DHIS Annual Report 2018

Windows User

Message from the Director General Health Services, Punjab

It is a 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 scrutiny and evaluation through DHIS. The issue of data validity and data quality needs more efforts and hard work. The doctors and paramedics should pay heed to the plight of data quality and accuracy.

Dr. Muhammad Haroon Jahangir Khan
Director General Health Services
Punjab Lahore

Foreword

The raw data on a prescribed format from public health care facilities is regularly received on monthly basis at provincial level through District MIS Cells and directly from online health facilities. This data is scrutinized and examined in detail by the Provincial MIS cell after being transmitted electronically by Health Facilities/Districts of the Punjab.

In this report 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 level. The intention of this report and those in future, is to speak regarding the aspects of health of the population.This also highlight the specific issues in the system. It will serve to define some key public health issues of the day and consider how they can be approached and addressed. We hope this report would be helpful in making decisions by provincial, divisional and district managers in addition to Punjab Health Department, Federal Ministry of Health, Provincial and Federal Bureau of Statistics and development partners.

Dr.Bashir Ahmad
Director Health Services (MIS)

Table of Contents

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 accurate 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 was modified to District Health Information System (DHIS) in 2006. DHIS now has a much wider scope than the old HMIS in terms of number of diseases prioritized for surveillance. The upgraded version of DHIS was implemented at district level in 2009. As,DHIS implementation was supposed to be carried out by the provincial health departments, the timeframe varied from province to province. It was encouraging to note that Punjab Health Department took the lead to implement DHIS in all 36 districts by September 2009.

In this report, different indicators are discussed covering services data, disease morbidity and Mortality, and logistics data. The data of teaching/tertiary care hospitals is also included. In first portion of report, year wise comparison of important indicators is presented in the form of graphs. Almost all indicators showed an upward trend during 2018.

The detailed analysis of 2018 data is presented in this report. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2018 the reporting compliance was above 99%. The total OPD in 2018 was 165 million. The per capita OPD in 2018 was 1.56 which is more than that of previous year. On an average, per day OPD attendance in teaching/tertiary hospitals was 111,390, in DHQ Hospitals 61,371, THQ Hospitals 109,297, in RHCs 76,526 and in BHUs 136,715visits were reported. In age and gender wise analysis, the percentage of female patients was (54%) and that of male patients was (46%).The highest number of patients was reported in age group 15-49 years in which female proportion was greater than the male.

Fifty-three diseases are reported through DHIS. Out of these 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 tract infection (21,250457), Fever due to other causes(6,753,296), Peptic ulcer disease (4,198,069), Scabies (4,055,261) and Hypertension (3,920,838). The incidence rate of top five diseases is calculated and presented in the form of graphs. The year wise comparison of top ten diseases is also presented in the form of graphs. The median index is calculated for 2013-2017 and it is compared with 2018 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2018, the overall ANC-1 reported coverage in Punjab was 4,825,022 of the total expected population (3.4%). Out of the total population enrolled for ANC-1, , 24% hadblood hemoglobin (Hb) levels less than 10g/dl.

Newborn delivery coverage at health facility is an indicator of utilization of these services provided at public health facilities. The overall percentage of deliveries conducted in Health Facilities of Punjab during 2018 was 43% of the total expected population (2.9%). An analysis was done to show the facility wise average number of deliveries conducted per month and is highlighted in the report. The average number of deliveries was 493 per month per teaching/tertiary care hospitals.In DHQ hospitals 369, in THQ Hospitals 96, in RHCs 64 and in BHUs 19 deliveriesper month(BHUs 24/7s - 42 deliveries/month) were reported. C-Section rate was calculated to be15% of total deliveries and obstetric complications were reported in 9% of total deliveries. Out of the total live births, 3% babies were born with low birth weight (<2.5kg). Neonatal mortality rate was calculated to be 1.2% 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 laboratories of the health facilities. In 2018, total 70 million patients availed the lab services with, 38 million patients used the lab service on outdoor basis and 33 million indoor patients utilizedthe lab services.

Bed occupancy rate (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. The cumulative BOR during 2018 was 94% in secondary and tertiary care hospitals. Average length of stay (ALS) is the measure of the average duration of hospital stay of admitted patients in hospitals. This indicator reflects the intensity of care delivered to hospitalized patients and burden on hospital resources. The ALS was 2 days in all levels of health facilities during 2018.

Hospital death rate is the measure of the proportion of hospital deaths among admitted patients in hospitals. During 2018, (2%) deaths were reported. Percentage of deaths in teaching/tertiary hospitals was 2.8%, in DHQ Hospitals 2.1%, in THQ Hospitals 0.6% and in RHCs 0.3%.

Stock out of drugs 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 7%.

During 2018, family planning visits reported from the public sector health facilities against the expected population (16% MCBA) were 26,465,202.

Introduction

Overview of DHIS Program

District Health Information System (DHIS) is a mechanism of data collection, transmission, processing, analysis and feedback to all levels of health care system. DHIS provides a baseline data for district planning, implementation and monitoring on major indicators of disease pattern, preventive services and physical resources.

As compared to HMIS which was piloted in primary level healthcare facilities, the updated DHIS system collects information not only from primary level health care facilities but also incorporates data from secondary (DHQHs & THQHs) and tertiary level healthcare facilities (Teaching Hospitals).

Important Features of DHIS

DHIS is a district–based Routine Health Information System
- Responds to the information need of the District health systems.It also supports in performance monitoring both at district and provincial levels
- DHIS provides minimum set of indicators
- Promotes andsupports evidence based decision-making at all levels of healthcare system (HF to district to Provincial Levels)
- Caters the important routine health information needs of the federal & provincial levels for monitoring and policy implementation
- DHIS is an improved version of HMIS as it incorporates many indicators from HMIS.

Salient Features of Report

- The overall purpose of this feedback report is to provide basic analysis 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 for solutions, implementation of the solutions and monitoring the implementation & evaluating the solutions.
- This report shall assist the district, provincial & national health managers to analyse 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, in some way or the other, involved in improving the health services and have a role in the overall health care delivery system.

- Another important cadre of intended users are the researchers interested in carrying out operational and social research related to disease patterns and determinants of health.

Importance of Record Keeping and Data Management

Knowledge is power and its application leads to transformation of knowledge into *Wisdom*. 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 linked together to produce verifiable, reproducible and publishable knowledge.

Modern technologies and ideas in IT and communication field have not only reduced distances among organizations, institutions and learned academia but have also led to use of information in short term and long term decision making. On the basis of this relationship between academia and departments, field research in public health is thriving. It has given immense opportunities to the health managers, researchers and academia to deal with the situations/events concerned to the public health and healthcare systems, in a timely and effective manner.. The dengue epidemic of 2011 is an excellent example of this collaborative work among professionals from various departments of Punjab and academic institutions who joined hands to deal with the menace in an extremely professional and successful manner.

Challenges and issues

Health is a vast term consisting of diverse functions and areas of which 'medicine is only a small part. In Pakistan it has become imperative to strengthen the links between the line departments to improve health through disease prevention and control strategies with an ultimate goal to reduce disease related morbidity, disability and death. For this purpose, establishment of an effective and responsive information management system is crucial. Use of modern technologies in IT and communication is essential for capturing data on health indicators, processing the data and producing reliableinformation which can lead to evidence-based management and decision making.

In its current capacity, DHIS is a humble beginning but has a capacity to the level of becoming a full-fledged health information system in line with such systems being utilized by developed countries. Convincing the medical academia of Punjab to join hands with MIS Cell (Directorate General Health Services, Punjab) for regular sharing of data about health and disease from their concerned teaching hospitals/institutions of Punjab,shall definitely fulfil the basic objective of DHIS. Such collaboration shall provide a holistic and 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	THOS		DHQ		THQ		RHC(all)		BHU(all)		BHU_24_7		MCH		Disp.(class 1&3)		Total	
	No.	Beds	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	103	206	43	86	7	0	27	0	195	971
Bahawalpur	2	1820	0	0	4	232	12	222	72	142	37	72	10	0	56	4	193	2492
RahimyarKhan	1	954	0	0	3	200	19	356	104	208	45	90	7	0	0	0	179	1808
D.GKhan	1	367	0	0	2	100	9	180	54	126	27	90	5	0	22	0	120	863
Layyah	0	0	1	280	6	260	6	120	36	72	27	54	2	0	21	0	99	786
Muzaffargarh	0	0	1	240	4	190	13	242	72	143	34	67	3	2	25	23	152	907
Rajanpur	0	0	1	133	2	132	7	127	32	64	20	40	1	4	2	0	65	500
Faisalabad	5	2308	0	0	6	270	15	280	168	336	49	98	14	0	97	0	354	3292
Jhang	0	0	1	276	3	146	10	180	58	116	25	50	2	0	8	0	107	768
Toba Tek Singh	0	0	1	250	2	266	9	140	70	140	26	52	2	2	0	0	110	850
Chiniot	0	0	1	70	2	40	3	40	36	70	10	20	2	4	2	4	56	248
Gujranwala	1	450	0	0	3	160	12	240	92	184	29	58	10	0	54	0	201	1092
Gujrat	1	322	0	0	5	270	9	162	89	178	27	54	8	8	6	0	145	994
Narowal	0	0	1	125	1	80	7	120	57	122	21	42	4	0	9	12	100	501
Sialkot	2	534	0	0	4	299	6	120	88	176	27	54	14	0	22	10	163	1193
Hafizabad	0	0	1	120	1	60	7	140	32	64	11	22	3	0	16	0	71	406
MandiBahauddin	0	0	1	100	2	100	9	162	48	96	21	42	5	0	10	0	96	500
Kasur	0	0	1	350	4	200	11	200	81	162	31	62	8	0	23	0	159	974
Lahore	18	10266	0	0	5	140	5	100	37	72	12	24	54	0	49	20	180	10622
Okara	0	0	2	335	2	100	10	182	97	192	36	72	9	0	18	0	174	881
Sheikhupura	0	0	1	648	4	296	7	168	78	154	23	46	4	4	4	1	121	1317
NankanaSahib	0	0	1	120	2	188	6	144	48	96	18	36	4	0	19	10	98	594
Khanewal	0	0	1	125	3	180	7	140	83	166	28	56	4	0	13	0	139	667
Lodhran	0	0	1	125	2	80	4	80	48	96	23	46	1	2	16	12	95	441
Multan	4	1540	1	181	2	120	8	160	82	164	36	72	18	0	39	0	190	2237
Pakpattan	0	0	1	125	1	60	5	90	55	108	17	34	2	0	9	0	90	417
Sahiwal	3	517	0	0	1	120	11	220	76	152	24	48	6	0	21	0	142	1057
Vehari	0	0	1	300	2	300	14	280	74	148	32	64	5	0	23	0	151	1092
Attock	0	0	1	176	5	320	6	102	62	124	19	38	3	0	2	0	98	760
Chakwal	0	0	1	205	4	140	10	190	65	126	19	38	2	0	5	0	106	699
Jhelum	0	0	1	258	2	100	6	120	47	94	15	30	6	0	23	0	100	602
Rawalpindi	4	1894	0	0	7	462	8	160	99	198	27	54	6	0	6	24	157	2792
Bhakkar	0	0	1	333	3	184	5	112	40	80	21	42	2	0	12	24	84	775
Khushab	0	0	1	125	4	260	5	60	44	88	16	32	7	0	32	12	109	577
Mianwali	0	0	1	313	3	142	10	200	41	82	16	32	4	0	14	0	89	769
Sargodha	1	731	0	0	10	380	12	240	131	260	32	64	7	0	9	0	202	1675
Grand Total	43	21703	26	5572	120	6797	313	5979	2499	5005	924	1881	251	26	714	156	4890	47119

*Note: Non Reporting Teaching Hospitals
- Govt. Kot Khawaja Saeed Hospital ,Lahore
- 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.

Fig. 1
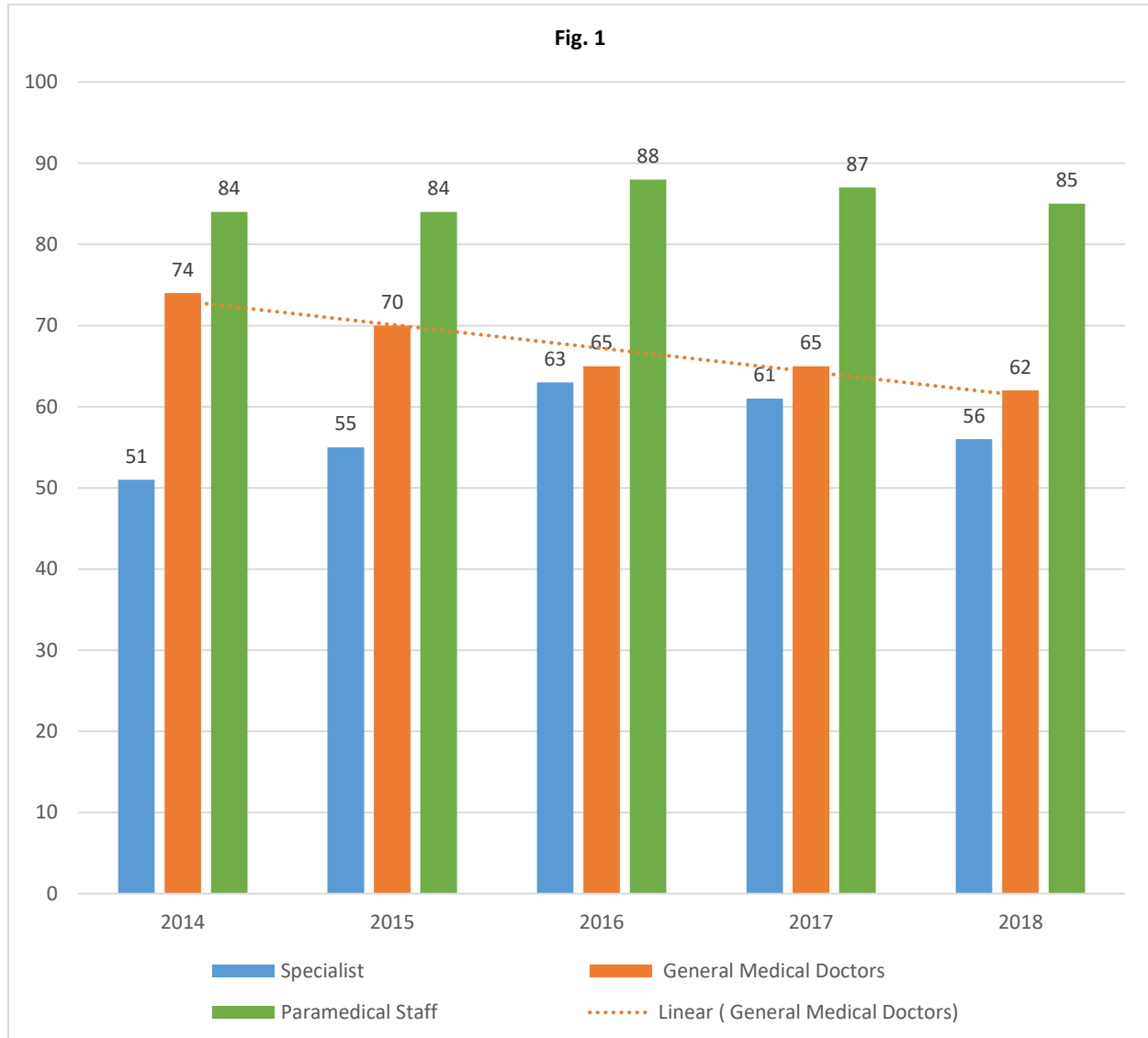
In 2018, 56% of the positions of the Specialists Staff, 62% of the positions of General Cadre Medical Doctors, 85% of positions of Paramedical Staff and 78% positions of Other Staff were filled, showing a decrease as compared with the situation of the 2017.

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. 2

Year	Percentage
2013	99
2014	100
2015	100
2016	100
2017	100
2018	99

Per Capita OPD Attendance

Fig. 3

Year	Value
2013	1.00
2014	1.07
2015	1.19
2016	1.28
2017	1.34
2018	1.56
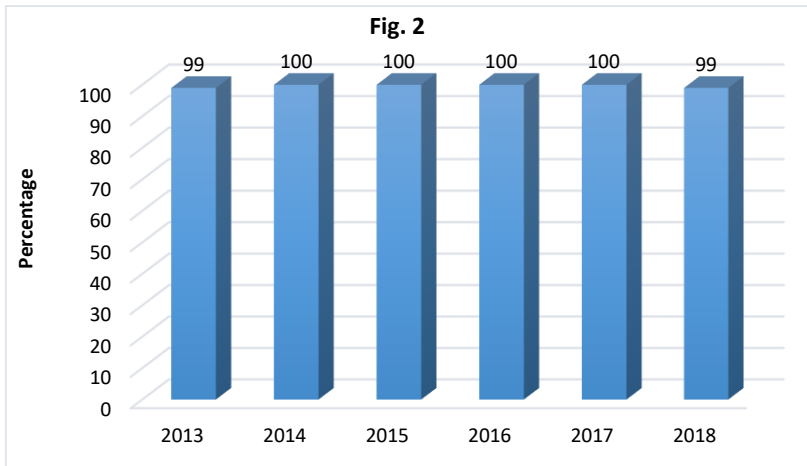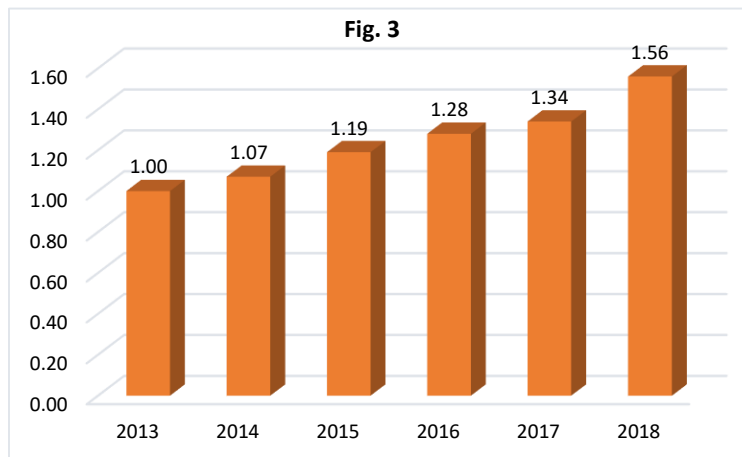
The year wise comparison of per capita OPD attendance is shown in *Fig*. 3. It can be seen that there is improvement every year in Per capita OPD which implies that the population is satisfied by provision of services in the public health facilities.

Total OPD Visits

The graph shows the year wise comparison of total OPD visits (new &follow up cases). The number of OPD visits has increased year to year. Tertiary care hospitals have started reporting through DHIS from August 2013.In 2018,total 165,407,511 patients were reported in DHIS.

Fig. 4

Year	OPD Visits
2013	95 M
2014	105 M
2015	113 M
2016	127 M
2017	147 M
2018	165 M
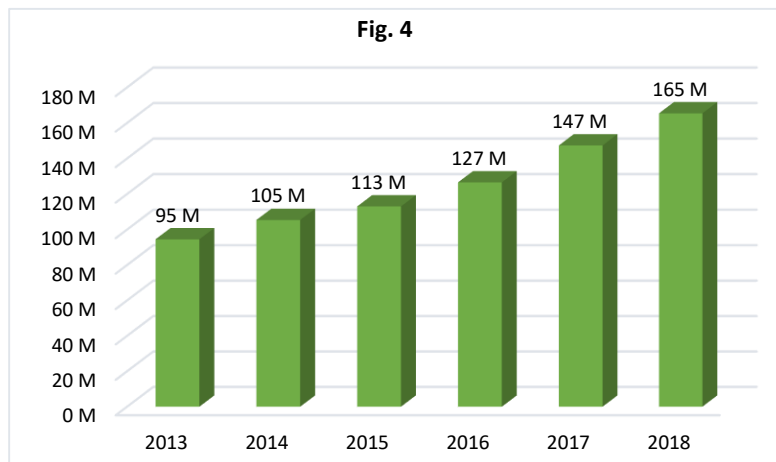
Antenatal Care Services
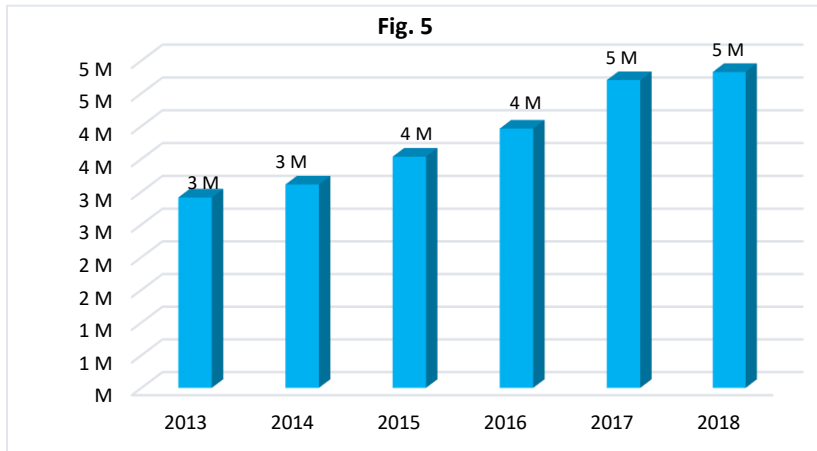
Fig. 5

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 numberhas 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.

Fig. 6

Caesarean Section

Fig. 7
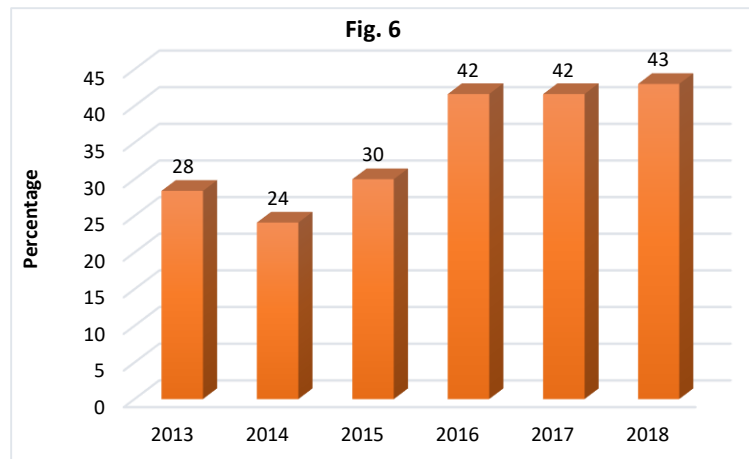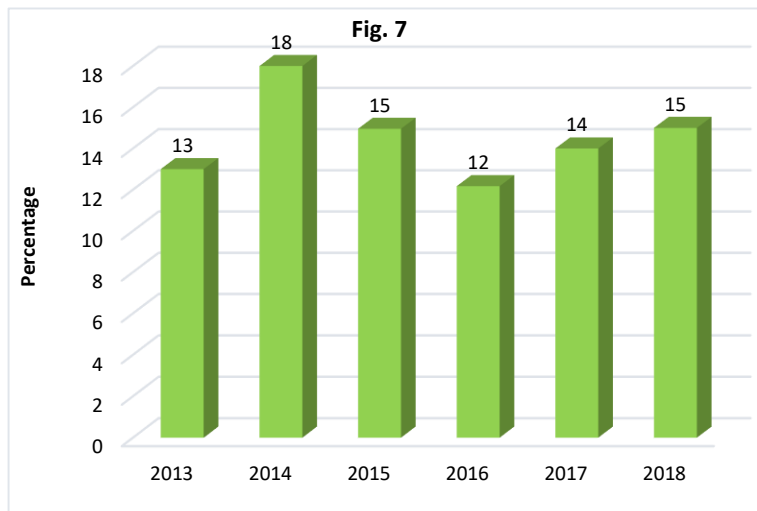
The graph shows the year wise comparison of C- Sections performed. The percentage is calculated from the total deliveries conducted at health facilities. The %age in 2014 was 18% which showed a decline in 2015-16 and there is steady rise from 2016 to 18.

Percentage of Anaemic Women Coming for ANC-1

Fig. 8 shows the year wise comparison of anemic women percentage, coming for ANC-1at the health facilities. The figures show a steady %age from 2013 to 17 and there is increase in Anaemic women in 2018. Due to lack of data of revisit it not possible to comment on the HB Level of the pregnant ladies attending the health facility.In 20181,139,025 out of 4,825,022Women attending the health facilities for ANC-1 were found Anaemic.

Fig. 8

Year	Percentage
2013	21
2014	21
2015	20
2016	20
2017	21
2018	24
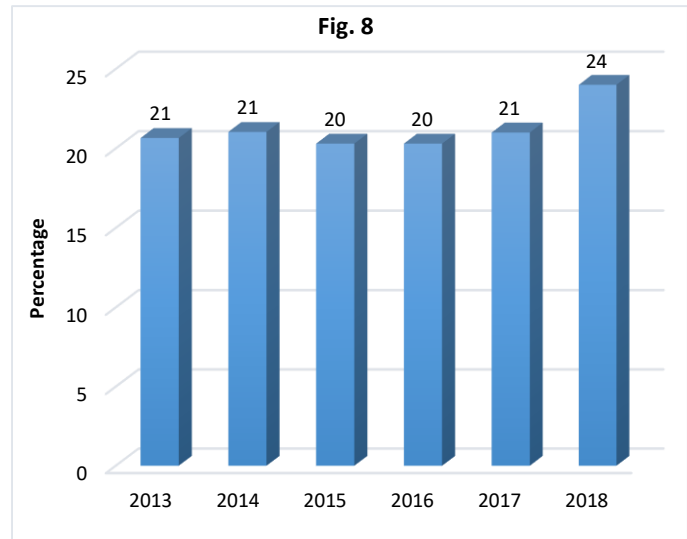
Frequency of Low Birth Weight (LBW) Babies

Fig. 9

Year	Percentage
2013	4
2014	4
2015	4
2016	3
2017	3
2018	3
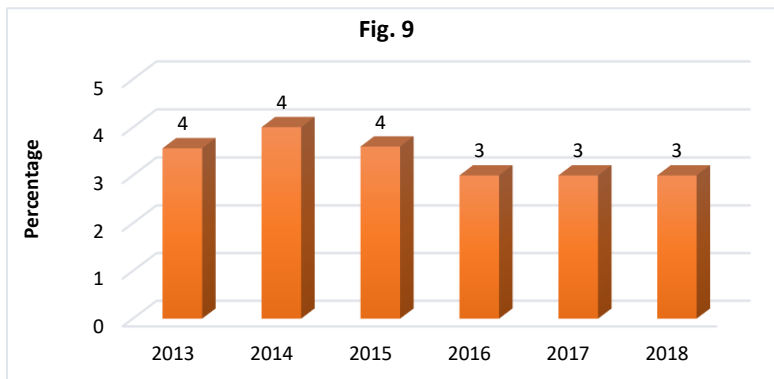
The graph shows the year wise comparison of number of babies with low birth weightpercentage, delivered at health facilities. The percentage is calculated from the total deliveries conducted at health facilities.

Stock-out Status of Drugs

The graph shows the year wise comparison of stock-out status of essential drugs. In 2013, the highest percentage was observed (25%). In 2016, the lowest stock out was observed (5%).

Fig. 10

Year	Percentage
2013	25
2014	19
2015	7
2016	5
2017	6
2018	7
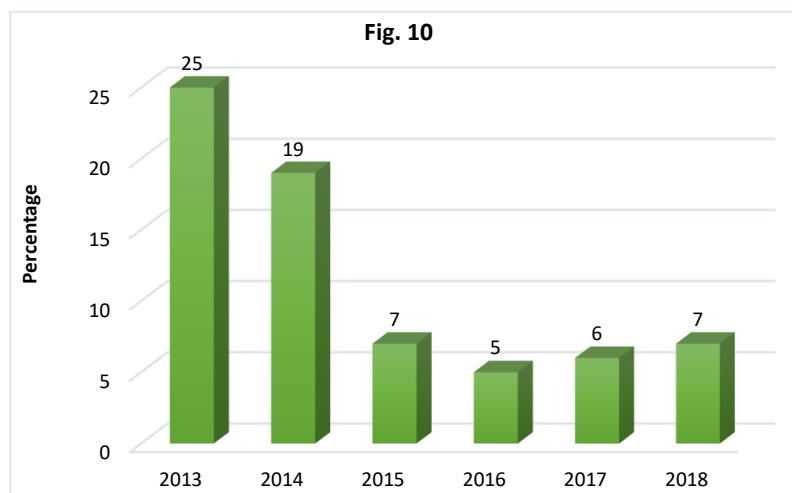
Family Planning Visits
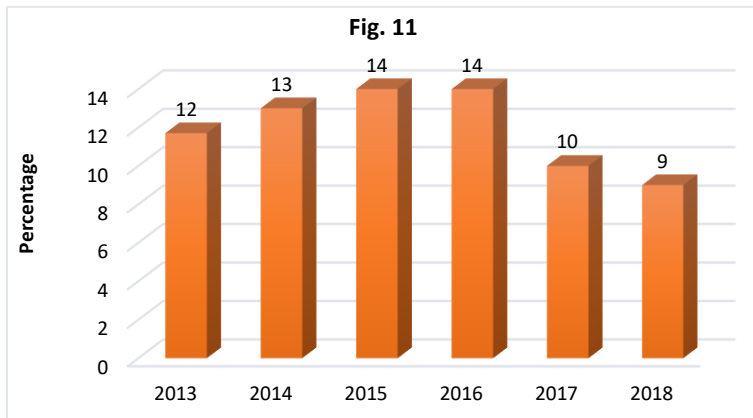
Fig. 11

*Fi*g. 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 has decreasing in 2018.

Lab Utilization (In-door)
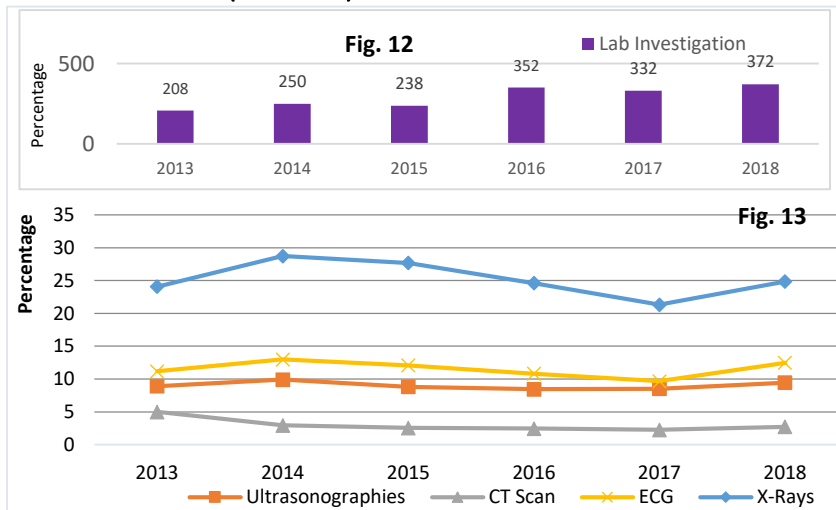
Fig. 12

Fig. 13

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

Fig. 14
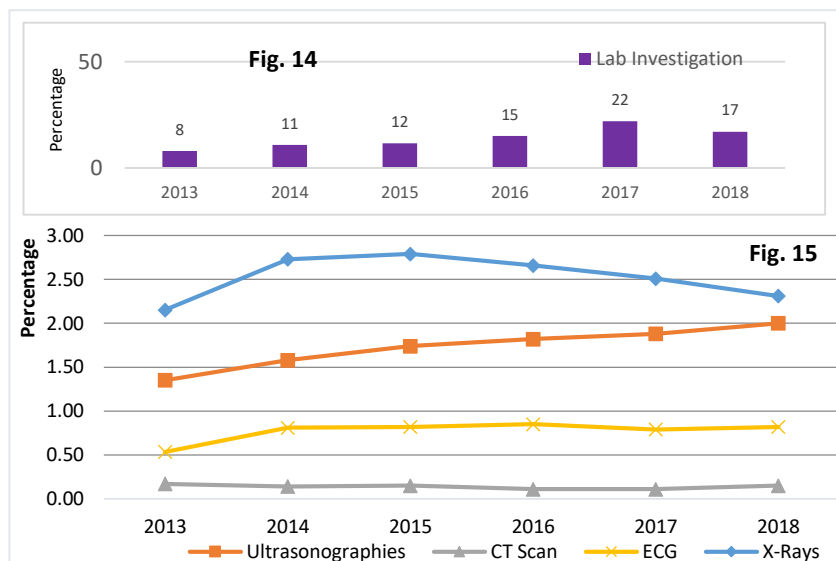
Fig. 15

investigation percentage. *Fig*. 15 shows X-Rays, ECG, CT Scan and Ultrasonography percentage.

Comparison of Top Ten Diseases (2013-2017)

The following graphs show the comparison of top 10 diseases numbers of 2018 with the median index of 2013-17 numbers. The median index is shown with area chart and 2018 data is shown in bars. The overall trend shows an increase in the number of infected persons.

Acute Respiratory Tract Infection
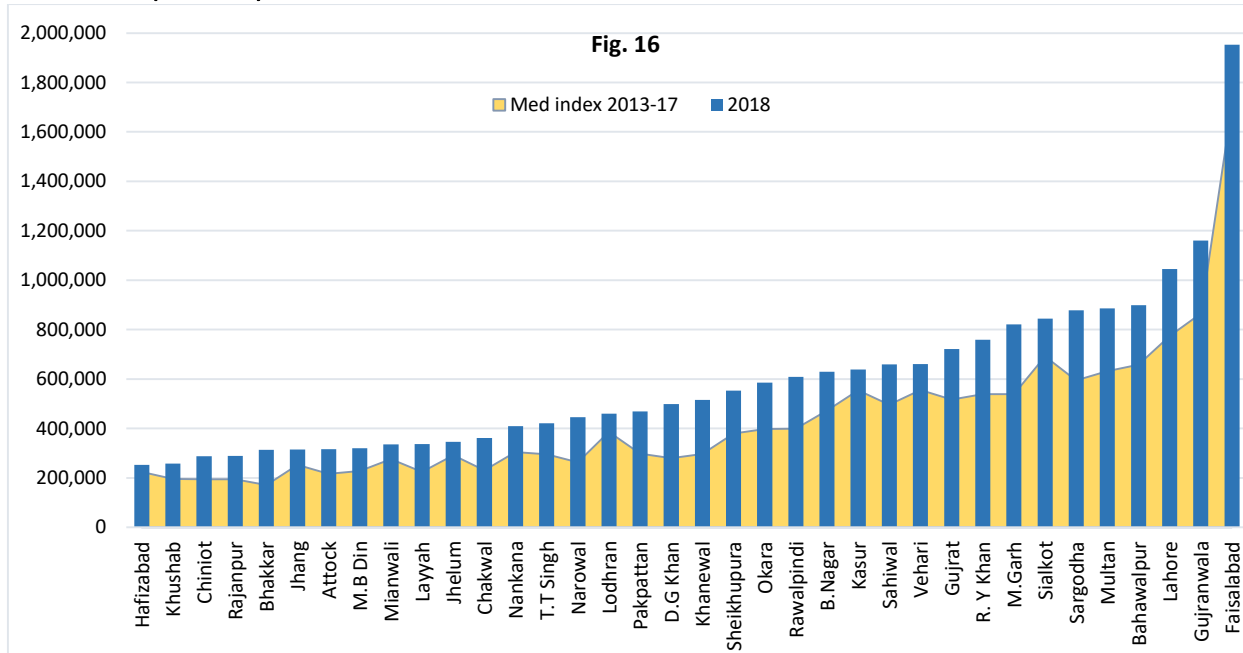
Fig. 16
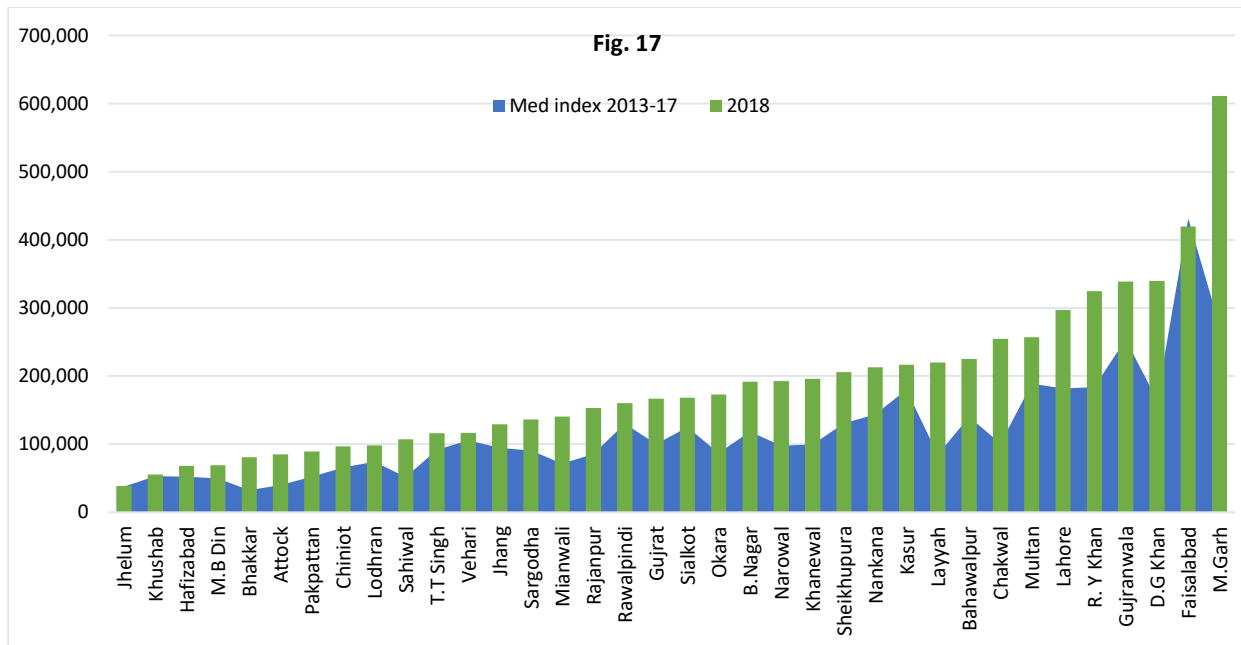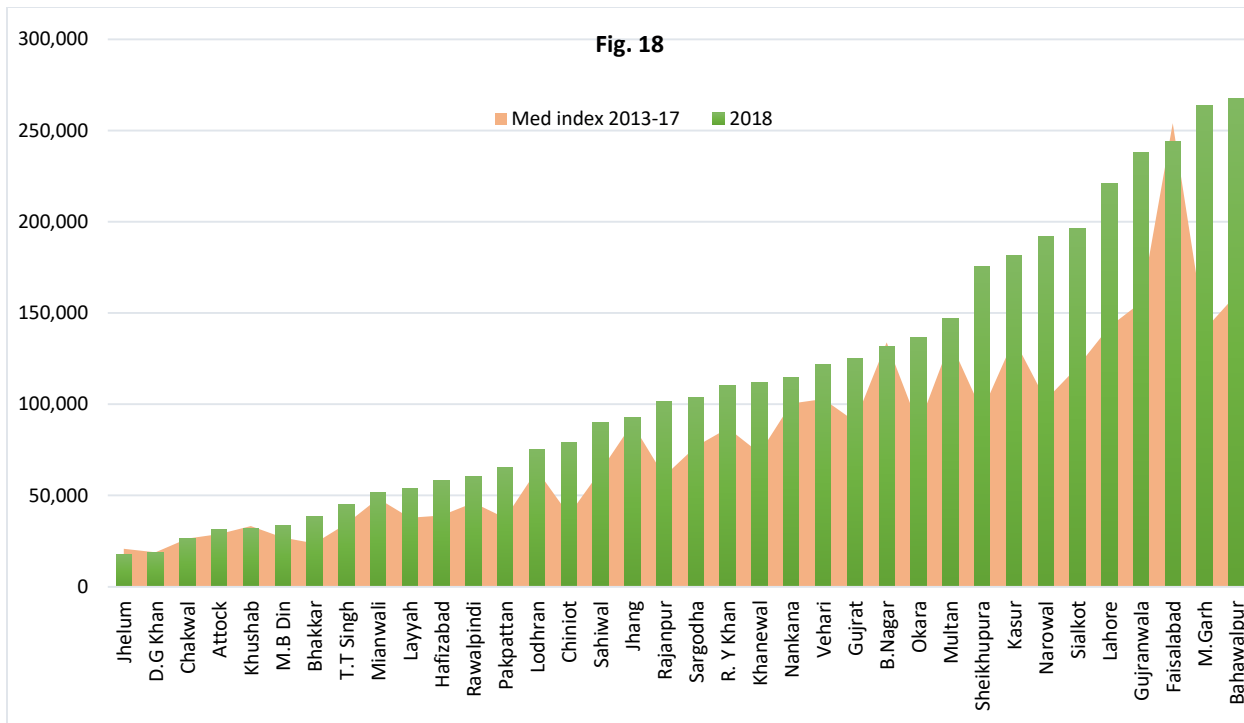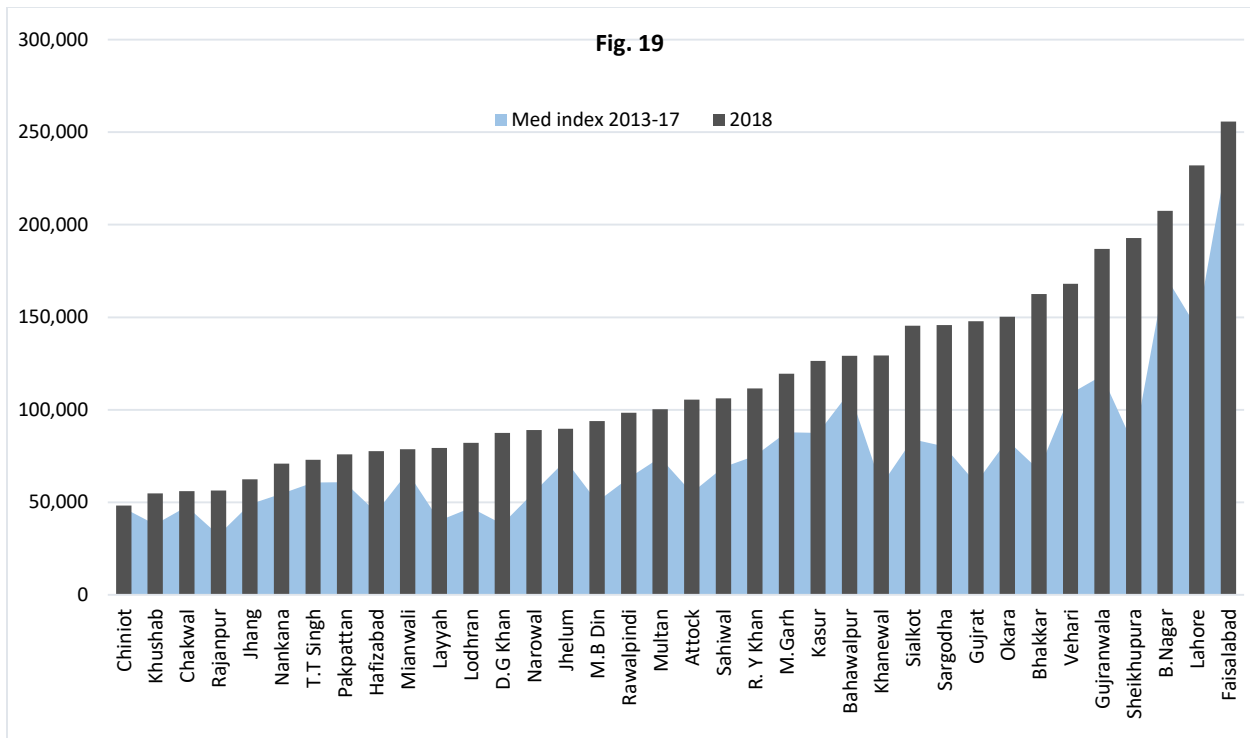
Fever due to other Causes

Fig. 17

Scabies

Fig. 18

Peptic Ulcer Disease

Fig. 19

■ Med index 2013-17　■ 2018

Diarrhoea/Dysentery in <5 yrs

Fig. 20

■ Med index 2013-17　■ 2018

Diarrhoea/Dysentery in >5 yrs

Fig. 21

Hypertension

Fig. 22

Dental Caries

Fig. 23

Asthma

Fig. 24

Diabetes Mellitus

Fig. 25

Legend: Med index 2013-17, 2018

X-axis categories: Khushab, D.G Khan, Nankana, Rajanpur, Attock, Hafizabad, Pakpattan, Chiniot, Layyah, Bhakkar, M.B Din, Jhelum, T.T Singh, Lodhran, Jhang, Okara, M.Garh, Kasur, Sahiwal, Sialkot, B.Nagar, Sheikhupura, Gujrat, Mianwali, Sargodha, Rawalpindi, Vehari, Chakwal, Khanewal, Narowal, Multan, Gujranwala, R. Y Khan, Bahawalpur, Faisalabad, Lahore
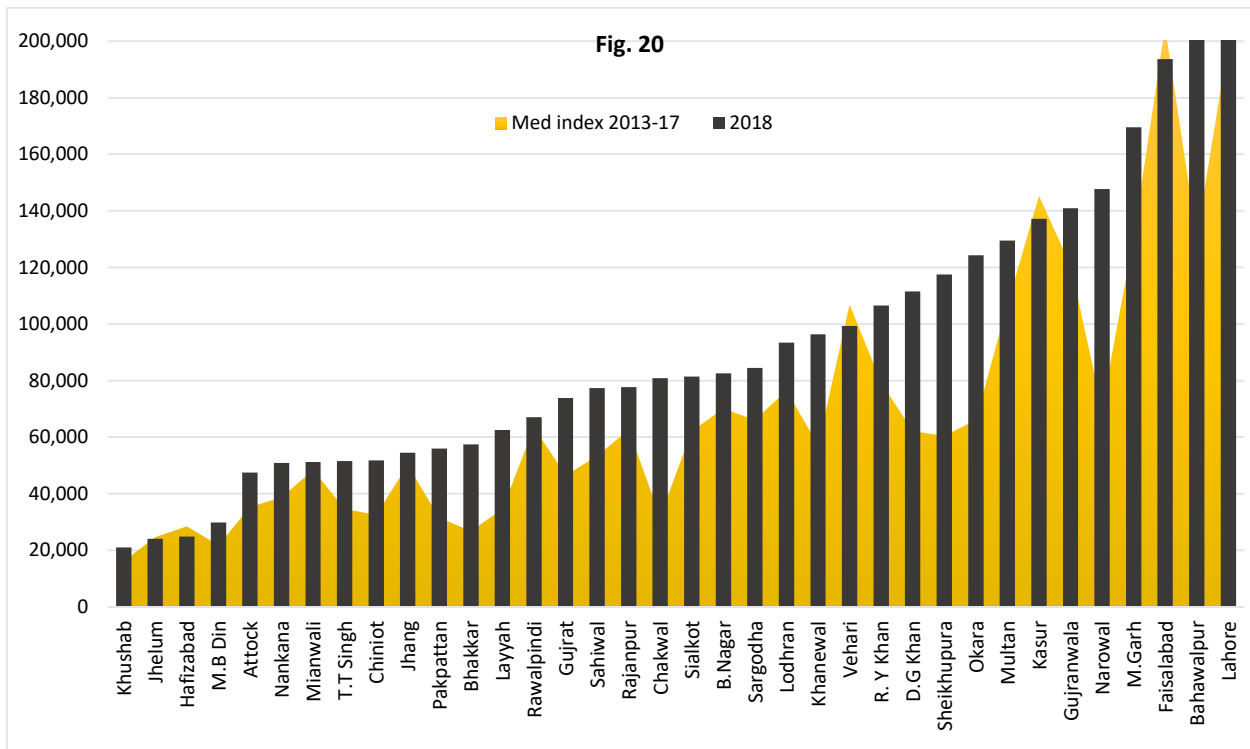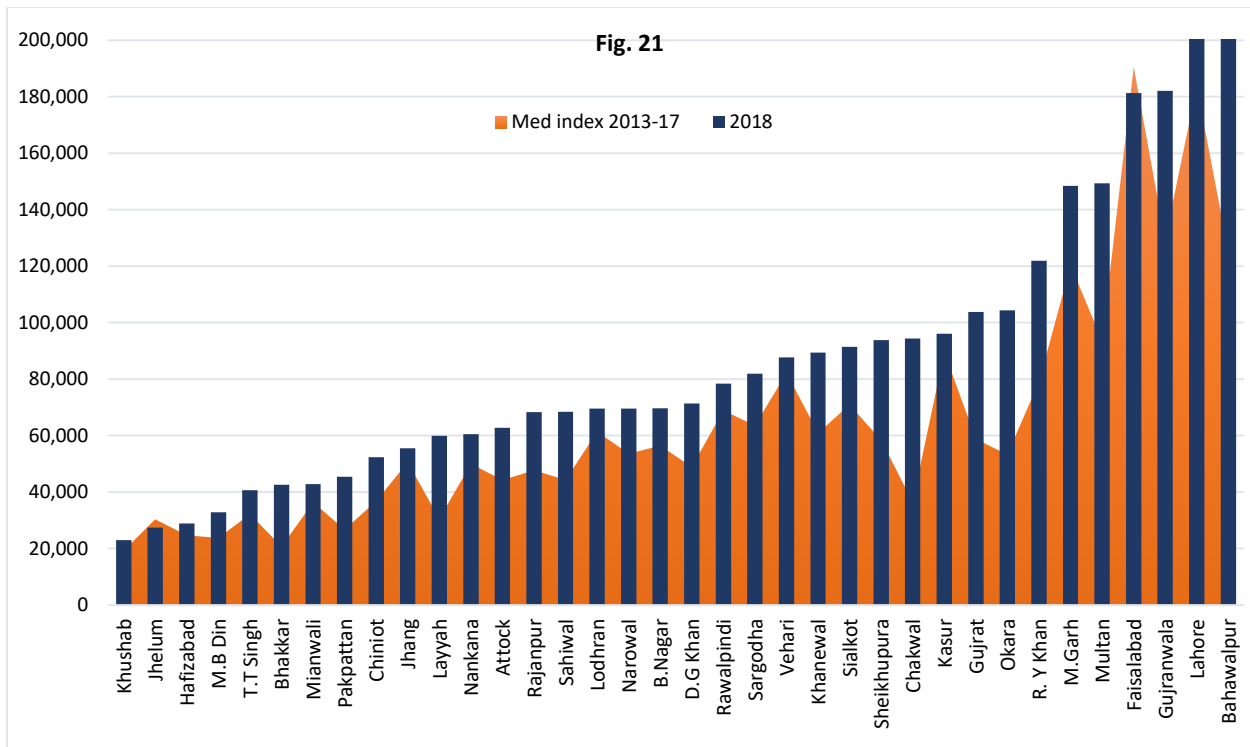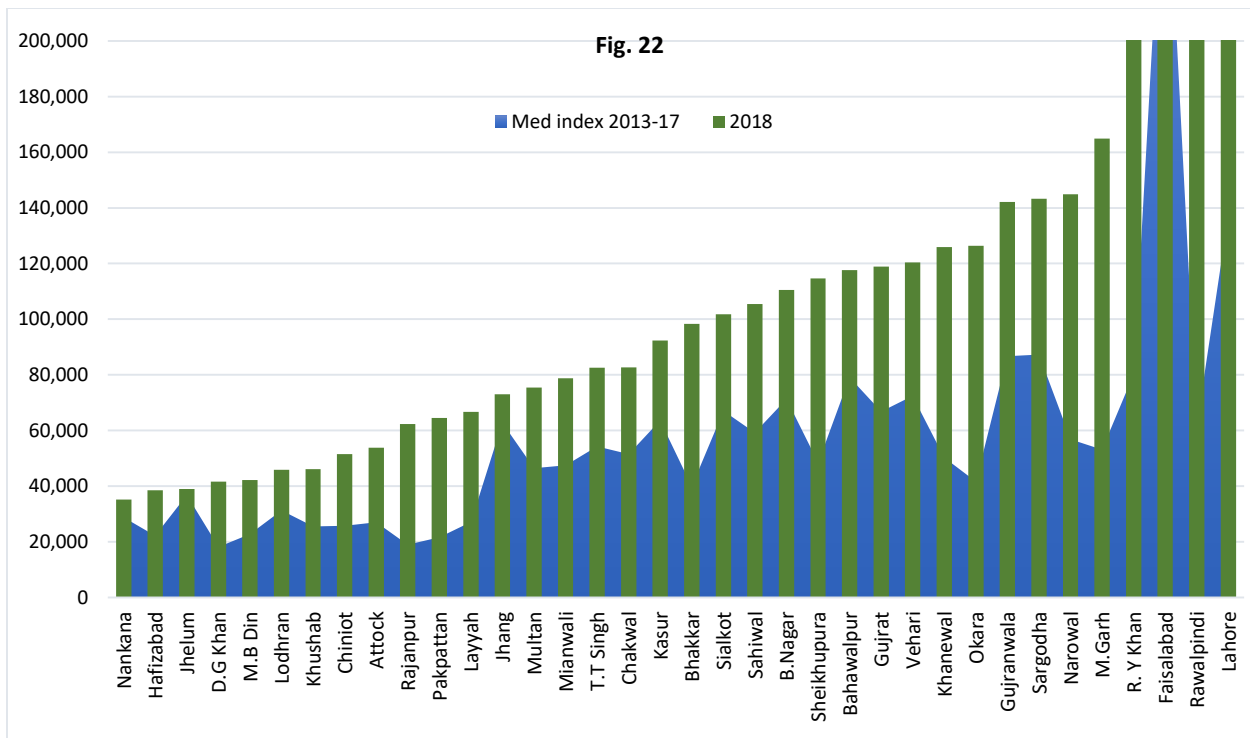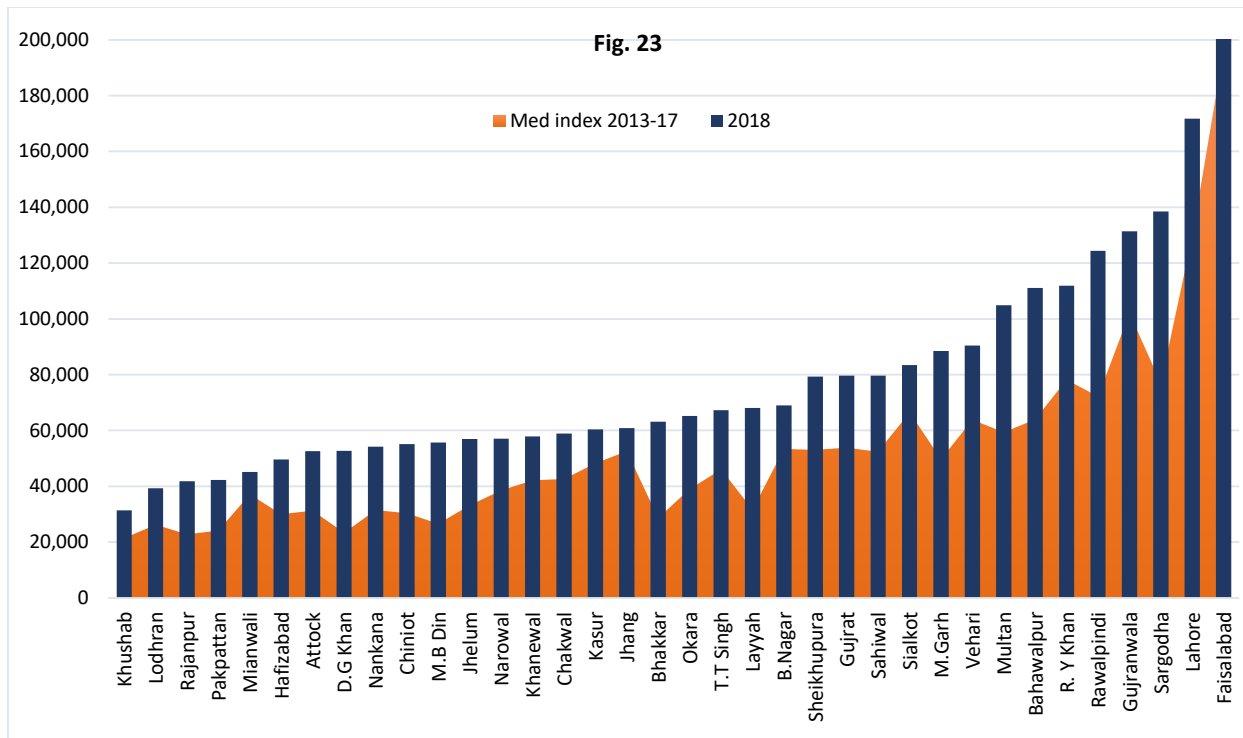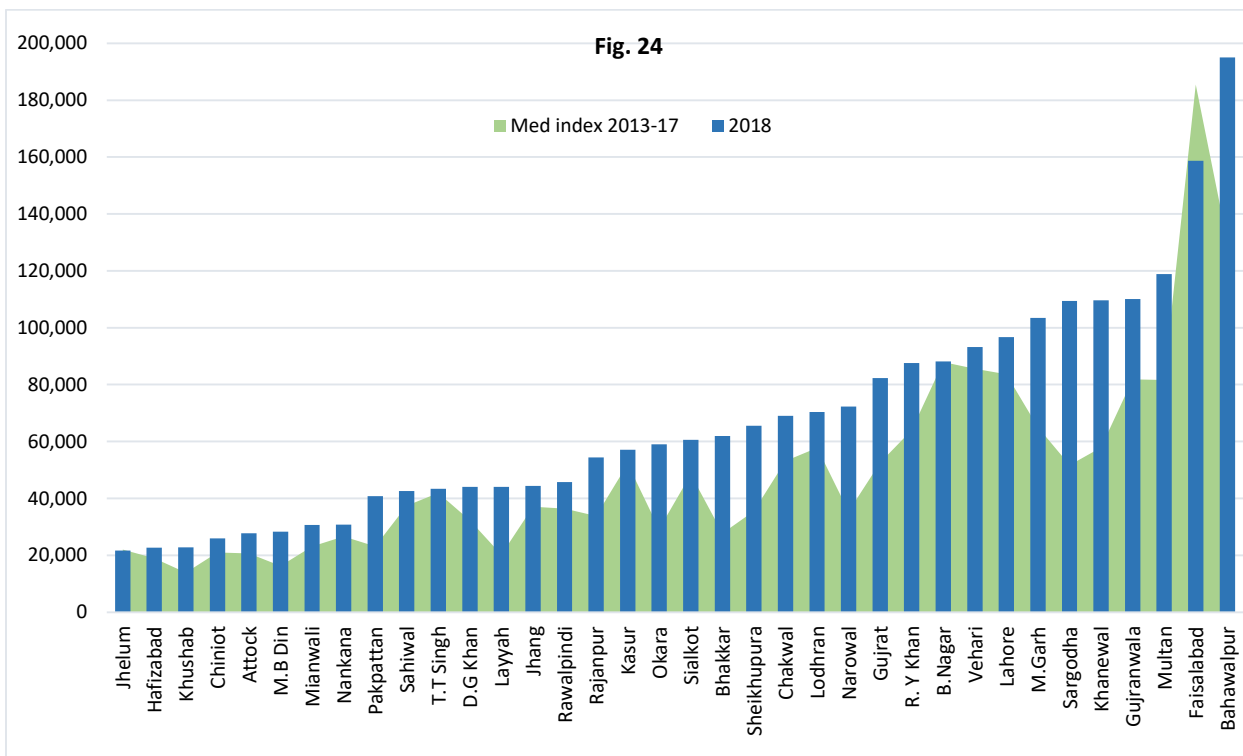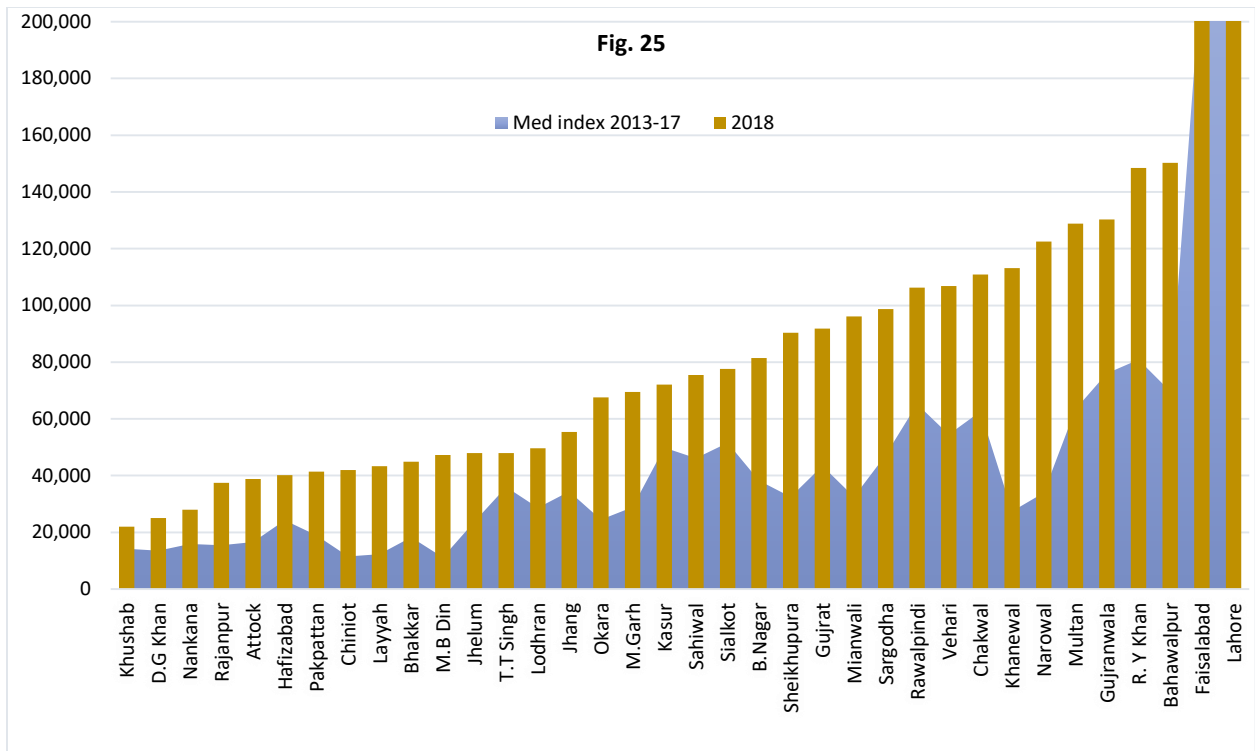
Disease Pattern

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.
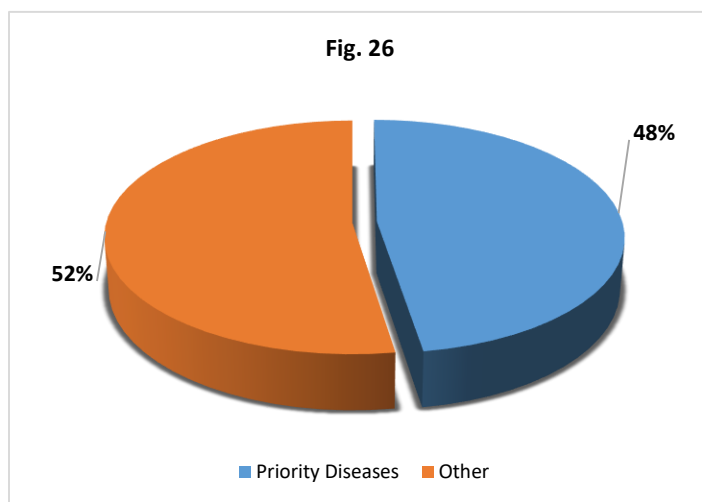
Fifty-three diseases are reported through DHIS. The patients of reported diseases constitute overall 48% of the total patients in 2018 while rest of the 52% was reported under the category of "others".

Number and Percentage of Priority Diseases Cases

Table 6:

Sr#	Diseases	Number of Diseases	%age	Sr#	Diseases	Number of Diseases	%age
1	Acute (upper) Respiratory Infections (AURI)	21,250,457	13	30	Drug Dependence	73,123	0
2	Pneumonia <5 years	513,570	0	31	Epilepsy	125,155	0
3	Pneumonia >5 years	396,216	0	32	Cataract	659,094	0
4	TB Suspects	851,331	1	33	Trachoma	140,663	0
5	Chronic Obstructive Pulmonary Diseases	918,759	1	34	Glaucoma	103,582	0
6	Asthma	2,439,039	1	35	Otitis media	1,326,335	1
7	Diarrhoea/Dysentery in <5 yrs	3,309,791	2	36	Dental Caries	2,810,171	2
8	Diarrhoea/Dysentery in >5 yrs	3,138,569	2	37	Road traffic accidents	2,401,478	1
9	Enteric/Typhoid Fever	676,690	0	38	Fractures	404,564	0
10	Worm infestation	1,583,392	1	39	Burns	117,707	0
11	Peptic Ulcer Diseases	4,198,069	3	40	Dog bite	208,557	0

12	Cirrhosis of Liver	189,762	0	41	Snake bites (with signs/symptoms of poisoning)	8,378	0
13	Urinary Tract Infections	2,174,545	1	42	Acute Flaccid Paralysis	1,215	0
14	Nephritis/Nephrosis	92,591	0	43	Suspected HIV/AIDS	23,946	0
15	Sexually Transmitted Diseases	64,879	0	44	Suspected Dengue Fever	10,511	0
16	Benign Enlargement of Prostate	112,524	0	45	Suspected Swine Flu	398	0
17	Suspected Malaria	834,290	1	46	Suspected Avian Flu	840	0
18	Suspected Meningitis	6,996	0	47	Acute Watery Diarrhoe	15,569	0
19	Fever due to other causes	6,753,296	4	48	Bloody Diarrhoea	1,946	0
20	Suspected Measles	25,759	0	49	Suspected Diptheria	275	0
21	Suspected Viral Hepatitis	870,722	1	50	Suspected Pertussis	1	0
22	Suspected Neonatal Tetanus	2,782	0	51	Suspected Viral Hemorrhagic Fever(CCHF)	0	0
23	Ischemic Heart Diseases(IHD)	979,908	1	52	Silicosis (Lung Disease)	9	0
24	Hypertension	3,920,838	2	53	Chicken Pox	1,921	0
25	Scabies	4,055,261	2		Other Unusual Disease	6,367,999	4
26	Dermatitis	1,738,787	1		**Priority Diseases Total**	79,703,109	48
27	Cutaneous Leishmaniasis	2,192	0		**Others from OPD**	85,704,402	52
28	Diabetes Mellitus	3,034,689	2		**Grand Total**	165,407,511	100
29	Depression	764,118	0				

UnusualDiseases During 2018

Fig.27

	Suspected Dengue Fever	Seasonal Influenza H1N1	Suspected Avian Flu	Acute Watery Diarrhoe	Bloody Diarrhoea	Suspected Diptheria	Suspected Pertusis	Silicosis (Lung Disease)	Chicken Pox
Numbers	11,086	538	845	16,073	1,970	288	1	9	2,016
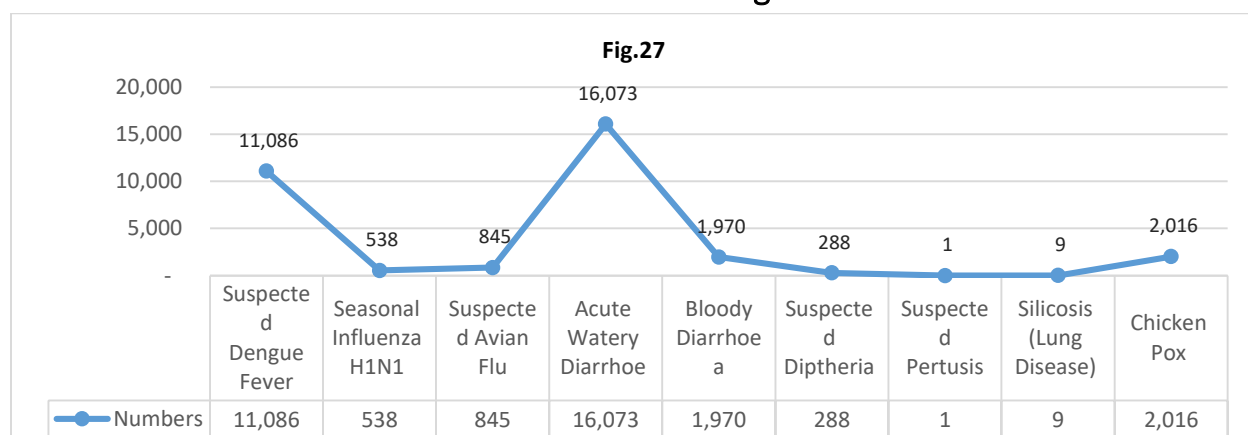
Fig.27 show numbers of unusual Diseases. The highest numbers are reported of Acute Watery Diarrhoe and lowest numbers are reported of suspected Pertusis are 1.

Communicable and Non-Communicable Diseases

Fig. 28

48% 52%

■ Communicable Disease ■ Non Communicable Disease
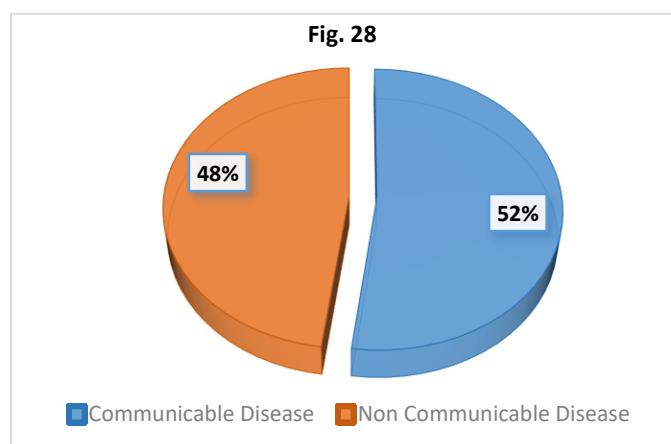
Out of the 53 priority diseases, 28 are communicable and 25 are non-communicable. The subsequent analysis shows the most common diseases and disease wise break up.

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.28* shows the total number of communicable disease patients were 52% and the non-communicable disease patients were 48% during year 2018.

Number of Communicable and Non-Communicable Diseases

Table 7:

Sr.	Communicable Disease	Total	Per day Communicable Disease	Sr.	Non Communicable Disease	Total	Per day non Communicable Disease
1	Acute (Upper) Respiratory Infections	21250457	70835	1	Fever due to other causes	6753296	22511
2	Scabies	4055261	12473	2	Peptic Ulcer Diseases	4198069	12479
3	Diarrhoea / Dysentery < 5 yrs	3309929	10207	3	Hypertension	3920838	9981
4	Diarrhoea / Dysentery > 5 yrs	3138612	9822	4	Diabetes Mellitus	3034689	8349
5	Worm Infestations	1583418	4498	5	Dental Caries	2810171	8338
6	Suspected Viral Hepatitis	870722	2865	6	Asthma	2439039	7660
7	TB Suspects	851337	2552	7	Road Traffic Accidents	2401478	7344
8	Suspected Malaria	834312	2240	8	Urinary Tract Infections	2174545	6518
9	Enteric / Typhoid Fever	676690	1751	9	Dermatitis	1738787	5880
10	Pneumonia < 5 yrs	513570	1351	10	Otitis Media	1326335	4350
11	Pneumonia > 5 yrs	396216	1189	11	Ischemic heart disease	979908	3072
12	Trachoma	140663	475	12	Chronic Obstructive Pulmonary Diseases	918759	2201
13	Sexually Transmitted Infections	64879	217	13	Depression	764118	1987
14	Suspected Measles	25759	87	14	Cataract	659094	1666
15	Suspected HIV/AIDS	23946	66	15	Fractures	404564	1216
16	Acute Watery Diarrhoe	15569	48	16	Dog bite	208557	755
17	Suspected Dengue Fever	10511	22	17	Cirrhosis of liver	189762	672
18	Suspected Meningitis	6996	19	18	Epilepsy	125155	397
19	Suspected Neo Natal Tetanus	2782	16	19	Burns	117707	349
20	Cutaneous Leishmaniasis	2192	5	20	Benign Enlargement Prostrate	112524	344
21	Bloody Diarrhoea	1946	4	21	Glaucoma	103582	326
22	Chicken Pox	1921	3	22	Nephritis/ Nephrosis	92591	282
23	Acute Flaccid Paralysis	1215	3	23	Drug Dependence	73123	204

24	Suspected Avian Flu	840	3		24	Snake bite(with signs/symptoms of poisoning)	8378	40
25	Seasonal Influenza H1N1	398	3		25	Silicosis (Lung Disease)	9	0
26	Suspected Diptheria	275	1			Grand Total	35555078	104003
27	Suspected Pertusis	1	0					
28	Suspected Viral Hemorrhagic Fever(CCHF)	0	0					
	Grand Total	37780417	113604					

Note: working days of Month consider 25

Top Five Communicable Diseases

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

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

Fig. 29
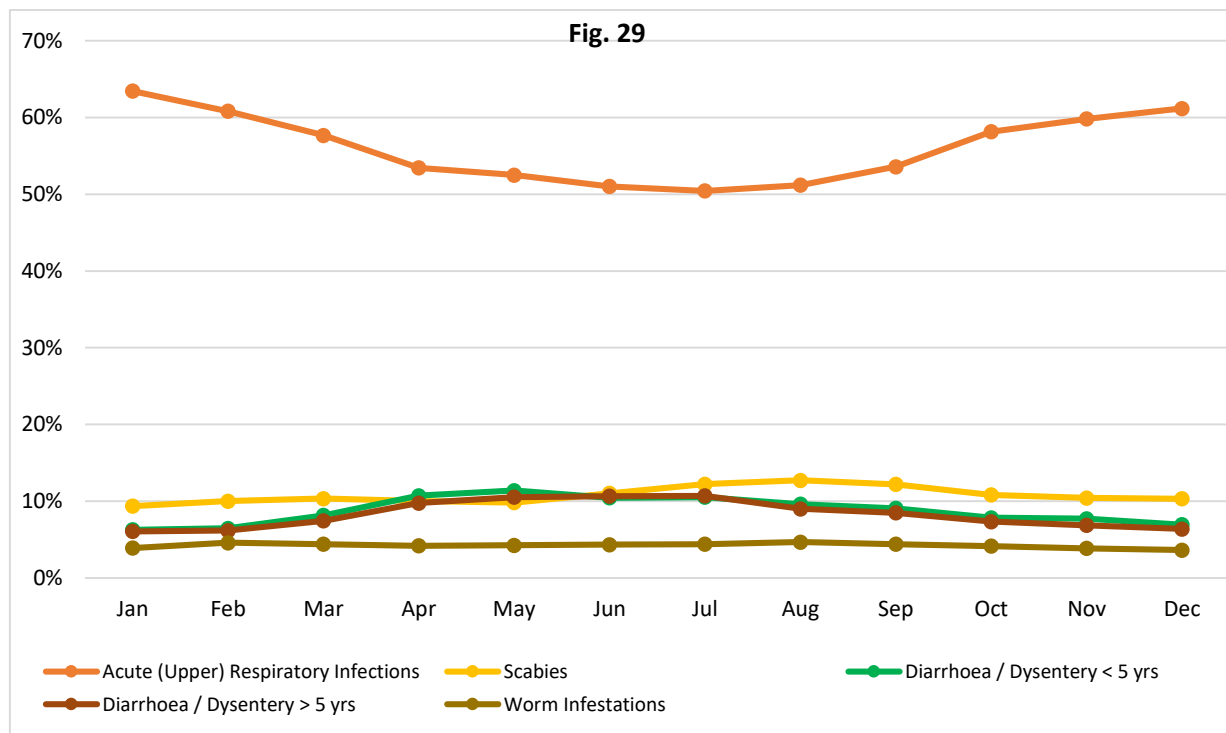
Top Five Non-Communicable Diseases

A non-communicable disease (NCD) is a medical condition or disease, which is non-infectious. NCDs are diseases of long duration and generally slow progression.
(The percentage of non-communicable diseases is calculated from the total of non-communicable diseases.)

Fig. 30

Legend: Fever due to other causes — Hypertension — Peptic Ulcer Diseases — Diabetes Mellitus — Dental Caries

Year wise Percentage of Top five Communicable Diseases

Fig. 31

Legend: 2013 · 2014 · 2015 · 2016 · 2017 · 2018
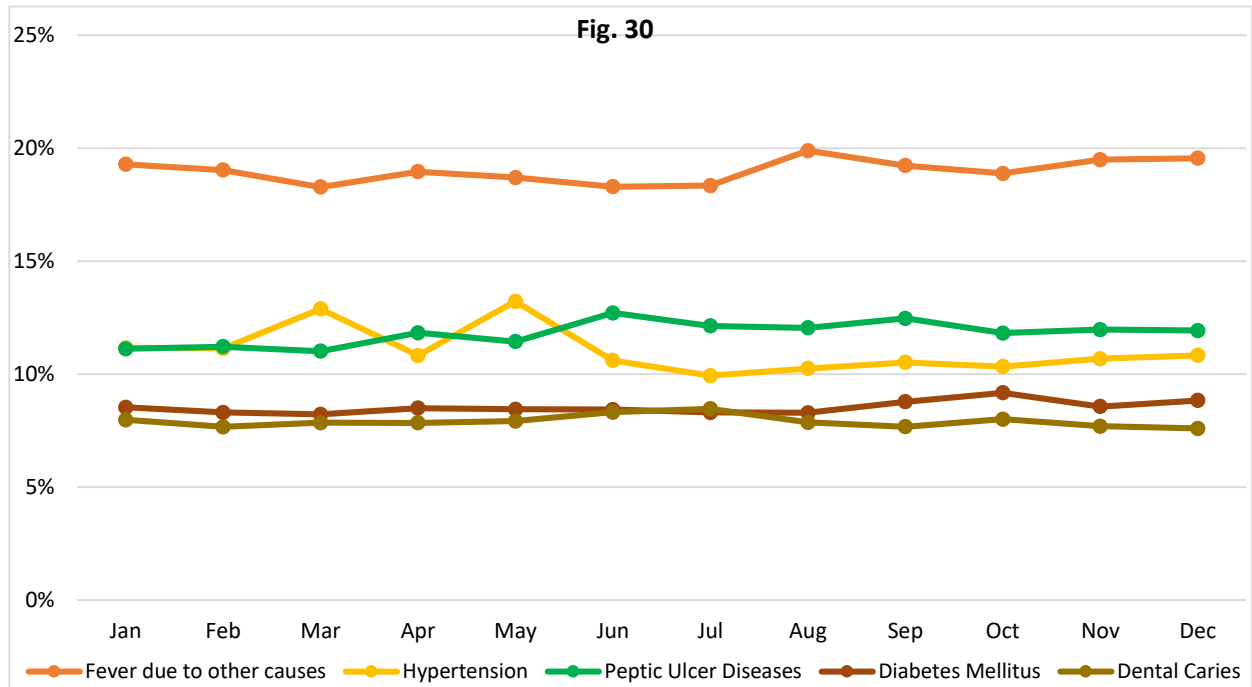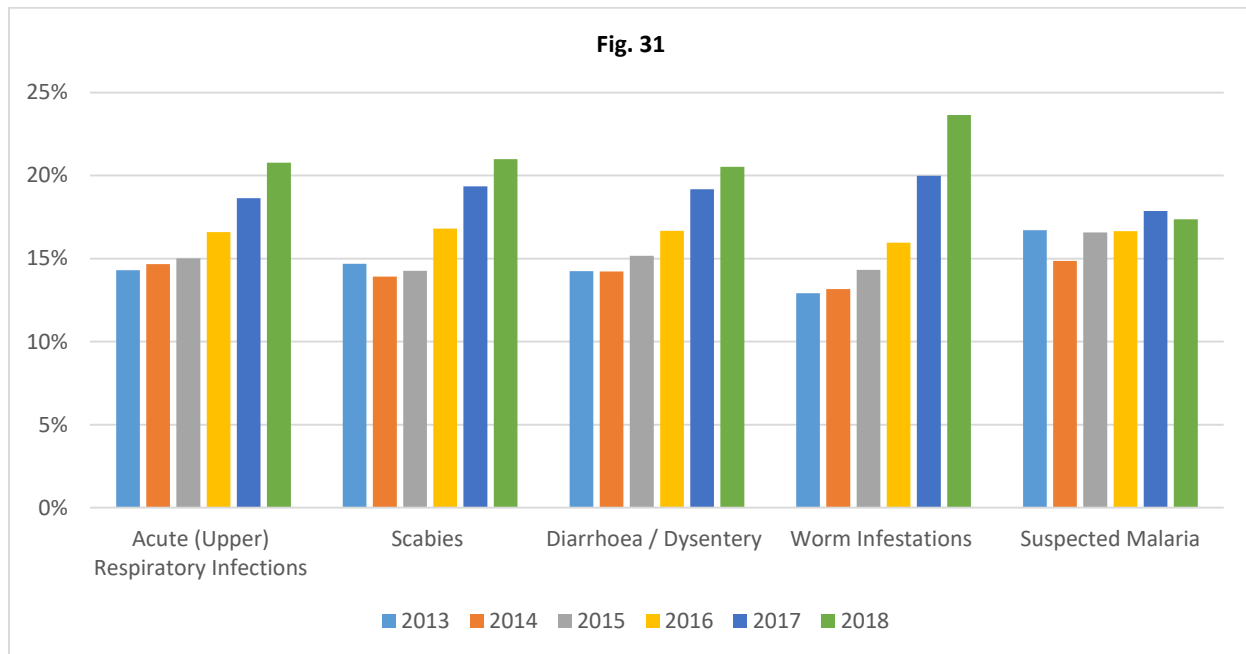
In *fig 31*. the percentage of top five communicable diseases is shown above. The huge rise a number of patients is Acute (upper) Respiratory Infectionsand Worm Infestation.Thus, Acute (upper) Respiratory Infections in 2013 were 14,617,164and in 2018were 21,250,457. Worm Infestation in 2013 were 870,272 and in 2018 were 1,594,134.

Year wise Percentage of Top Five Non Communicable Diseases
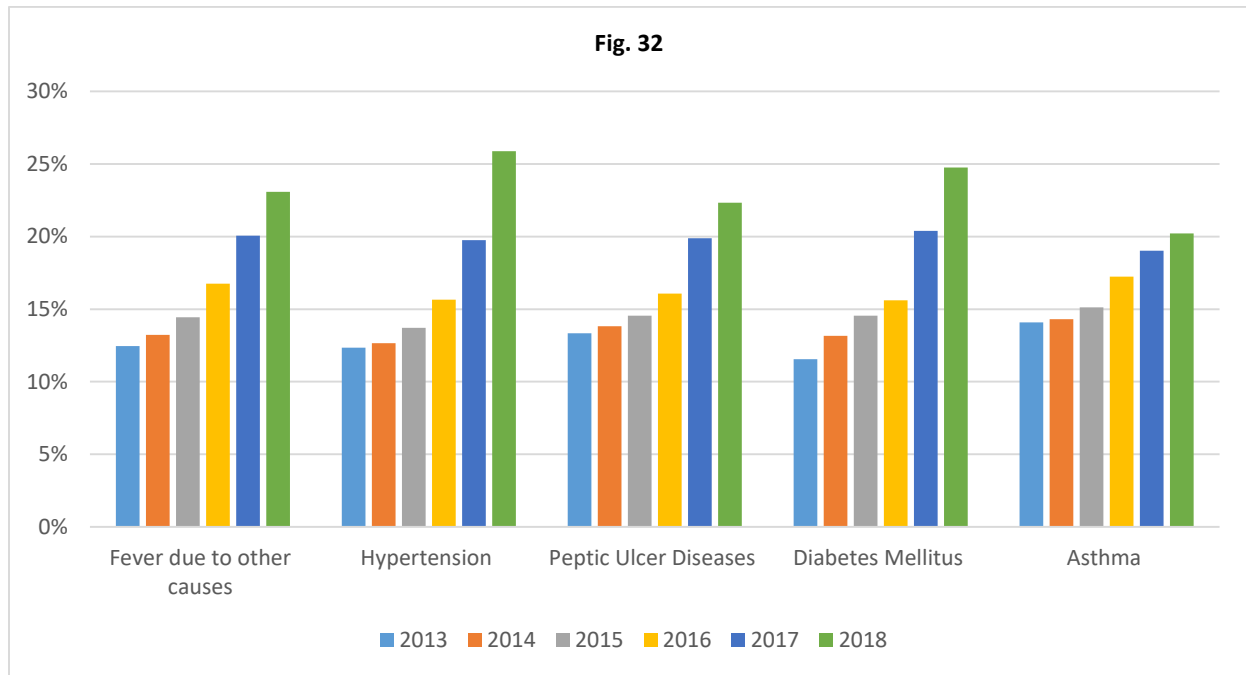
Fig. 32

In *fig. 32* the percentage of top five non communicable diseases is shown above.The huge rise a number of patients is due to Fever of other causes,Hypertension and Diabetes Mellitus.Thus number of cases of Fever due to other causes in 2013 were 3,642,144 and in 2018 were 6,753,296.Cases of Hypertension in 2013 were 1,870,786 and those in 2018 were 3,920,838.Cases of Diabetes Mellitusin 2013 were 1,413,707and in 2018 were 3,034,689.

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. 33

Acute (Upper) Respiratory Infection

It was observed that the incidence of acute respiratory infection was found significantly higher in Vehari (535/1,000 Pop), followed by Sahiwal (508/1,000 Pop), and Rawalpindi (434/1,000 Pop).
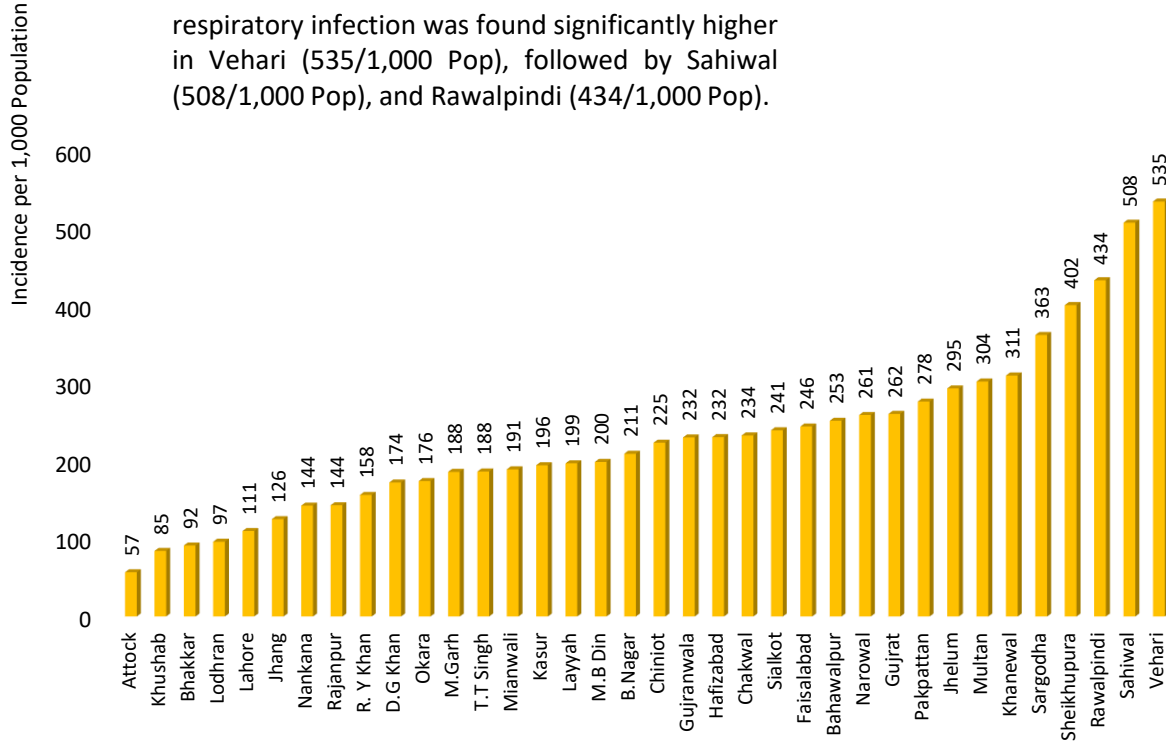
Fig. 34

Worm Infestation

It was observed that the incidence of Fever due to other causes (excluding pneumonia and malaria) was found significantly higher in Chiniot (50/1,000 Pop), followed by Vehari (36/1,000 Pop), and M.Garh (34/1,000 Pop).

Fig. 35

Diarrhoea/Dysentery in <5 yr

It was observed that the incidence of scabies was found significantly higher in Narowal (86/1,000 Pop), followed by Sheikhupura (85/1,000 Pop), and Vehari (80/1,000 Pop each).

Fig. 36

Diarrhoea/Dysentery in >5 yrs

It was observed that the incidence of peptic ulcer diseases was found significantly higher in Vehari (71/1,000 Pop), followed by Sheikhupura (68/1,000 Pop), and Bahawalpur (64/1,000 Pop).

Fig. 37

Incidence per 1,000 Population

Peptic Ulcer Diseases

It was observed that the incidence of Diarrhoea/Dysentery in <5 years was found significantly higher in Sheikhupura (140/1,000 Pop each), followed by Vehari (136/1,000 Pop), and Sahiwal (82/1,000 Pop).

Epidemic Disease Cases

The following table shows the year wise number of epidemic diseases. The number of cases of TB suspects has increased in 2018. The cases of Suspected Malaria and Suspected Meningitis are alsoincreasing from year to year. There were a high number of Suspected Measles cases in 2018 due to outbreak. The cases of Suspected Viral Hepatitis are increasing year to year. There is a remarkable increase in Suspected Neonatal Tetanus year to year. During 2018, high number of cases of Suspected Malaria (834,290) were reported.

Year wise Epidemic Disease Cases

Table 5:

Diseases	2013	2014	2015	2016	2017	2018
Suspected Malaria	802,436	714,950	797,648	801,328	859,565	834,290
TB Suspects	619,613	687,122	734,325	740,499	765,565	851,331
Suspected Viral Hepatitis	288,658	288,973	355,724	481,122	672,001	870,722
Suspected HIV/AIDS	1,827	3,306	3,875	9,272	19,381	23,912

Suspected Measles	16,592	2,792	7,750	4,839	6,486	25,759
Suspected Meningitis	3,450	5,023	4,698	6,226	5,587	6,996
Cutaneous Leishmaniasis	4,631	5,366	8,470	4,399	1,337	2,192
Acute Flaccid Paralysis	726	734	649	821	1,044	1,215
Suspected Neonatal Tetanus	955	1,436	312	893	756	2,782

Top Five Epidemic Diseases during 2018

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

Fig. 38 shows the month-wise numberof top five diseases in the province during the year 2018. Acute (upper) respiratory infection was the most common disease.

Fig. 38
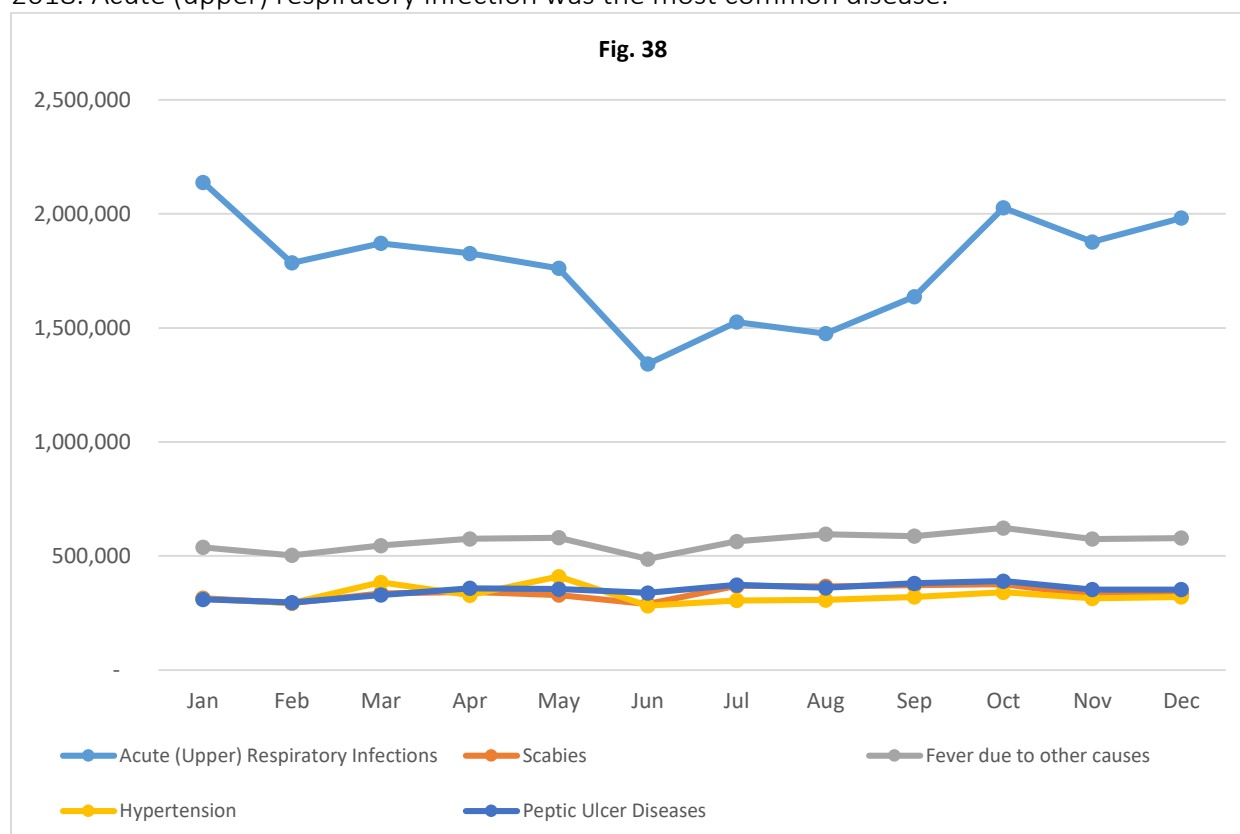
Patients Distribution by Gender and Age

This indicator shows the age wise and gender wise percentage distribution of new OPD patients attending the health facilities. The indicator can be used to understand whether the health facility is recording the age specific data e.g., children under 5 years or elderly patients and gender wise also.
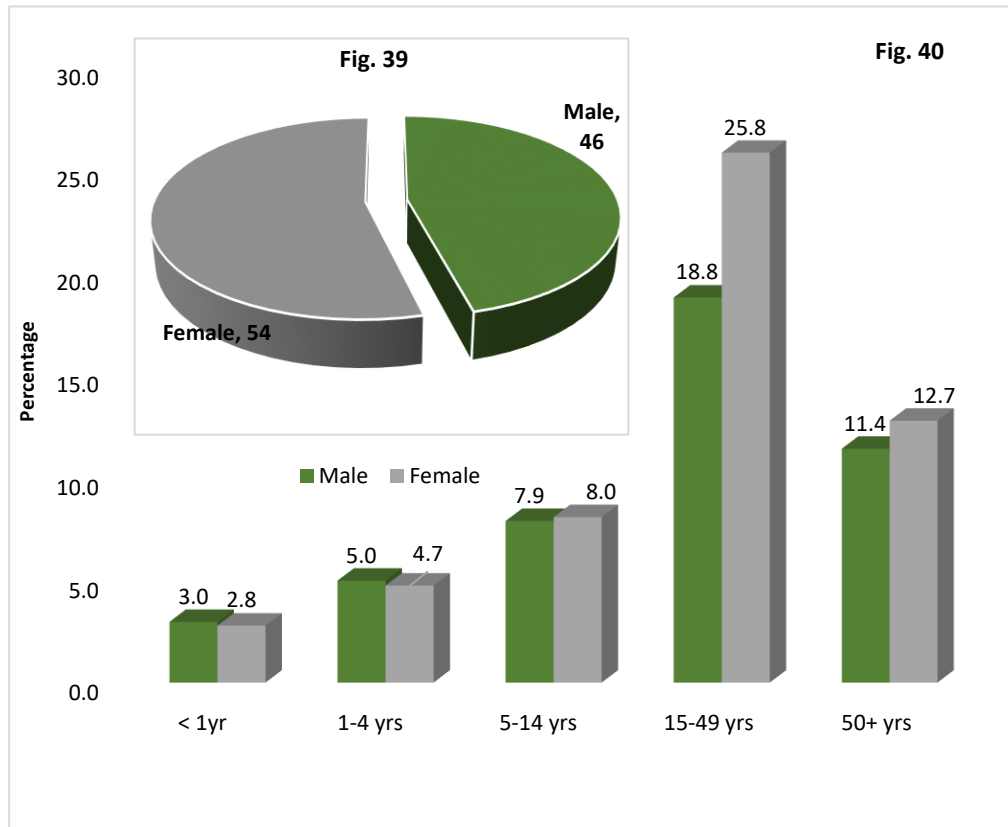
In *Fig*. 39, pie chart shows the gender wise percentage of male and female patients during 2018. It can be seen that the percentage of female (54%) patients is more than the male patients (46%). In bar chart (*Fig*. 40), age and gender wise analysis is shown. It is clear from figure that the maximum 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 25.8% while the male was 18.8%. The minimum number of patients availing the services belonged to age group <1 year (5.8%), male patients being 3.0% and female 2.8%. It is observed that male

patients use the health facilities more in <14 age group while female patients are more in 15-49 yrs age group.

Per Capita OPD Attendance in 2018

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

Fig. 41

No. of Districts

- 0.5-1.4 : 13
- 1.5-1.8 : 13
- >1.9 : 10
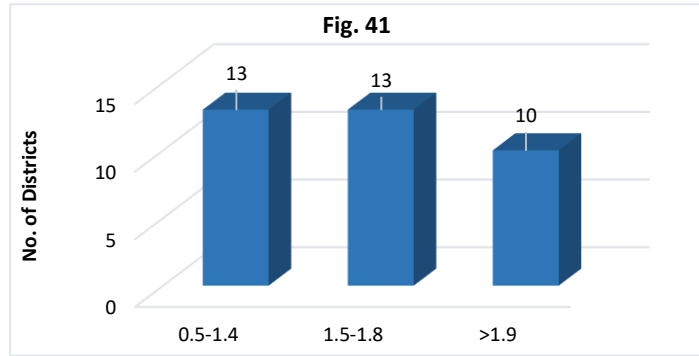
attendance per capita. This indicator shows the extent of facility utilization by the population. If Out Patient Department (OPD) attendance is found to be high in the public health facilities, it implies that the population is highly satisfied by provision of services in these facilities. Per Capita OPD attendance gives an indirect assessment of public trust on health services. Overall, in the province, per capita OPD attendance during 2018 was 1.56. Majority of the districts were under the category of 0.5-1.54 & 1.5-1.8 as shown in *Fig.*41.

District wise Per Capita OPD Attendance

Fig.42

Per Capita OPD Percentage

District	Value
Attock	0.5
Lodhran	0.6
Khushab	0.7
Bhakkar	0.8
Nankana Sahib	0.8
Rajanpur	1.2
Okara	1.2
Mandi Bahauddin	1.3
D.G Khan	1.3
Mianwali	1.4
Gujranwala	1.4
Sialkot	1.4
Bahawalnagar	1.4
Rahimyar Khan	1.5
Kasur	1.5
Faisalabad	1.5
Toba Tek Singh	1.5
Muzaffargarh	1.5
Pakpattan	1.6
Jhang	1.6
Lahore	1.6
Chiniot	1.7
Chakwal	1.7
Narowal	1.7
Layyah	1.7
Gujrat	1.8
Hafizabad	2.0
Jhelum	2.1
Khanewal	2.2
Bahawalpur	2.3
Sargodha	2.5
Multan	2.5
Sahiwal	3.0
Vehari	3.7
Sheikhupura	3.8
Rawalpindi	5.1

Fig. 42 shows per capita OPD percentage in (primary & secondary) and (tertiary)both health care systems. District Attock was having the lowest Per Capita OPD attendance (0.5) while Rawalpindi was the highest (5.1).

Year and District-wise Comparison of Per Capita OPD Attendance
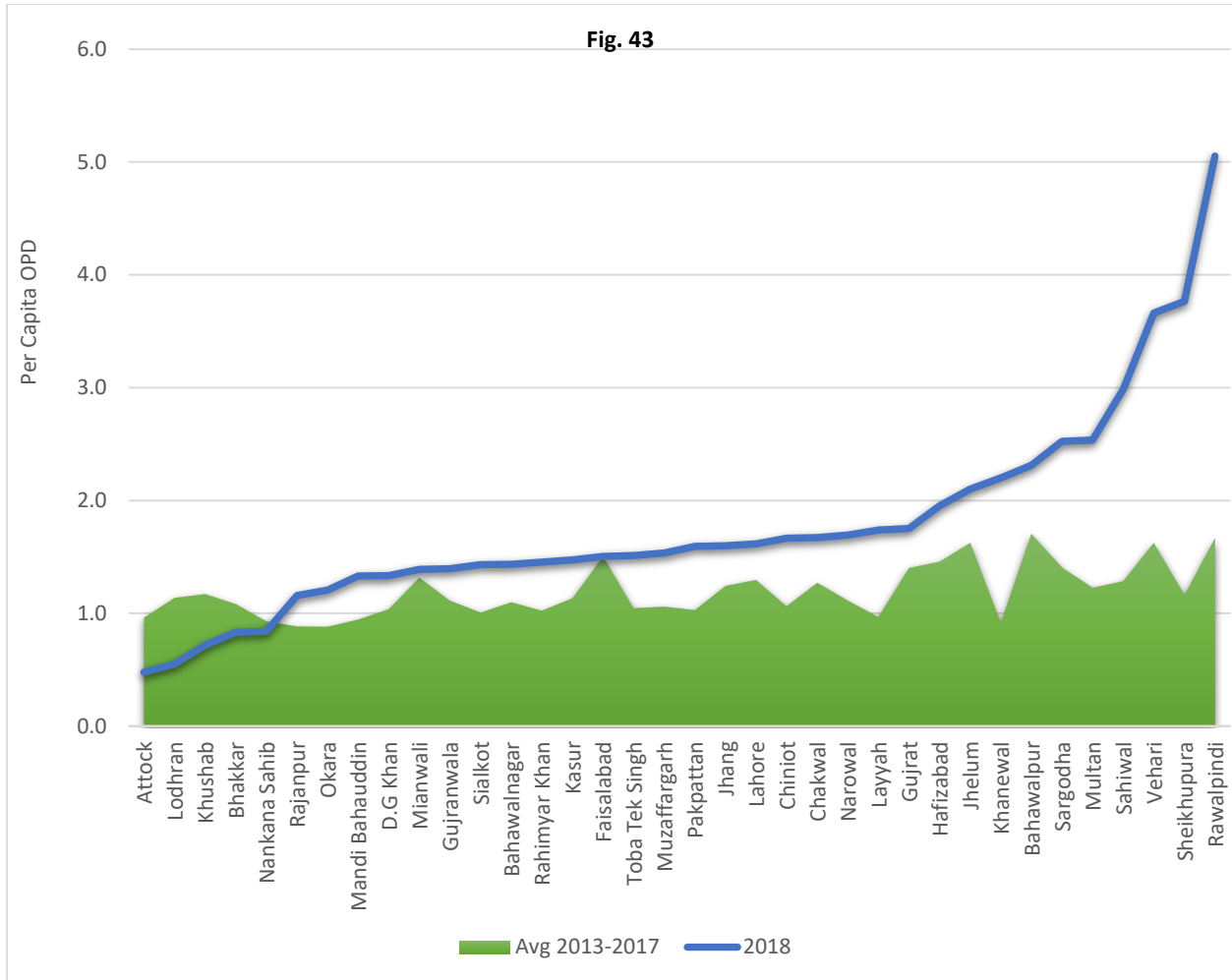
Fig. 43

Facility Type-wise Average Number of OPD Visits *(Per day per Health Facility)*
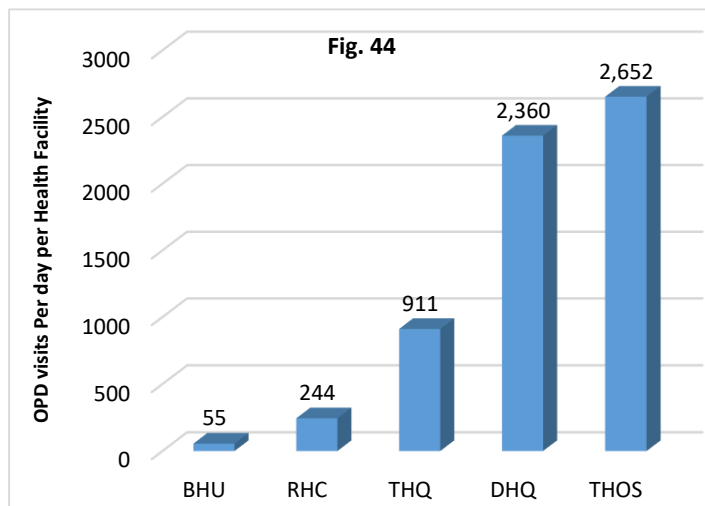
Fig. 44

This indicator is useful for understanding the facility workload /utilization and to compare which facilities are well performing and which are otherwise. A benchmark may be used for comparison.*Fig.* 44 is showing the facility type wise average number of

OPD visitsper day per health facility during 2018.

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.
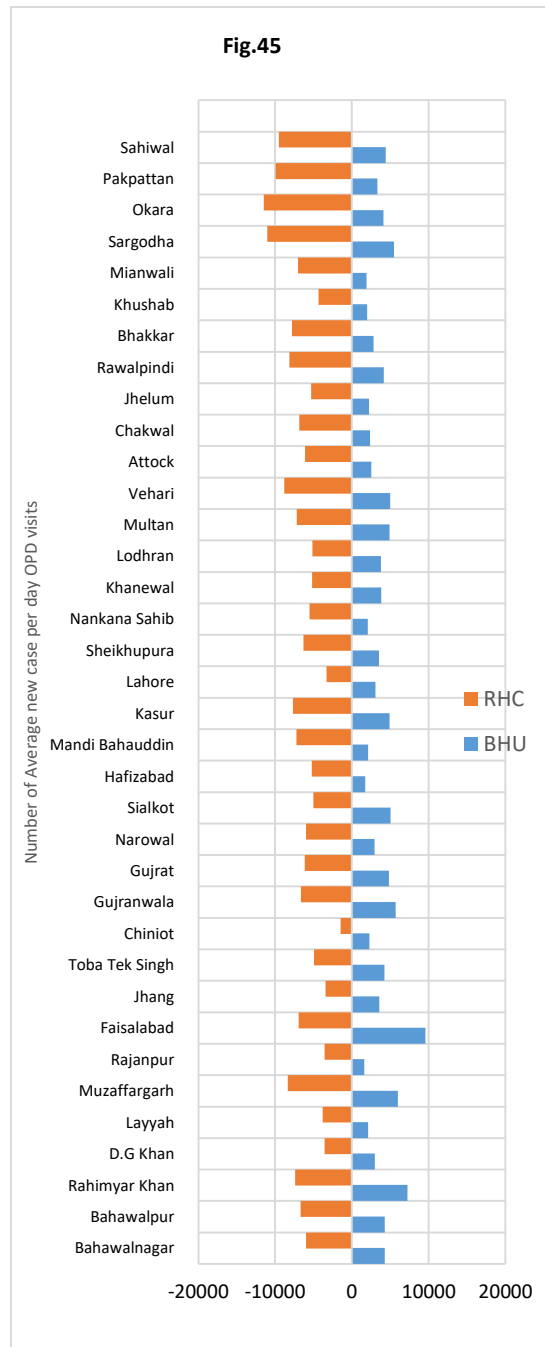
Fig. 45 indicate the District Wise Average new
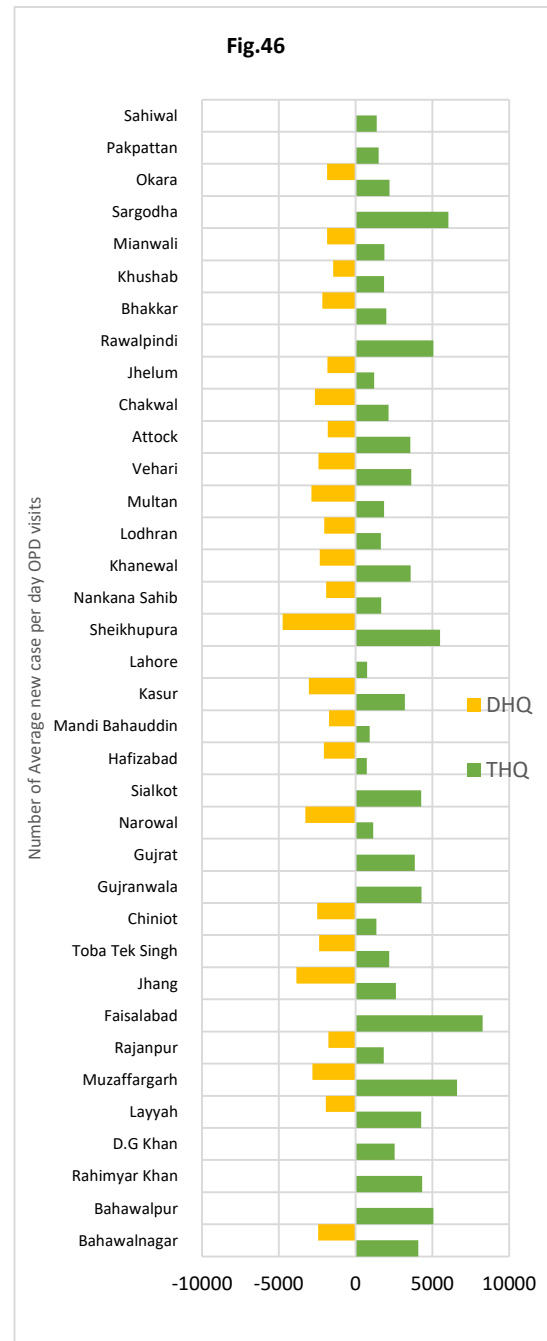
Fig. 46 indicate the District wise Average new case per day OPD visits in DHQs and THQs

case per day OPD visits in BHUs and RHCs.   Hospitals.
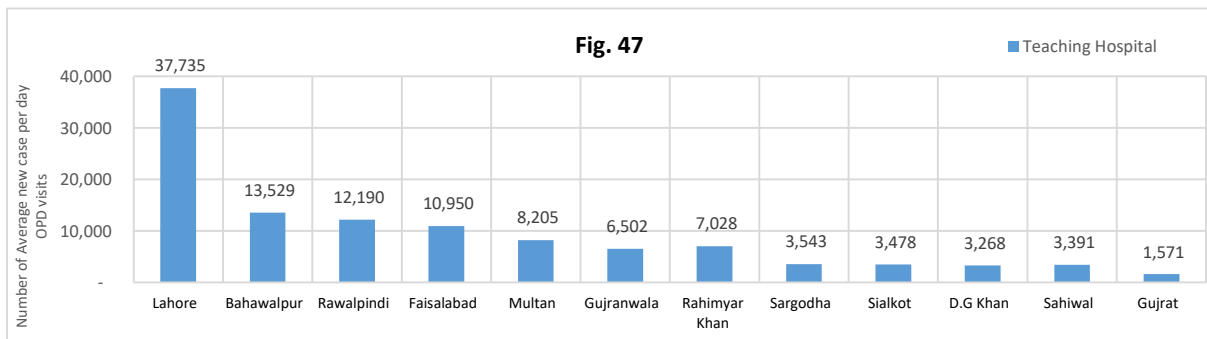
Fig. 47 indicate the District wise Average new case per day OPD visits in Teaching Hospitals and is useful to understand facility workload /utilization.

Year wise and Health Facility type wise OPD Visits

The graph shows 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
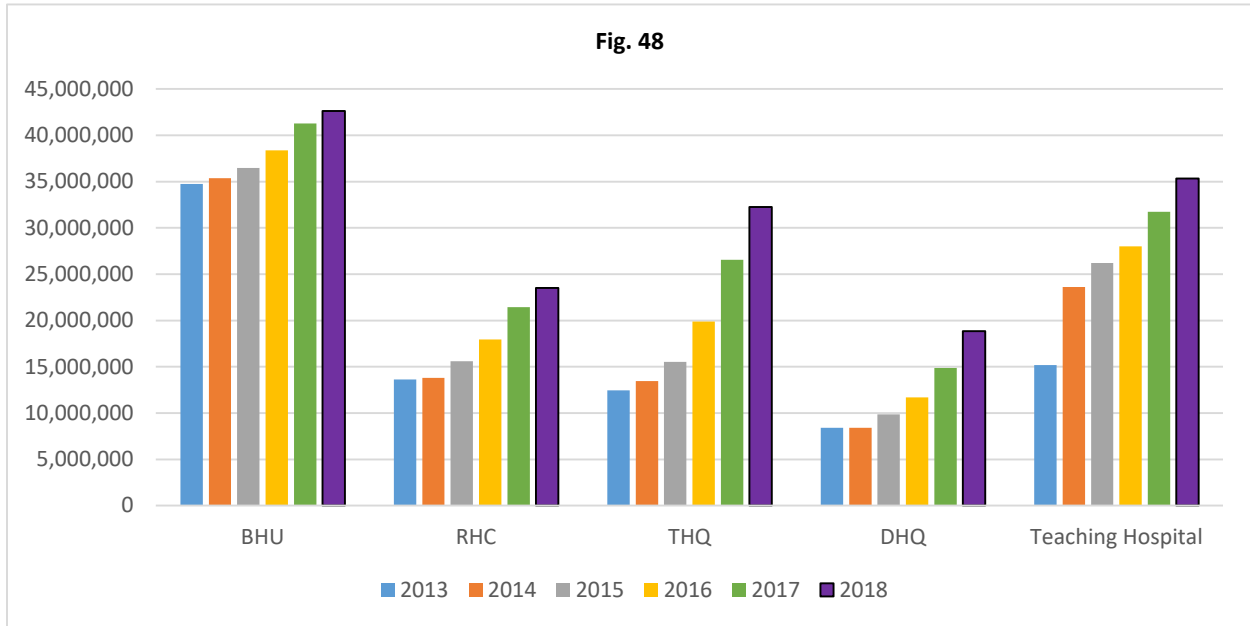
Fig. 48

and Teaching Hospitalare shown in *Fig*.48.The Graph determines that trend is 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 HumanResources as well as availability of Medicine. Thus its mean patients are satisfied with quality of healthcare system of Government.

Year wise and Health facility type wise Emergency cases

During Previous five years, the emergency cases are increasing year by year.The highest number of cases are reported in teaching Hospitals (in 2013 were 4,368,602 and in 2018 were 10,043,597).

Fig. 49

	DHQ	THQ	THOS
2013	1,956,088	1,566,324	4,368,602
2014	2,005,277	1,867,566	7,281,058
2015	2,769,837	2,300,419	8,449,334
2016	3,596,003	3,141,861	8,866,289
2017	4,818,520	4,540,141	9,481,828
2018	6,157,020	6,394,127	10,043,597

2013 2014 2015 2016 2017 2018
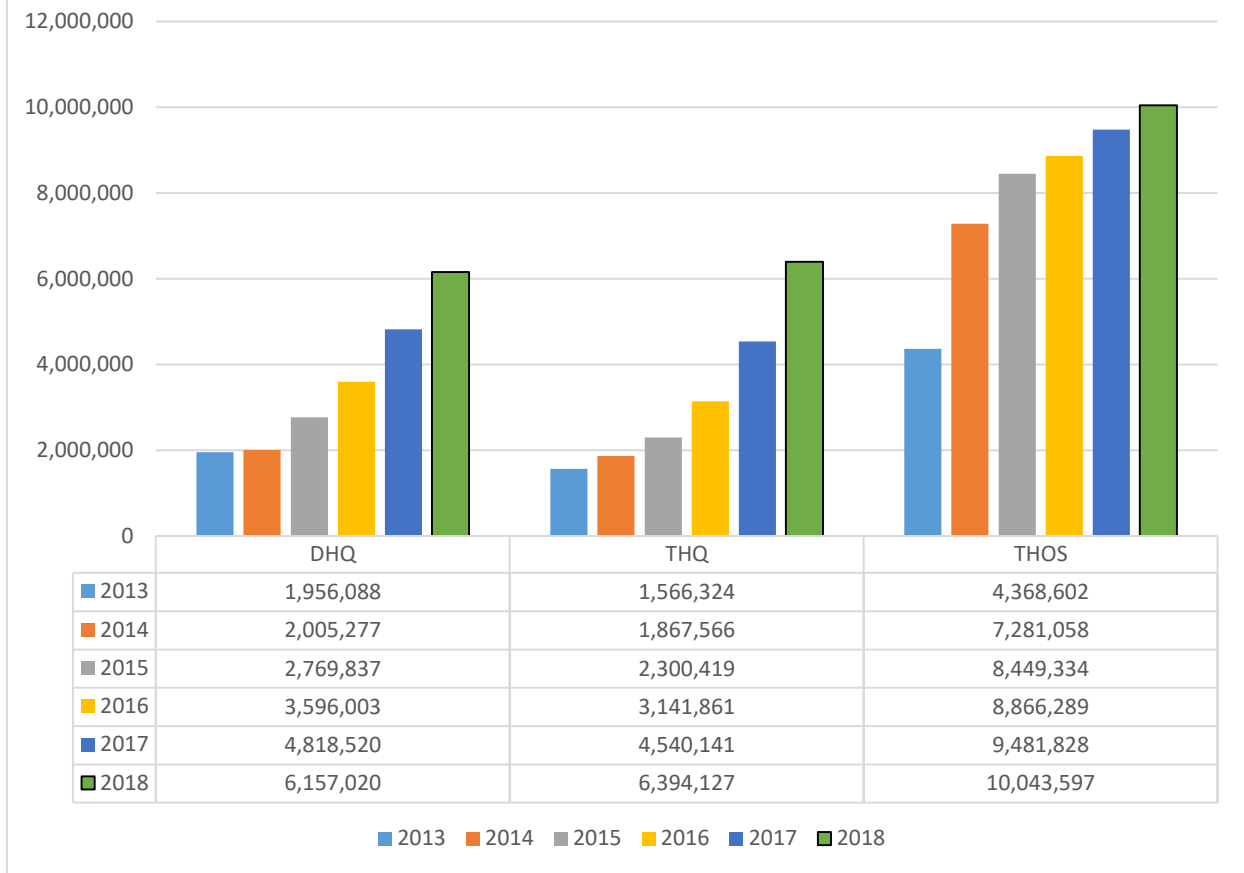
Antenatal Care Coverage

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 being provided at the public health facilities, at least once during their current pregnancy.

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

Fig. 50
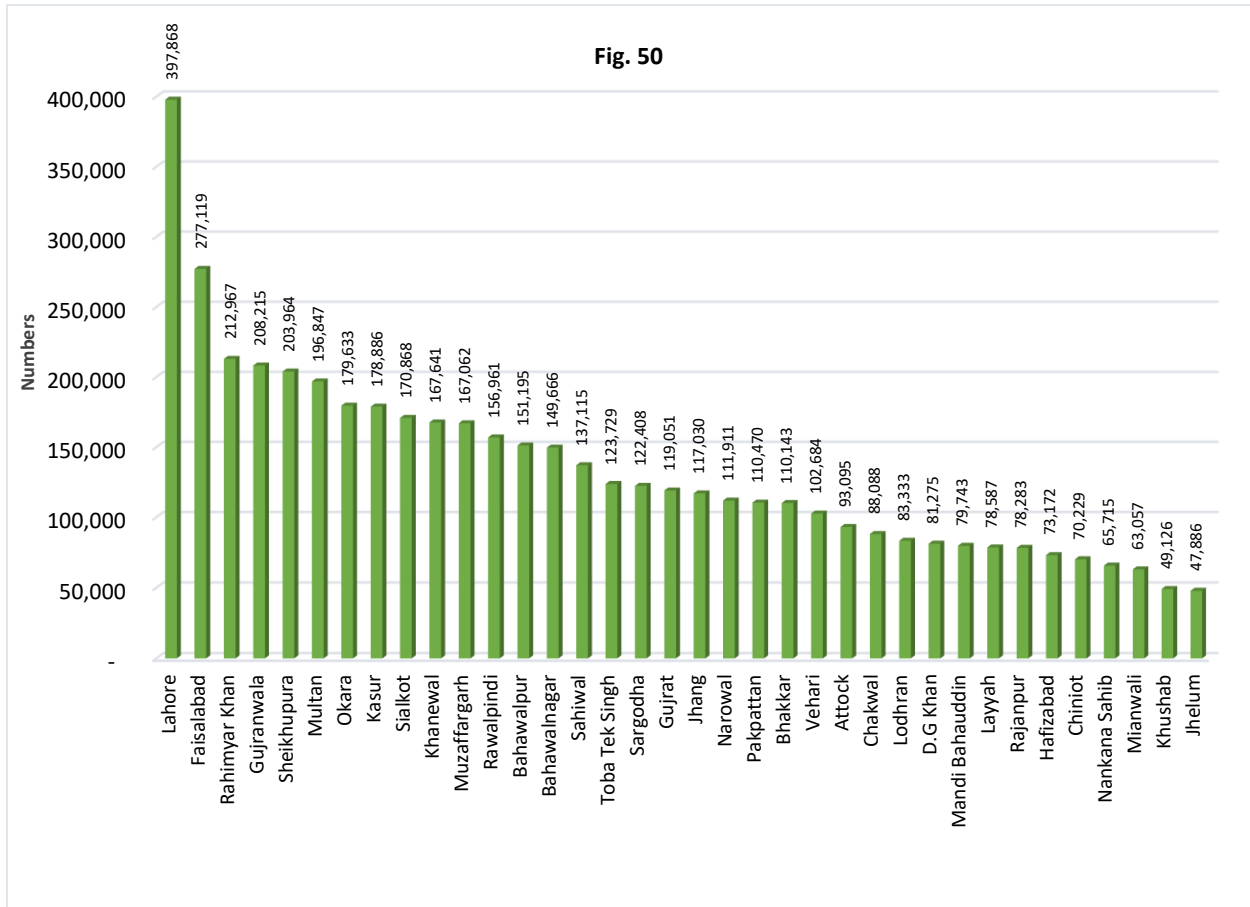
This indicator shows how many of the pregnant women in the catchment area are covered through the facility for antenatal care services. In other words, it reflects the market share of the facility in providing antenatal services. When compared with previous performance or target, it will provide information on the current performance of the facility or facilities/trend 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 2018, highest ANC-1 coverage was observed in Lahore (397,868) of the pregnant population and lowest coverage was in Jhelum (47,886) of the expecting population).

Facility Type Wise Number of ANC-1 Visits *(Per month per Health Facility)*
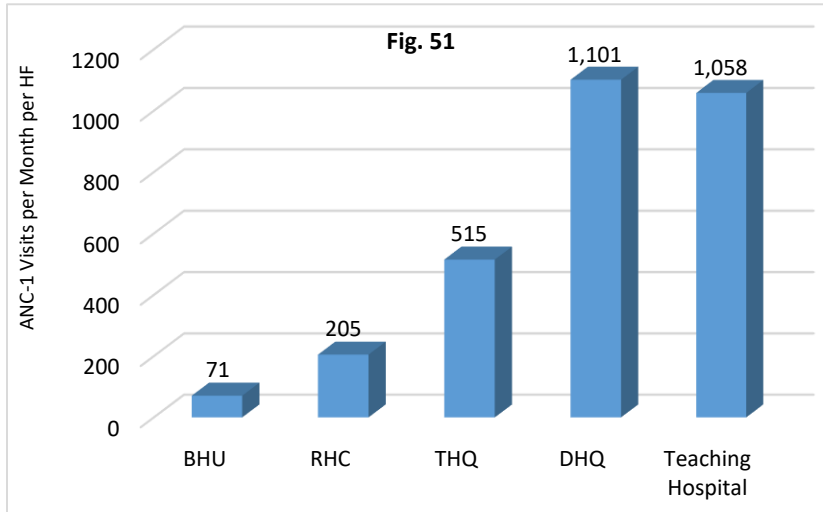
Fig. 51

During the year 2018, number of total ANC-1 visits were 4,701,776 in the Province.

Fig. 51 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 in all districts of Punjab is shown in Fig 52.

Fig. 52
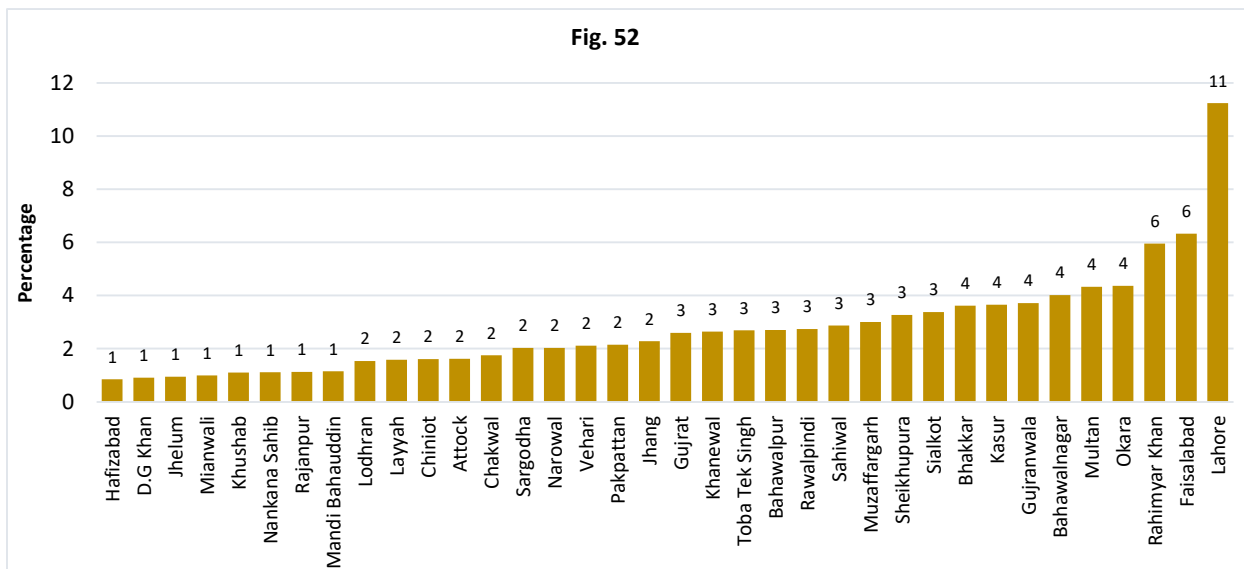
Pregnant women coming to the facility for antenatal care serve as a sample of women from the catchment population. The nutritional status among this sample of pregnant women is

suggestive of the nutritional status of women in the catchment population. 1,139,025women out of 4,825,022 coming for ANC-1 were reported as anemic (hemoglobin<10g/dl).

Deliveries Conducted at the Health Facilities

Fig. 53
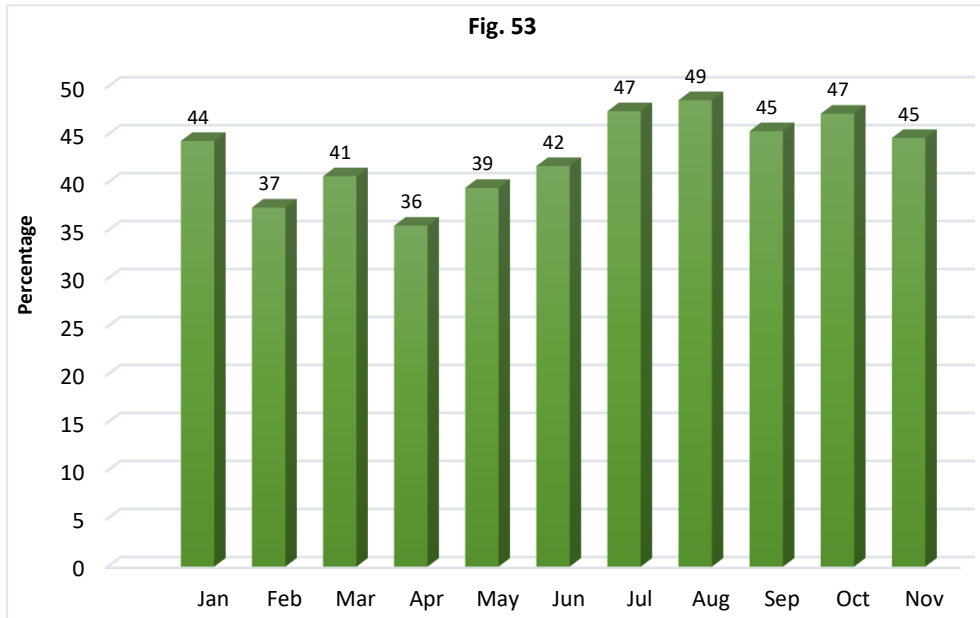
Delivery coverage at health facility is an indicator of utilization of delivery services provided at public health facilities. It is a measure of the percentage of mothers who are delivered at the public health facilities.

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/obstetric services.

In *Fig*. 53, 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 (49%) and lowest in April (36%).

Facility Type Wise Number of Deliveries Conducted *(Per month per Health Facility)*
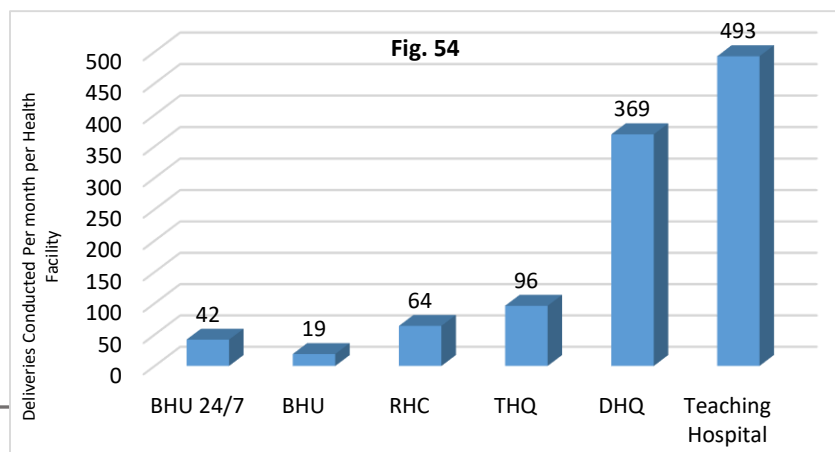
Fig. 54

During the year 2018 total deliveries conducted at health facilities were 1,329,892which was 43% of the expected population.

Fig. 54 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
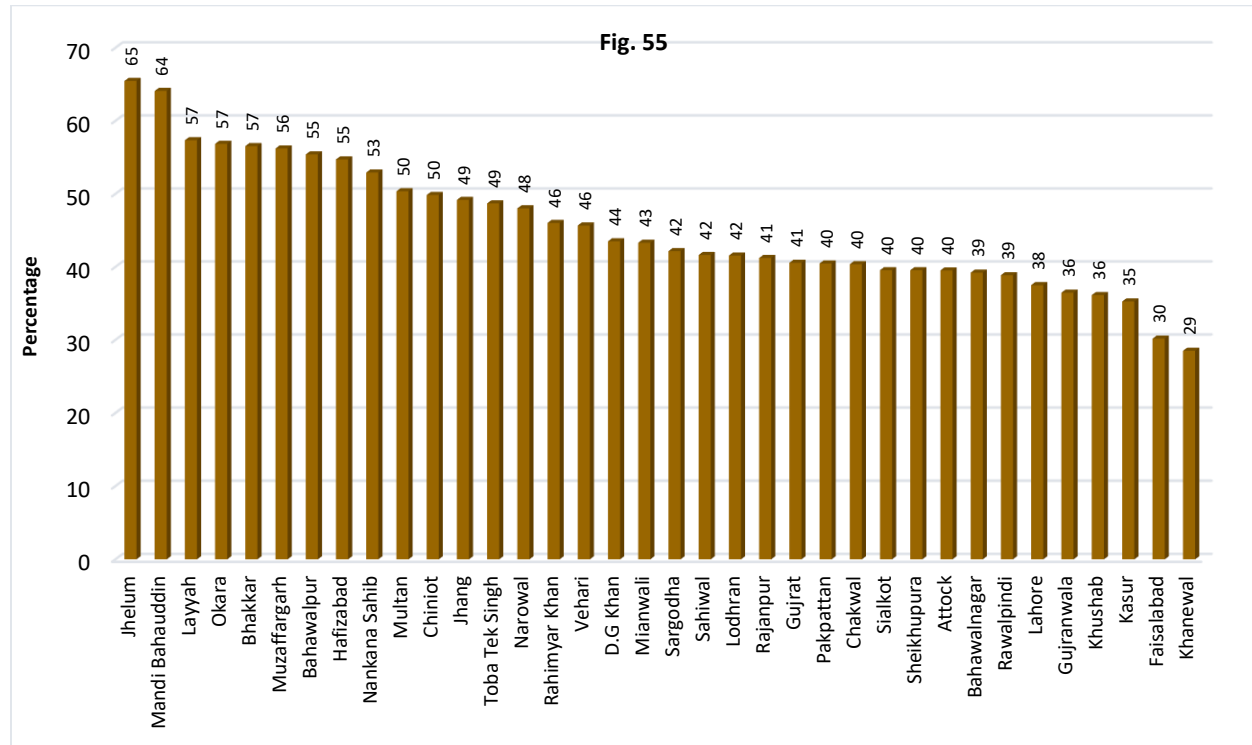
Fig. 55

In Fig. 55, percentage of district wise deliveries conducted at the facilities is shown. The highest percentage was observed in Jhelum (65%) and lowest in Khanewal (29%).

Type wise Deliveries
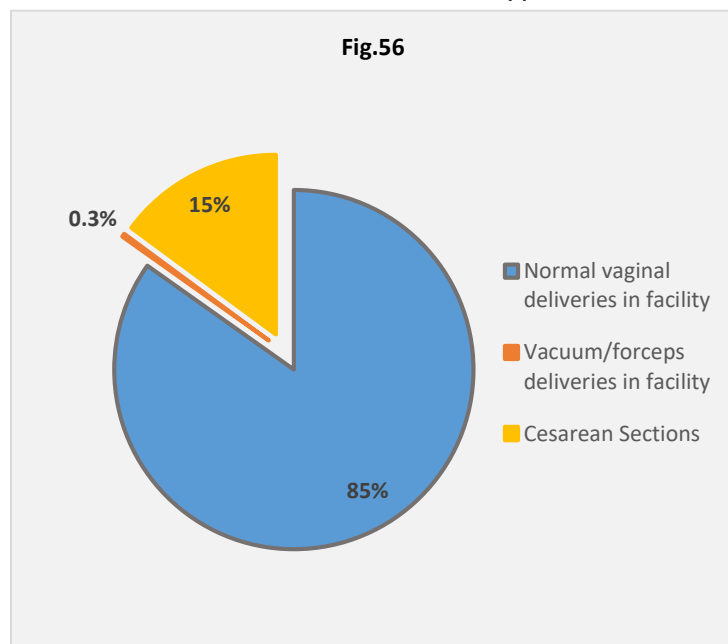
Fig.56

During the year 2018 total deliveries conducted at health facilities were 1,329,892which was 43% of the expected population.

Fig. 56 is showing the percentage of type wise deliveries conducted at health facilities during 2018. Percentage of Normal vaginal was 85,

vacuum/forceps was 0.3 and Cesarean Sections was 15.

Obstetric Complications

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

Fig. 57
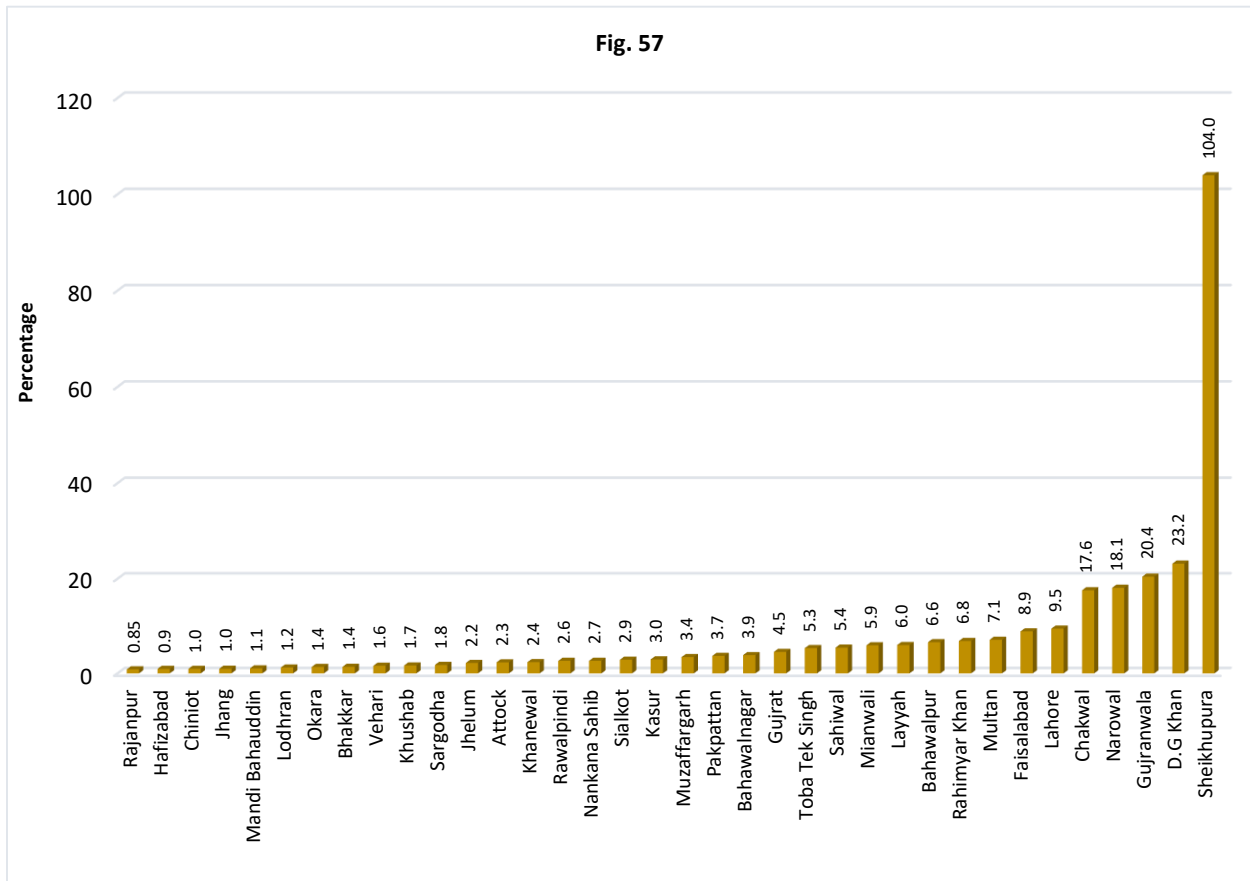
complications who are treated in the public health facilities of the total deliveries in secondary and tertiary care hospitals.

This indicator will suggest how much of the complicated pregnancies are catered by the public health facilities. Indirectly, it also reflects 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 Sheikhupura (104%) and lowest percentage was observed in Rajanpur (0.85%).

Number of Admissions and Deaths of Type Wise Obstetric Complications

The graph shows number of Admissions and Deaths of type wise obstetric Complications. *Fig.*58

Fig. 58
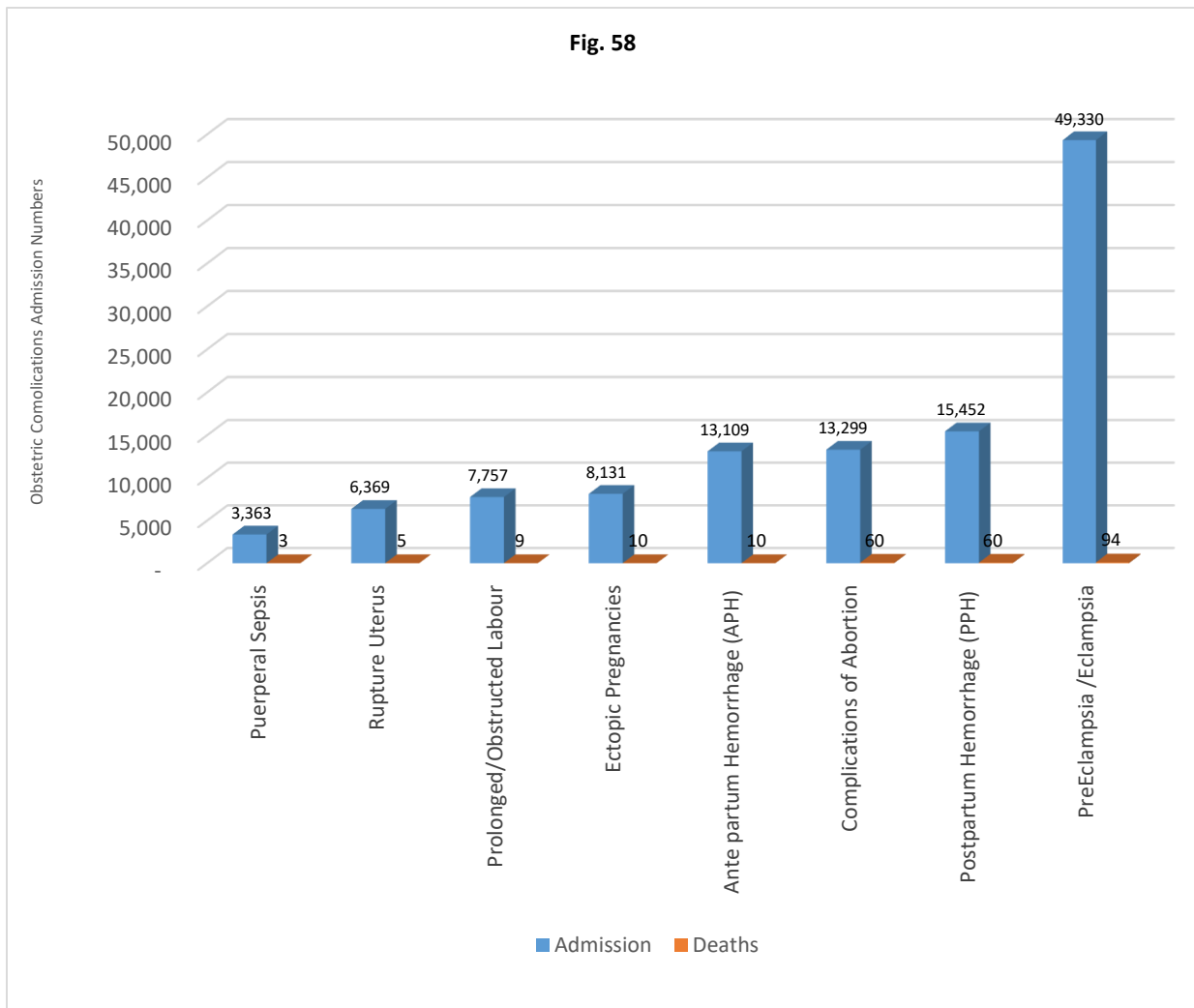
shows number of type wise admissions and deaths in secondary and tertiary care hospitalsdue to obstetric Complications. During 2018, total numbers of deliveries with complications were 116,810out of the total deliveries 1,329,892in secondary and tertiary care hospitals.

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 C-sections being done in public health facilities. On the other hand, high proportion may indicate over-indulgence in C-sections.

It was observed that in 2018 deliveries with C-section constitute 15% (198,767) of the total deliveries (1,329,892). The overall situation indicated that the higher number of deliveries with C-section were conducted in Lahore (21.1% of the total number of deliveries) and lowest percentage was observed in Chiniot (0.2% of the total deliveries).

Fig. 59

District	Percentage
Chiniot	0.2
Pakpattan	0.4
Lodhran	0.5
Khushab	0.5
Rajanpur	0.5
Nankana Sahib	0.6
Kasur	0.61
Bahawalnagar	0.7
Bhakkar	0.9
Hafizabad	1.0
Mianwali	1.0
Chakwal	1.0
Mandi Bahauddin	1.1
Khanewal	1.1
Attock	1.2
Jhelum	1.3
Jhang	1.5
Layyah	1.8
Narowal	1.8
Sargodha	2.0
D.G Khan	2.1
Okara	2.1
Sheikhupura	2.2
Vehari	2.4
Toba Tek Singh	2.4
Gujrat	2.4
Sahiwal	2.5
Muzaffargarh	3.1
Rahimyar Khan	4.0
Gujranwala	4.5
Sialkot	4.9
Multan	5.9
Faisalabad	6.4
Bahawalpur	6.9
Rawalpindi	7.4
Lahore	21.1

Facility Type Wise Number of Caesarean Sections Conducted

Fig. 60 is showing the health facility type wise number of Caesarean sections conducted during 2018. The highest numbers were reported at Teaching Hospitals that were 120,739 cases and lowest numbers reported at Civil Hospitals that were 39.

Fig. 60

Facility Type	Numbers of Caesarean Sections Conducted
DHQ	30,397
THQ	44,954
Teaching Hospital	120,739
Civil Hospital	39
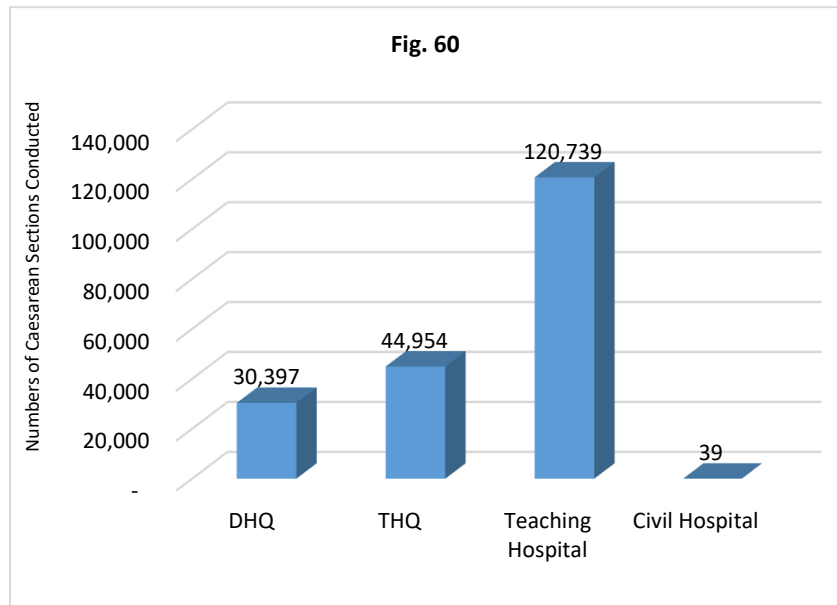
District wise Low Birth Weight (LBW) Babies (Percentage)

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.

Fig.61

District	LBW
Rawalpindi	12.8
Faisalabad	11.8
Rahimyar Khan	11.5
Multan	10.0
Lahore	7.8
Sargodha	4.4
Okara	4.3
Sahiwal	3.2
Vehari	3.1
Toba Tek Singh	2.8
Layyah	2.3
Bahawalpur	2.2
Mandi Bahauddin	2.1
D.G Khan	1.9
Bahawalnagar	1.8
Bhakkar	1.6
Lodhran	1.2
Jhelum	1.2
Sheikhupura	1.1
Gujranwala	1.1
Chakwal	1.1
Khanewal	1.1
Jhang	1.0
Rajanpur	0.9
Sialkot	0.8
Attock	0.8
Muzaffargarh	0.8
Pakpattan	0.7
Nankana Sahib	0.7
Chiniot	0.6
Kasur	0.6
Hafizabad	0.6
Mianwali	0.6
Narowal	0.6
Gujrat	0.5
Khushab	0.4

During the year 2018, 3% babies were born with LBW (<2.5kg). The highest percentage was observed in Rawalpindi (12.8%) 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.

Fig.62

District	Neonatal Death
Rawalpindi	5.5
Faisalabad	5.1
Hafizabad	4.1
Multan	3.8
Khushab	2.3
Gujranwala	2.0
Sargodha	1.5
Lahore	1.3
Jhelum	1.2
Toba Tek Singh	1.0
Narowal	0.9
Mianwali	0.8
Rahimyar Khan	0.8
Kasur	0.7
Bahawalnagar	0.7
D.G Khan	0.6
Sialkot	0.4
Pakpattan	0.4
Bhakkar	0.3
Chakwal	0.3
Gujrat	0.1
Bahawalpur	0.1
Chiniot	0.1
Okara	0.1
Layyah	0.1
Vehari	0
Attock	0
Sheikhupura	0
Jhang	0
Mandi Bahauddin	0
Sahiwal	0
Lodhran	0
Khanewal	0
Nankana Sahib	0
Rajanpur	0
Muzaffargarh	0

The neonatal deaths during 2018 in secondary and tertiary care hospitals is only 1.2%.*Fig.* 62 shows the district wise neonatal mortality rate. The percentage of mortality rate was highest in Rawalpindi (5.5%) and percentage of mortality rate was lowest in Muzaffargarh 0%.

Complications responsible for Neonatal Deaths

Fig. 63
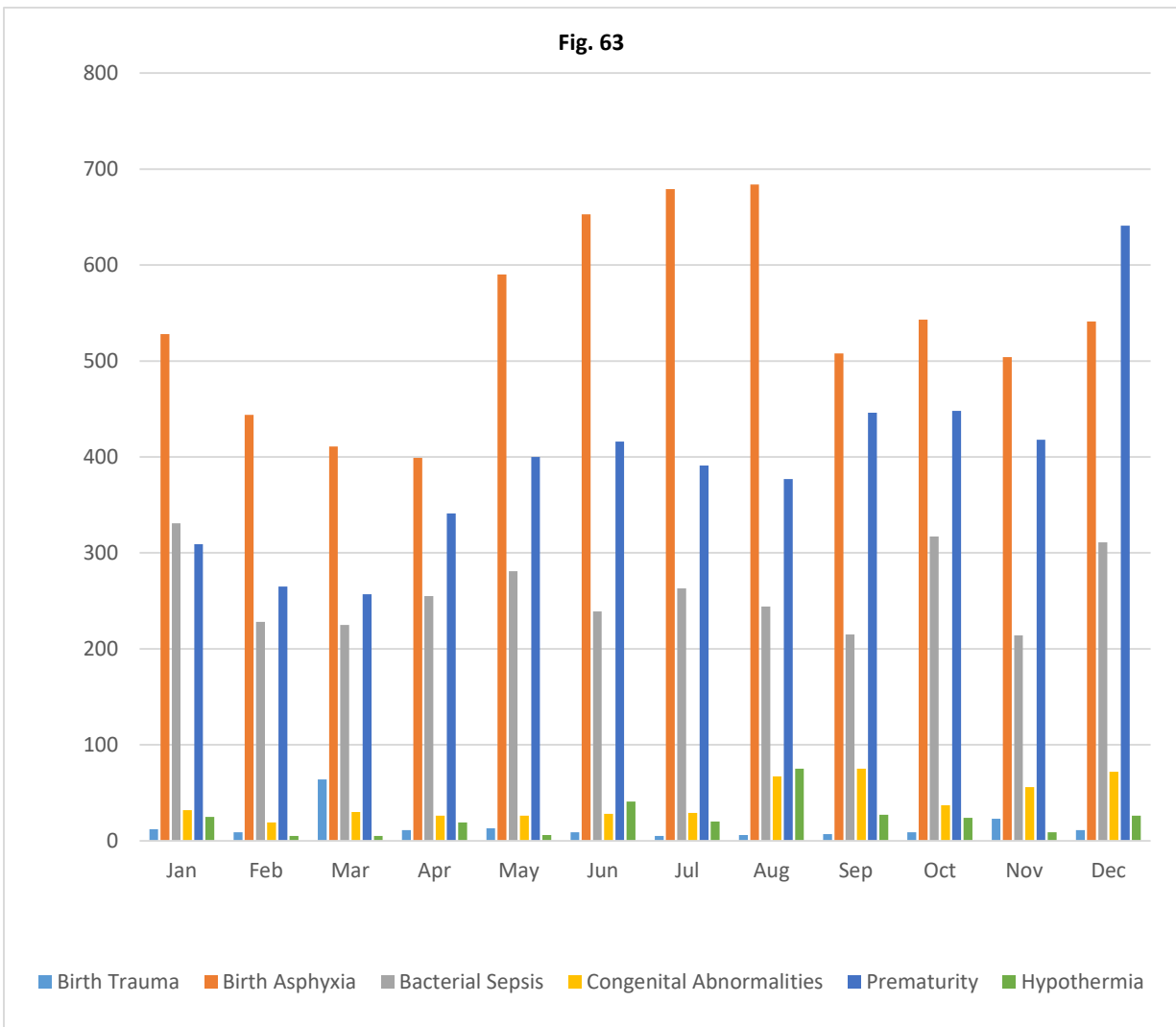
Diagnostic Services Utilization

This indicator indicates utilization of Diagnostic services at the facilities and also gives a measure of the proportion of patients receiving diagnostic services from the laboratories of the health facilities. 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.

Percentage of Diagnostic Services Utilization in Indoor During 2018
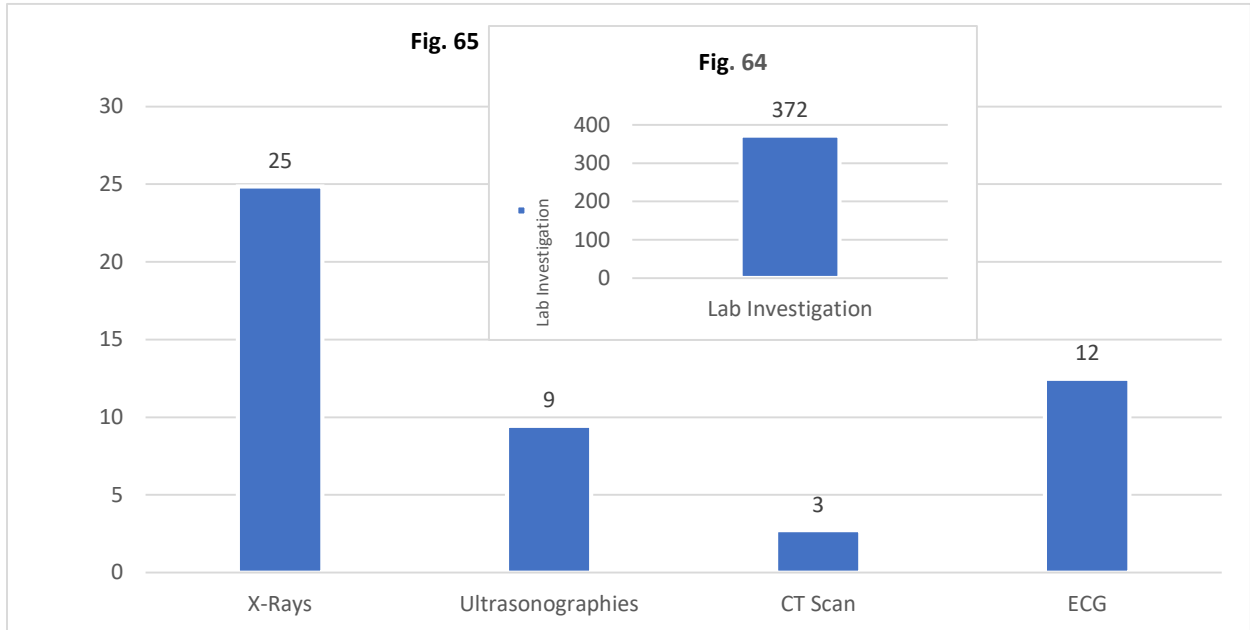
Fig. 65

Fig. 64

In indoor Lab Services during 2018, *Fig.*64 shows the overall percentage of Lab Investigations(372). *Fig.*65shows the overall percentage of X-Rays (25), Ultra Sonographies (9), CT Scans (3) and ECGs (12).

Percentage of Diagnostic Services Utilization OutdoorDuring 2018
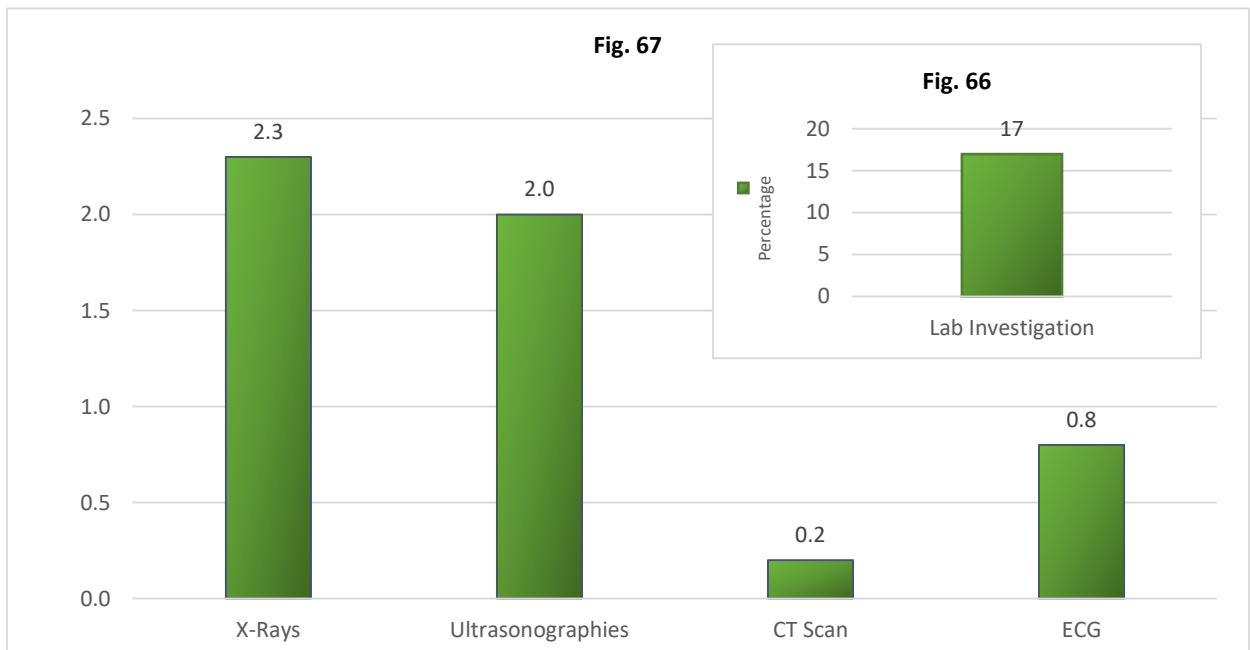
Fig. 67

Fig. 66

In outdoor Lab Services during 2018, *Fig.*66 shows the overall percentage of Lab Investigations that is 17. *Fig.*67shows the overall percentage of X-Rays that is 2.3, Ultra Sonographies 2.0, CT Scans 0.2 and ECGs 0.8.

Bed Occupancy Rate

Fig. 68
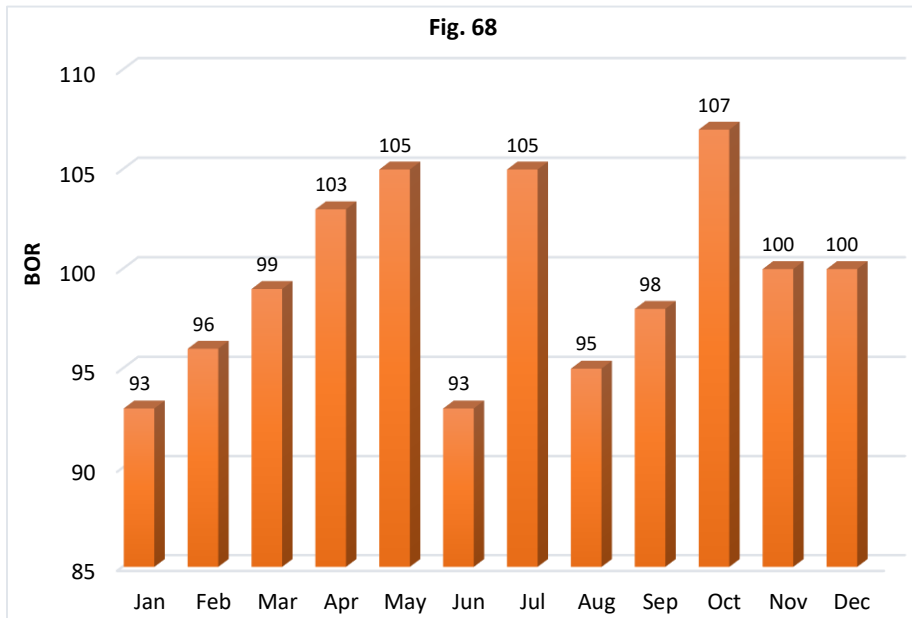
The bed occupancy rate (BOR) is the percentage of occupancy obtained by dividing the average daily admissions by the number of available beds.

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. 68 is showing the monthly bed occupancy rate during 2018. The highest rate is in October (105) and lowest in January &July(93). The overall bed occupancy rate during 2018 was 94.

Facility type wise Bed Occupancy Rate
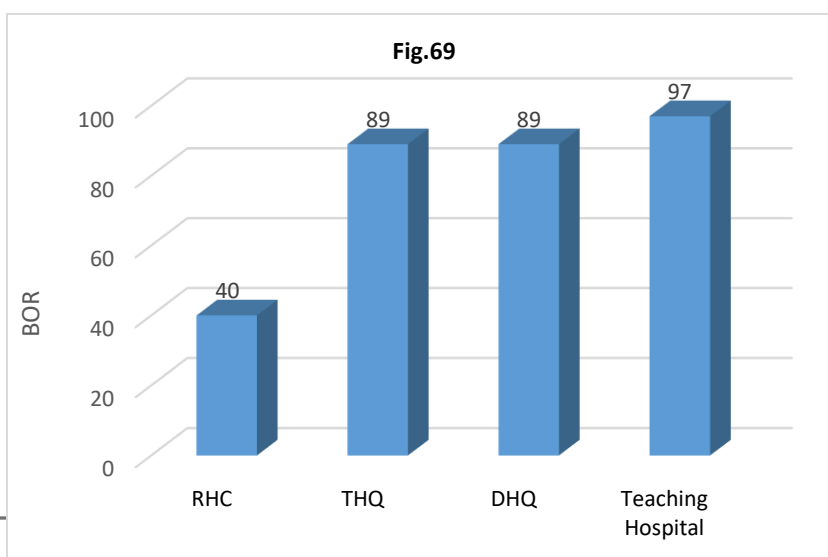
Fig.69

Fig. 69 is showing the health facility type wise bed occupancy rate during 2018. 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
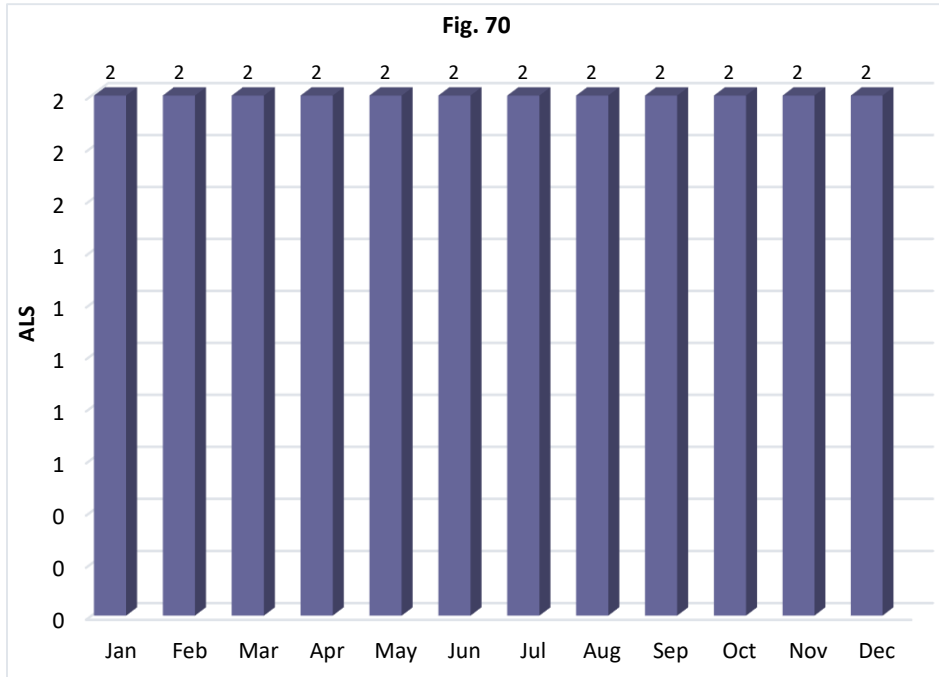
Fig. 70

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 and quality of care.

Fig. 70 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
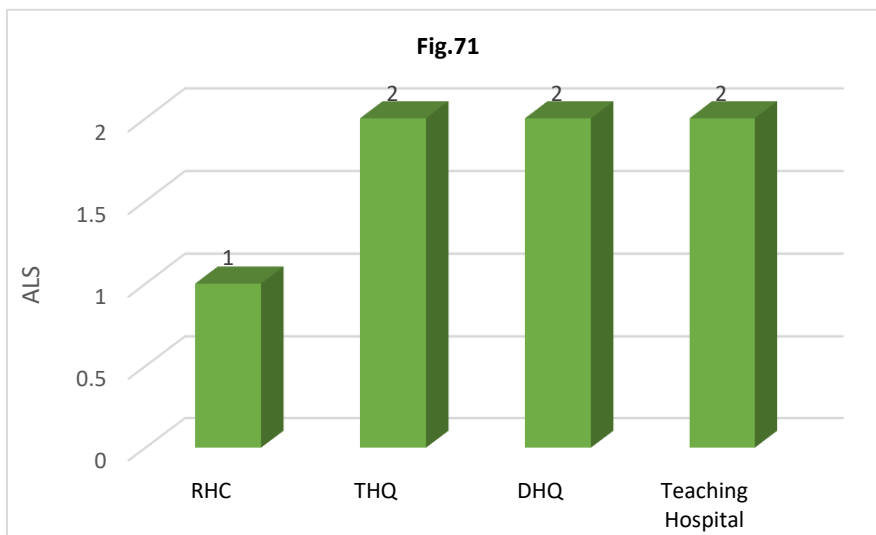
Fig.71

Fig. 71 is showing the health facility type wise Average Length of Stay during 2018. 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
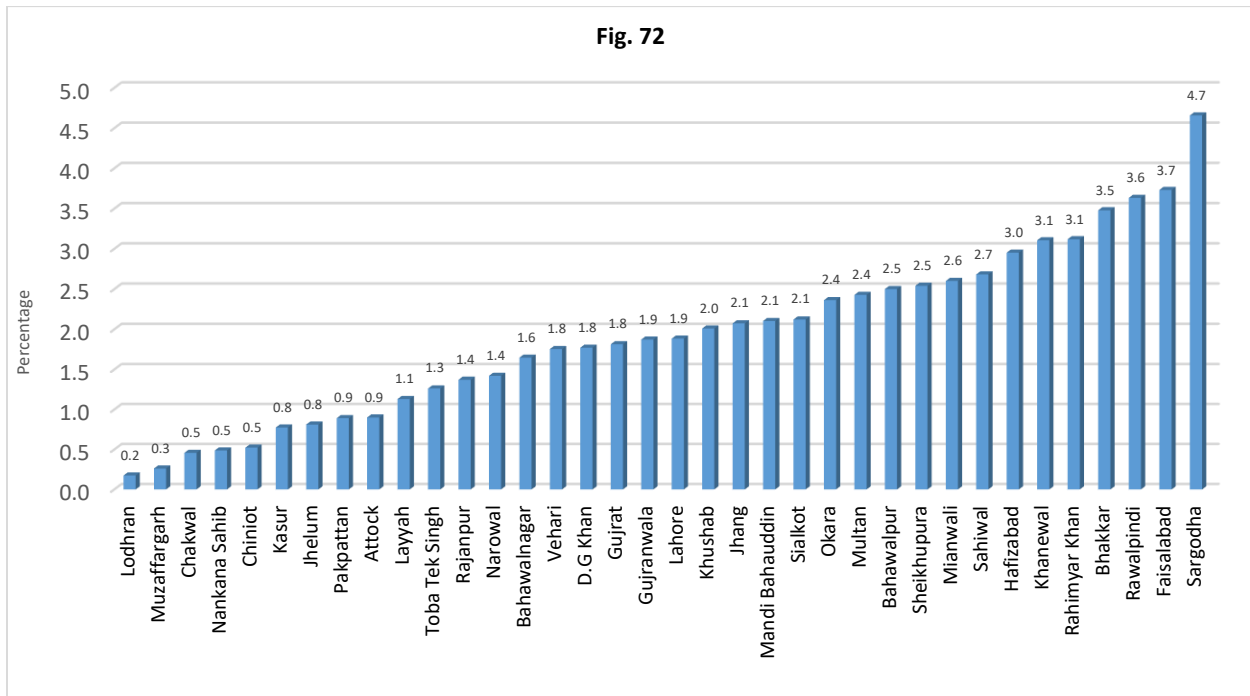
Fig. 72

Fig.72 show district wise percentage of deaths. It was noted that the percentage of deaths was highest in Sargodha (4.7%) and lowest in Lodhran (0.2%).

Facility type wise Hospital Death Rate
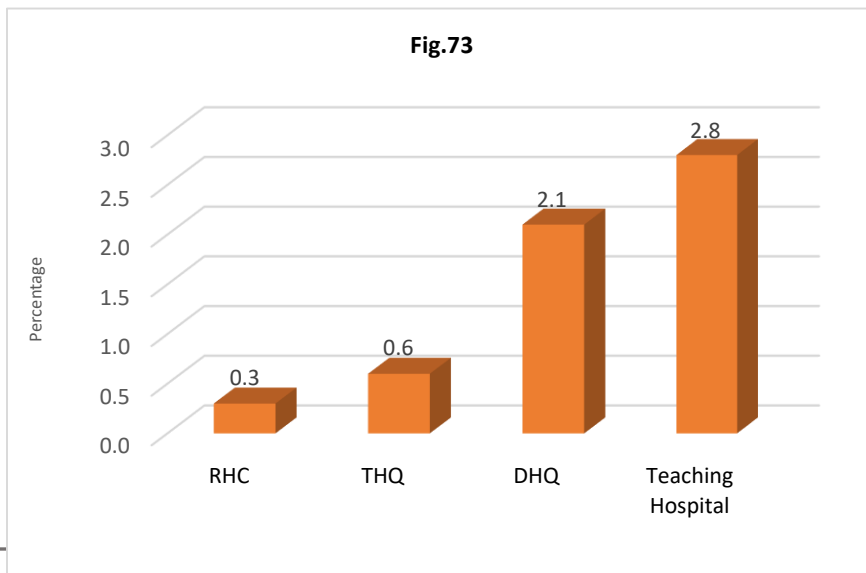
Fig.73

Fig. 73 is showing the health facility type wise Percentage of Hospital Deathsduring 2018. This indicator is indicative of

Family Planning Visits

Family planning allows people to have 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

Fig. 74

Values in Thousand

Month	Value
Jan	212
Feb	192
Mar	216
Apr	196
May	204
Jun	174
Jul	189
Aug	181
Sep	182
Oct	185
Nov	182
Dec	178
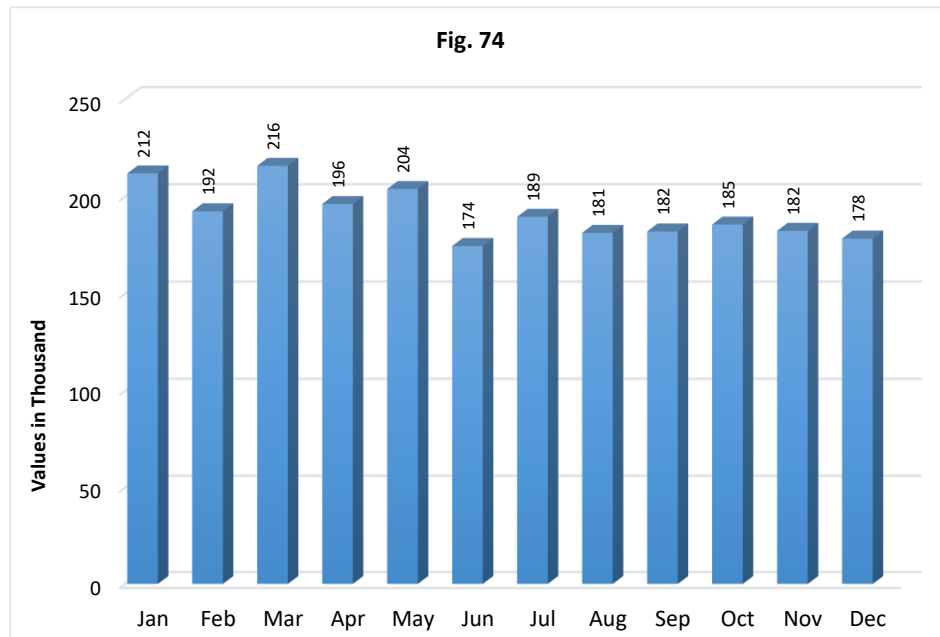
contraception).During 2018, 26,465,202family planning visits were reported from the public sector health facilities against the expected population (16% MCBA).

District-wise Number of Commodities Distributed

Table-8:

District	COC cycles	POP cycles	DMPA inj.	NetEn Inj.	Condom Pieces	IUCD	Tubal Ligation	Vasectomy	Implants
Bahawalnagar	23,527	273	11,556	1,565	182,622	6,758	373	6	92
Bahawalpur	30,717	999	13,049	1,852	243,462	7,251	1,190	18	520
Rahimyar Khan	15,825	1,447	18,479	453	69,883	7,945	815	12	246
D.G Khan	21,379	1,883	16,022	310	185,914	4,335	1,774	226	759
Layyah	13,774	634	10,968	3,575	153,414	4,198	87	1	162

Muzaffargarh	42,802	1,205	17,325	1,586	385,474	12,327	1,503	42	553
Rajanpur	12,723	1,516	10,890	1,736	108,850	5,557	1,128	39	147
Faisalabad	74,995	2,741	12,940	92	358,181	6,838	3,141	184	723
Jhang	17,462	1,904	7,699	1,428	183,789	8,669	3,062	9	97
Toba Tek Singh	13,552	806	9,082	295	81,895	5,641	2,070	133	177
Chiniot	10,898	1,502	6,912	512	62,526	5,842	298	8	78
Gujranwala	27,925	601	10,812	656	234,390	6,117	1,966	-	233
Gujrat	13,525	989	14,651	1,475	136,010	4,709	392	1	18
Narowal	39,148	-	7,570	16	104,964	2,554	-	-	132
Sialkot	26,471	654	13,288	301	244,043	4,969	2,024	24	229
Hafizabad	7,366	1,575	3,758	1,325	85,472	3,494	182	46	441
Mandi Bahauddin	8,300	114	7,386	207	115,082	7,069	72	-	-
Kasur	11,598	733	6,340	437	94,244	5,830	2,293	10	180
Lahore	26,510	7,734	16,341	3,405	333,387	10,869	3,302	120	2,766
Okara	37,139	283	18,979	382	222,985	7,754	222	242	772
Sheikhupura	46,920	1,942	8,654	2,154	264,215	9,395	1,100	483	803
Nankana Sahib	8,442	77	5,326	1,668	112,909	2,491	19	302	1,121
Khanewal	13,376	1,944	10,667	2,802	99,345	5,263	853	1	245
Lodhran	9,453	-	7,533	-	62,148	3,891	128	8	15
Multan	50,392	-	28,759	-	325,056	16,508	1,124	116	1,133
Pakpattan	9,611	101	6,219	358	101,899	3,287	8	-	-
Sahiwal	14,339	253	13,685	1,213	140,253	4,153	3,204	-	456
Vehari	31,793	263	10,270	111	156,455	7,037	560	-	383
Attock	12,391	138	7,457	1,236	142,666	4,562	247	6	17
Chakwal	12,636	151	8,709	98	177,297	4,393	561	63	1,598
Jhelum	13,770	373	13,317	124	157,028	4,150	117	-	220
Rawalpindi	27,852	1,181	17,627	1,880	291,263	7,453	2,449	269	2,824
Bhakkar	11,326	261	10,542	361	83,105	4,865	877	34	32

Khushab	16,057	44	4,683	114	213,092	10,344	867	-	252
Mianwali	9,582	739	5,921	215	75,617	1,554	98	-	250
Sargodha	40,358	483	8,451	599	150,570	7,600	419	9	372
Total	803,934	35,543	401,867	34,541	6,139,505	225,672	38,525	2,412	18,046

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	18	14	292	195	209	160	198	135	212	212	211	181
Bahawalpur	160	96	43	38	988	570	1,275	833	395	263	210	183	301	270
Rahimyar Khan	83	41	32	28	716	584	556	428	264	180	154	137	254	240
D.G Khan	54	34	24	20	403	261	450	183	141	117	83	77	150	134
Layyah	87	43	26	18	304	212	251	217	100	75	62	55	135	102
Muzaffargarh	29	24	18	17	343	228	162	148	114	87	101	92	172	150
Rajanpur	64	33	21	18	293	203	214	118	75	70	49	47	107	101
Faisalabad	246	111	62	43	1,882	1,100	1,879	1,480	371	300	351	315	504	483
Jhang	43	29	28	21	311	185	216	211	119	101	169	148	161	150
Toba Tek Singh	74	40	24	19	377	247	289	223	108	95	148	146	142	138
Chiniot	55	14	18	12	267	106	114	63	72	58	96	76	73	51
Gujranwala	58	37	31	28	395	323	467	452	180	148	188	179	243	233
Gujrat	81	40	22	18	503	318	501	331	230	138	197	145	252	197
Narowal	33	20	14	12	247	167	153	150	101	59	134	118	115	104
Sialkot	84	54	29	24	467	336	289	184	172	117	231	201	193	162
Hafizabad	30	13	15	14	160	74	136	128	64	48	89	85	106	92
Mandi Bahauddin	58	21	21	15	242	133	184	151	98	55	89	69	123	101
Kasur	86	62	26	23	379	325	275	261	105	87	132	132	190	175
Lahore	421	217	58	37	2,935	2,009	6,309	5,161	538	433	124	119	320	285
Okara	97	53	33	27	465	245	330	277	155	117	224	206	214	187
Sheikhupura	50	29	16	13	366	301	363	285	128	91	184	159	161	147
Nankana Sahib	61	28	23	18	303	155	227	150	100	77	164	127	133	116
Khanewal	66	32	18	14	362	248	219	136	131	83	149	128	153	143
Lodhran	34	24	10	9	301	174	124	107	75	69	71	70	103	100
Multan	147	80	40	37	1,307	830	1,118	925	258	194	210	181	255	223
Pakpattan	51	28	17	15	193	111	180	162	98	90	87	85	95	88
Sahiwal	12	7	13	11	139	96	88	69	119	85	121	116	140	131
Vehari	77	39	33	20	394	260	287	244	167	132	137	135	203	190
Attock	105	38	27	22	464	241	340	206	124	86	141	128	139	130
Chakwal	58	29	24	19	311	167	196	154	124	78	150	128	157	147

District													
Jhelum	72	32	19	12	355	141	229	152	85	54	140	120	123	109
Rawalpindi	223	121	46	33	747	588	1,297	1,148	315	173	226	161	294	235
Bhakkar	80	40	22	20	327	130	272	215	111	97	85	82	145	138
Khushab	93	34	27	17	425	206	245	157	106	69	151	130	119	108
Mianwali	79	33	32	23	388	182	305	196	105	69	86	74	136	117
Sargodha	102	52	36	29	578	369	431	347	239	196	187	166	245	218
Total	3,219	1,660	966	758	18,929	12,020	20,180	15,812	5,885	4,326	5,332	4,732	6,567	5,876

Human Resource

DISTRICT	EPI Vaccinator		Sanitary inspectors		Midwives		LHWs		CDC Supervisor		Others	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	85	73	99	98	190	175	1,093	1,081	85	58	955	829
Bahawalpur	93	87	73	65	183	134	1,490	1,384	60	47	1,373	1,123
Rahimyar Khan	15	15	100	33	217	164	881	786	5	5	561	424
D.G Khan	55	47	37	26	152	117	734	711	49	39	758	510
Layyah	38	37	45	41	112	96	764	712	34	32	904	659
Muzaffargarh	81	77	69	60	280	183	1,836	1,688	67	57	659	521
Rajanpur	37	37	31	27	67	62	561	554	31	31	304	295
Faisalabad	38	36	154	80	431	372	2,227	2,151	18	17	6,006	4,592
Jhang	67	63	56	52	166	121	190	142	59	51	613	517
Toba Tek Singh	71	64	63	28	115	99	1,018	990	64	39	182	160
Chiniot	38	37	35	29	75	49	531	371	32	28	329	155
Gujranwala	86	85	95	89	266	203	1,317	1,220	73	58	934	826
Gujrat	90	76	89	37	383	204	1,884	1,368	81	59	856	657
Narowal	61	58	57	55	115	78	1,041	893	58	54	930	594
Sialkot	39	36	85	79	163	123	585	511	45	33	867	763
Hafizabad	35	32	33	28	85	73	282	270	29	23	187	161
Mandi Bahauddin	57	47	42	34	126	72	893	854	50	41	269	200
Kasur	32	32	70	61	166	153	130	94	31	31	310	221
Lahore	65	63	50	48	123	118	822	817	28	26	5,433	4,356
Okara	119	111	99	95	173	147	1,336	1,147	91	71	1,273	1,079
Sheikhupura	86	70	73	70	142	117	780	755	75	61	416	363
Nankana Sahib	57	46	45	38	97	67	582	536	44	28	791	555
Khanewal	91	77	81	79	141	119	1,096	1,041	86	67	486	444
Lodhran	52	51	49	43	80	67	966	961	51	51	465	405
Multan	94	93	84	78	259	237	1,639	1,602	76	59	5,017	3,554
Pakpattan	64	64	58	39	141	114	867	852	37	33	171	134
Sahiwal	76	74	69	65	201	97	41	36	67	59	636	397
Vehari	75	71	65	58	145	131	981	961	65	58	548	459
Attock	63	54	67	51	105	61	1,026	718	62	46	506	430
Chakwal	63	57	39	15	123	83	753	698	61	48	260	235
Jhelum	50	45	55	50	135	116	714	656	42	35	568	454
Rawalpindi	114	94	92	59	236	152	1,072	865	93	49	789	666

Bhakkar	45	43	51	51	129	112	62	54	38	35	802	696
Khushab	35	34	38	30	123	96	546	537	34	27	438	299
Mianwali	45	41	40	36	104	86	742	690	39	27	564	400
Sargodha	142	132	130	117	338	298	1,701	1,587	135	105	1,373	1,071
Total	2,354	2,159	2,418	1,944	6,087	4,696	33,183	30,293	1,995	1,588	37,533	29,204

Comparison of Sanctioned & Filled posts of Health Personnel

Fig.75

Numbers of Position

30,000

20,000

10,000

-

| Specialist | Surgeon | Doctors | Nurses |

Specialist: 3,219 1,660
Surgeon: 966 758
Doctors: 18,929 12,020
Nurses: 20,180 15,812
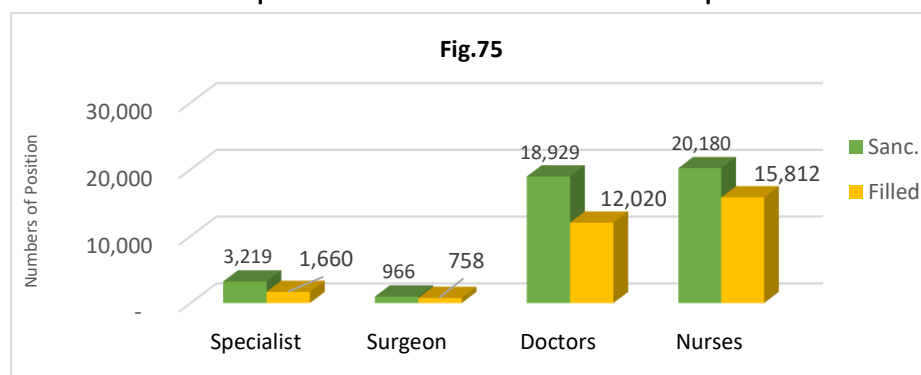
■ Sanc.
■ Filled

Fig. 75 provides a comprehensive situation analysis of the sanctioned and filled posts of Specialists, Surgeons, Doctors and Nurses positions in districts of Punjab during 2018.

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
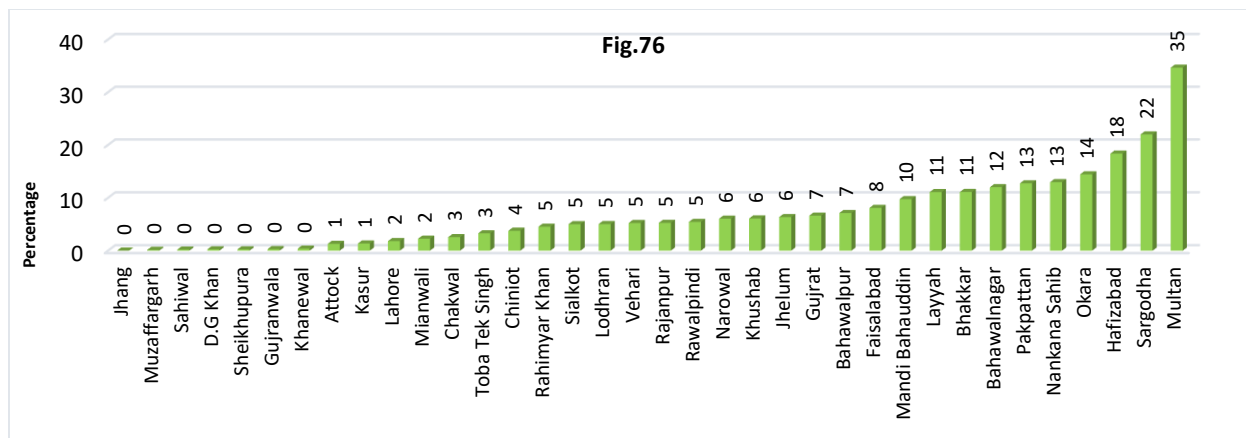
Fig.76

It can be seen in *Fig*. 76that the percentage of out of stock medicines was highest in Multan (35%).

Percentage Change in share of Different Indicators 2017 to 2018

Percentage Change In share of OPD Visits From 2017 to 2018

Fig.77
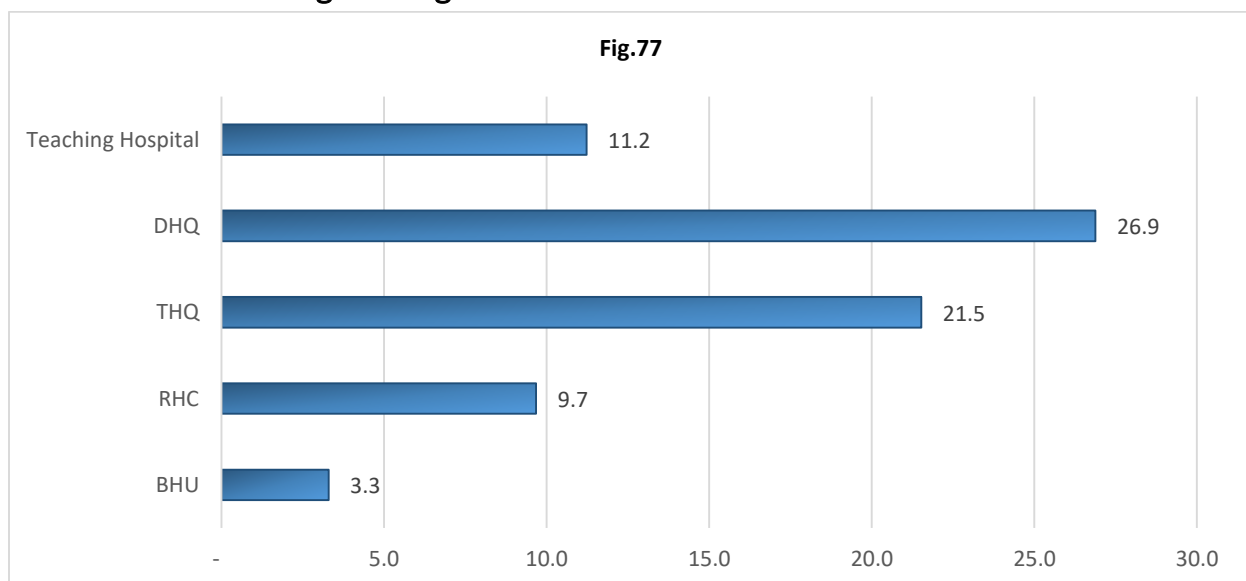
The percentage of facility base change of OPD visits (new+ follow-up) increasing in all facility types. The highest percentage of increase is in DHQ that is 26.9 and lowest percentage increaseinBHU that is 3.3.

Percentage Change In share of Emergency/Casualty2017 to 2018

Fig.78
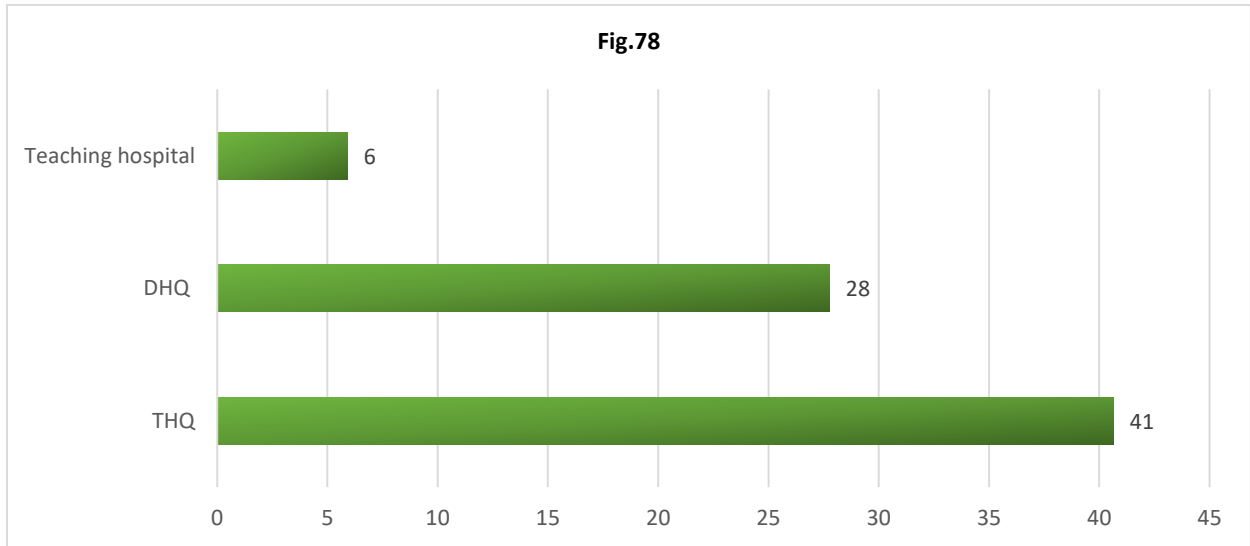
The percentage of facility base change in Emergency/Casualty is increasing in all facility types. The highest percentage increase is in THQ that is41 and lowest percentage increase is in Teaching Hospital that is 6.

Percentage Change in share of Deliveries from 2017 to 2018

Fig.79
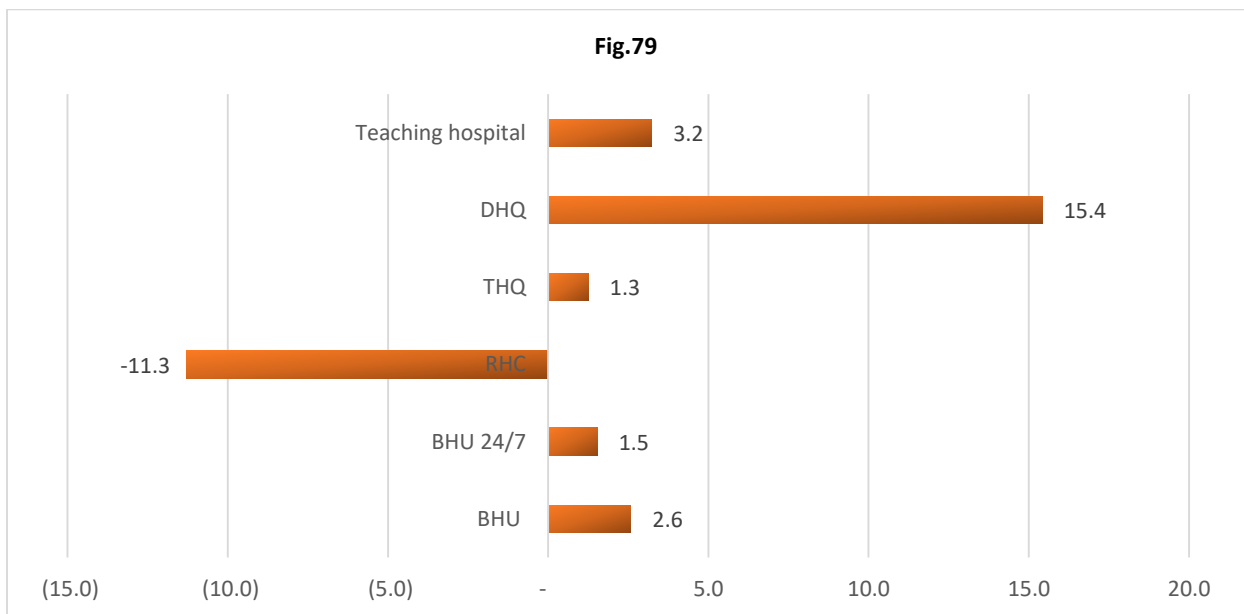
The percentage of facility based change in Deliveries is increasing and decreasing in some facility types. The highest percentage increase isin DHQ that is15.4and lowest percentage increase is in THQ that is 1.3.The percentage share decrease is in facility type RHC that is -11.3.

Percentage Change in share of Antenatal CareCoverage (ANC-1)2017 to 2018

Fig.80
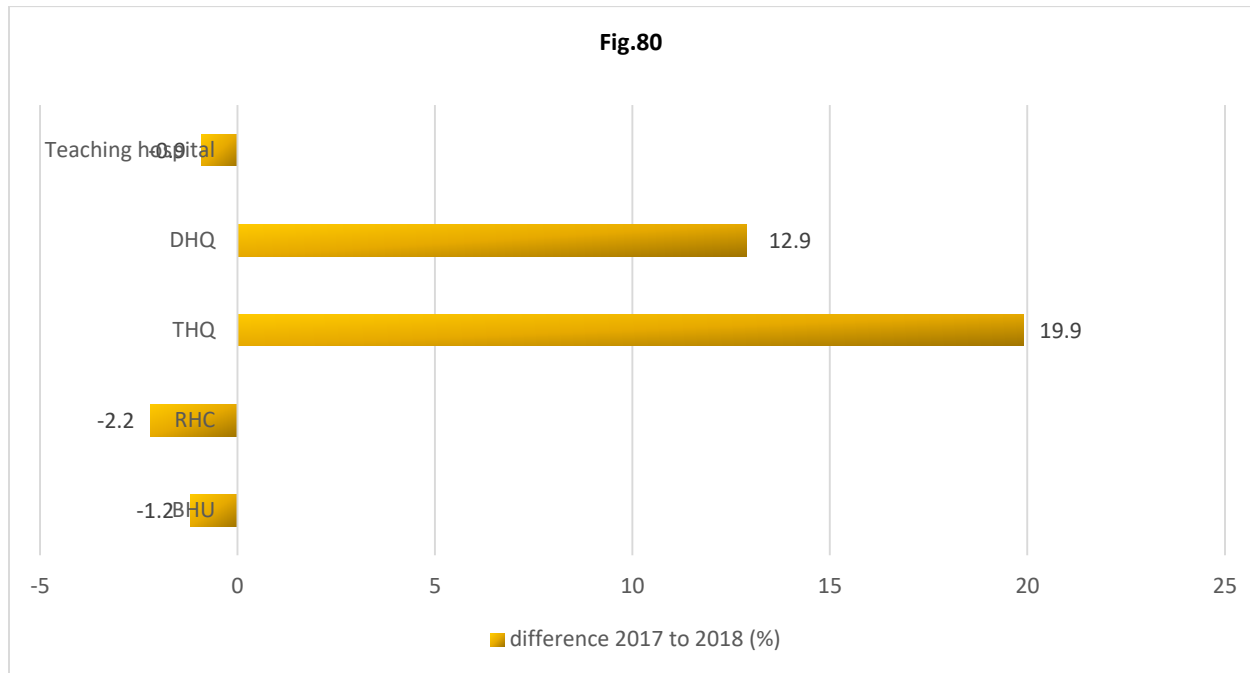
The percentage of facility base change Antenatal Care coverage(ANC-1) increasedand decreased in some facility types. The highest percentage increasing in THQ that is19.9 and lowest percentage increase is in THQ that is 12.9.The percentage share decreased in facility types Teaching Hospital that is -0.9,in BHU -1.2 and in RHC -2.2.

Percentage Change in share of FP Visits2017 to 2018

Fig.81
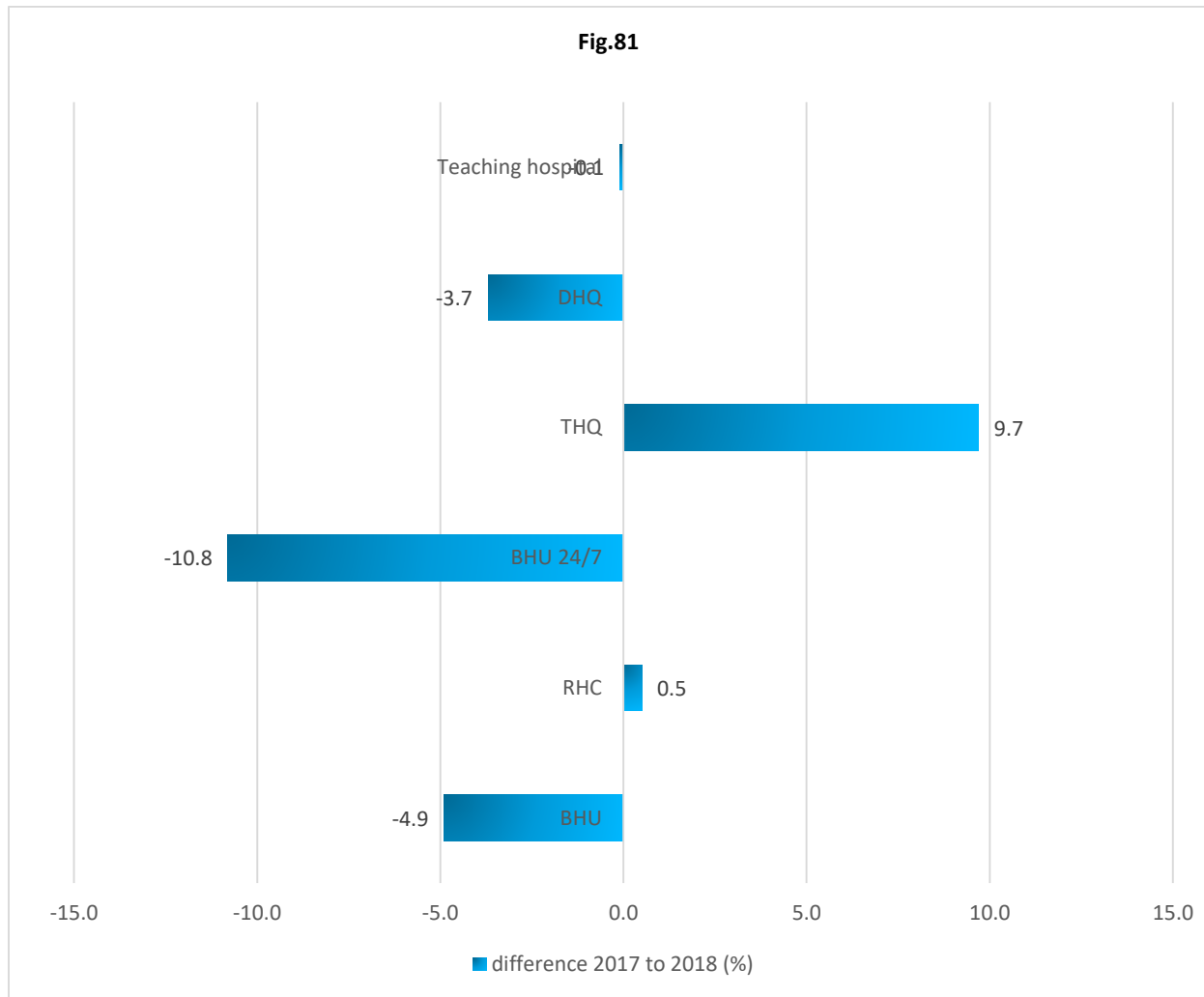
The percentage of facility based change in Family Planning visits increasedand decreased in some facility types. The highest percentage increasing in THQ that is9.7and lowest percentage increasing in THQ that is 0.5. The percentage share decreased in Teaching Hospital.

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
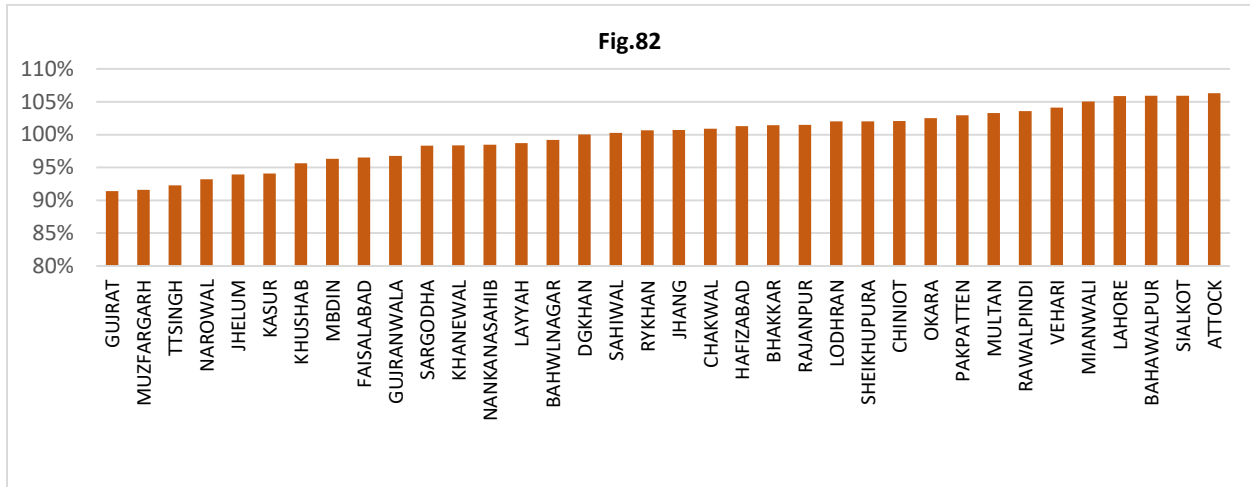
Fig.82

Fig. 82 is showing the district wise percentages of BCG coverage during 2018. Highest coverage was reported in Attock (106%) and in Gujrat the lowest coverage was reported (91%).

District wise Percentage of Measles - I
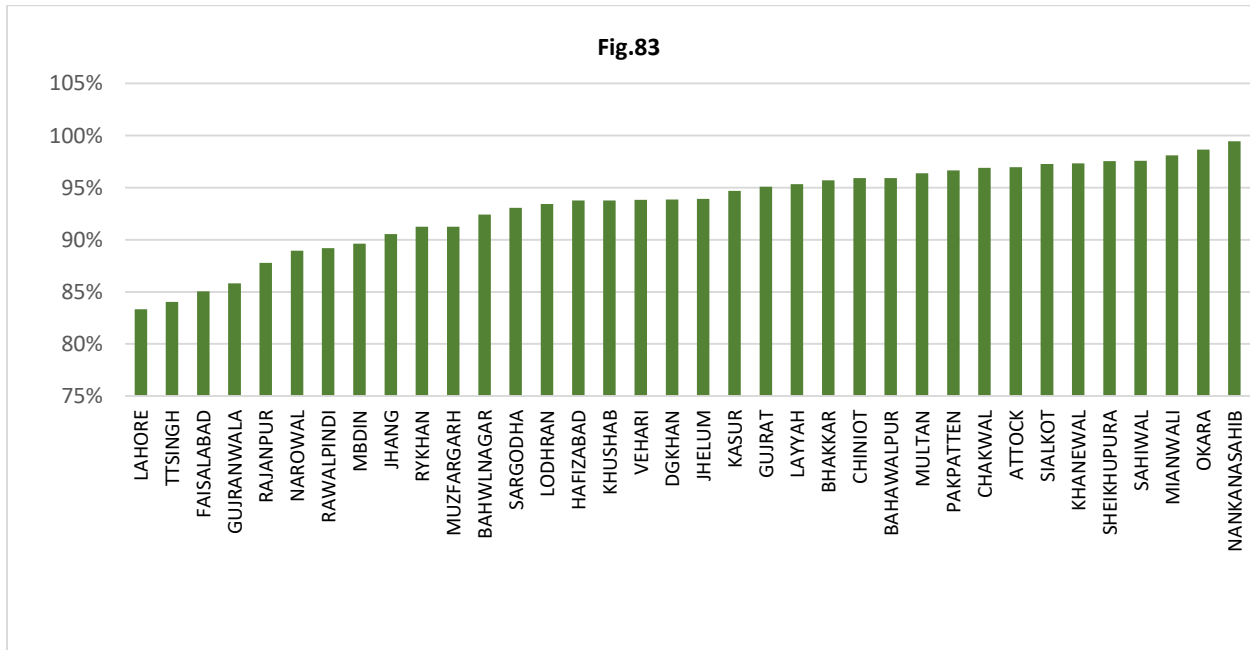
Fig.83

Fig. 83 is showing the district wise percentages of Measles - I during 2018. Highest coverage was reported in Nankana sahib (99%) and in Lahore the lowest coverage was reported (83%).

District wise Percentage of Measles – II
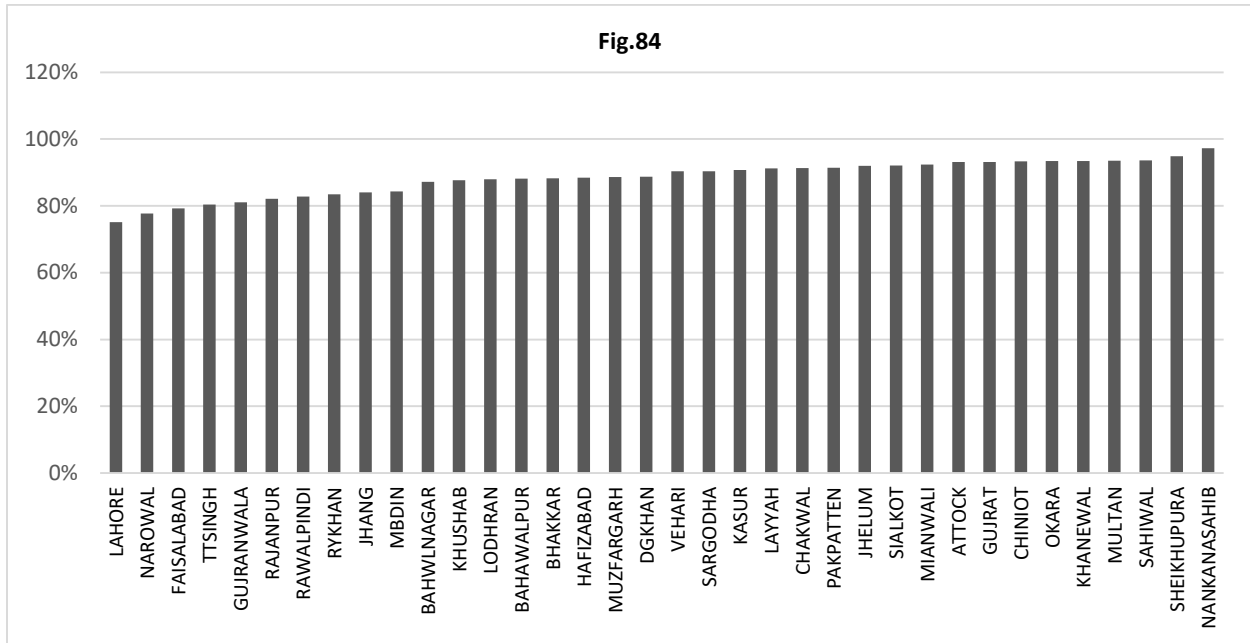
Fig.84

Fig. 84 is showing the district wise percentages of Measles – II during 2018. Highest coverage was reported in Nankanasahib (97%) and in Lahore the lowest coverage was reported (75%).

District wise Percentage of Pregnant. Women TT – II
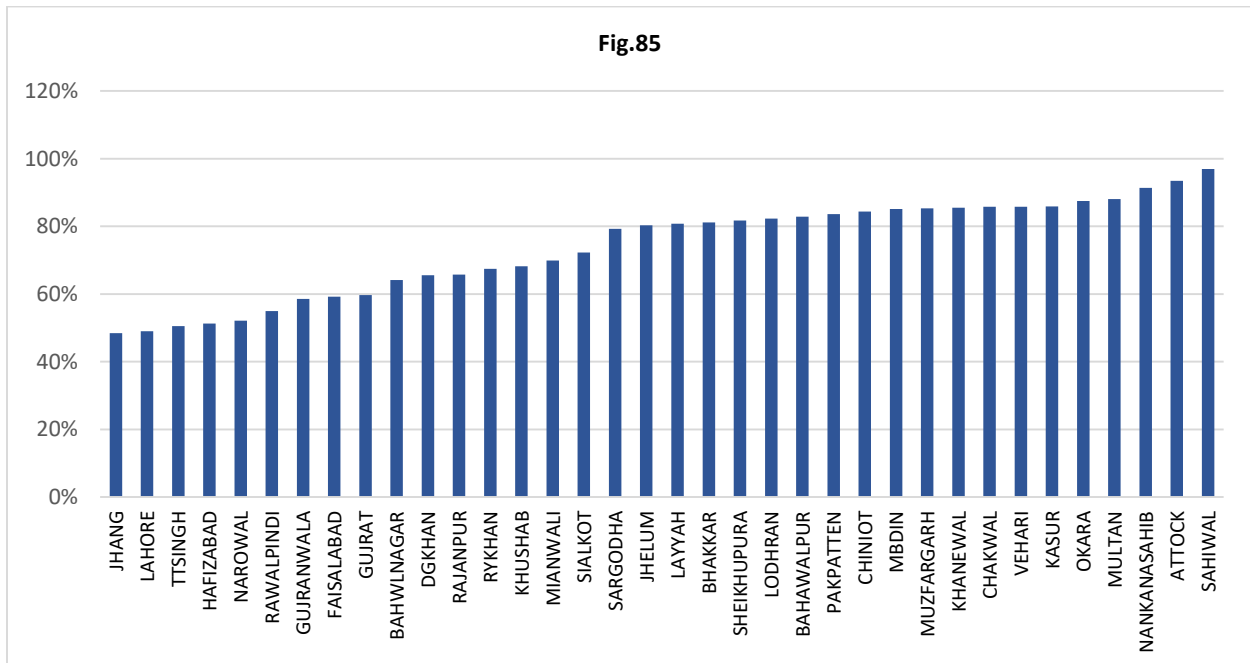
Fig.85

Fig. 85 is showing the district wise percentages of Pregnant Woman coverage with TT – II during 2018. Highest coverage was reported in Sahiwal (97%) and in Jhangthe lowest coverage was reported (48%).

Community Midwife Data(CMW)

Community midwives work in the community. The midwives also visit women at home, usually for up to 10 days after they have given birth. Health visitors usually take over post-natal (after birth) care up to day 10. If a woman needs extra support, the community midwives may visit for up to 28 days after she has given birth. All women are offered a choice of birth in hospital or at home.

Month wise Antenatal Care Services reported by CMW
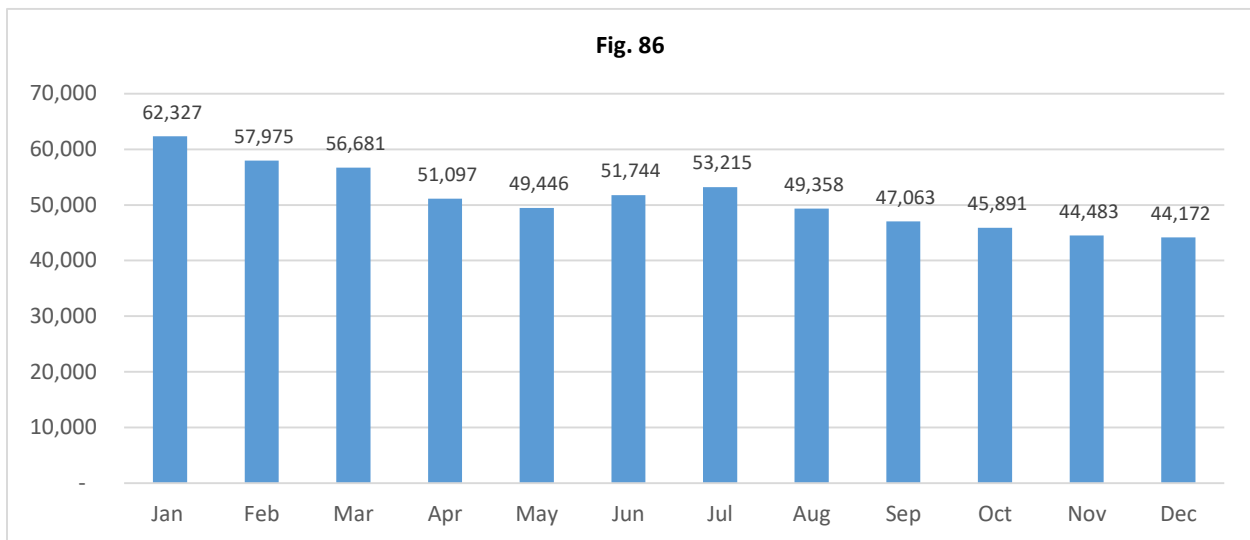
Fig. 86

During 2018 the month wise Antenatal Care Services are shown in *fig* 86. The highest number of ANC reported in January 62,327 and lowest in December 44,172.

Month wise Deliveries reported by CMW
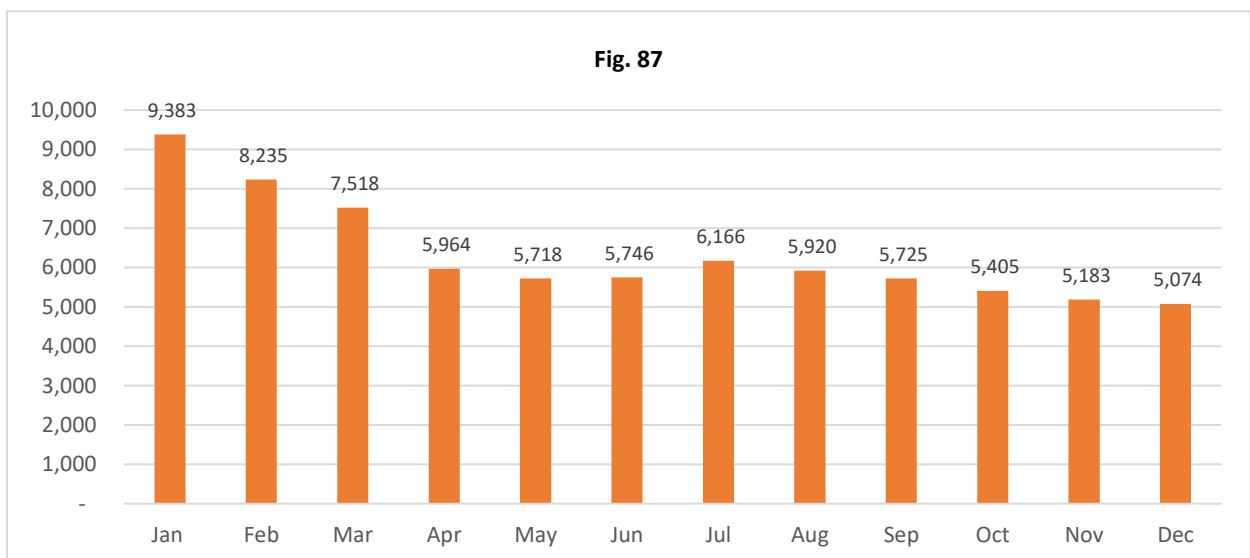
Fig. 87

Fig. 87 shows month wise Deliveries. The highest number of deliveries were reported in January 9,383and lowest in December 5,074.

Month wise Deliveries reported by CMW
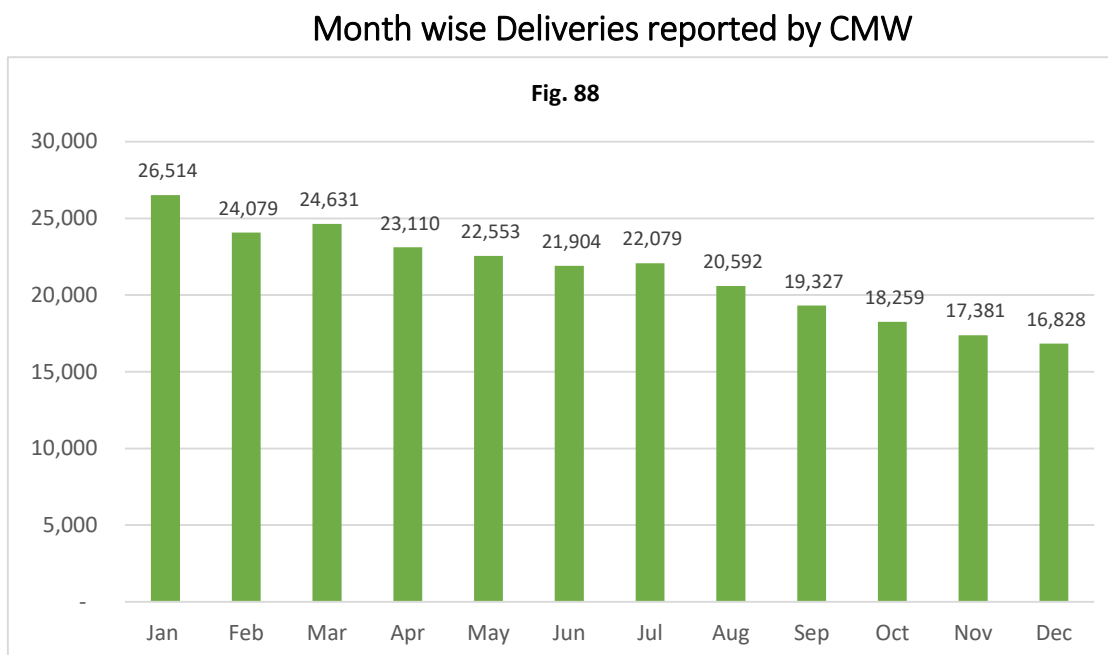
Fig. 88

Fig. 88 shows month wise deliveries. The highest number of deliveries were reported in January (26,514) and lowest in December (16,828).

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
		43	THQ Hospital Noshehra Vikran		
District: 111-Bahawalnagar				District: 164 --Pakpattan	
1	THQ, Hospital, Haroon Abad.	District: 142 – Gujrat		83	THQ Hospital, Arifwala
2	THQ Hospital, Chishtian.	44	Tehsil Level Hospital Kunjah		
				District: 165 -- Sahiwal	
3	THQ Hospital, Fort Abbas.	45	Tehsil Level Hospital Lala Musa	84	THQ Hospital Chichawatni
4	THQ Hospital, minchinabad.	46	THQ Hospital Kharian		
				District: 166 -- Vehari	

#	Hospital	#	Hospital	#	Hospital
District: 112 -- Bahawalpur		47	40-Bedded Civil Hospital Dinga	85	THQ. Mailsi
5	THQ Hospital, Ahmad Pur East.	48	THQ Hospital Sarai Alamgir	86	THQ Burewala
6	THQ Hospital, Hasilpur.	49	Civil Hospital Jalalpur Jattan	**District: 171 -- Attock**	
7	THQ Khair Pur Tamewali	50	Civil Hospital, Kotla Arab Ali Khan	87	THQ Hospital Fateh Jang
8	THQ Yazman	**District: 143—Narowal**		88	THQ Hassan Abdal
District: 113-- Rahimyar Khan		51	THQ Shakargarh	89	THQ Hospital Hazro
9	THQ Hospital Liaquatpur	**District: 144 – Sialkot**		90	THQ Hospital Jand
10	THQ Hospital Sadiqabad	52	Civil Hospital Daska	91	THQ Hospital Pindi Gheb
11	THQ Hospital Khanpur	53	THQ Hospital Pasrur	**District: 172 – Chakwal**	
District: 121 – D.G khan		54	THQ kotli Loharan	92	THQ Choa Saiden Shah
12	THQ Hospital Tauns	55	THQ Sambrial	93	City Hospital Talagang
13	THQ Hospital, Kot Chutta	**District: 145 – Hafizabad**		94	THQ Talagang
14	Civil Hospital Fort Munroo	56	THQ Pindi Bhattian	95	Trauma Centre THQ Hospital kallar kahar
District: 122 – Layyah		**District: 146-- Mandi bahauddin**		**District: 173 – Jhelum**	
15	THQ thal (mian nawaz shareef) Hospital Layyah	57	THQ Hospital Malakwal	96	THQ Hospital PD khan
16	THQ Hospital Karor	58	THQ Hospital, phalia	97	THQ Hospital Sohawa
17	THQ Hospital Choubara	**District: 151 – Kasur**		**District: 174-Rawalpindi**	
18	THQ level Hospital Chowk Azam	59	THQ, Hospital chunian	98	THQ Hospital Gujar Khan
19	THQ level Hospital Kot Sultan	60	Govt. Aziz Bibi Hospital, Roshan Bheela	99	THQ Hospital Kahuta
20	THQ level Hospital Fateh Pur	61	THQ Hospital, Kot Radha Kishan	100	THQ Kotli Sattian
District: 123- Muzaffargarh		62	THQ Hospital Pattoki	101	THQ. Hospital Murree
21	THQ Hospital Alipur	**District: 152 – Lahore**		102	THQ Hospital Taxila
22	THQ Jatoi	63	Raiwind	103	Wah General Hospital Taxila
23	THQ Hospital Kot Adu	64	Sodiwal Hospital	104	THQ Hospital Kallar Syedan
24	THQ Chowk Sarawar Shaheed	65	THQ qila gujjar singh Hospital	**District: 181 – Bhakkar**	
District: 124 – Rajanpur		66	Govt. Hospital Shahdra	105	THQ Hospital Kalurkot
25	THQ Hospital Rojhan	67	Eye and Gyne Hospital Swami Nagar	106	THQ Hospital Mankera
26	THQ Hospital Jampur	**District: 153 – Okara**		107	THQ Hospital, Daryakhan
27	Civil Hospital Shah Wali	68	THQ Hospital Depalpur	**District: 182 – Khushab**	
District: 131 -- Faisalabad		69	THQ Hospital Havali Lakha	108	THQ Hospital Khushab khushab

Sr.no.	Facility Name	Sr.no.	Facility Name	Sr.no.	Facility Name
28	THQ Hospital Chak Jhumra		**District: 154—Sheikhupura**	109	THQ Hospital Noor Pur Thal
29	THQ Hospital Jaranwala	70	THQ Hospital Ferozewala	110	THQ Hospital Qaidabad
30	THQ Hospital Tandilianwala	71	THQ Hospital Sharaqpur Sharif	111	THQ Hospital Naushera
31	THQ Hospital Sumundri	72	THQ Hospital Muridke	**District: 183 –Mianwali**	
32	Govt. General Hospital 224/RB.	73	THQ Hospital Safdarabad	112	THQ Hospital Isa Khel
33	Govt. General Hospital Samanabad	**District: 155 -- Nankana Sahib**		113	THQ level Hospital Kalabagh
District: 132 – Jhang		74	THQ Hospital Shahkot	114	THQ Hospital Piplan
34	THQ Hospital Shorkot	75	THQ Sangla Hill	**District: 184 – Sargodha**	
35	THQ Ahmed Pur Sial	**District: 161 – Khanewal**		115	THQ Hospital Bhalwal
36	THQ Hospital 18-hazari	76	THQ Hospital Jahanian	116	THQ Kot Momin
District: 133-- Toba Tek Singh		77	THQ Hospital Kabir Wala	117	THQ Sahiwal
37	Govt. Eye-cum-General Hospital Gojra	78	THQ Hospital Mian Channu	118	THQ Silanwali
38	THQ Hospital Kamalia	**District: 162– Lodhran**		119	THQ Chak No. 46/SB
District: 134 -- Chiniot		79	THQ Hospital Kehror Pacca	120	THQ Hospital chak no. 90/sb
39	THQ Lalian	80	THQ Hospital dunya pur	121	THQ Hospital bhagtanwala
40	THQ Bhowana	**District: 163 – Multan**		122	Govt. TB Hospital Sargodha
District: 141 -- Gujranwala		81	Govt. Mushtaq Lang THQ Hosp. Jalalpur Pirwala	123	THQ Hospital Shahpur
41	THQ Hospital Wazirabad	82	Govt. THQ Hospital Shujabad	124	THQ Bhera
42	THQ Hospital Kamoke				

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 Hopital 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

S.No.	Facility Name	S.No.	Facility Name
1	B.V. Hospital Bahawalpur	23	General Hospital Lahore
2	CIVIL HOSPITAL BAHAWALPUR	24	Mayo Hospital
3	Teaching Hospital Sheikh Zayed RYK	25	Service Hospital
4	Teaching Hospital D.G. KHAN	26	Jinnah Hospital
5	Faisalabad Institute of Cardiology Faisalabad	27	Punjab Institute of Cardiology Hospital
6	District Head Quarter Hospital Faisalabad	28	Govt Teaching Hospital Shahdra
7	Children Hospital Faisalabad	29	Govt Nawaz Sharif Hospital Yakki Gate
8	Govt. General Hospital G.M Abad	30	Shaikh Zayed Hospital
9	Allied Hospital Faisalabad	31	Children Hospital
10	DHQ/Teaching Hospital Gujranwala	32	Ch. Pervaiz illahi institute of cardiology
11	Aziz Bhatti Shaheed (DHQ) Hospital, Gujrat	33	Children Hospital Complex Multan
12	Allama iqbal mem. Hosp. Sialkot	34	Nishter Institute Of Dentistry
13	GOVT Sardar Begum Hospital Sialkot	35	NISHTER HOSPITAL MULTAN
14	Institute of Mental Health	36	DHQ Teaching Hospital Sahiwal
15	Punjab Dental Hospital Lahore	37	GOVT. Haji Abdul Qayyum Teaching Hospital Sahiwal
16	Govt. Mian Munshi Hospital	38	Mini Hospital Ghalla Mandi Sahiwal
17	Govt. Mozang Hospital	39	Holy Family Hospital Rawalpindi
18	Siad Mitha Hospital Lahore	40	Benazir Bhutto Hospital
19	Govt. Kot Khawaja Saeeed Hospital	41	DHQ Hospital Rawalpindi
20	Lady Aitchison Hospital Lahore	42	Rawalpindi Institute of Cardiology, Rawalpindi
21	LADY Wallingdon Hospital,Lahore	43	DHQ Teaching Hospital Sargodha
22	Sir Ganga Ram Hospital Lahore		

DHIS Reporting Instruments

Primary Health Care   **Annexure-A**

Month: _____, **Year: 20__**

Total Working Days: _____

DHIS – 21 (MR)
PHC Facility Monthly Report
District

Date of Submission

Section I: Identification									
1.	Facility ID							4.	Signature of Facility In-charge:
2.	Facility Name								
3.	Tehsil							5.	Designation:

Section II: Monthly Performance (Number or % as appropriate)		Monthly Target	Performance
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal Care (ANC-1) coverage		
4.	Monthly report data accuracy		
5.	Delivery coverage at facility		
6.	TB-DOTS patients missing more than one week		
7.	Total Visits for FP		
8.	LHW pregnancy registration coverage		

Section III: Outpatients Attendance (From OPD Register)		<1yrs	1-4yrs	5 - 14	15 - 49	50 +	Total
1.	Male (New Cases)						
2.	Female (New Cases)						
	Grand Total						
3.	Follow-up cases.			4.	Referred cases attended		
5.	Total Homoeo cases		6. Total Tibb/Unani cases		7. No. of cases of Malnutrition < 5 yrs children		

Section IV: Cases attending OPD (From OPD Abstract Form)

Respiratory Diseases				Miscellaneous / Other		
				24	Hypertension	
Respiratory Diseases				**Skin Diseases**		
1	Acute (upper) respiratory infections			25	Scabies	
2	Pneumonia < 5 yrs.			26	Dermatitis	
3	Pneumonia > 5 yrs.			27	Cutaneous Leishmaniasis	
4	TB Suspects			**Endocrine Diseases**		
5	Chronic Obstructive Pulmonary Diseases			28	Diabetes Mellitus	
6	Asthma			**Neuro-Psychiatric Diseases**		
Gastro Intestinal Diseases				29	Depression	
7	Diarrhoea / Dysentery < 5 yrs			30	Drug Dependence	
8	Diarrhoea / Dysentery > 5 yrs			31	Epilepsy	
9	Enteric /Typhoid Fever			**Eye & ENT**		
10	Worm Infestations			32	Cataract	
11	Peptic Ulcer Diseases			33	Trachoma	
12	Cirrhosis of Liver			34	Glaucoma	
Urinary Tract Diseases				35	Otitis Media	
13	Urinary Tract Infections			**Oral Diseases**		
14	Nephritis/ Nephrosis			36	Dental Caries	
15	Sexually Transmitted Infections			**Injuries /Poisoning**		
16	Benign Enlargement of Prostrate			37	Road traffic accidents	
Other Communicable Diseases				38	Fractures	
17	Suspected Malaria			39	Burns	
18	Suspected Meningitis			40	Dog bite	
19	Fever due to other causes			41	Snake bite (with signs/ symptoms of poisoning)	
Vaccine Preventable Diseases				**Miscellaneous Diseases**		
20	Suspected Measles			42	Acute Flaccid Paralysis	
21	Suspected Viral Hepatitis			43	Suspected HIV/AIDS	
22	Suspected Neo Natal Tetanus			**Any Other Unusual Diseases** (Specify)		
Cardiovascular Diseases				44		
23	Ischemic heart disease			45		

Section V- Immunization *(From EPI Register)*					
1.	Children <12 months received 3rd Pentavalent vacc.		3.	Children <12 months fully immunized	
2.	Children <12 months rcvd. 1st Measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*					
1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*						7.	IUCD	
1.	Total FP visits		4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles		5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles		6.	Condom Pieces		10.	Implants	

Section VIII: Maternal and Newborn Health *(From Maternal Health & Obstetric Registers)*					
1.	1st Antenatal Care visits (ANC-1) in the facility		6.	Vacuum / Forceps deliveries in facility	
2.	ANC-1 women with Hb. <10 g/dl		7.	Live births in the facility	
3.	Antenatal Care revisit in the facility		8.	Live births with LBW(<2.5kg)	
4.	1st Postnatal Care visit (PNC-1) in the facility		9.	Stillbirths in the facility	
5.	Normal vaginal deliveries in facility		10.	Neonatal deaths in the facility	

Section IX: Community Based Data *(From LHW Report)*			4.	Infant deaths reported	
1.	Pregnant women newly registered by LHW		5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*			2.	No. of Participant	Male	
1.	No. of community meetings				Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*						**(For RHC ONLY)**		
	Services Provided	OPD	Indoor		Services Provided	OPD	Indoor	
1.	Total Lab Investigations			3.	Total Ultra Sonographies			
2.	Total X-Rays			4.	Total ECGs			
Laboratory Investigation for Communicable Diseases								
Malaria			**T.B**			**Viral Hepatitis**		
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve				

Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Cap. Amoxicillin		7.	Inj. Ampicillin	13.	Syp. Antihelminthic
2.	Syp. Amoxicillin		8.	Tab. Diclofenac	14.	I/V infusions
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol	15.	Inj. Dexamethasone
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac	16.	Tab. Iron/ Folic Acid
5.	Tab. Metronidazole		11.	Tab. Chloroquin	17.	ORS
6.	Syp. Metronidazole		12.	Syp. Salbutamol	18.	Oral pills (COC)

Section XII-B: Stock out Report: Vaccines (Tick where applicable)

1.	BCG vaccine		4.	Hepatitis-B vaccine	7.	Anti Rabies Vaccine
2.	Pentavalent vaccine		5.	Measles vaccine	8.	Anti Snake Venom
3.	Polio vaccine		6.	Tetanus Toxiod	9.	Vaccine Syringes

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*   *(For RHC ONLY)*

		Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Male									%	
2.	Female									%	

Section XIII-B: Cases Attending Indoor
(From Indoor Register / Obstetric Register)
(For RHC ONLY)

		Total Number of Admissions	Total Number of Deaths
1.	Diarrhea/Dysentery in < 5 yrs.		
2.	Pneumonia in <5 yrs.		
3.	Malaria		
4.	Pulmonary Tuberculosis		
5.	Obstetric / Maternal Complication		
6.	Other causes		
	Total		

Section XIV: Surgeries *(From OT Register)*   (For RHC ONLY)

1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Operations under other type of Anesthesia	

Section XV: Human Resource Data *(From Facility Records)*

	Post Name/Category	Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women/ Lady Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse/Charge Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician / Medical Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife					
18	LHW					
19	Others					

Section XVI-A: Revenue Generated *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		5.	X-Ray	Rs.	
2.	Indoor	Rs.		6.	Ultrasound	Rs.	
3.	Laboratory	Rs.		7.	Dental Procedures	Rs.	
4.	ECG	Rs.		8.	Ambulance	Rs.	
				9.	Others	Rs.	

Section XVI-B: Financial Report-for the Current Fiscal Year *(From Budget and Expenditure Statement)* *(For RHC ONLY)*

		Total Allocation for the fiscal year	Total Budget Released to-date	Total Expenditure to-date	Balance to date
1.	Salary & Allowances (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues

Month: _____, Year: 20__	**Secondary Hospital Monthly Report**	Date of Submission
Total Working Days: _____	*Tehsil_____District_____*	

Section I: Identification

1.	Facility ID							3.	Signature of Facility In-charge:
2.	Facility Name							4.	Designation:

Section II: Monthly Performance (Number or % as appropriate)

		Monthly Target	Performance				Monthly Target	Performance
1.	Daily OPD attendance				8.	C-Section performed		
2.	Fully immunization coverage				9.	Lab services utilization		
3.	Antenatal Care (ANC-1) coverage				10.	Bed occupancy rate		
4.	Delivery coverage at facility				11.	LAMA		
5.	TB-DOTS patients missing more than 1 wk				12.	Hospital death rate		
6.	Total Visits for FP				13.	Monthly report data accuracy		
7.	Obstetric complications attended							

Section III: Outpatients Attendance *(From OPD Register)*

	Specialty	New cases MALE <1 year	1–4	5–14	15–49	50+	FEMALE <1year	1–4	5–14	15–49	50+	Total	Follow-up	No. of cases of Malnutrition (<5)	Referred Attended
1.	General OPD														
2.	Medicine														
3.	Surgery														
4.	Pediatrics														
5.	Eye														
6.	ENT														
7.	Orthopedics														
8.	Psychiatry														
9.	Dental														
10.	Skin														
11.	OB/GYN														
12.	Emergency/ Casualty														
13.	Homoeo Cases														
14.	Tibb/Unani Shifa Khana OPD cases														
15.	Cardiology														
16.	Others														
	Grand Total														

Section IV: Cases attending OPD *(From OPD Abstract Form)*

Respiratory Diseases

1	Acute (upper) respiratory infections	
2	Pneumonia < 5 yrs.	
3	Pneumonia > 5 yrs.	
4	TB suspects	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	

Gastro Intestinal Diseases

7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Enteric / Typhoid Fever	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	

Urinary Tract Diseases

13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Infections	
16	Benign Enlargement of Prostrate	

Other Communicable Diseases

17	Suspected Malaria	
18	Suspected Meningitis	
19	Fever due to other causes	

Vaccine Preventable Diseases

20	Suspected Measles	
21	Suspected Viral Hepatitis	
22	Suspected Neonatal Tetanus	

Cardiovascular Diseases

23	Ischemic Heart Disease	
24	Hypertension	

Skin Diseases

25	Scabies	
26	Dermatitis	
27	Cutaneous Leishmaniasis	

Endocrine Diseases

28	Diabetes Mellitus	

Neuro-Psychiatric Diseases

29	Depression	
30	Drug Dependence	

31	Epilepsy	
Eye & ENT		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
Oral Diseases		
36	Dental Caries	
Injuries /Poisoning		
37	Road Traffic Accidents	

38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bite (with signs/ symptoms of poisoning)	
Diseases (Surveillance Importance)		
42	Acute Flaccid Paralysis	
43	Suspected HIV/ AIDS	
Any Other Unusual Diseases (Specify)		
44.		
45.		

Section V- Immunization *(From EPI Register)*

1.	Children <12 months received 3rd Pentavalent vacc.		3.	Children <12 months fully immunized	
2.	Children <12 months rcvd. 1st Measles vaccine		4.	Pregnant women received TT -2 vaccine	

Section VI: TB-DOTS *(From TB Card TB-01)*

1.	Intensive-phase TB-DOTS patients		2.	Intensive phase TB-DOTS patients missing treatment >1 week	

Section VII: Family Planning Services/Commodities provided *(From FP Register)*

						7.	IUD	
1.	Total FP visits		4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles		5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles		6.	Condom Pieces		10.	Implants	

Section VIII: Maternal and Newborn Health *(From Maternal Health & Obstetric Registers)*

1..	1st Antenatal Care visits (ANC-1)		9.	Live births with LBW < 2.5kg	
2.	ANC-1 women with Hb. <10 g/dl		10.	Stillbirths in the facility	
3.	Antenatal Care revisit, in the facility		**Neonatal deaths in the facility**		
4.	1st Postnatal Care visit(PNC-1) in the facility		11.	Birth Trauma	
Deliveries in the facility			12.	Birth Asphyxia	
5.	Normal vaginal deliveries		13.	Bacterial sepsis	
6.	Vacuum / Forceps deliveries		14.	Congenital Abnormalities	
7.	Cesarean Sections		15.	Prematurity	
8.	Live births in the facility		16.	Hypothermia	

Section IX: Community Based Data *(From LHW Report)*

1.	Pregnant women newly registered by LHW		4.	Infant deaths reported	
			5.	No. of modern FP method users	
2.	Delivery by skilled persons reported		6.	<5 year diarrhea cases reported	
3.	Maternal deaths reported		7.	< 5 year ARI cases reported	

Section X: Community Meetings *(From Community Meeting Register)*

1.	No. of community meetings		2.	No. of Participant	Male	
					Female	

Section XI: Diagnostic Services *(From Laboratory Register / TB Lab Register/ Radiology Register)*

	Services Provided	OPD	Indoor		Services Provided	OPD	Indoor
1.	Total Lab Investigations			4.	Total CT Scan		
2.	Total X-Rays			5.	Total ECG		
3.	Total Ultrasonographies						

Laboratory Investigation for Communicable Diseases

	Malaria			**T.B**			**Viral Hepatitis & HIV**	
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve		4.	HIV +ve	

Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month
(From Stock Register for Medicine/ Supplies) **Tick where applicable**

1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Antihelminthic	
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions	
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15.	Inj. Dexamethasone	
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16.	Tab. Iron/ Folic Acid	
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17.	ORS	
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18.	Oral pills (COC)	

Section XII-B: Stock out Report: Vaccines (**Tick where applicable**)

1.	BCG vaccine		4.	Hepatitis-B vaccine		7.	Anti Rabies Vaccine	
2.	Pentavalent vaccine		5.	Measles vaccine		8.	Anti Snake Venom	
3.	Polio vaccine		6.	Tetanus Toxiod		9.	Vaccine Syringes	

Section XIII-A: Indoor Services *(From Daily Bed Statement Register)*

	Specialty	Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Medicine									%	
2.	Surgery									%	
3.	Pediatrics									%	
4.	OB/GYN									%	
5	Eye									%	
6.	ENT									%	
7.	Orthopedics									%	
8.	Cardiology									%	
9.	Neuro Surgery									%	
10.	Psychiatry									%	
11.	TB/ Chest									%	
12.	Skin									%	
13.	Others									%	
	Grand Total									%	

Section XIII-B: Cases attending Indoors
(From Abstract Forms for Indoor)

		Total Admissions	Total Deaths
Medical			
1.	Diarrhoea/Dysentery < 5		
2.	Diarrhoea/Dysentery > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Enteric / Typhoid Fever		
11.	Diabetes Mellitus		
12.	Viral Hepatitis A & E		
13.	Viral Hepatitis B		
14.	Viral Hepatitis C		
15.	Meningitis		
16.	Chronic Liver Diseases		
17.	Chronic Renal Diseases		
Cardiac Diseases			
18.	Congestive Cardiac Failure (CCF)		
19.	Hypertension		
20.	Ischemic Heart Diseases (IHD)		
Vaccine Preventable Diseases			
21.	Neonatal Tetanus		
22.	Acute Flaccid Paralysis (AFP)		
Surgical			
23.	Acute Appendicitis		
24.	Burns		
25.	Cholelithiasis / Cholecystitis		
26.	Hernias		
27.	Hyperplasia of Prostate		
28.	Urolithiasis		

Section XIII-B: Cases attending Indoors
(From Abstract Forms for Indoor)

		Total Admission	Total Deaths
Orthopedic Diseases			
29.	Arthropathies		
30.	Fractures		
Eye			
31.	Cataract		
32.	Corneal Opacity		
33.	Glaucoma		
ENT			
34.	Chronic Otitis Media		
35.	DNS		
Gynecological			
36.	Fibroid Uterus		
37.	Inflam. diseases of female pelvic organs (PID)		
38.	Uterine Prolapse		
39.	Vesico -Vaginal Fistula		
Obstetrics/Maternal Complications			
40.	Ante partum Hemorrhage (APH)		
41.	Complications of Abortion		
42.	Ectopic Pregnancies		
43.	Postpartum Hemorrhage (PPH)		
44.	Pre-Eclampsia/ Eclampsia		
45.	Prolonged/ Obstructed Labour		
46.	Puerperal Sepsis		
47.	Rupture Uterus		
48.	Other Obstetric Complications		
Neurological/Neurosurgical			
49.	CVA/Stroke		
50.	Head Injuries		
Mental Behavioral Disorder			
51.	Drug Abuse (Psycho-Active substance use)		
52.	Mental Disorder		
Any other Unusual Diseases (Specify)			
53.			
54.			

Section XIV: Surgeries
(From OT Register)

1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Operations under other type of Anesthesia	

Section XV: Human Resource Data *(From Facility Records)* Sanc.= Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility

	Post Name/Category	Sanc.	V	C	G-In	G-Out		Post Name/Category	Sanc.	V	C	G-In	G-Out
1	MS/AMS /Deputy MS						18	Dental Surgeon					
2	Medical Specialist						19	Physiotherapists					
3	Surgical Specialist						20	Matron					
4	Cardiologist						21	Head Nurse					
5	Chest Specialist						22	Staff Nurse/Charge Nurse					
6	Neurosurgeon						23	Lab Assistant/Techs.					
7	Orthopedic Surgeon						24	X-Ray Assist /Techs					
8	Child Specialists						25	Dental Assist. /Techs					
9	Gynecologists						26	ECG Assist. /Techs.					
10	Eye Specialists						27	Lady Health Visitors					
11	ENT Specialists						28	Health/Medical Technicians					
12	Anesthetist						29	Dispensers					
13	Pathologist						30	EPI Vaccinators					
14	Radiologist						31	Sanitary Inspectors					
15	PMO/APMO/ CMO/SMO/MO						32	Midwives					
16	PWMO/APWMO/SWMO/WMO						33	LHWs					
17	Medical Assistant						34	Others					

Section XVI-A: Revenue Generated *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVI-B: Financial Report-for the Current Fiscal Year   *(From Budget and Expenditure Statement)*

		Total Allocation for the Fiscal Year	Total Budget Released to-date	Expenditure to-date	Balance to date
1.	Salary & Allownces (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues

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