



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 28

Date: July 08- 14, 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 13<sup>th</sup> July, 2012 total IDPs families registered are 72,508 families with 334, 654 individuals. Jalozai IDP camp hosts 13, 175 families with 62, 805 individuals. 59, 333 families with 271,849 individuals are living in off communities.

**Alerts and Consultations:**

WHO received and responded 2 alerts of Rabies. There were 3,981 consultations provided through health care providers, including acute respiratory infection (15% or 603 cases), acute diarrhoea (12% or 464 cases), skin infection (5% or 183 cases) and suspected malaria (2.5% or 99 cases).

**Coordination:**

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

The Thirty Second camp health cluster coordination meeting of Jalozai was held on Friday July 11th, 2012, at J-3 health post of Merlin. The meeting was chaired by WHO. FDMA, UNFPA, FATA Health Team, Merlin, CAMP, CERD, Lasona, AGEF representing GiZ, HRDS, SSD, HelpeAge International and DoH representatives attended the meeting.

In meeting the forum was informed by the FATA health team that Agency surgeon will consult DHS FATA and after a formal approval the medicines of FATA health facility will be shifted to Merlin health facility. FDMA will provide POL for the generators, big tents, air cooler, water cooler and fans to FATA health facility. FDMA will arrange meeting of DG FDMA and WHO. All the issues related to FATA health facility will be discussed in that meeting.

Representative of DoH Nowshera was asked to consult EDO Health about bed nets for the camp. He was also asked to contact ACD (the IP for Global fund for Malaria in District Nowshera). The representative for DoH will consult the concerned authority and will inform in next meeting.

SNID in the camp will be held from 16<sup>th</sup> to 18<sup>th</sup> July, 2012.

UNFPA and HelpeAge representatives attended the meeting. The UNFPA came with the sitting up of two centers and three components. That is FP, STIs and GBV.

The HelpeAge will share all its components through mail and will be discussed in the next meeting. HelpeAGE will be doing Advocacy workshops- with all stakeholders (including National, International Organization, Government and UN agencies for addressing older people's relief and recovery needs through their interventions.

Provision of Bedpans for bedridden, mobile toilet chairs for physically limited persons. 6,000 individuals will receive health promotion session on self-care of chronic conditions like diabetes, hypertension, pain management, and coping with emotional stressors and mental health conditions. 5000 persons will receive eye care screening and Cataract cases identified during screening will receive Cataract surgeries. 200 OPs will receive assistive /mobility devices for promoting independent ADL. Emotional well being of OPs by Psychologist. 50 staff of Partner and DoH trained on PHC age Friendly, Care of carers and Eye care.

All the health facilities of Jalozai IDP camp are facing water shortage. The WASH partners will look into the matter.

#### **EHE Interventions:**

WHO provided 500 DPD1 tablets to WASH partner HRDS for residual chlorine monitoring of water in the camp.

WASH partners in the camp had requested WHO for the supply of Liquid Chlorine for chlorination of water in the camp.

WHO conducted training/ capacity building of Health Promoters of WASH partner "Lasooona" in the camp, in which 8 participants were trained on dissemination of health promotion messages from the health education booklet.

WASH partner "Lasooona" had requested WHO to provide them IEC material on Health & Hygiene so that they can further disseminate it in the community through proper counselling and sensitization.

WHO held routine coordination meeting with all 3 WASH partners in the camp (HRDS, SSD & Lasooona) and were updated that every WASH partner in their respective phase are vigilantly carrying out their routine health & hygiene promotion activities through their health promoters' field teams. WHO also gave suggestions to further improve and strengthen their activities in order to confine the potential threat of spread of diarrhoea in every possible way.

WHO tested 16 water samples for residual chlorine both at sources and at user ends, 12 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 843 water samples for residual chlorine, out of which more than 90% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly.

WHO tested 5 samples for microbiological contamination and all samples were found fit for drinking with no contamination.

In total so far WHO has tested 181 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:**

WHO held meeting with Merlin's Pharmacist on availability of essential medicines. It was informed that all the key essential medicines are present in sufficient quantity. WHO provided equipment parts of 2 IEHK to Merlin for Jalozai camp and off camp health facilities. WHO provided 17 types of assorted essential medicines to CAMP organization which are sufficient for 2225 patients. WHO provided 12 types of assorted medicines to CERD which are sufficient for 1506 patients.

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

WHO paid routine surveillance visit to Togh Sarai. Total of 1159 families with 5821 individuals are residing in the camp. CERD and WHO providing health care services to the IDPs. Over all camp situation was observed and it was found to be satisfactory. WHO provided 6,000 anti bacterial soap and 600 aqua tabs units to RID for proper distribution among camp IDPs for hand washing and to prevent skin diseases.

CERD requested WHO for provision of 2 EHK kits. WHO after doing analysis of their previous consumption and getting approval from Provincial office 2 EHK kits were provided from Peshawar Ware House to fill the gaps.

06 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that other Acute Diarrhea is the highest cause of morbidity (15.2% or 84 cases) of total of 553 consultations; acute respiratory infection (12% or 67 cases); skin infection (2.4% or 23 cases).

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

WHO trained Agency Surgeons, doctors and Para medics from all the FATA areas regarding RRT activity. Two day session was held in district D.I.Khan and was attended by 40 people from various agencies/FRs. All the aspects of AWD including prevention, epidemiology, diagnosis, investigations, management and establishment of DTC was elaborated.

Merlin has started taken initial measures to run its Malaria program in the district. UNFPA is working in DHQ hospital and RHC AmaKhel. Another local NGO, "HAMDAM" is planning to start their activity in the district.

WHO received and responded 4 cases of Measles reported from UC Gomal and Tatta. WHO monitored 7 health facilities for monitoring and evaluation purpose.

WHO conducted meeting with EPI Coordinator regarding persistently increased cases of Measles and low vaccination status in district Tank. WHO participated and discussed with EDO H about the preparation plan for the Monsoon contingency. WHO conducted meeting with FMO UNFPA about the case load and TT vaccinations to pregnant ladies.

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

30 reports were received by WHO through e DEWS. WHO received and responded 11 alerts of Measles. WHO conducted monitoring visit to Muryali, Kirri Shamoza, Qureshi Morr & Garah Hayat for alerts response.

**IDPs (SWA) SITUATION & RETURN:** 27,569 families of IDPs of SWA are living in D I KHAN. 460 families have returned in June 2012. Repatriation of IDPs of SWA will start again on 16th July 2012. Off camp active population is based on WFP's food distribution data consolidated with UNHCR's registration data. In addition to displaced IDP's, WFP also assisted 6,099 IDP families in return areas.

UNFPA has got extension in its project. It was providing EMOC services in two Tehsils, Paroa & Pahar Pur. PRCS will continue its PHC services at CD Nai Wela.

WHO participated in Inauguration ceremony of NIDs. WHO attended meeting on AWD with staff of health department for finalization of mobile health teams. WHO participated in UPAC meeting for upcoming Polio Campaign.

WHO coordinated with MDM at BHU Draban Khurd. WHO checked their healthcare waste management system in which they are using drum incinerator. WHO suggested MDM- F to bury the ash after incineration because it could contain sharps. WHO also checked their water supply system and took water samples.

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

FATA Disaster Management Authority has issued NOC to Save and Serve organization. Save and Serve are

interested in providing Primary health care services in New Durrani IDP camp.

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

WHO received and responded 1 case each of Measles and AWD from district Kohat. WHO visited the affected patients for epidemiological investigations.

Flood Contingency meeting was called by DCO Kohat on 13th July, 2012. WHO participated in the meeting and informed the forum regarding their readiness and preparation for any emergency situation. The forum was informed that 2 Rapid Response Teams have been made and trained for any situation. Emergency stocks of medicines have been shifted to Kohat.

38 out of 43 health facilities in district Kohat provided eDEWS data.

#### **eDEWS:**

##### **KPK eDEWS:**

- 320 reports were received reporting 87,943 patient consultations in 13 districts of Khyber Pakhtunkhwa Province and remaining district reports will share on Tuesday. Acute respiratory infections are the highest cause of morbidity (17% or 16,723 cases) showing 1% increase in percentage; acute diarrhoea (12% or 12,190 cases); skin infection (2.6% or 2,531 cases); suspected malaria (1.2% or 1,197 cases).

##### **FATA eDEWS:**

- 38 reports were received reporting 13,031 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (12% or 1,531 cases) showing 3% increase; acute diarrhoea (9.4% or 1,220 cases); skin infection (2% or 217 cases); suspected malaria (11% or 1,405 cases).

#### **Alerts:**

- WHO received and responded a total of 78 alerts including 4 outbreaks. 66 were suspected measles, 1 was AVH, 1 Enteric Fever, 1 was AWD, 1 was NNT, 2 Dog Bites and 6 were Leishmaniasis. All cases reported were properly investigated and responded by WHO team.

#### **DTCs:**

- EHSAR Foundation supports DTC center with the support of WHO in Pabbi satellite hospital district Nowshera. In last week a total of 152 patients were consulted at DTC center in district Nowshera, out of these 80 were of type A, 45 were of type B and 47 were of type C.
- WHO carried out refresher training of staff of DTC Pabbi, especially established for referral cases from Jalozai camp. 18 staff members including Doctors, Paramedics and Cleaners were trained on maintaining total disinfection in Diarrhea treatment center. 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.

#### **Essential Medicines:**

- WHO conducted a total of 9 monitoring and 1 follow up visit in district Dir Lower, Bannu, Mardan, Swat and D.I. Khan. During monitoring visits gaps regarding irrational use, storage of essential medicines, record keeping, Safe disposal of expired drugs and stock outs identified generally. WHO provided hands on trainings to the concerned staff of health facilities.
- WHO conducted three days training on rational use of medicines and quantification at Dir Lower in which 58 participants from Dir Upper and Dir Lower were trained on RUM. One day capacity building on active

immunization and STG on AWD held at Mardan in which 17 participants were trained.

- WHO responded 5 Measles alerts and 3 Leishmaniasis at Bannu, D.I. Khan and Swat by providing Vitamin A to Measles alerts and Meglumine Antimoniate Injections.
- WHO conducted 11 coordination meetings with different stake holders including EDOHs, PPHI, FOHC, EPI, MS and Chief Pharmacist of KTH in which Monsoon contingency plan, availability of key essential medicines, unavailability of measles vaccine & cold chain, STG of AWD and implementation of LSS discussed.
- WHO delivered 5 types of assorted medicines to DTC in Pabbi Satellite hospital which is sufficient for 716 patients. While 1 Diarrheal package and I/V infusions delivered to MMM TH, D.I. Khan which are sufficient for 2080 patients
- WHO participated in five days training workshop on facility based management of malnutrition, arranged for AHQ Ghallane staff Mohmand agency, in order to improve coordination and monitoring of Nutrition stabilization centre at said facility.
- WHO held participation in inauguration of training workshop for pharmacists by Dept. of Health in order to improve Administration of Drug control.

#### **WASH:**

- **District Haripur:**
- AVH alert at Khanpur District Haripur was investigated and responded promptly with water analysis, distribution of WASH supplies and health and hygiene session. Total 4 water samples were collected for bacteriological analyses during AVH investigation, 75 % tested water samples were found with bacteriological contamination. The community and in specific the affected families were educated for the improvement of their
- Spring Box completed at village Killage district Haripur. The construction work was supervised by WHO EH engineer on a daily basis.
- **District Charsadda:**
- WHO EH team is participating and facilitating the social mobilization and community organization process under “Community Lead Disaster Risk Reduction” Project implemented through SABAOON (local NGO) in district Charsadda in 15 targeted flood prone Union councils. These community organizations will be oriented on emergency EH measure in prevention and control of water born epidemics in the district. Two workshops of village DRR committee UC Umarzai and Turangzai were attended on 9<sup>th</sup> and 10<sup>th</sup> July 2012.
- WHO EH district Charsadda is providing assistance to “Khair Khaigara” (local WASH IP) for water quality monitoring of new water sources in flood affected villages of UC Ehsaara and UC Chena. Four water samples were collected and tested this week. All the water samples were found satisfactory for human consumption.
- WHO EH team visited Tube well MC1, MC2 Charsadda town area, MC 1 TMA Utmanzai and Turnab. All the chlorinators were found working properly. Emergency stocks of Sodium Hypochlorite 20% are needed to keep these chlorinators functioning throughout the ongoing diarrhea seasons.
- WHO EH team visited children wards DHQ hospital Charsadda on 13<sup>th</sup> July, 2012. 500 soap units were provided to Ward management for ensuring proper hand washing of the patients and staff. IEC on hand washing and waste management is needed in the wards for patients and staff awareness.
- WHO conducted a follow up visit of the HCWM training to BHU Utmanzai on 13<sup>th</sup> July, 2012. The staff was advised to ensure on waste segregation and land filling within the available premises following SOPs.
- **District Mardan:**
- WHO collected Water samples from CDH Shahbaz Garhi & CH Rustum for bacteriological tests; results reveal water safe for drinking. IEC, Pure sachets, hand sanitizers and soaps were also provided to the health facilities.
- WHO provided IEC (large and small), hygiene kits and session on prevention of communicable diseases during a detailed session to LHSs on 9<sup>th</sup> July 2012 at conference hall of NP EDO-H office Mardan, total 17 LHSs participated in the session.
- 117 antiseptic soaps, 90 Hand rub sanitizers, 1000 Aquatabs, 1200 Pure sachets and 280 IEC materials of different subject were displayed and provided to CDH Shahbaz Garhi and CH Rustum during monitoring visits.

- **Dir Lower:**
- WHO supplied 4 bed nets to BHU Munda and life straw filter to CD Munjai. 360 antiseptic soaps were provided to stabilization centre THQ Chakdara for malnourished children hygiene.
- **District DI Khan:**
- WHO Collected 6 water samples during routine monitoring visit to BHU Malana, BHU Draban Khurd and BHU Fateh. 4 samples contained minor biological contamination and one sample found with high contamination. EHE delivered 10,000 aqua tabs to each HF for water disinfection.

#### **Nutrition:**

- WHO conducted training on facility based management of severe acute malnutrition of 05 days for Agency Head Quarter, Ghalanai , Mohmand Agency participants. Total 15 participants were trained in this training.
- WHO held coordination meeting with Planning and Development division with UN agencies for the policy notes of nutrition . Basic agreement on the meeting for the policy workshops achieved. Tentative dates are 29 and 30 August, 2012.
- Meeting of UN agencies with FATA directorate team for advocacy for the policy notes for nutrition. Principal agreement reached for the activity.
- Similar joint meeting of UN agencies with Secretary Health, Assistant Secretary Health and HSRU Chief on bringing them on board on the concept of meetings for policy notes.
- WHO conducted coordination meeting with UNICEF, WFP, Merlin, MI, FAO and Nutrition cell on the Policy workshop for the Nutrition. Silvia Kaufman oriented the participants of the requirements for the meeting and the experience she witnessed in Balochistan workshop.
- **Upper Dir:** WHO conducted monitoring and supervision visits of the Stabilization centre DHQ Upper dir. WHO held meeting with the Executive District Officer Health and Medical Superintendent District Head Quarter Hospital (DHQ) Upper Dir regarding incentives payment to Stabilization center staff.
- **Lower Dir:** WHO visited office of National Programme for FPPHC at Timargara, Lower Dir on request of National Programme Focal person, for suggestions regarding arranging Nutrition (CMAM) training for LHWs/LHSs of District Lower Dir. WHO visited to NSC Chakdara for monitoring and support for NSC admitted patients. WHO visited to BHU Chakdara for distributing HANSS data formats and collection of Nutrition Surveillance data during July 1-9, 2012. WHO conducted visit to RHC Gukabad for distributing HANSS data formats and collection of Nutrition Surveillance data during July 1-10, 2012. WHO conducted monitory visit conducted to NSC Chakdarra, for support of admitted patients.
- **Kohistan:** WHO conducted coordination meeting with EDO (H) and DCO for the provision of space for NSC in RHC Pattan to Malteser International.

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

**Shangla:** WHO conducted meeting with PPHI on anti dengue spray in 8 risk prone union councils. WHO held meeting with EDOH and National programme health coordinator on increase in the number of EPI technicians. It was decided in the meeting that district health department will consult provincial health department for filling of vacant posts in the district. WHO conducted visit with MS DHQ to OPD for eDEWS data improvements. WHO conducted meeting with chief security officer of Prime Minister for polio inauguration at BESHAM on 14th July 2012. WHO conducted meetings with WHO Polio team leader Dr.Obaid Ul Islam for final arrangements of Polio inauguration. WHO facilitated Prime minister visit to district Shangla and Polio campaign inauguration WHO visited BHU Katkoo, RHC Karora, THQ Besham, DHQ Alpurai. WHO received and responded a total of 02 alerts (Measles and Enteric Fever).

**Haripur:** WHO received and responded 17 alerts. WHO conducted coordination meeting with new DSM PPHI Haripur. WHO briefed him about DEWS and working of WHO in the district. WHO held coordination meeting with Save the children regarding assessment of measles campaign and upcoming NID. WHO conducted coordination meeting with Commanding Officer of CMH regarding upcoming NID and working of teams in the army areas. WHO visited 5 health facilities (DHQ, CD KTS4, RHC Khanpur, RHC Ghazi, BHU Shah Muhammad). ARI 18% with decrease of 0% compared to previous week remained the major cause of morbidity

both in Hosting and Afghan refugee population in Haripur followed by diarrhoea 9% with 1% decrease compared to previous week and scabies 2% with no change in its proportional morbidity.

**Mardan:** WHO participated in UPEC chairmen meeting on 9th July 2012 at EDO Health Office Mardan, Deputy EDO Health, EPI Coordinator, DHCSOs' and chairmen of all Union Councils participated in the meeting. EPI Coordinator briefed about the activities of coming NID which will be held from 16th to 18th July 2012. Deputy EDO Health requested UPEC Chairmen and all partners for strict supervision of Polio teams in the field. Monthly Review Meeting of PPHI staff was held on 12th July 2012 at DSM-PPHI Office Mardan. 35 staff members participated in the meeting. During meeting all the staff was briefed about DEWS, alert/outbreak response by WHO. During meeting it was agreed that in each MRM, WHO will present a brief session on seasonal communicable diseases. WHO conducted routine monitoring visits to DHQ Mardan, Mardan Medical Complex, CDH Shabaz Ghara, CH Rustam and Mobile Health Clinic of OSDI. CH Rustam has catchment of more 0.2 million with daily consultations of about 120 to 150 patients, But deficiency of basic equipments and staff was observed during visit. OSDI (Organization for Social Development Initiative) providing awareness regarding screening of Hepatitis B & C in the community through their Dispenser and LHV. They also providing PHC service with medicines in a rented space at Alam Jan Banda, but it was observed that they were charging the local community for visit to their health clinic, medicine found in their shelf's were found without labels (Medicine Name, Date of Manufacturing & Expiry was not mentioned). WHO conducted a session on communicable diseases on 9th July 2012 at conference hall of National Program Mardan. 17 LHSs participated in the training session. They were briefed about timely reporting of each alert/outbreak from their catchment population through their LHWs. After training all LHSs were requested for replication of same training to their LHWs in each UCs. WHO was requested by NP Coordinator for facilitation on LHWs training session at UC level. WHO received and responded 6 alerts were 4 for suspected Measles and 2 for C-Leishmaniasis, all the reported alerts were responded jointly with DoH and PPHI, during response all the required interventions were carried out. In response to Measles outbreak, EPI Team conducted outreach vaccination in the reported area and detailed sessions with LHW's were conducted. In areas of C-Leishmaniasis alerts house to house IRS has been conducted by PPHI in coordination with DoH, RBM and WHO.

**Lower Dir & Upper:** The situation has been tense in Upper Dir since the insurgents attacked a security post. WHO conducted coordination meeting with DMS DHQ Dir upper, DSM PPHI, EDOH Dir upper, MS, EDO health, focal person EPI, MS THQ Dir lower. WHO conducted three days training for health staff of MoH and PPHI from districts Dir lower and upper on rational use of essential medicines, concept of essential medicines, quantification of essential medicines and good dispensing practices. Total number participants were 58 including Medical officers 13, LHV's 17, Nursing staff 3, Medical Technicians 19, drug dispensers 3 pharmacy technicians 2 and store keeper 1. WHO visited DHQ Dir upper and lower, THQ Chakdara and SCH Khazana.

**Charsadda:** WHO visited BHU Cheena, BHU Tarnab, CD Serdheri, BHU Kot, DHQ hospital. Registers checked and on job orientation of the facility incharges regarding eDEWS was done. DEWS data was submitted by 47 health facilities. WHO received and responded 3 measles alerts. Total consultations recorded are 12244. URTI is 15%, OAD 11%, Malaria 4%, scabies 3%.

**Manshera:** WHO received and responded 8 alerts for suspected cases of Measles, most of the cases epidemiologically linked with previous cases. WHO monitored the activities of two teams training as pre campaign activities of current NID at BHU Attershisha and Gandian. WHO attended DHT meeting along with Polio eradication officials of WHO in EDO Health office for planning and preparedness of current NID in the district. WHO conducted monitoring visit to DHQ Hospital, BHU Sandesar, BHU Attershisha, RHC Shinkari and THQ Balakot for DEWS strengthening and to find out alerts/outbreak of epidemic prone diseases. The cases of diarrhoea is increasing due to seasonal variation.

**Khyber Agency:** WHO received and responded one Measles outbreak. In response to outbreak, three days surveillance visit was done and a total of 22 suspected cases including 4 deaths were identified. WHO vaccinated a total of 480 children during mass measles campaign. WHO responded 4 system generated alerts all of these were false alerts. WHO participated in NID Polio Inauguration. WHO conducted coordination meetings with Agency Surgeon, FSMO and PPHI. WHO conducted monitoring visit conducted to BHU Ali Masjid, CD

Qadam,BHU Mian Morcha.

**Bajaur Agency:** 23 out of 24 sentinel sites submitted their eDEWS reports to WHO. WHO received and responded 3 suspected Measles alerts. WHO visited 4 health facilities, feedback shared with Agency Surgeon and EPI Coordinator. WHO distributed Dettol Soap during these visits. WHO conducted coordination meeting with MS-AHQ Hospital of Bajaur Agency regarding increasing number of Measles patients and deficient space of isolation where Measles patients are sharing regular beds of the ward and repeatedly cases are reporting with history of hospital acquired Measles. Soon a separate space will be arranged for these cases according to MS. 3600 Dettol soaps were also handed over to MS on this occasion. WHO along with Agency Surgeon held participation in a community gathering regarding polio and role of community organized by NRDF. A routine polio meeting of LHWs & LHSs is called at Conference room WHO addressed for improvement of their role in the betterment of routine immunization and especially TT coverage.

**Lakki Marwat & Bannu:** WHO attended coordination meeting regarding upcoming NID which was chaired by EDO health, EPI coordinator and WHO polio eradication staff of Lakki and Bannu. WHO held coordination meeting with DCO and EDO health of Lakki Marwat on 12th July to assess the district preparedness about upcoming NID . WHO visited 11 health facilities were to check alerts and DEWS reporting. Five health facilities were visited in district Lakki Marwat and 6 in Bannu. Health staff briefed about DEWS, case definitions, weekly report submission. WHO received and responded 4 alerts. Three alerts were of cutaneous leishmaniasis and one alert of NNT.

**Logistic:**

The following supplies were supplied from WHO KP warehouse to:

<b>NOWSHERA</b>	<b>MERLIN JALozAI CAMP NOWSHERA.</b>  2 EHK Equipments boxes.  <b>HRDS JALozAI CAMP .(NOWSHERA)</b>  500 DPD Chlorine Tabs.  <b>CAMP ORGANIZATION (JALozAI CAMP NOWSHERA)</b>  12 Acetaminophen/paracetamol 400mg tabs, 500 Amoxicillin 125mg 90ml syrup, 500 Chloroquine 100mg tabs, 30 Gention violet powder , 500 Glyceryl Trinitrate 0.5mg tabs, 1538 Metronidazole 400mg Tabs, 91 paracetamol 60ml syrup, 37 Promethazine hcl syrup, 56 Promethazine hcl 25mg oral Tabs,1 Stethoscope, 300 Syringe 5 cc, 800 Vitamin & Minerals Tabs, 1 BP Apparatus Mercury, 400 Carbamazepine Tablet oral 250mg, 1000 Chlorpheniramine maleate syrup, 1730 Co-Trimoxazole 480 Mg Tabs, 310 Co-Trimoxazole Suspension 50 ml, 50 Hydrogen Peroxide 100ml bottles, 5 Oxygen masks, 250 Polymyxin B Sulphate Eye, 250 Polymyxin B sulphate bacitracin Zinc skin Oint, 1000 Salbutamol 4mg Tabs, 352 Syringe 1 cc, 3580 Syringe 5 cc,100 Syringe 10 cc, 320 Syringe with Needle, 100 Syringe without needle, 4 Thermometers.  <b>EHSAR FOUNDATION DTC PABBI (NOWSHERA)</b>  1538 Metronidazole 400mg Tabs, 800 Vitamins & Minerals Tabs, 300 Adhesive Bandage, 310 Co-Trimoxazole 50ml Syrup, 1730 Co-Trimoxazole 480mg Tabs, 1 Thermometers.  <b>CERD JALozAI CAMP (NOWSHERA)</b>
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	250 Amoxicillin 125mg 90ml syrup, 10 Gention violet powder , 769 Metronidazole 400mg Tabs, 400 Vitamin & Minerals Tabs, , 500 Chlorpheniramine maleate syrup, 865 Co-Trimoxazole 480 Mg Tabs, 155 Co-Trimoxazole Suspension 50 ml, 25 Hydrogen Peroxide 100ml bottles, 2 Oxygen masks, 125 Polymyxin B Sulphate Eye, 125 Polymyxin B sulphate bacitracin Zinc skin Oint, 500 Salbutamol 4mg Tabs, 176 Syringe 1 cc, 1790 Syringe 5 cc,50 Syringe 10 cc, 160 Syringe with Needle, 50 Syringe without needle, 2 Thermometers. 71 Bethmethasone lotion 20ml, 125 Syringe 3cc.
<b>(MARDAN)</b>	<b>FRONITOR PRIMARY HEALTH CARE :</b>  20 Magnesium Sulphate Injections.
<b>CERD TOGH SARAI CAMP (HANGU)</b>	2 EHK KITS , 250 Amoxicillin 125mg 90ml syrup, 10 Gention violet powder , 769 Metronidazole 400mg Tabs, , 400 Vitamin & Minerals Tabs, 500 Chlorpheniramine maleate syrup, 865 Co-Trimoxazole 480 Mg Tabs, 155 Co-Trimoxazole Suspension 50 ml, 25 Hydrogen Peroxide 100ml bottles, 3 Oxygen masks, 125 Polymyxin B Sulphate Eye, 125 Polymyxin B sulphate bacitracin Zinc skin Oint, 500 Salbutamol 4mg Tabs, 176 Syringe 1 cc, 1790 Syringe 5 cc,50 Syringe 10 cc, 160 Syringe with Needle, 50 Syringe without needle, 2 Thermometers. 71 Bethmethasone lotion, 125 Syringe 3cc.