WHO EHA Progress Report, October 2012

Khyber Pakhtunkhwa and FATA

HEALTH CLUSTER COORDINATION

ERF

On October 12, 2012 ERF Secretariat announced for a Call for Proposal with the following details:

1. Current floods in Sindh, Punjab and Balochistan: a.) ERF seek to address the most urgent or critical humanitarian projects both listed in and outside Monsoon Humanitarian Operation Plan 2012 (MHOP); b. Projects outside MHOP should be in line with MHOP strategic response objectives and priorities.

2. On-going humanitarian situation due to insecurity situation in Khyber Pakhtunkhwa and FATA: a) ERF seek to address the most urgent or critical humanitarian projects both listed in and outside Humanitarian Operation Plan 2012 (HOP) for Khyber Pakhtunkhwa and FATA; b) Projects outside HOP should be in line with HOP strategic goal/objectives.

Clusters were requested to send the recommended proposals latest by 21 October 2012 to noviera@un.org and erfpak@un.org.

The KP and FATA health cluster was presented and 3 projects funded (a total of 294,172 USD) of CAMP (106,169 USD - for Jalozai IDP camp), CERD (105,781 USD - for Togh Sarai IDP camp) and Save and Serve (82,222 USD – for New Durrani IDP camp).

Winter Contingency Planning

The Department of Health of Khyber Pakhtunkhwa is in the process of updating the 2012/2013 winter contingency plan. The list of high risk districts, pre-identified by the Department, includes Chitral, Upper Dir, Swat, Shangla, Bunair, Malakand, Kohistan, Mansehra, Batagram, Abbotabad. Organizations present in the mentioned districts are requested to take part in the planning processes of the mentioned contingency plan. In order to have a comprehensive picture and analysis of health cluster presence and field capacity, organizations operational in the high risk districts should provide the feedback on their current activities and abilities to respond and assist district health authorities in improving the preparedness plans and response activities. Health cluster organizations will provide the details of the presence and capacities for additional support in 10 districts by November 6, Tuesday.

Essential Medicines assistance by WHO

WHO continues receiving numerous requests for the support with essential medicines by various health cluster partners. One of the main recommendations put forward is to ensure the sustainable support to the functioning primary health care facilities and avoid the practice of free medical camps in densely populated districts of the province.

Health Information Management

WHO advised health cluster partners to actively use and collaborate with the provincial DHIS as the key body to provide information for management and performance improvement of the district health system through control over key information from FLCF, vertical programs, secondary hospitals and sub-systems such as logistics, financial, human resource and capital asset management systems for improving the district health system's performance and cater to the important routine information needs at the Federal and Provincial levels for policy formulation, planning and M&E of health programs.

Impact of limited funding on health cluster

WHO updated OCHA on the impact of present limited funding situation in KP and FATA

The Health Cluster aims to strengthen primary health care services in camps and affected hosting communities; carry out continuous communicable disease surveillance and response among the affected populations; provide life-saving essential medicines, equipment and supplies to hospitals in affected areas; provide maternal, new-born and child health care, nutrition services, immunization coverage and reproductive health services; and prevent and control waterborne diseases.

Funding for emergency support of health operations in 3 IDP camps (Jalozai, Togh Sarai and New Durrani) is secured till 31st December 2012 and March 2013 through ERF approved funds.

The original Health Cluster funding gap was 17,183, 913 USD. Based on the current scenario, the revised rationalized funding gap for Health Cluster is 7,793,205 USD.

Funding gap	Target beneficiaries	Total funding received	Beneficiaries reached	Expected funding pipeline	Date current funding ends
7,793,205 USD	1.5 million population in camps and host communities of Khyber Pakhtunkhwa and FATA	CERF: 3,182,597 USD ECHO and OFDA (WHO): 192,000 USD ERF: 294,192 USD for 3 camps (Jalozai, Togh Sarai and New Durrani) Total Funds: 3,668,789 USD	80,560 IDPs in camps and 467,861 in off camp locations.	0	ECHO: 01/03/13 OFDA: 31/12/12 CERF/UFW: 31/12/12 ERF: 15/03/13

The present displacement have further increased the burden on the already under-resourced health care system which resulted huge gaps in the health services delivery for IDPs in the hosting districts of Nowsherah, Peshawar, Kohat, Hangu, DI Khan, Tank and Kurram Agency. Lack of funding for off camp IDPs is impacting the provision of emergency primary health care services.

IDP camps based PHC and MCH centers are the only health care facilities accessible to the population. Disruption and discontinuation of services leave the camp population without health care service coverage and increasing morbidity and mortality rates. A total of 225 primary health care facilities will not receive regular support and assistance by present partners. More than 100 remote areas will not be covered by present mobile medical teams. 8,000 DEWS consultations per month will be discontinued lead to the absence of response to communicable disease alerts and outbreaks. The population specifically children become susceptible to AWD, ARI and other communicable diseases. Registered new cases of diphtheria and related mortality highlight the alarming situation with failures in EPI. MCH/RH interventions are only continued in New Durrani and Jalozai camps. In case of discontinuation of services around 2800 pregnant IDP women will not be able to avail antenatal, natal and postnatal services. Around 320 (20%) complicated pregnancies requiring emergency assistance will be in danger of fatal outcomes. More than 2800 newborns will not be having access to essential newborn care with its consequent implications of morbidity and mortality. The MCH indicators (mortality (maternal and neonatal) are increasing as no RH services with focus on 24/7 BEmONC are available. Most of the preventable deaths in maternal and child mortality will remain unaddressed. Funding problem is linked to the serious gaps of sustainability and lack of ownership. Provision of emergency health services for displaced and returning population is at minimum in FATA. Approximately 20,000 IDP children per each month will not have access to nutrition assistance. Almost 8,000 pregnant women will not be screened any longer. 450

IDP children diagnosed with acute malnutrition will stop receiving their treatment. 350 water quality samples per month will not be collected and tested for prevention of water born diseases and outbreaks. Investigation and response will be stopped.

Further Health Cluster support is essential for utilization of situational and operational information to promote strategic consensus among health partners; mobilization of resources; ensuring the equitable distribution of tasks needed to fill critical gaps; and reactivation of local health systems with the necessary technical assistance, supplies and operational funds (provision of essential primary health care and health services; mitigation of communicable disease outbreaks; environmental health interventions; health education; provision of emergency essential reproductive health services; and the treatment of acute malnutrition and nutritional surveillance).

IDP data/figures

WHO updated the provincial health cluster on IDP figures as prepared by UNHCR.

Combined health cluster response (January – September, 2012)

WHO updated OCHA Pakistan Humanitarian Dashboard with combine health cluster response for January-September, 2012, including:

- More than 80,560 IDPs benefited from emergency primary health care in 3 IDP camps. 467,861 off camp located IDPs received necessary health care assistance in IDP hosting districts in KP and FATA.
- 2,237 communicable disease alerts, including confirmed outbreaks were detected and responded.
- Reproductive health and mother and child health (MCH) services provided to 12,000 women in the camps. Over 120,000 women received 24/7 basic EmOC services, including 10,356 newborns.
- EPI services are provided to 280,000 IDPs..
- 4,150 pregnant and lactating women and 1,950 newborns vaccinated in 3 IDP camps. A total of 50,756 pregnant and lactating women and 10,356 newborns vaccinated in KP and FATA.
- Medicines provided to cover emergency and specialized health needs of some 1,050,000 patients.
- A total of 225 primary health care facilities receive regular support and assistance by present partners.
- More than 100 remote areas are covered by mobile medical teams.
- Regular environmental health supplies, medical equipment/instruments are in place together with the rehabilitation and reconstruction of health facilities.
- A total of 5,600 health and non-health workers received the necessary capacity building support through a series of training courses.

The ***key gaps*** include:

- Funding situation of health cluster partners is critical. Only very few organizations will remain functional in 2013 if new funds are not generated.
- Continuous significant IDP presence requires provision of primary health care support for in- and off-camp located population.
- Winter season will result in the immediate increase of overall morbidity and mortality, especially in the mountainous areas. Necessary contingency planning and pre-disposition of stocks in remote districts is required.
- The majority of health care facilities in return areas of FATA do not function and in situation of not having expected capacity to provide even most basic primary health care services. This factor is one of the leading social

constraints for consideration for potential return to the place of origin in FATA. Health cluster is limited in strengthening and building up the capacity of FATA based health facilities.

- There is a need to utilize the situational and operational information to promote strategic consensus among health partners.

- The main gap is in the reactivation of local health system with the necessary technical assistance, supplies and operational funds (provision of essential primary health care and health services; mitigation of communicable disease outbreaks; environmental health interventions; health education; provision of emergency essential reproductive health services; and the treatment of acute malnutrition and nutritional surveillance).

WHO provides required support to "Save and Serve" local NGO operating the health post in New Durrani camp in Kurram Agency from 1st July, 2012 to 31st October, 2012.

WHO prepared and shared with health cluster partners the Progress Report for September 2012.

WHO updated the 4W of health partners for KP and FATA.

WHO prepared and disseminated among health cluster partners 4 weekly disease situation updates for Jalozai camp; 4 weekly epidemiological bulletins for KP and FATA; and 4 weekly EHA activity reports in KP and FATA.

WHO took part in the regular ASMT for KP and FATA.

DISEASE EARLY WARNING SYSTEM

In October 2012; 2,113 reports (1,923 from Khyber Pakhtunkhwa and 190 from FATA) were received from 18 districts and 3 agencies to DEWS with a total of 552,698 (496,282 from KP and 56,416 from FATA) patients' consultations from Khyber Pakhtunkhwa province and Federal Administered Tribal Area.

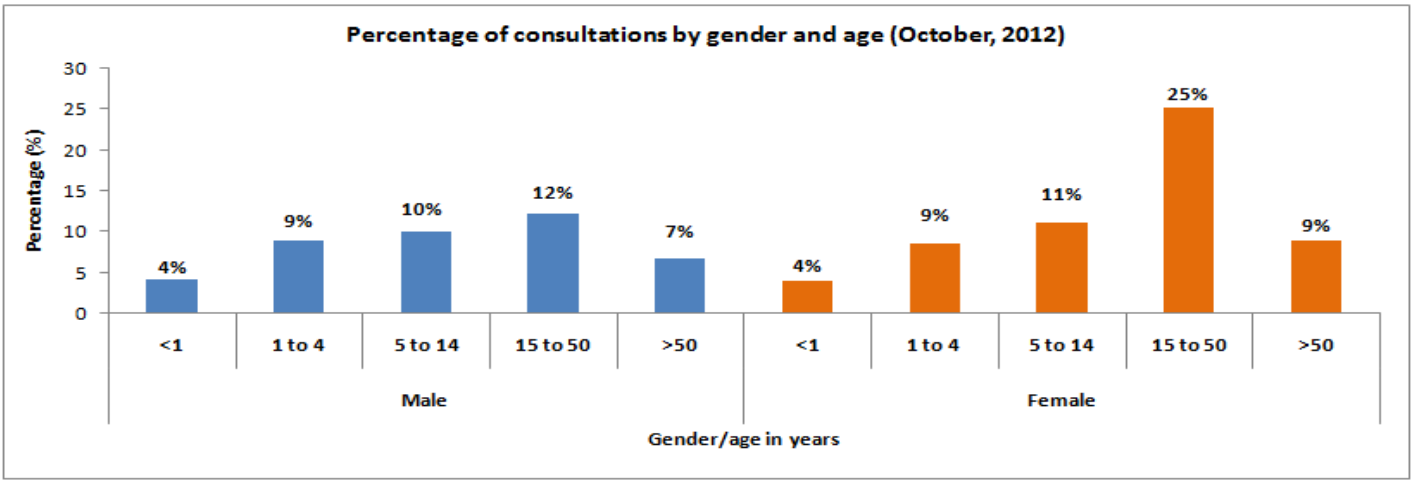
The major causes for seeking health care by the communities in almost all of the regions were diarrhoeal diseases 50,032 cases or 9.1%, acute respiratory infections 121,468 cases or 22%, skin diseases 13,766 cases or 2.5% and suspected malaria 12,397 cases or 2.2%.

Disease name	FATA		Khyber Pakhtunkhwa		Grand Total	
	Cases	%	Cases	%	Cases	%
Acute Respiratory Infection	8,346	15	113,122	23	121,468	22
Bloody Diarrhea	656	1.2	2,318	0.5	2,974	0.5
Other Acute Diarrhea	5,481	9.7	44,551	9	50,032	9.1
Suspected Malaria	4,340	7.7	8,057	1.6	12,397	2.2
Suspected Typhoid Fever	221	0.4	1,436	0.3	1,657	0.3
Pyrexia Unknown Origin	1,432	2.5	28,636	6	30,068	5.4
Scabies	1,411	2.5	12,355	2.5	13,766	2.5
Other disease	34,531	61	285,807	57.6	320,336	58
Grand Total	**56,416**		**496,282**		**552,698**	

Gender and age wise data:

Figure 1 shows comparison of the consultations by gender and age wise in health events in over all diseases, male to female patients' ratio reported was 42% or 233,944 cases (207,746 cases from KP and 26,198 cases from FATA) and 58% or 318,754 cases (288,536 cases from KP and 30,218 cases from FATA) respectively.

Figure 1:



Alerts/outbreaks:

Total 204 alerts including 20 outbreaks were reported and appropriate measures were taken. Altogether 19 alerts for water born disease including 1 outbreak, 46 alerts for vector born disease including 7 outbreaks and 139 alerts for vaccine preventable disease including 12 outbreaks were reported.

Disease name	Alerts	Outbreaks	Cases
	Vaccine Preventable Diseases		
Acute Flaccid Paralysis (AFP)	3	1	3
Acute Respiratory Tract Infection (ARI)	1	1	283
Diphtheria	3	-	3
Measles	122	10	212
Neonatal Tetanus (NNT)	5	-	5
Pneumonia	1	-	26
Pertussis	2	-	2
Tetanus	1	-	1
Mumps	1	-	1
VPD Total	**139**	**12**	**536**
	Vector Borne Diseases		
Dengue Fever (DF)	12	2	13
Dengue Fever/Malaria	1	1	158
Cutaneous Leishmaniasis (CL)	31	3	74
Malaria (Mal)	1	1	1
Criman-Congo Hemorrhagic Fever (CCHF)	1	-	3
VBD Total	**46**	**7**	**249**
	Water Borne Diseases		
Acute Watery Diarrhea (AWD)	12	-	13
Bloody Diarrhea (BD)	4	1	25
Enteric Fever/Typhoid	3	-	5
WBD Total	**19**	**1**	**43**
Grand Total	**204**	**20**	**828**

ENVIRONMENTAL HEALTH

Coordination

Coordination meetings were held with Executive engineers PHED from Nowshera, Charsadda, Mardan, Buner, Swabi, Kohat, Hangu, DI Khan, Harripur, Abbotabad, Lower Dir, Swat, Peshawar and Shangla for the training of their staff on water quality testing equipment's. Trainings in rest of the Districts will be started after completion of trainings of the mentioned districts staff.

WHO held meeting with Superintend Engineer PHED FATA and handed over 4 Wagtech kits as a part of capacity building PHED staff on water quality monitoring. Superintend Engineer FATA Executive engineer and sub divisional engineers present in the ceremony were oriented on the importance of wegtech tech and its use in the field.

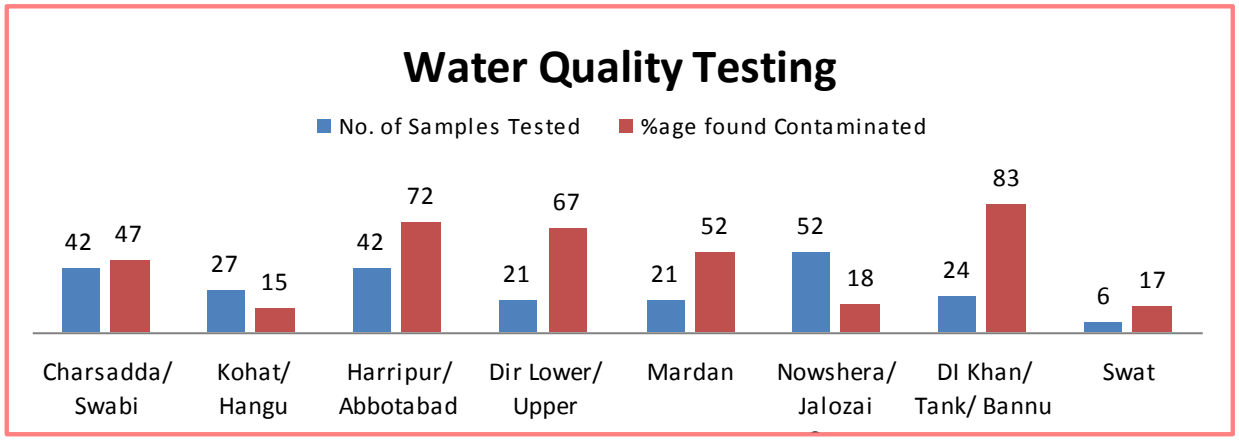
WHO participated in 01 provincial WASH cluster meeting during the month of October, highlighting the health risk of preventable illness to IDPs associated with contaminated water, unsafe/ insufficient sanitation & unhygienic condition and also generating prevention & control response from WASH cluster. Camp coordination meetings were regularly attended to identify, highlight & solve WASH related issues at camp level.

02 camp Health & WASH cluster meetings were held in Jalozai Camp with all Health & WASH partners (MERLIN, CERD, CAMP, SEED, BEST, SSD, Lasoona & Unicef). Regular meetings held with RID WASH partner in Togh Sarai Camp in order to provide support regarding water quality & hygiene promotion issues.

WHO is in coordination with EDO-H, PPHI, TMAs, PHEDs & WASH partners in their respective districts in order to provide support regarding water quality testing, Alert/ outbreak responses, assessment and monitoring of civil work projects including repair/ renovation of health facilities and construction of warehouses.

Water quality monitoring

Active water quality surveillance in IDP camps & host communities served as key tool to detect the potential risk associated with consumption of contaminated water supplies to the IDPs & prevention of water born epidemics. WHO Environmental Health unit tested 235 water samples for microbiological contamination. The result revealed that about 46% samples were microbiologically contaminated mostly from shallow dug hand pumps, storage tanks & unsafe water handling at household level. Appropriate mitigation measures were taken in collaboration with WASH partners & Govt; water authorities for water quality improvement. WHO also provided technical assistance to WASH Partners including SSD, Lasoona, RID, EPS, SEED, BEST and IDEA for water quality testing in major clusters of IDP & host communities.



Capacity building:

WHO KP & FATA is working on the capacity building of Public Health Engineering Department staff in the districts and agencies on water quality monitoring and improvement. WHO has provided water testing kits to all PHEDs subdivisions in this regard as a first step. In the second step Executive Engineers from the districts are nominating their staffs, who are being trained on water quality monitoring.

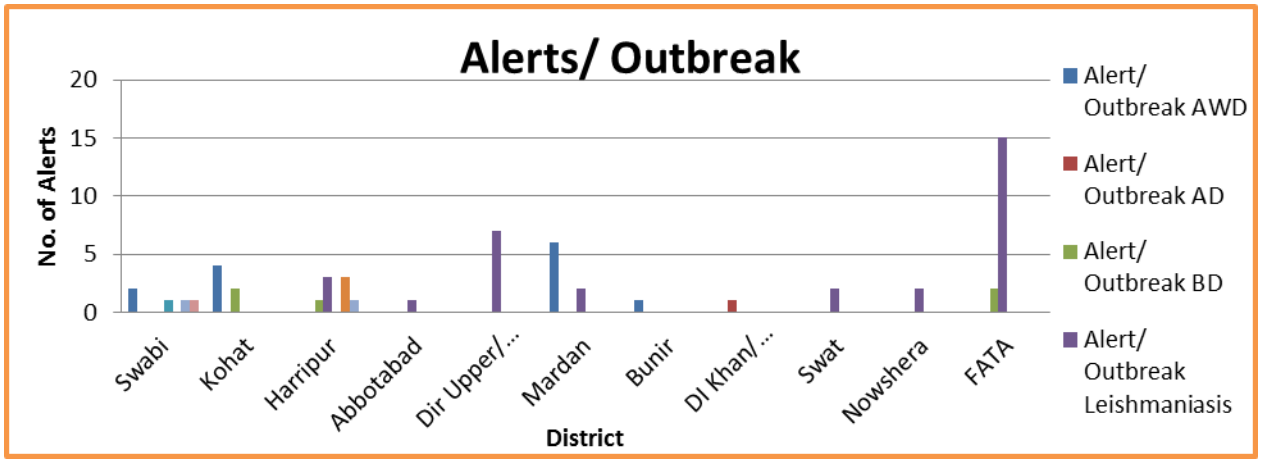
WHO celebrated "Global Hand Washing Day" on October 15, 2012 along with WASH and Health partners in KP & FATA. Different ceremonies were held in IDPs Camps, Health Facilities, Schools in order to raise awareness among the masses on hand washing with Soap. WHO also visited district Jail in Dir lower and highlighted the importance of hand washing in prevention of diseases.

District	No. of participants oriented	Remarks
Charsadda/ Swabi	182	Non Formal
Kohat	151	Non Formal

Harripur/ Abbotabad	230	Non Formal
Dir Lower/ Upper	770	Non Formal
Buner	8	Formal
Mardan	558	Non Formal
	10	Formal
Shangla	44	Non Formal
Nowshera/ Jalozai Camp	430	Non Formal
DI Khan/ Tank/Bannu	39	Non Formal
Peshawar	115	Non Formal
Swat	1224	Non Formal
Total	**3761**	Including Global Hand washing day participants from schools, Health facilities, Camps etc

Outbreaks & Alerts

WHO investigated & responded to water borne diseases Alerts & outbreaks, during period of 1st to 31st October, 2012. Total 56 AWD, OAD, AVH and Enteric Fever Alerts received from IDP camps & Host communities which were promptly responded by WHO teams in the districts including Abboatabad, Buner, Hangu, Harripur,DIK, Mardan, Shangla, and Swabi.



Distribution of Environmental Health Supplies:

WHO provided material support to DOH and WASH partners for controlling water borne diseases in IDP camps & IDP host communities. In this respect WHO distributed 90 kg of HTH (Water disinfectant) to District TMAs & WASH partners in IDPs hosting Districts, 273700 units aqua tabs, 75069 hand washing soaps,1341 Jerry Canes,95712 PUR sachets, 9976 awareness leaflets and 1751 hygiene kits were distributed in the affected communities.

District	EH Supplies						
	Dettol Soaps	**Aqua Tabs**	**Chlorine HTH (70%)**	**PUR Sachet**	**Jerry Cans**	**IEC Material**	**Hygiene Kits**

			kg				
Charsadda/ Swabi	7000	35000	5	15000	50	3000	100
Kohat	1296	9,000		960	75	1000	72
Harripur/ Abbotabad	1222	20000	15	2200	10	140	25
Dir Lower/ Upper	4140	3000	5		6		142
Mardan	743	700		552		177	12
Nowshera/ Jalozai Camp	10080	25000	20				
Peshawar	45360	130000	15	45000	1000	5000	600
DI Khan/ Tank/ Bannu	2940	50000	30	32000		70	110
Swat	2288	1000			200	589	130
Total	**75069**	**273700**	**90**	**95712**	**1341**	**9976**	**1191**

Upcoming supplies approved for KP & FATA

S/No	Description	Unit Of Measure	Quantity
1	DPD No. 1 Tablets	Box of 250	200
2	Phenol Red Tablets	Box of 250	200
3	Absorbent Pads and Membranes 0.45µm, 47mm, Sterile, white and gridded	Pack of 200	200
4	Membrane Lauryl Sulphate Broth, 38.1g	Unit	10
5	sampling bags	Pack	100
6	Membrane Filters & Pads (x200), Delagua	Pack of 200	500
7	Water testing Kit, Portable, Potatest*	Unit	40
8	Colour Comparator kit, with cuvettes and Dilution Tube	Kit	20
9	Aquatabs 67 mg	Carton	326
10	Hygiene Kit	Kit	8000
11	Pure Sachets	Each	1000000
12	Dettol Anti Bacterial Soap 110 grm	Each	250000
13	Jerry Can 20 liters	Each	2000

ESSENTIAL MEDICINES

District Pharmacists performed different activities regarding essential medicines management. In current brief, the activities covered include training sessions..Monitoring visits, health facilities visited coordination meetings. Additionally, the brief covers the gaps identified and the interventions performed by district Pharmacists.

Capacity building

District Pharmacists conducted 58 training sessions on different topics including; rational use of medicines; Good warehousing practices; Management of AWD for use of EM as per STGs; Logistics support system and Good dispensing practices.

Below table mentions briefly about the training sessions and total 225 numbers of participants trained. The participants trained belong to the staff of Department of Health, PPHI and Health Partners.

	Swat	Nowshehra	D.I. Khan	Mardan/HP	FATA	Dir (L)	Kohat
Trainings	5	5	6	17	4	13	12
Participants	39	15	15	66	8	60	30

Monitoring visits of heath facilities

District Pharmacists have performed 59 monitoring visits and follow up visits to different 103 health facilities in districts. These health facilities are monitored to check; Use of medicines; Gaps identification and filling as per available resources; Record keeping; Pharmaceutical storage practices; dispensing practices.

	Swat	Nowshehra	D.I.Khan	Mardan/HP	FATA	Dir (L)	Kohat
Monitoring visits	3	12	10	17	2	16	6
Number of health facilities	7	14	10	66	5	22	14

Based on monitoring visits, different training sessions are conducted for the staff of concerned health facilities on required topics and gaps are filled from the available resources.

Coordination visits

To discuss the current situation with concerned health authorities, WHO had 53 coordination meetings this month, including EDOH, DSM of PPHI, and MS of DHQHs. These visits are tabulated as below:

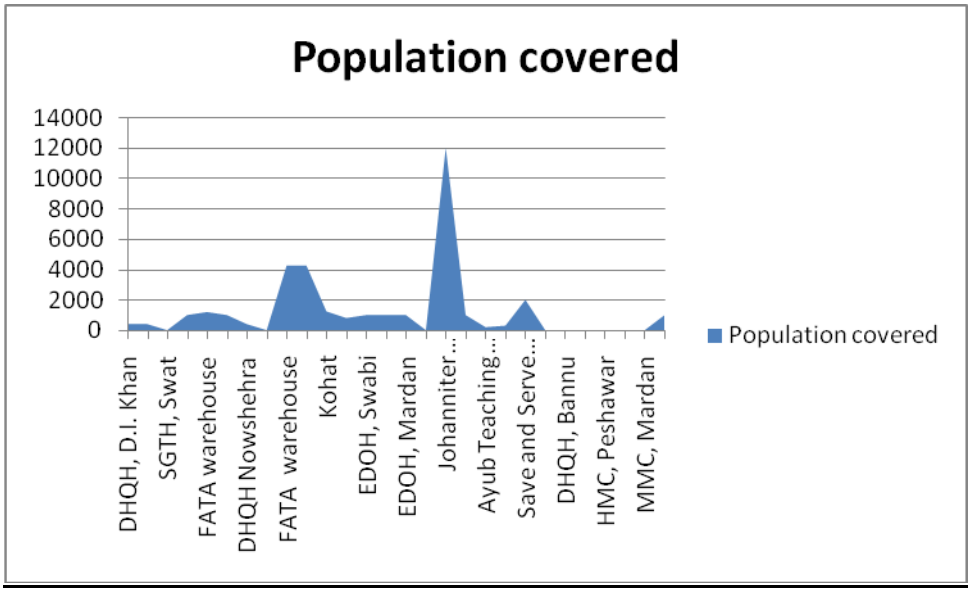
	Swat	Nowshehra	D.I.Khan	Mardan/HP	FATA	Dir (L)	Kohat
Coordination	2	10	8	6	1	9	15

Essential Medicine provided

WHO provided different kits and assorted medicines in KPK/FATA for the approximate coverage of 34,466 populations for one month.

Date	Consignee/District	Details	Quantity	Population covered
03.10.12	DHQH, D.I. Khan	Insulin (Actrapid	Assorted Medicines	400

		100iu,10ml=200, Mixtard 100 iu,10ml 200)		
03.10.12	DHQH Kohat	Insulin (Actrapid 100iu,10ml=200, Mixtard 100 iu,10ml 200)	Assorted Medicines	400
0.10.12	SGTH, Swat	ADS= 25	Assorted Medicines	5
04.10.12	EDOH, Swat	Vitamin A= 1000	Assorted Medicines	1000
04.10.12	FATA warehouse	Insulin (Actrapid 100iu,10ml=600, Mixtard 100 iu,10ml 600)	Assorted Medicines	1200
0.10.12	EDOH, Mardan	1 DT Kit	1	1000
04.10.12	DHQH Nowshehra	Insulin (Actrapid 100iu,10ml=200, Mixtard 100 iu,10ml 200)	Assorted Medicines	400
08.10.12	Bajore	TIG=25	Assorted Medicines	5
09.10.12	FATA warehouse	CD kits=4250 (part of 2 SCHP)	Assorted Medicines	4250
09.10.12	DHQH D.I. Khan	CD kits		4250
09.10.12	DHQH Kohat	CD kits (LMH=600, EDOH=400,PPHI=240)		1240
09.10.12	MMC, Mardan	F 100=400, F 75=400	Assorted Medicines	800
09.10.12	EDOH, Swabi	(DT kit without meds part)		1000
09.10.12	EDOH, Hari Pur	(DT kit without meds part)		1000
10.10.12	EDOH, Mardan	(DT kit without meds part)		1000
15.10.12	LMH Kohat	TIG=10	Assorted Medicines	2
16.10.12	Johanniter International, Peshawar	EHK	2	12000
19.10.12	DHQH Kohat	Ringer Lactate=1200		1000
24.10.12	Ayub Teaching Hospital, Abbotabad	Insulin=200	Assorted Medicines	200
24.10.12	CERD, Jalozai	Oxytcin=300	Assorted Medicines	300
24.10.12	Save and Serve (New Durrani camp)	Assorted medicines	Assorted Medicines	2000
25.10.12	Buner	TIG=10, ADS= 15	Assorted Medicines	5
26.10.12	DHQH, Bannu	ADS= 3	Assorted Medicines	1
30.10.12	Swat	ADS	20	4
30.10.12	HMC, Peshawar	ADS	5	1
30.10.12	KTH, Peshawar	ADS	5	1
30.10.12	MMC, Mardan	ADS	8	2
31.10.12	MMMH, D.I. Khan	DT Kit	1	1000
Total				34466



District wise Gaps identified and Interventions

Gaps	**Interventions**	**Districts**
Unavailability of essential medicines	Gap identified to health facilities in charges MS DHQ hospitals and EDO health in district coordination meetings/ To fulfill the gap of deficient essential medicines WHO supplied additional medicines to MOH health facilities.	Swat,/Nowshehra/Dir/ Kohat/Hangu/Mardan/ HP/ Charsadda
Bad dispensing practices/storage practices	hands on training were conducted to on job duty officers on good dispensing and storage practice/, matter was laso discussed with incharge duty MO and he ensured to overcome the gap/ Briefing on Good storage practices	Swat/FATA/Dir/Kohat /Hangu/ Nowshera
Irrational Prescribing of essential medicines	Trainings on Rational use of medicines/, Standard treatment guidelines were discussed for AWD and RTIs	Nowshehra/Dir/Marda n
Improper storage of medicines	*Training on* good storage practices/	Nowshehra/Mardan/ HP Bannu
No stacking of medicines	Stacking done by concerned staff	Nowshehra, Bannu, D.I. Khan
Improper patient counseling	Training on patient counseling	Nowshehra/D.I.Khan/ Kohat/Hangu, Swat
Poor record keeping at some health facilities/no bin cards	Health staff was briefed about proper record keeping and importance of bin cards system,	Dir/Kohat/Hangu/ Jalozai
Over prescribing of antibiotics	Training on RUM	Dir
Non availability of ASV/AWD medicines at DOH facilities	Essential medicines support to fill stock outs of ASVs and AWD treatment/ Coordination with EDOH and MS to ensure availability of key AWD treatment,	DI Khan

Unavailability of responsible staff specially medical officer	Gap identified to health facilities in charges and EDO health in district coordination meetings	Kohat/Hangu/Mardan/ Nowshera

HEALTH AND SOCIAL PROTECTION

Training on Health Promotion Guidelines

There were two trainings of WHO Health Promotion Guidelines were delivered one with the collaboration of UNHCR for their health staff working in Afghan refugee districts while other with the collaboration of OXFAM GB in which health promoters and social organizers from OXFAM, LASOONA, CERD &CAMP working in Jalozai were trained on WHO Health Promotion Guidelines.

Title of the Training	Training Session	Number of participants	Audience
2-days Training workshop on WHO Health Promotion Guidelines		26	Health Promoters, social organizers from OXFAM GB, Lasoona, CAMP & CERD working in Jalozai camp for IDPs
2-days Training workshop on WHO Health Promotion Guidelines		29	Doctors, Dispensers, LHVs and Community health supervisors from health implementing partners of UNHCR

Health Promotion Sessions

Hold a training session on health& hygiene promotion for Public Health Engineering department staff in Nowshera. Four persons from field staff participated in the session jointly conducted with WHO Environmental health engineer Nowshera.

Global Hand washing day

Global hand washing day was celebrated with the health and WASH cluster partners (SSD, LASOONA, SEED and BEST) in Jalozai. WHO Health Promotion in this regards provided technical and logistic support for the event. Different activities were planned and conducted like, awareness walk, seminar and competition among students and hand washing demonstration for the participants.

MCH Week

As MCH week is going to be celebrated in Pakistan in November 2012. Therefore different activities are also started in Jalozai in this regard.WHO Health Promotion has also been involved and was part of planning meeting of MCH week celebrations and MCH Week advocacy meeting for stake holders in Jalozai.

Coordination

- Coordination meetings with PDH & UNHCR for facilitation and implementation of health promotion trainings for afghan refugee health staff.
- Coordinated with WASH cluster partners for celebration of "Global Hand washing day" in Jalozai.
- Coordinated with health cluster partners for planning of health promotion activities in MCH week.
- Participated in Two Health cluster meetings in Jalozai IDPs camp and provided inputs from health promotion activities to the participants.

NUTRITION

WHO nutrition activities consist of following main components: 1) Establishment of Nutrition Stabilization Centers and 2) Establishment of Health and Nutrition Sentinel Site Surveillance System and 3) Technical support to Department of Health and multiple partners and stake holders.

The main objective for establishment of nutrition stabilization centers is to provide care and treatment for severely malnourished children with complications at the health facilities (stabilization centers). There are 8 functional Nutrition Stabilization Centers in the following districts: Charsadda, Kohat, Nowshera, Mardan, Swabi, D.I. Khan, Lower Dir and Upper Dir.

Health and Nutrition Sentinel site surveillance system is established in the following of 11 districts: Charsadda, Kohat, Mardan, Swabi, Swat, Karak, D.I. Khan, Nowshera, Shangla, Upper Dir and Lower Dir. Two more districts, Kohistan and Buner, were recommended as well.

Monthly activities ranged from coordination with key stake holders in nutrition and performing trainings for the capacity building of the health care staff of the Department of Health. There was a close coordination with the Department of Health Nutrition Cell. WHO supported initiated activities of the Nutrition Cell.

Facilitation in training of Health Promotion for various health care providers on Nutrition and Reproductive health in Nowshera as nominated by provincial Health Promotion officer and approved by team leader.

Facilitation and Participation in 2 days provincial multi-sectoral consensus building workshop on Nutrition Policy guidance notes and strategic/operational planning held in PC Peshawar.

Coordination with Nutrition Cell regarding proposal submission and technical and financial reports of previous LoAs.

Monitoring visit of DHQ Alpurai Shangla and meeting with MS DHQ Hospital Alpurai Shangla. Discussion on starting of NSC services for the district hospital was done. Request for supplies was given by MS, which will be forwarded to Nutrition cell and UNICEF. In the time being, if the supplies from UNICEF are slow in arriving, then pharmacists will be advised to supply the necessary food supplies to the hospital.

Monitoring visit to Kohistan alongwith personnel of UNICEF, WFP and DoH staff. Nutrition sites of AusAid Project were visited. Meeting with facility incharges and EDO(H) Kohistan.

Participation in Training Workshop on Improving the Management of Severe Acute Malnutrition and Nutrition Surveillance in Islamabad from 18 – 22 October 2012.

Coordination with National Program with Family planning and Primary Health Care regarding refresher and new trainings for LHWs on Nutrition Sentinel site surveillance system for Kohat, karak and buner and also for new proposals for HANSS operationalization in districts of Phase I and Phase II.

Participation in Global Iodine Day ceremony in Khyber Institute of Child Health on 24th October 2012.

Meeting with WHO mission from HQ and EMRO regarding finance and other issues. Details of work of Nutrition program provided to the mission.

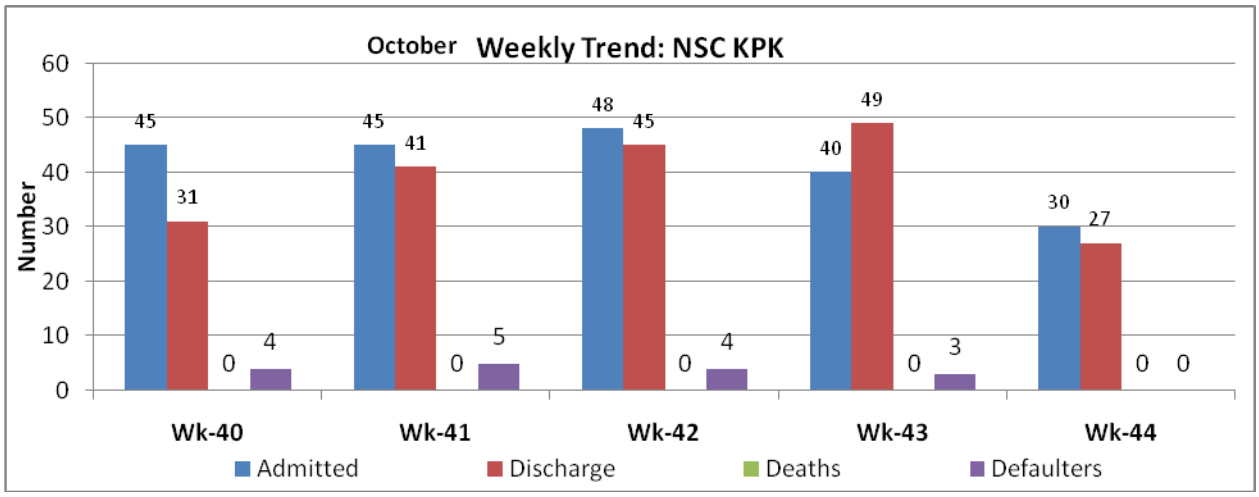
Type of activity	District Nutrition Officer Lower & Upper Dir	District Nutrition Officer Buner	District Nutrition Officer Kohistan	Provincial Nutrition Officer	Provincial Nutrition Officer	Total:

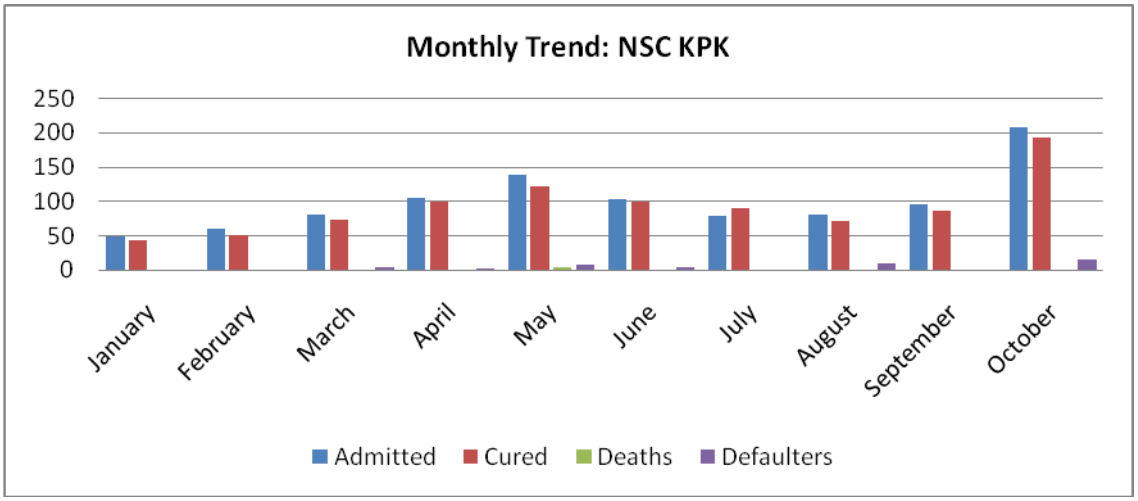
Coordination meetings	17	16	5	20	20	78
Monitoring visits	20	18	3	6	6	53
Number of health facilities	3	3	3*	27**	27**	63
Number of training conducted	3	3	0	3	3	12

*Note: 3 Health facilities are identified to be 1 NSC and 2 Health and Nutrition Sentinel Sites but are yet to be functional/operational.

**Note: 3 Health Facilities each (1 NSC and 2 Health and Nutrition Sentinel Surveillance Sites) in 9 districts are jointly supervised by the two provincial managers along with supervision to District Nutrition Officers.

Nutrition Stabilization Centers



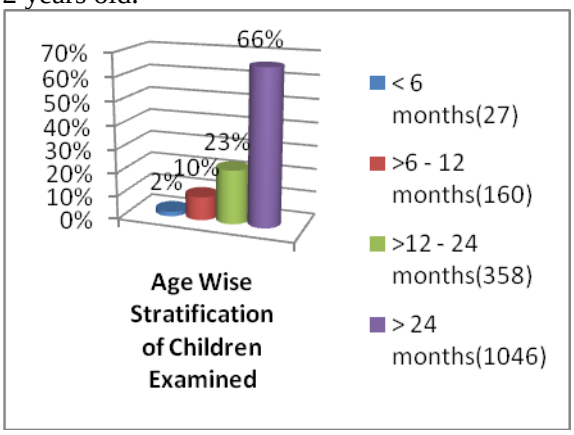


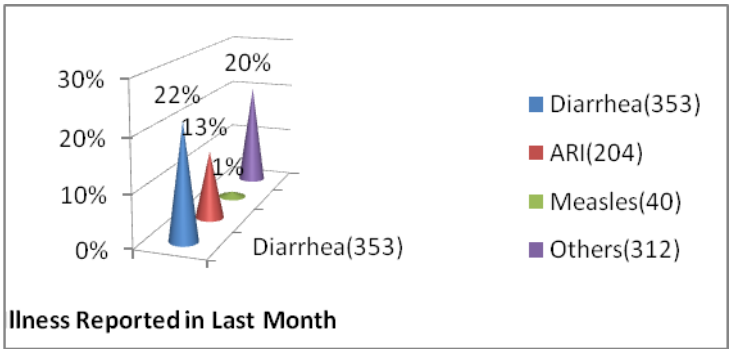
WHO maintains the nutrition stabilization center data reflecting the updated info on children under 5 years also admitted and receiving required treatment in 9 NSCs across various districts fo Khyber Pakhtunkwa. In October **208** children were admitted, **193** – cured, **0** – mortality cases registered and **16** defaulters (in total for January – Septmeber 2012, **787** children were admitted, **729** cured, **03** – mortality cases registered and **30** defaulters).

Health & Nutrition Sentinel Site Surveillance System:

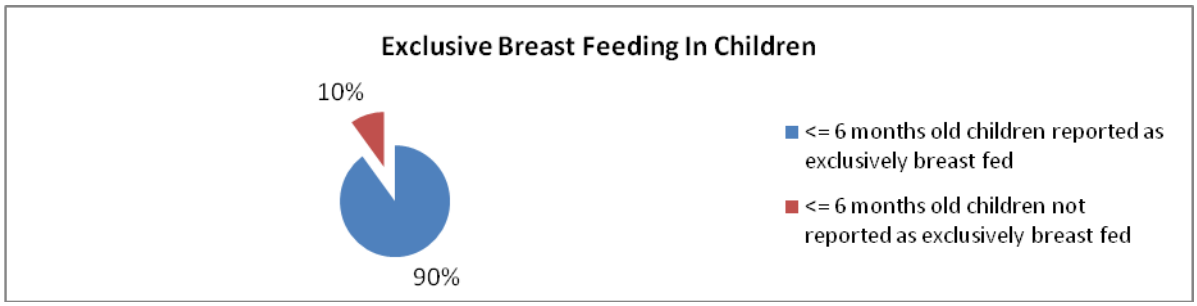
Health and Nutrition Sentinel Site Surveillance System data is collected for each of 22 sentinel sites of 11 districts. At present there are a total of **1,591** children were assessed through the system in the month of September.

In September there were a total of **1591** children assessed (in total for January – August, 2012 **12415** – children were assessed), including **27** – under 6 months, **160** – between 6 and 12 months, **358** – 12-24 months and **1046** – older than 2 years old.

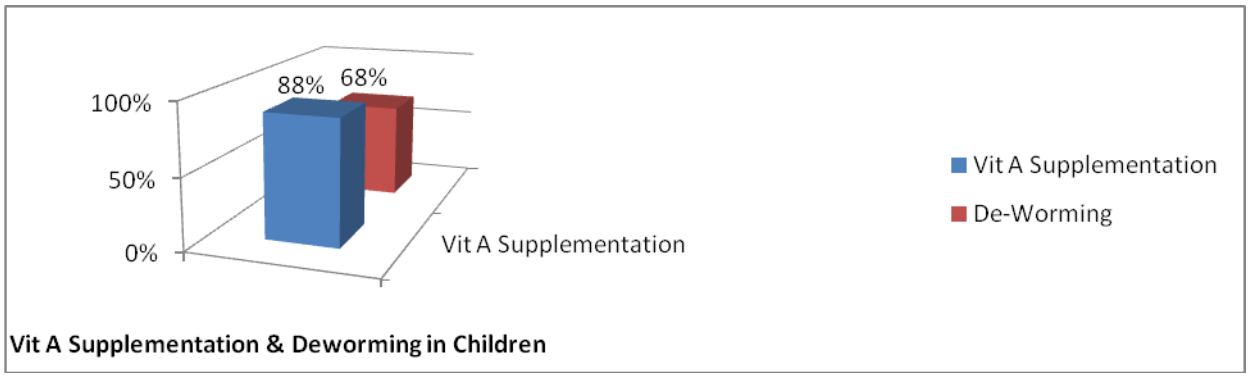




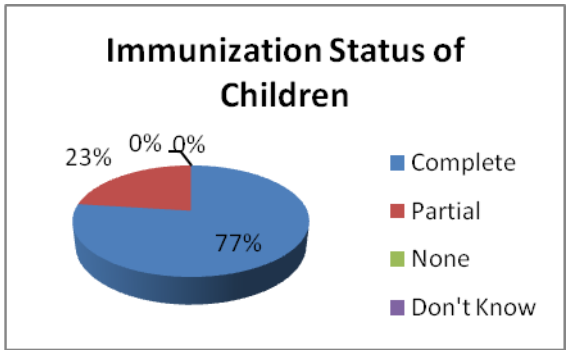
The most common morbidity cases included **353** diarrhea, **204** – ARI, **40** – measles and **312** – others (in total for January-August 2012 **3015** diarrhea, **1361** – ARI, **144** – measles and **2821** – others were registered).



1438 children under 6 months are reported as exclusively breast fed with **153** registered as not on exclusive breastfeeding practices (in total for January-August 2012 these figures are as follows: **92%** and **8%** respectively).



88% of children received the required vitamin A supplementation and **68%** children de-worming treatment (in total for January-August 2012 these figures are as follows: **86%** vit A supplementation and **67%** De-worming).



In September complete immunization status is reported for **1225** children, partial for **362** children (in total for January – August 2012 **8894** children with complete immunization status and **3479** – partial).

Implementation of SFD project

WHO is in the process of completing repairs of selected hospital wards including the following health facilities:

1. LRH Peshawar
2. City Hospital Peshawar
3. DHQ Shangla
4. DHQ Mardan
5. LMH Kohat
6. DHQ Swabi
7. Mufti Mehmood Hospital D.I Khan
8. Saidu sharif Hospital
9. Women and Children Hospital Bannu

10. DHQ Hospital upper Dir
11. DHQ Hospital Hangu
12. Civil Hospital Batkhela Malakand
13. DHQ Hospital Chitral
14. AHQ Hospital Khar, Bajour
15. City Hospital Lucky Marwat

WHO is in the process of completing construction of the following warehouses:

1. Warehouse, DHQ Buner
2. Warehouse, BHU Odigram, SWAT
3. Warehouse, DHQ Lower Dir
4. Warehouse, Mufti Mahmood Hospital
5. Warehouse, Agency Surgeon, Jamrud, Khyber Agency
6. Warehouse, Agency Surgeon, Bajour Agency

WHO will complete reconstruction of the following PHC facilities:

1	Gabari	BHU	Kohat
2	CD Shadi Pur	CD	Kohat
3	CD Mir Ahmad Khel	CD	Kohat
4	Darband	BHU	Hangu
5	Darsamand	BHU	Hangu
6	Muhammad Khawaja	BHU	Hangu
7	Togh Sarai	BHU	Hangu
8	Sarazai	BHU	Hangu
9	Bagh	BHU	Buner
10	Batara	BHU	Buner
11	Ellai	BHU	Buner
12	Kogaw	BHU	Buner
13	Korea	BHU	Buner
14	Nanser	BHU	Buner
15	Langow	BHU	Buner
16	Police Hospital	Type D	DIKhan
17	Phar Pur	Type D	DIKhan
18	Kot Tagga	Sub Health Center	DIKhan
19	Jandi Babar	BHU	DIKhan
20	Mangal	BHU	DIKhan
21	Chamrkand	BHU	Mohammand Agency
22	Ghanam Shah	BHU	Mohammand Agency
23	Hadkore	BHU	Mohammand Agency
24	Mamut Ghat	BHU	Mohammand Agency
25	Qandari	BHU	Mohammand Agency
26	Shiekh Baba	BHU	Mohammand Agency
27	CD Sultan Khel	BHU	Khyber

WHO is in the process of distribution of the following medical equipment:

1	Vital Sign Monitors	24
2	Sterilizer	22
3	Ultrasound Machine	7
4	Defibrillator	13
5	Anaesthesia Equipment	10
6	ICU Beds	22

7	Auto Clave (Big)	0
8	Plazma Freezer	8
12	X-ray Machine with table, Complete X-Ray Unit.	7