

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 16

Date: April 15-21, 2012

1. Situation around IDP hosting districts

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

WHO regularly shares updates on the disease situation and latest situation on the newly influx of IDPs of Jalozai IDP camp with health cluster partners on district, provincial and national levels.

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

Total registered IDPs families are 53590 out of which 10857 are residing in Jalozai IDP camp & 42733 are living in off camp. 131 Bajaur IDP families comprising of 837 Individuals have been shifted from Benazir to Jalozai Camp. 155 Bajaur IDP families comprising of 630 Individuals have returned from Jalozai Camp on 21-04-12 All Mohmand Agency IDPs Returned on 18-04-12.

CAMP organization new health post in phase 7 is ready and functioning from Monday, 16th April.

A total of 5 alerts including 4 measles and 1 AFP were reported and responded in this week. There were 3,368 consultations provided through health care provider, including acute respiratory infection (20% or 678 cases), acute diarrhea (9% or 291 cases), skin infection (2% or 59) and suspected malaria (1% or 28 cases).

Health & WASH cluster meetings take place on every Monday and Thursday in Jalozai Camp attended by partners from Health (Merlin, CAMP, CERD, UNICEF), WASH, Nutrition, Food and CCM clusters working in the camp where issues are discussed and decisions are taken on the spot to address any loop holes in the health response for containment and control of disease outbreaks in the camp.

WHO trained fifteen newly recruited Health Staff of Camp Organization Health Post-2 on DEWS in CAMP Office in Peshawar. WHO facilitated the visit of UN OCHA to CAMP Health Post 1 The UN OCHA team evaluated the performance of CAMP Organization with reference to ERF funding by UN OCHA.

A meeting was held with WASH Specialist of UNICEF, Dr Wasaf in Jalozai Camp. It was agreed that WASH partners will be attending Health Cluster Meeting regularly. The diarrhoea situation in the camp was discussed. UNICEF suggested increasing Sweepers in Phase 7 & 8 to control mosquitoes due to open air defecation. Soap will be provided by UNICEF to Health facilities for distribution among diarrhoea patients.

Camp Coordination meeting in Jalozai Camp was held on 17th April 2012 Chaired by PDMA and co-chaired by UNHCR. WHO requested PDMA to help in controlling sale of sub standard foods and drinks in the Mohajar Bazar and Registration sites to control diarrhoea situation in the camp. WASH partners were requested to help WHO Environmental Health Engineer in following the Diarrhoea cases in the field.

A sanitation condition in the new phases of Jalozai Camp needs to be followed by PDMA and WASH Partners to control mosquitoes in phase 7 & 8. Social Mobilizers of Merlin in Phase 7 & 8 were trained about controlling diarrhoea through dissemination of health & hygiene messages to the community.

Two suspected AFP Cases reported from District Nowshera. One from CD Zando Banda and second from Jalozai IDP's Camp. PEO, Nowshera informed to investigate & follow the suspected cases.

Monitoring visit paid to newly established health post of Merlin in Phase 08 (J-4). Staff was provided on job

training about different health conditions. Diarrhoea situation being monitored through daily line listing and sharing with WHO-EHA. EPI staff was requested to focus on Outreach sessions in Phase 7 & 8.

109 water samples tested for residual chlorine at different delivery points in Jalozai camp. 63% of samples tested found proper chlorinated with residual chlorine within WHO guidelines.

WHO trained the second batch of hygiene promoters for the response to the increase cases of diarrhea. Ice, unhygienic food and locally/ unhygienically prepared drinks were suspected to be one of the reasons for the rise in diarrhea cases in Jalozai camp. 3 samples tested from ice being sold were found negative for presence of fecal coli form bacteria.

All old families have received hygiene kits. Diarrhea cases will reduce in the camp as the families without hygiene kits received items for the personal and environmental hygiene.

B. “Togh Sarai” IDP camp, Hangu district

WHO installed a new auto chlorinator at main water supply scheme of IDPs camp Togh saray. WHO checked free residual chlorine at source and at different water points and found 0.3PPM. On job training were conducted regarding operation of chlorinator, preparation of chlorine stock solution and monitoring of free residual chlorine to water quality officer RID. WHO provided 10 gallons of sodium hypo chloride 30% liquid solution to WASH partners of IDPs camp. WHO requested to WASH partner for proper care and maintenance of auto chlorinator.

WHO investigated 9 Suspected Measles Alerts in District Hangu. Alerts were reported from Ganjiano kalay, Lakhtee banda, Muhammad Khawaja, Lower Atrakzai Agency, Doaba Sarozai and Kach Banda. All precautionary actions were taken but the areas were not visited due to prevailing security issues.

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

District health authorities have requested WHO for provision of ARV's and ASV's.

EHA-Team conducted 1 day water quality checking training in TMO office, District Hangu and provided 1 WAGTECH machine to Tehsil Municipal Authorities.

10 out of 18 health facilities reported to WHO via e DEWS. WHO DEWS report that other acute diarrhea is still the highest cause of morbidity (21% or 140 cases) of total of 655 consultations; acute respiratory infections (12% or 80 cases); skin infection (1% or 7 cases).

C. Situation in Tank district

As a member of district health team WHO attended a meeting in DI Khan, chaired by Commissioner DI Khan division. D EDO H and EPI coordinator were among the participants. It was a review meeting regarding last campaign as well as preparatory review for the upcoming campaign. Overall general health issues were also discussed.

Monitoring visit to some BHUs and meetings with In Charge facilities health. Discussion regarding various issues related to waste disposal and emergency medicine availability and trend.

WHO investigated outbreak of Scabies, surveyed and responded in village Bara Khel.

Training session was conducted with In Charge facilities BHU Ranwal. All diseases pertinent to DEWS were discussed. In-charge health facility informed about the rising Scabies cases from a single locality during week days while reflected his information in his DEWS reports.

Health and Hygiene sessions were conducted with community while conducting surveillance in village Barakhel. Along with preventive measures for Scabies, Diarrhea prevention was also educated. Teachers were specifically trained and requested to conduct sessions with the school children.

D. Situation in D I Khan district

26 health facilities reported to WHO via e DEWS. ARI remained major cause of morbidity representing 15.38 % as compared to 17 % during last week. All diarrhea (OAD & BD) rose to 11 % from 9.4 % in week 15, Scabies at 4 % and Suspected Malaria at 3.14 % respectively.

In response to CCHF alert WHO WHO provided Personal Protection Equipment to the health staff and close contacts of the suspected cases. Health education was delivered to the relatives and health staff of DHQ Hospital. WHO Guidelines on prevention and management of VHF were provided to Hospital authorities. Both cases were reported Positive for CCHF by NIH on Friday, 20th April 2012. Both patients improved after treatment and were discharged on 18th April 2012. Health staffs of DHQ Hospital & close contacts of the patients are being observed for any symptoms of the deadly disease. Follow up visit was made to the area of residence of the patients to find out more cases. LHSs & LHWs of the particular Union Council of NP are advised to visit the houses in the area so that any suspected female patients may not be missed. DCO requested to direct Live stock department to adopt preventive measures.

WHO participated in Inauguration Ceremony of Upcoming NIDs in DCO Office on 21st April 2012. The event was attended by Parliamentarians and Influential people of the society including religious scholars and Ulemas.

E. New Durrani” IDP camp, Kurram Agency

EHSAR foundation still waiting for NOC for provision of PHC services. UNFPA providing MCH services in IDP camp.

F. Situation in Kohat district

WHO investigated 1 OAD, TF and URTI Alert in UC Muhammad Zai. BHU Muhammad Zai reported 82 OAD cases, 188 URTI and 3 Measles cases; on verification from the reporting MT it was found that almost all diarrheal cases were with Mild or no dehydration at all. EHA team took water samples from few houses and 2 main water sources for Microbial investigations. WHO participated in Polio Pre-trainings arranged at BHU Muhammad Zai.

WHO has started shifting SFD medicines & equipment for District Kohat from provincial KPK warehouse to the target organization. Contractor responsible for civil work under SFD fund in LMH Hospital, District Kohat has still not reported. WHO has constantly been reporting this issue but not getting any progress of the issue. (Chronic)

Measles immunization campaign has been started in one UC of District Kohat. DoH, Kohat has started Measles immunization in Union Council Sudal & Lachi with support from WHO, there are two HF in UC Sudal i.e, CD Dertappi and SHC Sudal. Details of immunization will be shared with all.

District health authorities requested for WHO assistance in the form of ARV's and ASV's due to rise in dog bite cases. Number of cases per week is very high and local containment measures are insufficient to control the issue.

34 out of 43 health facilities provide eDEWS.

eDEWS:

KPK DEWS:

387 reports were received reporting 105,644 patient consultations in 14 districts of Khyber Pakhtunkhwa Province and remaining district reports will share tomorrow morning. Acute respiratory infections are the highest cause of morbidity (21.3% or 22,465 cases) showing 0.3% decrease in percentage; acute diarrhoea (8.3% or 8,726 cases); skin infection (3% or 2,660 cases); suspected malaria (1.3% or 1,402 cases).

FATA DEWS:

50 reports were received reporting 13,973 patient consultations in 3 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (19% or 2,609 cases) showing 3% increase; acute diarrhoea (9% or 1,193 cases); skin infection (3% or 464 cases); suspected malaria (3.4% or 471 cases).

Alerts:

A total of 79 alerts including 4 measles and 1 Scabies outbreaks were received. 68 were suspected measles, 4 for NNT, 3 for leishmaniasis while 1 each for Other Acute Diarrhoea, Suspected Active Viral Hepatitis, Scabies and Tetanus.

District wise alerts bifurcation, 13 measles for D.I. Khan, 9 measles including 1 outbreak for Buner, 9 measles for Hangu, 4 measles, 3 NNT and 1 Tetanus for Bajaur, 5 measles for Swat, 4 measles for Charsadda, 3 measles including 2 outbreaks and 1 AVH for Haripur, 3 measles and 1 leishmaniasis for Lower Dir, 3 measles for Battagram, 3 measles for Mardan, 3 measles for Swabi, 2 measles for Abbottabad, 1 measles outbreak and 1 leishmaniasis alert for Khyber, 2 measles for Malakand, 2 measles for Nowshera, 1 NNT for Bannu, 1 measles for FR Bannu, 1 Other Acute Diarrhoea for Kohat, 1 leishmaniasis for Lakki Marwat, 1 measles for Peshawar and 1 Scabies outbreak for Tank.

Hospital Coordinator:

WHO trained first batch of 26 teachers as master trainers on Dengue awareness. Session held in EDO E office Peshawar on 17 and 18th April. Meeting held with Program Manager PDH (Afghan Refugees) regarding finalization of training plan of health staff working Afghan refugee's health facilities. Participation held in meeting of NHEPR (Islamabad) with HEPR (Peshawar) in Islamabad. Meeting held with DG Health regarding nomination of LSS training in KPK.

Essential Medicines:

- Total 6 Monitoring held, 1 follow up visits were performed during last week including Kohat, Mardan, Tank and Dir Lower. Gaps regarding irrational use, storage of essential medicines, record keeping and stock outs identified generally.
- 5 training sessions were conducted in Kohat, Mardan, Tank and Dir Lower on Record keeping, inventory management, and rational use of medicines.
- 03 types of assorted essential medicines delivered to Dir Lower which is sufficient for approximately 836 patients.
- 2 DT kits to DHQ Kohat, 1 EHK & 1DT kit to LMH Kohat and 1 DT Kit & 1 EHK kit to THQH Hangu from District Kohat Ware House. 500 Vit A capsules to Paeds ward DHQH Distt: Mardan. 120 F-75 therapeutic milk to SC MMC and Surgical equipments (SFD) to DHQH, Distt: Mardan and 2 Secondary health Packages (SFD) to LRH Peshawar were delivered.
- 20 Measles, 1 Neonatal Tetanus, 1 Leishmaniasis cases, 2 Diphtheria cases and one scabies outbreak responded at Nowshera, Bannu, Lakki Marwat, Swat, Mardan, D.I. Khan, Dir Lower and Tank by providing Vitamin A, Erythromycin Tablets, Meglumine Antimoniate Injections, ADS and TIGs.

- During week 16 total of 08 coordination meetings held with different stake holders including MS DHQs, MS Mardan Medical Complex, PPHI, Chief Pharmacist LRH, District Malaria Supervisor and EDOHs in which Measles cases, its response and measures for control, Antimalarials Therapy, Leishmaniasis and Thermomed (Thermal therapy Machine) were discussed.
- **IDPs camp Jalozai Activities:** In Camp Coordination meeting, it was informed that Merlin will provide EM for Chronic patients of returning Mohmand Family. All the health facilities visited to monitor the supply of essential medicines.
- **FATA:** Coordination meeting held with PPHI Khyber in FATA health directorate in regards to Leishmaniasis treatment in Khyber agency. PPHI informed of lack of funds to purchase required medicines for treatment, however, they managed to do deltamethrin residual spray in the affected area to control the spread of disease. Leishmaniasis treatment observed at CH Jamrud where Meglumine antimoniate injections have been provided to patients without registering them for treatment. The concerned dispensers and MT have been made aware of treatment protocols and DHS FATA has been informed of need to establish proper treatment point. Visits have been made to CH Lowara Mena, BHU Kambella, BHU Pendilalma and DHS FATA warehouse where essential medicines availability and supply, good pharmaceutical storage practices, and false typhoid alert observed. 4 EHKs provided to DHS FATA to support Jalozai IDPS of Bara Khyber agency and New Durrani camp IDPS in Kurram agency.

WASH:

- In order to contain diarrhoea in the IDP camp Jalozai the WASH partners will also participate in the health cluster camp meeting. It was decided that health partners will share line list of diarrhea cases with WASH partners through WHO.
- Meeting held with ACF & UNICEF WASH Monitors regarding pipe networking and hygiene promotion activities in phase VII & VIII in order to improve hygiene conditions in these new phases of Jalozai IDP camp.
- EH team also had a coordination meeting with SSD/ WASH partners regarding diarrhea cases in the Jalozai camp.
- To increase visibility of WHO activities, banner was displayed in water quality testing lab in the camp and MERLIN J4 HF.
- Distribution of hygiene kits among old and new families resumed after the arrival of supplies. Diarrhea cases will reduce in the camp as the families without hygiene kits will receive items for personal and environmental hygiene.
- Camp cluster meeting was held in PDMA office in which rise in diarrhea cases was discussed. It was discussed that SSD will increase number of supplies and extensive hygiene promotion campaign in phase VII & VIII to reduce open defecation.
- 35 Water Samples tested, 17 were found ok showing proper chlorine and 10 were found without residual chlorine for which chlorine dose was adjusted.
- EH Team WHO visited MERLIN J2 & J4 Health Facilities in Phase-I & Phase-VII for follow up of diarrhea cases and to solve the water shortage problem in both the HFs. EH WHO requested WASH partners to install extra water tanks in the HFs as the current water storage capacity in the HFs is insufficient to meet the demand.
- EH team visited the chlorinator installed on Tube Well in phase-I. It was found non-functional because of maintenance problem. The team repaired the chlorinator and the chlorine dose was adjusted.
- WASH partners in the camp directed to start de-sludging of the filled latrines in phase VI. WHO will train the ACF hygiene promoter staff.
- WHO-EHA installed a new auto chlorinator at main water supply scheme of IDPs camp “Togh saray”. EHA team checked free residual chlorine at source and at different water points at consumers end to confirm presence of residual chlorine.
- Coordination meeting held with EDOH Lower Dir, EPI coordinator, Malaria Control program, National program, DMS DHQ Timargara, incharge of THQ Smarbagh, BHU AR Timar Camp dir lower, PPHI dir upper for C-Leishmaniasis and measles alerts/outbreaks response and medicine supply.

- Coordination meeting conducted with Ms AHQ Ghallani, sites were pointed out and finalized for allocation of health care waste (HCW) equipments in different wards and other sites in AHQ Ghalani.
- The civil construction works on District Warehouse D.I.Khan is in progress and will be completed in month of April with EH team is regularly monitoring the quality & quantity of work being completed and in progress.
- WHO EH team is closely monitoring the WASH improvements civil works in City Hospital, Lakki Marwat. The construction work progress is slow from the contractor and remains suspended from last two weeks.
- Construction work of the WHO ware houses in FATA has been halted due to contractual issue with country office.
- WHO EHA team responded three measles Alerts received from village Asman Bhandra UC and Tehsil Lal Qala, village supano Kassai and village dinjaray UC and Tehsil Smarbag.
- All the Alert/outbreaks were jointly responded by DoH & WHO EHA Team along EPI Vaccinators. Outreach Immunization activities were conducted in each affected areas with all available antigens. Vitamin A was given to all children. Health education session conducted with 3 affected families and 139 other family members in affected area. Soaps were provided, patient isolated, EDO-H & EPI Coordinator were informed.
- WHO EHA team responded C-Leishmaniasis Alert received from Afghan Refugees Camp, Village Taimer, UC Balambat, Tehsil Balambat Dir lower. ITN's and Antiseptic Soaps were distributed to the affected families. RBM focal person was informed and requested for vector control interventions in the affected areas. Health & Hygiene session was conducted with family members and community elders.
- A Total of 13 alerts were reported this week, from scattered localities at District Mansehra, among which 13 Measles and 2 cases were identified for leishmaniasis. WHO team visited the localities after informing the concerned officials. About 53 individuals have been educated on personal hygiene, hand washing, food hygiene and house hold sanitation in 5 health & hygiene on job sessions.
- 5 water samples were collected from Gorgorai chowk and zeb market and tested for pH, residual chlorine and microbiological contamination. Two water samples collected from tap, one from source (tube well) and two water samples from house hold, tube well and one tap water samples were found safe and remaining three water samples were microbiologically contaminated.
- Physical and Bacteriological studies were conducted for 7 water samples of Kotla district haripur. 5 water samples were found bacteriological contaminated. In response WHO distributed WASH material (2000 aqua tabs, 20 soaps, 6 household water filter) with health and hygiene promotion campaign in the area.
- WHO EHA team Mohmand Agency carried out two days training on e-DEWS to health staff of different health facilities in the Agency, sessions conducted on communicable diseases focusing on water borne diseases. A set of IEC material on solid waste, health care waste, hand washing, face washing, safe drinking water collection and storage practices etc were provided to health staff of each HF.
- WHO EH Team DI Khan/ Tank Monitored 4 WSS and did on site training TMA staff. One of WSS was non-functional due to some mechanical fault and will be made functional according to TMO. Visited BHU Ranwal and advised the staff to manage the hazardous medical waste properly as they were just throwing it off.
- In Togh Sarai Camp on job training were conducted regarding operation of chlorinator, preparation of chlorine stock solution and monitoring of free residual chlorine to water quality officer RID.

Nutrition:

- Coordination meeting held with Deputy Director Nutrition regarding the ToT on Health and Nutrition Sentinel Site Surveillance System. Letter issued to National Program for Family Planning and Primary Health Care for informing the nominees to attend the training on 19-04-2012.
- Coordination meeting conducted with APC National Program for Family planning and PHC regarding the ToT on Health and Nutrition Sentinel Site Surveillance System. Nominees to be informed well in time for the ToT.

- Coordination meeting held with UNHCR focal person and IPs for ToT on Health and Nutrition Sentinel Site Surveillance System.
- Due to the strikes of National Program staff in KPK, there has been no monthly meeting in the provincial office for the month of March. So reports of march not received as yet
- 04 days training on facility based management of severe acute malnutrition in Matta Swat. Approximately 20 Health care staff including doctors, nurses and technicians was trained in this training.

District level coordination & monitoring:

Shangla: WHO conducted visit to BHU Koormang, BHU Katkooor and DHQ Alpurai for eDEWS analysis. Meeting held with Malteser International regarding medicine provision from the District supplies. WHO consulted Pharmacist in this regard and he will provide his feedback. Meeting conducted with district administration regarding activities planning for Upcoming NID. Meeting held with EDOH and EDO agriculture for monitoring and supervision microplan for NID. WHO participation in Walk at District Head quarters for the propagation of Polio free Pakistan. WHO got best NID workers in the District. Visit conducted to the suspected Diphtheria cases for follow up. Meeting held with TSV and EPI team for Logistics for NID. Visit held with District Coordination officer to water supply schemes in the headquarter.

Mohmand Agency: E-DEWS training conducted on 18th & 19th April. 3 health facilities AHQ Ghalanai, RHC Yakkaghund & BHU Lakarro visited. Coordination meetings with Additional Political agent Mohmand, Agency Surgeon Mohmand, MS AHQ Ghalanai, Coordinator ICHP & Coordinator FPHC. Participated in walk on Polio awareness. WHO attended Polio inauguration at AHQ Ghalanai. WHO attended polio team training at RHC Yakkaghund.

Swabi: Coordination meeting held with EDO Health regarding the number of dog bite cases in the District, WHO EHA shared the brief report with EDO Health about Dog bite cases. One rabid dog injured about 10 people in UC Zaida. A rapid response was done by the DoH. Different stake holder were involved, strichinine was supplied by EDO health Swabi. Coordination meeting with MS BMC regarding the dog bite cases in the District. MS BMC shared the list of Pts with WHO EHA, who were treated in the month of March and April. WHO EHA shared the List with provincial DoH and ERC. 11 Health facilities were visited during the in district Swabi.

Swat: 5 alerts of Suspected Measles were received and responded in district Swat. Nine system generated alerts of Week 15 were responded to in Week 16 and were found to be false alerts. Polio team trainings monitored by WHO Swat team in two UCs. Inauguration Ceremony of Polio NID conducted on 19th April at DCO Swat's Office. Coordination Meetings with EDO Health Swat, EPI Coordinator Swat and MS SGTH. Monitoring visit conducted to CH Kabal, THQ Matta, BHU Dherai, BHU Bandai & Saidu Group of Teaching Hospital Swat. ADS provided to two patients of Suspected Diphtheria from District Shangla admitted at SGTH Swat.

Haripur: ARI 24% 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 diarrhea 7% with 0.6% increase compared to previous week and scabies 3%. With no change in its disease trend. WHO visited 4 Health facilities (BHU STC3, BHU STC2, DHQ, BHU Amgah, CD KTS3, CH Khalabut). Coordination meeting with UNHCR, Save the Children, PDH and EPI coordinator to discuss the availability of measles vaccine and micro plan for the measles campaign in Afghan Camps and adjacent areas. 4 alerts (2 outbreaks) were reported and responded.

Khyber: 1 Outbreak of *Suspected Measles* received and responded. In the affected area of Kambila Tehsil Mulagori 2 deaths were reported from suspected measles cases. During the Outbreak response outreach vaccination was done, in which **175** children were vaccinated in the affected area. Two system generated alerts responded, both of the alerts were false alerts. The WHO pharmacist was also present during the visit.

An alert of *Leishmaniasis* from BHU Mian Morcha was responded where 1 case was found on active surveillance. Coordination Meetings with Agency Surgeon Khyber, FSMO, PPHI. Monitoring visit conducted to CH Jamrud, BHU Mian Morcha, BHU Kambila, CD Pindi Lalma and CH Lowara Mina.

Mardan: Coordination meeting held with DSM-PPHI, RBM program Coordinator, Deputy EDO-H, Incharge Medical & Children Unit MMC Mardan, MS-MMC Mardan and Medical Superintendent DHQ Hospital Mardan. All the SFD equipment's at WHO Mardan ware house were handed over to the MS DHQ Hospital Mardan with formal receiving and record keeping. MS DHQ Hospital thanked WHO for the supply and further requested to train their sanitary staff for disinfection of OPDs, Wards and Operation theater, he also requested to WHO office to assign someone for chlorination of main water storage tank at DHQ Hospital. He further requested for supply of surgical gloves for EH unit of DHQ Hospital Mardan. Meeting conducted with MS -MMC Mardan at their office on 18th April 2012, during meeting MS-MMC Mardan requested WHO to provide technical and logistic support for the establishment of Dengue Isolation ward at MMC-Mardan. Meeting conducted with Heads of both Children & Medical Units of MMC Mardan on 18th April 2012; during meeting WHO team updated the forum about weekly disease trend and requested them for timely reporting weekly data as well as alerts and outbreaks reports for active surveillance. Head of Children Unit showed his concern over the WHO established Stabilization Centre at MMC Mardan but for Malnourished Children and mentioned that the required items for SC are still deficient and newly recruited staff needs urgent training for proper functioning of SC. Both Incharge ensured their full cooperation in future.

Lower Dir: Coordination with EDOH, EPI coordinator, Malaria Control program, National program, DMS DHQ Timargara, in charge THQ Hospital Samarbagh, BHU Afghan Refugees Timar Camp Dir Lower, PPHI Dir upper for C-Leishmaniasis and measles alerts/outbreaks response and medicine supply. WHO EHA team responded three measles Alerts received from village Asman Bhandra UC and Tehsil Lal Qala, village Shpanno Kassai and village Dinjaray UC and Tehsil Samarbagh. WHO Team visited Pediatrics' Ward and Medical Ward at DHQ Hospital Timargara, THQ Samarbagh, , BHU AR Timar Camp, RHC Lal Qala for measles alerts response and monitoring visits. On job training of health staff of Afghan Refugees Camp was conducted for Intralesional administration of Inj. Sodium Stabogluconate and Inj Glucantime and on eDEWS. Health & Hygiene sessions conducted with affected family members and community.

Battagram: WHO conducted visits to DHQ Hospital Battagram, RHC Banna, RHC Kuza Banda, RHC Thakot, BHU Batly, BHU Kanai for eDEWS analysis. 3 Measles alerts reported from DHQ Hospital were investigated and responded. 1 System generated Alert of URTI, 4 of BD and 3 of TF for Week 15-2012 were investigated and responded. DPEC-Preparedness Meeting, Inauguration of NID April 2012 was attended. As member, District Polio Control Room and shared suggestion with DCO and EDO for the coming NID. On the request of EDO Health and DCO provided orientation regarding Monitoring of NID's to Monitors for the coming NID's.

Nowshera: Ten cases of Leishmaniasis reported from RHC, Dak Ismail Khel were lined in district lined and responded. WHO provided medicines to the patients through DoH, Nowshera. According to Directives of DEWS Coordinator, KP, the Health facilities Incharges has been asked to provide Pre/Post treatment photographs of the patients. EHE of WHO-EHA in coordination with Malaria Control Program Incharge is arranging EH response in the area. RHC Akbarpura visited. On job training of MT and EPI Technician done. A suspected case of measles was investigated. No more cases found on active search. EPI Outreach Vaccination session arranged in the area. Two cases of Measles case reported from Bahram Kalay and Zando Banda were investigated. Two Samples sent to NIH for confirmation. Outreach Session being arranged by EPI Technicians.

Logistic:

The following supplies were supplied from WHO KP warehouse to:

Place	Item Sent
Togh Sarai Hangu	Sodium hypochlorite 30% 10 Gallons. DENGUE WALKS OUT CAMPIAGN HANGU: Dengue IEC Materials 150, Malaria & Dengue Booklet 254
NOWSHERA	CAMP ORGANZATION JALOZAI: 400 ALbendazole,2000 Aluminium Hydro. + Magnesium Hydr. 3000 Amoxicillin, 2 Benzyle Benzoate 25 % application, 4000 Ferrous sulphate + Folic Acid 200 mg +4mg, 8 Gention Vilolet Powder,25mg,4000 Ibuprofen, 2000 Paracetamol,,100 Tetracyline 1% eye ointment,,40 Elastic bandage 8 cm * 4mtr, 400 Gauze bandage,1000 Gauze swab,200 Examination gloves,60 adhesive tape,20 soap Toilet,60 Adhesive Plaster, 8 Exercise Plaster,4000 Plastic envelope 10*15 cm, 1000 Bag for health card,400 Oral Rehydration salts,1000 zinc sulphate dispersible tablets,4 absorbant cotton wool,2000 sulfamethoxazole + trimethoprim,600 Dimenhdrinate, 1000 Erythromycin, 1000 Chorolquine phosphate,600 Chlopheniramine,500 Oral rehydration salts,4000 zinc sulphate dispersible tablets,25 volumetric chamber, 20 I V catheter,245 I V set, 16 Absorbant cotton wool, 120 syringe,140 Syringe, 20 Surgical knife blade, 28 suture synthetic,300 hypodermic needle,50 scalp vein set ,10 sharp collector,60 I v set,40 Ringer Lactate,20 Dextrose,50 Nebulizer kit,100 Betamethasone cream,60 mupirocin cream,200 permethrin lotion,300 benzyl benzoate,4 chlorhexidine+ cetrimide sololution, 30 lidocaine,4 povidone iodine,10 hydrocortisone,200 Folic Acid,8 Magnesium sulphate Inj, 200 Pridnisole tab, 5 Ketamin, 240 Aqua tabs,50 Benzaylpencilline vials,400 metronidazole,200 Salbutamol,600 Retinol Vitamin A,800 Ascorbic acid, Vitamin C, 600 Doxycyline,100 ceftriaxone Inj, 500 claxacillin, 210 Sulfamethaoxazole + Trimethoprim, 140 Paracetamol, 20 Clean Delivery kit,2000 Aluminum Hydro + Magnesium Hydr. 3000 Amoxicillin, ,4000 Ferrous sulphate + folic Acid 200 mg +4mg ,4000 Ibuprofen,2000 Paracetamol,4000 Plastic envelope,1000 Zinc sulphate dispersible Table, 2000 sulfamethoxazole + Trimethoprim,600 dimenhdrinate,1000 Erthromycin,1000 Cholroquine phosphate,
DHQ (H) MARDAN	OPD Register 72, Retinol (Vitamin A) 500 TABS.F-75 Therapeutic Milk 102.5 G 120& Echo Machine Parts.
AHQ (H) MOHMAND AGENCY	Cholera outbreak Urdu & English Books100,Guide Line for cholera control 100
WHO SUB OFFICE EHA PESHAWAR	Muac Tape 1200. DHS FATA PESHAWAR: 2 EHK Kit
AHQ (H) SADDA KHURAM AGENCY	2 EHK Kits