



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 20

Date: May 13-19, 2012

1. Situation around IDP hosting districts

A: Situation in “Jalozai” IDP camp, Nowshera district

WHO along with health cluster partners, UNICEF and provincial health authorities lead the emergency health response for the newly displaced IDPs in Jalozai camp and living in host communities in the district.

Director General Health KP, Deputy Director Public Health KP and WHO visited DTC in Pabbi Satellite Hospital run by local NGO “EHSAR Foundation” with WHO financial support. Few recommendations were made including proper registration and filing of all patients and records, focus on education and health awareness for patients and their relatives on diarrhea prevention measures.

NBC News team and Swiss Development Corporation along Swiss ambassador visited Jalozai camp. WHO team accompanied and facilitated both teams.

Till 19th May, 2012, Jalozai IDP camp hosts 10277 families with 50307 individuals. 46565 families with 213956 individuals living in host community. 1026 Bajaur IDP families comprising of 5151 individuals have returned from Jalozai camp.

A total of 4 alerts including 1 AFP and 3 suspected measles were reported. There were 3,145 consultations provided through health care provider, including acute respiratory infection (18.5% or 582 cases), acute diarrhoea (10.6% or 333 cases), skin infection (2.2% or 70 cases) and suspected malaria (2.5% or 78 cases).

Health & WASH cluster meetings take place once a week, every Wednesday in the camp attended by partners from Health (Merlin, CAMP, CERD, 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 twenty fourth Health Cluster meeting of Jalozai IDP camp was held here on Wednesday, May, 16th, 2012, in J-3 Health Post of Merlin. The meeting was chaired by WHO. UNICEF, PEO-WHO, GiZ, FATA Health Team, Merlin, CAMP, CERD, SSD, CDO, HRDS and DoH representatives attended the meeting.

The FATA mobile health request provision of eDEWS training to all medical staff present in camp on a rotational basis. There is still need for better coordination and exchange of information from FATA mobile health staff present in the camp.

The current and next week SIAs are conducted and cover the population of Jalozai IDP camp along with 12 IDPs hosting UCs of Nowshera and 48 IDPs hosting UCs of Peshawar.

GIZ informed about establishment of TB diagnostic and treatment center in the FATA health facility. They requested the partners for referrals of suspected cases to the center. A three day refresher will be arranged by them for all the health care providers of the Jalozai IDPs camp.

The following organizations are providing support to IDP population: PPHI, District Nowshera: Islamic Relief in BHU Jalozai (PHC), Johannitter (PHC awareness and Family planning), IRC (Reproductive Health,

Family Planning, Medicines and Capacity building). Merlin and MDM are interested to support PPHI in District Nowshera. CAMP Organization is supporting DoH in RHC Nizampur.

Merlin runs four PHC and one MCH centre). CAMP - two PHC. CERD - two MCH centres.

10 Bloody Diarrhea cases were reported from MERLIN J3 HF. WHO team in support with HRDS team visited all the reported patients' tents, checked the external and internal condition of hygiene, held hygiene sessions with them, cleaned the vicinity through sweepers, gave them 2 soaps each for hand washing. The team also checked the water tanks' condition and also examined the consuming points which were found satisfactory. HRDS kept the affected area under full observation and conducted health and hygiene sessions time and again due to which on the second follow up visit, all the cases were found fully recovered.

Team comprising of representatives from WHO, UNICEF, SSD, IRC & PDMA visited the new phases i.e. phase 7 & 8 to discuss and solve the issue of tents' numbering and to clearly demarcate these two phases. About the numbering issue, IRC representatives ensured that tents' numbering will be completed within 2 to 3 days. Moreover, currently phase 7 included 520 tents and phase 8 included 1780 tents, however on the consensus of all the team members it was decided on ground that let these 2300 tents in total be divided equally and 1150 tents then be included in each phase (i.e. 7 & 8) with clear demarcation.

In weekly Health & WASH cluster meeting, issue was raised by one of the members' of Shura representing IDPs that in most of the sectors of Phase 5 honeycombs are full and blocked and needs de-sludging or new ones should be constructed. The issue was discussed with the concerned WASH partner (HRDS).

WHO held meeting with the Jalozai camp in-charge (PDMA) to discuss the request put forward by MERLIN for sheets to be fixed on tents in all HFs. The camp in-charge told that currently they were out of stock and they had requested the organizations for supply of sheets.

ACF will be completing laying of pipe network in Phase 7 & 8 within a week's time, therefore an auto chlorinator needs to be installed in Phase 7 tube-well from where water will be supplied to these new phases.

38 water samples were being tested for residual chlorine, out of which 12 samples were found to have residual chlorine and for the rest chlorine solution/ dose was adjusted. Auto Chlorinator not working due to blockage at injection point or air locked. Pulse rate of chlorinator being low with respect to concentration of chlorine solution prepared. Chlorine solution was prepared as per the required standards, chlorinator was put in order after minor repair and after that chlorine doze was adjusted at sources to ensure supply of chlorinated water in the camp. Moreover tube-well operators were being trained to do minor repair of chlorinator as mentioned above on their own and to prepare chlorine solution of the required proper concentration.

B. "Togh Sarai" IDP camp, Hangu district

In Togh Sarai camp total registered families 1159 with 5821 individuals. CERD is providing PHC along with nutrition services to the IDPs in the camp.

WHO responded to 1 Chickenpox alert received from Togh Sarai IDP Camp, Hangu. On investigation there were total of 3 cases in the same family, 3 blood samples collected and sent to NIH for confirmation. All measures taken for the containment of the Disease. EDO-H informed and alerted.

EPI Hangu has requested for provision of 4000 Measles Vaccines for IDP Camp Togh Sarai for all under 15 children. They have been directed to make a formal request to Provincial EPI along submission of a Micro plan as soon possible to put an end to transmission of disease.

WASH partners provided 1204 Hygiene kits and distributed among the camp IDPs families and camp Hygiene promoters delivered awareness messages among camp communities regarding prevention and control of OAD and AWD. 02 ice samples were collected from camp street vendor for microbial test and the

samples are in process of incubation and results will be sharing soon.

District Health Authorities has requested WHO assistance for establishment of DTC in district Hangu.

There is a need of fumigation activities in the camp to reduce vector related health problems. Logistic support is required to conduct fumigation activities in the camp and host communities. All partners are requested for fumigation.

District Hangu TMO has requested for provision of fogging machine for Vector control activities.

Healthcare waste equipments under SFD have been provided to District Hangu and requested to EDO health and MS THQ Hangu for facilitation, proper custody and establishment of healthcare waste management system. Further requested forward to EDO- health for proper issuing of a letter to concern persons regarding establishment of HCWM at THQ hospital and other healthcare centers.

WHO provided 720 pure sachets to CRED organization working in host communities of Hangu and on job training was delivered on uses of pure sachets and aqua tabs at household level.

10 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that acute respiratory infection is the highest cause of morbidity (14.5% or 95 cases) of total of 654 consultations; acute diarrhea (20% or 129 cases); skin infection (2% or 11 cases).

C. Situation in Tank district

UNFPA is the only health organization working in Tank district. WHO conducted meeting with UNFPA over the all around status of consultations in their centers at DHQ hospital and RHC Ama Khel.

WHO conducted meeting with EDO H regarding the allocation of duties of newly qualified and deputed CMW (Community Midwives) in district Tank.

Meeting held with Provincial Coordinator MNCH during his visit to Tank and DIK. Request for induction of WMO/Gynaecologists in the district was put forward. The provincial coordinator was requested for arrangement of a training session with newly appointed team.

Meetings held with deputy EDO H in order to assist the office in planning the contingency response. Based on the resources (human and logistic) at hand, composition of health teams, prepositioning of stock and health response control system was devised. The required documents were finalized. SO DEWS was appointed a member of district health response team.

UN mission was due to visit and assess the situation in UC Gomal and Sarangzona. The next possible dates will be shared soon.

Discussion held with representative of IOM regarding propagation of health messages and orientation of VPDs and EPI among the community. The communities in much need of such orientation are those which host IDPs as they did not have access to such practices in their native areas.

Infected Scabies case was reported by in charge BHU Ranwal for diagnosis. WHO visited the BHU and prescribed appropriate treatment..

Since ICRC suspension of its program there is a visible gap in health services for UC Dabarra, Gomal and Srangzona.

D. Situation in D I Khan district

32 health facilities reported to WHO via eDEWS.

WHO actively participated in the District Dengue Meeting chaired by DCO D I Khan. District Dengue Committee was formulated. District Monsoon Contingency Plan was finalized.

WHO D I Khan conducted 2 days training on DEWS case definitions & Alerts/Outbreak Response, ARI Management, AWD & Dengue Fever Management & prevention, to the staff of BHU PUSHA under control of UNHCR. 5 participants participated.

IDPs situation in DI Khan: IDP s of SWA: 24 Union Councils are hosting IDP s of SWA, Return process in phase II B started from 25th April 2012 & completed on 7th May 2012.

Total families registered with FDMA = 69,279, Total families verified by NADRA = 41,563, Families returned = 6,580, Remaining families = 34,983, IDP s families residing in Tank = 26,447, IDP s families residing in D I Khan = 12,854, Others = 2,622

24 health facilities are providing PHC services to IDP s & host community. DHQ Hospital provides emergency services to IDPs.

E. New Durrani" IDP camp, Kurram Agency

EHSAR Foundation request for NOC was rejected by authorities. WHO is in search of alternative solution to cover the health needs of IDP population.

F. Situation in Kohat district

District health authorities requested WHO assistance for establishment of DTC in district Kohat.

District health authorities completed contingency planning activities.

WHO investigated and responded 1AJs, 2 suspected measles reported from District Kohat. Alert was investigated in detail in LMH Hospital, District Kohat. Blood Sample was collected and sent to NIH for confirmation. Some 22 AJS cases were reported from College Town Area in UC Urban V in District Kohat by a Private Health Clinic (Previously trained on DEWS in Public Awareness Sessions held by EHA, Kohat & MDM-F). WHO did detailed investigation and collected 3 blood samples sent to NIH for detection of HAV-IgM along repeat in water sample collection was done.

District health authorities requested for WHO assistance in the form of ARV's and ASV's due to rise in dog bite cases. More ever MS, DHQ and DMS, LMH has requested for provision of Insulin 70/30, Inj Magnesium Sulphate and Inj Valium for Insulin dependent and other cases in their hospitals.

37 out of 43 health facilities provide eDEWS.

eDEWS:

KPK DEWS:

385 reports were received reporting 115,445 patient consultations in 15 districts of Khyber Pakhtunkhwa Province and remaining district reports will share on Tuesday. Acute respiratory infections are the highest cause of morbidity (20% or 22,626 cases) showing 0.4% increase in percentage; acute diarrhoea (11% or 12,722 cases); skin infection (3% or 3,241 cases); suspected malaria (2% or 2,317 cases).

FATA DEWS:

24 reports were received reporting 5,285 patient consultations in 1 agency of FATA. Acute respiratory infections are the highest cause of morbidity (13% or 695 cases) showing 2% decrease; acute diarrhoea (9.3% or 489 cases); skin infection (3% or 157 cases); suspected malaria (9.4% or 495 cases).

Alerts:

WHO received a total of 66 alerts. 52 were suspected measles, 1 was Pertusis, 1 was BD, 1 was Rabies, 1 was AJS, 1 was Chickenpox, 7 were Leishmaniasis, 1 was Typhoid and 1 was AWD. All cases reported were properly investigated and responded by WHO team.

DTCs:

EHSAR Foundation is running DTC center with the support of WHO in Pabbi Satellite hospital district Nowshera from 4th May, 2012. In week 20-2012 a total of 193 patients visited to DTC center in District Nowshera out of these 132 were of type A, 47 were type B and 14 were of type C.

Essential Medicines:

- WHO conducted 6 Monitoring and 3 follow up visits in districts Mardan, Swabi, Dir Lower, Bannu, Nowshera and D. I. Khan. Gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally. Hands on trainings provided to the concerned staff of health facilities.
- 5 training sessions were conducted in Mardan, Abbottabad, Nowshera, Bannu and D. I. Khan on Good storage practices, inventory management, and rational use of medicines.
- 10 types of assorted essential medicines delivered to Dir Lower, D. I. Khan and Bannu which is sufficient for approximately 1635 patients.
- 8 Measles, 10 Leishmaniasis alerts responded at Bannu, D.I. Khan and Abbottabad by providing Vitamin A for measles and Meglumine Antimoniate Injections for Leishmaniasis.
- A total of 3 coordination meetings held with different stake holders including EDOHs, DCO and focal person of EPI in which Leishmaniasis alerts and response and availability of essential medicines were discussed.
- **IDPs camp Togh Sarai Camp:** 200 Salbutamol inhalers delivered to CERD working at Togh Sarai Camp Hangu.
- **IDPs camp Jalozei Activities:** Monitoring visit performed to Health facility No. 2 supported by CAMP Organization. Gaps regarding storage of the medicines found. 2 dispensers trained on GSP. While BHU J-3 supported by Merlin and Health facility No. 1 supported by CAMP Organization visited to monitor the supply of key essential medicines at the facilities. All the key essential medicines found in sufficient quantities. One EH Package delivered to Merlin for health facility at phase 8.
- **FATA:** Participated in three days LSS training workshop as a facilitator in which a total of 25 participants from KP districts, Swat, Shangla, Bunair and Kohistan trained on LSS. The trained participants will be expected to promote and implement LSS at their respective duty stations in order to improve inventory management of pharmaceuticals.
- Coordination meeting held with DEWS focal point DHS FATA in which DG FATA comments on Kurram agency HeRAMS assessment report discussed.
- **RAHA:** WHO responded rabies outbreak along with National Program Officer (NPO AIDS & Rabies) and social mobilization team, reported through civil hospital Kotla Distt: Haripur. Community likely prefers to treat with homemade unhygienic remedy due to some religious refusal efforts. In awareness session safety profiles of ARVs briefed to community & people were motivated towards latest ARVs. Stock out issues was observed at BHU Sikanderpur during monitoring visit & reports shared with DDSM PPHI. In coordination meeting with Pharmacist Save the Children monsoon contingency plan. EM availability, supply chain & LSS training were highlighted.

WASH:

- 49 water samples were tested for microbiological contamination in IDPs hosting villages - District Peshawar. 24 water samples were found feacally contaminated which make 50% of the total water samples. The results of this assessment were shared with WASH Cluster for proper response.
- 10 Bloody Diarrhea cases were reported from MERLIN J3 HF Jalozai Camp in week 19. WHO EH Team in support with HRDS team visited all the reported patients' tents, checked the external and internal condition of hygiene, held hygiene sessions with them, cleaned the vicinity through sweepers, gave them 2 soaps each for hand washing. The team also checked the water tanks' condition and also examined the consuming points which were found satisfactory. HRDS kept the affected area under full observation and conducted health and hygiene sessions time and again due to which on the second follow up visit, all the cases were found fully recovered.
- Lime treatment was done to reduce vector breeding sites.
- WASH partners provided 1204 Hygiene kits which were distributed among the camp IDPs families, camp Hygiene promoters delivered awareness messages among camp communities regarding prevention and control of OAD and AWD.
- 02 ice samples were collected from camp street vendor for microbial test and the samples are in process of incubation and results will be shared soon.
- As monsoon season had started and there is a prime need of fumigation activities in camp to reduce vector related health problems. On that regard EHA team needs Logistic support to conduct fumigation activities in IDPs camp and host communities.
- WASH Cluster meeting was held in Watsan cell local government secretariat Peshawar to discuss the ongoing water quality assessment and launching response on the basis of these water quality results.
- Coordination meeting held with Hepatitis control program and UNHCR regarding health care waste management training being planned for health facilities in IDPs camps health facilities.
- Healthcare waste equipments under SFD have been provided to District Hangu and had requested EDO health and MS THQ Hangu for facilitation, proper custody and establishment of healthcare waste management system. Further requested EDO health for proper issuance of a letter to concern persons regarding Establishment of HCWM at THQ hospital and other healthcare centers.
- EHA team provided 720 pure sachets to CERD organization working in host communities of Hangu and on job training was delivered on use of pure sachets and aqua tabs at household level.
- TMO, District Hangu has requested EHA for provision of Fogging machine for Vector control activities to be carried out in the District.
- TMO requested for facilitation regarding management of solid waste.
- Civil Hospital Lucky Marwat rehabilitation work has been completed and will be visited for final inspection in coming week.
- 80% work on warehouse in DI Khan has been completed.
- Contractor responsible for civil work under SFD fund in LMH Hospital, District Kohat, DHQ Swabi and Saidu Teaching hospital has still not reported.
- 85% work completed on ware house (70x30) in Ghalanae Mohmmmand Agency.
- 50% of work is completed on ware house (120x40) in Jamrud Khyber Agency.
- 20% of work completed on warehouse Odigram Swat and no progress on ware house in Lower Dir yet.
- 8 water samples were collected from House hold, pipe water and hand pump from Balambat road near Zeb Market gorgorai chowk Timargara Bazaar. All the samples were tested for microbiological, pH, turbidity and residual chlorine. 3 out of 8 water samples were found microbiologically fit for drinking purposes and remaining 5 water samples were microbiologically unfit. (1 Hand pump=1 B=0 C=0 3 Pipe water: A=1 B=1 C=1 and 4 House hold: A=1 B=2 C=1).
- A total of 08 water samples were collected during field investigation from main water sources in dist; hangu in which 87.5 % of the sources were found microbiologically contaminated.
- In the 2 days training activity of Afghan Refugee health staff on 16-17 May, 2012 in UNHCR office Tehsil Drosh Distt Chitral, total 12 participants were trained on EH in emergencies focusing on AWD outbreak response and establishment of DTC.

Nutrition:

- Meeting conducted with Nutrition Cell Deputy Director regarding the activities conducted in the district lower dir and future planning for the upcoming trainings.
- Total of 24 patients of severe acute malnutrition with life threatening complications were admitted in 8 Nutrition Stabilization Center with 23 patients were discharged, out of which 23 were cured 01 died and 00 were defaulter cases.
- In Pabbi Hospital Nowshera, seven new cases of children with severe acute malnutrition with life threatening complications were admitted in the hospital and four were discharged.
- **Upper Dir:** Participation held in the training on Protocols of the Inpatient care and management of the severely malnourished children at Tehsil Head Quarter Hospital Chakdara on 11th May 2012. Coordination meeting held with the District Nutrition Coordinator to work out the follow up of the discharge severely malnourished children within the community on 15th May. Visit conducted to stabilization centre and orientation of the nursing staff. Meeting held with the Medical Superintendent (MS) District Head Quarter (DHQ) Hospital Upper Dir discussing the provision of the fuel for the children admitted in the stabilization centre 16th May. Meeting conducted with District Coordinator National Program for Family Planning and Primary Healthcare (DC NP for FP & PHC) to facilitate the visits to the sentinel sites on 16th May. Visit held to sentinel sites postponed on the recommendation of the DC NP for FP and PHC.
- **Lower Dir:** Visited conducted to Nutrition Stabilization Centre, Chakdarra, visit held to one of the Sentinel site, BHU Chakdarra for distribution of Nutrition Surveillance data collection formats to concerned staff. On request of District Nutrition Coordinator DOH Lower Dir, joint visits were performed to newly established CMAM Sites, including BHU Chakdarra, RHC Gulabad, BHU Asbanr, BHU Khadagzai, RHC Ouch, BHU Ramora and BHU Ziarat Talash. The purpose behind these visits was: To make sure proper space availability and standard conditions for the nutrition stock to be provided in near future. To meet with concerned Incharge personnel of Health Facilities for close coordination with newly assigned Nutrition Assistants and to perform their supervisory role in CMAM programme operational process. To make sure proper timely referrals of SAM under-five years old children with complications to NSC Chakdara for inpatient treatment. Visited EDO-H office Timargara. A brief meeting was conducted with EDO-H along with District Nutrition Coordinator, to discuss the ongoing nutrition programme activities.
- **Kohistan:** Orientation of the RHC Dasu Staff on the establishment of Stabilization Center on May 14th. Establishment of the Stabilization Center at the RHC Dasu, District Kohistan was discussed with EDO (H) to arrange the minimum staff for the Stabilization Centre on the on May 15th. Facilitation of the District Nutrition Coordinator UNICEF regarding preparation of Presentation to conduct the training of the Nutrition Assistants and Health Care Providers on May 11th. Meeting with the (EDO-H) Kohistan regarding the Monthly Calendar of the Nutrition activities carried out in the district on the May 15th. Meeting with Coordinator for NGOs regarding activities of different organizations in the district on May 16th.

District level coordination & monitoring:

Shangla: WHO conducted visit to UC Opal with DCO for health facility assessment (BHU Opal) and health services improvement was conducted. WHO co chaired ERWG meeting, the agenda of the meeting was flood contingency and response; All the implementing partners and line departments were present, Details of the meeting have been shared. Meeting held with EDOH and MS DHQ Alpuri regarding medicine situation especially I/V fluids for possible AWD outbreaks. MS DHQ and EDOH shared their stock details and it was concluded that the District has ample supplies. A visit conducted to 2 CD's (CD Lelonai and Malak Khel Kotkay), and DHQ Alpurai was made for eDEWS monitoring and on job training. WHO conducted meeting with EPI coordinator for improvement of routine vaccine coverage. It was decided that EPI coordinator will visit the areas and conduct additional outreach activities for better coverage. Investigated 01 Leishmaniasis alert and 01 Outbreak (29 cases) of Suspected Acute appendicitis/Unknown Disease.

Swat: 16 alerts and one outbreak of Suspected Measles were received and responded to during week 20,

2012. Eight, system generated alerts of Week 19 were responded to in the current week. WHO Swat team conducted coordination meetings with MS SGTH, EDO Health Swat and EPI Coordinator Swat. MS SGTH is going to write a letter to Provincial Coordinator of WHO KPK for the installation of ECHO equipment. Monitoring visit conducted to BHU Qalagay, CD Tootano Bandai, CH Kabal, THQ Matta and SGTH.

Haripur: 10 alerts (2 outbreaks) were reported and responded in this week. Coordination meeting held with Dr Quaid Saeed regarding comprehensive social mobilization plan from Rabies prevention and control in Village Kotla. 5 Health facilities visited during last week: CH Kotla, RHC Khanpur, CD Kot Najibullah, RHC Kot Najibullah, DHQ.

Mardan: WHO conducted coordination meetings on 14th May 2012 with EPI coordinator, Public Health coordinator and DSM PPHI-Mardan. During meeting with EPI coordinator, updated list of measles alerts was shared; EPI coordinator also shared data of outreach immunization activities conducted in the mentioned areas by WHO team. During meeting with Public Health coordinator Monsoon contingency document for 2012 was finalized and shared with concern health partners and provincial office. In coordination meeting with DSM PPHI Mardan, WHO updated PPHI office with the newly registered cases of C-Leishmaniasis from the outbreak reported area. PPHI was also requested for possible interventions during vector control measures in the outbreak areas, DSM PPHI Mardan ensured his full support for possible interventions; he further shared that after coordination with RBM, PPHI will plan for IRS in the affected areas through their local community members. 2 days training of Kalkatak Chitral AR Camp health staff has been completed on 16-17 May, 2012 in UNHCR local office Tehsil Drosh Distt Chitral. Total 5 staff members were trained on DEWS, AWD, ARI, Dengue, Malaria, Leishmaniasis and EH response in emergencies. Training activity report has been shared with provincial office. WHO team conducted visits to the Children ward DHQ Hospital Mardan and Mardan Medical Complex for any Alerts/outbreak response and routine monitoring.

Lower Dir & Upper: WHO conducted coordination meeting with EDOH, EPI coordinator, DCO Dir lower for Leishmaniasis. Alerts/outbreaks updates. Media reported outbreak from Munjai and DCO and EDO health Requested WHO team to updates District Administration and EDO health about current situation of Alert/outbreak of Leishmaniasis in District Dir lower. WHO team briefed the DCO and EDO health about media report: WHO EHA already response the reported outbreak, and follow up is regularly done with District vector control team. WHO already provided medicine in previous Munjai outbreak and will continue follow up of Munjai. Relief International will start work in UC Munjai for vector control and awareness in area. Updates and line list were shared with participants. WHO Team briefed the DCO, EDO health and EPI coordinator about Alert/outbreak situation and WHO intervention in District Dir lower. WHO Team provided line list of Leishmaniasis District Dir lower and upper. WHO Pharmacist briefed about the medicine provided in All the Leishmaniasis response. WHO EHE briefed the participants about the vector control measures done by WHO Team with Collaboration of EDO health, Malaria control program and other partner organizations. WHO SO Dir lower and upper conducted training on eDEWS, ARI, Dengue and AWD/ Cholera for the staff of PDH CAR/UNHC training in District Chital. WHO Team visited To DHQ Timargara, RHC Lal Qala and AR Camp Timar.

Charsadda: WHO visited BHU Umerzai, BHU Tarnab, BHU Cheena, BHU Kot, DHQ hospital to check alerts. DEWS data was submitted by 49 facilities.

Manshera: No alerts received from any surveillance sites this week. Meeting with MS and PPHI staff regarding AWD trend and preparedness in the district, they ensured about proper supplies and buffer stock in case of any outbreak. 100 Hygiene Kits and 100,000 pure sachets received from Peshawar WHO office. Acute (upper) respiratory infection (7.18%), Scabies (1.82%), Suspected Malaria (0.11%), Other Acute Diarrhea (5.67%), Pneumonia (0.40%) remain the leading causes of morbidity. Bloody diarrhoea, Dengue Fever, acute watery diarrhoea (AWD), suspected measles, Cutaneous Leishmaniasis and meningitis represented less than 1 % of total morbidity in reporting period. Bloody diarrhoea represented 0.21% of this morbidity. All diarrheal disease comprised 5.85%, Viral Hepatitis 0.31% and ARIs 7.58% of total morbidity.

Swabi: Coordination meeting held with MS BMC regarding TFC. MS Bacha Khan Medical Complex

thanked WHO EHA for their Support. The incentives of the staff were released. F-100, F-75 items were supplied by WHO to stabilization center BMC. 12 Health facilities were visited to check alerts and DEWS reporting.

Nowshera: WHO conducted meeting with EPI Coordinator, Nowshera regarding Measles situation in the district. It was decided that all measles cases will be responded by concerned EPI Technician of the UC by arranging Routine immunization Outreach activity in the area. He will be sharing data of routine vaccination with DSV and DSV will be sharing the data with WHO. Supervising staff of District/EPI will be taking cluster in the concerned area to confirm that no children are missed from routine immunization. EPI Coordinator and WHO will be monitoring the activities of EPI Staff. It was also decided that all the EPI staff of the district will be trained about the new practice started in the district on 28th & 30th May 2012 in EDOH Office. A Meeting was held with DSV of District Nowshera regarding Measles response in District Nowshera. He informed that EPI Technicians are being informed to follow each and every suspected measles case by arranging routine immunization outreach activity in the concerned village/Mohallah. A Meeting was held with DSM, PPHI. He was informed about situation of measles and leishmaniasis in the district. He showed satisfaction over support provided by WHO in dealing with high number of cases of leishmaniasis. He invited WHO PHO to MRM on 4th June 2012. WHO held meeting Monitoring & Evaluation Officer of PPHI, Nowshera. He was requested to ask the focal person for DEWS in each HF (Medical Technician) to please share E-DEWS data from Week 1 to 19 and in future the data should be submitted in time. WHO attended Camp Cluster Coordination Meeting held in Jalozai IDP's Camp co chaired by PDMA and UNHCR. Upon a query from UNHCR regarding measles cases in Togh Sarai Camp, WHO informed the participants that WHO investigate the case of measles and send the sample to NIH for confirmation. DG Health KP & DD PH KP had a meeting with MS of Pabbi satellite Hospital, Nowshera, WHO Team in Nowshera/Jalozai and EHSAR Foundation representatives. He was briefed about diarrhea situation in Jalozai IDP's camp and follow up of all Bloody diarrhea cases in Jalozai and Nowshera. He was informed that any suspected AWD case is being followed in the field by WHO in collaboration with DoH. Meeting with MS of Pabbi Satellite Hospital, Nowshera. He was requested to start proper data entry of patients to have actual situation of consultations in the hospital.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

JALOZAI CAMP NOWSHERA	Digital Chlorine meter1, Paracetamol Syrup 60 ml 400. Merlin; Betmethasone 5gm 0.1% 400,EH PACKAGE 1, EDO-H Nowshera: Bed Nets 6903
SWAT	Salbutamol Inhalers 1000
BUNER	Salbutamol Inhalers 500
D.I KHAN	Salbutamol Inhalers 1000, Hygeine Kits 100,Water Pur sachets 50000
TANK	Salbutamol Inhalers 800, Hygeine Kits100,Water Pur Sachets 50000
LOWER DIR	Muac tape 50
DTC (EHSAR FOUNDATION PABBI)	ORS 300, 1 KIT
MANSHERA	Hygeine kits 50,Water pur Sachets 50000, Salbutamols Inhalers 400
BATTAGRAM	Hygeine Kits,Water pur Sachets 50000,
SHANGLA	Apron SFD 5,Hygeine kits 150,Masks 10,Needle Cutter 8,Water Pur Sachets 50000,Rubber Boot SFD 5.

ABBOTTABAD	Salbutamol Inhalers 500,Hygeine Kits 200,Water pur Sachets 100000.
HARIPUR	Salbutamol inhalers 400,Hygeine Kits 200,Water Pur Sachets 100000.
KTH,LRH CITY HOSPITAL PESHAWAR	Retinol (Vitamin A) 2500
MOHMAND AGENCY	Meglumine Antimoniate injection 10.
KOHAT	APRON SFD 10,Hygeine kits 200,Masks 20,Needle cutter 10,Rubber Boot SFD 5
HANGU	Hygeine Kits 200,Water Pur Sachets 150000

WHO EHA KPK Sitep