

Our Guiding Principle



O ALLAH, INCREASE US
IN KNOWLEDGE!

اے میرے رب! میرے علم میں اضافہ فرما۔



ACKNOWLEDGMENTS



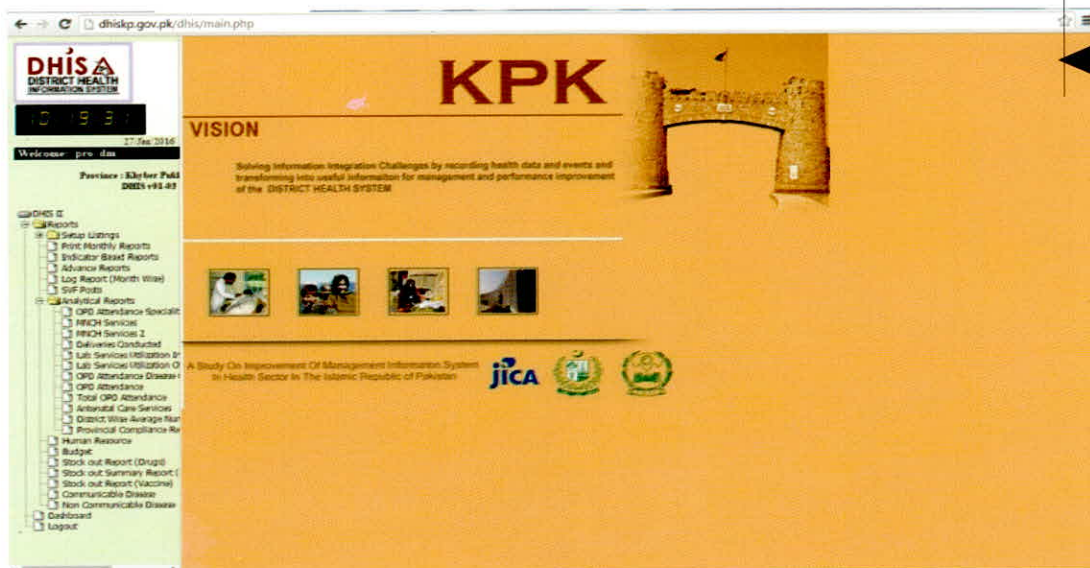
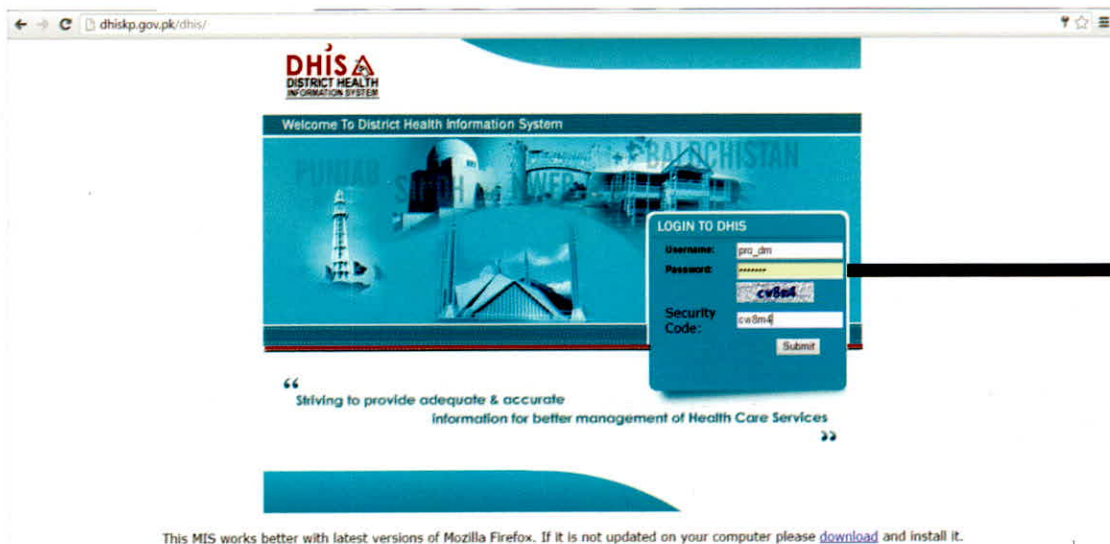
DHIS Project acknowledges the services of its team and all the personnel who contributed in compilation of this report, without whose efforts it would not have been possible to generate timely information; that in-turn serves as the basis for optimal decision making.

This Image shows login screen for accessing the DHIS reporting Indicators, all the indicators can be accessed by logging in and the next image helps in the selection of report.

Username & password

DHIS LOGIN

User Name : pro_dm
Password : dhis123



ACRONYMS

CMW		Community Midwife
DFAT		Department of Foreign Affairs and Trade
DFID		Department for International Development
DGHS		Director General of Health Services
DHIS		District Health Information System
DoH		Department of Health
DHO		District Health Officer
EPI		Expanded Programme on Immunization
HLSP		Health and Life Sciences Partnership
IMR		Infant Mortality Rate
KPI		Key Performance Indicator
LHW		Lady Health Worker
M&E		Monitoring and Evaluation
MDG		Millennium Development Goals
MIS		Management Information System
MMR		Maternal Mortality Rate
MNCH		Maternal, Newborn and Child Health
MS		Medical Superintendent
NP		National Programme
Phs		Public Health Specialist
HSRU		Health Sector Reform Unit
RHIS		Routine Health Information System
TA		Technical Assistance
TBC		TB Control
TOT		Training of Trainers
TRF		Technical Resource Facility
USAID		United States Agency for International Development
WHO		World Health Organization

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SEPARATORS

Some useful
information



MISSION & VISION STATEMENT OF HEALTH DEPARTMENT



Mission Statement (www.healthkp.gov.pk)

The mission of the Department of Health Government of Khyber Pakhtunkhwa is to protect the Health of all citizens in Khyber Pakhtunkhwa Province.

Vision Statement

The Department of Health will reorganize the Health Sector in Khyber Pakhtunkhwa Province with clear distinction between regulation, financing and provision of health services in order to achieve the optimum benefit within the available resources for the people of Khyber Pakhtunkhwa Province.

Strategic Objectives (Ref.: HSS 2010-2017):

1. Enhancing coverage & access to essential health services specially for the poor & vulnerable.
2. Measure able reduction in morbidity & morbidity due to, diseases specially among vulnerable segments of population.
3. Improved Human Resource Management.
4. Improved Governance & Accountability.
5. Improved Regulation & Quality Assurance.



VISION AND MISSION OF DHIS



VISION:

Vision of District Health information system (DHIS)

The Vision of District Health information system (DHIS) is to improve the health care services through evidence based management health service delivery.

MISSION:

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence based management and performance improvement of the district health system.



INTRODUCTION DISTRICT HEALTH INFORMATION SYSTEM



Overview of DHIS

District Health Information System (DHIS) is a mechanism of data collection, transmission, processing, and analysis and information feedback to the primary and secondary level health facilities. DHIS provides a baseline data for district planning implementation and monitoring on major indicators of disease pattern, preventive services and other resources.

Important features of DHIS

DHIS is a district based routine Health Information System.

- Responds to the information need of the District Health System performance monitoring function both at district level and provincial level.
- DHIS provides set of indicators
- Promotes/Supports evidence based decision making at local level and provincial level.
- Cater to the important routine health information needs of the provincial levels monitoring policy implementation.
- DHIS is an improved version of HMIS as it incorporates many indicators from HMIS.
- DHIS was working off line while it starts online reporting from September 2013 in the province Khyber Pakhtunkhwa.

Salient Features of Report

DHIS is fully implemented and functional in all the districts of Khyber Pakhtunkhwa province since 2009, and start online reporting system from 2013. Thus there is a regular need of data analysis for promoting evidence based decision making and improvement in data quality.

The overall purpose of this report is to provide basic analysis of key performance indicators (KPIs) to the district manager and facility in-charges. This would then ensure the identification of problem areas or best practices, problem analysis and planning of solutions, implementation of the solutions, monitoring and evaluating the solutions.

This report shall assist the district and provincial health managers to analyze the health situation, their services (e.g EPI, TB-DOTS, Malaria, MCH and Family Planning Services etc), availability of drugs/supplies, essential equipment and utilities etc. Other users of this report would be the district, provincial managers who are some way or the other involved in improving the health services and have a role in the overall healthcare delivery system.

Disease Pattern in out Patient Department (43 Disease reported by DHIS)

S.No	Name of Disease
1	Acute (upper) Respiratory Infections (ARI)
2	Fever due to other causes
3	Diarrhoea/Dysentery in under 5 yrs
4	Urinary Tract Infections
5	Diarrhoea/Dysentery in >5 yrs
6	Hypertension
7	Dental Caries
8	Peptic Ulcer Diseases
9	Scabies
10	Suspected Malaria
11	Worm infestation
12	Pneumonia under 5 years
13	Depression
14	Asthma
15	Diabetes Mellitus
16	Dermatitis
17	Otitis Media
18	Pneumonia >5 years
19	Enteric / Typhoid Fever
20	Road traffic accidents
21	Suspected Viral Hepatitis
22	Cataract
23	TB Suspects
24	Fractures
25	Dog bite
26	Chronic Obstructive Pulmonary Diseases
27	Ischemic Heart Disease
28	Trachoma
29	Burns
30	Glaucoma
31	Nephritis/Nephrosis
32	Drug Dependence
33	Suspected Measles
34	Epilepsy
35	Benign Enlargement of Prostrate
36	Cirrhosis of Liver
37	Sexually Transmitted Infections
38	Cutaneous Leishmaniasis
39	Suspected Neonatal Tetanus
40	Suspected Meningitis
41	Acute Flaccid Paralysis
42	Snake bits (with signs/symptoms of poisoning)
43	Suspected HIV/AIDS

Communicable Diseases

S.No	Name of Disease
1	Acute (upper) Respiratory Infections (ARI)
2	Diarrhoea/Dysentery in under 5 yrs
3	Diarrhoea/Dysentery in >5 yrs
4	Scabies
5	Suspected Malaria
6	Worm infestation
7	Pneumonia under 5 years
8	Pneumonia >5 years
9	Enteric / Typhoid Fever
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17	Suspected Meningitis
18	Acute Flaccid Paralysis
19	Suspected HIV/AIDS

Non-Communicable Diseases

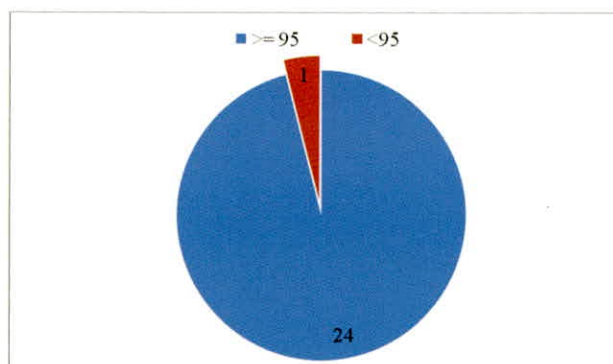
S.No	Name of Disease
1	Fever due to other causes
2	Urinary Tract Infections
3	Hypertension
4	Dental Caries
5	Peptic Ulcer Diseases
6	Depression
7	Asthma
8	Diabetes Mellitus
9	Dermatitis
10	Otitis Media
11	Road traffic accidents
12	Cataract
13	Fractures
14	Dog bite
15	Chronic Obstructive Pulmonary Diseases
16	Ischemic Heart Disease
17	Burns
18	Glaucoma
19	Nephritis/Nephrosis
20	Drug Dependence
21	Epilepsy
22	Benign Enlargement of Prostrate
23	Cirrhosis of Liver
24	Snake bits (with signs/symptoms of poisoning)

DISTRICT HEALTH INFORMATION SYSTEM
1ST QUARTER REPORT
2016

1st Quarter Report 2016

1. Reporting Compliance

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



The indicator reflects compliance of DHIS data. If health facilities are not submitting monthly reports, the data from the report of the respective districts will not get entered in to the DHIS online software. This will make it difficult to analyze the data, report it and take rational decision.

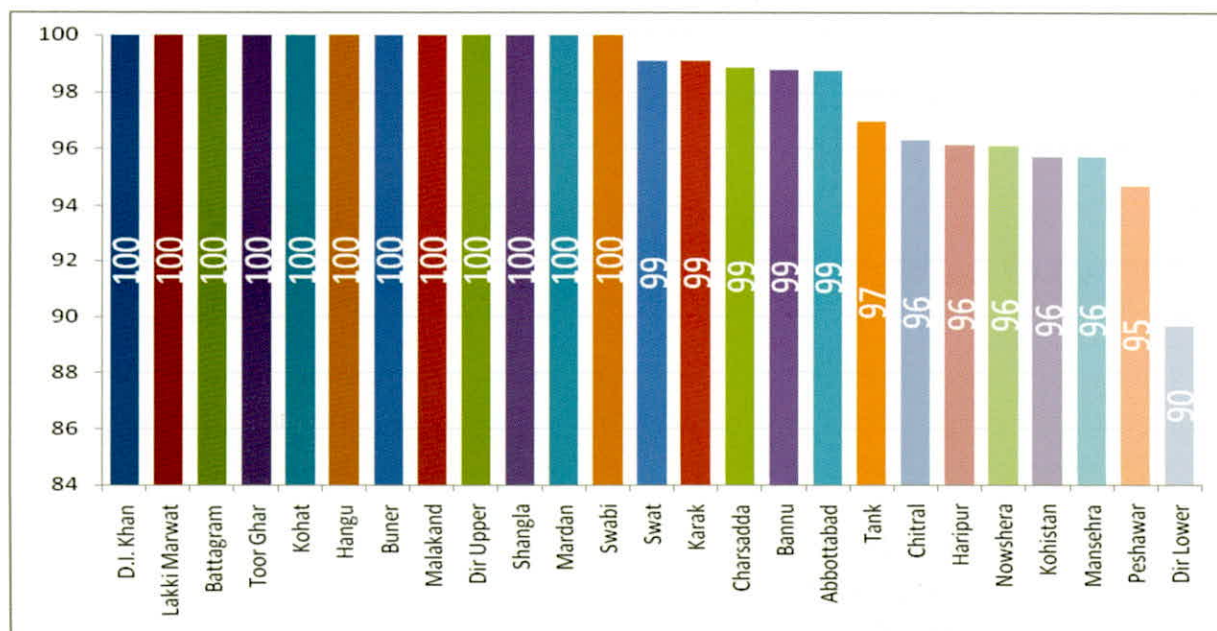
A target of 95% is set for the districts. Twenty Four districts have achieved the target.

2. District Wise Percentage of Reporting Compliance.

Fig.1 shows the district-wise reporting compliance of all the districts of Khyber Pakhtunkhwa. 12 districts (D.I. Khan, Lakki Marwat, Battagram, Tor Ghar, Kohat, Hangu, Buner, Malakand, Dir Upper, Shangla, Mardan and Swabi) among 25 districts reported 100% performance;

In 1st quarter 2016 all the districts pay attention and dedication to their work and achieved the targets.

Fig. 1



3. 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. Outpatient Attendance is taken as the indicator.

Fig. 2

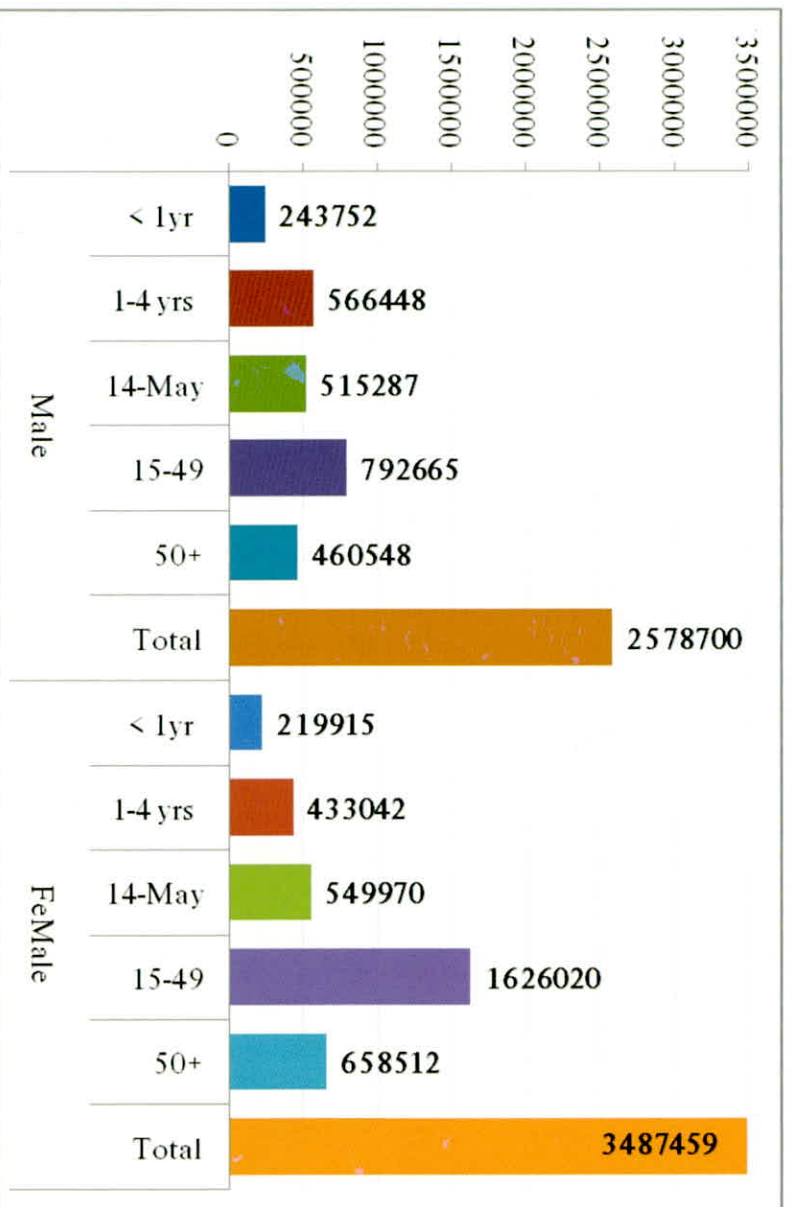


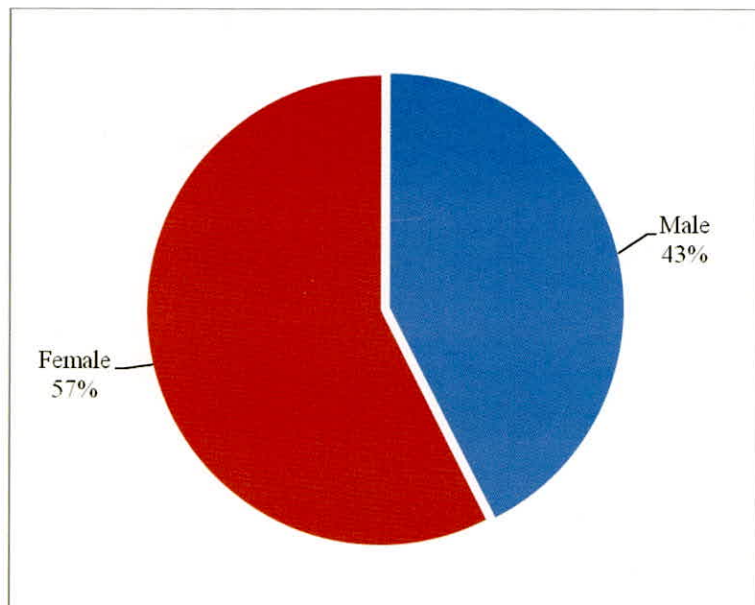
Fig. 2 shows the General OPD in secondary and primary care health facilities with gender wise breakup of male and female patients of the province.

Age wise breakup of patients visiting the OPDs is consistent in 1st quarter, 2016, the figures shows that in the case of male OPD attendance of age group from 1 to 14 years is **(810,200)**, which is 31.42% of the total of male OPD **(2,578,700)**.

Similarly in case of female OPD attendance of age group from 1 to 14 age group **(652,957)** is 18.72% of the total female OPD attendance in 1st quarter 2016, whereas 46.62% of the patients fall in age group of 15 – 49 years.

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

4. Male & Female OPD Secondary Hospital (in %age)



This indicator illustrates the percentage of Male and Female OPD in Secondary Hospital of the Province

5. 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.

Fig. 3

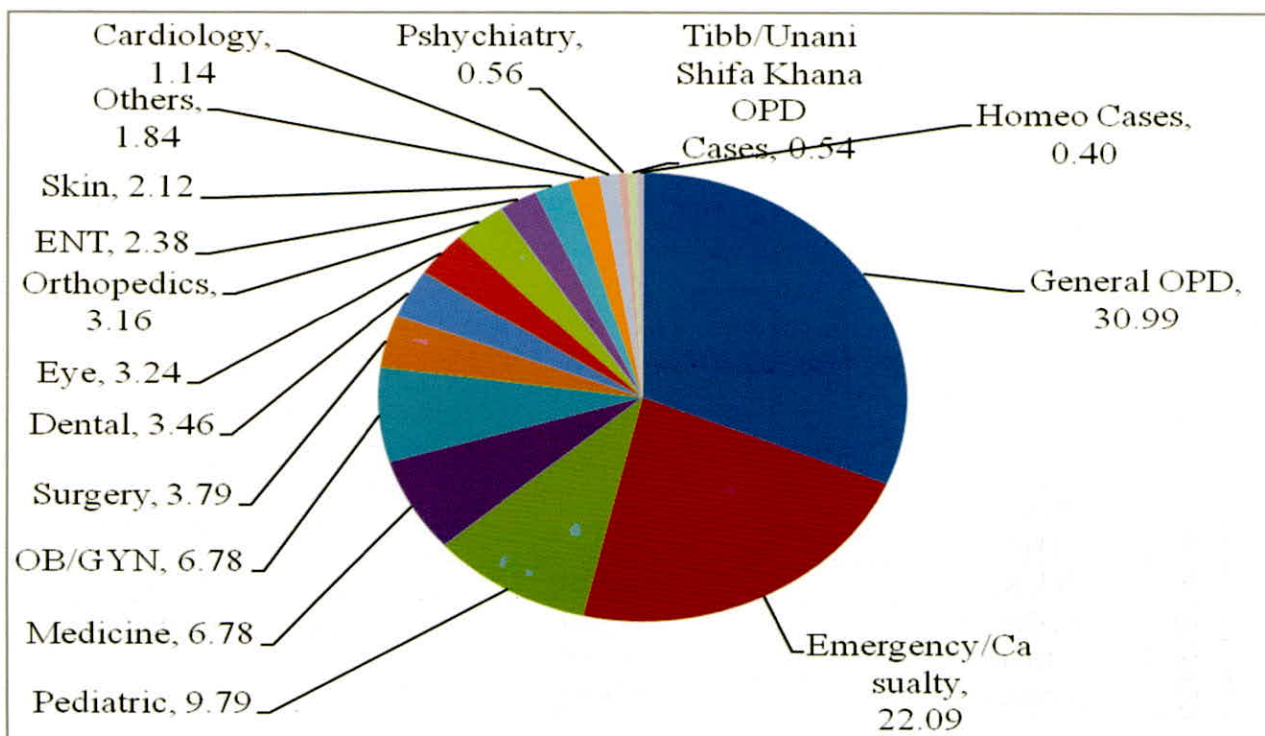


Table No. 1 and Figure. 3 of the indicator **OPD Attendance Specialty wise** shows the percentage of total new visits (Patients) in the facility to different specialty (i.e General OPD, Medicine, Surgery, Pediatric etc).

Sr.#	Specialty	Total New Visits	%age
1	General OPD	956484	30.99
2	Emergency/Casualty	681735	22.09
3	Pediatric	302093	9.79
4	Medicine	238030	6.78
5	OB/GYN	209286	6.78
6	Surgery	117120	3.79
7	Dental	106928	3.46
8	Eye	100029	3.24
9	Orthopedics	97577	3.16
10	ENT	73424	2.38
11	Skin	65316	2.12
12	Others	56725	1.84
13	Cardiology	35204	1.14
14	Psychiatry	17244	0.56
15	Tibb/Unani Shifa Khana OPD Cases	16523	0.54
16	Homeo Cases	12464	0.40
Total		3086182	

Under the specialty General OPD, the number and percentage of patients are on top and stands at (956484) with 30.99%, Emergency/Casualty on second number and is (681735) which is 22.09%.

Number of patients in the specialty of Pediatric 302093, which is 9.79%.

The disorder of Dental caries stands at 106928 with 3.46% percentile.

6. Average Number of New Cases per Day

Table No. 2

S. No	District	Total Visits (New + FollowUp + Referred)	Avg New case per Day
1	Nowshera	565440	22526
2	Swat	589742	21746
3	Peshawar	441302	17510
4	Charsadda	378409	15061
5	Mardan	381450	14476
6	Swabi	349727	13949
7	Mansehra	338914	13334
8	Bannu	295153	11295
9	D.I. Khan	268756	10744
10	Malakand	264008	10509
11	Kohat	264438	9862
12	Abbottabad	238788	9439

13	Lakki Marwat	208451	8328
14	Dir Upper	168170	6718
15	Haripur	178819	6312
16	Battagram	157704	6182
17	Karak	150510	6019
18	Chitral	150126	5745
19	Dir Lower	142960	5482
20	Buner	117061	4227
21	Hangu	108028	4210
22	Shangla	93644	3735
23	Tank	87929	3469
24	Kohistan	31651	1263
25	Toor Ghar	14366	571

Fig. 4

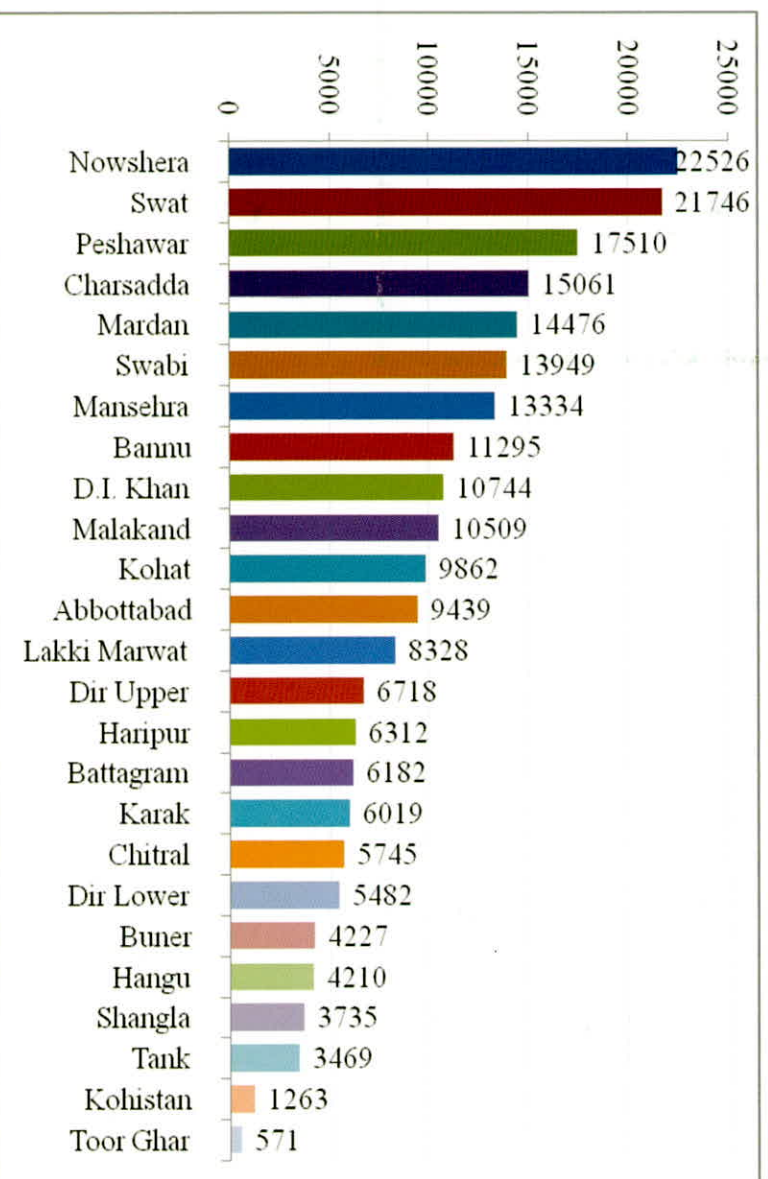


Figure 4 and table no 2 illustrate the frequency of the average number of new cases per day in the public health facilities. The district Nowshera is on top of the list and average 22526 new cases reported in all public health facilities of the districts. District Swat is on 2nd position.

District Torghar is the least in number of the graph and reported 571 new cases per day.

7. OPD Attendance (PHC and SHC) New case < 5 yr

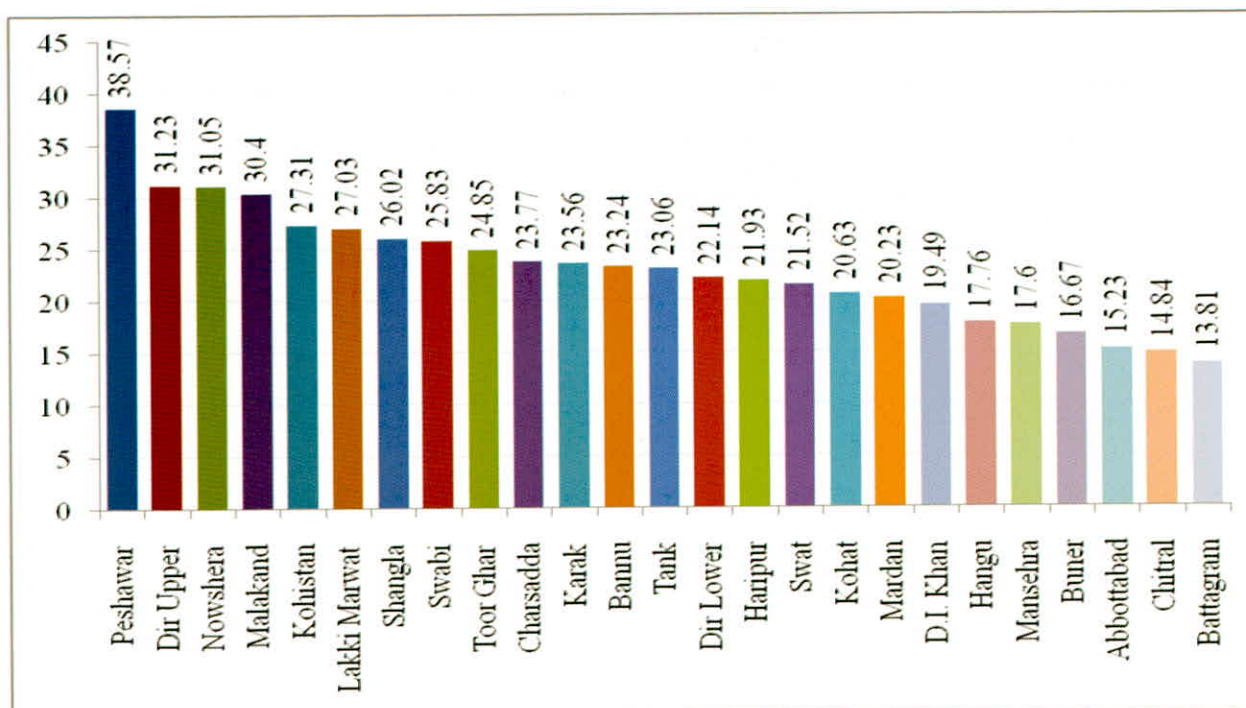
This indicator shows the new visits (Patients) less than 5 years of age visits to the OPD of the public health facilities.

Table No. 3

S. No	District	Total Visits (New + Follow-Up + Referred)	New case < 5 yr	
			#	%age
1	Peshawar	441302	170223	38.57
2	Dir Upper	168170	52519	31.23
3	Nowshera	565440	175543	31.05
4	Malakand	264008	80269	30.4
5	Kohistan	31651	8645	27.31
6	Lakki Marwat	208451	56339	27.03
7	Shangla	93644	24369	26.02
8	Swabi	349727	90351	25.83
9	Toor Ghar	14366	3570	24.85
10	Charsadda	378409	89948	23.77
11	Karak	150510	35459	23.56
12	Bannu	295153	68607	23.24
13	Tank	87929	20273	23.06
14	Dir Lower	142960	31658	22.14
15	Haripur	178819	39219	21.93
16	Swat	589742	126912	21.52
17	Kohat	264438	54552	20.63
18	Mardan	381450	77159	20.23
19	D.I. Khan	268756	52386	19.49
20	Hangu	108028	19184	17.76
21	Mansehra	338914	59658	17.6
22	Buner	117061	19516	16.67
23	Abbottabad	238788	36379	15.23
24	Chitral	150126	22277	14.84
25	Battagram	157704	21772	13.81
Grand Total		5985546	1436787	24

District Peshawar reported most of the patients' less than 5 year of age among all the 25 districts from primary and secondary health care level facilities and stands **170223 (38.57%)** while district Battagram reports the least number of patients less than 5 years of age which is **21772 (13.81%)**.

Fig. 5



8. OPD Attendance (PHC and SHC) New case > 5 yr

This indicator shows the new visits (Patients) greater than 5 years of age visits to the OPD of the public health facilities.

Table No. 4

S. No	District	Total Visits (New + Follow-Up + Referred)	New case > 5 yr	
			#	%age
1	Chitral	150126	127092	84.66
2	Battagram	157704	132769	84.19
3	Abbottabad	238788	199604	83.59
4	Buner	117061	94611	80.82
5	Mansehra	338914	273704	80.76
6	D.I. Khan	268756	216203	80.45
7	Hangu	108028	86054	79.66
8	Swat	589742	460221	78.04
9	Dir Lower	142960	110861	77.55
10	Haripur	178819	137525	76.91
11	Karak	150510	115015	76.42
12	Bannu	295153	225055	76.25
13	Charsadda	378409	286587	75.73
14	Tank	87929	66440	75.56

District Chitral reporting most of the patients' of greater than 5 years patients and stands top of the list among all the 25 districts from primary and secondary health care level facilities which is 127092 (84.66%), while district Peshawar reports the least number of patients greater than 5 years of age which is **267528 (60.62%)** of the total new visits of the district.

15	Mardan	381450	284743	74.65
16	Toor Ghar	14366	10706	74.52
17	Swabi	349727	258373	73.88
18	Shangla	93644	69008	73.69
19	Lakki Marwat	208451	151869	72.86
20	Kohat	264438	191991	72.6
21	Kohistan	31651	22922	72.42
22	Malakand	264008	182466	69.11
23	Dir Upper	168170	115419	68.63
24	Nowshera	565440	387608	68.55
25	Peshawar	441302	267528	60.62
Grand Total		5985546	4474374	74.75

Fig. 6

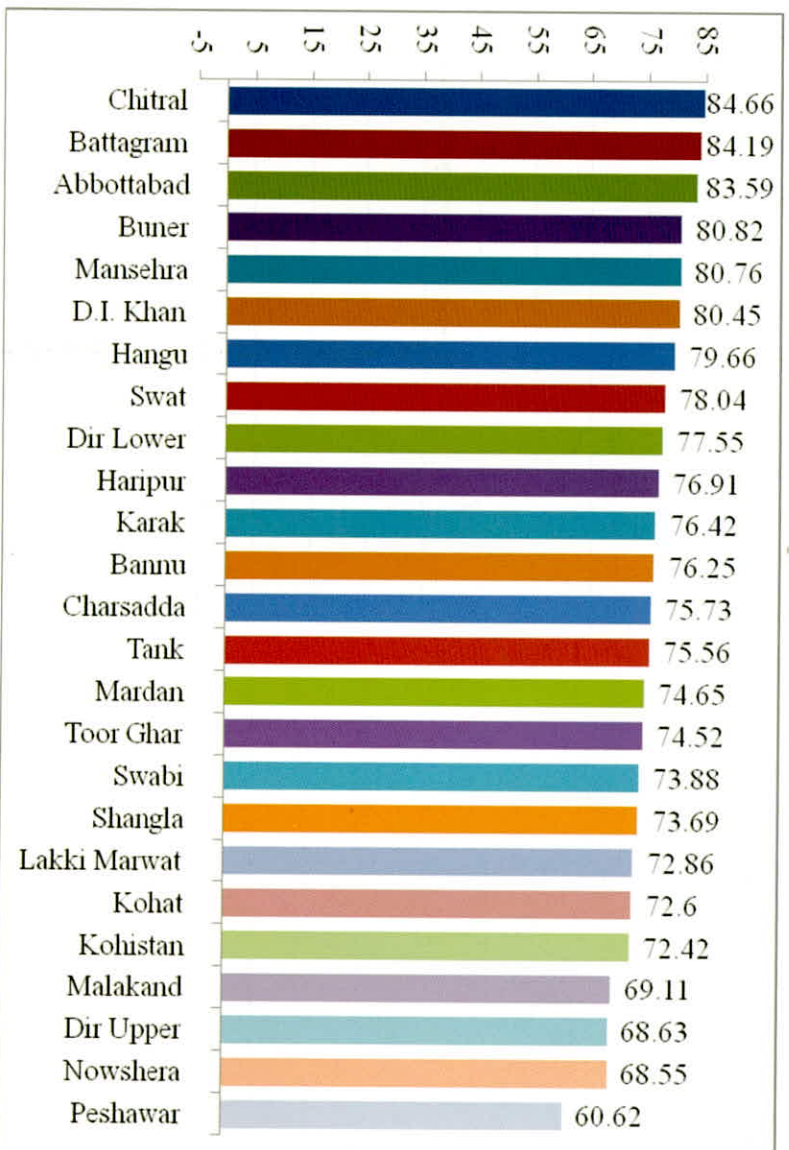


Table no 4 and Fig. 6 illustrates the district wise breakup of the patients' greater than 5 years of age visits to the public health care level facilities.

9. Follow-up Cases Proportion

This indicator is the measure of follow-up cases attending the facility's OPD as proportion of total of new and follow-up cases.

Table 5

S. No	District	Total Visits (New + Follow-Up + Referred)	Follow-up Cases	
			#	%age
1	Kohat	264438	17180	6.5
2	Mardan	381450	18218	4.8
3	Hangu	108028	2645	2.5
4	Buner	117061	2831	2.4
5	Battagram	157704	2441	1.6
6	Tank	87929	1136	1.3
7	Mansehra	338914	4342	1.3
8	Abbottabad	238788	1931	0.8
9	Toor Ghar	14366	86	0.6
10	Peshawar	441302	2605	0.6
11	Bannu	295153	1448	0.5
12	Charsadda	378409	1603	0.4
13	Nowshera	565440	2127	0.4
14	Chitral	150126	544	0.4
15	Swat	589742	2074	0.4
16	Haripur	178819	609	0.3
17	Dir Lower	142960	406	0.3
18	Malakand	264008	626	0.2
19	Shangla	93644	209	0.2
20	Kohistan	31651	64	0.2
21	Swabi	349727	284	0.1
22	Lakki Marwat	208451	128	0.1
23	Dir Upper	168170	89	0.1
24	Karak	150510	35	0.02
25	D.I. Khan	268756	17	0.01
Grand Total		5985546	63678	1.06

District Kohat reported **17180** follow-up cases which is **6.5%** of the follow-up patients among all the 25 districts from primary and secondary health care level facilities and district D.I. Khan reports the least number of follow-up patients which is 17 (**0.01%**) of the total follow-up cases.

Fig. 7

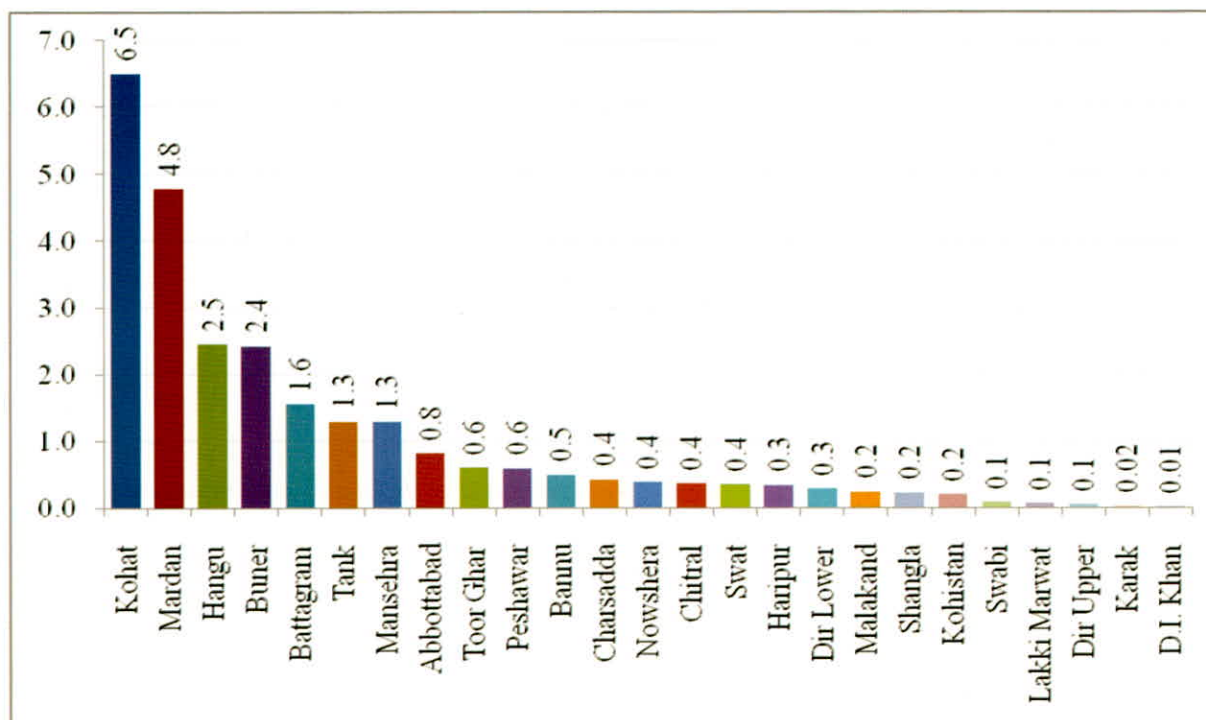


Figure 7 and 5 show the district wise figure of follow-up case load in primary and secondary level care health facilities of the province.

10. Referred Cases Proportion

This indicator is the measure of referred cases attended at the facility's OPD as proportion of total new OPD attendance.

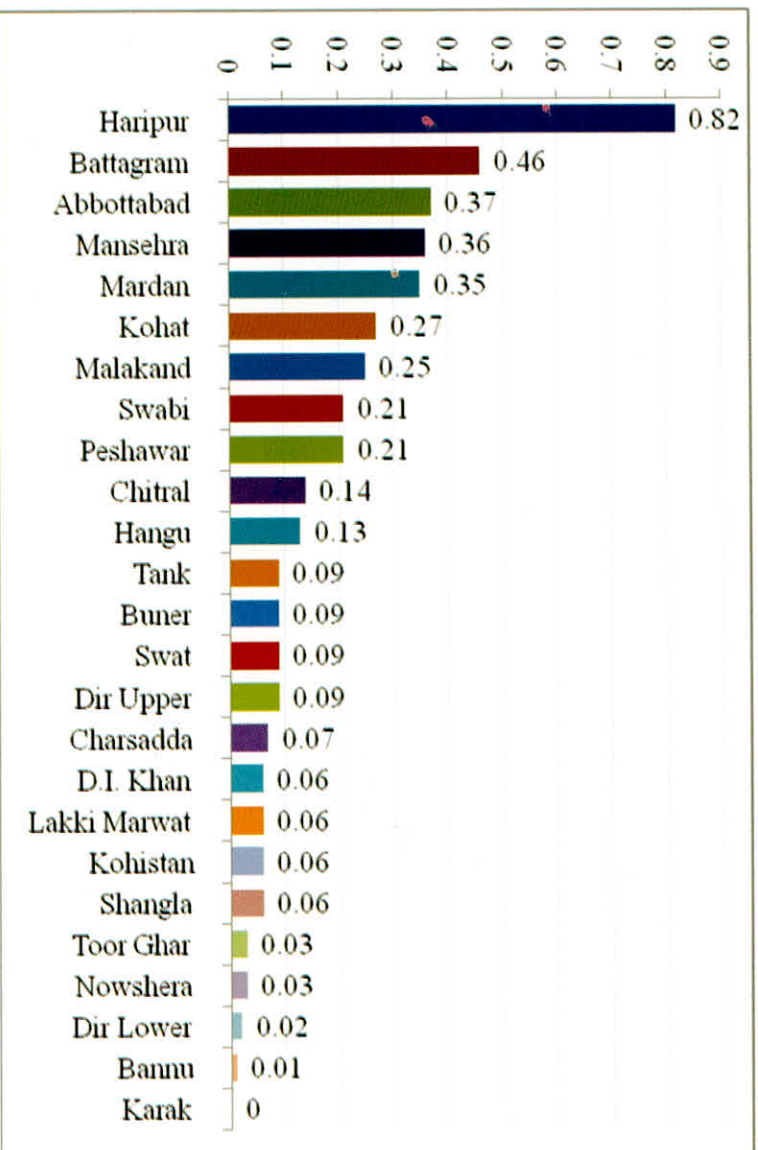
Table 6

S. No	District	Total Visits (New + Follow-Up + Referred)	Referred Cases	
			#	%age
1	Haripur	178819	1466	0.82
2	Battagram	157704	722	0.46
3	Abbottabad	238788	874	0.37
4	Mansehra	338914	1210	0.36
5	Mardan	381450	1330	0.35
6	Kohat	264438	715	0.27
7	Malakand	264008	647	0.25
8	Swabi	349727	719	0.21
9	Peshawar	441302	946	0.21
10	Chitral	150126	213	0.14
11	Hangu	108028	145	0.13
12	Tank	87929	80	0.09

District Haripur reported **1466** referred cases, which is **0.82%** of the referred patients among all the 25 districts from primary and secondary health care level facilities and district Kohat reports only 1 patient of the total referred cases.

13	Buner	117061	103	0.09
14	Swat	589742	535	0.09
15	Dir Upper	168170	143	0.09
16	Charsadda	378409	271	0.07
17	D.I. Khan	268756	150	0.06
18	Lakki Marwat	208451	115	0.06
19	Kohistan	31651	20	0.06
20	Shangla	93644	58	0.06
21	Toor Ghar	14366	4	0.03
22	Nowshera	565440	162	0.03
23	Dir Lower	142960	35	0.02
24	Bannu	295153	43	0.01
25	Karak	150510	1	0
Grand Total		5985546	10707	0.18

Fig. 8



11. 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. 7, which present the numbers of patients provided care at Primary and Secondary Level Health Facilities.

Table No. 7

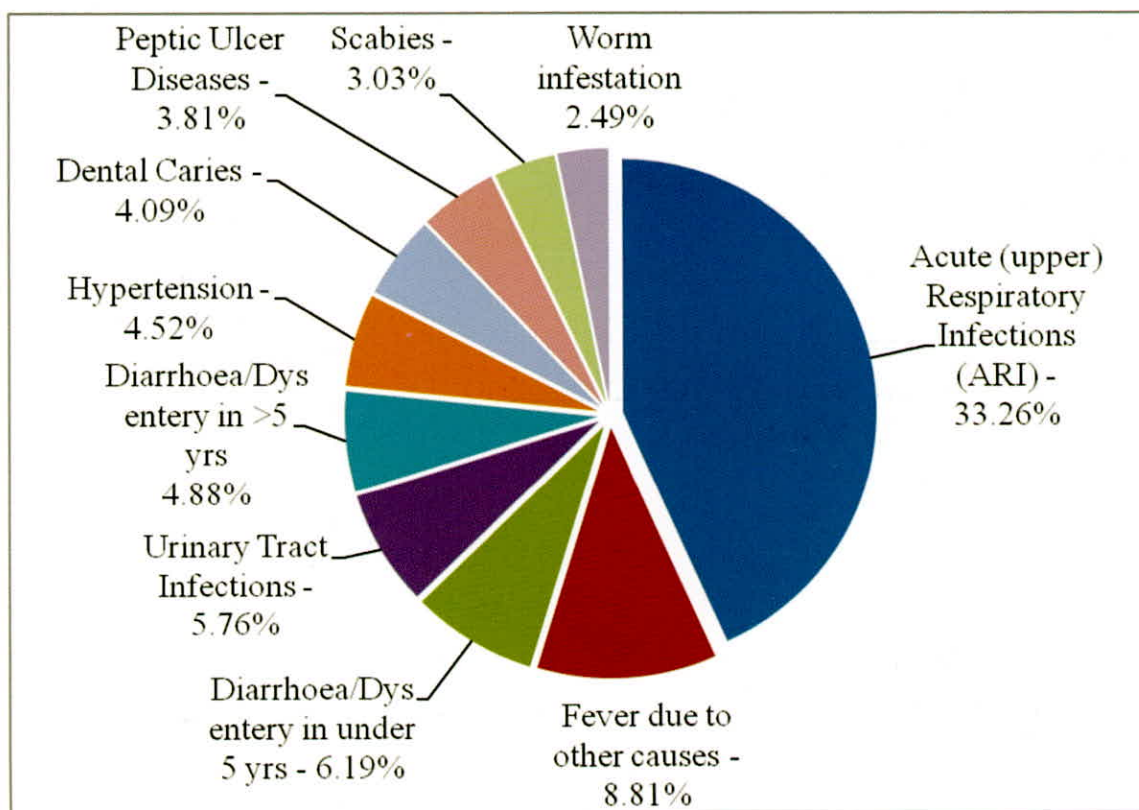
S. No	Name of Disease	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	1067398	33.26
2	Fever due to other causes	282805	8.81
3	Diarrhoea/Dysentery in under 5 yrs	198518	6.19
4	Urinary Tract Infections	184913	5.76
5	Diarrhoea/Dysentery in >5 yrs	156718	4.88
6	Hypertension	145176	4.52
7	Dental Caries	131254	4.09
8	Peptic Ulcer Diseases	122254	3.81
9	Scabies	97235	3.03
10	Worm infestation	79861	2.49
11	Suspected Malaria	76910	2.40
12	Diabetes Mellitus	75794	2.36
13	Pneumonia under 5 years	60012	1.87
14	Asthma	56997	1.78
15	Otitis Media	56556	1.76
16	Dermatitis	54864	1.71
17	Depression	51567	1.61
18	Enteric / Typhoid Fever	51120	1.59
19	Pneumonia >5 years	47965	1.49
20	Road traffic accidents	44023	1.37
21	TB Suspects	20378	0.64
22	Cataract	16951	0.53
23	Suspected Viral Hepatitis	16810	0.52
24	Fractures	16155	0.50
25	Chronic Obstructive Pulmonary Diseases	15313	0.48
26	Dog bite	14561	0.45
27	Ischemic Heart Disease	12843	0.40
28	Trachoma	8384	0.26

29	Suspected Measles	6277	0.20
30	Drug Dependence	5993	0.19
31	Burns	5517	0.17
32	Glaucoma	4701	0.15
33	Epilepsy	4545	0.14
34	Sexually Transmitted Infections	4118	0.13
35	Benign Enlargement of Prostate	3169	0.10
36	Nephritis/Nephrosis	2496	0.08
37	Cirrhosis of Liver	2236	0.07
38	Cutaneous Leishmaniasis	2178	0.07
39	Suspected Meningitis	1824	0.06
40	Suspected Neonatal Tetanus	1599	0.05
41	Acute Flaccid Paralysis	842	0.03
42	Snake bits (with signs/symptoms of poisoning)	102	0.0032
43	Suspected HIV/AIDS	3	0.0001
Total		3208935	

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

The figure 9 reflects the top ten diseases in the province in percentage.

Fig. 9



12. 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 2015, total numbers of communicable diseases are **1898150** (59.15%), whereas non-communicable diseases are **1310785** (39.85%).

a. COMMUNICABLE DISEASES

Table No. 8

S. No	Name of Disease	Total	%age
1	Acute (upper) Respiratory Infections (ARI)	1067398	56.23
2	Diarrhoea/Dysentery in under 5 yrs	198518	10.46
3	Diarrhoea/Dysentery in >5 yrs	156718	8.26
4	Scabies	97235	5.12
5	Worm infestation	79861	4.21
6	Suspected Malaria	76910	4.05
7	Pneumonia under 5 years	60012	3.16
8	Enteric / Typhoid Fever	51120	2.69
9	Pneumonia >5 years	47965	2.53
10	TB Suspects	20378	1.07
11	Suspected Viral Hepatitis	16810	0.89
12	Trachoma	8384	0.44
13	Suspected Measles	6277	0.33
14	Sexually Transmitted Infections	4118	0.22
15	Cutaneous Leishmaniasis	2178	0.11
16	Suspected Meningitis	1824	0.10
17	Suspected Neonatal Tetanus	1599	0.08
18	Acute Flaccid Paralysis	842	0.04
19	Suspected HIV/AIDS	3	0.0002
Total		1898150	

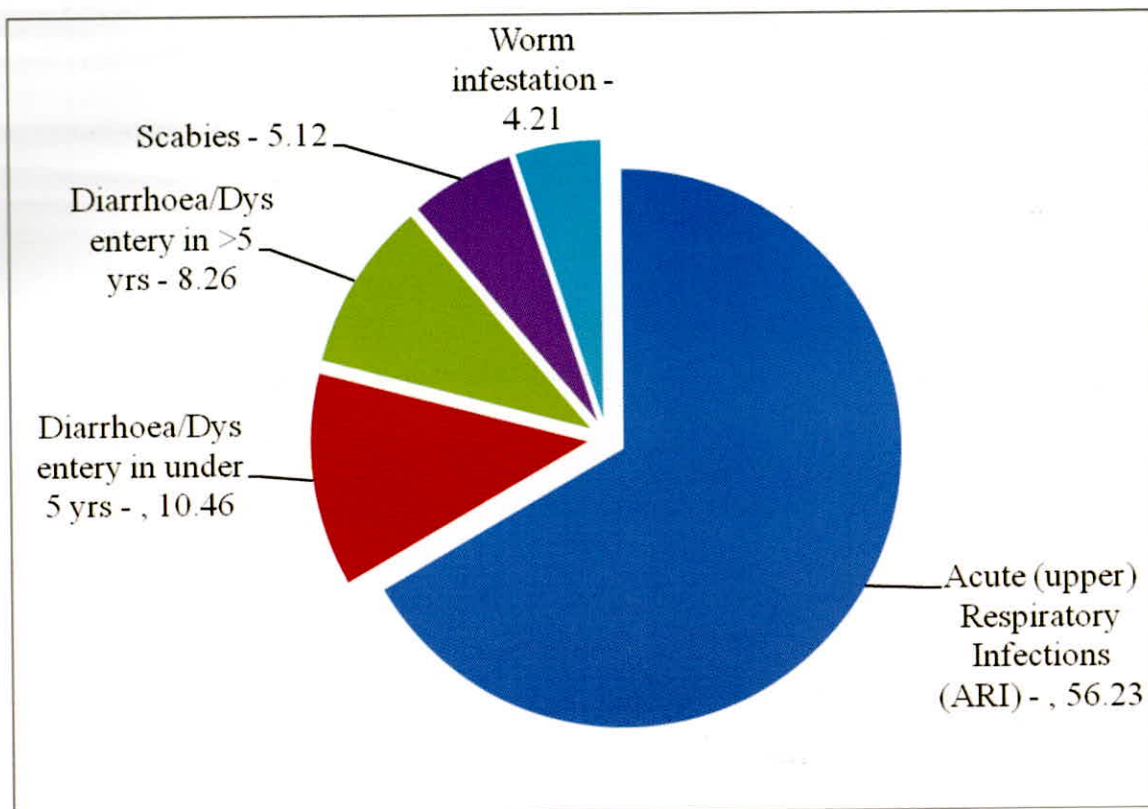
Acute Respiratory Infections and diarrhea/dysentery constitute **56.23%** of these patients.

Prevalence of worm infestations stands at 79861 (4.21%) patients in first quarter 2016. Further efforts can reduce it significantly.

Suspected Measles cases are reported 6277 in figures and (0.33%) in percentile in 1st quarter 2016. The department should take adopt programmatic approach to control the disease. Case load of Pneumonia in under-5years and over-5 years stand at 107,977 (5.69%) patients.

Table 8 and fig. 10 indicate prevalence of communicable diseases.

Fig. 10



b. NON-COMMUNICABLE DISEASES

Table No. 9

S. No	Name of Disease	Total	%age
1	Fever due to other causes	282805	21.58
2	Urinary Tract Infections	184913	14.11
3	Hypertension	145176	11.08
4	Dental Caries	131254	10.01
5	Peptic Ulcer Diseases	122254	9.33
6	Diabetes Mellitus	75794	5.78
7	Asthma	56997	4.35
8	Otitis Media	56556	4.31
9	Dermatitis	54864	4.19
10	Depression	51567	3.93
11	Road traffic accidents	44023	3.36
12	Cataract	16951	1.29
13	Fractures	16155	1.23
14	Chronic Obstructive Pulmonary Diseases	15313	1.17
15	Dog bite	14561	1.11

16	Ischemic Heart Disease	12843	0.98
17	Drug Dependence	5993	0.46
18	Burns	5517	0.42
19	Glaucoma	4701	0.36
20	Epilepsy	4545	0.35
21	Benign Enlargement of Prostrate	3169	0.24
22	Nephritis/Nephrosis	2496	0.19
23	Cirrhosis of Liver	2236	0.17
24	Snake bits (with signs/symptoms of poisoning)	102	0.01
Total		1310785	

Table 9 and Figure 11 illustrates the trend of non-communicable diseases in Khyber Pakhtunkhwa province during the 1st quarter 2016.

Fever due to other causes is the leading cause which is 282805 patients (21.58%), shows non-commitment on behalf of the medical staff as it should be probed in to reach a proper diagnosis.

Urinary tract infection (UTIs) is standing at 184913 (14.11%) patients in 1st quarter 2016. Attention need to be paid to explore underlying causes so as to nip the evil in the bud.

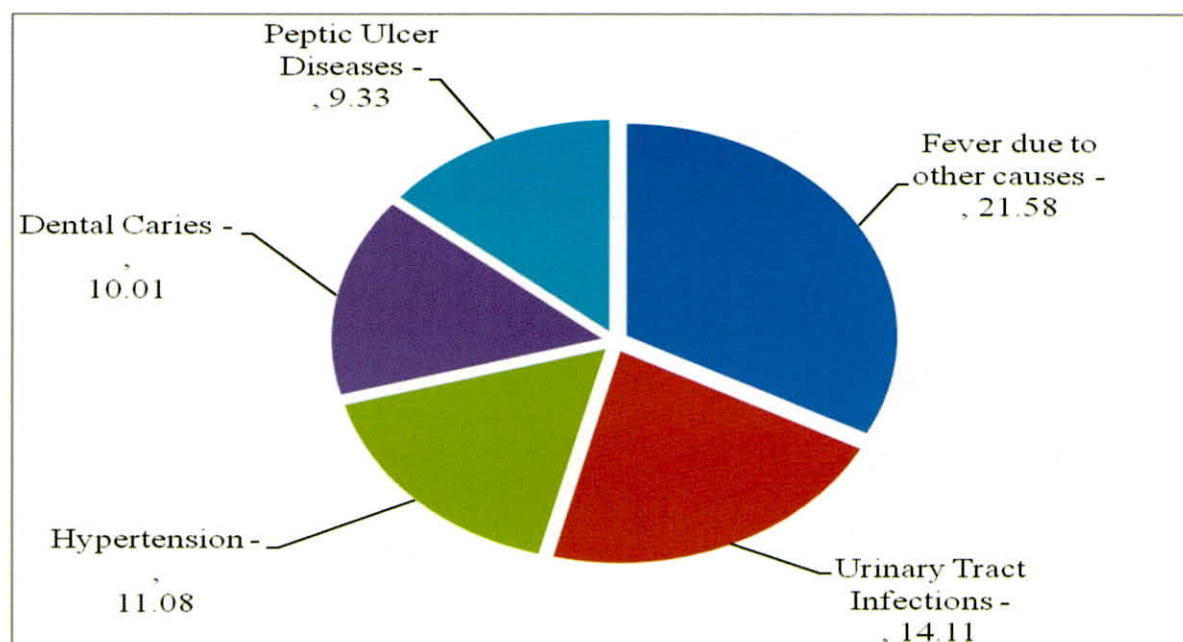
Patients of Hypertension and diabetes mellitus stand at 145176 (11.08%) and 75794 (5.78%). Burden of these diseases should be utilized by the relevantly to initiate preventive and curative drives to restrain the diseases within limits. Importance of exercise and choice-of-good- food should be on agenda of health promoters within the districts.

Total burns cases have been reported in this quarter are 5517 (0.42%). Health managers should focus on providing best treatment facilities within available resources. Option to refer at appropriate facilities dealing with burns patients may also be considered. Dog bites stand at 14561 with 1.11 percentile in 1st quarter 2016.

Management could use the data/information to purchase appropriate set of medicines and take other necessary steps curtailing all the above mentioned diseases/disorders thereby avoiding the long term mortality and morbidity.

Fig. 11

Figure 6 illustrate **top five non-communicable diseases** in the province Khyber Pakhtunkhwa



13. Mortality Rates (due to other causes)

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. Deaths (due to other causes)

Table No. 10

S.No	Name of Specialty	Total Admission	Total Deaths
1	Pneumonia<5	2,864	92
2	Diabetes Mellitus	1,366	34
3	Chronic Renal Diseases	525	16
4	Asthma	1,576	15
5	Viral Hepatitis C	298	14
6	Diarrhoea / Dysentery >5	4,367	11
7	Pneumonia>5	1,554	11
8	Meningitis	197	11
9	Diarrhoea / Dysentery <5	5,503	10
10	Pulmonary Tuberculosis	283	10
11	Chronic Liver Diseases	217	9
12	Chronic Obstructive Airways	238	5
13	Typhoid	1,377	1
14	Viral Hepatitis A and E	271	1
15	Malaria	1,576	0
16	Extra Pulmonary Tuberculosis	46	0
17	Viral Hepatitis B	104	0
Total		22,362	240

An analysis of the figures reveals that total numbers of 22,362 patients have been admitted with number of disease mentioned in table no 10 and 240 deaths constituting (1.073%) mortality.

It reveals that out of 240 deaths 21 could be attributed to Diarrhea/Dysentery. Deaths from Pneumonia less than 5 years and over 5 years are 90 and 11 in 1st quarter 2016.

From Diabetes Mellitus and Chronic Renal Diseases are 34 and 16 respectively in 1st quarter 2016.

Deaths from Asthma are 15 in this quarter.

b. Deaths from Gynecological and Obstetrics / Maternal Complication

Table No. 11

S.No	Name of Specialty	Total Admission	Total Deaths
Gynecological			
1	Fibroid Uterus	138	1
2	Inflam diseases of female pelvic organs (PID)	822	0
3	Uterine Prolape	65	0
4	Vesico - Vaginal Fistula	24	0
Total		1049	1
Obstetrics / Maternal Complication			
1	Ante partum Hemorrhage (APH)	319	0
2	Complications of Abortion	490	0
3	Ectopic Pregnancies	39	1
4	Postpartum Hemorrhage (PPH)	134	0
5	Pre-Eclampsia/Eclampsia	172	1
6	Prolonged/Obstructed Labour	216	0
7	Puerperal Sepsis	23	0
8	Rupture Uterus	15	0
9	Other Obstertric Complications	695	2
Total		2103	4

It is heartening to note that despite admission of **1,049** patients with gynecological and the mortality is reported one (01) in 1st quarter 2016 which is 0.095%.

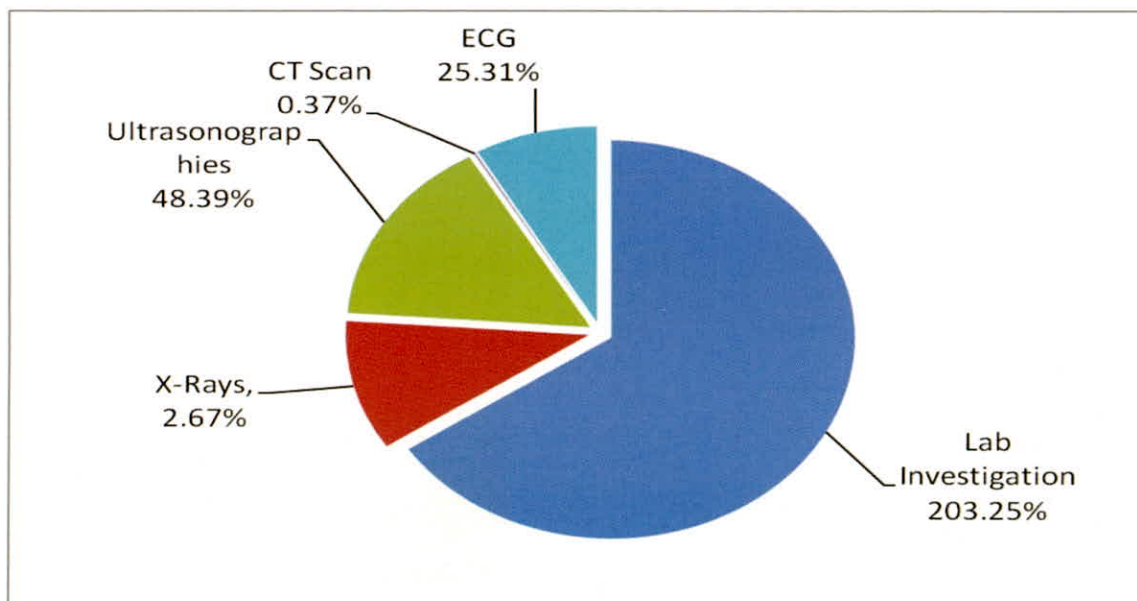
In obstetric disorders 4 deaths are reported out of 2103 admission which is 0.19% and indeed all the health workers engaged in this department deserve a word of praise for their efforts and these figures clearly indicate that the preventive effort have paid.

14. 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.

# of Admissions	Lab Investigation		X-Rays		Ultrasonographies		CT Scan		ECG	
	#	%age	#	%age	#	%age	#	%age	#	%age
126713	257541	203.25	41395	32.67	61312	48.39	465	0.37	32074	25.31

Fig. 12

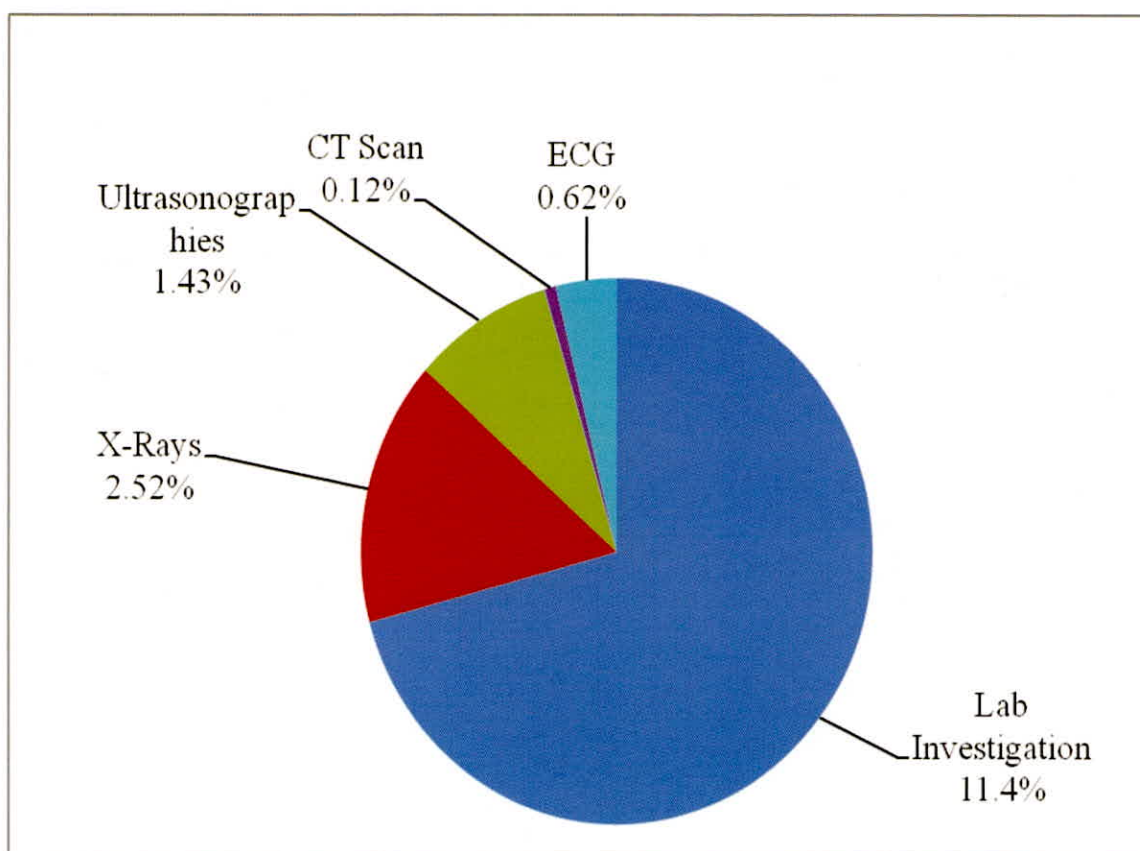


15. Lab Services Utilization for Out Door Patients

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

# of OPD Patients	Lab Investigation		X-Rays		Ultrasonographies		CT Scan		ECG	
	#	%age	#	%age	#	%age	#	%age	#	%age
6080311	692963	11.4	153391	2.52	87099	1.43	7125	0.12	37795	0.62

Fig. 12



The pi-chart reflects the figures in percentages and show quality of care in terms of utilization of investigation services.

16. 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.

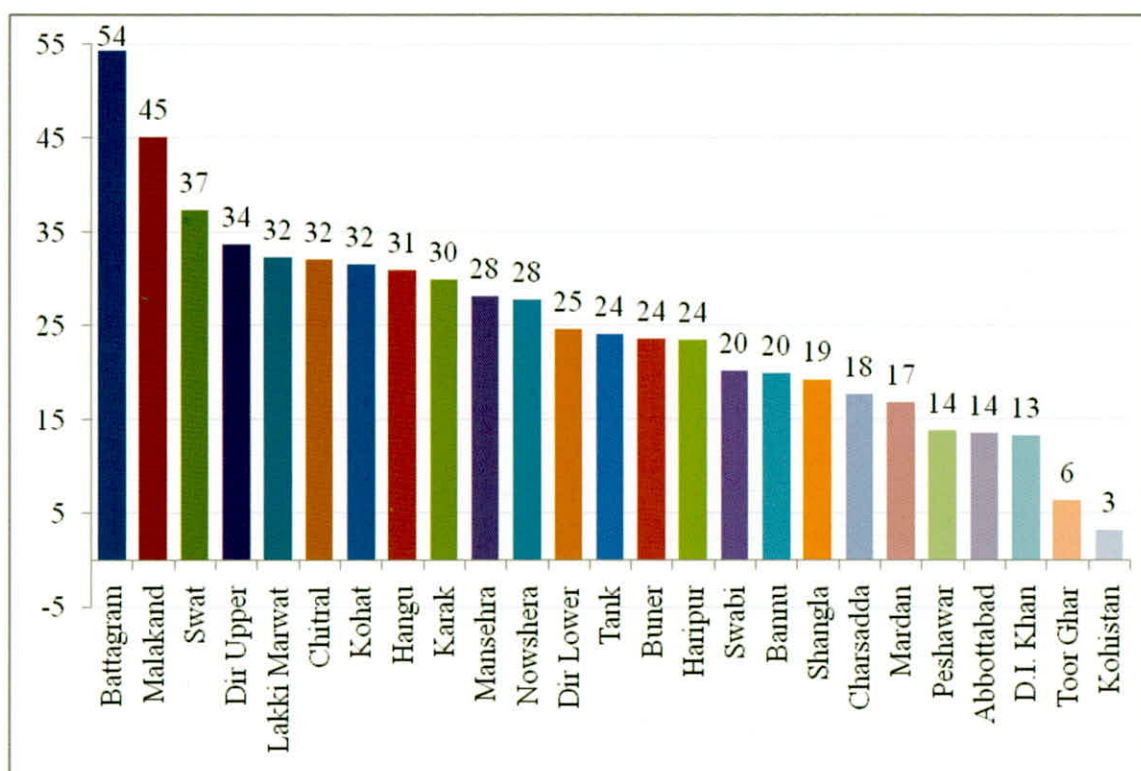
This indicator indicates that how many pregnant women in the catchment area population are covered through the facility for antenatal care services. It reflects the integrity of referral linkages between LHW and the facility based health care providers, the extent of mobilization of pregnant women or 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.

Table No. 12

S. No	District	Catchment Population	Expected Pregnancies (3.4%)	First Antenatal care services (ANC1)	
				No.	%age
1	Battagram	500731	4256	6934	54
2	Malakand	737040	6265	8496	45
3	Swat	2049350	17419	19509	37
4	Dir Upper	938401	7976	8069	34
5	Lakki Marwat	798530	6788	6589	32
6	Chitral	519326	4414	4243	32
7	Kohat	916868	7793	7390	32
8	Hangu	512547	4357	4041	31
9	Karak	702012	5967	5352	30
10	Mansehra	1575617	13393	11311	28
11	Nowshera	1424852	12111	10086	28
12	Dir Lower	1169459	9940	7354	25
13	Tank	388190	3300	2387	24
14	Buner	824641	7009	4977	24
15	Haripur	1128034	9588	6773	24
16	Swabi	1673249	14223	8638	20
17	Bannu	1101046	9359	5599	20
18	Shangla	708151	6019	3482	19
19	Charsadda	1666013	14161	7536	18
20	Mardan	2379335	20224	10206	17
21	Peshawar	3290294	27967	11567	14
22	Abbottabad	1435107	12198	4962	14
23	D.I. Khan	1390015	11815	4698	13
24	Toor Ghar	284656	2420	460	6
25	Kohistan	770086	6546	629	3
Grand Total		28883550	245508	171288	23

Table No. 12 and **figure 13** illustrate the statistical analysis about data regarding First Antenatal care services (ANC-1) in government health facilities. District Kohistan stands at the bottom of the list and worst performance with 3% ANC-4 coverage. 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 is 6% in 1st quarter 2016. Districts Battagram, Malakand, Swat, Dir Upper are top performer i.e 54%, 45%, 37% and 34% respectively in their districts. On the other hand districts Lakki Marwat to Bannu reflect 32% to 20%, while the remaining districts show the results below average of 20%. Peshawar covers only 14% with regards to ante-natal services (first visit) and needs to improve. Private Sector is not captured in this data.

Fig. 13



17. District Wise Average Number of Deliveries

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

Table No. 15 and fig. 14 shows a district wise breakup of the total average number of deliveries conducted in government health facilities and reported through DHIS.

Table No. 13

S. No	District	Catchment Population	Expected Pregnancies (3.4%)	Expected Births (2.9%)	Deliveries Conducted at Health Facilities
1	Swat	2049350	17419	14858	7343
2	Swabi	1673249	14223	12131	5342
3	Bannu	1101046	9359	7983	5319
4	Malakand	737040	6265	5344	3295
5	D.I. Khan	1390015	11815	10078	3074
6	Charsadda	1666013	14161	12079	3048
7	Mardan	2379335	20224	17250	2920
8	Kohat	916868	7793	6647	2884
9	Nowshera	1424852	12111	10330	2138
10	Dir Lower	1169459	9940	8479	2090
11	Buner	824641	7009	5979	1878
12	Mansehra	1575617	13393	11423	1852
13	Lakki Marwat	798530	6788	5789	1754
14	Chitral	519326	4414	3765	1463
15	Dir Upper	938401	7976	6803	1398
16	Battagram	500731	4256	3630	1195
17	Karak	702012	5967	5090	981
18	Shangla	708151	6019	5134	895
19	Peshawar	3290294	27967	23855	856
20	Abbottabad	1435107	12198	10405	840
21	Hangu	512547	4357	3716	816
22	Haripur	1128034	9588	8178	809
23	Tank	388190	3300	2814	286
24	Toor Ghar	284656	2420	2064	97
25	Kohistan	770086	6546	5583	82
Grand Total		28883550	245508	209407	52655

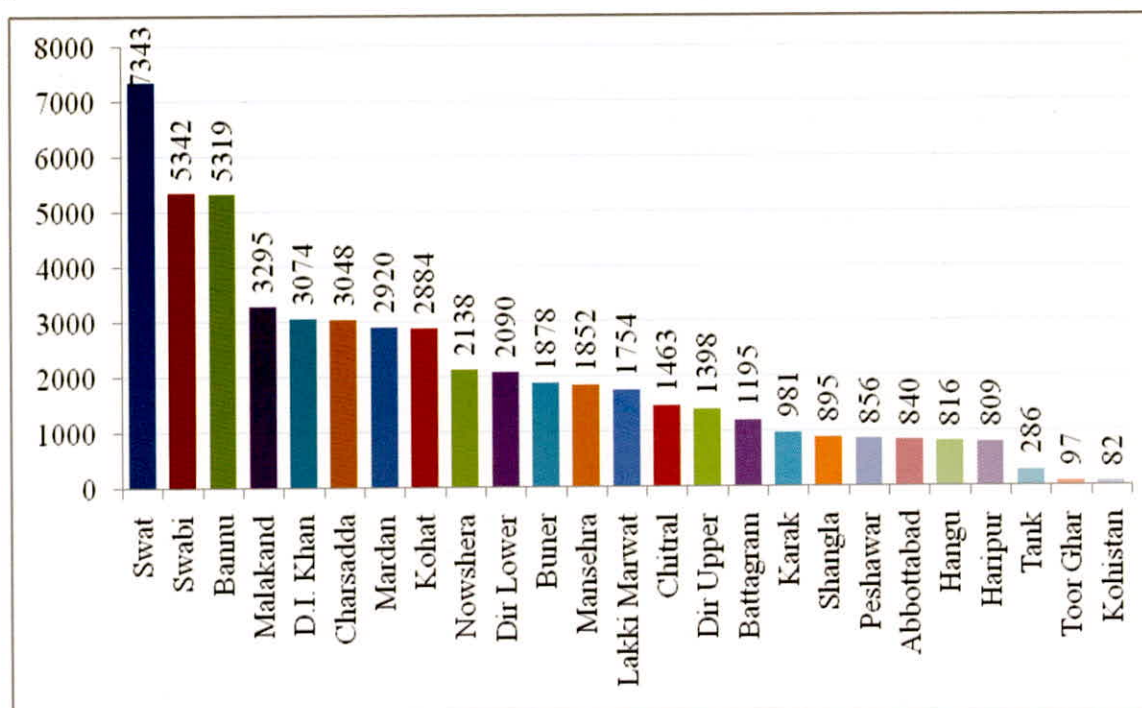
District Swat is ahead of all 25 districts with number of deliveries in government health facilities standing at **7343**. Districts Swabi, Bannu reported **5342, 5319** number of deliveries respectively in the government health facilities thereby giving satisfactory performance.

Districts Toor Ghar and Kohistan reports number of deliveries **97** to **82** in 1st quarter 2016.

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.

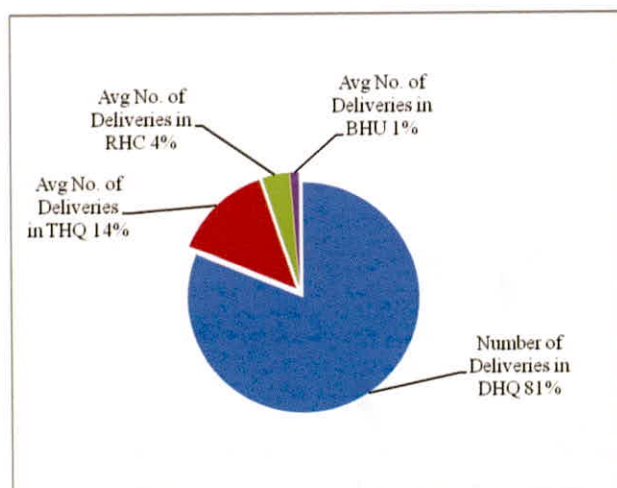
Furthermore private sector is also providing good services in this regards. Health Care Commission should ensure optimal services in this regards across the province.

Fig. 14



18. Health Facility-wise Number of Deliveries

Health Facility	Number of Deliveries in DHQ	Avg No. of Deliveries in THQ	Avg No. of Deliveries in RHC	Avg No. of Deliveries in BHU
Grand Total	18455	3105	871	285



This indicator reflects health facilities wise number of deliveries and the DHQ hospital stand 18455, which is **81%** of the total, THQ 3105 (**14%**), RHC reports 870 (**4%**), and BHUs reports only **285 (1%)** deliveries.

19. Number of Antenatal Care Services in the Facility

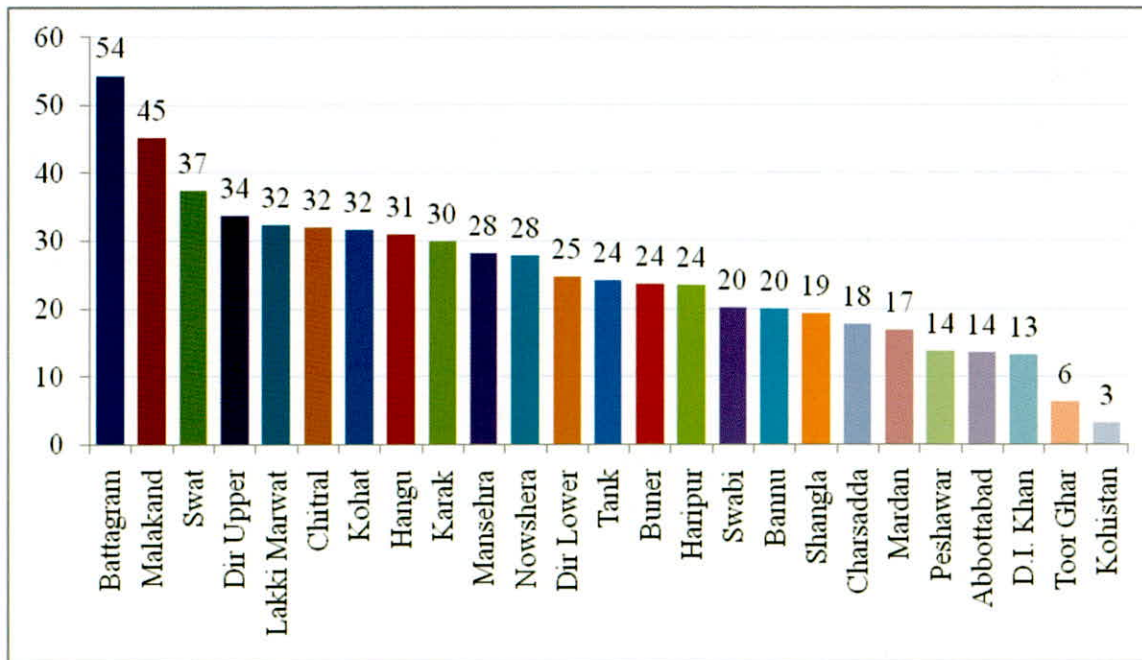
Antenatal care is an indicator of access and utilization of health care services during pregnancy. It is a measure of the percent of pregnant women who utilize antenatal care services provided at the government health facility at least once during their current pregnancy.

Table No. 14

S. No	District	Catchment Population	First Antenatal care services (ANC1)	
			No.	%age
1	Battagram	500731	6934	54
2	Malakand	737040	8496	45
3	Swat	2049350	19509	37
4	Dir Upper	938401	8069	34
5	Lakki Marwat	798530	6589	32
6	Chitral	519326	4243	32
7	Kohat	916868	7390	32
8	Hangu	512547	4041	31
9	Karak	702012	5352	30
10	Mansehra	1575617	11311	28
11	Nowshera	1424852	10086	28
12	Dir Lower	1169459	7354	25
13	Tank	388190	2387	24
14	Buner	824641	4977	24
15	Haripur	1128034	6773	24
16	Swabi	1673249	8638	20
17	Bannu	1101046	5599	20
18	Shangla	708151	3482	19
19	Charsadda	1666013	7536	18
20	Mardan	2379335	10206	17
21	Peshawar	3290294	11567	14
22	Abbottabad	1435107	4962	14
23	D.I. Khan	1390015	4698	13
24	Toor Ghar	284656	460	6
25	Kohistan	770086	629	3
Grand Total		28883550	171288	23

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.

Fig. 15



20. 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 No. 16**.

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.

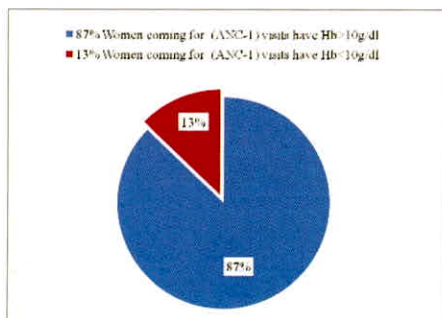
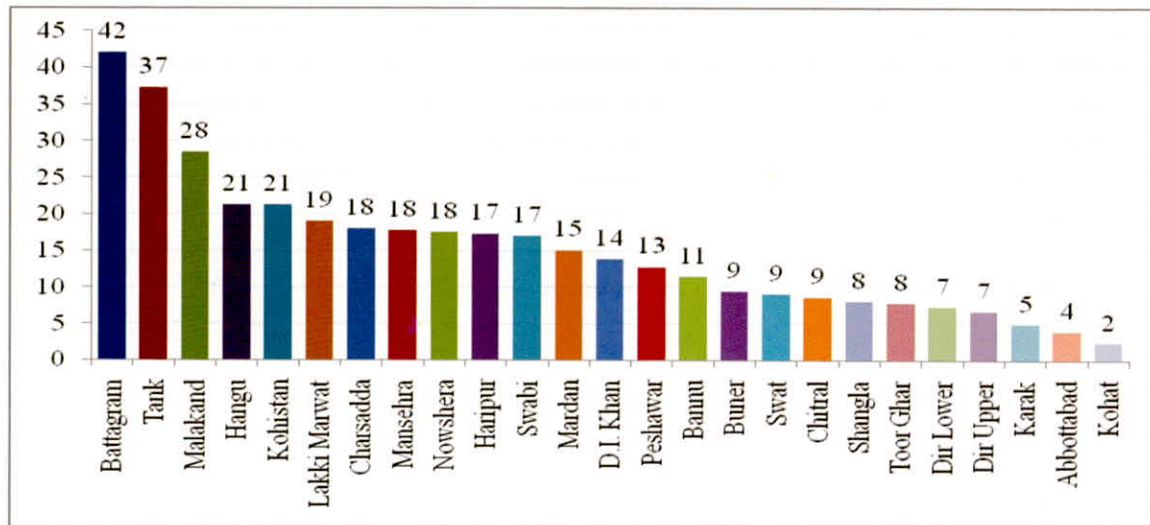
Table No. 15

S. No	DISTRICT	First Antenatal care visits (ANC-1) in the facility	ANC-1 women with Hb. under 10 g/dl	%age
1	Battagram	6934	2920	42
2	Tank	2387	891	37
3	Malakand	8496	2416	28
4	Hangu	4041	863	21
5	Kohistan	634	135	21
6	Lakki Marwat	6589	1258	19
7	Charsadda	7751	1396	18
8	Mansehra	11311	2007	18
9	Nowshera	10086	1768	18
10	Haripur	6773	1175	17
11	Swabi	8638	1474	17
12	Mardan	10206	1540	15
13	D.I. Khan	4698	650	14

14	Peshawar	11670	1496	13
15	Bannu	5723	655	11
16	Buner	4977	472	9
17	Swat	19509	1770	9
18	Chitral	4243	368	9
19	Shangla	3482	282	8
20	Toor Ghar	460	36	8
21	Dir Lower	8332	616	7
22	Dir Upper	8069	539	7
23	Karak	5352	267	5
24	Abbottabad	4962	199	4
25	Kohat	7390	182	2
Total		172713	25375	15

Table No. 15 and **Figure 16** reflects the districts-wise figures of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl. District Battagram tops these figures reflecting the figures at 42% of the total pregnant women hemoglobin under 10g/dl necessitating the management to take appropriate measures. Tank, Malakand, Hangu and Kohistan stand on 37% to 21% among the 25 reporting districts in the province.

Fig. 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 87% with greater than Hb and the women with Hb under 10g/dl are 13%.

21. Family Planning Visits 16% of the Total Population

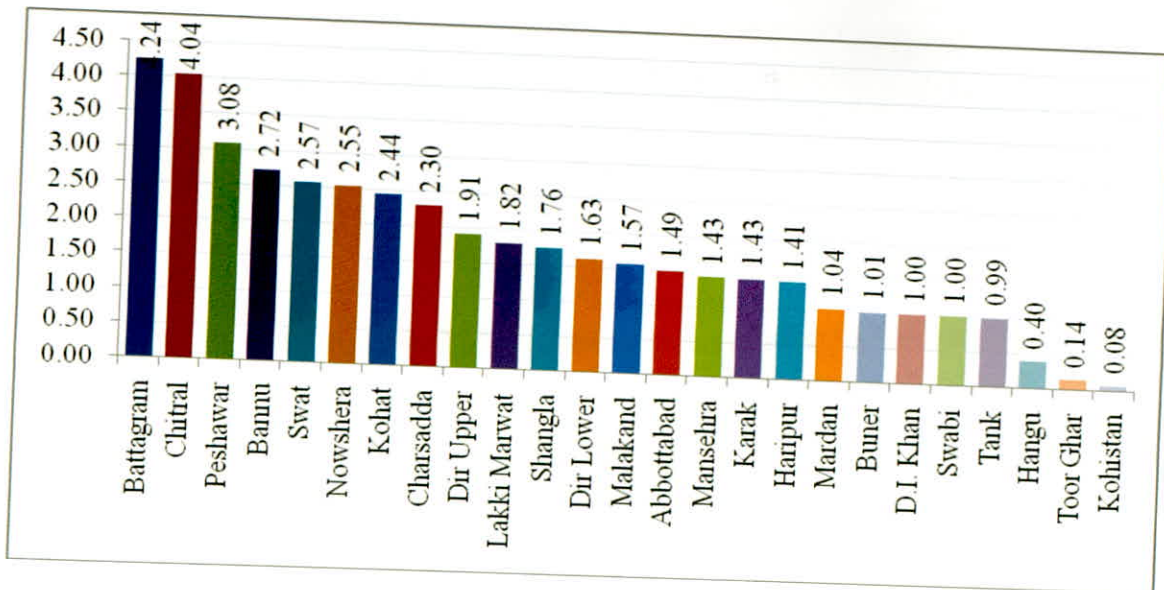
Family planning refers to the factors that may be considered by a couple in a committed relationship and each individual involved in deciding if and when to have children.

Table No. 16

S. No	DISTRICT	Population	16% of the Total Population	Total FP Visits	%age
1	Peshawar	3290294	526447	16235	3.08
2	Swat	2049350	327896	8427	2.57
3	Charsadda	1666013	266562	6135	2.30
4	Nowshera	1424852	227976	5804	2.55
5	Bannu	1101046	176167	4797	2.72
6	Mardan	2379335	380694	3953	1.04
7	Mansehra	1575617	252099	3608	1.43
8	Kohat	916868	146699	3584	2.44
9	Abbottabad	1435107	229617	3432	1.49
10	Battagram	500731	80117	3400	4.24
11	Chitral	519326	83092	3359	4.04
12	Dir Lower	1169459	187113	3047	1.63
13	Dir Upper	938401	150144	2871	1.91
14	Swabi	1673249	267720	2685	1.00
15	Haripur	1128034	180485	2540	1.41
16	Lakki Marwat	798530	127765	2320	1.82
17	D.I. Khan	1390015	222402	2234	1.00
18	Shangla	708151	113304	1998	1.76
19	Malakand	737040	117926	1855	1.57
20	Karak	702012	112322	1606	1.43
21	Buner	824641	131942	1331	1.01
22	Tank	388190	62110	617	0.99
23	Hangu	512547	82008	324	0.40
24	Kohistan	770086	123214	98	0.08
25	Toor Ghar	284656	45545	65	0.14
Total		28883547	4621368	86325	1.87

During the 1st quarter 2016, **86325 (1.87%)** eligible couples availed the family planning services from the public sector health facilities against the expected population (16% CBA) **4621368**.

Fig. 17



22. Family Planning Services & Commodities Provided

COC cycles	POP cycles	DMPA inj.	Net-En Inj.	IUCD	Tubal Ligation	Vasectomy	Implants
30233	5557	33444	2986	12945	1136	62	463

Fig. 17

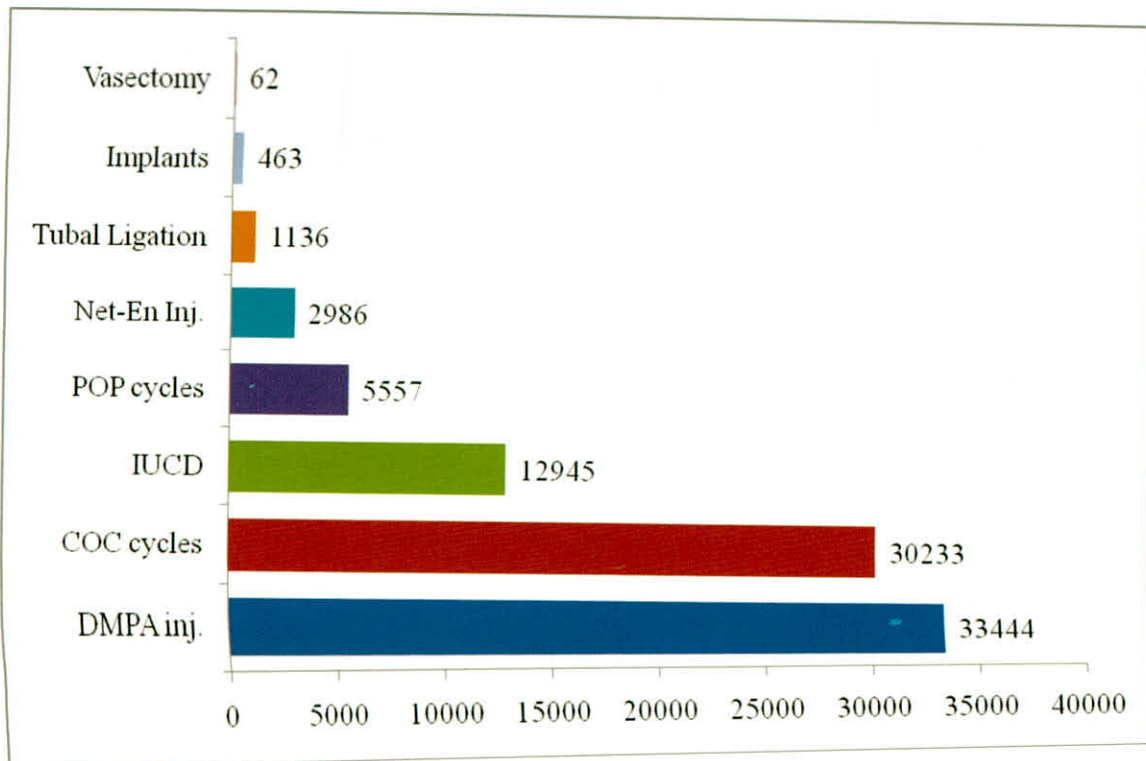


Table No. 18

S. No	DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	IUCD	Tubal Ligation	Vasectomy	Implants
1	Bannu	1991	581	1854	53	337	0	0	0
2	D.I. Khan	627	115	869	237	604	68	0	21
3	Lakki Marwat	1032	175	1339	83	360	5	0	0
4	Tank	671	0	312	0	153	0	0	0
5	Abbottabad	1366	118	1118	21	362	9	0	0
6	Haripur	556	160	1074	75	305	15	0	4
7	Kohistan	11	2	32	7	0	0	0	0
8	Mansehra	1237	39	1563	89	658	21	0	0
9	Battagram	1177	109	1149	204	504	11	0	0
10	Toor Ghar	22	0	45	0	3	0	0	0
11	Karak	601	69	686	4	190	5	0	0
12	Kohat	2053	228	1569	144	3817	207	41	25
13	Hangu	48	74	127	11	56	3	0	0
14	Buner	293	128	633	81	86	3	0	0
15	Chitral	663	271	1416	414	344	19	9	0
16	Dir Lower	675	159	1331	75	97	2	2	0
17	Malakand	848	110	1278	139	126	62	0	0
18	Swat	1766	249	4040	243	980	298	9	298
19	Dir Upper	1718	120	1085	122	115	0	0	0
20	Shangla	3255	382	710	207	340	0	1	0
21	Mardan	1356	304	1456	325	237	19	0	2
22	Swabi	1823	194	1478	35	510	40	0	
23	Charsadda	3061	786	2969	61	448	28	0	0
24	Nowshera	1372	497	1935	7	1357	32	0	109
25	Peshawar	2011	687	3376	349	956	289	0	4
Total		30233	5557	33444	2986	12945	1136	62	463

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 21 illustrates the districts wise figures.

23. 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.

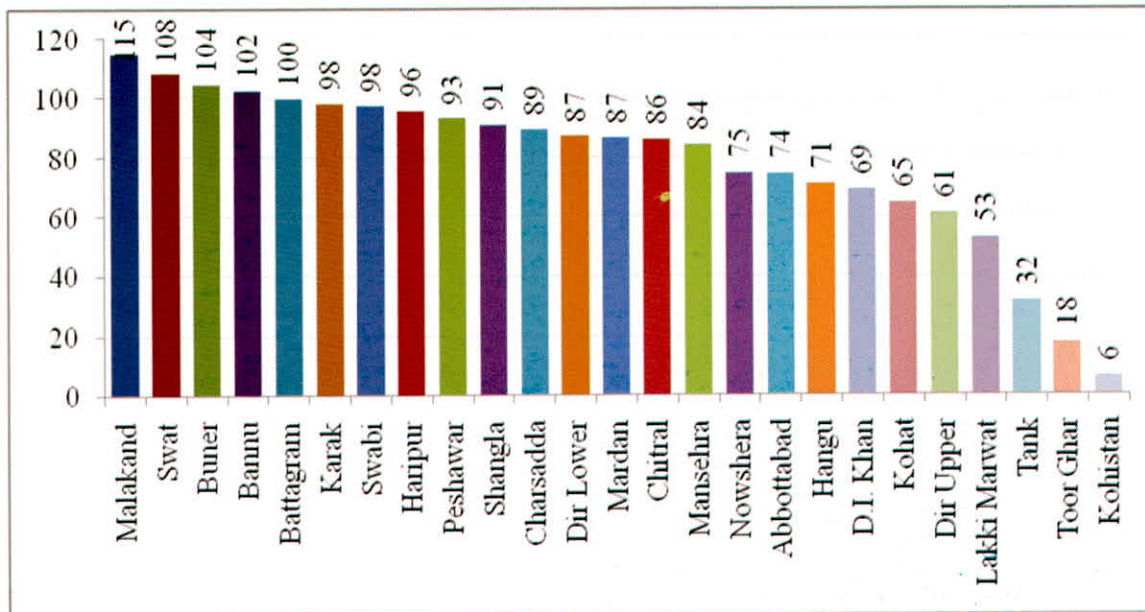
a. Children under 12 m received 3rd Pentavalent vaccine

Table No. 19

S. No	DISTRICT	Population	Expected Children (2.7 Expected Live Birth) For 1st Quarter	Children under 12 m received 3rd Pentavalent vaccine	%age
1	Malakand	737040	4975	5704	115
2	Swat	2049350	13833	14983	108
3	Buner	824641	5566	5805	104
4	Bannu	1101046	7432	7604	102
5	Battagram	500731	3380	3373	100
6	Karak	702012	4739	4649	98
7	Swabi	1673249	11294	11013	98
8	Haripur	1128034	7614	7280	96
9	Peshawar	3290294	22209	20693	93
10	Shangla	708151	4780	4355	91
11	Charsadda	1666013	11246	10050	89
12	Dir Lower	1169459	7894	6886	87
13	Mardan	2379335	16061	13908	87
14	Chitral	519326	3505	3020	86
15	Mansehra	1575617	10635	8953	84
16	Nowshera	1424852	9618	7184	75
17	Abbottabad	1435107	9687	7209	74
18	Hangu	512547	3460	2456	71
19	D.I. Khan	1390015	9383	6489	69
20	Kohat	916868	6189	4009	65
21	Dir Upper	938401	6334	3875	61
22	Lakki Marwat	798530	5390	2851	53
23	Tank	388190	2620	827	32
24	Toor Ghar	284656	1921	340	18
25	Kohistan	770086	5198	326	6
Total		28883547	194964	163842	84

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.

Fig. 18



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.

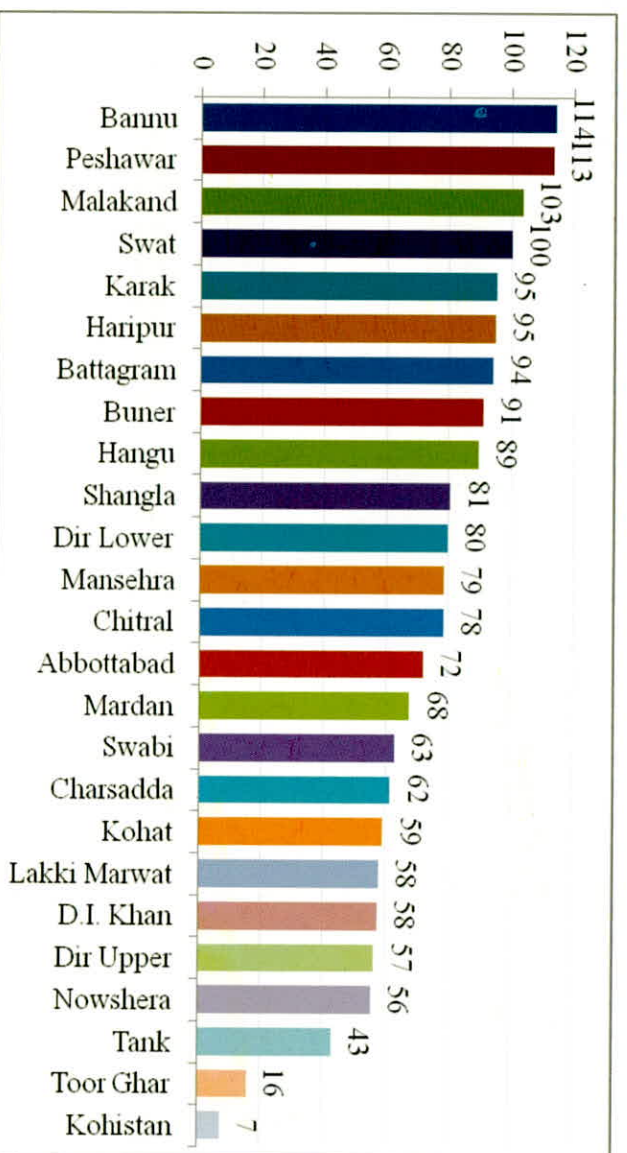
Following data reflects children under 12 Months of age getting 1st Measles Vaccine. Percentage is also computed to rank the performance of districts.

Table No. 19

S. No	DISTRICT	Population	Expected Children (2.7 Expected Live Birth) For 1st Quarter	Children under 12 m received 1st Measles vaccine	%age
1	Bannu	1101046	7432	8466	114
2	Peshawar	3290294	22209	25114	113
3	Malakand	737040	4975	5149	103
4	Swat	2049350	13833	13850	100
5	Karak	702012	4739	4504	95
6	Haripur	1128034	7614	7205	95
7	Battagram	500731	3380	3174	94
8	Buner	824641	5566	5057	91
9	Hangu	512547	3460	3096	89
10	Shangla	708151	4780	3848	81
11	Dir Lower	1169459	7894	6278	80
12	Mansehra	1575617	10635	8355	79

13	Chitral	519326	3505	2747	78
14	Abbottabad	1435107	9687	6978	72
15	Mardan	2379335	16061	10861	68
16	Swabi	1673249	11294	7120	63
17	Charsadda	1666013	11246	6925	62
18	Kohat	916868	6189	3669	59
19	Lakki Marwat	798530	5390	3121	58
20	D.I. Khan	1390015	9383	5408	58
21	Dir Upper	938401	6334	3587	57
22	Nowshera	1424852	9618	5371	56
23	Tank	388190	2620	1131	43
24	Toor Ghar	284656	1921	307	16
25	Kohistan	770086	5198	375	7
	Total	28883547	194964	151696	78

Fig. 20



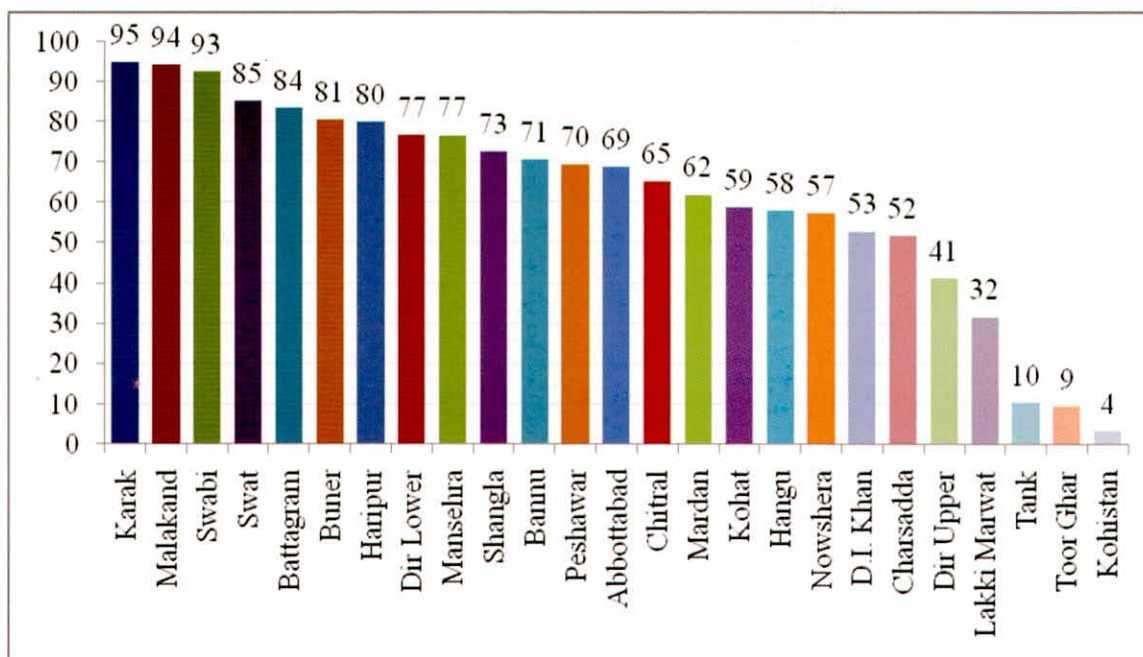
c. Children Under 12 Months Fully Immunized

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.

Table No. 20

S. No	DISTRICT	Population	Expected Children (2.7 Expected Live Birth) For 1st Quarter	Children under 12 m fully immunized	%age
1	Karak	702012	4739	4504	95
2	Malakand	737040	4975	4695	94
3	Swabi	1673249	11294	10464	93
4	Swat	2049350	13833	11781	85
5	Battagram	500731	3380	2824	84
6	Buner	824641	5566	4481	81
7	Haripur	1128034	7614	6089	80
8	Dir Lower	1169459	7894	6058	77
9	Mansehra	1575617	10635	8147	77
10	Shangla	708151	4780	3470	73
11	Bannu	1101046	7432	5242	71
12	Peshawar	3290294	22209	15437	70
13	Abbottabad	1435107	9687	6661	69
14	Chitral	519326	3505	2285	65
15	Mardan	2379335	16061	9944	62
16	Kohat	916868	6189	3646	59
17	Hangu	512547	3460	2004	58
18	Nowshera	1424852	9618	5528	57
19	D.I. Khan	1390015	9383	4957	53
20	Charsadda	1666013	11246	5830	52
21	Dir Upper	938401	6334	2612	41
22	Lakki Marwat	798530	5390	1710	32
23	Tank	388190	2620	274	10
24	Toor Ghar	284656	1921	182	9
25	Kohistan	770086	5198	182	4
Total		28883547	194964	129007	66

Fig. 21



d. Pregnant Women Received TT-2 Vaccine

During the 1st quarter 2016, out of **194964** expected pregnant women, **113419 (56%)** women received TT-2 vaccination. Among districts there is a variation that ranges from 93% to 4%. Most of the districts fall under 50% to 70%.

District Toor Gha had the lowest in range (3%) while district Kohistan is at (5%) TT-2 vaccination coverage.

Table No. 21

S. No	DISTRICT	Population	Expected Children (2.7 Expected Live Birth) For 1st Quarter	Pregnant women received TT-2 vaccine	%age
1	Malakand	737040	4975	4606	93
2	Swat	2049350	13833	12232	88
3	Bannu	1101046	7432	5681	76
4	Karak	702012	4739	3622	76
5	Battagram	500731	3380	2569	76
6	Buner	824641	5566	4144	74
7	Haripur	1128034	7614	5518	72
8	Lakki Marwat	798530	5390	3474	64
9	Mardan	2379335	16061	10202	64
10	Dir Lower	1169459	7894	5014	64
11	Dir Upper	938401	6334	3878	61
12	Mansehra	1575617	10635	6014	57

13	Abbottabad	1435107	9687	5477	57
14	Charsadda	1666013	11246	6227	55
15	Hangu	512547	3460	1893	55
16	Swabi	1673249	11294	6129	54
17	D.I. Khan	1390015	9383	4883	52
18	Peshawar	3290294	22209	10938	49
19	Chitral	519326	3505	1685	48
20	Kohat	916868	6189	2810	45
21	Nowshera	1424852	9618	3540	37
22	Shangla	708151	4780	1754	37
23	Tank	388190	2620	831	32
24	Kohistan	770086	5198	238	5
25	Toor Ghar	284656	1921	60	3
	Total	28883547	194964	113419	58

Fig. 22

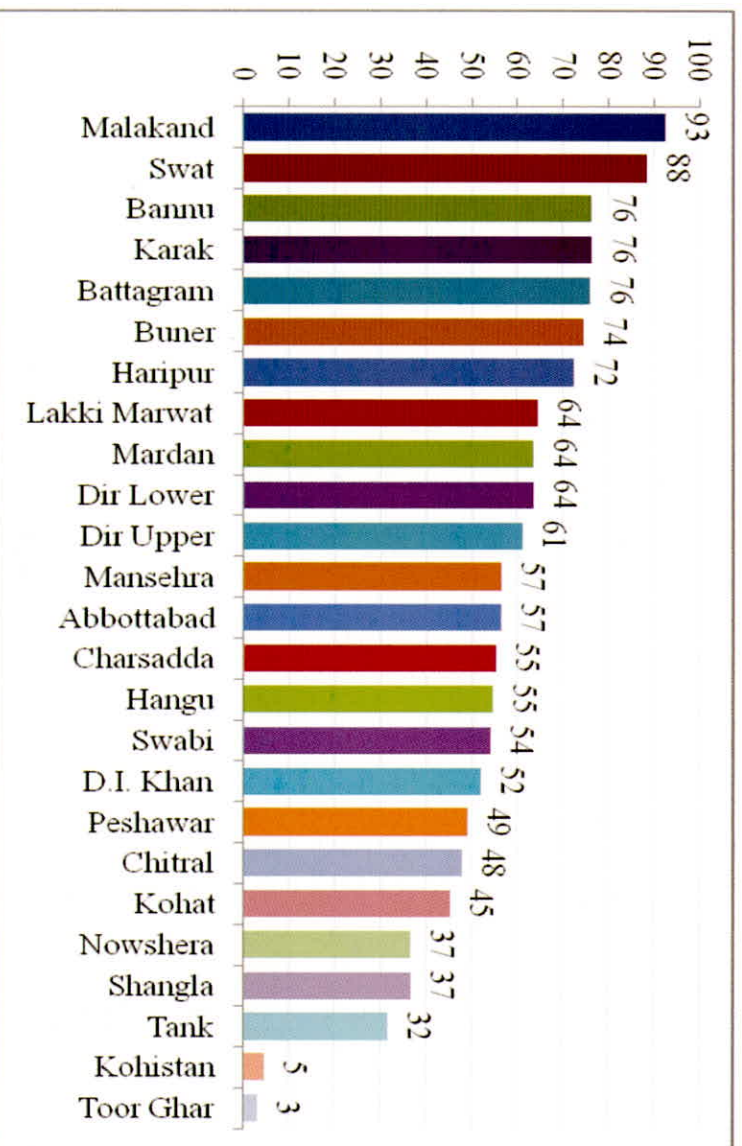


Table No. 21 and Figure No. 22 shows the districts specific categorization of TT-2 coverage

24. Malaria Cases Slide Positivity Rate

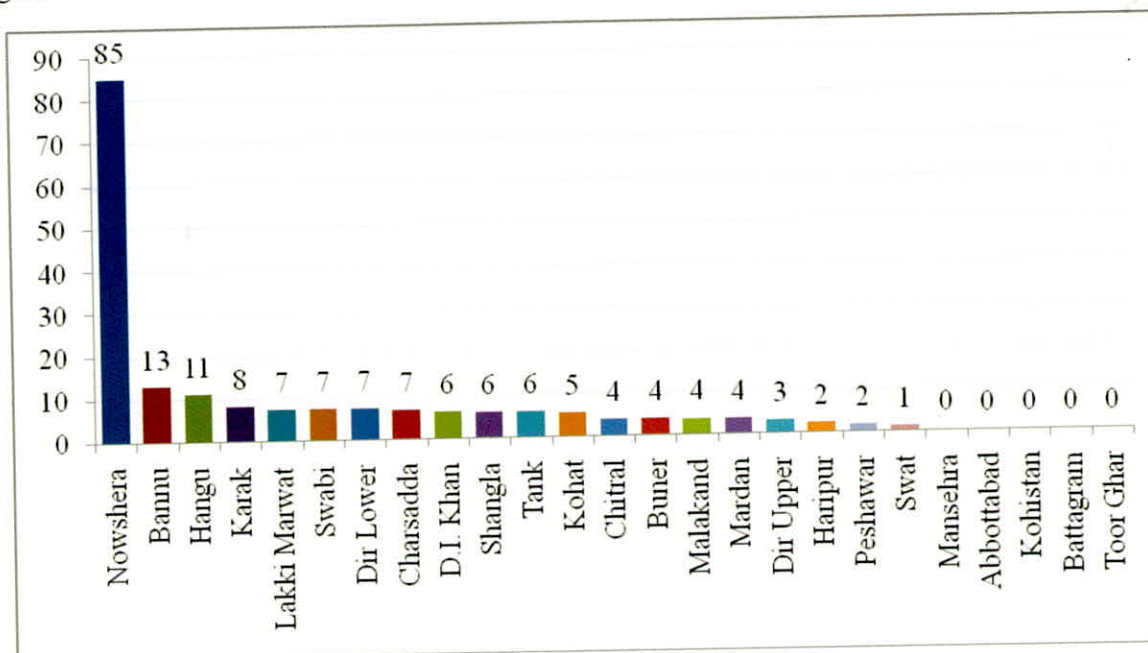
a. Malaria Parasite

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

Table No. 22

S. No	DISTRICT	Slides examined	Slides MP +ve	%age
1	Nowshera	2438	2077	85
2	Bannu	25340	3279	13
3	Hangu	1205	135	11
4	Karak	4455	365	8
5	Lakki Marwat	9377	693	7
6	Swabi	1398	102	7
7	Dir Lower	3584	260	7
8	Charsadda	10922	741	7
9	D.I. Khan	7940	489	6
10	Shangla	410	25	6
11	Tank	1087	64	6
12	Kohat	3606	196	5
13	Chitral	1509	57	4
14	Buner	3296	123	4
15	Malakand	2703	100	4
16	Mardan	9187	322	4
17	Dir Upper	1526	48	3
18	Haripur	134	3	2
19	Peshawar	1827	33	2
20	Swat	5209	60	1
21	Mansehra	494	1	0
22	Abbottabad	62	0	0
23	Kohistan	0	0	0
24	Battagram	26	0	0
25	Toor Ghar	3	0	0
Total		98514	9180	1

Fig. 23



a. Plasmodium Palciparum Rate

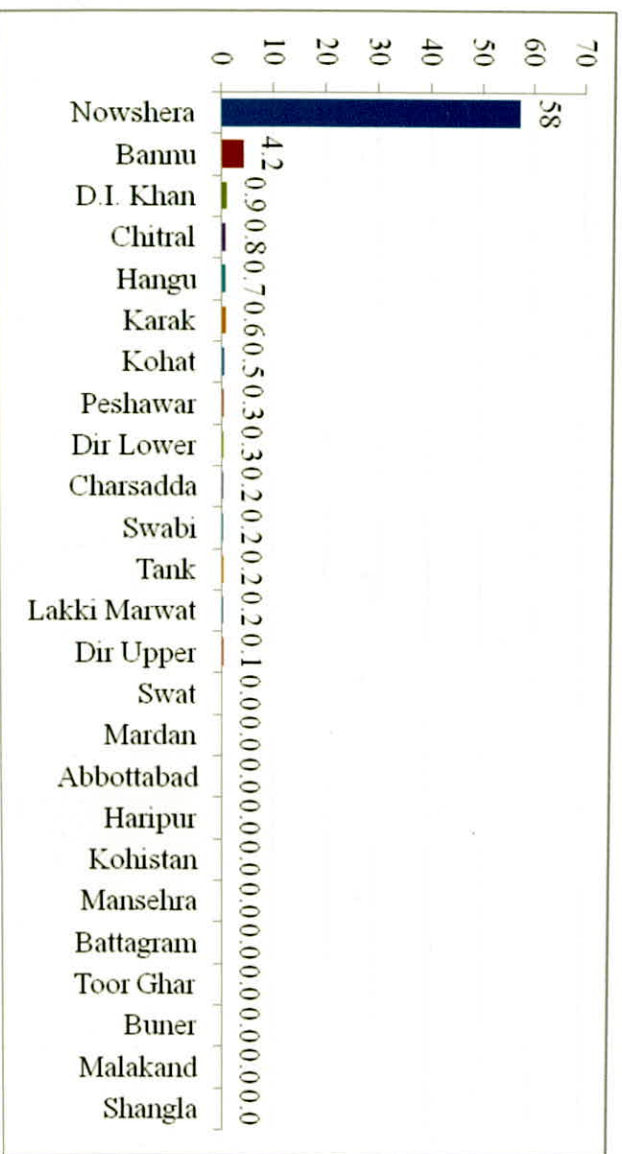
This indicator measure the proportion of plasmodium Palciparum among blood slides tested positive for malaria.

Table No. 23

S. No	DISTRICT	Slides examined	Slides P. Falciparum +ve	%age
1	Nowshera	2438	1402	58
2	Bannu	25340	1065	4.2
3	D.I. Khan	7940	72	0.9
4	Chitral	1509	12	0.8
5	Hangu	1205	9	0.7
6	Karak	4455	26	0.6
7	Kohat	3606	18	0.5
8	Peshawar	1827	6	0.3
9	Dir Lower	3584	11	0.3
10	Charsadda	10922	27	0.2
11	Swabi	1398	3	0.2
12	Tank	1087	2	0.2
13	Lakki Marwat	9377	16	0.2
14	Dir Upper	1526	2	0.1
15	Swat	5209	1	0.0
16	Mardan	9187	1	0.0
17	Abbottabad	62	0	0.0

18	Haripur	134	0	0.0
19	Kohistan	0	0	0.0
20	Mansehra	494	0	0.0
21	Battagram	26	0	0.0
22	Toor Ghar	3	0	0.0
23	Buner	3296	0	0.0
24	Malakand	2703	0	0.0
25	Shangla	410	0	0.0
Total		98514	2673	3

Fig. 24



District Nowshera is on top of the list in table no 23 and reflects the figures i.e 3438 slides have been examined and reported **1402** with 58% positive patients of **Malaria Plasmodium**

Falciparum.

Districts Peshawar and Karak report Malaria Plasmodium Falciparum positive patients 0.3 and 0.6 respectively. While Districts Swat to Shangla reports zero figure of respective districts.

25. 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

Table No. 24

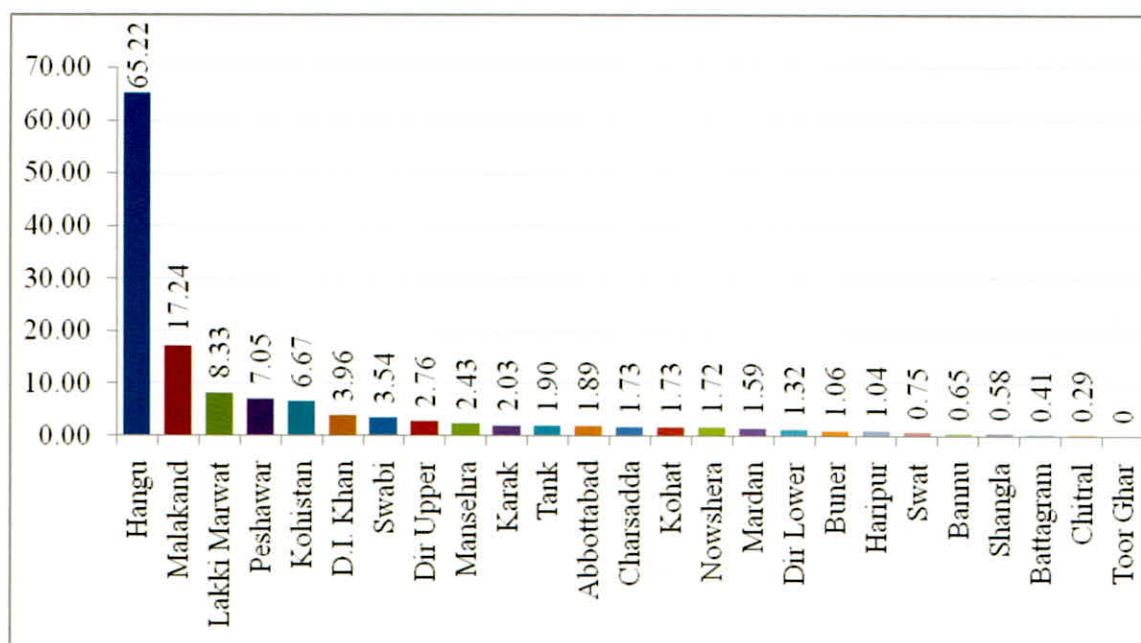
S. No	DISTRICT	Patients screened	Hepatitis B +ve	%age
1	Hangu	23	15	65.22
2	Malakand	29	5	17.24
3	Lakki Marwat	468	39	8.33
4	Peshawar	383	27	7.05
5	Kohistan	30	2	6.67
6	D.I. Khan	101	4	3.96
7	Swabi	790	28	3.54
8	Dir Upper	1159	32	2.76
9	Mansehra	4114	100	2.43
10	Karak	1819	37	2.03
11	Tank	421	8	1.90
12	Abbottabad	106	2	1.89
13	Charsadda	2828	49	1.73
14	Kohat	2318	40	1.73
15	Nowshera	6159	106	1.72
16	Mardan	9364	149	1.59
17	Dir Lower	378	5	1.32
18	Buner	1698	18	1.06
19	Haripur	2971	31	1.04
20	Swat	16760	125	0.75
21	Bannu	2145	14	0.65
22	Shangla	1562	9	0.58
23	Battagram	6329	26	0.41
24	Chitral	8932	26	0.29
25	Toor Ghar	0	0	0
Total		78272	1045	1.34

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.

District Hangu is on top of the list and the figures are 15 HBV positive cases out of 23 screened patients (65.22%), the figures of district Malakand shows the performance and the figures are 29 patients screened, of 5 patients are positive (17.24%). District Tor Ghar zero patient report.

Fig. 25



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.

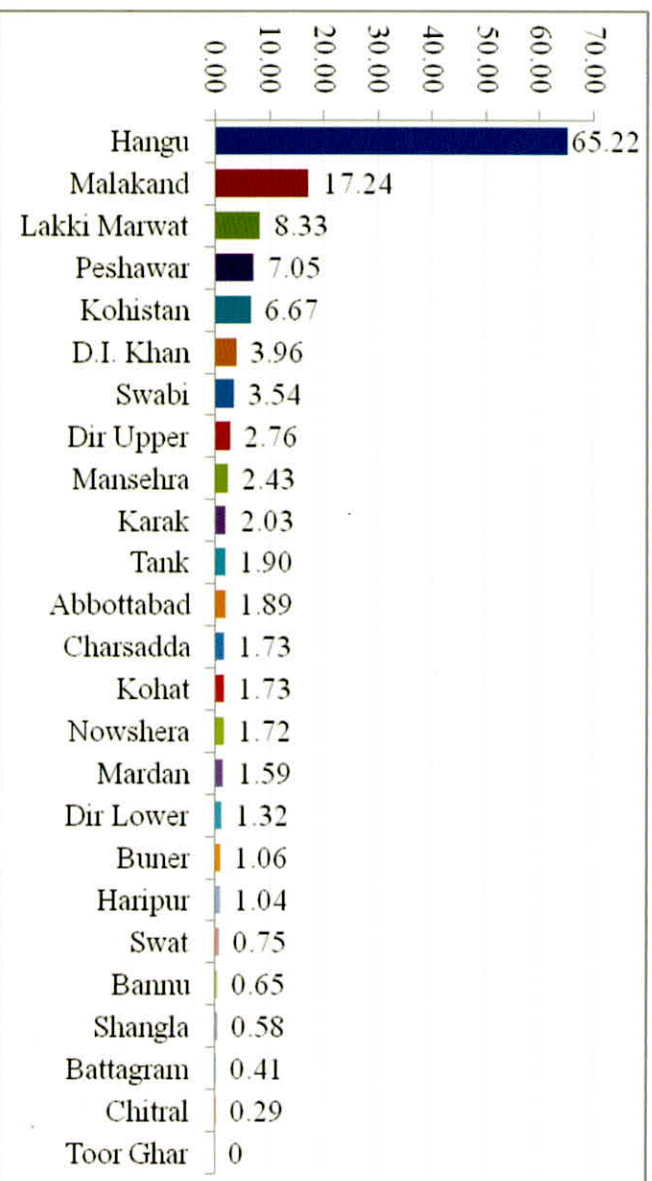
Hepatitis C is one of several hepatitis viruses and is generally considered to be among the most serious of these viruses. Hepatitis C is passed through contact with contaminated blood, most commonly through needles (Syringes).

Table No. 25

S. No	DISTRICT	Patients screened	Hepatitis C +ve	%age
1	Hangu	23	15	65.22
2	Malakand	29	5	17.24
3	Peshawar	383	30	7.83
4	Lakki Marwat	468	29	6.20
5	Dir Upper	1159	63	5.44
6	Mansehra	4114	186	4.52
7	Swabi	790	34	4.30
8	Kohat	2318	88	3.80

9	Buner	1698	53	3.12
10	Nowshera	6159	144	2.34
11	Mardan	9364	214	2.29
12	Swat	16760	368	2.20
13	Abbottabad	106	2	1.89
14	Charsadda	2828	51	1.80
15	Dir Lower	378	6	1.59
16	Karak	1819	28	1.54
17	Haripur	2971	39	1.31
18	Battagram	6329	81	1.28
19	Shangla	1562	19	1.22
20	D.I. Khan	101	1	0.99
21	Tank	421	3	0.71
22	Bannu	2145	12	0.56
23	Chitral	8932	30	0.34
24	Kohistan	30	0	0.00
25	Toor Ghar	0	0	0.00
Total		78272	1694	2.16

Fig. 26



26. Intensive-Phase TB-DOTS Patients

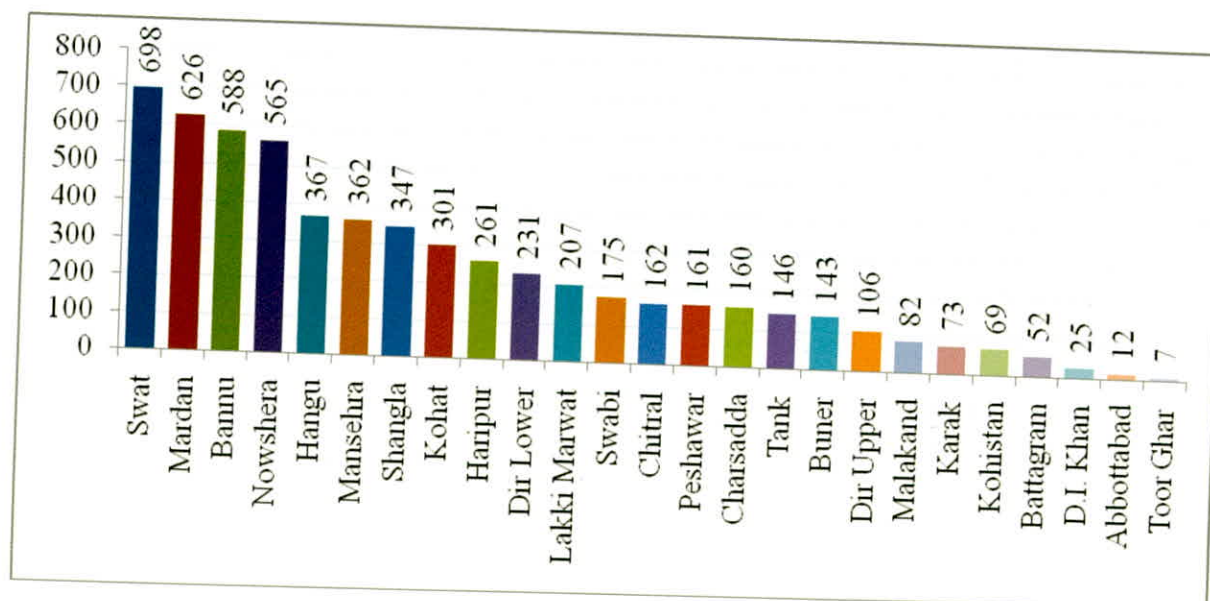
Tuberculosis requires regular and uninterrupted treatment for a cure and a person missing the treatment poses a great threat for developing a resistant form of the disease; so the number of patients missing their treatment for more than a week needs to be actively traced and convinced to continue the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

Table No. 26

S. No	DISTRICT	Intensive-phase TB-DOTS patients
1	Swat	698
2	Mardan	626
3	Bannu	588
4	Nowshera	565
5	Hangu	367
6	Mansehra	362
7	Shangla	347
8	Kohat	301
9	Haripur	261
10	Dir Lower	231
11	Lakki Marwat	207
12	Swabi	175
13	Chitral	162
14	Peshawar	161
15	Charsadda	160
16	Tank	146
17	Buner	143
18	Dir Upper	106
19	Malakand	82
20	Karak	73
21	Kohistan	69
22	Battagram	52
23	D.I. Khan	25
24	Abbottabad	12
25	Toor Ghar	7
Total		5926

Table No. 26 show the district-wise TB data figures. Districts Swat, Mardan and Bannu report 698, 626 and 588 TB patients.

Fig. 27



27. 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.

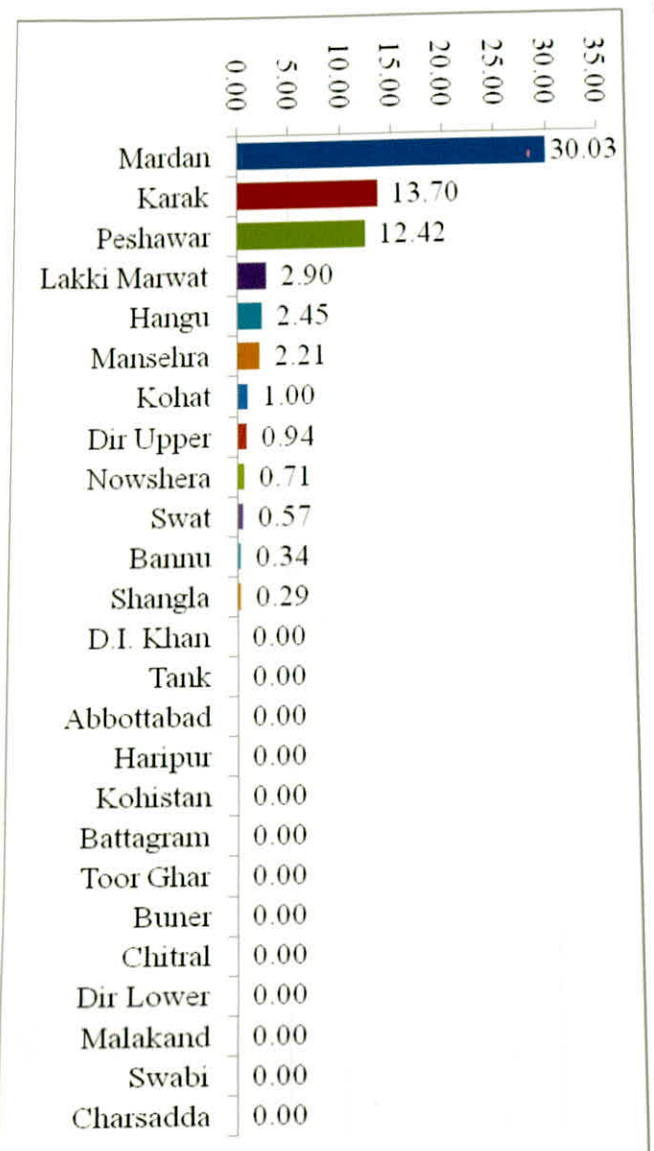
Table No. 27

S. No	DISTRICT	Intensive-phase TB-DOTS patients	Intensive phase TB-DOTS patients missing treatment >1 week	%age
1	Mardan	626	188	30.03
2	Karak	73	10	13.70
3	Peshawar	161	20	12.42
4	Lakki Marwat	207	6	2.90
5	Hangu	367	9	2.45
6	Mansehra	362	8	2.21
7	Kohat	301	3	1.00
8	Dir Upper	106	1	0.94
9	Nowshera	565	4	0.71
10	Swat	698	4	0.57
11	Bannu	588	2	0.34
12	Shangla	347	1	0.29
13	D.I. Khan	25	0	0.00
14	Tank	146	0	0.00
15	Abbottabad	12	0	0.00
16	Haripur	261	0	0.00
17	Kohistan	69	0	0.00
18	Battagram	52	0	0.00

19	Toor Ghar	7	0	0.00
20	Buner	143	0	0.00
21	Chitral	162	0	0.00
22	Dir Lower	231	0	0.00
23	Malakand	82	0	0.00
24	Swabi	175	0	0.00
25	Charsadda	160	0	0.00
Total		5926	256	4.32

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.

Fig. 28



28. 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.

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.

Table No. 28

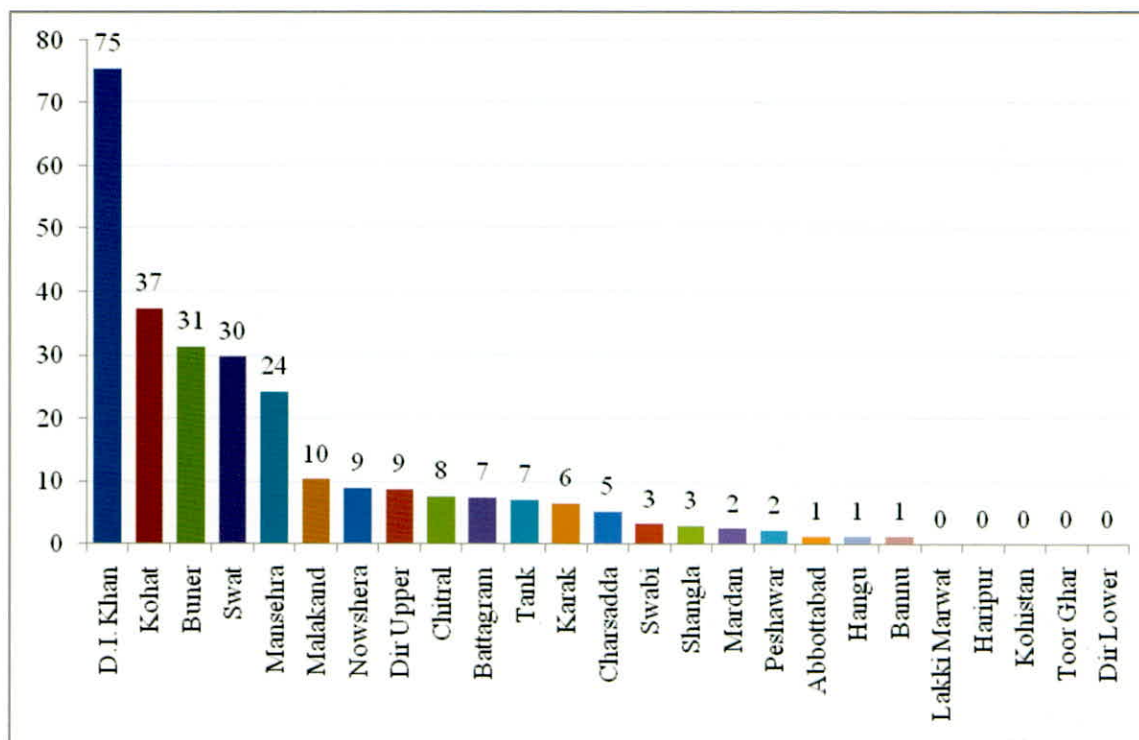
S. No	District	Live Birth in the Facility	Neonatal Death in the Facility	Neonatal Mortality Rates
1	D.I. Khan	2770	209	75
2	Kohat	2784	104	37
3	Buner	1817	57	31
4	Swat	7267	216	30
5	Mansehra	1609	39	24
6	Malakand	3205	33	10
7	Nowshera	2132	19	9
8	Dir Upper	1026	9	9
9	Chitral	1441	11	8
10	Battagram	1086	8	7
11	Tank	283	2	7
12	Karak	935	6	6
13	Charsadda	2747	14	5
14	Swabi	1563	5	3
15	Shangla	696	2	3
16	Mardan	2891	7	2
17	Peshawar	905	2	2
18	Abbottabad	778	1	1
19	Hangu	791	1	1
20	Bannu	4907	6	1
21	Lakki Marwat	1684	0	0
22	Haripur	795	0	0
23	Kohistan	84	0	0
24	Toor Ghar	68	0	0
25	Dir Lower	2948	0	0
Grand Total		47212	747	16

Figure 29 and table no. 28 illustrate the neonatal mortality rates (neonatal deaths in the facilities). District DI Khan report 209 neonatal deaths against 2770 number of live births and the mortality rate is 75 neonatal deaths in per thousand (**75/1000**).

Districts Kohat, Buner, Swat and Mansehra lies between 20 to 40 neonatal mortality rates.

Districts which report zero (0) neonatal deaths are Haripur, Kohistan, Toor Ghar and Dir Lower.

Fig. 29



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

Table No. 29

S. No	DISTRICT	Pregnant women newly registered by LHW	Delivery by skilled persons reported	Maternal deaths reported	Maternal Mortality Rate
1	Peshawar	6610	3547	11	310
2	Swabi	2617	1710	5	292
3	Lakki Marwat	1668	697	2	287
4	Abbottabad	4296	3481	8	230
5	Haripur	3867	2664	5	188
6	Dir Upper	743	544	1	184
7	Mansehra	4863	3286	6	183
8	Mardan	9315	6627	12	181
9	Kohat	2310	1199	2	167
10	Shangla	1156	619	1	162
11	Nowshera	4759	2593	4	154
12	Swat	14956	5859	9	154
13	Buner	784	725	1	138
14	Chitral	1688	1191	1	84
15	D.I. Khan	3015	1637	1	61

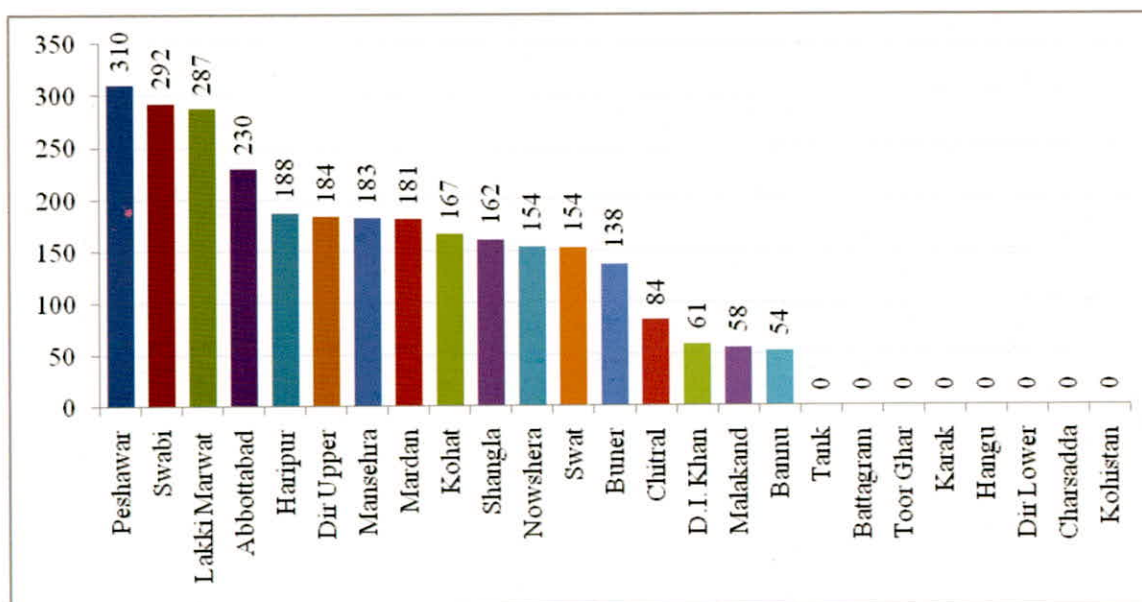
16	Malakand	2634	1727	1	58
17	Bannu	2492	3671	2	54
18	Tank	536	596	0	0.00
19	Battagram	806	320	0	0.00
20	Toor Ghar	0	6	0	0.00
21	Karak	846	590	0	0.00
22	Hangu	315	349	0	0.00
23	Dir Lower	1277	788	0	0.00
24	Charsadda	5667	3397	0	0.00
25	Kohistan	0	0	0	0.00
Total		77220	47823	72	151

The indicator Maternal Mortality Rate (Maternal Deaths Reported by LHW) illustrates the death rates of the mother during pregnancy or deliveries. Districts Peshawar reported 11 deaths against 3547 live births and the Maternal Mortality Rate is 310 deaths per 100,000 populations which is more than the national Maternal Mortality Rate (276/100,000).

Swabi reported 1710 live births, 5 deaths the Maternal Mortality Rate 292 of total number Deliveries by Skilled Persons in the district in 2015 and stands on 2nd of the list. Districts Lakki Marwat, Abbottabad and Haripur report 2, 8 and 5 deaths in number while districts Dir Upper and Mansehra report 1 and 6 deaths respectively. The overall Maternal Mortality rate is 151.

Table No 29 and Figure 30 show the district wise picture.

Fig. 30



Districts Tank, Battagram, Toor Ghar, Karak, Hangu, Dir Lower, Charadadda Kohistan reported zero (0) Maternal deaths in their respective districts in the 1st quarter 2016.

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.

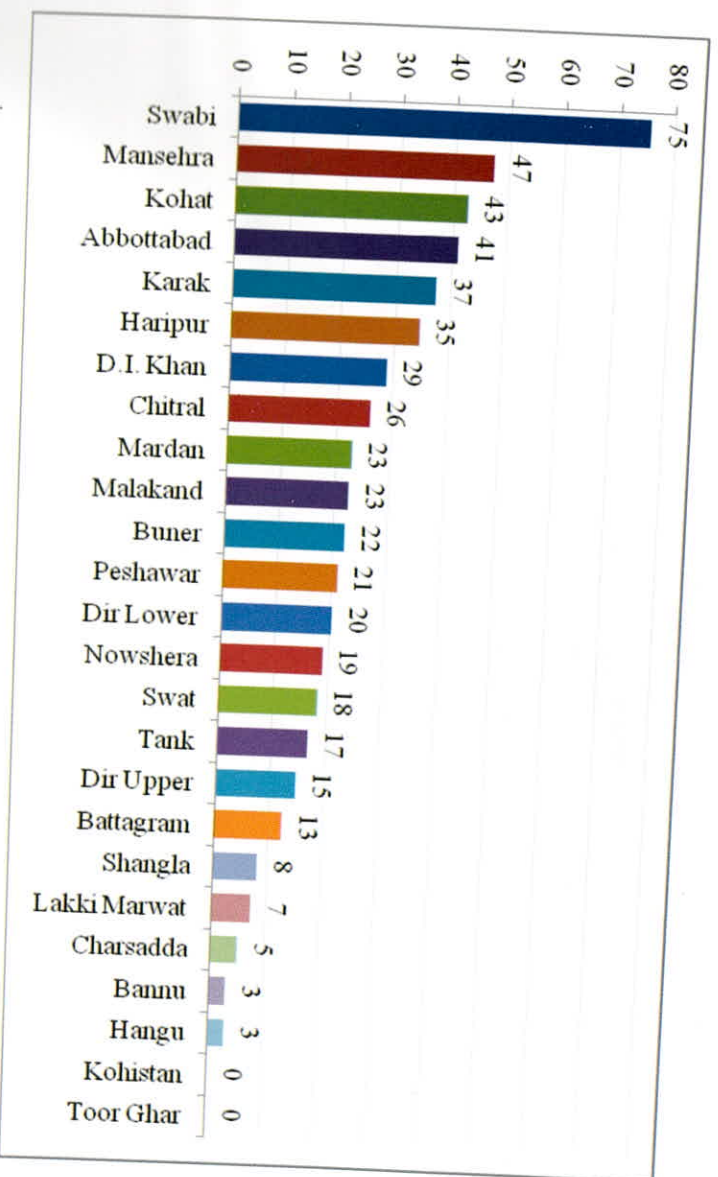
Table No. 30

S. No	DISTRICT	Pregnant women newly registered by LHW	Delivery by skilled persons reported	Infant deaths reported	Infant Mortality Rate
1	Swabi	2617	1710	129	75
2	Mansehra	4863	3286	155	47
3	Kohat	2310	1199	51	43
4	Abbottabad	4296	3481	143	41
5	Karak	846	590	22	37
6	Haripur	3867	2664	92	35
7	D.I. Khan	3015	1637	47	29
8	Chitral	1688	1191	31	26
9	Mardan	9315	6627	152	23
10	Malakand	2634	1727	39	23
11	Buner	784	725	16	22
12	Peshawar	6610	3547	75	21
13	Dir Lower	1277	788	16	20
14	Nowshera	4759	2593	49	19
15	Swat	14956	5859	107	18
16	Tank	536	596	10	17
17	Dir Upper	743	544	8	15
18	Battagram	806	320	4	13
19	Shangla	1156	619	5	8
20	Lakki Marwat	1668	697	5	7
21	Charsadda	5667	3397	17	5
22	Bannu	2492	3671	11	3
23	Hangu	315	349	1	3
24	Kohistan	0	0	0	0
25	Toor Ghar	0	6	0	0
Total		77220	47823	1185	25

District Swabi reported 129 deaths against 1710 live births and the IMR is 75 District Mansehra reported 155 deaths against 3286 live births and the IMR is 47.

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.

Fig. 31



Over Maternal Mortality Rate is 57 of the provinc

**Lady Reading Hospital,
Peshawar**

First Date 1-01-2016

Last Date 31-03-2016

OPD Month Wise Report

OPD

Department	Jan	Feb	Mar	Total
Cardiology	3976	4344	4419	12739
Cardiothoracic	211	232	315	758
Cardiovascular	366	310	490	1166
Chest	3858	3335	4030	11223
Children	6048	5087	5842	16977
Dental Female	722	743	849	2314
Dental Male	868	875	1057	2800
ENT	5487	6194	6873	18554
Endocrinology	2071	1800	2746	6617
Epilepsy Clinic	136	101	179	416
Eye	5321	5720	7253	18294
Gastroenterology	940	1325	1456	3721
Gynae (Gynaecology)	6389	5924	6758	19071
Hepatitis Clinic	2267	2502	3021	7790
Medical Female	4783	5604	6871	17258
Medical Male	4628	4799	6164	15591
Nephrology	467	724	743	1934
Neurology	1212	1141	1590	3943
Neurosurgery	2969	2549	3662	9180
Orthopedics	9574	9958	12016	31548
Paeds Cardiac surgery	90	68	101	259
Paeds Cardiology	357	270	404	1031
Paeds Surgery	1007	1140	1209	3356
Physiotherapy	333	265	434	1032
Plastic Surgery	675	651	785	2111
Psychiatry	1173	1266	1351	3790
Rheumatology	8	20	24	52
Skin	4581	4491	4971	14043
Surgical Female	2417	2422	3082	7921
Surgical Male (Surgical Male)	3147	3090	4110	10347
Triage	3	2	0	5
Urology	2701	2707	2878	8286
Total	78785	79659	95683	254127

**Lady Reading Hospital,
Peshawar**

First Date01-JAN-16

Last Date31-MAR-16

Total Admissions

Department	Jan	Feb	Mar	Apr	Total
Bolton Block Medical	10	4	7		21
Bolton Block Surgical	15	5	11		31
CCU	326	215	182		723
Cardiology Female	171	147	176	3	497
Cardiology Male	376	343	361	1	1081
Cardiology Private Rooms	41	60	55		156
Cardiothoracic Female	20	30	27		77
Cardiothoracic Female HDU	2		1		3
Cardiothoracic Male	60	68	67		195
Cardiothoracic Male HDU	1	1	3		5
Cardiothoracic TRAUMA	2		1		3
Cardiovascular Female	82	53	59		194
Cardiovascular Male	87	68	97		252
Casualty Medical	5	3	2		10
Casualty Orthopedic	344	325	323		992
Casualty Surgical	477	499	423	1	1400
Chest Female	222	181	138		541
Chest Male	246	188	200	1	635
Children A Ward	758	685	654		2097
Children B Ward	857	575	652		2084
Children C Ward	736	599	662		1997
DATC Ward	20	14	20		54
ENT Female	128	146	175		449
ENT Male	145	128	168		441
ENT OT	22	24	31		77
Endocrinology	142	112	140		394
Eye Female	129	108	164		401
Eye Male	142	136	185		463
Eye OT	33	49	58		140
FC Room Medical	27	10	18		55
FC Room Surgical	10	2	5		17
Gastroenterology Female	45	53	53		151
Gastroenterology Male	73	85	88	1	247
General ICU Medical	1	3	1		5
General ICU Surgical				1	1

Lady Reading Hospital, Peshawar

Total Admissions

First Date 01-JAN-16

Last Date 31-MAR-16

Department	Jan	Feb	Mar	Apr	Total
Gynae A	103	107	140		350
Gynae A Labor Room	715	706	791	6	2218
Gynae B	155	98	200	1	454
Gynae B Labor Room	869	670	727		2266
Gynae C	109	90	116		315
Gynae C Labor Room	729	652	595		1976
Gynae OT	1				1
Leprosy Ward	2	4	6		12
MLC Medical		6	3		9
MLC Surgical	7	4	3		14
Medical Female A	136	116	111		363
Medical Female B	199	175	216		590
Medical Female C	146	109	137		392
Medical Female D	139	103	123		365
Medical Male A	131	123	128		382
Medical Male B	215	157	196		568
Medical Male C	138	107	136		381
Medical Male D	93	97	117	1	308
Nephrology Female	144	171	182	1	498
Nephrology Male	257	243	242	1	743
Neurology Female	104	72	104		280
Neurology Male	119	109	107		335
Neurosurgery Female A	50	25	58		133
Neurosurgery Female B	58	38	52		148
Neurosurgery ICU	8	2	3		13
Neurosurgery Male A	134	83	63		280
Neurosurgery Male B	117	80	86		283
Neurosurgery OT			7		7
Neurosurgery Trauma	96	251	290	1	638
Nursery A Ward	166	169	144	1	480
Nursery B Ward	189	161	196		546
Orthopedic Female A	20	15	19		54
Orthopedic Female B	17	11	31		59
Orthopedic Male A	24	18	19		61
Orthopedic Male B	53	20	44		117

**Lady Reading Hospital,
Peshawar**

First Date 01-JAN-16
Last Date 31-MAR-16

OPD Month Wise Report

Gynae & Peads					
Department	Jan	Feb	Mar	Apr	Total
Gynae & Paeds	6380	5961	5951	31	18323
Total	6380	5961	5951	31	18323

**Lady Reading Hospital,
Peshawar**

First Date 01-JAN-16
Last Date 31-MAR-16

OPD Month Wise Report

Casualty					
Department	Jan	Feb	Mar	Apr	Total
MAIN CASULTY	95189	93550	95280	329	284348
Total	95189	93550	95280	329	284348

**KHYBER TEACHING HOSPITAL
PESHAWAR
1ST QUARTER 2016**

KHYBER TEACHING HOSPITAL, PESHAWAR
Department Wise Patients Count and Investigations

1-Jan-2016 TO 31-Mar-2016

	Jan-16	Feb-16	Mar-16	Total
ADMISSION	7,879	7,081	7,245	22,205
AUDIOLOGY	437	425	346	1,208
BLOOD_BANK	2,055	1,848	2,217	6,120
CARD	7,535	6,817	7,016	21,368
CARDIOLOGY	5,499	5,182	5,837	16,518
CASUALTY	48,983	48,745	51,167	148,895
CHEST	365	317	347	1,029
DENTAL	152	95	167	414
DERMATOLOGY	154	128	140	422
DIALYSIS	1,604	1,446	1,686	4,736
DIGITAL_XRAY	3,520	3,635	4,239	11,394
ENDOSCOPY	46	45	40	131
EYE	740	895	1,045	2,680
LABORATORY	24,346	21,918	27,704	73,968
MINOR OT	24	30	34	88
NEPHROLOGY	22	20	18	60
OPD	47,449	49,256	54,952	151,657
PHYSIOTHERAPY	1,432	1,242	1,615	4,289
PSYCHIATRY	189	134	133	456
RADIOLOGY	15,727	15,421	16,582	47,730
Total	168,158	164,680	182,530	515,368



SHAHID ZAMAN
Computer Programmer
IT Department
KTH, Peshawar

From: 1-Jan-16
To: 31-Mar-16

Khyber Teaching Hospital, Peshawar
Major OTs

	Total
Jan-16	1,668
Feb-16	1,342
Mar-16	1,358
Total	4,368


SHAHID ZAMAN
Computer Programmer
IT Department
KTH, Peshawar

**KHALIFA GULNAWAZ TEACHING
HOSPITAL BANNU
1ST QUARTER 2016**

Statistical Data of patients Examined at KGNT Hospital Bannu.

Reporting Month: January, 2016

S.no	Units	Total patients			Grand Total	Poor Free	Entitled Free	Total Receipt	Remarks
	Main OPD	General	I.D.Ps	indoor					IDPs are free as per instructions of Govt
1	OPD-A (Male)	7183	9586	-	16769	-	-	35915	
2	OPD-B (Male)	7425	-	-	7425	-	-	37125	
3	OPD General (Female)	4150	-	-	4150	-	-	20750	
	Total			-	28344	-	-	93790	
	Emergency	3361	1337	-	4698			16805	
	Surgeries								
	Major	193	76	22	295	-	4	19300	
	Minor	6	11	-	17	-	-	600	
	Indoor								
	Medical	198	24	-	222	-	-	3960	
	Surgical	63	34	-	97	-	-	1260	
	Gynecology	18	6	-	24	-	-	360	
	Obstetrics	-	-	-	-	-	-		
	Labor room	113	25	-	138	-	-	2260	
	Pediatrics	116	26	-	142	-	-	2320	
	Orthopedics	26	7	-	33	-	-	520	
	Neurosurgery	68	15	-	83	-	-	1360	
	Eye	49	21	-	70	-	-	980	
	ENT	26	5	-	31	-	-	520	
	Psychiatry	41	9	-	50	-	-	820	
	Urology	12	6	-	18	-	-	360	
	Cardiology	95	12	-	107	-	-	1900	
	Chest & TB	92	10	-	102	-	-	1840	
	Burn center	-	-	-	-				
	Skin	-	-	-	-				
	Dental	-	-	-	-				
	Total								
	X-Ray Department								
	M.R.I	173	29	-	232		30	605500	IDPs/Govt servant are Entitle free
	CT Scan	292	143	-	444		9	438000	
	X-Rays	889	368	486	1774	-	31	44450	
	Ultrasonounds	787	334	120	1256	-	15	173140	
	Cardiology investigation								
	Echocardiography	155	121	-	284	-	8	59675	
	E.C.G	306	70	443	820	-	1	15300	
	E.T.T	9	1	-	11	-	1	4500	
	Pathology department								
	Laboratory Tests	8005	3785	-	11833	-	43	172535	
	Blood Bank	-	-	-	-	-	-	-	
	Other Departments								
	E.P.I	114	290	-	409	-	-	-	
	Thalasseia cases	-	-	-	-	-	-	-	
	Hepatitis control program	-	-	-	-	-	-	-	
	Grand Total	33965	16451	1071	51629		142	1489520	

Signature
Signature I/C Statistic.

Signature
Signature D.M.S.

Signature
Signature M.S.

Statistical Data of patients Examined at KGNT Hospital Bannu.
Reporting Month: February, 2016

S.no	Units	Total patients			Grand Total	Poor Free	Entitled Free	Total Receipt	Remarks
	Main OPD	General	I.D.Ps	indoor					IDPs are free as per instructions of Govt
1	OPD-A (Male)	7300	9318	-	16618	-	-	36500	
2	OPD-B (Male)	6286	-	-	6286	-	-	31430	
3	OPD General (Female)	6213	-	-	6213	-	-	31065	
	Total	19799	9318	-	29117	-	-	98995	
	Emergency	3004	1200	-	4204			15020	
	Surgeries								
	Major	579	35		617	-	03	57900	
	Minor	65	27	-	92	-		6500	
	Indoor								
	Medical	155	26	-	181	-	-	3100	IDPs/Govt servant are Entitle free
	Surgical	71	34	-	105	-	-	1420	
	gynecology	11	04	-	15	-	-	220	
	Labor room	111	39	-	150	-	-	2220	
	Pediatrics	116	31	-	147	-	-	2320	
	Orthopedics	34	02	-	36	-	-	680	
	Neurosurgery	67	07	-	74	-	-	1340	
	Eye	54	19	-	73	-	-	1080	
	ENT	22	08	-	30	-	-	440	
	Psychiatry	46	08	-	54	-	-	920	
	Urology	16	07	-	23	-	-	320	
	Cardiology	77	08	-	85	-	-	1540	
	Chest & TB	69	20	-	89	-	-	1380	
	Burn center	110	73	-	183			2200	
	Total	959	286		1245			19180	
	X-Ray Department								
	M.R.I	141	26	-	198		31	493500	
	CT Scan	261	138	-	413		14	391500	
	X-Rays	812	482	274	1603	-	35	40600	
	Ultrasounds	821	298		1237	-	118	180620	
	Cardiology investigation								
	Echocardiography	156	140	-	308	-	12	60060	
	E.C.G	342	76	787	1205	-	-	17100	
	E.T.T	13		-	15	-	02	6500	
	Pathology department								
	Laboratory Tests	4914	4000	4359	13295	03	19	168028	
	Blood Bank	161	-	-	161	-	-	-	
	Other Departments								
	E.P.I	185	371	-	556	-	-	-	
	Thalassemia cases	-	-	-	-	-	-	-	
	Hepatitis control program	117	-	-	117	-	-	-	
	Grand Total	32168	16458	5520	54383	03	234	1555503	

Signature I/C Statistic.

Signature D.M.S.

Signature M.S.

Statistical Data of patients Examined at KGNT Hospital Bannu.
Reporting Month: March, 2016

S.no	Units	Total patients			Grand Total	Poor Free	Entitled Free	Total Receipt	Remarks
Main OPD		General	I.D.Ps	indoor					IDPs are free as per instructions of Govt
1	OPD-A (Male)	5039	9489	-	14528	-	-	25195	
2	OPD-B (Male)	5244	-	-	5244	-	-	26220	
3	OPD General (Female)	7590	-	-	7590	-	-	37950	
Total		17873	9489	-	27362	-	-	89365	
Emergency		10373	3526	-	13899	-	-	51865	
Surgeries									
Major		190	156		354	8		19000	
Minor		65	32		103	6		6500	
Indoor									
	Medical	170	27	-	197	-	-	3400	IDPs/Govt servant are Entitle free
	Surgical	87	30	-	117	-	-	1740	
	Gynecology	20	01	-	21	-	-	400	
	Labor room	91	39	-	130	-	-	1820	
	Pediatrics Medicine	123	26	-	149	-	-	2460	
	Orthopedics	23	10	-	33	-	-	460	
	Neurosurgery	45	19	-	64	-	-	900	
	Eye	77	25	-	102	-	-	1540	
	ENT	34	08	-	42	-	-	680	
	Psychiatry	44	18	-	62	-	-	880	
	Urology	15	03	-	18	-	-	300	
	Cardiology	88	13	-	101	-	-	1760	
	Chest & TB	53	25	-	78	-	-	1060	
	Burn center	107	47	-	154	-	-	2140	
	Pediatric Surgery	28	23	-	51	-	-	560	
	Total	1005	314		1319			20100	
X-Ray Department									
	M.R.I	145	43	-	229	-	41	507500	
	CT Scan	270	125	-	406	-	11	405000	
	X-Rays	997	317	246	1986	399	27	49850	
	Ultrasonounds	776	322	97	1213	08	10	170720	
Cardiology investigation									
	Echocardiography	156	138		301		07	60060	
	E.C.G	272	124	398	795		01	13600	
	E.T.T	11			13		02	5500	
Pathology department									
	Laboratory Tests	10086	3311	-	13420	-	23	152234	
	Blood Bank	178	34	-	225	-	13	//	
Other Departments									
	E.P.I	210	300		510	-	-	-	
	Hepatitis control program	128	-	-	128	-	-	-	
Grand Total		42735	18231	741	62263	421	135	1640659	

Signature I/C Statistic.

Signature D.M.S.

Signature M.S.

**MUFTI MEHMOOD MEMORIAL
TEACHING HOSPITAL
D. I. KHAN
1ST QUARTER 2016**

Phone No. 0966-747067
Fax No. 0966-747154



Office of the Medical Superintendent
MMM Teaching Hospital D.I Khan
No. 3655-5815716/S-6
Dated. 26 / 05 / 2016.

**QUARTERLY STATISTICAL DATA OF PATIENT'S EXAMINED/TREATED AT MUFTI MHMOOD MEMORIAL
TEACHING HOSPITAL D.I.KHAN FOR THE 1ST QUARTER OF YEAR, 2016.**

S. No	Units	JANUARY		FEBRUARY		MARCH		SUB TOTAL	GRAND TOTAL OF QUARTER
		Total Patients		Total Patients		Total Patients			
MAIN OPD		7063	7952	7484		22499
1.	Medical OPD	1834		2903		2742		7479	
2.	Surgical OPD	0347		0428		0400		1175	
3.	Gynae OPD	0674		1454		0798		2926	
4.	Eye OPD	0171		0236		0226		0633	
5.	ENT OPD	0184		0332		0082		0598	
6.	Nephrology OPD	0094		0093		0080		0267	
7.	TB Control OPD	0256		0302		0298		0856	
8.	Dental OPD	0242		0261		0243		0746	
9.	Children OPD	0960		0496		0788		2244	
10.	Orthopedic OPD	0311		0453		0443		1207	
INDOOR		0359	0411	0419		1189
11.	Surgical Ward	0100		0137		0096		0333	
12.	Medical Ward	0146		0143		0133		0422	
13.	Gynae Ward	0071		0080		0129		0280	
14.	Labour Room	0005		0006		0027		0038	
15.	Eye Ward	---		---		---		---	
16.	ENT Ward	0001		0020		0006		0027	
17.	Nephrology Ward	---		---		---		---	
18.	MDR Ward	0001		---		0003		0004	
19.	Children Ward	0010		---		---		0010	
20.	Orthopedic ward	0012		0011		0015		0038	
21.	Isolation Ward	0007		0007		0005		0019	
22.	Private Rooms	0006		0007		0005		0018	
LABORATORIES		3566	2415	2388		8369
23.	Pathology Department	3566		2415		2388		8369	
X-RAY DEPARTMENT		2033	2150	2041		6224
24.	ECG	0246		0237		0226		0709	
25.	Ultrasound	0611		0610		0630		1851	
26.	X-Ray Unit	0973		1025		0912		2910	
27.	MRI Unit	0203		0278		0273		0754	
OPERATION THEATER		0098	0113	0097		0308
28.	Minor Surgeries	0023		0041		0024		0088	
29.	Major Surgeries	0075		0072		0073		0220	
CAUSALITY DEPARTMENT		1251	0894	0810		2955
30.	Causality Unit	1251		0894		0810		2955	
31.	EPI Unit	0382	0447	0239	1068
32.	MCH Centre	0251	0259	0308	0818
33.	Referral of Patient by LHW(NationalProgram)	1252	1919	1806	4977
34.	HBS Screening Camp	0022	0007	0029
⚙️	TOTAL PATIENTS		16255		16582		15599	48436

Prepared by
ABDUL NASIR KHAN
Statistical Officer
MMM Teaching Hospital
Dera Ismail Khan
Copy to:-

DR. TARIQ MASOOD
Medical Superintendent
MMM Teaching Hospital
Dera Ismail Khan

1. PS to Secretary, Department of Health, Govt of Khyber Pakhtunkhwa Peshawar.
2. Director General Health Services Khyber Pakhtunkhwa Peshawar.
3. Chief Executive/Principal Gomal Medical College, DI Khan for information please.
4. In charge Statistics Mufti Mehmood memorial Teaching Hospital DI Khan.

**NASEERULLAH KHAN BABAR
MEMORIAL HOSPITAL PESHAWAR
(CITY HOSPITAL)
1ST QUARTER 2016
(OPD ONLY)**

QUARTERLY STATITISCAL DATA OF GOVT. NASEERULLAH KHAN BABAR MEMORIAL HOSPITAL
FROM 01/01/2016 TO 31/03/2016

S.NO	Units	OPD			Total
		Jan	Feb	March	
1	OPD Registration	18518	18977	22483	59978
2	Casualty	16047	18393	18083	52523
3	Peads	2396	2168	2947	7511
4	Medical	3886	4080	4607	12573
5	Surgical	811	763	977	2551
6	Orthopedic	1073	942	1302	3317
7	Cardiology	1049	1027	1076	3152
8	Skin	3041	3411	3677	10129
9	ENT	1793	1831	2159	5783
10	EYE	1108	1434	1517	4059
11	Neurosurgery	977	956	1273	3206
12	Gynea	1833	1868	2015	5716
13	Labour Room	400	402	308	1110
14	Dental	1177	1247	1362	3786
15	Physiotherapy	924	888	910	2722
16	EDCC	111	100	271	482
17	Hakeem	314	304	101	719
18	Homeopathic	254	177	173	604
19	ECG	749	892	885	2526
20	EPI Center	833	459	522	1814
	Total	57294	60319	66648	184261


MEDICAL SUPERINTENDENT 09/5/2016

1st Quarter JAN to MAR 2016

Sr No.	NAME OF DISTRICT	JANUARY										FEBRUARY										MARCH									
		MICROSCOPY					RAPID DIAGNOSTIC TEST					MICROSCOPY					RAPID DIAGNOSTIC TEST					MICROSCOPY					RAPID DIAGNOSTIC TEST				
		Slides Examined	P.v.	P.f	M	Total	RT Examined	P.v.	P.f	M	Total	Slides Examined	P.v.	P.f	M	Total	RT Examined	P.v.	P.f	M	Total	Slides Examined	P.v.	P.f	M	Total	RT Examined	P.v.	P.f	M	Total
1	Abbotabad	598	-	-	-	598	-	-	-	-	-	202	1	-	-	202	-	-	-	-	-	278	-	-	-	278	-	-	-	-	-
2	Bannu	3332	503	11	2	3332	2795	245	20	11	2795	3899	564	6	-	3899	3328	313	20	7	3328	4052	628	7	-	4052	3504	367	20	2	3504
3	Batagram	216	-	-	-	216	-	-	-	-	-	239	-	-	-	239	-	-	-	-	-	229	-	-	-	229	-	-	-	-	-
4	Buner	1528	29	-	-	1528	-	-	-	-	-	1381	29	-	-	1381	-	-	-	-	-	1684	47	-	-	1684	-	-	-	-	-
5	Charsada																														
6	Chitral	417	9	-	-	417	-	-	-	-	-	310	7	-	-	310	-	-	-	-	-	517	10	-	-	517	-	-	-	-	-
7	D.I.Khan	2430	151	32	11	2430	3901	121	19	20	3901	2055	137	8	-	2055	3862	120	25	15	3862	2171	129	2	-	2171	3393	129	11	15	3393
8	Dir Lower	70	3	-	-	70	-	-	-	-	-	65	11	-	-	65	-	-	-	-	-	700	35	-	-	700	-	-	-	-	-
9	Dir Upper	542	6	-	-	542	-	-	-	-	-	606	10	1	-	606	-	-	-	-	-	828	19	-	-	828	-	-	-	-	-
10	Hangu	619	44	4	-	619	-	-	-	-	-	417	50	-	-	417	-	-	-	-	-	442	51	-	-	442	-	-	-	-	-
11	Haripur	259	-	-	-	259	-	-	-	-	-	217	-	-	-	217	-	-	-	-	-	87	-	-	-	87	-	-	-	-	-
12	Karak	1842	34	11	-	1842	-	-	-	-	-	1488	34	9	-	1488	-	-	-	-	-	1365	45	3	-	1365	-	-	-	-	-
13	Kohat	1700	53	12	-	1700	-	-	-	-	-	1747	67	7	-	1747	-	-	-	-	-	1719	81	2	-	1719	-	-	-	-	-
14	Kohistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	Lakki Marwat	3387	218	4	1	3387	3428	210	15	7	3428	2495	194	3	-	2495	2635	180	9	1	2635	2717	209	-	-	2717	3127	259	7	1	3127
16	Malakand	852	16	-	-	852	-	-	-	-	-	651	-	-	-	651	-	-	-	-	-										
17	Mansehra																														
18	Mardan	4354	153	2	-	4354	1481	30	-	3	1481	3416	132	-	-	3416	1554	81	2	-	1554	5471	170	1	-	5471	1433	60	4	-	1433
19	Mastohra																														
20	Peshawar	3405	52	-	-	3405	-	-	-	-	-	3699	82	-	-	3699	-	-	-	-	-	3980	106	-	-	3980	-	-	-	-	-
21	Shangla	79	4	-	-	79	-	-	-	-	-	28	1	-	-	28	-	-	-	-	-										
22	Swabi	718	4	-	-	718	-	-	-	-	-	940	11	-	-	940	-	-	-	-	-										
23	Swat	696	12	-	-	696	-	-	-	-	-	728	11	-	-	728	-	-	-	-	-	822	18	-	-	822	-	-	-	-	-
24	Tank	734	52	2	-	734	1556	90	16	15	1556	701	42	-	-	701	1376	74	11	7	1376	673	47	-	-	673	1222	79	10	-	1222
25	Tor Ghar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		27778	1343	78	14	27778	13161	696	70	56	13161	25284	1383	34	0	25284	12755	768	67	30	12755	27735	1595	15	0	27735	12679	894	52	18	12679

UPDATED REPROT OF THE DENGUE IN THE PROVINCE TILL DATE

	TOTAL CASES	DEATHS
2013	16000	56
2014	907	0
2015	1397	0
1. <u>District Swat</u>		27
2. <u>District Malakand</u>		354
3. <u>District Dir Upper</u>		02
4. <u>District Dir Lower</u>		25
5. <u>District Mansehra</u>		498
6. <u>District Abbotabad</u>		436
7. <u>District Haripur</u>		20
8. <u>District Peshawar</u>		37
9. <u>District Charsadda</u>		01
10. <u>District Kohat</u>		01
11. <u>FATA</u>		16
Total		1397

Details of dengue cases in **Khyber Pakhtunkhwa in 2013** is as below:

S.No	District	Confirmed	Deaths
1	Abbott Abad	56	1
2	Buner	26	1
3	Dir Lower	363	0
4	Haripur	10	0
5	Mardan	344	0
6	Mansehra	210	0
7	Malakand	474	1
8	Swat	9037	36
9	Shangla	1116	0
10	HMC	78	2
11	KTH	84	0
12	LRH	15	2
Total		11,818	43

**SOCIAL HEALTH PROTECTION
INITIATIVE PHASE – I
KHYBER PAKHTUNKHWA**



SOCIAL HEALTH PROTECTION INITIATIVE FOR KHYBER PAKHTUNKHWA



SOCIAL HEALTH PROTECTION INITIATIVE PHASE - I

Government of Khyber Pakhtunkhwa has launched a Social Health Protection Scheme with the brand name "Sehat Sahulat Programme" with the financial support from German Government through KfW Development Bank. Total Cost of the Scheme is 1399.156 million (KfW share Rs. 1233.256 and KP share Rs. 165.90 million).

Over all Goal of the programme is to improve the health status of the targeted population through increasing access to quality health services and to reduce poverty through reduction of out of pocket payments for health expenditures.

It is a Micro Health Insurance Scheme to be administered by State Life Insurance Corporation Pakistan. The scheme will cover a household and it is assumed that the average household consists of seven people (the household head, the spouse, four children, and one elderly dependent person (parent of the household head). The program will cover all ages starting at birth.

To identify Beneficiary households (who will be exempted from paying health insurance premium), targeting mechanism developed by Benazir Income Support Programme (Poverty Score Card) would be used. Premium would be around Rs. 1700/- per household per year which will be paid by the government with donor support, and each registered individual will get coverage up to Rs. 25,000/- per year. The scheme will cover the cost of hospitalization of the beneficiaries. Both public and private hospitals would be empanelled for provision of services. All hospitals participating in the insurance scheme would require registration with Health Regularity Authority.

Share of the Government of Khyber Pakhtunkhwa would be 5% of the total premium for the first year that will increase gradually up to 25% at the fifth year. Although initially the Government of Khyber Pakhtunkhwa has selected the Districts of Mardan, Malakand, Chitral and Kohat for the scheme, however it will be rolled out to all the districts in the next phased.

Utilization of Services (till 31.05.2016)

- Visits 10,904
- Admissions 1893 (Male:614, Female: 1279)
- Cases treated 1893 (Surgeries: 1121, Nonsurgical: 772)

SOCIAL HEALTH PROTECTION INITIATIVE PHASE - II

Keeping in view the role of Social Health Protection in reducing poverty as well as its role in the improvement of health status of the people, the government of Khyber Pakhtunkhwa has decided to extend the coverage of the Social Health Protection Initiative to the entire province.

تحفظ، صحت، خوشحالی



SOCIAL HEALTH PROTECTION INITIATIVE FOR KHYBER PAKHTUNKHWA



The premium for up to 50% of the population will be paid by the government of KP for Secondary and Tertiary Healthcare services.

Per year cost of the programme would be Rs. 3006.3 million including premium and administrative cost.

The Chief Minister Khyber Pakhtunkhwa has directed to launch the programme by the month of July 2016. In this regard PC -1 for the programme has been prepared and submitted to PDWP for approval.

Following are the key features of the programme:

- It is a Health Insurance Scheme aimed at the costs of hospitalization ;
- It is an adaptation of the experience of existing Social Health Protection Scheme for the poor in KP;
- It is a household premium product with a household, for the purpose of working out the premium, considered to consist of seven members. Additional members of the household would be covered by paying additional pro rata premiums;
- The household members enrolled for payment of this scheme by the government for the poorest households will be on the basis of 'priority' BISP criteria. The head of the household, spouse and children will be enrolled for the scheme as priority, followed by dependent parents living in the same house;
- Benefits up to a minimum of Rs 30,000 per person per annum for Secondary care and ; up to 250,000 for tertiary care
- The services covered in the scheme will be the hospital services normally provided at the secondary and Tertiary level such as Medicine, General surgery, Gynae & obstetrics, ophthalmology and ENT etc.
- Pre and post hospitalization care up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates;
- The percentage of the population whose premiums will be paid will be determined by the government and is expected to be approximately up to 50% ; population of the whole province including 1,834,384 households.

تحفظ، صحت، خوشحالی

Details of dengue cases of **Khyber Pakhtunkhwa in 2014** is as below:

S.No	District	Suspected	Confirmed	Number	Deaths
1	Swat	309	-	309	0
2	Mansehra	187	37	187	0
3	Haripur	158	34	158	0
4	Swabi	3	0	3	0
Total		657	-	657	0

DENGUE CASES IN 2015 IN KHYBER PAKHUTNKHWA

a. <u>District Swat</u>	36
b. <u>District Malakand</u>	354
c. <u>District Dir Upper</u>	02
d. <u>District Dir Lower</u>	29
e. <u>District Mansehra</u>	598
f. <u>District Abbotabad</u>	536
g. <u>District Haripur</u>	35
h. <u>District Peshawar</u>	357
i. <u>District Charsadda</u>	02
j. <u>District Mardan</u>	03
k. <u>District Kohat</u>	308
l. <u>FATA</u>	25
Total	2285

LEISHMANIASIS
1st Quarter 2016

NUMBER OF CASES REPORTED FROM THE DISTRICTS OF KPK

S.No	District	No of Patients Reported till date	Remarks
1.	Abbott Abad	Nil	
2.	Bannu	14	
3.	Batagram	Nil	
4.	Buner	Nil	
5.	Charsadda	Nil	
6.	Chitral	1186	
7.	D.I.Khan	60	
8.	Dir Lower	Nil	
9.	Dir Upper	Nil	
10.	Hangu	Nil	
11.	Haripur	Nil	
12.	Karak	552+40+56+171+60+41+103+21	
13.	Kohat	1359	
14.	Kohistan	Nil	
15.	Lakki Marwat	21	
16.	Malakand	286	
17.	Mansehra	47	
18.	Mardan	307	
19.	Nowshera	478	
20.	Peshawar	1016	
21.	Shangla	Nil	
22.	Swabi	Nil	
23.	Swat	Nil	
24.	Tank	Nil	
Total		5714	