



**3RD QUARTER
REPORT 2017**

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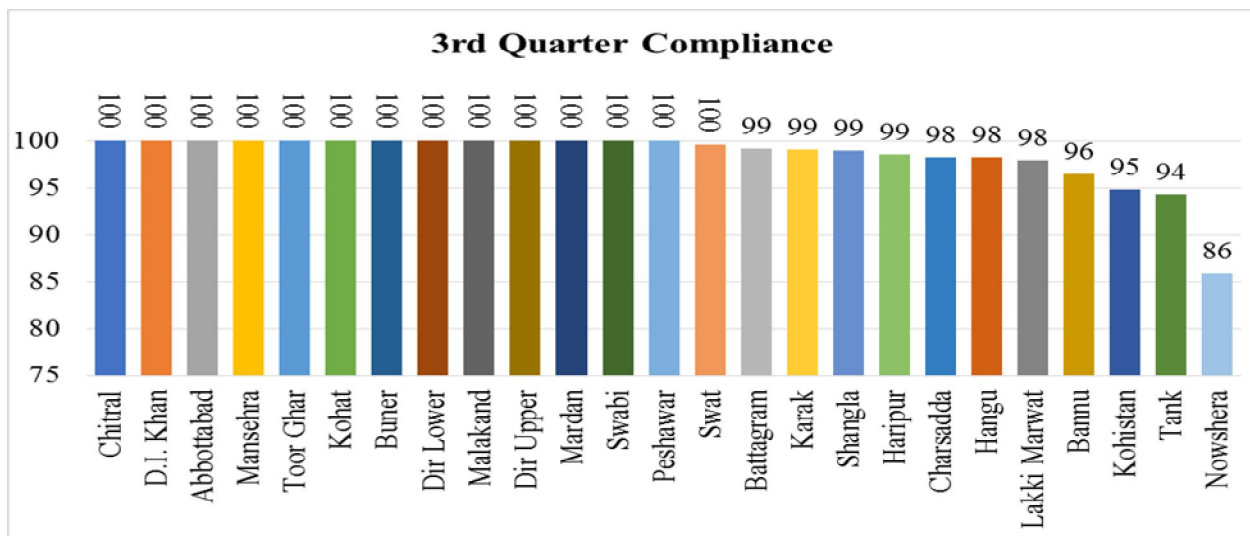
3rd Quarter Report 2017

1. REPORTING COMPLIANCE

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

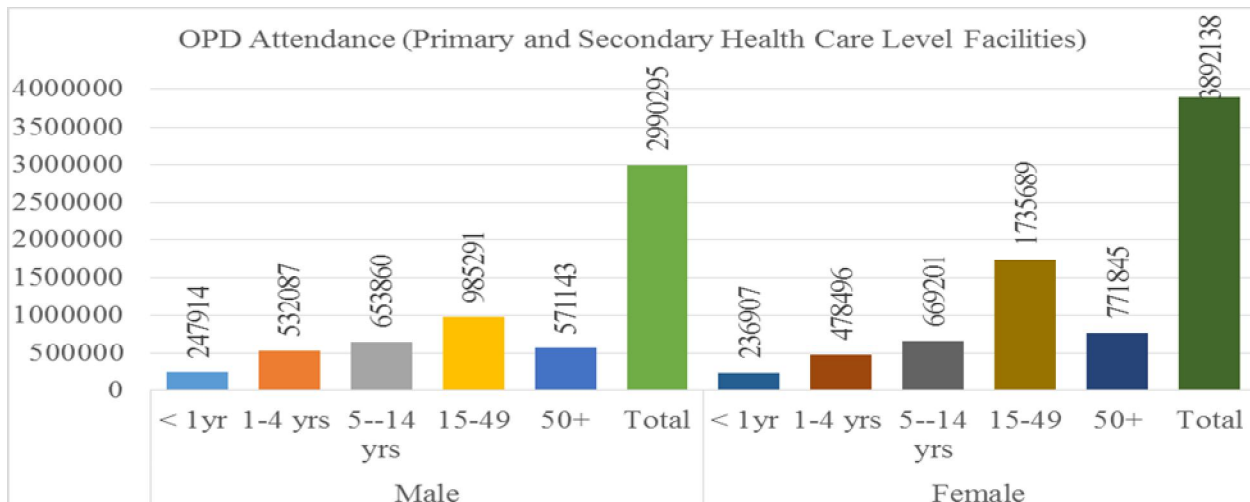
District Wise Percentage of Reporting Compliance.

Graph shows district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. 23 districts (Chitral to Kohistan) among 25 districts achieved the target i-e reporting more than 95% facilities. Districts Tank and Nowshera reported (94% and 86%) and remained below the target in 3rd quarter 2017.



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

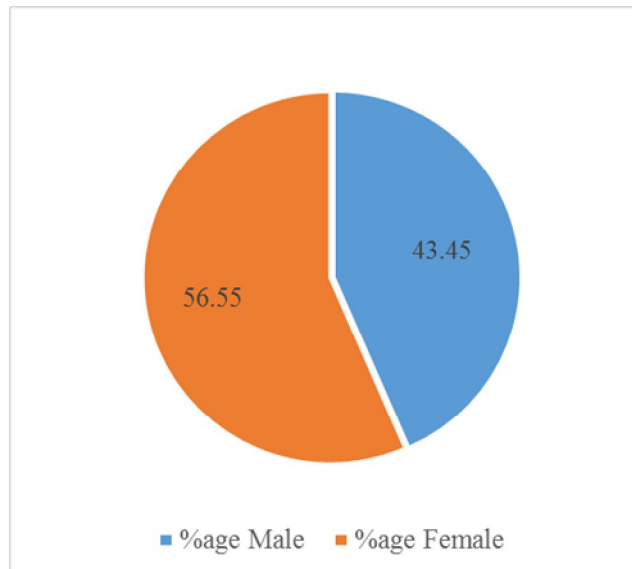
This is one of the key indicators to assess performance on the provision of health services in Province Khyber Pakhtunkhwa. It refers to the number of people attending and receiving services at health facilities during illness.



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 3rd quarter 2017, the figures shows that in the case of male OPD attendance of age group from 1 to 14 years is **(1,185,947)**, which is **39.66%** of the total of male OPD **(2,990,295)**.

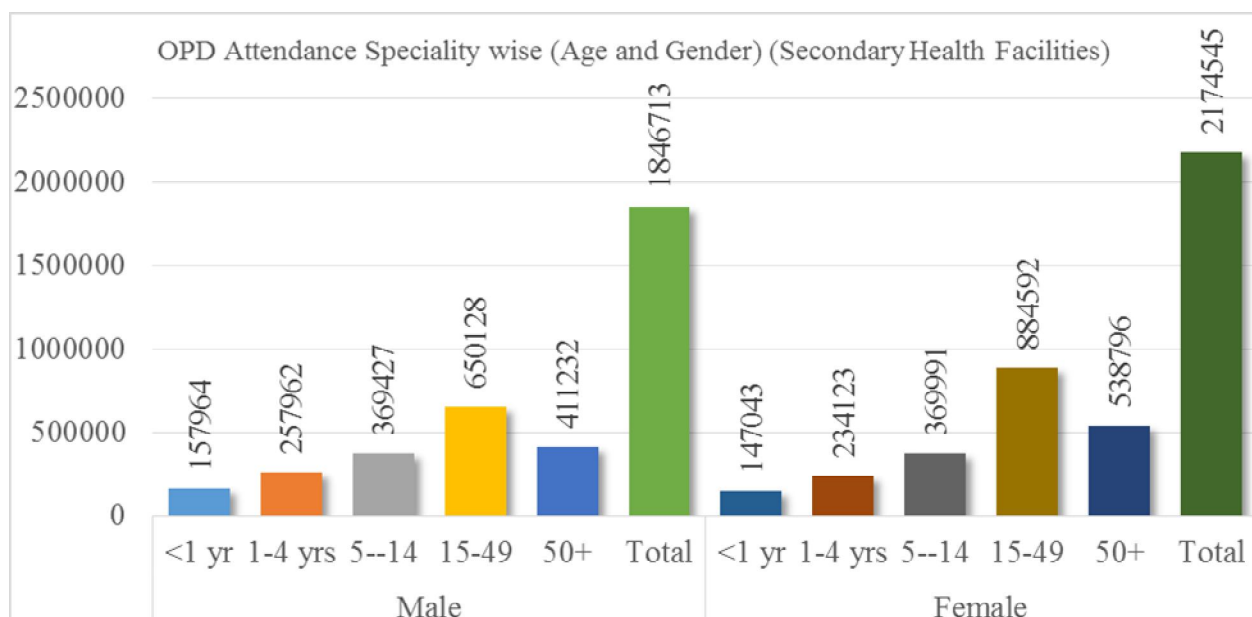
Similarly in case of female OPD attendance of age group from 1 to 14 is **(1,147,697)**, which is **29.49%** of the total female OPD attendance **(3,892,138)**.



In General OPD Attendance (Primary & Secondary Health Care Facilities) 56.55% female and 43.45% male patients visited.

3. Specialty Wise Break Up of Patients

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 visits (SHC) in 3rd quarter 2017		4,021,258	
Sr.#	Specialty	New Visits	%age
1	Emergency/Casualty	1145053	28.47
2	General OPD	1000028	24.87
3	Pediatric	438592	10.91
4	OB/GYN	248427	6.18
5	Medicine	241569	6.01
6	Dental	154527	3.84
7	Eye	134837	3.35
8	Orthopedics	133620	3.32
9	Surgery	130485	3.24
10	ENT	118585	2.95
11	Skin	88407	2.20
12	Others	67117	1.67
13	Cardiology	56870	1.41
14	Homeo Cases	33494	0.83
15	Psychiatry	19447	0.48
16	Tibb/Unani Shifa Khana	10200	0.25

Under the specialty an emergency/casualty, the number and percentage of patients are on top and stands at **(1,114,053)** with **28.47%**, General OPD on second number and is **(1,000,028)** which is **24.87%**.

Number of patients in the specialty of Pediatric and OB/Gyneae are **438,592** and **248,427** which is **10.91%** and **6.18%**.

The disorder of Dental caries and the specialty Skin Diseases stands at **154,527** with **3.84%** and **88,407** with **2.20%**.

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 in 3rd Quarter 2017		6882433	
S. No	Disease	Total	%age
1	Acute(upper)Respiratory Infections	778363	11.31
2	Diarrhoea/Dysentery <5 yrs	364159	5.29
3	Diarrhoea/Dysentery >5 yrs	310415	4.51
4	Fever due to other causes	274918	3.99
5	Urinary Tract Infections	236129	3.43
6	Suspected Malaria	182323	2.65
7	Hypertension	159391	2.32
8	Dental Caries	158646	2.31
9	Peptic Ulcer Diseases	140801	2.05

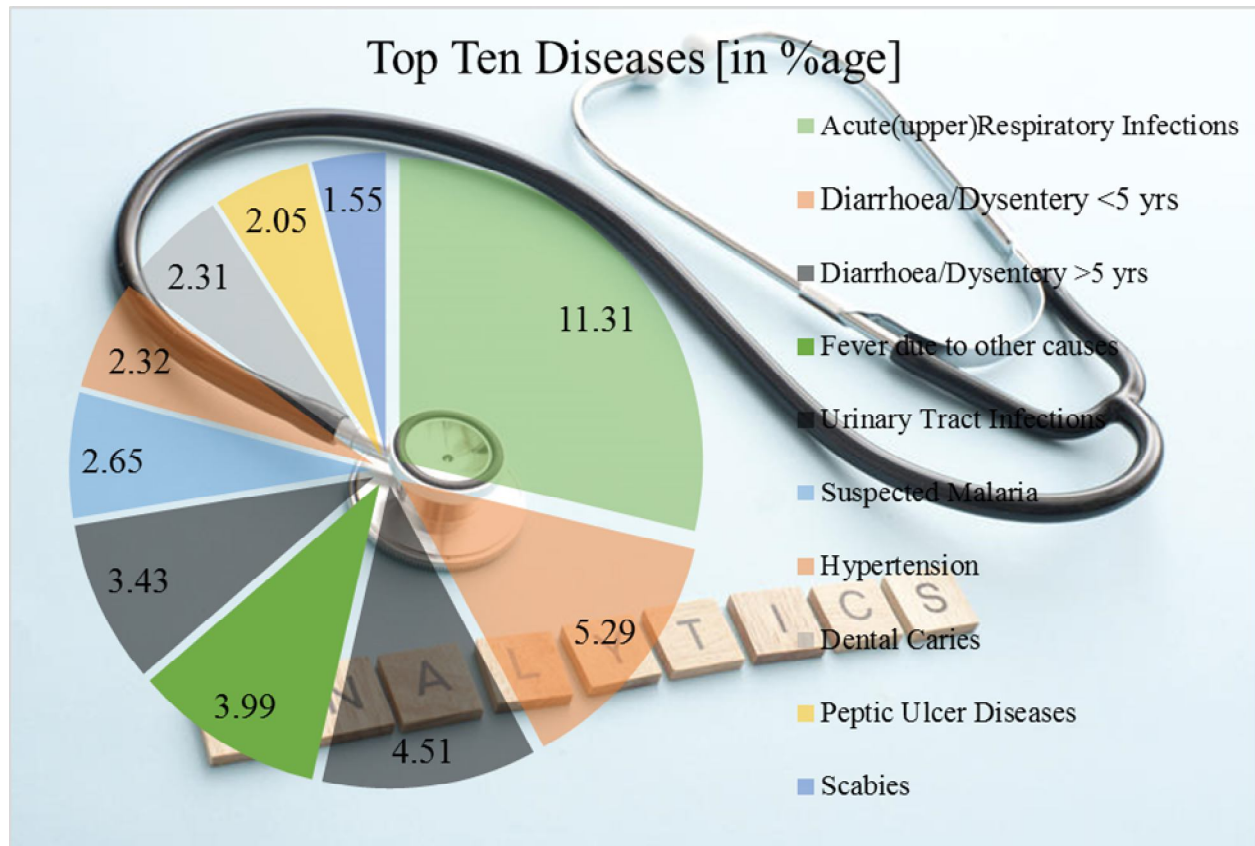
10	Scabies	106478	1.55
11	Diabetes Mellitus	96777	1.41
12	Worm infestation	89003	1.29
13	Dermatitis	77845	1.13
14	Otitis Media	75134	1.09
15	Road traffic accidents	67318	0.98
16	Enteric / Typhoid Fever	66365	0.96
17	Asthma	56826	0.83
18	Depression	51039	0.74
19	Pneumonia under 5 years	38684	0.56
20	Pneumonia >5 years	27263	0.40
21	Cataract	21455	0.31
22	Fractures	19814	0.29
23	Suspected Viral Hepatitis	19056	0.28
24	Ischemic Heart Disease	18532	0.27
25	Dog bite	17676	0.26
26	TB Suspects -	16985	0.25
27	Chronic Obstructive Pulmonary Diseases	12752	0.19
28	Trachoma -	8701	0.13
29	Suspected Measles -	7272	0.11
30	Burns	5840	0.08
31	Epilepsy	5426	0.08
32	Benign Enlargement of Prostate	4823	0.07
33	Drug Dependence	4534	0.07
34	Sexually Transmitted Infections -	3718	0.05
35	Nephritis/Nephrosis	3629	0.05
36	Glaucoma	3568	0.05
37	Cirrhosis of Liver	2978	0.04
38	Cutaneous Leishmaniasis	2136	0.03
39	Suspected Meningitis -	1694	0.02
40	Snake bites (with signs/symptoms of poisoning)	708	0.01
41	Suspected Neonatal Tetanus -	476	0.01
42	Acute Flaccid Paralysis -	89	0.001
43	Suspected HIV/AIDS -	35	0.001
Total Priority Disease		3539774	51.43

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

Acute Respiratory Infections stands **778,363** which is **11.31%** of these patients. Diarrhoea/Dysentery under and over 5 years stands **364,159** with (**5.29%**) and **310,415** with (**4.51%**) of the total in 3rd quarter 2017. Fever due to other causes stands at **274,918 (3.99%)** patients.

Cases of Urinary Tract Infections and Hypertension disorders are **236,129** which are **3.43%** and **159,391 (2.32%)** of the total patients. Dental Caries and Peptic Ulcer Diseases are **158,646** with **2.31%** and **140,801** with **2.05%** in 3rd quarter 2017.

Suspected Malaria patients' in 3rd quarter 2017 stands **182,323** with **2.65%**. Scabies cases are reported **106,478** with **(1.55%)**.



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 2017, total numbers of communicable diseases are **2,023,215 (29.40%)**, whereas non-communicable diseases are **1,516,559 (22.04%)**.

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 in 3rd Quarter 2017		6,882,433	
S#	Disease	Total	%age
1	Acute (upper) Respiratory Infections	778363	11.31
2	Diarrhoea/Dysentery in < 5 yrs	364159	5.29
3	Diarrhoea/Dysentery in >5 yrs	310415	4.51
4	Suspected Malaria	182323	2.65
5	Scabies	106478	1.55
6	Worm infestation	89003	1.29
7	Enteric / Typhoid Fever	66365	0.96
8	Pneumonia under 5 years	38684	0.56
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15	Cutaneous Leishmaniasis -	2136	0.03
16	Suspected Meningitis -	1694	0.02
17	Suspected Neonatal Tetanus -	476	0.01
18	Acute Flaccid Paralysis -	89	0.001
19	Suspected HIV/AIDS -	35	0.001
Total Priority Disease		2,023,215	29.40

Acute Respiratory Infections and diarrhea/dysentery under and over 5 years constitute **21.11%** of these patients. Prevalence of Scabies stands **106,478** with **1.55%** patients in 3rd quarter 2017.

Suspected Malaria cases are reported **182,323** in figures and **(2.65%)** in percentile in 3rd quarter 2017.

The department should take adopt programmatic approach to control the disease.

b. NON-COMMUNICABLE DISEASES

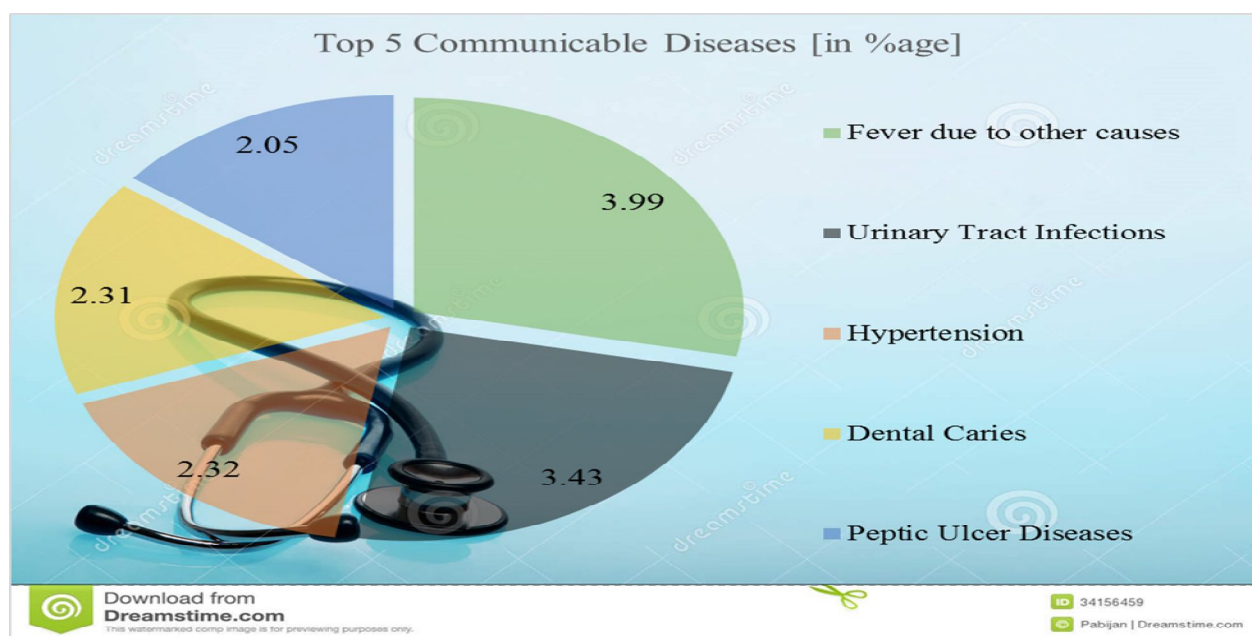
A **non-communicable disease** (NCD) is a medical condition or **disease** that is not caused by infectious agents (**non-infectious** or **non-transmissible**). NCDs can refer to chronic **diseases** which last for long periods of time and progress slowly. NCDs are the leading cause of death globally.

Total OPD in 3rd Quarter 2017		6,882,433	
S#	Disease	Total	%age
1	Fever due to other causes	274918	3.99
2	Urinary Tract Infections	236129	3.43
3	Hypertension	159391	2.32
4	Dental Caries	158646	2.31
5	Peptic Ulcer Diseases	140801	2.05
6	Diabetes Mellitus	96777	1.41
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9	Road traffic accidents	67318	0.98
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16	Chronic Obstructive Pulmonary	12752	0.19
17	Burns	5840	0.08
18	Epilepsy	5426	0.08
19	Benign Enlargement of Prostrate	4823	0.07
20	Drug Dependence	4534	0.07
21	Nephritis/Nephrosis	3629	0.05
22	Glaucoma	3568	0.05
23	Cirrhosis of Liver	2978	0.04
24	Snake bits (with signs/symptoms of poisoning)	708	0.010
Total Priority Disease		1516559	22.04

The fever due to other causes and Urinary Tract Infections in table are stands 274,918 (3.99%) and 236,129 (3.43%) in 3rd quarter 2017.

Table and Graph illustrates the trend of non-communicable diseases in Khyber Pakhtunkhwa province during 3rd quarter 2017.

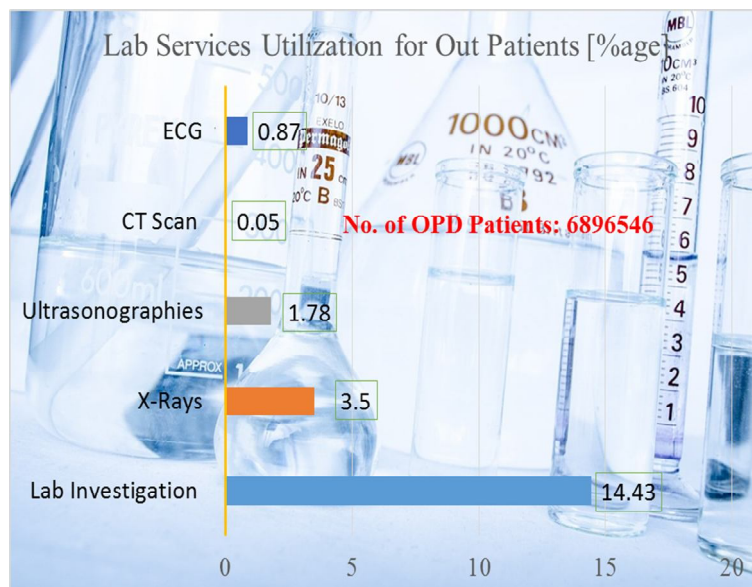


6. Lab Services Utilization for Out Door Patients

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.

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

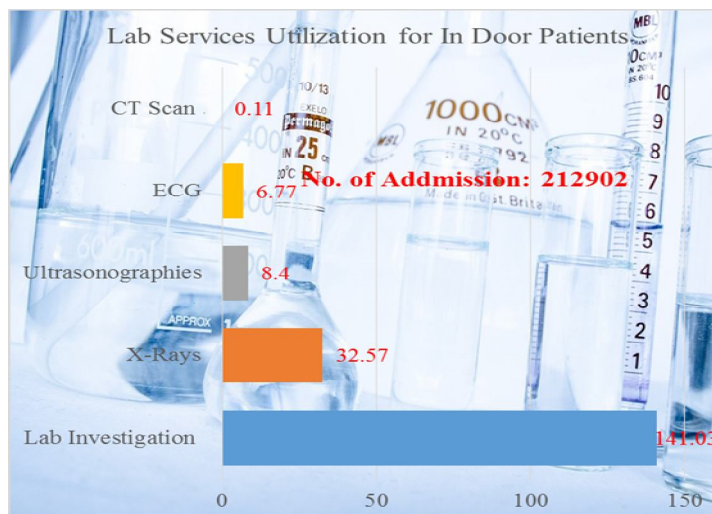
# of OPD Patients	6896546
Lab Investigation	14.43
X-Rays	3.5
Ultrasonography	1.78
CT Scan	0.05
ECG	0.87



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	212902
Lab Investigation	141.03
X-Rays	32.57
Ultrasonography	8.4
ECG	6.77
CT Scan	0.11



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.

District	Jul	Aug	Sep	Avg No. of ANC-1
Swat	8891	7800	6946	7879
Peshawar	4503	8048	4367	5639
Mardan	6131	4584	3927	4881
Mansehra	3588	5823	4121	4511
D.I. Khan	5220	4620	2376	4072
Malakand	5648	2276	3545	3823
Charsadda	4274	3171	3295	3580
Haripur	3468	2909	2839	3072
Swabi	3639	2841	2463	2981
Dir Lower	3180	2641	3056	2959
Kohat	4167	2526	1960	2884
Battagram	2877	2843	2502	2741
Dir Upper	2750	2474	2377	2534
Nowshera	2702	2347	2134	2394
Lakki Marwat	1928	2531	2041	2167
Abbottabad	2620	2015	1507	2047
Chitral	1940	1722	2020	1894
Bannu	1744	1620	1721	1695
Karak	1613	1693	1437	1581
Hangu	1502	1689	1229	1473
Buner	1600	1677	1125	1467
Shangla	1497	1484	1222	1401
Tank	1481	1315	929	1242
Toor Ghar	296	170	164	210
Kohistan	154	190	139	161

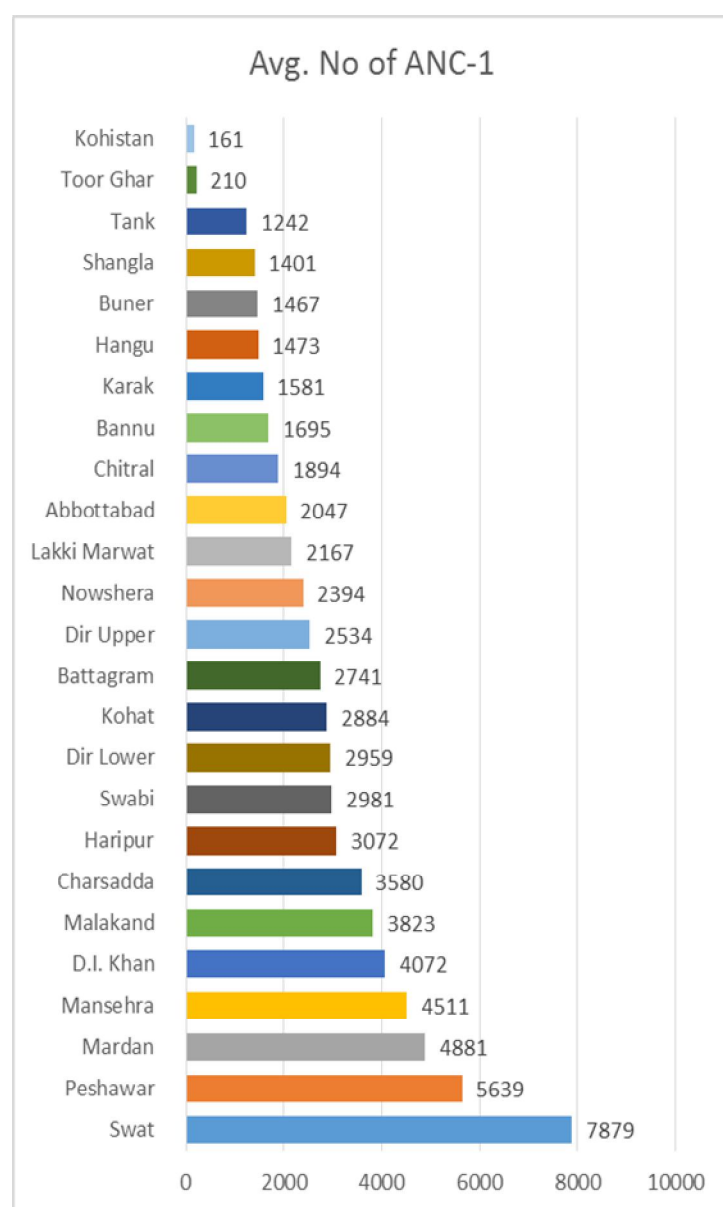


Table and Graph illustrates the statistical analysis about data regarding First Antenatal care services (ANC-1) in government health facilities. District Kohistan and Tor Ghar stands at the

bottom of the list and worst performance with an **average 161 and 210** ANC-1 coverage in 3rd quarter 2017.

Swat, Peshawar, Swabi, Dir Lower and Mardan are the top performer among 25 districts.

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

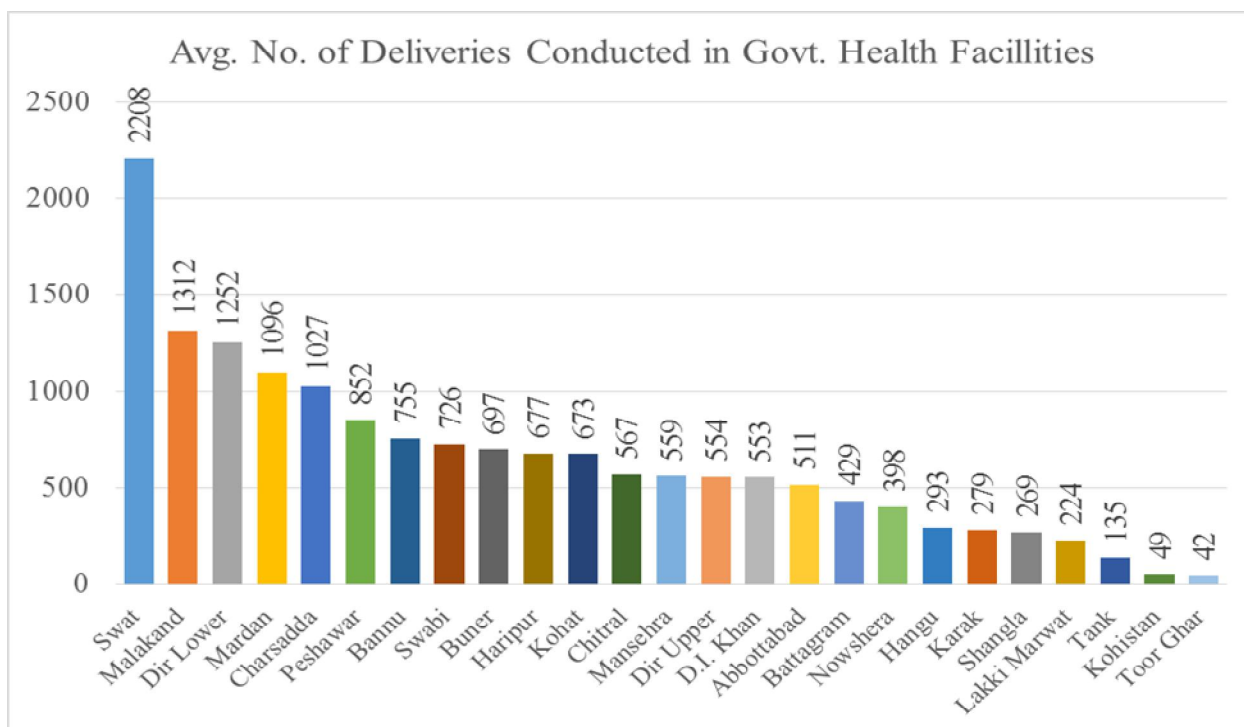
This indicator is reflective of the confidence shown by the general public in the government health facilities for carrying out normal deliveries.

S#	District	Jul	Aug	Sep	Avg
1	Swat	2397	2173	2055	2208
2	Malakand	1234	1402	1301	1312
3	Dir Lower	1311	1258	1187	1252
4	Mardan	1070	1125	1093	1096
5	Charsadda	1147	921	1012	1027
6	Peshawar	826	894	835	852
7	Bannu	945	1184	136	755
8	Swabi	843	866	468	726
9	Buner	722	699	670	697
10	Haripur	718	674	640	677
11	Kohat	964	87	969	673
12	Chitral	582	587	531	567
13	Mansehra	588	566	524	559
14	Dir Upper	613	618	432	554
15	D.I. Khan	758	800	100	553
16	Abbottabad	553	406	573	511
17	Battagram	505	402	379	429
18	Nowshera	457	391	347	398
19	Hangu	327	301	252	293
20	Karak	233	326	278	279
21	Shangla	260	248	298	269
22	Lakki Marwat	153	350	169	224
23	Tank	142	130	133	135
24	Kohistan	59	55	32	49
25	Toor Ghar	58	32	36	42
Grand Total		17465	16495	14450	16137

District Swat is on top position of all 25 districts with number of average deliveries **2208** in government health facilities in the quarter. Districts Malakand, Dir Lower, Mardan and Charsadda reported **1312, 1252, 1096 and 1027** 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.

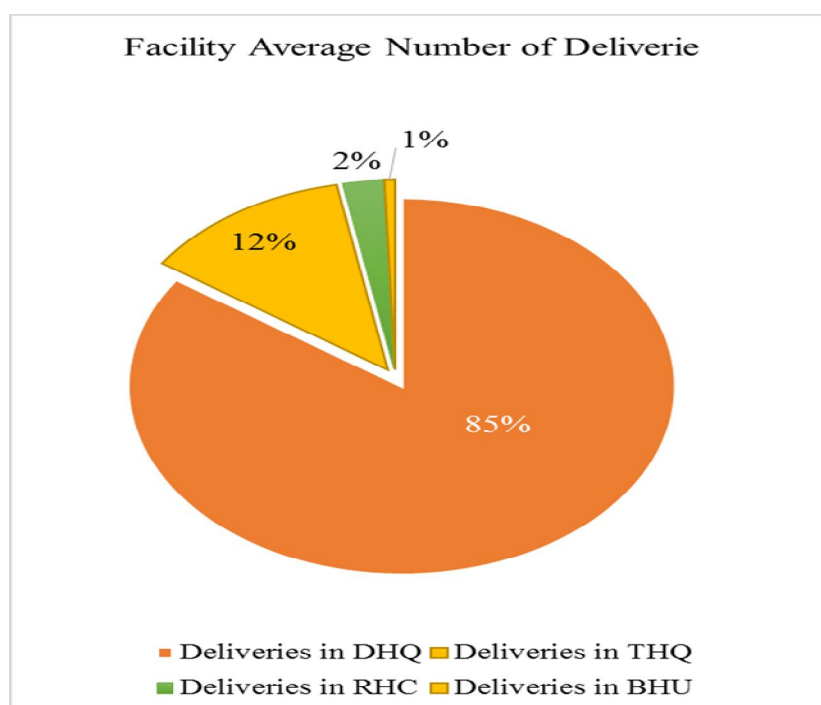


10. Health Facility-wise Number of Deliveries

This indicator reflects health facilities wise number of deliveries and the DHQ hospital stand **22259**, which is **85%** of the total, THQ **3267** (12%), RHC reports **625** (2%), and BHUs reports only **166** (1%) deliveries.

W&C Hospital and DHQ Hospital (MTI) Bannu not reported data.

DHQ	THQ	RHC	BHU
22259	3267	625	166

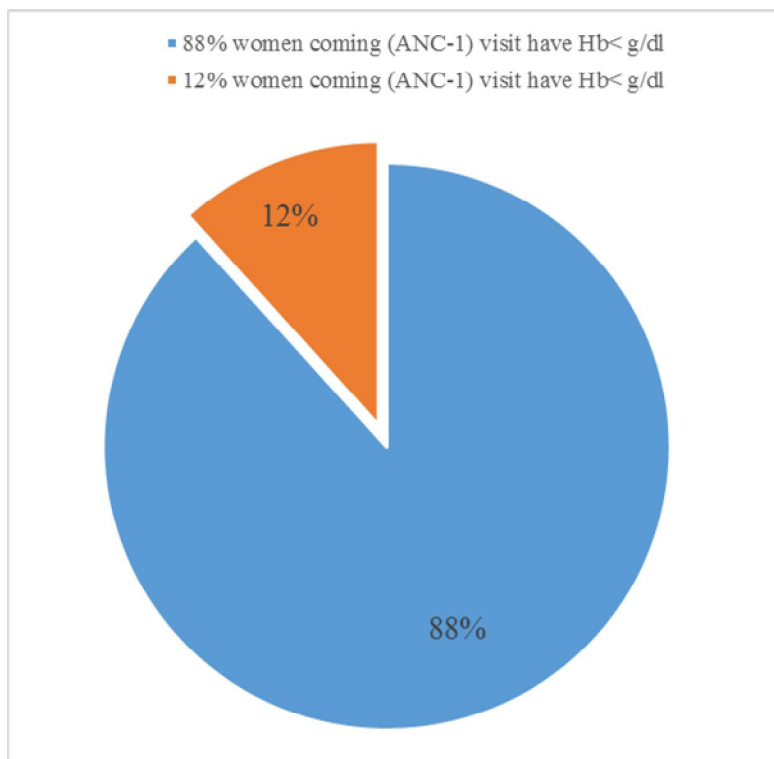
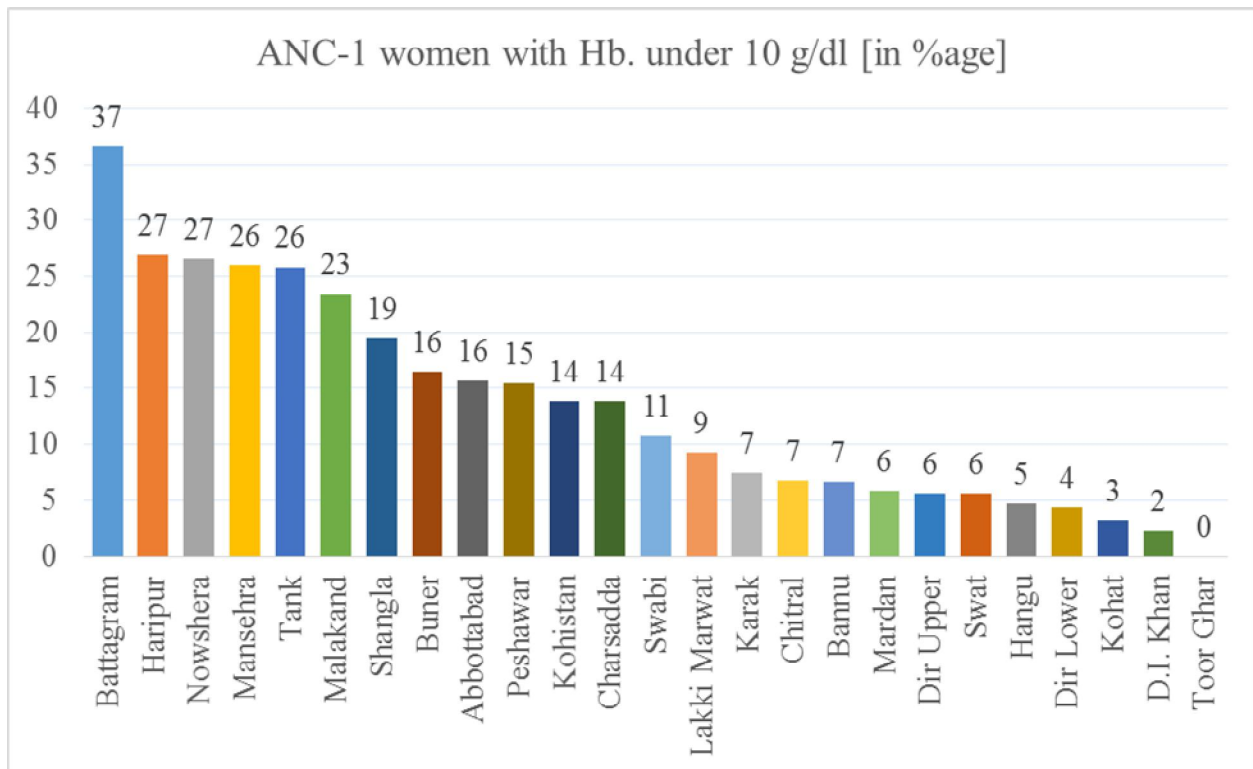


11. Anemia among Women Coming for ANC-1 in Govt: Health Facilities (in %age)

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	ANC-1 women with Hb. under 10 g/dl	%age
1	Mansehra	13532	3512	26
2	Battagram	8222	3013	37
3	Malakand	11469	2684	23
4	Peshawar	16918	2614	15
5	Haripur	9216	2482	27
6	Nowshera	7183	1909	27
7	Charsadda	10740	1485	14
8	Swat	23637	1334	6
9	Tank	3725	961	26
10	Abbottabad	6142	961	16
11	Swabi	8943	959	11
12	Mardan	14642	855	6
13	Shangla	4203	816	19
14	Buner	4402	723	16
15	Lakki Marwat	6500	605	9
16	Dir Upper	7601	429	6
17	Chitral	5682	382	7
18	Dir Lower	8877	382	4
19	Karak	4743	352	7
20	Bannu	5085	339	7
21	D.I. Khan	12216	283	2
22	Kohat	8653	275	3
23	Hangu	4420	208	5
24	Kohistan	483	67	14
25	Toor Ghar	630	0	0
Total		207864	27630	13

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**.



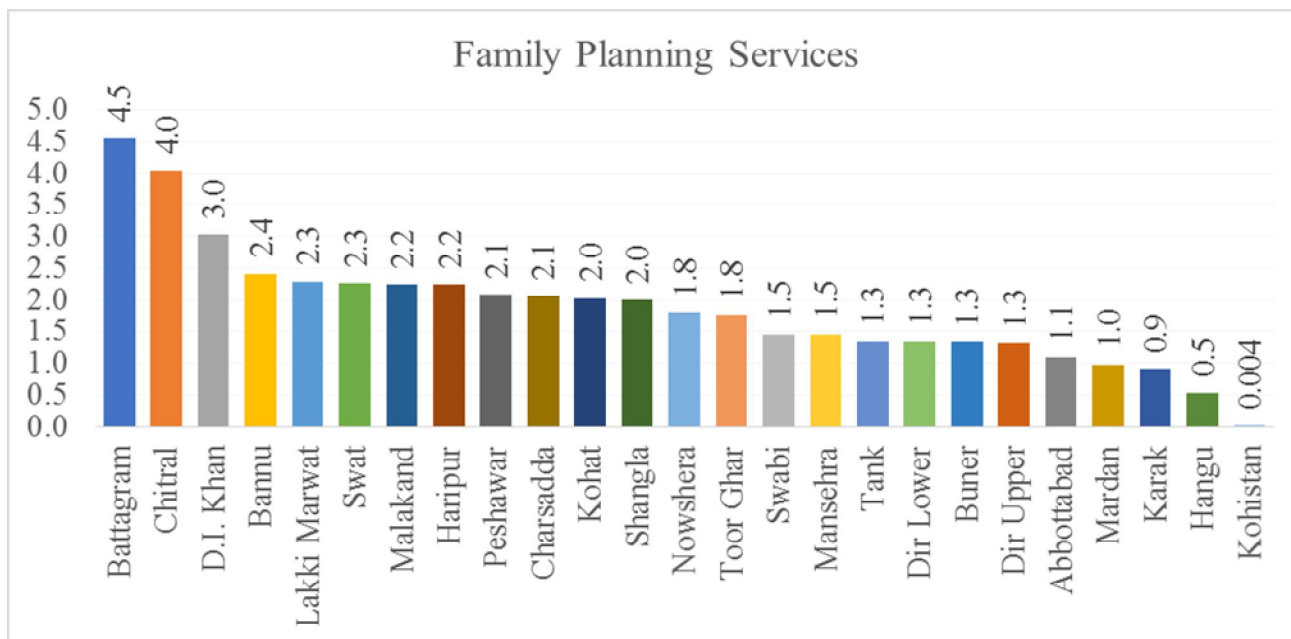
This indicator shows the frequency of Anemia among women coming for ANC-1 in the government health facilities. First ANC in the facilities is 88% with greater than Hb and the women with Hb under 10g/dl are 12%.

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.

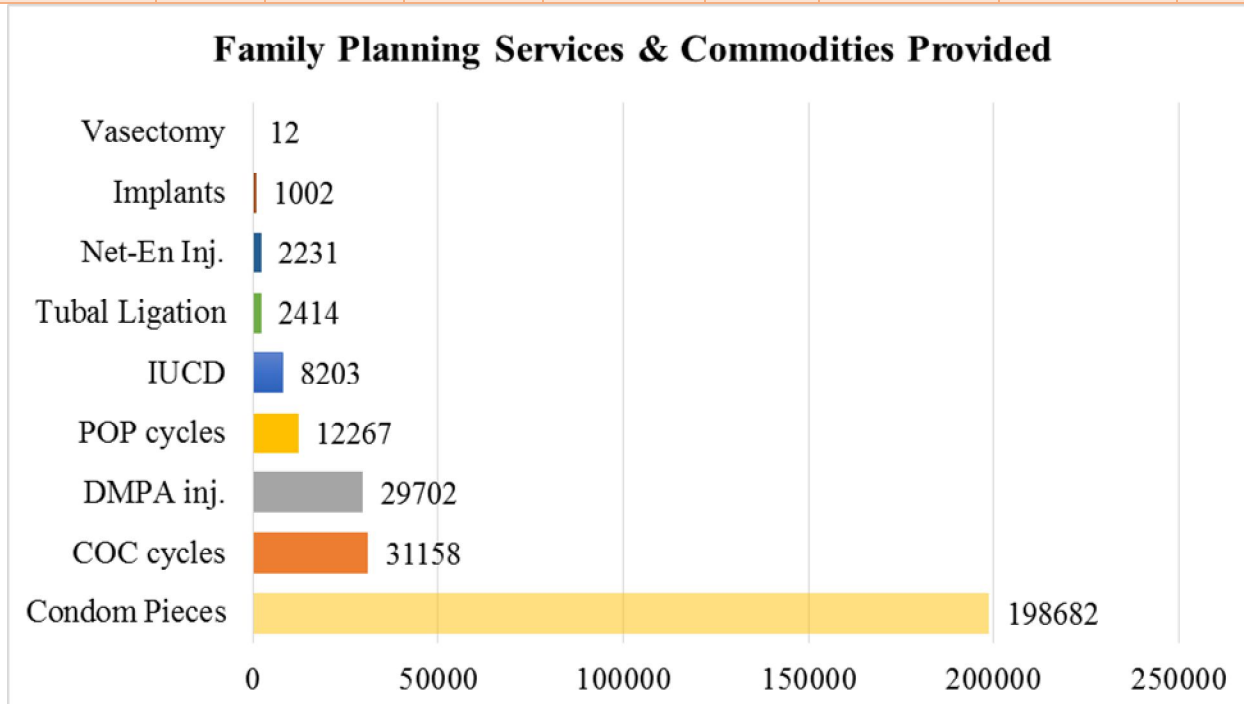
S. No	DISTRICT	Population	FP Visits 16% of total population	Total FP Visits	%age
1	Battagram	476612	76258	3463	4.5
2	Chitral	447362	71578	2886	4.0
3	D.I. Khan	1627132	260341	7871	3.0
4	Bannu	1167892	186863	4503	2.4
5	Lakki Marwat	876182	140189	3206	2.3
6	Swat	2309570	369531	8362	2.3
7	Malakand	720295	115247	2582	2.2
8	Haripur	1003031	160485	3593	2.2
9	Peshawar	4269079	683053	14171	2.1
10	Charsadda	1616198	258592	5324	2.1
11	Kohat	993874	159020	3230	2.0
12	Shangla	757810	121250	2420	2.0
13	Nowshera	1518540	242966	4351	1.8
14	Toor Ghar	171395	27423	481	1.8
15	Swabi	1624616	259939	3788	1.5
16	Mansehra	1556460	249034	3620	1.5
17	Tank	391885	62702	843	1.3
18	Dir Lower	1435917	229747	3083	1.3
19	Buner	897319	143571	1908	1.3
20	Dir Upper	946421	151427	1981	1.3
21	Abbottabad	1332912	213266	2320	1.1
22	Mardan	2373061	379690	3716	1.0
23	Karak	706299	113008	1025	0.9
24	Hangu	518798	83008	441	0.5
25	Kohistan	784711	125554	5	0.004
Total		30523371	4883739	89173	1.83

During 3rd quarter 2017, **89,173 (1.83 %)** eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA) **4,883,739**.



13. Family Planning Services & Commodities Provided

COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
31158	12267	29702	2231	198682	8203	2414	12	1002



DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bannu	1239	495	1281	66	10441	248	2	0	0
D.I. Khan	633	42	782	256	8203	328	459	0	17
Lakki Marwat	978	384	953	11	3330	188	9	0	0
Tank	567	56	358	17	1288	224	15	0	6
Abbottabad	963	144	923	86	6205	227	1	0	0
Haripur	1275	379	1046	11	18089	264	10	0	0
Kohistan	70	0	21	0	160	0	0	0	0
Mansehra	1294	129	1476	123	13219	527	15	0	4
Battagram	1866	37	1100	2	6975	293	0	0	0
Toor Ghar	308	0	167	0	603	2	3	0	0
Karak	460	33	243	0	4197	176	1	0	0
Kohat	1523	294	1156	4	16825	646	95	0	30
Hangu	322	2744	208	76	2126	40	0	0	0
Buner	298	72	760	103	6696	255	13	0	5
Chitral	932	170	977	25	4047	56	57	10	8
Dir Lower	71	172	629	42	486	60	0	0	18
Malakand	1062	127	1465	0	11306	147	35	0	8
Swat	3983	168	4303	152	20083	786	228	0	190
Dir Upper	964	208	850	55	575	128	0	0	0
Shangla	3794	324	1236	0	2938	174	8	0	0
Mardan	1461	133	1461	266	6178	176	72		5
Swabi	1949	247	1389	818	32769	264	9	0	16
Charsadda	2986	358	3716	76	10316	1364	1034	0	527
Nowshera	1025	220	1493	0	4500	1263	21	0	162
Peshawar	1135	5331	1709	42	7127	367	327	2	6
Total	31158	12267	29702	2231	198682	8203	2414	12	1002

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. Table No 11 illustrates the districts wise figures.

14. Immunization Status

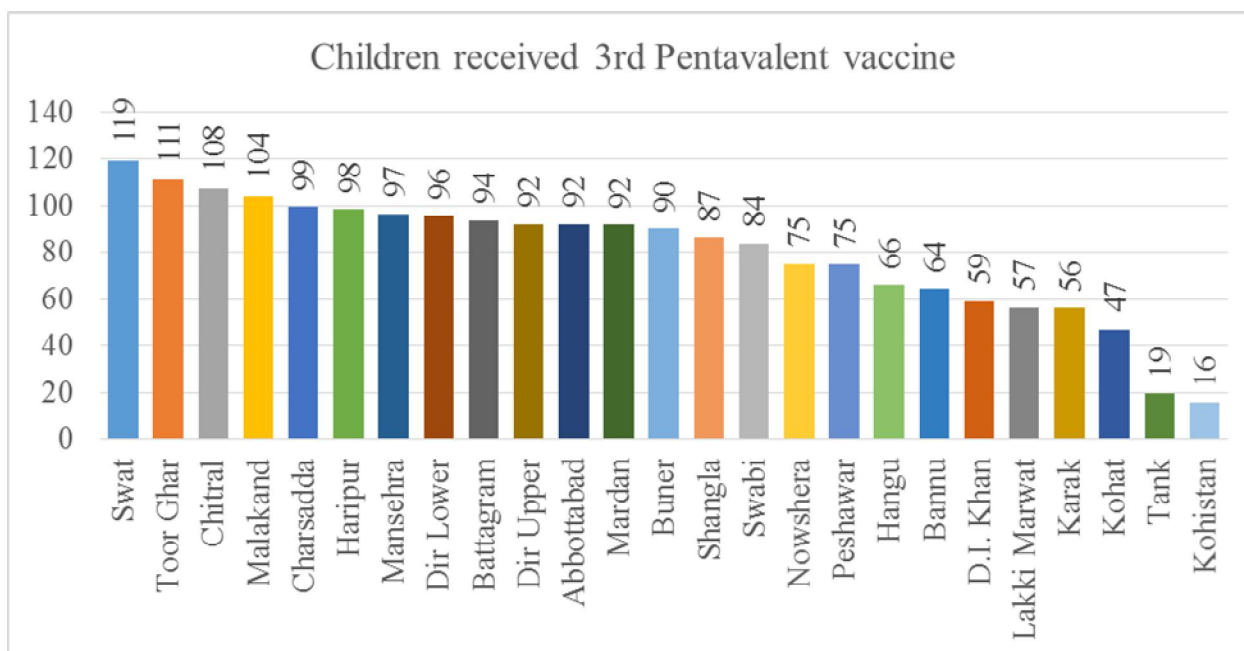
Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

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

a. Children 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. No	DISTRICT	Population	Expected Births	Children received 3rd Pentavalent vaccine	%age
1	Swat	2309570	16744	19960	119
2	Toor Ghar	171395	1243	1383	111
3	Chitral	447362	3243	3491	108
4	Malakand	720295	5222	5443	104
5	Charsadda	1616198	11717	11658	99
6	Haripur	1003031	7272	7158	98
7	Mansehra	1556460	11284	10901	97
8	Dir Lower	1435917	10410	9961	96
9	Battagram	476612	3455	3246	94
10	Dir Upper	946421	6862	6326	92
11	Abbottabad	1332912	9664	8901	92
12	Mardan	2373061	17205	15832	92
13	Buner	897319	6506	5878	90
14	Shangla	757810	5494	4756	87
15	Swabi	1624616	11778	9886	84
16	Nowshera	1518540	11009	8271	75
17	Peshawar	4269079	30951	23224	75
18	Hangu	518798	3761	2483	66
19	Bannu	1167892	8467	5458	64
20	D.I. Khan	1627132	11797	6989	59
21	Lakki Marwat	876182	6352	3590	57
22	Karak	706299	5121	2876	56
23	Kohat	993874	7206	3396	47
24	Tank	391885	2841	551	19
25	Kohistan	784711	5689	898	16
	Total	30523371	221294	182516	82



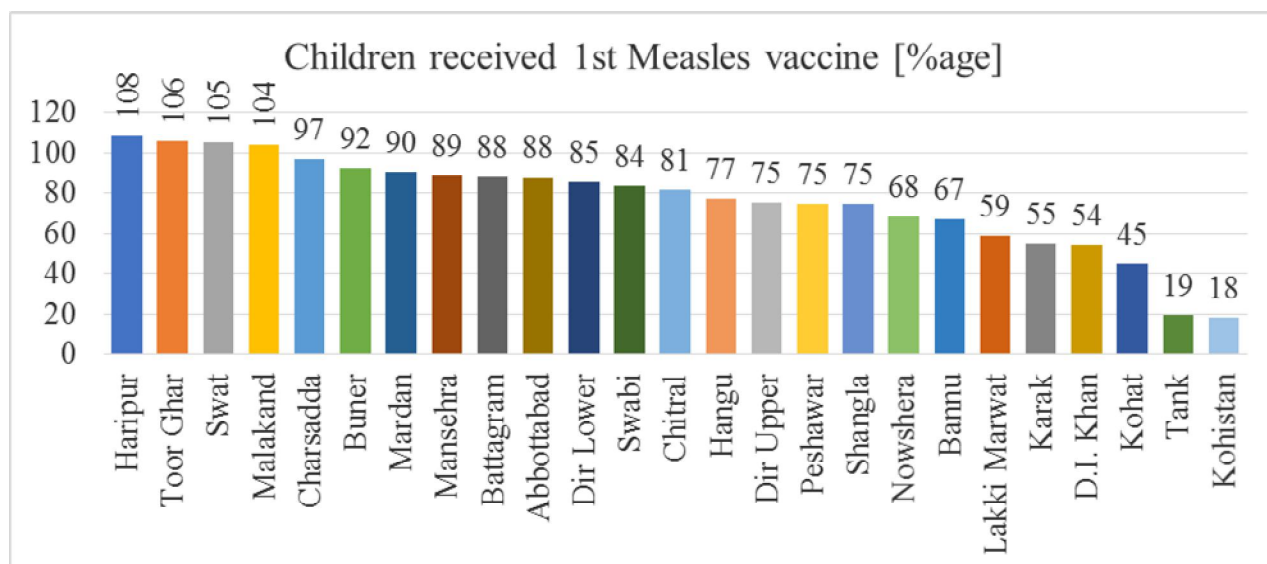
b. Children under 12 Months received 1st Measles vaccine

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 Births	Children received 1st Measles vaccine	%age
1	Haripur	1003031	7272	7868	108
2	Toor Ghar	171395	1243	1314	106
3	Swat	2309570	16744	17613	105
4	Malakand	720295	5222	5432	104
5	Charsadda	1616198	11717	11338	97
6	Buner	897319	6506	6012	92
7	Mardan	2373061	17205	15526	90
8	Mansehra	1556460	11284	9996	89
9	Battagram	476612	3455	3041	88
10	Abbottabad	1332912	9664	8468	88
11	Dir Lower	1435917	10410	8875	85
12	Swabi	1624616	11778	9867	84
13	Chitral	447362	3243	2641	81
14	Hangu	518798	3761	2895	77
15	Dir Upper	946421	6862	5174	75
16	Peshawar	4269079	30951	23140	75
17	Shangla	757810	5494	4104	75
18	Nowshera	1518540	11009	7491	68
19	Bannu	1167892	8467	5678	67

20	Lakki Marwat	876182	6352	3731	59
21	Karak	706299	5121	2806	55
22	D.I. Khan	1627132	11797	6424	54
23	Kohat	993874	7206	3234	45
24	Tank	391885	2841	549	19
25	Kohistan	784711	5689	1026	18
Total		30523371	221294	174243	79

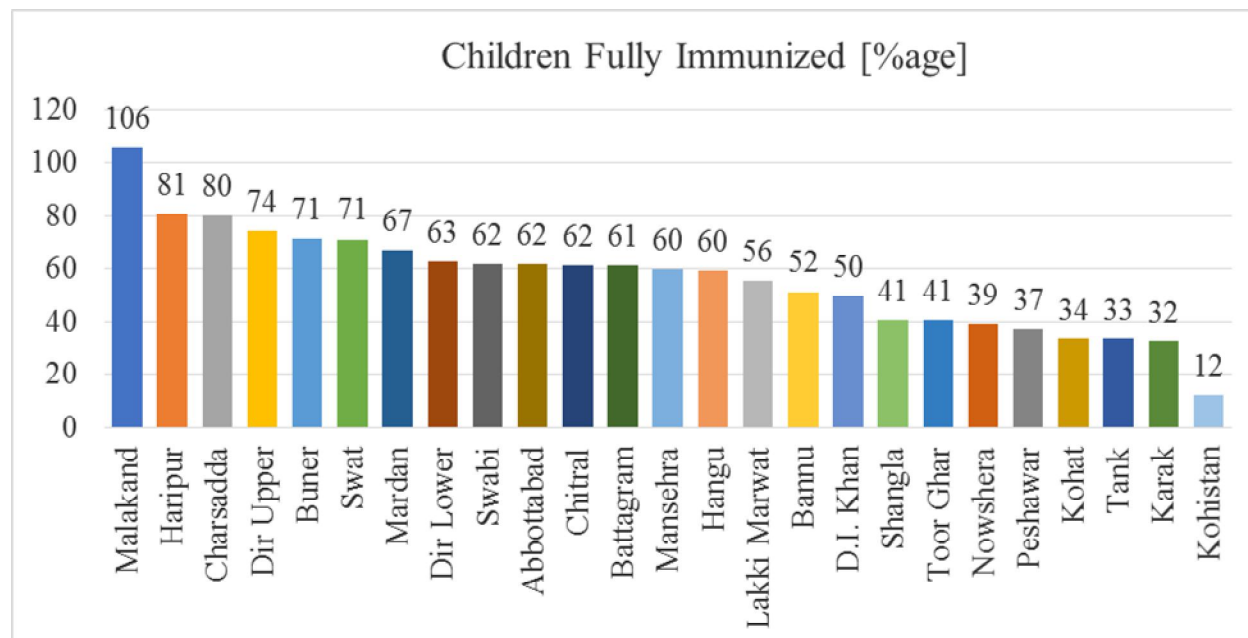


c. Children Under 12 Months Fully Immunized

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 Births	Children fully immunized	%age
1	Malakand	720295	5222	5525	106
2	Haripur	1003031	7272	5866	81
3	Charsadda	1616198	11717	9408	80
4	Dir Upper	946421	6862	5110	74
5	Buner	897319	6506	4639	71
6	Swat	2309570	16744	11933	71
7	Mardan	2373061	17205	11558	67
8	Dir Lower	1435917	10410	6549	63
9	Swabi	1624616	11778	7309	62
10	Abbottabad	1332912	9664	5981	62
11	Chitral	447362	3243	1996	62
12	Battagram	476612	3455	2121	61
13	Mansehra	1556460	11284	6754	60
14	Hangu	518798	3761	2239	60
15	Lakki Marwat	876182	6352	3531	56
16	Bannu	1167892	8467	4361	52

17	D.I. Khan	1627132	11797	5852	50
18	Shangla	757810	5494	2236	41
19	Toor Ghar	171395	1243	505	41
20	Nowshera	1518540	11009	4308	39
21	Peshawar	4269079	30951	11550	37
22	Kohat	993874	7206	2417	34
23	Tank	391885	2841	949	33
24	Karak	706299	5121	1658	32
25	Kohistan	784711	5689	701	12
Total		30523371	221294	125056	57

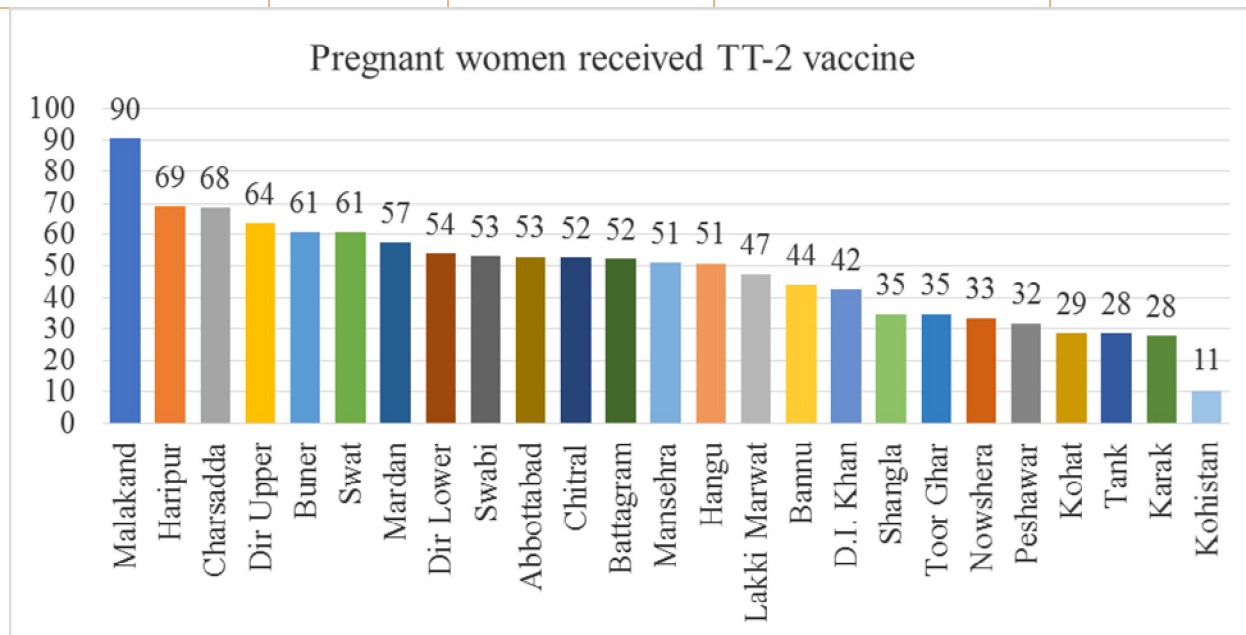


d. Pregnant Women Received TT-2 Vaccine

During 2nd quarter 2017, out of **252262** expected pregnant women, **116821 (46%)** women received TT-2 vaccination. Among districts there is a variation that ranges from 70% to 4%. Most of the districts fall under 70% to 40%.

S#	DISTRICT	Population	Expected Pregnancies	Pregnant women received TT-2 vaccine	%age
1	Malakand	720295	6123	5525	90
2	Haripur	1003031	8526	5866	69
3	Charsadda	1616198	13738	9408	68
4	Dir Upper	946421	8045	5110	64
5	Buner	897319	7627	4639	61
6	Swat	2309570	19631	11933	61
7	Mardan	2373061	20171	11558	57
8	Dir Lower	1435917	12205	6549	54
9	Swabi	1624616	13809	7309	53
10	Abbottabad	1332912	11330	5981	53

11	Chitral	447362	3803	1996	52
12	Battagram	476612	4051	2121	52
13	Mansehra	1556460	13230	6754	51
14	Hangu	518798	4410	2239	51
15	Lakki Marwat	876182	7448	3531	47
16	Bannu	1167892	9927	4361	44
17	D.I. Khan	1627132	13831	5852	42
18	Shangla	757810	6441	2236	35
19	Toor Ghar	171395	1457	505	35
20	Nowshera	1518540	12908	4308	33
21	Peshawar	4269079	36287	11550	32
22	Kohat	993874	8448	2417	29
23	Tank	391885	3331	949	28
24	Karak	706299	6004	1658	28
25	Kohistan	784711	6670	701	11
Total		30523371	259449	125056	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

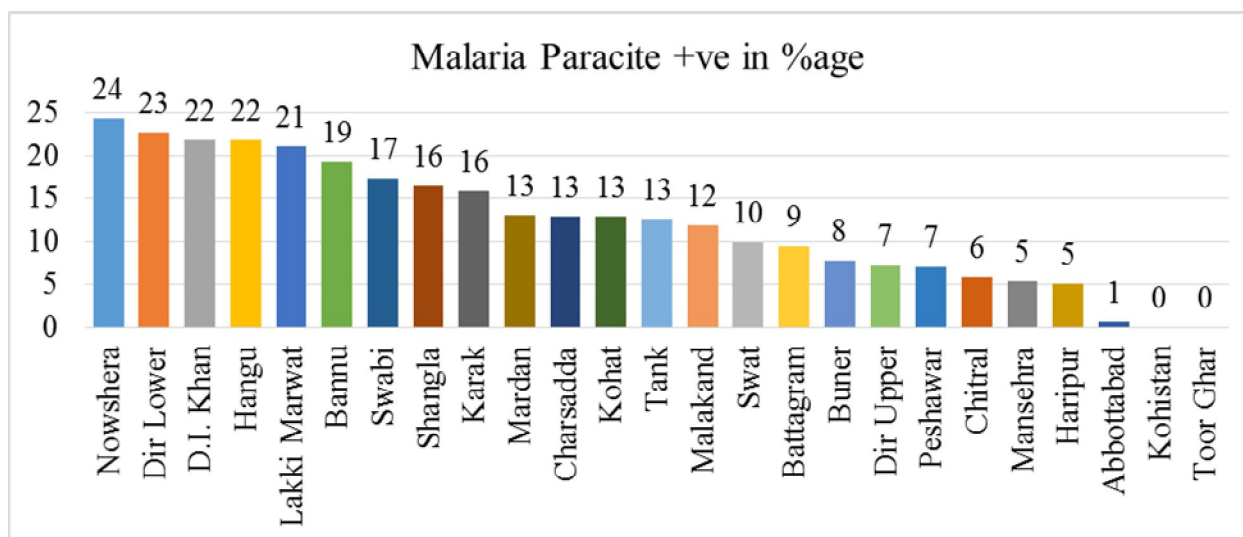
This indicator measure the proportion of blood slides tested positive for Malaria.

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

S#	DISTRICT	Slides examined	Slides MP +ve	%age
1	Nowshera	5308	1289	24
2	Dir Lower	7321	1659	23
3	D.I. Khan	18780	4093	22
4	Hangu	3658	797	22
5	Lakki Marwat	8222	1725	21
6	Bannu	15521	2986	19
7	Swabi	2828	490	17
8	Shangla	2600	427	16
9	Karak	6613	1047	16
10	Mardan	15469	2001	13
11	Charsadda	27083	3483	13
12	Kohat	7272	935	13
13	Tank	6971	878	13
14	Malakand	8599	1017	12
15	Swat	14815	1470	10
16	Battagram	328	31	9
17	Buner	21888	1714	8
18	Dir Upper	5174	375	7
19	Peshawar	6053	422	7
20	Chitral	1746	103	6
21	Mansehra	840	45	5
22	Haripur	555	28	5
23	Abbottabad	946	6	1
24	Kohistan	0	0	0
25	Toor Ghar	0	0	0
Total		188590	27021	14

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.



b. Plasmodium Falciparum Rate

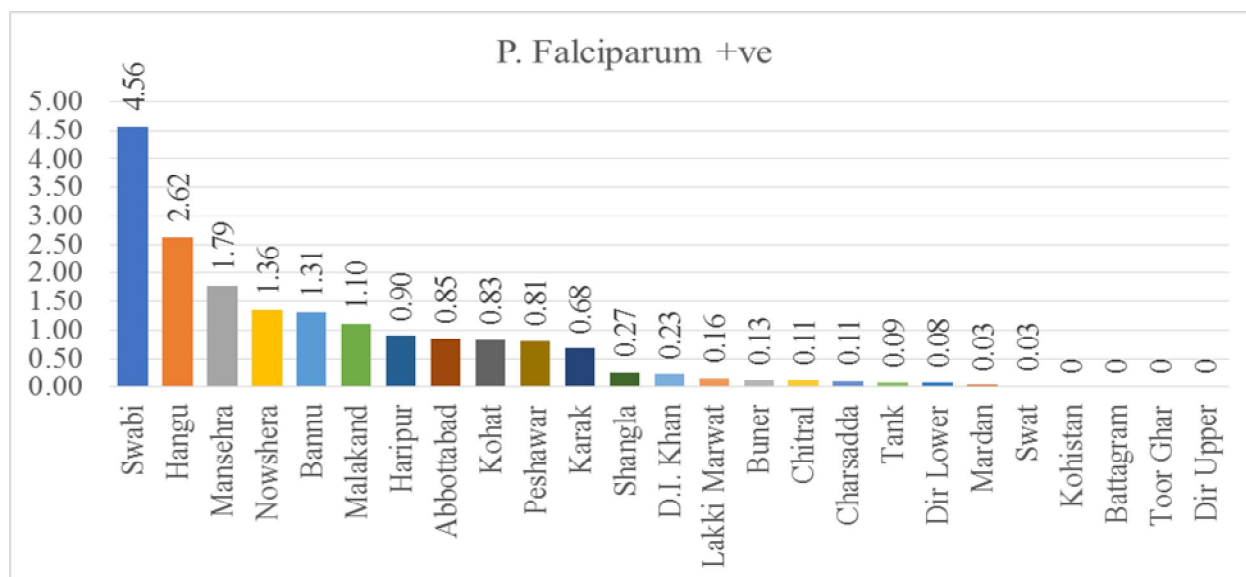
This indicator measure the proportion of Plasmodium Falciparum among blood slides tested positive for malaria.

District Abbottabad is on top of the list in table and reflects the figures i.e **808** slides have been examined and reported **137** with **42.11%** positive patients of **Malaria Plasmodium Falciparum**.

S#	DISTRICT	Slides examined	P. Falciparum +ve	%age
1	Swabi	2828	129	4.56
2	Hangu	3658	96	2.62
3	Mansehra	840	15	1.79
4	Nowshera	5308	72	1.36
5	Bannu	15521	204	1.31
6	Malakand	8599	95	1.10
7	Haripur	555	5	0.90
8	Abbottabad	946	8	0.85
9	Kohat	7272	60	0.83
10	Peshawar	6053	49	0.81
11	Karak	6613	45	0.68
12	Shangla	2600	7	0.27
13	D.I. Khan	18780	44	0.23
14	Lakki Marwat	8222	13	0.16
15	Buner	21888	28	0.13
16	Chitral	1746	2	0.11
17	Charsadda	27083	29	0.11
18	Tank	6971	6	0.09
19	Dir Lower	7321	6	0.08
20	Mardan	15469	5	0.03
21	Swat	14815	4	0.03
22	Kohistan	0	0	0
23	Battagram	328	0	0
24	Toor Ghar	0	0	0
25	Dir Upper	5174	0	0
Total		188590	922	0.49

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. No	DISTRICT	Intensive-phase TB-DOTS patients
1	Swat	905
2	Bannu	555
3	Mansehra	547
4	Nowshera	394
5	Mardan	308
6	Dir Lower	306
7	Haripur	279
8	Kohat	248
9	Charsadda	240
10	Shangla	217
11	Buner	148
12	Peshawar	148
13	Dir Upper	139
14	Tank	137
15	Chitral	134
16	Battagram	117
17	Lakki Marwat	114
18	Karak	112
19	Hangu	104
20	D.I. Khan	60
21	Kohistan	53
22	Abbottabad	52
23	Swabi	21
24	Malakand	5
25	Toor Ghar	2
Total		5345

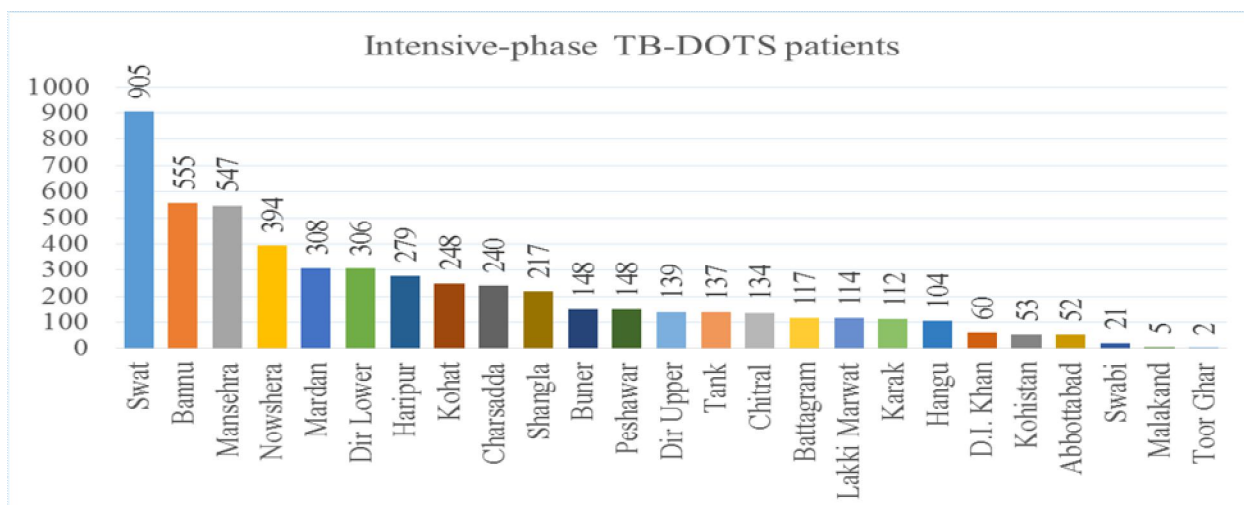


Table and figure show the district-wise TB data figures.

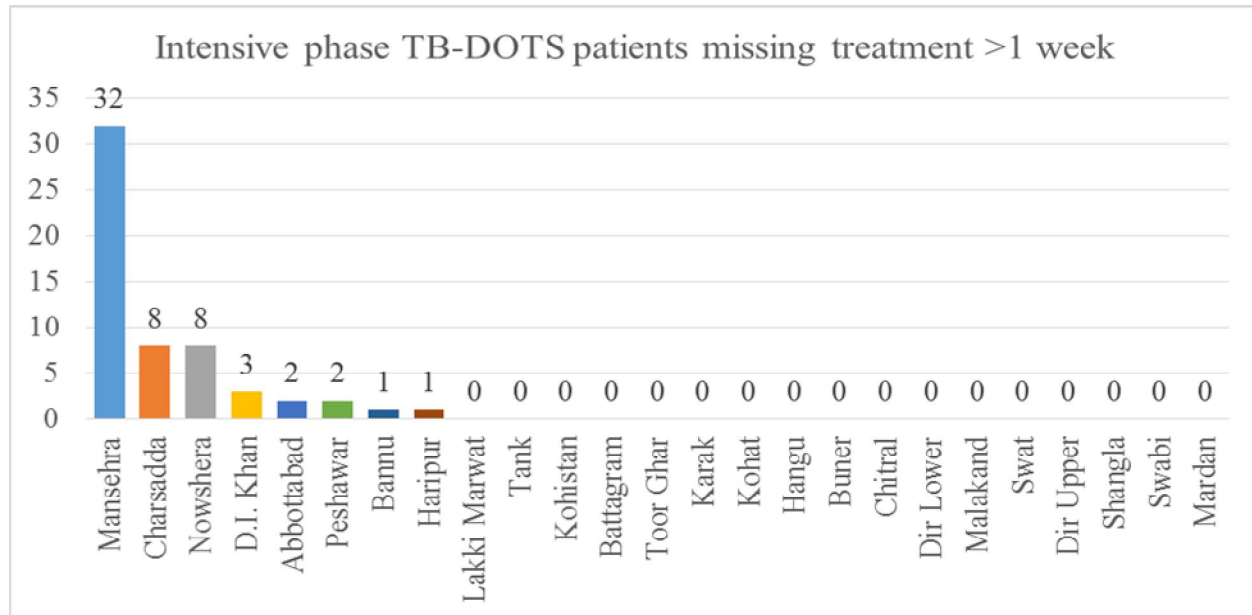
17. Proportion of Intensive phase TB-DOTS patients missing treatment >1 week

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.

S. No	DISTRICT	Intensive phase TB-DOTS patients missing treatment >1 week
1	Mansehra	32
2	Charsadda	8
3	Nowshera	8
4	D.I. Khan	3
5	Abbottabad	2
6	Peshawar	2
7	Bannu	1
8	Haripur	1
9	Lakki Marwat	0
10	Tank	0
11	Kohistan	0
12	Battagram	0
13	Toor Ghar	0
14	Karak	0
15	Kohat	0
16	Hangu	0
17	Buner	0
18	Chitral	0
19	Dir Lower	0
20	Malakand	0
21	Swat	0
22	Dir Upper	0
23	Shangla	0
24	Swabi	0
25	Mardan	0
Total		57

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.

Districts Lakki Marwat to Mardan report patients missing treatment >1 week, while rest report zero patient.



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

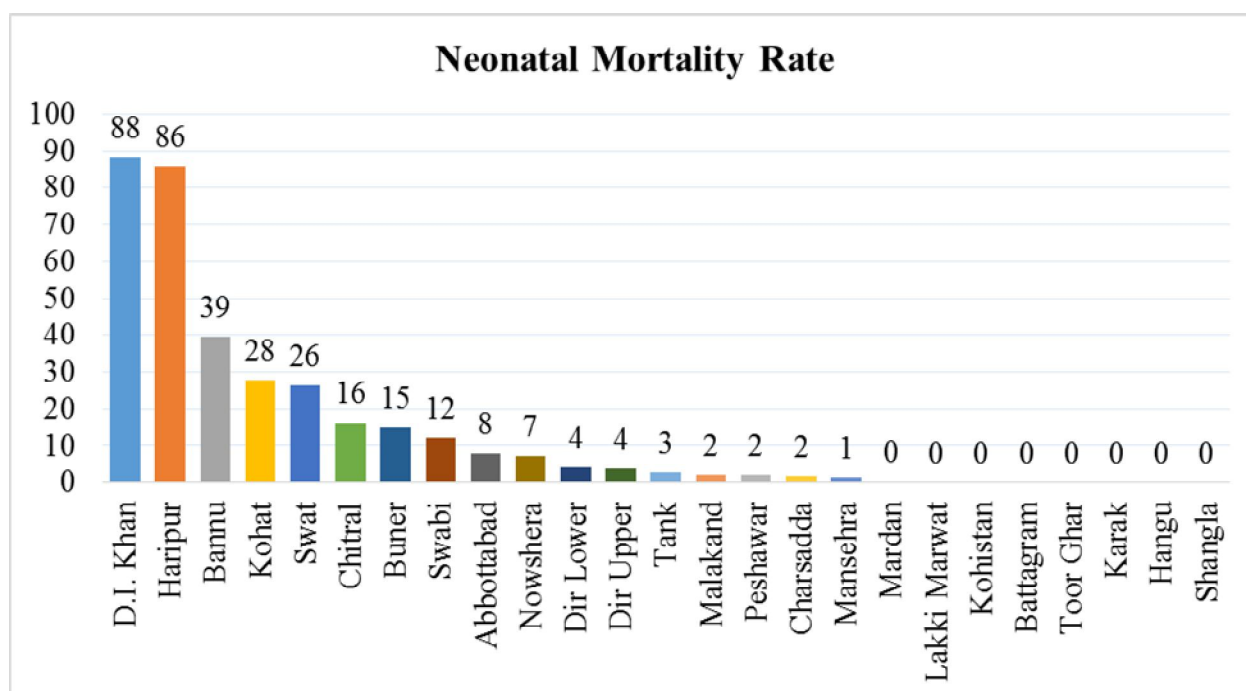
A neonatal death is the death of a baby within the first 4 weeks of life.

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.

S. No	District	Live Birth in the Facility	Neonatal Death in the Facility	NMR
1	D.I. Khan	1587	140	88
2	Haripur	1862	160	86
3	Bannu	2204	87	39
4	Kohat	1948	54	28
5	Swat	6513	172	26
6	Chitral	1678	27	16
7	Buner	2082	31	15

8	Swabi	2075	25	12
9	Abbottabad	1528	12	8
10	Nowshera	1136	8	7
11	Dir Lower	3578	14	4
12	Dir Upper	1640	6	4
13	Tank	387	1	3
14	Malakand	3891	8	2
15	Peshawar	2523	5	2
16	Charsadda	2999	5	2
17	Mansehra	1551	2	1
18	Mardan	3225	1	0
19	Lakki Marwat	656	0	0
20	Kohistan	141	0	0
21	Battagram	1285	0	0
22	Toor Ghar	126	0	0
23	Karak	835	0	0
24	Hangu	867	0	0
25	Shangla	743	0	0
Grand Total		47060	758	16

Figure and table illustrate the neonatal mortality rates (neonatal deaths in the facilities).



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

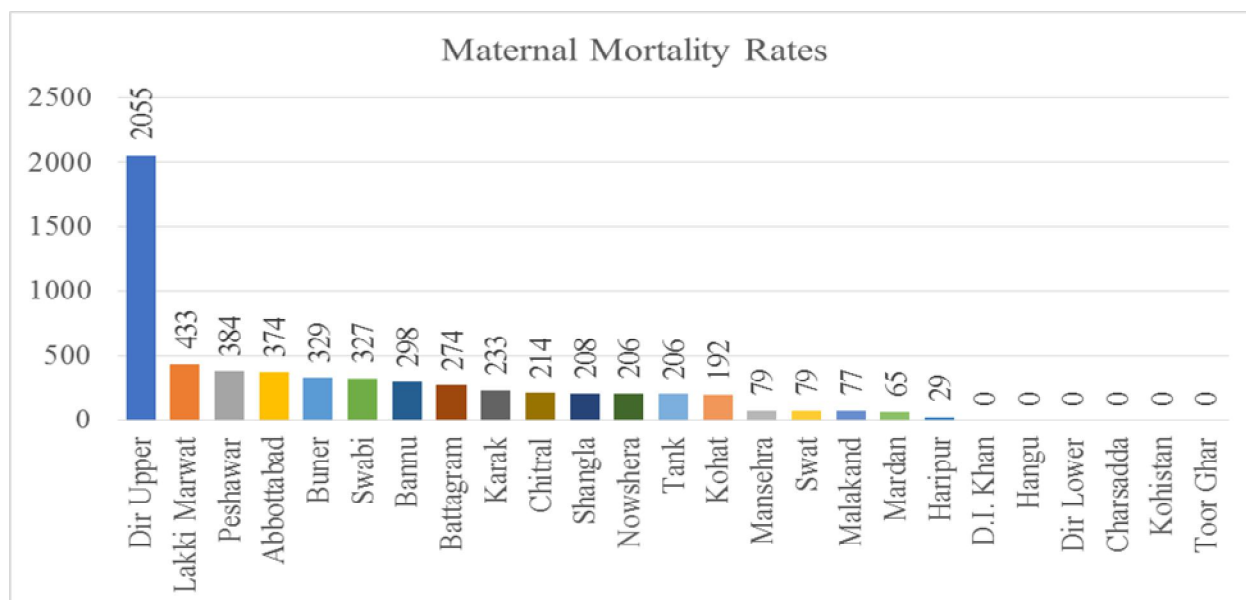
The indicator Maternal Mortality Rate (Maternal Deaths Reported by LHW) illustrates the death rates of the mother during pregnancy or deliveries.

[Over Maternal Mortality Rate is 186 of the province]

S. No	DISTRICT	Delivery by skilled persons reported	Maternal deaths reported	MMR
1	Dir Upper	438	9	2055
2	Lakki Marwat	693	3	433
3	Peshawar	6773	26	384
4	Abbottabad	3474	13	374
5	Buner	1214	4	329
6	Swabi	2749	9	327
7	Bannu	2349	7	298
8	Battagram	365	1	274
9	Karak	857	2	233
10	Chitral	1870	4	214
11	Shangla	480	1	208
12	Nowshera	2907	6	206
13	Tank	973	2	206
14	Kohat	1043	2	192
15	Mansehra	3792	3	79
16	Swat	6360	5	79
17	Malakand	2605	2	77
18	Mardan	6112	4	65
19	Haripur	3438	1	29
20	D.I. Khan	1854	0	0
21	Hangu	241	0	0
22	Dir Lower	448	0	0
23	Charsadda	4802	0	0
24	Kohistan	0	0	0
25	Toor Ghar	0	0	0
Total		55837	104	186

District Dir Upper is on top of the list and report **438** numbers of deliveries and **9** maternal deaths with **2055** maternal mortality rate and District Peshawar reported **26** maternal deaths among **6773** deliveries and the maternal mortality rate is **384**. This needs to be verified by district administration.

Districts D.I. Khan to Toor Ghar reported zero (0) Maternal deaths in their respective districts in quarter.



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

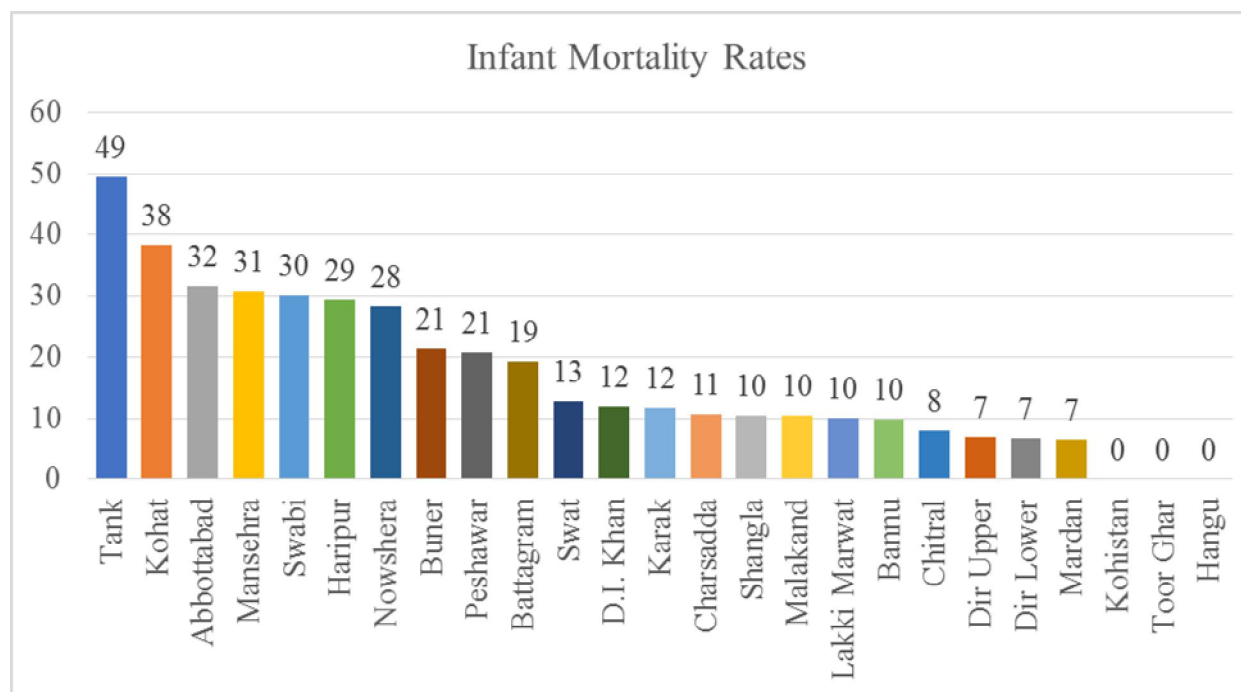
Infant mortality refers to deaths of children, typically those less than one year of age. It is measured by the infant mortality rate (IMR), which is the number of deaths of children under one year of age per 1000 live births.

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

[Over all Infant Mortality Rate is 19 of the province]

S. No	DISTRICT	Delivery by skilled persons reported	Infant deaths reported	IMR
1	Tank	973	48	49
2	Kohat	1043	40	38
3	Abbottabad	3474	110	32
4	Mansehra	3792	117	31
5	Swabi	2749	83	30
6	Haripur	3438	101	29
7	Nowshera	2907	82	28
8	Buner	1214	26	21
9	Peshawar	6773	140	21
10	Battagram	365	7	19
11	Swat	6360	81	13
12	D.I. Khan	1854	22	12
13	Karak	857	10	12
14	Charsadda	4802	51	11
15	Shangla	480	5	10
16	Malakand	2605	27	10
17	Lakki Marwat	693	7	10
18	Bannu	2349	23	10
19	Chitral	1870	15	8
20	Dir Upper	438	3	7
21	Dir Lower	448	3	7
22	Mardan	6112	40	7

23	Kohistan	0	0	0
24	Toor Ghar	0	0	0
25	Hangu	241	0	0
Total		55837	1041	19





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