



**World Health
Organization**

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 33 &34

Date: August 19- 25 , 2012

WHO EHA KPK SitRep

Flood Situation in Districts:

Flash flood hit Union Councils of Azakhel Bala & Payan, Pirpai, Mohib Banda, Dagai & Dag Baisud on 22nd August 2012. Four Persons have died and 15 injured in Azakhel Bala. Some of the houses and boundary wall of BHU Azakhel were damaged.

Estimation by DoH shows that 40% (About 7000) of Azakhel Bala population displaced. UC Aza Khel Bala population is 15000.

The flash floods & rain affected Jalozaï IDP's camp as well. The health facilities were inundated with water & hampered work in some of the health facilities for the time being.

Staff of BHU Aza Khel has been deputed in a nearby Hujra for provision of health services to the affected people. A mobile health team has been provided to Aza Khel area for provision of health services to needy people. Free medical camp being arranged in the affected union councils by PPHI Nowshera through its staff. Community health sessions being arranged by LHW's with community affected by floods to avoid communicable & water borne diseases. EPI teams are busy in vaccination of the affected population.

National Program coordinator asked to deploy his staff in the affected UC's to avoid any outbreak of water borne diseases/communicable diseases through preventive measures.

Health Emergency SHOC Room established in DHIS & DEWS Cell of EDO Health Nowshera Office. Dr Shoab is the focal person of EDO health for health relief activities.

A meeting was held in which EDO health, Deputy EDO health, WHO, EPI Coordinator/focal person of EDO Health for health relief activities and DHIS Coordinator participated. It was informed that all available stocks of medicines have been relocated to sub stores in district Nowshera. Detailed assessment of the Health related activities in the affected Union Councils will be carried out as soon as possible to get the required support from relevant quarters.

Emergency Health cluster Meeting called by EDO Health Nowshera on Friday, 24th August 2012 to implement the District Contingency plan & get the required support from organizations. The meeting was chaired by EDO Health Nowshera Dr Arshad Khan & Co-chaired by WHO team leader Dr. Azret Kalmykov. The meeting was attended by DSM, PPHI Nowshera, Deputy EDO H, and Focal Person of EDOH for health relief activities, DHIS Coordinator, Malaria Control Program Incharge, National Program Coordinator & representatives of UNOCHA, CERD, Merlin, CAMP, Save the Children, EHSAR Foundation, Islamic Relief, IMC, Devout.

It was decided that PPHI/DoH Nowshera will put a request through DCO Nowshera to PDMA for long term support to health care facilities in flood affected areas of district Nowshera along with an assessment report. The organizations already serving in Nowshera like Merlin, CAMP, EHSAR & Islamic Relief will provide short term support to flood affected population in terms of Mobile health teams, medicines and health promoters upon written request from DSM, PPHI Nowshera. CAMP Organization will print the pamphlets for the affected population to be handed over to National Program LHW's, PPHI & organization's staff for dissemination. WHO has provided environmental health supplies like Soaps, aqua tabs, Pure Sachets etc to DoH & PPHI. Medicines will be provided upon request to DoH & PPHI. Jerry Cans will be arranged from UNICEF. ORS will be provided by WHO to PPHI Nowshera upon request.

WHO had a meeting with DSM PPHI Nowshera. It was decided that daily data will be shared by all health facilities in areas affected by floods with WHO, so that trends on water borne & communicable diseases can be followed in the field by joint teams of WHO, PPHI & DoH. All alerts will be shared with WHO on urgent basis. Environmental health activities in the affected UCs will be strengthened. For quick response of any emergency situation in the affected area, WHO supported EDO-H & PPHI Nowshera with EH supplies i.e. 23040 Soaps, 50000 Aqua Tabs & 20000 Pur Sachet to be distributed in the affected community. LSS will be implemented in PPHI medicines store from next month. Concern was shown by WHO over non submission of DEWS data for the past 6 weeks. DSM

PPHI directed M&E officer to follow the submission of data by health staff & onward submission to WHO.

DI Khan: on 25th August, 2012 a Flash floods hit tehsil Pahar Pur damaging a bridge near PANIALA. No casualties reported so far.

Mardan: Emergency meeting for flood response was conducted at EDO Health Office Mardan on 24th August 2012, EDO Health, all coordinators, TMA, PHED and WHO team participated. During briefing EDO Health shared that low level of flood was reported in small river tributary lakpanry without any human loss or any damage to infrastructure.

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.

On Wednesday 22nd of August, heavy rains hit areas of district Nowshera from 7:00 AM till 10:00 AM.

The following health facilities were slightly damaged.

CERD HF 1:

Water entered the tents but no damage being done to equipments, furniture and medicines, few tents partially got damaged.

CERD HF 2:

Water entered the tents and had destroyed the floor sheets. Floors of tents are covered with mud, however equipments and medicines were saved by placing them on tables, beds, racks etc.

FATA HF:

Tents are damaged. Medicines got affected by rain water. External Parada wall of HF is completely damaged.

CAMP HF 2;

Only registration tent damaged in the HF.

MERLIN J2 Health Post:

3 tents were damaged.

MERLIN J4 Health Post:

Rain water had entered into the tents, had damaged floor sheets and formed ditches outside the tents.

Parada wall is damaged. A big ditch formed in front of the HF entrance, making it difficult for the vehicles/ ambulance to pass and enter into the HF.

All the other health facilities were not affected. **Almost all the health facilities are repaired and functioning normally.**

Population:

Till 08th August, 2012 total IDPs families registered are 74,490 families with 343, 673 individuals. Jalozai IDP camp hosts 13, 657 families with 64, 888 individuals. 60, 833 families with 27, 8785 individuals are living in off communities.

Alerts and Consultations:

No alert was reported. No alert was reported in this week. There were 2,037 consultations provided through health care provider, including acute respiratory infection (18.5% or 376 cases), other acute diarrhoea (12.4% or 253 cases), skin infection (3% or 61 cases) and confirmed malaria (1% or 15 cases) of all patient visits in current week.

Coordination:

Health & WASH cluster meetings take place once a week in Jalojai 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 could not be conducted because of Eid Holidays. The next CHCM is scheduled on August 29th. 2012.

EHE Interventions:

WHO held routine coordination meeting with WASH partners in the camp (HRDS, SSD & Lasoona) and were updated about WASH activities in the camp. Each WASH partner in their respective phases are carrying out their activities like health & hygiene promotion, water quality analysis and repair/ maintenance work of WASH hardware installations.

WHO along with UNICEF carried out inspection of latrines in the camp and suggested WASH partners to de-sludge latrines especially which are close to registration point more frequently and also do lime treatment in rest of the latrines and for that WHO will also be providing Lime to WASH partners in the camp.

WHO conducted on job refresher training of all 6 tube well operators and 3 water quality analysts in the camp about chlorine solution preparation and also asked water quality analysts of WASH partners to check residual chlorine regularly and more frequently to ensure supply of 100% chlorinated water in the camp.

WHO tested 23 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. Over all WHO has so far tested a total of 922 water samples 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 6 samples for microbiological contamination and all samples were found fit for drinking with no contamination. WHO has so far tested 208 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 follow up visit to the health facility supported by FATA at Jalojai camp. It was observed that some of the medicines are damaged due to rain, gaps regarding rational use of medicines, record keeping and storage of essential medicines found. Medicines were sorted out and shifted to shelves. WHO visited the Pharmacy of Merlin J-3 post to ensure the availability of essential medicines. It was informed that all key essential medicines were available at the facility. WHO conducted meeting with Merlin's clinical supervisor regarding the availability of Meglumine Antimoniate Injections it was agreed that WHO will provide the injections as per need.

WHO provided 2 EHKs to CAMP organization for health facility # 1. This will cover the PHC needs of 12000 population for one month,

B. Togh Sarai" IDP camp, Hangu district

Total of 1159 families with 5821 individuals are residing in the camp. EDO-H informed WHO to take extra care in

visiting Hangu or IDP's Camp. WHO provided 250 IEC materials to partner's organizations working in camp for proper distribution during awareness session among the communities. WHO collected 04 water samples for microbial test from different water points, in which 0% contamination were detected.

WHO visited DTC established by MSF-F in THQ Hangu hospital. WHO checked residual chlorine level in the DTC and found them in normal ranges. MSF-F staff was requested for sharing of Line-list if more cases received from certain area.

03 out of 18 health facilities reported to WHO via e DEWS. There were 263 consultations provided through partner organization, including other acute diarrhoea (16% or 41 cases), acute respiratory infection (20% or 52 cases), also skin infection (5% or 14 cases) and suspected malaria (1% or 2 cases).

C. Situation in Tank district

UNFPA has rolled back two of its centers (RHC Gomal and RHC Ama Khel) in the district. Services at RHC Gomal were practically shifted to DHQ couple of months ago as per district administration's instructions, owing to the security concerns while RHC Amakhel is recently done. At the moment, the only center run by UNFPA is at DHQ Tank HAMDAM a local organization has just recently started working in the district.

WHO conducted meeting with M.S DHQ hospital Tank. WHO donated medicine and equipment for the hospital. WHO held meeting with the PEO and DEDOH to discuss the district preparation and strategy for the next PEI campaign. WHO held a general discussion with coordinator on outreach activities which has started in the district after joint efforts of EPI Coordinator and WHO. In joint visits, WHO monitored and evaluated the health facilities for rationale use and gaps in terms of medicines.

WHO received and responded Cutaneous Leishmaniasis alert in village Dabarra.

D. Situation in D I Khan district

24 registered health facilities submitted e DEWS reports to WHO. All Diarrheal Disease was reported at 12.57 % of total consultations, representing highest cause of morbidity. Acute diarrhea reported at 11.71 % of total consultations.

WHO attended a meeting of district monitors of POLIO campaigns on invitation by the EPI Coordinator. The Agenda of the meeting was to discuss the gaps during monitoring & identify weak areas of the monitoring teams. The district Monitors were assigned specific areas for upcoming special immunization Days.

SIAD s will be observed in 22 high risk union councils of the district. District Monitors including DHTs & WHO (PEI WHO & S.O. DEWS WHO) will also monitor the training sessions in 22 UC s. DPEC meeting will be held on 29th August 2012, to be chaired by DCO D I KHAN.

WHO plans to conduct training of teaching staff of Gomal Medical College D I KHAN on hospital based clinical management of Dengue fever. Dates & venue yet to be decided by Hospital Coordinator WHO.

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 1456. Save and Serve reported that the ratio of the consultation was comparatively low due to the reason that some IDPs visited their relatives in the nearby areas of the camp during EID days. The daily average consultation was 90/ patients during this reporting period. Respiratory infection, asthma and chest infection was the major disease during this reporting period. Save and Serve Health Services include the following activities PHC services including women and child health care, curative care for common illnesses, Basic Life Support (BLS), Management of Minor

injuries, Management of Insect /Snake bite etc, Detection and management of poisoning, Management of shock.

A total of 408 consultations received through Save and Serve organization. Acute respiratory infection is the highest cause of morbidity (13.5% or 55 cases) of total consultations; other acute diarrhoea (8% or 31 cases); skin infection (9% or 35 cases).

F. Situation in Kohat district

WHO conducted coordination meeting with DMS (Liaqat Memorial Hospital) and Contractor working under SFD in LMH. Final work check visit is due next week, detailed work completion report will be submitted by WHO.

WHO conducted coordination meeting with DMS, LMH Hospital and MS, KDA Hospital regarding disinfection processes to be conducted in their hospitals and their staff trained on proper disinfection measures procedures.

Dog bite center will be established in DHQ hospital KDA, Kohat. Nomination of 2 doctors for the center has been done by MS DHQ Hospital and the letter has been sent to Hospital Coordinator, WHO for further actions.

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

eDEWS:

KPK eDEWS:

- 316 reports were received reporting 44,692 patient consultations in 15 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (15.4% or 6,881 cases) showing 1% decrease in percentage; other acute diarrhoea (13.4% or 5,990 cases); skin infection (3% or 1,269 cases); suspected malaria (1.5% or 659 cases).

FATA eDEWS:

- 31 reports were received reporting 3,539 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (14.6% or 518 cases) showing 1.5% increase; other acute diarrhoea (18% or 626 cases); skin infection (2.5% or 89 cases); suspected malaria (8.2% or 291 cases).

Alerts:

- WHO received and responded a total of 32 alerts including 1 outbreak. Out of these alerts 26 were measles, 01 was AWD, 01 was BD, 01 was Leishmaniasis, 01 was Malaria, 01 was MUMPS and 01 was NNT. 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 from 4th May, 2012. In last week 2012 a total of 253 patients were consulted at DTC center, out of these 143 were of type A, 47 were of type B and 63 were of type C.

Training on Dengue Case Management:

- As a part of preparatory efforts to combat any possible Dengue outbreaks, A one day training session on Management of Dengue cases was organized on 23rd and 24th August 2012 at Peshawar and Abbottabad respectively. Sixty doctors working at DHQs and Tertiary care hospitals of high-risk districts of Khyber Pakhtunkhwa participated in this training. This was the first interprovincial collaborative training jointly

organized by department of health KPK, department of health Punjab and World Health Organization. Facilitators were invited from Lahore having firsthand experience on management of Dengue cases. Deputy Directors Public Health appreciated the efforts of WHO in bring together Health department of two province for the common case to control dengue epidemics.

Essential Medicines:

- WHO conducted a total of 8 monitoring and 9 follow up visits in districts Lower Dir, Swat, Mardan, Nowshera, Lakki Marwat, Tank 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 5 trainings sessions in which hand on training provided to the staff of DOH on rational use of medicines, safe disposal of syringes, record keeping and good storage practices of pharmaceuticals. Total 15 participants were trained.
- WHO conducted 13 coordination meetings with different stakeholders including EDOH, MS, DMS PPHI, Merlin's clinical supervisor and Army Brigadier in which implementation of LSS and availability of essential medicine, Monsoon contingency plan and situation of flood discussed.
- WHO responded to alerts of 1Leishminiasis, 2 NNT and 2 measles alerts at district Bannu WHO provided TIG to NNT case.
- WHO responded AWD outbreak reported through civil hospital Kotla district Haripur. WHO provided ORS, Tab Zinc, Metronidazole & IV fluids from reserved stock at EDO Health warehouse. WHO trained MT & LHW on WHO standard guidelines for treatment & management of AWD. ORS preparation & Zinc preparation was especially demonstrated. In coordination meeting with MS DHQ hospital district Haripur & Pharmacist, WHO discussed issues regarding LSS Implementation, supply of surgical equipments under SFD & non availability of insulin injections. WHO conducted monitoring visit to civil dispensary # 3 Khalabat township errors in OPD register & poor storage conditions were observed & highlighted with in charge CD. Hand on training was conducted for MT & LHV on RUM & GSP.
- WHO conducted coordination meeting with store keeper DHS FATA main warehouse in regards to distribution of SHCP and availability of space for expected supplies in near future.
- WHO held coordination meeting with PPHI Khyber agency in which provision of meglumine antimoniate discussed along with consumption report by concerned staff. PPHI appreciated the support and committed to provide consumption accordingly.
- To fill in the gap at AHQ Landikotal Khyber agency, WHO provided assorted medicines including infusions, antiallergic syrups and antibiotics from DHS FATA warehouse.

WASH:

- **District Charsadda:**
- WHO carried out joint follow up visits with PPHI to AWD alert reported areas of Shah Mansoor, Punjpeer, Yar hussain and village Takhil UC Kabgani. WHO conducted health education sessions with affected families on use of aqua tabs, pur sachet, hand washing and safe excreta disposal.* Additional supplies of 500 hand washing soap, 5000 aqua tabs, 50 jerry cans and 20 hygiene kits were provided and distributed in the affected households during the health promotion activities.
- During follow up monitoring of AWD situation in district swabi WHO collected 10 Water samples from the main water sources and household containers for faecal contamination in which 25% of the household water samples from Yar hussain and village Takhil area were found contaminated with faecal material. Information on quality of drinking water from main dug wells in village Takhil were disseminated through community representatives and promotion of water collection from recommended safe water sources in the village.
- WHO organized on job training session for PPHI district swabi staff and community representatives from affected areas on manual disinfection and shock chlorination of permanent dug wells and hand pumps used as a common source of drinking water in the affected areas.
- WHO visited TMA Charsadda and Tangi main water stations in MC1, MC2, MC3, Mardan road, sugar mill, Barazai, Kuladair and Gulabad. All the chlorinators installed by WHO are in order and need additional supplies of liquid chlorine (Sodium hypochlorite 20%) for smooth operation. 12 water samples from main source and

consumer points were monitored for residual chlorine in which 79% of the samples were found with WHO recommended chlorine level (0.2-0.5 PPM).

- WHO participated and facilitated the DMC meeting organized in UC Umarzai, Turangzai and Utmanzai to review the DMC preparation in ongoing monsoon rains. WHO EH team provided information on Health/WASH response for prevention and control of water born epidemics to committee members.
- **District Kohat:**
- During a routine visit to the DTC Hangu, WHO delivered on job orientation session to the staff on infection control within the DTC.
- **FATA:**
- On August 17th, 2012 four Pertusis cases were reported by EPI Technician after the diagnosis of patients by a Pediatric specialist. WHO did active surveillance in the area and 2 more cases were found who were given treatment in a private hospital of Peshawar. Antibiotics were given to them. In response WHO conducted health and hygiene education were given to their parents and they were convinced for routine immunization of their children. All the cases were from one house.
- **District Lower Dir:**
- Recent rain affected the water source especially the springs and dug wells. Water over flow due to blocked Sanitation system affected the shops. WHO held coordination with MSF-B, MS DHQ and EDO health Dir lower/upper for timely response to Alert/outbreak.
- WHO collected 11 water samples from dug wells and house hold of village Muslimabad Parpetay, UC Kumbar Tehsil Lal Qila and tested for pH, Turbidity, residual Chlorine and fecal coli form. six (two dug wells, 2 water tank and two house hold container) water samples in Categories C, 3 water samples (Dug well, and two Tanks) in categories B which are microbiologically unsafe for drinking purposes and 4 water samples (two Dug wells and two water Tanks) in Categories A which are microbiologically safe for drinking purposes. 3 Dug wells and 4 water tanks were shock chlorinated. WHO educated 70 individuals on health hygiene, advantages of food hygiene and proper communal sanitation. WHO provided 3500 aqua tabs to villages Muslimabad Parpetay Maidan. WHO provided on job training sessions to 3 members of community on water disinfection chlorination and safe handling of water.
- **District Mardan:**
- Emergency meeting for flood response was conducted at EDO Health Office Mardan on 24th August 2012, EDO Health, all coordinators, TMA, PHED and WHO team participated. During briefing EDO Health shared that low level of flood was reported in small river tributary lakpanry without any human loss or any damage to infrastructure. EDO Health Mardan requested WHO EHA team for essential medicine which will be placed at different points of district for timely response to any kind of acute emergency.
- **District DI Khan:**
- WHO visited BHU Zaffarabad for alarming the DoH staff for AWD occurrence as result of anticipated rains. WHO emphasized distribution of aqua tabs and delivered 5000 aqua tabs to the HFs. WHO distributed a total of 105,000 aqua in health facilities and community for AWD prevention. WHO collected 3 water samples from BHU Zaffarabad, D.I.Khan, which contained biological contamination.
- **District Swat:**
- In response to alerts WHO conducted hygiene sessions in each health facility regarding importance of hand washing with soap, importance of drinking clean water and water treatment methods at Household level. During hygiene sessions at each health facility total of 200 patients and attendants were sensitized regarding hand washing with soap, use of clean water and water treatment methods at house hold level with distribution of 400 bar soap and 2000 Aqua tabs. Under routine water quality monitoring total of 10 water samples were tested from Hayatabad area Mingora Swat, it is the area near the bank of the river and also most of the tube wells of TMA are located in this area supplying water to the urban community. Out of 10 samples 3 were from the three different tube wells and the remaining 7 samples were taken from 7 houses wells selected randomly, it was found that the three samples from the tube wells were found safe for drinking while in the remaining 7 samples 3 were found fit while 4 samples were found contaminated. The contaminated wells were chlorinated and the households of the family were advised to make the well deep to attain clean and safe water for drinking and other domestic purposes.
- **District Shangla:**

- In response to AWD alert from village Shahtoot District Shangla WHO distributed 2000 aqua tabs, 300 dettol soaps 2 water samples tested were found microbiologically contaminated. Hygiene session was also conducted with the affected families.
- **District Haripur:**
- WHO received and responded bloody diarrhea alert at Halli promptly . WHO collected a total of 4 water samples for bacteriological analyses during BD 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 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.

Nutrition:

- WHO conducted coordination meeting with Assistant Director Nutrition and reproductive health regarding the workshop on operationalization of nutrition stabilization center in Burban.
- WHO held coordination meeting with DGHS KPK regarding the workshop on operation of Nutrition stabilization center through public sector.
- WHO conducted visit to district Nowshera flood affected areas to review the relief activities and to assist nutritional needs of the district post flash floods.
- Monitoring visit conducted to nutrition stabilization center Pabbi satellite hospital. It has been informed that an agreement has been taken place for handing over the Pabbi satellite nutrition stabilization center to REHBAR organization. Meeting planned in next week to discuss the issue of NSC in Pabbi Satellite hospital.
- WHO conducted meeting with EDO-H Nowshera and district nutrition program officer for family planning to discuss the nutritional challenges in the districts. Request has been made to establish NSC in DHQ hospital Nowshera keeping in the view the needs for the nutritional services in the district.
- Total of **23** patients admitted of severe acute malnutrition with life threatening complications were admitted in 8 Nutrition Stabilization Center with **17** patients were discharged, out of which **14** were cured **00** died and **03** were defaulter cases.
- In Pabbi Hospital Nowshera, **01** new case of children with severe acute malnutrition with life threatening complications was admitted in the hospital and that also defaulted and went LAMA.

District level coordination & monitoring:

Shangla: WHO conducted meeting with EDOH on EID holidays updates regarding alerts and outbreaks. EDOH appreciated the efforts of WHO in proper planning and execution of contingency plan. WHO visited AWD outbreak village for follow-up and at the same time conducted meeting with community elders for the progress of day to day affairs regarding AWD and any other diarrheal disease. It was encouraging to know that most of the population has started using aqua tabs after the recent outbreak. WHO conducted meeting with DCO Shangla for inquiry of CD Shang and BHU Chichloo staff for not reporting DEWS on regular basis. DCO directed EDOH to initiate an inquiry as soon as possible. WHO conducted monitoring visits to DHQ Alpurai and CD Ielonai. WHO received and responded a total of 03 alerts (01 C-Leishmaniasis, 01 AWD and 01 Measles).

Haripur: WHO received and responded 3 alerts. WHO visited 2 health facilities (DHQ, CD KTS3). ARI 17% with increase of 0% compared to previous week remained the major cause of morbidity both in hosting and Afghan refugee population in Haripur followed by diarrhoea 11% with 0% increase compared to previous week and scabies 3% with 0% increase in its proportional morbidity. WHO arranged Dengue case management training at PC Abbottabad. 5 participants from Haripur attended the training including district medical specialist, district paediatric specialist, 2 causality medical officers and dengue ward medical officer.

Mardan: WHO participated in emergency meeting for flood response at EDO Health Office Mardan on 24th August 2012, EDO Health, all coordinators, TMA and PHED participated. During briefing EDO Health shared that low level of flood was reported in small river tributary lakpanry without any human loss or any damage to infrastructure. EDO Health Mardan requested WHO for essential medicine which will be placed at different points of district for timely response to any kind of acute emergency.

Lower Dir & Upper: WHO conducted coordination with Coordination with EDO health, MS DHQ, TMA, Malaria control program and DCO lower/upper, MSF Belgium, Focal person DEWS and Focal Person national program Dir lower. WHO regularly monitoring the DTC Timargara but no AWD case was found in DTC. WHO visited DHQ Timargara, DTC Timargara, MSF measles ward Timargara. WHO also visited BHU Hayaserai.

Swat: WHO received and responded 6 alerts of suspected Measles. WHO responded five system generated alerts of last week. WHO conducted coordination meetings with EDO Health Swat and EPI Coordinator Swat. WHO held monitoring visit to Saidu Group of Teaching hospital. WHO conducted monitoring visit to BHU Kotlai, CD Dadahara, CD Pararai, RHC Khazana and BHU Chungai.

Charsadda: WHO visited BHU BHU Umerzai, THQ Tangi, CH Shabqadar, CD Turangzai, DHQ hospital, RHC Sherpao. Registers checked and on job orientation of the facility incharges regarding eDEWS was done. DEWS data was submitted by 36 health facilities.

Manshera: WHO received and responded 12 alerts for suspected cases of Measles. Eight cases of Measles reported from DHQ Hospital while 4 cases reported from CH Battal. WHO conducted visits to DHQ Hospital, BHU Kotli Bala, BHU Gandian, RHC Shinkari and CH Battal for alert response under DEWS activities. Slight increase in reported cases of Diarrhoea from DEWS reporting sites as compared to previous weeks. Rise in Measles cases in Manshera specially in UC Battal. Security incidence took place in Naran UC, 19 peoples killed in an attack by terrorist on passenger transport on 16 August.

Khyber Agency: WHO received and responded two alerts, one each for measles and mumps. WHO responded two system generated alerts all of which were false alerts. WHO participated in training of EPI technician for the coming immunization plus activity in Tirah valley of Khyber Agency. WHO conducted coordination meetings with Agency Surgeon, FSMO and PPHI. WHO conducted monitoring visits to BHU Ali Masjid, BHU Mian Morcha, and CH Jamrud.

Mohmand: WHO conducted monitoring visits to 5 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Sultan khel, BHU Baro Khel, BHU Sangar. WHO conducted coordination meeting with MS AHQ Ghalanai regarding proper utilization of supplies under SFD. WHO conducted coordination meeting with Agency Surgeon & NP Coordinator regarding involvement of LHWs in Health & Hygiene promotion activities during diarrhoea season. WHO held coordination meeting with FCHP coordinator regarding free medical camps in Safi. WHO received and responded one Measles alert from Daro Kor. WHO conducted on job training to BHU Sultan khel & BHU Baro Khel staff on Alert & outbreak response.

Battagram: WHO conducted visits to DHQ Hospital Battagram, RHC Kuza Banda, CH Thakot, BHU Jambura, BHU Batly for eDEWS analysis. WHO received and responded 2 measles alerts reported from DHQ Hospital and 1 from BHU Batly and 1 from community. WHO responded 3 system generated alerts of OAD, 3 of BD and 3 of TF for Week 33-2012. WHO attended coordination meeting with DCO Battagram regarding the district health contingency plan for the current rains in the area.

Lakki Marwat & Bannu: WHO conducted coordination meeting with EDO health Bannu and MS DHQ hospital, regarding proper use of hospital equipments provided by WHO. WHO held coordination meeting with MS DHQ hospital Lakki Marwat and handing over SFD, EH and EM medicines and equipments to the hospital. WHO conducted coordination meetings with DSM PPHI Lakki Marwat and provision of aqua tabs and Jeri cans for those areas, where there's problem of clean drinking water supply. WHO conducted monitoring visits to 8 health facilities. 5 health facilities were visited in district Lakki Marwat and 3 in Bannu. Health staff briefed about DEWS, case definitions of different infectious diseases, alert reporting, and timely submission of weekly reports. WHO received and responded one outbreak and one alert. Outbreak was of AJS from Bannu city area and alert was of Cutaneous leishmaniasis reported from FR Lakki area.

Bajaur Agency: Law & order situation is unstable at Pak-Afghan border of Tehsil Salarzai where militants from across border attacked a village Batwar on 22nd & 23rd August, 2012. People of the area have moved down the

valley and most of them are temporarily living in village Talay of Salarzai. Exact facts and figures of these IDPs will be confirmed in coming week. 16 out of 24 sentinel sites submitted their eDEWS to WHO. The less number is due to vacations on account of Eid-ul-Fitar. WHO received and responded 2 alerts for suspected Measles. WHO visited 1 health facility, feedback shared with Agency Surgeon and EPI coordinator. Polio trainings of the health staff have been started in the agency for the forth coming Polio campaign. WHO is providing Facilitation where ever needed.

Logistic:

The following supplies were supplied from WHO KP warehouse to.

<p>NOWSHERA (34)</p>	<p>EDO (H) NOWSHERA Week 34</p> <p>25000 aqua tabs 67 mg, 10080 Dettol soap 100gm, 10000 water pure sachets,</p> <p>PPHI NOWSHERA Week 34</p> <p>25000 Aqua Tabs, 12960 Dettol soap 100 gm,10000 water pure sachets.</p> <p>EHSAR FOUNDATION (DTC PABBI NOWSHERA, Week 33)</p> <p>300 Metronidazole 60ml syrup.</p> <p>CAMP ORGANIZATION (JALOZAI CAMP NOWSHERA Week 33)</p> <p>1 EHK</p>
<p>Peshawar (week 33)</p>	<p>LADY READING HOSPITAL (PESHAWAR)</p> <p>1Pulse oxymeter model G 1b, 1Appendectomy set, 1 Cpr board, 1 Platelets Agitator, 2 Sterilizers.</p> <p>INFECTIONS DISEASE HOSPITAL (PESHAWAR)</p> <p>2 Dustbin, 350 vim dish wash soap, 8 apron surgical, 100 Biohazard bags, 2 Dry mob,5 eye viewer goggles, 50 eye wear, 15 hand wash method Urdu instructions Posters, 4 pairs long shoes plastic, 2 mob bucket yellow colour, 5 Needle Cutter, 50 plastic bag , 25 Safety boxes.</p> <p>(CITY HOSPITAL PESHAWAR)</p> <p>500 Vim dish wash soap , 8 apron surgical, 100 Biohazard Bags, 2 Dry mob, 5 eye viewer goggles, 40 eye wears, 25 hand wash method Urdu instructions posters, 8 pairs long shoes plastic, 2 mob bucket yellow colour , 6 needle cutter, 50 plastic bags, 30 safety boxes</p>