

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 19

Date: May 06-12, 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.

Till 13th May, 2012, Jalozai IDP camp hosts 10277 families with 50307 individuals. 46565 families with 213956 individuals living in host community. 1026 Bajaur IDP families comprising of 5151 Individuals have returned from Jalozai Camp.

No alert was reported in this week. There were 3,484 consultations provided through health care provider, including acute respiratory infection (15% or 539 cases), acute diarrhoea (10% or 338 cases), skin infection (1% or 26 cases) and suspected malaria (2% or 58 cases).

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

Health Cluster meeting of Jalozai IDP Camp was held on Wednesday, May, 9th, 2012, in J-3 Health Post of Merlin. The meeting was chaired by WHO. UNICEF, FATA Health Team, Merlin, Islamic Relief, CAMP, CERD, SSD and EPI representatives attended the meeting.

The FATA team informed the Health Cluster that their staff will work in facility on rotation basis. After ten days all the staff will be replaced with new one. So it was decided that FATA team will make arrangements for the eDEWS training in FATA secretariat, for all the staff that are supposed to work in Jalozai camp. So that all staff is trained. Health Cluster was informed by the representative of DoH that the food inspector has visited the camp and sample taken by him and sent to lab. The addresses of the new IDPs are still a big issue. As there is no numbers on the majority of tents. This creates a problem in the follow up of cases and Measles response. Even there is no clear cut demarcation of phase 7 and 8. The issue was raised several times in the CCM, but they insist that the issue is resolved. To resolve this problem a joint PDMA, WHO, UNICEF, IRC and SSD team will visit phase 7 and 8. Polio SIAs will start from 14 to 17 in the camp. CAMP 2 Health Facility is facing water shortage. WASH partners insured that they will be given water thrice a day. Currently they are getting twice a day.

DTC established by EHSAR Foundation with the support of WHO has started functioning in Pabbi Satellite Hospital on Friday, 4th May 2012. The DTC was visited by WHO Pharmacist and Environmental Health Engineer. EHSAR Foundation was supported in terms of medicines and Environmental Health supplies on urgent basis.

WHO Conducted meetings with Programme and MNCH managers, Malteser International. Malteser offers four purification plants for the camp if needed. This was discussed with EHEs. Malteser will send the specifications of these plants. Meeting with EHSAR foundation for the streamlining of referrals to DTC Pabbi. Meeting conducted with IOM. Different means of health promotion and dissemination of information discussed. A two way process through FM Radio broad cast was also discussed. The IOM team will work in close coordination with WHO for the purpose. Meeting held with Charles Strickland operation coordinator Merlin. Meeting conducted with Kathy Fiekert, Team Leader AGEg on behalf of GiZ. Integration of TB activities into the existing health facilities was discussed. The team will also participate in the Camp health

cluster meetings to ensure full co-operation and collaboration. Meeting with Project Manager ACD. ACD wants to train all the Health care providers of the camp on clinical management of tuberculosis according to WHO guidelines. Staff training of EHSAR DTC - at Pabbi satellite Hospital.

The Following Organizations are supporting PPHI, District Nowshera: Islamic Relief in BHU Jalojai (PHC), Johannitter (PHC awareness and Family planning), IRC (Reproductive Health, Family Planning, Medicines and Capacity building). Merlin and MDM are interested to support PPHI in District Nowshera. CAMP Organization is supporting DoH in RHC Nizampur.

International Organization, Merlin (Four PHC and One MCH Centre), **National Organization**, CAMP (Two PHC) and National Organization, CERD (Two MCH Centres) are supporting Jalojai IDP's Camp in terms of Health care facilities.

WHO EH Team chaired the weekly Health & WASH cluster meeting with active participation of all health & WASH partners. One of the main and current issues related to WASH i.e. numbering of tents in new phase (Phase 7) was also discussed to figure out a viable solution for it because it practically becomes impossible/hectic to sweep the whole phase every time patients get reported from this new phase for the follow up. So to sort out this issue a team comprising of reps. from WHO, IRC, Unicef, SSD & PDMA will be find solution to the problem.

WHO with the help of WASH Partner SSD arranged health & hygiene promotion session in the camp, in which religious leaders i.e. imam from every mosque of camp was invited to attend the event so that they could be well trained about different measures to improve and maintain personal and overall hygiene, so that they could further educate people on a bigger forum i.e. especially in jumma prayers where maximum no. of people come to offer prayers. In this way at least one member from every family get educated who further can educate his whole family on hygiene issues.

ACF had laid 80% of pipe lines in phase 7 & 8 for water supply piped network and after laying is complete, work on giving water connections will be started. Moreover water quality analysts of ACF are also working in new phases.

WASH partners routinely carry out WASH Facilities assessment and do repair/ replacement work where ever required in the camp. Sweepers, Garbage collectors are also deployed for regular cleaning and garbage collection. Health promoters also carry out their regular health & hygiene promotion sessions with the IDPs sector to sector in each phase.

CAMP-2 Health Facility in phase 7 was having water supply problem i.e. water storage tanks were being filled twice a day but it was not meeting the daily water consumption demand of the HF, WHO asked WASH partners to water tanker the storage tanks thrice a day to cope up with the water shortage problem.

MERLIN J-2 Health Facility was also having water shortage problem possibly because to fill two water tanks there is only one pipe line, so WASH partners will be laying separate pipe lines for each water tank which probably will solve the issue.

68 water samples were being tested for residual chlorine, 56 samples were found to have residual chlorine within limits and for the rest 12 samples chlorine dose was being adjusted.

B. “Togh Sarai” IDP camp, Hangu district

In Togh Sarai camp total registered families 1159 with 5821 individuals. CERD is providing PHC along with nutrition services to the IDPs in the camp.

De-watering of surface water from pits was under process and around about 65 pits was dewatered. Whole camp parda wall has been completed by PDMA. WASH partners provided 1204 Hygiene kits and distributed among the camp IDPs families and camp Hygiene promoters in the IDP camp on regular basis delivering awareness messages among camp communities regarding prevention and control of OAD and AWD. Due to heavy winds parda wall of latrines and 05 drum solid waste disposal points were badly damaged and WASH partner immediately repaired solid waste drums and toilets parda walls and partition.

WHO checked 03 water samples for residual chlorine at different points and found 0.3 PPM.

As moon season was started now and there is a prime need of fumigation activities in camp to reduce vector related health problems. Logistic support is required to conduct fumigation activities in IDPs camp and host communities. All partners are requested for fumigation.

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.

C. Situation in Tank district

As per UNOCHA shared report, as of 29th April, a total of 1119 families with 5536 returned back to their areas.

ICRC and UNFPA are the two partners who provide services in district Tank. WHO is in close coordination with representatives of both the organizations and the meetings take place on almost weekly basis.

ICRC started working in the district in two Basic Health Units, BHU Dabarra and BHU Kot Hakim. BHU Dabarra is located in UC Dabarra whereas BHU Kot Hakim is located in UC Gomal, both located westwards, bordering the FATA tribal area. Estimated population of the displaced population from South Waziristan Agency to UCs Dabarra and Gomal is 9,765 and 10,185 persons, respectively. ICRC inducted two medical officers, LHVs, Dispensers, EPI personnel and supporting staff for both the facilities. ICRC delivered PHC at both the facilities along with department of health. In March 2012, an unfortunate incidence occurred at BHU Kot Hakim in which an ICRC recruited LHV was murdered inside BHU premises. Because of the same reason, ICRC was instructed by the district management to cease their activities. Current situation is ICRC is providing services only in BHU Dabarra.

UNFPA has long been serving the district at two Rural Health Centers, RHC Gomal and RHC AmaKhel and in DHQ Hospital. In the beginning, their IP was a local organization HAMDAM but later they took charge themselves. As revealed earlier, UC Gomal harbours 10,185 displaced persons. DHQ Hospital serves UC City I and UC City II, both UCs are populated with 14,578 and 13,234 IDPs, respectively. 421 IDPs are reportedly estimated to be shifted to UC Ama Khel. Along with the supporting staff and LHVs, one Female Medical Officer was inducted for RHC AmaKhel. Owing to Security concerns, services were withdrawn from RHC Gomal and staff was shifted to DHQ hospital. At present, UNFPA provides services at RHC AmaKhel and DHQ hospital Tank.

UNFPA appointed WMO informed WHO about escalating cases of Diarrheal diseases and hence center was visited and OPD register was examined. Diarrhoea cases were analyzed and discussed with WMO. Gaps in terms of medicine and investigations were pointed out and possible solutions were planned. ORT corner will be established in their OPD, WHO will help in this regard.

Status of ICRC in Tank was discussed with Dr. Syed. ICRC has suspended its activities in district Tank as per their official strategy.

Meetings with deputy EDO H in order to assist the office in planning the contingency response. Based on the resources (human and logistic) at hand, composition of health teams, prepositioning of stock and health response control system was devised. The required documents were finalized. WHO was appointed a member of district health response team. Couple of meetings held with DDMO for the same as several inputs were needed on his part. Though Contingency plan is finalized, yet some areas in the plan need further discussion.

DHQ hospital, RHC Gul Imam and RHC Ama Khel was visited in pursuit of admissions or unfortunate death due to VPDs, especially Measles. In Charge facilities were interviewed. Likewise General Practitioners at private clinics were also met in this regard.

Measles situation in the district was discussed with EPI Coordinator. Outreach planning and its execution, in particular, is imperative. According to the official figures, Vaccination coverage is very low all over the district.

UNOCHA and UNDSS representatives (UN mission) will be visiting to UC Dabarra, Gomal and Sarangzona district Tank. The mission visit is due in on 16-18 May.

WHO conducted on job training of the health staff at RHC Gul Imam, RHC AmaKhel, BHU Dabarra, Ranwal and Cheena.

D. Situation in D I Khan district

29 health facilities reported to WHO via e DEWS. ARI remained major cause of morbidity representing 15.67 % as compared to 12.26 % during last week. All diarrhoea (OAD & BD) rose to 12.42 % from 11.02 % in week 18, Scabies at 3.62 % and Suspected Malaria at 2.72 % respectively.

WHO actively participated in the District Dengue Meeting chaired by DCO D I Khan. District Dengue Committee was formulated by DCO as chairman, EDO Health, EDO Education, M.S s of both hospitals, S.O. WHO, TMO s and one representative from Media will be the members of the committee. It was decided that Vector Control Measures shall be completed by end of May 2012.

District Monsoon Contingency Plan was finalized and WHO gave its inputs for the plan. It will be submitted to provincial HEPR cell on Monday.

WHO D I Khan conducted 02 days Training on DEWS case definitions & Alerts/Outbreak Response, ARI Management, AWD & Dengue Fever Management & prevention, to the staff of BHU PUSHA under control of UNHCR. 05 participants participated.

IDPs Situation in DI Khan: IDP s of SWA: 24 Union Councils are hosting IDP s of SWA, Return process in phase II b started from 25th April 2012 & completed on 7th May 2012.

Total families registered with FDMA = 69,279, Total families verified by NADRA = 41,563, Families returned = 6,580, Remaining families = 34,983, IDP s families residing in Tank = 26,447, IDP s families residing in D I Khan = 12,854, Others = 2,622

Health department along with WHO is actively involved in health related Humanitarian Response in coordination with UNOCHA & FDMA. 24 Health Facilities are providing PHC services to IDP s & host community. DHQ Hospital is providing Emergency Services to IDPs.

E. New Durrani” IDP camp, Kurram Agency

EHSAR foundation is waiting for NOC from last 3 months for the provision of PHC services in new Durrani IDP camp. **The process is taking too much time and needs authorities' attention.**

F. Situation in Kohat district

WHO conducted 2 days intensive training workshop on DEWS, ARI's, AWD, Dengue/ Malaria for PDH working in Afghan refugee camps of District Kohat & Hangu on 7th & 8th of May, 2012 in LMH Hospital conference hall. More than 16 HCW participated in the workshop.

WHO investigated and responded 1 suspected measles reported from District Kohat. Alert was investigated in detail in LMH Hospital, District Kohat. Blood Sample was collected and sent to NIH for confirmation.

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

District health authorities 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.

41 out of 43 health facilities provide eDEWS.

eDEWS:

KPK DEWS:

385 reports were received reporting 109,852 patient consultations in 16 districts of Khyber Pakhtunkhwa Province and remaining district reports will share on Tuesday. Acute respiratory infections are the highest cause of morbidity (20% or 21,873 cases) showing 1% decrease in percentage; acute diarrhoea (10.5% or 11,519 cases); skin infection (3% or 2,908 cases); suspected malaria (1.6% or 1,745 cases).

FATA DEWS:

52 reports were received reporting 13,405 patient consultations in 3 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (15% or 1,953 cases) showing 1% decrease; acute diarrhoea (10% or 1,353 cases); skin infection (3% or 410 cases); suspected malaria (6.3% or 850 cases).

Alerts:

In week 19 WHO received a total of 75 alerts. 57 were suspected measles, 1 was Scabies, 3 were Diphtheria, 12 were Leishmaniasis, 1 was Dengue Fever and 1 was BD.

District wise alerts bifurcation for measles (57): 3 from Abbottabad, 4 from Bajaur, 2 from Bannu, 1 from Battagram, 6 from Bunir, 4 from Charsadda, 1 from FR Bannu, 9 from Haripur, 2 from Khyber Agency, 1 from Kohat, 4 from Lower Dir, 5 from Manshera, 2 from Mardan, 1 from Mohmand Agency, 1 from Swabi, 10 from Swat, 1 from Tank.

1 Dengue case was reported from district Abbottabad.

3 cases of Diphtheria were reported, 1 from Haripur, 1 from Shangla and 1 from Charsadda. **12 cases of leishmaniasis** reported, 3 from Abbottabad, 1 from Bajaur, 2 from FR Bannu, 1 from Bannu, 4 from Shangla and 1 from Mohmand Agency. **1 BD case** was reported from district Haripur. **1 case of Scabies** was reported from district Haripur.

All cases reported were properly investigated and responded by WHO team.

Hospital Coordinator:

WHO trained final batch of Master Trainers from School of Abbottabad, Haripur and Manshera on Dengue Awareness campaign. A total of 22 schools attended the workshop.

WHO conducted planning meeting with Program Manager MNCH Program KPK on 11 Days trainings course on IMCI and 6 days trainings course on EmOC going to start from 14th May.

A final meeting on PC 1 for IVM program in FATA was held with PM Roll back Malaria along with WHO Islamabad. It was agreed to hold consultative workshop on PC 1 for IVM by 24th May.

DTCs:

EHSAR Foundation is running DTC center with the support of WHO in Pabbi Satellite hospital district Nowshera from 4th May, 2012. Till date total consultation were 483 in which type A are 278 type B 158 and type C are 45.

Essential Medicines:

- Total 7 Monitoring and 1 follow up visits were performed including Lakki Marwat, Mardan, D.I. Khan, Tank and Lower Dir. Gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally. Essential medicines provided to fill the gaps and hands on trainings provided to the concerned staff of health facilities.
- 5 training sessions were conducted in Mardan, Lakki Marwat, D.I. Khan and Tank on Good storage practices, inventory management, and rational use of medicines. Two days trainings held at Lakki Marwat and Mardan on RUM, STG of Leishmaniasis and ARI, AWD and Dengue respectively. One day trainings on Leishmaniasis and STG of AWD also held at FPHC Office Mardan and DTC, Pabby Nowshera. Total 46 participants trained in these trainings.
- 17 types of assorted essential medicines delivered to Dir Upper, Dir Lower, Tank and Kohat which is sufficient for approximately 12531 patients.
- 11 Measles, 3 Leishmaniasis and Mumps alerts responded at Bannu, D.I. Khan, Dir Lower and Haripur by providing Vitamin A for measles and Meglumine Antimoniate Injections for Leishmaniasis.
- During week 19 total of 07 coordination meetings held with different stake holders including PPHI, DHQH, Chief Executive FPHC, KCD and EDOHs in which implementation and training of LSS, Measles alerts and response, Leishmaniasis cases and availability of essential medicines were discussed.
- **IDPs camp Togh Sarai Camp:** - Monitoring visit conducted to CERD working at IDPs Togh Sarai camp Hangu for the availability and rational use of essential medicines. Stock record of WHO supplied additional medicines was checked and analyzed. Gaps regarding good dispensing, storage practices, and patient counselling were identified and discussed with the medical officer and health staff. For filling the gaps identified in the week 17 provided essential medicines(Ibuprofen syrups 90ml=120 bottles, Mefanamic acid Suspension 60ml=200 Bottles, salbutamol syrup 60ml=70 bottles, metronidazole 60ml suspension=72 bottles, Co-trimaxazole 50ml susp=210) from Kohat reserve stock.
- **IDPs camp Jalozi Activities:** - New health facility supported by CAMP Organization visited to ensure the availability and storage conditions of essential medicines. A meeting held with Merlin's district pharmacist on availability of essential medicines. It was informed that all the key essential medicines were present in sufficient quantity. And ORS may be needed in near future due to increased diarrheal patients. 400 Paracetamol Syrups provided to CAMP Organization.
- **FATA:** Coordination meeting held with Agency Surgeon Mohmand agency in regards to leishmaniasis alerts reported in DEWS which will be responded respectively. He has been further briefed to establish a treatment point so that proper treatment protocols could be followed. AS requested to share the report once the alert has been responded so further necessary action can be taken.
- AHQ Ghallanej has been visited where a 12 year old boy diagnosed with Leishmaniasis has been suggested for IM treatment with Meglumine antimoniate inj. The MT has been briefed about dosage and

administration of required injections in accordance with age.

- Visits have been made to CHC Pediale and DHS main warehouse in order to respond Measles alert reported in DEWS and to supervise the dismantling of IEHK to EHKS respectively.
- 10 Meglumine antimoniate injections approved for Mohmand agency in order to respond couple of leishmaniasis cases reported in DEWS

WASH:

- WHO in collaboration with PCRWR successfully completed the three days training workshop on water quality improvement and health promotion in Afghan refugees hosting districts from 9th to 11th May, 2012. PHED staff and UNHCR IPs from 16 afghan refugees hosting districts were oriented on practical solutions of water treatment and health promotion techniques for prevention and control of water born disease in refugee camps in KPK.
- Water quality assessment of IDPs hosting villages in District Peshawar has been started by WHO, UNICEF and WASH Partners. WHO has provided water quality testing supplies including Sampling bags, methanol, Wegtech kits, Filter papers etc to WASH partners to carry out this assessment. WHO Team is also supporting the water quality assessment in the field. Reports of the assessment will be shared with WASH Cluster and donors for proper response.
- WHO EH Team comprising of SOs, EHEs , EM & Health promoter carried out training of DTC staff in DTC Pabbi Sattalite hospital(SRSMH). The training covered each and every aspect about running a DTC in a well organized and proper way as per WHO guidelines to maintain infection control environment. Program Manager of EHSAR Foundation highly appreciated the training conducted and thanked the WHO EH Team for their support.
- 12 water samples were tested for residual chlorine at different points and 9 out of 12 found properly chlorinated in Togh Sarai IDP camp. Dose adjusted on the main source for the samples found with residual chlorine below WHO limits. EH Engineer WHO along with RID Hygiene promoters delivered messages regarding personal hygiene, domestic hygiene and environmental hygiene. Desludging of filled pit latrines is in progress.
- A meeting was held with CUP and CRS regarding the incomplete water supply scheme at Karshat Shahpur Shangla. CUP will provide the distribution pipes from main tank to the households.
- Coordination meeting held with EDOH, EPI coordinator, National program, PDH CAR/UNCHR Dir lower and EDOH, MS DHQ Dir upper for diarrhoea and measles alerts/outbreaks response, training and monitoring visits.
- Coordination meetings have been held with TMO Ghazi, Haripur and XEN PHED Haripur. 5 kg HTH 70% were handover to TMA Ghazi for chlorination and disinfection of Water tanks.
- Loya Dara village of Tehsil Puran District Shangla has been visited on account of reports that more than 40 peoples have developed acute pain in their stomach. In response water sample have been collected from different sources of the affected village. Health and hygiene sessions were also conducted in the village. 2000 aqua tabs were distributed among the communities.
- WHO team conducted training on eDEWS, ARI, Dengue and AWD/ Cholera for staff of PDH CAR/UNHCR. 12 participants including 2 doctors, 3 LHVs and 7 dispensers attended training in Dir Lower on 7th and 8th May, 2012.
- Three days UNHCR funded training of PHED staff from 16 Afghan Refugee hosting districts completed in PCRWR Peshawar.
- DTC Staff trained on maintaining total disinfection in Pabbi satellite hospital Nowshera. Staff including doctors, paramedics and cleaners attended the training.
- A total of 10 water samples were collected from uc palausa, vill; eraab koruna, Hamesh abad and ghandal khan dery District Peshawar. Eight out of ten water samples were found contaminated for faecal coliform. Residents of these localities are experiencing a poor quality of life regarding sanitation and solid waste, Hand pumps are the main water sources, mostly protected and no government water supply was found.
- Water quality testing of areas from where alerts/outbreaks were reported last summer has been initiated. In this regard work is being initiated in tehsil Puran. In routine water quality testing, 5 samples have been

collected from different areas. 2 out of 5 samples were found microbiologically contaminated.

- EH Engineers have been tasked to provide technical verification of the seven ware houses under construction in SFD funded project according to BOQs.
- Progress of the civil Work on accident emergency department LRH has been enhanced by the contractor after being warned last week.

Nutrition:

- Coordination meeting held with HSRU for the official dissemination of the Minutes of Inaugural Thematic Working Group Meeting. Meeting minutes reviewed by HSRU and finalized and forwarded to secretary health for signing.
- Meeting held with Focal person for nutrition FATA, stress was upon the early conduction of training for SAM children management for Mohmand Agency.
- WHO Conducted of Training for THQ Chakdara Lower Dir on Facility based management of severe acute malnutrition from 8 to 11 May 2012. About 21 health care staff participated in the training. Out of the 21 participants 7 were females.
- Total of 27 patients of severe acute malnutrition with life threatening complications were admitted in 7 Nutrition Stabilization Center with 27 patients were discharged after curing and 02 were defaulter cases.
- In Pabbi Hospital Nowshera, three new cases of children with severe acute malnutrition with life threatening complications were admitted in the hospital.
- **Upper Dir:** Establishment of the Stabilization Centre at the DHQ Hospital District Upper Dir. Orientation of the Stabilization Centre Staff on the feeding and the care of the severely malnourished children. Facilitation of the District Nutrition Coordinator to conduct the training of the Nutrition Assistant at the DHQ hospital Upper Dir from 3rd May till 9th May 2012. Coordination Meeting with the Medical Superintendent District Head Quarter Hospital Upper Dir to arrange the minimum staff for the Stabilization Centre on the. Meeting with the Executive District Officer Health (EDO-H) Upper Dir regarding the Monthly Calendar of the Nutrition activities carried out in the district on the 8th May 2012.
- Meeting held with District Coordination National Program for the Family Planning and Primary Healthcare (DCNP for FP&PHC) regarding the quality of the data reported from the sentinel sites.
- Collection of the Nutrition Surveillance Data from the RHC Barawal Bandai Sentinel sites. Meeting with the District Pediatrician to sort out the referral and follow up of the severely malnourished children discharged from the stabilization centre within the community on 8th May 2012. Attended the CMAM training for the Nutrition Assistant at the DHQ hospital Upper Dir 7th, 8th and 9th May.
- Meeting conducted with Provincial Nutrition Coordinator and District Nutrition Coordinator regarding the referral and smooth functioning of the nutrition activities with integrated and joint approach.
- **Lower Dir:** WHO participated in CMAM & IYCF as Training facilitator at EDO-H office Timargara, according to directions from EDO-H Lower Dir. The said training workshop was conducted for all newly hired District Nutrition staff (Nutrition Assistants) by District Nutrition Cell. The recruited staff will have to perform at concerned SFP/OOTP corners located at static Health Facilities of the District. WHO delivered Presentation at CMAM & IYCF Training at Timargara on the topic titled "Short Overview of Stabilization Centre and Referral criteria from Community to Stabilization Centre". During the demonstration session the participants were oriented of basic NSC operational procedures and referral and admission criteria were explained to the training participants. Participation in the Four Days training on Facility based management of severe acute malnutrition in THQ Chakdara.
- **Kohistan:** Coordination meeting held with EDO (H) regarding establishment of SC at RHC Dasu and availability of place for warehouse was discussed in detail. In coordination meeting with the Data Analyst of the District Health Information System updated list of health facilities was shared. Coordination meeting with District Nutrition Coordinator UNICEF about the arrangements and identification of the venue and agenda of the training for Nutrition Assistants and Outreach Field Workers. Coordinating meeting held with Nutrition Assistants and Outreach Field Workers of UNICEF regarding their problem of accommodation due to lack of space and infrastructure at the district.

District level coordination & monitoring:

Shangla: WHO attended MRM of PPHI, WHO explained the importance of DEWS reporting and seasonal variation of the alerts and outbreaks. A meeting was held with ACO-Shangla for the arrangement of ERWG. WHO visited THQ Puran with District Task team to monitor OPD and acute Diarrhoea as in Shangla this region reports the earliest outbreaks due to different temperature from rest of the district. WHO attended meeting with MS- DHQ and EPI coordinator regarding the problems of vaccinators at fixed site of DHQ Alpurai. Investigated 2 Leishmaniasis alerts and 02 Outbreaks of Leishmaniasis.

Swat: 10 alerts of Suspected Measles were received and responded. Six, system generated alerts of Week 18 were responded to in the current week. WHO Swat team facilitated training of EPI technicians on routine vaccination in which the topic focused by WHO team was surveillance of VPDs and also form B of surveillance. Health Working Group Meeting was conducted at EDO Health's Office with focus on Task Force for Dengue, AWD and Monsoon. Meeting conducted with EPI Coordinator Swat regarding the Measles situation and he asked for support regarding surveillance at SGTH, which he promised. Monitoring visit conducted to CD telegram, BHU Kishawra, CD Soordher and SGTH.

Haripur: 12 alerts (4 outbreaks) were reported and responded. WHO conducted coordination meeting with Deputy EDO and Public Health Coordinator to discuss possible schedule for training of LHWs and Health staff on Dengue case detection, management and referral. ARI 23% with decrease of 1% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhea 11% with 0% increase compared to previous week and scabies 2%. WHO visited 5 Health facilities: BHU Nullah, RC Halli, BHU Shah Muhammad, BHU Mang and DHQ Haripur.

Mardan: WHO participated in coordination meeting held in EDO-H office Mardan on 10 May 2012; EDO-H chaired the meeting, EPI, RBM program, Deputy EDO-H, NP, Public Health coordinators and NRDS participated in the meeting, WHO shared updated measles situation and Leishmaniasis outbreak response, EDO-H asked all coordinators and organization representatives to share ToRs and Staff details working in the District. Coordination meeting conducted with EPI coordinator; WHO shared list of areas at high risk for measles alerts for outreach immunization activities. In coordination meeting with incharge Medical & Children Unit DHQ Hospital Mardan on 11 May 2012, WHO requested to share timely measles alerts from the children OPD and ward, full support was insured by the unit incharges. 2 days training of 1st batch of Afghan Refugee health staff has been completed on 8-9 May, 2012 in FPHC office Distt Mardan, focusing on DEWS, AWD, ARI, Dengue, Malaria, Leishmaniasis and EH response in emergencies. Total 24 participants were expected and 23 participated in the activity, 6 participants were from 2 Afghan Refugee Camps Jalala and Baghicha Distt Mardan, 2 from Gandaf camp Swabi, 2 from Dargai camp Malakand and 13 health staff were from AR camps Distt Nowshera. WHO responded 2 measles Alerts received from Isolation unit MMC Mardan. WHO team conducted visits to the Children ward DHQ Hospital Mardan and Mardan Medical Complex for any Alerts/outbreak response and routine monitoring.

Lower Dir & Upper: WHO conducted coordination meetings with EDOH, EPI coordinator, National program, PDH CAR/UNCHR Dir lower and EDOH, MS DHQ Dir upper for measles alerts/outbreaks response, medicine supply, training and monitoring visits. According to MS DHQ Dir upper, average 60 AD cases treated daily therefore DHQ Dir upper need WHO support for establishment of DTC in DHQ hospital. ORT corner has been established in DHQ. WHO Team already provided 1000 ringer lactate, 15000 tablets zinc sulphate and additional medicine. WHO EHA team responded 4 measles Alert/outbreak reported from village Village Kambat, UC Samar Bagh, Tehsil Samar Bagh, Village Chaman Abad, Degree College, UC Balamabat, Tehsil Balambat, Village Landeri, UC Samar Bagh, Tehsil Samar Bagh and Village Daipoor Maidan, UC Gall, Tehsil Lal Qilla. WHO team conducted training on eDEWS, ARI, Dengue and AWD/Cholera for staff of PDH CAR/UNHCR. 12 participants including 2 doctors, 3 LHV's and 7 dispensers attended training in Dir Lower on 7th and 8th May, 2012. WHO Team visited To DHQ Timargara, DHQ Dir Upper, RHC Warai and RCH bebyawar.

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

Mohmand Agency: WHO visited 4 health facilities AHQ Ghalanai, RHC Yakkaghund, CHC Paindialy, CHC Ghazi Kor. Two Alerts one for Measles & one for C-Leishmaniasis reported and responded. WHO conducted Coordination meeting with Agency Surgeon Mohmand, MS AHQ Ghalanai, FSMO, PEO & coordinator FCHP. Establishment of Leishmaniasis treatment center in case of potential outbreak discussed with Agency surgeon. On job training on alert & Outbreak response provided to 4 paramedical staff in CHC paindialy.

Khyber Agency: 1 Alert of Leishmaniasis received and responded. Three system generated alerts responded in Week 18, 2012, these alerts were false alerts. Capacity Building of Health staff of all BHUs on Dengue fever in PPHI Office. WHO participated during SIAD Polio campaign in Khyber Agency which is started on 4th May up to 7th May. Coordination meetings held with Agency Surgeon Khyber, FSMO, PPHI. Monitoring visit conducted to CH Jamrud, BHU Mian Morcha, BHU Ali Masjid, CD Pindi Lalma and AHQ Hospital Landikotal.

Manshera: Five Alerts for Measles received from DHQ Hospital This week and responded well on time Two Days training for Afghan Refugees Camps Health Facilities conducted on eDEWS, ARI and AWD and management. Meeting with MS and PPHI staff conducted for strengthening of DEWS activities. Acute (upper) respiratory infection (8.18%), Scabies (1.87%), Suspected Malaria (0.12%), Other Acute Diarrhoea (4.66%), Pneumonia (0.45%) remain the leading causes of morbidity representing a total of 15.19%. 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 0.19% of this morbidity. All diarrheal disease comprised 4.85%, Viral Hepatitis 0.31% and ARIs 8.63% of total morbidity. In patients aged < 5 years, Pneumonia (1.79%) was the most notified cause of morbidity, followed by other acute diarrhoea (12.7%), Acute Watery Diarrhoea (0%), Bloody Diarrhoea (0.51%).

Swabi: WHO conducted training of the UNHCR staff at PPHI office swabi on 7th and 8th may 2012. The messages were delivered on EDWS, ARI, Dengue and Cholera management and response. Coordination meeting held at EDH health office Swabi regarding Monsoon contingency plan. WHO facilitates the EDO health in drafting a Plan. Visit to BMC hospital Distt: Swabi regarding TFC. The F-100 and F-75 items were consumed by the consumer for the last one month. The request was forwarded to the relevant body telephonically and via email but still pending. Visit conducted to BMC hospital Distt: Swabi regarding TFC. 1 Suspected Measles alerts and 1 outbreak was investigated and responded.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

NOWSHERA	MERLIN JALozAI CAMP: Salbutamol Inhalers 200, SSD JALozAI CAMP: Sample Bags 250, Filters Papers 1 Pack, Abortion Pads100, Disposable Gloves100, Ethanol Gallon 2.5 litre, Wagtech kit 1, Face Masks 5. UNICEF HRDS: Sample Bags 250, Filters Papers 1 Pack, Abortion Pads 100, Disposable Gloves 100, Wagtech kit 1, face masks 5
MOHMAND AGENCY	Salbutamol Inhalers 500

KHYBER AGENCY	Salbutamol Inhalers 500
KURAM AGENCY	Salbutamol Inhalers 500
BANNU	Salbutamol Inhalers 500
HANGU	Salbutamol Inhalers 400
KOHAT	Salbutamol Inhalers 500
LOWER DIR	Salbutamol Inhalers 1000
UPPER DIR	Salbutamol Inhalers 500