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 District and Health Facility wise status

DHIS ANNUAL REPORT 2015

MIS Cell DIRECTORATE GENERAL HEALTH SERVICES PUNJAB 24 Cooper Road Lahore

Message from the Director General Health Services, Punjab

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.

Dr. Mukhtar Hussain Syed

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. The intention of this report, and those in future, is to speak to aspects of health in the population, as well as to a specific issue or theme. It will serve to define some key public health issues of the day and consider how they can be approached. We hope this report would be helpful in making decisions by provincial, divisional and district managers.

Dr Ahmad Nadeem Zaka
Director Health Services (MIS)

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Executive Summary

The provision of timely and effective health care 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 discusses. 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 2015.

The detailed analysis of 2015 data is presented in this report. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2015 the reporting compliance was above 99%. The total OPD in 2015 was 113 million. The per capita OPD in 2015 was 1.2 which had increased from the previous years. On average, per day OPD attendance in teaching/tertiary hospitals was 77280. In DHQs 32896, THQs 49928, in RHCs 49237 and in BHUs 114708 visits were reported. In age and gender wise analysis, the percentage of female patients was higher (54%) and the highest number of patients was reported in age group 15-49 years in which female were 27% and male were 20%.

Forty-three diseases are reported through DHIS. The patients of reported diseases constitute overall 49% of the total patients in 2015 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 58% while the non-communicable diseases were 42%. 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 2010-2014 and it is compared with 2015 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2015, the overall ANC-1 coverage in Punjab was 108% of the total expected population (3.4%). Out of the total ANC-1 women, 20% were reported with hemoglobin 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 Health Facilities of Punjab during 2015 was 30% 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 515 per month per teaching/tertiary care hospitals, in DHQs hospitals 204, in

THQs 62, in RHCs 39 and in BHUs 10 deliveries per month. Out of the total deliveries, the deliveries with obstetric complications were only 9% and deliveries with C-section constitute 15% 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 1.5% 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 2015, of the total OPD patients (113 million), 116million patients availed the lab services and in indoor, of the total admissions (5 million).outdoor, of the total OPD Patients (111 million).

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 2015 was 77%. 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 2015.

Hospital death rate is the measure of the proportion of hospital deaths among admitted patients. During 2015, of the total admissions in indoor, 2% 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 7 %.

During 2015, 14% eligible couples availed the family planning services from the public sector health facilities against the expected population (16% MCBA).

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 analyze 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:

District	THOS	DHQ	THQ	RHC	BHU	MCH	Disp.	SHC	TBC	Total
Bahawalnagar	0	1	4	10	102	7	0	0	1	125
Bahawalpur	1	0	4	11	73	10	5	0	2	106
Rahimyar Khan	1	0	3	19	104	7	0	0	2	136
D.G Khan	1	0	3	10	50	5	23	0	0	92
Layyah	0	1	5	3	39	2	21	0	0	71
Muzaffargarh	0	1	3	13	72	3	5	0	0	97
Rajanpur	0	1	3	6	33	1	2	0	0	46
Faisalabad	2	1	5	13	168	5	6	12	0	212
Jhang	0	1	2	9	58	6	8	0	1	85
Toba Tek Singh	0	1	2	8	70	2	0	0	1	84
Chiniot	0	1	2	3	36	2	1	0	1	46
Gujranwala	1	0	3	10	93	10	22	0	1	140
Gujrat	1	0	1	10	90	7	2	0	0	111
Narowal	0	1	1	7	57	4	4	0	1	75
Sialkot	2	0	4	6	88	15	18	0	1	134
Hafizabad	0	1	1	6	32	4	0	0	0	44
Mandi Bahauddin	0	1	1	9	49	4	1	0	0	65
Kasur	0	1	2	12	82	8	23	0	1	129
Lahore	17	1	3	6	36	50	42	0	0	155
Okara	0	2	2	10	96	4	1	0	1	116
Sheikhupura	0	1	4	7	79	4	4	0	0	99
Nankana Sahib	0	1	2	6	48	4	18	0	0	79
Khanewal	0	1	3	7	82	4	17	0	0	114
Lodhran	0	1	2	4	48	1	5	0	0	61
Multan	1	0	5	8	82	5	4	0	0	105
Pakpattan	0	1	1	5	53	2	6	0	1	69
Sahiwal	2	0	1	11	75	2	16	0	0	107
Vehari	0	1	2	14	74	4	4	0	0	99
Attock	0	1	5	5	62	4	2	1	0	80
Chakwal	0	1	3	10	64	1	4	0	0	83
Jhelum	0	1	2	6	45	6	8	0	0	68
Rawalpindi	3	0	6	8	98	12	6	0	0	133
Bhakkar	0	1	3	4	39	2	12	13	0	74
Khushab	0	1	4	5	42	7	8	0	0	67
Mianwali	0	1	3	10	40	5	14	0	0	73
Sargodha	1	0	9	11	124	5	7	0	0	157
Grand Total	**33**	**27**	**109**	**302**	**2483**	**224**	**319**	**26**	**14**	**3537**

List of THQs/Civil Hospitals in Punjab

Table 2:

Sr	Facility Name	Sr	Facility Name	Sr	Facility Name
District: Bahawalnagar		40	THQ Hospital Noshehra Vikran	**District: Pakpattan**	
1	THQ Hospital, Haroon Abad	**District: Gujrat**		76	THQ Hospital, Arifwala Arifwala
2	THQ Hospital, Chishtian	41	THQ Hospital Kharian	**District: Sahiwal**	
3	THQ Hospital, Fort Abbas.	42	CIVIL Hospital, Kotla Arab Ali Khan	77	THQ Hospital Chichawatni
4	THQ Hospital, Minchinabad	43	Civil Hospital Dinga	**District: Vehari**	
District: Bahawalpur		44	CIVIL Hospital Jalalpur Jattan	78	THQ Mailsi
5	THQ Hospital, Ahmadpur East	**District: Narowal**		79	THQ Burewala
6	THQ Hospital, Hasilpur.	45	THQ Shakargarh	**District: Attock**	
7	THQ KhairPur Tamewali	**District: Sialkot**		80	THQ Hospital Fateh Jang
8	THQ Yazman	46	CIVIL Hospital Daska	81	THQ Hassan Abdal
9	CIVIL Hospital Bahawalpur	47	THQ Hospital Pasrur	**Tehsil: Hazro**	
District: Rahimyar Khan		48	THQ Kotli Loharan	82	THQ Hospital Hazro
10	THQ Hospital Liaquatpur	49	THQ Sambrial	83	THQ Hospital Jand
11	THQ Hospital Sadiqabad	**District: Hafizabad**		84	THQ Hospital PindiGheb
12	THQ Hospital Khanpur	50	THQ Pindi Bhattian	**District: Chakwal**	
District: D.G Khan		**District: Mandi Bahauddin**		85	THQ ChoaSaiden Shah
13	THQ Hospital Tauns	51	THQ Hospital	86	City Hospital Talagang
14	CIVIL Hospital Fort Munroo	**District: Kasur**		87	THQ TALAGANG
15	CIVIL Hospital Sakhi Sarwar	52	THQ, Hospital Chunian	**District: Jhelum**	
District: Layyah		53	THQ Hospital Pattoki	88	THQ Hospital PD Khan
16	THQ Hospital Chowk Azam	**District: Lahore**		89	THQ Hospital Sohawa
17	THQ Hospital Kot Sultan	54	Govt. Hospital Shahdra	**District: Rawalpindi**	
18	THQ Hospital Karor	55	GMH Pathi Ground	90	THQ Hosp Gujar Khan
19	THQ Hospital FatehPur	56	GMH Chohan Road	91	THQ Hosp Kahuta
20	THQ Hospital Choubara	**District: Okara**		92	THQ Kotli Sattian
District: Muzaffargarh		57	THQ Hospital Depalpur	93	THQ Hosp: Murree
21	THQ Hospital Alipur	58	THQ Hospital Havali Lakha	94	THQ Hospital Taxila
22	THQ Jatoi	**District: Sheikhupura**		95	THQ Hospital Kallar Syedan
23	THQ Hospital KotAdu	59	THQ Hospital Ferozewala	**District: Bhakkar**	
District: Rajanpur		60	THQ Hospital SharaqPur Sharif	96	THQ Hospital Kalurkot, Kalurkot
24	Civil Hospital Shah WALI	61	THQ Hospital Muridke	97	THQ Hospital Mankera, Mankera

25	THQ Hospital Rojhan	62	THQ Hospital Safdarabad	98	THQ Hospital, Daryakhan
26	THQ Hospital Jampur	**District: Nankana Sahib**		**District: Khushab**	
District: Faisalabad		63	THQ Shahkot	99	THQ Hospital Khushab Khushab
27	THQ Hospital ChakJhumra	64	THQ Sangla Hill	100	THQ Hospital Noor PurThal
28	THQ Hospital Jaranwala	65	Civil Hospital Sangla Hill	101	THQ Hospital Qaidabad
29	THQ Hospital Tandilian wala	**District: Khanewal**		102	THQ Hospital Naushera
30	THQ Hospital Sumundri	66	THQ Hospital Jahanian	**District: Mianwali**	
31	Govt. General Hospital Samanabad	67	THQ Hospital Kabir Wala	103	THQ Hospital Isa Khel
District: Jhang		68	THQ Hospital Mian Channu	104	THQ Level Hospital Kalabagh
32	THQ Hospital Shorkot	**District: Lodhran**		105	THQ Hospital Piplan
33	THQ Ahmed purSial	69	THQ Hospital KehrorPacca	**District: Sargodha**	
District: Toba Tek Singh		70	THQ Hospital Dunyapur	106	THQ Hospital Bhalwal
34	GOVT.Eye-Cum-General Hospital Gojra	**District: Multan**		107	THQ KotMomin
35	THQ Hospital Kamalia	71	GOVT. Mushtaq Lang THQ Hosp.Jalalpur Pirwala	108	THQ Sahiwal
District: Chiniot		72	GOVT.THQ HOSPITAL SHUJABAD	109	THQ Sillanwali
36	THQ Lalian	73	Govt. Mian Muhammad Shahbaz Sharif General Hospital Multan	110	THQ Hospital Chak no. 90/Sb
37	THQ Bhowana	74	GOVT. Fatima Jinnah Women Hosp. Multan (Ss)	111	THQ Bhagtanwala
District: Gujranwala		75	GOVT. Civil Hospital Multan (Ss)	112	GOVT. Tb Hospital Sargodha
38	THQ Hospital Wazirabad	**District: Pakpattan**		113	THQ Hospital Shahpur
39	THQ Hospital Kamoke	76	THQ Hospital, Arifwala Arifwala	114	THQ Bhera

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. MianMunshi 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 HopitalSheikhupura
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:

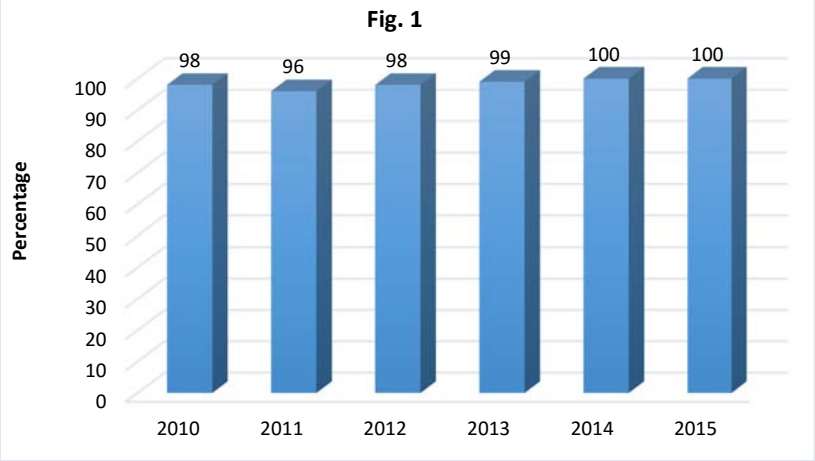
B.V. Hospital Bahawalpur	General Hospital Lahore
Teaching Hospital Sheikh Zayed RYK	Mayo Hospital Lahore
Teaching Hospital D.D. Khan	Service Hospital Lahore
District Head Quarter Hospital Faisalabad	Jinnah Hospital Lahore
Allied Hospital Faisalabad	Punjab Institute of Cardiology Hospital Lahore
DHQ/Teaching Hospital Gujranwala	Govt. Teaching Hospital Shahdra
Aziz Bhatti Shaheed (DHQ) Hospital, Gujrat	Govt. Nawaz Sharif Hospital Yakki Gate Lahore
Allama Iqbal mem. Hosp. Sialkot	Shaikh Zayed Hospital Lahore
Govt. Sardar Begum Hospital Sialkot	Children Hospital Lahore
Institute of Mental Health Lahore	Nishter Hospital Multan
Punjab Dental Hospital Lahore	DHQ Teaching Hospital Sahiwal
Govt. Mozang Hospital	Govt. Haji Abdul Qayyum Teaching Hospital Sahiwal
Said Mitha Hospital Lahore	Holy Family Hospital Rawalpindi
Govt. Kot Khawaja Saeeed Hospital Lahore	Benazir Bhutto Hospital Rawalpindi
Lady Aitchison Hospital Lahore	DHQ Hospital Rawalpindi
Lady Wallingdon Hospital, Lahore	DHQ Teaching Hospital Sargodha
Sir Ganga Ram Hospital Lahore	

Year-Wise Comparison of Important Indicators

Reporting Compliance

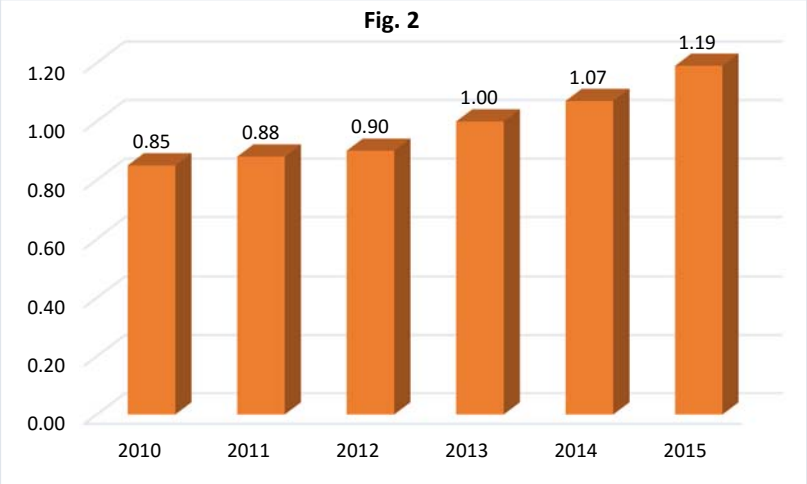
The graph shows the year wise comparison of reporting compliance. The target for reporting compliance is 95% and it can be seen that during previous five years, the reporting regularity of Province Punjab is above the target.

Fig. 1



Per Capita OPD Attendance

Fig. 2

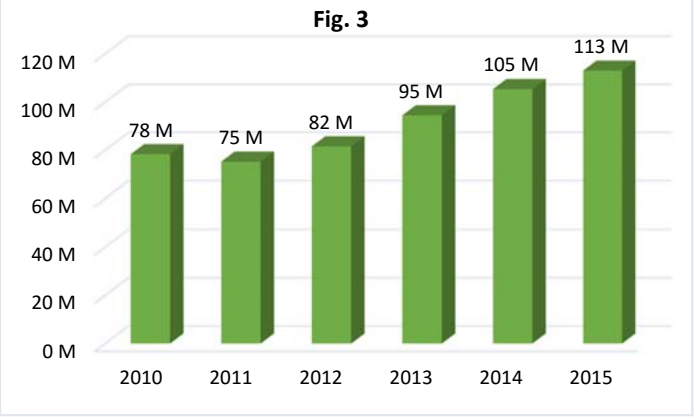


The year wise comparison of per capital OPD attendance is shown in fig. 2. It can be seen that there is improvement every year in Per capita OPD which implies that the population is satisfied by provision of services in the public health facilities.

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.

Fig. 3



Antenatal Care Services

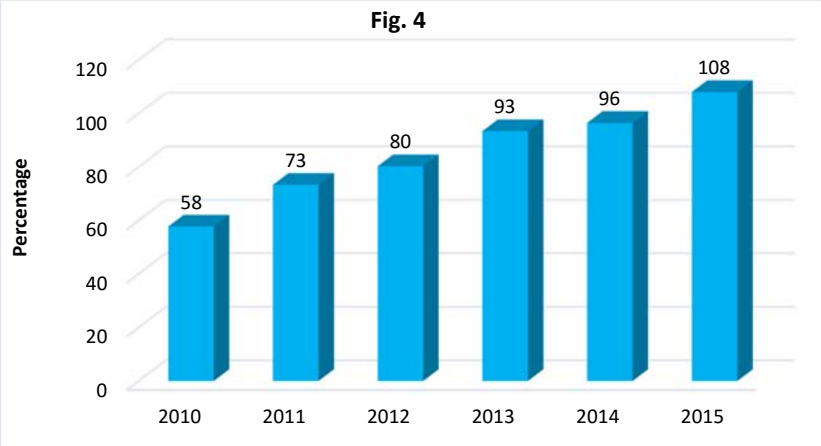
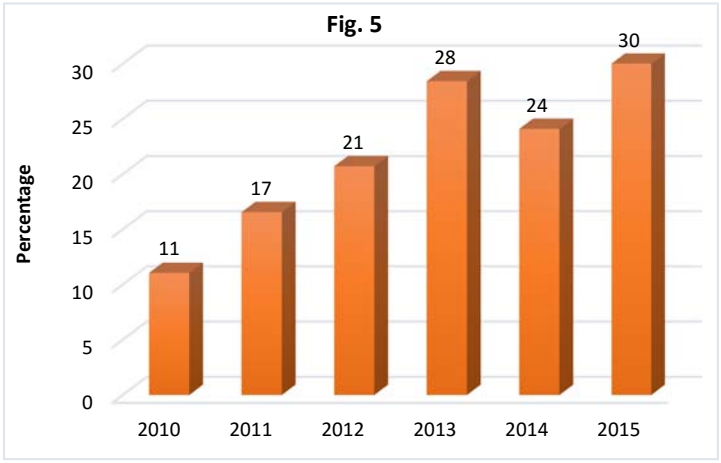


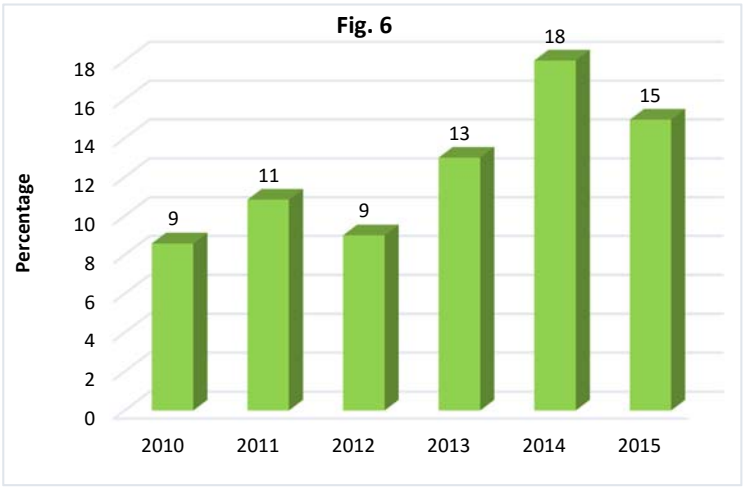
Fig. 4 shows the year wise comparison of percentage of ANC-1 visits. This percentage is calculated from the expected pregnancies during the year (3.4% of total Population). The percentage has improved from year to year.

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

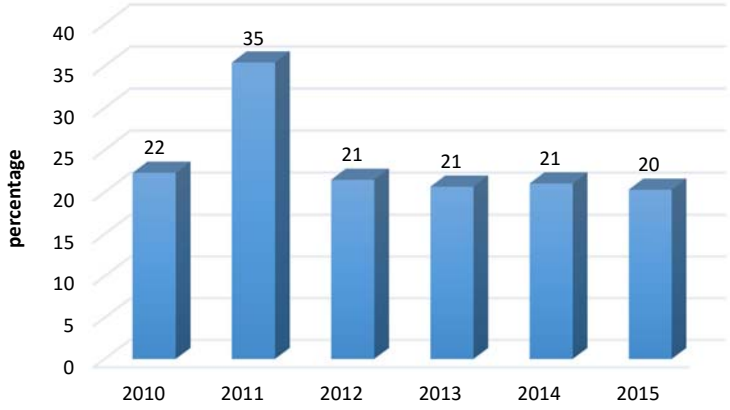


The graph shows the year wise comparison of C- Section performed. The percentage is calculated from the total deliveries conducted at health facilities. In 2014, the highest percentage was observed (18%). In 2015, the percentage was observed (15%).

Number of Anaemic Women Coming for ANC-1

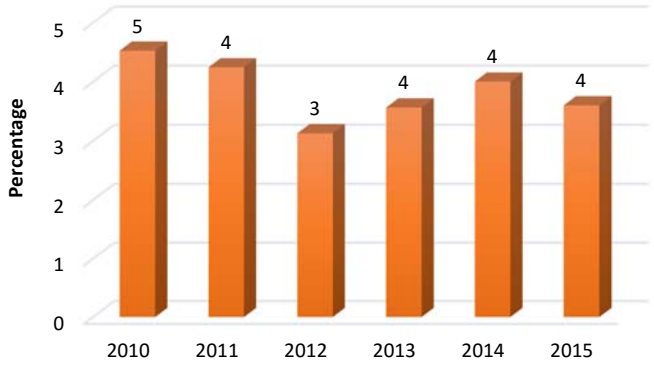
Fig. 7 shows the year wise comparison of anemic women percentage, coming from ANC-1 at the health facilities. The highest percentage of anemic women was reported in 2011.

Fig. 7



Frequency of Low Birth Weight (LBW) Babies

Fig. 8

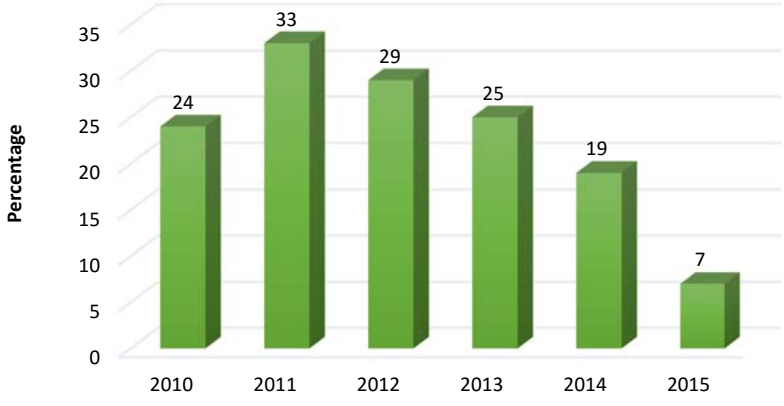


The graph shows the year wise comparison of number of babies with low birth weight percentage, delivered at health facilities. The percentage is calculated from the total deliveries conducted at health facilities. The highest percentage was reported in 2010 (5%).

Stock-out Status

The graph shows the year wise comparison of stock-out status. In 2011, the highest percentage was observed (33%). In 2015, the lowest stock out was observed (7%).

Fig. 9



Family Planning Visits

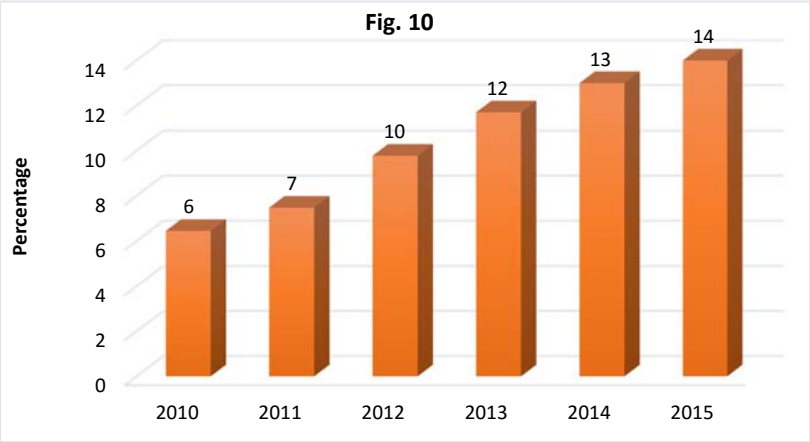
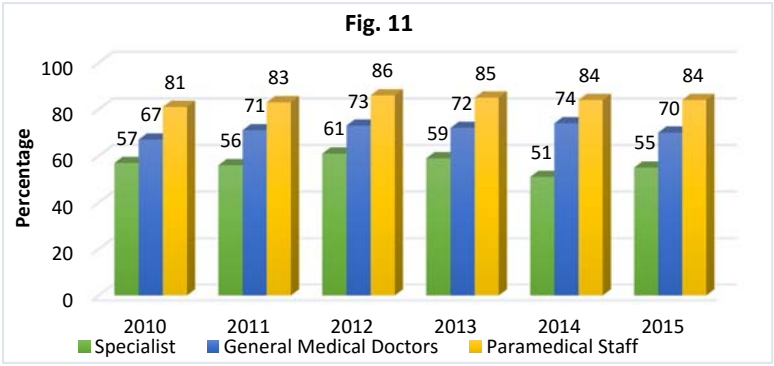


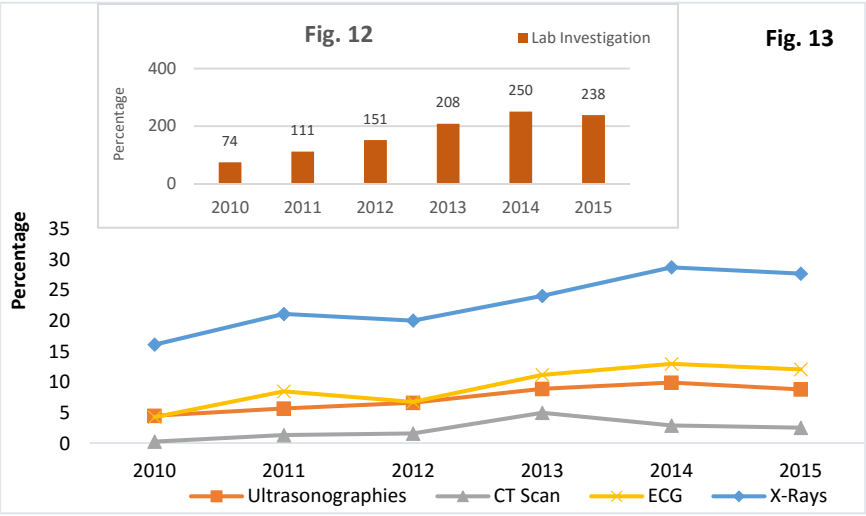
Fig. 10 shows the year wise comparison of family planning visits percentage, calculated from the expected population (16% MCBA). It can be seen from the figure that the percentage of family planning visits are improving year to year.

Proportion of Staff Position Filled

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



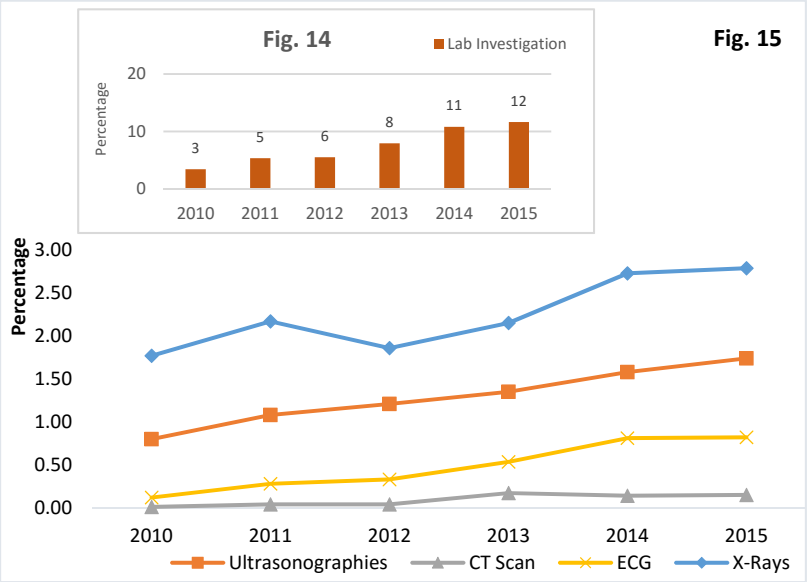
Lab Utilization (In-door)



The graph shows the year wise comparison of lab services in indoor. The percentage is calculated from the total admissions in indoor. Fig. 12 shows the lab investigation percentage. Fig. 13 shows X-Rays Ultrasonography CT Scan and ECG percentage.

Lab Utilization (OPD)

The graph shows the year wise comparison of lab services in OPD. The percentage is calculated from the total OPD visits. Fig. 14 shows the lab investigation percentage. Fig. 15 shows X-Rays Ultrasonography CT Scan and ECG percentage.



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 was 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.

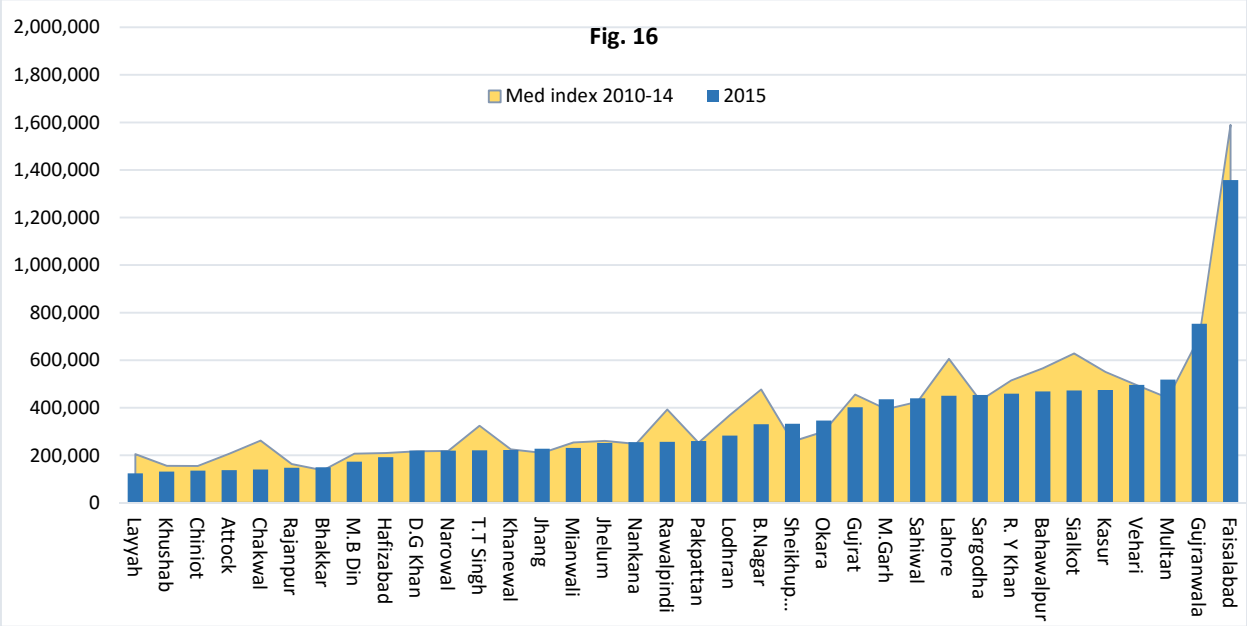
Table 5:

Diseases	2010	2011	2012	2013	2014	2015
TB Suspects	537,826	514,881	545,760	619,613	687,122	734,325
Suspected Malaria	854,062	829,364	861,120	802,436	714,950	797,648
Suspected Meningitis	17,112	4,357	4,197	3,450	5,023	4,698
Suspected Measles	13,355	2,961	2,802	16,592	2,792	7,750
Suspected Viral Hepatitis	179,239	192,010	265,168	288,658	288,973	355,724
Suspected Neonatal Tetanus	7,046	2,383	1,566	955	1,436	312
Cutaneous Leishmaniasis	11,849	5,397	2,778	4,631	5,366	8,470
Acute Flaccid Paralysis	8,282	1,377	2,801	726	734	649
Suspected HIV/AIDS	4,807	162	6,773	1,827	3,306	3,875

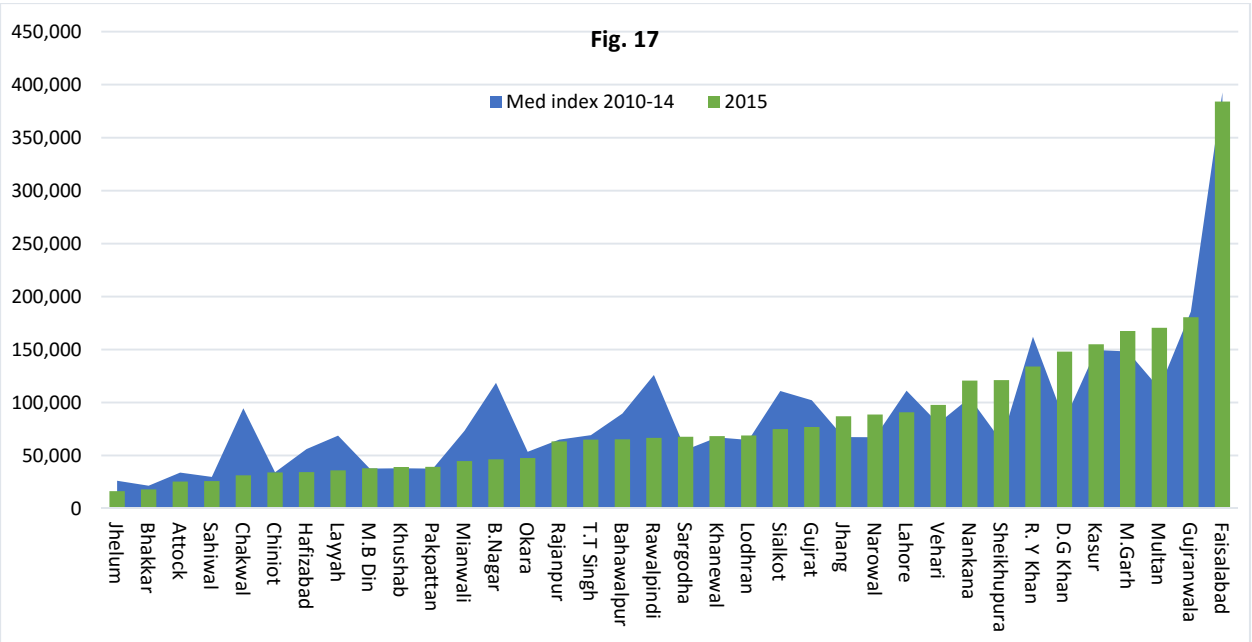
Comparison of Top Ten Diseases (2010-2014)

The following graphs show the comparison of top 10 diseases of 2015 with the median index of 2010-14. The median index is shown with area chart and 2015 data is shown in bars.

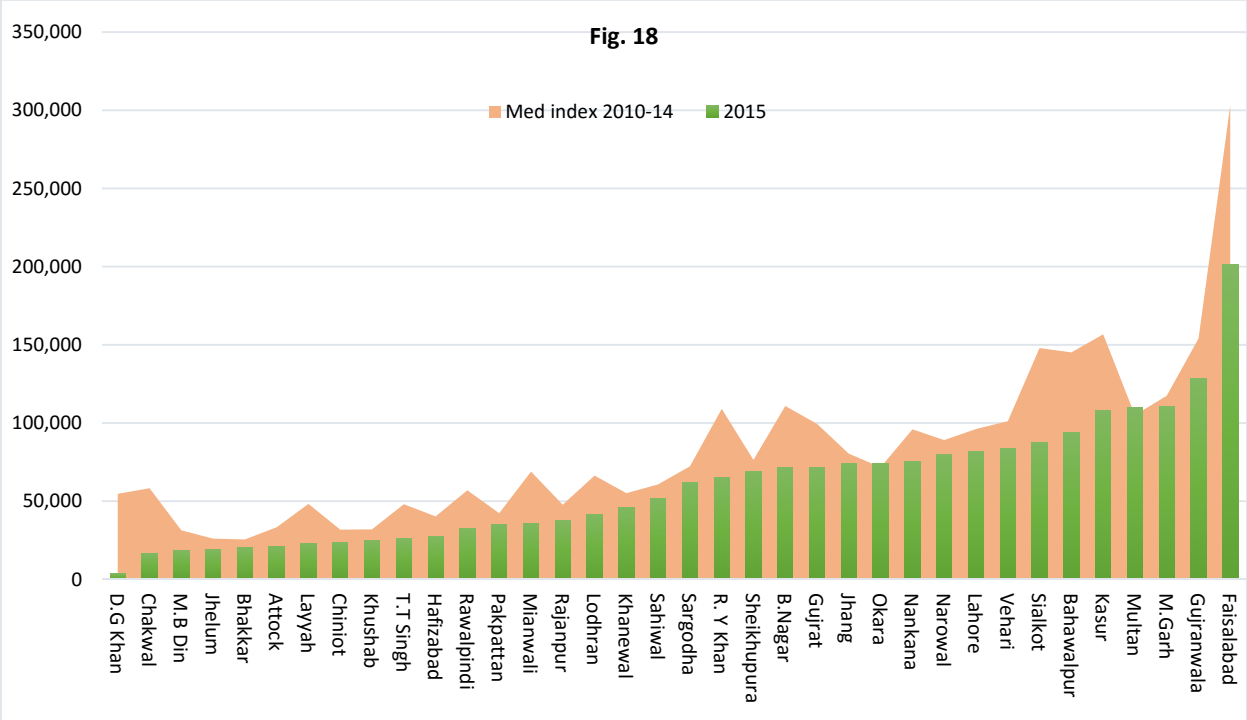
Acute Respiratory Infection



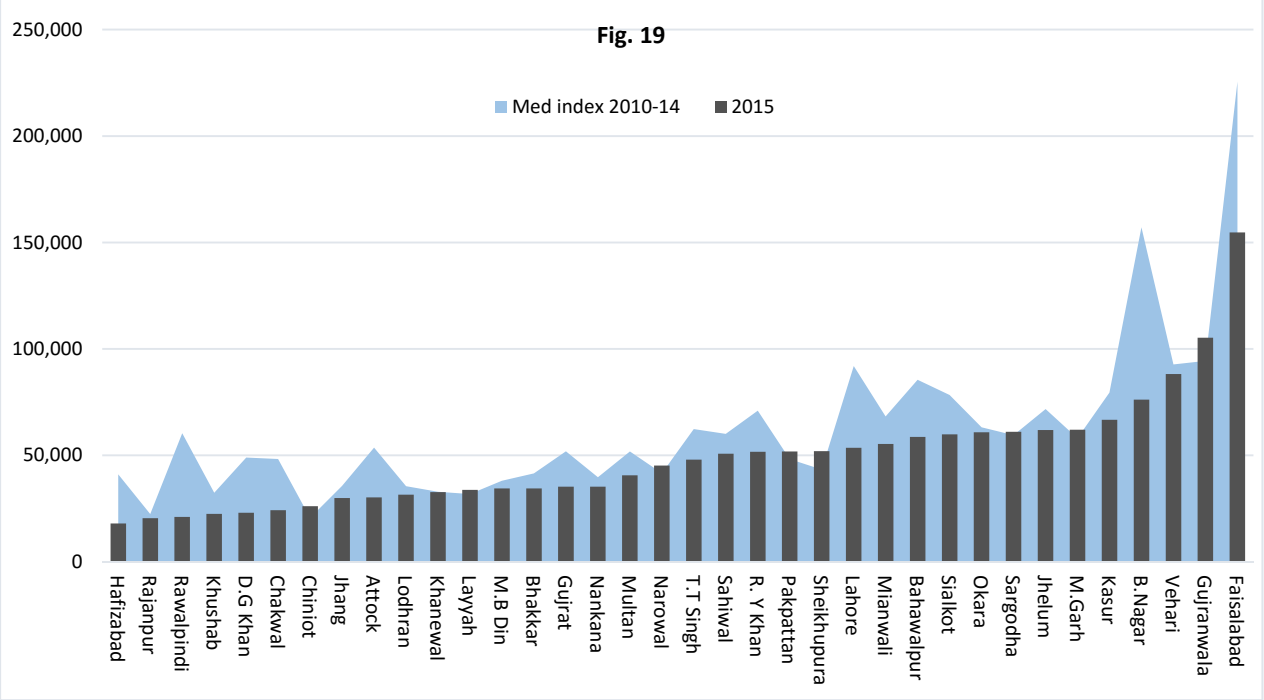
Fever due to other Causes



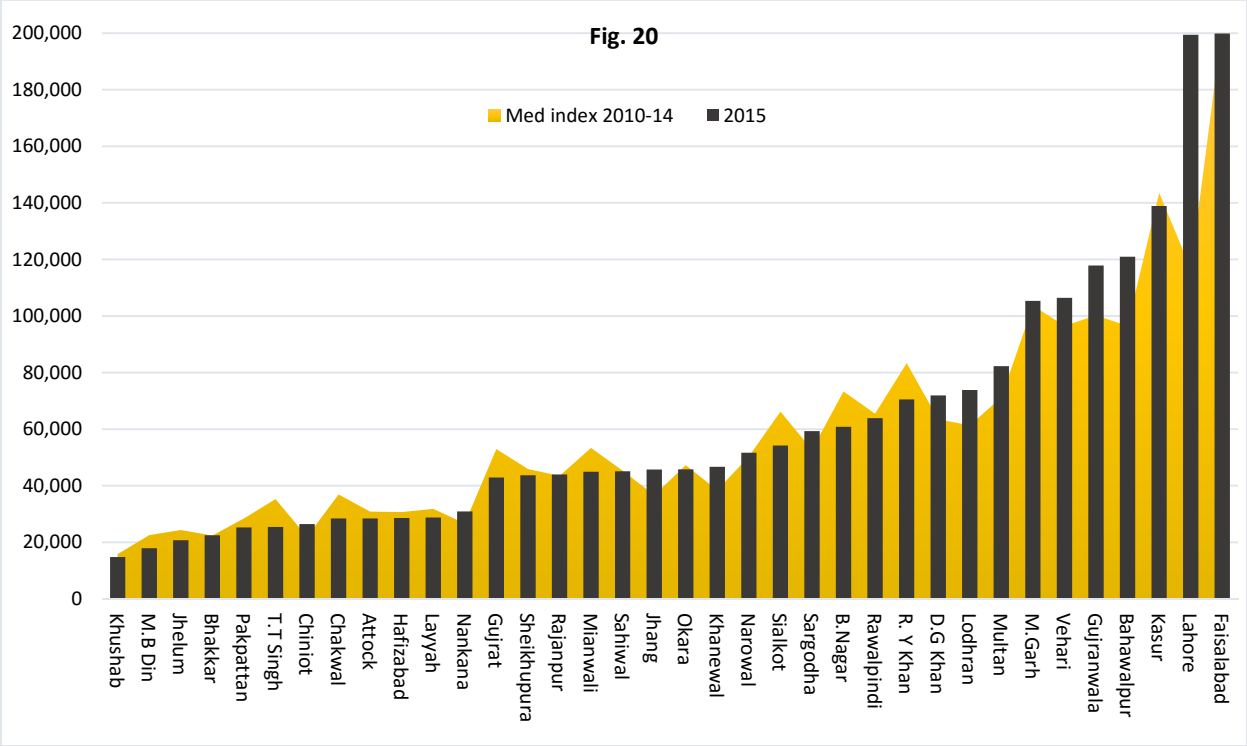
Scabies



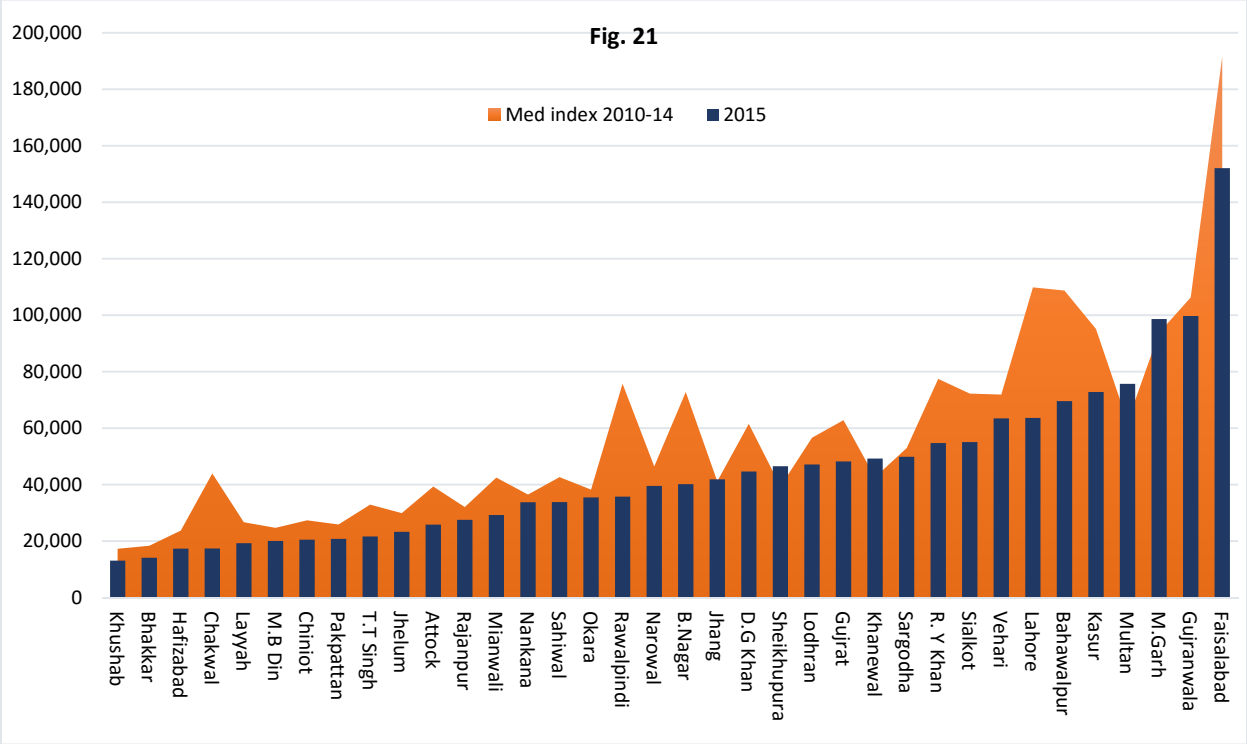
Peptic Ulcer Disease



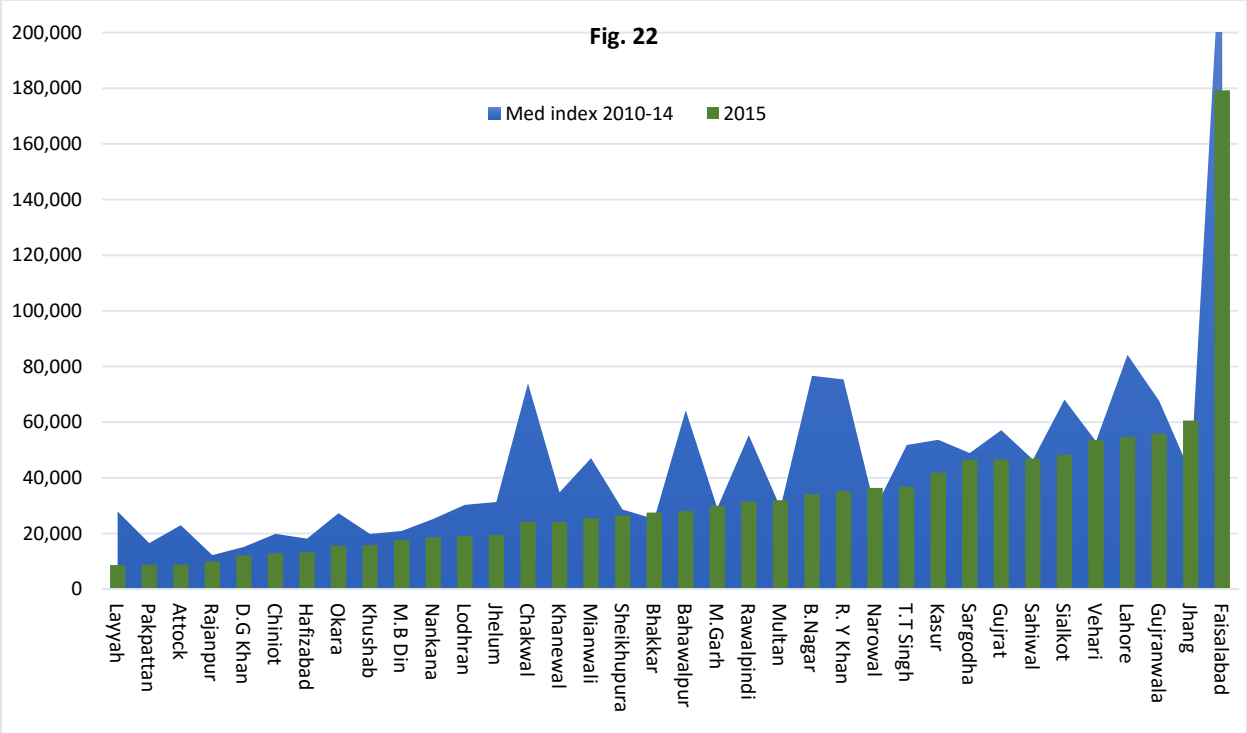
Diarrhoea/Dysentery in <5 yrs



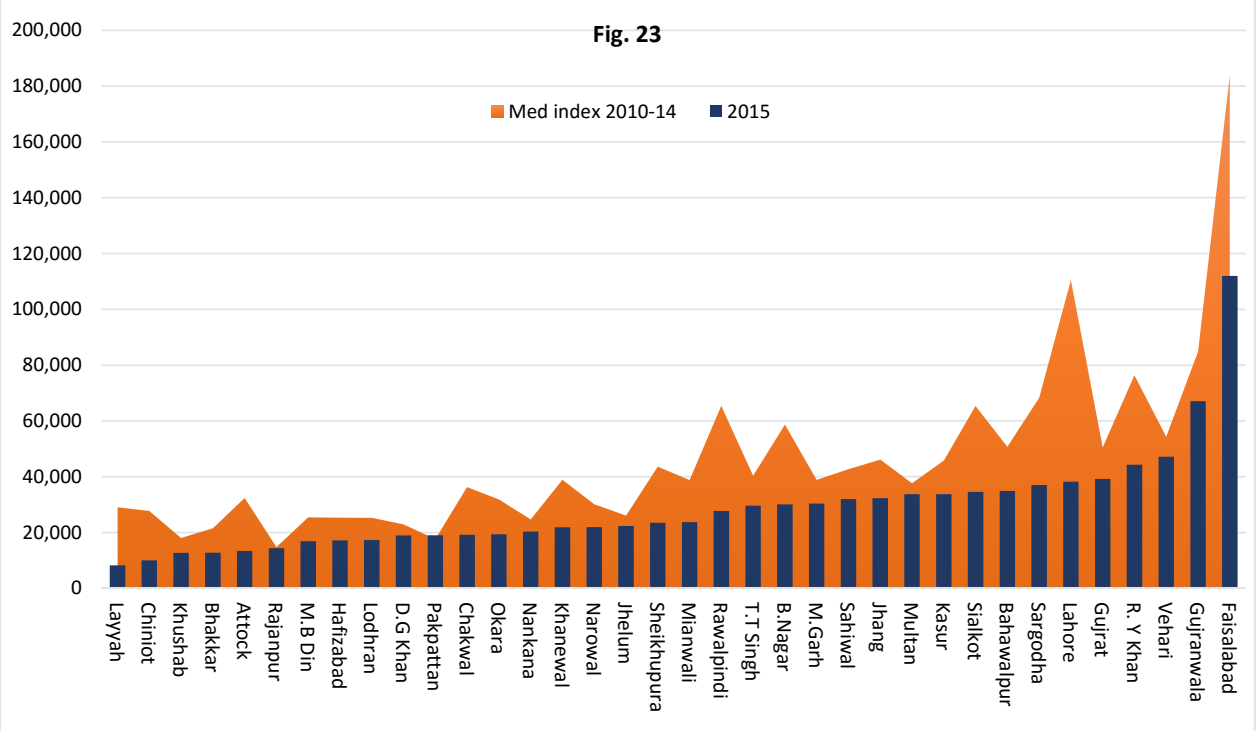
Diarrhoea/Dysentery in >5 yrs



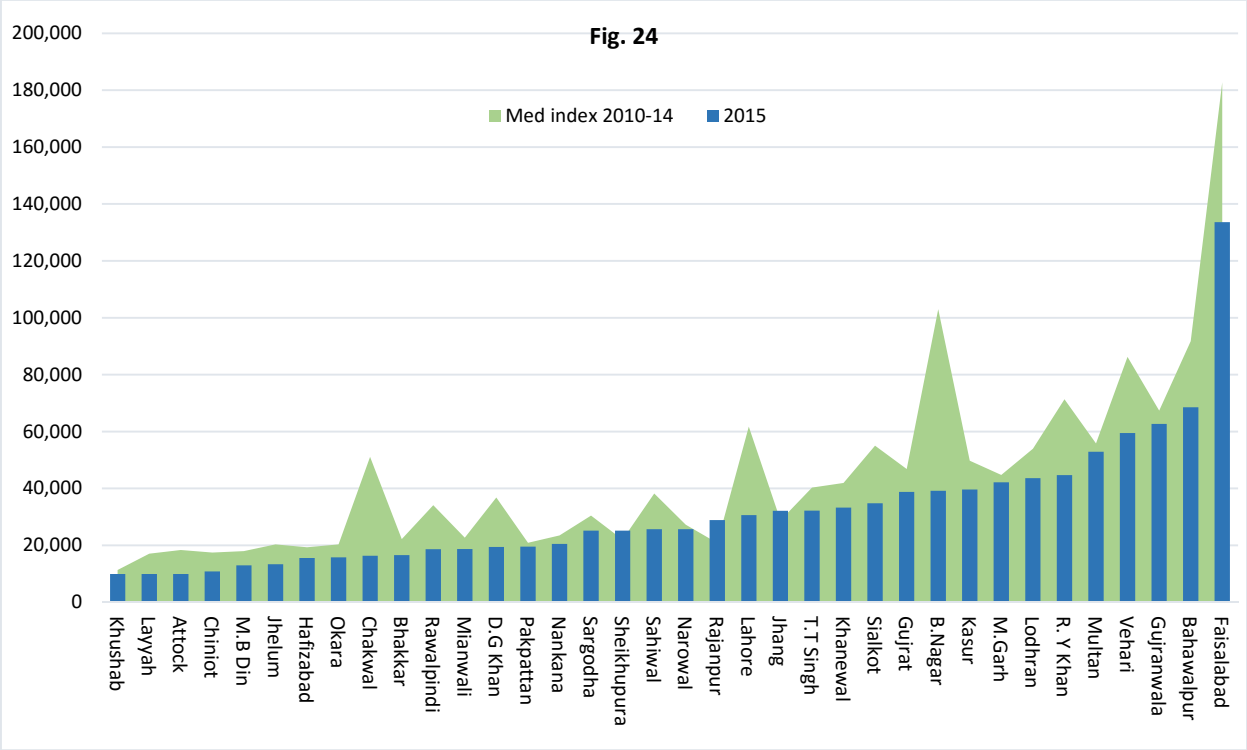
Hypertension



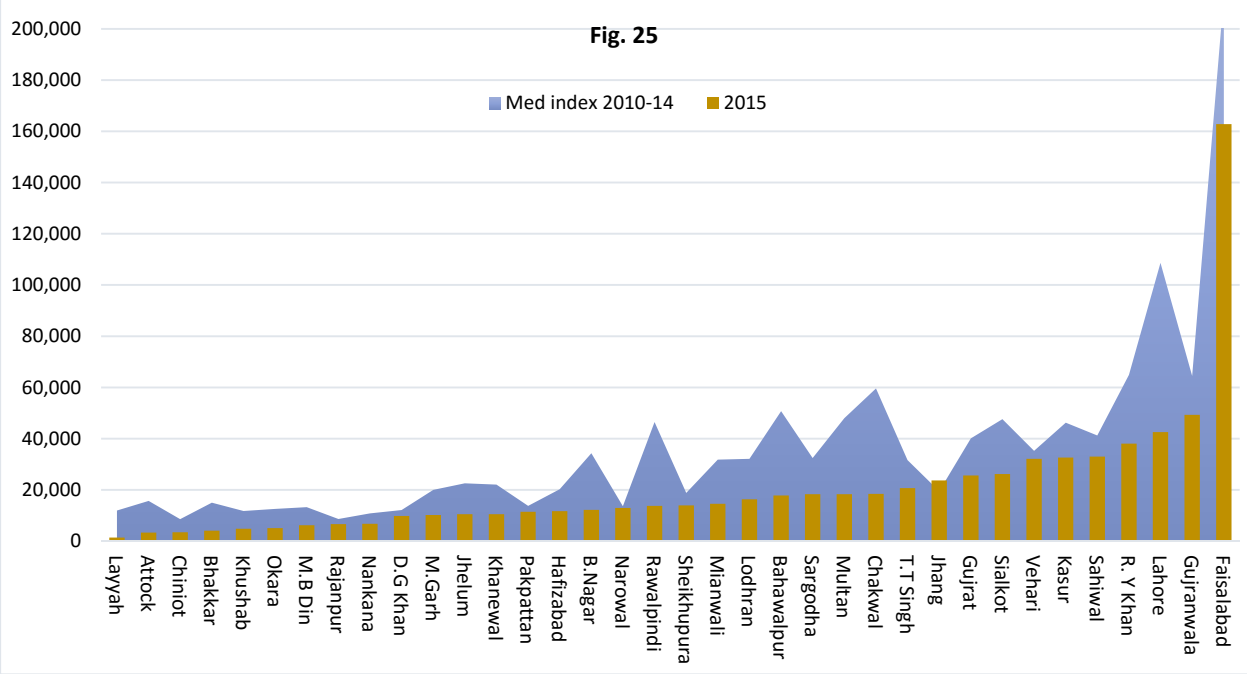
Dental Caries



Asthma

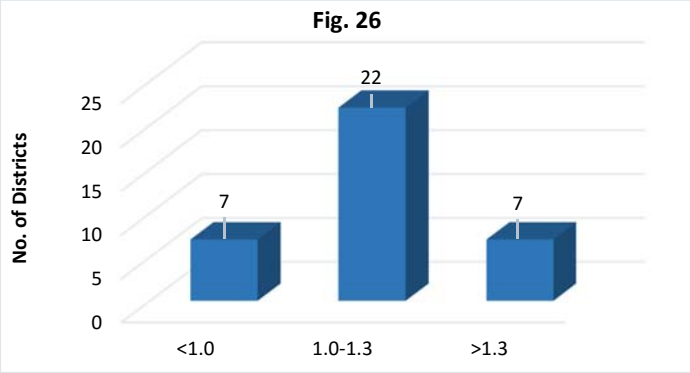


Diabetes Mellitus



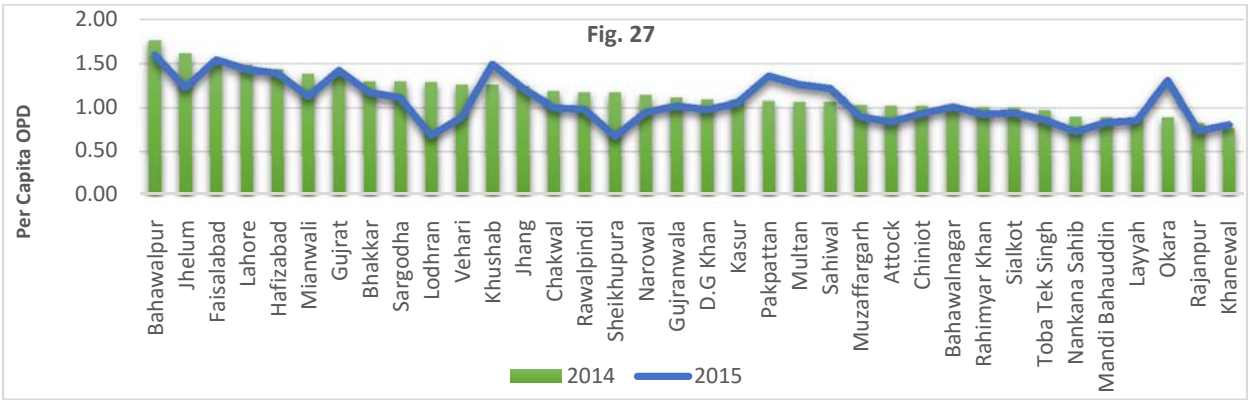
Per Capita OPD Attendance in 2015

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.

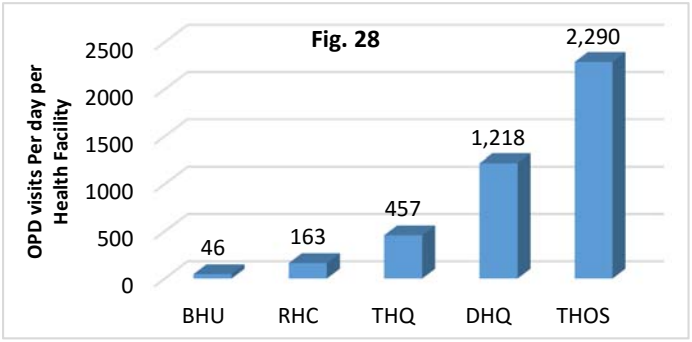


Per Capita OPD attendance gives an indirect indication of public trust on health services. Overall, in the province, per capita OPD attendance during 2015 was 1.2. Majority of the districts were under the category of 1.0-1.3 as shown in fig-26.Khanewal had the lowest Per Capita OPD attendance (0.7) while Bahawalpur had the highest (1.7).

District wise Comparison of Per Capita OPD Attendance



Facility Type wise Average Number of OPD Visits *(Per day per Health Facility)*



This indicator is useful to 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 facility. Fig. 28 is showing the facility type wise average number of OPD visits per day per health facility during 2015.

District wise Average new case per day OPD Visits

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.

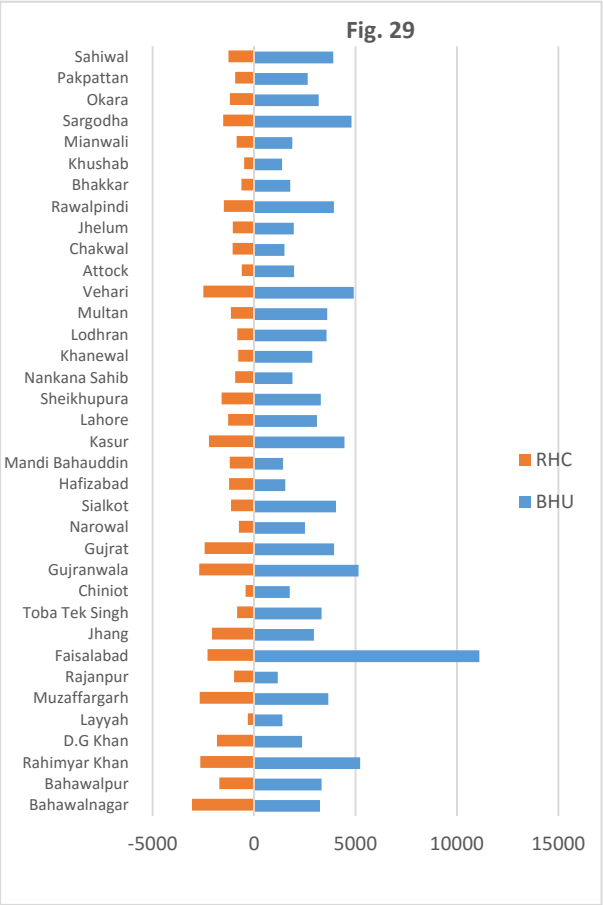


Fig. 29 indicate the District wise Average new case per day OPD visits in BHUs and RHCs.

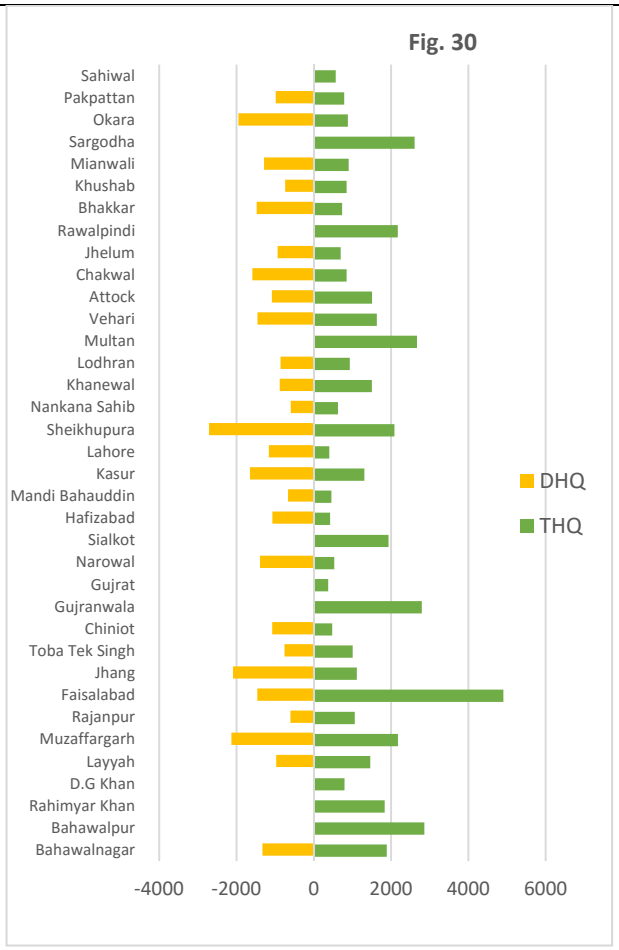


Fig. 30 indicate the District wise Average new case per day OPD visits in DHQ and THQ Hospitals.

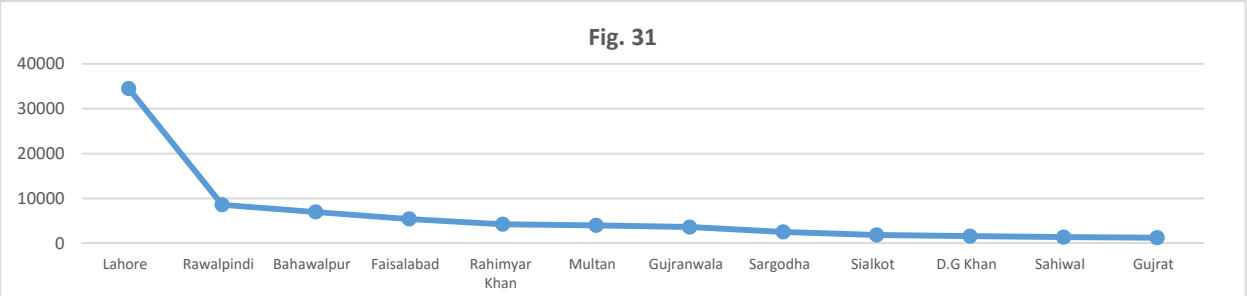
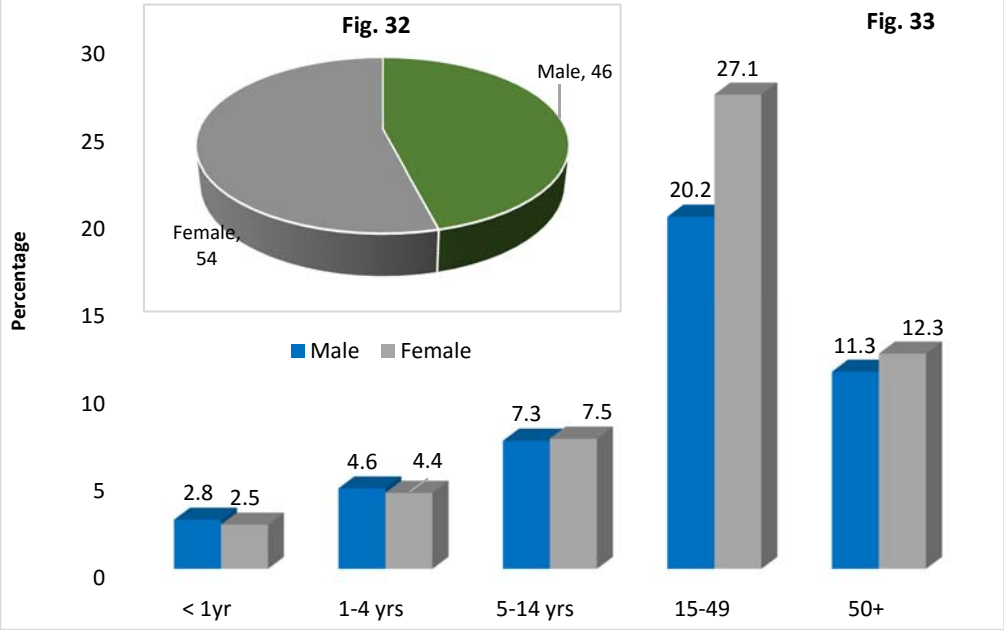


Fig. 31 indicate the District wise Average new case per day OPD visits in Teaching Hospitals and useful to understand facility workload /utilization.

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.

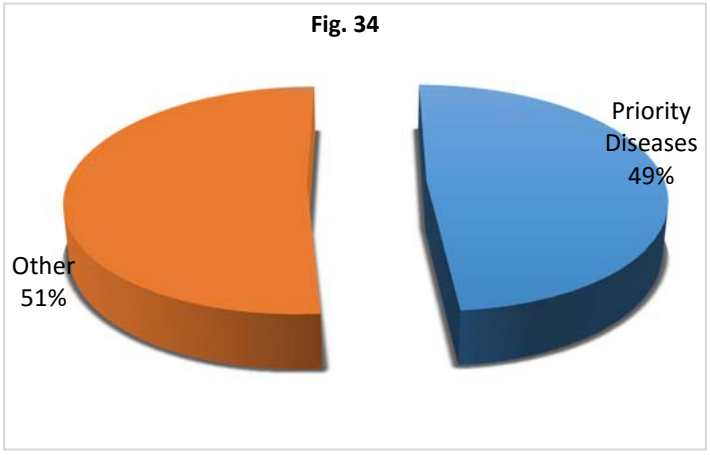


In fig. 32, pie chart shows the gender wise percentage of male and female patients during 2015. It can be seen that the percentage of female (54%) patients is more than the male patients (46%). In bar chart (fig. 33), age and gender wise analysis is shown. It is clear from figure that the maximum number 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 27.1% while the male were 20.2%. The minimum number of patients availing the services belonged to age group <1 year (5.3%), male patients being 2.8% and female 2.5%. 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 to understanding which diseases/cases were attended at the facility, at all health

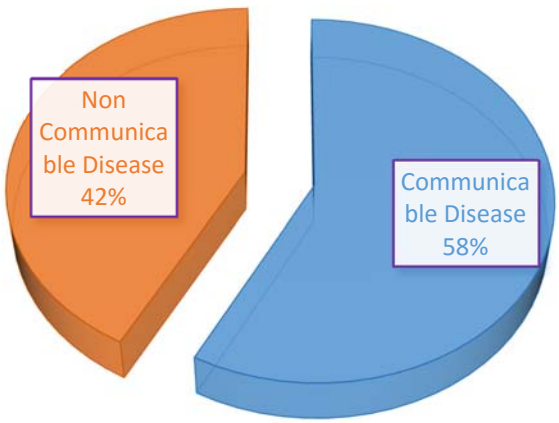


facilities in a tehsil or district, the changes in diseases trend over years or months of the same year and the difference among union councils, tehsil or districts. The indicator can trigger a response in terms of additional resource allocation or redistribution according to the disease pattern, or 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 2015 while rest of the 51% was reported under the category of "others".

Communicable and Non-Communicable Diseases

Fig. 35



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. 35 shows the total number of communicable disease patients were 28,755,489 (58%) and the non-communicable disease patients were 20,940,944 (42%) during year 2015.

Table 6: Number and Percentage of Priority Disease Cases

Disease	Total	%age	Disease	Total	%age
ARI	15365353	13.59	Pneumonia >5 years	222697	0.20
Fever due to other causes	4219952	3.73	Dog bite	174294	0.15
Scabies	2754452	2.44	Cirrhosis of Liver	160422	0.14
Peptic Ulcer Diseases	2737535	2.42	Trachoma	126876	0.11

Diarrhoea/Dysentery in <5 yrs	2428264	2.15	Burns	108426	0.10
Diarrhoea/Dysentery in >5 yrs	2315660	2.05	Glaucoma	79298	0.07
Hypertension	2076239	1.84	Epilepsy	71755	0.06
Dental Caries	1885073	1.67	Benign Enlargement of Prostate	69645	0.06
Asthma	1824421	1.61	Sexually Transmitted Diseases	68713	0.06
Diabetes Mellitus	1771800	1.57	Nephritis/Nephrosis	62759	0.06
Road traffic accidents	1551728	1.37	Drug Dependence	42888	0.04
Dermatitis	1350343	1.19	Snake bites	9559	0.01
Urinary Tract Infections	1306485	1.16	Cutaneous Leishmaniasis	9020	0.01
Otitis media	979370	0.87	Suspected Dengue Fever	8646	0.01
Worm infestation	966275	0.85	Suspected Measles	7750	0.01
Suspected Malaria	797645	0.71	Suspected Meningitis	4698	0.004
TB Suspects	734092	0.65	Suspected HIV/AIDS	3875	0.003
Chronic Obstructive Pulmonary Diseases	640290	0.57	Acute Flaccid Paralysis	649	0.0006
Cataract	593217	0.52	Suspected Neonatal Tetanus	312	0.0003
Ischemic Heart Diseases(IHD)	521702	0.46	Suspected Pertussis	14	0.00001
Silicosis (Lung Disease)	467575	0.41	Suspected Avian Flu	0	0.00
Depression	430691	0.38	Suspected Swine Flu	0	0.00
Name not specified	404111	0.36	Suspected Viral Hemorrhagic Fever	0	0.00
Suspected Viral Hepatitis	354366	0.31	**Priority Diseases**	**54967152**	**49**
Enteric/Typhoid Fever	315231	0.28	**Others**	**58067295**	**51**
Pneumonia <5 years	288928	0.26	**Grand Total**	**113034447**	**100**
Fractures	263685	0.23			

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.

Fig. 36

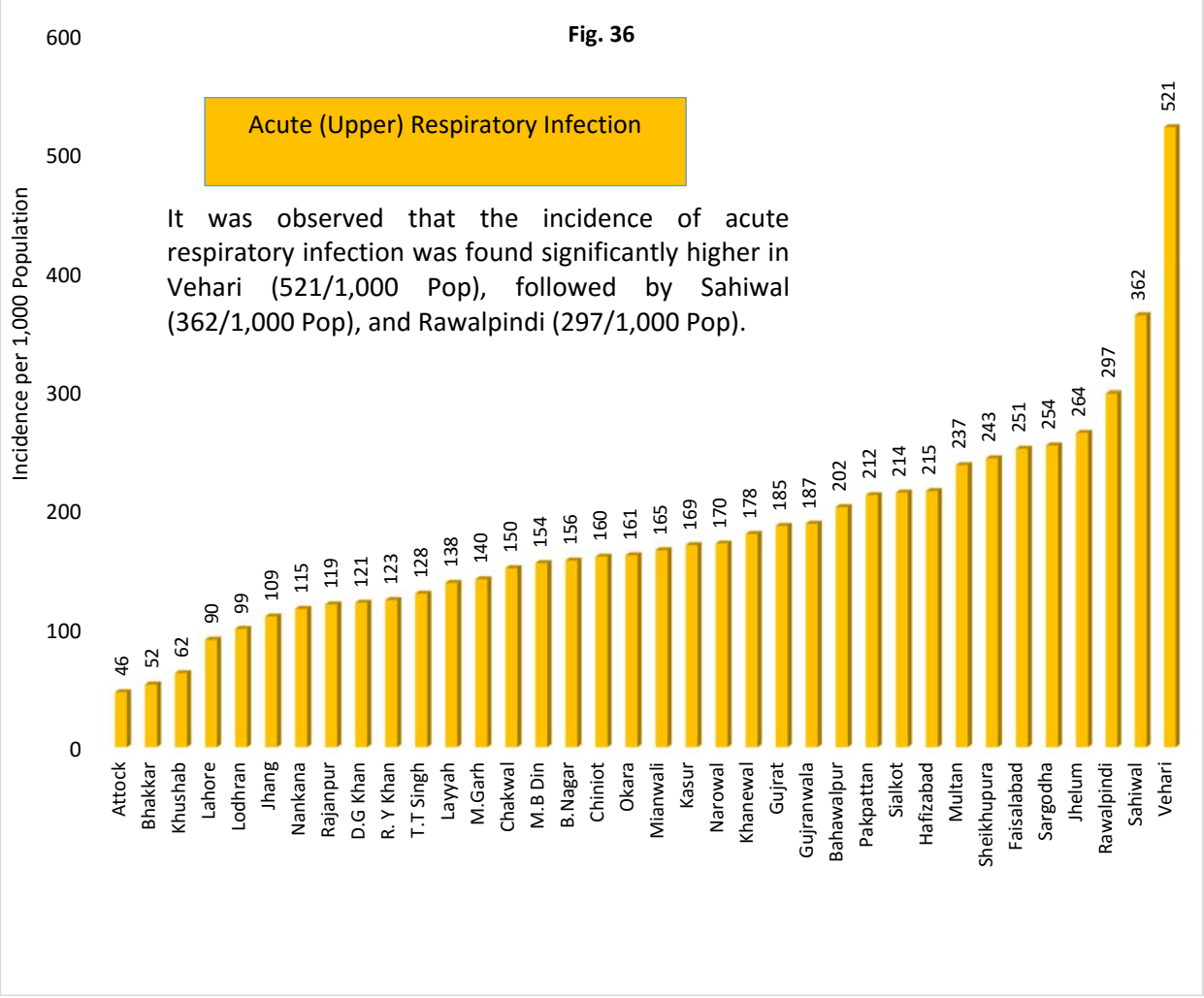


Fig. 37

Fever due to Other Causes

It was observed that the incidence of Fever due to other causes (excluding pneumonia and malaria) was found significantly higher in Vehari (106/1,000 Pop), followed by Sheikhupura (91/1,000 Pop), and Rawalpindi (90/1,000 Pop).

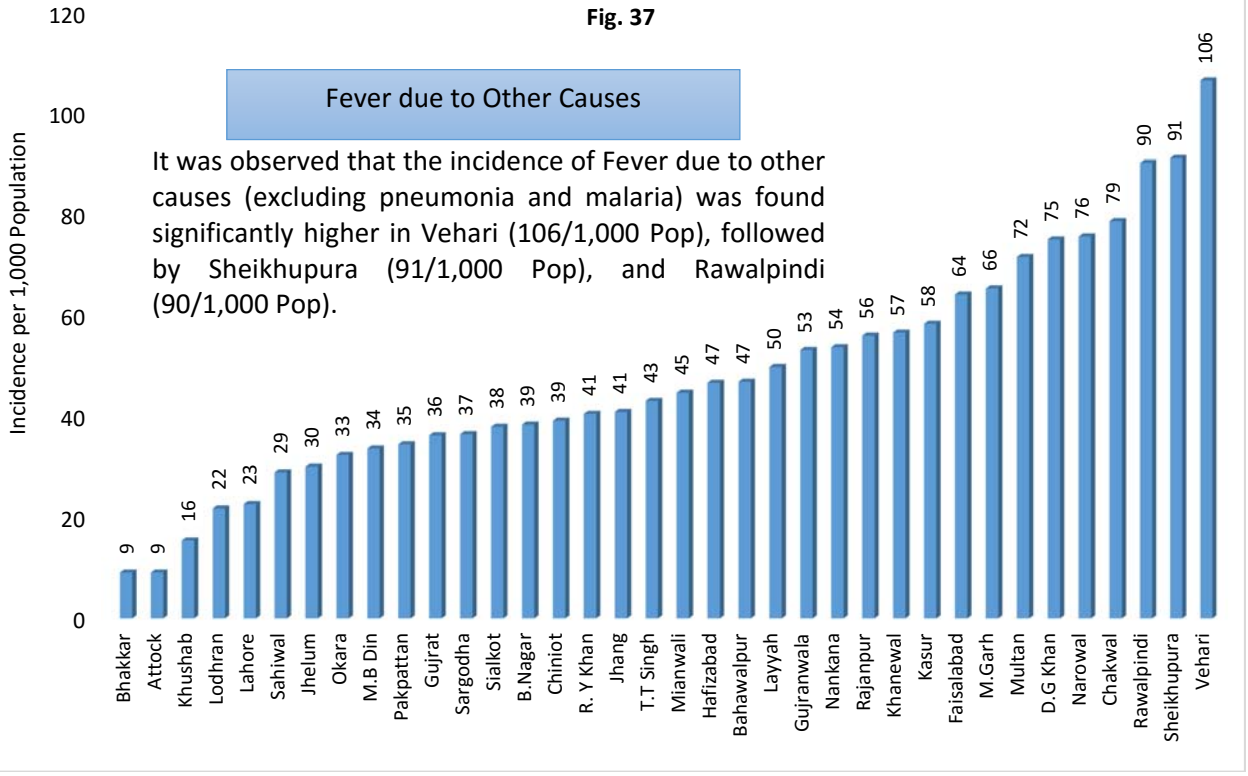


Fig. 38

Scabies

It was observed that the incidence of scabies was found significantly higher in Vehari (94/1,000 Pop), followed by Bahawalpur (61/1,000 Pop), and Sheikhupura (60/1,000 Pop each).

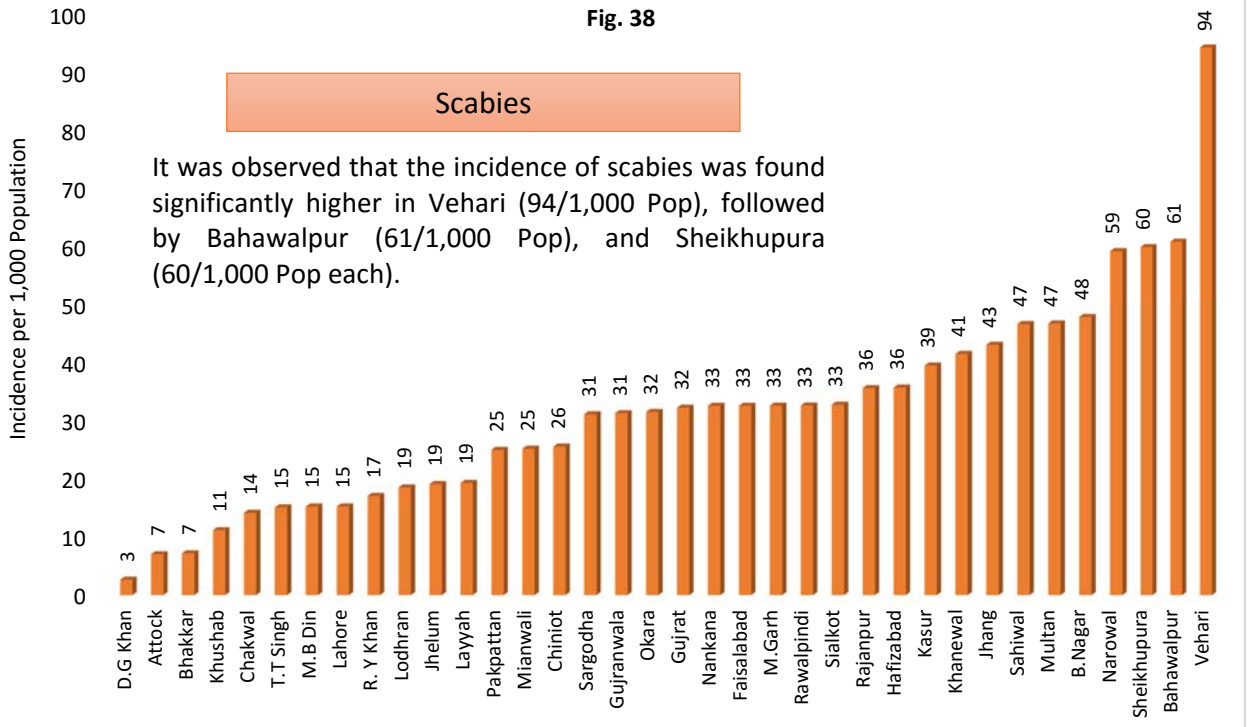
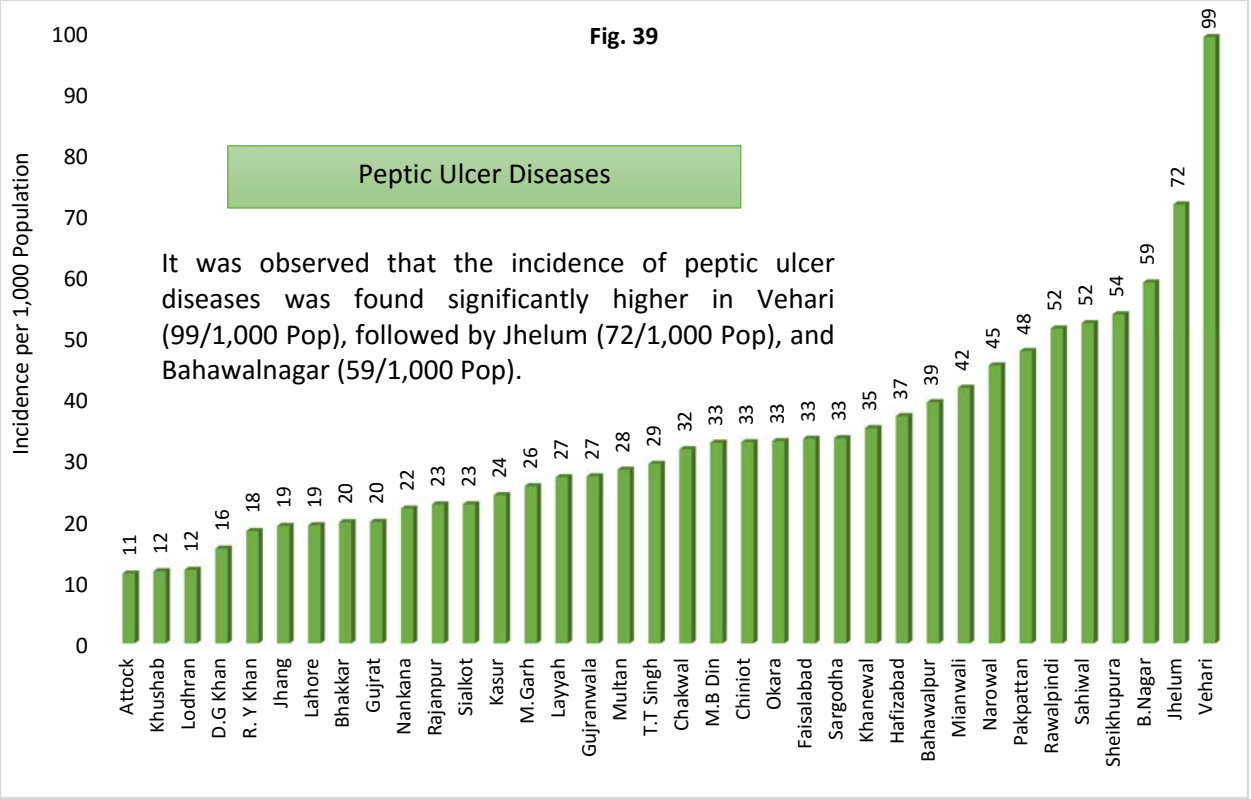
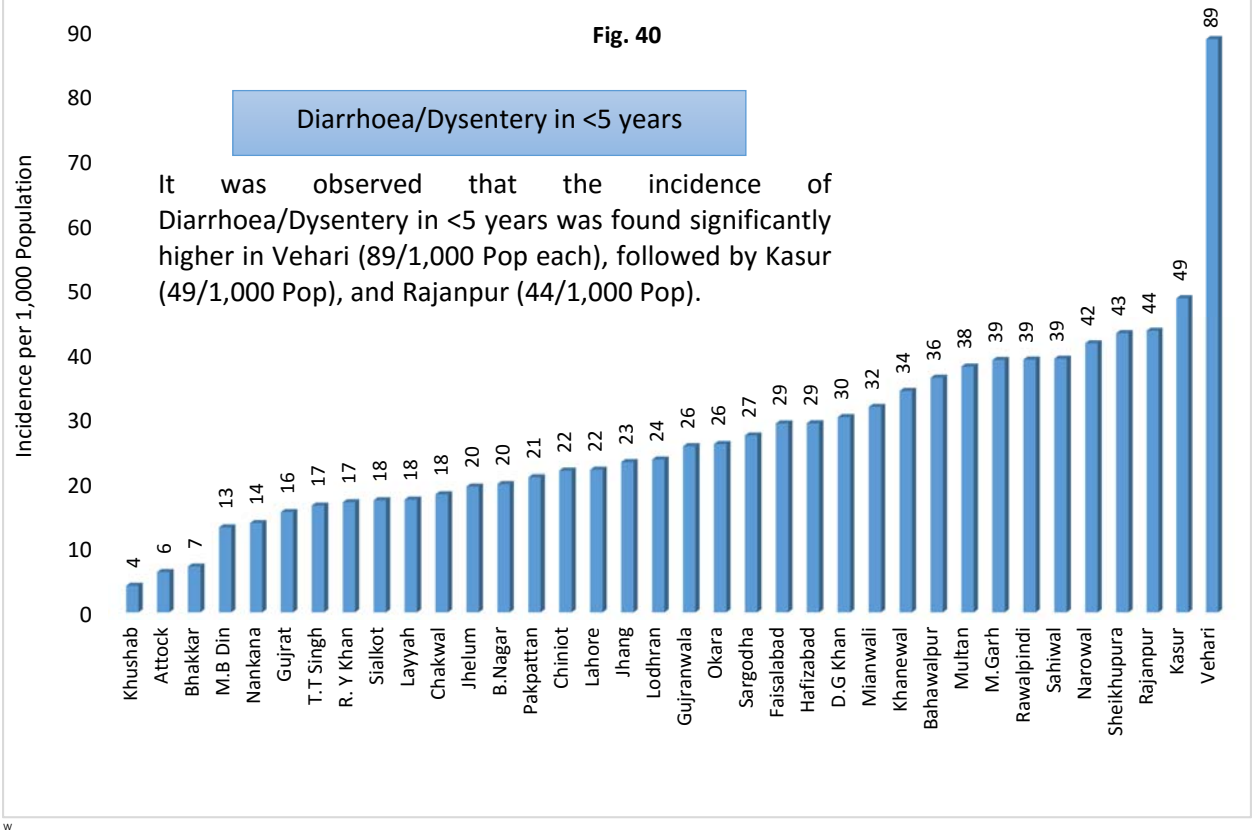


Fig. 39



It was observed that the incidence of peptic ulcer diseases was found significantly higher in Vehari (99/1,000 Pop), followed by Jhelum (72/1,000 Pop), and Bahawalnagar (59/1,000 Pop).

Fig. 40



It was observed that the incidence of Diarrhoea/Dysentery in <5 years was found significantly higher in Vehari (89/1,000 Pop each), followed by Kasur (49/1,000 Pop), and Rajanpur (44/1,000 Pop).

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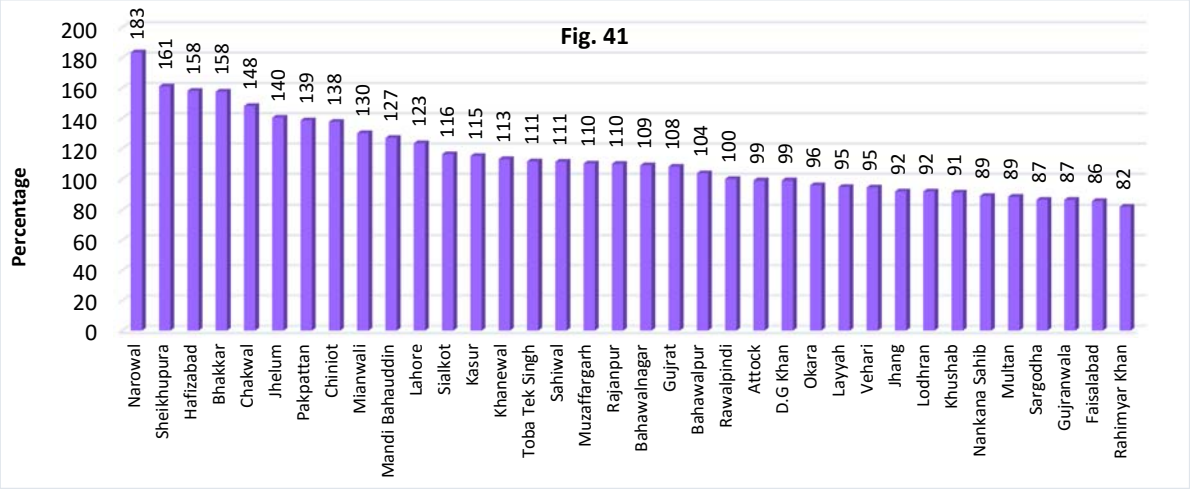
Antenatal Care Coverage

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.

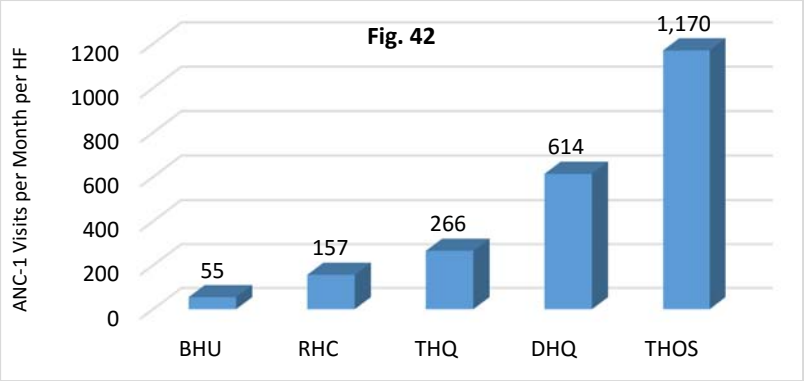
District wise Percentage of ANC-1 Visits *(Out of expected population3.4%)*



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 2015, highest ANC-1 coverage was observed in Narowal (183%) of the expected population) and lowest coverage was in Rahimyar Khan (82%) of the expected population).

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



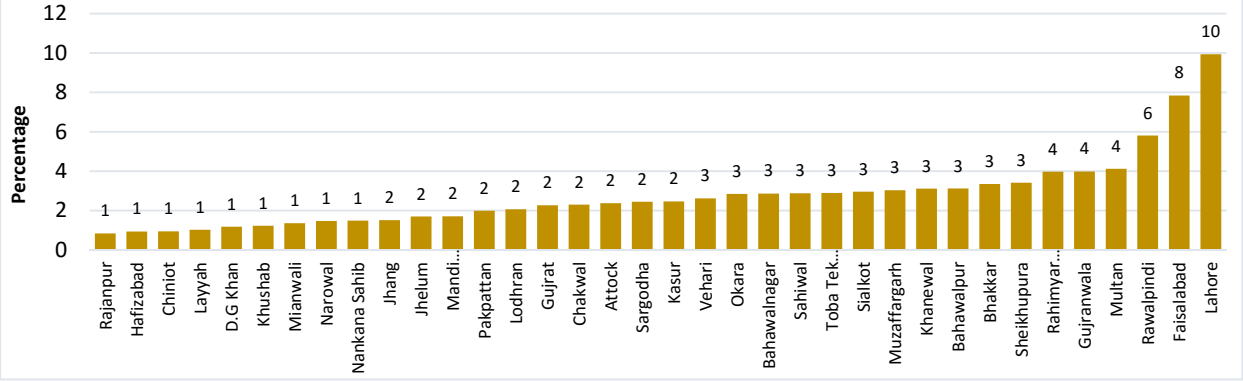
During the year 2015 total ANC-1 visits were 3510298 which was 108% of the expected population. Fig. 42 is showing the health facility type wise number of ANC-1 visits per month per health facility during 2015.

Percentage of Anaemia among ANC-1 Attendance

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

Pregnant women coming to the facility for antenatal care serve as a sample of women from the

Fig. 43

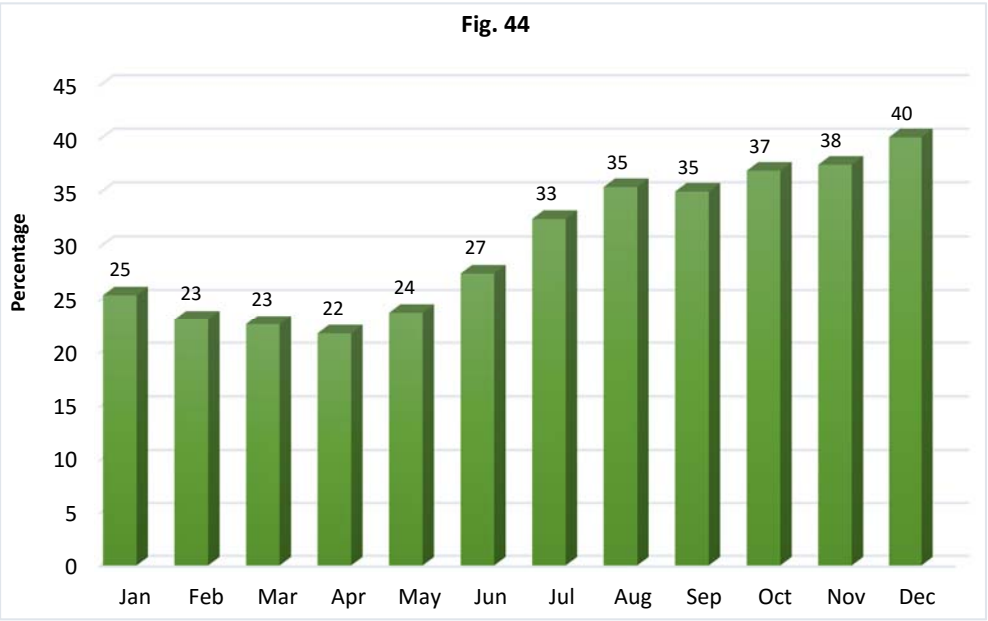


catchment population. The nutritional status among this sample of pregnant women from the catchment population. The nutritional status among this sample of pregnant women is suggestive of the nutritional status of women in the catchment population.718478 of the women coming for ANC-1 were reported as anemic (hemoglobin<10g/dl) out of the total ANC-1 visits 3510298.

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.

Fig. 44



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.

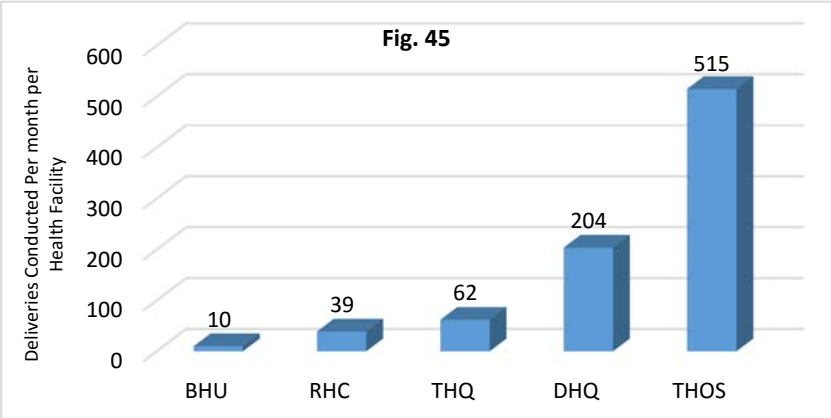
In fig. 44, percentage of monthly deliveries conducted at the facilities is shown. It is clear from the graph that there was no remarkable change in percentage of deliveries conducted month to month. The highest percentage was observed in December (40%) and lowest in April (22%).

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

During the year 2015 total deliveries conducted at health facilities were 830116 which was 30% of the expected population.

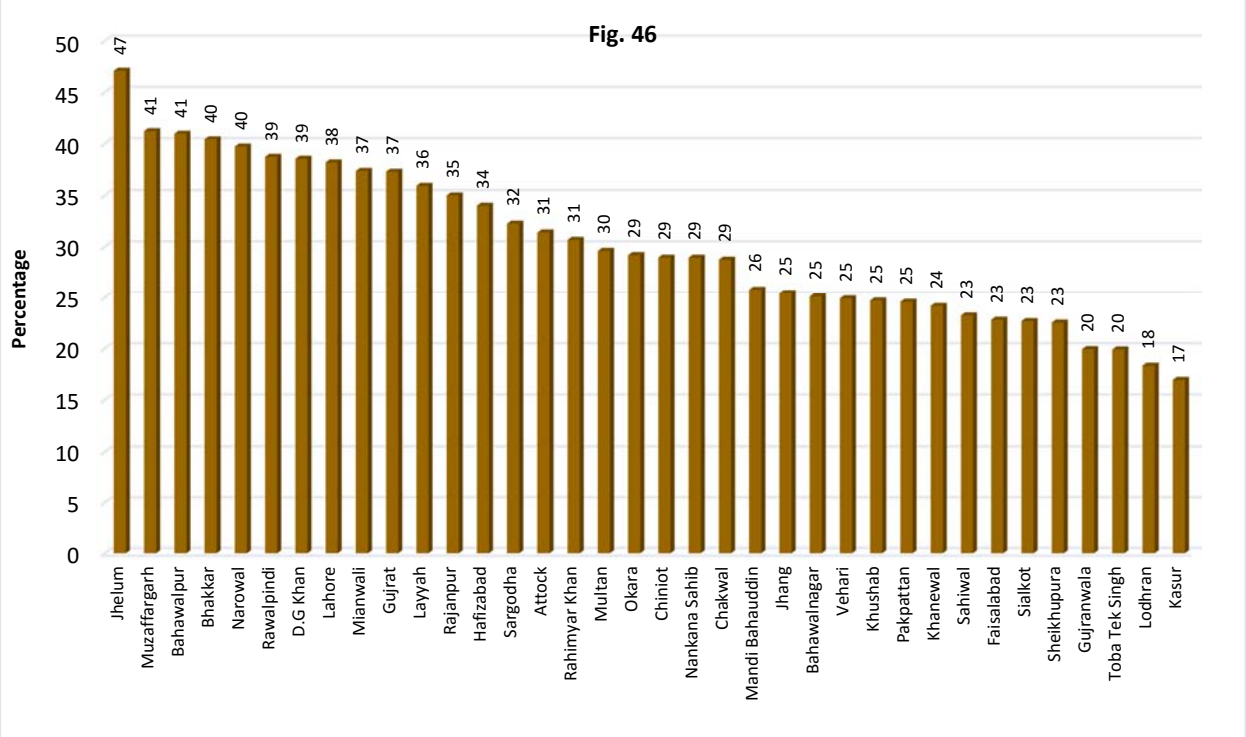
Fig. 45 is showing the health facility type wise number of deliveries conducted per month per health facility during 2015.

Fig. 45



District wise Percentage of Deliveries Conducted at Health Facilities

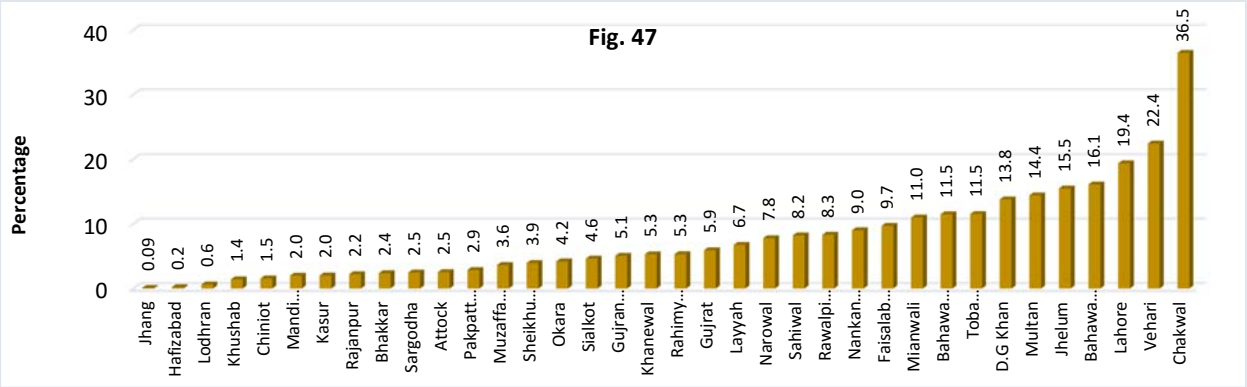
Fig. 46



In fig. 46, percentage of district wise deliveries conducted at the facilities is shown. The highest percentage was observed in Jhelum (47%) and lowest in Kasur (17%).

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.



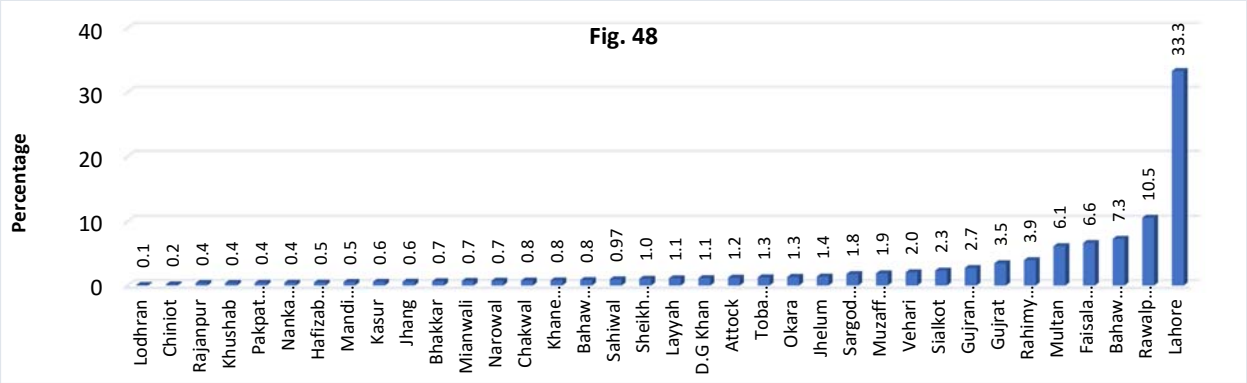
This indicator will suggest how much of the complicated pregnancies are catered by the public health facility. Indirectly it also reflects the quality of services at the facility, the quality, and coverage of antenatal care services in the catchment area and the strength of the referral system.

During 2015, total numbers of deliveries with complications were 75636 (9%) of the total deliveries (830116). The highest percentage was observed in Chakwal (36.5%).and lowest percentage was observed in Jhang (0.09%).

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.

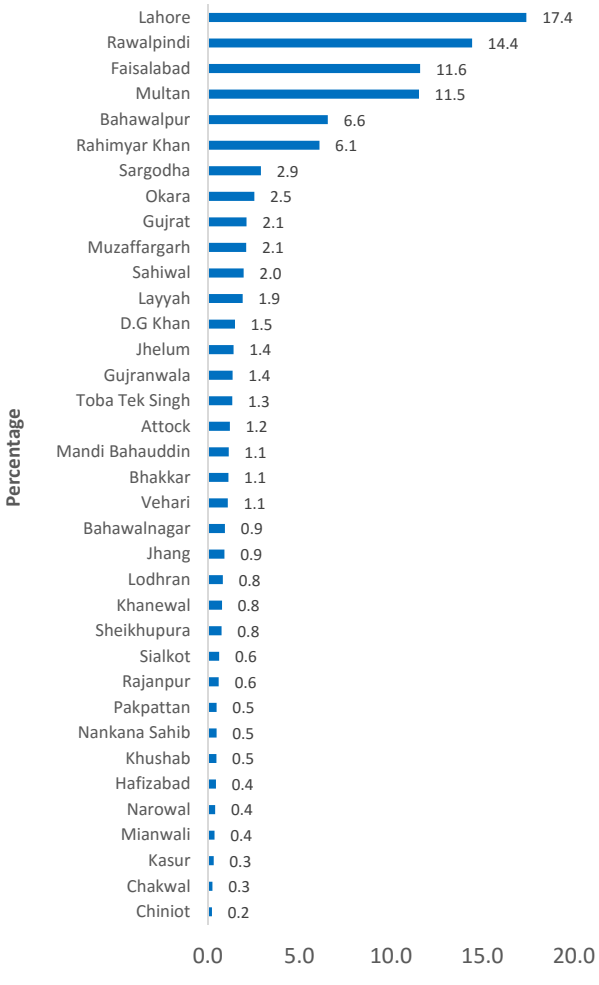
It was observed that in 2015 deliveries with C-section constitute 15% (124141) of the total deliveries (830116). The overall situation indicated that the higher number deliveries with C-section were conducted in Lahore (33.3% of the total number of deliveries) and lowest percentage was observed in Lodhran (0.1% of the total deliveries).



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.

Fig. 49

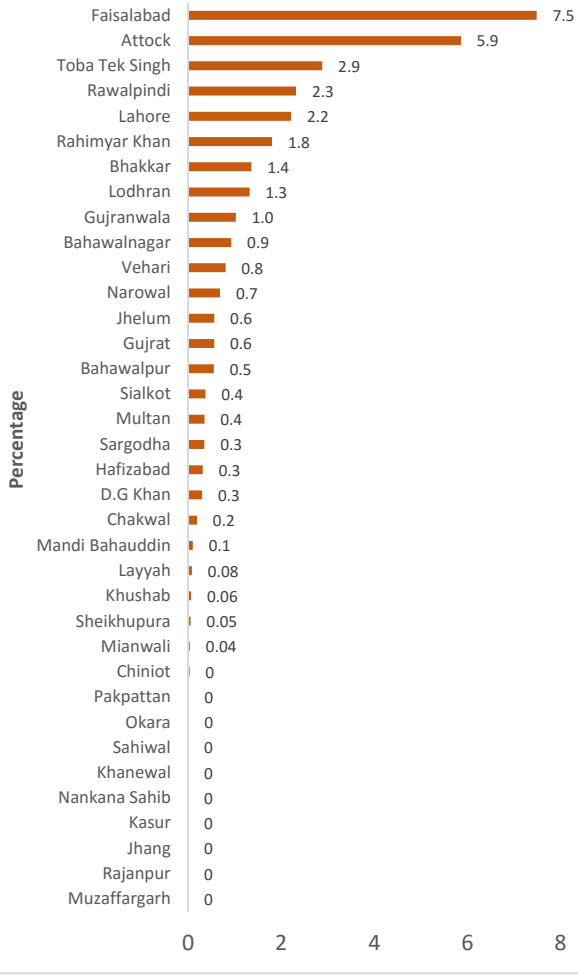


During the year 2015, out of 801958 live births in the facilities, 30392 (4%) babies were with LBW (<2.5kg). The highest percentage was observed in Lahore (17.4%).and lowest percentage was observed in Chiniot (0.2%).

Neonatal Mortality Rate

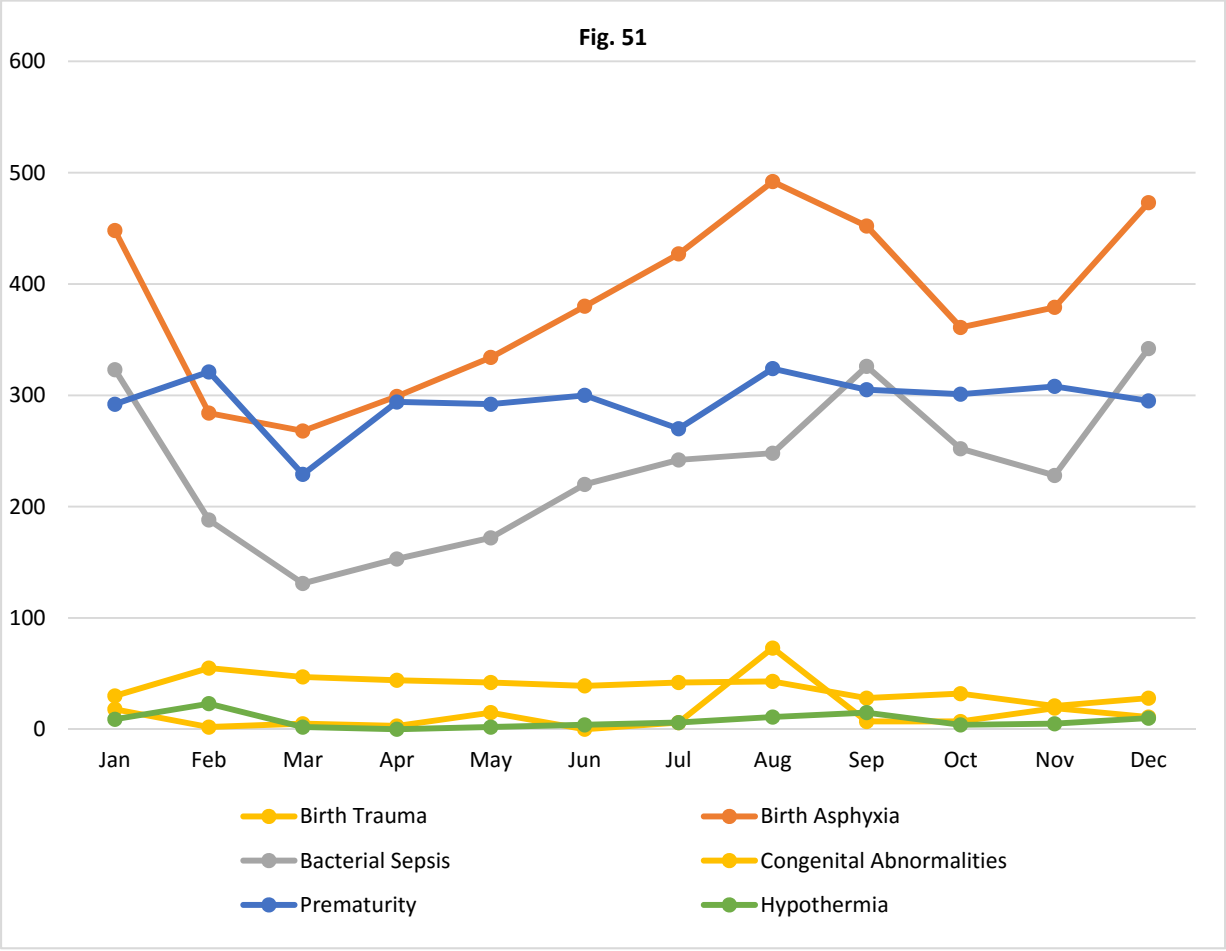
This indicator refers to the proportion of early neonatal deaths (deaths within the first seven The indicator is calculated from the data received from the health facilities. This indicator is suggestive of the quality of new born care, especially the immediate new born care and obstetric care in the facility. It may also reflect poor nutritional status of mothers and poor health care seeking behavior in the community.

Fig. 50



The total number of neonatal deaths during 2015 was 11769 that is only 1.5% of the total live births (801958) Fig. 48 shows the district wise neonatal mortality rate. The percentage of mortality rate was highest in Faisalabad (7.5%) and percentage of mortality rate was lowest in Muzaffargarh 0%.

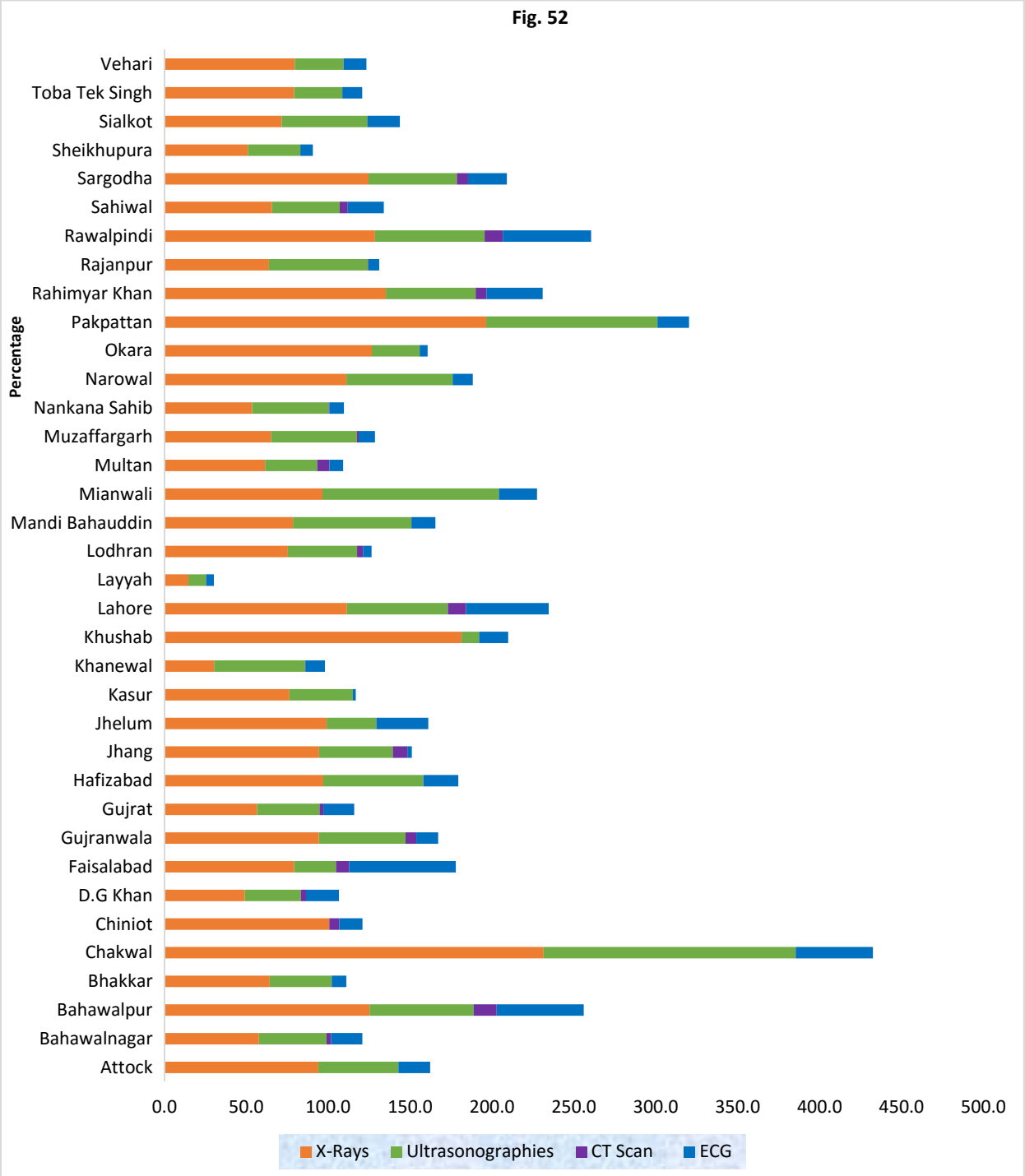
Complications of Neonatal Deaths



Diagnostic Services Utilization

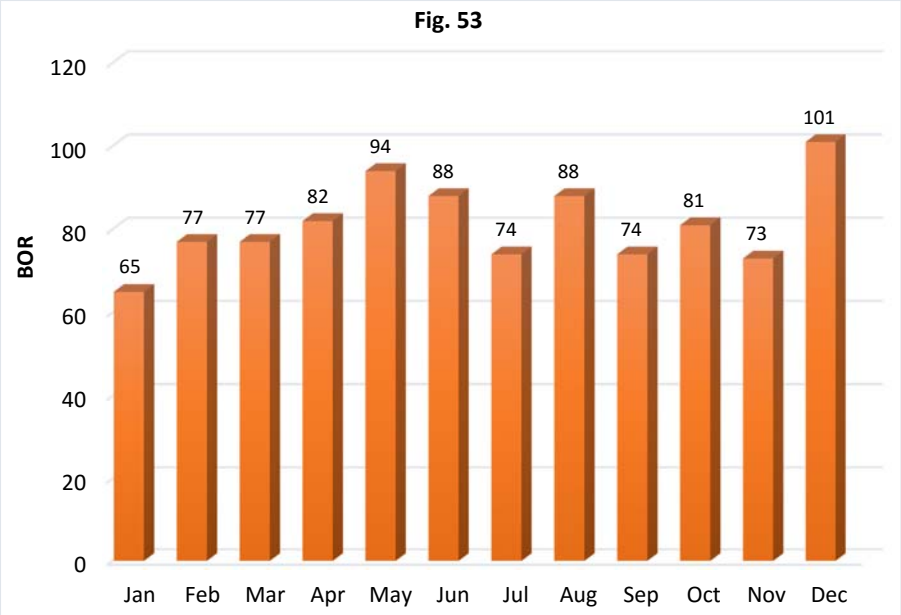
This indicator indicates utilization of Diagnostic services at the facility and also gives a measure of the proportion of patients receiving diagnostic services from the laboratory of the health facility. This indicator reflects the quality of care in terms of utilization of diagnostic services. It will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

Fig. 52



During 2015, the Total admissions were 51,73,989 and they avail the services of X-Rays 45,52,860, Ultra Sonographies 23,96,668, CT Scans 3,03,815 and ECGs 15,45,113. Fig. 52. Show the district wise percentage of Diagnostic Services utilization.

Bed Occupancy Rate

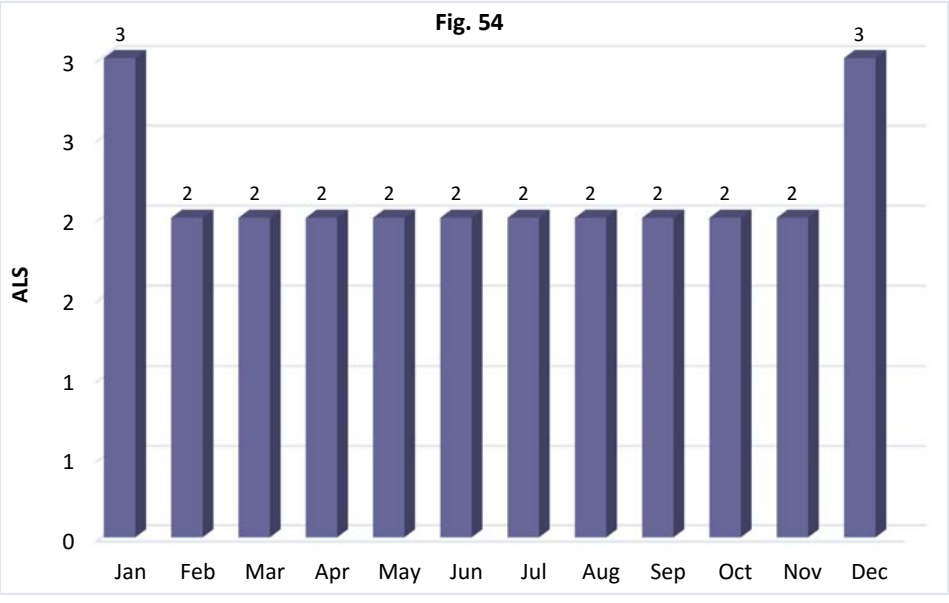


The bed occupancy rate (BOR) is the percentage of occupancy obtained by dividing the average daily census by the number of available beds.

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. 53 is showing the monthly bed occupancy rate during 2015. The highest rate is in December (101) and lowest in January (65). The overall bed occupancy rate during 2015 was 77.



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

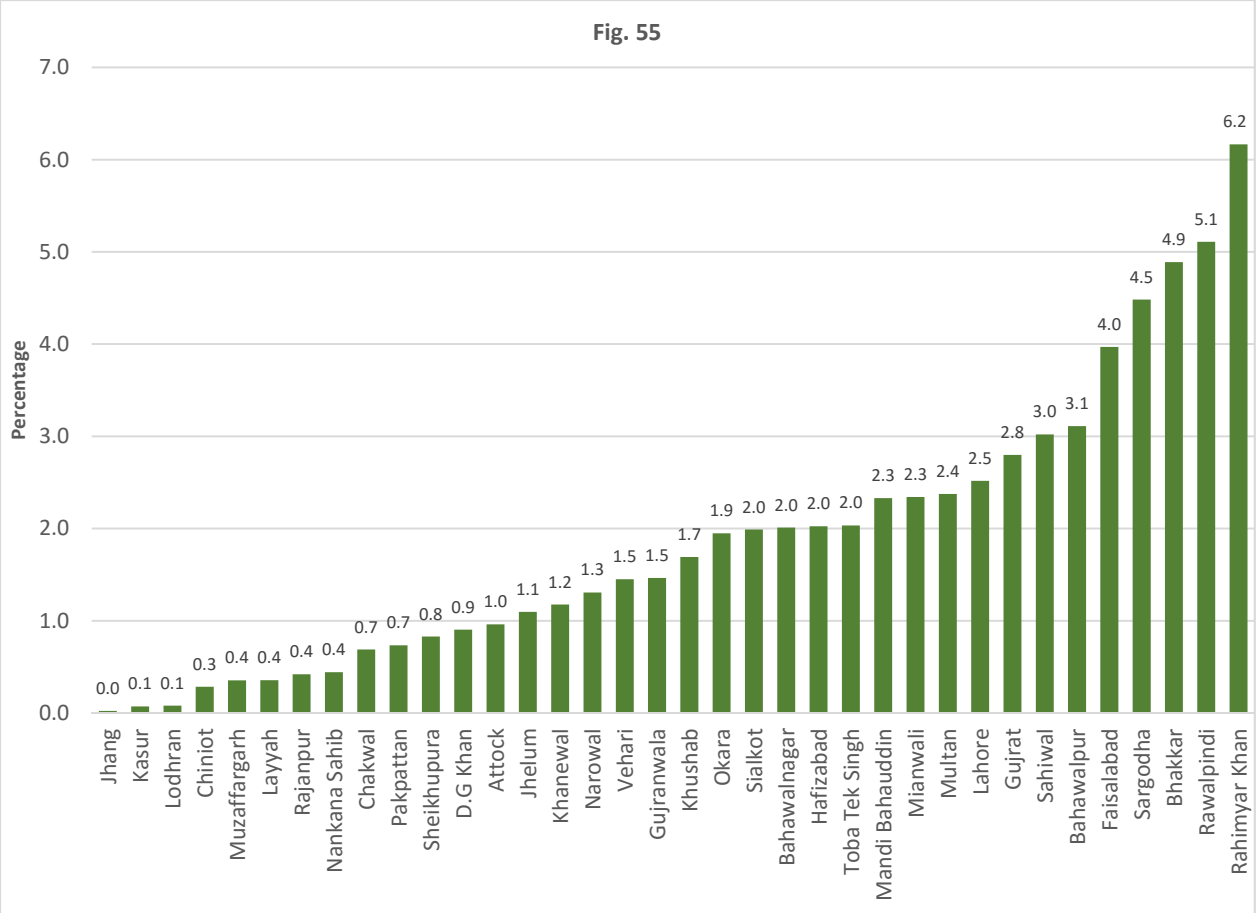
hospitalized patients and the probable burden on hospital resources. Like BOR, it is also influenced by factors like patient management practices, quality of care, case-mix and specialty-mix.

Fig. 54 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 2015, of the total admissions in indoor in secondary and tertiary care hospitals (4528183), 109750 (2.4%) deaths were occurred. It was noted that the percentage of deaths was highest in Rahimyar Khan (6.2%) and lowest in Jhang (0%).

Fig. 55

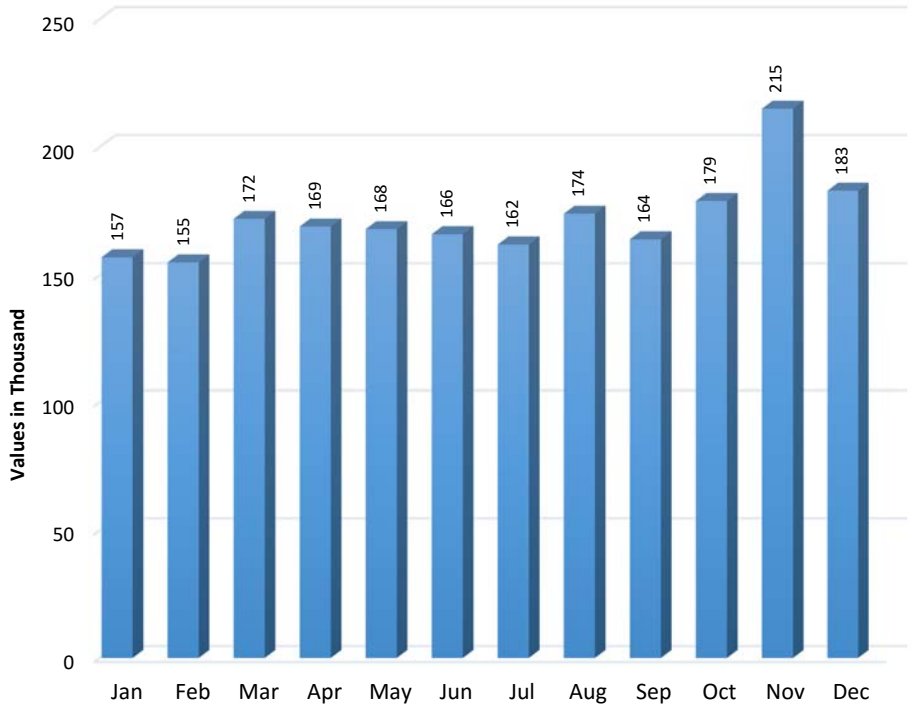


Family Planning Visits

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 2015, 2,070,910 eligible couples availed the family planning services from the public sector health facilities.

Fig. 56



District-wise Number of Commodities Distributed

Table-7:

DISTRICT	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bahawalnagar	14209	390	9644	1140	94706	5820	312	0	0
Bahawalpur	20528	2156	14049	1755	153190	7766	2231	29	681
Rahimyar Khan	10380	2508	13686	1172	35965	6714	1562	7	15
D.G Khan	17210	2663	11849	1093	74303	5806	1164	145	204
Layyah	6461	1832	8579	1810	102989	4271	317	8	31
Muzaffargarh	40511	4269	27184	2372	455891	16222	2559	2	1622
Rajanpur	14213	1758	7836	4266	100731	3918	1104	28	24
Faisalabad	45036	5220	19591	2307	327528	14674	3988	232	350
Jhang	12448	5105	10208	5775	93864	11447	5457	0	10

Toba Tek Singh	10146	1226	6368	346	78747	3161	549	53	41
Chiniot	9616	2610	5628	2009	31376	4751	49	0	0
Gujranwala	18642	2141	13144	974	200597	12850	2159	23	92
Gujrat	16130	848	12103	545	122730	4873	379	4	3
Narowal	9583	373	7092	579	117564	3893	58	1	1
Sialkot	26186	1224	13798	2317	142918	8055	881	0	91
Hafizabad	5066	1789	4420	2465	72183	4722	127	8	12
Mandi Bahauddin	6014	145	4625	569	104690	3880	57	0	1
Kasur	13760	962	6542	984	166564	6844	717	0	7
Lahore	25651	8890	19620	961	349781	11884	8438	209	874
Okara	16266	1924	14134	10269	62387	8398	369	193	229
Sheikhupura	18766	3071	9714	3070	203659	9435	1293	60	63
Nankana Sahib	10036	1000	3135	495	81505	2453	3	1	94
Khanewal	14737	2249	9618	5509	96439	6931	1818	27	153
Lodhran	12256	734	9220	760	52846	4471	637	273	253
Multan	30189	968	17607	839	166319	9432	1529	119	889
Pakpattan	7187	109	6507	384	74464	3453	0	0	0
Sahiwal	12169	1783	10034	177	113663	4730	2594	0	19
Vehari	20818	2013	13689	4066	103708	9044	2087	64	342
Attock	6584	1053	8426	689	91901	3123	156	6	3
Chakwal	7948	1085	7428	705	63149	4218	369	456	7971
Jhelum	9857	967	11339	1067	148040	4556	191	2	4
Rawalpindi	21729	2323	20327	2370	215323	6616	2283	289	737
Bhakkar	5953	774	6593	685	32793	3611	566	42	40
Khushab	9166	1790	7525	952	106021	5855	570	0	95
Mianwali	7281	626	8695	424	76041	2170	356	8	244
Sargodha	25000	4002	13978	3799	91151	10613	1074	25	505
Total	**557732**	**72580**	**393935**	**69699**	**4605726**	**240660**	**48003**	**2314**	**15700**

Human Resource

Table 8:

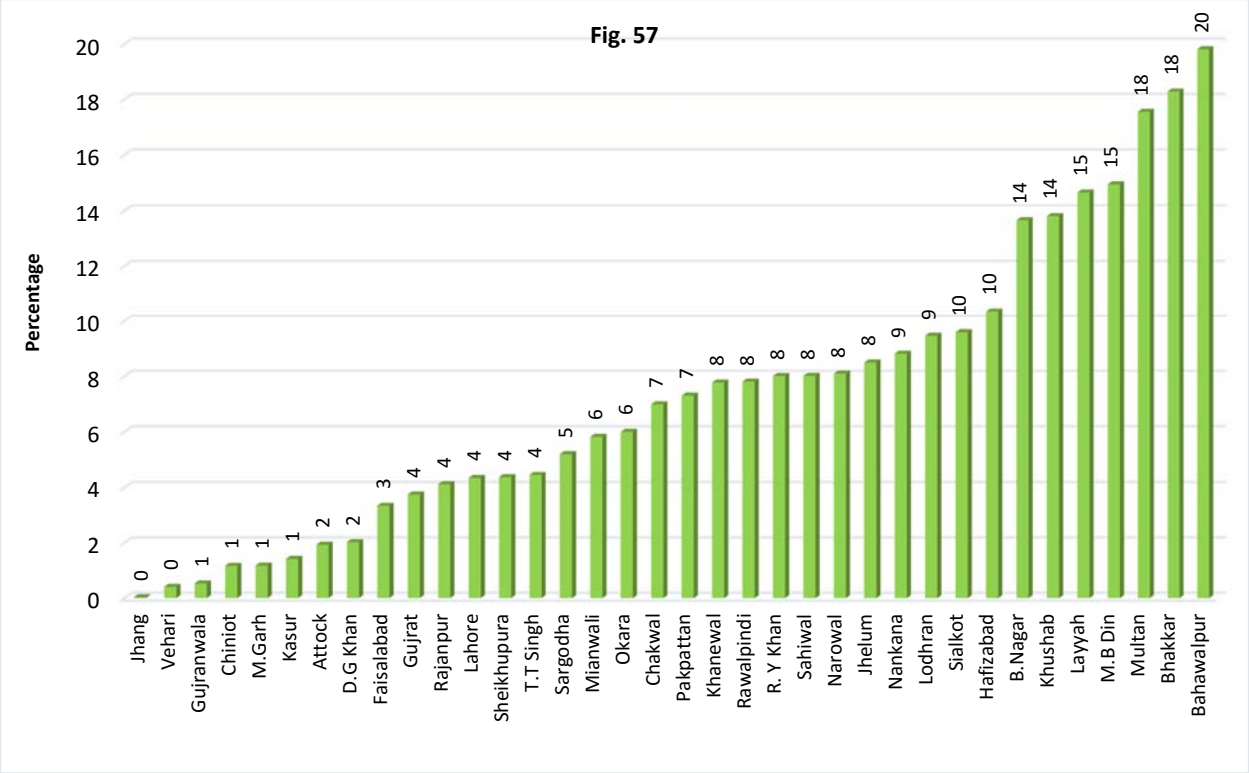
District	Specialist		Surgeon		Doctors		Nurses		Assistant/Techs		LHV	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	55	24	18	16	301	142	183	149	193	142	218	217
Bahawalpur	125	78	36	31	664	577	917	690	234	188	183	163
Rahimyar Khan	69	29	29	22	545	461	528	410	268	183	152	140
D.G Khan	35	28	19	17	254	196	131	80	137	116	84	75
Layyah	56	32	16	11	196	153	139	117	102	85	64	62
Muzaffargarh	36	32	25	19	334	217	159	152	137	106	117	109
Rajanpur	27	18	12	12	120	106	95	78	78	76	50	47
Faisalabad	157	78	32	25	1004	804	1318	1039	320	256	309	280
Jhang	45	24	19	14	192	126	175	159	121	102	113	102
Toba Tek Singh	37	25	14	10	200	145	136	110	114	100	98	95
Chiniot	15	7	7	5	194	45	74	60	79	67	86	85
Gujranwala	51	28	22	20	339	308	322	314	181	178	171	171
Gujrat	51	28	19	13	302	207	222	184	181	107	156	124
Narowal	27	9	11	9	192	73	134	106	97	57	108	98
Sialkot	74	42	21	17	374	204	219	208	158	114	211	177
Hafizabad	20	11	11	9	165	69	98	92	66	48	62	55
Mandi Bahauddin	20	8	14	10	176	69	107	83	93	54	85	65
Kasur	29	17	17	15	252	188	125	122	111	77	144	141
Lahore	288	175	58	44	1997	1511	3278	3028	455	381	143	138
Okara	47	32	19	14	292	117	149	138	161	120	223	197
Sheikhupura	58	30	19	15	323	210	305	197	145	99	126	111
Nankana Sahib	34	19	12	9	236	57	133	105	96	80	137	86
Khanewal	45	25	13	12	295	155	105	99	135	92	120	110
Lodhran	21	10	7	7	107	82	57	48	73	68	65	65
Multan	127	74	46	35	535	503	666	548	210	177	174	167
Pakpattan	28	16	9	9	143	83	122	92	88	76	73	72
Sahiwal	39	27	20	16	244	180	239	213	154	121	136	128
Vehari	38	27	21	15	240	176	206	157	145	130	113	109
Attock	65	22	14	10	217	166	168	139	125	87	81	81
Chakwal	40	24	18	13	213	147	153	124	117	77	113	108
Jhelum	43	18	11	11	225	89	165	128	92	60	125	106
Rawalpindi	133	70	38	27	668	554	753	519	305	180	209	163
Bhakkar	43	28	11	10	147	99	158	128	110	82	72	69
Khushab	56	15	13	6	295	67	144	104	86	69	121	114
Mianwali	42	22	18	11	252	164	146	126	103	82	84	73
Sargodha	75	40	28	26	424	281	365	312	234	199	173	162
Total	**2151**	**1192**	**717**	**565**	**12657**	**8731**	**12394**	**10358**	**5504**	**4236**	**4699**	**4265**

District	Dispenser		EPI Vaccinator		Sanitary inspectors		Midwives		LHWs		Others	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	236	214	89	80	104	101	202	183	1060	1046	1077	943
Bahawalpur	284	265	95	91	78	75	188	121	1597	1583	1106	993
Rahimyar Khan	279	270	104	98	60	11	242	102	1635	1387	1611	1385
D.G Khan	140	135	63w	51	31	22	155	127	833	723	200	176
Layyah	125	112	46	45	42	41	120	109	810	759	738	567
Muzaffargarh	199	178	91	87	84	68	292	156	2024	1903	820	638
Rajanpur	105	104	37	37	32	28	69	62	612	612	392	387
Faisalabad	445	424	25	22	148	79	349	303	2283	2283	3487	2878
Jhang	149	137	67	63	57	54	168	124	130	104	517	438
Toba Tek Singh	132	129	65	60	70	36	110	85	1015	990	123	104
Chiniot	78	72	37	36	36	30	65	55	503	336	336	180
Gujranwala	244	243	96	96	102	102	289	286	1503	1503	1023	1021
Gujrat	214	190	104	100	90	41	343	146	1994	1458	824	585
Narowal	111	99	59	58	57	52	126	104	1049	1023	775	583
Sialkot	214	195	2	2	88	80	176	137	35	21	1111	959
Hafizabad	100	94	28	25	29	21	67	50	129	110	318	309
Mandi Bahauddin	119	103	63	54	48	39	144	80	1094	1049	182	122
Kasur	200	197	87	81	82	62	174	145	26	26	290	269
Lahore	349	325	83	81	62	59	156	148	1062	1057	3254	2731
Okara	200	193	118	103	93	92	232	111	1414	1229	1025	906
Sheikhupura	171	162	87	77	79	72	153	115	885	835	399	328
Nankana Sahib	112	109	58	53	47	44	91	60	660	598	635	490
Khanewal	157	149	94	86	81	78	129	65	232	217	420	379
Lodhran	96	93	52	51	46	40	74	68	943	938	448	428
Multan	260	252	168	168	84	80	226	158	1810	1793	4121	3944
Pakpattan	99	95	64	64	53	40	140	115	898	898	166	139
Sahiwal	172	163	86	82	76	70	221	113	0	0	1045	767
Vehari	225	214	77	72	74	63	166	144	788	787	523	485
Attock	139	137	63	55	64	17	154	98	1013	705	551	435
Chakwal	144	140	60	52	19	3	132	105	670	650	157	130
Jhelum	123	118	50	39	54	48	127	111	980	925	828	670
Rawalpindi	302	249	109	75	80	53	227	119	31	27	460	390
Bhakkar	139	131	42	40	37	34	127	114	0	0	468	432
Khushab	132	129	3	3	40	32	127	77	0	0	756	407
Mianwali	125	118	42	41	44	36	103	86	695	675	489	362
Sargodha	230	213	149	135	134	120	335	289	1703	1697	1764	1415
Total	**6549**	**6151**	**2563**	**2363**	**2405**	**1923**	**6199**	**4471**	**32116**	**29947**	**32439**	**27375**

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. 57 that the percentage of out of stock medicines was highest in Bahawalpur (20%).

Data are just summaries of thousands of stories.

Tell a few of those stories to help make the data meaningful

CHIP & DAN HEATH, AUTHORS OF MADE TO STICK, SWITCH