DIRECTORATE GENERAL HEALTH SERVICES PUNJAB DISTRICT HEALTH INFORMATION SYSTEM ANNUAL REPORT 2021



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MESSAGE FROM DIRECTORATE GENERAL HEALTH SERVICES, PUNJAB



It is a matter of great pleasure for me to write this message. The importance of data planning and implementation 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 performances of the district management teams and health facilities of the province are available for scrutiny and evaluation on DHIS. The issues of data validity and data accuracy needs more efforts and hard working The doctors and paramedics should pay heed to the plight of data quality and accuracy, so that correct and valid figures may be made available for the decision makers.

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ABSTRACT

The raw data in a prescribed format from public health facilities is regularly received at the provincial level through the MIS district cells and directly from online health facilities. This is then analyzed and scrutinized in detail by the MIS provincial cell after transferred online by Punjab Health Centers / Districts.

In this report, some key indicators are being analyzed in the form of tables and charts, to present the situation at the district and facility levels. The purpose of this report as well as future reports is to highlight various issues of the public health and to emphasize specific solutions in the system. This would help to identify some of today's most pressing health issues and how to resolve them. We hope this report will be helpful for decision-making by Chief Executive Officers (DHA), heads of health facilities as well as the Punjab Ministry of Health, Federal Ministry of Health, Provincial and Federal Statistical Offices, and development partners.

ACKNOWLEDGEMENT

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

On behalf of MIS team, Dr. Shakeel Ahmed Gondal (Director MIS), Mr. Farooq Ahmed (CPO MIS) and Miss-Faiza Shahid (Data Analyst) thank to the focal persons of Districts and public health professionals who worked to improve our provincial information system health with their tireless efforts and collaboration and deserve deepest appreciation for continuing efforts, to be better oriented to address the public health challenges of today and tomorrow.

Director Health Services (MIS Cell)

Directorate General Health Services

Punjab, Lahore

Table of Content

Exec	utive	Summary	0
Intro	duct	ion	0
	0	Overview of DHIS Program	0
	0	Important Features of DHIS	0
	0	Salient Features of Report	0
	0	Challenges And Issues	0
Imp	ortan	ce Of Record Keeping And Data Management	1
Posi	tion c	of Filled Staff	1
Tabl	e: 1 N	Number of Functional Reporting Health Facilities	1
Year	-Wise	e Comparison of Service Delivery	1
	0	Stock-out Status of Drugs	1
	0	Reporting Compliance	1
	0	Lab Utilization Services	1
	0	Lab Utilization (In-door)	1
	0	Lab Utilization (Out-door)	1
	0	Total OPD Visits	1
	0	Antenatal Care Services (ANC-1)	1
	0	Deliveries Conducted at Health Facilities	1
	0	Caesarean Section	1
	0	Percentage of Anaemic Women Coming for ANC-1	1
	0	Frequency of Low Birth Weight Babies	1
Fam	ily Pla	anning Visit	1
Prio	rity T	en Diseases Percentage (2015-2020)	1
Nun	nber a	and Percentage of Priority Disease Cases	1
Dise	ase P	latterns atterns	1
Com	paris	on of Priority diseases (2016-2021)	2
	0	Communicable Disease	2
	0	District-wise Priority Five Communicable Diseases for 5 years	2
	0	Non-communicable Disease	2
	0	District-wise Priority Five Non-Communicable Diseases for 5 years	2

Comparison of Communicable & Non- Communicable Diseases	24
ear Wise Percentage of Priority Five Communicable Diseases	26
ear Wise Percentage of Priority Five Non-Communicable Diseases	26
District Wise Incidence Rate (per 1,000 populations) of Prone 5 Diseases	27
Prone Five Epidemic Diseases During 2020	29
Epidemic Disease Cases	30
Patients Distribution by Gender & Age	31
o OPD Gender-wise	31
Per Capita OPD Attendance Year 2020	31
ear and District Wise Comparison of Per Capita OPD Attendance	32
acility Type Wise Average Number of OPD Visits (Per day Per Health Facility)	32
District wise Health Facility Type-wise OPD Visits	33
ear Wise and Health Facility Type Wise OPD Visits	34
ear wise & Health Facility wise Emergency/cases	35
Antenatal Care Coverage	35
District Wise Numbers of ANC-1 Visits (Out of target Population 3,839,637 (3.4%)	36
Percentage of Anaemia among ANC-1 Attendance	37
acility Type Wise Deliveries Conducted (Per month per Health Facility)	38
Type Wise Deliveries	38
Number of Admission and Deaths in Obstetric Complications	38
Caesarean Section	39
Facility Type Wise Number of Caesarean Sections Conducted	40
facility Type wise Number of Normal Deliveries Conducted	40
District wise Low Birth Weight (LBW) Babies (Percentage)	41
District wise Neonatal Mortality Rate (Percentage)	41
Number of Neonatal Deaths Due to Complications during Pregnancy	42
Diagnostic Services Utilization	42
o Percentage of Diagnostic Services Utilization Indoor During 2021	42
Bed Occupancy Rate	43
o Facility Type Wise Bed Occupancy Rate	43
Hospital Death Rate	44
o Facility Type Wise Hospital Death Rate	44
amily Planning Visits	45
 District-wise Number of Commodities Distributed 	45

Hum	Human Resource					
	0	Comparison of Sanctioned & Filled posts of Health Personnel	49			
Stock	Stock Out Status					
	0	Percentage Drop of Various Indicators 2020-2021	50			
	0	Percentage of Facility Based Drop in OPD Visits (2020-2021)	50			
	0	Percentage Drop in Emergency/Causality Cases (2020-2021)	50			
	0	Percentage Drop in Deliveries (2020-2021)	51			
	0	Percentage Drop of Antenatal Care Coverage (ANC-1 2020 & 2021)	51			
Fami	ly Pla	anning Visits (2020-2021)	52			
Imm	uniza	ation Coverage	53			
	0	District-wise Monthly Immunization Coverage	53			
Pakis	tan N	Maternal Mortality Survey, 2019	54			
ANN	EXED		59			
Table	e: 9 L	ist of THQ/Civil Hospitals in Punjab	59			
Table	10:	List of DHQs Hospitals in Punjab	61			
Table	Table 11: List of Teaching/Specialized Hospitals in Punjab					
DHIS	Repo	orting tools	62			
	0	Primary Health Care (Annexure- A)	63			
	0	Secondary Health care (Annexure- B)	67			

EXECUTIVE SUMMARY

The health department Punjab, instigated a nationally standardized data generation system at all levels called Health Management Information System (HMIS) in early 90s. This system was adapted 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 introduced at district level in 2020. 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 lead to implement this program in all 36 districts by September 2022.

In this analytical report, various indicators have been discussed and observed. 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 charts and graphs. Almost overall trend in all indicators show decrease during 2021, due to COVID-19 pandemic and its consequences. This virus caused a huge devastating effecting on the communities' worldwide and on the total working of Health System.

The detailed analysis of 2021 data is being presented in this report with respect to the pandemic COVID-19 and its aftermath. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2021 the reporting compliance was 98% as most of the staff of health facility were busy in Measles Rubella (MR) campaign. Due to these, data entries were affected in several health facilities of Punjab. As the Outpatient departments (OPD) total OPD in 2020 was 127 million which was greater than current year as in year 2021 OPD is 126 Million. The per capita OPD in 2020 was 1.05 which is 0.03 less than that of previous year 2020 OPD (1.08 OPD Per Capita), as in year 2021 the OPDs were closed for few months' due to pandemic COVID-19 and dengue fever. That's why there is slight decrease has observed in OPD per capita. On an average, per day OPD attendance in teaching/tertiary hospitals was 1434, 1795 in DHQ Hospitals, 759 in THQ Hospitals, 197 in RHCs and 45 in BHUs 45 visits were reported. The average per day OPD visits of teaching hospitals are lesser than other DHQ hospitals as OPD was closed for few months and some of teaching hospitals i.e. Allama Iqbal Memorial Hospital Sialkot, Govt. Saddar Begum Hospital Sialkot, Siad Mitha Hospital, Lahore, Services Hospital, Lahore and Teaching Hospital D.G Khan did not report data in DHIS. 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.

53 diseases are reported through DHIS. Out of these, 28 are communicable and 25 are non-communicable. Top five disease were Acute(upper) respiratory infection, Fever due to other causes, Scabies, Peptic ulcer disease, and Diabetes Mellitus. The incidence rate of top five diseases and the year wise comparison of priority ten diseases (fig. 17) has also presented. The median index is calculated for 2017-2020 and compared with 2021 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2021, the overall ANC-1 reported coverage in Punjab was 3,427,735 of the total expected population (3.4%). Out of the total ANC-1 women, 23% were reported with hemoglobin level less than 10g/dl.

Delivery conduction at health facility is an indicator of utilization of skilled birth services provided at public health facilities. The overall percentage of deliveries conducted in Health Facilities of Punjab, during 2021, was 33% of the total expected population (2.9%). The average number of deliveries were 321 per month per teaching/tertiary care hospitals. In DHQ hospitals 351, in THQ Hospitals 118, in RHCs 50 and in BHUs 16 deliveries per month were reported. C-Section rate is 17% of total deliveries and obstetric complications were 6% of total deliveries which is 1% higher than previous year as during 2020, obstetric complications were 5%. Out of the total live births, 2% babies were born with low birth weight (<2.5kg). Neonatal mortality rate was found 0.03% of the total live births.

Lab services utilization is measured by the proportion of patients receiving laboratory services from health facilities. In 2021, total 46 Million patients availed the lab services in which 26 million patients at outdoor and 20 million patients at indoor utilized the lab services.

Bed occupancy rate indicates utilization of hospital indoor services and efficiency of patient care. Annual BOR are used to evaluate and assess how hospitals and individual specialties are using their resources. Due to COVID-19 widespread, the cumulative BOR during 2020 decreased down to 35% in secondary and tertiary care hospitals as compared to during 2019 which was 94%. Average duration of hospital stay reflects the medical care delivered to hospitalized patients and financial burden on hospital.

Hospital death rate is the measure of the proportion of deaths among patients admitted in hospitals. During 2021, number of deaths reported were 164,043 i.e. (2.1%) out of total admissions 7,945,482. Percentage of deaths in teaching/tertiary hospitals was 2.6%, DHQ Hospitals 2.0%, THQ Hospitals 0.5% and RHCs 0.0%.

DHIS also analyses the stock out of any tracer drugs/medicines for any number of days at any time of the year. The overall percentage of availability of stock during year 2021 remained 96%.

During 2021, family planning visits reported from the public sector health facilities against the expected target population 18,743,423 (16% MCBA) were 1,751,845 (1.8 Million).

INTRODUCTION

Overview of DHIS Program

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

The revised system aims to gather information from Teaching hospitals, Secondary level hospitals (District Headquarter Hospitals (DHQs), Tehsil Headquarter Hospitals (THQs) and RHCs/BHUs.

Important Features of DHIS

DHIS is a district – based Routine Health Information System

- Responds to the communication needs of the District health systems. It also supports in performance monitoring both at district and provincial levels
- DHIS provides minimum set of indicators
- Promotes / Supports evidence based decision-making at local & 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 and incorporates many indicators from HMIS.

Salient Features of Report

- The overall purpose of this feedback report is to provide basic analysis of important performance indicators to the district managers and facility in-charges.
- This would ensure the identification of problem areas, problem analysis, planning & implementation of the solutions and monitoring & evaluating implementations and recognizing the best practices.
 - This report shall assist the district, provincial & national health managers to analyze the health situation, and health care services (e.g. EPI, Malaria, Hepatitis, MCH & Family Planning Services), availability of drugs/supplies etc.

Challenges and Issue

Health is a wide subject consisting of diverse fields of which medicine is a part. It is imperative to strengthen the links between the several working sectors and departments to improve health and reduce morbidity, disability and death. DHIS has a capacity to become a full-fledged health information system as being utilized in developed countries.

IMPORTANCE OF RECORD KEEPING AND DATA MANAGEMENT

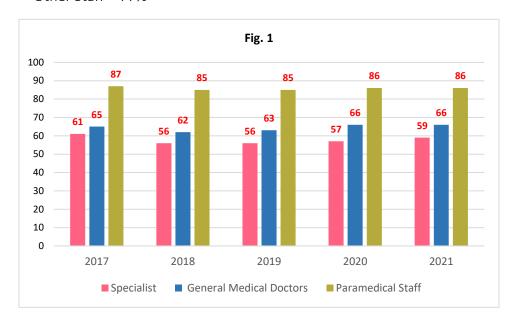
Knowledge is power and it leads to discovery when applied. When information is analyzed on scientific basis using statistical tools and application of appropriate methods on the collected data, issues are identified. Record keeping and data management are the core activities and linked together to produce verifiable, reproducible and presentable knowledge.

Modern IT and communication facilities have reduced distances among organizations, institutions and learned academia and led to use of information in short term and long term decision making. On the basis of this relationship between academia and institutions, field research has flourished. 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 emergency situation.

Position of Filled Staff

Filled positions during 2021:

- Specialists Staff = 59%
- General Cadre Medical Doctors = 66%
- Paramedical Staff = 86%
- Other Staff = 77%



(Fig.1) Shows an increase of 2% in Specialist positions for year 2021 as compared to the situation in the Year 2020.

NUMBER OF FUNCTIONAL AND REPORTING HEALTH FACILITIES WITH BED STRENGTH

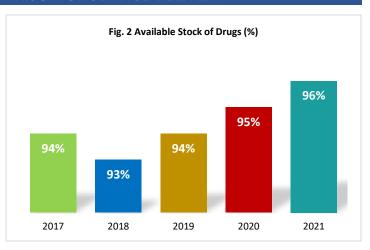
Table No.:1

Month Mont	Districts	Т	HOS	DI	HQ	THO	(all)	RHC	(all)	BHU(No	ormal)	BHU 2	24/7	M	СН	Disp.	Class	T	otal
Bathswelpur		No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
Pack	Bahawalnagar	0	0	1	535	4	326	10	200	58	114	45	92	7	0	24	0	149	1267
Path	Bahawalpur	2	1920	0	0	4	252	12	240	28	56	46	92	10	0		0	159	2560
Control Cont	Rahimyar Khan	1	954	0	0	3	200	19	356	49	98	55	110	7	0		0	134	1718
Muzarlingum	D.G Khan	1	909	0	0	2	140	9	180	5	106	48	96	5	0		0	92	1431
Muzifiargarin	Layyah	0	0	1	340	6	280	6	120	7	14	29	58	2	0		0	76	812
Page	Muzaffargarh	0	0	1	371	4	286	13	242	36	72	36	72	3	0		0	121	1043
Fisial plane	Rajanur	0	0	1	133	3	172	7	145	7	14	25	50	1	0		0	56	514
Jiang Ding	Faisalabad	5	3200	0	0	6	270	15	300	116	232	52	104	6	0		0	306	4106
T.T singhh	Jhang	0	0	1	275	3	212	10	200	3	4	56	114	3	0		0		
Chinict O	T.T singh	0	0	1	250	3	326	8	160	39	78	31	62	2	0		0		
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Rawalpindi 5 2424 0 393 7 462 8 160 71 142 28 56 18 10 13 24 150 3671 Bhakkar 0 0 1 360 3 184 5 112 18 38 21 42 2 4 28 4 78 744 Khushab 0 0 1 125 4 240 5 60 27 56 16 32 6 0 32 0 91 513 Mianwali 0 0 1 313 3 142 10 215 5 84 37 78 5 0 14 0 75 832 Sargodha 1 731 0 0 10 480 12 240 96 192 35 70 8 0 9 9 171 1722	Jhelum	0	0	1	258	2	120	6	120	33	66	15	38	6	0		0	86	602
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Khushab 0 0 1 125 4 240 5 60 27 56 16 32 6 0 32 0 91 513 Mianwali 0 0 1 313 3 142 10 215 5 84 37 78 5 0 14 0 75 832 Sargodha 1 731 0 0 10 480 12 240 96 192 35 70 8 0 9 9 171 1722	Bhakkar	0	0	1	360	3	184	5	112	18	38	21	42	2	4		4	78	744
Mianwali 0 0 1 313 3 142 10 215 5 84 37 78 5 0 14 0 75 832 Sargodha 1 731 0 0 10 480 12 240 96 192 35 70 8 0 9 9 171 1722	Khushab	0	0	1	125	4	240	5	60	27	56	16	32	6	0		0	91	513
Sargodha 1 731 0 0 10 480 12 240 96 192 35 70 8 0 9 9 171 1722	Mianwali	0	0	1	313	3	142	10	215	5	84	37	78	5	0		0	75	832
	Sargodha	1	731	0	0	10	480	12	240	96	192	35	70	8	0		9		
	Grand Total	45	26293	26	7170	127	7416	316	6118	1308	2650	1192	2357	260	44		95	4115	52143

YEAR-WISE COMPARISON OF SERVICE DELIVERY

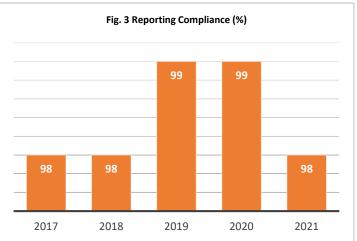
Available Stock of Drugs

The graphical presentation of percentage of available stock of drugs in last 5 years (*fig. 2*) showed that the highest percentage of availability of drugs status was observed (96%) in year 2021 and the lowest stock out was observed (93%) during the year of 2018. Thus, the availability of drugs status percentage has increased from 2019 to 2021.



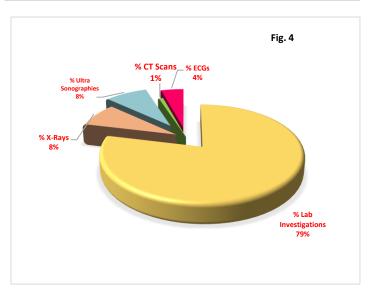
Reporting Compliance

Fig. 3 visualized the year wise comparison of reporting compliance Percentage. The target for reporting compliance is 100% and during previous four years, the reporting regularity of Province Punjab were above the target. The reporting compliance of year 2021 reduced by 1% as compared to year 2020 because several HR (Human Resource) staff were busy in Measles & Red Campaigns; COVID Vaccination.



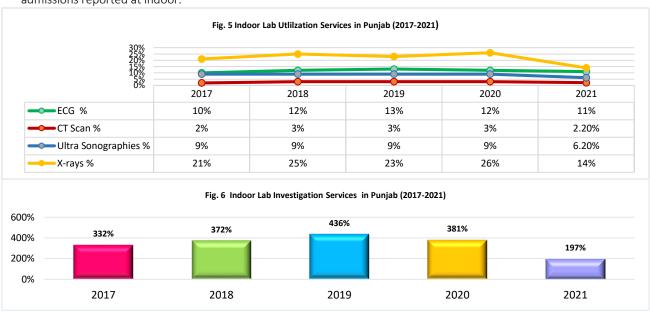
Lab Utilization Services (Outdoor + Indoor)

Lab services utilization percentage (fig. 4) of Punjab for the year 2021 (total Indoor and outdoor services w.r.t to (total lab services) were observed as 79% proportion in lab investigation, 8% X-rays, 8% Ultra Sonographies, 1% CT Scan and 4% ECG.



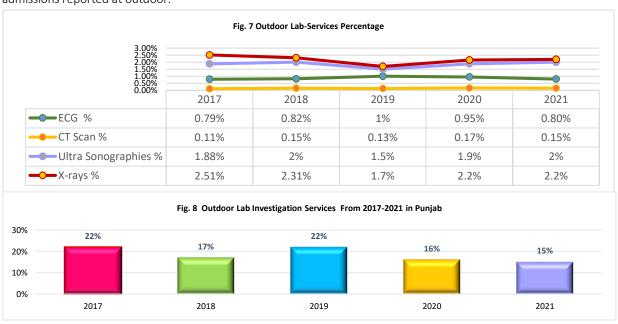
Lab Utilization (In-door)

Fig. 5 & 6 shows the year wise percentage comparison of Lab Utilization Services (Indoor) from 2017-2021 in Punjab for ECG, CT Scan, Ultra Sound, X-Rays and Lab Investigation graphically. These percentages are calculated from the total admissions reported at indoor.



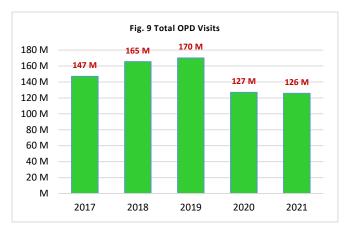
Lab Services Utilization (Out-door)

Fig. 7 & 8 shows the year wise percentage comparison of Lab Utilization Services (outdoor) from 2017-2021 in Punjab for ECG, CT Scan, Ultra Sound, X-Rays and Lab Investigation graphically. These percentages are calculated from the total admissions reported at outdoor.



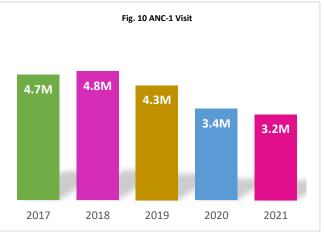
Total OPD Visits

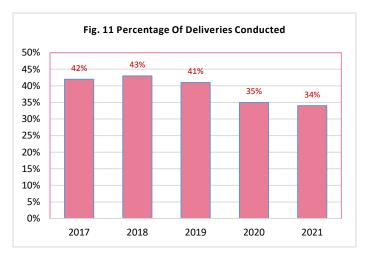
The year wise total OPD visits (new & follow up cases) comparison of years 2017- 2021 has displayed in Fig. 9. The number of OPD visits has increased from 2017-2019 but a decline has observed in years 2020-2021 due to pandemic Covid-19, as OPD were closed and most of the staff were busy in Measles and Red Campaign. However, in 2021, total OPD Visits (new & follow up cases) 1,25,643,166 (126M) patients was reported in DHIS.



Antenatal Care Services (ANC-1)

Fig. 10 signifies the year wise comparison of numbers of ANC-1 visits over the years 2017 to 2021. These numbers were compared with the expected pregnancies during the year (3.4% of total Population). The decline has observed in year 2021 of ANC-1 visits due to Covid-19. ANC-1 visits in 2021 was reported as 3, 209,505.



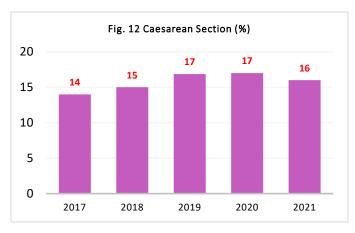


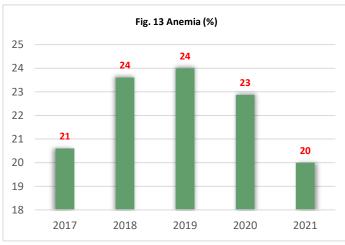
Deliveries Conducted at Health Facilities

Fig. 11 displays a year wise comparison of percentage of deliveries conducted at health facilities over the period 2017-2021. A gradual decrease was observed every year in percentage of deliveries conducted till 2021. In year 2021, 1% decline was recorded as compared to previous year i.e. 34% deliveries conducted in year 2021 which were 1,128,769 in numbers.

Caesarean Section

C- Sections performed over the period 2017-2021 are shown in figure 12. The percentage was calculated out of total deliveries conducted at health facilities. According to the data reported, there was 1% decline in year 2021 as compared to year 2020.





Percentage of Anaemic Women Coming for ANC-1

The year wise percentage of anaemic women among ANC-1 visits over the period 2017-2021 (figure 13), expressed the decline in year 2021 than the previous four years. As 687,038 out of 3,209,505 Women attending the health facilities for ANC-1 were found Anaemic.

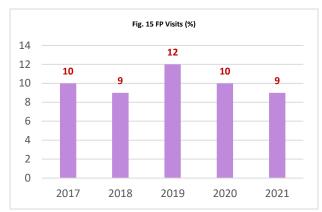
Frequency of Low Birth Weight (LBW) Babies

The percentage was calculated out of total deliveries conducted at health facilities. In year 2021, the reported no. of low birth weight was 2.5% which is comparatively less than the previous year 2020, (fig. 14) which was 3.2%.

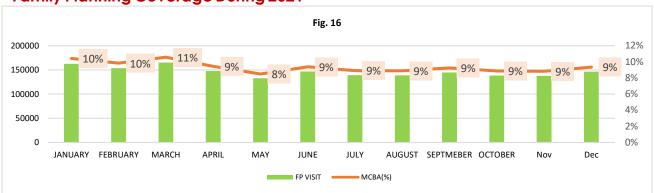


Family Planning Visit

In Figure 15, the year wise comparison of family planning visits percentage, calculated from the married child bearing age women (16% MCBA) is presented by the bar chart. The decline of 1% is observed due to Covid-19 and dengue fever as OPD were closed for 3 months (March, April, May) in year 2021.



Family Planning Coverage During 2021



Priority Ten Diseases Percentage (2016-2021)

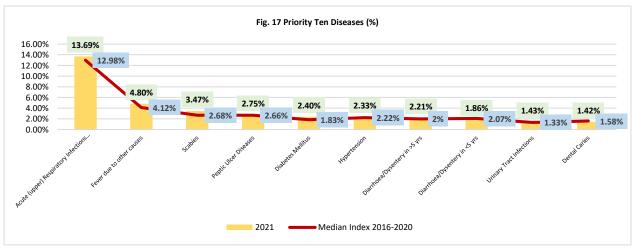


Fig. 17 expresses priority 10 disease cases for year 2016 to 2021. The median index (2016-2020) is displayed with trend line and 2021 reported diseases percentage are displayed in bars. The overall trend line shows that, the percentage of priority disease ARI (Acute UPER Respiratory infections), fever due to other cause, scabies, Diabetes Mellitus and Hypertension have increased as compared to average of last 5 years whereas else diseases (Peptic Ulcer, Diarrhea/Dysentery < 5 years Urinary Tract Infections and Dental Caries), percentages are slightly reduced as comparison to median index (2016-2020).

Disease Ranking of year 2021 as Compared to Year 2011

<u>Sr.#</u>	RANK 2011	<u>%</u>	RANK 2021	%
1	Acute (upper) Respiratory Infections (AURI)	16.18	Acute (upper) Respiratory Infections (AURI)	1471
2	Scabies	3.84	Fever due to other causes	5.18
3	Fever due to other causes	3.67	Scabies	3.74
4	Diarrhea/Dysentery in <5 yrs.	2.67	Peptic Ulcer Diseases	2.95
5	Peptic Ulcer Diseases	2.54	Diabetes Mellitus	2.56
6	Diarrhea/Dysentery in >5 yrs.	2.46	Hypertension	2.49
7	Hypertension	1.93	Diarrhea/Dysentery in >5 yrs.	2.39
8	Asthma	1.89	Diarrhea/Dysentery in <5 yrs	2.03
9	Dental Caries	1.75	Urinary Tract Infections	1.54
10	Dermatitis	1.68	Road Traffic Accidents	1.52
11	Diabetes Mellitus	1.50	Dental Caries	1.42
12	Urinary Tract Infections	1.29	Asthma	1.42
13	Road Traffic Accidents	1.26	Dermatitis	1.26

Percentage of Priority Disease Cases Year 2021:

53 priority diseases have been reported through DHIS:

Table:2

Sr. #	Diseases	%age	Sr. #	Diseases	%age
1	Acute (upper) Respiratory Infections (AURI)	14.71	30	Burns	0.09
2	Fever due to other causes	5.18	31	Epilepsy	0.07
3	Scabies	3.74	32	Trachoma	0.06
4	Peptic Ulcer Diseases	2.95	33	Glaucoma	0.05
5	Diabetes Mellitus	2.56	34	Sexually Transmitted Diseases	0.04
6	Hypertension	2.49	35	Suspected Dengue Fever	0.04
7	Diarrhoea/Dysentery in >5 yrs	2.39	36	Drug Dependence	0.04
8	Diarrhoea/Dysentery in <5 yrs	2.03	37	Seasonal Influenza H1N1	0.03
9	Other (Disease)	2.1	38	Benign Enlargement of Prostate	0.02
10	Urinary Tract Infections	1.54	39	Nephritis/Nephrosis	0.02
11	Road traffic accidents	1.52	40	Cutaneous Leishmaniasis	0.02
12	Dental Caries	1.42	41	Suspected Meningitis	0.01
13	Asthma	1.42	42	Suspected HIV/AIDS	0.01
14	Worm infestation	0.9	43	Acute Flaccid Paralysis	0.01

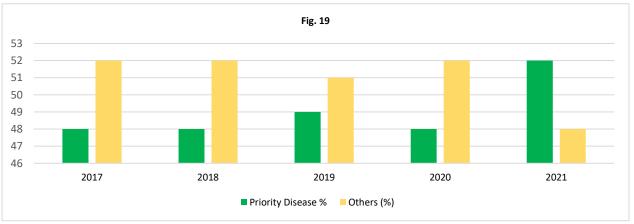
15	Otitis media	0.62	44	Suspected Measles	0
16	Enteric/Typhoid Fever	0.59	45	Snake bites (with signs/symptoms of poisoning)	0
17	Chronic Obstructive Pulmonary Diseases	0.56	46	Chicken Pox	0
18	TB Suspects	0.55	47	Suspected Neonatal Tetanus	0
19	Depression	0.42	48	Suspected Viral Hemorrhagic Fever(CCHF)	0
20	Suspected Viral Hepatitis	0.41	49	Bloody Diarrhoea	0
21	Ischemic Heart Diseases(IHD)	0.41	50	Suspected Diptheria	0
22	Suspected Malaria	0.38	51	Suspected Pertusis	0
23	Pneumonia <5 years	0.3	52	Silicosis (Lung Disease)	0
24	Cataract	0.28	53	Suspected Avian Flu	0
25	Pneumonia >5 years	0.26			
26	Fractures	0.25			
27	Dog bite	0.22			
28	Cirrhosis of Liver	0.15			
29	Acute Watery Diarrhoe	0.14		Grand Total: 6,2,889,326	52

Disease Pattern

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

Fifty- three diseases are reported through DHIS. The patients of reported diseases constitute overall 52% of the total patients in 2021 while rest of the 48% was reported under the category of Other diseases (Fig. 18).

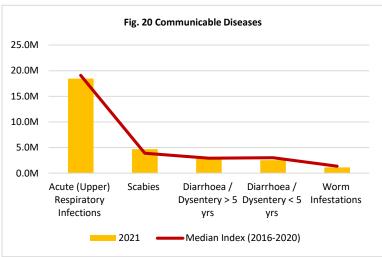




Above (fig. 19) revealed 53 Priority Diseases and Other diseases percentage over the period 2017-2021. This indicator is a measure of the annual number of cases according to specified disease classification attending the OPD, whereas, the reporting of priority diseases has improved during 2021 as due to Covid 19, OPD were close for routine checkups and only serious patients and cases were treated.

COMPARISON OF PRIORITY DISEASES (2016-2021)

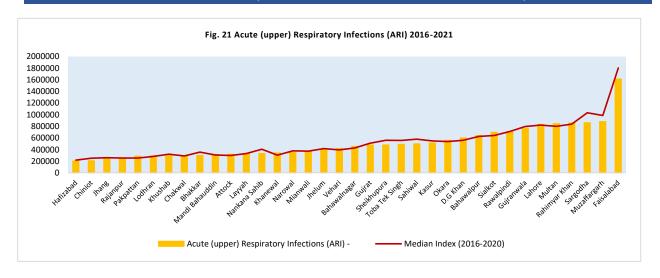
Communicable Disease:

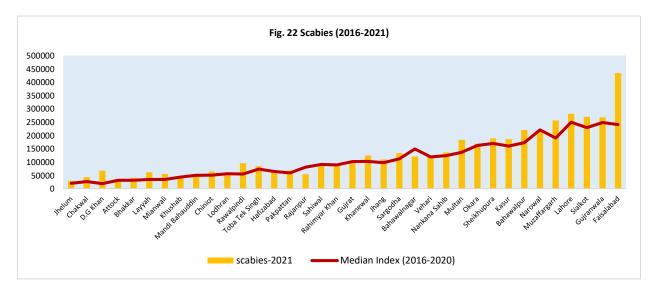


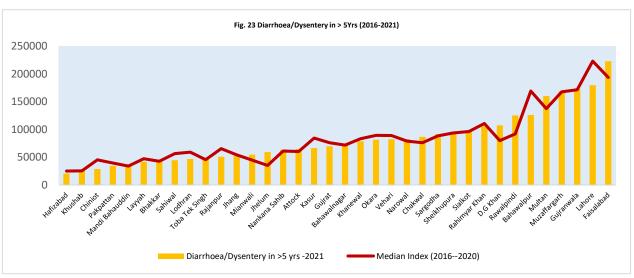
A disease, the causative agents of which may pass or be carried from a person, animal, or the environment to a susceptible person directly or indirectly.

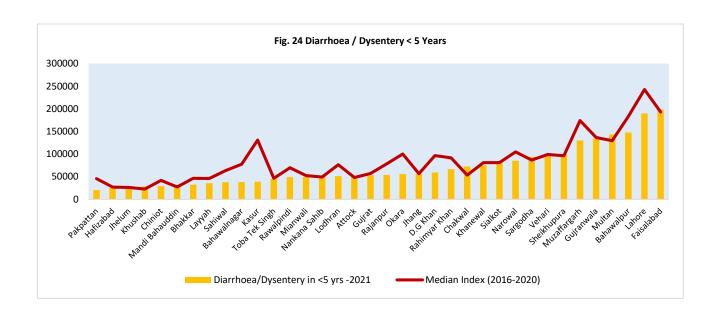
Fig. 20 reveals the comparison of five priority Communicable disease cases. The median index has shown with trend line and 2021 data with bar chart. The declined number of disease cases may be noted due to Covid-19 Pandemic during 2021.

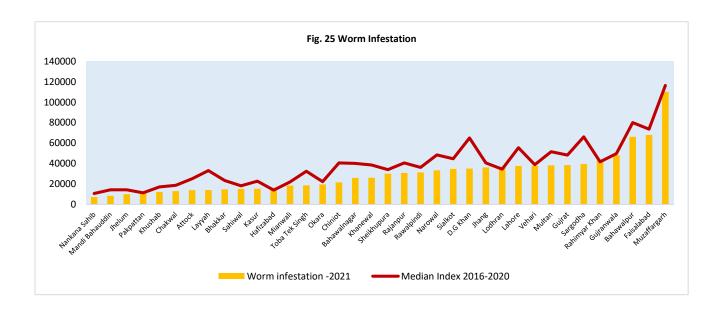
District wise Priority Five Communicable Diseases for 5 years





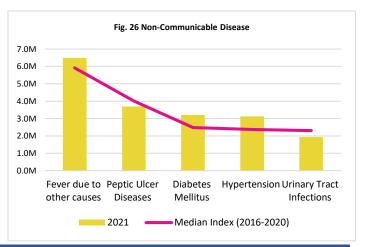




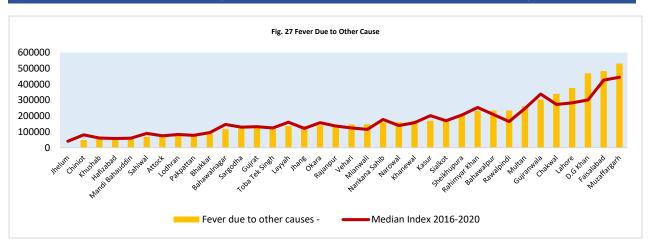


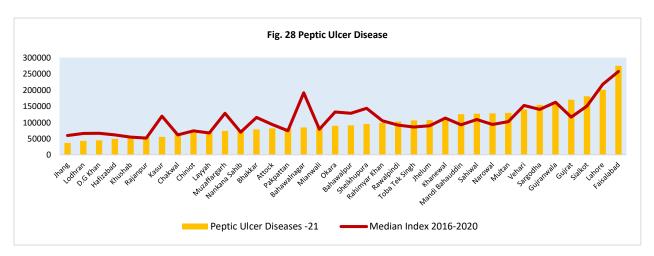
Non-Communicable Disease

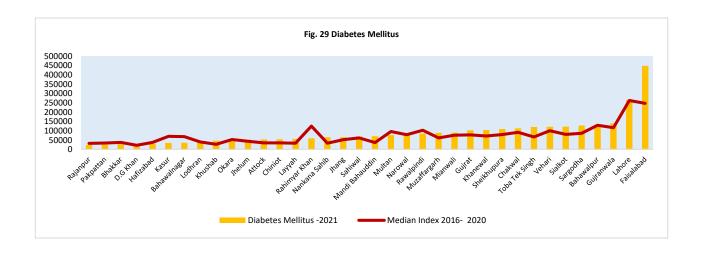
Fig. 26 defines the comparison of five priority non-Communicable disease cases. The median index has shown with trend line and 2021 data with bar chart. An increase is noted in the incidence of Diabetes Mellitus, Hypertension and fever due to other cause.

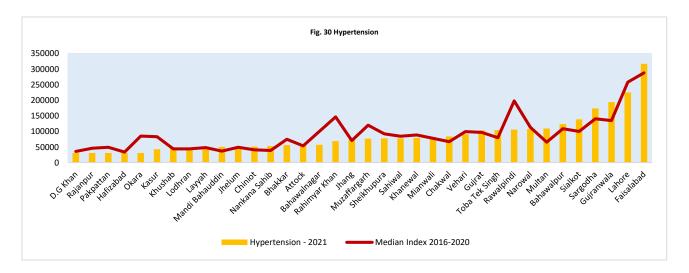


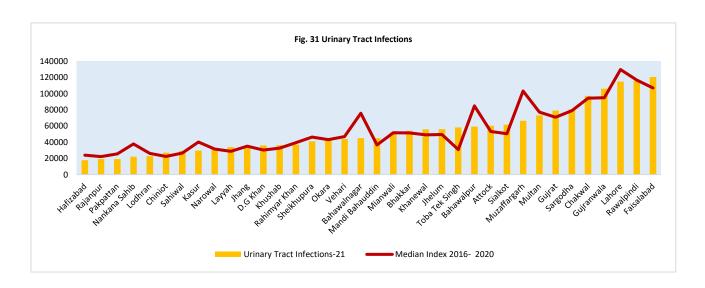
District wise Priority Five Non-Communicable Diseases for 5 years











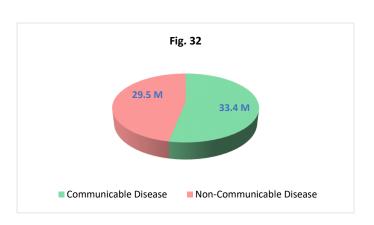
Communicable & Non- Communicable Diseases

Table No.: 3

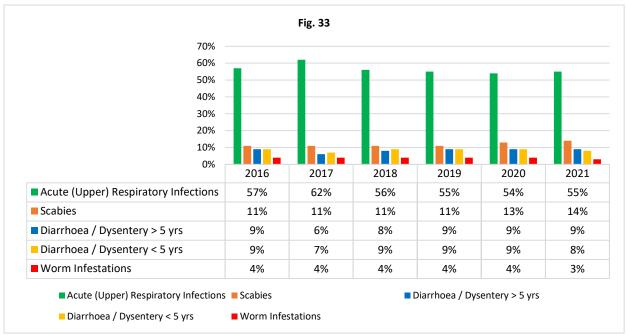
Sr.	Communicable Disease	Total	Per day Communicable Disease		
1	Acute (Upper) Respiratory Infections	18444183	50532		
2	Scabies	4685135	12836		
3	Diarrhoea / Dysentery > 5 yrs	2991973	8197		
4	Diarrhoea / Dysentery < 5 yrs	2541793	6964		
5	Worm Infestations	1130514	3097		
6	Enteric / Typhoid Fever	742317	2034		
7	TB Suspects	686922	1882		
8	Suspected Viral Hepatitis	520051	1425		
9	Suspected Malaria	473494	1297		
10	Pneumonia < 5 yrs	380580	1043		
11	Pneumonia > 5 yrs	322778	884		
12	Acute Watery Diarrhoe	181192	496		
13	Trachoma	77041	211		
14	Sexually Transmitted Infections	50859	139		
15	Suspected Dengue Fever	44887	123		
16	Seasonal Influenza H1N1	33933	93		
17	Cutaneous Leishmaniasis	18937	52		
18	Suspected Meningitis	14909	41		
19	Suspected HIV/AIDS	12921	35		
20	Acute Flaccid Paralysis	6709	18		
21	Suspected Measles	5963	16		
22	Chicken Pox	5038	14		
23	Suspected Neo Natal Tetanus	2033	6		
24	Suspected Viral Haemorrhagic Fever(CCHF)	1535	4		
25	Bloody Diarrhoea	1471	4		
26	Suspected Diptheria	1382	4		
27	Suspected Pertusis	1166	3		
28	Suspected Avian Flu	21	0		
	Total	33.4M	91450		

Sr.	Non Communicable Disease	Total	Per day non Communicable Disease		
1	Fever due to other causes	6491894	17786		
2	Peptic Ulcer Diseases	3690872	10112		
3	Diabetes Mellitus	3204455	8779		
4	Hypertension	3118451	8544		
5	Urinary Tract Infections	1928218	5283		
6	Road Traffic Accidents	1902465	5212		
7	Dental Caries	1782024	4882		
8	Asthma	1780472	4878		
9	Dermatitis	1601166	4387		
10	Otitis Media	772650	2117		
11	Chronic Obstructive Pulmonary Diseases	704978	1931		
12	Depression	526086	1441		
13	Ischemic heart disease	511175	1400		
14	Cataract	346878	950		
15	Fractures	317823	871		
16	Dog bite	269801	739		
17	Cirrhosis of liver	183764	503		
18	Burns	107734	295		
19	Epilepsy	88333	242		
20	Glaucoma	66584	182		
21	Drug Dependence	43997	121		
22	Benign Enlargement Prostrate	28937	79		
23	Nephritis/ Nephrosis	25548	70		
24	Snake bite(with signs/symptoms of poisoning)	5548	15		
25	Silicosis (Lung Disease)	441	1		
	Total	29.5M	80820		

In year 2021, the proportion of communicable diseases case are higher than non- communicable diseases. Whereas, in year 2020, non-communicable diseases proportion were higher than communicable diseases.



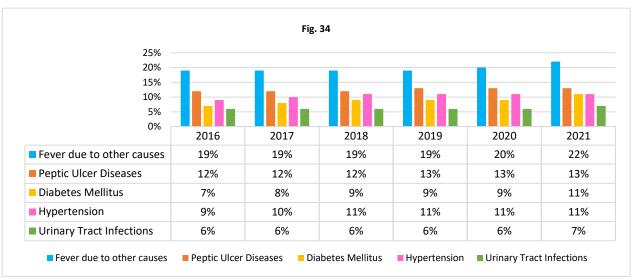




In year 2021, total number of patients of communicable diseases were 33,379,737. These percentages are calculated among the total number of patients of Communicable disease w.r.t each year (fig. 33).

Year Wise Percentage of Priority Five Non-Communicable Diseases

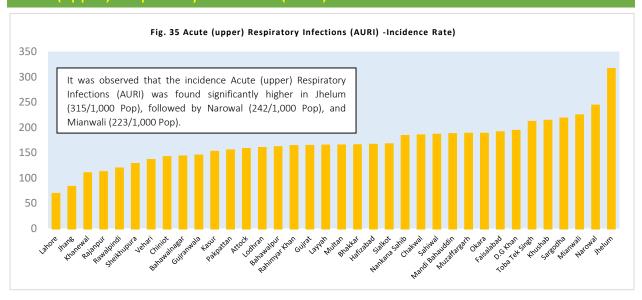
Figure. 34 is graphical presentation of priority five Non-Communicable diseases of last five years. These percentages are calculated among the total number of patients of Non-Communicable diseases w.r.t each year. In year 2021, total number of patients of non-communicable diseases were 29,500,294.



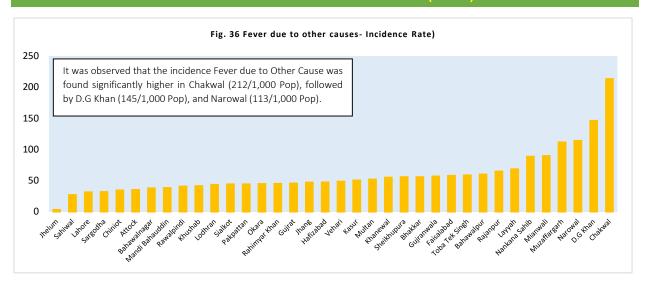
District-wise Incidence Rate (per 1,000 Population) of Top 5 Diseases

Incidence is the number of new cases emerged within the specified time period. 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 occurred during the specified time and the denominator is the population at risk during the time period.

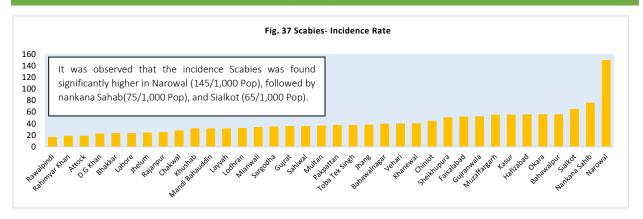
Acute (upper) Respiratory Infections (AURI) - District wise Incidence Rate



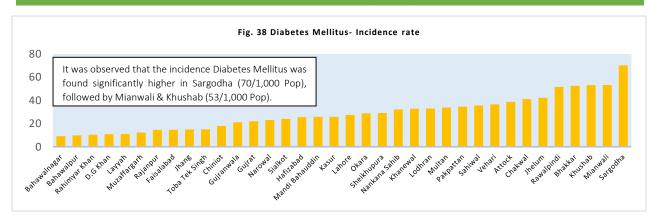
Fever Due to Other Cause – District wise Incidence Rate (2021)



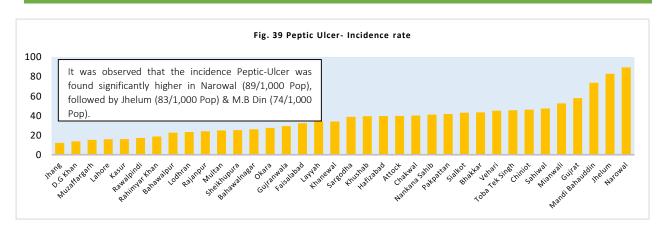
Scabies - District wise Incidence Rate (2021)



Diabetes Mellitus – District wise Incidence Rate (2021)

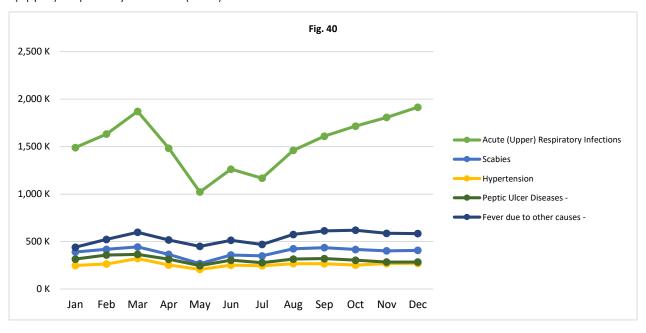


Peptic-Ulcer – District wise Incidence Rate (2021)



Prone Five Diseases During 2021

This indicator is a listing of the five priority epidemic cases of both communicable and non-communicable diseases attending OPD, that 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 areas for disease control and prevention. Fig. 40 compared the month-wise numbers of priority five diseases in the province during the year 2021 (January to December). Acute (upper) respiratory infection (AURI) was the most common disease.

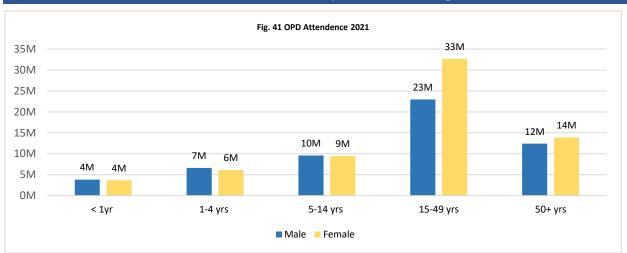


Epidemic Diseases

Table: 4

Diseases	2017	2018	2019	2020	2021
Suspected Malaria	859,565	834,290	837,868	616,042	473,647
TB Suspects	765,565	851,331	843,117	576,918	686,959
Suspected Viral Hepatitis	672,001	870,722	926,339	528,337	520,100
Suspected HIV/AIDS	19,381	23,912	22,970	29,189	10,250
Suspected Measles	6,486	25,759	13,824	5,322	5,963
Suspected Meningitis	5,587	6,996	9,443	6,542	14,909
Cutaneous Leishmaniasis	1,337	2,192	1,586	5,332	18,948
Acute Flaccid Paralysis	1,044	1,215	1,519	1,536	6,709
Suspected Neonatal Tetanus	756	2,782	799	1,924	2,033
Seasonal Influenza H1N1	4,939	398	1,707	2,307	33,933
Suspected Diptheria	259	275	1,846	631	1,382
Suspected Pertusis	10	1	1	76	1,166
Suspected Viral Hemorrhagic Fever	4	0	1	23	1,535
Chicken Pox	788	1,921	1,440	597	5,043

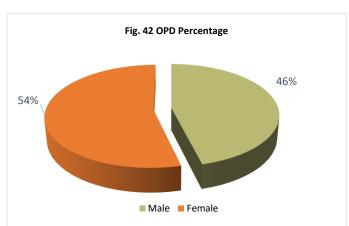
Patient Distribution by Gender and Age



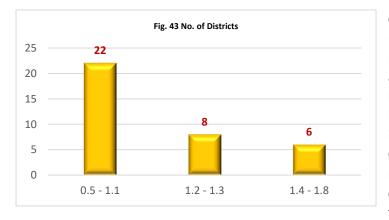
In Fig. 41, the multiple bar chart, exhibits the age and gender wise distribution of new OPD patients attending the health facility in Year 2021. It has observed that the maximum number of patients belonging to age group 15-49 availed the health services. The percentage of female patients in this age group attending the OPD (New visits) was 27% while the male was 19%.

OPD Gender Wise Percentage

The pie chart in fig.42, displayed the gender wise percentage of male and female patients in year 2021. The percentage of female patients were recorded 54% more than of male patients.

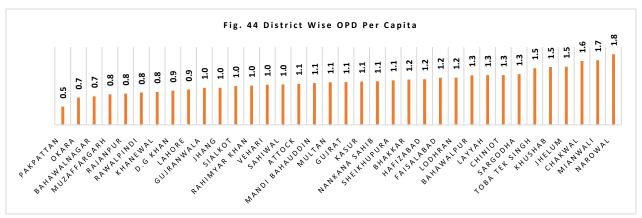


Per Capita OPD Attendance



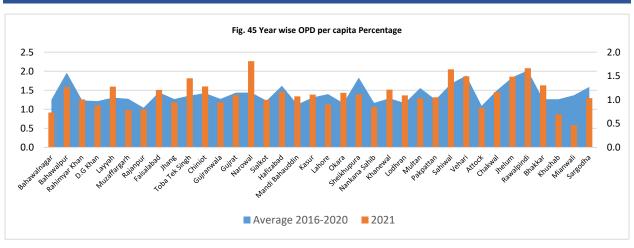
Outpatient attendance per capita, shows the magnitude of facility utilization by the population. If Out Patient Department (OPD) attendance is found to be high in the public health facilities, it implies that the population is highly satisfied by the provision of services in these facilities. During the year 2021, Per Capita OPD attendance decreased. Figure 43, reveals the distribution of District Wise Per capita OPD categories whereas majority of the districts were falling in the category of

0.5-1.1. The overall per capita OPD attendance during 2021 was 1.05, in the province.



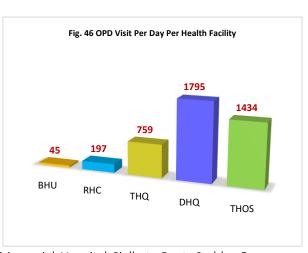
The per capita OPD percentage (fig. 44) in (primary & secondary) and (tertiary) all health care facilities indicates that the District Pakpattan has the lowest Per Capita OPD attendance (0.5) while Narowal has the highest (1.8).





Facility Type-wise Average No. of OPD Visits (Per day per Health Facility

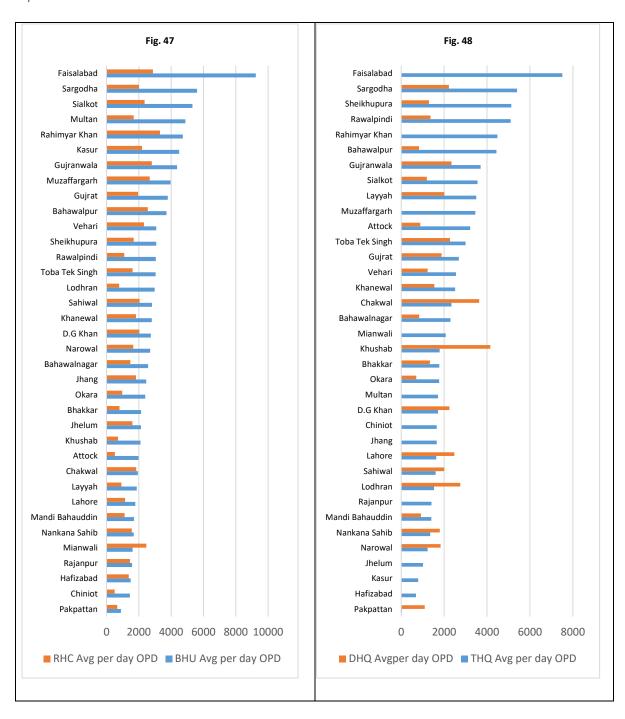
This indicator is useful to understand facility workload/utilization and to compare which facilities are well performing which are not. A benchmark may be used for comparison; or comparison among facility. The facility type wise average number of OPD visits per day per health facility (fig. 46) during 2021 were reported as BHU 45, RHC 197, THQ 759, DHQ 1795 and THOS 1434. The average per day OPD visits of teaching hospitals are lesser than other DHQ hospitals as OPD was closed for few



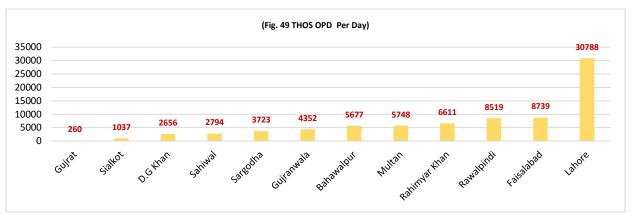
months and some of teaching hospitals i.e. Allama Iqbal Memorial Hospital Sialkot, Govt. Saddar Begum Hospital Sialkot, Siad Mitha Hospital, Lahore(Partially), Services Hospital, Lahore and Teaching Hospital D.G Khan(Partially) did not report data in DHIS.

District Wise and Facility Type Wise Average New Cases Per Day OPD Visits

If Out Patient Department (OPD) attendance has found to be high in the public health facilities, it indicated that the population was highly satisfied to provision of services in these facilities.



The District Wise Average new case per day OPD visits in Teaching Hospitals (THOS). In fig. 49, Lahore has 30,788 number of average OPD visits per day in 18 Teaching Hospitals and also the highest among all Teaching hospitals in Punjab districts. Gujrat has lowest number of average OPD visits per day with 260 visits in the Teaching Hospital. It is to be noted that during year 2021, OPD Section remained closed for few months due to covid-19.



Year Wise and Health Facility Type Wise OPD Visits



The yearly Health facility wise comparison of Outdoor patients (New cases & Follow-up cases) in BHU, RHC, THQ, DHQ and Teaching Hospital from 2016-2020 (fig.50) showed that the pandemic COVID-19 has effected the whole Health System. The decline can clearly be seen in year-wise and health facility type wise OPD visits in 2020 and 2021.

Year Wise and Health Facility Wise Emergency Cases

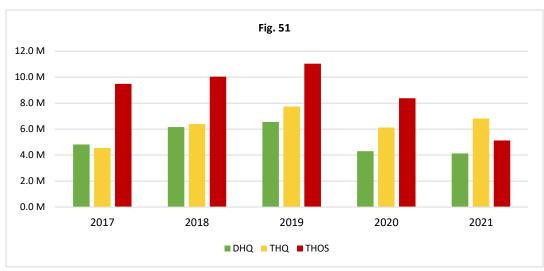


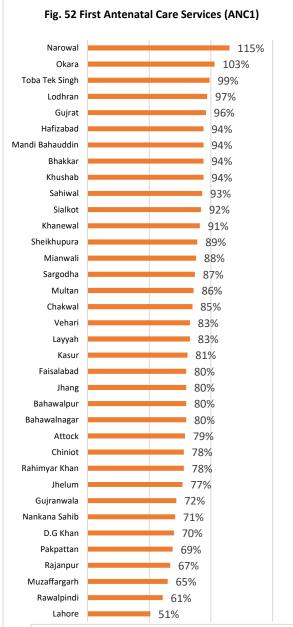
Table No.: 5

	DHQ	THQ	THOS
2017	4.8 M	4.5 M	9.5 M
2018	6.2 M	6.4 M	10.0 M
2019	6.6 M	7.7 M	11.0 M
2020	4.3 M	6.1 M	8.4 M
2021	4.1 M	6.8 M	5.1 M

Antenatal Care Coverage

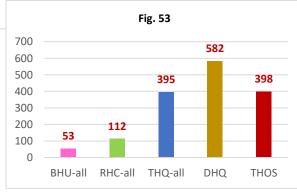
Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. It is a measure of the number of pregnant women who utilize antenatal care services provided at the public health facility at least once during their current pregnancy.

District Wise Numbers of ANC-1 Visits (Out of expected population 3,982,975, (3.4%)



This indicates how many of the pregnant women in the catchment area are covered through the facility for antenatal care services. It also reflects market share of the facility in providing antenatal services and the integrity of referral linkage between LHW and the facility-based health care providers, the trust of community on the public health facilities/providers.

ANC-1 visits i.e. (fig. 52), during 2021, lowest coverage was observed in Lahore (51%) of the expected population. District Narowal, Okara, T.T Singh have highest ANC-1 visits as they were adding their revisit clients also.

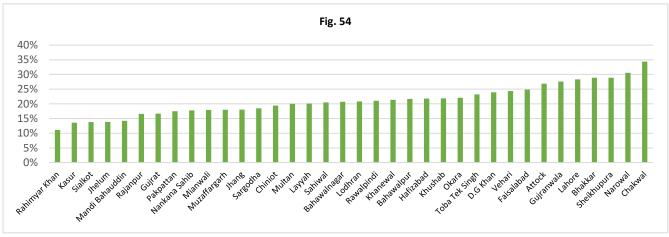


Facility Type Wise Average Number of ANC-1 Visits (Per month per Health Facility)

During the pandemic year 2021, number of total ANC-1 visits were 3,209,505 and the health facility type wise number of ANC-1 visits on average per month per health facility were showed in Fig. 53.

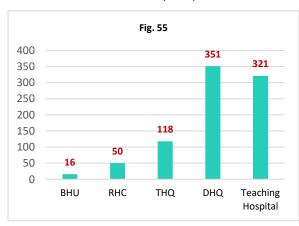
On average, the highest number of visits were reported in DHQ hospital as 582 visits per month.

Percentage of Anaemia among ANC-1 Attendance



Percentage of pregnant women screened for hemoglobin levels at their first antenatal care visit (fig. 54) to the facility with hemoglobin levels less than 10g/dl.

Pregnant women coming to the facility for antenatal care services if taken as a sample of women from the catchment population, is suggestive of the nutritional status of women in the catchment population. 686,457 of the women coming for ANC-1 were reported as anemic (hemoglobin<10g/dl) out of total ANC-1 visits as 3, 209,505.

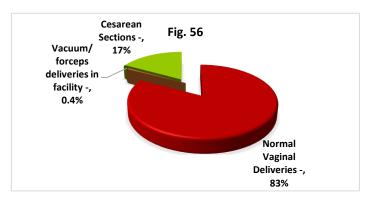


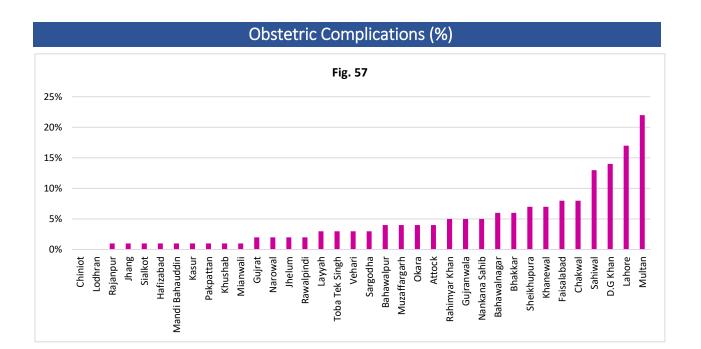
Facility Type Wise Average Number of Deliveries Conducted (Per month per Health Facility)

The health facility type wise Average number of deliveries conducted per month per health facility has been displayed in fig. 55. On average, during the year 2021 total deliveries conducted were 1,128,769 at all health facilities i.e. BHU (all), RHC(all) THQ, DHQ and Teaching Hospitals in Punjab.

Type Wise Deliveries

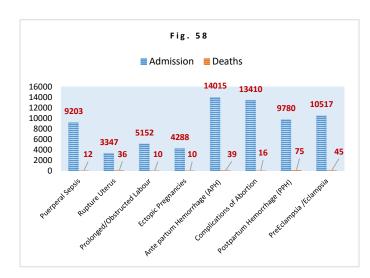
(Fig. 56) During the year 2021, total deliveries conducted at health facilities were 1,128,769 out of 2.9% of the expected population, out of which 83% Normal vaginal deliveries, 0.4% Vacuum/forceps deliveries and 17% Cesarean section were reported.





This measures the proportion of women who have obstetric complications and treated in the public health facilities out of the total deliveries in secondary and tertiary care hospitals. In Fig. 57, district-wise obstetric complications have been displayed of year 2021. The highest percentage was observed in District Multan (22%) and lowest Chiniot and Lodhran (0%).

Number of Admissions and Deaths in Obstetric Complications



Number of type wise obstetric Complications admissions and deaths in secondary and tertiary care hospitals for the year 2021 can be seen in fig. 58. During 2021, total numbers of deliveries with complications were 69,712 of the total deliveries 1,128,769 in secondary and tertiary care hospitals. The percentage of obstetric Complications during 2021 is 6%.

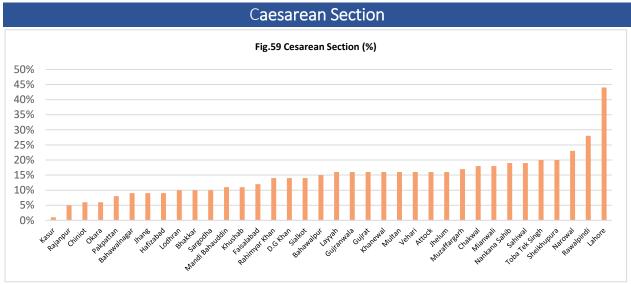
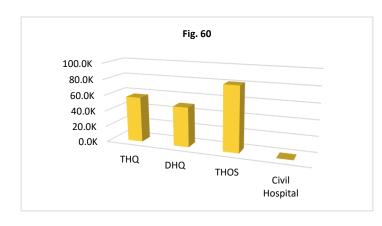
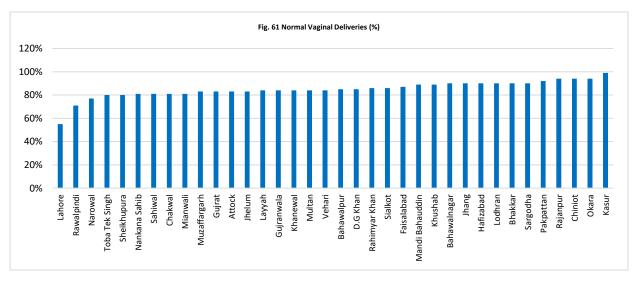


Fig. 59 is a measure of Caesarean Sections as a percentage of all births in the Public Health facilities. During year 2021, deliveries with C-section constitute 17% (182,519) of the total deliveries (1,128,769). The overall situation indicates that the highest number deliveries with C-section were conducted in Lahore (44% of the total number of deliveries) and lowest percentage is observed in Kasur (1% of the total deliveries).

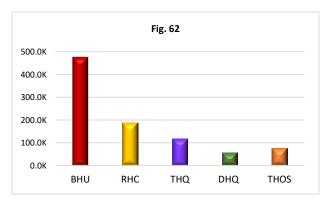


Facility Type Wise Number of Caesarean Sections Conducted

The health facility type wise number of Caesarean sections conducted during 2021 can be visualized through fig. 60. The highest number of C-section were reported at Teaching Hospitals i.e. 81.3K cases and lowest were reported at Civil Hospitals i.e. 80.



It is observed from the fig. 61, that in 2021, Normal Vaginal Deliveries constituted 83% (934,363) of the total deliveries (1,128,769). The percentages of district-wise normal vaginal deliveries have calculated from the total number of deliveries conducted i.e. (normal deliveries, Vacuum Forceps, Cesarean Section) in all health facilities during the year 2021. The overall situation indicates that the highest percentage of Normal Vaginal deliveries were conducted in district Rajanpur (99% of the total number of deliveries) and lowest percentage was observed in district Lahore (55% of the total deliveries).



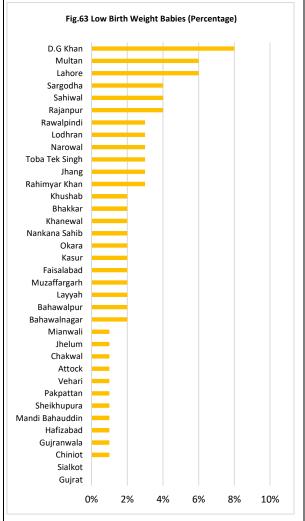
Facility Type Wise Number of Normal Deliveries Conducted

The highest number of Normal Vaginal Deliveries health facility type wise conducted during 2021 (fig. 62) at BHU (All) were 476.6K cases and lowest number reported from DHQ Hospitals were 56.9K.

District-wise Low Birth Weight 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. An individual basis, low birth weight is an important predictor of new-born health and survival.

Fig. 63 exhibits that, During the year 2021, the highest percentage was observed in D.G Khan (8%) and lowest in Sialkot & Gujrat (0%), whereas overall average in Punjab remained 2%.



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, 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.

In Fig. 64, the district wise neonatal mortality rate can be visualized through bar chart which was highest in T.T Singh (0.48%), whereas overall average in Punjab remained 0.03%



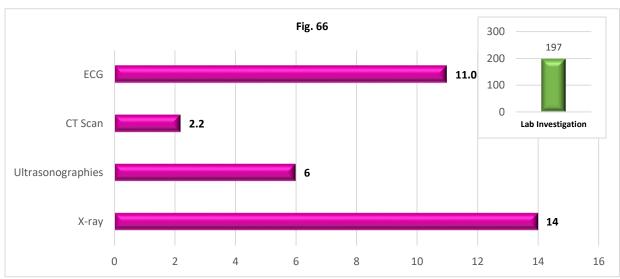
Number of Neonatal Deaths Due to Complications during Pregnancy



Diagnostic Services Utilization

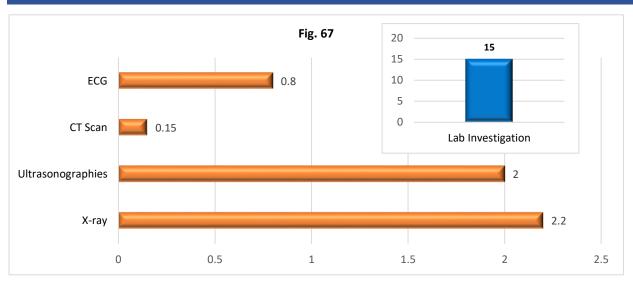
It indicates utilization of Diagnostic services of the health facility proportion of patients receiving diagnostic. It helps to understand the need for resource allocation for diagnostic services.

Percentage of Diagnostic Services Utilization Indoor During 2021



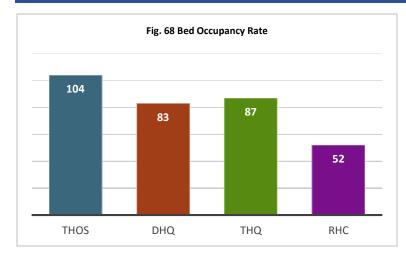
In indoor Lab Services during 2021(Fig. 66), the overall percentage of Lab Investigations were 197%, X-Rays 14%, Ultra Sonographies 6%, CT Scans 2.2% and ECGs 11%.





In outdoor Lab Services during 2021, percentage of Lab Investigations were 15%, X-Rays 2.2%, Ultra Sonographies 2%, CT Scans 0.15% and ECGs 0.8% (Fig. 67).

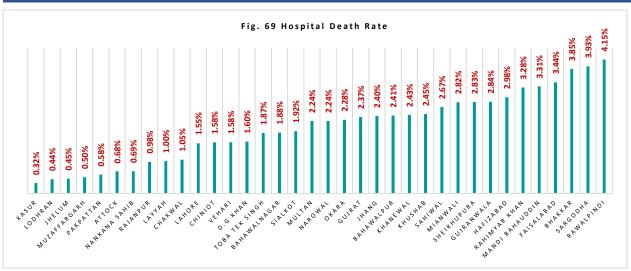
BED OCCUPANCY RATE



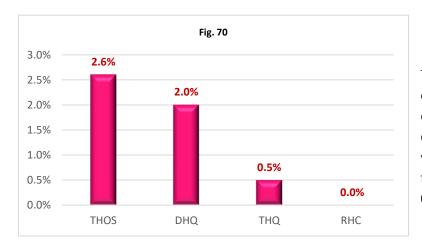
Facility Type Wise Bed Occupancy Rate

The health facility types wise bed occupancy rate during year 2021 (January to December) can be seen in fig. 68. As these averages are generally calculated based on an average number of available staffed beds for a year they frequently conceal/ignore bed borrowing by others.





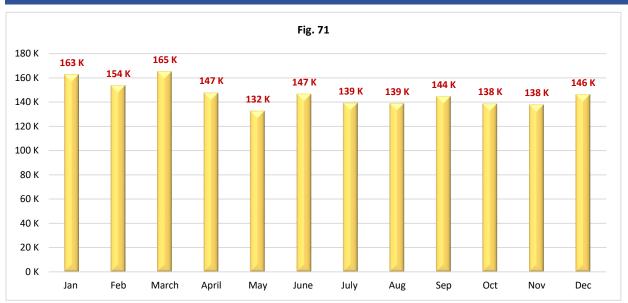
This indicator is the measure of the proportion of hospital deaths among admitted patients in hospitals. It is noted from fig. 69, the percentage of deaths was highest in Sargodha (4.15%).



Facility Type Wise Hospital Death Rate

This indicator is indicative quality level of care at hospital indoors. Fig. 70 displays the facility type wise hospital death rate. The highest percentage was reported from THOS as 2.6% followed by following DHQ as 2.0. THQ 0.5% and RHC 0.0%.





Family planning guides assets for the planned number of children and determine the spacing of pregnancies through use of contraceptive methods and treatment of infertility (this fact sheet focuses on contraception). According to the statistics shown in fig. 71, during year 2021, 1,751,845 family planning visits were reported from the public sector health facilities against the expected population (16% MCBA).

District-wise Distribution of Commodities And Contraceptive Measures

Table No.: 6

District	COC	POP	DMPA	Net-En	Condom	IUCD	Tubal	Vasectomy	Implants
	cycles	cycles	inj.	lnj.	Pieces		Ligation		
Bahawalnagar	6594	532	3878	0	121671	26208	0	40	179
Bahawalpur	4203	33	4199	0	45217	9684	43	0	62
Rahimyar Khan	2491	365	1679	0	29616	8009	0	0	703
D.G Khan	2293	357	2167	0	24524	3031	26	0	0
Layyah	5676	158	3867	353	62455	5741	327	1	70
Muzaffargarh	11316	1212	9676	3	149123	8788	5	0	71
Rajanpur	7926	133	2680	120	36984	3895	120	0	78
Faisalabad	24321	38	8156	0	122779	10948	23	0	363
Jhang	5874	703	9521	302	85057	5955	97	0	168
Toba Tek Singh	8160	1207	8381	88	66558	5986	209	0	37

Chiniot	1306	436	6021	422	98480	4182	53	21	131
Gujranwala	8909	0	6256	95	42444	6577	4	0	0
Gujrat	13710	513	11594	987	56118	4381	124	0	20
Narowal	8918	201	5965	185	96870	3354	32	0	10
Sialkot	21893	138	8702	229	224453	7146	26	0	73
Hafizabad	4196	636	2802	380	37562	3091	72	0	338
Mandi Bahauddin	8599	0	5414	0	86749	6000	49	0	6
Kasur	3419	393	2683	0	21617	4891	4	0	3
Lahore	22025	1943	20852	134	394155	6689	261	17	1032
Okara	9073	238	6282	52	496464	12341	46	10	34
Sheikhupura	6116	220	4428	239	82726	6672	417	16	149
Nankana Sahib	4593	27	3516	85	23188	3127	25	0	40
Khanewal	5719	5	2614	48	26637	8425	36	0	0
Lodhran	5726	42	2120	69	55372	7765	207	1	225
Multan	39015	64	14188	0	237294	17404	20	0	185
Pakpattan	4457	23	7530	0	20363	6592	4	0	106
Sahiwal	3969	70	1672	1	170242	2821	59	0	25
Vehari	14114	165	5558	156	84635	9695	236	0	118
Attock	17540	249	6861	959	306393	8456	53	9	61
Chakwal	61423	5	5739	0	256486	3094	160	0	241
Jhelum	12636	12	10162	0	155481	4152	142	510	134
Rawalpindi	27958	1950	11426	0	335169	8266	45	3	360
Bhakkar	6983	1657	5438	85	57555	4497	110	0	19
Khushab	1077	27	450	41	76175	3757	43	0	41
Mianwali	6431	534	3208	825	63331	2043	19	0	109
Sargodha	24154	131	10029	151	118050	10474	121	0	55
Total	422813	14417	22571	6009	4367993	254137	3218	628	5246

HUMAN RESOURCE

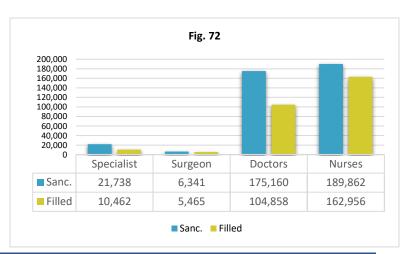
Table No.: 7

DISTRICT	Specialist		Sur	geon	Doct	tors	Nu	rses	Assistar	nt/Techs		Health itors	Disp	enser
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	659	239	231	173	4896	2908	3991	2863	560	288	2595	2081	588	372
Bahawalpur	620	349	187	167	9267	4836	8682	4768	1439	1068	2987	2580	971	809
Rahimyar Khan	562	338	145	141	6673	4430	8906	4929	1040	725	1815	1637	834	617
D.G Khan	179	89	24	19	2553	1627	4443	2784	139	113	257	247	276	227
Layyah	702	223	255	231	3225	2593	3503	3209	781	640	605	509	916	749
Muzaffargarh	534	285	197	137	3378	2598	3351	3229	464	385	1142	990	586	484
Rajanpur	351	164	133	130	2295	1645	1860	1257	266	225	537	537	233	220
Faisalabad	2770	1360	466	336	20149	9912	21628	19747	3086	2503	4487	4082	1386	1070
Jhang	311	103	128	115	1650	1194	1551	1530	381	363	1524	1440	369	336
Toba Tek Singh	448	261	149	146	3005	2496	2986	2918	364	235	1863	1834	384	335
Chiniot	129	2	61	48	819	330	228	180	120	120	1294	875	120	48
Gujranwala	269	116	109	109	772	646	1320	1160	240	216	1827	1708	228	228
Gujrat	390	100	127	106	2349	1826	2433	1755	696	478	1966	1419	833	543
Narowal	265	159	102	79	2280	1581	2780	2707	282	198	1629	1400	183	183
Sialkot	337	203	126	125	2834	1995	2637	2579	395	342	2611	2388	521	469
Hafizabad	84	18	36	36	576	132	564	546	78	60	995	972	72	60
M. Bahauddin	321	146	101	87	1833	859	1566	1488	296	201	903	684	357	294
Kasur	153	120	41	41	850	569	604	587	192	186	1277	1169	126	113
Lahore	3266	1591	407	396	36010	18316	43629	40689	4311	3571	1356	1309	2099	1842
Okara	570	213	216	168	3787	2467	3837	3437	300	260	2486	2111	660	554
Sheikhupura	611	475	235	217	4211	3101	6182	5909	581	502	2495	1931	816	716
Nankana Sahib	380	218	149	101	2729	1992	1926	1836	336	288	1917	1428	408	406
Khanewal	411	205	151	134	2822	1925	2556	2395	385	306	1624	1366	325	296
Lodhran	379	90	147	145	3273	2247	1956	1188	228	180	1737	1610	264	228
Multan	1062	473	266	229	10168	4694	10872	9269	1346	911	2434	1934	712	602
Pakpattan	310	130	99	94	2157	1512	2004	1943	204	192	788	780	168	151
Sahiwal	308	121	82	82	2808	1676	4178	3666	615	517	1631	1518	609	564
Vehari	409	218	179	132	3114	2510	2847	2803	387	270	1329	1314	432	421
Attock	628	337	339	297	4232	2834	3918	3475	516	366	1605	1368	625	551
Chakwal	584	239	203	201	3003	2161	2258	1994	632	456	1702	1456	491	381
Jhelum	406	212	147	104	2907	1843	2254	1809	223	185	1282	997	240	207
Rawalpindi	1295	854	338	317	9536	6353	14861	12814	2580	1472	2060	1444	1283	967
Bhakkar	440	244	145	144	2932	1854	2757	2533	537	476	780	718	477	433
Khushab	518	141	220	152	3982	2738	2687	1807	385	288	1414	1025	576	502
Mianwali	422	166	166	140	2953	1752	2917	2456	396	244	1115	990	436	378
Sargodha	655	260	234	186	5132	2706	5190	4697	778	689	1878	1657	719	579
TOTAL	21738	10462	6341	5465	175160	104858	189862	162956	25559	19519	59947	59378	20323	16935

District	EPI Va	ccinator		itary ectors	Mid	wives	LHV	Ns	CDC Sup	ervisor	Ot	hers
	Sanc.	Filled 0	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	0			24	187	148	12501	11574	13	3	231	138
Bahawalpur	38	34	4	4	280	123	16270	14446	910	651	3336	2118
Rahimyar Khan	0	0	12	0	94	64	15925	14093	0	0	6604	2756
D.G Khan	0	0	7	7	15	10	2372	2125	18	14	0	0
Layyah	18	18	14	12	177	114	5713	5433	251	234	6588	4384
Muzaffargarh	7	7	36	36	174	156	19026	17670	0	0	982	551
Rajanpur	6	6	0	0	67	36	5158	5128	352	343	2705	1815
Faisalabad	20	20	110	87	283	268	26105	25193	264	242	36410	25362
Jhang	0	0	0	0	114	66	8698	8077	466	389	2805	1463
Toba Tek Singh	12	12	0	0	83	59	10437	10114	765	457	0	0
Chiniot	0	0	0	0	120	72	5623	3485	368	302	744	230
Gujranwala	24	24	12	12	24	24	13782	12534	771	615	0	0
Gujrat	110	86	0	0	401	175	19437	14198	898	569	2399	1583
Narowal	0	0	0	0	77	68	11563	9383	649	535	4395	1960
Sialkot	10	10	48	43	121	63	8714	8234	583	381	748	552
Hafizabad	0	0	0	0	30	30	3604	3484	360	248	0	0
Mandi Bahauddin	24	0	0	0	96	60	9441	9093	525	429	1932	1440
Kasur	20	20	5	0	44	44	9439	7583	76	64	0	0
Lahore	85	64	450	435	833	813	7150	7031	527	373	20269	17962
Okara	72	68	5	5	194	173	14365	12141	184	140	915	790
Sheikhupura	36	36	0	0	237	233	9906	9324	910	521	588	441
Nankana Sahib	60	36	0	0	180	180	6393	5507	542	325	4190	2859
Khanewal	5	5	5	5	53	53	12156	11490	964	748	2448	1760
Lodhran	12	12	12	12	120	120	9454	9358	565	490	3348	2424
Multan	0	0	43	43	96	96	18677	18122	859	699	21574	16416
Pakpattan	0	0	0	0	72	72	8003	7742	0	0	0	0
Sahiwal	0	0	12	11	76	74	2443	2335	824	716	2391	1520
Vehari	0	0	0	0	116	116	9722	9381	696	545	1500	1056
Attock	0	0	1	1	67	35	11056	7753	575	377	1619	1047
Chakwal	45	30	96	48	154	95	7100	6592	687	469	690	505
Jhelum	12	12	12	12	48	48	9012	7940	93	80	585	544
Rawalpindi	9	4	29	22	299	229	13923	11030	26	6	1894	1207
Bhakkar	35	35	36	36	131	131	3734	3572	302	278	5351	4218
Khushab	12	12	0	0	108	108	6928	6678	378	281	2124	1173
Mianwali	12	12	0	0	83	67	7906	7631	370	228	4897	2424
Sargodha	17	17	0	0	380	306	16532	14792	1209	903	4820	2899
Total	701	580	979	855	5634	4529	378268	340266	16980	12655	149082	103597

Comparison of Sanctioned & Filled posts of Health Personnel

Fig. 72 is the situation analysis of Specialists, Surgeons, Doctors and Nurses positions in districts Punjab during the year 2021. Number of Filled positions of Specialist= 21,738 Surgeons= 6,347 Doctors = 104,858 and Nurses = 162,956.

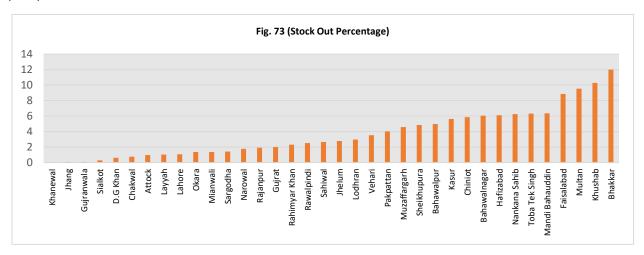


Stock out Status

This 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 an interruption anywhere in the logistic system.

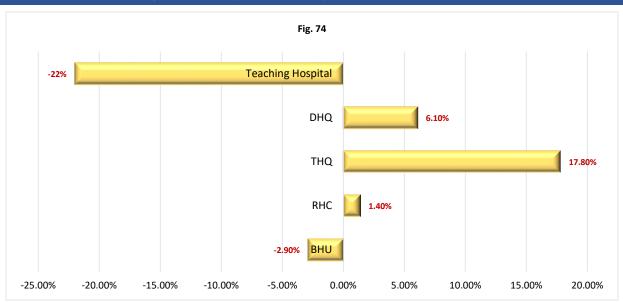
By analyzing this indicator, the district manager can identify whether breakdown in the logistic supply system in the district is a wide-spread phenomenon involving many health facilities or only occurring sporadically; whether such breakages are occurring regularly throughout the year or only occur 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. 73) that the percentage of out of stock medicines was highest in Bhakkar (12%).



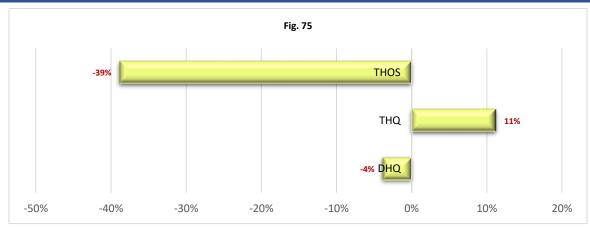
Percentage Drops of Various Indicators 2020 to 2021





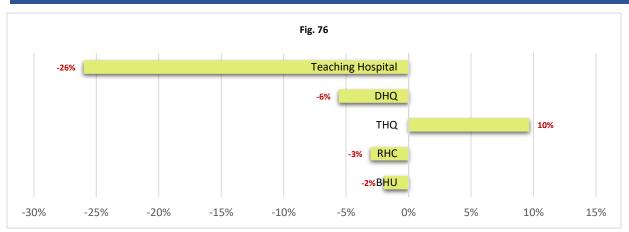
The percentage of facility based change of OPD visits (new+ follow-up) overall decreasing w.r.t 2020 in all facility types due to the pandemic COVID-19 has been shown in fig. 74. The highest percentage decrease was observed in Teaching Hospitals in the year 2021, i.e. -22% as OPD were closed due to Covid 19.

Percentage Drop in Emergency/Casualty Cases 2020 to 2021



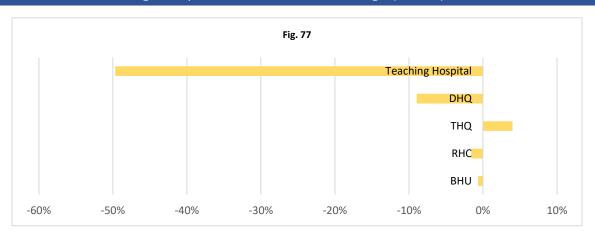
The percentage of facility based Emergency/Casualty cases decreased in all facility types due to COVID-19 and can be visualized in fig. 75. The highest decrease observed in THOS (Teaching Hospitals) i.e.-39% w.r.t 2020.





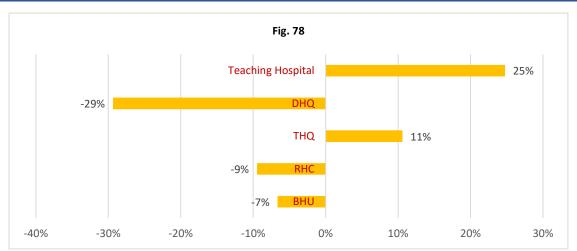
The percentage of facility based deliveries decreased in all facility types due to the pandemic has been shown in fig. 76. The highest percentage decline observed in THOS -26% and lowest is BHU that was -2% w.r.t 2020.

Percentage Drop of Antenatal Care Coverage (ANC-1) 2020 & 2021



The percentage of facility based change in Antenatal Care coverage (ANC-1) has occurred in fig. 77. The percentage drop of ANC-1 2021 & 2020 in all facility types. The highest percentage decrease in THOS that was reported -50% following RHC -25% and BHU -1% w.r.t year 2020.

Percentage Change in FP Visits 2020 to 2021



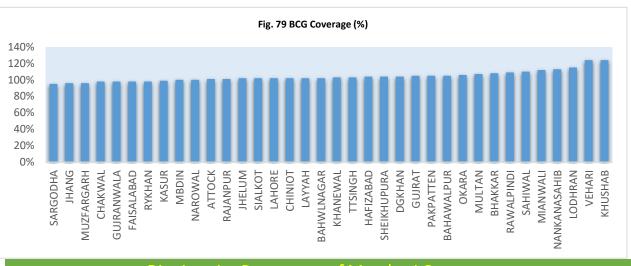
It may be observed from fig. 78, the percentage of facility based Family Planning visits decreased in all facility types. The highest percentage decrement can be seen in DHQ as -29% w.r.t to previous year 2020.

IMMUNIZATION COVERAGE

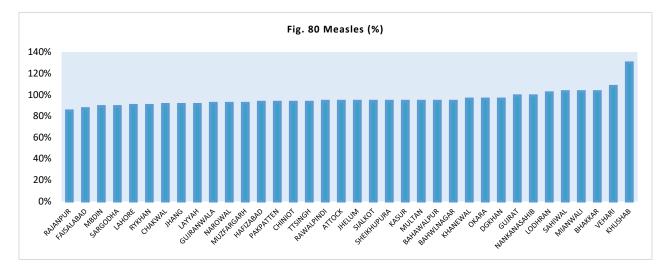
The source of data regarding immunization coverage is "monthly EPI report of Provincial EPI cell" of Directorate General Health services.

Immunization coverage estimates are used to monitor immunization services, to guide disease control and elimination efforts, and are indicators of preventive health system performance.

District wise Percentage of BCG Coverage



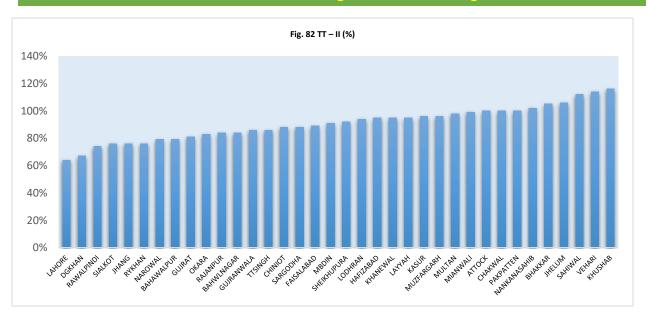
District wise Percentage of Measles-I Coverage



District wise Percentage of Measles-II Coverage

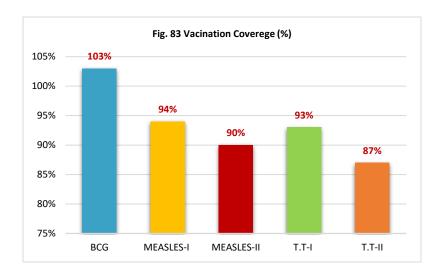


District wise Percentage of T.T-II Coverage

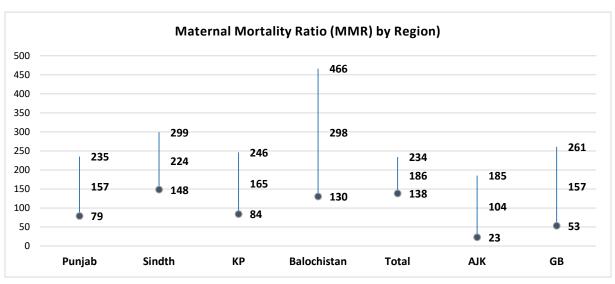


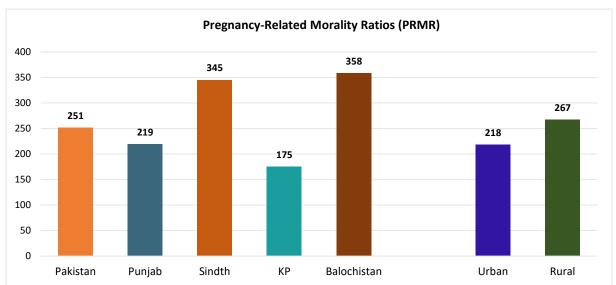
Vaccination Coverage Percentage of Year 2021

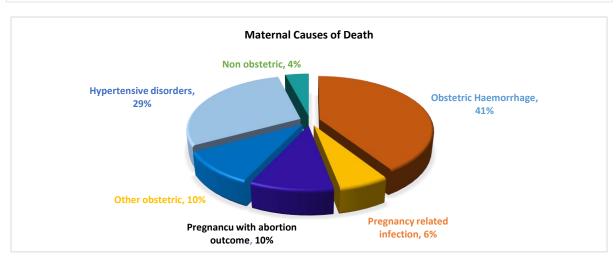
Fig. 83 displays the overall vaccination coverage in Punjab for year 2021 as the total no. of vaccination coverage out of Live Births (3.1%).

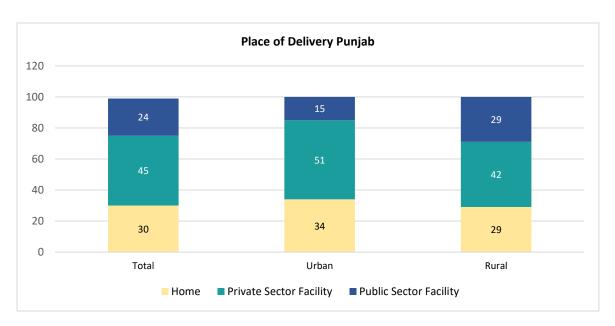


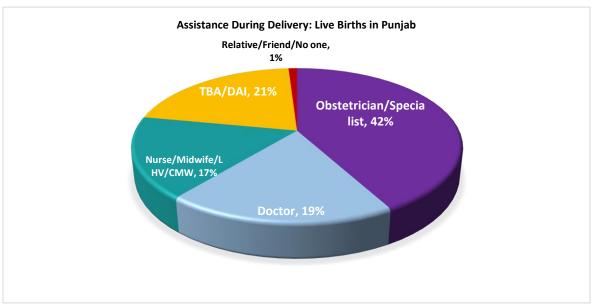
Maternal Mortality Survey 2019 Key Findings: Punjab











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 9
List of THQs/Civil Hospitals in Punjab

S.No.	Facility Name	S.No.	Facility Name
Dist	rict: 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 Sheikhupura
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	444	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	128	GOVT. TB HOSPITAL SARGODHA
	Kasur		
63	THQ HOSPITAL, KOT RADHA KISHAN	129	THQ HOSPITAL SHAHPUR
64	THQ HOSPITAL PATTOKI	130	THQ BHERA
	District: 152 Lahore		
65	Raiwind		

List of DHQs Hospitals in Punjab

Table 10

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

List of Teaching/Specialized Institutions in Punjab

Table 11

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 Saeeed 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

	th:, Yea		DHIS – 21 (MR) PHC Facility Monthly Report District Date of Submission								Page n		
Section	on I: Identification												
1.	Facility ID		ТТ		4.	Si	onatu	re of I	- ∃acili	tv In-c	charge:		
					1 "		gnatu	110 01 1	aciii	ty III-t	mar ge.		
2.	Facility Name					+							
3.	Tehsil				5.	Do	esigna	ation:					
	on II: Monthly Perfor		or % as aj	ppropriate)		Mon	thly	Target			Perfor	mance	
1. 2.	Daily OPD attendance Full immunization cov				\rightarrow								
3.	Antenatal Care (ANC-				\dashv								
4.	Monthly report data ac												
5.	Delivery coverage at f				_								
6.	TB-DOTS patients mi	ssing more tha	n one w	reek	\dashv								
7. 8.	Total Visits for FP LHW pregnancy regis	tration covera	ge		\dashv								
0.	Liftw pregnancy regis	tration covera	ge										
Sacti	on III: Outpatients At	ttondance (Fre	···· OPD P	agistau)		lvrs	1_1_	4yrs	5.	- 14	15 - 49	50 +	Total
		tendance (170	m OID K	egisiery		.,.,		1,13		14	15 - 47	20 .	Total
1.	Male (New Cases)				\vdash		+		\vdash				
2.	Female (New Cases)		C	ad Total	\vdash		+		\vdash				
3.	Follow-up cases.		Grai	nd Total		4.	Pot	ferred o	20000	otton d	ad		
	-	1	6. T	otal Tibb/	 Unan		Kei	erreu (Inutrition	
5.	Total Homoeo cases	1		ases		_			7.	< 5 yr	f cases of Ma s children	muuruon	
Sect	ion IV: Cases attendin	g OPD (From C	OPD Abstr	act Form)			24	Нуре	rtens	ion			
Resp	piratory Diseases						Skin	Diseas	ses				
1	Acute (upper) respirat	tory infections			_	- 1	25	Scab	ies				
2	Pneumonia < 5 yrs.				_		26	Dern					
3	Pneumonia > 5 yrs.				_	L	27						
4	TB Suspects				_		Endo	crine	Disea	ses			
5	Chronic Obstructive l	Pulmonary Dis	seases		_	- 1							
6	Asthma					- 1		o-Psy			eases		
Gast	tro Intestinal Diseases					- 1		Depr					
7	Diarrhoea / Dysentery	y < 5 yrs			_	- 1		Drug	Depe	endenc	e		
8	Diarrhoea / Dysentery	y > 5 yrs			_	- 1							
9	Enteric /Typhoid Feve	er			_	- 1	_	& ENT					
10	Worm Infestations					- 1	32	Cata					
-11	Peptic Ulcer Diseases				_	- 1	33	Track					
12	Cirrhosis of Liver					- 1		Glau					
Urin	ary Tract Diseases					Ŀ		Otitis		lia			
13	Urinary Tract Infection	ons			_	ŀ		Diseas					
14	Nephritis/ Nephrosis				_	- 1		Denta					
15	Sexually Transmitted	Infections			_	- 1		ries /Po			A t .		
16	Benign Enlargement				_	ŀ	37			ic acci	dents		
Oth	er Communicable Dise	eases				ŀ	38	Fract					
17	Suspected Malaria			\perp	_	- }	39	Burn					
18	Suspected Meningitis				_	ŀ	40	Dog					
19	Fever due to other cau					ŀ	41			_		s of poisoning)	
	ine Preventable Disea	ses				- 1		ellane					
20	Suspected Measles			+	_	- 1	42				ralysis		
21	Suspected Viral Hepa			+	_	1	43			HIV/A			
22	Suspected Neo Natal	Tetanus			_	- 1		Other	Unus	ual Di	iseases <i>(Spec</i>	rify)	
	diovascular Diseases					- 1	44	<u> </u>					
23	Ischemic heart diseas	e					45						

Secti	on 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. 1st Measles vaccine	4.	Pregnant women received TT -2 vaccine	

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

Secti	on VII: Family Plar	7.	IUCD				
1.	Total FP visits	4.	DMPA Inj.		8.	Tubal Ligation	
2.	COC cycles	5.	Net-En Inj.		9.	Vasectomy	
3.	POP cycles	6.	Condom Pieces		10.	Implants	

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

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

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

Secti	on XI: Diagnostic Services (1	From Lab	oratory R	egister / TB Lab	Register	/Radiology Registe	er)		(For RHC	ONLY)		
	Services Provided		PD	D Indoor Services Provided			OPD	Indoor				
1.	. Total Lab Investigations				3.	Total Ultra Son	nographie	es				
2.	Total X-Rays				4.	Total ECGs						
	Laboratory Investigation for Communicable Diseases											
	Malaria			T.B				Viral Hepatitis				
1.	Slides examined		1.	Slides for A	FB Dia	ngnosis		1.	Patients scree	ened		
2.	Slides MP+ve		2.	Diagnosis sl	lides w	ith AFB +ve		2.	Hepatitis B +	ve		
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB			3.	Hepatitis C+	ve			
			4.	Follow-up s	lides w	rith AFB +ve						

DHIS - 21 (MR)

Page 3

	on XII-A: Stock out Report Stock Register for Medicine/ Supplie			eer drugs for any number of days	s this mon	th	
1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Antihelminthic
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions
3. Tab. Cotrimoxazole 9. Syp. Paracetamol 15. Inj. Dexamethasone							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)
Secti	on XII-B: Stock out Report	: Vaccine	s (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

Secti	on XIII-A:	Indoor	Services (Fr	om Daily Bed State	ment Register)				(For RHC ON	LY)
		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									%	

Secti	on XIII-B: Cases Attending Indoor		
(Fron	n Indoor Register / Obstetric Register)	Total Number of Admissions	Total Number of Deaths
(For I	RHC ONLY)		
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)								
1.	Operations under GA		3.	Operations under LA				
2.	Operations under Spinal Anesthesia		4.	Operations under other type of Anesthesia				

Section	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										

Secti	on XVI-A: Reven	nue Generated (Fr	com 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.	

Secti	on XVI-B: Financial Report-for t	he Current Fiscal Ye	ar (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/ Issu	es		

Secondary Health Care

Annexure-B

	nth:, Yea		_	1				-	Iosp		ıl N	-	_	Report		Date	of Sul	Page 1
Secti	on I: Identification																	
1.	Facility ID						Π			3.	. Т	Signati	ire of	Facility I	n-ch	arge:		
2.	Facility Name					_				4.	\neg	Design						
2,	racinty Name									٦.		Design	ation.					
	on II: Monthly Perforr	nance				Month Targe		Perfor	mance							Monti Targ		Performance
1.	Daily OPD attendance				_					4	8.	C-Se	ction p	erformed	Ĺ			
2.	Fully immunization co	verage			_					4	9.	Lab s	ervice	s utilizati	on			
3.	Antenatal Care (ANC-	1) cove	erage								10.	Bed o	occupa	ncy rate		$oxed{oxed}$		
4.	Delivery coverage at fa	acility									11.	LAM	Α					
5.	TB-DOTS patients mis	ssing n	nore tha	an 1 wk	c					Т	12.	Hosp	ital de	ath rate				
	Total Visits for FP				П					Т	12			port data				
6.	Obstatria complication	a attan	d a d		+			 		+	13.	accur	acy			\vdash		
7.	Obstetric complication	s atten	ded															
Section III: Outpatients Attendance (From OPD Register)																		
	Specialty In It						\$0±	<1 year	7		5-14 41-14	15-49	÷05	Total		llow- up	No. of cases of	Referred Attended
1.	General OPD					工				I								
2.	Medicine					\perp				+		-			<u> </u>			
3. 4.	Surgery Pediatrics					+			\vdash	+					<u> </u>			
5.	Eye			\vdash		_			\vdash	+					\vdash			
6.	ENT					+				\top		\Box						
7.	Orthopedics					\top				\top								
8.	Psychiatry				_	\bot				╀		\perp			<u> </u>			
9. 10.	Dental Skin	_	_	├	\vdash	+		_	\vdash	╀		+			 			
11.	OB/GYN					+		 	\vdash	╫		+			\vdash			
12.	Emergency/ Casualty					\top				+								
13.	Homoeo Cases									\perp								
14.	Tibb/Unani Shifa Khana OPD cases																	
15.	Cardiology					\perp				\perp								
16.	Others				-	+			_	╀					<u> </u>			
Gran	d Total							<u> </u>	_						<u> </u>			
Section	on IV: Cases attending	OPD (From O	PD Abst	ract F	orm)			Ot	her (Cor	nmunic	able I	Diseases				
	iratory Diseases					_		_	17	_		pected N						
1	Acute (upper) respirato	ry infe	ctions			⊢		-	18	$\overline{}$		pected N						
2	Pneumonia < 5 yrs.					⊢		-	19	_		er due to						
3	Pneumonia > 5 yrs. TB suspects							-	20	$\overline{}$		reventa pected N						
5 Chronic Obstructive Pulmonary Diseases						\vdash		-	21	_		pected V						+
6 Asthma						\vdash		1	22	_	_			al Tetanus	s			
Gastro Intestinal Diseases										_	_	cular D						
7	Diarrhoea / Dysentery	< 5 yrs						Д.	23	$\overline{}$		emic H						
8	Diarrhoea / Dysentery					_		4	24			ertensio	n					
9	Enteric / Typhoid Fever									_		ases						
10	Worm Infestations					\vdash		-	25	$\overline{}$		bies						
11	•					\vdash		\dashv	26	_		matitis	alel:	!!-				
Urinary Tract Diseases									27 En	_		aneous I Diseas		ianiasis				
13	Urinary Tract Infection	ns				Г			28	_		betes Me						
_						-		_	NI		Do	rabia toi	. Die-	2000				

29 Depression 30 Drug Dependence

15 Sexually Transmitted Infections

16 Benign Enlargement of Prostrate

DHIS – 22 (MR) Page 2

31 Epilepsy								_	Ding	- 22 (MR)					Page
32 Catract 33 Trachoma 34 Glaucoma 35 Ottis Media 36 Dental Caries 37 Road Traffic Accidents 38 Supected HIV / AIDS Any Other Unusual Diseases (Specify) 44 Snake bits (with signe/symptoms of poisoning) 42 Acute Flaccid Paralysis 43 Suspected HIV / AIDS Any Other Unusual Diseases (Specify) 44 45 45 45 45 45 45 4	31	Epilepsy			Т		П.		38	Fractures					
33 Trachoma 34 Glaucorna 35 Otitis Media 35 Otitis Media 42 Acute Flaccid Panlysis 43 Suspected HIV/ AIDS 44 44 5 Suspected HIV/ AIDS 44 45 Suspected HIV/ AIDS 45 Suspected HIV/ AIDS 44 45 Suspected HIV/ AIDS 45 Suspected HIV/ AIDS 45 Suspected HIV/ AIDS 44 45 Suspected HIV/ AIDS 45 Suspected HIV/ AIDS 45 Suspected HIV/ AIDS 44 45 Suspected HIV/ AIDS 45 Suspected HIV/ AIDS 44 45 Suspected HIV/ AIDS 45	Eye d								39	Bums			· ·		
Diseases (Surveillance Importance) 42 Acute Flaccid Paralysis 43 Suspected HIV AIDS	32	Cataract			\perp			Ŀ						_	
35 Otitis Media Oral Diseases 36 Dental Caries Injuries/Polsoning 43 Suspected HIV/ AIDS Any Other Umusual Diseases (Specify) 44. 3 Suspected HIV/ AIDS Any Other Umusual Diseases (Specify) 44. 45.					+		4	H						g)	
Oral Diseases 15 Dental Caries 16 Dental Caries 17 Dental Caries 17 Dental Caries 18 Dental Caries 18 Dental Caries 19 Dental Cari					+		-	Н		_		_	ince)	-	
Any Other Unusual Diseases (Specify) 44, 44, 44, 45, 4					+		-	Н				_		+	
Section VIII: Pamily Planning Services/Commodities provided (From FP Register) 1. Intensive-phase TB-DOTS patients 2. Intensive-phase TB-DOTS patients 2. Intensive phase TB-DOTS patients 3. Tubal Ligation 2. COC cycles 5. Net-En Inj. 9. Vascetomy 3. Pop cycles 5. Net-En Inj. 9. Vascetomy 3. Pop cycles 5. Net-En Inj. 9. Vascetomy 10. Implants 10. Impl		I .			_		т.	h					Specify)		
Section V-Immunization (From EPI Register) 1. Children <12 months received 3th Pentavalent vacc. 2. Children <12 months received 3th Pentavalent vacc. 3. Children <12 months fully immunized 2. Children <12 months received 3th Pentavalent vacc. 3. Children <12 months fully immunized 4. Pregnant women received TT -2 vaccine	-							-11		The char	uu Disc	11303 (1	pecify	т	
1. Children <12 months received 3rd Pentavalent vacc. 2. Children <12 months received 3rd Pentavalent vacc. 3. Children <12 months fully immunized 4. Pregnant women received TT -2 vaccine Section VI: TB-DOTS (From TB Card TB-DI) 1. Intensive-phase TB-DOTS patients			ts		\top		_		45.						
1. Children <12 months received 3rd Pentavalent vacc. 2. Children <12 months received 3rd Pentavalent vacc. 3. Children <12 months fully immunized 4. Pregnant women received TT -2 vaccine Section VI: TB-DOTS (From TB Card TB-DI) 1. Intensive-phase TB-DOTS patients															
Section VI: TB-DOTS (From TB Card TB-01) 1.	Secti	on V- Immunization (From EPI Register)				4						_	
Section VI: TB-DOTS (From TB Card TB-OI) 1. Intensive-phase TB-DOTS patients 2. Intensive phase TB-DOTS patients missing treatment >1 week	1.	Children <12 montl	hs received 3 rd Pe	ntavale	nt vac	c.			3.	Children <	12 mont	ths full	y immunized		
Intensive-phase TB-DOTS patients 2. Intensive phase TB-DOTS patients missing treatment >1 week	2.	Children < 12 months revd. 1 st Measles vaccine							4.	Pregnant w	vomen re	eceived	TT -2 vaccine		
Intensive-phase TB-DOTS patients 2. Intensive phase TB-DOTS patients missing treatment >1 week															
Section VII: Family Planning Services/Commodities provided (From FP Register) 7. IUD 1. Total FP visits 4. DMPA Inj. 8. Tubal Ligation 9. Vascetomy 3. POP cycles 5. Net-En Inj. 9. Vascetomy 9. Vascetomy 10. Implants 1	Secti	on VI: TB-DOTS (Fro	m TB Card TB-01)												
Total FP visits	1.	Intensive-phase TB-	-DOTS patients			2.	Intens	ive	phase	TB-DOTS pa	atients m	issing t	treatment >1 wee	k	
Total FP visits															_
2. COC cycles 5. Net-En Inj. 9. Vasectomy 3. POP cycles 6. Condom Picces 10. Implants	Secti	on VII: Family Plann	ing Services/C	ommo	dities	provi	ided (I	rom	FPR	egister)	7.	IUD			
Section VIII: Maternal and Newborn Health (From Maternal Health & Obstetric Registers) 1 1st Antenatal Care visits (ANC-1) 9. Live births with LBW < 2.5kg 2. ANC-1 women with Hb. < 10 g/dl 10. Stillbirths in the facility Neonatal deaths in the facility 11. Birth Trauma 12. Birth Asphyxia 12. Birth Asphyxia 13. Bacterial sepsis 14. Congenital Abnormalities 15. Prematurity 16. Hypothermia 16. Hypothermia 17. Pregnant women newly registered by LHW 18. Delivery by skilled persons reported 18. Delivery by skilled persons reported 18. Section X: Community Meetings (From Community Meeting Register) 2. No. of Participant Male Mal	1.			4.	DM	PA In	j.		\dashv			Tubal	Ligation		
Section VIII: Maternal and Newborn Health (From Maternal Health & Obstetric Registers)	2.	_			-		-		\dashv			Vaseo	ctomy		-
1. 1" 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" Postnatal Care visit(PNC-1) in the facility 11. Birth Trauma	3.	POP cycles		6.	Con	dom l	Pieces				10.	Impla	ints		
1. 1" 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" Postnatal Care visit(PNC-1) in the facility 11. Birth Trauma	Conti	on VIII. Matamal and	d Nambaum Ha	alth @	14		77 14	0.0		. n			-		
2. ANC-1 women with Hb. <10 g/dl 3. Antenatal Care revisit, in the facility 4. 1" Postnatal Care visit(PNC-1) in the facility 5. Normal vaginal deliveries 6. Vacuum / Forceps deliveries 7. Cesarean Sections 8. Live births in the facility 8. Live births in the facility 1. Pregnant women newly registered by LHW 1. Pregnant women newly registered by LHW 2. Delivery by skilled persons reported 3. Matemal deaths reported 4. Infant deaths reported 5. You of Participant 6. Section X: Community Meetings 7. Community Meetings 7. Community Meetings 8. Live births in the facility 9. No. of Participant 9. No. of Particip				aith (F)	rom Me	iternal .	Health	$\overline{}$	$\overline{}$				_		
3. Antenatal Care revisit, in the facility 4. 1st Postnatal Care visit(PNC-1) in the facility 5. Normal vaginal deliveries 6. Vacuum / Forceps deliveries 7. Cesarean Sections 8. Live births in the facility 11. Birth Trauma 12. Birth Asphyxia 13. Bacterial sepsis 14. Congenital Abnormalities 15. Prematurity 16. Hypothermia Section IX: Community Based Data (From LHW Report) 1. Pregnant women newly registered by LHW 2. Delivery by skilled persons reported 3. Matemal deaths reported 4. Infant deaths reported 5. No. of modem FP method users 6. <5 year diarrhea cases reported 7. <5 year ARI cases reported Section X: Community Meetings (From Community Meetings (From Community Meeting Register) Male	1	1st Antenatal Care visi	its (ANC-1)		_			9	9. Live births with LBW < 2.5kg						
4. 1st Postnatal Care visit(PNC-1) in the facility Deliveries in the facility 12. Birth Asphyxia 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 2. Delivery by skilled persons reported 3. Matemal deaths reported 7. < 5 year ARI cases reported Section X: Community Meetings (From Community Meetings (From Community Meeting Register) Male	2.	ANC-1 women with I	Hb. <10 g/dl					1	0.	Stillbirths in the facility					
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	3.	Antenatal Care revisit	t, in the facility		Т					Neonatal de	aths in t	the fac	ility		
5. Normal vaginal deliveries 6. Vacuum / Forceps deliveries 7. Cesarean Sections 8. Live births in the facility 16. Hypothermia Section IX: Community Based Data (From LHW Report) 1. Pregnant women newly registered by LHW 2. Delivery by skilled persons reported 3. Matemal deaths reported 7. <5 year diarrhea cases reported Section X: Community Meetings (From Co	4.	1st Postnatal Care visit	t(PNC-1) in the	facilit	v			11	1.	Birth Trauma					
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) 4. Infant deaths reported 1. Pregnant women newly registered by LHW 5. No. of modem FP method users 2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported 3. Maternal deaths reported 7. < 5 year ARI cases reported Section X: Community Meetings (From Community Meetings (From Community Meeting Register) 2. No. of Participant Male								12	2.	Birth Asphyxi	a				
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 2. Delivery by skilled persons reported 3. Matemal deaths reported 7. <5 year diarrhea cases reported Section X: Community Meetings (From Community Meetings (From Community Meetings Register) 2. No. of Participant Male	5.	Normal vaginal delive	eries					13	3.	Bacterial sep	sis				
8. Live births in the facility 16. Hypothermia Section IX: Community Based Data (From LHW Report) 4. Infant deaths reported 1. Pregnant women newly registered by LHW 5. No. of modem FP method users 2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported 7. <5 year ARI cases reported Section X: Community Meetings (From Community Meetings Register) All Male Male	6.	Vacuum / Forceps del	liveries					14	4.	Congenital A	bnormal	lities			
Section IX: Community Based Data 4. Infant deaths reported 1. Pregnant women newly registered by LHW 5. No. of modem FP method users 2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported 3. Maternal deaths reported 7. <5 year ARI cases reported Section X: Community Meetings (From Community Meetings Register) 2. No. of Participant Male Community Meetings Com	7.	Cesarean Sections						15	5.	Prematurity					
1. Pregnant women newly registered by LHW 5. No. of modem FP method users 2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported 3. Maternal deaths reported 7. <5 year ARI cases reported Section X: Community Meetings (From Community Meeting Register) 2. No. of Participant Male	8.	Live births in the faci	lity					16	6.	Hypothermia	ı				
1. Pregnant women newly registered by LHW 5. No. of modem FP method users 2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported 3. Maternal deaths reported 7. <5 year ARI cases reported Section X: Community Meetings (From Community Meeting Register) 2. No. of Participant Male															
2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported 3. Maternal deaths reported 7. <5 year ARI cases reported Section X: Community Meetings (From Community Meetings Register) 2. No. of Participant	Section (From	on IX: Community Ba	ased Data				4.		Infa	nt deaths repo	orted				
2. Delivery by skilled persons reported 6. <5 year diarrhea cases reported	1.	Pregnant women newly registered by LHW						. \top	No.	of modem FI	method	dusers			
3. Maternal deaths reported 7. < 5 year ARI cases reported Section X: Community Meetings (From Community Meeting Register) 2. No. of Participant Male	2.	Delivery by skilled persons reported						.	<5 y	ear diarrhea	cases re	ported		\neg	
(From Community Meeting Register) 2. No. of Participant			•				7.	<u> </u>							
(From Community Meeting Register) 2. No. of Participant	Section	on X: Community Me	etings				T								
1. No. of community meetings Female						2.	.	No. of Participant		Male	\dashv				
	1.	No. of community meetings											Female		

Section XI: Diagnostic Services (From Laboratory Register / TB Lab Register/ Radiology Register)											
	Services Provided	OF	PD	Indoor		Services Provide	ded		OPD	Indoor	
1.	Total Lab Investigations				4.	Total CT Scan					
2.	Total X-Rays				5.	Total ECG					
3.	Total Ultrasonographies										
		Labo	oratory	Investigati	ion for	Communicable l	Diseases				
	Malaria				T.B			Vi	ral Hepatitis & HIV		
1.	Slides examined		1.	Slides for A	AFB D	iagnosis		1.	Patients screened		
2.	Slides MP+ve		2.	Diagnosis	slides v	vith 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		

DHIS - 22 (MR) Page 3

	on XII-A: Stock out Report: Stock Register for Medicine/ Supplie			cer drugs for any number of days this	month	
1.	Cap. Amoxicillin		7.	Inj. Ampicillin	13.	Syp. Antihelminthic
2.	Syp. Amoxicillin		8.	Tab. Diclofenac	14.	I/V infusions
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol	15.	Inj. Dexamethasone
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac	16.	Tab. Iron/ Folic Acid
5.	Tab. Metronidazole		11.	Tab. Chloroquin	17.	ORS
6.	Syp. Metronidazole		12.	Syp. Salbutamol	18.	Oral pills (COC)
Secti	on XII-B: Stock out Report	: Vaccine	s (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

	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		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								1	%	
	Grand Total									%	

Section	XIII-B: Cases attending Indoors	SIIIS	S
(From Ab	stract Foms for Indoor)	Total	Total Deaths
Medica	ı	T	T
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		
Cardia	c Diseases		
18.	Congestive Cardiac Failure (CCF)		
19.	Hypertension		
20.	Ischemic Heart Diseases (IHD)		
	e Preventable Diseases		
21.	Neonatal Tetanus		
22.	Acute Flaccid Paralysis (AFP)		
Surgica			
23.	Acute Appendicitis		
24.	Bums		
25.	Cholelithiasis / Cholecystitis	\vdash	
26.	Hemias		
27.	Hyperplasia of Prostate		
28.	Urolithiasis		

		%	
Section	XIII-B:Cases attending Indoors	-	
	estract Forms for Indoor)	ssion	Total Deaths
	pedic Diseases	Total	Je g
29.	Arthropathies	-	-
30.	 		\vdash
Eve	Fractures		
31.	Cataract		-
32.	Comeal Opacity		\vdash
33.	Glaucoma		\vdash
ENT	Giaucoma		
34.	Chronic Otitis Media		$\overline{}$
35.	DNS		\vdash
			-
Gyneco			-
36.	Fibroid Uterus		\vdash
37.	Inflam, diseases of female pelvic organs (PID)		
38.	Uterine Prolapse		
39.	Vesico -Vaginal Fistula		
	rics/Maternal Complications		
40.	Ante partum Hemorrhage (APH)		$\overline{}$
41.	Complications of Abortion		
42.	Ectopic Pregnancies		
43.	Postpartum Hemorrhage (PPH)		
44.	Pre-Eclampsia/ Eclampsia		\Box
45.	Prolonged/ Obstructed Labour		\Box
46.	Puerperal Sepsis		
47.	Rupture Uterus		
48.	Other Obstetric Complications		
Neurol	ogical/Neurosurgical		
49.	CVA/Stroke		
50.	Head Injuries		
	Behavioral Disorder		
51.	Drug Abuse (Psycho-Active substance use)		
52.	Mental Disorder		
	her Unusual Diseases (Specify)		
53.			
54.			

	DHIS – 22 (MR)	Page 4
	on XIV: Surgeries OT Register)	
1.	Operations under GA	
2.	Operations under Spinal Anesthesia	
3.	Operations under LA	
4.	Operations under other type of Anesthesia	

Sect	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					

Sectio	n XVI-A: Revo	enue Generated (Fr	om Receipt Register)			•	
		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVI-B: Financial Report-for the Current Fiscal Year (From Budget and Expenditure Statement)								
		Total Allocation for the Fiscal Year	Total Budget Released to-date	Expenditure to-date	Balance to date			
1.	Salary & Allownces (Establishment charges)	Rs.	Rs.	Rs.	Rs.			
2.	Non-Salary (Openting 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 aim is to turn data into information, and information into insight"