

DISTRICT HEALTH INFORMATION SYSTEM

EVIDENCE BASED DECISION MAKING

ANNUAL REPORT 2018



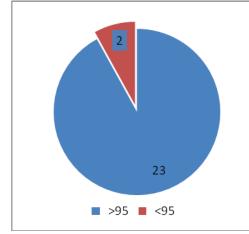
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1. <u>Reporting Compliance</u>

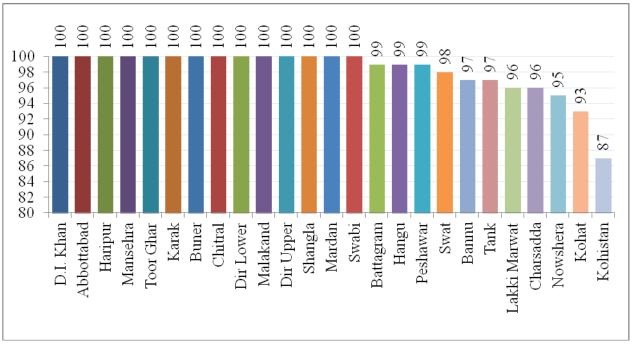
This indicator represents the percentage of public health facilities that have submitted monthly reports.



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. Twenty three districts have achieved the target. **District Wise Percentage of Reporting Compliance.**

Figure shows the district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. 14 districts (D.I Khan, Abbottabad,Haripur, Mansehra, Tor Ghar, Kharak, Buner, Chirtal, Dir Lower, Malakand, Dir Upper, Shangla, Mardan and Swabi) among 25 districts reported 100% performance. Districts Battagram, Hangu and Peshawar reported 99% performance. Performance of district Khoat and Kohistan (93% and 87%) remained below the target.



Reporting Compliance of Districts

2. <u>General OPD Attendance (Primary Health Care Facilities & Secondary Health</u> <u>Care Facilities)</u>

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.

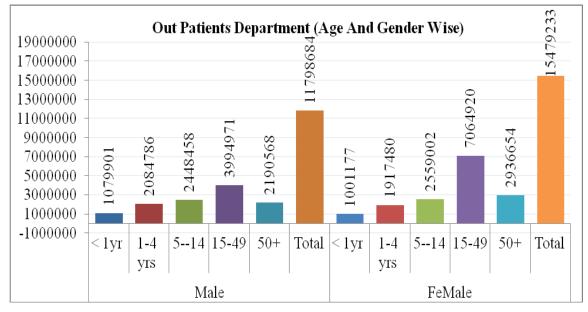


Figure shows the General OPD in primary care and secondary health facilities with age and gender wise breakup of male and female patients of the province.

Age wise breakup of patients visiting the OPDs is consistent in 2018, the figures shows that in the case of male OPD attendance of age group from 1 to 14 years is (5,613,145), which is 47.57% of the total of male OPD (11,798,684).

Similarly in case of female OPD attendance of age group from 1 to 14 age group (5,477,659) is 35.39% of the total OPD attendance.

3. Specialty Wise Break Up of Patients (Female OPD)

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

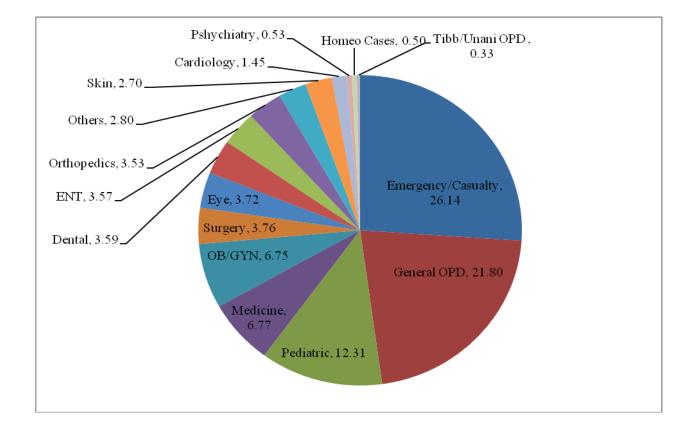
To	Total New Visits in Secondary Health Facilities								
S#	Speciality	New Visits	%age						
1	Emergency/Casualty	4400781	26.14						
2	General OPD	3670138	21.80						
3	Pediatric	2072493	12.31						
4	Medicine	1139238	6.77						
5	OB/GYN	1137380	6.75						
6	Surgery	633608	3.76						
7	Eye	626920	3.72						
8	Dental	604876	3.59						
9	ENT	600299	3.57						
10	Orthopedics	595123	3.53						
11	Others	472126	2.80						
12	Skin	454331	2.70						
13	Cardiology	243321	1.45						
14	Pshychiatry	89187	0.53						
15	Homeo Cases	84621	0.50						
16	Tibb/Unani Shifa Khana	54858	0.33						

2.70%.

Table and Figure of the indicator **OPD Attendance Specialty wise** shows the percentage of total new visits (Patients) of in the facility to different specialty (i.e General OPD, Medicine, Surgery, Pediatric etc).

Under the specialty Emergency/Casualty, the number and percentage of patients are on top and stands at (4,400,781) with 26.14%, on General OPD second number and is (3,670,138) which is 21.80%. Number of patients in the specialty of Pediatric 2,072,493, which is 12.31%.

The disorder of Dental caries and the specialty Skin Diseases stands at 604,876 with 3.59% and 454,331 with



4. Average Number of New Cases per Day

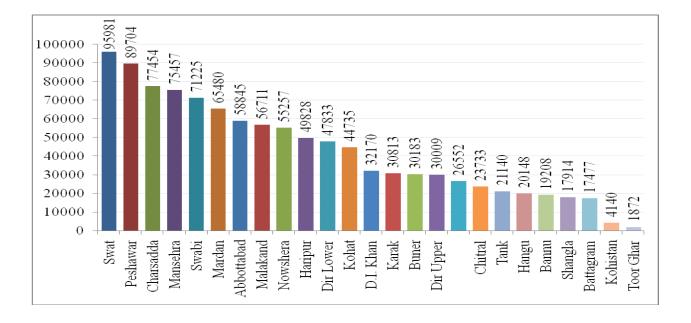
Figure 4 and Table no 2 illustrate the frequency of the average number of new cases per day in the public health facilities.

S#	District	Total Visits (New + FollowUp + Referred)	Avg New case per Day
1	Swat	2699775	95981
2	Peshawar	2251521	89704
3	Charsadda	1938389	77454
4	Mansehra	1901065	75457
5	Swabi	1805515	71225
6	Mardan	1739794	65480
7	Abbottabad	1486768	58845
8	Malakand	1421595	56711
9	Nowshera	1386507	55257
10	Haripur	1409407	49828
11	Dir Lower	1244988	47833
12	Kohat	1136812	44735
13	D.I. Khan	841874	32170
14	Karak	770450	30813
15	Buner	829610	30183
16	Dir Upper	751274	30009
17	Lakki Marwat	717577	26552
18	Chitral	622864	23733
19	Tank	530515	21140
20	Hangu	524622	20148
21	Bannu	520987	19208
22	Shangla	449339	17914
23	Battagram	444979	17477
24	Kohistan	103728	4140
25	Toor Ghar	47309	1872
	Grand Total	27,577,264	1,063,868

District Swat is on top of the list and average **95,981** new cases reported in all public health facilities of the districts.

District Peshawar, Mansehra, Swabi and Mardan secure 2nd, 3rd, 4th and 5th positions.

District Torghar is the least in number of the graph and reported **2092** new cases per day



5. 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 table no. 3, which present the numbers of patients provided care at Primary and Secondary Level Health Facilities.

	Total OPD Annual Report 2018 (January To December 2018)27,277,917									
S#	Disease	Total	%age							
1	Acute (upper) Respiratory Infections (ARI)	3490235	12.80							
2	Diarrhoea/Dysentery in under 5 yrs	1112484	4.08							
3	Fever due to other causes	1037893	3.80							
4	Urinary Tract Infections	945460	3.47							
5	Diarrhoea/Dysentery in >5 yrs	917486	3.36							
6	Hypertension	737631	2.70							
7	Dental Caries	626781	2.30							
8	Peptic Ulcer Diseases	523751	1.92							
9	Suspected Malaria	465503	1.71							
10	Diabetes Mellitus	421810	1.55							
11	Worm infestation	359536	1.32							
12	Scabies -	357964	1.31							
13	Road traffic accidents -	285175	1.05							
14	Asthma -	267506	0.98							
15	Enteric / Typhoid Fever -	249905	0.92							
16	Depression -	240945	0.88							
17	Otitis Media -	240628	0.88							
18	Dermatitis -	237596	0.87							
19	Pneumonia under 5 years -	170563	0.63							
20	Pneumonia >5 years -	127821	0.47							
21	Ischemic Heart Disease -	98420	0.36							
22	Fractures -	92329	0.34							
23	Chronic Obstructive Pulmonary Diseases -	81482	0.30							
24	TB Suspects -	81457	0.30							
25	Suspected Viral Hepatitis -	76654	0.28							
26	Cataract -	62445	0.23							
27	Dog bite -	50479	0.19							
28	Benign Enlargement of Prostrate -	29148	0.11							
29	Suspected Measles -	26415	0.10							
30	Burns -	23908	0.09							
31	Trachoma -	21568	0.08							

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32	Drug Dependence -	20420	0.07
33	Epilepsy -	20231	0.07
34	Sexually Transmitted Infections -	19382	0.07
35	Glaucoma -	14542	0.05
36	Cirrhosis of Liver -	14367	0.05
37	Nephritis/Nephrosis -	13063	0.05
38	Cutaneous Leishmaniasis -	9421	0.03
39	Snake bits (with signs/symptoms of poisoning)	7367	0.03
40	Suspected Meningitis -	5841	0.02
41	Suspected Neonatal Tetanus -	4054	0.01
42	Acute Flaccid Paralysis -	920	0.003
43	Suspected HIV/AIDS -	27	0.0001
	Total	13,590,613	49.82

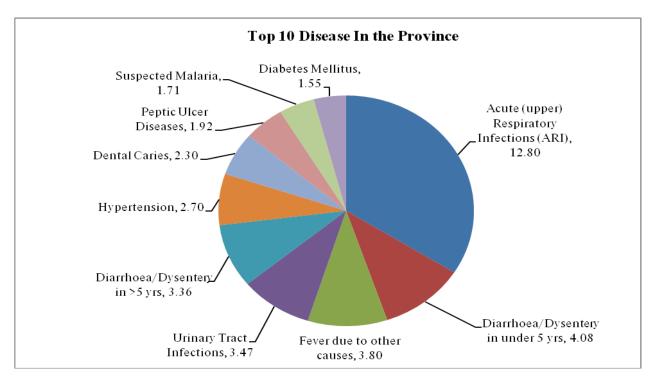
a. Top Ten Diseases (of the total 43 priority diseases) Khyber Pakhtunkhwa Province

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

Acute Respiratory Infections stands at **3,490,235** which is **12.80%** of these patients. Diarrhoea/Dysentery in under and over 5 year's stands **1,112,484** with **4.08%** and **9,17486** with **3.36%** of the total in 2018. Fever due to other causes stands at **1,037,893 (3.80%)** patients in 2018.

Cases of Urinary Tract Infections and Hypertension disorders are 945,460 which are 3.47% and 737,631 (2.70%) of the total patients. Dental Caries and Peptic Ulcer Diseases are 626,781 with 2.30% and 523,751 with 1.92% in 2018.

Suspected Malaria cases are reported 465,503 with (1.71%) and Diabetes Mellitus are 421,810 stands at 421,810 with 1.55 percent in 2018.



6.COMMUNICABLE AND NON COMMUNICABLE DISEASE

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

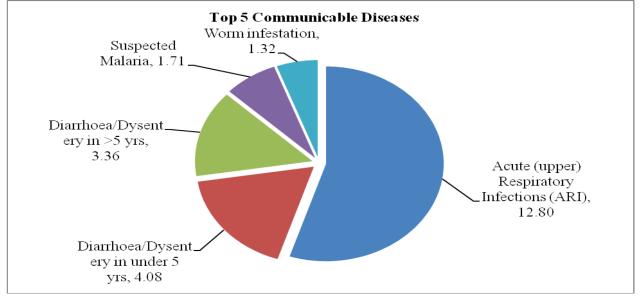
In the 2016, total numbers of communicable diseases are **6897684** (**28.37**%), whereas non-communicable diseases are **4970105** (**20.44**%).

a.<u>COMMUNICABLE DISEASES</u>

	Total OPD Annual Report 2018 (Janua	ry To December 2018)	27,277,917
S#	Disease	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	3490235	12.80
2	Diarrhoea/Dysentery in under 5 yrs	1112484	4.08
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4	Suspected Malaria	465503	1.71
5	Worm infestation	359536	1.32
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12	Suspected Measles	26415	0.10
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14	Sexually Transmitted Infections	19382	0.07
15	Cutaneous Leishmaniasis	9421	0.03
16	Suspected Meningitis	5841	0.02
17	Suspected Neonatal Tetanus	4054	0.01
18	Acute Flaccid Paralysis	920	0.003
19	Suspected HIV/AIDS	27	0.0001
	Total	7,497,236	27.48

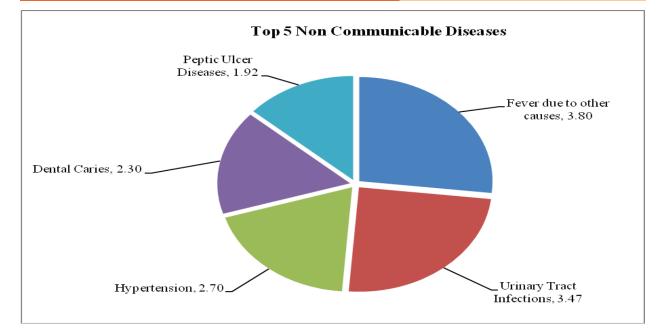
Acute Respiratory Infections 3490235 with 12.80%. Diarrhea/dysentery under and over 5 years constitute 2,029,790 with 7.44% of these patients. Prevalence of Suspected Malaria stands 465503 with 1.71% patients in 2018.

Worm Infestation cases are reported 359536 in figures and (1.32%) in percentile in 2018.



b. <u>NON-COMMUNICABLE DISEASES</u>

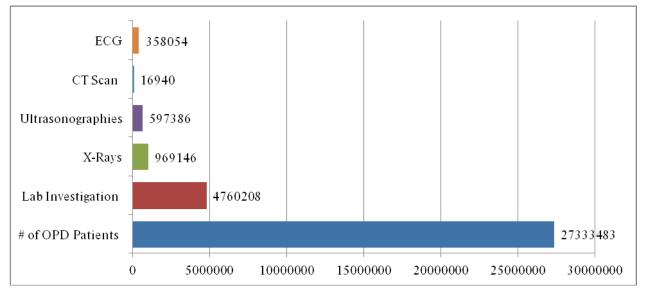
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18	Burns -	23908	0.09
19	Drug Dependence -	20420	0.07
20	Epilepsy -	20231	0.07
21	Glaucoma -	14542	0.05
22	Cirrhosis of Liver -	14367	0.05
23	Nephritis/Nephrosis -	13063	0.05
24	Snake bits (with signs/symptoms of poisoning)	7367	0.03
	Total	6,093,377	22.34



7. 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.

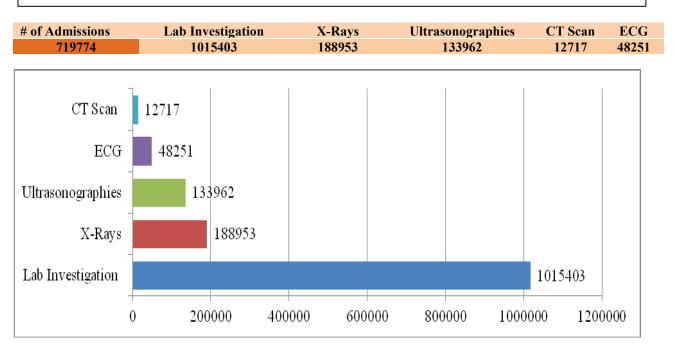
No. of OPD Patients	Lab Investigation	X-Rays	Ultrasonographies	CT Scan	ECG
27,333,483	4,760,208	969,146	597,386	16,940	358,054



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

8. Lab Services Utilization for In Door Patients (PHC + SHC)

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.



9. 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.

Table show the average number of ANC-1 in the province in 2018.

S#	District	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
1	Swat	7980	7111	9292	8012	6245	8006	8810	7854	8979	8080	8074	8089	8044
2	Haripur	4777	5481	5472	5724	5410	4224	6570	6765	6784	7180	4224	3547	5513
3	Peshawar	7495	5028	5062	3771	4259	3843	7496	3679	6555	4947	3902	4692	5061
4	Mansehra	5194	4778	4643	4875	4800	3344	4088	7829	6712	4440	4753	4961	5035
5	Mardan	6082	4510	4907	5229	6769	3340	4549	4109	4782	4617	4986	6509	5032
6	Dir Lower	3591	3489	3876	3344	3298	3283	3673	3346	4804	4749	4664	4723	3903
7	Malakand	4551	4140	2946	4378	3573	3239	4006	3792	2962	3311	3213	4838	3746
8	D.I. Khan	3450	2977	3243	3717	3596	3198	3836	2859	2696	3274	3259	4962	3422
9	Charsadda	4311	3667	3680	2925	3798	1668	2403	1995	2662	2795	5669	4035	3301
10	Swabi	3151	2862	3315	3570	4474	2631	3223	3159	3525	3411	3058	2817	3266
11	Battagram	1520	1988	3255	4247	3490	2954	2973	4221	3141	3380	3387	3073	3136
12	Dir Upper	3428	2737	3011	2947	2797	2671	3166	2503	2798	2185	2498	3116	2821
13	Kohat	3370	2369	2983	2675	2730	2101	2805	2466	2188	2689	2595	2988	2663
14	Nowshera	2338	2237	2877	2756	2796	2312	1730	1587	2333	2806	2836	4601	2601
15	Abbottabad	1768	3949	1973	1966	2036	1703	3643	2134	2070	4040	2975	2061	2527
16	Chitral	2797	1322	2519	2668	2550	1841	2765	2160	1651	2643	2662	2843	2368
17	Karak	1856	1705	2169	2063	2192	1394	2472	2088	2087	2160	2095	2089	2031
18	Buner	1979	1593	2082	2018	2205	1495	1614	1825	2312	2481	2119	2044	1981
19	Lakki	2187	1264	1817	2719	2232	1797	2120	1554	2257	1708	1692	1253	1883
20	Marwat Shangla	1365	1456	1628	1312	1408	1339	3249	2234	2061	2040	2072	2183	1862
21	Tank	1720	1154	1471	1691	1274	1428	1996	1331	1988	2214	2127	1785	1682
22	Bannu	1537	1341	1718	2116	2767	1468	1469	1076	1225	1439	1366	1997	1627
23	Hangu	1850	625	1082	2858	1071	1216	934	1716	1899	2250	1494	2493	1624
24	Toor Ghar	282	193	123	268	254	200	272	299	308	273	304	263	253
25	Kohistan	416	331	335	192	141	193	195	258	199	274	196	65	233
	Total	78995	68307	75479	78041	76165	60888	80057	72839	78978	79386	76220	82027	75615

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.

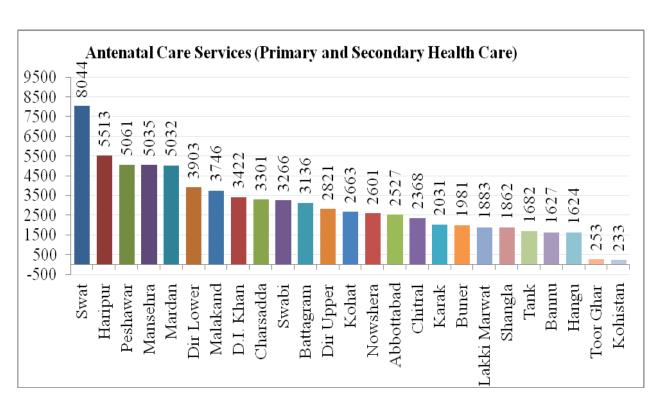


Table and **figure** illustrate the statistical analysis about data regarding First Antenatal care services (ANC-1) in government health facilities.

Districts Swat, Haripur, Peshawar, Manshera, Mardan and Dir Lower are show the average number of ANC-1 in 2018 i.e 8044, 5513, 5035, 5032 and 3903 respectively in their districts. District Kohistan stands at the bottom of the list and worst performance with an **average of 233** ANC-1 coverage in 2018. The reason behind the decreasing the performance of the district is that of socio-cultural, to one this is clear case of mismanagement at all level, while district Tor Ghar performance in average is **253** in 2018.

10. District Wise 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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
1	Swat	2346	2418	1704	2420	1582	2689	2630	2501	2357	2553	2517	2815	2378
2	Malakand	1526	1335	1496	1418	1465	1144	1390	1680	1170	1539	1581	1710	1455
3	Mardan	1112	945	1189	1112	1041	1037	1344	1433	1394	1515	1389	1557	1256
4	Dir Lower	1455	1308	331	403	339	1642	1293	1367	1302	1379	1354	1448	1135
5	Bannu	1279	1172	1510	1237	1320	1479	105	1826	1587	107	1663	105	1116
6	Peshawar	1285	1006	999	860	898	1053	1217	1156	1365	1273	1348	826	1107
7	Kohat	1020	906	963	850	954	1035	1145	914	1186	1061	1058	1179	1023
8	Swabi	531	391	771	738	969	808	1059	1056	1092	1025	971	978	866
9	Buner	817	717	741	695	817	857	805	804	737	826	787	831	786
10	Abbottabad	696	708	819	827	870	818	843	746	745	805	741	744	780
11	Charsadda	1005	578	972	933	214	959	990	1181	1064	1178	141	126	778
12	Haripur	591	574	827	712	765	785	752	734	796	761	843	977	760
13	Dir Upper	652	650	715	719	503	775	741	694	656	695	671	756	686
14	Mansehra	603	610	613	633	646	640	741	698	698	728	708	812	678
15	Chitral	568	505	632	683	668	739	777	544	590	647	506	626	624
16	Battagram	505	561	577	564	570	622	524	591	421	554	550	596	553
17	Nowshera	375	336	377	313	350	361	380	478	757	811	665	542	479
18	Karak	328	348	462	384	460	422	432	381	494	603	522	505	445
19	Shangla	307	371	409	361	395	416	430	402	452	384	440	478	404
20	Lakki	378	105	170	361	447	356	495	200	498	512	235	214	331
	Marwat													
21	Hangu	248	233	287	322	404	403	274	367	320	289	321	323	316
22	D.I. Khan	193	224	296	244	189	214	300	322	286	352	360	376	280
23	Tank	225	220	272	261	210	244	261	255	270	300	279	331	261
24	Kohistan	105	101	130	88	85	124	80	105	88	90	69	45	93
25	Toor Ghar	45	31	32	33	43	44	40	29	43	31	47	48	39
	Total	18195	16353	17294	17171	16204	19666	19048	20464	20368	20018	19766	18948	18625

District Swat is ahead of all 25 districts with **2378** average number of deliveries in government health facilities in 2018.

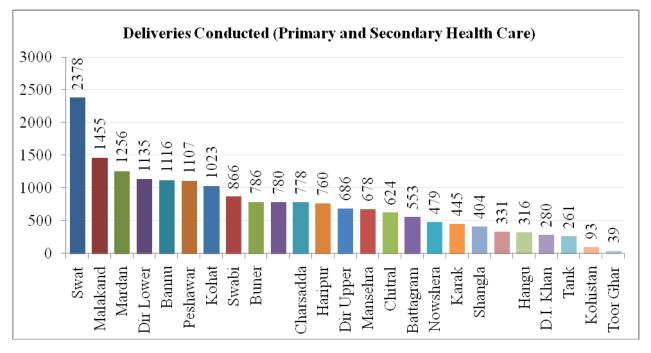
Districts Malakand and Mardan reported average number of deliveries in 2018 i.e 1455, 1256 conducted in the government health facilities thereby giving satisfactory performance.

Districts Kohistan and Tor Ghar report average number of deliveries 93 and 39 in 2018.

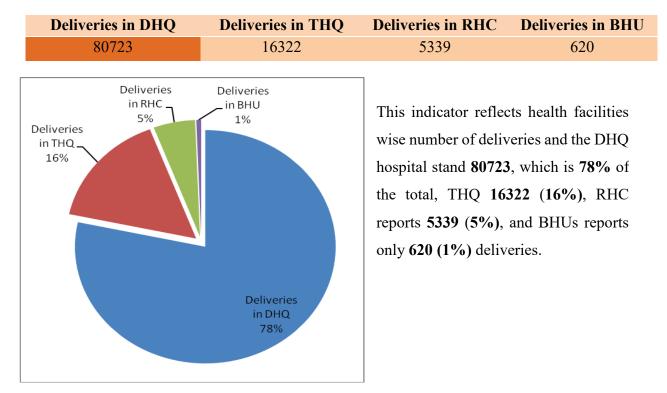
The poor arrangement in primary and secondary health facilities in government sector and tertiary care hospitals needs to be improved.

Figures from tertiary hospitals are not added to these figures; if added these figures will change significantly.

Furthermore private sector is also providing good services in this regards. Health Care Commission should ensure optimal services in this regards across the province.



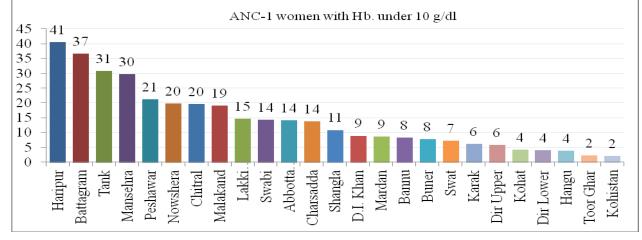
11. Health Facility-wise Number of Deliveries

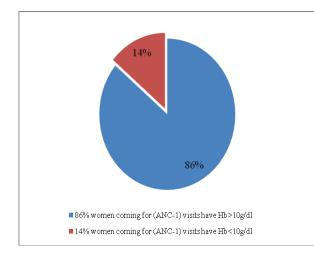


12. Anemia among Women Coming for ANC-1 in Govt: Health Facilities (in %age)

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 Figure**. 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	First Antenatal care visits (ANC-1) in the facility	ANC-1 women with Hb. under 10 g/dl	%age
1	Haripur	66158	26800	41
2	Battagram	37629	13805	37
3	Tank	20179	6215	31
4	Mansehra	60417	17969	30
5	Peshawar	60729	12847	21
6	Nowshera	31209	6160	20
7	Chitral	28421	5583	20
8	Malakand	44949	8562	19
9	Lakki Marwat	22600	3319	15
10	Swabi	39196	5642	14
11	Abbottabad	30318	4296	14
12	Charsadda	39608	5479	14
13	Shangla	22347	2427	11
14	D.I. Khan	41067	3663	9
15	Mardan	60389	5267	9
16	Bannu	19519	1609	8
17	Buner	23767	1834	8
18	Swat	96532	6971	7
19	Karak	24370	1507	6
20	Dir Upper	33857	1976	6
21	Kohat	31959	1336	4
22	Dir Lower	46840	1894	4
23	Hangu	19488	766	4
24	Toor Ghar	3039	69	2
25	Kohistan	2795	57	2
	Total	907382	146053	16





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%.

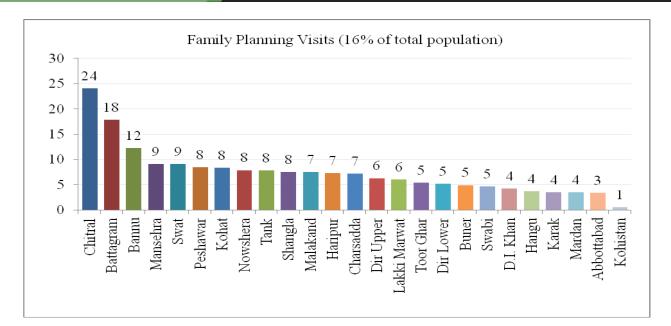
13. Family Planning Visits 16% of the Total Population

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	Family Planning Visits	%age
1	Chitral	447362	71578	17190	24
2	Battagram	476612	76258	13573	18
3	Bannu	1167892	186863	22904	12
4	Mansehra	1556460	249034	22583	9
5	Swat	2309570	369531	33486	9
6	Peshawar	4269079	683053	57560	8
7	Kohat	993874	159020	13301	8
8	Nowshera	1518540	242966	19161	8
9	Tank	391885	62702	4932	8
10	Shangla	757810	121250	9138	8
11	Malakand	720295	115247	8619	7
12	Haripur	1003031	160485	11739	7
13	Charsadda	1616198	258592	18492	7
14	Dir Upper	946421	151427	9547	6
15	Lakki Marwat	876182	140189	8497	6
16	Toor Ghar	171395	27423	1489	5
17	Dir Lower	1435917	229747	12003	5
18	Buner	897319	143571	7088	5
19	Swabi	1624616	259939	12072	5
20	D.I. Khan	1627132	260341	11018	4
21	Hangu	518798	83008	3097	4
22	Karak	706299	113008	3983	4
23	Mardan	2373061	379690	13330	4
24	Abbottabad	1332912	213266	7239	3
25	Kohistan	784711	125554	662	1
	Total	30523371	4883739	342,703	7

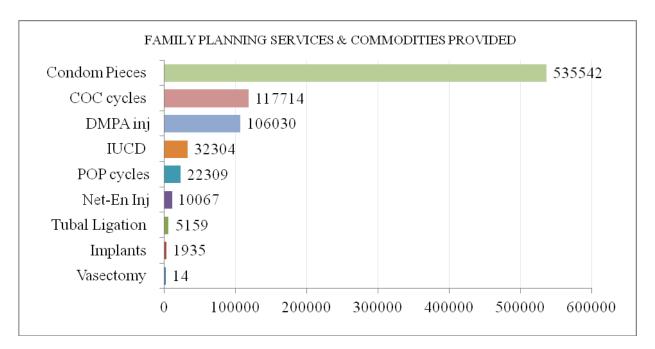
During 2018, **342,703** (*7%*) eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA) **4,883,739**.

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14. Family Planning Services & Commodities Provided

			Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
117714	22309	106030	10067	535542	32304	5159	14	1935



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

15. Immunization Status

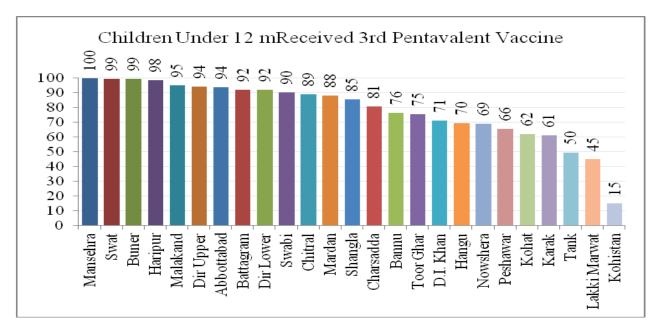
Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

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

S#	DISTRICT	Population	Expected Children	Children under 12 m received 3rd Pentavalent vaccine	%age
1	Mansehra	1556460	45137	45105	100
2	Swat	2309570	66978	66636	99
3	Buner	897319	26022	25879	99
4	Haripur	1003031	29088	28651	98
5	Malakand	720295	20889	19852	95
6	Dir Upper	946421	27446	25816	94
7	Abbottabad	1332912	38654	36200	94
8	Battagram	476612	13822	12702	92
9	Dir Lower	1435917	41642	38249	92
10	Swabi	1624616	47114	42465	90
11	Chitral	447362	12973	11548	89
12	Mardan	2373061	68819	60748	88
13	Shangla	757810	21976	18762	85
14	Charsadda	1616198	46870	37822	81
15	Bannu	1167892	33869	25822	76
16	Toor Ghar	171395	4970	3747	75
17	D.I. Khan	1627132	47187	33504	71
18	Hangu	518798	15045	10459	70
19	Nowshera	1518540	44038	30429	69
20	Peshawar	4269079	123803	81281	66
21	Kohat	993874	28822	17912	62
22	Karak	706299	20483	12548	61
23	Tank	391885	11365	5629	50
24	Lakki Marwat	876182	25409	11442	45
25	Kohistan	784711	22757	3413	15
	Total	30523371	885178	711216	80



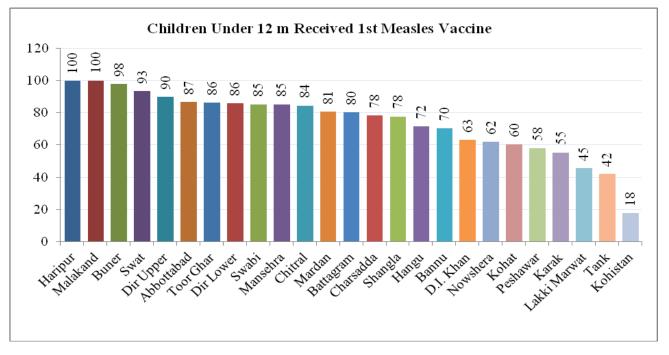
b. Children under 12 Months received 1st Measles vaccine

Measles, also known as morbilli, rubeola or red measles, is a highly contagious infection caused by the <u>measles virus</u> Measles is an <u>airborne disease</u> which spreads easily through the <u>coughs</u> and <u>sneezes</u> 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		Expected Children		%age
1	Haripur	1003031	29088	29018	100
2	Malakand	720295	20889	20874	100
3	Buner	897319	26022	25479	98
4	Swat	2309570	66978	62571	93
5	Dir Upper	946421	27446	24639	90
6	Abbottabad	1332912	38654	33471	87
7	Toor Ghar	171395	4970	4283	86
8	Dir Lower	1435917	41642	35726	86
9	Swabi	1624616	47114	40151	85
10	Mansehra	1556460	45137	38450	85
11	Chitral	447362	12973	10946	84
12	Mardan	2373061	68819	55466	81
13	Battagram	476612	13822	11103	80
14	Charsadda	1616198	46870	36726	78
15	Shangla	757810	21976	17071	78
16	Hangu	518798	15045	10765	72
17	Bannu	1167892	33869	23765	70
18	D.I. Khan	1627132	47187	29749	63
19	Nowshera	1518540	44038	27205	62
20	Kohat	993874	28822	17396	60
21	Peshawar	4269079	123803	71660	58

		ANNUAL REPORT 2018			
22	Karak	706299	20483	11325	55
	Lakki				
23	Marwat	876182	25409	11560	45
24	Tank	391885	11365	4772	42
25	Kohistan	784711	22757	3996	18
	Total	30523371	885178	659523	75



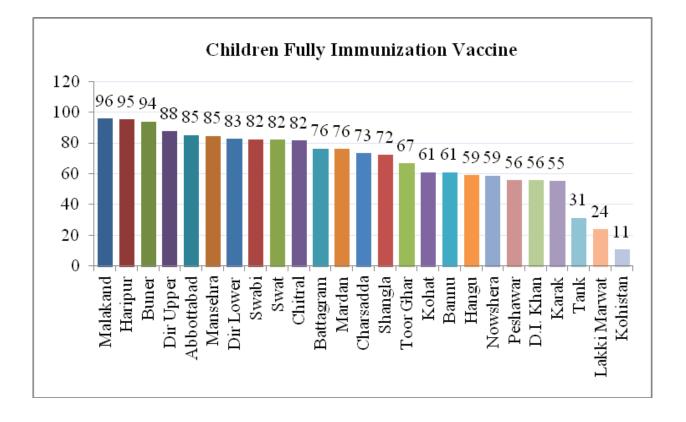
c. Children Under 12 Months Fully Immunized

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 under 12 m fully immunized	%age
1	Malakand	720295	20889	20025	96
2	Haripur	1003031	29088	27728	95
3	Buner	897319	26022	24432	94
4	Dir Upper	946421	27446	24082	88
5	Abbottabad	1332912	38654	32937	85
6	Mansehra	1556460	45137	38194	85
7	Dir Lower	1435917	41642	34420	83
8	Swabi	1624616	47114	38823	82
9	Swat	2309570	66978	55114	82
10	Chitral	447362	12973	10599	82
11	Battagram	476612	13822	10558	76
12	Mardan	2373061	68819	52468	76
13	Charsadda	1616198	46870	34296	73
14	Shangla	757810	21976	15882	72

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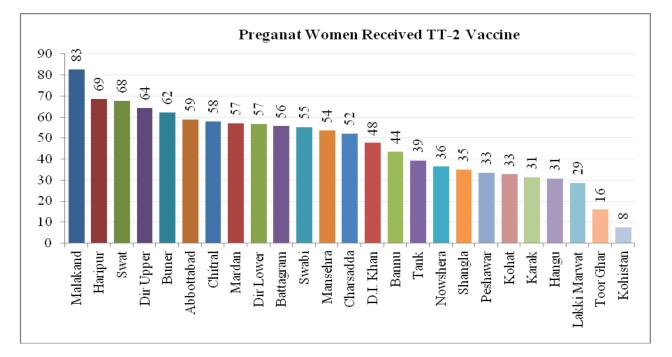
1.5	T C1	171205	4070	2210	(7
15	Toor Ghar	171395	4970	3310	67
16	Kohat	993874	28822	17568	61
17	Bannu	1167892	33869	20615	61
18	Hangu	518798	15045	8861	59
19	Nowshera	1518540	44038	25871	59
20	Peshawar	4269079	123803	68924	56
21	D.I. Khan	1627132	47187	26235	56
22	Karak	706299	20483	11312	55
23	Tank	391885	11365	3561	31
24	Lakki Marwat	876182	25409	6086	24
25	Kohistan	784711	22757	2413	11
	Total	30523371	885178	614314	69



d. Pregnant Women Received TT-2 Vaccine

During 2016, out of **982041** expected pregnant women, **463829** (**47%**) women received TT-2 vaccination. Among districts there is a variation that ranges from 72% to 5%. Most of the districts fall under 40% to 72%.

S#	DISTRICT	Population	Expected Pregnancies	Pregnant women received TT-2 vaccine -	%age
1	Malakand	720295	24490	20227	83
2	Haripur	1003031	34103	23408	69
3	Swat	2309570	78525	53095	68
4	Dir Upper	946421	32178	20714	64
5	Buner	897319	30509	18987	62
6	Abbottabad	1332912	45319	26670	59
7	Chitral	447362	15210	8813	58
8	Mardan	2373061	80684	45963	57
9	Dir Lower	1435917	48821	27695	57
10	Battagram	476612	16205	9019	56
11	Swabi	1624616	55237	30425	55
12	Mansehra	1556460	52920	28323	54
13	Charsadda	1616198	54951	28605	52
14	D.I. Khan	1627132	55322	26388	48
15	Bannu	1167892	39708	17328	44
16	Tank	391885	13324	5230	39
17	Nowshera	1518540	51630	18808	36
18	Shangla	757810	25766	9036	35
19	Peshawar	4269079	145149	48487	33
20	Kohat	993874	33792	11068	33
21	Karak	706299	24014	7509	31
22	Hangu	518798	17639	5409	31
23	Lakki Marwat	876182	29790	8518	29
24	Toor Ghar	171395	5827	929	16
25	Kohistan	784711	26680	2028	8
	Total	30523371	1037795	502682	48

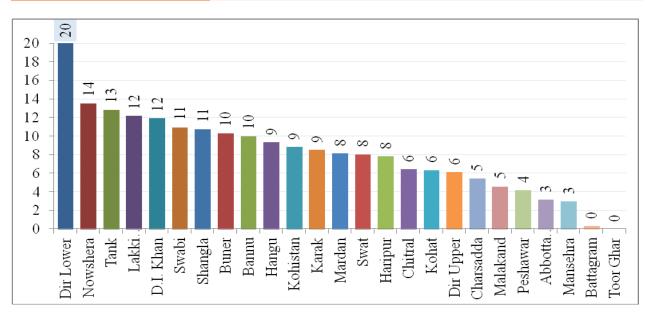


16. Malaria Cases Slide Positivity Rate

a. Malaria Parasite

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

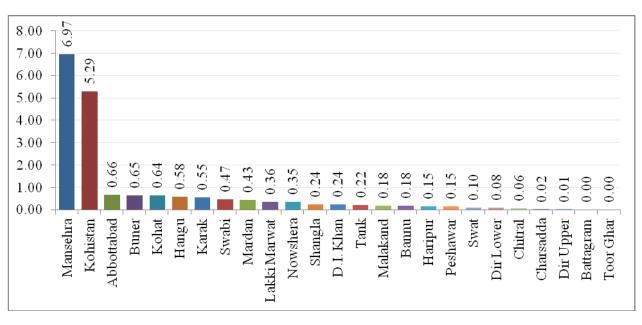
S#	DISTRICT	Slides examined	Slides MP +ve	%age
1	Dir Lower	25069	5010	20
2	Nowshera	19353	2619	14
3	Tank	17176	2203	13
4	Lakki Marwat	26184	3188	12
5	D.I. Khan	54958	6550	12
6	Swabi	9387	1028	11
7	Shangla	5781	621	11
8	Buner	34837	3594	10
9	Bannu	38572	3856	10
10	Hangu	13507	1260	9
11	Kohistan	170	15	9
12	Karak	18772	1596	9
13	Mardan	49758	4045	8
14	Swat	34474	2771	8
15	Haripur	667	52	8
16	Chitral	9364	603	6
17	Kohat	26415	1675	6
18	Dir Upper	20041	1223	6
19	Charsadda	50476	2736	5
20	Malakand	15167	693	5
21	Peshawar	23735	986	4
22	Abbottabad	760	24	3
23	Mansehra	2110	62	3
24	Battagram	2084	6	0
25	Toor Ghar	0	0	0
	Total	498817	46416	9



b. Plasmodium Falciparum Rate

This indicator measure the proportion of plasmodium Palciparum among blood slides tested

-	itive for malaria.			
S#	DISTRICT	Slides examined	Slides P. Falciparum +ve	%age
1	Mansehra	2110	147	6.97
2	Kohistan	170	9	5.29
3	Abbottabad	760	5	0.66
4	Buner	34837	225	0.65
5	Kohat	26415	169	0.64
6	Hangu	13507	79	0.58
7	Karak	18772	103	0.55
8	Swabi	9387	44	0.47
9	Mardan	49758	214	0.43
10	Lakki Marwat	26184	93	0.36
11	Nowshera	19353	68	0.35
12	Shangla	5781	14	0.24
13	D.I. Khan	54958	132	0.24
14	Tank	17176	37	0.22
15	Malakand	15167	27	0.18
16	Bannu	38572	68	0.18
17	Haripur	667	1	0.15
18	Peshawar	23735	35	0.15
19	Swat	34474	35	0.10
20	Dir Lower	25069	21	0.08
21	Chitral	9364	6	0.06
22	Charsadda	50476	11	0.02
23	Dir Upper	20041	3	0.01
24	Battagram	2084	0	0.00
25	Toor Ghar	0	0	0.00
	Total	498817	1546	0.31



District Nowshera is on top of the list in table no 13 and reflects the figures i.e 19332 slides have been examined and reported **1498** with 7.75% positive patients of **Malaria Plasmodium Falciparum**.

Districts Peshawar and Hangu report Malaria Plasmodium Falciparum positive patients 1.11% and 1.29% respectively. While Districts Abbottabad to Tor Ghar reports zero figure of respective districts.

17. Hepatitis B and C Positivity Rate.

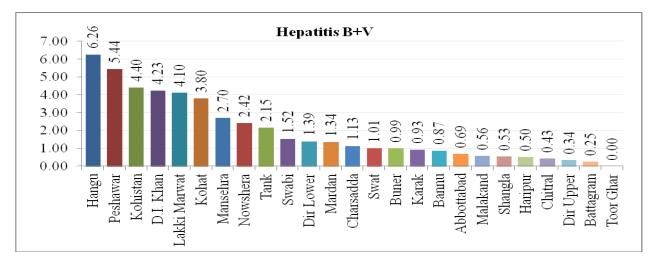
Hepatitis is an inflammation of the liver. The condition can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world

a.Hepatitis B +ve Proportion

Hepatitis B is a serious liver infection caused by the hepatitis B virus (HBV). For some people, hepatitis B infection becomes chronic, meaning it lasts more than six months. Having chronic hepatitis B increases your risk of developing liver failure, liver cancer or cirrhosis.

Most people infected with hepatitis B as adults recover fully, even if their signs and symptoms are severe. Infants and children are more likely to develop a chronic hepatitis B infection. A vaccine can prevent hepatitis B, but there's no cure if you have it. If you're infected, taking certain precautions can help prevent spreading HBV to others.

S#	DISTRICT	Patients screened	Hepatitis B +ve	%age
1	Hangu	7523	471	6.26
2	Peshawar	38531	2095	5.44
3	Kohistan	182	8	4.40
4	D.I. Khan	1253	53	4.23
5	Lakki Marwat	4634	190	4.10
6	Kohat	21782	827	3.80
7	Mansehra	25264	681	2.70
8	Nowshera	18383	445	2.42
9	Tank	7435	160	2.15
10	Swabi	7366	112	1.52
11	Dir Lower	793	11	1.39
12	Mardan	31051	417	1.34
13	Charsadda	19911	224	1.13
14	Swat	48792	491	1.01
15	Buner	11808	117	0.99
16	Karak	8529	79	0.93
17	Bannu	16318	142	0.87
18	Abbottabad	20477	141	0.69
19	Malakand	6404	36	0.56
20	Shangla	5462	29	0.53
21	Haripur	58579	293	0.50
22	Chitral	38425	164	0.43
23	Dir Upper	4942	17	0.34
24	Battagram	23953	61	0.25
25	Toor Ghar	0	0	0.00
	Total	427797	7264	1.70



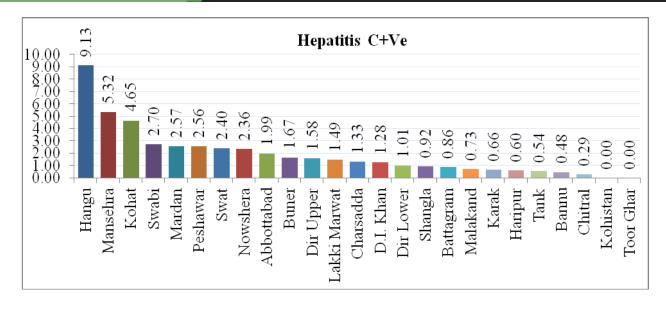
b. Hepatitis C +ve Proportion

Hepatitis C is an infection caused by a virus that attacks the liver and leads to inflammation. Most people infected with the hepatitis C virus (HCV) have no symptoms. In fact, most people don't know they have the hepatitis C infection until liver damage shows up, decades later, during routine medical tests.

Hepatitis C is one of several hepatitis viruses and is generally considered to be among the most serious of these viruses. Hepatitis C is passed through contact with contaminated blood, most commonly through needles (Syringes).

S#	DISTRICT	Patients screened	Hepatitis C +ve	%age
1	Hangu	7523	687	9.13
2	Mansehra	25264	1343	5.32
3	Kohat	21782	1012	4.65
4	Swabi	7366	199	2.70
5	Mardan	31051	797	2.57
6	Peshawar	38531	985	2.56
7	Swat	48792	1170	2.40
8	Nowshera	18383	433	2.36
9	Abbottabad	20477	407	1.99
10	Buner	11808	197	1.67
11	Dir Upper	4942	78	1.58
12	Lakki Marwat	4634	69	1.49
13	Charsadda	19911	265	1.33
14	D.I. Khan	1253	16	1.28
15	Dir Lower	793	8	1.01
16	Shangla	5462	50	0.92
17	Battagram	23953	206	0.86
18	Malakand	6404	47	0.73
19	Karak	8529	56	0.66
20	Haripur	58579	350	0.60
21	Tank	7435	40	0.54
22	Bannu	16318	78	0.48
23	Chitral	38425	110	0.29
24	Kohistan	182	0	0.00
25	Toor Ghar	0	0	0.00
	To	tal 427797	8603	2.01

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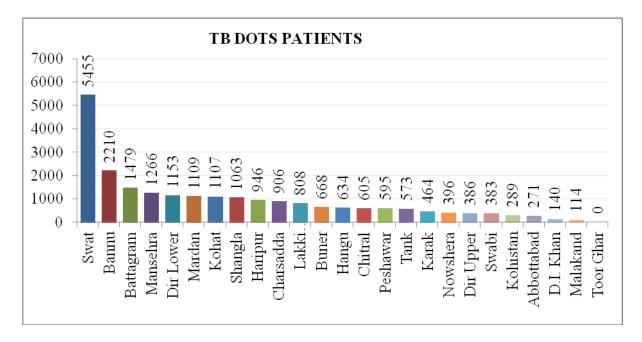
18. Intensive-Phase TB-DOTS Patients

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	5455
2	Bannu	2210
3	Battagram	1479
4	Mansehra	1266
5	Dir Lower	1153
6	Mardan	1109
7	Kohat	1107
8	Shangla	1063
9	Haripur	946
10	Charsadda	906
11	Lakki Marwat	808
12	Buner	668
13	Hangu	634
14	Chitral	605
15	Peshawar	595
16	Tank	573
17	Karak	464
18	Nowshera	396
19	Dir Upper	386
20	Swabi	383
21	Kohistan	289
22	Abbottabad	271
23	D.I. Khan	140
24	Malakand	114
25	Toor Ghar	0
	Total	23020

Table show the district-wise TB data figures. Districts Swat, Bannu, Battagram, Mansehra and Dir Lower report 5455, 2210, 1479, 1266 and 1153 TB patients.

District Mardan, Kohat, Shangla, Haripur, Charsadda report TB DOTS patients 1109, 1107, 1063, 946 and 906 respectively.

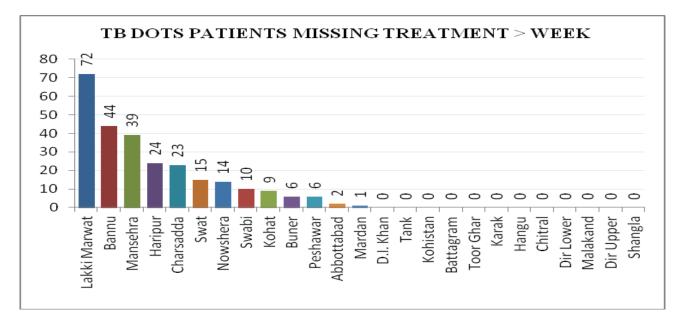


19. Proportion of Intensive phase TB-DOTS patients missing treatment >1 week

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#	DISTRICT	
1	Lakki Marwat	missing treatment >1 week 72
1		44
2	Bannu	••
3	Mansehra	39
4	Haripur	24
5	Charsadda	23
6	Swat	15
7	Nowshera	14
8	Swabi	10
9	Kohat	9
10	Buner	6
11	Peshawar	6
12	Abbottabad	2
13	Mardan	1
14	D.I. Khan	0
15	Tank	0
16	Kohistan	0
17	Battagram	0
18	Toor Ghar	0
19	Karak	0
20	Hangu	0
21	Chitral	0
22	Dir Lower	0
23	Malakand	0
24	Dir Upper	0
25	Shangla	0
	Total	265

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.



D. Mortality Rate

Mortality rate or death rate is a <u>measure</u> of the number of <u>deaths</u> (in general, or due to a specific cause) in a particular <u>population</u>, 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 17 of the province]

S#	District	Live Births in the Facility	Neonatal Deaths in the Facility	Neonatal Mirtality Rate
1	Bannu	13051	1388	106
2	Swat	28156	829	29
3	Kohat	11915	320	27
4	Mansehra	7847	164	21
5	Dir Lower	13578	229	17
6	Malakand	16865	277	16
7	Chitral	7397	113	15
8	Buner	9243	111	12
9	Haripur	9046	85	9
10	Swabi	10173	84	8
11	Abbottabad	9300	63	7

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12	Battagram	6460	32	5
13	Toor Ghar	459	2	4
14	Mardan	14866	62	4
15	Dir Upper	8130	27	3
16	Shangla	4653	8	2
17	Peshawar	13235	22	2
18	Charsadda	9220	9	1
19	Nowshera	5732	5	1
20	Karak	5320	3	1
21	Tank	3067	1	0
22	D.I. Khan	3340	1	0
23	Lakki	3924	1	0
	Marwat			
24	Kohistan	984	0	0
25	Hangu	3709	0	0
	Total	219,670	3,836	17

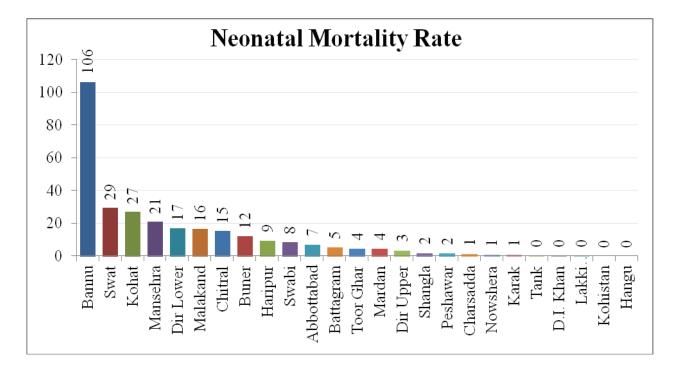


Figure and table No. illustrate the neonatal mortality rates (neonatal deaths in the facilities).

Districts which report zero (0) neonatal deaths are Tanl, D.I Khan, Lakki Marwat, Kohistan and Hangu.

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

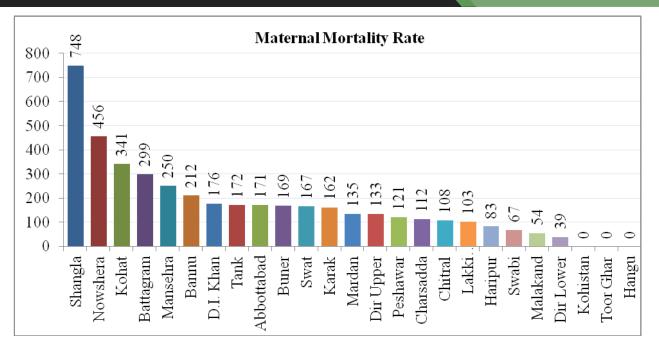
The indicator Maternal Mortality Rate (Maternal Deaths Reported by LHW) illustrates the death rates of the mother during pregnancy or deliveries.

Districts Shangla, Nowshera, Kohat and Battagram reported 17, 55, 11 and 4 deaths against 2273, 12051, 3222, 1340 and 15986 live births and the Maternal Mortality Rate is 748, 456, 341 and 299 deaths per 100,000 populations which is more than the national Maternal Mortality Rate (276/100,000).

S#	DISTRICT	Delivery by skilled persons reported	Maternal deaths reported	MMR
1	Shangla	2273	17	748
2	Nowshera	12051	55	456
3	Kohat	3222	11	341
4	Battagram	1340	4	299
5	Mansehra	15986	40	250
6	Bannu	9433	20	212
7	D.I. Khan	11962	21	176
8	Tank	4661	8	172
9	Abbottabad	16944	29	171
10	Buner	4732	8	169
11	Swat	25737	43	167
12	Karak	4933	8	162
13	Mardan	22213	30	135
14	Dir Upper	1501	2	133
15	Peshawar	28036	34	121
16	Charsadda	16015	18	112
17	Chitral	6498	7	108
18	Lakki Marwat	2926	3	103
19	Haripur	13305	11	83
20	Swabi	11954	8	67
21	Malakand	9309	5	54
22	Dir Lower	2573	1	39
23	Kohistan	26	0	0
24	Toor Ghar	0	0	0
25	Hangu	1306	0	0
	Total	228936	383	167

[Over Maternal Mortality Rate is 167 of the province]

Districts Kohsitan, Hangu and Tor Ghar reported zero (0) Maternal deaths in their respective districts in 2018.



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.

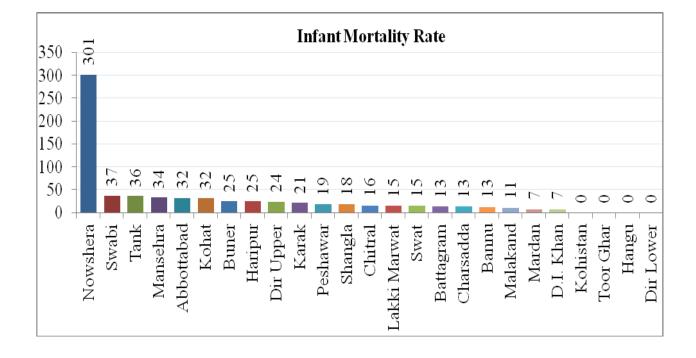
The leading causes of infant mortality are birth asphyxia, pneumonia, term birth complications, diarrhea, malaria, measles and malnutrition.

S#	DISTRICT	Delivery by skilled persons reported	Infant deaths reported	IMR
1	Nowshera	12051	3630	301
2	Swabi	11954	444	37
3	Tank	4661	168	36
4	Mansehra	15986	537	34
5	Abbottabad	16944	550	32
6	Kohat	3222	103	32
7	Buner	4732	119	25
8	Haripur	13305	329	25
9	Dir Upper	1501	36	24
10	Karak	4933	105	21
11	Peshawar	28036	526	19
12	Shangla	2273	42	18
13	Chitral	6498	103	16
14	Lakki Marwat	2926	45	15
15	Swat	25737	391	15
16	Battagram	1340	18	13
17	Charsadda	16015	210	13
18	Bannu	9433	118	13

[Over Infant Mortality Rate is 34 of the province]

19	Malakand	9309	102	11
20	Mardan	22213	158	7
21	D.I. Khan	11962	81	7
22	Kohistan	26	0	0
23	Toor Ghar	0	0	0
24	Hangu	1306	0	0
25	Dir Lower	2573	0	0
	Total	228936	7815	34

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District Nowshera reported 3630 deaths against 12051 live births and the IMR is 301.

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

21. District wise comparison of Live births with LBW (under 2.5kg)

Low birth weight (LBW) is a major public health problem in many developing countries, especially so in Pakistan. Although we do not know all the causes of LBW, maternal and environmental factors appear to be significant risk factors in its occurrence. These low-birth-weight (LBW) infants are at increased risk of early growth delay, infectious disease, developmental delay and death during infancy and childhood. Most LBW is a consequence of preterm birth, small size for gestational age, or both.

S#	DISTRICT	Live births in the facility	Live births with LBW (under 2.5kg)	%age
1	Kohistan	984	165	16.77
2	Battagram	6460	627	9.71
3	Lakki Marwat	3924	159	4.05
4	Haripur	9046	241	2.66
5	Chitral	7397	180	2.43

6	Dir Upper	8130	160	1.97
7	Malakand	16865	296	1.76
8	D.I. Khan	3340	56	1.68
9	Mansehra	7847	114	1.45
10	Dir Lower	13578	167	1.23
11	Bannu	13051	96	0.74
12	Abbottabad	9300	57	0.61
13	Swat	28156	130	0.46
14	Kohat	11915	53	0.44
15	Toor Ghar	459	2	0.44
16	Tank	3067	10	0.33
17	Swabi	10173	29	0.29
18	Buner	9243	24	0.26
19	Karak	5320	13	0.24
20	Nowshera	5732	14	0.24
21	Mardan	14866	35	0.24
22	Hangu	3709	7	0.19
23	Peshawar	13235	20	0.15
24	Shangla	4653	6	0.13
25	Charsadda	9220	3	0.03
	Total	219670	2664	1.21

There are wide variations in the figures rang from **0.03%** in district Charsadda to **16.77%** in Kohistan.

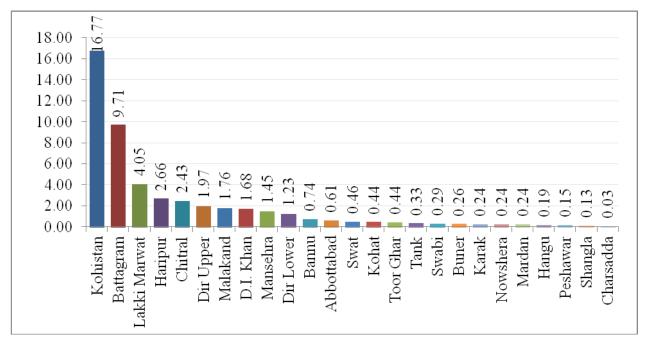


Figure and Table reflects the postion of the districts of the Province.

22. District wise comparison of Stillbirths in the Government Health Facilities

The birth of an infant that has died in the womb (strictly, after having survived through at least the first 28 weeks of pregnancy, earlier instances being regarded as abortion or miscarriage).

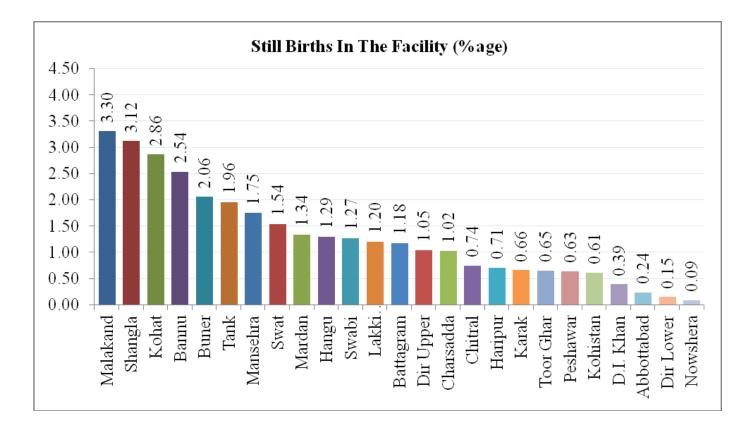
The major causes of stillbirth include:

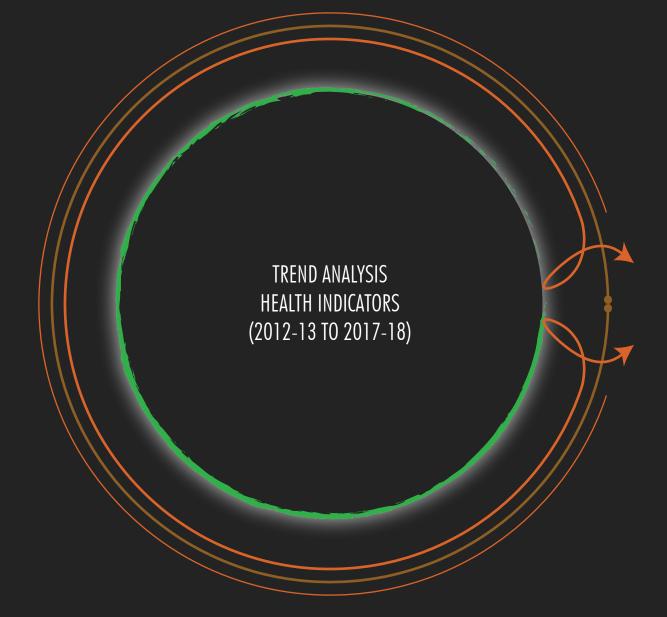
- Child birth complications
- Post-term pregnancy
- Maternal infections in pregnancy (malaria, syphilis and HIV)
- Maternal disorders (especially hypertension, obesity and diabetes)
- Fetal growth restriction
- Congenital abnormalities.

Almost half of stillbirths happen when the woman is in labour. The majority of stillbirths are preventable, evidenced by the regional variation across the world. The rates correlate with access to maternal healthcare.

S#	District	Live Births in the Facility	Still Births in the Facility	%age
1	Malakand	16865	557	3.30
2	Shangla	4653	145	3.12
3	Kohat	11915	341	2.86
4	Bannu	13051	331	2.54
5	Buner	9243	190	2.06
6	Tank	3067	60	1.96
7	Mansehra	7847	137	1.75
8	Swat	28156	434	1.54
9	Mardan	14866	199	1.34
10	Hangu	3709	48	1.29
11	Swabi	10173	129	1.27
12	Lakki Marwat	3924	47	1.20
13	Battagram	6460	76	1.18
14	Dir Upper	8130	85	1.05
15	Charsadda	9220	94	1.02
16	Chitral	7397	55	0.74
17	Haripur	9046	64	0.71
18	Karak	5320	35	0.66
19	Toor Ghar	459	3	0.65
20	Peshawar	13235	84	0.63
21	Kohistan	984	6	0.61
22	D.I. Khan	3340	13	0.39
23	Abbottabad	9300	22	0.24
24	Dir Lower	13578	20	0.15
25	Nowshera	5732	5	0.09
	Grand Total	219670	3180	1.45

Table and figure reflects the district wise comparison of the stillbirths in percentage





SOURCE: DHIS DATABASE

Introduction:

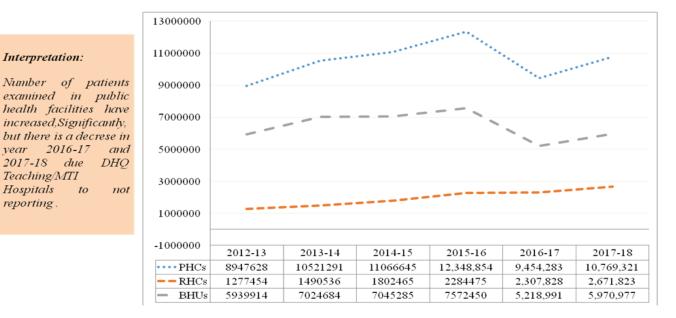
District Health Information System (DHIS) is a data collection system, transmission of data, processing and analysis of data and feedback for the primary and secondary health facilities of the DoH. It does not include tertiary care hospitals. The purpose DHIS is to provide data for evidence based decision making.

Sequence of Analysis

- OPD Number of patients examined in Primary and Secondary Health Care level facilities. (PHC and SHC)
- Number of deliveries in PHC and SHC facilities
- Trend of Communicable diseases
- Trend of Non-Communicable diseases
- Mortality Rate

Out Patients Department (OPD) (Primary and Secondary Level Health Care Facilities)

ut Patients Department (Primary Level Health Care Facilities)



It Patients Department (Secondary Level Health Care Facilities)

Interpretation:

Interpretation:

vear 2016-17

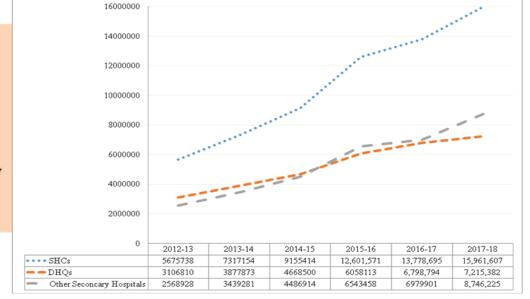
Teaching/MTI

to

Hospitals

reporting.

Number of patients examined in public health facilities have increased, Significantly every year, but in 2017-18 due to suffecient heatlh care services the patients trust developed in the Public Hospitals.



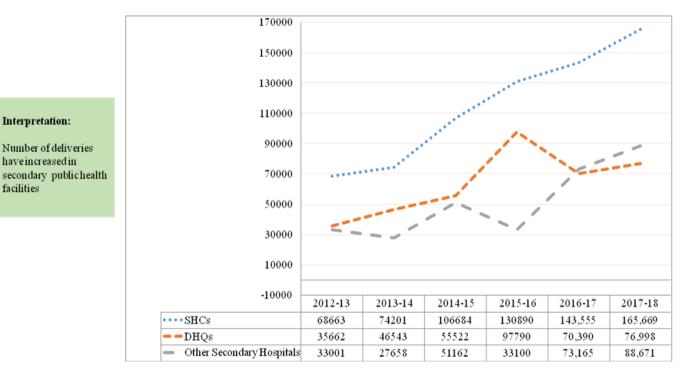
Deliveries (Primary Level Health Care Facilities)



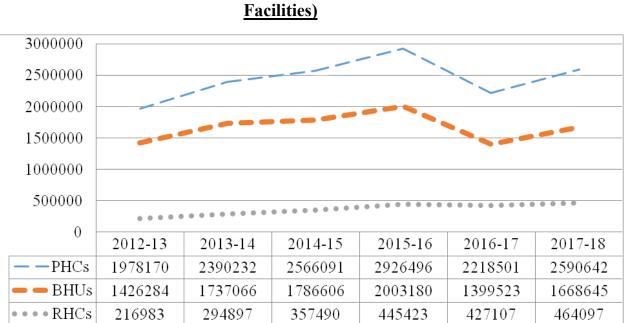
Interpretation:

Number of deliveries have dicreased In primary public health facilities

Deliveries (Secondary Level Health Care Facilities)

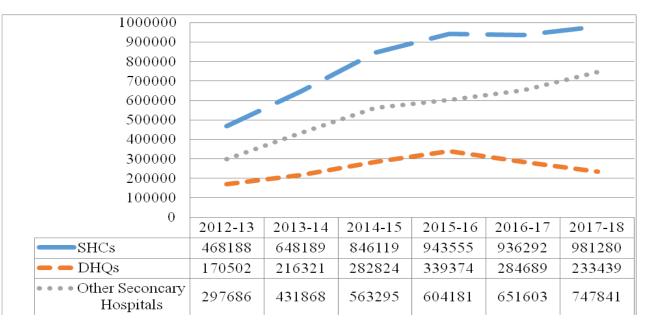


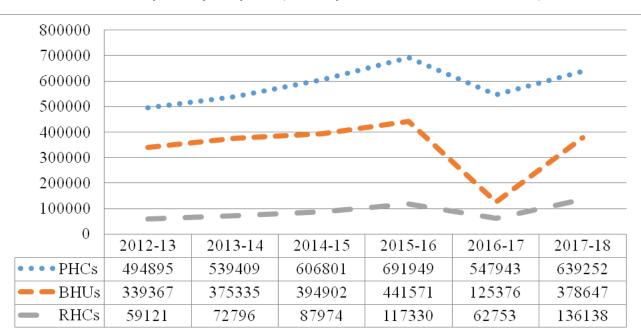
COMMUNICABLE DISEASES Primary & Secondary Level Healthcare Facilities

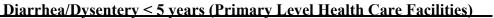


Acute (upper) Respiratory Infections (Primary Level Health Care

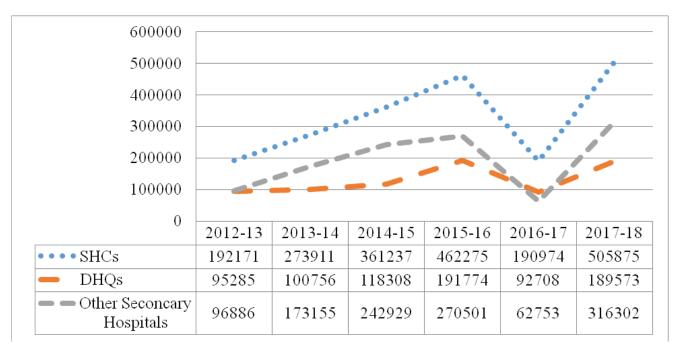
<u>cute (upper) Respiratory Infections (Secondary Level Health Care</u> <u>Facilities)</u>

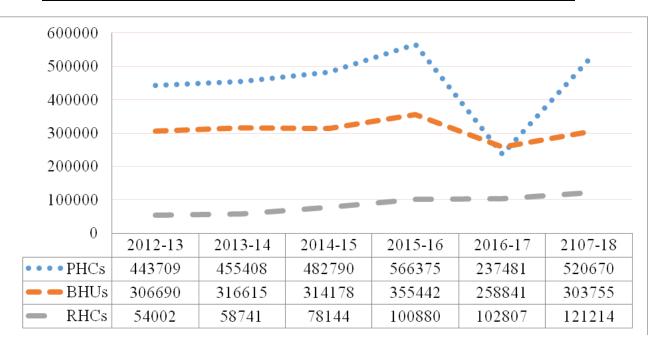






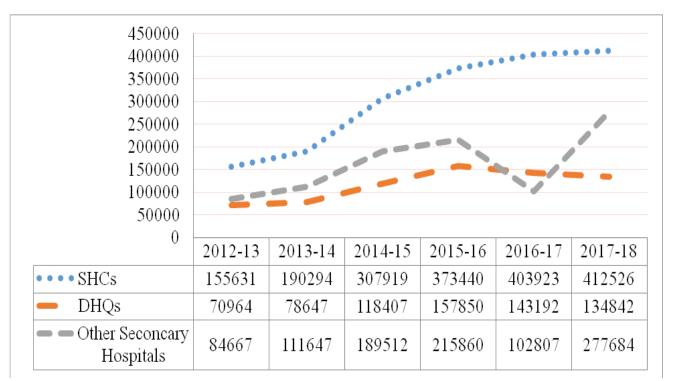
Diarrhea/Dysentery < 5 years (Secondary Level Health Care Facilities)

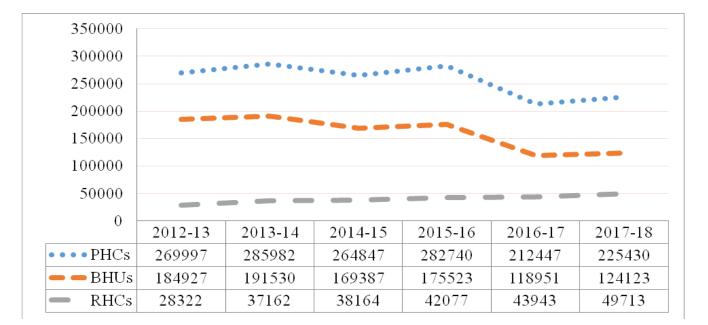




Diarrhea/Dysentery >5 years (Primary Level Health Care Facilities)

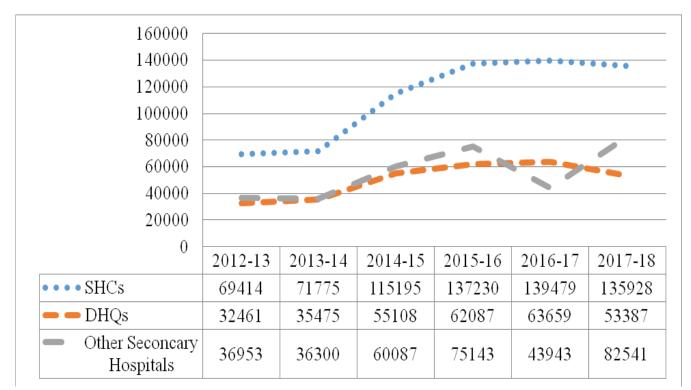
Diarrhea/Dysentery >5 years (Secondary Level Health Care Facilities)

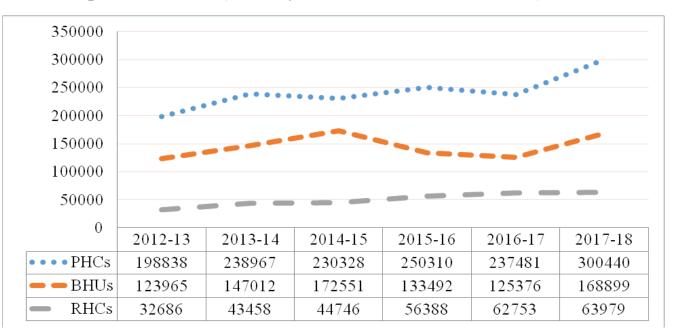




Scabies (Primary Level Health Care Facilities)

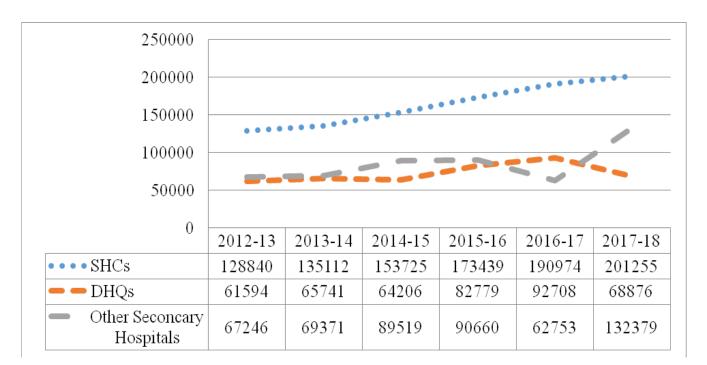
Scabies (Secondary Level Health Care Facilities)

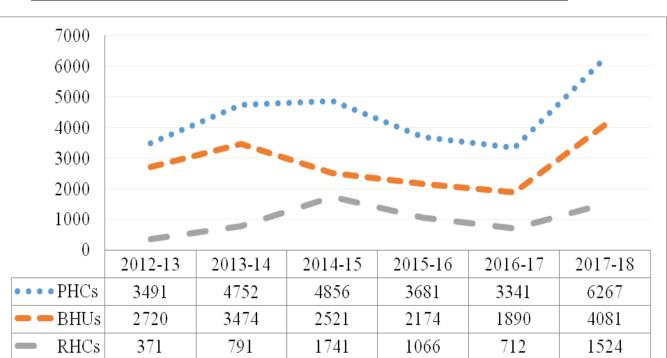




Suspected Malaria (Primary Level Health Care Facilities)

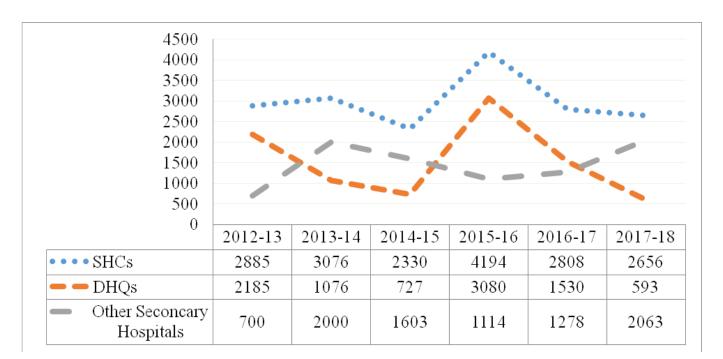
Suspected Malaria (Secondary Level Health Care Facilities)



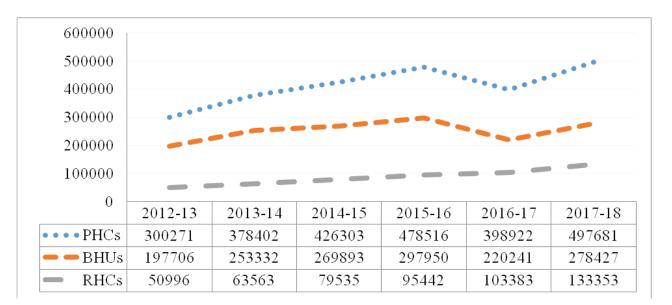


Cutaneous Leishmaniasis (Primary Level Health Care Facilities)

Cutaneous Leishmaniasis (Secondary Level Health Care Facilities)

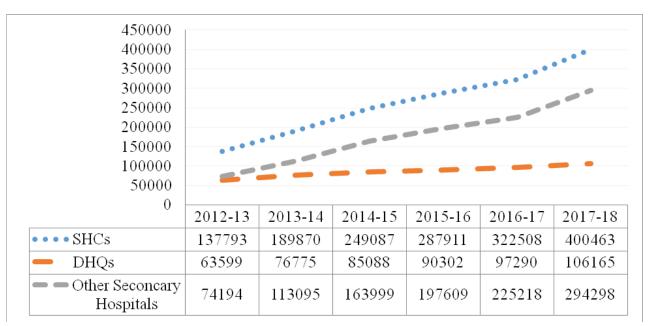


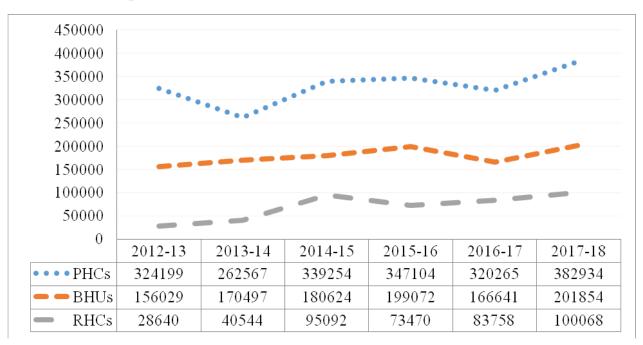
NON-COMMUNICABLE DISEASES Primary & Secondary Level Healthcare Facilities



Urinary Tract Infections (Primary Level Health Care Facilities)

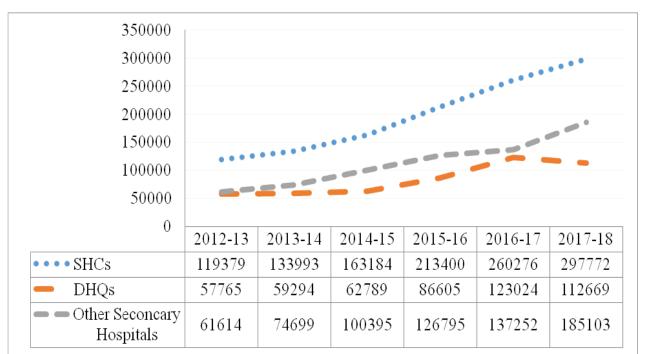
Urinary Tract Infections (Secondary Level Health Care Facilities)

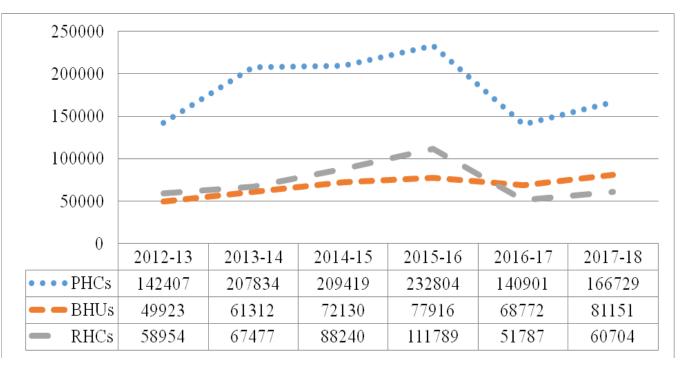




Hypertension (Primary Level Health Care Facilities)

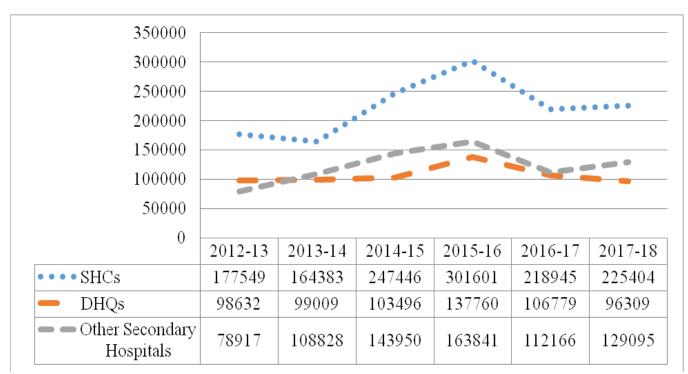
Hypertension (Secondary Level Health Care Facilities)

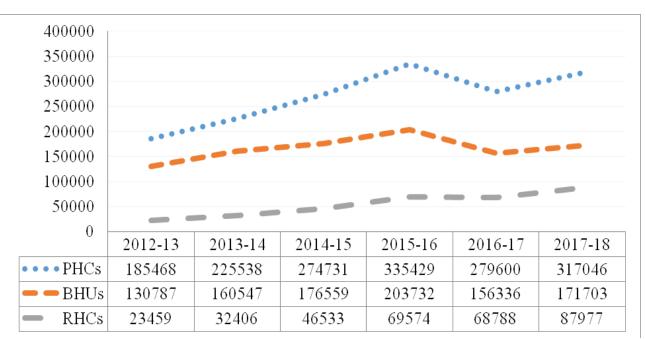




Diabetes Mellitus (Primary Level Health Care Facilities)

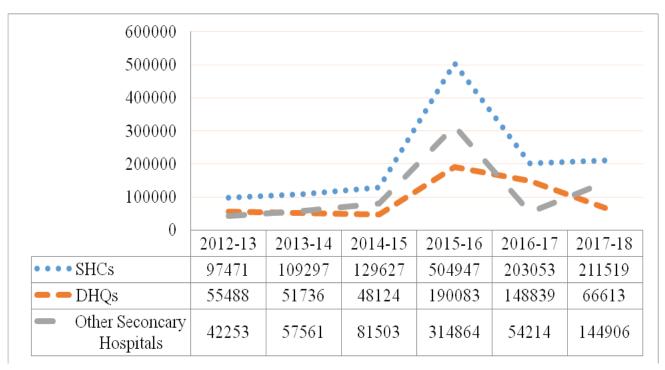
Diabetes Mellitus (Secondary Level Health Care Facilities)

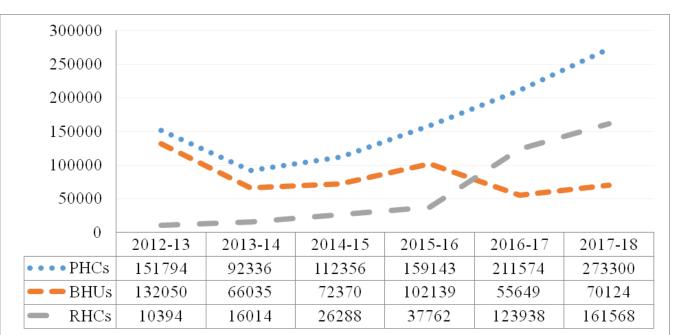




Peptic Ulcer Diseases (Primary Level Health Care Facilities)

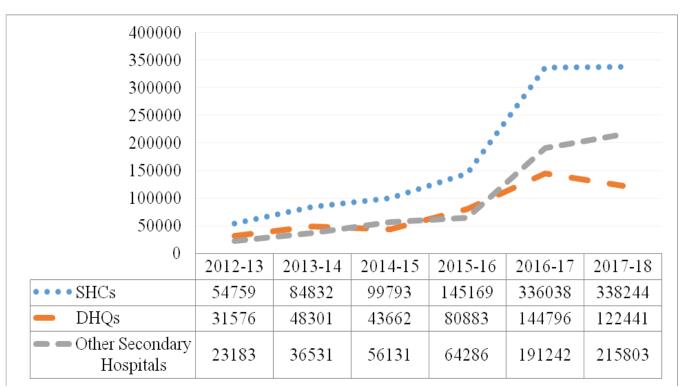
Peptic Ulcer Diseases (Secondary Level Health Care Facilities)

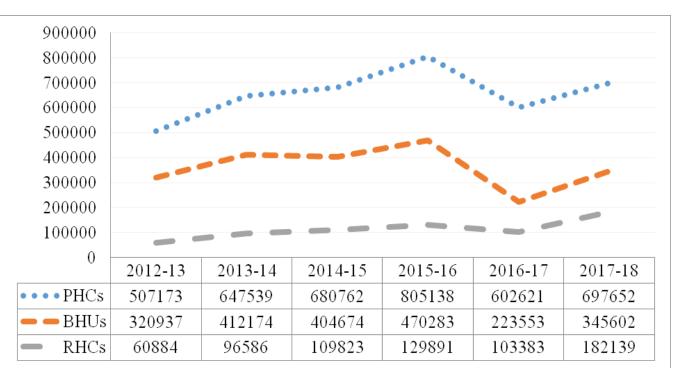




Dental Caries (Primary Level Health Care Facilities)

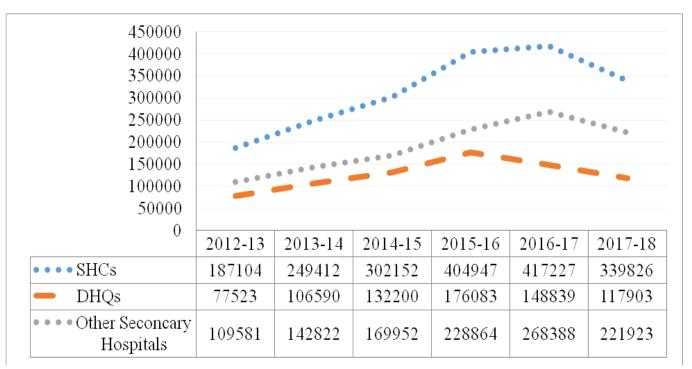
Dental Caries (Secondary Level Health Care Facilities)



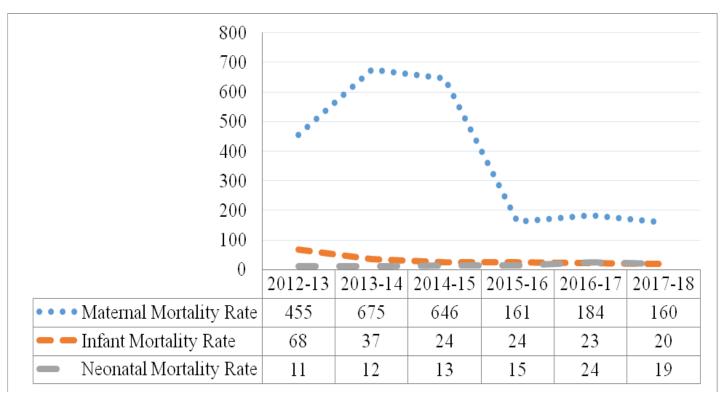


Fever Due to other causes (Primary Level Health Care Facilities)

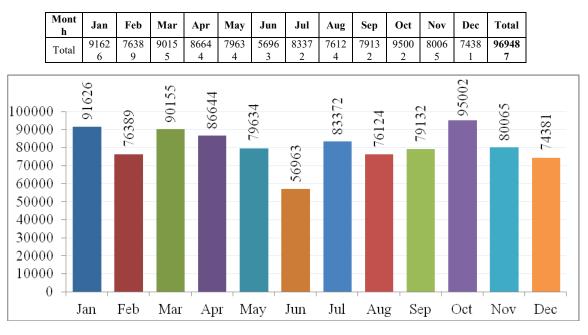
Fever Due to other causes (Secondary Level Health Care Facilities)







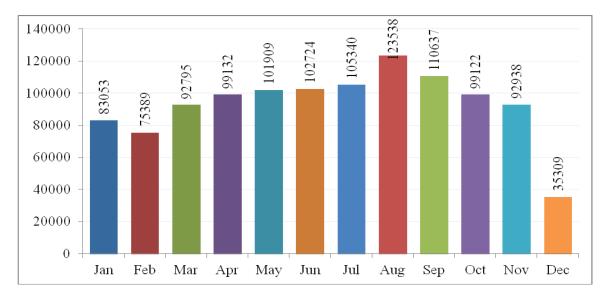
OUT PATIENTS DEPARTMENT LADY READING HOSPITAL-MEDICAL TEACHING INSTITUTION



LRH MTI OPD Patients Record From January to December 2018

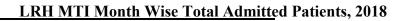
LRH MTI Emergency Patients Record From January to December 2018

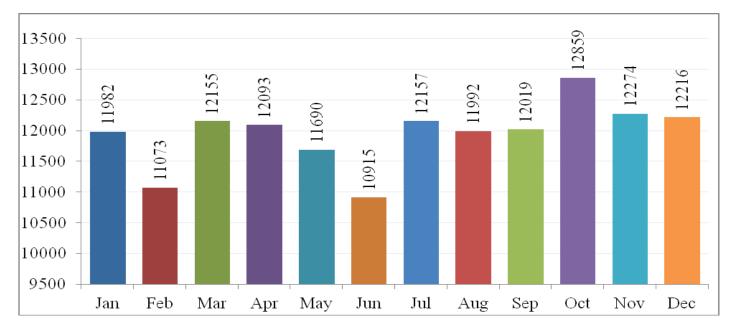
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Emergency	83053	75389	92795	99132	101909	102724	105340	123538	110637	99122	92938	35309	1121886



52

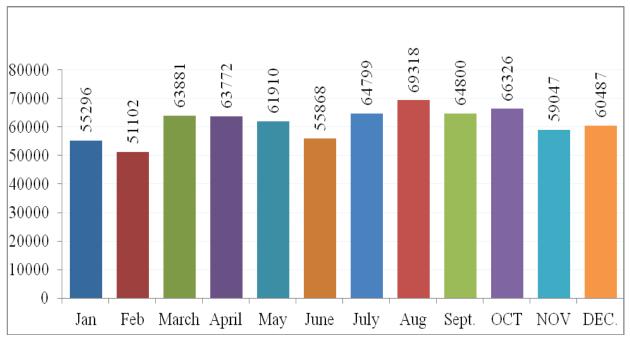
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1198	1107	1215	1209	1169	1091	1215	1199	1201	1285	1227	1221	14342
2	3	5	3	0	5	7	2	9	9	4	6	5





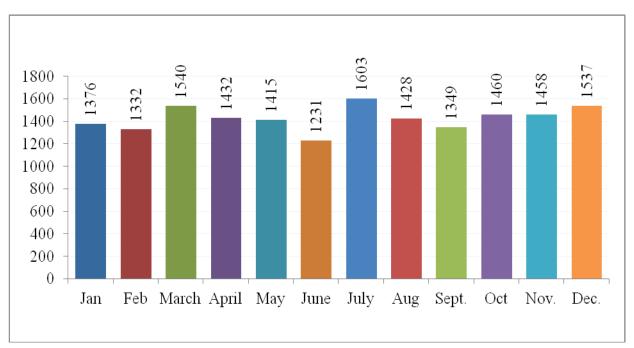
ANNUAL REPORT 2018 Naseerullah Khan / City Hospital Kohat Road, Peshawar

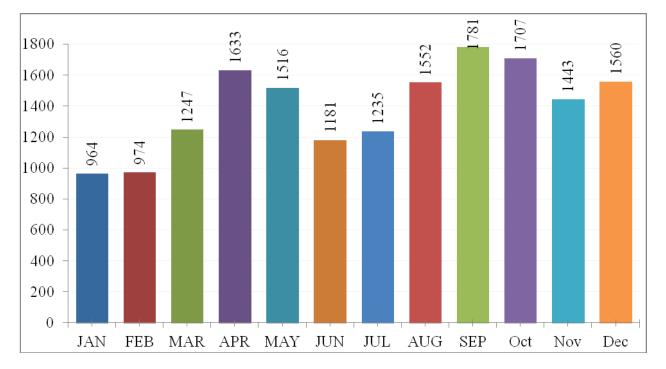
Muhammad Ishfaq Statistical Assistant DHIS



1. Monthly OPD Performance Reporting Compliance

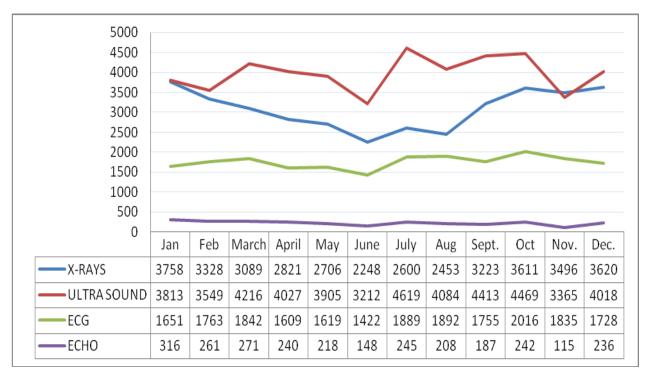
2. Monthly Indoor Patients Performance

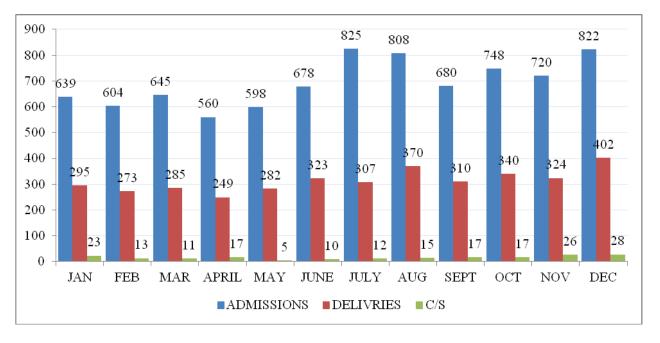




3. Others Services Data (Lab, PFT, Major OT, Minor OT, KDC, Dental)

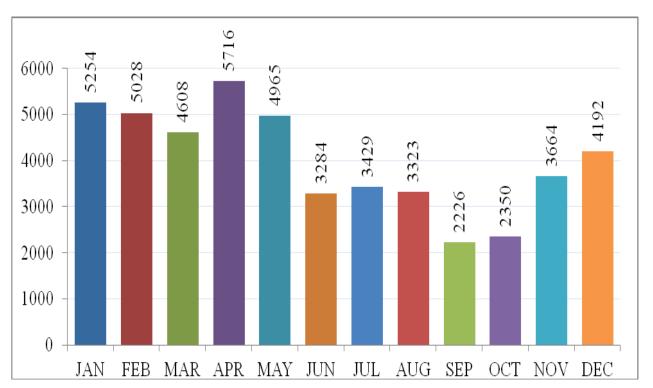
4. Radiology (X-Ray, Ultrasound, ECG, ECHO)





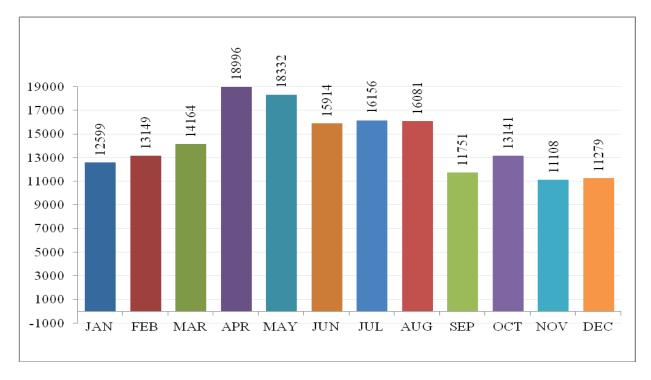
5. Month wise number of Admissions, Deliveries, C/S

6. Pathology (Biochemistry, Hematology, Serology)

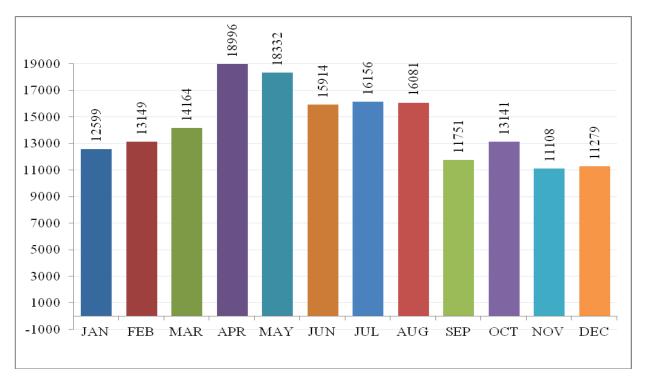


Biochemistry

Hematology



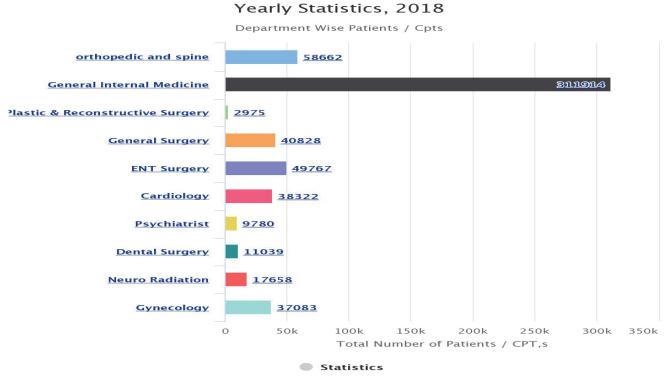
Serology



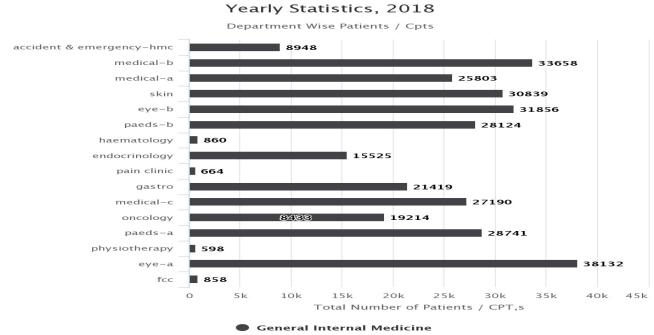
DISTRICT HEALTH INFORMATION SYSTEM www.dhiskp.gov.pk info@dhiskp.gov.pk

ANNUAL REPORT 2018 Hayatabad Medical Complex, Hayatabad Peshawar

Statistics HMC

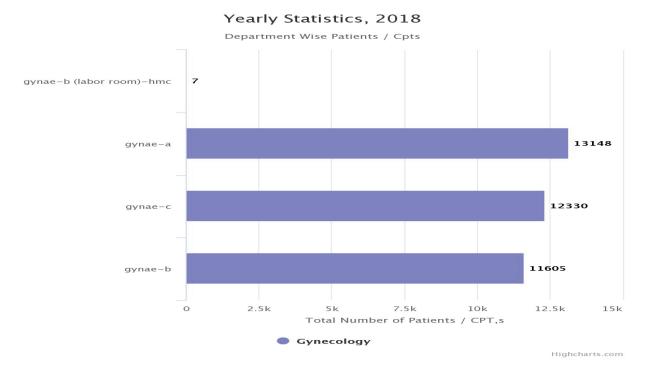


Highcharts.com

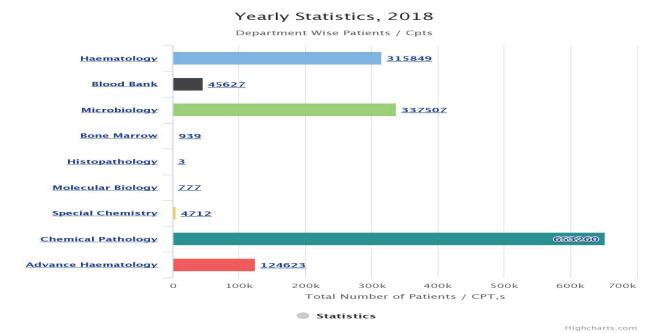


Statistics HMC

Number of Patients of Gyneacology



Number of Patients (Pathology)

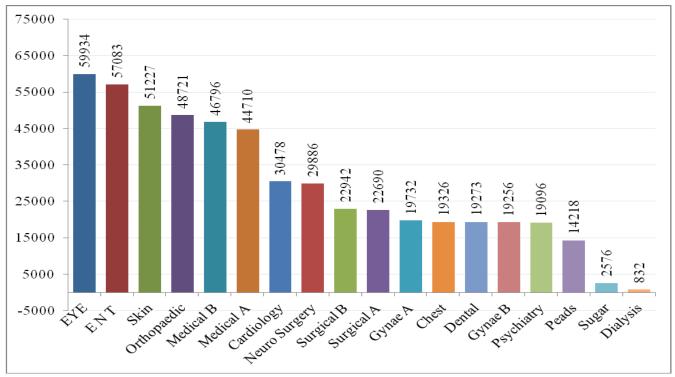


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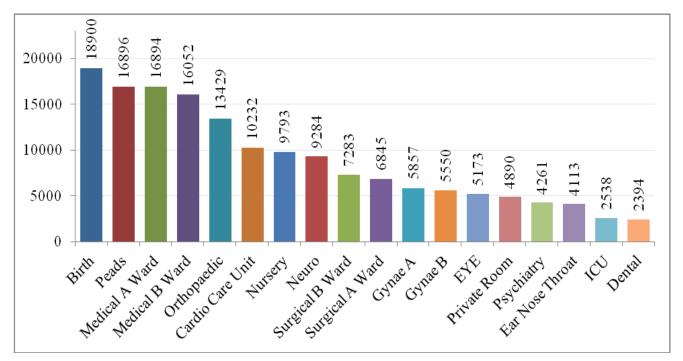
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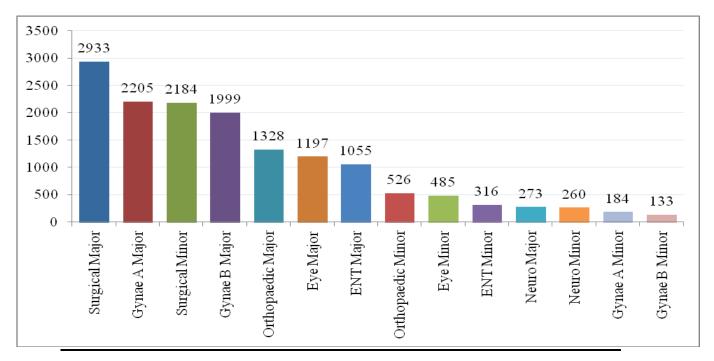


Indoor Patients

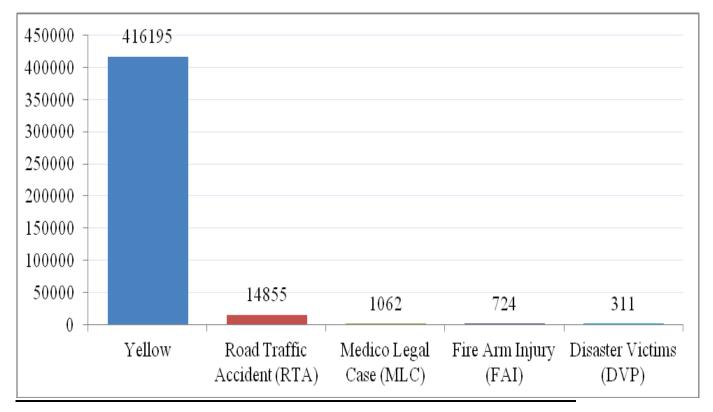


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Surgeries



Accident & Emergency



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