DISTRICT
HEALTH
INFORMATION
SYSTEM

EVIDENCE BASED DECISION MAKING

DHIS
DISTRICT HEALTH
INFORMATION SYSTEM
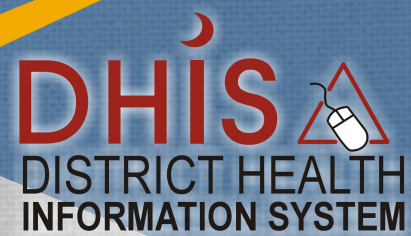
1ST QUARTER 2015
**ANALYSIS REPORT**

1st Quarter Report 2015

1. Reporting Compliance

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

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

A target of 95% is set for the districts.

Ten districts have achieved the target.

Fig. 1.1

■ >95   ■ <95
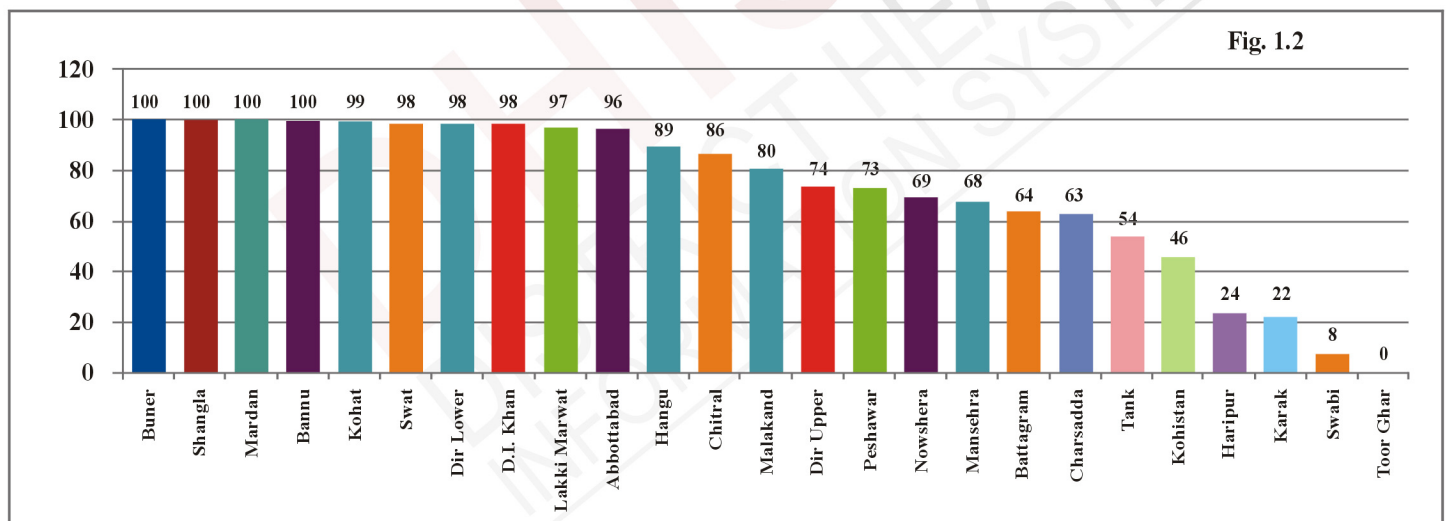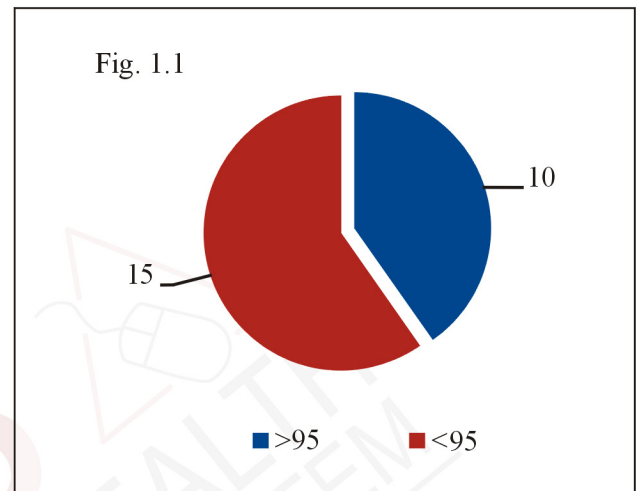
Fig. 1.2

District Wise percentage of reporting compliance

Fig.1.2 shows the district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. Four districts (Bunner, Shangla, Mardan and Bannu) among 25 districts reported 100% performance; in addition, six (6) district attained the targets (i.e >=95%). Performance of other districts remained below the target. It has been requested to under-performing districts to improve their reporting. Independent Monitoring Unit (IMU) is also pressing in this regards in the larger public interest.
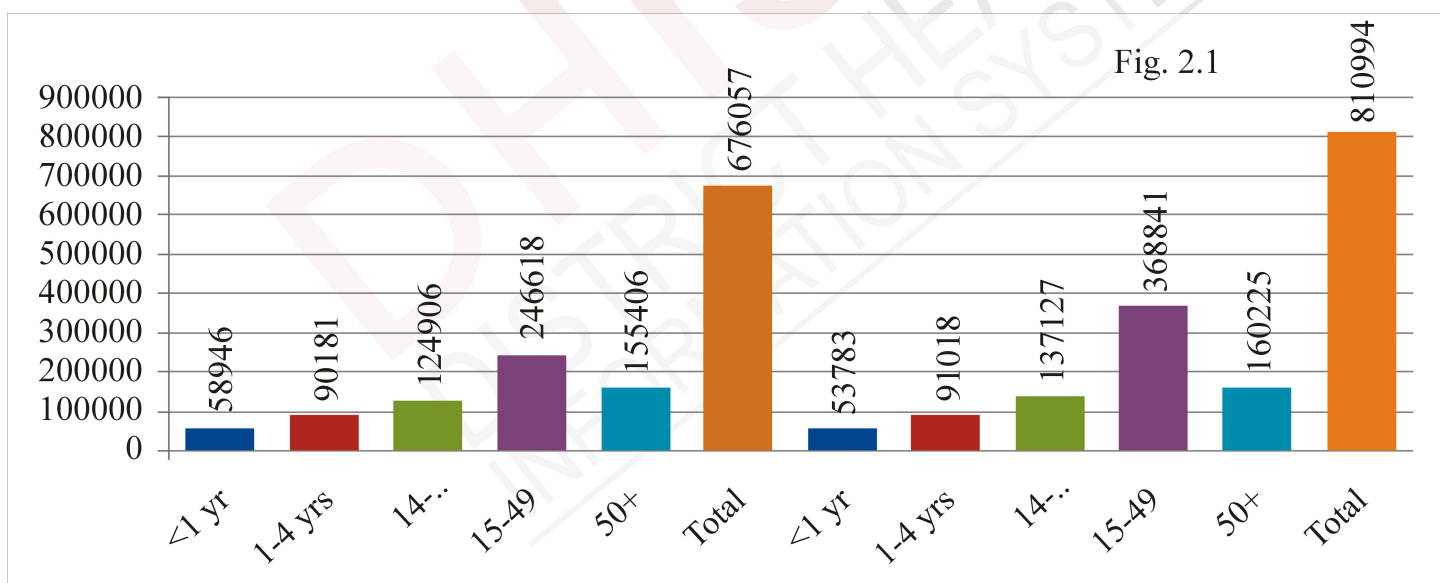
Fig. 1.3
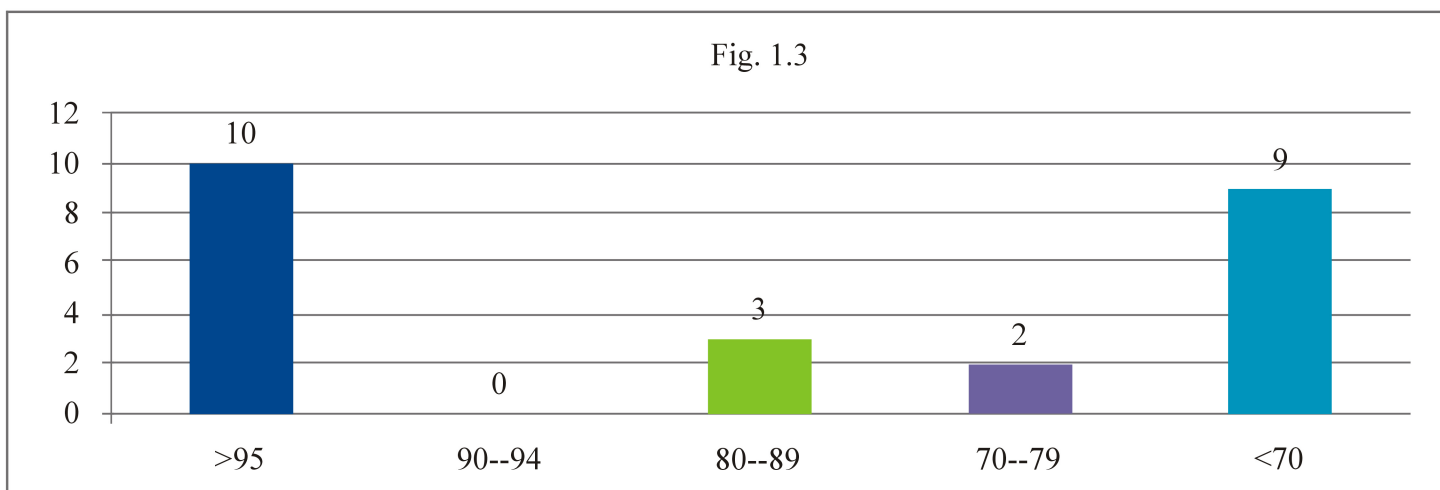
The breakup of the reporting compliance is highlighted in (Fig.1.3) and it is evident that 9 districts are below with the compliance rate of less than 70%. This indicator is reflective of the interest, efficiency and competence of the staff in the districts.

General OPD Attendance

Fig. 2.1

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

Fig. 2.1 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 this quarter, the figures shows that in the case of male OPD attendance of age group from 1 to 14 years is **(274033)**, which is 40.53% of the total of male OPD **(676057)**. The OPD attendance from 15 to 49 years of age group is **(246618)** 36.48% and age group of above 50 years is **(155406)** 22.98% of total OPD.

Similarly in case of female OPD attendance of age group from 1 to 14 age group is 34.76% of the total OPD attendance whereas 45.48% of the patients fall in age group of 15 49 years. This indicates that women of child bearing age (CBAs) form a majority of the patients at 45.48%.

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.

2.   Specialty Wise Break Up of Patients

Table No. 3

S.No	Specialty	Total	%Age
1	General OPD	603,787	33.18
2	Emergency/Casualty	363,807	19.99
3	Pediatrics	222,896	13.47
4	Medicine	117,707	6.47
5	OB/GYN	108,587	5.97
6	Dental	71,500	3.93
7	Eye	71,338	3.92
8	Surgery	64,001	3.52
9	Orthopedics	49,610	0.27
10	ENT	43,328	2.38
11	Others	29,606	1.63
12	Skin	29,055	1.60
13	Cardiology	18,587	1.02
14	Psychiatry	13,036	0.72
15	Homeo Case	8,738	0.48
16	Tibb/Unani Shifa Khana	4,025	0.22
Grand Total		**1,819,608**	

Fig. 3.1
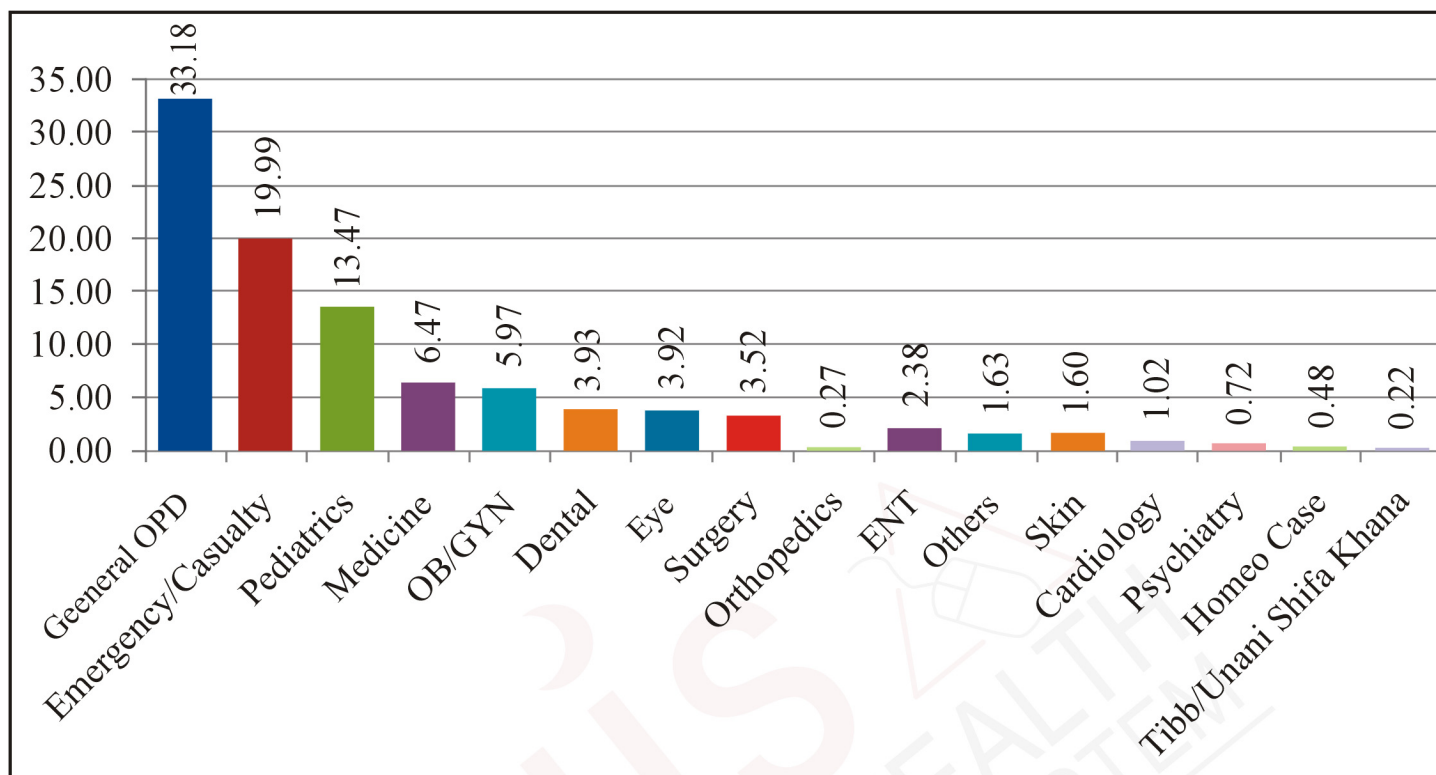
The table 3 and figure 3.1 indicate the breakup of patients visiting the facilities and attending specialist OPDs for consultations. General OPD with 33.18 of the total patients and emergency and casualty department with 19.99% of the total patients form the major chunk of the patients. After this, pediatrics patients seem to dominate the picture standing at 13.47 patients.

Medical patients stand at 6.47% and Obstetrics and Gynecology 5.97%. These figures should stir the policy makers and staff at the facilities to consider appropriate resource allocations. Dental diseases also deserve attention with the patients with dental disorders standing at 3.93 of the total OPD patients.
The indicator gives us a pattern of prevalence of diseases.

The number of patients visiting the Hakims and Homeopaths in the government facilities is at lower ebb i-e 0.22%.

3. Disease Pattern in Out Patients Department

This indicator will help to understand which diseases/cases were attended at the health facilities in a district, the changes in disease trend over years or months of the same year and the difference among union councils, tehsil or districts. The indicator can trigger a response in terms of additional resources allocation or redistribution according to the disease pattern, or initiating specific preventive, promotive and or curative services at specific area/catchment population.
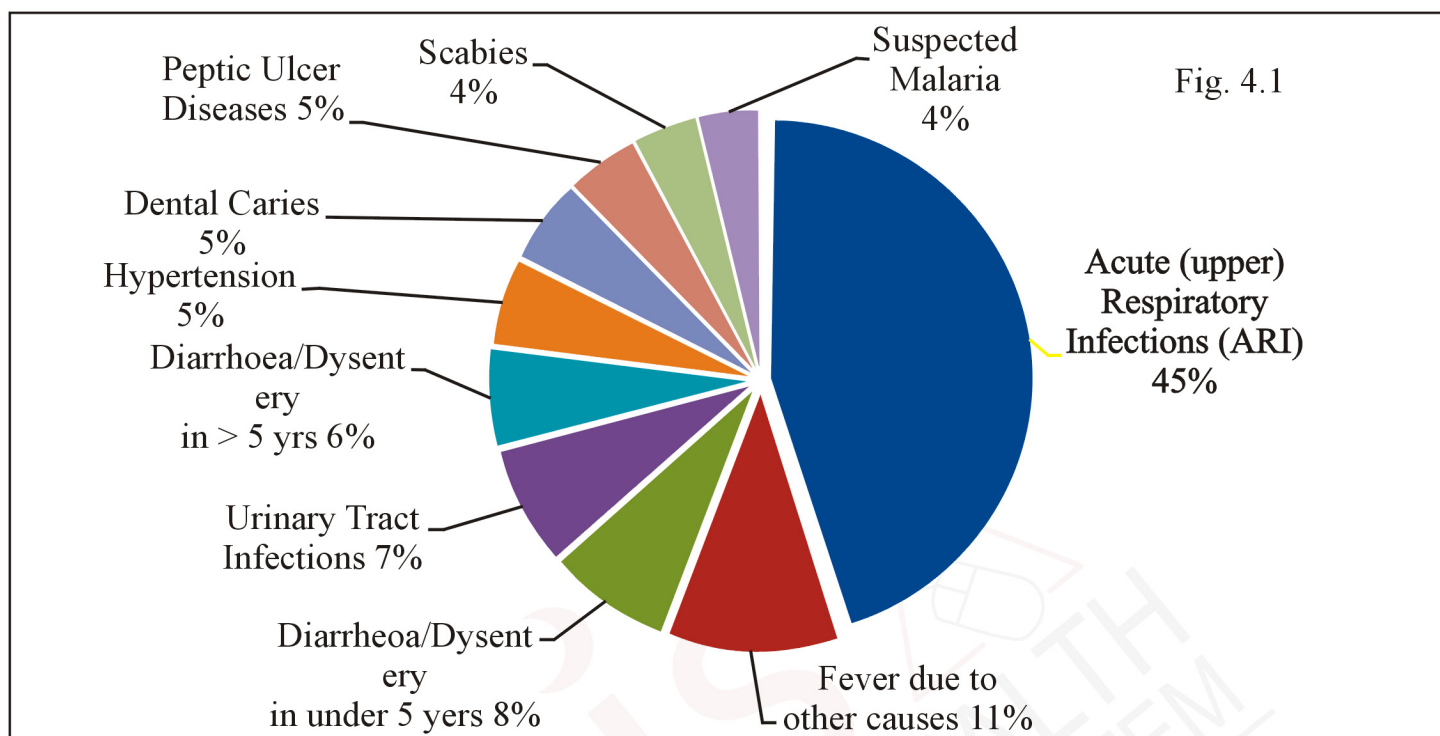
Table No. 7

S. No	Name	Total
1	Acute (upper) Respiratory Infections (ARI)	755376
2	Fever due to other causes	177212
3	Diarrhoea/Dysentery in under 5 yrs	127459
4	Urinary Tract Infections	124581
5	Diarrhoea/Dysentery in >5 yrs	101488
6	Hypertension	90959
7	Dental Caries	88030
8	Peptic Ulcer Diseases	74992
9	Scabies	67394
10	Suspected Malaria	62875
11	Worm infestation	56794
12	Pneumonia under 5 years	40092
13	Depression	38948
14	Asthma	38064
15	Diabetes Mellitus	37848
16	Dermatitis	35615
17	Otitis Media	35141
18	Pneumonia >5 years	31447
19	Enteric / Typhoid Fever	30297
20	Road traffic accidents	24877
21	Suspected Viral Hepatitis	19900
22	Cataract	13455
23	TB Suspects	13110
24	Fractures	11550
25	Dog bite	8374
26	Chronic Obstructive Pulmonary Diseases	8008
27	Ischemic Heart Disease	7992
28	Trachoma	5612
29	Burns	3848
30	Glaucoma	3501
31	Nephritis/Nephrosis	3144
32	Drug Dependence	3103
33	Suspected Measles	2354
34	Epilepsy	2303
35	Benign Enlargement of Prostrate	1911
36	Cirrhosis of Liver	1766
37	Sexually Transmitted Infections	1742
38	Coetaneous Leishmaniasis	1619
39	Suspected Neonatal Tetanus	1067
40	Suspected Meningitis	594
41	Acute Flaccid Paralysis	92
42	Snake bits (with signs/symptoms of poisoning)	87
43	Suspected HIV/AIDS	12

Forty three diseases are reported through DHIS. Table 4 and fig. 4.1 illustrate the overall disease pattern in the OPD. overall disease pattern in the OPD.

Top 10 Diseases in Khyber Pakhtunkhwa Province

Scabies 4%

Suspected Malaria 4%

Peptic Ulcer Diseases 5%

Dental Caries 5%

Hypertension 5%

Diarrhoea/Dysentery in > 5 yrs 6%

Urinary Tract Infections 7%

Diarrheoa/Dysentery in under 5 yers 8%

Fever due to other causes 11%

Acute (upper) Respiratory Infections (ARI) 45%

Fig. 4.1

As reported the acute upper respiratory infections constitute the bulk of disease burden in the patients visiting government health facilities i.e 45 % of the total OPD. The incident of Asthma has remained stable at the 38064 mark but the treatment facilities at the hospital remain poor.

The frequency of Diarrhea and Dysentery is indeed worrying; the total caseload of under 5 and over 5 years of patients was 14% of all OPD attendance. Two issues arises out of these figures; firstly the ineffective approach or out preventive program and secondly the poor management of the cases and can be addressed through a coordinated efforts.

The total caseload of ARIs and Diarrhea/Dysentery is 59% and the reader can easily realize the implications of the control of these common disorders and the savings accumulated from the efforts to control these. Medicines should be made available for Asthma patients such as inhalers etc.

An increase in patients with dental disorders especially dental caries is recorded. Figures seem considerable when the absolute numbers of patients are taken into consideration. The policy makers need to look into the matter and efforts ought to dental treatment accessible to common people considering the prohibitive cost of the same private sector.

Scabies also needs attention as it causes morbidity with the OPD load of 4%. Though the numbers are small it has to be realized that it is easily preventable and can be treated effectively.

Snake bites (with signs/symptoms of poisoning) have decreased from 245 in the last quarter to 87 patients in this quarter. Though snake bites are less in number yet at arrival of summer season the number could rise and availability of Anti Snake Serum should be ensured at DHQs and other health facilities. Dog bites have increased from 7628 to 8374 in the first quarter of the year 2015. Anti Rabies vaccine are limited or not available at any government health facilities and most patients have to purchase these medicines from open market at high price.

An encouraging fact emerges from the figures in relation to HIV/AIDS; the number of cases diagnosed in this quarter is only 12 as new cases. Sexually transmitted infections have registered decrease in numbers from the previous quarter i.e 3277 to 1742.
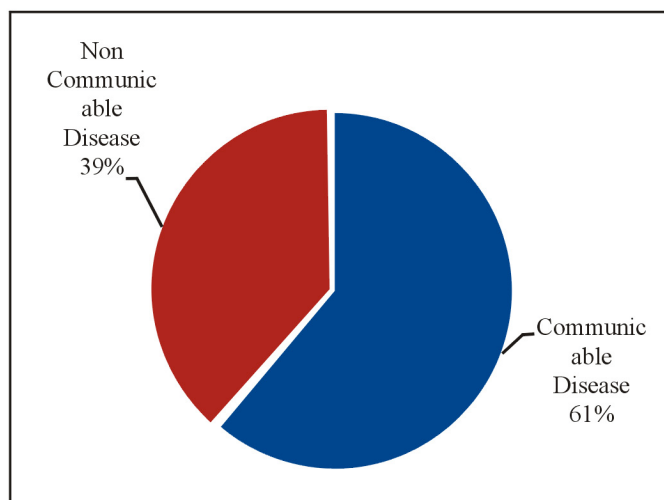
The cases of suspected Neonatal Tetanus increased from 314 to 1067 in this quarter, which reflect the performance of Antenatal Care Services programs. An aim or plan should be to bring down the cases of this vaccine preventable disease to 0 in the near future. Cutaneous Leishmaniasis disease has registered in a big number i.e 1619 in this quarter; this disease carries a significant morbidity. The number of cases are falling in the Afghan Refugee and IDPs but increasing in the local population. An immediate action required for surveillance, training and provision of the correct medications to control this threat.

4. COMMUNICABLE AND NON COMMUNICABLE DISEASE

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

Total numbers of communicable diseases are **1319324 i.e 61%** and non communicable diseases are **835309 i.e 39%** of the total.

8.1 COMMUNICABLE DISEASES

Table No. 5

S. No	Name	Total
1	Acute (upper) Respiratory Infections (ARI)	755376
2	Diarrhoea/Dysentery in under 5 yrs	127459
3	Diarrhoea/Dysentery in >5 yrs	101488
4	Scabies	67394
5	Suspected Malaria	62875
6	Worm infestation	56794
7	Pneumonia under 5 years	40092
8	Pneumonia >5 years	31447
9	Enteric / Typhoid Fever	30297
10	Suspected Viral Hepatitis	19900
11	TB Suspects	13110
12	Trachoma	5612

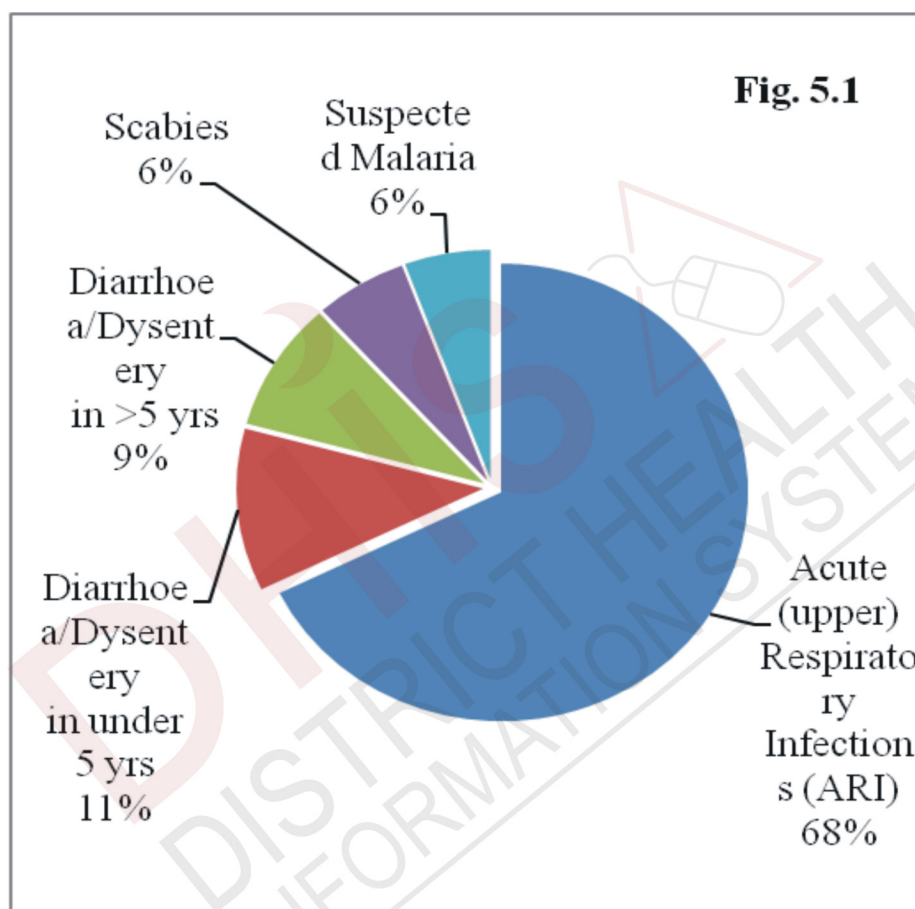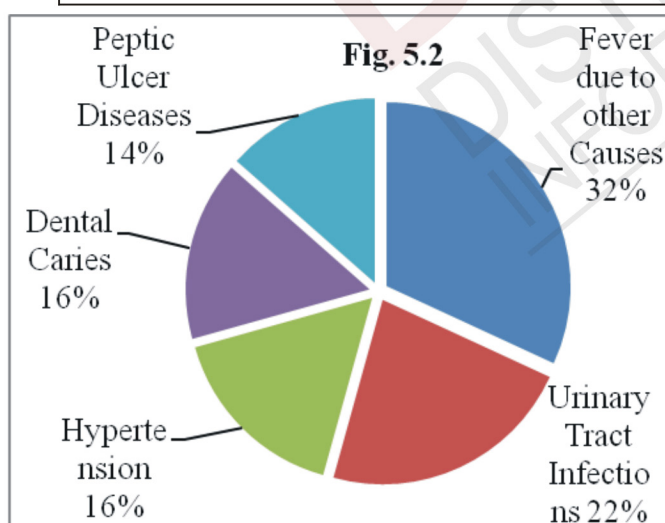| 13	Suspected Measles	2354
14	Sexually Transmitted Infections	1742
15	Cutaneous Leishmaniasis	1619
16	Suspected Neonatal Tetanus	1067
17	Suspected Meningitis	594
18	Acute Flaccid Paralysis	92
19	Suspected HIV/AIDS	12
Total		**1319324**

Fig. 5.1

Table 5 and fig. 5.1 indicate prevalence of communicable diseases. Communicable disease constitutes around 61% of all the patients visiting the OPDs. Acute Respiratory Infections and diarrhea/dysentery constitute 88% of these patients. It would be worthwhile to elucidate the number of admission accrued due to these disorders. In general, it could be assumed that the trend would be similar and a lot of resources of the hospitals would be consumed by the patients with these disorders. Amongst other diseases prevalence of worm infestations currently standing at **56794 needs little attention of service providers to wipe it out or at-least reduce it phenomenally.**

Treatment protocol needs revision to get better results. Furthermore a strategic decision to focus at diseases having more prevalence is needed.

5.2 NON-COMMUNICABLE DISEASES

S. No	Name	Total
1	Fever due to other causes	177212
2	Urinary Tract Infections	124581
3	Hypertension	90959
4	Dental Caries	88030
5	Peptic Ulcer Diseases	74992
6	Depression	38948
7	Asthma	38064
8	Diabetes Mellitus	37848
9	Dermatitis	35615
10	Otitis Media	35141
11	Road traffic accidents	24877
12	Cataract	13455
13	Fractures	11550
14	Dog bite	8374
15	Chronic Obstructive Pulmonary Diseases	8008
16	Ischemic Heart Disease	7992
17	Burns	3848
18	Glaucoma	3501
19	Nephritis/Nephrosis	3144
20	Drug Dependence	3103
21	Epilepsy	2303
22	Benign Enlargement of Prostrate	1911
23	Cirrhosis of Liver	1766
24	Snake bits (with signs/symptoms of poisoning)	87
Total		**835309**

Fig. 5.2

Peptic Ulcer Diseases 14%
Dental Caries 16%
Hypertension 16%
Urinary Tract Infections 22%
Fever due to other Causes 32%

Table 5.2 illustrates the trend of non communicable diseases in Khyber Pakhtunkhwa province during the first quarter of 2015. Pyrexia of unknown origin is the leading cause which shows non-commitment on behalf of the medical staff as it should be probed in to reach a proper diagnosis. Second leading cause is urinary tract infection (UTIs) standing at **124581** patients in a single quarter. Attention need to be paid to underlying causes and predisposing factors so that those can be addressed.

The patients of Hypertension and diabetes mellitus stand at **128807** and should be observed that how DHQs make purchase for these specific disorders thereby avoiding the long term mortality and morbidity.

<u>**Total 3848**</u> burns cases have been reported in this quarter. It is time for necessary provisions made both in the areas of human resource and financial resources. This will try to determine the degree of burns in patients as well as their age and gender breakup to have an insight into the actual situation. Donor expertise and support may be obtained in this regards.

6. Antenatal care services

Table No. 6.1 provide a data regarding ANC services in government health facilities. District Tor Ghar stands at the bottom of the list and worst performance with an average 0% ANC coverage.

Some districts are performing at the lower ebb such as Swabi 4%, Nowshera 6% and Karak 10% that needs attention. All the three districts are easy accessible, higher level education and well positioned health care facilities.

Table No. 6.1

S. No	District	Total Population	Expected Birth Rate (2.9)	Jan %	Feb %	March %	Average
1	Dir Lower	1124000	8149	115.8	91.16	117.85	108
2	Swat	1956000	14181	102.91	94.98	107.43	102
3	Chitral	444000	3219	120.11	93.96	87.36	100
4	Buner	838000	6076	80.74	91.1	93.67	89
5	Dir Upper	828000	6003	90.45	117.77	18.76	76
6	Battagram	422000	3060	0	84.56	103.37	63
7	Lakki Marwat	742000	5380	68.69	68.11	48.95	62
8	Kohat	862000	6250	86.93	67.8	26.2	60
9	Mansehra	1582000	11470	13.92	74.8	90.85	60
10	Tank	359000	2603	83.96	90.74	4.13	60
11	Mardan	2168000	15718	60.67	54.15	56.99	57
12	Bannu	1010861	7329	49.68	42.07	65.88	53
13	Shangla	667000	4836	40.06	38.1	76.67	52
14	D.I. Khan	1308000	9483	43.04	62.9	48.33	51
15	Abbottabad	1120000	8120	46.95	47.49	46.39	47
16	Hangu	482000	3495	50.96	40.42	44.67	45
17	Kohistan	478000	3466	0	35.74	57.59	31
18	Malakand	703000	5097	37.35	30.27	16.12	28
19	Peshawar	3219000	23338	39.69	33.36	10.68	28
20	Charsadda	1493000	10824	36.26	34.87	0	24
21	Haripur	924000	6699	29.79	14.71	17.69	21
22	Karak	661000	4792	0	30.49	0	10
23	Nowshera	1280000	9280	0	10.01	6.53	6
24	Swabi	1515000	10984	10.79	0	0	4
25	Toor Ghar	269623	1955	0	0	0	0
Grand Total		**26185861**	**189847**	**49.62**	**52.86**	**45.79**	**49**

Districts Haripur, Charsadda Peshawar and Malakand reported the figures below the expected level at (21%, 24%. 28%, 28%) respectively. This office shall take up the concerned staffs at these districts to pinpoint the deficiencies and suggest corrective measures. If it is assumed that vibrant private sector health care facilities will take care of such services then it should be kept in mind that there is little true-private sector as the workforce performing in government set up serves as private sector in evening in the form of clinics, polyclinics, laboratories etc. Furthermore people living below the poverty line have little choice except to visit affordable government facilities for healthcare services.

Figures submitted by outstandingly performing districts (Dir Lower and Swat i.e 108% and 102%) needs review to establish authenticity. District Chitral stands at best with 100% performance. On the other hand districts Buner, Dir Upper, Battagram, Lakki Marwat, Kohat, Mansehra and Tank perform around 60% to 90% percent (%age shown in Table No. 6.1 and Figure 6.2).

Reader may appreciate the importance of ANC services in the prevention of disease and disability both in the pregnant women and her babies. It is worth-mentioning here that resources should be diverted in this area to get more and more benefits in terms of optimal health services and a healthy nation in future.

Fig. 6.2
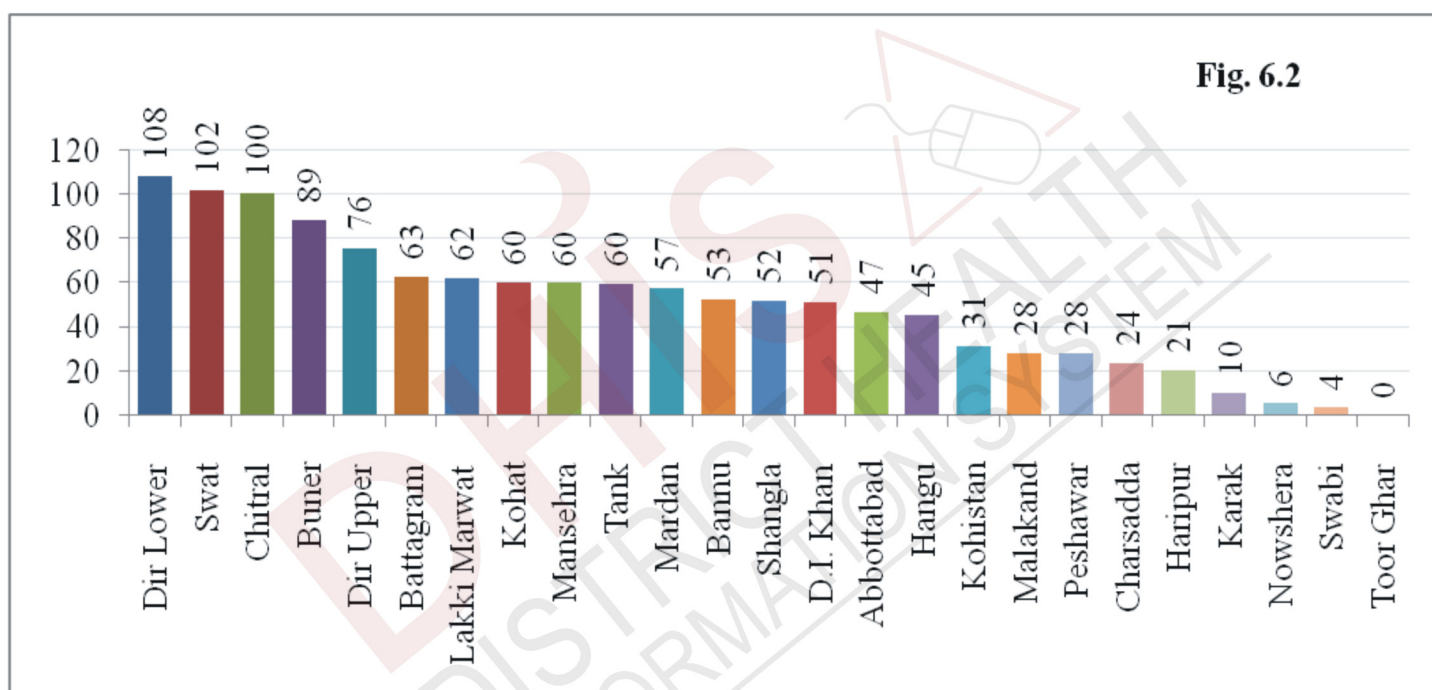
6.1. FREQUENCY OF ANC RE-VISITS

This indicator indicates how much the facility and outreach staff has been able to motivate pregnant women to re-visit the facility for antenatal care. It can reflect the performance of the facility focusing at outreach thereby achieving more than one antenatal care visit to the public health facility by pregnant women. Comparison against previous performance of the facility, it well provide information of changes (improvement/deterioration) in the current performance and indicate the integrity of referral linkage between LHW and the facility based health care providers, the extent of mobilization of pregnant women to utilize maternal health services form the health facilities and or the trust of the community on the public health services providers.
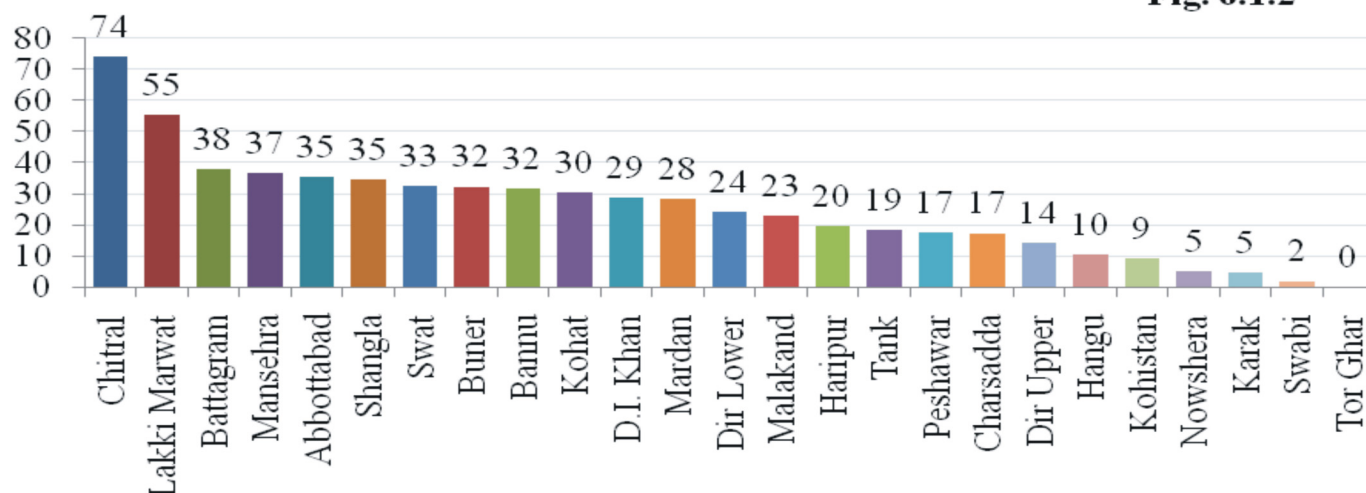
Table No. 6.1.1

S. No	District	Catchment Population	Expected Births (2.9%)	ANC-Revisits	
				No.	%Age
1	Chitral	444000	3219	2380	74
2	Lakki Marwat	742000	5380	2976	55
3	Battagram	422000	3060	1163	38
4	Mansehra	1582000	11470	4224	37
5	Abbottabad	1120000	8120	2874	35
6	Shangla	667000	4836	1680	35
7	Swat	1956000	14181	4637	33
8	Buner	838000	6076	1963	32
9	Bannu	1010861	7329	2318	32
10	Kohat	862000	6250	1906	30
11	D.I. Khan	1308000	9483	2725	29
12	Mardan	2168000	15718	4438	28
13	Dir Lower	1124000	8149	1982	24
14	Malakand	703000	5097	1167	23
15	Haripur	924000	6699	1319	20
16	Tank	359000	2603	483	19
17	Peshawar	3219000	23338	4068	17
18	Charsadda	1493000	10824	1883	17
19	Dir Upper	828000	6003	859	14
20	Hangu	482000	3495	364	10
21	Kohistan	478000	3466	319	9
22	Nowshera	1280000	9280	467	5
23	Karak	661000	4792	224	5
24	Swabi	1515000	10984	224	2
25	Tor Ghar	269623	0	0	0
	Grand Total	**26455484**	**189852**	**46643**	**25**

During 1st quarter of 2015 a total number of **46643** women visited for ANC re-visits, which was 25% of expected visit **(189,852).** The percentage of pregnant women came for ANC re-visit varies from district to district. It ranges from **0% to 74%.** Most of the districts had ANC revisits **20% to 40%.** Six districts reported under **10%** i.e Hangu, Kohistan, Nowshera, Karak, Swabi and the lowest among them is Tor Ghar **(0%).**

Fig. 6.1.2

**6.2. DISTRICT WISE REPORT OF PREGNANT WOMEN HAVING FIRST ANC VISIT AND HB<10G**

Table No . 6.2

S. No	DISTRICT	(ANC-1) in the facility	ANC-1 women with Hb.< 10 g/dl	%age
1	Malakand	1668	1067	64
2	Nowshera	600	259	43
3	Peshawar	7637	1632	21
4	Haripur	1628	338	21
5	Lakki Marwat	3905	718	18
6	Mansehra	8049	1281	16
7	Hangu	1858	292	16
8	D.I. Khan	5717	804	14
9	Swabi	463	49	11
10	Chitral	3792	379	10
11	Charsadda	3009	299	10
12	Tank	1819	175	10
13	Kohat	4419	421	10
14	Battagram	2247	191	9
15	Bannu	4515	375	8
16	Abbottabad	4534	356	8
17	Shangla	2926	226	8
18	Mardan	10554	740	7
19	Buner	6304	408	6
20	Dir Lower	10344	582	6
21	Swat	16921	938	6
22	Dir Upper	5325	295	6
23	Kohistan	1264	58	5
24	Karak	571	24	4
25	Torghar	0	0	0
	Total	**110069**	**11907**	**11**

This indicator shows the nutritional status of women with special importance on prevalence of anemia in the women. This is also predictive of the outcome of pregnancy since higher level of prevalence would prelude to a poor outcome. The configuration of the data suggests that those districts that have a higher ANC coverage also reflect a higher percentage of women suffering from anemia.


Fig. 6.2.1
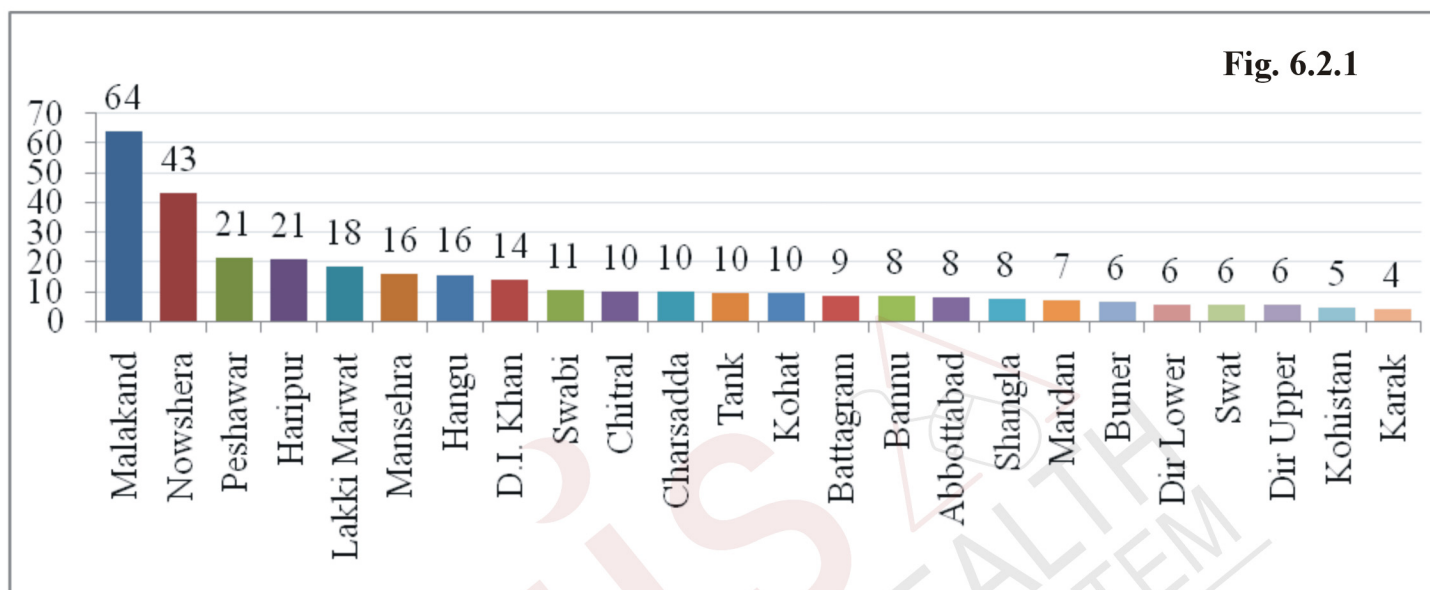
Figure 6.2.2 illustrate women with Hb. Under 10 g/dl is 10% of the total ANC-1 visits in the health facilities (90%).

Fig. 6.2.2
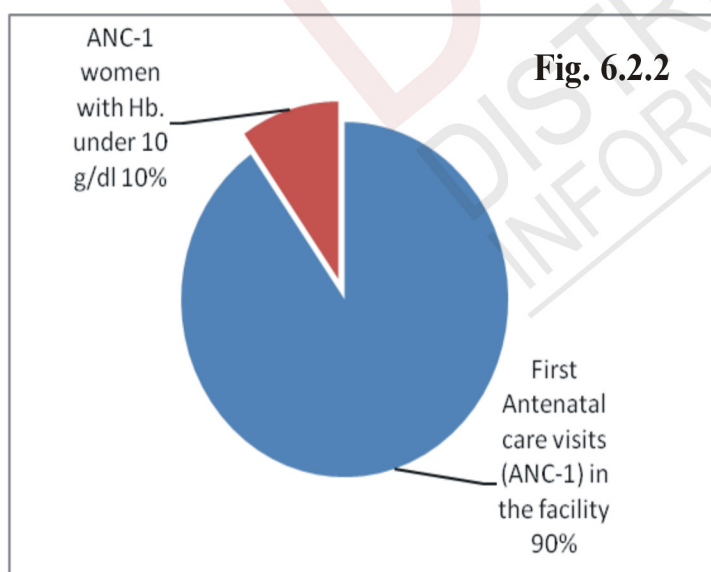
There is a wide variation in the prevalence of the disorder ranging from 4% and 64% and the inconsistency has been elaborated upon previously. It is worth mentioning that the staff of the health facilities must be aware of the high prevalence on Thallaesemia Minor and all other patients with iron deficiency must undergo the necessary investigations in addition to routine management. It is important to note that the patients of iron deficiency anemia and socio-economic conditions of the population, the correct measures should be taken to cure this easily treatable condition to ensure a healthy outcome of all pregnancies. District Malakand and Nowshera, Peshawar and Haripur need constant surveillance in this regards and should make efforts to improve the status in the community.

7. DELIVERIES CONDUCTED IN GOVERNMENT HEALTH FACILITIES

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

Fig. 7.1
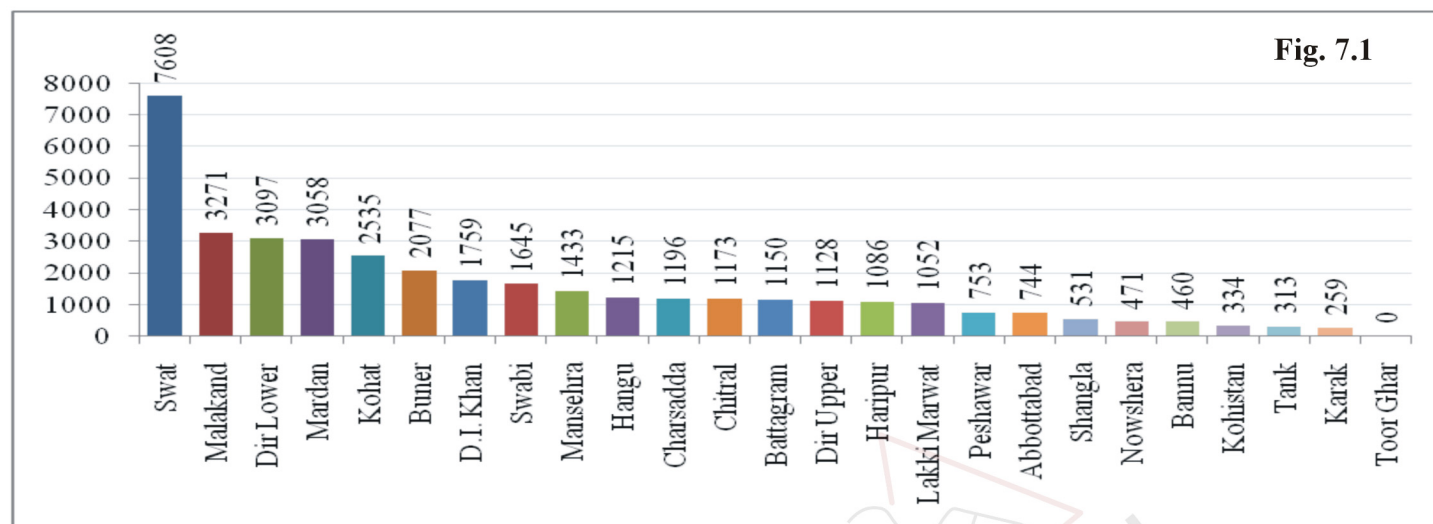
Table No. 7.2

S. No	District	Total Population	Expected Deliveries	Deliveries Conducted	%age
1	Malakand	703000	5097	3271	64.18
2	Swat	1956000	14181	7608	53.65
3	Kohat	862000	6250	2535	40.56
4	Dir Lower	1124000	8149	3097	38.00
5	Battagram	422000	3060	1150	37.59
6	Chitral	444000	3219	1173	36.44
7	Hangu	482000	3495	1215	34.77
8	Buner	838000	6076	2077	34.19
9	Lakki Marwat	742000	5380	1052	19.56
10	Mardan	2168000	15718	3058	19.46
11	Dir Upper	828000	6003	1128	18.79
12	D.I. Khan	1308000	9483	1759	18.55
13	Haripur	924000	6699	1086	16.21
14	Swabi	1515000	10984	1645	14.98
15	Mansehra	1582000	11470	1433	12.49
16	Tank	359000	2603	313	12.03
17	Charsadda	1493000	10824	1196	11.05
18	Shangla	667000	4836	531	10.98
19	Kohistan	478000	3466	334	9.64
20	Abbottabad	1120000	8120	744	9.16
21	Bannu	1010861	7329	460	6.28
22	Karak	661000	4792	259	5.40
23	Nowshera	1280000	9280	471	5.08
24	Peshawar	3219000	23338	753	3.23
25	Toor Ghar			0	0.00
	Grand Total	**26185861**	**189847**	**38348**	**20.20**

Table shows the total number of deliveries conducted in government health facilities reporting through DHIS, a district wise break up is also included. District Malakand is ahead of all 25 districts with the percentage of deliveries in government health facilities standing at 64.18%.

Districts Peshawar is a sore point with deliveries at government health facilities standing at only (3.23% in this quarter despite too many health outlets operated by the government at a significant cost. It provokes an in-depth review of the whole system. The poor arrangement in primary and secondary health facilities in government sector and tertiary care hospitals needs to be improved and it is hoped that by adding figures from tertiary hospitals, the percentages might be improved.

(It can give rise the conclusions either the staff of district Peshawar of government health facilities not take any interest to provide data or not providing services in health facilities. There is also a probability that a chunk of deliveries is taking place in private sector or NGOs supported poly-clinics.)

Districts Nowshera (5.08%), Karak (5.40%) and Bannu (6.28%) are also conducted the least number of deliveries in government health facilities.
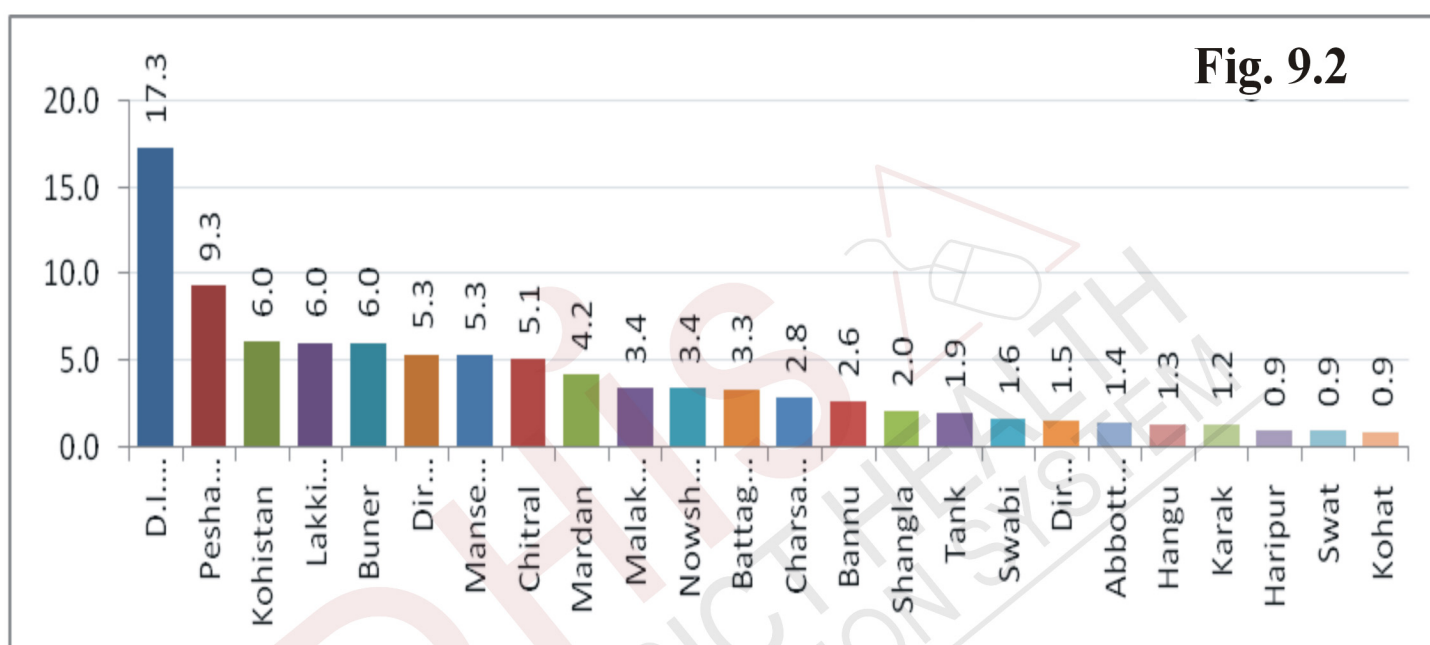
8. **DISTRICT WISE COMPARISON OF LIVE BIRTHS Weight <2.5KG BORN IN GOVERNMENT HEALTH FACILITIES**

Table No.8.1

S. No	DISTRICT	Live births in the facility	Live births with LBW (under 2.5kg)	%age
1	D.I. Khan	1371	237	17.3
2	Peshawar	1087	101	9.3
3	Kohistan	215	13	6.0
4	Lakki Marwat	682	41	6.0
5	Buner	2018	121	6.0
6	Dir Upper	1030	55	5.3
7	Mansehra	1309	69	5.3
8	Chitral	1178	60	5.1
9	Mardan	2059	86	4.2
10	Malakand	2111	71	3.4
11	Nowshera	328	11	3.4
12	Battagram	957	32	3.3
13	Charsadda	850	24	2.8
14	Bannu	311	8	2.6
15	Shangla	298	6	2.0
16	Tank	311	6	1.9
17	Swabi	749	12	1.6
18	Dir Lower	3092	47	1.5
19	Abbottabad	699	10	1.4
20	Hangu	1022	13	1.3
21	Karak	244	3	1.2
22	Haripur	1085	10	0.9
23	Swat	6495	58	0.9
24	Kohat	343	3	0.9
	Total	**29844**	**1097**	**3.7**

There are wide variations in the figures ranging from 0.9% in district Kohat to 17.3% in D.I Khan. The figures from Kohat can be positively compared with the prevalence of ANC and the deliveries conducted at the facilities which are 2535 in this quarter. If the figures are accepted at their face value then the district is indeed performing well and as mentioned earlier this reflects a very good ANC coverage.

District DI Khan has done poorly against this index despite a reasonable number of deliveries conducted followed by district Peshawar (9.3%), Kohistan, Lakki Marwat and Buner with 6% each. This indicator reflects upon the percentage of low birth weight babies born in government run facilities. The birth weight not only reflects the prospect of baby's long term survival but also an insight into the quality of ANC services provided to the mother before birth. Both these indicators are intrinsically linked barring a few exceptions.

Fig. 9.2

Table 9.1 and figure 9.2 provide a statistical view of the situation.

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10. IMMUNIZATION STATUS

The rate of national immunization is one of the most important aspects that indicate the commitment towards maintaining health in the population thereby preventing afflictions and disabilities.

The current situation in Pakistan is far from encouraging and we are constantly at war with vaccine preventable diseases in the 21st century. If it is Polio today, it might be Measles tomorrow unless whole hearted efforts are made to eradicate these preventable diseases. Right approach is being followed with a focus on childhood immunization yet vaccinating adults against diseases like Influenza and Pneumonia might be initiated in a programmatic manner to enhance longevity which could affect HDI index positively.

An attempt has been made to simplify this complex set of data and hence all the indicators have been separately described.

A. CHILDREN <12 MONTHS WHO HAVE RECEIVED 3RD PENTAVALENT

Table No. 10. 1

| S. No	DISTRICT	Population	Expected children <12 Months	3rd Pentavalent vaccine Status	%age
1	Shangla	667000	4836	7747	160
2	Malakand	703000	5097	5539	109
3	Swat	1956000	14181	14745	104
4	Dir Lower	1124000	8149	8122	100
5	Abbottabad	1120000	8120	7840	97
6	Battagram	422000	3060	2919	95
7	Charsadda	1493000	10824	10018	93
8	Buner	838000	6076	5463	90
9	Mardan	2168000	15718	11592	74
10	Chitral	444000	3219	2258	70
11	Peshawar	3219000	23338	16064	69
12	Swabi	1515000	10984	7190	65
13	Mansehra	1582000	11470	7347	64
14	Dir Upper	828000	6003	3688	61
15	Hangu	482000	3495	2015	58
16	Bannu	1010861	7329	3937	54
17	Lakki Marwat	742000	5380	2776	52
18	Kohat	862000	6250	3224	52
19	D.I. Khan	1308000	9483	4536	48
20	Nowshera	1280000	9280	3042	33
21	Haripur	924000	6699	2002	30
22	Karak	661000	4792	1342	28
23	Tank	359000	2603	678	26
24	Kohistan	478000	3466	545	16
	Total	26185861	189847	134629	71
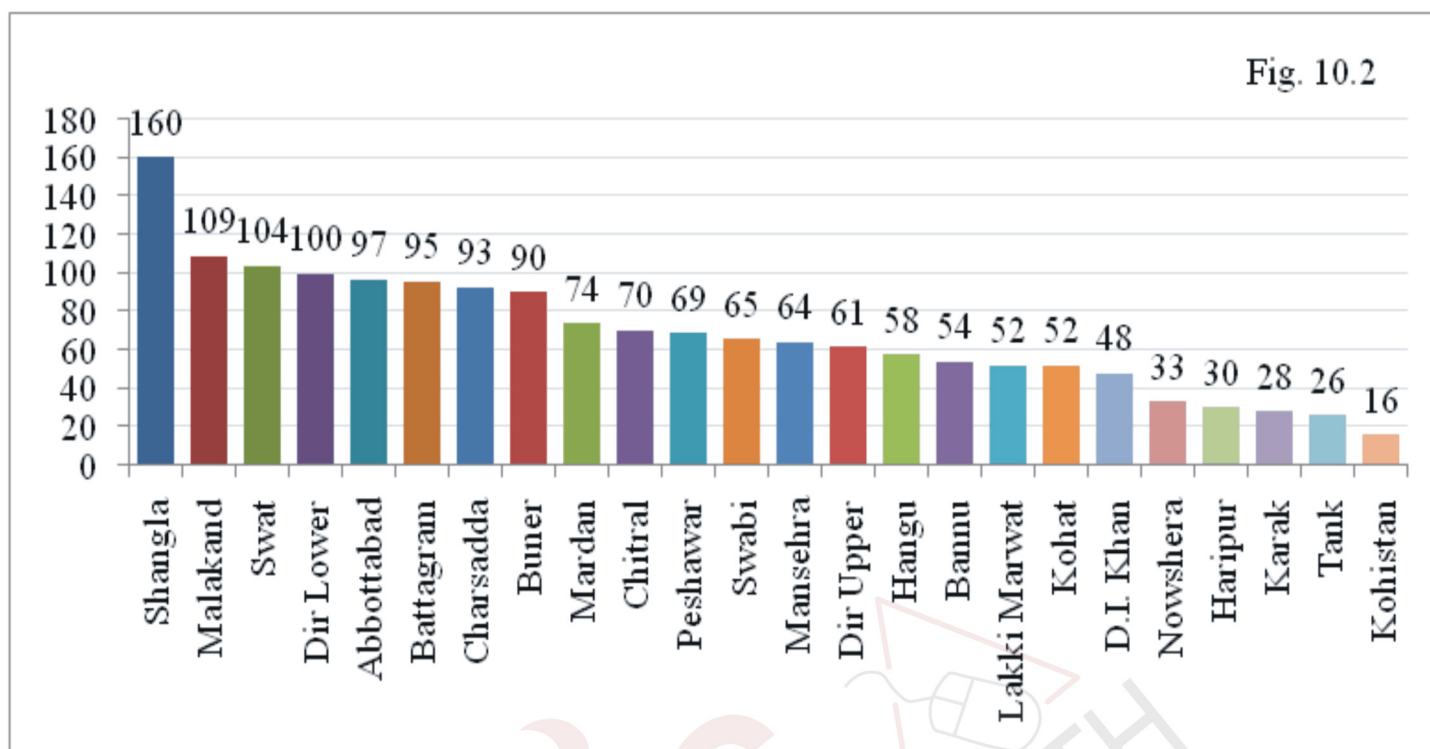
Figure 10.2: District Kohistan stands as a poor performer with coverage of only 16%. Encouraging figures emerging from districts like Chitral at 70 to 160 in Shangla reflects the hard work put in by the staffs of these districts. Fifteen (15) districts have coverage of less than 50%, starting from Kositan 16%, Tank 26%, Karak 28%, Haripur 30%, Nowshera 33% and D.I Khan 48%. Performance of other districts is relatively stable i.e above 50% coverage.

The districts with outstanding performance in Pentavelant 3rd coverage include Dir Lower 100%, Swat 104%, Malakand 109% and a remarkable performance of Shangla i.e 160%.

Here it is mentioned that districts Swat 104%, Malakand 109% and Shangla 160% would require a comment; figures would be re-verified and in case these are accurate the staff of these districts would deserve reward. **Table 10.1 and figure 10.2** reflect the tabular & graphic representation.

## B. CHILDREN <12 MONTHS RECEIVING 1ST MEASLES VACCINE

Measles is again at large and has emerged as a deadly disease. Considering our socio-economic set up, it is critical that all the cases of Measles are treated seriously to prevent rapid spread in large households prevalent in our society. Another concern would be the commitment of the donors towards funding the Polio Eradication Program and Measles Control Program concurrently and it becomes out primary duty to play our part in preventing the outbreak of Measles on the top priority basis within the existing resources. Certain changes can, however, be made in the strategy for overcoming the spread by introducing the vaccine in the routine immunization at 12 months thus obviating the need for administering separate vaccines for these diseases

Table No. 10.3

S. No	DISTRICT	Population	expected children <12 Months	<12 months received 1st Measles vaccine	%age
1	Malakand	703000	5097	5102	100
2	Swat	1956000	14181	13979	99
3	Abbottabad	1120000	8120	7418	91
4	Battagram	422000	3060	2742	90
5	Dir Lower	1124000	8149	7086	87
6	Buner	838000	6076	4494	74
7	Chitral	444000	3219	1950	61
8	Mansehra	1582000	11470	6937	60
9	Dir Upper	828000	6003	3609	60
10	Hangu	482000	3495	2096	60
11	Charsadda	1493000	10824	6484	60
12	Mardan	2168000	15718	9108	58
13	Peshawar	3219000	23338	12651	54
14	Shangla	667000	4836	2459	51
15	Bannu	1010861	7329	3355	46
16	Kohat	862000	6250	2795	45
17	Swabi	1515000	10984	4899	45
18	D.I. Khan	1308000	9483	3955	42
19	Lakki Marwat	742000	5380	2173	40
20	Tank	359000	2603	740	28
21	Haripur	924000	6699	1770	26
22	Nowshera	1280000	9280	2438	26
23	Karak	661000	4792	1089	23
24	Kohistan	478000	3466	527	15
	Total	**26185861**	**189847**	**109856**	**58**

An analysis of the data reveals that Kohistan once again with irritating frequency is the top non performer with only 15% coverage against this indicator.

Fig. 10.4
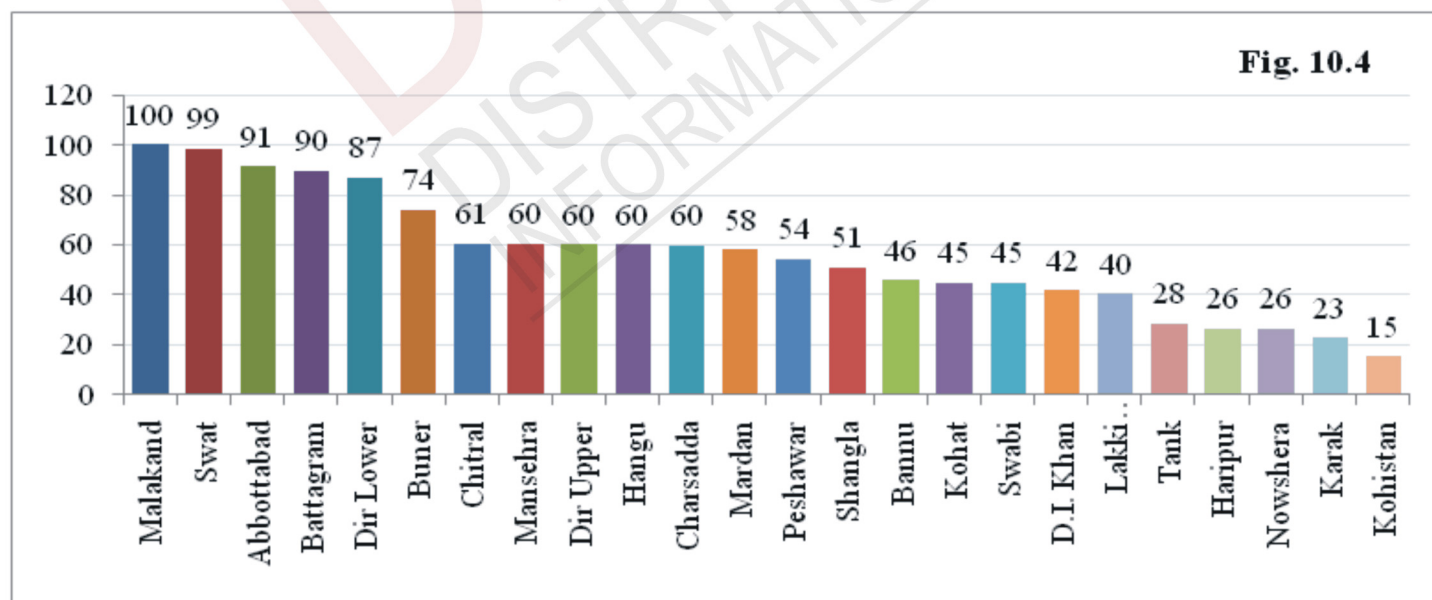
C. CHILDREN <12 MONTHS FULLY IMMUNIZED

A fully immunized population is the best indicator to estimate the health status of a province. Efficiency in this sector prevents a lot of mortality and morbidity besides huge savings in the health sector in the long term and the set target for this indicator is 100%.

Table No.10.5

S. No	DISTRICT	Population	expected children <12 Months	Children under 12 m fully immunized	%age
1	Swat	1956000	14181	12465	88
2	Abbottabad	1120000	8120	7074	87
3	Malakand	703000	5097	4123	81
4	Battagram	422000	3060	2241	73
5	Buner	838000	6076	4256	70
6	Dir Lower	1124000	8149	5429	67
7	Peshawar	3219000	23338	13910	60
8	Swabi	1515000	10984	6316	58
9	Mansehra	1582000	11470	6535	57
10	Chitral	444000	3219	1772	55
11	Mardan	2168000	15718	8442	54
12	Charsadda	1493000	10824	5514	51
13	Dir Upper	828000	6003	2709	45
14	Kohat	862000	6250	2630	42
15	Shangla	667000	4836	2006	41
16	Hangu	482000	3495	1375	39
17	Bannu	1010861	7329	2675	37
18	D.I. Khan	1308000	9483	3440	36
19	Karak	661000	4792	1089	23
20	Nowshera	1280000	9280	2011	22
21	Haripur	924000	6699	1407	21
22	Lakki Marwat	742000	5380	866	16
23	Tank	359000	2603	332	13
24	Kohistan	478000	3466	283	8
	Total	**26185861**	**189847**	**98900**	**52**

Table No. 10.2 and figure 10.3 reflect the percentage of fully immunized children of all the districts in the Province. In figures the performance of districts Swat 88% to Buner 70% very good and up to the mark. Districts Kohistan as usual is at the bottom of the list and show the worst performance which is (8%). Besides, districts Tank is notably at 13% and Lakki Marwat at16%. Districts Haripur, Nowshera, and Karak show the performance at 21%, 22% and 23% respectively. Here it is worth mentioning that the poor performer districts should be monitored. Surveillance or validation from third party donor agency, M & E, or IMU of the health department may also be useful. District Dir Upper (45%) to District D.I Khan (36%), all are showing worrisome figures. The performance of other districts is more than 50% coverage of fully immunized and could be termed as stable.

Fig. 10.6
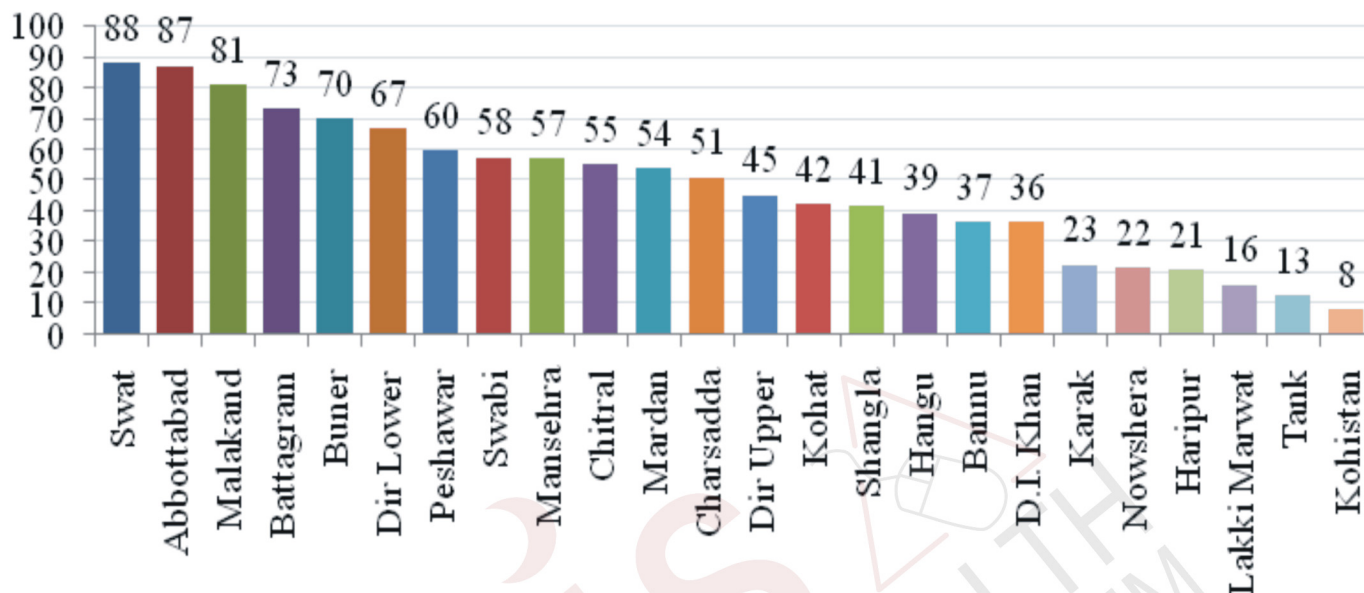
Analysis of the data for this quarter reveals that the districts can be divided in to three groups

Top Performers	%age	Satisfactory Performers	%age	Poor Performance	%age
Swat	88	Dir Lower	67	Dir Upper	45
Abbottabad	87	Peshawar	60	Kohat	42
Malakand	81	Swabi	58	Shangla	41
Battagram	73	Mansehra	57	Hangu	39
Buner	70	Chitral	55	Bannu	37
		Mardan	54	D.I. Khan	36
		Charsadda	51	Karak	23
				Nowshera	22
				Haripur	21
				Lakki Marwat	16
				Tank	13
				Kohistan	8

The figures shows that a serious and anxious consideration of and motivation is required so that all the districts can improve their performance in fully immunization. It is also worth Mentioning that the top performing districts need to be proud and should continue their good work.

D.   WOMAN RECEIVING TT-2 VACCINE

This indicator reflects the full antenatal coverage and partial antenatal coverage. A pregnant woman who has received two doses of Tetanus Toxoid (TT-2) indicates that that woman has received full antenatal coverage on one hand and it has addressed a serious public issue relating to neonatal abnormality on the other, of which unfortunately we still received/reported 1067 cases, in this quarter. The most important reason for these figures is lack of coordination of the ANC and immunization program which must be interlinked with each other.

Similar District trend/pattern is seen in this indicator as is evident in other indicators reported, in general; Kohistan is lagging behind with 6% of TT-2 coverage in this quarter.
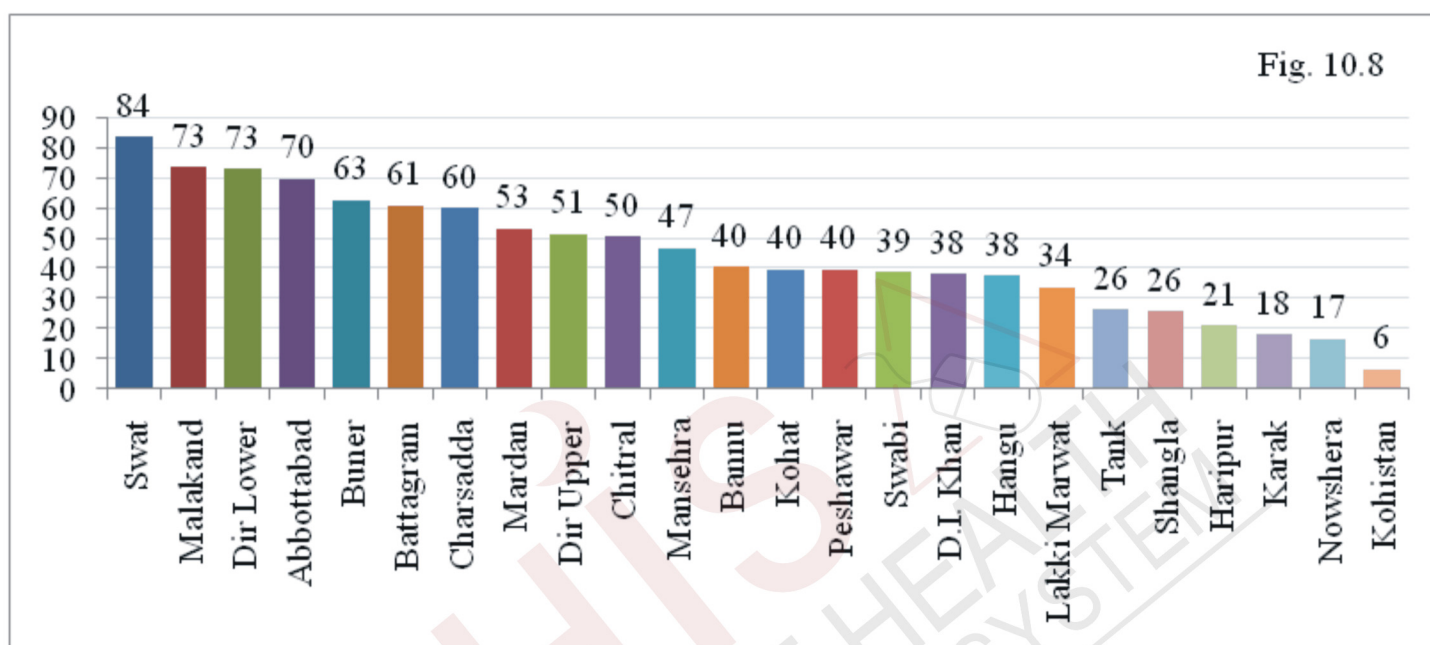
Table No.10.7

S. No	DISTRICT	Population	expected children <12 Months	Pregnant women received TT-2 vaccine	%age
1	Swat	1956000	14181	11851	84
2	Malakand	703000	5097	3746	73
3	Dir Lower	1124000	8149	5939	73
4	Abbottabad	1120000	8120	5652	70
5	Buner	838000	6076	3807	63
6	Battagram	422000	3060	1862	61
7	Charsadda	1493000	10824	6491	60
8	Mardan	2168000	15718	8333	53
9	Dir Upper	828000	6003	3084	51
10	Chitral	444000	3219	1621	50
11	Mansehra	1582000	11470	5335	47
12	Bannu	1010861	7329	2958	40
13	Kohat	862000	6250	2475	40
14	Peshawar	3219000	23338	9237	40
15	Swabi	1515000	10984	4252	39
16	D.I. Khan	1308000	9483	3596	38
17	Hangu	482000	3495	1313	38
18	Lakki Marwat	742000	5380	1810	34
19	Tank	359000	2603	680	26
20	Shangla	667000	4836	1236	26
21	Haripur	924000	6699	1408	21
22	Karak	661000	4792	857	18
23	Nowshera	1280000	9280	1534	17
24	Kohistan	478000	3466	224	6
	Total	26185861	189847	89301	47

Districts Swat, Malakand, Dir Lower and Abbottabad shows high performers among the other districts i.e 86% 73%, 73% and 70% respectively. In table 10.4, some districts perform good work i.e Buner 63% to Chitral 50%, while the remaining districts are below the target and would say a poorer performer on TT-2 vaccination. However there is a big room for improvement that should be taken care by the relevant stake-holders.

Table No. 10.7 and Figure 10.8 reflects this.

Fig. 10.8

11. Table No. 10.7 and Figure 10.8 reflects this.

TB-Directly Observed Treatment System (DOTS) is indeed an innovative and effective way of treating this disease. 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 the week need to be actively traced and convinced to continue the treatment.
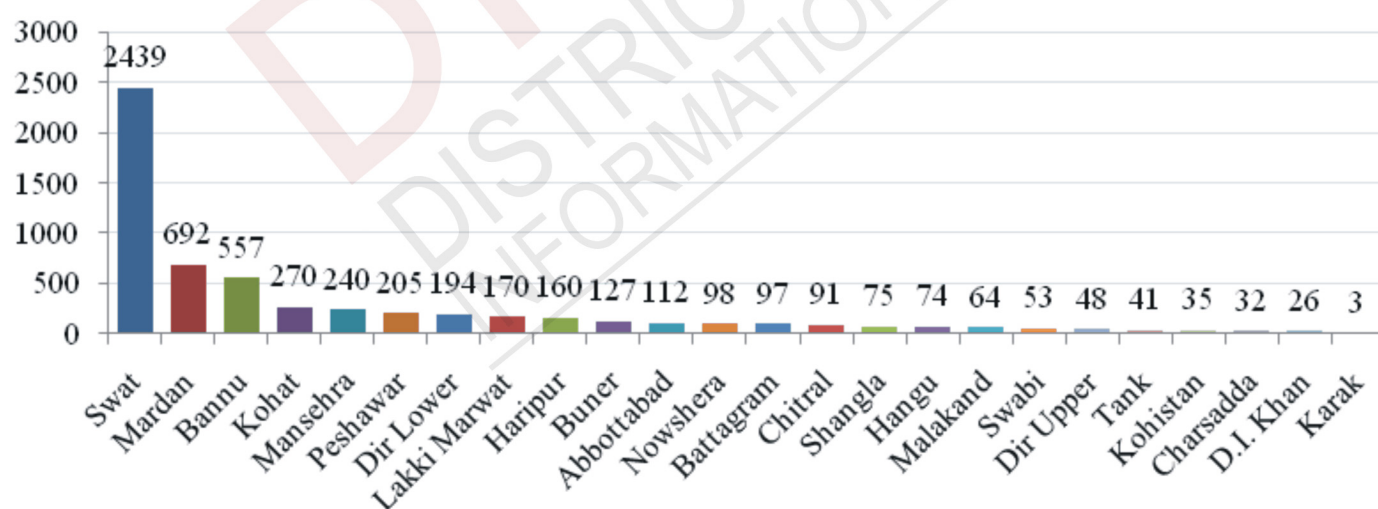
Table No.11.1

S. No	DISTRICT	Intensive-phase TB-DOTS patients	TB-DOTS patients missing treatment >1 week
1	Swat	2439	46
2	Mardan	692	25
3	Bannu	557	8
4	Kohat	270	4
5	Mansehra	240	3
6	Peshawar	205	2
7	Dir Lower	194	1
8	Lakki Marwat	170	1

S. No	DISTRICT	Intensive-phase TB-DOTS patients	TB-DOTS patients missing treatment >1 week
9	Haripur	160	1
10	Buner	127	1
11	Abbottabad	112	1
12	Nowshera	98	0
13	Battagram	97	0
14	Chitral	91	0
15	Shangla	75	0
16	Hangu	74	0
17	Malakand	64	0
18	Swabi	53	0
19	Dir Upper	48	0
20	Tank	41	0
21	Kohistan	35	0
22	Charsadda	32	0
23	D.I. Khan	26	0
24	Karak	3	0
	Total	**5850**	**93**

Intensive-phase TB-DOTS patients — Fig. 11.2

Fig. 11.3
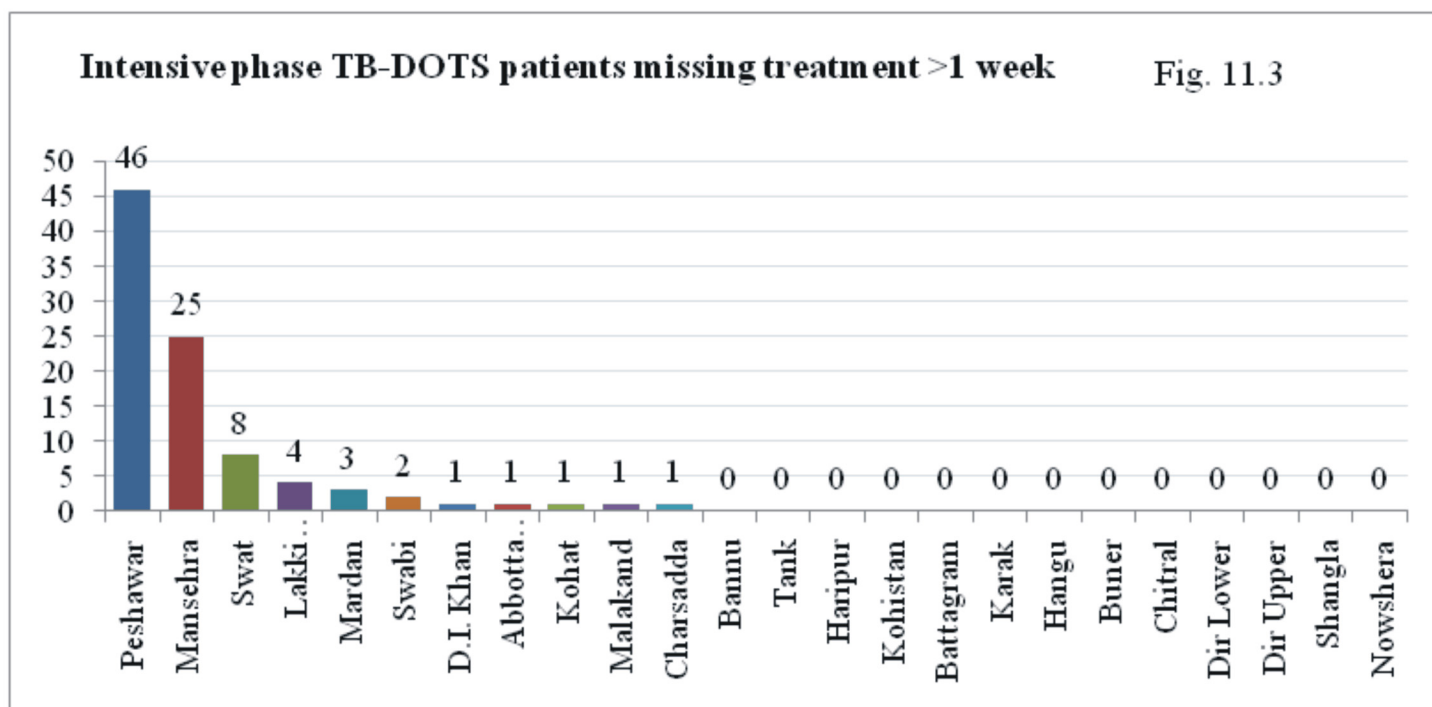Intensive phase TB-DOTS patients missing treatment >1 week

Table No. 11.1, fig. 11.2 and 11.3 reflects the statistics of TB-DOTS patients

12.   COMMUNITY BASED DATA (LHW Program)

The source of community based data is an indicator, reported by LHW "National Program for Family Planning and Primary Health Care".
The no. of pregnant women registered per LHW ranges as shown below:

District Wise Number of Pregnant Women Newly Registered By LHW

Fig. 12.1
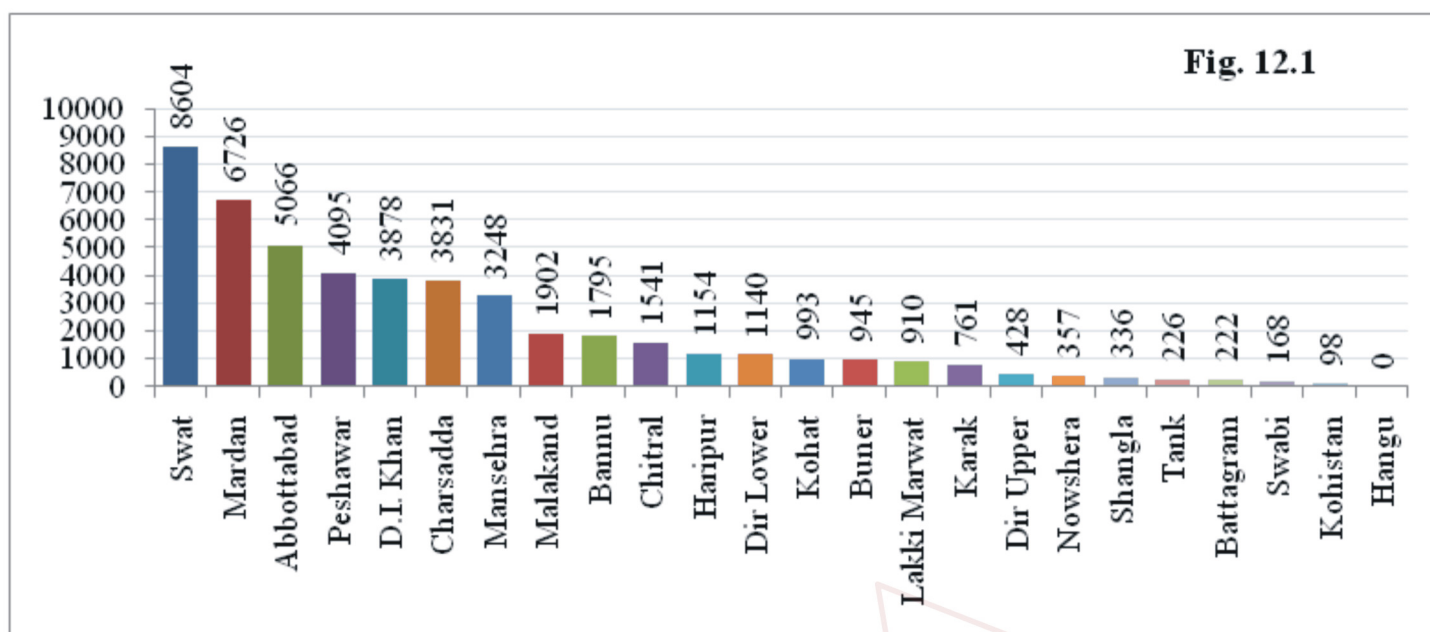
Deliveries by Skilled Birth Attendants Reported Through LHW

This analysis is based on the information provided by the LHWs in their respective catchment population. In the catchment population of LHWs, deliveries were reported by skill birth attendance against the total deliveries (28640) in this quarter.

Figure 12.2 shows district wise number of deliveries. District Kohistan **(4 deliveries reported)** is the lowest in the figure and District Swat **(4870 deliveries reported)** is on top of the list.

Fig. 12.2
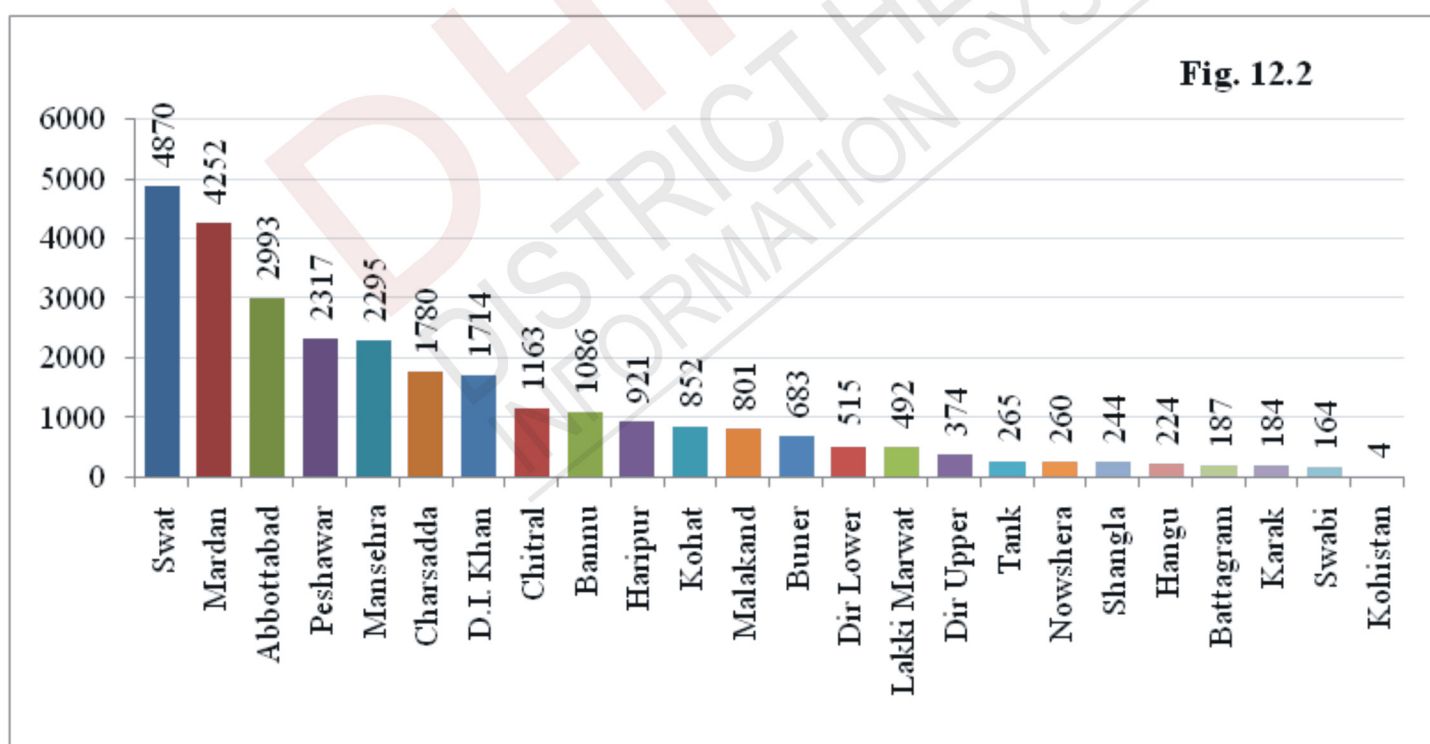
13. MATERNAL DEATHS DURING DELIVERIES

Table No. 13.1

S. No	DISTRICT	Delivery by skilled persons reported	Maternal deaths reported	%age
1	Swat	4870	7	0.14
2	Abbottabad	2993	6	0.20
3	Mansehra	2295	5	0.22
4	Malakand	801	4	0.50
5	Mardan	4252	4	0.09
6	Chitral	1163	3	0.26
7	Peshawar	2317	2	0.09
8	Bannu	1086	1	0.09
9	Tank	265	1	0.38
10	Haripur	921	1	0.11
11	Buner	683	1	0.15
12	Dir Upper	374	1	0.27
13	Shangla	244	1	0.41
14	D.I. Khan	1714	0	0.00
15	Lakki Marwat	492	0	0.00
16	Kohistan	4	0	0.00
17	Battagram	187	0	0.00
18	Karak	184	0	0.00
19	Kohat	852	0	0.00
20	335-Hangu	224	0	0.00
21	Dir Lower	515	0	0.00
22	Swabi	164	0	0.00
23	Charsadda	1780	0	0.00
24	Nowshera	260	0	0.00
	Total	**28640**	**37**	**0.13**

Table no 13.1 shows a total number of deaths that could be attributed to obstetric causes during delivery. Out of the total 28640 deliveries conducted, a mortality rate of 0.13% has been reported in this quarter. These figures indicate the facilities where deliveries are equipped and the staffs have performed exceptionally well to maintain these standards.

The readers would also appreciate that these figures are exclusively derived from patients delivering their babies in the health facilities whereas it is a well known fact that most of the normal deliveries are conducted at home especially in the rural areas.

The non existences of birth and death registration data delay our access to reliable data at the local level. It is hoped with increased placements of LHWs and Community Midwives would greatly enhance the scope of data collection.

Fig. 13.2
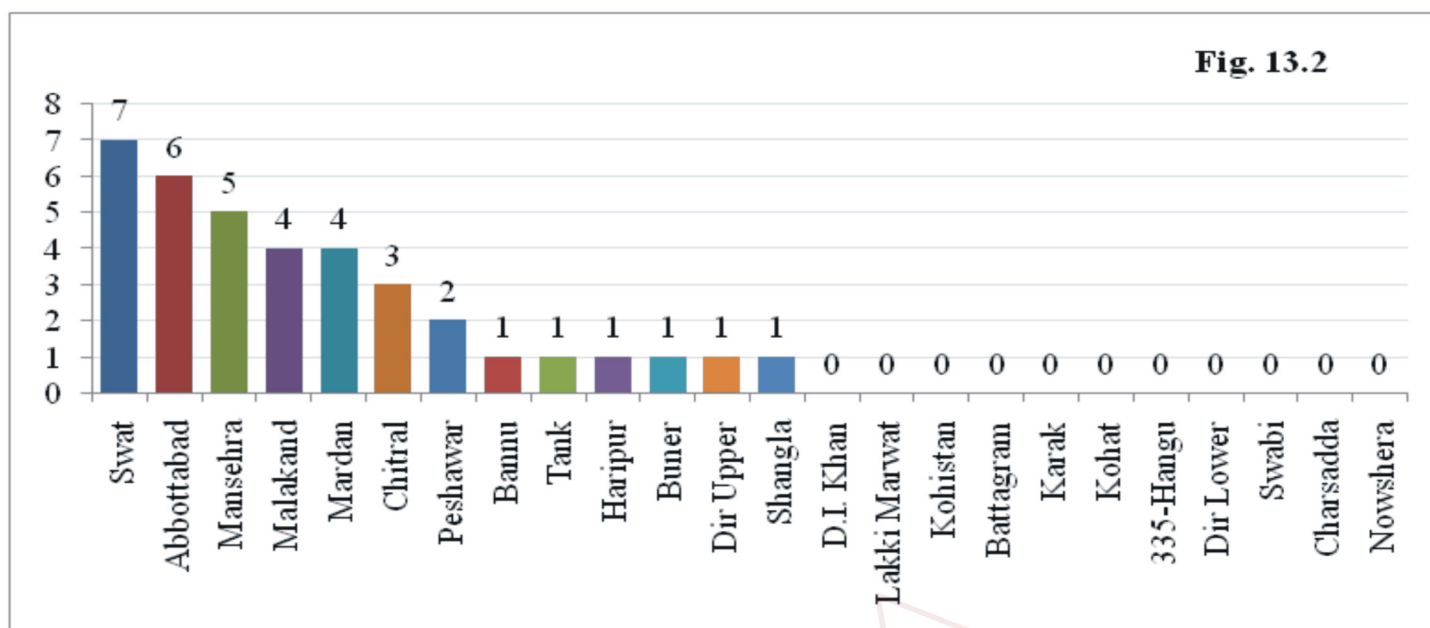
Figure 13.2 illustrate the district wise Maternal Deaths in which District Swat reported 7 deaths in number out of 4870 deliveries and is placed on top position. Districts Abbotttabad, Mansehra, Chitral and Peshawar have reported 6, 5, 3 and 2 respectively.

Districts Malakand and Mardan reported 4 each in number, while districts Banu, Tank, Haripur, Buner, Dir Upper, Shangla reported 1 each. Other districts D.I Khan to Nowshera reported 0 each, which shows the improvement of health status in those districts or lack of coordination/not reporting data on maternal deaths.

14. INFANT DEATHS (NEONATAL DEATHS REPORTED DURING DELIVERIES)

Fig. 14.1
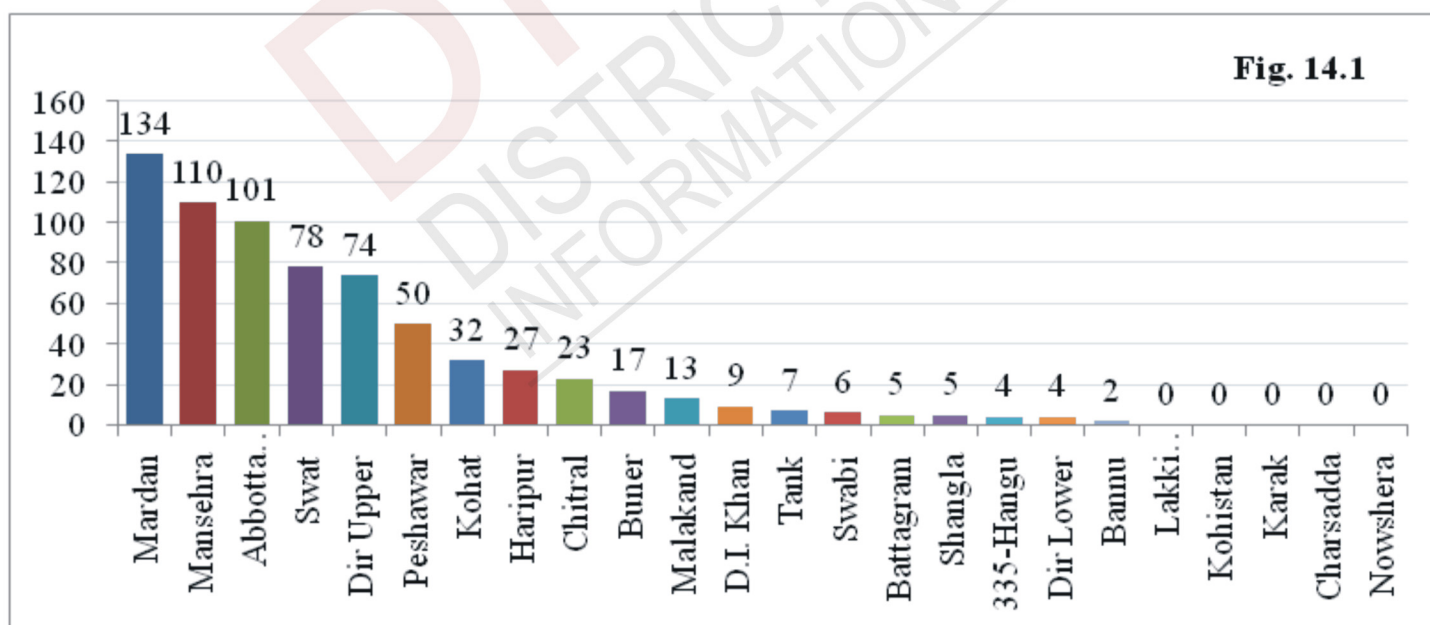
Figure 14.1 show a graphical representation on mortality figures. This indicator reflects two assumptions, one is that this report includes deaths occurring in government health facilities only and the second is the non availability of data on tendency in the mother resulting in these fatalities.

Table No.14.2

S. No	DISTRICT	Delivery by skilled persons reported	Infant deaths reported
1	Mardan	4252	134
2	Mansehra	2295	110
3	Abbottabad	2993	101
4	Swat	4870	78
5	Dir Upper	374	74
6	Peshawar	2317	50
7	Kohat	852	32
8	Haripur	921	27
9	Chitral	1163	23
10	Buner	683	17
11	Malakand	801	13
12	D.I. Khan	1714	9
13	Tank	265	7
14	Swabi	164	6
15	Battagram	187	5
16	Shangla	244	5
17	335-Hangu	224	4
18	Dir Lower	515	4
19	Bannu	1086	2
20	Lakki Marwat	492	0
21	Kohistan	4	0
22	Karak	184	0
23	Charsadda	1780	0
24	Nowshera	260	0
	Total	**28640**	**701**

Out of 28640 deliveries conducted in the government health facilities, the mortality of neonates stood at 701 or 2.45% of the total deliveries where the maternal mortality in the same facilities and the same number patients stands at 0.13%. Though the total percentage of 2.45% would satisfactory in our circumstance, the difference between maternal and neonatal/Infant mortality would indicate that there is still plenty room for improvement in managing new born babies.

A training program for staffs working in the deliveries would be in order to bring this further down and long way in achieving our short and long term goals as a complete policy statement.

A brief description of the report would suggest that those with a higher number of women registered in the government health facilities for deliveries would have more neonatal deaths but that should not discourage us from our goal of ensuring maximum utilization of health facilities by the people. No infant death is reported from the districts Lakki Marwat to Nowshera. District Mardan is top of the list in Infant Death Rate; 134 out of 4252 i.e 3.15% of the total deliveries in the government health facilities in District followed by districts Mansehra and Abbottabad crossed 100 figure of infant deaths i.e 110 and 101. **(2295 and 2993 deliveries)** District Dir Upper conducted 374 deliveries and out of that 74 (19.79%) infant deaths are reported, the highest in the province.

15. **REPORT ON BLOOD TRANSFUSIONS AND INCIDENCE OF INFECTIVE DISEASES**

These figures help to determine the prevalence of blood borne infections like HIV, Hepatitis B & C and Syphilis in healthy volunteers donating blood in government and non-government hospitals and centers though some professional blood donors may form a part of the donors.

Table No. 15.1

| S. No	Organization	Registered Patients	Blood Transfusions conducted	Blood unit Screened	HIV +ive	HBV +ive	HCV +ive	Others
1	LRH Peshawar	0	0	10906	3	237	115	0 VDRL
2	KTH Peshawar	4734	5007	4264	0	47	37	5
3	HMC Peshawar	501	11502		2	12	80	
4	MMMTH DI Khan	88	86	88	0	2	0	-
5	KGTH Bannu	251	251	251	0	0	0	
6	ATH Abbottabad	20467	0	3591	0	47	95	
7	Saidu Teaching Hospital Swat	0	0	2447	0	25	35	0
8	Div Hospital Kohat	0	0	0	0	0	0	0
9	MMC Mardan	0	0	0	0	0	0	0
10	Fatimid Foundation Peshawar	3686	3747	2406	1	25	24	0
	Total	**29727**	**20593**	**23953**	**6**	**395**	**386**	**5**

Table No. 15.1 illustrate the prevailing incidence of these disorders. A total of **21547** bags of blood were screened in the **09** major centers of Public health institutions. Among **09** teaching hospital **07** reported blood transfusion data while 02 teaching hospital of them i.e Divisional Hospital KDA Kohat and Mardan Medical Complex Mardan fail to report the data.

The incidence of HIV +ive cases has come down to 05 in this quarter constituting 0.023%if the patients this quarter. The figure of Hepatitis B found during screening of blood stands at **370 or (1.7%)** of the total with Hepatitis C positivity rate standing at **362 or (1.68%)**. Though these figures are not inclusive of high risk patients like Female and Male sex workers or drug addicts but these figures do reflect a general trend which indeed needs attention.

16. FAMILY PLANNING VISITS

Family Planning Services indicator introduced first time in this quarter and it is felt that is a welcome addition to the scope of DHIS reporting.
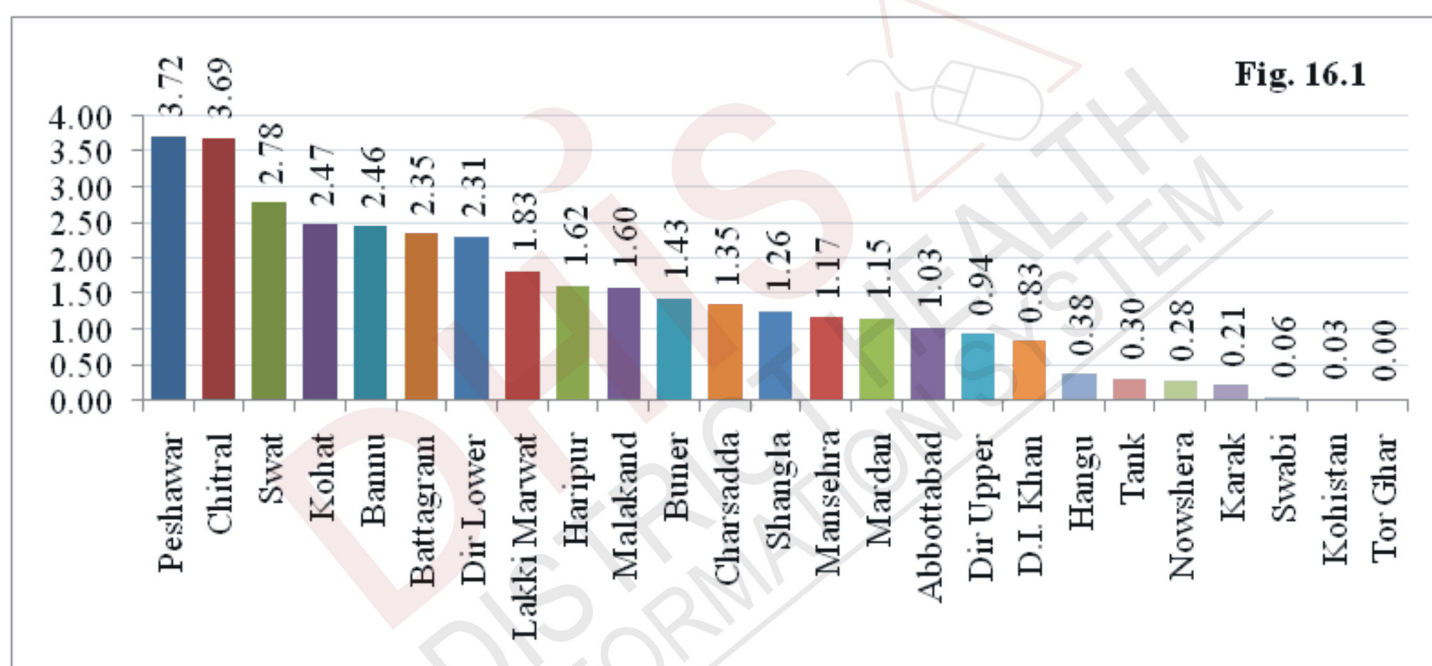

Figure 16.1 illustrate District wise Percentage of Family Planning Visits. It indicates that district percentage from top to bottom (Peshawar 3.72% to Tor Ghar 0.00%).

Districts Peshawar and Chitral is placed on first and second in number 3.72% and 3.69%. Swat, Kohat, Bannu, Battagram, Dir Lower were reported 2.78%, 2.47%, 2.46%, 2.35%, 2.31% respectively. The figure from 1.83% to 1.03% is of district Lakki Marwat to District Abbottabad. Tor Ghar, Kohistan, Swabi, Karak, Hangu, K.I. Khan, Dir Upper reporting less than 1% of the total FP Visits.

The figures shows that a serious and anxious consideration of and motivation is required so that all the districts can improve their performance in Family Planning Services

16.1 COUPLE YEARS OF PROTECTION

Fig. 16.2
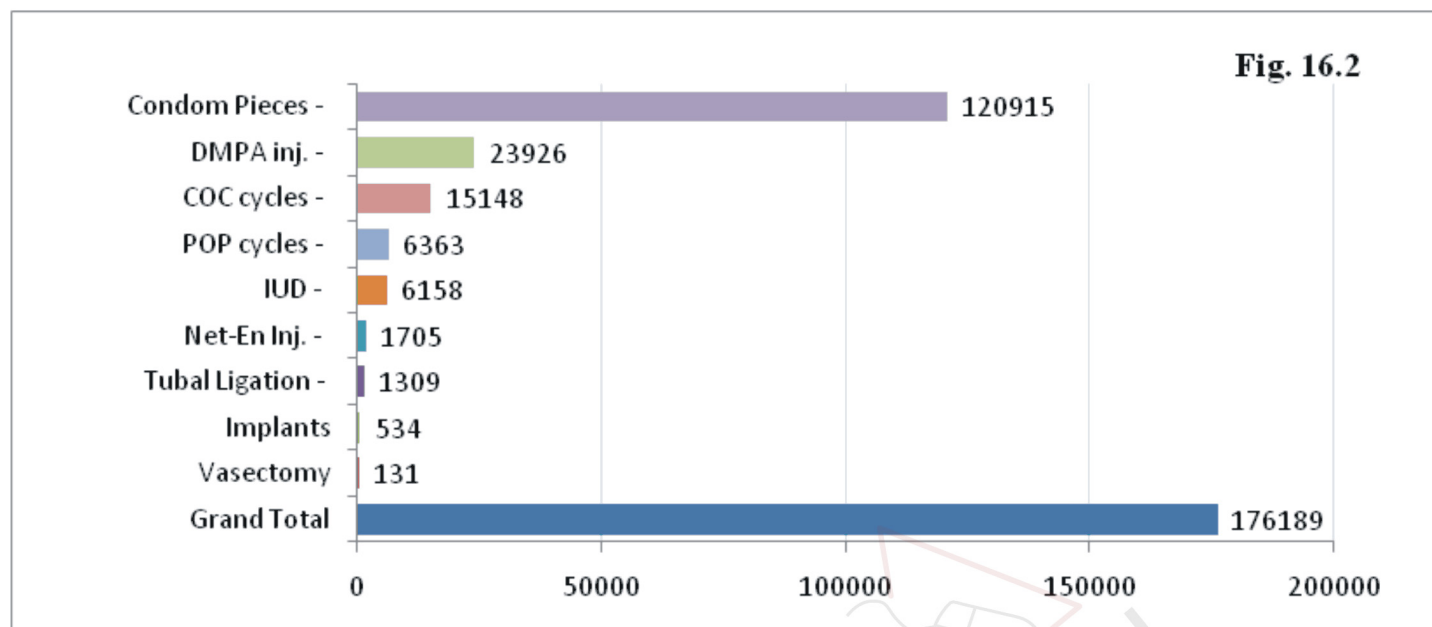
Couple Years Protection (CYP) is the estimated contraceptive protection from pregnancy provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.

The CYP is calculated by multiplying the quantity of each method distributed to clients by conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. That CYP for each method is then summed for all methods to obtain a total CYP figure.

Figure 16.1 describes the number of couples who availed the different contraceptive methods. The utilization of Condom Pieces provided to the visitors in maximum number of **120915** while sterilization (Vasectomy) is at minimum in numbers i-e **131.** The figure reflects the Pills (COC and POP cycles) is **21511**. The injectables (Net-En inj and IUD doses) describe the figures 7863 in figure 16.1.

The following conversion factors are currently in use in Pakistan:

- Condoms 144 condoms per CYP
- Oral Contraceptives 15 cycles per CYP
- DMPA 4"doses" (1 ml) per CYP
- Net-En 6 "doses" (1 ml) per CYP
- IUD 3.5 CYP per IUD
- Norplant implant 5 CYP per device
- Surgical Contraception 12.5 CYP per procedure
- Sterilization (Vasectomy) 8 to 10 per year protection

16.2 DISTRICT WISE NUMBER OF COMMODITIES DISTRIBUTED

S. No	DISTRICT	Total FP Visits	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUD	Tubal Ligation	Vasectomy	Implants
1	Bannu	3989	1616	1796	1313	60	11437	171	0	0	0
2	D.I. Khan	1702	336	69	569	143	1512	200	4	0	0
3	Lakki Marwat	2153	454	341	869	184	2207	334	19	0	0
4	Tank	174	188	25	85	2	1747	136	2	0	0
5	Abbottabad	2176	804	184	894	40	1528	236	35	0	0
6	Haripur	2700	128	9	351	89	603	123	0	0	36
7	Kohistan	36	4	0	23	0	0	1	0	0	0
8	Mansehra	2718	839	133	1084	144	7707	391	18	0	4
9	Battagram	1736	542	33	715	58	872	230	0	0	0
10	Karak	222	89	8	94	1	253	27	0	0	0
11	Kohat	3343	1436	376	1630	6	15350	824	107	0	3
12	Hangu	285	175	0	222	3	1700	15	0	0	1
13	Buner	1742	300	147	937	47	3776	161	0	0	0
14	Chitral	2826	634	225	1183	90	1469	55	0	0	0
15	Dir Lower	3989	948	90	1111	150	9107	7	0	0	0
16	Malakand	1736	884	59	1119	23	14861	207	63	0	0
17	Swat	8407	1178	400	4338	257	4914	1172	244	1	466
18	Dir Upper	1299	141	276	542	115	1353	50	6	0	6
19	Shangla	1317	467	206	559	59	1318	149	1	0	0
20	Mardan	4036	1607	742	1281	73	8928	279	11	0	0
21	Swabi	136	54	17	141	8	765	15	0	0	0
22	Charsadda	3324	1120	195	1566	22	16567	256	10	0	3
23	Nowshera	593	194	59	225	60	2047	167	0	0	10
24	Peshawar	18032	1010	973	3075	71	10894	952	789	130	5
	Total	**68671**	**15148**	**6363**	**23926**	**1705**	**120915**	**6158**	**1309**	**131**	**534**

17. DISTRICT WISE PERCENTAGE OF PER CAPITA OPD ATTENDANCE
Figure No. 17.1
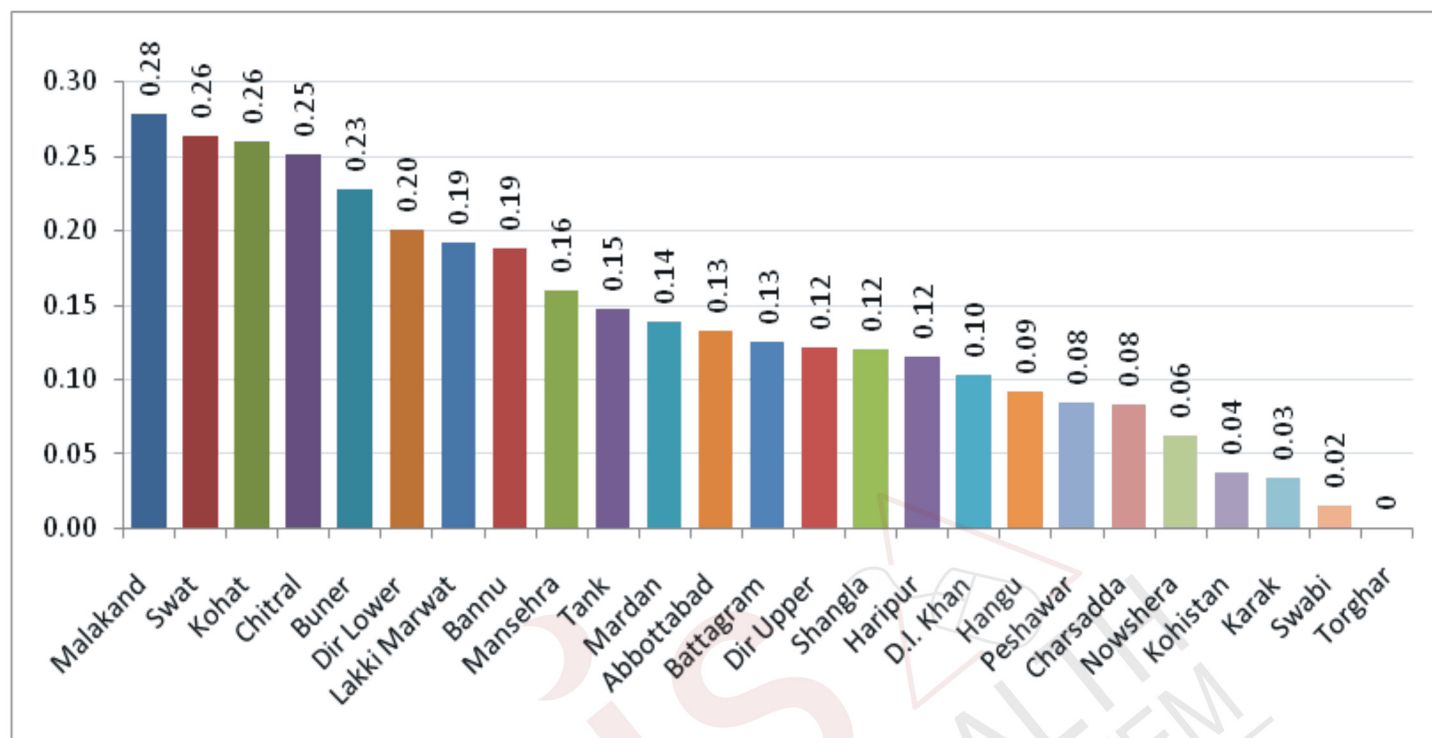
The district wise comparison of per capital OPD attendance is shown in fig. 17.1. It can be seen that there is improvement in every district in Per capita OPD which implies that the population is satisfied by provision of services in these public health facilities.

Table No. 17.2

| 0.00%	<0.05%	>=0.06% - <=0.09%	>=0.10% - <= 0.20%	> 0.20%
Torghar	Kohistan	Hangu	Lakki Marwat	Malakand
	Karak	Peshawar	Bannu	Swat
	Swabi	Charsadda	Mansehra	Kohat
		Nowshera	Tank	Chitral
			Mardan	Buner
			Abbottabad	
			Battagram	
			Dir Upper	
			Shangla	
			Haripur	
			D.I. Khan	
			Dir Lower	

The Table **17.2** reflects the District wise percentage of Per Capita OPD Attendance and show the performance of the districts from percentage 0.00 to 0.28. The progress of District Tor Ghar 0%, districts <0.05% are Khoistan, Karak, Swabi. Districts >= 0.06 to <= 0.09% and the districts > 0.20% are Malakand, Swat, Kohat, Chitral, Buner.

18. District and Health Facility Wise Average Number Of OPD Visits (Per Day)

This indicator is useful in understanding facility workload and to compare which facilities are well performing which are not. A graphical representation shows the performance and comparison among basic health units and Rural Health Centers in the province.

Figure 18.1 indicate the daily OPD attendance of Health Facilities.
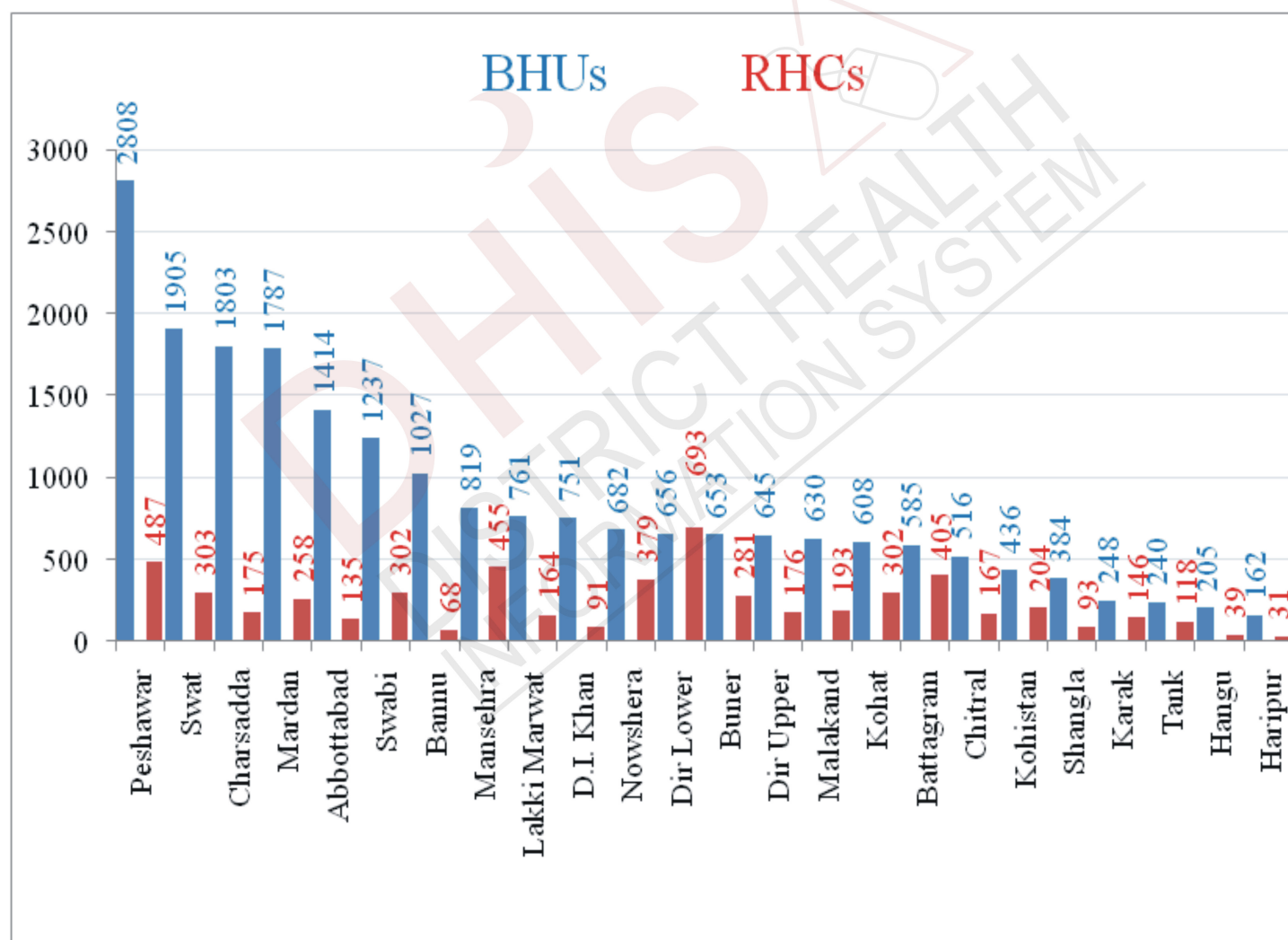
19. NEW AND FOLLOW-UP VISITS

Fig. 19.1
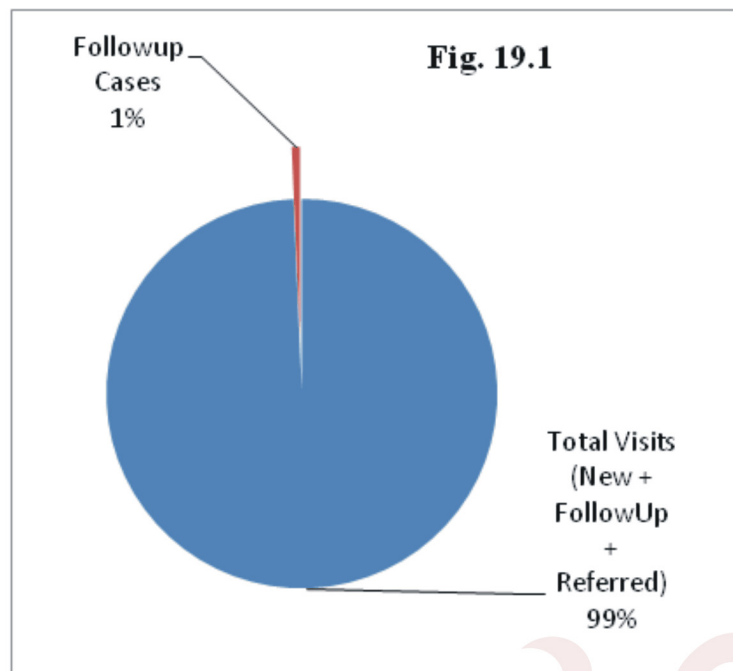
Severely ill patients but on ambulatory treatment or patients with chronic illnesses require follow-up. At the time of initial consultation, such patients should be counseled for coming back to the health facility for follow-up. However, the behavior of staffs, provision of medicines from facility, good case of management and client satisfaction and confidence on the health provider will influence patients
coming back for follow-up visits.

This indicator is therefore, a measure of the quality of care provided from the facility or by the district as a whole.

20. DISTRICT WISE PERCENTAGE OF FOLLOW-UP VISITS

Fig. 20.1
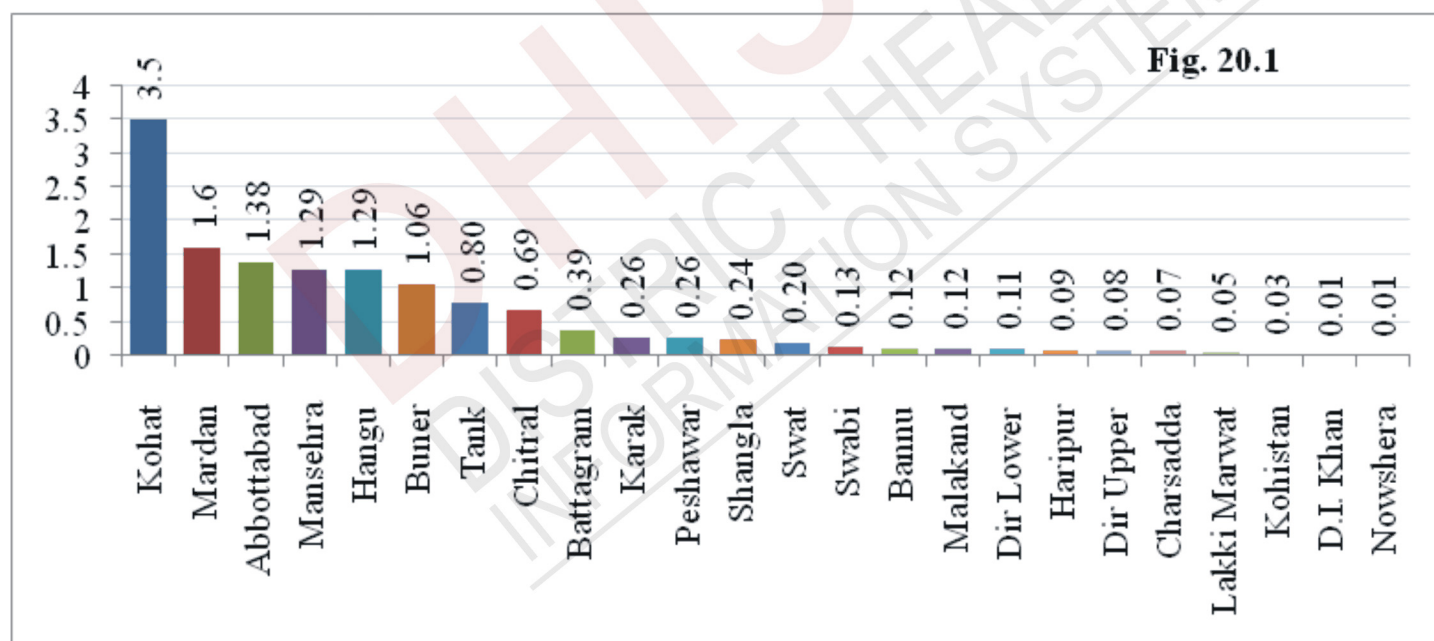
Total number of Follow up visits in the province for the first quarter is reports **24851** which is **0.69%** of the total new visits. District Kohat (3.5%) is the highest in graph while district Nowshera (0.01%) is the lowest rate for follow up visits. Follow up performance of most of the districts between 0.0%1 to 0.08% and few are under 2% of the total new visits.

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