the consumption of medicines.
- In coordination meeting with EDO Health, DSM PPHI & Hospital Pharmacist DHQ Hospital district Haripur current essential medicines status, Logistic Support System implementation & essential medicines supply system, non availability of EM at BHUs, damaged pallets and cold chain management was highlighted.
- WHO paid monitoring visit to BHU Dheenda & BHU 1 supported by Save the Children for Afghan Refugees district Haripur. Issues regarding poor patients counselling & irrational use of medicines were observed & hands on training on good dispensing practices & Rational Use of Medicines was conducted. WHO received and responded Congo outbreak at village Kotla and session was conducted for adults to improve isolation & control of disease.

WASH:

- **District Nowshera:**
- WHO held coordination with TMO Nowshera for providing nominations of their staff for training on water quality testing & monitoring in order to properly functionalize the water quality testing lab established by WHO.
- WHO held coordination meeting with RBM staff of DoH regarding fumigation activities in Jalozai and in Dag Ismail Khel (DIK) as cutaneous leishmaniasis cases was reported from BHU DIK. The MCP staff informed WHO that they had already asked DCO for funds and will start the fogging activities as soon they will get POL

funds from the office of DCO.

- WHO held coordination with PPHI to get the update on distribution of EH supplies handed over to them which included hand washing soaps, aqua tabs & pure sachets. PPHI staff informed WHO that they provide these EH supplies to BHUs on regular basis as per their demand and need which further gets distributed among the patients/ community especially IDPs hosting areas after proper counselling and sensitization
- **District Peshawar:**
- WHO held meeting with Executive Engineer PHED Peshawar regarding nomination of the staff for training on use of Wegtech kits for water quality monitoring .3 staff members were nominated for this training will be trained as part of capacity building of PHED on water quality monitoring and improvement.
- WHO held coordination meeting with Deputy Secretary PHED and discussed the overall capacity building of PHED staff on water quality monitoring. WHO Informed him about the completion of staff trainings in Buner, Mardan, Dir, Swat, DIK, Hangu, Haripur, Abbottabad and trainings in rest of the districts is in progress.DS ensured his continuous support in this process.
- **District Charsadda & Swabi:**
- WHO organized and participated in a meeting with Pakistan Council of scientific and industrial research (PCSIR) environment research section Peshawar. The meeting discussed PCSIR appraisal of assistance for up gradation of district water testing labs established by WHO in Charsadda, Dir Lower & Nowshera and capacity building of TMA/PHED lab staff on water quality monitoring & improvement. WHO provided all the background information and nomination of lab staff from each district.
- WHO participated in PPHI monthly review meeting (MRM) held at DSM office Swabi. The health facilities staff requested for additional support of hygiene items, hand washing soap and health promotion material. WHO assured to provide 2000 sets of IEC material for intensive health promotion campaigns in targeted UCs of Jhunda, Yar hussain, Pajman, Takhil Kabgani, and Budgah areas already affected by Dengue/Malaria/AWD outbreaks in recent weeks.
- WHO visited PHED subdivision office district Swabi. PHED has recently received water quality monitoring and testing equipment's from WHO. The Executive Engineer officer requested for early utilization and on-job orientation of relevant staff on these items. WHO requested PHED to expedite the finalization of the training nomination process for timely completion of this activity.
- WHO in collaboration with Sarhad Rural support Program (SRSP) Charsadda collected drinking water samples in flood affected areas of UC Ehsaara, Daulat pura, Gazi Abad and town council Utmanzai. Permanent community water systems including dug well and hand pumps were tested for physiochemical and microbiological parameters for installation of low cost household filters (Rapid sand filters) designed by PCSIR sponsored by Govt of KPK. Initial water test results revealed 15% of the hand pumps, 21% of the dug wells samples feacally contaminated mainly due to unhygienic water collection and handling.
- WHO visited TMA tube well sources in urban areas of district Charsadda including MC1, MC2, Suger mill, town council tube well source at committee chowk Utmanzai. The chlorinators are functional and residual chlorine doze with WHO recommended range at source. All the units need regular supply of liquid chlorine (sodium hypochlorite 20%) for uninterrupted chlorination.
- **District Mardan :**
- WHO responded to measles and one C-Leishmaniasis alert and held coordination meeting with RBM Program focal person regarding carrying out vector control activities in the areas.
- WHO carried out monitoring visit to RHC Gambat. The staff of the health facilities including 13 participants was trained on Health care waste management and infection control in the health facilities. WHO also provided soap to the health facility.
- **District Swat:**
- WHO investigated and responded to 4 measles and 3 diphtheria alerts. During responses Health and Hygiene sessions were conducted along with active surveillance, the main focus was on routine vaccination in order to prevent vaccine preventable diseases. Total number of 68 community members was educated.
- BHU Odigram, BHU Qambar, Saidu Group of Teaching Hospitals and CH Manglawar were visited by WHO during last week. During visit WASH assessment of these health facilities were done, in this regard total number of 5 water samples from these health facilities were taken and all samples were found safe for drinking.
- WHO tested a total of 10 water samples from 5 from health facilities and 5 from different wells. Out of 10 samples 2 were found microbiologically contaminated.

- **District Lower Dir:**
- WHO held meeting with Exen PHED for Nomination of staff for training on water quality testing equipment. This training will be completed by coming week.
- WHO responded 2 measles alerts from village Sar Larai, awaro UC Manyal Tehsil Lal Qala and village Zawal Baba UC Timargara Tehsil Lalqala. Health education session conducted with the 21 family members (41 individuals) and community, patient isolated, EDO-H & EPI Coordinator were informed. 3 hygiene kits and 72 soaps were provided to affected families.
- One suspected CCHF case responded in village Islamabad, Matta Talash Dir lower. All Beds, walls, cup boards, chair, table and other equipments were disinfected and closed for one for one day. DHQ all sanitary staff training will be start from next week in three batches. Health education was provided to the local staff of BHU Banda Talash, RHC Talash and DHQ Hospital Dir Lower and requested that suspected cases of CCHF should be isolated and cared for using barrier-nursing techniques – masks, goggles, gloves, gowns and proper removal and disposal of contaminated articles. Patient personnel equipment's, bleeding spot, beds, utensils, bed sheets, blanket, room etc were disinfected. Patient house and clinics where patient first examined were also disinfected in village Matta, Talash. On job training were provided to local community on disinfection of houses. Aqua tabs (.65*100*30=3000unit), HTH chlorine powder and 144 soaps were provided to affected family. WHO team provided health education to 25 Nearby houses (67 individual) for the use of acaricid (insecticide) for Tick control in livestock and regular examination of clothing and skin for ticks, and their removal; and use of repellents. PPEs were provided to DHQ health staff for examination of suspected cases of CCHF.
- WHO trained 1 sanitary supervisor, 3 sanitary worker and two health staff on infection control. 5 water samples were collected from village Islamabad, Matta Talash and tested for pH, Turbidity, residual Chlorine and fecal coli form. 5 out of 5 water samples were found focally contaminated due to contaminated unprotected source and poor hygienic condition.
- **District Haripur:**
- WHO responded to leishmaniasis alert at Bheer, two alerts of AVH at Ghazi and typhoid at Serai Nemat District Haripur. WHO collected 09 water samples from springs and households for bacteriological analyses during alert investigation, 6 samples were found contaminated. Health and hygiene campaign already conducted for the affected community. Soaps were distributed among the affected families The community and in specific the affected families were educated for the improvement of their hygiene i.e. use of chlorinated water for drinking purpose or Boiling of water before drinking, proper hand washing before eating and specially after using toilets and also proper disposal of human & animal excreta. Patients were advised not to cook and handle food for 7 seven days after the onset of jaundice as most of the adults work in the adjacent restaurants. EDO health was informed about the situation.
- WHO visited CD Kalabat. The health facility and water supply system were assessed in order to identify gaps, problems and nature of interventions CD Kalabat need an extra room as mostly patients are treated in open space due to non-availability of space in existing building.
- **District Shangla:**
- WHO held meeting with newly appointed DCO and was briefed on WHO activities in Shangla. He offered his full cooperation for the activities in the district.
- WHO held meeting with Ex-en PHED regarding nomination and training of staff on water quality monitoring
- WHO conducted meeting with partner organizations working in Shangla in WASH& Health sector to discuss issues related to alerts and outbreak response. The water tank at village Pagorai funded by TMA and supervised by WHO, has been completed. 02 water samples collected from the source.
- **FATA:**
- WHO responded to C- Leishmaniasis alert from pindi lama jamrud Khyber agency, awareness session was conducted among the affected family member regarding prevention of vector borne diseases.
- WHO oriented 31 staff of the health facilities on health care waste management and infection control in monthly review meeting of PPHI.

Nutrition:

- WHO held coordination meeting with National Program, Family planning and Primary Health Care regarding refresher and new trainings for LHWs on Nutrition Sentinel site surveillance system for Kohat, karak and buner and also for new proposals for HANSS operationalization in districts of Phase I and Phase II.

- Total of **30** patients of severe acute malnutrition with life threatening complications were admitted in 9 Nutrition Stabilization Center with **27** patients were discharged, out of which **27** were cured **00** died, **00** were medically referred and **00** were defaulter cases.
- In Pabbi Hospital Nowshera, **one** new case of children with severe acute malnutrition with life threatening complications was admitted in the hospital out of which 02 were cured and 00 defaulted.

District level coordination & monitoring:

Haripur: WHO visited 05 health facilities (DHQ, RHC Sarai Naiat, BHU STC2, CD KTS3 and BHU Dingi). WHO conducted coordination meeting with EDO Health, Public health Coordinator and Deputy EDO regarding H1N1, H5N1 and Corona Virus. ARI 26% with increase of 1% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhoea 8% with 0% increase compared to previous week and scabies 2% with 0% decrease in its proportional morbidity. WHO received and responded 06 alerts.

Mardan: WHO conducted coordination meeting with EDO Health Mardan. During meeting EDO Health appreciated WHO for supply of SFP equipment's to Civil Hospital Rustam and for their timely installation, he also mentioned that the only equipment which is still uninstalled is X-Ray machine and needs to be install ASAP. All the supplied equipment's were properly entered in stock registers. WHO conducted routine monitoring visits to DHQ Hospital, Mardan Medical Complex, TDH Toru, RHC Gumbat and BHU Qasim Toru. During visits on job training of health staff was conducted on disease case definition, alert/outbreaks response focusing AWD and weekly eDEWS reporting. WHO received and responded a total of 3 alerts (1 suspected Measles and 2 Leishmaniasis alerts) all the reported alerts from the district 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. In response to C Leishmaniasis alerts and monitoring visits to Health facilities, required doses of Glucantime were supplied, hygiene kits, antiseptic soaps and Pur sachet were provided to the affected families with detailed sessions to family elders, FPHC, Relief. Int and PPHI were involved for vector control interventions in the areas.

Lower Dir & Upper Dir: WHO conducted emergency meeting with EDO-H, M.S DHQ Hospital and MSF team Lower Dir at DHQ Hospital on 1st Nov, 2012 regarding suspected CCHF case contact with health care providers and monitoring of fever of all contacts of the suspected case. Isolation room has been established by MSF at DHQ Hospital Dir lower. WHO conducted meeting with EDO health, MSF, MS for measles alert/outbreak response and provision of vaccine to MSF vacinator for measles ward. WHO responded 2 measles alerts from village Sar Larai, awaro UC Manyal Tehsil Lal Qala and village Zawal Baba UC Timargara Tehsil Lalqala. All the mentioned alerts/outbreaks were jointly responded by DoH & WHO along EPI Vaccinators. Outreach Immunization activities were conducted in each affected areas with all available antigens. Vitamin A was provided to All the children's in affected area. WHO visited DHQ Timargara, BHU Nasafa, BHU Bhandra Talash, RHC Talash, BHU Main Kalay.

Charsadda: WHO visited BHU Baz Mian, BHU Rajjar, BHU Utmanzai, BHU CD Serdheri and DHQ hospital registers checked and on job orientation of the facility incharges regarding DEWS was done. 34 health facilities reported EDEWS data to WHO. WHO conducted meeting with DSM PPHI regarding irregular submission of DEWS report from some of the facilities like Boobak. DSM assure the surveillance officer regarding timely submission of the report.

Swabi: 34 health facilities reported EDEWS reports to WHO. WHO held meeting with EDO Health, MS Bacha Khan Medical Complex & DSM PPHI district Swabi. WHO brief the stakeholder on DEWS Provincial PC1. WHO visited 10 health facilities. WHO responded 05 system generated alerts. (2 suspected BD, 1 OAD and 2 URTI). The system generated alerts were investigated by WHO in coordination with DoH, PPHI. The cases were sporadic. WHO briefed the in charge of the relevant health facility on proper case definition and maintenance of proper line list in case of outbreak.

Peshawar: WHO conducted coordination meeting with EDO Health. WHO visited 07 health facilities for EDEWS analysis and alerts investigation.

Swat: WHO received and responded 04 alerts. WHO conducted 05 monitoring visits to Saidu Group of Teaching Hospital, CD Tottano Bandai, CH Mangalwer and Ghalegay. WHO conducted meeting with EDO-H and Coordinator EPI. The Diphtheria cases in the district were discussed. A Conceptual frame work for the better coordination between WHO and EPI/ strengthening of EPI is made by Coordinator EPI and WHO. It will be shared after formal approval of EDO-H Swat.

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 Shinkhari for alert response and disease surveillance.

Shangla: Meeting held with newly appointed DCO and was briefed on WHO activities in Shangla. He offered his full cooperation to WHO in the district. A meeting was held with PPHI regarding the data of alerts/outbreaks in the month of Sept-October 2012. WHO will initiate visits to these areas.

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.

Battagram: WHO conducted monitoring visits to DHQ Hospital Battagram, RHC Kuza Banda, CH Thalot, BHU Batamori, BHU Joz, and BHU Jambaira for eDEWS analysis. WHO received and responded 2 alerts of Measles. WHO conducted meeting with EDO Health and senior manager Health save the Children for “Winter Contingency Planning” for district Battagram. WHO briefed the participants regarding the WHO approach for Winter Contingency Plan for winters 2012-13.

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).

Khyber Agency: WHO received and responded one case for Measles and one for Leishmaniasis. The measles alert was responded by mass measles vaccination. The Leishmaniasis case was responded by provision of Injection Glucantime. WHO responded two system generated alerts all of which were false alerts. WHO participated in monthly review meeting of PPHI in PPHI office Peshawar. WHO conducted coordination meetings with Agency Surgeon, FSMO. WHO conducted monitoring visit to AHQ Landikotal, CD Pindi Lalma, CH Jamrud.

Mohmand: WHO conducted monitoring visits to 7 health facilities 7 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Michni, BHU Paindiali, BHU Sultan Khel, CD Badisya & CD Miangan. WHO held coordination meeting Agency Surgeon in which DEWS highlights & current status of essential medicines in BHU Michni, RHC Ekkaghund & BHU Sultan khel was discussed, Agency Surgeon requested for provision of 2 EHKs. WHO held coordination meeting with MS AHQ Ghalanai regarding proper distribution of Hygiene kits & other

environmental health supplies. WHO conducted meeting with National Program coordinator regarding training of LHWs on alert & outbreak reporting & response. WHO responded to system generated alerts for bloody diarrhoea & typhoid fever. WHO conducted on job training of BHU Paindiali, CD Badisya & CD Miangan staff on alert & outbreak reporting & response. 21 out of 25 health facilities provided DEWS data to WHO.

Bajaur Agency: 19 out of 24 sentinel sites submitted their eDEWS to WHO. WHO received and responded 05 alerts and 1 outbreak i.e. 1 alert of Cutaneous Leishmaniasis, 2 of Neonatal Tetanus while 2 alerts & an outbreak of Suspected Measles. WHO visited and monitored 01 health facility, feedback shared with Agency Surgeon and EPI Coordinator. WHO conducted coordination meeting with MS of AHQ Hospital regarding overwhelming cases of Measles and shortfalls in Peads ward. WHO held coordination meeting with EPI Coordinator and Coordinator LHWs program regarding overall EPI situation and especially NNT cases and worse situation of routine tetanus immunization.

Logistic:

No supplies sent from WHO KP warehouse during last week.

WHO EHA KPK SitRep