

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 13

Date: March 25-31, 2012

1. Situation around IDP hosting districts

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

WHO shares daily updates and disease situation of Jalozai IDP camp with health cluster partners on district, provincial and national levels.

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.

A total of 121,220 families (593,204 individuals) as IDP population in KP and FATA, including 28,831 families (157,377 individuals) registered in Jalozai IDP camp. More IDP families opt to for off camp residence, 11,192 families are currently residing in the camp. In addition, out of 1,309 families (5,371 individuals) registered only 50 families (4%) decided to be accommodated in the camp

There were 2,875 consultations provided through health care provider, including acute respiratory infection (27% or 777 cases), acute diarrhea (5.3% or 152 cases), skin infection (2.5% or 71) and suspected malaria (0.6% or 17 cases). One measles alert was reported and responded.

CERF project on “Emergency Rapid Primary Health Care Response including disease control and outbreak response for increasing IDP population of “Jalozai” camp (Nowshera district, Khyber Pakhtunkhwa province, Pakistan) focusing on filling the gaps/unmet life-saving needs in the health response” was approved for the amount of US\$1,177,058.

Health cluster meetings take place on daily basis 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 monitors and updates partners on daily disease consultations provided to IDPs, disease trends, including upper respiratory infections, pneumonia, bloody diarrhea, other acute diarrhea, malaria, scabies and other diseases.

Additional health posts in Jalozai camp, including two PHC centers and one MCH centre, in new phases of the camp has been established. This will strengthen health service delivery and reduce the burden on the existing health facilities. Phase 08 is having a space of only fifty more tents to be pitched (*Source: UNHCR). 4027 tents pitched till date (*Source: PDMA).

PDMA requested to deploy one ambulance at Registration point along with a doctor & necessary staff to facilitate New IDP's if needed in emergency. CERD informed that their Ambulance is supporting MCH staff at Registration point which can be used by PDMA whenever required.

EPI Representative informed that plenty of Routine immunization vaccine has arrived in Jalozai Camp. He requested the Organizations to provide 24 hours electricity supply to the EPI fridges. The Vaccine will be in the charge of DoH EPI Technician. He was requested that after discussing with EPI Coordinator, Nowshera the vaccine should be given to Organizations on stock register. The Organizations will be responsible for keeping its proper temperature and use in their catchment areas.

Second round of Polio Campaign will start from Monday, 2nd April 2012 till 4th April 2012. The overall situation of essential medicines found satisfactory at all existing health facilities of Jalozei Camp. WHO disseminated a number of technical guidelines on provision of proper environmental health services to all partners, including materials on "Emergency sanitation planning"; "Emergency treatment of water"; "Minimum water quantity required during emergencies"; "Cleaning and disinfection of water storage tanks"; WHO Technical note "Solid waste management in emergencies"; WHO Technical note "Prevention and Control of Cholera outbreaks"; WHO Technical note "Critical steps for control of Diarrhea diseases"; "Essential Hygiene messages"; "How to measure Residual Chlorine".

WHO tested 192 samples for residual chlorine which was found in 77% of samples. 11 samples were also tested for microbiological contamination and 2 samples at household levels were found with minor contamination. Three new chlorinators installed in the camp on main tube wells in phase 1, Phase 4 and Phase 5. All the chlorinators were tested after installation through residual chlorine monitoring for proper dose management at source and users end.

WHO provided training on eDEWS to 31 health workers of CERD and MERLIN.

B. "Togh Sarai" IDP camp, Hangu district

Present population is **1188** families with **7414** individuals. Among individuals **2842** are males, **2574** are females and **1998** are children.

WHO EHA-Team visited Togh Sarai IDP camp on 28/03/2012. Over all camp situation was monitored and response to 4 measles cases were given. EHA team requested health & hygiene staff for awareness campaign regarding prevention of communicable diseases. PCRWR will install chlorinator on main water supply of Togh Sarai IDP camp in next week.

CERD working at Togh Sarai IDPs Camp Hangu has requested for 2 EH Packages, the request along with consumption & analysis report was forwarded to WHO Provincial office for approval, After approval kits were provided.

WHO DEWS report that acute respiratory infections are still the highest cause of morbidity (16% or 116 cases) of total of 731 consultations; other acute diarrhea (10.4% or 76 cases); skin infection (2.1% or 15 cases).

Security situation in off Camp areas of District Hangu in Week 12 was quite tense and team was informed by EDO-H to take extra care. So, movement in the District in Week 13 was quite limited.

C. Situation in Tank district

RHC Ama Khel has recently been upgraded to type D hospital. Owing to security concerns, UNFPA staff at RHC Gomal is advised to serve at the DHQ hospital Tank un till further orders. ICRC has stopped their activities till further orders. MDM was destined to start their activities at BHU Ranwal and BHU Gara Baloch but still no sign of any initiative.

9 facilities visited in week13 to check the DEWS reports and system generated alerts. Vaccines are short at the district level and the issue is already raised with the authorities. There is a continuous problem of shortage of medical officers. EPI outreach plans and activities are to be further strengthened.

UNOCHA and UNDSS staff visited the district and hold meeting with WHO at FDMA office. The DSS official briefed about the security situation in Tank and strongly recommended to follow SOPs. DSS was concerned about the security and asked WHO not to move frequently in the periphery and case of movement inform DSS immediately, if come across any situation.

WHO conducted hygiene and health session with the school children and educated them for precautionary measures against hygiene related diseases, especially jaundice, typhoid and diarrhoea.

D. Situation in D I Khan district

28 health facilities reported eDEWS to WHO. A total of 7357 consultations were provided. ARI remained major cause of morbidity (20.23 %), diarrhea (8.74%), scabies (3.03 %) and malaria (2.99 %).

WHO monitored the Mass Routine Immunization Campaign including all Antigens for VPD prevention. This special Campaign was launched in the district by EPI on 26th March 2012 for 01 week utilizing funds from Conditional Grant. D I Khan & Buner are the two districts of KP which received Conditional Grant for MNCH services and Immunization. Measles vaccination was part of this campaign.

WHO participated in the refresher Training on Hospital Based Management of Acute Malnutrition which was conducted by Nutrition Officer WHO KP to the staff of Pediatric Ward DHQ Hospital. In addition, WHO supervises the construction work of Ware House in old premises of EDO Health office, to be completed in mid of April this year by SFD.

E. New Durrani” IDP camp, Kurram Agency

Local NGO “EHSAR Foundation” selected for provision of PHC services in the camp is still waiting for NOC.

F. Situation in Kohat district

WHO has taken EDO-H, UNOCHA & NRDF on board regarding planning of Public Awareness Campaign on water borne diseases for the upcoming summer season.

District health authorities requested WHO assistance in the form of Vehicles and POL provision for Measles Immunization Campaign in 7-8 UC’s of District Kohat after EHA-Team identified the areas of high case load. District health authorities also requested WHO assistance with ARV and ASV, insulin, Inj magnesium sulphate and Inj valium for insulin dependent people.

34 out of 43 health facilities provide eDEWS. A total of 2,938 consultations were provided. ARI remained major cause of morbidity (19%), diarrhea (2.3%), scabies (1%) and malaria (1%). A total of 10 measles alerts were received and responded.

eDEWS:

KPK DEWS:

246 reports were received reporting 66,563 patient consultations in 9 districts of Khyber Pakhtunkhwa Province and remaining district reports will share tomorrow morning. Acute respiratory infections are the highest cause of morbidity (26.4% or 17,541 cases) showing no change in percentage; acute diarrhoea (6% or 3,851 cases); skin infection (2.4% or 1,585 cases); suspected malaria (0.7% or 483 cases).

FATA DEWS:

51 reports were received reporting 13,829 patient consultations in 3 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (19.1% or 2,638 cases) showing 3.5% decrease; acute diarrhoea (6.4% or 890 cases); skin infection (3% or 369 cases); suspected malaria (3% or 348 cases).

Alerts:

A total of 56 alerts including 5 outbreaks (2 measles outbreak from Khyber Agency, 1 measles outbreak from district Swabi and 1 measles outbreak from district Haripur and 1 outbreak of leishmaniasis from district Lower Dir.) were received. 44 were suspected measles, 1 for Chickenpox, 1 for Dengue Fever and 3NNT, 1Diphtheria, 1 Pertusis, 1 for Enteric Fever and 4 for Leishmaniasis.

District Wise Break Up: Suspected Measles 1 (Bajour), 6 (Buner), 3 (Charssada), 9 (DI Khan), 2 (Hangu), 1 (Haripur), 4 (Khyber Agency), 2(Kohat), 2 (2), Malakand (Lower Dir) 1 (Shangla), Swabi (3), 7 (Swat). 1 (Tank). Chickenpox 1 (Hangu), 1 Diphtheria (Shangla), 1 Enteric Fever (Haripur), 1 Pertusis (Shangla), 4 Leishmaniasis 1 (Bannu), 1 (Haripur) and 2 from district (Lower Dir), 3 NNT from 2 from (Bajaur) and 1 from (Bannu).1 Dengue Fever from (Lower Dir).

ARI Centers:

6 ARI centres are functioning in different districts of KPK. A total of 1459 consultations were reported. Functioning ARI Centers are 2 each in district Shangla and Kohistan while 1 each in Lower Dir and Abbottabad.

Hospital Coordinator:

Meeting held with DG Health FATA he was informed that WHO will be providing support for formation of integrated vector Managements program for FATA. WHO KPK and FATA Health directorate started working on preparing IVM PC 1. Meeting held with Chief Health Planning and Development regarding Government Annual Development Planning for KPK and possible support for WHO. Routing support provided to HEPR for implementation of Dengue PC 1. Participation was held in Dengue Case management training in Manshera.

Essential Medicines:

- During week 13 a total of 5 coordination meetings held with different government authorities including MS, DMS and EDOHs in meeting availability of essential medicines and implementation of LSS and availability were discussed respectively.
- Total of 3 Monitoring, 3 follow up and one assessment visit were performed during last week at districts including Nowshera, Lakki Marwat, Swat(Kalam), Dir Lower and D.I. Khan. Gaps regarding irrational use, storage of essential medicines, inventory control, record keeping and stock outs identified generally. Training and required Essential medicines provided as per need at visited health facilities.
- Total of 6 training sessions were conducted in Lakki Marwat, Swat (Kalam), Dir lower and D.I. Khan. One day capacity building for staff of Save the Children on rational use of medicines held at Hari Pur in which 10 participants including 1 MO, 1 Pharmacist and 8 dispensers were trained.
- In response to 3 Leishmaniasis cases at Nowshera WHO EM provided Meglumine Antimoniate Injections, 13 Measles, one chicken Pox and one Tetanus cases responded at Bannu, Swat, Hangu, Dir Lower D.I. Khan by providing Vitamin A and TIGs.
- WHO delivered 6 types of essential medicines which are sufficient for the coverage of approx 900 consultations in Hangu. Essential medicines gaps filled at ARI treatment centers in Abbottabad, Kohistan, Shangla.
- IDPs camp Togh Sarai Camp: EM team conducted follow up visit to CERD working at IDPs Toghsarai camp Hangu in regards to evaluate the outcomes of hands on training last week on good dispensing and use of safety boxes and observed practical implementation of proper dispensing with improved patients counseling and use of safety boxes. WHO pharmacist also provided required essential medicines.
- IDPs camp Jalozai Activities: All the health facilities visited to evaluate the situation of essential medicines. All the facilities had the sufficient stock of essential medicines. Gaps regarding Record

keeping and patient counseling found. Hands on training on record keeping and patient counseling provided to the dispensers at the facility. 1 EH Package (for 6000) along with assorted medicines (sufficient for 2537 consultations) delivered to CAMP Organization and another 1 EH Package (for 6000 population) is ready to be dispatched. Assorted medicines also provided to CERD which are sufficient for 1242 consultations.

- **FATA:** Coordination meeting held with AS Mohmand agency in regards to essential medicines supply gap as 29 health facilities are being reemphasized. Due limited availability of fund with FATA, Agency Surgeon requested WHO for essential medicines support.
- Visits have been made to RHC Ekkaghund and BHUs in Ghazi kor, Kessai and Mohammad gut Mohmand agency where essential medicines availability, record keeping and OPD trend observed.
- Monitoring visit have been made to BHU Lakkaro Mohmand agency, supported by FPHC, where essential medicines availability, storage practices and rational use of medicines observed and identified gaps discussed with concerned staff for improvements.
- Measles alert in Khyber agency responded by providing vitamin A. Required medicines are provided to nearby BHU Pendilalma, and participated vaccination campaign in affected area.
- **RAHA:** WHO EM team conducted 1 day capacity building training on rational use of medicines as per WHO standard guidelines to Save the Children organization Distt: Haripur. A total of 10 health team members (1 MO, 1 Pharmacist, 8 dispensers) were trained. Follow up visit performed at BHU #2 at Afghan Refugees camp to evaluate outcomes of RUM training & observed practical implementation.

WASH:

- WHO EH along with EHA-Team visited Togh Sarai IDP camp on 28/03/2012. EHA team requested health & hygiene staff for awareness campaign regarding prevention of communicable diseases .WHO team responded measles cases in sector C of Togh Sarai IDP camp by providing health promotion and community mobilization activities with camp WASH/Health Partners.
- PCRWR will install chlorinator on main water supply of Togh Sarai IDP camp in this week.
- WHO EH team provided microbial water testing (Wegtech) kits to TMA Hangu for regular water quality monitoring of major community water system in the district.
- WHO EH team will conduct training on using of water testing kit to TMA staff Hangu in this week. Nomination list is finalized for this activity.
- WHO & UNICEF hold a coordination meeting with PHED FATA for planning and finalization of WHO support of Wegtech kits to PHED FATA for water quality monitoring in the agency areas.
- WHO EH team conducted coordination meeting with EDOH, EPI coordinator, Malaria Control program, National program, MS DHQ Timargara, incharge of THQ Smarbagh, BHU Afghan Refugees Camp Timar, CD Munjai, affected villages Malakand Payen, village Baroon and village Khanakay Maidan to discuss the C-Leishmaniasis, Dengue fever and measles alerts/outbreaks response.
- EH team held Coordination meeting with EDO-Health Kohat, Gildkey contractor, Head clerk of Planning & Development at EDO-Health office. In meeting it was discussed that planning will be made for Public Awareness Campaign on water borne diseases for the upcoming summer season. EHA-team, Discussed transformer issues of tube well at LMH hospital and request forward by EDO-Health Kohat to WAPDA focal person for smooth facilitation. Nominees were selected for sign board of warehouse for "Inauguration". Inauguration date will be decide soon.
- WHO EH held coordination meeting with TMO Hangu on 28-03-2012. EHA team shared existing water quality situation of the district and ensure possible intervention for the improvement of water quality to reduce water borne diseases in the area. TMO Hangu requested for provision of Wegtech potable water testing kits for water quality improvement. TMO requested for fogging machine as chemicals are available with TMA but need fogging machine to use it.
- TMO requested for tractors for transportation of solid wastes from different union councils of District Hangu.
- Coordination meeting was held with EDO Health district swat regarding the civil works in Saidu group of teaching hospital and measles alerts in the area.
- A coordination meeting was held on 29th March, 2012 with new appointed MS DHQ District Haripur.

The MS was briefed about WHO contribution in both environmental essential medicines field.

- Civil work is in progress in district DI Khan Warehouse and will be completed in month of April, 2012.
- WASH improvements works in City Hospital, Lacki Marwat, is almost complete but suspended due to some technical necessities.
- Field visits have been conducted to RHC Ekka Ghund, CHC Kassai, CHC Ghazi Kor, BHU Lakarro and BHU Muhabat Ghat Mohmand Agency to check water quality.
- FPHC (Unicef-IP) in BHU Lakarro requested WHO EHA to provide fabric shade to sitting area of OPD and restoration of water supply to the HF.
- Construction work of the WHO ware houses in FATA is halted due to contractual issues with country office.
- 3 inch pipe network was completed from tube well to storage tank and Installations of tube well machinery and transformer are in progress in Liaquat Memorial hospital Kohat under ECHO fund. According to the contractor the whole process will be completed soon.
- SFD contractor claimed “completion work certificate” which was taken from DMS LMH hospital and demanding for reimbursement of completed work. No scope of work shown in completion certificate and WHO Civil Engineer’s visited the site and checked the work according to BOQ which was found incomplete.
- Survey for water and sanitation has been carried out at BHU Tokian district Haripur. Out of two washrooms one is functional. Estimate of the said HF has been also prepared and share with provincial office.
- WHO EH team responded two measles alerts received from village Sorai Ghondai, UC Sadbar Kalay, Tehsil Samar Bagh and Village Garkor, UC Khall, Tehsil Timargara, Lower Dir by providing Health education session conducted with the family members and community, soaps were provided.
- In response to C-Leishmaniasis reported from from village Malakand Payeen- Sorikandao , UC & Tehsil Balmbat and outbreak from village Baroon, UC Munjai, Tehsil Balmbat Dir lower WHO EH team provided Inj. Glucantime, ITN’s and Antiseptic Soaps were distributed in the affected community. LHW’s were informed and requested for identification of new cases in their catchments areas. RBM focal person was informed and requested for vector control interventions in the affected areas. Health & Hygiene session was conducted with family members and community elders.
- In response to dengue alert reported from Village Khanakai, UC & Tehsil Lal Qilla, District Lower Dir WHO EH team provided Bed Nets to the Hospitals and affected family. Health & Hygiene session was conducted on vector and infection control with affected family and surrounding families. EDO Health informed about the situation and RBM district coordinator was informed for further actions.
- In response to 4 measles alerts reported from different places of district D.I.Khan WHO EH team distributed 11 hygiene kits and conducted hygiene session within the affected communities.
- WHO in collaboration with District water authorities and WASH partners responded to improve the drinking water quality by health promotion sessions, disinfection of contaminated water sources and distribution of 1000 sets of IEC material, Shock chlorination of springs & water storage tanks.
- WHO EH unit provided 1430 Aqua tabs, 100 ORS, 8 Hygiene kits, 10 jerry cans, 144 soaps and 3 life straw filters to the AWD affected families in Distt Dir Upper. 200 ITNs, 216 soaps and IEC materials were provided to leishmaniasis affected families in Torkhum Khyber Agency.
- Field visits have been conducted to RHC Ekka Ghund, CHC Kassai, CHC Ghazi Kor, BHU Lakarro and BHU Muhabat Ghat Mohmand Agency. On job sessions conducted on prevention of diseases using proper management of health care waste management.
- Health education session conducted with the family members and community in District Dir Lower, patient isolated, health and hygiene session conducted in BHU Towa District Shangla. Health education was provided to community members, female, local influentials and health care staff in the targeted area. WHO supported these events with health promotion material and technical facilitation from EH and DEWs units.

Nutrition:

- Monitoring visit was conducted to RHC Parora and RHC Pahar Pur in D.I.Khan the Health and Nutrition

Sentinel Site Surveillance System were monitored.

- Four Days training on facility based management of severe acute malnutrition in DHQ D.I.Khan conducted. A total of 20 participants including doctors, nurses and clinical technicians were trained in the course.
- Meeting held with MS and Pediatrician DHQ D.I.Khan for the establishment of NSC. Location identified and NSC will be functional in April after the training.
- Coordination meeting held with Deputy Director Nutrition regarding nominations for trainings regarding Facility based management of SAM in Pabbi Nowshera. Letter sent to respective districts for nominations and also nominations received. Training will be conducted from 3rd April 2012.
- Meeting held with MS and Paediatrician of Satellite hospital Pabbi Nowshera. Issue of training for the staff requested and training scheduled from 3rd April 2012.
- Monitoring visit conducted to health and nutrition stations in Jalojai camp. Monitored nutrition related activities in the stations of Merlin. They were informed about the functional stabilization center in Pabbi, Nowshera.
- Total of 21 patients were admitted in 5 Nutrition Stabilization Center with 23 discharged after curing and 0 were defaulter cases.

District level coordination & monitoring:

Shangla: ERWG (Early recovery group meeting) meeting held on 27th March 2012, which was chaired by DCO and Co chaired by WHO. The meeting introduced a new system of IP's work presentation along with points raised on SWGM (Sectoral working group meetings). Details will be shared after validation from DCO. EPI review meeting held on 30th March 2012 at EDOH office under the chair of EDOH and co Chaired by WHO. The meeting was held to receive EPI survey Data which was successfully retrieved from all 28 union councils. The meeting also highlighted upcoming NID's, DEWS-SO suggested involvement of all IP's in the district during NID's, the meeting minutes were shared with Hub office and District Administration. Technical assistance meeting was held on 31st March 2012 between EDOH, Malaria supervisor and WHO-DEWS team at EDOH office, where WHO assured DOH of their support in technical area, WHO also explained and guided the malaria supervisor on complete planning and execution of spraying anti Dengue Spray in high risk 8 union councils.

Lower Dir: Coordination meetings held with EDOH, EPI coordinator, Malaria Control program, National program, MS DHQ Timargara, incharge of THQ Smarbagh, BHU AR Camp Timar, CD Munjai, affected villages Malakand Payen, village Baroon and village Khanakay Maidan for C-Leishmaniasis, Dengue fever and measles alerts/outbreaks response and monitoring visits. All the mentioned alerts 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.

Swabi: Coordination meeting held with the EDO-H and MS Bacha Khan Medical Complex regarding establishment of DHF isolation ward. Monitoring visit to TFC at BACHA Khan Medical complex held. 13 health facilities were visited to check DEWS reports and alerts.

Swat: WHO team visited BHU Chungai, CD Parrai, CD Dadahara, CH Kabal in order to verify, investigate and respond to the system generated alerts. Visits were made to Village Hazara, Kuza Bandai and Gumbat maira for Measles response. Essential medicine supplied to CH Kalam. Coordination meeting held with EDO Health Swat regarding measles.

Charsadda: BHU Umerzai, BHU Nisatta, THQ Tangi, DHQ hospital and CD Turanzai facilities were visited. Registers checked and on job orientation of the facility incharges regarding DEWS was done.

Abbottabad: Meeting held with DCO Abbottabad, regarding Preparedness for the upcoming Dangu Fever season on 29/3/2012. Participants were: District Health Department, MS DHQ Hospital, MS Ayub Teaching Hospital, Education, Agriculture, Information, Police, District Khateb, Journalists, Press, CNG Association,

Daewoo services, Transport Association, Representatives of 4 private Medical Colleges, Trader Association, Re[representatives of NGOs working in health sector. Conducted Mobile EPI vaccination at village Kokmung. 132 children vaccination for OPV, BCG, Penta and Measles. 5 FLHF (BHU Kokmung, RHC Havallian, BHU Nawansher, BHU Mirpur, BHU Banda Pir Khan) visited. Visit conducted to Ayub Teaching Hospital, CMH, DHQ Hospital and Women & Children Hospital Abbottabad.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

Place	Item Sent
Nowshera (Jalozai)	CAMP Organization: One EHK package. CERD Organization: 4200 Folic Acid 5 Mg Tabs, 1000 Aspirin Tabs,1000 Fefol Iron Capsule,125 Tranexamic Acid 250 Mg,1100 Diclofenac Sodium Tab,40 Tranexamic Acid 250 Mg Inj,53 Multi Vitamins Syrup, 500 Calcium Carbonate 500 Mg Tab,1000 Choroquine Phosphate Tabs,625 Bur fen Tab,240 Iron & Vitamin C Tabs,630 Pantoprazole 40Mg Tabs,1000 Face Masks,240 Cetrizine Tabs.
DHQ Abbottabad	500 Face Mask, 10 Motrin Mat,108 OPD Registers,2 Patient stool,2 Cholera Folding Beds,5 Diarrheal Patient Bed,200 Eye Wear,2 Needle Cutter,100 Preparation & Use of Chlorine Poster, One Addition Medicines Kit,1050 I V sets,2 B.P Appartus,3 Otopscope,10 Cholrhexidine Sololution,3 Povidine Sololution,100 I V cannula 18 Gauge,90 Cetrizine Tabs,1500 Folic Acid 5 Mg Tabs,784 Naproxen 500 Mg Tabs,25 Benzyl benzoate Lotion,3000 Adhesive Bandage,4 B P apparatus,1 Clucometer,5 Stethscope,24 Clotrimazole Tab,200 Clindamycin Hydrochloride Capule,24 Poly crol Forte Gel.
EDO Health Haripur	100 Cholera Outbreak Urdu &English Poster,100 essential Hygiene Poster, 500 Face Masks,10 Motrin Mat,2 Stool,100 Water Hygiene Urdu & English poster,2 Cholera Folding Beds,5 Diarrheal Patient Bed,3024 Dettol Bath Soap,200 Eye Wear,2 Needle cutter,2 Dustbins.
CERD Hangu (Togh Sarai Camp)	Two EHK package