



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 27

Date: July 01- 07, 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 04th July, 2012 total IDPs families registered are 70,977 families with 32, 7815 individuals. Jalozai IDP camp hosts 12,858 families with 61,419 individuals. 58,119 families with 266,396 individuals are living in off communities.

Alerts and Consultations:

WHO received and responded 4 alerts, 3 suspected Measles and 1 C. Leishmaniasis. There were 3,539 consultations provided through health care provider, including acute respiratory infection (18.6% or 667 cases), acute diarrhea (9% or 311 cases), skin infection (2.3% or 81 cases) and suspected malaria (4.1% or 147 cases).

Visits: UNICEF Regional Director for South Asia, Karin Hulshof visited Jalozai IDP Camp on 3rd July, 2012. WHO briefed her about their activities during J3 health facility visit. WHO facilitated the visit of German and Danish Embassies officials to Jalozai IDP camp on 4th July 2012.

Coordination:

Health & WASH cluster meetings take place once a week on every Wednesday in Jalozai attended by partners from health (Merlin, CAMP, CERD, FATA Health, GiZ, AGEG, 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 first camp health cluster coordination meeting was held on Friday July 6th, 2012, at J-3 health post of Merlin. The meeting was chaired by WHO. FDMA, FATA Health Team, Merlin, CAMP, CERD, Lasona, AGEG representing GiZ, HRDS, SSD, EHSAR, TB Control program FATA and DoH representatives attended the meeting.

Merlin and TB control program FATA will conduct final meeting on Monday 09th July, 2012 at Merlin office in Peshawar to decide the shifting of shift TB Center to a Merlin health facility.

FDMA has established its office near the PDMA office in the administrative block of the camp. They will now take active part in the affairs of the camp. They are in coordination with the FATA health facility and will improve their capacity.

Merlin showed their willingness to keep the medicines of the FATA health facility, but FDMA was of the opinion that issue of temperature will soon be resolved and the medicines should not be shifted. Forum suggested that the medicines should immediately be shifted and once the issue is resolved than they can keep it in the FATA health facility.

FDMA informed that the FATA health facility is a PHC facility and in future everyone should be clear about it. FDMA are planning to send mobile health units to each phase of the camp on weekly basis. The mobile health units will visit all the phases except the one in which the FATA health facility is situated so as to cover all the phases. On Monday the team will visit phase 1. On Tuesday to Phase 2 and in this way will cover all the camp in a week. The process will be repeated every week.

EHE Interventions:

WHO distributed 1008 soaps to two WASH partners in Jalozei camp so that they can further provide soaps with proper counselling and sensitization to Schools, health facilities, Child Friendly places etc to reduce the risk of different diseases like diarrhea, bloody diarrhea, scabies.

WHO was requested by HRDS to provide DPD1 tablets used for testing of residual chlorine in water. WHO was requested by WASH partners to supply liquid chlorine for chlorination of water in camp.

WHO had asked all health partners in camp to transport their infected Health Care Waste from their health facilities to THQ Pabbi where WHO had installed incinerator for proper incineration of HCW. In this regard WHO had also held coordination meeting with MS of THQ Pabbi.

Auto chlorinator installed at tube well in phase 3 of Jalozei camp is not working properly as one of its pipe is leak due to which proper amount of chlorine cannot be injected to the water. Therefore it needs immediate repair or replacement. Auto Chlorinator installed at tube well in phase 4 of Jalozei camp is also not working properly. It has air locked because its air lock valve has stopped working and therefore needs immediate repair or replacement.

80% of the new phases i.e. phase 7 & 8 are supplied water through piped network, the rest of the phase will also be supplied water through piped network after proper testing of connections/ pipe networking.

Oxfam GB will be installing about 450 new latrines/ washrooms all over the camp on need basis, it will also be including washrooms for disabled (assessment for which is near completion). Health & Hygiene promotion is already in progress in Phase 7 & 8 by Oxfam GB.

WHO tested 12 water samples for residual chlorine both at sources and at user ends, 7 samples were found to have residual chlorine within the required limits while for the rest of the samples chlorine dose was adjusted. WHO has so far tested 837 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 4 samples for microbiological contamination and all samples were found fit for drinking with no contamination. WHO has so far tested 176 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 conducted monitoring visit to Merlin health post J-4. Overall conditions of Rational Use of medicines, Storage of Pharmaceuticals and patient counseling found satisfactory. WHO briefed German and Danish official about the essential medicines activities, capacity building, supply of medicines and record keeping at health facilities.

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 conducted coordination meeting with Mr. Kabeer (RID IDPs camp coordinator) Mr. Abdullah (PDMA focal person) and Dr Gul Rasool (CERD PHC MO).

WHO conducted tent to tent visit with RID (WASH) staff, in which majority of household items like kitchen utensils and storage tanks jar cans were observed uncovered and full of dirt. WHO recommended Jar cans should be covered properly and should be cleaned.

Follow up visit conducted to Toghsarai camp Hangu for the availability and rational use of essential medicines. For filling the gaps provided the 2480 ORS, 200 Salbutamol inhaler and 1200 pieces of adhesive bandages.

11 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that other Acute Diarrhea is the highest cause of morbidity (15.3% or 95 cases) of total of 620 consultations; acute respiratory infection (15% or 92 cases); skin infection (2.4% or 15 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 conducted meeting with EPI coordinator regarding persistently increased level of Measles cases and low vaccination status in district Tank. WHO held discussion with EDO H about the preparation plan for the Monsoon contingency. WHO conducted visit and discussion with FMO UNFPA about the case load and TT vaccinations to pregnant ladies.

WHO received and responded 6 cases of Measles in UC Gomal and Tatta. WHO trained the staff of BHU Dabarra, Shah Alam, Miankhani and Chesan Kuch on how to diagnose and manage AWD and on sample collection.

WHO conducted monitoring visit to 8 health facilities for monitoring and evaluation.

D. Situation in D I Khan district

28 reports were received by WHO through e DEWS. First monsoon rain started on Saturday night and continued for more than 03 hours. There is no flooding so far while the situation is monitored by the DoH & WHO for any possible water contamination & disease outbreak. WHO received and responded alerts of Measles. WHO conducted monitoring visits to Rata Kulachi, PUSHA Village, Daraban Kalan and Choudwan for alerts response.

WHO participated in District Polio Eradication Committee meeting under the chairmanship of DCO D I Khan. District focal person of UNFPA visited EDO Health office and had a meeting with EDO Health & WHO. He informed that UNFPA got extension in its project of MNCH/ EmOC and it will continue to provide services in two health facilities i.e. RHC Paroa & Pahar Pur.

PRCS will continue its PHC services at CD Nai Wela. PRCS is providing training exercises to community volunteers on Disaster Risk Management and flood response.

WHO organized and facilitated two days training workshop of Rapid Response teams of FATA & FR regions of D I Khan, Tank, Bannu & Lakki for prevention and control of AWD/Cholera on 6th & 7th July 2012 at National Club D I Khan.

E. New Durrani” IDP camp, Kurram Agency

FATA Disaster Management Authority has issued NOC to Save and Serve organization. Save and Serve submitted NOC for provision of Primary health care services in New Durrani IDP camp.

F. Situation in Kohat district

WHO received and responded 79 cases of AJS reported from Topi Killa UC Takhte Nusrati, Tehsil Jahangir, district Karak. WHO visited the affected area for epidemiological investigations. WHO took 3 blood samples from the outbreak area and sent to NIH for HAV-IgM detection. Treatment protocol & preventive measures were monitored. Health & hygiene session was conducted for local community. There is only one single Type C Hospital at a distance of 8-9 Km, which was visited for the availability of essential medicines.

District health authorities has requested for Bed nets.

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

WHO was informed by contractor responsible for civil construction under SFD at Liaquat Memorial hospital that remaining work will start soon.

eDEWS:

KPK eDEWS:

- 315 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 14,909 cases) showing 1% increase in percentage; acute diarrhoea (12% or 10,559 cases); skin infection (2.6% or 2,307 cases); suspected malaria (2% or 1,762 cases).

FATA eDEWS:

- 97 reports were received reporting 13,160 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (10.3% or 1,364 cases) showing 1% decrease; acute diarrhoea (8.3% or 1,097 cases); skin infection (1.6% or 209 cases); suspected malaria (9% or 1,165 cases).

Alerts:

- WHO received and responded a total of 50 alerts including 1 outbreak. 40 were suspected measles, 1 was AWD, 2 were NNT and 7 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 226 patients were consulted at DTC center in district Nowshera , out of these 125 were of type A, 59 were of type B and 42 were of type C.

Rapid Response & AWD/Dengue Trainings:

- A one day orientation session was organized on AWD and Dengue with the support of DoH and UNHCR on 5th July 2012 at Peshawar. 50 participants attended the session. They were doctors and paramedics from Naseer Teaching Hospital, City Hospital Peshawar, IDH Peshawar, Women & Children Hospital Peshawar and Kawat Teaching and our health cluster partner organizations namely Merlin International, Community Appraisal & Motivation Program and Center of Excellence in Rural Development providing services to

Internally Displaced Population at Jalozia Camp. Dr Shoukat Pervez from UNHCR, Mr Azret Kalmykov Team Leader WHO and Dr Zia Hussnain from DOH Peshawar inaugurated the session.

- Training of Rapid Response Team for AWD/Cholera for FATA has been successfully completed on 7th July 2012. The last session of training for FATA in the regard was organized on 6-7 July 2012 in DI Khan, where 33 participants from 6 agencies and Frontier regions participated in the trainings. These Agencies and FR included North Waziristan, South Waziristan, FR DI Khan, FR Bannu, FR Laki Marwat and FR Tanks.

Essential Medicines:

- WHO conducted a total of 10 monitoring and 2 follow up in district Dir Lower, Dir Upper, Hangu, Mardan, Abbottabad, Nowshera 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 held at Peshawar in which 56 participants from district Nowshera, Charsadda and Peshawar including 20 MOs, 3 FMOs, 11 LHVs, 10 MTs, 2 FMTs, 1 LHW, 4 store incharge, 1 DSM and 4 M& E officers were trained. In D.I. Khan, 20 participants of rapid response team were trained on AWD.
- WHO responded 3 Measles alerts and 79 AJS from D.I. Khan and Karak by providing Vitamin A to Measles alerts.
- WHO conducted total 6 coordination meetings with different stake holders including EDOHs, PDMA, PPHI, FPHC, DMS WCH and drug inspector in which Monsoon contingency plan and Measles alerts and training of staff discussed.
- WHO delivered 3 types of assorted medicines to dir lower which are sufficient for 400 patients.

WASH:

- **District Peshawar:**
- WASH Cluster meeting was held in LGRRD office secretariat Peshawar in which WASH issues related to in camp and off camp IDPs was discussed by Cluster partner. It was decided to conduct trainings of water supply staff from each district as preparation for predicted flood emergencies.
- WHO briefed Rapid response team from FATA, Peshawar and Cluster partners on management and infection control measures in DTC in the different training held in Peshawar.
- WHO Conducted meeting with Director M&E Public health engineering Department regarding the arrangement of training for water supply managers.
- **District Swat:**
- WHO responded twelve system generated alerts of Measles and during these responses Hygiene sessions were conducted along with distribution of 144 soaps and 12 hygiene kits. Routine monitoring visits were conducted to BHU Manyar, BHU Odigram, BHU Qambar, BHU Darmai and BHU Ronyal and on job orientation of staff on Health care waste Management.
- **District Manshera:**
- WHO conducted one day training on Health care waste management for Afghan refugees' camps health facilities staff in District Manshera.
- **District Shangla:**
- WHO conducted coordination meeting with TMA Alpurai, in which it was decided that WHO will train the TMA staff on water quality testing and disinfection during next week.
- During routine water quality monitoring, WHO tested 06 water samples from different areas. Out of which 02 samples (Village Amnovi and Village Didal) were found unfit for drinking .
- **District Charsadda:**
- WHO participated and facilitated the two days training workshop of rapid response team on AWD & Dengue organized by WHO in collaboration with DoH KPK on 2nd-3rd July, 2012 in Peshawar. Rapid response team members from DoH district Charsadda, Nowshera and Peshawar were oriented on EH management for AWD and Dengue Prevention and control in ongoing summer season.

- As part of Routine health facilities monitoring WHO visited DHQ Charsadda, BHU Umarzai, BHU Utmanzai and RHC sherpao in epi-week 27. These health facilities staff was provided on job sessions on safe disposal of used syringes, use of different chlorine concentration for hospital cleaning and disinfection and patient counseling for improvement of personal and domestic hygiene. WHO EH team provided 500 hand washing soaps, 5000 aqua tabs, 5000 units' pure sachet and 50 sets of IEC material to these health facilities.
- MS DHQ Charsadda requested WHO for additional supplies of solid chlorine and hand sanitizer to maintain routine hygiene in the hospital.
- WHO Charsadda received contingency supplies of 25000 units' hand washing soap, 100000 units each aqua tabs and pure sachet for support of district health department as a pre-positioned stock from provincial office for ongoing summer season. These supplies will be used in prevention and control of AWD in district Charsadda.
- WHO collected and analyzed 07 water samples for UC Daulat Pura, MC 1 town area and UC Ehsaara. All the water samples taken from main TMA/PHED tube wells were found fit for human consumption.
- WHO is monitoring the Auto chlorinators installed on community water supplies schemes in district .Stocks of liquid chlorine (sodium hypochlorite 20%) are urgently required for uninterrupted chlorination of water during ongoing AWD seasons.
- WHO in collaboration with TMA has planned to launch a proactive water quality monitoring of major water supplies schemes in urban town of district Charsadda. 10 main community schemes will be under continuous monitoring throughout the monsoon season.
- **District Mardan:**
- WHO conducted coordination meeting with DSM PPHI on 2nd July 2012 in PPHI office Distt Mardan, PPHI requested WHO to conduct sessions on DEWS, EM and EH during their MRM. During the meeting PPHI agreed, that EH supplies provided by WHO to BHU Sheikh Yousaf during IDPs crisis will be distribute on need basis to other PPHI BHUs.
- WHO conducted monitoring visits to DHQ Mardan, MMC and BHU Seri Behlol. 1 AWD alert reported from isolation ward DHQ Mardan. 88 antiseptic soaps, 135 Hand rub sanitizers and 170 IEC materials (large & small) of different subject were provided to health staff of DHQ and MMC Mardan; alcohol based hand rub solution were provided to TB program, 15 N-95 masks and 12 eye wares were provided to RBM program
- WHO conducted on job session in MS office DHQ Mardan to sanitary staff of DHQ Mardan on “infection control measures”, HCW equipments installation and practical demo on preparation of 1%, 0.5% and 0.05% chlorine solution, its proper use in disinfection practices; 20 disposable eye wares provided to by WHO to sanitary staff and IEC of diverse subjects were displayed at different location/wards in DHQ and MMC Mardan.
- **Dir Lower:**
- WHO visited BHU Dislore, DHQ Dir, RHC Barawal Dir upper, DHQ Timargara, BHU Malakand and BHU Makhai Dir lower. 144 soaps, 720 unit of aqua pure schist were provided to BHU Malakand.
- **District Swabi:**
- WHO held coordination meeting with TMO Chota Lahore district Swabi on 5th July, 2012. TMO requested WHO to provide refresher training to water supply staff on Delagua and wegtech kit for emergency water testing. WHO agreed to arrange on job training activity with TMA swabi next week.

Nutrition:

- WHO conducted coordination meeting with focal person FEPRU regarding the nominations for SAM training for Agency Head Quarter hospital Mohmand Agency. Nominations received.
- Coordination meeting held in AHQ Gallanai for confirmation of the nominations for the SAM training. WHO conducted meeting with UNICEF, WFP, Merlin, FAO and Nutrition cell on the Policy workshop for the Nutrition. Another meeting is planned on 9th July 2012 for making progress in finalizing plans for meeting.
- **Upper Dir:** WHO conducted monitoring visits of the Stabilization centre. WHO participated in monthly Lady Health Workers WHO held meeting with the Executive District officer health and Medical Superintendent District Head Quarter Hospital (DHQ) Upper Dir.
- **Lower Dir:** WHO visited NSC Chakdara for monitoring and support for NSC admitted patients. WHO visited sentinel site, RHC Gulabad for technical support to some of the staff members for HANSS data

collection, and also HANSS data formats were provided to them and filled formats were collected. WHO visited to NSC Chakdara for supervision. WHO visited EDO-H office Timergra. Meeting was conducted with DNC, Lower Dir for current updates on Nutrition Intervention at district level.

District level coordination & monitoring:

Shangla: WHO conducted visit to Wapda house Besham for arrangements of Prime Minister visit on 14th July 2012. WHO participated in EPI monthly review meeting held at EDOH office under the chair of EDOH. The meeting highlighted issues of the last NID and at the same time of the upcoming NID from 16th to 18th July 2012. WHO participated in DPEC meeting which was held at DCO office. The meeting was attended by all the stake holders. WHO conducted meeting with MS DHQ regarding the issue of Thalasemia centre opening. MS vowed to be supportive and cooperative regarding the smooth running of the centre and also presented his staff for regular duties. WHO held meeting with EPI coordinator. Agenda of the meeting was improved service delivery regarding routine vaccination. WHO conducted monitoring visits BHU Shalizara, CD Lelonai, THQ Besham, DHQ Alpurai. WHO received and responded a total of 02 alerts (Measles and Cutaneous Leishmaniasis).

Swat: WHO received and responded 12 alerts of suspected Measles. WHO participated in DPEC Meeting on 4th July 2012 at DCO Swat's office; in this meeting the preparation for the upcoming NID was assessed. DCO Swat requested all the participants to put forward all efforts as it is a national cause. The preparation for the July NID was found to be satisfactory. WHO monitored polio team trainings at two health facilities. WHO conducted coordination meeting with the EDO Health Swat, EPI Coordinator Swat and MS Saidu Group of Teaching Hospital. WHO conducted monitoring visit to BHU Manyar, BHU Odigram, BHU Qambar, BHU Darmai and BHU Ronyal.

Haripur: WHO received and responded 19 alerts. WHO attended DPEC meeting. WHO monitored NID team training. WHO visited 6 health facilities (DHQ, CD KTS3, RHC Khanpur, BHU Kallinger, RHC Kllinger, BHU Bagra). ARI 18% 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 diarrhoea 10% with 0% decrease compared to previous week and scabies 2% with no change in its proportional morbidity.

Mardan: WHO conducted meeting with DSM PPHI on 2nd July 2012 in PPHI office Distt Mardan, during meeting WHO requested PPHI for regular invitation into their MRM (monthly review meeting) to ensure regular updates on communicable diseases alerts/outbreak in the Distt; PPHI requested WHO to conduct sessions on DEWS, EM and EH during their MRM.. WHO conducted meeting with coordinator EPI at EPI coordinator office Distt Mardan, during meeting, WHO shared newly measles affected areas for outreach vaccination, EPI team shared data of outreach immunization conducted during last week in response to suspected measles alerts/outbreaks. WHO conducted routine monitoring visits to DHQ Mardan, Mardan Medical Complex and BHU Seri Behlol. BHU Seri Behlol administered by PPHI but at the same time Custom care organization is providing PHC services in the same Health facility. During visit it was noticed that the mentioned organization have no such health staff (Dr/LHV/MT) to deal with PHC services, only 1 LHW has been assigned for the available services and no OPD was conducted at the site, the staff was just distributing medicine prescribed by PPHI health staff to their patients EM medicine provided by WHO. WHO received and responded total of 6 alerts (3 Suspected Measles alerts, 2 C-Leishmaniasis and 1 AWD alert), all the reported alerts were responded jointly with DoH and PPHI, during response all the required interventions were carried out.

Lower Dir & Upper: WHO held coordination with DCO Dir lower, EDOH Dir lower and upper, MS Dir lower and upper. The situation has been tense in Upper Dir since the insurgents attacked a security post. Saudi Fund for Development donated ambulances are standing by DHQ Dir upper. WHO visited BHU Dislore, DHQ Dir, RHC Barawal Dir upper, DHQ Timargara, BHU Malakand and BHU Makhai Dir lower.

Charsadda: WHO visited BHU Zarinabad, BHU Ibrahimzai, CD Sheikho and DHQ hospital. Registers checked and on job orientation of the facility incharges regarding eDEWS was done. DEWS data was submitted by 46 health facilities. WHO received and responded 3 measles alerts. WHO trained Rapid Response teams of district Charsadda, Peshawar and Nowshera on 3rd and 4th July, 2012.

Manshera: WHO received and responded total 3 alerts for suspected cases of Measles out of which one turn out to be an Outbreak from UC Battal and responded on time. WHO conducted coordination meeting with EDO H and EPI Coordinator for the implementation and planning of current NID. WHO trained area incharges and UPEC Chairman on NID for Polio eradication with the support of DoH. WHO attended DPEC meeting along with all line departments for planning and preparedness of current NID in the district. WHO conducted visit to DHQ Hospital, BHU Sandesar, BHU Kotli Bala, BHU Pano Dheri and CH Battal for DEWS strengthening and to find out alerts/outbreak of epidemic prone diseases. ARI case decreasing while case of Diarrhoea is increasing due to seasonal variation.

Swabi: WHO attended EPI monthly review meeting on 4th July at EDO H Office Swabi. WHO explained the participants the case definitions and how to investigate and response. WHO also clarified the role of EPI Tech and its importance. WHO attended DPEC meeting on 6th July at DCO office Swabi. DCO appreciate the role of WHO. WHO conducted monitoring visit to BMC hospital Distt: Swabi regarding TFC. WHO received and responded 2 suspected Measles alerts. WHO conducted visits to DHQ and BMC Swabi Hospital.

Mohmand: WHO conducted monitoring visits to 4 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Michni & BHU Prang ghar. WHO conducted coordination meeting with MS AHQ Ghalanai regarding nomination of staff for 5 days training on management of severe acute malnutrition. Issue of AHQ staff who did not participated in RRT training was discussed in detail. WHO held coordination meeting with PEO regarding upcoming polio campaign. WHO facilitated 2 days Rapid Response team training. WHO conducted on job training to BHU Micni staff on alert & outbreak reporting & response.

Khyber Agency: WHO received and responded one Measles alert, 2012. WHO vaccinated 190 children vaccinated during mass measles campaign. WHO participated and facilitated in the training organized for the FATA (Khyber, Muhmand, Bajaur, Orakzai, Kurrum,FR Peshawar and FR Kohat) on AWD outbreak control. The training venue was PC Peshawar. WHO responded 3 system generated alerts all of these were false alerts.WHO received one alert of AWD outbreak including 3 deaths through Media and Political Administration but after forming a rapid response team and visiting the area, it was declared as a false Outbreak alert. WHO conducted coordination meetings with Agency Surgeon, FSMO and PPHI. WHO conducted monitoring visits to CHC WM Killi, CH Jamrud, and CD Lala China.

Bajaur Agency: 24 sentinel sites submitted their eDEWS reports to WHO . WHO received and responded 6 alerts. Among these 4 for suspected Measles and 2 for Neonatal Tetanus. WHO visited 2 health facilities, feedback shared with Agency Surgeon and EPI coordinator. WHO arranged and facilitated two Days training workshop on Rapid Response Teams for AWD Outbreak response for FATA at PC Hotel Peshawar. WHO conducted coordination meeting with EPI Coordinator of Bajaur Agency regarding streamlining of individual responses towards Measles and any other VPDs alerts.

Lakki Marwat & Bannu: WHO conducted coordination meetings with agency surgeons of Lakki and Bannu about mass measles vaccination campaign. Team trainings and micro planning will be done before EID. Campaign will be conducted from 24th to 29th September. WHO attended coordination meeting with DCO and EDO health of Lakki Marwat on 4th July to assess the district preparedness about Dengue. WHO visited total 9 health facilities. WHO received and responded total 4 alerts. Three alerts were of Cutaneous leishmaniasis and one alert of measles.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

| | |
|------------------------------------|---|
| DHS FATA WAREHOUSE PESHAWAR | 1 Generator 7000E 8-AVR C. |
| CHARSADA | 10000 Aqua tabs 67mg, 25000 Dettol bath Soap, 100 Hygiene kits, 40000 Water pure Sachets, 1 Wagtech kit. |
| NOWSHERA | HRDS JALUZAI CAMP NOWSHERA 504 Dettol bath soap. SSD JALUZAI CAMP NOWSHERA 504 Dettol bath soap. |
| DHQ(H)&MMC MARDAN | 250 Alcohol based hand cleaner, 70 Eye wear goggles. |

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