DISTRICT HEALTH NFORMATION SYSTEM

DHIS
DISTRICT HEALTH INFORMATION SYSTEM
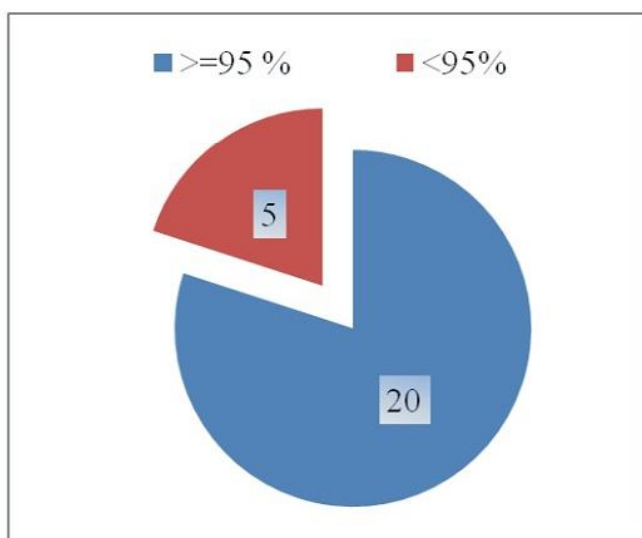
EVIDENCE BASED DECISION MAKING

3rd Quarter 2015

CONTENTS

1. Compliance Report
   Fig. 1

The graph shows the districts wise comparison of reporting compliance.

The target for the reporting compliance is 95% and can be seen in fig. 1.

Aggregate reporting regularity of the province is above the target i-e 96.8%:

All 25 districts are reporting; 20 districts have surpassed the target while 05 districts are below the target.

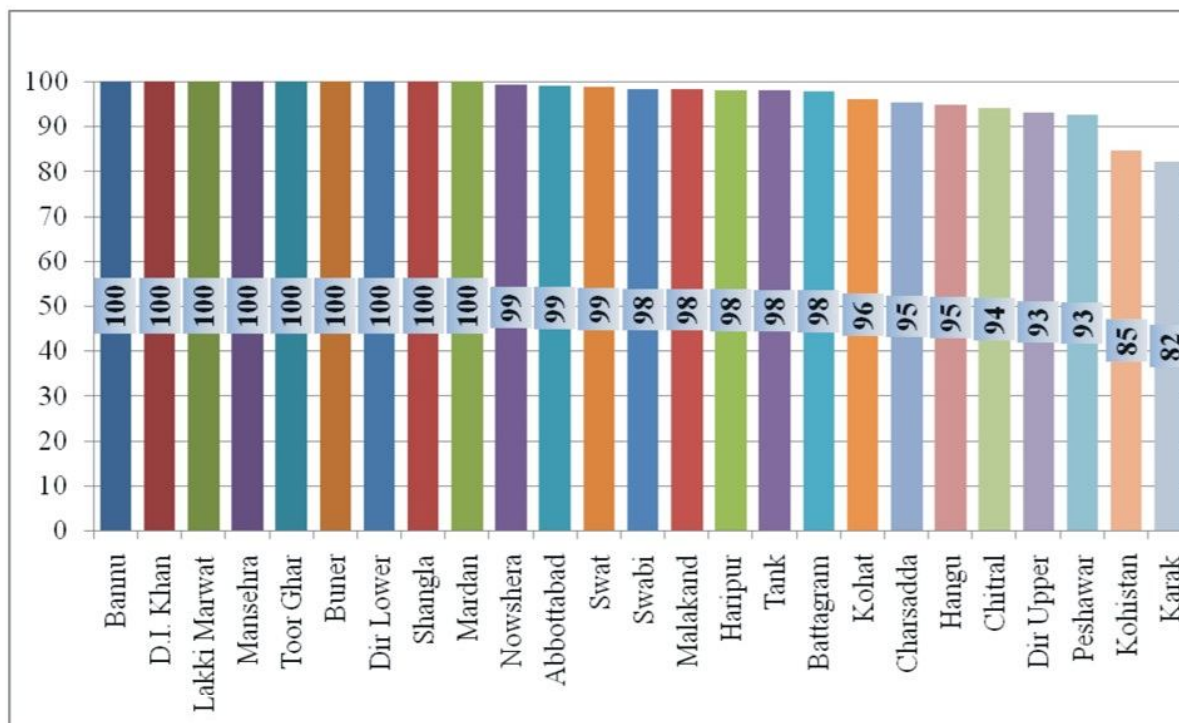2. **DISTRICT WISE REPORTING COMPLIANCE**
   Fig. 2

Fig. 3 shows the district wise reporting compliance of all the districts of KP.

- Nine (9) districts (Bannu, D.I.Khan Lakki Marwat, Mansehra, Tor Ghar, Buner, Dir Lower, Shangla and Mardan) among 25 districts have shown 100% performance.
- Nine districts attained the target i.e 95% and 5 districts stand between 90 - 95% landmark; 02 districts fall below the target i.e Kohistan (85%) and Karak (82%).
- In cumulative districts show keen interest, efficiency and competencies bring the reporting compliance above the target i-e 96.8%. (As compare to 1st and 2nd quarter of 2015)

Fig. 3 Categorization of Districts with respect to compliance
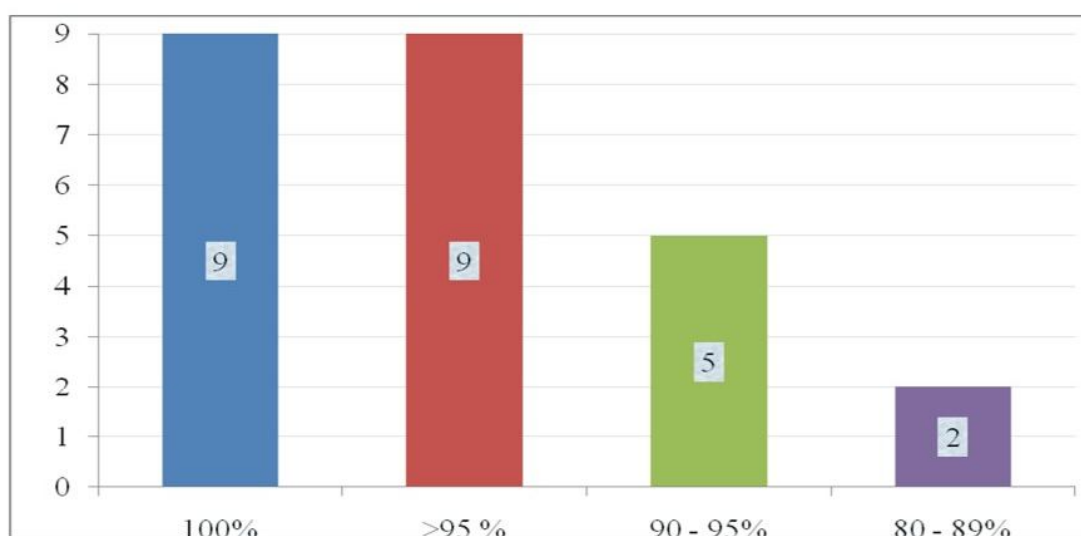
3. **General OPD Attendance (Primary and Secondary Health Facilities)**

One of the most prominent indicators is OPD which assesses performance/provision of health services of the department in the province. OPD (Out-patient Department) counts the number of people attending and receiving healthcare services at the health facilities during illness.

Fig. 4 shows the general OPD in primary and secondary healthcare facilities with gender wise breakup of male and female patients of the province. Age wise breakup of patients visiting the OPDs:

Male OPD attendance of age group from 1 to 5 years is (742074) i-e 27.87% of the total of male OPD (2,662,863). The age group from 5 to 14 years stands 21.70% of the total, while the age from 15 to 49 is (882,267) which is 33.13% and 50 and above age group is (460,688) which is 17.30% of the total male OPD.

Similarly in case of female OPD attendance of age group from age group 1 to 14 is (1,240,669) i-e 35.55%, while in the case of women of child-bearing-age (CBA) group from 15 to 49 it is 45.27% and

shows the CBAs is in majority of the patients. Age group of 50 years and above is 19.17% of the total female OPD attendance.

Fig. 4 OPD Attendance (Primary and Secondary Health Facilities)
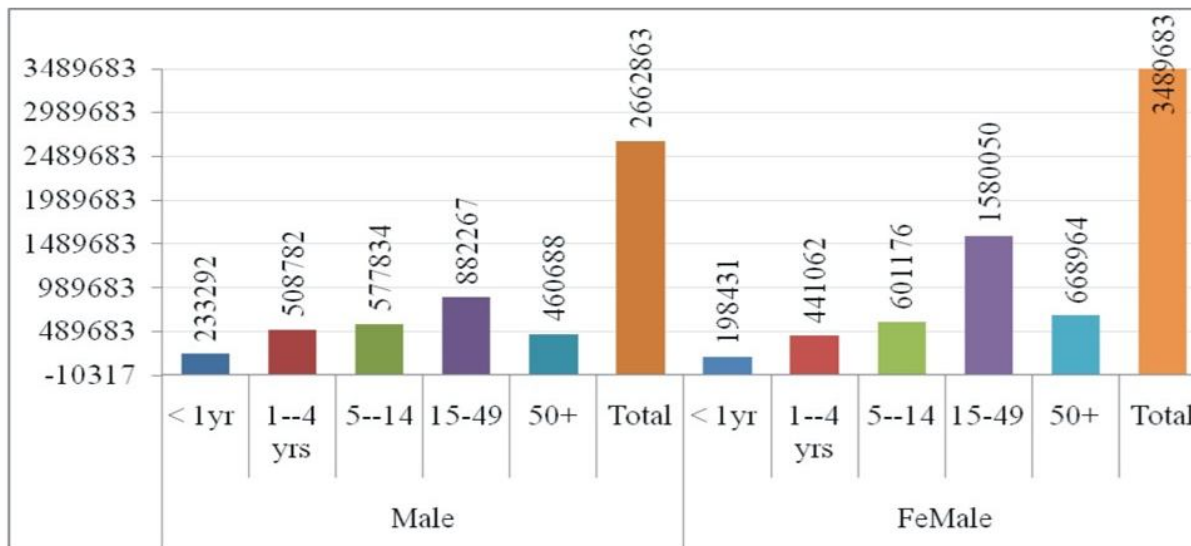
This indicator shows the OPD Attendance of Male and Female of Primary Health Care with age group. This reflects OPD for the age group from 1 to 14 and 15 to 49 stands at 655,686 (53.46%) and 358,069 (29.19%) and for the age group of 50 years and above at 167,718 (13.67%) out of total Male OPD. In case of female OPD for the age group from 1 to 14 and 15 to 49 stands at 684,604 (37.16%) and 909,257 (49.94%) respectively while for age group of 50 years and above it is 248,293 (13.48%).

Fig.5 OPD Primary Health Care (Male & Female)
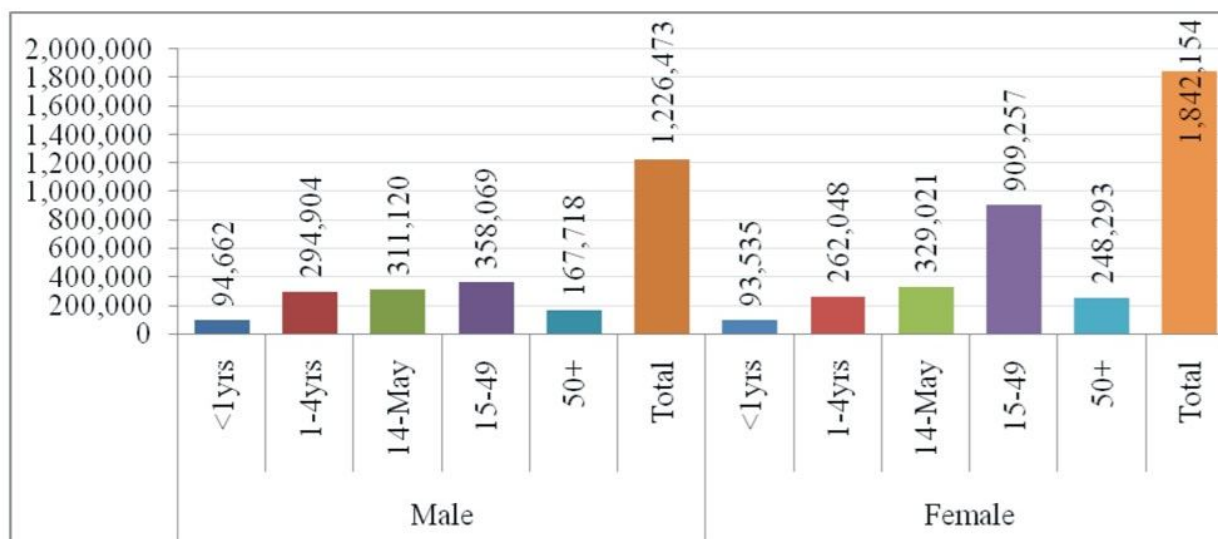
5. Out Patients Department Secondary Hospitals (Male & Female)

This indicator shows the OPD Attendance of Male and Female of Primary Health Care with age group. This reflects OPD for the age group from 1 to 14 and 15 to 49 stands at 601107 (43.50%) and 499,959 (36.18%) while for age group of 50 years and above is 280753 (20.32%) of total Male OPD. In case of female OPD for age group from 1 to 14 and 15 to 49 stands at 543826 (33.95%) and 645747 (40.31%) whereas for age group of 50 years and above it is 412250 (25.74%).

Fig. 6 OPD Secondary Hospitals (Male & Female)
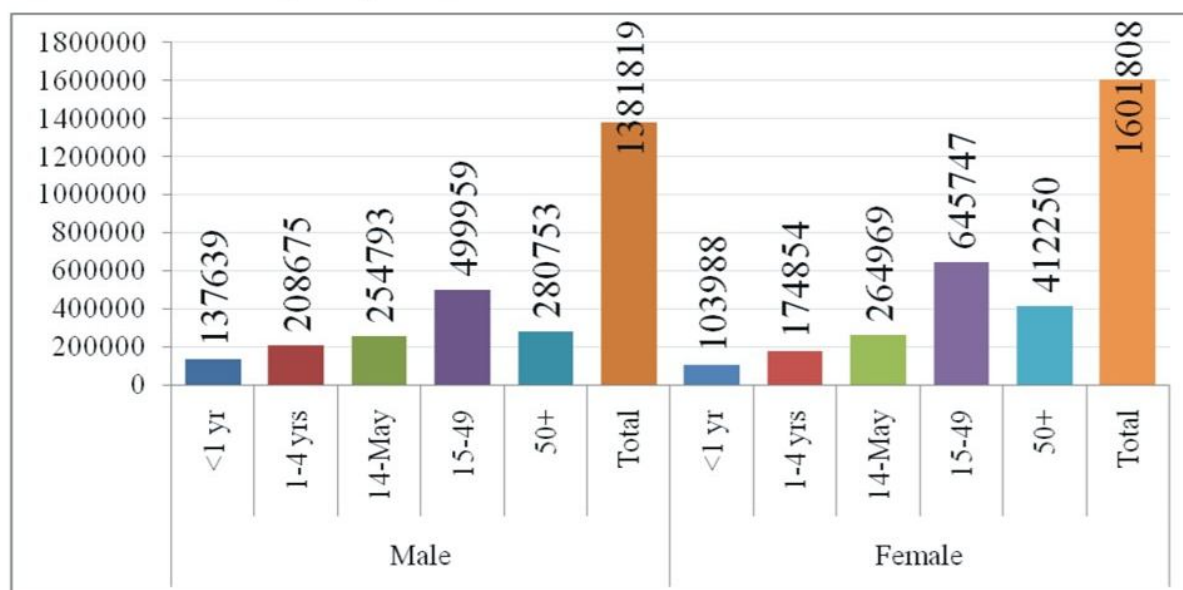
Male & Female OPD Secondary Hospital (in %age)

Fig. 7
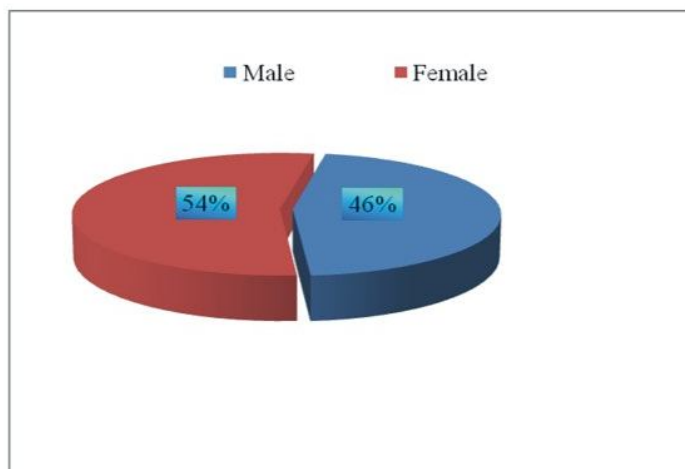
This indicator illustrates the percentage of Male and Female OPD in Secondary Hospital of the Province.

6. OPD Attendance Specialty wise (in %age)

The indicator gives us an idea about the distribution of patients to different specialties enabling the reader to broadly categorize and assess the flow of patients to different specialties available in the health facilities.

Table No. 1

S. No	Specialty	Total New Visits	%age
1	General OPD	828902	27.78
2	Medicine	193738	6.49
3	Surgery	119853	4.02
4	Pediatric	294298	9.86
5	Eye	97129	3.26
6	ENT	74736	2.50
7	Orthopedics	76242	2.56
8	Psychiatry	12963	0.43
9	Dental	105231	3.53
10	Skin	61101	2.05
11	OB/GYN	145578	4.88
12	Emergency/Casualty	884276	29.64
13	Homeo Cases	8282	0.28
14	Tibb/Unani	6109	0.20
15	Cardiology	20963	0.70
16	Others	54226	1.82
	Total	**2983627**	

Table No. 1 and Figure No. 8 of the indicator **OPD Attendance Specialty wise** shows the percentage of total new visits (Patients) in the facility to different specialty (i.e General OPD, Medicine, Surgery, Pediatric etc). Under the specialty of Emergency/Casualty, the number and percentage of patients are on top and stands at (884276) with 29.64%, General OPD is on second number and is (828902) which is 27.78%. Number of patients in the specialty of Pediatric, Medicine, OB/Gynea and Surgery stand at 828902 (9.86%), 193738 (6.49%), 145578 (4.88%) and 119853 (4.02%) respectively.

Fig. 8 OPD Attendance Specialty wise (in %age)
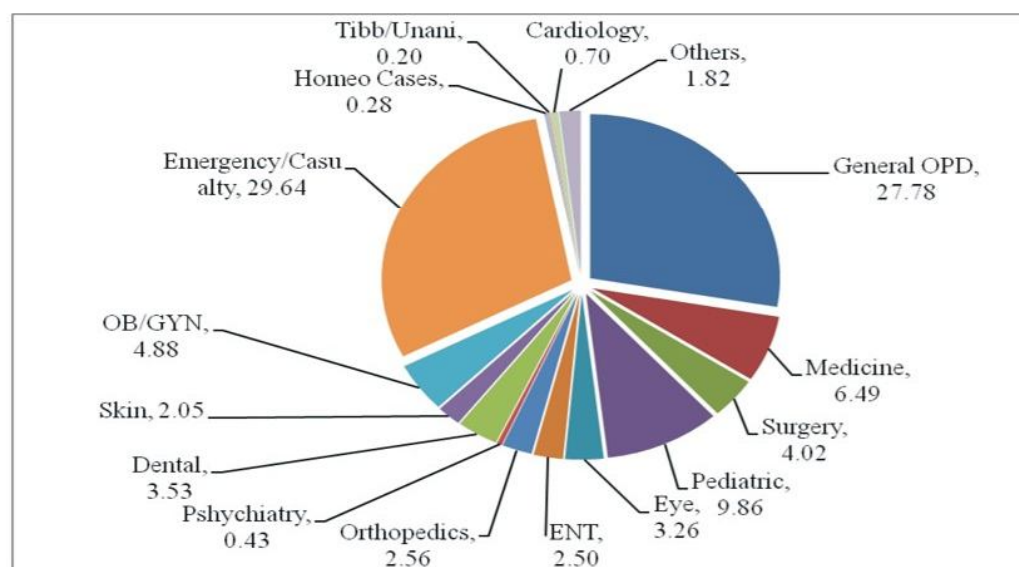
7. Disease Pattern in Out Patient Department (43 Respiratory Diseases)

This indicator will help to understand which diseases/cases were attended at the health facilities in a district. The indicator can trigger a response in terms of additional resources allocation or redistribution of resources according to the disease pattern, or initiating specific preventive, promotive and or curative services at specific area/catchment population.

Table No. 2

S#	Name	1st Quarter 2015		2nd Quarter 2015		3rd Quarter 2015	
		Total	%age	Total	%age	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	755376	35.06	877482	27.07	810912	24.40
2	Diarrhoea/Dysentery in under 5 yrs	127459	5.92	326992	10.09	329175	9.90
3	Fever due to other causes	177212	8.22	275386	8.49	308921	9.29
4	Diarrhoea/Dysentery in >5 yrs	101488	4.71	252610	7.79	302703	9.11
5	Urinary Tract Infections	124581	5.78	193294	5.96	185587	5.58
6	Hypertension	90959	4.22	175163	5.4	128586	3.87
7	Dental Caries	88030	4.09	128020	3.95	131991	3.97
8	Peptic Ulcer Diseases	74992	3.48	115147	3.55	126072	3.79
9	Scabies	67394	3.13	100555	3.1	106609	3.21
10	Suspected Malaria	62875	2.92	98738	3.05	136366	4.10

11	Worm infestation	56794	2.64	81505	2.51	79272	2.38
12	Diabetes Mellitus	37848	1.76	59195	1.83	68433	2.06
13	Dermatitis	35615	1.65	56678	1.75	74249	2.23
14	Enteric / Typhoid Fever	30297	1.41	55329	1.71	63878	1.92
15	Asthma	38064	1.77	54462	1.68	58623	1.76
16	Otitis Media	35141	1.63	53464	1.65	61474	1.85
17	Depression	38948	1.81	49732	1.53	54835	1.65
18	Pneumonia under 5 years	40092	1.86	48129	1.48	48172	1.45
19	Road traffic accidents	24877	1.15	43780	1.35	51093	1.54
20	Pneumonia >5 years	31447	1.46	36709	1.13	38583	1.16
21	TB Suspects	13110	0.61	18812	0.58	17685	0.53
22	Cataract	13455	0.62	18523	0.57	21033	0.63
23	Fractures	11550	0.54	15669	0.48	18411	0.55
24	Epilepsy	2303	0.11	13528	0.42	4144	0.12
25	Ischemic Heart Disease	7992	0.37	12771	0.39	12746	0.38
26	Suspected Viral Hepatitis	19900	0.92	12643	0.39	13691	0.41
27	Dog bite	8374	0.39	11091	0.34	10030	0.30
28	Chronic Obstructive Pulmonary Diseases	8008	0.37	10059	0.31	11210	0.34
29	Trachoma	5612	0.26	8449	0.26	9127	0.27
30	Glaucoma	3501	0.16	6026	0.19	7361	0.22
31	Burns	3848	0.18	4560	0.14	5869	0.18
32	Suspected Measles	2354	0.11	4554	0.14	3088	0.09
33	Sexually Transmitted Infections	1742	0.08	4439	0.14	3128	0.09
34	Nephritis/Nephrosis	3144	0.15	4094	0.13	4000	0.12
35	Drug Dependence	3103	0.14	3637	0.11	7110	0.21
36	Benign Enlargement of Prostrate	1911	0.09	3247	0.1	3767	0.11
37	Cirrhosis of Liver	1766	0.08	2918	0.09	2017	0.06
38	Cutaneous Leishmaniasis	1619	0.08	2239	0.07	2095	0.06
39	Suspected Meningitis	594	0.03	1348	0.04	855	0.03
40	Suspected Neonatal Tetanus	1067	0.05	715	0.02	469	0.01
41	Snake bites (with signs/symptoms of poisoning)	87	0	376	0.01	582	0.02
42	Acute Flaccid Paralysis	92	0	36	0	103	0.0031
43	Suspected HIV/AIDS	12	0.0006	19	0.0006	8	0.0002
	Total	2154633		3242123		3324063	

The acute upper respiratory tract infections constitute the major bulk of disease-burden in the patients visiting government health facilities i.e **24.40%** of the total OPD; it is reduced in this quarter as compared to the 1st and 2nd quarter. The Diarrhea and Dysentery is still worrying; the total caseload of under and over 5 years of patients was **19.01%** of the total OPD attendance.

The total caseload of ARIs and Diarrhea/Dysentery is **43.41%**, which is decreased in the 3rd quarter of this year as compared to the 2nd quarter.

The incident of Asthma has increased in this quarter as compared to the 1st & 2nd quarter and stands at **58623** mark. Three pronged strategy may bear fruit i-e combined preventive, promotive and curative approaches should be adopted.

The increase of patients with dental disorders especially dental caries is recorded in this quarter and the figure is **131991** which are **3.97%**.

Snake bites (with signs/symptoms of poisoning) have increased in this quarter and the figures are **582**, while the figures in 1st quarter are **87** in the 2nd quarter are **376** patients.

Dog bites have decreased from **11091** to **10030** in this quarter.

HIV/AIDS; the number of cases diagnosed in this quarter is 8, which decreased from 19 as new cases in this quarter. Sexually transmitted infections have registered less number of patients from the previous quarter i.e **4439 to 3128**.

The cases of suspected Neonatal Tetanus decreased in number from **469 to 715** in this quarter and reflect the performance of Antenatal Care Services programs. An aim or plan should be to bring down the cases of this vaccine preventable disease to 0 in the near future.

Cutaneous Leishmaniasis disease has also decreased from **2095 to 2239** in this quarter. Active surveillance and provision of the correct medications is required.

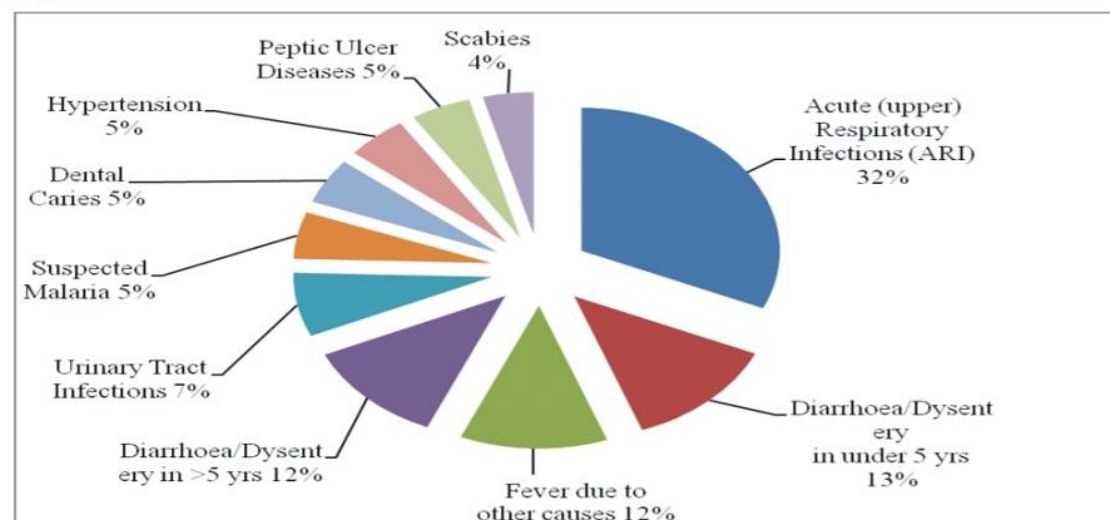**Top Ten Diseases in Khyber Pakhtunkhwa**

Fig. 9

Figure No 9 reflects the top ten diseases in the province in percentage.

8. COMMUNICABLE AND NON COMMUNICABLE DISEASE

Out of 43 priority diseases, 19 are communicable and 24 are non-communicable diseases. Subsequent analysis shows the most common diseases and disease-wise breakup.

In 2015, total numbers of communicable diseases in 1st Quarter, 2nd Quarter and 3rd quarter are **1319324 (61%)**, **1931303 (59.57%)** and **1965919 (59.14%) whereas** non-communicable diseases in the same quarters are **835309** (39%), **1310820 (40.43%) and 1358144** (40.86%) respectively.

I. COMMUNICABLE DISEASES:

Table No. 3

S#	Name	1st Quarter 2015		2nd Quarter 2015		3rd Quarter 2015	
		Total	%age	Total	%age	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	755376	57.25	877482	45.43	810912	41.25
2	Diarrhoea/Dysentery in under 5 yrs	127459	9.66	326992	16.93	329175	16.74
3	Diarrhoea/Dysentery in >5 yrs	101488	7.69	252610	13.08	302703	15.40
4	Scabies	67394	5.11	100555	5.21	106609	5.42
5	Suspected Malaria	62875	4.77	98738	5.11	136366	6.94
6	Worm infestation	56794	4.30	81505	4.22	79272	4.03
7	Enteric / Typhoid Fever	30297	2.30	55329	2.86	63878	3.25
8	Pneumonia under 5 years	40092	3.04	48129	2.49	48172	2.45
9	Pneumonia >5 years	31447	2.38	36709	1.90	38583	1.96
10	TB Suspects	13110	0.99	18812	0.97	17685	0.90
11	Suspected Viral Hepatitis	19900	1.51	12643	0.65	13691	0.70
12	Trachoma	5612	0.43	8449	0.44	9127	0.46
13	Suspected Measles	2354	0.18	4554	0.24	3088	0.16
14	Sexually Transmitted Infections	1742	0.13	4439	0.23	3128	0.16
15	Cutaneous Leishmaniasis	1619	0.12	2239	0.12	2095	0.11
16	Suspected Meningitis	594	0.05	1348	0.07	855	0.04
17	Suspected Neonatal Tetanus	1067	0.08	715	0.04	469	0.02
18	Acute Flaccid Paralysis	92	0.01	36	0.00	103	0.01
19	Suspected HIV/AIDS	12	0.00	19	0.00	8	0.00
	Total	**1319324**		**1931303**		**1965919**	

Table 3 and fig. 10 indicate prevalence of communicable diseases.

Acute Respiratory Infections and diarrhea/dysentery constitute **73.39%** of these patients.

Prevalence of worm infestations decreased from 81505 patients to 79272 in this quarter. Further efforts can reduce it significantly.

Suspected Measles fluctuated from 2354 to 4554 and to 3088 in first, second and third quarter, 2015 respectively. The department should take adopt programmatic approach to control the disease. Case load of Pneumonia in under-5years and over-5 years stand at **48172** and **38583** **patients.**

Fig. 10

Figure 10 illustrate **top five communicable diseases** in the province Khyber Pakhtunkhwa.
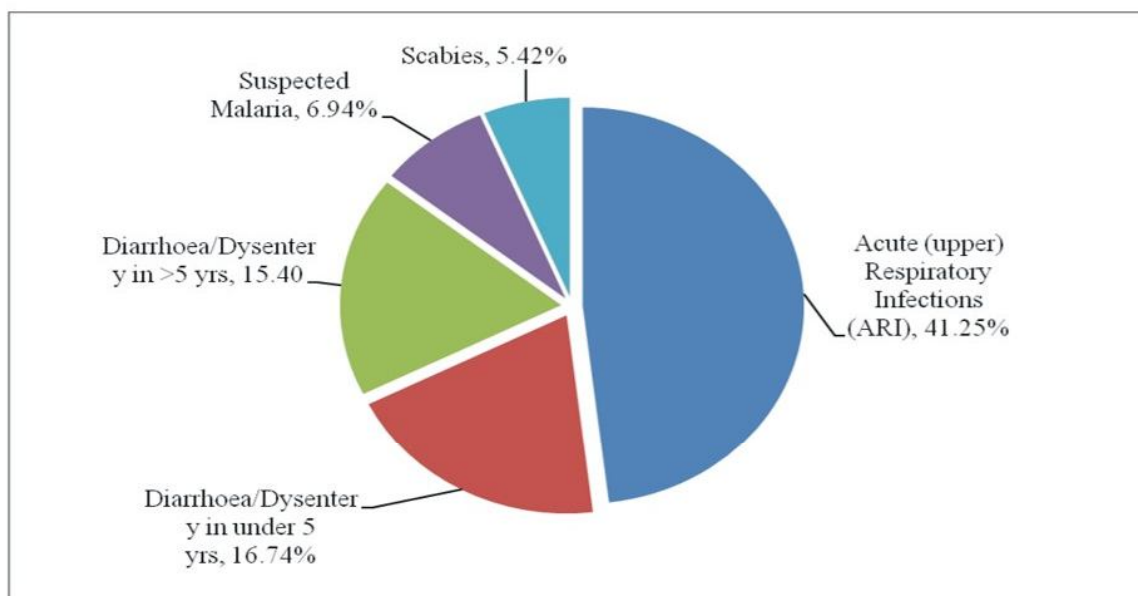
II.   NON-COMMUNICABLE DISEASES

Table No. 4

S#	Name	1st Quarter 2015		2nd Quarter 2015		3rd Quarter 2015	
		Total	%age	Total	%age	Total	%age
1	Fever due to other causes	177212	21.22	275386	21.01	308921	22.75
2	Urinary Tract Infections	124581	14.91	193294	14.75	185587	13.66
3	Hypertension	90959	10.89	175163	13.36	128586	9.47
4	Dental Caries	88030	10.54	128020	9.77	131991	9.72
5	Peptic Ulcer Diseases	74992	8.98	115147	8.78	126072	9.28
6	Diabetes Mellitus	37848	4.53	59195	4.52	68433	5.04
7	Dermatitis	35615	4.26	56678	4.32	74249	5.47

8	Asthma	38064	4.56	54462	4.15	58623	4.32
9	Otitis Media	35141	4.21	53464	4.08	61474	4.53
10	Depression	38948	4.66	49732	3.79	54835	4.04
11	Road traffic accidents	24877	2.98	43780	3.34	51093	3.76
12	Cataract	13455	1.61	18523	1.41	21033	1.55
13	Fractures	11550	1.38	15669	1.20	18411	1.36
14	Epilepsy	2303	0.28	13528	1.03	4144	0.31
15	Ischemic Heart Disease	7992	0.96	12771	0.97	12746	0.94
16	Dog bite	8374	1.00	11091	0.85	10030	0.74
17	Chronic Obstructive Pulmonary Diseases	8008	0.96	10059	0.77	11210	0.83
18	Glaucoma	3501	0.42	6026	0.46	7361	0.54
19	Burns	3848	0.46	4560	0.35	5869	0.43
20	Nephritis/Nephrosis	3144	0.38	4094	0.31	4000	0.29
21	Drug Dependence	3103	0.37	3637	0.28	7110	0.52
22	Benign Enlargement of Prostrate	1911	0.23	3247	0.25	3767	0.28
23	Cirrhosis of Liver	1766	0.21	2918	0.22	2017	0.15
24	Snake bits (with signs/symptoms of poisoning)	87	0.01	376	0.03	582	0.04
	Total	**835309**		**1310820**		**1358144**	

Table 4 and Figure 11 illustrates the trend of non-communicable diseases in Khyber Pakhtunkhwa province during the 3rd quarter of 2015.

Fever due to other causes is the leading cause which, yet again, shows non-commitment on behalf of the medical staff as it should be probed in to reach a proper diagnosis.

Urinary tract infection (UTIs) is standing at **185587** patients in this quarter. The trend decrease in this current quarter as compared the 2nd quarter. Attention need to be paid to explore underlying causes so as to nip the evil in the bud.

Patients of Hypertension and diabetes mellitus stand at 128586 and 68433. Burden of these diseases should be utilized by the relevant quarters to initiate preventive and curative drives to restrain the diseases within limits. Importance of exercise and choice-of-good- food should be on agenda of health promoters within the districts.

Total burns cases have been reported in this quarter are **5869.** The trend increased in this quarter from **4560 to 5869**. Appropriate steps should be taken to prevent such events; an uphill task for district management. Health managers should focus on providing best treatment facilities within available resources. Option to refer at appropriate facilities dealing with burns patients may also be considered.

The trend of Snake bites (with signs/symptoms of poisoning) is increasing continuously from **87** in 1st quarter to **376** in the 2nd quarter and then to **582** in current quarter 2015; necessitating the authorities to take notice thereby ensuring curbing it through multi-sectoral approaches.

Dog bites stand at **10030** in this quarter, which was 8374 and 11091 in 1st and 2nd quarter respectively. Though the trend decreased in this quarter from 11091 to 10030 yet need attention of district authorities.

Management could use the data/information to purchase appropriate set of medicines and take other necessary steps curtailing all the above mentioned diseases/disorders thereby avoiding the long term mortality and morbidity.

Fig. 11

Figure 11 illustrate **top five non-communicable diseases** in the province Khyber Pakhtunkhwa.
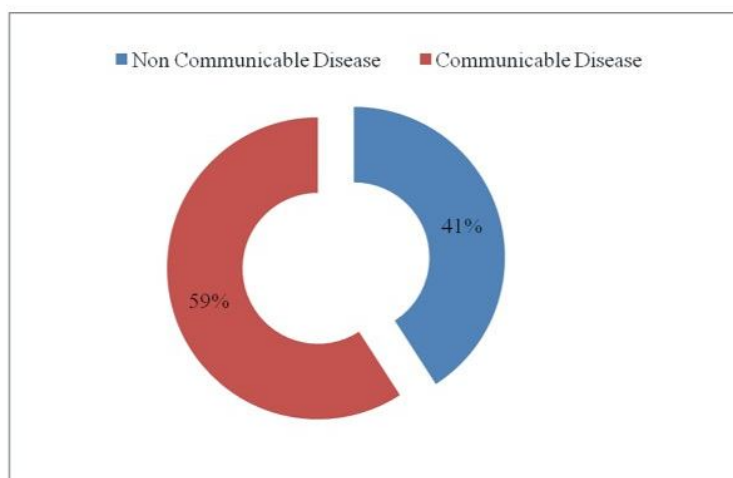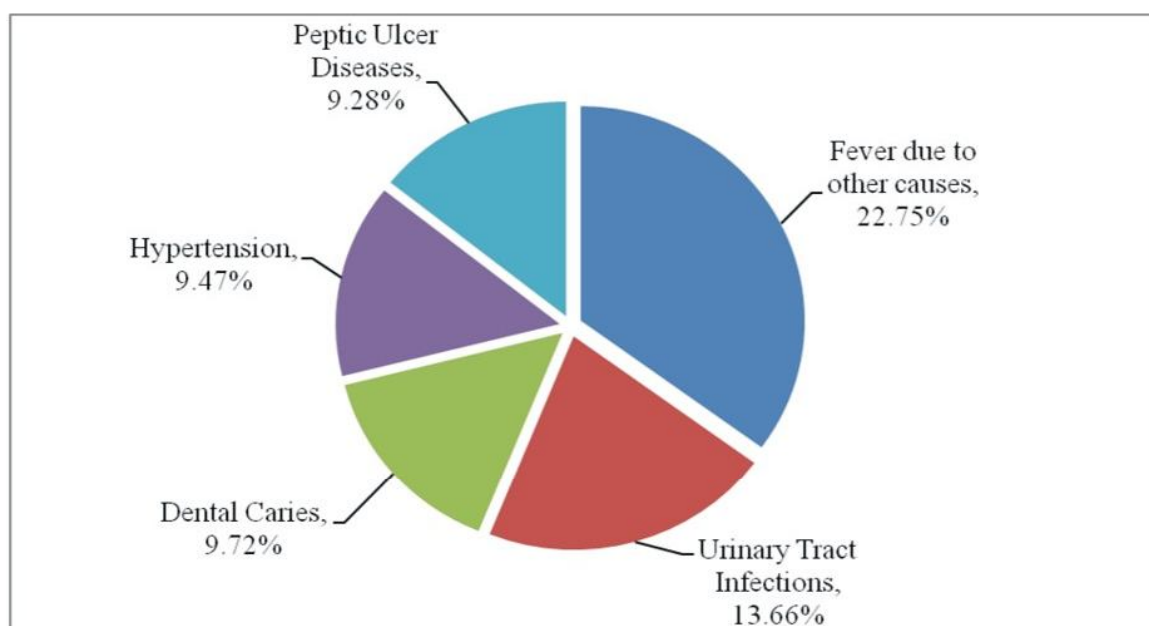
This indicator shows Communicable and Non Communicable diseases. Communicable disease stands on 41%, while Non communicable disease stands on 59%.

10. Maternal Mortality Rate per 100,000 Population (Reported by LHW)

Table No. 5

S. No	DISTRICT	Pregnant women newly registered by LHW	Delivery by skilled persons reported	Maternal deaths reported	MMR per 100,000 Population
1	Haripur	3031	2921	12	411
2	Battagram	394	269	1	372
3	Swabi	1926	1773	6	338
4	Abbottabad	4352	3498	8	229
5	Mansehra	3561	3293	6	182
6	Mardan	9106	4864	8	164
7	Malakand	3091	1356	2	147
8	D.I. Khan	2426	1411	2	142
9	Dir Lower	1503	926	1	108
10	Chitral	1431	1019	1	98
11	Swat	5941	3588	3	84
12	Peshawar	4229	2519	1	40
13	Bannu	1673	1068	0	0
14	Lakki Marwat	658	425	0	0
15	Tank	458	478	0	0
16	Karak	762	528	0	0
17	Kohat	1024	834	0	0
18	Hangu	143	179	0	0
19	Buner	1048	790	0	0
20	Dir Upper	363	295	0	0
21	Shangla	1647	378	0	0
22	Charsadda	6047	2959	0	0
23	Nowshera	2133	1688	0	0
24	Kohistan	0	0	0	0
25	Toor Ghar	0	30	0	0
	Total	**56947**	**37089**	**51**	**138**

1. **Fig. 12 <u>Maternal Mortality Rate per 100,000 Population (Reported by LHW)</u>**
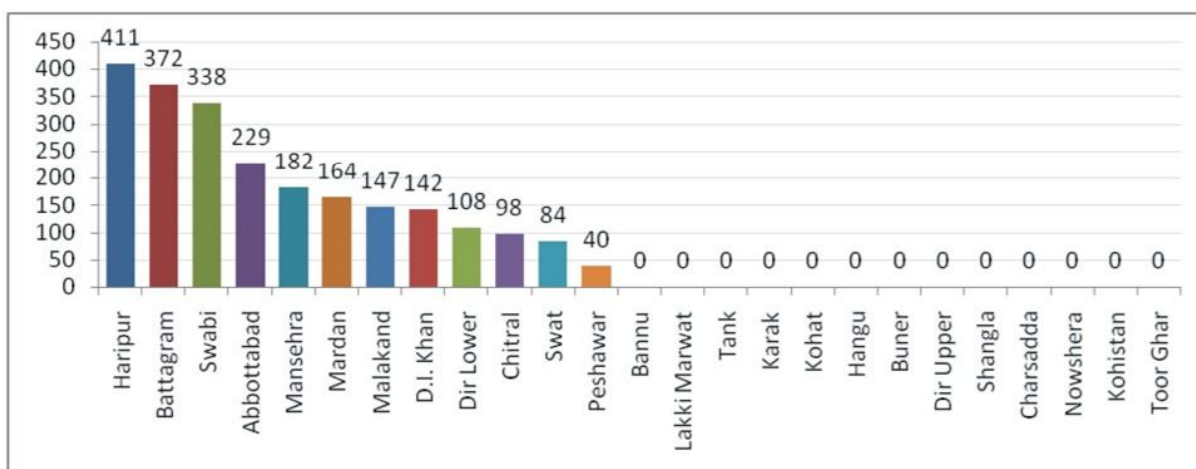
The indicator Maternal Mortality Rate (Maternal Deaths Reported by LHW) illustrates the death rates of the mother during pregnancy or deliveries. Districts Haripur reported 12 deaths of total number Deliveries by Skilled Persons in the district in this quarter and stands on top of the list. Districts Abbottabat and Mardan report 8 deaths in number while districts Swabi and Mansehra report 6 each respectively. The overall Maternal Mortality rate is 138. Table No 5 and Figure 12 shows the figures.

2. **Infant Mortality Rate per 1000 Population (Reported by LHW)**

Table No. 6

S. No	DISTRICT	Pregnant women newly registered by LHW	Delivery by Skilled Persons Reported	Infant Deaths Reported	IMR per 1000 Population
1	Battagram	394	269	14	52
2	Haripur	3031	2921	120	41
3	Shangla	1647	378	14	37
4	Abbottabad	4352	3498	115	33
5	Tank	458	478	15	31
6	Swabi	1926	1773	52	29
7	Malakand	3091	1356	37	27
8	Mansehra	3561	3293	88	27
9	Kohat	1024	834	21	25
10	Mardan	9106	4864	102	21
11	Chitral	1431	1019	18	18
12	Swat	5941	3588	57	16
13	Karak	762	528	8	15
14	Dir Lower	1503	926	12	13

15	Buner	1048	790	8	10
16	Peshawar	4229	2519	23	9
17	D.I. Khan	2426	1411	11	8
18	Dir Upper	363	295	2	7
19	Nowshera	2133	1688	11	7
20	Charsadda	6047	2959	15	5
21	Bannu	1673	1068	0	0
22	Lakki Marwat	658	425	0	0
23	Kohistan	0	0	0	0
24	Toor Ghar	0	30	0	0
25	Hangu	143	179	0	0
	Total	**56947**	**37089**	**743**	**20**

1. **Fig. 13 Infant Mortality Rate per 1000 Population (Reported by LHW)**
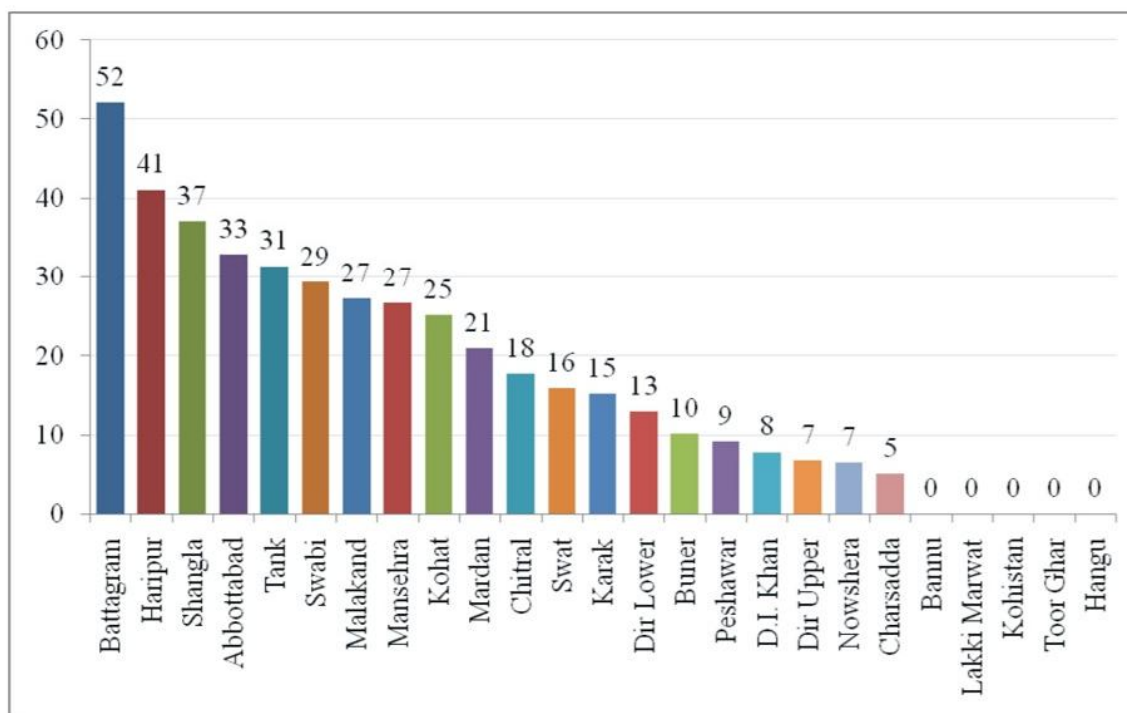
The Infant mortality rates show district wise number of deaths in the province, table no 6 and fig, 13 reflects the figures.

Districts where no infant death report are either showing out-standing performance or the data may not be valid and should be reviewed and validate through IMU or 3rd Party.

2. **No. of Modern Family Planning Method Users (Reported by LHWs)**

Table No. 7

S. No	DISTRICT	No. of Modern FP Method Users
1	Mardan	130733
2	Swabi	115931
3	Swat	101010
4	Abbottabad	100621
5	Mansehra	88552
6	Haripur	75855
7	Charsadda	70446
8	Peshawar	60164
9	Chitral	49629
10	Nowshera	48235
11	D.I. Khan	36375
12	Malakand	22371
13	Kohat	21073
14	Dir Lower	18709
15	Tank	15900
16	Bannu	14071
17	Shangla	12297
18	Buner	12102
19	Karak	5449
20	Battagram	4145
21	Dir Upper	3510
22	Lakki Marwat	3084
23	Hangu	35
24	Kohistan	0
25	Tor Ghar	0
	Total	**1010297**

The Number of Modern Family Planning Method Users (Reported by LHWs) is one of the indicators and reflect the figures in table no. 7.

The table illustrates the district wise number of Modern Family Planning Method are used by the people in the community for contraceptive measures , which is provided Family Planning cells in the respective districts.

The figure show is table reflects that District Mardan is on top and 130733 of users avail the uses of modern method, while districts Kohistan and Tor Ghar reported 0 figures. District Hangu reports only 35 users.

Fig. 14 No. of Modern Family Planning Method Users (Reported by LHWs)
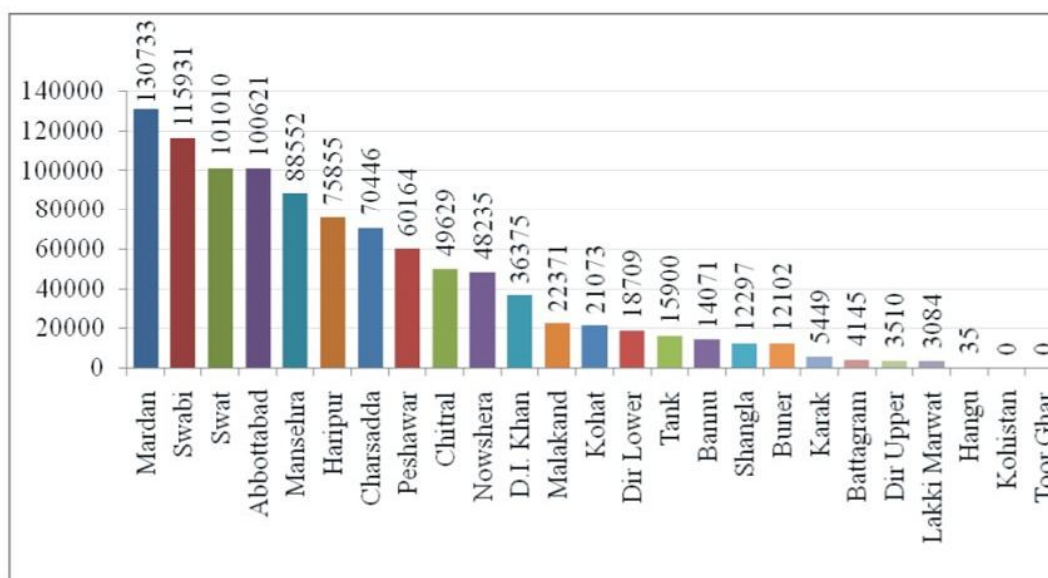
13. District Wise Average Number of Deliveries

This indicator is reflective of the confidence shown by the general public in the government health facilities for carrying out normal deliveries.

Table No. 8

S. No	District	Total Population	Expected Pregnancies (3.4%)	Jul #	Aug #	Sep #	Avg No. of Deliveries
1	Swat	1956000	16626	2779	2550	2456	2595
2	Swabi	1515000	12878	540	2490	937	1322
3	Dir Lower	1124000	9554	1249	1077	1190	1172
4	Malakand	703000	5976	1244	936	1069	1083
5	Mardan	2168000	18428	1088	866	1198	1051
6	D.I. Khan	1308000	11118	951	1055	1035	1014
7	Kohat	862000	7327	1013	949	992	985
8	Charsadda	1493000	12691	711	949	1050	903
9	Buner	838000	7123	721	724	649	698
10	Mansehra	1582000	13447	685	621	646	651
11	Nowshera	1280000	10880	771	743	307	607
12	Haripur	924000	7854	572	593	608	591
13	Abbottabad	1120000	9520	478	655	278	470
14	Chitral	444000	3774	450	423	482	452
15	Dir Upper	828000	7038	414	438	343	398

16	Battagram	422000	3587	427	392	368	396
17	Hangu	482000	4097	519	58	393	323
18	Peshawar	3219000	27362	256	344	238	279
19	Lakki Marwat	742000	6307	302	263	265	277
20	Shangla	667000	5670	247	298	226	257
21	Karak	661000	5619	162	192	200	185
22	Bannu	1010861	8592	168	146	167	160
23	Tank	359000	3052	113	141	121	125
24	Toor Ghar	262407	2230	61	61	64	62
25	Kohistan	478000	4063	40	37	18	32
Grand Total		**26185861**	222580	**15961**	**17001**	**15300**	**16087**

Table No. 8 and fig. 15 shows a district wise breakup of the total average number of deliveries conducted in government health facilities and reported through DHIS.

District Swat is ahead of all 25 districts with average number of deliveries in government health facilities standing at **2595**. Districts Swabi, Dir Lower, Malakand and Mardan reported **1322, 1172, 1083** and **1051** average number of deliveries respectively in the government health facilities thereby giving satisfactory performance. Districts Karak, Bannu, Tank, Tor Ghar and Kohistan reports average number of deliveries below 200 in numbers in this quarter.

The poor arrangement in primary and secondary health facilities in government sector and tertiary care hospitals needs to be improved. Figures from tertiary hospitals are not added to these figures; if added these figures will change significantly. Furthermore private sector is also providing good services in this regards. Health Care Commission should ensure optimal services in this regards across the province.

Fig. 15 District Wise Average Number of Deliveries
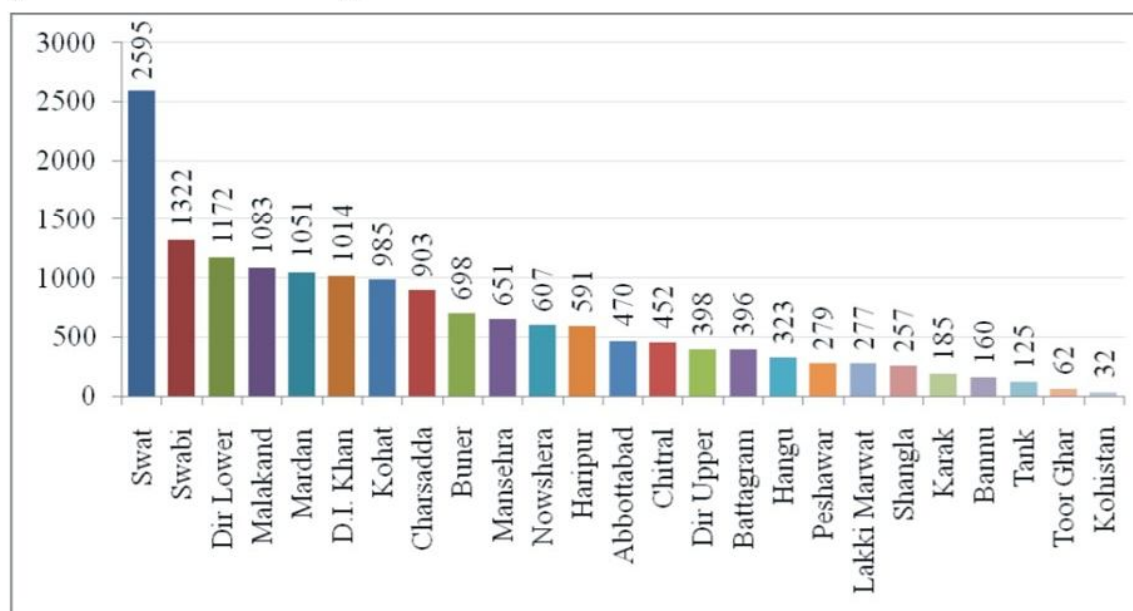
14. Health Facility-wise Number of Deliveries

Number of Deliveries in DHQ	Avg No. of Deliveries in THQ	Avg No. of Deliveries in RHC	Avg No. of Deliveries in BHU
18318	2757	774	338
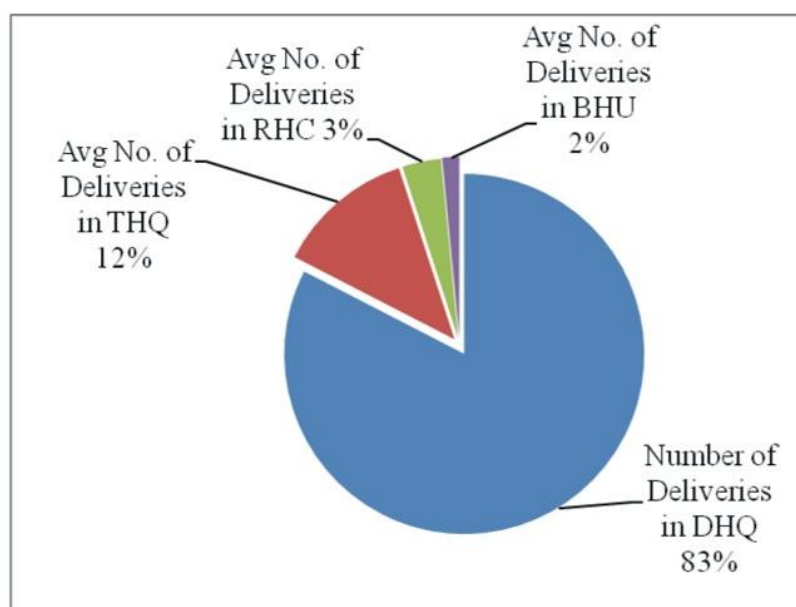
This indicator reflects health facilities wise number of deliveries and the DHQ hospital stand **18318,** which is 83% of the total while BHUs reports only **2%** deliveries.

15. Anemia among Women Coming for ANC-1 in Govt: Health Facilities (in %age)

- ■ 89% Women coming for (ANC-1) have Hb> 10g/dl
- ■ 11% Women coming for (ANC-1) have Hb < 10g/dl
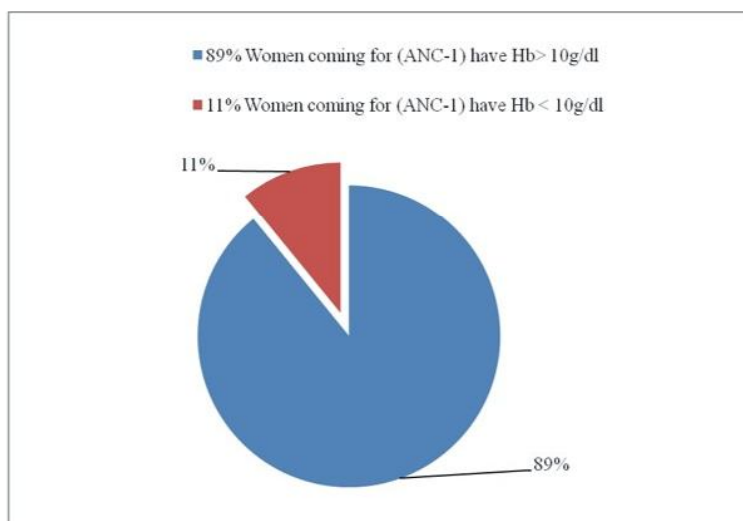
This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities. First ANC in the facilities is 91% and the women with Hb under 10g/dl are 9%.

Table No. 9

S. No	DISTRICT	First Antenatal care visits (ANC-1) in the facility	ANC-1 women with Hb. under 10 g/dl	%age
1	Nowshera	5697	1536	27
2	Hangu	2781	720	26
3	Kohistan	633	144	23
4	Swabi	7356	1445	20
5	Peshawar	11091	2163	20
6	Tank	2512	487	19
7	Malakand	2601	456	18
8	Mansehra	11691	1879	16
9	Haripur	6339	960	15
10	Buner	5010	694	14
11	D.I. Khan	5856	685	12
12	Battagram	3478	396	11
13	Dir Lower	9871	1058	11
14	Shangla	4017	422	11
15	Bannu	6275	658	10
16	Lakki Marwat	4273	435	10
17	Charsadda	8554	788	9
18	Mardan	11030	833	8
19	Swat	17349	1170	7
20	Chitral	3940	256	6
21	Kohat	5049	325	6
22	Karak	3158	194	6

23	Abbottabad	4671	282	6
24	Dir Upper	6131	345	6
25	Toor Ghar	721	12	2
	Total	**150084**	**18343**	**12**

Percent of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl are reflected in Table 9.

Pregnant women coming to the facility for antenatal care serve as a sample of women from the catchment population. The nutritional status among this sample of pregnant women is suggestive of the nutritional status of women in the catchment population.

Fig. 16 ANC-1 women with Hb. under 10 g/dl
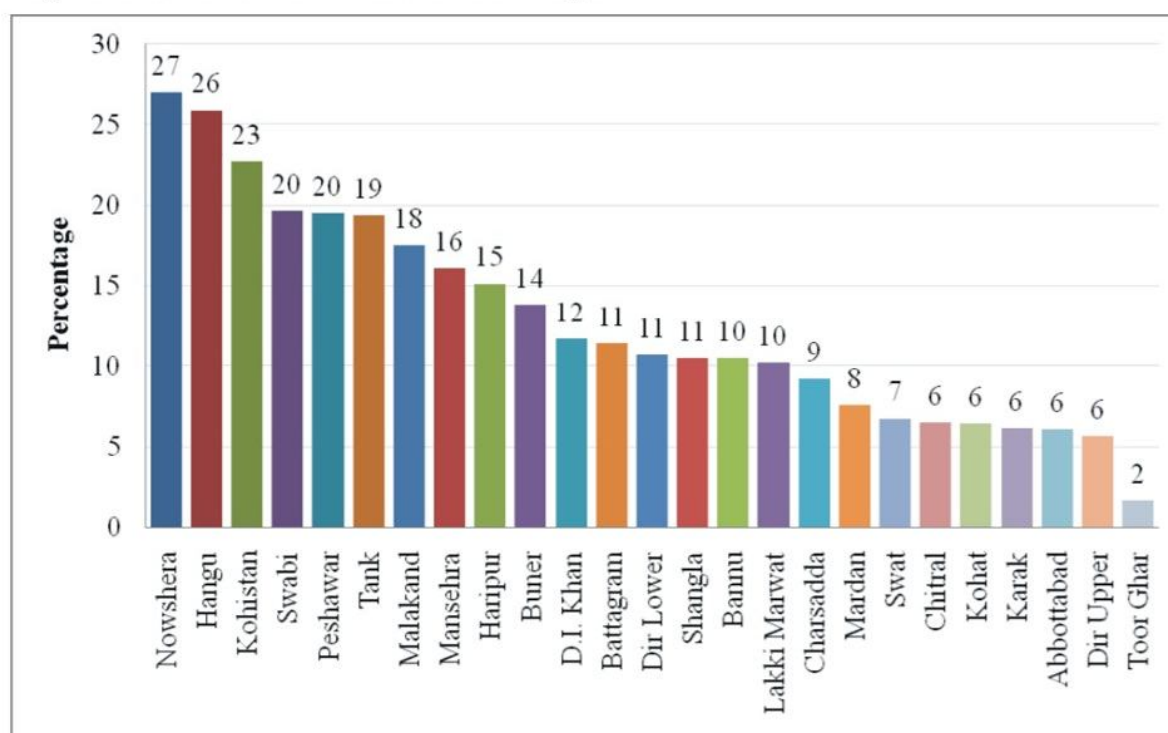
Table No. 9 and **Figure 16** reflects the districts-wise figures of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl. District Nowshera tops these figures reflecting the figures at 27% of the total pregnant women hemoglobin under 10g/dl necessitating the management to take appropriate measures. Hangu placed on second number among the 25 reporting districts in the province stands at 26%.

Live births with LBW Under 2.5kg (in %age)

This indicator measure the proportion of live births weight; live born infants with birth weight less than 2.5kg; among births in health facility in a given time period.

Table No. 10

S. No	DISTRICT	Live births in the facility	Live births with LBW (under 2.5kg)	%age
1	Buner	2041	255	12
2	Kohat	233	22	9
3	Dir Upper	871	69	8
4	D.I. Khan	2857	214	7
5	Mansehra	1774	107	6
6	Charsadda	2367	117	5
7	Battagram	1038	48	5
8	Peshawar	1136	48	4
9	Mardan	2134	77	4
10	Bannu	323	11	3
11	Malakand	2648	90	3
12	Dir Lower	3503	104	3
13	Nowshera	1325	39	3
14	Lakki Marwat	584	15	3
15	Chitral	1309	32	2
16	Abbottabad	934	22	2
17	Shangla	470	11	2
18	Swabi	1744	39	2
19	Hangu	441	5	1
20	Swat	6784	69	1
21	Tank	362	3	1
22	Karak	521	4	1
23	Toor Ghar	150	1	1
24	Haripur	1763	1	0
25	Kohistan	64	0	0
	Total	**37376**	**1403**	**4**

Table N0. 10 and **Figure 17** measure the proportion of live born infants with birth weight less than 2.5kg among births in health facility in a given time period. The total number of live births with Low Birth Weights (LBWs) (under 2.5kg) the figures are **1403,** which reflects in **4%**. In district Buner **12%** of LBWs are reported which is highest in number among all the distircts.

Reported live births in District Haripur and Kohistan are **1763** and **64** respectively; whereas only one LBW is reported in District Haripur and zero LBWs are reported in district Kohistan.

Performance is outstanding with respect to LBWs; it may need validation through third party or Independent Monitoring Unit (IMU).

Figure No. 17 Live births with LBW Under 2.5kg (in %age)
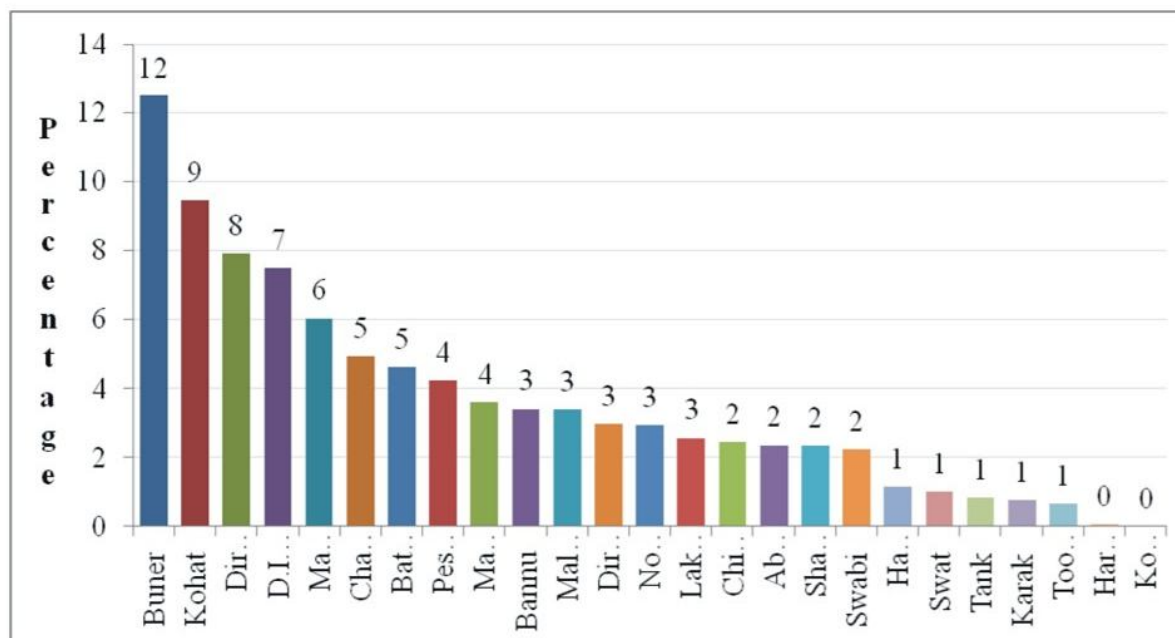
Figure No. 18

Figure 18 indicates live births in the government health facilities and live births with low birth weight (LBW) < 2.5kg. In figure 18 total numbers of live births in the government health facilities are 96% and live births with LBW are 4%.

The live birth with LBW < 2.5kg is not only reflective the prospect of baby's long term survival but also an insight into the quality of ANC services provided to the mother before birth.

16. Total Number of Stillbirths in the Government Health Facilities (in %age)

Stillbirth indicator refers to the proportion of still births (babies born dead after 22 weeks gestation) in the facility among all the births occurring in the facility.

Table No. 11

S. No	DISTRICT	Live Births in the Facility	Stillbirths in the Facility	%age
1	Shangla	470	49	10
2	Tank	362	13	4
3	Malakand	2648	85	3
4	D.I. Khan	2857	63	2
5	Dir Upper	871	19	2
6	Swat	6784	142	2
7	Bannu	323	6	2
8	Hangu	441	7	2
9	Mansehra	1774	26	1
10	Charsadda	2367	34	1
11	Lakki Marwat	584	8	1
12	Battagram	1038	14	1
13	Karak	521	7	1
14	Mardan	2134	26	1
15	Swabi	1744	18	1
16	Chitral	1309	13	1
17	Buner	2041	18	1
18	Peshawar	1136	8	1
19	Haripur	1763	10	1
20	Abbottabad	934	4	0
21	Dir Lower	3503	13	0
22	Nowshera	1325	4	0
23	Kohistan	64	0	0
24	Toor Ghar	150	0	0
25	Kohat	233	0	0
	Total	**37376**	**587**	**2**

Along with newborn cases fatality rate, this indicator provides a measure of facility based perinatal mortality rate. Perinatal mortality rate reflects the overall quality of maternal and neonatal care. It depends of the socio-economic status of the community, access to health care and the quality of health care.

Figure No. 19 Stillbirths in the Government Health Facilities (in %age)
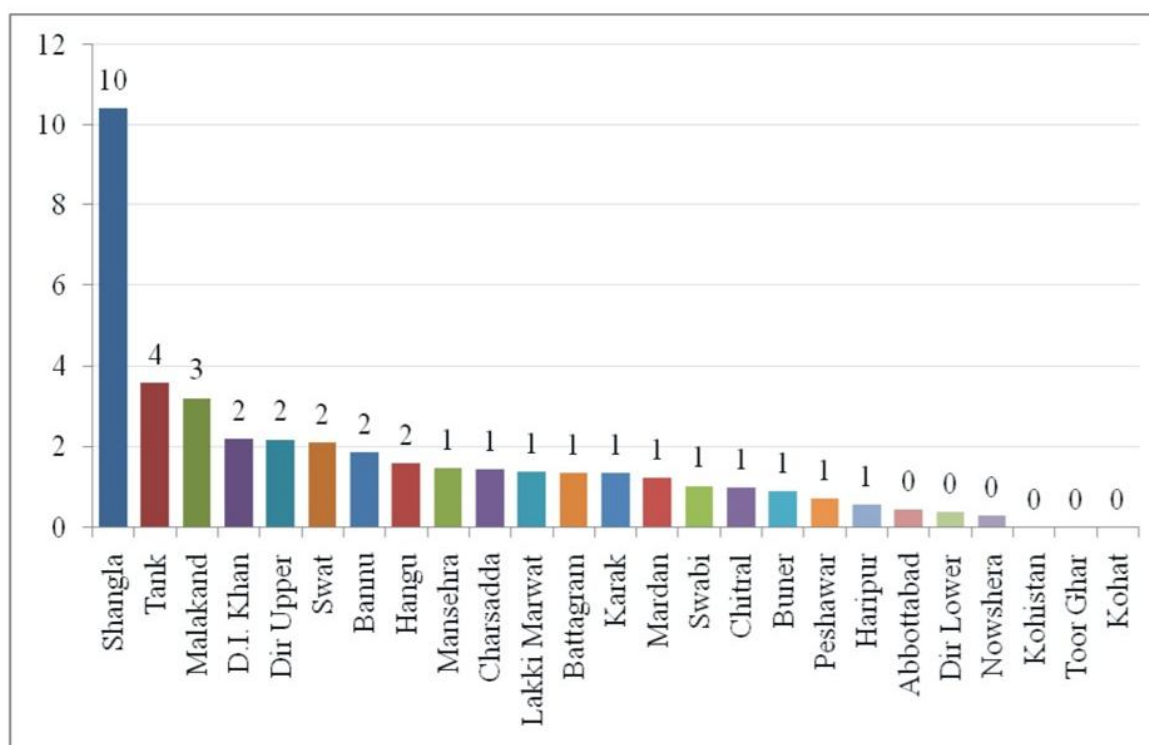
In figure district Shangla reports 10 still births in this quarter while other districts like; Tank, Malakand reports 4 & 3 respectively. On the other hand Districts DI Khan, Dir Upper, Swat, Bannu, and Hangu report 2 deaths each in their respective districts. District Lakki Marwat to District Haripur reflects the figure 1 each while the remaining districts reports 0 still births in the quarter.
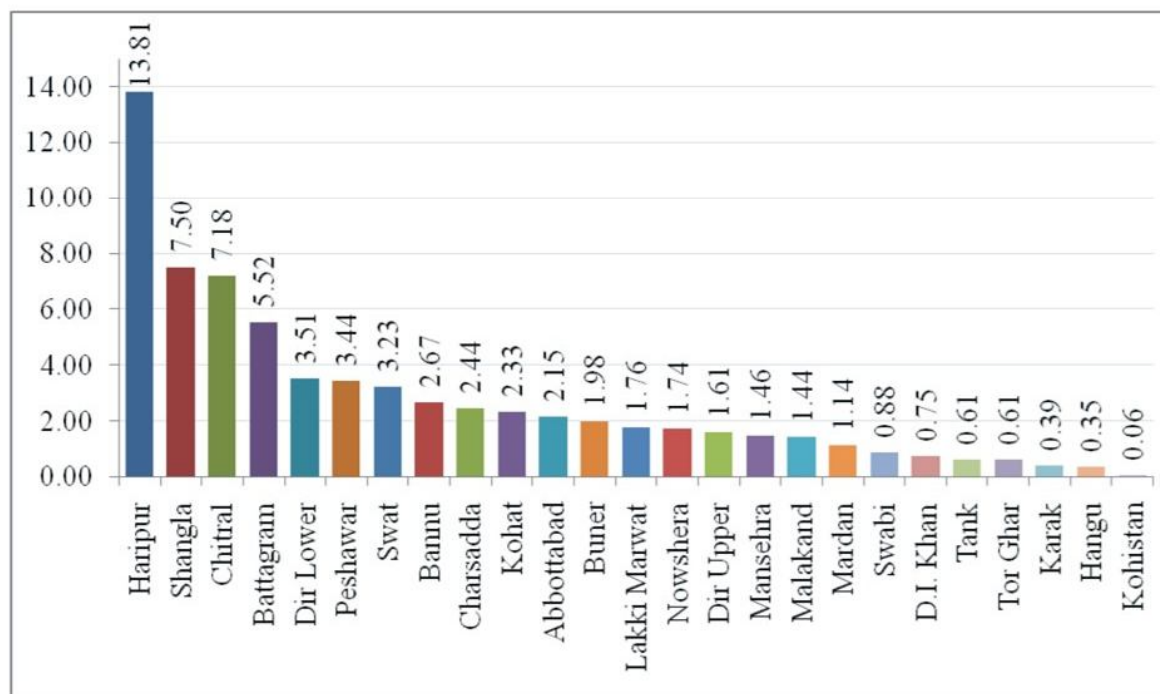
14. Family Planning Visits

During 3rd quarter of 2015, **113105 (2.67%)** eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA) **4231723**.

Table No. 12

S. No	DISTRICT	Population	16% of the Total Population	Total FP Visits	%age
1	Haripur	924000	147840	20414	13.81
2	Shangla	667000	106720	8006	7.50
3	Chitral	444000	71040	5102	7.18
4	Battagram	422000	67520	3725	5.52
5	Dir Lower	1124000	179840	6315	3.51
6	Peshawar	3219000	515040	17707	3.44
7	Swat	1956000	312960	10113	3.23
8	Bannu	1010861	161738	4318	2.67
9	Charsadda	1493000	238880	5839	2.44
10	Kohat	862000	137920	3210	2.33
11	Abbottabad	1120000	179200	3846	2.15
12	Buner	838000	134080	2656	1.98
13	Lakki Marwat	742000	118720	2088	1.76
14	Nowshera	1280000	204800	3565	1.74
15	Dir Upper	828000	132480	2139	1.61
16	Mansehra	1582000	253120	3708	1.46
17	Malakand	703000	112480	1622	1.44
18	Mardan	2168000	346880	3963	1.14
19	Swabi	1515000	242400	2123	0.88
20	D.I. Khan	1308000	209280	1565	0.75
21	Tank	359000	57440	349	0.61
22	Tor Ghar	262407	41985	255	0.61
23	Karak	661000	105760	413	0.39
24	Hangu	482000	77120	271	0.35
25	Kohistan	478000	76480	48	0.06
	Total	**26448268**	**4231723**	**113105**	**2.67**

Figure 20 and Table 12 illustrate the actual position of the districts that how much couples avail Family Planning Services in this quarter. The table shows that the district Haripur achieved 13.81% of Family Planning Services. Districts Shangla and Chitral reflect the results as 7.50% and 7.18% of the total FP Visits. Districts Dir Lower to Abbottbad show the figure from 5.52% to 2.15%, while the remaining districts are under 2%.

Figure No. 20 Family Planning Visits

14. Family Planning Services & Commodities Provided

Total FP Visits	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
87833	36838	6877	29829	4789	176850	7482	1384	96	511
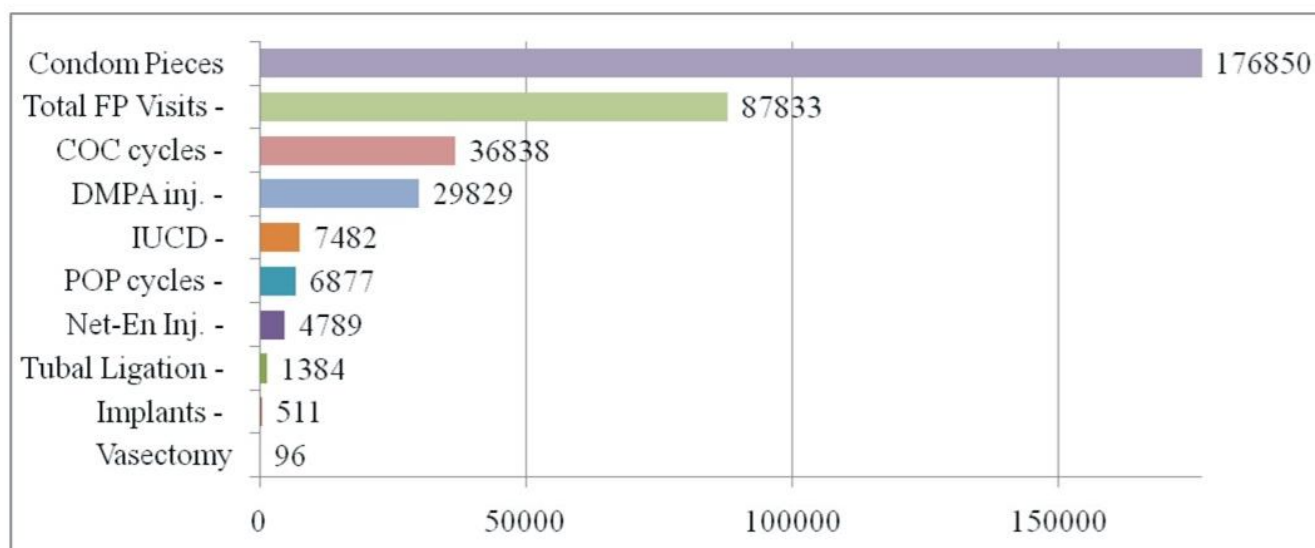
15. District wise Family Planning Services & Commodities Provided

Table No. 13

S. No	DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
1	Bannu	2211	526	1719	64	6752	254	0	0	0
2	D.I. Khan	323	11	495	157	1105	160	12	0	0
3	Lakki Marwat	577	151	932	89	2284	312	37	0	0
4	Tank	436	4	216	15	1762	107	0	0	0
5	Abbottabad	1219	168	1016	4	1421	302	21	0	0
6	Haripur	756	138	864	105	1795	297	10	0	80
7	Kohistan	8	5	39	5	3	0	0	0	0
8	Mansehra	1467	222	1488	215	13214	426	17	0	5
9	Battagram	1038	146	1312	36	7708	424	5	0	0
10	Karak	179	22	244	6	239	28	0	0	0
11	Kohat	1702	187	1321	4	14678	565	102	0	17
12	Hangu	114	31	204	7	1923	23	2	0	3
13	Buner	859	105	1478	73	7562	167	17	0	0
14	Chitral	1014	347	1862	82	4317	87	0	0	0
15	Dir Lower	1234	153	1600	1	11553	3	0	0	0
16	Malakand	1032	347	932	43	10438	212	66	0	0
17	Swat	3037	579	4797	263	6132	1344	262	0	527
18	Dir Upper	546	299	767	193	2004	20	4	2	6
19	Shangla	1010	485	717	47	1320	220	6	0	0
20	Mardan	1650	655	1003	88	4888	256	13		2
21	Swabi	1738	234	1190	378	12934	411	54	1	0
22	Charsadda	2728	326	2661	28	20539	406	40	0	1
23	Nowshera	970	154	1360	6	10637	698	129	10	84
24	Peshawar	1957	1262	3120	118	14334	967	572	70	14
Total	**Total**	**27805**	**6557**	**31337**	**2027**	**159542**	**7689**	**1369**	**83**	**739**

The indicator District-wise Family Planning Services & Commodities Provided is one of the most important indicators in health services. This reflects the results of all of the districts and show that which family planning services has taken by the couple.

In the modern method of the family planning services, the condom is one of the most effective and simple method and couple preferred to take this services from health institutions.

Some of the couple preferred to take other family planning services i.e. COC cycles, POP cycles or DPMA injections etc. Table No 13 illustrates the districts wise figures.

16. Mortality Rate

Through mortality rates there is an opportunity to get a clear picture of the preventable and the non preventable causes, enabling the department to concentrate on the prevention of death due to avoidable causes.

Table No. 14

S. No	Name of Disease	Total Admission	Total Deaths	%age
	Medical			
1	Diarrhoea / Dysentery <5	16,278	47	0.29
2	Diarrhoea / Dysentery >5	16,185	33	0.20
3	Pneumonia<5	2,650	107	4.04
4	Pneumonia>5	1,266	2	0.16
5	Malaria	2,064	1	0.05
6	Asthma	1,792	10	0.56
7	Chronic Obstructive Airways	222	0	0.00
8	Pulmonary Tuberculosis	548	9	1.64
9	Extra Pulmonary Tuberculosis	149	0	0.00
10	Typhoid	2,052	1	0.05
11	Diabetes Mellitus	1,647	44	2.67
12	Viral Hepatitis A and E	494	4	0.81
13	Viral Hepatits B	110	0	0.00
14	Viral Hepatits C	340	18	5.29
15	Meningitis	222	9	4.05
16	Chronic Liver Diseases	469	12	2.56
17	Chronic Renal Diseases	1,887	25	1.32
	Total	**48,375**	**322**	**0.67**

An analysis of the figures reveals that total number of 48, 375 patients have been admitted with number of disease mentioned in table no 14 and 322 deaths constituting (0.67%) mortality.

It reveals that out of 322 deaths 189 could be attributed to Diarrhea/Dysentery and Pneumonia. Deaths from Diabetes Mellitus and Chronic Renal Diseases are 44 and 25 respectively. Table no 14 represent the statistical figures in this regards.
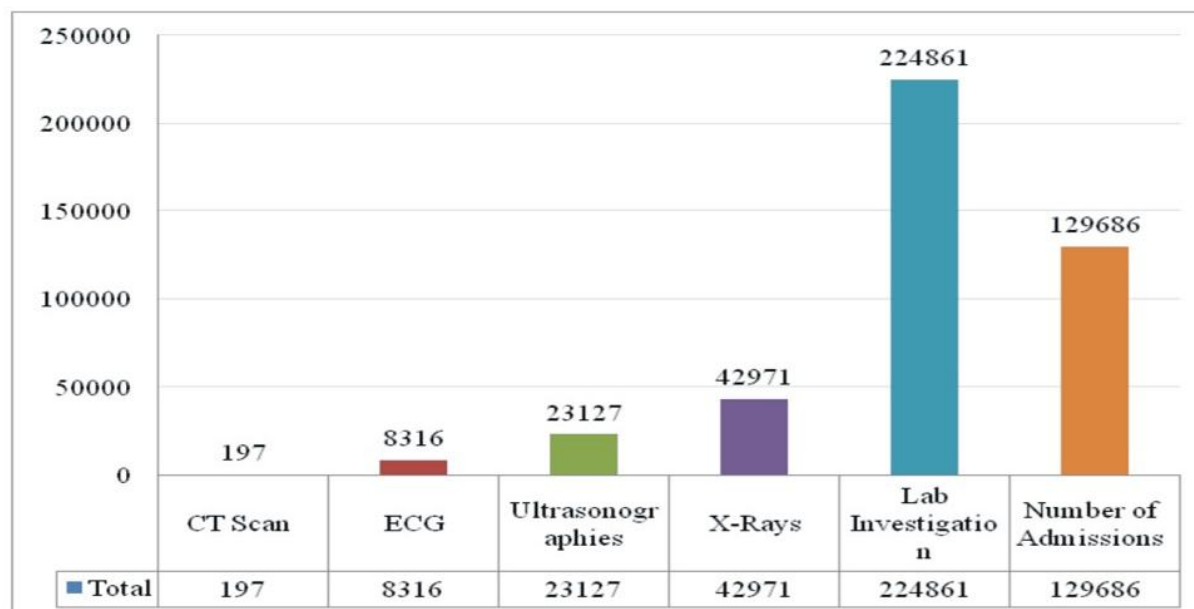
17. Deaths from Gynecological and Obstetric Causes

Table No. 15

S. No	Name of Disease	Total Admission	Total Deaths
Gynecological			
1	Fibroid Uterus	156	0
2	Inflam diseases of female pelvic organs (PID)	353	0
3	Uterine Prolape	64	0
4	Vesico - Vaginal Fistula	53	0
	Total	**626**	**0**
Obstetrics / Maternal Complication			
5	Ante partum Hemorrhage (APH)	486	0
6	Complications of Abortion	547	0
7	Ectopic Pregnancies	91	0
8	Postpartum Hemorrhage (PPH)	488	1
9	Pre-Eclampsia/Eclampsia	222	0
10	Prolonged/Obstructed Labour	200	1
11	Puerperal Sepsis	61	0
12	Rupture Uterus	76	1
Obstetrics			
13	Other Obstetric Complications	578	4
	Total	**2,749**	**7**

It is heartening to note that despite admission of 2749 patients with gynecological and obstetric disorders the mortality remained at 7 which is 0.25% and indeed all the health workers engaged in this department deserve a word of praise for their efforts and these figures clearly indicate that the preventive effort have paid.

18. Lab Services Utilization for In Door Patients

	CT Scan	ECG	Ultrasonographies	X-Rays	Lab Investigation	Number of Admissions
Total	197	8316	23127	42971	224861	129686

This indicator indicates the utilization of laboratory services at the facility and also gives a measure of the proportion of indoor patients receiving lab services from the laboratory of the health facility. In addition statistics are gathered for other diagnostic investigations.

19. Lab Services Utilization for Out Door Patients

Figure No. 24
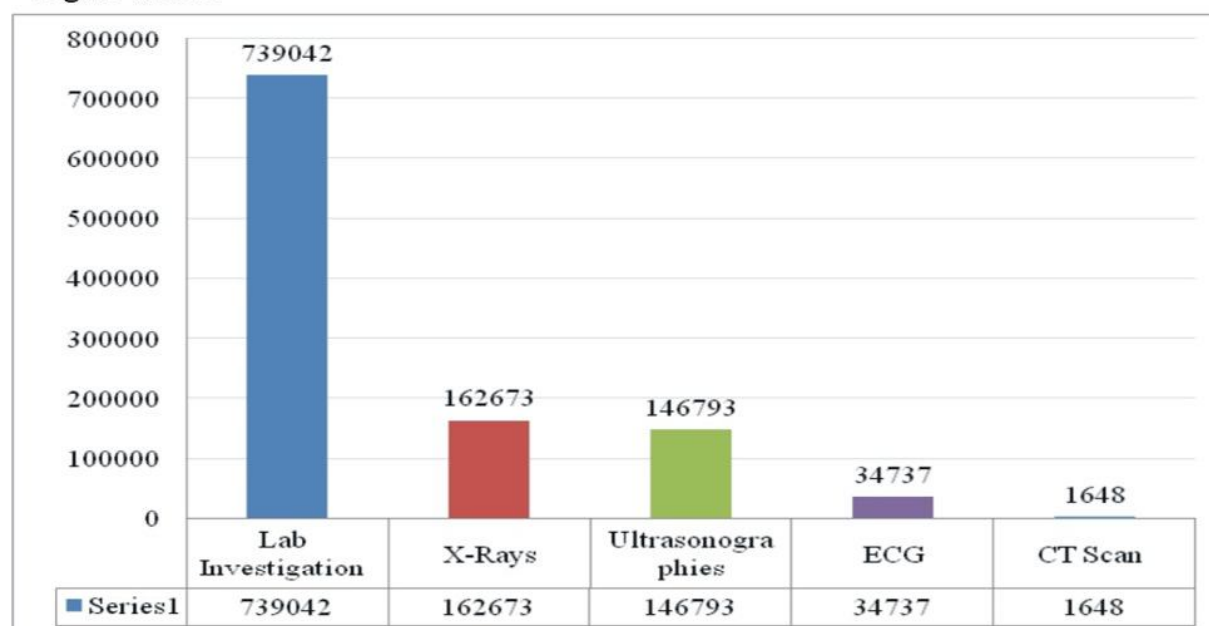
	Lab Investigation	X-Rays	Ultrasonographies	ECG	CT Scan
Series1	739042	162673	146793	34737	1648

This indicator indicates the utilization of laboratory services at the facility and also gives a measure of the proportion of outdoor patients receiving diagnostic services from health facility.

The graph reflects the figures in percentages and show quality of care in terms of utilization of investigation services.

20. Total Number of Antenatal Care in the Facility

Antenatal care is an indicator of access and utilization of health care services during pregnancy. It is a measure of the percent of pregnant women who utilize antenatal care services provided at the government health facility at least once during their current pregnancy.

Table No. 16

S. No	District	Total Population	Expected Pregnancies (3.4%)	ANC-1	%age
1	Chitral	444000	15096	3940	26
2	Swat	1956000	66504	17349	26
3	Dir Lower	1124000	38216	9871	26
4	Battagram	422000	14348	3478	24
5	Dir Upper	828000	28152	6131	22
6	Mansehra	1582000	53788	11691	22
7	Tank	359000	12206	2512	21
8	Haripur	924000	31416	6339	20
9	Bannu	1010861	34369	6275	18
10	Shangla	667000	22678	4017	18
11	Buner	838000	28492	5010	18
12	Kohat	862000	29308	5049	17
13	Hangu	482000	16388	2781	17
14	Lakki Marwat	742000	25228	4273	17
15	Charsadda	1493000	50762	8554	17
16	Mardan	2168000	73712	11030	15
17	Swabi	1515000	51510	7356	14
18	Karak	661000	22474	3158	14
19	D.I. Khan	1308000	44472	5856	13
20	Nowshera	1280000	43520	5697	13
21	Abbottabad	1120000	38080	4671	12
22	Malakand	703000	23902	2601	11
23	Peshawar	3219000	109446	11091	10
24	Toor Ghar	262000	8908	721	8
25	Kohistan	478000	16252	633	4
	Grand Total	**26447861**	**899227**	**150084**	**17**

This indicator indicates that how many pregnant women in the catchment area population are covered through the facility for antenatal care services. It reflects the integrity of referral linkages between LHW and the facility based health care providers, the extent of mobilization of pregnant women or their families to utilize maternal health services from the government health facilities and or the trust of the community on the public health facilities/providers. It will also provide information about the registration of pregnant women in health facilities for availing the ANC-1 services.
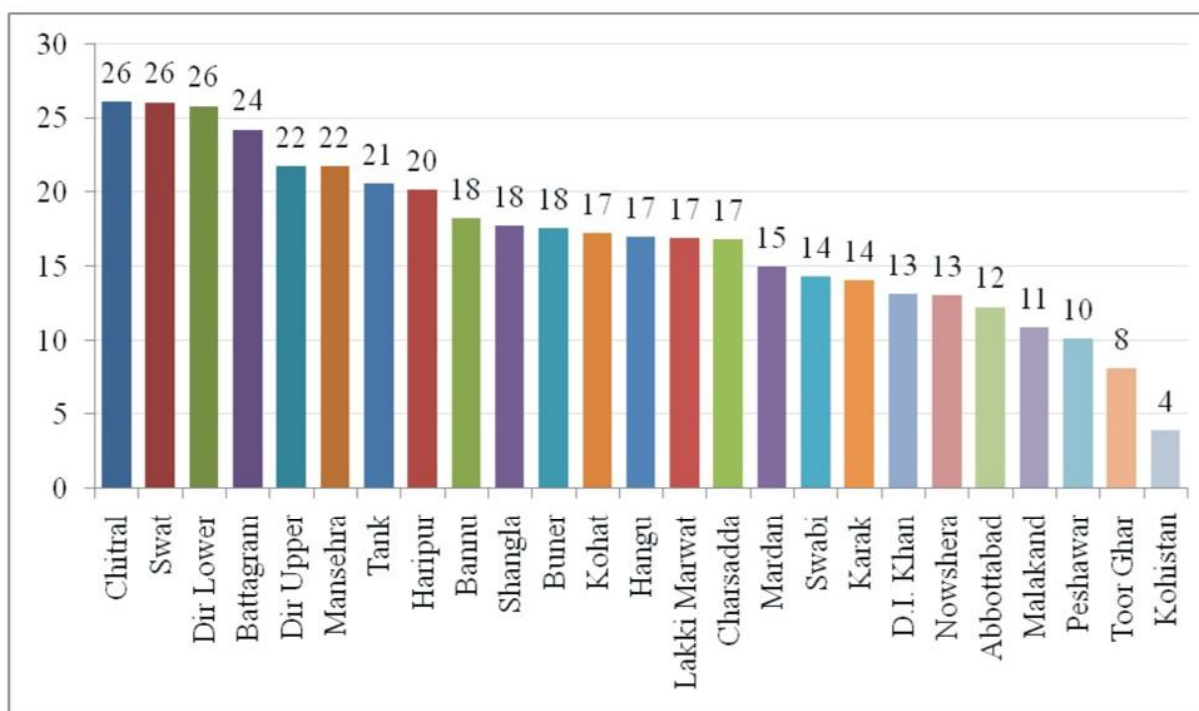
Figure No. 24 Antenatal Care in the Facility

Table No. 16 and figure no 24 illustrate the statistical analysis about data regarding First Antenatal care services (ANC-1) in government health facilities. District Kohistan stands at the bottom of the list and worst performance with an average 4% ANC-4 coverage and decreased its proformance from 43.94% to 4% the reason behind the decreasing the performance of the district is that of socio-cultural, to one this is clear case of mismanagement at all level, while district Tor Ghar improved performance from 0% to 8% in this quarter.

Districts Chitral, Swat and Dir Lower are top performer i.e 26% of each district. On the other hand districts Battagram to Haripur reflects 24% to 20%, while the remaining districts show the results below average of 20%.

Peshawar covers only 10% with regards to ante-natal services (first visit) and needs to improve.

Private Sector is not captured in this data.

21. Neonatal Death in the Facility

A neonatal death is the death of a baby within the first 4 weeks of life.

This quarter reports number of Neonatal deaths due to various causes during the deliveries or immediately afterwards Two assumptions have to be made here, one is that this report includes deaths occurring in government health facilities only and the second is the non availability of data on predispositions in the mother resulting in these fatalities.

Table No. 17

S. No	District	Total Population	Exptected Pregnancies (3.4%)	# of Deliveries conducted in Facility	Live Birth in the Facility	Neonatal Death in the Facility
1	Swat	1956000	16626	7785	6784	160
2	Kohat	862000	7327	3506	3085	148
3	Mansehra	1582000	13447	1952	1774	38
4	Buner	838000	7123	2094	2041	35
5	Dir Upper	828000	7038	1195	871	23
6	D.I. Khan	1308000	11118	1371	1296	13
7	Mardan	2168000	18428	3152	2134	8
8	Nowshera	1280000	10880	1798	1325	8
9	Abbottabad	1120000	9520	1411	934	6
10	Swabi	1515000	12878	3967	1744	6
11	Karak	661000	5619	554	521	3
12	Chitral	444000	3774	1355	1309	2
13	Dir Lower	1124000	9554	3516	3503	2
14	Charsadda	1493000	12691	2710	2367	1
15	Peshawar	3219000	27362	838	1136	1
16	Bannu	1010861	8592	481	323	0
17	Lakki Marwat	742000	6307	802	584	0
18	Tank	359000	3052	375	362	0
19	Haripur	924000	7854	1773	1763	0
20	Kohistan	478000	4063	95	64	0
21	Battagram	422000	3587	1085	1038	0
22	Toor Ghar	0	0	186	150	0
23	Hangu	482000	4097	970	441	0
24	Malakand	703000	5976	3249	2648	0
25	Shangla	667000	5670	771	470	0
	Grand Total	**26185861**	**222580**	**46991**	**38667**	**454**

Out of **46439** deliveries conducted in the government sector health facilities the mortality of neonates stood at 540 of the total deliveries where the maternal mortality in the same health facilities.

Two hundred and thirty three (233) live births have been reported out of **3506** number of deliveries in district Kohat; out of these **148** deaths are reported which indicates the alarming situation of the district health management and also lead to mismanagement of the district. (The figures may also be a human error). District Swat reported **160** deaths which is **2.36%** of the deliveries reported in the district.

The table illustrates the statistical analysis of the deaths toll in districts Manshera **(38),** Buner **(35),** Dir Upper **(23)** and D.I. Khan **(13)** respectively.

The hub of the hospitals and provincial capital district Peshawar reported live births more the deliveries **(1136 live births)** and **838** deliveries. The data of the districts Peshawar should be verified through IMU or M&E cells.
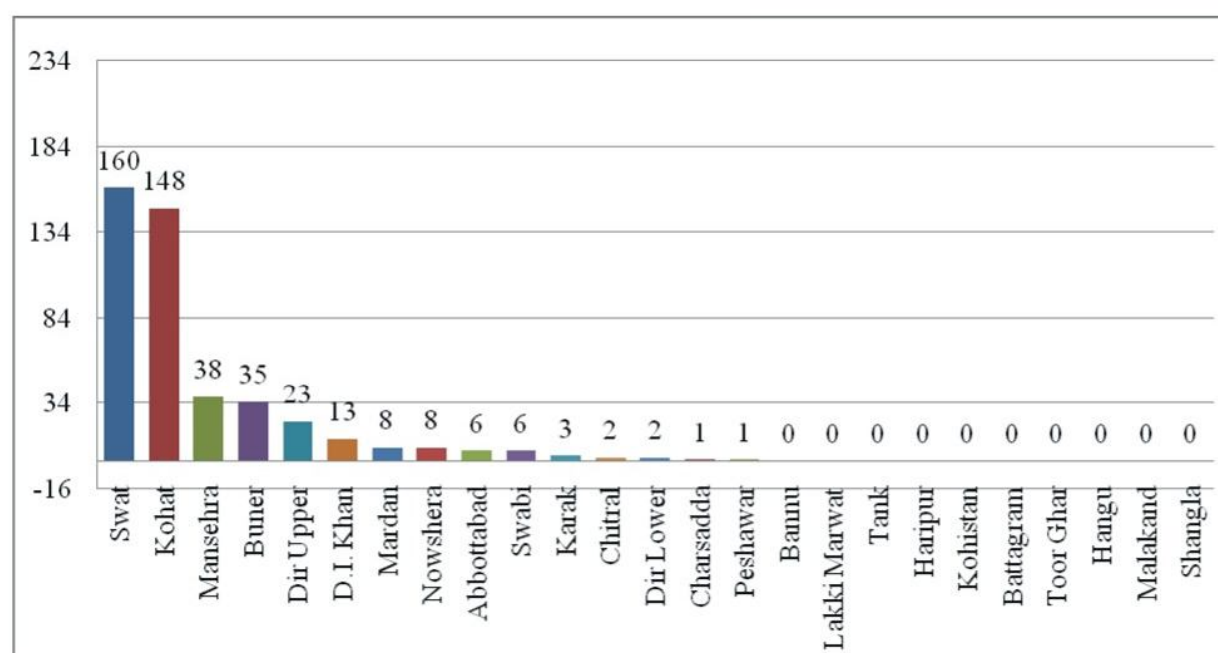
Figure No. 25 Neonatal Death in the Facility

Table no 17 and figure no 25 reflects the neonatal deaths analysis.

22. Malaria Cases per 1000 Population

This indicator is a rough estimation of the extent of malaria in the catchment population. This facility based calculation only provides a partial picture. Nevertheless, an increasing number of OPD attendances of malaria cases should alert the health authorities and may consider further investigation of the situation.

Table No. 18

S. No	District	Total Population	Suspected Malaria	Malaria Cases per 1000
1	Karak	661000	10792	16.33
2	Buner	838000	11620	13.87
3	D.I. Khan	1308000	17977	13.74
4	Lakki Marwat	742000	9871	13.30
5	Tank	359000	4461	12.43
6	Malakand	703000	7266	10.34
7	Dir Lower	1124000	11470	10.20
8	Bannu	1010861	9808	9.70
9	Charsadda	1493000	12376	8.29
10	Hangu	482000	3980	8.26
11	Kohat	862000	4744	5.50
12	Mardan	2168000	8832	4.07
13	Chitral	444000	1566	3.53
14	Swabi	1515000	5244	3.46
15	Nowshera	1280000	2973	2.32
16	Peshawar	3219000	5800	1.80
17	Shangla	667000	1018	1.53
18	Swat	1956000	2731	1.40
19	Dir Upper	828000	994	1.20
20	Haripur	924000	947	1.02
21	Toor Ghar	200000	204	1.02
22	Battagram	422000	382	0.91
23	Mansehra	1582000	877	0.55
24	Kohistan	478000	141	0.29
25	Abbottabad	1120000	292	0.26
	Total	**26385861**	**136366**	**5.17**

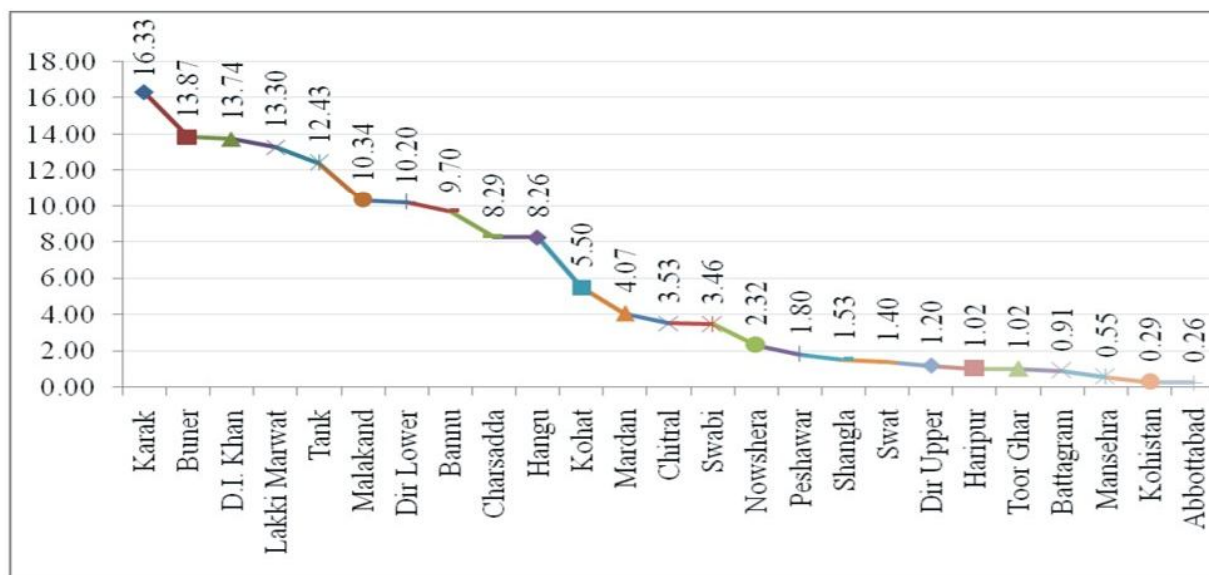**Figure No. 26 Malaria Cases per 1000 Population**

Table No. 18 and figure no. 26 reflects the figures and rates per 1000 population of the area. Districts Karak shows the top most figures of the total malaria case and the rate is 16.33. Districts Bunner to district Dir Lower stands from 13.87 to 10.20 while other districts are less than 10.

The figures reflect of the districts Battagram, Mansehra, Kohistan, Abbottabad are 0.91, 0.55, 0.29, and 0.22 respectively.

Category wise Distribution of malaria cases of Districts (per 1000 population)
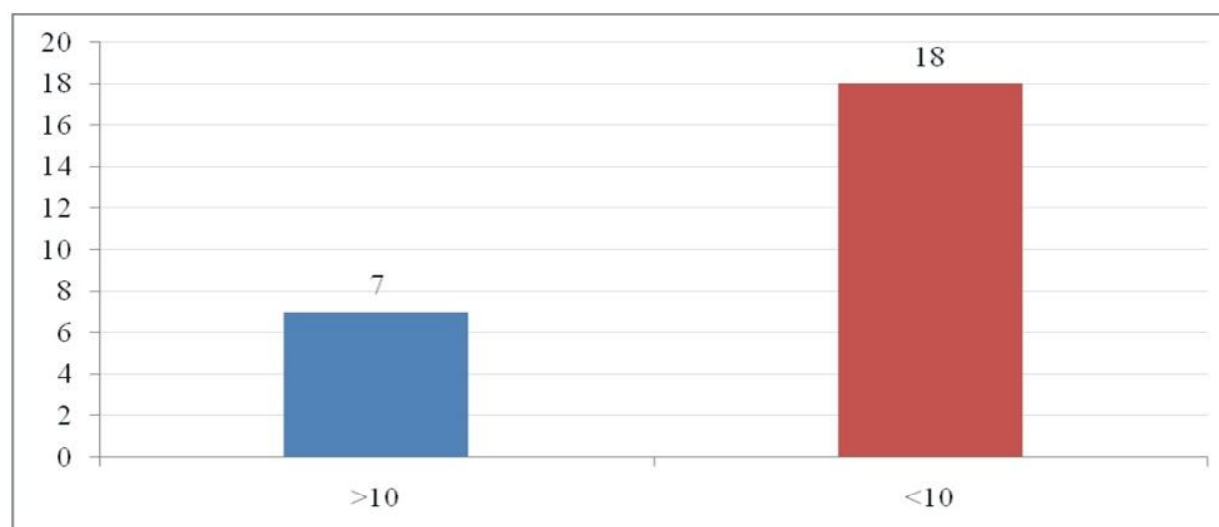
Figure No. 27

Figure no. 27 shows the category wise distribution of the districts of the indicator of suspected malaria cases on which 7 districts are greater than 10 while 18 districts are less than 10.

14. Intensive-phase TB-DOTS patients

Tuberculosis requires regular and uninterrupted treatment for a cure and a person missing the treatment poses a great threat for developing a resistant form of the disease; so the number of patients missing their treatment for more than a week needs to be actively traced and convinced to continue the treatment.

Table No. 19

S. No	DISTRICT	Intensive-phase TB-DOTS patients
1	Swat	3868
2	Bannu	671
3	Mardan	551
4	Nowshera	534
5	Lakki Marwat	491
6	Mansehra	384
7	Haripur	360
8	Dir Lower	332
9	Charsadda	291
10	Kohat	248
11	Hangu	247
12	Shangla	243
13	Peshawar	241
14	Swabi	217
15	Tank	180
16	Buner	180
17	Malakand	167
18	Chitral	163
19	Abbottabad	162
20	Dir Upper	133
21	Battagram	74
22	Toor Ghar	46
23	Kohistan	33
24	D.I. Khan	31
25	Karak	9
Total		**9856**

Table No. 18 show the district-wise TB data with percentage. District Tor Ghor fail to report TB patients. District Swat is highest in numbers reporting 2738 patients during the 2nd quarter with 32.13% of total patients (8521). District Mardan reports 750 patients (8.80%) and district Bannu reports 572 patients (6.71%).

Most of the districts show their performance ranging (1% to 4%).

Figure No. 28 Intensive-phase TB-DOTS patients
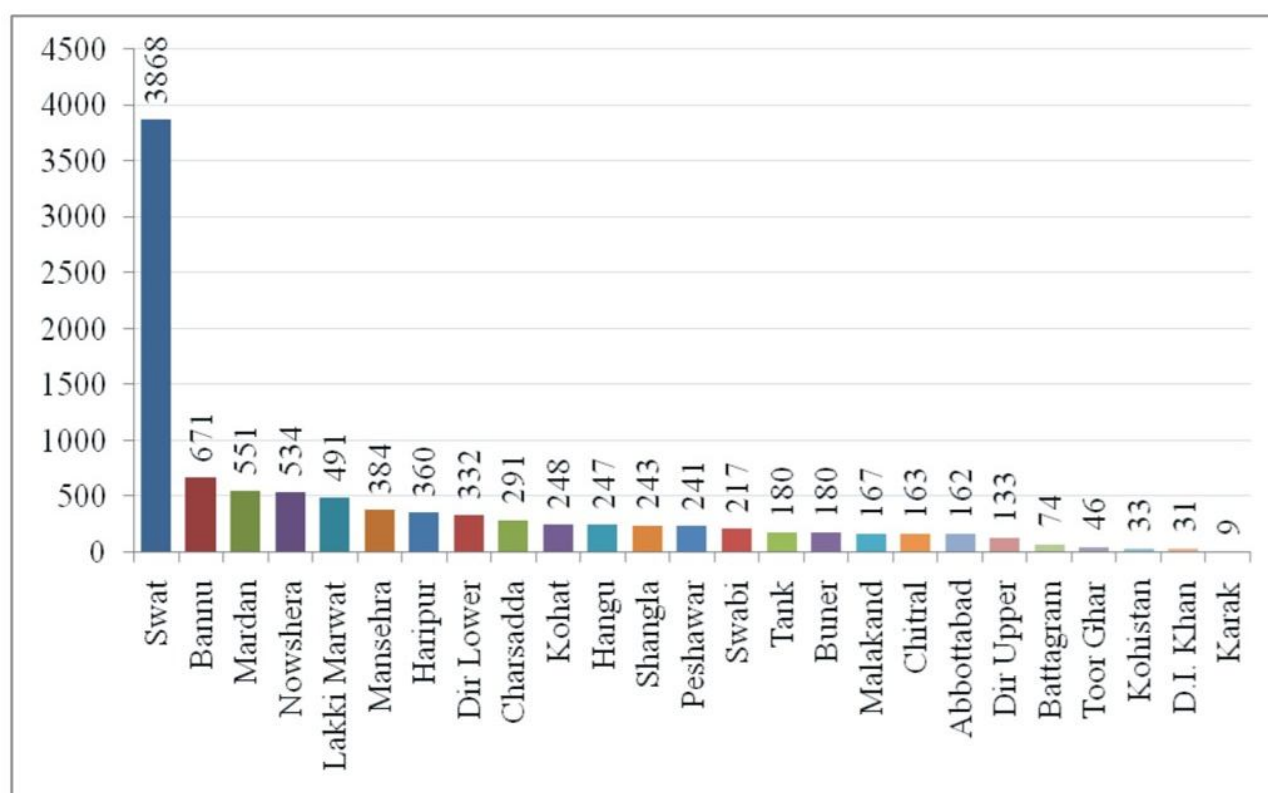
### 15. Intensive phase TB-DOTS patients missing treatment >1 week

This indicator measures the proportion of TB-DOTS intensive phase patients missing treatment more than one week. This is the suggestive of the performance of the TB-DOTS treatment center and the associated treatment supporters.

Table No. 20

S. No	DISTRICT	Intensive phase TB-DOTS patients missing treatment >1 week
1	Swat	448
2	Mardan	215
3	Peshawar	58
4	Charsadda	37
5	Mansehra	18
6	Lakki Marwat	9
7	Malakand	5
8	Kohat	2
9	Abbottabad	1
10	Shangla	1
11	Nowshera	1
12	Bannu	0
13	D.I. Khan	0
14	Tank	0
15	Haripur	0
16	Kohistan	0
17	Battagram	0
18	Toor Ghar	0
19	Karak	0
20	Hangu	0
21	Buner	0
22	Chitral	0
23	Dir Lower	0
24	Dir Upper	0
25	Swabi	0
Total		**795**

Under TB-DOTS, if a patient misses his/her treatment for more than 2 consecutive days during the initial intensive phase, he must be traced by the health worker or by the treatment supporter. In the continuation phase of treatment, if patient fails to collect his drugs within one week of drug collection day she/he must be traced by health workers.

14. **Figure No. 30 TB-DOTS patients missing treatment >1 week**
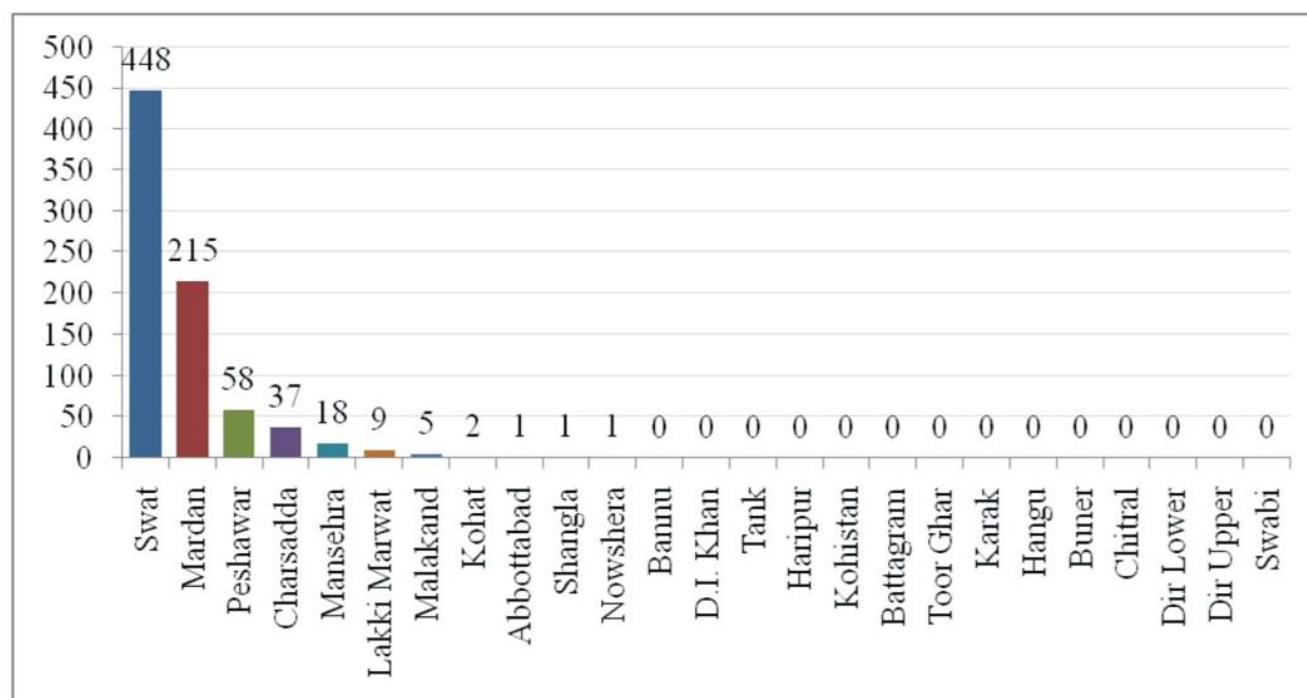
In figure 30 and table 20 it is illustrated that district Swat in on top among the other districts and stands at 448 while Mandan shows 215 patients as missing treatment for more than a week.

15. Immunization Coverage

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.

### a. Children under 12 Months received 3rd Pentavalent vaccine

Pentavalent vaccine is five individual vaccines conjugated in one intended to actively protect infant children from 5 potentially deadly diseases: Haemophilus Influenza type B (a bacteria that causes meningitis, pneumonia and otitis), whooping cough, tetanus, hepatitis B and diphtheria.

Table No. 21

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 Months received 3rd Pentavalent vaccine	%age
1	Battagram	422000	2849	3129	110
2	Haripur	924000	6237	6586	106
3	Malakand	703000	4745	4936	104
4	Dir Lower	1124000	7587	7655	101
5	Swabi	1515000	10226	10029	98
6	Swat	1956000	13203	12025	91
7	Charsadda	1493000	10078	9071	90
8	Abbottabad	1120000	7560	6799	90
9	Mansehra	1582000	10679	9483	89
10	Buner	838000	5657	4710	83
11	Bannu	1010861	6823	5458	80
12	Mardan	2168000	14634	11141	76
13	Shangla	667000	4502	3197	71
14	Hangu	482000	3254	2211	68
15	Peshawar	3219000	21728	14734	68
16	D.I. Khan	1308000	8829	5883	67
17	Nowshera	1280000	8640	5569	64
18	Chitral	444000	2997	1926	64
19	Dir Upper	828000	5589	3300	59
20	Kohat	862000	5819	2827	49
21	Lakki Marwat	742000	5009	2298	46
22	Karak	661000	4462	1785	40
23	Tank	359000	2423	780	32
24	Toor Ghar	262407	1771	328	19
25	Kohistan	478000	3227	285	9
	Total	26448268	178526	136145	76

Table no 21 and figure no 31 analyze the district wise figures of **Children under 12 Months who received 3rd Pentavalent vaccine.** The analysis shows that districts Battagram (110%) Haripur (106%), Malakand (104%) and Dir Lower (101%) exceeds from the target and reported outstanding performance. It is possible that patients from adjacent districts are being catered or estimated population is not corresponding to actual population. Human error could also not be ruled out. Data needs validation.

Figure No. 31 Children under 12 Months received 3rd Pentavalent vaccine
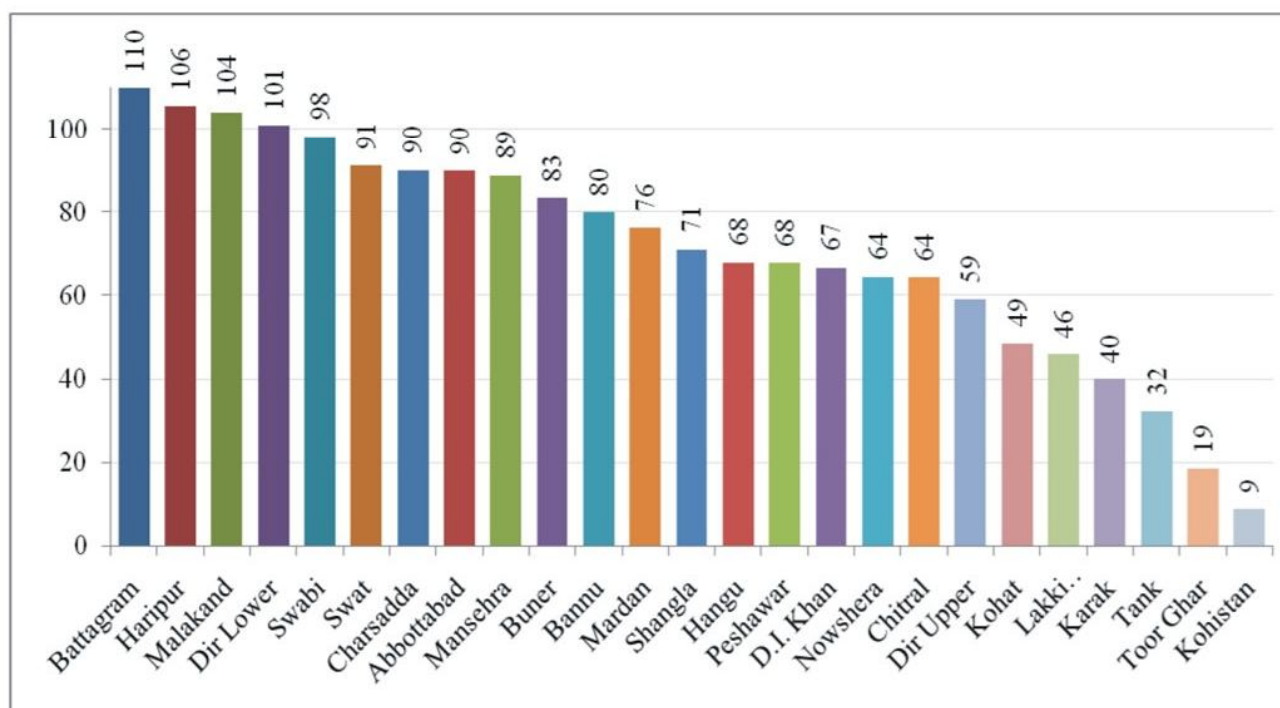
Other districts achieving the targets (above 90%) include Swabi (89%), Swat (91%), Charsadda (90%), Abbottabad (90%) respectively.

District Peshawar which is the capital of the Province and each and every health facility is accessible for patients stands at 68%; it needs to improve. District Kohistan stands at 9% and shows a worse performance.

### a. Children under 12 m received 1st Measles vaccine

Measles, also known as morbilli, rubeola or red measles, is a highly contagious infection caused by the measles virus **Measles** is an airborne disease which spreads easily through the coughs and sneezes of those infected. Nine out of ten people who are not immune who share living space with an infected person may catch it.

Testing for the virus in suspected cases is important for public health efforts.

Following data reflects children under 12 years of age getting 1st Measles Vaccine. Percentage is also computed to rank the performance of districts.

Table No. 22

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children Under 12 Months Received 1st Measles Vaccine	%age
1	Haripur	924000	6237	6935	111
2	Dir Lower	1124000	7587	7653	101
3	Malakand	703000	4745	4663	98
4	Bannu	1010861	6823	6158	90
5	Battagram	422000	2849	2512	88
6	Swat	1956000	13203	11404	86
7	Abbottabad	1120000	7560	6466	86
8	Buner	838000	5657	4589	81
9	Mardan	2168000	14634	11640	80
10	Charsadda	1493000	10078	7457	74
11	Mansehra	1582000	10679	7720	72
12	Swabi	1515000	10226	7392	72
13	Hangu	482000	3254	2209	68
14	D.I. Khan	1308000	8829	5328	60
15	Peshawar	3219000	21728	12484	57
16	Chitral	444000	2997	1700	57
17	Shangla	667000	4502	2546	57
18	Nowshera	1280000	8640	4873	56
19	Kohat	862000	5819	2688	46
20	Dir Upper	828000	5589	2570	46
21	Lakki Marwat	742000	5009	2230	45
22	Karak	661000	4462	1626	36
23	Tank	359000	2423	699	29
24	Toor Ghar	262407	1771	271	15
25	Kohistan	478000	3227	234	7
	Total	**26448268**	**178526**	**136145**	**76**

Figure No. 32 Children Under 12 Months Received 1st Measles Vaccine
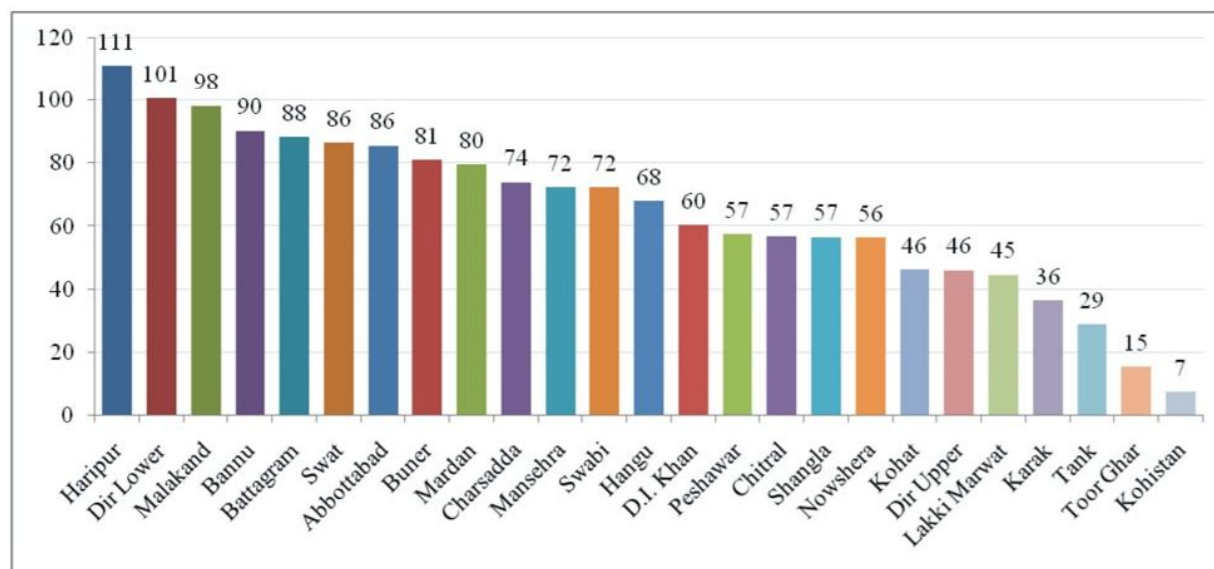
**b.** **Children Under 12 Months Fully Immunized**

Fully Immunization Coverage is the measure of the percentage of children under two year age who have received all doses of BCG vaccine, three doses of polio and pentavalent vaccines and 2 doses of measles vaccine in a given year.

Table No. 23

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children Under 12 Months Fully Immunized	%age
1	Swabi	1515000	10226	9462	93
2	Haripur	924000	6237	5631	90
3	Malakand	703000	4745	3888	82
4	Abbottabad	1120000	7560	6146	81
5	Swat	1956000	13203	10314	78
6	Dir Lower	1124000	7587	5854	77
7	Battagram	422000	2849	2140	75
8	Mansehra	1582000	10679	7862	74
9	Buner	838000	5657	3744	66
10	Mardan	2168000	14634	9677	66

11	Charsadda	1493000	10078	6495	64
12	Peshawar	3219000	21728	13227	61
13	Bannu	1010861	6823	3647	53
14	Chitral	444000	2997	1589	53
15	D.I. Khan	1308000	8829	4619	52
16	Shangla	667000	4502	2253	50
17	Kohat	862000	5819	2598	45
18	Dir Upper	828000	5589	2464	44
19	Nowshera	1280000	8640	3797	44
20	Hangu	482000	3254	1400	43
21	Karak	661000	4462	1626	36
22	Lakki Marwat	742000	5009	1026	20
23	Tank	359000	2423	374	15
24	Toor Ghar	262407	1771	222	13
25	Kohistan	478000	3227	99	3
	Total	**26448268**	**178526**	**110154**	**62**

Figure No. 33 Children Under 12 Months Fully Immunized
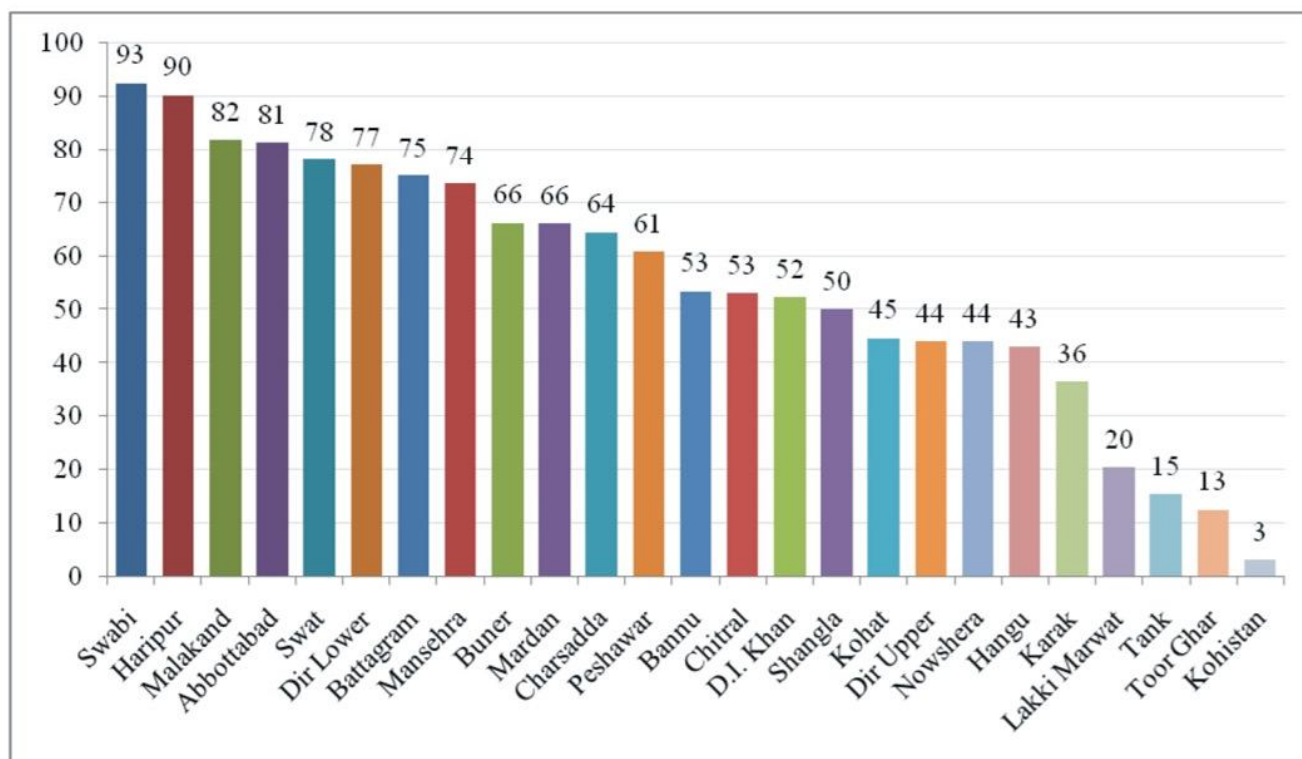
a. Pregnant Women Received TT-2 Vaccine

During 3rd quarter 2015, out of **250893** expected pregnant women, **97854 (44%)** women received TT-2 vaccination. Among districts there is a variation that ranges from 3% to 65%. Most of the districts fall under 50% to 65%. District Kohistan had the lowest in range (3%) while district Torghar is at (6%) TT-2 vaccination coverage.

Table No. 24

S. No	DISTRICT	Population	Pregnant Women	Pregnant women received TT-2 vaccine	%age
1	Malakand	703000	5976	3892	65
2	Haripur	924000	7854	4966	63
3	Dir Lower	1124000	9554	5626	59
4	Swat	1956000	16626	9752	59
5	Buner	838000	7123	4073	57
6	Abbottabad	1120000	9520	5316	56
7	Charsadda	1493000	12691	6924	55
8	Battagram	422000	3587	1940	54
9	Bannu	1010861	8592	4518	53
10	Mardan	2168000	18428	8738	47
11	Mansehra	1582000	13447	6313	47
12	D.I. Khan	1308000	11118	4971	45
13	Swabi	1515000	12878	5674	44
14	Kohat	862000	7327	2572	35
15	Hangu	482000	4097	1435	35
16	Peshawar	3219000	27362	9406	34
17	Dir Upper	828000	7038	2386	34
18	Chitral	444000	3774	1208	32
19	Tank	359000	3052	887	29
20	Nowshera	1280000	10880	3071	28
21	Shangla	667000	5670	1389	24
22	Lakki Marwat	742000	6307	1470	23
23	Karak	661000	5619	1094	19
24	Toor Ghar	262407	2230	126	6
25	Kohistan	478000	4063	107	3
	Total	**26448268**	**224810**	**97854**	**44**

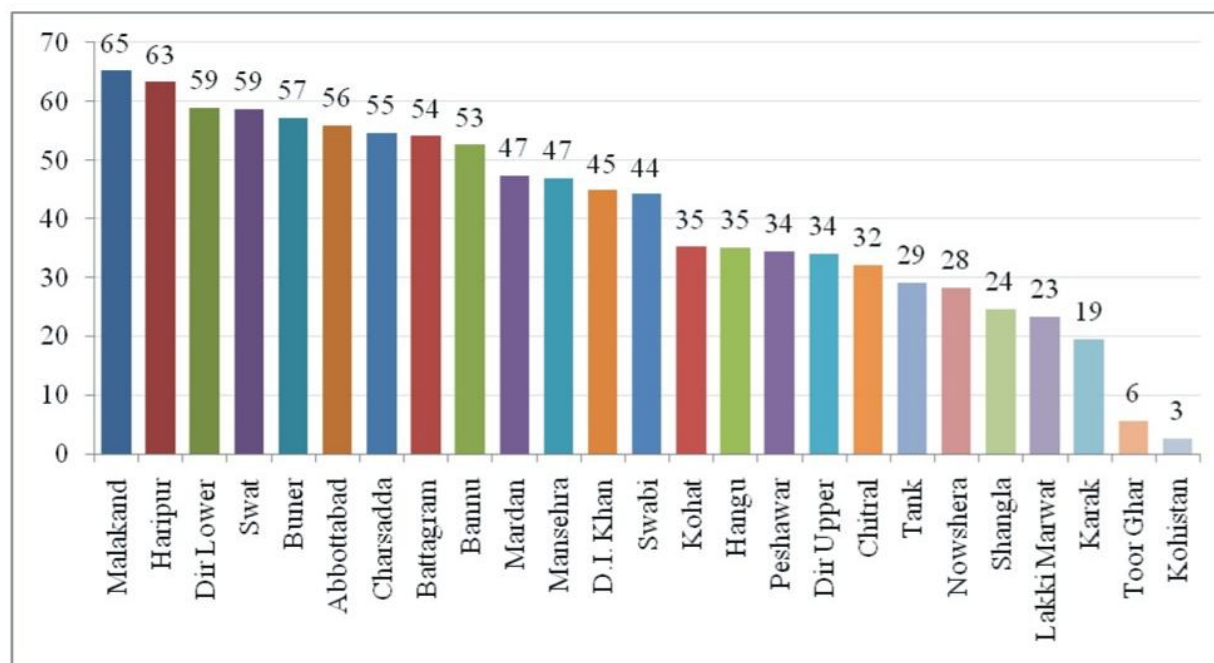**Figure No. 34 Pregnant women received TT-2 vaccine**

Table No. 24 and Figure No. 34 shows the districts specific categorization of TT-2 coverage.

DHIS Cell, DGHS Office, Peshawar
Tel: 091-9212339, Fax: 091-9212538
info@dhiskp.gov.pk, www.dhiskp.gov.pk