

DISTRICT HEALTH INFORMATION SYSTEM



**1ST
QUARTER
REPORT
2017**

Evidence Based Decision Making

OUR GUIDING PRINCIPLE



O ALLAH, INCREASE ME IN KNOWLEDGE!

اے میرے رب! میرے علم میں اضافہ فرما۔

ACRONYMS

CMW	Community Midwife
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development
DGHS	Director General of Health Services
DHIS	District Health Information System
DoH	Department of Health
DHO	District Health Officer
EPI	Expanded Programme on Immunization
HLSP	Health and Life Sciences Partnership
IMR	Infant Mortality Rate
KPI	Key Performance Indicator
LHW	Lady Health Worker
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MS	Medical Superintendent
NP	National Programme
Phs	Public Health Specialist
HSRU	Health Sector Reform Unit
RHIS	Routine Health Information System
TA	Technical Assistance
TBC	TB Control
TOT	Training of Trainers
TRF	Technical Resource Facility
USAID	United States Agency for International Development
WHO	World Health Organization
CMW	Community Midwife
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development
DGHS	Director General Health Services
DHIS	District Health Information System
DoH	Department of Health
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EPI	Expanded Programme on Immunization
FP	Family Planning
HLSP	Health and Life Science Partnership
IMR	Infant Mortality Rate
KPI	Key Performance Indicator
LHW	Lady Health Worker
M&E	Monitoring and Evaluation
MDG	Millennium Development System
MIS	Management Information System
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MS	Medical Superintendent



ACKNOWLEDGMENTS

DHIS Project acknowledges the services of its team and all the personnel who contributed in compilation of this reports, without whose efforts it would not have been possible to generate timely information; that in-turn serves as the basis for optimal decision making.

Mr. Hameed Bangash, Data Analyst Provincial Office DHIS is continuously putting efforts to publish quarterly and annual reports of DHIS along with his colleagues especially Mr. Muhammad Adil, JC / Graphics Designer and Muhammad Waseem data entry operator.

DHIS DISTRICT HEALTH INFORMATION SYSTEM

DHIS LOGIN

User Name : pro_dm
Password : dhis123



Welcome To District Health Information System

LOGIN TO DHIS

Username: pro_dm
Password: *****
Security Code: cwbm4

Submit

“ Striving to provide adequate & accurate information for better management of Health Care Services ”

This MIS works better with latest versions of Mozilla Firefox. If it is not updated on your computer please [download](#) and install it.



Welcome: pro_dm

Province : Khyber Pakhtunkhwa
DHIS v01.03

10:19:31 AM

21-Dec-2018

Reports

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- 2. Print Monthly Reports
- 3. Indicator Based Reports
- 4. Advance Reports
- 5. Log Report (Month Wise)
- 6. Self Funds
- 7. Analysis of Reports
- 8. QRF Attendance Specialist
- 9. HMCH Services
- 10. HMCH Services 2
- 11. Deliveries Conducted
- 12. Lact Services Initiation by
- 13. Lact Services Initiation of
- 14. QRF Attendance
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VISION

Solving information integration Challenges by recording health data and events and transforming into useful information for management and performance improvement of the DISTRICT HEALTH SYSTEM

A Study On Improvements Of Management Information System In Health Sector In The Islamic Republic of Pakistan

JICA

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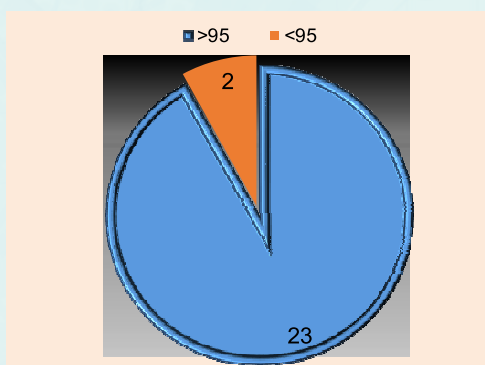


DHIS 1ST QUARTER REPORT 2017

1st Quarter Report 2017

1. REPORTING COMPLIANCE

This indicator represents the percentage of public health facilities that have submitted monthly reports.

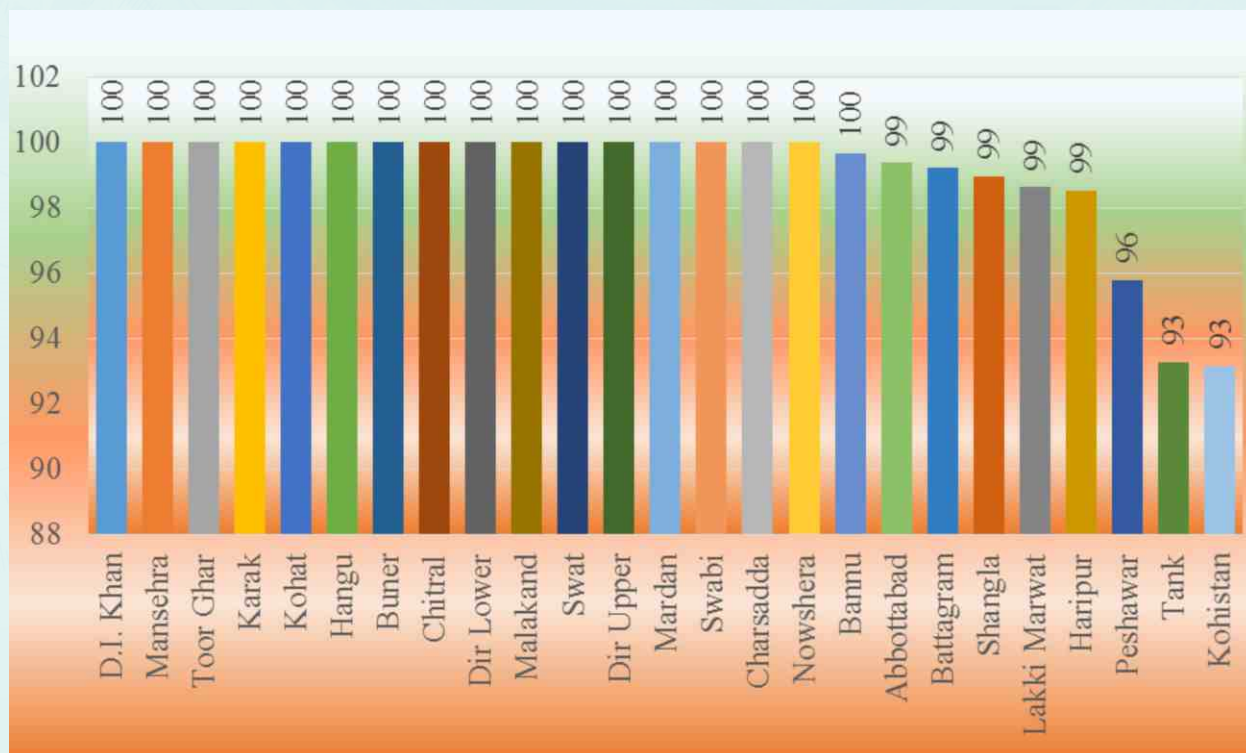


The indicator reflects compliance of DHIS data. If health facilities are not submitting monthly reports, the data from the report of the respective district will not get entered in to the DHIS online software. This will make it difficult to analyze the data, report it and take rational decision.

A target of 95% is set for the districts. Twenty-three districts have achieved the target.

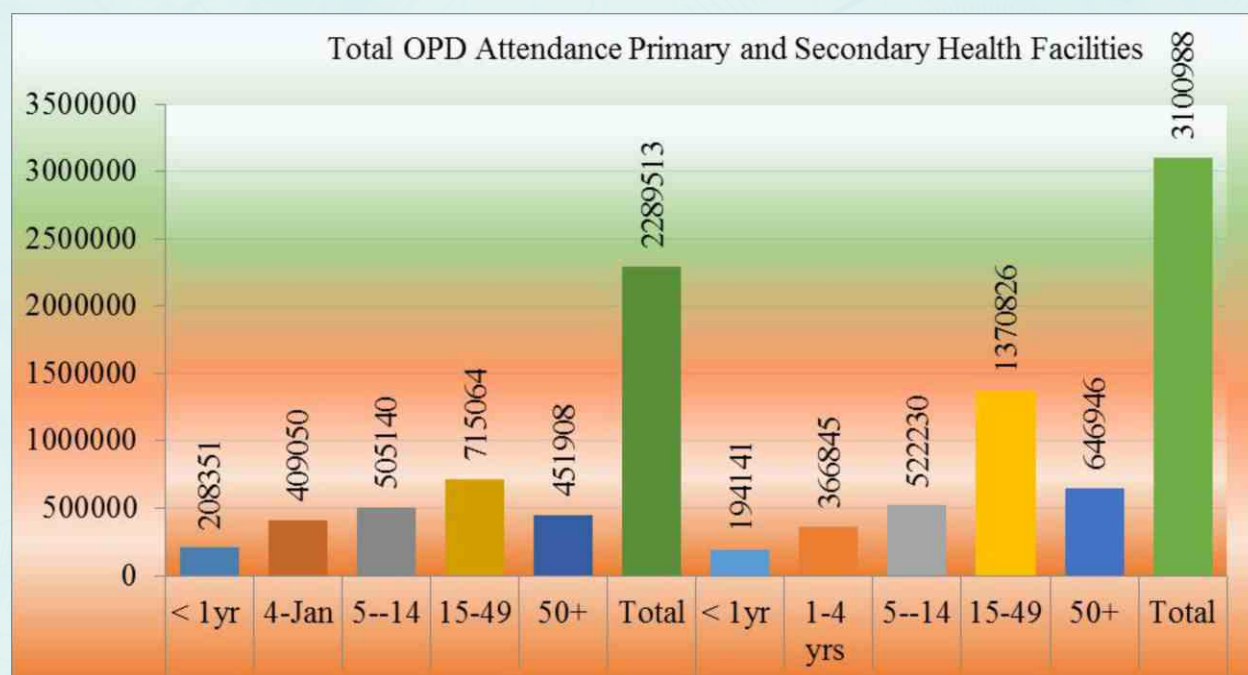
District Wise Percentage of Reporting Compliance.

Graph shows the district-wise reporting compliance of the districts of Khyber Pakhtunkhwa. 23 districts (D.I Khan to Bannu) among 25 districts reported 100% performance. Districts Kohistan and Tank report (93%) and remained below target in 1st quarter 2017.



2. General OPD Attendance (Primary Health Care Facilities & Secondary Health Care Facilities)

This is one of the key indicators to assess performance on the provision of health services in Province Khyber Pakhtunkhwa. It refers to the number of people attending and receiving services at health facilities during illness. Outpatient Attendance is taken as the indicator.



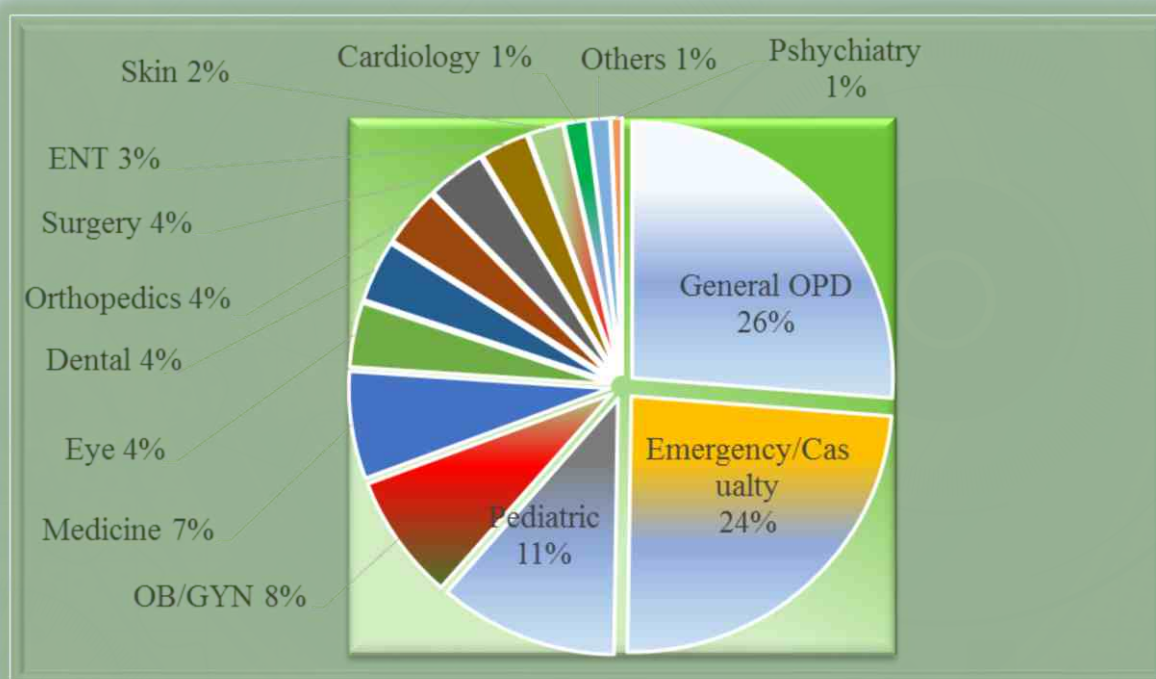
Graph shows the General OPD in secondary and primary care health facilities with gender wise breakup of male and female patients of the province.

Age wise breakup of patients visiting the OPDs is consistent in 1st quarter 2017, the figures shows that in the case of male OPD attendance of age group from 1 to 14 years is **(1,122,541)**, which is **49.03%** of the total of male OPD **(2,289,513)**.

Similarly in case of female OPD attendance of age group from 1 to 14 age group **(1,083,216)** is **34.93%** of the total female OPD attendance **(3,100,988)**.

3. Specialty Wise Break Up of Patients

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



Graph of the indicator **OPD Attendance Specialty wise** shows the percentage of total new visits (Patients) of in the facility to different specialty (i.e General OPD, Medicine, Surgery, Pediatric etc).

Total New Visits		3151108	
S#	Specialty	Total New Visits	%age
1	General OPD	820263	26
2	Emergency/Casualty	749408	24
3	Pediatric	347732	11
4	OB/GYN	247483	8
5	Medicine	212043	7
6	Eye	127438	4
7	Dental	121037	4
8	Orthopedics	116285	4
9	Surgery	113476	4
10	ENT	92894	3
11	Skin	68094	2
12	Cardiology	45102	1
15	Others	41156	1
16	Pshychiatry	21955	1

Under the specialty General OPD, the number and percentage of patients are on top and stands at **(820263)** with 26%, Emergency/Casualty on second number and is **(749408)** which is 24%. Number of patients in the specialty of Pediatric **347732**, which is 11%. The disorder of Dental caries and the specialty Skin Diseases stands at **121037** with 4% and **68094** with 2%.

4. Diseases Pattern in Out Patient Department (of the total 43 priority diseases)

This indicator will help to understand which disease/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.

For the purpose of the DHIS 43 diseases have been selected as “Priority Diseases” in consultation the other stakeholders, the Government of Khyber Pakhtunkhwa has adopted these enlisted priority diseases in continuation to the national decision.

These diseases are listed in below table, which present the numbers of patients provided care at Primary and Secondary Level Health Facilities.

Total OPD 1st Quarter (January To March 2017)		5449955	
S.No	Disease	Total	%age
1	Acute (upper) Respiratory Infections	821077	15.07
2	Fever due to other causes	228326	4.19
3	Diarrhoea/Dysentery in under 5 yrs	183783	3.37
4	Urinary Tract Infections	170663	3.13
5	Diarrhoea/Dysentery in >5 yrs	146735	2.69
6	Hypertension	144124	2.64
7	Dental Caries	136240	2.50
8	Peptic Ulcer Diseases	109887	2.02
9	Diabetes Mellitus	85748	1.57
10	Suspected Malaria	80655	1.48
11	Scabies -	78357	1.44
12	Worm infestation -	71853	1.32
13	Asthma -	55589	1.02
14	Pneumonia under 5 years -	54833	1.01
15	Otitis Media -	50939	0.93
16	Enteric / Typhoid Fever -	48830	0.90
17	Road traffic accidents -	46706	0.86
18	Depression -	46448	0.85
19	Dermatitis -	46366	0.85
20	Pneumonia >5 years -	35992	0.66
21	Suspected Viral Hepatitis -	21721	0.40
22	Cataract -	20955	0.38
23	Dog bite -	17841	0.33
24	TB Suspects -	17051	0.31
25	Fractures -	15695	0.29
26	Ischemic Heart Disease -	15556	0.29
27	Chronic Obstructive Pulmonary	11269	0.21
28	Suspected Measles -	8359	0.15
29	Trachoma -	6238	0.11
30	Drug Dependence -	5214	0.10
31	Burns -	5155	0.09
32	Benign Enlargement of Prostrate -	4699	0.09

33	Glaucoma -	4640	0.09
34	Epilepsy -	4230	0.08
35	Nephritis/Nephrosis -	3912	0.07
36	Sexually Transmitted Infections -	3081	0.06
37	Cirrhosis of Liver -	2548	0.05
38	Suspected Meningitis -	1261	0.02
39	Cutaneous Leishmaniasis -	1019	0.02
40	Suspected Neonatal Tetanus -	475	0.01
41	Snake bits (with signs/symptoms of poisoning)	200	0.004
42	Acute Flaccid Paralysis -	121	0.002
43	Suspected HIV/AIDS -	4	0.0001
Total		2814395	51.64

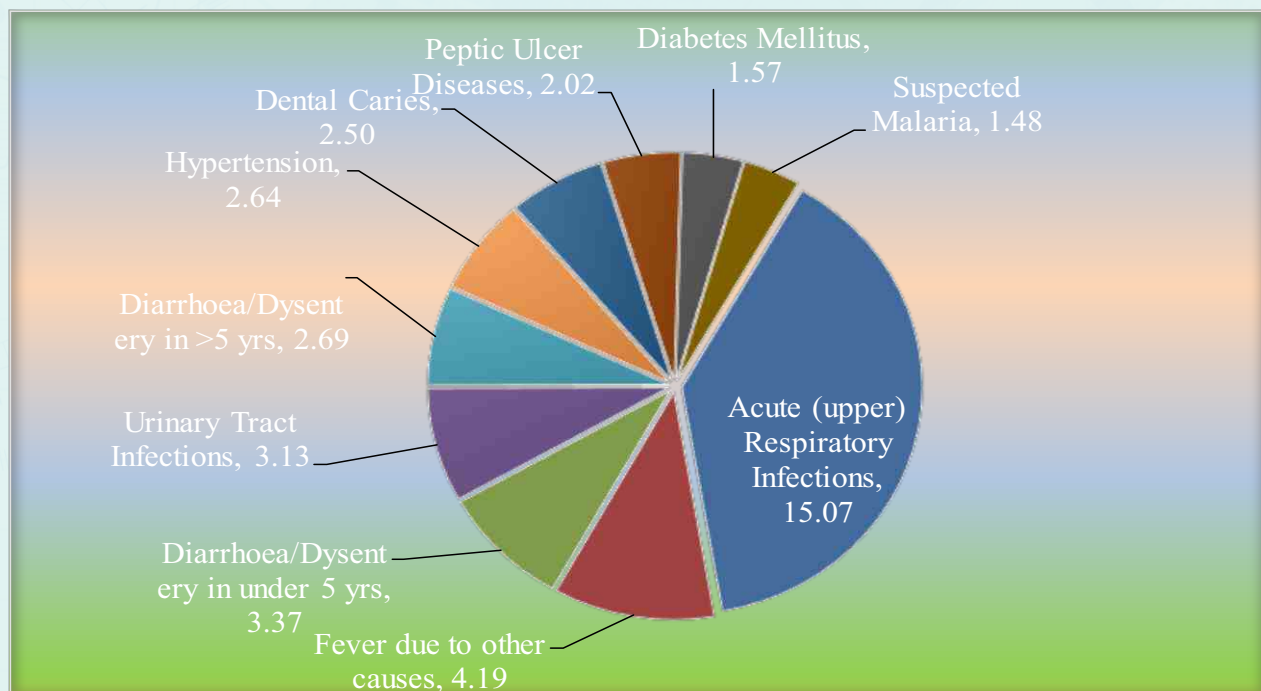
Top Ten Diseases (of the total 43 priority diseases) Khyber Pakhtunkhwa Province

Acute Respiratory Infections stands **821077** which is **15.07%** of these patients. Diarrhoea/Dysentery in under and over 5 year's stands **183783** with **(3.37%)** and **146735** with **(2.69%)** of the total in 1st quarter 2017. Fever due to other causes stands at **228326 (4.19%)** patients.

Cases of Urinary Tract Infections and Hypertension disorders are **170663** which are **3.13%** and **144124 (2.64%)** of the total patients. Dental Caries and Peptic Ulcer Diseases are **136240** with **2.50%** and **109887** with **2.02%** in 1st quarter 2017.

Diabetes Mellitus patients' figures in 1st quarter 2017 stands **85748** with **1.57%**. Suspected Malaria cases are reported **80655** with **(1.48%)** scabies are stands at **354965** with **1.48%**.

The department should take adopt programmatic approach to control the disease.



5. 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 the 2016, total numbers of communicable diseases are **6897684 (28.37%)**, whereas non-communicable diseases are **4970105 (20.44%)**.

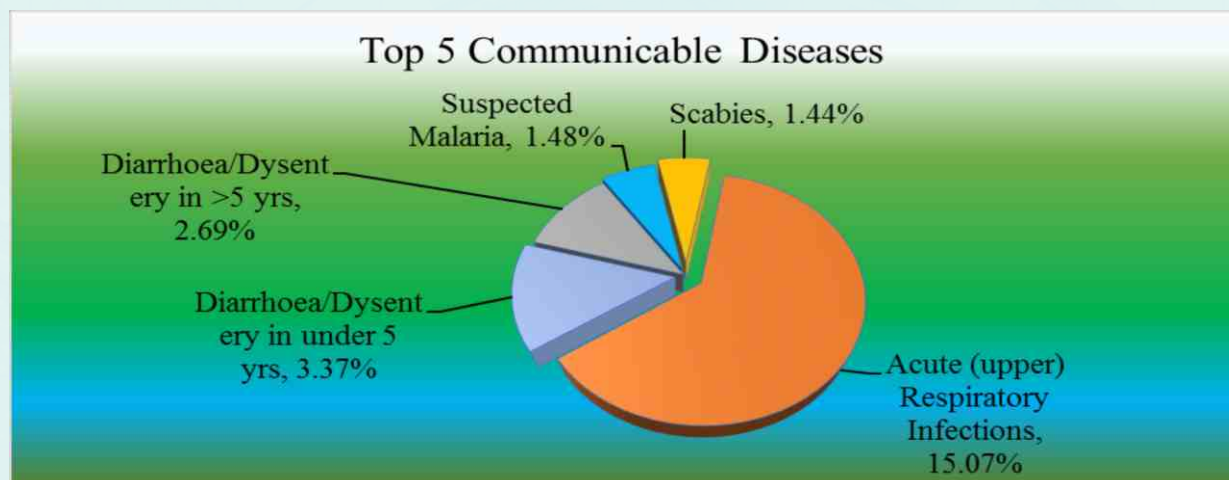
a. COMMUNICABLE DISEASES

Communicable disease is an infectious **disease** transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect **means** (as by a vector) compare contagious **disease**.

Total OPD 1st Quarter (Jan To Mar 2017)		5449955	
S#	Disease	Total	%age
1	Acute Respiratory Infections	821077	15.07
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16	Cutaneous Leishmaniasis -	1019	0.02
17	Suspected Neonatal Tetanus -	475	0.01
18	Acute Flaccid Paralysis -	121	0.002
19	Suspected HIV/AIDS	4	0.0001
Total		1581445	29.02

Acute Respiratory Infections and diarrhea/dysentery under and over 5 years constitute **20.82%** of these patients. Prevalence of Scabies stands **359465** with **1.48%** patients in 2016.

Suspected Malaria cases are reported **404287** in figures and **(1.66%)** in percentile in 2016. The department should take adopt programmatic approach to control the disease.



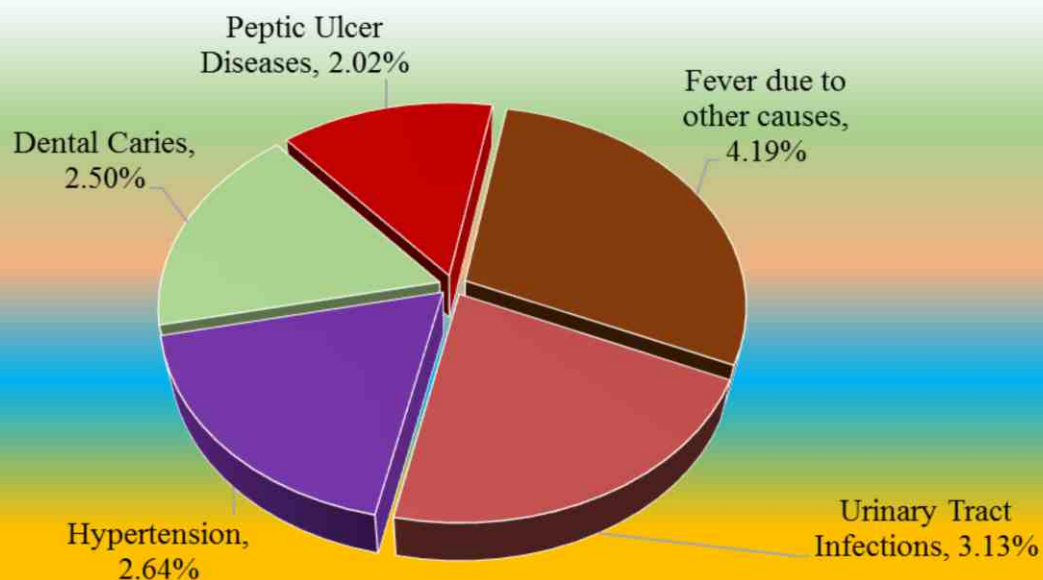
b. NON-COMMUNICABLE DISEASES

A **non-communicable disease** (NCD) is a medical condition or **disease** that is not caused by infectious agents (**non-infectious** or **non-transmissible**). NCDs can refer to chronic **diseases** which last for long periods of time and progress slowly. NCDs are the leading cause of death globally.

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20	Glaucoma -	4640	0.09
21	Epilepsy -	4230	0.08
22	Nephritis/Nephrosis -	3912	0.07
23	Cirrhosis of Liver -	2548	0.05
24	Snake bits	200	0.004
Total		1232950	22.62

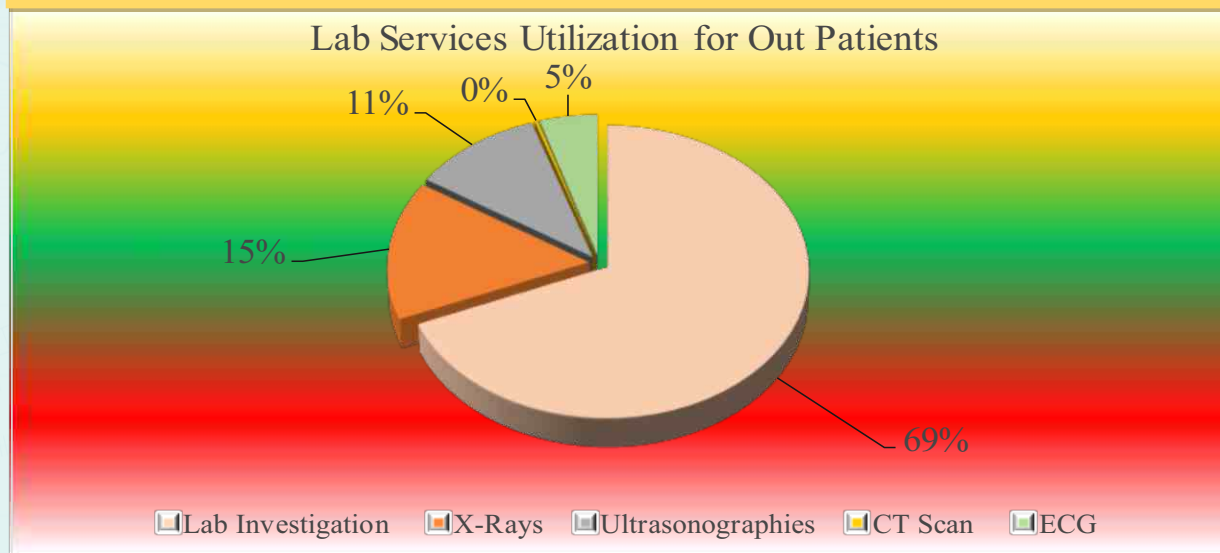
Table and Graph illustrates the trend of non-communicable diseases in Khyber Pakhtunkhwa province during 1st quarter 2017.

Top 5 Non-Communicable Diseases



6. Lab Services Utilization for Out Door Patients

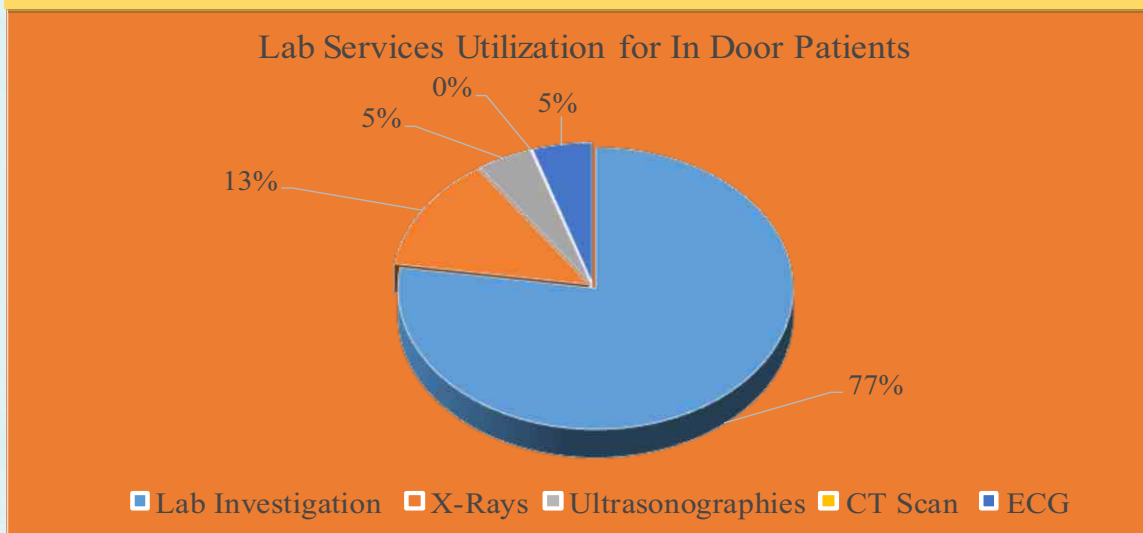
This indicator indicates the utilization of laboratory services at the facility and also gives a measure of the proportion of outdoor patients receiving diagnostic services from health facility.



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

7. Lab Services Utilization for In Door Patients

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.



8. Average number of Antenatal Care Services 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.

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.

S#	District	Jan	Feb	Mar	Average
1	Swat	6892	6893	7277	7021
2	Peshawar	4975	4052	5317	4781
3	Dir Lower	3580	3944	4750	4091
4	Mansehra	3165	4363	4301	3943
5	Haripur	3900	4022	3624	3849
6	Mardan	3033	3044	4058	3378
7	Swabi	3049	3007	3859	3305
8	D.I. Khan	3807	1685	4180	3224
9	Malakand	4059	2662	2935	3219
10	Dir Upper	2422	3517	2940	2960
11	Charsadda	2960	2852	2283	2698

12	Battagram	1832	3353	2886	2690
13	Nowshera	2457	2668	2734	2620
14	Kohat	2705	2644	2333	2561
15	Lakki Marwat	1837	1486	1806	1710
16	Karak	1603	1494	1713	1603
17	Bannu	1668	1524	1494	1562
18	Buner	1202	1746	1726	1558
19	Tank	1730	1441	1436	1536
20	Abbottabad	1088	1604	1617	1436
21	Chitral	1276	1382	1486	1381
22	Hangu	1935	809	1269	1338
23	Shangla	1259	1282	1057	1199
24	Toor Ghar	207	287	317	270
25	Kohistan	402	185	57	215
Grand Total		63043	61946	67455	64148

Antenatal Care Services (Primary and Secondary Health Care)

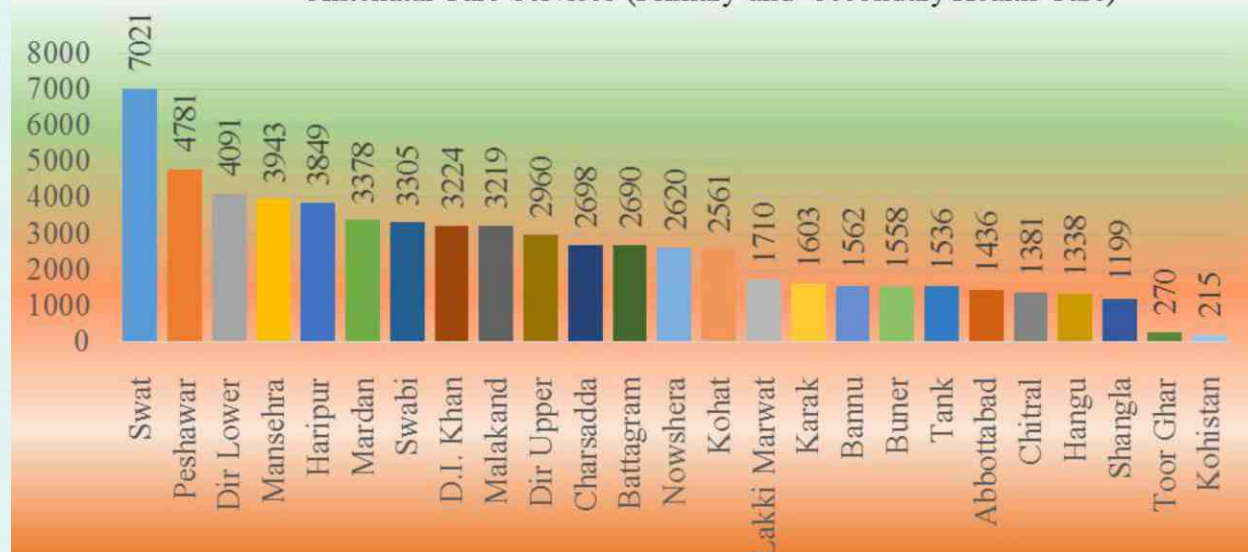


Table and Graph illustrate the statistical analysis about data regarding First Antenatal care services (ANC-1) in government health facilities. District Kohistan stands at the bottom of the list and worst performance with an **average of 2015** ANC-1 coverage in 1st quarter 2017, while district Kohistan performance in average is 270 in the quarter.

Swat, Peshawar, Dir Lower, Mansehra and Haripur are the top performer among 25 districts. Nowshera,

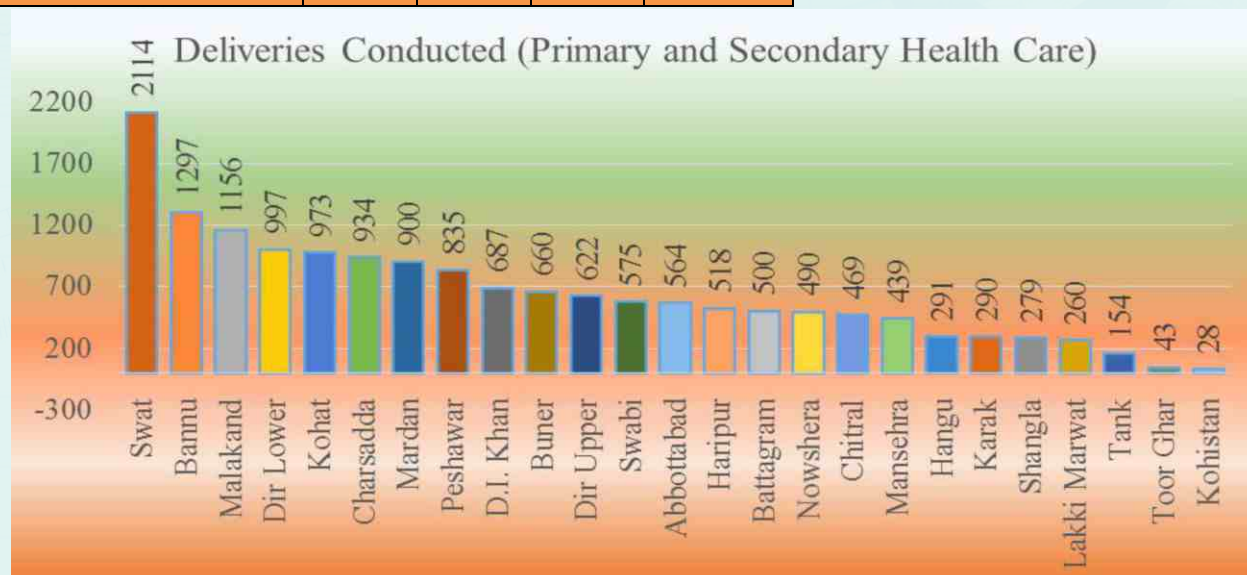
9. District Wise Average Number of Deliveries in the government health facilities

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

S#	District	Jan	Feb	Mar	Average
1	Swat	2240	2073	2029	2114
2	Bannu	1755	482	1655	1297
3	Malakand	1151	1177	1140	1156
4	Dir Lower	1188	1384	420	997
5	Kohat	1087	924	909	973
6	Charsadda	962	915	924	934
7	Mardan	991	862	847	900
8	Peshawar	912	874	718	835
9	D.I. Khan	735	649	677	687
10	Buner	696	662	621	660
11	Dir Upper	534	642	691	622
12	Swabi	685	518	523	575
13	Abbottabad	583	507	602	564
14	Haripur	583	461	510	518
15	Battagram	446	495	559	500
16	Nowshera	552	380	537	490
17	Chitral	488	410	508	469
18	Mansehra	433	449	435	439
19	Hangu	320	252	301	291
20	Karak	309	251	310	290
21	Shangla	253	265	319	279
22	Lakki Marwat	248	332	199	260
23	Tank	183	146	133	154
24	Toor Ghar	33	54	42	43
25	Kohistan	57	23	5	28
Total		17424	15187	15614	16075

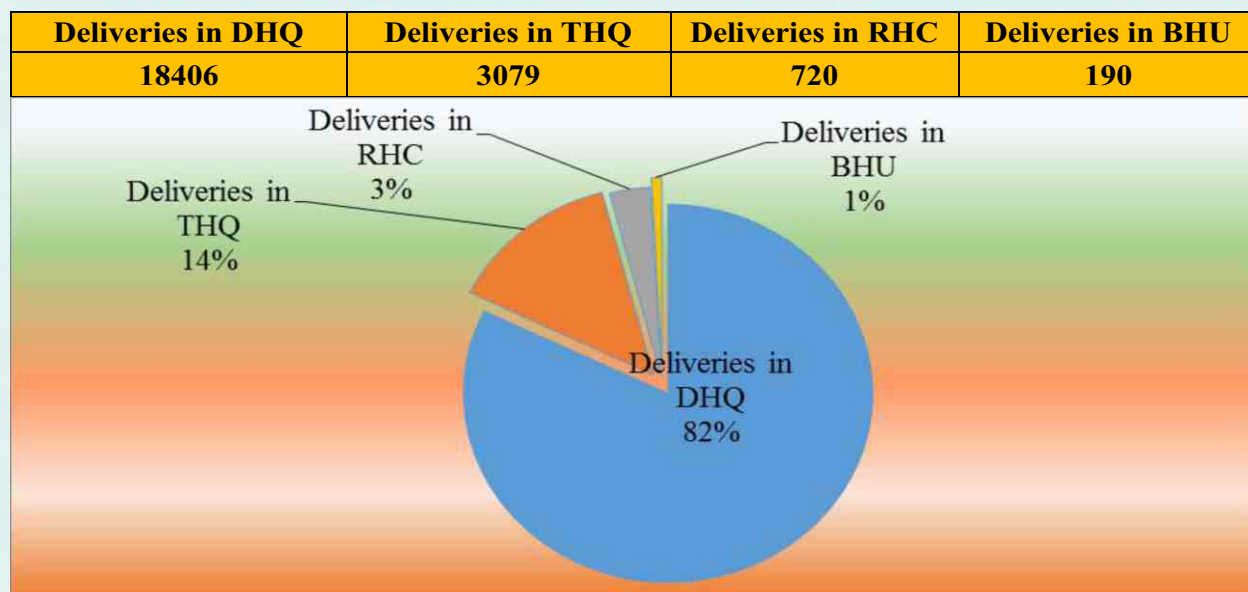
District Swat is on top position of all 25 districts with number of average deliveries **2114** in government health facilities in the quarter. Districts Bannu, Malakand, Dir Lower and Kohat reported **1297, 1156, 997 and 934** average number of deliveries conducted in the government health facilities thereby giving best performance.

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.



10. Health Facility-wise Number of Deliveries

This indicator reflects health facilities wise number of deliveries and the DHQ hospital stand **18406**, which is **82%** of the total, THQ **3079** (**14%**), RHC reports **720** (**3%**), and BHUs reports only **190** (**1%**) deliveries.

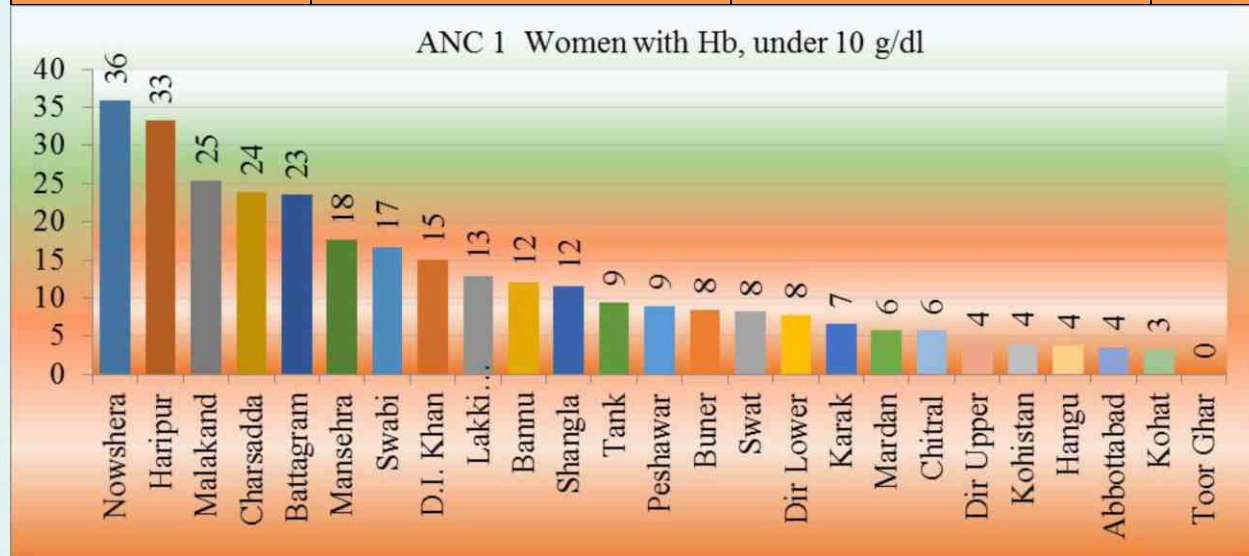


11. Anemia among Women Coming for ANC-1 in Govt: Health Facilities (in %age)

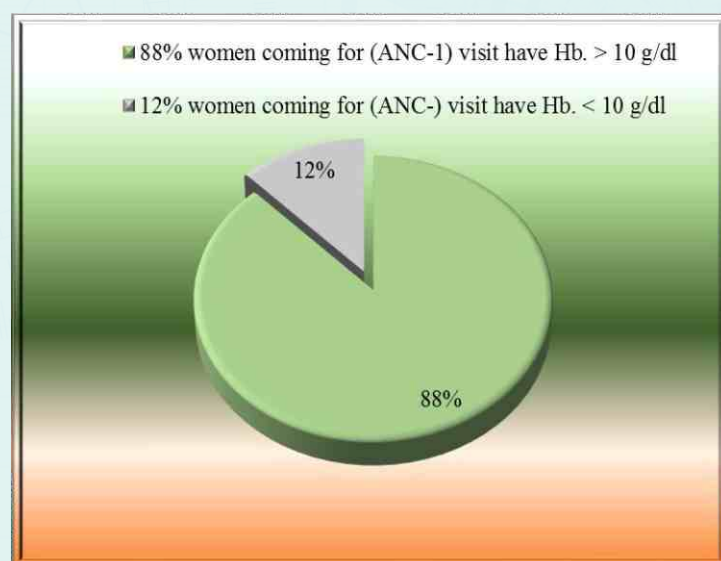
Pregnant women coming to the facility for antenatal care serve as a sample of women from the catchment population. The nutritional status among this sample of pregnant women is suggestive of the nutritional status of women in the catchment population.

S#	DISTRICT	First Antenatal care visits (ANC-1) in the facility	ANC-1 women with Hb. under 10 g/dl	%age
1	Nowshera	7859	2826	36
2	Haripur	11546	3837	33
3	Malakand	9656	2455	25
4	Charsadda	8095	1940	24
5	Battagram	8071	1896	23
6	Mansehra	11829	2079	18
7	Swabi	10315	1720	17
8	D.I. Khan	9672	1457	15
9	Lakki Marwat	5129	658	13
10	Bannu	4686	567	12
11	Shangla	3598	417	12
12	Tank	4607	434	9
13	Peshawar	14344	1284	9
14	Buner	4674	394	8
15	Swat	21062	1725	8
16	Dir Lower	12274	962	8
17	Karak	4810	316	7

18	Mardan	10135	585	6
19	Chitral	4144	238	6
20	Dir Upper	8879	365	4
21	Kohistan	644	26	4
22	Hangu	4013	151	4
23	Abbottabad	4309	152	4
24	Kohat	7682	256	3
25	Toor Ghar	811	0	0
Total		192844	26740	14



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 and graph**.

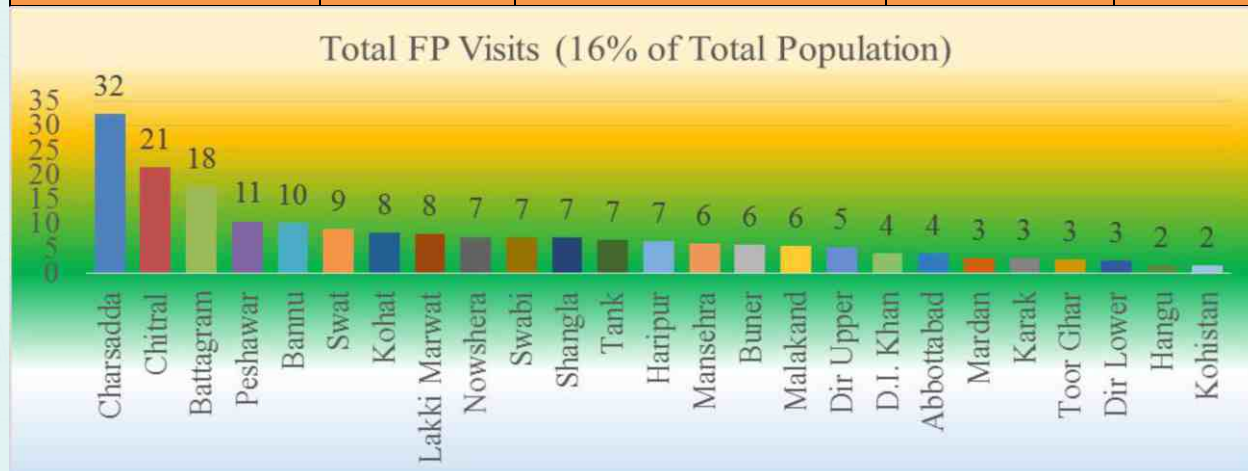


This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities. First ANC in the facilities is 88% with greater than Hb and the women with Hb under 10g/dl are 12%.

12. Family Planning Visits 16% of the Total Population

Family planning refers to the factors that may be considered by a couple in a committed relationship and each individual involved in deciding if and when to have children.

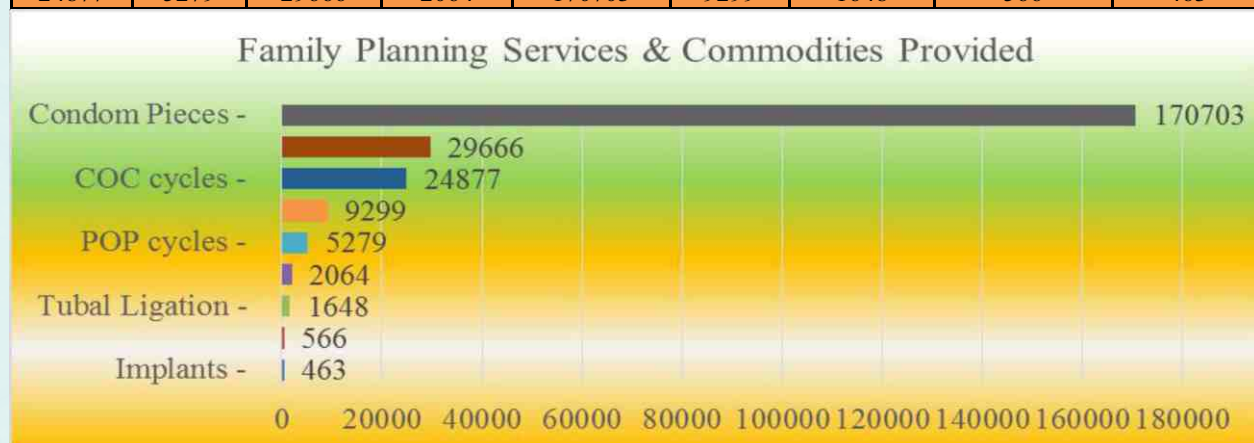
S#	DISTRICT	Population	16% of Total Population	FP Visits	%age
1	Charsadda	1711829	68473.16	22190	32
2	Chitral	533607	21344.28	4581	21
3	Battagram	514501	20580.04	3617	18
4	Peshawar	3380777	135231.08	14330	11
5	Bannu	1131325	45253	4673	10
6	Swat	2105707	84228.28	7628	9
7	Kohat	942081	37683.24	3128	8
8	Lakki Marwat	820489	32819.56	2632	8
9	Nowshera	1464035	58561.4	4324	7
10	Swabi	1719263	68770.52	4982	7
11	Shangla	727625	29105	2089	7
12	Tank	398865	15954.6	1086	7
13	Haripur	1159055	46362.2	3021	7
14	Mansehra	1618946	64757.84	3862	6
15	Buner	847318	33892.72	1951	6
16	Malakand	757308	30292.32	1669	6
17	Dir Upper	964207	38568.28	2060	5
18	D.I. Khan	1428240	57129.6	2304	4
19	Abbottabad	1474572	58982.88	2336	4
20	Mardan	2444766	97790.64	3092	3
21	Karak	721317	28852.68	898	3
22	Toor Ghar	292484	11699.36	342	3
23	Dir Lower	1201619	48064.76	1228	3
24	Hangu	526642	21065.68	333	2
25	Kohistan	791263	31650.52	477	2
Total		29677841	1187114	98833	8



During 1st quarter 2017, **98833 (8%)** eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA) **1187114**.

13. Family Planning Services & Commodities Provided

COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
24877	5279	29666	2064	170703	9299	1648	566	463



DISTRICT	COC cycles	POP cycles	DMP A inj.	Net-En Inj.	Condom Pieces	IUC D	Tubal Ligation	Vasectomy	Implants
Bannu	1484	223	1530	22	6235	300	1	0	0
D.I. Khan	434	326	792	109	7085	527	99	1	0
Lakki Marwat	873	76	873	59	1601	586	4	8	0
Tank	638	37	432	98	2828	262	0	0	0
Abbottabad	723	35	806	0	7120	353	66	0	2
Haripur	1108	268	1043	26	13306	309	3	0	0
Kohistan	10	74	129	72	69	22	0	0	0
Mansehra	1241	80	1684	23	13977	438	25	0	0
Battagram	1210	59	1269	0	6485	480	1	0	0
Toor Ghar	211	0	228	0	189	12	0	0	0
Karak	499	40	289	0	559	183	0	0	0
Kohat	1243	305	1158	9	14828	644	95	0	16
Hangu	613	997	118	2	1022	34	0	0	0
Buner	262	83	971	75	3826	141	7	0	0
Chitral	937	337	1501	56	3140	70	1	0	0
Dir Lower	51	148	696	40	739	72	0	0	0
Malakand	628	305	1202	12	4456	496	7	0	0
Swat	1949	317	3448	193	13894	952	223	0	246
Dir Upper	1567	136	766	93	871	124	2	0	2
Shangla	1470	232	1209	656	4536	161	0	0	0
Mardan	894	98	908	36	7847	178	17	0	0
Swabi	1986	233	1742	65	16365	615	829	36	100
Charsadda	2470	216	2861	49	21836	780	9	510	12
Nowshera	1098	109	1696	0	7665	1129	29	0	68
Peshawar	1278	545	2315	369	10224	431	230	11	17
Total	24877	5279	29666	2064	170703	9299	1648	566	463

The indicator District-wise Family Planning Services & Commodities Provided is one of the most important indicator 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 11 illustrates the districts wise figures.

14. Immunization Status

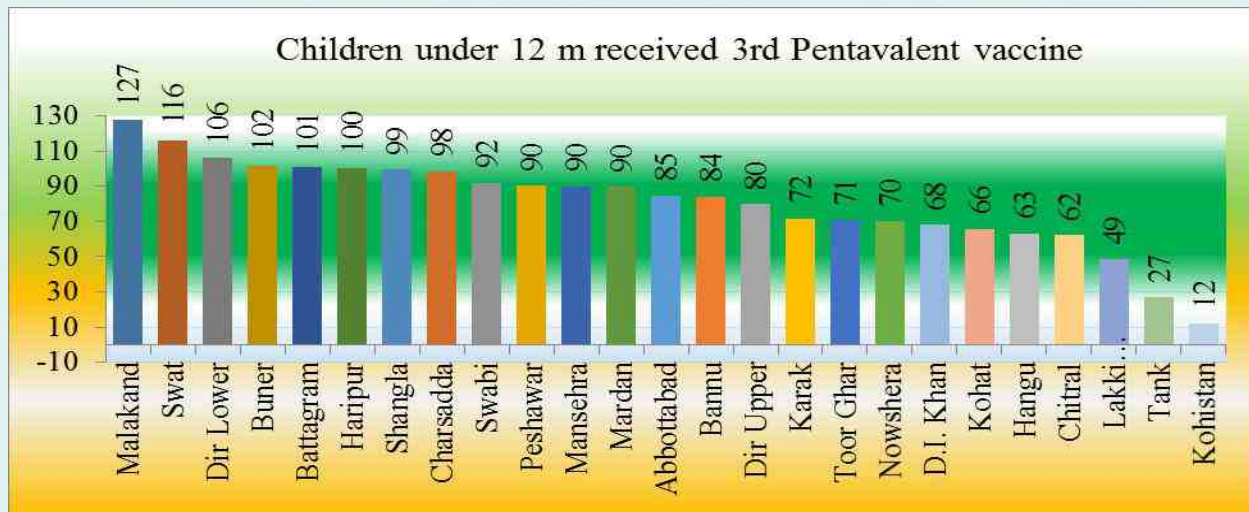
Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

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 m 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.

DISTRICT	Population	Expected Children	Children under 12 months received 3rd Pentavalent vaccine	%age
Malakand	757308	5112	6516	127
Swat	2105707	14214	16500	116
Dir Lower	1201619	8111	8590	106
Buner	847318	5719	5813	102
Battagram	514501	3473	3497	101
Haripur	1159055	7824	7862	100
Shangla	727625	4911	4876	99
Charsadda	1711829	11555	11367	98
Swabi	1719263	11605	10658	92
Peshawar	3380777	22820	20586	90
Mansehra	1618946	10928	9817	90
Mardan	2444766	16502	14790	90
Abbottabad	1474572	9953	8443	85
Bannu	1131325	7636	6422	84
Dir Upper	964207	6508	5204	80
Karak	721317	4869	3484	72
Toor Ghar	292484	1974	1398	71
Nowshera	1464035	9882	6915	70
D.I. Khan	1428240	9641	6567	68
Kohat	942081	6359	4186	66
Hangu	526642	3555	2249	63
Chitral	533607	3602	2244	62
Lakki Marwat	820489	5538	2690	49
Tank	398865	2692	731	27
Kohistan	791263	5341	653	12
Total	29677841	200325	172058	86

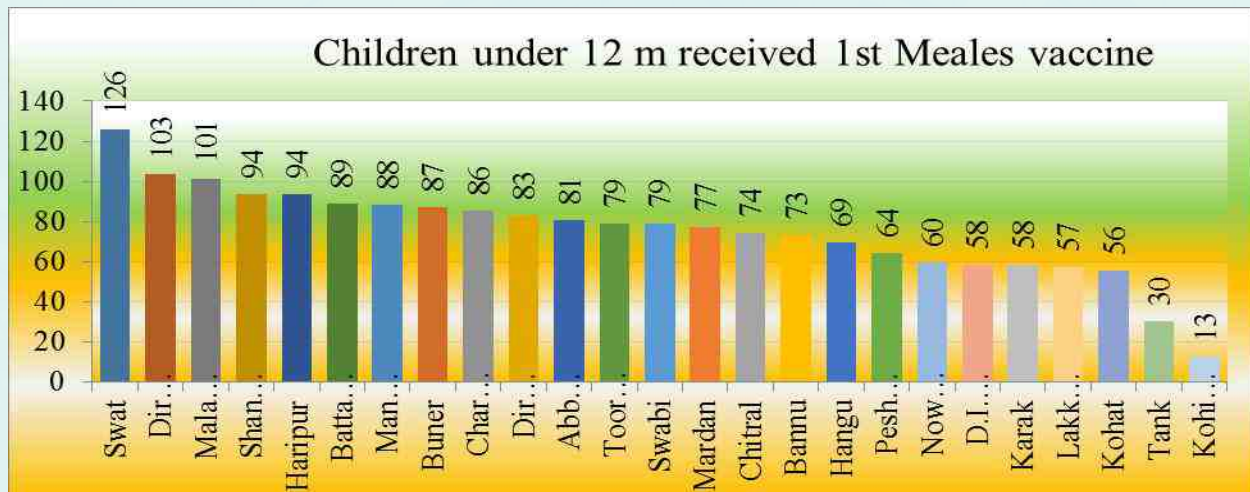


b. Children under 12 Months received 1st Measles vaccine

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

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

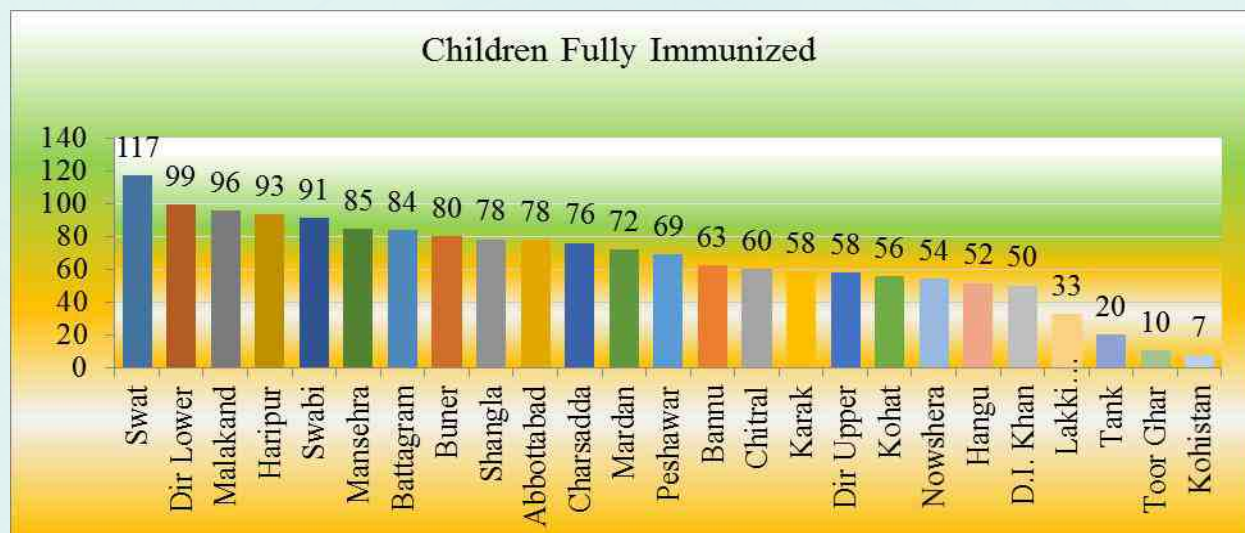
DISTRICT	Population	Expected Children	Children under 12 months received 1st Measles vaccine	%age
Swat	2105707	14214	17918	126
Dir Lower	1201619	8111	8391	103
Malakand	757308	5112	5188	101
Shangla	727625	4911	4597	94
Haripur	1159055	7824	7320	94
Battagram	514501	3473	3090	89
Mansehra	1618946	10928	9637	88
Buner	847318	5719	4981	87
Charsadda	1711829	11555	9888	86
Dir Upper	964207	6508	5403	83
Abbottabad	1474572	9953	8059	81
Toor Ghar	292484	1974	1556	79
Swabi	1719263	11605	9144	79
Mardan	2444766	16502	12710	77
Chitral	533607	3602	2672	74
Bannu	1131325	7636	5590	73
Hangu	526642	3555	2468	69
Peshawar	3380777	22820	14636	64
Nowshera	1464035	9882	5897	60
D.I. Khan	1428240	9641	5635	58
Karak	721317	4869	2845	58
Lakki Marwat	820489	5538	3172	57
Kohat	942081	6359	3554	56
Tank	398865	2692	819	30
Kohistan	791263	5341	678	13
Total	29677841	200325	155848	78



c. 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.

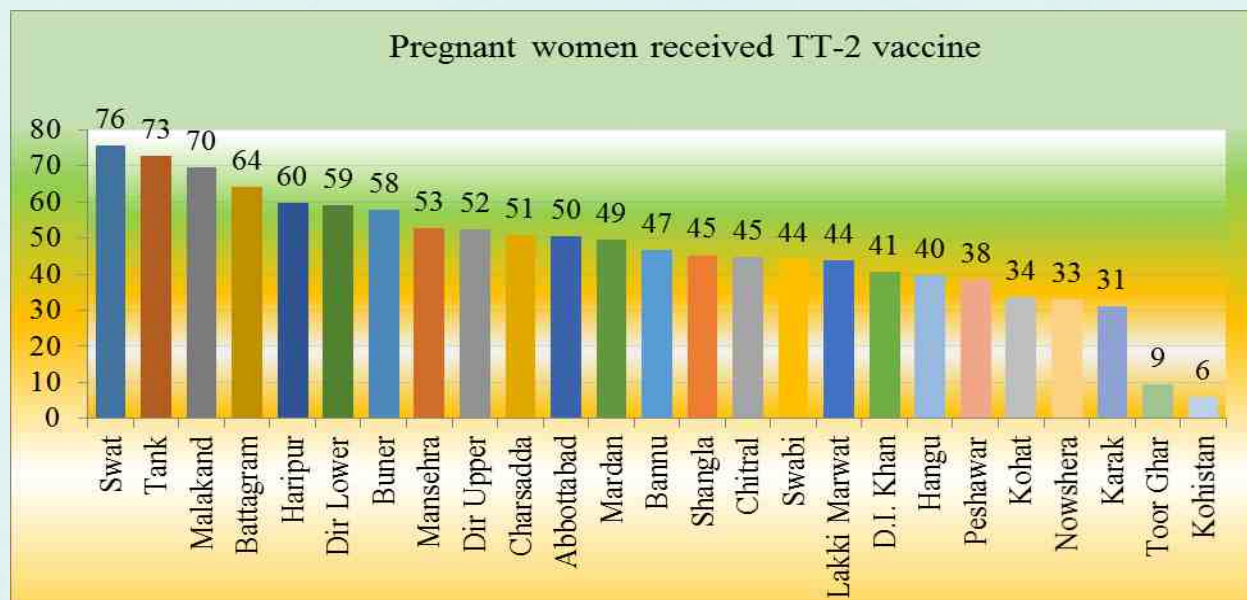
DISTRICT	Population	Expected Children	Children under 12 months fully immunized	%age
Swat	2105707	14214	16647	117
Dir Lower	1201619	8111	8048	99
Malakand	757308	5112	4889	96
Haripur	1159055	7824	7299	93
Swabi	1719263	11605	10598	91
Mansehra	1618946	10928	9236	85
Battagram	514501	3473	2908	84
Buner	847318	5719	4595	80
Shangla	727625	4911	3841	78
Abbottabad	1474572	9953	7732	78
Charsadda	1711829	11555	8782	76
Mardan	2444766	16502	11907	72
Peshawar	3380777	22820	15763	69
Bannu	1131325	7636	4781	63
Chitral	533607	3602	2162	60
Karak	721317	4869	2845	58
Dir Upper	964207	6508	3771	58
Kohat	942081	6359	3554	56
Nowshera	1464035	9882	5379	54
Hangu	526642	3555	1833	52
D.I. Khan	1428240	9641	4823	50
Lakki Marwat	820489	5538	1806	33
Tank	398865	2692	544	20
Toor Ghar	292484	1974	202	10
Kohistan	791263	5341	393	7
Total	29677841	200325	144338	72



d. Pregnant Women Received TT-2 Vaccine

During 1st quarter 2017, out of **252262** expected pregnant women, **120821 (48%)** women received TT-2 vaccination. Among districts there is a variation that ranges from 76% to 6%. Most of the districts fall under 40% to 76%.

DISTRICT	Population	Expected Pregnancy	Pregnant women received TT-2 vaccine	%age
Swat	2105707	17899	13520	76
Tank	398865	3390	2464	73
Malakand	757308	6437	4483	70
Battagram	514501	4373	2810	64
Haripur	1159055	9852	5897	60
Dir Lower	1201619	10214	6033	59
Buner	847318	7202	4168	58
Mansehra	1618946	13761	7245	53
Dir Upper	964207	8196	4296	52
Charsadda	1711829	14551	7403	51
Abbottabad	1474572	12534	6325	50
Mardan	2444766	20781	10280	49
Bannu	1131325	9616	4485	47
Shangla	727625	6185	2798	45
Chitral	533607	4536	2030	45
Swabi	1719263	14614	6437	44
Lakki Marwat	820489	6974	3057	44
D.I. Khan	1428240	12140	4923	41
Hangu	526642	4476	1771	40
Peshawar	3380777	28737	11037	38
Kohat	942081	8008	2693	34
Nowshera	1464035	12444	4120	33
Karak	721317	6131	1901	31
Toor Ghar	292484	2486	233	9
Kohistan	791263	6726	412	6
Total	29677841	252262	120821	48



15. Malaria Cases Slide Positivity Rate

As malaria control efforts intensify, it is critical to monitor trends in disease burden and measure the impact of interventions. A key surveillance indicator is the incidence of malaria. The slide positivity rate (SPR) has been used as a surrogate measure of malaria incidence, but limited data exist on the relationship between SPR and the incidence of malaria.

a. Malaria Parasite

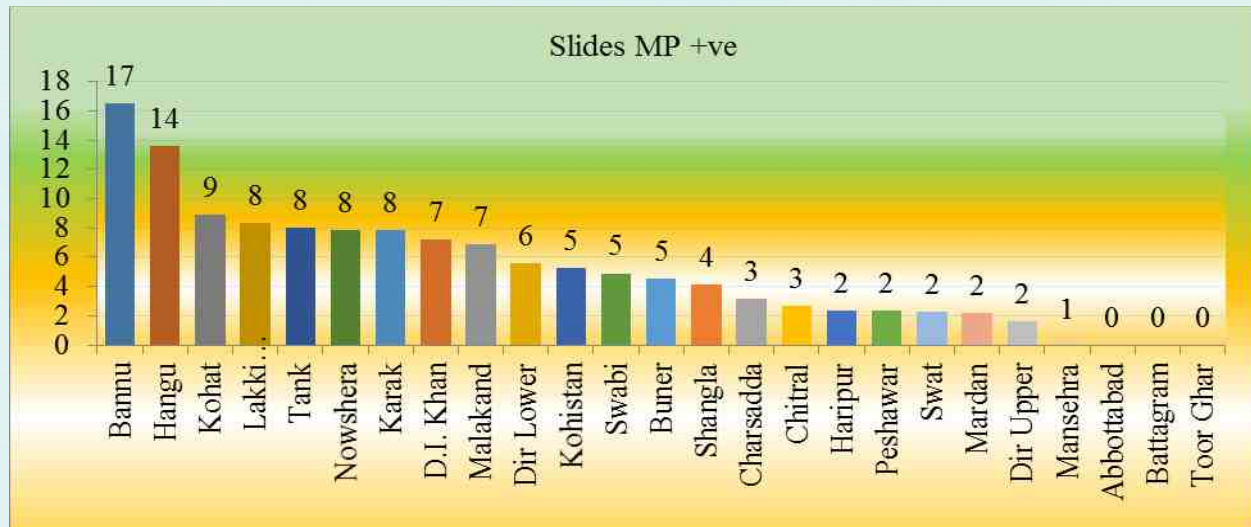
DISTRICT	Slides examined	Slides MP +ve	%age
Bannu	10619	1756	17
Hangu	1652	225	14
Kohat	2327	207	9
Lakki Marwat	6589	551	8
Tank	2702	217	8
Nowshera	2789	220	8
Karak	4280	337	8
D.I. Khan	7993	578	7
Malakand	4884	337	7
Dir Lower	5944	334	6
Kohistan	38	2	5
Swabi	3041	149	5
Buner	1825	83	5
Shangla	366	15	4
Charsadda	18281	581	3
Chitral	1715	46	3
Haripur	255	6	2
Peshawar	3776	88	2
Swat	4795	109	2
Mardan	9866	214	2
Dir Upper	2870	46	2
Mansehra	495	3	1
Abbottabad	277	0	0
Battagram	75	0	0
Toor Ghar	0	0	0
Total	97454	6104	6

This indicator measure the proportion of blood slides tested positive for Malaria.

The **malaria parasite** produces a molecule that affects red blood cells, luring mosquitoes to bite infected people, and may enhance the parasite's spread.

Malaria parasites are spread by bites from infected mosquitoes.

Mosquirix (a recombinant protein-based malaria vaccine) relies on a single protein from the **malaria parasite** to induce immunity.



b. Plasmodium Falciparum Rate

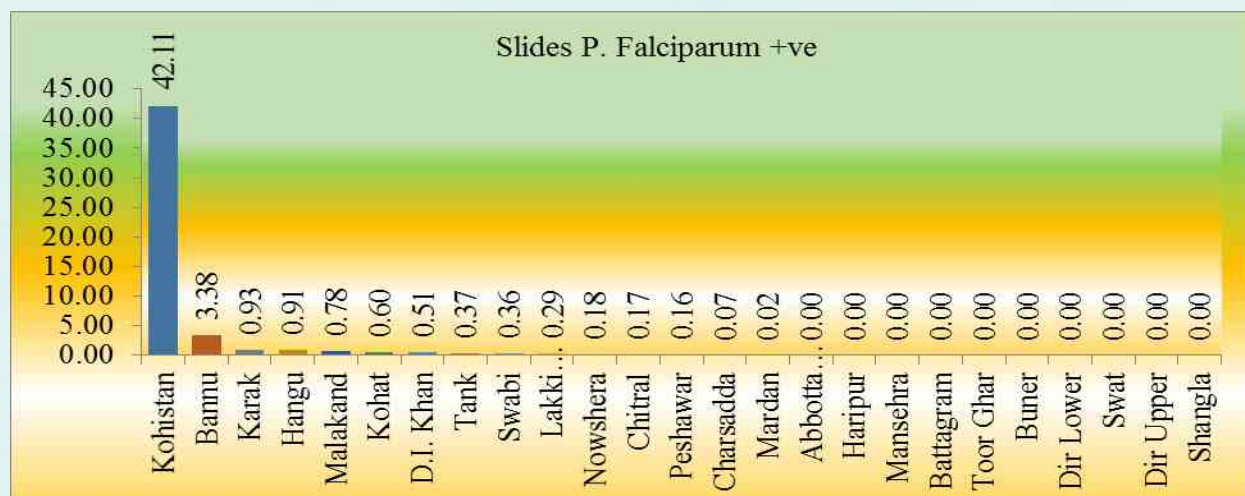
This indicator measure the proportion of Plasmodium Falciparum among blood slides tested positive for malaria.

DISTRICT	Slides examined	Slides P. Falciparum +ve	%age
Kohistan	38	16	42.11
Bannu	10619	359	3.38
Karak	4280	40	0.93
Hangu	1652	15	0.91
Malakand	4884	38	0.78
Kohat	2327	14	0.60
D.I. Khan	7993	41	0.51
Tank	2702	10	0.37
Swabi	3041	11	0.36
Lakki Marwat	6589	19	0.29
Nowshera	2789	5	0.18
Chitral	1715	3	0.17
Peshawar	3776	6	0.16
Charsadda	18281	12	0.07
Mardan	9866	2	0.02
Abbottabad	277	0	0.00
Haripur	255	0	0.00
Mansehra	495	0	0.00
Battagram	75	0	0.00
Toor Ghar	0	0	0.00
Buner	1825	0	0.00
Dir Lower	5944	0	0.00
Swat	4795	0	0.00
Dir Upper	2870	0	0.00
Shangla	366	0	0.00
Total	97454	591	0.61

Plasmodium falciparum is a protozoan parasite, one of the species of **Plasmodium** that cause **malaria** in humans. It is transmitted by the female Anopheles mosquito of the six malarial parasites.

Plasmodium falciparum causes the most-often fatal and medically severe form of disease.

District Kohistan is on top of the list in table and reflects the figures i.e **38** slides have been examined and reported **16** with **42.11 %** positive patients of **Malaria Plasmodium Falciparum**.



16. Hepatitis B and C Positivity Rate.

Hepatitis is an inflammation of the liver. The condition can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world

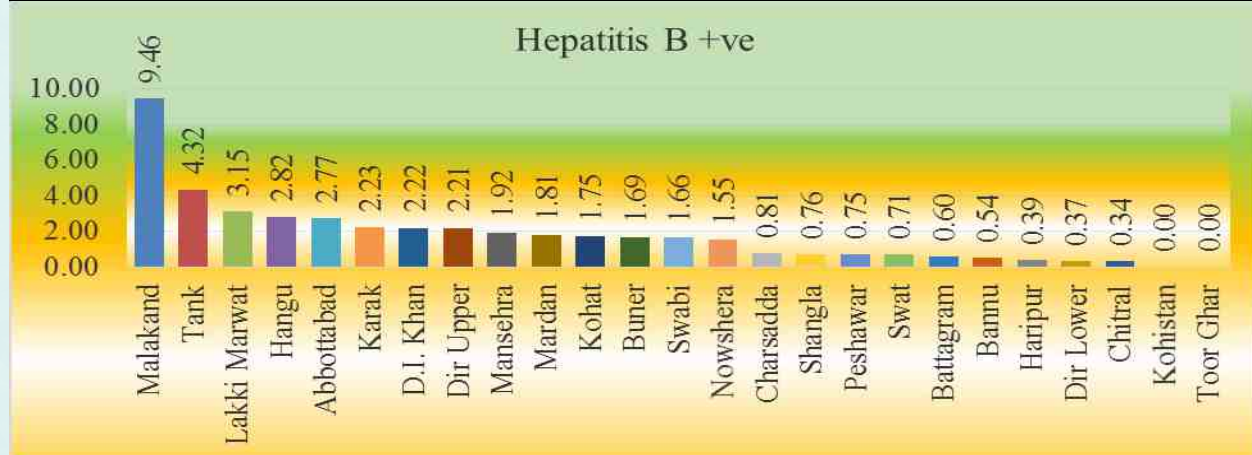
a. Hepatitis B +ve Proportion

Hepatitis B is a serious liver infection caused by the hepatitis B virus (HBV). For some people, hepatitis B infection becomes chronic, meaning it lasts more than six months. Having chronic hepatitis B increases your risk of developing liver failure, liver cancer or cirrhosis.

Most people infected with hepatitis B as adults recover fully, even if their signs and symptoms are severe. Infants and children are more likely to develop a chronic hepatitis B infection. A vaccine can prevent hepatitis B, but there's no cure if you have it. If you're infected, taking certain precautions can help prevent spreading HBV to others.

DISTRICT	Patients screened	Hepatitis B +ve	%age
Malakand	74	7	9.46
Tank	1251	54	4.32
Lakki Marwat	381	12	3.15
Hangu	142	4	2.82
Abbottabad	1154	32	2.77
Karak	1483	33	2.23
D.I. Khan	3519	78	2.22
Dir Upper	1130	25	2.21
Mansehra	7205	138	1.92
Mardan	9404	170	1.81
Kohat	3722	65	1.75
Buner	1477	25	1.69
Swabi	1267	21	1.66
Nowshera	6130	95	1.55
Charsadda	6642	54	0.81
Shangla	661	5	0.76
Peshawar	12873	97	0.75
Swat	12244	87	0.71
Battagram	2827	17	0.60

Bannu	9637	52	0.54
Haripur	8481	33	0.39
Dir Lower	267	1	0.37
Chitral	9395	32	0.34
Kohistan	0	0	0.00
Toor Ghar	0	0	0.00
Total	101366	1137	1.12



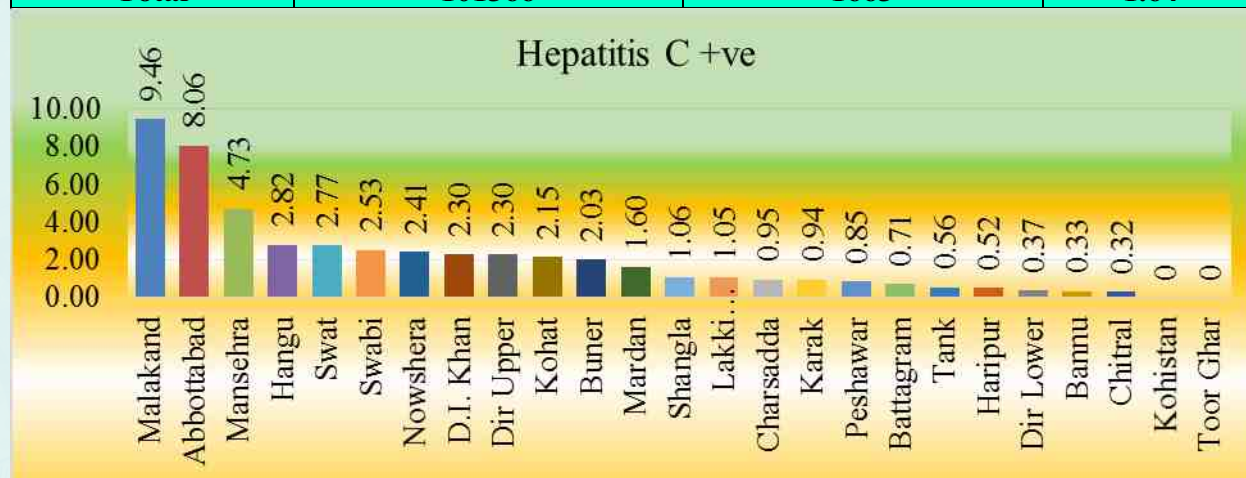
a. Hepatitis C +ve Proportion

Hepatitis C is an infection caused by a virus that attacks the liver and leads to inflammation. Most people infected with the hepatitis C virus (HCV) have no symptoms. In fact, most people don't know they have the hepatitis C infection until liver damage shows up, decades later, during routine medical tests.

Hepatitis C is one of several hepatitis viruses and is generally considered to be among the most serious of these viruses. Hepatitis C is passed through contact with contaminated blood, most commonly through needles (Syringes).

DISTRICT	Patients screened	Hepatitis C +ve	%age
Malakand	74	7	9.46
Abbottabad	1154	93	8.06
Mansehra	7205	341	4.73
Hangu	142	4	2.82
Swat	12244	339	2.77
Swabi	1267	32	2.53
Nowshera	6130	148	2.41
D.I. Khan	3519	81	2.30
Dir Upper	1130	26	2.30
Kohat	3722	80	2.15
Buner	1477	30	2.03
Mardan	9404	150	1.60
Shangla	661	7	1.06
Lakki Marwat	381	4	1.05
Charsadda	6642	63	0.95
Karak	1483	14	0.94

Peshawar	12873	110	0.85
Battagram	2827	20	0.71
Tank	1251	7	0.56
Haripur	8481	44	0.52
Dir Lower	267	1	0.37
Bannu	9637	32	0.33
Chitral	9395	30	0.32
Kohistan	0	0	0
Toor Ghar	0	0	0
Total	101366	1663	1.64



17. 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.

S.No	DISTRICT	Intensive-phase TB-DOTS patients
1	Dir Upper	10686
2	Mardan	433
3	Bannu	393
4	Mansehra	388
5	Swat	384
6	Shangla	298
7	Haripur	276
8	Charsadda	264
9	Dir Lower	260
10	Nowshera	259
11	Kohat	237
12	Peshawar	196
13	Hangu	184
14	Tank	151
15	Kohistan	147
16	Buner	144
17	Abbottabad	134

18	Swabi	119
19	Lakki Marwat	104
20	Chitral	97
21	Karak	96
22	Battagram	91
23	Malakand	52
24	D.I. Khan	14
25	Toor Ghar	0
Total		15407

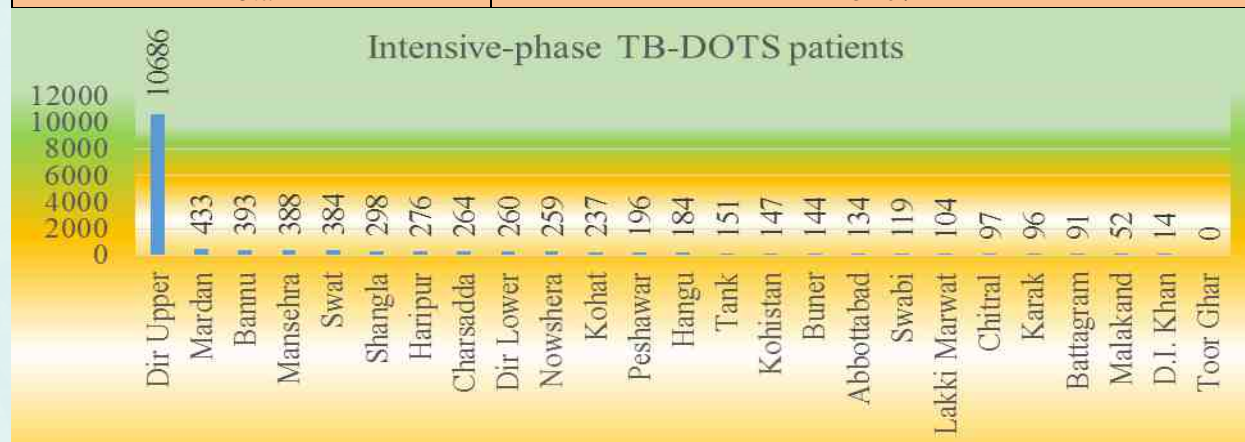


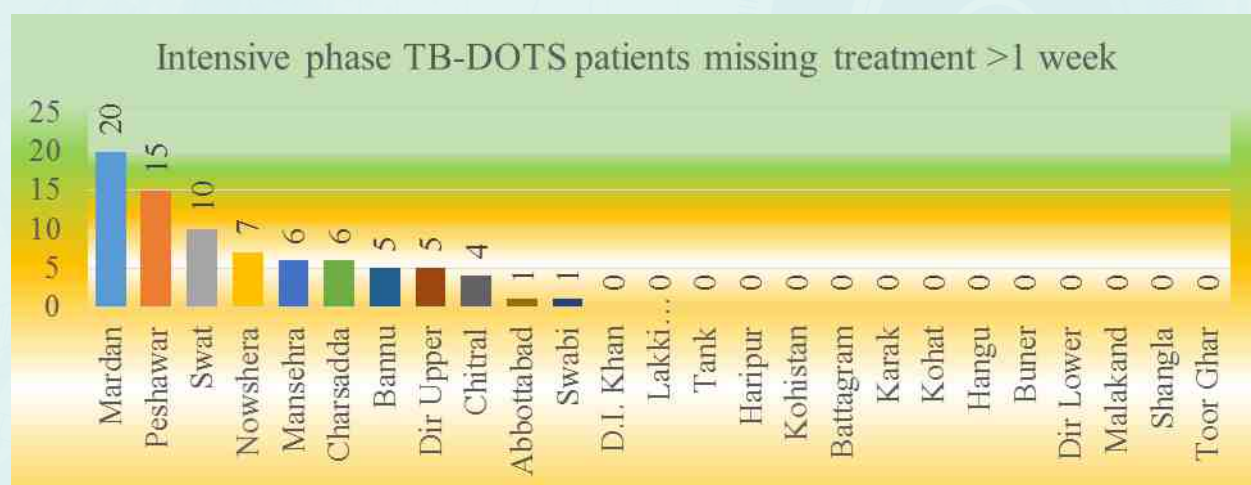
Table and figure show the district-wise TB data figures. Districts Dir Upper, Mardan and Bannu report 10686, 433 and 393 TB patients. District Tor Ghar report zero TB DOTS patient.

18. Proportion of 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.

S.No	DISTRICT	Intensive phase TB-DOTS patients missing treatment >1 week
1	Mardan	20
2	Peshawar	15
3	Swat	10
4	Nowshera	7
5	Mansehra	6
6	Charsadda	6
7	Bannu	5
8	Dir Upper	5
9	Chitral	4
10	Abbottabad	1
11	Swabi	1
12	D.I. Khan	0
13	Lakki Marwat	0
14	Tank	0
15	Haripur	0

16	Kohistan	0
17	Battagram	0
18	Karak	0
19	Kohat	0
20	Hangu	0
21	Buner	0
22	Dir Lower	0
23	Malakand	0
24	Shangla	0
25	Toor Ghar	0
Total		80



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.

19. Mortality Rate

Mortality rate or death rate is a measure of the number of deaths (in general, or due to a specific cause) in a particular population, scaled to the size of that population, per unit of time.

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.

a. Neonatal Deaths in the Facilities

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

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.

[Over Neonatal Mortality Rate is 21 of the province]

S.No	District	Live Birth	Neonatal Death	Neonatal Mortality Rate
1	Bannu	3877	723	186
2	D.I. Khan	1959	248	127
3	Kohistan	25	1	40
4	Mansehra	1285	42	33
5	Swat	6149	185	30
6	Abbottabad	1232	36	29
7	Kohat	2771	73	26
8	Charsadda	2745	42	15
9	Nowshera	1421	18	13
10	Swabi	1637	20	12
11	Buner	1875	19	10
12	Chitral	1380	12	9
13	Malakand	3354	14	4
14	Peshawar	2439	9	4
15	Dir Lower	2569	8	3
16	Battagram	1336	3	2
17	Tank	453	1	2
18	Lakki Marwat	732	1	1
19	Dir Upper	1819	1	1
20	Mardan	2660	1	0
21	Haripur	1528	0	0
22	Toor Ghar	75	0	0
23	Karak	859	0	0
24	Hangu	822	0	0
25	Shangla	638	0	0
Total		45640	1457	32

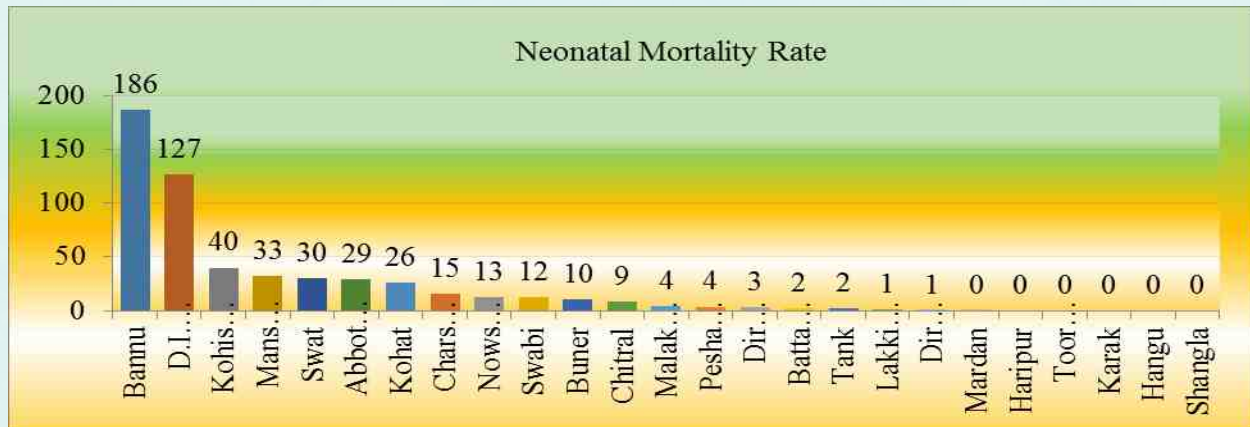


Figure and table illustrate the neonatal mortality rates (neonatal deaths in the facilities).

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

The indicator Maternal Mortality Rate (Maternal Deaths Reported by LHW) illustrates the death rates of the mother during pregnancy or deliveries.

[Over Maternal Mortality Rate is 208 of the province]

DISTRICT	Delivery by skilled persons reported	Maternal deaths reported	Maternal Mortality Rate
Toor Ghar	14	2	14286
Abbottabad	2961	13	439
Peshawar	6963	30	431
Kohat	1012	4	395
Dir Lower	545	2	367
Tank	637	2	314
Lakki Marwat	660	2	303
Bannu	2044	6	294
Battagram	376	1	266
Swabi	2361	6	254
Haripur	2720	6	221
Mardan	5017	11	219
Dir Upper	540	1	185
Mansehra	3618	6	166
D.I. Khan	1713	2	117
Buner	940	1	106
Swat	6184	6	97
Chitral	1516	1	66
Malakand	1689	1	59
Charsadda	3787	2	53
Kohistan	0	0	0
Karak	1019	0	0
Hangu	318	0	0
Shangla	744	0	0
Nowshera	3185	0	0
Total	50563	105	208

District Tor Ghar report 14 numbers of deliveries and 2 maternal deaths with 14286 maternal mortality rate.

Districts Hangu, Kohistan, Kohat, Hangu, Shangla and Nowshera reported zero (0) Maternal deaths in their respective districts in quarter.



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

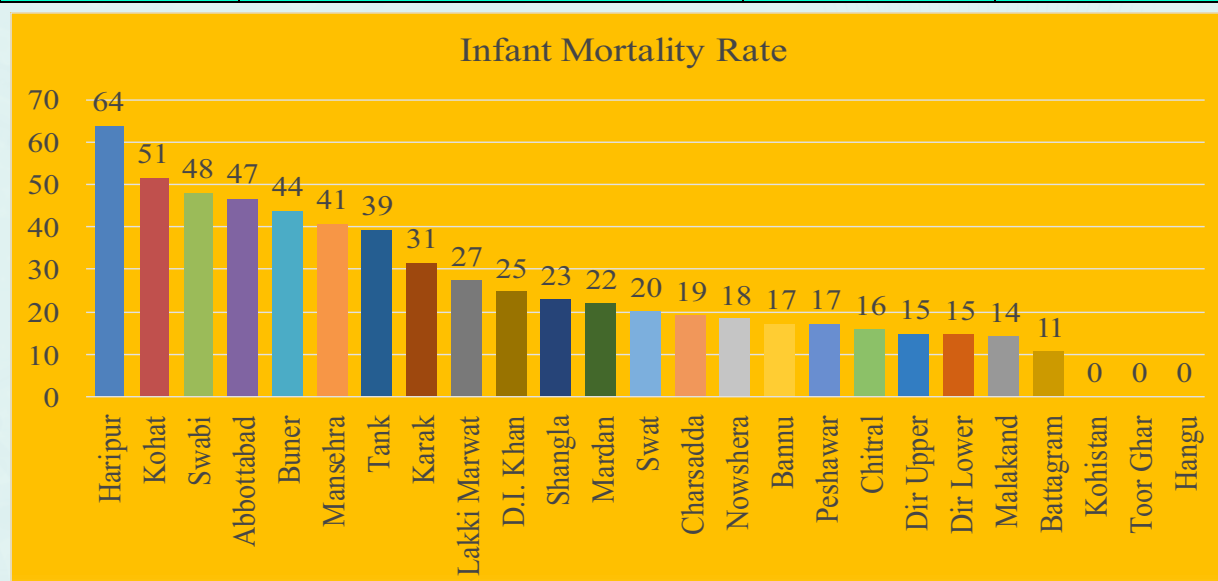
Infant mortality refers to deaths of children, typically those less than one year of age. It is measured by the infant mortality rate (IMR), which is the number of deaths of children under one year of age per 1000 live births.

The leading causes of infant mortality are birth asphyxia, pneumonia, term birth complications, diarrhea, malaria, measles and malnutrition.

[Over Infant Mortality Rate is 27 of the province]

DISTRICT	Delivery by skilled persons reported	Infant deaths reported	Infant Mortality Rate
Haripur	2720	173	64
Kohat	1012	52	51
Swabi	2361	113	48
Abbottabad	2961	138	47
Buner	940	41	44
Mansehra	3618	147	41
Tank	637	25	39
Karak	1019	32	31
Lakki Marwat	660	18	27
D.I. Khan	1713	42	25
Shangla	744	17	23
Mardan	5017	110	22
Swat	6184	124	20
Charsadda	3787	72	19
Nowshera	3185	58	18
Bannu	2044	35	17
Peshawar	6963	119	17
Chitral	1516	24	16
Dir Upper	540	8	15
Dir Lower	545	8	15
Malakand	1689	24	14
Battagram	376	4	11

Kohistan	0	0	0
Toor Ghar	14	0	0
Hangu	318	0	0
Total	50563	1384	27



District Haripur reported 173 deaths against 2720 live births and the IMR is 64 District Kohat reported 52 deaths against 1012 live births and the IMR is 51.

Districts Kohistan, Tor Ghar and Hangu reported no infant death are either showing out-standing performance or the data may not be valid and should be reviewed and validate through IMU or 3rd Party.

20. District wise comparison of Live births with LBW (under 2.5kg)

Low birth weight (LBW) is a major public health problem in many developing countries, especially so in Pakistan. Although we do not know all the causes of LBW, maternal and environmental factors appear to be significant risk factors in its occurrence.

These low-birth-weight (LBW) infants are at increased risk of early growth delay, infectious disease, developmental delay and death during infancy and childhood.

Most LBW is a consequence of preterm birth, small size for gestational age, or both.

DISTRICT	Live births in the facility	Live births with LBW (under 2.5kg)	%age
Haripur	1528	459	30.04
Buner	1875	501	26.72
Battagram	1336	208	15.57
Dir Lower	2569	115	4.48
Tank	453	20	4.42
Lakki Marwat	732	30	4.10
Kohistan	25	1	4.00
D.I. Khan	1959	65	3.32
Chitral	1380	35	2.54

Malakand	3354	76	2.27
Abbottabad	1425	31	2.18
Shangla	638	13	2.04
Karak	859	15	1.75
Charsadda	2745	43	1.57
Swabi	1827	27	1.48
Peshawar	2439	34	1.39
Kohat	2771	38	1.37
Mardan	2660	33	1.24
Dir Upper	1819	21	1.15
Swat	6149	42	0.68
Nowshera	1421	8	0.56
Hangu	822	3	0.36
Mansehra	1285	4	0.31
Bannu	3877	10	0.26
Toor Ghar	75	0	0.000
Total	46023	1832	3.98

There are wide variations in the figures range from **0.43%** in district Nowshera to **7.76%** in Battagram. Districts Haripur and Koshitan done poorly and zero figures are reported while district Charsadda reported the maximum in the table which is **11.92%**.



21. District wise comparison of Stillbirths in the Government Health Facilities

The birth of an infant that has died in the womb (strictly, after having survived through at least the first 28 weeks of pregnancy, earlier instances being regarded as abortion or miscarriage).

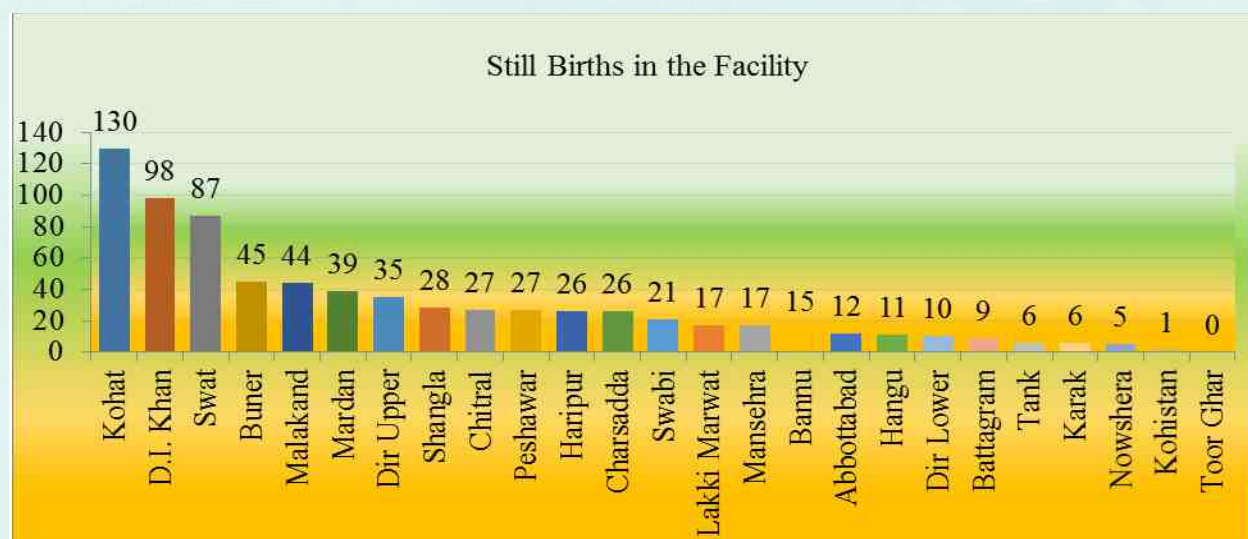
The major causes of stillbirth include:

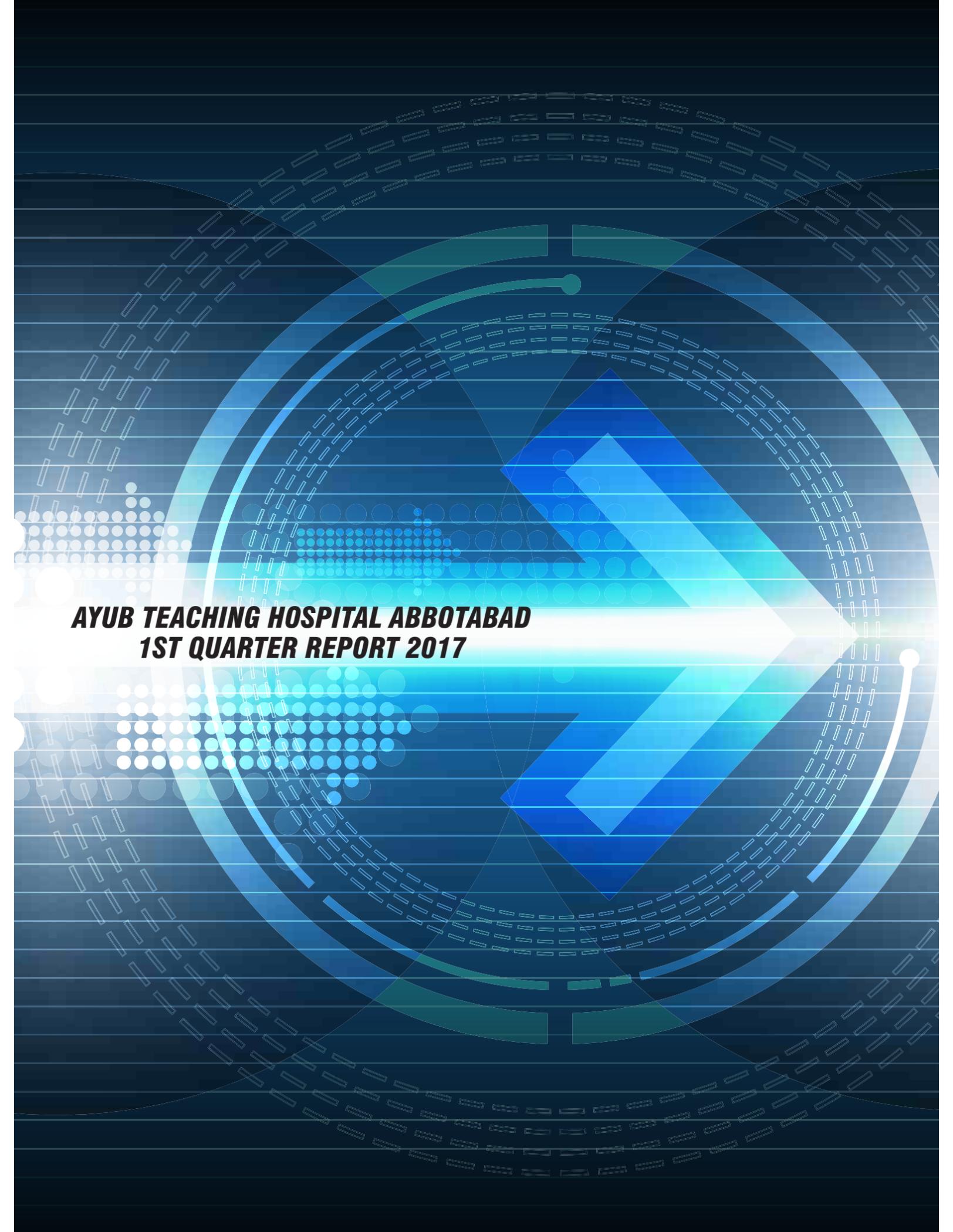
- Child birth complications
- Post-term pregnancy
- Maternal infections in pregnancy (malaria, syphilis and HIV)
- Maternal disorders (especially hypertension, obesity and diabetes)
- Fetal growth restriction
- Congenital abnormalities.

Almost half of stillbirths happen when the woman is in labour. The majority of stillbirths are preventable, evidenced by the regional variation across the world. The rates correlate with access to maternal healthcare.

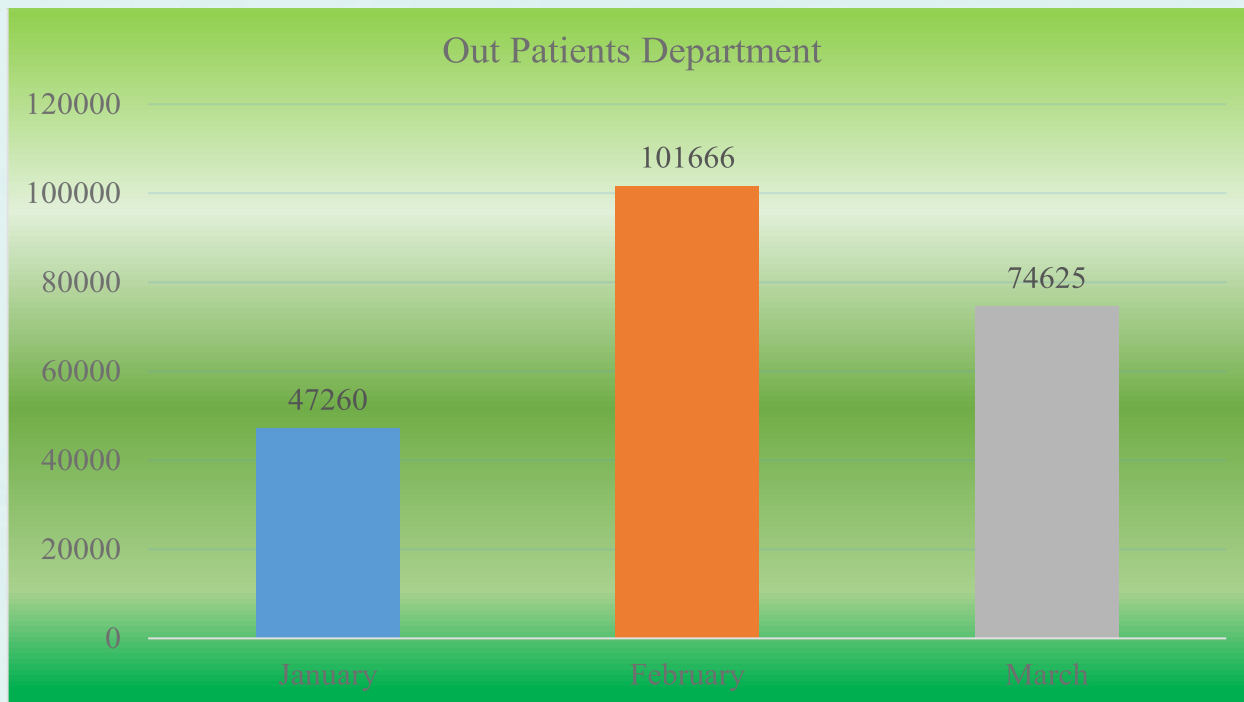
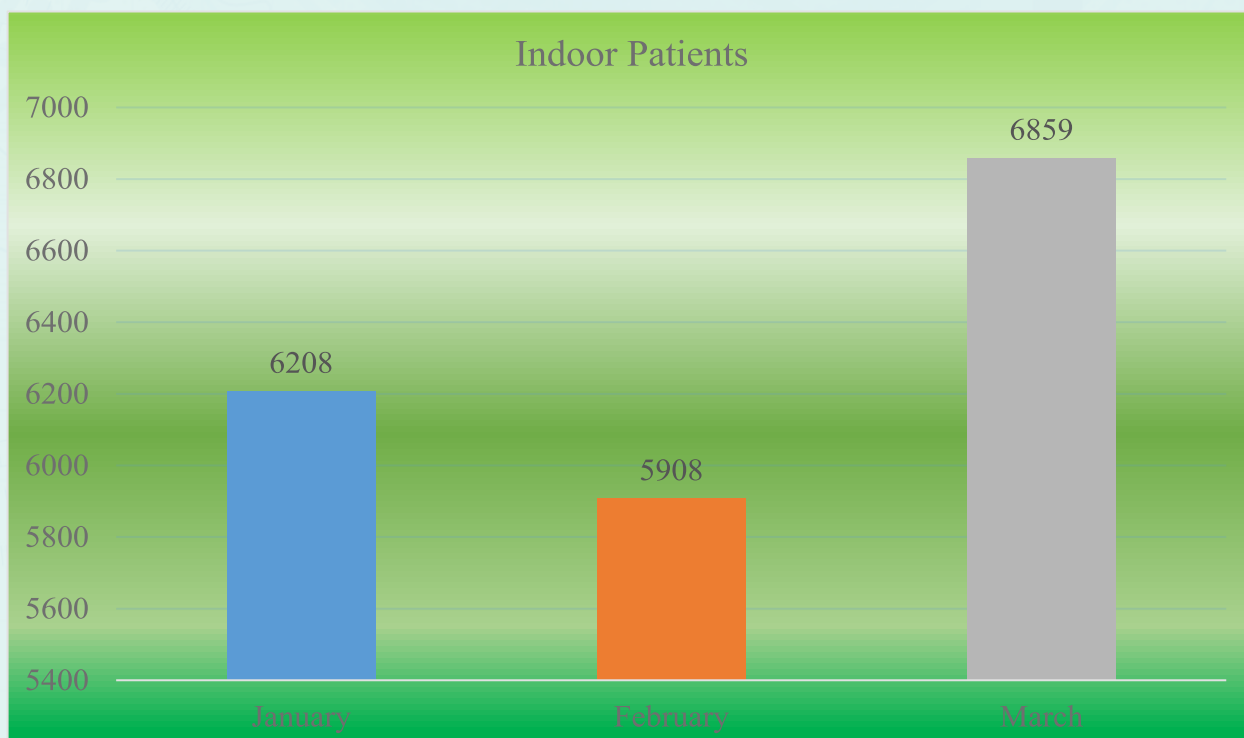
S.No	District	Live Birth in the Facility	Still Births in the Facility
1	Kohat	2771	130
2	D.I. Khan	1959	98
3	Swat	6149	87
4	Buner	1875	45
5	Malakand	3354	44
6	Mardan	2660	39
7	Dir Upper	1819	35
8	Shangla	638	28
9	Chitral	1380	27
10	Peshawar	2439	27
11	Haripur	1528	26
12	Charsadda	2745	26
13	Swabi	1637	21
14	Lakki Marwat	732	17
15	Mansehra	1285	17
16	Bannu	3877	15
17	Abbottabad	1232	12
18	Hangu	822	11
19	Dir Lower	2569	10
20	Battagram	1336	9
21	Tank	453	6
22	Karak	859	6
23	Nowshera	1421	5
24	Kohistan	25	1
25	Toor Ghar	75	0
Total		45640	742

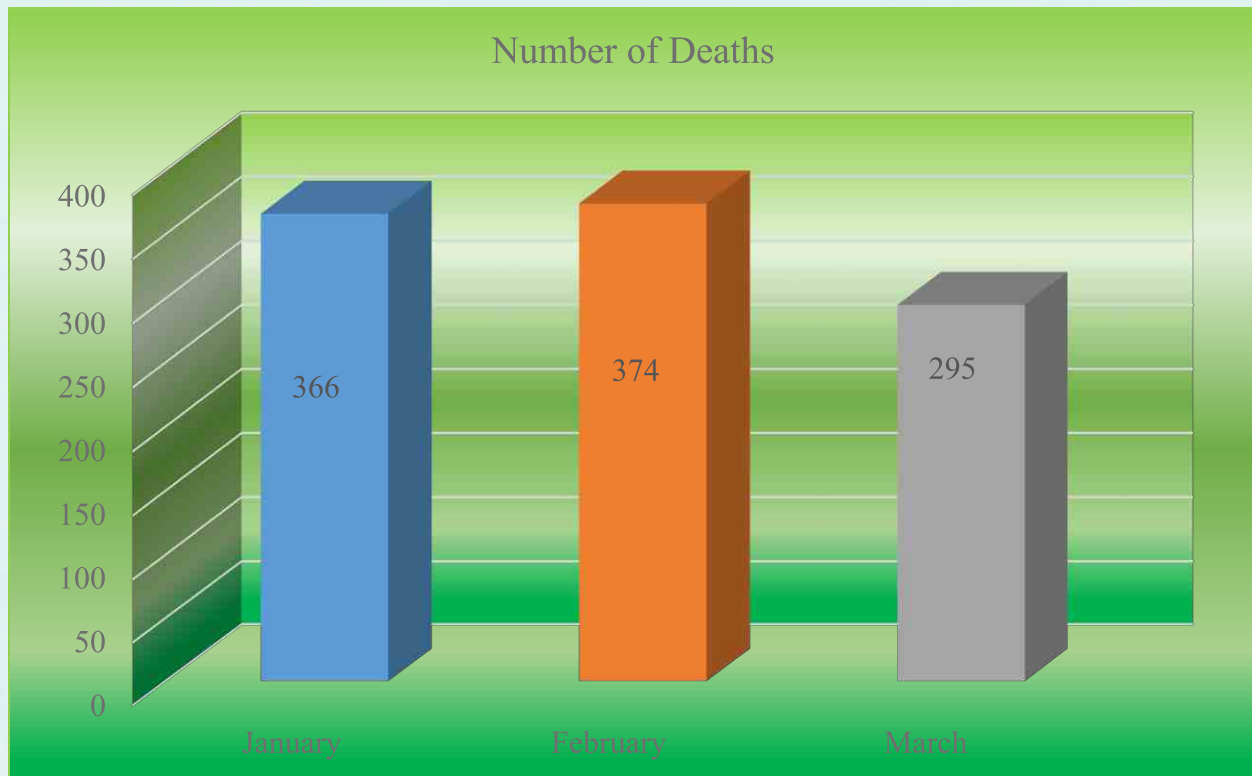
Table and figure reflects the district wise comparison of the stillbirths in percentage.



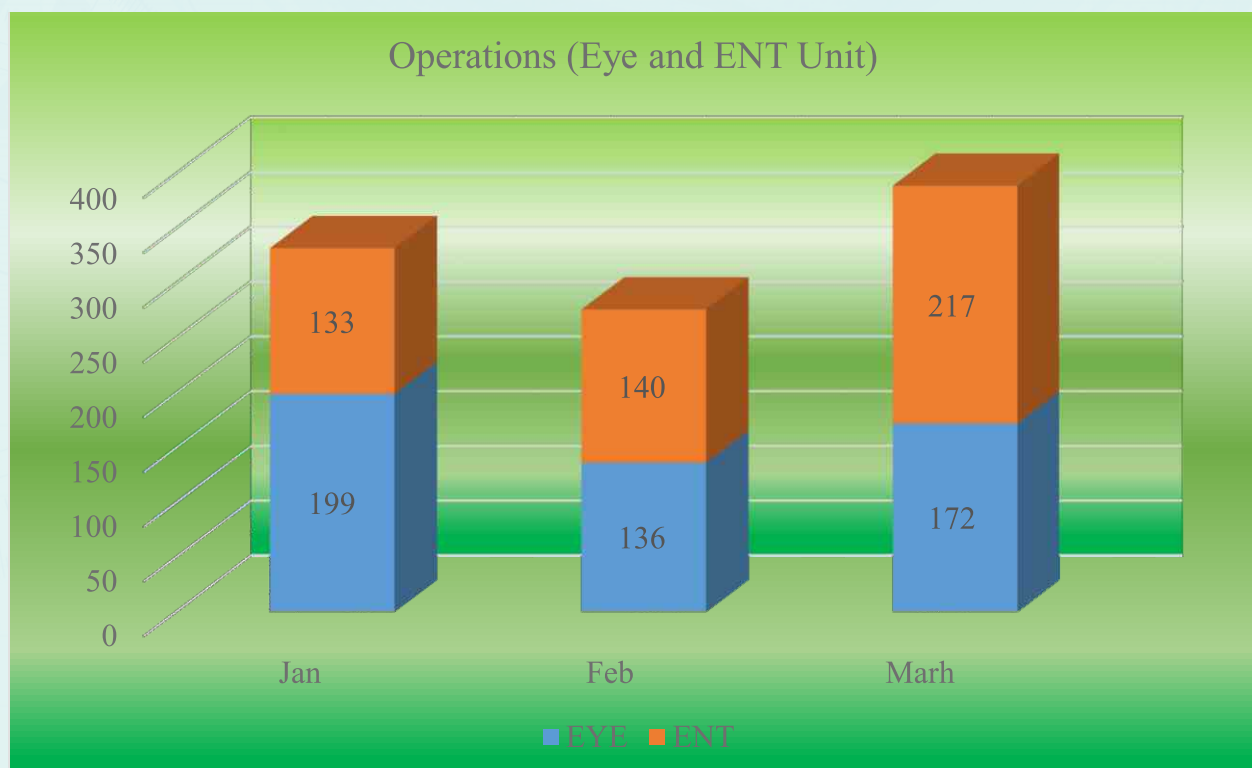


**AYUB TEACHING HOSPITAL ABBOTABAD
1ST QUARTER REPORT 2017**

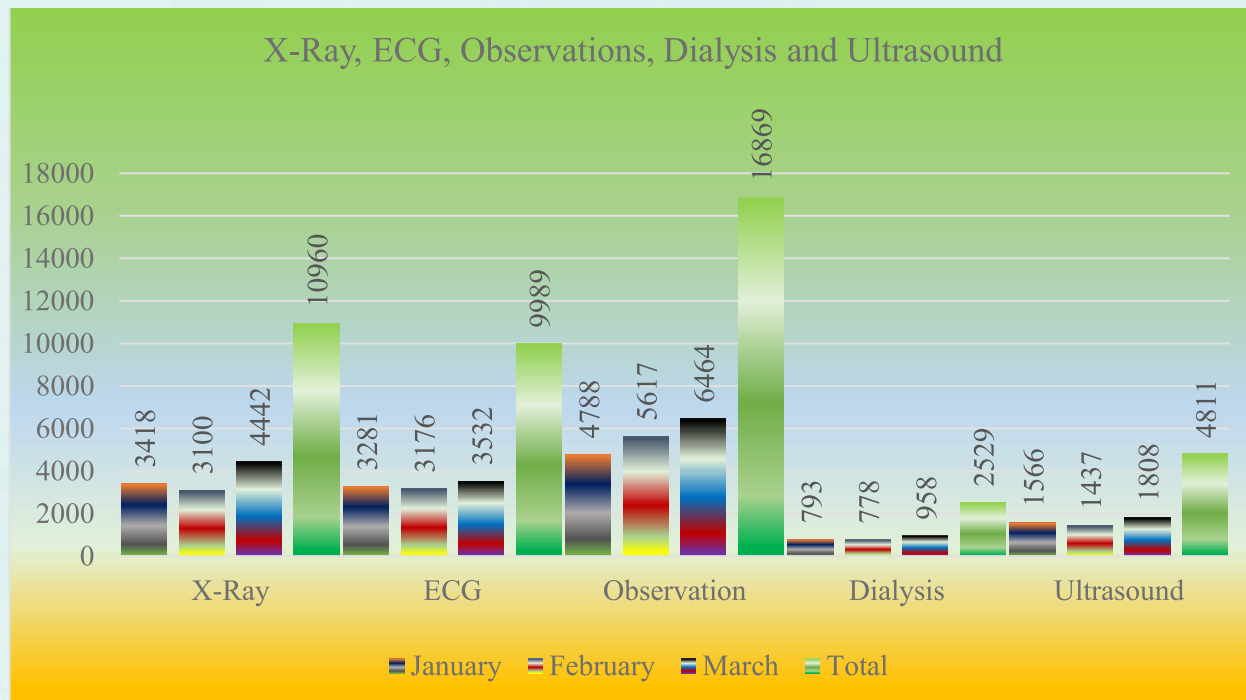
1st Quarter 2017 Ayub Teaching Hospital Abbottabad**Out Patients Department****Indoor Patients****Number of Deaths**

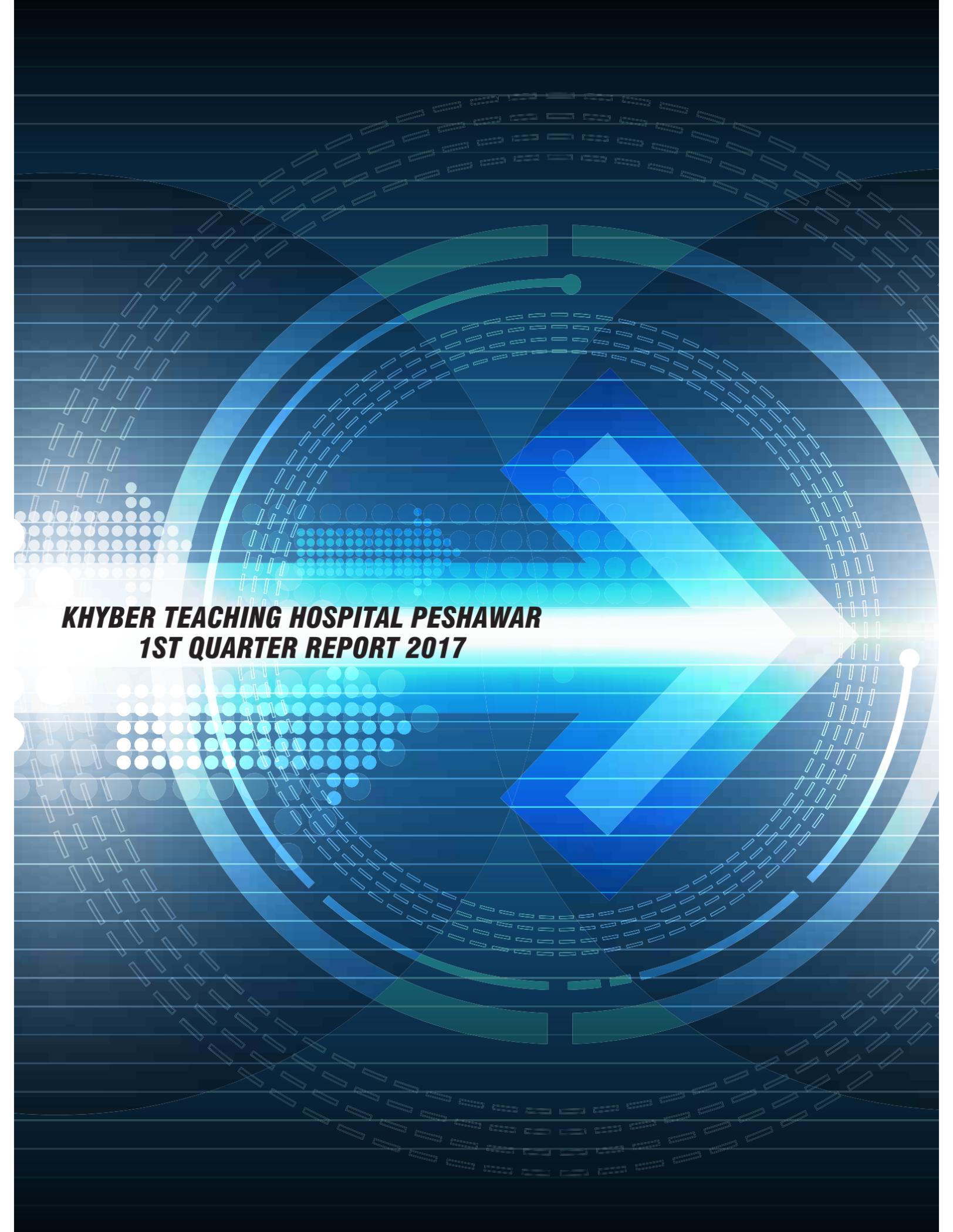


Operations (Eye and ENT Unit)



X-Ray, ECG, Observations, Dialysis and Ultrasound

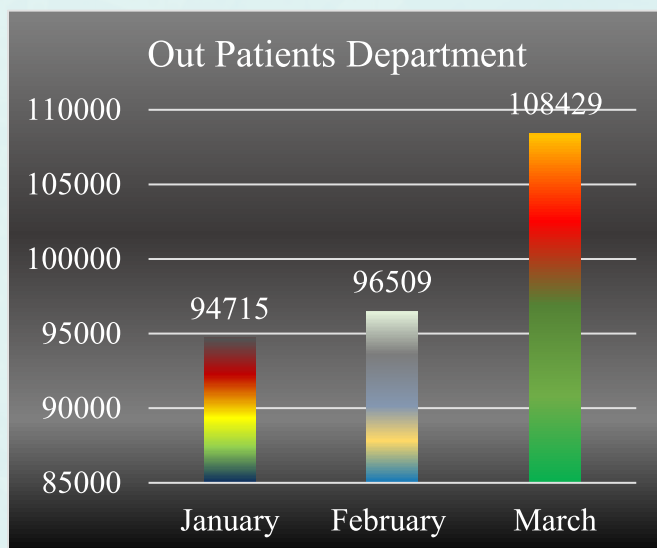




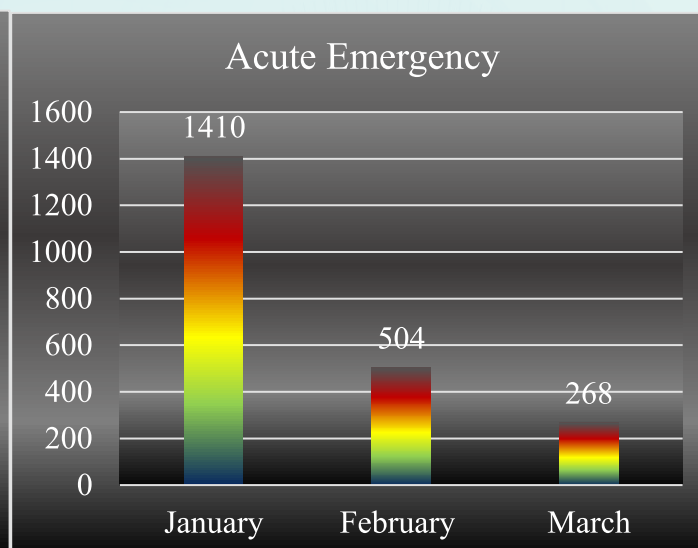
**KHYBER TEACHING HOSPITAL PESHAWAR
1ST QUARTER REPORT 2017**

Khyber Teaching Hospital

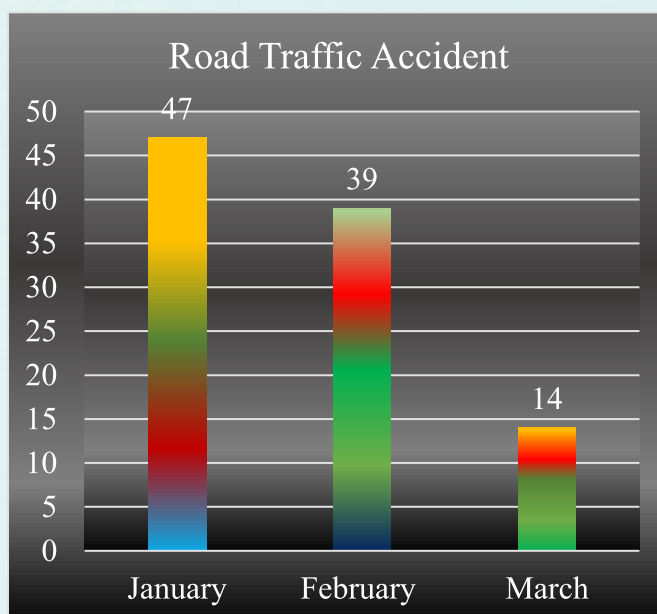
Out Patient Department



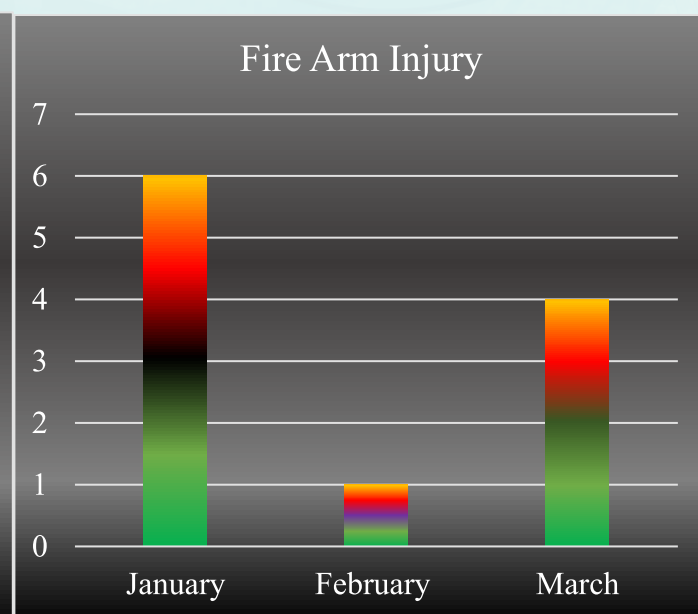
Acute Emergency



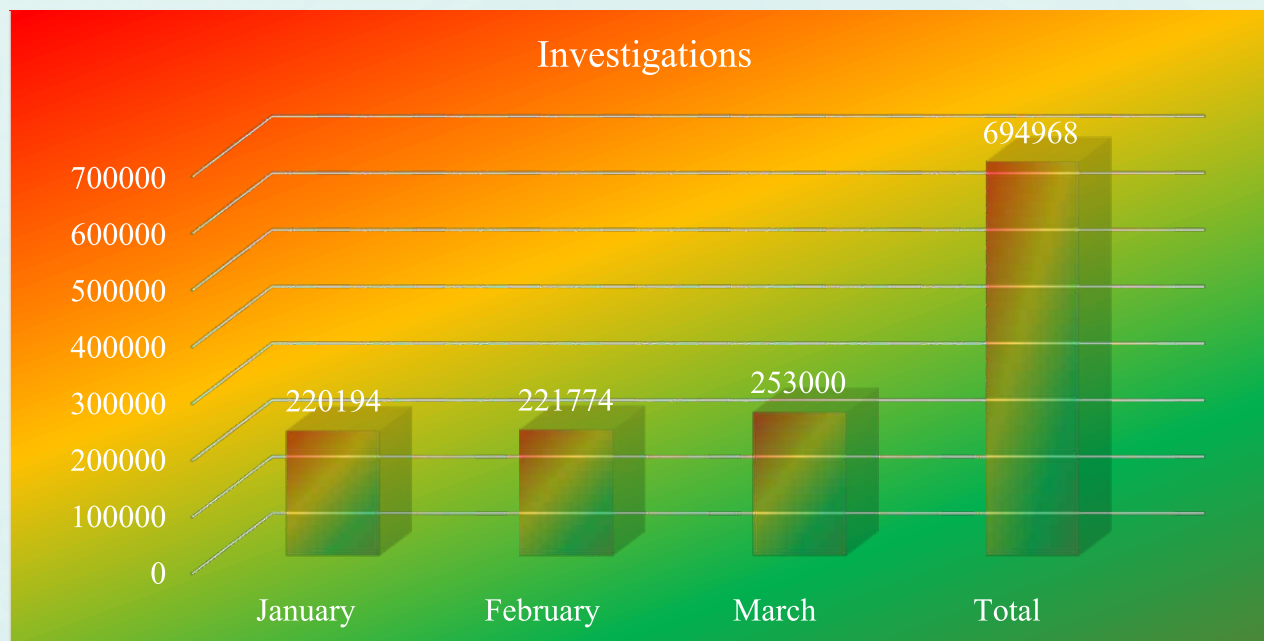
Road Traffic Accident



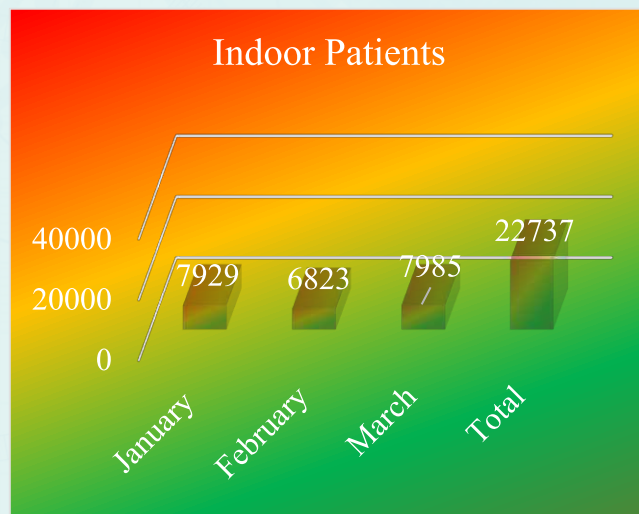
Fire Arm Injury



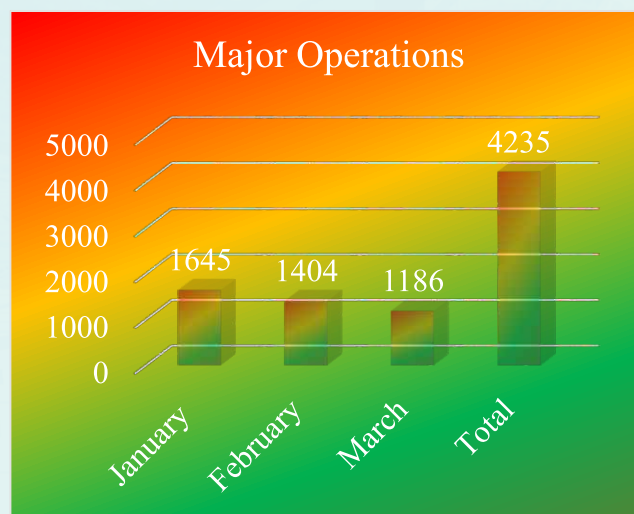
Investigations

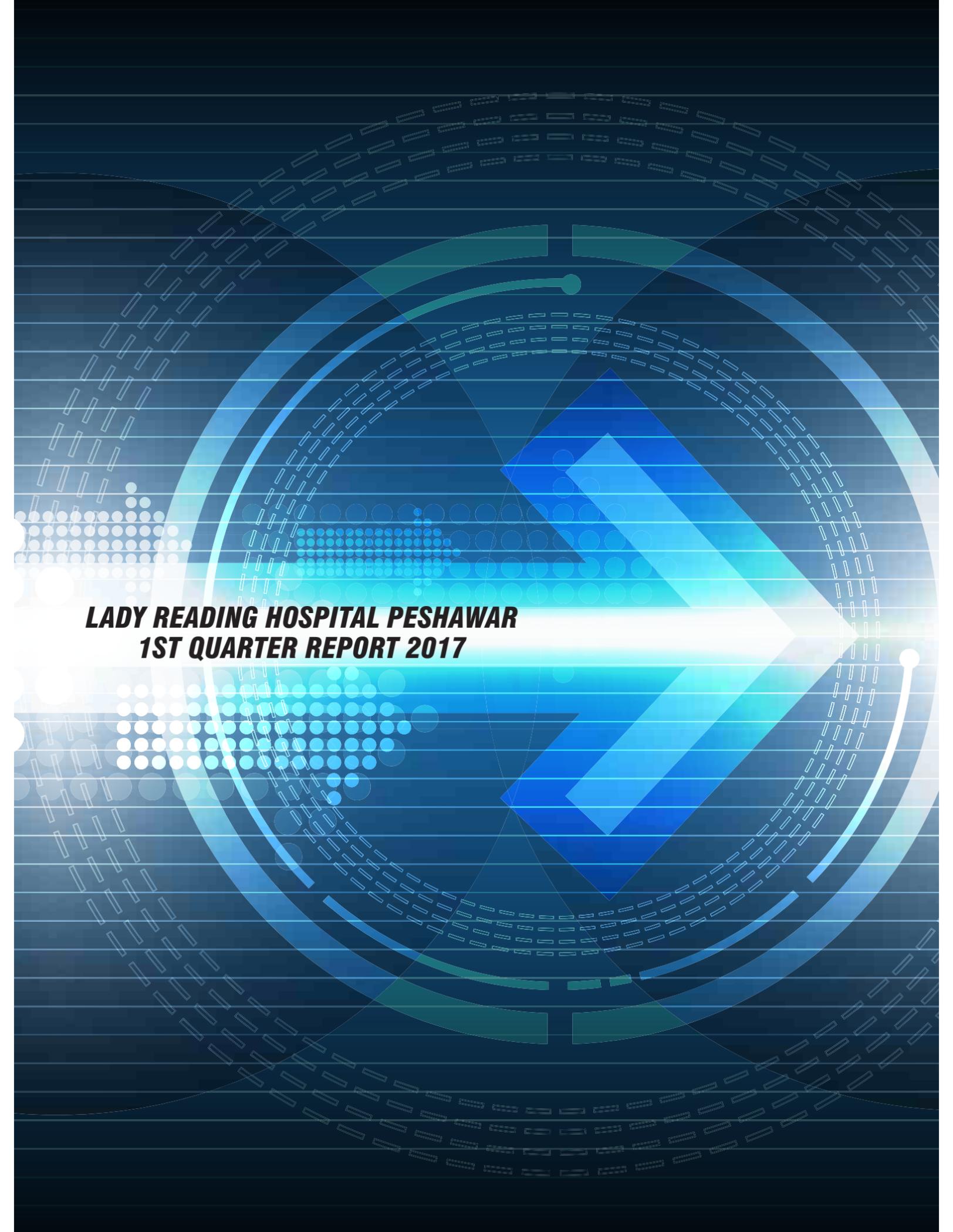


Indoor Patients



Major Operations

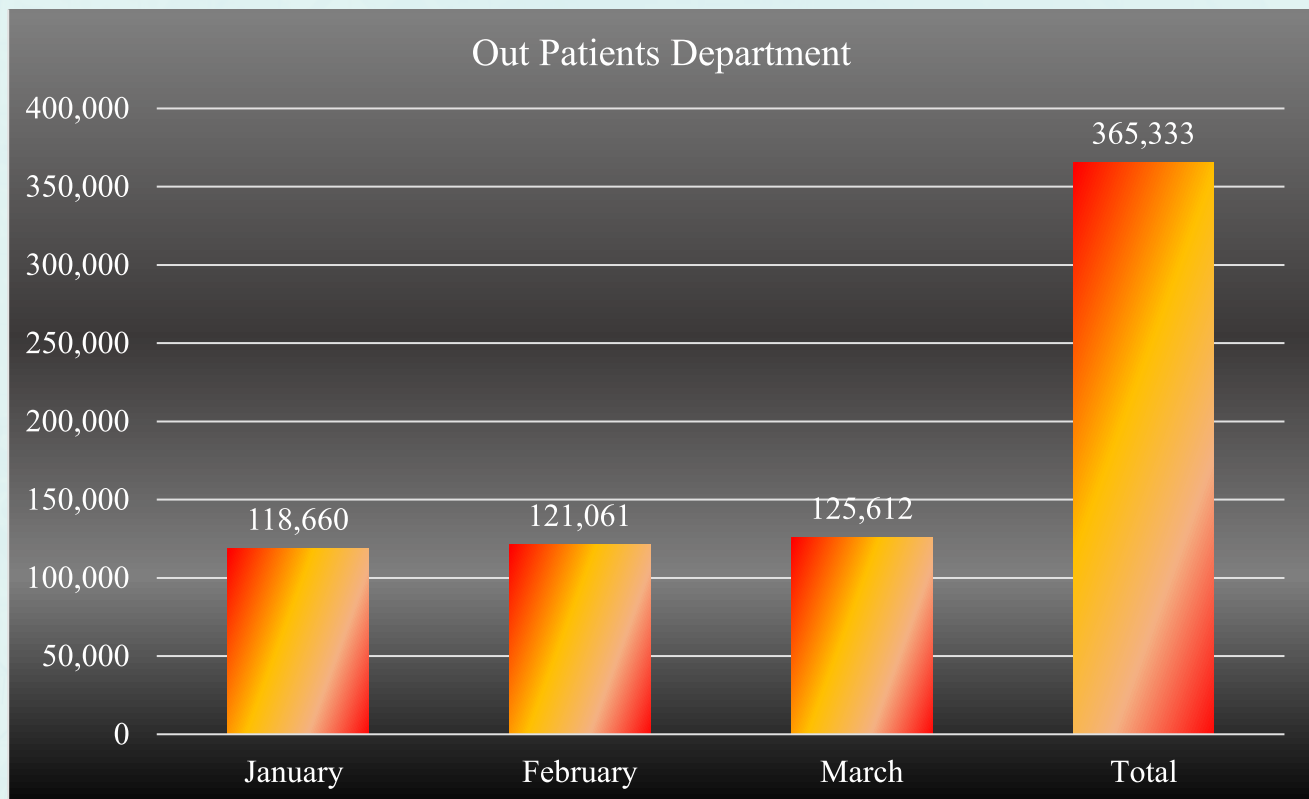




LADY READING HOSPITAL PESHAWAR
1ST QUARTER REPORT 2017

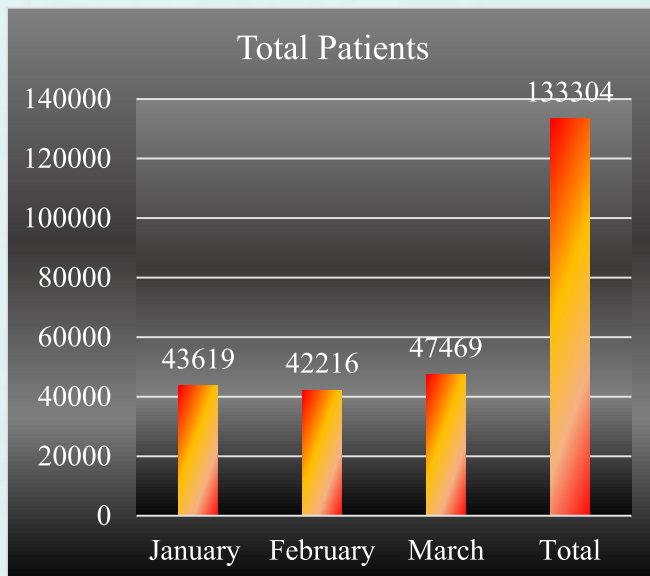
Lady Reading Hospital

Out Patients Department

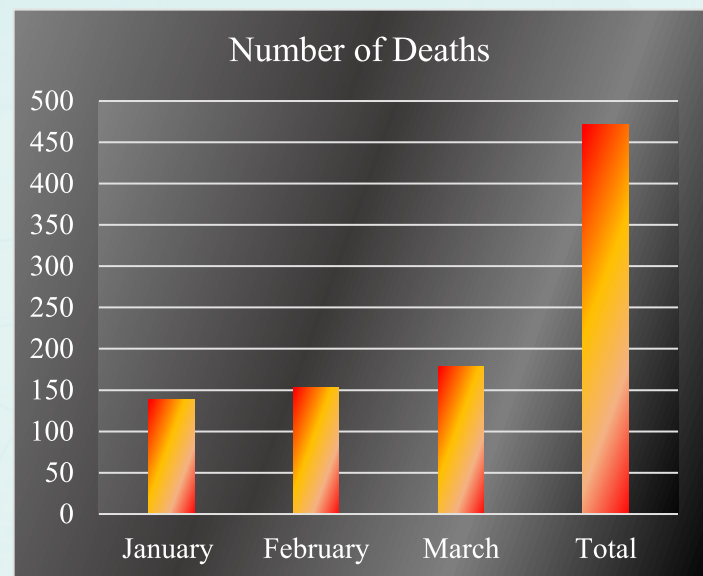


Accident and Emergency

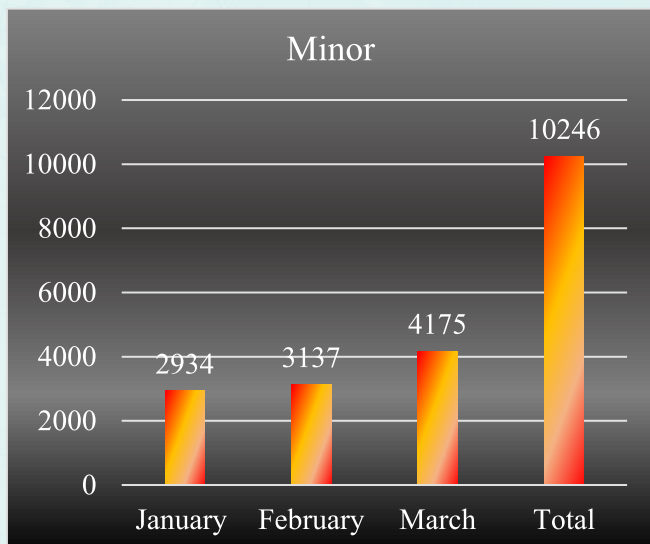
Total Patient



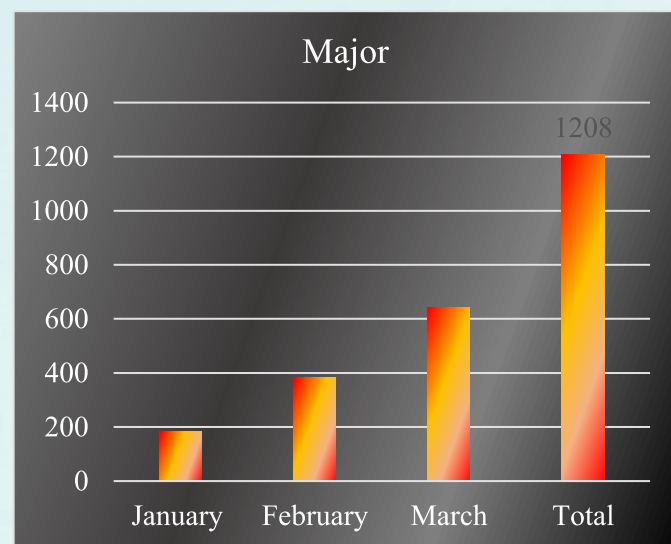
Number of Deaths



Minor



Major

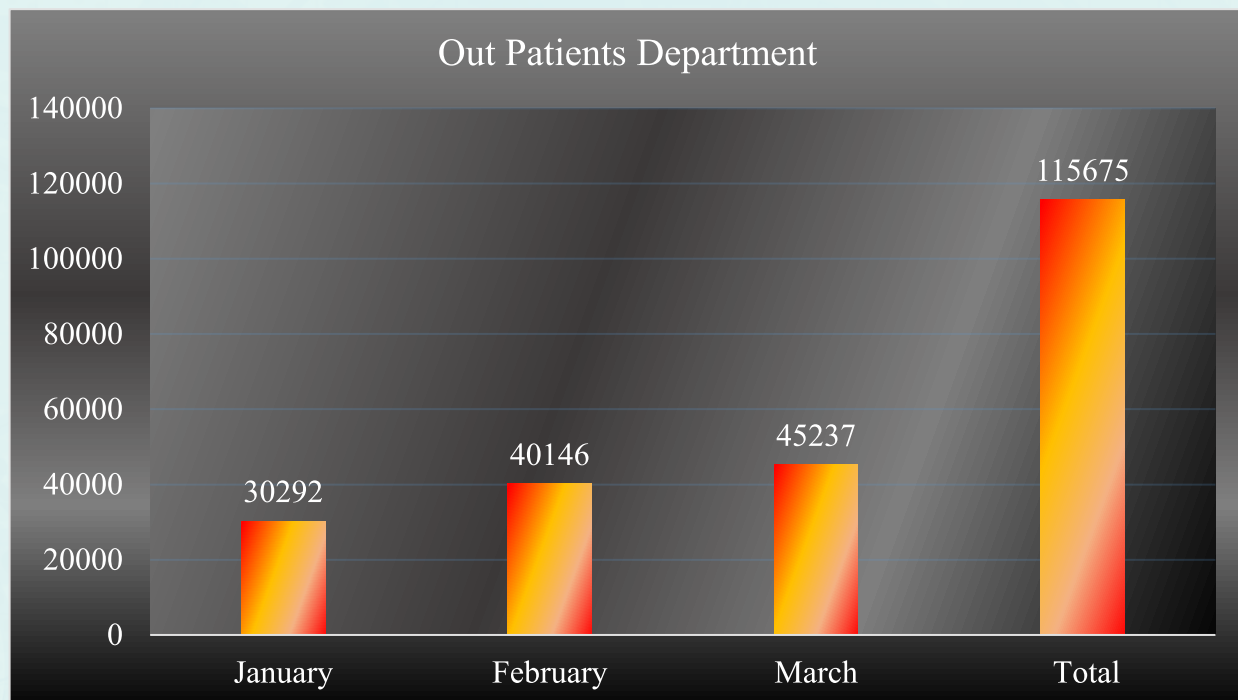




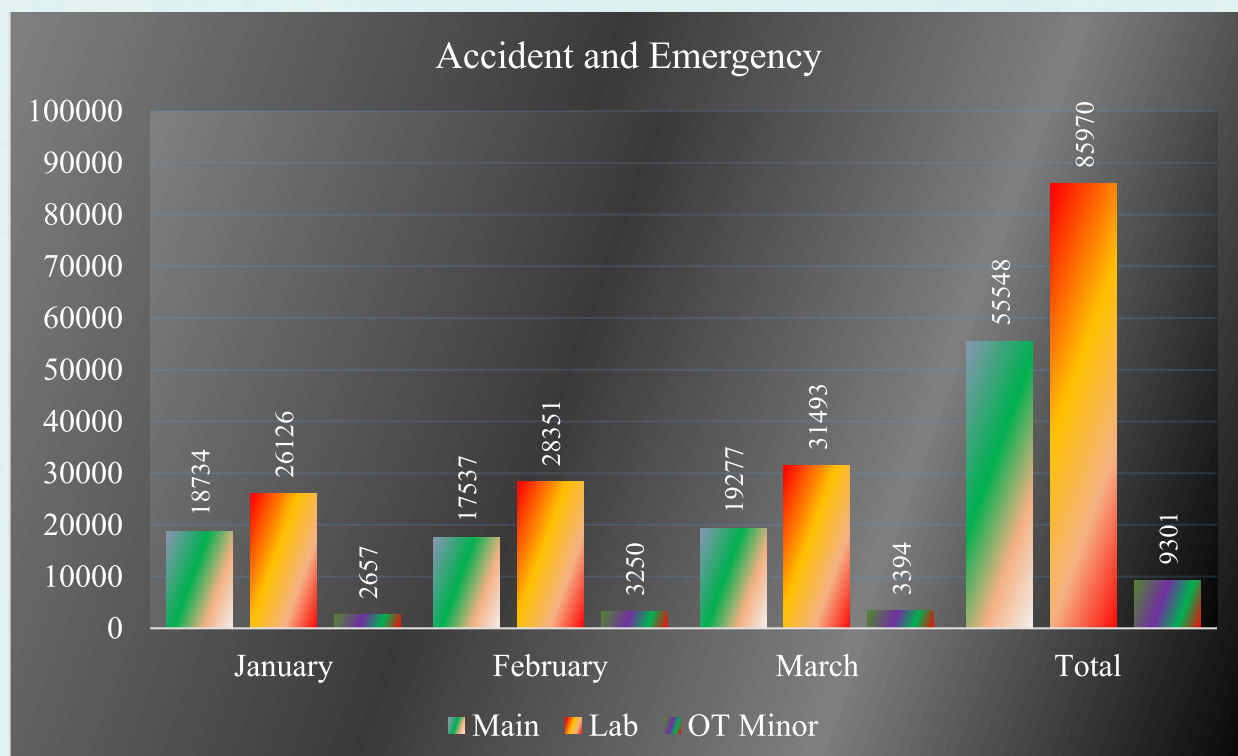
MARDAN MEDICAL COMPLEX MARDAN
1ST QUARTER REPORT 2017

Mardan Medical Complex Mardan

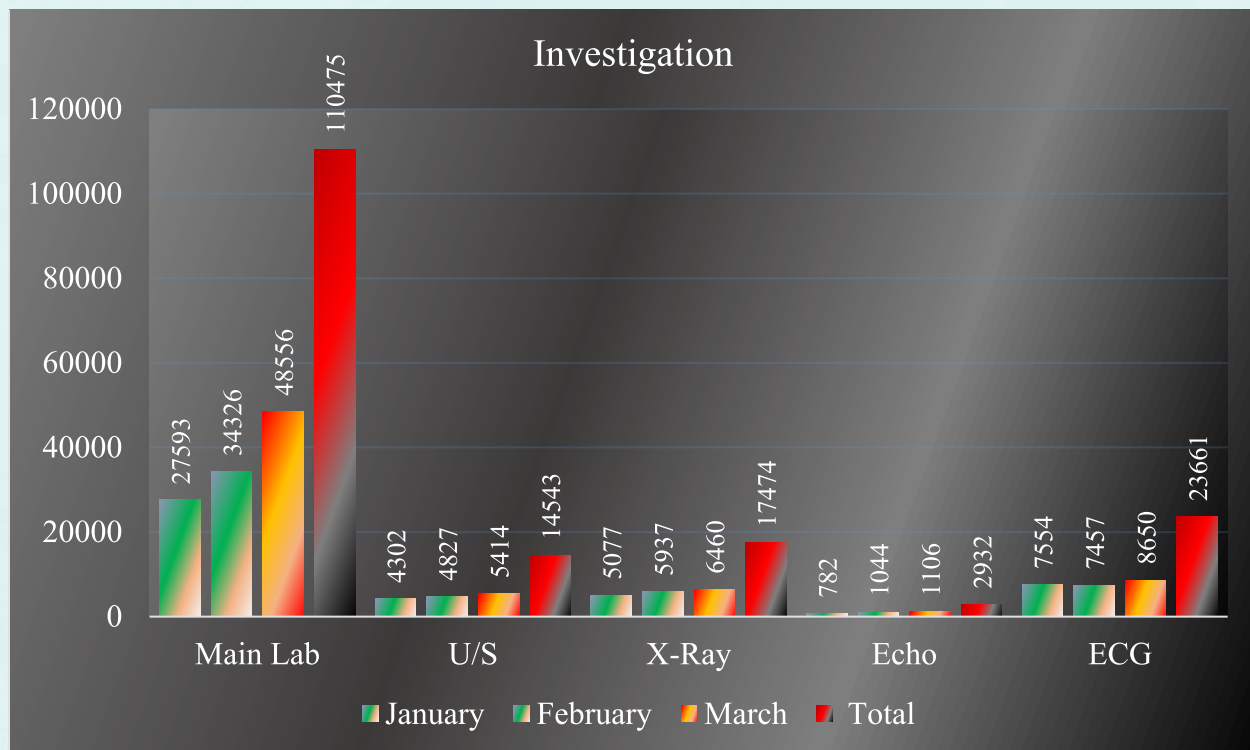
Out Patients Department



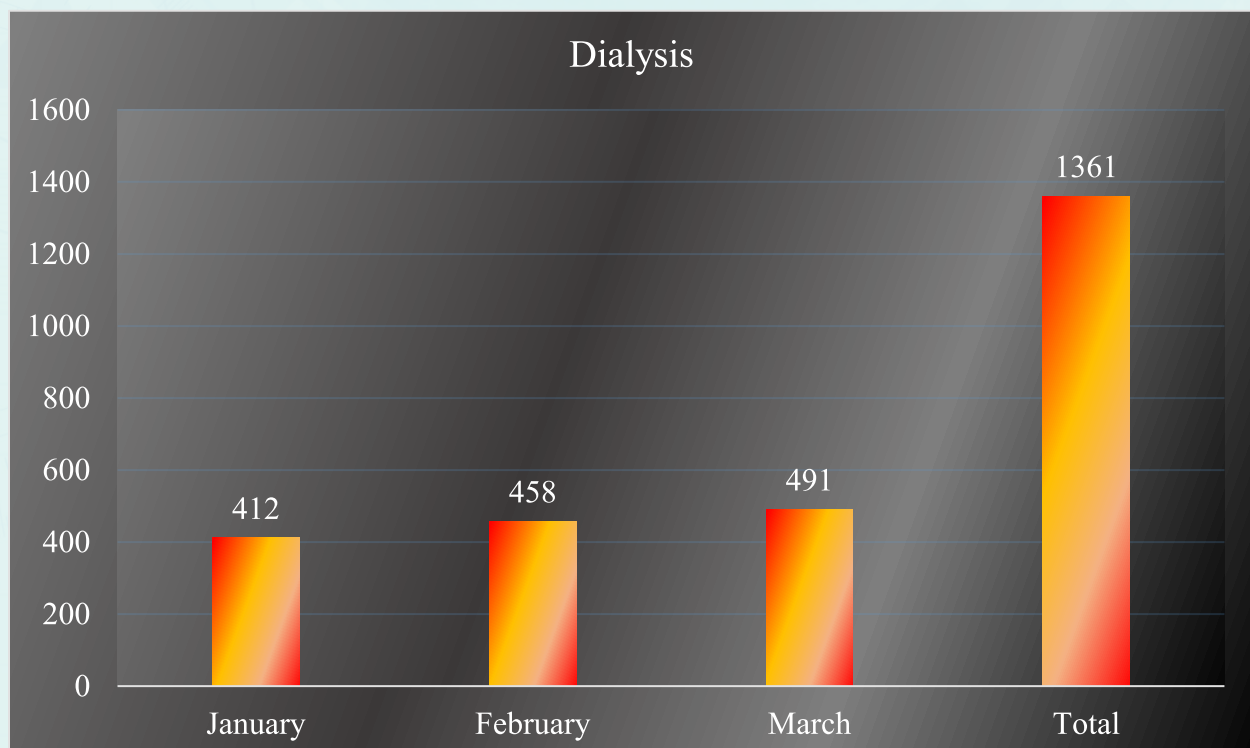
Accident and Emergency



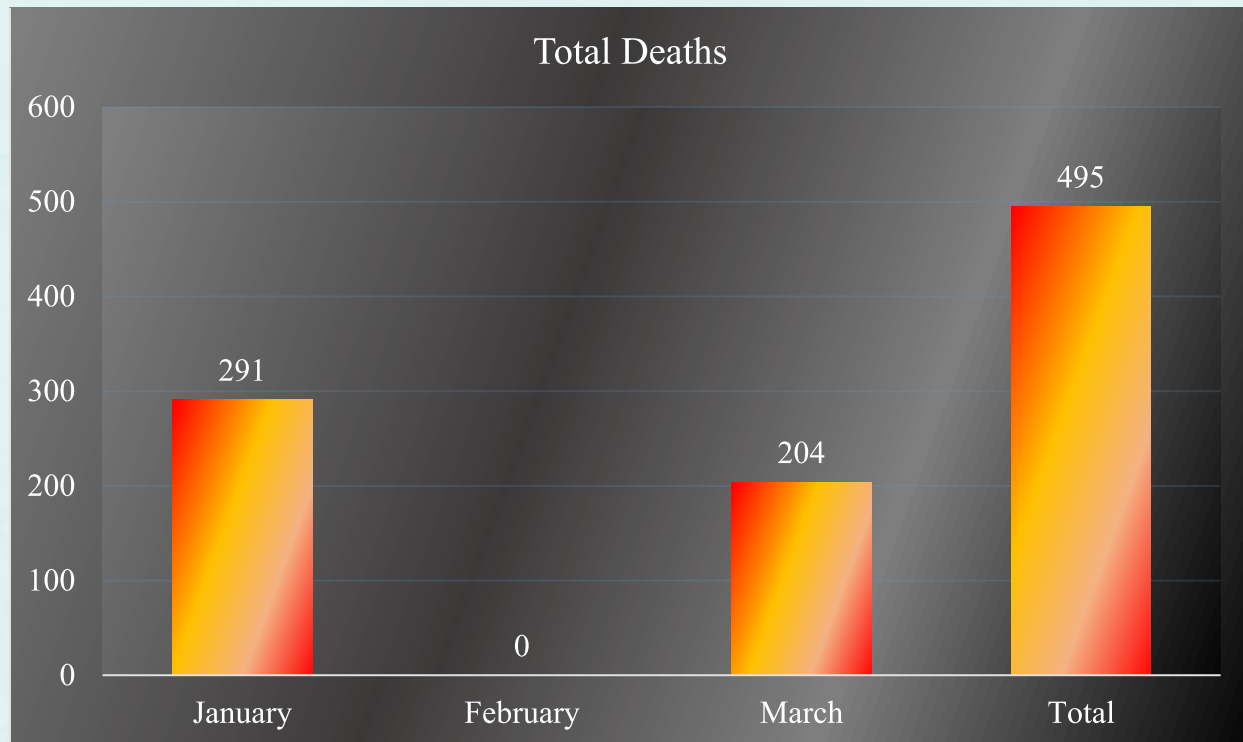
Investigation



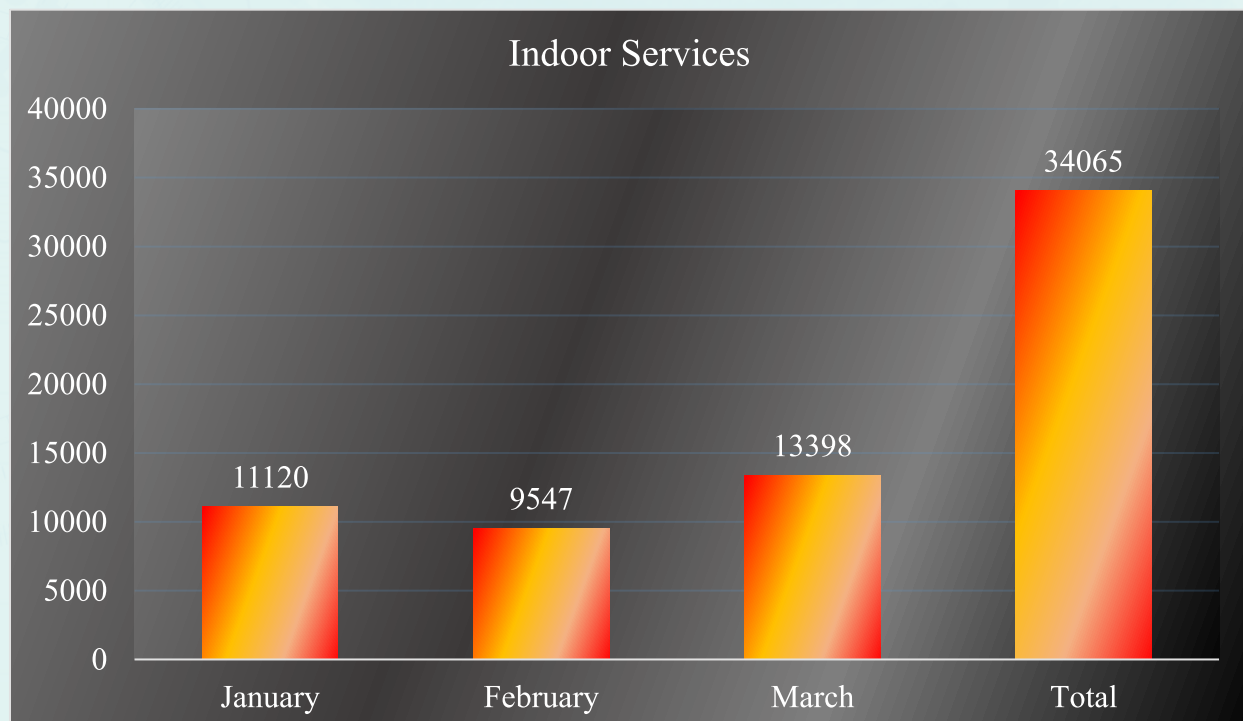
Dialysis



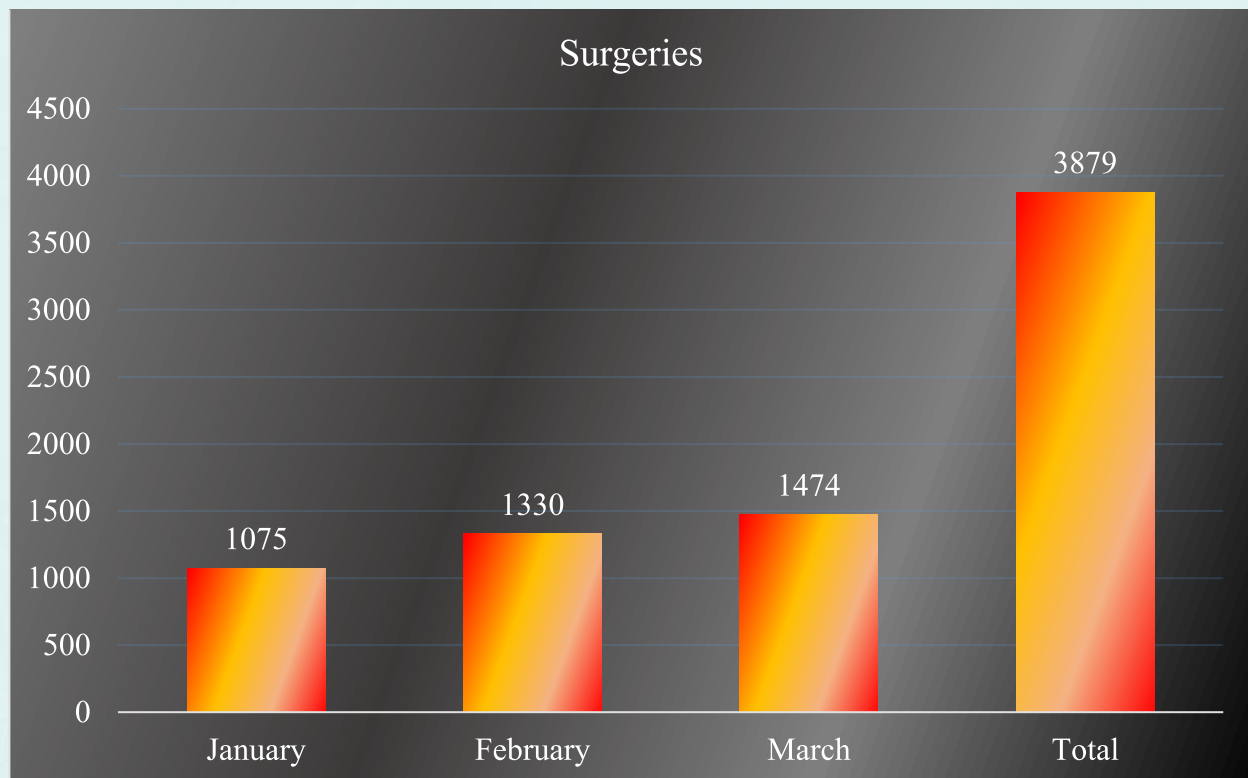
Total Deaths



Indoor Services



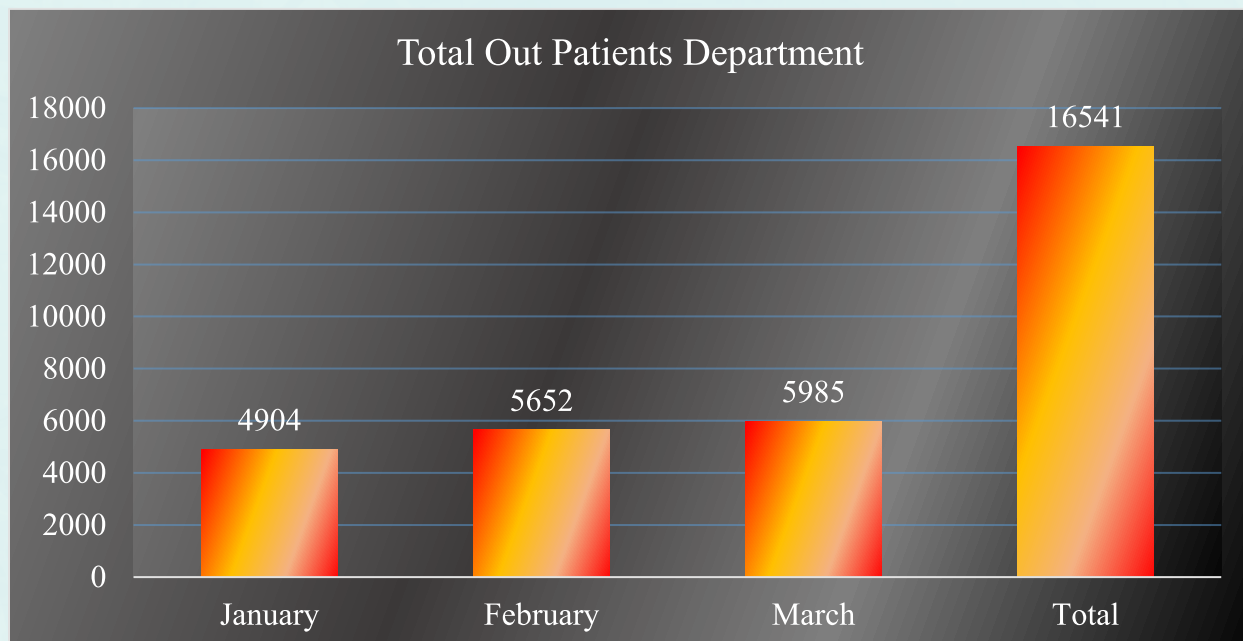
Surgeries



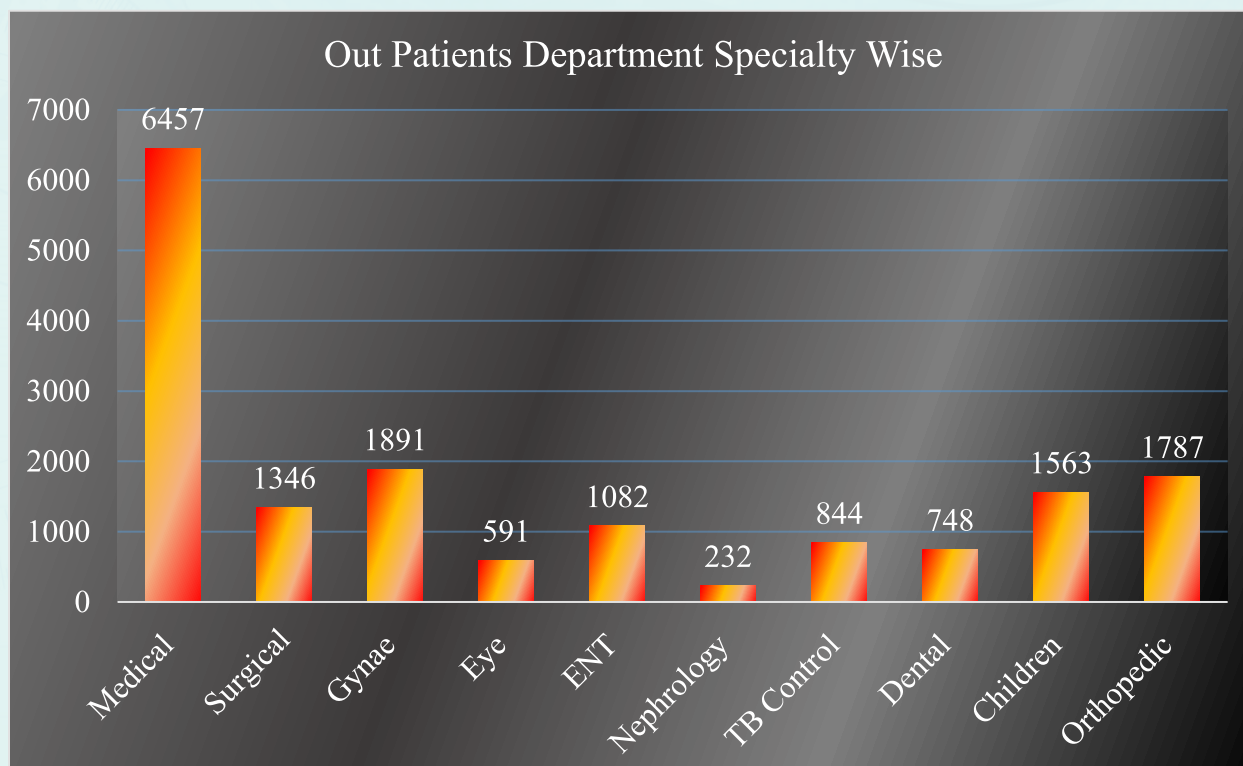


Mufti Mehmood Memorial Hospital D.I.Khan

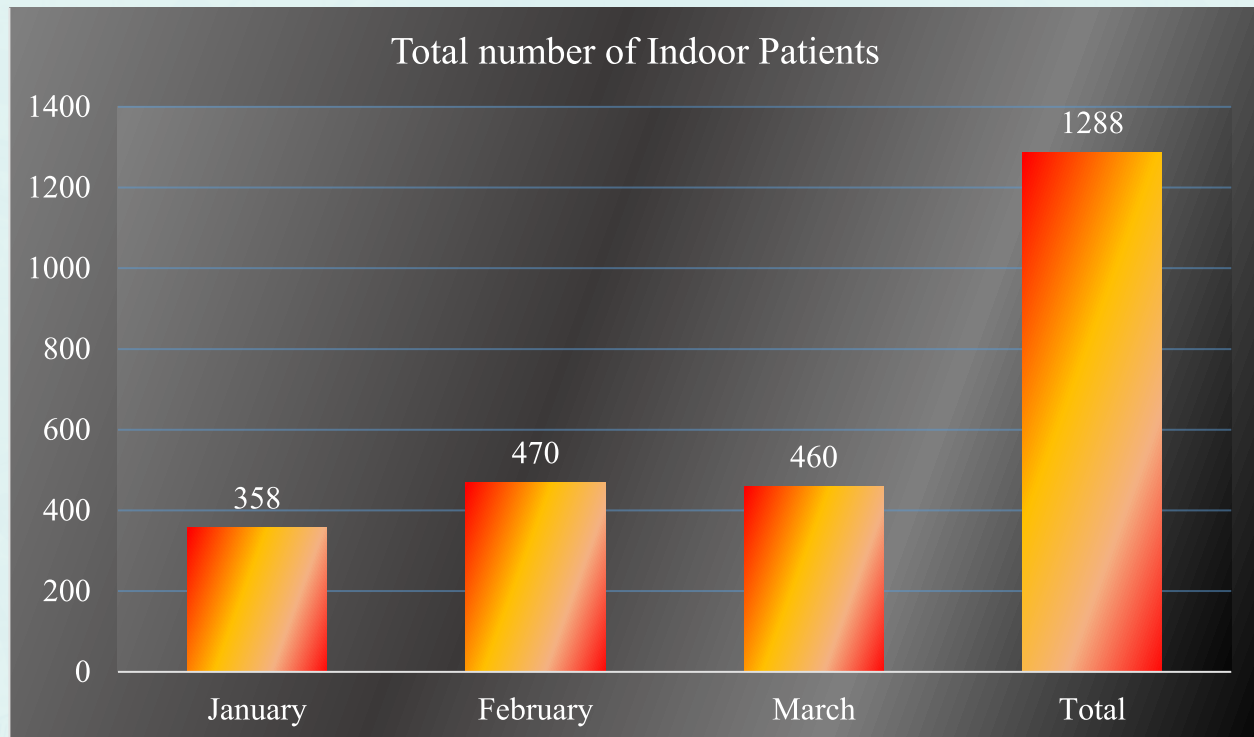
Total Out Patients Department



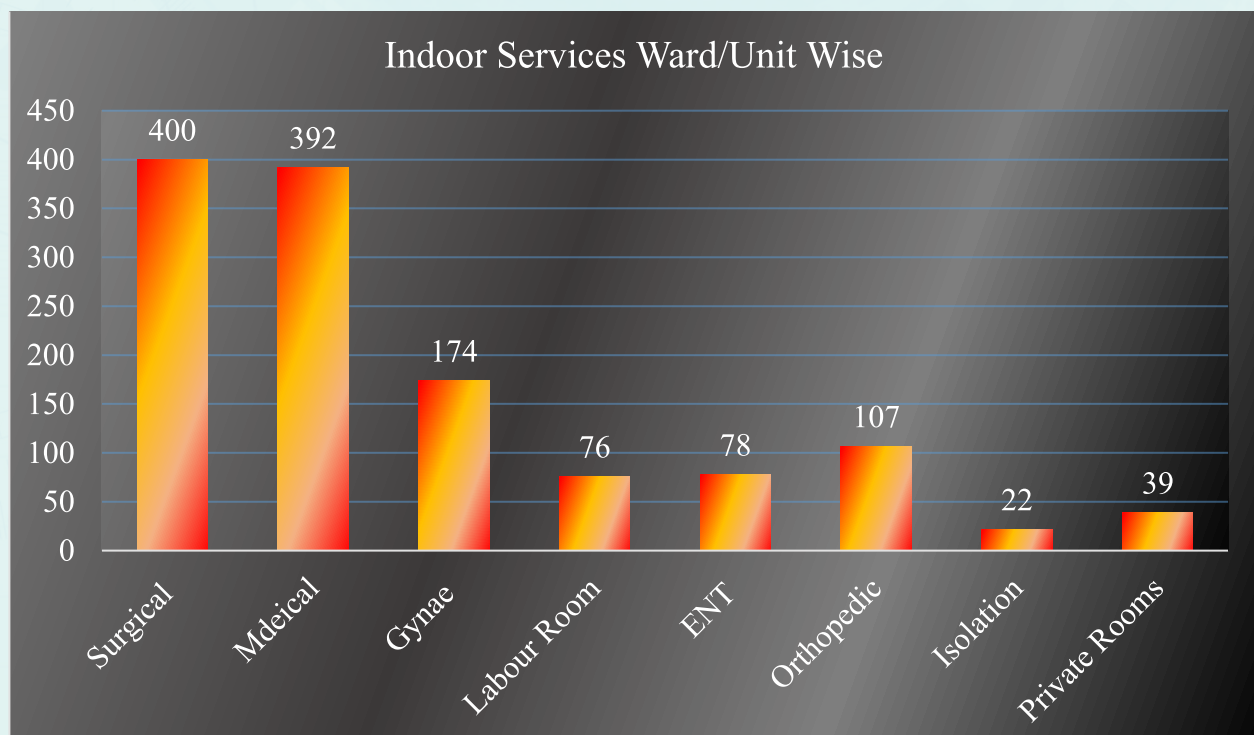
Out Patients Department Specialty Wise



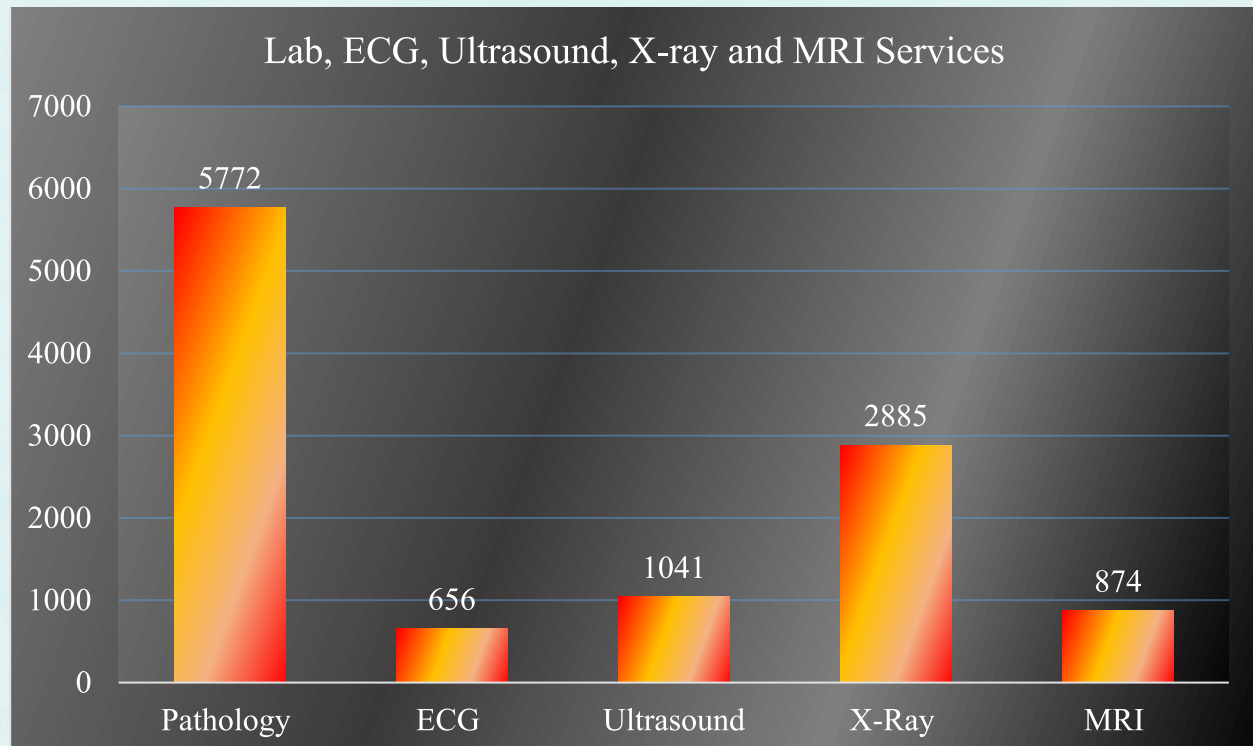
Total number of Indoor Patients



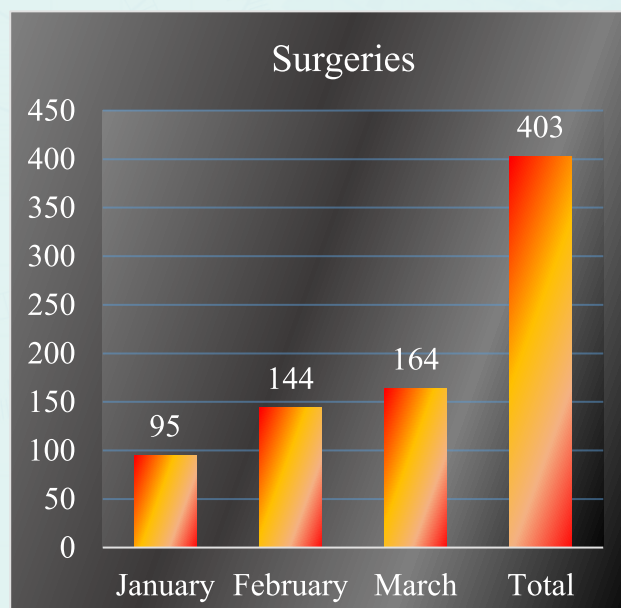
Indoor Services Ward/Unit Wise



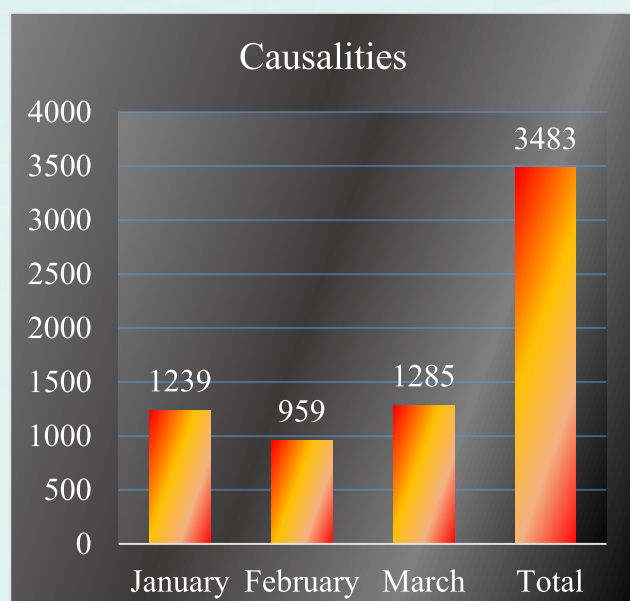
Lab, ECG, Ultrasound, X-ray and MRI Services



Surgeries



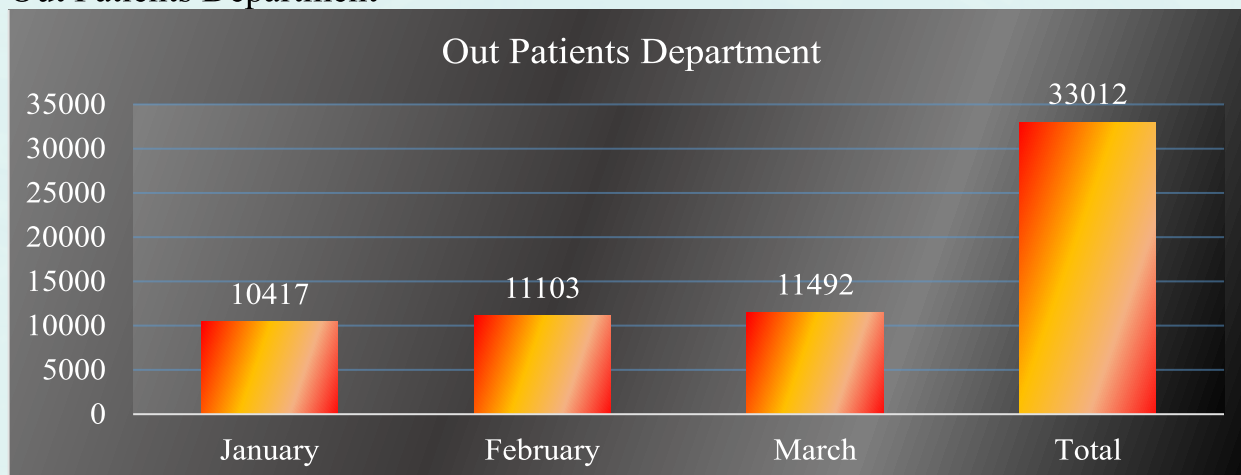
Causalities



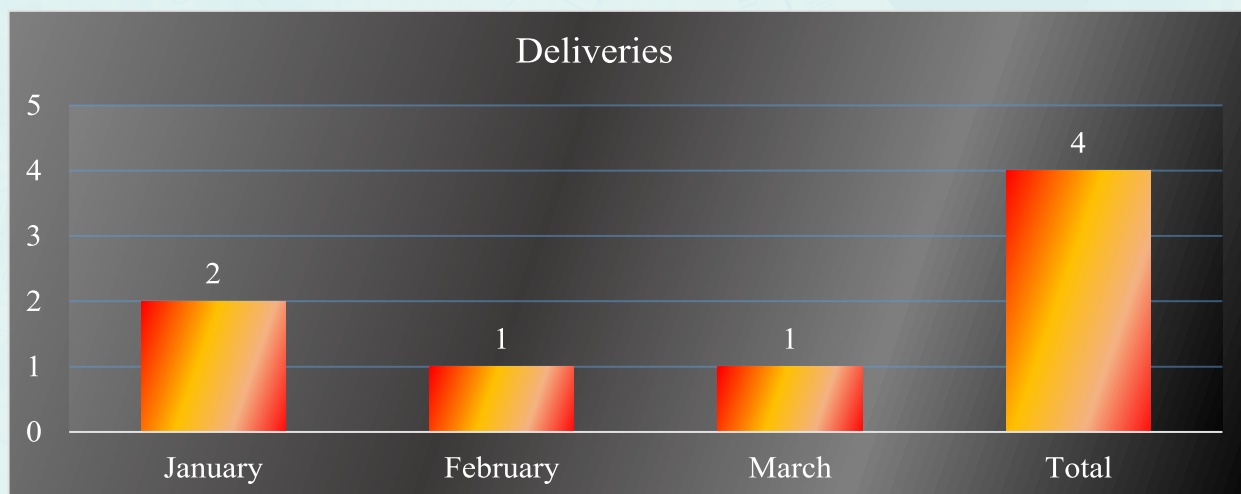


Police and Services Hospital

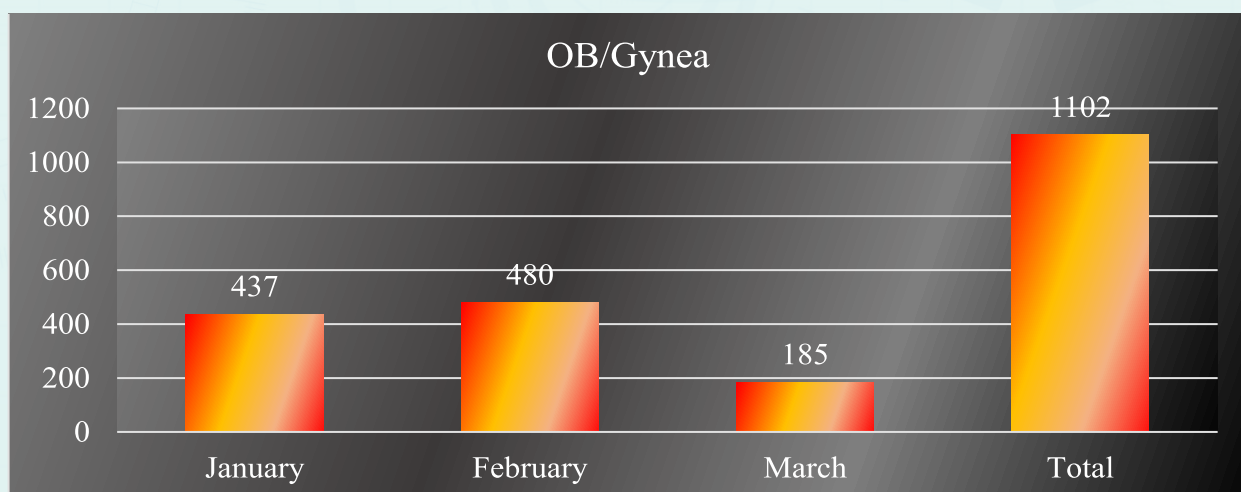
Out Patients Department

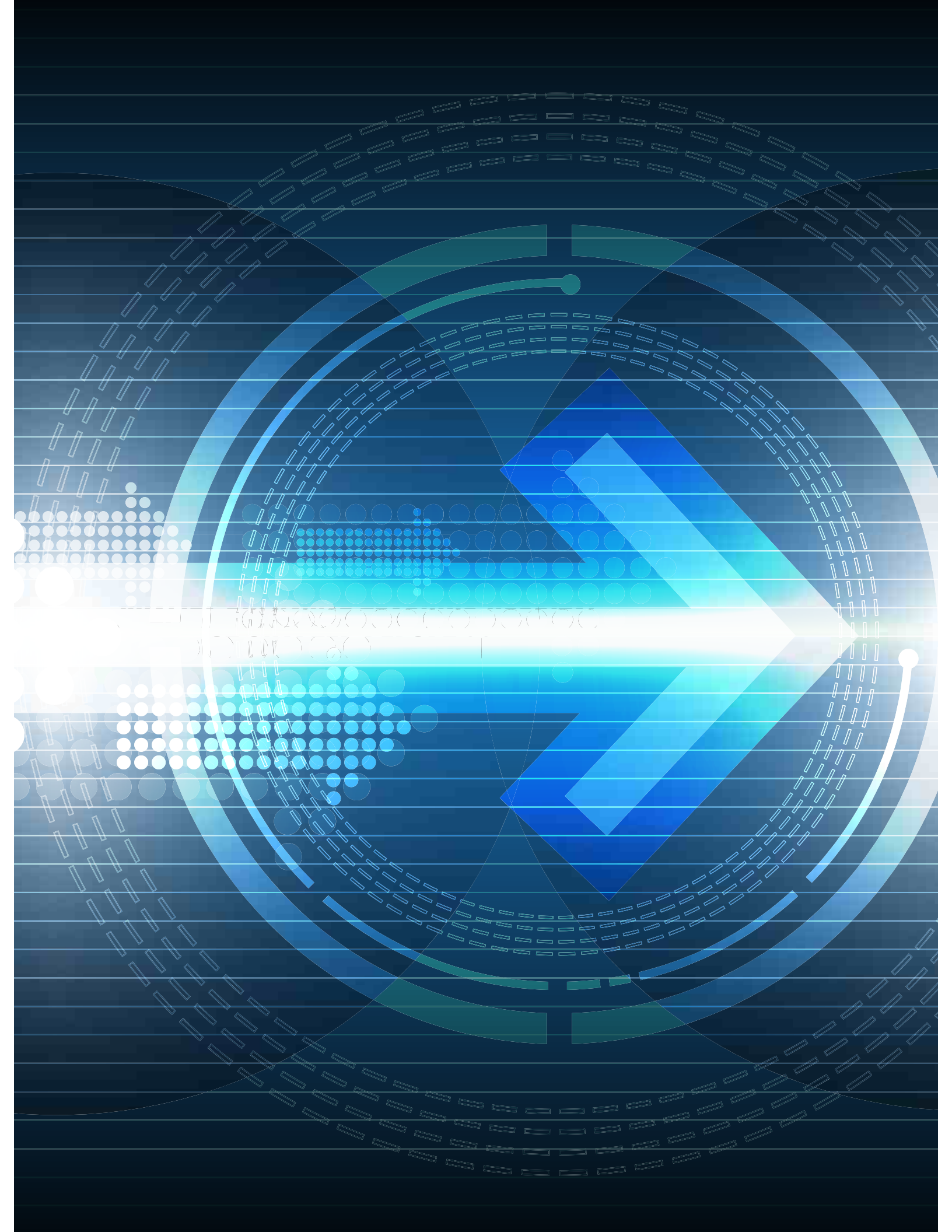


Deliveries



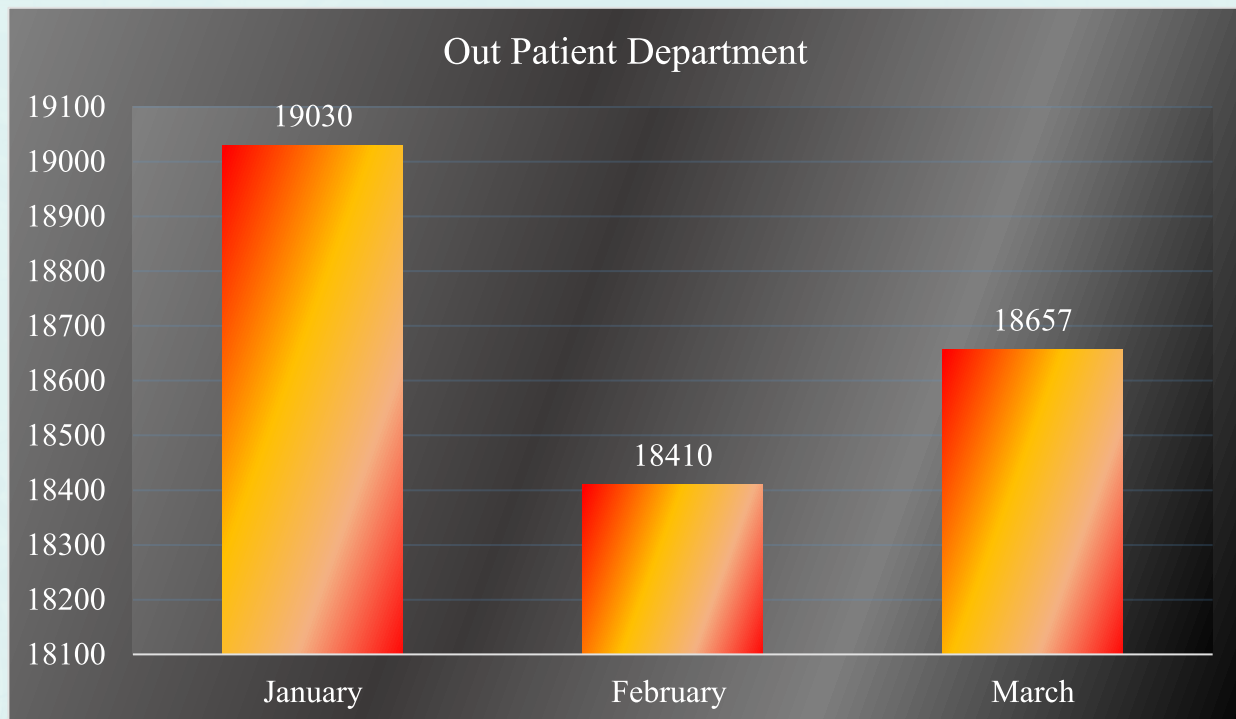
OB/Gynea



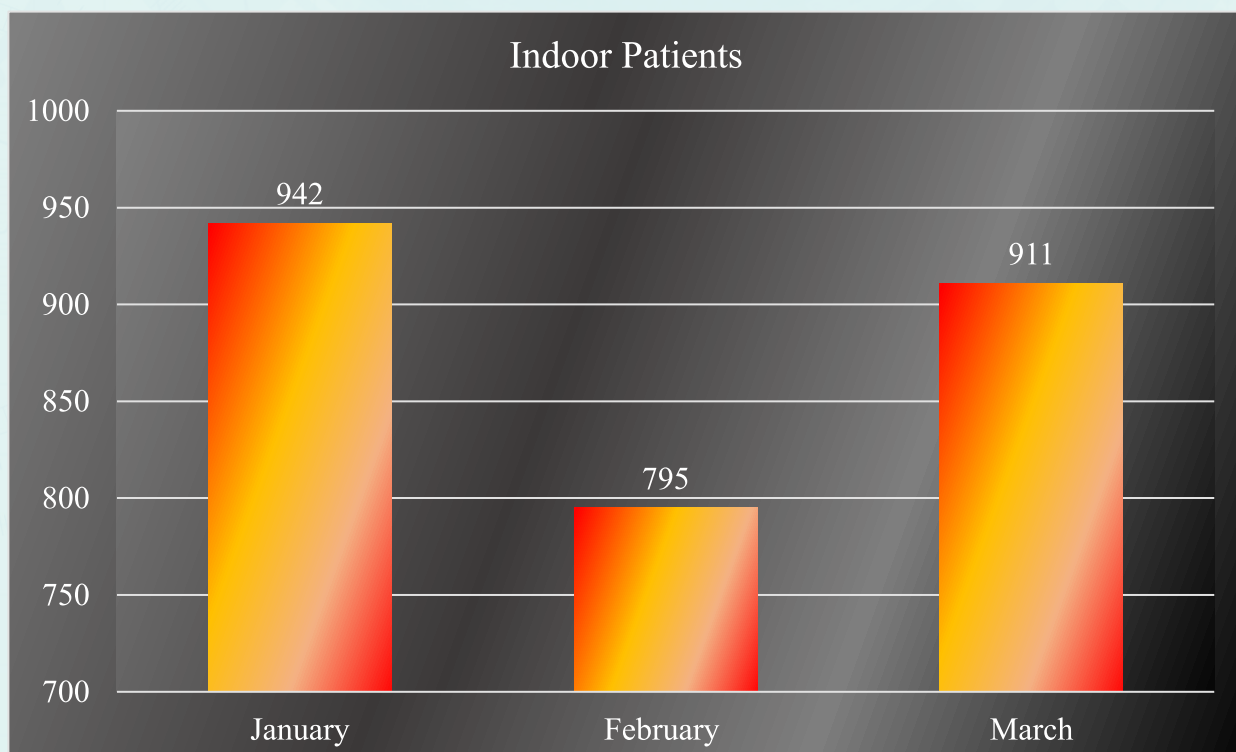


Khalifa Gul Nawaz Medical Teaching Institute Bannu

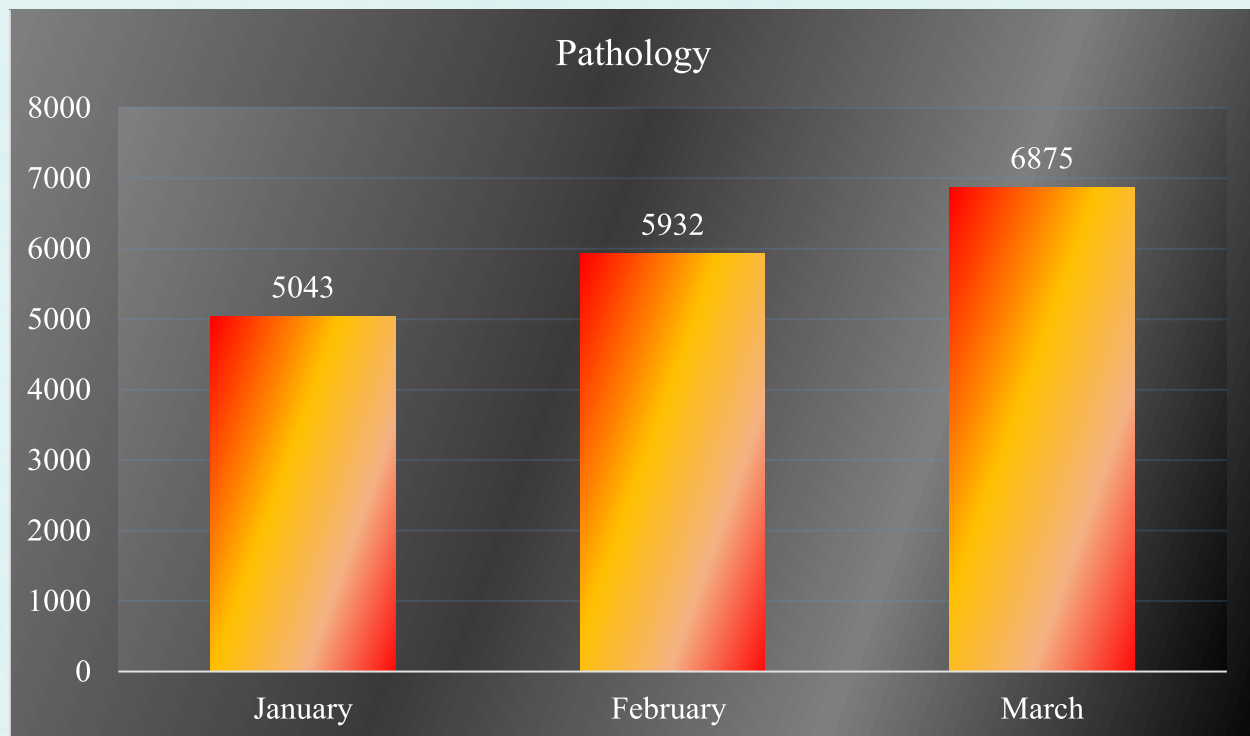
Out Patient Department



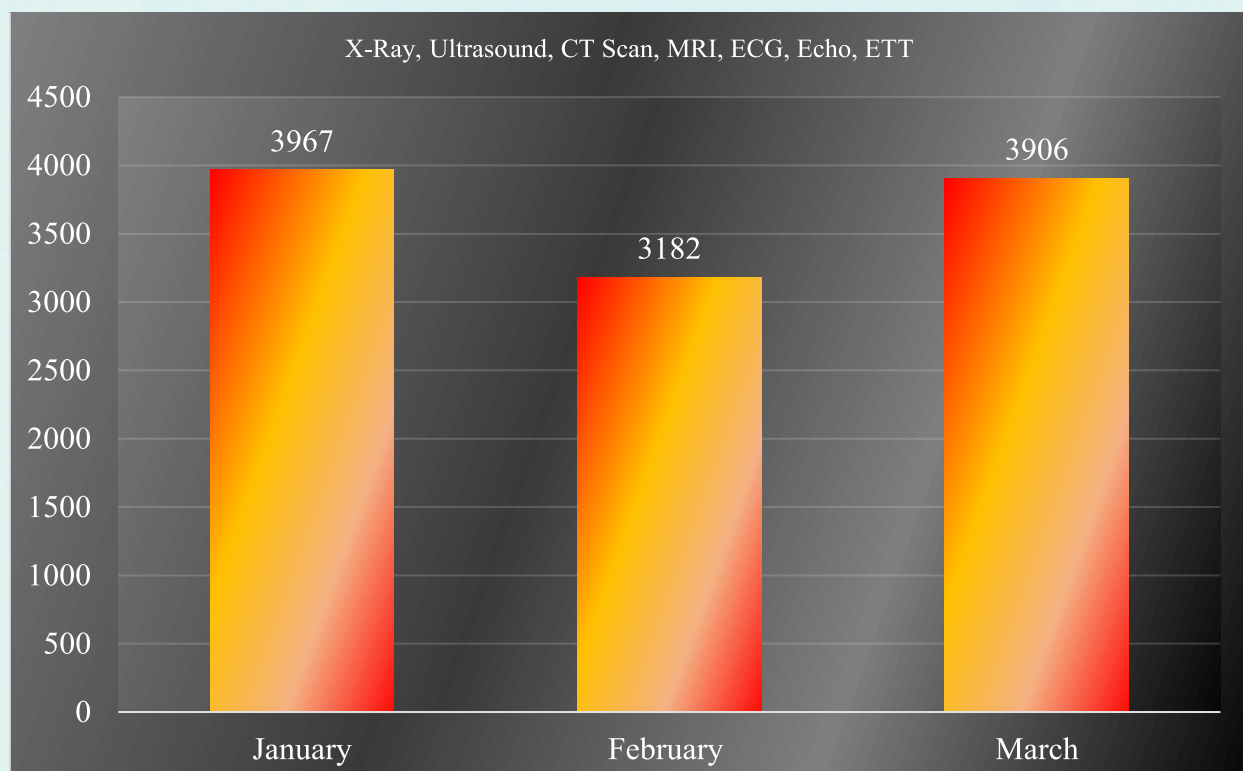
Indoor Patients



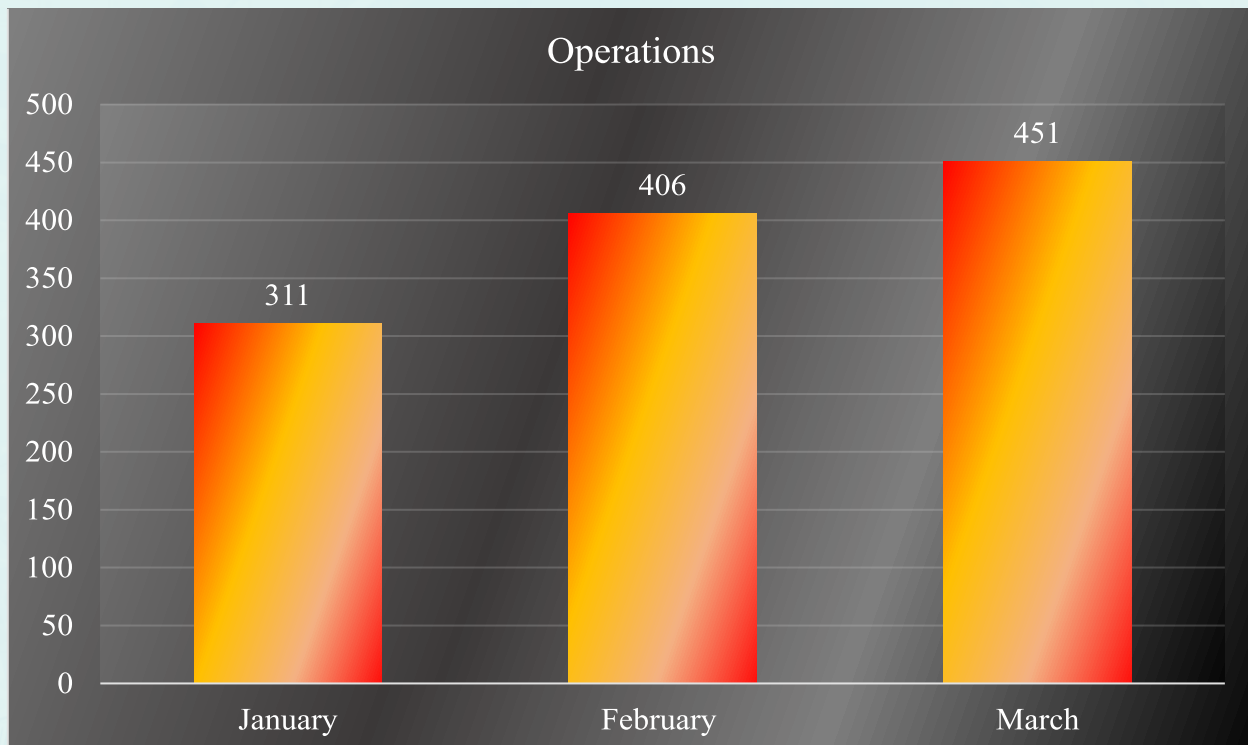
Pathology



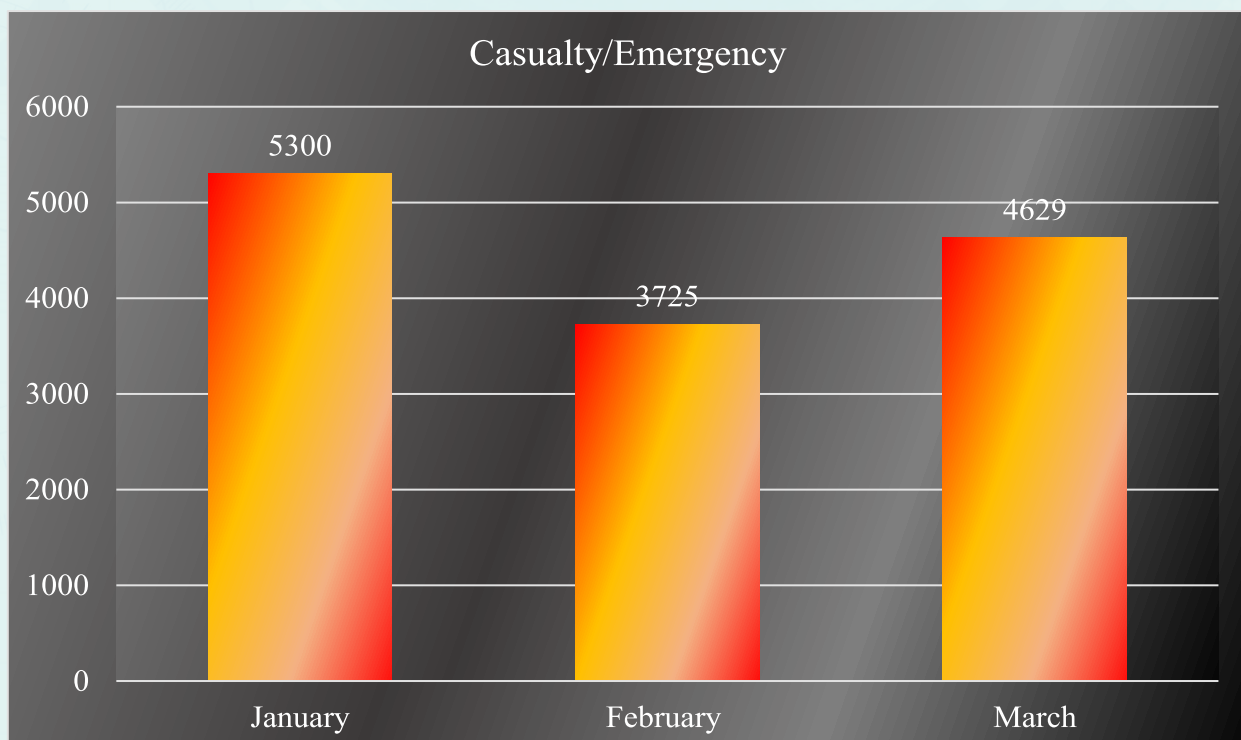
X-Ray, Ultrasound, CT scan, MRI, ECG, Echo, ETT



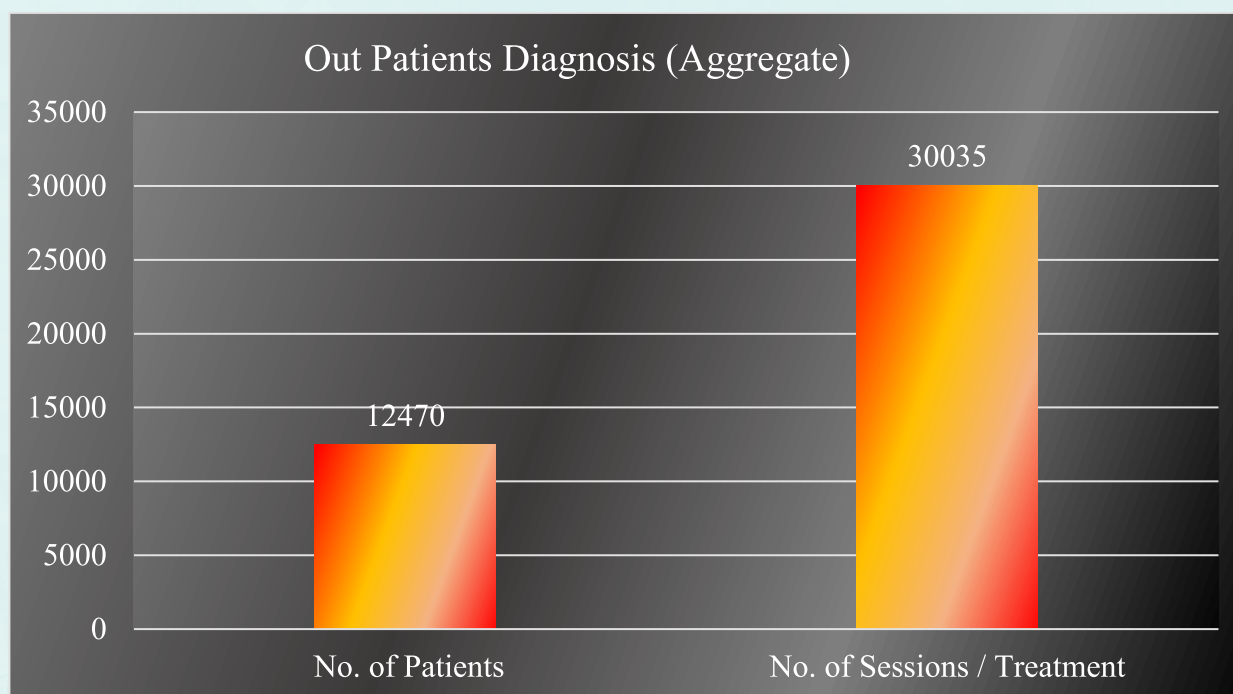
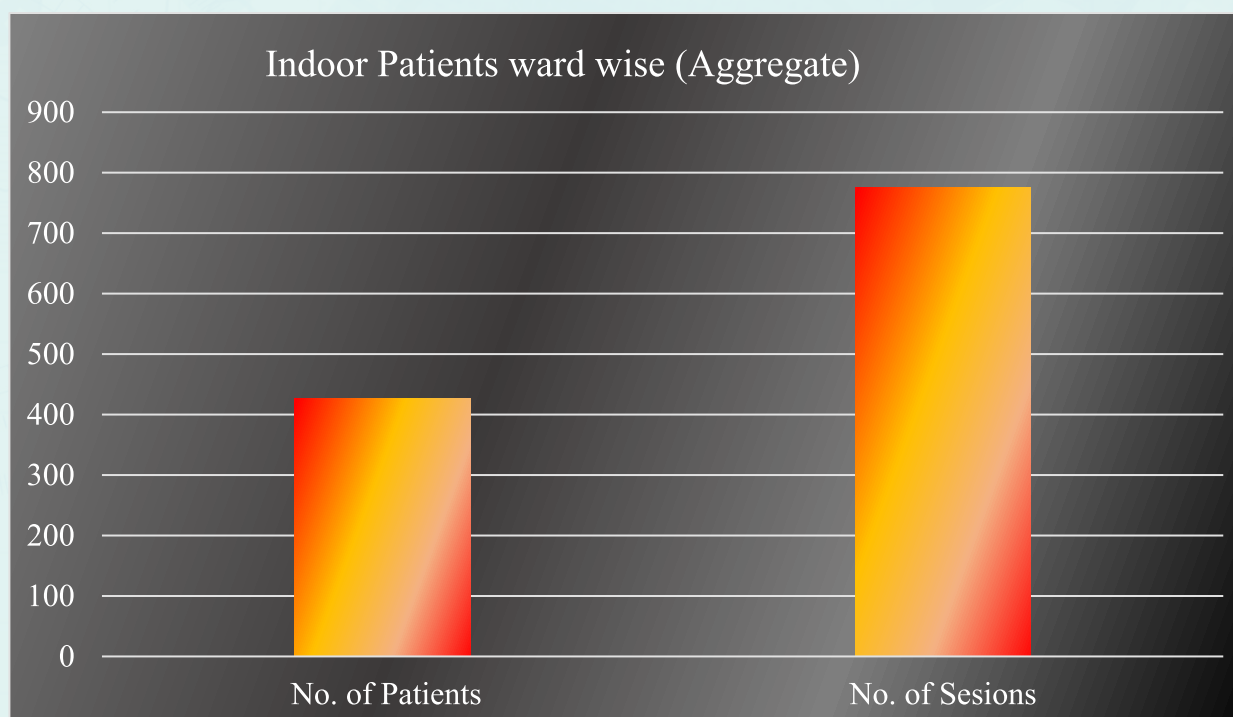
Operations



Casualty/Emergency



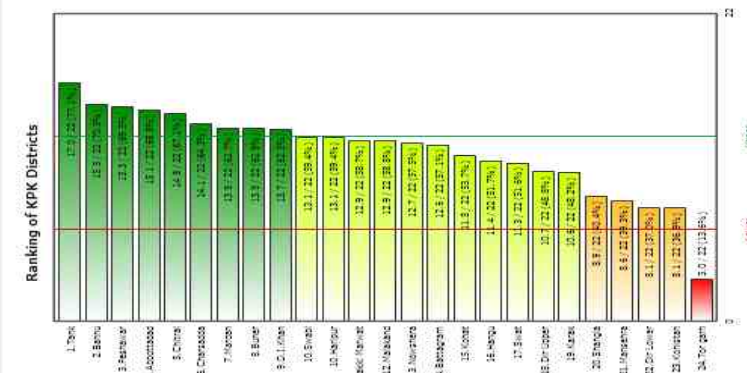


Project Strengthening of Rehabilitation Services for Physically Disabled**Out Patients Diagnosis (Aggregate)****Indoor Patients ward wise (Aggregate)**



Performance Monitoring & Evaluation System

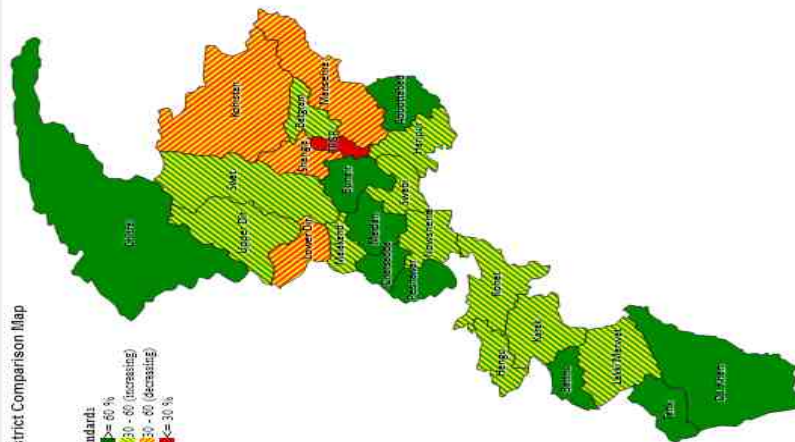
Hospitals Logout

Interval: ☐ Annual ☒ Quarter ☐ MonthYear: 2017 Month: Quarter: QTR-1Domain: Programme Management Subdomain: --Select--KPIs: --Select-- Data Type: Performance Score

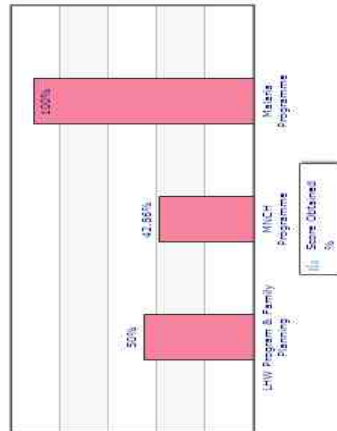
District Comparison Map

Standard:

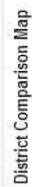
- >= 60 %
- 50 - 60 (Increasing)
- 50 - 60 (Decreasing)
- <= 30 %



SubDomain wise Provincial Average Score



Health Department Khyber Pakhtunkhwa

[Hospitals](#) | [Logout](#)Performance Score \uparrow 

Performance Monitoring & Evaluation System

Hospitals Logout

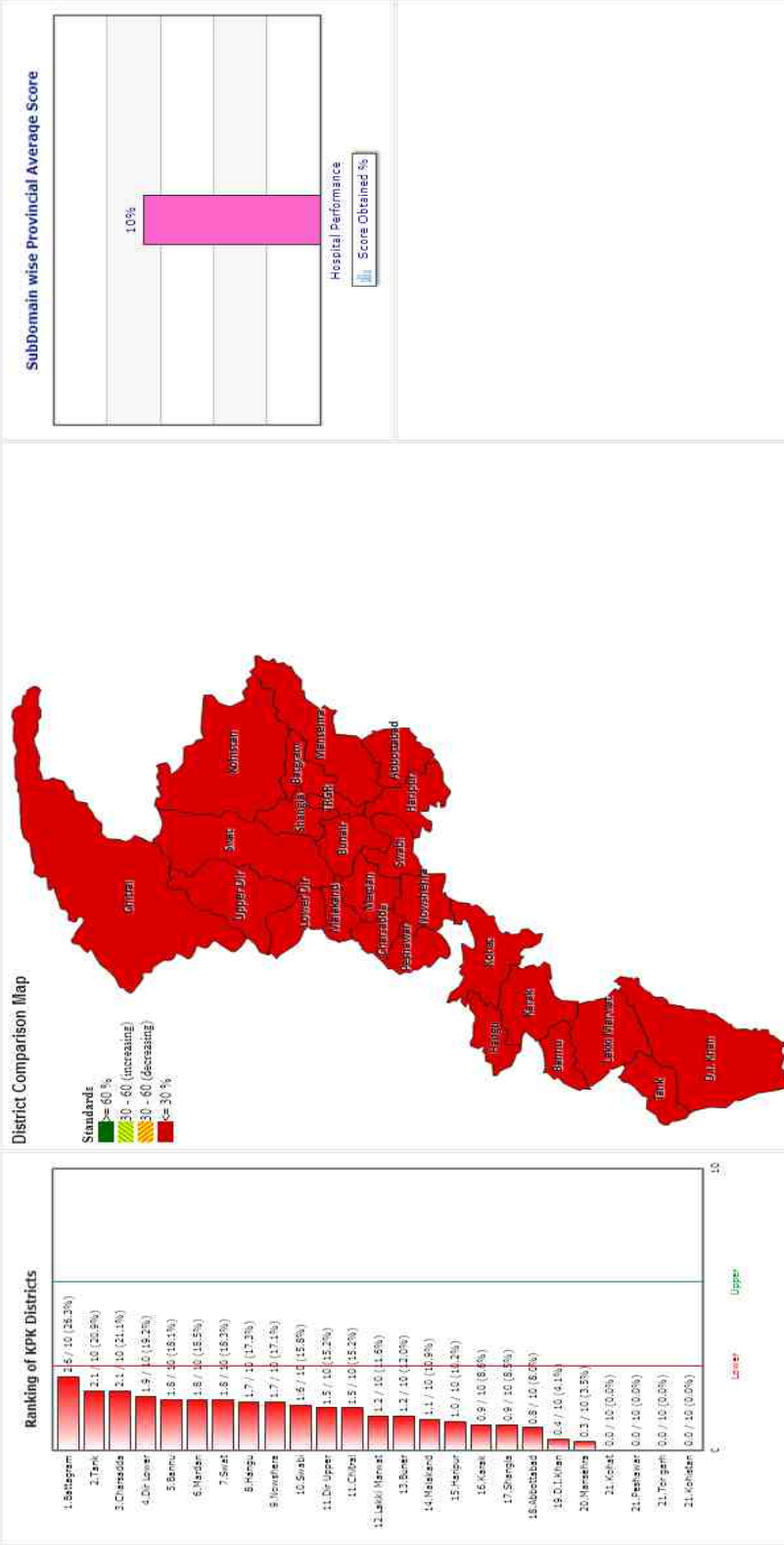
Interval: Annual Quarter Month

Year: 2017 Month: Selected Quarter: QTR-1

Domain: Hospital Performance Subdomain: Select-

KPIs: Select-

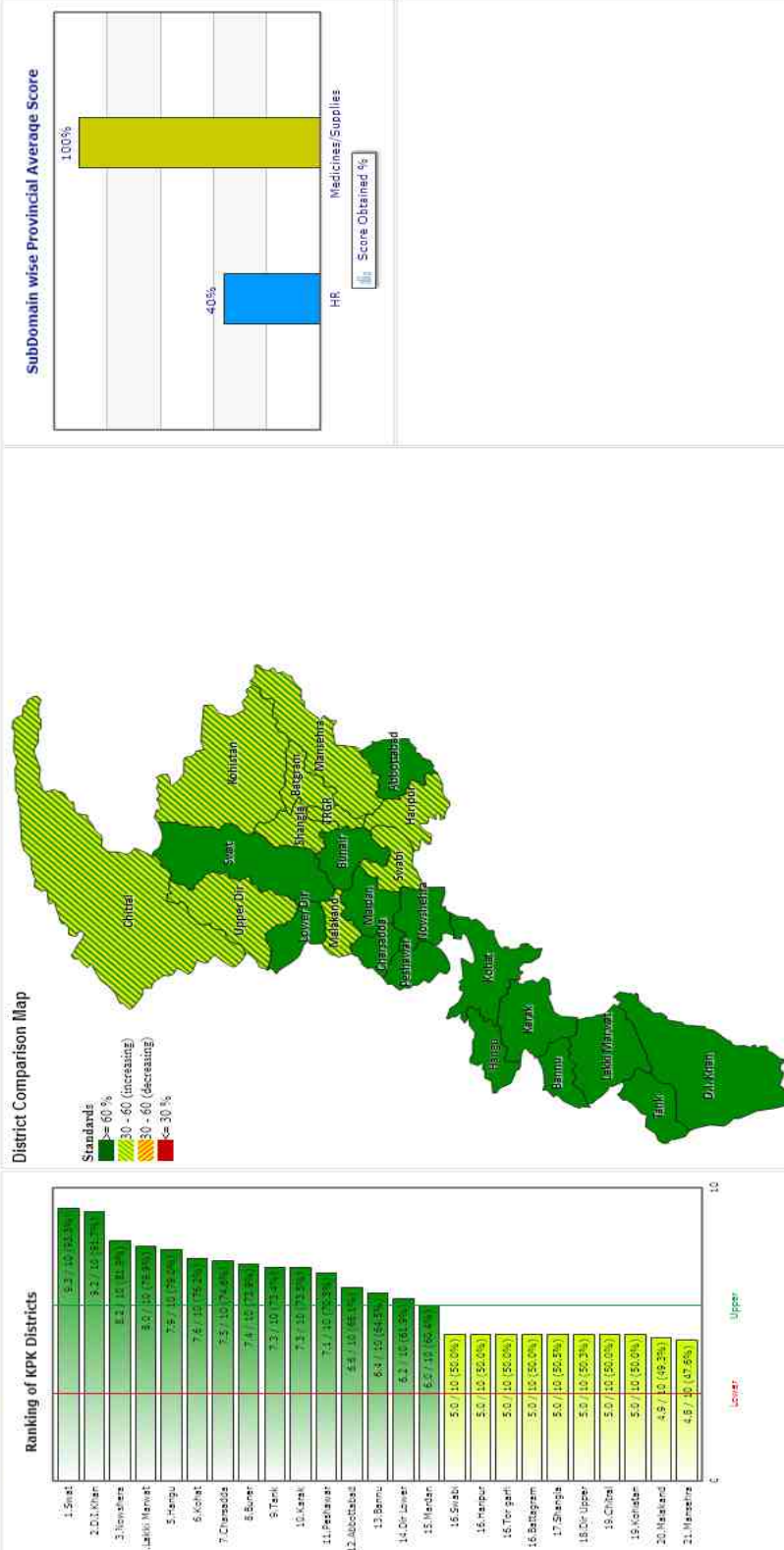
Data Type: Performance Score



Performance Monitoring & Evaluation System

Hospitals Logoori

Interval: Annual Quarter Month Year: 2017 Month: Selected Quarter: QTR-1
 Domain: Planning and Management Subdomain: Selected KPIs: Performance Score Data Type: Performance Score



Performance Monitoring & Evaluation System

Hospitals Logout

Interval: ☐ Annual ☒ Quarter ☐ Month Year: 2017 Month: Quarter: QTR-1
 Domain: Monitoring and Supervision Subdomain: KPIs: Data Type: Performance Score

District Comparison Map

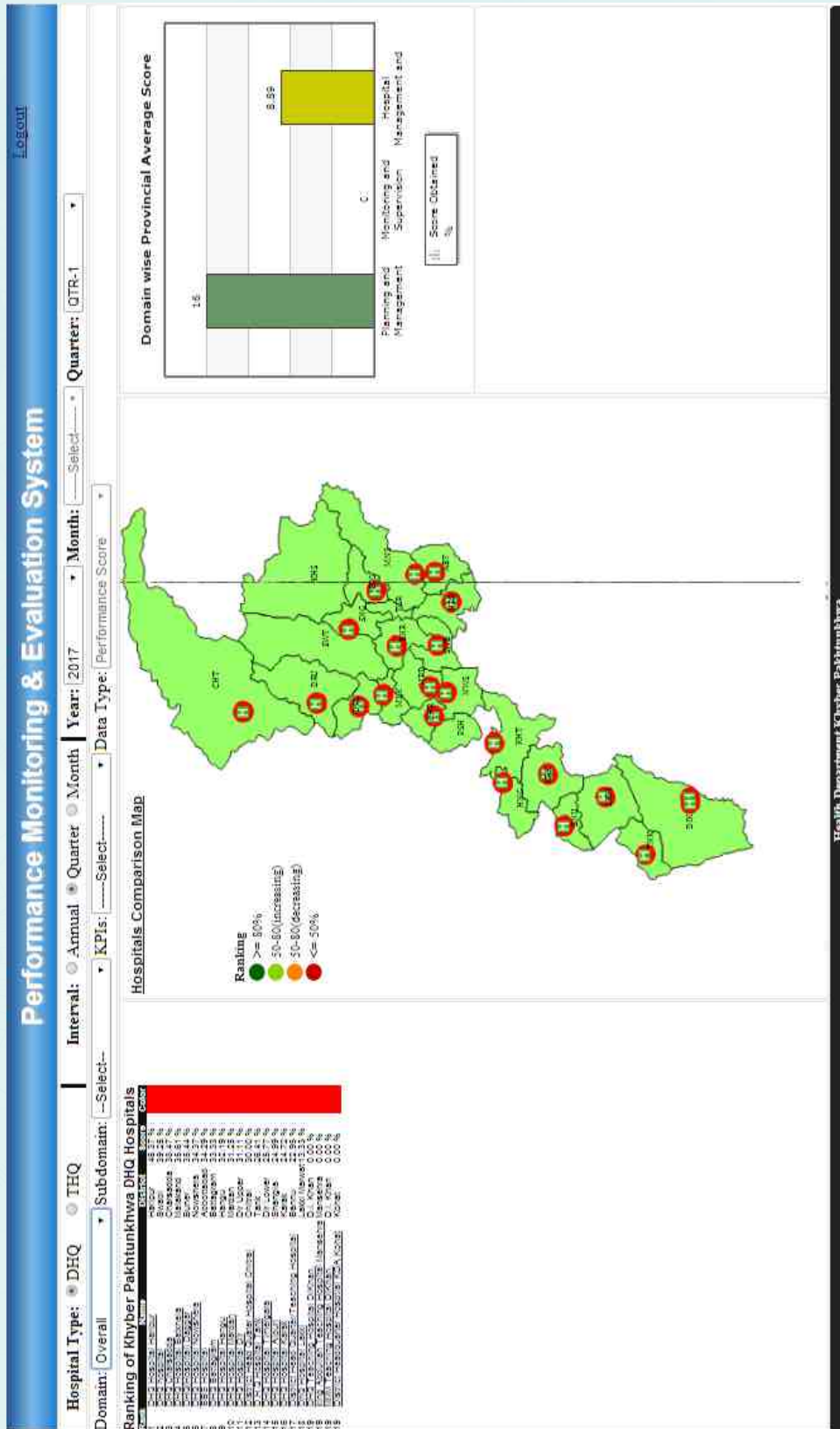
Standards
 0-60 %
 60-80 % (increasing)
 80-90 % (decreasing)
 90-100 %

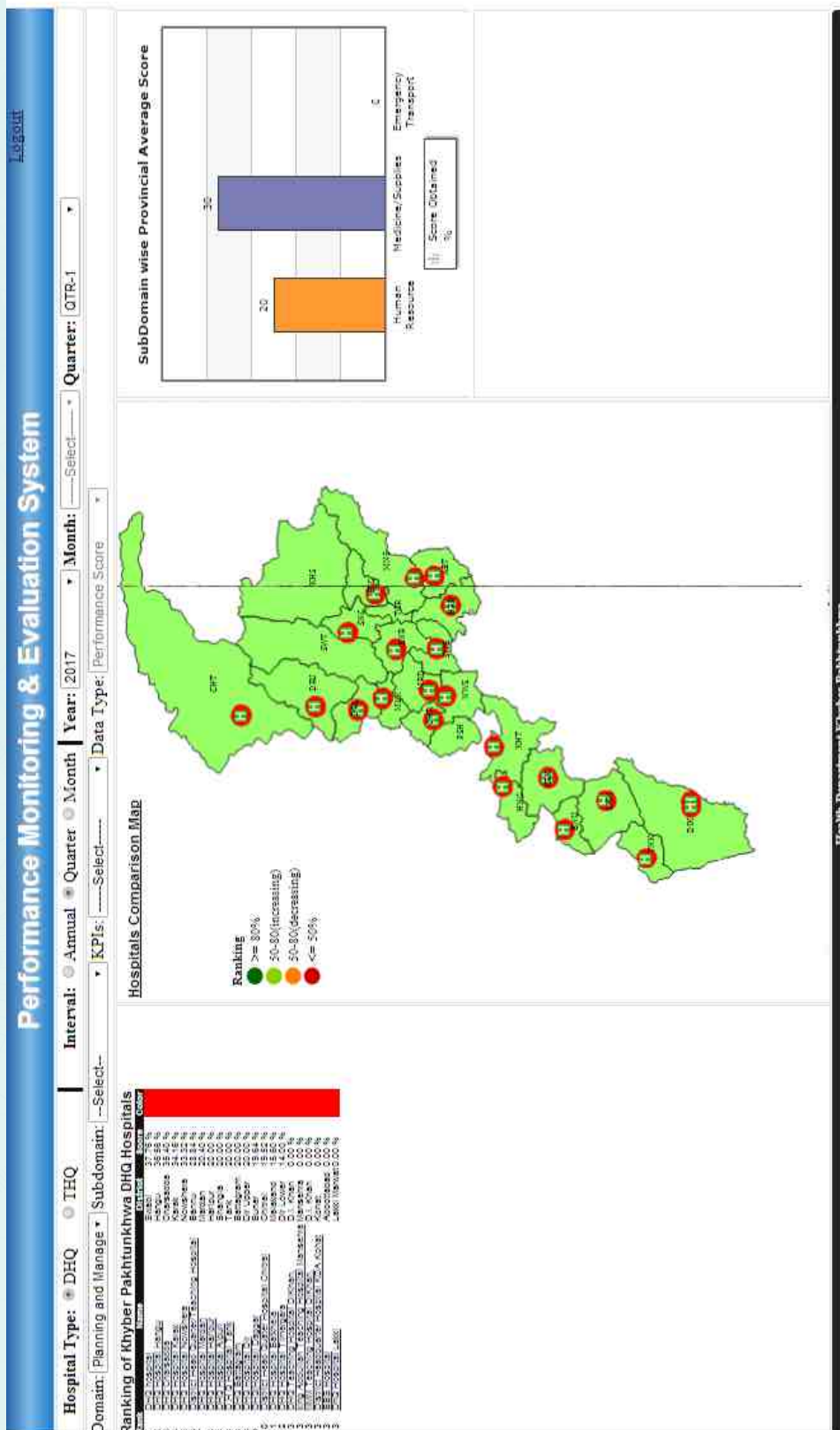


Ranking of KPK Districts

1.01.Khan	10.0 / 10.000%
1.02.	10.0 / 10.000%
1.03.Khuzdar	10.0 / 10.000%
1.04.	10.0 / 10.000%
1.05.	10.0 / 10.000%
1.06.	10.0 / 10.000%
1.07.	10.0 / 10.000%
1.08.	10.0 / 10.000%
1.09.	10.0 / 10.000%
1.10.	10.0 / 10.000%
1.11.	10.0 / 10.000%
1.12.	10.0 / 10.000%
1.13.	10.0 / 10.000%
1.14.	10.0 / 10.000%
1.15.	10.0 / 10.000%
1.16.	10.0 / 10.000%
1.17.	10.0 / 10.000%
1.18.	10.0 / 10.000%
1.19.	10.0 / 10.000%
1.20.	10.0 / 10.000%
1.21.	10.0 / 10.000%
1.22.	10.0 / 10.000%
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1.38.	10.0 / 10.000%
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1.89.	10.0 / 10.000%
1.90.	10.0 / 10.000%
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1.92.	10.0 / 10.000%
1.93.	10.0 / 10.000%
1.94.	10.0 / 10.000%
1.95.	10.0 / 10.000%
1.96.	10.0 / 10.000%
1.97.	10.0 / 10.000%
1.98.	10.0 / 10.000%
1.99.	10.0 / 10.000%
1.100.	10.0 / 10.000%

Health Department Khyber Pakhtunkhwa





Performance Monitoring & Evaluation System

Quarter: QTR-1

Year: 2017 • Month:

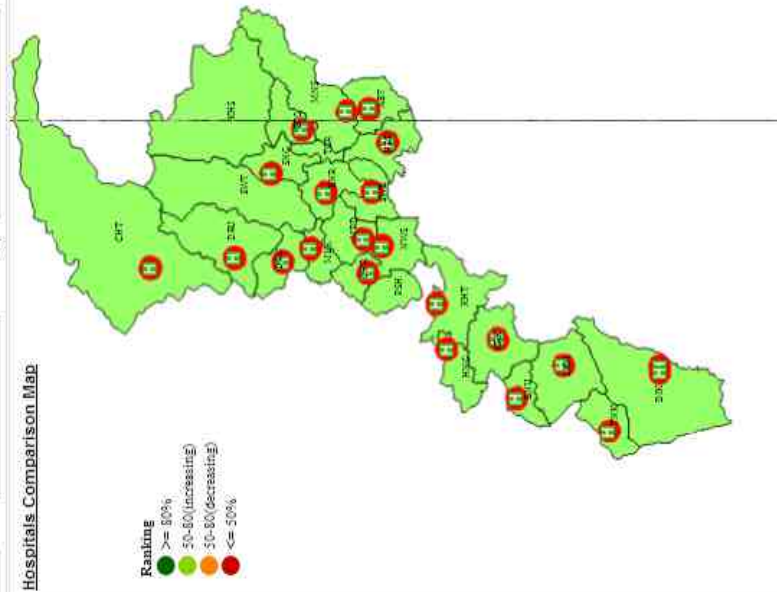
Interval: ☐ Annual ☒ Quarter ☐

Hospital Type: ● DHQ ● THQ

Domain: Monitoring and Super	Subdomain: --Select--	KPIs: -----Select-----	Data Type: Performance Score
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Domain: Monitoring and Super	Subdomain: --Select--
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Ranking of Khyber Pakhtunkhwa DHQ Hospitals

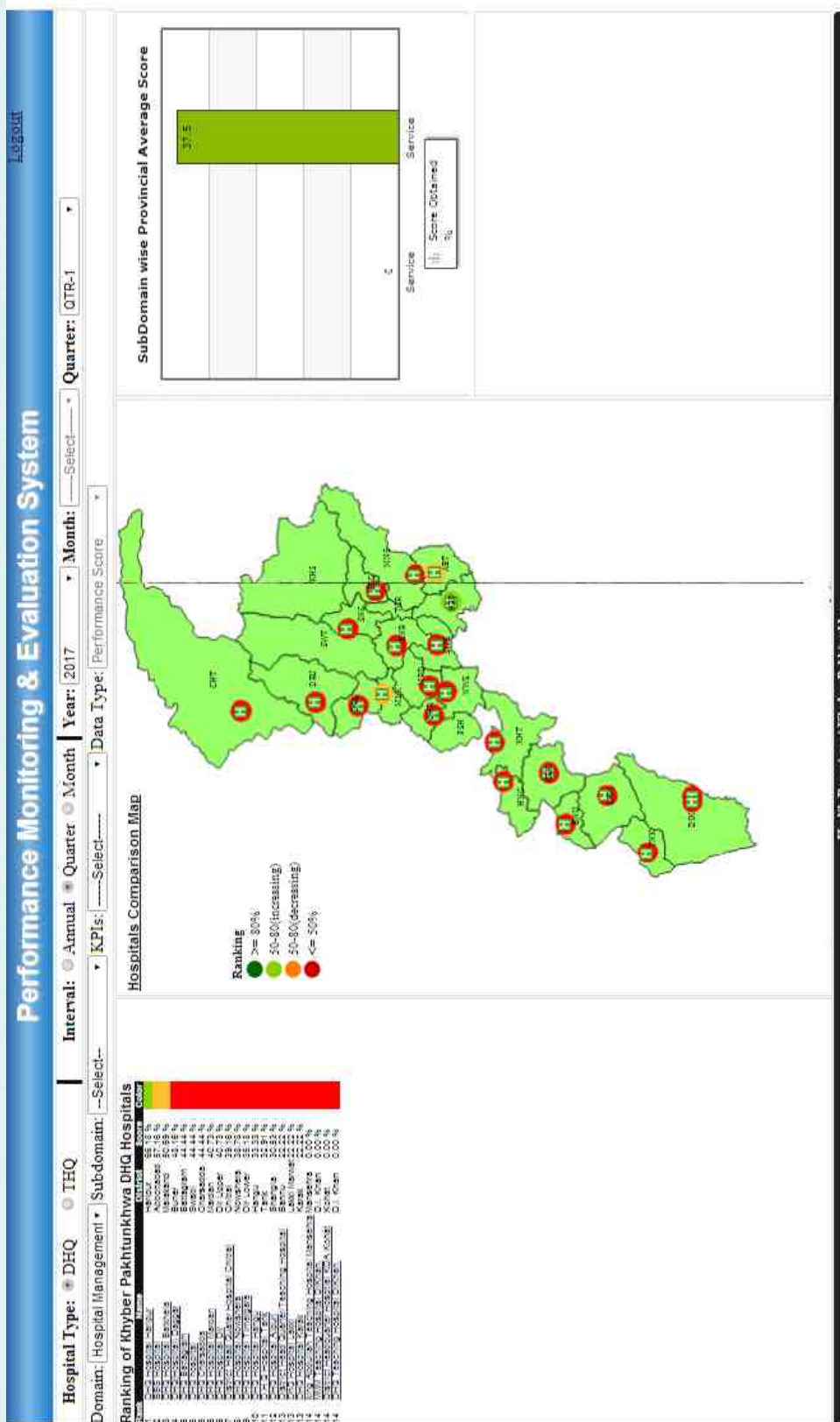
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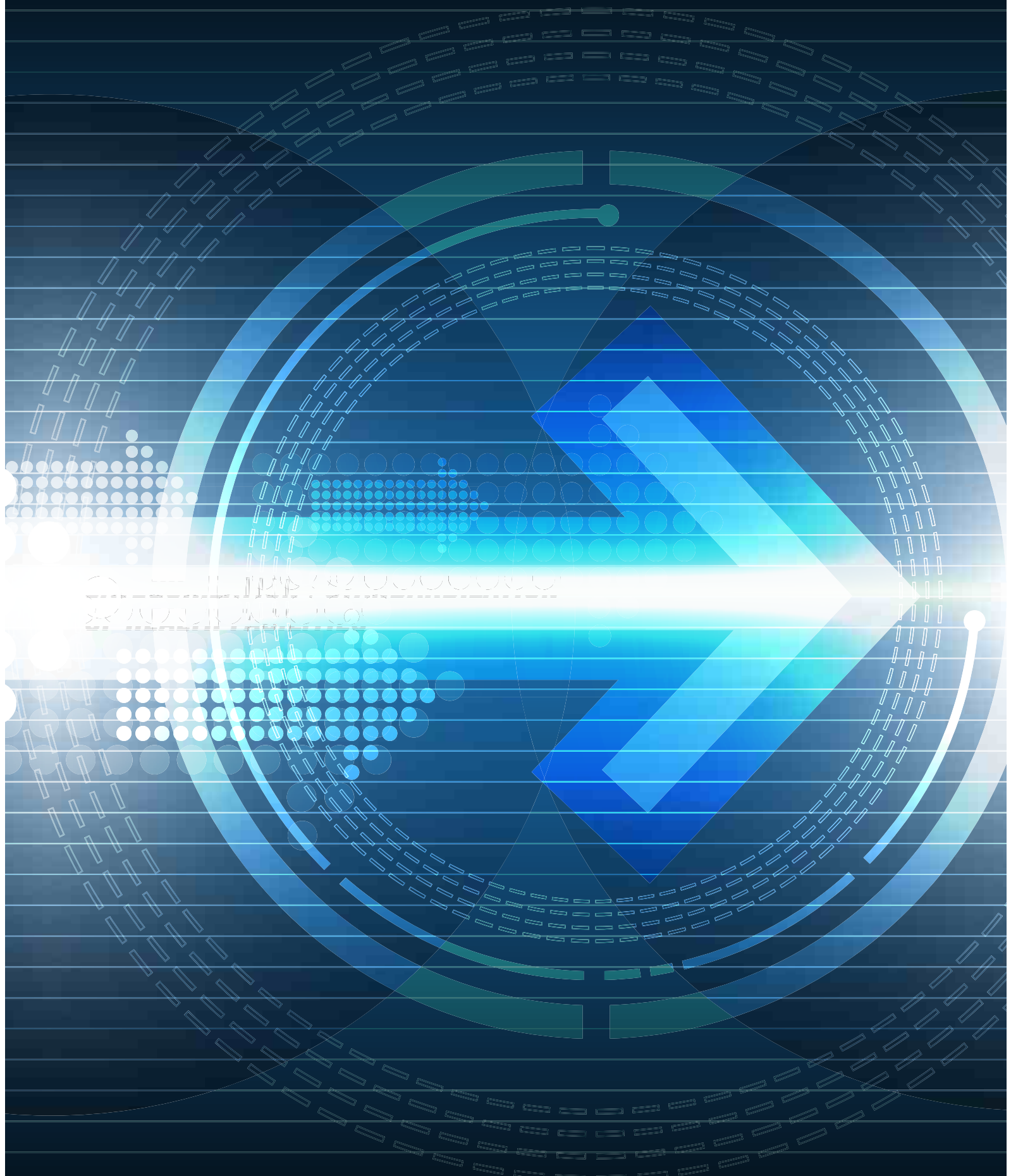
SubDomain wise Provincial Average Score

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Monitoring and Supervision

Zone Obtained





**HEALTH DEPARTMENT**Peshawar the 28th of April, 2017**NOTIFICATION**

No. 6-39/Notification/SPO/PC/H/VOL: In pursuance of categorization/standardization of health facilities criteria as notified under notification of even number dated 31.08.2002, the Competent authority (Chief Minister Khyber Pakhtunkhwa) is pleased to approve the following categorization of individual health facilities in the province of Khyber Pakhtunkhwa, as indicated against each:

Summary of District Wise List of Health Facilities of the Province Khyber Pakhtunkhwa							
S.No	District	Category A MTIs	Category A Non MTIs	Category B	Category C	Category D	RHCs
1	Abbottabad	1	0	1	0	3	6
2	Bannu	1	0	0	0	2	2
3	Battagram	0	0	0	1	1	2
4	Buner	0	0	1	0	1	6
5	Charsadda	0	1	0	2	1	3
6	Chitral	0	0	1	0	2	7
7	D.I.Khan	1	0	0	0	4	4
8	Dir Lower	0	1	0	2	4	4
9	Dir Upper	0	0	1	0	3	4
10	Hangu	0	0	0	1	2	1
11	Haripur	0	0	1	3	3	7
12	Karak	0	0	1	2	3	7
13	Kohat	0	1	0	1	2	4
14	Kohistan	0	0	0	0	0	4
15	Lakki Marwat	0	0	1	2	2	4
16	Malakand	0	0	1	1	3	6
17	Mansehra	0	1	0	1	4	13
18	Mardan	1	1	0	1	4	5
19	Nowshera	0	0	2	0	5	4
20	Peshawar	3	0	1	4	5	3
21	Shangla	0	0	1	1	1	2
22	Swabi	0	1	1	1	2	8
23	Swat	0	1	0	2	5	3
24	Tank	0	0	0	1	1	2
25	Tor Ghar	0	0	0	0	0	0
Total		7	7	13	26	63	111

Category-A

S#	Name of Health Facilities	District	Status
1	Ayub Teaching Hospital Abbottabad	Abbottabad	Tertiary
2	Khalifa Gul Nawaz Teaching Hospital (Including DHQ & Women and Children Hospital) Bannu	Bannu	Tertiary

3	Mufti Mahmood Teaching Hospital (Including DHQ)	D. I. Khan	Tertiary
4	DHQ Hospital Timergara	Dir Lower	
5	DHQ Kohat	Kohat	
6	King Abdullah Teaching Hospital	Mansehra	
7	DHQ Hospital Mardan	Mardan	
8	Mardan Medical Complex Mardan	Mardan	Tertiary
9	Hayat Shaheed/Khyber Teaching Hospital Peshawar	Peshawar	Tertiary
10	Govt Lady Reading Hospital Peshawar	Peshawar	Tertiary
11	Hayatabad Medical Complex Peshawar	Peshawar	Tertiary
12	Bacha Khan Medical Complex Swabi	Swabi	
13	Saidu Group of Teaching Hospital Saidu Sharif	Swat	
14	DHQ Hospital Charsadda	Charsadda	
Category-B			
S#	Name of Health Facilities	District	
1	DHQ Hospital Abbottabad	Abbottabad	
2	DHQ Hospital Daggar (Buner)	Buner	
3	DHQ Hospital Chitral	Chitral	
4	DHQ Hospital Dir Upper	Dir Upper	
5	DHQ Hospital Haripur	Haripur	
6	DHQ Hospital Karak	Karak	
7	DHQ Hospital Lakki Marwat	Lakki Marwat	
8	DHQ Hospital Batkhela	Malaknd	
9	Emergency Satelite/Mian Rashid Hussain Shaheen Hospital Pabbi	Nowshera	
10	DHQ Hospital Nowshera	Nowshera	
11	DHQ Hospital Alpuri	Shangla	
12	DHQ Hospital Swabi	Swabi	
13	City Hospital Kohat Road Peshawar	Peshawar	
Category-C			
S#	Name of Health Facilities	District	
1	DHQ Hospital Battagram	Battagram	
2	Cat-C Hospital Shabqadar	Charsadda	
3	T.H.Q Hospital Tangi	Charsadda	
4	THQ Hospital Chakdara	Dir Lower	
5	THQ Hospital Samarbagh	Dir Lower	
6	DHQ Hospital Hangu	Hangu	
7	Type-C Hospital Kalabat	Haripur	
8	Civil Hospital Rehana	Haripur	
9	Civil Hospital Kotla	Haripur	
10	Type-C Hospital Thathi Nasrathi	Karak	
11	Woman and Children Hospital	Karak	
12	Women and Children Hospital/Liaquat Memorial Kohat	Kohat	
13	City Hospital Lakki Marwat	Lakki Marwat	
14	Cat-C Hospital Sarai Naurang	Lakki Marwat	
15	THQ Hospital Dargai	Malakand	
16	Mental & General Hospital Dadar	Mansehra	
17	THQ Takht Bhai	Mardan	

18	Sifwat Ghayur Hospital Peshawar	Peshawar
19	Police & Services Hospital Peshawar	Peshawar
20	Molve Je Hospital Peshawar	Peshawar
21	Emergency Satellite Centre Nahaqi	Peshawar
22	THQ Hospital Pura	Shangla
23	THQ Lahore	Swabi
24	Civil Hospital Khawazakhella	Swat
25	T.H.Q Hospital Matta	Swat
26	DHQ Hospital Tank	Tank
Category-D		
S#	Name of Health Facilities	District
1	RHC Havelian	Abbottabad
2	RHC Lora	Abbottabad
3	Civil Hospital Boi	Abbottabad
4	Kakki Type D Hospital	Bannu
5	Jani Khel Type D Hospital	Bannu
6	Type-D Banna	Battagram
7	Type-D Hospital Pachakallay	Buner
8	Type D Hospital Jamal Abad	Charsadda
9	THQ Hospital Drosh	Chitral
10	THQ Hospital Booni	Chitral
11	Civil Hospital Paniala	D. I. Khan
12	THQ Hospital Kulachi	D. I. Khan
13	THQ Hospital Paharpur	D. I. Khan
14	THQ Hospital Paroa	D. I. Khan
15	CatD Hospital Mayar	Dir Lower
16	CatD Hospital LalQilla	Dir Lower
17	CatD Hospital Munda	Dir Lower
18	CatD Hospital Ziarat Talash	Dir Lower
19	Category - D Hospital Warri	Dir Upper
20	Category - D Hospital Barawal Banda	Dir Upper
21	Category - D Hospital Patrak	Dir Upper
22	Civil Hospital Doaba Hangu	Hangu
23	Civil Hospital Thall (Upgraded to Type-D)	Hangu
24	Type-D Hospital Khanpur	Haripur
25	Type-D Hospital Serei Niamat Khan	Haripur
26	RHC Ghazi	Haripur
27	Type-D Hospital Latamber	Karak
28	THQHospital Banda Daud Shah	Karak
29	RHC Sabir Abad	Karak
30	Civil Hospital Shakardara	Kohat
31	Type-D Lachi	Kohat
32	Civil Hospital Tajori	Lakki Marwat
33	RHC Titter Khel	Lakki Marwat
34	Civil Hospital Loe Agra	Malakand
35	Civil Hospital Thana	Malakand
36	Type-D Hospital Totakan	Malakand
37	Civil Hospital Baffa	Mansehra
38	THQ Hospital, Balakot	Mansehra
39	Civil Hospital, Garhi Habibullah	Mansehra

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40	Cat-D Hospital Oghi	Mansehra
41	Type-D Hospital Rustam	Mardan
42	Type-D Hospital Shahbaz Garhi	Mardan
43	Type-D Hospital Toru	Mardan
44	Type-D Hospital Kallung	Mardan
45	Category -D Hospital Akora Khattak	Nowshera
46	Civil Hospital Kaka Sahib	Nowshera
47	Civil Hospital Nizam Pur	Nowshera
48	RHC Manki Shareef	Nowshera
49	RHC Dag Ismail Khel	Nowshera
50	Civil Hospital Mathani	Peshawar
51	Govt Maternity Hospital, Peshawar	Peshawar
52	Cat-D Hospital Badaber	Peshawar
53	Govt Sarhad Hospital for Psychiatric Diseases	Peshawar
54	Cat-D Hospital Gara Tajik	Peshawar
55	THQ Hospital Besham	Shangla
56	Type D Hospital Kalu Khan	Swabi
57	Civil Hospital Topi	Swabi
58	Civil Hospital Manglor	Swat
59	Civil Hospital Barikot	Swat
60	Civil Hospital Madyan	Swat
61	Civil Hospital Kabal	Swat
62	Civil Hospital Kalam	Swat
63	Type-D Hospital Ama Khel	Tank

Category RHC

S#	Name of Health Facilities	District
1	Civil Hospital Khaira Gali	Abbottabad
2	Civil Hospital Sherwan	Abbottabad
3	Civil Hospital Khanispur (Ayubai)	Abbottabad
4	Civil Hospital Nathia Gali	Abbottabad
5	RHC Kalpani	Abbottabad
6	RHC Moribadan	Abbottabad
7	RHC Domel	Bannu
8	RHC Ghoriwala	Bannu
9	RHC Kuza Banda	Battagram
10	RHC Thakot	Battagram
11	Civil Hospital Totalai	Buner
12	Civil Hospital Chamla	Buner
13	RHC Sargala	Buner
14	RHC Nagrai	Buner
15	RHC Jower	Buner
16	RHC Diwana Baba	Buner
17	RHC Battagram	Charsadda
18	RHC Umarzal	Charsadda
19	RHC Sherpao	Charsadda
20	THQ Hospital Garam Chashma	Chitral
21	RHC Ayun	Chitral
22	RHC Kaghuzai	Chitral
23	RHC Mastuj	Chitral

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24	RHC Shagram	Chitral
25	RHC Arando	Chitral
26	RHC Drassan	Chitral
27	Civil Hospital Choudwan	D.I.Khan
28	Civil Hospital Darban Kalan	D.I.Khan
29	RHC Sidalian Kot Jai	D.I.Khan
30	RHC Kirri Shamoza	D.I.Khan
31	RHC Gulabad	Dir Lower
32	RHC Ouch	Dir Lower
33	RHC Asbane	Dir Lower
34	RHC Khall	Dir Lower
35	RHC Bibyaware	Dir Upper
36	RHC Nehag Bandia	Dir Upper
37	RHC Tarpatar	Dir Upper
38	RHC Shringal	Dir Upper
39	RHC Naryab	Hangu
40	Civil Hospital Rehana	Haripur
41	Civil Hospital Kalabat	Haripur
42	RHC Kot Najeebullah	Haripur
43	RHC Seri Kot	Haripur
44	RHC Nara Amazai	Haripur
45	RHC Hali	Haripur
46	RHC Kalingar	Haripur
47	RHC Nari Panus	Karak
48	RHC Ahmad Abad	Karak
49	Shenawa Gudi Khel	Karak
50	RHC Janduri	Karak
51	Civil Hospital Bahadur Khel	Karak
52	Civil Hospital Gurguri	Karak
53	Civil Hospital Terrai	Karak
54	RHC Chorlaki	Kohat
55	RHC Gumbat	Kohat
56	RHC Ustarzai	Kohat
57	RHC Billi Tang	Kohat
58	RHC Shatyai	Kohistan
59	RHC Dassu	Kohistan
60	RHC Pattan	Kohistan
61	RHC Ranolia	Kohistan
62	RHC Ahmad Khel	Lakki Marwat
63	RHC Landiwah.	Lakki Marwat
64	RHC Sarai Gambila	Lakki Marwat
65	RHC Kuram Par Wanda Shab Khel	Lakki Marwat
66	Civil Hospital Malakand	Malakand
67	RHC Skha kot	Malakand
68	RHC Dheri Julagram	Malakand
69	RHC KOT	Malakand
70	RHC Dheri Alladand	Malakand
71	RHC Palo Dehri	Malakand
72	Civil Hospital Darband	Mansehra
73	Civil Hospital Kaghan	Mansehra



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74	Civil Hospital Phulra	Mansehra
75	Civil Hospital Battal	Mansehra
76	Civil Hospital Nawaz Abad	Mansehra
77	RHC Chattar Plain	Mansehra
78	RHC Chowki	Mansehra
79	RHC Kawai	Mansehra
80	RHC Khawarai	Mansehra
81	RHC Lasssan Nawab Sahib	Mansehra
82	RHC Sacha Kalan	Mansehra
83	RHC Shinkari	Mansehra
84	RHC Tarangi Sabir Shah	Mansehra
85	RHC Sher Gharh	Mardan
86	RHC Palo Dehri	Mardan
87	RHC Gumbat	Mardan
88	RHC Manga	Mardan
89	Lund Khwar (CH)	Mardan
90	RHC Akbar Pura	Nowshera
91	RHC Kheski	Nowshera
92	RHC Khair Abad	Nowshera
93	RHC Pir Pai	Nowshera
94	RHC Takht Abad	Peshawar
95	RHC Regai	Peshawar
96	RHC Puthwar	Peshawar
97	Civil Hospital Karora	Shangla
98	THQ Hospital Chakeser	Shangla
99	Janda	Swabi
100	Beka	Swabi
101	Kotha	Swabi
102	Civil Hospital Kab Ganai	Swabi
103	RHC Marghuz	Swabi
104	RHC Sheikh Jana	Swabi
105	RHC Ambar Kunda	Swabi
106	RHC Yar Hussain	Swabi
107	RHC Deolai	Swat
108	RHC Khazana	Swat
109	RHC Chuprial	Swat
110	RHC Gomal Bazar	Tank
111	RHC Gul Imam	Tank

2. The Chief Minister Khyber Pakhtunkhwa is further pleased to approve that the above categorization may be documented in all public sector documents, especially by the Finance and P&D Departments, to reflect the above nomenclature effective 01.07.2017.

SECRETARY HEALTH
GOVERNMENT OF KHYBER PAKHTUNKHWA

Endorsement of Nos and Date:

1. Principal Secretary to Governor Khyber Pakhtunkhwa.



DISTRICT HEALTH INFORMATION SYSTEM

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