



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 32

Date: August 05-11, 2012

**1. Situation around IDP hosting districts**

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

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

**Population:**

Till 08<sup>th</sup> August, 2012 total IDPs families registered are 74,490 families with 343, 673 individuals. Jalozai IDP camp hosts 13, 657 families with 64, 888 individuals. 60, 833 families with 27, 8785 individuals are living in off communities.

**Security Situation:** On Wednesday, August 8<sup>th</sup>, 2012 a firing incident took place during the routine distribution of NFIs at HRDS camp office. After this incident the security situation in the vicinity became volatile and IDPs started looting the NFIs stock available in HRDS warehouse, which included Hygiene kits, Jerry cans, Buckets, Soaps etc. A critically wounded young man, a non tent IDP, was received at J3 health post of Merlin, with a fire arm wound to his chest. After maintaining the IV line, he was referred to Pabbi Satellite hospital. The injured IDP died on the way to Pabbi Hospital, he was taken over by the DoH staff. Another old lady was also referred who had sustained head injury during the same scuffling.

After this sad incident, all the health facilities maintained their normal services with minimum staff. After 24 hours they resumed their services with normal staff.

Following the sad incident that took place at Jalozai camp, PDMA called an emergency meeting, on August 10<sup>th</sup>, 2012 at Conference Room of PDMA to discuss the cause of the incident and future course of action . WHO attended the meeting. It was suggested that all distributions should take place in the food distribution points and distribution should start before 8:00 AM.

PDMA-IDP Chief Coordinator in Jalozai camp has confirmed that normalcy has returned in Jalozai Camp and that all humanitarian activities have resumed since Sunday 12<sup>th</sup> August, 2012 and all activities were conducted peacefully and orderly.

**Alerts and Consultations:**

No alert was reported. There were 3,249 consultations provided through health care provider, including acute respiratory infection (18.1% or 587 cases), acute diarrhoea (9.2% or 300 cases), skin infection (3% or 107 cases) and confirmed malaria (1% or 29 cases).

**Coordination:**

Health & WASH cluster meetings take place once a week in Jalozai attended by partners from health (Merlin, CAMP, CERD, FATA Health, GiZ, AGEF, 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 Camp Health, Nutrition and WASH Cluster weekly meeting was skipped, on the request of all Health, Nutrition and WASH IPs due to Ramadan and security situation in the camp. The Next CHCM is scheduled on August 15<sup>th</sup>. 2012.

A meeting was arranged in Merlin office on Monday, August 6<sup>th</sup>, 2012 for shifting the TB center to Merlin health facility from FATA health facility. WHO, Merlin, AGEK representing GiZ and TB control program FATA attended the meeting. The TB center will start functioning in Merlin J3 health facility after Eid.

#### **EHE Interventions:**

WHO with collaboration of MERLIN delivered health promotion sessions in ten schools of 1, 2 and 3 phases of Jalozai camp. 21 teachers were trained on delivering health promotion messages from IDPs health education booklet. 104 students were given awareness on different health promotion messages from IDPs health education booklet.

WHO trained 12 teachers in Phase 7&8 on IDPs health education booklet and 60 students were delivered health promotion messages from the booklet. Lasoona health promotion team in coordination with WHO conducted this activity. WHO distributed 197 booklets and 200 soaps among the participants of health education sessions in schools.

After the incident the distribution of NFIs is still stopped and will probably resume after Eid. Moreover WASH partners are doing their other routine WASH related activities in the camp like health & hygiene promotion sessions with IDPs, water quality testing, monitoring, repair & maintenance of WASH structures etc.

Tube wells of Phase 1, 3 & 5 were having some problem in functioning, which were repaired within 24 hrs to avoid any inconvenience to IDPs.

PDMA has installed 120 electric water coolers at different locations throughout the camp with major numbers installed in new phases i.e. 7 & 8. PDMA is planning to install more water coolers in the camp.

WHO tested 15 water samples for residual chlorine both at sources and at user ends, 12 samples were found to have residual chlorine within the required limits while for the rest of the samples chlorine dose was adjusted. In total WHO has so far tested 899 water samples for residual chlorine, out of which more than 95% of samples have shown residual chlorine and for the rest chlorine dose was adjusted accordingly.

WHO tested 5 samples for microbiological contamination and all samples were found fit for drinking with no contamination. In total WHO has tested 202 samples for microbiological contamination, out of which less than 1% of samples showed contamination at consumers' end, probably due to improper handling, for which chlorine dose was adjusted.

WHO participated in Provincial education cluster meeting on the cluster invitation. Provided the cluster members about the updates for health promotion activity in Jalozai schools. In this meeting the cluster lead and other members appreciated the efforts of WHO for taking such an initiative for school going children and there was a demand for future coordination and collaboration for any of the health promotion activity designed for the students.

#### **Essential Medicines:**

WHO conducted coordination meetings with district pharmacist of Merlin. Essential medicines availability was discussed. It was informed that all essential medicines are present in sufficient quantity. Meglumine antimoniate injections and insulin was requested by Merlin which will be delivered soon.

#### **B. Togh Sarai" IDP camp, Hangu district**

Total of 1159 families with 5821 individuals are residing in the camp. WHO during routine monitoring visit to the camp provided 250 IEC materials to partners organizations for proper distribution during awareness session among the communities. WHO collected 04 water samples for microbial test from different water points, in which 0% contamination were detected. In camp WHO checked the availability and rational use of essential medicines, gaps were identified and were discussed with the health staff.

WHO received and responded large numbers of BD cases from THQ Hangu but on investigations at the hospital it was found that all the cases were diagnosed in the OPD and recorded with ZERO admissions. There was no address available for further investigations in the originating areas. WHO sent 3 AWD samples to NIH were declared positive for Vibrio Cholera, Ogawa, EL-TOR type. Samples were taken in THQ hospital Hangu and cases were received from Doaba village. There is one Sub-Health Center (SHC) in the area. WHO contacted SHC staff w for more cases and keeping the Line-list but no more cases seen or received in the SHC or THQ hospital from the mentioned village.

05 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that other acute respiratory infection is the highest cause of morbidity (20.3% or 102 cases) of total of 502 consultations; other acute diarrhea (15.5% or 78 cases); skin infection (2% or 9 cases).

### **C. Situation in Tank district**

HAMDAM a local organization has just recently started working in the district. WHO will conduct meeting with the officials of HAMDAM organization in this week. Merlin has completed its assessment phase and is looking forward to start the rehabilitation phase. They will support the district health system with Malaria Control Program. UNFPA providing services in only center at DHQ Tank.

WHO conducted monitoring visit to 10 health facilities for discussion on various disease trends and medicines. WHO held discussion with in charge facilities BHU Shah Alam, Gara Baloch and Ranwal. The differentials of Chicken pox were discussed and AWD features and management was once again revised to them. WHO monitored and evaluated the health facilities for rationale use and gaps in terms of medicines.

WHO conducted meeting with DEDO H to finalize the district health situation report for presentation to District Coordination Officer. WHO held meeting with the EPI coordinator and DEDOH to discuss the PEI post campaign meeting with Commissioner. District Tank performed poor in the recent campaign and results of 31 areas in charges were rejected. WHO was called for meeting by ACO Tank and discussion was made on PEI campaign results and general health situation in the district. WHO held meeting with PEO tank to discuss the post campaign results.

### **D. Situation in D I Khan district**

30 registered health facilities submitted e DEWS reports to WHO. All diarrheal disease was reported at 13.15 % of total consultations, representing highest cause of morbidity. WHO received and responded an alert of Measles in Fateh. WHO did follow up visit to AWD alert at Kotla Habib. WHO in response distributed aqua tabs, ORS packets, soaps & hygiene Kits among the affected community & Health / Hygiene session conducted with them.

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

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

WHO attended a Divisional Review meeting of Polio NIDs of July round chaired by Commissioner D I KHAN & TANK. DCO s of both districts, EDO s Health, EPI staff, Provincial Team Leader WHO-PEI for FATA and other stakeholders also participated in the meeting. Poor performance of district Tank was the main point of debate during the meeting. WHO visited the construction site of SFD supported Ware House which is under construction at old

EDO Health Office premises in D I KHAN Cantonment. WHO participated in meeting of field health staff to revise the micro plans at UC level for upcoming SNIDs. The micro plans are being revised all over the district as directed by DCO and recommended by WHO.

WHO plans to conduct training of teaching staff of Gomal Medical College D I KHAN on hospital based clinical management of Dengue fever after EID UL FITR.

#### **E. New Durrani” IDP camp, Kurram Agency**

Save and Serve running project of primary health care services with a special focus on women and children health care in New Durrani IDPs camp Sadda. According to the Save and Serve’s information the No of families are 1470. The camp situation is changing gradually as the number of families had moved back to their areas. Save and Serve reported that there is regular OPD of almost 100 patients. There were 632 consultations provided through partner organization, including acute respiratory infection (35% or 224 cases), acute diarrhoea (12% or 74 cases), also skin infection (12% or 74 cases) and suspected malaria (11% or 68 cases).

#### **F. Situation in Kohat district**

WHO conducted monitoring visits to RHC Lachi, BHU Kachai, BHU Kamal Khel, DHQ hospital, KDA and Liaquat Memorial Hospital.

WHO received one alert of AWD and two alerts of BD from BHU Kamal Khel and BHU Kachai and RHC Lachi. On verification from the respective health facilities in-charges, it was found that those were the routine cases and there was no clustering among BD cases. AWD case received from BHU Kamal Khel was a visitor and did not belong to the area. WHO conducted on job refresher training on DEWS at all the facilities visited during the week and case definitions discussed. WHO collected water samples for routine investigations.

WHO conducted coordination meeting with EDO-H, DMS (LMH) and contractor working under Saudi Funds for Development in Liaquat Memorial Hospital. Solid waste collection point and Shed for patient attendants have been constructed. Work on public latrines has been done and the remaining work will be finished in a week time.

Dog bite center will be established in DHQ hospital KDA, Kohat. Nomination of 2 doctors for the center has been done by MS DHQ Hospital and the letter has been sent to Hospital Coordinator, WHO for further actions.

Saudi Funds for Development equipments along with some environmental supply have been received. The equipments received were handed over to MS DHQ hospital and signed copy of deliveries taken.

36 out of 43 health facilities in district Kohat provided eDEWS data to WHO.

#### **eDEWS:**

##### **KPK eDEWS:**

- 323 reports were received reporting 84,064 patient consultations in 14 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (16% or 13,466 cases) showing 0.4% increase in percentage; acute diarrhoea (14% or 12,023 cases); skin infection (3% or 2,265 cases); suspected malaria (2% or 1,648 cases).

##### **FATA eDEWS:**

- 37 reports were received reporting 11,744 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (13.5% or 1,583 cases) showing 1.2% increase; acute diarrhoea (12.2% or 1,439 cases); skin infection (2.2% or 262 cases); suspected malaria (7.4% or 880 cases).

**Alerts:**

- WHO received and responded a total of 71 alerts including 11 outbreaks. Out of these alerts 45 were measles, 13 were AWD, 05 were Leishmaniasis, 03 were Enteric fever, 02 were NNT and 01 each for AJS, Chickenpox and Scabies. All cases reported were properly investigated and responded by WHO team.

**DTCs:**

- EHSAR Foundation supports DTC center with the support of WHO in Pabbi satellite hospital district Nowshera from 4<sup>th</sup> May, 2012. In last week 2012 a total of 272 patients were consulted at DTC center, out of these 181 were of type A, 43 were of type B and 48 were of type C.

**Essential Medicines:**

- WHO conducted a total of 4 monitoring and 1 follow up visits in districts Tank, Dir Lower and Charsadda. During monitoring visits gaps regarding irrational use, storage of essential medicines, record keeping, safe disposal of expired drugs and stock outs identified generally. WHO provided hands on trainings to the concerned staff of health facilities.
- WHO conducted one day training on Logistic Support System at D.I. Khan to the staff of DOH in which 5 participants were trained. WHO conducted training at dir lower on rational use of medicines in which 8 participants trained. WHO installed at store of EDOH, Bannu.
- WHO conducted 06 coordination meetings with different stakeholders including EDOHs, Hamdam Development Organization, Merlin's pharmacist and DMS Saidu group of teaching hospital in which implementation of LSS and availability of essential medicines discussed.
- In response to alerts of Measles, 2 AWD and 18 AJS at Swat, D.I. Khan, Dir Lower and Bannu WHO provided Vitamin A to measles patients, ringer Lactate infusions and ORS. 100 ASVs and 2660 ringer Lactate infusions delivered to DHQH, D.I. Khan.
- WHO visited DHS FATA main warehouse where partial supply of two secondary health care packages and remaining items of IEHKs received from Islamabad warehouse were physically inspected.
- WHO conducted monitoring visits to CD Lala Chana and Agency Surgeon warehouse Khyber agency where smooth supply of essential medicines to health facility, record keeping and entries on LSS observed.
- WHO in response to continued treatment of around 300 Leishmaniasis patients in Bajour agency provided 500 Meglumine antimoniate injections.
- WHO provided 120 Meglumine antimoniate injections in response to two Leishmaniasis outbreaks reported from Khyber agency.

**WASH:**

- **District Peshawar:**
- Meeting was held among Provincial environmental health officer, team leader polio KPK/FATA and WASH Cluster coordinator KPK/FATA regarding role of WASH Cluster in response to polio. The participant agreed in principle that WASH Cluster can play important role in breaking chain of transmission of polio disease. Activities will be started initially from specific Union councils of district Peshawar. Team leader Polio will share the list of concerned Union councils with the participants. WASH Cluster coordinator and WHO EHA will discuss these issues with partners working in these areas. They will also share the details of partners, their scope of work and possible support from WASH partners in the concerned union councils. More stakeholders including TMA and PHED may be taken on board in the next meeting.
- **District Swabi:**
- WHO investigated 4 AWD alerts reported from Shah Mansoor and Yar Hussein district Swabi and responded an AWD outbreak reported from Village Takhil Tehsil Topi on 7th August, 2012. Details sanitary assessment of water and sanitation revealed faecal contamination of the unprotected drinking water sources (84%) due to poor hygienic conditions.

- In response WHO provided & distributed 20000 Aqua tabs (67 mg), 7000 Pure Sachet (for 10 liters), 1000 Dettol Soap, 200 Jerry cans (10 liters capacity), 100 Hygiene kits and 200 sets of IEC material in the affected community
- WHO organized health promotion session in collaboration with PPHI district Swabi for the school teachers, health staff, mothers and elders in which messages on use of aqua tabs and pure sachet, water boiling, use of latrines and hand washing were disseminated. The mothers were oriented on preparation of rehydration solution at home.
- **District Charsadda:**
- WHO visited TMA Charsadda and town committee Utmanzai water supply system at committee chowk, MC1, MC2 and Mardan road. The Auto chlorinators are functional with acute shortage of liquid Chlorine (Sodium Hypochlorite 20%) for regular operation.
- **District Lower Dir:**
- In response to AD alerts WHO provided on job training was conducted and shock chlorination of springs and storage tanks. 100 ORS, 4000 aqua tabs, 10 hygiene kits, 2 life straw filters, 10 Jerry Cans and 216 antiseptic soaps were provided to the affected families and villagers. Shock chlorination of the two springs source, disinfection of clothes, houses, water tanks.
- WHO provided health education to 35 families in affected area. Community leader and religious leader were involved in health education. Main reasons of outbreak are poor hygienic condition and unprotected springs used for cold fresh water.
- WHO took 6 water samples from springs, water tank, house hold in village hunda kandaro UC sangwalai dir lower and tested for pH, Turbidity, residual Chlorine and Fecal coliform. 5 out of 6 water samples were found contaminated and one water samples was found microbiologically safe for use.
- WHO collected 4 water samples from two hand pumps and tape water of BHU Nasafa and BHU Osakai and tested for pH, Turbidity, residual Chlorine and fecal coli form. All the samples in Categories A and found microbiologically fit for drinking purposes.
- WHO visited DHQ timargara, DTC Timaragar, THQ Chakdara, THQ samarbagh, BHU Nasafa, BHU Osakai. 3 sharp container, 72 soaps and 3000 aqua tabs were provided to RHC Talash and 72 soaps to BHU Osakai.
- **District Mardan:**
- WHO conducted meeting with MS DHQ Hospital Mardan. During meeting WHO requested to nominate for Anti Rabies Cell training and establishment, supported by WHO at DHQ Hospital Mardan. SFD supplies were also handed over to DHQ Hospital in the presence MS DHQ Hospital Mardan. SFD supplies include blood bank equipments, ICU Beds, sterilizers, EM & EH supplies.
- WHO conducted meeting with in charge casualty and children unit DHQ Mardan, request to WHO were forwarded to provide hand sanitizers for health staff, will be provided in coming week.
- In response to a Polio Positive case from Mohib Banda, Mardan an emergency meeting of EPI staff was called by EDO health Mardan on 6<sup>th</sup> August 2012, during meeting EPI Coordinator briefed about the details of recently positive declared Polio case, plan for mop up activity in the concern UC was also discussed. EPI Technicians, LHS's and LHW's from 12 UCs were assigned for special mop activity on 7<sup>th</sup> August 2012.
- WHO conducted routine monitoring visits to DHQ Mardan, Mardan Medical Complex, BHU Mohib Banda and CD Kass Koruna. During visits on job session on HCWM and open pit burning to the health staff was conducted, four water samples collected one from each health care center, results were found negative for bacteriological contamination.
- WHO received and responded a total of 3 alerts (2 Suspected Measles alerts and 1 C-Leishmaniasis), all the reported alerts were responded jointly with DoH and PPHI, during response all the required interventions were carried out. In response to Measles alerts, detailed sessions with LHW's and community elders were conducted. In areas of C-Leishmaniasis alerts treatment was provided and for vector control measure RBM and PPHI were informed.
- WHO provided EH supply to DHQ hospital Mardan which includes 200 laundry soaps, 1 HTH bucket, books on water treatment in emergencies, 500 IEC materials of different subject and 25000 Aqua tabs were provided.
- **District DI Khan:**
- WHO coordinated with XEN, PHED D.I.Khan, and discussed the operation of chlorinators installed by WHO

recently as 2 of 7 were not working. WHO Collected 3 water samples from MM Hospital, D.I.Khan, which contained minor biological contamination. WHO distributed 10,000 aqua tab and 25 hygiene kits in community as AWD alert response in D.I.Khan.

• **District Swat:**

- WHO received and responded Measles alert from Sar (Charai). From environmental Point of view Health and Hygiene education sessions was done along with distribution of Hygiene items on 7th August 2012 among the affected community. Total 144 soaps were distributed for effectiveness of hygiene sessions. Follow up visit done to BHU Islampur in order to have an updated knowledge regarding Acute Diarrhea cases.
- WHO conducted coordination meeting with Chief Officer TMA Mingora Swat regarding provision of safe drinking water and solid waste management on 9th August 2012. In the meeting the ongoing situation of Acute Diarrhea in the whole district was discussed. Chief officer requested WHO for the provision of liquid chlorine in order to make the chlorinators functional. As per solid waste management TMA complain about the shortage of staff but still he assured that TMA is doing their best in managing the Solid Waste.

• **District Shangla:**

- In response to AWD alert WHO visited the affected village of Shagai Martung. Water samples were taken from the sources. During water quality monitoring 05 numbers of samples has been collected from different areas in tehsil Martyung. Out of which 02 water samples from village Shagai were found unfit for drinking. On job training conducted on health & hygiene. Aqua tabs 2500, soaps 300 and IEC materials distributed in the areas from where alert was reported.
- WHO visited BHU Chowga along with PPHI monitors and conducted on job session with the Health facility staff on chlorination techniques and health care waste management procedures.

• **District Haripur:**

- WHO received and responded five water born alerts/outbreaks 2 suspected AWD at Village Ghairyan, UC Bakka and Mohree Malian, UC Panian, 1AD at Muhallah Shaheedan Panian, UC Panian and 2EF alerts from Afghan Camps at District Haripur were investigated and responded promptly. Total 14 water samples were collected for bacteriological analyses during alert investigation and HF monitoring, 70 % tested water samples were found with bacteriological contamination. In addition Health and Hygiene sessions, WHO provided 5 hygiene kits, 130 antiseptic soaps, 5000 Aqua tabs, 120 Pure sachets and 80 IEC materials of different subject were displayed and provided to community during Alert/outbreaks responses.
- WHO conducted coordination meeting with Program Manager Save the Children Haripur. PM was informed about the cases. Looking at the increase in trends of EF in afghan camps it was decided to do shock chlorination of water supply schemes and Health and hygiene campaign involving CHWs will also be launched.
- WHO visited 4 health facilities. The health facilities and water supply system were assessed in order to identify gaps, problems and nature of interventions required in four main areas (water supply, sanitation, Health care waste management tools, equipment and Training of staff on Health care waste) of Environmental Health. HCWM was found poor at BHU Koklian Haripur.

**Nutrition:**

- WHO conducted capacity building training of Health care staff of DHQ Alpurai Shangla on Facility Based Management of Severe Acute Malnutrition. 13 participants (doctors, nurses and clinical technicians) were trained in the training.
- WHO conducted meeting with MS DHQ Alpurai and district Pediatrician, Shangla to discuss the operationalization of the Nutrition Stabilization Center in the DHQ. Deputy Director nutrition was also present in the meeting. It was communicated that the services in NSC will be started as soon as the food supplies (F-75 and F-100) will reach the DHQ hospital.
- WHO held Meeting with EDO (H) and district National Program Coordinator for Shangla. Working of the Health and Nutrition Sentinel Sites was discussed in the meeting. Refresher training was stressed by the DNPC which was principally agreed.
- WHO conducted visit to the HANSS sentinel site in Shangla. THQ Bisham and RHC Puran. WHO provided hands on, informal training to 10 lady health workers of each sentinel site. This session was much appreciated and the need was stressed to hold such informal sessions along with formal refresher trainings for the LHWs in

the district on regular basis.

- WHO conducted meeting with AD Nutrition and reproductive health regarding visit of Deputy Global Nutrition Cluster coordinator. Details discussed of his visit and possible visit to NSC Nowshera in Pabbi Hospital.
- WHO conducted monitoring and supervision visit to Nutrition Stabilization Center Pabbi, district Nowshera. Meeting was conducted with MS of the hospital and paediatrician in charge to discuss with the issues arising in the functioning. It was agreed that incentives to the staff will be paid after a formal letter from MS is received by Deputy Director Nutrition cell. Another meeting planned after the return of DD Nutrition from Shangla.
- Total of **18** patients of severe acute malnutrition with life threatening complications were admitted in 8 Nutrition Stabilization Center with **14** patients were discharged, out of which **12** were cured **00** died and **02** were defaulter cases.
- In Pabbi Hospital Nowshera, **one** new case of children with severe acute malnutrition with life threatening complications was admitted in the hospital and that also defaulted and went LAMA.

#### **District level coordination & monitoring:**

**Shangla:** WHO conducted meeting with DSM PPHI for outbreak response in Village Martung. WHO visited DHQ Alpurai and BHU Martung. WHO received and responded a total of 04 alerts (02 C-Leishmaniasis, 01 Enteric fever and 01 Scabies) and one outbreak (AWD).

**Haripur:** WHO received and responded 8 alerts. WHO visited 6 health facilities (DHQ, CD KTS3, BHU STC2, BHU STC3, BHU Panian, BHU Koklian Peran). ARI 16% with decrease of 1% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhoea 11% with 0.5% increase compared to previous week and scabies 3% with 1% increase in its proportional morbidity. WHO conducted coordination meeting with health manager Save the Children and Public Health Coordinator regarding Enteric fever cases in Afghan camps.

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

**Lower Dir & Upper:** WHO conducted coordination with EDO health and MS Dir lower, MSF Belgium and Focal person for Dengue Control Dir lower. WHO regularly monitoring the DTC Timargara but no AWD case was found in DTC. WHO visited DHQ Timargara, DTC Timargara, Measles MSF ward Timargara, THQ Chakdara, THQ samarbagh, BHU Nasafa, BHU Osakai.

**Swabi:** WHO conducted coordination meeting with EDO Health and DSM PPHI at EDO Health office Swabi. WHO ensured to provide its technical support as well as gap filling in term of essential medicines in case of water born diseases outbreaks. A joint team was formulated that include DoH, PPHI and WHO for outbreak response. The team performed the following Prevention & control activities. Diagnosis and Treatment of all diarrhoea



complainants. Transit walks around the village and interviews with community members for information collection and assessment. Water samples from all drinking water sources for physio-chemical and microbiological quality of drinking water (water quality tests under process). Health promotion session with community, patients and attendants on hand washing with soap, use of aqua tabs and pure sachet, hygienic water collection and storage, water boiling, excreta disposal and domestic hygiene. Distribution of essential supplies for hygiene and water quality improvement in the village. Sensitization of the local community elders, school teacher, clerics for intensive dissemination of AWD prevention and control measures. Demonstration of health promotion messages at the treatment facility. HCWM at the temporary medical camp facility. Education of women on preparation of Rehydration Solution at home. MS BMC requested WHO for inj: Insulin 70/30. The previous insulin provided by WHO was properly used by the Physician of BMC. The required data was shared to WHO Swabi. WHO visited 6 health facilities. WHO responded 4 system Generated alerts (suspected BD, 2 suspected OAD and 1 URTI). WHO briefed the in charge of the relevant health facility on proper case definition and maintenance of proper line list in case of outbreak.

**Swat:** WHO received and responded 18 alerts of Suspected Measles. WHO responded seven system generated alerts of Week 31. WHO held coordination meetings with the MS Saidu Group of Teaching Hospital and EDO Health Swat. WHO conducted monitoring visit to Saidu Group of Teaching Hospital. WHO conducted monitoring visit to CH Manglore, CD Rangmohallah, BHU Dureshkhela & BHU Bahrain, BHU Darmai and THQ Matta. Alert/ Outbreak response materials including soaps, IEC Materials, Jerry cans etc received at District Swat from Provincial Warehouse. District Swat received equipment for Nutrition Stabilization centre at THQ Matta.

**Charsadda:** WHO visited BHU BHU Umerzai, THQ Tangi, CH Shabqadar, CD Turangzai, DHQ hospital, RHC Sherpao. Registers checked and on job orientation of the facility incharges regarding eDEWS was done. DEWS data was submitted by 44 health facilities. WHO conducted meeting with MS of CH hospital Shabqadar regarding notification of alerts. Medical officer was called by the MS and was directed for the notifying alert which he comes across in the OPD. No alert was reported by DHQ Charsadda and THQ Tangi so the Paediatrician of these hospital were met for not missing any alert if they come across in the clinic or in hospital.

**Manshera:** WHO received and responded 13 alerts for suspected Measles,. WHO performed follow up visit to an area of outbreak of Measles (Village Jabbi Karmang Bala UC Battalion) and 2 more cases of Measles found during active surveillance (Total 13 cases of Measles reported from this area during three weeks) . WHO attended UPEC Chairman meeting in EDO H office for feedback of July NID activities WHO conducted monitoring visits to DHQ Hospital, BHU Kotli Bala, BHU Ahl, RHC Shinkari and CH Battalion for alert response under DEWS activities. WHO provided supplies to EDO health for outbreak response and management. Slight increase in reported cases of diarrhoea from DEWS reporting sites as compared to previous weeks.

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

**Mohmand:** WHO conducted monitoring visits to 5 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Sultan khel, BHU Baro Khel, BHU Sangar. WHO conducted coordination meeting with MS AHQ Ghalanai regarding proper utilization of supplies under SFD. WHO conducted coordination meeting with Agency Surgeon & NP Coordinator regarding involvement of LHWs in Health & Hygiene promotion activities during diarrhoea season. WHO held coordination meeting with FCHP coordinator regarding free medical camps in Safi. WHO received and responded one Measles alert from Daro Kor. WHO conducted on job training to BHU Sultan khel & BHU Baro Khel staff on Alert & outbreak response.

**Battagram:** WHO received and responded 16 new cases of Cutaneous Leishmaniasis cases. WHO provided first dose of Inj Glucantime at BHU Jambura and CH Thakot. 115 patients received 2nd dose of Inj Glucantime during the current week. WHO conducted visits to DHQ Hospital Battagram, RHC Kuza Banda, CH Thakot, BHU

Jambera, BHU Batly, BHU Bhattian, RHC Banna for eDEWS analysis. WHO received and responded 2 Measles alerts from DHQ Hospital and 1 from BHU Batly. WHO responded 1 System generated alert of URTI, 3 of OAD, 3 of BD and 4 of TF, 1 Of AVH for Week 31-2012. WHO conducted coordination meeting at DCO Office, under the chair of DCO to discuss the lessons learned in NID July 2012. WHO held coordination meeting with the EDO Health, Senior Manager Health Save the Children Battagram, Coordinator NP regarding the current status of Leishmaniasis out break at UC Jambera. WHO attended the monthly meeting of health facility In Charges at EDO Health office and shared with them status of Measles alerts as well as status of the eDEWS activities.

**Lakki Marwat & Bannu:** WHO conducted coordination meeting with EDO health Bannu and MS DHQ hospital, regarding proper use of hospital equipments provided by WHO. WHO held coordination meeting with MS DHQ hospital Lakki Marwat and handing over SFD, EH and EM medicines and equipments to the hospital. WHO conducted coordination meetings with DSM PPHI Lakki Marwat and provision of aqua tabs and Jeri cans for those areas, where there's problem of clean drinking water supply. WHO conducted monitoring visits to 8 health facilities. 5 health facilities were visited in district Lakki Marwat and 3 in Bannu. Health staff briefed about DEWS, case definitions of different infectious diseases, alert reporting, and timely submission of weekly reports. WHO received and responded one outbreak and one alert. Outbreak was of AJS from Bannu city area and alert was of Cutaneous leishmaniasis reported from FR Lakki area.

**Bajaur Agency:** 22 out of 24 sentinel sites submitted their eDEWS to WHO. WHO received and responded 4 alerts. 2 were alerts of suspected Measles while other 2 were of NNT. WHO visited 2 health facilities, feedback shared with Agency Surgeon and EPI Coordinator. WHO conducted coordination meeting with Agency Surgeon and AHCSO for devising special strategy in the context of community awareness regarding polio and other VPDs comes under EPI Schedule. This was a special consideration after the announcement of Polio confirmed case in the bordering area of Tehsil Salarzai. WHO attended and facilitated a training session of newly hired social mobilizers was attended along with Agency Surgeon.

**Logistic:**

The following supplies were supplied from WHO KP warehouse to.

<b>DHQ(H)/DOH KOHAT</b>	100000 Aqua Tabs, 120 Book on emergency water treatment, 700 Fuji Soap, 8 Guide line for chlorination of water in flood affected, 30 Hand wash method Urdu instructions poster , 28 Healthy society for pregnant & feeding woman give fresh food , 1 Pulse ox meter Model G 1b, 4 Safe Drinking water Urdu & English Poster, 120 small boys & girls some Quantity of Food poster, 8 Solid waste Urdu & English poster, 350 Vim dish wash soap 200g, 1 Appendectomy set (SFD), 5 Apron SFD,100 Battery Cells, 100 Biohazard Bags 19/23, 1 Blood Bank Refrigerator (SFD),80 Chlorine Disinfection Urdu & English Poster, 1 Cpr Board, 80 Dengue Iec Materials posters ,4000 Dettol bath soap 100gm, 5 Drinking water disinfection Urdu & English poster, 1 Dry Mob, 5 Eye wearer Goggles, 40 Eye wearer, 120 Hand hygiene English & Urdu posters, 5 HTH Hypochlorite 70%,3 Long shoes plastic Rubber, 1 Mob Bucket yellow color (SFD), 5 Needle Cutter ,30 plastic Bag , 1 Platelets Agitator (Model pf 481, 1 Plasma Freezer (SFD), 3 preparation & Use Of % Chlorine Poster, 80 Preventing Eye English Poster, 140 Safe Disposal of faces in English poster, 30 Safety Boxes, 2 Sterilizers (SFD).
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<b>DHQ(H)/DOH HANGU</b>	50000 Aqua Tabs 67mg, 125 Amoxicillin 125mg90ml syrup, 120 Book on Emergency water treatment,20 Chlorine disinfection Urdu& English posters, 1 End tracheal tube 28fr, 1 End tracheal tube 12fr, 15 Foley Balloon Catheter 12fr, 19 Foley balloon Catheter 14fr,11 Foley balloon Catheter 8fr, 200 Fuji soaps 250gm, 200 Glyceryl Trinitrate tab 0.5mg , 2 Guideline for chlorination of water in flood affected,28 Healthy society for Pregnant & feeding woman give fresh food,28 Public Hygiene Urdu & English poster ,1 Pulse ox meter model 61B, 4 Safe Drinking water Urdu & English poster, 14 Salbutamol inhalation solution, 120 small boys & girls give some quantity of food posters , 40 Syringe without needle 3ml, 47 use of Dustbin urdu poster, 300 Vitamins & minerals Tabs, 120 Adhesive Bandage ,1 Appendectomy set ,100 Battery cells
<b>DHQ(H) D I Khan</b>	25000 Aqua Tabs, 60 Ball Points for Dengue precaution,120 Book on emergency water treatment,610 essential hygiene poster essential hygiene rule, 50 Fuji Soap, 40 Hand wash method Urdu instructions poster , 1 Health & Islamic education book in urdu,1 health is wealth poster, 608 Solid waste & Urdu & EHA W English poster,500 Vim dish wash soap 200g, 10 Apron SFD, 100 Battery cells, 100 Biohazard bags,600 chorine disinfection at house hold level, 80 Dengue IEC materials posters dettol bath soap 100 gm, 2 Dry Mob, 5 Eye wearer Goggles, 5 Eye wearer,603 Guide line for chlorination of water in flood affected, 1 HTH hypochlorite 7%, 10 Long shoes plastic Rubber,10 mask industrial type, 1 Mob Bucket yellow color (SFD), 7 Needle Cutter , 50 plastic Bag , 3 preparation & Use Of % Chlorine Poster, 680 Preventing Eye English Poster, 604 Safe Disposal of faces in English poster, 30 Safety Boxes.
<b>TANK</b>	125 Syrup Amoxicillin, 1 Auto Clave, 120 Book on emergency water treatment, 1 end tracheal 22FR, 1 end tracheal 28FR, 1 end tracheal 12 FR, 1 end tracheal 26 FR, 610 essential hygiene poster essential hygiene rule. 15 Foley balloon catheter 12 FR, 19 Foley balloon catheter 12 FR, 11 Foley balloon catheter 14 FR, 11 Foley balloon catheter 16 FR, 50 Fuji soaps 250gm, 200 Glyceryl Trinitrate tab 0.5mg , 3 Health & Islamic education book in urdu, 1 Health Wealth poster, 600 Metronidazole Tab, 14 salbutamol, 608 solid waste & Urdu & EHA wash English poster, 40 needles,3 50 vim dish wash soap, 300 vitamins & minerals, 120 adhesive bandage, 5 Apron, 68 battery cells, 35 bethmethasone, 35 biohazard bags2 Guideline for chlorination of water in flood affected, 600 Chorine Disinfection Urdu & English poster, 11 end tracheal tube 14 FR, 600 Drinking water disinfection Urdu & English poster end tracheal tube, 4 eye viewer goggles, 40 eye wearer, 18 Foley catheters 18 FR, 8 Foley catheter 8 FR, 356 GLYCERIN, 603 Guideline for chlorination of water in flood AFF, 600 Hand wash method Urdu instruction poster, 1 HtH Hypochlorite 70%, 3 Pairs Long shoes plastic rubber, 10 Masks Industrial Type , 1 Nebulizers Machine,3 Needle Cutter, 3 Oxygen Masks,25 Plastic Bag, 100 Polymyxin b Sulphate eye 6g, 109 Polymyxin B sulphate bacitracin zinc Skin oint, 3 Preparation & use of % chlorine poster , 680 Preventing eye English poster,600 Preventing Measures during cholera outbreak, 628 public hygiene urdu & English posters, 740 Safe Disposal of faces in English poster, 10 safety boxes, 400 Salbutamol 4mg Tabs, 1 Steam Sterilizers , 1433 Syringe 5cc, 126 Syringe 1cc, 35 Syringe 10cc.

<b>MARDAN</b>	<p>MARDAN MEDICAL COMPLEX (MARDAN)</p> <p>1 Nutrition stabilization center package.</p> <p>DHQ (H) MARDAN</p> <p>1 Blood Bank refrigerator, 8 ICU beds.125 Amoxicillin, 25000 Aqua tabs, ,30 Ball points for dengue precaution,7 end tracheal 22 FR, 1 end tracheal 28 FR, 1 end tracheal 12 FR, 1 end tracheal 28 FR, 15 Foley balloon catheter 12 FR, 19 Foley balloon catheter 14 FR, 11 Foley balloon catheter 16 FR,200 FUJI soap, 200 Glycerin Trinitrate Model G 1 B , 14 Salabutamol,, 40 Syringes without Needle, 300 Vitamins &amp; Minerals,120 Adhesive Bandage,1 Appendectomy set, 100 Battery cells, 35 bethmethasone,1 central nursing station monitor, 175 chlorpheniramine maleate,,700 Co Trimoxazole Tabs, 11 end tracheal tube 14 FR, 7 end tracheal tube, 20 Foley balloon catheter 18 FR, 11 Foley balloon catheter 8 FR, 1 Hand wash sink steel, 1 HTH hypochlorite 70 %,600 Metronidazole, 3 oxygen mask, 1 platelets agitator,1 Plasma freezer,109 Polymyxin b sulphate, 100 Polymyxin b sulphate bacitracin zinc skin oint, 400 salbutamol, 2 sterilizer, 126 syringe, 1433 syringe, 35 syrine10cc</p>
<b>SWAT</b>	<p>THQ MATTA (SWAT)</p> <p>1 Nutrition stabilization center Package.</p> <p>SHaidu GROUP OF TEACHING (SWAT)</p> <p>125 Syrup Amoxicillin, 50000 Aqua tabs 67 mg, 150 Ball points for dengue precaution, 1 end tracheal 22FR, 1 end tracheal 28FR, 1 end tracheal 12 FR, 1 end tracheal 26 FR, 200 Fuji soaps 250gm, 9 Apron, 356 Glycerin, 15 Foley balloon catheter 12 FR, 19 Foley balloon catheter 12 FR, 11 Foley balloon catheter 14 FR, 11 Foley balloon, 40 syringe without needles, 5 eye viewer goggles, 50 eye weare,120 Adhesive Bandage, 280 Battery cells, 35 Bethmethasone, 175 chlorpheniramine maleate, 700 co-trimoxazole,3000 dettol bath soap, 600 metronidazole, 35 mortein mat, 1 nebulizer machine, 3 oxygen masks, 109 Polymyxin b Sulphate bacitracin zinc skin oint,400 salbutamol, 126 syringe, 35 syringe 10 cc. 4460 IEC material, 35 Safety boxes.</p>
<b>Kohistan</b>	<p>MALTEZAR INTERNATIONAL (KOHISTAIN)</p> <p>1 Nutrition Stabilization Center Package</p>
<b>Shangla</b>	<p>CD SHANGAL GALI/ABBATTABAD</p> <p>125 Syrup Amoxicillin, 100000 Aqua tabs 67 mg, 150 Ball points for dengue precaution, 1 end tracheal 22FR, 1 end tracheal 28FR, 1 end tracheal 12 FR, 1 end tracheal 26 FR, 200 Fuji soaps 250gm, 200 Glycerin Trinitrate tab 0.5mg, 15 Foley balloon catheter 12 FR, 19 Foley balloon catheter 12 FR, 11 Foley balloon catheter 14 FR, 11 Foley balloon, 40 syringe without needles, 120 Adhesive Bandage, 280 Battery cells, 35 Bethmethasone, 175 chlorpheniramine maleate, 700 co-trimoxazole,3000 dettol bath soap, 600 metronidazole,35 mortein mat, 1 nebulizer machine, 3 oxygen masks, 109 Polymyxin b Sulphate bacitracin zinc skin oint,400 salbutamol, 126 syringe, 35 syringe 10 cc. 1740 IEC material</p>
<b>LOWER DIR</b>	<p><b>DHQ(H)/DOH</b></p> <p>50000 Aqua tabs 67mg, 1 Pulse ox meter, 350 Vim Dish wash soap, 1 Appendectomy set, 5 apron SFD, 90 Battery cells, 35 Biohazard Bags, 1 Blood Bank Refrigerator, 3 Eye wearer Goggles, 40 Eye wearer, 1 HTH hypochlorite 7%, 3 Long shoes plastic Rubber, 10 mask industrial type, 1 Nebulizer Machine, 3 Needle Cutter, 25 plastic Bag, 1 Plasma Freezer, 2 sterilizer. 5113 IEC material</p>
<b>BAJAUR AGENCY FATA</b>	<p>2000 Aqua tabs, 1 Stethoscope, 2 BP apparatus mercury, 500 meglumine</p>

<b>DHQ(H)/DOH LOWER DIR.</b>	50000 Aqua tabs 67mg, 1 Pulse ox meter , 350 Vim Dish wash soap,1 Appendectomy set, 5 apron SFD, 90 Battery cells,35 Biohazard Bags, 1 Blood Bank Refrigerator, 3 Eye wearer Goggles, 40 Eye wearer,1 HTH hypochlorite 7%, 3 Long shoes plastic Rubber, 10 mask industrial type, 1 Nebulizer Machine, 3 Needle Cutter, 25 plastic Bag, 1 Plasma Freezer, 2 sterilizer, 5113 IEC material.
<b>PESHAWAR</b>	SAVE AND SERVE PESHAWAR 3000 ORS sachet, 1500 chloroquine phosphate.
<b>NOWSHERA</b>	CAMP ORGANIZATION 824 Artesul Tabs
<b>BANNU</b>	W & C HOSPITAL BANNU 125 Syrup Amoxicillin, 25000 Aqua tabs 67 mg, 1 end tracheal 22FR, 1 end tracheal 28FR, 1 end tracheal 12 FR, 1 end tracheal 26 FR, 50 Fuji soaps 250gm, 350 vim dish wash soap, 1 pulse ox meter model g 1B, 200 Glycerin Trinitrate tab 0.5mg, 15 Foley balloon catheter 12 FR, 19 Foley balloon catheter 12 FR, 11 Foley balloon catheter 14 FR, 11 Foley balloon, 40 syringe without needles, 120 Adhesive Bandage, 100 Battery cells, 35 Bethmethasone, 175 chlorpheniramine maleate, 700 co-trimoxazole, 1 CPR board, 1000 dettol bath soap, 600 metronidazole, 35 mortein mat, 1 nebulizer machine, 3 oxygen masks, 109 Polymyxin b Sulphate bacitracin zinc skin oint, 14 salbutamol, 126 syringe, 35 syringe 10 cc, 5 eye viewer goggles, 40 eye wearer, 5 needle cutter,10 safety boxes,4 0 syringe without needle cutter.
<b>LAKKI MARWAT</b>	DHQ (H)/ DOH LAKKI MARWAT 125 Syrup Amoxicillin, 25000 Aqua tabs 67 mg, 1 end tracheal 22FR, 1 end tracheal 28FR, 1 end tracheal 12 FR, 1 end tracheal 26 FR, 50 Fuji soaps 250gm, 350 vim dish wash soap, 1 pulse ox meter model g 1B, 200 Glycerin Trinitrate tab 0.5mg, 15 Foley balloon catheter 12 FR, 19 Foley balloon catheter 12 FR, 11 Foley balloon catheter 14 FR, 11 Foley balloon, 40 syringe without needles, 120 Adhesive Bandage, 100 Battery cells, 35 Bethmethasone, 175 chlorpheniramine maleate, 700 co-trimoxazole,1 CPR board, 1000 dettol bath soap, 600 metronidazole, 35 mortein mat, 1 nebulizer machine, 2 sterilizer,3 oxygen masks, 109 Polymyxin b Sulphate bacitracin zinc skin oint,14 salbutamol, 126 syringe, 35 syringe 10 cc, 5 eye viewer goggles, 40 eye wearer. 5 needle cutter, 10 safety boxes, 40 syringe without needle cutter.600 IEC Material
<b>SWABI</b>	BACHA KHAN MEDEICAL COMPLEX 25000 Aqua tabs 67 mg, 50 Ball Points for dengue precaution, 200 FUJI Soaps, 100 Battery cells, 1 blood bank refrigerator,,1000 Dettol bath soap 100 gm,1 Hand wash sink steel, 1 HTH hypochlorite 70 %, 8 ICU Beds, 125 Syrup Amoxicillin, 1 end tracheal 22FR, 1 end tracheal 28FR, 1 end tracheal 12 FR, 1 end tracheal 26 FR, 1 appendectomy set, 1CPR board,1 pulse ox meter model g 1B, 400 Glycerin Trinitrate tab 0.5mg, 19 Foley balloon catheter 14 FR, 11 Foley balloon catheter 16 FR, 300 vitamins & minerals, 40 syringe without needle, 100 Battery cells, 175 chlorpheniramine maleate, 700 co-trimoxazole, 126 syringe, 35 syringe 10 cc, 1433 syringe 5cc.