



# DISTRICT HEALTH INFORMATION SYSTEM

Evidence Based Dicision Making

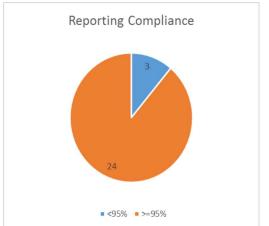
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#### **Annual Report 2019**

#### 1. Reporting Compliance

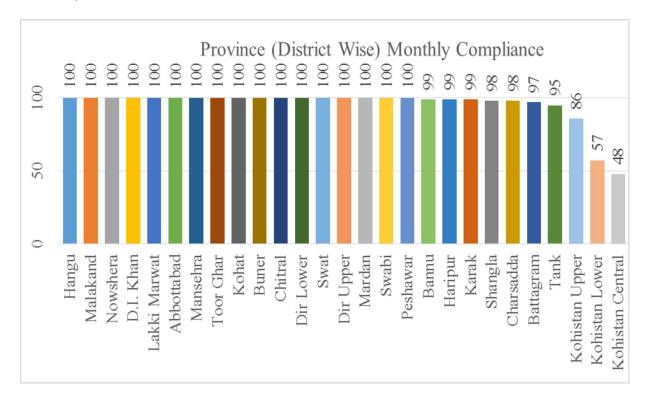
This indicator represents the percentage of public health facilities that have submitted monthly reports.



This indicator reflects compliance of DHIS data. A target of 95% is set for the districts. Twenty four districts have achieved the target.

#### District Wise Percentage of Reporting Compliance.

Figure depicted below shows the district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. Seventeen districts, among 27 districts reported 100% performance. Performance of 7 districts (Bannu, Haripur, Karak, Shangla, Charsadda, Battagram, Tank) stands at 99% to 95%. Kohistan (Upper, Lower and Central) district has missed the target i.e (achieved 86%, 57% and 48%).



## 2. <u>General OPD Attendance (Primary Health Care Facilities & Secondary Health Care Facilities)</u>

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

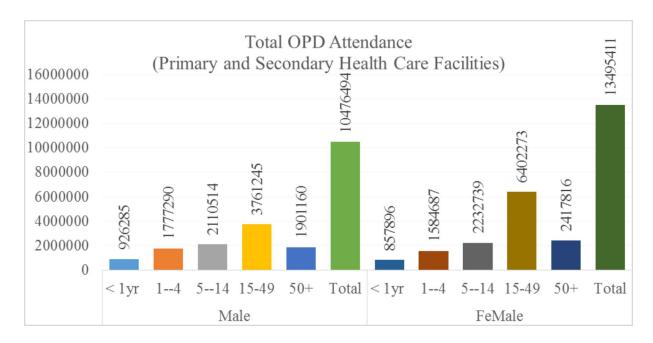


Figure shows the General OPD in secondary and primary care health facilities with gender wise breakup of male and female patients of the province.

Age-wise breakup of patients visiting the OPDs is consistent in 2019, the figures shows that in the case of male OPD attendance of age group from 1 to 14 years is (4,814,089), which is 45.95% of the total of male OPD (10,476,494).

Similarly in case of female OPD attendance of age group from 1 to 14 age group (4,675,322) is 34.64% of the total OPD attendance female (13,495,411).

The overall picture depicts that more female patients are visiting health facilities as compared to male population. Hence more focus should be on providing healthcare services for female population.

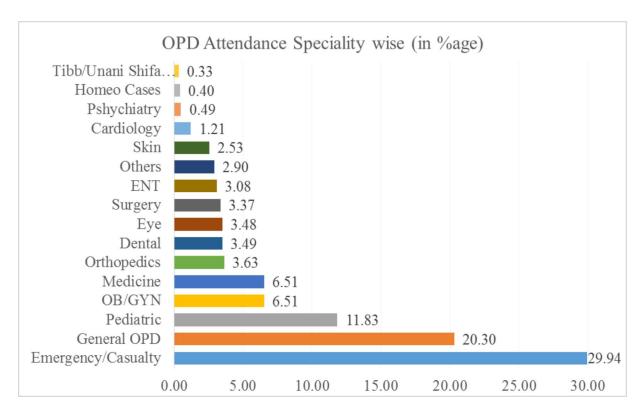
#### 3. Specialty Wise Patients Break up

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:

	otal OPD New Cases	15193552				
	econdary Hospitals)					
S. No	Specialty	New Visits	%age			
1	Emergency/Casualty	4548526	29.94			
2	General OPD	3084394	20.30			
3	Pediatric	1796733	11.83			
4	OB/GYN	989799	6.51			
5	Medicine	988668	6.51			
6	Orthopedics	551539	3.63			
7	Dental	530815	3.49			
8	Eye	529135	3.48			
9	Surgery	512632	3.37			
10	ENT	468217	3.08			
11	Others	439860	2.90			
12	Skin	384196	2.53			
13	Cardiology	183883	1.21			
14	Psychiatry	74097	0.49			
15	Homeo Cases	61131	0.40			
16	Tibb/Unani Shifa Khana	49927	0.33			

**Table and figure** 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 Emergency/Casualty, the number and percentage of patients are on top and stands at (4,548,526) with 29.94%, General OPD on second number and is (3,084,394) which is 20.30%. Number of patients in the specialty of Pediatric (1,796,733) which is 11.83%.



#### 4. Average Number of New Cases per Day

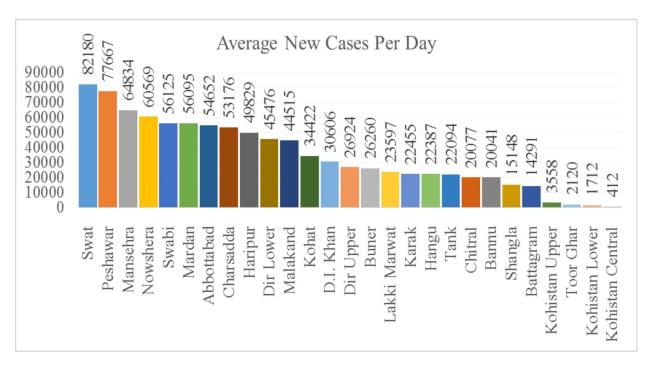
This indicator illustrates the frequency of the average number of new cases per day in the public health facilities.

S. NO	District	Total Visits (New + Follow-up + Referred)	Avg New case per Day
1	Swat	2312126	82180
2	Peshawar	1949700	77667
3	Mansehra	1634210	64834
4	Nowshera	1579209	60569
5	Swabi	1409697	56125
6	Mardan	1455244	56095
7	Abbottabad	1382241	54652
8	Charsadda	1332938	53176
9	Haripur	1412008	49829
10	Dir Lower	1183101	45476
11	Malakand	1115754	44515
12	Kohat	866231	34422
13	D.I. Khan	827848	30606
14	Dir Upper	674538	26924
15	Buner	725482	26260
16	Lakki Marwat	613896	23597
17	Karak	561526	22455
18	Hangu	583696	22387
19	Tank	607987	22094
20	Chitral	530804	20077
21	Bannu	542423	20041
22	Shangla	379731	15148
23	Battagram	363910	14291
24	Kohistan Upper	89061	3558
25	Toor Ghar	53488	2120
26	Kohistan Lower	42811	1712
27	Kohistan Central	10323	412
	Grand Total	24239983	931223

Table illustrate and figure, the average number of new case per day in 2019.

District Swat is on top of the list and on average **82,180** new cases are reported in all public health facilities of the district.

District Peshawar is on 2<sup>nd</sup> position and reported **77,667** patients per day in all health facilities.



#### 5. 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 in 2019	23971905	
S. No	Disease Name	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	3014894	12.58
2	Diarrhoea/Dysentery in under 5 yrs	924936	3.86
3	Fever Due to Other Causes	860016	3.59
4	Diarrhoea/Dysentery in >5 yrs	774887	3.23
5	Urinary Tract Infections	770093	3.21
6	Hypertension	619548	2.58
7	Dental Caries	537905	2.24
8	Suspected Malaria	470656	1.96
9	Peptic Ulcer Diseases	435597	1.82
10	Diabetes Mellitus	369311	1.54
11	Scabies	308257	1.29
12	Worm infestation	275290	1.15
13	Road Traffic Accidents	264206	1.10

14	Asthma	234649	0.98
15	Enteric / Typhoid Fever	198472	0.83
16	Otitis Media	191971	0.80
17	Dermatitis	181946	0.76
18	Depression	181734	0.76
19	Pneumonia under 5 years	137296	0.57
20	Pneumonia >5 years	94049	0.39
21	Suspected Viral Hepatitis	79484	0.33
22	Fractures	74496	0.31
23	Ischemic Heart Disease	67138	0.28
24	TB Suspects	56828	0.24
25	Cataract	55695	0.23
26	Chronic Obstructive Pulmonary Diseases	47235	0.20
27	Dog Bite	45556	0.19
28	Burns	23830	0.10
29	Benign Enlargement of Prostrate	19727	0.08
30	Epilepsy	15617	0.07
31	Trachoma	14886	0.06
32	Drug Dependence	13049	0.05
33	Sexually Transmitted Infections	12929	0.05
34	Glaucoma	12558	0.05
35	Cutaneous Leishmaniasis	12490	0.05
36	Cirrhosis of Liver	12433	0.05
37	Suspected Measles	10802	0.05
38	Nephritis/Nephrosis	8151	0.03
39	Suspected Meningitis	4504	0.02
40	Snake Bits (with signs/symptoms of poisoning)	1576	0.01
41	Acute Flaccid Paralysis	1066	0.004
42	Suspected Neonatal Tetanus	784	0.003
43	Suspected HIV/AIDS	7	0.00003
	Total	1,1436,554	48

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

The following figure reflects the top ten diseases in the province in percentage:

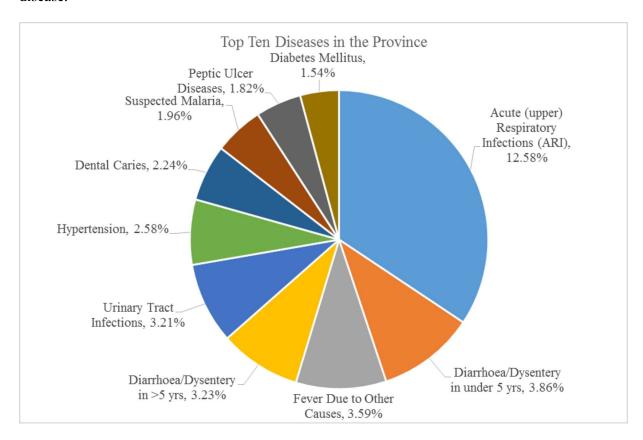
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6	Hypertension	619548	2.58
7	Dental Caries	537905	2.24
8	Suspected Malaria	470656	1.96
9	Peptic Ulcer Diseases	435597	1.82
10	Diabetes Mellitus	369311	1.54

Acute Respiratory Infections stands at **3,014,894** which is **12.58%** of these patients. Diarrhoea/Dysentery in under and over 5 year's stands at **924,936** with **3.86%** and **774,887** with

3.23% of the total in 2019. Fever due to other causes stands at 860,016 (3.59%) patients in 2019.

Cases of Urinary Tract Infections and Hypertension disorders are 770,093 which are 3.21% and 619,548 (2.58%) of the total patients. Dental Caries and Peptic Ulcer Diseases are 537,905 with 2.24% and 435,597 with 1.82% in 2019.

Suspected Malaria cases reported are 470,656 with (1.96%) Diabetes Mellitus having 369,311 with 1.54% percent in 2019. The department should adopt programmatic approach to control the disease.



#### 6. 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.

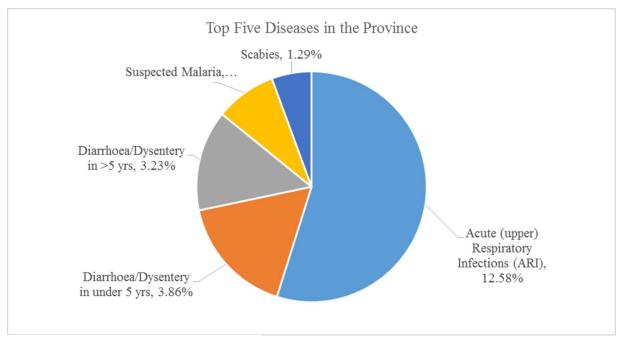
In 2019, total number of communicable diseases are **6,392,517** (27%), whereas non-communicable diseases are **5,044,037** (21%).

#### **COMMUNICABLE DISEASES**

S. No	Disease Name	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	3014894	12.58
2	Diarrhoea/Dysentery in under 5 yrs	924936	3.86
3	Diarrhoea/Dysentery in >5 yrs	774887	3.23
4	Suspected Malaria	470656	1.96
5	Scabies	308257	1.29

6	Worm infestation	275290	1.15
7	Enteric / Typhoid Fever	198472	0.83
8	Pneumonia under 5 years	137296	0.57
9	Pneumonia >5 years	94049	0.39
10	Suspected Viral Hepatitis	79484	0.33
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16	Suspected Meningitis	4504	0.02
17	Acute Flaccid Paralysis	1066	0.004
18	Suspected Neonatal Tetanus	784	0.003
19	Suspected HIV/AIDS	7	0.00003
	Total	6,392,517	27

Acute Respiratory Infections and diarrhea/dysentery under and over 5 years constitute 19.67% of these patients. Prevalence of Scabies stands at 308,257 with 1.29% patients in 2019. Suspected Malaria cases are reported as 470,656 in figures and 1.96% in percentage in 2019.

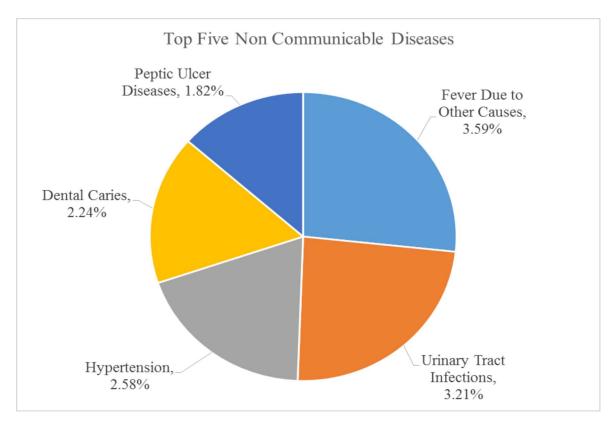


#### **NON-COMMUNICABLE DISEASES**

S. No	Disease Name	Total	%age
1	Fever Due to Other Causes	860016	3.59
2	Urinary Tract Infections	770093	3.21
3	Hypertension	619548	2.58
4	Dental Caries	537905	2.24
5	Peptic Ulcer Diseases	435597	1.82
6	Diabetes Mellitus	369311	1.54
7	Road Traffic Accidents	264206	1.10

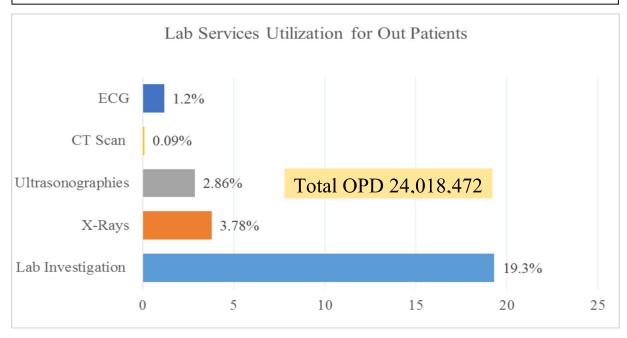
9	Otitis Media	191971	0.80
10	Dermatitis	181946	0.76
11	Depression	181734	0.76
12	Fractures	74496	0.31
13	Ischemic Heart Disease	67138	0.28
14	Cataract	55695	0.23
15	Chronic Obstructive Pulmonary Diseases	47235	0.20
16	Dog Bite	45556	0.19
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19	Epilepsy	15617	0.07
20	Drug Dependence	13049	0.05
21	Glaucoma	12558	0.05
22	Cirrhosis of Liver	12433	0.05
23	Nephritis/Nephrosis	8151	0.03
24	Snake Bits (with signs/symptoms of poisoning)	1576	0.01
	Total	5044037	21

The **Table and Figure** illustrates the non-communicable diseases in Khyber Pakhtunkhwa province during 2019.



#### 7. Lab Services Utilization for Out Door Patients

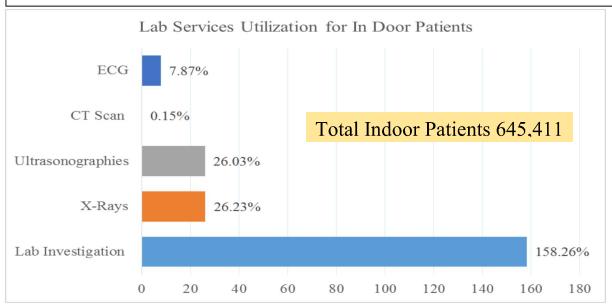
This indicator indicates the utilization of laboratory services at the facility and also gives a measure of the proportion of outdoor patients receiving diagnostic services from health facility.



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

#### Lab Services Utilization for In Door Patients (PHC + SHC)

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.



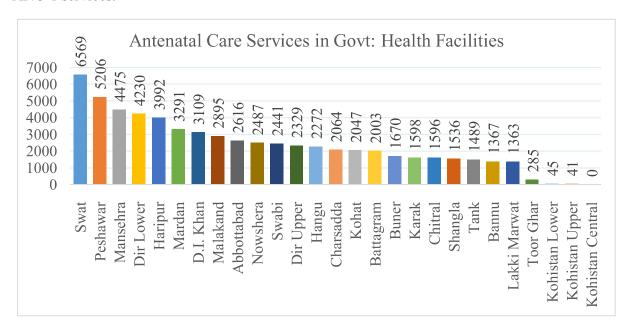
#### 8. Average number of Antenatal Care Services in the Facility

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.

District	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Swat	7386	7365	8674	6708	5166	7143	7781	6852	5974	3483	5383	6914	6569
Peshawar	5618	5543	5848	4519	4093	5872	5362	4713	5119	1689	6887	7207	5206
Mansehra	4835	7020	6370	5043	3791	4415	4968	5224	4215	930	2287	4599	4475
Dir Lower	5295	5352	5037	3978	3385	3078	5570	4615	4070	1627	3828	4928	4230
Haripur	4319	4655	5015	4210	3217	3901	3792	6498	3654	1393	3434	3813	3992
Mardan	3219	3484	4671	3272	2536	3960	4291	3845	2526	1247	2879	3561	3291
D.I. Khan	2694	2717	3019	3240	2807	3837	3978	3171	3245	2972	2888	2741	3109
Malakand	3709	3083	3755	2677	2487	3943	3387	3527	2148	222	2655	3146	2895
Abbottabad	1915	2066	3603	2798	2094	4376	4504	2113	2739	346	1873	2967	2616
Nowshera	2636	2456	2665	3208	1982	2973	3042	2412	2484	1033	2223	2732	2487
Swabi	3083	2380	2926	2676	2201	2722	2946	2783	2549	432	1970	2625	2441
Dir Upper	2377	2356	3014	2652	1909	2744	2724	2554	1974	1377	2016	2248	2329
Hangu	3183	2603	3027	1525	1981	2302	1714	2533	2609	262	2160	3369	2272
Charsadda	3097	3089	3025	2565	1967	2651	1996	1543	1305	647	1451	1426	2064
Kohat	2631	2485	918	2497	1913	2292	2399	2223	2089	287	2410	2414	2047
Battagram	2343	2509	2839	2619	2632	3076	3609	1116	1088	488	822	898	2003
Buner	2135	2083	2218	1423	1057	1573	1849	2014	1588	699	1624	1776	1670
Karak	2123	1934	1903	1834	1431	1601	2040	1911	1882	315	1182	1023	1598
Chitral	2542	1680	1536	1915	1722	1822	1540	1238	1622	492	1367	1681	1596
Shangla	1659	1506	2122	1850	1153	1540	1822	2060	1709	649	1447	916	1536
Tank	1769	1599	1652	1405	1284	1416	1354	2059	1354	972	1455	1550	1489
Bannu	1391	1144	1284	1322	1136	1136	1591	1434	1579	1204	1614	1567	1367
Lakki Marwat	1321	2715	2386	1264	698	975	1207	1024	1474	733	1208	1348	1363
Toor Ghar	290	283	193	279	230	286	300	291	285	379	310	295	285
Kohistan Lower	0	0	0	126	0	0	0	0	0	0	78	336	45
Kohistan Upper	66	0	68	88	60	27	27	0	42	37	53	22	41
Kohistan	0	0	0	0	0	0	0	0	0	0	0	0	0
Central Total	71636	72107	77768	65693	52932	69661	73793	67753	59323	23915	55504	66102	63016

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.



#### 9. District Wise 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.

District	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Swat	2783	2489	2572	2797	2887	2882	2911	2083	2426	2449	2376	2985	2637
Bannu	1832	1474	1757	1459	1506	1626	1814	1771	1901	1820	1923	1743	1719
Dir Lower	1547	1612	1597	1565	1776	1512	1670	1684	1502	1637	1469	1814	1615
Malakand	1654	1423	1497	1344	1447	404	1562	1599	1549	1620	373	1523	1333
Mardan	1176	1139	1217	1107	1072	1197	1460	1347	588	1008	1348	1506	1180
Peshawar	1299	1024	884	984	954	1027	1313	1410	1397	1238	1202	1106	1153
Kohat	1113	953	1124	995	1032	934	1121	1056	1035	891	1034	1235	1044
Dir Upper	830	841	1144	958	1134	879	1012	535	682	778	766	483	837
Swabi	746	804	802	739	790	938	1093	958	730	628	887	820	828
Buner	833	698	822	726	871	822	884	893	783	773	786	914	817
Nowshera	800	639	753	672	770	791	875	817	797	801	833	867	785
Haripur	939	724	800	669	688	730	761	904	671	580	647	926	753
Charsadda	119	896	938	1277	939	1026	1551	1229	93	80	235	258	720
Mansehra	801	673	865	736	699	697	753	717	681	209	632	744	684
Abbottabad	732	662	859	721	805	718	793	719	639	401	449	676	681
Chitral	616	578	669	741	771	674	704	660	613	540	490	519	631

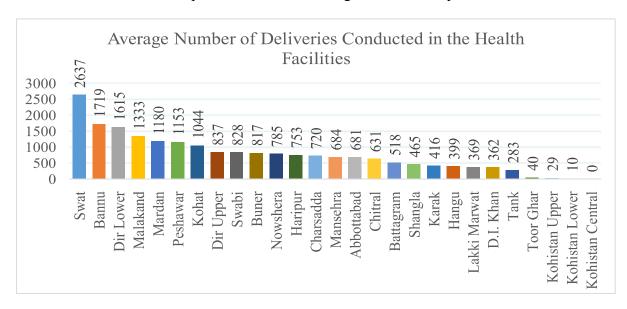
Battagram	593	593	623	563	611	640	600	355	346	267	457	570	518
Shangla	464	507	559	498	608	520	479	441	448	371	436	250	465
Karak	547	418	487	489	439	419	519	453	471	294	321	135	416
Hangu	333	318	417	433	482	463	298	483	427	314	377	448	399
Lakki Marwat	199	399	452	446	294	351	428	496	177	369	379	443	369
D.I. Khan	348	330	380	313	292	328	363	343	372	407	430	434	362
Tank	274	275	280	258	251	200	282	263	347	365	330	270	283
Tor Ghar	43	49	34	44	41	41	36	36	33	55	30	35	40
Kohistan Upper	58	0	30	45	43	33	33	0	24	31	24	32	29
Kohistan Lower	0	0	0	51	0	0	0	0	0	0	11	60	10
Kohistan Central	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	20679	19518	21562	20630	21202	19852	23315	21252	18732	17926	18245	20796	20309

District Swat 2637 is ahead of all 27 districts in government health facilities. Districts Bannu and Dir Lower reported 1719, and 1615 number of deliveries conducted in the government health facilities thereby giving satisfactory performance.

Districts Tor Ghar and Kohistan Upper, Kohistan Lower and Kohistan Central reports **40**, **29**, **10** and **0** number of deliveries in 2019.

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.

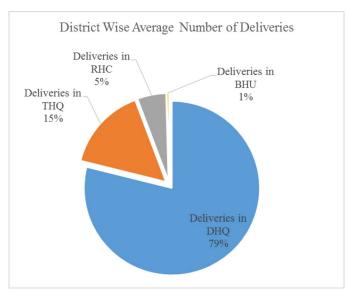
Furthermore, private sector is also providing good services in this regards. Health Care Commission should ensure optimal services in this regards across the province.



The Table and fig. shows a district wise breakup of the total number of deliveries conducted in government health facilities and reported in 2019 through DHIS.

#### 10. Health Facility-wise Number of Deliveries

No. of Deliveries in DHQ	No. of Deliveries in	No. of Deliveries	No. of Deliveries in
	THQ	in RHC	BHU
88884	17349	5960	464



This indicator reflects health facilities wise number of deliveries. In DHQs number of deliveries conducted are 88884 which is 79% of the total, in THQs 17349 (15%), RHCs report 5960 (5%), and BHUs report only 464 (1%) deliveries.

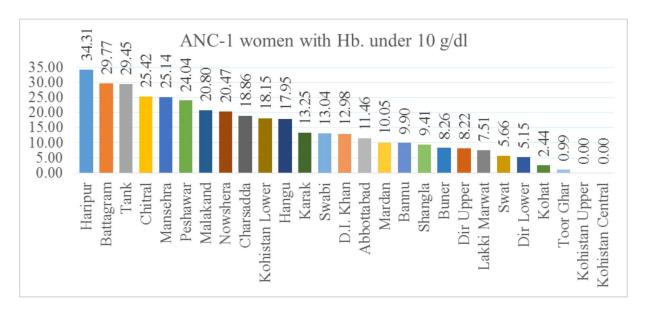
#### 11. Anemia among Women Coming for ANC-1 in Govt: Health Facilities (in %age)

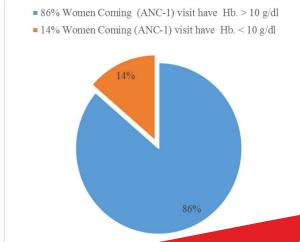
Percent of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl are reflected in the following **Table and Figure.** 

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

S. No	DISTRICT	First Antenatal care visits (ANC-1) in the Facility	ANC-1 women with Hb. under 10 g/dl	%age
1	Haripur	47901	16436	34.31
2	Battagram	24039	7156	29.77
3	Tank	17869	5263	29.45
4	Chitral	19157	4870	25.42
5	Mansehra	53697	13502	25.14
6	Peshawar	62470	15018	24.04
7	Malakand	34739	7226	20.80
8	Nowshera	29846	6110	20.47
9	Charsadda	24762	4671	18.86
10	Kohistan Lower	540	98	18.15

11	Hangu	27268	4894	17.95
12	Karak	19179	2541	13.25
13	Swabi	29293	3821	13.04
14	D.I. Khan	37309	4844	12.98
15	Abbottabad	31394	3598	11.46
16	Mardan	39491	3969	10.05
17	Bannu	16402	1624	9.90
18	Shangla	18433	1734	9.41
19	Buner	20039	1655	8.26
20	Dir Upper	27945	2296	8.22
21	Lakki Marwat	16353	1228	7.51
22	Swat	78829	4459	5.66
23	Dir Lower	50763	2612	5.15
24	Kohat	24558	600	2.44
25	Toor Ghar	3421	34	0.99
26	Kohistan Upper	490	0	0.00
27	Kohistan Central	0	0	0.00
	Total	756187	120259	15.90





This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities.

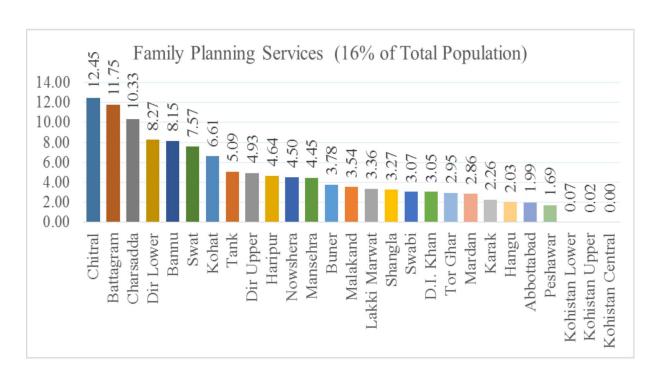
First ANC in the facilities is 86% with greater than 10 gm/dl Hb and the women with Hb under 10g/dl are 14%.

#### 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.

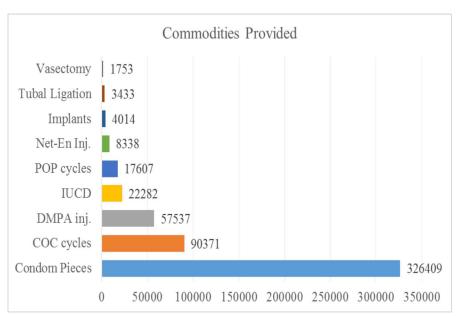
S. No	DISTRICT	Population	16% of total Population	FP Visits	%age
1	Chitral	447362	71578	8909	12.45
2	Battagram	476612	76258	8957	11.75
3	Charsadda	1616198	258592	26725	10.33
4	Dir Lower	1435917	229747	19008	8.27
5	Bannu	1167892	186863	15220	8.15
6	Swat	2309570	369531	27966	7.57
7	Kohat	993874	159020	10514	6.61
8	Tank	391885	62702	3192	5.09
9	Dir Upper	946421	151427	7462	4.93
10	Haripur	1003031	160485	7452	4.64
11	Nowshera	1518540	242966	10926	4.50
12	Mansehra	1556460	249034	11075	4.45
13	Buner	897319	143571	5425	3.78
14	Malakand	720295	115247	4082	3.54
15	Lakki Marwat	876182	140189	4709	3.36
16	Shangla	757810	121250	3961	3.27
17	Swabi	1624616	259939	7982	3.07
18	D.I. Khan	1627132	260341	7930	3.05
19	Tor Ghar	171395	27423	809	2.95
20	Mardan	2373061	379690	10866	2.86
21	Karak	706299	113008	2553	2.26
22	Hangu	518798	83008	1681	2.03
23	Abbottabad	1332912	213266	4247	1.99
24	Peshawar	4269079	683053	11544	1.69
25	Kohistan Lower	350000	56000	37	0.07
26	Kohistan Upper	450000	72000	11	0.02
27	Kohistan	160000	25600	0	0.00
	Central				
	Total	30698660	4911786	223243	4.55

During 2019, 223,243 (4.55%) eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA) 4,911,786.



#### 13. Family Planning Services & Commodities Provided

COC cycles	90371
POP cycles	17607
DMPA inj.	57537
Net-En Inj.	8338
<b>Condom Pieces</b>	326409
IUCD	22282
<b>Tubal Ligation</b>	3433
Vasectomy	1753
Implants	4014



DISTRICT	COC cycles	POP cycles	DMPA inj.	Net- En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bannu	6836	1186	4837	649	23441	307	1	0	0
D.I. Khan	2345	310	1258	439	31178	1094	23	0	75
Lakki Marwat	1976	612	1101	1250	7655	323	10	0	0
Tank	2099	32	879	98	3797	658	0	0	0
Abbottabad	878	18	727	1	788	157	0	0	3
Haripur	4392	588	1794	65	9999	459	1038	2	62
Kohistan Upper	4	1	5	0	0	1	0	0	0

Mansehra	6256	294	3763	376	25597	939	68	7	305
Battagram	5119	942	1715	581	15869	719	11	0	0
Toor Ghar	395	62	300	0	1004	119	0	0	0
Kohistan Lower	0	0	12	0	0	0	0	0	0
Kohistan	0	0	0	0	0	0	0	0	0
Central									
Karak	790	1224	709	2	12721	516	5	0	104
Kohat	3758	1939	2959	0	25628	1907	417	46	671
Hangu	908	3207	370	13	5059	126	0	0	0
Buner	3900	553	1291	228	28841	378	47	0	51
Chitral	3528	426	2461	1580	7722	315	38	0	25
Dir Lower	991	908	1599	669	4385	233	15	0	0
Malakand	1249	332	1225	85	8494	726	95	0	66
Swat	11305	804	8843	156	45479	3520	58	0	717
Dir Upper	1417	480	2702	118	1473	334	4	0	7
Shangla	2822	640	901	937	3505	916	106	0	0
Mardan	8023	367	1852	52	6483	576	249	1	226
Swabi	5626	984	2830	389	19424	962	8	0	5
Charsadda	7658	650	7392	317	15198	3055	1080	1687	1172
Nowshera	4536	471	3138	32	13052	2517	105	10	303
Peshawar	3560	577	2874	301	9617	1425	55	0	222
Total	90371	17607	57537	8338	326409	22282	3433	1753	4014

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 illustrates the districts wise figures.

#### 14. Immunization Status

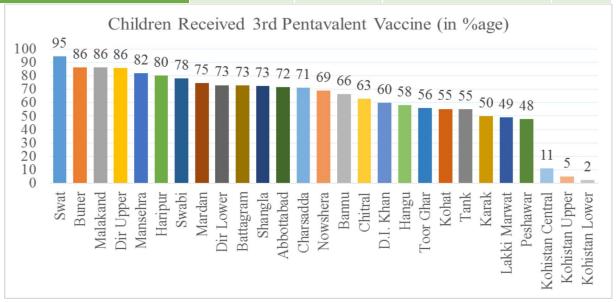
**Immunization** is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

**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 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.

S. No	DISTRICT	Population	Expected Children	Children Received 3rd Pentavalent Vaccine	%age
1	Swat	2309570	80835	76453	95
2	Buner	897319	31406	27108	86
3	Malakand	720295	25210	21739	86
4	Dir Upper	946421	33125	28401	86
5	Mansehra	1556460	54476	44719	82
6	Haripur	1003031	35106	28120	80
7	Swabi	1624616	56862	44365	78
8	Mardan	2373061	83057	62124	75
9	Dir Lower	1435917	50257	36755	73
10	Battagram	476612	16681	12188	73
11	Shangla	757810	26523	19265	73
12	Abbottabad	1332912	46652	33371	72
13	Charsadda	1616198	56567	40216	71
14	Nowshera	1518540	53149	36739	69
15	Bannu	1167892	40876	27133	66
16	Chitral	447362	15658	9843	63
17	D.I. Khan	1627132	56950	34083	60
18	Hangu	518798	18158	10534	58
19	Toor Ghar	171395	5999	3350	56
20	Kohat	993874	34786	19265	55
21	Tank	391885	13716	7578	55
22	Karak	706299	24720	12347	50
23	Lakki Marwat	876182	30666	15108	49
24	Peshawar	4269079	149418	71254	48
25	Kohistan Central	160000	5600	621	11
26	Kohistan Upper	450000	15750	807	5
27	Kohistan Lower	350000	12250	280	2
	Total	30698660	1074453	723766	67

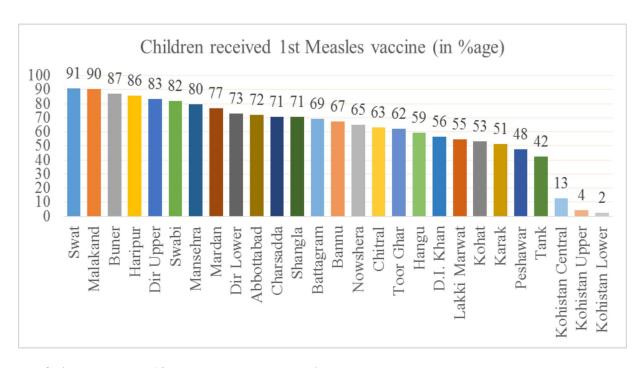


#### b. Children under 12 Months received 1st Measles Vaccine

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 1<sup>st</sup> Measles Vaccine. Percentage is also computed to rank the performance of districts.

S. No	DISTRICT	Population	Expected Children	Children Received 1st Measles vaccine	%age
1	Swat	2309570	80835	73412	91
2	Malakand	720295	25210	22814	90
3	Buner	897319	31406	27320	87
4	Haripur	1003031	35106	30048	86
5	Dir Upper	946421	33125	27536	83
6	Swabi	1624616	56862	46553	82
7	Mansehra	1556460	54476	43345	80
8	Mardan	2373061	83057	63641	77
9	Dir Lower	1435917	50257	36569	73
10	Abbottabad	1332912	46652	33632	72
11	Charsadda	1616198	56567	39985	71
12	Shangla	757810	26523	18741	71
13	Battagram	476612	16681	11572	69
14	Bannu	1167892	40876	27568	67
15	Nowshera	1518540	53149	34615	65
16	Chitral	447362	15658	9873	63
17	Toor Ghar	171395	5999	3724	62
18	Hangu	518798	18158	10765	59
19	D.I. Khan	1627132	56950	32054	56
20	Lakki Marwat	876182	30666	16714	55
21	Kohat	993874	34786	18484	53
22	Karak	706299	24720	12654	51
23	Peshawar	4269079	149418	71102	48
24	Tank	391885	13716	5794	42
25	Kohistan Central	160000	5600	722	13
26	Kohistan Upper	450000	15750	649	4
27	Kohistan Lower	350000	12250	306	2
	Total	30698660	1074453	720192	67

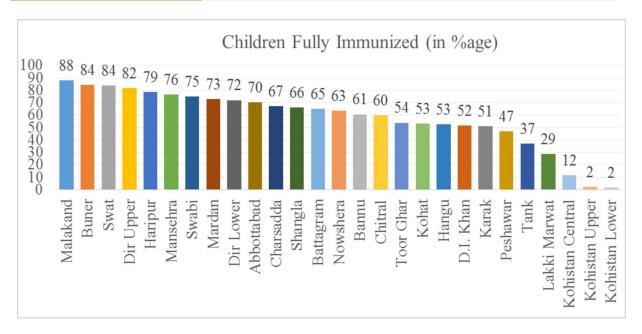


#### c. Children Under 12 Months Fully Immunized

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.

S. No	DISTRICT	Population	Expected Children	Children Fully Immunized	%age
1	Malakand	720295	25210	22138	88
2	Buner	897319	31406	26503	84
3	Swat	2309570	80835	67881	84
4	Dir Upper	946421	33125	27109	82
5	Haripur	1003031	35106	27655	79
6	Mansehra	1556460	54476	41638	76
7	Swabi	1624616	56862	42703	75
8	Mardan	2373061	83057	60641	73
9	Dir Lower	1435917	50257	36229	72
10	Abbottabad	1332912	46652	32856	70
11	Charsadda	1616198	56567	37880	67
12	Shangla	757810	26523	17595	66
13	Battagram	476612	16681	10866	65
14	Nowshera	1518540	53149	33676	63
15	Bannu	1167892	40876	24803	61
16	Chitral	447362	15658	9393	60
17	Toor Ghar	171395	5999	3236	54
18	Kohat	993874	34786	18443	53

19	Hangu	518798	18158	9585	53
20	D.I. Khan	1627132	56950	29467	52
21	Karak	706299	24720	12654	51
22	Peshawar	4269079	149418	70003	47
23	Tank	391885	13716	5074	37
24	Lakki Marwat	876182	30666	8877	29
25	Kohistan Central	160000	5600	646	12
26	Kohistan Upper	450000	15750	392	2
27	Kohistan Lower	350000	12250	243	2
	Total	30698660	1074453	678186	63

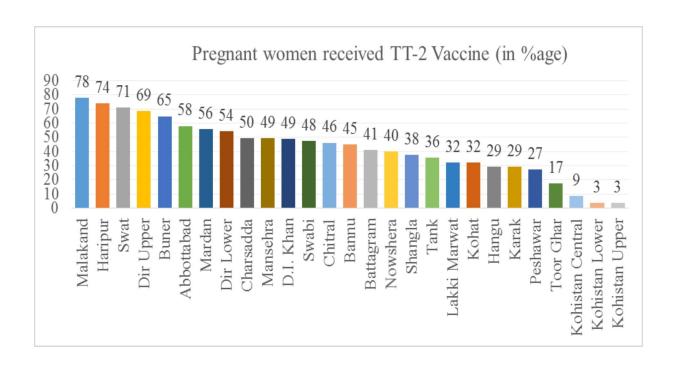


#### d. Pregnant Women Received TT-2 Vaccine

During 2019, out of **1037795** expected pregnant women, **484683** (**47%**) women received TT-2 vaccination. Among districts there is a variation that ranges from 82% to 7%. Most of the districts fall under 30% to 82%.

S. No	DISTRICT	Population	Expected Pregnancies	Pregnant women received TT-2 Vaccine	%age
1	Malakand	720295	24490	19094	78
2	Haripur	1003031	34103	25199	74
3	Swat	2309570	78525	55841	71
4	Dir Upper	946421	32178	22125	69
5	Buner	897319	30509	19794	65
6	Abbottabad	1332912	45319	26270	58
7	Mardan	2373061	80684	45166	56
8	Dir Lower	1435917	48821	26451	54
9	Charsadda	1616198	54951	27224	50
10	Mansehra	1556460	52920	26036	49

11	D.I. Khan	1627132	55322	27076	49
12	Swabi	1624616	55237	26238	48
13	Chitral	447362	15210	7025	46
14	Bannu	1167892	39708	17790	45
15	Battagram	476612	16205	6673	41
16	Nowshera	1518540	51630	20608	40
17	Shangla	757810	25766	9728	38
18	Tank	391885	13324	4739	36
19	Lakki Marwat	876182	29790	9568	32
20	Kohat	993874	33792	10819	32
21	Hangu	518798	17639	5186	29
22	Karak	706299	24014	6979	29
23	Peshawar	4269079	145149	39435	27
24	Toor Ghar	171395	5827	1011	17
25	Kohistan Central	160000	5440	468	9
26	Kohistan Lower	350000	11900	416	3
27	Kohistan Upper	450000	15300	518	3
	Total	30698660	1043754	487477	47

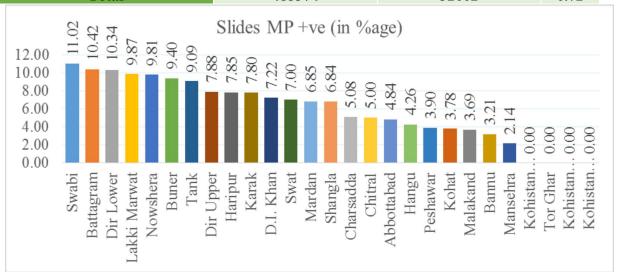


#### 15. Malaria Cases Slide Positivity Rate

#### a. Malaria Parasite

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

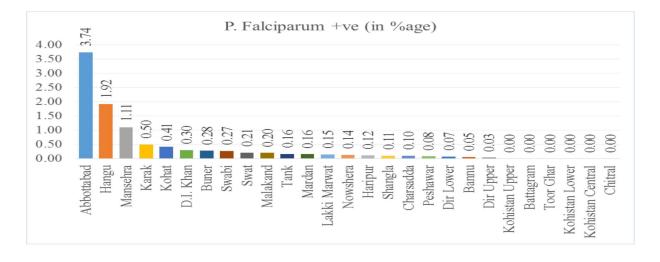
S. No	DISTRICT	Slides Examined	Slides MP +ve	%age
1	Swabi	6623	730	11.02
2	Battagram	48	5	10.42
3	Dir Lower	25471	2633	10.34
4	Lakki Marwat	35166	3470	9.87
5	Nowshera	26349	2584	9.81
6	Buner	24569	2310	9.40
7	Tank	18023	1639	9.09
8	Dir Upper	14352	1131	7.88
9	Haripur	866	68	7.85
10	Karak	12890	1005	7.80
11	D.I. Khan	65981	4767	7.22
12	Swat	24301	1701	7.00
13	Mardan	40170	2750	6.85
14	Shangla	7438	509	6.84
15	Charsadda	36007	1829	5.08
16	Chitral	8976	449	5.00
17	Abbottabad	1820	88	4.84
18	Hangu	14000	597	4.26
19	Peshawar	29731	1159	3.90
20	Kohat	30966	1170	3.78
21	Malakand	10027	370	3.69
22	Bannu	50196	1609	3.21
23	Mansehra	1356	29	2.14
24	Kohistan Upper	48	0	0.00
25	Tor Ghar	0	0	0.00
26	Kohistan Lower	0	0	0.00
27	Kohistan Central	0	0	0.00
	Total	485374	32602	6.72



#### b. Plasmodium Falciparum Rate

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

S. No	DISTRICT	Slides Examined	Slides P. Falciparum +ve	%age
1	Abbottabad	1820	68	3.74
2	Hangu	14000	269	1.92
3	Mansehra	1356	15	1.11
4	Karak	12890	64	0.50
5	Kohat	30966	128	0.41
6	D.I. Khan	65981	197	0.30
7	Buner	24569	68	0.28
8	Swabi	6623	18	0.27
9	Swat	24301	51	0.21
10	Malakand	10027	20	0.20
11	Tank	18023	29	0.16
12	Mardan	40170	63	0.16
13	Lakki Marwat	35166	51	0.15
14	Nowshera	26349	36	0.14
15	Haripur	866	1	0.12
16	Shangla	7438	8	0.11
17	Charsadda	36007	36	0.10
18	Peshawar	29731	24	0.08
19	Dir Lower	25471	18	0.07
20	Bannu	50196	27	0.05
21	Dir Upper	14352	5	0.03
22	Kohistan Upper	48	0	0.00
23	Battagram	48	0	0.00
24	Toor Ghar	0	0	0.00
25	Kohistan Lower	0	0	0.00
26	Kohistan Central	0	0	0.00
27	Chitral	8976	0	0.00
	Total	485374	1196	0.25



#### 16. Hepatitis B and C Positivity Rate.

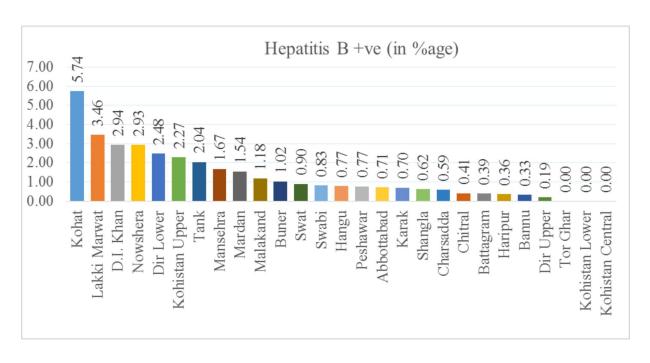
Hepatitis is an inflammation of the liver. The condition can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world

#### 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.

S. No	DISTRICT	<b>Patients Screened</b>	<b>Hepatitis B +ve</b>	%age
1	Kohat	15905	913	5.74
2	Lakki Marwat	5174	179	3.46
3	D.I. Khan	3090	91	2.94
4	Nowshera	19163	561	2.93
5	Dir Lower	928	23	2.48
6	Kohistan Upper	44	1	2.27
7	Tank	7212	147	2.04
8	Mansehra	25618	428	1.67
9	Mardan	27076	416	1.54
10	Malakand	760	9	1.18
11	Buner	7536	77	1.02
12	Swat	36198	325	0.90
13	Swabi	7511	62	0.83
14	Hangu	5427	42	0.77
15	Peshawar	45336	347	0.77
16	Abbottabad	18288	130	0.71
17	Karak	10185	71	0.70
18	Shangla	3570	22	0.62
19	Charsadda	11280	67	0.59
20	Chitral	15110	62	0.41
21	Battagram	12275	48	0.39
22	Haripur	72062	260	0.36
23	Bannu	73866	244	0.33
24	Dir Upper	537	1	0.19
25	Tor Ghar	0	0	0.00
26	Kohistan Lower	0	0	0.00
27	Kohistan Central	0	0	0.00
	Total	424151	4526	1.07



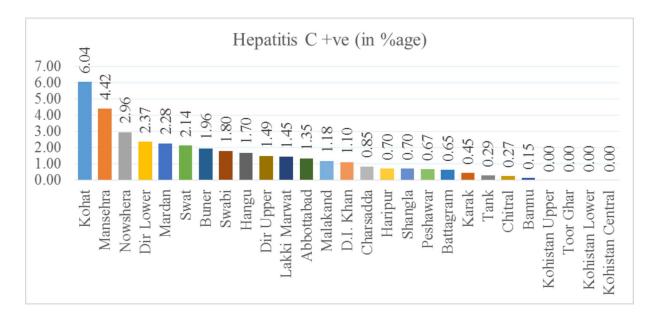
#### b. Hepatitis C +ve Proportion

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).

S. No	DISTRICT	Patients Screened	<b>Hepatitis C +ve</b>	%age
1	Kohat	15905	961	6.04
2	Mansehra	25618	1132	4.42
3	Nowshera	19163	568	2.96
4	Dir Lower	928	22	2.37
5	Mardan	27076	616	2.28
6	Swat	36198	774	2.14
7	Buner	7536	148	1.96
8	Swabi	7511	135	1.80
9	Hangu	5427	92	1.70
10	Dir Upper	537	8	1.49
11	Lakki Marwat	5174	75	1.45
12	Abbottabad	18288	246	1.35
13	Malakand	760	9	1.18
14	D.I. Khan	3090	34	1.10
15	Charsadda	11280	96	0.85
16	Haripur	72062	505	0.70
17	Shangla	3570	25	0.70
18	Peshawar	45336	302	0.67
19	Battagram	12275	80	0.65
20	Karak	10185	46	0.45

21	Tank	7212	21	0.29
22	Chitral	15110	41	0.27
23	Bannu	73866	110	0.15
24	Kohistan Upper	44	0	0.00
25	Toor Ghar	0	0	0.00
26	Kohistan Lower	0	0	0.00
27	Kohistan Central	0	0	0.00
	Total	424151	6046	1.43



#### 17. TB-DOTS Patients

#### a. 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	Swat	5198
2	Bannu	1392
3	Kohat	1163
4	Mansehra	892
5	Dir Lower	887
6	Shangla	853
7	Haripur	810
8	Charsadda	795
9	Abbottabad	754
10	Battagram	681
11	Mardan	652

12	Tank	559
13	Peshawar	551
14	Buner	520
15	Chitral	486
16	Nowshera	462
17	Lakki Marwat	404
18	Dir Upper	340
19	Karak	327
20	D.I. Khan	248
21	Swabi	157
22	Hangu	129
23	Malakand	119
24	Kohistan Lower	56
25	Kohistan Upper	2
26	Tor Ghar	0
27	Kohistan Central	0
	Total	18437

Graph shows the district-wise TB data figures. Districts Swat, Bannu and Kohat report 5198, 1392 and 1163 TB patients.

District Mansehra to Malakand report TB DOTS patients 892 to 119 respectively, while district Kohistan Lower 56, Kohistan Upper 2, Tor Ghar and Kohistan Central reported 0 TB DOTS patients in 2019.

#### b. 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.

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

S. No	DISTRICT	Intensive phase TB-DOTS patients missing treatment >1 week
1	Kohat	31
2	Haripur	30
3	Charsadda	22
4	Bannu	20
5	Mardan	16
6	Lakki Marwat	12
7	Battagram	11
8	Mansehra	9
9	Peshawar	8
10	D.I. Khan	7

11	Buner	7
12	Abbottabad	6
13	Malakand	6
14	Shangla	4
15	Nowshera	3
16	Dir Upper	1
17	Tank	0
18	Kohistan Upper	0
19	Kohistan Lower	0
20	Kohistan Central	0
21	Karak	0
22	Hangu	0
23	Chitral	0
24	Dir Lower	0
25	Swat	0
26	Swabi	0
27	Tor Ghar	0
	Total	193

#### 18. 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

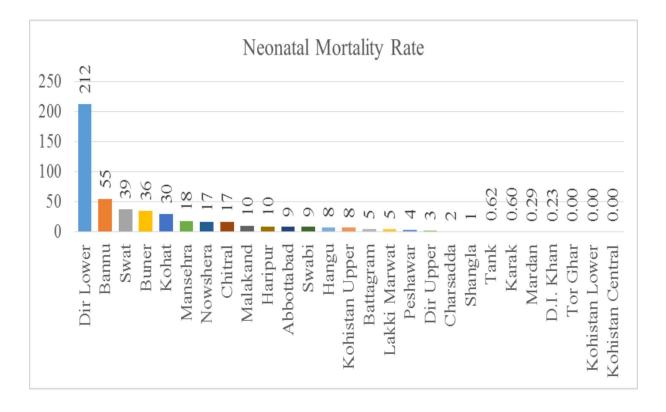
A neonatal death is the death of a baby within the first 4 weeks of life.

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 34 of the province]

S. No	DISTRICT	Live births	Neonatal Deaths	Neonatal Mortality Rate
1	Dir Lower	19353	4107	212
2	Bannu	20445	1130	55
3	Swat	31006	1197	39
4	Buner	9611	346	36
5	Kohat	12091	367	30
6	Mansehra	7953	145	18
7	Nowshera	9202	159	17
8	Chitral	7510	125	17
9	Malakand	15784	157	10

10	Haripur	8988	86	10
11	Abbottabad	8077	70	9
12	Swabi	9774	84	9
13	Hangu	4513	37	8
14	Kohistan Upper	263	2	8
15	Battagram	5867	29	5
16	Lakki Marwat	4351	20	5
17	Peshawar	13027	56	4
18	Dir Upper	8986	28	3
19	Charsadda	9560	16	2
20	Shangla	5624	8	1
21	Tank	3225	2	0.62
22	Karak	4976	3	0.60
23	Mardan	13966	4	0.29
24	D.I. Khan	4321	1	0.23
25	Tor Ghar	473	0	0.00
26	Kohistan Lower	107	0	0.00
27	Kohistan Central	0	0	0.00
Total		239053	8179	34



Graph and table illustrate the neonatal mortality rates in 2019 (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.

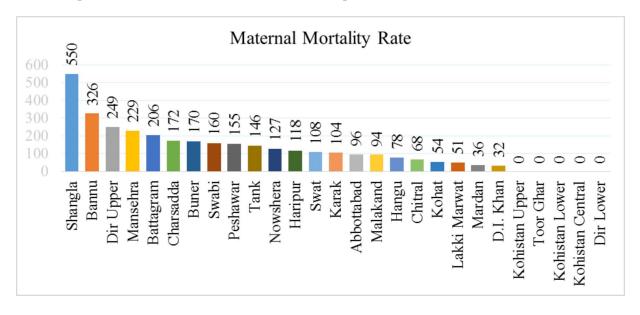
#### [Over Maternal Mortality Rate is 132 of the province]

S. No	DISTRICT	Delivery by skilled persons reported	Maternal deaths reported	Maternal Mortality Rate
1	Shangla	2180	12	550
2	Bannu	11036	36	326
3	Dir Upper	1604	4	249
4	Mansehra	17921	41	229
5	Battagram	1458	3	206
6	Charsadda	16282	28	172
7	Buner	4696	8	170
8	Swabi	13748	22	160
9	Peshawar	27725	43	155
10	Tank	5483	8	146
11	Nowshera	14127	18	127
12	Haripur	13524	16	118
13	Swat	27767	30	108
14	Karak	5743	6	104
15	Abbottabad	15635	15	96
16	Malakand	10654	10	94
17	Hangu	1289	1	78
18	Chitral	7355	5	68
19	Kohat	3673	2	54
20	Lakki Marwat	1961	1	51
21	Mardan	22459	8	36
22	D.I. Khan	12566	4	32
23	Kohistan Upper	0	0	0
24	Tor Ghar	0	0	0
25	Kohistan Lower	0	0	0
26	Kohistan Central	0	0	0
27	Dir Lower	3974	0	0
	Total	242860	321	132

Districts Lakki Marwat and Kohat report 1 and 2 maternal deaths in **1961 and 3673** with the maternal mortality rate 51 and 54 reported by skilled persons in 2019.

Districts Shangla and Bannu stands at the top of the table and report 12 and 36 deaths against 2180 and 11036 with 550 and 326 maternal mortality rate in 2019. Districts Dir Upper to Haripur reported 249 to 118 Maternal Mortality Rate in 2019.

Serial no. 23 and 27 the districts Kohsitan upper, Tor Ghar, Kohistan Lower and Kohistan Central reported zero (0) maternal deaths in their respective districts in 2019.



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

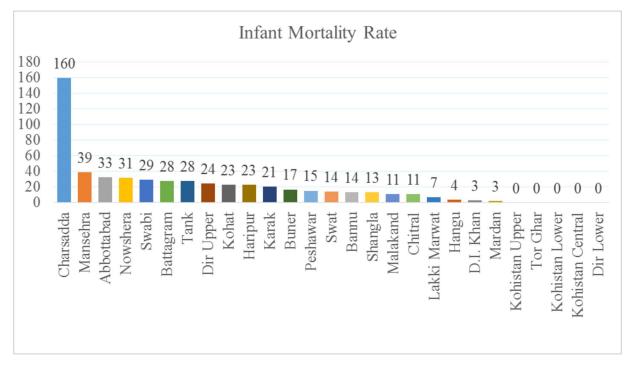
**Infant mortality** refers to deaths of children, typically those less than one year of age. It is measured by the infant mortality rate (IMR), which is the number of deaths of children under one year of age per 1000 live births.

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

[Over Infant Mortality Rate is 28 of the province]

_	DISTRICT	Delivery by skilled	<b>Infant Deaths</b>	Infant
		persons reported	Reported	<b>Mortality Rate</b>
1	Charsadda	16282	2599	160
2	Mansehra	17921	694	39
3	Abbottabad	15635	509	33
4	Nowshera	14127	445	31
5	Swabi	13748	401	29
6	Battagram	1458	41	28
7	Tank	5483	151	28
8	Dir Upper	1604	39	24
9	Kohat	3673	86	23
10	Haripur	13524	308	23
11	Karak	5743	118	21
12	Buner	4696	80	17
13	Peshawar	27725	429	15
14	Swat	27767	400	14
15	Bannu	11036	149	14
16	Shangla	2180	29	13
17	Malakand	10654	119	11
18	Chitral	7355	81	11

19	Lakki Marwat	1961	14	7
20	Hangu	1289	5	4
21	D.I. Khan	12566	37	3
22	Mardan	22459	57	3
23	Kohistan Upper	0	0	0
24	Tor Ghar	0	0	0
25	Kohistan Lower	0	0	0
26	Kohistan Central	0	0	0
27	Dir Lower	3974	0	0
Total		242860	6791	28



District Charsadda reported 2299 deaths against 16282 live births and the IMR is 160 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 3<sup>rd</sup> Party.

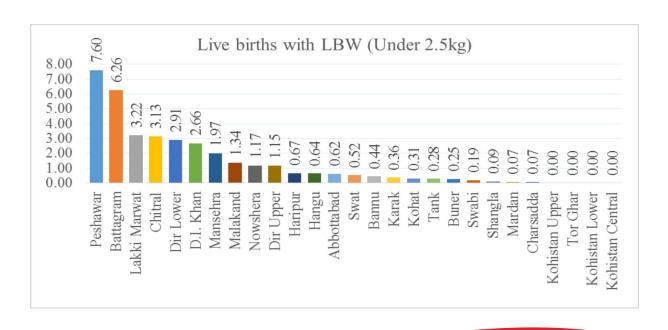
#### 19. District wise comparison of Live births with LBW (under 2.5kg)

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.

S. No	DISTRICT	Live Births in the Facility	Live births with LBW (Under 2.5kg)	%age
1	Peshawar	13027	990	7.60
2	Battagram	5859	367	6.26
3	Lakki Marwat	4351	140	3.22
4	Chitral	7510	235	3.13
5	Dir Lower	19353	563	2.91
6	D.I. Khan	4321	115	2.66
7	Mansehra	7953	157	1.97
8	Malakand	15784	212	1.34
9	Nowshera	9202	108	1.17
10	Dir Upper	8986	103	1.15
11	Haripur	8988	60	0.67
12	Hangu	4513	29	0.64
13	Abbottabad	8070	50	0.62
14	Swat	31006	162	0.52
15	Bannu	20445	90	0.44
16	Karak	4976	18	0.36
17	Kohat	12091	37	0.31
18	Tank	3225	9	0.28
19	Buner	9611	24	0.25
20	Swabi	9774	19	0.19
21	Shangla	5380	5	0.09
22	Mardan	13966	10	0.07
23	Charsadda	8581	6	0.07
24	Kohistan Upper	263	0	0.00
25	Tor Ghar	473	0	0.00
26	Kohistan Lower	107	0	0.00
27	Kohistan Central	0	0	0.00
	Total	237815	3509	1.48



#### 20. 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 Births in the Facility	Still Births in the Facility	%age
1	Kohat	12091	396	3.28
2	Shangla	5380	132	2.45
3	Buner	9611	196	2.04
4	Tank	3225	61	1.89
5	Lakki Marwat	4351	82	1.88
6	Mansehra	7953	146	1.84
7	Swat	31006	521	1.68
8	Swabi	9774	161	1.65
9	Mardan	13966	191	1.37
10	Malakand	15784	206	1.31
11	Dir Upper	8986	115	1.28
12	Hangu	4513	53	1.17
13	Battagram	5859	63	1.08
14	Toor Ghar	473	4	0.85
15	Peshawar	13027	103	0.79
16	Chitral	7510	58	0.77
17	Bannu	20445	148	0.72
18	Karak	4976	33	0.66
19	Haripur	8988	47	0.52
20	Charsadda	8581	43	0.50
21	Abbottabad	8070	37	0.46
22	D.I. Khan	4321	18	0.42
23	Nowshera	9202	14	0.15
24	Dir Lower	19353	29	0.15
25	Kohistan Upper	263	0	0.00
26	Kohistan Lower	107	0	0.00
27	Kohistan Central	0	0	0.00
	Total	237815	2857	1.20

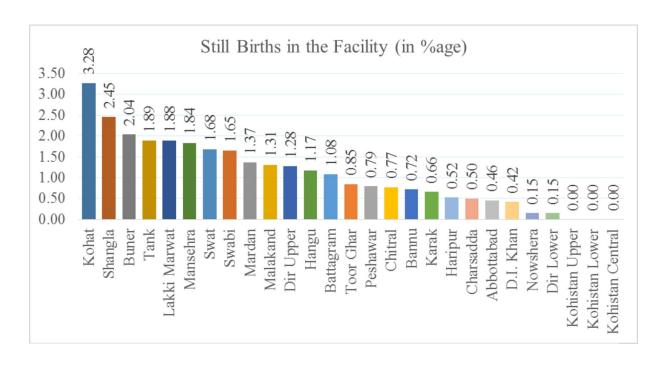


Table and Graph reflects the district wise comparison of the stillbirths in percentage.



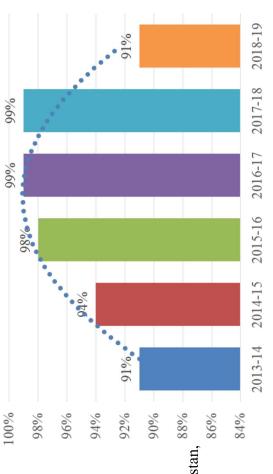
## 6 Years Comparison Report 2013-14 to 2018-19



The graph shows the year wise comparison of reporting compliance. The target for reporting compliance is 95% and it can be seen that during previous four years, the reporting regularity of Province Khyber Pakhtukwa is above the target.

Compliance has dropped in 2018-19 due to division of Kohistan district in Upper Kohistan, Lower Kohistan, and Central Kohistan (Kolai Palas) Districts.

These Districts have now started but have missed the target.



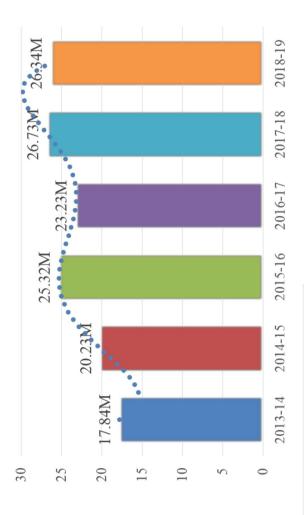
#### Per Capita OPD Attendance

The year wise comparison of per capital OPD attendance. It shows an overall improvement.



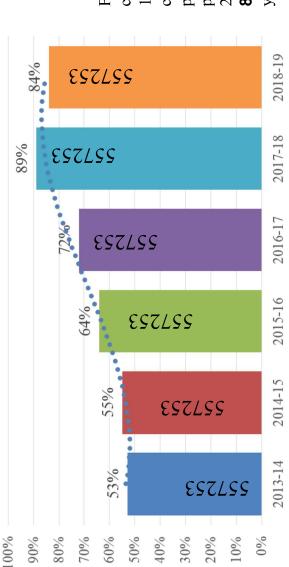
#### **Total OPD Visits**

The graph shows the year wise comparison of total OPD visits. The number of OPD visits has increased remarkably during 2017-18 (26.73M) and slight decreased in 2018-19, which is 26.34M. The reason is that almost all government health facilities have started reporting through DHIS MIS.



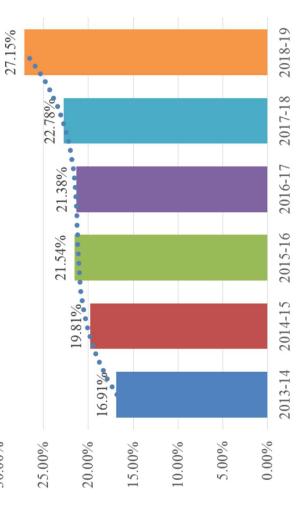
#### **Antenatal Care Services**

Figure shows the year wise comparison of percentage of ANC-1 visits. This percentage is calculated from the expected pregnancies during the year. The percentage has improved from year 2013-14 to 2017-18, (53% to 89%) and decreased in financial year 2018-19, which is 84%.



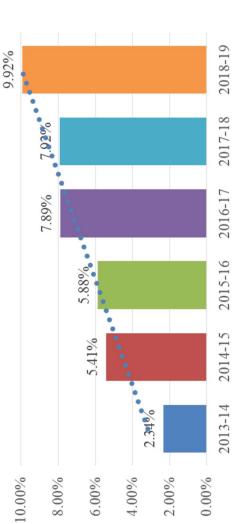
## Deliveries Conducted at Health Facilities

The graph shows the year wise comparison of percentage of deliveries conducted at health facilities. There is improvement every year in percentage of deliveries conducted in government (Primary and Secondary) health facilities excluding MTIs and Private setups.



#### Caesarean Section

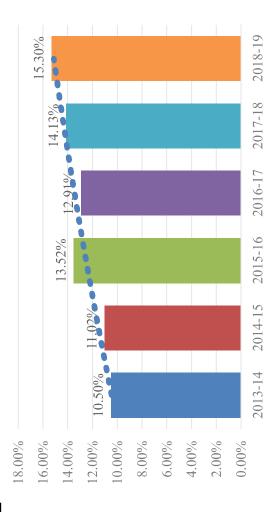
The graph shows the year wise comparison of C- Section performed. The percentage is calculated from the total C-Section conducted at health facilities. From 2013-14 to 2018-19 the percentage of C-Sections are increasing in trend. Though C-Sections fall in safe range i.e (7% to 15%), yet it should be advocated that C-Section be only conduct as per academic criteria for C-



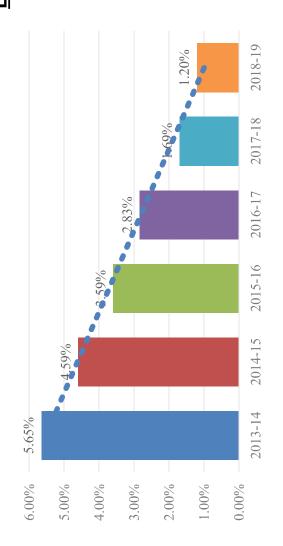
12.00%

## Anaemic Women Coming for ANC

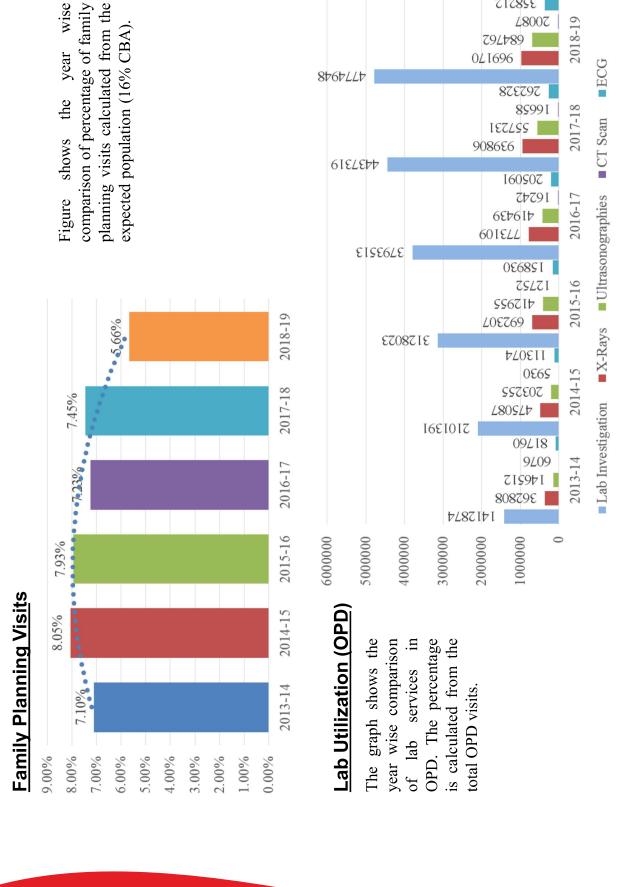
Graph shows the year wise comparison of anaemic women coming for ANC-1 at the health facilities. The lowest number 2103-14, which is **10.50%** in highest number of anaemic women was reported in 2018-19, which is **15.30%**. A program must be launched to control anaemia.



## Low Birth Weight (LBW) Babies

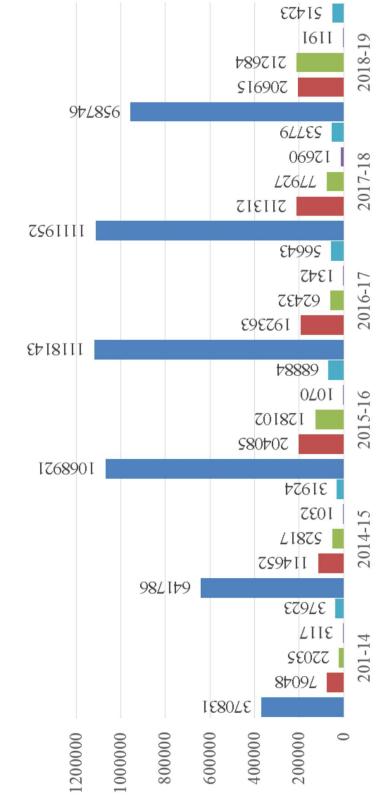


The graph shows the year wise comparison of number of babies with low birth weight delivered at government health facilities. The graph shows year wise decreasing trend of LBW cases from 5.65% in 2013-14 to 1.20% in 2018-19.



### Lab Utilization (Indoor)

The graph shows the year wise comparison of lab services in indoor.

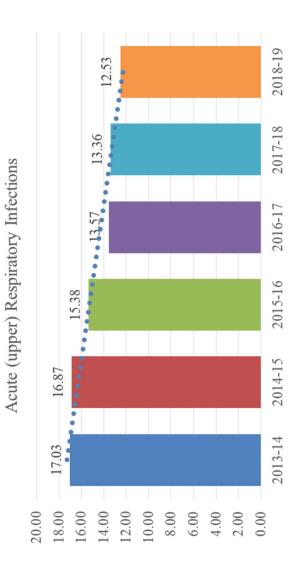


■ Lab Investigation ■ X-Rays ■ Ultrasonographies ■ CT Scan

## Comparison of Top Five Diseases (20034 to 201819)

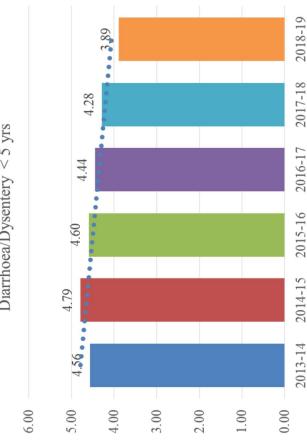
	OPD (New Cases)	17840171 2013-14	2013-14	20229494	201415	25315080	2015-16	25315080 201516 23225149 201617	2016-17	26734236	2017-18
S. Nc	S. No Name of Indicator	2013-14	%age	2014-15	%age	2015-16	%age	2015-16   %age   2016-17   %age	%age	2017-18	%age
	Acute (upper) Respiratory Infections (ARI)	3038576	17.03	3412874	16.87	3892491	15.38	3151220	13.57	3892491 15.38 3151220 13.57 3572246	13.36
2	Diarrhoea/Dysentery in under 5 yrs	813349	4.56	968256	4.79		4.60	1031552	4.44	1164017   4.60   1031552   4.44   1145325	4.28
3	Diarrhoea/Dysentery in >5 yrs	645748	3.62	790891	3.91	945519	3.74	3.74 855684 3.68	3.68	933316	3.49
4	4 Urinary Tract Infections	568292	3.19	675556	3.34	771542	3.05	3.05   721458   3.11	3.11	898268	3.36
5	5 Fever due to other causes 896954	896954	5.03	983022	4.86	4.86         1215891         4.80         1020015         4.39         1037695	4.80	1020015	4.39	1037695	3.88

#### Acute Respiratory Infection



The graph shows the year wise comparison of Acute (upper) Respiratory Infections (ARI. The percentage is calculated from total new cases.





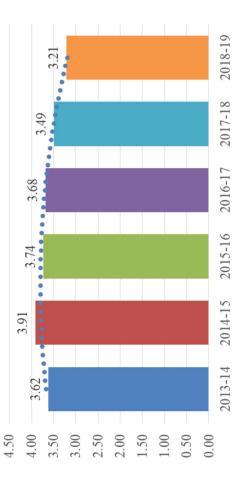
#### Diarrhoea/Dysentery < 5 years

years. The percentage is calculated from comparison of Diarrhoea/Dysentery < 5 graph shows the year wise total cases.

#### Diarrhoea/Dysentery >5 years

comparison of Diarrhoea/Dysentery > 5 years. The percentage is calculated from The graph shows the year total cases.

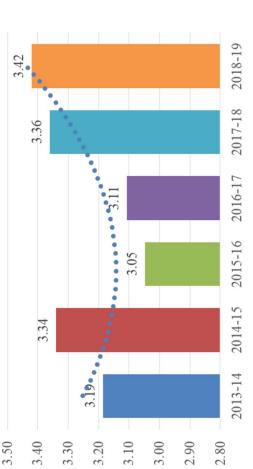
#### Diarrhoea/Dysentery >5 yrs



### **Urinary Tract Infections**

Urinary Tract Infections

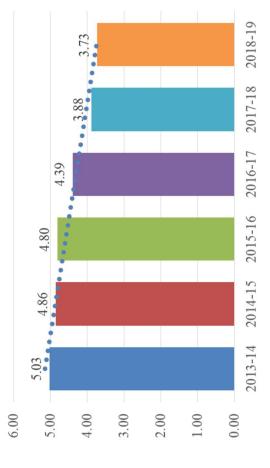
The graph shows the year wise comparison of Urinary Tract Infections. The percentage of UTI is calculated from total new cases.



#### Fever due to other causes

#### Fever due to Other Causes

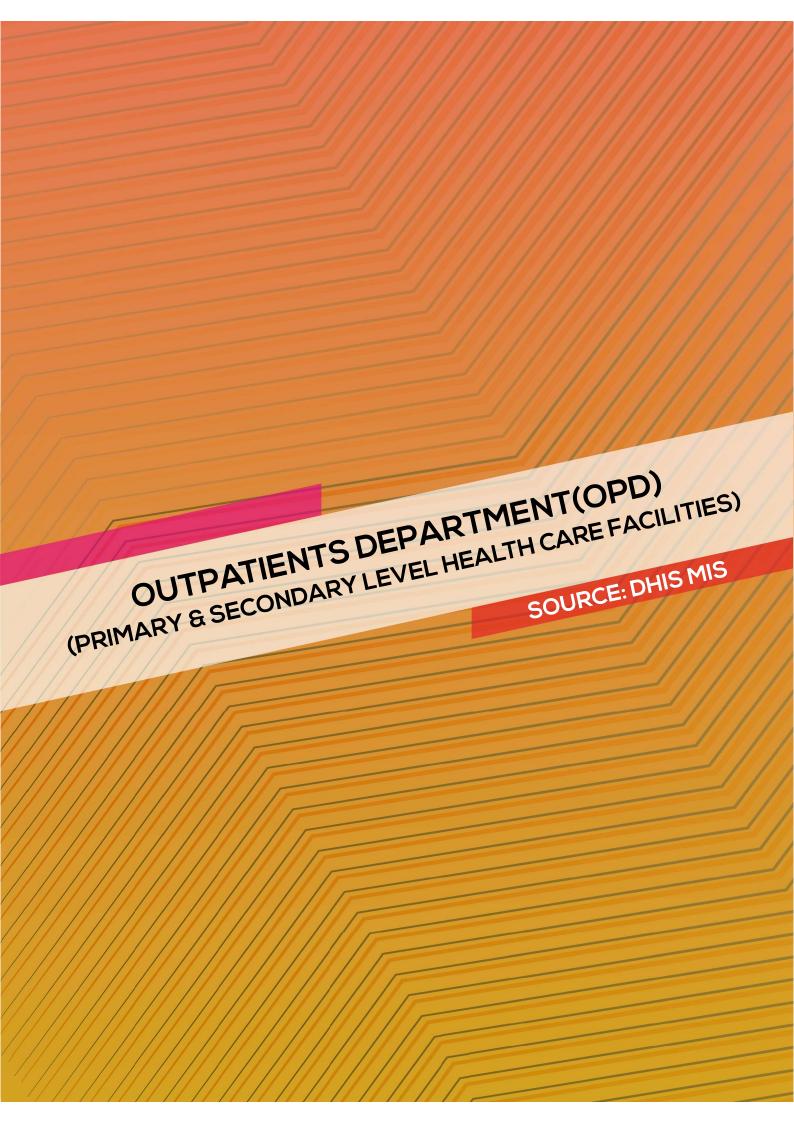
The graph shows the year wise comparison of fever due to Other causes. The percentage fever due to Other causes is calculated from total new cases.



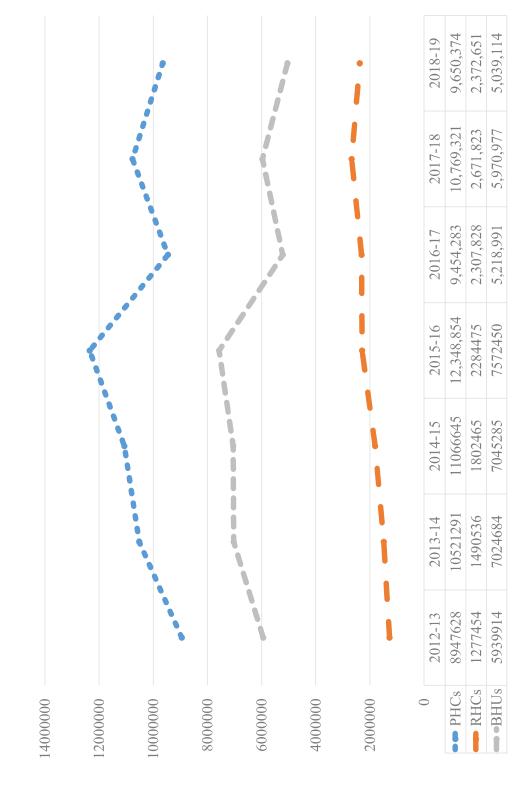


# Sequence of Presentation:

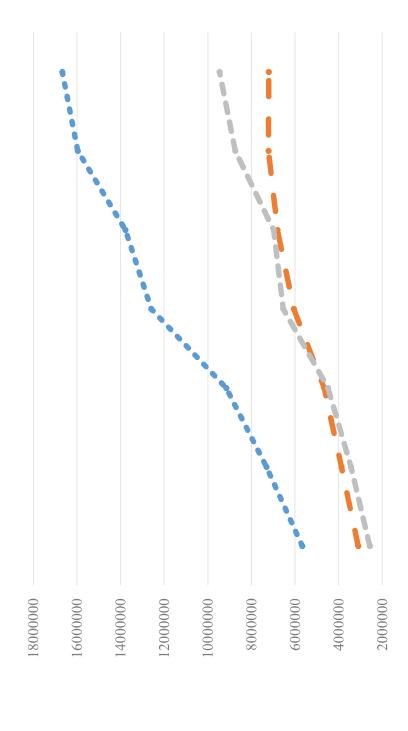
- Secondary Health Care level facilities. (PHC and SHC) • OPD - Number of patients examined in Primary and
- Number of deliveries in PHC and SHC facilities
- Trend of Communicable diseases
- Trend of Non-Communicable diseases



# Out Patients Department (Primary Level Health Care Facilities)



Out Patients Department (Secondary Level Health Care Facilities)



	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
•• SHCs	5675738	7317154	9155414	12,601,571 13,778,695 15,961,607 16,674,287	13,778,695	15,961,607	16,674,287
- DHQs	3106810	3877873	4668500	6058113	6,798,794	7,215,382	7,208,583
<ul> <li>Other Seconcary Hospitals</li> </ul>	2568928	3439281	4486914	6543458	6979901	8,746,225	9,465,704

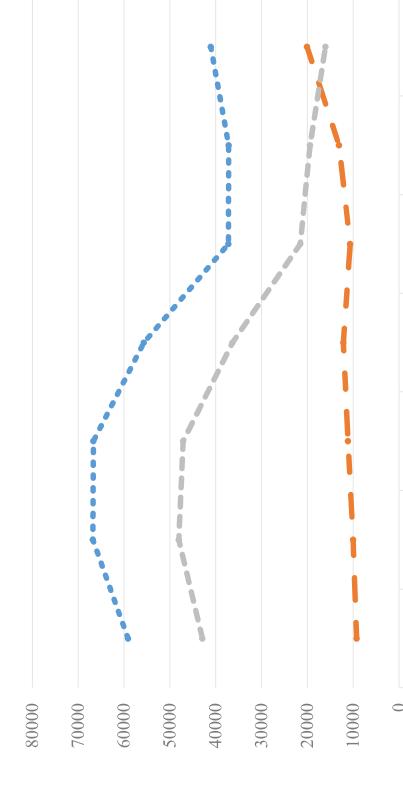
#### Analysis

- There is increasing trend of OPD both at Primary and Secondary health care (SHC)
- Increasing trend at PHC level is a bit slower than SHC.
- Over all increase in OPD reflects confidence of the community in public health facilities.

## Recommendation

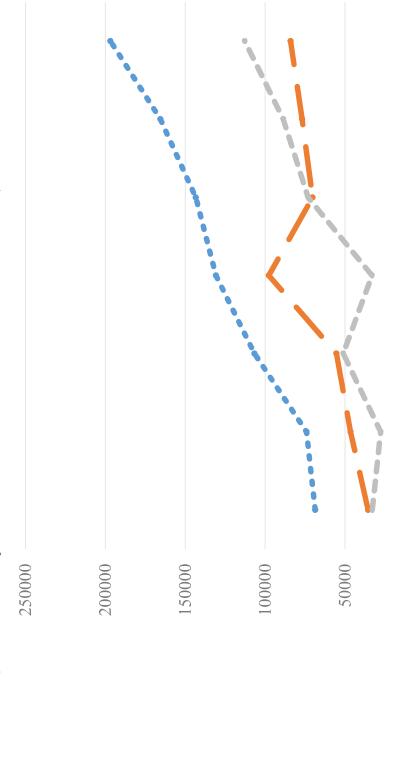
- Focus and attention is required to improve health care services at PHC level.
- Momentum of improved services at SHC level needs to be sustained.
- Burden on health facilities will put pressure on logistics, in near future.
- Community awareness programs regarding the health care services provided at a specific level needs to be initiated utilizing electronic, print and social media.

# Deliveries (Primary Level Health Care Facilities)



	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
•• PHCs	59091	66814	66693	86955	37183	37136	41,072
RHCs	9212	0266	111101	12090	10614	13068	20,027
-BHUs	42867	48045	47078	36319	21530	19407	16,023

# Deliveries (Secondary Level Health Care Facilities)



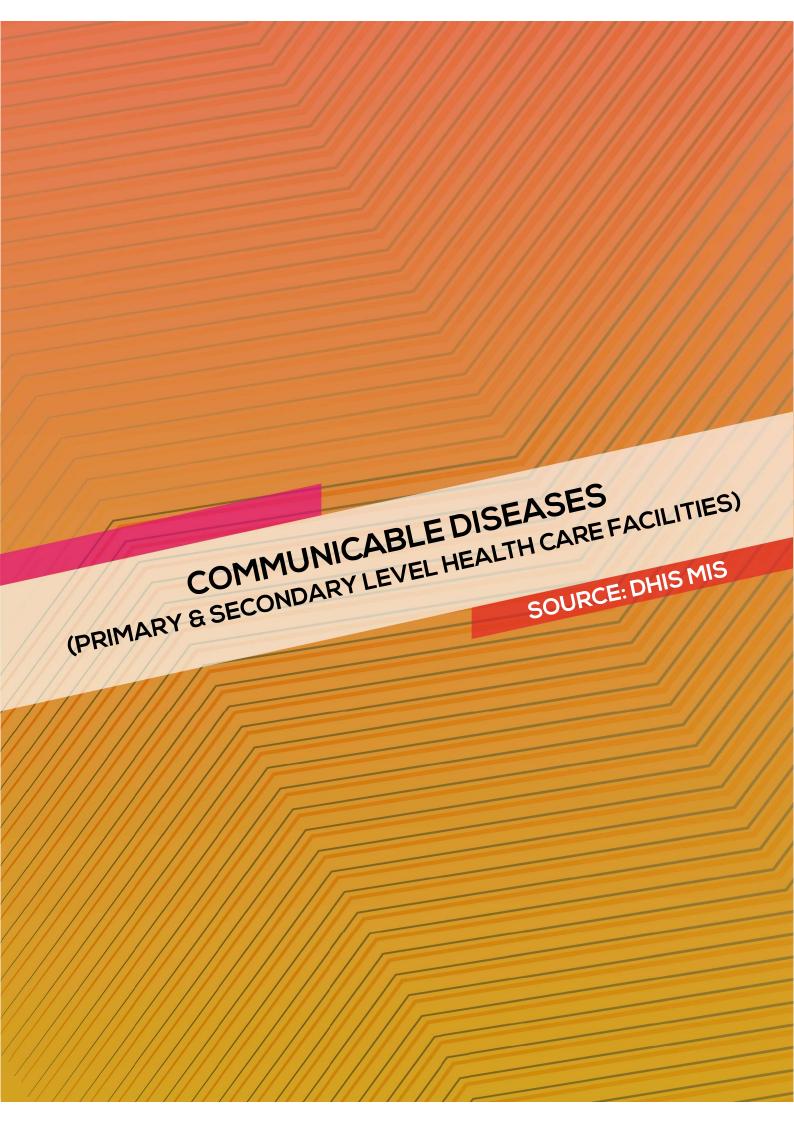
	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2017-19
•• SHCs	68663	74201	106684	130890	143,555	165,669	196,896
DHQs	35662	46543	55522	041790	70,390	76,998	84,092
-Other Secondary Hospitals	33001	27658	51162	33100	73,165	88,671	112,804

#### Analysis

- Downward trend of deliveries at Primary Health Care (PHC) level shows stagnancy and poor performance.
- Upward trend of deliveries at secondary health care (SHC) level (Hospitals) show efforts and good performance.
- Over all increase of deliveries in public health care facilities will ensure improved maternal and new born care resulting in reduced infant and maternal mortality rates thereby helping in the achievement of SDGs.

## Recommendation

- Focus and attention is required to improve health care services at PHC level.
- Improved services at SHC level needs to be sustained.
- Referral and coordination services to/with tertiary health care facilities should be improved to deal with complicated labour cases, timely.



Acute (upper) Respiratory Infections (Primary Level Health Care Facilities )



445,228

464,097

427,107

445,423

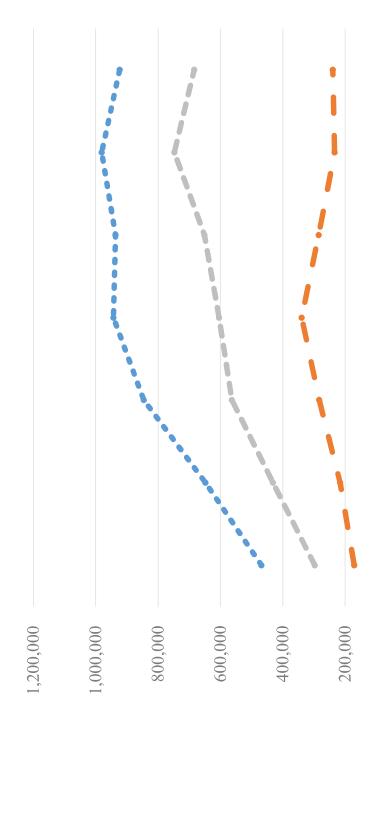
357,490

294,897

216,983

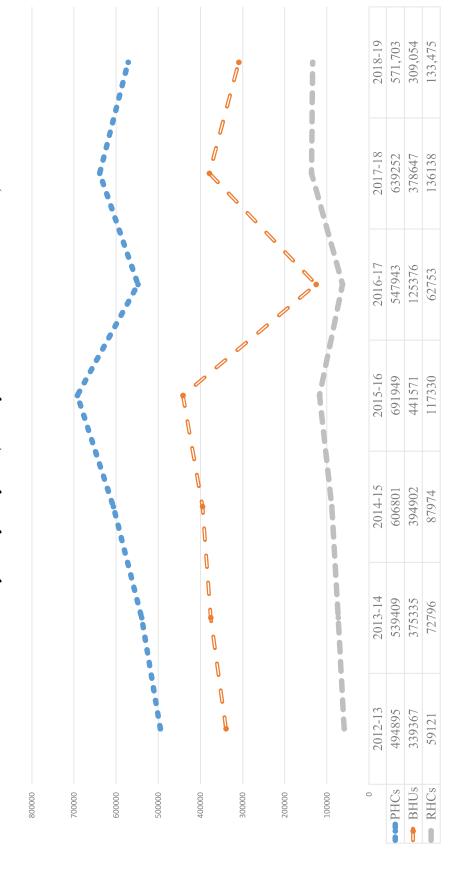
RHCs

Acute (upper) Respiratory Infections (Secondary Level Health Care Facilities )

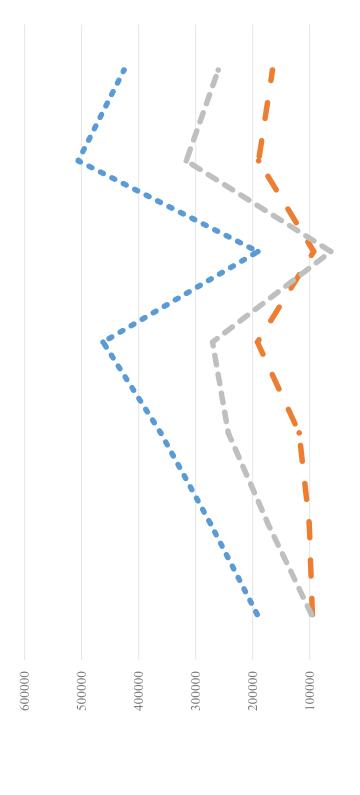


1	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
•• SHCs	468,188	648,189	846,119	943,555	936,292	981,280	923,150
■ DHQs	170,502	216,321	282,824	339,374	284,689	233,439	239,066
<ul> <li>Other Seconcary Hospitals</li> </ul>	297,686	431,868	563,295	604,181	651,603	747,841	684,084

Diarrhea/Dysentery < 5 years (Primary Level Health Care Facilities )



Diarrhea/Dysentery < 5 years (Secondary Level Health Care Facilities )

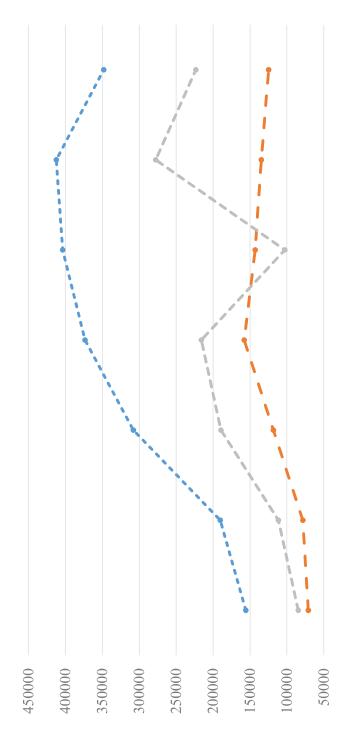


	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
••• SHCs	192171	273911	361237	462275	190974	505875	425,638
■ DHQs	95285	100756	118308	191774	92708	189573	165,124
<ul> <li>Other Seconcary Hospitals</li> </ul>	98896	173155	242929	270501	62753	316302	260,514

Diarrhea/Dysentery >5 years (Primary Level Health Care Facilities)



Diarrhea/Dysentery >5 years (Secondary Level Health Care Facilities )

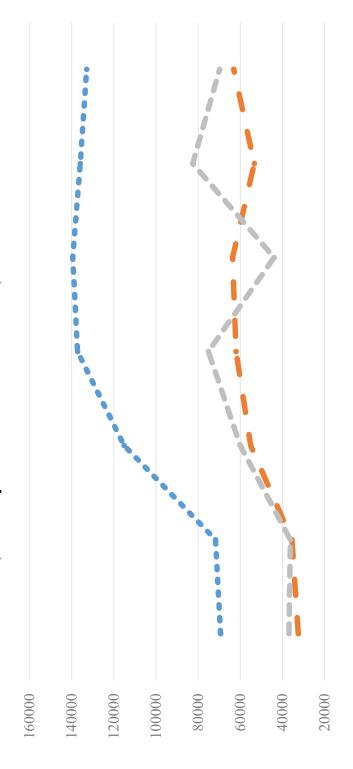


	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
SHCs	155631	190294	307919	373440	403923	412526	348,057
<b>→</b> DHOs	70964	78647	118407	157850	143192	134842	124,809
Other Seconcary Hospitals	84667	111647	189512	215860	102807	277684	223,248

Scabies (Primary Level Health Care Facilities)



Scabies (Secondary Level Health Care Facilities )



D	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
•• SHCs	69414	71775	115195	137230	139479	135928	132,896
■DHQs	32461	35475	55108	62087	63659	53387	63,067
<ul> <li>Other Seconcary Hospitals</li> </ul>	36953	36300	28009	75143	43943	82541	69,829

295,368 2018-19 2017-18 300440 Suspected Malaria (Primary Level Health Care Facilities ) 2016-17 237481 Ì 250310 2015-16 2014-15 230328 2013-14 238967 198838 2012-13 •• PHCs 350000 200000 50000 300000 250000 100000 150000

159,556

168899

125376

133492 56388

172551 44746

147012

123965

- BHUs

32686

-RHCs

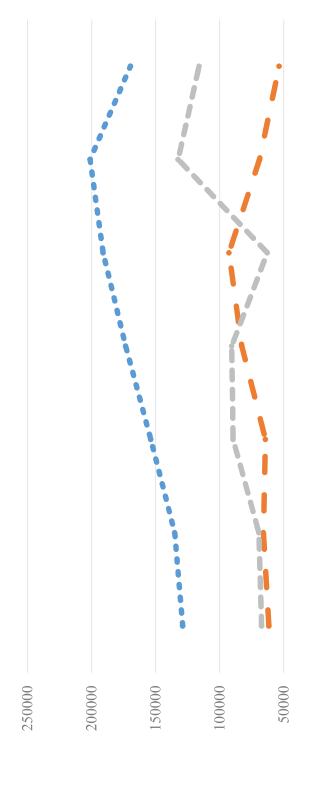
43458

62753

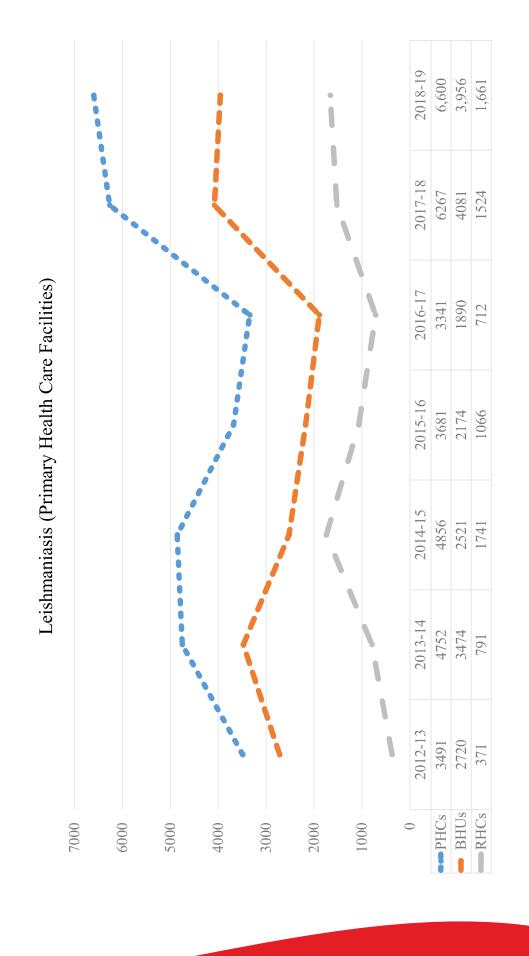
63979

70,089

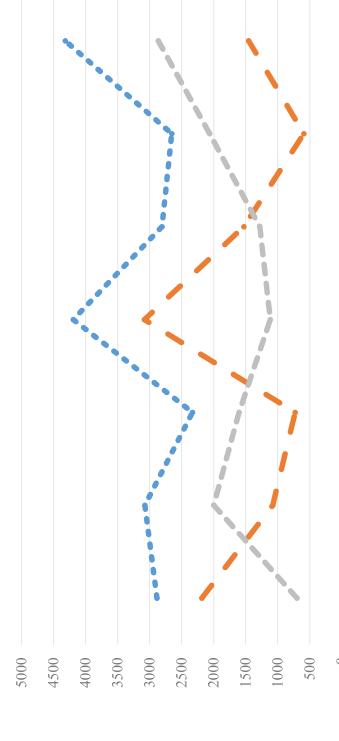
Suspected Malaria (Secondary Level Health Care Facilities )



	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
••• SHCs	128840	135112	153725	173439	190974	201255	169,641
- DHQs	61594	65741	64206	82779	92708	92889	53,542
<ul> <li>Other Seconcary Hospitals</li> </ul>	67246	69371	89519	09906	62753	132379	116,099



Leishmaniasis (Secondary Health Care Facilities)



2018-19 4,318 1,454 2,864

2017-18

2063 593

1278

1114

2000

Other Seconcary Hospitals

#### Analysis

• There is overall increasing trend of communicable diseases at PHC and SHC levels.

## FORECASTING OF REQUIRED MEDICINES IS POSSIBLE:

• District wise tabulated data indicates priority need of relevant districts with regards to the needed medicine hence forecasting the demand becomes possible.

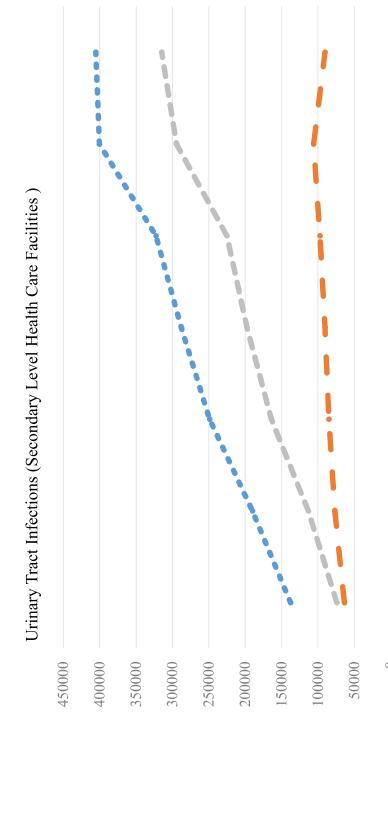
## Recommendation

- Purchase of medicines should be done according to the disease trends of the districts. (in addition to intuition/experience)
- Preventive measures should be taken with in the available resources.
- Multi-sectoral approach is obligatory to control communicable diseases eg improved sanitation, clean drinking water, good environment etc



Urinary Tract Infections (Primary Level Health Care Facilities )

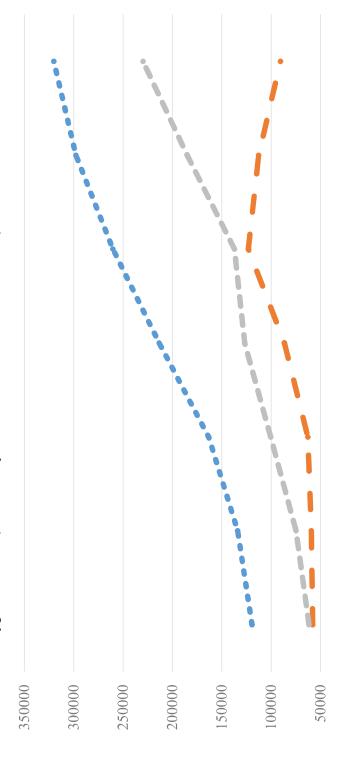




Hypertension (Primary Level Health Care Facilities)



Hypertension (Secondary Level Health Care Facilities)



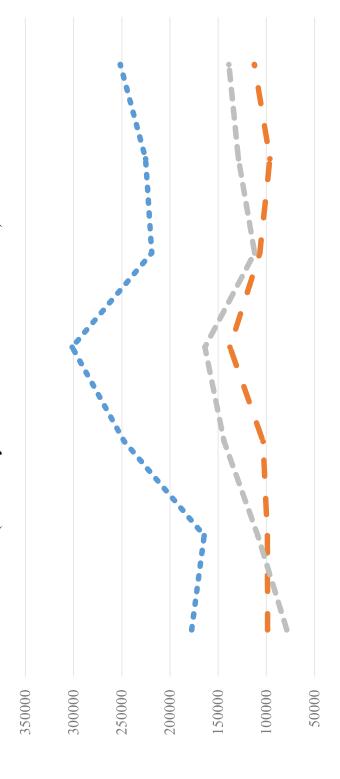
	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
••• SHCs	119379	133993	163184	213400	260276	297772	320,167
■ DHQs	57765	59294	62789	86605	123024	112669	90,392
<ul> <li>Other Seconcary Hospitals</li> </ul>	61614	74699	100395	126795	137252	185103	229,775

Diabetes Mellitus (Primary Level Health Care Facilities)



2018-19	165,157	76,653	54,370
2017-18	166729	81151	60704
2016-17	140901	68772	51787
2015-16	232804	77916	111789
2014-15	209419	72130	88240
2013-14	207834	61312	67477
2012-13	142407	49923	58954
	•• PHCs	<ul><li>BHUs</li></ul>	

Diabetes Mellitus (Secondary Level Health Care Facilities)



	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
•• SHCs	177549	164383	247446	301601	218945	225404	251,558
■ DHQs	98632	60066	103496	137760	106779	60896	112,519
<ul> <li>Other Secondary Hospitals</li> </ul>	78917	108828	143950	163841	112166	129095	139,039

131,536 249,937 2018-19 65,693 2017-18 Peptic Ulcer Diseases (Primary Level Health Care Facilities) 2016-17 ! 2015-16 2014-15 !!! 2013-14 2012-13 BHUs -- PHCs -RHCs 

2018-19 230,531 2017-18 Peptic Ulcer Diseases (Secondary Level Health Care Facilities ) 2016-17 2015-16 2014-15 2013-14 2012-13 

140,922

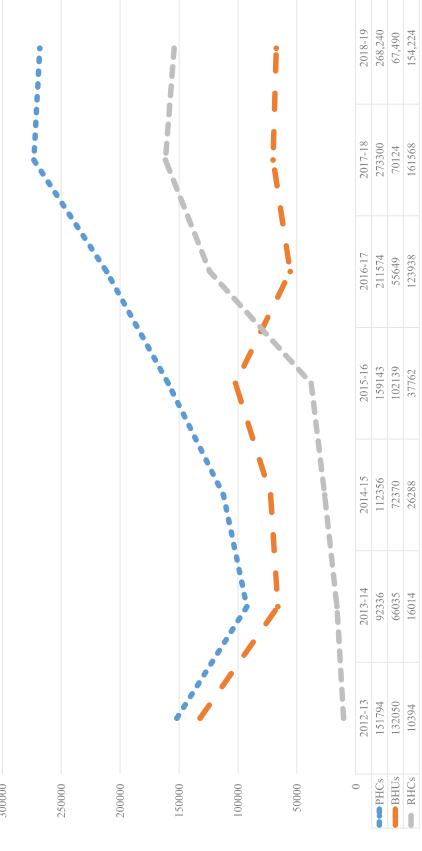
89,609

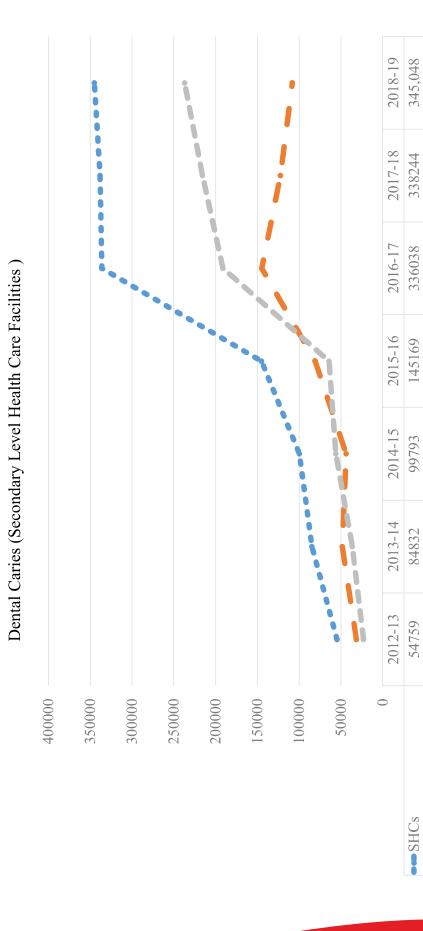
Other Seconcary Hospitals

-DHQs SHCs

300000

Dental Caries (Primary Level Health Care Facilities )





108,076 236,972

80883 64286

43662 56131

Other Secondary Hospitals

■DHQs

### Analysis

- Khyber Pakhtunkhwa is facing double burden of disease (both communicable and noncommunicable disease are on the rise)
- Cardiovascular diseases, Peptic Ulcer, dental caries and Diabetes are especially on the rise

# Recommendation

### Preventive:

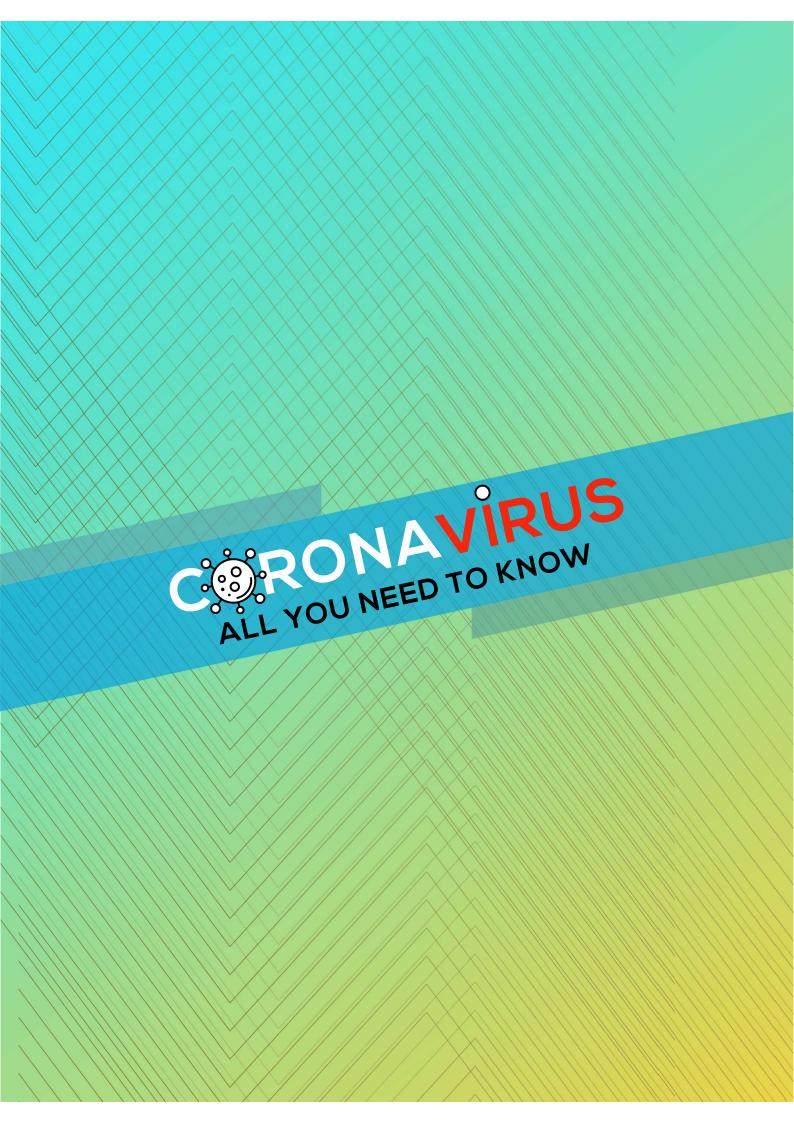
- Projects may be designed to run awareness campaigns in the community regarding steps to prevent non communicable diseases and promote health.
- Partners of health department can also play pivotal role.
- Links between the department and Khyber Medical University/other institutions could be established for joint efforts in the community.

### Curative:

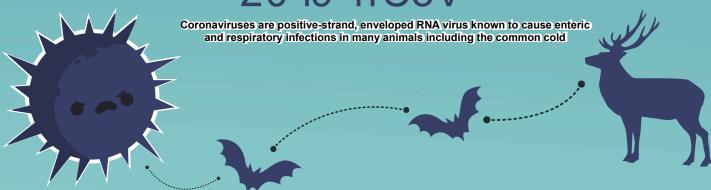
• Districts should manage human resource and logistics according to disease burden

## Good governance:

• Increased burden of diseases demand increase in budget reciprocally with regards to operational budget. Logistics, medicines etc.



### 2019-nCoV



Coronaviruses are large group of viruses that are common among animals. In rare cases, they are what scientists call zoonotic, meaning they can be transmitted from animals to humans.

The viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold

### **Case Definition**

### Confirmed Case

A person with laboratory confirmation of infection with the novel Coronavirus

### **Probable Case**

A person with an acute respiratory infection with clinical, radiological or histopathological evidence of pulmonary parenchymal diseases (Pneumonia or ARDS)



SORE THROAT

FEVER



**RUNNY NOSE** 



**HEADACHE** 

### **PREVENTION**

There are currently no vaccine available to protect you against human coronavirus infection.

Transmission is reduced through:





Avoiding close contact with people who are sick

### HOW OTHER CORONAVIRUSES SPREAD

The air by coughing and sneezing

Close personal contact, such as touching or shaking hands

Touching an object or surface with virus on it

Rarely, fecal contamination

If you are mildly sick, keep yourself hydrated, stay at home, and rest If you are concerned about your symptoms, you should see your health care provider.







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