



DISTRICT HEALTH INFORMATION SYSTEM (ANNUAL REPORT)

2019

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MESSAGE FROM DIRECTORATE 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
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ABSTRACT

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.

ACKNOWLEDGEMENT

The Annual Report would not be possible without the collaboration, guidance, and expertise of Dr. Haroon Jahangir Khan, Director General Health Services Punjab. The regularly reviews, discussion, and modification of methodological framework used to ensure that the Annual Report meets the most rigorous statistical standards and accurately reflects the state of our Provincial health.

On behalf of MIS team, Dr. Sohail Arshad (Director MIS), Mr. Farooq Ahmed (CPO MIS), Ms. Aleena Tahir, Ms. Fatima Ghani and Mr. Aziz Ullah, we thank to the focal persons of Districts and public health professionals who worked to improve our provincial health for their tireless efforts with timely collaboration. We are better prepared to address the public health challenges of today and tomorrow. They deserve our deepest appreciation.

Director Health Services (MIS Cell)
Directorate General Health services
Punjab, Lahore

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EXECUTIVE SUMMARY

The provision of timely and effective health care services is the key objective of any country's health system. To maintain the health system in a good functioning status, it is imperative to regularly monitor it through an efficient Health Information System. This system should be able to provide timely and 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. The upgraded version of DHIS was implemented at district level in 2009. As this 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 this program in all 36 districts by September 2009.

In this report, different indicators are discussed. The data of teaching/tertiary care hospitals is also included. In first portion of report, the year wise comparison of important indicators is presented in the form of graphs. Almost overall trend in all indicators show increase during 2019.

The detailed analysis of 2019 data is being presented in this report. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2019 the reporting compliance was above 99%. The total OPD in 2019 was 170 million which is greater than previous year as in year 2018 OPD was 165 Million. The per capita OPD in 2019 was 1.51 which is 0.03 less than that of previous year OPD (1.54 OPD Per Capita), as in year 2018, population was estimated but in 2019, there is census based population. That's why there is a decrease in OPD per capita. On an average, per day OPD attendance in teaching/tertiary hospitals was 114,446, in DHQ Hospitals 64,854, THQ Hospitals 117,366, in RHCs 77,331 and in BHUs 131,545 visits were reported. In age and gender wise analysis, the percentage of female patients were (54%) and that of male patients were (46%). The highest number of patients were reported in age group 15-49 years in which female proportion was greater than the male.

Fifty-four diseases are reported through DHIS. Percentage of Priority disease is 51% and other diseases have 49%. Out of these 54 priority diseases, 28 are communicable and 26 are non-communicable. The proportion of communicable diseases was 52% while the non-communicable diseases were 48%. Top five disease were Acute(upper) respiratory infection, Fever due to other causes, Peptic ulcer disease, Scabies and Hypertension. 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 2015-2018 and it is compared with 2019 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2019, the overall ANC-1 reported coverage in Punjab was 4,284,229 of the total expected population (3.4%). Out of the total ANC-1 women, 24% were reported with hemoglobin level less than 10g/dl.

Delivery coverage at health facility is an indicator of utilization of delivery services provided at public health facilities. The overall percentage of deliveries conducted in Health Facilities of Punjab, during 2019 was 41% of the total expected population (2.9%). The average number of deliveries were 506 per month per teaching/tertiary care hospitals. In DHQ hospitals 402, in THQ Hospitals 110, in RHCs

59 and in BHUs 18 deliveries per month were reported. C-Section rate is 17% of total deliveries and obstetric complications were 6% of total deliveries that is less than previous year as during 2018, obstetric complications were 9%. Out of the total live births, 3% babies were born with low birth weight (<2.5kg). Neonatal mortality rate was calculated and it was found 1.2% 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 2019, total 72 Million patients availed the lab services in which 36.1 million patients in outdoor and 35.8 million patients in indoor utilized the lab services.

Bed occupancy rate indicates utilization of hospital indoor services. It may also indicate quality of care. Annual BOR are used to evaluate or compare how hospitals or individual specialties are using their resources. The cumulative BOR during 2019 was 94% in secondary and tertiary care hospitals. Average length of stay 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 the probable burden on hospital resources. The ALS was 2 in all levels of health facilities during 2019.

Hospital death rate is the measure of the proportion of hospital deaths among admitted patients in hospitals. During 2019, number of deaths were 172,904 i.e. (2%) out of number of total admissions in indoor 7,231,871 were reported. Percentage of deaths in teaching/tertiary hospitals was 2.9%, in DHQ Hospitals 2.4%, in THQ Hospitals 0.6% and in RHCs 0.3%.

Stock out 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 2019, family planning visits reported from the public sector health facilities against the expected population (16% MCBA) were 2,188,877 (2 Million).

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.

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

Important Features of DHIS

DHIS is a district – based Routine Health Information System

- Responds to the information need of the District health systems. It also supports in performance monitoring both at district and province levels
- DHIS provides minimum set of indicators
- Promotes / Supports evidence based decision-making at local level & provincial level
- 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.

Overview of DHIS-2 Program

The chronic issue of fragmentation and duplication in vertical programs is hindrance to compliance of reporting data. In the absence of any mechanism for integration of information coming from district or provincial levels, evidence based and informed decision-making is far from reality. It was decided that DHIS2 will be developed in a phased manner as per agreed Road Map and implementation plan. Moreover, it was also realized that health managers at all levels incorporated all reporting systems into DHIS2 and interfaced with EMR and Logistic Management Information systems.

DOH with the technical and financial handholding of UNICEF and development partners is all set to embark on a new journey where current DHIS will be replaced by DHIS-2, which will also act as a central dashboard for key performance indicators through necessary interfacing. During the phase-II, all the data entry/input would also be enabled in DHIS-2 to ensure greater synergies by managing a single data repository.

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

IMPORTANCE OF RECORD KEEPING AND DATA MANAGEMENT

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

Modern facilities of IT and communication 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, work in the field research has flourished. It has given immense opportunities to the human mind. The dengue epidemic of 2011 is an example of this relationship when all the departments of Punjab and academic institutions joined hands to help the government to face the dire situation.

CHALLENGES AND ISSUES

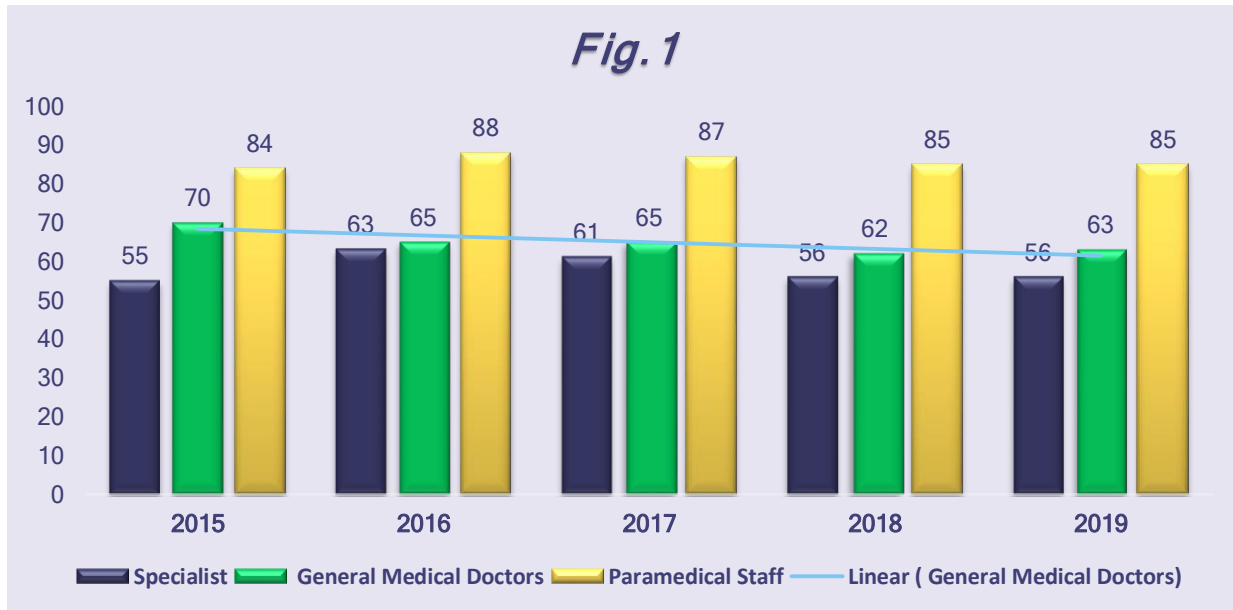
Health is a huge subject consisting of diverse fields of which medicine is only a part. In Pakistan it has become imperative to strengthen the links between the working departments to improve health and prevent disease to reduce morbidity, disability and death. It is essential to use IT for capturing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

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

POSITION OF FILLED STAFF

According to year 2019 following positions have been filled:

- Positions of the Specialists Staff = 56%
- Positions of General Cadre Medical Doctors = 63%
- Positions of Paramedical Staff = 85%
- Positions of Other Staff were filled = 78%



(Fig.1) Showing an increase of 1% in MO's for year 2019 as compared to the situation of the Year 2018, as government is working to bring improvements.

Number of Functional and Reporting Health Facilities with Number of Beds

Table No.:1

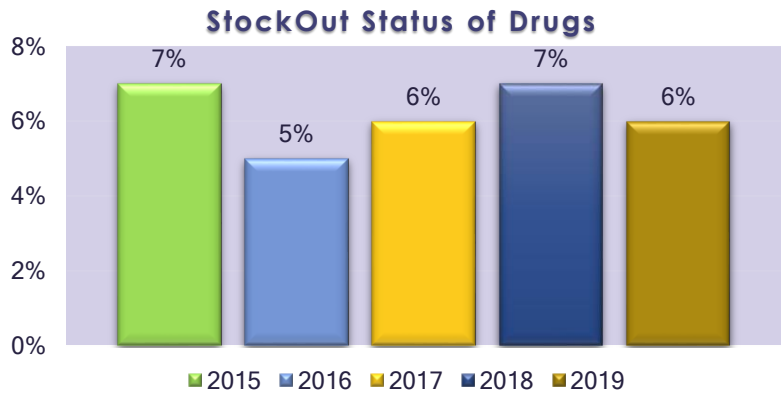
District	THOS		DHQ		THQ		RHC(all)		BHU(all)		BHU_24_7		MCH		Disp.(class 1&3)		Total	
	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
Bahawalnagar	0	0	1	535	4	232	10	148	58	115	45	92	7	0	0	0	125	1122
Bahawalpur	2	1920	0	0	4	212	12	240	27	54	46	92	10	0	5	0	106	2518
Rahimyar Khan	1	954	0	0	3	200	19	356	49	98	55	110	7	0	0	0	134	1718
D.G Khan	1	0	0	0	2	160	9	180	5	10	48	96	5	0	22	0	92	446
Layyah	0	0	1	320	6	280	6	120	7	14	29	58	2	0	22	0	73	792
Muzaffargarh	0	0	1	236	4	234	13	248	36	72	36	72	3	0	16	3	109	865
Rajanur	0	0	1	133	2	132	7	145	7	14	25	50	1	4	2	0	45	478
Faisalabad	5	3200	0	0	6	270	15	300	116	232	52	104	6	0	7	0	207	4106

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
Jhang	0	0	1	0	3	212	10	100	2	2	56	74	2	0	8	0	82	388
T.T singh	0	0	1	250	2	266	9	180	39	78	31	62	2	0	23	0	107	836
Chiniot	0	0	1	94	2	80	3	60	4	4	32	53	2	2	2	6	46	299
Gujranwala	1	450	0	0	3	160	12	240	60	120	32	64	10	0	53	0	171	1034
Gujrat	1	0	0	0	6	360	9	200	60	120	28	56	8	8	1	0	113	744
Narowal	0	0	1	300	1	80	7	140	36	81	21	42	4	0	10	20	80	663
Sialkot	2	0	0	0	4	0	6	0	61	2	27	0	14	0	21	0	135	2
Hafizabad	0	0	1	250	1	60	7	80	19	16	13	4	3	2	5	0	49	412
M.B Din	0	0	1	100	2	100	9	172	27	70	21	62	5	0	1	0	66	504
Kasur	0	0	1	315	4	80	11	151	7	5	74	23	8	0	23	0	128	574
Lahore	18	0	0	0	8	400	5	80	25	46	12	20	59	14	102	0	229	560
Okara	0	0	2	385	2	100	10	198	61	108	36	73	9	0	0	0	120	864
Sheikhupura	0	0	1	648	4	0	7	104	54	136	26	76	4	0	4	0	100	964
Nankana Sahib	0	0	1	120	2	188	6	144	26	52	22	45	5	0	17	0	79	549
Khanewal	0	0	1	250	3	160	7	102	50	100	33	66	4	0	13	0	111	678
Lodhran	0	0	1	125	2	80	4	80	2	4	46	92	1	2	6	10	62	393
Multan	5	2359	1	181	2	120	8	160	45	90	37	74	18	0	20	0	136	2984
Pakpattan	0	0	1	125	1	60	5	100	34	68	21	42	2	0	0	0	64	395
Sahiwal	3	767	0	0	1	120	11	220	52	104	24	48	6	0	16	16	113	1275
Vehari	0	0	1	300	2	242	14	84	42	6	32	10	5	0	3	0	99	642
Attock	0	0	1	211	5	320	6	110	2	4	60	120	3	0	2	0	79	765
Chakwal	0	0	1	205	4	170	11	181	45	49	19	20	2	2	5	0	87	627
Jhelum	0	0	1	258	2	120	6	120	33	66	15	38	6	0	18	0	81	602
Rawalpindi	5	272	0	0	7	462	8	101	70	161	28	62	6	10	13	24	137	1092
Bhakkar	0	0	1	360	3	0	5	92	19	38	21	42	2	0	12	1	63	533
Khushab	0	0	1	125	4	240	5	68	27	54	16	30	7	3	16	2	76	522
Mianwali	0	0	1	313	3	142	10	200	5	9	37	78	5	0	14	0	75	742
Sargodha	1	731	0	0	10	480	12	240	97	194	34	68	8	2	9	24	171	1739
Grand Total	45	10,653	26	6,139	124	6,522	314	5,444	1,309	2,396	1,190	2,118	251	49	491	106	3750	33,427

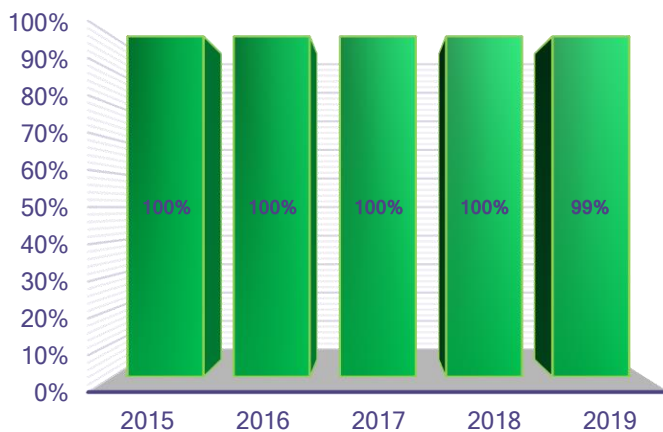
YEAR-WISE COMPARISON OF IMPORTANT INDICATORS

Stock-out Status of Drugs

The graph shows the year wise comparison of stock-out status of essential drugs. In 2015 & 2018, the highest percentage was observed (7%). In 2016, the lowest stock out was observed (5%). And in Year 2019, stock-out Status of drugs percentage is 6%. Because of non-procured medicines, the stock out increases.



Compliance (fig.3)



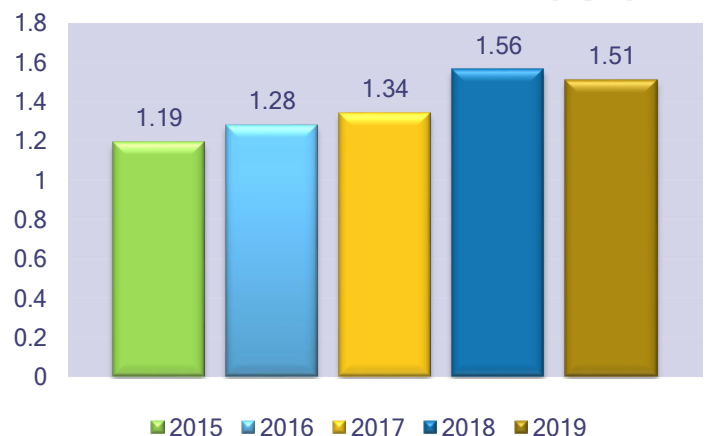
Reporting Compliance

The *fig.3* shows the year wise comparison of reporting compliance Percentage. The target for reporting compliance is 95% and it can be seen that during previous four years, the reporting regularity of Province Punjab is above the target. And year 2019, has 99% reporting compliance. There is decrease of 1% because there are some local government facilities added in compliance but they are not reporting yet.

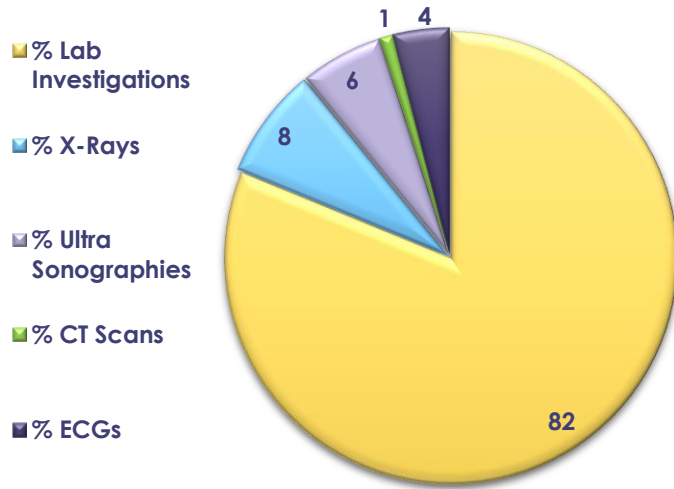
Per Capita OPD Attendance

The year wise comparison of per capita OPD attendance is shown in *fig.4*. It can be seen that there is improvement every year in Per capita OPD till 2018 which implies that the population is satisfied by provision of services in the public health facilities. In year 2019, per capita OPD attendance is 1.51, which is 0.03 less than that of previous year OPD. The major reason has observed for decline that in year 2018, population was estimated but in 2019, there is census based population.

Per Capita OPD Attendance (fig.4)



Lab Services Utilization 2019 (fig.5)

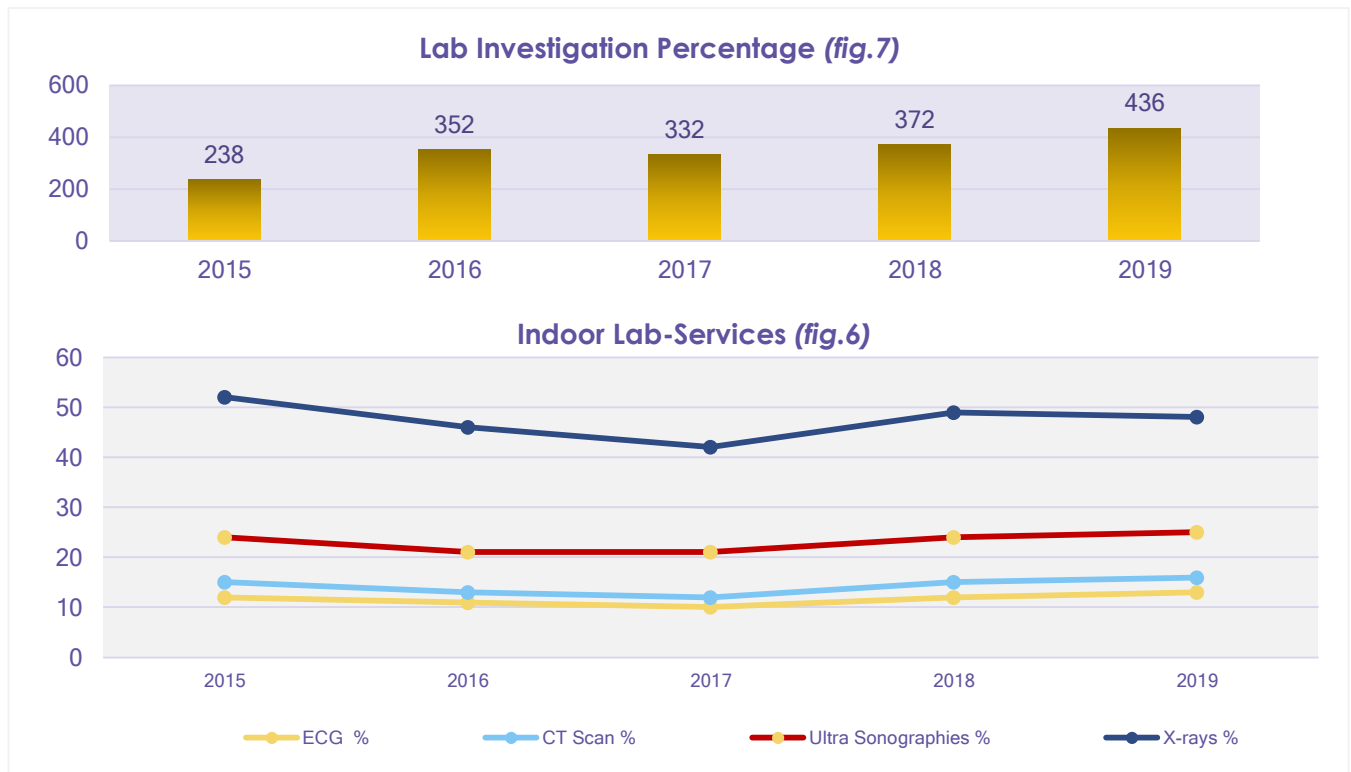


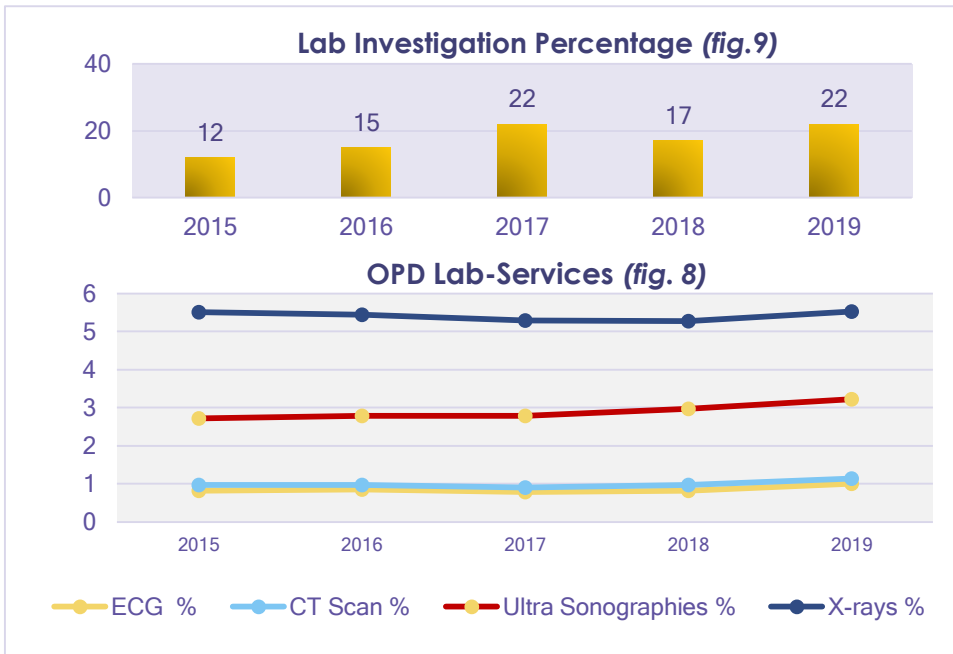
Lab Utilization Services

The fig.5 shows lab services utilization percentage. Sum of Total Indoor and outdoor services w.r.t to total lab services. In year 2019, Lab investigation proportion is 82%, X-rays 8%, Ultra Sonographies 6%, CT Scan 1% and ECGs 4%.

Lab Utilization (In-door)

The above graph shows the year wise comparison of lab utilization in indoor. The percentage is calculated from the total admissions in indoor. Fig.6 shows the lab investigation percentage. Fig.7 shows X-Rays, ECG, CT Scan and Ultrasonography percentage of previous five years.



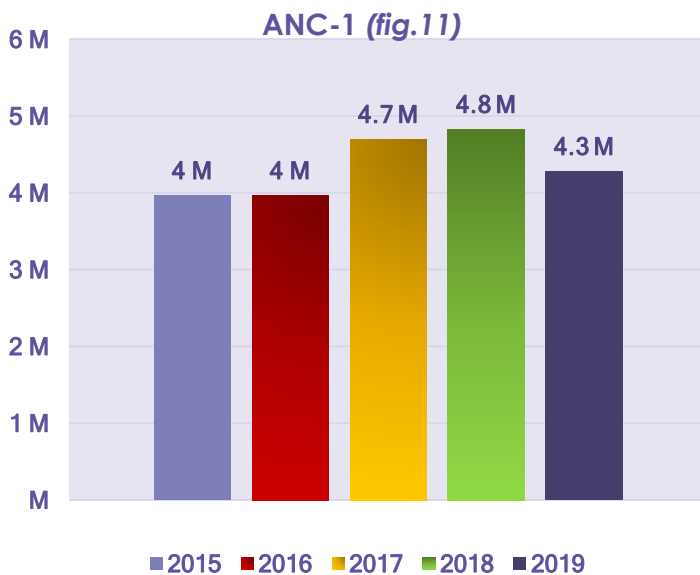


Lab Utilization (Out-door)

The graph shows the year wise comparison of lab utilization in Out-door. The percentage is calculated from the total OPD visits. fig. 8 shows the lab investigation percentage. fig.9 shows X-Rays, ECG, CT Scan and Ultrasonography percentage.

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 2019, total 170,089,701 (170 M) patients were reported in DHIS.

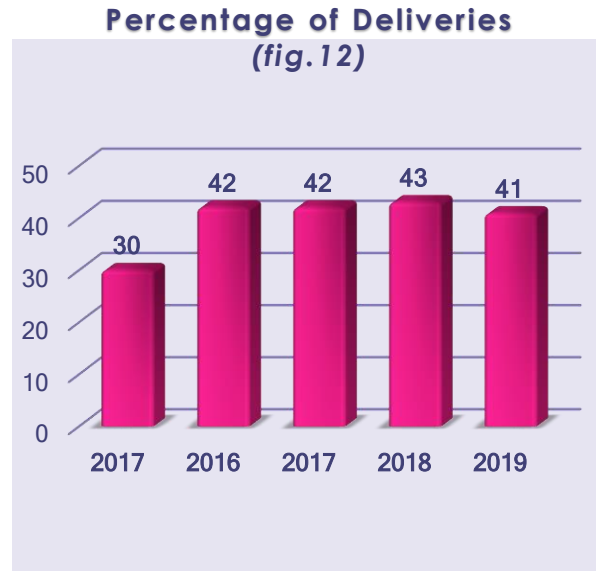


Antenatal Care Services

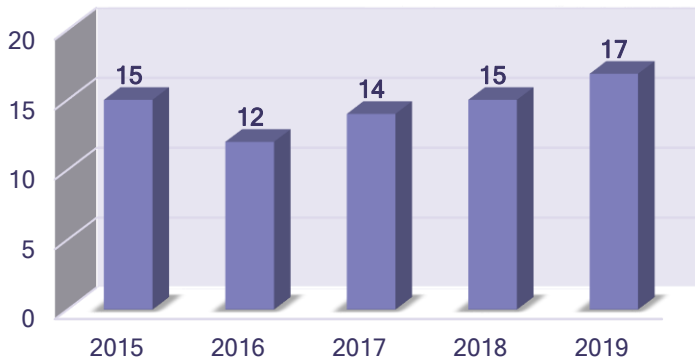
Fig.11 shows the year wise comparison of numbers of ANC-1 visits. This numbers is calculated from the expected pregnancies during the year (3.4% of total Population). The number has improved from year to year (2015 to 2018) but there is a decrease in year 2019 because of rectification of revisits data into ANC-1. Directions to Health facilities were given regarding ANC-1 & ANC revisits. ANC-1 visits in 2019 are 4,284,440.

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 till 2018. In Year 2019, there's a slight decline of 2% as compared to previous year, because of counter verification of IRMNCH & Roadmap. There are 41 % deliveries conducted in year 2019. Number of deliveries conducted in 2019 are 1,338,530.



Caesarean Section (fig.13)



Caesarean Section

The graph shows the year wise comparison of C- Sections performed. The percentage is calculated from the total deliveries conducted at health facilities. 15% and 12% C-Section performed in 2015 & 2016 respectively. It was observed there is a decline of 3% in year 2016 and continuous steady rise from 2017 to 2019.

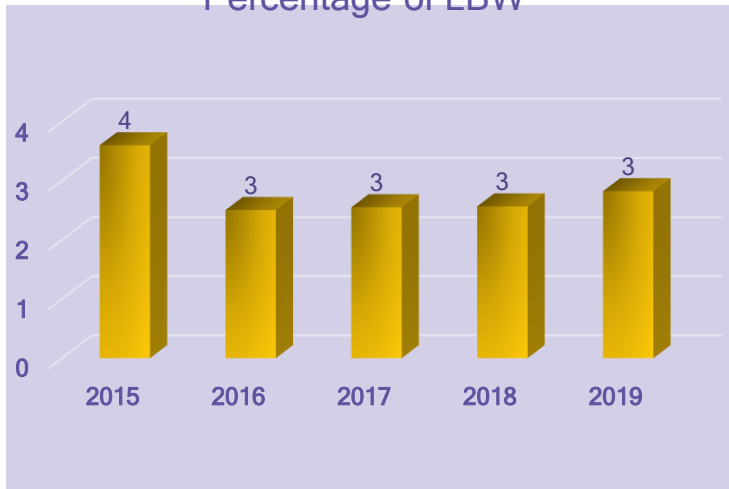
Percentage of Anaemic Women Coming for ANC-1

Fig.14 shows the year wise comparison of anemic women percentage, coming for ANC-1 at the health facilities. It was analyzed that there was a steady increase from year 2015 to 2019. It was found that 24% Anaemic women reported In year 2018 & 2019. 1,027,962 out of 4,284,440 Women attending the health facilities for ANC-1 were found Anaemic.

PERCENTAGE OF ANAEMIC WOMEN COMING FOR ANC-1 (fig.14)



Percentage of LBW



Frequency of Low Birth Weight (LBW) Babies

The graph shows the year wise comparison of number of babies with low birth weight percentage, delivered at health facilities. The percentage is calculated from the total deliveries conducted at health facilities.

Family Planning Visits

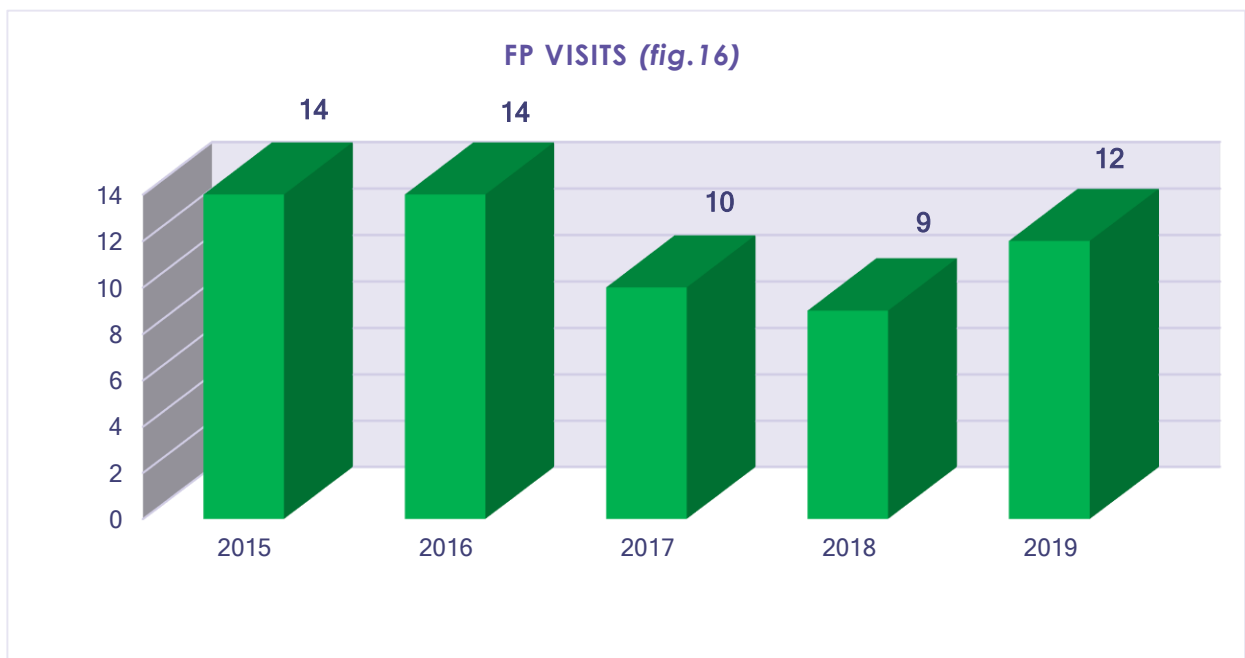
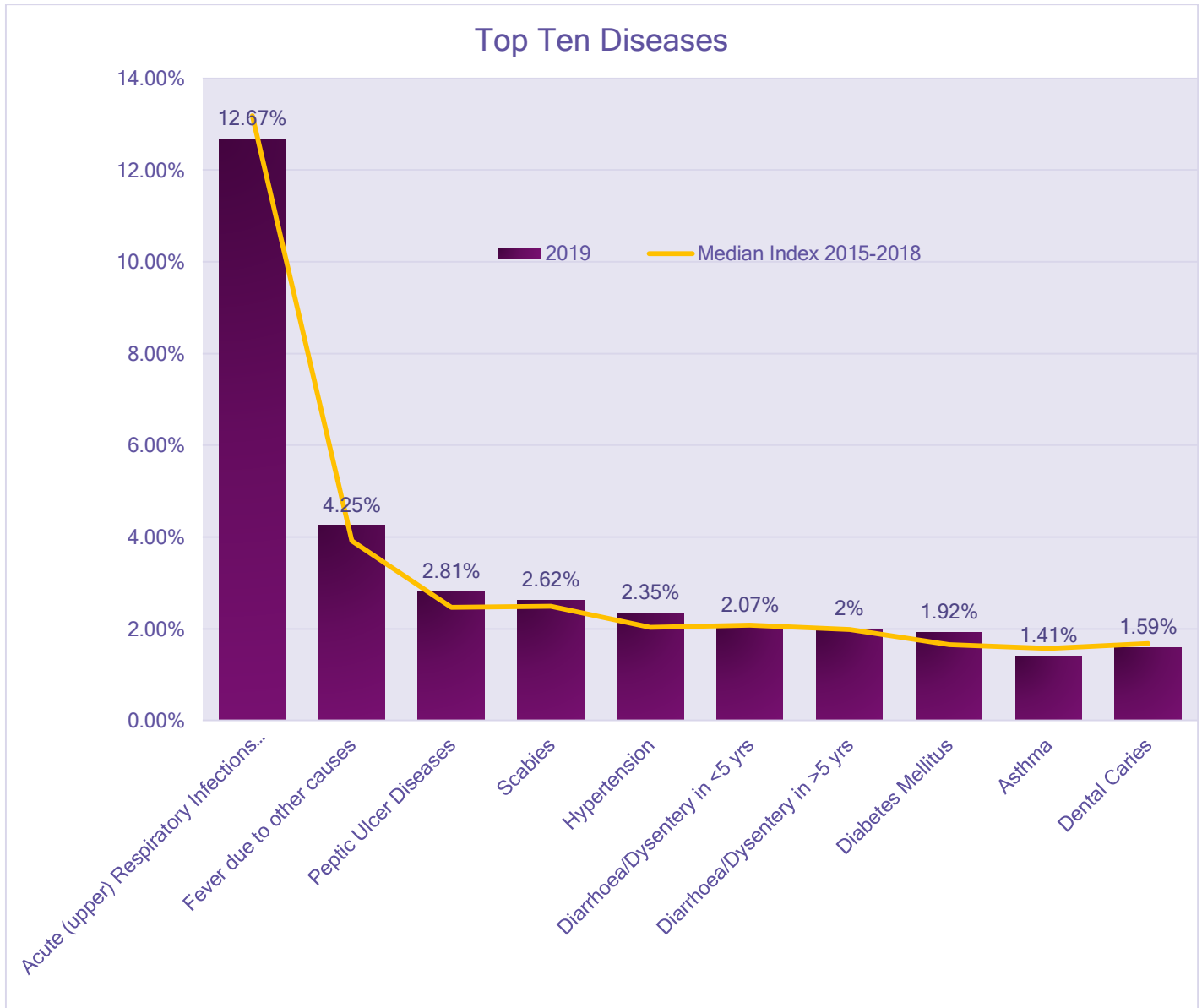


Fig.16 shows the year wise comparison of family planning visits percentage, calculated from the expected population (16% MCBA). It can be seen from the figure that the percentage of family planning visits has decreased in Year 2017 & 2018. In year 2019, there is a slight rise of 3% in family planning visits, as compared to previous year.

Top Ten Diseases PERCENTAGE (2015-2019)

The following graphs show the comparison of top 10 diseases numbers of year 2015 to 2019. The median index is shown with line chart and 2019 data is shown in bars. The overall trend shows an increase in the number of deceased persons. In ARI (Acute UPER Respiratory infections) there's a decrease of 1 % as compared to average of last 4 years.



Number and Percentage of Priority Diseases Cases:

Fifty-four priority diseases have reported through DHIS:

Table:2

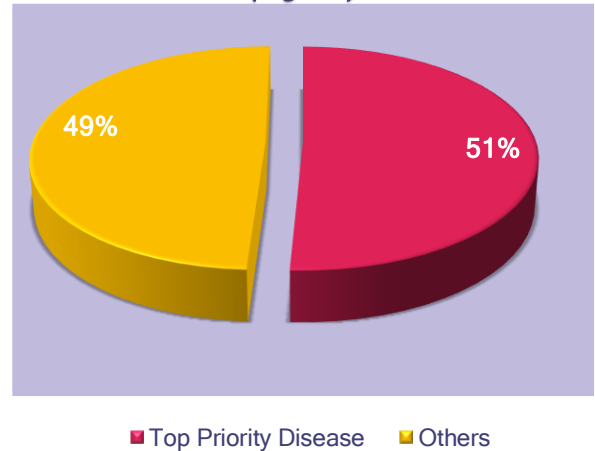
Sr#	Diseases	Number of Diseases	%age	Sr#	Diseases	Number of Diseases	%age
1	Acute (upper) Respiratory Infections (AURI)	21,530,913	12.66	30	Burns	138,840	0.08
2	Fever due to other causes	7,231,389	4.25	31	Epilepsy	137,128	0.08
4	Peptic Ulcer Diseases	4,781,678	2.81	32	Trachoma	130,602	0.08
5	Scabies	4,453,449	2.62	33	Nephritis/Nephrosis	115,499	0.07
6	Hypertension	4,001,178	2.35	34	Benign Enlargement of Prostate	107,055	0.06
7	Diarrhoea/Dysentery in <5 yrs	3,513,165	2.07	35	Glaucoma	100,268	0.06
8	Diarrhoea/Dysentery in >5 yrs	3,395,523	2	36	Sexually Transmitted Diseases	77,413	0.05
9	Diabetes Mellitus	3,253,953	1.91	37	Drug Dependence	76,101	0.04
10	Dental Caries	2,709,427	1.59	38	Suspected Dengue Fever	31,208	0.02
11	Road traffic accidents	2,619,620	1.54	39	Acute Watery Diarrhoe	29,582	0.02
12	Asthma	2,395,165	1.41	40	Suspected HIV/AIDS	23,258	0.01
13	Urinary Tract Infections	2,299,517	1.35	41	Suspected Measles	13,822	0.01
14	Dermatitis	1,925,977	1.13	42	Suspected Meningitis	9,443	0.01
15	Worm infestation	1,587,594	0.93	43	Snake bites (with signs/symptoms of poisoning)	8,819	0.01
16	Otitis media	1,221,878	0.72	44	Bloody Diarrhoea	2,426	0
17	Chronic Obstructive Pulmonary Diseases	1,008,749	0.59	45	Suspected Diphtheria	1,846	0
18	Ischemic Heart Diseases(IHD)	937,091	0.55	46	Seasonal Influenza H1N1	1,707	0
19	Suspected Viral Hepatitis	921,637	0.54	47	Cutaneous Leishmaniosis	1,586	0
20	Enteric/Typhoid Fever	845,032	0.5	48	Acute Flaccid Paralysis	1,519	0
21	TB Suspects	842,594	0.5	49	Chicken Pox	1,440	0
22	Suspected Malaria	837,442	0.49	50	Suspected Neonatal Tetanus	797	0
23	Depression	789,155	0.46	51	Suspected Avian Flu	171	0
24	Cataract	618,290	0.36	52	Suspected Pertusis	1	0
25	Pneumonia <5 years	566,778	0.33	53	Suspected Viral Hemorrhagic Fever(CCHF)	1	0
26	Pneumonia >5 years	423,075	0.25	54	Silicosis (Lung Disease)	0	0
27	Fractures	414,181	0.24	Grand Total			
28	Dog bite	226,124	0.13				
29	Cirrhosis of Liver	22,4641	0.13				
			82706460				49

DISEASE PATTERN

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

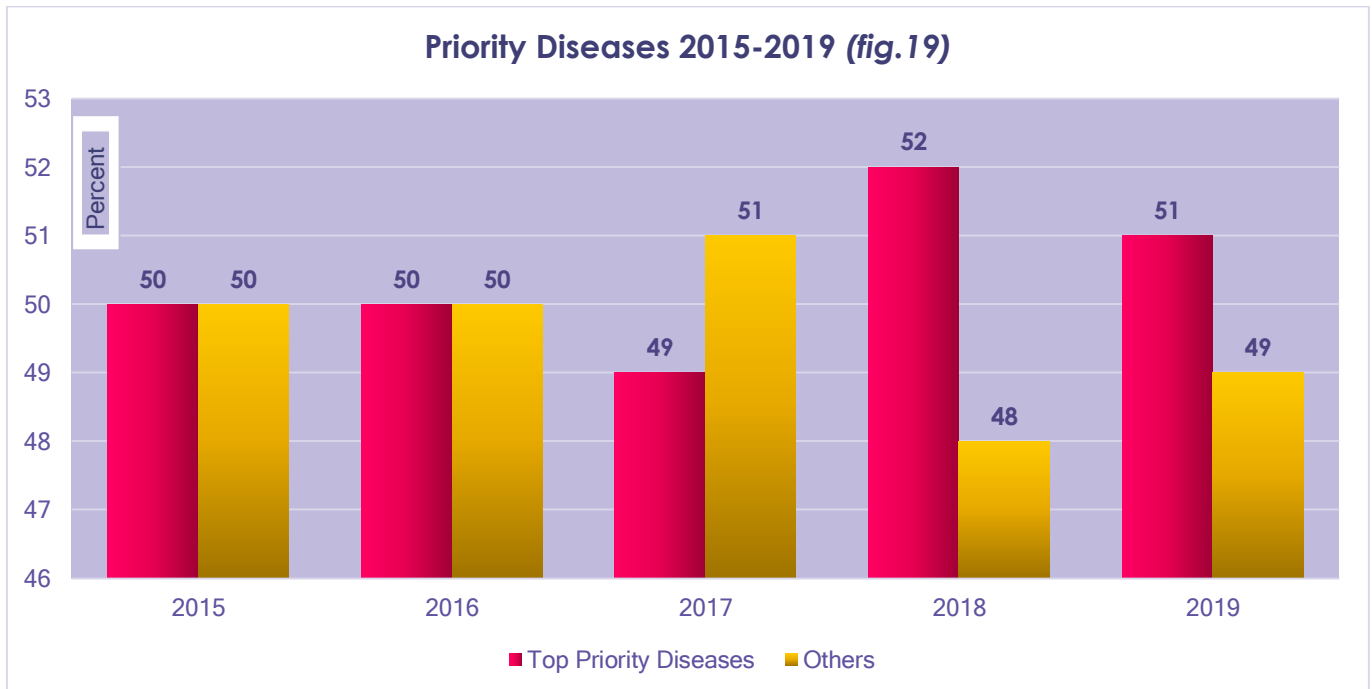
This indicator will help in understanding which diseases/cases were attended at the facility, at all health facilities in a tehsil or district, the changes in diseases trend over years or months of the same year and the difference among union councils, tehsil or districts. The indicator can trigger a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

Top Priority Diseases 2019
(fig.18)



Fifty-three diseases are reported through DHIS. The patients of reported diseases constitute overall 51% of the total patients in 2019 while rest of the 49% was reported under the category of Other diseases.

Priority Diseases 2015-2019 (fig.19)



Above Fig.19 shows past five years' top 54 Priority Diseases and Other disease percentage. This indicator is a measure of the annual number of cases according to specified disease classification attending the OPD.

COMPARISON OF TOP PRIORITY DISEASES (2015-2019)

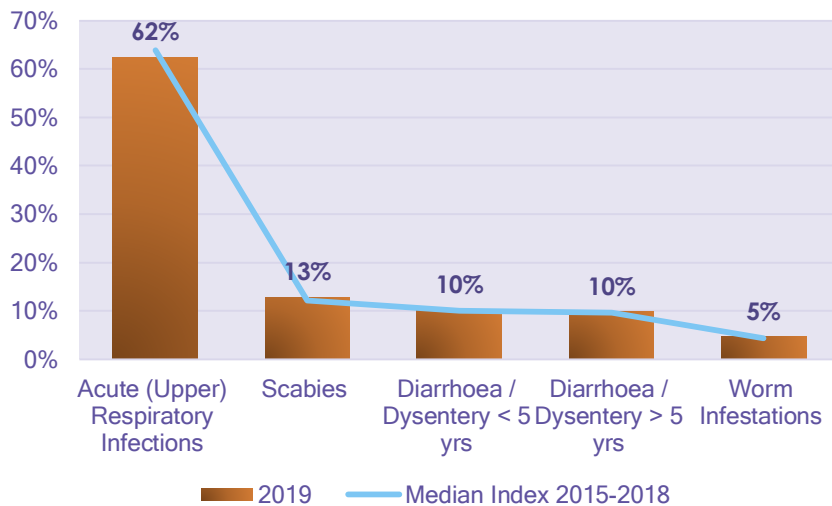
Communicable Disease:

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.

List of Top Priority Communicable diseases from continues last 5 years:

Acute (Upper) Respiratory Infections	Scabies	Diarrhoea / Dysentery < 5 yrs	Diarrhoea / Dysentery > 5 yrs	Worm Infestations
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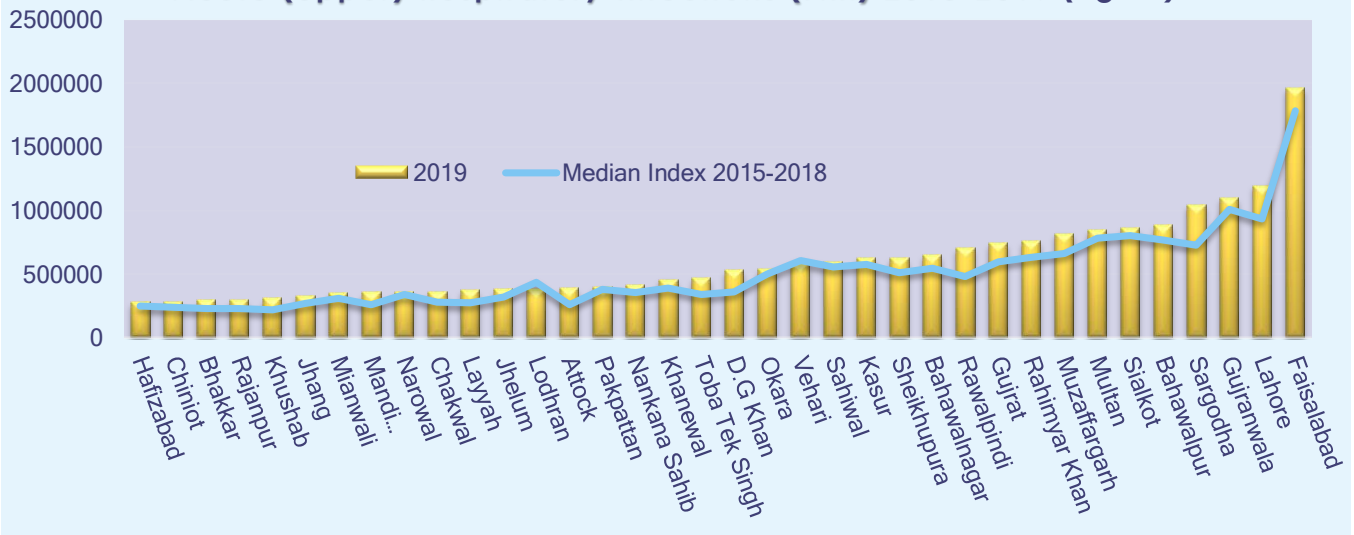
Top five Communicable Disease (fig.20)



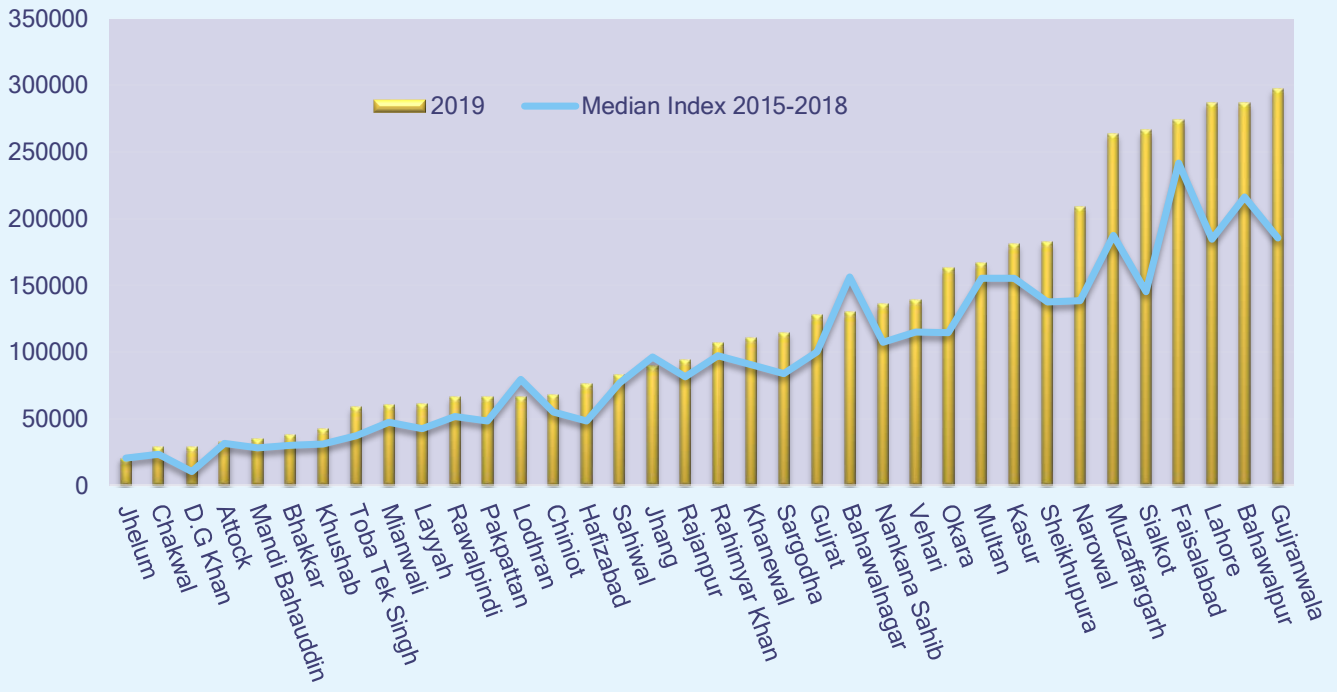
Graph shows the comparison of top 5 Communicable diseases percentages, constant for last 5 years i.e 2015 to 2019, having percentage of patients in 2019 with the median index of 2015-2018 numbers. The median index is shown with bar chart and 2019 data is shown with trend line. The overall trend shows an increase in the number of infected persons increase in the number of infected persons.

District wise top five Communicable Diseases for 5 years

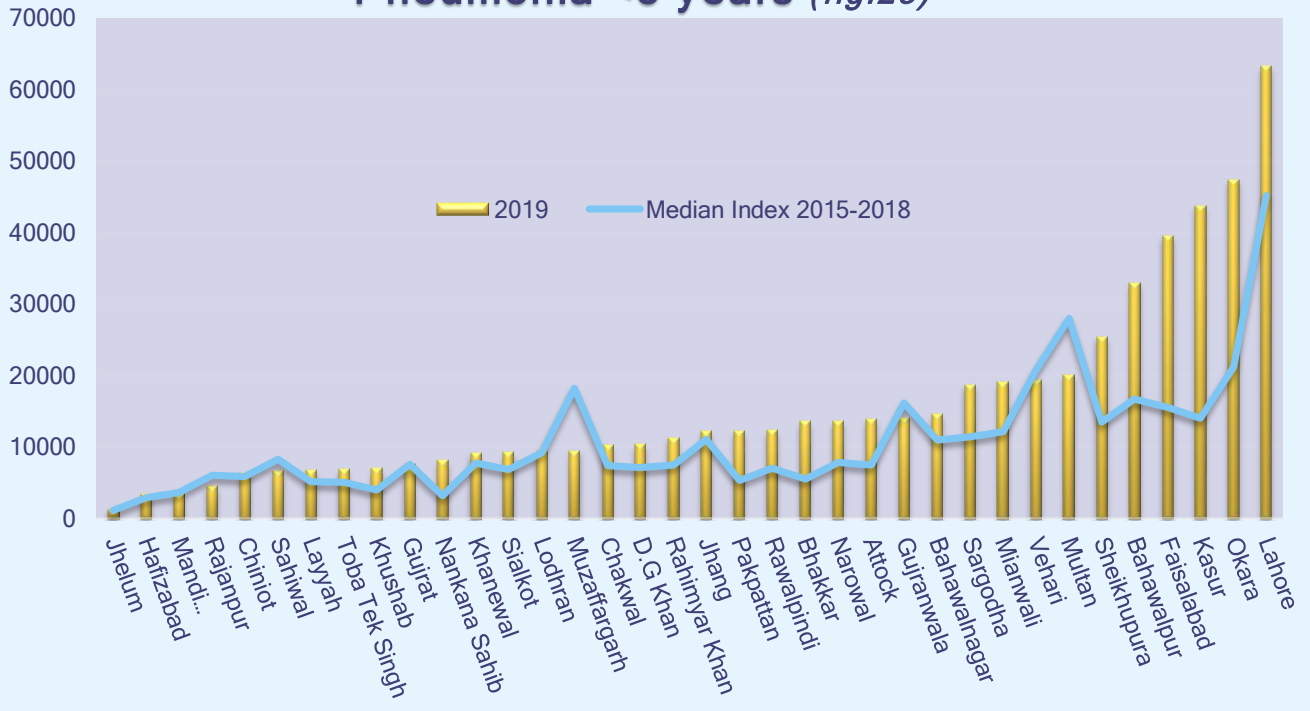
Acute (upper) Respiratory Infections (ARI) 2015-2019 (fig.21)



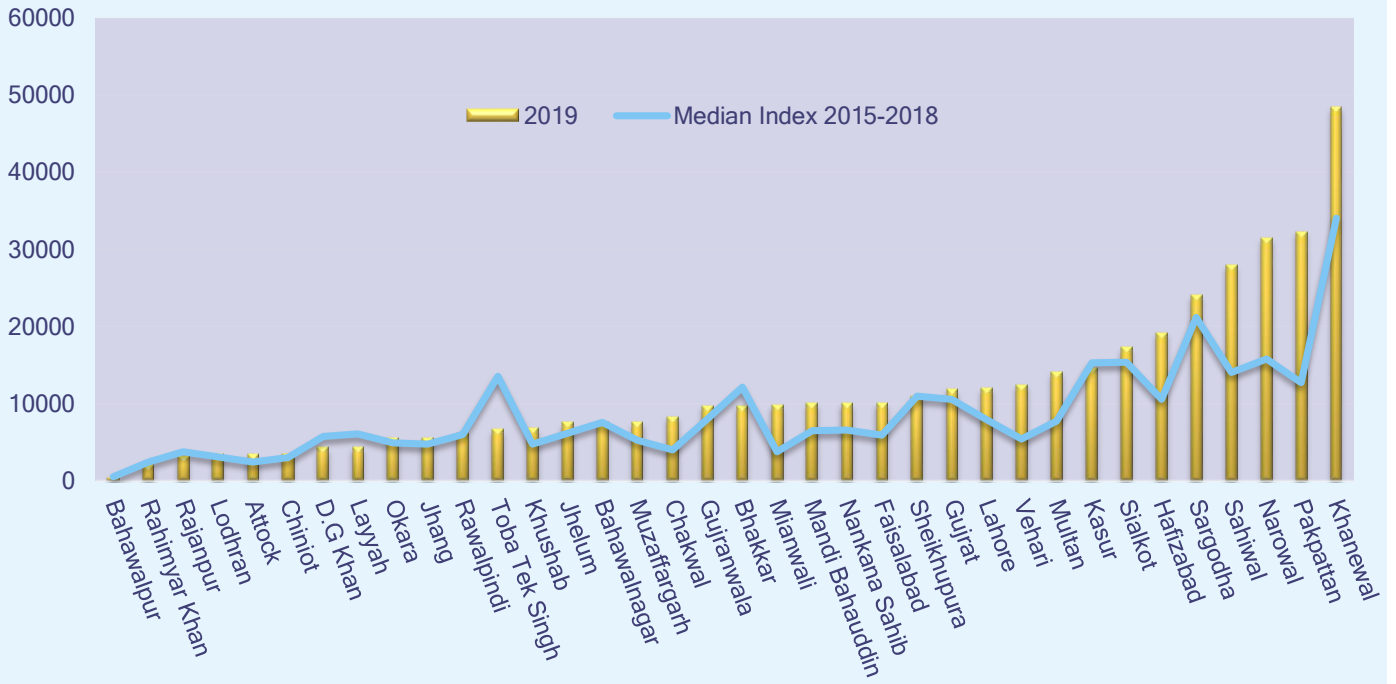
Scabies (2015-2019) (fig.22)



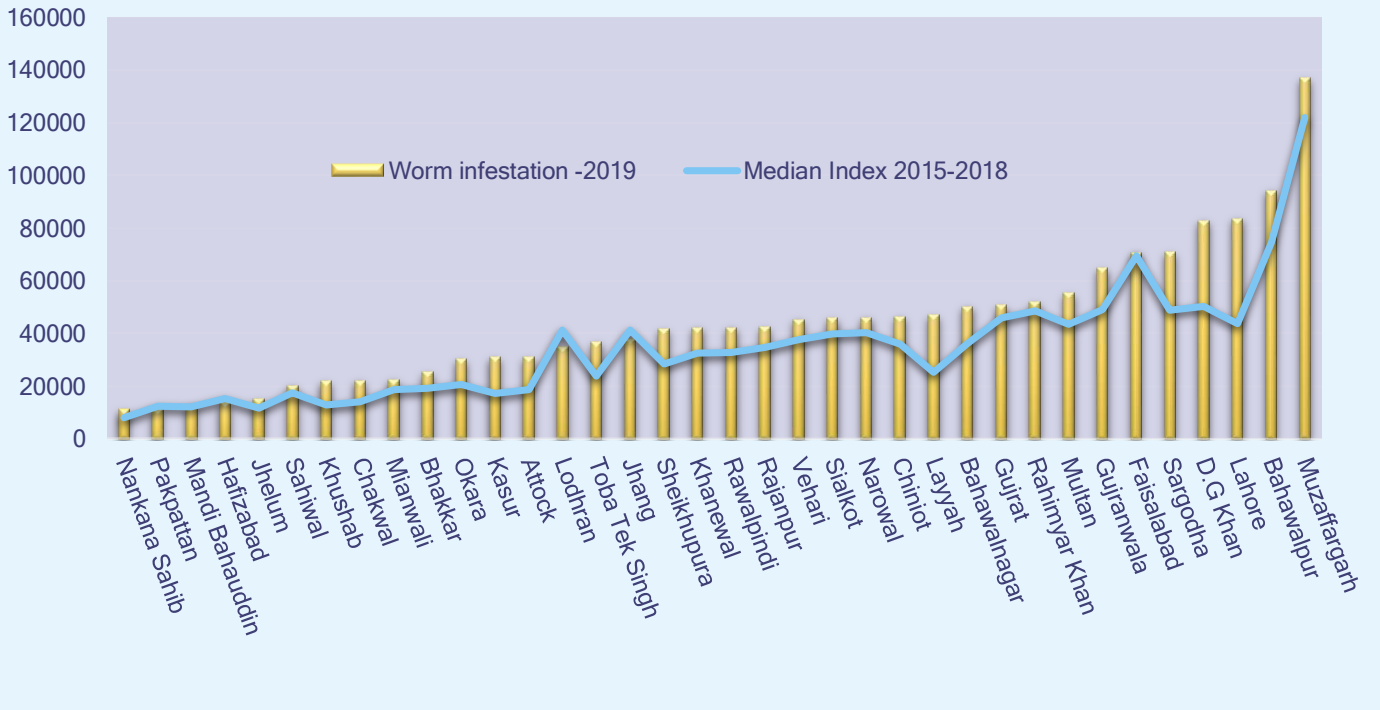
Pneumonia <5 years (fig.23)



Pneumonia >5 years (fig.24)



Worm Infestation (fig.25)

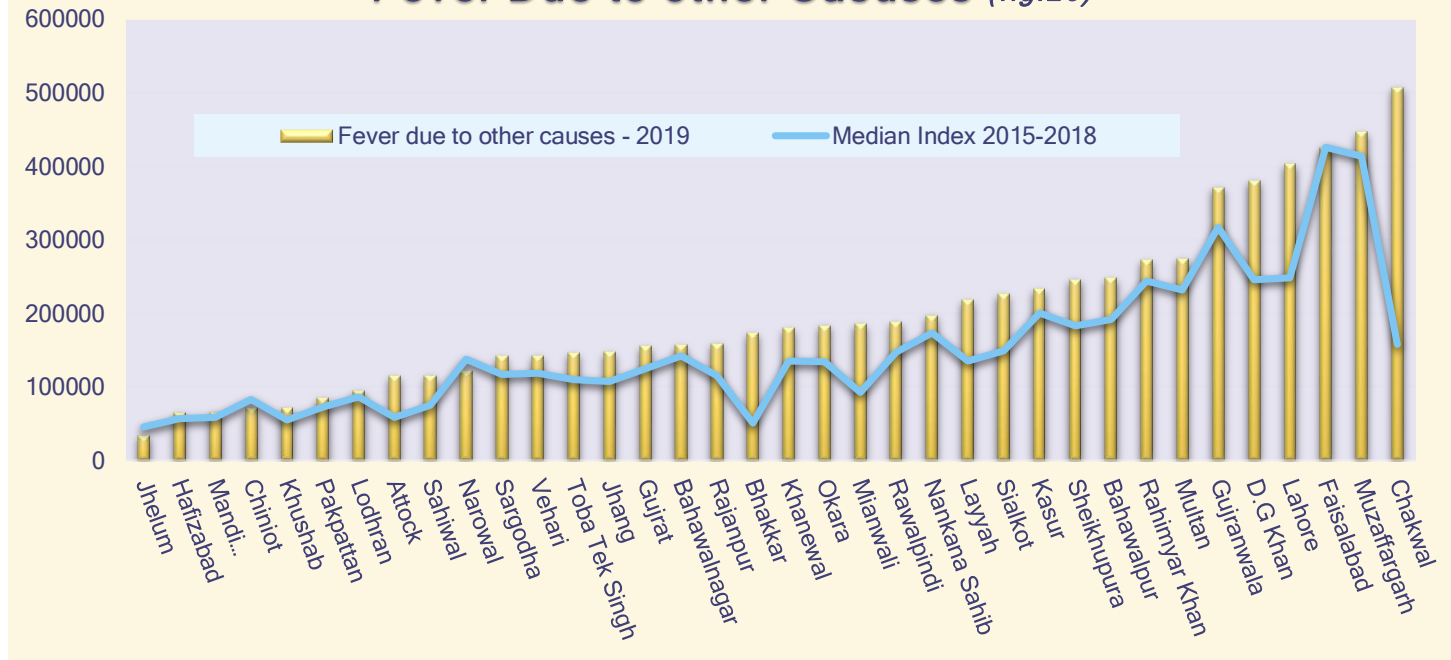


Communicable Top Priority Diseases

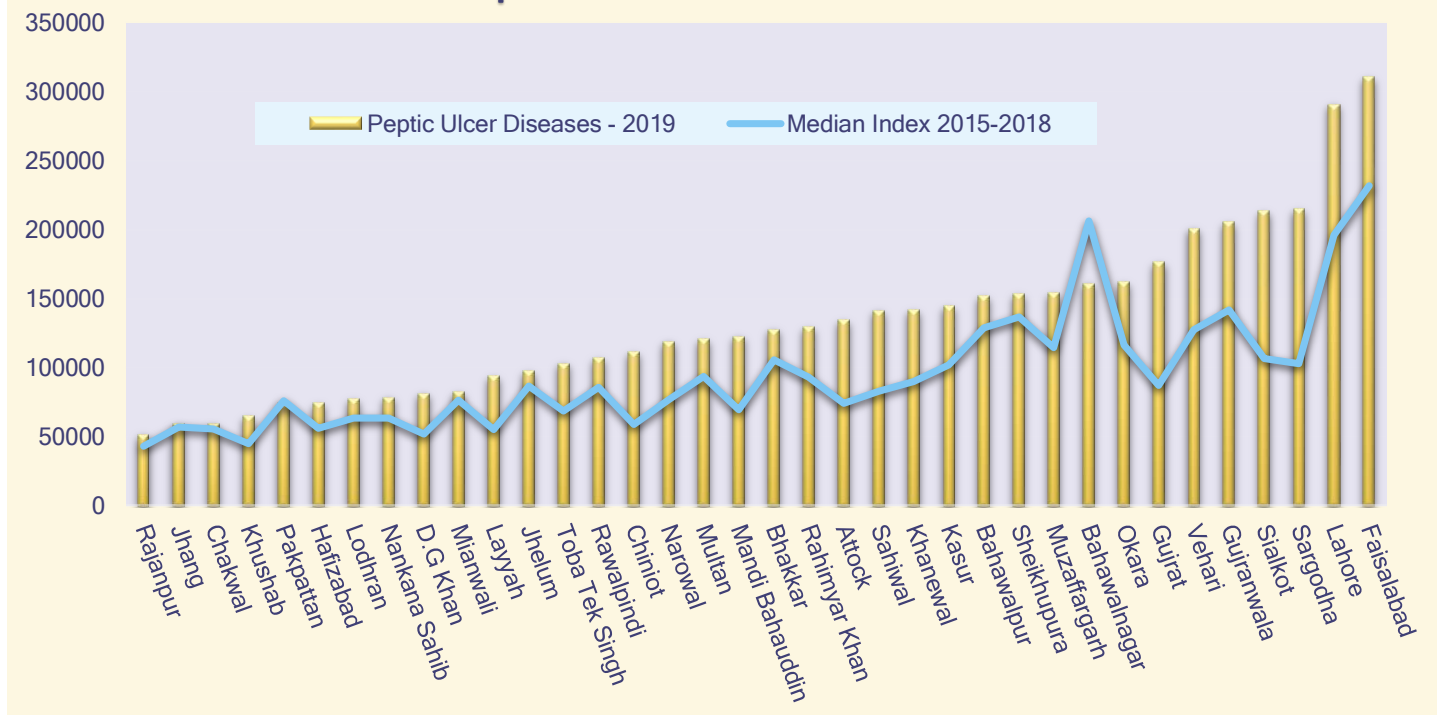
A non-communicable disease (NCD) is a medical condition or disease, which is non-infectious. NCDs are diseases of long duration and generally slow progression.

Fever due to other causes	Peptic Ulcer Disease	Hypertension	Diabetes Mellitus	Dental Care
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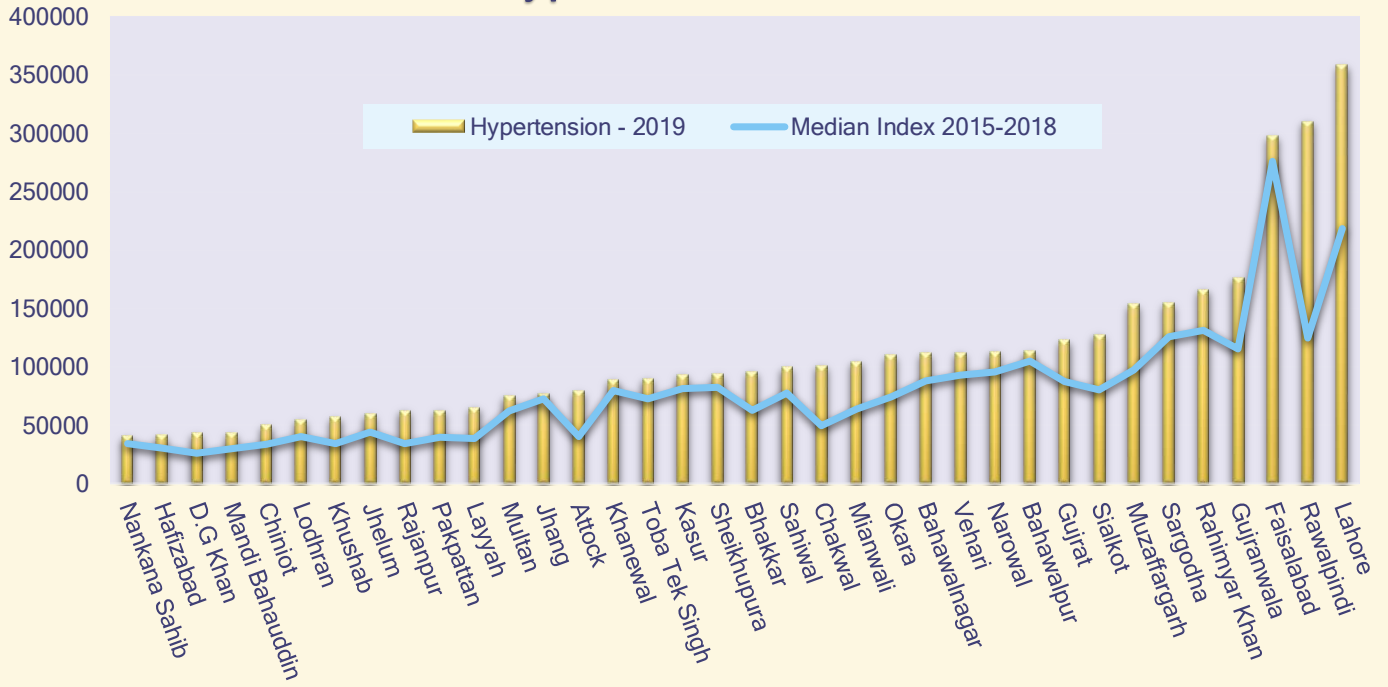
Fever Due to other Casuses (fig.26)



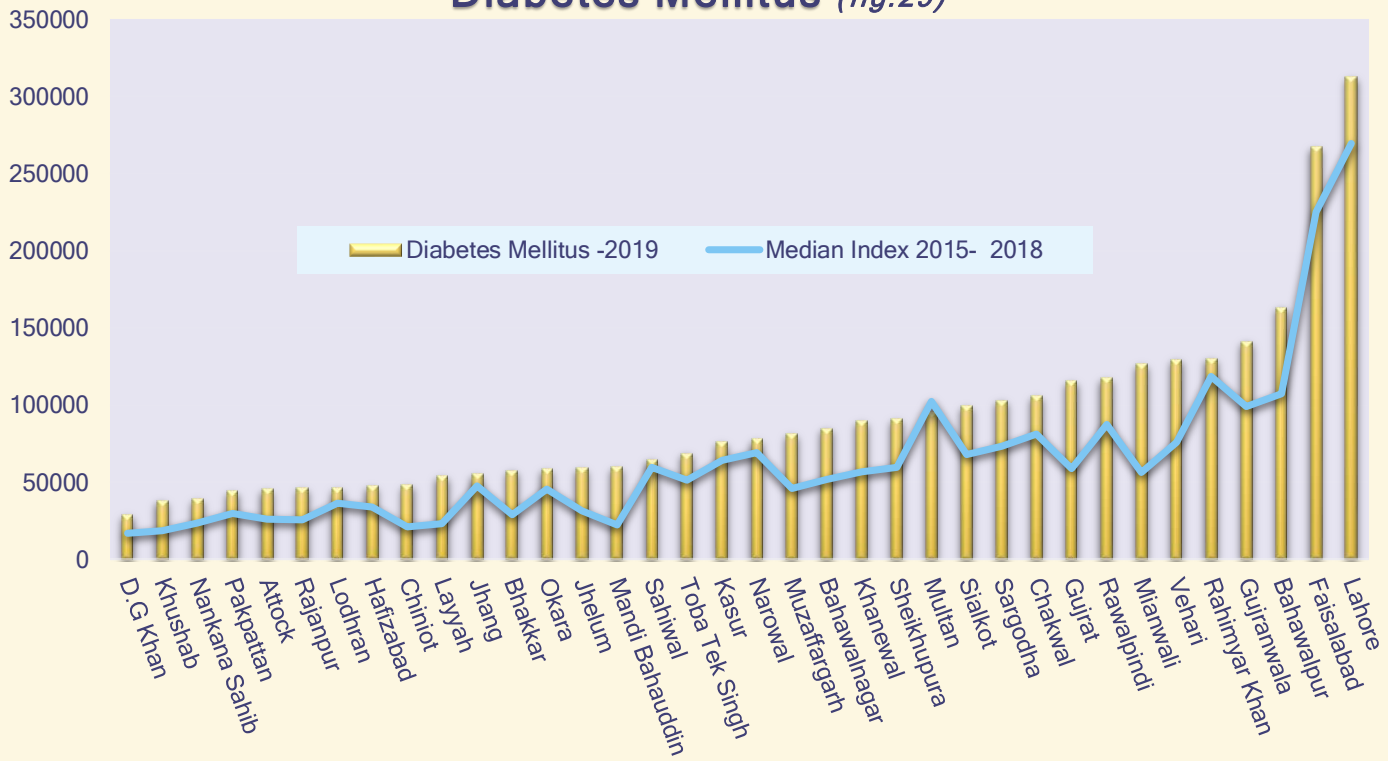
Peptic Ulcer Disease (fig.27)



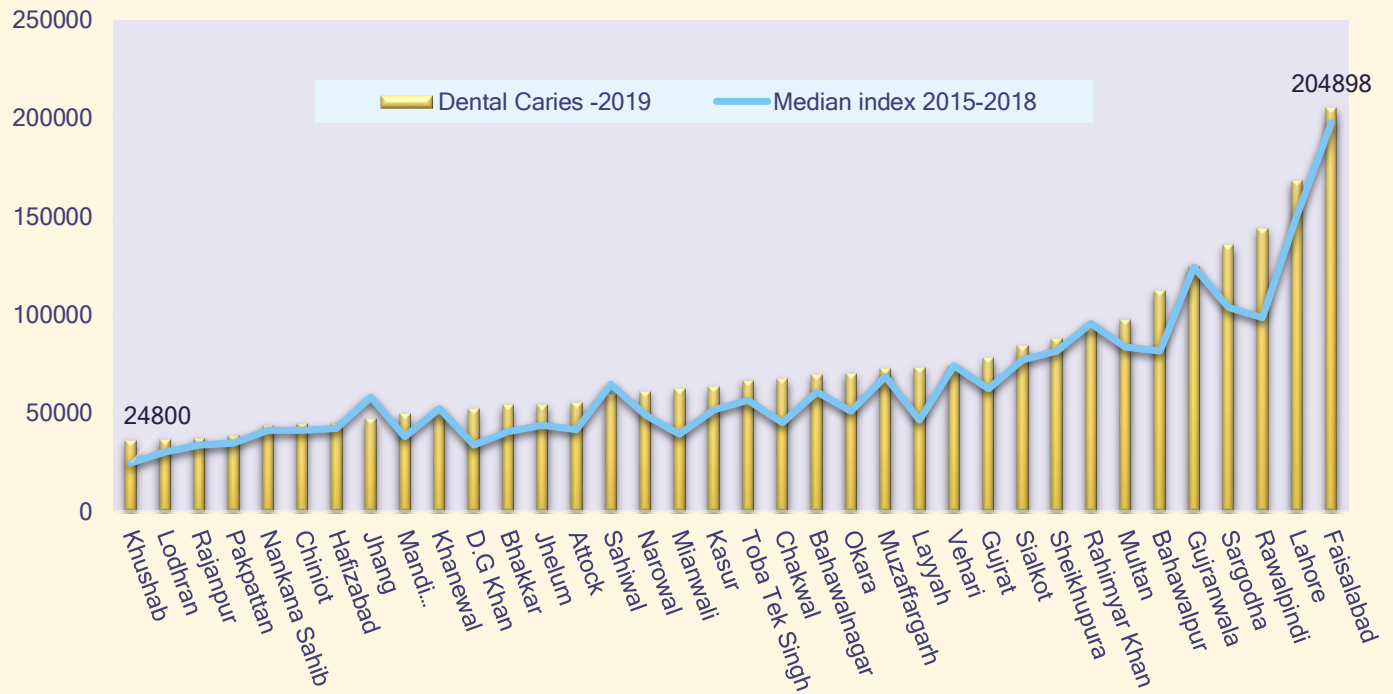
Hypertension (fig.28)



Diabetes Mellitus (fig.29)



Dental Caries (fig.30)



Communicable and Non-Communicable Diseases

Table No.: 3

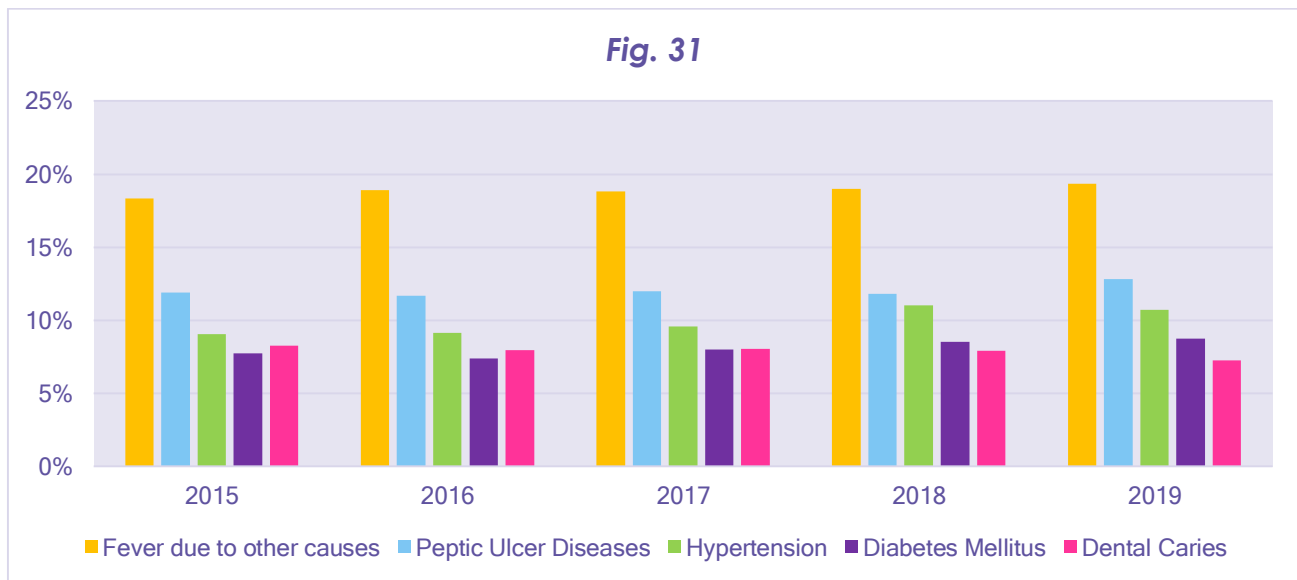
Sr.	Communicable Disease	Total	Per day Communicable Disease
1	Acute (Upper) Respiratory Infections	21,535,019	71783
2	Scabies	4,454,083	14847
3	Diarrhoea / Dysentery < 5 yrs	3,513,681	11712
4	Diarrhoea / Dysentery > 5 yrs	3,396,015	11320
5	Worm Infestations	1,587,642	5292
6	Suspected Viral Hepatitis	921,637	3072
7	Enteric / Typhoid Fever	845,032	2817
8	TB Suspects	842,594	2809
9	Suspected Malaria	837,442	2791
10	Pneumonia < 5 yrs	566,778	1889
11	Pneumonia > 5 yrs	423,075	1410
12	Trachoma	130,602	435
13	Sexually Transmitted Infections	77,413	258
14	Suspected Dengue Fever	31,208	104
15	Acute Watery Diarrhoe	29,582	99

Sr.	Non Communicable Disease	Total	Per day non Communicable Disease
1	Fever due to other causes	7,231,389	24105
2	Peptic Ulcer Diseases	4,781,678	15939
3	Hypertension	4,001,178	13337
4	Diabetes Mellitus	3,253,953	10847
5	Dental Caries	2,709,427	9031
6	Road Traffic Accidents	2,619,620	8732
7	Asthma	2,395,165	7984
8	Urinary Tract Infections	2,299,517	7665
9	Dermatitis	1,925,977	6420
10	Otitis Media	1,221,878	4073
11	Chronic Obstructive Pulmonary Diseases	1,008,749	3362
12	Ischemic heart disease	937,091	3124
13	Depression	789,155	2631
14	Cataract	618,290	2061
15	Fractures	414,181	1381

Sr.	Communicable Disease	Total	Per day Communicable Disease
16	Suspected HIV/AIDS	23,258	78
17	Suspected Measles	13,822	46
18	Suspected Meningitis	9,443	31
19	Bloody Diarrhoea	2,426	8
20	Suspected Diptheria	1,846	6
21	Seasonal Influenza H1N1	1,707	6
22	Cutaneous Leishmaniasis	1,586	5
23	Acute Flaccid Paralysis	1,519	5
24	Chicken Pox	1,440	5
25	Suspected Neo Natal Tetanus	797	3
26	Suspected Avian Flu	171	1
27	Suspected Viral Hemorrhagic Fever(CCHF)	1	0
28	Suspected Pertusis	1	0

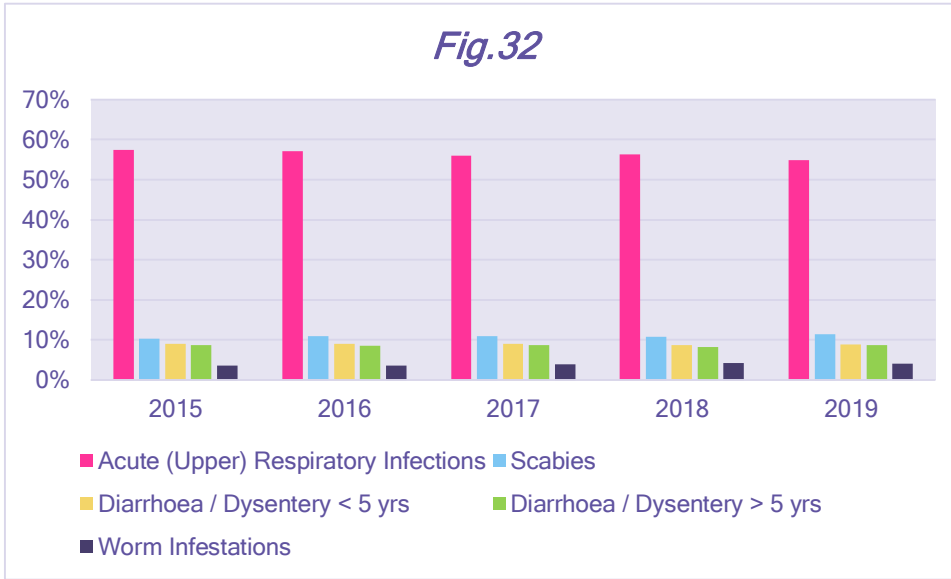
Sr.	Non Communicable Disease	Total	Per day non Communicable Disease
16	Dog bite	226,124	754
17	Cirrhosis of liver	224,641	749
18	Burns	138,840	463
19	Epilepsy	137,128	457
20	Nephritis/ Nephrosis	115,499	385
21	Benign Enlargement Prostrate	107,055	357
22	Glaucoma	100,268	334
23	Drug Dependence	76,101	254
24	Snake bite(with signs/symptoms of poisoning)	8,819	29
25	Silicosis (Lung Disease)	0	0
Grand Total		37,341,723	130,833

Year wise Percentage of Top Five Communicable Diseases:



The *fig.31* shows a percentage of top five Communicable diseases of last five years. The percentage is calculated from the total number of patients of Communicable disease w.r.t each year. In year 2019, total number of patients of communicable diseases are 39,296,398.

Year wise Percentage of Top Five Non-Communicable Diseases

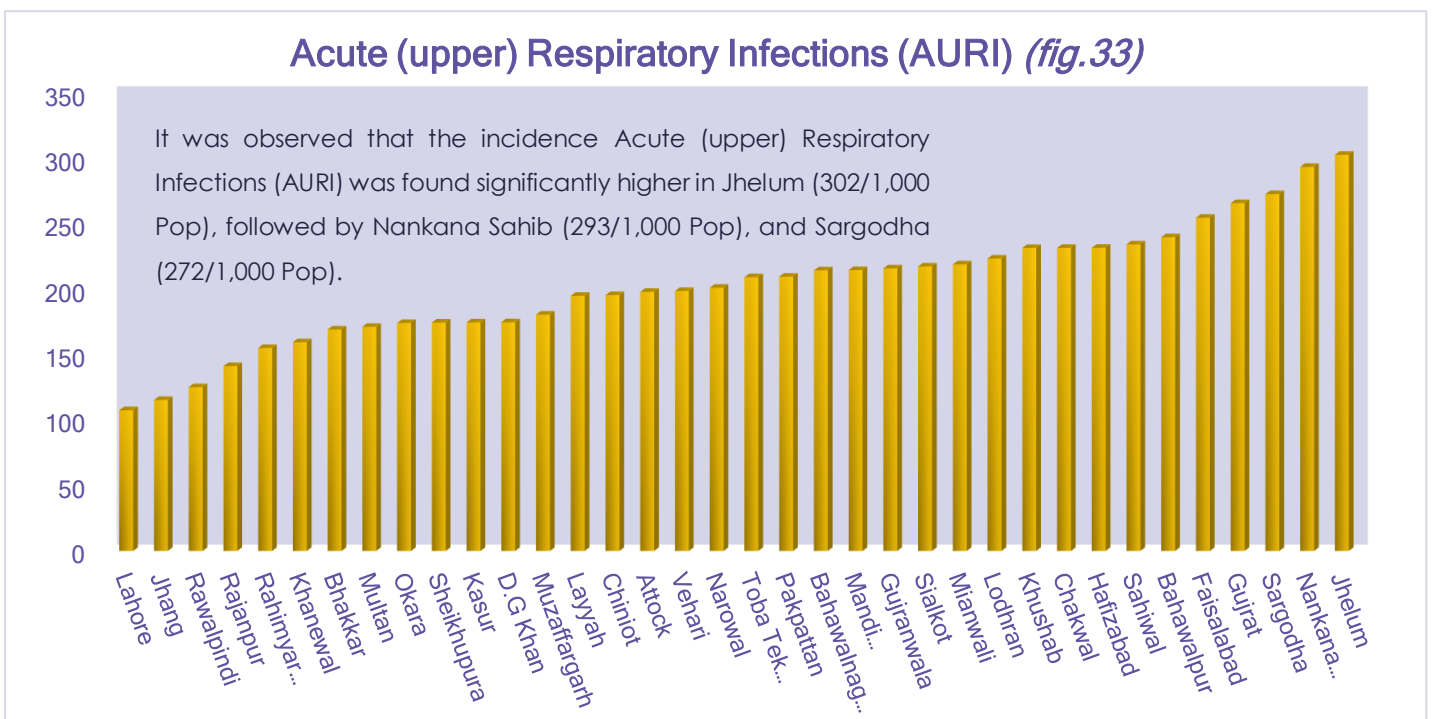


The figure shows a percentage of top five Non-Communicable diseases of last five years. The percentage is calculated from the total number of patients of Non-Communicable diseases w.r.t each year. In year 2019, total number of patients of non-communicable diseases are 37,341,723

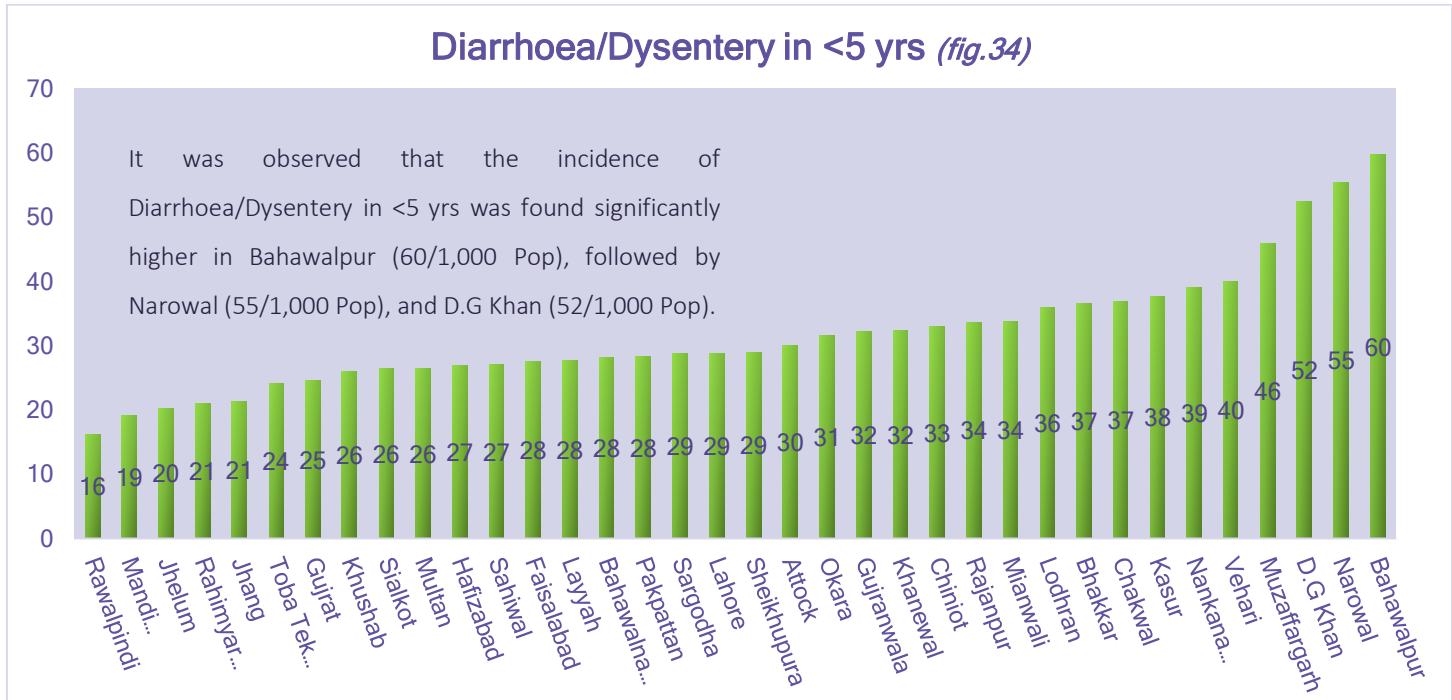
District wise Incidence Rate (per 1,000 populations) of Top 5 Diseases

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.

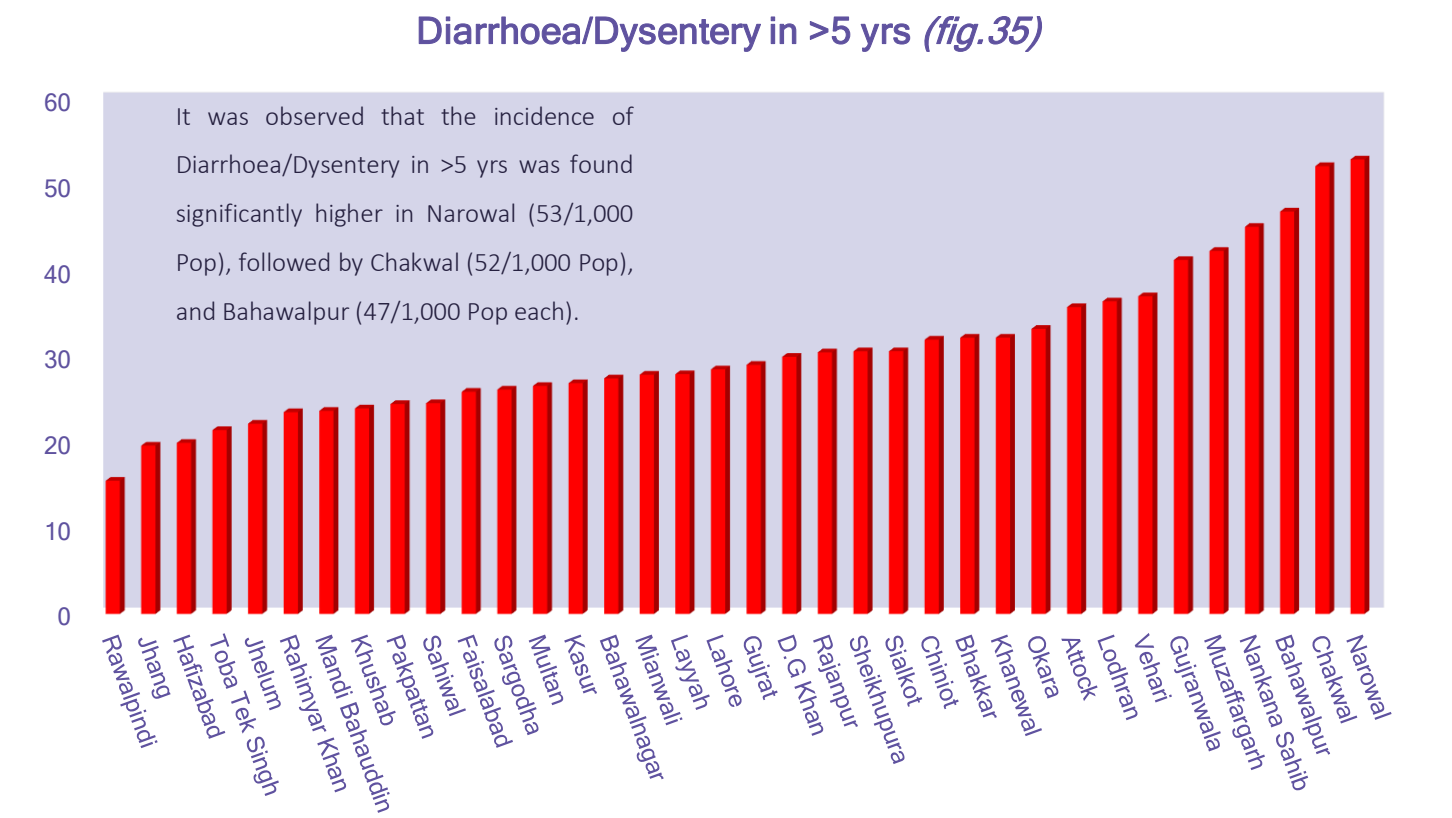
Acute (upper) Respiratory Infections (AURI) – District wise Incidence Rate



Diarrhoea/Dysentery in <5 yrs – District wise Incidence Rate (2019)

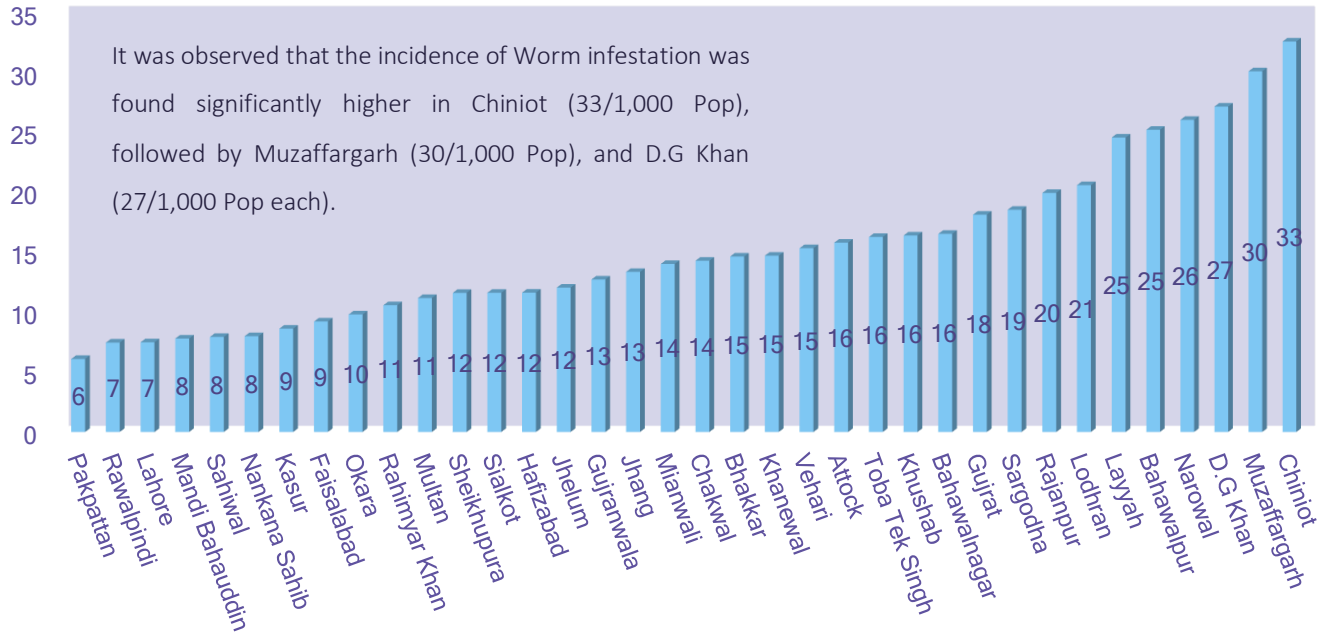


Diarrhoea/Dysentery in >5 yrs – District wise Incidence Rate (2019)



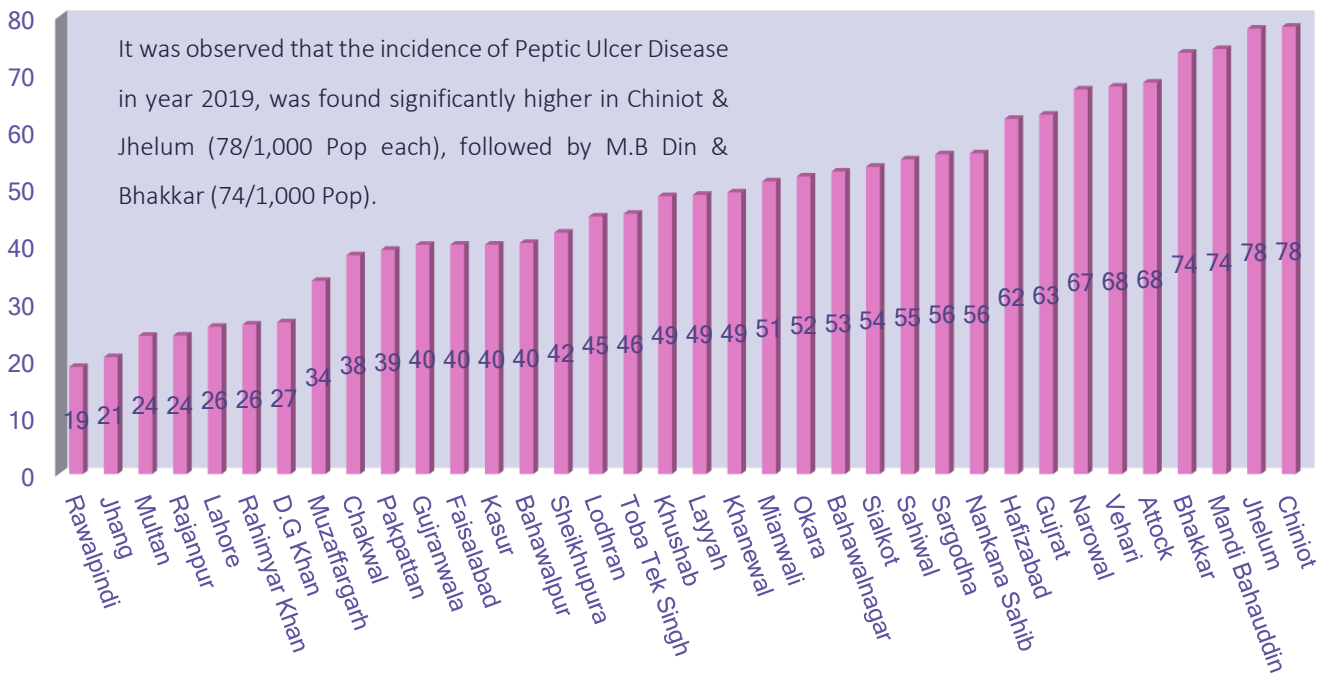
Worm infestation- Incidence Rate (2019)

Worm infestation (fig.35)



Peptic Ulcer Diseases – District wise Incidence Rate 2019

Peptic Ulcer Diseases (fig.37)



Epidemic Disease Case

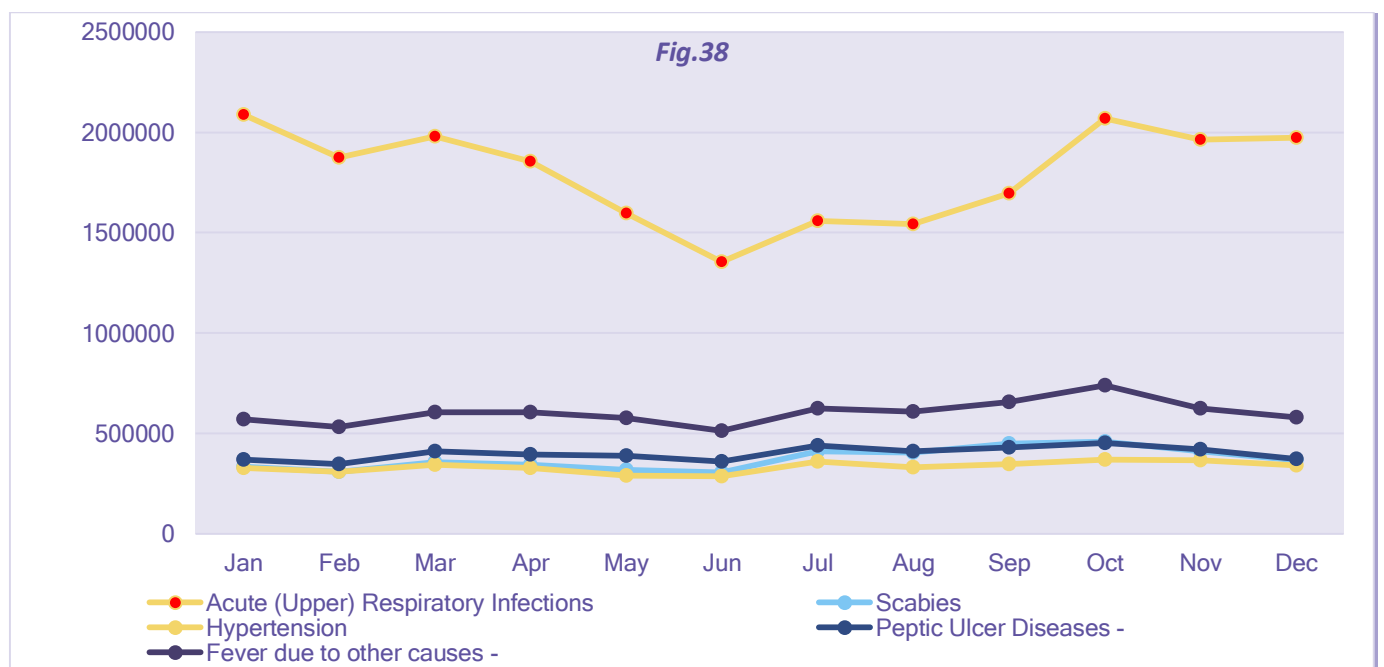
Table:4

Diseases	2014	2015	2016	2017	2018	2019
Suspected Malaria	714,950	797,648	801,328	859,565	834,290	837,868
TB Suspects	687,122	734,325	740,499	765,565	851,331	843,117
Suspected Viral Hepatitis	288,973	355,724	481,122	672,001	870,722	926,339
Suspected HIV/AIDS	3,306	3,875	9,272	19,381	23,912	22,970
Suspected Measles	2,792	7,750	4,839	6,486	25,759	13,824
Suspected Meningitis	5,023	4,698	6,226	5,587	6,996	9,443
Cutaneous Leishmaniasis	5,366	8,470	4,399	1,337	2,192	1,586
Acute Flaccid Paralysis	734	649	821	1,044	1,215	1,519
Suspected Neonatal Tetanus	1,436	312	893	756	2,782	799

TOP FIVE EPIDEMIC DISEASE DURING 2019

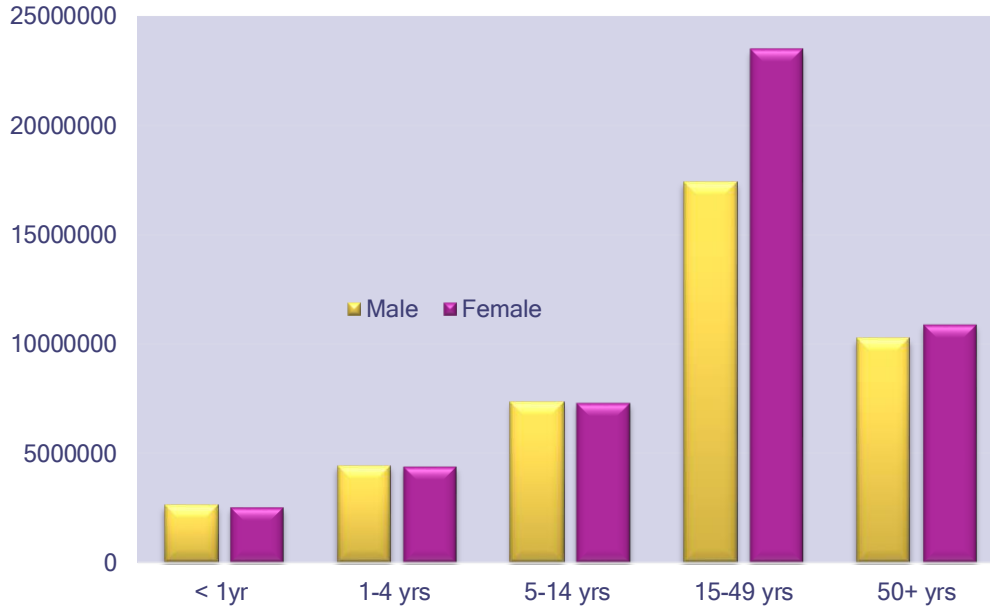
This indicator is a listing of the five top epidemic cases of both communicable and non-communicable diseases attending OPD. It will indicate what type of patients mostly are attending the OPD so that appropriate measures/ resources can be focused, e.g., training of staff, equipment, medicines, lab facilities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

Fig. shows the month-wise numbers of top five diseases in the province during the year 2019 (January to December). Acute (upper) respiratory infection (AURI) was the most common disease.



Patients Distribution by Gender and Age

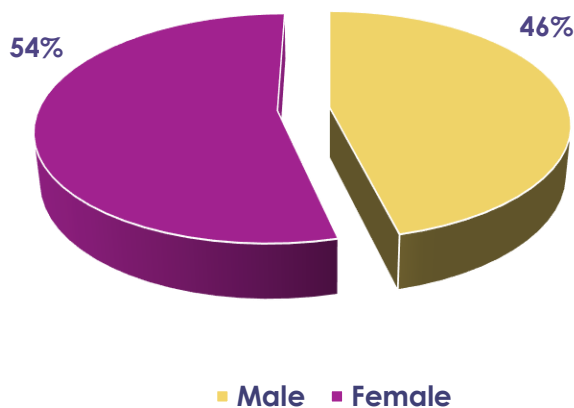
OPD Attendance 2019 (fig.39)



This indicator shows the age wise and gender wise percentage distribution of new OPD patients attending the health facility in Year 2019 (January). This indicator can be used to understand whether the health facility is catering to specific age groups,

e.g., children under 5 years or elderly patients, and to gender equity. In bar chart (Fig. 39), 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 (New visits) was 26% while the male was 19.1%. 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.

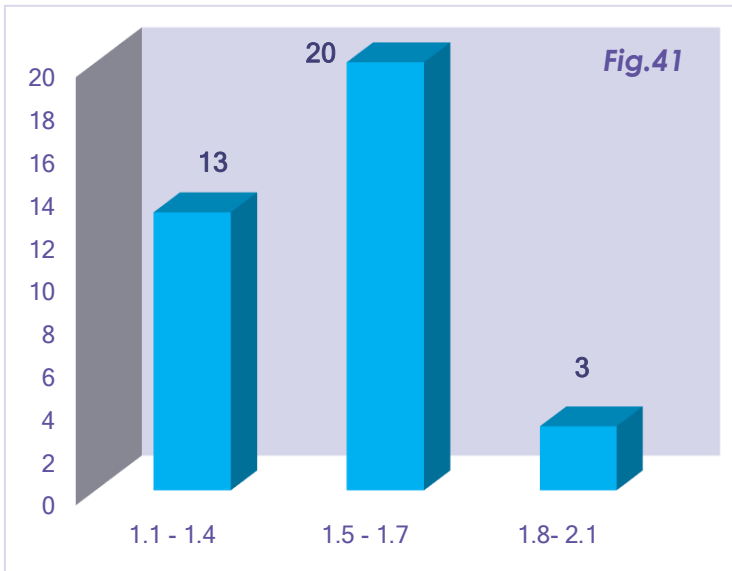
OPD Percentage (fig.40)



OPD Gender Wise Percentage

The pie chart in fig.40, shows the gender wise percentage of male and female patients during 2019. It can be seen that the percentage of female (54%) patients is more than the male patients (46%).

Per Capita OPD Attendance Year 2019



One of the key indicators to assess performance on the provision of health services in Province Punjab is to understand the number of people attending and receiving services at health facilities during periods of illness. A good indicator of this is the outpatient attendance per capita. This indicator shows the extent of facility utilization by the population. If Out Patient Department (OPD) attendance is found to be high in the public health facilities, it implies that the population is highly satisfied by provision of services in these facilities. Per Capita OPD attendance gives an indirect

indication of public trust on health services. Above figure shows the distribution of District wise OPD Per capita categories and it was found that majority of the districts were under the category of 1.5-1.7. Overall, in the province, per capita OPD attendance during 2019 was 1.51.

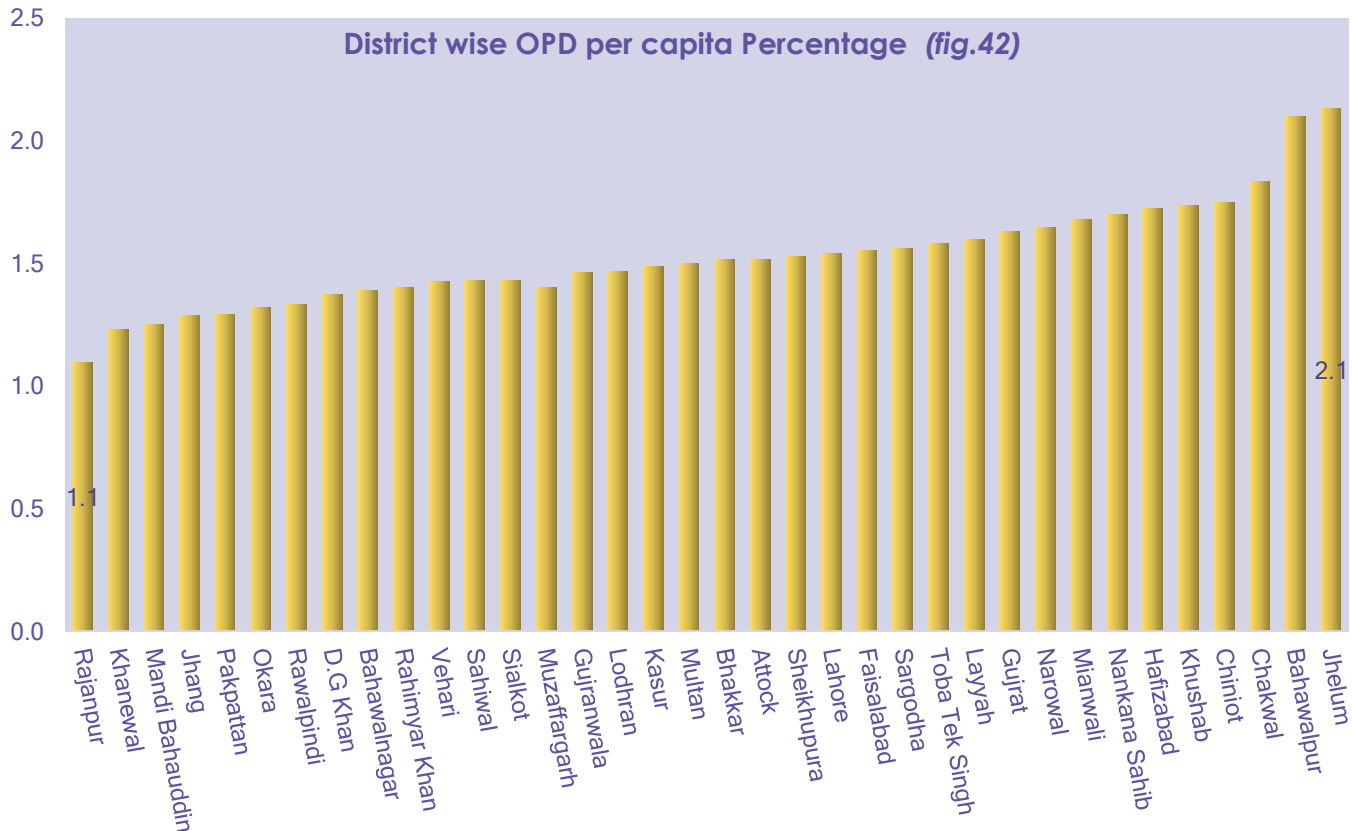
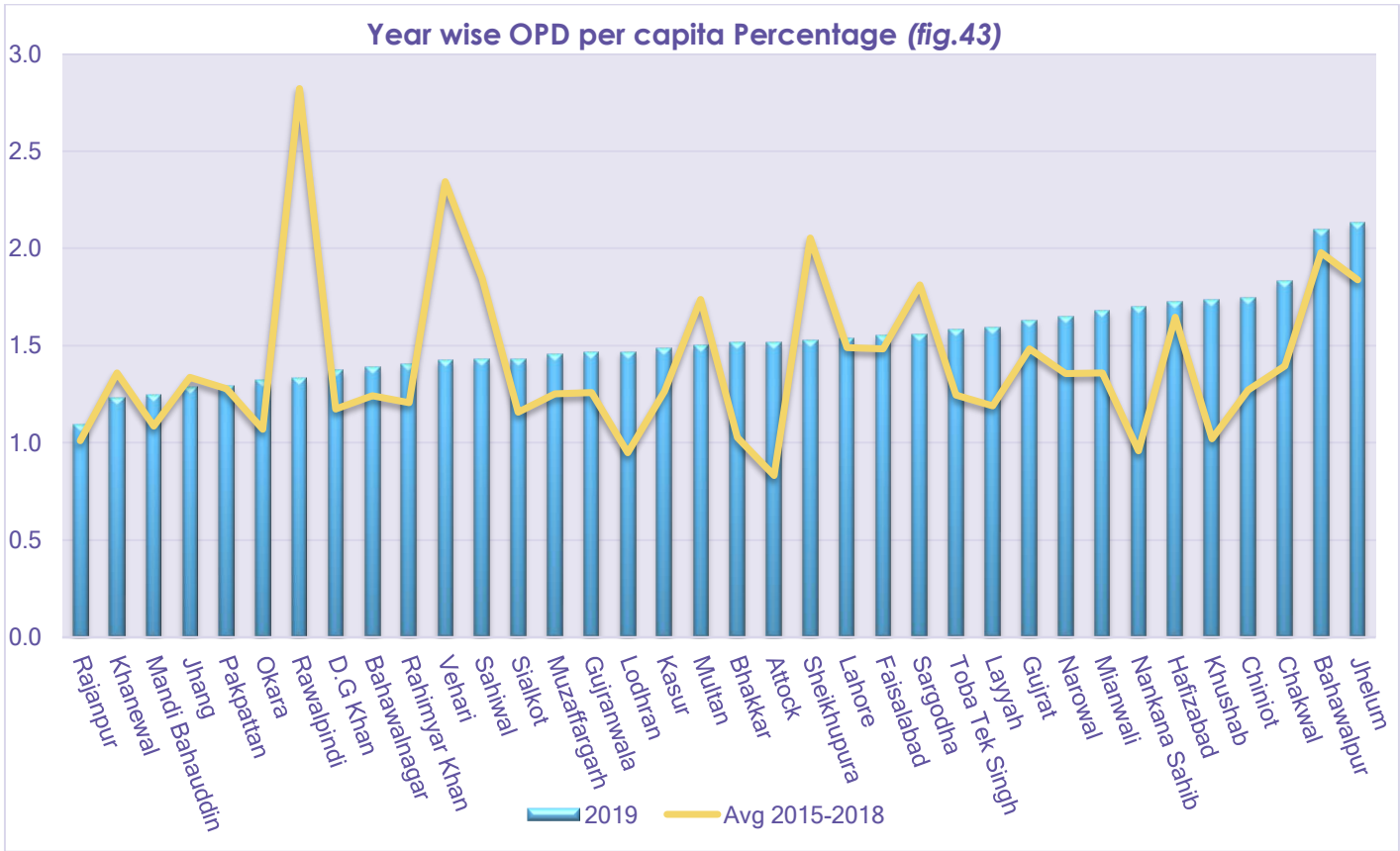


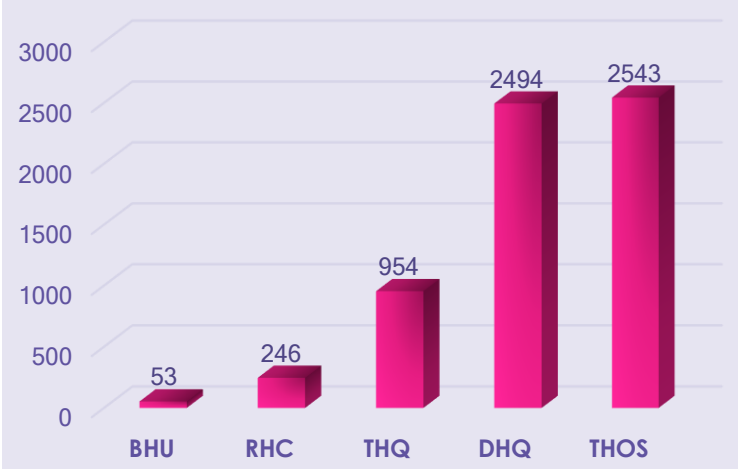
Fig. 42 shows per capita OPD percentage in (primary & secondary) and (tertiary) both health care facilities. District Rahimyar Khan was the lowest Per Capita OPD attendance (1.1) while Jhelum was the highest (2.1).

Year and District Wise Comparison of Per Capita OPD Attendance



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

OPD visit per day per Health Facility (fig.44)



This indicator is useful to understanding facility workload/utilization and to compare which facilities are well performing which are not. A benchmark may be used for comparison; or comparison among facility. Fig. is showing the facility type wise average number of OPD visits per day per health facility during 2019. BHU 53, RHC 246, THQ 964, DHQ 2,494 and THOS 2,543 number of patients per day visit at each health facility of Punjab province respectively. Because some of non-reporting facilities of Teaching Hospitals in Lahore & Sargodha, there is decline in OPD od THOS.

Because some of non-reporting facilities of Teaching Hospitals in Lahore & Sargodha, there is decline in OPD od THOS.

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.

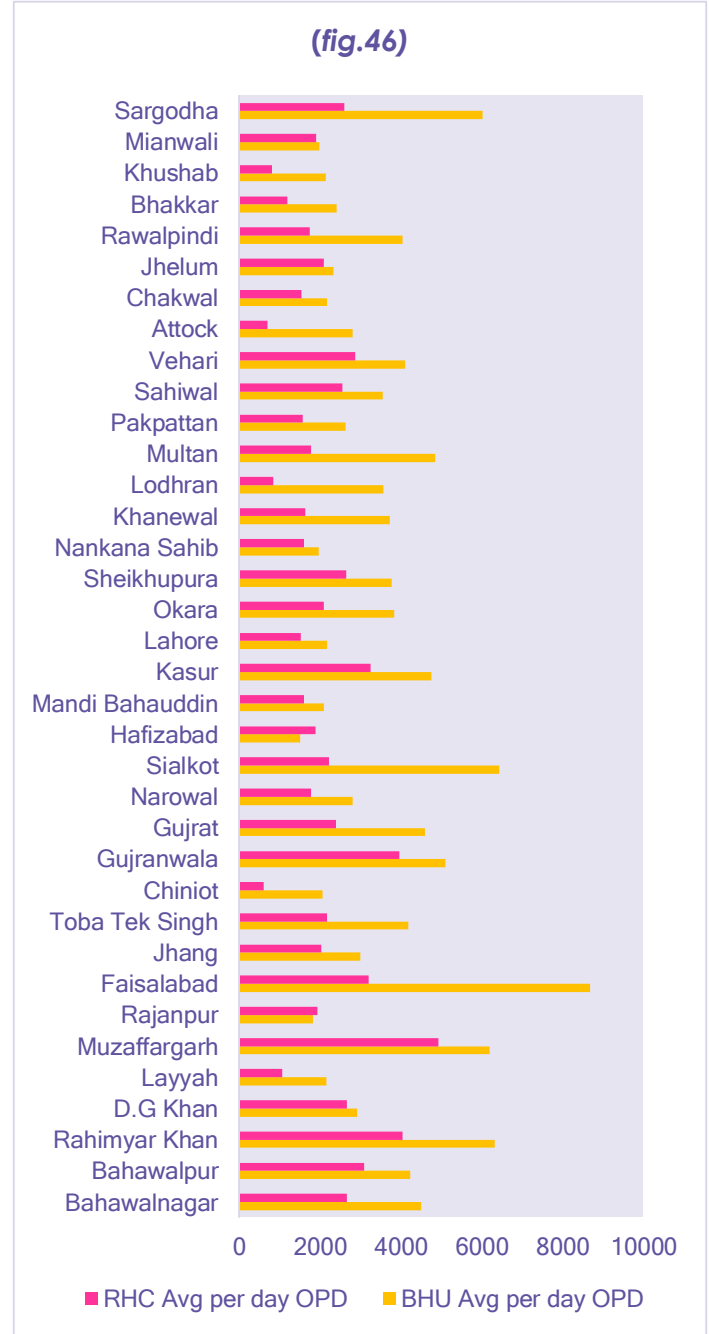
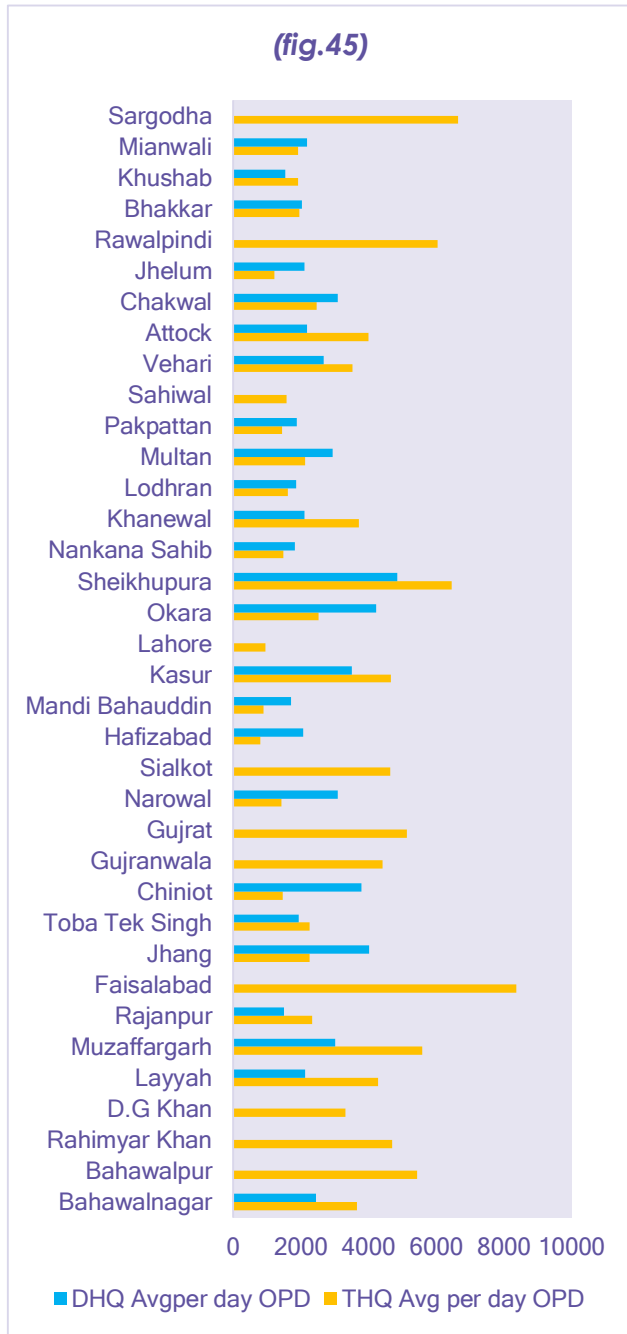


fig.45 indicate the District Wise Average new case per day OPD visits in BHUs and RHCs.

fig. 46 indicate the District Wise Average new case per day OPD visits in DHQs and THQs Hospitals.

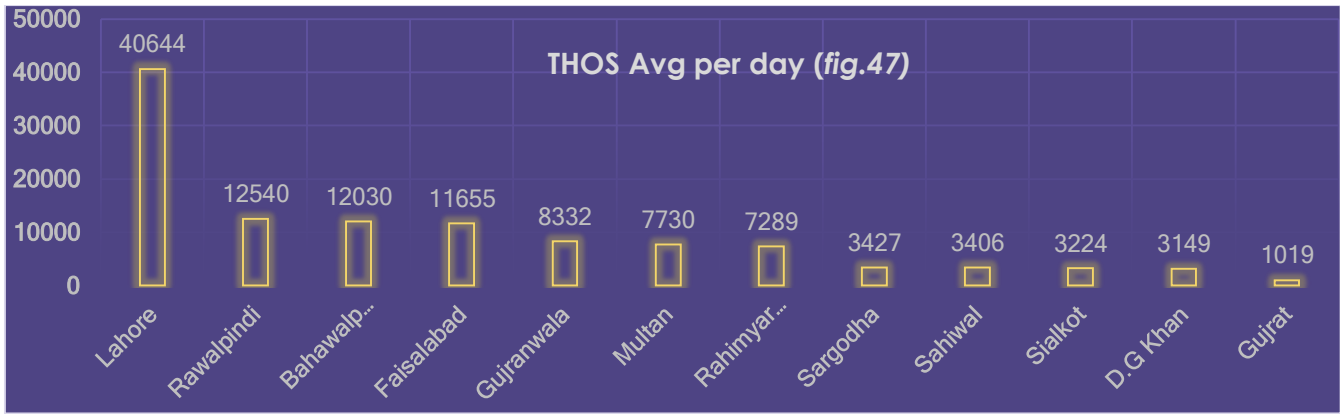
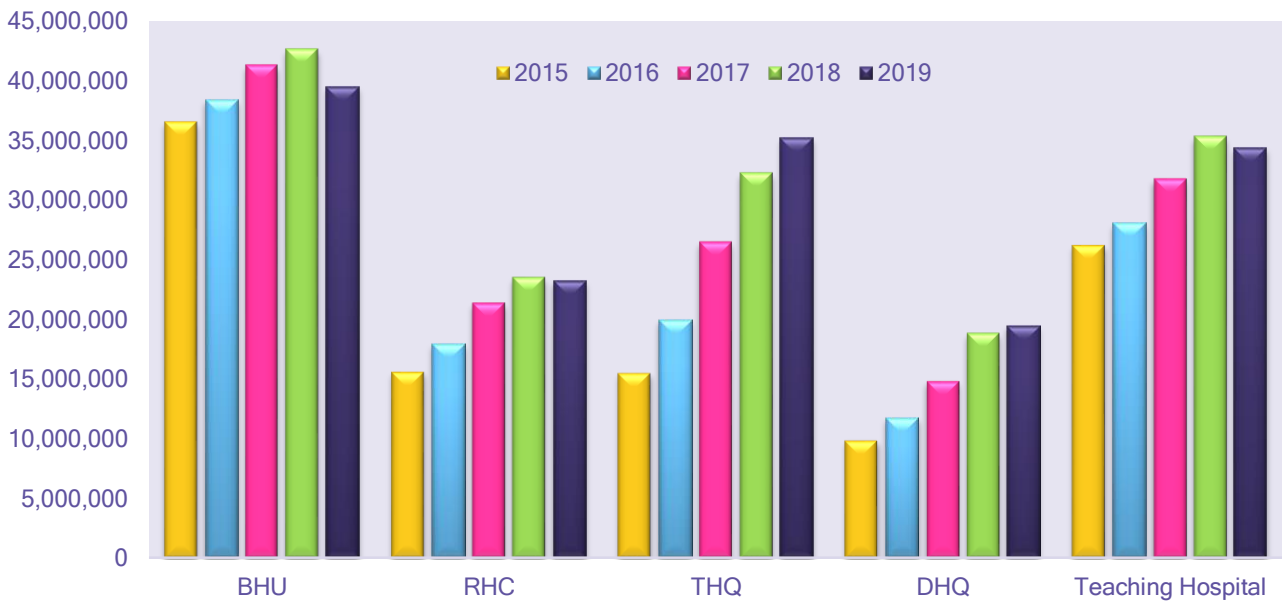


Fig.47 indicate the District Wise Average new case per day OPD visits in Teaching Hospitals (THOS) and useful to understand facility workload/utilization. In Above figure, Lahore has 40,644 number of average OPD visits per day in 18 Teaching Hospitals which is the highest among all Teaching hospitals in Punjab districts. Gujrat has lowest number of average OPD visits per day with 1,019 visits in 1 Teaching Hospital.

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. and

Fig.48



Teaching Hospital are showing in Fig.48. The Graph determine that trend are increasing year by year. Patient's satisfaction is a useful measure to provide an indicator of quality in healthcare and thus needs to be measured frequently. Measuring the quality of intangible service products has become a great challenge for managers and administrators in the health services industry. Patient satisfaction is linked to health status, availability of Human Resources as well as availability of Medicine. Thus its mean patients are satisfied with quality of healthcare system of Government.

Year Wise and Health Facility Wise Emergency cases

Fig.49

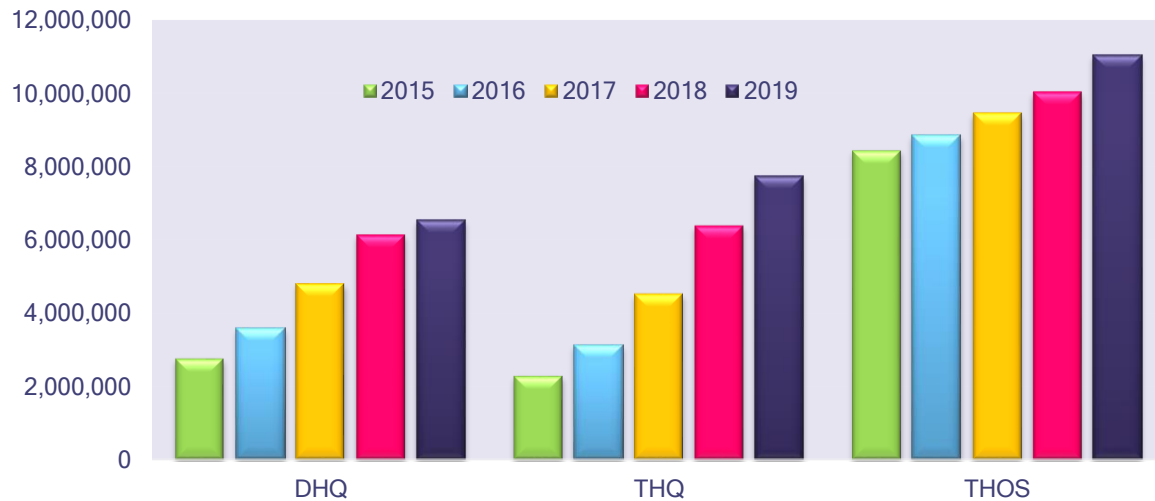


Table No.: 5

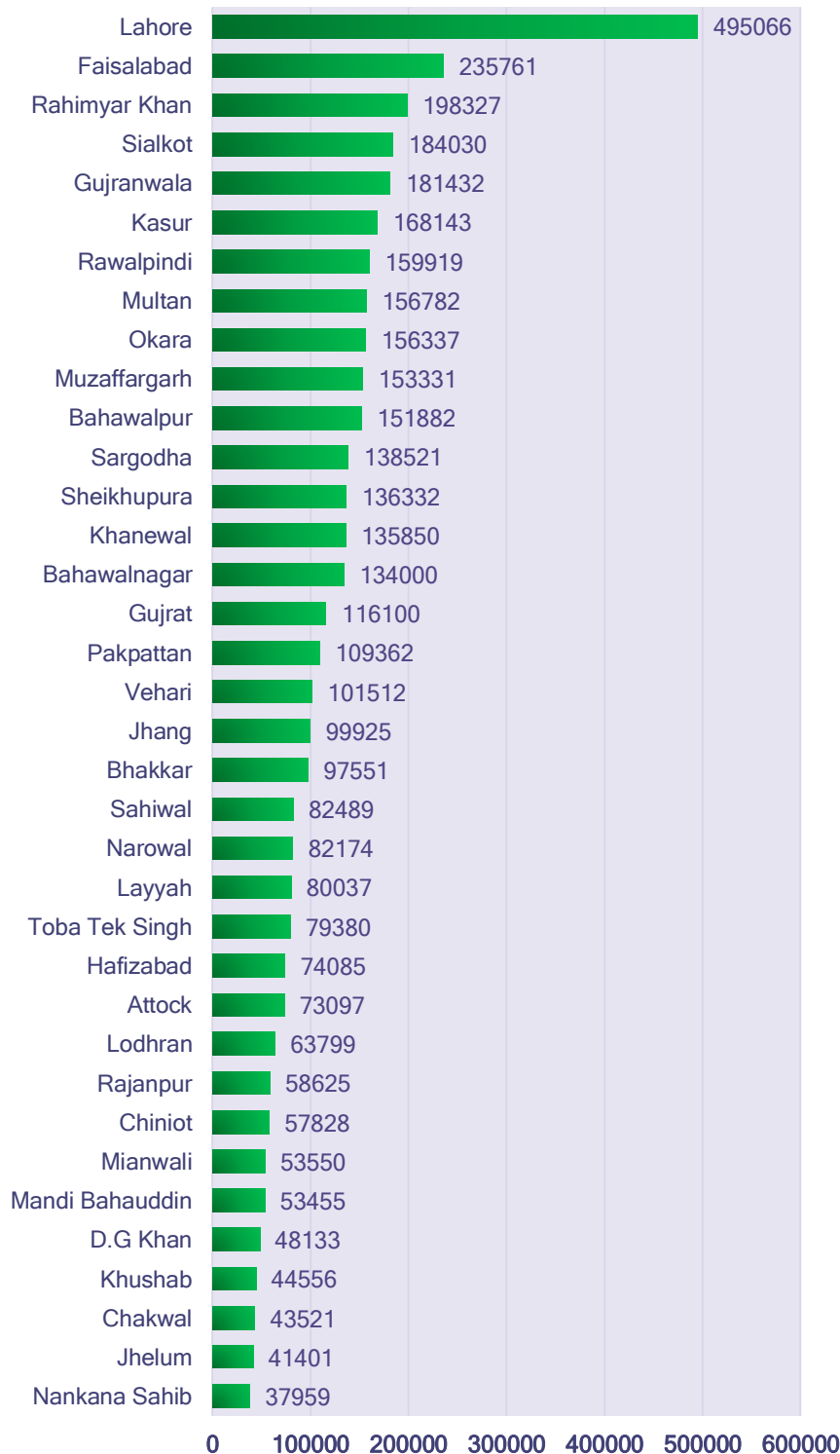
	DHQ	THQ	THOS
2015	2,769,837	2,300,419	8,449,334
2016	3,596,003	3,141,861	8,866,289
2017	4,818,520	4,540,141	9,481,828
2018	6,157,020	6,394,127	10,043,597
2019	6,556,530	7,741,555	11,043,824

Antenatal Care Coverage

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

District wise Numbers of ANC-1 Visits (Out of expected population 3,839,637 (3.4%))

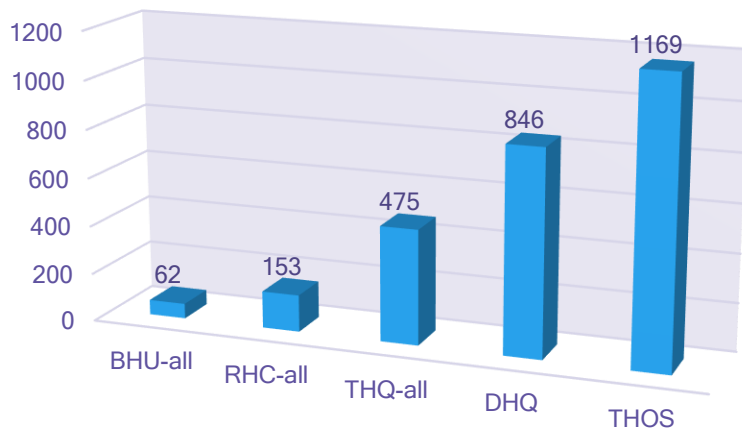
ANC-1 (fig.50)



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

During 2019, highest ANC-1 coverage was observed in Lahore (495,066) of the expected population and lowest coverage was in Nankana Sahib (37,959) of the expected population.

Fig.51



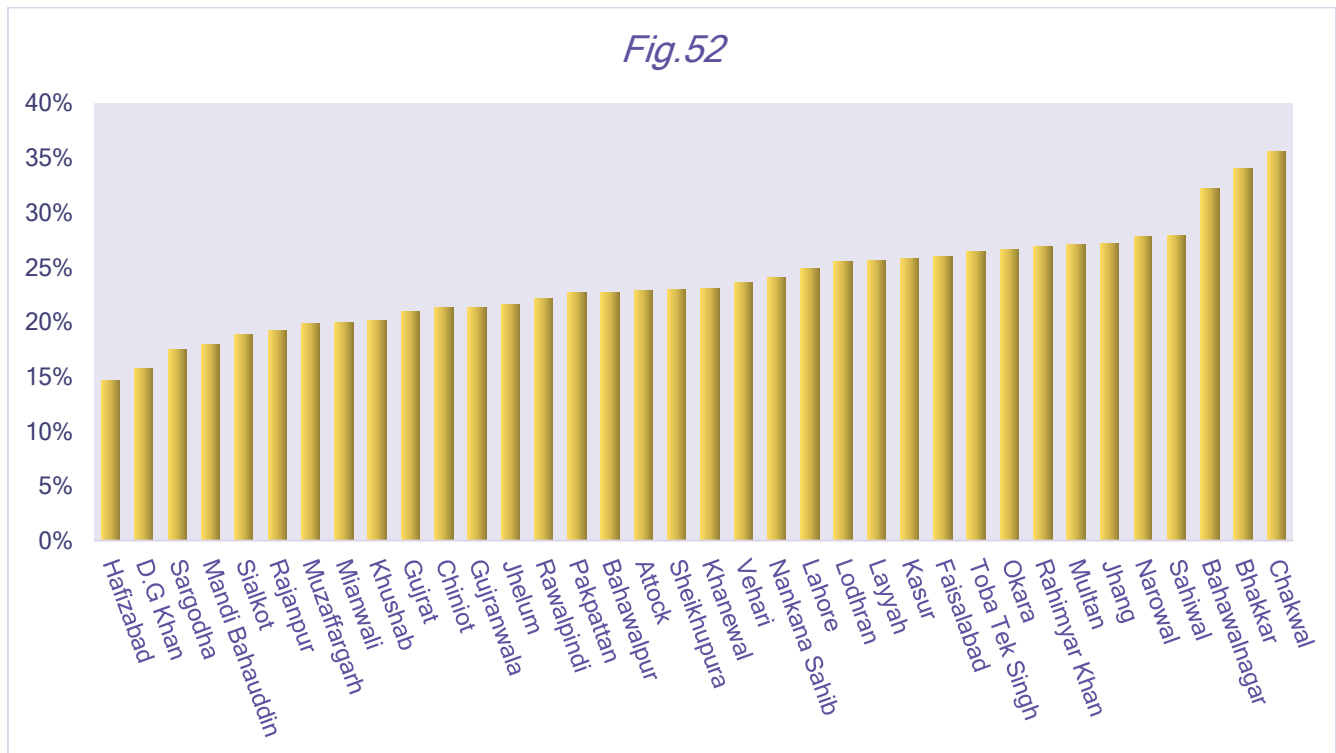
Facility Type Wise Number of ANC-1 Visits (Per month per Health Facility)

During the year 2019, number of total ANC-1 visits were 4,284,252. 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 as 1169 per month, at each facility.

Percentage of Anaemia among ANC-1 Attendance

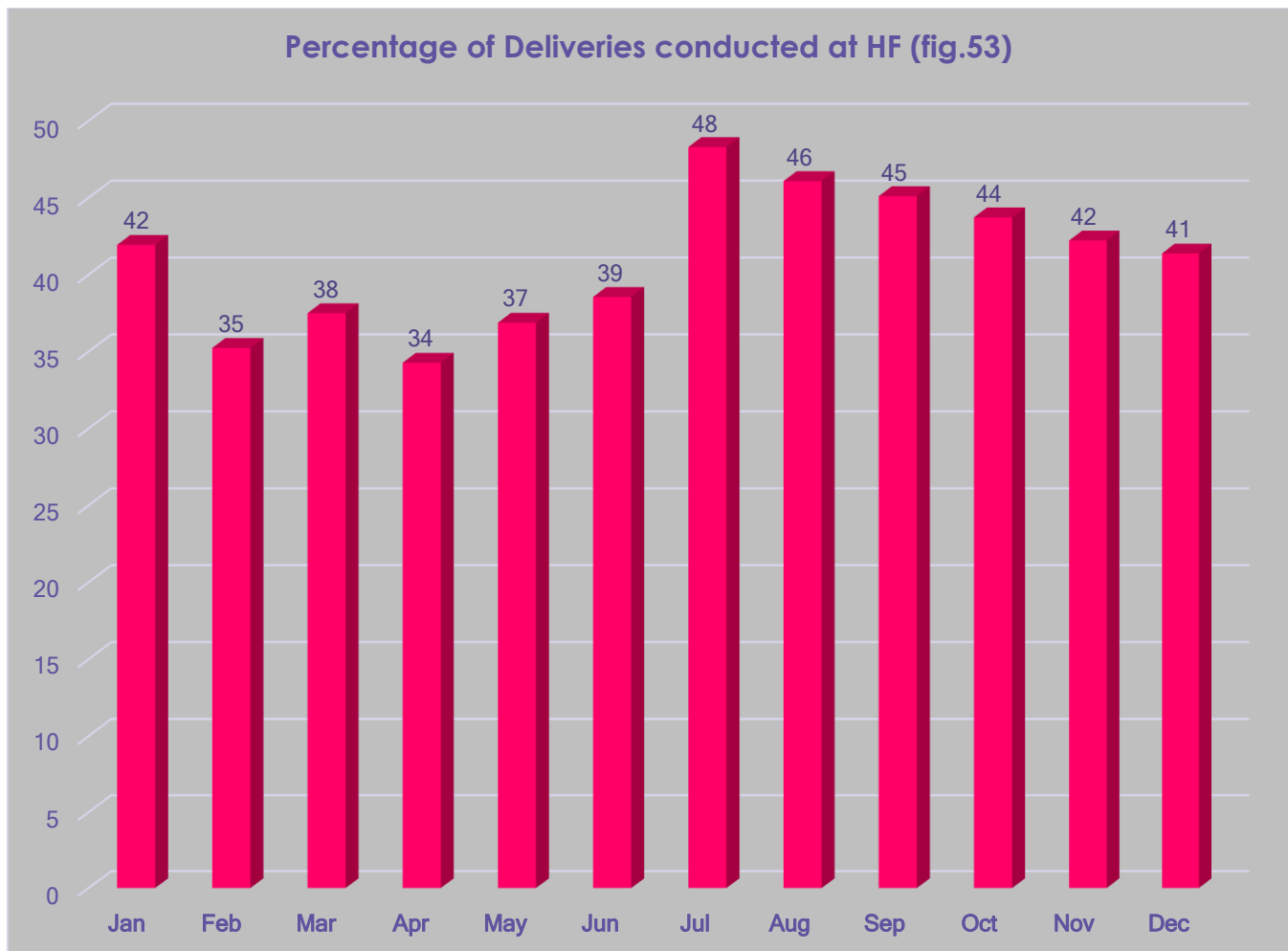
Percentage of pregnant women screened for hemoglobin levels at their first antenatal care visit to the facility with hemoglobin levels less than 10g/dl.

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 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. 1,027,892 of the women coming for ANC-1 were reported as anemic (hemoglobin<10g/dl) out of the total ANC-1 visits 4,284,252.

Deliveries Conducted at the Health Facilities

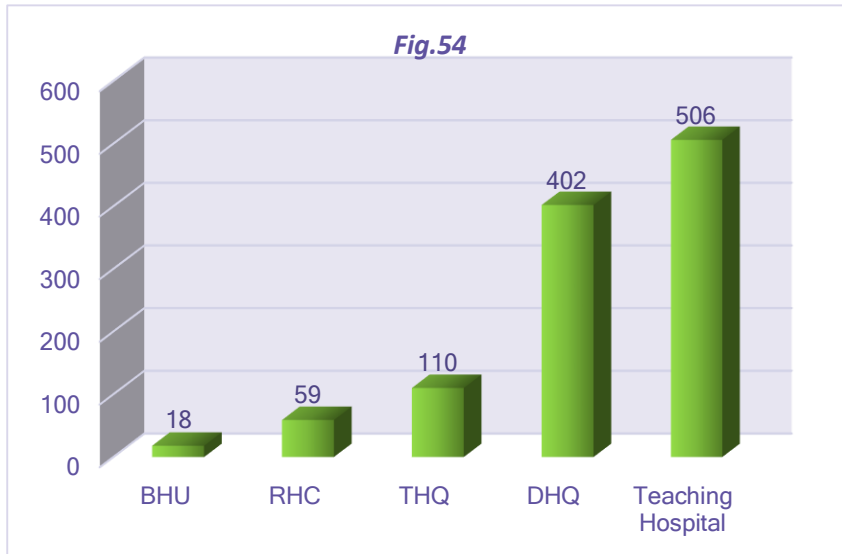


Delivery coverage at health facility is an indicator of utilization of delivery services provided at public health facilities. It is a measure of the percentage of mothers who are delivered at the public health facility.

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

In Fig. 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 July (48%) and lowest in April (34%).

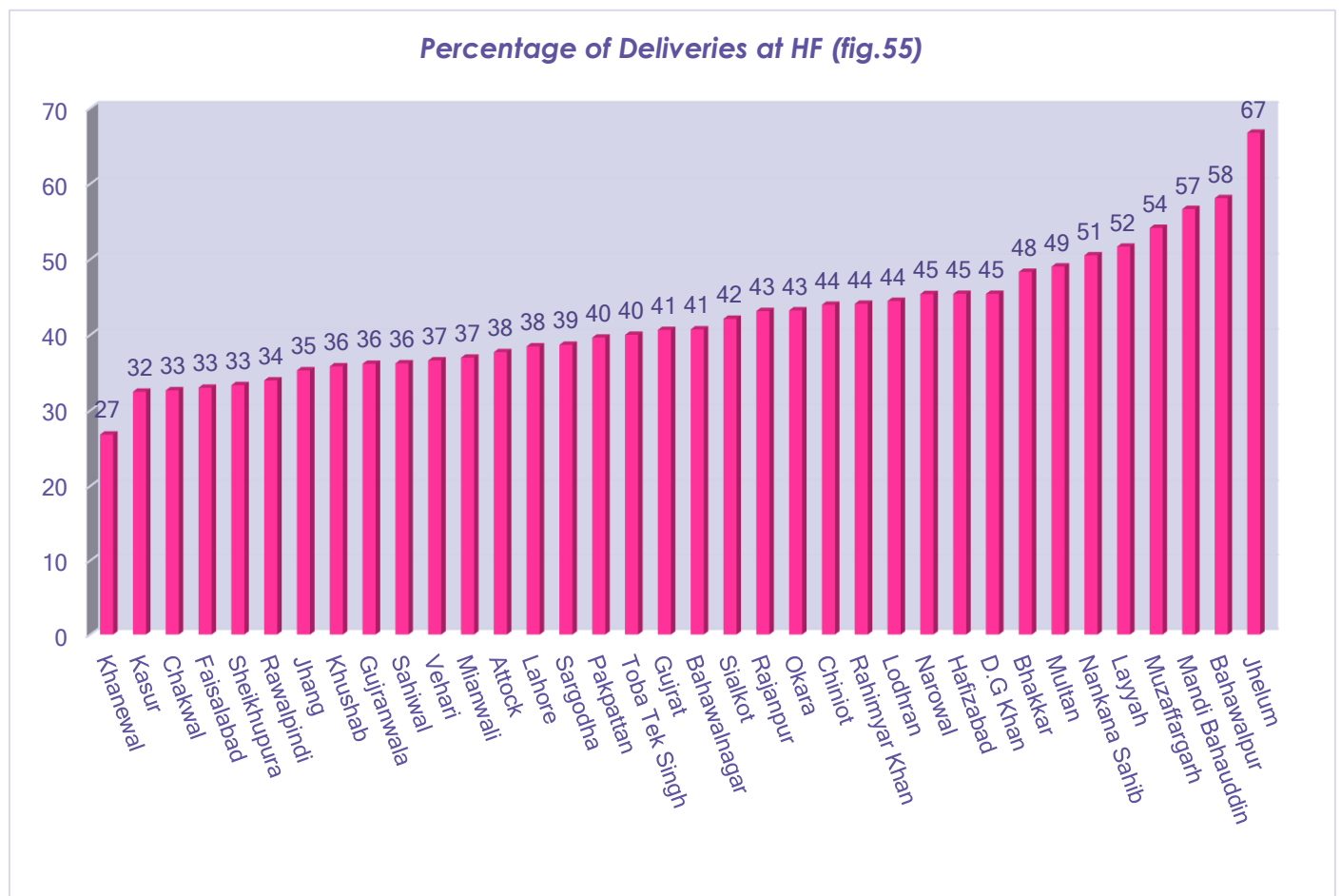
Facility Type Wise Number of Deliveries Conducted (Per month per Health Facility)

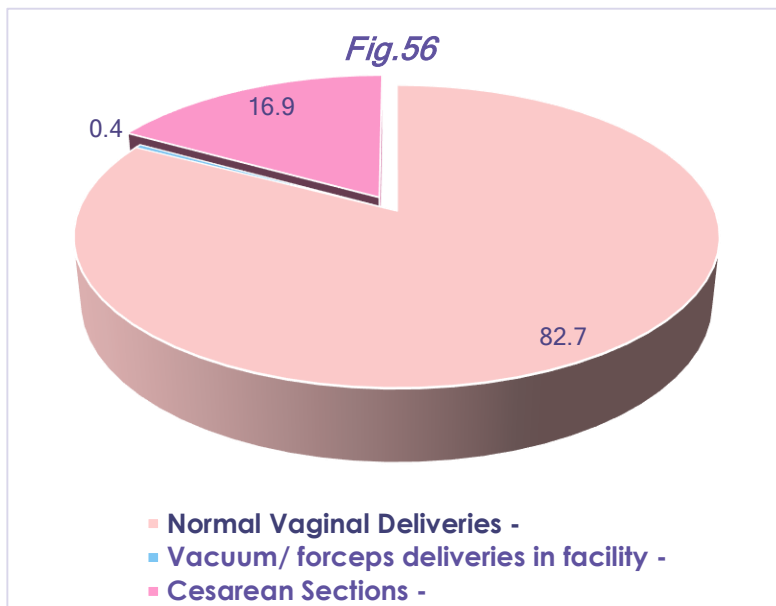


During the year 2019 total deliveries conducted at health facilities were 1,312,745 including all health facilities i.e. BHU (all), RHC(all) THQ, DHQ and Teaching Hospitals in Punjab.

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



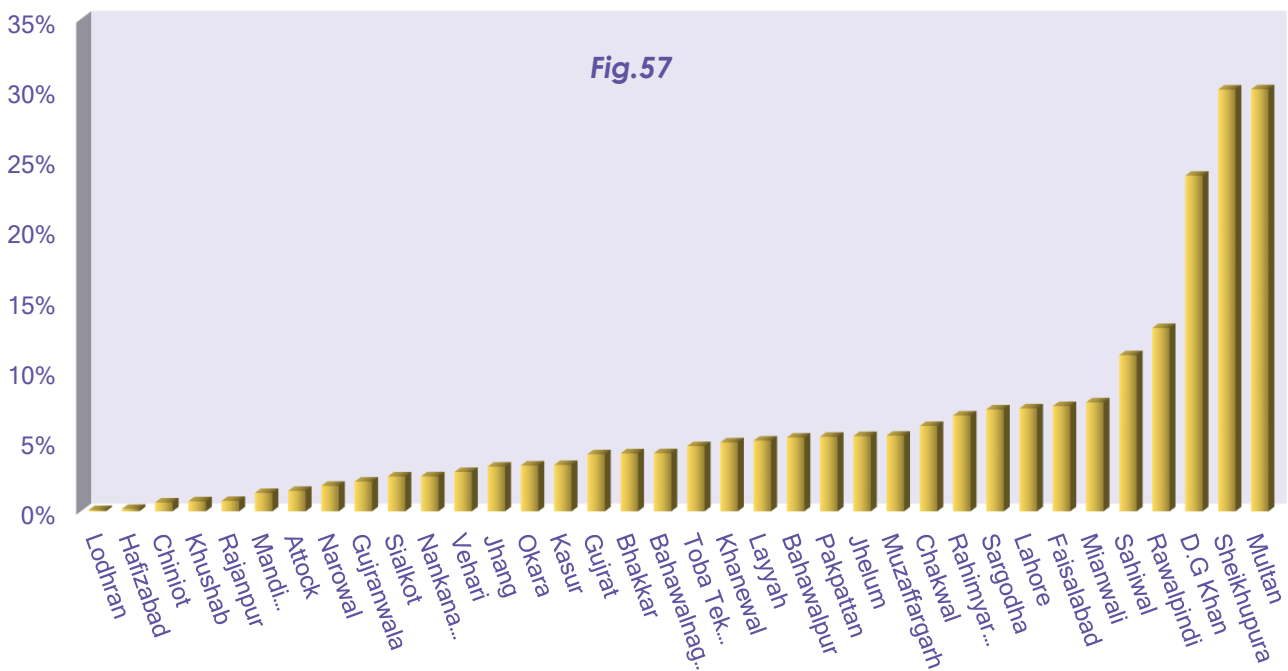


Type wise Deliveries

During the year 2019 total deliveries conducted at health facilities were 1,340,707 which was 43% of the expected population.

Fig.56 is showing the percentage of type wise deliveries conducted at health facilities during 2019. Percentage of Normal vaginal was 82.7%, vacuum/forceps was 0.4% and Cesarean Sections was 16.9%.

Obstetric Complications

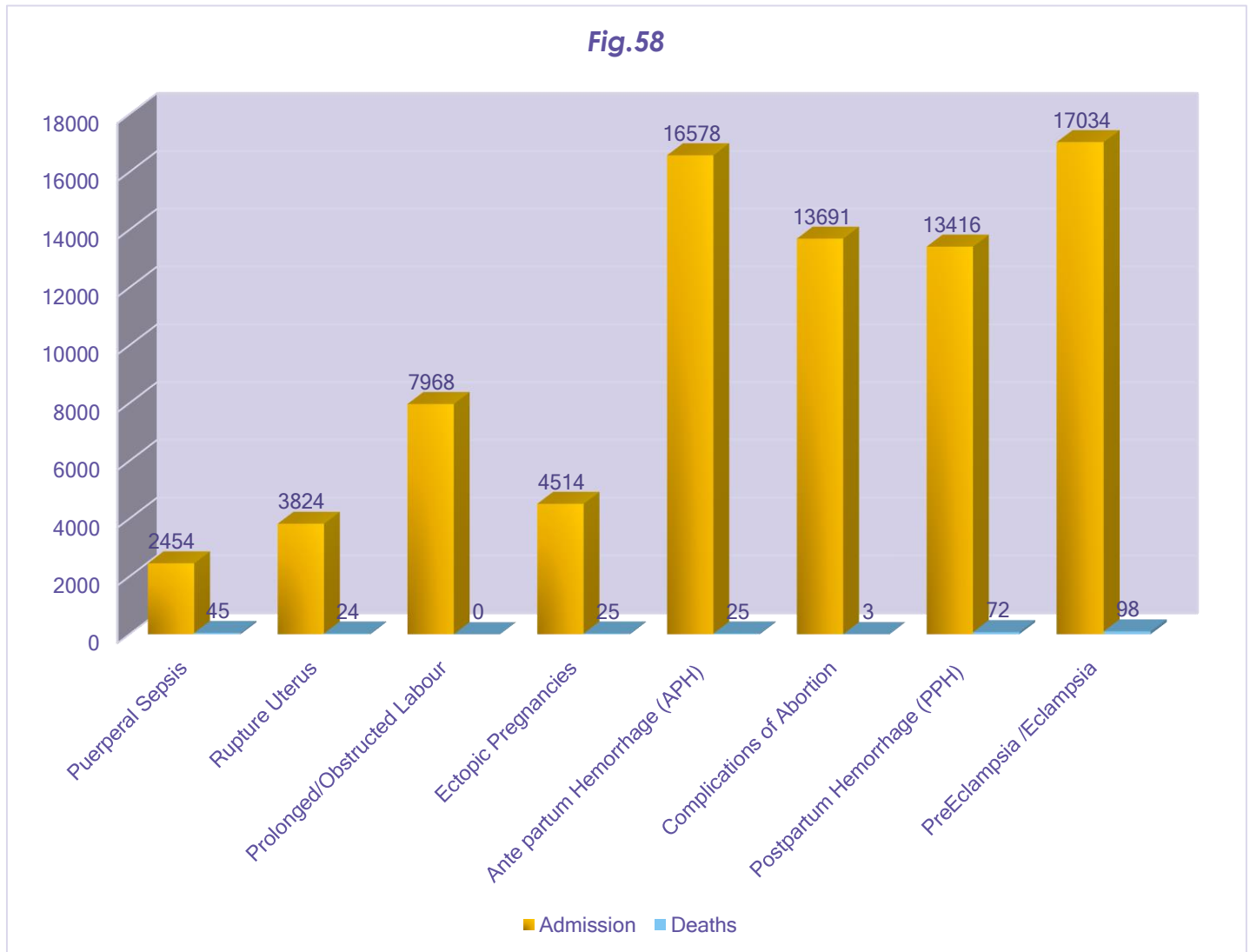


This indicator is a measure of the proportion of women estimated to have obstetric complications who are treated in the public health facilities of the total deliveries in secondary and tertiary care hospitals.

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

The highest percentage was observed in Multan & Sheikhpura (30%) and lowest percentage was observed in Lodhran & Hafiz Abad (0%).

Number of Admission and Deaths in Obstetric Complications



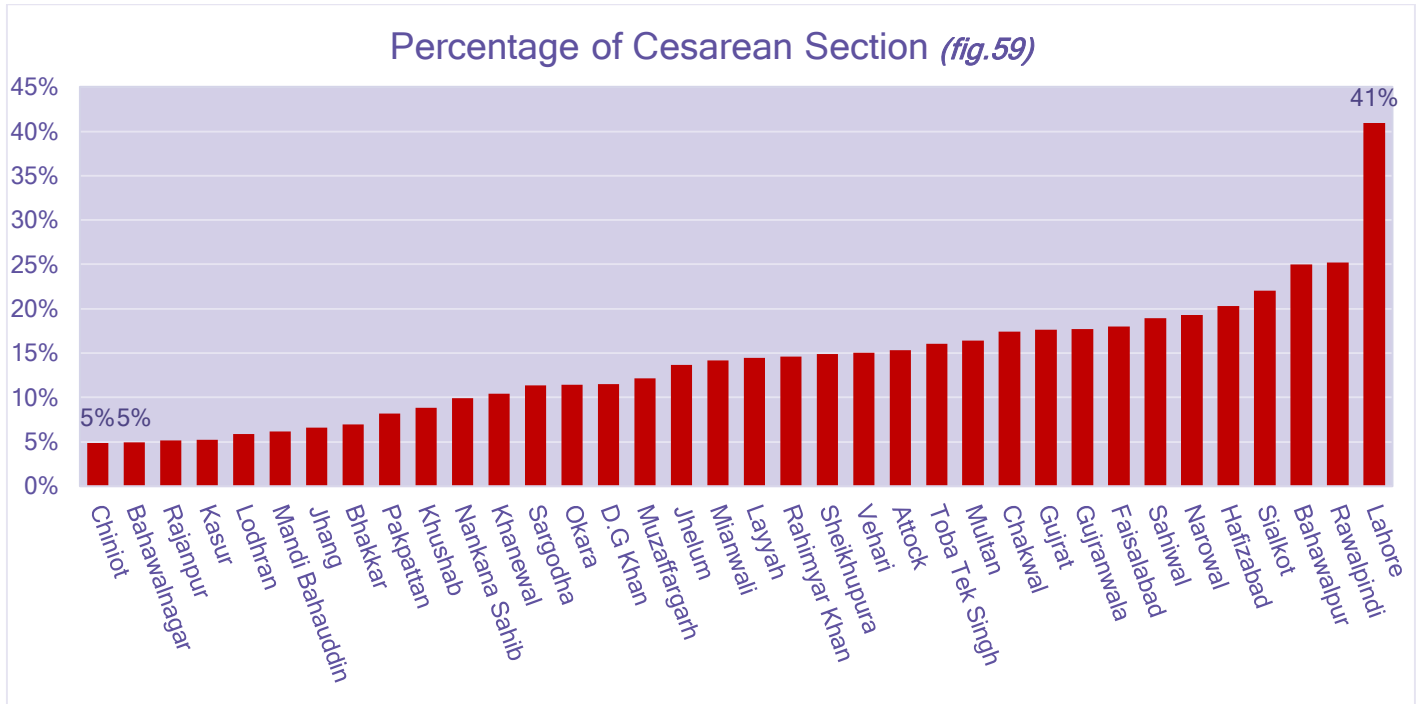
The graph shows number of Admission and Deaths in obstetric Complications.

Fig.58, shows number of type wise obstetric Complications admissions and deaths in secondary and tertiary care hospitals. During 2019, total numbers of deliveries with complications were 79,479 of the total deliveries 1,340,707 in secondary and tertiary care hospitals. The percentage of obstetric Complications during 2019 is 6%.

CAESAREAN SECTION

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

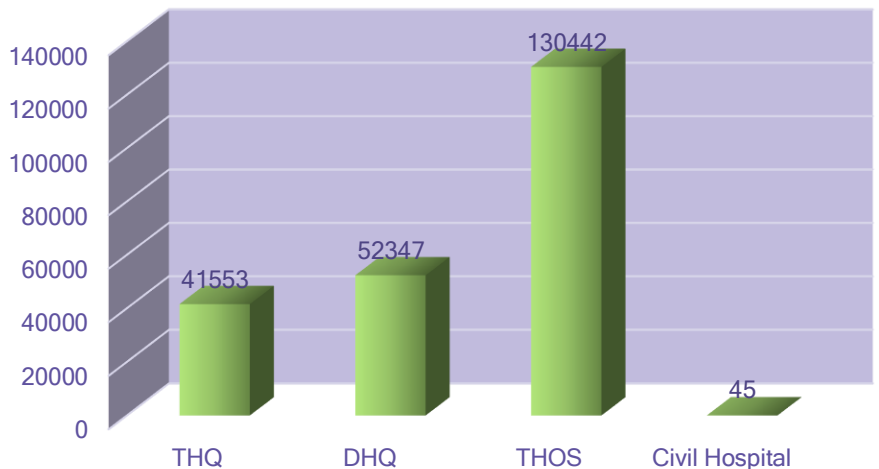
It was observed that in 2019 deliveries with C-section constitute 17% (226,402) of the total deliveries (1,340,707). The overall situation indicated that the higher number deliveries with C-section were conducted in Lahore (41% of the total number of deliveries) and lowest percentage was observed in Chiniot (5% of the total deliveries).

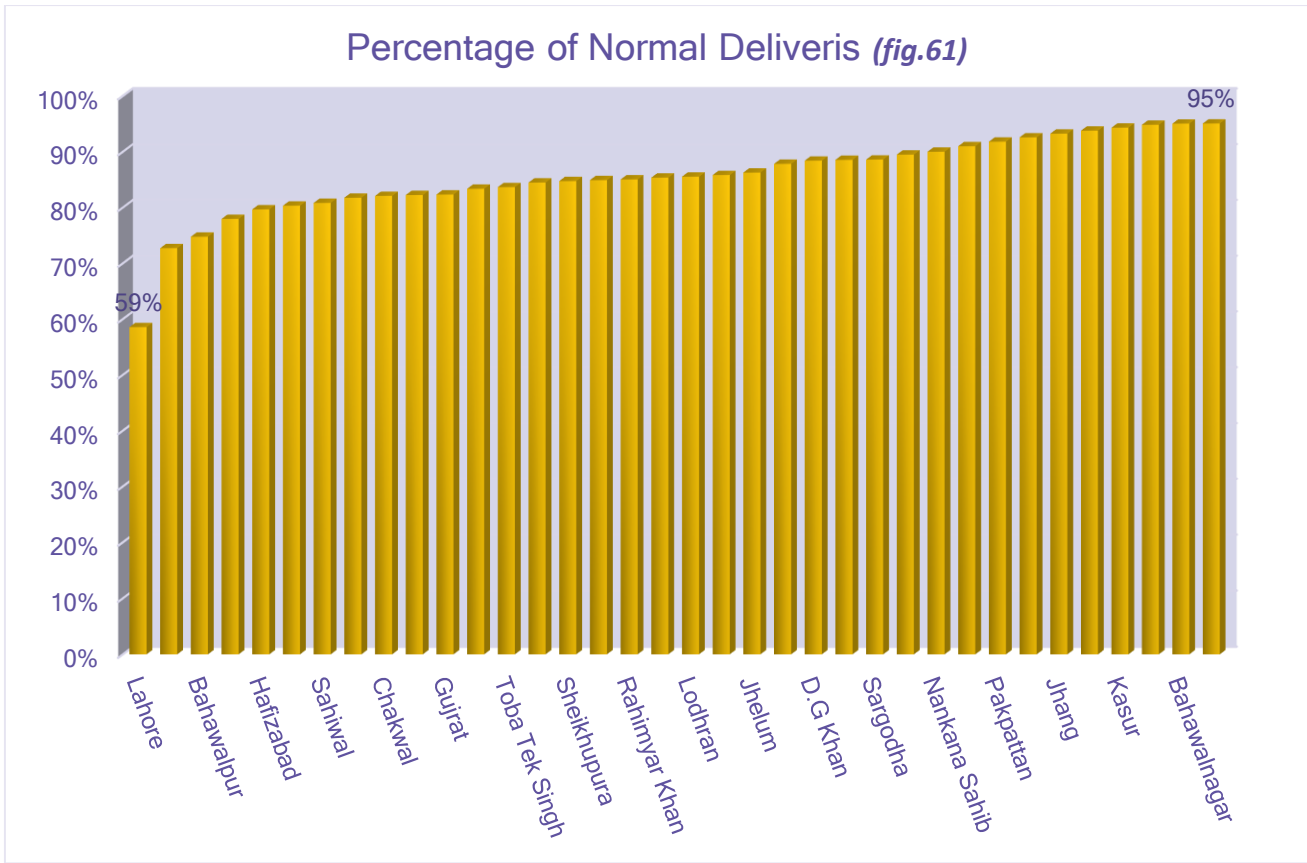


Facility Type Wise Number of Caesarean Sections Conducted

Fig.60

Fig.60, is showing the health facility type wise number of Caesarean sections conducted during 2019. The highest numbers reported at Teaching Hospitals that were 130,442 cases and lowest numbers reported at Civil Hospitals that were 45.





It was observed that in 2019 deliveries with Normal Vaginal Deliveris constitute 83% (1,108,987) of the total deliveries (1,340,707). The overall situation indicated that the higher number Normal Vaginal deliveries were conducted in Chiniot (95% of the total number of deliveries) and lowest percentage was observed in Lahore (59% of the total deliveries).

Facility Type Wise Number of Normal Deliveris Conducted

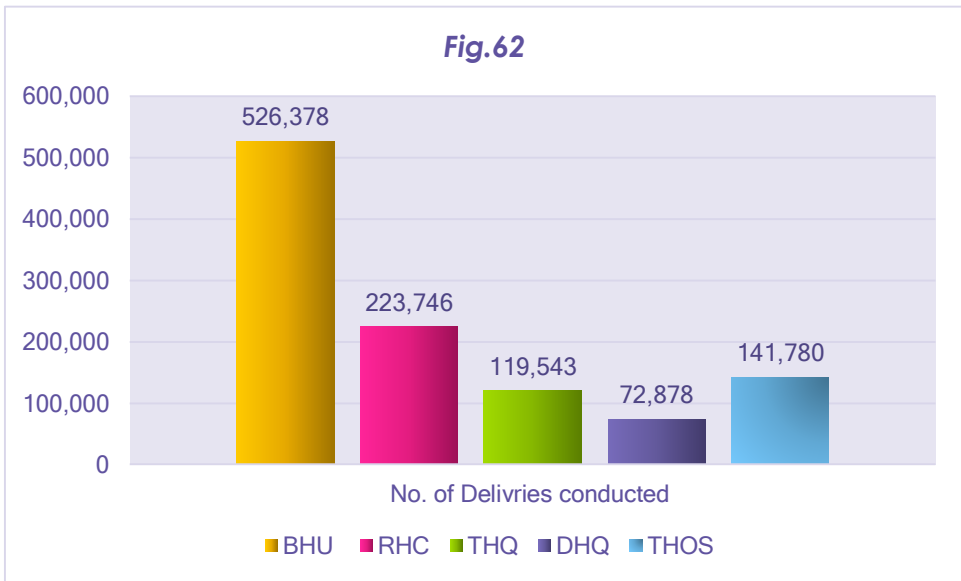
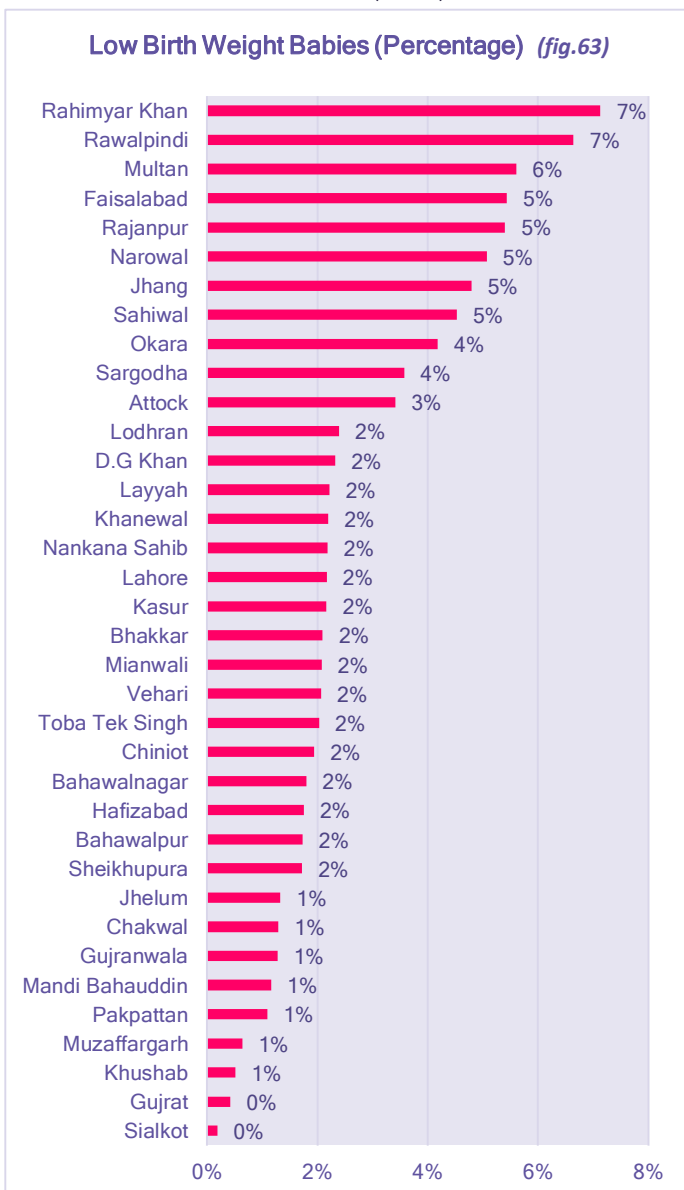


Fig.62 is showing the health facility type wise number of Normal Vaginal Deliveris conducted during 2019. The highest numbers reported at BHU (All) that were 526,378 cases and lowest numbers reported at DHQ Hospitals that were 72,878.

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

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

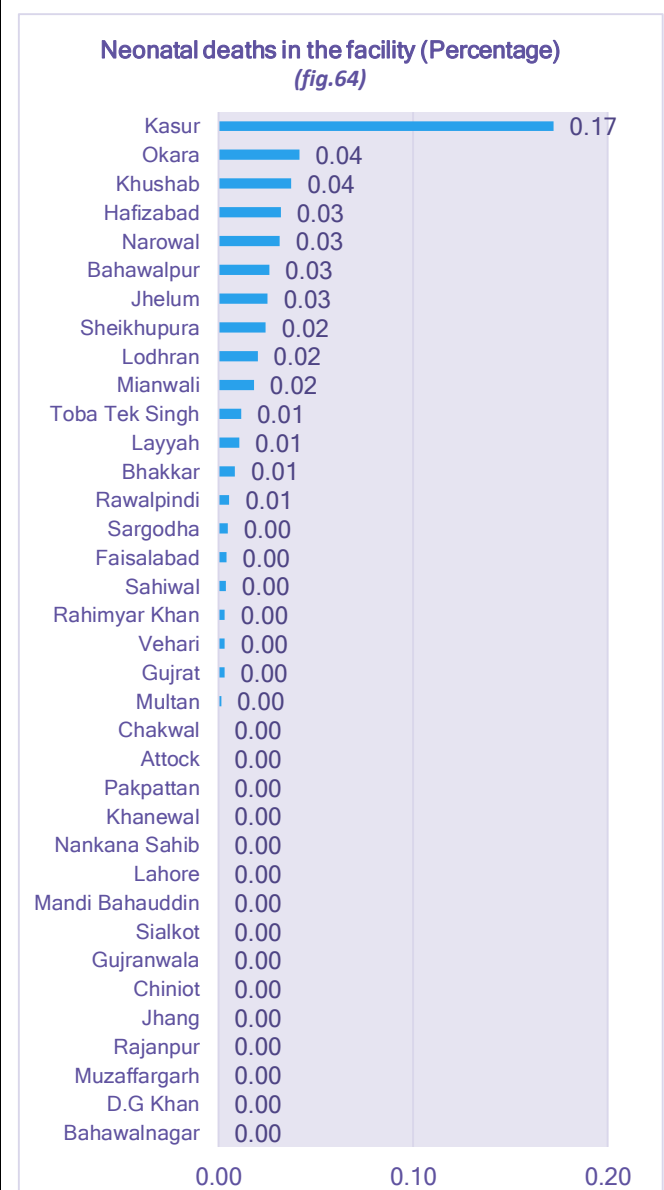
During the year 2019. The highest percentage was observed in Rawalpindi (7%) and lowest percentage was observed in Khushab & Sialkot (0.4%).



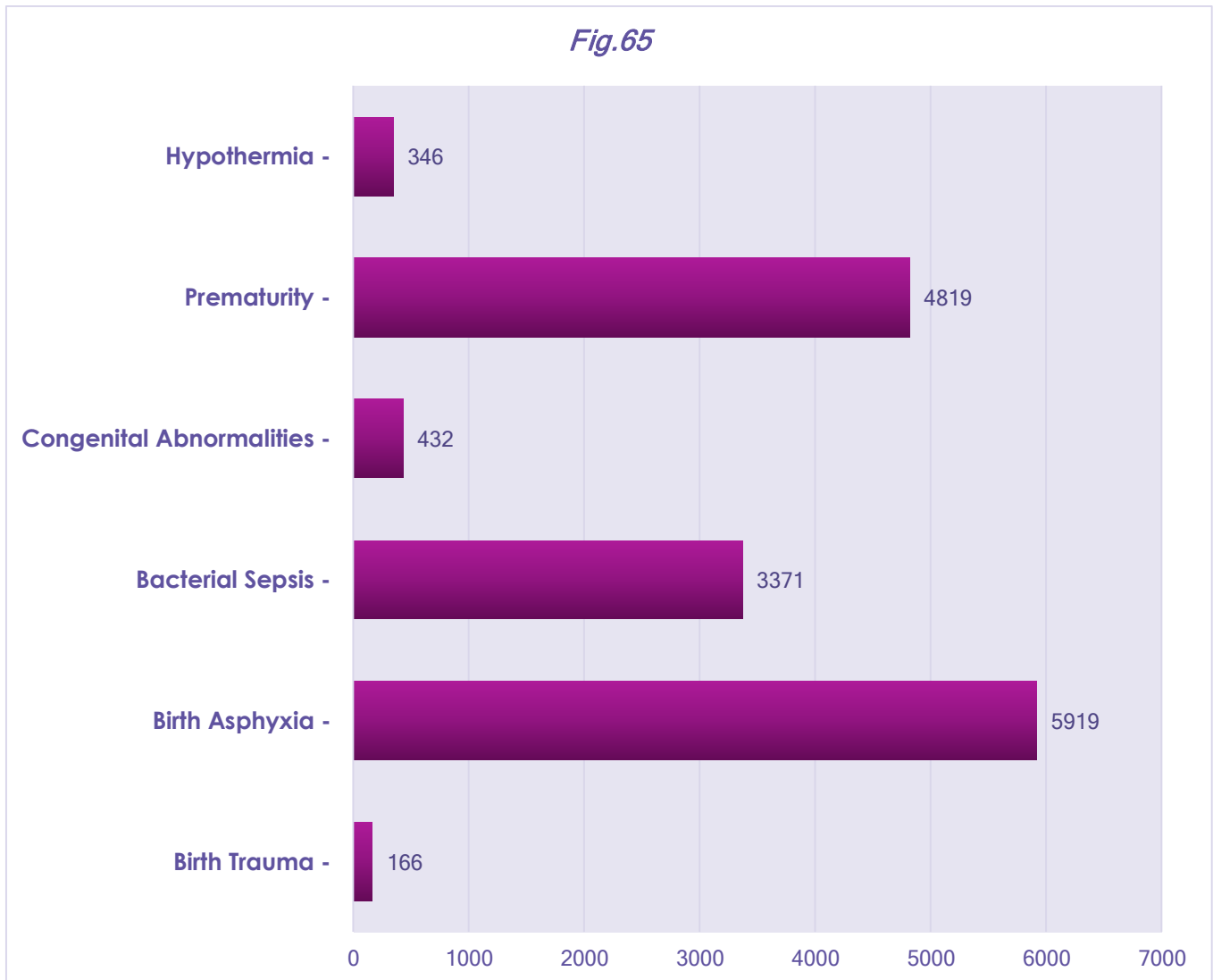
District wise Neonatal Mortality Rate (Percentage)

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.64 shows the district wise neonatal mortality rate. The percentage of mortality rate was highest in Kasur (17%) live births



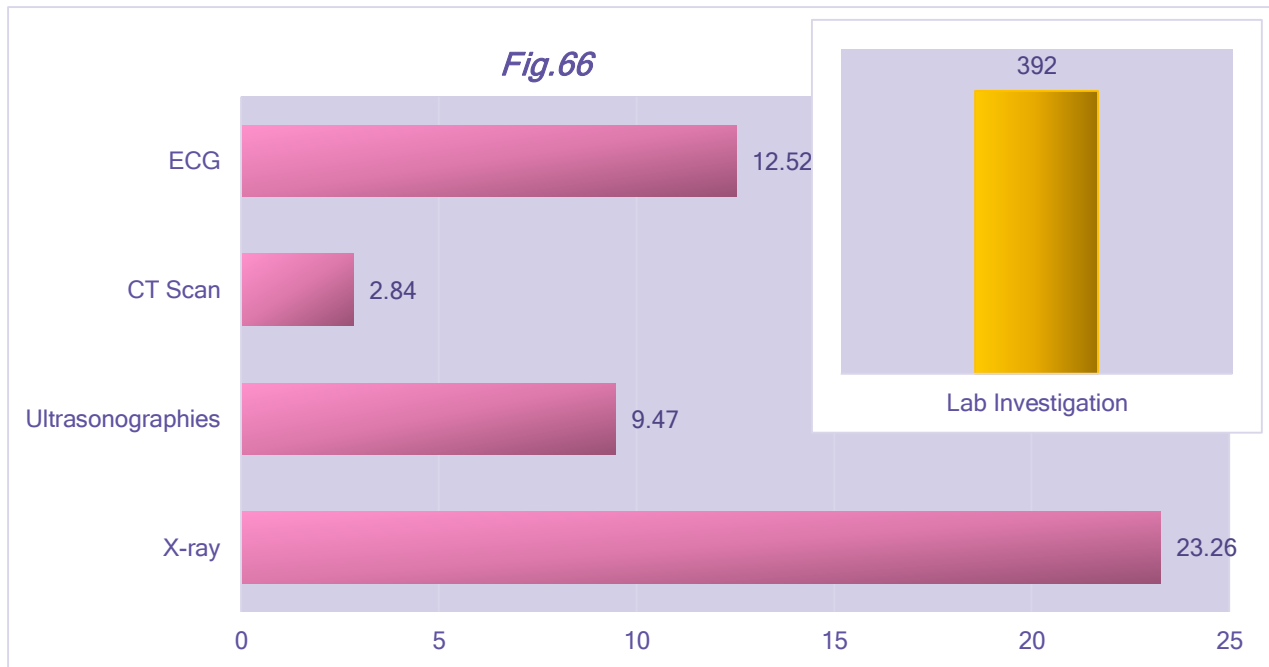
Complications of Neonatal Deaths



Diagnostic Services Utilization

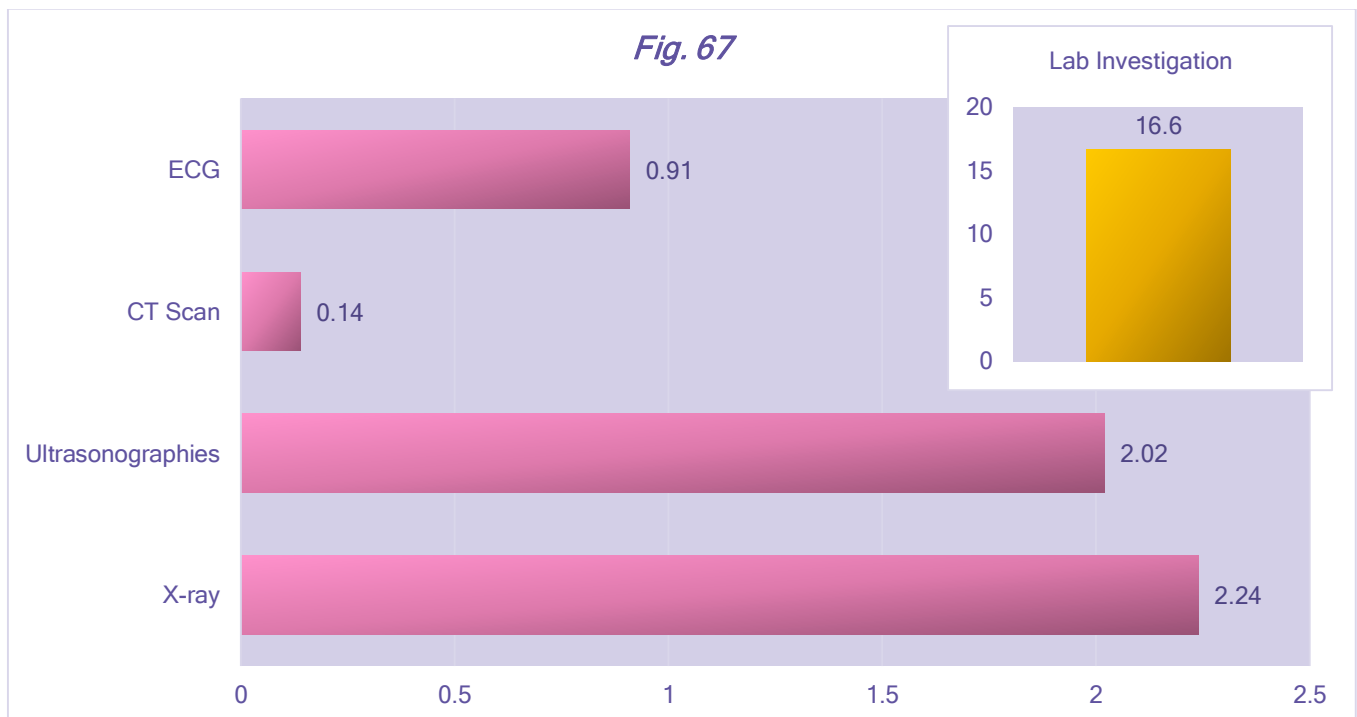
This indicator indicates utilization of Diagnostic services at the facility and also gives a measure of the proportion of patients receiving diagnostic services from the laboratory of the health facility. This indicator reflects the quality of care in terms of utilization of diagnostic services. It will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

Percentage of Diagnostic Services Utilization Indoor During 2019



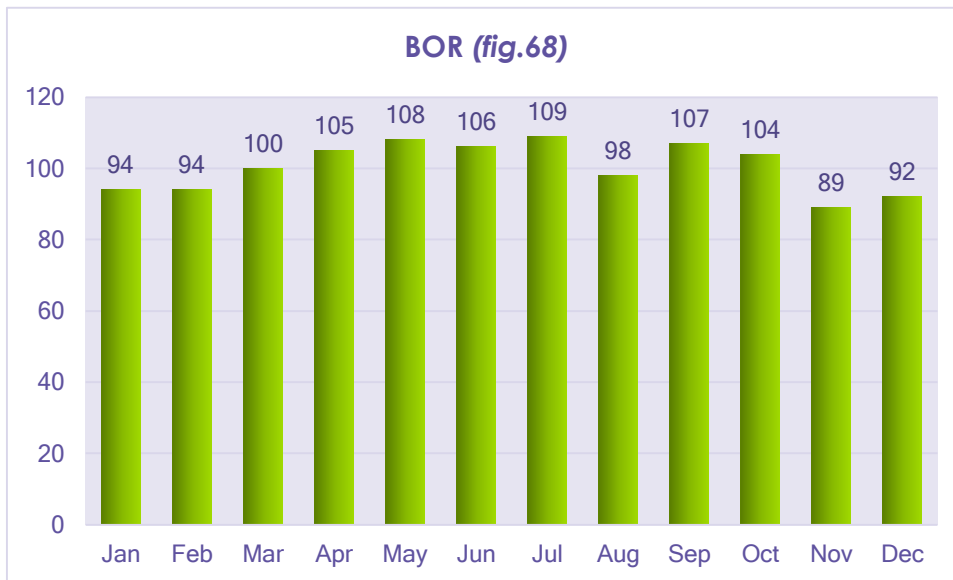
In indoor Lab Services during 2019, *Fig.64* show the overall percentage of Lab Investigations that 392. *Fig.66* the overall percentage of X-Rays 23.26 Ultra Sonographies 9.47, CT Scans 2.84 and ECGs 12.52.

Percentage of Diagnostic Services Utilization Outdoor During 2019



In outdoor Lab Services during 20189, *Fig.66* show the overall percentage of Lab Investigations that 16.6. *Fig.67* the overall percentage of X-Rays 2.2, Ultra Sonographies 2.02, CT Scans 0.14 and ECGs 0.9.1.

BED OCCUPANCY RATE



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

BOR indicates utilization of hospital indoor services in secondary and tertiary care hospitals. It may also indicate quality of care.

Annual BOR are used to evaluate or compare how hospitals or individual specialties are using their resources. However, the hospital with a high average occupancy rate may not necessarily be running more effectively than the hospital with a low average. High occupancy rates can be due to longer lengths of stay rather than greater numbers of patients being treated.

Fig. 68 is showing the monthly bed occupancy rate during 2019. The highest rate is in July (109) and lowest in November (89). The overall bed occupancy rate during 2019 was 90.

Facility type wise Bed Occupancy Rate

Fig.69

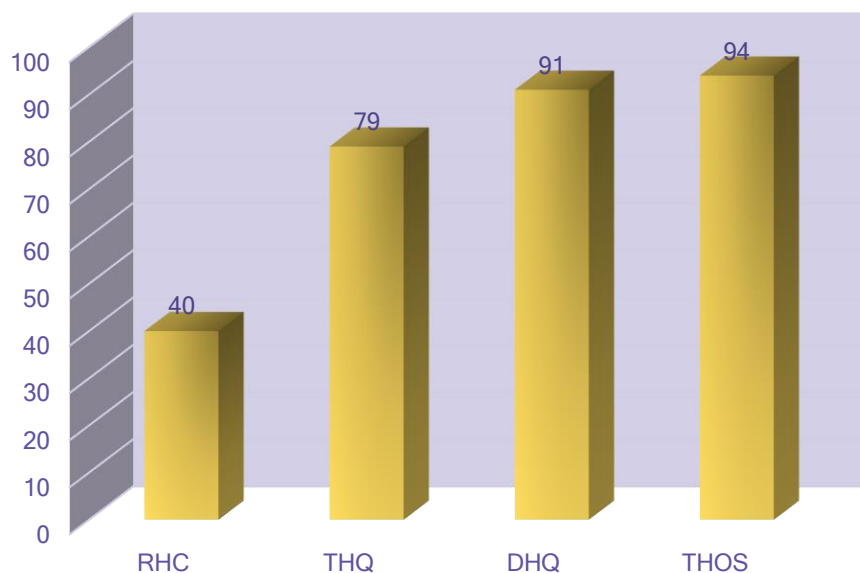
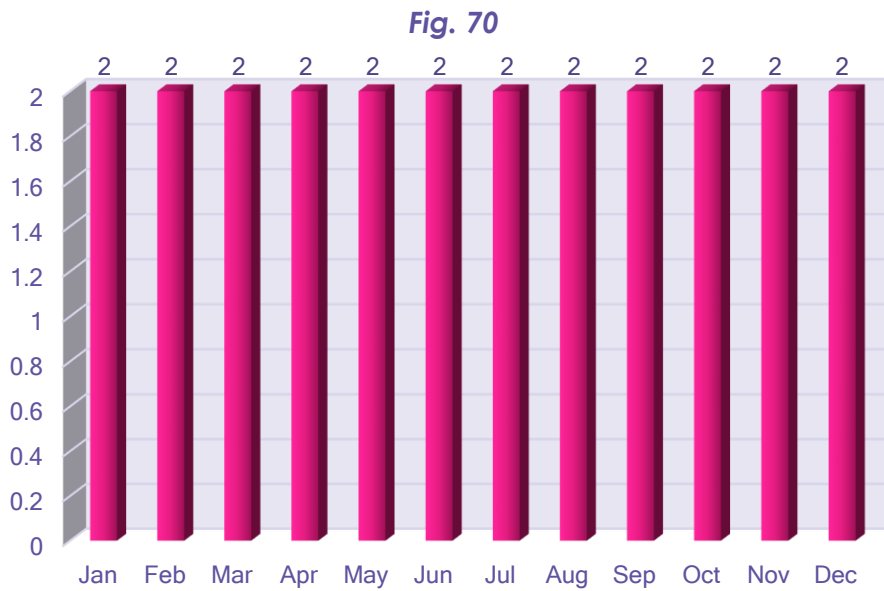


Fig. 69 is showing the health facility type wise bed occupancy rate during 2019. Furthermore, since these averages are generally calculated based on an average number of available staffed beds for a year they frequently conceal bed borrowing by other.



AVERAGE LENGTH OF STAY

This indicator is the measure of the average duration of hospital stay of admitted patients in secondary and tertiary care hospitals. This indicator reflects on the intensity of care delivered to hospitalized patients and the probable burden on hospital resources. Like BOR, it is also influenced by

factors like patient management practices, quality of care, case-mix and specialty-mix.

Fig.70 is showing the monthly Average Length of Stay. It is clear from the graph that the ALS was consistent throughout the year 2019.

Facility Type Wise Average length of Stay

ALS (fig.71)

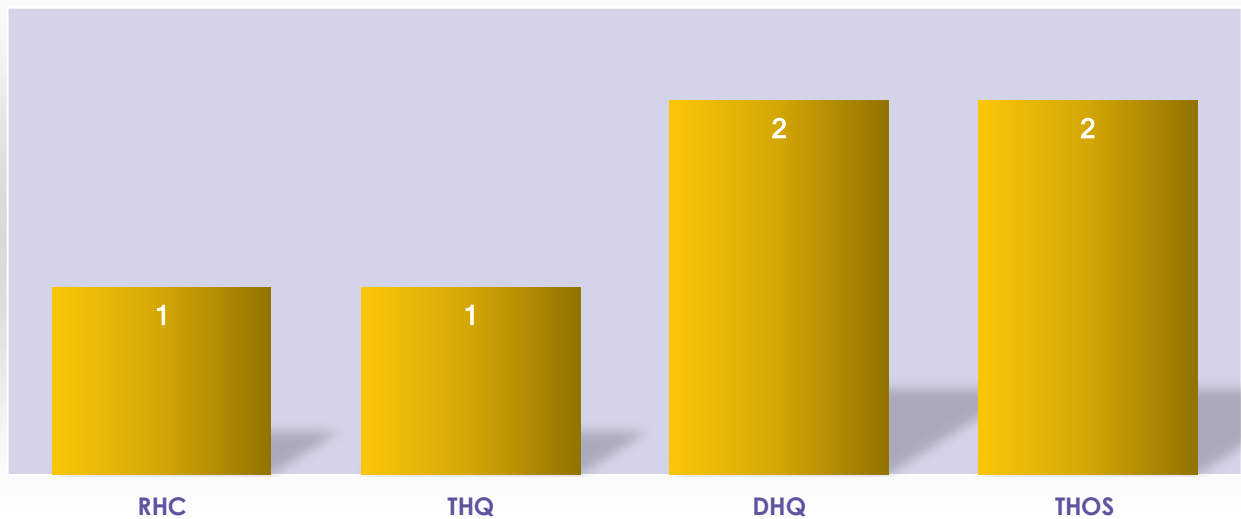
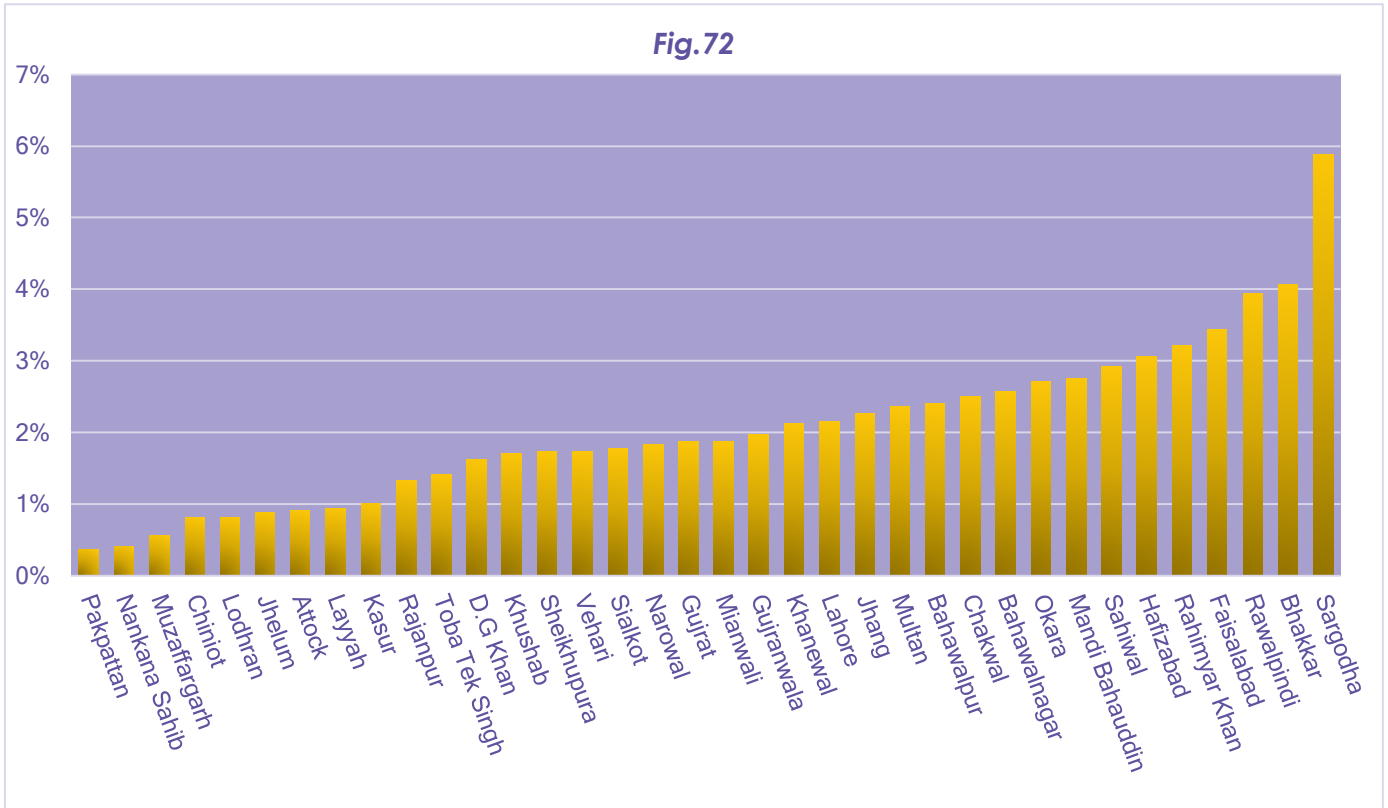


Fig.71 is showing the health facility type wise Average length of stay (ALS) during 2019 (January to December). Furthermore, since these averages are generally calculated based on an average of length stay in each facility RHC, THQ, DHQ, and THOS.

HOSPITAL DEATH RATE



This indicator is the measure of the proportion of hospital deaths among admitted patients in hospitals. Fig.72 show district wise percentage of deaths. It was noted that the percentage of deaths was highest in Sargodha (6%) and lowest in Pakpattan & Nankana sahib (0.3% & 0.4%).

Facility type wise Hospital Death Rate

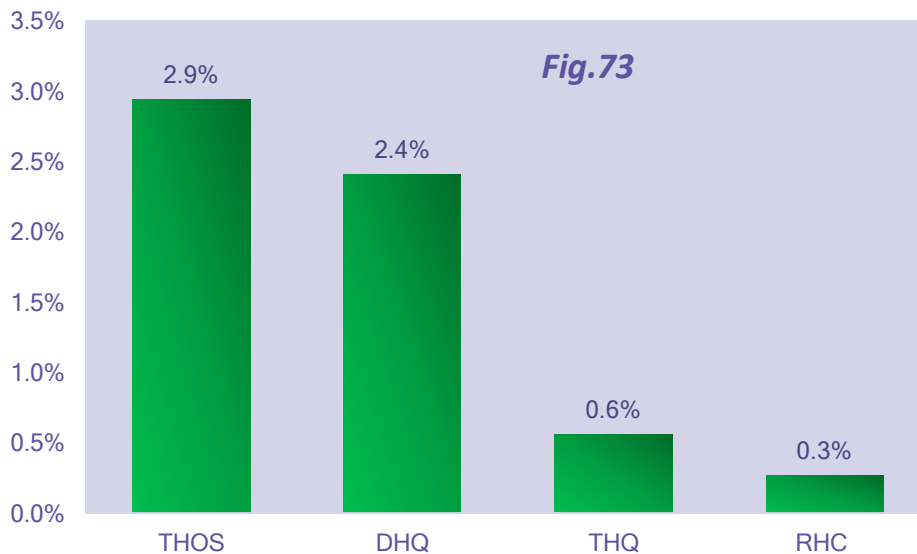
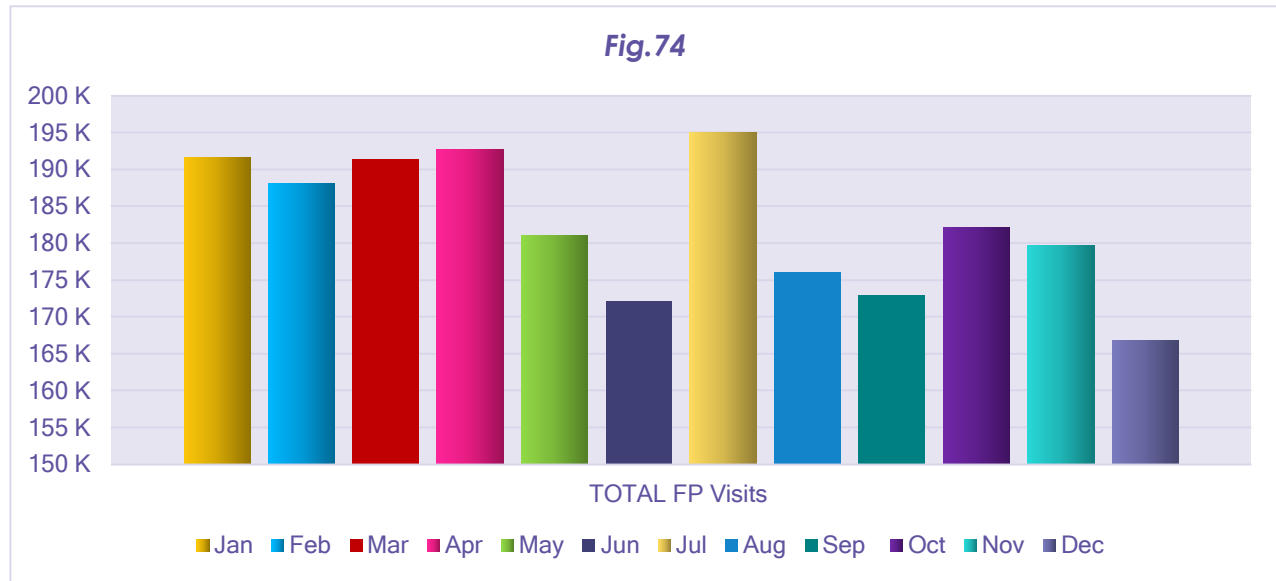


Fig.73 is showing the health facility type wise Percentage of Hospital Deaths during 2019. This indicator is indicative for quality of care at the hospital indoors. The highest percentage is in THOS as 2.9% and following DHQ as 2.4%.

Family Planning Visits



Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility (this fact sheet focuses on contraception). During 2019, 2,189,377 family planning visits were reported from the public sector health facilities against the expected population (16% MCBA).

District-wise Number of Commodities Distributed

Table No.: 6

District	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD -	Tubal Ligation	Vasectomy	Implants -
Bahawalnagar	10,907	106	9,679	993	233,371	8,192	244	3	7
Bahawalpur	24,736	304	9,709	564	209,896	8,199	871	7	138
Rahimyar Khan	13,347	0	16,038	65	103,504	6,768	909	0	59
D.G Khan	15,610	2072	11,664	978	168,111	6,831	1471	235	62
Layyah	9,689	113	7,773	1548	181,419	4,831	667	0	78
Muzaffargarh	19,406	10	6,984	1542	500,934	9,772	555	0	78
Rajanpur	14,735	67	9,070	605	131,533	2,810	0	3	4
Faisalabad	85,109	0	12,239	0	330,355	8,731	2955	163	121
Jhang	10,659	519	6,023	669	185,121	5,925	1578	14	34
Toba Tek Singh	12,305	25	10,141	0	108,028	6,564	182	1	0
Chiniot	8,248	900	5,940	330	129,490	4,789	76	0	92

District	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD -	Tubal Ligation	Vasectomy	Implants -
Gujranwala	25,332	22	9,020	18	198,278	62,46	1,850	12	210
Gujrat	13,478	355	14,518	819	238,972	5,256	366	1	50
Narawal	11,060	201	5,462	155	137,219	2,821	9	0	103
Sialkot	26,810	62	12,291	14	357,310	6,417	1233	0	33
Hafiz Abad	4,808	982	2,927	466	76,735	4,413	121	2	336
Mandi Bahauddin	8,876	0	6,006	0	142,403	6,797	81	0	0
Kasur	8,704	942	5,268	538	89,929	5,652	2,104	161	240
Lahore	23,162	1598	16,609	828	525,341	10,083	4,029	22	1142
Okara	26,787	320	18,707	2538	325,748	9,083	186	153	197
Sheikhupura	75,674	146	7,372	280	162,035	7,457	750	1	239
Nankana Sahib	5,982	0	3,227	0	63,348	3,323	33	0	123
Khanewal	12,813	33	8,986	2	103,681	4,981	1,196	0	16
Lodhran	9,847	137	94,526	364	72,974	3,804	118	8	22
Multan	48,806	0	19,074	0	302,564	18,437	1,268	57	170
Pakpattan	10,467	10	3,221	42	100,289	4,202	12	0	93
Sahiwal	7,088	66	5,039	546	233,677	3,212	1117	0	14
Vehari	20,529	0	10,071	0	255,639	7,481	505	0	172
Attock	10,192	90	7,264	1016	306,393	5,042	159	0	19
Chakwal	14,077	0	7,649	0	165,560	3,166	320	1	0
Jhelum	13,741	14	13,945	5	185,611	4,114	118	0	58
Rawalpindi	23,712	1066	16,147	1023	362,196	6,327	1238	48	915
Bhakkar	9,089	377	9,010	2070	83,500	3,995	885	32	30
Khushab	3,897	6	2,817	235	134,027	3,702	165	14	5
Mianwali	8,480	39	5,391	127	111,374	1,676	87	0	164
Sargodha	28,306	41	8,942	767	211,165	8,517	62	0	11
Bahawalnagar	676,468	1,0623	418,749	19,147	7,227,730	219,616	27,520	938	5,035

HUMAN RESOURCE

Table No.: 7

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	105	38	33	28	482	302	393	206	202	122	237	199	215	105
Bahawalpur	192	114	48	40	1320	782	1233	862	253	180	182	159	210	192
Rahimyar Khan	86	46	33	31	694	574	566	424	245	163	143	127	242	86
D.G Khan	61	34	20	15	496	323	545	311	93	81	67	62	142	61
Layyah	134	46	39	31	375	284	350	311	136	96	72	64	168	134
Muzaffargarh	94	55	37	33	484	361	357	340	135	107	106	97	221	94
Rajanpur	71	27	22	21	299	210	226	150	82	76	56	54	107	71
Faisalabad	242	105	62	45	1845	1070	1879	1477	370	298	371	335	518	242
Jhang	87	37	39	30	353	276	328	300	102	90	68	64	134	87
Toba Tek Singh	62	39	26	24	413	324	295	281	113	101	177	177	179	62
Chiniot	55	11	18	12	252	102	114	64	68	55	101	79	68	55
Gujranwala	73	41	31	23	381	332	499	460	175	141	176	167	236	73
Gujrat	83	36	28	23	318	256	217	116	165	82	185	128	215	83
Narowal	52	28	24	21	319	248	283	207	110	59	143	116	118	52
Sialkot	86	57	27	22	454	329	297	289	187	136	235	209	201	86
Hafizabad	39	18	18	16	173	151	207	199	57	43	91	89	116	39
Mandi Bahauddin	18	5	11	8	127	62	80	75	82	45	84	64	106	18
Kasur	78	55	20	19	354	272	243	229	86	60	203	195	182	78
Lahore	507	306	76	49	3045	2099	5284	4764	654	559	119	111	347	507
Okara	106	46	37	25	488	314	356	288	155	109	249	227	210	106
Sheikhupura	113	88	30	25	505	421	553	347	141	89	217	167	170	113
Nankana Sahib	72	37	23	17	321	251	195	177	101	75	168	125	131	72
Khanewal	76	32	23	18	364	256	265	182	132	84	139	118	147	76
Lodhran	70	26	19	14	336	246	195	111	70	65	104	94	104	70
Multan	336	166	52	43	1611	850	1697	1322	321	207	206	165	271	336
Pakpattan	51	23	17	15	239	171	195	165	90	84	78	76	103	51
Sahiwal	49	31	22	20	269	206	276	227	157	113	141	131	170	49
Vehari	45	20	24	15	273	182	160	148	124	106	125	123	169	45
Attock	119	42	30	24	480	296	367	209	129	82	140	125	138	119
Chakwal	88	40	30	27	314	183	218	178	153	103	141	121	146	88
Jhelum	73	28	21	19	339	244	229	177	85	47	139	112	123	73
Rawalpindi	253	162	45	36	962	638	1408	1251	369	201	234	168	307	253
Bhakkar	81	40	22	21	323	198	273	219	111	94	85	81	144	81
Khushab	89	27	29	23	407	196	254	166	91	47	128	101	140	89
Mianwali	79	28	31	24	350	203	293	205	106	67	96	82	128	79
Sargodha	140	50	42	29	621	419	469	400	221	178	169	153	228	140
Total	3965	1984	1109	886	20386	13631	20799	16837	5871	4245	5375	4665	6554	3965

DISTRICT	EPI Vaccinator		Sanitary inspectors		Midwives		LHWs		CDC Supervisor		Others	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	96	82	100	91	207	149	1146	1087	81	42	992	780
Bahawalpur	76	70	58	50	153	104	1169	1077	51	41	891	691
Rahimyar Khan	12	12	88	30	205	158	796	686	6	3	527	422
D.G Khan	46	38	33	25	127	101	551	540	41	33	125	122
Layyah	45	45	42	41	134	112	670	637	34	31	919	664
Muzaffargarh	86	83	67	59	290	192	2049	1901	66	57	1326	890
Rajanpur	37	37	31	29	70	66	590	590	31	31	558	445
Faisalabad	41	39	156	80	439	377	2211	2135	20	19	6064	4597
Jhang	26	24	21	20	84	69	238	226	17	15	615	461
Toba Tek Singh	72	64	63	29	125	119	1030	1000	63	35	215	202
Chiniot	35	30	29	24	70	45	476	305	28	23	316	136
Gujranwala	82	79	89	83	249	189	1241	1136	68	55	857	749
Gujrat	86	69	76	32	315	156	1683	1213	73	51	663	473
Narowal	60	55	57	54	116	75	1030	863	56	48	612	483
Sialkot	41	37	88	84	156	114	721	689	48	36	849	728
Hafizabad	37	31	29	24	78	69	307	297	32	22	161	143
Mandi Bahauddin	50	41	40	32	117	70	881	842	47	39	196	140
Kasur	61	52	60	46	147	129	850	682	58	40	329	258
Lahore	67	64	54	50	149	136	376	369	21	16	4534	3747
Okara	115	105	95	94	188	142	1311	1082	91	70	1157	926
Sheikhupura	87	68	68	55	141	116	831	798	77	43	429	358
Nankana Sahib	58	45	46	37	96	56	585	517	45	25	794	536
Khanelwal	86	72	77	75	134	113	1007	952	81	64	614	532
Lodhran	52	48	46	41	99	94	890	883	49	41	603	574
Multan	94	88	86	77	258	235	1576	1541	74	61	5981	4646
Pakpattan	63	63	55	42	146	126	855	854	24	23	166	142
Sahiwal	79	76	76	67	217	112	166	157	70	60	1000	681
Vehari	71	65	62	56	130	122	869	842	66	57	436	373
Attock	63	53	67	41	101	55	1008	731	63	42	578	466
Chakwal	71	61	37	14	115	87	719	666	60	46	253	224
Jhelum	51	44	54	49	133	112	676	617	41	36	553	432
Rawalpindi	119	97	93	58	253	165	1112	884	93	49	311	257
Bhakkar	45	43	51	51	129	114	62	54	38	35	803	692
Khushab	37	32	39	29	125	99	611	595	35	24	436	291
Mianwali	48	46	37	32	98	82	629	613	38	26	522	363
Sargodha	119	106	112	100	293	245	1507	1357	109	86	1783	1220
Total	2,314	2,064	2,282	1,801	5,887	4,505	32,429	29,418	1,895	1,425	37,168	28,844

Comparison of Sanctioned & Filled posts of Health Personnel

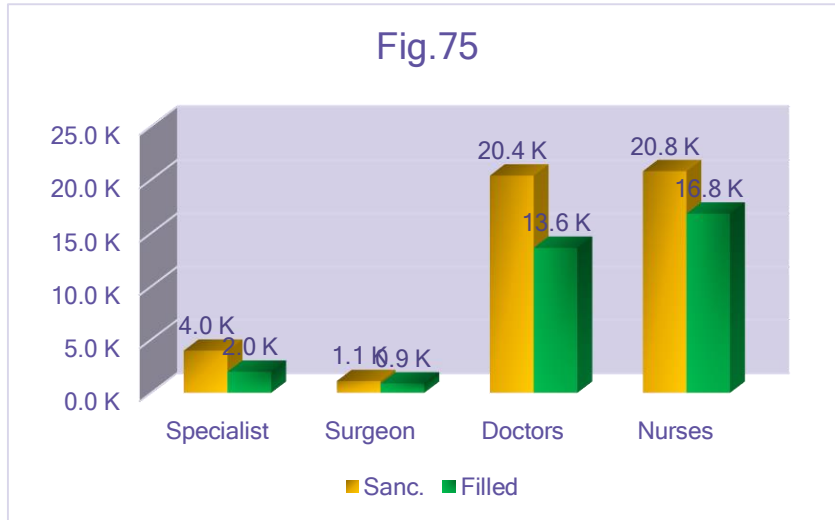


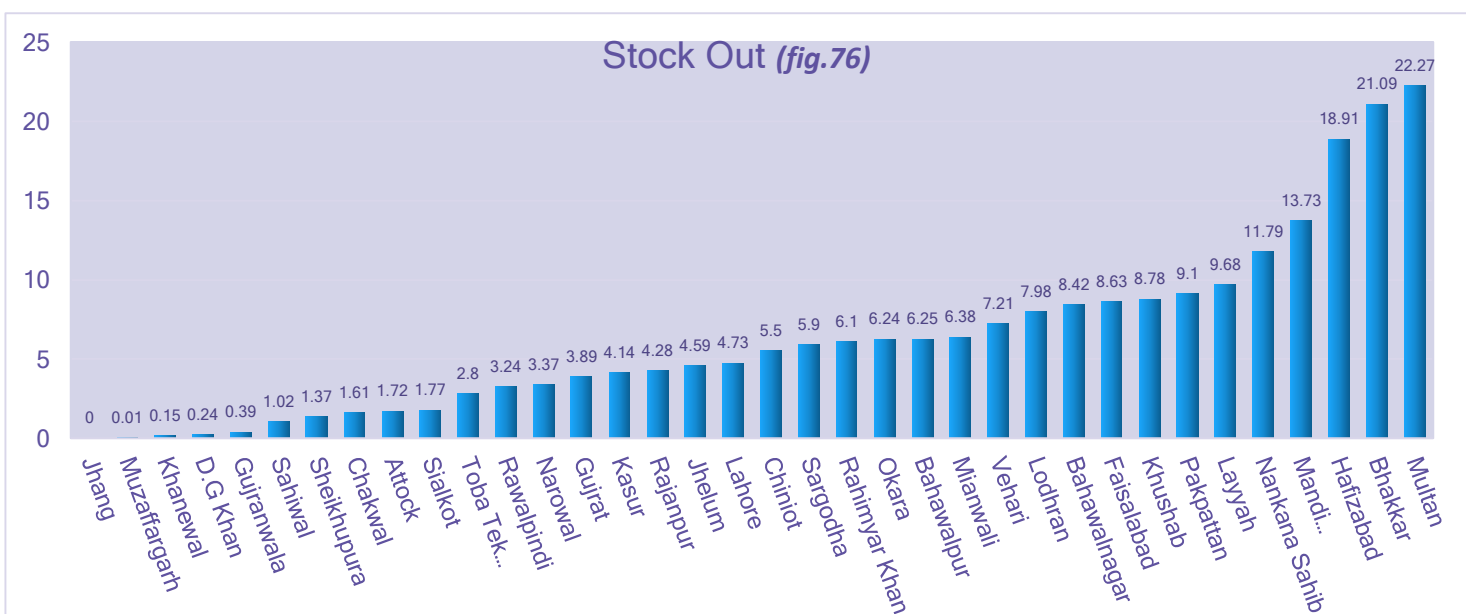
Fig.75 provides a comprehensive situation analysis of Specialists, Surgeons, Doctors and Nurses positions in district Punjab during 2019. Number of Filled positions of Specialist = 1,984, Surgeons = 886, Doctors = 13,631 and Nurses = 16,837 in Punjab, Year 2019.

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.

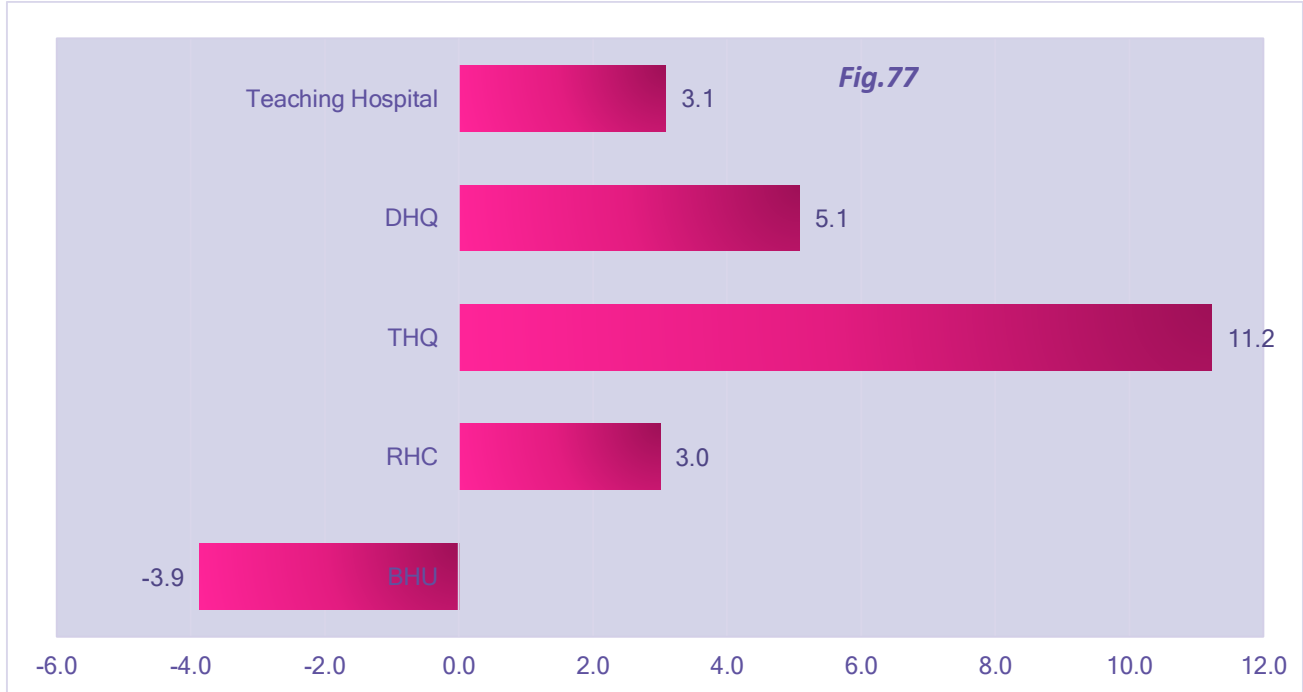
By analyzing this indicator, the district manager can identify whether breakdown in the logistic supply system in the district is a wide-spread phenomenon involving many health facilities or only occurring sporadically; whether such breakages are occurring regularly throughout the year or only occur 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.

It can be seen in Fig. 76 that the percentage of out of stock medicines was highest in Multan (22.27%) and Bhakkar with 21.09 %.



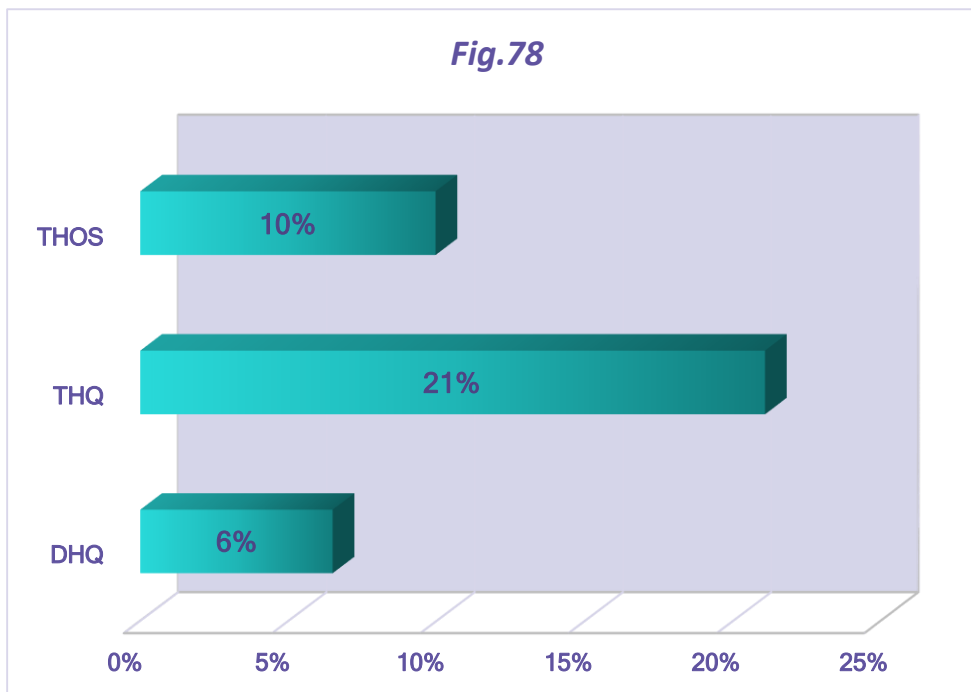
Percentage Change in share of Different Indicators 2018 to 2019

Percentage of facility base change OPD visits (2018 to 2019)



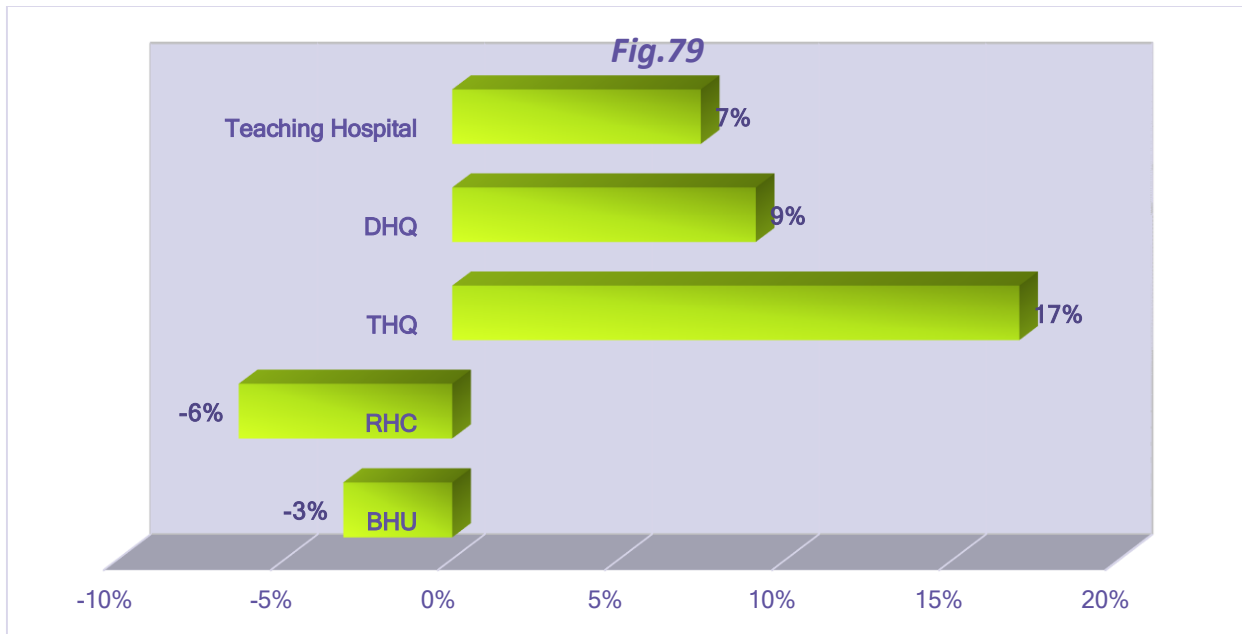
The percentage of facility base change of OPD visits (new+ follow-up) increasing in all facility types. The highest percentage increasing in THQ that are 11.2 and percentage decrease is in BHU that is -3.9.

Percentage Change in share of Emergency/Casualty 2018 to 2019



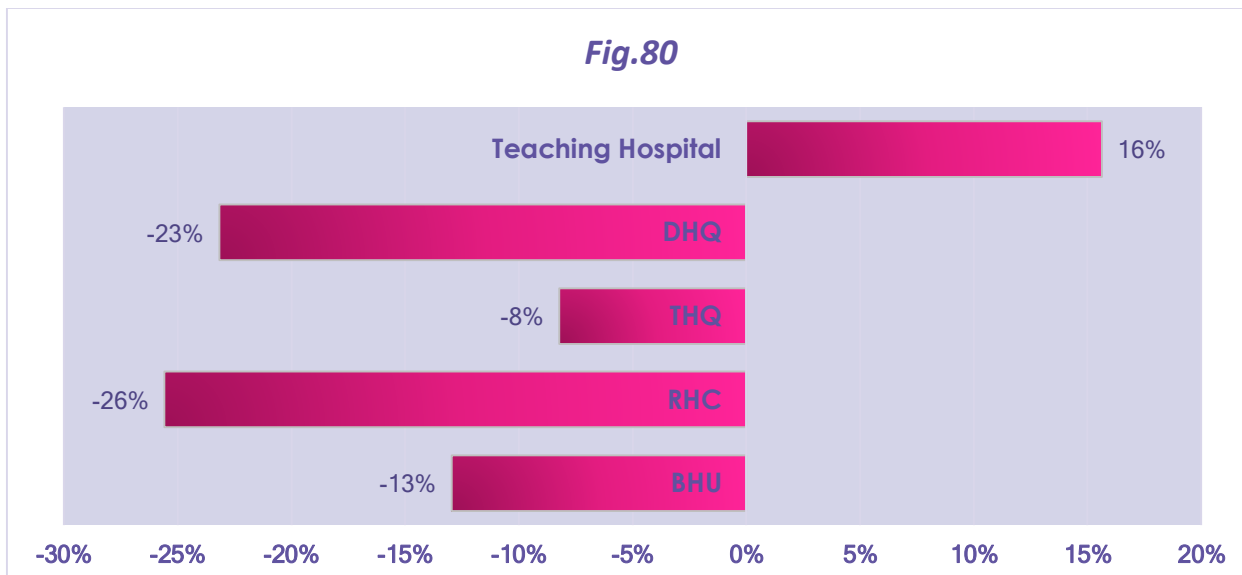
The percentage of facility base change Emergency/ Casualty increasing in all facility types. The highest percentage increasing in THQ that are 21% and lowest percentage increasing in DHQ hospital that are 6%. And Teaching Hospital has an increase of 10% w.r.t year 2018.

Percentage Change in share of Deliveries 2018 to 2019



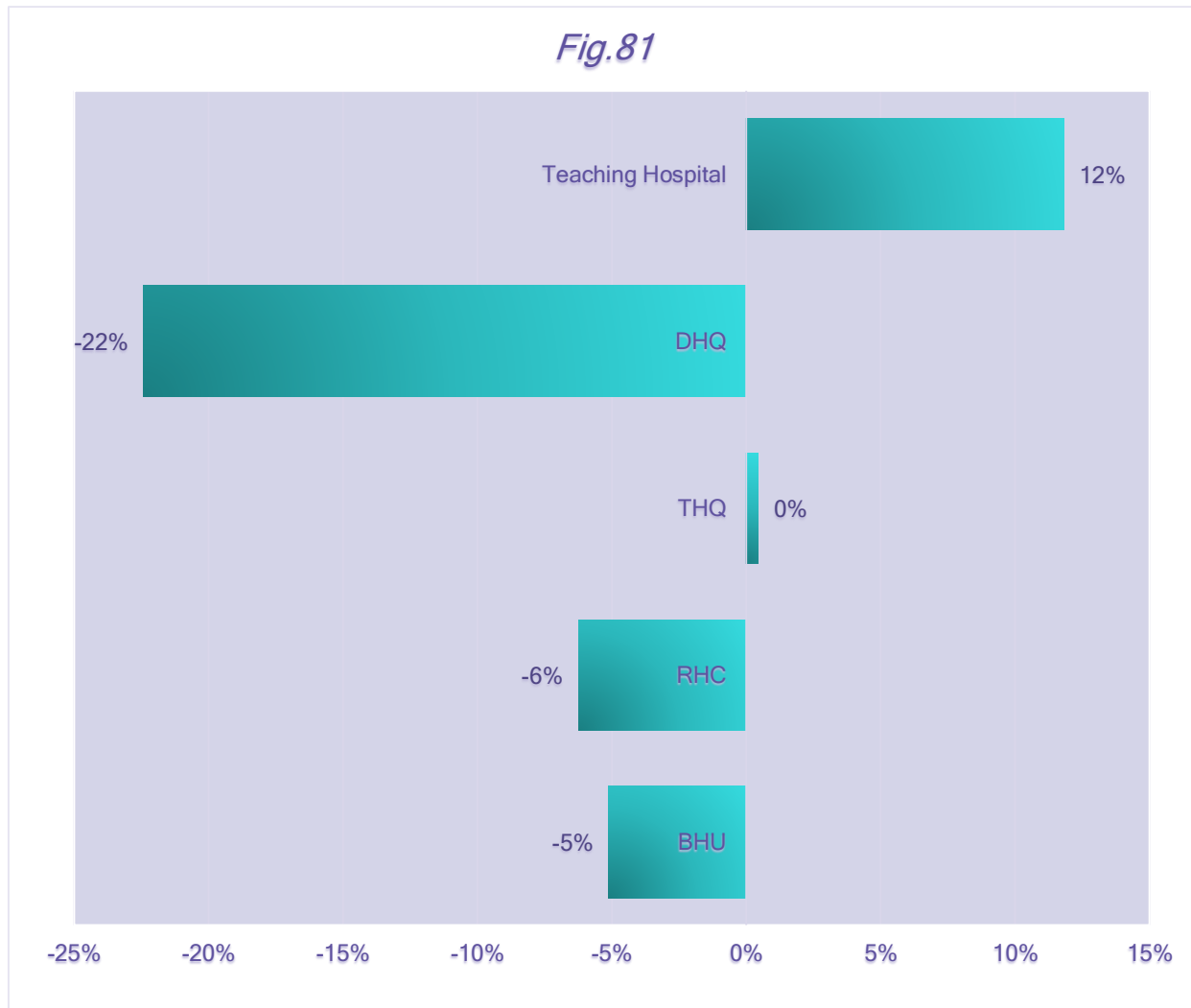
The percentage of facility base change Deliveries increasing and decreasing in some facility types. The highest percentage increasing in THQ that is 17% and lowest percentage increasing in THOS that is 7%. The percentage share decreasing in facility type RHC that is -6% and BHU -3%.

Percentage Change in share of Antenatal Care Coverage (ANC-1) 2018 & 2019



The percentage of facility base change Antenatal Care coverage (ANC-1) increasing and decreasing in some facility types. The lowest percentage increasing in THQ that are 12.9. The percentage share decreasing in facility types BHU that is -13%, in RHC -26%, in THQ -8% and in DHQ -23%.

Percentage Change in share of FP Visits 2018 to 2019



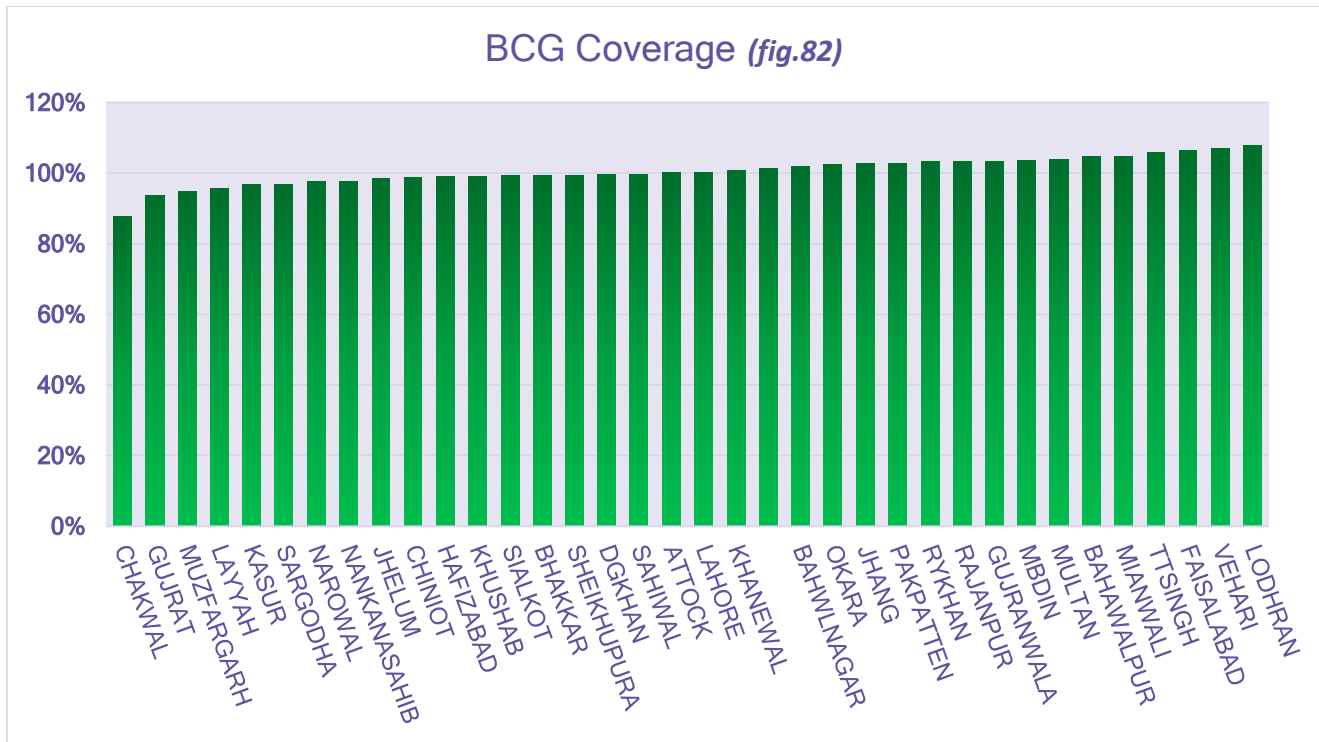
The percentage of facility base change Family Planning visits increasing and decreasing in some facility types. The highest percentage increasing in Teaching Hospital that is 12%. The percentage share decreasing in facility types THQ that is -0.2%, in BHU -5%, in DHQ -22% and in RHC-6% w.r.t to previous year. DHQ has dip of -22% because of removal of duplication with the help of Population welfare department and Health Department.

Immunization Coverage

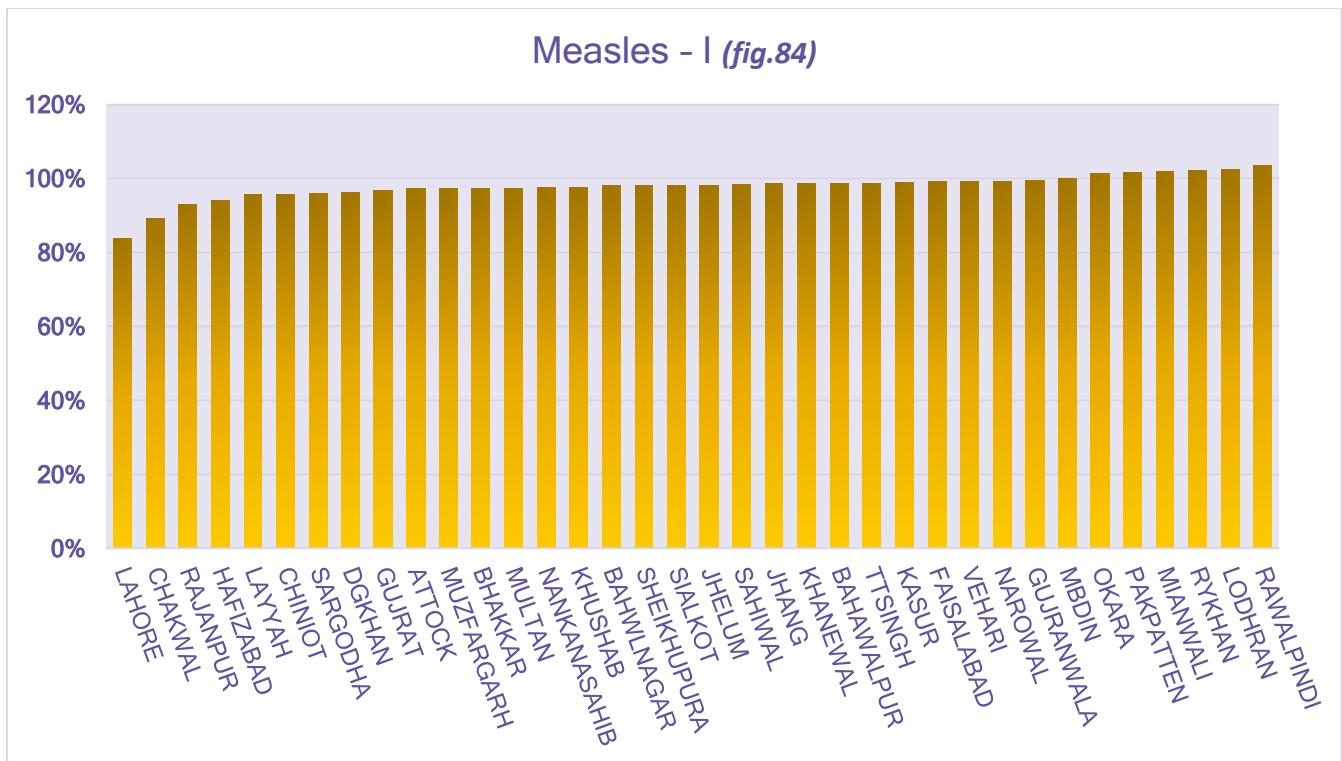
The source of data regarding immunization coverage is “monthly EPI report of Provincial EPI cell” of Directorate General Health services.

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.

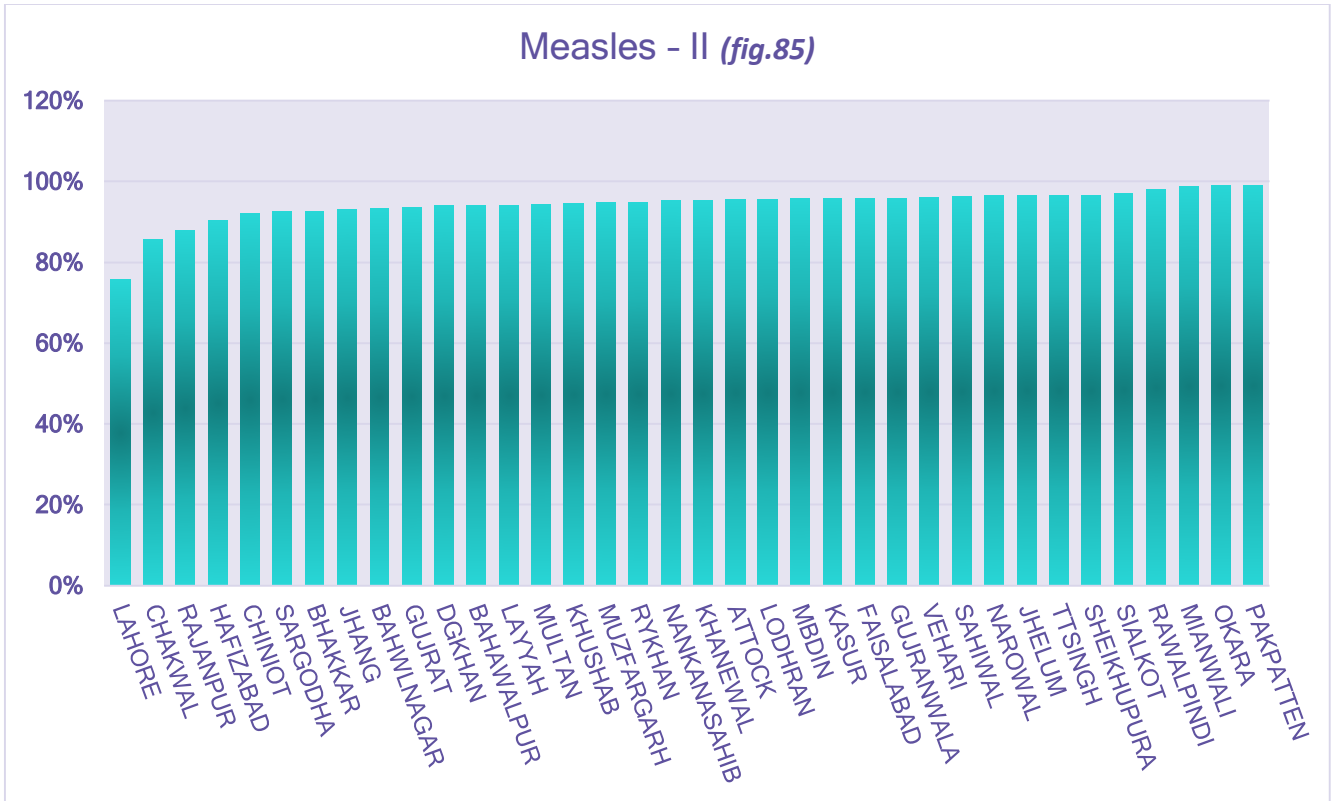
District wise Percentage of BCG Coverage



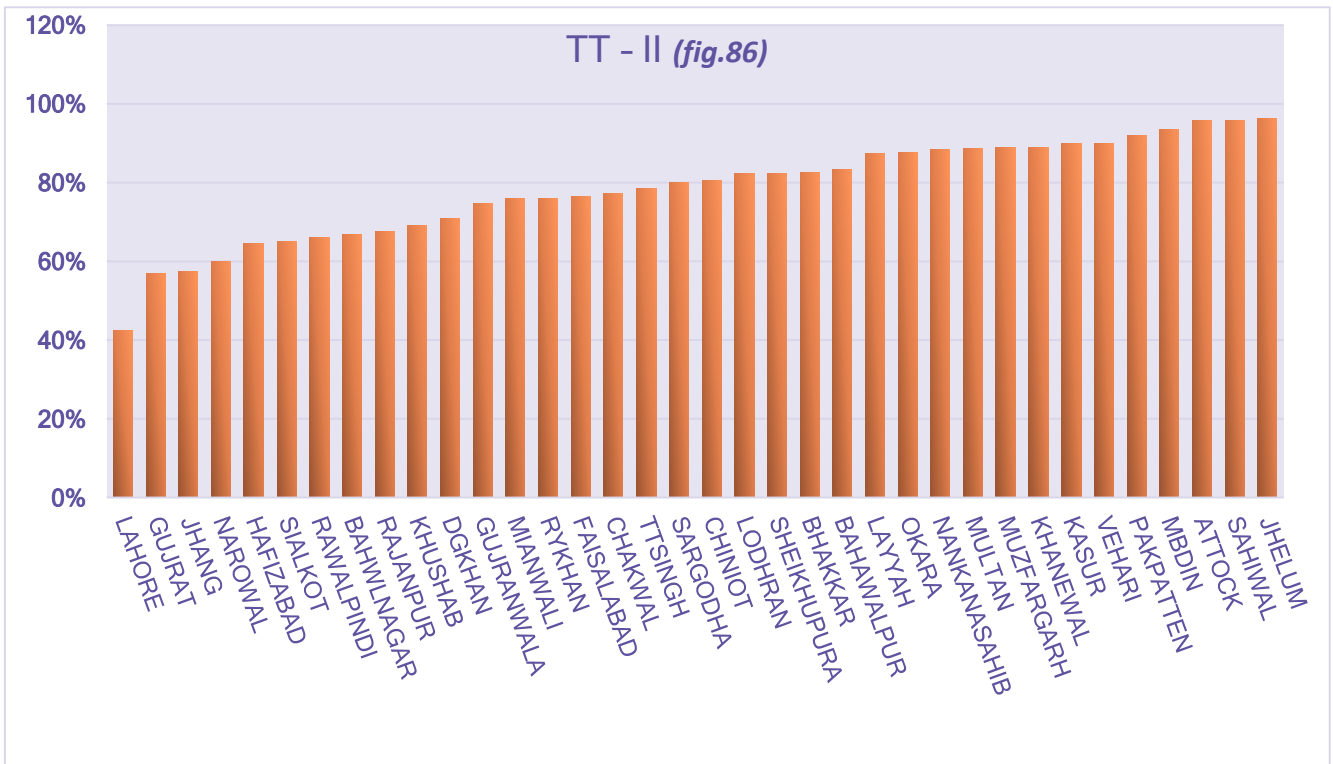
District wise Percentage of Measles - I



District wise Percentage of Measles – II



District wise Percentage of Preg. Woman TT – II



ANNEXED

Detail of Health Facilities of Punjab

The data in Table 8, 9 and 10 provides a detail of Health Facilities in THQ, DHQ & THOS of Punjab.

Table 8: List of THQs/Civil Hospitals in Punjab

S.No.	Facility Name	S.No.	Facility Name
District: 111 – Bahawalnagar		66	THQ MSSH Indus Bedian
1	THQ, HOSPITAL, HAROON ABAD.	67	THQ Indus Sabzazar
2	THQ HOSPITAL, CHISHTIAN.	68	Govt. Hospital Shahdra
3	THQ HOSPITAL, FORT ABBAS.	69	Eye and Gyne Hospital Swami Nagar
4	THQ HOSPITAL, MINCHINABAD.	70	THQ Indus Hospital Manawan
District: 112 – Bahawalpur		71	THQ Qila Gujjar Singh Hospital
5	THQ HOSPITAL, AHMADPUR EAST.	72	THQ Kahna Nau
6	THQ HOSPITAL, HASILPUR.	District: 153 – Okara	
7	THQ KHAIR PUR TAMEWALI	73	THQ HOSPITAL DEPALPUR
8	THQ YAZMAN	74	THQ HOSPITAL HAVALI LAKHA
District: 113 – Rahimyar Khan		District: 154 – Sheikhpura	
9	THQ HOSPITAL LIAQUATPUR	75	THQ Hospital Ferozewala
10	THQ HOSPITAL SADIQABAD	76	THQ Hospital SharaqPur Sharif
11	THQ HOSPITAL KHANPUR	77	THQ HOSPITAL MURIDKE
District: 121 – D.G Khan		78	THQ Hospital Safdarabad
12	THQ HOSPITAL TAUNS	District: 155 – Nankana Sahib	
13	Tehsil Headquarter Hospital, Kot Chutta	79	THQ HOSPITAL SHAHKOT
14	CIVIL HOSPITAL FORT MUNROO	80	THQ HOSPITAL SANGLA HILL
15	CIVIL HOSPITAL SAKHI SARWAR	81	Civil Hospital Sangla Hill
District: 122 – Layyah		District: 161 – Khanewal	
16	THQ Thal (Mian Nawaz Shareef)Hospital Layyah	82	THQ HOSPITAL JAHANIAN
17	THQ Hospital Karor	83	THQ HOSPITAL KABIR WALA
18	THQ Hospital Choubara	84	THQ HOSPITAL MIAN CHANNU
19	THQ Level Hospital Chowk Azam	District: 162 – Lodhran	
20	THQ Level Hospital Kot Sultan	85	THQ HOSPITAL KEHROR PACCA
21	THQ Level Hospital Fateh Pur	86	THQ Hospital Dunya pur
District: 123 – Muzaffargarh		District: 163 – Multan	
22	THQ Hospital Alipur	87	GOVT. MUSHTAQ LANG THQ HOSP.JALALPUR PIRWALA
23	THQ Jatoi	88	GOVT.THQ HOSPITAL SHUJABAD
24	THQ Hospital Kot Adu	District: 164 – Pakpattan	
25	THQ Chowk Sarawar Shaheed	89	THQ HOSPITAL, ARIFWALA ARIFWALA
District: 124 – Rajanpur		District: 165 – Sahiwal	
26	THQ HOSPITAL ROJHAN	90	THQ HOSPITAL CHICHAWATNI
27	THQ HOSPITAL JAMPUR	District: 166 – Vehari	
28	Civil Hospital Shah WALI	91	THQ. MAILSI
District: 131 – Faisalabad		92	THQ BUREWALA

29	THQ HOSPITAL CHAK JHUMRA	District: 171 -- Attock	
30	THQ HOSPITAL JARANWALA	93	THQ Hospital Fateh Jang
31	THQ HOSPITAL TANDILIANWALA	94	THQ Hassan Abdal
32	THQ HOSPITAL SUMUNDRI	95	THQ Hospital Hazro
33	Govt. General Hospital 224/RB	96	THQ Hospital Jand
34	Govt. General Hospital Samanabad	97	THQ Hospital Pindi Gheb
District: 132 -- Jhang		District: 172 -- Chakwal	
35	THQ Hospital Shorkot	98	THQ CHOA SAIDEN SHAH
36	THQ Ahmed pur Sial	99	City Hospital Talagang
37	THQ Hospital 18-Hazari	100	THQ TALAGANG
District: 133 -- Toba Tek Singh		101	TRAUMA CENTRE THQ HOSPITAL KALLAR KAHAR
38	GOVT.EYE-CUM-GENERAL HOSPITAL GOJRA	District: 173 -- Jhelum	
39	THQ HOSPITAL KAMALIA	102	THQ Hospital PD Khan
District: 134 -- Chiniot		103	THQ Hospital Sohawa
40	THQ Lalian	District: 174 -- Rawalpindi	
41	THQ Bhowana	104	THQ HOSP: GUJAR KHAN
District: 141 -- Gujranwala		105	THQ HOSP KAHUTA
42	THQ Hospital Wazirabad	106	THQ Kotli Sattian
43	THQ Hospital Kamoke	107	THQ HOSP: MURREE
44	THQ Hospital Noshehra Vikran	108	Wah General Hospital Taxila
District: 142 -- Gujrat		109	THQ HOSPITAL TAXILA
45	Tehsil Level HOSPITAL LALA MUSA	110	THQ Hospital Kallar Syedan
46	THQ HOSPITAL KHARIAN	District: 181 -- Bhakkar	
47	40-Bedded Civil Hospital Dinga	111	THQ Hospital Kalurkot
48	THQ Hospital Sarai Alamgir	112	THQ Hospital Mankera
49	TEHSIL LEVEL HOSPITAL KUNJAH	113	THQ Hospital, Daryakhan
50	TRAUMA CENTER, LALAMUSA	District: 182 -- Khushab	
51	CIVIL HOSPITAL JALALPUR JATTAN	114	THQ HOSPITAL KHUSHAB KHUSHAB
52	CIVIL HOSPITAL, KOTLA ARAB ALI KHAN	115	THQ HOSPITAL NOOR PUR THAL
District: 143 -- Narowal		116	THQ HOSPITAL QAIDABAD
53	THQ Shakargarh	117	THQ HOSPITAL NAUSHERA
District: 144 -- Sialkot		District: 183 -- Mianwali	
54	CIVIL HOSPITAL DASKA	118	THQ HOSPITAL ISA KHEL
55	THQ HOSPITAL PASRUR	119	THQ HOSPITAL PIPLAN
56	THQ KOTLI LOHARAN	120	THQ LEVEL HOSPITAL KALABAGH
57	THQ SAMBRIAL	District: 184 -- Sargodha	
District: 145 -- Hafizabad		121	THQ HOSPITAL BHALWAL
58	THQ Pindi Bhattian	122	THQ KOT MOMIN
District: 146 -- Mandi Bahauddin		123	THQ SAHIWAL
59	THQ Hospital Malakwal	124	THQ SILLANWALI
60	THQ Hospital, Phalia	125	THQ CHAK NO. 46/SB
District: 151 -- Kasur		126	THQ HOSPITAL CHAK NO. 90/SB
61	THQ, HOSPITAL CHUNIAN	127	THQ BHAGTANWALA
62	Govt. Aziz Bibi THQ Hospital, Roshan Bheela, Tehsil Kasur	128	GOVT. TB HOSPITAL SARGODHA
63	THQ HOSPITAL, KOT RADHA KISHAN	129	THQ HOSPITAL SHAHPUR
64	THQ HOSPITAL PATTOKI	130	THQ BHERA
District: 152 -- Lahore			
65	Raiwind		

Table 9: 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 Sheikhpura	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 10: List of Teaching/Specialized Hospitals in Punjab

S.No.	Facility Name	S.No.	Facility Name
1	B.V. HOSPITAL BAHAWALPUR	24	Mayo Hospital
2	CIVIL HOSPITAL BAHAWALPUR	25	Service Hospital
3	Teaching Hospital Sheikh Zayed RYK	26	Jinnah Hospital
4	TEACHING HOSPITAL D.G. KHAN	27	Punjab Institute of Cardiology Hospital
5	Faisalabad Institute of Cardiology Faisalabad	28	Govt Teaching Hospital Shahdra
6	DISTRICT HEAD QUARTER HOSPITAL FAISALABAD	29	Govt Nawaz Sharif Hospital Yakki Gate
7	Children Hospital Faisalabad	30	Shaikh Zayed Hospital
8	Govt. General Hospital G.M Abad	31	Children Hospital
9	Allied Hospital Faisalabad	32	CH. PERVAIZ ILLAHI INSTITUTE OF CARDIOLOGY
10	DHQ/Teaching Hospital Gujranwala	33	Children Hospital Complex Multan
11	AZIZ BHATTI SHAHEED (DHQ) HOSPITAL, GUJRAT	34	NISHTER INSTITUTE OF DENTISTRY
12	ALLAMA IQBAL MEM. HOSP. SIALKOT	35	Pak Italian Modern Burn Centre, Nishtar Medical University Multan
13	GOVT SARDAR BEGUM HOSPITAL SIALKOT	36	NISHTER HOSPITAL MULTAN
14	Institute of Mental Health	37	DHQ TEACHING HOSPITAL SAHIWAL
15	Punjab Dental Hospital Lahore	38	GOVT. HAJI ABDUL QAYYUM TEACHING HOSPITAL SAHIWAL
16	Govt. Mian Munshi Hospital	39	MINI HOSPITAL GHALLA MANDI SAHIWAL
17	Govt. Mozang Hospital	40	Syed Muhammad Hussain Govt. T.B Sanatorium Samli
18	Siad Mitha Hospital Lahore	41	Holy Family Hospital Rawalpindi
19	Govt. Kot Khawaja Saeed Hospital	42	Benazir Bhutto Hospital
20	Lady Aitchison Hospital Lahore	43	DHQ Hospital Rawalpindi
21	LADY WALLINGDON HOSPITAL,LAHORE	44	Rawalpindi Institute of Cardiology, Rawalpindi
22	Sir Ganga Ram Hospital Lahore	45	DHQ TEACHING HOSPITAL SARGODHA
23	General 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

Page 1

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

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	
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 Neo Natal 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)
Miscellaneous Diseases	
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 3 rd Pentavalent vacc.	3.	Children <12 months fully immunized
2.	Children <12 months rcvd. 1 st 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)			
1.	Total FP visits	4.	DMPA Inj.
2.	COC cycles	5.	Net-En Inj.
3.	POP cycles	6.	Condom Pieces
7.	IUCD	8.	Tubal Ligation
		9.	Vasectomy
		10.	Implants

Section VIII: Maternal and Newborn Health (From Maternal Health & Obstetric Registers)			
1.	1 st 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.	1 st 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)			
1.	Pregnant women newly registered by LHW	4.	Infant deaths reported
2.	Delivery by skilled persons reported	5.	No. of modern FP method users
3.	Maternal deaths reported	6.	<5 year diarrhea cases 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)				(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. Anthelmintic		
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 Toxioid		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	5.	X-Ray	Rs.	
1.	OPD	Rs.		6.	Ultrasound	Rs.	
2.	Indoor	Rs.		7.	Dental Procedures	Rs.	
3.	Laboratory	Rs.		8.	Ambulance	Rs.	
4.	ECG	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	

Secondary Health Care

Annexure-B

Month: _____, Year: 20__

DHIS – 22 (MR)

Page 1

Total Working Days: _____

Secondary Hospital Monthly Report

Tehsil _____ District _____

Date of Submission

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										Total	Follow-up	No. of cases of Malnutrition (<5)	Referred Attended	
	MALE					FEMALE									
	<1 year	1-4	5-14	15-49	50+	<1 year	1-4	5-14	15-49	50+					
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 Prostate	

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 3 rd Pentavalent vacc.	3.	Children <12 months fully immunized
2.	Children <12 months rcvd. 1 st 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)					
1.	Total FP visits	4.	DMPA Inj.	7.	IUD
2.	COC cycles	5.	Net-En Inj.	8.	Tubal Ligation
3.	POP cycles	6.	Condom Pieces	9.	Vasectomy
				10.	Implants

Section VIII: Maternal and Newborn Health (From Maternal Health & Obstetric Registers)					
1.	1 st 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.	1 st 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
2.	Delivery by skilled persons reported	5.	No. of modern FP method users
3.	Maternal deaths reported	6.	<5 year diarrhea cases 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. Anthelmintic
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 & 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	

*“The goal is to turn data
into information, and
information into insight”*

-Carly Florina