



DHIS Annual Report 2017

MIS Cell, DIRECTORATE GENERAL HEALTH SERVICES
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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 99%. 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 Munir Ahmed

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.

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 Muhammad Naeem
Director Health Services (MIS)

Table of Contents

Executive Summary	6
Introduction	8
Overview of DHIS Program	8
Important Features of DHIS	8
Salient Features of Report	8
Importance of Record Keeping and Data Management	9
Challenges and issue	10
Number of Functional and Reporting Health Facilities with Number of Beds	11
Proportion of Staff Position Filled	12
Year-Wise Comparison of Important Indicators	13
Reporting Compliance	13
Per Capita OPD Attendance	13
Total OPD Visits	13
Antenatal Care Services	14
Deliveries Conducted at Health Facilities	14
Caesarean Section	14
Number of Anaemic Women Coming for ANC-1	15
Frequency of Low Birth Weight (LBW) Babies	15
Stock-out Status	15
Family Planning Visit	16
Lab Utilization (In-door)	16
Lab Utilization (OPD)	16
Epidemic Disease Cases	17
Year wise Epidemic Disease Cases	17
Comparison of Top Ten Diseases (2010-2016)	19
Acute Respiratory Infection	19
Fever due to other Causes	19
Scabies	20
Peptic Ulcer Disease	20
Diarrhoea/Dysentery in <5 yrs	21
Diarrhoea/Dysentery in >5 yrs	21
Hypertension	22
Dental Caries	22
Asthma	23
Diabetes Mellitus	23
Disease Pattern	24
Number and Percentage of Priority Diseases Cases	24
Communicable and Non-Communicable Diseases	25
Number of Communicable and Non-Communicable Diseases	26
District wise Incidence Rate (per 1,000 populations) of Top 5 Diseases	27
Per Capita OPD Attendance in 2017	30
District wise Per Capita OPD Attendance	30
Facility Type wise Average Number of OPD Visits (<i>Per day per Health Facility</i>)	31
District wise & Facility type wise Average new case per day OPD Visits	31
Year wise and Health Facility type wise OPD Visits	32
Antenatal Care Coverage	33
District wise Numbers of ANC-1 Visits (Out of expected population 3,740,426 (3.4%))	33
Facility Type wise Number of ANC-1 Visits (<i>Per month per Health Facility</i>)	34

Percentage of Anaemia among ANC-1 Attendance.....	34
Deliveries Conducted at the Health Facilities	35
Facility Type wise Number of Deliveries Conducted (<i>Per month per Health Facility</i>)	35
District wise Percentage of Deliveries Conducted at Health Facilities	36
Type wise Deliveries	36
Obstetric Complications	37
Number of Admission and Deaths of Type wise Obstetric Complications.....	38
Caesarean Section	39
Facility Type wise Number of Caesarean Sections Conducted	39
District wise Low Birth Weight (LBW) Babies (Percentage).....	40
District wise Neonatal Mortality Rate (Percentage)	40
Complications of Neonatal Deaths.....	41
Diagnostic Services Utilization	41
District wise Percentage of Diagnostic Services Utilization Indoor	42
District wise Percentage of Diagnostic Services Utilization Outdoor	43
Bed Occupancy Rate	44
Facility type wise Bed Occupancy Rate	44
Average length of Stay	45
Facility type wise Average Length of Stay.....	45
Hospital Death Rate	46
District wise Percentage of Hospital Death Rate	46
Facility type wise Hospital Death Rate.....	46
Family Planning Visits	47
District-wise Number of Commodities Distributed	47
Human Resource	49
Comparison of Sanctioned & Filled posts of Health Personnel.....	51
Stock out Status	51
District wise Percentage of Stock out	51
Immunization Coverage	52
District wise Percentage of BCG Coverage.....	52
District wise Percentage of Measles - I	52
District wise Percentage of Measles – II	53
District wise Percentage of Preg. Woman TT - I	53
District wise Percentage of Preg. Woman TT – II.....	54
Breakdown of Epidemic Disease “Smog”	54
Priority Disease Frequency during Smog 1st-20th November 2017 – Punjab	54
Camparision of Smog Disease	55
Health Education Activities of Smog	56
Annexed	57
Table 2: List of THQs/Civil Hospitals in Punjab.....	57
Table 3: List of DHQs Hospitals in Punjab	59
Table 4: List of Teaching/Specialized Hospitals in Punjab	59

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 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. Almost overall trend in all indicators have increased during 2017.

The detailed analysis of 2017 data is presented in this report. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2017 the reporting compliance was above 99%. The total OPD in 2017 was 147 million. The per capita OPD in 2017 was 1.34 which had increased from the previous years. On average, per day OPD attendance in teaching/tertiary hospitals was 99,893. In DHQs 48,088, THQs 86,320, in RHCs 67,838 and in BHUs 131,557 visits were reported. In age and gender wise analysis, the percentage of female patients was (57%) and the percentage of male patients was (43%). The highest number of patients was reported in age group 15-49 years in which female were 31% and male were 17%.

Fifty-three diseases are reported through DHIS. Out of the 53 priority diseases, 28 are communicable and 25 are non-communicable. The proportion of communicable diseases was 52% while the non-communicable diseases were 48%. Top five disease were Acute (upper) respiratory infection, Fever due to other causes, Peptic ulcer disease, Scabies 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 2010-2016 and it is compared with 2017 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2017, the overall ANC-1 reported coverage in Punjab was 4,701,776 of the total expected population (3.4%). Out of the total ANC-1 women, 21% 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 2017 was 42% 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 488 per month per teaching/tertiary care hospitals, in DHQs hospitals 320, in THQs 97, in RHCs 72 and in BHUs 19 deliveries (in BHUs 24/7s 46 deliveries) per month. C-Section rate is 14% of total deliveries and obstetric complications 4% of total deliveries. Out of the total live births, 3% babies were born with low birth weight (<2.5kg). Neonatal mortality rate was calculated and it was found 1.1% 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 2017, total 69 million patients availed the lab services in which outdoor, 40 million patients and in Indoor, 29 million patients utilize 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 2017 was 87 in secondary and tertiary care hospitals. In teaching/tertiary hospitals was 92 .In DHQs 95, in THQs 72, in RHCs 47 and in BHUs 39 BOR were reported. Average length of stay is the measure of the average duration of hospital stay of admitted patients in hospitals. This indicator reflects on the intensity of care delivered to hospitalized patients in and the probable burden on hospital resources. The ALS was 2 in 2017. In teaching/tertiary hospitals was 2 .In DHQs 2, in THQs 2, in RHCs 1 and in BHUs 1 ALS were reported. It is clear from the figures that the ALS was consistent throughout the year.

Hospital death rate is the measure of the proportion of hospital deaths among admitted patients in hospitals. During 2017, (2%) deaths were occurred. Percentage of deaths in teaching/tertiary hospitals was 3.1, in DHQs 1.9, in THQs 0.3, in RHCs 0.4 and in BHUs 0.

Stock out status measures the percentage 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 6%.

During 2017, family planning visits reported from the public sector health facilities against the expected population (16% MCBA) were 23,572,199.

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, Malaria, Hepatitis, MCH & Family Planning Services), availability of drugs/ supplies 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.

Challenges and issue

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 with Number of Beds

Table 1:

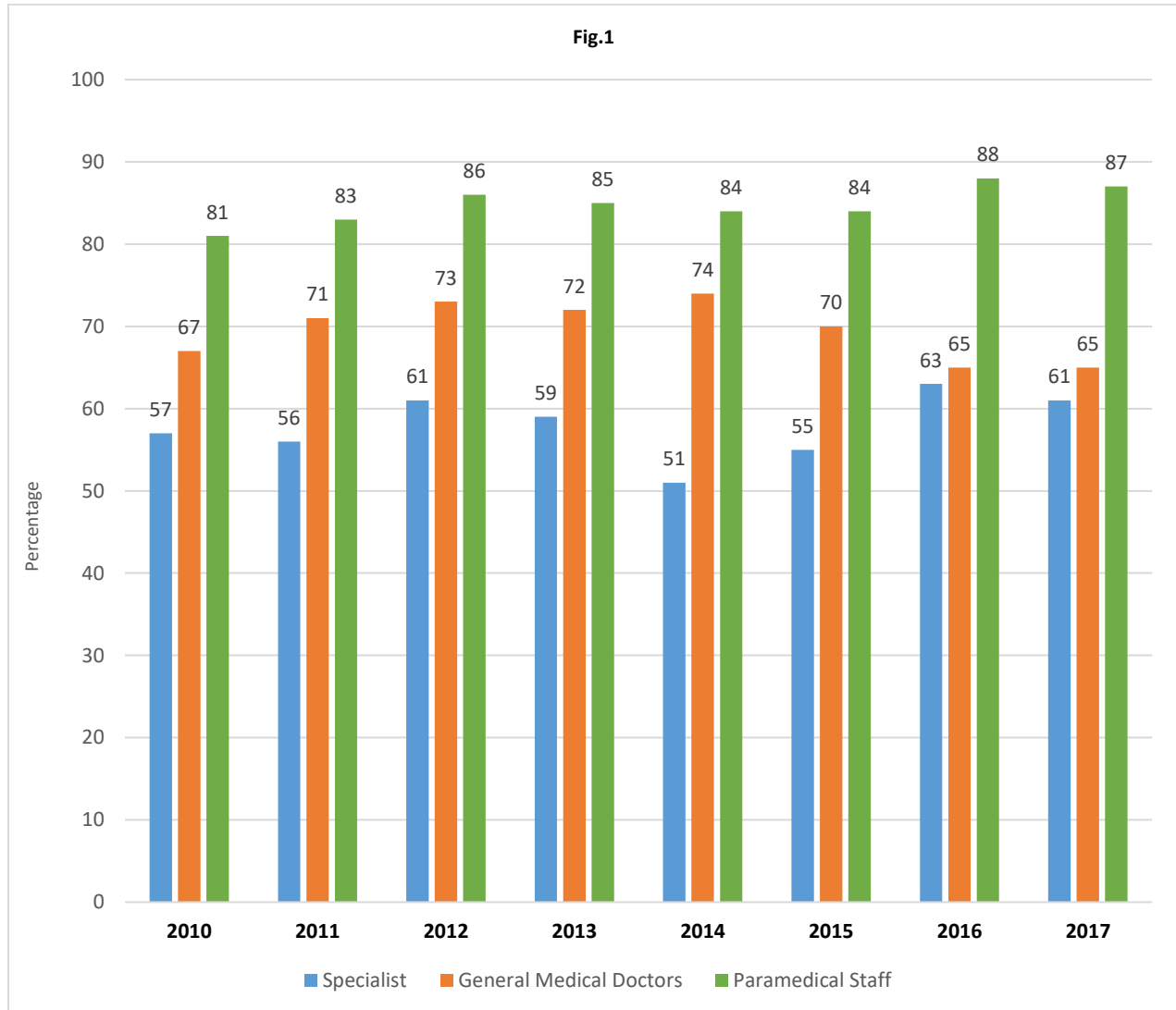
District	Teaching Hospital		DHQ		THQ		RHC		BHU		MCH		Disp.(class 1&3)		Total	
	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
Bahawalnagar	0	0	1	259	4	220	10	200	102	204	7	0	32	0	156	883
Bahawalpur	2	1820	0	0	4	232	11	220	73	146	10	0	56	4	156	2422
Rahimyar Khan	1	954	0	0	3	200	19	356	104	208	7	0	0	0	134	1718
D.GKhan	1	367	0	0	1	80	10	200	50	100	5	0	23	0	90	747
Layyah	0	0	1	280	6	240	5	100	37	74	2	0	21	0	72	694
Muzaffargarh	0	0	1	240	4	190	12	240	73	145	3	2	25	23	118	840
Rajanpur	0	0	1	133	3	172	6	125	33	66	1	4	2	0	46	500
Faisalabad	4	2308	0	0	5	270	15	280	168	336	6	0	91	0	289	3194
Jhang	0	0	1	276	3	146	10	180	58	116	2	0	8	0	82	718
Toba Tek Singh	0	0	1	125	2	266	9	180	70	140	2	2	0	0	84	713
Chiniot	0	0	1	70	2	40	3	40	36	72	2	4	2	4	46	230
Gujrana	1	450	0	0	3	160	12	240	92	184	10	0	53	0	171	1034
Gujrat	1	322	0	0	4	230	9	180	90	180	8	8	6	0	118	920
Narawal	0	0	1	125	1	80	7	120	57	122	4	0	9	12	79	459
Sialkot	2	534	0	0	4	299	6	120	88	176	14	0	25	10	139	1139
Hafizabad	0	0	1	120	1	60	7	140	32	64	3	0	16	0	60	384
Mandi Bahauddin	0	0	1	100	2	100	9	162	48	96	4	0	9	0	73	458
Kasur	0	0	1	197	4	200	11	200	82	164	8	0	23	0	129	761
Lahore	18	10266	0	0	5	120	6	120	36	72	50	0	43	20	158	10598
Okara	0	0	2	335	2	100	10	182	96	192	4	0	20	0	134	809
Sheikhupura	0	0	1	648	4	296	7	168	79	158	4	4	4	1	99	1275
Nankana Sahib	0	0	1	120	2	188	6	144	46	92	0	0	16	10	71	554
Khanewal	0	0	1	125	3	180	7	140	83	166	4	0	13	0	111	611
Lodhran	0	0	1	125	2	80	4	80	48	96	1	0	16	2	72	383
Multan	4	1540	1	181	3	301	8	160	82	164	5	0	39	0	142	2346
Pakpattan	0	0	1	125	1	60	5	90	54	108	2	0	9	0	72	383
Sahiwal	3	513	0	0	1	120	11	220	76	152	2	0	21	0	114	1005
Vehari	0	0	1	300	2	300	14	280	74	148	4	0	27	0	122	1028
Attock	0	0	1	176	5	320	5	100	63	126	4	0	2	0	80	722
Chakwal	0	0	1	205	4	140	10	190	65	126	2	0	7	0	89	661
Jhelum	0	0	1	258	2	100	6	120	47	94	6	0	23	0	85	572
Rawalpindi	4	1894	0	0	6	362	8	160	98	196	6	0	6	24	128	2636
Bhakkar	0	0	1	333	3	184	5	112	40	80	2	0	12	24	63	733
Khushab	0	0	1	125	4	260	5	60	44	88	6	0	30	12	90	545
Mianwali	0	0	1	313	3	142	10	200	40	80	4	0	14	0	72	735
Sargodha	1	731	0	0	10	380	12	240	131	260	6	0	9	0	169	1611
Grand Total	42	21,703	26	5,113	118	6,818	310	6,049	2,495	4,991	210	24	712	146	3,913	44,844

*Note: Non Reporting Teaching Hospitals

- Aziz Bhatti Shaheed (DHQ) Hospital, Gujrat,
- General Hospital ,Lahore and
- Punjab Institute of Cardiology Hospital, Lahore

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.

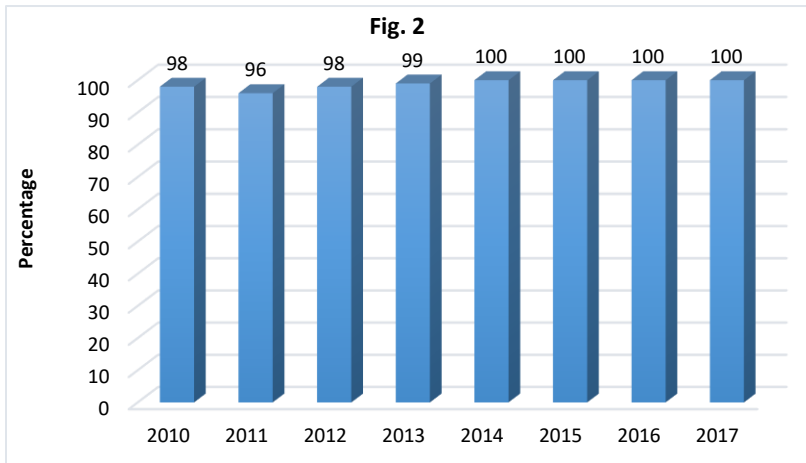


In 2017, percentage of Specialists Staff Filled Positions is 61, percentage of General Medical Doctors Staff Filled Positions is 65 and percentage of Paramedical Staff Filled Positions is 87. The trend is almost same during previous all years.

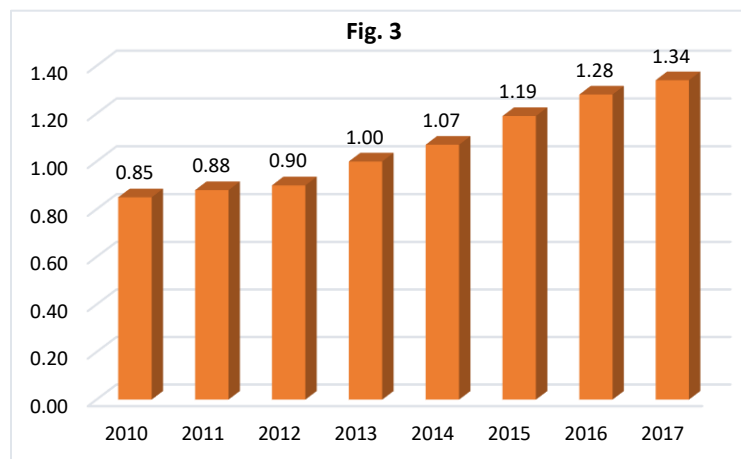
Year-Wise Comparison of Important Indicators

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.



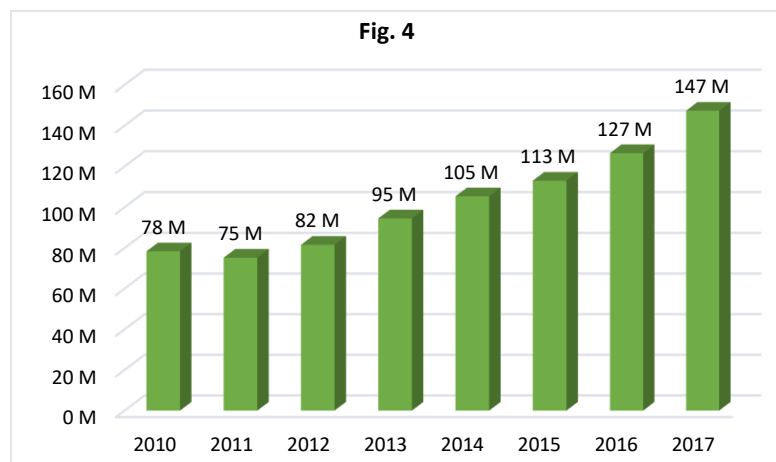
Per Capita OPD Attendance



The year wise comparison of per capital OPD attendance is shown in Fig. 3. 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 (new cases & follow up cases). 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

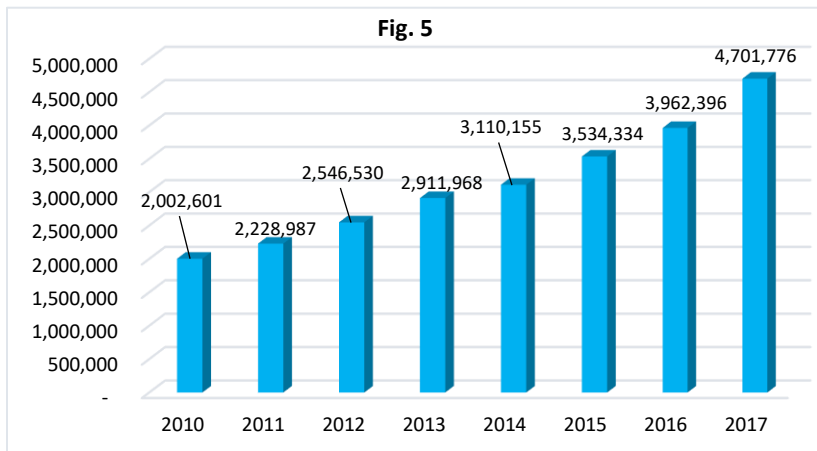
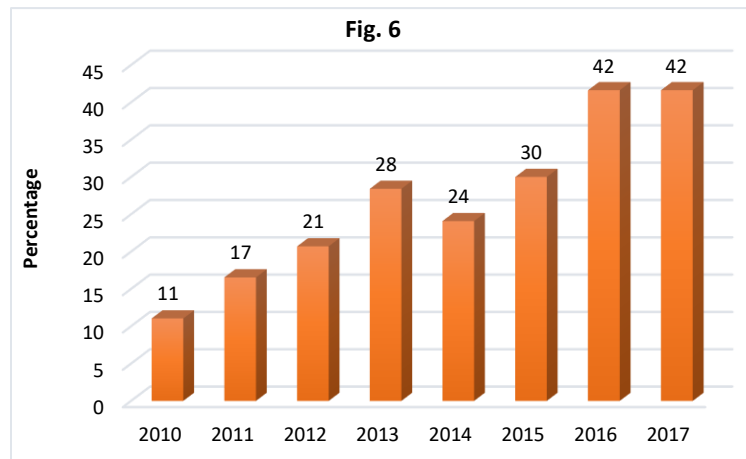


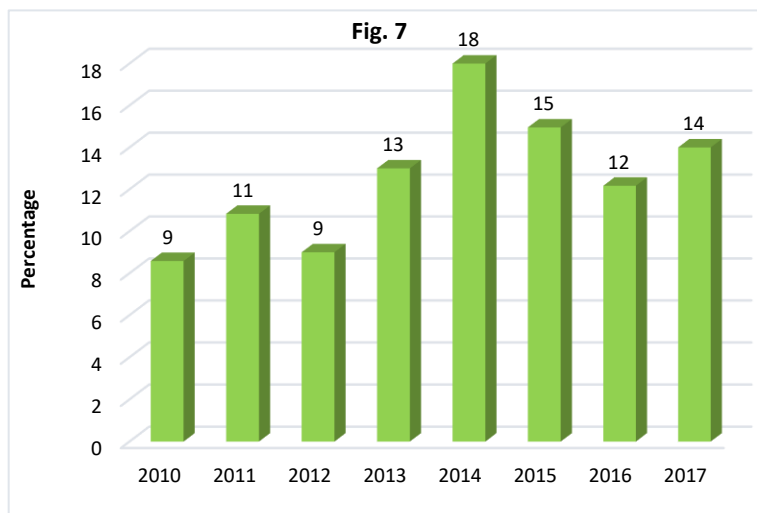
Fig. 5 shows the year wise comparison of numbers of ANC-1 visits. This numbers are calculated from the expected pregnancies during the year (3.4% of total Population). The numbers has improved from year to year.

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.



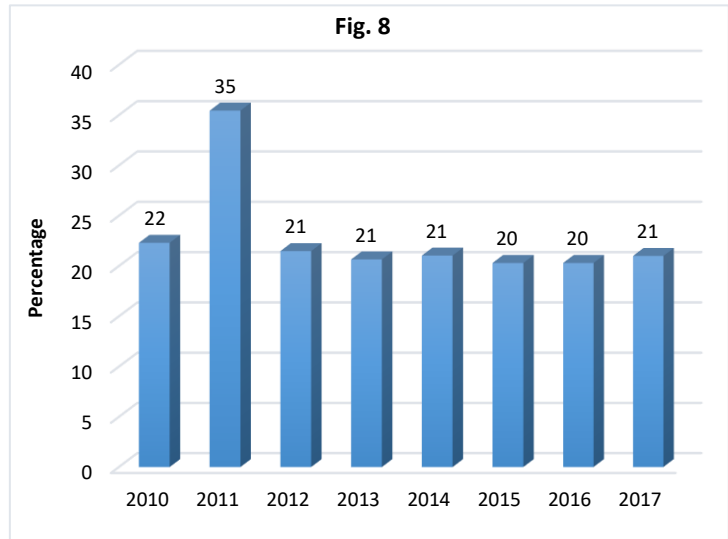
Caesarean Section



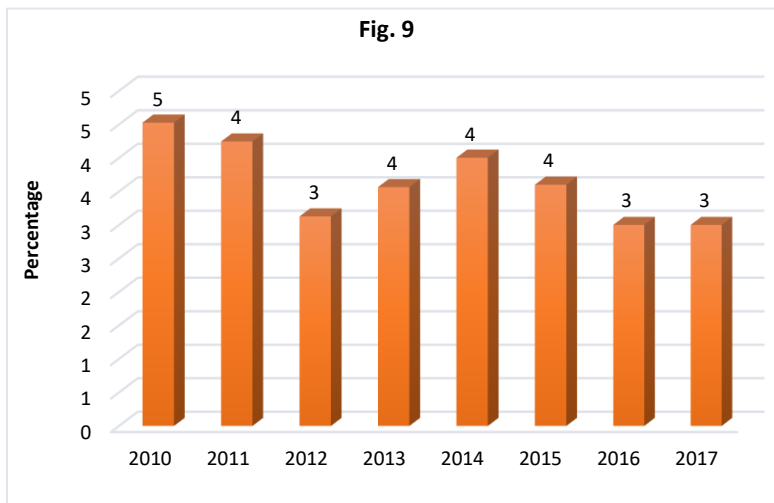
The graph shows the year wise comparison of C- Section performed. The percentage is calculated from the total deliveries conducted at health facilities not calculated from obstetric complications deliveries. In 2014, the highest percentage was observed (18%). In 2017, the percentage was observed (14%).

Number of Anaemic Women Coming for ANC-1

Fig. 8 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. Anaemic Women coming for ANC-1 may be improving in next visits of ANC but in DHIS just ANC-1 women with Hb. <10 g/dl indicator reported.



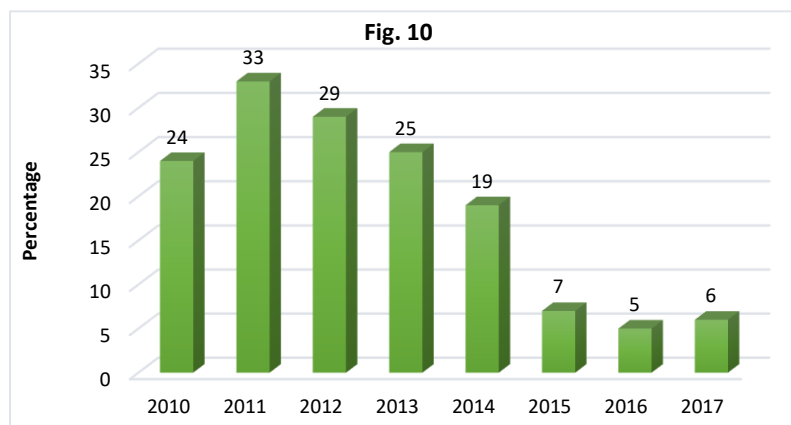
Frequency of Low Birth Weight (LBW) Babies



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 2016, the lowest stock out was observed (5%).



Family Planning Visits

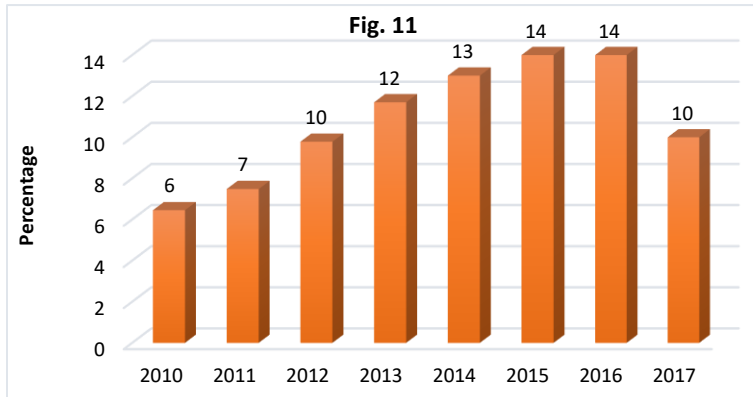
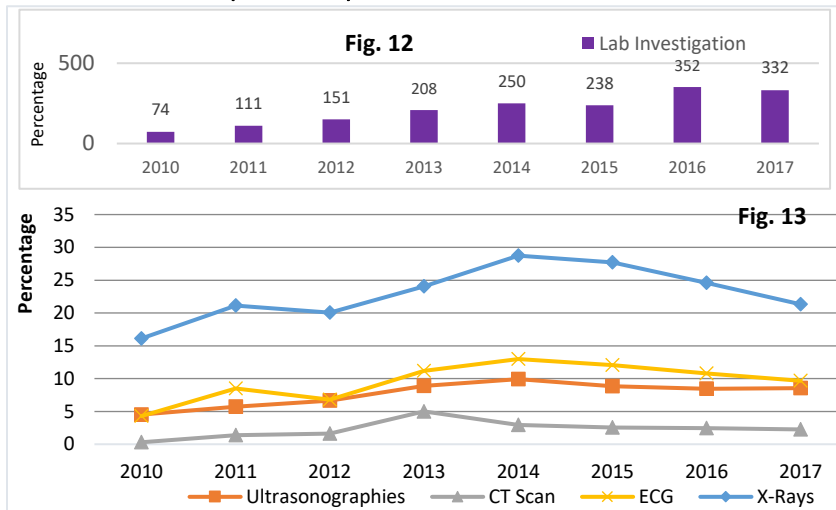


Fig. 11 shows the year wise comparison of family planning visits percentage, calculated from the expected population (16% MCBA). It can be seen from the figure that the percentage of family planning visits are decreasing in 2017.

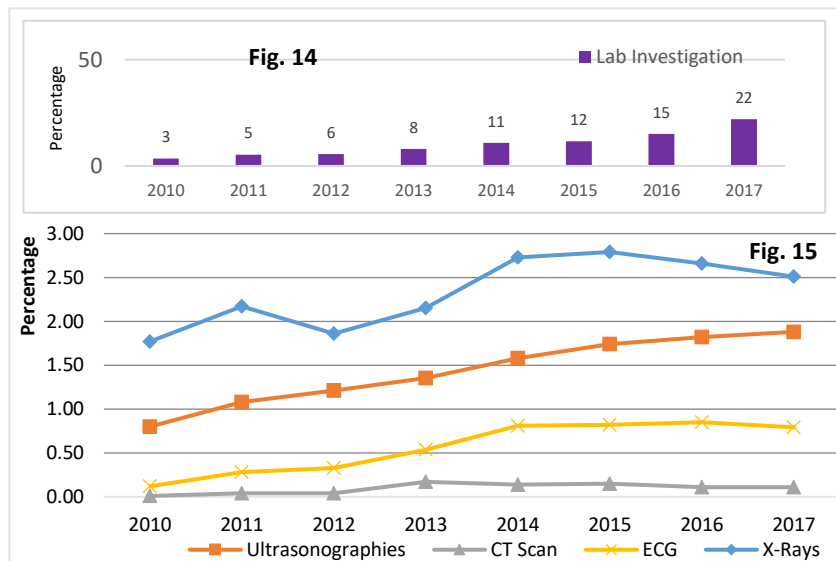
Lab Utilization (In-door)



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

Lab Utilization (Out-door)

The graph shows the year wise comparison of lab utilization in Out-door. The percentage is calculated from the total OPD visits. Fig. 14 shows the lab investigation percentage. Fig. 15 shows X-Rays, ECG, CT Scan and Ultrasonography 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. During 2017, high number of cases were reported of Suspected Malaria (859,565) and low cases were suspected Neonatal Tetanus were (756).

Year wise Epidemic Disease Cases

Table 5:

Diseases	2010	2011	2012	2013	2014	2015	2016	2017
Suspected Malaria	854,062	829,364	861,120	802,436	714,950	797,648	801,328	859,565
TB Suspects	537,826	514,881	545,760	619,613	687,122	734,325	740,499	765,565
Suspected Viral Hepatitis	179,239	192,010	265,168	288,658	288,973	355,724	481,122	672,001
Suspected HIV/AIDS	4,807	162	6,773	1,827	3,306	3,875	9,272	19,381
Suspected Measles	13,355	2,961	2,802	16,592	2,792	7,750	4,839	6,486
Suspected Meningitis	17,112	4,357	4,197	3,450	5,023	4,698	6,226	5,587
Cutaneous Leishmaniasis	11,849	5,397	2,778	4,631	5,366	8,470	4,399	1,337
Acute Flaccid Paralysis	8,282	1,377	2,801	726	734	649	821	1,044
Suspected Neonatal Tetanus	7,046	2,383	1,566	955	1,436	312	893	756

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

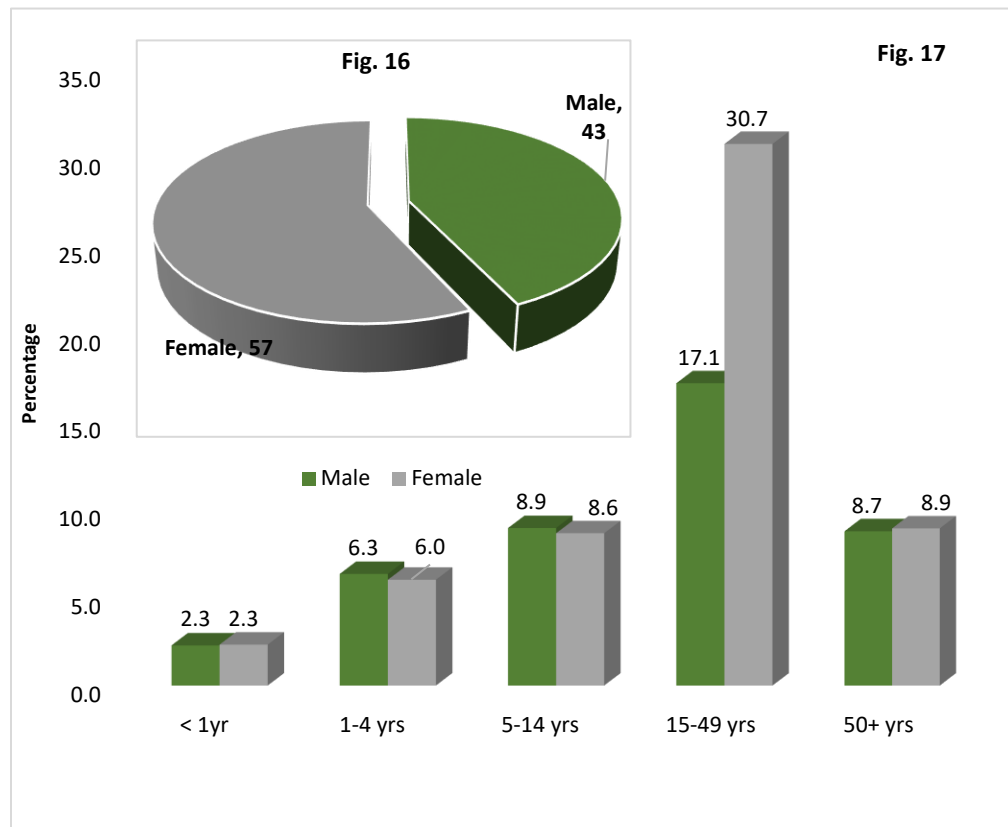
health facility is

catering to

specific age

groups, e.g.,

children under 5



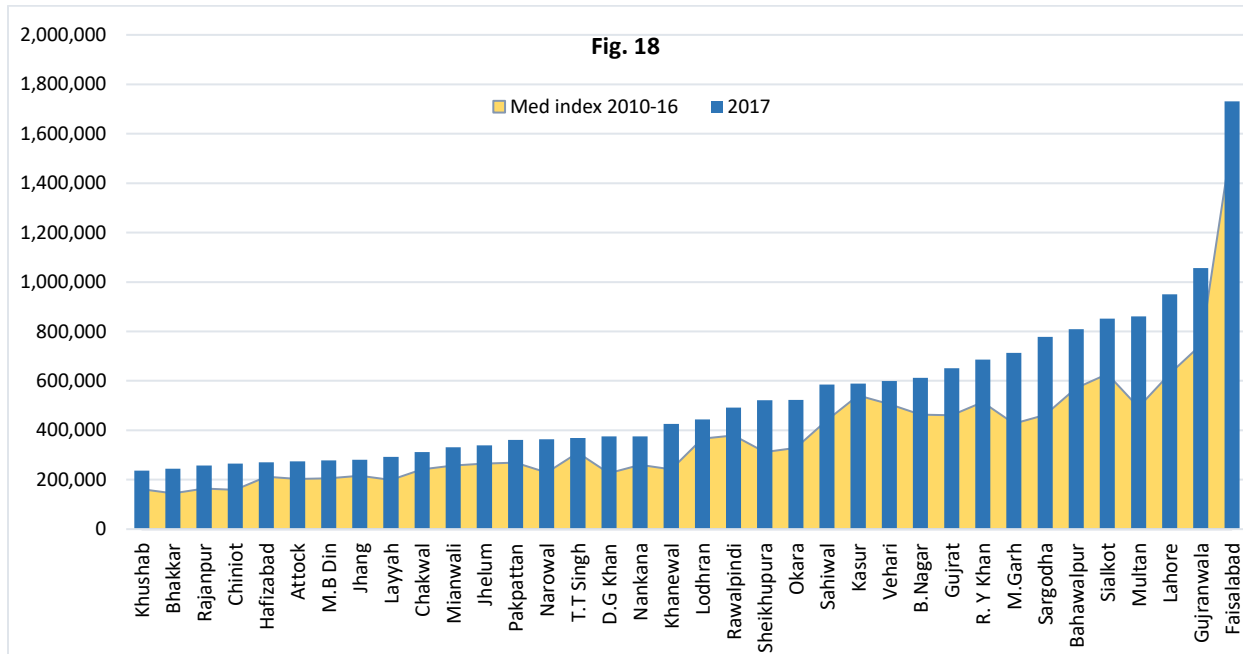
years or elderly patients, and to gender equity.

In *Fig. 16*, pie chart shows the gender wise percentage of male and female patients during 2017. It can be seen that the percentage of female (57%) patients is more than the male patients (43%). In bar chart (*Fig. 17*), 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 30.7% while the male were 17.1%. The minimum number of patients availing the services belonged to age group <1 year (4.6%), male patients being 2.3% and female 2.3%. It is observed that male patients use the health facilities more in <14 age group while female patients are more in >14 age group.

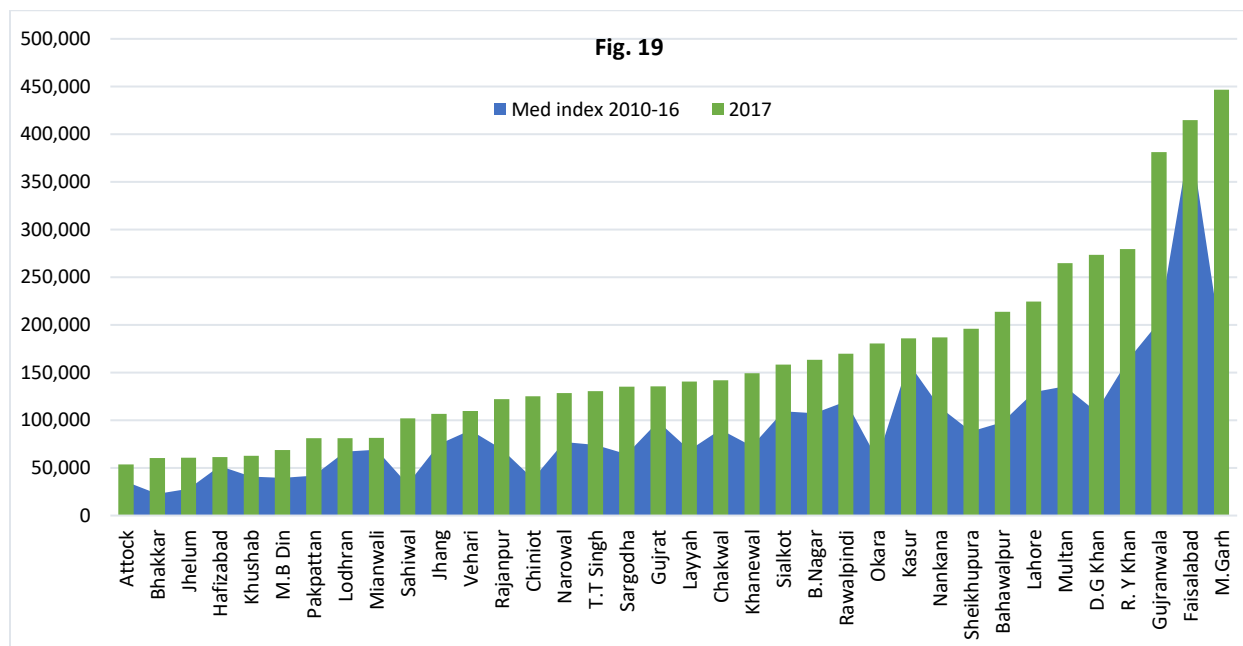
Comparison of Top Ten Diseases (2010-2016)

The following graphs show the comparison of top 10 diseases numbers of 2017 with the median index of 2010-16 numbers. The median index is shown with area chart and 2017 data is shown in bars.

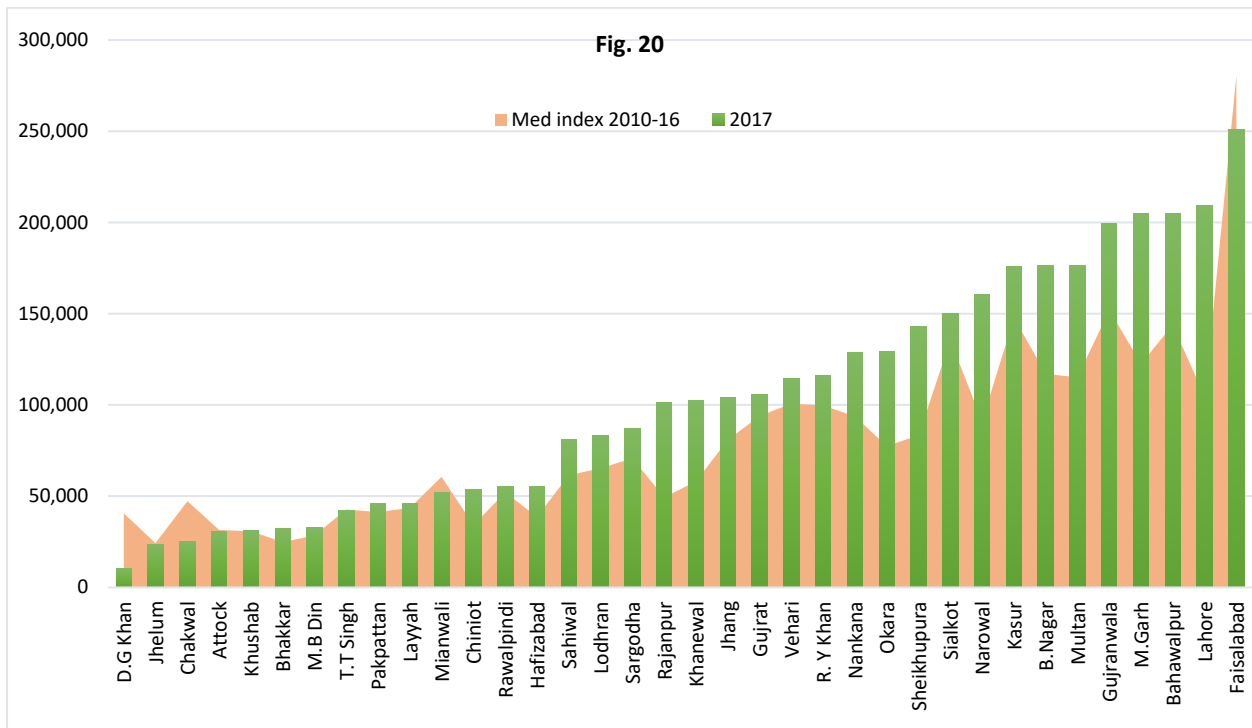
Acute Respiratory Infection



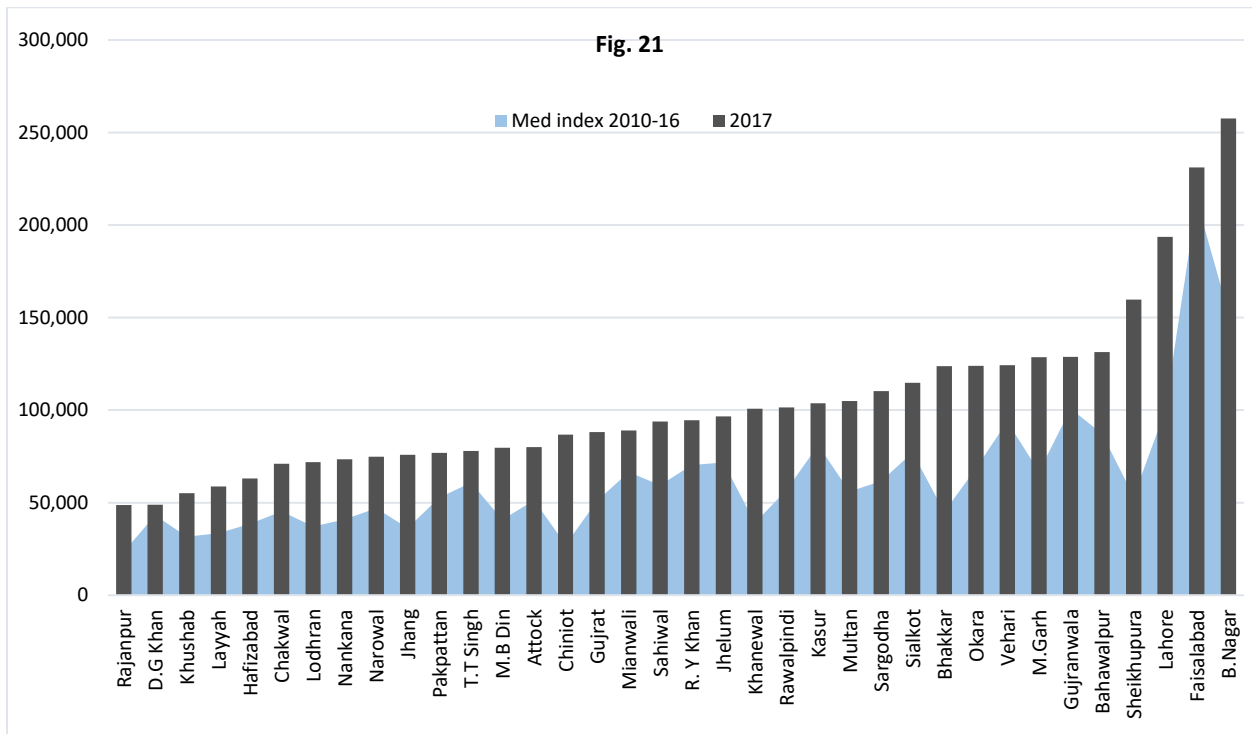
Fever due to other Causes



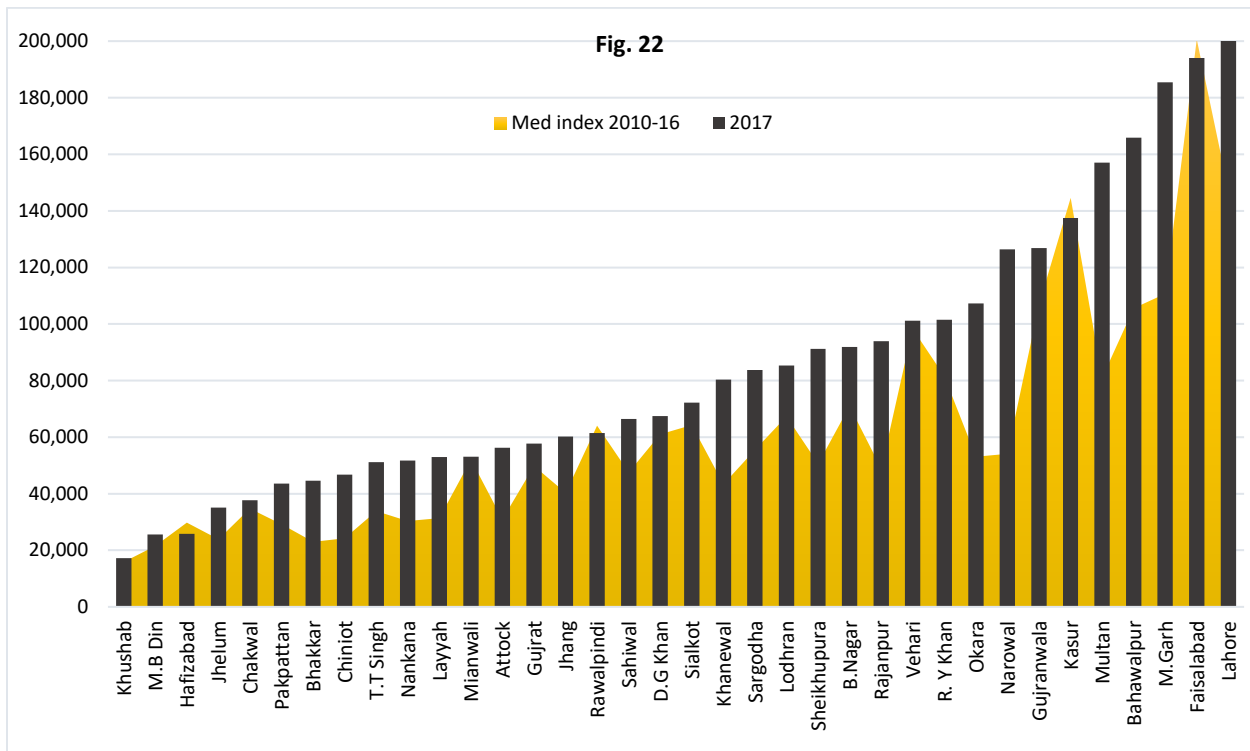
Scabies



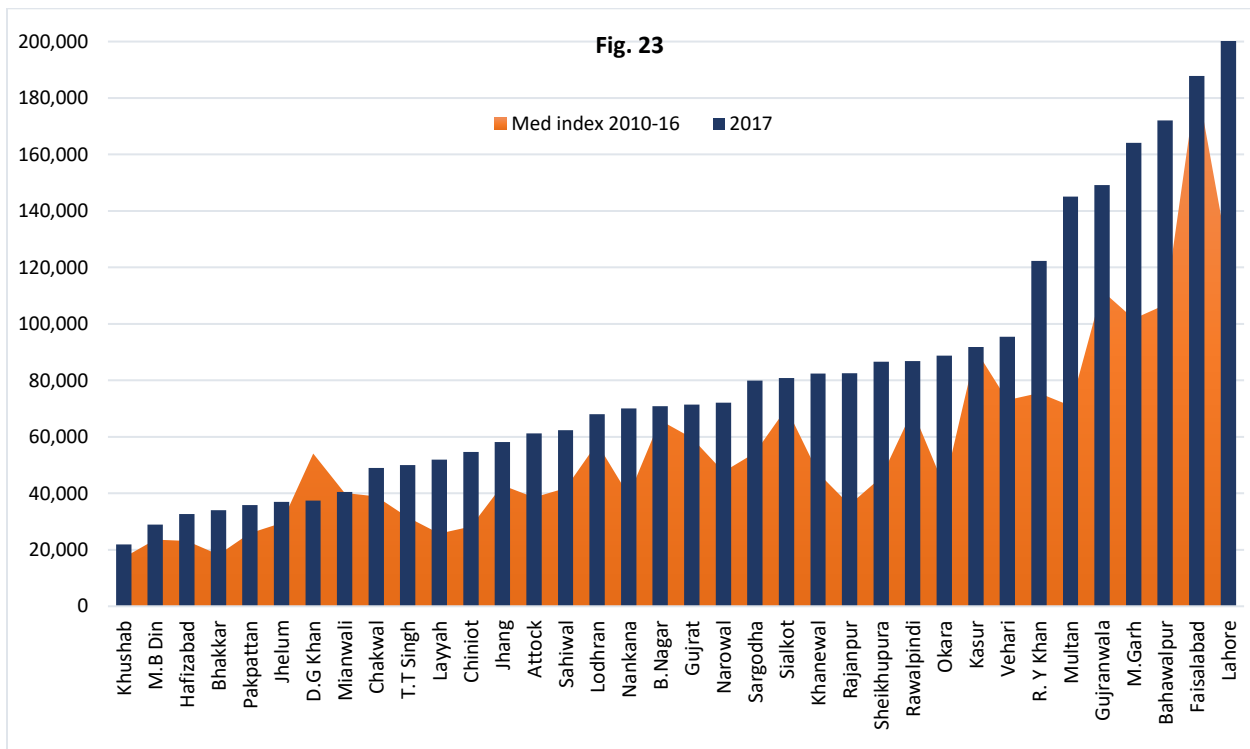
Peptic Ulcer Disease



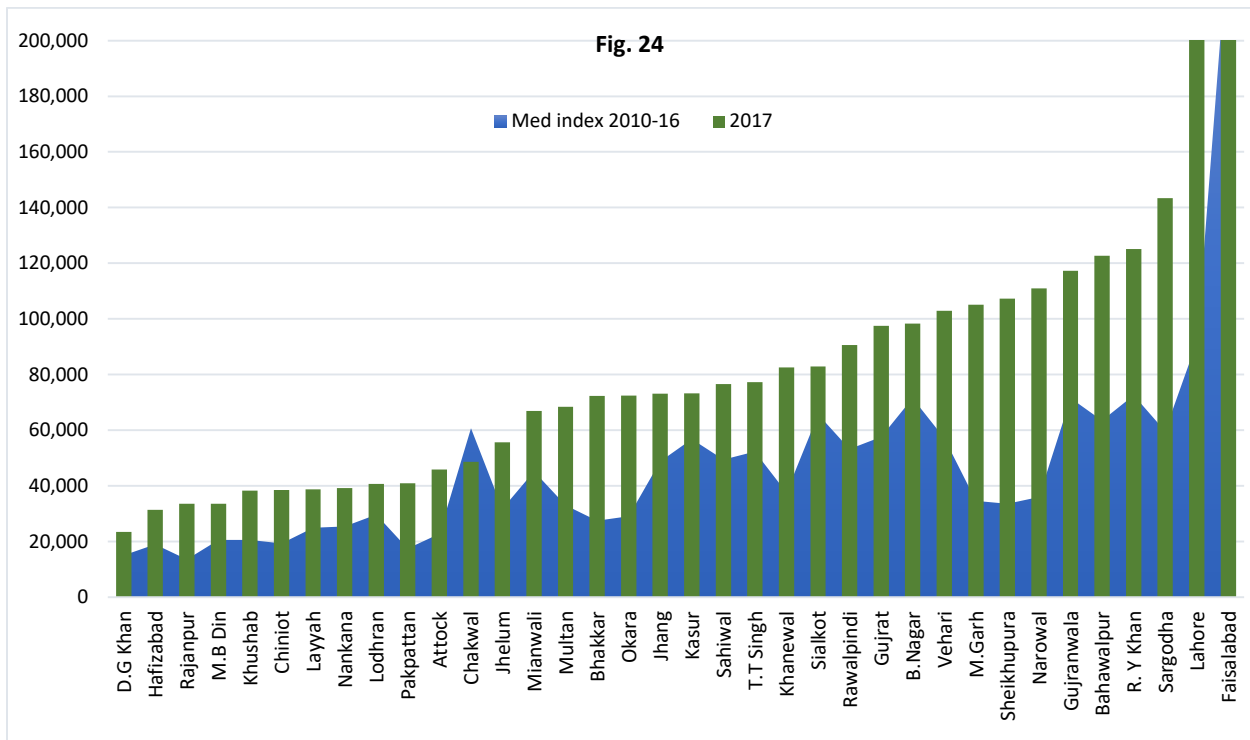
Diarrhoea/Dysentery in <5 yrs



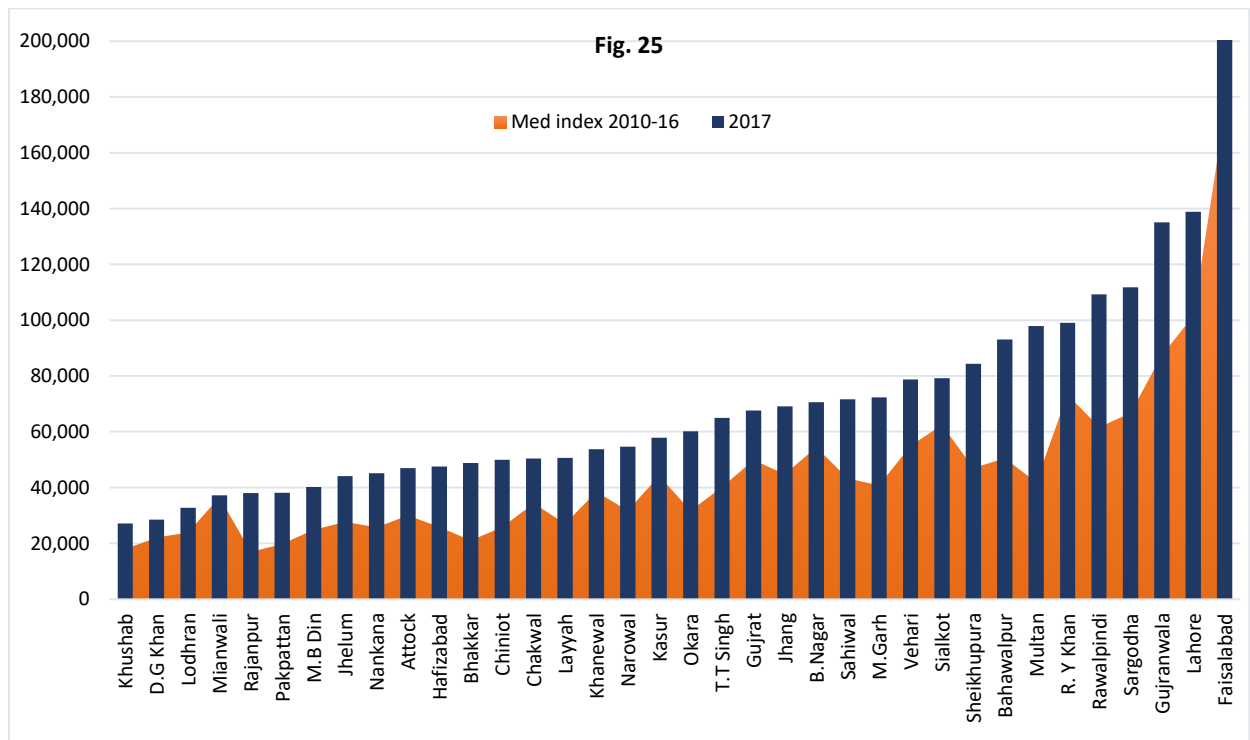
Diarrhoea/Dysentery in >5 yrs



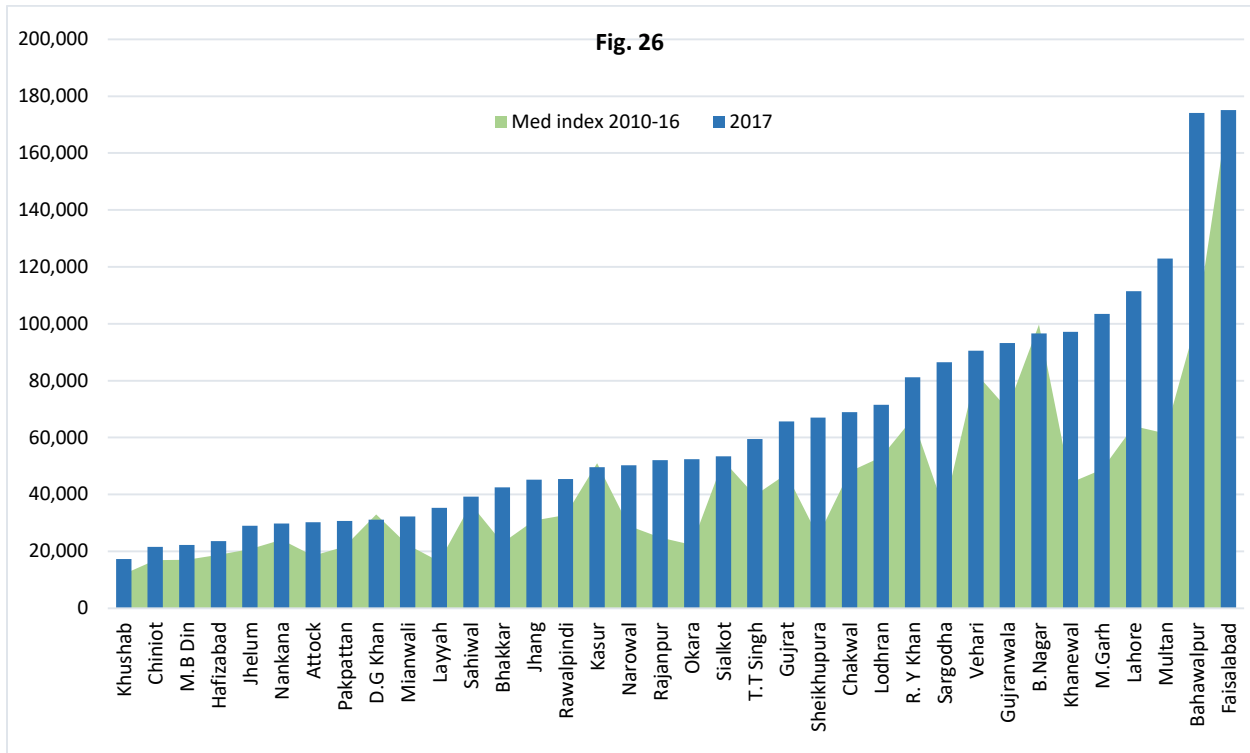
Hypertension



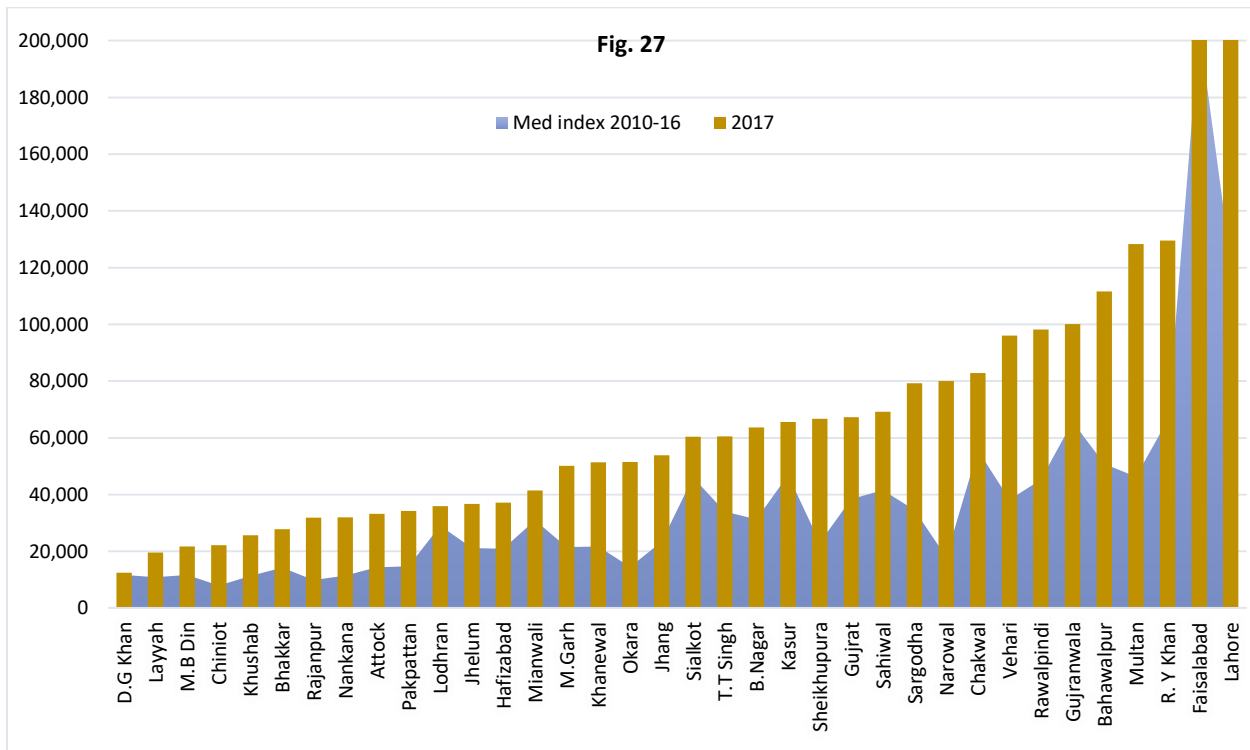
Dental Caries



Asthma



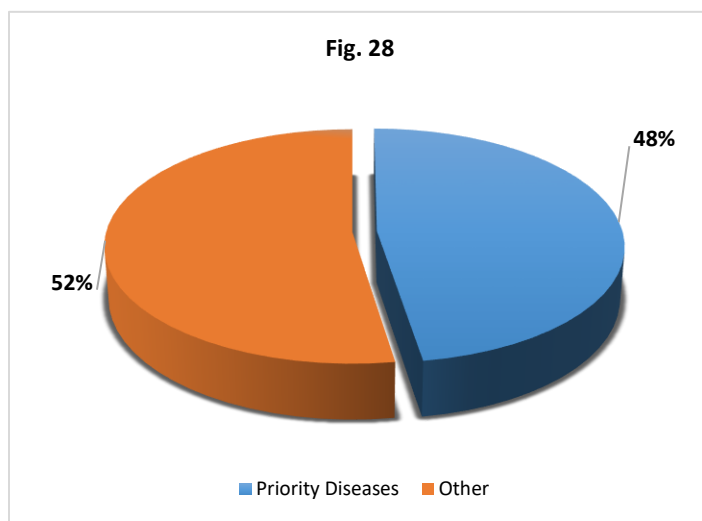
Diabetes Mellitus



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.

Fifty-three diseases are reported through DHIS. The patients of reported diseases constitute overall 48% of the total patients in 2017 while rest of the 52% was reported under the category of “others”.

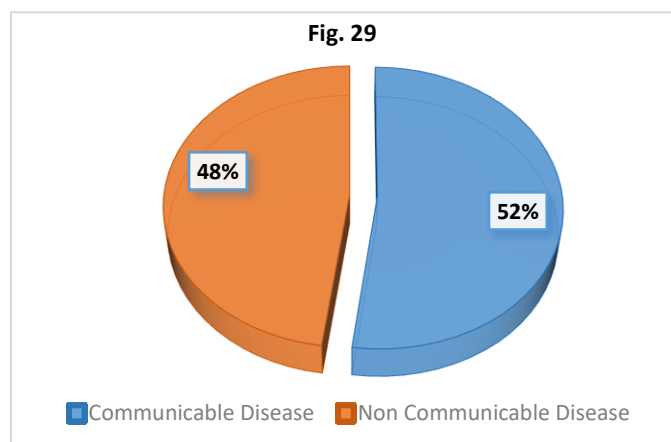
Number and Percentage of Priority Diseases Cases

Table 6:

Sr.no	Diseases	Number of Diseases	%age	Sr.no	Diseases	Number of Diseases	%age
1	Acute (upper) Respiratory Infections (AURI)	19,105,716	13	29	Trachoma	142,489	0
2	Fever due to other causes	5,877,224	4	30	Burns	119,222	0
3	Peptic Ulcer Diseases	3,743,787	3	31	Epilepsy	104,726	0
4	Scabies	3,741,890	3	32	Glaucoma	103,223	0
5	Diarrhoea/Dysentery in <5 yrs	3,062,115	2	33	Nephritis/Nephrosis	97,939	0
6	Hypertension	2,994,430	2	34	Benign Enlargement of Prostate	84,504	0

7	Diarrhoea/Dysentery in >5 yrs	2,946,568	2	35	Sexually Transmitted Diseases	65,088	0
8	Dental Caries	2,504,639	2	36	Drug Dependence	61,182	0
9	Diabetes Mellitus	2,501,506	2	37	Suspected Dengue Fever	26,165	0
10	Asthma	2,297,908	2	38	Suspected HIV/AIDS	19,651	0
11	Road traffic accidents	2,203,302	1	39	Acute Watery Diarrhoe	14,293	0
12	Urinary Tract Infections	1,955,526	1	40	Snake bites (with signs/symptoms of poisoning)	11,968	0
13	Dermatitis	1,763,917	1	41	Suspected Measles	6,486	0
14	Worm infestation	1,349,370	1	42	Suspected Meningitis	5,587	0
15	Otitis media	1,304,948	1	43	Suspected Swine Flu	4,939	0
16	Chronic Obstructive Pulmonary Diseases	921,674	1	44	Suspected Avian Flu	1,452	0
17	Suspected Malaria	859,565	1	45	Cutaneous Leishmaniasis	1,337	0
18	TB Suspects	765,565	1	46	Acute Flaccid Paralysis	1,044	0
19	Suspected Viral Hepatitis	672,001	0	47	Chicken Pox	788	0
20	Cataract	660,176	0	48	Bloody Diarrhoea	765	0
21	Depression	596,173	0	49	Suspected Neonatal Tetanus	756	0
22	Enteric/Typhoid Fever	525,219	0	50	Suspected Diphtheria	259	0
23	Ischemic Heart Diseases(IHD)	499,847	0	51	Silicosis (Lung Disease)	34	0
24	Pneumonia <5 years	405,430	0	52	Suspected Pertusis	10	0
25	Fractures	364,777	0	53	Suspected Viral Hemorrhagic Fever(CCHF)	4	0
26	Pneumonia >5 years	356,671	0	Priority Diseases Total		70,061,124	48
27	Dog bite	226,618	0	Others from OPD		77,265,120	52
28	Cirrhosis of Liver	201,727	0	Total OPD Visits		147,326,244	100

Communicable and Non-Communicable Diseases



Out of the 53 priority diseases, 28 are communicable and 25 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 53 diseases throughout the year, which are reported through DHIS. Fig. 29 shows the total number of

communicable disease patients were 52% and the non-communicable disease patients were 48% during year 2017.

Number of Communicable and Non-Communicable Diseases

Table 7:

Sr.no	Communicable Disease	Total	Per day Communicable Disease	Sr.no	Non Communicable Disease	Total	Per day non Communicable Disease
1	Acute (Upper) Respiratory Infections	19,105,716	63,686	1	Fever due to other causes	5,877,224	19,591
2	Scabies	3,741,890	12,473	2	Peptic Ulcer Diseases	3,743,787	12,479
3	Diarrhoea / Dysentery < 5 yrs	3,062,115	10,207	3	Hypertension	2,994,430	9,981
4	Diarrhoea / Dysentery > 5 yrs	2,946,568	9,822	4	Dental Caries	2,504,639	8,349
5	Worm Infestations	1,349,370	4,498	5	Diabetes Mellitus	2,501,506	8,338
6	Suspected Malaria	859,565	2,865	6	Asthma	2,297,908	7,660
7	TB Suspects	765,565	2,552	7	Road Traffic Accidents	2,203,302	7,344
8	Suspected Viral Hepatitis	672,001	2,240	8	Urinary Tract Infections	1,955,526	6,518
9	Enteric / Typhoid Fever	525,219	1,751	9	Dermatitis	1,763,917	5,880
10	Pneumonia < 5 yrs	405,422	1,351	10	Otitis Media	1,304,948	4,350
11	Pneumonia > 5 yrs	356,671	1,189	11	Chronic Obstructive Pulmonary Diseases	921,674	3,072
12	Trachoma	142,489	475	12	Cataract	660,176	2,201
13	Sexually Transmitted Infections	65,088	217	13	Depression	596,173	1,987
14	Suspected Dengue Fever	26,165	87	14	Ischemic heart disease	499,847	1,666
15	Suspected HIV/AIDS	19,651	66	15	Fractures	364,777	1,216
16	Acute Watery Diarrhoe	14,293	48	16	Dog bite	226,618	755
17	Suspected Measles	6,486	22	17	Cirrhosis of liver	201,727	672
18	Suspected Meningitis	5,587	19	18	Burns	119,222	397
19	Suspected Swine Flu	4,939	16	19	Epilepsy	104,726	349
20	Suspected Avian Flu	1,452	5	20	Glaucoma	103,223	344
21	Cutaneous Leishmaniasis	1,337	4	21	Nephritis/Nephrosis	97,939	326
22	Acute Flaccid Paralysis	1,044	3	22	Benign Enlargement Prostrate	84,504	282
23	Chicken Pox	788	3	23	Drug Dependence	61,182	204
24	Bloody Diarrhoea	765	3	24	Snake bite(with signs/symptoms of poisoning)	11,968	40
25	Suspected Neo Natal Tetanus	756	3	25	Silicosis(Lung Disease)	34	0
26	Suspected Diptheria	259	1	Grand Total		31,200,977	104,003
27	Suspected Pertusis	10	0				
28	Suspected Viral Hemorrhagic Fever(CCHF)	4	0				
	Grand Total	34,081,215	113,604				

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.

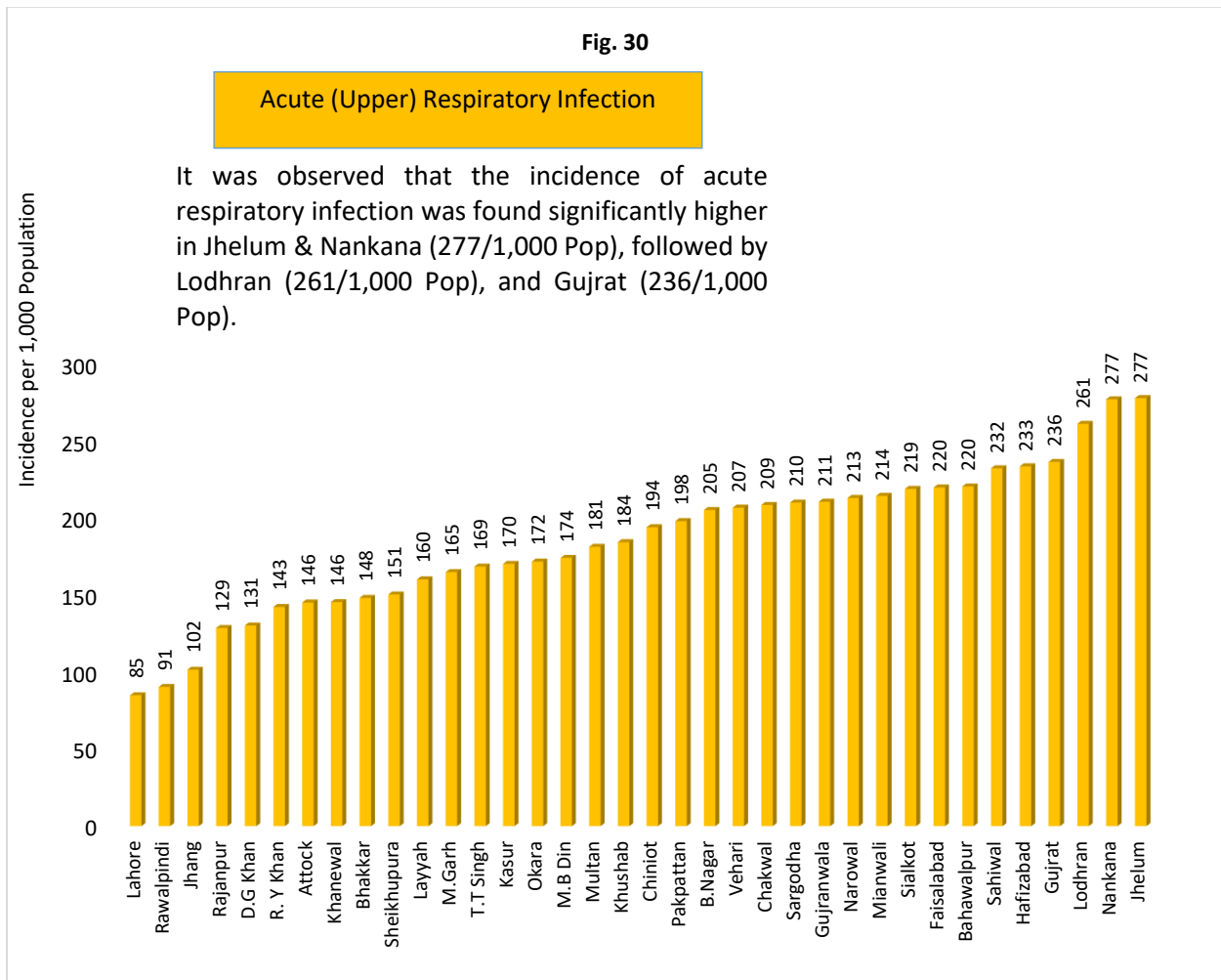


Fig. 31

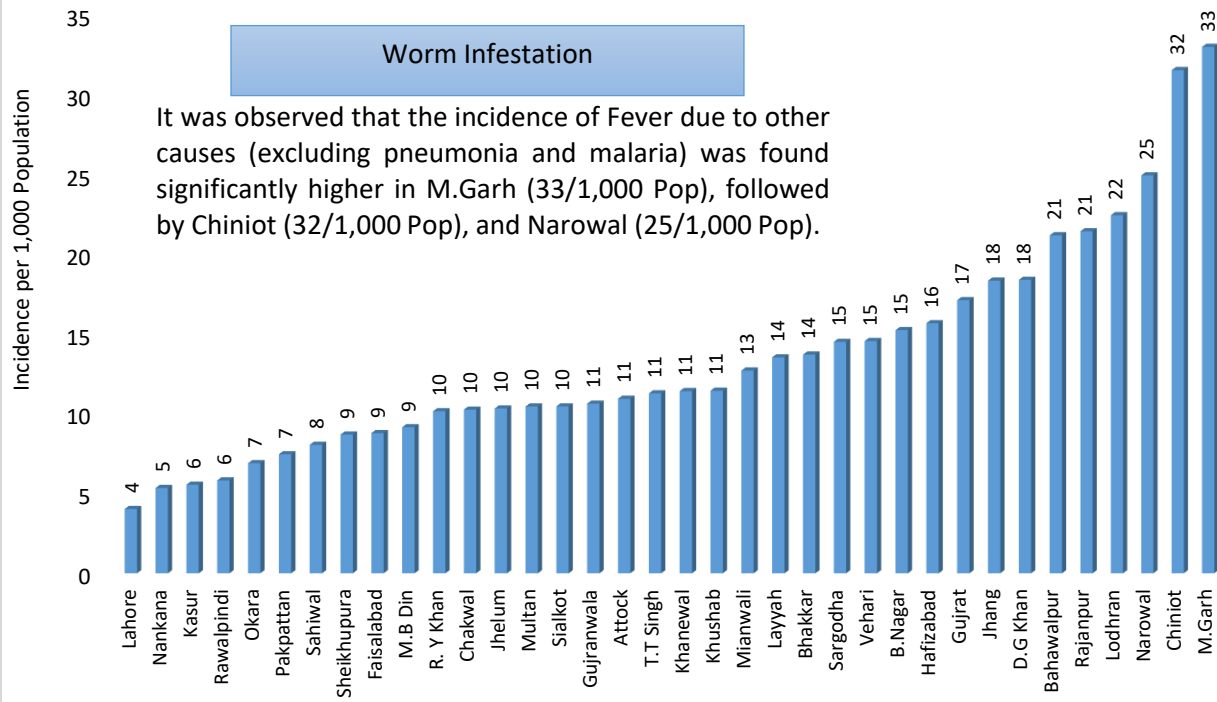


Fig. 32

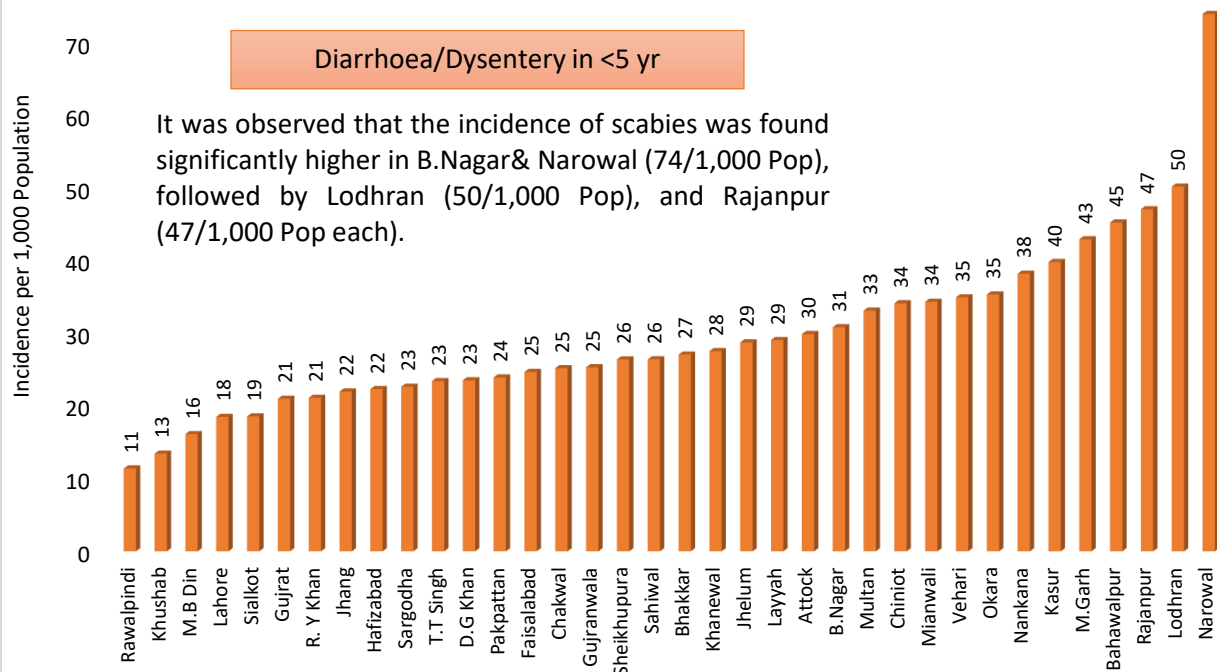


Fig. 33

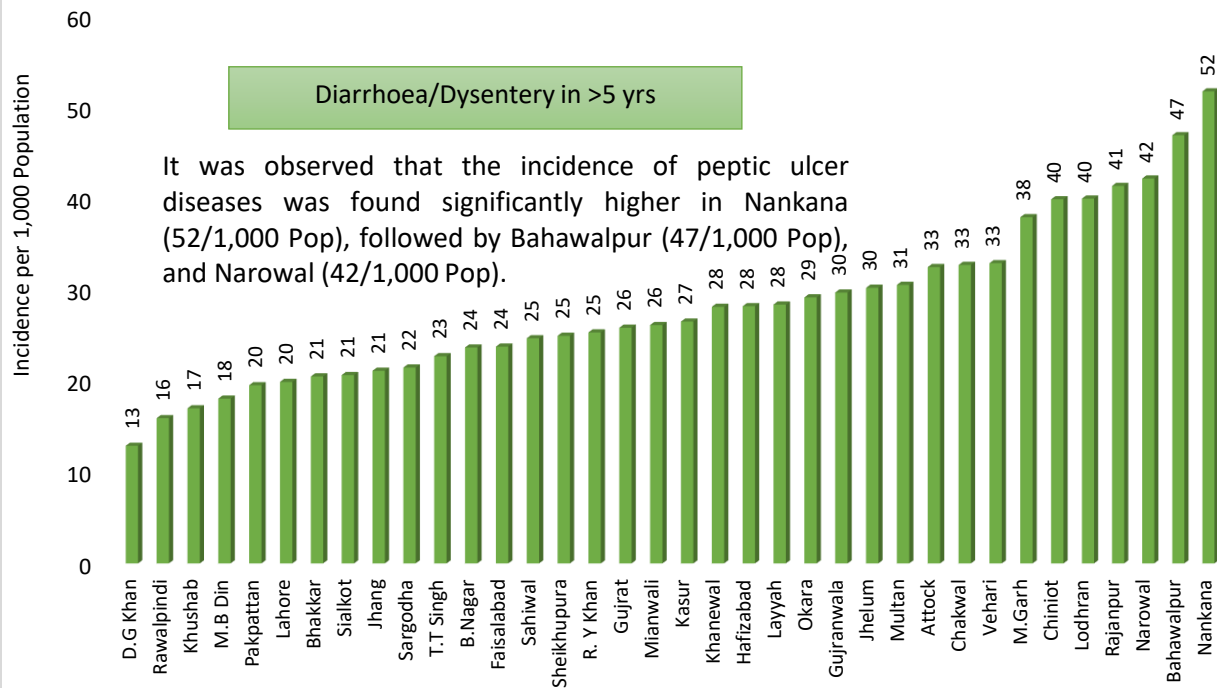
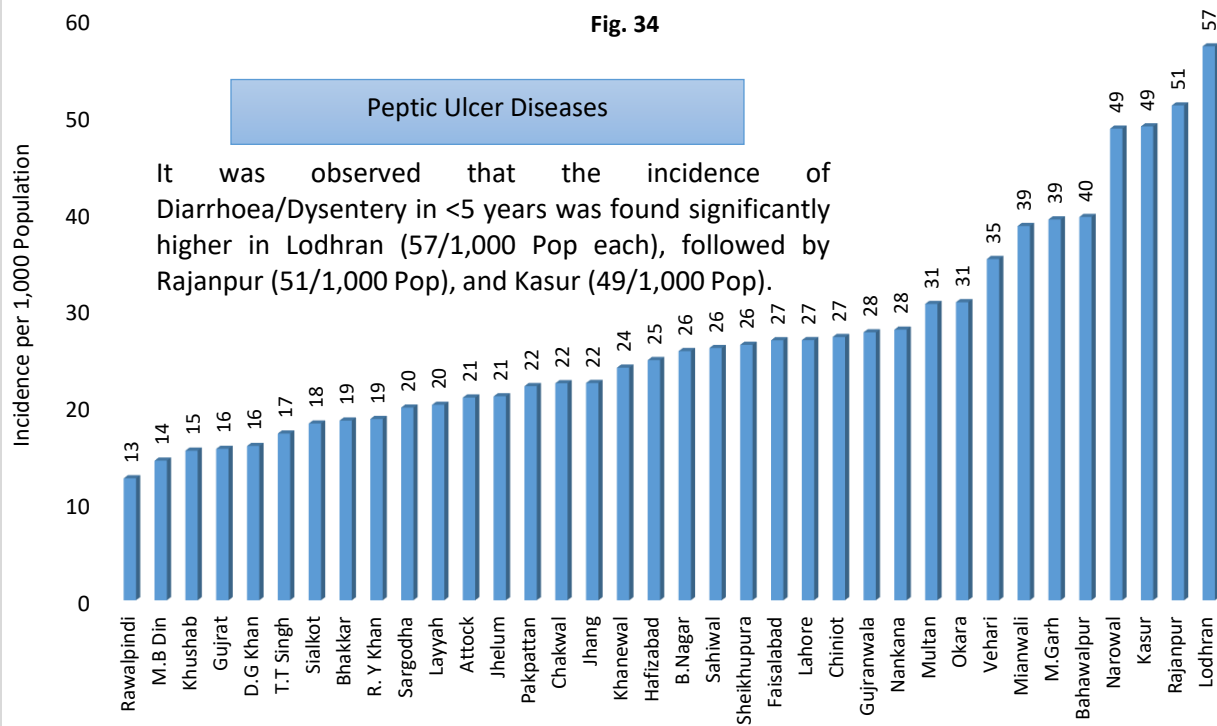
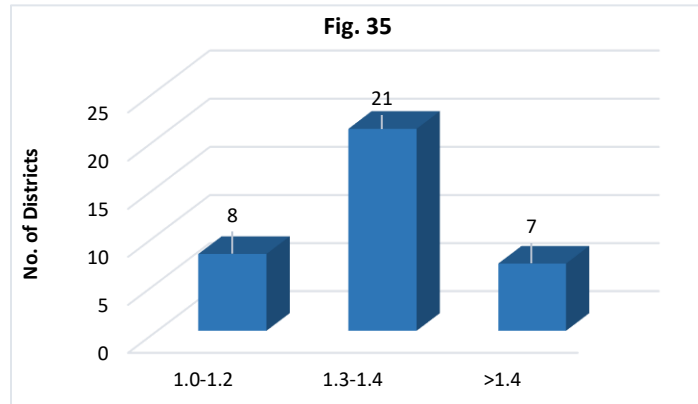


Fig. 34



Per Capita OPD Attendance in 2017

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 2017 was 1.34. Majority of the districts were under the category of 1.3-1.4 as shown in Fig.35.

District wise Per Capita OPD Attendance

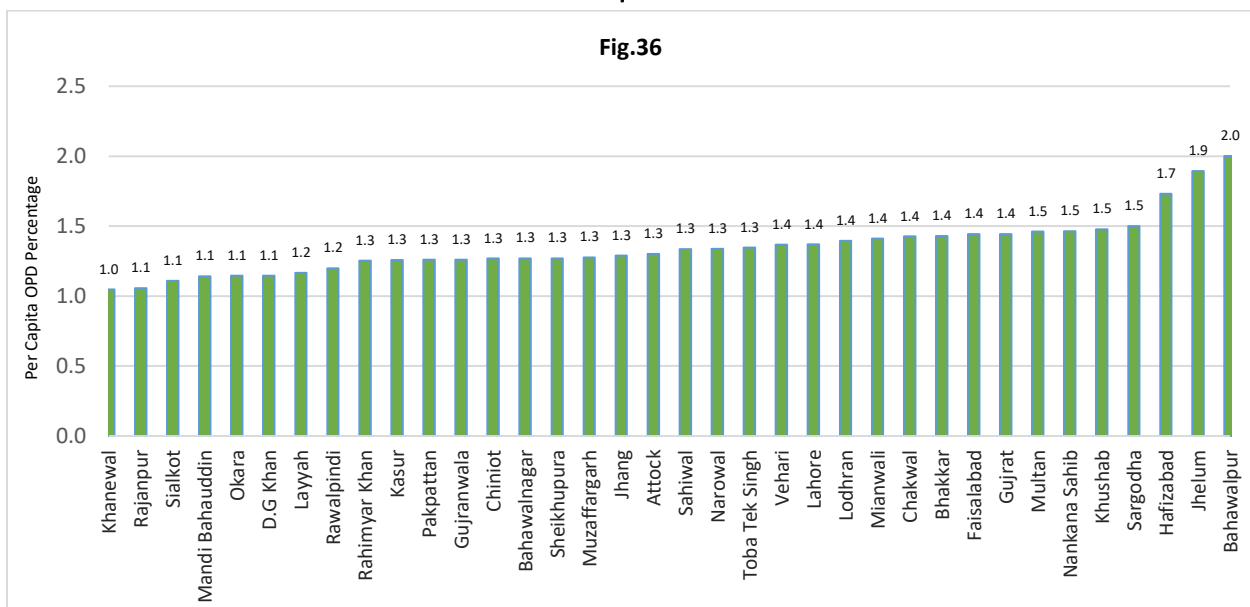
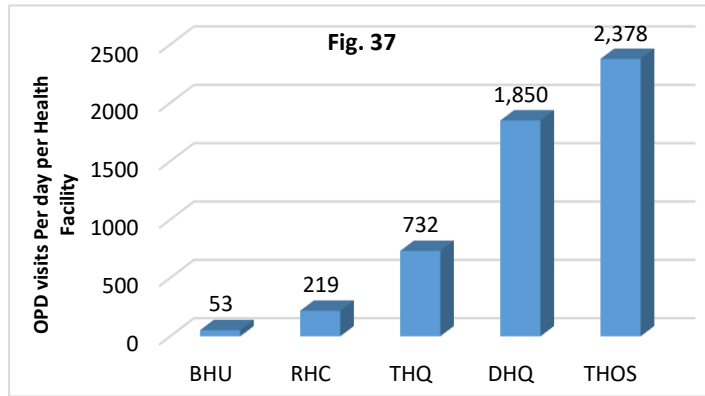


Fig. 36 shows per capita OPD percentage in (primary & secondary) and (tertiary) both health care facilities. District Khanewal was the lowest Per Capita OPD attendance (1.05) while Bahawalpur was the highest (2.00).

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. 37 is showing the facility type wise average number of OPD visits per day per health facility during 2017.

District wise & Facility type 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.

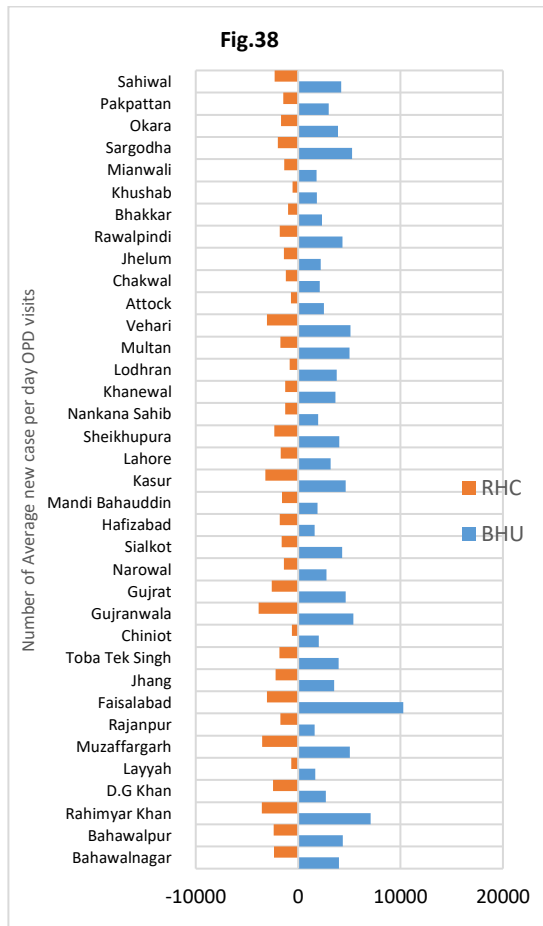


Fig. 38 indicate the District wise Average new case per day OPD visits in BHUs and RHCs.

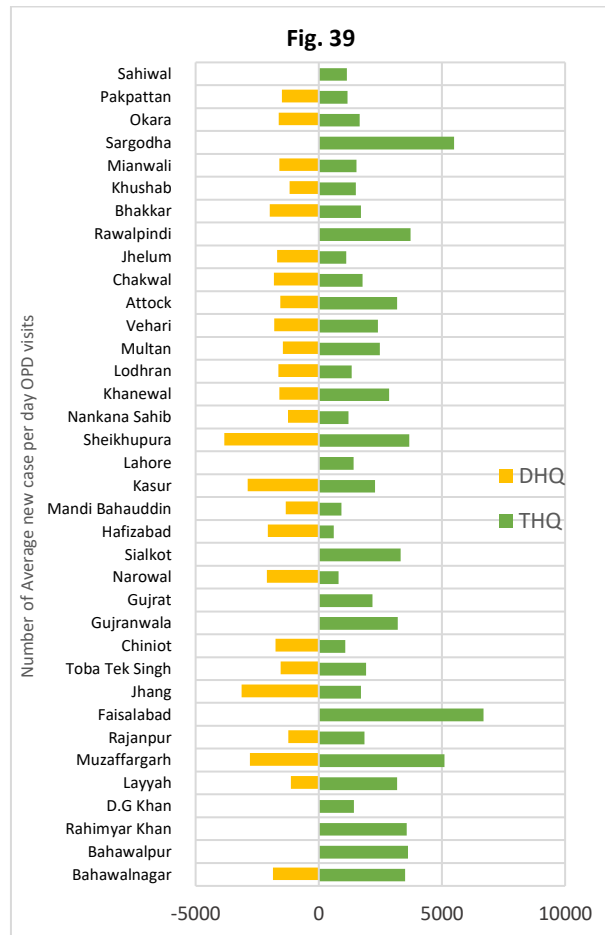


Fig. 39 indicate the District wise Average new case per day OPD visits in DHQs and THQs Hospitals.

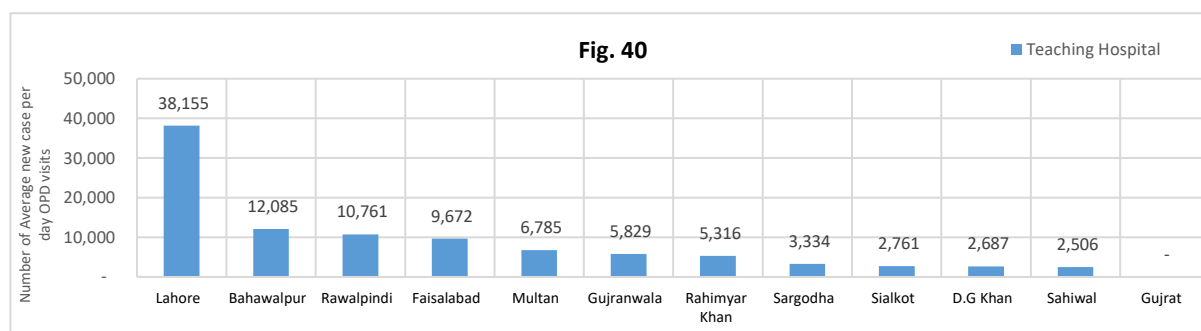
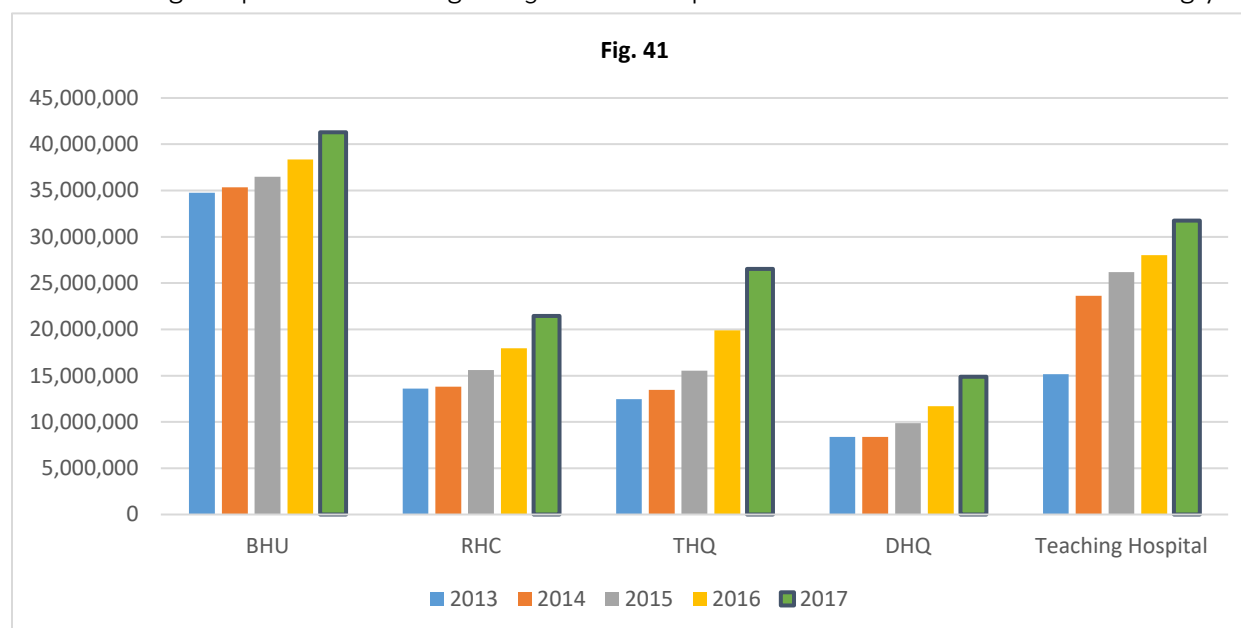


Fig. 40 indicate the District wise Average new case per day OPD visits in Teaching Hospitals and useful to understand facility workload /utilization.

Year wise and Health Facility type wise OPD Visits

The graph show year wise as well as Health facility wise comparison of Outpatient (New cases & Follow-up cases). Year wise number of Outpatients in Health facility type BHU, RHC, THQ, DHQ and Teaching Hospital are showing in Fig.41. The Graph determine that trend are increasing year

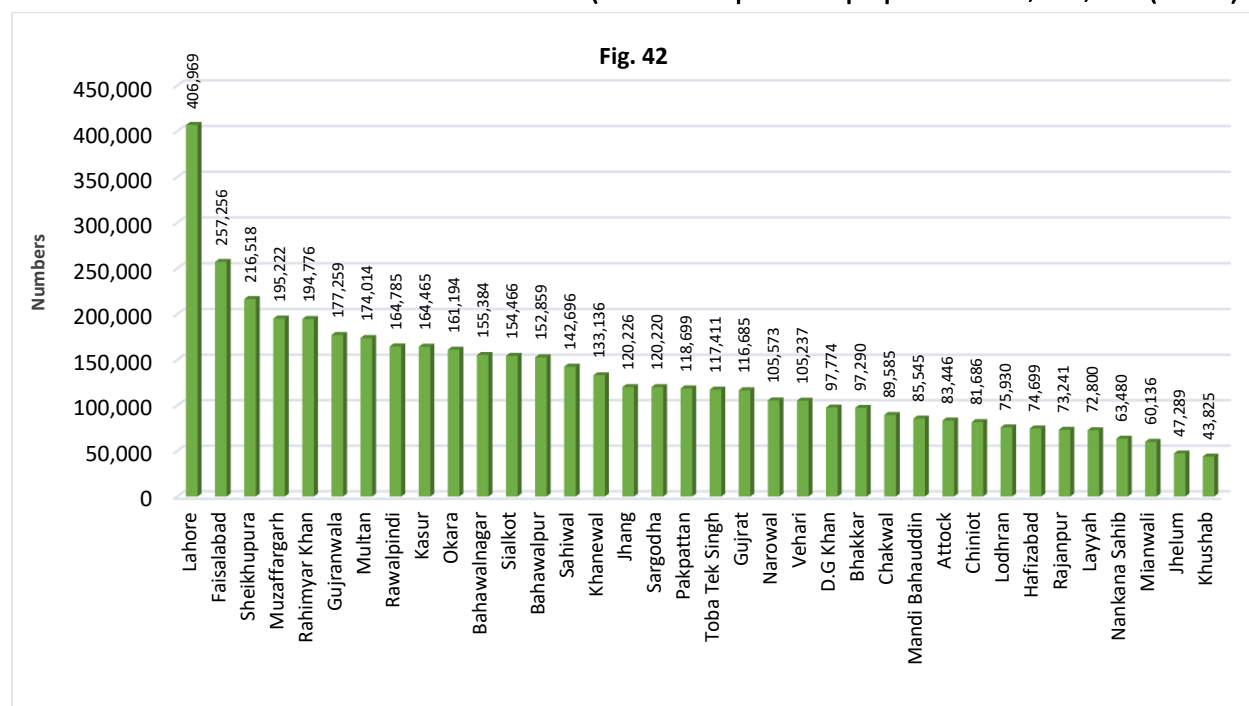


by year. Patient's satisfaction is a useful measure to provide an indicator of quality in healthcare and thus needs to be measured frequently. Measuring the quality of intangible service products has become a great challenge for managers and administrators in the health services industry. Patient satisfaction is linked to health status, availability of Human Resources as well as availability of Medicine. Thus its mean patients are satisfied with quality of healthcare system of Government.

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 number of pregnant women who utilize antenatal care services provided at the public health facility at least once during their current pregnancy.

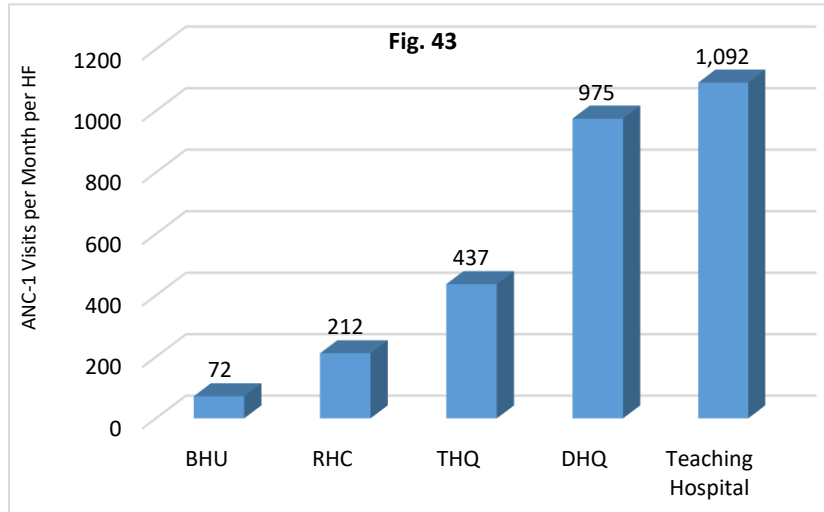
District wise Numbers of ANC-1 Visits (Out of expected population 3,740,426 (3.4%))



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 2017, highest ANC-1 coverage was observed in Lahore (406,969) of the expected population and lowest coverage was in Khushab (43,825) of the expected population).

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

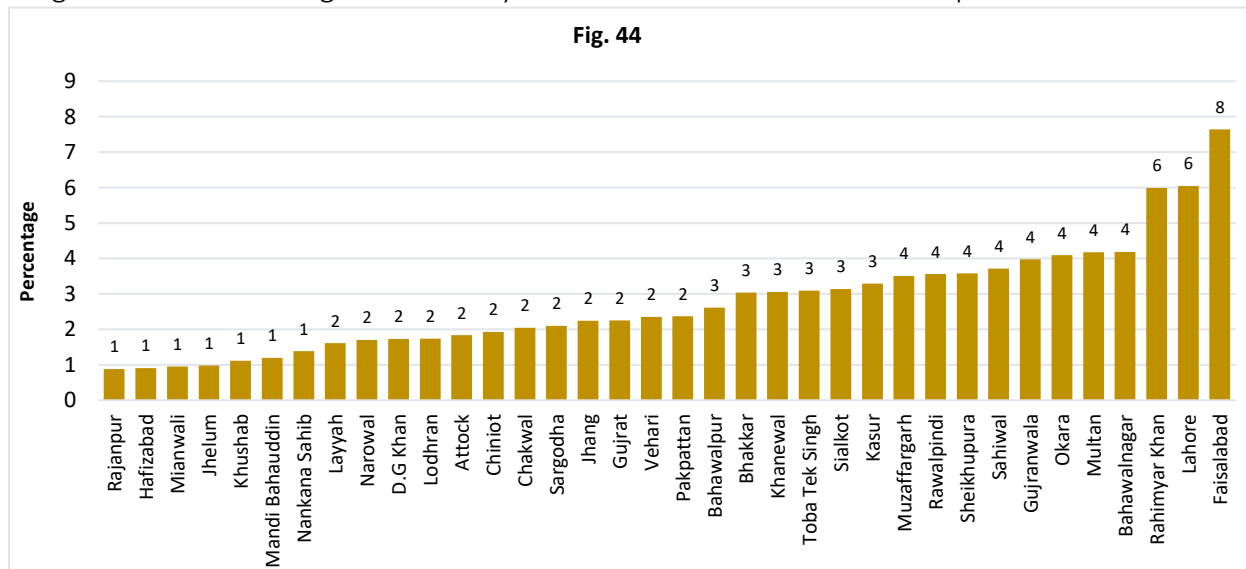


During the year 2017, number of total ANC-1 visits were 4,701,776. Fig. 43 is showing the health facility type wise number of ANC-1 visits per month per health facility. The highest number of visits were reported in Teaching hospitals.

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.

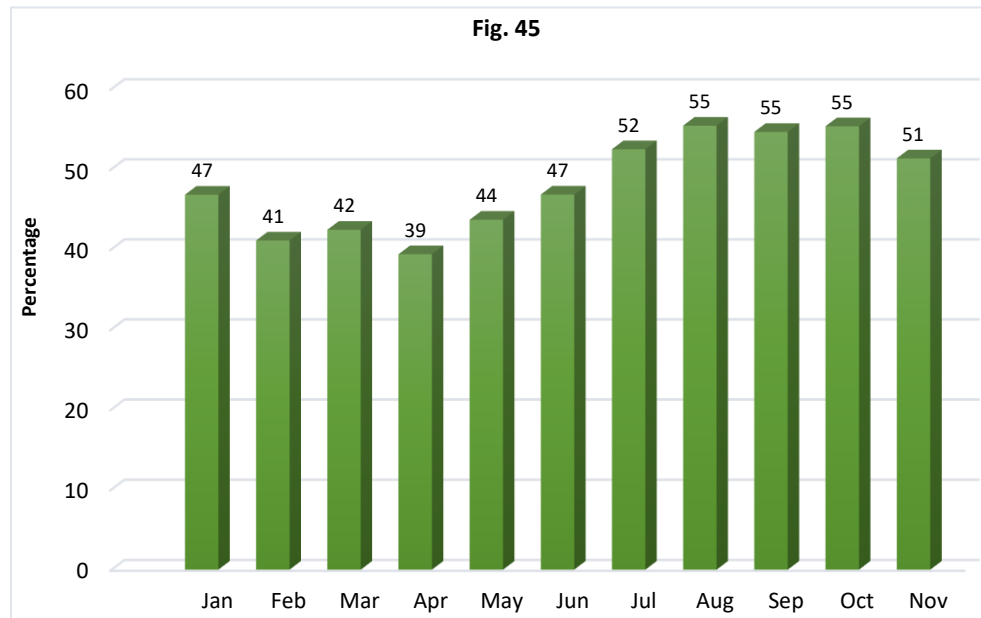
Pregnant women coming to the facility for antenatal care serve as a sample of women from the



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. 968,780 of the women coming for ANC-1 were reported as anemic (hemoglobin<10g/dl) out of the total ANC-1 visits 4,701,776.

Deliveries Conducted at the Health Facilities

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



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

This indicator is a proxy for deliveries by

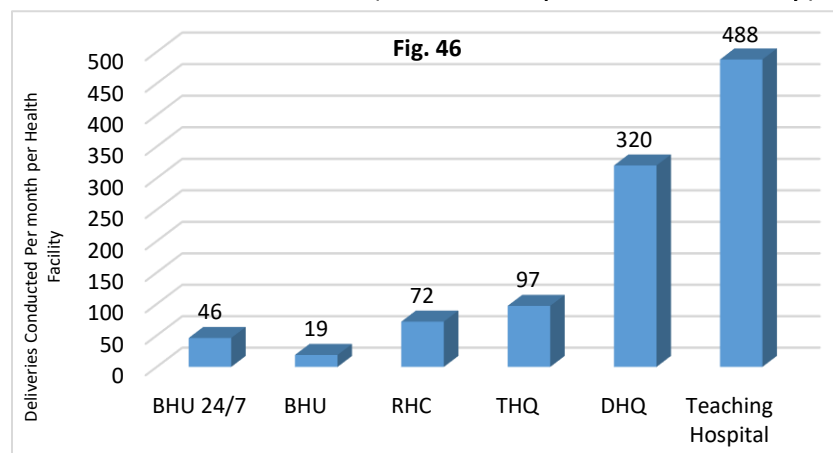
skilled health personnel. It indicates how much of the pregnant women population in the catchment area are covered through the public health facility for delivery services and, thus, reflects the market share of the facility in providing delivery services.

In Fig. 45, 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 August, September & October (55%) and lowest in April (39%).

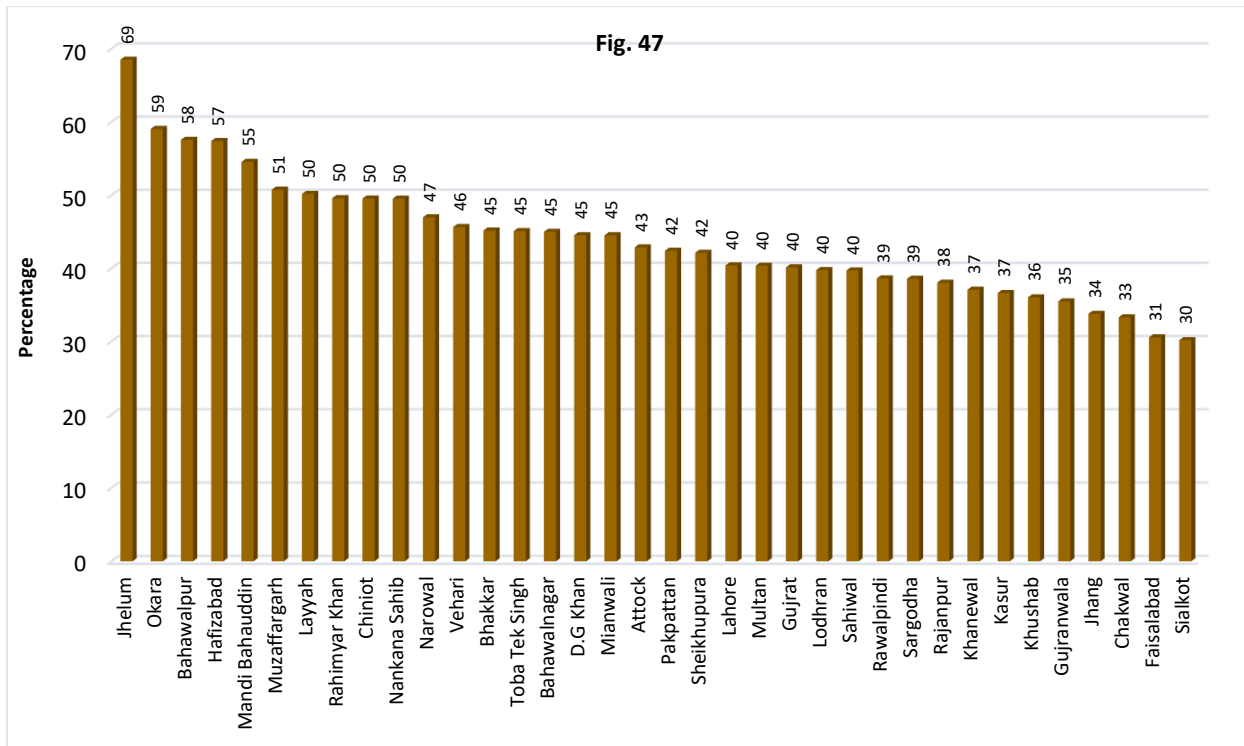
Facility Type wise Number of Deliveries Conducted (Per month per Health Facility)

During the year 2017 total deliveries conducted at health facilities were 1,345,414 which was 42% of the expected population.

Fig. 46 is showing the health facility type wise number of deliveries conducted per month per health facility.

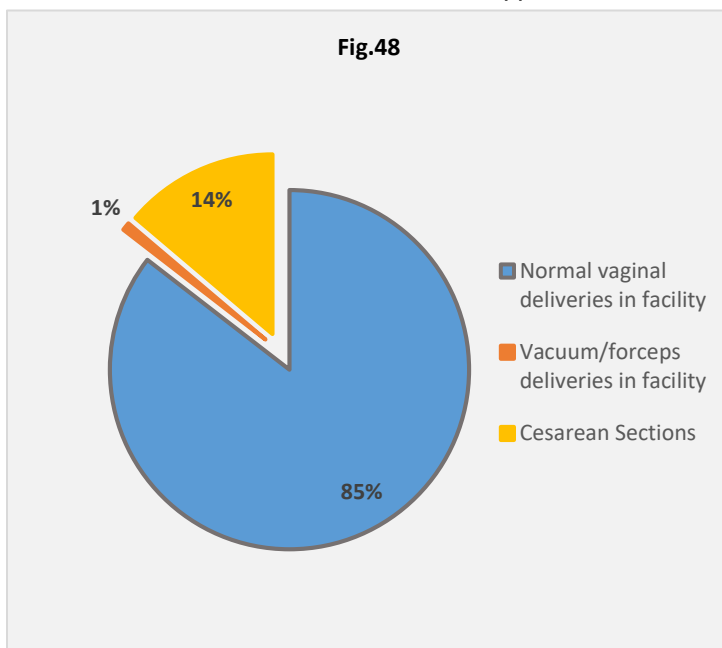


District wise Percentage of Deliveries Conducted at Health Facilities



In Fig. 47, percentage of district wise deliveries conducted at the facilities is shown. The highest percentage was observed in Jhelum (69%) and lowest in Faisalabad (30%).

Type wise Deliveries

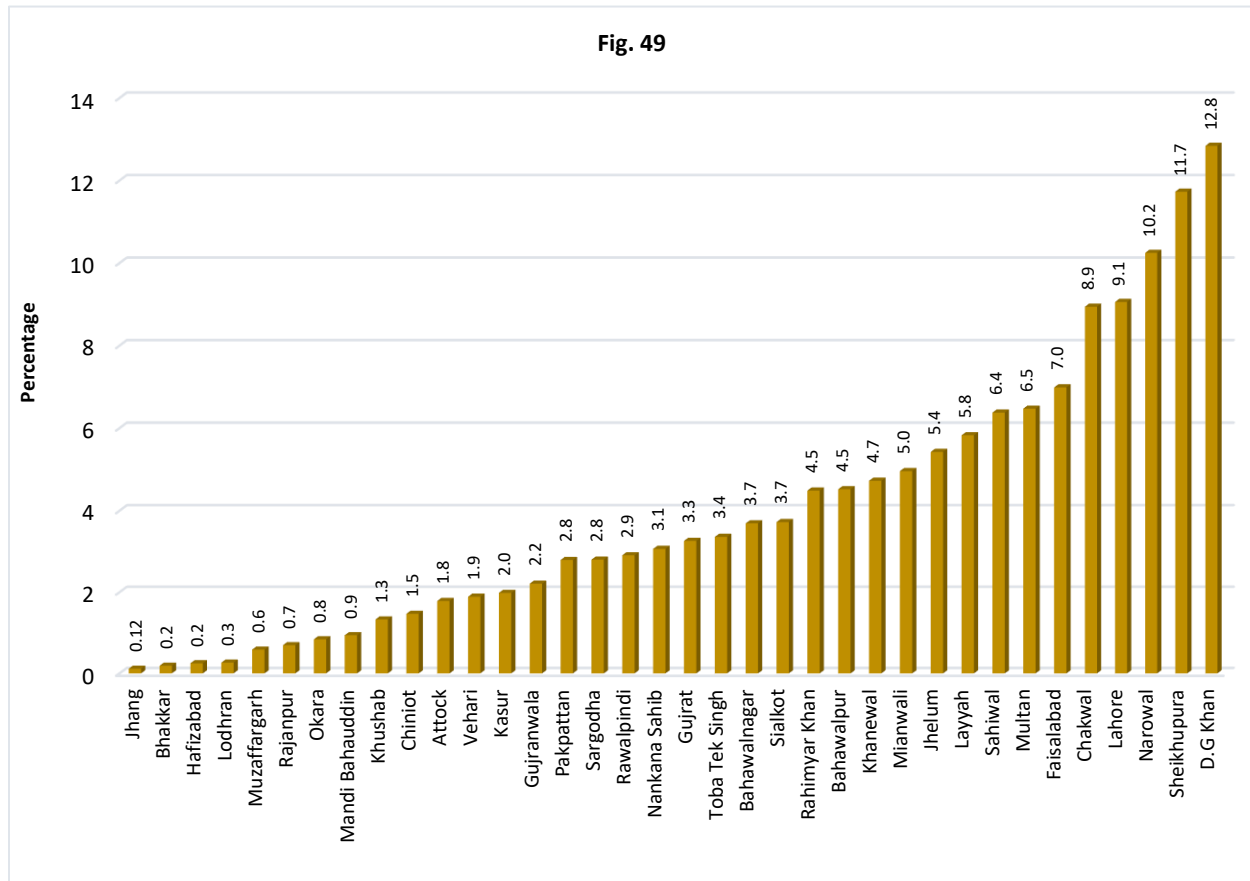


During the year 2017 total deliveries conducted at health facilities were 1,345,414 which was 42% of the expected population.

Fig. 48 is showing the percentage of type wise deliveries conducted at health facilities during 2017. Percentage of Normal vaginal was 85, vacuum/forceps was 1 and Cesarean Sections was 14.

Obstetric Complications

This indicator is a measure of the proportion of women estimated to have obstetric complications



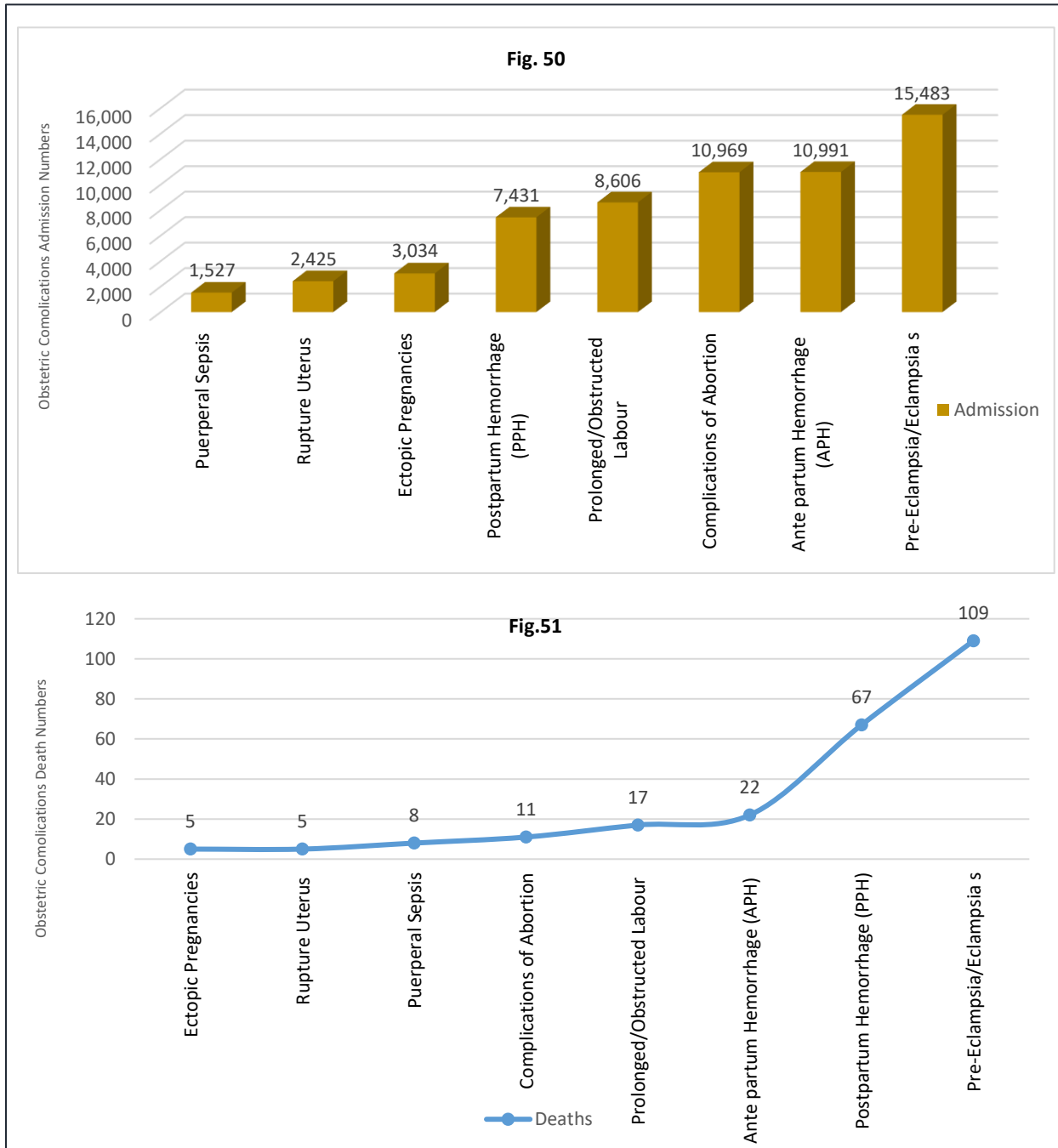
who are treated in the public health facilities of the total deliveries in secondary and tertiary care hospitals.

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.

The highest percentage was observed in D.G Khan (12.8%) and lowest percentage was observed in Jhang (0.12%).

Number of Admission and Deaths of Type wise Obstetric Complications

The graph show number of Admission and Deaths of type wise obstetric Complications. Fig.50

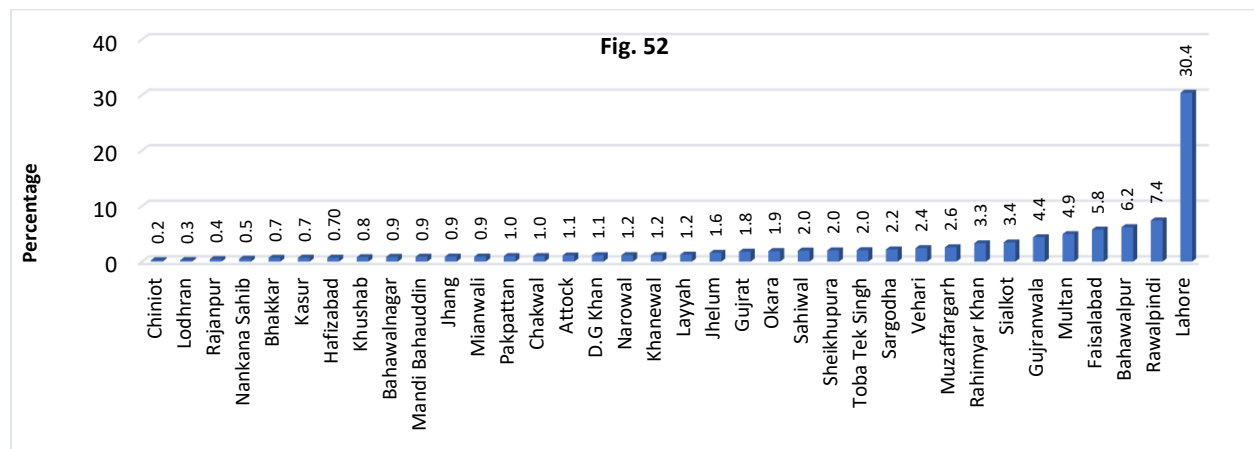


show number of type wise obstetric Complications admissions in secondary and tertiary care hospitals. Fig. 51 show number of type wise obstetric Complications Deaths. During 2017, total numbers of deliveries with complications were 60,466 of the total deliveries 1,345,414 in secondary and tertiary care hospitals.

Caesarean Section

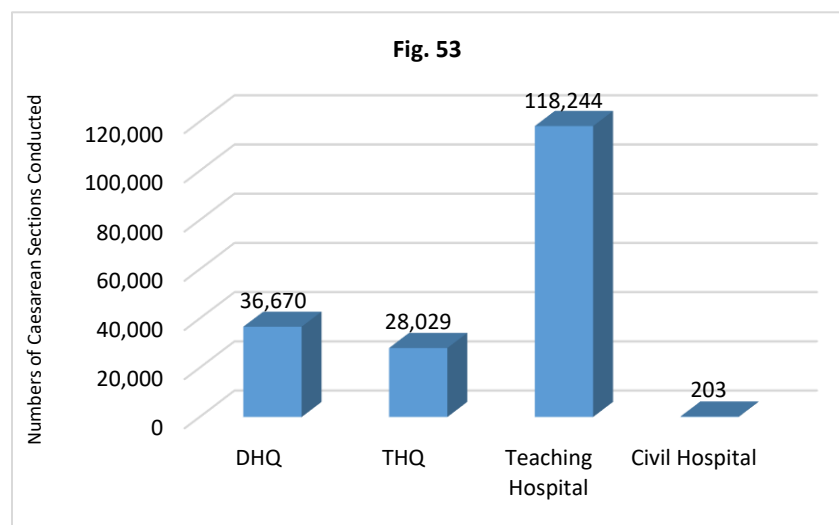
This indicator is a measure of Caesarean Sections as a percentage of all births in the Public Health facilities. This indicator will give an estimate of what proportion of C-sections are taking place in public health facilities. On the other hand, high proportion may indicate over-indulgence in C-sections.

It was observed that in 2017 deliveries with C-section constitute 14% (185,798) of the total deliveries (1,345,414). The overall situation indicated that the higher number deliveries with C-section were conducted in Lahore (30.4% of the total number of deliveries) and lowest percentage was observed in Chiniot (0.2% of the total deliveries).



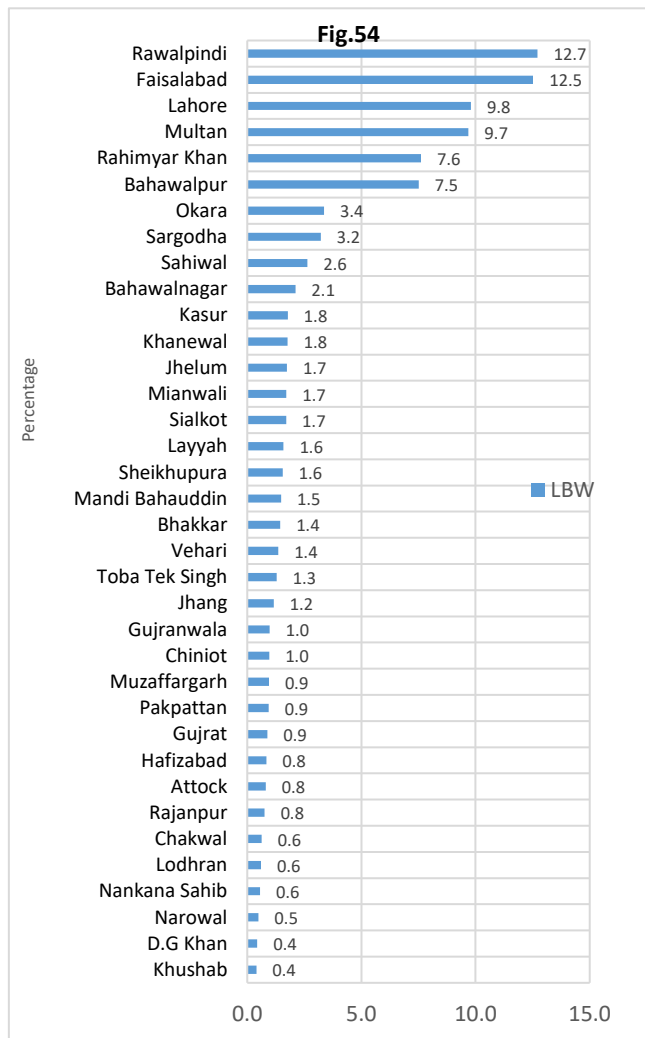
Facility Type wise Number of Caesarean Sections Conducted

Fig. 53 is showing the health facility type wise number of Caesarean sections conducted during 2017. The highest numbers reported at Teaching Hospitals that were 118,244 cases and lowest numbers reported at Civil Hospitals that were 203.



District wise Low Birth Weight (LBW) Babies (Percentage)

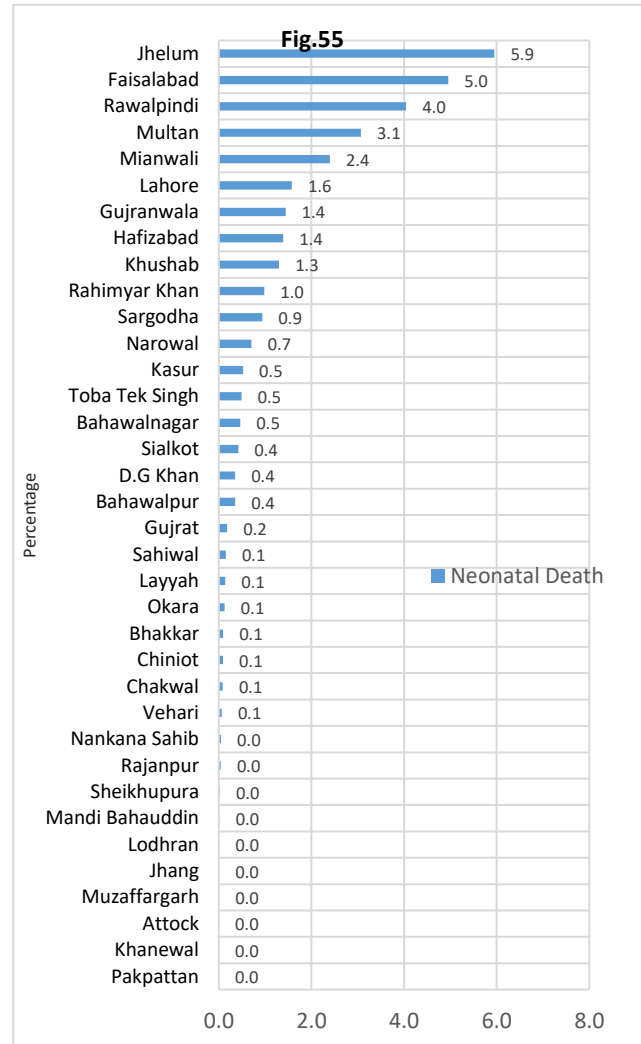
This indicator measures the proportion of live births with low birth weight (live born infants with birth weight less than 2.5 kg) among births in health facility in a given time period. LBW rate is a good indicator of a public health problem that includes long-term maternal malnutrition, ill health, and poor health care. On an individual basis, low birth weight is an important predictor of new-born health and survival.



During the year 2017, 3% babies were born with LBW (<2.5kg). The highest percentage was observed in Rawalpindi (12.7%) and lowest percentage was observed in Khushab (0.4%).

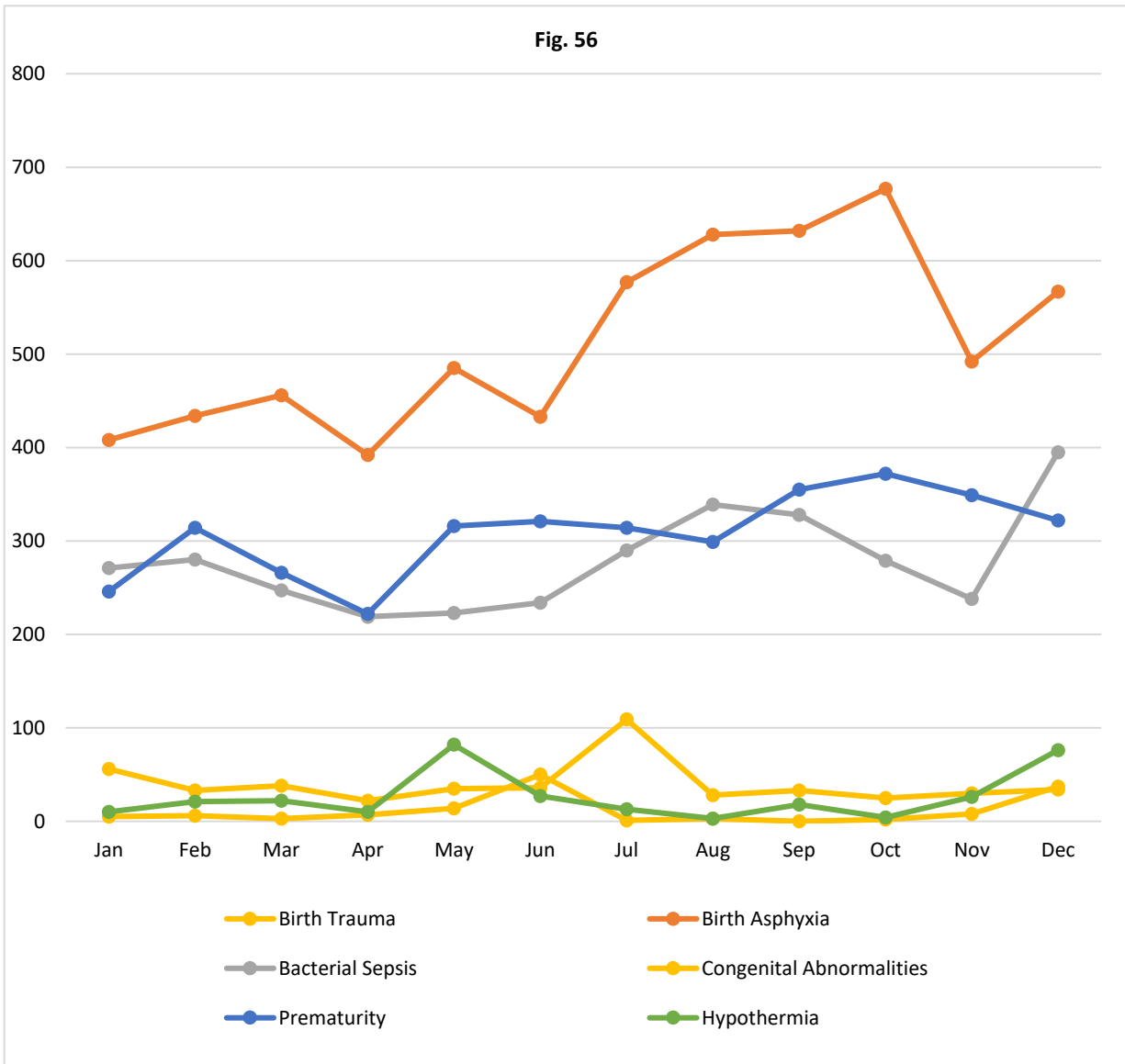
District wise Neonatal Mortality Rate (Percentage)

This indicator is calculated from the data received from the health facilities in secondary and tertiary care hospitals. Neonatal Mortality rate 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.



The neonatal deaths during 2017 in secondary and tertiary care hospitals that is only 1.1%. Fig. 55 shows the district wise neonatal mortality rate. The percentage of mortality rate was highest in Jhelum (5.9%) and percentage of mortality rate was lowest in Pakpattan 0%.

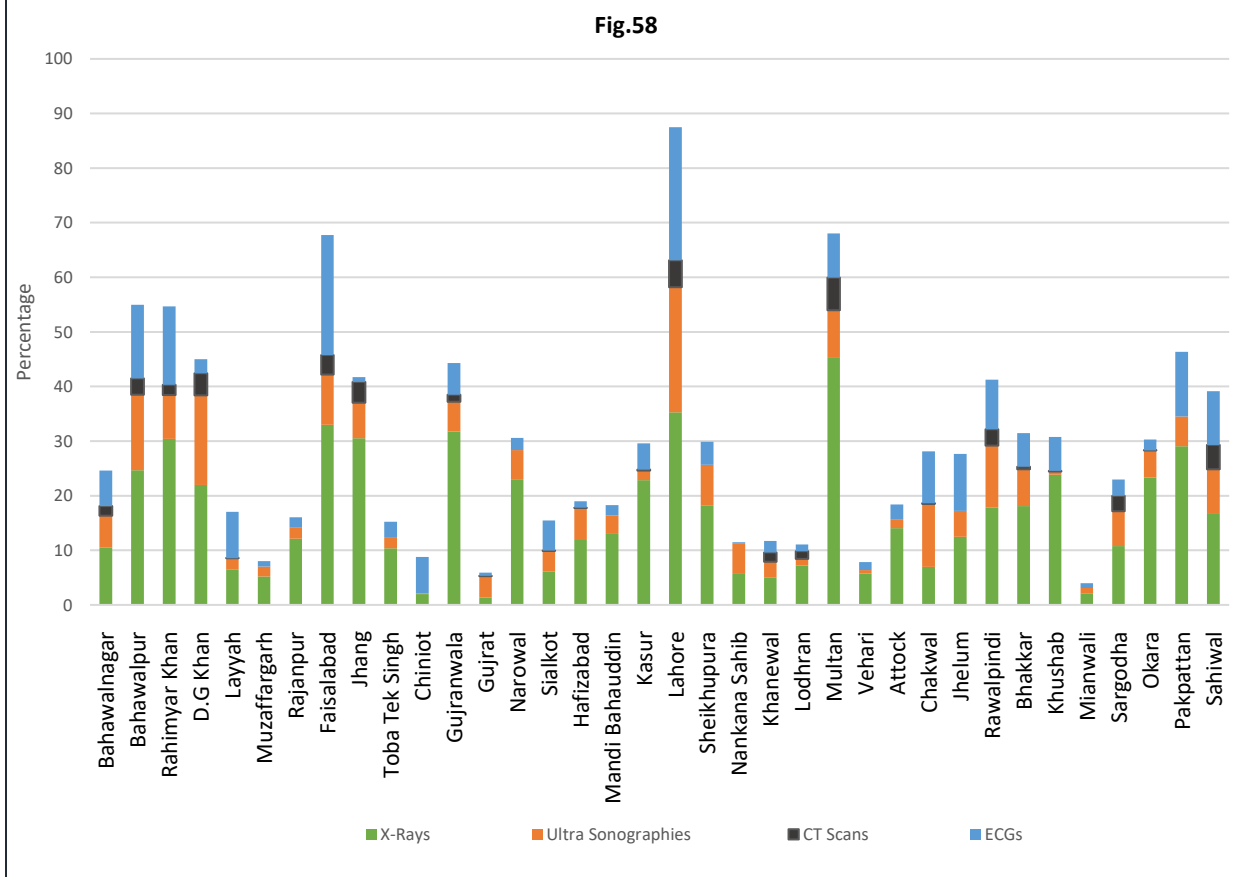
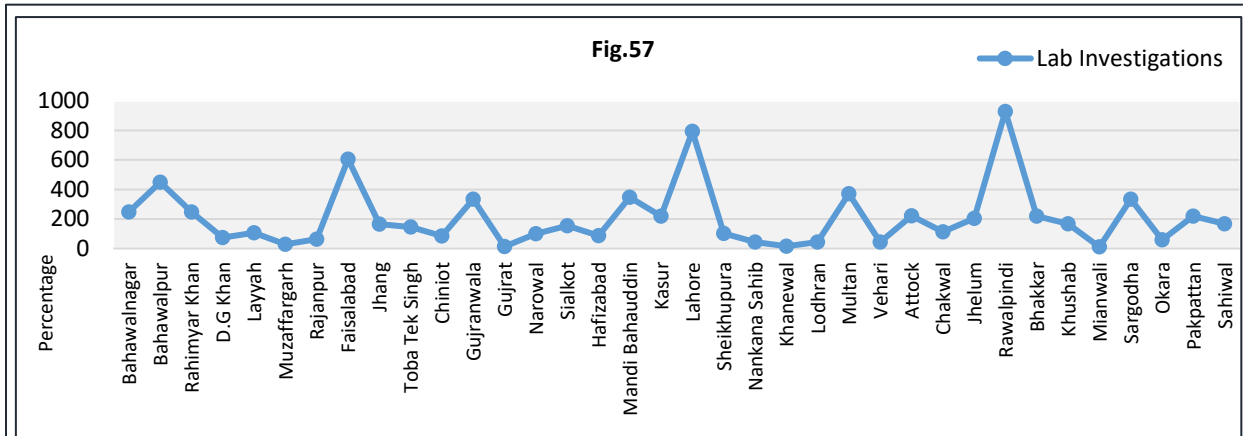
Complications of Neonatal Deaths



Diagnostic Services Utilization

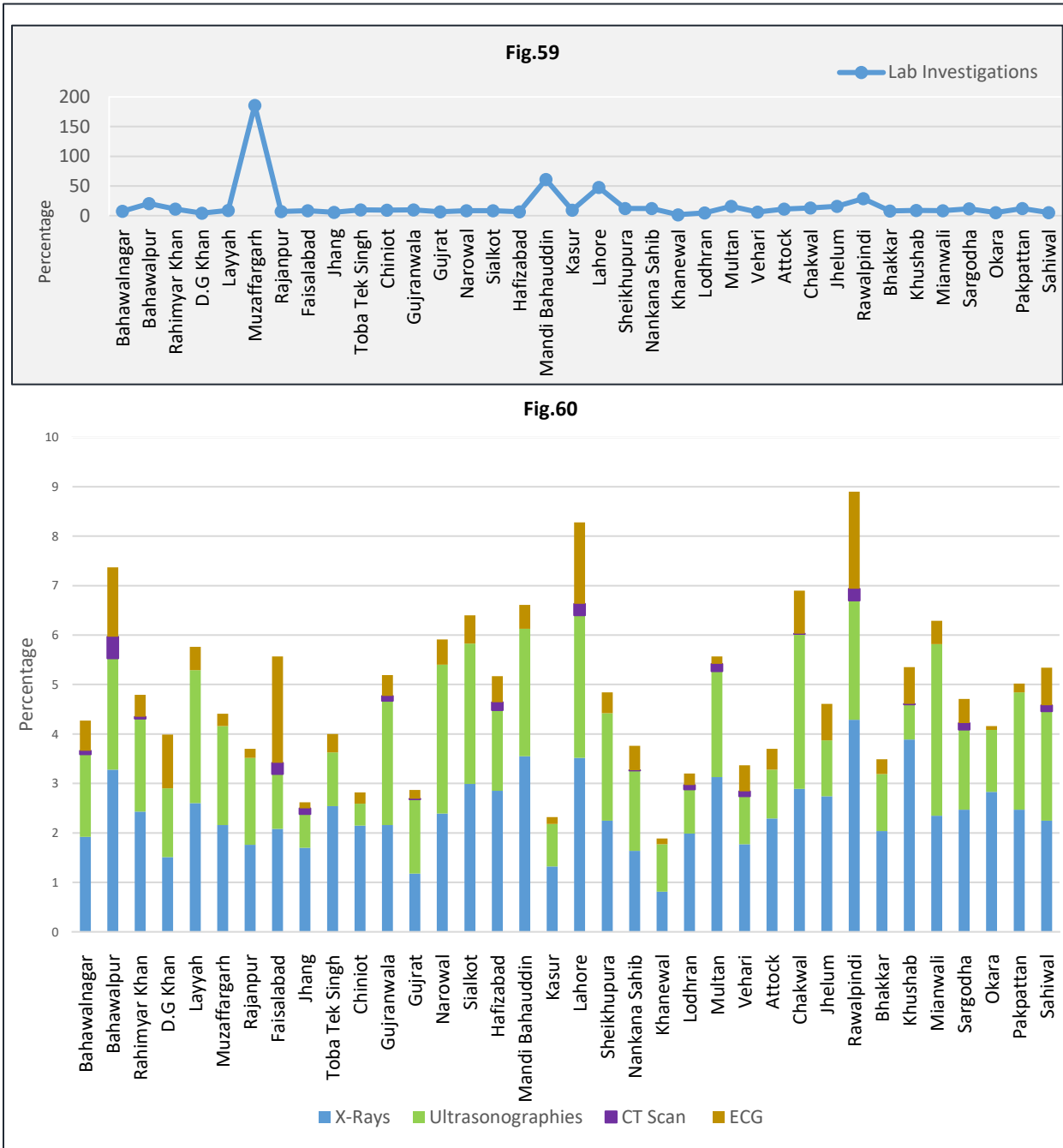
This indicator indicates utilization of Diagnostic services at the facility and also gives a measure of the proportion of patients receiving diagnostic services from the laboratory of the health facility. This indicator reflects the quality of care in terms of utilization of diagnostic services. It will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

District wise Percentage of Diagnostic Services Utilization Indoor



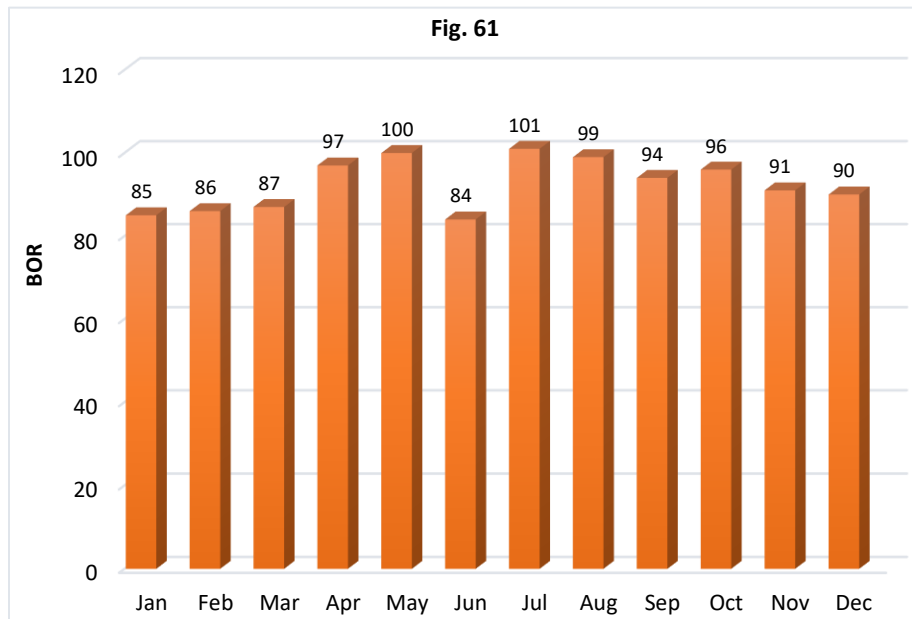
In indoor Lab Services during 2017, Fig.57 show the district wise percentage of Lab Investigations. The overall percentage of Lab Investigations were 332. Fig. 58. Show the district wise percentage of X-Rays, Ultra Sonographies, CT Scans and ECGs. The overall percentage of X-Rays 21, Ultra Sonographies 9, CT Scans 2 and ECGs 10.

District wise Percentage of Diagnostic Services Utilization Outdoor



In outdoor Lab Services during 2017, Fig.59 show the district wise percentage of Lab Investigations. The overall percentage of Lab Investigations were 22. Fig. 60. Show the district wise percentage of X-Rays, Ultra Sonographies, CT Scans and ECGs. The overall percentage of X-Rays 3, Ultra Sonographies 2, CT Scans 0 and ECGs 1.

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 in secondary and tertiary care hospitals. 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.

Fig. 61 is showing the monthly bed occupancy rate during 2017. The highest rate is in July (101) and lowest in June (84). The overall bed occupancy rate during 2017 was 87.

Facility type wise Bed Occupancy Rate

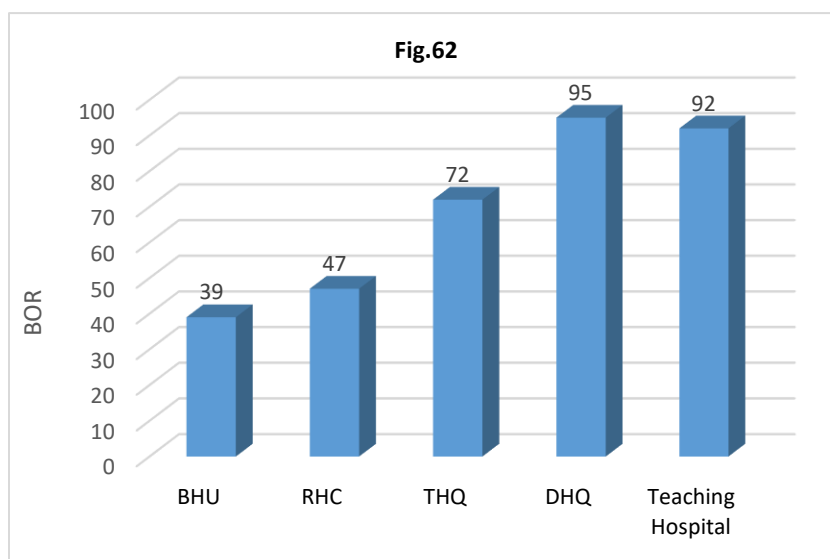
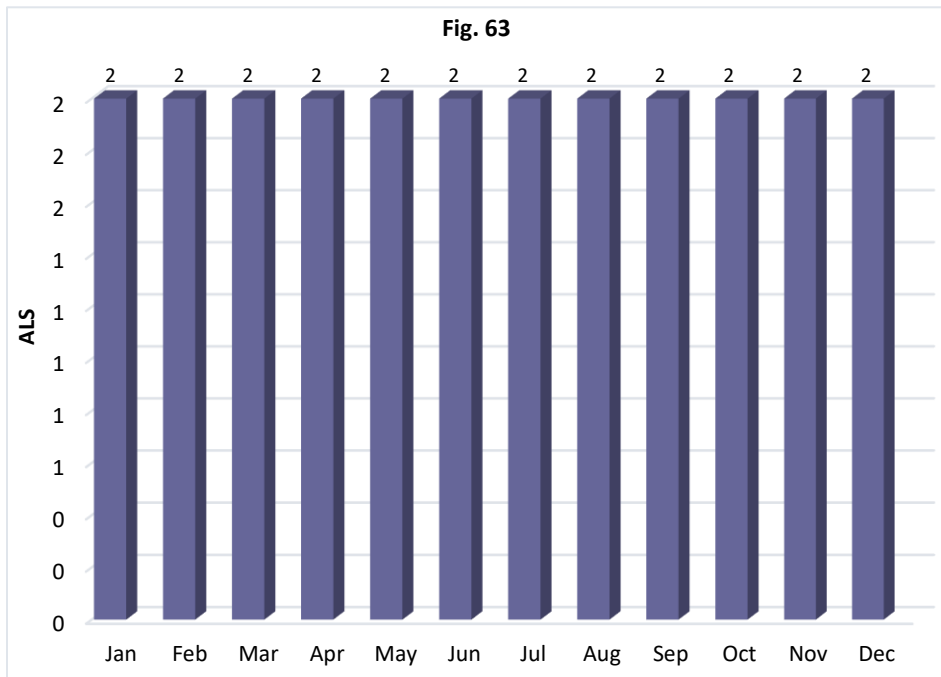


Fig. 62 is showing the health facility type wise bed occupancy rate during 2017. Furthermore since these averages are generally calculated based on an average number of available staffed beds for a year they frequently conceal bed borrowing by other.

Average length of Stay



This indicator is the measure of the average duration of hospital stay of admitted patients in secondary and tertiary care hospitals. 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. 63 is showing the monthly Average Length of Stay. It is clear from the graph that the ALS was consistent throughout the year.

Facility type wise Average Length of Stay

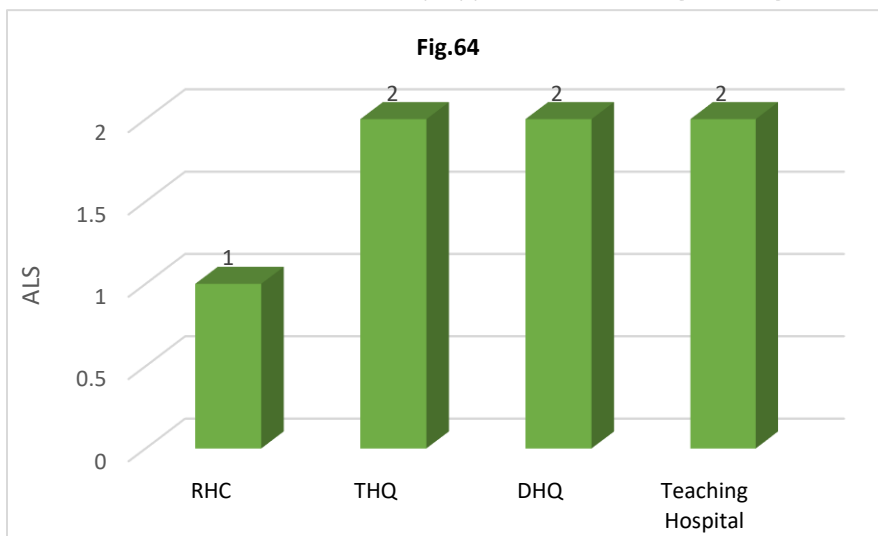


Fig. 64 is showing the health facility type wise Average Length of Stay during 2017. It is clear from the graph that the ALS was consistent throughout the year in all health facility types.

Hospital Death Rate

This indicator is the measure of the proportion of hospital deaths among admitted patients in hospitals.

District wise Percentage of Hospital Death Rate

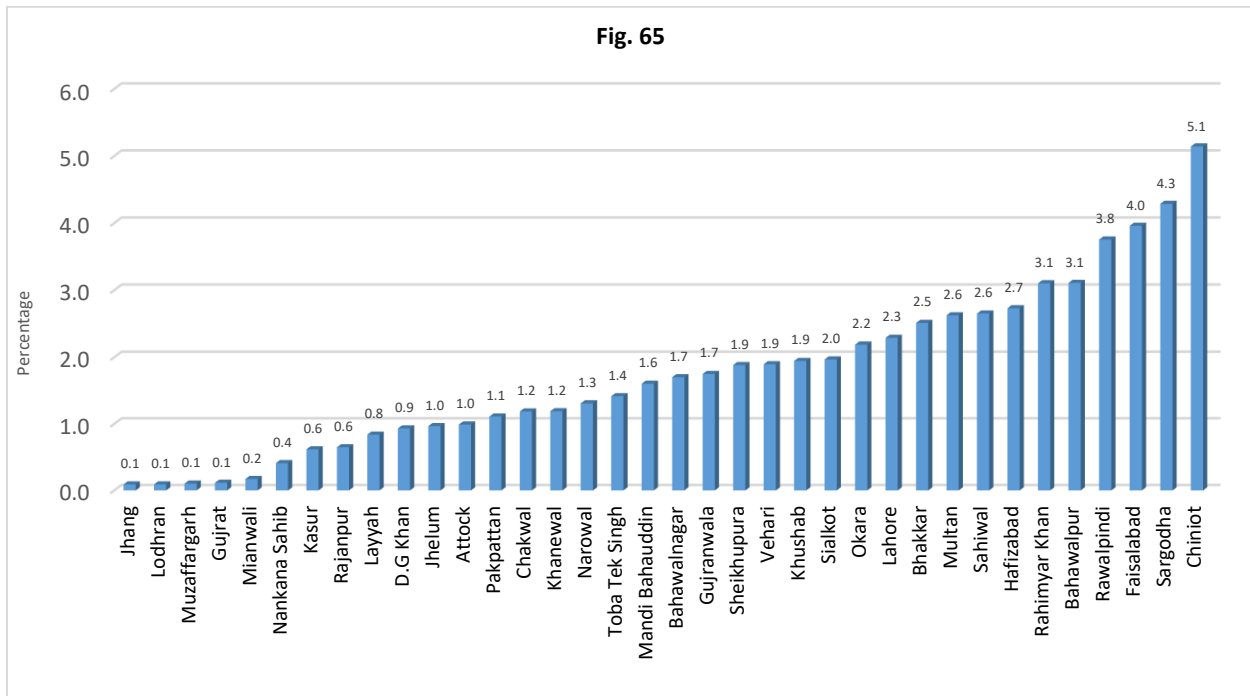


Fig.65 show district wise percentage of deaths. It was noted that the percentage of deaths was highest in Chiniot (5.1%) and lowest in Jhang (0.1%).

Facility type wise Hospital Death Rate

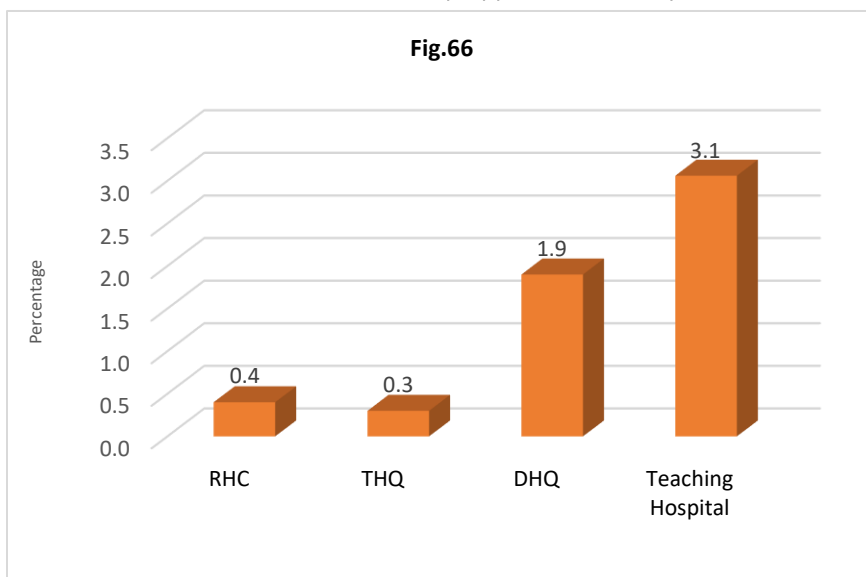
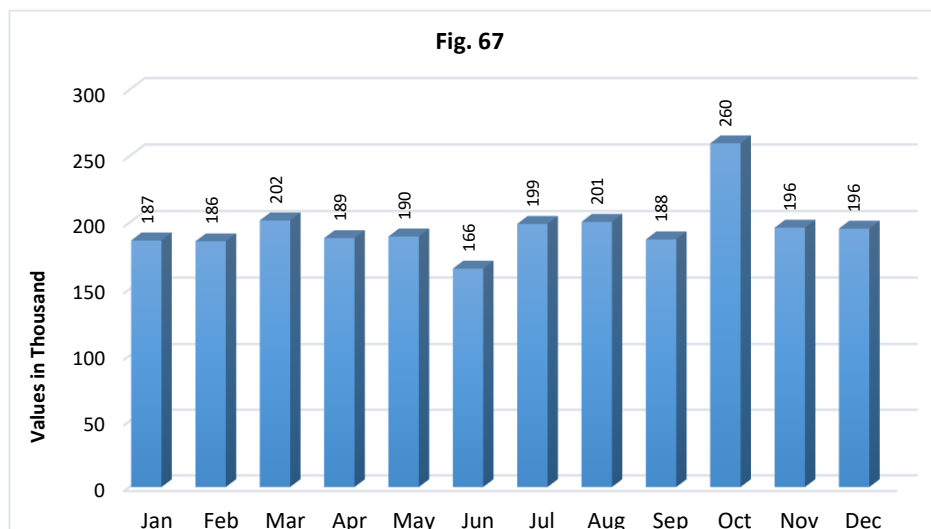


Fig. 66 is showing the health facility type wise Percentage of Hospital Deaths during 2017. This indicator is indicative of quality of care at the hospital indoors.

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 2017, 23,572,199 family planning visits were reported from the public sector health facilities against the expected population (16% MCBA).

District-wise Number of Commodities Distributed

Table-8:

District	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bahawalnagar	22609	292	13041	915	147545	8246	221	0	194
Bahawalpur	24151	1071	17441	2865	178043	6544	1436	15	786
Rahimyar Khan	18584	3498	20628	989	48258	8934	1388	3	266
D.G Khan	20118	1947	15719	734	121971	5610	1057	165	529
Layyah	9582	1324	11168	4829	129076	5408	143	36	54
Muzaffargarh	46286	2063	29961	3538	376443	13421	1613	0	206
Rajanpur	26611	3843	12602	3396	112484	5504	1035	46	231
Faisalabad	67411	4066	9941	972	336810	8820	3286	466	646
Jhang	23548	5609	10986	2709	143275	5863	2914	4	77
Toba Tek Singh	13699	2140	8034	1548	62997	8474	917	501	389
Chiniot	9652	2831	8612	866	54198	7035	78	25	326

Gujranwala	21401	669	13513	924	255481	6097	2166	6	1467
Gujrat	13989	300	15503	1694	133577	4748	264	5	60
Narowal	11283	52	8380	199	106794	2617	11	0	95
Sialkot	20331	672	12377	1695	161745	5515	1084	0	333
Hafizabad	7713	1508	4221	924	81753	4165	203	6	302
Mandi Bahauddin	9407	176	7705	405	102301	6081	72	8	6
Kasur	14506	1208	8626	1074	141659	5196	1969	369	196
Lahore	27081	20698	17691	5581	382375	10182	4626	24	1570
Okara	26819	207	18436	801	198802	7102	96	420	210
Sheikhupura	31192	1761	11884	1715	248648	10246	1162	5	222
Nankana Sahib	9088	471	5289	1593	101093	2971	34	1	748
Khanewal	14978	1739	11575	3436	86155	9367	6418	121	356
Lodhran	14425	757	12355	617	58631	3729	159	8	96
Multan	40912	128	29017	687	278217	13326	1399	125	1315
Pakpattan	7806	225	8024	260	102423	4021	17	0	0
Sahiwal	14448	331	12430	253	107296	2819	2928	0	264
Vehari	21310	1895	12247	1886	148614	6449	1452	75	1411
Attock	9707	309	7842	1461	122433	3555	272	4	7
Chakwal	12466	610	9761	5576	204931	3870	393	352	2561
Jhelum	11394	799	12542	957	162268	4409	349	0	75
Rawalpindi	22426	1441	20609	1406	209101	6430	2997	246	2107
Bhakkar	9027	572	12120	1116	66755	3632	631	13	244
Khushab	13703	288	12431	561	141654	8755	945	0	467
Mianwali	11552	980	8071	543	82447	1335	347	0	335
Sargodha	41803	2997	9621	2348	152410	7227	1577	61	1146
Total	721,018	69,477	460,403	61,073	5,548,663	227,703	45,659	3,110	19,297

Human Resource

Table 9:

DISTRICT	Specialist		Surgeon		Doctors		Nurses		Assistant/Techs		Lady Health Visitors		Dispenser	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	66	32	19	15	298	193	215	164	204	140	219	219	231	200
Bahawalpur	142	79	36	34	762	495	1169	787	230	180	202	174	292	271
Rahimyar Khan	69	33	29	25	671	556	532	421	270	190	160	142	259	255
D.G Khan	43	33	23	20	311	235	158	99	146	117	88	82	150	143
Layyah	67	38	19	13	244	201	154	142	111	89	66	60	136	117
Muzaffargarh	50	40	23	20	402	284	205	191	136	108	108	101	198	178
Rajanpur	50	20	18	14	275	167	192	104	69	68	48	48	102	100
Faisalabad	162	80	44	36	1415	827	1506	1211	328	277	349	313	496	473
Jhang	68	33	33	28	329	203	265	242	136	116	161	145	177	164
Toba Tek Singh	39	30	14	12	255	224	249	241	119	109	98	95	141	140
Chiniot	44	11	17	11	248	82	114	65	79	65	86	81	75	64
Gujranwala	57	34	29	24	350	312	369	366	183	160	198	184	257	252
Gujrat	77	45	22	19	359	257	284	217	203	109	192	139	229	195
Narowal	27	17	12	11	225	160	153	151	97	59	124	113	115	108
Sialkot	61	44	20	15	335	273	235	149	147	93	226	198	201	175
Hafizabad	50	28	17	15	167	80	151	136	70	52	67	64	100	90
Mandi Bahauddin	38	14	15	12	245	119	184	148	100	56	94	72	125	102
Kasur	58	30	26	20	341	262	250	246	107	94	131	131	190	181
Lahore	409	231	61	43	2310	1761	3833	3472	533	465	148	143	340	315
Okara	49	35	19	16	413	240	195	193	159	122	222	205	203	193
Sheikhupura	65	40	20	17	388	311	393	308	147	102	194	169	188	169
Nankana Sahib	51	24	20	15	289	154	205	134	97	79	152	116	124	116
Khanewal	64	28	17	12	370	251	219	136	133	87	151	133	155	146
Lodhran	33	21	8	7	296	160	124	107	75	68	70	70	103	100
Multan	100	66	37	29	1061	582	902	777	272	208	194	176	226	216
Pakpattan	53	21	17	14	186	105	169	149	87	78	80	78	100	96
Sahiwal	43	27	20	18	248	186	250	221	148	111	133	128	171	159
Vehari	51	35	23	18	317	221	254	218	143	121	120	119	216	208
Attock	89	35	20	11	434	214	287	208	131	90	141	136	141	136
Chakwal	47	28	18	12	317	183	172	149	124	75	144	126	160	150
Jhelum	54	28	19	15	339	149	230	155	86	59	129	118	125	118
Rawalpindi	141	95	38	29	662	511	1039	935	295	174	226	163	272	246
Bhakkar	66	36	19	15	284	108	272	206	113	99	81	78	142	134
Khushab	55	15	24	21	354	145	167	118	92	64	128	117	140	126
Mianwali	58	28	22	13	363	180	282	209	92	67	86	72	134	119
Sargodha	91	39	30	26	467	291	388	341	245	199	195	174	252	231
Total	2,687	1,473	848	675	16,330	10,682	15,766	13,116	5,707	4,350	5,211	4,682	6,666	6,186

DISTRICT	EPI Vaccinator		Sanitary inspectors		Midwives		LHWs		CDC Supervisor		Others	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	89	77	102	101	202	186	1113	1100	89	59	1024	883
Bahawalpur	96	92	77	67	191	132	1716	1637	63	53	1073	953
Rahimyar Khan	13	13	106	34	220	164	942	847	4	4	547	414
D.G Khan	63	55	41	32	173	134	908	861	56	46	210	193
Layyah	46	45	42	41	122	105	802	751	36	34	716	600
Muzaffargarh	87	83	74	65	296	189	1908	1760	70	61	730	565
Rajanpur	35	35	30	26	66	61	552	545	30	30	298	295
Faisalabad	32	32	151	78	422	356	2261	2185	16	16	4840	3840
Jhang	68	63	56	54	167	121	118	103	59	53	716	574
Toba Tek Singh	68	65	69	42	128	112	995	971	55	46	101	89
Chiniot	37	36	35	28	62	49	486	318	34	24	377	186
Gujranwala	93	92	96	91	280	219	1376	1276	77	61	1014	940
Gujrat	92	78	88	38	386	206	1875	1332	81	63	846	680
Narowal	60	58	57	55	120	84	1077	945	58	57	916	580
Sialkot	42	36	89	83	159	124	516	463	33	23	927	820
Hafizabad	37	34	31	25	77	68	287	258	31	24	112	102
Mandi Bahauddin	60	50	45	37	134	73	991	952	53	44	199	140
Kasur	30	30	71	63	168	158	93	57	30	30	302	221
Lahore	91	87	63	60	159	151	1062	1057	37	35	3205	2661
Okara	121	114	97	95	172	148	1475	1277	93	75	1121	1006
Sheikhupura	91	74	79	75	156	129	835	800	81	67	407	353
Nankana Sahib	57	44	45	39	97	73	579	539	42	29	799	639
Khanewal	93	80	83	81	143	118	1154	1099	88	68	498	456
Lodhran	52	51	49	43	80	66	966	961	52	52	505	436
Multan	167	167	86	79	254	224	1820	1812	79	72	2264	1895
Pakpattan	64	64	53	36	142	114	878	863	36	34	174	138
Sahiwal	81	77	76	72	219	109	41	36	72	62	883	633
Vehari	74	66	71	62	156	141	904	882	66	60	588	522
Attock	63	53	67	64	107	69	1047	739	62	46	502	425
Chakwal	63	57	37	17	128	94	852	795	62	49	290	278
Jhelum	49	47	58	54	137	124	665	618	42	33	580	488
Rawalpindi	116	93	92	62	226	141	118	104	95	49	711	591
Bhakkar	41	39	39	39	133	116	38	38	38	34	740	596
Khushab	2	2	47	39	128	87	0	0	1	1	527	361
Mianwali	47	44	40	38	99	84	768	740	37	23	478	382
Sargodha	153	140	137	124	357	306	1733	1639	144	114	1508	1135
Total	2,473	2,273	2,479	2,039	6,266	4,835	32,951	30,360	2,002	1,631	30,728	25,070

Comparison of Sanctioned & Filled posts of Health Personnel

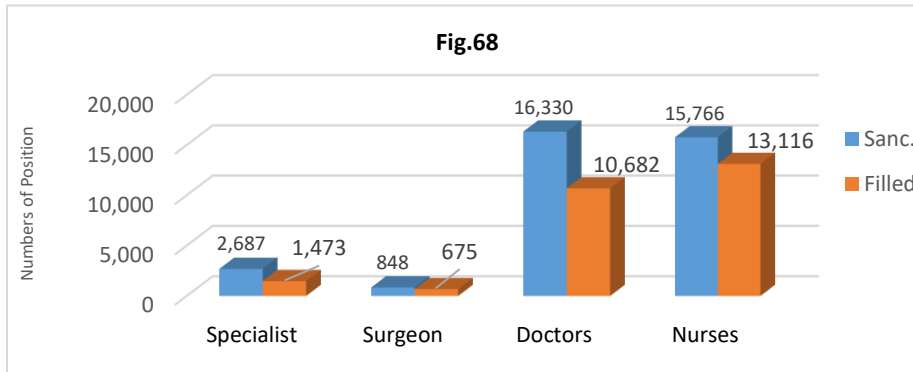


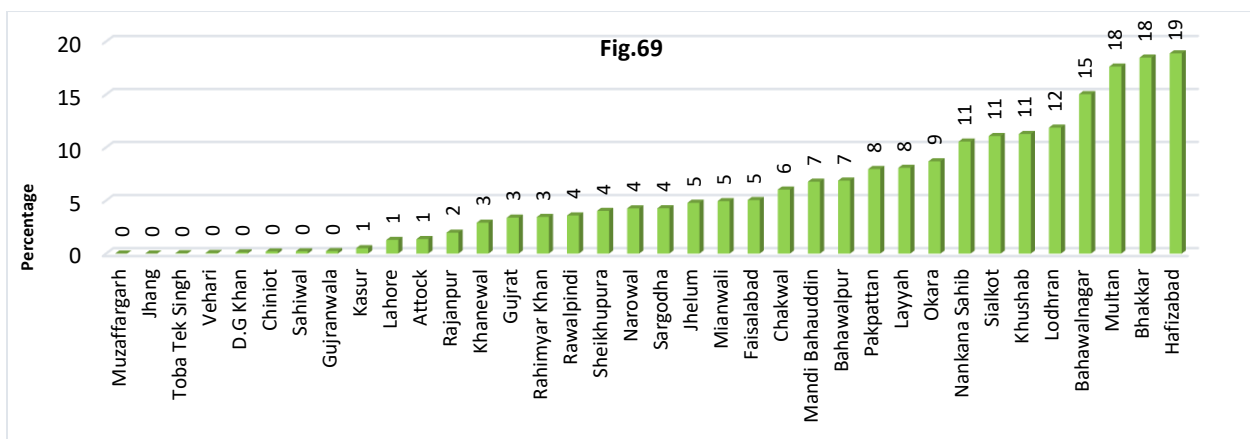
Fig. 68 provides a comprehensive situation analysis of Specialists, Surgeons, Doctors and Nurses positions in district Punjab.

Stock out Status

This indicator measures the percentage 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.

District wise Percentage of Stock out



It can be seen in Fig. 69 that the percentage of out of stock medicines was highest in Hafizabad (19%).

Immunization Coverage

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

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.

District wise Percentage of BCG Coverage

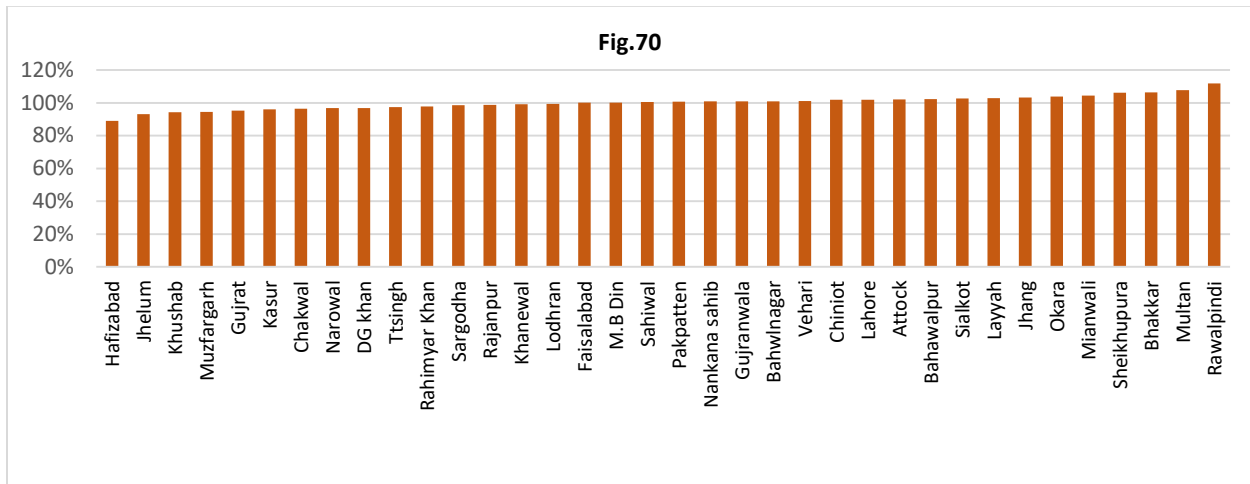


Fig. 70 is showing the district wise percentages of BCG coverage during 2017. Highest coverage was reported in Rawalpindi (112%) and in Hafizabad the lowest coverage was reported (89%).

District wise Percentage of Measles - I

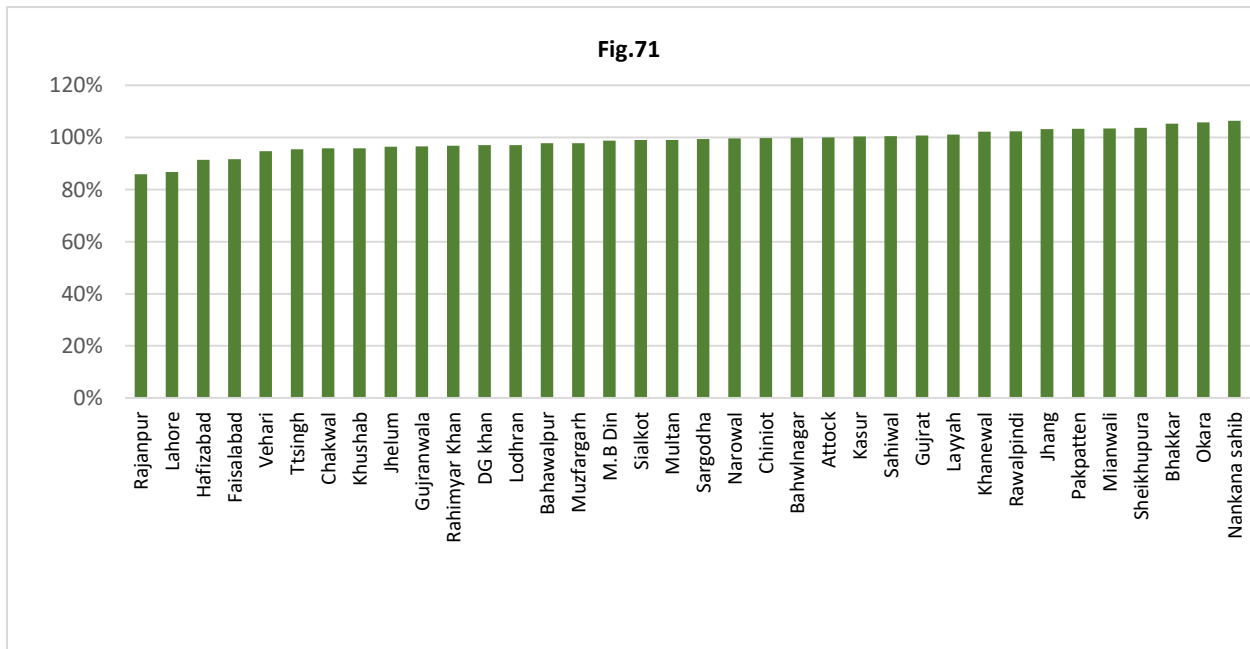


Fig. 71 is showing the district wise percentages of Measles - I during 2017. Highest coverage was reported in Nankana sahib (106%) and in Rajanpur the lowest coverage was reported (86%).

District wise Percentage of Measles – II

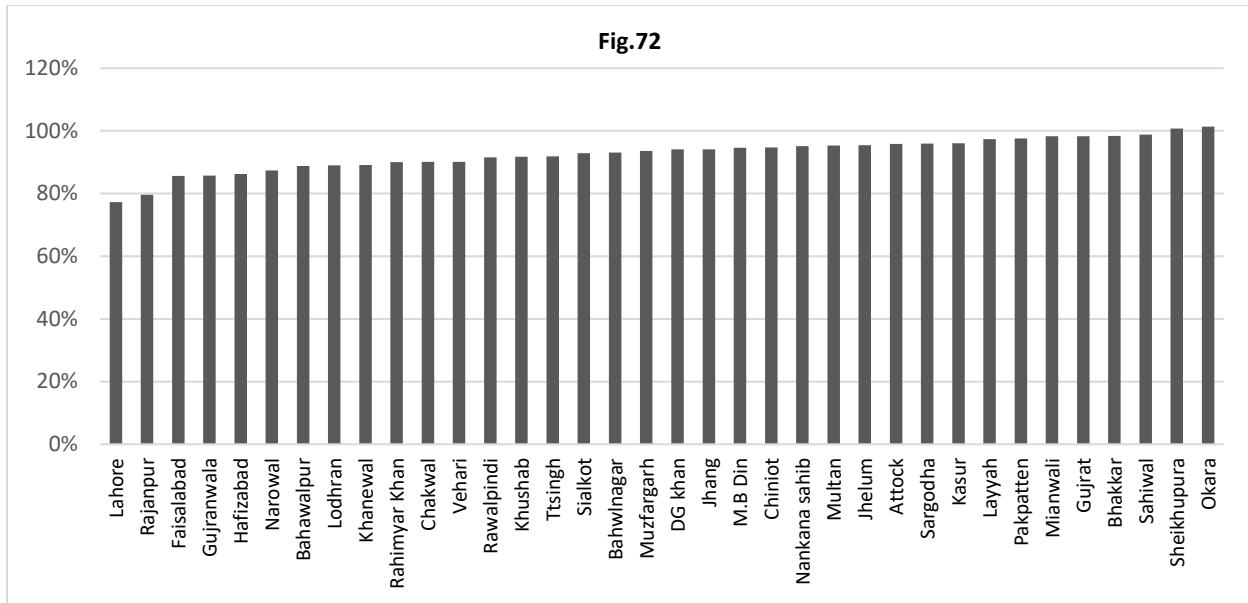


Fig. 72 is showing the district wise percentages Measles – II during 2017. Highest coverage was reported in Okara (101%) and in Lahore the lowest coverage was reported (77%).

District wise Percentage of Preg. Woman TT - I

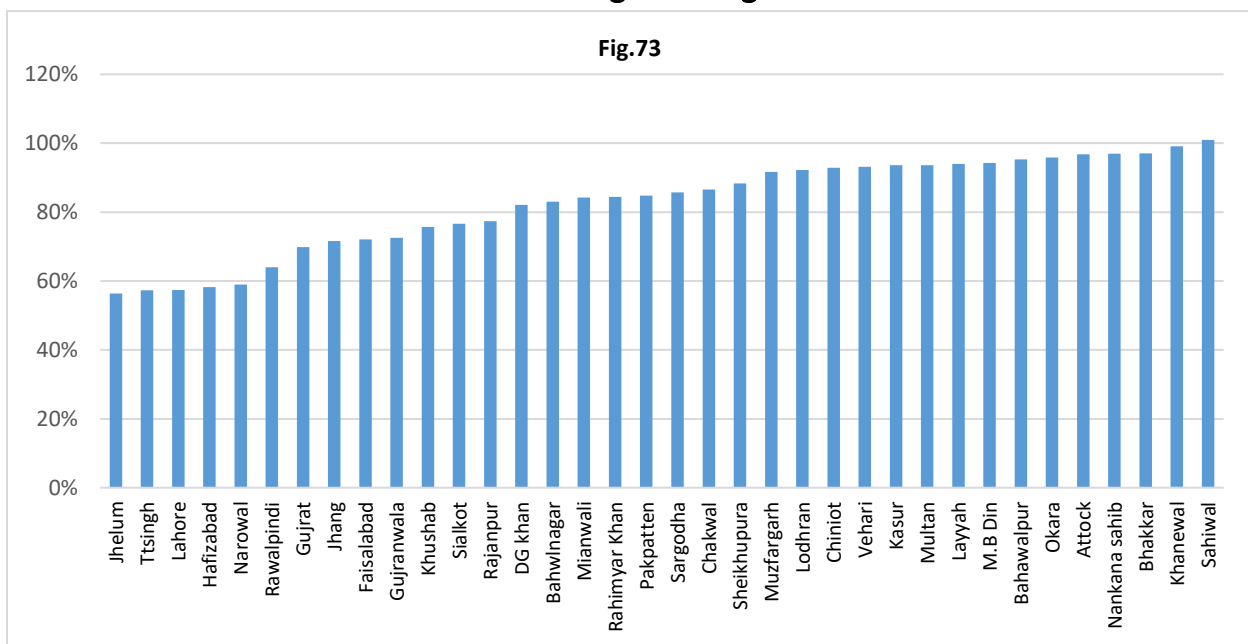


Fig. 73 is showing the district wise percentages of Preg. Woman TT - I during 2017. Highest coverage was reported in Sahiwal (101%) and in Jhelum the lowest coverage was reported (56%).

District wise Percentage of Preg. Woman TT – II

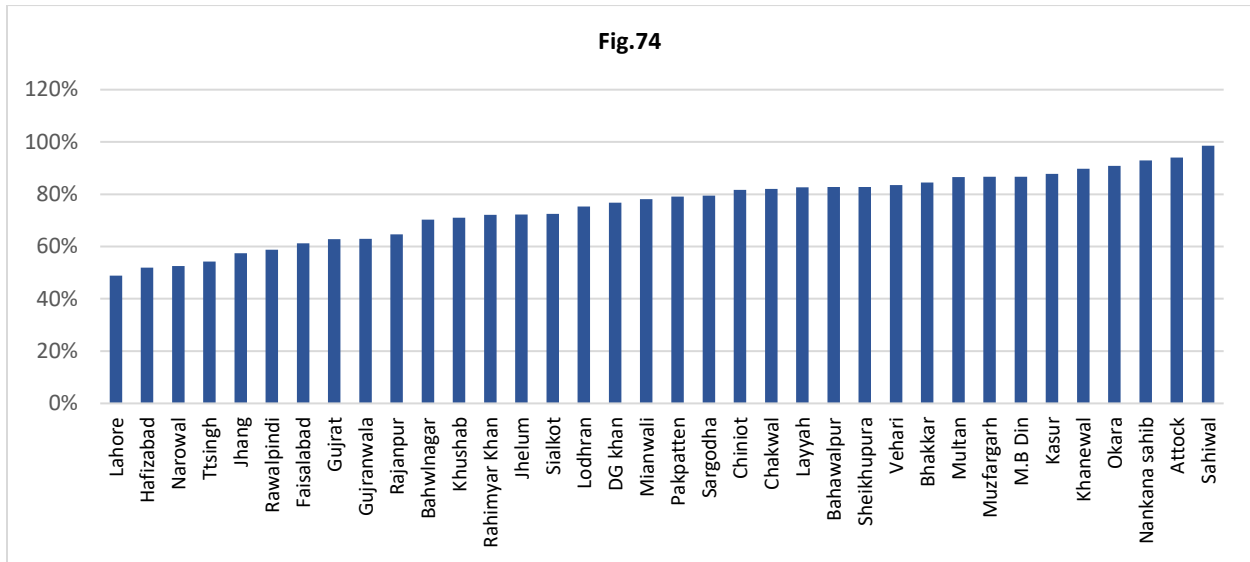
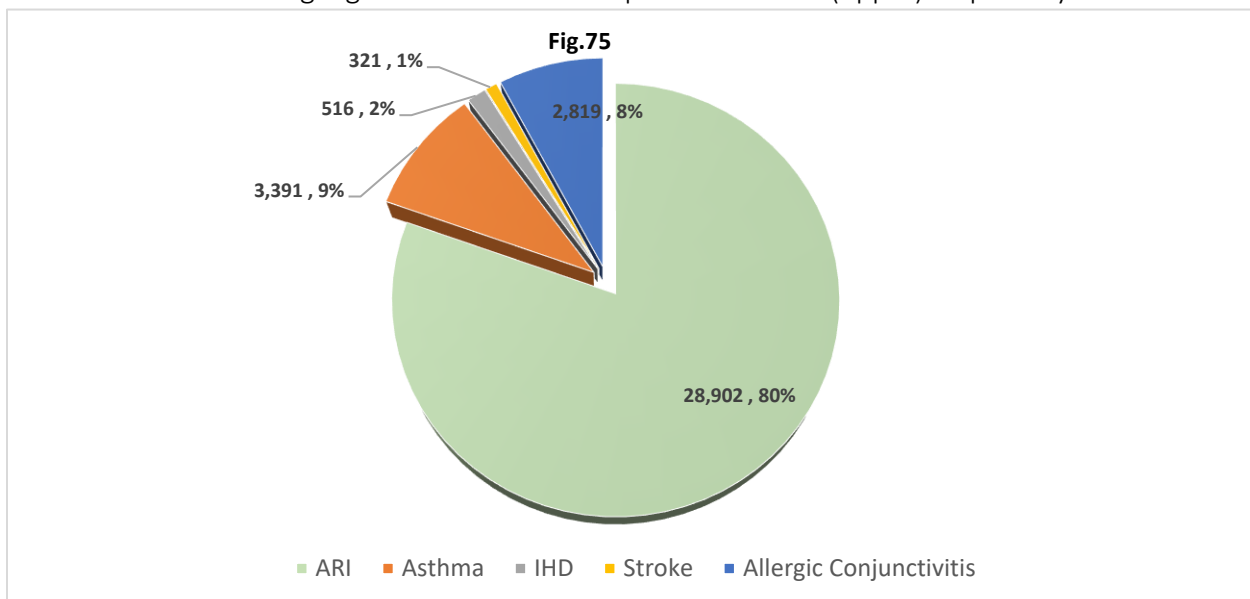


Fig. 74 is showing the district wise percentages of Preg. Woman TT – II during 2017. Highest coverage was reported in Sahiwal (99%) and in Lahore the lowest coverage was reported (49%).

Breakdown of Epidemic Disease “Smog”

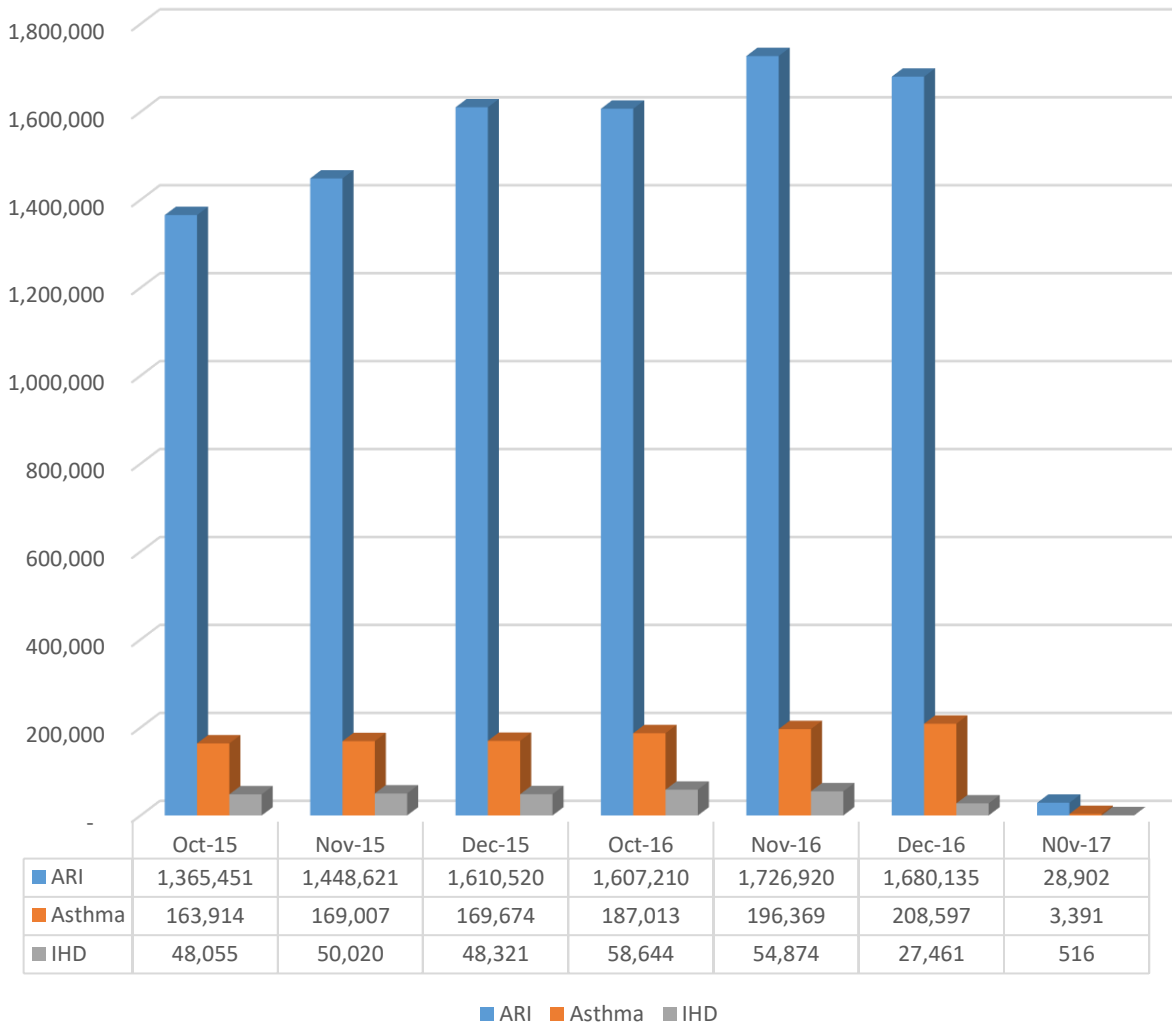
Priority Disease Frequency during Smog 1st-20th November 2017 – Punjab

During year 2017, Breakdown of Epidemic Disease “Smog” occur in Fourth quarter of year in month November. Due to smog high number of cases reported of Acute (upper) respiratory disease.



Camparision of Smog Disease

Fig.76



Actions Taken:

1. Establishment of SMOG Counters in all Health Facilities.
2. Display of banners/streamers at prominent places.
3. Distribution of pamphlets/ brochures to the public at large for awareness.
4. Holding of seminars/walks with patronization of Public Representative at District, Tehsil and UC level.
5. Special wards like HDUs should be made functional with all necessary facilities.

Submission of daily report regarding SMOG related diseases on following format on daily basis Name of District-
 ----- Dated:-----

Reno	Name of Health Facility	ID (DHIS)	Number of Cases Reported/Visited HF				
			ARI (Both Upper and Lower)	Asthma	IHD	Stroke	Allergic Conjunctivitis

Health Education Activities of Smog

Lahore



Okara



Bahawalnagar



Faisalabad



Annexed

Detail of Health Facilities of Punjab

The data in Table 2, 3 and 4 provides a detail of Health Facilities of Punjab and all mentioned tables relate with table 1.

Table 2: List of THQs/Civil Hospitals in Punjab

Sr. no.	Facility Name	Sr. no.	Facility Name	Sr. no.	Facility Name
District: 111 --Bahawalnagar		District: 142 - Gujrat		District: 164 - Pakpattan	
1	THQ, Hospital, Haroon Abad	43	Tehsil Level Hospital Kunjah	84	THQ Hospital, Arifwala Arifwala
2	THQ Hospital, Chishtian	44	Civil Hospital Jalalpur Jattan	District: 165 - Sahiwal	
3	THQ Hospital, Fort Abbas	45	Tehsil Level Hospital Lala Musa	85	THQ Hospital Chichawatni
4	THQ Hospital, Minchinabad	46	THQ Hospital Kharian	District: 166 - Vehari	
District: 112 --Bahawalpur		47	Civil Hospital, Kotla Arab Ali Khan	86	THQ. Mailsi
5	THQ Hospital, Ahmadpur East.	48	40-Bedded Civil Hospital Dinga	87	THQ Burewala
6	THQ Hospital, Hasilpur.	49	THQ Hospital Sarai Alamgir	District: 171 - Attock	
7	THQ Khair Pur Tamewali	District: 143 -Narowal		88	THQ Hospital Fateh Jang
8	THQ YAZMAN	50	THQ Shakargarh	89	THQ Hassan Abdal
District: 113 -Rahimyar Khan		District: 144 - Sialkot		90	THQ Hospital Hazro
9	THQ Hospital Liaquatpur	51	Civil Hospital Daska	91	THQ Hospital Jand
10	THQ Hospital Sadiqabad	52	THQ Hospital Pasrur	92	THQ Hospital Pindi Gheb
11	THQ Hospital Khanpur	53	THQ Kotli Loharan	District: 172 - Chakwal	
District: 121 - D.G Khan		54	THQ Sambrial	93	THQ Choa Saiden Shah
12	THQ Hospital Tauns	District: 145 - Hafizabad		94	City Hospital Talagang
13	Civil Hospital Fort Munroo	55	THQ Pindi Bhattian	95	THQ Talagang
14	Civil Hospital Sakhi Sarwar	District: 146 - Mandi Bahauddin		96	THQ Trama Center Kallar Khar
District: 122 - Layyah		56	THQ Hospital Malakwal	District: 173 - Jhelum	
15	THQ Hospital Chowk Azam	57	THQ Hospital, Phalia	97	THQ Hospital Pd Khan
16	THQ Hospital Kot Sultan	District: 151 - Kasur		98	THQ Hospital Sohawa
17	THQ Thal (Mian Nawaz Shareef)Hospital Layyah	58	THQ, Hospital Chunian	District: 174 - Rawalpindi	
18	THQ Hospital Karor	59	Govt. Aziz Bibi Hospital, Roshan Bheela	99	THQ Hosp: Gujjar Khan
19	THQ Hospital Fateh Pur	60	THQ Hospital, Kot Radha Kishan	100	THQ Hosp Kahuta
20	THQ Hospital Choubara	61	THQ Hospital Pattoki	101	THQ Kotli Sattian

District: 123 - Muzaffargarh		District: 152 - Lahore		102	THQ Hosp: Murree
21	THQ Hospital Alipur	62	Raiwind	103	THQ Hospital Taxila
22	THQ Jatoi	63	Sodiwal Hospital	104	THQ Hospital Kallar Syedan
23	THQ Hospital Kot Adu	64	Govt. Hospital Shahdra	District: 181 - Bhakkar	
24	THQ Chowk Sarawar Shaheed	65	GMH Pathi Ground	105	THQ Hospital Kalurkot, Kalurkot
District: 124 - Rajanpur		66	GMH Chohan Road	106	THQ Hospital Mankera, Mankera
25	Civil Hospital Shah Wali	District: 153 - Okara		107	THQ Hospital, Daryakhan
26	THQ Hospital Rojhan	67	THQ Hospital Depalpur	District: 182 - Khushab	
27	THQ Hospital Jampur	68	THQ Hospital Havali Lakha	108	THQ Hospital Khushab Khushab
District: 131 - Faisalabad		District: 154 - Sheikhpura		109	THQ Hospital Noor Pur Thal
28	THQ Hospital Chak Jhumra	69	THQ Hospital Ferozewala	110	THQ Hospital Qaidabad
29	THQ Hospital Jaranwala	70	THQ Hospital SharaqPur Sharif	111	THQ Hospital Naushera
30	THQ Hospital Tandilianwala	71	THQ Hospital Muridke	District: 183 - Mianwali	
31	THQ Hospital Sumundri	72	THQ Hospital Safdarabad	112	THQ Hospital Isa Khel
32	Govt. General Hospital Samanabad	District: 155 - Nankana Sahib		113	THQ Level Hospital Kalabagh
District: 132 - Jhang		73	THQ Hospital Shahkot	114	THQ Hospital Piplan
33	THQ Hospital Shorkot	74	THQ Sangla Hill	District: 184 - Sargodha	
34	THQ Ahmed Pur Sial	75	Civil Hospital Sangla Hill	115	THQ Hospital Bhalwal
35	THQ Hospital 18-Hazari	District: 161 - Khanewal		116	THQ Kot Momin
District: 133 - Toba Tek Singh		76	THQ Hospital Jahanian	117	THQ Sahiwal
36	Govt. Eye-Cum-General Hospital Gojra	77	THQ Hospital Kabir Wala	118	THQ Sillanwali
37	THQ Hospital Kamalia	78	THQ Hospital Mian Channu	119	THQ Chak no. 46/sb
District: 134 - Chiniot		District: 162 - Lodhran		120	THQ Hospital Chak no. 90/sb
38	THQ Lalian	79	THQ Hospital Kehrur Pacca	121	THQ Bhagtanwala
39	THQ Bhowana	80	THQ Hospital Dunya pur	122	Govt. Tb Hospital Sargodha
District: 141 - Gujranwala		District: 163 - Multan		123	THQ Hospital Shahpur
40	THQ Hospital Wazirabad	81	Govt. Mushtaq Lang THQ Hosp. Jalalpur Pirwala	124	THQ Bhera
41	THQ Hospital Kamoke	82	Govt. THQ Hospital Shujabad		
42	THQ Hospital Noshehra Vikran	83	Govt. Shahbaz Sharif DHQ Hospital Multan		

Table 3: List of DHQs Hospitals in Punjab

Sr.no.	Facility Name	Sr.no.	Facility Name	Sr.no.	Facility Name
1	DHQ:Hospital, Bahawal nagar	10	DHQ Hospital, M.B.Din	19	DHQ Hospital Pakpattan
2	DHQ Hospital Layyah	11	DHQ Hospital Kasur	20	D.H.Q Hospital Vehari
3	DHQ Hospital Muzaffargarh	12	DHQ Hospital Okara	21	Isfandyar Bukahri Hospital Attock
4	DHQ Hospital Rajanpur	13	DHQ Hospital (South City) Okara	22	DHQ Chakwal
5	DHQ Hospital, Jhang	14	DHQ Hospital Sheikhupura	23	DHQ Hospital Jhelum
6	DHQ Hospital Toba Tek Singh	15	DHQ Hospital Nankana Sahib	24	DHQ Hospital Bhakkar, Bhakkar
7	DHQ Hospital Chiniot	16	DHQ Hospital Khanewal	25	DHQ Khushab At Jahurabad
8	DHQ Narowal	17	DHQ Hospital Lodhran	26	DHQ Hospital Mianwali
9	DHQ Hospital Hafizabad	18	Govt.Shahbaz Sharif DHQ Hospital Multan		

Table 4: List of Teaching/Specialized Hospitals in Punjab

Sr.no.	Facility Name	Sr.no.	Facility Name
1	B.V. Hospital Bahawalpur	22	General Hospital Lahore
2	Civil Hospital Bahawalpur	23	Mayo Hospital
3	Teaching Hospital Sheikh Zayed RYK	24	Service Hospital
4	Teaching Hospital D.G. Khan	25	Jinnah Hospital
5	District Head Quarter Hospital Faisalabad	26	Punjab Institute of Cardiology Hospital
6	Faisalabad Institute of Cardiology Faisalabad	27	Govt Teaching Hospital Shahdra
7	Govt. General Hospital G.M Abad	28	Govt Nawaz Sharif Hospital Yakki Gate
8	Allied Hospital Faisalabad	29	Shaikh Zayed Hospital
9	DHQ/Teaching Hospital Gujranwala	30	Children Hospital
10	Aziz Bhatti Shaheed (Dhq) Hospital, Gujrat	31	Ch. Pervaiz Illahi institute of cardiology
11	Allama Iqbal Mem. Hosp. Sialkot	32	Children Hospital Complex Multan
12	Govt Sardar Begum Hospital Sialkot	33	Nishter Institute Of Dentistry
13	Institute of Mental Health	34	Nishter Hospital Multan
14	Punjab Dental Hospital Lahore	35	DHQ Teaching Hospital Sahiwal
15	Govt. Mian Munshi Hospital	36	Govt. Haji Abdul Qayyum Teaching Hospital Sahiwal
16	Govt. Mozang Hospital	37	Mini Hospital Ghalla Mandi Sahiwal
17	Siad Mitha Hospital Lahore	38	Holy Family Hospital Rawalpindi
18	Govt. Kot Khawaja Saeed Hospital	39	Benazir Bhutto Hospital
19	Lady Aitchison Hospital Lahore	40	DHQ Hospital Rawalpindi
20	Lady Wallingdon Hospital, Lahore	41	Rawalpindi Institute of Cardiology, Rawalpindi
21	Sir Ganga Ram Hospital Lahore	42	DHQ Teaching Hospital Sargodha

Data! Data! Data! I can't make bricks without clay!

Sir Arthur Conan Doyle

Not everything that can be counted counts, and not everything that counts can be counted.

Albert Einstein, Physicist