



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 52

Date: Dec 23- Dec 29, 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:

Total IDPs families registered are 18,164 families with 86,466 individuals (According to UNHCR the registration of IDPs at Jalozai camp are suspended since 24th October 2012). Jalozai IDP camp host 13,772 families, New Durrani IDP camp host 3,233 families while Togh Sarai IDP camp host 1,159 families.

Alerts and Consultations:

Total of 3 alerts' cases including 2 for Cutaneous Leishmaniasis and 1 for suspected Measles were reported. There were 4,306 consultations provided through health care providers, including acute respiratory infection (32% or 1,359 cases), other acute diarrhea (4% or 167 cases), skin infection (4% or 162 cases) and confirmed malaria (<1% or 1 case).

Coordination:

Health & WASH cluster meeting take place biweekly in Jalozai attended by partners from health (Merlin, CAMP, CERD, FATA Health, GiZ, AGEg, HelpAge, 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.

WHO conducted monitoring visit to two health posts of Merlin and two health posts of CAMP organization at Jalozai IDP camp.

UNFPA shared that they are closing its project at Jalozai IDP camp from 31st December 2012.

EHE Interventions:

WHO held coordination meetings with WASH partners in the camp regarding updates on their routine activities. Emphasis was laid on vigilantly following the trends of different water & vector borne diseases projected in weekly disease situation update report of WHO and for this WHO carried out on job training sessions with field teams of WASH partners and advised them to create awareness among IDPs and convey health & hygiene messages keeping in view the current disease trends.

WASH partners updated that beside hygiene promotion they are routinely carrying out their repair and maintenance work of WASH facilities in the camp which includes periodic washing and cleaning of water storage tanks, de-sludging of honeycombs and lime treatment disinfection of latrines.

WHO tested 15 water samples for residual chlorine both at sources and at user ends, 14 samples were found to have

residual chlorine within the required limits while for the rest of the samples chlorine dose was adjusted. WHO has so far tested 1324 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. WHO has so far tested a total of 365 samples for microbiological contamination, out of which less than 7% of samples showed contamination at consumers' end, probably due to improper handling, for which chlorine dose was adjusted.

Essential Medicines Interventions:

WHO conducted coordination meeting with Merlin Project Medical Coordinator and Project Coordinator at their office in regards to provision of weekly consumption of few key essential medicines at Jalozai. WHO showed Merlin that how this data will be reflected in the weekly Jalozai bulletin which will provide information on the availability of key essential medicines and their rational use. In response to increased ARI cases at Jalozai, 5 types of assorted medicines sufficient to cover 800 people delivered to Merlin. In response to another request from Merlin, 400 Meglumine antimoniate injections have been approved which will be utilized at RHC Dag Ismail Khel to treat registered Leishmaniasis cases.

B. Togh Sarai" IDP camp, Hangu district

1159 families with 5821 individuals are residing in IDP camp.

WHO conducted coordination meetings with RID & CERD regarding skin infection/scabies situation in Togh Sarai camp. WHO conducted health & hygiene sessions with the affected community in camp and also distributed IEC material among IDPs for proper awareness and sensitization.

04 out of 18 health facilities reported to WHO via e DEWS. There were 646 consultations provided through partner organization CERD, including acute respiratory infection (33% or 213 cases), other acute diarrhea (9.4% or 61 cases), skin infection (1% or 5 cases) and suspected Malaria (1% or 7 cases).

C. Situation in Tank district

WHO visited 03 health facilities for eDEWS analysis. WHO conducted routine daily visits to DHQ hospital.

WHO held discussion regarding arrangement of EPI training in the district with reference to the introduction of PCV10 vaccine.

WHO received and responded 2 alerts of Measles.

D. Situation in D I Khan district

EDO Health D I Khan was released by the abductors last week along with his driver & a medical technician. They were kidnapped on way to D I Khan while travelling by road from Peshawar. In-charge of THQ Paroa received a unanimous letter in which he was warned to stop all Polio related activities. EDO Health & DCO D I Khan has been informed about the incident.

Majority of IDP s of South Waziristan agency are residing in Tehsil Paroa and THQ Paroa is providing Health services to these IDPs.

WHO attended weekly coordination meetings with Deputy EDO Health, EPI Coordinator, Coordinator Malaria Programme and Coordinator for National Programme. WHO presented surveillance reports & weekly data of various diseases to the concerned, particularly Diphtheria Alerts in last week from Giloti & Zafar Abad.

MDM-F, PRCS, SAHARA & SEED are providing services of PHC & WASH in the district. Islamic Relief & SHIFA FOUNDATION are conducting assessment of health needs & gaps in D I KHAN to submit a proposal to HSRU KP for a possible public private partnership project in future.

WHO delivered on job refresher trainings on e DEWS & DEWS alerts to staff of concerned health facilities during field visits in response to alerts.

E. “New Durrani” IDP camp, Kurram Agency

Save and Serve providing PHC Services in Durrani IDPs camp Sadda, Kurram Agency. A total of 1,325 consultations received through Save and Serve organization. Acute respiratory infection is the highest cause of morbidity (25.3% or 335 cases) of total consultations; other acute diarrhea (11% or 145 cases); skin infection (6% or 82 cases) and suspected Malaria (2% or 21 cases).

F. Situation in Kohat district

WHO will conduct trainings for district EPI department in coming week.

WHO conducted surveillance visit to CD Jungle Khel. OPD registers were checked for cases requiring investigations.

Assistant to DEWS Coordinator & Liaison DOH:

- WHO conducted meeting with Assistant Director Public health DoH and PC-1 for Avian Influenza was revised.

eDEWS:

KP eDEWS:

- 303 reports were received reporting 73,833 patient consultations in 13 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (29% or 21,429 cases) showing 0.5% decrease in percentage; other acute diarrhoea (5.1% or 3,752 cases); skin infection (2% or 1,321 cases); suspected malaria (1% or 580 cases).

FATA eDEWS:

- 22 reports were received reporting 4,645 patient consultations in 1 agency of FATA. Acute respiratory infections are the highest cause of morbidity (23% or 1,050 cases) showing 0.4% increase; other acute diarrhoea (6.4% or 297 cases); skin infection (2% or 94 cases); suspected malaria (4% or 178 cases).

Alerts:

- Total of 13 alerts including 2 measles outbreaks were reported. 11 alerts for suspected Measles while 01 each for Cutaneous Leishmaniasis and Pneumonia.
- **District wise bifurcation (13 alerts):** Swabi 04 for suspected Measles, Haripur 02 alerts including 01 each for suspected Measles and Pneumonia, Manshera 02 for suspected Measles, Tank 02 for suspected Measles, Abbottabad 01 for suspected Measles, Khyber 01 for suspected Measles, Nowshera 01 for Cutaneous Leishmaniasis.
- **District wise bifurcation (2 outbreaks):** Abbottabad 01 for Measles; Swabi 01 for Measles.

Essential Medicines:

- WHO held a total of 09 monitoring, 01 assessment and 03 follow up visits in different districts including Lower Dir, D.I. Khan, Kohat, Mardan and Nowshera. During visits gaps regarding irrational use & storage of essential medicines, record keeping and stock outs identified generally. WHO provided hands on trainings to the concerned

staff of health facilities.

- WHO conducted a total of 08 hands on training sessions at D.I. Khan, Dir Lower, Kohat and Mardan on rational use of medicines, storage of essential medicines, logistic support system and record keeping.
- WHO conducted 07 coordination meetings with different stakeholders including EDOHs, DSM PPHI, MS DHQs, project coordinator & PMC of Merlin in which non-availability of essential medicine, irrational use of medicines, current disease status, implementation of LSS and Leishmaniasis discussed.
- WHO responded 05 measles alerts at Mardan and Swat responded by providing vitamin A capsules. And a diphtheria alert was responded at KTH, Peshawar by providing 6 vials of ADS.
- WHO delivered 250 Insulin regular to Hayatabad Medical Complex Peshawar which is sufficient for 250 patients. 200 permethrin lotions delivered to EDOH Bannu sufficient for 200 patients.
- WHO conducted coordination meeting with PPHI Khyber agency in which essential medicines situation was discussed.
- WHO visited DHS FATA main warehouse, assorted medicines were checked and limited shelf life items were identified, different kinds of logistic support system reports were also obtained.
- WHO held coordination meeting with Save and Serve regarding essential medicines situation at New Durrani IDPs camp Kurram agency
- Due to increase cases of Leishmaniasis Agency Surgeon Khyber requested WHO for support in treating Leishmaniasis cases, line list of Leishmaniasis patients has been maintained.

WASH:

- **District Peshawar:**
- WHO handed over liquid and powder chlorine to PHED & TMA for disinfection of all main water sources & to DoH for disinfection of health facilities in the district.
- **District Charsadda & Swabi:**
- WHO conducted a 2 days on job training of PHED technical staff on water quality monitoring equipment. 2 sub divisional engineers and 04 operators participated in the training.
- WHO visited Municipal Corporation 1, Municipal Corporation 2 and TMA main water schemes. Residual chlorine was found within limits at source and consumer end. The result was also shared with TMA Charsadda.
- **District Mardan:**
- WHO held coordination meetings with EDO-H, RBM and Public Health coordinator district Mardan, discussing the situation of c-leishmaniasis in the district and adopting necessary preventive measures.
- WHO conducted monitoring visits to health facilities i.e. DHQ, MMC, TDG Toru and BHU Qasim. During visits, total of 13 health staff were trained on Health Care Waste Management, house hold water disinfection procedures and personal protection from communicable diseases.
- WHO provided 09 hand washing soaps, 20 IEC materials, 480 Pure Sachets and 19 hand sanitizers to the health facilities in district Mardan.
- **District Swat:**
- WHO carried out coordination meeting with PHED Swat regarding use of water quality equipment handed over to them by WHO and sharing of water quality data on regular basis.
- **FATA:**
- WHO responded to Measles outbreak reported from village Andar Sher CD Pindi Lalma, Khyber Agency. Health & Hygiene session was delivered to 12 community members.
- During visits of health facilities in Khyber Agency, WHO in total trained 19 health facility staff on health care waste management in on job training sessions.
- **District Lower Dir and Upper Dir:**
- WHO conducted 02 health sessions in measles ward of DHQ Dir lower and 21 individual were trained on infection control.
- WHO collected 3 water samples from village Khazana and tested for pH, Turbidity, residual Chlorine. 1 out of 3 water samples was found contaminated.
- WHO distributed 10 hygiene kits, 6 female hygiene kits & 72 soaps among patients in measles ward of DHQ Dir Lower.

- **District Hangu:**
- WHO conducted coordination meetings with RID & CERD regarding skin infection/scabies situation in Togh Sarai Camp. WHO conducted health & hygiene sessions with the affected community in camp and also distributed IEC material among IDPs for proper awareness and sensitization.
- WHO collected 4 water samples for water quality assessment and all 4 samples were found free of any contamination and fit for use.
- **District Haripur:**
- WHO visited 2 Health facilities 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. Health Care Waste Management was not found satisfactory at BHU Koklian Haripur and Safety boxes were also not available.
- WHO collected 6 water samples for bacteriological analyses during HFs monitoring, out of which 33 % of water samples were found with bacteriological contamination.

Nutrition:

- WHO conducted meeting at the Provincial Nutrition Cell at the Khyber Pakhtunkhwa Directorate General Health Services for signing of grant project agreement for implementation of 'stabilization centres' in remaining nine districts of KP.
- WHO conducted coordination meeting with the Provincial Nutrition Cell at the Khyber Pakhtunkhwa Directorate General Health Services to finalize orientation training workshop for MSs and district Paediatrician of the selected ten districts of KP.
- WHO held meeting with National Program for Family Planning and Primary Healthcare at Provincial Program Implementation Unit (PPIU) for signing of grant project agreement of implementation of the project "Nutrition Surveillance System" in remaining nine districts of KP.
- Total of **47** patients of severe acute malnutrition with life threatening complications were admitted in 10 Nutrition Stabilization Center. **45** patients were discharged, out of which **43** were cured, **00** died, **02** were medically referred and **00** were defaulter cases.
- In Pabbi Hospital Nowshera, **four** new cases of children with severe acute malnutrition with life threatening complications were admitted in the hospital out of which **03** were cured and **01** defaulted.

District level coordination & monitoring:

Haripur: WHO received and responded 02 alerts. WHO visited 03 health facilities (DHQ, CD KTS4 and BHU Hattar). WHO monitored PCV10 training. ARI 33% with increase of 0% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhea 5% with 0% decrease compared to previous week and scabies 2% with 0% decrease in its proportional morbidity.

Lower Dir & Upper: WHO conducted coordination meeting with DCO, MS DHQ, EDO health, MSF, National programme, Focal person EPI, focal person DEWS Dir lower and National programme and focal person EPI Dir upper for follow up of alerts/outbreak and field activities.

Charsadda: WHO conducted coordination meeting with district focal person for National programme regarding timely notification of alerts by LHWs. WHO visited BHU Utmanzai, CD Charsadda Khas, CD Turangzai, DHQ hospital, BHU Rajjar registers checked and on job orientation of the facility incharges regarding DEWS was done. 38 health facilities reported eDEWS data to WHO.

Swabi: 36 health facilities reported EDEWS reports to WHO. WHO visited 04 health facilities for eDEWS analysis 3 suspected Measles alerts and 1 outbreak. WHO monitored EPI training on 25th and 26th of December 2012 at EDO Health office Swabi. A batch of 20 personal from DoH was trained. WHO conducted coordination meeting with DSM PPHI regarding EDEWS reporting and proper validation of these reports in the field through their monitoring team.

and responding system generated alerts. WHO conducted supervisory and monitoring visits to areas of BHU Pomang.

Peshawar: WHO visited 02 health facilities for eDEWS analysis and alerts investigation. WHO Islamabad successfully organized Annual DEWS Conference at PC Muzzafar Abad. All surveillance officer with environmental health engineers participated in the conference.

Khyber Agency: WHO received and responded one measles alert. The measles alert was responded by mass measles vaccination. WHO conducted coordination meetings with Agency Surgeon, FSMO and PPHI. WHO conducted monitoring visit to AHQ Hospital Landikotal, CH Jamrud, CH Lowara mina and BHU Ali Masjid.

Bajaur Agency: 22 out of 24 sentinel sites submitted their eDEWS to WHO. WHO received and responded 04 alerts of 2 of suspected Measles while 2 of Cutaneous Leishmaniasis. WHO visited and monitored 01 health facilities, feedback shared with Agency Surgeon and EPI Coordinator. WHO conducted coordination meeting with MS of AHQ Hospital and the newly established skin OPD in AHQ. Though initially it will be run by a medical officer of the hospital but MS was requested for the demand of a Dermatologist/ Skin Specialist from FATA secretariat.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

Nowshera	Merlin ware house Jagra: Bethmethasone (lotion external use 0.1% lotion 20ml), Chlorpheniramine Maleate (clotrimazole, salbuamol), Clotrimazole (cream external use 10 g), Salbuamol (bottles inhalation 0.5 %20ml) vitamins & minerals (caplet oral n/a), vitamins abc
Charsadda	EDO H office: HTH Hypochlorite (70%) Powder 30 kg bucket. TMA Charsadda: HTH Hypochlorite (70%) Powder 30 kg / bucket TMA Sabqadar: HTH Hypochlorite (70%) Powder 30 kg / bucket TMA Office Shabqadar Charsadda: HTH Hypochlorite (70%) Powder 30 kg /bucket, PHED Office Charsadda : Sodium Hypochlorite (Liquid) (Only for Auto Chlorinators installed) 35 ltr / cane
Mardan	TMA Mardan: HTH Hypochlorite (70%) Powder 30 kg bucket, HTH Hypochlorite (70%) Powder 30 kg bucket. PHED Office Mardan: HTH Hypochlorite (70%) Powder 30 kg bucket TMA Office Takht Bhai Mardan: HTH Hypochlorite (70%) Powder 30 kg bucket