

# DISTRICT HEALTH INFORMATION SYSTEM



EVIDENCE BASED DECISION MAKING

Annual  
Report  
2015

*Because  
We Care!*





# DISTRICT HEALTH INFORMATION SYSTEM ANNUAL REPORT 2015



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## *Our Guiding Principle*



O ALLAH, INCREASE US  
IN KNOWLEDGE!

اے میرے رب! میرے علم میں اضافہ فرما۔



## **ACKNOWLEDGMENTS**



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

## INTEGRATED MONITORING & EVALUATION

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HEALTH  
DEPARTMENT  
KHYBER PAKHTUNKHWA

### INTEGRATED MONITORING & EVALUATION

An Online Performance Monitoring System



#### Login



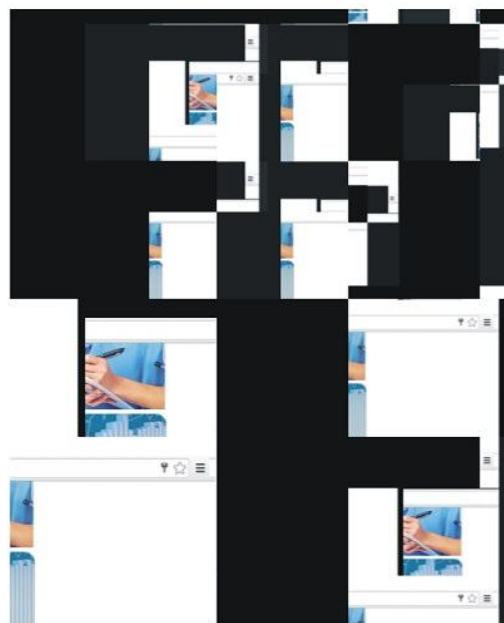


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## KPHIS

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KPHIS serves to link different management information system available at one place.  
Other pillars will be linked in future.

# 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 Workder
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

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# SOME USEFUL INFORMATION



## MISSION & VISION STATEMENT OF HEALTH DEPARTMENT



### **Mission Statement ([www.healthkp.gov.pk](http://www.healthkp.gov.pk))**

The mission of the Department of Health Government of Khyber Pakhtunkhwa is to protect the Health of all citizens in Khyber Pakhtunkhwa Province.

### **Vision Statement**

The Department of Health will reorganize the Health Sector in Khyber Pakhtunkhwa Province with clear distinction between regulation, financing and provision of health services in order to achieve the optimum benefit within the available resources for the people of Khyber Pakhtunkhwa Province.

Strategic Objectives (Ref.: HSS 2010-2017):

1. Enhancing coverage & access to essential health services specially for the poor & vulnerable.
2. Measure able reduction in morbidity & morbidity due to, diseases specially among vulnerable segments of population.
3. Improved Human Resource Management.
4. Improved Governance & Accountability.
5. Improved Regulation & Quality Assurance.



## VISION AND MISSION OF DHIS



### **VISION:**

Vision of District Health information system (DHIS)

The Vision of District Health information system (DHIS) is to improve the health care services through evidence based management health service delivery.

### **MISSION:**

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence based management and performance improvement of the district health system.

# **DISTRICT HEALTH INFORMATION SYSTEM ANNUAL REPORT 2015**

**Information from primary & secondary public healthcare facilities**

**Source: DHIS Database**



## INTRODUCTION DISTRICT HEALTH INFORMATION SYSTEM



### Overview of DHIS

District Health Information System (DHIS) is a mechanism of data collection, transmission, processing, and analysis and information feedback to the primary and secondary level health facilities. DHIS provides a baseline data for district planning implementation and monitoring on major indicators of disease pattern, preventive services and other resources.

### Important features of DHIS

DHIS is a district based routine Health Information System.

- Responds to the information need of the District Health System performance monitoring function both at district level and provincial level.
- DHIS provides set of indicators
- Promotes/Supports evidence based decision making at local level and provincial level.
- Cater to the important routine health information needs of the provincial levels monitoring policy implementation.
- DHIS is an improved version of HMIS as it incorporates many indicators from HMIS.
- DHIS was working off line while it starts online reporting from September 2013 in the province Khyber Pakhtunkhwa.

### Salient Features of Report

DHIS is fully implemented and functional in all the districts of Khyber Pakhtunkhwa province since 2009, and start online reporting system from 2013. Thus there is a regular need of data analysis for promoting evidence based decision making and improvement in data quality.

The overall purpose of this report is to provide basic analysis of key performance indicators (KPIs) to the district manager and facility in-charges. This would then ensure the identification of problem areas or best practices, problem analysis and planning of solutions, implementation of the solutions, monitoring and evaluating the solutions.

This report shall assist the district and provincial health managers to analyze the health situation, their services (e.g EPI, TB-DOTS, Malaria, MCH and Family Planning Services etc), availability of drugs/supplies, essential equipment and utilities etc. Other users of this report would be the district, provincial managers who are some way or the other involved in improving the health services and have a role in the overall healthcare delivery system.

**Disease Pattern in out Patient Department (43 Disease reported by DHIS)**

S.No	Name of Disease
1	Acute (upper) Respiratory Infections (ARI)
2	Fever due to other causes
3	Diarrhoea/Dysentery in under 5 yrs
4	Urinary Tract Infections
5	Diarrhoea/Dysentery in >5 yrs
6	Hypertension
7	Dental Caries
8	Peptic Ulcer Diseases
9	Scabies
10	Suspected Malaria
11	Worm infestation
12	Pneumonia under 5 years
13	Depression
14	Asthma
15	Diabetes Mellitus
16	Dermatitis
17	Otitis Media
18	Pneumonia >5 years
19	Enteric / Typhoid Fever
20	Road traffic accidents
21	Suspected Viral Hepatitis
22	Cataract
23	TB Suspects
24	Fractures
25	Dog bite
26	Chronic Obstructive Pulmonary Diseases
27	Ischemic Heart Disease
28	Trachoma
29	Burns
30	Glaucoma
31	Nephritis/Nephrosis
32	Drug Dependence
33	Suspected Measles
34	Epilepsy
35	Benign Enlargement of Prostate
36	Cirrhosis of Liver
37	Sexually Transmitted Infections
38	Cutaneous Leishmaniasis
39	Suspected Neonatal Tetanus
40	Suspected Meningitis
41	Acute Flaccid Paralysis
42	Snake bites (with signs/symptoms of poisoning)
43	Suspected HIV/AIDS

**Communicable Diseases**

S.No	Name of Disease
1	Acute (upper) Respiratory Infections (ARI)
2	Diarrhoea/Dysentery in under 5 yrs
3	Diarrhoea/Dysentery in >5 yrs
4	Scabies
5	Suspected Malaria
6	Worm infestation
7	Pneumonia under 5 years
8	Pneumonia >5 years
9	Enteric / Typhoid Fever
10	Suspected Viral Hepatitis
11	TB Suspects
12	Trachoma
13	Suspected Measles
14	Sexually Transmitted Infections
15	Cutaneous Leishmaniasis
16	Suspected Neonatal Tetanus
17	Suspected Meningitis
18	Acute Flaccid Paralysis
19	Suspected HIV/AIDS

**Non-Communicable Diseases**

S.No	Name of Disease
1	Fever due to other causes
2	Urinary Tract Infections
3	Hypertension
4	Dental Caries
5	Peptic Ulcer Diseases
6	Depression
7	Asthma
8	Diabetes Mellitus
9	Dermatitis
10	Otitis Media
11	Road traffic accidents
12	Cataract
13	Fractures
14	Dog bite
15	Chronic Obstructive Pulmonary Diseases
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19	Nephritis/Nephrosis
20	Drug Dependence
21	Epilepsy
22	Benign Enlargement of Prostate
23	Cirrhosis of Liver
24	Snake bites (with signs/symptoms of poisoning)

**DISTRICT HEALTH INFORMATION SYSTEM  
ANNUAL REPORT  
2015**

**EXECUTIVE SUMMARY**

The provision of timely and effective healthcare services is the key objective of any country's health system. To maintain the health system in a good functioning status it is imperative to regularly monitor it through an efficient Health Information system. This system should be able to provide timely and qualitative information for evidence based decision making process. Realizing the impact of this very important factor especially in the public health sector DHIS Project regularly reports 79 indicators and 43 priority diseases. Apart from this indoor patients with varied disease pattern is also reported.

The detailed analysis of the annual report of 2015 data is presented in this report. The overall reporting compliance of the health facilities in Khyber Pakhtunkhwa 99%; all the districts improved the reporting compliance year in 2015 as compared to 2014. Data related to MTIs is not included in DHIS monthly reporting forms.

The total OPD 2015 was 20.303 million (January to December 2015). In Age and Gender wise analysis, the percentage of female patients were higher (58%) and the highest number of patients was reported in age group 15-49 years in which female were 46.44% and male were 31.41%.

Out of 43 diseases reported by DHIS, 19 are communicable and 24 non-communicable. The proportion of communicable disease was 60% while the non-communicable diseases were 40%.

Top ten diseases in Khyber Pakhtunkhwa Province, top five communicable and top five non-communicable diseases given in the reports should put planners into action thereby allocating needed funds to restrict these diseases.

Antenatal coverage is an indicator of access and utilization of health care services during pregnancy. In the annual report 2015, the overall ANC-1 coverage in Khyber Pakhtunkhwa was 21.76% of the total expected population.

Deliveries coverage at health facilities is an indicator of utilization of delivery services provided at public health facilities. The overall percentage of deliveries conducted in Khyber Pakhtunkhwa during the year 2015 was 22.03% of the total expected birth.

Out of the total live births, 4% babies were born with low birth weight (<2.5kg) necessitating improved nutritional status of women and children. Neonatal mortality rate was calculated and it was found 15 deaths (per thousand) of the total live births. In addition, in 2015 (44%) women were immunized against the expected population.

Number of pregnant women registered by LHWs indicator reflects the performance of LHWs and the extent to which pregnant women in the catchment area have come in contact with the public health system. The number of women registered by LHWs is 48424. The analysis of deliveries by skilled birth attendance (SBAs) is based on the information provided by the LHWs. Fifty nine (59%) deliveries were reported by skilled birth attendance in 2015.

**1. Reporting Compliance**

**Definition:** This indicator represents the percentage of public health facilities that have submitted.

The indicator reflects compliance of DHIS data. If health facilities are not submitting monthly reports, the data from the report of the respective districts 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.

**Target:** 95%

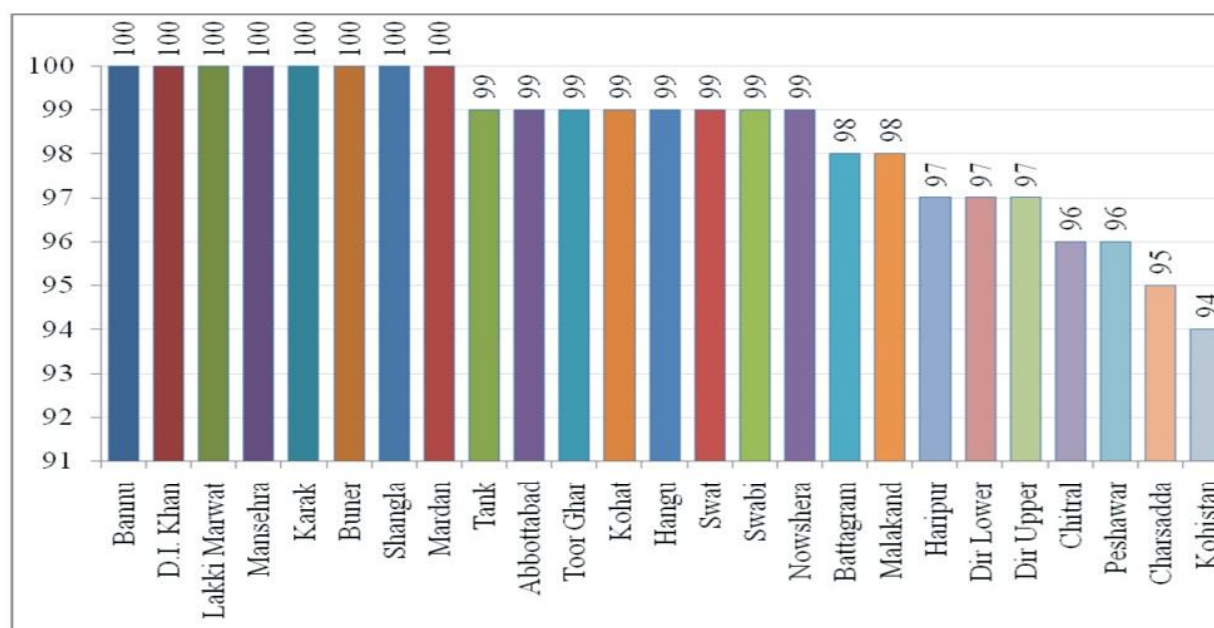
**Achievement:** Twenty Four (24) districts have achieved the target.

**District Wise Percentage of Reporting Compliance and related Evidence Based Decision making:**

Fig.1 shows the district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. Eight 08 districts (Bannu, D.I Khan, Lakki Marwat, Mansehra, Karak, Buner, Shangla and Mardan) among 25 districts reported 100% performance; in addition, Sixteen (16) districts attained the target (i.e  $\geq 95\%$ ). Performance of district Kohistan (94%) remained below the target.

In 2015, almost all the districts paid attention and performed with dedication and had complied with sending data to higher authorities so that they can analyze and take appropriate decision on funds allocation and focusing priorities in the public interest.

Fig. 1



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

Outpatient Attendance is taken as the indicator.

**Definition:** 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.

**Fig. 2**

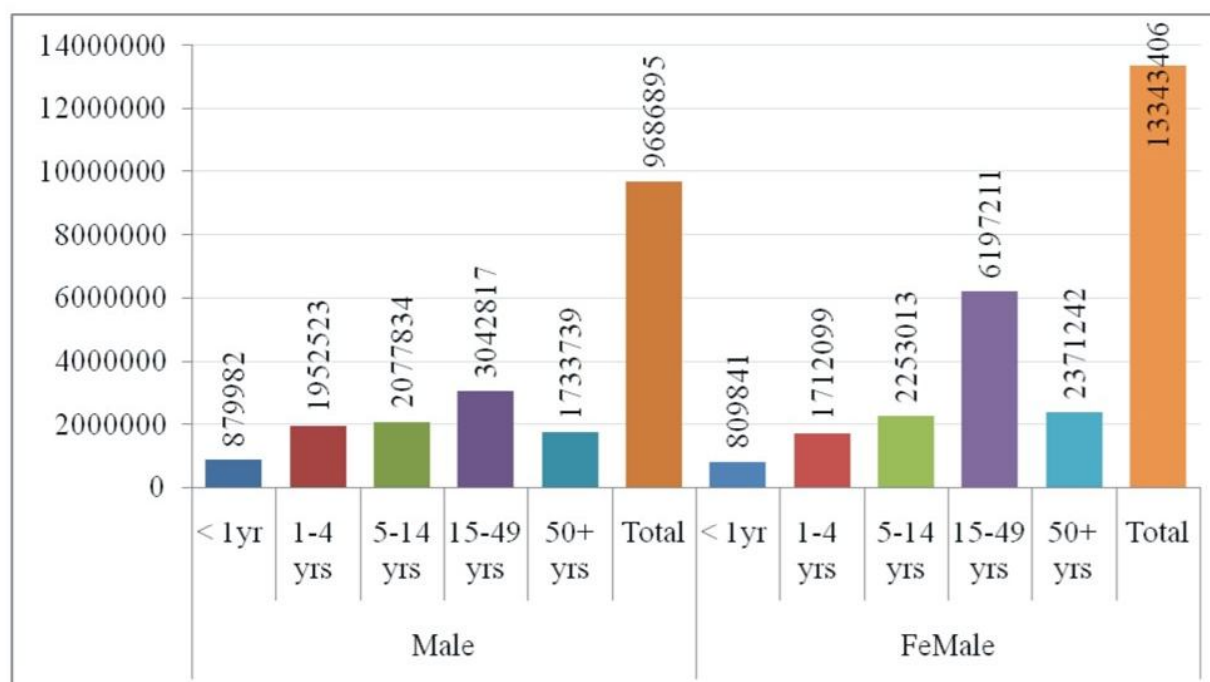
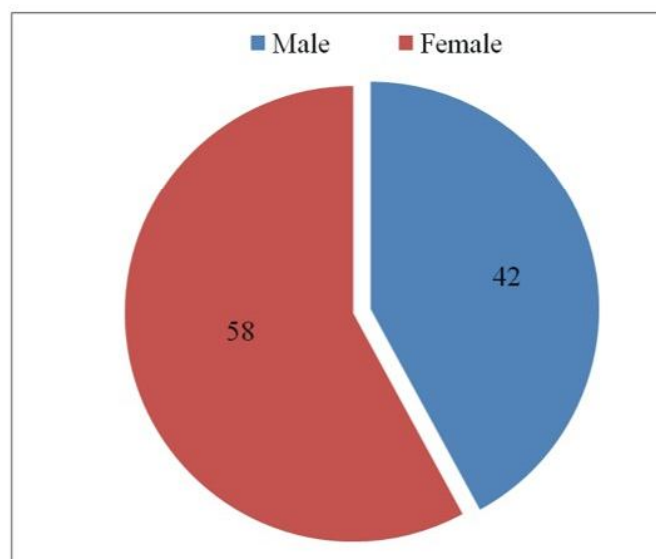


Fig. 2 shows the General OPD in secondary and primary care health facilities with gender wise breakup of male and female patients of the province.

Male OPD attendance of age group from 1 to 14 years is (4,910,339), which is 50.69% of the total of male OPD (9,686,895).

Similarly in case of female OPD attendance of age group from 1 to 14 age group (4,774,953) is 35.78% of the total OPD attendance whereas (6,197,211) 46.44% of the female patients fall in age group of 15 – 49 years.

Overall picture shows more female patients visiting health facilities hence more attention should be paid for providing healthcare services to female population.

**3. Male & Female OPD Secondary Hospital (in %age)**

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

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.

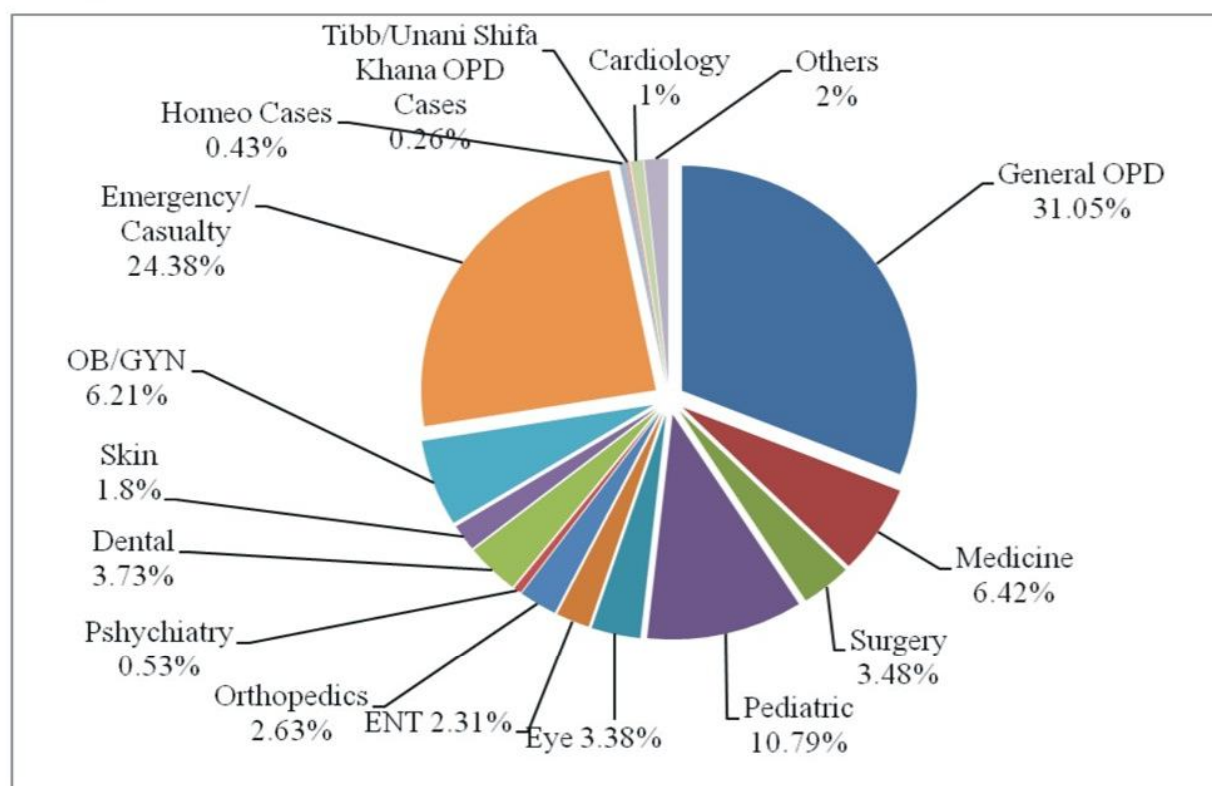
**Fig. 3**

Table No. 1

S. No	Specialty	Total New Visits	%age
1	General OPD	3330913	31.05
2	Medicine	688746	6.42
3	Surgery	373463	3.48
4	Pediatric	1157540	10.79
5	Eye	362889	3.38
6	ENT	248285	2.31
7	Orthopedics	282125	2.63
8	Psychiatry	56967	0.53
9	Dental	400512	3.73
10	Skin	202849	1.89
11	OB/GYN	666085	6.21
12	Emergency/Casualty	2615281	24.38
13	Homeo Cases	46346	0.43
14	Tibb/Unani Shifa Khana OPD Cases	27407	0.26
15	Cardiology	91522	0.85
16	Others	176705	1.65
Total		10727635	

**Table No. 1 and Figure. 3** 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 General OPD, the number and percentage of patients are on top and stands at (3330913) with 31.05%, Emergency/Casualty on second number and is (2615281) which is 24.38%. Numbers of patients in the specialty of Pediatric, Medicine, OB/Gynea and Surgery stand at 1157540 (10.79%), 688746 (6.42%), 666,085 (6.21%) and 373463 (3.48%) respectively. The disorder of Dental caries stands at 400,512 with 3.73 percentile.

#### 4. Disease Pattern in Out Patient Department

This indicator will help to understand which diseases/cases were attended at the health facilities in a district.

The indicator can trigger a response in terms of additional resources allocation or redistribution of resources according to the disease pattern, or initiating specific preventive, promotive and or curative services at specific area/catchment population.

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 table no. 2, which present the numbers of patients provided care at Primary and Secondary Level Health Facilities.

Table No. 2

S. No	Name of Disease	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	3793814	29.57
2	Fever due to other causes	1130643	8.81
3	Diarrhoea/Dysentery in under 5 yrs	1079979	8.42
4	Diarrhoea/Dysentery in >5 yrs	883878	6.89
5	Urinary Tract Infections	727943	5.67
6	Hypertension	555844	4.33
7	Dental Caries	504965	3.94
8	Peptic Ulcer Diseases	468012	3.65
9	Suspected Malaria	430276	3.35
10	Scabies	404057	3.15
11	Worm infestation	314835	2.45
12	Diabetes Mellitus	250837	1.96
13	Dermatitis	241166	1.88
14	Asthma -	224969	1.75
15	Otitis Media	224335	1.75
16	Depression -	208763	1.63
17	Enteric / Typhoid Fever	207292	1.62
18	Pneumonia under 5 years	204883	1.60
19	Road traffic accidents	180594	1.41
20	Pneumonia >5 years	164924	1.29
21	Cataract	88777	0.69
22	TB Suspects	71204	0.55
23	Suspected Viral Hepatitis	65750	0.51
24	Fractures	65023	0.51
25	Ischemic Heart Disease	47820	0.37
26	Chronic Obstructive Pulmonary Diseases	43539	0.34
27	Dog bite	41140	0.32
28	Trachoma	33580	0.26
29	Epilepsy	25041	0.20
30	Glaucoma	23553	0.18
31	Burns	21030	2.38
32	Drug Dependence	18813	0.15
33	Nephritis/Nephrosis	14683	0.11

34	Suspected Measles	13929	0.11
35	Sexually Transmitted Infections	13893	0.11
36	Benign Enlargement of Prostrate	13249	0.10
37	Cirrhosis of Liver -	10503	0.08
38	Cutaneous Leishmaniasis	7499	0.06
39	Suspected Meningitis	4171	0.03
40	Suspected Neonatal Tetanus	3043	0.02
41	Snake bits (with signs/symptoms of poisoning)	1360	0.01
42	Acute Flaccid Paralysis	374	0.0029
43	Suspected HIV/AIDS	40	0.0003
<b>Total</b>		<b>12830023</b>	

The acute upper respiratory tract infections constitute the major bulk of disease-burden in the patients visiting government health facilities i.e **29.57%** of the total OPD in 2015. The Diarrhea and Dysentery is still worrying; the total caseload of under and over 5 years of patients was **15.31%** of the total OPD attendance. In aggregate, the total caseload of ARIs and Diarrhea/Dysentery is **44.88%**, in the calendar year 2015.

The incidents of Urinary Tract Infections (UTIs), Hypertension and Dental Caries are stands at 727,943 (5.67%), 555,844 (4.33%), 504,965 (3.94%).

Snake bites (with signs/symptoms of poisoning) figures are 1360, (0.01%) and Dog bites cases reported in year 2015 are 41140 with (0.32) percentile.

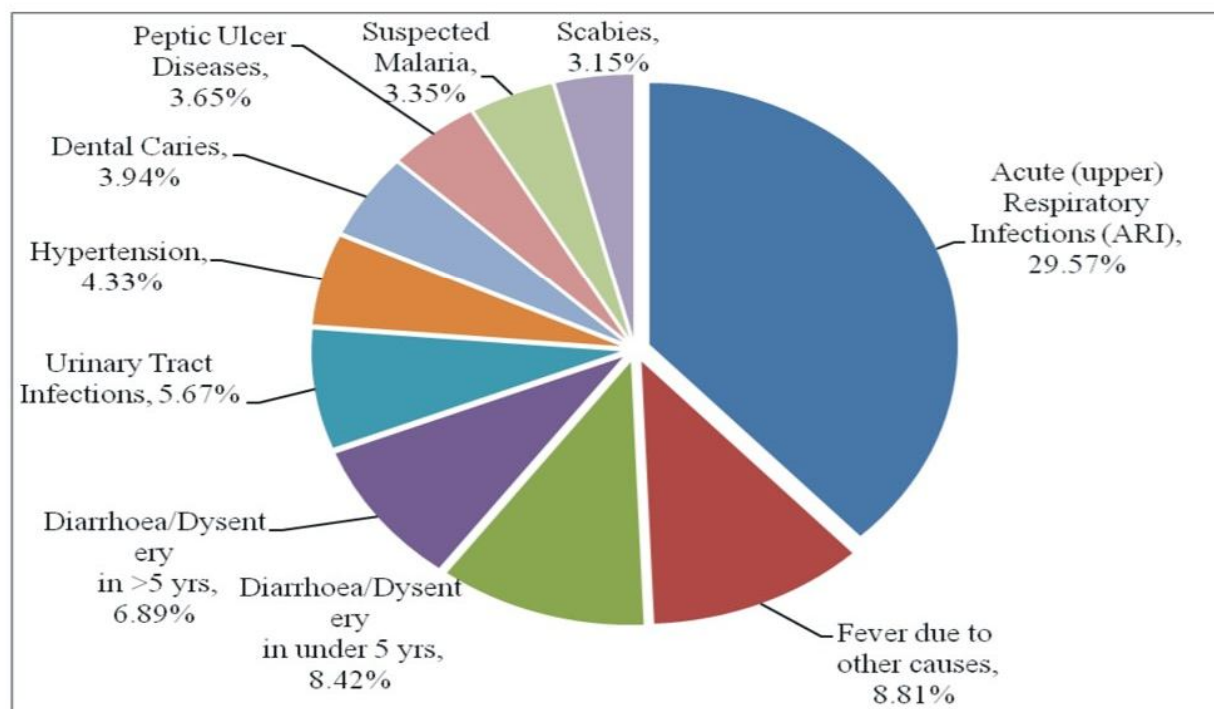
HIV/AIDS; the number of cases diagnosed in the whole year is 40 (0.0003%). Sexually transmitted infections have registered less number of patients' i.e **13893 (0.11%)**.

The cases of suspected Neonatal Tetanus are 3043 (0.02%) and reflect the performance of Antenatal Care Services programs. Though the Neonatal Tetanus cases are less in number but an aim or plan should be to bring down the cases of this vaccine-preventable disease to 0 in future.

The cases reported in the year 2015 of the Cutaneous Leishmaniasis disease are 7499 (0.06%). Active surveillance and provision of the correct medications is required to reduce the cases.

## 5. Top Ten Diseases in Khyber Pakhtunkhwa

The figure 4 reflects the top ten diseases in the province in percentage.



## 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 2015, total numbers of communicable diseases are **5132602 (40%)**, whereas non-communicable diseases are **7697421 (60%)**.

### I. COMMUNICABLE DISEASES:

Table No. 3

S. No	Name of Disease	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	3793814	49.29
2	Diarrhea/Dysentery in under 5 yrs	1079979	14.03
3	Diarrhea/Dysentery in >5 yrs	883878	11.48
4	Suspected Malaria	430276	5.59
5	Scabies	404057	5.25
6	Worm infestation	314835	4.09
7	Enteric / Typhoid Fever	207292	2.69
8	Pneumonia under 5 years	204883	2.66
9	Pneumonia >5 years	164924	2.14
10	TB Suspects	71204	0.93

11	Suspected Viral Hepatitis	65750	0.85
12	Trachoma	33580	0.44
13	Suspected Measles	13929	0.18
14	Sexually Transmitted Infections	13893	0.18
15	Cutaneous Leishmaniasis	7499	0.10
16	Suspected Meningitis	4171	0.05
17	Suspected Neonatal Tetanus	3043	0.04
18	Acute Flaccid Paralysis	374	0.00
19	Suspected HIV/AIDS	40	0.00052
<b>Total</b>		<b>7697421</b>	

Table 3 and fig. 5 indicate prevalence of communicable diseases.

Acute Respiratory Infections and diarrhea/dysentery constitute **74.80%** of these patients.

Prevalence of worm infestations stands at 314835 (4.09%) patients in this 2015. Further efforts can reduce it significantly.

Suspected Measles cases are reported 13929 in figures and (0.18%) in percentile in 2015. The department should take adopt programmatic approach to control the disease. Case load of Pneumonia in under-5years and over-5 years stand at 369,807 (4.80%) patients.

**Fig. 5**

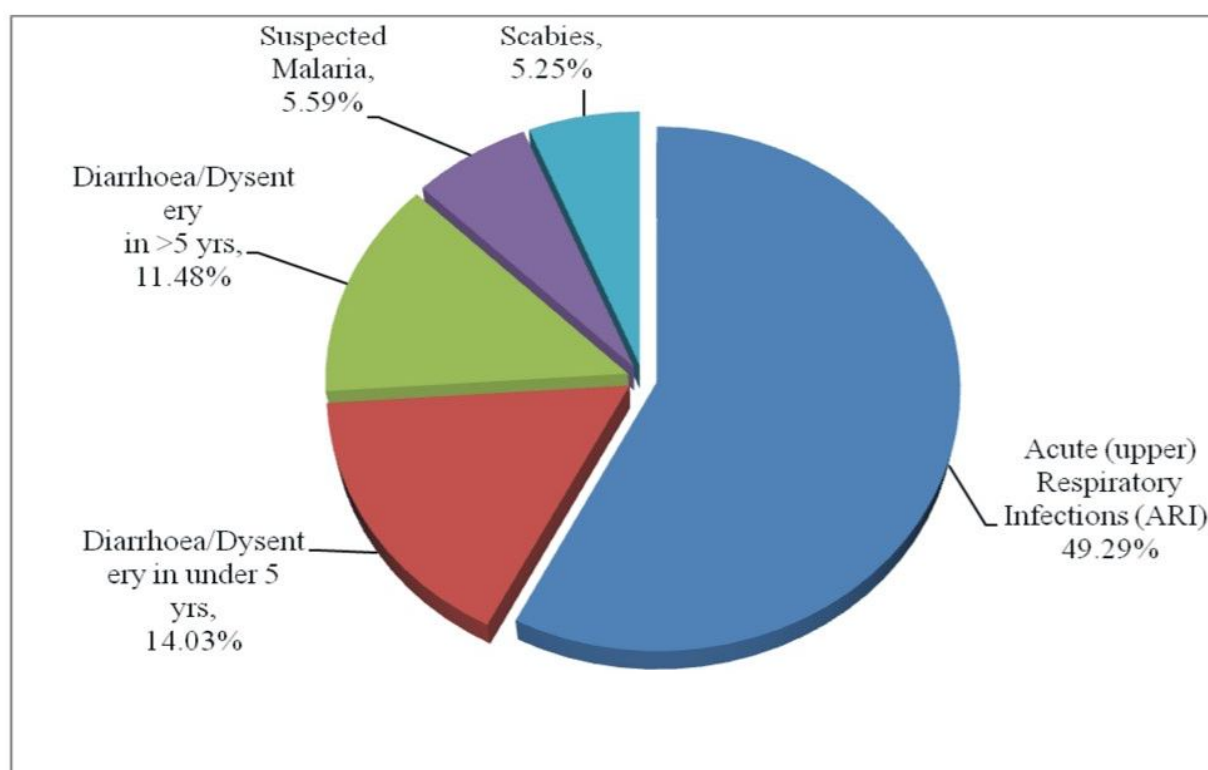


Figure 5 illustrate **top five communicable diseases** in the province Khyber Pakhtunkhwa.

**II. NON-COMMUNICABLE DISEASES**

Table No. 4

S. No	Name of Disease	Total	%age
1	Fever due to other causes	1130643	22.03
2	Urinary Tract Infections	727943	14.18
3	Hypertension	555844	10.83
4	Dental Caries	504965	9.84
5	Peptic Ulcer Diseases	468012	9.12
6	Diabetes Mellitus	250837	4.89
7	Dermatitis	241166	4.70
8	Asthma -	224969	4.38
9	Otitis Media	224335	4.37
10	Depression -	208763	4.07
11	Road traffic accidents	180594	3.52
12	Cataract	88777	1.73
13	Fractures	65023	1.27
14	Ischemic Heart Disease	47820	0.93
15	Chronic Obstructive Pulmonary Diseases	43539	0.85
16	Dog bite	41140	0.80
17	Epilepsy	25041	0.49
18	Glaucoma	23553	0.46
19	Burns	21030	0.41
20	Drug Dependence	18813	0.37
21	Nephritis/Nephrosis	14683	0.29
22	Benign Enlargement of Prostrate	13249	0.26
23	Cirrhosis of Liver -	10503	0.20
24	Snake bits (with signs/symptoms of poisoning)	1360	0.03
<b>Total</b>		<b>5132602</b>	

**Table 4 and Figure 6** illustrates the trend of non-communicable diseases in Khyber Pakhtunkhwa province during the year 2015.

Fever due to other causes is the leading cause which is 1,130,643 patients (22.03%). These cases should be probed in to reach a proper diagnosis.

Urinary tract infection (UTIs) is standing at 727943 (14.18%) patients in 2015.

Patients of Hypertension and Diabetes Mellitus stand at 555,844 (10.83%) and 250,837 (4.89%). Burden of these diseases should be utilized by the relevant authorities to initiate preventive and curative drives to restrain the diseases within limits. Importance of exercise and choice-of-good- food should be on agenda of health promoters within the districts.

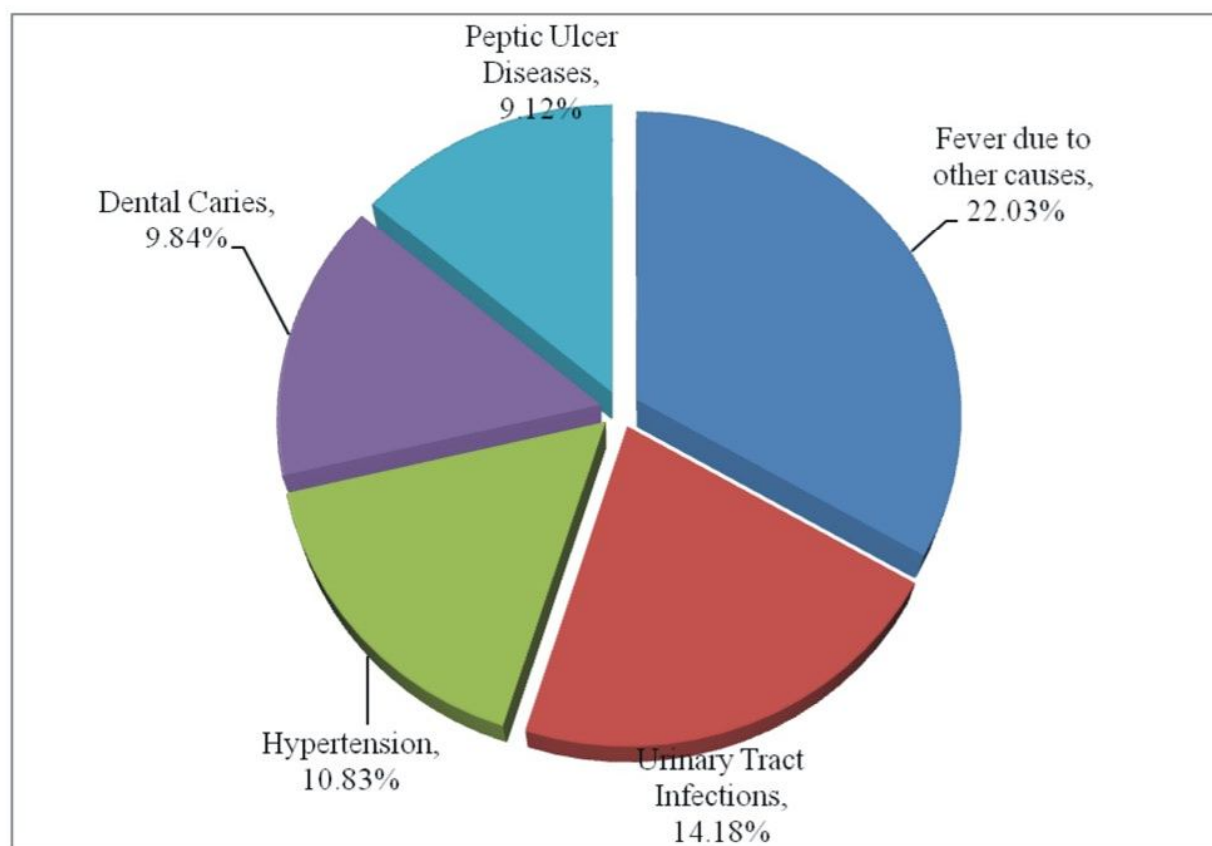
Total burns cases reported in this year are 21030 (0.41%). Health managers should focus on providing best treatment facilities within available resources. Option to refer at appropriate facilities dealing with burns patients may also be considered.

Dog bites stand at 41140 with 0.80 percentile in this year.

Management could use the data/information to purchase appropriate set of medicines and take other necessary steps in order to restrict all the above mentioned diseases/disorders thereby limiting related mortality and morbidity.

**Fig. 6**

Figure 6 illustrate **top five non-communicable diseases** in the province Khyber Pakhtunkhwa



## 7. Mortality Rates

**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.

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

**Table No. 5**

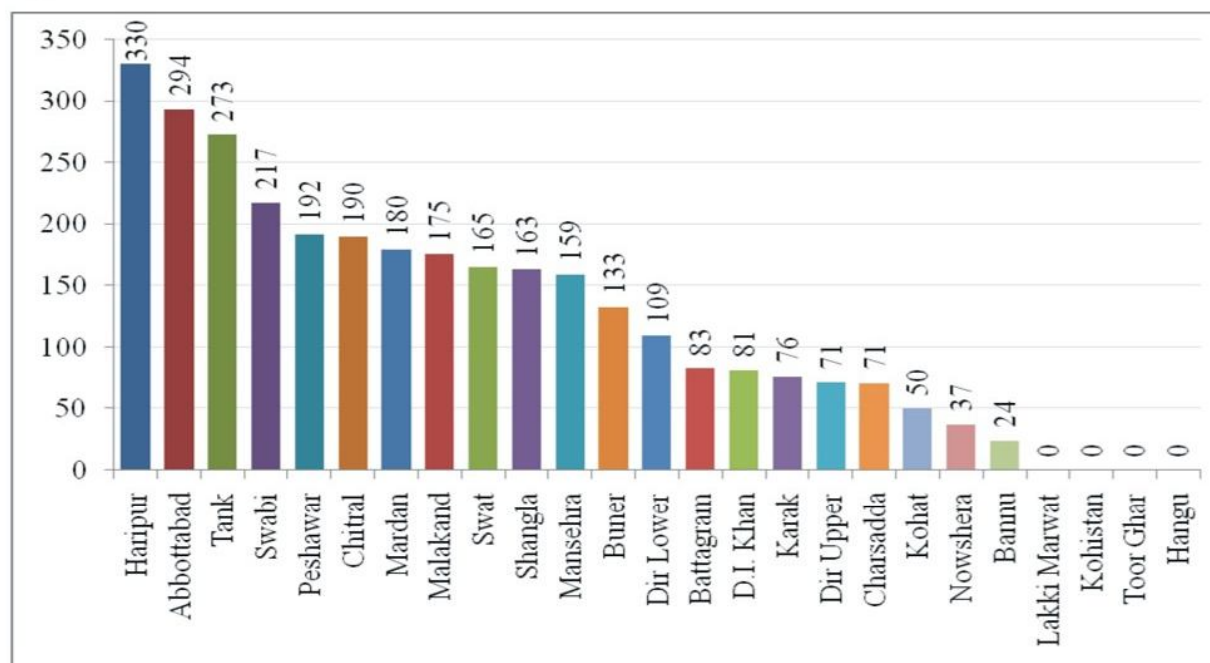
S. No	DISTRICT	Pregnant Women Newly Registered by LHW	Delivery by Skilled Persons Reported	Maternal Deaths Reported	Maternal Mortality Rate
1	Haripur	12913	10602	35	330
2	Abbottabad	17202	12606	37	294
3	Tank	2167	2200	6	273
4	Swabi	9178	6900	15	217
5	Peshawar	20427	11990	23	192
6	Chitral	5650	4215	8	190
7	Mardan	33910	22267	40	180
8	Malakand	14376	5133	9	175
9	Swat	36034	18764	31	165
10	Shangla	3692	1226	2	163
11	Mansehra	19139	12559	20	159
12	Buner	3993	3017	4	133
13	Dir Lower	5137	2752	3	109
14	Battagram	1988	1212	1	83
15	D.I. Khan	11390	6138	5	81
16	Karak	4769	2630	2	76
17	Dir Upper	1727	1402	1	71
18	Charsadda	25841	11275	8	71
19	Kohat	4982	4015	2	50
20	Nowshera	9184	5353	2	37
21	Bannu	7381	4162	1	24
22	Lakki Marwat	2952	1675	0	0
23	Kohistan	98	34	0	0
24	Toor Ghar	0	105	0	0
25	Hangu	540	858	0	0
<b>Total</b>		<b>254670</b>	<b>153090</b>	<b>255</b>	<b>167</b>

The indicator Maternal Mortality Rate (Maternal Deaths Reported by LHW) illustrates the death rates of the mother during pregnancy or deliveries. Districts Haripur and Abbottabad reported 35 and 37 deaths against 10602 and 12606 live births and the Maternal Mortality Rate are 330 and 294 deaths per 100,000 populations which are more than the national Maternal Mortality Rate (276/100,000).

Districts Mardan, Peshawar and Tank reported 40, 23 and 6 deaths in numbers while districts Swabi and Mansehra report 20 and 15 deaths respectively. The overall Maternal Mortality rate is 167.

Table No 5 and Figure 7 show the district wise picture.

**Fig. 7**



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

**Table No. 6**

S. No	DISTRICT	Pregnant Women Newly Registered by LHW	Delivery by Skilled Persons Reported	Infant Deaths Reported	Infant Mortality Rate per Thousand
1	Dir Upper	1727	1402	87	62
2	Mansehra	19139	12559	526	42
3	Haripur	12913	10602	425	40
4	Swabi	9178	6900	266	39
5	Charsadda	25841	11275	432	38
6	Abbottabad	17202	12606	458	36
7	Kohat	4982	4015	142	35

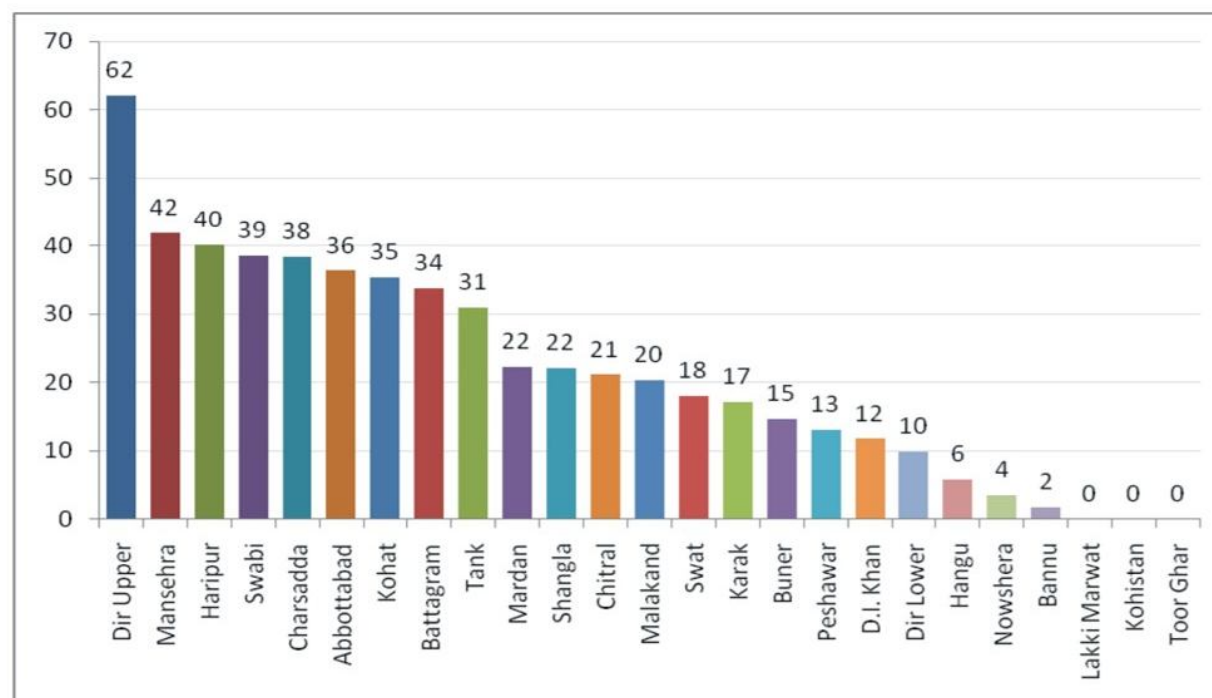
8	Battagram	1988	1212	41	34
9	Tank	2167	2200	68	31
10	Mardan	33910	22267	496	22
11	Shangla	3692	1226	27	22
12	Chitral	5650	4215	89	21
13	Malakand	14376	5133	104	20
14	Swat	36034	18764	337	18
15	Karak	4769	2630	45	17
16	Buner	3993	3017	44	15
17	Peshawar	20427	11990	157	13
18	D.I. Khan	11390	6138	72	12
19	Dir Lower	5137	2752	27	10
20	Hangu	540	858	5	6
21	Nowshera	9184	5353	19	4
22	Bannu	7381	4162	7	2
23	Lakki Marwat	2952	1675	0	0
24	Kohistan	98	34	0	0
25	Toor Ghar	0	105	0	0
<b>Total</b>		<b>254670</b>	<b>153090</b>	<b>8634</b>	<b>56</b>

The Infant mortality rates show district wise number of infant deaths in the province; Table 6 and figure 8 reflects the same.

District Dir Upper reported 87 deaths against 1406 live births and the IMR is 62 in 2015.

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

Over Maternal Mortality Rate is 57 in the province

**Fig. 8 Infant Mortality Rate per 1000 Population (Reported by LHW)****c. Neonatal Deaths in the Facility**

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

**Table No. 7**

S. No	DISTRICT	Live births in the facility	Neonatal deaths in the facility	Neonatal Deaths Per Thousand
1	Kohat	8591	608	71
2	Swat	25519	831	33
3	Dir Upper	3361	84	25
4	Buner	7846	172	22
5	Mansehra	7186	152	21
6	Mardan	8081	98	12
7	Nowshera	4144	47	11
8	Karak	2457	23	9
9	Abbottabad	4615	40	9
10	Battagram	4182	25	6
11	D.I. Khan	9130	39	4
12	Kohistan	526	2	4
13	Malakand	10589	24	2
14	Bannu	1393	3	2

15	Toor Ghar	486	1	2
16	Haripur	5578	11	2
17	Charsadda	9145	18	2
18	Swabi	5772	11	2
19	Chitral	5170	9	2
20	Peshawar	4745	7	1
21	Shangla	1607	2	1
22	Tank	1441	1	1
23	Lakki Marwat	3024	1	0
24	Hangu	3097	1	0
25	Dir Lower	12945	4	0

Fig. 9

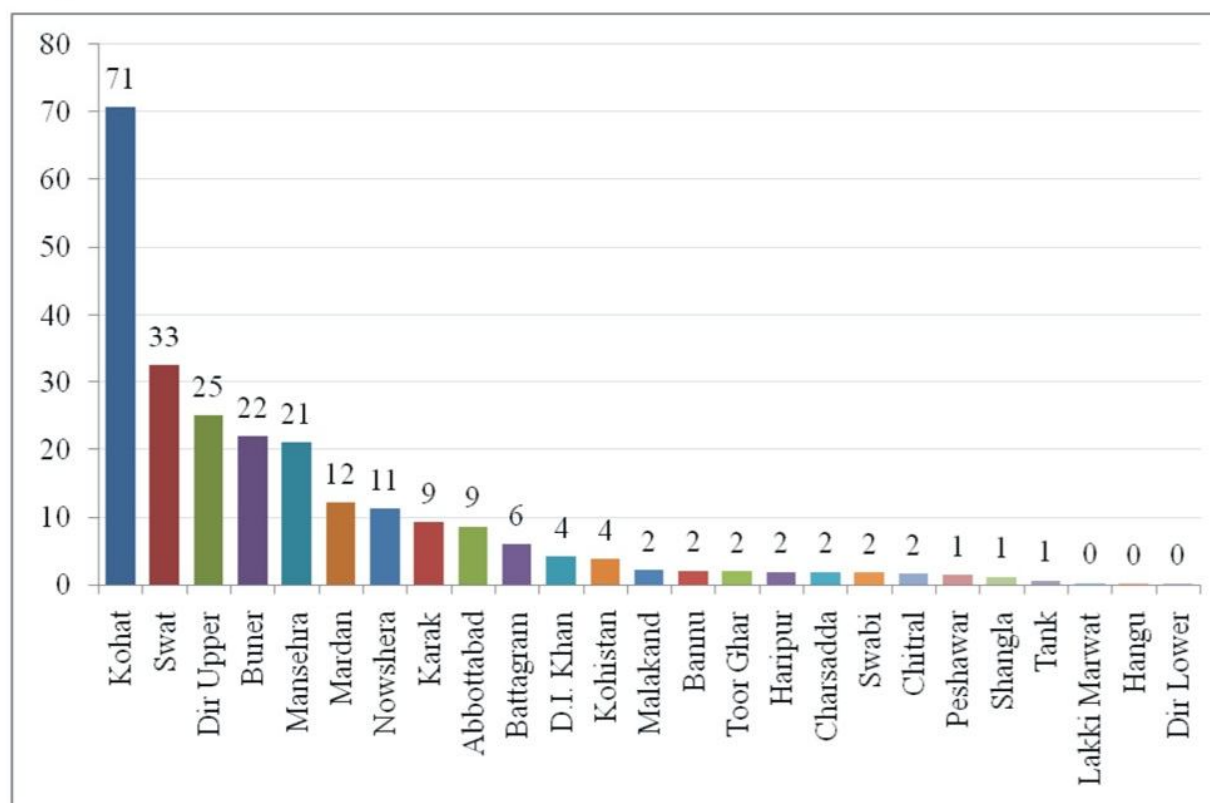


Fig. 9 shows Neonatal Deaths in the Facility

### 8. Mortality due to different diseases:

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 areas needing attention with the purpose to improve health service delivery and restrain avoidable causes.

Table No. 8

An analysis of the figures reveals that total numbers of 78,652 patients have been admitted with

S. No	Disease	Total Admission	Total Deaths
<b>Medical</b>			
1	Diarrhoea / Dysentery <5	26,721	1,562
2	Diarrhoea / Dysentery >5	22,684	43
3	Pneumonia<5	6,368	234
4	Pneumonia>5	3,060	17
5	Malaria	3,430	3
6	Asthma	3,401	19
7	Chronic Obstructive Airways	416	1
8	Pulmonary Tuberculosis	785	20
9	Extra Pulmonary Tuberculosis	251	0
10	Typhoid	3,529	2
11	Diabetes Mellitus	2,910	82
12	Viral Hepatitis A and E	804	5
13	Viral Hepatitis B	239	0
14	Viral Hepatitis C	538	38
15	Meningitis	438	13
16	Chronic Liver Diseases	793	21
17	Chronic Renal Diseases	2,285	56
<b>Total</b>		<b>78,652</b>	<b>2,116</b>

number of disease mentioned in table no. 8 and 2,116 deaths were reported constituting (2.69%) mortality.

It reveals that out of 2,116 deaths 1,605 could be attributed to Diarrhea/Dysentery.

Deaths from Pneumonia under 5 years and over 5 years are 234 and 17 in 2015.

Deaths reported due to Diabetes Mellitus and Chronic Renal Diseases are 82 and 56 respectively.

## 9. Deaths from Gynecological and Obstetric Causes

Table No. 9

S. No	Disease	Total Admission	Total Deaths
<b>Gynecological</b>			
1	Fibroid Uterus	264	0
2	Inflam diseases of female pelvic organs (PID)	822	0
3	Uterine Prolape	142	0
4	Vesico - Vaginal Fistula	115	0
<b>Total</b>		<b>1,343</b>	<b>0</b>
<b>Obstetrics / Maternal Complication</b>			
1	Ante partum Hemorrhage (APH)	1,076	0

2	Complications of Abortion	1,017	0
3	Ectopic Pregnancies	156	0
4	Postpartum Hemorrhage (PPH)	806	2
5	Pre-Eclampsia/Eclampsia	365	0
6	Prolonged/Obstructed Labour	358	1
7	Puerperal Sepsis	74	0
8	Rupture Uterus	96	1
9	Other Obstertric Complications	1,380	9
<b>Total</b>		<b>5,328</b>	<b>13</b>

It is heartening to note that despite admission of **6,671** patients with gynecological and obstetric disorders the mortality remained at 13 which is 0.19% and indeed all the health workers engaged deserve a word of

praise for their efforts; these figures clearly indicate that the preventive effort have paid.

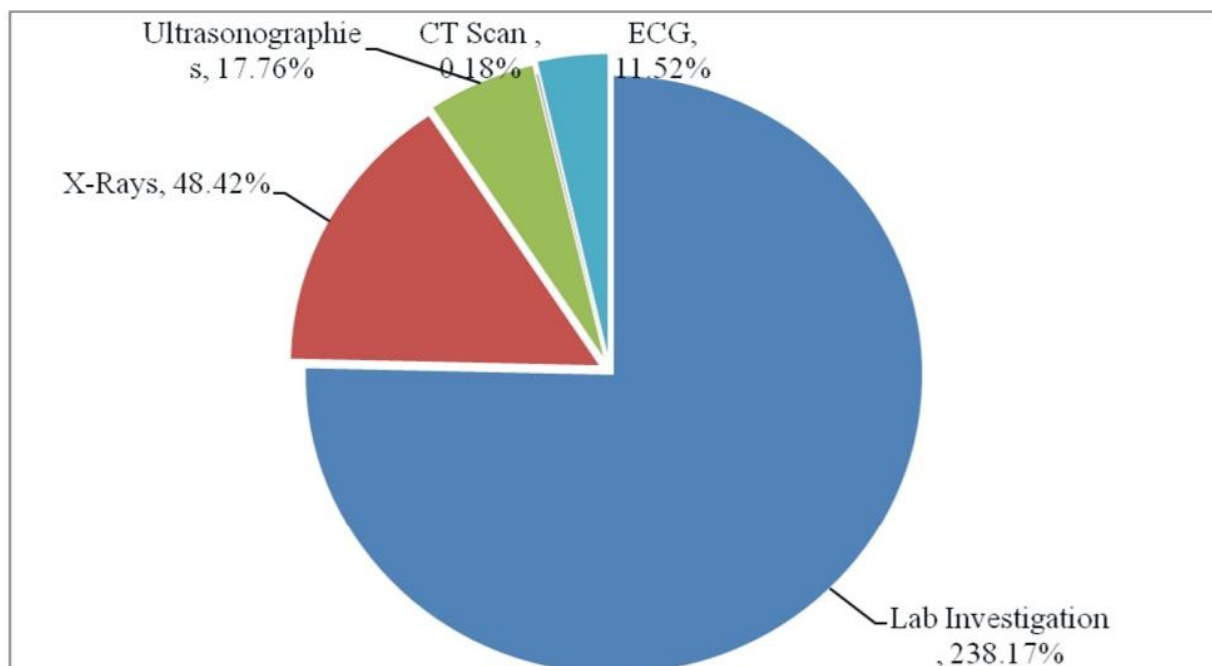
#### 10. Lab Services Utilization for In Door Patients

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.

**Table No. 10**

# of Admissions	Lab Investigation		X-Rays		Ultrasonography		CT Scan		ECG	
	#	%age	#	%age	#	%age	#	%age	#	%age
338499	806191	238.17	163902	48.42	60118	17.76	594	0.18	39000	11.52

**Fig. 9 Lab Services Utilization for In Door Patients**

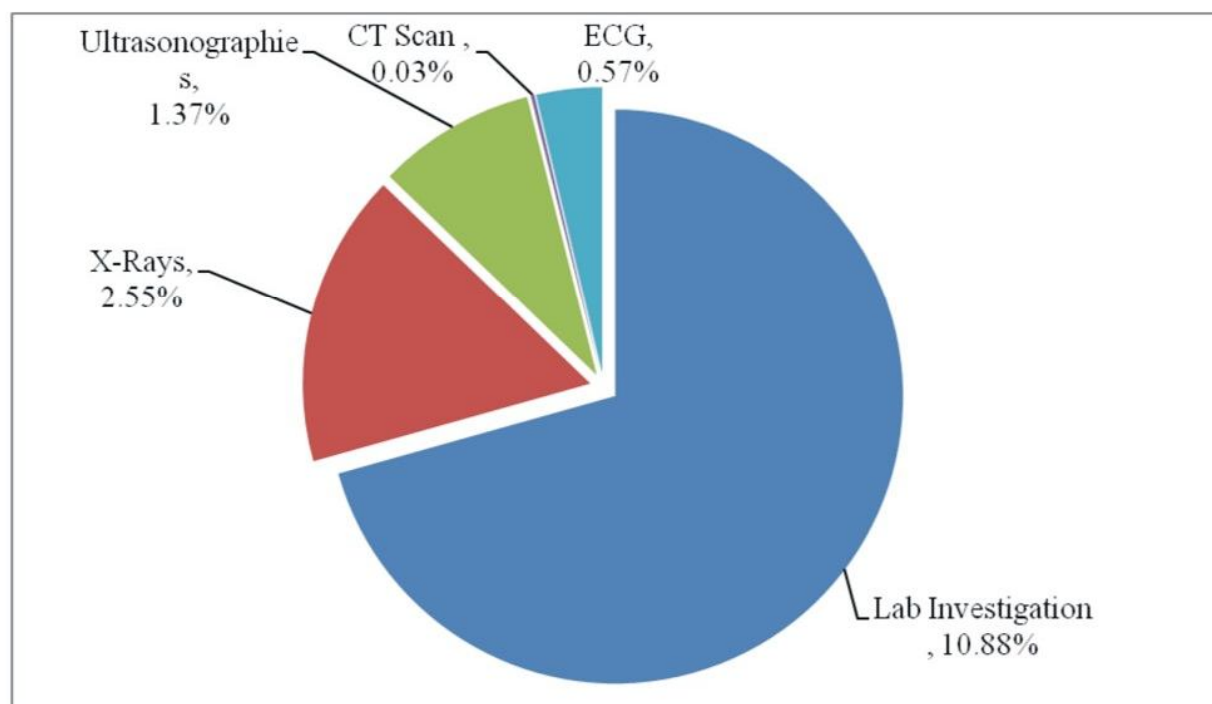


**11. Lab Services Utilization for Out Door Patients**

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.

Table No. 11

No of OPD Patients	Lab Investigation		X-Rays		Ultrasonography		CT Scan		ECG	
	#	%age	#	%age	#	%age	#	%age	#	%age
23097600	2514122	10.88	588762	2.55	316536	1.37	7957	0.03	131485	0.57

**Fig. 10**

The pie-chart reflects the figures in percentages and shows utilization of investigation services.

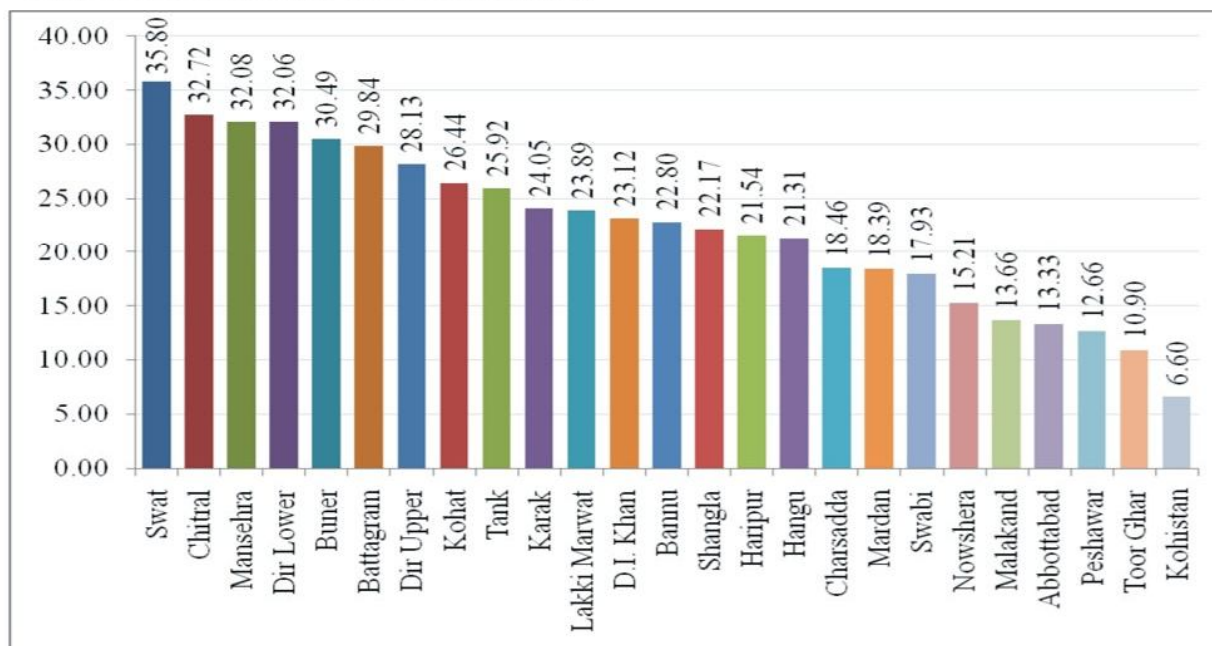
**12. Number of Antenatal Care Services in the Facility**

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.

Table No. 12

S.No	District	Population	Expected Pregnancies (3.4%)	Deliveries at Health Facilities		First Antenatal care services	
				No.	%age	No.	%age
1	Swat	1994501	67813	30633	52.96	72824	35.80
2	Chitral	505427	17185	5319	36.29	16868	32.72
3	Mansehra	1533447	52137	8048	18.1	50173	32.08
4	Dir Lower	1138160	38697	12392	37.54	37223	32.06
5	Buner	802570	27287	8109	34.84	24959	30.49
6	Battagram	487329	16569	4540	32.12	14832	29.84
7	Dir Upper	913285	31052	4738	17.89	26207	28.13
8	Kohat	892329	30339	10847	41.92	24069	26.44
9	Tank	377800	12845	1471	13.43	9990	25.92
10	Karak	683223	23230	2586	13.05	16760	24.05
11	Lakki Marwat	777158	26423	4407	19.55	18936	23.89
12	D.I. Khan	1352812	45996	10100	25.74	31896	23.12
13	Bannu	1071578	36434	2158	6.94	24926	22.80
14	Shangla	689198	23433	2678	13.4	15582	22.17
15	Haripur	1097843	37327	5716	17.95	24121	21.54
16	Hangu	498829	16960	3997	27.63	10845	21.31
17	Charsadda	1621424	55128	10330	21.97	30536	18.46
18	Mardan	2315654	78732	12084	17.99	43439	18.39
19	Swabi	1628466	55368	10165	21.52	29789	17.93
20	Nowshera	1386717	47148	5883	14.63	21520	15.21
21	Malakand	717314	24389	13027	62.62	9996	13.66
22	Abbottabad	1396697	47488	5485	13.54	18990	13.33
23	Peshawar	3202232	108876	3264	3.51	41350	12.66
24	Toor Ghar	277038	9419	741	9.22	3079	10.90
25	Kohistan	749475	25482	877	4.03	5046	6.60
<b>Grand Total</b>		<b>28110506</b>	<b>955757</b>	<b>179595</b>	<b>22.03</b>	<b>623956</b>	<b>21.76</b>

This indicator indicates that how many pregnant women in the catchment area population are covered through the facility for antenatal care services. It also gives a fair idea about 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.

**Fig. 11 First Antenatal Care in the Facility**

**Table No. 12** and **figure 11** 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 6.60% ANC-4 coverage. The reason behind the decreasing performance of the district are socio-cultural taboos and mismanagement. District Tor Ghar performance remained at 10.90% in 2015.

Districts Swat, Chitral and Mansehra, Dir Lower are top performers regarding provision of ANC-1 services i.e 35.80, 32.72%, 32.08% and 32.06%. On the other hand, District Battagram & Haripur reflects 24% & 20% respectively; while the remaining districts show the results below an average of 20%.

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

Private Sector is not captured in this data.

### 13. Number of Modern Family Planning Method Users (Reported by LHWs)

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

**Table No. 13**

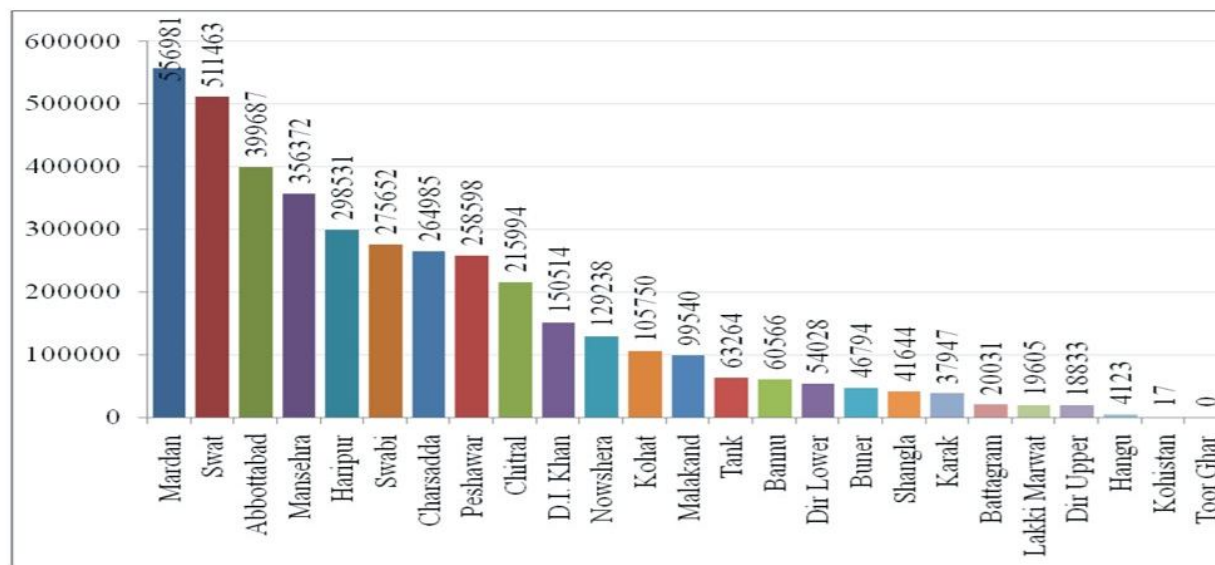
S. No	DISTRICT	No. of Modern FP Method Users
1	Mardan	556981
2	Swat	511463
3	Abbottabad	399687
4	Mansehra	356372

5	Haripur	298531
6	Swabi	275652
7	Charsadda	264985
8	Peshawar	258598
9	Chitral	215994
10	D.I. Khan	150514
11	Nowshera	129238
12	Kohat	105750
13	Malakand	99540
14	Tank	63264
15	Bannu	60566
16	Dir Lower	54028
17	Buner	46794
18	Shangla	41644
19	Karak	37947
20	Battagram	20031
21	Lakki Marwat	19605
22	Dir Upper	18833
23	Hangu	4123
24	Kohistan	17
25	Toor Ghar	0
<b>Total</b>		<b>3990157</b>

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

Figures in table 13 reflects that District Mardan is on top and **556981** of users availed the uses of modern methods, while district Kohistan and Tor Ghar reported only 17 and 0 figures.

Fig. 12



#### 14. District Wise Average Number of Deliveries

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

Table No. 15

S.No	District	Population	Expected Pregnancies (3.4%)	Deliveries Conducted at Health Facilities	
				No.	%age
1	Malakand	717314	24389	13027	62.62
2	Swat	1994501	67813	30633	52.96
3	Kohat	892329	30339	10847	41.92
4	Dir Lower	1138160	38697	12392	37.54
5	Chitral	505427	17185	5319	36.29
6	Buner	802570	27287	8109	34.84
7	Battagram	487329	16569	4540	32.12
8	Hangu	498829	16960	3997	27.63
9	D.I. Khan	1352812	45996	10100	25.74
10	Charsadda	1621424	55128	10330	21.97
11	Swabi	1628466	55368	10165	21.52
12	Lakki Marwat	777158	26423	4407	19.55
13	Mansehra	1533447	52137	8048	18.10
14	Mardan	2315654	78732	12084	17.99
15	Haripur	1097843	37327	5716	17.95
16	Dir Upper	913285	31052	4738	17.89
17	Nowshera	1386717	47148	5883	14.63
18	Abbottabad	1396697	47488	5485	13.54
19	Tank	377800	12845	1471	13.43
20	Shangla	689198	23433	2678	13.4
21	Karak	683223	23230	2586	13.05
22	Toor Ghar	277038	9419	741	9.22
23	Bannu	1071578	36434	2158	6.94
24	Kohistan	749475	25482	877	4.03
25	Peshawar	3202232	108876	3264	3.51
<b>Grand Total</b>		<b>28110506</b>	<b>955757</b>	<b>179595</b>	<b>22.03</b>

Table No. 15 and fig. 14 shows a district wise breakup of the total average number of deliveries conducted in government health facilities and reported through DHIS.

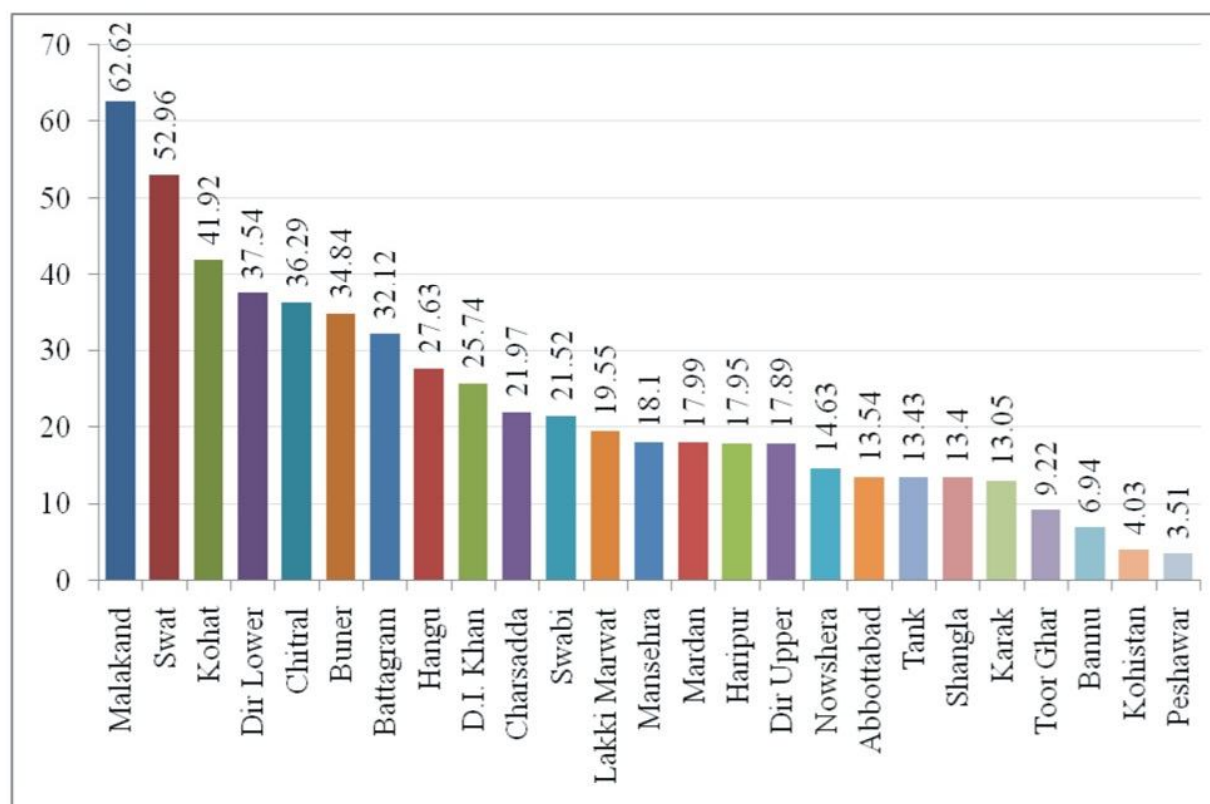
District Malakand is ahead of all 25 districts with number of deliveries in government health facilities standing at **13626 (62.62%)**. Districts Swat & Kohat, reported **30633 (52.96%)** & **10847 (41.92%)** number of deliveries respectively in the government health facilities thereby giving satisfactory performance.

Districts Dir Lower & Battagram reports deliveries at **12392** & **4540** figures in year 2015.

Arrangement for improved services with regards to deliveries in primary and secondary health facilities in government sector is required. Figures from tertiary hospitals are not added to these figures; if added these figures will change significantly. Furthermore private sector is also providing services in this regards; Health Care Commission should ensure optimal services in private sector across the province.

**Fig. 14 Number of Deliveries in Govt. Health Facilities**

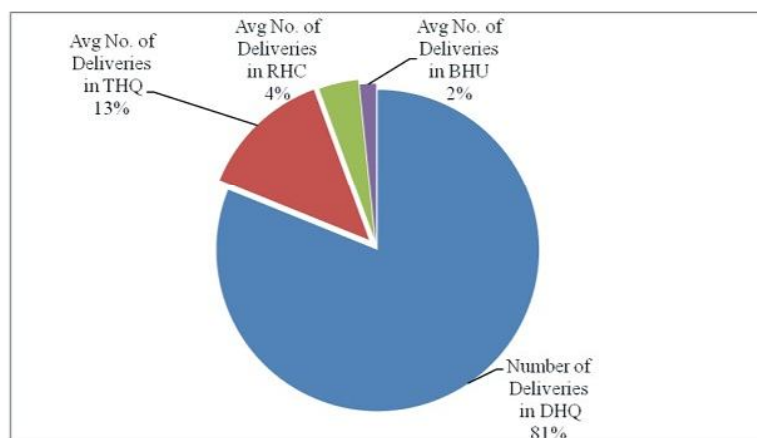
**Fig.14**



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

Number of Deliveries in DHQ	Avg No. of Deliveries in THQ	Avg No. of Deliveries in RHC	Avg No. of Deliveries in BHU
68154	11170	3319	1370

Fig. 15



This indicator reflects health facilities wise number of deliveries; DHQ hospitals depicts the figure of **68154**, and accounts for **81%** of the total, THQ **13%**, RHC **4%**, and BHUs **2%** deliveries respectively.

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

Table No. 16

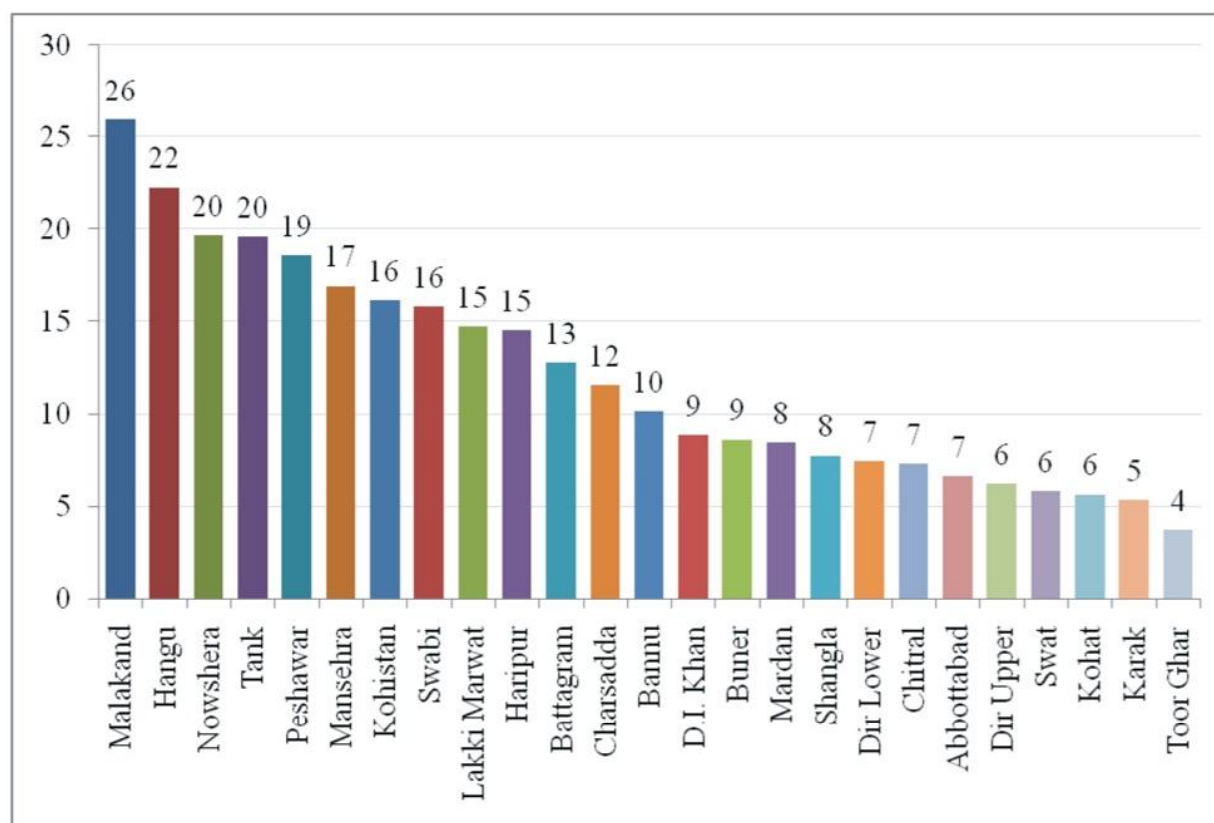
S. No	DISTRICT	First Antenatal care visits (ANC-1) in the facility	ANC-1 women with Hb. under 10 g/dl	%age
1	Malakand	9996	2591	26
2	Hangu	10845	2414	22
3	Nowshera	21520	4235	20
4	Tank	9990	1955	20
5	Peshawar	41350	7676	19
6	Mansehra	50173	8491	17
7	Kohistan	5046	815	16
8	Swabi	29789	4712	16
9	Lakki Marwat	18936	2788	15
10	Haripur	24121	3500	15
11	Battagram	14832	1894	13
12	Charsadda	30536	3532	12
13	Bannu	24926	2526	10
14	D.I. Khan	31896	2821	9
15	Buner	24959	2153	9
16	Mardan	43439	3671	8
17	Shangla	15582	1208	8

18	Dir Lower	37223	2833	8
19	Chitral	16868	1234	7
20	Abbottabad	18990	1265	7
21	Dir Upper	26207	1641	6
22	Swat	72824	4261	6
23	Kohat	24069	1362	6
24	Karak	16760	904	5
25	Toor Ghar	3079	115	4
<b>Total</b>		<b>623956</b>	<b>70597</b>	<b>11</b>

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 No. 16**.

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

Fig. 16



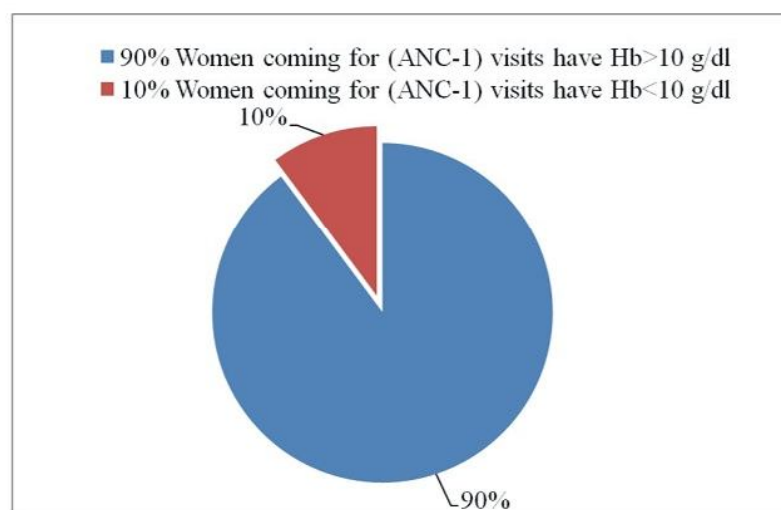
**Table No. 16 and Figure 16** reflects the districts-wise figures of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl.

District Malakand tops these figures reflecting the figures at 26% of the total pregnant women with hemoglobin under 10g/dl necessitating the management to take appropriate measures.

Hangu, Nowshera and Tank stand on 22% to 20% among the 25 reporting districts in the province. Districts Peshawar, Mansehra, Kohistan, Swabi, Lakki Marwat, Haripur, Battagram and Charsadda reported from 19% to 12% and other districts from 10% to 4%.

This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities. Ninety % women visiting health facilities for ANC-1 have Hb greater than 10 gm/dl; while the rest have Hb less than 10 gm/dl.

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



This indicator measures the proportion of low birth weight babies (live born infants with birth weight less than 2.5kg) among live births in health facility in a given time period.

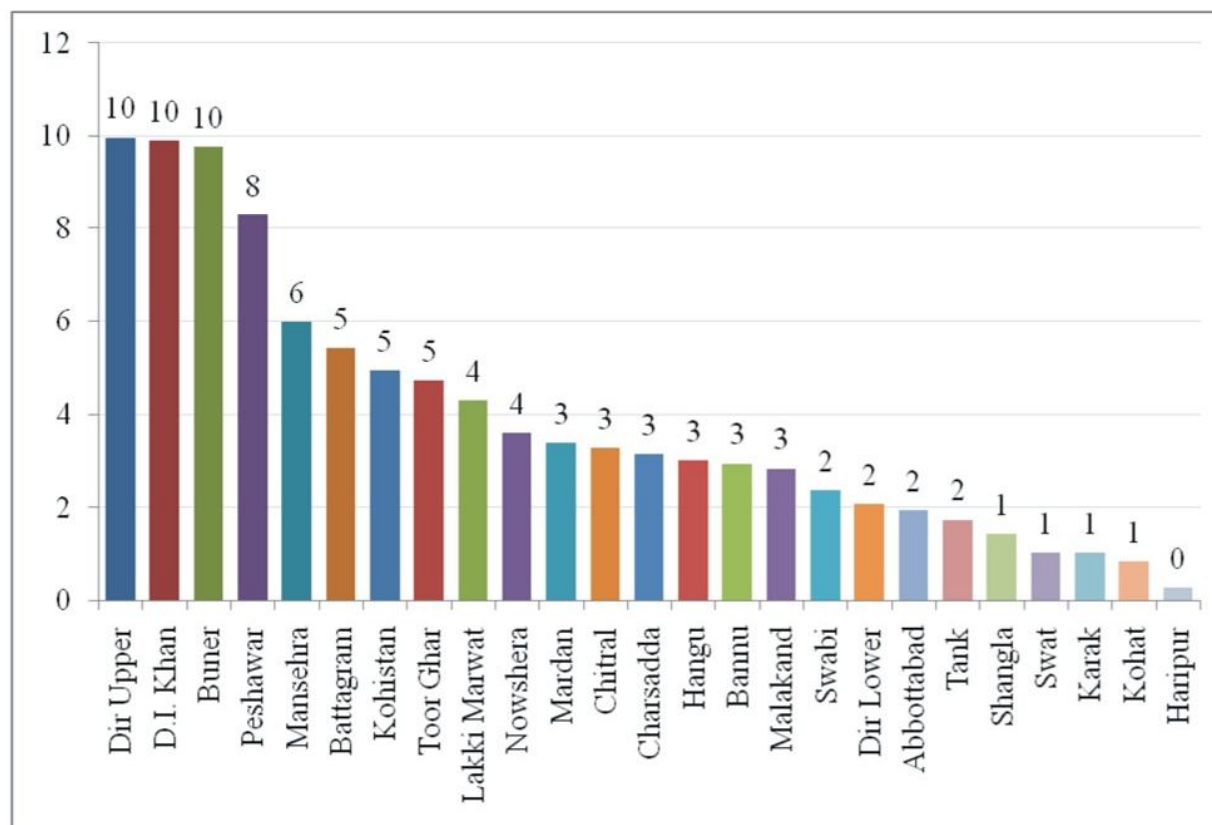
**Table No. 17**

S. No	DISTRICT	Live births in the facility	Live births with LBW ( under 2.5kg)	%age
1	Dir Upper	3361	335	10
2	D.I. Khan	9130	904	10
3	Buner	7846	767	10
4	Peshawar	4745	394	8

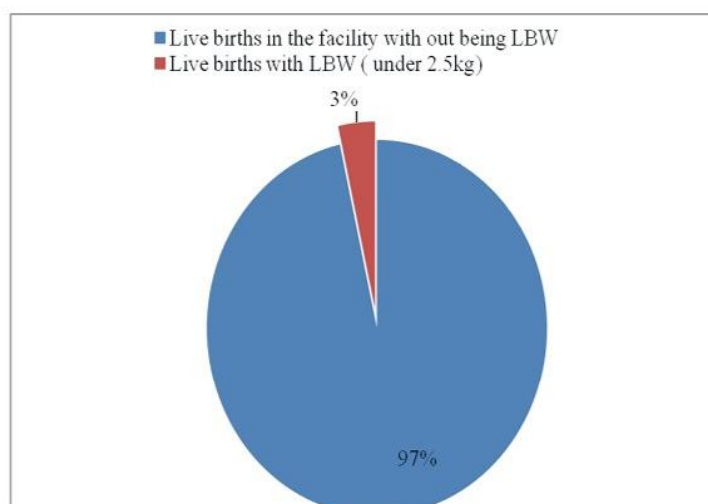
5	Mansehra	7186	430	6
6	Battagram	4182	227	5
7	Kohistan	526	26	5
8	Toor Ghar	486	23	5
9	Lakki Marwat	3024	130	4
10	Nowshera	4144	149	4
11	Mardan	8081	273	3
12	Chitral	5170	170	3
13	Charsadda	9145	287	3
14	Hangu	3097	93	3
15	Bannu	1393	41	3
16	Malakand	10589	300	3
17	Swabi	5772	137	2
18	Dir Lower	12945	268	2
19	Abbottabad	4615	89	2
20	Tank	1441	25	2
21	Shangla	1607	23	1
22	Swat	25519	260	1
23	Karak	2457	25	1
24	Kohat	8591	72	1
25	Haripur	5578	15	0
<b>Total</b>		<b>150630</b>	<b>5463</b>	<b>4</b>

**Table N0. 17** and **Figure 17** measure the proportion of live born infants with birth weight less than 2.5kg among births in health facility in a given time period. The total number of live births with Low Birth Weights (LBWs) (under 2.5kg) the figures are **5463**, which constitutes **4%** in total. Districts Dir Upper, D.I Khan and Buner reports LBWs as 10% each; which is highest among all the districts.

In districts Shangla, Swat, Karak and Kohat 1% LBWs are reported in each. These districts are on low side thus reflecting better nutritional status of women and good health services in these districts. In district Haripur zero LBWs are reported; even better off district; validation of data is also required.

**Fig. 17 Live births with LBW under 2.5kg (in %age)**

Live births in the facility without being LBW	Live births with LBW ( under 2.5kg)
150630	5463



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

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

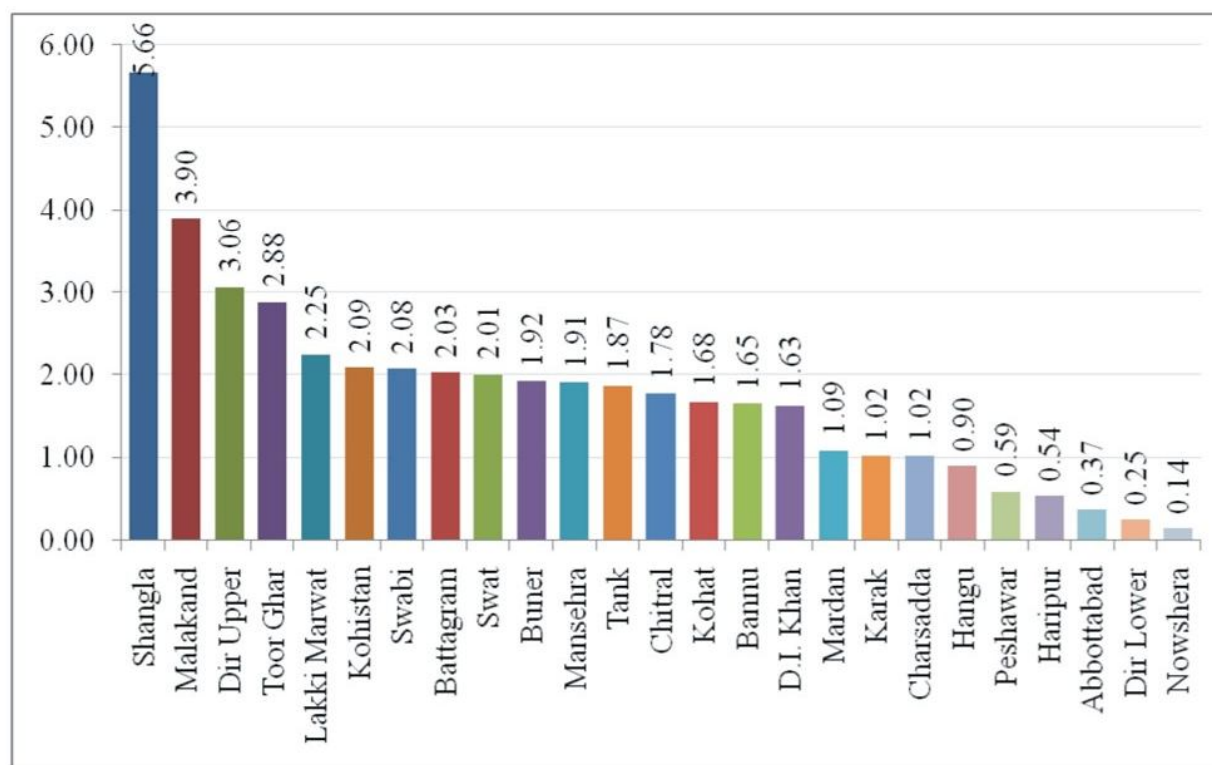
**17. Total Number of Still births in the Government Health Facilities (in %age)**

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

**Table No. 18**

S. No	DISTRICT	Live births in the facility	Stillbirths in the facility	%age
1	Shangla	1607	91	5.66
2	Malakand	10589	413	3.90
3	Dir Upper	3361	103	3.06
4	Toor Ghar	486	14	2.88
5	Lakki Marwat	3024	68	2.25
6	Kohistan	526	11	2.09
7	Swabi	5772	120	2.08
8	Battagram	4182	85	2.03
9	Swat	25519	513	2.01
10	Buner	7846	151	1.92
11	Mansehra	7186	137	1.91
12	Tank	1441	27	1.87
13	Chitral	5170	92	1.78
14	Kohat	8591	144	1.68
15	Bannu	1393	23	1.65
16	D.I. Khan	9130	149	1.63
17	Mardan	8081	88	1.09
18	Karak	2457	25	1.02
19	Charsadda	9145	93	1.02
20	Hangu	3097	28	0.90
21	Peshawar	4745	28	0.59
22	Haripur	5578	30	0.54
23	Abbottabad	4615	17	0.37
24	Dir Lower	12945	33	0.25
25	Nowshera	4144	6	0.14
<b>Total</b>		<b>150630</b>	<b>2489</b>	<b>1.65</b>

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

**Fig. 18 Stillbirths in Govt. Facilities (in %age)**

District Shangla is placed on top of the table and reports 91 still births (5.66%) out of 1607 Live births in the facility in 2015. While district Nowshera stands at the bottom of the table and reports 6 stillbirths with 0.14% out of 4144 live births.

Table No. 18 reflects districts wise figures with percentage.

### 18. Family Planning Visits

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

Table No. 19

S. No	DISTRICT	Population	16% of the Total Population	Total FP Visits	%age
1	Chitral	505427	80868	22050	27.27
2	Haripur	1097843	175655	34197	19.47
3	Battagram	487329	77973	13223	16.96
4	Peshawar	3202232	512357	71872	14.03
5	Shangla	689198	110272	13443	12.19
6	Swat	1994501	319120	36768	11.52

7	Bannu	1071578	171452	17531	10.22
8	Kohat	892329	142773	13412	9.39
9	Dir Lower	1138160	182106	16459	9.04
10	Charsadda	1621424	259428	23291	8.98
	Lakki				
11	Marwat	777158	124345	9594	7.72
12	Malakand	717314	114770	7281	6.34
13	Mansehra	1533447	245352	15284	6.23
14	Buner	802570	128411	7712	6.01
15	Nowshera	1386717	221875	13206	5.95
16	Dir Upper	913285	146126	8346	5.71
17	Abbottabad	1396697	223472	11848	5.30
18	Mardan	2315654	370505	15108	4.08
19	D.I. Khan	1352812	216450	8354	3.86
20	Karak	683223	109316	4040	3.70
21	Tank	377800	60448	1794	2.97
22	Swabi	1628466	260555	7622	2.93
23	Toor Ghar	277038	44326	1018	2.30
24	Hangu	498829	79813	1194	1.50
25	Kohistan	749475	119916	165	0.14
	<b>Total</b>	<b>28110506</b>	<b>4497681</b>	<b>374812</b>	<b>8.33</b>

During the year of 2015, **374812(8.33%)** eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA)**4497681**.

**Fig. 19 Family Planning Services**

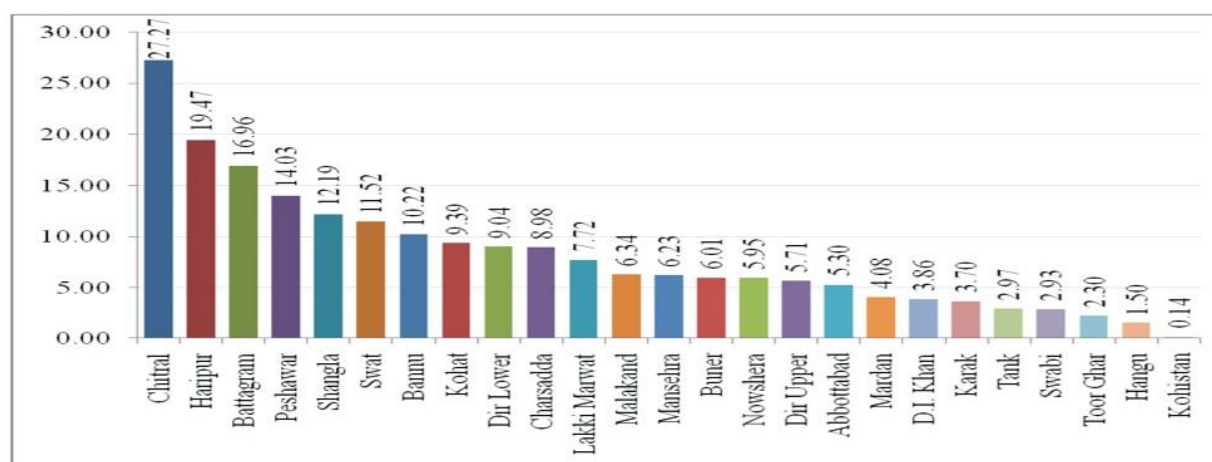


Figure 21 and Table 19 illustrates the actual position of the districts that how much couples avail Family Planning Services in 2015. The table shows that the district Chitral achieved 27.27% of Family Planning Services.

District Haripur, Battagram, Peshawar, Shangla, Swat and Bannu report from 19.47% to 10.22% of the total FP Visits. Districts Dir Lowe to Abbottbad show the figure from 9.39% and 5.30%, while the remaining districts are under 5%.

### 19. Family Planning Services & Commodities Provided

Table No. 20

COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
112443	28736	123071	11931	723414	33316	7018	423	2651

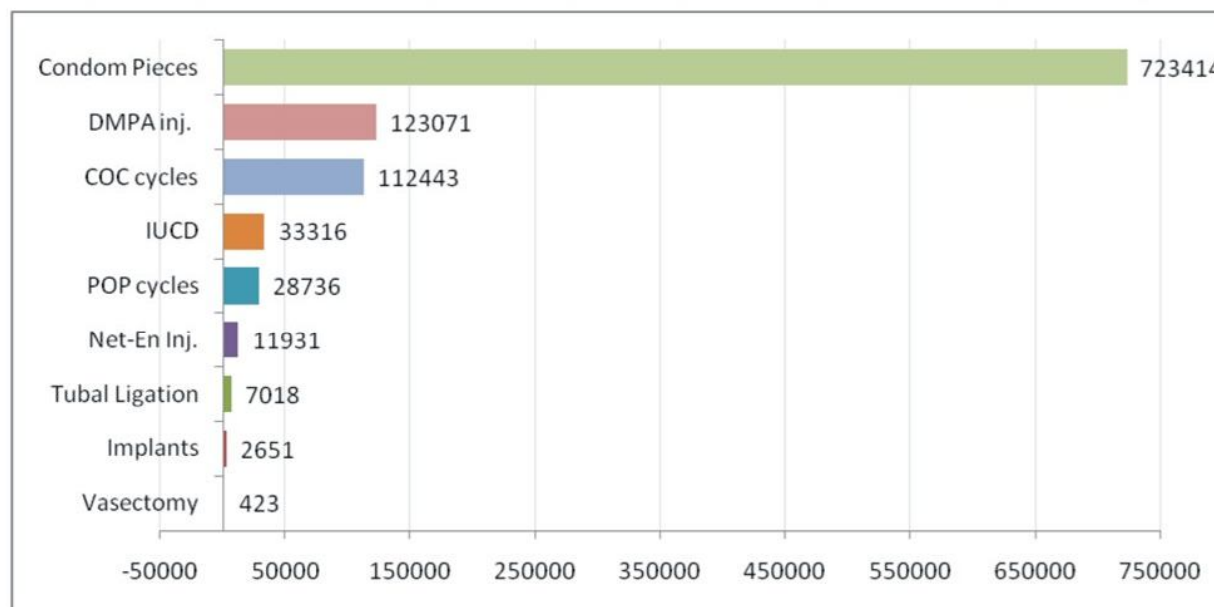


Table No. 21

DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bannu	8353	3244	6276	247	43420	958	0	0	7
D.I. Khan	1724	247	2656	471	15775	957	229	10	23
Lakki Marwat	2543	915	3599	429	10839	1323	65	2	0
Tank	1499	161	782	25	8689	654	4	0	0
Abbottabad	4798	807	3830	49	7983	1162	84	0	0

Haripur	5178	1401	5240	521	48636	2748	98	0	428
Kohistan	32	18	108	77	84	3	0	0	0
Mansehra	5030	640	5842	599	50958	2103	72	1	23
Battagram	3749	431	4752	476	25714	1618	74	0	0
Toor Ghar	319	211	384	5	201	84	0	0	1
Karak	2180	323	1979	230	6002	485	3	0	0
Kohat	9775	1725	6045	37	58839	2637	438	0	51
Hangu	610	188	893	38	9602	155	7	0	8
Buner	10072	753	3834	1721	19674	582	48	0	0
Chitral	3845	1069	6487	1566	20333	394	4	15	0
Dir Lower	2988	682	4903	225	25800	65	6	2	0
Malakand	3505	813	4400	343	46634	772	275	1	0
Swat	7455	1957	18040	1647	24510	4542	980	3	1776
Dir Upper	1551	1047	3291	679	8199	204	28	2	14
Shangla	4161	1367	2760	349	8184	798	19	9	0
Mardan	6004	2520	4367	252	25513	884	46		14
Swabi	6632	1187	4737	676	41871	1486	1188	2	0
Charsadda	9858	1555	10170	472	129961	2105	137	15	10
Nowshera	3202	900	4923	142	33999	2538	554	10	261
eshawar	7380	4575	12773	655	51994	4059	2659	351	35
<b>Total</b>	<b>112443</b>	<b>28736</b>	<b>123071</b>	<b>11931</b>	<b>723414</b>	<b>33316</b>	<b>7018</b>	<b>423</b>	<b>2651</b>

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 been adopted by the couple.

In the modern method of the family planning services, the condom is one of the most effective and simple method and couples 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 21 illustrates the districts wise figures.

## 20. Malaria Cases Slide Positivity Rate

### a. Malaria Parasite

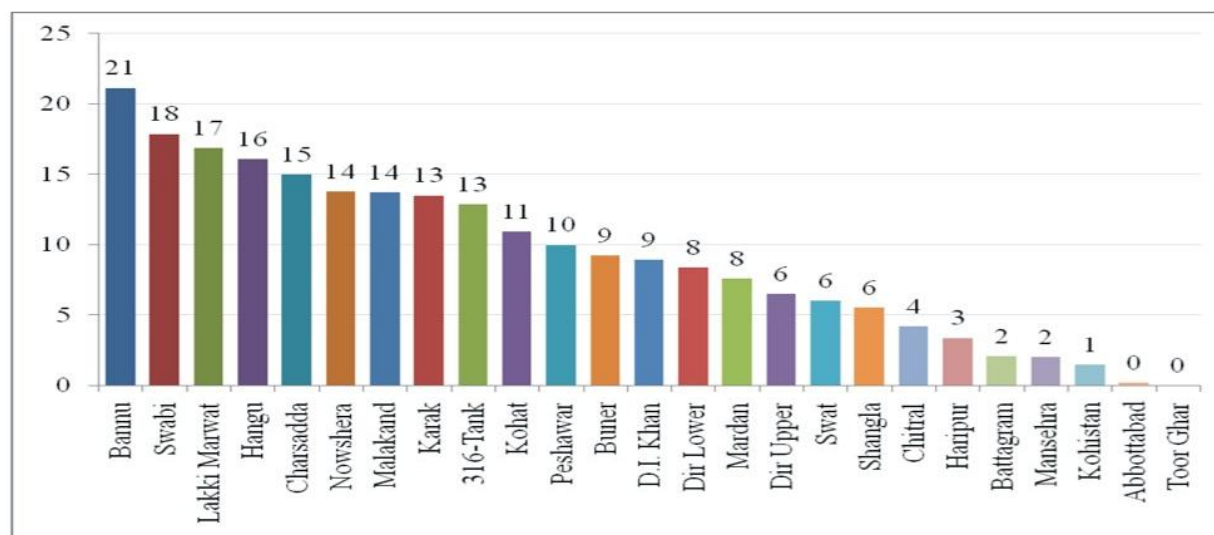
This indicator measure the proportion of blood slides tested positive for Malaria.

**Table No. 22**

S. No	DISTRICT	Slides Examined	Slides MP +ve	%age
1	Bannu	23823	5035	21
2	Swabi	4978	889	18
3	Lakki Marwat	29777	5014	17
4	Hangu	7232	1163	16

5	Charsadda	41533	6218	15
6	Nowshera	15895	2187	14
7	Malakand	16743	2298	14
8	Karak	21411	2889	13
9	316-Tank	5274	677	13
10	Kohat	18826	2053	11
11	Peshawar	4340	433	10
12	Buner	32820	3025	9
13	D.I. Khan	24560	2191	9
14	Dir Lower	22812	1909	8
15	Mardan	44752	3399	8
16	Dir Upper	7043	456	6
17	Swat	13203	790	6
18	Shangla	2780	153	6
19	Chitral	6451	271	4
20	Haripur	1127	38	3
21	Battagram	97	2	2
22	Mansehra	2662	53	2
23	Kohistan	68	1	1
24	Abbottabad	502	1	0
25	Toor Ghar	10	0	0
<b>Total</b>		<b>348719</b>	<b>41145</b>	<b>12</b>

Fig. 22 Malaria Cases Slide Positivity Rate (Malaria Parasite)



**b. Plasmodium Falciparum Rate**

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

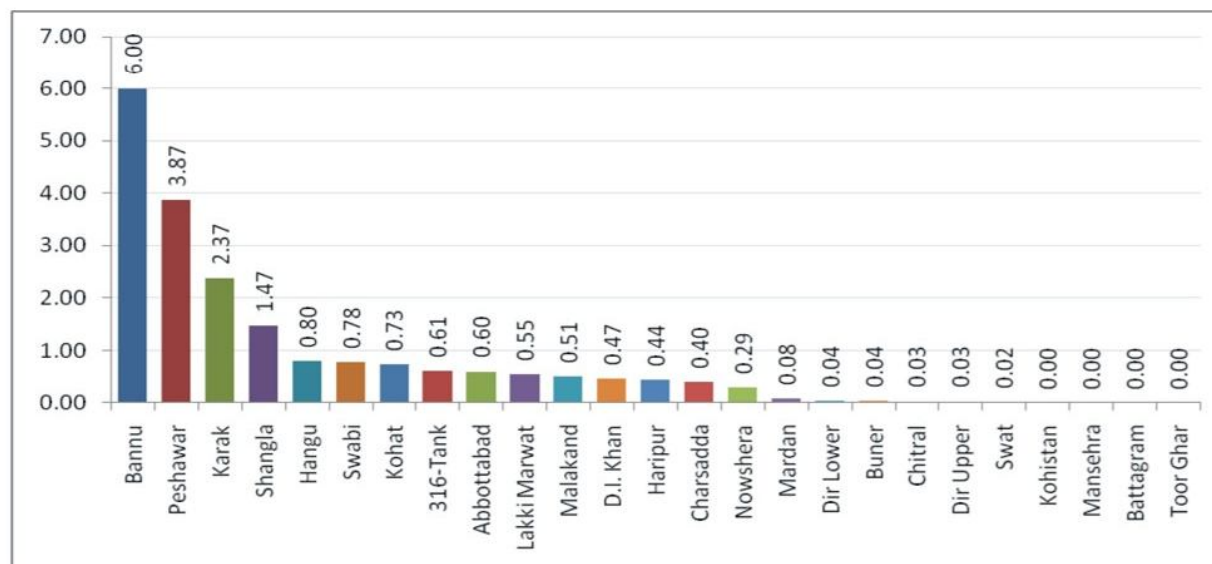
**Table No. 23**

S. No	DISTRICT	Slides Examined	Slides P. Falciparum +ve	%age
1	Bannu	23823	1430	6.00
2	Peshawar	4340	168	3.87
3	Karak	21411	508	2.37
4	Shangla	2780	41	1.47
5	Hangu	7232	58	0.80
6	Swabi	4978	39	0.78
7	Kohat	18826	137	0.73
8	316-Tank	5274	32	0.61
9	Abbottabad	502	3	0.60
10	Lakki Marwat	29777	164	0.55
11	Malakand	16743	85	0.51
12	D.I. Khan	24560	115	0.47
13	Haripur	1127	5	0.44
14	Charsadda	41533	165	0.40
15	Nowshera	15895	46	0.29
16	Mardan	44752	35	0.08
17	Dir Lower	22812	10	0.04
18	Buner	32820	13	0.04
19	Chitral	6451	2	0.03
20	Dir Upper	7043	2	0.03
21	Swat	13203	3	0.02
22	Kohistan	68	0	0.00
23	Mansehra	2662	0	0.00
24	Battagram	97	0	0.00
25	Toor Ghar	10	0	0.00
<b>Total</b>		<b>348719</b>	<b>3061</b>	<b>0.88</b>

District Bannu is on top of the list in table no 23 and reflects the figures i.e 23823 slides have been examined and reported **1430** with 6% positive patients of **Malaria Plasmodium Falciparum**.

Districts Peshawar, Karak and Shangla report Malaria Plasmodium Falciparum positive patients 3.83, 2.37 and 1.47 respectively. While Kohistan, Mansehra, Battagram and Toor Ghar reports zero figure of respective districts.

**Fig. 23 Plasmodium Falciparum Rate**



## 21. 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. If you're infected, taking certain precautions can help prevent spreading HBV to others.

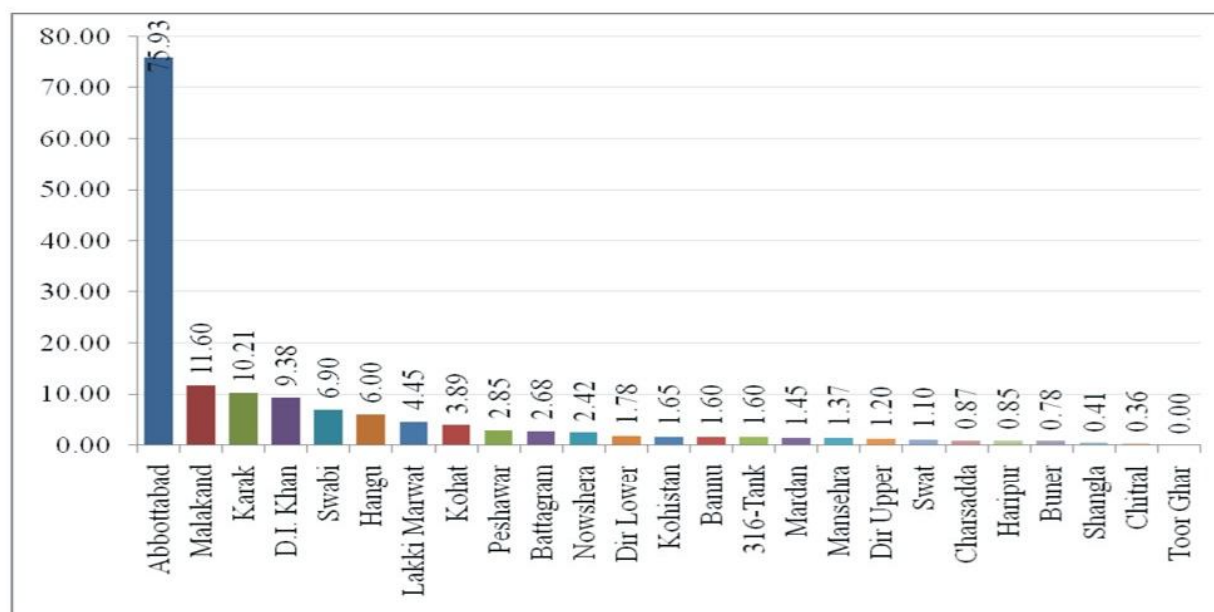
**Table No. 24**

S. No	DISTRICT	Patients screened	Hepatitis B +ve	%age
1	Abbottabad	615	467	75.93
2	Malakand	362	42	11.60
3	Karak	1724	176	10.21

# Annual Report 2015

4	D.I. Khan	352	33	9.38
5	Swabi	710	49	6.90
6	Hangu	350	21	6.00
7	Lakki Marwat	1415	63	4.45
8	Kohat	7785	303	3.89
9	Peshawar	1332	38	2.85
10	Battagram	3688	99	2.68
11	Nowshera	16391	397	2.42
12	Dir Lower	1631	29	1.78
13	Kohistan	243	4	1.65
14	Bannu	749	12	1.60
15	316-Tank	2756	44	1.60
16	Mardan	20142	293	1.45
17	Mansehra	24670	337	1.37
18	Dir Upper	3840	46	1.20
19	Swat	26505	291	1.10
20	Charsadda	16300	142	0.87
21	Haripur	32724	278	0.85
22	Buner	6174	48	0.78
23	Shangla	2448	10	0.41
24	Chitral	27076	97	0.36
25	Toor Ghar	19	0	0.00
<b>Total</b>		<b>200001</b>	<b>3319</b>	<b>1.66</b>

Fig.24



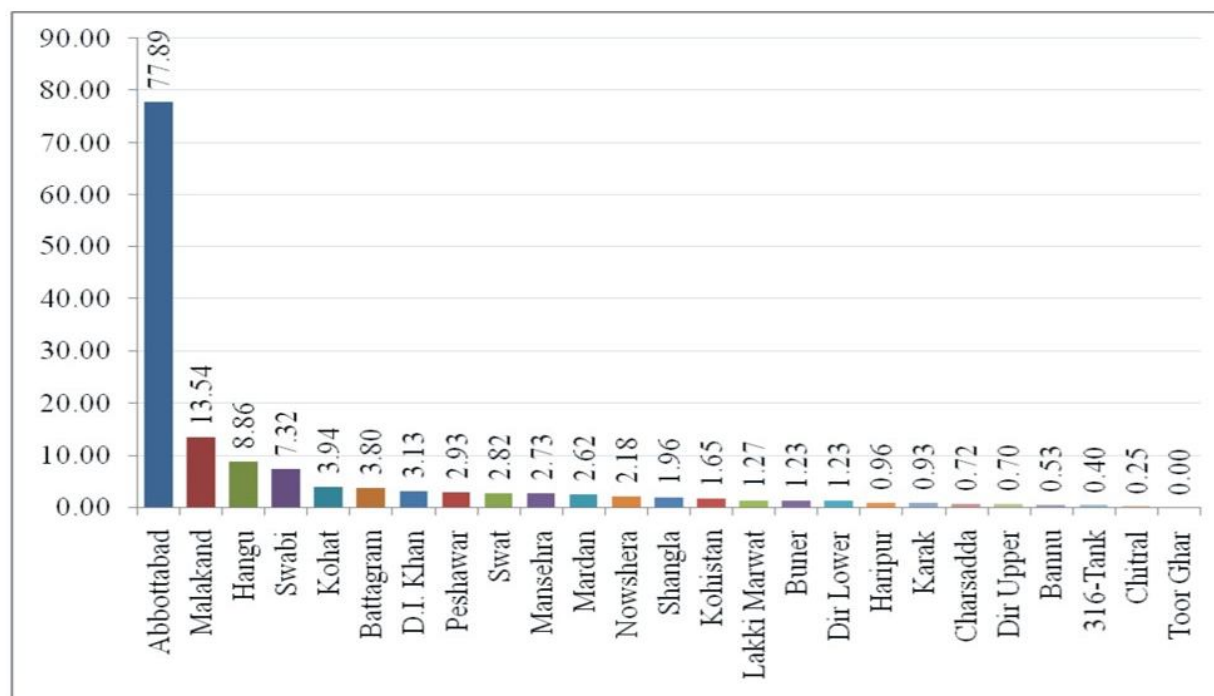
**b. Hepatitis C +ive Proportion**

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, people may not know that 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. One of the reasons of its spread is through contaminated blood (I/V route), most commonly through needles (Syringes).

**Table No. 25**

S. No	DISTRICT	Patients screened	Hepatitis C +ve	%age
1	Abbottabad	615	479	77.89
2	Malakand	362	49	13.54
3	Hangu	350	31	8.86
4	Swabi	710	52	7.32
5	Kohat	7785	307	3.94
6	Battagram	3688	140	3.80
7	D.I. Khan	352	11	3.13
8	Peshawar	1332	39	2.93
9	Swat	26505	747	2.82
10	Mansehra	24670	674	2.73
11	Mardan	20142	527	2.62
12	Nowshera	16391	358	2.18
13	Shangla	2448	48	1.96
14	Kohistan	243	4	1.65
15	Lakki Marwat	1415	18	1.27
16	Buner	6174	76	1.23
17	Dir Lower	1631	20	1.23
18	Haripur	32724	315	0.96
19	Karak	1724	16	0.93
20	Charsadda	16300	117	0.72
21	Dir Upper	3840	27	0.70
22	Bannu	749	4	0.53
23	316-Tank	2756	11	0.40
24	Chitral	27076	69	0.25
25	Toor Ghar	19	0	0.00
<b>Total</b>		<b>200001</b>	<b>4139</b>	<b>2.07</b>

**Fig. 25 Hepatitis C +ve Proportion****22. Intensive-Phase TB-DOTS Patients**

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

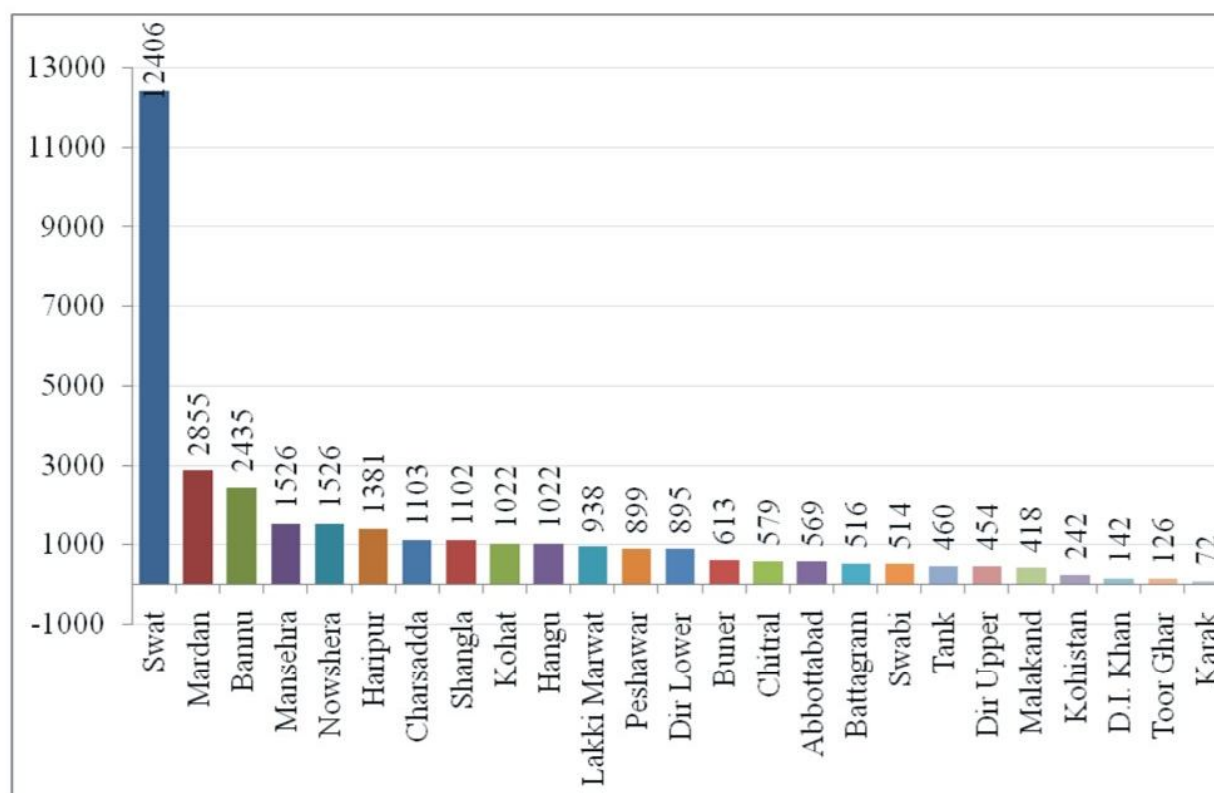
**Table No. 26**

S. No	DISTRICT	Intensive-phase TB-DOTS patients
1	Swat	12406
2	Mardan	2855
3	Bannu	2435
4	Mansehra	1526
5	Nowshera	1526
6	Haripur	1381
7	Charsadda	1103
8	Shangla	1102
9	Kohat	1022
10	Hangu	1022
11	Lakki Marwat	938
12	Peshawar	899
13	Dir Lower	895

14	Buner	613
15	Chitral	579
16	Abbottabad	569
17	Battagram	516
18	Swabi	514
19	Tank	460
20	Dir Upper	454
21	Malakand	418
22	Kohistan	242
23	D.I. Khan	142
24	Toor Ghar	126
25	Karak	72
<b>Total</b>		<b>33815</b>

Table No. 26 show the district-wise TB data with percentage. Districts Karak, Tor Ghor and D. I. Khan report 72, 126 and 142 TB patients. District Swat is highest in numbers reporting 12406 patients during the year 2015 out of total patients (33815). District Mardan & Bannu report 2855 and 2435 TB patients.

**Fig. 26**



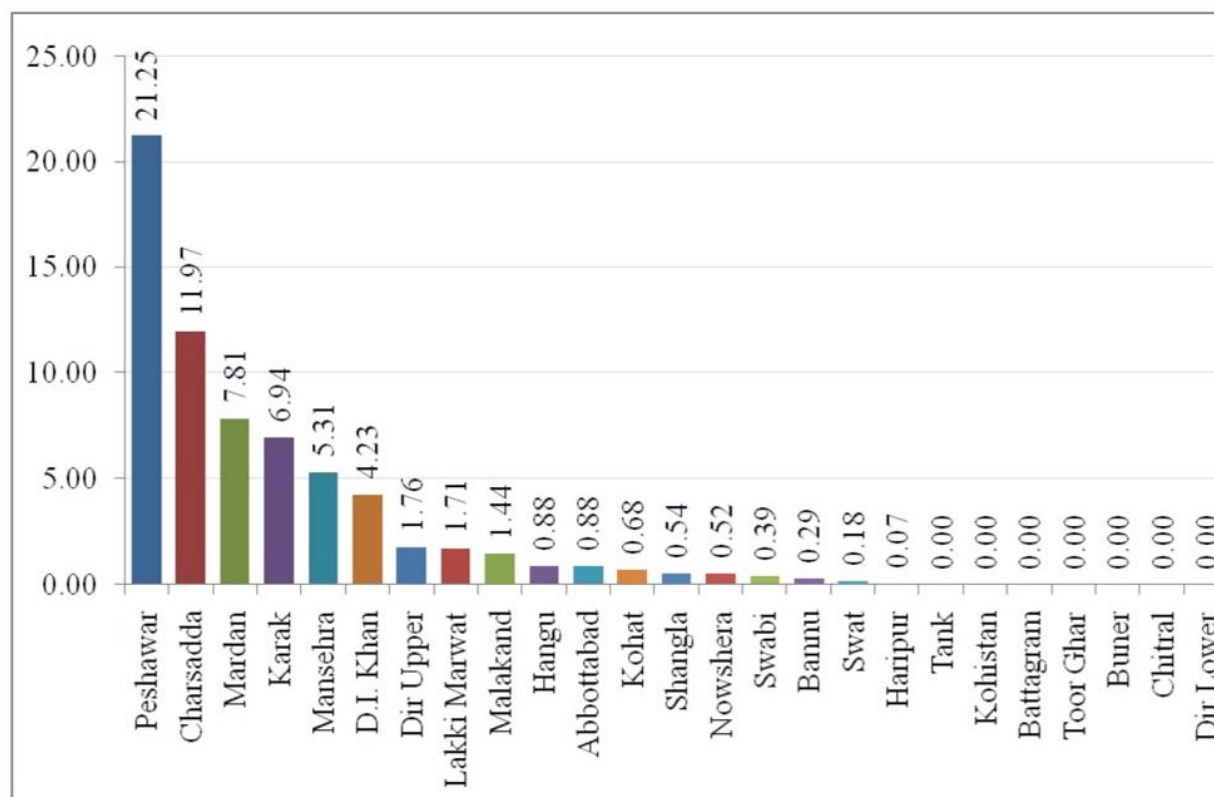
**23. Proportion of Intensive phase TB-DOTS patients missing treatment >1 week**

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.

**Table No. 27**

S. No	DISTRICT	Intensive-phase TB-DOTS patients	Intensive phase TB-DOTS patients missing treatment >1 week	%age
1	Peshawar	899	191	21.25
2	Charsadda	1103	132	11.97
3	Mardan	2855	223	7.81
4	Karak	72	5	6.94
5	Mansehra	1526	81	5.31
6	D.I. Khan	142	6	4.23
7	Dir Upper	454	8	1.76
8	Lakki Marwat	938	16	1.71
9	Malakand	418	6	1.44
10	Hangu	1022	9	0.88
11	Abbottabad	569	5	0.88
12	Kohat	1022	7	0.68
13	Shangla	1102	6	0.54
14	Nowshera	1526	8	0.52
15	Swabi	514	2	0.39
16	Bannu	2435	7	0.29
17	Swat	12406	22	0.18
18	Haripur	1381	1	0.07
19	Tank	460	0	0.00
20	Kohistan	242	0	0.00
21	Battagram	516	0	0.00
22	Toor Ghar	126	0	0.00
23	Buner	613	0	0.00
24	Chitral	579	0	0.00
25	Dir Lower	895	0	0.00
<b>Total</b>		<b>33815</b>	<b>735</b>	<b>2.17</b>

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.

**Fig. 27 Proportion of Intensive phase TB-DOTS patients missing treatment >1 week**

In figure 27 and table 27 it is illustrated that district Peshawar is on top among the other districts and stands at 21.25%; thus needs improvement while Tank, Kohistan, Battagram, Toor Ghar, Buner, Chitral and Dir Lower report zero TB patients as missing treatment for more than a week.

## 24. Immunization Coverage

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

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

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

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

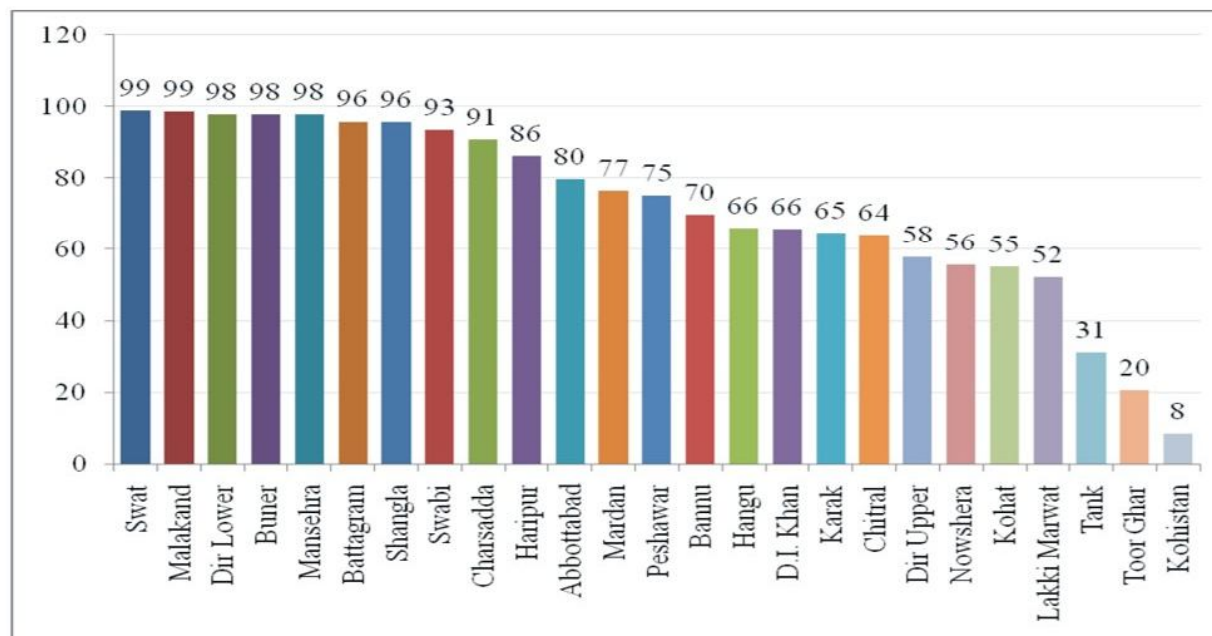
**Table No. 28**

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 m received 3rd Pentavalent vaccine	%age
1	Swat	1994501	53852	53272	99
2	Malakand	717314	19367	19085	99
3	Dir Lower	1138160	30730	30075	98
4	Buner	802570	21669	21187	98
5	Mansehra	1533447	41403	40478	98
6	Battagram	487329	13158	12599	96
7	Shangla	689198	18608	17792	96
8	Swabi	1628466	43969	41078	93
9	Charsadda	1621424	43778	39763	91
10	Haripur	1097843	29642	25571	86
11	Abbottabad	1396697	37711	30012	80
12	Mardan	2315654	62523	47851	77
13	Peshawar	3202232	86460	64919	75
14	Bannu	1071578	28933	20166	70
15	Hangu	498829	13468	8870	66
16	D.I. Khan	1352812	36526	23992	66
17	Karak	683223	18447	11907	65
18	Chitral	505427	13647	8753	64
19	Dir Upper	913285	24659	14270	58
20	Nowshera	1386717	37441	20855	56
21	Kohat	892329	24093	13280	55
22	Lakki Marwat	777158	20983	10947	52
23	Tank	377800	10201	3166	31
24	Toor Ghar	277038	7480	1532	20
25	Kohistan	749475	20236	1683	8
<b>Total</b>		<b>28110506</b>	<b>758984</b>	<b>583103</b>	<b>77</b>

Table no 28 and figure no. 28 analyze the district wise figures of Children under 12 Months who received 3rd Pentavalent vaccine. The analysis shows that districts Swat and Malakand report 99% each and Districts Dir Lower, Buner and Mansehra stands at 98% each.

Battagram, Shangla reported 96% of Children under 12 Months who received 3rd Pentavalent vaccine, while Swabi 93% and Charsadda 91%. Tank and Toor Ghar districts are below the target which is 31% and 20%.

Districts from Haripur to Chitral reported Children under 12 Months who received 3rd Pentavalent vaccine is 86% to 64%. Kohistan does not meet the target and show worse performance as usual.

**Fig. 28 Children under 12 Months received 3rd Pentavalent vaccine**

District Peshawar which is the capital of the Province and each and every health facility is accessible for patients' stands at 75%; it needs to improve. The overall performance of the province is 77%.

**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.

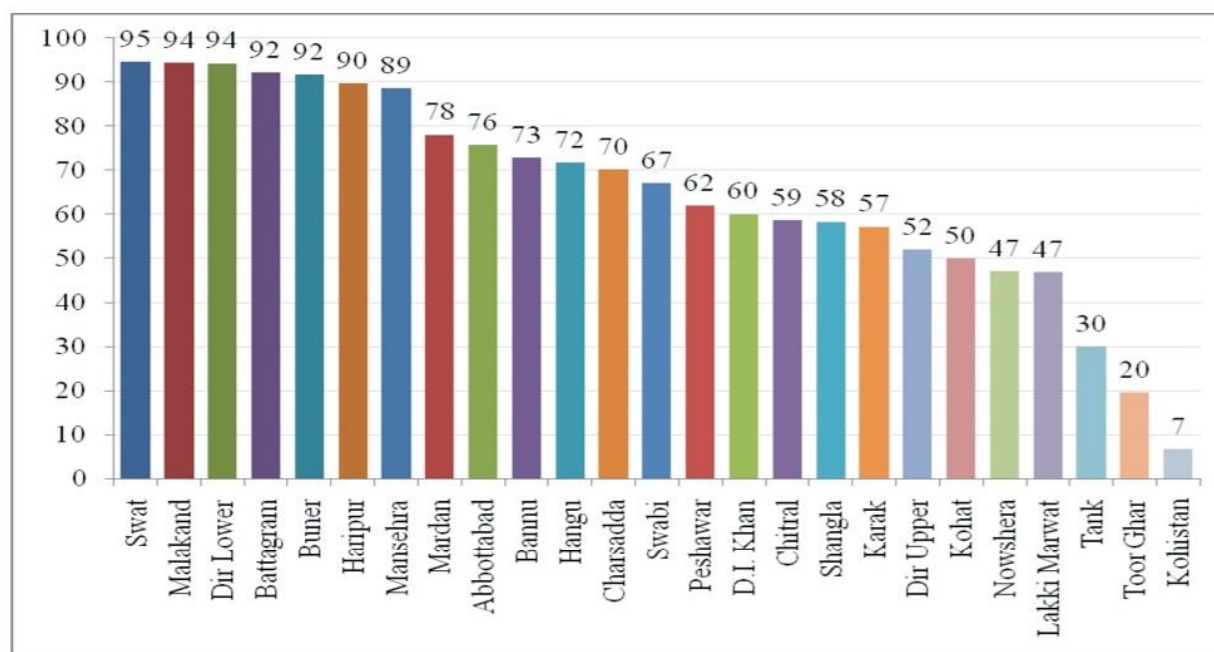
Testing for the virus in suspected cases is important for public health efforts.

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.

**Table No. 29**

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 Months received 1st Measles vaccine	%age
1	Swat	1994501	53852	50909	95
2	Malakand	717314	19367	18288	94
3	Dir Lower	1138160	30730	28974	94
4	Battagram	487329	13158	12127	92
5	Buner	802570	21669	19866	92
6	Haripur	1097843	29642	26609	90

7	Mansehra	1533447	41403	36671	89
8	Mardan	2315654	62523	48802	78
9	Abbottabad	1396697	37711	28583	76
10	Bannu	1071578	28933	21101	73
11	Hangu	498829	13468	9671	72
12	Charsadda	1621424	43778	30763	70
13	Swabi	1628466	43969	29469	67
14	Peshawar	3202232	86460	53577	62
15	D.I. Khan	1352812	36526	21945	60
16	Chitral	505427	13647	7995	59
17	Shangla	689198	18608	10851	58
18	Karak	683223	18447	10551	57
19	Dir Upper	913285	24659	12800	52
20	Kohat	892329	24093	12032	50
21	Nowshera	1386717	37441	17641	47
22	Lakki Marwat	777158	20983	9820	47
23	Tank	377800	10201	3052	30
24	Toor Ghar	277038	7480	1459	20
25	Kohistan	749475	20236	1351	7
<b>Total</b>		<b>28110506</b>	<b>758984</b>	<b>524907</b>	<b>69</b>

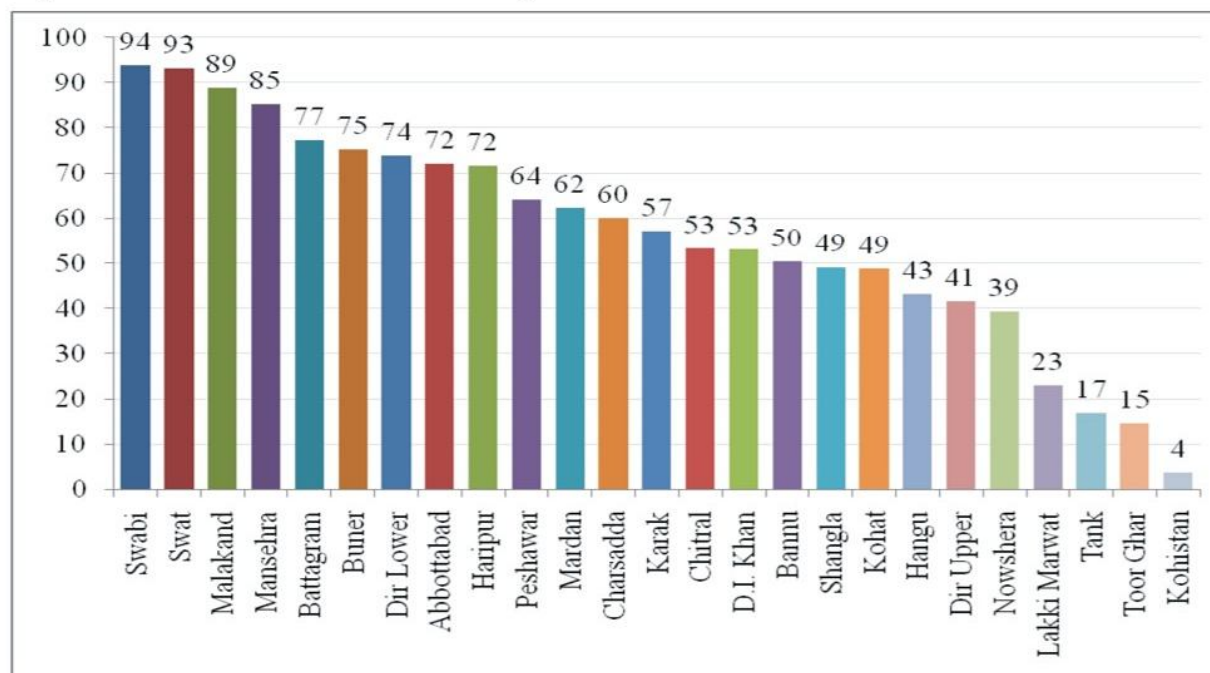
**Figure No. 29 Children under 12 Months Received 1st Measles Vaccine****Table No. 29 and Figure No. 29 reflects the districts wise figures**

**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.

Table No. 30

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 Months Fully Immunized	%age
1	Swabi	1628466	43969	41224	94
2	Swat	1994501	53852	50162	93
3	Malakand	717314	19367	17214	89
4	Mansehra	1533447	41403	35265	85
5	Battagram	487329	13158	10166	77
6	Buner	802570	21669	16300	75
7	Dir Lower	1138160	30730	22709	74
8	Abbottabad	1396697	37711	27162	72
9	Haripur	1097843	29642	21258	72
10	Peshawar	3202232	86460	55507	64
11	Mardan	2315654	62523	38965	62
12	Charsadda	1621424	43778	26348	60
13	Karak	683223	18447	10535	57
14	Chitral	505427	13647	7267	53
15	D.I. Khan	1352812	36526	19383	53
16	Bannu	1071578	28933	14549	50
17	Shangla	689198	18608	9136	49
18	Kohat	892329	24093	11756	49
19	Hangu	498829	13468	5815	43
20	Dir Upper	913285	24659	10219	41
21	Nowshera	1386717	37441	14687	39
22	Lakki Marwat	777158	20983	4818	23
23	Tank	377800	10201	1711	17
24	Toor Ghar	277038	7480	1097	15
25	Kohistan	749475	20236	737	4
<b>Total</b>		<b>28110506</b>	<b>758984</b>	<b>473990</b>	<b>62</b>

**Fig. 30 Children under 12 Months Fully Immunized****d. Pregnant Women Received TT-2 Vaccine**

During the year 2015, out of 955757 expected pregnant women, 419816 (44%) women received TT-2 vaccination. Among districts there is a variation that ranges from 3% to 70%. Most of the districts fall under 50% to 65%. District Kohistan had the lowest in range (3%) while district Torghar is at (13%) TT-2 vaccination coverage.

Table No. 31

S. No	DISTRICT	Population	Exp Pregnancies	Pregnant women received TT-2 vaccine	%age
1	Swat	1994501	67813	47679	70
2	Malakand	717314	24389	16620	68
3	Haripur	1097843	37327	23985	64
4	Buner	802570	27287	16522	61
5	Dir Lower	1138160	38697	22181	57
6	Mansehra	1533447	52137	27916	54
7	Battagram	487329	16569	8388	51
8	Charsadda	1621424	55128	27137	49
9	Abbottabad	1396697	47488	22802	48
10	Mardan	2315654	78732	36404	46
11	Bannu	1071578	36434	16337	45
12	D.I. Khan	1352812	45996	20407	44

13	Swabi	1628466	55368	22170	40
14	Dir Upper	913285	31052	11741	38
15	Peshawar	3202232	108876	39071	36
16	Chitral	505427	17185	6051	35
17	Kohat	892329	30339	10510	35
18	Hangu	498829	16960	5744	34
19	Karak	683223	23230	7696	33
20	Lakki Marwat	777158	26423	8255	31
21	Tank	377800	12845	3457	27
22	Shangla	689198	23433	5953	25
23	Nowshera	1386717	47148	10921	23
24	Toor Ghar	277038	9419	1199	13
25	Kohistan	749475	25482	670	3
<b>Total</b>		<b>28110506</b>	<b>955757</b>	<b>419816</b>	<b>44</b>

The districts from Serial No. 1 to serial no 7, the performances are over 50% while other show their performance under 50%.

**Fig. 31 Pregnant Women Received TT-2 Vaccine**

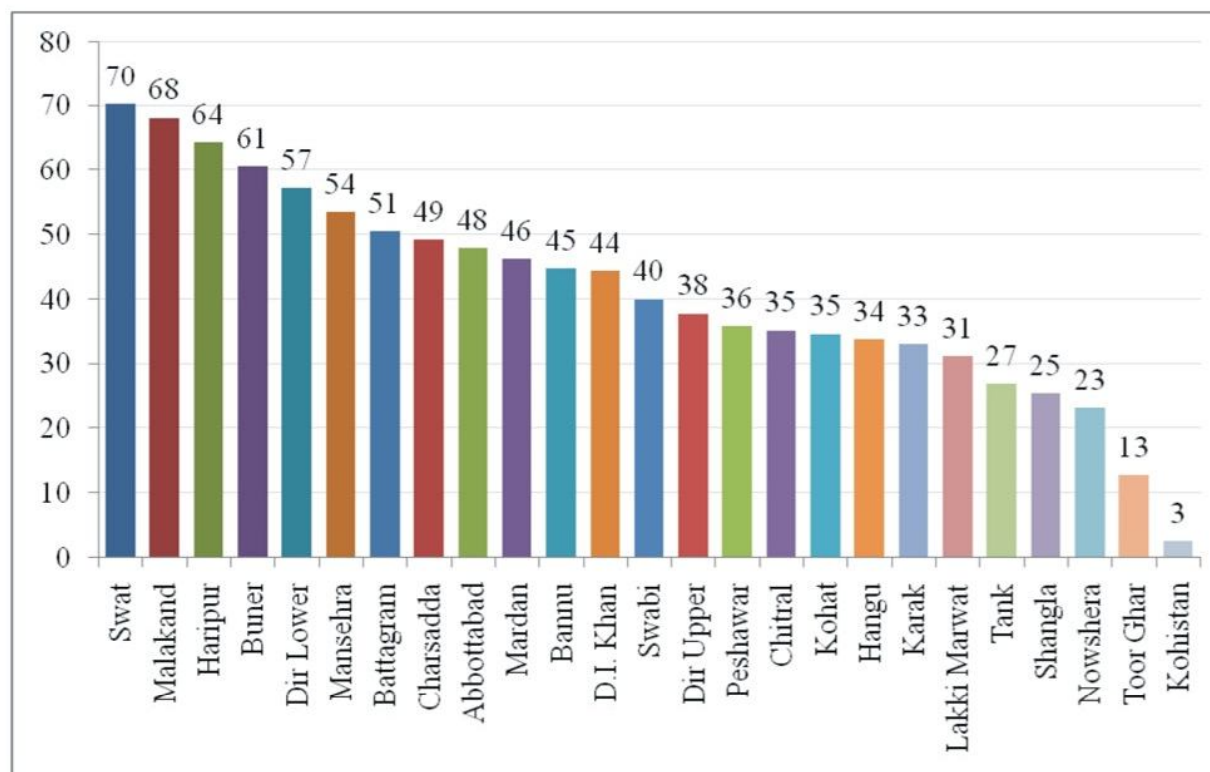


Table No. 31 and Figure No. 31 shows the districts specific categorization of TT-2 coverage

**SAIDU SHARIF  
GROUP OF TEACHING  
HOSPITAL SWAT  
2015**

**PROGRESS REPORT 2015**  
**SAIDU GROUP OF TEACHING HOSPITALS SWAT**

		2014	2015
S.No.	Particular	Stats	Stats
1	Outdoor Patients including Casualty	633596	805072 ✓
2	Indoor Patients including Casualty	101004	113989 ✓
3	Major Surgeries	18589	37077
4	Minor Surgeries	26911	31958
5	Casualty OPD	250982	292960
6	Casualty Indoor	7682	8010
7	X-Rays	56136	56973
8	Ultrasonounds	27576	34340
9	Lab: Investigations	703569	1073948
10	ECGs	30220	39860
11	MRIs	1827	2058
12	Physiotherapies	981	1048
13	Dialysis	1082	1453
14	ECHO	2521	4036
15	Endoscopy	0	221
16	Grouping	26170	27472
17	Transfusions (	12379	12624
18	C-Section	2801	3363
19	Normal Deliveries	7087	7685

Medical Superintendent  
S.G.T.H, Saidu Sharif Swat

**MUFTI MEHMOOD MEMOIAL  
TEACHING HOSPITAL  
D.I. KHAN  
2015**

Phone No. 0966-747067  
Fax No. 0966-747154



Office of the  
Medical Superintendent  
MMM Teaching Hospital  
Dera Ismail Khan  
No. 795-97 JS-6  
Dated: 02.02.2016

### Yearly Statistic data Mufti Mehmoed Memorial Teaching Hospital Dera Ismail Khan for the Month of January to December 2015

S.NO	UNITS	January	February	March	April	May	June	July	August	September	October	November	December	Total Patients
1	MAIN OPD	5277	5884	6240	6752	6256	6186	3858	6639	5738	6060	6176	5984	71050
2	Medical OPD	1514	1894	1164	2074	1887	1880	625	1940	2120	2553	2191	2539	22381
3	Surgical OPD	488	588	419	400	334	312	192	301	279	300	315	327	4255
4	Gynae OPD	594	347	823	717	794	869	448	1052	525	602	656	639	8066
5	Eye OPD	258	272	345	294	267	243	92	190	131	134	156	180	2562
6	ENT OPD	421	383	341	367	303	297	210	356	306	229	143	223	3579
7	Nephrology OPD	45	46	62	86	58	62	71	70	75	47	64	54	740
8	TB Control OPD	288	286	319	294	225	290	175	255	219	161	161	208	2881
9	Dental OPD	203	208	225	233	257	230	83	173	185	180	195	199	2371
10	Children OPD	520	529	468	479	812	604	380	634	476	457	701	974	7034
11	Orthopedic OPD	Nil	Nil	264	425	436	419	153	454	295	276	341	369	3432
	INDOOR	228	250	248	385	402	402	152	312	279	303	328	361	3650
12	Surgical Ward (Male)	66	65	67	121	89	62	29	97	102	116	120	112	1046
13	Surgical Ward (Female)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0
14	Medical Ward	89	107	86	107	139	105	47	124	105	121	103	126	1259
15	Gynae Ward	40	28	24	50	73	124	32	29	22	26	53	68	569
16	Labour Room	13	1	15	14	13	7	9	6	5	6	6	7	102
17	Eye Ward	Nil	8	20	17	10	Nil	1	Nil	Nil	Nil	Nil	Nil	56
18	ENT Ward	12	14	7	13	12	7	4	5	13	3	2	15	107
19	Nephrology Ward	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1

## Annual Report 2015

20	Children Ward	3	18	14	45	52	23	15	24	21	21	28	21	285
21	Orthopedic Ward	Nil	Nil	6	12	10	10	2	18	4	5	7	6	80
22	CCU Ward	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0
23	Isolation Ward	4	5	5	5	2	1	6	6	6	4	7	3	54
24	Private Rooms	1	4	1	1	1	5	7	3	1	1	2	3	33
LABORATORIES		2235	2767	2930	3089	2690	2685	1890	2619	2292	2007	2204	2171	29579
25	Pathology Department	2235	2767	2930	3089	2690	2685	1890	2619	2292	2007	2204	2171	29579
X-RAY DEPARTMENT		1748	1573	1630	1686	1600	1765	940	1828	1530	1629	1765	1761	19455
26	ECG	131	106	111	138	121	121	58	154	48	154	161	173	1476
27	Ultrasound	540	576	593	529	546	618	382	583	527	483	628	477	6482
28	X-Ray Unit	873	688	754	777	743	883	382	916	753	734	749	923	9175
29	MRI Unit	204	203	172	242	190	143	118	175	202	258	227	188	2322
OPERATION THEATER		87	100	86	148	101	68	22	87	95	100	111	132	1137
30	Minor Surgeries	32	31	17	32	26	21	8	26	30	24	35	50	332
31	Major Surgeries	55	69	69	116	75	47	14	61	65	76	76	82	805
CAUSALITY DEPARTMENT		742	795	951	1545	1677	1783	1270	1530	1232	1163	1007	1052	14747
32	Causality Unit	742	795	951	1545	1677	1783	1270	1530	1232	1163	1007	1052	14747
33	EPI Unit	257	366	327	442	368	435	311	425	369	381	321	372	4374
34	MCH Centre	239	240	288	207	250	272	234	314	207	227	216	248	2942
35	Referral of Patient by LHW (National Program)	280	392	220	279	361	667	429	416	457	875	1259	1846	7481
36	Free Medical Camp	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	0
37	HBS Screening Camp	157	88	19	17	Nil	10	22	Nil	Nil	Nil	Nil	Nil	313
Grand Total		11250	12455	12939	14550	13705	14273	9128	14170	12199	12745	13387	13927	154728

Prepared by

ABDUL NASIR  
Statistical Officer  
MMM Teaching Hospital  
Dera Ismail Khan

Copy to:-

1. Director General Health Services Khyber Pakhtunkhwa Peshawar.
2. Chief Executive/Principal Gomal Medical College, Dikhan for information please.
3. Incharge Statistics Mufti Mehmoood Memorial Teaching Hospital Dikhan.

DR. TARIQ MASOOD  
Medical Superintendent  
MMM Teaching Hospital  
Dera Ismail Khan

**HHYBER TEACHING HOSPITAL  
PESHAWAR  
2015**

# Annual Report 2015

## Khyber Teaching Hospital, Peshawar

From Jan 2015 To: Dec 2015

### Department wise Patients count and investigations

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
ADMISSION	6,527	6,024	6,376	6,545	6,718	6,620	5,666	7,204	6,602	7,396	7,254	7,497	80,429
AUDIOLOGY	356	353	396	380	297	207	178	337	279	301	331	336	3,751
BLOOD-BANK	2,013	1,810	2,001	2,143	2,130	2,092	1,631	1,930	2,005	2,175	2,052	1,991	23,973
CARD	0	0	0	0	0	0	447	5,807	6,257	6,936	6,775	7,203	33,425
CARDIOLOGY	4,808	4,611	4,931	4,575	4,963	4,165	3,517	5,128	4,484	4,817	5,173	5,047	56,219
CASUALTY	45,980	44,169	49,225	54,176	62,439	54,842	55,676	63,524	60,905	57,679	52,890	56,330	657,835
CHEST	301	248	295	275	354	266	148	215	247	254	316	331	3,250
DENTAL	175	120	154	159	152	145	107	168	200	178	82	108	1,748
DERMATOLOGY	90	80	85	92	104	103	68	111	89	148	154	142	1,266
DIALYSIS	602	531	570	738	1,376	1,285	1,344	1,556	1,461	1,697	1,447	1,422	14,029
ENDOSCOPY	42	44	51	51	54	49	20	18	34	52	52	27	494
EYE	949	962	1,214	1,146	1,184	885	407	908	679	760	942	895	10,931
GYN&AE	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORATORY	15,219	14,605	16,119	14,940	15,603	12,341	11,585	18,523	19,349	23,150	24,983	22,917	209,334
MINOR OT	7	9	24	19	69	27	20	73	61	60	27	34	430
NEPHROLOGY	30	25	24	12	0	4	20	25	25	29	29	42	265
OPD	39,369	42,158	46,159	52,838	50,962	45,178	28,490	49,057	42,097	48,291	47,807	49,684	542,090
PHYSIOTHERAPY	1,237	1,185	1,023	997	1,168	762	474	1,043	983	980	1,160	1,025	12,037
PSYCHIATRY	92	136	116	133	126	107	101	141	125	145	154	197	1,573
RADIOLOGY	11,508	11,584	12,989	13,627	13,844	12,477	10,103	14,019	13,217	14,215	14,124	14,294	156,001
Total	129,305	128,654	141,752	152,846	161,543	141,555	120,002	169,787	159,099	169,263	165,752	169,522	1,809,080

Khyber Teaching Hospital, Peshawar

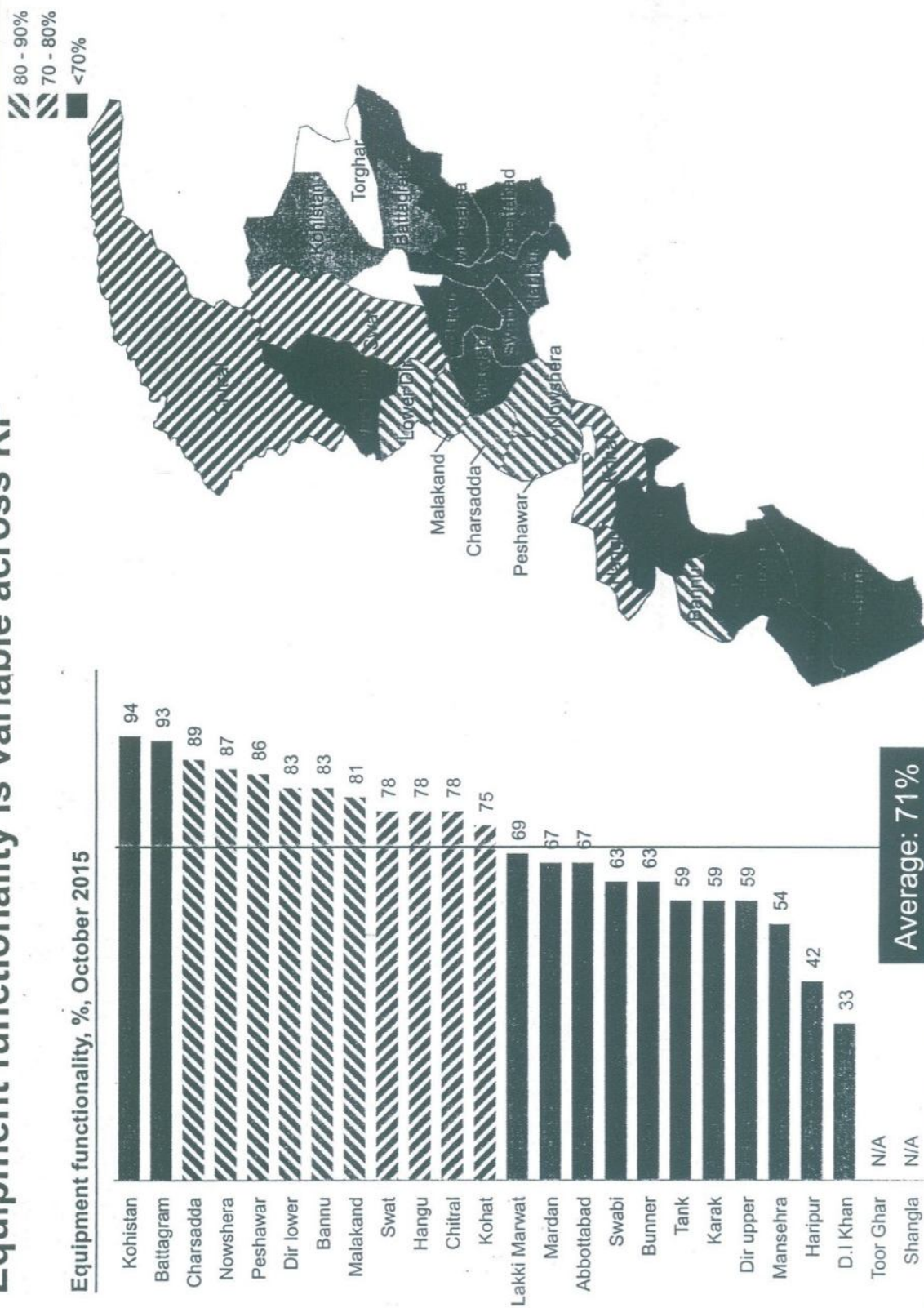
Major OTs

From: 1-Jan -2015 To: 31-Dec-2015

Month	Total
Jan-15	129
Feb-15	83
Mar-15	106
Apr-15	133
May-15	115
Jun-15	88
Jul-15	76
Aug-15	120
Sep-15	102
Oct-15	101
Nov-15	149
Dec-15	109
<b>Total</b>	<b>1,311</b>

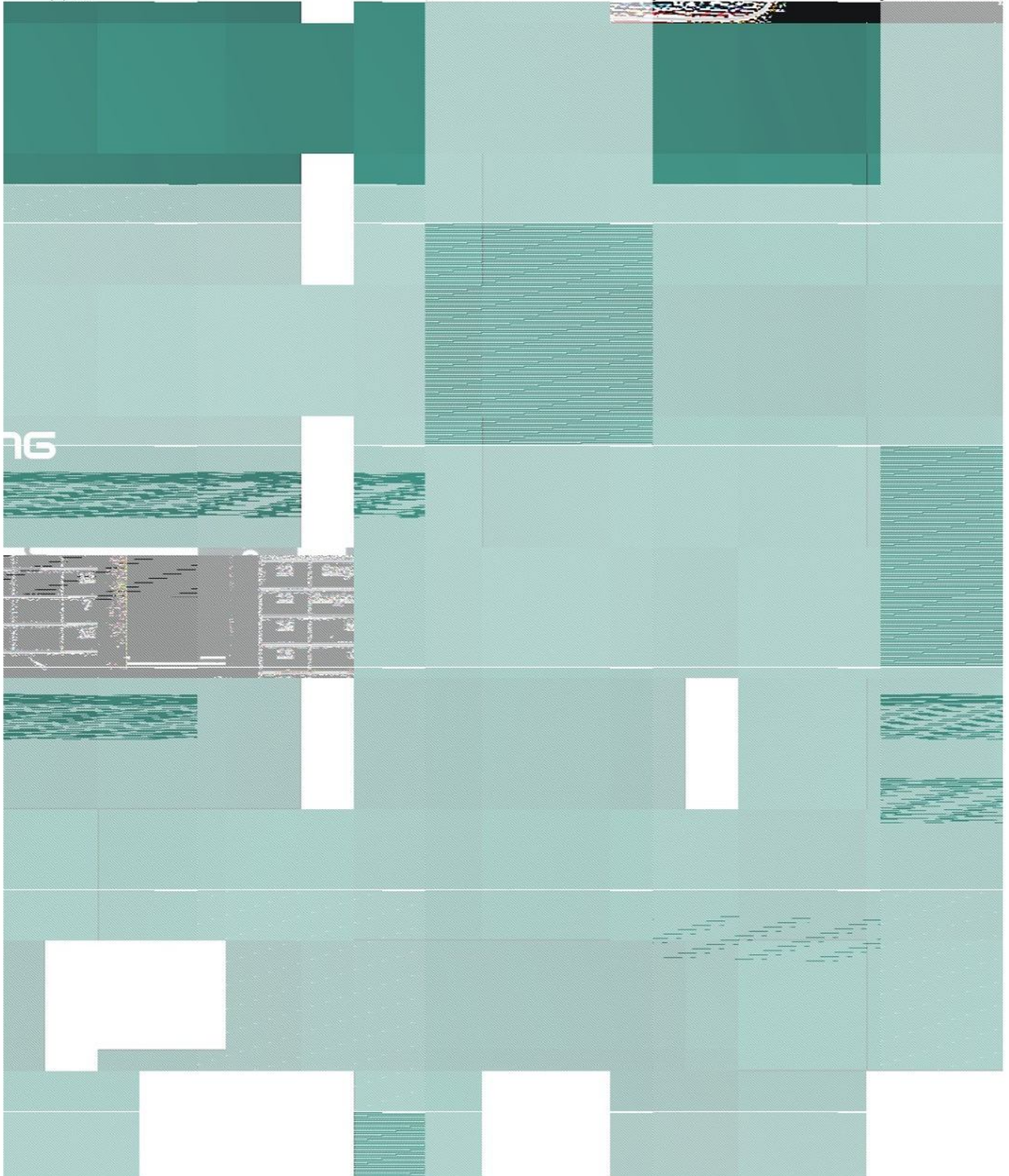
# INDEPENDENT MONITORING UNIT

## Equipment functionality is variable across nr



# *Annual Report 2015*

Page # 61



**SOCIAL HEALTH PROTECTION INITIATIVE  
(SEHAT SAHULAT PROGRAMME)  
BRIEF**



**GOVERNMENT OF KHYBER PAKHTUNKHWA  
HEALTH DEPARTMENT  
(Social Health Protection Initiative for Khyber Pakhtunkhwa)  
House No. 53-B, Park Avenue, University Town, Peshawar**

### **BACKGROUND**

The Government of Khyber Pakhtunkhwa committed to improving the access of the people to quality Healthcare Services, is launching the "Sehat Sahulat Programme" a Social Health Protection Scheme with the financial support from German Government through KfW Development Bank. Total Cost of the Scheme is 1399.156 million (KfW share Rs. 1233.256 and KP share Rs. 165.90 million).

### **GOAL OF THE SCHEME**

The overall goal of the programme is to improve the health status of the targeted population and to reduce poverty.

### **OBJECTIVES OF THE SCHEME**

1. Increasing access to quality health services
2. Reduction of out of pocket payments for health expenditures.

### **PROGRAMME INDICATORS**

1. 21% of the poorest households in the intervention districts enjoy social health insurance coverage
2. Sufficient number of public and private hospital contracted for provision of healthcare services
3. At least further 30% of the district population purchases health insurance products, so that total coverage would exceed 51% of the population.
4. Out-of-pocket expenditure by insured households for inpatient care reduced by at least 50% at the end of 5<sup>th</sup> year.

### **KEY ELEMENTS OF THE SCHEME**

- It is a Micro Health Insurance Scheme to be administered by State Life Insurance Corporation Pakistan.



**GOVERNMENT OF KHYBER PAKHTUNKHWA**  
**HEALTH DEPARTMENT**  
**(Social Health Protection Initiative for Khyber Pakhtunkhwa)**  
House No. 53-B, Park Avenue, University Town, Peshawar

- It will cover a household and it is assumed that the average household consists of seven people (the household head, the spouse, four children, and one elderly dependent person (parent of the household head). The program will cover all ages starting at birth.
- To identify Beneficiary households (who will be exempted from paying health insurance premium), targeting mechanism developed by Benazir Income Support Programme would be used.
- Premium would be around Rs. 1700/- per household per year which will be paid by the government with donor support, and each registered individual will get coverage up to Rs. 25,000/- per year.
- The scheme will cover the cost of hospitalization of the beneficiaries.
- Both public and private hospitals would be empanelled for provision of services. All hospitals participating in the insurance scheme would require registration with Health Regularity Authority.
- The Provider Payment Mechanism is a Cashless System with pre-established prices to be paid to the Health Care Providers.
- Share of the Government of Khyber Pakhtunkhwa would be 5% of the total premium for the first year that will increase gradually up to 25% at the fifth year.
- Although initially the Government of Khyber Pakhtunkhwa has selected the Districts of Mardan, Malakand, Chitral and Kohat for this scheme, however it will be rolled out to all the districts in phased manner.



**GOVERNMENT OF KHYBER PAKHTUNKHWA  
HEALTH DEPARTMENT**  
(Social Health Protection Initiative for Khyber Pakhtunkhwa)  
House No. 53-B, Park Avenue, University Town, Peshawar

**IMPLEMENTATION STATUS****Key Steps taken so far**

1. State Life Insurance Corporation selected for implementation of the scheme
2. District offices by SLIC established
3. Public and Private hospitals empanelled for service provision and Facilitation  
Desks in the private hospitals established in Mardan, Malakand and Kohat
4. Beneficiaries are registered and distribution of Health Cards is in process
5. Service provision has been started in Mardan from 1<sup>st</sup> February 2016

**Next Steps**

1. Establishment of Facilitation desks in public hospitals
2. Provision of services
  - In Kohat and Malakand from 16<sup>th</sup> February 2016
  - In Chitral 16<sup>th</sup> March 2016
3. Public Information Campaign (in process)

**Up to date progress**

1. Health Card Distribution
  - Mardan 39, 977 (82%)
  - Kohat 16, 322 (77%)
  - Malakand 13, 924 (77%)
  - Chitral -
2. Utilization of Services (Mardan last 6 days)
  - Visits 554
  - Admissions 66
  - Discharged 56



DHIS Cell, DGHS Office, Peshawar  
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