



DHIS ANNUAL REPORT 2014



MIS Cell
DIRECTORATE GENERAL HEALTH SERVICES PUNJAB
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Message from the Director General Health Services



It is matter of greater pleasure for me to write this message. The importance of data directed decisions is immense. DHIS is a decision support system that will help managers at all levels to make evidence based decisions. It will help in planning & development, strategy management. Budgeting and forecasting about future needs. The MIS team is praise-worthy to implement the system in the whole province and bring reporting regularity to more than 95%. The working of the district management team and performance of the health facilities of the province will be available for security and evaluation through DHIS. The issue of data validity and data quality needs more effort and hard work. The doctors and paramedics should pay heed to the plight of data quality and accuracy.

Foreword

The raw data on a prescribed format from public health care facilities is regularly received on monthly basis in District MIS Cells where it is entered into DHIS Software in every district of the Punjab. This data is scrutinized and examined in detail by the Provincial MIS cell after transmitting electronically by Districts MIS Cells.

In the following paragraphs, analysis of some important indicators is being presented in the form of tables and graphs. It is an attempt to present the provincial situation followed by division and district wise status. We hope this report would be helpful in making decisions by provincial, divisional and district managers.

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Director Health Services (MIS)

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Executive Summary

The provision of timely and effective healthcare services is the key objective of any country's health system. To maintain the health system in a good functioning status it is imperative to regularly monitor it through an efficient Health Information System. This system should be able to provide timely and qualitative information for evidence based decision making process. Realizing the impact of this very important factor especially in the public health sector government initiated a nationally standardized data generation system at all levels called Health Management Information System (HMIS) in early 90s. This system has been modified to District Health Information System (DHIS) in 2006 DHIS now have a much wider scope than the old HMIS. The upgraded version of DHIS was implemented at district levels in 2009. But as this implementation was supposed to be carried out by the provincial health departments thus its timeframe varied from province to province. It was encouraging to note that Punjab Health Department took the lead to implement this program in all its 36 districts by September 2009.

In this report, different indicators are discussed. The data of teaching/tertiary care hospitals is also included. In first portion of report, the year wise comparison of important indicators is presented in the form of graphs. The overall trend in all indicators have increased during 2014.

The detailed analysis of 2014 data is presented in this report. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2014 the reporting compliance was 100%. The total OPD in 2014 was 105 million. The per capita OPD in 2014 was 1.1 which had increased from the previous years. On average, per day OPD attendance in teaching/tertiary hospitals was 2,209. In DHQs 1,097, THQs 420, in RHCs 148 and in BHUs 46 visits per day per health facility were reported. In age and gender wise analysis, the percentage of female patients was higher (55%) and the highest number of patients was reported in age group 15-49 years in which female were 29% and male were 19%.

Forty-three diseases are reported through DHIS. The patients of reported diseases constitute overall 49% of the total patients in 2014 while rest of the 51% was reported under the category of "others". Out of the 43 priority diseases, 19 are communicable and 24 are non-communicable. The proportion of communicable diseases was 54% while the non-communicable diseases were 46%. Top five disease were acute (upper) respiratory infection, fever due to other causes, scabies, peptic ulcer disease and Diarrhoea/Dysentery in <5 yrs. The incidence rate of top five diseases was calculated and presented in the form of graphs. The year wise comparison of top ten diseases is presented in the form of graphs. The median index is calculated for 2010-2013 and it is compared with 2014 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2014, the overall ANC-1 coverage in Punjab was 96% of the total expected population (3.4%). Out of the total ANC-1 women, 21% were reported with haemoglobin levels less than 10g/dl

Delivery coverage at health facility is an indicator of utilization of delivery services provided at public health facilities. The overall percentage of deliveries conducted in Punjab during 2014 was 24% of the total expected population (2.9%). An analysis was done to show the facility wise average number of deliveries conducted per month. The average number of deliveries was 541 per month per teaching/tertiary care hospitals, in DHQ hospitals 188, in THQs 61, in RHCs 28 and in BHUs 6 deliveries per month. Out of the total deliveries, the deliveries with obstetric complications were only 10% and deliveries with C-section constitute 18% of the total deliveries. Out of the total live births, 4% babies were born with low birth

weight (<2.5kg). Neonatal mortality rate was calculated and it was found 1.9% of the total live births.

Lab services utilization indicates utilization of laboratory services at the facility and also gives a measure of the proportion of patients receiving diagnostic services from the laboratory of the health facility. In 2014, of the total OPD patients (105 million), 17 million patients availed the lab services and in indoor, of the total admissions (8 million) 14 million patients availed the lab services.

Bed occupancy rate indicates utilization of hospital indoor services. It may also indicate quality of care. Annual BOR are used to evaluate or compare how hospitals or individual specialties are using their resources. The BOR during 2014 was 71%. Average length of stay is the measure of the average duration of hospital stay of admitted patients. This indicator reflects on the intensity of care delivered to hospitalized patients and the probable burden on hospital resources. The ALS was 2 in 2014.

Hospital death rate is the measure of the proportion of hospital deaths among admitted patients. During 2014, of the total admissions in indoor, 3% deaths were occurred.

Stock out status measures the percent of health facilities that experienced a stock-out of any tracer drugs/medicines for any number of days at any time of the year. The overall percentage of drugs out of stock was 19%.

During 2014, 13% eligible couples availed the family planning services from the public sector health facilities against the expected population (16% MCBA).

Immunization coverage estimates are used to monitor immunization services, to guide disease eradication and elimination efforts, and are a good indicator of health system performance. The overall immunization reported coverage in 2014 was 100%.

Number of pregnant women registered by LHWs indicator reflects the performance of LHWs and the extent to which pregnant women in the catchment area have come in contact with the public health system. In 2014, number of women registered per LHW was 21. The analysis of deliveries by SBAs is based on the information provided by the LHWs in their respective catchment population. 76% deliveries were reported by skilled birth attendant in 2013.

By 2015, the global burden of TB disease will be reduced by 50% relative to 1990 levels. By 2050, TB will be eliminated as a global public health problem. The global incidence of TB disease will be less than 1 per million populations. 56% of TB case load of whole Pakistan is in Punjab. The estimated incidence of All Type TB cases is 276/100,000 population. Free of cost facilities for diagnosis & treatment of TB available at all health facilities

Introduction

Overview of DHIS Program

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

The revised system, unlike the previous system, would gather and collate information from Secondary level hospitals (District Headquarter Hospitals (DHQs) and Tehsil Headquarter Hospitals (THQs)).

Important Features of DHIS

DHIS is a district – based Routine Health Information System

- Responds to the information need of the District health system's performance monitoring function both at district and province levels
- DHIS provides minimum set of indicators
- Promotes / Supports evidence based decision- making at local level & provincial level
- Cater to the important routine health information needs of the federal & provincial levels for monitoring policy implementation
- DHIS is an improved version of HMIS as it incorporates many indicators from HMIS.

Salient Features of Report

DHIS is fully implemented and functional in all Districts of Punjab province since 2009, 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 feedback report is to provide basic analyses of important performance indicators to the district managers 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 the implementation and evaluating the solutions.

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

Importance of Record Keeping and Data Management

Knowledge is power and change into wisdom when knowledge is applied. When information is processed on scientific basis using statistical tools and appropriate methods on data new knowledge is generated. So data management is the core activity in production of new knowledge. Record keeping and data management are intertwined together to produce verifiable, reproducible and publishable knowledge.

Modern facilities of IT and communication have not only reduced distances among organization, institutions and learned academia but have also led to use of information in short and long decision making. On the basis of this relationship between academia and departments working in the field research has flourished. It has given immense opportunities to the human mind. The example of dengue epidemic of 2011 is an example of this relationship when all the departments of Punjab and academic institutions joined hands to help the government to face the dire situation.

Health is a huge subject consisting of diverse fields of which medicine is only a part. In Pakistan it has become imperative to strengthen the links between the departments working to improve health and prevent disease and to reduce morbidity, disability and death. It is essential to use IT and health for capturing data on health and indicators of health, process the data and produce information which can lead to use of this information for evidence based management.

DHIS is a humble beginning but has a capacity to become a full-fledged health information system which is being utilized in developed countries. If we can convince the medical academia of Punjab to join hands with MIS Cell (Directorate General Health Services) which is managing DHIS and start sending monthly reports about health and disease from teaching hospitals of Punjab we can fulfil the basic objective of DHIS. Only then it will be possible to give a complete picture of state of health and disease in the Province.

Number of Functional and Reporting Health Facilities by District & Type

Table 1:

| Districts | THOS | DHQ | THQ | RHC | BHU | MCH | Disp. | SHC | TBC | Total |
|--------------------|-----------|-----------|------------|------------|--------------|------------|------------|------------|-----------|--------------|
| Bahawalnagar | 0 | 1 | 4 | 10 | 102 | 7 | 46 | 2 | 3 | 175 |
| Bahawalpur | 1 | 0 | 5 | 11 | 73 | 10 | 63 | 0 | 2 | 165 |
| Rahimyar Khan | 1 | 0 | 3 | 19 | 105 | 8 | 47 | 0 | 2 | 185 |
| D.G Khan | 1 | 0 | 3 | 10 | 51 | 5 | 39 | 34 | 2 | 145 |
| Layyah | 0 | 1 | 5 | 3 | 39 | 3 | 39 | 15 | 0 | 105 |
| Muzaffargarh | 0 | 1 | 3 | 13 | 71 | 3 | 20 | 0 | 0 | 111 |
| Rajanpur | 0 | 1 | 3 | 6 | 32 | 1 | 2 | 12 | 0 | 57 |
| Faisalabad | 2 | 1 | 5 | 13 | 168 | 13 | 99 | 32 | 2 | 335 |
| Jhang | 0 | 1 | 2 | 9 | 58 | 6 | 8 | 0 | 1 | 85 |
| Toba Tek Singh | 0 | 1 | 2 | 7 | 70 | 2 | 0 | 0 | 1 | 83 |
| Chiniot | 0 | 1 | 2 | 3 | 36 | 2 | 2 | 0 | 1 | 47 |
| Gujranwala | 1 | 0 | 3 | 10 | 93 | 10 | 76 | 31 | 2 | 226 |
| Gujrat | 1 | 0 | 4 | 10 | 90 | 8 | 12 | 29 | 0 | 154 |
| Narowal | 0 | 1 | 1 | 7 | 56 | 4 | 12 | 0 | 1 | 82 |
| Sialkot | 2 | 0 | 3 | 7 | 88 | 15 | 27 | 0 | 1 | 143 |
| Hafizabad | 0 | 1 | 1 | 6 | 32 | 4 | 14 | 0 | 1 | 59 |
| Mandi Bahauddin | 0 | 1 | 1 | 9 | 49 | 5 | 9 | 0 | 0 | 74 |
| Kasur | 0 | 1 | 2 | 12 | 82 | 8 | 23 | 0 | 1 | 129 |
| Lahore | 16 | 1 | 4 | 6 | 36 | 50 | 42 | 0 | 0 | 155 |
| Okara | 0 | 2 | 2 | 10 | 96 | 9 | 20 | 0 | 1 | 140 |
| Sheikhupura | 0 | 1 | 2 | 8 | 79 | 5 | 4 | 0 | 0 | 99 |
| Nankana Sahib | 0 | 1 | 3 | 6 | 48 | 5 | 20 | 0 | 0 | 83 |
| Khanewal | 0 | 1 | 3 | 7 | 82 | 11 | 32 | 3 | 1 | 140 |
| Lodhran | 0 | 1 | 2 | 4 | 48 | 1 | 22 | 0 | 0 | 78 |
| Multan | 1 | 0 | 4 | 8 | 80 | 22 | 46 | 0 | 2 | 163 |
| Pakpattan | 0 | 1 | 1 | 5 | 53 | 2 | 9 | 3 | 1 | 75 |
| Sahiwal | 2 | 0 | 1 | 11 | 75 | 6 | 25 | 0 | 0 | 120 |
| Vehari | 0 | 1 | 2 | 14 | 74 | 8 | 35 | 0 | 0 | 134 |
| Attock | 0 | 1 | 5 | 5 | 62 | 4 | 2 | 1 | 0 | 80 |
| Chakwal | 0 | 1 | 3 | 10 | 64 | 3 | 36 | 0 | 0 | 117 |
| Jhelum | 0 | 1 | 2 | 6 | 45 | 6 | 24 | 0 | 0 | 84 |
| Rawalpindi | 3 | 0 | 6 | 8 | 98 | 13 | 6 | 0 | 0 | 134 |
| Bhakkar | 0 | 1 | 3 | 4 | 39 | 2 | 24 | 13 | 0 | 86 |
| Khushab | 0 | 1 | 4 | 5 | 41 | 7 | 31 | 0 | 0 | 89 |
| Mianwali | 0 | 1 | 3 | 10 | 41 | 6 | 14 | 0 | 2 | 77 |
| Sargodha | 1 | 0 | 9 | 10 | 120 | 4 | 8 | 0 | 0 | 152 |
| Grand Total | 32 | 27 | 111 | 302 | 2,476 | 278 | 938 | 175 | 27 | 4,366 |

List of THQs/Civil Hospitals in Punjab

Table 2:

| S.No. | Facility Name | S.No. | Facility Name | S.No. | Facility Name |
|----------------------------------|------------------------------|----------------------------------|-------------------------------------|---------------------------------|--------------------------|
| District: Bahawalnagar | | District: Gujranwala | | District: Sahiwal | |
| Tehsil: Haroon Anad | | Tehsil: Wazirabad | | Tehsil: Chichawatni | |
| 1 | THQ, Hospital, Haroon Abad. | 38 | THQ Hospital Wazirabad | 74 | THQ Hospital Chichawatni |
| Tehsil: CHISHTIAN | | Tehsil: Kamoke | | District: Vehari | |
| 2 | THQ Hospital, Chishtian. | 39 | THQ Hospital Kamoke | Tehsil: MAILSI | |
| Tehsil: FORT ABBAS | | Tehsil: Noshehra Virkan | | 75 | THQ. Mailsi |
| 3 | THQ Hospital, Fort Abbas. | 40 | THQ Hospital Noshehra Vikran | Tehsil: Burewala | |
| Tehsil: MINCHIN ABAD | | District: Gujrat | | 76 | THQ Burewala |
| 4 | THQ Hospital, Minchinabad. | Tehsil: Kharian | | District: Attock | |
| District: Bahawalpur | | 41 | THQ Hospital Kharian | Tehsil: Fateh Jang | |
| Tehsil: Ahmedpur East | | 42 | Civil Hospital, Kotla Arab Ali Khan | 77 | THQ Hospital Fateh Jang |
| 5 | THQ Hospital, Ahmadpur East. | 43 | Civil Hospital Dinga | Tehsil: Hassanabdal | |
| Tehsil: Hasilpur | | Tehsil: Gujrat | | 78 | THQ Hassan Abdal |
| 6 | THQ Hospital, Hasilpur. | 44 | Civil Hospital Jalalpur Jattan | Tehsil: Hazro | |
| Tehsil: Khairpur Tamewali | | District: Narowal | | 79 | THQ Hospital Hazro |
| 7 | THQ Khair Pur Tamewali | Tehsil: Shakargarh | | Tehsil: Jand | |
| Tehsil: Yazman | | 45 | THQ Shakargarh | 80 | THQ Hospital Jand |
| 8 | THQ Yazman | District: Sialkot | | Tehsil: Pindi ghep | |
| Tehsil: Bahawalpur City | | Tehsil: Daska | | 81 | THQ Hospital Pindi Gheb |
| 9 | Civil Hospital Bahawalpur | 46 | Civil Hospital Daska | District: Chakwal | |
| District: Rahimyar Khan | | Tehsil: Pasrur | | Tehsil: Choa Saidan Shah | |
| Tehsil: Liaquatpur | | 47 | THQ Hospital Pasrur | 82 | THQ Choa Saiden Shah |
| 10 | THQ Hospital Liaquatpur | Tehsil: Sambrial | | Tehsil: Talagang | |
| Tehsil: Sadiqabad | | 48 | THQ Sambrial | 83 | City Hospital Talagang |
| 11 | THQ Hospital Sadiqabad | District: Hafizabad | | 84 | THQ Talagang |
| Tehsil: Khanpur | | Tehsil: Pindi Bhattian | | District: Jhelum | |
| 12 | THQ Hospital Khanpur | 49 | THQ Pindi Bhattian | Tehsil: Pind Dadan Khan | |
| District: D.G Khan | | District: Mandi Bahauddin | | 85 | THQ Hospital Pd Khan |
| Tehsil: D.G Khan | | Tehsil: Phalia | | Tehsil: Sohawa | |
| 13 | Civil Hospital Sakhi Sarwar | 50 | THQ Hospital | 86 | THQ Hospital Sohawa |
| Tehsil: Taunsa | | District: Kasur | | District: Rawalpindi | |
| 14 | THQ Hospital Tauns | Tehsil: Chunian | | Tehsil: Gujar Khan | |
| Tehsil: Tribal Area | | 51 | THQ, Hospital Chunian | 87 | THQ Hosp: Gujar Khan |
| 15 | Civil Hospital Fort Munroo | Tehsil: Pattoki | | Tehsil: Kahuta | |
| District: Layyah | | 52 | THQ Hospital Pattoki | 88 | THQ Hosp Kahuta |
| Tehsil: Layyah | | District: Lahore | | Tehsil: Kotli Sattian | |
| 16 | THQ Hospital Chowk Azam | Tehsil: Lahore | | 89 | THQ Kotli Sattian |
| 17 | THQ Hospital Kot Sultan | 53 | Govt. Hospital Shahdra | Tehsil: Murree | |
| Tehsil: Karor | | 54 | Gmh Pathi Ground | 90 | THQ Hosp: Murree |

| | | | | | |
|---------------------------------|----------------------------------|---------------------------------|----------------------------------|------------------------------|-----------------------------|
| 18 | THQ Hospital Karor | 55 | Govt. Mozang Hospital | Tehsil: Taxila | |
| 19 | THQ Hospital Fateh Pur | 56 | Gmh Chohan Road | 91 | THQ Hospital Taxila |
| Tehsil: Choubara | | District: Okara | | Tehsil: Kallar Syedan | |
| 20 | THQ Hospital Choubara | Tehsil: Depalpur | | 92 | THQ Hospital Kallar Syedan |
| District: Muzaffargarh | | 57 | THQ Hospital Depalpur | District: Bhakkar | |
| Tehsil: Alipur | | 58 | THQ Hospital Havali Lakha | Tehsil: Kallur Kot | |
| 21 | THQ Hospital Alipur | District: Sheikhpura | | 93 | THQ Hospital Kalurkot, |
| Tehsil: Jatoi | | Tehsil: Sharaqpur Sharif | | Tehsil: Mankera | |
| 22 | THQ Jatoi | 59 | THQ Hospital Sharaqpur Sharif | 94 | THQ Hospital Mankera, |
| Tehsil: Kot Adu | | Tehsil: Muridke | | Tehsil: Darya Khan | |
| 23 | THQ Hospital Kot Adu | 60 | THQ Hospital Muridke | 95 | THQ Hospital, Daryakhan |
| District: Rajanpur | | District: Nankana Sahib | | District: Khushab | |
| Tehsil: Rojhan | | Tehsil: Shakkot | | Tehsil: Khushab | |
| 24 | Civil Hospital Shah Wali | 61 | THQ Shakkot | 96 | THQ Hospital Khushab |
| 25 | THQ Hospital Rojhan | Tehsil: Sangla Hill | | Tehsil: Noorpur Thal | |
| Tehsil: Jampur | | 62 | THQ Sangla Hill | 97 | THQ Hospital Noor Pur Thal |
| 26 | THQ Hospital Jampur | Tehsil: Sangla Hill | | Tehsil: Quaidabad | |
| District: Faisalabad | | 63 | Civil Hospital Sangla Hill | 98 | THQ Hospital Qaidabad |
| Tehsil: Jhumra | | District: Khanewal | | Tehsil: NAUSHERA | |
| 27 | THQ Hospital Chak Jhumra | Tehsil: Jahanian | | 99 | THQ Hospital Naushera |
| Tehsil: Jaranwala | | 64 | THQ Hospital Jahanian | District: Mianwali | |
| 28 | THQ Hospital Jaranwala | Tehsil: Kabirwala | | Tehsil: Isa Khel | |
| Tehsil: Tandlianwala | | 65 | THQ Hospital Kabir Wala | 100 | THQ Hospital Isa Khel |
| 29 | THQ Tandilianwala | Tehsil: Mian Channu | | 101 | THQ Level Hospital Kalabagh |
| Tehsil: Sammundri | | 66 | THQ Hospital Mian Channu | Tehsil: Piplan | |
| 30 | THQ Hospital Sumundri | District: Lodhran | | 102 | THQ Hospital Piplan |
| Tehsil: Faisalabad City | | Tehsil: Kahrora Pacca | | District: Sargodha | |
| 31 | Govt. General Hospital Samanabad | 67 | THQ Hospital Kehrora Pacca | Tehsil: Bhalwal | |
| District: Jhang | | Tehsil: Dunya Pur | | 103 | THQ Bhera |
| Tehsil: Shorkot | | 68 | THQ Hospital Dunya Pur | 104 | THQ Hospital Bhalwal |
| 32 | THQ Hospital Shorkot | District: Multan | | Tehsil: Kotmomin | |
| Tehsil: Ahmed Pur Sial | | Tehsil: Jalapur Pirwala | | 105 | THQ Kot Momin |
| 33 | THQ Ahmed Pur Sial | 69 | Govt. Mushtaq Lang THQ Hosp | Tehsil: Sahiwal | |
| District: Toba Tek Singh | | Tehsil: Shujabad | | 106 | THQ Sahiwal |
| Tehsil: Gojra | | 70 | Govt. THQ Hospital Shujabad | Tehsil: Sillanwali | |
| 34 | Govt. Eye-Cum-General Hospital | Tehsil: Multan City | | 107 | THQ Sillanwali |
| Tehsil: Kamalia | | 71 | Govt. Fatima Jinnah Women Hosp. | Tehsil: Sargodha | |
| 35 | THQ Hospital Kamalia | 72 | Govt. Civil Hospital Multan (Ss) | 108 | THQ Hospital Chak No. 90/Sb |
| District: Chiniot | | District: Pakpattan | | 109 | THQ Bhagtanwala |
| Tehsil: Lalian | | Tehsil: Arifwala | | 110 | Govt. Tb Hospital Sargodha |
| 36 | THQ Lalian | 73 | THQ Hospital, Arifwala Arifwala | Tehsil: Shahpur | |
| Tehsil: Bhowana | | | | 111 | THQ Hospital Shahpur |
| 37 | THQ Bhowana | | | | |

List of DHQs Hospitals in Punjab

Table 3:

| | | |
|---------------------------------|------------------------|------------------------------------|
| DHQ Hospital, Bahawalnagar | DHQ Hospital Lodhran | DHQ Hospital Hafizabad |
| DHQ Hospital Layyah | DHQ Hospital Pakpattan | DHQ Hospital, M.B Din |
| DHQ Hospital Muzaffargarh | DHQ Hospital Vehari | DHQ Hospital Kasur |
| DHQ Hospital Rajanpur | DHQ Hospital Attock | Govt. Mian Munshi Hospital, Lahore |
| Govt. General Hospital G.M Abad | DHQ Hospital Chakwal | DHQ Hospital Okara |
| DHQ Hospital, Jhang | DHQ Hospital, Jhelum | DHQ Hospital (South City) Okara |
| DHQ Hospital Toba Tek Singh | DHQ Hospital Bhakkar | DHQ Hospital Sheikhpura |
| DHQ Chiniot Hospital | DHQ Khushab, Jahurabad | DHQ Hospital Nankana Sahib |
| DHQ Hospital Narowal | DHQ Hospital Mianwali | DHQ Hospital Khanewal |

List of Teaching Hospitals in Punjab

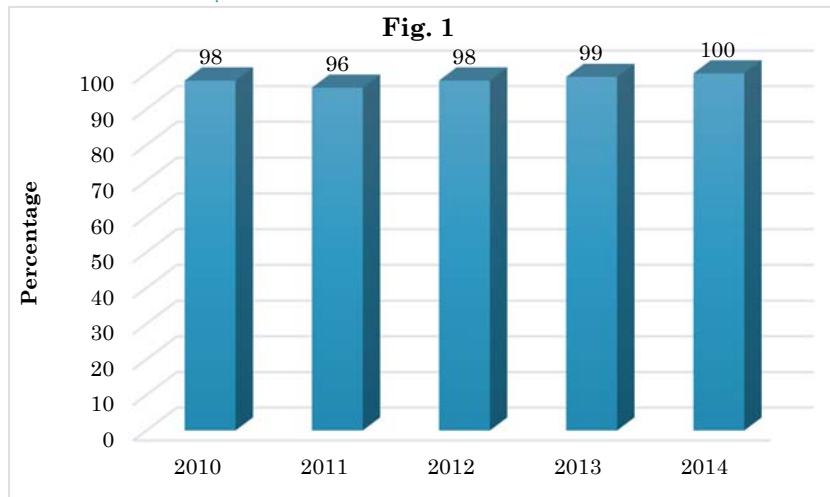
Table 4:

| | |
|---|--|
| Allied Hospital, Faisalabad | Mayo Hospital, Lahore |
| DHQ Hospital, Faisalabad | Jinnah Hospital, Lahore |
| Govt Sardar Begum Hospital Sialkot | Sir Ganga Ram Hospital, Lahore |
| Allama Iqbal Mem. Hosp. Sialkot | Punjab Institute of Cardiology Hospital, Lahore |
| Govt. Haji Abdul Qayyum Teaching Hospital Sahiwal | Government Hospital for Psychiatric Diseases, Lahore |
| DHQ Teaching Hospital Sahiwal | Lady Aitchison Hospital, Lahore |
| Aziz Bhatti Shaheed (DHQ) Hospital, Gujrat | Sheikh Zayed Hospital, Lahore |
| Nishtar Hospital, Multan | Services Hospital, Lahore |
| Bahawalpur Victoria Hospital, Bahawalpur | General Hospital, Lahore |
| DHQ Teaching Hospital Gujranwala | Children Hospital, Lahore |
| Sheikh Zayed Hospital, Rahimyar Khan | Lady Willingdon Hospital, Lahore |
| Teaching Hospital D.G. Khan | Dental Hospital, Lahore |
| Holy Family, Rawalpindi | Govt. Kot Khawaja Saeed Hospital, Lahore |
| DHQ Hospital, Rawalpindi | Nawaz Sharif (Yaki Gate) Hospital, Lahore |
| Benazir Bhutto Hospital, Rawalpindi | Govt. Teaching Hospital Shahdara, Lahore |
| DHQ Hospital, Sargodha | Said Mitha Hospital, Lahore |

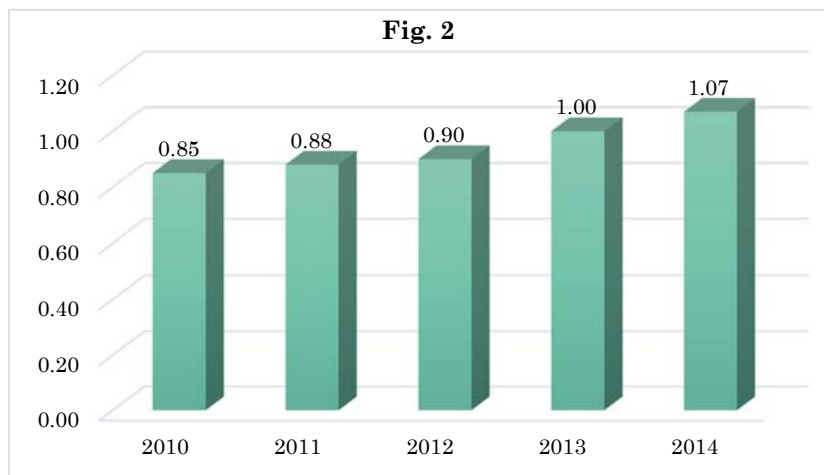
Year-Wise Comparison of Important Indicators

Reporting Compliance

The graph shows the year wise comparison of reporting compliance. The target for reporting compliance is 95% and it can be seen that during previous four years, the reporting regularity of Province Punjab is above the target.



Per Capita OPD Attendance

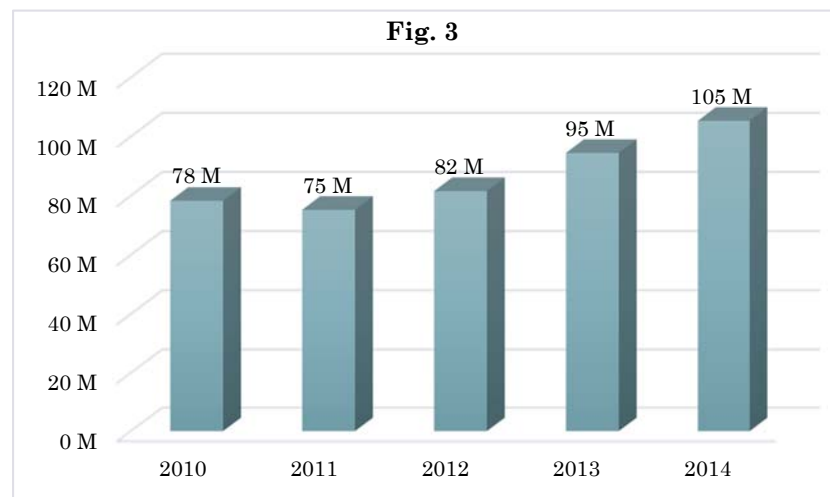


The year wise comparison of per capital OPD attendance is shown in fig. 2. It can be seen that there is improvement every year in Per capita OPD which implies that the population is satisfied by provision of services in these public

health facilities.

Total OPD Visits

The graph shows the year wise comparison of total OPD visits. The no. of OPD visits has increased remarkably during 2013. The reason is that the tertiary care hospitals have started reporting through DHIS from August 2013.



Antenatal Care Services

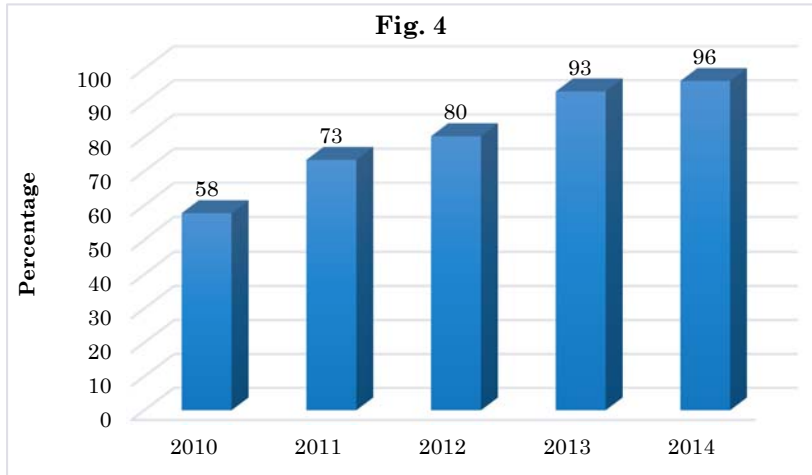
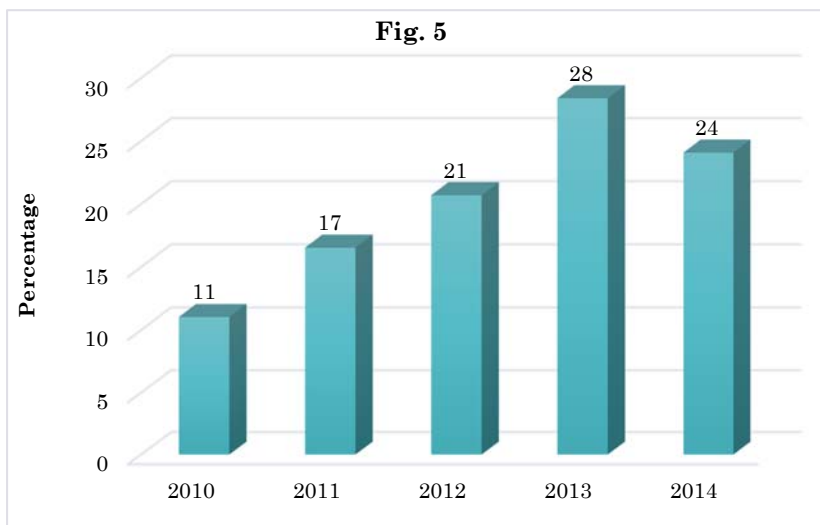


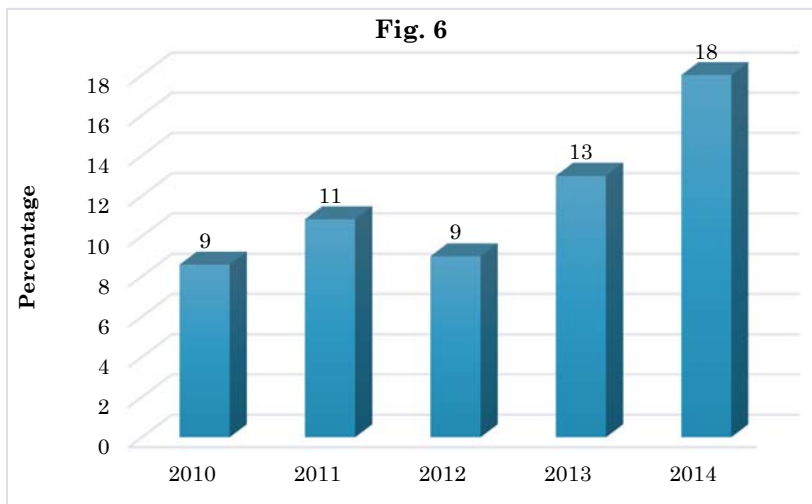
Fig. 4 shows the year wise comparison of percentage of ANC-1 visits. This percentage is calculated from the expected pregnancies during the year (3.4% of total Population). The percentage has improved from year to year.

Deliveries Conducted at Health Facilities

The graph shows the year wise comparison of percentage of deliveries conducted at health facilities. There is improvement every year in percentage of deliveries conducted.



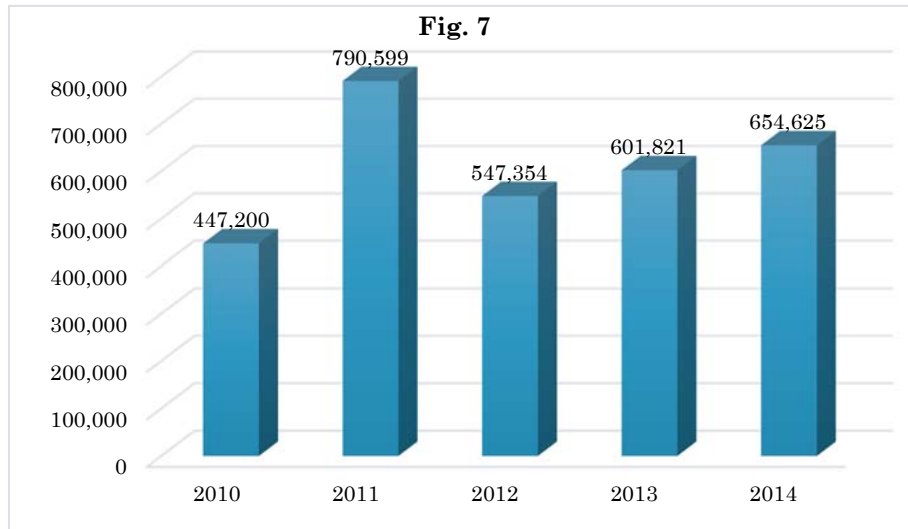
Caesarean Section



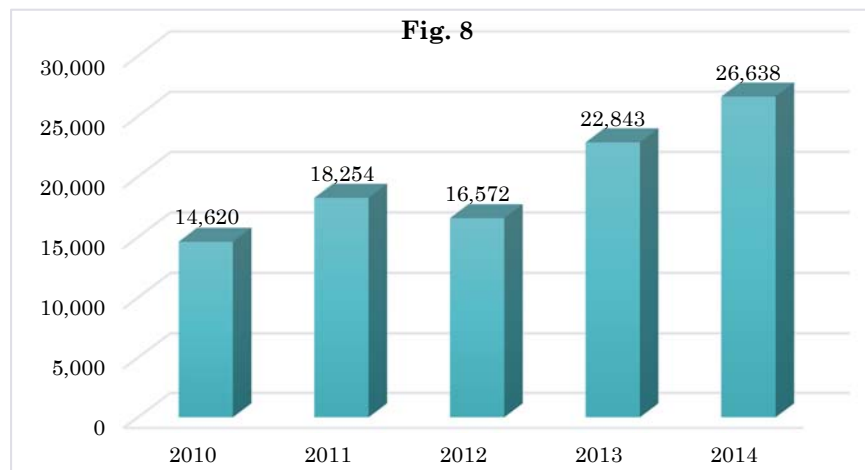
The graph shows the year wise comparison of C- Section performed. The percentage is calculated from the total deliveries conducted at health facilities. In 2014, the highest percentage is observed (18%).

Number of Anaemic Women Coming for ANC-1

Fig. 7 shows the year wise comparison of number of anaemic women coming for ANC-1 at the health facilities. The highest number of anaemic women was reported in 2011.



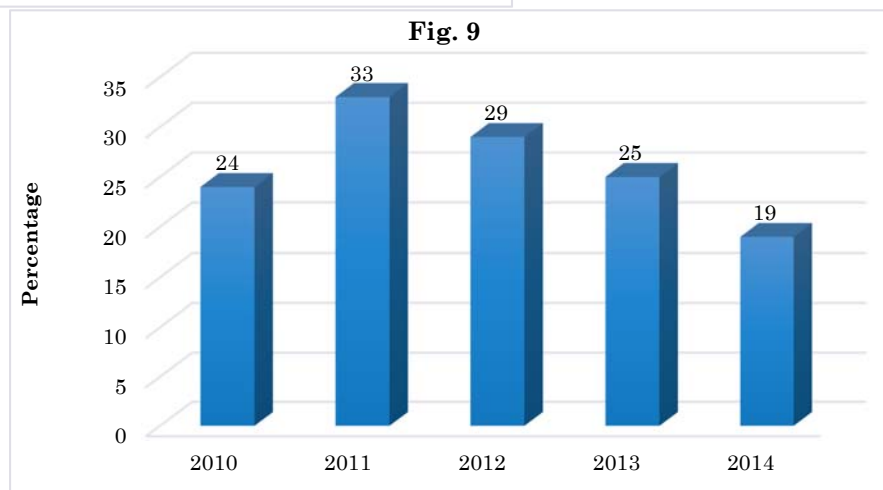
Frequency of Low Birth Weight (LBW) Babies



The graph shows the year wise comparison of number of babies with low birth weight delivered at health facilities. The highest number is reported in 2014 (26,638).

Stock-out Status

The graph shows the year wise comparison of stock-out status. In 2011, the highest percentage was observed (33%). In 2014, the lowest stock out is observed (19%).



Family Planning Visits

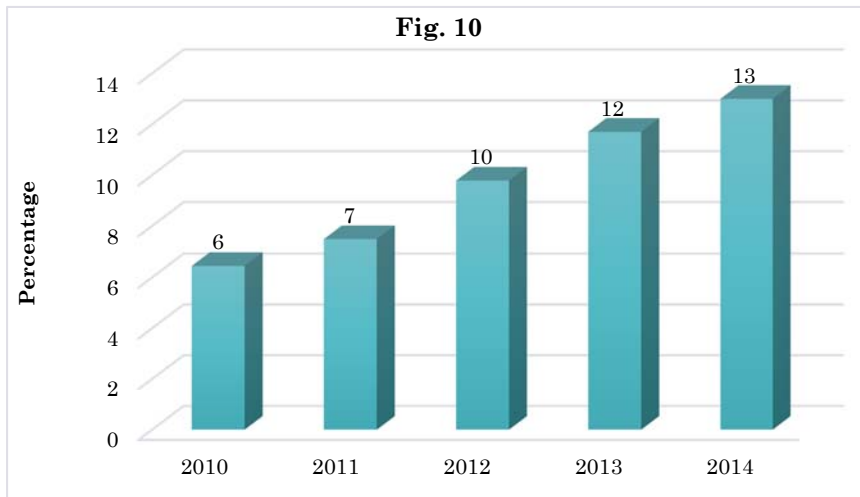
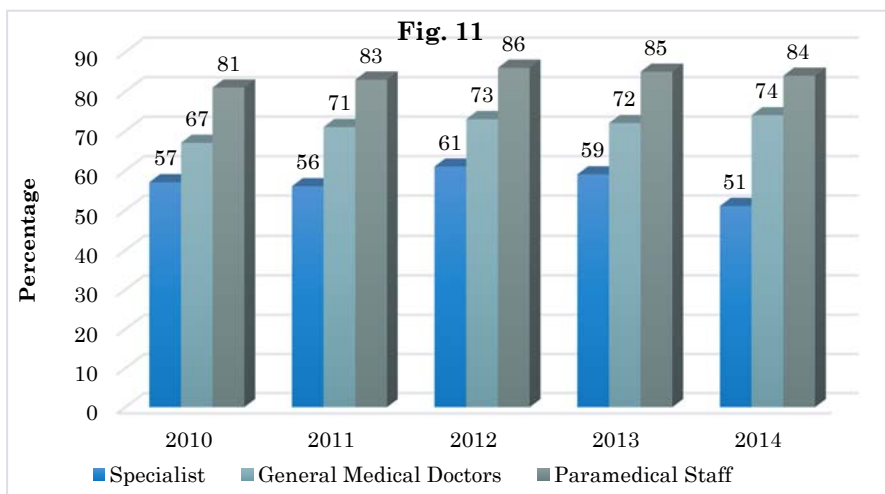


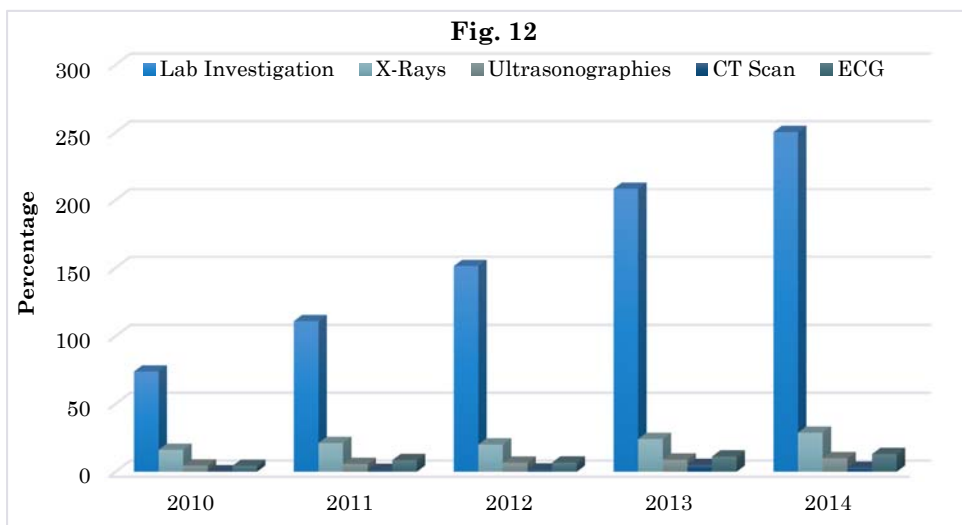
Fig. 10 shows the year wise comparison of percentage of family planning visits calculated from the expected population (16% MCBA). It can be seen from the figure that the percentage of family planning visits is improving year to year.

Proportion of Staff Position Filled

The graph shows the year wise comparison of percentage staff positions filled of specialists, general medical doctors and paramedical staff. The trend is almost same during previous all years.



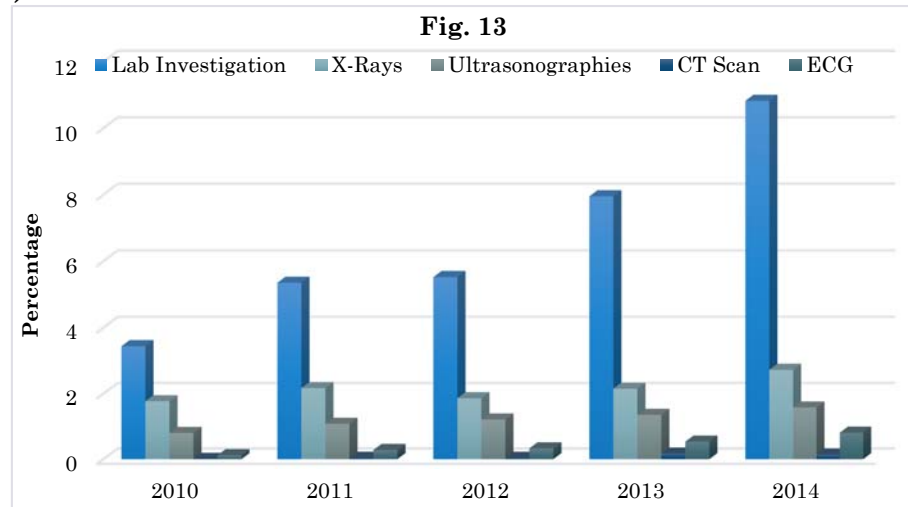
Lab Utilization (In-door)



The graph shows the year wise comparison of lab services in indoor. The percentage is calculated from the total admissions in indoor.

Lab Utilization (OPD)

The graph shows the year wise comparison of lab services in OPD. The percentage is calculated from the total OPD visits.



Epidemic Disease Cases

The following table shows the year wise number of epidemic diseases. The number of cases of Tb suspects has increased in 2013. The cases of Suspected Malaria and Suspected Meningitis are decreasing from year to year. There were a high number of Suspected Measles cases in 2013 due to the breakdown of epidemic. The cases of Suspected Viral Hepatitis are increasing year to year. There is a remarkable decrease in Suspected Neonatal Tetanus year to year. In 2010, a highest number of Cutaneous Leishmaniasis patients is reported which decreased during 2011, 2012 and again increased in 2013. The highest number of cases of Acute Flaccid Paralysis was reported in 2010 but it has decreased to a great extent. In 2011, the lowest number of cases of Suspected HIV/AIDS was reported.

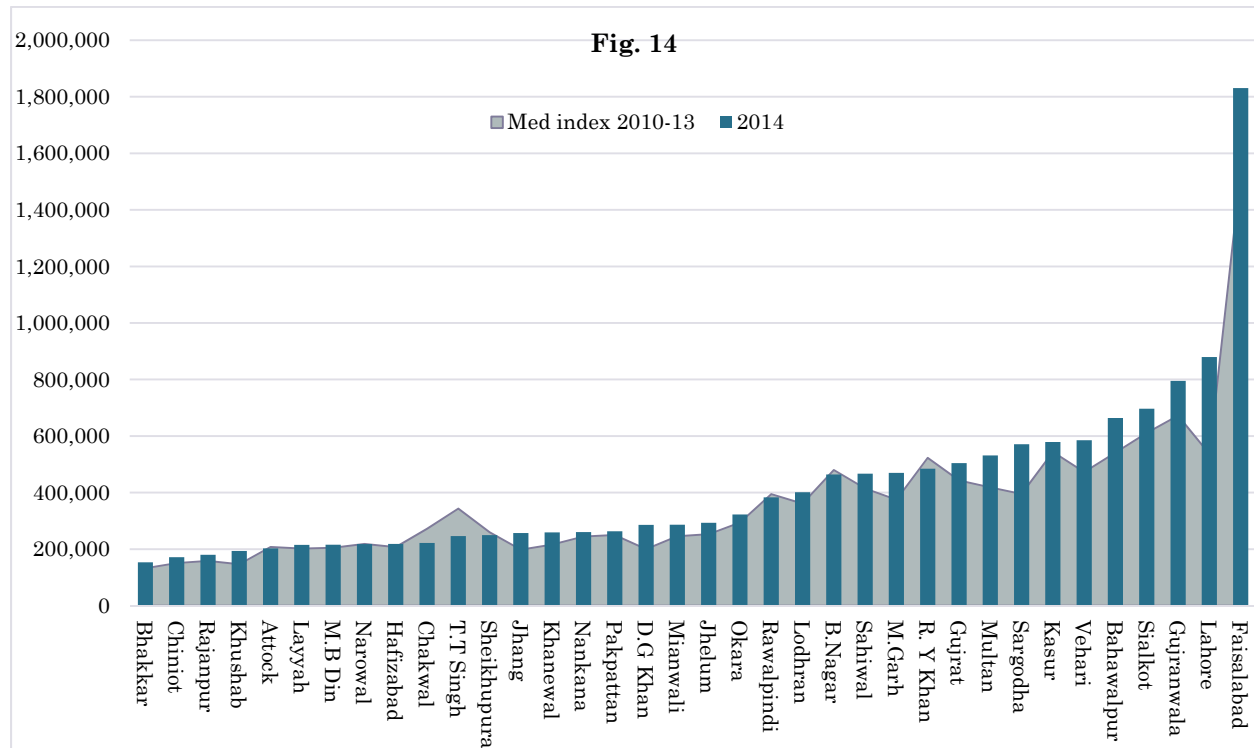
Table 5:

| Diseases | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------------------|---------|---------|---------|---------|---------|
| TB Suspects | 537,826 | 514,881 | 545,760 | 619,613 | 687,122 |
| Suspected Malaria | 854,062 | 829,364 | 861,120 | 802,436 | 714,950 |
| Suspected Meningitis | 17,112 | 4,357 | 4,197 | 3,450 | 5,023 |
| Suspected Measles | 13,355 | 2,961 | 2,802 | 16,592 | 2,792 |
| Suspected Viral Hepatitis | 179,239 | 192,010 | 265,168 | 288,658 | 288,973 |
| Suspected Neonatal Tetanus | 7,046 | 2,383 | 1,566 | 955 | 1,436 |
| Cutaneous Leishmaniasis | 11,849 | 5,397 | 2,778 | 4,631 | 5,366 |
| Acute Flaccid Paralysis | 8,282 | 1,377 | 2,801 | 726 | 734 |
| Suspected HIV/AIDS | 4,807 | 162 | 6,773 | 1,827 | 3,306 |

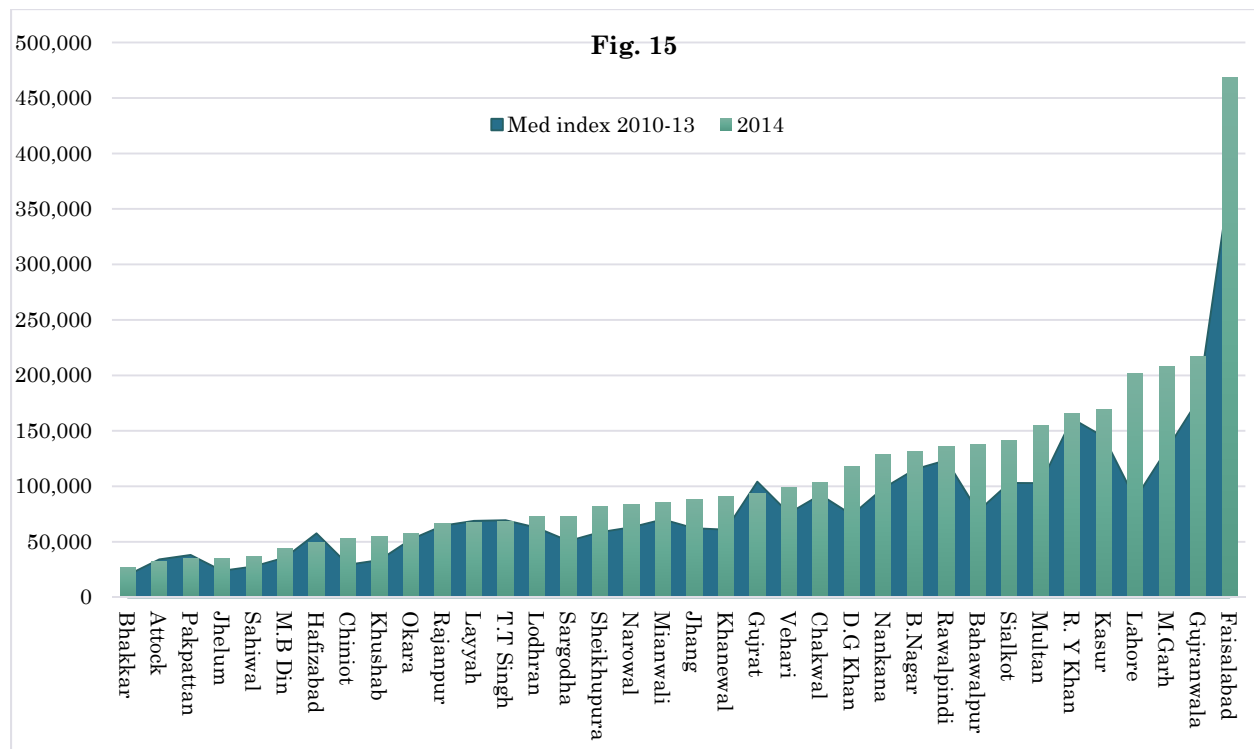
Comparison of Top Ten Diseases (2010-2013)

The following graphs show the comparison of top 10 diseases of 2014 with the median index of 2010-13. The median index is shown with area chart and 2014 data is shown in bars.

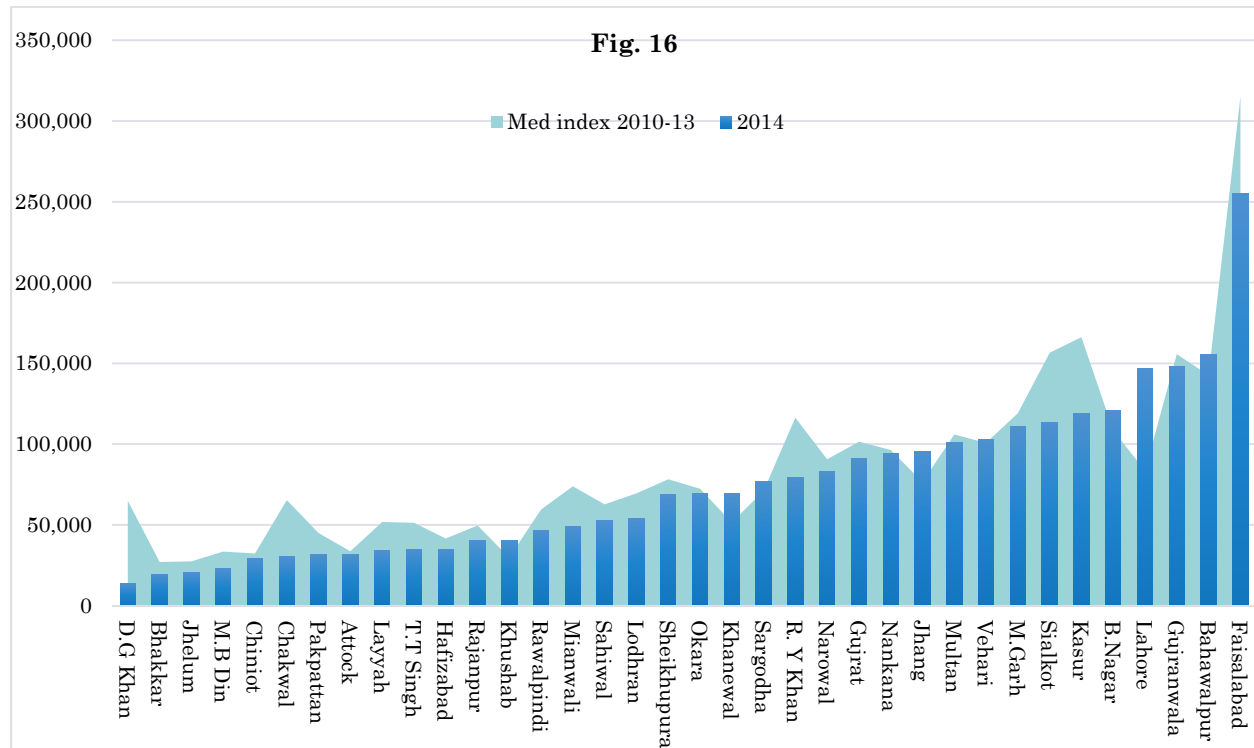
Acute Respiratory Infection



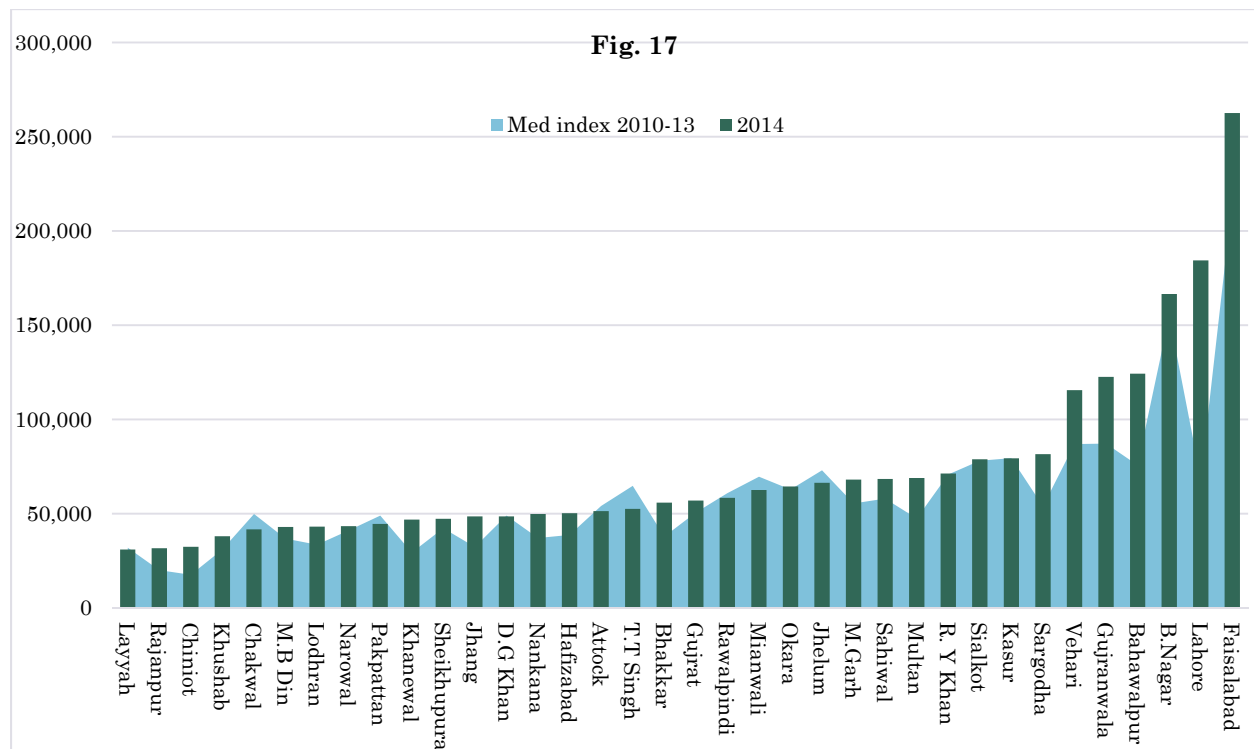
Fever due to other Causes



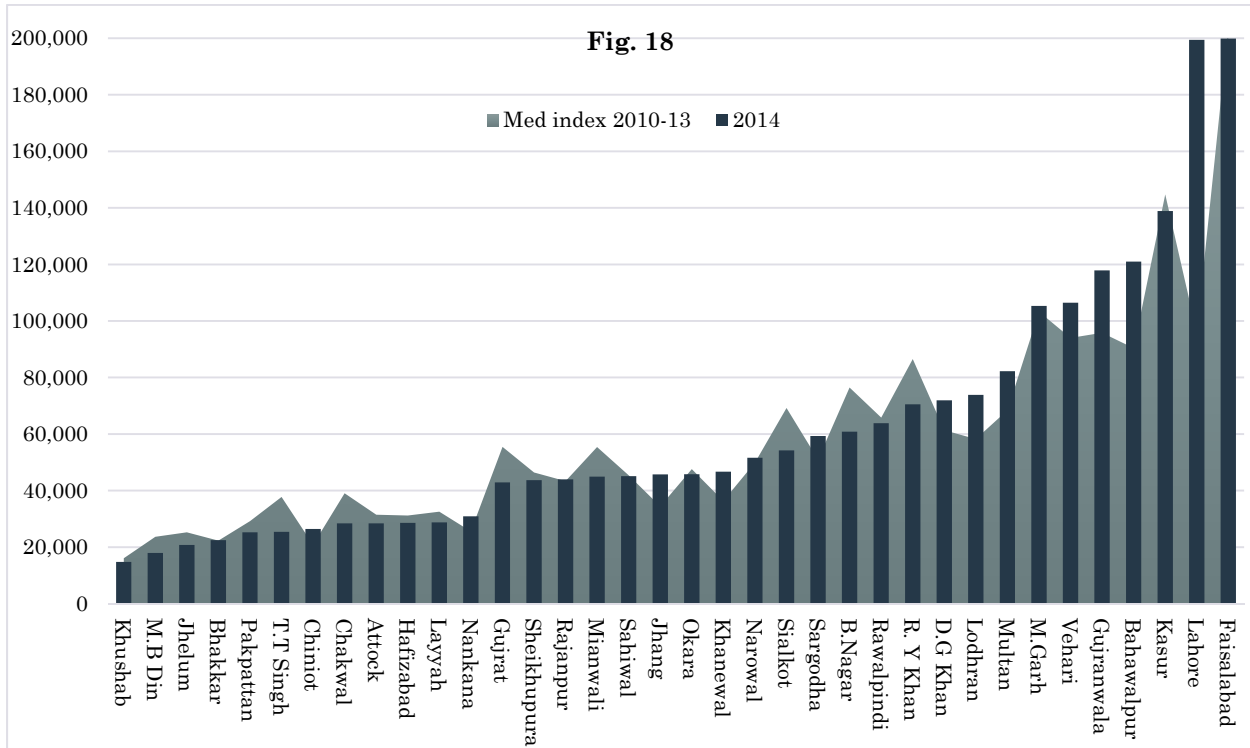
Scabies



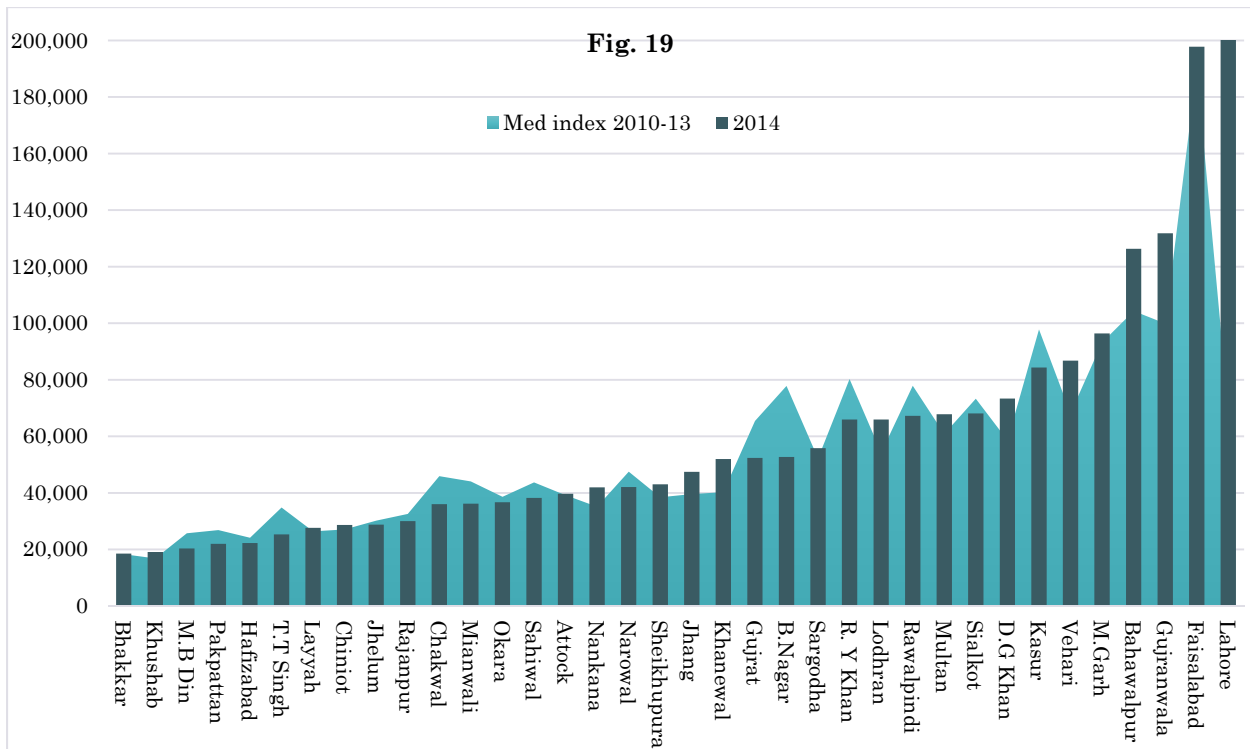
Peptic Ulcer Disease



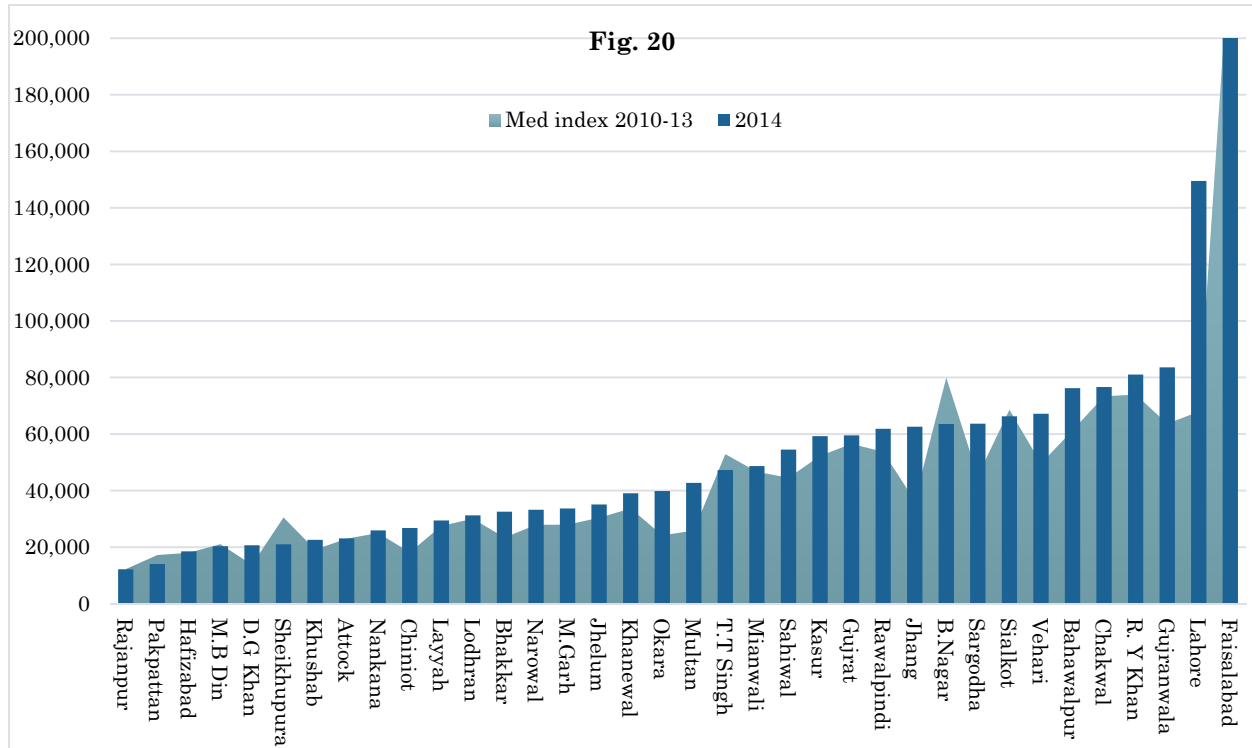
Diarrhoea/Dysentery in <5 yrs



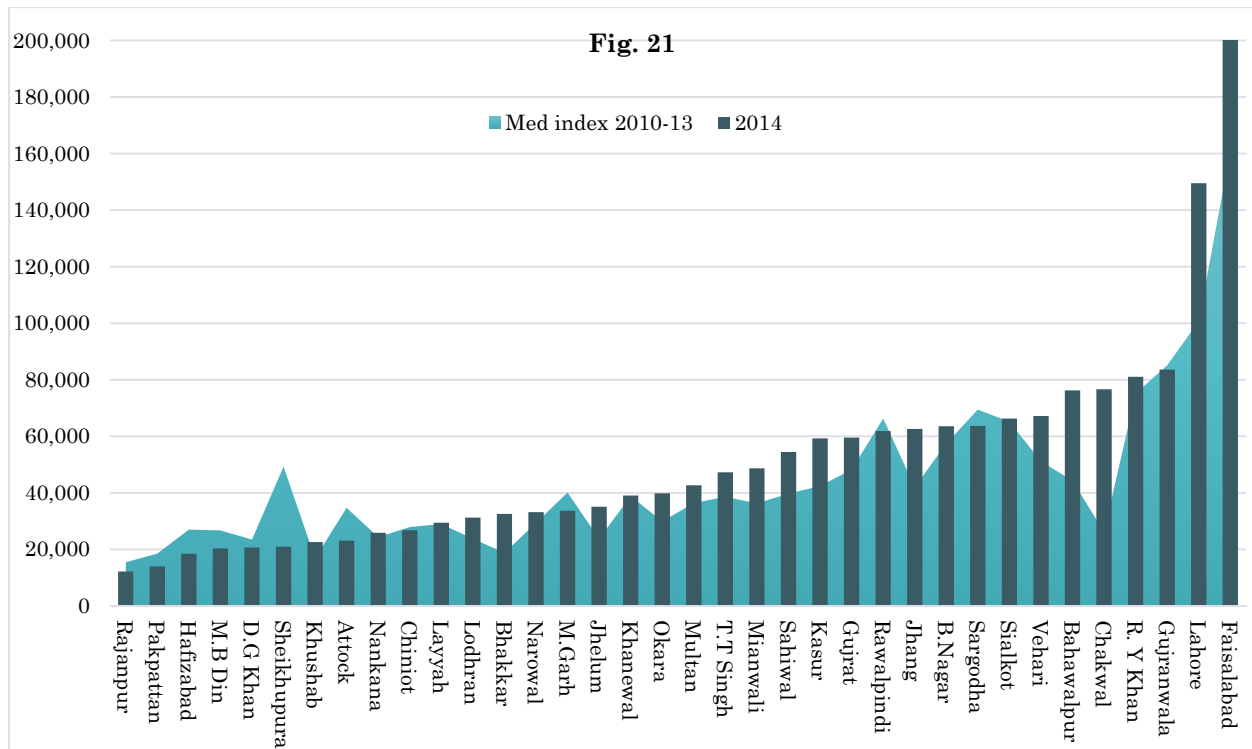
Diarrhoea/Dysentery in >5 yrs



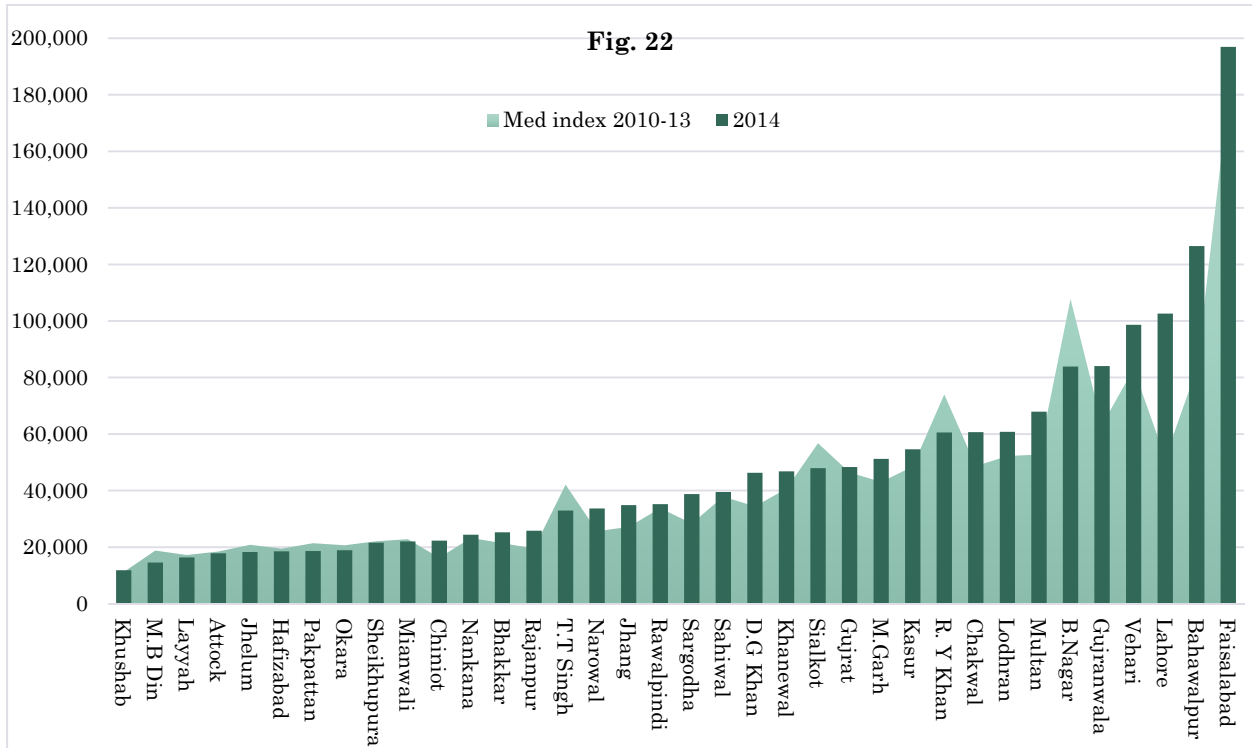
Hypertension



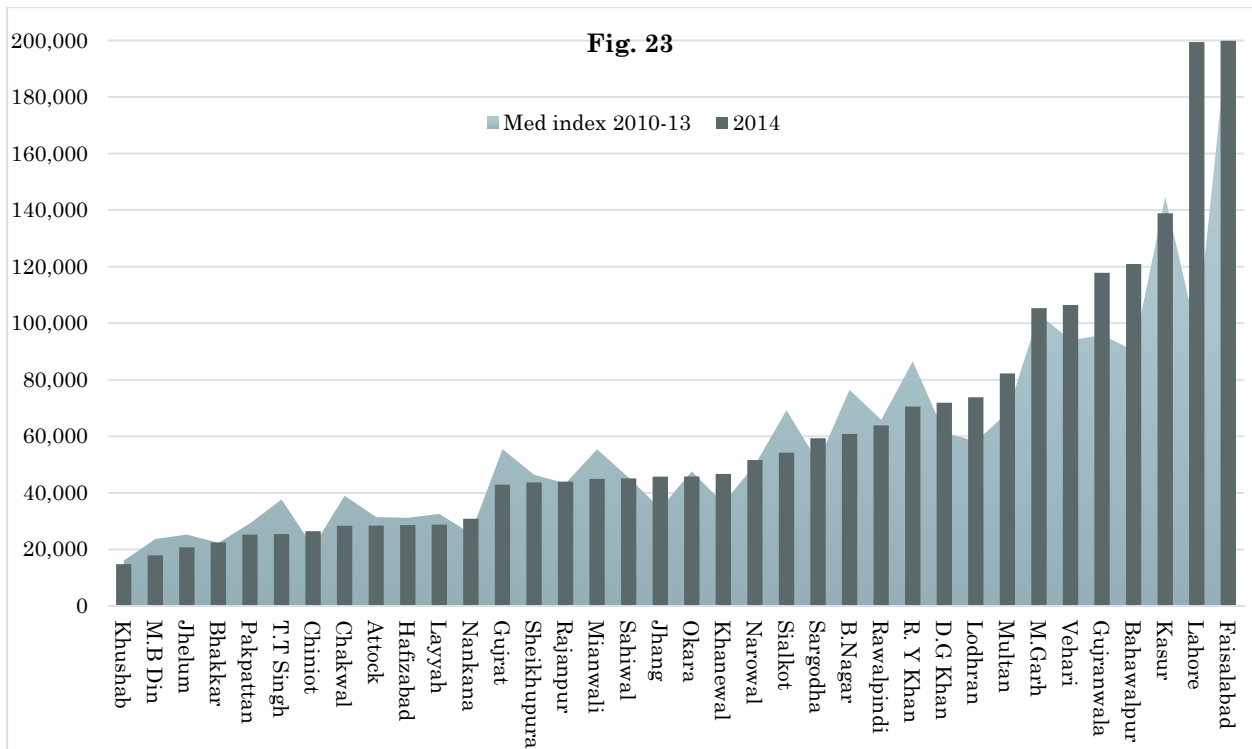
Dental Caries



Asthma

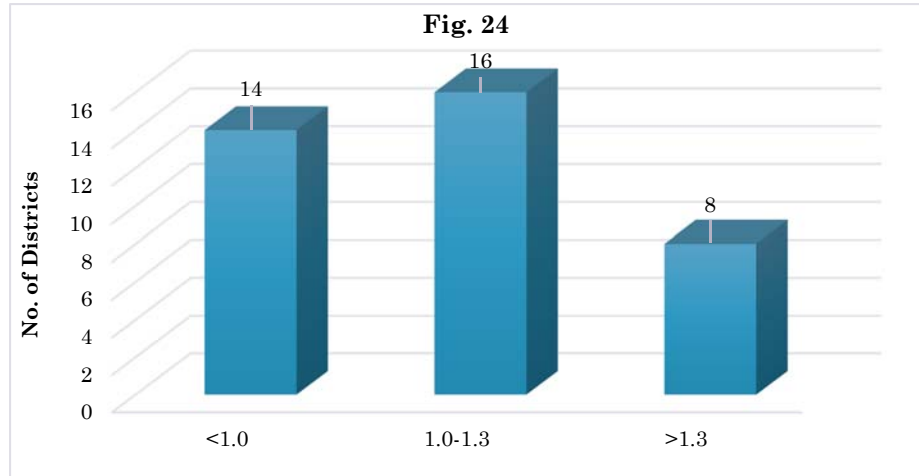


Diabetes Mellitus



Per Capita OPD Attendance in 2014

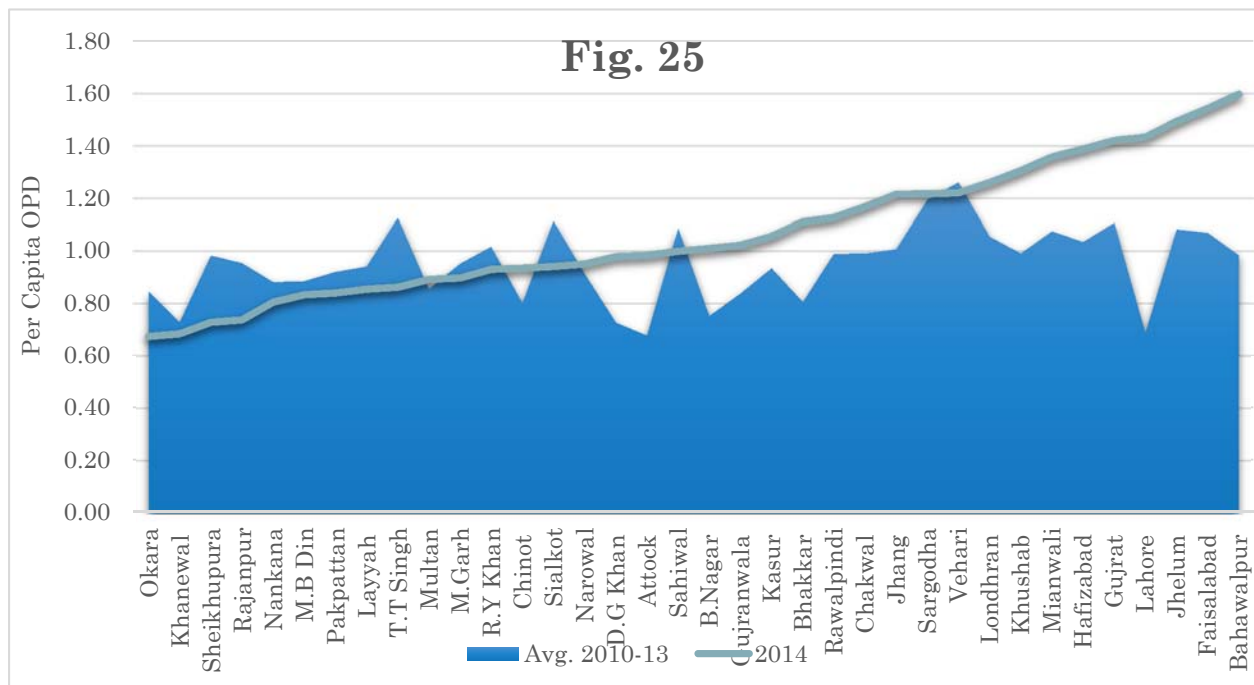
One of the key indicators to assess performance on the provision of health services in Province Punjab is to understand the number of people attending and receiving services at health facilities during periods of illness. A good indicator of this is the



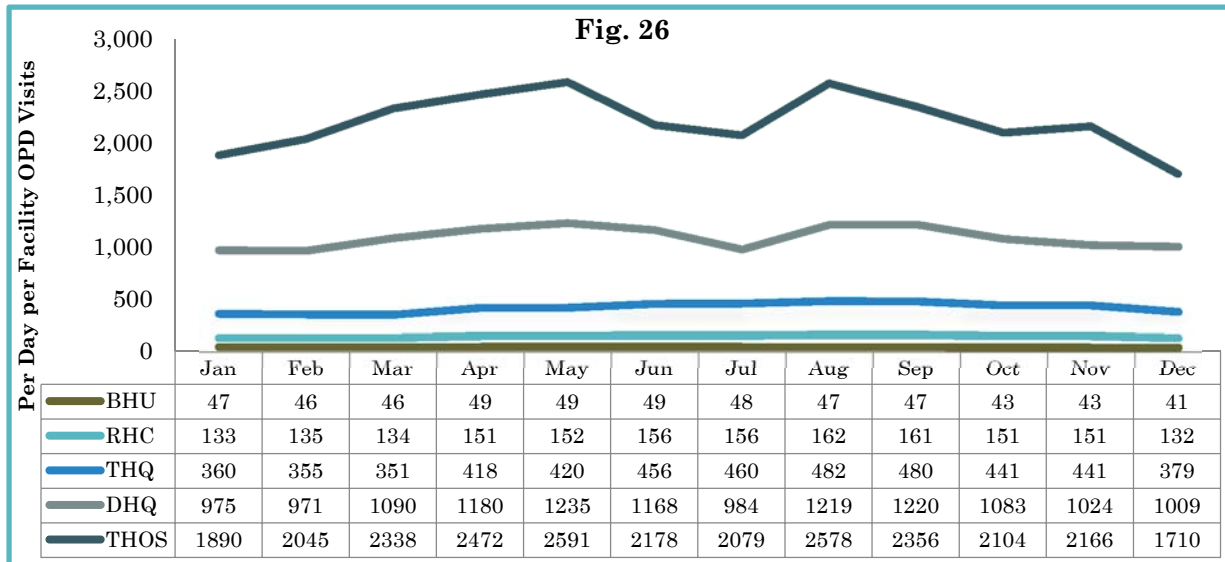
outpatient attendance per capita. This indicator shows the extent of facility utilization by the population. If Out Patient Department (OPD) attendance is found to be high in the public health facilities, it implies that the population is highly satisfied by provision of services in these facilities.

Per Capita OPD attendance gives an indirect indication of public trust on health services. Overall, in the province, per capita OPD attendance during 2014 was 1.1. There was a great variation across districts, which ranged from 0.7 to 1.6 visits per person during the year. Majority of the districts were under the category of 1.0-1.3 as shown in fig-24. Okara had the lowest Per Capita OPD attendance (0.7) while Bahawalpur had the highest (1.6).

Year and District wise Comparison of Per Capita OPD Attendance

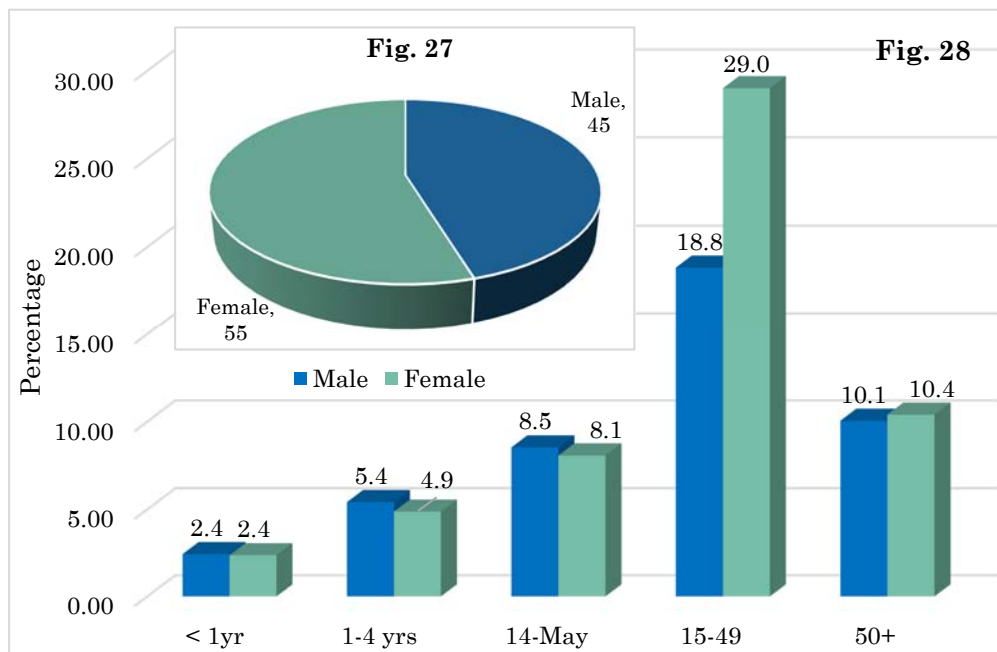


Facility Type wise Average Number of OPD Visits



This indicator is useful in understanding facility workload /utilization and to compare which facilities are well performing which are not. A benchmark may be used for comparison; or comparison among facilities or between monthly performances of same facility can be done. Fig. 26 is showing the monthly trend of per day per facility OPD Visits.

Patients Distribution by Gender and Age



This indicator shows the age wise and gender wise percentage distribution of new OPD patients attending the health facility. The indicator can be used to understand whether the health facility is catering to specific age groups, e.g., children under 5 years or

elderly patients, and to gender equity.

In fig. 27, pie chart shows the gender wise percentage of male and female patients during 2014. It can be seen that the percentage of female (55%) patients is more than the male patients (45%). In bar chart (fig. 28), age and gender wise analysis is shown. It is clear from figure that the maximum number of patients belonging to age group 15-49 availed the health

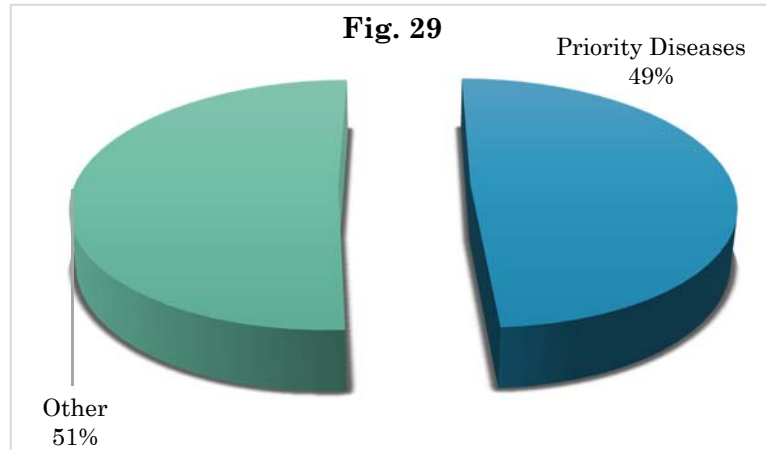
services. The percentage of female patients in this age group attending the OPD was 29% while the male were 19%. The minimum number of patients availing the services belonged to age group <1 year (4.8%), male patients being 2.4 and female 2.4%. It is observed that male patients use the health facilities more in <14 age group while female patients are more in >14 age group.

Disease Pattern

This indicator is a measure of the annual number of cases according to specified disease classification attending the OPD.

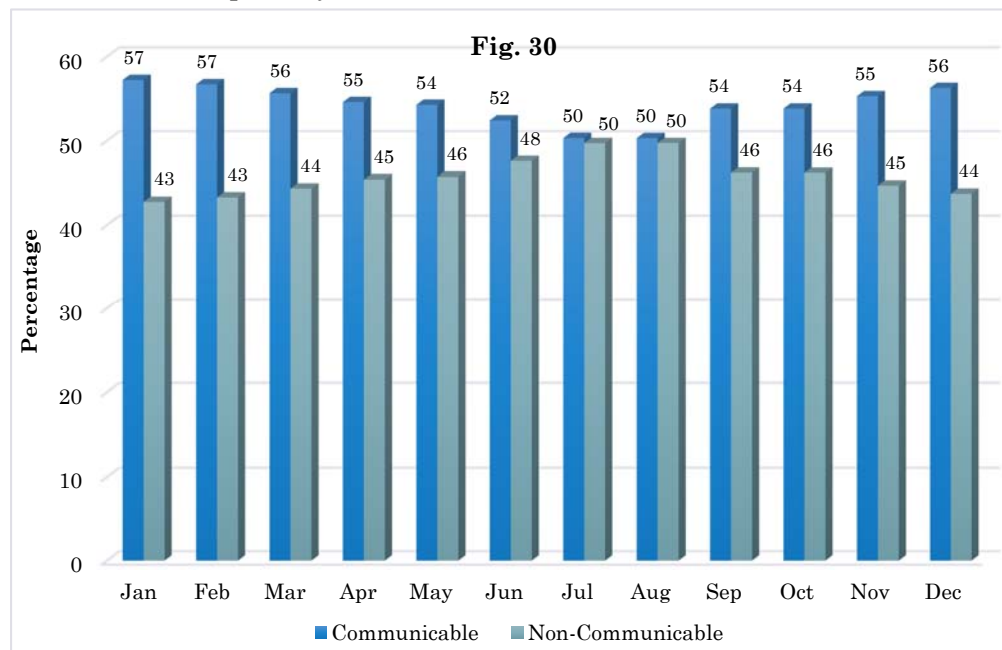
This indicator will help in understanding which diseases/cases were attended at the facility, at all health facilities in a tehsil or district, the changes in diseases trend over years or months of the same year and the difference among union councils, tehsil or districts. The indicator can trigger a response in terms of additional resource allocation or redistribution according to the disease pattern, or initiating/strengthening specific preventive, promotive and/or curative services at specific area/catchment population.

Forty-three diseases are reported through DHIS. The patients of reported diseases constitute overall 49% of the total patients in 2014 while rest of the 51% was reported under the category of “others”.



Communicable and Non-Communicable Diseases

Out of the 43 priority diseases, 19 are communicable and 24 are non-communicable. The



subsequent analysis shows the most common diseases and disease wise break up.

The proportion of communicable diseases was more than the non-communicable diseases out of 43 diseases throughout the year, which are

reported through DHIS (Fig. 30). Total number of communicable disease patients was 25,209,727 (54%) and that of non-communicable diseases was 21,211,945 (46%) in year 2014.

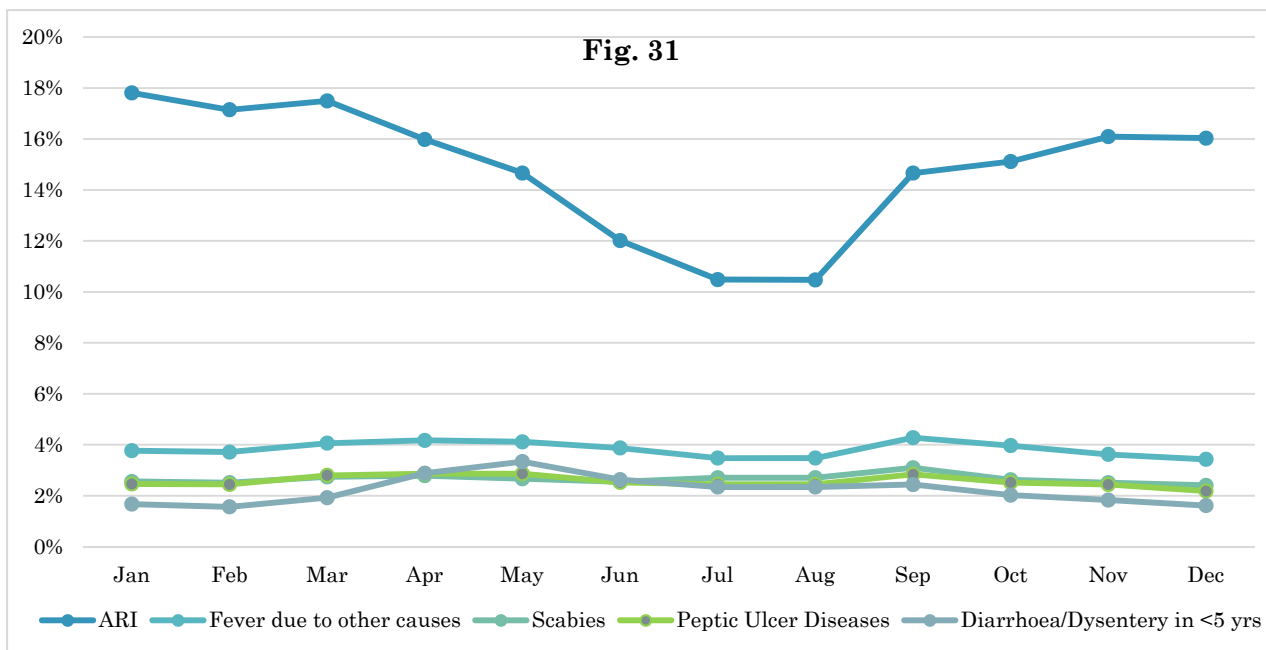
Table 6: Number and Percentage of Priority Disease Cases

| Disease | Total | %age | Disease | Total | %age |
|-------------------------------|------------|-------|--------------------------------|--------------------|------------|
| ARI | 15,021,883 | 14.26 | Fractures | 247,297 | 0.23 |
| Fever due to other causes | 3,874,699 | 3.68 | Pneumonia >5 years | 233,136 | 0.22 |
| Scabies | 2,688,696 | 2.55 | Dog bite | 147,706 | 0.14 |
| Peptic Ulcer Diseases | 2,601,998 | 2.47 | Cirrhosis of Liver | 141,459 | 0.13 |
| Diarrhoea/Dysentery in <5 yrs | 2,234,252 | 2.12 | Trachoma | 114,517 | 0.11 |
| Diarrhoea/Dysentery in >5 yrs | 2,220,541 | 2.11 | Glaucoma | 101,966 | 0.10 |
| Hypertension | 1,919,009 | 1.82 | Burns | 98,384 | 0.09 |
| Dental Caries | 1,869,162 | 1.77 | Epilepsy | 70,760 | 0.07 |
| Asthma | 1,729,009 | 1.64 | Benign Enlargement of Prostate | 62,600 | 0.059 |
| Diabetes Mellitus | 1,615,642 | 1.53 | Sexually Transmitted Diseases | 61,330 | 0.058 |
| Road traffic accidents | 1,441,297 | 1.37 | Nephritis/Nephrosis | 59,338 | 0.056 |
| Dermatitis | 1,382,664 | 1.31 | Drug Dependence | 34,070 | 0.03 |
| Urinary Tract Infections | 1,250,293 | 1.19 | Suspected Dengue Fever | 9,902 | 0.009 |
| Otitis media | 964,886 | 0.92 | Snake bites | 7,151 | 0.007 |
| Worm infestation | 887,971 | 0.84 | Cutaneous Leishmaniasis | 5,366 | 0.005 |
| Suspected Malaria | 714,950 | 0.68 | Suspected Meningitis | 5,023 | 0.005 |
| TB Suspects | 687,122 | 0.65 | Suspected HIV/AIDS | 3,306 | 0.0031 |
| COPD | 586,787 | 0.56 | Suspected Measles | 2,792 | 0.0026 |
| Cataract | 559,597 | 0.53 | Suspected Neonatal Tetanus | 1436 | 0.0014 |
| Ischemic Heart Diseases(IHD) | 492,855 | 0.47 | Acute Flaccid Paralysis | 734 | 0.0007 |
| Depression | 426,418 | 0.40 | Acute Watery Diarrhoea | 3 | 0.000003 |
| Pneumonia <5 years | 312,407 | 0.30 | Priority Diseases | 47,477,873 | 45 |
| Enteric/Typhoid Fever | 298,486 | 0.28 | Others | 57,893,775 | 55 |
| Suspected Viral Hepatitis | 288,973 | 0.27 | Grand Total | 105,371,648 | 100 |

Top Five Diseases

This indicator is a listing of the five most common cases of both communicable and non-communicable diseases attending OPD. It will indicate what type of patients mostly are attending the OPD so that appropriate measures/ resources can be focused, e.g., training of staff, equipment, medicines, lab facilities etc. In addition, it will suggest focus area for disease control and prevention.

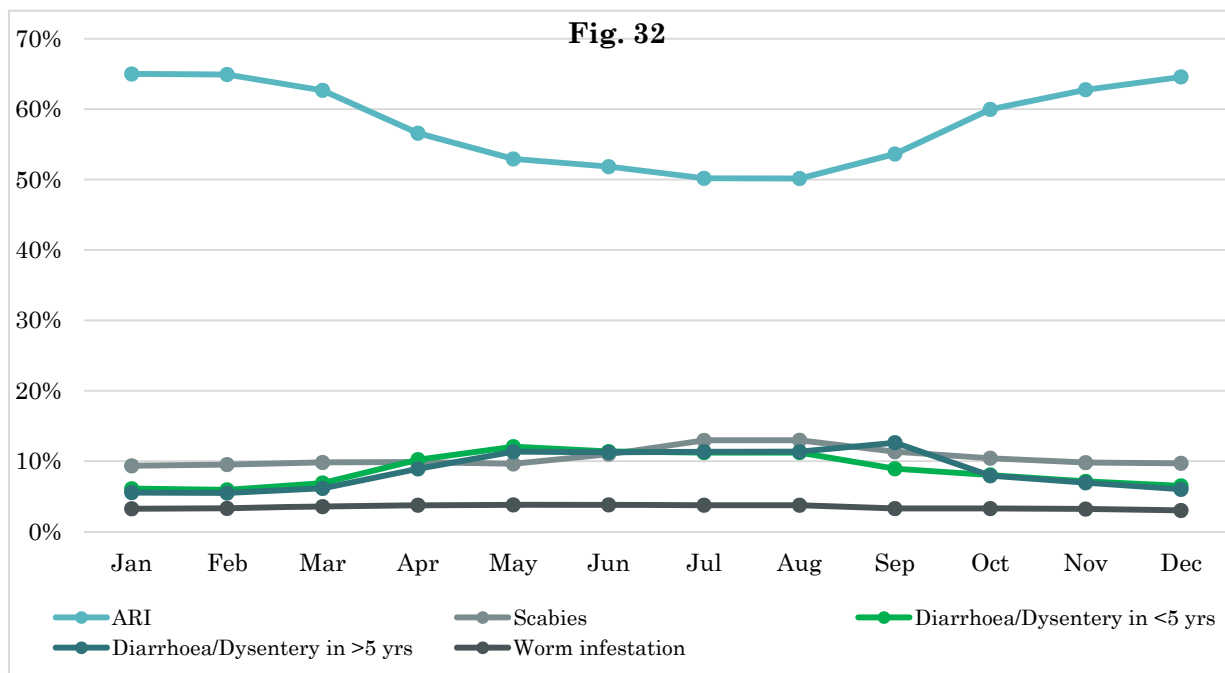
Fig. 31 shows the month-wise percentage of top five diseases in the province during the year 2014. Acute (upper) respiratory infection was the most common disease. During the mid of the year, there was a remarkable drop in the patients of Acute (upper) respiratory infection. All other disease showed almost same trend.



Top Five Communicable Diseases

A disease, the causative agents of which may pass or be carried from a person, animal, or the environment to a susceptible person directly or indirectly.

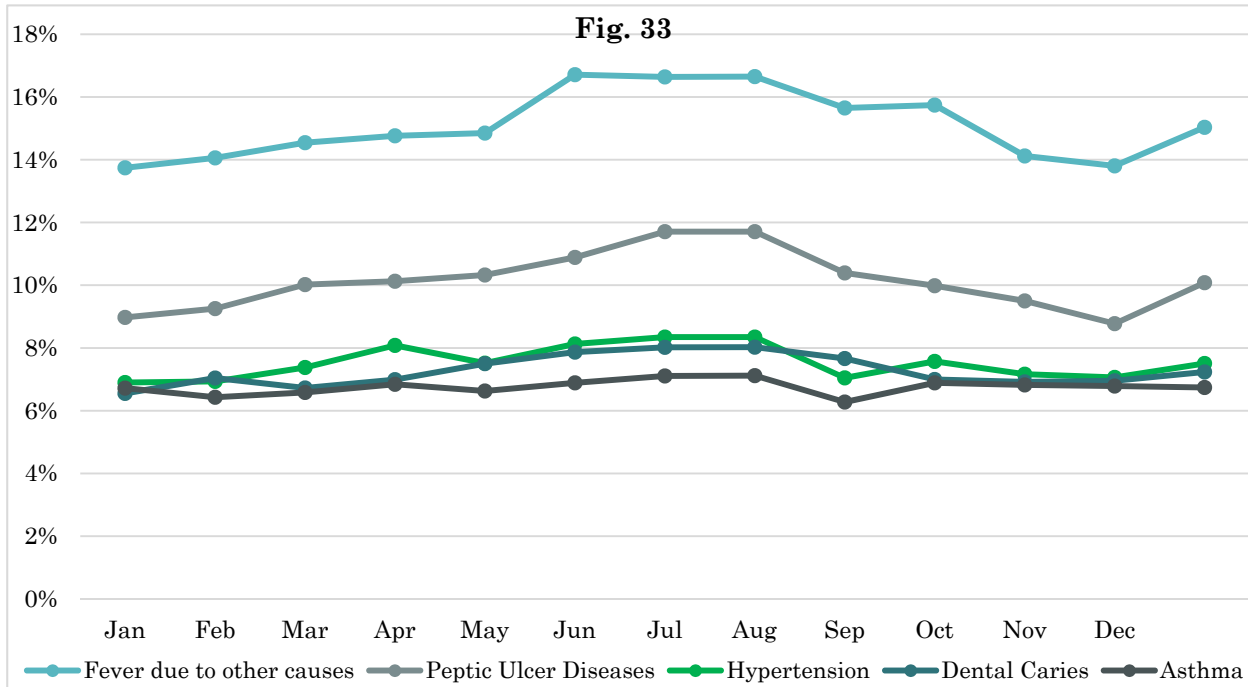
(The percentage of communicable diseases is calculated from the total of communicable diseases.)



Top Five Non-Communicable Diseases

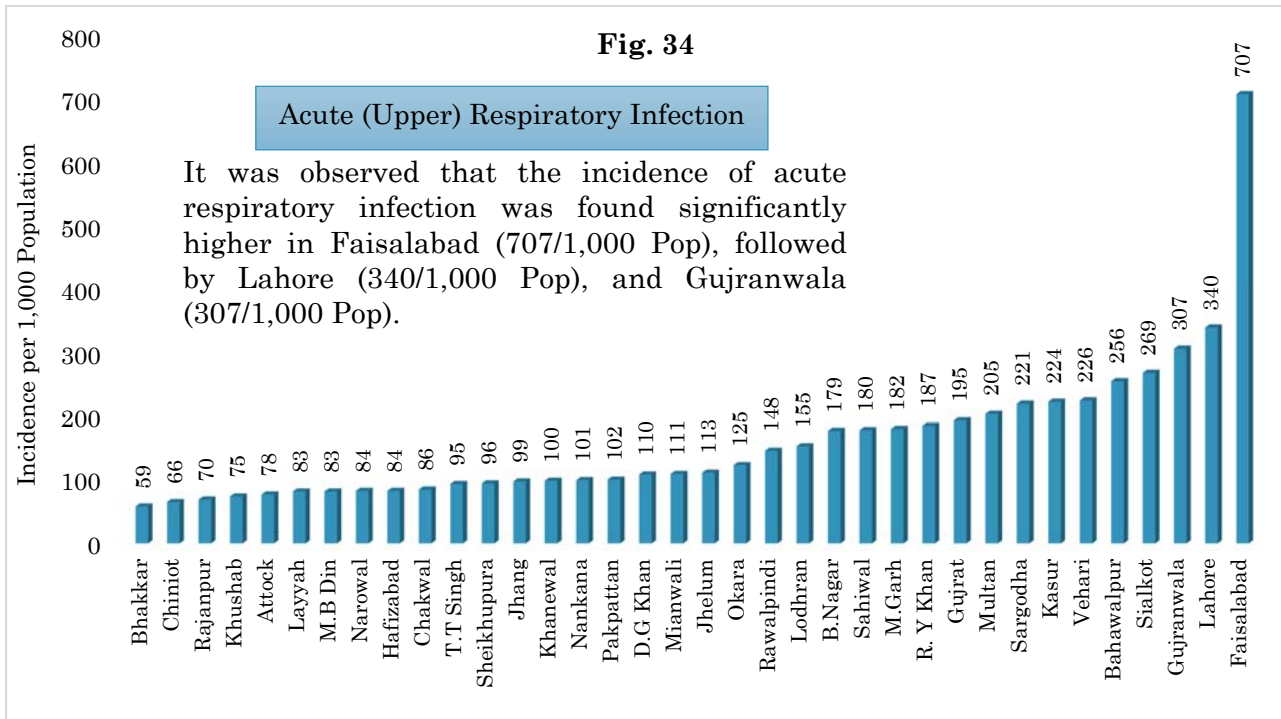
A non-communicable disease, or NCD, is a medical condition or disease, which is non-infectious. NCDs are diseases of long duration and generally slow progression.

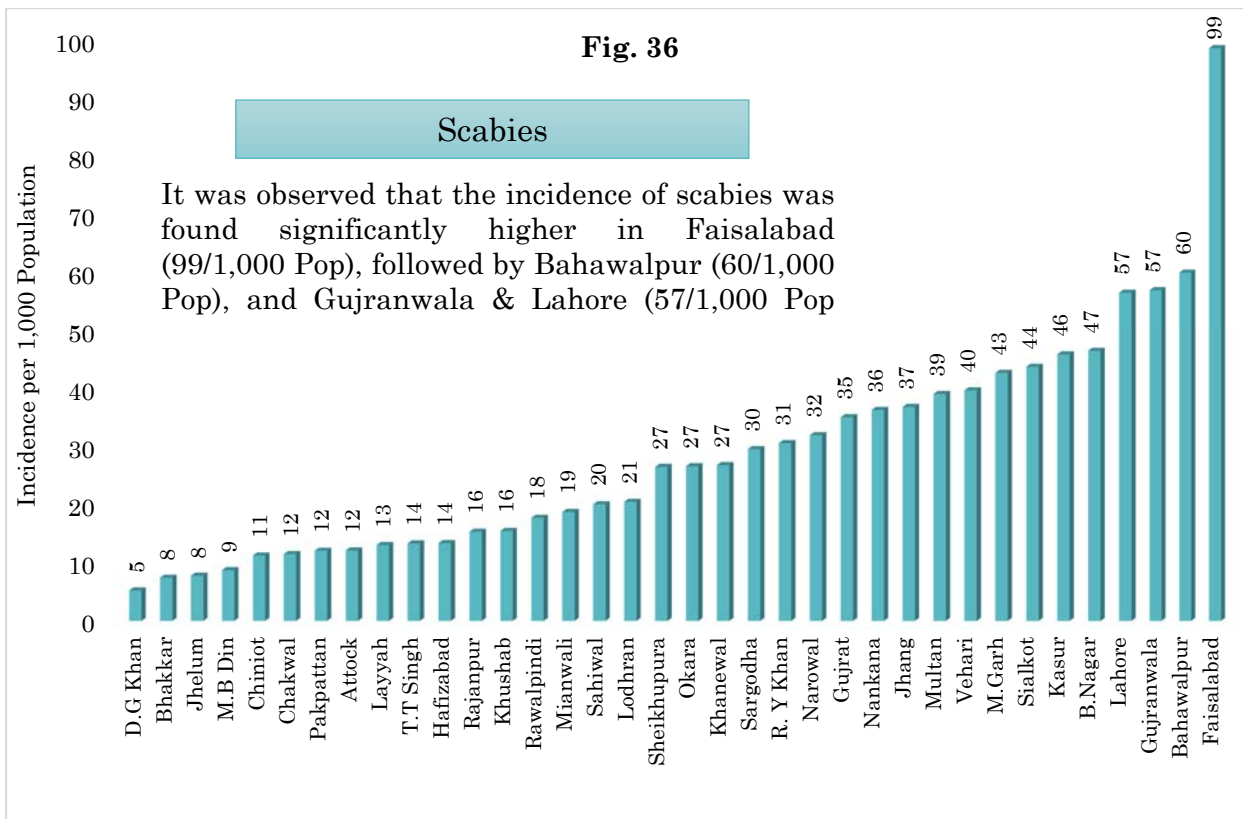
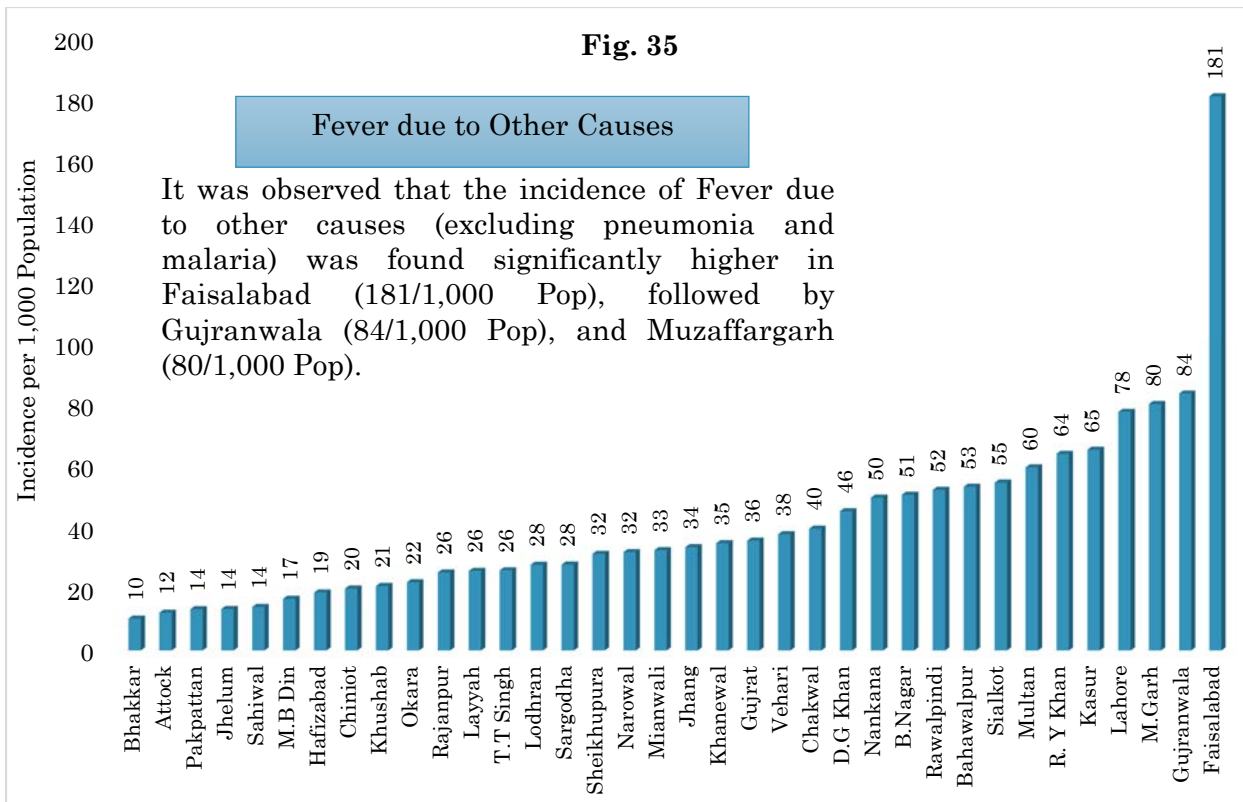
(The percentage of non-communicable diseases is calculated from the total of non-communicable diseases.)

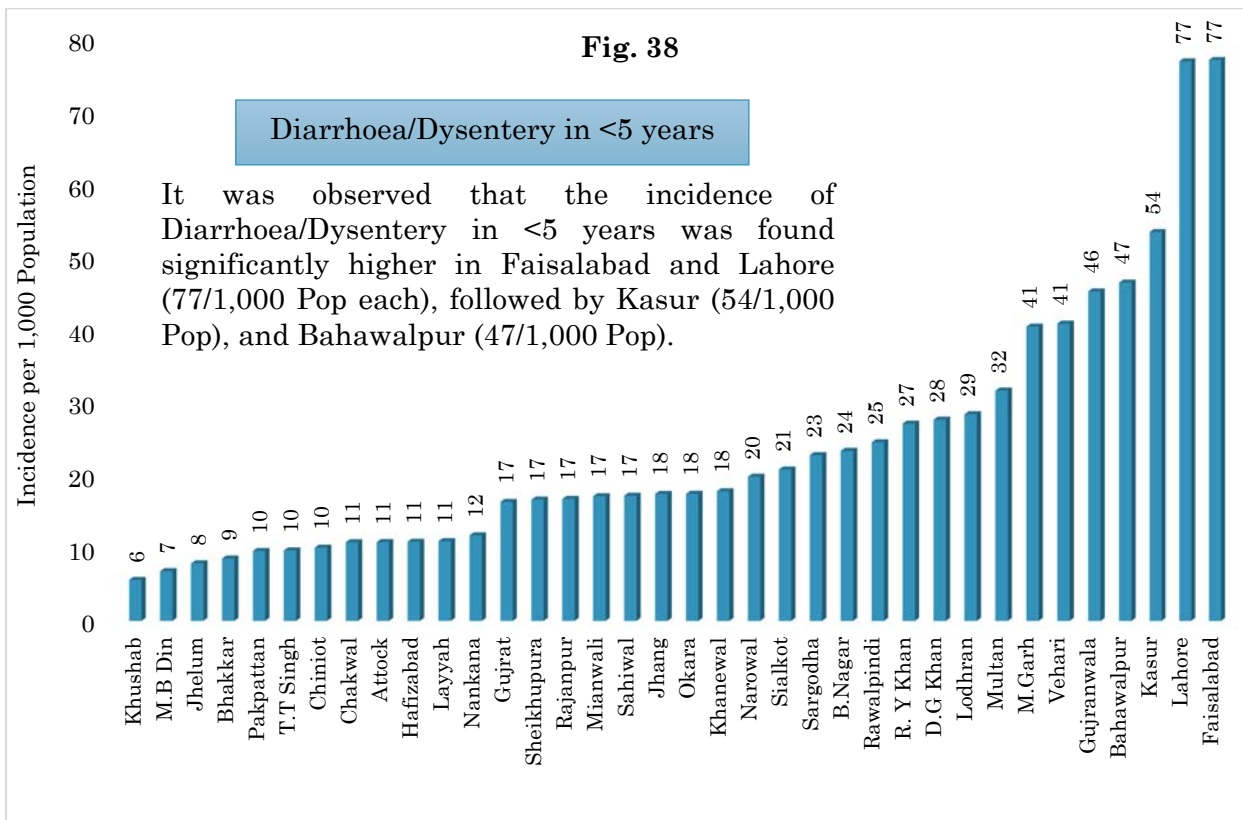
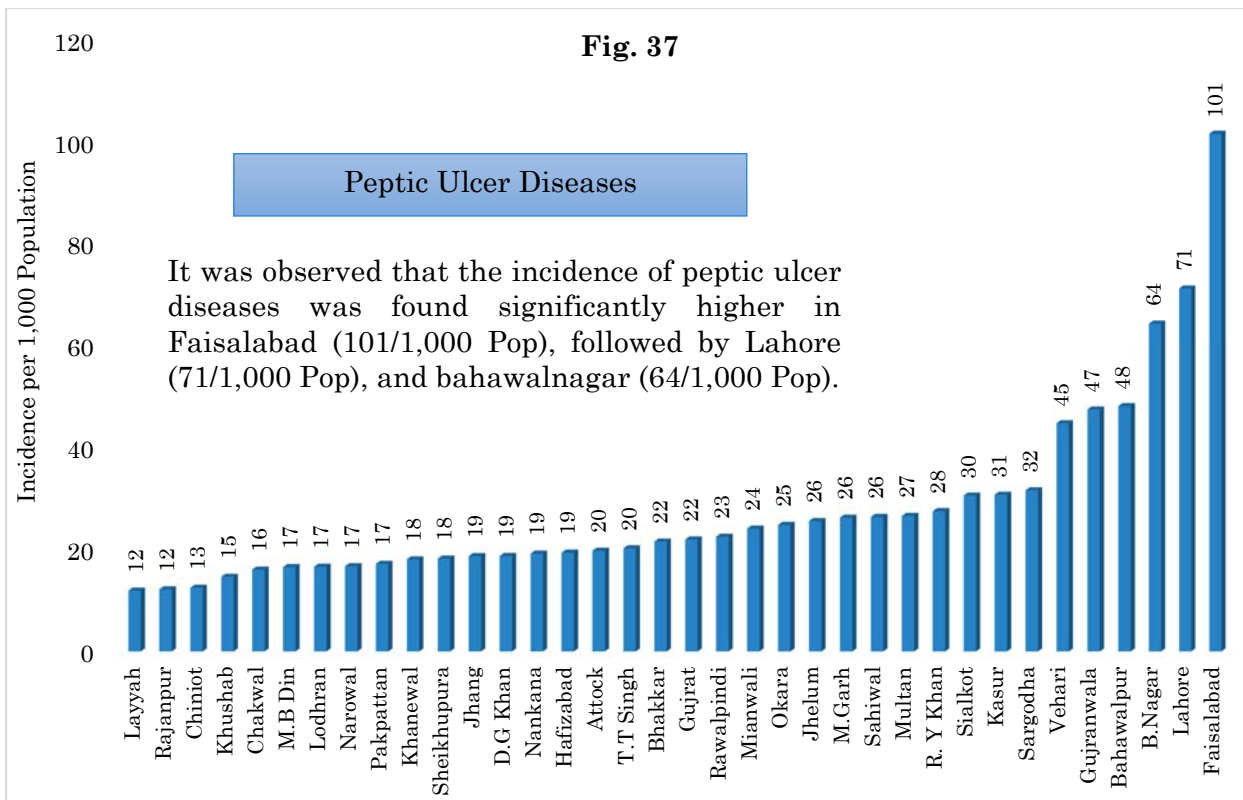


District wise Incidence Rate (per 1,000 populations) of Top 5 Diseases

Incidence is a measure of the risk of developing some new condition within a specified period. Although sometimes loosely expressed simply as the number of new cases during some time, it is better expressed as a proportion or a rate with a denominator. Incidence rate is the probability of developing a particular disease during a given period; the numerator is the number of new cases during the specified time and the denominator is the population at risk during the period.

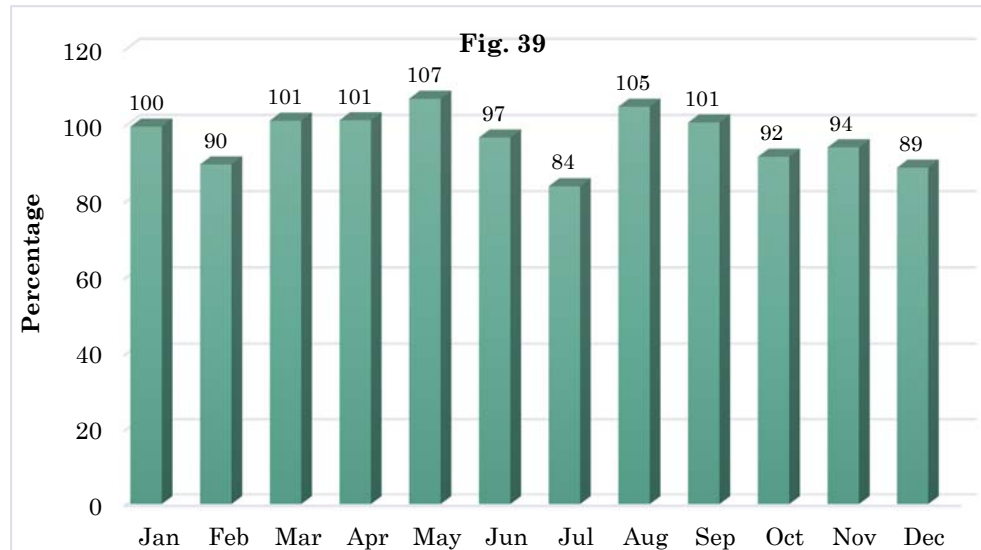






Antenatal Care Coverage

Antenatal care coverage 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

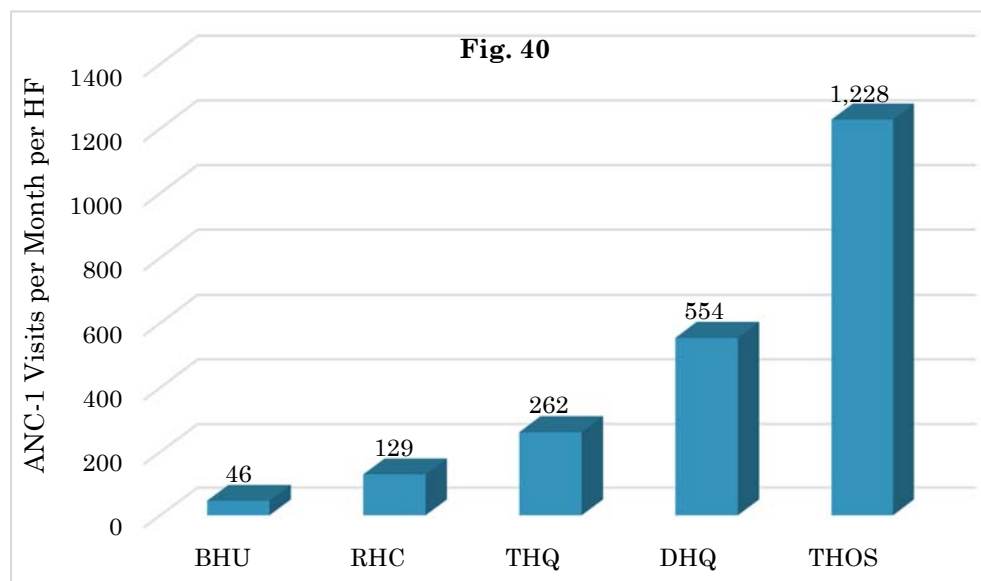


care services provided at the public health facility at least once during their current pregnancy.

This indicator indicates how many of the pregnant women in the catchment area are covered through the facility for antenatal care services. In other words, it reflects the market share of the facility in providing antenatal services. When compared against previous performance or target, it will provide information on the current performance of the facility or facilities in the tehsil/district in catering to the antenatal care needs of the target population of pregnant women. It can reflect 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 public health facilities and/or the trust of the community on the public health facilities/providers.

During 2014, highest ANC-1 coverage was observed in May (107%) of the expected population and lowest coverage was in June (84% of the expected population).

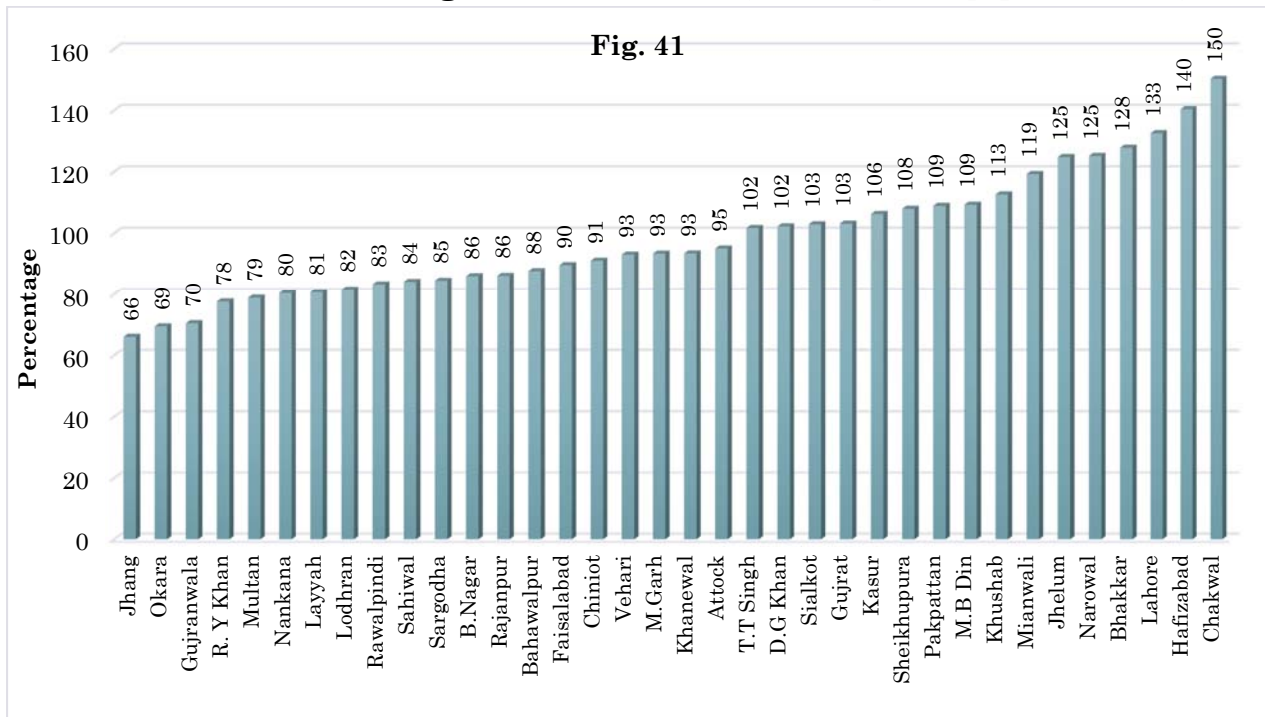
Facility Type wise Number of ANC-1 Visits (Per month per Health Facility)



During the year 2014 total ANC-1 visits were 3,113,660 which was 89% of the expected population.

Fig. 40 is showing the health facility type wise number of ANC-1 visits per month per health facility during 2014.

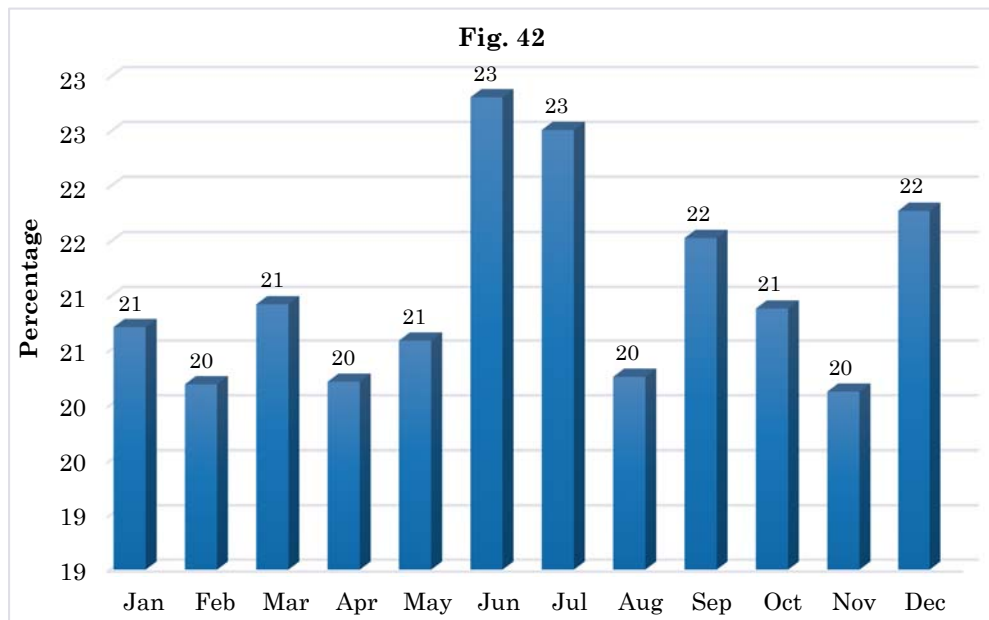
District wise Percentage of ANC-1 Visits (Out of expected population 3.4%)



Percentage of Anaemia among ANC-1 Attendance

Percentage of pregnant women screened for haemoglobin levels at their first antenatal care visit to the facility with haemoglobin levels less than 10g/dl.

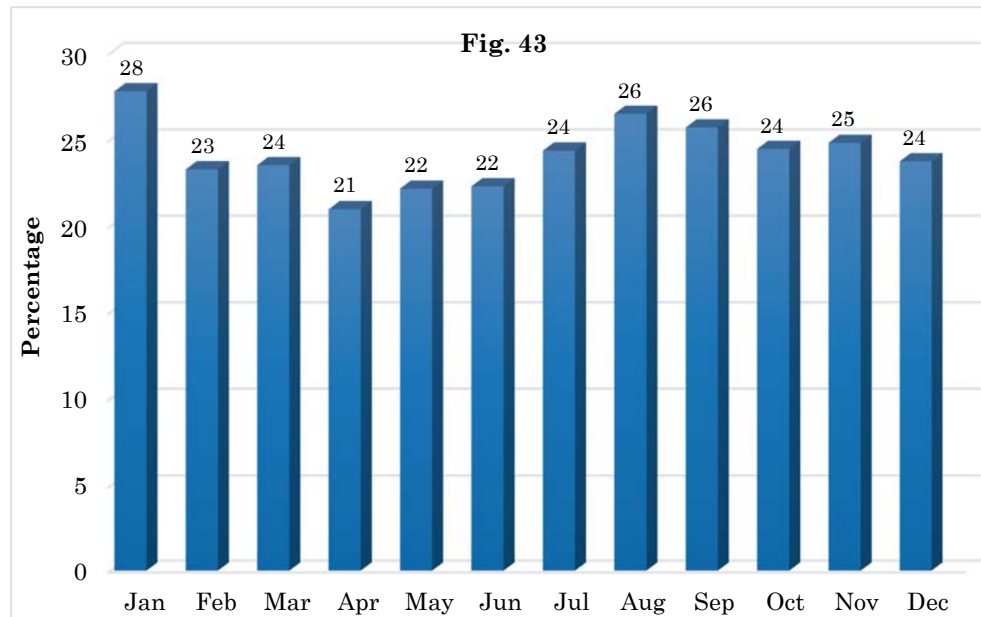
Pregnant women coming to the facility for antenatal care serve as a sample of women from the catchment population. The nutritional status among this sample of pregnant women from the catchment population. The nutritional status among this sample of pregnant women is suggestive of the nutritional status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



Twenty one percent (654,625) of the women coming for ANC-1 were reported as anaemic (haemoglobin <10g/dl) out of the total ANC-1 visits (3,113,660). Fig. 42 shows monthly trend of anaemic women.

Deliveries Conducted at the Health Facilities

Delivery coverage at facility is an indicator of utilization of delivery services provided at



public health facilities. It is a measure of the percent of mothers who are delivered at the public health facility.

This indicator is a proxy for deliveries by skilled health personnel. It indicates how much of the pregnant women population in the catchment area

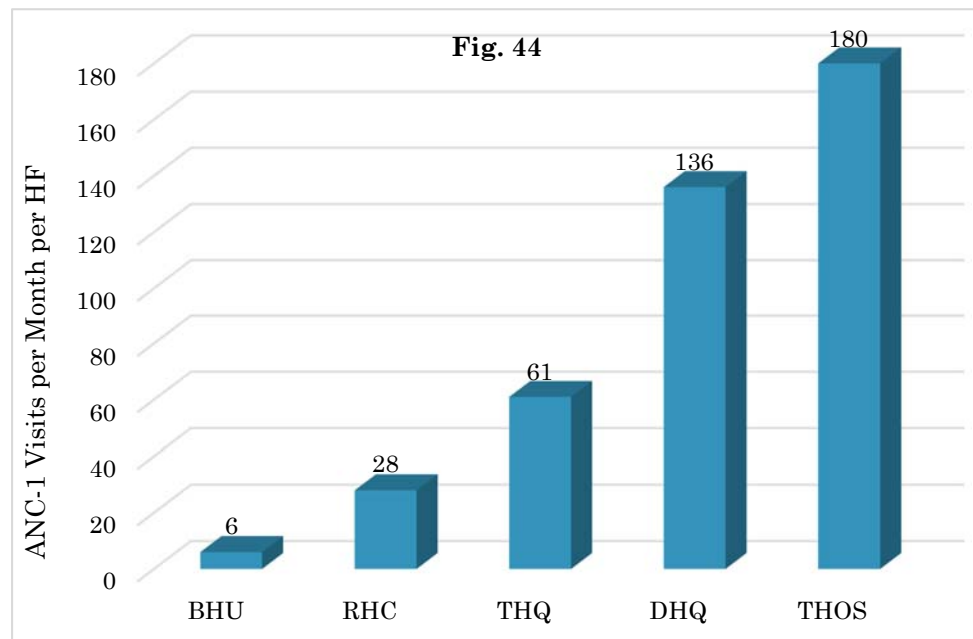
are covered through the public health facility for delivery services and, thus, reflects the market share of the facility in providing delivery services.

In fig. 43, percentage of monthly deliveries conducted at the facilities is shown. It is clear from the graph that there was no remarkable change in percentage of deliveries conducted month to month. The highest percentage was observed in January (28%) and lowest in March (21%).

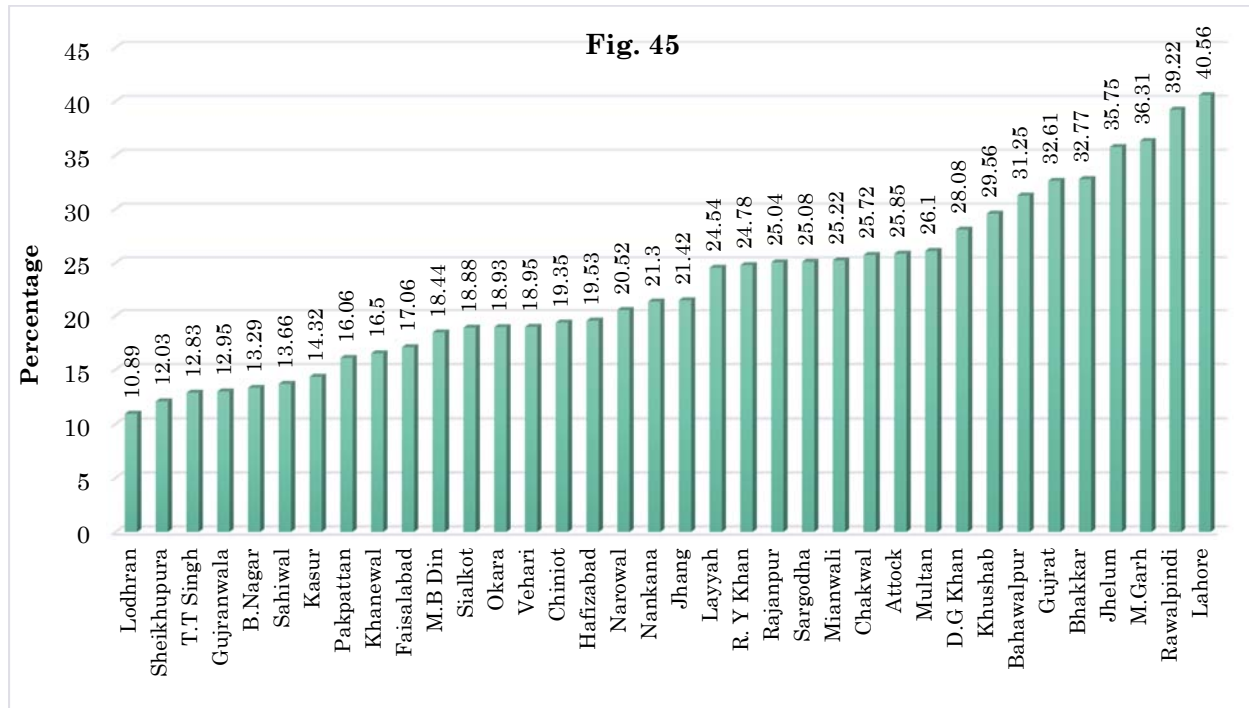
Facility Type wise Number of Deliveries Conducted (Per month per Health Facility)

During the year 2014 total deliveries conducted at health facilities were 662,948 which was 24% of the expected population.

Fig. 44 is showing the health facility type wise number of deliveries conducted per month per health facility during 2014.

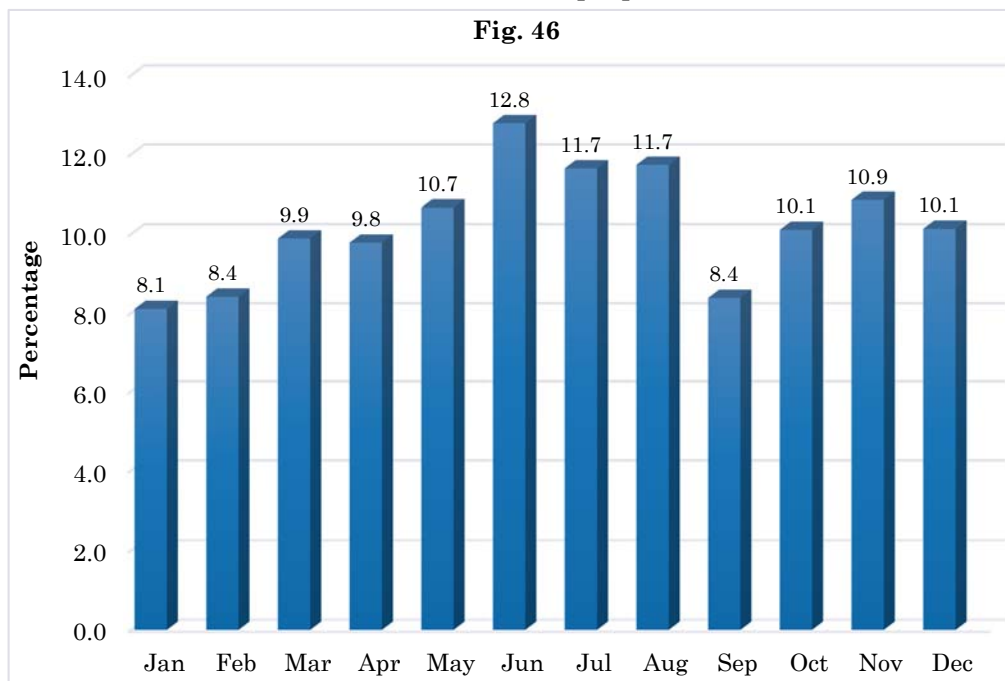


District wise Percentage of Deliveries Conducted at Health Facilities



Obstetric Complications

This indicator is a measure of the proportion of women estimated to have obstetric complications who are treated in the public health facilities.



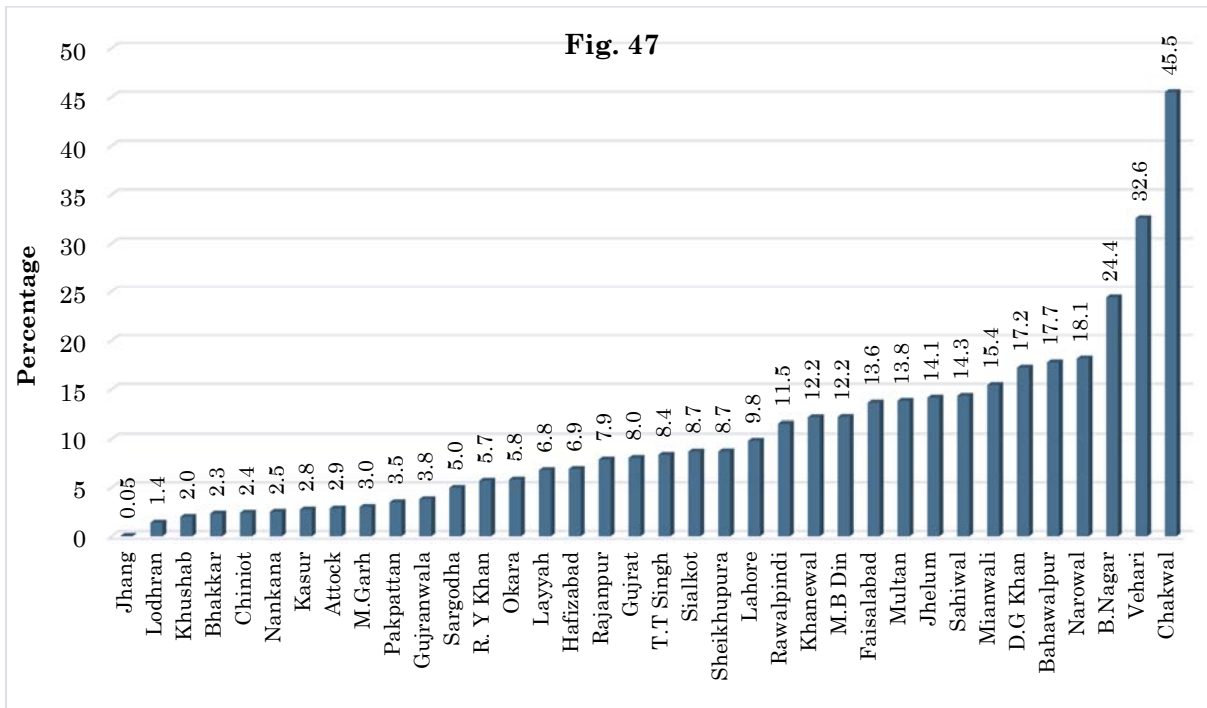
This indicator will suggest how much of the complicated pregnancies are catered by the public health facility.

Indirectly it also reflects the quality of services at the facility, the quality, and coverage of

antenatal care services in the catchment area and the strength of the referral system.

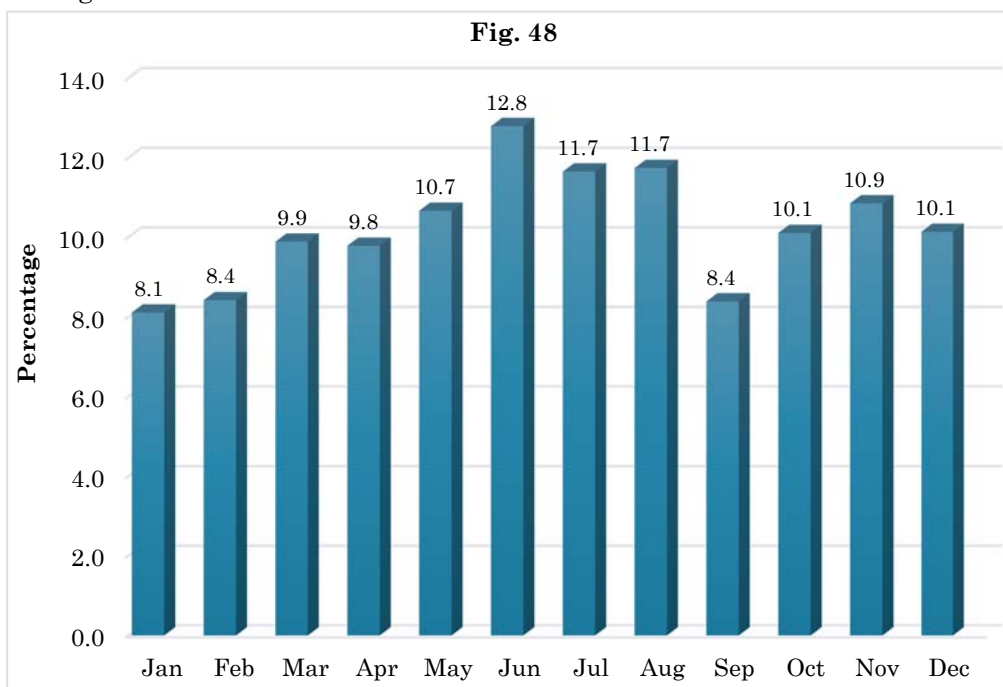
During 2014, total numbers of deliveries with complications were 67,829 (10%) of the total deliveries (665,354). The highest percentage was observed in June (12.8%).

District wise Percentage of Obstetric Complications



Caesarean Section

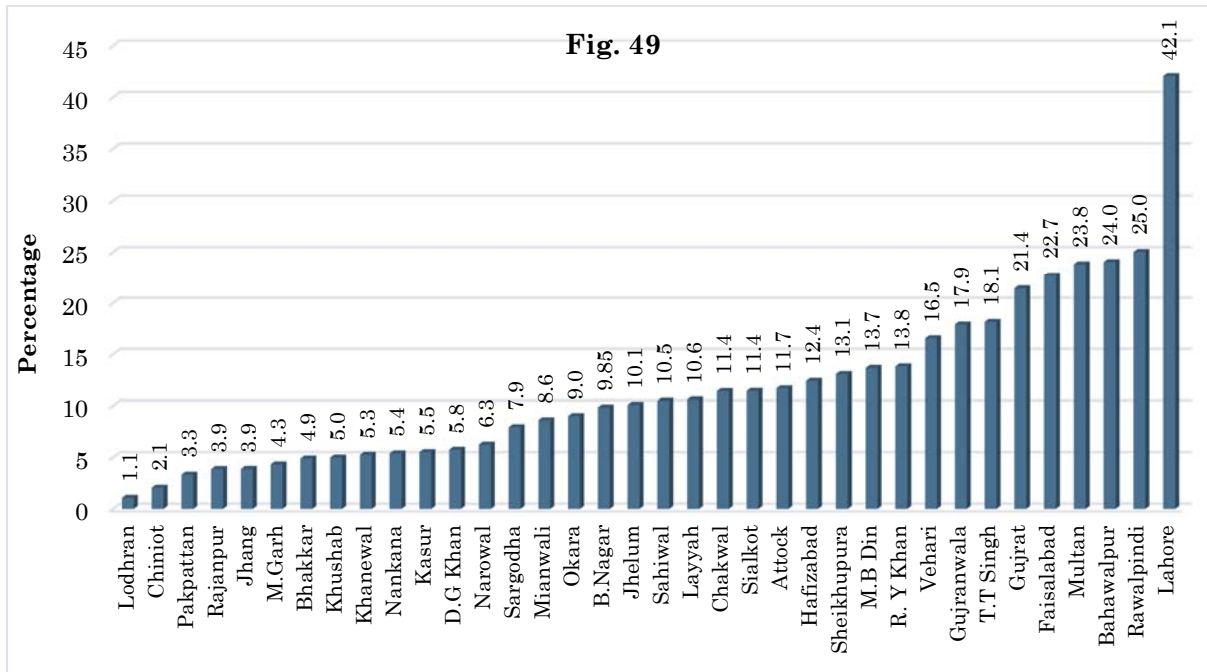
This indicator is a measure of Caesarean Sections as a percentage of all births in the population. This indicator will give an estimate of what proportion of C-sections are taking place in public health facilities. On the other hand, high proportion may indicate over-indulgence in C-sections.



It was observed that in 2014 deliveries with C-section constitute 18% (118,528) of the total deliveries (665,354). The overall situation indicated that the higher number deliveries with C-section were conducted in June (12.8% of the total number of

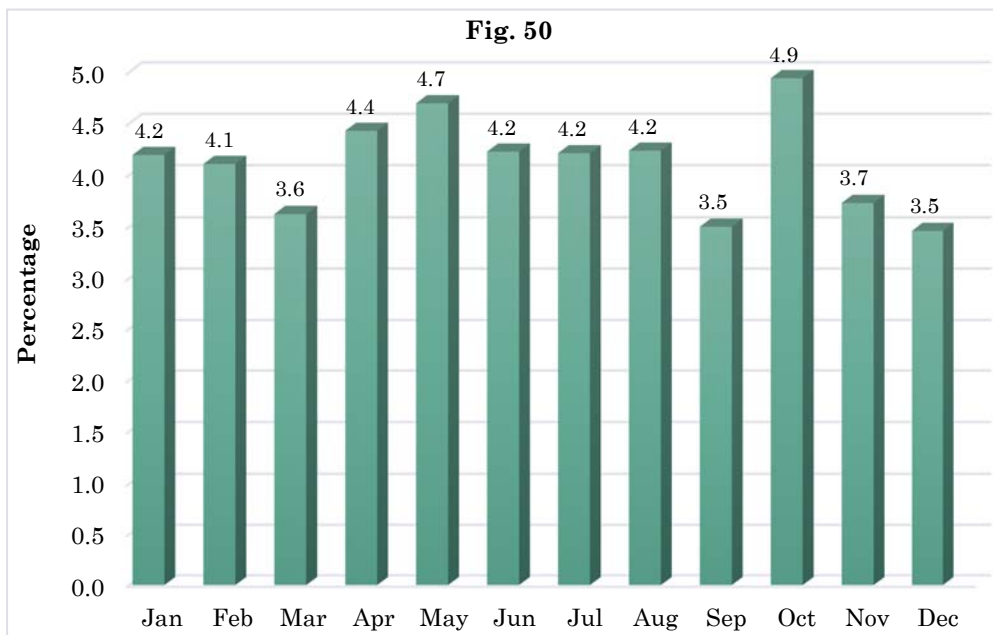
deliveries) and lowest percentage was observed in January (8.1% of the total deliveries).

District wise Percentage of Caesarean Section



Frequency of Low Birth Weight (LBW) Babies

This indicator measures the proportion of live births with low birth weight (live born infants with birth weight less than 2.5 kg) among births in health facility in a given time period.



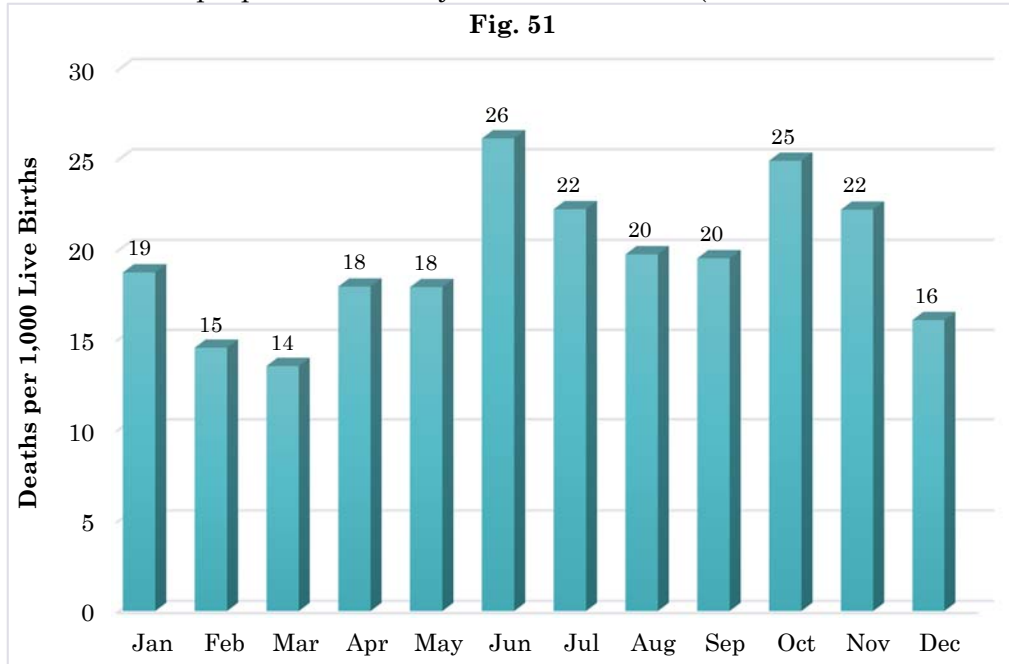
LBW rate is a good indicator of a public health problem that includes long-term maternal malnutrition, ill health, and poor health care. On an individual basis, low birth weight is an

important predictor of new-born health and survival. The facility-based statistics can provide a good estimate of LBW rate in the population. Monitoring changes in facility-based LBW rate can help in understanding changes in the population.

During the year 2014, out of 648,627 live births in the facilities, 26,638 (4%) babies were with LBW (<2.5kg). Fig.50 is showing the monthly trend of percentage of LBW babies during 2014.

Neonatal Mortality Rate

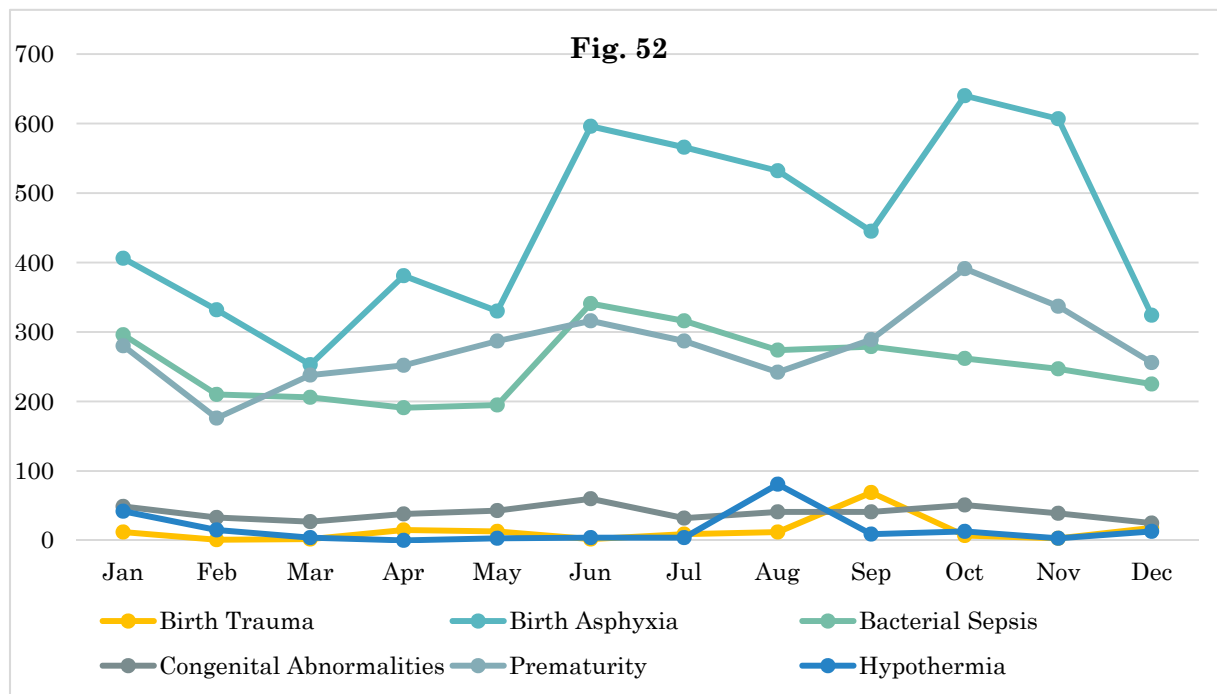
This indicator refers to the proportion of early neonatal deaths (deaths within the first seven days of life) in the facility among live births occurring in the facility. The indicator is calculated from the data received from the health facilities. This indicator is suggestive of the quality of new born care, especially the immediate new born care and



obstetric care in the facility. It may also reflect poor nutritional status of mothers and poor health care seeking behaviour in the community.

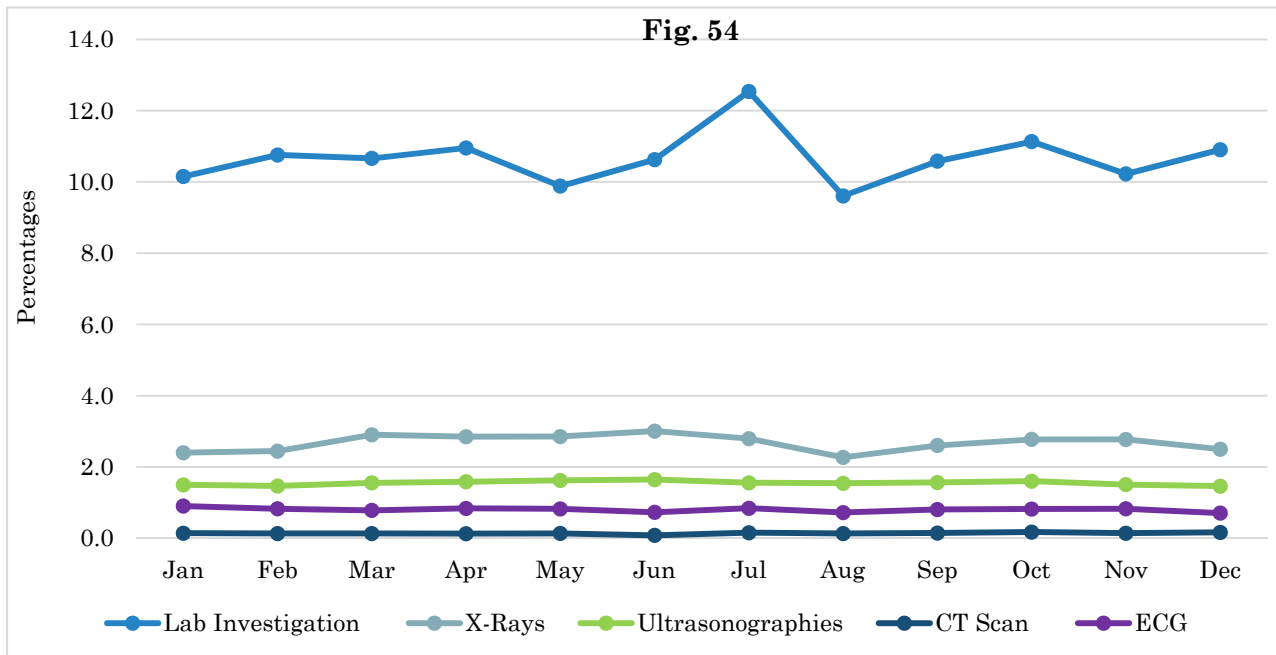
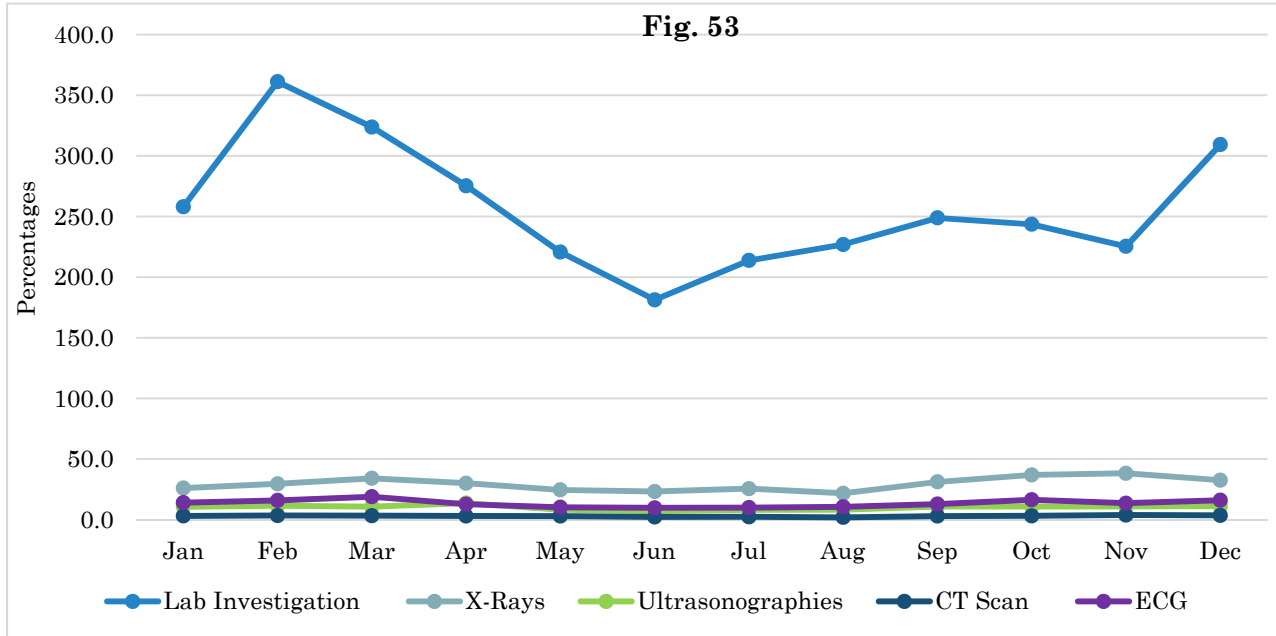
The total number of neonatal deaths during 2014 was 12,638 that is only 1.9% of the total live births (648,627). Fig. 51 shows the month wise neonatal mortality rate per 1,000 live births. The mortality rate was highest in June (26).

Number of Neonatal Deaths



Lab Services Utilization

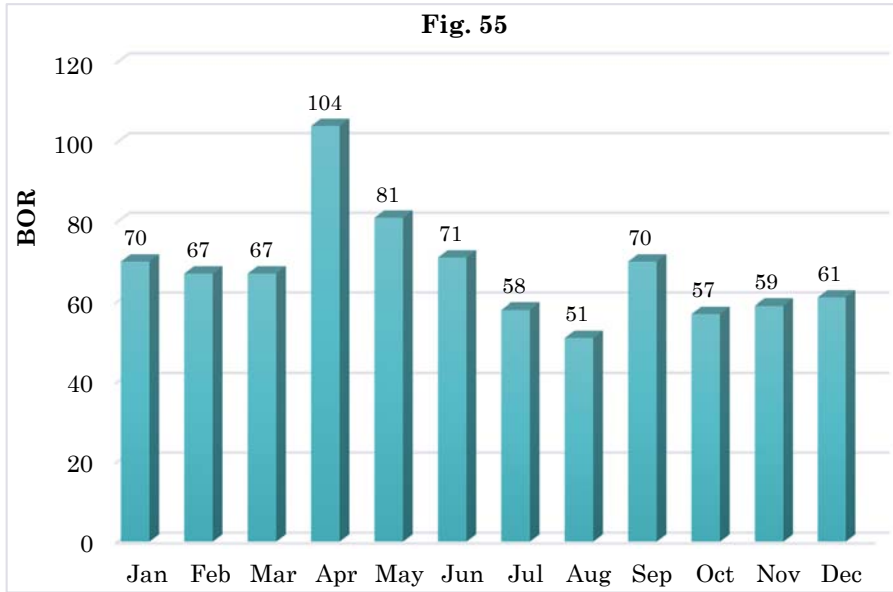
This indicator indicates utilization of laboratory services at the facility and also gives a measure of the proportion of patients receiving diagnostic services from the laboratory of the health facility. This indicator reflects the quality of care in terms of utilization of diagnostic services. It will also help to understand the need for resource allocation for laboratory services based on the utilization rate.



During 2014, of the total admissions (4,485,403), 13,675,393 patients avail the lab services (30%). Detail is shown in fig. 53. In OPD patients (105,371,648), 16,648,059 patients avail the lab services (16%). Detail is shown in fig. 54.

Bed Occupancy Rate

The bed occupancy rate (BOR) is the percentage of occupancy obtained by dividing the



average daily census by the number of available beds.

BOR indicates utilization of hospital indoor services. It may also indicate quality of care.

Annual BOR are used to evaluate or compare how hospitals or individual specialties are using their resources. However, the hospital with a high average occupancy rate may

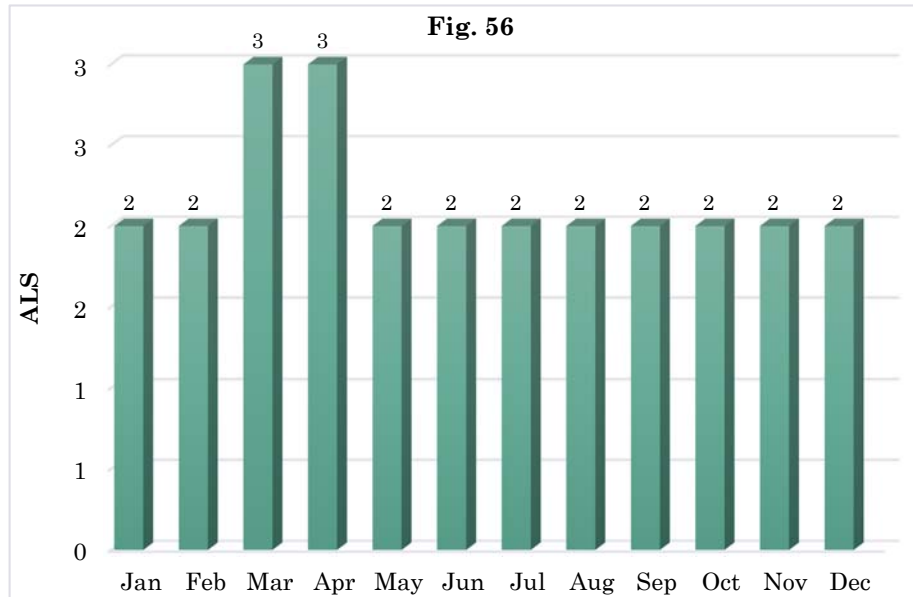
not necessarily be running more effectively than the hospital with a low average. High occupancy rates can be due to longer lengths of stay rather than greater numbers of patients being treated. Furthermore since these averages are generally calculated based on an average number of available staffed beds for a year they frequently conceal bed borrowing by other.

Fig. 55 is showing the monthly bed occupancy rate during 2014. The highest rate is in April (104) and lowest in August (51). The overall bed occupancy rate during 2014 was 68.

Average Length of Stay

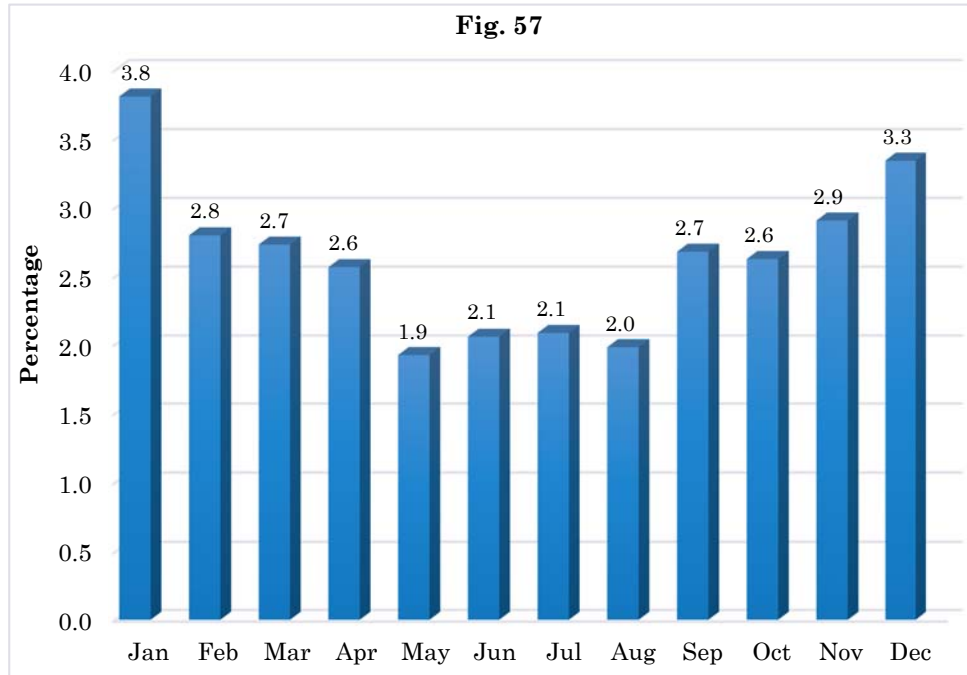
This indicator is the measure of the average duration of hospital stay of admitted patients. This indicator reflects on the intensity of care delivered to hospitalized patients and the probable burden on hospital resources. Like BOR, it is also influenced by factors like patient management practices, quality of care, case-mix and specialty-mix.

Fig. 56 is showing the monthly Average Length



of Stay. It is clear from the graph that the ALS is almost consistent throughout the year.

Hospital Death Rate



This indicator is the measure of the proportion of hospital deaths among admitted patients. This indicator is indicative of quality of care at the hospital indoors.

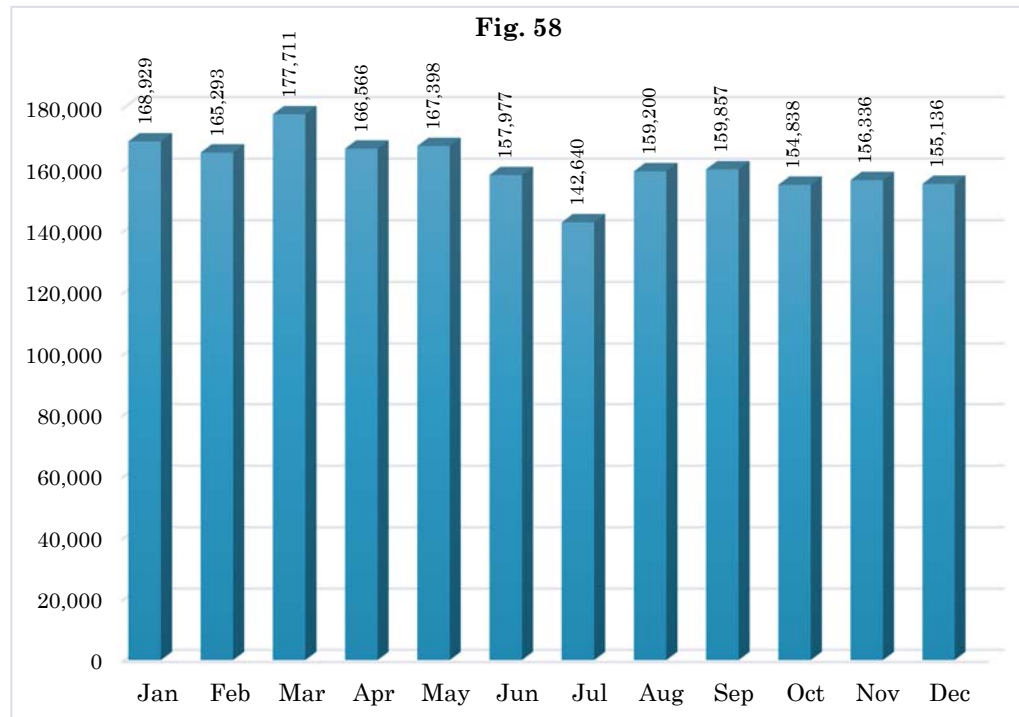
During 2014, of the total admissions in indoor in secondary and tertiary care hospitals (3,972,500), 101,207 (2.5%)

deaths were occurred. It was noted that the percentage of deaths was highest in January (3.8%) and lowest in May (1.9%).

Family Planning Visits

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility (this fact sheet focuses on contraception).

During 2014, 1,931,881 eligible couples availed



the family planning services from the public sector health facilities.

District-wise Number of Commodities Distributed

Table-7:

| Districts | COC cycles | POP cycles | DMPA inj. | Net En Inj. | Condom Pieces | IUCD | Tubal Ligation | Vasectomy | Implants |
|--------------|----------------|---------------|----------------|---------------|------------------|----------------|----------------|--------------|--------------|
| Bahawalnagar | 12,904 | 994 | 6,220 | 938 | 49,651 | 3,196 | 245 | 1 | 0 |
| Bahawalpur | 19,852 | 2,315 | 12,247 | 2,954 | 103,917 | 7,589 | 2,769 | 376 | 179 |
| R.Y Khan | 7,479 | 3,540 | 9,230 | 2,438 | 37,558 | 5,185 | 1,956 | 5 | 20 |
| D.G Khan | 10,242 | 3,049 | 8,705 | 2,352 | 37,484 | 6,032 | 1,162 | 156 | 10 |
| Layyah | 7,862 | 2,075 | 7,692 | 9,978 | 119,983 | 5,201 | 929 | 4 | 66 |
| Muzaffargarh | 29,940 | 5,839 | 21,077 | 5,952 | 460,800 | 11,754 | 2,167 | 2 | 64 |
| Rajanpur | 5,247 | 2,003 | 4,049 | 1,165 | 51,583 | 4,177 | 1,277 | 7 | 4 |
| Faisalabad | 48,822 | 5,615 | 15,052 | 1,430 | 252,052 | 14,493 | 5,444 | 540 | 442 |
| Jhang | 9,088 | 5,504 | 8,405 | 2,240 | 49,119 | 9,749 | 6,187 | 9 | 19 |
| T.T Singh | 8,349 | 1,427 | 6,479 | 4,619 | 47,548 | 3,854 | 990 | 47 | 26 |
| Chiniot | 7,106 | 1,262 | 5,190 | 833 | 12,184 | 4,059 | 249 | 61 | 80 |
| Gujranwala | 12,700 | 2,484 | 10,652 | 1,314 | 99,901 | 6,277 | 2,988 | 7 | 6 |
| Gujrat | 8,605 | 149 | 10,510 | 647 | 85,952 | 3,195 | 294 | 2 | 0 |
| Narowal | 6,743 | 2,062 | 4,811 | 874 | 59,153 | 3,265 | 374 | 0 | 5 |
| Sialkot | 24,734 | 1,009 | 12,216 | 3,910 | 140,327 | 9,572 | 981 | 0 | 22 |
| Hafizabad | 2,694 | 1,289 | 3,342 | 763 | 55,491 | 3,855 | 220 | 3 | 196 |
| M.B Din | 7,754 | 426 | 4,107 | 914 | 112,165 | 3,072 | 61 | 0 | 44 |
| Kasur | 8,602 | 1,226 | 4,730 | 1,744 | 101,691 | 6,057 | 2,248 | 88 | 331 |
| Lahore | 19,987 | 2,835 | 19,753 | 1,233 | 146,134 | 13,903 | 5,391 | 197 | 538 |
| Okara | 13,051 | 2,331 | 6,806 | 1,553 | 87,902 | 5,801 | 447 | 21 | 217 |
| Sheikhupura | 10,491 | 1,502 | 7,215 | 1,792 | 116,680 | 5,376 | 1,327 | 71 | 12 |
| Nankana | 6,763 | 1,058 | 2,550 | 502 | 60,593 | 1,984 | 146 | 0 | 244 |
| Khanewal | 7,916 | 1,757 | 9,103 | 2,658 | 66,133 | 6,313 | 4,586 | 24 | 79 |
| Lodhran | 8,466 | 1,801 | 5,676 | 2,422 | 35,927 | 3,165 | 478 | 16 | 113 |
| Multan | 23,707 | 2,662 | 13,171 | 1,966 | 166,737 | 8,600 | 2,051 | 142 | 200 |
| Pakpattan | 7,142 | 200 | 3,020 | 207 | 17,837 | 1,591 | 72 | 0 | 4 |
| Sahiwal | 10,283 | 1,854 | 8,373 | 751 | 65,952 | 6,141 | 3,270 | 80 | 53 |
| Vehari | 17,399 | 2,923 | 11,649 | 4,497 | 82,699 | 8,312 | 2,660 | 68 | 7 |
| Attock | 6,960 | 1,134 | 7,627 | 1,448 | 105,392 | 2,903 | 195 | 0 | 0 |
| Chakwal | 10,790 | 1,951 | 9,042 | 1,917 | 74,951 | 6,326 | 817 | 188 | 196 |
| Jhelum | 7,716 | 1,461 | 8,479 | 2,148 | 112,054 | 3,578 | 217 | 0 | 9 |
| Rawalpindi | 18,314 | 2,926 | 17,277 | 4,160 | 164,822 | 6,791 | 1,710 | 177 | 133 |
| Bhakkar | 5,426 | 929 | 4,530 | 757 | 10,813 | 1,598 | 503 | 65 | 203 |
| Khushab | 7,000 | 479 | 5,608 | 1,582 | 56,801 | 4,080 | 504 | 8 | 45 |
| Mianwali | 5,487 | 576 | 6,074 | 843 | 45,483 | 2,001 | 352 | 0 | 12 |
| Sargodha | 16,418 | 5,695 | 13,595 | 6,606 | 85,023 | 11,213 | 1,681 | 32 | 17 |
| Total | 442,039 | 76,342 | 314,262 | 82,107 | 3,378,492 | 210,258 | 56,948 | 2,397 | 3,596 |

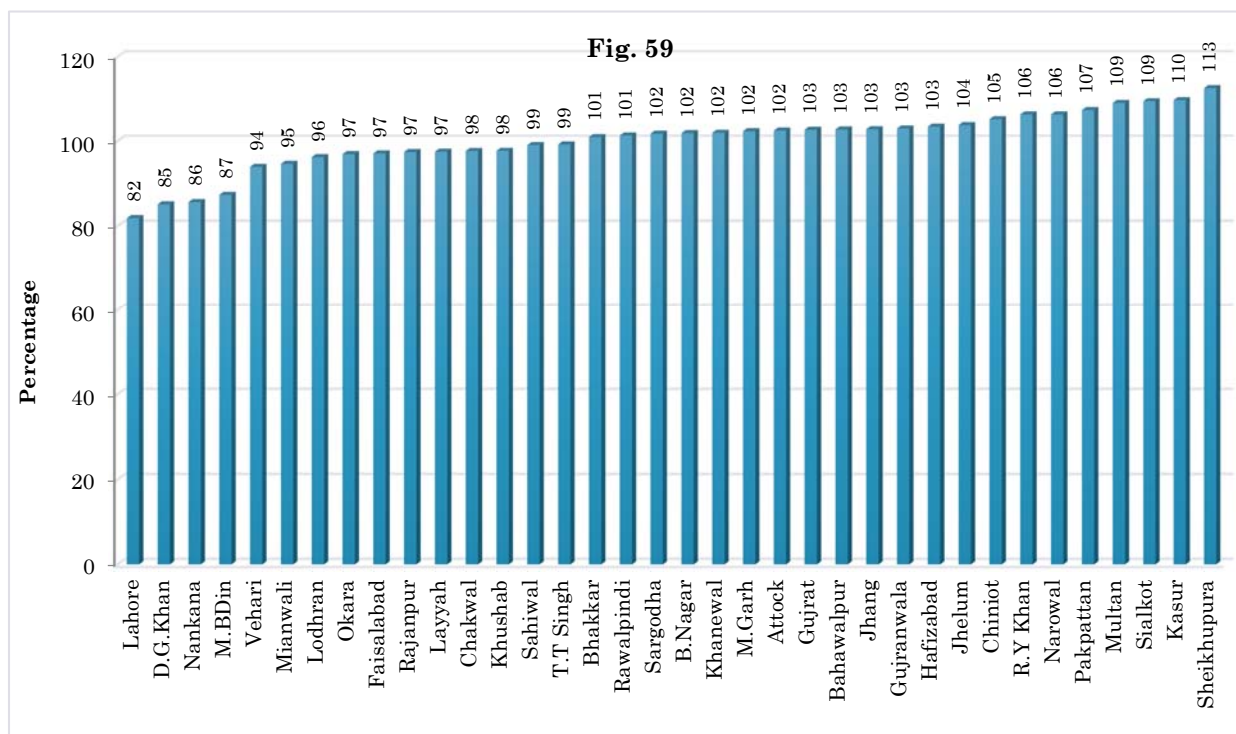
Human Resource

Table 8:

| DISTRICT | Specialist | | Surgeon | | Doctors | | Nurses | | Medical Assistant/Tech. | | LHV | |
|--------------|--------------|--------------|------------|------------|---------------|--------------|---------------|---------------|-------------------------|--------------|--------------|--------------|
| | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled |
| Bahawalnagar | 56 | 25 | 18 | 9 | 300 | 138 | 176 | 149 | 196 | 146 | 143 | 128 |
| Bahawalpur | 120 | 77 | 36 | 27 | 655 | 446 | 772 | 538 | 246 | 188 | 116 | 106 |
| R.Y Khan | 69 | 25 | 29 | 18 | 526 | 449 | 514 | 403 | 266 | 187 | 154 | 143 |
| D.G Khan | 35 | 28 | 18 | 15 | 255 | 201 | 125 | 81 | 143 | 118 | 85 | 75 |
| Layyah | 55 | 31 | 16 | 11 | 207 | 156 | 139 | 117 | 101 | 85 | 64 | 60 |
| Muzaffargarh | 34 | 26 | 23 | 17 | 216 | 196 | 159 | 155 | 120 | 96 | 117 | 112 |
| Rajanpur | 25 | 16 | 13 | 9 | 119 | 91 | 94 | 76 | 75 | 69 | 49 | 47 |
| Faisalabad | 157 | 70 | 32 | 19 | 853 | 734 | 1294 | 1141 | 318 | 258 | 290 | 264 |
| Jhang | 39 | 18 | 17 | 12 | 184 | 109 | 167 | 155 | 122 | 111 | 88 | 81 |
| T.T Singh | 36 | 24 | 13 | 8 | 188 | 126 | 91 | 88 | 111 | 95 | 90 | 85 |
| Chiniot | 13 | 5 | 8 | 6 | 132 | 41 | 54 | 47 | 74 | 63 | 56 | 51 |
| Gujranwala | 51 | 25 | 21 | 19 | 368 | 293 | 277 | 274 | 179 | 155 | 171 | 158 |
| Gujrat | 52 | 30 | 19 | 16 | 285 | 169 | 214 | 191 | 177 | 121 | 136 | 112 |
| Narowal | 22 | 9 | 11 | 7 | 145 | 66 | 107 | 90 | 88 | 48 | 105 | 96 |
| Sialkot | 66 | 38 | 20 | 17 | 321 | 172 | 200 | 185 | 159 | 114 | 199 | 159 |
| Hafizabad | 20 | 11 | 11 | 7 | 166 | 59 | 93 | 86 | 66 | 45 | 55 | 52 |
| M.B Din | 20 | 6 | 14 | 8 | 120 | 61 | 86 | 78 | 101 | 60 | 80 | 64 |
| Kasur | 29 | 15 | 17 | 12 | 268 | 194 | 125 | 122 | 119 | 80 | 129 | 125 |
| Lahore | 367 | 221 | 90 | 62 | 2260 | 1960 | 4020 | 3716 | 544 | 468 | 141 | 138 |
| Okara | 46 | 29 | 19 | 9 | 291 | 109 | 148 | 147 | 158 | 117 | 132 | 113 |
| Sheikhupura | 37 | 17 | 15 | 10 | 251 | 147 | 197 | 172 | 126 | 91 | 103 | 93 |
| Nankana | 30 | 4 | 13 | 7 | 117 | 58 | 102 | 96 | 93 | 75 | 72 | 64 |
| Khanewal | 47 | 20 | 13 | 8 | 224 | 135 | 94 | 87 | 131 | 83 | 109 | 93 |
| Lodhran | 20 | 14 | 6 | 5 | 138 | 93 | 67 | 39 | 70 | 66 | 60 | 60 |
| Multan | 117 | 62 | 39 | 27 | 513 | 487 | 635 | 544 | 189 | 142 | 149 | 134 |
| Pakpattan | 25 | 14 | 8 | 6 | 135 | 89 | 99 | 85 | 88 | 77 | 72 | 69 |
| Sahiwal | 38 | 25 | 20 | 19 | 244 | 159 | 237 | 211 | 152 | 123 | 114 | 105 |
| Vehari | 35 | 25 | 20 | 13 | 214 | 168 | 162 | 147 | 148 | 135 | 110 | 107 |
| Attock | 65 | 20 | 14 | 10 | 218 | 165 | 159 | 143 | 126 | 85 | 83 | 75 |
| Chakwal | 27 | 18 | 14 | 13 | 124 | 98 | 80 | 73 | 88 | 53 | 85 | 82 |
| Jhelum | 40 | 16 | 12 | 8 | 196 | 80 | 131 | 111 | 86 | 61 | 105 | 101 |
| Rawalpindi | 135 | 63 | 37 | 26 | 1444 | 1350 | 745 | 520 | 295 | 166 | 142 | 117 |
| Bhakkar | 41 | 24 | 11 | 9 | 134 | 66 | 128 | 120 | 100 | 83 | 60 | 58 |
| Khushab | 48 | 14 | 11 | 3 | 182 | 57 | 103 | 98 | 82 | 66 | 67 | 66 |
| Mianwali | 40 | 16 | 17 | 9 | 207 | 119 | 145 | 127 | 101 | 72 | 81 | 70 |
| Sargodha | 61 | 43 | 26 | 24 | 321 | 200 | 310 | 286 | 220 | 195 | 167 | 158 |
| Total | 2,118 | 1,124 | 721 | 505 | 12,521 | 9,241 | 12,249 | 10,698 | 5458 | 4,197 | 3,979 | 3,621 |

| DISTRICT | Dispenser | | EPI Vaccinator | | Sanitary inspectors | | Midwives | | Others | |
|--------------|--------------|--------------|----------------|--------------|---------------------|--------------|--------------|--------------|---------------|---------------|
| | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled | Sanc. | Filled |
| Bahawalnagar | 236 | 217 | 92 | 88 | 108 | 70 | 277 | 117 | 1,087 | 959 |
| Bahawalpur | 268 | 247 | 95 | 90 | 78 | 71 | 256 | 132 | 1,063 | 939 |
| R.Y Khan | 273 | 265 | 102 | 95 | 59 | 12 | 239 | 101 | 1,633 | 1,422 |
| D.G Khan | 137 | 130 | 63 | 53 | 39 | 18 | 167 | 131 | 225 | 197 |
| Layyah | 125 | 112 | 45 | 45 | 42 | 40 | 121 | 104 | 736 | 578 |
| Muzaffargarh | 203 | 191 | 89 | 85 | 71 | 63 | 203 | 144 | 812 | 645 |
| Rajanpur | 105 | 103 | 37 | 34 | 31 | 31 | 75 | 74 | 390 | 383 |
| Faisalabad | 446 | 425 | 26 | 22 | 145 | 81 | 331 | 290 | 3,248 | 2,663 |
| Jhang | 143 | 130 | 68 | 67 | 59 | 56 | 168 | 121 | 506 | 432 |
| T.T Singh | 129 | 121 | 64 | 55 | 71 | 22 | 164 | 70 | 133 | 114 |
| Chiniot | 74 | 65 | 37 | 36 | 36 | 30 | 98 | 53 | 316 | 185 |
| Gujranwala | 243 | 237 | 97 | 83 | 101 | 95 | 287 | 228 | 968 | 854 |
| Gujrat | 217 | 203 | 108 | 100 | 86 | 43 | 330 | 129 | 847 | 644 |
| Narowal | 110 | 92 | 59 | 54 | 56 | 49 | 121 | 104 | 700 | 497 |
| Sialkot | 211 | 185 | 1 | 1 | 88 | 77 | 184 | 151 | 1,085 | 968 |
| Hafizabad | 96 | 92 | 31 | 25 | 32 | 21 | 70 | 55 | 406 | 369 |
| M.B Din | 120 | 111 | 71 | 67 | 50 | 42 | 147 | 78 | 162 | 111 |
| Kasur | 196 | 194 | 91 | 81 | 85 | 62 | 168 | 145 | 338 | 309 |
| Lahore | 369 | 352 | 155 | 152 | 86 | 84 | 153 | 146 | 3,435 | 2,977 |
| Okara | 205 | 193 | 112 | 93 | 98 | 86 | 257 | 143 | 1,161 | 1,045 |
| Sheikhupura | 141 | 137 | 87 | 74 | 76 | 63 | 174 | 120 | 417 | 352 |
| Nankana | 117 | 114 | 55 | 54 | 48 | 45 | 135 | 79 | 585 | 445 |
| Khanewal | 155 | 138 | 94 | 83 | 81 | 73 | 125 | 78 | 519 | 468 |
| Lodhran | 80 | 79 | 50 | 49 | 47 | 41 | 65 | 65 | 342 | 341 |
| Multan | 243 | 220 | 165 | 162 | 82 | 72 | 228 | 167 | 4,031 | 3,850 |
| Pakpattan | 99 | 99 | 54 | 54 | 53 | 39 | 141 | 129 | 148 | 132 |
| Sahiwal | 173 | 160 | 88 | 87 | 76 | 68 | 221 | 102 | 1,041 | 771 |
| Vehari | 214 | 210 | 77 | 72 | 74 | 63 | 163 | 144 | 536 | 498 |
| Attock | 139 | 131 | 62 | 47 | 64 | 19 | 155 | 101 | 461 | 368 |
| Chakwal | 123 | 115 | 58 | 46 | 15 | 3 | 114 | 96 | 142 | 110 |
| Jhelum | 123 | 116 | 49 | 42 | 54 | 48 | 133 | 108 | 758 | 633 |
| Rawalpindi | 297 | 188 | 107 | 80 | 76 | 29 | 216 | 79 | 426 | 355 |
| Bhakkar | 134 | 131 | 41 | 41 | 37 | 36 | 123 | 110 | 461 | 428 |
| Khushab | 130 | 125 | 9 | 9 | 39 | 28 | 133 | 86 | 761 | 419 |
| Mianwali | 128 | 123 | 39 | 39 | 38 | 33 | 111 | 86 | 416 | 337 |
| Sargodha | 213 | 200 | 146 | 135 | 133 | 122 | 329 | 285 | 1,631 | 1,476 |
| Total | 6,415 | 5,951 | 2,624 | 2,400 | 2,414 | 1,835 | 6,382 | 4,351 | 31,926 | 27,274 |

Immunization Coverage

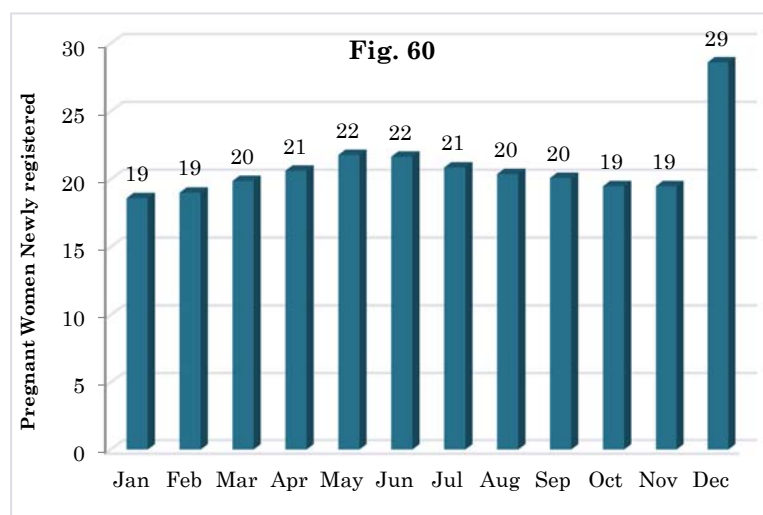


The source of data regarding immunization coverage is “monthly EPI report of Provincial EPI cell” of Directorate General Health services.

This indicator is the measure of the percentage of children who have received the first dose of measles vaccine in a given year. Immunization coverage estimates are used to monitor immunization services, to guide disease eradication and elimination efforts, and are a good indicator of health system performance.

Fig. 59 is showing the percentages of Immunization coverage during 2014. Highest coverage was reported in Sheikhpura (113%) and in Lahore the lowest coverage was reported (82%).

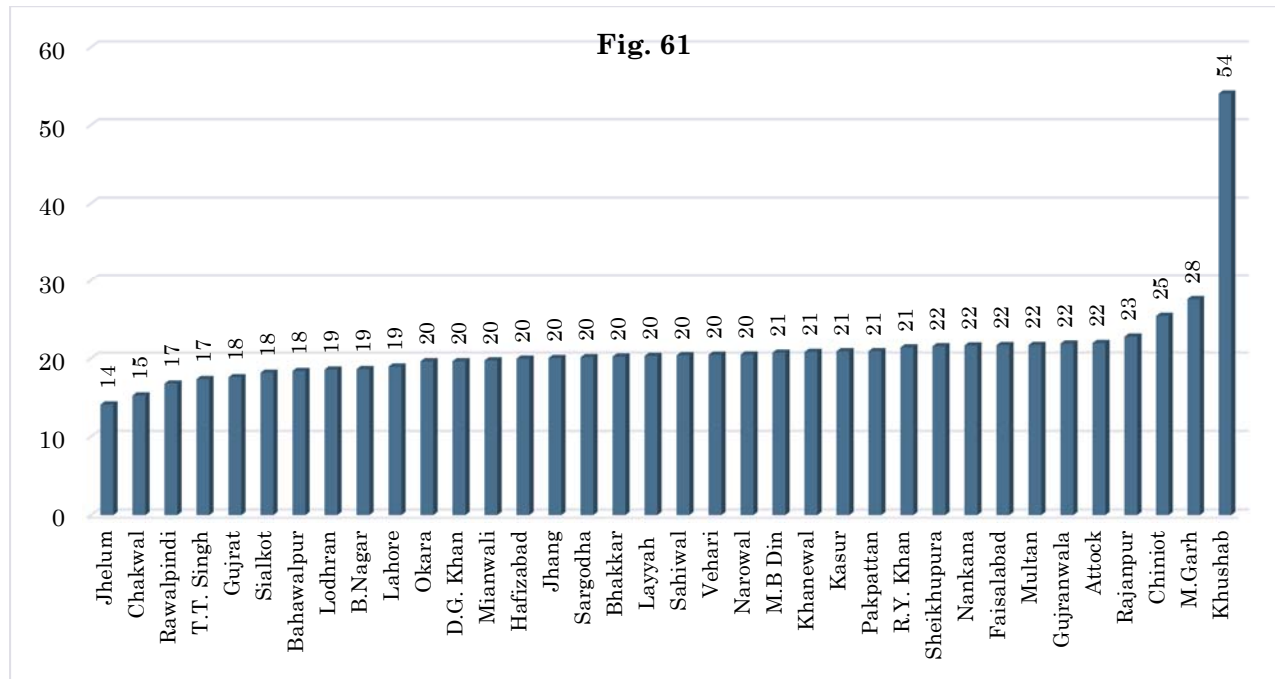
Number of Pregnant Women Newly Registered per LHW



The source of data regarding Number of pregnant women newly registered per HW and Delivery by skill birth attendants reported through LHW is “monthly report of National Program for family planning Services”.

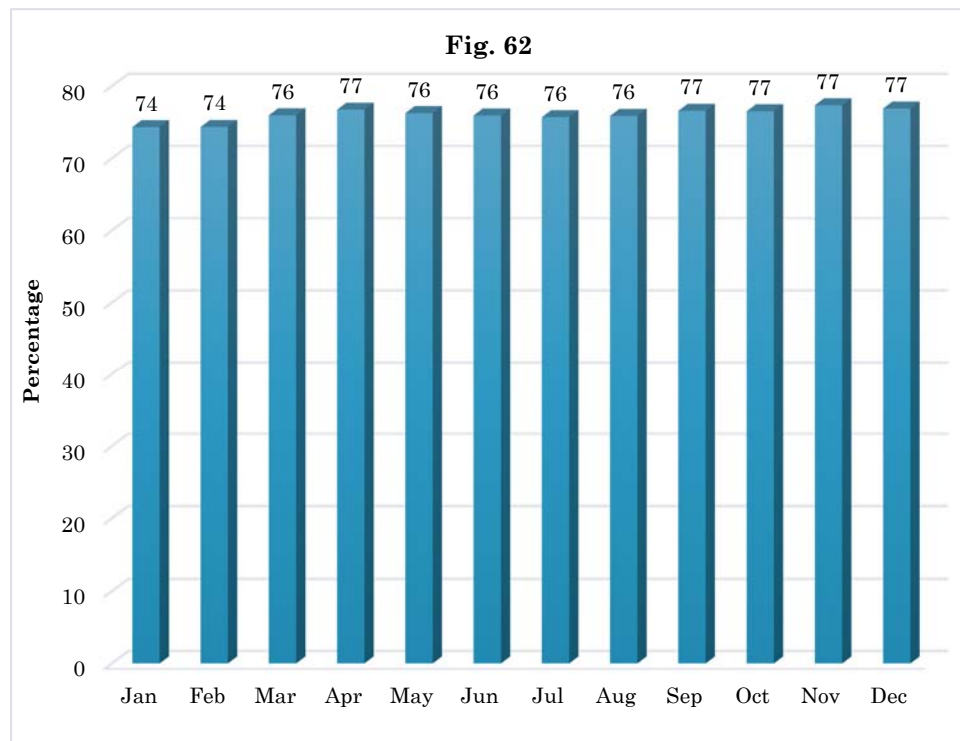
Fig. 60 shows the month wise average number of pregnant women registered per HW. It can be seen that the highest no. of pregnant women were registered in December (29).

District wise Percentage of Pregnant Women Newly Registered per LHW

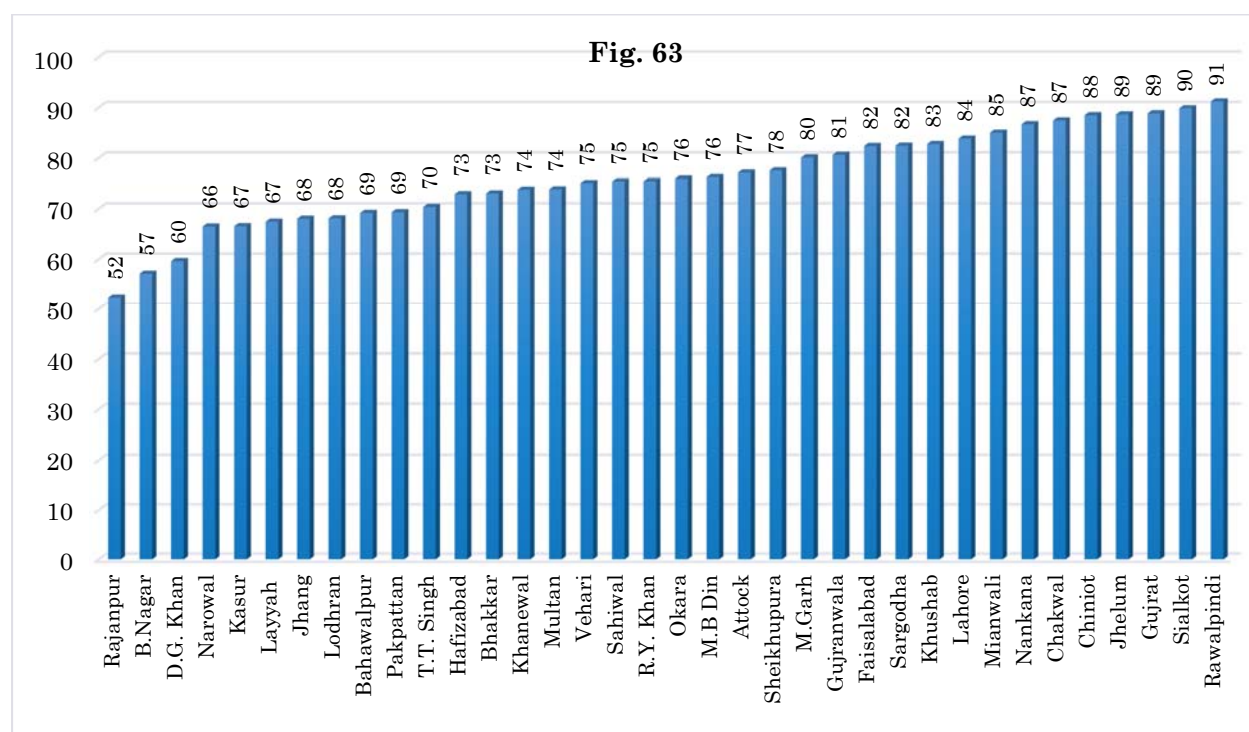


Delivery by Skilled Birth Attendants Reported through LHWs

This analysis is based on the information provided by the LHWs in their respective catchment population. Fig. 62 is showing the month-wise percentages of deliveries by skilled birth attendants. It is clear from the graph that the percentage of delivery by skilled birth attendants remained static throughout the year. The percentages were almost consistent throughout the year.



District wise Percentage of Delivery by Skilled Birth Attendants Reported through LHWs



Provincial Tb Control Program-Punjab Performance Brief

The source of data regarding Pulmonary Tuberculosis Patients is “National TB Control Program”.

Targets:

- By 2015, the global burden of TB disease will be reduced by 50% relative to 1990 levels.
- By 2050, TB will be eliminated as a global public health problem. The global incidence of TB disease will be less than 1 per million populations.

TB situation in Punjab:

- 56% of TB case load of whole Pakistan is in Punjab
- The estimated incidence of All Type TB cases is 276/100,000 population
- Free of cost facilities for diagnosis & treatment of TB available at all health facilities

Table 9: Program Network in Punjab:

| | |
|---|-------|
| Total Basic Management Units (BMUs) in Province (All RHC, THQ, DHQ, Tertiary Care Hospitals) | 559 |
| BMUs in Public Sector | 479 |
| BMUs in Parastatal Sector (PESSI, Railway)Private Sector (Pakistan Anti TB association, Ghulab Devi Hospital and others) | 96 |
| General Practitioners in Private Public Mix (PPM) | 1,248 |
| Private Labs in Private Public Mix | 119 |

Project Interventions

1. Core TB-DOTS
2. Drug Resistant (DR)TB
3. Childhood TB
4. Hospital DOTS Linkage (HDL)
 - ▶ TB/HIV Co-infection
 - ▶ Referral
5. Public Private Mix (PPM)
6. Establishment of Lab Network
7. TB Drug Management

Table 10: Tertiary Care Hospitals under DOTS

| | |
|------------------------------------|---|
| Mayo Hospital Lahore | Children Hospital, Lahore |
| Services Hospital Lahore | DHQH Rawalpindi |
| Sir Ganga Ram Hospital Lahore | DHQH Sargodha |
| Lahore General Hospital | DHQH Faisalabad |
| Allied Hospital Faisalabad | Nishter Hospital Multan |
| Benazir Bhutto Hospital Rawalpindi | Bahawalpur Victoria Hospital Bahawalpur |
| Holy Family Hospital Rawalpindi | Shiekh Zayed Hospital Rahimyar Khan |
| Jinnah Hospital Lahore | Gulab Devi Hospital Lahore |

Quarter Wise Performance Indicators-2014

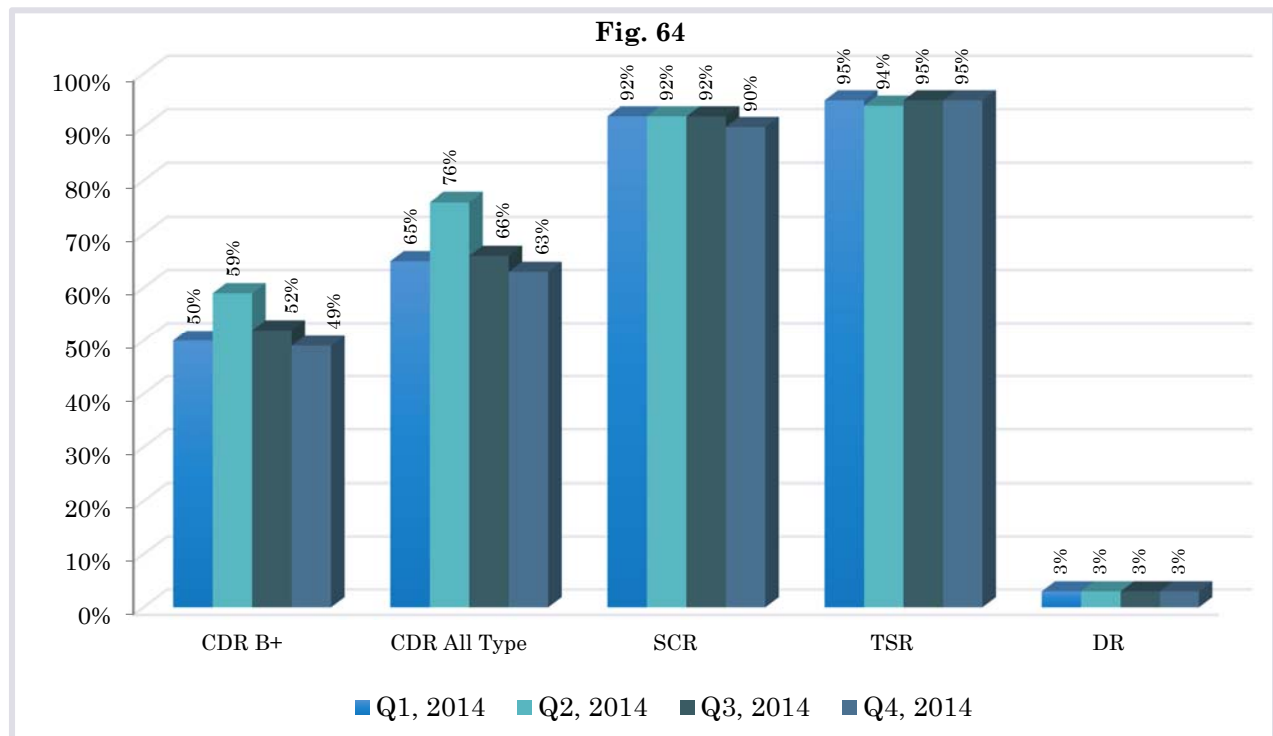


Table 11: KEYS

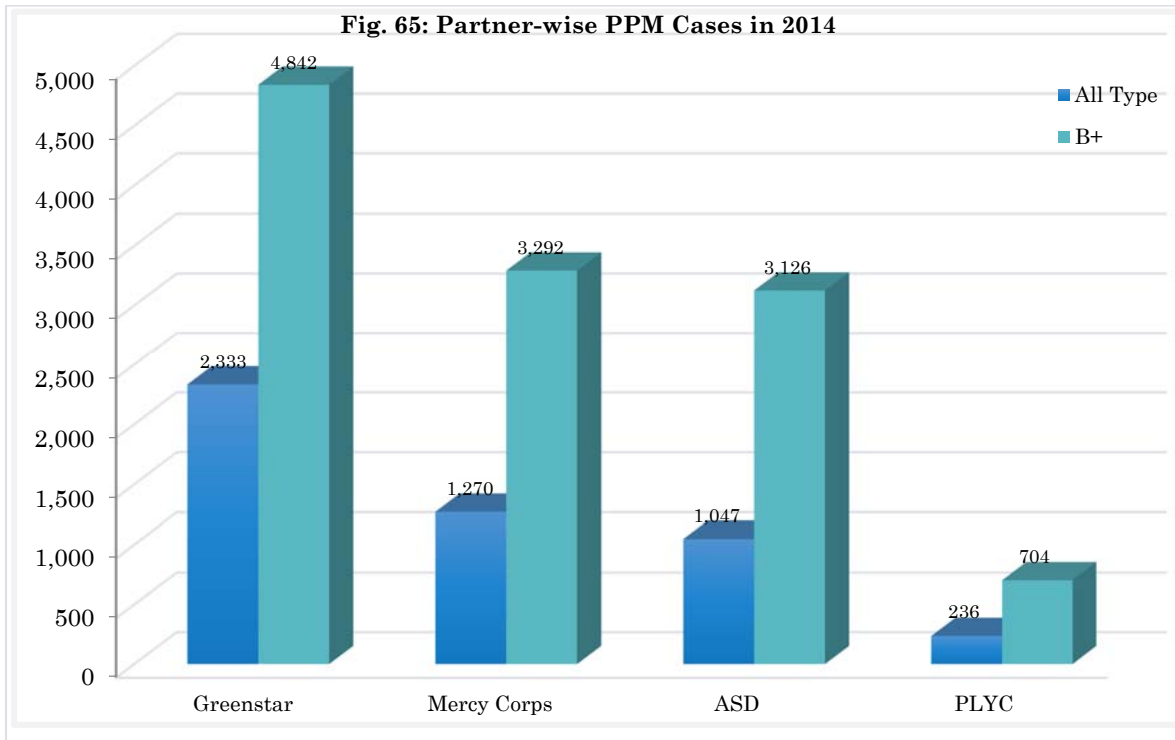
| CDR B+ | CDR ALL TYPE | SCR | TSR | DR |
|------------------------------|------------------------------------|------------------------|------------------------|--------------|
| Case Detection Rate B+ Cases | Case Detection Rate All Type Cases | Sputum Conversion Rate | Treatment Success Rate | Default Rate |

District Performance-2014**Table 12:**

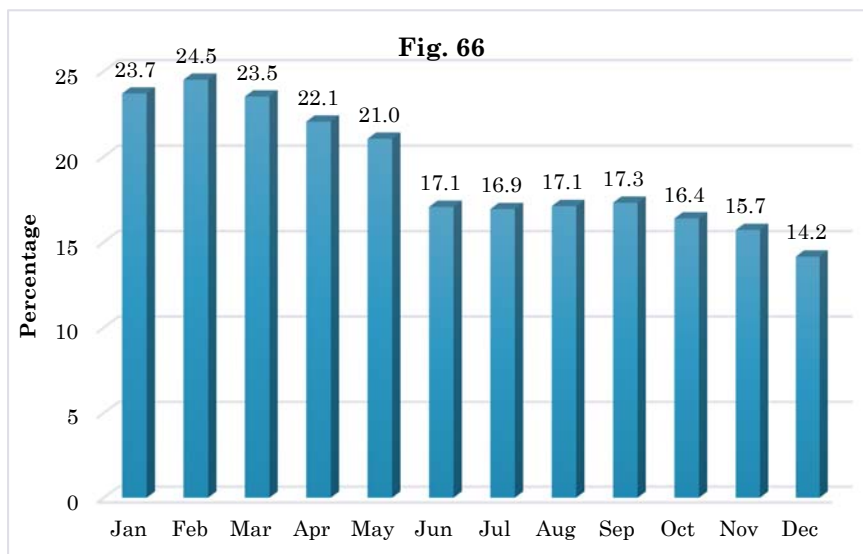
| Sr. No. | Districts | CDR B+ 70% | CDR All Type 70% | SCR 90% | TSR 85% | DR < 5% |
|---------|-----------------|---------------|---------------------|------------|------------|------------|
| 1 | Attock | 41% | 50% | 68% | 96% | 3% |
| 2 | Bahawalpur | 70% | 73% | 90% | 97% | 2% |
| 3 | Bahawalnagar | 56% | 64% | 91% | 96% | 2% |
| 4 | Bhakkar | 62% | 64% | 89% | 96% | 0% |
| 5 | Chakwal | 39% | 45% | 89% | 98% | 1% |
| 6 | Chiniot | 72% | 66% | 88% | 96% | 1% |
| 7 | Dera Ghazi Khan | 72% | 84% | 91% | 99% | 1% |
| 8 | Faisalabad | 47% | 64% | 94% | 96% | 2% |
| 9 | Gujranwala | 50% | 94% | 93% | 95% | 4% |
| 10 | Gujrat | 41% | 51% | 90% | 98% | 1% |
| 11 | Hafizabad | 50% | 59% | 83% | 95% | 3% |
| 12 | Jhang | 53% | 57% | 97% | 98% | 1% |
| 13 | Jhelum | 68% | 68% | 89% | 96% | 1% |
| 14 | Kasur | 59% | 68% | 91% | 94% | 2% |
| 15 | Khanewal | 50% | 55% | 90% | 95% | 3% |
| 16 | Khushab | 58% | 63% | 84% | 98% | 2% |
| 17 | Lahore | 56% | 96% | 83% | 86% | 9% |
| 18 | Layyah | 52% | 59% | 93% | 100% | 0% |
| 19 | Lodhran | 30% | 53% | 85% | 94% | 3% |
| 20 | Mandi Bahauddin | 52% | 73% | 87% | 95% | 2% |
| 21 | Mianwali | 66% | 79% | 90% | 98% | 1% |
| 22 | Multan | 51% | 64% | 91% | 93% | 3% |
| 23 | Muzaffargarh | 61% | 75% | 96% | 97% | 0% |
| 24 | Nankana Sahib | 59% | 53% | 86% | 94% | 2% |
| 25 | Narowal | 38% | 45% | 91% | 95% | 3% |
| 26 | Okara | 45% | 58% | 91% | 96% | 2% |
| 27 | Pakpattan | 66% | 71% | 93% | 97% | 1% |
| 28 | Rahimyar khan | 36% | 43% | 85% | 93% | 3% |
| 29 | Rajan pur | 67% | 65% | 95% | 99% | 1% |
| 30 | Rawalpindi | 52% | 94% | 83% | 91% | 6% |
| 31 | Sahiwal | 67% | 81% | 89% | 96% | 2% |
| 32 | Sargodha | 68% | 78% | 93% | 96% | 2% |
| 33 | Sheikhupura | 30% | 34% | 96% | 100% | 0% |
| 34 | Sialkot | 57% | 68% | 91% | 96% | 2% |
| 35 | Toba Tek Singh | 43% | 51% | 89% | 97% | 2% |
| 36 | Vehari | 55% | 63% | 86% | 92% | 3% |
| | Punjab | 63% | 67% | 87% | 95% | 3% |

Public Private Mix (PPM)

- Tertiary Care Hospitals
- Parastatal Hospitals
- Pakistan Anti TB Association
- General Practitioners in 32 districts
 - ✓ Green Star Social Marketing
 - ✓ Association for Social Development
 - ✓ Mercy Corps
 - ✓ Pakistan Lions Youth Council (PLYC)



Stock out Status



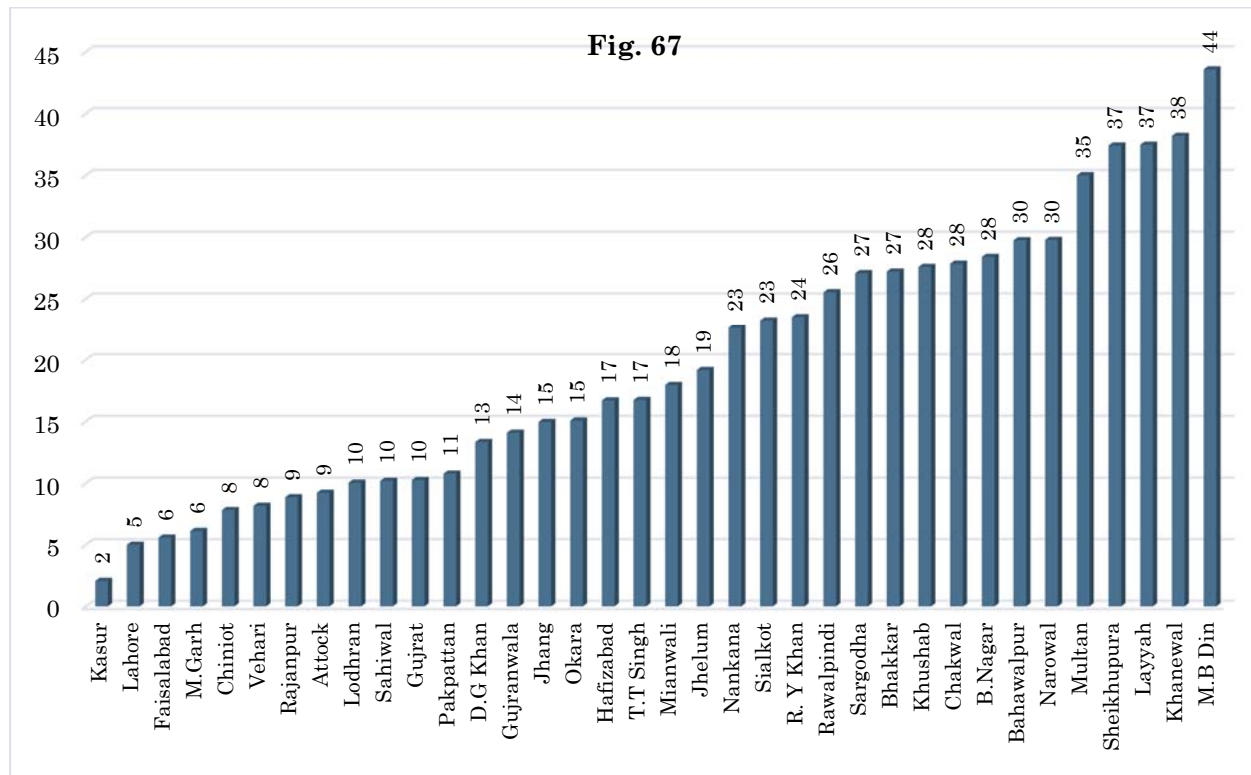
This indicator measures the percent of health facilities that experienced a stock-out of any tracer drug/medicine for any number of days at any time of the year.

Ideally, there should not be any stock-out situation in the facilities. Occurrence of stock-out of any tracer drug for any number of days in a year will indicate that there is a breakage anywhere in the logistic system.

By analyzing this indicator the district manager can identify whether breakdown in the logistic supply system in the district is a wide-spread phenomenon involving many health facilities or only occurring sporadically; whether such breakages are occurring regularly throughout the year or only occur occasionally. In this way the probable site of fault in the supply line can be identified and appropriate measures can be taken to improve the situation.

It can be seen in fig. 66 that the percentage of out of stock medicines was highest in February (24.5%). The main medicines which remain out of stock were Tab. Cotrimoxazole (30%), Syp. Salbutamol and Syp. Anthelmintic (27% each), Cap. Amoxicillin, Syp. Amoxicillin and Syp. Cotrimoxazole (24% each). The data of outlier districts need to be read carefully and should be validated.

District wise Percentage of Stock-out



*You can use all the quantitative data you can get,
but you still have to distrust it and
use your own intelligence and judgment*

--Alvin Toffler