



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 35

Date: August 26-September 01 , 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 31st August, 2012 total IDPs families registered are 75,598 families with 348, 770 individuals. Jalozai IDP camp hosts 13, 988 families with 66, 407 individuals. 61, 610 families with 28, 2363 individuals are living in off communities.

Alerts and Consultations:

No alert was reported. There were 4,226 consultations provided through health care providers, including acute respiratory infection (16.7% or 704 cases), other acute diarrhoea (8.5% or 358 cases), skin infection (3.2% or 135 cases) and confirmed malaria (1% or 38 cases).

Coordination:

Health, Nutrition & WASH cluster meetings take place once a week in Jalozai attended by partners from health (Merlin, CAMP, CERD, FATA Health, GiZ, 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 Camp Health, Nutrition and WASH Cluster weekly meeting was held on Wednesday, August, 29, 2012, at J-3 health post of Merlin. The meeting was chaired by WHO. PDMA, FATA Health Facility, UNFPA, Merlin, CAMP, CERD, SSD, HRDS, WHO Polio, CTC (UNICEF), AGEG/GiZ, EHSAR and DoH representatives attended the meeting.

The FATA TB Center is functional in the J3 health post of Merlin. It will provide services on Wednesday and Thursday. The center will be shifted to J2 health post of Merlin next week. The FATA health facility official informed the cluster that they have no POL and is very difficult for them to continue their services. They requested the cluster and IPs to help them in this regard. Few tents of the FATA health facility are destroyed in the recent rains. PDMA promised to replace these tents. SNIDs in the camp will be held on 10th, 11th and 12 September, 2012. All the health facilities were requested to do the Market survey on 13th September. AGEG is planning an intensified active TB case finding in the first week of October. They have requested for 20 social mobilizers for this activity. All the partners promised to provide these social organizers. CTC is actively involved in handling the polio vaccination refusals cases. They were advised by the cluster to actively involve PDMA in such activities. The rise in diarrhoea cases and condition of the water tanks in some phases were discussed. The WASH partners promised to clean and put lids on all the water tanks of Jalozai IDP camp.

In the camp cluster meeting held on August 28, in PDMA admin office, Jalozai. The Shura members criticized the activities of UNFPA and World Vision. They blamed both the organization of doing nothing. They added that, the

spaces formed, by these two organizations is always without any staff and activity.

EHE Interventions:

WHO carried out inspection of hardware WASH installation in Phase-6 and identified gaps in some sectors of phase 6 i.e. latrines and honey combs were filled and needed desludging or new installation to be carried out at few places, pipe connections and water taps of washing pads also needed repair and lime treatment was also required in latrines. WHO conveyed all these observations to the respective WASH partner responsible for the phase and asked for quick interventions.

WHO asked WASH partners in the camp to wash water storage tanks especially those which are without lids and then to cover them with lids on priority basis to avoid polluting of water.

WHO tested 21 water samples for residual chlorine both at sources and at user ends, 14 samples were found to have residual chlorine within the required limits while for the rest of the samples chlorine dose was adjusted. WHO has so far tested 943 water samples have been tested up-till now for residual chlorine, out of which more than 95% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly.

WHO tested 11 samples for microbiological contamination and all samples were found fit for drinking with no contamination. WHO has so far tested 219 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 meeting with Merlin's pharmacist regarding availability of essential medicines. All key essential medicines were available in sufficient quantity at the health facilities.

B. Togh Sarai" IDP camp, Hangu district

District authorities informed WHO to take care in visiting Hangu or IDP's camp area. No flood reported from district Hangu.

WHO held coordination meeting with EDO-Health, Deputy EDO-Health, and EPI coordinator in EDO-Health office Hangu regarding disinfection processes to be conducted in their hospitals. Sufficient quantity of disinfectant agents were provided by WHO and store keeper was trained on use of disinfectant products.

06 out of 18 health facilities reported to WHO via e DEWS. There were 612 consultations provided through partner organization, including other acute diarrhoea (15.5% or 95 cases), acute respiratory infection (11.4% or 70 cases), also skin infection (2% or 13 cases) and suspected malaria (2% or 11 cases).

C. Situation in Tank district

WHO conducted monitoring visit to 11 health facilities for discussion on various disease trends and evaluated for reliability of DEWS data. WHO conducted meeting with M.S DHQ hospital Tank and visited the hospital medicine store for evaluation of medicine donated by WHO. WHO held meeting with the EPI Coordinator and discussion on preparatory milestones for the upcoming PEI campaign. Discussion on the contingency planning for floods was held with district authorities. The meeting was attended by all the emergency health team members. These members were trained by WHO.

WHO held discussion with representative of HAMDAM in Tank. HAMDAM is helping the district with rehabilitation of health infrastructure.

WHO received diarrheal diseases from the villages where rain water flooded the ponds. Random houses were visited

in village Gara Baloch and cases were examined but none closer to AWD.

D. Situation in D I Khan district

30 registered health facilities submitted e DEWS reports to WHO. The number of consultations was more than 8000. All Diarrheal Disease was reported at 10.85 % of total consultations, representing highest cause of morbidity. WHO visited Paniala (Tehsil Pahar Pur) for follow up after heavy rains last week. No abnormal trend in disease situation was noted. No Alert of AWD after floods.

SAHARA, a local NGO is implementing CMAM project of PRIME (An NGO of Peshawar Medical College) in 07 UC s of the district. IDRF & UNICEF are the donors for CMAM project.

WHO attended DPEC (District Polio Eradication Committee) meeting on 29th August 2012, chaired by DCO D I Khan. All stake holders were present in the meeting including Area Coordinator WHO. SNID s will be observed in 22 high risk union councils of the district from 10th September 2012 to 13th September 2012. WHO attended a meeting of health department with management of PRCS. EDO Health, Deputy EDO Health and District Secretary PRCS were present in the meeting. The agenda was to improve the EMOC services at CD Nai Wela.

E. New Durrani” IDP camp, Kurram Agency

Save and Serve running project of primary health care services with a special focus on women and children health care in New Durrani IDPs camp Sadda. According to the Save and Serve’s information the No of families are 1470. DG FDMA and staff visited the camp they appreciated the activities of Save and Serve. The total 572 patients were examined this week. A total of 572 consultations received through Save and Serve organization. Acute respiratory infection is the highest cause of morbidity (38% or 216 cases) of total consultations; other acute diarrhea (19.5% or 112 cases); skin infection (15% or 89 cases).

F. Situation in Kohat district

WHO received and responded 10 Typhoid fever cases from different areas of district Kohat. WHO did detailed investigations, BHU staff was met and inquiry regarding the reported cases was done. WHO collected water samples from some households for bacteriological examinations, BHU staff was requested for maintenance of the line-list along recording of addresses of suspected cases for epidemiological investigations to be conducted, EDO-H was informed about the cases.

WHO supplied medical equipments along with some environmental health to DHQ hospital Kohat Development Authority, District Kohat.

26 out of 43 health facilities in district Kohat provided eDEWS data to WHO.

eDEWS:

KPK eDEWS:

- 296 reports were received reporting 83,577 patient consultations in 13 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (15% or 12,358 cases) showing 0.6% increase in percentage; other acute diarrhoea (13.1% or 10,964 cases); skin infection (2.6% or 2,211 cases); suspected malaria (2% or 1,462 cases).

FATA eDEWS:

- 52 reports were received reporting 17,862 patient consultations in 3 agencies of FATA. Acute respiratory

infections are the highest cause of morbidity (9.6% or 1,706 cases) showing 6% decrease; other acute diarrhoea (10.2% or 1,818 cases); skin infection (2.1% or 369 cases); suspected malaria (8.3% or 1,485 cases).

Alerts:

- WHO received and responded a total of 56 alerts including 05 outbreaks. Out of these alerts 40 were measles, 08 were AWD, 03 were Leishmaniasis, 01 was Enteric fever, 01 was Acute Viral Hepatitis, 01 was Dengue Fever and 02 Typhoid Fever. All cases reported were properly investigated and responded by WHO team.

DTC:

- EHSAR Foundation supports DTC center with the support of WHO in Pabbi satellite hospital district Nowshera from 4th May, 2012. In last week 2012 a total of 393 patients were consulted at DTC center, out of these 245 were of type A, 140 were of type B and 08 were of type C.
- WHO paid an inspection visit to DTC THQ Pabbi, carried out on job refresher training of their sanitary staff for ensuring total disinfection in the DTC. WHO also provided 3000 Aqua Tabs, 720 Dettol Soap & 800 IEC materials to DTC THQ Pabbi.

Health Promotion Activities:

- WHO conducted meeting with PHED district Nowshera and discussed handing over of aqua tabs, jerry cans, along with informal training session of their staff on health promotion.
- WHO visited Azza khel union council of Nowshera for flood damage assessment in community and in the health facility.
- WHO conducted community health session in flood affected area in collaboration of PPHI. 120 community persons were given awareness on hand washing, use of aqua tabs and pure sachets for water purification. Soaps/aqua tabs were also distributed at the end of community health session.
- WHO coordinated with UNHCR for planning and finalizing the date for health promotion trainings. Three trainings on 12-13th Sep, 17-18th Sep, and 20-21st September are finalized.

Essential Medicines:

- WHO conducted a total of 4 monitoring and 4 follow up visits in districts Lower Dir, Mardan, Tank and Swat. 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 seven coordination meetings with different stakeholders including EDOH, Merlin's pharmacist, Provincial coordinator Mardan and TMA in which availability of essential medicine, EM support to Stabilization center and Larvaecidal residual spray and fumigation to combat Dengue and Leishmaniasis.
- WHO conducted two days essential medicines strategic meeting at Bhurban in which impact of essential medicines activities in the district were presented to the team leader, further more strategies were discussed to improve the rational use of medicines and to strengthen the supply chain system, reporting formats were also discussed to bring improvement in the reporting of essential medicines.
- WHO provided Meglumine Antimoniate Injections In response to alerts of 2 leishmaniasis cases reported from Bannu and Lakki.
- WHO delivered one DT Kit to DHQ hospital district Tank. Insulin 70/30 vials= 30 and Sodium Stibogluconate injections= 60 delivered to Merlin, Peshawar while 3 types of essential medicines delivered to EDOH, Kohat which are sufficient for 1200 patients approximately.

WASH:

- **District Peshawar:**
- WHO Updated wash cluster on response activities to the flash flood in District Nowshera in a WASH Cluster

meeting held at WATSAN Cell local government secretariat Peshawar. WHO held meeting with WASH Cluster coordinator, WASH Partners working in response to Bara IDPs in Peshawar and Team Leader polio KPK and FATA on possible options for the support to polio eradication teams in Peshawar. WHO held meeting with Chief Engineer North and Chief Engineer South KP regarding capacity building of Public Health Engineering department on water quality monitoring including handing over of water quality testing equipment and training of staff of 25 subdivisions.

- **District Charsadda/ Swabi:**

- WHO District swabi participated in an emergency coordination meeting with DCO swabi on 28th August, 2012 regarding AWD outbreak in village Takhil and diarrhea alerts reported from Yar-hussain, Shah Mansoor, Utlal and Jhunda areas with PHED, DoH, PPHI and TMA officials were also present. WHO team shared the latest information on the Takhil outbreak with additional support of aqua tabs, soap and hygiene kits delivered in the area. DCO instructed PHED to urgently respond to the situation including shock chlorination of the water sources and permanent source protection. WHO District swabi carried out joint follow up visits with PPHI and PHED swabi to village Takhil UC Kabgani tehsil Topi. The team monitored the health & WASH indicators with control interventions are in progress. PHED team were assisted in source protection measures including construction of concrete apron around the source, diverging ditches to avoid water flooding, source fencing and hygienic water collection practices. PHED team were oriented on shock chlorination mechanism and chlorine dosing.
- WHO Swabi upon request of DoH and PPHI district swabi provided and distributed additional support of 30,000 aqua tabs, 5000 hand washing soap, 50 hygiene kits and 200 jerry cans for the AWD outbreak affected village Takhil tehsil Topi. PHED swabi agreed to implement sustainable solution to the source contamination issue during joint assessment visit as the local community is not adopted to drink chlorinated water.
- WHO visited Bacha Khan medical complex swabi. The hospital is not fully operational with average patient load and over all a satisfactory hygiene situation. A bio-medical waste incinerator has been installed which is non-functional due to gas connection and protective shelter. WHO sensitized the hospital management on the hazards of infectious waste and importance of the WDU. The hospital staff is interested to be oriented on HCWM system. WHO has planned an on job activity at BMC staff swabi next week.
- WHO visited UC Ghaziabad district Charsadda. The village was affected by recent monsoon rains. WHO provided 10,000 aqua tabs and 500 hand washing soaps distributed during a health promotion session with affected community. Local mosque clerics, community elders and school teachers participated in the session.
- WHO collected 5 water samples from different hand pumps in UC Ghaziabad in which 40% of the samples were found contaminated. The affected families were sensitized for water boiling, hand washing and safe excreta disposal.

- **District Mardan:**

- During coordination meeting with TMA office Takhtbai conducted on August 28, 2012, TMA office briefed out fumigation activities in their concerned 8 UCs of Tehsil Takhtbai, which was carried out in the month of July 2012, they also pointed contamination in some water sources. TMO Takhtbai further requested WHO for formal training of their sanitary staff and water testing equipments and support for fogging machine. Routine monitoring visits were conducted to DHQ Mardan, Mardan Medical Complex, THQ Takhtbai, BHU Jalala and BHU AR Camp Jalala. During visit 6 water samples were collected for bacteriological testing, hand sanitizers, soaps, Pur sachet and IEC were provided. Total of 3 alerts were reported during week 35 (3 Suspected Measles alerts and 1 outbreak), all the reported alerts were responded jointly with DoH and PPHI, during response all the required interventions were carried out.
- WHO distributed and provided 1200 Pure sachets, 167 antiseptic soaps, 2000 Aqua tabs and 100 IEC material of different subject were provided to BHU Jalala, Jalala AR health facility and LHWs in Jalala Jadid

- **District DI Khan/ Tank:**

- WHO visited CD Din Pur to anticipate after the rains situation because there were chances of AWD occurrence. Hygiene session conducted with 140 patients and community member during which the participants were educated on AWD and Dengue control measures. 120 hygiene kits and 5000 aqua tabs distributed during the hygiene session. WHO collected 3 water samples from Din Pur, D.I.Khan, which contained microbiological biological contamination.

- **District Swat/ Shangla:**

- WHO visited BHU Martung and BHU Katkore. On job health and hygiene session were conducted with and

patients and local communities. Sanitary survey of the areas was carried out. Water samples have collected. WHO provided 500 dettol soaps, 2000 aqua tabs, 40 life straw filters, chlorine bucket and IEC materials to PPHI and the affected communities. In routine WHO collected 5 samples from tehsil Besham and Martung. Out of which 02 water samples from Marung were found unfit for drinking.

- **FATA:**

- WHO educated around 34 community members on household water disinfection methods, importance of hand washing and maintaining proper food hygiene in an on job session in response with suspected AWD alert responded by WHO from Village Bildi lalma tehsil Mulagori
- WHO imparted health education sessions to twenty seven individuals regarding personal hygiene, household/communal hygiene and advantages of proper sanitation in response with the measles alerts reported from Khyber agency Tehsil Mulagori & Landi kotal.
- During a routine visit to CH Jamrud and CH Lowara mina on 29th August ,2012, Eight health staff was educated on maintaining proper hospital hygiene, personal and domestic sanitation and hygiene, household water disinfection techniques and a session on faeco-oral diagram.

- **District Haripur:**

- 2 Water borne alerts, AVH at mohalla Darband Ghazi and Typhoid at Afghan Refugees Camp2 District Haripur were investigated and responded promptly with water analysis, distribution of WASH supplies and health and hygiene session.
- WHO collected 8 water samples for bacteriological analyses during alert investigation, 70 % tested water samples were found with bacteriological contamination. The community and in specific the affected families were educated for the improvement of their hygiene i.e. use of chlorinated water for drinking purpose or Boiling of water before drinking, proper hand washing before eating and specially after using toilets and also proper disposal of human & animal excreta
- WHO tested residual chlorine at 5 different locations at Afghan Camps in which more than 75% of samples were not found within permissible limit.
- WHO provided 10 hygiene kits, 100 antiseptic soaps, 3000 Aqua tabs, 1200 Pure sachets and 20 IEC materials of different subject were displayed and provided to community during alerts response.

- **District Kohat:**

- WHO received and responded 5 Typhoid fever cases were reported from BHU Sumare payan, district Kohat. 5 water samples were collected from the affected village in which 0% contamination was detected.
- TF cases were reported from CH shakardara .WHO visited the area and detailed investigation was done. Total 3 water samples collected from household level and all the water samples were found safe for drinking purposes. WHO collected three water samples from Shakardara during TF alert and all the samples were found fit.05 water samples were collected from TMA T/well drinking water supply schemes for microbial test from different union council of Hangu. All the water samples were found 0 CFU and fit for drinking purposes.
- WHO provided 15,000 antibacterial soaps to EDO-H Hangu.16, 000 chlorine tablets and 2400 water purification sachets were provided to TMA Hangu.

Nutrition:

- WHO participated in one day consultative workshop on the way forward for nutrition stabilization centers, operational through public sector, held at PC Bhurban.
- WHO participated in 2 days provincial multi-sectoral consensus building workshop on Nutrition Policy guidance notes and strategic/operational planning held in PC Peshawar.
- Total of **18** patients of severe acute malnutrition with life threatening complications were admitted in 8 Nutrition Stabilization Center with **17** patients were discharged, out of which **15** were cured **00** died and **02** were defaulter cases.
- In Pabbi Hospital Nowshera, **one** new case of children with severe acute malnutrition with life threatening complications was admitted in the hospital and that was treated and cured.

District level coordination & monitoring:

Shangla: WHO conducted coordination meeting with PPHI on 27th August 2012 on account of recent AWD outbreak in villages Alami Banda Martung. They requested for the provision of dettol soaps, aqua tabs, chlorine. WHO provided 576 dettol soaps, 40 life straw filters, 5 kg HTH chlorine and were immediately dispatched to BHU Martung. The rest of the supplies will also cover BHUs Towa, Kabal Gram and Chikwalai. WHO conducted coordination meeting with EDO health Shangla on 28th August 2012 regarding the provision of wash rooms as most of the health facilities are operating under the old damaged buildings. Although, in some facilities temporary toilets are exist but due to blockage and porous sewer pipes, it endangers the community health and environment. WHO conducted meeting with TMA Alpurai on 29th August 2012 regarding the provision of water quality testing kits. They are provided with some kits by partner organization. They have started work on water quality testing. They were asked to keep the complete record of water samples so far tested from different sources. There are some dispute on certain water supply schemes on the ownership between CRS and CUP. A detail meeting on 29th August 2012 was held with both partner organizations. The issue has been settled by WHO. WHO held meeting with DCO regarding the recent outbreak of AWD on 30th August 2012 in village Ranyal. WHO has been specially assigned the duty to monitor the quality of water regularly. WHO visited DHQ Alpurai and BHU Katkoor, BHU Martung and CD Kotkay. WHO received and responded 02 alerts (01 C-Leishmaniasis, 01 AWD) and one outbreak (Village Shahtoot/UC Ranyal).

Haripur: WHO received and responded 9 alerts. WHO visited 4 health facilities (DHQ, CD KTS4, BHU Shah Muhammad, BHU Beer). ARI 15% with decrease of 2% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhoea 11% with 1% increase compared to previous week and scabies 3% with 0% increase in its proportional morbidity. WHO attended EPI monthly meeting improvement of vaccination status was discussed with all the district EPI technicians. Training on first assessment and cluster taking was conducted for new appointments. Vaccination schedule in the area where no EPI technicians are present was finalized with Coordinator EPI.

Mardan: WHO conducted meeting with focal person of RBM program on 27th August 2012 at EDO Health office. RBM focal person briefed about the ongoing activity of fumigation and IRS in the entire UC's through DOH, PPHI, TMA Mardan and TMA Takht Bhai. Fumigation was already carried out by DOH in 31 UC's and they will start IRS in the high risk UCs from current week. They also shared that 12 new RDT's centers have been established at various HFs of DOH. WHO conducted coordination meeting at TMA Office Takht Bhai on 28th August 2012, TMA office briefed about the fumigation activity in their concern 8 UC's of Tehsil Takht Bhai which was carried out during month of July. They also pointed contamination in some water sources. TMO Takht Bhai Office further requested WHO Team for formal training of their sanitary staff, water testing equipment's and support for fogging machine. Health Minister Kpk Mr. Syed Zahir Shah with DG Health Kpk visited DHQ Hospital Mardan on 30th August 2012, after a brief meeting a large supply of medicine and equipment's under Poverty Eradication Initiative were handed over to DHQ Hospital Mardan by MOH. Routine monitoring visits were conducted to DHQ Hospital, Mardan Medical Complex, THQ Takht Bhai, BHU Jalala and BHU A/R camp Jalala. During visits WHO conducted on job training of health staff on disease case definition, alert/outbreaks response and weekly eDEWS reporting. In response to Polio positive case from Muhib Banda of district Mardan a special SIAD campaign was conducted from 27th August to 29th August 2012, and during routine monitoring visits SIAD's activities were also supervised in different areas of the district. WHO received and responded 3 Suspected Measles alerts including One Outbreak with 7 cases), all the reported alerts were responded jointly with DoH and PPHI, during response all the required interventions were carried out.

Lower Dir & Upper: WHO conducted coordination meeting with EDO health, DCO, MS DHQ, MSF Belgium, Focal person DEWS and Focal Person national program Dir lower. WHO participated in Breast feeding week and nutrition opening on 29 August 2012 at Jirga Hall DCO office Dir lower. WHO and UNICEF team brief the participant on importance of breast milk and requested the participant to discourage the formula milk. WHO participated in Polio Review meeting on 29 August 2012 at Jirga Hall DCO office Dir lower. Strict action will be taken against those who will in compliance with their assign duty in coming polio round up. WHO daily visited to DTC and Measles ward. No AWD case reported. One measles outbreak reported from measles ward which joint responded with EDO health Team. Outbreak was jointly responded by DoH & WHO along EPI Vaccinators.

Outreach Immunization activities were conducted in affected areas with all available antigens and Vitamin A Capsule were provided to Children in affected area. Health education was provided to school children, teacher, affected family and surrounding families. Measles Patients in community and hospital were isolated. WHO daily visited DHQ Timargara, DTC Timargara, MSF measles ward Timargara. WHO team also visited BHU khagram, BHU Beshigram, BHU Bhandalash, BHU Asegai, THQ smarbagh, RHC Munda, BHU Makhai, BHU Dislore, CD Rabat, CD khal, RHC Mayar, AR Timar Camp, RHC Bibiore and DHQ Dir.

Swabi: WHO conducted coordination meeting with EDO health and DSM PPHI regarding Monsoon contingency. EDO Health requested WHO for Cholera kits. WHO conducted coordination meeting with DSM, Ex N PHED and EDO Health at PHED office regarding the AWD outbreak at Village Takhil on 28 August 2012. WHO shared all the environmental results and also briefed the EXN about the main causes of the outbreak. EX N PHED directed the SDO PHED to take all the relevant measures. WHO attended ZCC meeting on 31st August at EDO Health office Swabi. WHO shared the 2011 zoonotic outbreaks with the participants. WHO also explained all the preventive measures. MS BMC requested WHO for inj: Insulin 70/30. The previous insulin provided by WHO was properly used by the Physician of BMC. The required data was shared to WHO. WHO visited 9 health facilities for monitoring purpose. WHO briefed the in charge of the relevant health facilities on proper case definition and maintenance of proper line list in case of outbreak. WHO received and responded one suspected AWD.

Swat: WHO received and responded 8 alerts of suspected Measles and one alert of suspected Dengue. Out of 8 measles alerts 2 were from other districts. WHO conducted coordination Meetings with EDO Health Swat and EPI coordinator Swat. WHO conducted daily monitoring visits to Saidu Group of Teaching Hospital, BHU Sherpalam, BHU Baidara, BHU Dureskhela, THQMatt and CHKhawazakhela.

Charsadda: WHO visited BHU Kot, BHU Tarnab, DHQ hospital, BHU Cheena, BHU Umerzai, BHU Utmanzai, THQ Tangi. Registers checked and on job orientation of the facility incharges regarding eDEWS was done. DEWS data was submitted by 41 health facilities. WHO conducted supervision and monitoring during Polio mop up in high risk union councils of district Charsadda. WHO received and responded 3 suspected cases of measles.

Manshera: WHO received and responded 8 alerts, 6 for suspected cases of Measles and 2 for AWD. All alerts responded on time. WHO conducted monitoring visit to DHQ Hospital, BHU Kotli Bala, BHU Sandesar, RHC Shinkari and CH Battalion for alert response under DEWS activities. WHO conducted meeting with EDO and EPI coordinator for Planning and actions to control outbreaks.

Khyber Agency: WHO received and responded three alerts, two for Measles and one for AWD. WHO conducted coordination meetings with Agency Surgeon, FSMO. WHO conducted monitoring visit to BHU Kam Shalman, BHU Torkham, AHQ Hospital Landikotal, CD Pindi Lalma, BHU Mian Morcha, and CH Jamrud.

Mohmand: WHO conducted monitoring visits to 6 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Ghazi kor, CD Nasapai, CD Akhunzadgan & CD Miangan. WHO conducted coordination meeting with MS AHQ Ghalanai regarding medicine supplied by WHO. WHO held coordination meeting with Agency Surgeon & FSMO regarding upcoming Measles campaign. WHO received and responded 4 system generated alerts for bloody diarrhoea. WHO conducted on job training of CD Miangan & CD Akhunzadgan staff on alert & outbreak response.

Lakki Marwat & Bannu: WHO conducted coordination meetings with DCO Bannu and agency surgeons of FR Bannu and FR Lakki regarding movement of IDP's from North Waziristan to adjacent areas of FR Bannu, FR Lakki and Bannu district. So far there's no movement of IDP's from NWA. WHO conducted coordination meeting with health authorities of district Lakki Marwat for proper implementation of SNID. Campaign was from 27th Aug to 30th Aug in all UC's of Lakki Marwat. Second SNID will start from 3rd Sep to 6th Sep. WHO held coordination meeting with MS DHQ hospital Lakki Marwat and provision of SFD equipments to the hospital by WHO. WHO visited 11 health facilities. 7 health facilities were visited in district Lakki Marwat and 4 in Bannu. Health staff briefed about eDEWS, case definitions of different infectious diseases under surveillance, alert reporting, and timely submission of weekly reports. WHO received and responded 2 alerts of Cutaneous

Leishmaniasis. Both cases responded promptly.

Bajaur Agency: 22 out of 24 sentinel sites submitted their eDEWS to WHO. WHO received and responded 3 alerts. WHO visited 2 health facilities, feedback shared with Assistant Agency Surgeon and EPI Coordinator. WHO provided 100 Jerry Cans and 300 Dettol soaps to CHC Arang for distribution in community as this area is completely mountainous area where people used to bring drinking water from far away streams and springs. Law & Order situation is still very critical at Pak-Afghan border of Tehsil Salarzai. People of the area are moving down the valley and most of them are temporarily living in villages Talay, Pashat, Kotkai and Dherakai of Tehsil Salarzai. None of the authorities are so far in position of giving exact figures of these displaced people, but local health staff and stake holders are claiming it to be more than 10,000 people. WHO conducted coordination meeting with Agency Surgeon regarding latest crisis. WHO held coordination meeting with MS AHQ Hospital after a joint visit of newly functional Trauma Center. In this meeting DMS requested for support in terms of Inject able Antibiotics, IV Infusions, IV Cannulae and surgical taps etc. it is communicated to MS that some of these items will be provided to them from the latest supply received from WHO Peshawar ware house.

Logistic:

The following supplies were supplied from WHO KP warehouse to.

NOWSHERA	<p>EDO (H) NOWSHERA.</p> <p>1000 Jerry cans 20 liter</p> <p>PPHI NOWSHERA.</p> <p>1000 Jerry cans 20 liter</p> <p>MERLIN (JALUZAI CAMP NOWSHERA).</p> <p>60 Sodium stibogluconate 6ml Injection.</p> <p>EHSAR FOUNDATION (DTC PABBI NOWSHERA)</p> <p>3000 Aqua Tabs 67mg, 720 Dettol Soap 100gm.</p>
BACHA KHAN MEDICAL COMPLEX (SWABI)	<p>1 Anesthesia equipment am852 ,1800 Iec materials , 1 Defibrillator cu-er5, 5000 Dettol bath soap 100gm, 1 Ultra sound machine +ups+printer.</p>
DHQ(H)&DOH(H) KOHAT	<p>4800 Iec materials , 1 Anesthesia equipment am852, 200 Antiviral Disinfectants 1liter bottles, 10000 Dettol soap 100gm, 1 Multipurpose Trolley, 1 Defibrillator cu-er5, 1 Ultra sound machine +ups+printer.</p>
DHQ(H)&DOH(H) LAKKI MARWAT	<p>1 Anaesthesia Equipment Am 852, 1 Defibrillator cu-er 5, 3750 Dettol soap 100gm, 1 Ultra sound machine +ups+ printer.</p>
DHQ(H)&DOH(H) MALAKAND	<p>125 Amoxicillin 125mg 90ml, 50000 Aqua Tabs 67mg, 1 Autoclave, 4000 Iec materials, 7 End tracheal tube 22fr, 1 Endo tracheal 28fr, 15 Foley Balloon Catheter 12fr, 19 Foley Balloon Catheter 14fr, 11 Foley Balloon Catheter 16fr, 100 Fuji soap 250gm, 200 Glyceryl Trinitrate 0.5mg, 15 Mortein Mat, 1 Pulse oxymeter Model 1b, 14 Salbutamol inhalation solution, 40 Syringe without needle, 350 Vitamins & Minerals , 120 Adhesive Bandage , 1 Anesthesia Equipment am852, 1 Appendectomy Set SFD, 5 Apron SFD, 100 Battery , 35 Bethmethasone lotion 20ml, 5 Biohazard bags , 1</p>

	Blood bank Refrigerator SFD, 2 Dry mob, 11 End tracheal tube 14fr, 7 End tracheal tube, 5 Eye viewer goggles , 40 Eye wearer , 20 Foley catheter fr, 8 Foley catheter 8fr, 356 glycerin Suppository Rectal, 4 Hth chlorine 5kg bucket, 200 Jerry cans 20liters, 3 pairs plastic Rubber shoes, 10 Masks industrial Type, 600 Metronidazole 400mg Tabs , 1 Mob Buckets yellow color SFD, 1 Nebulizers Machine , 5 Needle Cutter, 3 Oxygen Masks, 25 Plastic Bag, 1 Platelets Agitator(model pf481), 109 Polymyxin b Sulphate eye ointment, 100 Polymyxin b sulphate bacitracin zinc Skin Oint, 10 Safety Boxes, 400 salbutamol 4mg Tabs, 2Sterilizers , 126 Syringe 1cc, 1433 Syringe 5cc, Syringe 10cc35. 175 Chlorpheniramine maleate syrup , 700 Co-trimoxazole 480mg tabs, 1cpr board SFD, 1 Defibrillator cu-er5, 600 Dettol soap 100gm.
DHQ (H) DOH(H) UPPER DIR	125 Amoxicillin 125mg90ml syrup, 7 End tracheal tube 22fr ,1 End tracheal 28fr, 3000 IEC Materials , 15 Foley balloon catheter 12fr, 19 Foley balloon catheter 14fr, 11 Foley catheter 16fr, 200 Glyceryl trinitrate 0.5mg, 15 Mortein mat, 14 Salbutamol inhalation solution , 300 Vim Dish wash Soap ,120 Adhesive Bandage, 1Anaesthesia Equipment Am852 , 1Appendectomy Set SFD, 5 Apron SFD, 90 Battery Cells , 35 Bethmethasone 20ml lotion, 30 Biohazard Bags 19/23, 1 Blood Bank Refrigerators, 175 Chlorpheniramine maleate syrup , 700 Co-trimoxazole 480mg tabs, 1cpr board SFD, 1 Defibrillator cu-er5, 11 End tracheal 14fr, 7 End tracheal tubes, 3 Eye wears Goggles, 40 Eye wear, 18 Foley catheter 18fr, 11 Foley catheter 8fr, 356 Glycerin Suppository Rectal, 1 Hand wash sink steel , 3 Pairs Long shoes plastic, 10 Masks industrial type, 600 Metronidazole 400mg Tabs ,1 Multipurpose Trolleys, 1 Nebulizers Machine, 4 Needle Cutter , 3 Oxygen Masks, 25 Plastic Bag, 109 Polymyxin B sulphate eye 6g Oint, 100 Polymyxin b sulphate bacitracin zinc skin Oint, 10 Safety Boxes,400 Salbutamol 4mg tabs, 1 Sterilizers, 126 Syringe 126 ,1433 Syringe 5cc, 35 Syringe 10cc, 1 Steam Sterilizers.
BAJOUR AGENCY	1 DDT Kit, 1 EHK , 300 Jerry cans 20liters, 2 HTH Chlorine 5kg Bucket, 6000 Dettol Soap 100gm, 200 Fuji Soap 250gm, 10000 Aqua Tabs 67mg, 1800 IEC Materials, 150 Antiviral Disinfectants 1liter bottle,
DHQ(H) DOH HANGU	2400 IEC Materials, 1 Anesthesia Equipments am 852, 200 Antiviral Disinfectants 1liter bottle, 1 Defibrillator cu-er , 5000 Dettol Soap 100gm, 1 Ultrasound machine +ups+ Printer.

Security Situation: Two persons were killed while nineteen others were wounded in a suicide blast that occurred near the office of the UN refugee agency in Peshawar Monday 03rd September, 2012. According to police, a US consulate vehicle was the target of a suicide car bomb attack at Abdara Road in University Town that killed two persons and injured 19 others, including two foreigners, two women and two children.