

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 18

Date: April 29-05th May, 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 District Nowshera.

Till 05th May, 2012, Jalozai IDP camp hosts 10150 families with 49765. 45130 families with 207523 individuals living in host community. 131 Bajaur IDP families comprising of 837 Individuals have been shifted from Benazir to Jalozai Camp. 1026 Bajaur IDP families comprising of 5151 Individuals have returned from Jalozai Camp.

One alert of suspected measles was reported and responded in week 18. There were 3,622 consultations provided through health care provider, including acute respiratory infection (18% or 660 cases), acute diarrhoea (9.1% or 330 cases), skin infection (2% or 60 cases) and suspected malaria (1% or 34 cases).

Health & WASH cluster meetings take place once a week on every Wednesday in Jalozai 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.

Health Cluster meeting of Jalozai IDP Camp was held here on Wednesday, May, 2nd, 2012, in J-3 Health Post of Merlin. The meeting was chaired by WHO. UNICEF, FATA Health Team, Merlin, Islamic Relief, CAMP, CERD, SSD and EPI representatives attended the meeting.

Inauguration of MCH week held on 2nd May, 2012 in Jalozai IDP camp. WHO team attended the inauguration ceremony. MCH week will be held from 2nd May to 8th May, The age limit for immunization in the camp, during MCH week will be 5 Years. BCG and Measles will now only be available on Saturdays only. eDEWS training for the newly appointed staff of CERD, Merlin and FATA team in the coming week. The Health Promoter of WHO-EHA was introduced; he presented his plan to the IPs and committed his support and availability. Visit of the food inspector, as promised on daily basis, by the health department still awaited. The large water filled natural ponds in the Camp were also discussed and can cause a rise in Malaria. Dr Sohaib focal person EDO-H office, in the last meeting, promised to discuss the matter with PDMA and Malaria control program. The feedback not shared by the Health department.

DTC established by EHSAR Foundation with the support of WHO has started functioning in Pabbi Satellite Hospital on Friday, 4th May 2012. The DTC was visited by WHO Pharmacist and Environmental Health Engineer. EHSAR Foundation was supported in terms of medicines and Environmental Health supplies on urgent basis. A visit of CIDA Representative is expected in Jalozai IDP's Camp on Friday, 11th May 2012.

The Following Organizations are supporting 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.

International Organization, Merlin (Four PHC and One MCH Centre), **National Organization**, CAMP (Two PHC) and National Organization, CERD (Two MCH Centres) are supporting Jalozai IDP's Camp in terms of Health care facilities.

WHO Hygiene Promoter will be planning and carrying out hygiene promotion sessions & capacity building

of hygiene promoters and other staff of all Health & WASH partners after completing proper assessment and sharing of work plans soon. In routine coordination meeting of EH Engineers with WASH partners, WHO EH Team was being updated that in the last 15 days 9 new water tanks, 26 new latrines, 9 new washrooms and 2 new washing pads had been installed at different locations in Phase IV, V & VI. WASH partners are also looking forward to increase the no. of garbage collection staff all over the camp to ensure cleanliness and to avoid foul smell and increase in flies. To avoid contamination of water in storage tanks, WASH partners in Jalozai Camp are washing all the water storage tanks of all the phases/ sectors turn by turn. To ensure easy and comfortable approach to water of the IDPs of new phases i.e. 7 & 8, ACF is working in these new phases to lay down pipe network on the same footings as in other old phases. DTC had been established in Pabbi Satellite Hospital Nowshera by EHSAR Foundation and had started working.. WHO EH Engineers & Health Promoter will be planning and carrying out trainings & capacity building of the DTC staff and also health and hygiene promotion sessions with patients and their attendants soon.

WHO tested 38 water samples were being tested for residual chlorine, 31 samples were found to have residual chlorine within limits and for the rest 7 samples chlorine dose was being adjusted.

B. “Togh Sarai” IDP camp, Hangu district

In Togh Sarai camp total registered families 1159 with 5821 individuals. CERD is providing PHC services to the IDPs in the camp. WHO is supporting CERD in terms of medicines. WHO on regularly basis monitoring the disease situation and responding to alerts.

Washing and cleaning of water storage tanks were completed and numbering of VIP latrines is in process. Whole camp parada wall has been completed by PDMA. RID Hygiene promoters delivered messages regarding personal hygiene, domestic hygiene and environmental hygiene. Desludging of pits are in progress. 05 water samples were checked for residual chlorine at different points and found 0.3 PP.

District Hangu TMO has requested WHO for provision of Fogging machine for Vector control activities to be carried out in the District. TMO requested for facilitation on solid waste transpirations and collection from different union council's of Hangu and demanded for provision of tractor.

WHO provided 3,000 water Pure Sachet to TMA Hangu and on-job training were given to staff on using of pure sachet.

12 out of 18 health facilities reported to WHO via e DEWS.

C. Situation in Tank district

As per UNOCHA shared report, as of 29th April, a total of 1119 families with 5536 returned back to their areas.

ICRC and UNFPA are the two partners who provide services in district Tank. WHO is in close coordination with representatives of both the organizations and the meetings take place on almost weekly basis.

ICRC started working in the district in two Basic Health Units, BHU Dabarra and BHU Kot Hakim. BHU Dabarra is located in UC Dabarra whereas BHU Kot Hakim is located in UC Gomal, both located westwards, bordering the FATA tribal area. Estimated population of the displaced population from South Waziristan Agency to UCs Dabarra and Gomal is 9,765 and 10,185 persons, respectively. ICRC inducted two medical officers, LHVs, Dispensers, EPI personnel and supporting staff for both the facilities. ICRC delivered PHC at both the facilities along with department of health. In March 2012, an unfortunate incidence occurred at BHU Kot Hakim in which an ICRC recruited LHV was murdered inside BHU premises. Because of the same reason, ICRC was instructed by the district management to cease their activities. Current situation is ICRC is providing services only in BHU Dabarra.

UNFPA has long been serving the district at two Rural Health Centers, RHC Gomal and RHC AmaKhel and in DHQ Hospital. In the beginning, their IP was a local organization HAMDAM but later they took care themselves. As revealed earlier, UC Gomal harbours 10,185 displaced persons. DHQ Hospital serves UC City I and UC City II, both UCs are populated with 14,578 and 13,234 IDPs, respectively. 421 IDPs are reportedly estimated to be shifted to UC Ama Khel. Along with the supporting staff and LHVs, one Female Medical Officer was inducted for RHC AmaKhel. Owing to Security concerns, services were withdrawn from RHC Gomal and staff was shifted to DHQ hospital. At present, UNFPA provides services at RHC AmaKhel and DHQ hospital Tank.

Scabies outbreak was followed through the BHU Ranwal record and the cases were seen cured and regressing in number. Reinforced the proper way of application of Anti Scabies lotion as on job training was conducted with In charge BHU Ranwal. During surveillance two facilities are visited and alerts chart were checked.

D. Situation in D I Khan district

27 health facilities reported to WHO via e DEWS. ARI remained major cause of morbidity representing 12.26 % as compared to 16.28 % during last week. All diarrhea (OAD & BD) dropped to 11.02 % from 12.76 % in week 17, Scabies at 2.81 % and Suspected Malaria at 2.28 % respectively.

A total of 9 alerts for suspected Measles were investigated & responded.

Repatriation / Return of more than 1500 families completed on up to 30th April 2012 from D I Khan & Tank. It will end on 7th of May 2012. Pak Army, Political Administration, FDMA & UNHCR facilitated the return process.

WHO conducted meeting with EDO Health & M.S. of DHQ Hospital for joint response to the cases of CCHF. Third case of suspected CCHF was also reported Positive for CCHF by NIH. Unfortunately, the patient died while referred to KTH by authorities at DHQ Hospital.

In response safe burial was ensured by WHO & DoH. WHO provided personal protection material to the close contacts involved in Ablution & burial of the CCHF positive woman. Health education was delivered to the relatives. Close contacts are being observed. Follow up visit was made to the area of residence of the patients to find out more cases. LHWs of the particular Union Council of NP were sent to the house of the patient to educate them about safe burial and protecting other women & children.

E. New Durrani" IDP camp, Kurram Agency

EHSAR foundation is waiting for NOC from last 3 months for the provision of PHC services in new Durrani IDP camp. The process is taking too much time and needs authorities' attention.

F. Situation in Kohat district

WHO investigated and responded 1 suspected measles reported from Togh Sarai IDP camp.

Contractor responsible for civil work under SFD fund in Liaqat Memorial Hospital, District Kohat has still not reported. WHO has constantly been reporting this issue but not getting any progress of the issue. **(Chronic issue – needs attention)**.

District health authorities has again requested for support in Measles immunization activities in the UC's identified for the Campaign.

District health authorities requested for WHO assistance in the form of ARV's and ASV's due to rise in dog bite cases.

32 out of 43 health facilities provide eDEWS.

WHO under ECHO funded has completed the tube well water supply scheme in LMH Kohat along with 3HP submersible electric water pump, 3" pipe network interlink with overhead water tank, External electrification with 25 kva electric transformer, Room construction having size 10'x10' and auto chlorinator. After conducting physiological water analysis of water sample from the said source, turbidity of the sample has been observed 55NTU, more time span has been recommended for dewatering of turbid water. Chemical parameters testing are also needed.

eDEWS:

KPK DEWS:

308 reports were received reporting 82,570 patient consultations in 14 districts of Khyber Pakhtunkhwa Province and remaining district reports will share on Tuesday 08, 2012. Acute respiratory infections are the highest cause of morbidity (21% or 16,944 cases) showing 1% increase in percentage; acute diarrhoea (10.5% or 8,668 cases); skin infection (3% or 2,272 cases); suspected malaria (1.5% or 1,221 cases).

FATA DEWS:

50 reports were received reporting 12,945 patient consultations in 3 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (16% or 2,077 cases) showing no change; acute diarrhoea (11% or 1,367 cases); skin infection (3.5% or 459 cases); suspected malaria (6.4% or 829 cases).

Alerts:

In week 18 WHO received a total of 52 alerts. 39 were suspected measles, 6 were NNT, 2 were Diphtheria, 3 were Leishmaniasis, 1 was Dengue Fever and 1 was AVH.

District wise alerts bifurcation for measles (39): 2 from Abbottabad, 1 from Bajaur, 6 from Charsadda, 9 DI Khan, 5 from Haripur, 1 from Peshawar, 1 from Khyber Agency, 1 from Manshera, 3 from Mardan, 3 from Nowshera, 2 from Shangla, 5 from Swat. **6 NNT** cases reported, 5 from Bajaur Agency and 1 from Bannu.

1 Dengue case was reported from district Manshera. **2 cases of Diphtheria** were reported, 1 from Khyber agency and 1 from Shangla. **3 cases of leishmaniasis** reported, 1 from FR Bannu, Khyber agency and 1 from Shangla. 1 case of **AVH** was reported from district Haripur.

All cases reported were properly investigated and responded by WHO team.

Hospital Coordinator:

WHO organized and participated in workshop on monsoon contingency planning and IDP crisis from 3-5th May. Meeting held with PD of PDH about UNHCR Trainings. Meeting held with DG Health about Dengue trainings and routine updating about WHO activities.

Essential Medicines:

- Total 4 Monitoring and 3 follow up visits were performed last week in districts Hangu, HariPur, D.I. Khan and Dir Lower. Gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally.
- 4 training sessions were conducted in Hangu, Nowshera, D. I. Khan and Dir Lower on Good storage practices, inventory management, and rational use of medicines.
- 2 types of assorted essential medicines delivered to Dir Lower which is sufficient for approximately 191

patients. 345 and 135 meglumine Injections delivered to EDOH and PPHI, Nowshera respectively in response to Leishmaniasis patients.

- 12 Measles, 3 CCHF, Leishmaniasis cases and one Neonatal Tetanus responded at Nowshera, D. I. Khan, Dir Lower and Bannu by providing Vitamin A for measles, TIG for Neonatal Tetanus, Ribavirin tablets for CCHF and Meglumine Antimoniate Injections for Leishmaniasis.
- During week 18 total of 08 coordination meetings held with different stake holders including DSM PPHI, MS THQH, Ehsar foundation, RBM Program, focal person for relief and EDOHs in which Monsoon Contingency Plan, implementation and training of LSS, prepositioning of DD Packages, SFD funded donations, Leishmaniasis cases and availability of essential medicines were discussed.
- **IDPs camp Togh Sarai Camp:** - Monitoring visit conducted to CERD working at IDPs Togh Sarai camp Hangu for the availability and rational use of essential medicines. Stock record of WHO supplied additional medicines was checked and analyzed. Gaps regarding good dispensing, storage practices, and patient counselling were identified and discussed with the medical officer and health staff. For filling the gaps identified in the week 17 provided essential medicines such as Ibuprofen syrups 90ml=120 bottles, Mefenamic acid Suspension 60ml=200 Bottles, salbutamol syrup 60ml=70 bottles, metronidazole 60ml suspension=72 bottles, Co-trimoxazole 50ml suspensions=210 from Kohat reserve stock. 3 oxygen cylinders were provided to CERD.
- **IDPs camp Jalozai Activities:** Monitoring visit performed to J-1 and J-4 supported by Merlin. Overall condition of rational use of essential medicines, patient satisfaction and storage of essential medicines found satisfactory. Advised to arrange thermometer and temperature log sheet for essential medicine's store at J-4. Storage conditions at the health facility supported by FATA found poor. No racks, connection of electricity and prescription record found at the facility. Health facility at phase 7 and J-3 visited to ensure the inventory and storage of essential medicines. Key essential medicines found in sufficient quantity at J-3 while essential medicines support provided to health facility # 1. 2 types of EM delivered to CERD for Jalozai Camp which is sufficient for 343 patients. 2 EHK and medicinal part of 1 EHK delivered to CAMP Organization for use at health facility # 4 and health facility at Phase 7. 3 oxygen cylinders were provided to CERD.
- **FATA:** Participation in MRM held at PPHI Khyber agency in which PPHI Khyber agency staff has been briefed about gaps identified during field visits, importance of good pharmaceutical storage practices and rational use of medicines. PPHI requested detailed presentation on these topics for next meeting.
- Coordination meeting held with DEWS focal person DHS FATA who has been briefed about Kurram agency HeRAMs report which needs to be communicated to Director Health FATA for his observations and comments before it can be sent to Islamabad.
- Visits have been made to EPI FATA and DHS main warehouse in regards to obtain progress on LSS implementation, supervision of essential medicines delivery from Islamabad warehouse and ensuring its proper storage respectively.
- 5 IEHKs provided to DHS FATA to support reemphasized health facilities in conflict areas of Mohmand, Bajour, Orakzai and SW agencies.
- **RAHA:** Along with EPI technician responded Measles cases at children ward Women & children hospital and acute jaundice syndrome (AJS) at type D hospital Khanpur Distt: Haripur, supported Dextrose 5% 500 ml and health & hygiene session was conducted. Mother & child week activities monitored. Monitoring visit performed at Medical OPD DHQH, identified gaps regarding irrational prescribing practices of inject able antibiotics, analgesic and Pharmaceutical warehouse practices. A hand on training was conducted regarding RUM and GSP. Surgical supplies under RAHA program stored at DHQH premises were monitored. In coordination meeting with Finance & Administration officer PPHI Distt: Haripur was briefed to strengthen health services at targeted health facilities regarding acute diarrhoea treatment prevention management. Monsoon contingency plan was also discussed. PPHI was supported with 500 Ringer lactate infusions 500ml for gap filling. In coordination meeting with In charge RBM availability & supply of anti malarial medicines, larvicidal spray program & fumigation of targeted areas were shared.

WASH:

- Meeting Held with Solidarities (INGO) Head of mission regarding WASH Improvement in 20 BHUs in IDPs hosting Districts. EH Engineer WHO briefed him about the problems related to WASH in BHUs in IDPs hosting districts.
- DTC established in Pabbi Satellite Hospital Nowshera by EHSAR Foundation has started working. 500 soaps, 20Kg HTH 70 %, colour coded buckets were provided to the partner for maintaining total disinfection in DTC. WHO EH Engineers & Health Promoter will train DTC staff on maintaining total disinfection and infection control in DTC.
- WHO EH unit KPK/FATA is starting implementation of UNHCR sponsored capacity building training in afghan refugees hosting district from this week in collaboration with PCRWR and HPCP KPK.
- Washing and cleaning of water storage tanks is completed and numbering of VIP latrines is in progress in IDP camp Togh Sarai. Whole camp parda wall has been completed by PDMA. EH Engineer WHO along with RID Hygiene promoters delivered messages regarding personal hygiene, domestic hygiene and environmental hygiene. Desludging of pits is in progress. 25 water samples were checked for residual chlorine at different points and found properly chlorinated.
- All Health & WASH partners punctually attend the weekly cluster meeting to share and discuss the issues being faced by them in the camp and other partners and especially WHO EH Team then facilitates them by extending any kind of help to remove bottle necks and ensure smooth functioning of Health & WASH activities to fully facilitate IDPs. Health & WASH partners highly appreciated the inclusion of WHO Health promoter in WHO EH Team and hoped that his expertise would be utilized in the best possible way and would be benefited a lot.
- WHO Hygiene Promoter will be planning and carrying out hygiene promotion sessions & capacity building of hygiene promoters and other staff of all Health & WASH partners after completing proper assessment and sharing of work plans soon.
- In routine coordination meeting of EH Engineers with WASH partners, WHO EH Team was being updated that in the last 15 days 9 new water tanks, 26 new latrines, 9 new washrooms and 2 new washing pads had been installed at different locations in Phase IV, V & VI.
- Coordination meeting with PHED and Hepatitis prevention and control program KPK/FATA for implementation of UNHCR sponsored capacity building training in afghan refugee hosting districts.
- Coordination meetings have been held with TMOs Havellian, Haripur and XEN PHED Haripur. EH Engineer WHO sensitized them on the role of Tehsil Municipal administration and Public Health Engineering Department in Alert out break Response.
- Coordination with EDOH, EPI coordinator, National program Dir upper and lower for measles and AWD alerts/outbreaks response in the districts. 20 ITNS, 72 soaps, IEC materials were provided to CD Munjai and on job training were provided to one staff of CD Munjai on safe disposal of sharps.
- Monitoring visits of auto chlorinators installed on tube wells was done in Hayatabad area total four tube wells were monitored and found functional.
- Survey for water and sanitation has been carried out of BHU Dertian district Haripur.
- Monitoring visits done along with medicine supply by WHO team Swat to CH Kabal, CH Khwazakhela, CH Madyan, CH Matta, Civil Hospital Manglawar, Civil Hospital Kalam, BHU Talang, CD Ghlaegay, BHU Kishawra, and BHU Gwali Bagh.
- Meeting held with Perfect Builders regarding progress of civil works at DHQ Swabi, LMH Kohat and Saidu Teaching hospital included in Saudi fund for Development.
- EH Engineer WHO visited LRH Hospital and inspected the ongoing progress of civil works in causality department. EH Engineer warned the contractor to increase the pace of work maintaining the good quality for earliest completion.
- Rehabilitation of Health facilities included in Saudi fund for Development in DIR, Bajour and Chitral will start during next week.
- EHE WHO along with HRDS Hygiene promoters responded to BD Alerts in Jalojai camp. The team provided IEC material and soaps to each patient's family. Follow up visit was also carried out.
- Physical and Bacteriological studies were conducted for 5 water samples from Khanpur. Two water samples collected from tap, one from source (tube well) and two water samples from house hold, tube well water sample was found safe and remaining four water samples were microbiologically contaminated. WatSan assessments revealed that leak water supply pipes, open defecation and personnel

hygiene were the probable causes of contamination. Session was conducted on communicable diseases focusing on water borne diseases. A set of IEC material on solid waste, health care waste, hand washing, safe drinking water collection and storage practices etc were provided to health staff of BHU. Moreover the continuous monitoring of residual chlorine is also in progress in afghan refugees camps/

- 5 water samples were tested for WASH partner “HOPE 47” out of which 3 samples was found fit for drinking while 2 samples were found contaminated.
- Onsite training of PHED, D.I.Khan, conducted for checking residual chlorine and Wegtech color comparators delivered.
- 8 teachers of Education Department trained on Dengue prevention.
- Biomedical waste incinerator has installed by hepatitis program in DHQ hospital but need proper shading and experts to operate the incinerator where WHO EH team trained the waste management staff on waste management cycle in the hospital.

Nutrition:

- Coordination meeting held with HSRU for the official dissemination of the Minutes of Inaugural Thematic Working Group Meeting. They will review it and inform in the next week.
- Coordination meeting conducted with Deputy Director Nutrition cell, DoH for the four days training on facility based management of severe acute malnutrition in THQ Chakdara, Lower Dir. Training is planned in this week.
- Meeting held with Secretary Health along with Deputy Director planned, in order to issue letter to DHQs/THQs to support Nutrition Stabilization centers with indigenous efforts and to consider it a governmental activity.
- Participation held in the Nutrition Cluster meeting for KPK. Final discussion on HoP proposals and decisions of Cluster Group on HoP proposals shared with cluster. Organizations asked to upload their proposals in OCHA website.
- Total of 27 patients of severe acute malnutrition with complications were admitted in 7 Nutrition Stabilization Center with 26 patients were discharged after curing and 01 were defaulter cases.
- In Pabbi Hospital Nowshera, four new cases of children with severe acute malnutrition with complications were admitted in the hospital.

District level coordination & monitoring:

Provincial Level Coordination: Two days Monsoon Contingency Planning and IDP’s Situation Workshop in Pearl Continental, Peshawar was held on 4th- 5th May, 2012. The workshop was arranged by WHO in collaboration with DoH, PDMA, NHEPR and HEPR KP. 15 district Surveillance officers attended the workshop. Training of UNHCR staff in Afghan Refugees Camps of Nowshera about DEWS, ARI, Diarrhoea, Dengue and Leishmaniasis is planned on 8th & 9th May 2012 in district Mardan.

Shangla: Participation was held in training at Swat regarding Dengue training of the trainees at Govt High School Mingora. WHO Investigated 2 measles 01 Diphtheria and 01 Leishmaniasis alerts.

Swat: 5 alerts of Suspected Measles were received and responded. Ten system generated alerts of Week 17 were responded to in the current week. Monitoring visit conducted to Saidu Group of Teaching Hospital twice this week.

Haripur: Total of 6 alerts including 2 outbreaks was responded in week 18. Conducted a DEWS refresher and Dengue case management training for BHU staff of District Haripur. ARI 24% with increase of 1% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhea 11% with 1% increase compared to previous week and scabies 2%. WHO visited 4 Health facilities: BHU Dartian, RC Khanpur, BHU Najafpur, DHQ Haripur.

Mardan: Coordination meetings held with EPI coordinator, RBM program Coordinator, Deputy EDO-H,

Medical Superintendent DHQ Hospital Mardan and meeting with stakeholders from Baizo Kharki in follow-up visit to Leishmaniasis reported areas. MS DHQ Hospital will nominate and share list of sanitary staff from the DHQ Hospital, WHO EHE will arrange on HCWM and on-job training on preparation of different concentration of chlorine solution to properly disinfect OPDs, Wards and Operation theater; training will also be conducted for water supply personals on chlorination of main water storage tank at DHQ Hospital. MS DHQ also requested contractor for installation of ECHO machine at their newly constructed building after a month. Monthly review meeting for district Mardan FSVs was conducted at EPI Coordinator Mardan Office on 5th May 2012; during meeting low coverage of Measles II and TT3 was discussed; WHO team also updated the forum about present situation of suspected Measles alerts reported from different areas of the district. All the reported cases were investigated & responded but outreach immunization was not conducted due to measles vaccine shortage for outreach immunization, in response to low M-II and TT-3 coverage all the FSV's also present the same vaccine shortage issue. WHO EHA team responded 3 measles Alerts received from DHQ Hospital Mardan & MMC Mardan. Support to Leishmaniasis outbreak areas of Baizo Kharki for vector control activities, i.e. ITNs, Mosquito repellents and Glucantime for treatment , logistic support for District Mardan is required.

Lower Dir& Upper: WHO team visited DHQ Timargara, CD Munjai and BHU Hayaserai. 20 ITNS, 72 soaps, IEC materials were provided to CD Munjai and on job training were provided to one staff of CD Munjai on safe disposal of sharps. WHO EHA team responded five measles Alert/outbreak reported from village odigram, UC Lalqala Maidan, village Moranai payen UC lajbook Tehsil Timargara, village Gawazanoo Bhandra, UC Rabat Tehsil Timargra Dir lower and village Matar UC bhandai Tehsil Warai, village Shaga UC Pashta Dir upper. All the Alert/outbreaks were jointly responded by DoH & WHO EHA Team along EPI Vaccinators. Outreach Immunization activities were conducted in each affected areas with all available antigens. Vitamin A was given to all children.

Charsadda: Total No of consultations were 15975. Upper Respiratory Tract Infection was 16%, Pneumonia was 2%, other Acute Diarrhoea 10%, suspected Malaria 2%, Scabies was 3% while Other diseases 55% were reported. Following facilities BHU Dhaki, BHU AKhoon Dheri, BHU Bagh e Bakhtiar, DHQ hospital, BHU Khanmai, Shekhabad, BHU Shakh no 6, BHU Behlola, BHU Mamad Nari were visited in week no 17. Registers checked and on job orientation of the facility incharges regarding DEWS was done. Fix centre for polio vaccination were also checked. In the field mobile team, transit team and supervisors were checked and house hold clusters were taken. On the fix sites banners were displayed and routine vaccination was going on. Micro plans were present .One of the problem observed in most of the EPI centres was that they were not putting used syringes in the safety boxes.

Mohmand Agency: 5 health facilities AHQ Ghalanai, RHC Yakkaghund, CD Nasapai, CD Akhunzadgan BHU Kashmir Kor visited. Coordination meetings held with Agency Surgeon Mohmand, MS AHQ Ghalanai, FSMO & NP coordinator. Issue of Medicine supply to newly reemphasized health facilities discussed with Agency Surgeon. EH supplies handed over to RHC Yakkaghund.

Khyber Agency: 1 Alert of Leishmaniasis received and responded. Three system generated alerts responded in Week 18, 2012, these alerts were false alerts. Capacity Building of Health staff of all BHUs on Dengue fever in PPHI Office. WHO participated during SIAD Polio campaign in Khyber Agency which is started on 4th May up to 7th May. Coordination meetings held with Agency Surgeon Khyber, FSMO, PPHI. Monitoring visit conducted to CH Jamrud, BHU Mian Morcha, BHU Ali Masjid, CD Pindi Lalma and AHQ Hospital Landikotal.

Manshera: Two Alerts reported in week 18, one for Measles received from DHQ Hospital and other for Suspected Dengue Fever from DHQ hospital and responded well on time. Weekly trend of acute (upper) respiratory infection is decreasing and acute diarrhea is increasing while cases of Pneumonia showed decreasing trend this week. Bloody diarrhea, Dengue Fever, acute watery diarrhea (AWD), suspected measles, Cutaneous Leishmaniasis and meningitis represented less than 1 % of total morbidity in reporting period. Bloody diarrhoea represented 0.35% of this morbidity.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

District Nowshera JALOZAI CAMP	CERD: Ibuprofen Suspension 320, Metronidazole Suspension Oral 200mg23, EHK Kits 2, Metronidazole 400mg Tabs 1000, Paracetamal Syrup 60ml500, Oxygen Cylinders3. CAMP: EHK Kit 2,& EHK Medicines Kit1, Albendazole 400mg Tabs 4000, Aluminium hydroxide 400mg + Magnesium hydroxide 400mg tabs 2000, Amoxicillin 250mg Tabs 3000, Benzyl Benzoate 25 % application 1 Bottle, Chlorhexidine Digluconate Solution 5 % 1 Bottle, Ferrous Sulphate 200mg + Folic Acid 0,4 mg Tabs 2000, Gentian violet powder25 g Plastic Jar 4, Ibuprofen 400mg Tabs 1000, ORS 200, Paracetamal 100mg Tabs 1000, Paracetamal 500mg Tabs 2000, Tetracycline 1% eye ointment 5 g 2000, EHSAR FOUNDATION DTC PABBI HOSPITAL: Cholera Kit 1, Cholera Beds With Drip Stand 6, Cholera Folding Beds With Drip Stand 5, HTH 70% Chlorine Bucket 1, IEC Materials Use Of Dustbin 100, IEC Materials Hand Wash Method 270, IEC Materials Preventing Measures During Cholera outbreak 130.
WHO MARDAN WAREHOUSE	Salbutamol Inhalers 500
KTH PESHAWAR	Ceftazidime Inj 1G 21, Vancomycin Hydrochloride Inj 500mg 18, Fluxetine HCL Capsule 1850, Cefuroxime 250mg inj 25, Amlodpine 2.5 mg Tabs 130, Synthetic oxytocin 1ml Injection 30, Methlegometrine 1ml inj 30, Meropenem 500mg vial injection 30, Acyclovir 200 mg tabs 10, Acyclovir onitement 5% 10gm3, Cefriaxone 1gm inj 148, Ciprofloxacin 250 mg Blister 500, Naphazoline Chlorampheniramine Eye Drops 12, Amoxicillin + Clavulanic Acid 625 mg 996