DISTRICT
HEALTH
INFORMATION
SYSTEM

DHIS
DISTRICT HEALTH
INFORMATION SYSTEM

EVIDENCE BASED DECISION MAKING

1st Quarter
2015 ✔

2nd Quarter
2015 ✔

2nd Quarter Report 2015

DHIS - serving as **EYES & EARS** to Health Department

ACKNOWLEDGMENTS

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

Executive Summary

District Health Information System is serving as eyes and ears to Health Department. It indicates whether the health service delivery are improving or deteriorating. The provision of timely and effective healthcare services enables the decision makers to take optimal decisions in the best public interest.

Upgraded version of DHIS was implemented in all districts level by 2009-10.

In the 2nd quarter report of 2015, the important indicators are presented in the form of tables and graphics. Districts started reporting regularly on monthly basis according to DHIS reporting format.

The detailed analysis of 2nd quarter of 2015 data is presented in this report. The overall reporting compliance of the health facilities in Khyber Pakhunkhwa is 94% and the reporting compliance increased in this quarter as compared to first quarter.

The total OPD in 2nd quarter 2015 was 56.95 million **(April to June 2015).** Per capita OPD was 0.21% of the total OPD in 2nd quarter 2015. In Age and Gender wise analysis, the percentage of female patients were higher (59.25%) and the highest number of patients was reported in age group 15-49 years in which female were 48.88% and male were 30.90%.

Forty-three diseases are reported through DHIS online system. Out of 43 diseases, 19 are communicable and 24 non-communicable. The proportion of communicable disease was 59.57% while the non-communicable diseases were 40.43%.

Top ten diseases in Khyber Pakhtunkhwa Province, top five communicable and top five non-communicable diseases are shown in graphical representation in the report. Antenatal coverage is an indicator of access and utilization of health care services during pregnancy. During 2nd quarter 2015, the overall ANC-1 coverage in Khyber Pakhtunkhwa was 75.17% of the total expected population (3.4%). Out of total ANC-1 women, 9% were reported hemoglobin (Hb) level less than 10g/dl.

Deliveries coverage at health facilities is an indicator of utilization of delivery services provided at public health facilities. The overall percentage of deliveries conducted in Khyber Pakhtunkhwa during 2nd quarter 2015 was **22.31%** of the total expected birth (2.9%). An analysis was done to show the facility wise coverage number of deliveries conducted per month. Out of the total live births, 4% babies were born with low birth weight (<2.5kg).

Immunization coverage estimates are used to monitor immunization services, to guide disease eradication and elimination efforts and are good indicators of health system performance. The overall immunization reported coverage in 2nd quarter 2015. TT-II coverage is a measure of the percentage of pregnant women protected against tetanus/neonatal tetanus. In 2nd quarter of 2015 (45%) women were immunized against the expected population.

Children under 12 months received 1st Measles vaccine and fully immunized children under 12 months received 1st measles vaccines are 80% and 69% respectively. And **Children under 12 months received 3rd Pentavalent vaccine is 85%.**

Number of pregnant women registered by LHWs indicator reflects the performance of LHWs and the extent to which pregnant women in the catchment area have come in contact with the public health system. The number of women registered by LHWs is 63035. The analysis of deliveries by skilled birth attendance (SBAs) is 37000, which is based on the information provided by the LHWs. 58.69% deliveries were reported by skilled birth attendance in 2nd quarter of 2015 of the total number of pregnant women registered by LHWs.

Intensive-phase TB-DOTS patients 8521 and **Intensive phase TB-DOTS patients missing treatment >1 week 126 in numbers and this indicators, indicates the TB DOTS.**

CONTENTS

2nd 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.
Seventeen districts have achieved the target.

Fig. 1

Fig. 1.1

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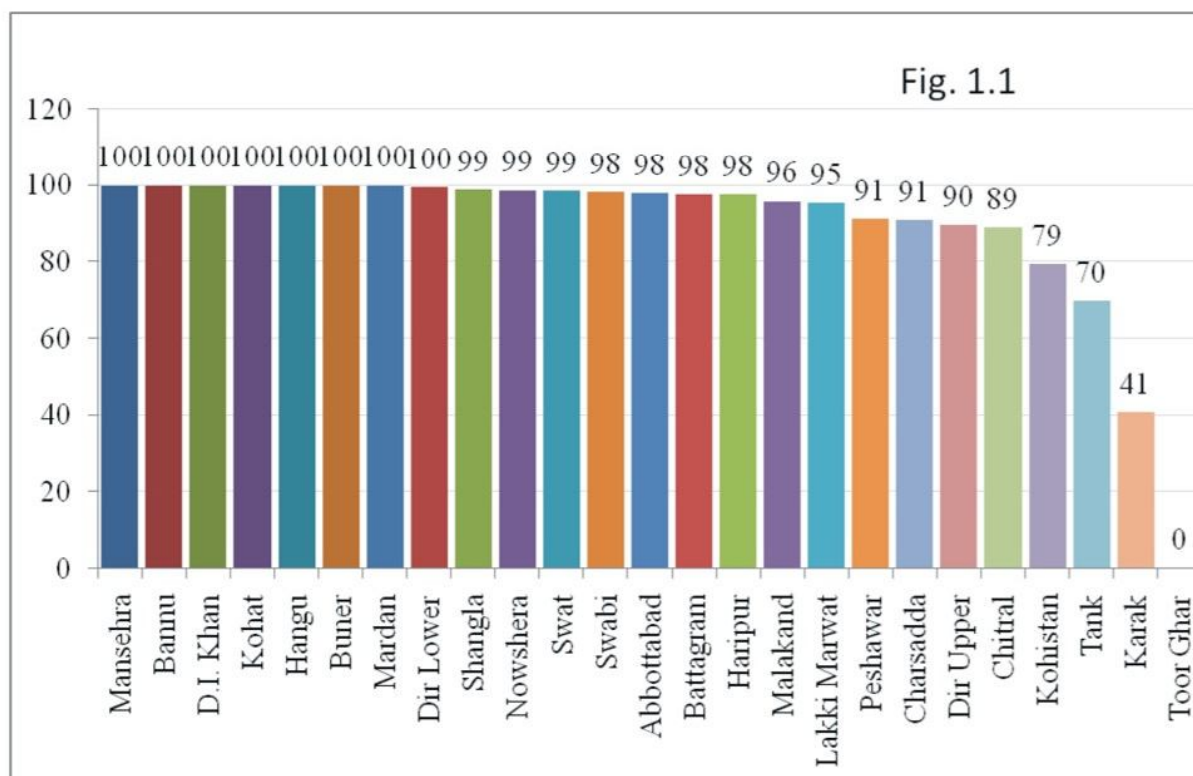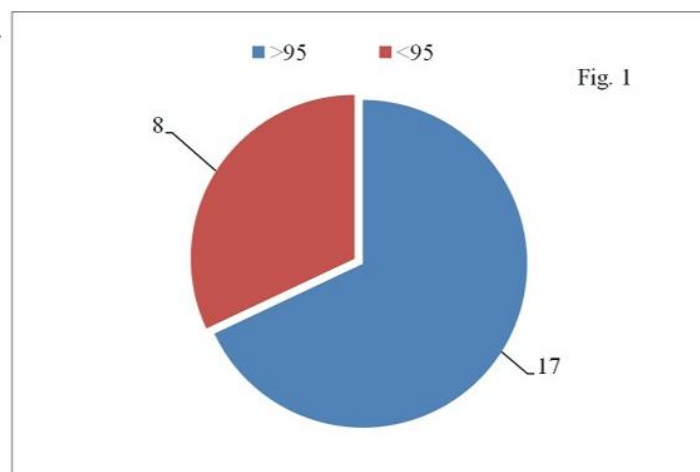
District Wise Percentage of Reporting Compliance.

Fig.1.1 shows the district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. Seven districts (Mansehra, Bannu, D.I. Khan, Kohat, Hangu, Buner, Mardan, Dir Lower) among 25 districts reported 100% performance; in addition, Twelve (12) districts 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.
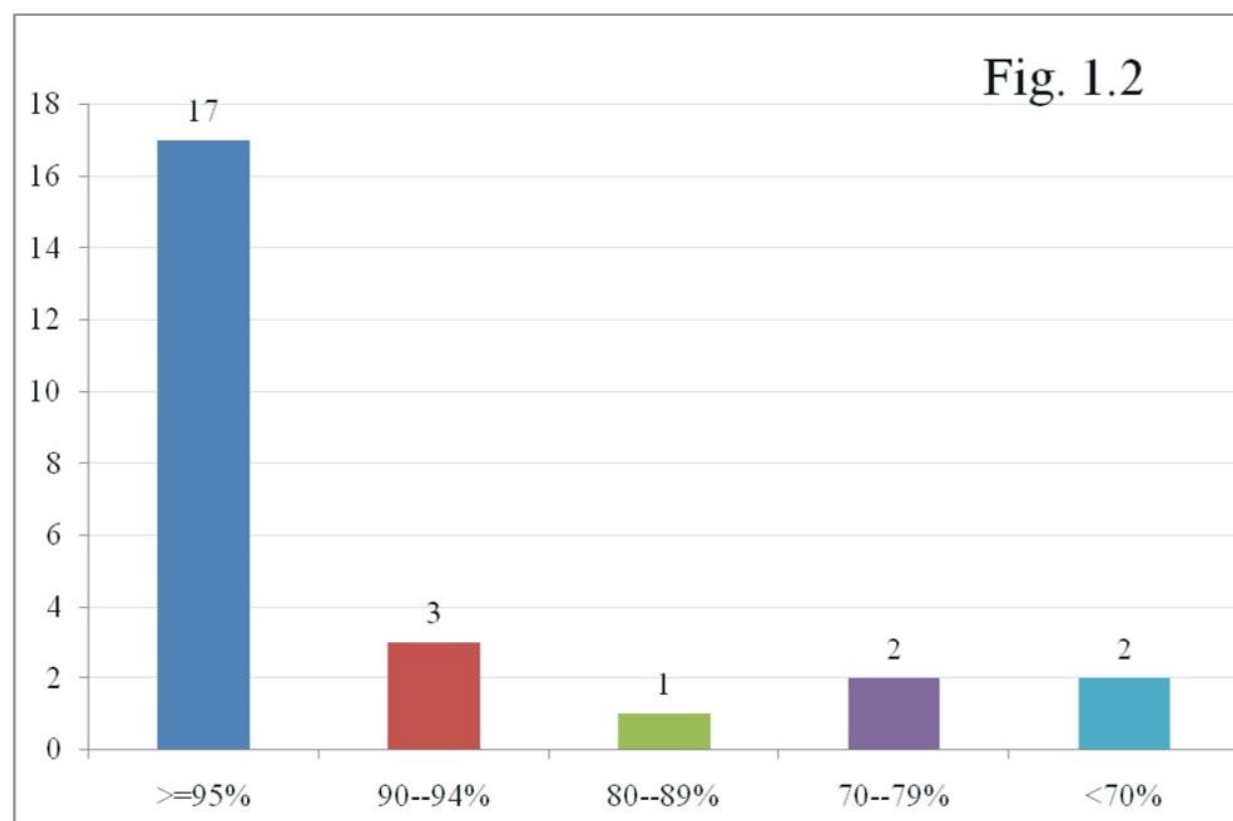
Fig. 1.2

The breakup of the reporting compliance is highlighted in (Fig.1.2) and it is evident that 17 districts achieved the target i.e (>=95%) 02 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.

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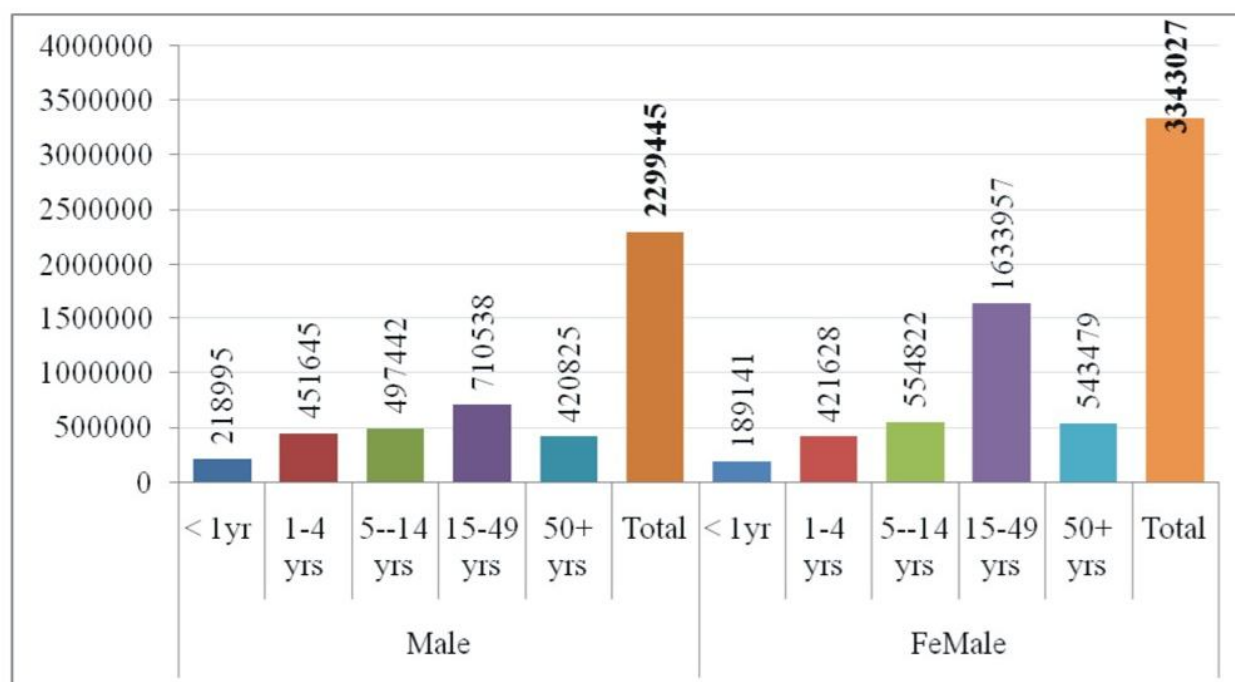
This is one of the key indicators to assess performance on the provision of health services in Province Khyber Pakhtunkhwa. It refers to the number of people attending and receiving services at health facilities during illness. Outpatient Attendance is taken as the indicator.

Fig. 2 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 (**949087**), which is 41.27% of the total of male OPD (**2299445**). The OPD attendance from 15 to 49 years of age group is (**710538**) 30.90% and age group of above 50 years is (**420825**) 18.30% of total male OPD.

Similarly in case of female OPD attendance of age group from 1 to 14 age group (**976450**) is 29.21% of the total OPD attendance whereas (**1633957**) 48.88% of the patients fall in age group of 15   49 years.

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

3. Specialty Wise Break Up of Patients

Table No. 3

S. No	Specialty	Total New Visits	%age
1	General OPD	817305	32.10
2	Emergency/Casualty	604654	23.75
3	Pediatric	287117	11.28
4	Medicine	164235	6.45
5	OB/GYN	142582	5.60
6	Dental	95799	3.76
7	Eye	90341	3.55
8	Surgery	81712	3.21
9	Orthopedics	71095	2.79
10	ENT	60874	2.39
11	Skin	45572	1.79
12	Others	38008	1.49
13	Cardiology	20594	0.81
14	Psychiatry	14378	0.56
15	Homeo Cases	6335	0.25
16	Tibb/UnaniShifa Khana	5766	0.23
Total		**2546367**	

The table 3 and figure 3.1 indicate the breakup of patients visiting the facilities and attending specialist OPDs for consultations. General OPD with 32.10 of the total patients and emergency and casualty department with 23.75% of the total patients form the major chunk of the patients. Pediatric patients stand at 11.28%.

Medical patients stand at 6.45% and Obstetrics and Gynecology 5.60%. 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 3.76% of the total OPD patients. The indicator gives us a pattern of prevalence of diseases.

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Fig. 3.1
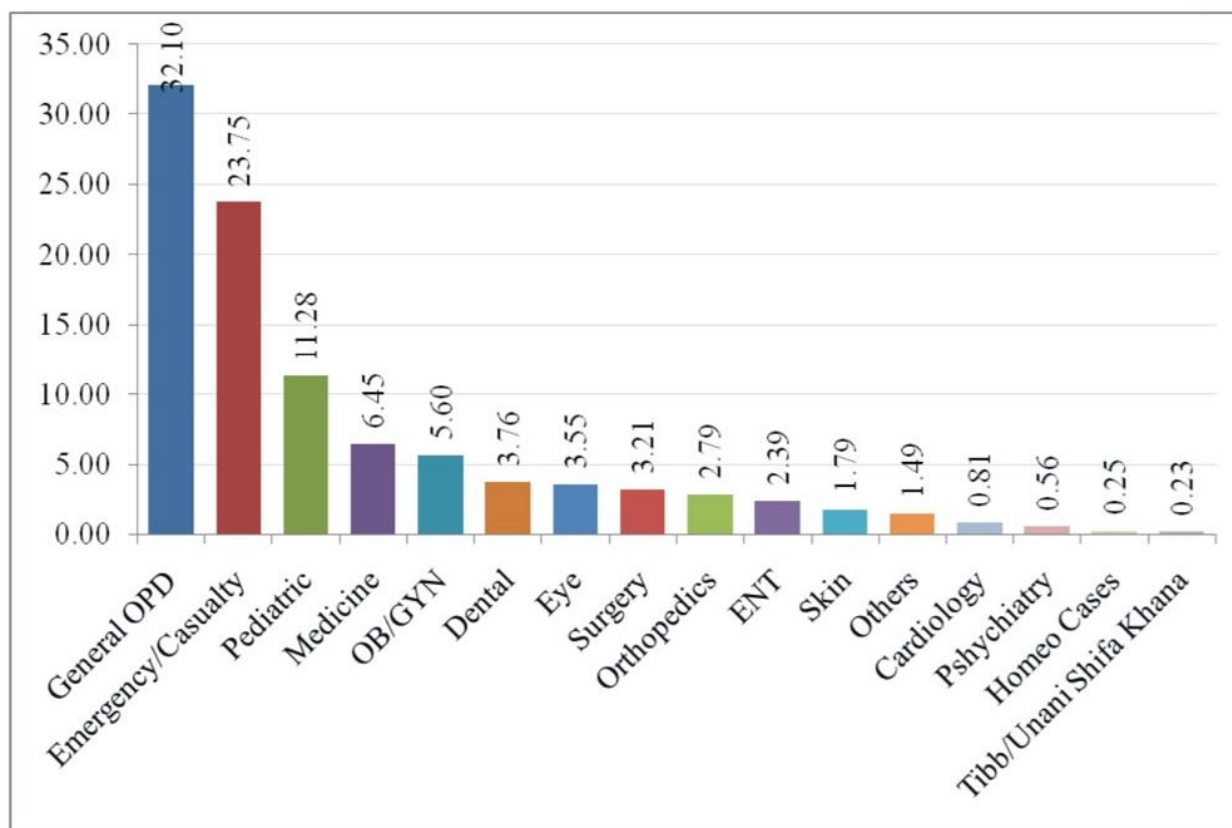
4. Disease Pattern in Out Patients Department

This indicator will help to understand which diseases/cases were attended at the health facilities in a district. The 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. 4.

S. No	Name	1st Quarter 2015		2nd Quarter 2015	
		Total	%age	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	755376	35.06	877482	27.07
2	Diarrhoea/Dysentery in under 5 yrs	127459	5.92	326992	10.09
3	Fever due to other causes	177212	8.22	275386	8.49
4	Diarrhoea/Dysentery in >5 yrs	101488	4.71	252610	7.79
5	Urinary Tract Infections	124581	5.78	193294	5.96
6	Hypertension	90959	4.22	175163	5.40
7	Dental Caries	88030	4.09	128020	3.95
8	Peptic Ulcer Diseases	74992	3.48	115147	3.55
9	Scabies	67394	3.13	100555	3.10
10	Suspected Malaria	62875	2.92	98738	3.05
11	Worm infestation	56794	2.64	81505	2.51
12	Diabetes Mellitus	37848	1.76	59195	1.83

13	Dermatitis	35615	1.65	56678	1.75
14	Enteric / Typhoid Fever	30297	1.41	55329	1.71
15	Asthma	38064	1.77	54462	1.68
16	Otitis Media	35141	1.63	53464	1.65
17	Depression	38948	1.81	49732	1.53
18	Pneumonia under 5 years	40092	1.86	48129	1.48
19	Road traffic accidents	24877	1.15	43780	1.35
20	Pneumonia >5 years	31447	1.46	36709	1.13
21	TB Suspects	13110	0.61	18812	0.58
22	Cataract	13455	0.62	18523	0.57
23	Fractures	11550	0.54	15669	0.48
24	Epilepsy	2303	0.11	13528	0.42
25	Ischemic Heart Disease	7992	0.37	12771	0.39
26	Suspected Viral Hepatitis	19900	0.92	12643	0.39
27	Dog bite	8374	0.39	11091	0.34
28	Chronic Obstructive Pulmonary Diseases	8008	0.37	10059	0.31
29	Trachoma	5612	0.26	8449	0.26
30	Glaucoma	3501	0.16	6026	0.19
31	Burns	3848	0.18	4560	0.14
32	Suspected Measles	2354	0.11	4554	0.14
33	Sexually Transmitted Infections	1742	0.08	4439	0.14
34	Nephritis/Nephrosis	3144	0.15	4094	0.13
35	Drug Dependence	3103	0.14	3637	0.11
36	Benign Enlargement of Prostrate	1911	0.09	3247	0.10
37	Cirrhosis of Liver	1766	0.08	2918	0.09
38	Cutaneous Leishmaniasis	1619	0.08	2239	0.07
39	Suspected Meningitis	594	0.03	1348	0.04
40	Suspected Neonatal Tetanus	1067	0.05	715	0.02
41	Snake bits (with signs/symptoms of poisoning)	87	0.00	376	0.01
42	Acute Flaccid Paralysis	92	0.00	36	0.00
43	Suspected HIV/AIDS	12	0.00	19	0.00
	Total	**2154633**		**3242123**	

The acute upper respiratory infections constitute the bulk of disease burden in the patients visiting government health facilities i.e **27.07%** of the total OPD. The incident of Asthma has increased in this quarter as compare to the 1st quarter and stands at **54462** mark but the treatment facilities at the hospital remain poor.

The Diarrhea and Dysentery is indeed worrying; the total caseload of under 5 and over 5 years of patients was **17.88%** of the total OPD attendance. Two issues arise out of these figures; the ineffective approach and the poor management the two issues arise out these figures.

The total caseload of ARIs and Diarrhea/Dysentery is **44.95%**, which is decreased in the 2nd quarter of this year as compare to the 1st quarter. Medicines should be made available for Asthma patients such as inhalers etc.

The decrease of patients with dental disorders especially dental caries is recorded in this quarter and the figure is **128020** which are **3.95%**. Figures seem considerable when the absolute numbers of patients are taken into consideration.

Scabies also needs attention as it causes morbidity with the OPD load of 3.1%. 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 increased from **87** in the last quarter to **376** patients in this quarter. Anti Snake Serum should be ensured at DHQs and other health facilities. Dog bites have increased from 11091 to 7628 in this quarter. 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.

HIV/AIDS; the number of cases diagnosed in this quarter is 19, which increased from 12 as new cases in this quarter. Sexually transmitted infections have registered increase in numbers from the previous quarter i.e **3277 to 4439**.

The cases of suspected Neonatal Tetanus 715 in this quarter and 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 2239 in this quarter; this disease carries a significant morbidity. An immediate action required for surveillance, training and provision of the correct medications to control this threat.

Fig. 4

The figure No 4 shows the top ten diseases in the province.
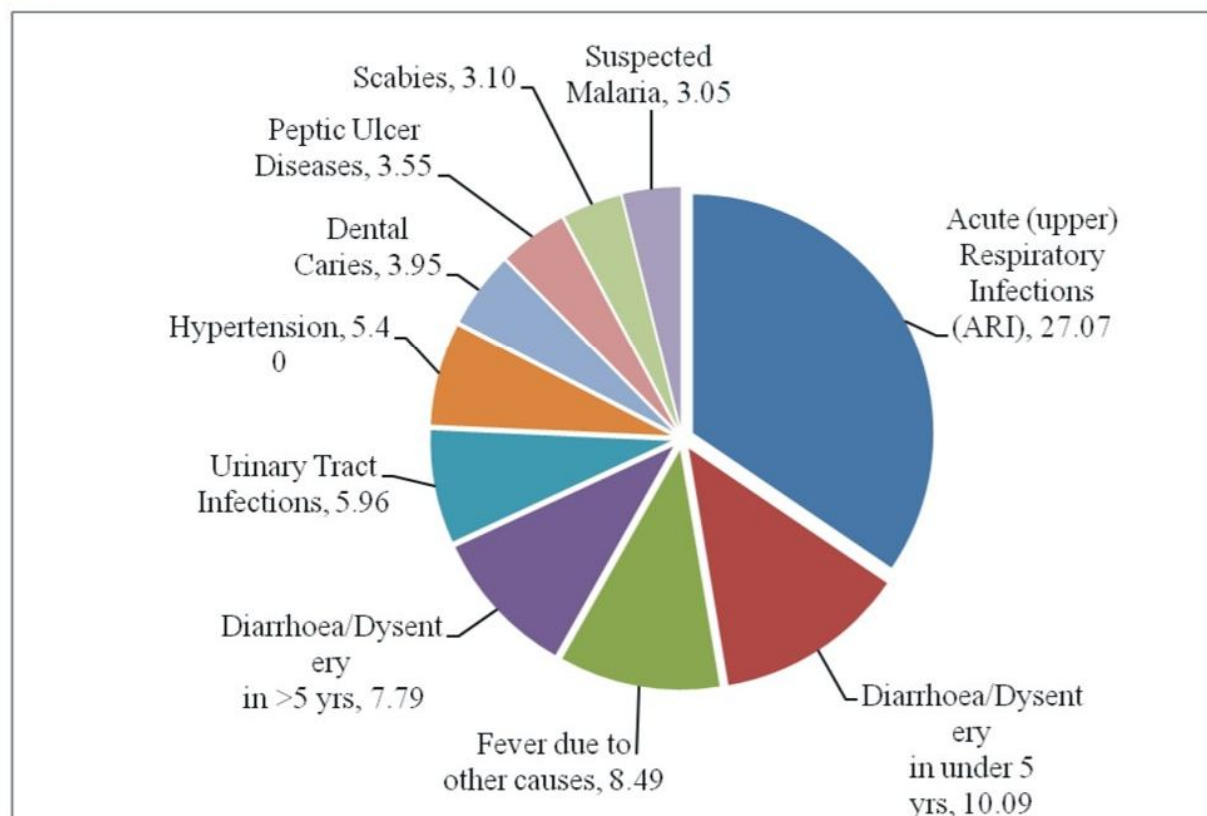
5. COMMUNICABLE AND NON COMMUNICABLE DISEASE

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 **1929064 i.e 59.50%** and non communicable diseases are **1310820 i.e 40.43%** of the total.

I. COMMUNICABLE DISEASES
Table No. 5

S. No	Name	1st Quarter 2015		2nd Quarter 2015	
		Total	%age	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	755376	57.25	877482	45.43
2	Diarrhoea/Dysentery in under 5 yrs	127459	9.66	326992	16.93
3	Diarrhoea/Dysentery in >5 yrs	101488	7.69	252610	13.08
4	Scabies	67394	5.11	100555	5.21
5	Suspected Malaria	62875	4.77	98738	5.11
6	Worm infestation	56794	4.30	81505	4.22
7	Enteric / Typhoid Fever	30297	2.30	55329	2.86
8	Pneumonia under 5 years	40092	3.04	48129	2.49

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9	Pneumonia >5 years	31447	2.38	36709	1.90
10	TB Suspects	13110	0.99	18812	0.97
11	Suspected Viral Hepatitis	19900	1.51	12643	0.65
12	Trachoma	5612	0.43	8449	0.44
13	Suspected Measles	2354	0.18	4554	0.24
14	Sexually Transmitted Infections	1742	0.13	4439	0.23
15	Cutaneous Leishmaniasis	1619	0.12	2239	0.12
16	Suspected Meningitis	594	0.05	1348	0.07
17	Suspected Neonatal Tetanus	1067	0.08	715	0.04
18	Acute Flaccid Paralysis	92	0.01	36	0.00
19	Suspected HIV/AIDS	12	0.00	19	0.00
	Total	**1319324**		**1931303**	

Table 5 and fig. 5.1 indicate prevalence of communicable diseases. Communicable disease constitutes around 59.50% of all the patients visiting the OPDs. Acute Respiratory Infections and diarrhea/dysentery constitute 75.53% of these patients. 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 increased and currently standing at **81505** in this quarter and needs attention of service providers to wipe it out or at-least reduce it phenomenally.

Fig. 5.1
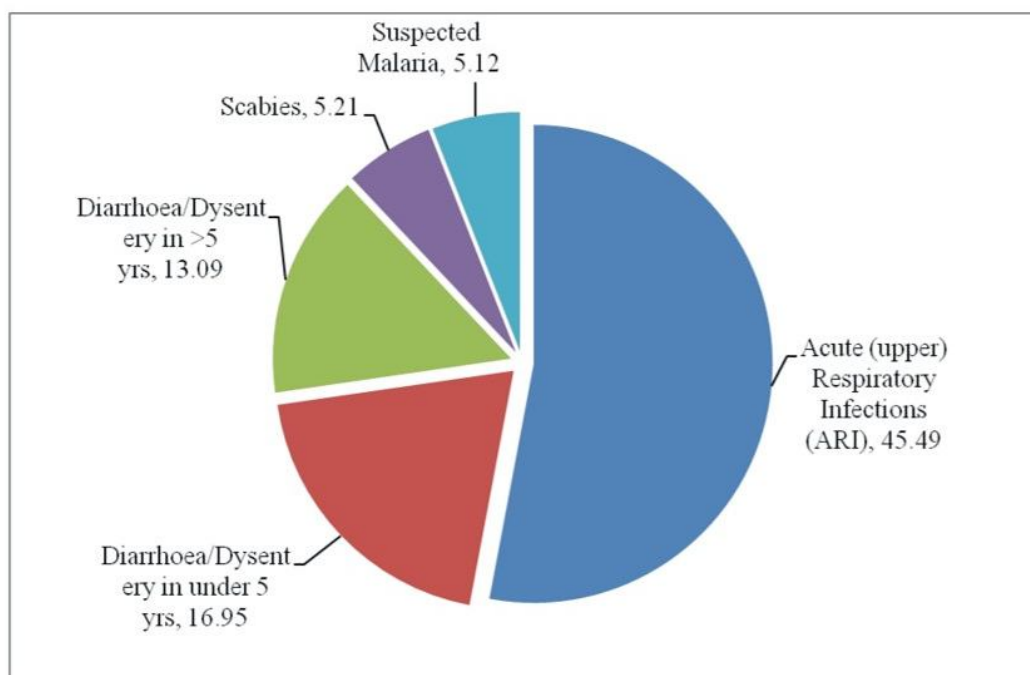
Treatment protocol needs revision to get better results. Furthermore a strategic decision to focus at diseases having more prevalence is needed.

II. NON-COMMUNICABLE DISEASES
Table No. 5.2

S. No	Name	1st Quarter 2015		2nd Quarter 2015	
		Total	%age	Total	%age
1	Fever due to other causes	177212	21.22	275386	21.01
2	Urinary Tract Infections	124581	14.91	193294	14.75
3	Hypertension	90959	10.89	175163	13.36
4	Dental Caries	88030	10.54	128020	9.77
5	Peptic Ulcer Diseases	74992	8.98	115147	8.78
6	Diabetes Mellitus	37848	4.53	59195	4.52
7	Dermatitis	35615	4.26	56678	4.32
8	Asthma	38064	4.56	54462	4.15
9	Otitis Media	35141	4.21	53464	4.08
10	Depression	38948	4.66	49732	3.79
11	Road traffic accidents	24877	2.98	43780	3.34
12	Cataract	13455	1.61	18523	1.41
13	Fractures	11550	1.38	15669	1.20
14	Epilepsy	2303	0.28	13528	1.03
15	Ischemic Heart Disease	7992	0.96	12771	0.97
16	Dog bite	8374	1.00	11091	0.85
17	Chronic Obstructive Pulmonary Diseases	8008	0.96	10059	0.77
18	Glaucoma	3501	0.42	6026	0.46
19	Burns	3848	0.46	4560	0.35
20	Nephritis/Nephrosis	3144	0.38	4094	0.31
21	Drug Dependence	3103	0.37	3637	0.28
22	Benign Enlargement of Prostrate	1911	0.23	3247	0.25
23	Cirrhosis of Liver	1766	0.21	2918	0.22
24	Snake bites (with signs/symptoms of poisoning)	87	0.01	376	0.03
	Total	835309		1310820	

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Fig. 5.3

Peptic Ulcer Diseases, 8.78
Fever due to other causes, 21.01
Dental Caries, 9.77
Hypertension, 13.36
Urinary Tract Infections, 14.75
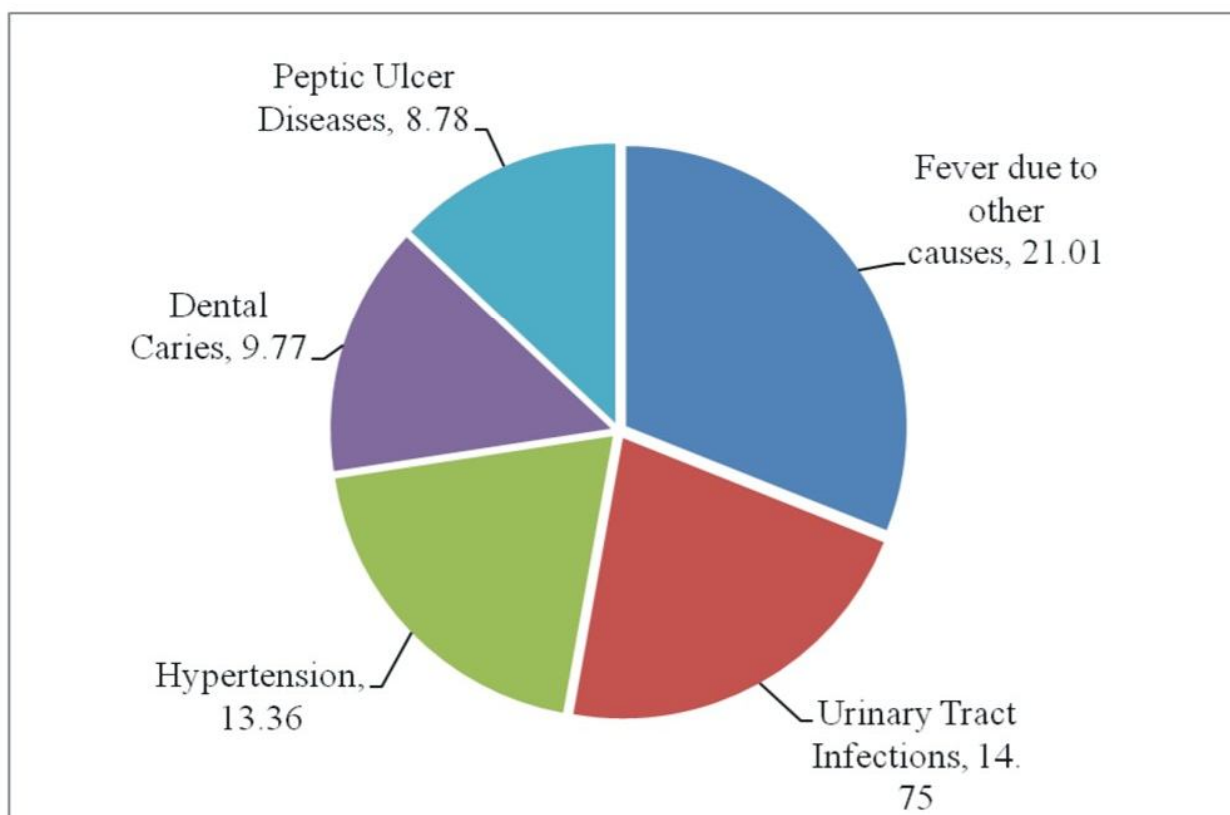
Table 5.2 illustrates the trend of non communicable diseases in Khyber Pakhtunkhwa province during the first quarter of 2015. Pyrexia of unknown origin is the leading cause which shows non-commitment on behalf of the medical staff as it should be probed in to reach a proper diagnosis. Second leading cause is urinary tract infection (UTIs) standing at **193294** patients in this 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 **175163** and **59195** should be observed that how DHQs make purchase for these specific disorders thereby avoiding the long term mortality and morbidity.

Total **4560** burns cases have been reported in this quarter, which increased in this quarter from figure **3848** in previous 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. District Wise Deliveries Conducted at 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.

Table No. 6

S. No	District	Catchment Population	Expected Pregnancies (3.4%)	Expected Births (2.9%)	Deliveries at Health Facilities	
					No.	%age
1	Malakand	703000	5976	5097	3116	61.13
2	Swat	1956000	16626	14181	8115	57.22
3	Chitral	444000	3774	3219	1542	47.9
4	Battagram	422000	3587	3060	1145	37.42
5	Dir Lower	1124000	9554	8149	2745	33.69
6	Kohat	862000	7327	6250	2083	33.33
7	Buner	838000	7123	6076	2015	33.16
8	Hangu	482000	4097	3495	1123	32.13
9	Dir Upper	828000	7038	6003	1384	23.06
10	Nowshera	1280000	10880	9280	1896	20.43
11	Haripur	924000	7854	6699	1359	20.29
12	Swabi	1515000	12878	10984	2071	18.85
13	Charsadda	1493000	12691	10824	2040	18.85
14	Mardan	2168000	18428	15718	2941	18.71
15	Mansehra	1582000	13447	11470	2031	17.71
16	Lakki Marwat	742000	6307	5380	906	16.84
17	D.I. Khan	1308000	11118	9483	1583	16.69
18	Shangla	667000	5670	4836	745	15.41
19	Abbottabad	1120000	9520	8120	1134	13.97
20	Tank	359000	3052	2603	298	11.45
21	Kohistan	478000	4063	3466	353	10.18
22	Bannu	1010861	8592	7329	592	8.08
23	Karak	661000	5619	4792	259	5.4
24	Peshawar	3219000	27362	23338	873	3.74
25	Tor Ghar	0	0	0	0	0
Grand Total		26185861	222583	189852	42349	22.31

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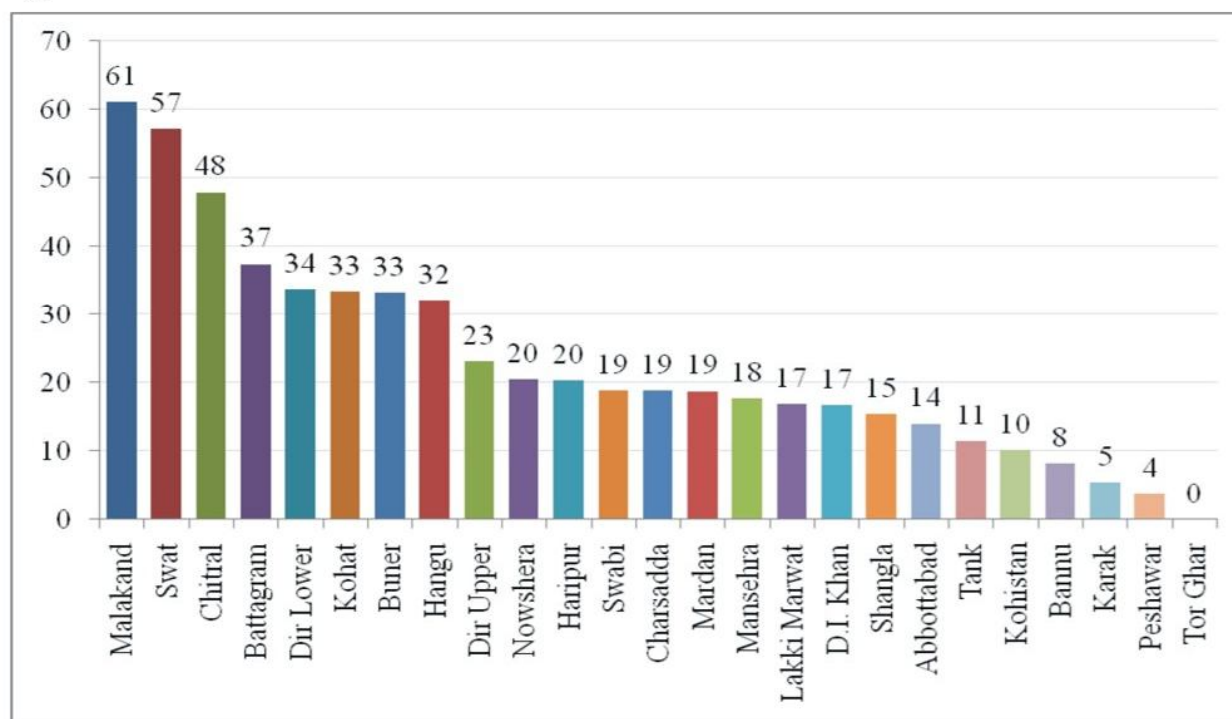
Fig. 6.1

Table No. 6 and fig. 6.1 shows a district wise break up of the total number of deliveries conducted in government health facilities reporting through DHIS. District Malakand is ahead of all 25 districts with the percentage of deliveries in government health facilities and standing at 61%.

The districts Swat, Chitral, Battagram, Dir Lower, Kohat, Buner and Hangu give a satisfactory performance and stands on 57%, 48%, 37%, 34%, 33%, 33%, and 32% respectively. While other districts show their performance below 30%.

Districts Bannu, Karak, and Peshawar below 10% mark while Torghar in on 0% conducted the least number of deliveries in government health facilities.

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.)

Frequency of Deliveries Conducted at Health Facilities

Fig. 6.2
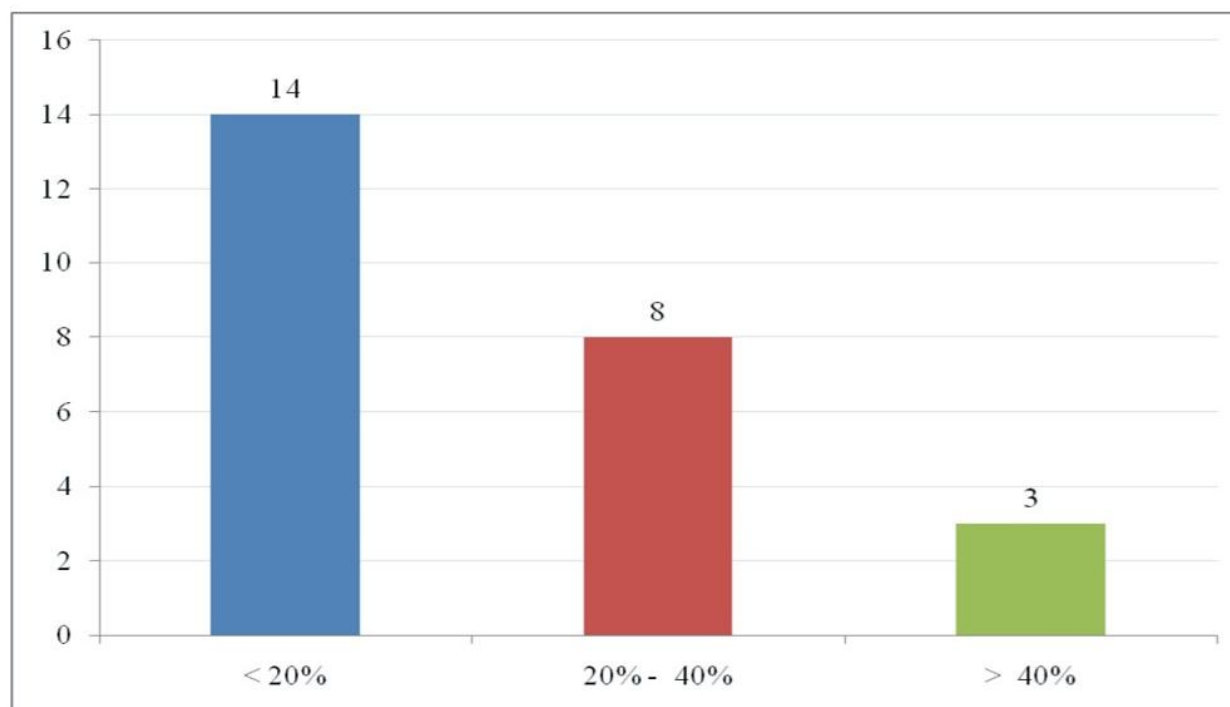
The figure 6.2 shows the frequency of deliveries conducted at government health facilities on which **14** districts stands on **<20%**. 08 districts shows **20% to 40%** while only **03** districts stands on **>40%**.

7. First Antenatal care services (ANC1)

Table No. 7 provide a data regarding First Antenatal care services (ANC) 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 improved their performance in this quarter such as Swabi 67.73%, Nowshera 63.79% and Karak 28.03% as compared with 1st quarter i.e Swabi 4%, Nowshera 6% and Karak 10%.

Table No. 7

S. No	District	Catchment Population	Expected Pregnancies (3.4%)	Expected Births (2.9%)	First Antenatal care services (ANC1)	
					No.	%age
1	Chitral	444000	3774	3219	4722	125.12
2	Battagram	422000	3587	3060	4366	121.72
3	Swat	1956000	16626	14181	19803	119.11
4	Buner	838000	7123	6076	8231	115.56
5	Dir Lower	1124000	9554	8149	10268	107.47

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6	D.I. Khan	1308000	11118	9483	11224	100.95
7	Mansehra	1582000	13447	11470	12932	96.17
8	Bannu	1010861	8592	7329	7348	85.52
9	Dir Upper	828000	7038	6003	5919	84.1
10	Kohat	862000	7327	6250	6097	83.21
11	Tank	359000	3052	2603	2520	82.57
12	Shangla	667000	5670	4836	4351	76.74
13	Haripur	924000	7854	6699	5672	72.22
14	Mardan	2168000	18428	15718	12501	67.84
15	Swabi	1515000	12878	10984	8722	67.73
16	Lakki Marwat	742000	6307	5380	4197	66.55
17	Hangu	482000	4097	3495	2658	64.88
18	Nowshera	1280000	10880	9280	6940	63.79
19	Charsadda	1493000	12691	10824	8086	63.71
20	Abbottabad	1120000	9520	8120	4955	52.05
21	Malakand	703000	5976	5097	2626	43.94
22	Peshawar	3219000	27362	23338	10114	36.96
23	Kohistan	478000	4063	3466	1493	36.75
24	Karak	661000	5619	4792	1575	28.03
25	Tor Ghar	0	0	0	0	0
	Grand Total	**26185861**	**222583**	**189852**	**167320**	**75.17**

Districts Kohistan, Peshawar and Malakand repeated a poor performance i.e 36.75, 36.96, 43.94 but the figures are increased in this quarter as compared with 1st quarter. (Reported the figures below the expected level at (21%, 24%. 28%, 28%) respectively).

The 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 (Chitral, Battagram, Swat, Buner and Dir Lower i.e 125.12%, 121.72%, 119.11%, 115.56% and 107.47%) needs review to establish authenticity.

Fig. 7.1
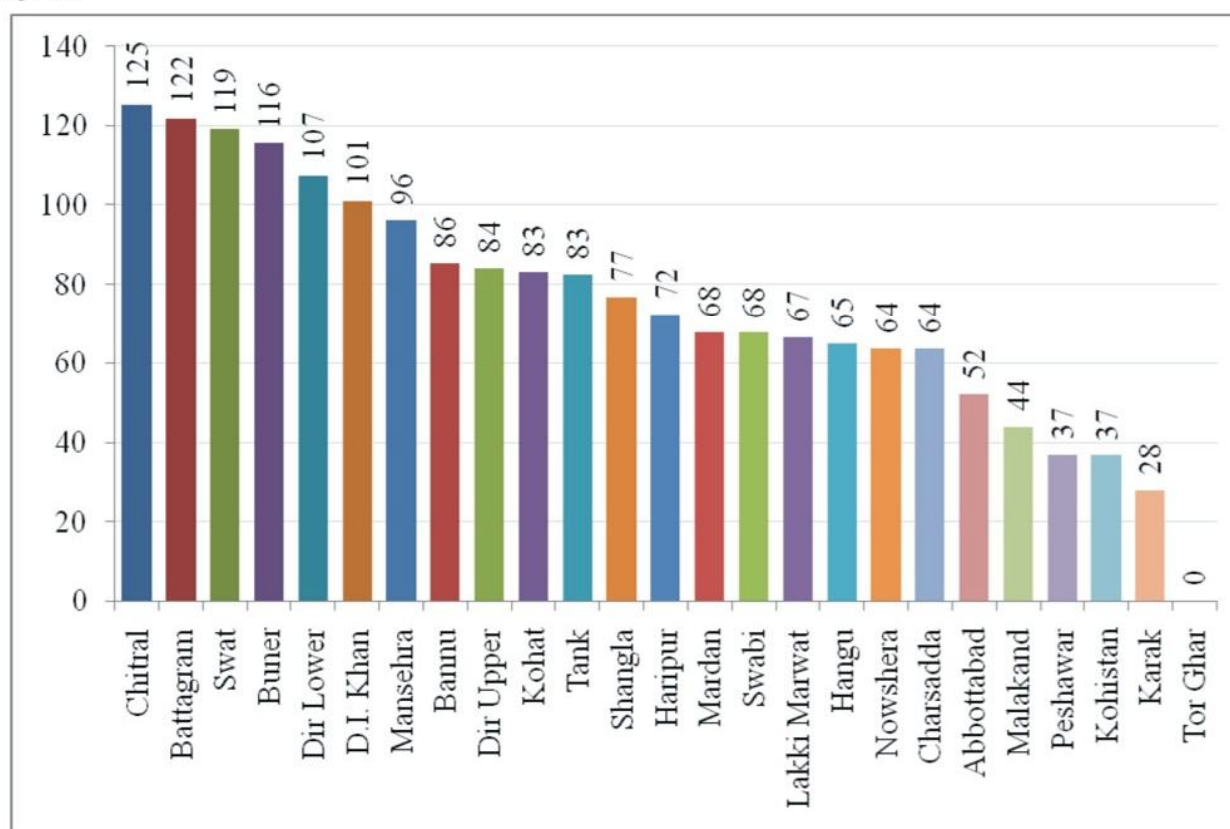
8. Antenatal care Revisit(s) (ANC-Revisit)

This indicator indicates that the pregnant women should be motivated at the health facility and community level to re-visit the facility for antenatal care. It can reflect the performance of the health facilities focusing at outreach thereby achieving more than one antenatal care visit to the public health facility by pregnant women. The extent of mobilization of pregnant women to utilize maternal health services forms the health facilities and or the trust of the community on the public health services providers.

Table No. 8

S. No	District	Catchment Population	Expected Pregnancies (3.4%)	Expected Births (2.9%)	Deliveries at Health Facilities		Antenatal care Revisit(s) (ANC-Revisit)	
					No.	%age	No.	%age
1	Haripur	924000	7854	6699	1359	20.29	5401	49
2	Lakki Marwat	742000	6307	5380	906	16.84	3281	44
3	Malakand	703000	5976	5097	3116	61.13	2053	44
4	Mansehra	1582000	13447	11470	2031	17.71	9279	42

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5	Abbottabad	1120000	9520	8120	1134	13.97	3495	41
6	Peshawar	3219000	27362	23338	873	3.74	6732	40
7	Chitral	444000	3774	3219	1542	47.9	3002	39
8	Swabi	1515000	12878	10984	2071	18.85	4911	36
9	Charsadda	1493000	12691	10824	2040	18.85	4504	36
10	D.I. Khan	1308000	11118	9483	1583	16.69	5640	33
11	Nowshera	1280000	10880	9280	1896	20.43	3482	33
12	Karak	661000	5619	4792	259	5.4	724	31
13	Battagram	422000	3587	3060	1145	37.42	2003	31
14	Mardan	2168000	18428	15718	2941	18.71	5502	31
15	Bannu	1010861	8592	7329	592	8.08	3196	30
16	Shangla	667000	5670	4836	745	15.41	1667	28
17	Buner	838000	7123	6076	2015	33.16	2547	24
18	Kohat	862000	7327	6250	2083	33.33	1754	22
19	Kohistan	478000	4063	3466	353	10.18	411	22
20	Dir Lower	1124000	9554	8149	2745	33.69	2795	21
21	Swat	1956000	16626	14181	8115	57.22	5266	21
22	Hangu	482000	4097	3495	1123	32.13	703	21
23	Tank	359000	3052	2603	298	11.45	481	16
24	Dir Upper	828000	7038	6003	1384	23.06	1061	15
25	Tor Ghar	0	0	0	0	0	0	0
Grand Total		**26185861**	**222583**	**189852**	**42349**	**22.31**	**79890**	**32**

Fig. 8.1
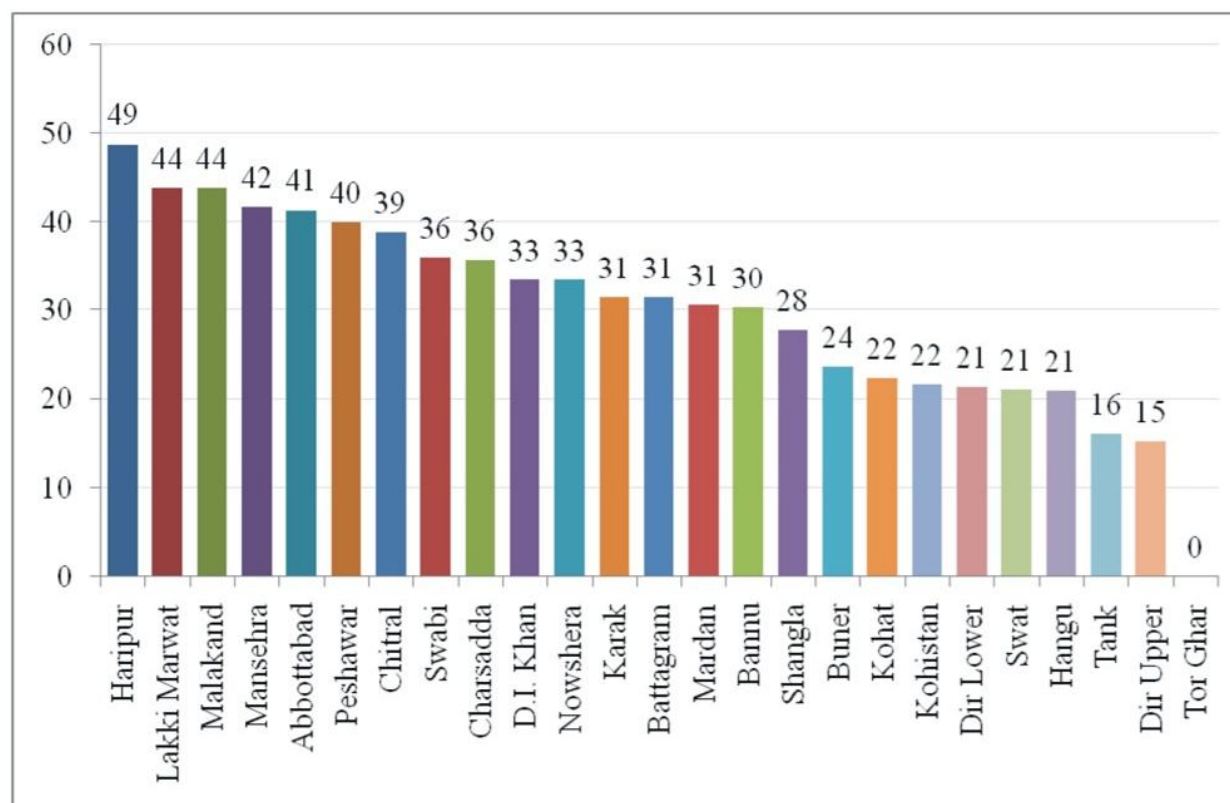
During 2nd quarter of 2015 a total number of **79890** women visited for ANC re-visits, which was **32%** of expected visit **(189,852).** The percentage of pregnant women came for ANC re-visit varies from district to district. It ranges from **0% to 49%.** Most of the districts had ANC revisits **20% to 40%.** 03 districts reported **< 10%** i.e Tank, Upper Dir and the lowest among them is Tor Ghar **(0%).**

9. Frequency of Anemia among Women Coming for ANC-1 in the facility

This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities. First ANC in the facilities is 91% and the women with Hb under 10g/dl are 9%.

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- 91% Women visiting for ANC-1 were having Hb > 10g/dl
- 9% Women visiting for ANC-1 were having Hb < 10g/dl
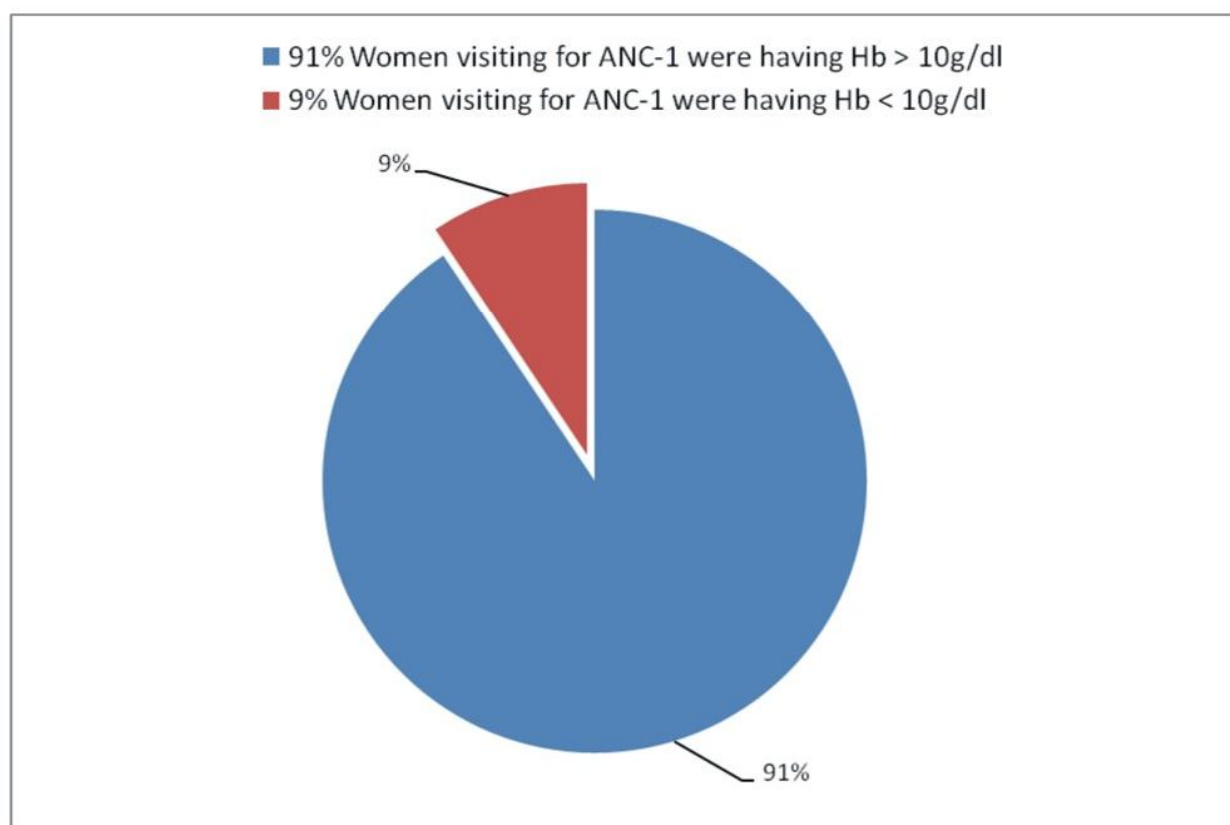
10. <u>Frequency of Live births with Low Birth Weight (LBW) Babies (under 2.5kg)</u>

Fig. 10

Figure 10 indicates the live births in the government health facilities and live births with low birth weight (LBW) < 2.5kg. In fig 10 total numbers of live births in the government health facilities are 96% and live births with LBW are 4%.

The live birth with LBW < 2.5kg is not only 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.
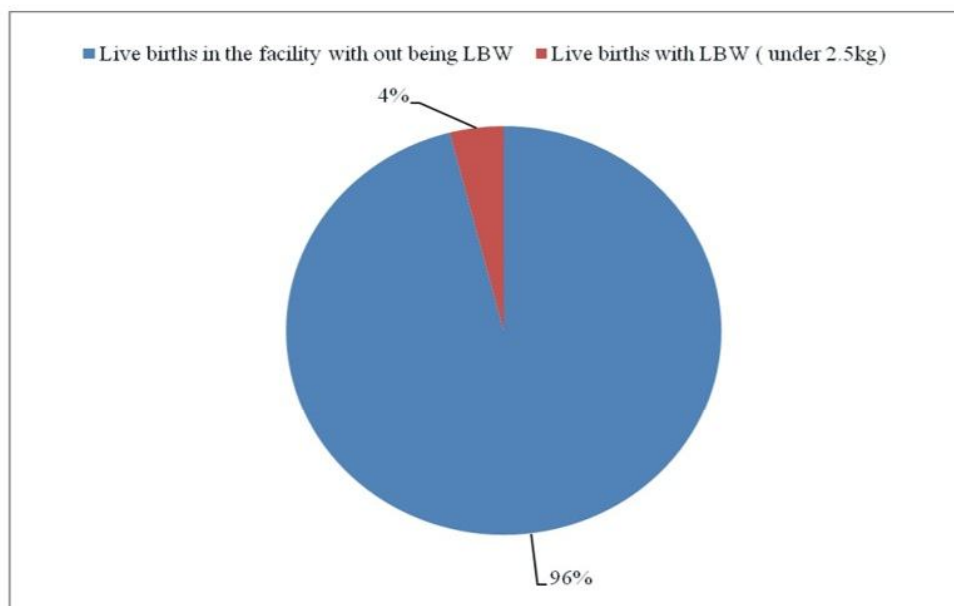
11. Obstetrics / Maternal complications

The Obstetrics/Maternal complications indicator indicates the deaths against total admissions. The total number of admissions are **198** are total number of **0** deaths are reported.

Far less admissions have been reported and the figures must be reviewed through monitoring and review process. Refresher Trainings should be given to district staff and district managers should take the lead to observe DHIS data before sending it to central data base.

Table No. 11

S. No	Name	Total Admissions	Total Deaths
1	Other Obstetric Complications	80	0
2	Ante partum Hemorrhage (APH)	28	0
3	Pre-Eclampsia/Eclampsia	24	0
4	Ectopic Pregnancies	18	0
5	Postpartum Hemorrhage (PPH)	18	0
6	Complications of Abortio	15	0
7	Prolonged/Obstructed Labour	6	0
8	Rupture Uterus	5	0
9	Puerperal Sepsis	4	0
	Total	**198**	**0**

EVIDENCE BASED DECISION MAKING

Fig. 11.1
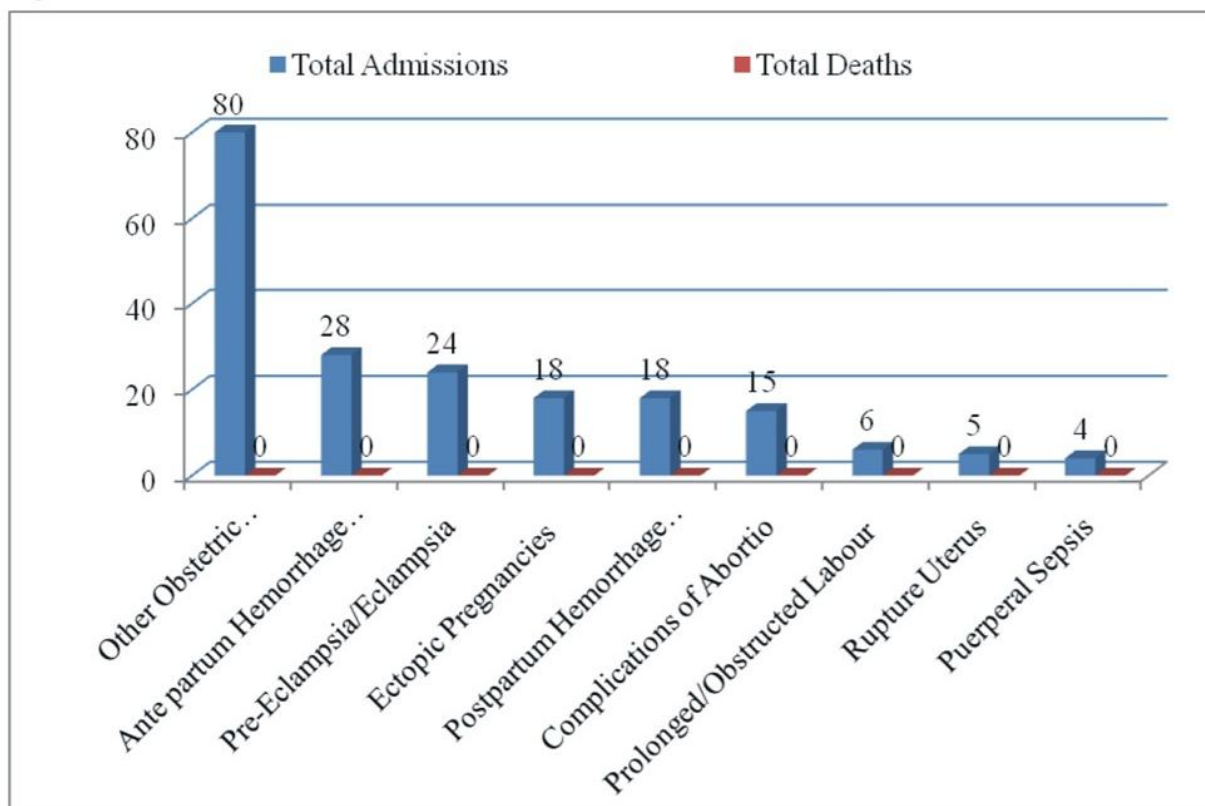
12. Surgeries
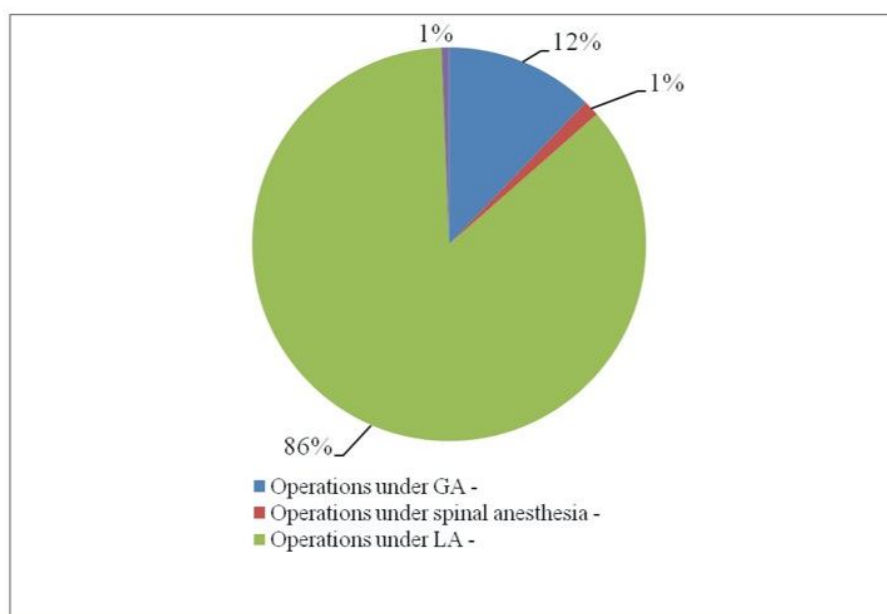
13. Family Planning Visits

District Wise Percentage of Family Planning Visits (16% of Total Population)

Fig. 13
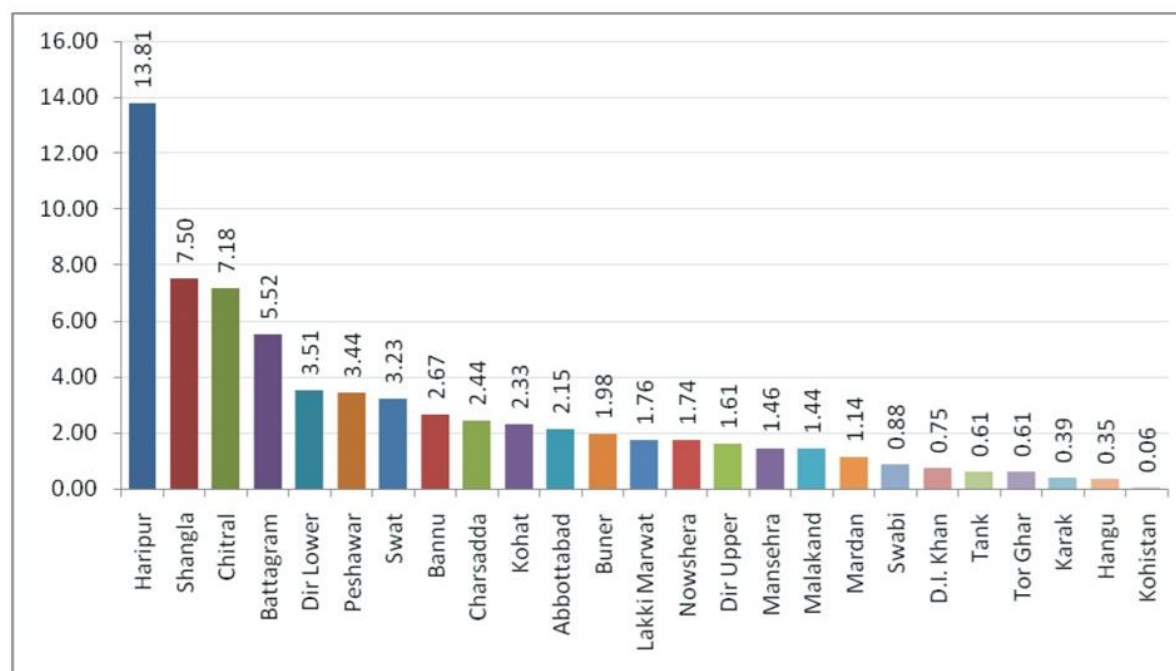
During the 2nd quarter of 2015, 113105 eligible couples availed the family planning services from the public sector health facilities against the expected population (16 CBA) 4,231,723. The districts were divided into 3 categories based on Family Planning visits. The percentage was highest in the district is Haripur (13.81%) and the lowest is Kohistan (0.06%).

Districts Shangla (7.50%), Chitral (7.18%) and Battagram (5.52%) shows their good performance in the family planning visits, while other districts show performance < 4%.

Table No illustrate the district wise performance in percentage of the province.

S. No	DISTRICT	Population	16% of the Total Population	Total FP Visits	%age
1	Haripur	924000	147840	20414	13.81
2	Shangla	667000	106720	8006	7.50
3	Chitral	444000	71040	5102	7.18
4	Battagram	422000	67520	3725	5.52
5	Dir Lower	1124000	179840	6315	3.51
6	Peshawar	3219000	515040	17707	3.44
7	Swat	1956000	312960	10113	3.23
8	Bannu	1010861	161738	4318	2.67

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9	Charsadda	1493000	238880	5839	2.44
10	Kohat	862000	137920	3210	2.33
11	Abbottabad	1120000	179200	3846	2.15
12	Buner	838000	134080	2656	1.98
13	Lakki Marwat	742000	118720	2088	1.76
14	Nowshera	1280000	204800	3565	1.74
15	Dir Upper	828000	132480	2139	1.61
16	Mansehra	1582000	253120	3708	1.46
17	Malakand	703000	112480	1622	1.44
18	Mardan	2168000	346880	3963	1.14
19	Swabi	1515000	242400	2123	0.88
20	D.I. Khan	1308000	209280	1565	0.75
21	Tank	359000	57440	349	0.61
22	Tor Ghar	262407	41985	255	0.61
23	Karak	661000	105760	413	0.39
24	Hangu	482000	77120	271	0.35
25	Kohistan	478000	76480	48	0.06
	Total	**26448268**	**4231723**	**113105**	**2.67**

District Categorization by Family Planning Visits

Fig. 13.2
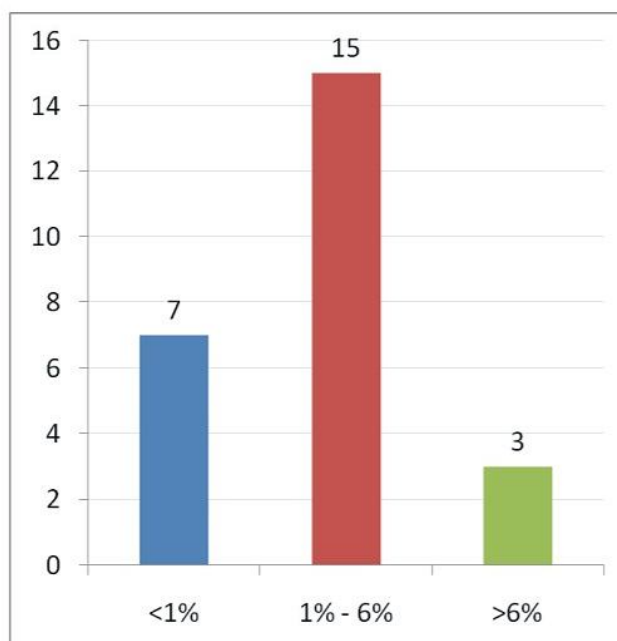
Table No. 13.3

The districts are categories in the stages <%, 1% to ^% and >6% in which 15 districts are perform 1% to 6% , 3 districts show >6% and 7 districts stands on <1%.

<1%	1% - 6%	>6%
Swabi	Battagram	Haripur
D.I. Khan	Dir Lower	Shangla
Tank	Peshawar	Chitral
Tor Ghar	Swat	
Karak	Bannu	
Hangu	Charsadda	
Kohistan	Kohat	
	Abbottabad	
	Buner	
	Lakki Marwat	
	Nowshera	
	Dir Upper	
	Mansehra	
	Malakand	
	Mardan	

14.   Couple-Years of Protection

Fig. 14
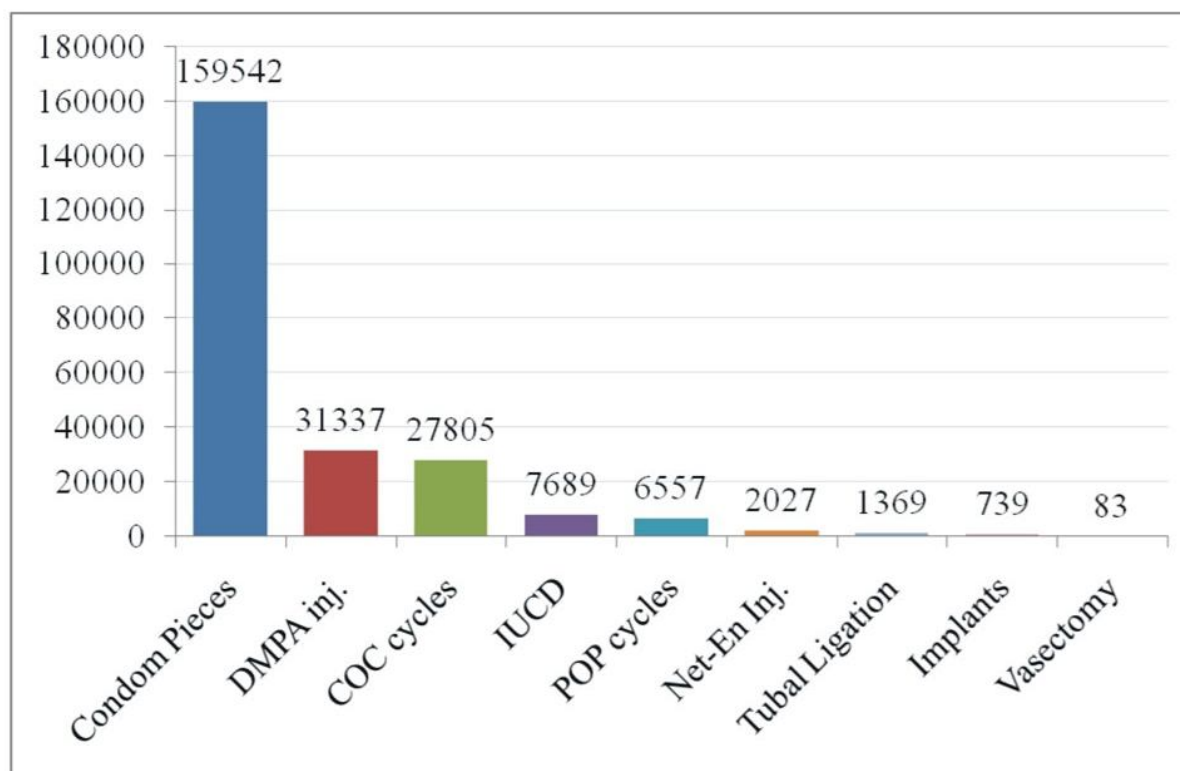
Couple-Years of Protection is the estimated contraceptive protection from pregnancy provided by family planning services during a one year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.

The Couple-Years of Protection is calculated by multiplying the quantity of each method distrubted to clients provided per unit of that method. The Couple-Years of Protection for each method is then summed for all methods to obtain a total Couple-Year of Protection figure.

Figure No 14 describes the number of couples who availed the different contraceptive methods. Maximum number in figure is condom pieces provided.

The following conversion factors are currently in use in Pakistan

- Condoms 114 condoms per CYP
- Oral contraceptives 15 cycles per CYP
- DMPS 4 'doses' (1 ml) per CYP
- Net-En 6 'doses' per CYP
- IUD 3.5 CYP per IUD
- Norplant implant 5 CYP per device

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Table No. 14

DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bannu	2211	526	1719	64	6752	254	0	0	0
D.I. Khan	323	11	495	157	1105	160	12	0	0
Lakki Marwat	577	151	932	89	2284	312	37	0	0
Tank	436	4	216	15	1762	107	0	0	0
Abbottabad	1219	168	1016	4	1421	302	21	0	0
Haripur	756	138	864	105	1795	297	10	0	80
Kohistan	8	5	39	5	3	0	0	0	0
Mansehra	1467	222	1488	215	13214	426	17	0	5
Battagram	1038	146	1312	36	7708	424	5	0	0
Karak	179	22	244	6	239	28	0	0	0
Kohat	1702	187	1321	4	14678	565	102	0	17
Hangu	114	31	204	7	1923	23	2	0	3
Buner	859	105	1478	73	7562	167	17	0	0
Chitral	1014	347	1862	82	4317	87	0	0	0
Dir Lower	1234	153	1600	1	11553	3	0	0	0
Malakand	1032	347	932	43	10438	212	66	0	0
Swat	3037	579	4797	263	6132	1344	262	0	527
Dir Upper	546	299	767	193	2004	20	4	2	6
Shangla	1010	485	717	47	1320	220	6	0	0
Mardan	1650	655	1003	88	4888	256	13		2
Swabi	1738	234	1190	378	12934	411	54	1	0
Charsadda	2728	326	2661	28	20539	406	40	0	1
Nowshera	970	154	1360	6	10637	698	129	10	84
Peshawar	1957	1262	3120	118	14334	967	572	70	14
Total	27805	6557	31337	2027	159542	7689	1369	83	739

15. Community Based Data (LHWs)

Pregnant women newly registered by LHW	Delivery by skilled persons reported	Maternal deaths reported	Infant deaths reported
63035	37000	69	5844
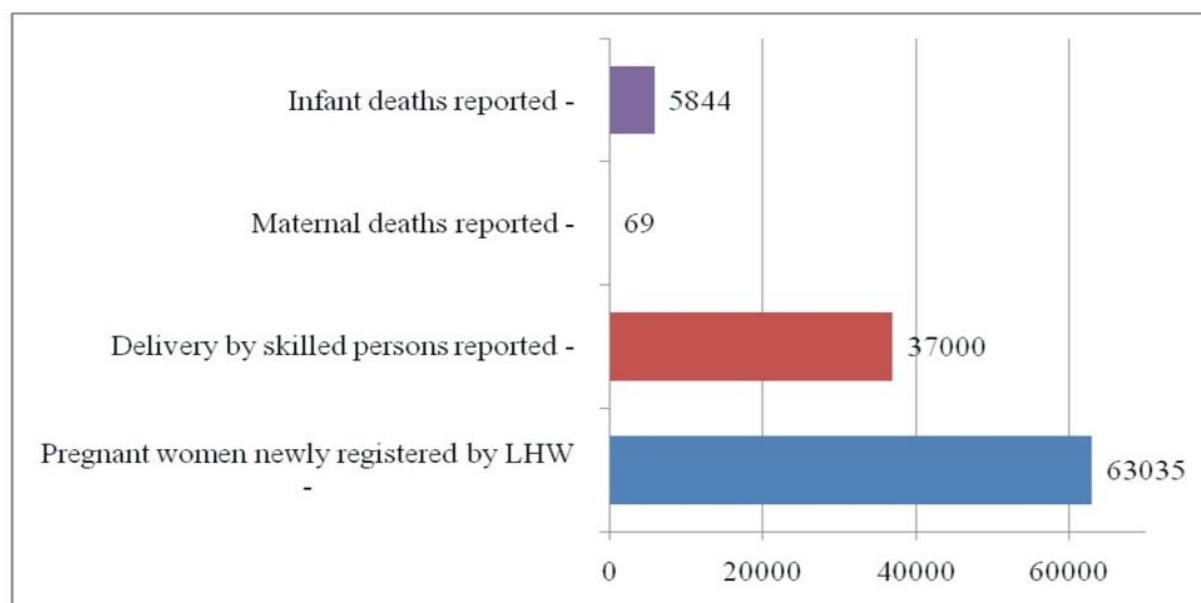
16. District Wise Number of Pregnant Women Newly Registered per LHW

Table No. 16

S. No	DISTRICT	Pregnant women newly registered by LHW	LHWs	Pregnant women registered Per LHW
1	Swat	8677	1011	9
2	Mardan	9314	1155	8
3	Charsadda	7253	959	8
4	Mansehra	5760	786	7
5	Malakand	3241	500	6
6	Tank	728	118	6
7	Buner	994	162	6
8	Peshawar	5209	906	6
9	Kohat	1050	217	5
10	Haripur	3049	650	5
11	Battagram	451	100	5

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12	Abbottabad	3740	881	4
13	Nowshera	2950	762	4
14	Swabi	2608	704	4
15	Bannu	1711	479	4
16	Dir Lower	1100	398	3
17	D.I. Khan	1930	735	3
18	Chitral	1202	478	3
19	Shangla	505	212	2
20	Lakki Marwat	742	527	1
21	Dir Upper	307	225	1
22	Karak	464	467	1
23	Hangu	50	93	1
24	Kohistan	0	20	0
	Total	**63035**	**12545**	**5**

Fig. 16.1

EVIDENCE BASED DECISION MAKING
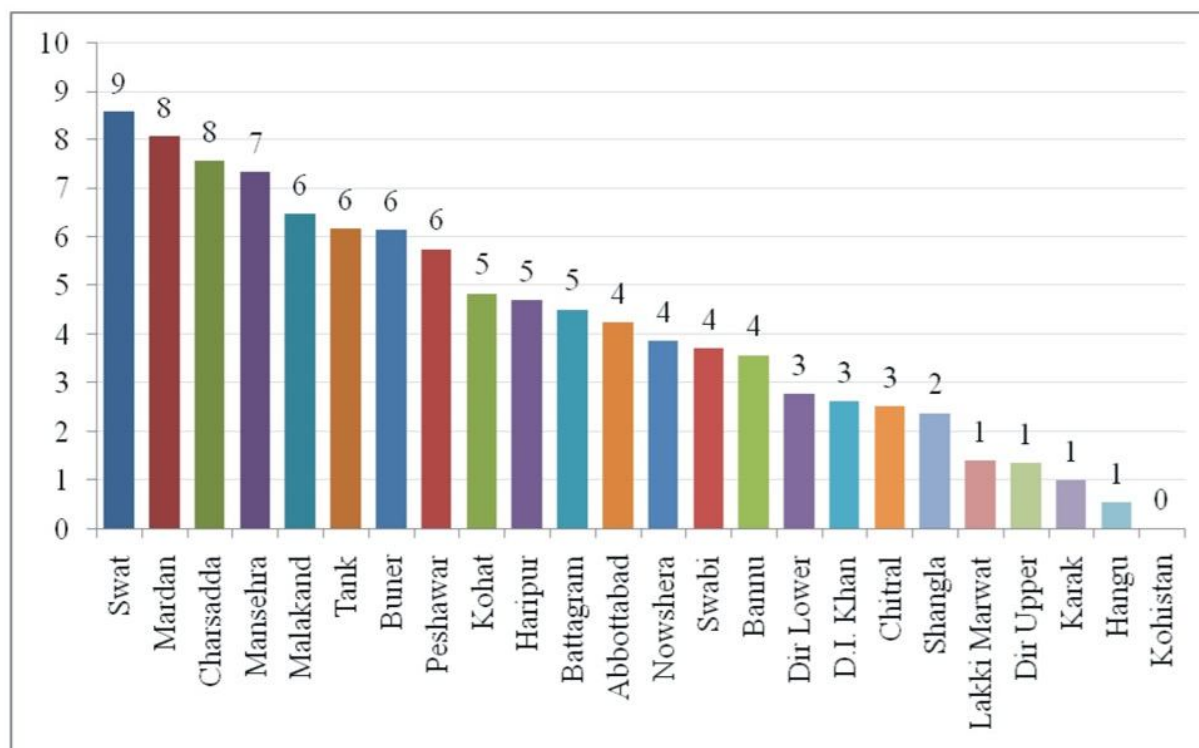
17. Immunization Coverage

The source of data regarding immunization coverage is (Monthly EPI report of provincial EPI Cell) of Directorate General Health Services Khyber Pakhtunkhwa.

123,245 (69%) children were fully immunized during the current quarter. The districts were classified into two categories with respect to full immunization coverage.

Fig. 17

a. Fully Immunized Children under 12 Months
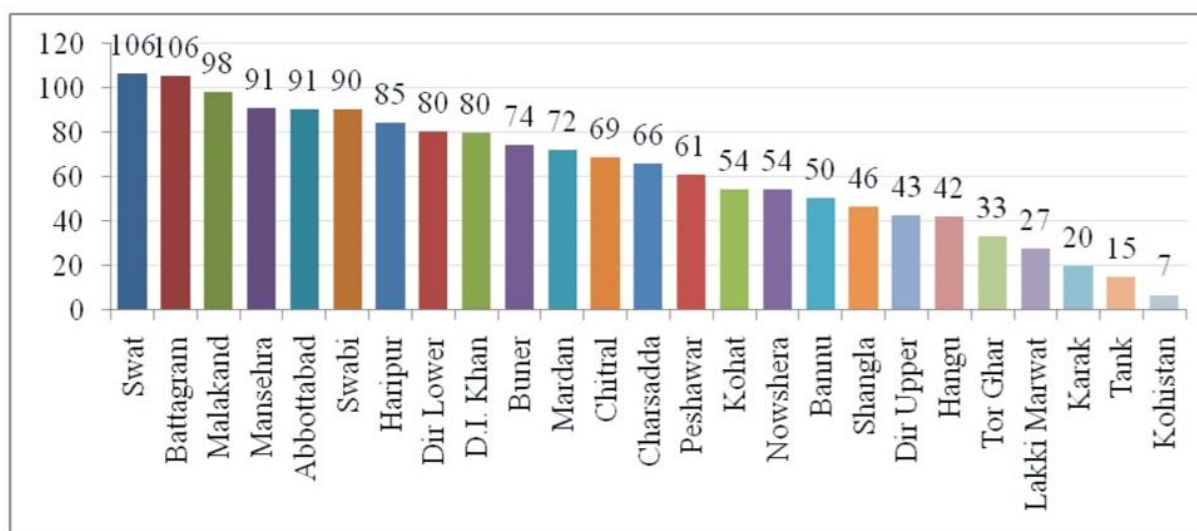
Table No. 17.1

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 m fully immunized	%age
1	Swat	1956000	13203	14056	106
2	Battagram	422000	2849	3007	106
3	Malakand	703000	4745	4670	98
4	Mansehra	1582000	10679	9725	91
5	Abbottabad	1120000	7560	6848	91
6	Swabi	1515000	10226	9222	90
7	Haripur	924000	6237	5272	85
8	Dir Lower	1124000	7587	6103	80
9	D.I. Khan	1308000	8829	7067	80
10	Buner	838000	5657	4198	74
11	Mardan	2168000	14634	10581	72
12	Chitral	444000	2997	2056	69
13	Charsadda	1493000	10078	6647	66
14	Peshawar	3219000	21728	13234	61
15	Kohat	862000	5819	3156	54

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16	Nowshera	1280000	8640	4684	54
17	Bannu	1010861	6823	3433	50
18	Shangla	667000	4502	2090	46
19	Dir Upper	828000	5589	2384	43
20	Hangu	482000	3254	1371	42
21	Tor Ghar	262407	1771	591	33
22	Lakki Marwat	742000	5009	1374	27
23	Karak	661000	4462	893	20
24	Tank	359000	2423	364	15
25	Kohistan	478000	3227	219	7
	Total	**26448268**	**178526**	**123245**	**69**

District Categorization by Immunization Converge

	<= 90%	>90%
Swabi	Nowshera	Swat
Haripur	Bannu	Battagram
Dir Lower	Shangla	Malakand
D.I. Khan	Dir Upper	Mansehra
Buner	Hangu	Abbottabad
Mardan	Tor Ghar	
Chitral	Lakki Marwat	
Charsadda	Karak	
Peshawar	Tank	
Kohat	Kohistan	
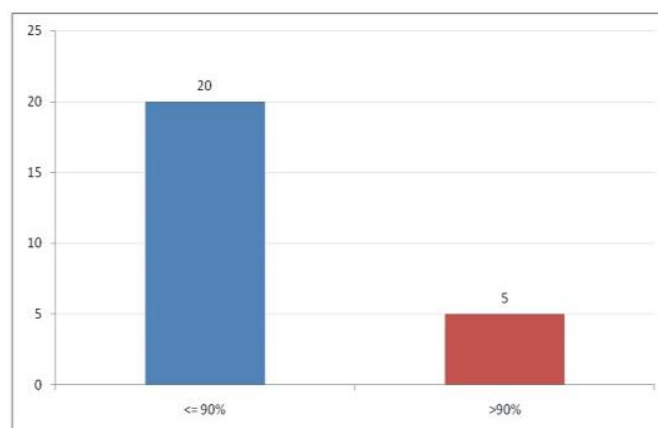
b. **Children Pentavelant 3rd Vaccine Received**
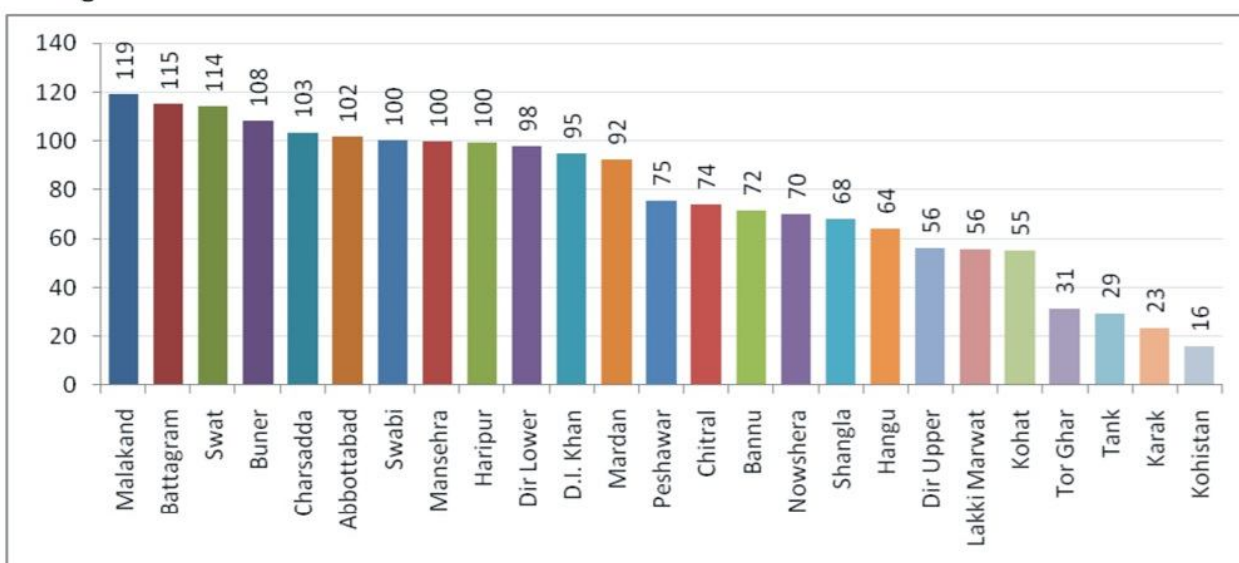
Fig. 17.2

Table No. 17.3

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 m received 3rd Pentavalent vaccine	%age
1	Malakand	703000	4745	5654	119
2	Battagram	422000	2849	3280	115
3	Swat	1956000	13203	15074	114
4	Buner	838000	5657	6121	108
5	Charsadda	1493000	10078	10430	103
6	Abbottabad	1120000	7560	7685	102
7	Swabi	1515000	10226	10241	100
8	Mansehra	1582000	10679	10645	100
9	Haripur	924000	6237	6209	100
10	Dir Lower	1124000	7587	7413	98
11	D.I. Khan	1308000	8829	8377	95
12	Mardan	2168000	14634	13501	92
13	Peshawar	3219000	21728	16358	75
14	Chitral	444000	2997	2221	74
15	Bannu	1010861	6823	4884	72
16	Nowshera	1280000	8640	6052	70
17	Shangla	667000	4502	3057	68
18	Hangu	482000	3254	2076	64
19	Dir Upper	828000	5589	3124	56
20	Lakki Marwat	742000	5009	2785	56
21	Kohat	862000	5819	3202	55
22	Tor Ghar	262407	1771	557	31
23	Tank	359000	2423	707	29
24	Karak	661000	4462	1034	23
25	Kohistan	478000	3227	511	16
	Total	**26448268**	**178526**	**151198**	**85**

c. Children under 12 m received 1st Measles vaccine

This indicator illustrates children under 12 months received 1ˢᵗ measles vaccine

Table No. 17.4

S. No	DISTRICT	Population	Exp Children<12 Months (2.7 Expected Live Birth)	Children under 12 m received 1st Measles vaccine	%age
1	Battagram	422000	2849	3522	124
2	Swat	1956000	13203	15643	118
3	Malakand	703000	4745	5407	114
4	Mardan	2168000	14634	16558	113
5	Haripur	924000	6237	6488	104
6	Dir Lower	1124000	7587	7869	104

EVIDENCE BASED DECISION MAKING

| 7	Buner	838000	5657	5820	103
8	Mansehra	1582000	10679	10502	98
9	Abbottabad	1120000	7560	7344	97
10	D.I. Khan	1308000	8829	7893	89
11	Charsadda	1493000	10078	7714	77
12	Swabi	1515000	10226	7659	75
13	Chitral	444000	2997	2169	72
14	Bannu	1010861	6823	4852	71
15	Nowshera	1280000	8640	5554	64
16	Hangu	482000	3254	1973	61
17	Peshawar	3219000	21728	13004	60
18	Shangla	667000	4502	2643	59
19	Dir Upper	828000	5589	3166	57
20	Kohat	862000	5819	3063	53
21	Lakki Marwat	742000	5009	2438	49
22	Tor Ghar	262407	1771	591	33
23	Tank	359000	2423	604	25
24	Karak	661000	4462	909	20
25	Kohistan	478000	3227	291	9
	Total	**26448268**	**178526**	**143676**	**80**

Fig. 17.5
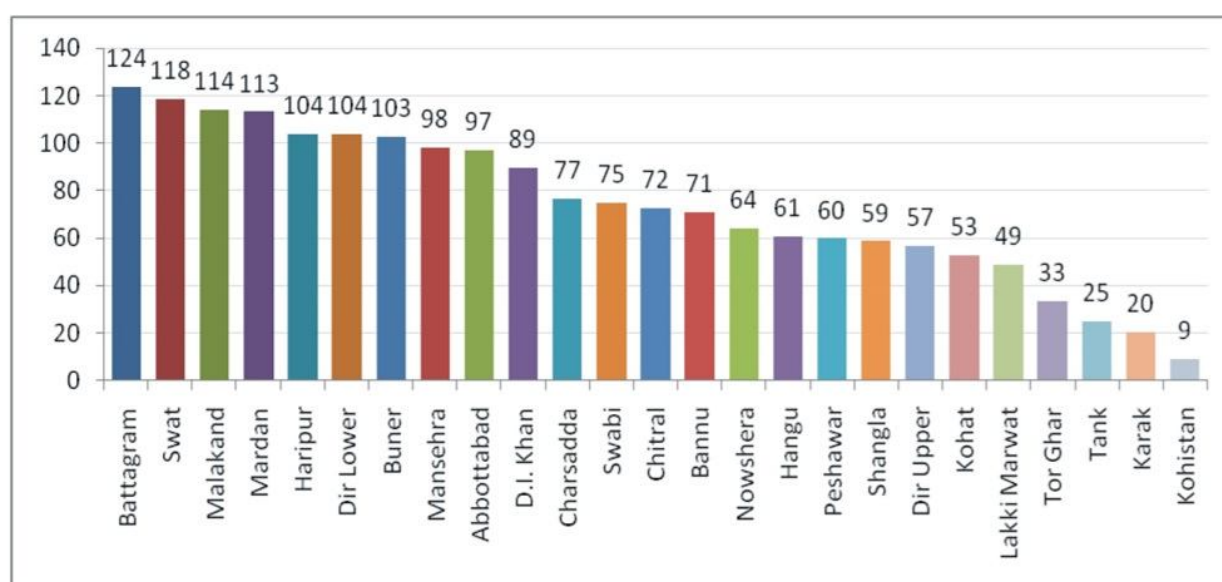
d. Pregnant Women Received TT-2 Vaccine

During 2nd quarter 2015, out of **250893** expected pregnant women, **111732 (45%)** women received TT-2 vaccination. Among districts there is a variation that ranges from 2% to 92%. Most of the districts fall under 50% to 92%. District Kohistan had the lowest in range (2%) while district Haripur had highest (94%), TT-2 vaccination coverage. Table No. 18.6 shows the districts specific categorization of TT-2 coverage.

Table No. 17.6

S. No	DISTRICT	Population	Pregnant Women	Pregnant women received TT-2 vaccine	%age
1	Haripur	924000	9798	9047	92
2	Swat	1956000	17802	12503	70
3	Malakand	703000	6402	4378	68
4	D.I. Khan	1308000	12075	7815	65
5	Buner	838000	7164	4543	63
6	Dir Lower	1124000	10158	5762	57
7	Mansehra	1582000	13686	7686	56
8	Battagram	422000	4350	2165	50
9	Abbottabad	1120000	12465	5931	48
10	Charsadda	1493000	14472	6876	48
11	Mardan	2168000	20667	9399	45
12	Bannu	1010861	9564	3710	39
13	Swabi	1515000	14535	5630	39
14	Chitral	444000	4512	1652	37
15	Peshawar	3219000	28581	9519	33
16	Dir Upper	828000	8151	2647	32
17	Kohat	862000	7965	2491	31
18	Lakki Marwat	742000	6936	2068	30
19	Nowshera	1280000	12375	3483	28
20	Hangu	482000	4452	1216	27
21	Shangla	667000	6150	1517	25
22	Tank	359000	3372	799	24
23	Tor Ghar	262407	2472	231	9
24	Karak	661000	6099	507	8
25	Kohistan	478000	6690	157	2
	Total	**26448268**	**250893**	**111732**	**45**

EVIDENCE BASED DECISION MAKING

Fig. 17.7
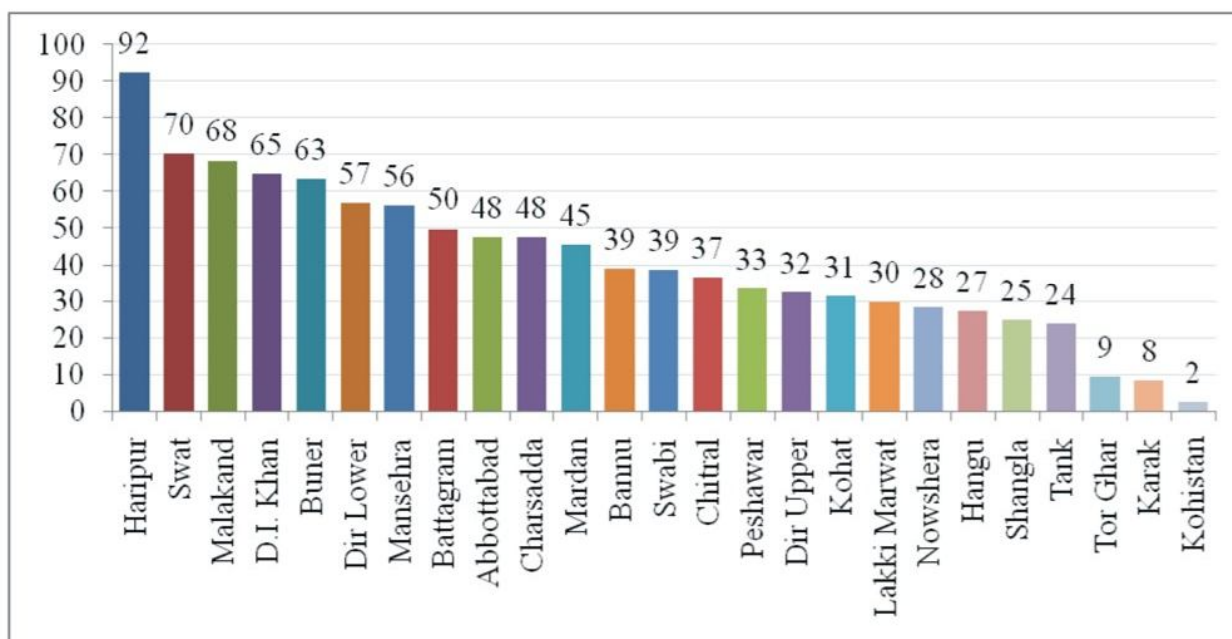
18. Intensive-phase TB-DOTS patients

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. 18

S. No	DISTRICT	Intensive-phase TB-DOTS patients	%age
1	Swat	2738	32.13
2	Mardan	750	8.80
3	Bannu	572	6.71
4	Mansehra	415	4.87
5	Haripur	391	4.59
6	Nowshera	378	4.44
7	Shangla	335	3.93
8	Kohat	306	3.59
9	Hangu	276	3.24
10	Charsadda	275	3.23
11	Abbottabad	253	2.97
12	Dir Lower	239	2.80

EVIDENCE BASED DECISION MAKING

13	Peshawar	213	2.50
14	Battagram	212	2.49
15	Chitral	183	2.15
16	Buner	179	2.10
17	Swabi	173	2.03
18	Lakki Marwat	132	1.55
19	Dir Upper	129	1.51
20	Kohistan	112	1.31
21	Tank	99	1.16
22	Malakand	87	1.02
23	D.I. Khan	47	0.55
24	Karak	27	0.32
25	Toor Ghar	0	0.00
	Total	**8521**	

Table No. 18 show the district wise TB data with percentage. District Tor Ghor fail to report TB patients which is (0) number. District Swat is in highest in number in the list and report 2738 patients during the 2nd quarter out of the total patients reported (8521) with 32.13%. District Mardan reports (750) with (8.80%) and district Bannu reports (572) with (6.71%) patients.

Most of the districts show their performance in range of (1% to 4%).
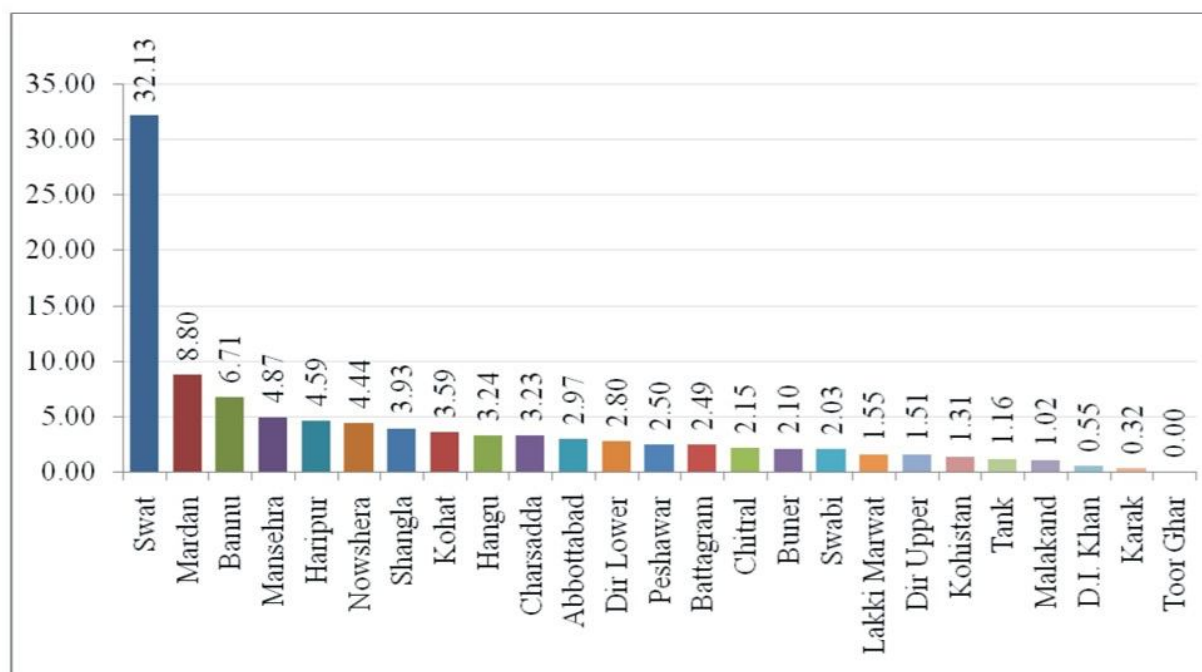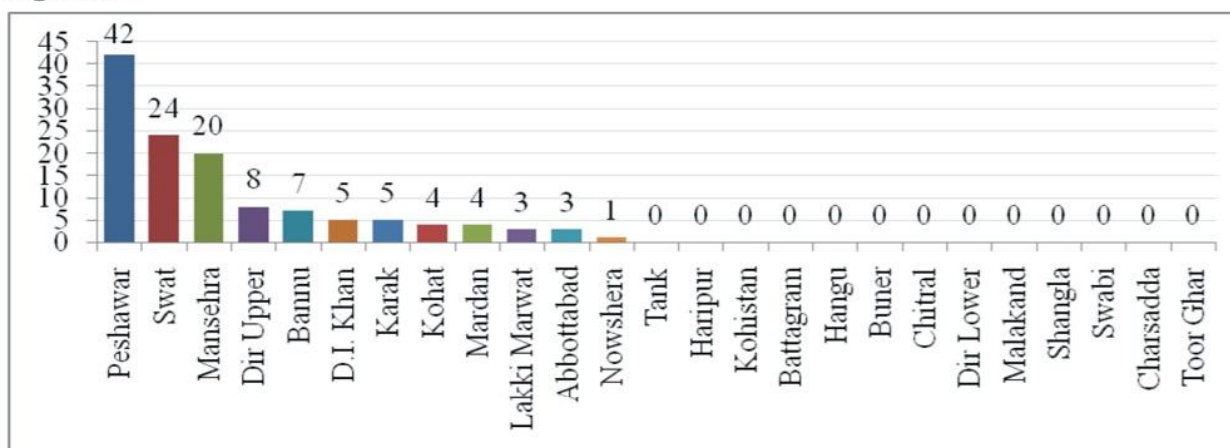
Fig. 18.1

EVIDENCE BASED DECISION MAKING

Table No. 18.3

S. No	DISTRICT	Intensive phase TB-DOTS patients missing treatment >1 week -
1	Peshawar	42
2	Swat	24
3	Mansehra	20
4	Dir Upper	8
5	Bannu	7
6	D.I. Khan	5
7	Karak	5
8	Kohat	4
9	Mardan	4
10	Lakki Marwat	3
11	Abbottabad	3
12	Nowshera	1
13	Tank	0
14	Haripur	0
15	Kohistan	0
16	Battagram	0
17	Hangu	0
18	Buner	0
19	Chitral	0
20	Dir Lower	0
21	Malakand	0
22	Shangla	0
23	Swabi	0
24	Charsadda	0
25	Toor Ghar	0
	Total	**126**

Fig. 18.4

DHIS

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