



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 24

Date: June 10- 16, 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 displaced IDPs in Jalozai camp and IDPs living in host communities of district Nowshera.

Population:

Till 17th June, 2012 total IDPs families living in camp and off camp are 66,847 with 309,165 individuals. Jalozai IDP camp hosts 11,867 families with 57,531 individuals. 55,122 families are living in off camp with 252,269 individuals.

Alerts and Consultations:

WHO received and responded one alert of suspected Measles. There were 3,171 consultations provided through health care provider, including acute respiratory infection (17% or 539 cases), acute diarrhea (8% or 241 cases), skin infection (1.5% or 47 cases) and suspected malaria (3.2% or 103 cases).

Coordination:

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

The twenty eighth Camp Health Cluster meeting of Jalozai IDP Camp was held on Wednesday, June, 13th, 2012, in J-3 Health Post of Merlin. The meeting was jointly chaired by DHS FATA and WHO. UNICEF, FATA Health Team, FATA mobile unit, FATA TBC, CTC, Islamic Relief, Merlin, CAMP, CERD, AGEG representing GiZ, HRDS, SSD, EHSAR and DoH representatives attended the meeting.

GiZ in collaboration with DHS FATA will arrange training for the health facilities staff of partners providing services in the camp for proper referral patients to TB diagnostic center. This facility will be available for two days in the camp. All the health facilities of Jalozai IDP camp were requested to nominate at least two people (one MO and one MT) per health facility for the said training. AGEG is planning to screen the camp for TB patients with the collaboration of DHS FATA. They asked for support in terms of social mobilizers from all the partners. It was proposed by GiZ, that at the moment if Merlin agrees, the TB center shall be placed at J3 Health post of Merlin, till further arrangement by DHS FATA.

DHS FATA will try to arrange bed nets and Interferon for the HCV patient. HCV patient from a recognized institution with prescription shall be referred to FATA health facility for provision of treatment. Merlin agreed to provide the cold chain for the medicine.

DHS FATA will try to arrange 6 vaccinators for fix sites during SIAs to support EPI- DoH Nowshera.

In a meeting it was agreed by all the partners that Agency surgeon Khyber should deploy its health services at the area bordering Khyber agency and Peshawar. Where majority of the IDPs are residing.

Within two weeks CERD will get Ultra sound and a specialist to operate it. All the health facilities of Jalozai IDP camp can refer their patients to CERD for free services.

WHO will train FATA health facility staff on DEWS and they will report on weekly basis.

All the Health facilities were advised to refer the patient to DTC with a proper referral slip and documentation. The DTC Pabbi was advised to maintain and share line list of referred patient from Jalozai camp and all AWD patients.

WHO conducted meeting with Dania Gharaibeh of Relief International. RI showed interest in providing ORS and bed nets to the IDPs. WHO held meeting with Gabor Beszterczy, Regional operation manager, Merlin. He showed interest in providing fans and bed nets to the IDPs. WHO along with UNOCHA and UNICEF facilitated the visit of journalists from various news papers and TV Channels.

EHE Interventions:

WHO responded 4 BD cases reported by visiting all the reported patients' tents, checked the external and internal hygiene condition, held hygiene sessions with them and gave them 2 soaps each for hand washing. WHO also checked water tanks' condition and also examined the consuming points which were found satisfactory.

Pipe network had been completed in Phase 7 & 8 by ACF, all electrical connections including internal external electrification of tube well, generator connection and main supply connection had been completed. Auto chlorinator will be installed in couple of days and after that water will be supplied to these 2 new phases through piped network.

With the inclusion of 3rd WASH partner 'Lasooona' in the camp, now SSD will be responsible for Phase 1, 2 & 3, HRDS will be responsible for Phase 4, 5 & 6 and Lasooona will be responsible for Phase 7 & 8. Moreover out of all 6 tube wells in the camp, for 3 tube wells SSD will be responsible and for the rest 3 HRDS will be responsible.

During coordination meeting with IRC informed that tents numbering in Phase 7 & 8 had been completed.

WHO tested 16 water samples for residual chlorine both at sources and at user ends, 13 samples were found to have residual chlorine within the required limits while for the rest 3 samples chlorine dose was adjusted.

In total WHO has tested 804 water samples for residual chlorine, out of which 90% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly.

WHO tested 14 samples for microbiological contamination and all samples were found fit for drinking with no contamination. In total WHO tested has 155 samples for microbiological contamination, out of which less than 2 % of samples showed contamination at consumers' end probably due to improper handling, for which chlorine dose was adjusted.

Essential Medicines:

WHO conducted monitoring visit to BHU J-3 supported by Merlin. Over all conditions of Rational use of Medicine, record keeping and patient counselling found satisfactory. Temperature of the store found 40⁰C, so advised to replace the air cooler of store. 2 EH packages along with 8 types of assorted EMs delivered to CAMP Organization which is sufficient for 6550 patients. And 5 types of assorted essential medicines delivered to CERD which are sufficient for 3000 patients.

B. Togh Sarai" IDP camp, Hangu district

Togh Sarai IDP camp host IDPs from Kurram and Orakzai agencies. Total of 1159 families with 5821 individuals are residing in the camp. CERD is providing PHC services to the IDP living in the camp. WHO is supporting CERD in terms of medicines. WHO is also providing alert response and environmental support in the camp. Due to increase cases of diarrhoea a need of DTC is needed in the camp.

In Togh Sarai WHO conducted on job training to hygiene promotion staff of RID (WASH partner) regarding delivering of hygiene messages, prevention & control of OAD/AWD/BD. A total of 6 participants were trained. This training was conducted in response to number of OAD cases received on daily basis from PHC Togh Sarai camp.

Fumigation activities need to be done in camp to reduce vector related health problems.

WHO conducted a follow up visit to Togh Sarai. Hands on training was provided to the health staff about rational use of essential medicines, safe disposal of syringes, record keeping, patient counselling, good storage and dispensing practices.

11 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that other Acute Diarrhea is the highest cause of morbidity (19.5% or 133 cases) of total of 683 consultations; acute respiratory infection (12.2% or 83 cases); skin infection (1% or 7 cases).

C. Situation in Tank district

Tank is a southern district in the Khyber Pakhtunkhwa province of Pakistan. The city of Tank is the capital of the district, which consists of Union Council City I and Union Council City II. There are totally sixteen Union councils of district Tank. Tank is bounded by the districts of Lakki Marwat to the northeast, Dera Ismail Khan to the east and southeast, and South Waziristan to the southwest, west, and northwest.

UNFPA is supporting one center at DHQ hospital Tank and other in RHC Ama Khel.

WHO conducted meeting with EDO H and EPI coordinator to discuss the Measles situation. Epidemiological analysis Report was shared. For IDP hosting UCs, special teams, with more than usual members, will conduct outreach vaccination.

WHO conducted meeting with Polio regarding campaign progress and compilation of results of SNID. Two market surveys (SNID) were done A meeting was held with UNOCHA regarding security situation in Tank. UN Mission for the IDP areas was, once again, postponed.

Meeting of health partners in the district, chaired by D EDO H and WHO. EPI Coordinator, Pharmacist WHO and UNFPA participated. Partners shared their progress and discussed current health situation of the district.

WHO conducted coordination meeting with DEDO H regarding "Rapid Response Team" composition and activity in response to AWD. Members for the team were nominated by DEDO H. Training will be conducted on 18-19th June.

WHO responded a case of Leishmaniasis case in village Girney. No other case was found in the community. WHO responded Measles alerts in Daud Khel village, UC Amakhel.

WHO trained EPI Vaccinator (RHC Gomal) to differentiate Measles case from Chicken Pox. WHO conducted on job training of the in charge of BHU Shah Alam and Gara Baloch.

D. Situation in D I Khan district

District D I Khan is situated on the west bank of the Indus River, 200 miles (320 km) west of Lahore and 120 miles (190 km) northwest of Multan. According to data from Pakistan's last census in 1998, the district's population stands around 853,000 with an annual growth rate of 3.26%. The urban ratio is 14.7% and the literacy rate is 31.2%.

30 reports are received to WHO through e DEWS. The data will be uploaded on Monday. 14 Alerts (26 cases) of Measles were investigated & responded by WHO. Active surveillance visits are regularly conducted in the UCs from where these Alerts are received. So far, no alert for AWD has been reported from the district although Diarrheal disease is on rise.

WHO conducted meeting with EPI coordinator and shared with him Line List of Measles cases of the district. EPI coordinator affirmed to strengthen the outreach activities in the UCs where there is outbreak of Measles. WHO held meeting with EDO Health to finalize the nominations for Rapid Response Teams training on control & prevention of AWD/Cholera & Dengue Fever.

WHO will provide training to the staff of DoH on Management of AWD & Dengue on 18th & 19th June 2012. DoH staffs of 04 districts, D I Khan; Lakki Marwat; Bannu & Tank will participate in the training

WHO attended an awareness session on Dengue Fever which was organized by HDO (HAMDAM DEVELOPMENT ORGANIZATION), a local NGO.

MdM-F is going to complete its project of PHC for IDPs & host communities by the end of June 2012. Similarly, UNFPA will also wind up its activities by the end of June 2012. It was providing EMOC services in two Tehsils, Paroa & Pahar Pur. PRCS will continue its PHC services at CD Nai Wela.

WHO conducted meeting with Executive Engineer Public Health Engineering department regarding one day training of tube well operators on chlorination of water sources. The training will be arranged in collaboration with OGB and WASH cluster. During routine water sampling WHO tested 6 water samples from TMA Scheme#2 main source, water supply pipes and household. One out of six samples one sample was found microbiologically contaminated.

E. New Durrani" IDP camp, Kurram Agency

Kurram agency is divided in three sub division's i.e Upper Kurram Agency, Central Kurram and Lower Kurram. Internally displaced families have been registered at the Durrani camp, a settlement established in lower Tehsil of Kurram agency for the uprooted people from various parts of central Kurram following military action against the militants in the area.

UNFPA and MSF-F are providing health services in the camp. WHO is in process of finalizing contract with a new partner for provision of PHC services in New Durrani IDP camp.

F. Situation in Kohat district

The district of Kohat has an area of 2973 sq. m. This district has boundaries with Orakzai Agency, district Hangu, Karak, Nowshera and Punjab. According to data from Pakistan's last census in 1998, the district's population stands around 562,640 with an annual growth rate of 3.25%.

WHO facilitated Blood donation camp arranged in Kohat Institute of Medical Sciences (KIMS) on 13th June, 2012.

District health authorities requested for ARV's and ASV's. More ever MS, DHQ and DMS, LMH has requested for provision of Insulin 70/30, Inj Magnesium Sulphate and Inj Valium for Insulin.

WHO received a total of 65 OAD cases from BHU Mohammad Zai. WHO investigated the alerts in detail. All precautionary measures were taken to contain the disease. In response WHO took 05 water samples from different water sources and also from end user level from different households of the affected area, in which 40%

contamination was detected at household level.

WHO followed Dengue alert in Mohalla Munawar banda, railway phatak and Ghulam Banda of district Kohat. During field visit no dengue cases were found in an area. RBM Kohat completed fumigation activities in village Ghulam Banda

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

eDEWS:

KPK eDEWS:

249 reports were received reporting 81,143 patient consultations in 12 districts of Khyber Pakhtunkhwa province and remaining district reports will share on Tuesday. Acute respiratory infections are the highest cause of morbidity (19% or 15,500 cases) showing 0.8% increase in percentage; acute diarrhoea (13% or 10,417 cases); skin infection (3% or 2,159 cases); suspected malaria (2% or 1,715 cases).

FATA eDEWS:

37 reports were received reporting 13,462 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (10.3% or 1,393 cases) showing 2% decrease; acute diarrhoea (8.3% or 1,113 cases); skin infection (2% or 226 cases); suspected malaria (8.3% or 1,120 cases).

Alerts:

- WHO received and responded a total of 78 alerts including 11 outbreaks. 67 were suspected measles, 1 was AWD, 1 was Dengue Fever, 2 were Enteric Fever, 5 were Leishmaniasis, 1 was NNT, 1 was Pertusis. 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. A total of 212 patients were consulted, out of these 101 were type A, 74 were of type B and 37 were type C.

AWD/Dengue Trainings:

- Training plans for Rapid Response team for AWD/Cholera and Dengue in KPK were endorsed by DG Health KPK on 13th June 2012. A total of 39 Rapid Response teams will be trained in all 25 Districts of KPK. First batch of trainings will commence from 18th June in DI Khan.
- Training plan of Rapid Response teams in FATA was also endorsed by Director Health Services on 14th June 2012. Teams will be trained in all 7 Agencies and 6 Frontier Regions of FATA. Training will be starting from 2 July and will be completed on 7 July. Total 20 Rapid Response teams will be trained.

Health Promotion:

- WHO arranged and conducted a consultative meeting on health promotion with the health partners working in Jalozai camp. People from CERD, CAMP, MERLIN, UNFPA, IOM, participated in the meeting
- WHO facilitated a training orientation of CERD Social Organizers on health education booklet. 24 Social organizers were trained on how to deliver the messages from health education booklet.
- WHO participated in Provincial Education Cluster meeting and presented the health promotion intervention in schools working in Jalozai camp.
- WHO conducted meeting with UNICEF WASH cluster coordinator. Discussion was made on TOT for the

health and hygiene promoters of WASH partners and health promotion in district Peshawar.

Essential Medicines:

- WHO conducted total of 7 monitoring and 2 follow up visit in districts Hangu, Mardan, Swabi, Tank, Dir Lower, Nowshera and D. I. Khan. Gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally. WHO provided hands on trainings to the concerned staff of health facilities.
- WHO conducted two days capacity building training on AWD, ARI & Dengue fever for Afghan Refugees health staff at FPHC hall district Mardan. In which total 16 staff members (5 females & 11 males) were trained on safe disposal of expired medicines.
- WHO conducted one day Capacity building of the AWD task force at swat, participants were briefed on standard treatment guidelines of AWD, total no of participants trained are 25 MOs and 19 paramedics. 8 participants from FPHC's staff working at Nowshera including 2 MOs, 4 LHVs and 2 dispensers trained on Leishmaniasis.
- WHO responded 6 Measles alerts and 1 Neonatal alert at Lakki, Mardan and Bannu by providing Vitamin A, Paracetamol syrup and TIG.
- WHO held 10 coordination meetings with different stake holders including MS SGTH, EDOHs, Incharge warehouse, Executive director FPHC, Manager Hamdam Development org. and Malaria control program in which Monsoon contingency plan, repositioning of DD Packages, trainings on LSS and Rational use medicines, DTC establishment, and availability of Antimalarials were discussed.
- WHO provided 17 types of assorted medicines to tank, dir lower and Nowshera, sufficient for 8647 patients.
- WHO conducted meeting with AS Khyber agency in which EM consumption, storage of essential medicines and nominations for LSS training discussed. WHO delivered 4 EH packages to South Waziristan agency.

WASH:

- **District Peshawar:** Training on health care waste management for the health facility staff in afghan refugees camps has been started. This training is funded by UNHCR. 194 staff from 49 health facilities and 16 districts will be trained in the series of trainings.
- WHO held meeting with UNICEF, WASH cluster coordinator and PCRWR regarding arrangement of series of trainings for tube well operators in 13 districts of KPK. These trainings are being arranged as part of preparedness plan for upcoming monsoon season and flood predictions. One day training will be conducted in each district on water disinfection.
- **District Nowshera:** WHO conducted coordination meeting in the office of EDOH Nowshera on "Monsoon Contingency Plan". WHO ensured its support by filling gaps concerning Medicines, Environmental Health, health promotion & training of health staff etc especially in alerts/outbreaks response situation; In the meeting it was also decided that district Nowshera will be divided into zones and every organization will be given a particular zone for which that organization will be responsible.
- WHO held coordination meetings with PHED & TMO Nowshera, in these meetings the participants discussed training of water supply staff in coming weeks on water disinfection through chlorination and alert/ outbreak response as a part of monsoon contingency plan.
- WHO visited DTC Pabbi and took on job refresher training sessions with sanitary staff of DTC regarding chlorine solution preparation and maintaining a hygienic and infection control environment in DTC through disinfection.
- **District Swat:** WHO held Coordination meeting with focal person of EDO Health Swat on 11th June 2012 in EDO Office regarding trainings of all health facilities staff on AWD and AD case management and water treatment methods in emergencies. In the meeting it was decided to have five sessions one each in CH Khwazakhela, CH Kabal, THQ Matta, CH Madyan and DHDC.
- **District Haripur:** WHO received AWD alerts from Amgah were investigated and responded promptly with water analysis, supplies and health and hygiene sessions. 2500 water purification sachets, 30 soaps and 40 ORS were distributed among effected families. The affected families were also educated on preventive measures for AWD. Bacteriological studies were conducted for 5 water samples including patients' houses and sources from Amgah. Results are awaited.

- **District Mardan:** WHO conducted coordination meeting with Executive Director FPHC (Frontier Primary Health Care) Mardan, WHO updated ED with reference to the upcoming training on HCWM for AR (Afghan Refugees) health staff, FPHC insured full support and after coordination FPHC office-2 has been finalized as suitable venue for the training.
- 2592 Pure sachets, 285 antiseptic soaps, 2100 Aqua tabs, 25 books on Dengue, 30 books on Water disinfection in emergency and 390 IEC material of different subject were provided by WHO to BHU Muhabbtabad, Ghaladher, Charbanda, Fatima, AR health staff and LHWs on Fatima and Gumbat catchment.
- **District Abbottabad:** WHO held coordination meeting on 14 June, 2012 with DSM PPHI district Abbottabad regarding monsoon preparedness plan. The DSM PPHI requested for additional support in chlorination and disinfection of water sources and reservoir before rainy season in order to reduce the diarrheal disease morbidity and prevent mortality.
- **District Shangla:** WHO chlorinated two water sources at Martung, Towa and Chowga. WHO tested a total of 5 water samples for presence of fecal coliform from different sources. 1 sample at village Kabal Gram was found unfit for drinking. Health and hygiene sessions were conducted at villages Martung, Kabal Gram, Sarkool, Gunagar and Sarkool. WHO distributed 15 hygiene kits, 288 soaps and 2000 aqua tabs in villages Martung, Kabal Gram and Gunagars.

Nutrition:

- WHO conducted coordination meeting with National Program for Family Planning and PHC, Provincial and Assistant coordinators. In a meeting sentinel sites for Buner and Kohistan identified and number of LHWs attained. Another meeting is planned in next week with Nutrition cell and National Program.
- WHO conducted coordination meeting with Nutrition Cell regarding the monitoring visits. They will be submitting a proposal for the monitoring and supervision in the coming weeks. WHO conducted coordination meeting regarding monitoring visits of Stabilization centers and Sentinel Sites.
- Total of 29 patients of severe acute malnutrition with life threatening complications were admitted in 8 Nutrition Stabilization Center with 26 patients were discharged, out of which 27 were cured 00 died and 02 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.
- WHO conducted three days training on Facility Based of Acute Malnutrition in DHQ Upper Dir.
- Issues: Anthropometric equipment for the sentinel sites requested to be placed in the sentinel site. Early provision requested to settle the issue. Request of surveillance equipments to be provided to the remaining LHWs in the sentinel sites. MUAC tapes required at sentinel sites and stabilization centers.
- Refresher trainings required for staff in DHQ Upper Dir on Facility based management of severe acute malnutrition. NTA to be raised and shared with federal colleagues for necessary action.
- **Upper Dir:** WHO conducted monitoring and supervision visits to Stabilization centre. Monthly meeting with Lady Health Supervisors held. WHO conducted 3 days training on the inpatient care and management of the severely malnourished children of the health care providers.
- WHO conducted meeting with the Executive District Officer Health (EDO-H) to share the nutrition activities updates.
- **Lower Dir:** WHO conducted visit to the Sentinel site, RHC Gulabad for collection of HANSS data and distributing HANSS reporting formats to LHWs of sentinel site. On the same day monitory visit performed to NSC Chakdara. WHO conducted visit to National Programme for FPPHC. The National Programme Focal person updated that sooner they are planning to arrange training programme on Nutrition (CMAM & IYCF) for all National Programme staff (461 in numbers) of the district. It was mutually discussed and planned that LHWs will be trained for Referrals to NSC during proposed training sessions.

District level coordination & monitoring:

Shangla: WHO conducted meeting with MS-DHQ Alpuri on issues of eDEWS reporting and ECO equipments installation. It was known that ECO equipments have been utilized by establishing ICU, Operation Theatre and Blood bank for Thalasemia centre. WHO held meeting with elders and political figures of the District for consistent fund generation and running of Wajeeha Thalsemia Centre. In the meeting there was discussion on AWD and its prevention; especially on part of the community. The political figures agreed to WHO team and vowed to highlight this in their political gatherings and meetings with community. WHO conducted meeting with Acting EDOH Dr.Shafi Ul Mulk on rapid response team nominations and its primary goals. EDOH expressed his regards for the support WHO in this regard. He also requested WHO to participate in EPI training to be conducted on 19th and 20th June 2012 at District headquarter. A meeting was held with TMA department on Dengue focal person nomination and spraying in July and August 2012. TMO has exchanged the details of focal person and time table regarding Dengue activities for the year 2012. WHO team visited BHU Damorai, Kzkana and olander for stock monitoring as a part of contingency in health system. WHO responded a total of 03 alerts (01Measles, 01 Enteric Fever and one Leishmaniasis).

Swat: WHO received and responded 8 alerts of suspected Measles. WHO conducted training in three batches of DoH staff on AWD and Emergency Water Treatment methods. In which 25 doctors and 19 Para medical staff was trained. Training was supported by CWS and Malteser International. WHO conducted coordination meeting with the newly appointed EDO Health Swat, EDO Health was briefed about their activities and assured him of their continued support. EDO health directed WHO to provide him a detailed brief of all their activities. WHO conducted monitoring visit to CH Khwazakhela, CH Kabal, THQ Matta and SGTH.

Haripur: WHO received and responded 14 alerts (4 outbreaks). WHO conducted coordination meeting with DSM PPHI for handing over of RAHA equipment and improvement in routine immunization. WHO conducted Measles campaign in Afghan Refugee camps. WHO visited 5 health facilities (DHQ, BHU Amgah, BHU Bagra, RHC Ghazi, BHU STC5). ARI 19% with decrease of 0% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhea 14% with 1% increase compared to previous week and scabies 2% with no change in its proportional morbidity.

Mardan: WHO conducted coordination meeting with EDO Health, NP Coordinator, EPI Coordinator and FPHC Director at their offices. WHO requested NP Coordinator for active participation of LHS/LHW's in routine vaccination especially in their catchment population. WHO held coordination meeting with Executive Director FPHC (Frontier Primary Health Care), WHO updated with reference to the upcoming training on HCWM for AR (Afghan Refugees) health staff, FPHC insured full support and after coordination FPHC Mardan office-2 have been finalized as suitable venue for the training. WHO conducted routine monitoring visit to DHQ Mardan, Mardan Medical Complex, RHC Gumbat, BHU Muhabat Abad, Ghala Dher, Fathma, Charbanda and CD Sheikh Maltoon. WHO conducted on job training of health staff was conducted on disease case definition, alert/outbreak response. WHO conducted sessions with LHW's at RHC Gumbat and BHU Fathma on importance of routine immunization.

Lower Dir & Upper: WHO conducted coordination meetings with DCO, EDOH, Malaria control program, EPI coordinator, National program, PDH (UNHCR), and MS, EDO health Dir upper. WHO conducted meeting with malaria control program for updates and control of dengue and Leishmaniasis. Malaria supervisor updated WHO about the Relief Pakistan insecticide spray in Munjai. Malaria control program have shortage of labor charges, shortage of Bed Nets. Health Department have shortage of glucantime injection. WHO shared the line list of Leishmaniasis with health department and partner organization. WHO coordinated with PDH team for next week meeting. PDH training will be start on 18 and 19 June in NCHD office Dir lower. WHO conducted monitoring visit to BHU Makhai, RHC Warai, DHQ Dir Upper, BHU Shalkandai, DHQ Dir Lower. WHO conducted monitoring visit to check construction work of DHQ Dir upper. Construction work has started this week with coordination of MS hospital Dir upper.

Charsadda: WHO visited BHU MM Khel, BHU Panjpao and DHQ hospital. Registers checked and on job

orientation of the facility incharges regarding eDEWS was done. DEWS data was submitted by 23 health facilities. WHO trained staff of UNHCR health facilities on Dengue, AWD and RTI .Training was conducted on 11th and 12th June .Total number of participants was 19. One was medical officer and remaining were paramedics. WHO responded four alerts and one outbreak of suspected measles.

Manshera: WHO received and responded total of six alerts of Measles, two of them were suspected outbreaks one from UC Battal and one from UC Bherkund. WHO conducted training of phase two of UNCHR supported training for CWS (Afghan Refugees HFs) on 12/6/12 on Dengue Fever and case Management. WHO visited to DHQ Hospital, RHC Shinkiari, BHU Kotli Bala, BHU Bherkund. CD Khaki and BHU Pano Dheri for DEWS strengthening and to find out alerts of epidemic prone diseases. Acute (upper) respiratory infection (11.21%), Scabies (1.61%), suspected malaria (0.07%), Other Acute Diarrhea (9.93%), Pneumonia (0.21%) remain the leading causes of morbidity representing a total of 22.21%.

Swabi: WHO conducted coordination meeting with DSM PPHI regarding proper reporting from some health facilities. WHO trained 2nd Batch of Afghan refugee camps health personnel on EDEWS, ARI, Dengue and AWD. 10 participants participated from 2 camps, Barakai Camp and Gandaf camp. The training was conducted in FPHC office at District Mardan.

Mohmand: WHO visited 5 health facilities AHQ Ghalanai, RHC Yakkaghund, BHU Lakaro, BHU Kashmir Kor, and BHU Kasai. WHO responded 4 alerts, 2 for C-Leshmaniasis & 2 for suspected Measles. WHO held participation in phase 2 of SIAD. WHO held coordination meeting with MS AHQ Ghalanai regarding nomination of staff for LSS training to be conducted from 18-20th June in Peshawar. WHO conducted meeting with FSMO regarding shortage of Measles vaccines & Vit A in Mohmand Agency, it was decided that FSMO will make a request to DD EPI for Measles vaccines.

Battagram: WHO conducted visits to DHQ Hospital Battagram, RHC Kuza Banda, RHC Banna, CH Thakot, BHU Batly, BHU Paimal Sharif, BHU Pomang, BHU Argashori, BHU Bhattian, BHU Kharari, BHU Phagora, BHU Rashang and BHU Biari for eDEWS analysis. WHO provided on job training to the EPI technicians of above health facilities regarding "How to Plan and conduct outreach immunization activity, How to prepare defaulters List". WHO provided on job training to the FSV about Supervision and Monitoring of EPI Technicians work in the field. WHO received and responded 2 Measles alerts from BHU Banna and 2 from DHQ Hospital. WHO conducted coordination meeting with the M/S DHQ Hospital Battagram, EDO Health, Senior Manager Health Save the Children Battagram, Coordinator EPI and Coordinator DHIS regarding the current status of Measles alerts as well as status of the eDEWS activities were discussed. The nomination for the upcoming training of RRT was also discussed. WHO attended the monthly meeting of doctors of DHQ Hospital and shared with them status of Measles Alerts as well as status of the eDEWS activities.

Khyber Agency: WHO responded two Measles alerts including one outbreak. WHO vaccinated 170 children during mass measles campaign. WHO conducted coordination meetings with Agency Surgeon, FSMO. WHO held monitoring visit to CD Lala china, BHU Ali Masjid and CH Jamrud and CD Pindi Lalma.

Bajaur Agency: WHO conducted coordination meeting with Agency Surgeon and NP for FP&PHC regarding overwhelming cases of measles and Cutaneous leishmaniasis in different parts of Bajaur agency. WHO conducted coordination meeting with MS of AHQ hospital regarding renovation of labour room and OT. The main focus was the drainage system of both these buildings. WHO provided 70 dustbins to AHQ hospital. WHO conducted 3 monitoring visits to health facilities in three different Tehsil of Bajaur agency. WHO conducted 4 days expanded EDEWS training on vaccine preventable diseases and cold chain management for EPI staff of Bajaur agency. In this training 72 participants were trained.

Lakki Marwat and Bannu: WHO responded 4 alerts of 1NNT from Bannu, 1 Measles from FR Lakki, 2 Measles from FR Bannu and one outbreak from Tehsil Siraye Naurang district Lakki Marwat. WHO conducted coordination meeting with DCO and EDO Lakki about Dengue response. WHO conducted 2 days training on Dengue, ARI, AWD and EDEWS of health facilities staff which give cover to Afghan refugee camps.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

NOWSHERA	<p><u>EHSAR FOUNDATION DTC PABBI:</u> 400 co-trimoxazole 50ml syrup, 10 Case definitions booklet, 30 Essential hygiene poster, 50 Hand wash method Urdu instructions posters, 10 Health is wealth guideline, 100 House held storage eng & Urdu posters, 50 Public hygiene Urdu & eng posters, 50 Safe disposal of faces in Eng posters, 50 Safe drinking water Urdu & eng posters, 100 Use of dustbin Urdu posters, 30 Hand Hygiene eng & Urdu posters, 30 Preparation & use of disinfections posters, 1080 Dettol soap 100gm.</p> <p><u>CUSTOM HEALTH CARE SOCIETY:</u> 500 Amoxicillin 125mg syrup, 500 Bethmethasone 20ml lotion, 2000 Co-trimoxazole 400mg tabs, 210 Co-trimoxazole 50ml syrup, 300 Polymyxin b sulphate eye ointment, 500 Polymyxin b sulphate bacitracin zinc skin ointment, 3000 salbutamol 4mg tabs, 1000 Syringe 5cc.</p> <p><u>CAMP ORGANIZATION (JALOZAI):</u> 2000 Amoxicillin 125mg syrup, 2 EHK sub kits, 50 Salbutamol inhalation 0.05%, 500 Bethmethasone 5gm cream, 5000 Co-trimoxazole 400mg tabs, 500 Co-trimoxazole 50ml syrup, 10000 Metronidazole 400mg tabs, 500 Polymyxin b sulphate eye ointment, 500 Polymyxin b sulphate bacitracin zinc skin ointment, 2000 Syringe 5cc.</p> <p><u>PPHI</u> 1000 Salbutamol inhalers, 1170 Bethmethasone cream, 15000 Metronidazole 400mg tabs, 500 Permethrin 5% lotions.</p> <p><u>CERD JALOZAI CAMP</u> 1000 Amoxicillin 125mg, 500 Co-trimoxazole 50ml syrup, 5000 Metronidazole 400mg tabs, 250 Polymyxin b sulphate eye ointments, 250 Polymyxin b sulphate bacitracin zinc skin ointment, 2000 Syringe 5cc.</p>
HANGU	<p><u>CERD TOGH SARAI CAMP :</u> 1000 Amoxicillin 125mg, 500 Co-trimoxazole 50ml syrup, 5000 Metronidazole 400mg tabs, 250 Polymyxin b sulphate eye ointments, 250 Polymyxin b sulphate bacitracin zinc skin ointment, 2000 Syringe 5cc.</p>
WHO SUB OFFICE PESHAWAR (NUTRITION)	<p>EHA 3 WHO logo jackets, 3 WHO logo caps.</p>