# 2nd Quarter Report 2018

1. REPORTING COMPLIANCE

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

District Wise Percentage of Reporting Compliance.

Graph shows district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. From district Shangla to District Peshawar achieved 100% reporting compliance. Districts (Dir Upper to Lakki Marwat) achieved the target i-e reporting more than 95% facilities. Districts Nowshera, Charsadda, Kohat and Kohistan (92%, 92%, 84% and 60%) reported below the target i.e (<95%) in 2nd quarter 2018.
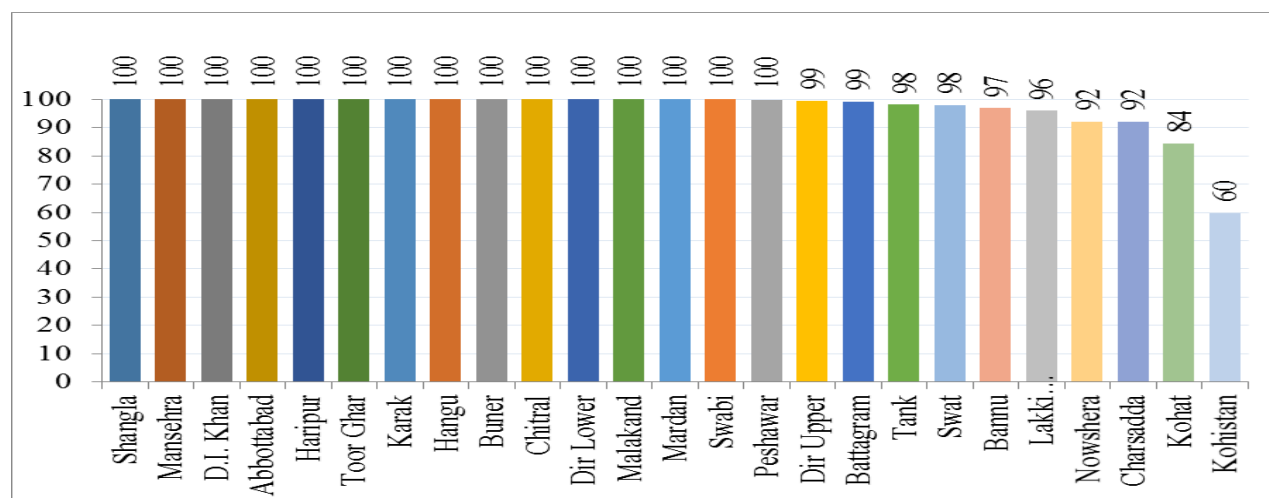
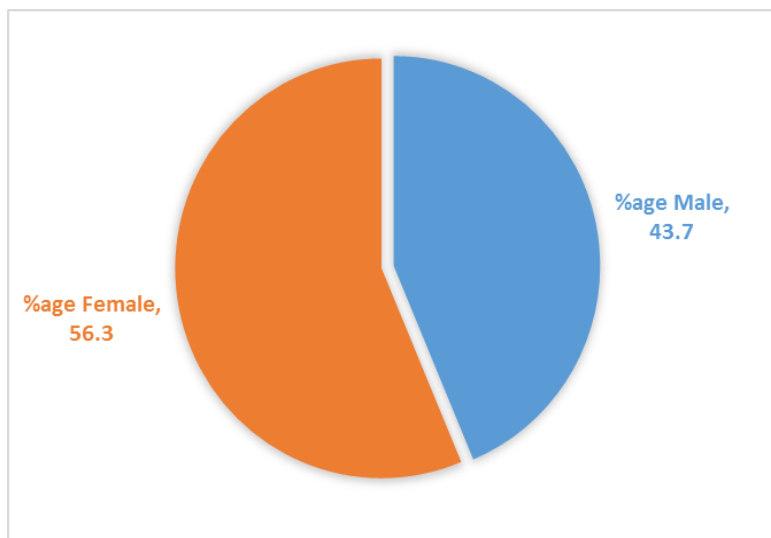## 2. General OPD Attendance (Primary Health Care Facilities & Secondary Health Care Facilities)

This is one of the key indicators to assess performance on the provision of health services in Province Khyber Pakhtunkhwa. It refers to the number of people attending and receiving services at health facilities during illness.
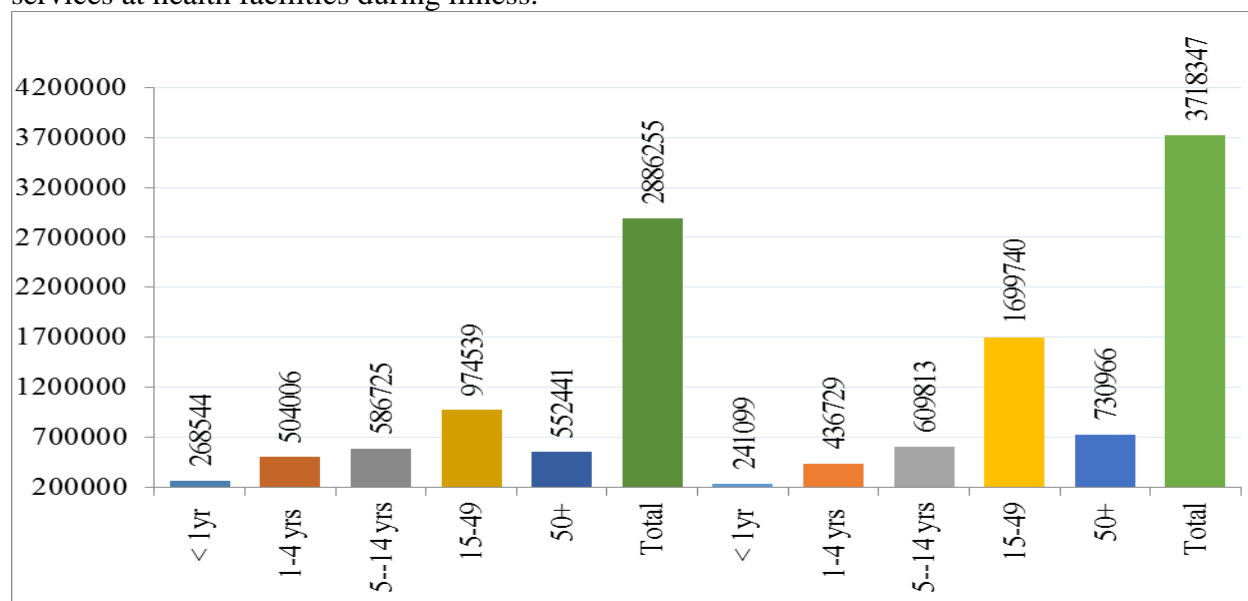
Graph shows the General OPD in primary and secondary care health facilities with gender wise breakup of male and female patients of the province.

Age wise breakup of patients visiting the OPDs is consistent in 2nd quarter 2018, the figures shows that in the case of male OPD attendance of age group under 1 year and 1 to 14 years are **(268,544)** and **(1,090,731)** which is **9.30%** and **37.79%** of the total of male OPD **(2,886,255).**

Similarly in case of female OPD attendance of age group under 1 year and 1 to 14 years is **(241,099)** and **(1,046,542),** which is **6.48%** and **28.15%** of the total female OPD attendance **(3,718,347).**

In General OPD Attendance (Primary & Secondary Health Care Facilities) 56.3% female and 43.7% male patients visited.

3. <u>**Specialty Wise Break Up of Patients**</u>

The indicator gives us an idea about the distribution of patients to different specialties enabling the reader to broadly categorize and assess the flow of patients to different specialties available in the health facilities.
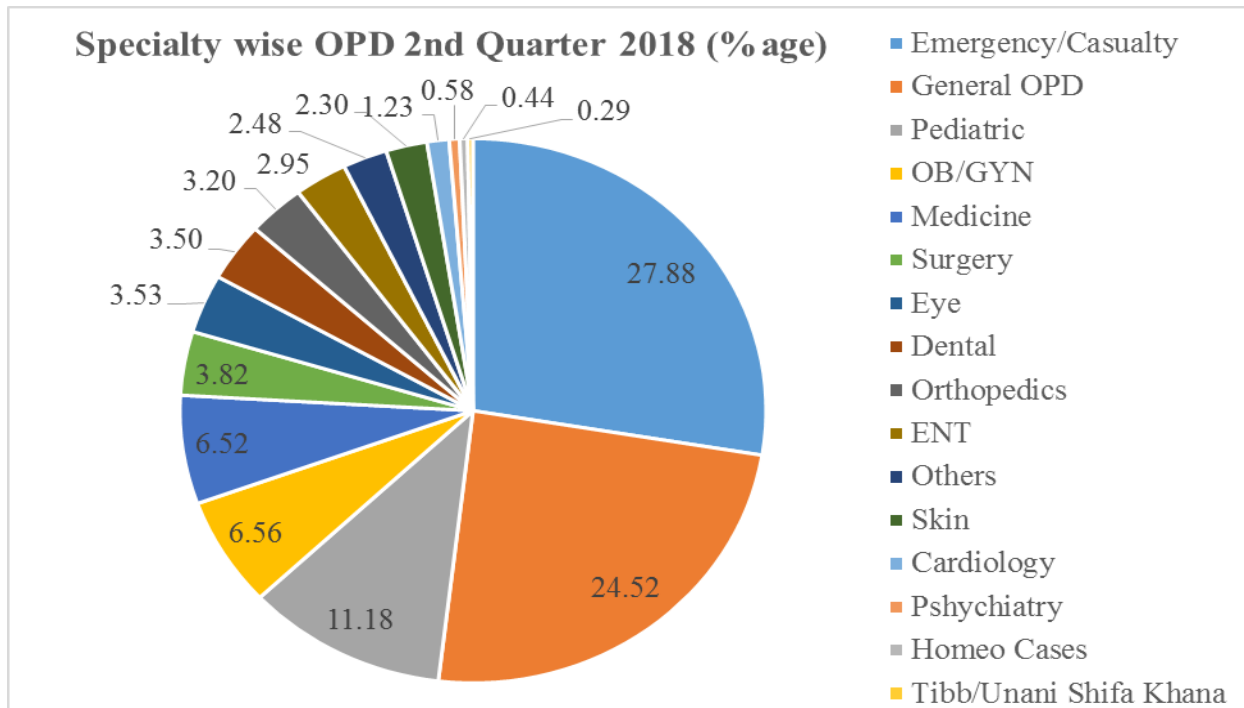
Graph of the indicator **OPD Attendance Specialty wise** shows the percentage of total new visits (Patients) of in the facility to different specialties (i.e General OPD, Medicine, Surgery, Pediatric etc).

Total new cases (Specialty wise) in 2nd Quarter 21018		4156691	
S. No	**Specialty**	**New Visits**	**%age**
1	Emergency/Casualty	1159081	27.88
2	General OPD	1019367	24.52
3	Pediatric	464861	11.18
4	OB/GYN	272793	6.56
5	Medicine	270829	6.52
6	Surgery	158944	3.82
7	Eye	146710	3.53
8	Dental	145429	3.50
9	Orthopedics	133072	3.20
10	ENT	122798	2.95
11	Others	103056	2.48
12	Skin	95473	2.30
13	Cardiology	51046	1.23
14	Pshychiatry	24115	0.58
15	Homeo Cases	18466	0.44
16	Tibb/Unani Shifa Khana	11925	0.29

Under the heading emergency/casualty, the number and percentage of patients are on top and stands at **(1,159,081)** with **27.88%**, General OPD on second number and is **(1,019,367)** which is **24.52%**.

Number of patients in the specialty of Pediatric and OB/Gynea are **464,861** and **272,793** which is **11.18%** and **6.56%**.

The disorder of Dental caries and the specialty Skin Diseases stands at **145,429** with **3.50%** and **95,473** with **2.30%**.

The specialty of Tibb/Unani Shifa Khana stands at the bottom and the figures are **11,925** with **0.29** percent.

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

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

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

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

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

Total OPD 2nd Quarter (April to June 2018)		6604602	
S.No	**Disease**	**Total**	**%age**
1	Acute (upper) Respiratory Infections (ARI)	704108	10.66
2	Diarrhoea/Dysentery in under 5 yrs	329807	4.99
3	Diarrhoea/Dysentery in >5 yrs	268042	4.06
4	Fever due to other causes	254409	3.85
5	Urinary Tract Infections	226320	3.43
6	Hypertension	177624	2.69

7	Dental Caries	153054	2.32
8	Peptic Ulcer Diseases	138228	2.09
9	Suspected Malaria	109243	1.65
10	Diabetes Mellitus	96884	1.46
11	Worm infestation	87012	1.31
12	Scabies	80322	1.21
13	Road traffic accidents	68004	1.03
14	Enteric / Typhoid Fever	66052	1.00
15	Otitis Media	60065	0.90
16	Depression	57399	0.86
17	Asthma	56328	0.85
18	Dermatitis	54227	0.82
19	Pneumonia under 5 years	34413	0.52
20	Pneumonia >5 years	24718	0.37
21	Fractures	24083	0.36
22	Ischemic Heart Disease	22515	0.34
23	TB Suspects	19591	0.29
24	Chronic Obstructive Pulmonary Diseases	15831	0.24
25	Suspected Viral Hepatitis	14709	0.22
26	Cataract	13051	0.19
27	Dog bite	12498	0.18
28	Suspected Measles	9153	0.13
29	Benign Enlargement of Prostrate	7352	0.11
30	Snake bits (with signs/symptoms of poisoning)	7316	0.11
31	Burns	7253	0.11
32	Drug Dependence	5918	0.09
33	Sexually Transmitted Infections	5667	0.08
34	Epilepsy	5025	0.07
35	Trachoma	4337	0.06
36	Cutaneous Leishmaniasis	3023	0.04
37	Glaucoma	2885	0.04
38	Nephritis/Nephrosis	2722	0.04
39	Cirrhosis of Liver	2325	0.03
40	Suspected Meningitis	1275	0.01
41	Suspected Neonatal Tetanus	410	0.006
42	Acute Flaccid Paralysis	110	0.002
43	Suspected HIV/AIDS	0	0
	Total	**3233308**	**48.96**

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

Acute Respiratory Infections stands **704,108** which is **10.66%** of these patients. Diarrhoea/Dysentery under and over 5 year's stands **329,807** with **4.99**% and **268,042** with (**4.06%**) of the total in 2nd quarter 2018. Fever due to other causes stands at **254,409 (3.85%)** patients**.**

Cases of Urinary Tract Infections and Hypertension disorders are **226,320** which are **3.43%** and **177,624 (2.69%)** of the total patients. Dental Caries and Peptic Ulcer Diseases are **153,054** with **2.32%** and **138,228** with **2.09%** in 2nd quarter 2018.

Suspected Malaria patients' in 2nd quarter 2018 stands **109,243** with **1.65%.** Diabetes Mellitus cases are reported **96,884** with **(1.47%)**.
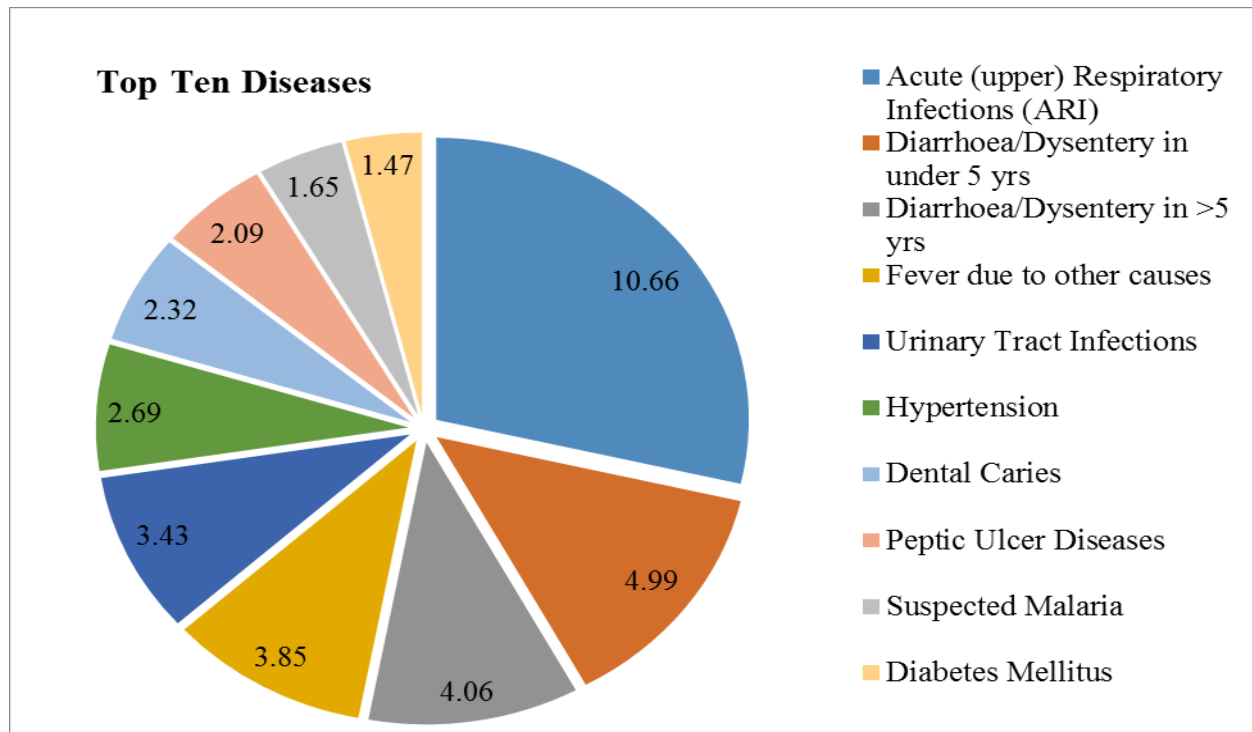
5. COMMUNICABLE AND NON COMMUNICABLE DISEASE

Out of 43 priority diseases, 19 are communicable and 24 are non-communicable diseases. Subsequent analysis shows the most common diseases and disease-wise breakup.
In 2nd quarter 2018, total numbers of communicable diseases are **1761992** (**26.68**%), **whereas** non-communicable diseases are **1471316 (22.28**%).

a. COMMUNICABLE DISEASES

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

Total OPD 2nd Quarter (April to June 2018)		6,604,602	
S.No	Disease	**Total**	**%age**
1	Acute (upper) Respiratory Infections	704108	10.66
2	Diarrhoea/Dysentery <5 yrs	329807	4.99
3	Diarrhoea/Dysentery >5 yrs	268042	4.06
4	Suspected Malaria	109243	1.65
5	Worm infestation	87012	1.32
6	Scabies	80322	1.22
7	Enteric / Typhoid Fever	66052	1.00

8	Pneumonia under 5 years	34413	0.52
9	Pneumonia >5 years	24718	0.37
10	TB Suspects	19591	0.30
11	Suspected Viral Hepatitis	14709	0.22
12	Suspected Measles	9153	0.14
13	Sexually Transmitted Infections	5667	0.09
14	Trachoma	4337	0.07
15	Cutaneous Leishmaniasis	3023	0.05
16	Suspected Meningitis	1275	0.02
17	Suspected Neonatal Tetanus	410	0.006
18	Acute Flaccid Paralysis	110	0.002
19	Suspected HIV/AIDS	0	0
Total		**1761992**	**26.68**

Acute Respiratory Infections and diarrhea/dysentery under and over 5 years constitute **19.71%** of these patients. Worm infestation stands at **87,012** with **1.32%** patients in 2nd quarter 2018. Suspected Malaria cases reported are **109,243** in figures and **(1.65%)** in percentile in 2nd quarter 2018. The department should take adopt programmatic approach to control the disease.
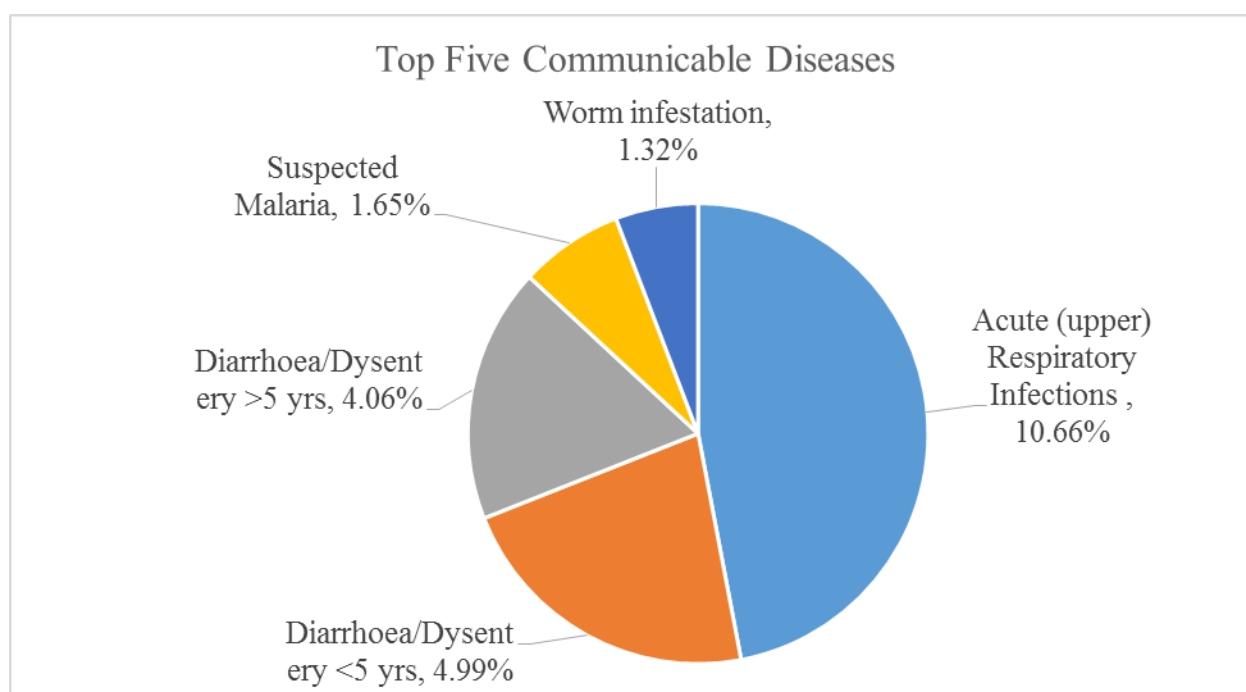
b. **NON-COMMUNICABLE DISEASES**

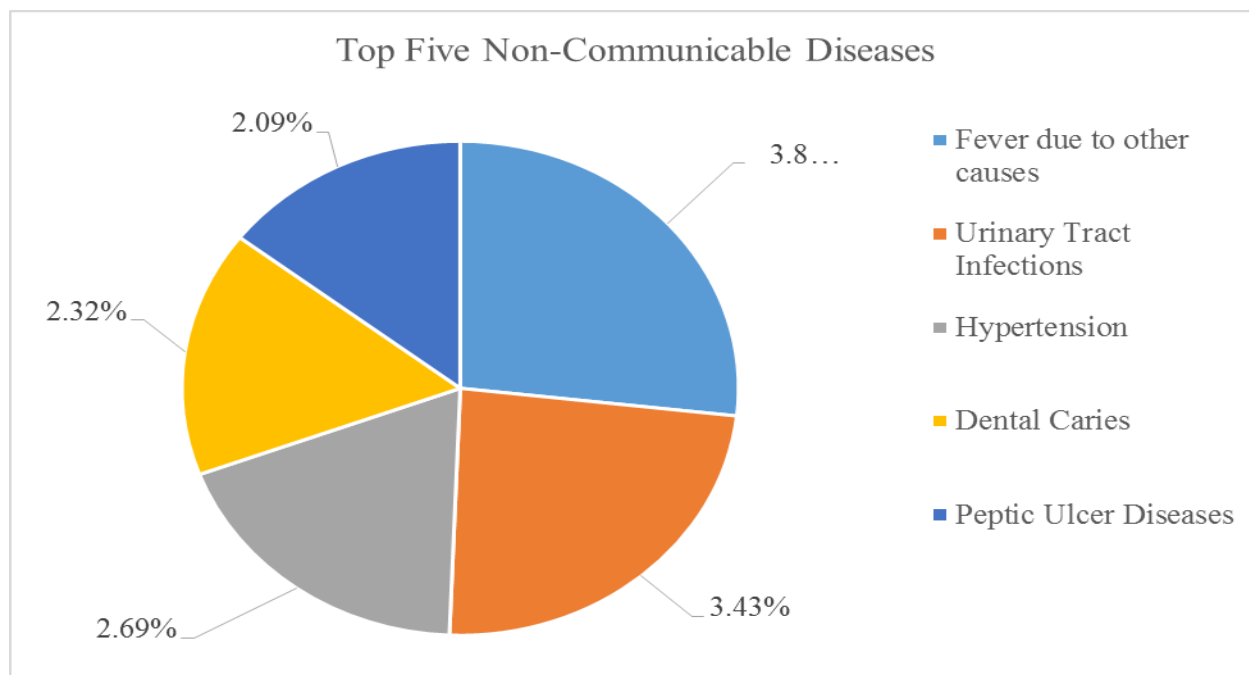A **non-communicable disease** (NCD) is a medical condition or **disease** that is not caused by infectious agents (**non**-infectious or **non**-transmissible). NCDs can refer to chronic **diseases** which last for long periods of time and progress slowly.
NCDs are the leading cause of death globally.
Table and Graph illustrates the trend of non-communicable diseases in Khyber Pakhtunkhwa province during 2nd quarter 2018

| Total OPD 2nd Quarter (April to June 2018)		6604602	
S.No	Disease	Total	%age
1	Fever due to other causes	254409	3.85
2	Urinary Tract Infections	226320	3.43
3	Hypertension	177624	2.69
4	Dental Caries	153054	2.32
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7	Road traffic accidents	68004	1.03
8	Otitis Media	60065	0.91
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20	Drug Dependence	5918	0.09
21	Epilepsy	5025	0.07
22	Glaucoma	2885	0.04
23	Nephritis/Nephrosis	2722	0.04
24	Cirrhosis of Liver	2325	0.03
	Total	1471316	22.28

The fever due to other causes and Urinary Tract Infections in table stands at **254,409 (3.85%)** and **218,730 (3.35%)** in 2nd quarter 2018.

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Top Five Non-Communicable Diseases

2.09%
3.8…
2.32%
2.69%
3.43%

- Fever due to other causes
- Urinary Tract Infections
- Hypertension
- Dental Caries
- Peptic Ulcer Diseases

6. Lab Services Utilization for Out Door Patients

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

# of OPD Patients	6,617,844
Lab Investigation	18.39%
X-Rays	3.63%
Ultrasonography	2.14%
ECG	1.04%
CT Scan	0.08%

Lab Services Utilization for Out Patients

- ECG 1.04
- CT Scan 0.08
- Ultrasonographies 2.14
- X-Rays 3.63
- Lab Investigation 18.39
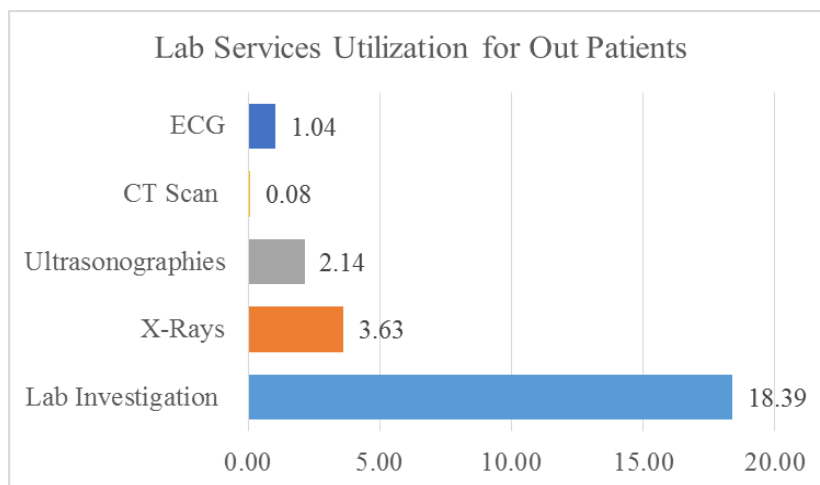
The graph reflects the figures and show quality of care in terms of utilization of investigation services.

7. Lab Services Utilization for In Door Patients

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

No. of Admissions	166,797
Lab Investigation	150.25%
X-Rays	22.5%
Ultrasonography	17.04%
ECG	7.13%
CT Scan	7.02%

Lab Services Utilization for In Door Patients

- ECG 7.02
- CT Scan 7.13
- Ultrasonographies 17.04
- X-Rays 22.5
- Lab Investigation 150.25
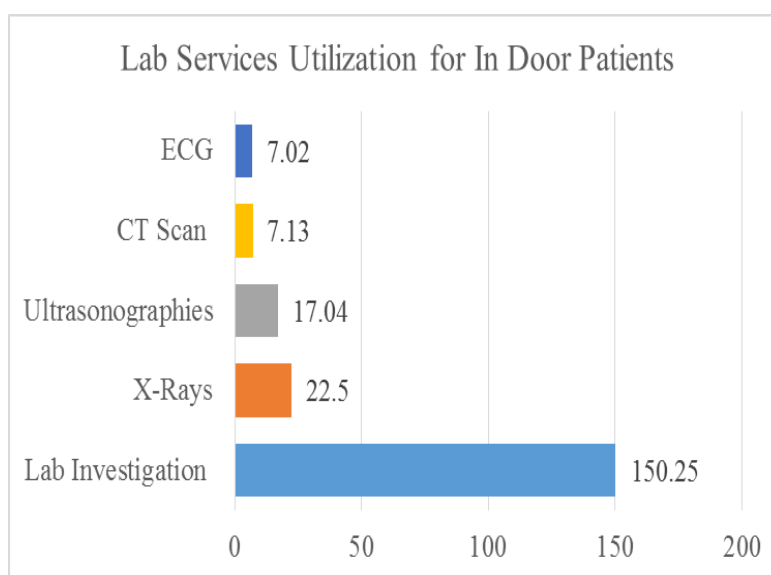
8. Average number of Antenatal Care Services in the Facility

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

This indicator indicates that how many pregnant women in the catchment area population are covered through the facility for antenatal care services. It reflects the integrity of referral linkages between LHW and the facility based health care providers, the extent of mobilization of pregnant women or their families to utilize maternal health services from the government health facilities and or the trust of the community on the public health facilities/providers. It will also provide information about the registration of pregnant women in health facilities for availing the ANC-1 services.

S.No	District	Apr	May	Jun	Avg
1	Swat	8012	6245	8006	7421
2	Haripur	5724	5410	4224	5119
3	Mardan	5229	6769	3340	5113
4	Mansehra	4875	4800	3344	4340
5	Peshawar	3771	4259	3843	3958
6	Malakand	4378	3573	3239	3730
7	Battagram	4247	3490	2954	3564
8	Swabi	3570	4474	2631	3558
9	D.I. Khan	3717	3596	3198	3504
10	Dir Lower	3344	3298	2871	3171
11	Dir Upper	2947	2797	2671	2805
12	Charsadda	2925	3798	1668	2797
13	Nowshera	2756	2796	2312	2621
14	Kohat	2675	2730	2101	2502
15	Chitral	2668	2550	1841	2353
16	Lakki Marwat	2719	2232	1797	2249
17	Bannu	2116	2767	1468	2117
18	Buner	2018	2205	1495	1906
19	Abbottabad	1966	2036	1703	1902
20	Karak	2063	2192	1394	1883
21	Hangu	2858	1071	1216	1715
22	Tank	1691	1274	1428	1464
23	Shangla	1312	1408	1339	1353
24	Toor Ghar	268	254	200	241
25	Kohistan	192	141	193	175
	Total	**78041**	**76165**	**60476**	**71561**

Antenatal Care Services (Primary and Secondary Health Care)

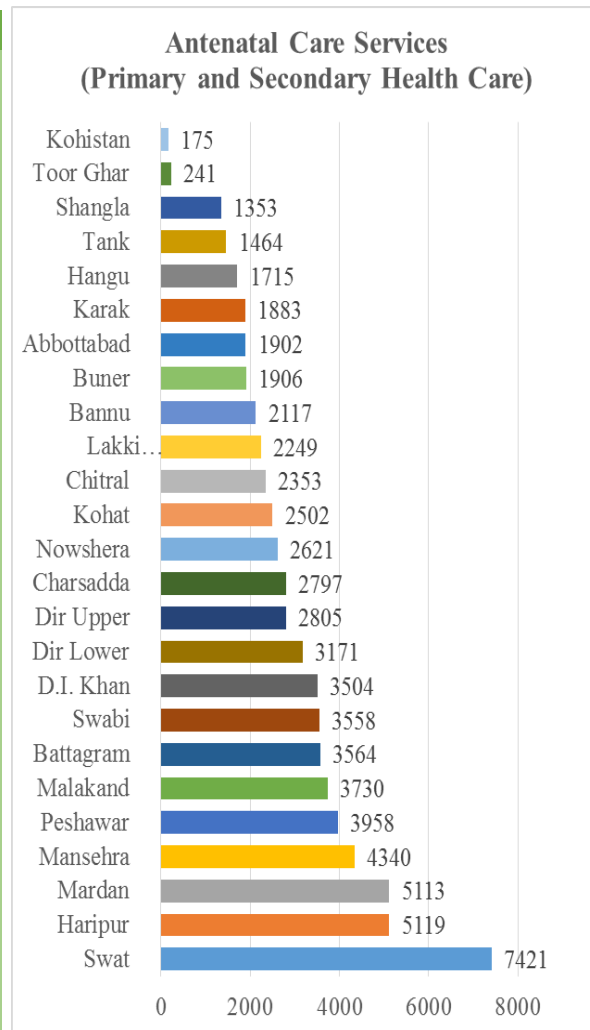| District	Value
Kohistan	175
Toor Ghar	241
Shangla	1353
Tank	1464
Hangu	1715
Karak	1883
Abbottabad	1902
Buner	1906
Bannu	2117
Lakki…	2249
Chitral	2353
Kohat	2502
Nowshera	2621
Charsadda	2797
Dir Upper	2805
Dir Lower	3171
D.I. Khan	3504
Swabi	3558
Battagram	3564
Malakand	3730
Peshawar	3958
Mansehra	4340
Mardan	5113
Haripur	5119
Swat	7421

Table and Graph illustrates the statistical analysis about data regarding First Antenatal care services (ANC-1) in government health facilities. District Kohistan and Tor Ghar show worst performance with an **average 241** and **175** ANC-1 coverage in 2nd quarter 2018.

Swat, Haripur, Mardan, Mansehra and Peshawar are the top performer among 25 districts 2nd Quarter 2018.

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

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

S.#	District	Apr	May	Jun	Avg
1	Swat	2420	1582	2689	2230
2	Bannu	1237	1320	1479	1345
3	Malakand	1418	1465	1144	1342
4	Mardan	1112	1041	1037	1063
5	Kohat	850	954	1035	946
6	Peshawar	860	898	1053	937
7	Abbottabad	827	870	818	838
8	Swabi	738	969	808	838
9	Dir Lower	403	339	1642	795
10	Buner	695	817	857	790
11	Haripur	712	765	785	754
12	Charsadda	933	214	959	702
13	Chitral	683	668	739	697
14	Dir Upper	719	503	775	666
15	Mansehra	633	646	640	640
16	Battagram	564	570	622	585
17	Karak	384	460	422	422
18	Shangla	361	395	416	391
19	Lakki Marwat	361	447	356	388
20	Hangu	322	404	403	376
21	Nowshera	313	350	361	341
22	Tank	261	210	244	238
23	D.I. Khan	244	189	214	216
24	Kohistan	88	85	124	99
25	Toor Ghar	33	43	44	40
	Total	**17171**	**16204**	**19666**	**17680**

District Swat is on top position of all 25 districts with number of average deliveries **2230** in government health facilities in the quarter. Districts Bannu, Malakand, Mardan, Kohat and Peshawar reported **1345, 1342, 1063, 946 and 937** average numbers of deliveries conducted in the government health facilities thereby giving best performance.

The poor arrangement in primary and secondary health facilities in government sector and tertiary care hospitals needs to be improved. Figures from tertiary hospitals are not added to these figures; if added these figures will change significantly.

MTI Hospitals are not included in this list.
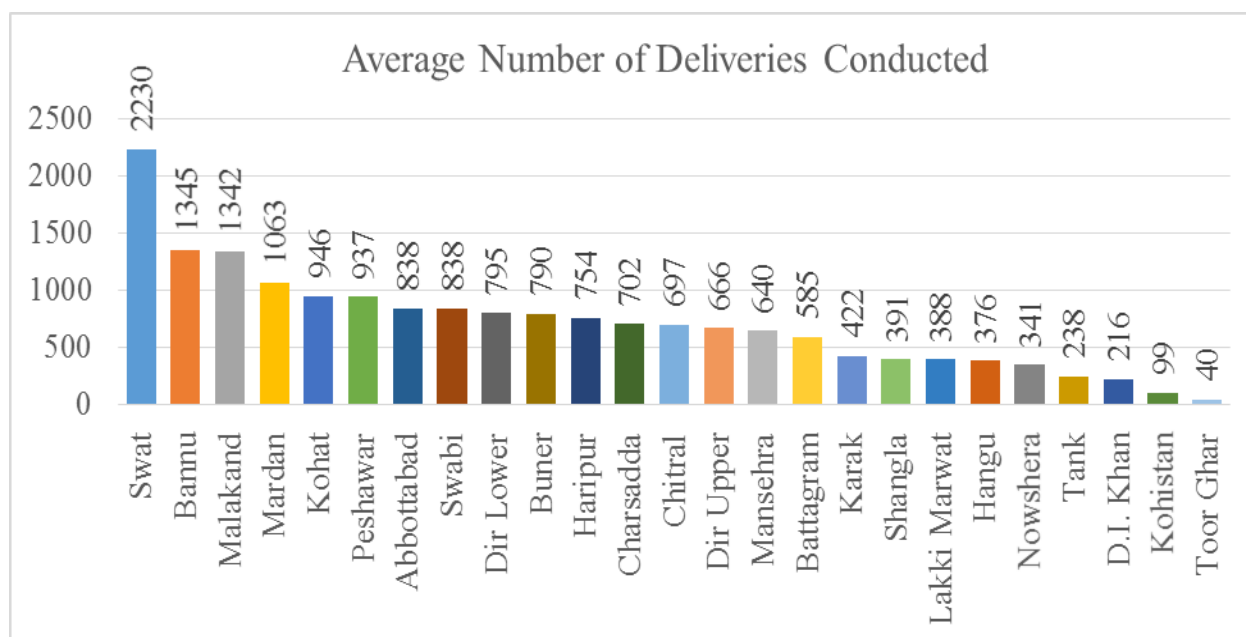
10. Health Facility-wise Number of Deliveries

This indicator reflects health facilities wise number of deliveries and the DHQ hospital stand **19,180**, which is **79%** of the total, THQ **3,995** (**16%**), RHC reports **1055** (**4%**), and BHUs reports only **162 (1%)** deliveries.

Deliveries in DHQ	Deliveries in THQ	Deliveries in RHC	Deliveries in BHU
18,958	3916	1437	160

W&C Hospital and DHQ Hospital (MTI) Bannu not reported data.
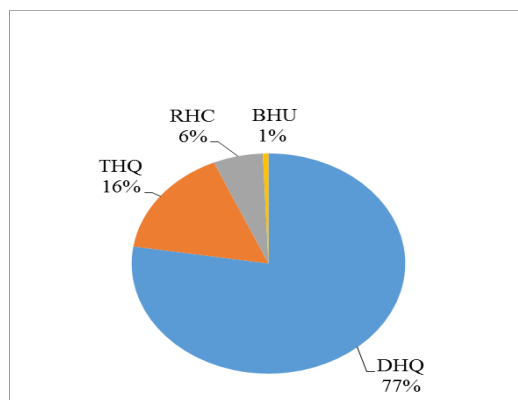
## 11. Anemia among Women Coming for ANC-1 in Govt: Health Facilities (in %age)

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

S.No	DISTRICT	(ANC-1) visits in the facility	women with Hb. under 10 g/dl	%age
1	Haripur	15358	9529	62
2	Battagram	10691	3477	33
3	Mansehra	13019	3810	29
4	Chitral	7059	1775	25
5	Nowshera	7864	1535	20
6	Tank	4393	850	19
7	Malakand	11190	2137	19
8	Peshawar	11873	2247	19
9	Swabi	10675	1665	16
10	Lakki Marwat	6748	861	13
11	Shangla	4059	507	12
12	Abbottabad	5705	701	12
13	Charsadda	8391	972	12
14	Mardan	15338	1652	11
15	D.I. Khan	10511	1005	10
16	Buner	5718	498	9
17	Karak	5649	412	7
18	Swat	22263	1598	7
19	Dir Upper	8415	590	7
20	Bannu	6351	390	6
21	Kohat	7506	350	5
22	Dir Lower	9513	385	4
23	Toor Ghar	722	25	3
24	Kohistan	526	13	2
25	Hangu	5145	126	2
	Total	**214682**	**37110**	**17**

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

| 85% women coming (ANC-1) visit have Hb > 10g/dl	15% women coming (ANC-1) visit have Hb < 10g/dl
214682	37110

This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities. First ANC in the facilities is 86% with greater than Hb and the women with Hb under 10g/dl are 14%.
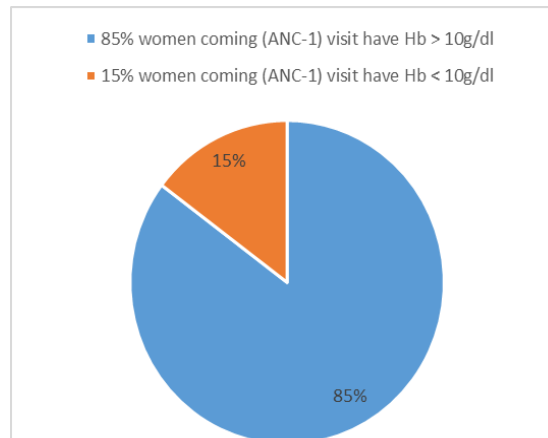
## 12. Family Planning Visits 16% of the Total Population

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

S. No	DISTRICT	Population	16% of Total Population	FP Visits	%age
1	Chitral	447362	17894	5679	31.7
2	Battagram	476612	19064	3393	17.8
3	Bannu	1167892	46716	7302	15.6
4	Swat	2309570	92383	10161	11.0
5	Shangla	757810	30312	2805	9.3
6	Mansehra	1556460	62258	5633	9.0
7	Malakand	720295	28812	2311	8.0
8	Kohat	993874	39755	3093	7.8
9	Nowshera	1518540	60742	4570	7.5
10	Charsadda	1616198	64648	4837	7.5
11	Tank	391885	15675	1134	7.2
12	Haripur	1003031	40121	2757	6.9
13	Peshawar	4269079	170763	11593	6.8
14	Dir Upper	946421	37857	2517	6.6
15	Buner	897319	35893	2319	6.5
16	Toor Ghar	171395	6856	399	5.8
17	Hangu	518798	20752	1173	5.7
18	Lakki Marwat	876182	35047	1950	5.6
19	Swabi	1624616	64985	3040	4.7
20	D.I. Khan	1627132	65085	2698	4.1
21	Mardan	2373061	94922	3263	3.4
22	Abbottabad	1332912	53316	1627	3.1
23	Karak	706299	28252	852	3.0
24	Dir Lower	1435917	57437	1731	3.0
25	Kohistan	784711	31388	132	0.4
	Total	**30523371**	**1220935**	**86969**	**7.1**
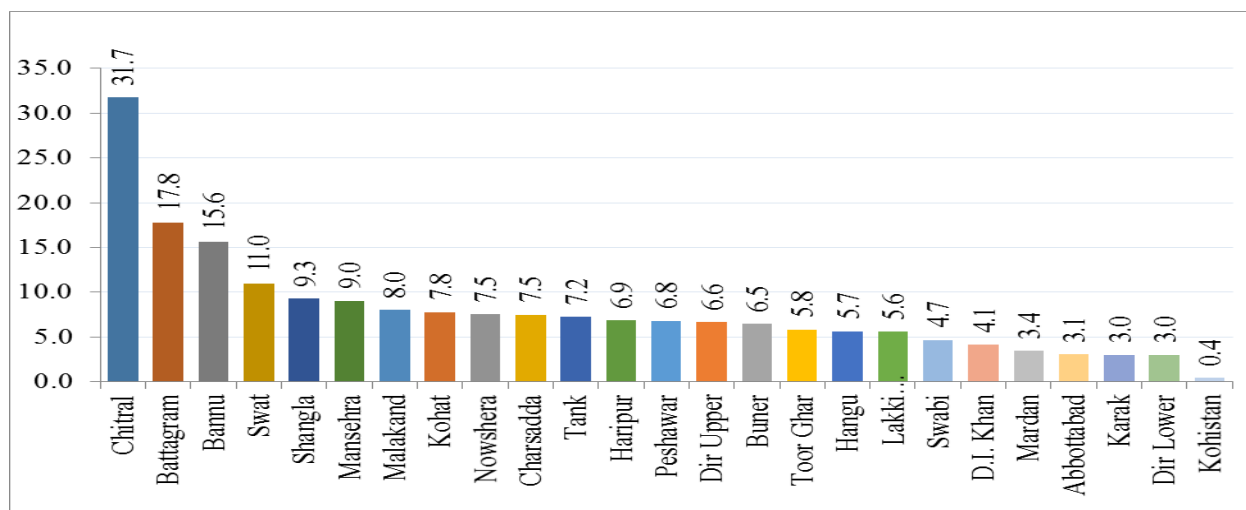
13. Family Planning Services & Commodities Provided

COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
33608	6582	24623	2919	122359	6854	1118	1	294
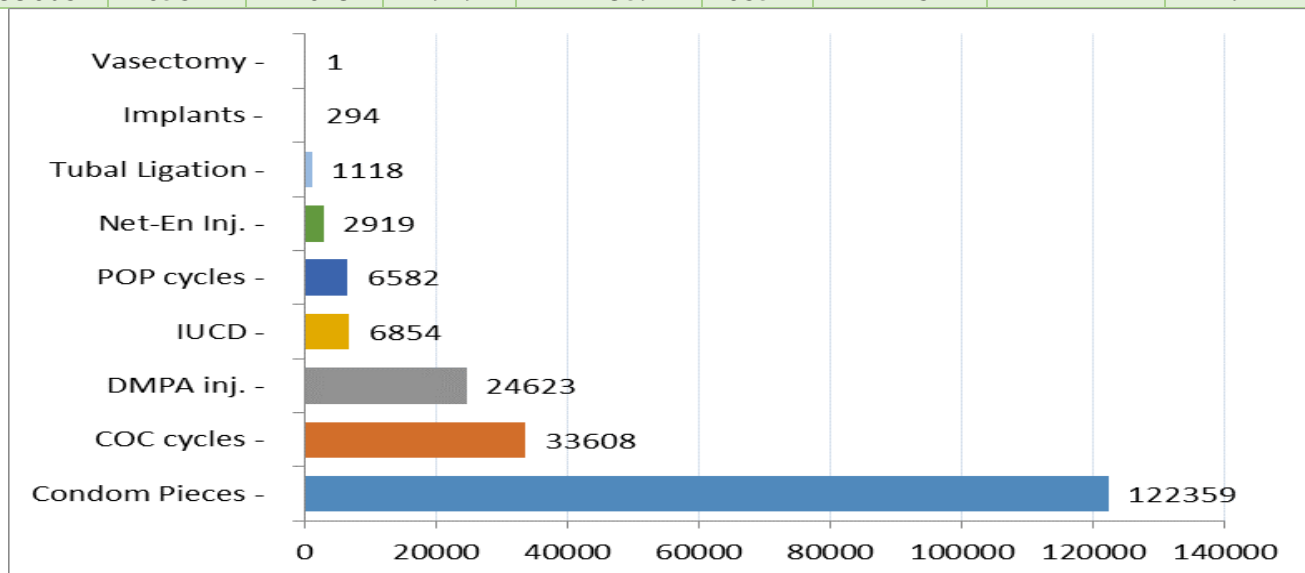
DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bannu	2848	328	1787	4	4767	141	0	0	0
D.I. Khan	1139	88	920	58	5019	211	0	0	0
Lakki Marwat	724	154	686	19	2761	168	6	0	1
Tank	661	6	412	0	1274	189	0	0	0
Abbottabad	571	25	541	85	1411	126	0	0	0
Haripur	1635	158	896	21	8993	223	5	0	0
Kohistan	40	28	60		163				
Mansehra	1079	92	1465	126	5402	429	19	0	42
Battagram	1675	226	1181	36	4724	266	6	0	0
Tor Ghar	286	2	98	2	764	0	0	0	0
Karak	244	2	322	40	156	119	0	0	0

Kohat	1269	274	1079	0	13851	561	104	0	55
Hangu	733	1590	171	448	2554	42	0	0	0
Buner	1145	346	791	54	2837	136	11	0	8
Chitral	665	629	1382	765	3799	62	31	0	0
Dir Lower	359	244	479	4	389	38	0	0	7
Malakand	758	150	926	4	3562	149	31	0	4
Swat	4167	441	2671	469	16041	735	67	0	26
Dir Upper	1678	389	722	69	259	140	0	0	0
Shangla	2628	507	1184	7	5616	94	2	0	0
Mardan	2145	74	1189	2	3665	131	53		16
Swabi	1864	118	653	226	26065	575	20	0	16
Charsadda	1436	137	1524	36	795	567	538	0	11
Nowshera	1541	72	1604	65	1357	1481	18	0	102
Peshawar	2318	502	1880	379	6135	271	207	1	6
Total	33608	6582	24623	2919	122359	6854	1118	1	294

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

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

Some of the couple preferred to take other family planning services i.e. COC cycles, POP Cycles or DPMA injections etc.

14. Immunization Status

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.
**Immunization** is a proven tool for controlling and eliminating life-threatening infectious diseases. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.

a. Children under 12 m received 3rd Pentavalent vaccine

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

S#	DISTRICT	Population	Expected Children	Children under received 3rd Pentavalent vaccine	%age
1	Buner	897319	6506	7180	110
2	Haripur	1003031	7272	7542	104
3	Malakand	720295	5222	5218	100
4	Swat	2309570	16744	15908	95
5	Mansehra	1556460	11284	10655	94

| 6	Mardan	2373061	17205	16213	94
7	Abbottabad	1332912	9664	8972	93
8	Swabi	1624616	11778	10813	92
9	Battagram	476612	3455	3151	91
10	Dir Upper	946421	6862	6176	90
11	Dir Lower	1435917	10410	9220	89
12	Chitral	447362	3243	2869	88
13	Shangla	757810	5494	4622	84
14	Bannu	1167892	8467	6897	81
15	Tor Ghar	171395	1243	1009	81
16	D.I. Khan	1627132	11797	9167	78
17	Charsadda	1616198	11717	8777	75
18	Hangu	518798	3761	2817	75
19	Nowshera	1518540	11009	7356	67
20	Peshawar	4269079	30951	19900	64
21	Karak	706299	5121	3223	63
22	Kohat	993874	7206	4441	62
23	Tank	391885	2841	1559	55
24	Lakki Marwat	876182	6352	3175	50
25	Kohistan	784711	5689	945	17
	Total	**30523371**	**221294**	**177805**	**80**
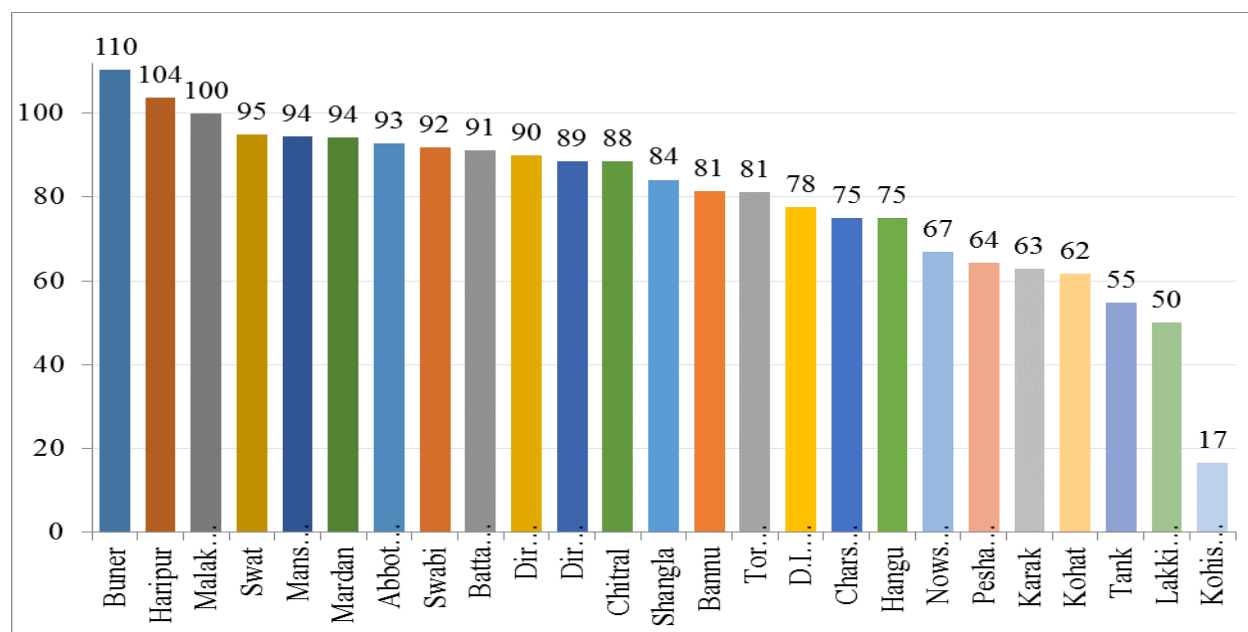
b. Children under 12 Months received 1st Measles vaccine

Measles, also known as morbilli, rubeola or red measles, is a highly contagious infection caused by the measles virus Measles is an airborne disease which spreads easily through the coughs and sneezes of those infected. Testing for the virus in suspected cases is important for public health efforts.

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

S#	DISTRICT	Population	Expected Children	Children <12 m received 1st Measles vaccine	%age
1	Haripur	1003031	7272	8026	110
2	Buner	897319	6506	7015	108
3	Malakand	720295	5222	5268	101
4	Tor Ghar	171395	1243	1218	98
5	Swabi	1624616	11778	11046	94
6	Swat	2309570	16744	15409	92
7	Dir Upper	946421	6862	6213	91
8	Chitral	447362	3243	2920	90
9	Abbottabad	1332912	9664	8662	90
10	Mardan	2373061	17205	15265	89
11	Mansehra	1556460	11284	9885	88
12	Hangu	518798	3761	3134	83
13	Dir Lower	1435917	10410	8648	83
14	Battagram	476612	3455	2852	83
15	Shangla	757810	5494	4293	78
16	Charsadda	1616198	11717	9153	78
17	Bannu	1167892	8467	6116	72
18	D.I. Khan	1627132	11797	8188	69
19	Nowshera	1518540	11009	6725	61
20	Kohat	993874	7206	4294	60
21	Tank	391885	2841	1670	59
22	Karak	706299	5121	2848	56
23	Peshawar	4269079	30951	16674	54
24	Lakki Marwat	876182	6352	3368	53
25	Kohistan	784711	5689	1023	18
	Total	**30523371**	**221294**	**169913**	**77**
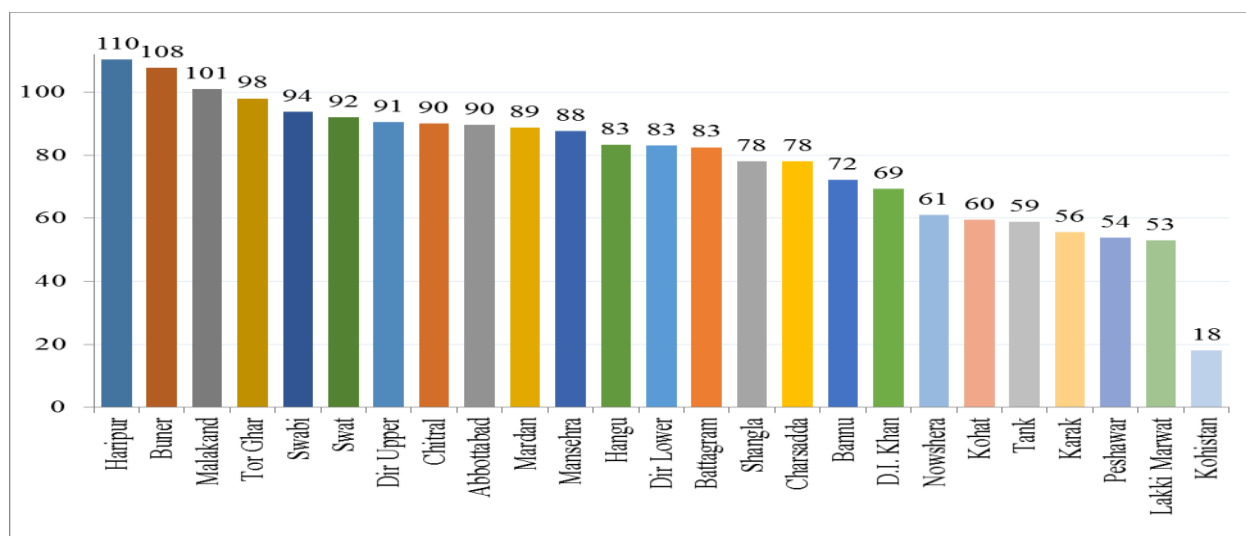
c. Children Under 12 Months Fully Immunized

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

| S#	DISTRICT	Population	Expected Children	Children < 12 m fully Immunized	%age
1	Buner	897319	6506	6695	103
2	Malakand	720295	5222	5164	99
3	Haripur	1003031	7272	7062	97
4	Chitral	447362	3243	2871	89
5	Dir Upper	946421	6862	6060	88
6	Abbottabad	1332912	9664	8501	88
7	Mansehra	1556460	11284	9785	87
8	Mardan	2373061	17205	14488	84
9	Swabi	1624616	11778	9621	82
10	Swat	2309570	16744	13458	80
11	Dir Lower	1435917	10410	8235	79
12	Battagram	476612	3455	2687	78
13	Charsadda	1616198	11717	8703	74
14	Shangla	757810	5494	4005	73
15	Tor Ghar	171395	1243	889	72
16	Hangu	518798	3761	2581	69
17	Bannu	1167892	8467	5511	65
18	D.I. Khan	1627132	11797	7276	62
19	Nowshera	1518540	11009	6549	59
20	Kohat	993874	7206	4209	58
21	Karak	706299	5121	2848	56
22	Peshawar	4269079	30951	16477	53
23	Tank	391885	2841	1189	42
24	Lakki Marwat	876182	6352	1673	26
25	Kohistan	784711	5689	718	13
	Total	**30523371**	**221294**	**157255**	**71**
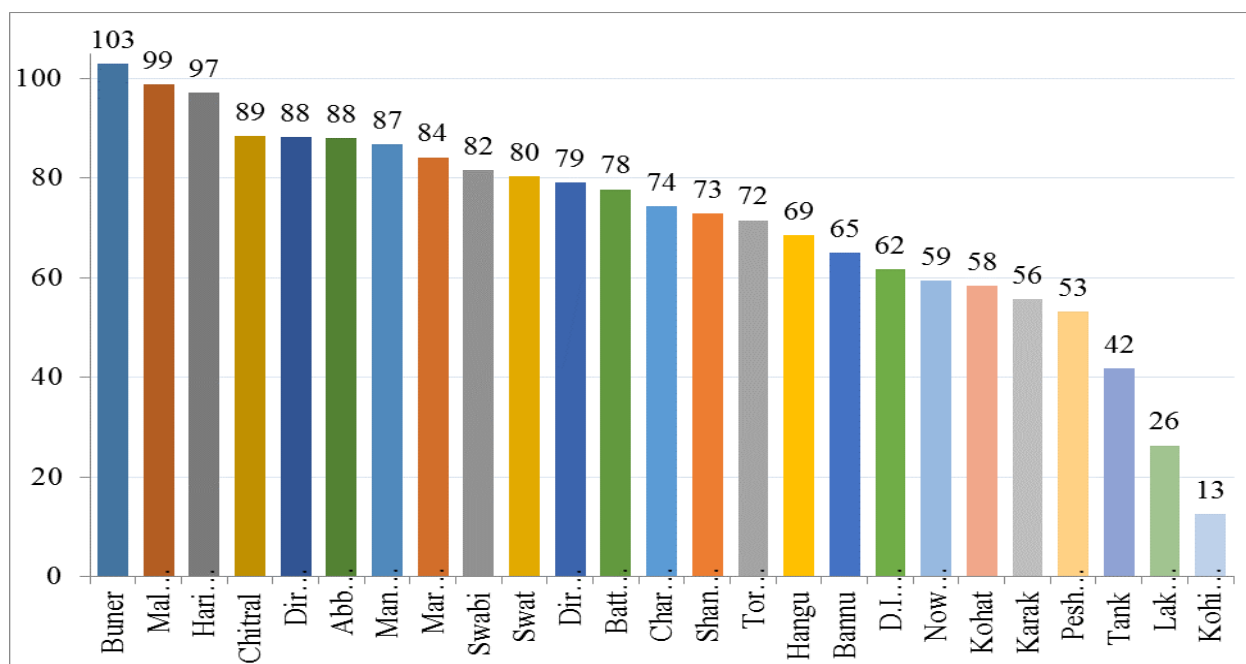
d. Pregnant Women Received TT-2 Vaccine

During 1st quarter 2018, out of **259,449** expected pregnant women, **126,981** (**49%**) women received **TT-2** vaccination. Among districts there is a variation that ranges from **86% to 12%**. Most of the districts fall under **70% to 30%**.

S#	DISTRICT	Population	Expected Pregnancy	Pregnant women received TT-2 vaccine	%age
1	Malakand	720295	6123	4723	77
2	Haripur	1003031	8526	5703	67
3	Swat	2309570	19631	12840	65
4	Buner	897319	7627	4799	63
5	Chitral	447362	3803	2338	61
6	Dir Upper	946421	8045	4887	61
7	Mardan	2373061	20171	12002	60
8	Abbottabad	1332912	11330	6679	59
9	Swabi	1624616	13809	8028	58
10	Dir Lower	1435917	12205	6514	53
11	Charsadda	1616198	13738	7186	52
12	Mansehra	1556460	13230	6847	52
13	Battagram	476612	4051	2051	51
14	D.I. Khan	1627132	13831	6581	48
15	Tank	391885	3331	1463	44
16	Bannu	1167892	9927	4329	44
17	Shangla	757810	6441	2404	37
18	Nowshera	1518540	12908	4404	34
19	Karak	706299	6004	1990	33
20	Peshawar	4269079	36287	11510	32

21	Kohat	993874	8448	2657	31
22	Hangu	518798	4410	1306	30
23	Lakki Marwat	876182	7448	2037	27
24	Tor Ghar	171395	1457	286	20
25	Kohistan	784711	6670	496	7
	Total	**30523371**	**259449**	**124060**	**48**
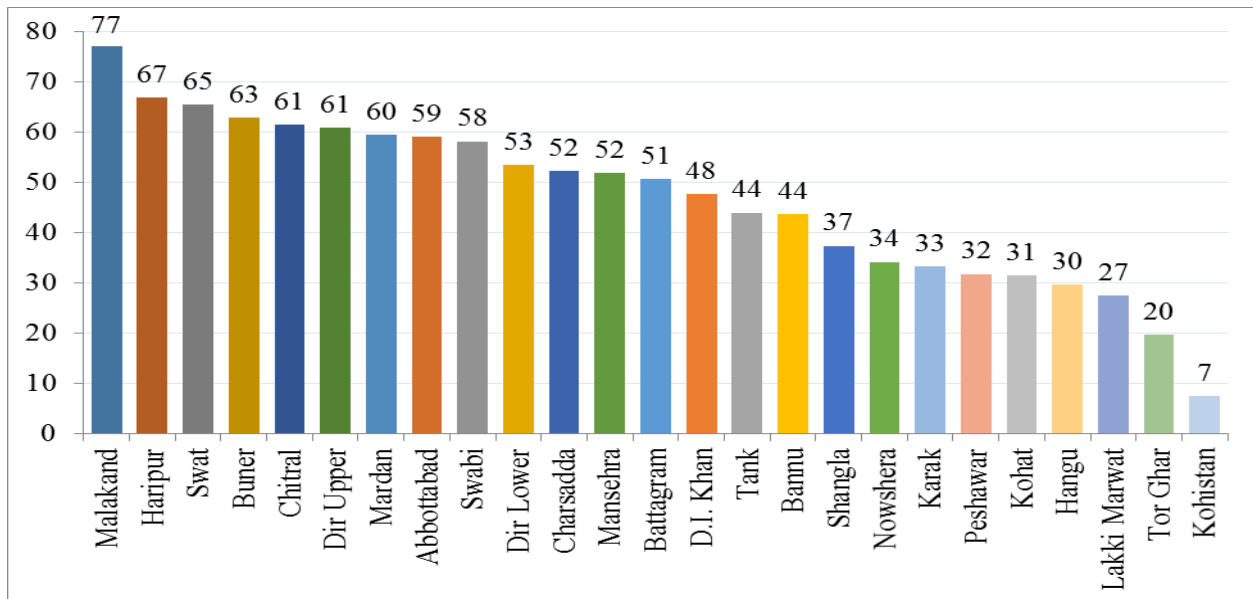
15. Malaria Cases Slide Positivity Rate

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

a. Malaria Parasite

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

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

Malaria parasites are spread by bites from infected mosquitoes. **Mosquirix** a recombinant protein-based malaria vaccine) relies on a single protein from the **malaria parasite** to induce immunity.

S. No	DISTRICT	Slides examined	Slides MP +ve	%age
1	Dir Lower	6849	1238	18
2	Tank	4019	598	15
3	D.I. Khan	13153	1822	14
4	Swat	6439	751	12
5	Swabi	2268	246	11
6	Nowshera	4228	448	11
7	Hangu	4348	456	10
8	Buner	10134	1008	10
9	Shangla	1415	132	9

| 10	Lakki Marwat	8266	723	9
11	Bannu	10041	847	8
12	Mardan	12887	1002	8
13	Kohistan	44	3	7
14	Karak	4720	302	6
15	Kohat	8395	513	6
16	Dir Upper	4719	265	6
17	Abbottabad	165	9	5
18	Charsadda	10487	510	5
19	Chitral	2259	107	5
20	Peshawar	7389	313	4
21	Malakand	5463	203	4
22	Mansehra	489	14	3
23	Haripur	93	1	1
24	Battagram	1944	0	0
25	Tor Ghar	0	0	0
	Total	**130214**	**11511**	**9**
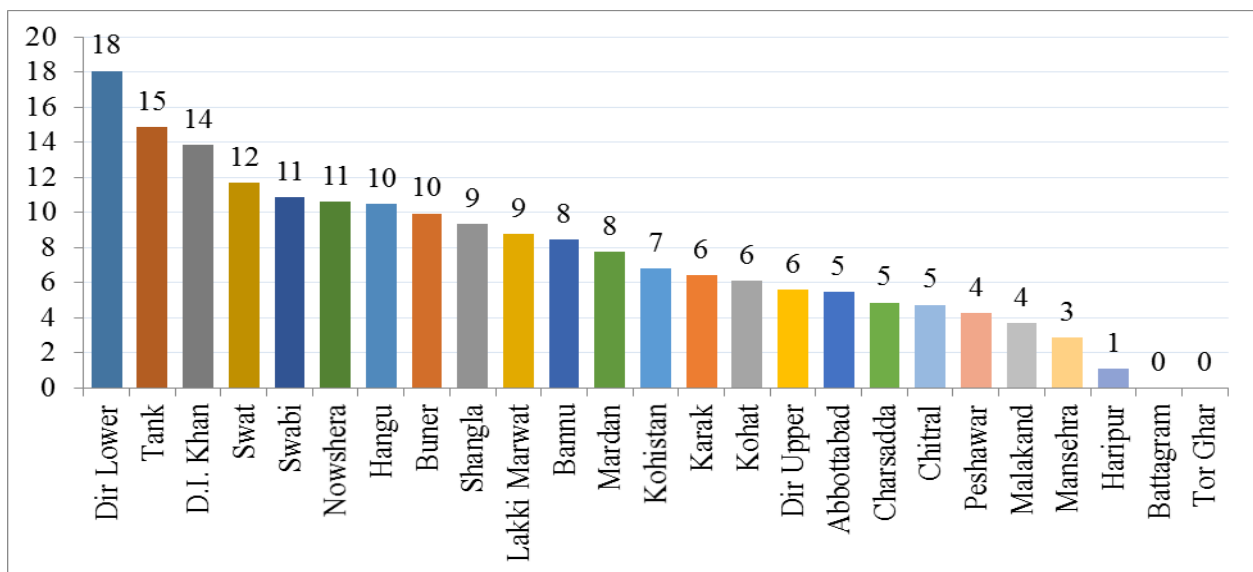
b. Plasmodium Falciparum Rate

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

S. No	DISTRICT	Slides examined	Slides P. Falciparum +ve	%age
1	Bannu	489	95	19.43
2	D.I. Khan	44	8	18.18
3	Lakki Marwat	165	4	2.42
4	Tank	2268	29	1.28
5	Abbottabad	93	1	1.08
6	Haripur	8266	47	0.57
7	Kohistan	1415	5	0.35
8	Mansehra	13153	42	0.32

9	Battagram	4720	15	0.32
10	Toor Ghar	8395	25	0.30
11	Karak	2259	6	0.27
12	Kohat	4019	8	0.20
13	Hangu	4228	8	0.19
14	Buner	12887	24	0.19
15	Chitral	10041	13	0.13
16	Dir Lower	7389	9	0.12
17	Malakand	10134	8	0.08
18	Swat	5463	4	0.07
19	Dir Upper	6439	4	0.06
20	Shangla	4348	2	0.05
21	Mardan	6849	2	0.03
22	Swabi	1944	0	0
23	Charsadda	0	0	0
24	Nowshera	4719	0	0
25	Peshawar	10487	0	0
	Total	**130214**	**359**	**0.28**

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

Plasmodium falciparum causes the most-often fatal and medically severe form of disease.
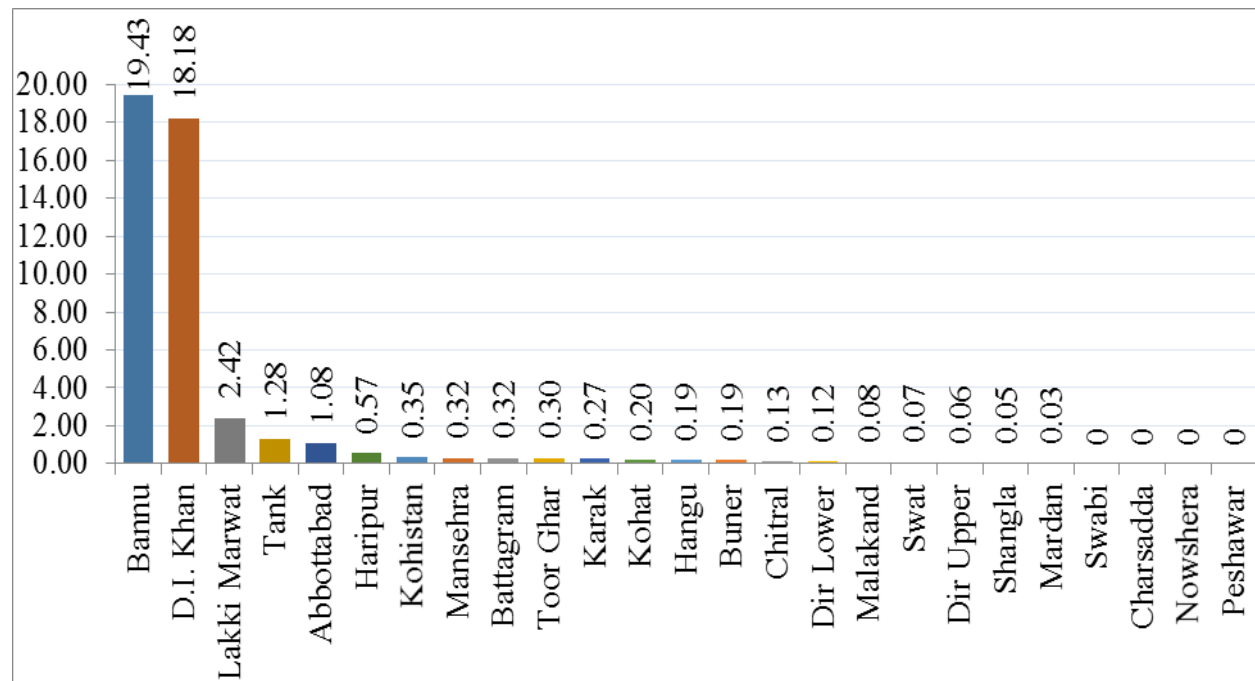
16. Intensive-Phase TB-DOTS Patients

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

| S#	DISTRICT	Intensive-phase TB-DOTS patients
1	Swat	1257
2	Battagram	1001
3	Bannu	567
4	Mardan	367
5	Mansehra	349
6	Dir Lower	346
7	Kohat	257
8	Shangla	256
9	Haripur	253
10	Lakki Marwat	250
11	Peshawar	206
12	Charsadda	196
13	Buner	188
14	Chitral	182
15	Hangu	167
16	Nowshera	156
17	Karak	112
18	Tank	106
19	Swabi	73
20	Kohistan	69
21	Dir Upper	66
22	D.I. Khan	46
23	Abbottabad	38
24	Malakand	18
25	Toor Ghar	0
	Total	**6526**
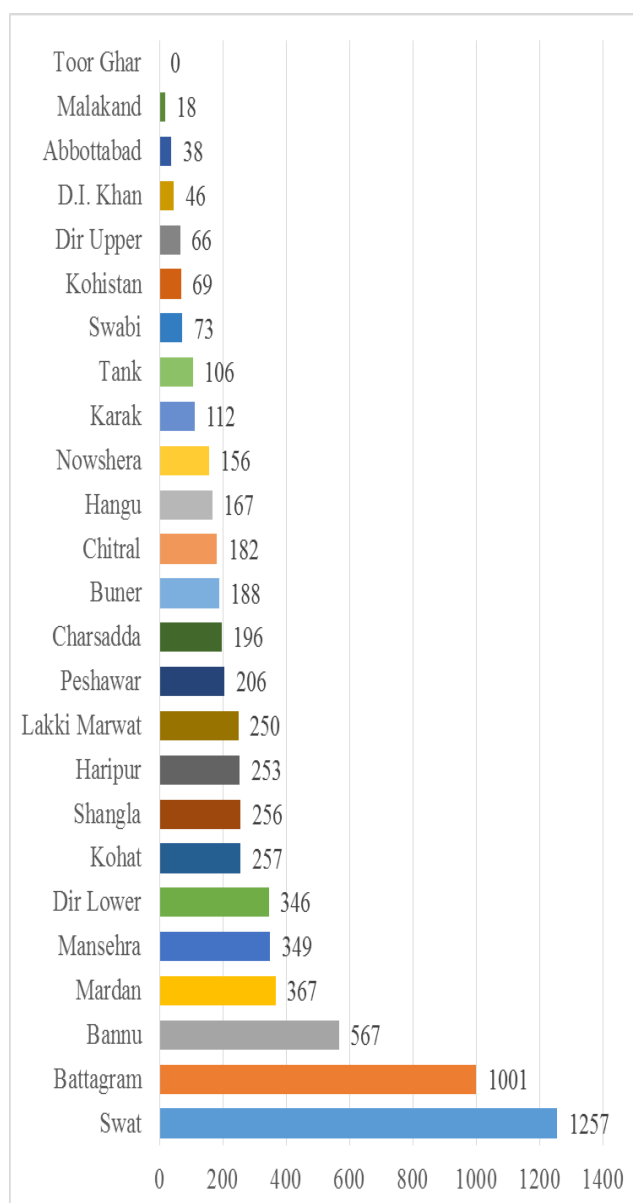
17. Proportion of Intensive phase TB-DOTS patients missing treatment >1 week

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

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

S#	DISTRICT	TB-DOTS patients missing treatment >1 week
1	Lakki Marwat	36
2	Nowshera	13
3	Haripur	11
4	Charsadda	10
5	Mansehra	7
6	Buner	3
7	Peshawar	1
8	Bannu	0
9	D.I. Khan	0
10	Tank	0
11	Abbottabad	0
12	Kohistan	0
13	Battagram	0
14	Toor Ghar	0
15	Karak	0
16	Kohat	0
17	Hangu	0
18	Chitral	0
19	Dir Lower	0
20	Malakand	0
21	Swat	0
22	Dir Upper	0
23	Shangla	0
24	Mardan	0
25	Swabi	0
Total		**81**
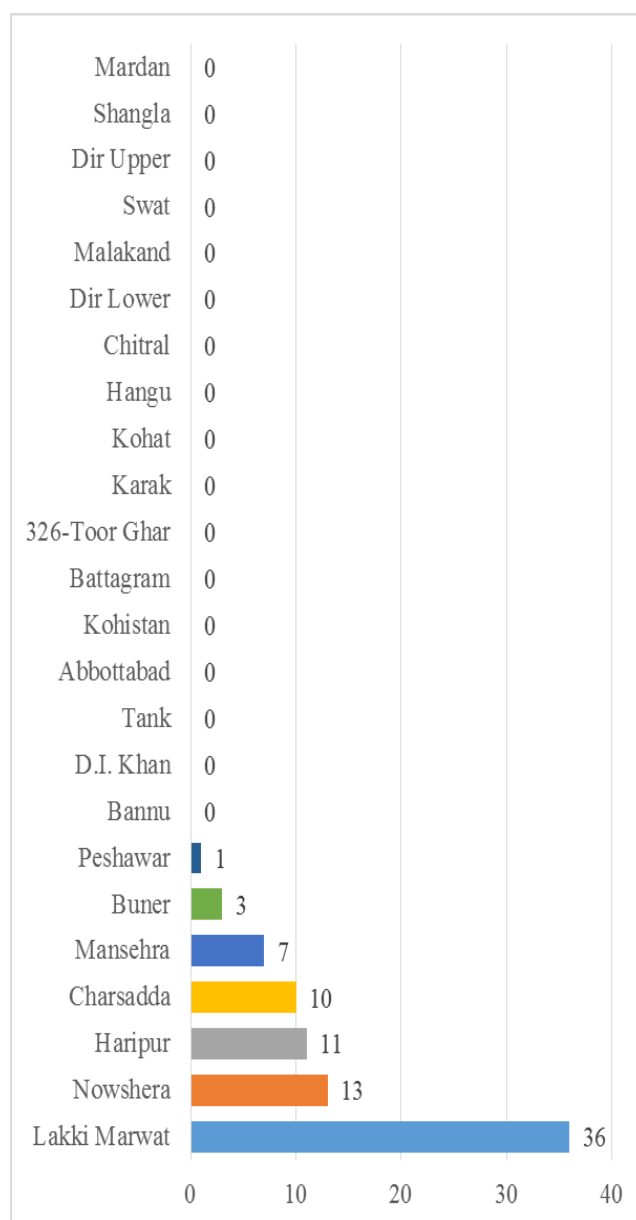
18. Mortality Rate

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

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

a. Neonatal Deaths in the Facilities

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

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

[Over Neonatal Mortality Rate is 15 of the province]

| S#	District	Live Birth	Neonatal Death	%age
1	Haripur	2238	220	98
2	Bannu	3976	289	73
3	Mansehra	1877	41	22
4	Kohat	2731	49	18
5	Malakand	3987	65	16
6	Chitral	2058	24	12
7	Swabi	2432	21	9
8	Toor Ghar	118	1	8
9	Abbottabad	2480	20	8
10	Swat	6606	46	7
11	Battagram	1718	9	5
12	Nowshera	1022	4	4
13	Dir Upper	1979	7	4
14	Charsadda	2090	4	2
15	D.I. Khan	645	0	0
16	Lakki Marwat	1150	0	0
17	Tank	693	0	0
18	Kohistan	297	0	0
19	Karak	1262	0	0
20	Hangu	1117	0	0
21	Buner	2327	0	0
22	Dir Lower	2187	0	0
23	Shangla	1127	0	0
24	Mardan	3138	0	0
25	Peshawar	2803	0	0
	Total	**52058**	**800**	**15**
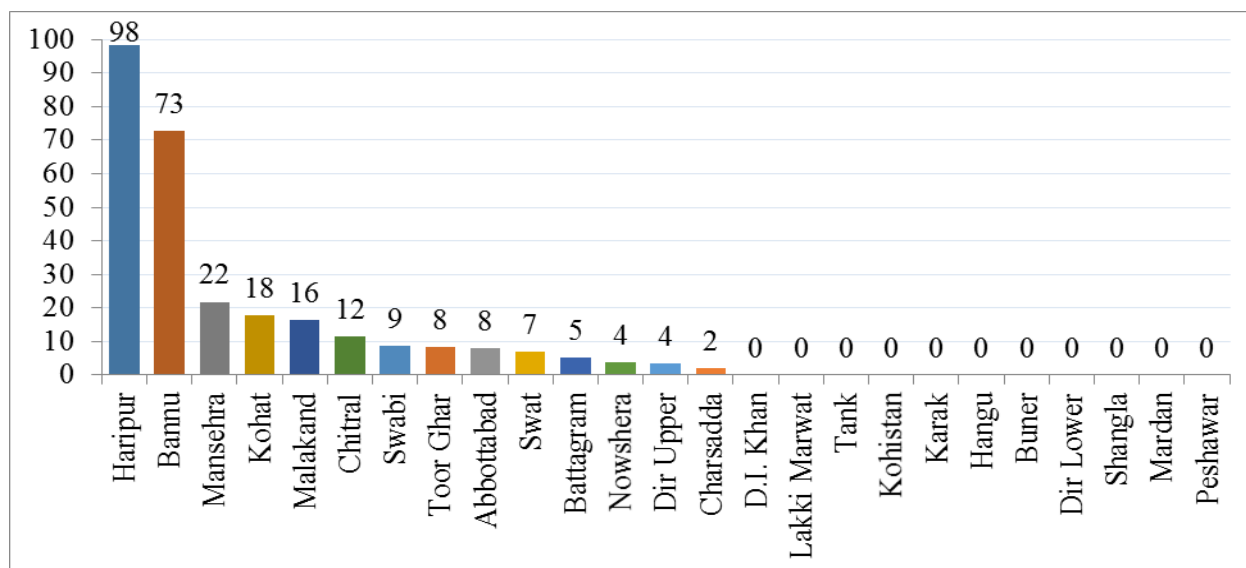
b. Maternal Mortality Rate per 100,000 Population (Reported by LHW)

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

[Over Maternal Mortality Rate is 138 of the province]

S. No	DISTRICT	Delivery by skilled persons reported	Maternal deaths reported	%age
1	Dir Upper	146	1	685
2	Nowshera	2422	13	537
3	Mansehra	3999	11	275
4	D.I. Khan	2357	6	255
5	Shangla	455	1	220
6	Abbottabad	4618	10	217
7	Bannu	2200	4	182
8	Buner	1114	2	180
9	Tank	652	1	153
10	Mardan	5434	8	147
11	Swat	6650	8	120
12	Chitral	1836	2	109
13	Peshawar	5979	3	50
14	Swabi	2536	1	39
15	Charsadda	2984	1	34
16	Lakki Marwat	643	0	0
17	Haripur	3022	0	0
18	Kohistan	6	0	0
19	Battagram	344	0	0
20	Toor Ghar	0	0	0
21	Karak	837	0	0
22	Kohat	761	0	0
23	Hangu	300	0	0
24	Dir Lower	562	0	0
25	Malakand	2141	0	0
	Total	**51998**	**72**	**138**

Districts Lakki Marwat to Malakand reported zero (0) Maternal deaths in their respective districts in quarter.
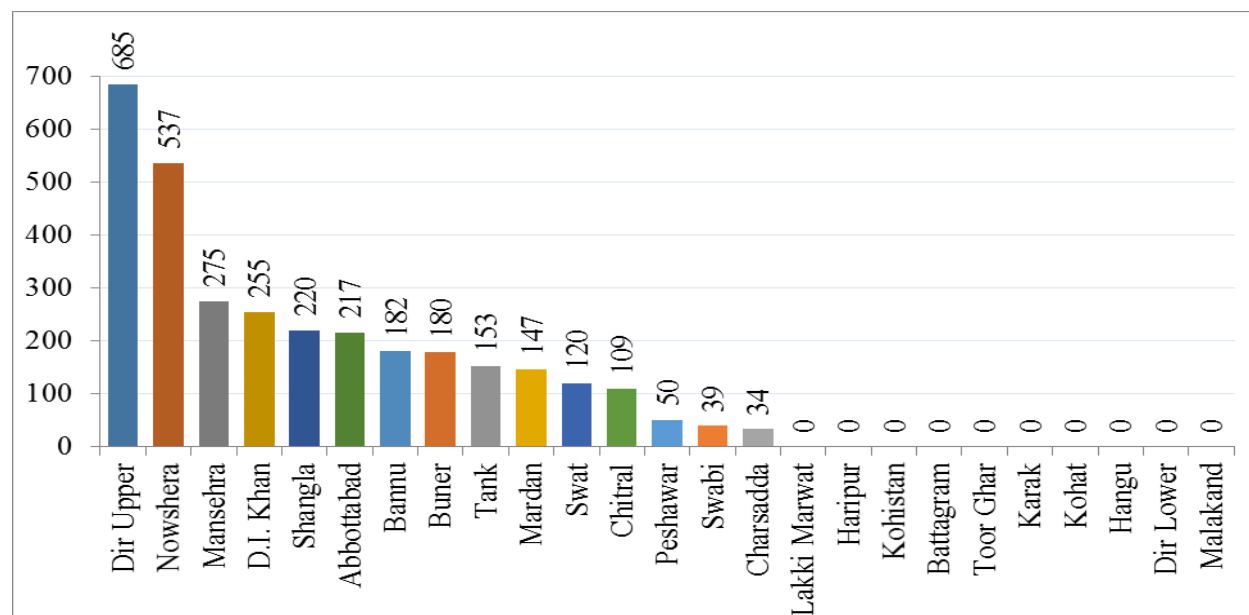
c. Infant Mortality Rate per 1000 Population (Reported by LHW)

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

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

[Over all Infant Mortality Rate is 17 of the province]

S. No	DISTRICT	Delivery by skilled persons reported	Infant deaths reported	%age
1	Dir Upper	146	9	62
2	Tank	652	25	38
3	Swabi	2536	94	37
4	Nowshera	2422	75	31
5	Mansehra	3999	113	28
6	Kohat	761	16	21
7	Abbottabad	4618	90	19
8	Chitral	1836	34	19
9	Karak	837	15	18
10	Peshawar	5979	102	17
11	Buner	1114	18	16
12	Charsadda	2984	47	16
13	Swat	6650	96	14
14	Bannu	2200	30	14
15	Lakki Marwat	643	8	12
16	Malakand	2141	20	9
17	D.I. Khan	2357	22	9
18	Shangla	455	3	7
19	Mardan	5434	33	6

20	Haripur	3022	18	6
21	Battagram	344	2	6
22	Kohistan	6	0	0
23	Toor Ghar	0	0	0
24	Hangu	300	0	0
25	Dir Lower	562	0	0
	Total	**51998**	**870**	**17**