

WHO Emergency Humanitarian Program Situation Report
Khyber Pakhtunkhwa and FATA
Week 31
Date: July 29- August 04 , 2012
1. Situation around IDP hosting districts
A: Situation in “Jalozai” IDP camp, Nowshera district

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

Population:

Till 1st August, 2012 total IDPs families registered are 74,252 families with 342, 586 individuals. Jalozai IDP camp hosts 13, 589 families with 64, 580 individuals. 60, 663 families with 27, 8006 individuals are living in off communities.

Alerts and Consultations:

One alert of Dog bite was reported in this week. There were 3,854 consultations provided through health care provider, including acute respiratory infection (16.3% or 630 cases), acute diarrhoea (9% or 338 cases), skin infection (3% or 116 cases) and confirmed malaria (1% or 35 cases) of all patient visits in current week.

Coordination:

Health & WASH cluster meetings take place once a week in Jalozai attended by partners from health (Merlin, CAMP, CERD, FATA Health, GiZ, AGE, IR, CTC, UNICEF), WASH, Nutrition, Food and CCM clusters working in the camp where issues are discussed and decisions are taken on the spot to address any loop holes in the health response for containment and control of disease outbreaks in the camp.

The Thirty Fifth camp health cluster coordination meeting of Jalozai was held on Thursday August 2nd, 2012, at J-3 health post of Merlin. The meeting was chaired by WHO. UNICEF, UNFPA, PDMA, Merlin, CAMP, CERD, HRDS, SSD, Lasona, HelpeAge International and DoH representatives attended the meeting.

It was decided in the previous meetings that the medicines of FATA health facility will be shifted to Merlin health facilities after the formal approval of Agency surgeon/DHS FATA. So far the medicines could not be shifted. It was decided that Merlin will provide two air coolers to FATA-HF for its pharmacy.

A meeting is arranged in Merlin office on coming Monday for Shifting the TB center to Merlin health facility from FATA health facility. WHO, Merlin, AGE and TB control program FATA will attend the meeting.

Merlin is the IP of Global Fund for Khyber Agency. It was agreed in principle that they will provide bed nets for the HCV patient of camp, if Agency Surgeon/DHS FATA agrees.

AGE is planning to screen the camp for TB patients in the second week of September, 2012.

CERD agreed to hire a Sonologist for the ultrasound of FATA health facility. If Agency Surgeon/ DHS FATA agrees.

HelpAge will arrange an advocacy workshop with all stakeholders (including National, International Organization, Government and UN agencies for addressing older people's relief and recovery needs through their interventions in the first week of September. HelpAge will arrange eye care screening to identify Cataract cases and then operate it in the first week of September. HelpAge will arrange training for 50 staff of partner and DoH on PHC age Friendly, Care of carer's and Eye care in the first week of September. It was agreed that HelpAge will form a desk in coordination with UNICEF at the distribution point for hygiene kits to help the elderly.

The incinerator installed in Pabbi hospital by WHO will be utilized by the IPs of the camp. WHO will share the SOPs with all the partners and Merlin will facilitate the process.

The WASH and Nutrition partners want to name the "Camp Health Cluster Meeting" as the Camp Health, Nutrition and WASH Cluster meeting.

EHE Interventions:

WHO conducted meeting with WASH Partners including SSD,HRDS and Lassona organization. It was decided that WHO will provide 10000 jerry canes to wash partners for distribution in IDPs from and in camp and off camp.

WASH Partners in Jalozei Camp requested WHO to provide Chlorine supplies to the chlorinators to continue the process of Chlorination.

WHO had asked Health & WASH partners in the camp to tell about their requirement of soaps, so that it can be given to them for further distribution among IDPs.

WHO had again asked all health partners in the camp to transport their infected Health Care Waste from their health facilities to THQ Pabbi where WHO had already installed an incinerator for proper incineration of health care waste. In this regard WHO had already done coordination with MS of THQ Pabbi to provide hospital staff for facilitation.

WHO took community sessions and advised WASH partners to direct their field staff/ health & hygiene promoters that they in their routine visits and sessions with the community should create awareness among people about the importance of water with emphasis on not wasting it by leaving taps open.

WHO participated and represent the health promotion in the consultative meeting called by UNFPA to discuss about "referral pathway for survivors of GBV in Jalozei camp".

CERD health promotion team delivered six health promotion sessions to the students in Jalozei camp. Four sessions were conducted with the boys and two with the girls in schools from phase 1,2 & three. In these sessions total 111 students and teachers were sensitized on different health promotion messages from IDPs health education booklet. IDPs booklet and soaps were also the distributed among the participants at the end of each session.

WHO tested 13 water samples for residual chlorine both at sources and at user ends, 10 samples were found to have residual chlorine within the required limits while for the rest of the samples chlorine dose was adjusted.

So far, WHO has tested 884 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 4 samples for microbiological contamination and all samples were found fit for drinking with no contamination. So far, WHO has tested a total of 197 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 2 monitoring visits to J-3 and CAMP organizations health facility # 1. Overall conditions of record keeping, rational use of medicines and storage of medicines found satisfactory. Stacking of medicines at CAMP

organization facility needs to be improving. Camp health cluster meeting attended at J-3 in which WHO Pharmacist briefed the situation of Kits, ARVs and anti psychotic medicines to the participants.

B. Togh Sarai” IDP camp, Hangu district

Total of 1159 families with 5821 individuals are residing in the camp. Security situation of Hangu district was very tense due to threats of sectarian violence among SHIAA and SUNNI sects, so movement was quite limited in the district.

WHO received and responded an AWD alert from THQ hospital Hangu, WHO sent 6 rectal swabs to NIH but results are still pending. MSF-F has requested for sharing of the results. No more cases reported by THQ Hangu.

On a request of district health authorities WHO provided washing soaps, aqua Tabs, pure sachets and other items to EDO-H.

10 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that other acute respiratory infection is the highest cause of morbidity (16% or 94 cases) of total of 584 consultations; other acute diarrhoea (15% or 88 cases); skin infection (3% or 17 cases).

C. Situation in Tank district

WHO provided AWD training to In charge SHC Darakki and RHC Gul Imam. WHO conducted meeting with Deputy EDO H and reviewed the monsoon contingency as it rained heavily across the district. WHO conducted meeting with the EPI coordinator to discuss the Polio campaign. Results of 31 areas in charges were rejection based on the quality.

WHO conducted monitoring and evaluation visit to eight health facilities.

D. Situation in D I Khan district

30 reports were received by WHO through e DEWS. All diarrheal disease was reported at 12.87 % of total consultations. WHO received and responded an alert of AWD from Kotla Habib UC Zandani, the sample sent to NIH.

IDPs (SWA) SITUATION & RETURN: 27,569 families of IDPs of SWA are still living in D I KHAN till July 2012. Repatriation of IDPs of SWA was completed On 21st July 2012. The current phase had started on 16th July 2012. Off camp active IDP population is based on WFP's food distribution data consolidated with UNHCR's Registration Data in D I KHAN. WFP assisted 6,099 IDP families in return areas until now.

UNFPA is providing EMOC services in two Tehsils, Paroa & Pahar Pur at RHC Paroa & RHC Pahar Pur since 2009. PRCS is providing PHC services for IDPs of SWA & host community at CD Nai Wela since 2009.

Due to shortage of funding MDM reduced its activities in DIK by closing services in BHU Draban Khurd, UC Lunda Sharif and will continue PHC and Nutrition services in BHU Ramak, UC Ramak, Tehsil Proa (reducing from 2 to 1 team from 1st of August to 31 December 2012

WHO held meeting with EDO Health regarding the installation of Saudi funded generator at RHC Kot Jai. The EDO requested to expedite the process. WHO visited the construction site of SFD supported Ware House which is under construction at old EDO Health office premises in D I KHAN Cantonment. EDO Health D I KHAN showed his concern over the slow progress of construction of the Ware House by the contractor. The construction work which was stopped by the contractor resumed on Friday, 3rd August 2012.

WHO plans to conduct training of Teaching Staff of Gomal Medical College D I KHAN on Hospital based clinical Management of Dengue Fever after EID UL FITR.

E. New Durrani” IDP camp, Kurram Agency

Save and Serve are providing Primary health care services in New Durrani IDP camp with the support of WHO. In response to high no of cough, diarrhoea and scabies cases at New Durrani IDPs camp Kurram agency, WHO approved assorted medicines including anti allergic syrups, ORS, anti scabies lotion for Save and Serve.

F. Situation in Kohat district

WHO conducted monitoring visits to CD Jungle Khel, BHU Barh and RHC Usterzai, DHQ hospital, KDA and LMH (Women & Children Hospital).

WHO conducted coordination meeting with EDO-H, DMS (LMH) and Contractor working under SFD in LMH. The progress of work was being checked by the team and found satisfactory. Work will be finished in few weeks time.

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

eDEWS:

KPK eDEWS:

- 351 reports were received reporting 82,735 patient consultations in 14 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (17% or 13,981 cases) showing 2.1% increase in percentage; acute diarrhoea (15.1% or 12,526 cases); skin infection (3.1% or 2,593 cases); suspected malaria (2% or 1,543 cases).

FATA eDEWS:

- 33 reports were received reporting 10,764 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (11.1% or 1,198 cases) showing 0.4% decrease; acute diarrhoea (11% or 1,170 cases); skin infection (1.4% or 146 cases); suspected malaria (8.3% or 898 cases).

Alerts:

- WHO received and responded a total of 69 alerts including 11 outbreaks. 46 were suspected measles, 1 was AGS, 4 Enteric Fever, 5 were AWD, 1 was BD, 1 was Dengue Fever, 1 were NNT, 1 was Diphtheria, 1 was Dog Bite and 8 were Leishmaniasis. All cases reported were properly investigated and responded by WHO team.

DTCs:

- EHSAR Foundation supports DTC center with the support of WHO in Pabbi satellite hospital district Nowshera from 4th May, 2012. In last week 2012 a total of 270 patients were consulted at DTC center, out of these 164 were of type A, 63 were of type B and 43 were of type C.
- WHO sensitized 141 people on different health & Hygiene issues in DTC Pabbi Hospital. 90 of them were given awareness through individual counselling and 51 were sensitized through 6 health sessions. 183 soaps along with IEC material were also distributed among the participants.

Essential Medicines:

- WHO conducted a total of 6 monitoring and 8 follow up visits in districts Mardan, D.I. Khan, Tank, Dir Lower, Kohat, Nowshera and Swat. During monitoring visits gaps regarding irrational use, storage of essential medicines, record keeping, safe disposal of expired drugs and stock outs identified generally. WHO provided

hands on trainings to the concerned staff of health facilities.

- WHO will provide 3 Secondary Health Packages to DHQs at Kohat/D.I.Khan and Nowshehra, in current week.
- WHO conducted one day training on AWD treatment held at Mardan to the staff of DOH in which 33 LHWs were trained. At Khalifa Gul Nawaz Hospital Bannu, WHO installed Logistic Support System and 3 personnel were trained on LSS.
- WHO conducted 11 coordination meetings with different stake holders including EDOHs, In Charge Malaria Program, and AP of nephrology unit of LRH, PC Merlin, Incharge national program, chief pharmacist KTH and MS in which implementation of LSS, anti malarial medicines, weekly stock out trends at districts and health care waste management were discussed.
- WHO responded four Measles alerts and 1 AWD alert responded at D.I. Khan by providing Vitamin A to measles patients.
- WHO provided 6 types of assorted medicines to Bannu and Dir Lower which are sufficient for 787 patients approximately.
- WHO conducted coordination meeting with DDHS FATA in regards to essential medicines support to FATA in the form of three secondary health care packages. With the approval of DHS FATA, DDHS officially endorsed the proposed distribution plan with a formal letter to WHO.
- WHO conducted monitoring visit to Agency Surgeon main warehouse Khyber agency where good storage practices observed at main warehouse along with quantification of medicines for PHC level as few secondary level medicines found to be purchased for primary level. LSS refresher training provided to store keeper responsible for storage of HBCP supplies and medical equipments.
- WHO conducted visits to DHS FATA main warehouse where WHO reserve stock observed and allocation of space along with proposed distribution plan of expected supply of secondary health care packages discussed with store keeper.

WASH:

- **District Peshawar:**
- WHO held meeting with Director planning and monitoring public health engineering department regarding distribution of water quality testing equipment. Plan for Utilization and distribution of the equipment was discussed and it will be finalized during this week after receiving of complete information related to the available water testing equipment in the districts to avoid duplications.
- Plan for distribution of EH alert out break response items and hygiene promotion material has been endorsed by DG Health and will be dispatched to the destination during this week.
- **District Charsadda:**
- WHO visited TMA Charsadda tube wells sources to monitor the status of Auto-chlorinators. All the units are functional and urgently need replenishment of the liquid Sodium Hypochlorite for continuous provision of chlorinated water to the community in the ongoing diarrhea season.
- WHO visited UC Ghaziabad tehsil shabqadar, UC Ghaziabad experienced heavy down pour few weeks back, however after rain, rain water got stagnant at different locations, moreover low water table in the area, blocked drains and vector is posing serious health risk to the community. TMA shabqadar was contacted for de-watering and vector control activities but they need assistance to respond to the situation.
- WHO collected 05 water samples from different sources in village Ghaziabad. All water samples were found turbid more than 5 NTU and faecally contaminated due to rain water mixing. The community elders were educated on household water treatment and shock chlorination of hand pump units.
- WHO visited BHU Rajjar, Union Aid health post Utmanzai and RHC sherpao and provided 100 units hand washing soap, 5000 Aqua tabs, 5000 Pur sachet to each health facility. The staff was oriented on water treatment and disinfection process in the hospital.
- **District Lower Dir:**
- Routine monitoring visits were conducted by WHO to BHU Makhai, CD Munjai , RHC Munda, DHQ Hospital and DTC Timaragara. Staff of these health facilities mobilized on proper health care waste management and infection control measures. 144 soaps, 720 units of aqua pure sachets were provided to BHU

Malakandand.

- 5 collapsible jerry canes and 300 aqua tabs were provided to Village Rabbat-Dir lower during hygiene awareness campaign. 6 water samples were collected & tested from village Rabat-Dir lower for pH, Turbidity, residual Chlorine and Fecal coliform. 3 out of 14 samples were found safe for drinking purposes.
- **District Mardan:**
- WHO conducted meeting with EDO Health and RBM Program manager. They requested WHO for provision of insecticidal chemicals to carry out IRS in targeted UCs.
- In coordination meeting with National program coordinator it was agreed to properly train LHSs and LHWs in the District. The training will be conducted on routine vaccination, communicable diseases alerts/outbreaks response UC wise according to approved plan.
- Routine monitoring visits were conducted to DHQ Mardan, Mardan Medical Complex, TDH Katlang and BHU Gujar Garhi. During visits on job training of health staff was conducted on alerts/ outbreaks response and HCWM practices at local level.
- Total of 4 alerts were reported during last week (3 Suspected Measles alerts and 1 C-Leishmaniasis), all the reported alerts were responded jointly with DoH and PPHI.
- Total 33 participants; 2-LHSs and 31-LHWs of 2 union councils (Katlang-1, Katlang-2) were trained by WHO at Type D Hospital Katlang on 2nd August 2012. During training session National Program coordinator was also present. Sessions were delivered on disease case definitions, timely reporting of disease alert/outbreak (AWD, Measles, Leishmaniasis, and dengue) and routine vaccination from their catchment population, sessions were conducted on water disinfection in emergency and ORS preparation.
- 144 antiseptic soaps, 35 books on water treatment in emergencies, 100 IEC materials of different subject, 2000 Aqua tabs were provided to LHWs in TDH Katlang and Children ward DHQ Distt Mardan.
- **District DI Khan:**
- WHO discussed chlorination situation of water supply system with TMO, D.I.Khan. WHO suggested chlorination of overhead water tanks (OHWTs) in the city. He told that their OHWTs are currently nonfunctional and requested WHO to repair them. 90,000 aqua tabs distributed in 12 HF's for AWD active control.
- **FATA:**
- On July 30th – 2012, WHO responded to a measles outbreak at village Ali Masjid Khyber agency, 2 deaths were reported. Around 08 cases of measles were responded.
- On August 2nd – 2012, measles cases reported from village Sur tangy Mohmand agency were responded by WHO along with health department staff.
- WHO conducted coordination meeting with Agency Surgeon (Mohmand Agency) on 31st July regarding measles cases reported from different localities, Vaccination and proper response from WHO & line department was requested and agreed.
- WHO conducted meeting with MS AHQ Ghalanai, regarding the monsoon contingency plan and distribution of the supplies.
- WHO educated 15 individuals on personal hygiene, maintaining proper house hold sanitation and food hygiene during an on job session in response with the measles alerts reported from Sur Tangy Mohmand Agency.
- During a routine visit to CH Jamrud and CH Lowara Mina on 30th July – 2012, WHO educated 8 health staff members on maintaining proper hospital hygiene, personal and domestic sanitation and hygiene, household water disinfection techniques and a session on faeco-oral diagram.
- **District Swat:**
- WHO responded to alert received from BHU Islampur. BHU Islampur received 220 cases of Acute Diarrhea and still the situation is alarming, therefore response was given in the catchment area of BHU Islampur that is Village Kokrai
- During response it was found that two water sources are mainly being used for water supply, out of which one is well protected spring with number of water lifting motors in it and the other is unprotected open spring heavily contaminated due to rain water. People of the area were made well aware of the contamination in the drinking water source. A hygiene session with distribution of Hygiene items conducted regarding Water treatment methods and personal hygiene. 4000 Aqua tabs, 288 soaps, 1000 water purifier sachet and 20 Hygiene Kits were distributed and people from the community were mobilized during the sessions.

- 4 water samples were tested for IDEA Organization Swat working on WASH out of 4 sample three were found contaminated that makes 75% samples unfit.
- WHO visited BHU Islampur and Civil Hospital Khwazakhela, During visit to BHU Islampur it was found that the health care waste management condition in the health facility was pathetic. The team sensitized the health facilities staff on proper health care waste management techniques and infection control measures.

District Shangla:

- WHO conducted meeting with EPS regarding the newly installed water supply schemes by the organization. It was discussed to complete water quality testing of these water supply schemes.
- An AWD alert was reported from Barkas Pagorai. In response WHO visited the affected village. 2000 Aqua tabs, 150 soaps and IEC material distributed. In routine water quality monitoring 06 samples have been collected and tested from different areas in tehsil Besham. Out of which 2 samples from village Barkas Pagorai were found contaminated.

District Haripur:

WHO responded water born alerts i.e. 1 BD at Kot Najeeb Ullah UC Kot Najeeb and 3 Enteric Fever alerts at Amgah UC Kotehra, Halli UC Barkot and Kalabat Township District Haripur. WHO collected total 10 water samples for bacteriological analysis during alert investigation, 75 % tested water samples were found with bacteriological contamination. 50 soaps, 10 hygiene kits and 10000 aqua tabs were distributed during alerts response.

Nutrition:

- WHO conducted coordination meeting with Nutrition Cell regarding the finances of NSCs and Sentinel Sites.
- WHO conducted coordination meeting with Nutrition Cell and National Program for Family Planning and Primary Health Care regarding disbursement of funds and placement of desktops in districts. Consensus reached.
- WHO held coordination meeting with Nutrition Cell and Health officials of district Shangla for the Facility Based Management of Severe Acute Malnutrition for under 5 year old children. Training to be conducted from 7th to 9th August 2012.
- WHO conducted monitoring visit to Kohistan. Meeting held with EDO (H) Kohistan and other stake holders of the district. Issues related to the district identified and remedies suggested for those issues.
- **Upper Dir:** WHO conducted monitoring and supervision visit of the stabilization centre Upper Dir. WHO conducted meeting with the Executive District Officer Health and Medical Superintendent District Head Quarter Hospital (DHQ) Upper Dir regarding incentives payment to Stabilization centre staff. WHO conducted visit to sentinel site Category D Hospital Barawal Bandai.
- **Lower Dir:** WHO visited district Warehouse for collecting some essential medicines needed for NSC at THQ-H Chakdara. Meeting conducted with National Programme for FPPHC at Timargara, where meeting was conducted with Programme focal person regarding enhancing HANSS data collection. WHO visited to NSC Chakdara for monitoring and support for NSC admitted patients. WHO visited to RHC BHU Chakdara for enhancing and standardizing HANSS data and collection of Nutrition Surveillance data. Visit was made to RHC Gulabad (sentinel site) for enhancing field data collection and also meeting was conducted with concerned Nutrition Assistant of district Nutrition cell at RHC Gulabad regarding current progress situation and how to accelerate referrals to NSC of SAM complicated children. WHO facilitated the Provincial Nutrition Cell Delegation (Provincial Nutrition Coordinator, DOH and Provincial Nutrition Specialist) for conducting monitory visits to some of the district CMAM sites.
- **District Kohistan:** WHO conducted coordination meeting with the Project Manager Malteser International regarding establishment of Stabilization Center at RHC Pattan. WHO conducted visit to RHC Pattan and orientation of the UNICEF Nutrition site Staff on the feeding and the care of the severely malnourished children. WHO held meeting with the EDO-H Kohistan regarding the establishment of Stabilization Center at RHC Pattan. WHO conducted meeting with district Coordination National Program for the Family Planning and Primary Healthcare (DCNP for FP&PHC) regarding 2 day training of Lady Health Workers (LHW) at the EDO-H) office.

District level coordination & monitoring:

Shangla: WHO held meeting with CD Shang staff on ORT corners and outreach for AWD cases. WHO visited water supply schemes in Shahpur, Damorai and Kuzakana. All the water supply schemes were visited with the locals and water samples taken for review. WHO conducted meeting with EDOH and MS DHQ on compilation of post NID facts and figures and results of market survey. WHO presented all the available data to the concerned quarters. WHO visited DHQ Alpurai, CD Shang and THQ Besham. WHO received and responded 05 alerts (02 C-Leishmaniasis, 01 Measles, 01 Enteric fever, 01 Diphtheria) and one outbreak (Measles).

Haripur: WHO received and responded 8 alerts. WHO visited 6 health facilities (DHQ, CD KTS3, RHC Kot Najibullah, CD Kot Najibullah, BHU Hatar, BHU Dingi). ARI 17% with decrease of 1% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhoea 11% with 1% increase compared to previous week and scabies 2% with no change in its proportional morbidity. WHO conducted coordination meeting with acting DSM PPHI regarding assessment of authenticity of DEWS reports, timelines and alert generation. WHO attended monthly review meeting of PPHI and trained health staff on DEWS alert thresholds, reporting and referrals.

Mardan: WHO conducted meetings with EDO Health, NP Coordinator and RBM distt Mardan. During meeting EDO Health and RBM requested WHO for provision of insecticidal chemicals to carry out IRS in targeted UCs. In coordination meeting WHO and NP coordinator was agreed to properly train LHSs and LHWs in the Distt, the training will be conducted on routine vaccination, communicable diseases, alert/outbreaks UC wise according to NP approved plan. During the training sessions WHO will provide IEC support and other training material. WHO conducted routine monitoring visits to DHQ Mardan, Mardan Medical Complex and TDH Katlang and BHU Gujar Garhi. During visits WHO conducted on job training of health staff on disease case definition, alert/outbreaks response and weekly eDEWS reporting. WHO received and responded 4 alerts (3 Suspected Measles alerts and 1 C-Leishmaniasis), all the reported alerts were responded jointly with DoH and PPHI, during response all the required interventions were carried out. In response to Measles alerts, EPI Team was requested for outreach vaccination in the areas and they vaccinated 34 less than 5 years children during outreach vaccination. WHO held detailed sessions with LHW's and community elders. In areas of C-Leishmaniasis alerts house to house IRS has been conducted by PPHI in coordination with DoH, RBM and WHO. As per plan total 33 participants; 2-LHSs and 31-LHWs of two union council (Katlang-1, Katlang-2) were trained by WHO team at Type D Hospital Katlang on 2nd August 12, during training session NP coordinator was also present. Sessions were delivered on disease case definitions, timely reporting of disease alert/outbreak (AWD, Measles, Leishmaniasis, and dengue) and routine vaccination from their catchment population and session on ORS preparation was also delivered.

Lower Dir & Upper: WHO conducted coordination with EDO health and MS Dir lower, MSF Belgium and Focal person for Dengue Control Dir lower. WHO regularly monitoring the DTC Timargara but no AWD case was found in DTC. WHO visited BHU Makhai, CD Munjai and RHC Munda; daily visits to DHQ and DTC Timargara.

Swabi: WHO conducted coordination meeting with EDO Health and DSM PPHI at EDO Health office Swabi. WHO ensured its technical support as well as gap filling in term of essential medicines in case of water born diseases outbreaks. MS Bacha Khan Medical Complex requested WHO for inj: Insulin 70/30. The previous insulin provided by WHO was properly used by the Physician of BMC. The required data was shared to WHO Swabi. WHO attended monthly review meeting at PPHI Office Swabi on 3rd August 2012. WHO delivered all the new updates regarding acute diarrhoea, bloody diarrhoea and acute watery diarrhoea.

Swat: WHO received and responded 13 alerts of Suspected Measles. WHO responded eleven system generated alerts of Week 30 in current week. WHO conducted coordination meetings held with the MS SGTH and EDO Health Swat. WHO conducted monitoring visit to Saidu Group of Teaching Hospital, CH Kabal, CD Tootano Bnadai, RHC Deolai & BHU Taghma.

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 44 health facilities. WHO conducted meeting with MS of CH hospital Shabqadar regarding notification of alerts. Medical officer was called by the MS and was directed for the notifying alert which he comes across in the OPD. No alert was reported by DHQ Charsadda and THQ Tangi so the Paediatrician of these hospital were met for not missing any alert if they come across in the clinic or in hospital.

Manshera: WHO received and responded eleven alerts for suspected Measles,. An outbreak of Measles reported from Village Karmang Bala UC Battal 10 cases reported from DHQ Hospital while 8 cases reported from Karmang Bala UC Battal. WHO conducted visit to DHQ Hospital, BHU Gandian, BHU Bherkund, BHU Pano Dheri, RHC Shinkari for DEWS strengthening and NID monitoring. Diarrhoea is increasing from DEWS reporting sites as compared to previous weeks.

Khyber Agency: WHO received and responded two outbreaks. One was Measles outbreak with a total of 10 cases including 3 deaths. The other was Leishmaniasis outbreak with a total of 19 cases. WHO vaccinated 198 children during mass measles campaign. 3 system generated alerts were responded in which one was of measles alert and the other two were false alerts. WHO conducted coordination meetings with Agency Surgeon, FSMO and PPHI. WHO conducted monitoring visits to CH Lowara Mina, BHU Ali Masjid, BHU Mian Morcha and CHC Wazir Muhammad killiand CH Jamrud.

Mohmand: WHO conducted monitoring visits to 5 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Had Kor, BHU Darao, BHU Paindiali . WHO held Coordination meeting with MS AHQ Ghalanai regarding contingency stock at AHQ Ghalanai MS demanded one DT Kit for AHQ Ghalanai. WHO conducted coordination meeting with Agency Surgeon regarding Measles vaccination in Anmbar. WHO responded one Measles alert from soor tangi. WHO conducted on job training to BHU Paindiali staff on Measles outbreak response & maintaining proper line listing.

Battagram: WHO coordination meeting with the EDO Health, Senior Manager Health Save the Children Battagram, Coordinator EPI and Coordinator DHIS regarding the current status of Leishmaniasis out break at UC Jambra. WHO attended the monthly meeting of EPI Technicians at EDO Health office and shared with them status of Measles Alerts as well as status of the eDEWS activities. Leishmaniasis treatment centre has been established at CH Thakot and BHU Jambra. Total of 131 patients has received first dose of Inj Glucantime. WHO conducted visits to DHQ Hospital Battagram, RHC Kuza Banda, CH Thakot, BHU Batly, BHU Bhattian, CD Bandigo, BHU Kharari, BHU Jambra for eDEWS analysis. 2 Measles Alerts reported from DHQ Hospital and on follow up visits to BHU Jambra 59 more patients of Leishmaniasis were enlisted, investigated and responded.

Lakki Marwat & Bannu: WHO conducted coordination meeting with Agency Surgeon about measles pre campaign micro planning and team formation and their training in FR Bannu region. WHO held coordination meeting with EDO health and MS women and children hospital Lakki Marwat for proper waste disposal management. WHO held coordination meetings with MS KGN, DHQ and women and children hospital Bannu about safe disposal of hospital waste. WHO visited 11 health facilities. Six health facilities were visited in district Lakki Marwat and 5 in Bannu. Health staff briefed about DEWS, case definitions, weekly report submission and safe disposal of hospital waste especially sharps. WHO received and responded 2 alerts and one outbreak. Outbreak was of measles from FR Bannu area and alerts were of AJS from Bannu and NNT from Lakki Marwat..