



WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 47

Date: November 18-24, 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 85,400 families with 392, 626 individuals. Jalozai IDP camp hosts 17, 287 families with 81, 086 individuals. 68, 113 families with 311, 540 individuals are living in off communities.

**Alerts and Consultations:**

Total of 3 alerts including 2 for suspected Measles and 1 for Cutaneous Leishmaniasis were reported. There were 4,334 consultations provided through health care provider, including acute respiratory infection (27.4% or 1,187 cases), other acute diarrhea (7% or 302 cases), skin infection (2.6% or 111 cases) and confirmed malaria (0.3% or 14 cases).

**Coordination:**

Camp cluster meeting was conducted on 20<sup>th</sup> November 2012. Issue raised by IRC that if any war victims or any other IDPs sustained severe injuries, when these patients are referred by health partners to secondary or tertiary level health care facilities there are no free treatment facilities available for them, like if they are admitted or if surgery or any other procedure is being performed and also the medicine which are not available in the hospital, the IDPs have to purchase from their own pocket which is not possible for them. PDMA requested WHO to raise this issue in the provincial health cluster meeting so that free treatment facilities should be made available to these IDPs.

Health, Nutrition & WASH cluster meeting take place once a week 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.

Jalozai Camp Health cluster meeting was conducted on 21<sup>st</sup> November 2012 at Merlin’s J-3 health post; all the Health and WASH partners shared their updates. Merlin updated the forum about the Insecticide Residual Spray being conducted by them in the camp. EPI department of DoH informed the forum that they don’t have EPI permanent registers in the camp because of which they have difficulty in preparing defaulters lists. WHO briefed the forum about the investigation of Typhoid cases being reported from CAMP Organization and said that the WASH partners have investigated the cases in detail and have come to the conclusion that most of the cases were from outside the camp residing in the nearby host community and using the health cards of their relatives residing in the camp, water quality tests are regularly performed by the WASH partners.

**EHE Interventions:**

WHO in collaboration with WASH partners and also taking Health partners on board responded to Typhoid Fever

cases reported in previous week. As per the findings and follow-up of the cases, it was found that most of the cases were off-camp and those living in camp; were found with poor living hygienic conditions. Hygiene sessions were taken with the families regarding improving their living conditions, IEC material and soaps were also distributed among them.

WHO held coordination meeting with MERLIN and communicated to them complaint on behalf of IDPs of phase 4 that in sector-c IRS was not done properly covering all the tents, MERLIN ensured WHO that it will be redone in the said area to the satisfaction of IDPs.

WHO conducted coordination meetings with WASH partners regarding updates on WASH activities in the camp. SEED informed that on the demand of IDPs of phase-6 sector E-5, they installed a new WASH line to facilitate the inhabitants of the said area. This WASH line includes 2 washrooms, 2 latrines, 1 washing pad and 1 laundry.

WHO tested a total of 21 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. In total WHO has so far tested 1225 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 a total of 06 samples for microbiological contamination and all samples were found fit for drinking with no contamination. In total WHO has so far tested 330 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.

#### **Essential Medicines Interventions:**

WHO conducted 02 monitoring visits to J-3 BHU supported by Merlin and CAMP-2 BHU at Jalojai Camp in which good inventory management practices and rational use of essential medicines observed. The gaps identified shared with concerned staff for improvement. WHO conducted coordination meeting with Merlin PMC and district pharmacist in which essential medicines support and gaps i.e., error in prescription handling & dose calculation identified during monitoring visit shared and at the end it was decided to arrange a capacity building session on rational use of medicines.

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

1159 families with 5821 individuals are residing in IDP camp.

WHO received and responded 15 Typhoid Fever cases reported by RHC Naryab. WHO went for detailed investigations to the area, RHC staff was met and inquiry regarding the reported cases was done, reporting Medical Technician explained that they have received cases suspected of Typhoid Fever but they do not have addresses of those cases, WHO contacted health partner MDM-F supporting the Same health facility but their medical officer reported that they have not received such number of cases from the area, Team went to few local mosques for announcements but none of the cases turned up, WHO collected few water samples from some households for bacteriological examinations, RHC staff was requested for maintenance of the Line-list along recording of addresses of suspected cases for epidemiological investigations to be conducted Health partner MDM-F was requested by the WHO to be vigilant in diagnosing Typhoid fever cases

WHO received and responded 21 Typhoid Fever cases were reported from BHU Kahi and 2 TF from BHU Darband.

EDO-H Hangu has requested for installation and training of health personnel over X-Ray processor plant provided by the WHO.

05 out of 18 health facilities reported to WHO via e DEWS. There were 399 consultations provided through partner organization, including acute respiratory infection (44% or 174 cases), other acute diarrhea (11% or 43 cases), also skin infection (7.5% or 30 cases) and suspected malaria (0.5% or 2 cases).

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

WHO visited 8 health facilities for eDEWS analysis. WHO conducted routine daily visits to DHQ hospital OPDs and EPI fixed center. Evening meeting at the DCO office regarding daily progress of the SIAD campaign. center.

WHO received and responded a case of Cutaneous Leishmaniasis in Tank city.

WHO provided on job training of the medical technician who reported Leishmaniasis alert. In Charge BHU Shah Alam, Gara Baloch and Ranwal also attended the session. The case did not seem clinically a Leishmaniasis. Case definition was discussed in detail.

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

WHO coordinated with FATA office regarding field visit to FR DI Khan and situation of Diphtheria. WHO conducted routine daily visits to DHQ hospital in DI Khan.

WHO conducted coordination meeting with field monitoring officer of the Malaria program (Rep. of Global Fund).

CCHF case investigated by WHO last week turned positive for the virus. WHO shared reports with the concerned quarters. EDO H office Lakki Marwat was informed by NIH officials. EDO H and EPI Coordinator discussed case with WHO.

WHO provided training to the health technician on case definition, investigations, referral and reporting of Diphtheria and other cases. WHO educated supporting staff, nurses and doctors for proper personal protection and care with patients, suspected of viral hemorrhagic fevers.

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

Save and Serve providing PHC Services in Durrani IDPs camp Sadda, Kurram Agency. Save and Serve reported that the first phase of their project has been completed on November 15,2012 with the support of WHO,CERF funded and the second phase is started on November 16,2012 with UN-OCHA funding. A total of 996 consultations received through Save and Serve organization. Acute respiratory infection is the highest cause of morbidity (38.5% or 383 cases) of total consultations; other acute diarrhea (9% or 87 cases); skin infection (6% or 57 cases).

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

WHO held coordination meeting with EDO-H and chalk out strategy for Moharram.

MDM-F is providing PHC services in district Kohat.

### **Assistant to DEWS Coordinator & Liaison DOH:**

- Winter Contingency plan was approved and sent to National Office for Consideration.
- WHO conducted meeting with MS-Hayatabad Medical Complex in regards to WATSAN activities planning and WHO role in tertiary care hospitals.
- WHO conducted training to Islamic Relief staff on Leishmaniasis and its response.
- ARI centre was approved and Save and Serve were directed to start the centre on 24<sup>th</sup> November, 2012.
- Dr. Zareef was contacted for provision of essential medicine for the camp.
- WHO conducted meeting with WHO KP Polio team leader on the resurgence of Polio cases in district Bunir and role of DEWS in vaccine coverage.

**eDEWS:****KP eDEWS:**

- 406 reports were received reporting 103,693 patient consultations in 16 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (26% or 26,859 cases) showing 1% decrease in percentage; other acute diarrhoea (6.2% or 6,394 cases); skin infection (2.2% or 2,318 cases); suspected malaria (1% or 1,053 cases).

**FATA eDEWS:**

- 59 reports were received reporting 14,020 patient consultations in 3 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (21.3% or 2,985 cases) showing 1% increase; other acute diarrhoea (7.6% or 1,069 cases); skin infection (2.3% or 320 cases); suspected malaria (6% or 810 cases).

**Alerts:**

- A total of 48 alerts including 05 outbreaks were reported from KP and FATA. Out of these 27 were of measles, 10 were of Leishmaniasis, 02 each were of Dengue Fever and Enteric Fever, 01 each was of Acute Viral Hepatitis, Diphtheria, H1N1, Neonatal Tetanus, Pneumonia, Typhoid Fever and Acute Upper Respiratory Infections.
- KP: 37 alerts including 04 outbreaks.
- FATA: 11 alerts including 01 outbreak.

**Essential Medicines:**

- WHO held 09 monitoring and 03 follow up visits in different districts including Mardan, D.I. Khan, Dir Lower and Kohat. During monitoring visits gaps regarding irrational use & storage of essential medicines, record keeping and stock outs identified generally. Hands on trainings provided to the concerned staff of health facilities.
- WHO provided a total of 11 training at D.I. Khan, Dir Lower, Kohat and Mardan and Nowshera on rational use of medicines, storage of essential medicines, LSS, dose of TIG, and record keeping.
- WHO conducted 12 coordination meetings with different stakeholders including EDOH, Nutrition Coordinator UNICEF, EPI Coordinator, MS, DMS, DSM and DCO in which EM activities, establishment of SC, and cold chain management of vaccines, contingency plans and training on LSS discussed.
- WHO responded 02 Leishmaniasis alerts by providing Meglumine Antimoniate Injections and 5 measles alerts were responded by providing Vitamin A capsules at Dir Lower and Swat.
- WHO delivered 1000 Vitamin A capsules to EDOH, Swat for civil hospital Kalam.
- WHO held coordination meeting with PPHI Khyber agency, assorted medicines were provided to DHS FATA main warehouse. WHO visited DHS FATA main warehouse, additional medicines supply were physically verified, stock inventory was updated on logistic support system.

**WASH:**

- **District Nowshera:**
- WHO conducted coordination meeting with SPADO IP of “Norwegian Church Aid” (INGO) regarding testing of 75 new water points. They told WHO that they will be installing 75 hand pumps at different locations in the district and will then test those sources for contamination and for which they required support from WHO in form of water testing kit. WHO handed over the kit to SPADO for testing of these new water points and also asked them for sharing results of these water quality tests later on.
- WHO held coordination meeting with staff of RBM program of DoH and had discussion on conducting fumigation activities in the district. They told WHO that they had funds’ shortage and had asked DCO for that,

as soon as they will get it, they will be in a position to start fumigation activities in different areas of the district depending upon the funds.

- WHO collected 3 water samples from village Aza Khel for water quality testing and out of these 3, 2 were found fit for drinking and 1 was detected with contamination which was probably due to improper handling at house hold level. WHO later on conducted hygiene sessions with the family on safe and proper handling of water at house hold level.
- **District Charsadda & Swabi:**
- WHO visited BHU Jhunda, BHU Utlā, RHC Yar Hussain and Bacha Khan Medical complex district swabi. The health officials were oriented on manual disinfection of hospital water supply system and steps of total disinfection in hospital environment. BHU Jhunda and RHC Yar Hussain need urgent assistance of hard ware component of HCWM. WHO EH unit provided 500 hand washing soap, protective gloves, face masks and 5 Kg HTH (70%) to these health facilities.
- WHO in collaboration with PPHI and DoH organized and facilitated health promotion and social mobilization session regarding school health program in GHS Jhunda. Hygiene education sessions were conducted with students and teachers on hand washing with soap, water boiling, Use of aqua tabs/pur sachet and disposal of excreta. At the end of the event hand washing soap was distributed in students and teachers.
- WHO organized a coordination meeting with TMO Charsadda and Executive Engr PHED Charsadda. The management was sensitized on use of color comparators for residual chlorine monitoring and smooth operation of Auto-chlorinators. Latest updates on proposed training of TMA/PHED focal persons on water quality monitoring were shared by WHO teams. TMO/Exe-Engr PHED requested to expedite the implementation process of the proposed training plan.
- WHO visited TMA/PHED tube wells in MC1, MC2, old Charsadda town scheme, town council Utmanzai scheme, UC Turnab and UC Mirzadher. All the Auto-chlorinators units were found functional. The water supply staff requested for liquid chlorine (20%) for smooth operation of these units.
- WHO participated and facilitated the orientation workshop of LHWs from BHU Jhunda, BHU baikha and MCH center on immunization campaign and talking refusal cases in district swabi. The LHWs were sensitized on prevention and control of water born diseases in the targetted communities.
- WHO in collaboration with Sarhad rural support program district Charsadda collected and analyzed 10 water samples from UC Ehsaara, daulat pura and Gazi abad district Charsadda. 12% of the samples from dug wells and hand pumps were found faecally contaminated. WHO provided HTH (70%) for disinfection and cleaning of the contaminated water sources to SRSP Charsadda unit.
- **District Mardan and Bunir:**
- WHO conducted meeting with MS DHQ Hospital Mardan; During meeting MS DHQ Hospital was informed about the SFD delegation/mission's visit to DHQ Hospital Mardan during coming weeks for status of the supplied equipments.
- WHO conducted routine monitoring visits to DHQ Hospital, Mardan Medical Complex, BHU Seri Behlol, Gujar Ghari & CD Baghdada. During visits on job training of 6 health staff was conducted on health care waste handling and disposal at site. Hand sanitizers, IEC material and books on water disinfection in emergency were provided to health staff at BHU Seri Behlol during routine visit.
- WHO held coordination meeting with Northwest construction company for updated status of WHO warehouse construction in DHQ hospital Daggar Distt Buner.
- WHO responded to total 05 alerts/ outbreak (4 Suspected Measles and 1 C Leishmaniasis). All the reported alerts from the district were responded in collaboration with DoH and PPHI, during response all the required interventions were carried out.
- **FATA:**
- WHO responded to leishmaniasis alert reported from village Miangan Ghalanai Mohmand agency. Medical officer at AHQ Ghalanai diagnosed the Patient as a case of C-Leshmaniasis, field investigation carried out; upon active surveillance and no other case was found in the area. 5 community members were educated on advantages of personal and household hygiene, maintaining proper food hygiene & household water disinfection methods.
- WHO responded to measles alerts reported from village Shagi Miangan, Village Amir Khan kalay, village Wahabyan korona and Amir Khan kalay of Mohmand agency. Measles Vaccination done in the area and total of 199 children were vaccinated against Measles by EPI teams. Coordination meeting was also held with FSMO regarding Measles vaccination in the reported localities. During response, 33 community members were

educated on advantages of maintaining personal, household & food hygiene.

- During routine visits, WHO carried out assessment of BHU Michni, BHU Ghazi Kor & BHU Kassai for its physical structure, water supply and sanitation. 06 health staff was also educated in an on job session regarding maintaining proper hospital hygiene.
- WHO responded to system generated alerts of bloody diarrhea reported from different localities in Mohmand agency, 6 water samples were collected for microbiological testing, health & hygiene sessions were delivered and families were educated on household water disinfection methods.
- WHO distributed 263 antibacterial soaps and 216 HTH disinfection tablets in the community in response to the alerts reported from Mohmand agency.
- **District Lower Dir and Upper Dir:**
- WHO responded to 2 measles alerts reported from village Hajiabad, UC and tehsil Balambat, Dir Lower, village Gulbandai UC Sadbarkallay and tehsil Samarbagh of Dir Lower. EDO-H & EPI Coordinator were informed.
- During response; soaps, laundry sops, washing soaps and hygiene kits were provided to affected families and health education session conducted with 27 individuals.
- WHO responded to 2 C-Leishmaniasis cases reported from Village Muskarai, UC Nehag darra of Dir Upper and Village Kallay, UC Khall of Dir Lower. 10 ITN's and 72 Antiseptic Soaps were distributed among the affected patients. LHW's were asked for health education and also 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 7 family members (21 individuals) and community elders.
- WHO conducted 02 health education sessions with male and 2 health sessions with female conducted in measles ward to the affected families and health education were provided to 37 individuals.
- WHO collected 05 water samples from Khawargai bazar Timargara near Wapda office Dir lower and tested for pH, Turbidity, residual Chlorine. All the samples were found contaminated.
- **District Kohat & Hangu:**
- 15 TF cases were reported by RHC Naryab, but WHO during investigations was told by the health facilities staff that the addresses of the reported patients were not recorded. WHO asked the HF staff to maintain proper line list of the patients visiting the HF to facilitate follow up of the cases in future.
- In addition WHO collected total of 5 water samples randomly from the reported area in which 40% contamination was detected. EDO-H was also informed about the situation.
- 5,000 aqua tabs were provided to RHC Naryab for distribution among the reporting patients.
- WHO provided on job training session to RHC staff regarding proper use of aqua tabs and maintenance of line list and record keeping.
- **District Haripur:**
- WHO responded to 2 Enteric Fever alerts (village Shah Muhammad and Afghan Refugee Camp Basumera), 1 DF alert at village Pendak at District Haripur and 1 AVH alert at Abbottabad. All the alerts were investigated and responded promptly with water quality analysis, distribution of soaps & aqua tabs and Health and Hygiene sessions were conducted creating awareness in the community regarding mosquito control and early referral of hemorrhagic cases to the DHQ. Fog spray/residual spray and Health and hygiene campaign is planned for coming week. LHWs were also asked to identify cases of EF to the health facilities for further reporting. EDO-H was informed about the cases.
- WHO collected a total of 14 water samples for bacteriological analyses during alert investigation and health facility monitoring, 57 % tested water samples were found with bacteriological contamination.
- WHO provided 40 antiseptic soaps, 5000 Aqua tabs and IEC material on different subjects to community during alerts investigation and responses.
- For capacity building on water quality monitoring and effective use of water testing kit provided by WHO to PHED, coordination meetings were conducted with XEN Haripur and SDOs of PHED Abbotabad and Manshera.
- WHO visited CD Kalabat Township, the health facility was assessed to identify gaps. Interventions are required in four main areas (water supply, sanitation, Health care waste management tools, equipment and Training of staff on Health care waste). Also CD Kalabat needs an extra room as mostly patients are treated in open space due to non availability of space in existing building.
- **District Shangla/Kohistan:**
- WHO attended Monthly Early Recovery Working Group (ERWG) meeting held in the office of DCO Shangla.

All partner organizations also participated in the meeting. Beside discussion on various issues, Malteser Int and CRS were asked to update and report the pre and post water quality testing data after completion of every DWSS.

- WHO responded to 1 measles alert reported from village kas pagorai. With the help of task team WHO visited the affected village. On job health and hygiene sessions were conducted and total of 35 community members were trained.
- WHO visited RHC Karora and BHU Shahpur. After assessment it was revealed that RHC Karora is lacking proper sewerage system and existing wash rooms were out of order.
- WHO collected 02 water samples from village Pagorai, out of which 1 sample was found unfit for drinking.
- WHO collected 03 water samples from Alpurai Tehsil, out of which 02 samples from village Belay Baba were found contaminated.
- WHO distributed 3000 Aqua tabs, 150 soaps and IEC materials mainly in the areas from where alerts was reported.
- WHO provided 150 water filters, 700 units of antibacterial soaps, IEC materials to PPHI Shangla on their request for further distribution to BHUs.

#### **Nutrition:**

- WHO Participated in AusAID Project End Year Review Scheduled on November 22, 2012 at Ayub Medical College, Abbottabad.
- WHO conducted coordination meeting with the Nutrition cell and National program for submission of unspent money to WHO office.
- Total of **47** patients of severe acute malnutrition with life threatening complications were admitted in 9 Nutrition Stabilization Center with **45** patients were discharged, out of which **40** were cured **00** died, **03** were medically referred and **02** were defaulter cases.
- In Pabbi Hospital Nowshera, **two** new cases of children with severe acute malnutrition with life threatening complications were admitted in the hospital out of which 02 were cured and 00 defaulted

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

**Haripur:** WHO visited 08 health facilities (DHQ, BHU Shah Muhammad, BHU Sarai Saleh. STC 5, STC 4, BHU Sikandarpur, CH Khalabut, CD Central Jail). Health Cluster Coordination meeting was conducted at EDO Health office: Meeting was chaired by EDO Health and DEWS Provincial coordinator. Meeting was attended by Save the children, Pakistan Red Crescent Society, Population welfare organization, Thalesemia society, PPHI, National Program, EPI, Public Health Coordinator and Medical Superintendent DHQ. Various issues and gaps facing by DoH were discussed with proposal of solutions and pledges by partners. ARI 28% with increase of 1% compared to previous week remained the major cause of morbidity both in Hosting and Afghan refugee population in Haripur followed by diarrhea 7% with 1% increase compared to previous week and scabies 2% with 0% decrease in its proportional morbidity. WHO received and responded 06 alerts.

**Mardan:** WHO conducted meeting with MS DHQ Hospital Mardan; during meeting MS DHQ Hospital was informed about the Saudi Funds for Development delegation/mission's visit to DHQ Hospital Mardan during coming weeks for status of the supplied equipments. MS was further requested for proper management of all supplied SFD equipments at DHQ Hospital Mardan. On 21<sup>st</sup> November 2012 WHO held meeting with MS Mardan Medical Complex Hospital Mardan, WHO informed the forum about the SFD mission and purpose of their visit to MMC Hospital Mardan. WHO conducted routine monitoring visits to DHQ Hospital, Mardan Medical Complex, BHU Seri Behlol, Gujar Ghari & CD Baghdada. During visits on job training of health staff was conducted on disease case definition, alert/outbreaks response focusing routine vaccination and weekly eDEWS reporting. WHO received and responded a total of 5 alerts/ outbreak (4 Suspected Measles and 1 C Lishmaniasis) all the reported alerts from the district were jointly responded with DoH and PPHI, during response all the required interventions were carried out. During outreach vaccination activity with all antigens by district EPI team more than 200 children were vaccinated in the affected locality and surrounding.

**Lower Dir & Upper Dir:** Upper Dir: WHO conducted coordination meetings with MS Timaragara, EDO health, MSF, AF camp Timar, National programe and focal person DEWS regarding measles alerts and outbreaks

responses. WHO responded 2 measles alerts from village Hajiabad, UC and tehsil Balambat, Dir Lower, village Gulbandai UC Sadbarkallay and tehsil Samarbagh, Dir Lower.

**Charsadda:** WHO visited BHU Zarinabad, BHU Ibrahimzai, BHU Nisatta, BHU Utmanzai, DHQ hospital, BHU Serdheri registers checked and on job orientation of the facility incharges regarding DEWS was done. 42 health facilities reported eDEWS data to WHO. Polio Mop up conducted (18Nov-20<sup>th</sup> November) in 19 high risks union councils of district Charsadda. Fix sites visited. Mobile teams checked.

**Swabi:** 39 health facilities reported EDEWS reports to WHO. SNID monitoring was done by WHO on 20<sup>th</sup> and 21 of November 2012. WHO visited 17 fixed center, 6 team checked, area in charge and CSPs were supervised, issues identified and solved. WHO with PPHI arranged a grand hygiene session in Government High School Janda, Swabi. 360 students participated. WHO distributed soap in all students and teachers. All the relevant sessions were delivered properly. DSM PPHI requested WHO Racks for their medicines in their store. WHO held coordination meeting with DSM PPHI regarding the EDEWs training of all LHV's and agreed.

**Buner:** WHO actively participated in SIAD. WHO attended evening meetings at facility level. WHO participated in evening meetings at district level chaired by DCO. WHO conducted coordination meeting with DCO Buner. WHO held coordination meeting with EDO health. WHO held coordination meeting with CDC coordinator. WHO held meeting with EPI coordinator . WHO conducted meeting with in charge peads unit DHQ dagar. WHO visited a total of 6 health facilities. Health staff briefed about eDEWS, case definitions of different infectious diseases under surveillance, special emphasis given on diphtheria surveillance, Alert reporting, and timely submission of weekly reports. WHO received and responded one alert of measles.

**Battagram:** WHO visited DHQ Hospital Battagram, RHC Kuza Banda, CH Thalot, BHU Bhattian, BHU Kharari, CD Bandigo, CD Gijjbori, BHU Charbagh, BHU Arghashori, BHU Khairabad, BHU Jambaira, BHU H Bathkool for eDEWS analysis and responding system generated alerts. WHO received and responded one alert of Measles and 2 alerts of Cutaneous leishmaniasis. WHO attended daily evening meeting chaired by ACO Battagram, EDO Health, Senior Manager Health save the Children and representative of other line departments.

**Peshawar:** WHO visited 03 health facilities for eDEWS analysis and alerts investigation. WHO conducted coordination meeting with EDO-H regarding response to different alerts reported from districts.

**Swat and Shangla:** WHO received and responded 3 alerts of suspected Measles reported from district Swat. WHO conducted 05 Monitoring visits to Saidu Teaching Hospital.(Swat). WHO attended the Early Recovery Working Group Meeting in district Shangla. WHO held coordination meetings with DCO and DSM, PPHI, district Shangla. WHO participate in three days monitoring activities and evening meetings of SIAD November 2012. district Swat. WHO conducted Monitoring visits to DHQ Alpuri (District Shangla). CD Rang Mohallah, CD Shadara, CD Kokarai and BHU Mairagai. (Swat).

**Manshera:** WHO received and responded a total of five alerts reported for suspected Measles, 4 from DHQ Hospital Manshera. One reported alert from CH Battal Hospital became an outbreak for suspected Measles and responded well on time. Increase cases of ARI and Pneumonia from DEWS reporting sites as compared to previous weeks. Measles cases still reported from different parts of Manshera. WHO visited DHQ Hospital, BHU Bherkund, BHU Pano Dheri, CD Khaki and CH Battal Oghi for alert response and disease surveillance. WHO monitored SIAD activities for Polio in different areas of Mansehra.

**Malakand:** WHO held coordination meeting with MS-DHQ Batkhela regarding Category B False alerts. WHO conducted monitoring visits to BHU Bootano khpa, BHU Naray woba, BHU zngal patay, CD Badraga ,RHC Skhakot and DHQ Batkhela. Data tallied with OPD registers of these facilities. Weekly data submitted by all 25 targeted health facilities (in a total of 41 facilities). WHO received and responded 3 system generated alerts (two of bloody diarrhea and ONE of typhoid fever).

**Khyber Agency:** WHO received and responded four alerts (One for AFP, One for Measles and Two for Leishmaniasis). The measles alerts were responded by mass measles vaccination. The Leishmaniasis alerts were

responded by referring the patients to AHQ Hospital Landikotal for Thermal Therapy and in one alert by providing Injection Glucantime. WHO responded one system generated alerts, all of which was false alert. WHO actively participated in Polio Campaign SIAD phase. WHO held coordination meetings with Agency Surgeon, FSMO and PPHI and Political Administration. WHO held monitoring visit to CHC Wazir Muhammad killi, CD Pindi Lalma, AHQ Hospital Landikotal and CH Jamrud.

**Mohmand:** WHO conducted monitoring visits to 7 health facilities AHQ Ghalanai, RHC Yakaghund, BHU Lakaro, BHU Michni, BHU Paindiali, BHU Ghazi Kor & BHU Kassai. 25 health facilities provided E-DEWS data to WHO. WHO received and responded 5 alerts, one for C-Leishmaniasis & 4 for suspected Measles, one Measles alert from Lakaro was declared as outbreak. WHO conducted coordination meeting with Agency Surgeon & FSMO regarding Measles cases in Aqrab Dag & Lakaro. WHO Participated in Polio campaign from 18<sup>th</sup> to 21<sup>st</sup> November. WHO attended evening meetings chaired by Political administration. WHO facilitated two days training on Malaria case management organized by ACD. WHO provided on job training of BHU Lakaro staff on Measles outbreak response & maintaining proper line listing.

**Bajaur Agency:** 19 out of 24 sentinel sites submitted their eDEWS to WHO. WHO received and responded 6 alerts i.e. 1 alert of Neonatal Tetanus, 2 of Suspected Measles while 3 alerts of Cutaneous Leishmaniasis. WHO visited and monitored 04 health facility, feedback shared with Agency Surgeon and EPI Coordinator. Polio SIADs campaign was monitored in different Tehsils of Bajaur Agency from 17<sup>th</sup> to 20<sup>th</sup> Nov. evening meetings and daily meeting with Political agent could not be attended for two days due to some other surveillance activities. Market Survey on 21<sup>st</sup> Nov was also helped out for limited time. WHO held coordination meeting with Agency Surgeon and EPI Coordinator regarding overwhelming cases of Measles from some areas which are not security clear for management/EIC staff to visit. WHO held meeting with EPI staff of these areas is planned to be called quickly after NIDs. Malaria Control Program & ACD has called malaria supervisors for 2 days training on case management of Malaria which was participated actively and brief session was taken with staff regarding regular reporting of malaria cases and details of weekly tests carried in their respective health facilities.

**Logistic:**

The following supplies were supplied from WHO KP warehouse to:

<b>DHS FATA</b>	Assorted Medicines
<b>Swat</b>	1000 Multi Vitamins