DIRECTORATE GENERAL

HEALTH SERVICES

PUNJAB

FINANCIAL YEAR

REPORT

(2023-2024)

DISTRICT HEALTH INFORMATION SYSTEM

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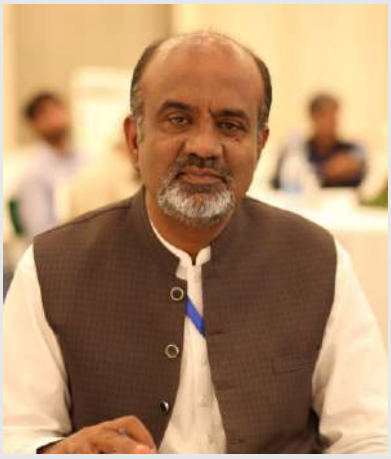
Message
Directorate General Health Services, Punjab



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.

Dr. Muhammad Ilyas Gondal
Director General Health Services
Punjab. Lahore

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 by the MIS provincial cell after being 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 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.

Acknowledgment

The Annual Report owes its existence to the invaluable support, guidance and expertise provided by **Dr. Khalid Mehmood**, Director of Health Services (P&D and MIS). Dr. Mehmood's diligent oversight, along with the continuous reviews, discussions and methodological refinements have ensured that the Annual Report upholds the highest statistical standards, offering an accurate portrayal of our Provincial health system. Additionally, special thanks are extended to **UNICEF** for their unwavering support and collaboration in this endeavor. On behalf of the MIS team, gratitude is extended to **Dr. Khalid Mehmood** (Director MIS), **Dr. Muhammad Mohsan Wattoo** (ADHS-MIS), **Mr. Farooq Ahmed** (CPO MIS), and **Miss-Rukhsana Fawad** (Data Analyst) for their dedicated efforts. Furthermore, sincere appreciation is extended to the focal persons of Districts and public health professionals whose tireless work has contributed to the enhancement of our provincial information system health, positioning us to better address the public health challenges of today and tomorrow.

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

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Executive Summary

Highlights and Insights.

The Health Management Information System (**HMIS**), launched by the Punjab Health Department in the early 1990s, was later evolved into the **District Health Information System (DHIS)** in 2006. This transformation represented a key advancement in healthcare data management. With its broadened scope, DHIS now plays a crucial role in enabling detailed data collection and analysis across different tiers of healthcare services

In June 2022, the **upgraded DHIS-2** system was introduced at the district level, marking a significant leap in healthcare data management. While the rollout schedules varied across provinces, the Punjab Health Department ensured that all 36 districts were fully operational by July 2022. Notably, since its implementation, every district has consistently submitted timely reports.

This analytical report examines various indicators, providing meaningful insights based on data collected through DHIS-2. Furthermore, it includes data from teaching and tertiary care hospitals, enhancing the analysis and offering a comprehensive overview of healthcare trends and challenges.

The initial section of the report highlights that **reporting compliance** for FY 2023-24 across all 36 districts reached an impressive 95%. This reflects a notable 2% decrease compared to previous years, indicating ongoing efforts to enhance data accuracy and reporting standards. Several districts achieved exceptional compliance rates, with some reaching a perfect 100%, while others came close with rates of 99%.

Top-performing districts, including Multan, Mianwali, Muzaffargarh, Rawalpindi, Mandi Bahauddin, Chakwal, Jhelum, Nankana Sahib, Rajanpur, Gujranwala, and Rahimyar Khan, all recorded a compliance rate of 100%. Additionally, Sahiwal, Sheikhupura, Vehari, and Toba Tek Singh demonstrated near-perfect performance with compliance rates of 99%. Khushab, Narowal, Bahawalnagar, and Chiniot followed closely with rates of 98%.

Districts such as Lodhran and Faisalabad performed well, achieving compliance rates of 97%, while D.G. Khan reported 96%. Bahawalpur and Okara both recorded compliance rates of 95%.However, some districts fell short of target compliance rates. Pakpattan and Jhang achieved rates of 94%, while Hafizabad, Khanewal, and Attock reported 93%. Kasur reached 91%, and Gujrat recorded a compliance rate of 90%.

Among the underperforming districts, Bhakkar (87%), Layyah (86%), Lahore (82%), Sargodha (78%), and Sialkot (73%) had the lowest compliance rates, highlighting the need for targeted interventions to enhance reporting accuracy in the future.

The report also includes insights on **suspected diseases**, both indoors and outdoors. In the documentation of diseases within DHIS-2 for FY (2023-24), a total of 68 diseases were recorded, representing 55% of all patient cases. Notably, 57% of these cases were identified as communicable diseases, while 43% were non-communicable, highlighting the focus on prioritized diseases during this financial year (July 2023 to June 2024). Graphs and tables were used to visually represent specific communicable and non-communicable diseases. Additionally, district-wise comparisons of new cases and their incidence rates, alongside a four-year average, provide valuable insights into local disease trends, enhancing our understanding of regional variations over time. The geographic representation of specific suspected diseases further aids in identifying patterns and trends, thereby empowering informed decision-making and targeted interventions.

In the financial year (July-2023 to June-2024), the total number of **Outpatient Department (OPD)** visits recorded in the DHIS-2 system amounted to 112,614,584 (113 million) patients. This figure shows an 8% decline compared to the previous year's total of 122,240,267 (122 million) visits in 2022-23. Of the visits in FY (2023-24), 96% involved new OPD patients, while only 4% were follow-up cases. The per capita OPD visits for FY (2023-24) averaged 0.88, a drop of 0.22 from the previous year's average of 1.14 visits per person. The highest average daily OPD visits were observed in Teaching Hospitals (THOS), with 1,264 visits per day, District Headquarter Hospitals (DHQ) followed with 1,147 visits per day, Tehsil Headquarter Hospitals (THQ) recorded an average of 549 visits per day, while Rural Health Centers (RHC) had 167 visits per day. Basic Health Units (BHU) reported the lowest number, with 42 visits per day. On a district level, Lahore topped the list with 11,148,262 OPD visits, followed by Faisalabad with 9,558,528 visits and Multan with 6,097,952 visits. In terms of demographics, 55% of the visits were by females, while males made up 45%. The most frequent age group visiting the OPD was between 15 and 49 years, with females representing 50% and males 42% of this age bracket.

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The total number of **indoor admissions** in the financial year (FY) 2023-24 reached 6,056,765 patients, with 63% admitted due to specific diseases, and only 1% being referred. Upon analyzing age and gender distribution, male patients totaled 1,768,925 (46%) and female patients numbered 2,045,796 (54%). The highest number of patients fell within the age group of 15-49 years, where 49% of female patients and 31% of male patients were admitted. Throughout FY 2023-24, a total of 1,091,651 surgeries were performed using various anesthesia methods. General anesthesia (GA) was used in 19% (211,175) of surgeries, local anesthesia (LA) in 49% (537,241), and spinal anesthesia in 26% (282,641). Alternative anesthesia methods were used in 6% (60,594) of procedures. Teaching hospitals were notably active, performing the highest number of surgeries per month, with a total of 1,261 surgeries across different anesthesia types. There were 6,056,765 admitted patients overall, with a death toll of 166,720, representing 3% of total admissions. District-wise, Lahore had the highest number of admitted patients at 1,065,734, followed by Faisalabad with 422,008 admissions. In terms of mortality, Rawalpindi had the highest death percentage, with 5.5% of admitted patients passing away. Tertiary care hospitals reported a slightly lower mortality rate of 5.3%, an improvement compared to the previous year.

In the financial year (July-23 to June-24), the overall **Bed Occupancy Rate (BOR)** in secondary and tertiary care hospitals was 70%. Teaching and tertiary hospitals recorded a higher BOR of 93%, while District Headquarter Hospitals (DHQs) had a similarly significant BOR of 90%. Tehsil Headquarter Hospitals (THQs) maintained a BOR of 79%, with Rural Health Centers (RHCs) reporting the lowest BOR at 45%.
Additionally, the **Average Length of Stay (ALS)** serves as a key indicator of the level of care provided to hospitalized patients and the strain on hospital resources. In the FY (2023-24), the ALS across various hospital types was as follows: Teaching and tertiary hospitals reported an ALS of 3 days, District Headquarter Hospitals (DHQs) 2 days, while Tehsil Headquarter Hospitals (THQs) and Rural Health Centers (RHCs) both recorded an ALS of 1 day. Notably, the ALS remained consistent throughout the year. These metrics offer valuable insights into hospital efficiency, patient flow, and resource allocation.

Antenatal Care (ANC) coverage is an important indicator of access to and utilization of healthcare services during pregnancy. In the financial year (FY) July 2023 to June 2024, a total of 11,489,359 ANC visits were conducted, representing 3.4% of the total expected population. Of these, 42% (4,387,448) were ANC-1 visits, with 16% (691,677) of those visits revealing hemoglobin levels below 10g/dl. ANC-2 visits accounted for 31% (3,550,261) of the total, followed by ANC-3 visits at 17% (1,974,351), and ANC-4 visits at 14%. ANC-1 visits saw a 6% decrease in FY 2023-24, with 4.4 million visits compared to 4.6 million in the previous year. On average, District Headquarter Hospitals (DHQs) reported the highest number of monthly ANC-1 visits per facility, with 609 visits.

Deliveries conducted at health facilities is an indicator of the utilization of skilled birth services provided at public health facilities. During the financial year 2023-24, a total of 1,317,700 deliveries were conducted at health facilities, accounting for 36% of the expected population. This marks a 3% decrease from the previous year, with 35.5% (1,317,700) of deliveries in FY 2023-24 compared to 37% (1,321,552) in 2023.
Among different types of health facilities, THOS hospitals recorded the highest average monthly deliveries, with 373 deliveries per month. Of the total deliveries, 80% (1,054,715) were normal vaginal deliveries, 0.2% (2,696) involved vacuum or forceps assistance, and 20% (260,289) were Caesarean sections. Notably, tertiary care hospitals reported the highest number of Caesarean sections, totaling 112,652 cases, representing 9% of all deliveries.
In contrast, the highest number of normal vaginal deliveries was observed at Basic Health Units (BHUs), which accounted for 555,349 cases (or 42%). The data indicates that District Kasur had the highest percentage of normal vaginal deliveries at 98%, while Lahore recorded the highest number of Caesarean sections, comprising 45% of the total deliveries.

In FY (2023-24), a total of 175,800(13%) **Deliveries with Complications** occurred out of the 1,317,700 total deliveries in secondary and tertiary care hospitals. Among these complications, there were 311(0.2%) maternal deaths attributed to obstetric complications during the same period. The highest number of deliveries with complications occurred in Lahore, totaling 38,149, while Rajanpur reported the lowest number, with just 38 deliveries affected.

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Among the 1,293,616 total **live births**, 4% (47,033 newborns) did not survive due to complications during childbirth, with the highest neonatal mortality rate reported in Lahore (15,282). Data for the financial year 2023-24 indicates that the highest incidence of low-birth-weight cases occurred in Multan (4,765), while the lowest numbers were recorded in Khushab and Chiniot (25 and 7, respectively). Across Punjab, the overall average prevalence of low birth weight stood at 1.80%, reflecting a declining trend over time.

In 2023, **Kangaroo Mother Care (KMC)** was introduced as a critical indicator of newborn health. The following section focuses exclusively on District Headquarters Hospitals (DHQs) where the KMC project is being implemented. This indicator is crucial as it provides essential information regarding newborn care and is also presented in tabular form.

In FY 2023-24, public sector health facilities reported 2,425,170 **family planning visits**, representing 12% of the expected population (16% MCBA). Of these, 2% (5,8270) were by women under 25 years old. This marks a 1% increase in family planning visits compared to the previous year. District-wise, Faisalabad, Chakwal, and Sialkot had the highest number of visits, recording 197,568, 138,642, and 138,310 visits, respectively. The majority of visits (75%) took place in BHUs, followed by RHCs at 14%, THQs at 6%, and DHQs and tertiary care hospitals each accounting for 2% of the total visits.

Immunization coverage, particularly the completion of vaccine series for infants under one year, is a vital indicator of healthcare effectiveness. It measures the percentage of infants who receive all essential vaccines, including the Hepatitis B Birth Dose, BCG, OPV, Penta, IPV, PCV13, Rotavirus, MR, TCV, and the DTP Booster, within a specified time frame, typically within their first year. District-level summaries of vaccination coverage are presented in tabular form, offering a detailed breakdown of immunization rates across various regions.

The utilization of **laboratory services** serves as a key indicator of healthcare performance, measured by the proportion of patients accessing these services in health facilities. In FY 2023-24, a total of 60 million patients utilized laboratory services 31 million as outpatients and 27 million as inpatients. Lab investigations were the most frequently used diagnostic service in Punjab's health facilities, representing 79% of all diagnostics. Ultrasound services followed at 7.9%, X-rays at 7.7%, ECGs at 3.7%, CT scans at 0.9% and both Elisa and Echocardiography at 0.5%. These figures reflect both indoor and outdoor utilization, with a detailed breakdown of laboratory investigations for communicable diseases available in tabular format.

This indicator measures the percentage of health facilities where all **Tracer Drugs and Medicines** were consistently available throughout the year. Ideally, facilities should ensure uninterrupted availability of these essential drugs, as any stock-out, no matter how brief, indicates a breakdown in the supply chain. In FY 2023-24, a comprehensive inventory review of 60 medicines across 36 districts revealed that 96% of the stock remained consistently available, while approximately 4% experienced stock-outs. For family planning commodities, 83% were available, with 17% stock-outs reported. On the other hand, vaccination supplies achieved 100% availability. Notably, the highest overall availability of essential medical supplies (including medicines, vaccinations, and family planning commodities) approximately 99% was reported in Khushab, Lahore, Rahimyar Khan, and Sialkot.

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During the analysis of FY 2023-24 trends, a clear upward trajectory was observed in several key areas, including indoor admissions (12%), surgeries with anesthesia (10%), emergency cases (20%), ANC visits (16%), deliveries (5%), Live Births (14%), PNC-1 visits (36%), and family planning services (14%). However, OPD visits experienced a notable 12% decline compared to the previous FY (2022-23). These shifts indicate significant changes in healthcare activity and performance over the course of the year.

Comparative Yearly Performance (2022/23 -2023/24)			
	FY (2022-23)	FY (2023-24)	% Δ
Total OPD	128,113,220	112,614,584	-12%
Emergency Cases	22,374,468	26,860,689	20%
Total Admissions	5,421,936	6,056,765	12%
Surgeries w.r.t Anesthesia	991,873	1,091,651	10%
Total ANC (I-IV Only)	9,886,297	11,489,359	16%
Total Deliveries	1,254,067	1,317,700	5%
Live Births	1,131,918	1,293,616	14%
Postnatal Attendance-1	965,502	1,317,700	36%
Total FP Visits	2,128,850	2,425,170	14%

Introduction

Overview of the 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 the Report

- The overall purpose of this feedback report is to provide a 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 should assist the district, provincial & national health managers in analyzing the health situation, and health care services (e.g. EPI, Malaria, Hepatitis, MCH & Family Planning Services), availability of drugs/supplies, etc.

Challenges and Issue

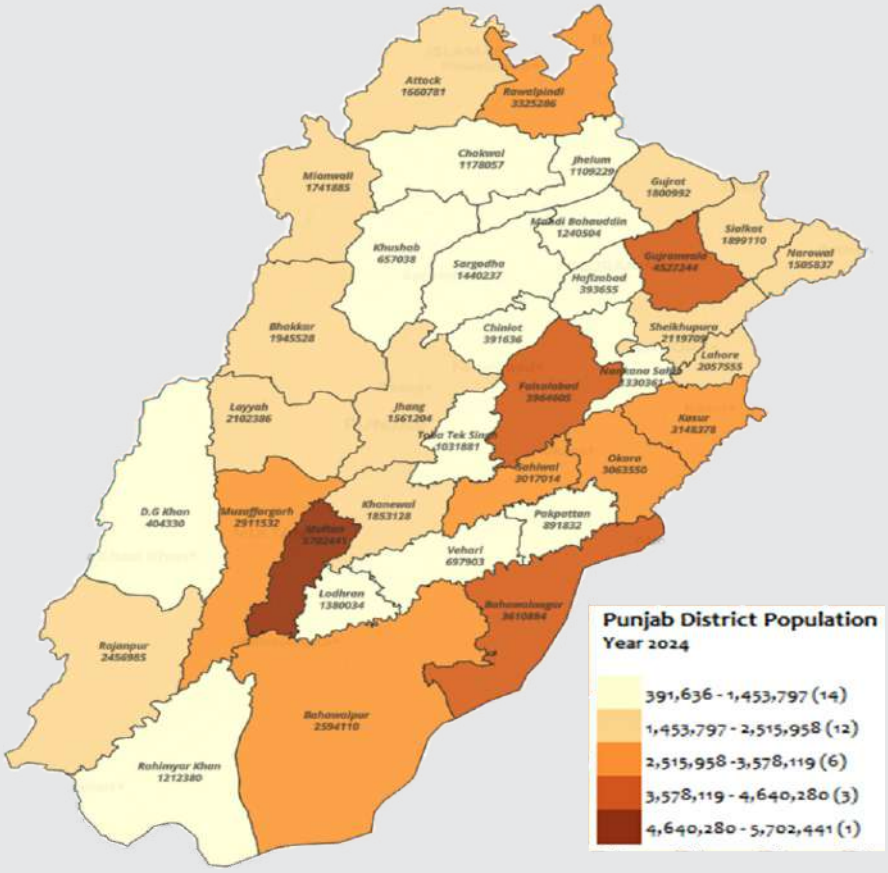
Health is a wide subject consisting of diverse fields of which medicine is a part. It is imperative to strengthen the links between the several working sectors and departments to improve health and reduce morbidity, disability and death. DHIS has the capacity to become a full-fledged health information 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 a scientific basis using statistical tools and the application of appropriate methods on the collected data, issues are identified. Record keeping and data management are the core activities are 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 the use of information in short-term and long-term decision-making. Based on 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 face the emergency.

Punjab District Population, 2024



	District	Pop 2024		District	Pop 2024
1	Attock	2,170,423	19	Lodhran	1,928,299
2	Bahawalnagar	3,550,342	20	Mandi Bahauddin	1,829,486
3	Bahawalpur	4,284,964	21	Mianwali	1,798,268
4	Bhakkar	1,957,470	22	Multan	5,362,305
5	Chakwal	1,734,854	23	Muzaffargarh	5,015,325
6	Chiniot	1,563,024	24	Nankana Sahib	1,634,871
7	Dera Ghazi Khan	3,393,705	25	Narowal	1,950,954
8	Faisalabad	9,075,819	26	Okara	3,515,490
9	Gujranwala	5,959,750	27	Pakpattan	2,136,170
10	Gujrat	3,219,375	28	Rahim Yar Khan	5,564,703
11	Hafizabad	1,319,909	29	Rajanpur	2,381,049
12	Jhang	3,077,720	30	Rawalpindi	6,118,911
13	Jhelum	1,382,308	31	Sahiwal	2,881,811
14	Kasur	4,084,286	32	Sargodha	4,334,448
15	Khanewal	3,364,077	33	Sheikhupura	4,049,418
16	Khushab	1,501,089	34	Sialkot	4,499,394
17	Lahore	13,004,135	35	Toba Tek Singh	2,511,963
18	Layyah	2,102,386	36	Vehari	3,430,421

Reporting Compliance of Health Facilities

Reporting Compliance of Health Facilities at District level, FY (2023-24)

Complete and accurate reporting is crucial for informed decision-making, resource allocation, and policy formulation. For the financial year (July 2023 to June 2024), reporting compliance across all 36 districts was closely monitored. The overall compliance rate reached a strong **95%,** reflecting ongoing efforts to improve data accuracy and reporting standards.

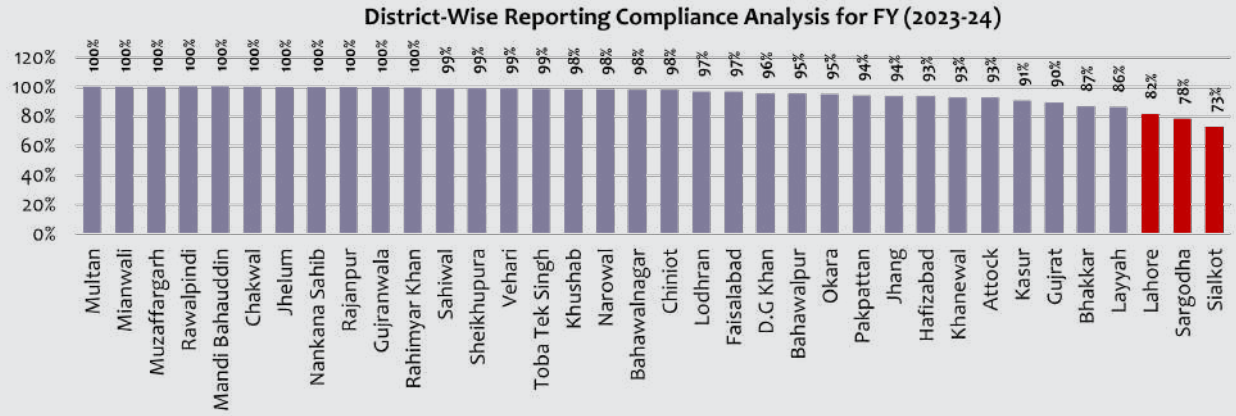
Among the top-performing districts Multan, Mianwali, Muzaffargarh, Rawalpindi, Mandi Bahauddin, Chakwal, Jhelum, Nankana Sahib, Rajanpur, Gujranwala, and Rahimyar Khan all achieved a perfect compliance rate of 100%.

Several districts demonstrated near-perfect performance, including Sahiwal, Sheikhupura, Vehari, and Toba Tek Singh, all with a compliance rate of 99%. Additionally, Khushab, Narowal, Bahawalnagar, and Chiniot recorded 98% compliance.

Districts like Lodhran and Faisalabad performed well with compliance rates of 97%, while D.G. Khan reported 96%. Bahawalpur and Okara followed with a compliance rate of 95%.

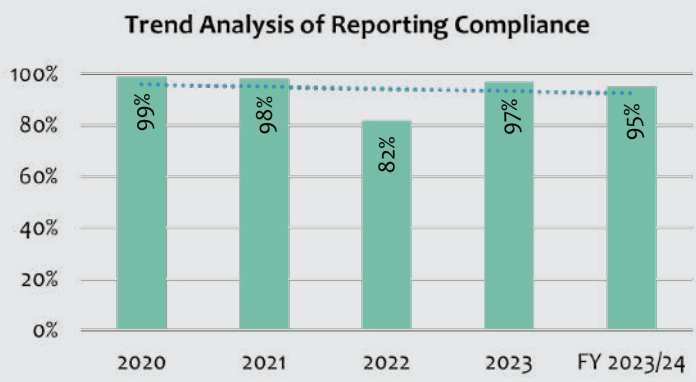
However, some districts reported lower-than-target compliance rates. Pakpattan and Jhang achieved a compliance rate of 94%, followed by Hafizabad, Khanewal, and Attock at 93%. Kasur reached 91%, while Gujrat recorded 90%.

Among the underperforming districts, Bhakkar (87%), Layyah (86%), Lahore (82%), Sargodha (78%), and Sialkot (73%) had the lowest compliance rates, indicating a need for targeted interventions to improve reporting accuracy in the future.



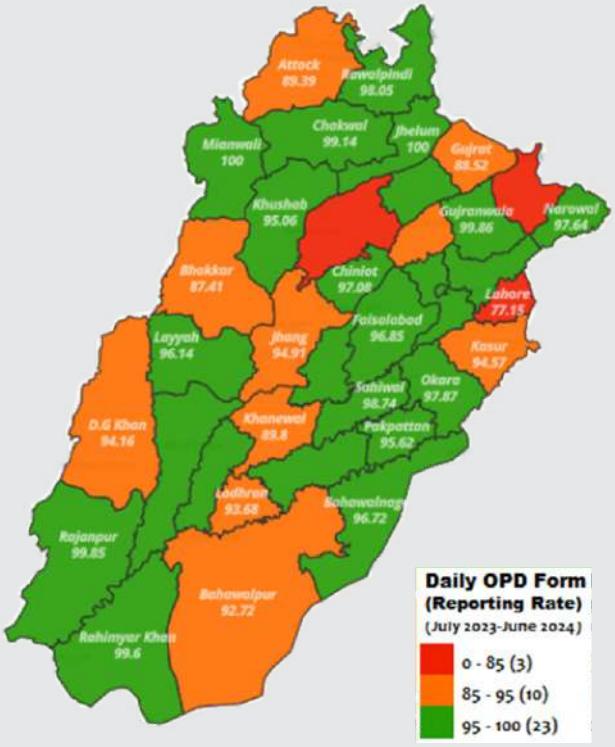
Yearly Comparative Analysis of Reporting Compliance

The bar graph illustrates the yearly reporting compliance percentages over the past five years, with a specific focus on reporting regularity within the Province of Punjab. The benchmark for reporting compliance is established at 100%. Notably, there is a substantial enhancement in reporting compliance, escalating from 82% in 2022 to an impressive 95% in FY (2023-24), reflecting a remarkable 16% improvement. This upward trend demonstrates the province's ongoing commitment to enhancing reporting regularity

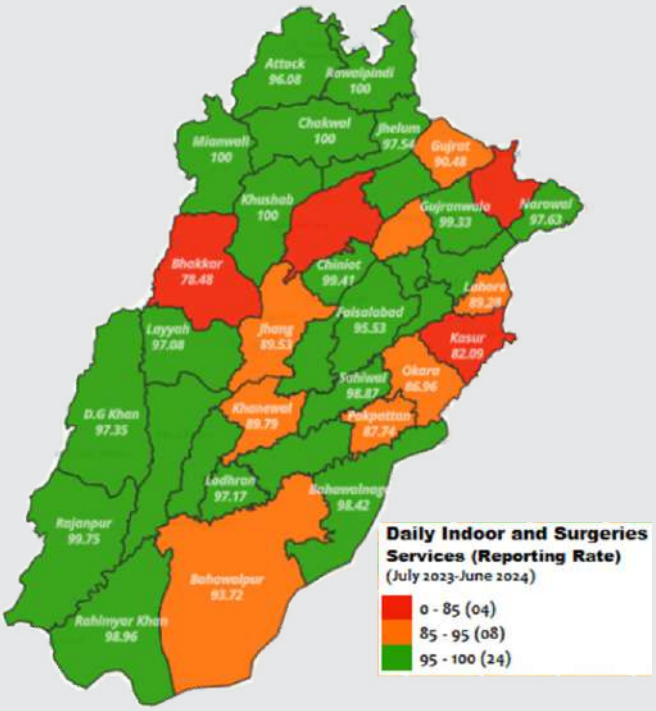


Punjab District Reporting Compliance: A Geographic Overview

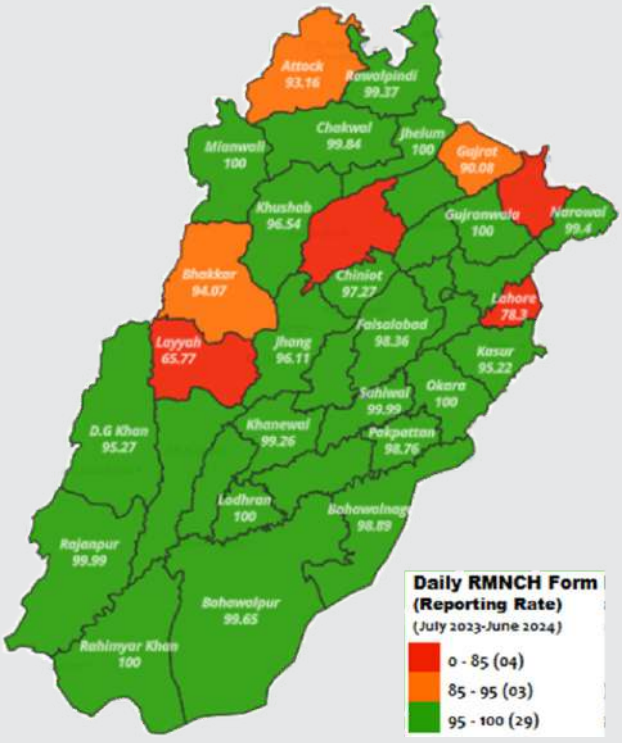
Punjab Map - OPD Compliance Reporting Rate



Punjab Map - IPD Compliance Reporting Rate



Punjab Map - RMNCH Compliance Reporting Rate



Suspected Diseases Section (OPD & INDOOR)

Disease Burden:

The MIS-Cell routinely monitors the disease burden in the province using the DHIS-2 which captures data from health facilities in the Province of Punjab.

Common Conditions in OPD Attendance:

Acute Upper Respiratory Infections (AURI) remained the leading condition among all outpatient department (OPD) diagnoses for all ages, accounting for 36.3% of all OPD attendances, followed by Fever due to unknown causes at 13.3%, Diarrhea/Gastroenteritis at 7.3%, Scabies at 6.6%, Peptic Ulcer Disease at 4.7%, and Diabetes Mellitus at 4.2%. The number of AURI cases decreased by 0.08% (22,545,647 in FY 2023-24) compared to the previous year (24,502,546 in 2022-23).

Priority diseases reported through DHIS-2.

SUSPECTED OPD DISEASE WISE NEW CASES OF THE FINANCIAL YEAR (2023-24)

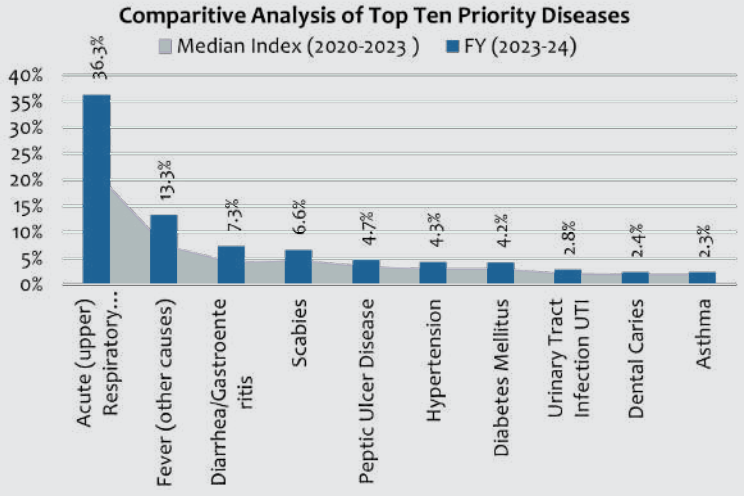
sr.	Respiratory Diseases				Vaccine Preventable Diseases/Hepatitis				Cardiovascular Diseases		
1	Acute (upper) Respiratory Infections (AURI)	22,545,647	36.3%	22	Susp Hepatitis	356,280	0.6%	43	Hypertension	2,670,440	4.3%
2	Asthma	1,450,460	2.3%	23	Susp Malaria	205,572	0.3%	44	Ischemic Heart Dis	560,859	0.9%
3	Cough >2 Wks (Presumptive TB)	523,192	0.8%	24	Susp Meningitis	1,574	0.0%		**Sexually Transmitted Infection**		
4	Chronic Obstructive Pulmonary Dis	403,078	0.6%	25	Susp Acute Flaccid Paralysis AFP	598	0.0%	45	Urinary Tract Infection UTI	1,767,506	2.8%
5	Pneumonia	170,248	0.3%	26	Mumps	218	0.0%	46	Susp Syphilis	1,471	0.0%
	Communicable Diseases			27	Susp diphtheria	204	0.0%		**Endocrine Disorder**		
6	Fever (other causes)	8,258,956	13.3%	28	Susp Corona Virus	56	0.0%	47	Diabetes Mellitus	2,634,012	4.2%
7	Susp Enteric / Typhoid Fever	168,339	0.3%	29	Susp pertussis	15	0.0%	48	Goiter	36,462	0.1%
8	Susp dengue fever	47,165	0.1%		**Gestro Intestinal Diseases**				**Cancer Diseases**		
9	Susp Measles	8,090	0.0%	30	Diarrhea/Gastroenteritis	4,546,233	7.3%	49	Breast cancer	8,438	0.0%
10	Seasonal Influenza ILI	5,861	0.0%	31	Peptic Ulcer Disease	2,907,027	4.7%	50	Lung Cancer	1,531	0.0%
11	Chicken Pox	1,858	0.0%	32	Worm Infestations	689,231	1.1%	51	Prostate cancer	1,109	0.0%
12	Susp Cervical Cancer (HPV)	1,548	0.0%	33	Acu Watery Diarrhea/Susp Cholera	165,515	0.3%		**Occupational Lung Diseases**		
13	Susp HIV/ AIDS	1,108	0.0%	34	Chronic Liver Dis	131,110	0.2%	52	Silicosis	20	0.0%
14	Susp Neonatal Tetanus	42	0.0%	35	Bloody Diarrhea/Dysentery	101,885	0.2%		**Injuries / Poisoning**		
15	Susp Monkey Pox	15	0.0%	36	Susp Crimean Congo Hemorrhagic Fever (CCHF)	7	0.0%	53	Road Traffic Accidents	1,368,504	2.2%
	Skin Diseases				**Oral Diseases**			54	Injuries	922,203	1.5%
16	Scabies	4,121,285	6.6%	37	Dental Caries	1,485,795	2.4%	55	Dog bite	229,825	0.4%
17	Dermatitis	1,312,142	2.1%		**Eye & ENT**			56	Fractures	208,555	0.3%
18	Cutaneous Leishmaniasis	521	0.0%	38	Cataract	337,860	0.5%	57	Burns	58,235	0.1%
	Psychiatric Diseases			39	Otitis Media	644,554	1.0%	58	Snake bite	3,109	0.0%
19	Anxiety & Depression	468,560	0.8%	40	Acute Conjunctivitis	322,016	0.5%		**Neurological/ Neurosurgical**		
20	Epilepsy	80,420	0.1%	41	Trachoma	53,467	0.1%	59	CVA Stroke	33,282	0.1%
21	Drug Dependence	32,465	0.1%	42	Glaucoma	51,959	0.1%	60	Heat Stroke	783	0.0%

These percentages were calculated based on the disease-wise new cases in the (OPD).

TOP DISEASE CONDITIONS AMONG OPD ATTENDANCES

Comparative Analysis of Top Ten Priority Diseases with Median Index (2020-2023)

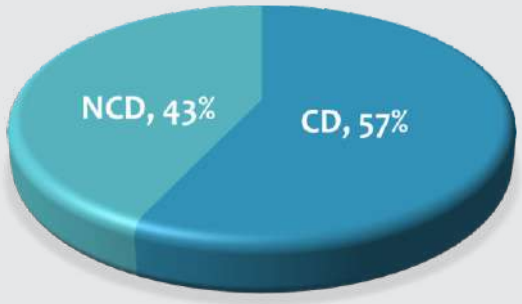
The figure illustrates the prevalence of 10 priority diseases for FY 2023/24, (**July 2023 to June 2024**). The median index for the years 2020 to 2023 is displayed through an area chart, while the disease percentages for FY 2023/24 are represented with bars. A clear trend is evident, showing an increase in the incidence of priority diseases such as Acute Upper Respiratory Infections (AURI), fever due to other causes, scabies, peptic ulcer, and other related conditions, compared to the five-year average.



Disease Pattern

Disease Pattern:

This pie chart represents the annual count of cases attending the Outpatient Department (OPD) based on specified disease classifications. A total of 68 diseases were recorded in DHIS-2, accounting for 55% of all patient cases (62,111,771). Within these reported illnesses, 57% were categorized as communicable diseases, while 43% were non communicable, emphasizing a focus on prioritized diseases in FY (2023-24).



Outpatient Department Suspected Diseases Tabulation

SUSPECTED OPD DISEASES WISE NEW CASES OF THE FINANCIAL YEAR (2023-24)

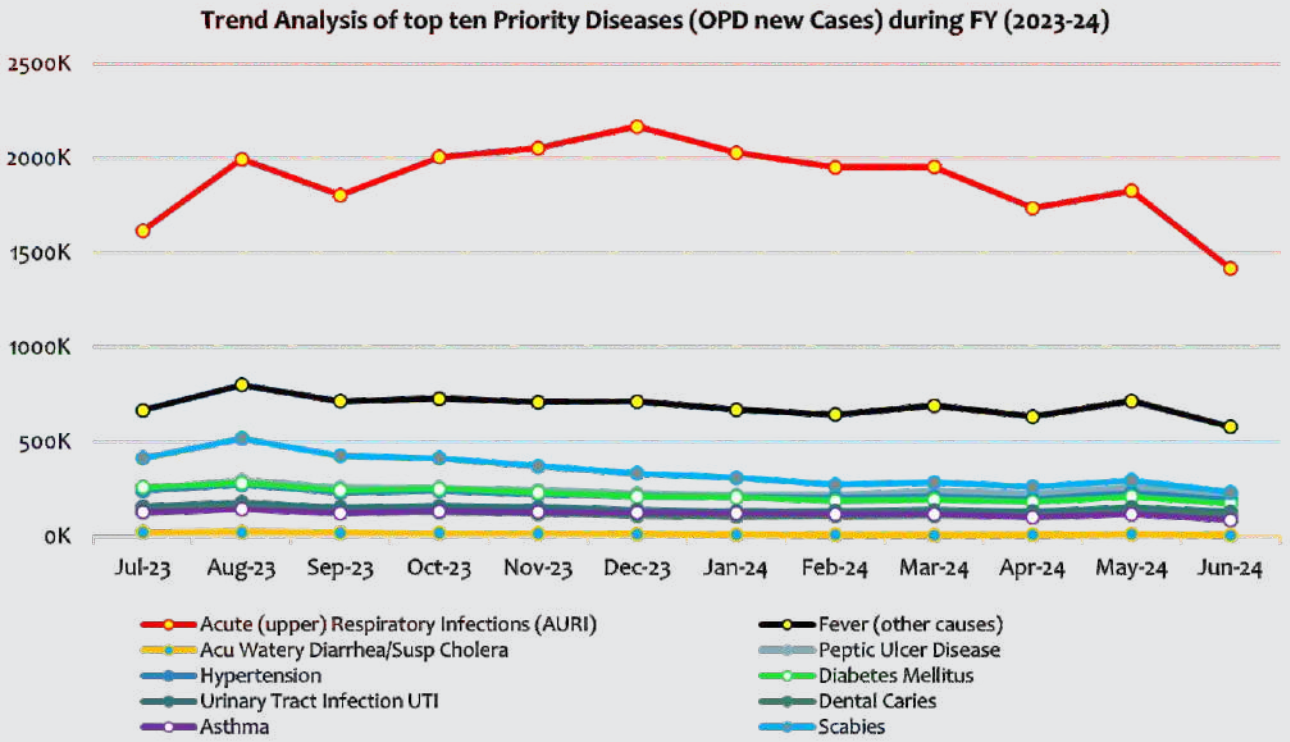
Susp OPD Communicable Diseases		**Communicable Diseases**				**Vaccine Preventable Diseases/ Hepatitis**				**Respiratory Diseases**			
	1	Acute Conjunctivitis	322,016	0.9%	11	Susp Hepatitis	356,280	1.0%	21	Acute upper respiratory infections (AURI)	22,545,647	63.2%
	2	Susp Malaria	205,572	0.6%	12	Susp Measles	8,090	0.0%	22	Cough >2 Wks (Presumptive TB)	523,192	1.5%
	3	Susp dengue fever	47,165	0.1%	13	Susp Acute Flaccid Paralysis AFP	598	0.0%	23	Susp Pneumonia	170,248	0.5%
	4	Susp Seasonal Influenza ILI	5,861	0.0%	14	Susp Mumps	218	0.0%		**Skin Diseases**		
	5	Susp Chicken Pox	1,858	0.0%	15	Susp diphtheria	204	0.0%	24	Scabies	4,121,285	11.6%
	6	Susp Meningitis	1,574	0.0%	16	Susp Corona Virus	56	0.0%	25	Susp Cutaneous Leishmaniasis	521	0.0%
	7	Cervical cancer	1,548	0.0%	17	Susp Neonatal Tetanus	42	0.0%		**Waterborne Diseases**		
	8	Susp HIV/ AIDS	1,108	0.0%	18	Susp pertussis	15	0.0%	26	Diarrhea/Gastroenteritis	4,546,233	12.8%
	9	Susp Monkey Pox	15	0.0%		**Sexually Transmitted Infections**			27	Worm Infestations	689,231	1.9%
	10	Susp Viral Hemorrhagic Fever (CCHF)	7	0.0%	19	Urinary Tract Infection UTI	1,767,506	5.0%	28	Susp Enteric / Typhoid Fever	168,339	0.5%
					20	Susp Syphilis	1,471	0.0%	29	AWD/Susp Cholera	165,515	0.5%
OPD Non-Communicable Diseases	Sr.	**Respiratory Diseases**				**Eye & ENT Diseases**				**Occupational Lung Diseases**		
	1	Asthma	1,450,460	5.5%	11	Otitis Media	644,554	2.4%	22	Silicosis	20	0.0%
	2	Chronic Obstructive Pulmonary Dis	403,078	1.5%	12	Cataract	337,860	1.3%		**Injuries/Poisoning**		
		Communicable Diseases			13	Trachoma	53,467	0.2%	23	Road Traffic Accidents	1,368,504	5.2%
	3	Fever (other causes)	8,258,956	31.2%	14	Glaucoma	51,959	0.2%	24	Injuries	922,203	3.5%
		Skin Diseases				**Endocrine Disorder**			25	Dog bite	229,825	0.9%
	4	Dermatitis	1,312,142	5.0%	15	Diabetes Mellitus	2,634,012	10.0%	26	Fractures	208,555	0.8%
		Gestrointestinal Diseases			16	Goiter	36,462	0.1%	27	Burns	58,235	0.2%
	5	Peptic Ulcer Disease	2,907,027	11.0%		**Cardiovascular Diseases**			28	Snake bite	3,109	0.0%
	6	Chronic Liver Dis	131,110	0.5%	17	Hypertension	2,670,440	10.1%		**Neurological/Neurosurgical**		
	7	Bloody Diarrhea/Dysentery	101,885	0.4%	18	Ischemic Heart Dis	560,859	2.1%	29	CVA Stroke	33,282	0.1%
		Psychiatric Diseases				**Cancer Diseases**			30	Heat Stroke	783	0.0%
	8	Anxiety & Depression	468,560	1.8%	19	Breast cancer	8,438	0.0%		**Oral Disease**		
	9	Epilepsy	80,420	0.3%	20	Lung Cancer	1,531	0.0%	31	Dental Caries	1,485,795	5.6%
	10	Drug Dependence	32,465	0.1%	21	Prostate cancer	1,109	0.0%				

**These percentages were derived from patients visiting the OPD for CD and NCD during that period*

Trend Analysis of Top Priority Diseases during FY (2023-24)

Month-wise Comparison of Priority 10 diseases

The Top Ten Priority Cases indicator is designed to identify the most prevalent communicable and non-communicable diseases among outpatient department (OPD) attendees. This information helps in directing appropriate measures and resources, such as staff training, equipment, medicines, and lab facilities, to address the specific needs of patients. The data also suggests focus areas for disease control and prevention. The month-wise comparison of priority 10 diseases in the province throughout FY 2023-24, (July 2023 to June 2024) revealed that Acute Upper Respiratory Infections (AURI) was the most common disease. In summary, the primary goal of the Top Ten Priority Cases indicator is to guide decision-making regarding resource allocation and intervention strategies to improve patient care and public health outcomes.



Comparative Analysis of Epidemic Diseases Over a 5-Year

Diseases	Scabies	Diabetes Mellitus	Cough >2 Wks (Presumptive TB)	Susp Hepatitis	Susp Malaria	Susp Pneumonia	Susp Measles	Seasonal Influenza ILI	Susp Chicken Pox	Susp Meningitis	Susp HIV/AIDS	Susp Acute Flaccid Paralysis	Susp Cutaneous Leishmaniasis	Susp Diptheria	Susp Neonatal Tetanus	Susp Pertusis	Susp Viral Hemorrhagic Fever
2020	3,999,127	2,711,858	576,918	528,337	616,042	739,113	5,322	2,307	597	6,542	29,189	1,536	5,332	631	1,924	76	23
2021	5,011,833	3,533,798	686,959	520,100	473,647	788,580	5,963	33,933	5,043	14,909	10,250	6,709	18,948	1,382	2,033	1,166	1,535
2022	5,568,647	3,253,354	645,744	322,318	417,272	630,182	2,198	34,926	16,719	3,838	3,419	1,330	49,152	739	504	144	5,396
2023	4,896,091	3,113,769	596,533	172,370	292,083	271,127	1,758	17,368	4,157	2,760	2,075	742	1,941	512	42	24	-
FY (2023-24)	4,121,285	2,634,012	523,192	356,280	205,572	170,248	8,090	5,861	1,858	1,574	1,108	598	521	204	42	15	7

Conditions Leading to Admissions (indoor)

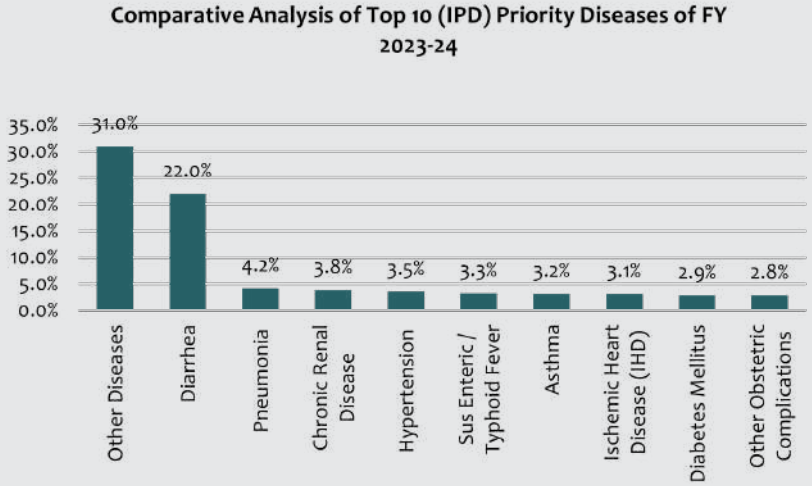
Priority Indoor diseases have reported through DHIS-2.

DISEASE WISE INDOOR ADMISSION OF THE FINANCIAL YEAR (2023-24)												
sr.	Medicine				Surgical				Vaccine Preventable diseases/hepatitis			
1	Diarrhea	846,364	22.0%	26	Acu Appendicitis	31,352	0.8%	48	Measles	12,438	0.3%	
2	Pneumonia	160,449	4.2%	27	Hernias	25,177	0.7%	49	Malaria	3,160	0.1%	
3	Chronic Renal Disease	146,461	3.8%	28	Cholelithiasis / Cholecystitis	20,781	0.5%	50	Acu Flaccid Paralysis (AFP)	637	0.0%	
4	Sus Enteric / Typhoid Fever	125,707	3.3%	29	Burns	17,597	0.5%	51	Neonatal Tetanus	312	0.0%	
5	Asthma	121,204	3.2%	30	Urolithiasis	6,607	0.2%	52	Viral Hepatitis A	5,317	0.1%	
6	Diabetes Mellitus	109,659	2.9%	31	Hyperplasia of Prostate	4,441	0.1%	53	Viral Hepatitis B	4,913	0.1%	
7	Chronic Liver Disease	69,541	1.8%		Psychiatric Diseases			54	Viral Hepatitis C	7,841	0.2%	
8	Acute Watery Diarrhea / Cholera	57,575	1.5%	32	Psychiatric Disorder	7,501	0.2%	55	Viral Hepatitis E	195	0.0%	
9	Chronic Obstructive Airways	40,036	1.0%	33	Drug Abuse	5,240	0.1%		Neurological/Neurosurgical			
10	Pulmonary Tuberculosis	26,943	0.7%		Eye			56	CVA Stroke	59,689	1.6%	
11	Bloody Diarrhea/Dysentery	13,144	0.3%	34	Chronic Renal Disease	146,461	3.8%	57	Head Injury	46,729	1.2%	
12	Extra Pulmonary Tuberculosis	6,466	0.2%	35	Cataract	20,046	0.5%	58	Heat Stroke	95	0.0%	
	Communicable Diseases			36	Allergic Conjunctivitis	3,107	0.1%		OrthoPedic Diseases			
13	Meningitis	12,860	0.3%	37	Glaucoma	1,924	0.1%	59	Fractures	70,082	1.8%	
14	Dengue fever	7,768	0.2%		ENT			60	Arthropathies	18,965	0.5%	
15	Rabies	2,889	0.1%	38	Chronic Otitis Media	5,324	0.1%		Obstetrics/Maternal Complications			
16	Seasonal Influenza I L I	1,942	0.1%	39	DNS	3,996	0.1%	61	Other Obstetric Complications	108,811	2.8%	
17	Diptheria	91	0.0%		Gynecologial			62	Prolonged/ Obstructed Labour	14,770	0.4%	
18	Corona Virus Dis (COVID)	90	0.0%	40	Inflam. Diseases of Female Pelvic Organs (PID)	12,112	0.3%	63	Anti Partum Hemorrhage (APH)	12,058	0.3%	
19	Pertussis	37	0.0%	41	Fibroid Uterus	7,764	0.2%	64	Complication of Abortion	10,084	0.3%	
20	Viral Hemorrhagic Fever (CCHF)	12	0.0%	42	Vesico -Vaginal Fistula	5,849	0.2%	65	Pre-Eclampsia/ Eclampsia	8,423	0.2%	
21	Probable Monkey Pox	8	0.0%	43	Uterine Prolapse	3,624	0.1%	66	Postpartum Hemorrhage (PPH)	7,728	0.2%	
	Cardic Diseases				Cancer Diseases			67	Puerperal Sepsis	5,693	0.1%	
22	Hypertension	136,404	3.5%	44	Breast Cancer	2,334	0.1%	68	Rupture Uterus	4,674	0.1%	
23	Ischemic Heart Disease (IHD)	120,069	3.1%	45	Prostate Cancer	497	0.0%	69	Ectopic Pregnancies	3,870	0.1%	
24	Congestive Cardiac Failure (CCF)	40,574	1.1%	46	Skin Cancer	250	0.0%	70	Other Diseases	1,191,594	31.0%	
25	Valvular Heart Dis	12,372	0.3%	47	Silicosis	198	0.0%					

"These percentages were calculated based on the disease-wise admissions in the Inpatient Department (IPD)"

Comparative Analysis of Top 10 (IPD) Priority Diseases

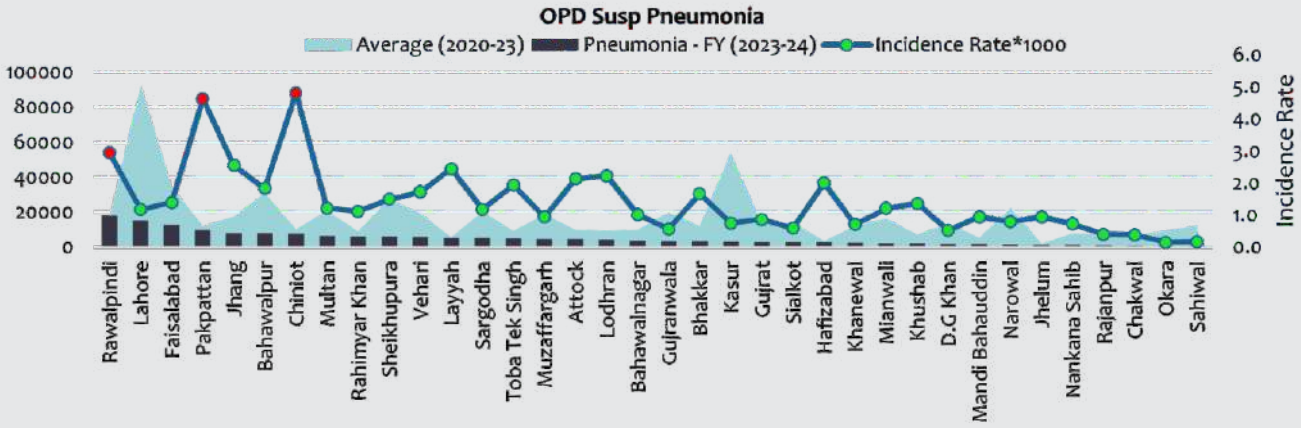
In the Financial year (2023-24), Diarrhea and Pneumonia were the most common conditions among hospital admissions for all ages, accounting for 20.0% and 4.2% of all admissions respectively, followed by Chronic Renal Disease at 3.8% and Suspected Enteric/Typhoid Fever at 3.3%. Pneumonia still ranked as the second most common condition among admissions for children under five. The figure below displays a bar graph depicting the top 10 disease conditions among Inpatient Department (IPD) admissions.



Comprehensive Overview of District-level Incidence Rates and Average of Four Previous Years for Specific Diseases

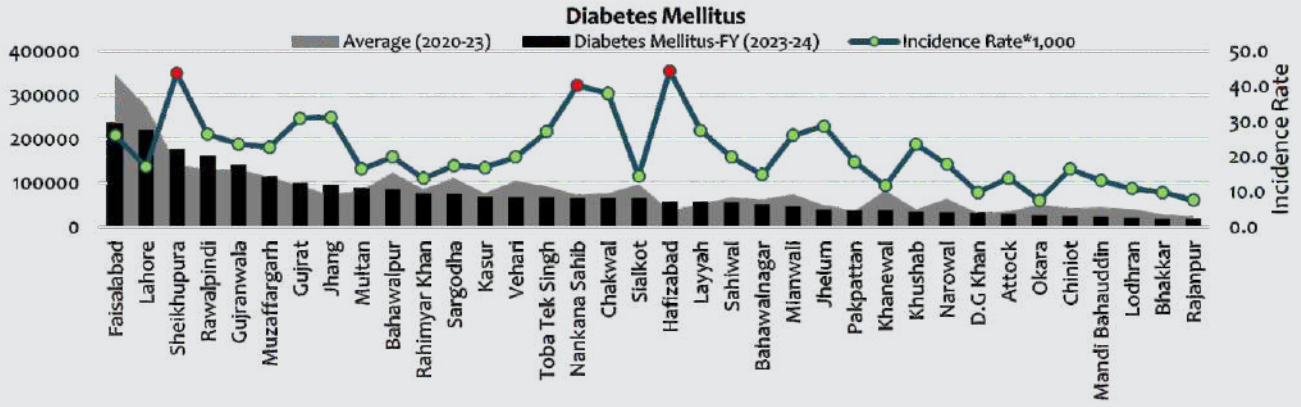
In epidemiology, incidence refers to the rate of new cases of a disease occurring within a specific time period, typically expressed as a proportion or rate relative to the population at risk. The incidence rate measures the likelihood of developing a particular disease during that time, calculated by dividing the number of new cases by the at-risk population. Population size changes can impact both the incidence rate and case numbers, highlighting the need to account for population dynamics when analyzing disease trends. This brief overview from FY (2023-24) emphasizes the crucial link between incidence rates, population changes, and disease patterns, which are essential for comprehensive annual reporting. Furthermore, district-level comparisons of new cases against a four-year average provide valuable insights into regional disease trends and variations over time.

District wise Incidence Rate (FY 2023-24) of Pneumonia Cases with 4-year Average:



Based on the observation, the overall incidence rate of pneumonia in Punjab is **1.3** cases per 1,000 population. However, there are notable variations in the incidence rates across different districts. Specifically, Chiniot has the highest incidence rate of pneumonia at 4.8 cases per 1,000 population, followed by Pakpattan at 4.6 cases per 1,000 population, and Rawalpindi at 2.9 cases per 1,000 population.

District wise Incidence Rate (FY 2023-24) of Diabetes Mellitus Cases with 4-year

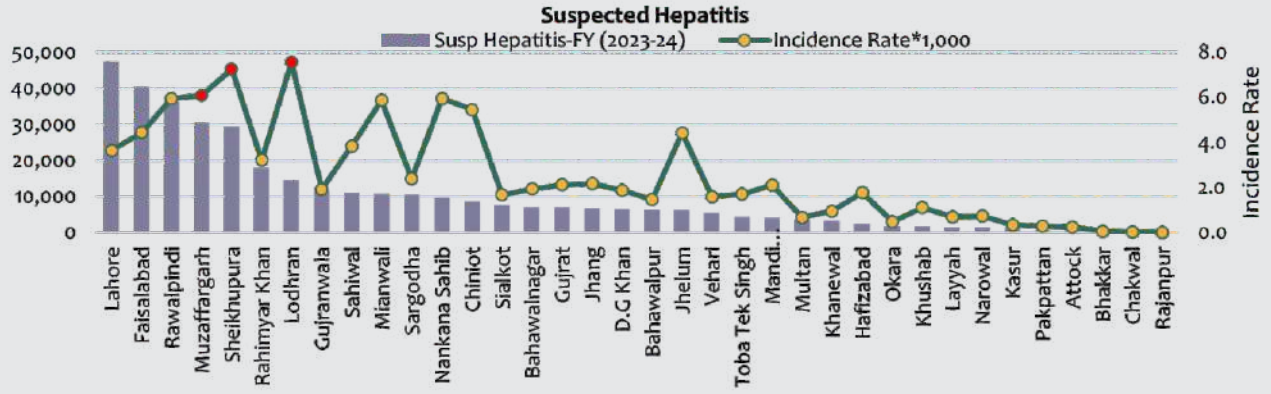


Based on the observation, the overall incidence rate of Diabetes Mellitus in Punjab is **20.6** cases per 1,000 population. However, there are significant variations in the incidence rates across different districts. Specifically, Sheikhupura has the highest incidence rate of Diabetes Mellitus at 51 cases per 1,000 population, followed by Nankana Sahib at 44 cases per 1,000 population, and Hafizabad at 42 cases per 1,000 population.

Comprehensive Overview of District-level Incidence Rates and Average of Four Previous Years for Specific Diseases

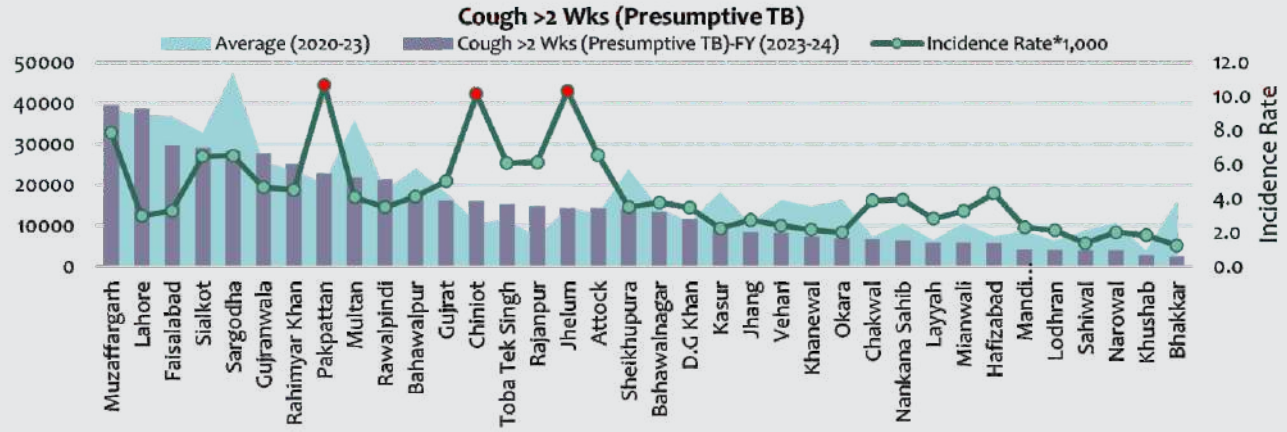
District wise Incidence Rate (FY 2023-24) of Suspected Hepatitis Cases

The overall incidence rate of suspected hepatitis in Punjab is 2.8 per 1,000 people. However, there are significant variations in incidence rates across different districts. Lodhran has the highest incidence rate of suspected hepatitis at (7.6/1,000 pop), followed by Sheikhupura at (7.3/1,000 pop), and Muzaffargarh at (6.1/1,000 pop).



District wise Incidence Rate (FY 2023-24) of Cough >2 Wks. (Presumptive TB) Cases with 4-year Average

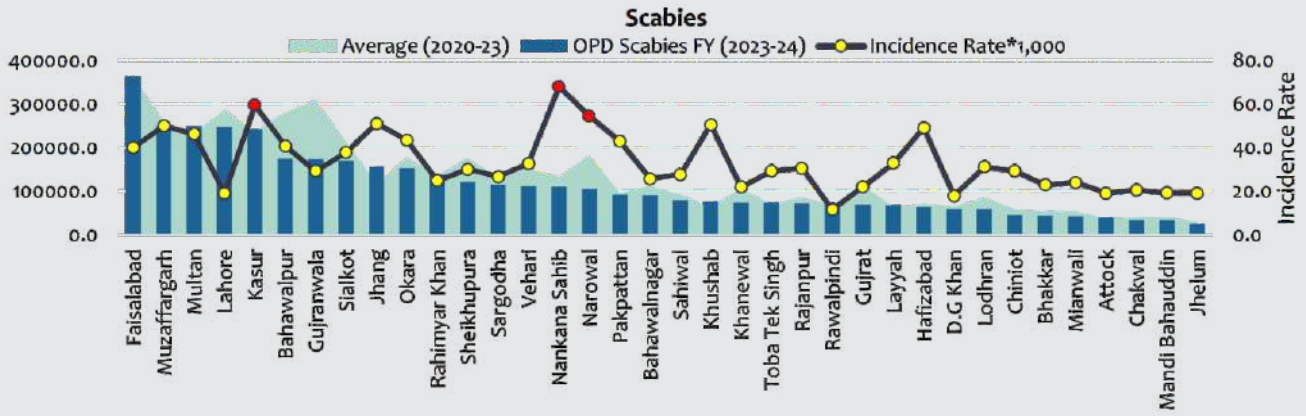
Based on the observation, the overall incidence rate of Cough >2 Wks. (Presumptive TB) in Punjab is 4.1 cases per 1,000 population. However, there are significant variations in the incidence rates across different districts. Specifically, Pakpattan has the highest incidence rate of Cough >2 Wks. (Presumptive TB) at 11 cases per 1,000 population, followed by Jhelum and Chiniot at 10 cases per 1,000 population respectively.



Comprehensive Overview of District-level Incidence Rates and Average of Four Previous Years for Specific Diseases

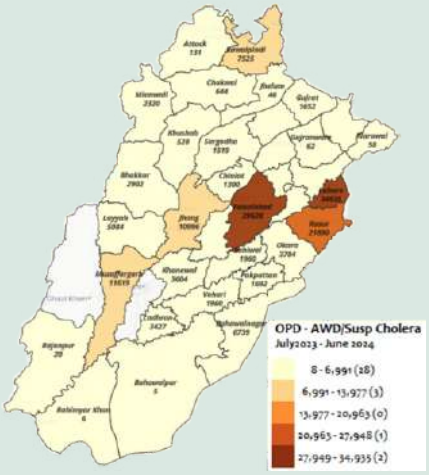
District wise Incidence Rate (FY 2023-24) of Scabies with 4-year Average

The overall incidence rate of Scabies in Punjab is (32.3/1,000 pop). However, there are significant variations in the incidence rates across different districts Specifically, Nankana Sahib has the highest incidence rate of Scabies at 68.1 cases per 1,000 population, followed by and Kasur at 60 cases per 1,000 population and Narowal at 55 cases per 1,000 population.



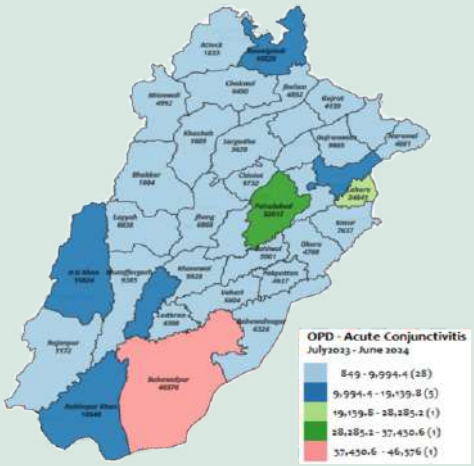
Geographic Representation of Suspected Diseases in Punjab, FY (2023-24)

Punjab Map - OPD- AWD/Susp Cholera



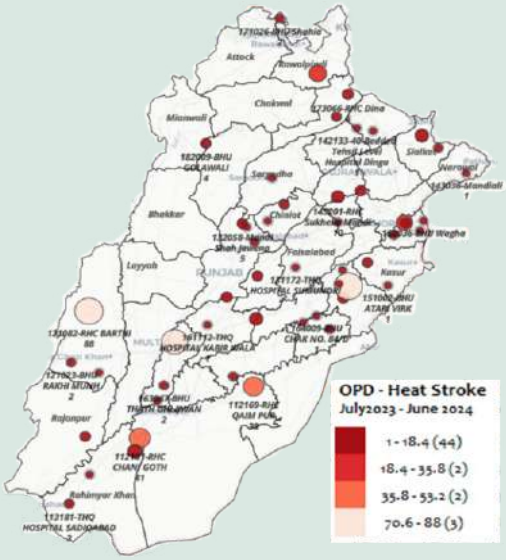
Visualizing the district-wise distribution of AWD/Susp Cholera cases in Punjab, it's evident that the overall incidence rate is 1.3. Notably, Lahore (34,935 cases), Faisalabad (29,628 cases), and Kasur (21,890 cases) stand out with the highest number of reported cases in FY (2023-24).

Punjab Map - OPD - Acute Conjunctivitis



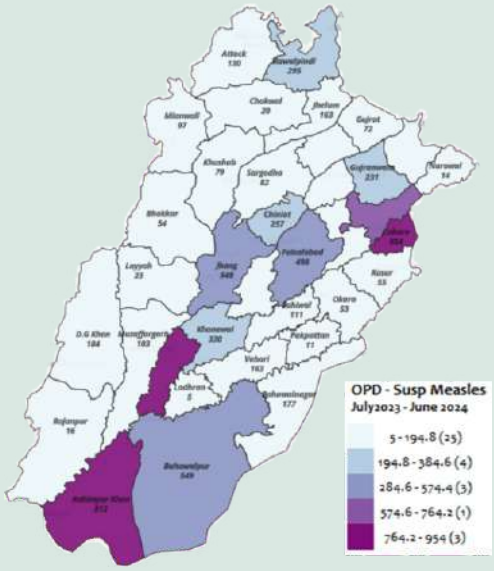
This map of Punjab visualizes the cases of Acute Conjunctivitis. The incidence rate of Acute Conjunctivitis in Punjab is 2.5. The highest number of cases were reported in Districts Bahawalpur (46,576 cases), Faisalabad (32,017 cases), and Lahore (24,641 cases) in the FY-(2023-24).

Punjab Map - OPD- Heat Stroke



Geographic distribution of Heat Stroke cases in Punjab reveals an overall incidence rate of Chickenpox is 0.01. Notably, the majority of cases were concentrated in Districts Lahore (113 cases), Okara (96 cases), and DG khan (91 cases).

Punjab Map - OPD- Susp Measles



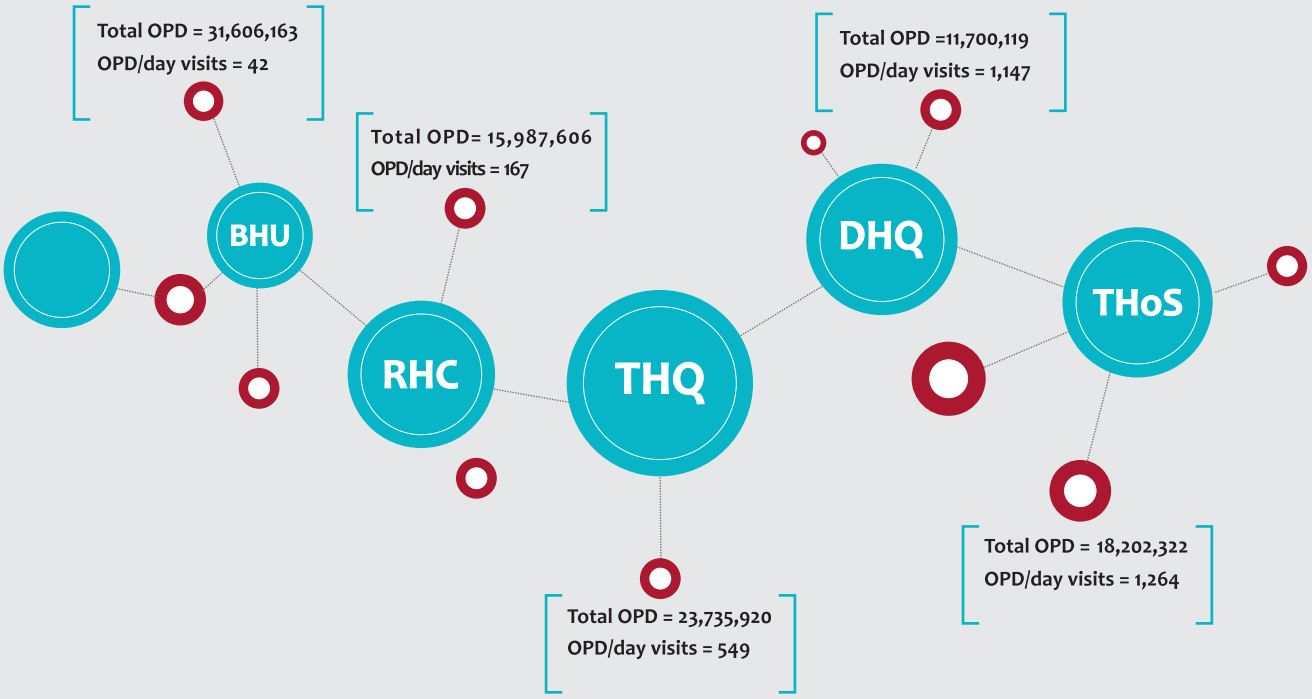
Mapping the spread of Suspected Measles cases in FY 2023-24 reveals an incidence rate of Measles is 0.1 in Punjab. The highest number of cases were reported in Districts Lahore (954 cases), Rahimyar Khan (812 cases) and Multan (807 cases) during the FY (2023-24).

Outpatient Department (OPD)
Summary

Total OPD Visits	Per Capita
112,614,584	0.9

Males	Females
48,895,640 (45%)	58,989,550 (55%)

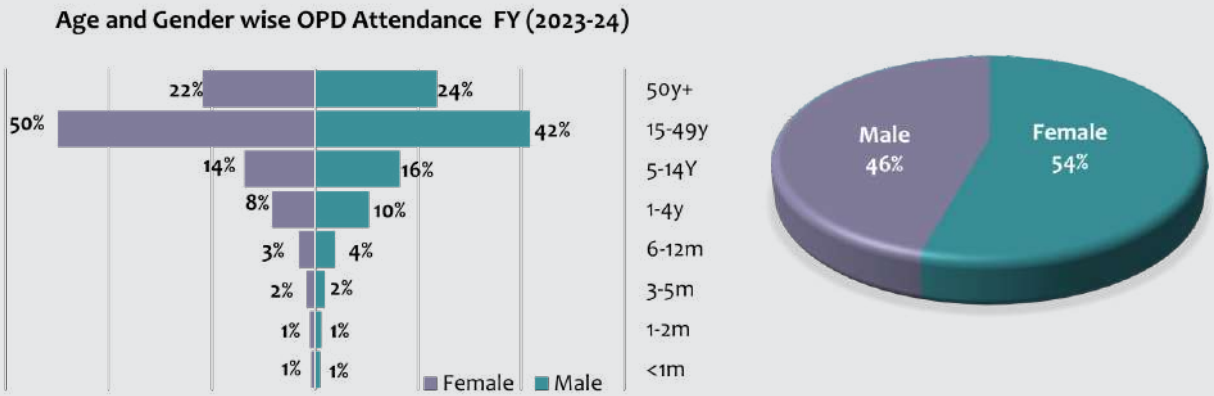
Health Facility Type Wise Visits



Out Patient Details

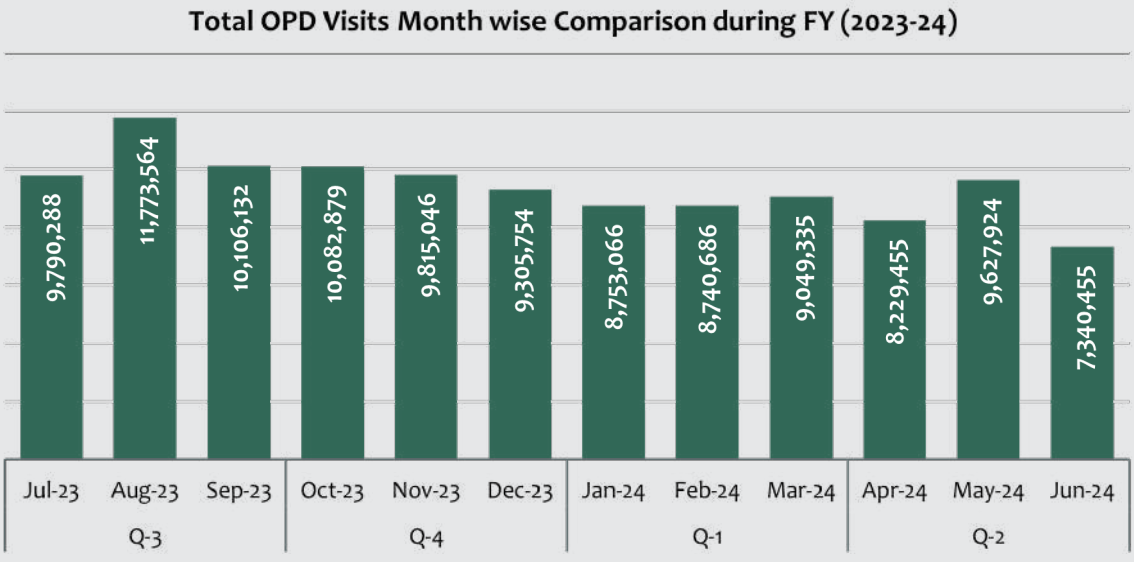
Patient Distribution by Age and Gender Wise Analysis

This indicator illustrates the demographic breakdown of new Outpatient Department (OPD) attendees by age and gender. It helps assess whether the facility serves various age groups adequately, from infants (under 1 month) to seniors (50 years and older). The total number of OPD visits recorded in the FY (2023-24) was 112,614,584. Among these visits, females constituted 54%, while male patients comprised 46%. Additionally, the figure presents a chart offering a detailed analysis by age and gender. Furthermore, when considering age categories, the 15-49 age group exhibited the highest utilization of health services, with 50% female attendees and 42% male attendees. These insights guide healthcare planners and policymakers in adapting services to meet diverse population needs while ensuring reasonable access across genders.



Comparison of OPD Visits Monthly Throughout the Financial Year (2023-24)

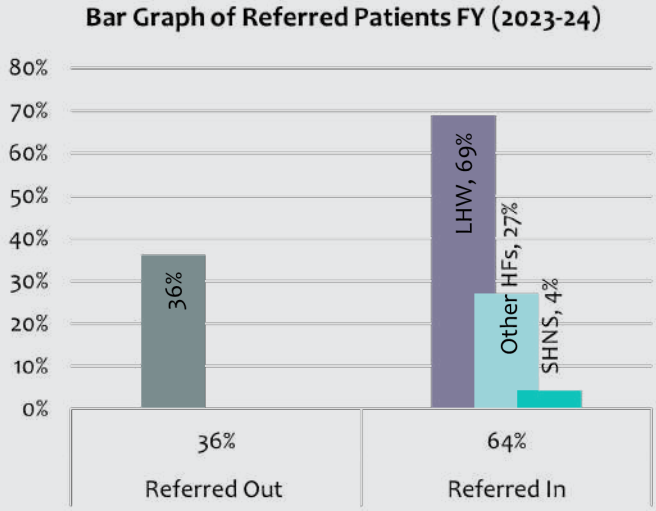
In FY (2023-24), the total number of OPD visits recorded was 112,614,584. Upon observation of the monthly OPD visits, it was noted that Aug-2023 had the highest count, reaching 11,773,564 visits, while June-2024 marked the lowest attendance. Additionally, the trend of OPD visits every week is illustrated in this figure.



Out Patient Details

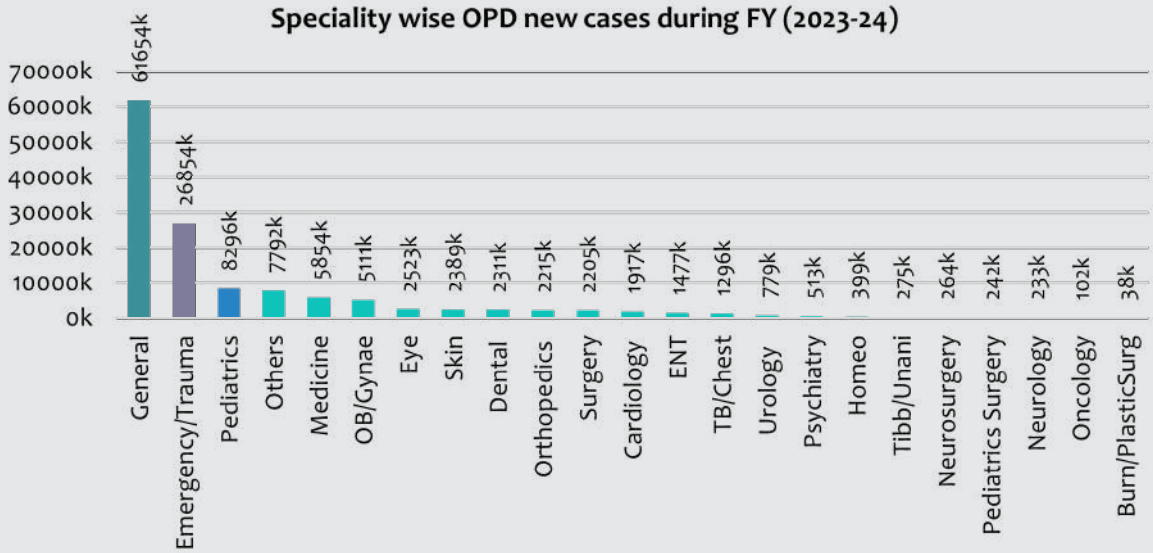
Referred Patients

During FY (2023-24), a total of 197,483 patients were referred within the healthcare system. Out of these referrals:
Outgoing Referrals: 36% (71,336 patients) were directed to other healthcare facilities or institutions.
Incoming Referrals: 64% (126,147 patients) were referred into the healthcare facility from external sources
The sources of these referrals were diverse:
Source of Referrals: 69% (86,716 patients) referred from LHW, 27% (34,045 patients) from other HFs (Health Facilities) and 4.3% (5,386 patients) Referred from SHNS.



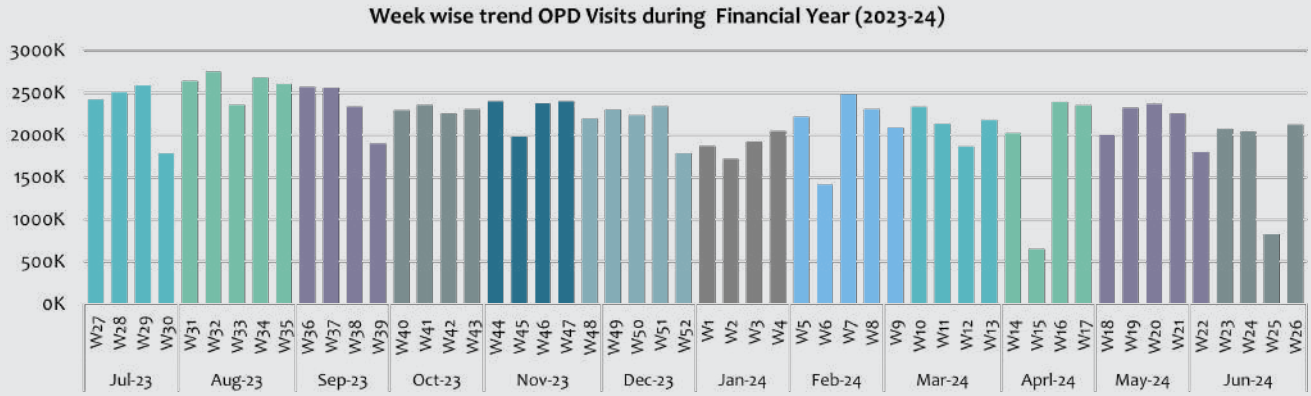
Specialty wise OPD cases

The graph illustrates the distribution of OPD visits across various specialties.



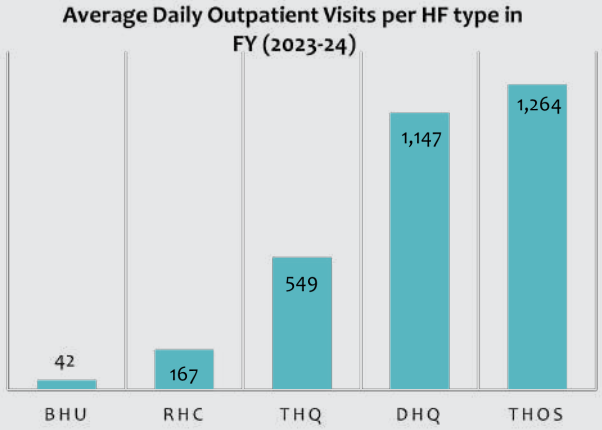
Out Patient Details

Trend analysis of Outpatient Visits on a weekly basis throughout the FY (2023-24)



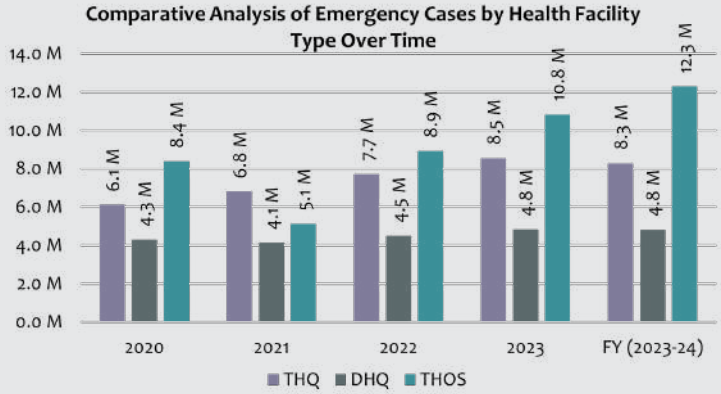
Facility Type wise average number of OPD Visits (Per Day/HF Types Wise)

This indicator is vital for understanding the workload and utilization of healthcare facilities, as well as for comparing their performance. Using benchmarks or comparing facilities provides valuable insights into their efficiency. During the financial year 2023-24, the highest average daily outpatient department (OPD) visits were observed in Teaching Hospitals/Other Specialized Hospitals (THOS), with 1,264 visits per day. District Headquarter Hospitals (DHQ) followed with 1,147 visits per day. Tehsil Headquarter Hospitals (THQ) recorded an average of 549 visits per day, while Rural Health Centers (RHC) had 167 visits per day. Basic Health Units (BHU) reported the lowest number, with 42 visits per day. This data highlights the varying patient loads across different types of healthcare facilities.



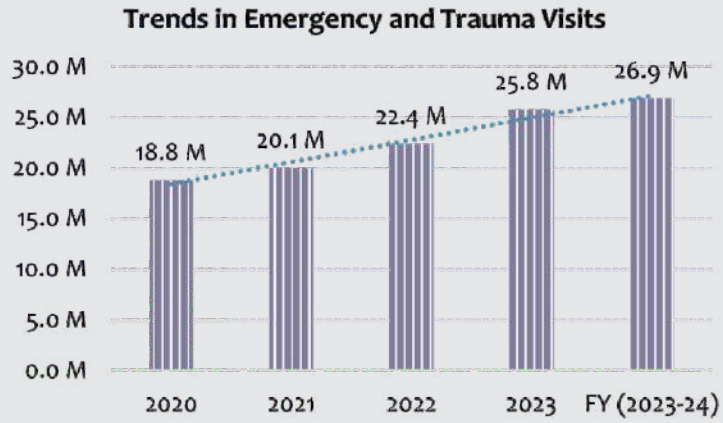
Comparative Analysis of Emergency Cases by Health Facility Type Over Time

From 2020 to FY 2023-24, Tehsil Headquarter Hospitals (THQ) and Teaching Hospitals/Other Specialized Hospitals (THOS) exhibited significant increases in emergency cases, while District Headquarter Hospitals (DHQ) remained stable. THQ's emergency visits grew from 6.1 million in 2020 to 8.5 million in 2023, with an estimated 8.3 million for FY 2023-24. THOS experienced a notable rise from 8.4 million to 10.8 million, projected to reach 12.3 million in FY 2023-24. In contrast, DHQ fluctuated between 4.3 million and 4.8 million during the same period, indicating stable demand without major growth. Overall, THQ and THOS show a robust upward trend in emergency cases, while DHQ reflects consistent but unchanging levels of service demand.



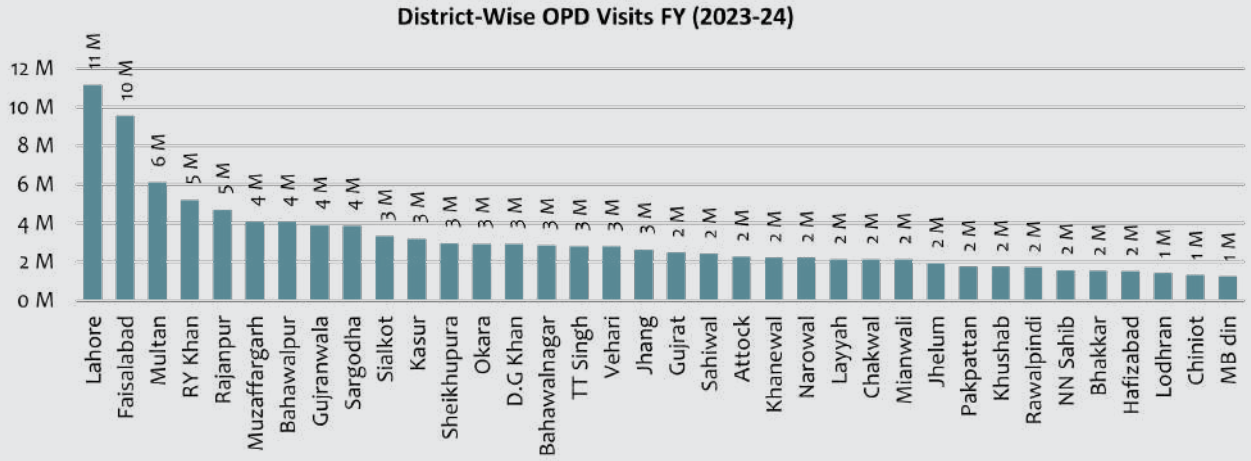
Out Patient Details

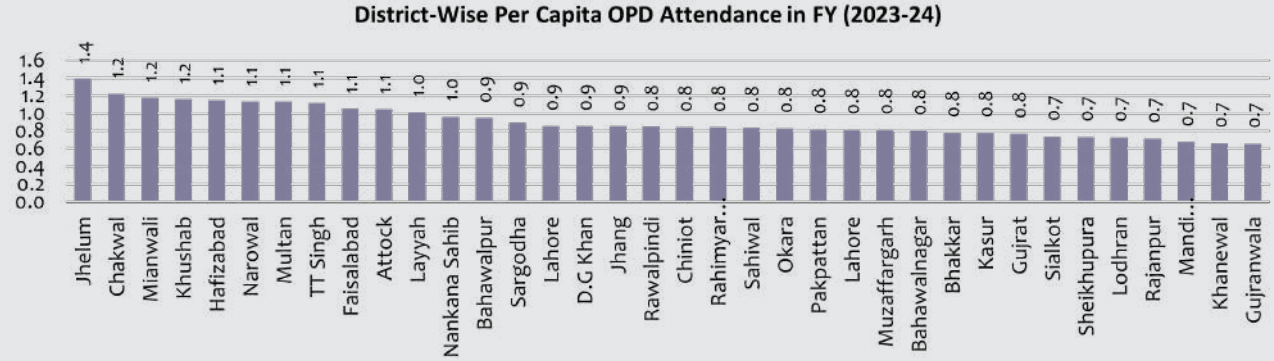
Emergency and Trauma Visits (Yearly Trends Analysis)



District wise Outpatient Attendance and per capita OPD

In the financial year 2023-24, Lahore had the highest number of OPD visits, totaling 11,148,262, followed by Faisalabad with 9,558,528 visits and Multan with 6,097,952. In terms of per capita OPD attendance across primary, secondary, and tertiary healthcare facilities, Jhelum ranked highest with a rate of 1.4, while Gujranwala recorded the lowest at 0.7

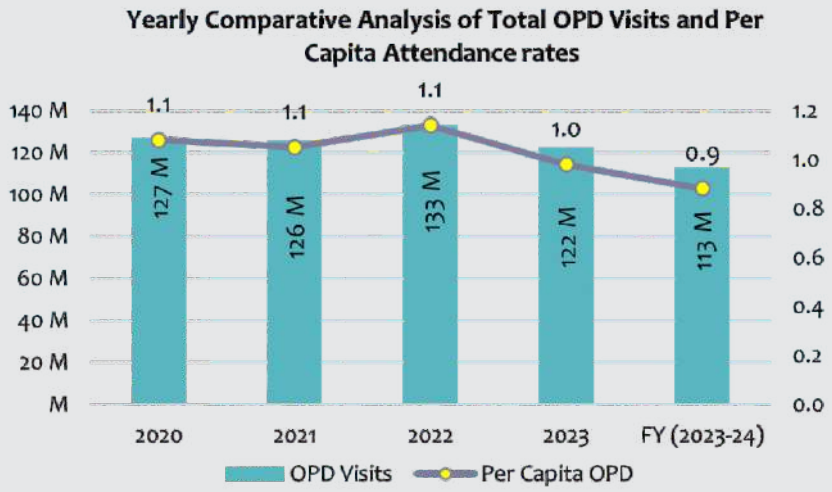




Out Patient Details

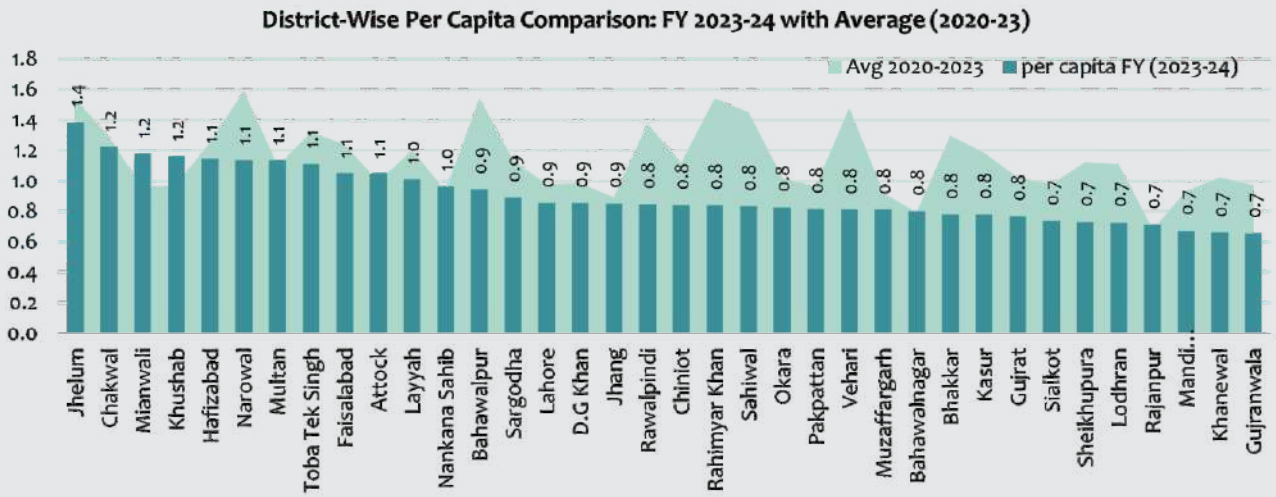
Yearly Comparative Analysis of Total OPD Visits and Per Capita Attendance over 5 years

The comparison of yearly total OPD visits (Speciality+Transgender+Follow-up) from 2020 to FY (2023-24) is displayed in the figure. As observed, the highest OPD attendance over the last five years was recorded in 2022. However, in FY (2023-24), the total OPD visits (new and follow-up cases) were reported as 112,614,584 (113 M) patients in DHIS, indicating an 8% decrease compared to the previous year. Additionally, the per capita attendance also decreased.



District-Level Per Capita Comparison: FY (2023-24) with Average (2020-2023)

The figure presents a district-wise comparative analysis of per capita OPD visits for FY 2023-24 against the average of the previous four years. Illustrated through an area chart, the performance of each district in terms of OPD visits is compared to its historical average, highlighting trends or anomalies. This visualization provides a clear overview of variations in healthcare utilization across districts, emphasizing any significant shifts in outpatient care patterns. By showcasing the data in this way, it helps viewers identify emerging trends and pinpoint areas that may need further investigation or focused interventions



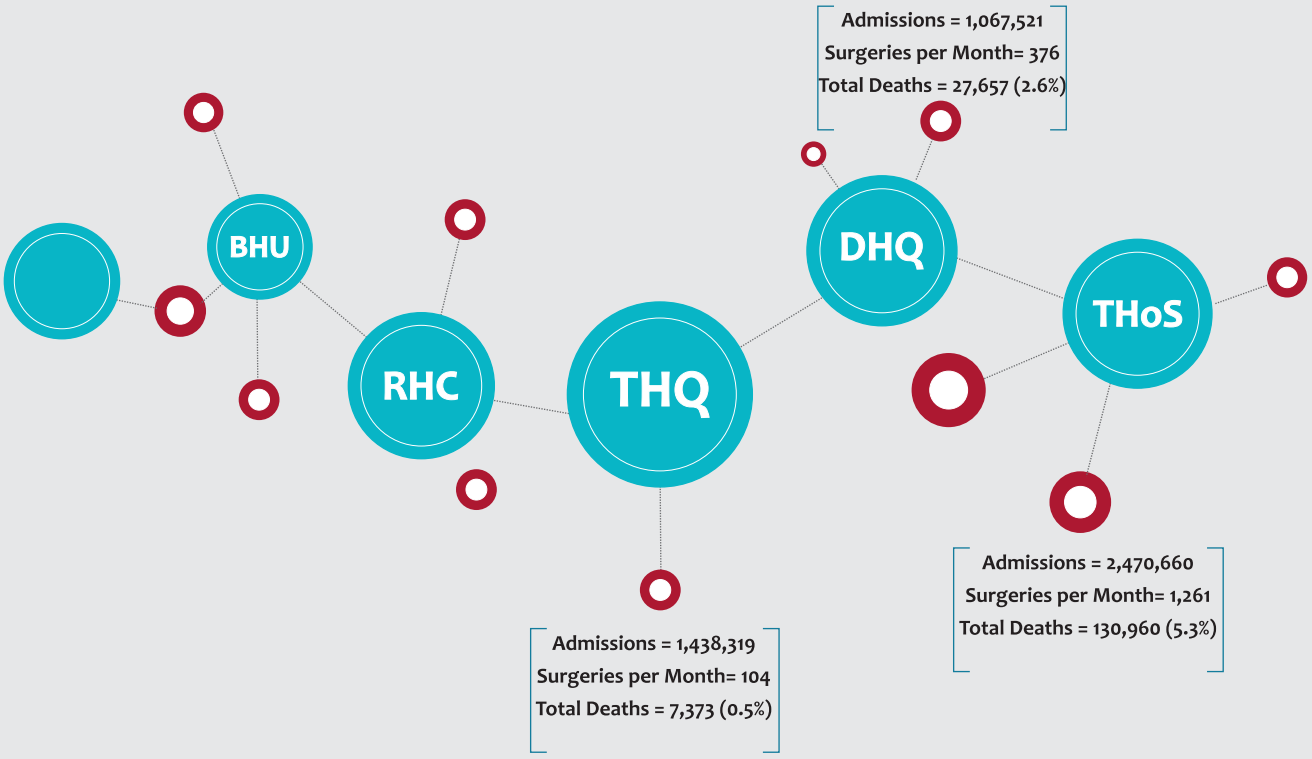
In-Patient Department (IPD)

Summary

Total Admission	Disease Wise Admission	Total Deaths
6,056,765	3,814,721 63%	166,720 03%

Males	Females	Total Surgeries
1,768,925 46%	2,045,796 54%	1,091,651

Health Facility Type Wise Detail

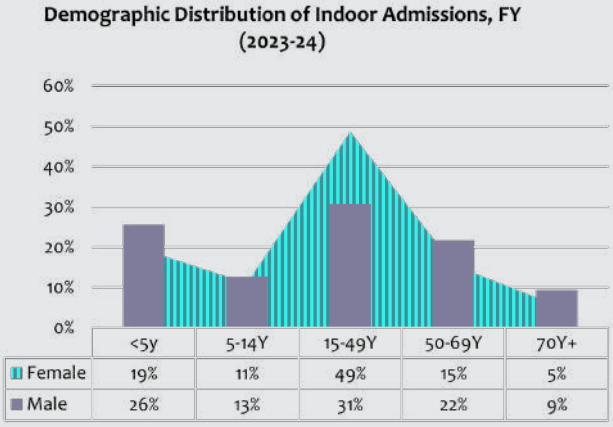


In-Patient Department (IPD)

Total Allocated Beds	Total Admissions	Total Referred	Total LAMA	Total Cured	Disease wise Admission	Total Deaths
63,139	6,056,765	68,276	128,917	5,526,093	3,814,721	166,720

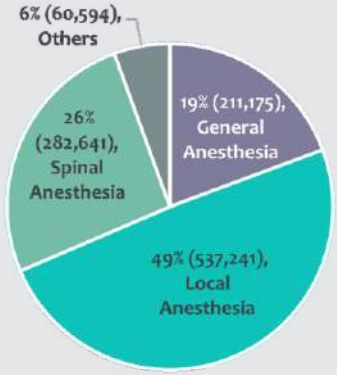
Age and Gender wise Admissions

A Total indoor 6,056,765 patients were admitted during the financial year (July-23 to June-24), out of which 63% patients' disease wise admitted, only 1% were referred and 3% indoor deaths were occurred in this FY (2023-24). Age and gender wise analysis male patients were 17,68,925 (46%) while female patients were 2,045,796 (54%), the highest number of patients were under the age group (15-49) yr. The percentage of female patients in this age group was 49% and males were 31%.



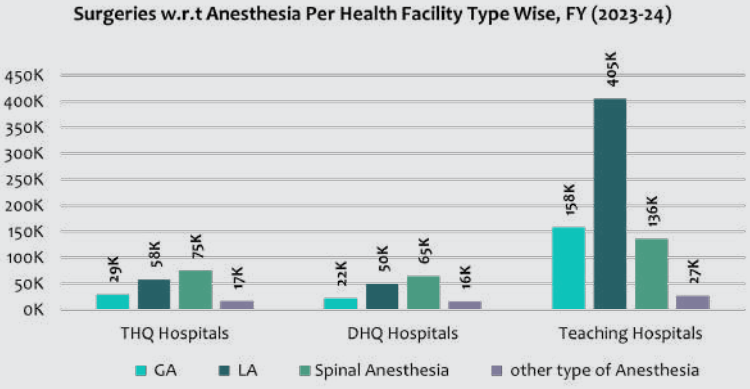
Surgeries with respect of Anesthesia

Throughout 1,091,651 surgeries, various anesthesia methods were employed. General anesthesia (GA) was used in 19% (211,175) of surgeries, while local anesthesia (LA) was 49% (537,241). Spinal anesthesia contributed to 26% (282,641) of procedures, with 6% (60,594) involving other alternative anesthesia methods



Surgeries w.r.t Anesthesia Per Health Facility Type Wise

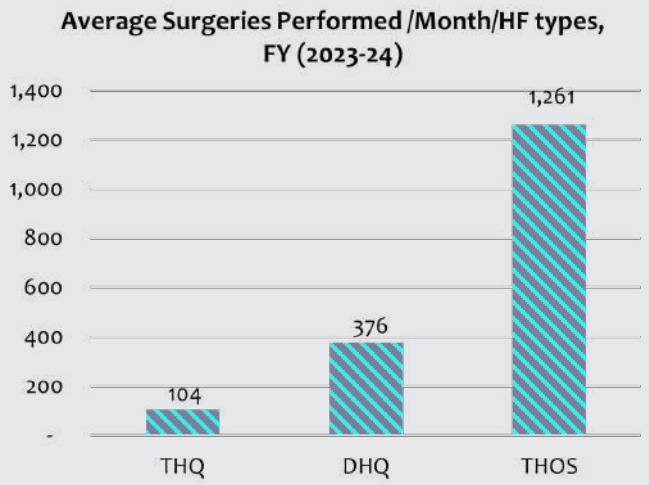
The figure illustrates the distribution of surgeries across different types of anesthesia performed in various health facility types during FY (2023-24). Notably, Teaching Hospitals recorded the highest number of surgeries across all types of anesthesia, including local anesthesia, general anesthesia, spinal anesthesia, and other types. This indicates that Teaching Hospitals were extensively involved in a wide range of surgical procedures utilizing different forms of anesthesia.



Inpatient Department (IPD)

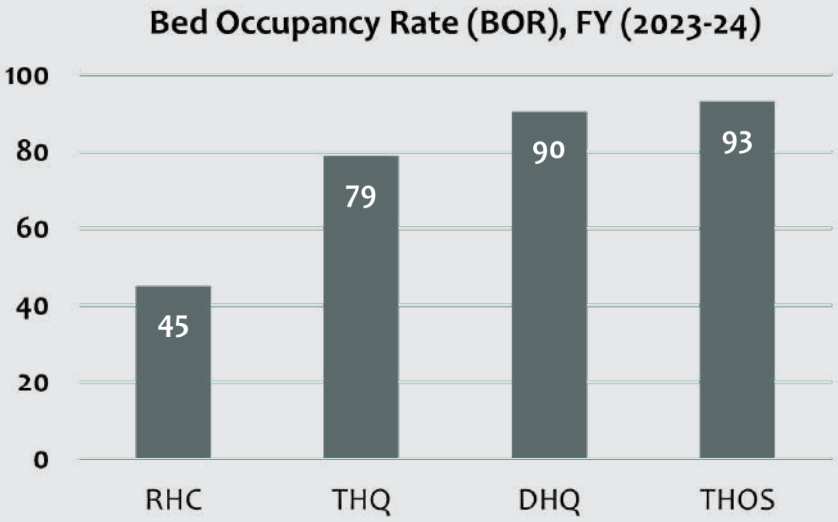
Average Surgeries per month per Health Facility type wise

Upon evaluating the data for the FY (2023-24), the analysis indicates that Teaching Hospitals (THOS) exhibited the highest monthly average of surgeries, totalling 1,261 across various types of anesthesia, as depicted in the bar chart. In contrast, District Headquarters (DHQ) facilities recorded 376 surgeries, while Tehsil Headquarters (THQ) facilities conducted 104 surgeries during the same period. This highlights the substantial disparity in surgical volumes among different types of healthcare facilities.



Bed Occupancy Rate (BOR) by Health Facility types

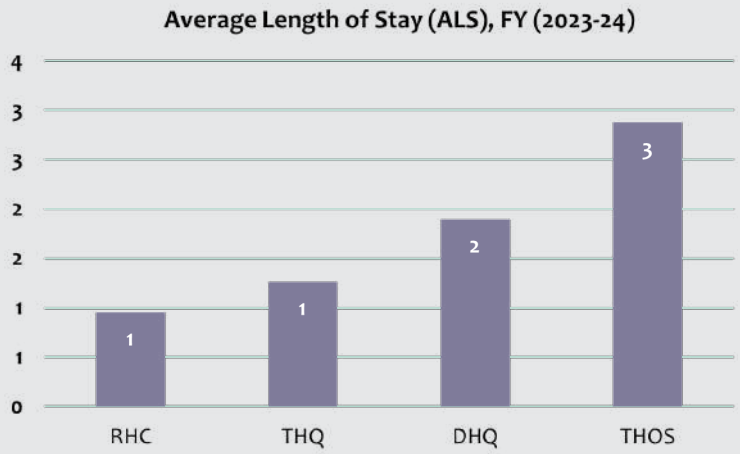
BOR indicates utilization of hospital indoor services. It may also indicate the quality of care. The Bed Occupancy Rate (BOR) serves as a critical metric, reflecting the utilization of indoor services within hospitals. However, the hospital with a high average occupancy rate may not necessarily be running more effectively than the hospital with a low average. High occupancy rates can be due to longer lengths of stay rather than greater numbers of patients being treated. Furthermore, since these averages are generally calculated based on an average number of available staffed beds for a year, they frequently conceal bed borrowing by other specialties, and temporary ward closures. Midnight bed counts can fail to identify patients who do not remain overnight. THOS (Teaching Hospitals) presents a notably high BOR of 93%, indicating that a vast majority of its available beds are occupied at any given time. This suggests a high demand for indoor services within this healthcare facility, potentially indicating a need for increased resource allocation or management strategies to optimize bed utilization.



Inpatient Department (IPD)

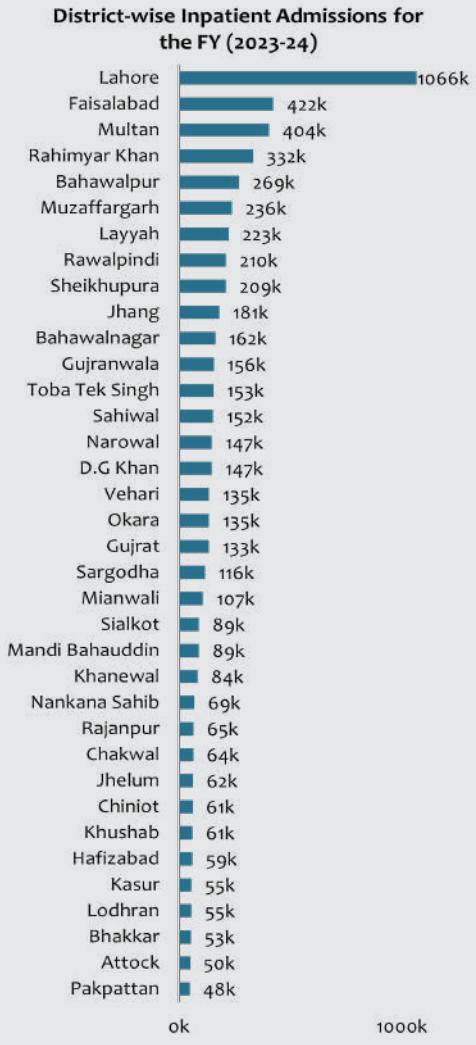
Average length of stay (ALS)

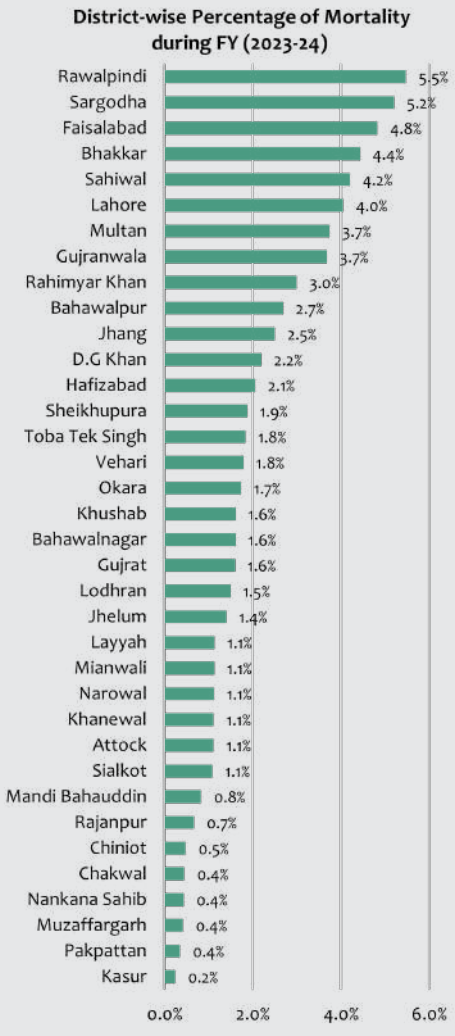
The Average Length of Stay (ALS) serves as a critical measure in assessing hospital efficiency and patient care duration. Across different healthcare facilities (HFs), ALS values vary significantly. Notably, teaching/tertiary hospitals exhibit the longest ALS, standing at 3. This extended duration suggests that patients tend to stay for more extended periods, possibly due to the facility's specialized or tertiary care role.



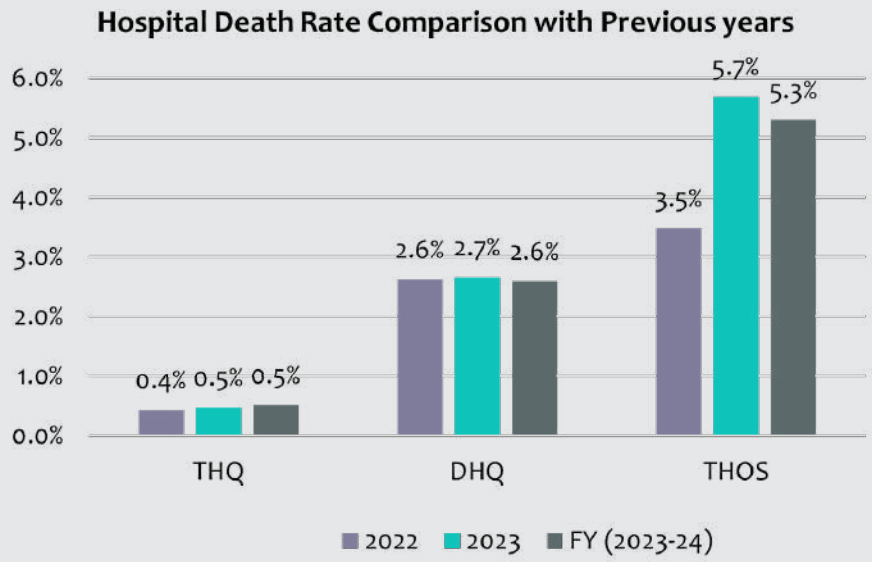
District-wise Distribution of Admissions and Deaths in FY (2023-24)

The indicator examines the proportion of hospital deaths among admitted patients. In the financial year (July-23 to June-24), there were a total of 6,056,765 admitted patients, with an overall death toll of 166,720, equivalent to 3% of total admissions. According to the District-wise Death analysis, Rawalpindi exhibited the highest percentage of deaths, constituting 5.5% of admitted patients.





Hospital Death Rate Comparison with Previous year



In comparing the hospital death rates over the years, it is evident that Teaching Hospitals (THOS) reported a higher mortality rate of 5.7% in 2023 compared to the previous year. However, in the current year (FY 2023-24), the death rate has decreased slightly to 5.3%.

Maternal, Newborn and Child Health (MNCH)

Summary

Total ANC Visits
11,489,359

Total ANC-1 Visits
4,387,448 (38%)

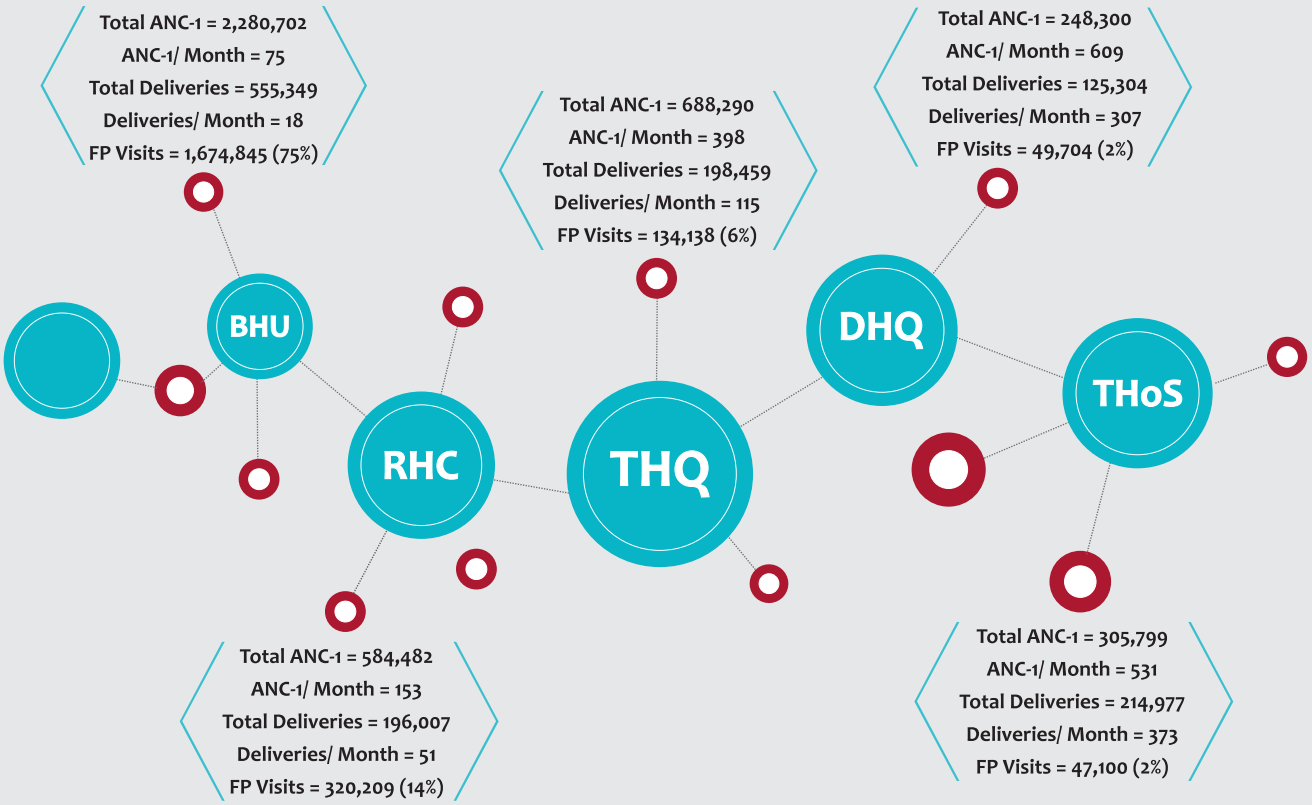
Anemic Women (Hb<10 g/dl)
691,677 (16%)

Total Deliveries
1,317,700 (36%)

Total PNC-1 Visits
1,005,678 (76%)

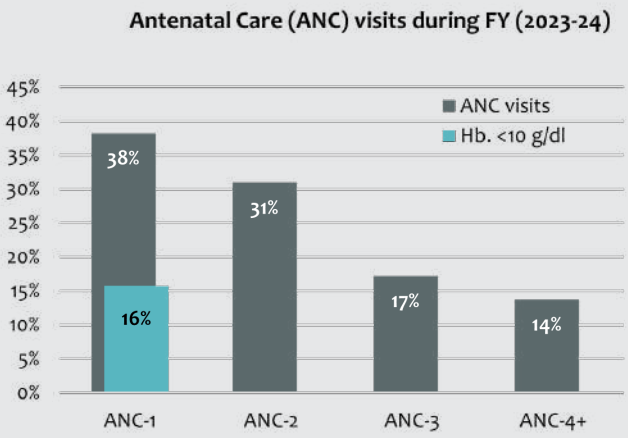
Total FP Visits
2,425,170 (12%)

Health Facility Type Wise Detail

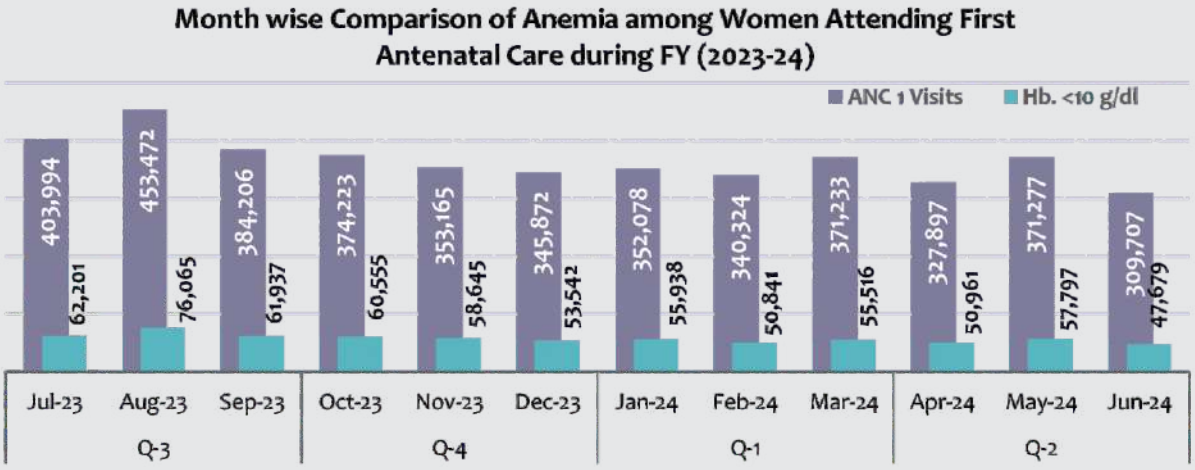


Antenatal Care Coverage

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. A total ANC 11,489,359 visits were conducted during FY (2023-24), out of the total ANC visits, 42% (4,387,448) were ANC-1 visits, with 16% (691,677) of those indicating Hemoglobin levels below 10g/dl. ANC-2 visits accounted for 31% (3,550,261) of the total visits, followed by ANC-3 visits at 17% (1,974,351), and ANC-4 visits at 14% (1,577,299).

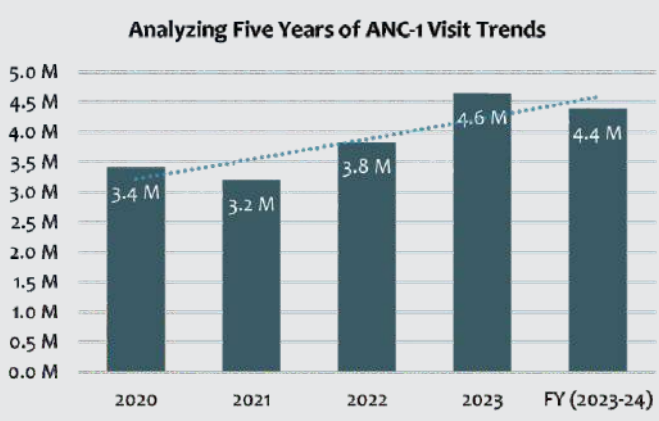


Month-wise Comparison of Anemia Among Women Attending First Antenatal Care



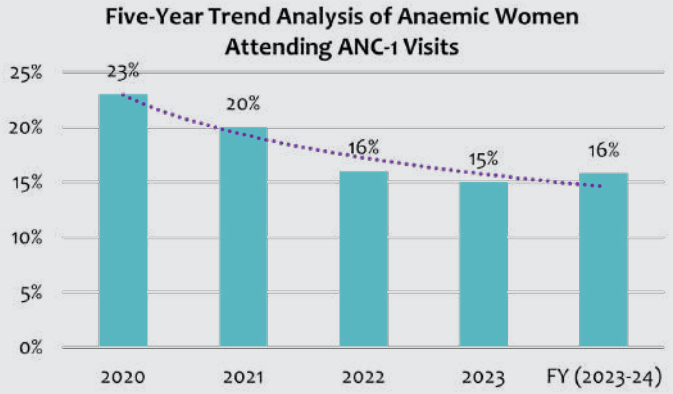
Trend Analysis of Antenatal Care Services (ANC-1)

The figure presents a year-by-year comparison of ANC-1 visits from 2020 to FY (2023-24), based on expected pregnancies, estimated at 3.4% of the total population. A steady increase is observed from 2021 to 2023; however, FY 2023-24 shows a 6% decline compared to the prior year.



Five-Year Trend Analysis of Anaemic Women Attending ANC-1 Visits

The percentage of anaemic women attending ANC-1 visits from 2020 to FY 2023-24 shows a notable decline until 2023, with a slight rise in FY 2023-24. In 2020, 23% of women were anaemic, which steadily decreased to 20% in 2021 and 16% in 2022. This downward trend reflects a positive improvement in women's health over time. A reduced rate of anaemia among pregnant women signifies healthier pregnancies and stronger maternal well-being.



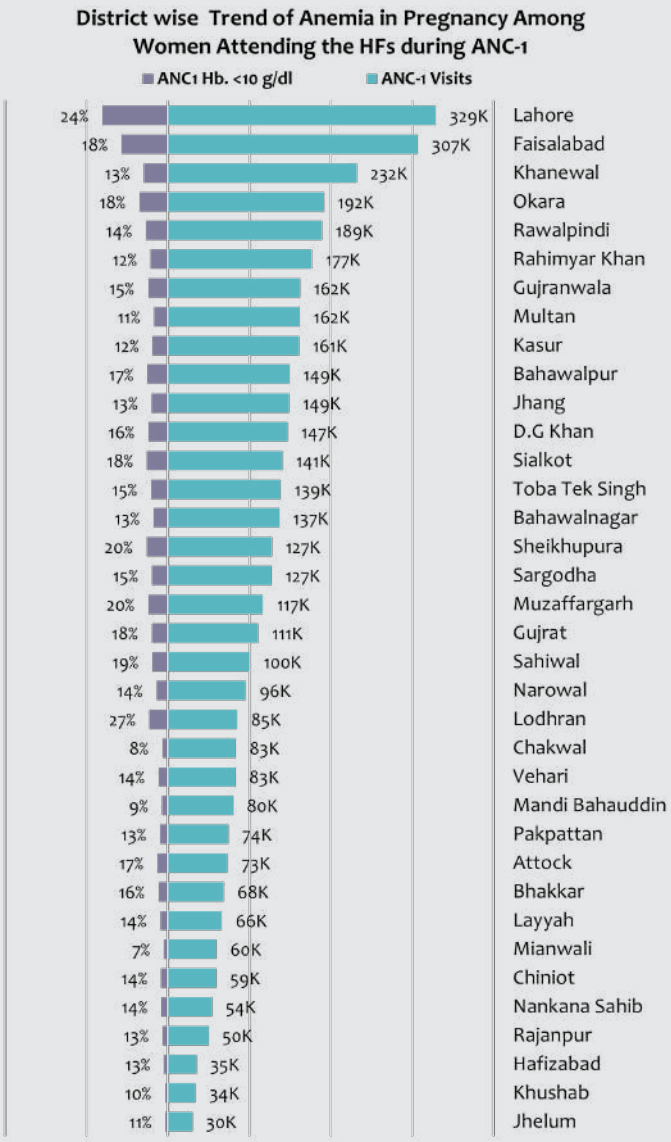
District wise Trend of Anemia in Pregnancy Among Women Attending the HFs during ANC-1

This metric provides insight into the coverage of antenatal care services among pregnant women within the facility's catchment area. It also serves as an indicator of the facility's market share in delivering antenatal services and the effectiveness of referral systems between community health workers (LHW) and facility-based healthcare providers, reflecting the community's trust in public health facilities/providers.

During FY (2023-24), the lowest coverage for first antenatal care (ANC-1) visits was observed in Jhelum at (n=29,982) of the expected 3.4% population. Districts Lahore, Faisalabad, Khanewal & Okara exhibited the highest ANC-1 visit rates, as they included revisit clients in their calculations.

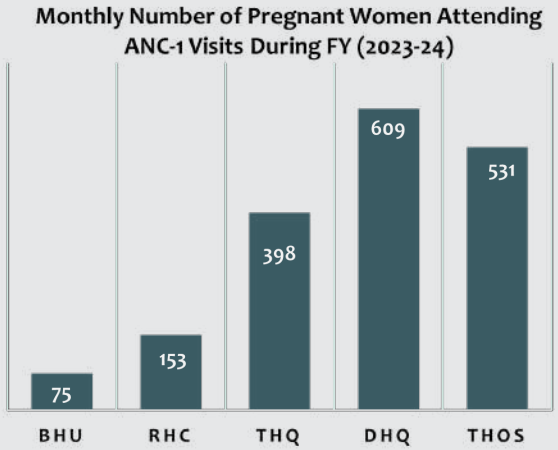
The percentage of pregnant women screened for hemoglobin levels at their first antenatal care visit, with hemoglobin levels below 10g/dl, is another crucial indicator. This metric helps assess the nutritional status of women within the catchment population. Out of a total of 4,387,448 ANC-1 visits, 691,677 (16%) women were reported as anemic (hemoglobin<10g/dl).

Furthermore, it's notable that the highest percentage of anemic women, at 27%, was recorded in Lodhran, while the lowest percentage, at 7%, was observed in District Mianwali. This additional information sheds light on the variation in nutritional health among pregnant women across different regions within the catchment area.



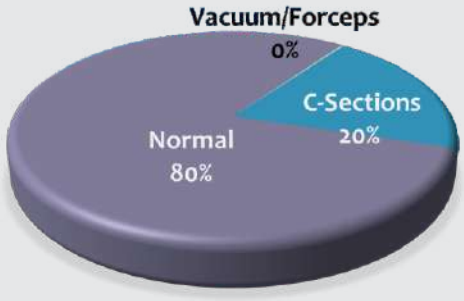
Facility Type Wise Average Number of ANC-1 Visits (*Per month per Health Facility*)

During the financial year (2023-24), a number of total ANC-1 visits were 4,387,448 and the health facility type-wise number of ANC-1 visits on average per month per health facility were showed in the figure. On average, the highest number of visits were reported in DHQ hospital as 609 visits per month.



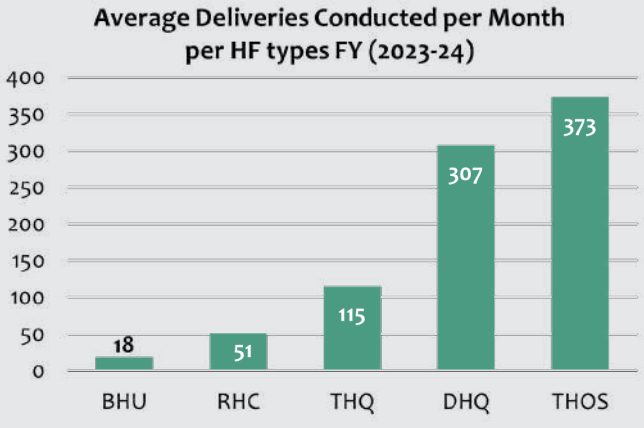
Types of Deliveries

During the FY (2023-24), a total of 1,317,700 (36%) deliveries were conducted at health facilities, representing 2.9% of the expected population, which is approximately 3,702,979. Out of these deliveries, 80% (1,054,715) were normal vaginal deliveries, 0.2% (2,696) were vacuum/forceps deliveries, and 20% (260,289) were Caesarean sections.



Average number of Deliveries conducted per Month per Health Facility-wise

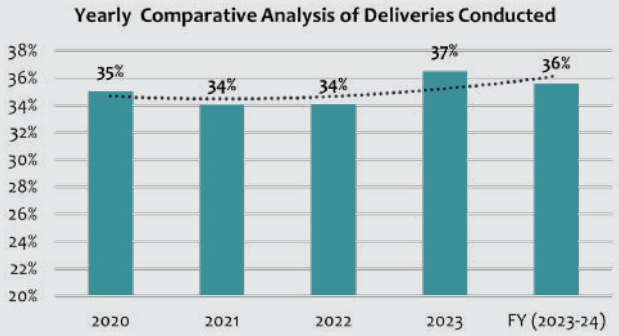
In FY 2023-24, a total of 1,317,700 deliveries were conducted across various health facilities in Punjab, including Basic Health Units (BHUs), Rural Health Centers (RHCs), Tehsil Headquarters (THQ), District Headquarters (DHQ), and Teaching Hospitals (THOS). Teaching Hospitals recorded the highest average number of deliveries per month, with 373, followed by DHQs with 307, THQs with 115, RHCs with 51, and BHUs with 18 deliveries per month.

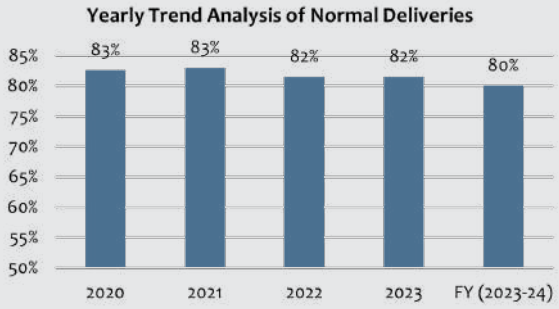


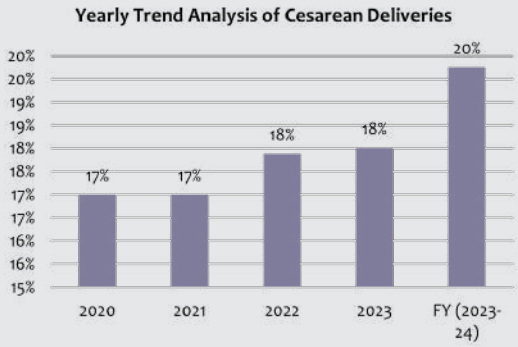
Maternal, Newborn and Child Health (MNCH) (Trend Analysis Of Deliveries)

Yearly Trend Analysis of Deliveries Conducted at Health Facilities

The figure illustrates a year-wise comparison of deliveries conducted at health facilities from 2020 to FY 2023-24. A gradual increase from 35% in 2020 to 37% in 2023 was observed. However, in FY 2023-24, a decrease to 3% was noted, reflecting a total of 1,317,700 deliveries conducted. The graph also includes a yearly trend analysis of normal deliveries and C-sections, as shown in the bar graph below.

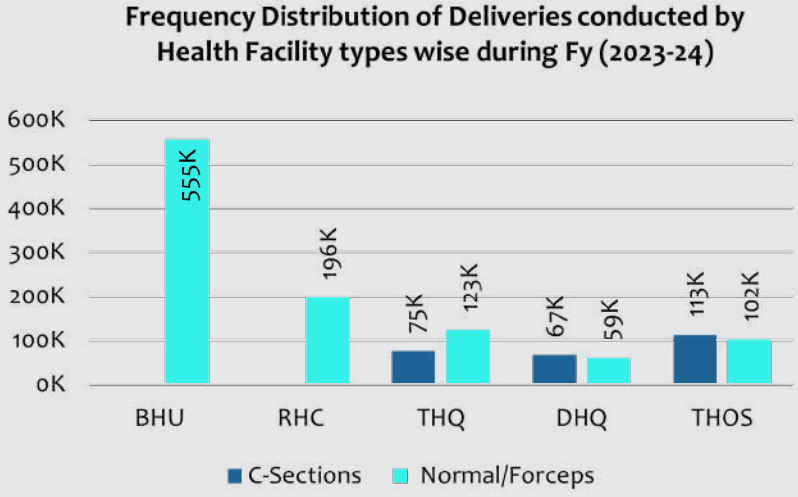






Number of Deliveries Conducted by Health Facilities Types

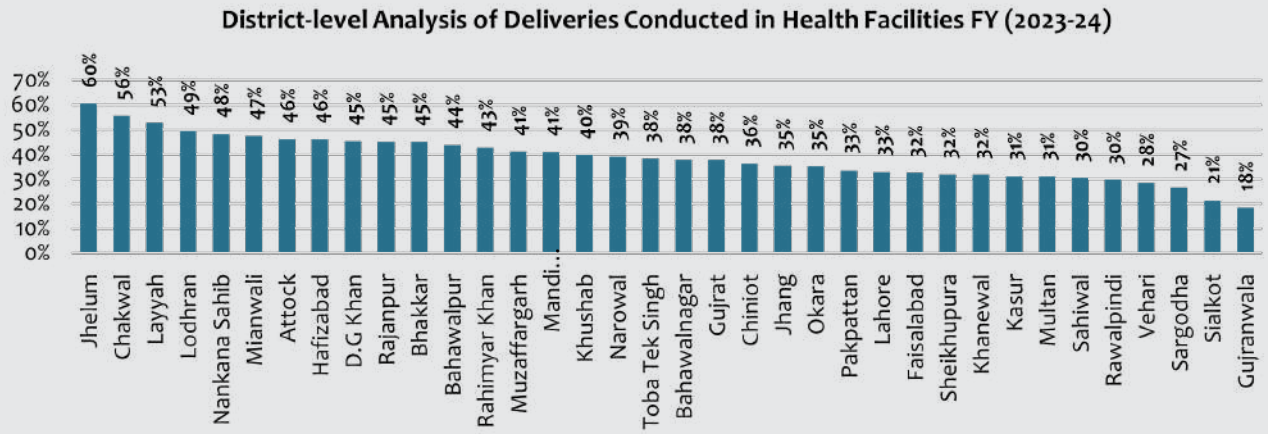
The figure illustrates the distribution of delivery types conducted across different health facilities during the financial year (2023-24). Teaching Hospitals recorded the highest number of Cesarean sections, totaling 112,652 cases (9%). In contrast, Basic Health Units (BHUs) accounted for the highest percentage of normal/forceps deliveries, representing 42% (555,349), including both normal and forceps deliveries.



Maternal, Newborn and Child Health (MNCH) (Trend Analysis Of Deliveries)

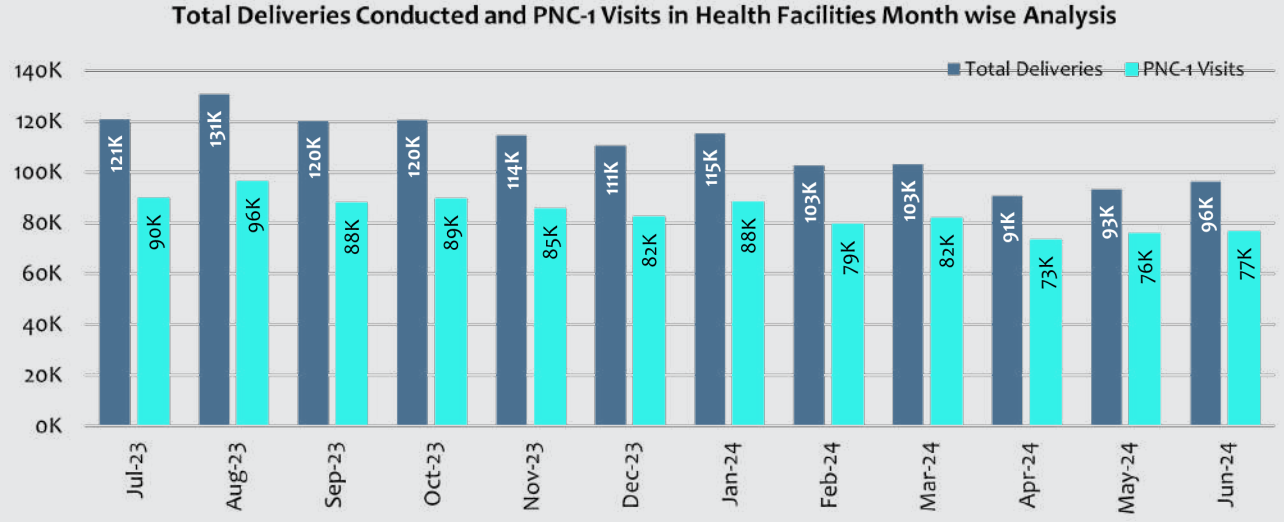
District wise Deliveries Conducted at health Facilities

The percentages of district-wise total deliveries (including normal deliveries, Vacuum Forceps, and Caesarean Section) have been calculated based on the deliveries conducted in each district, divided by 2.9% of the respective district's population during the FY (2023-24). The overall data indicates that the highest percentage of total deliveries occurred in district Jhelum (60%), while the lowest percentage was observed in district Gujranwala (18%).



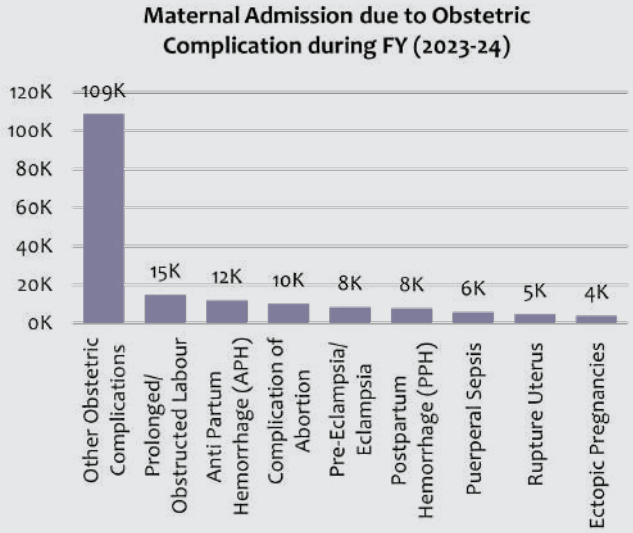
Analyzing Monthly Trends in Deliveries and PNC-1 visits

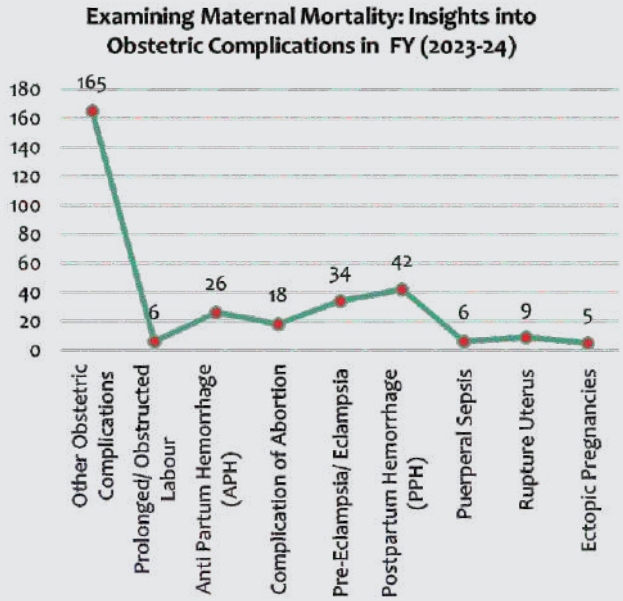
The graph provides data on total deliveries and PNC-1 visits from July-23 to June-24. Deliveries peaking in Aug-23 (131k), PNC-1 visits the highest recorded in Aug-23 (96k) and the lowest in May-24 (76k). Overall, the data shows that Aug-23 had the highest activity for both deliveries and PNC-1 visits.



Number of Admissions and Deaths in Obstetric Complications

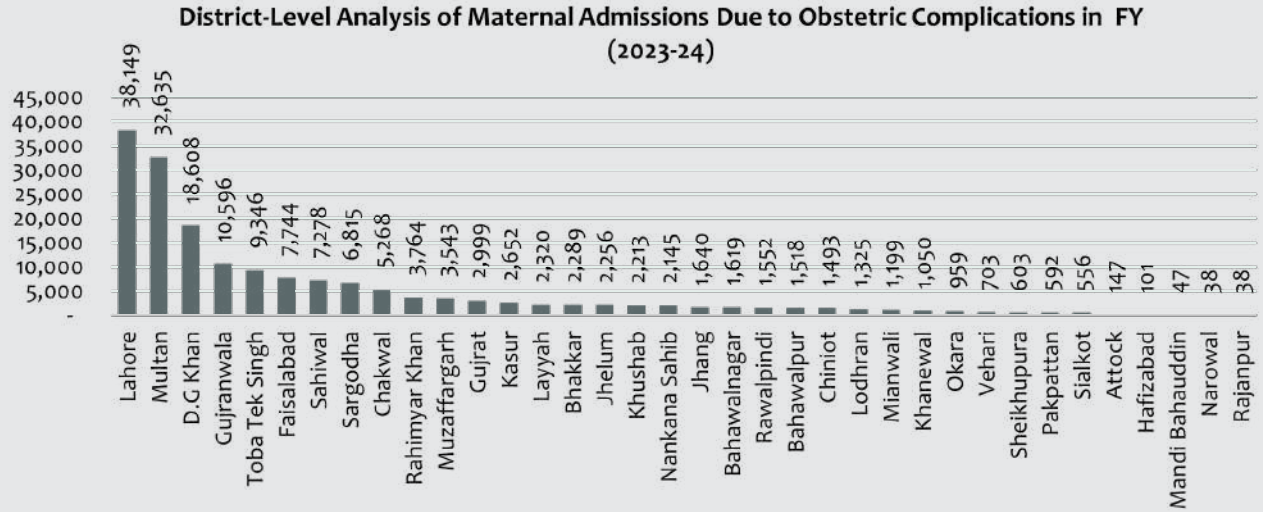
These figures display the number of obstetric complication admissions and deaths in secondary and tertiary care hospitals for the FY (2023-24). In FY (2023-24), a total of 175,800 (13%) deliveries with complications occurred out of the 1,317,700 total deliveries in secondary and tertiary care hospitals. Out of these complications, there were 311 (0.2%) maternal deaths attributed to obstetric complications during the same period.





District wise Maternal Obstetric Complication

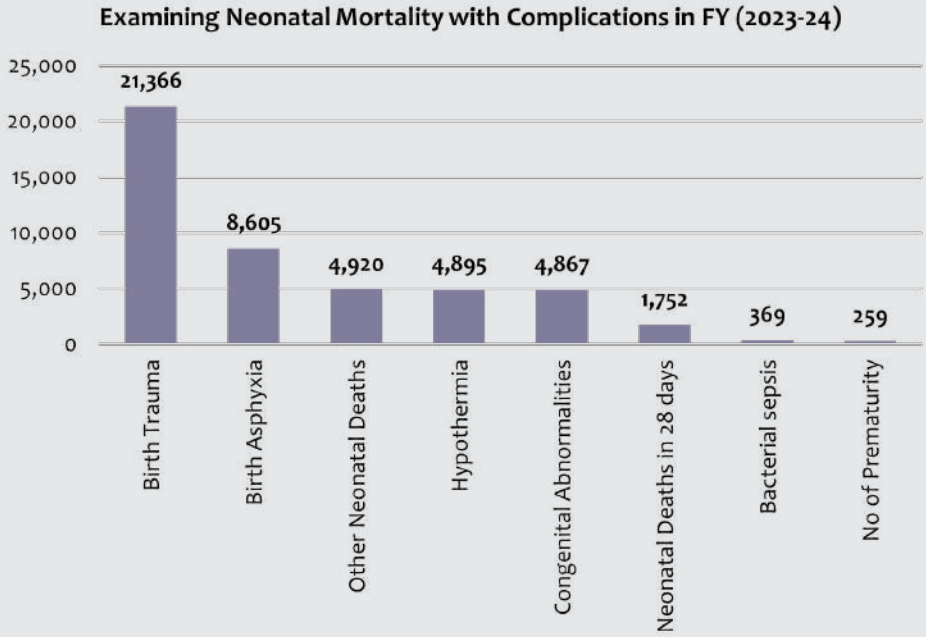
This indicator measures the proportion of women estimated to have obstetric complications and are treated in public health facilities. It provides insight into the extent to which complicated pregnancies are managed within the public health system. Additionally, it indirectly reflects the quality of services at the facility, the coverage and quality of antenatal care services in the catchment area, and the effectiveness of the referral system. In FY (2023-24), a total of 175,800 deliveries with complications were recorded, with the highest number observed in Lahore (38,149) and the lowest in Rajanpur (38).



Number of Neonatal Deaths due to Complications during Pregnancy.

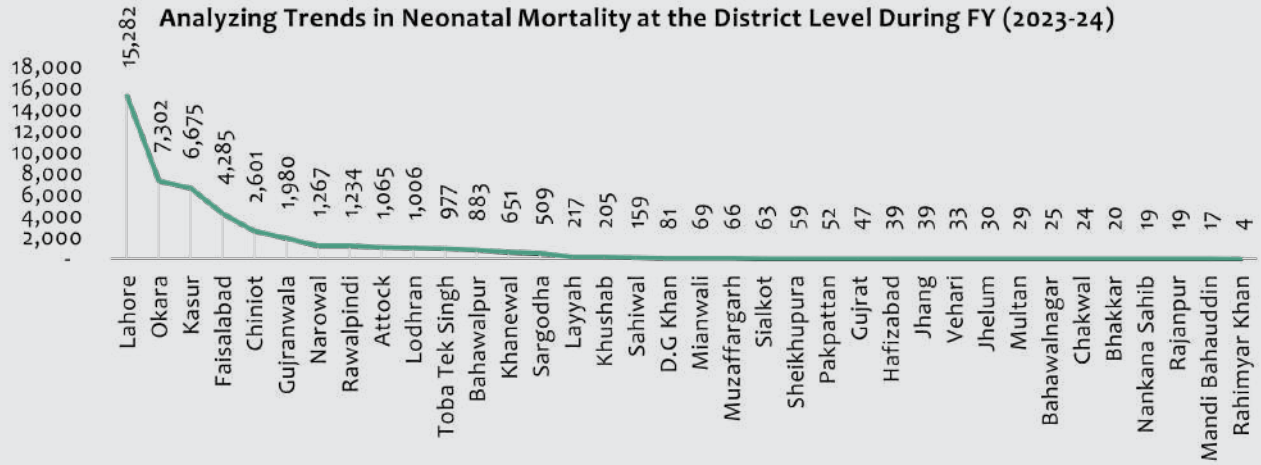
This indicator is calculated from the data received from the health facilities in secondary and tertiary care hospitals. The neonatal Mortality rate is suggestive of the quality of newborn care, immediate newborn care and obstetric care in the facility. It may also reflect the poor nutritional status of mothers and poor health care-seeking behavior in the community.

Additionally, out of the 1,293,616 total live births, 4% (47,033 newborns) did not survive due to complications during childbirth.

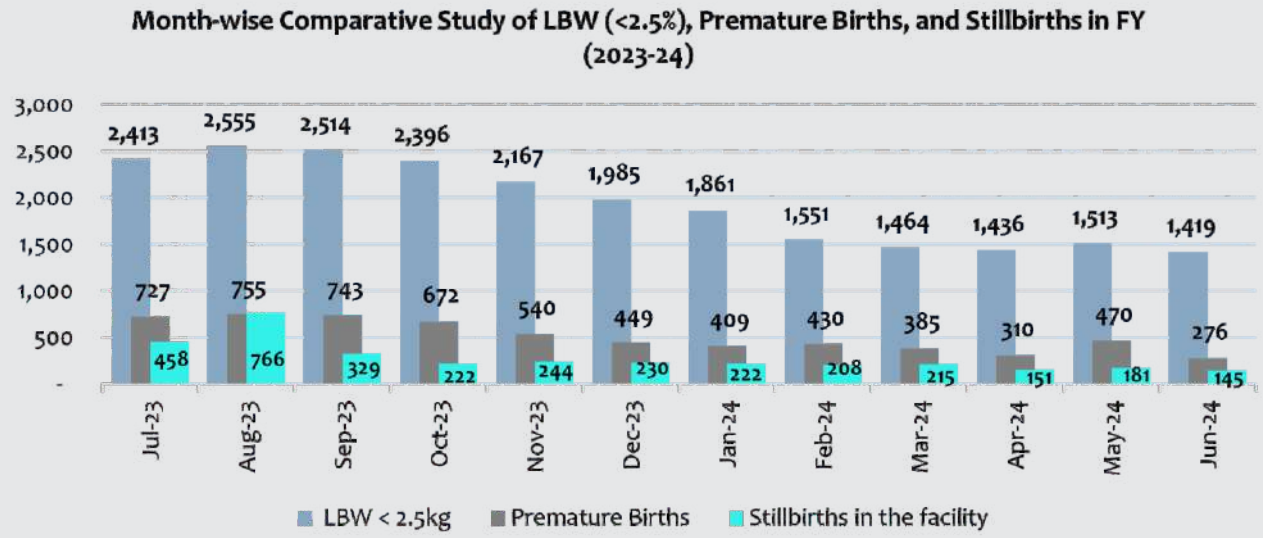


Trend Analysis of Neonatal Mortality at District Level

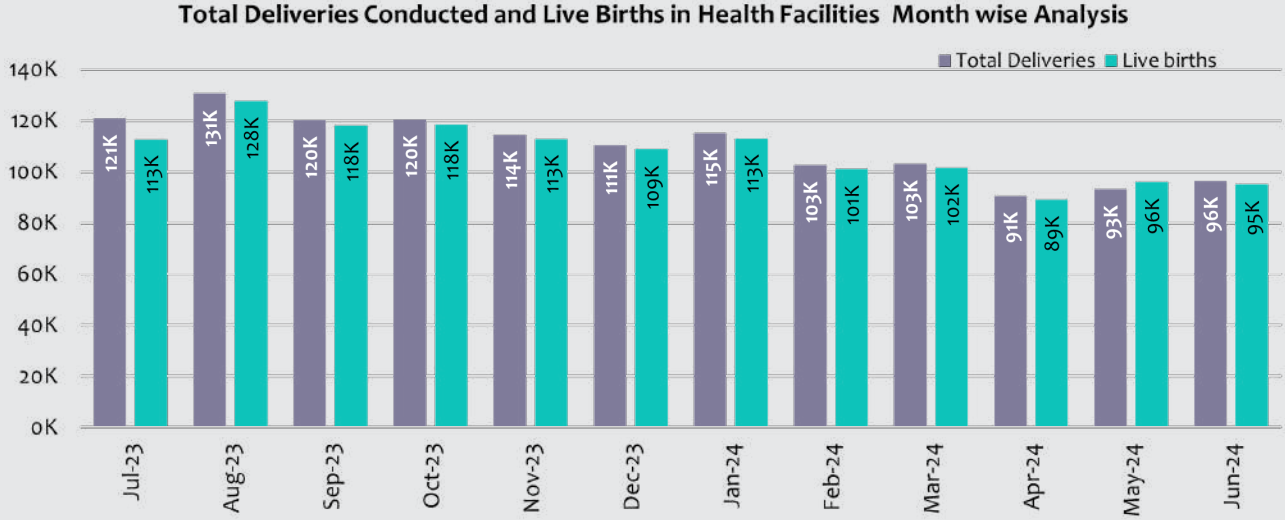
The district-wise Neonatal Mortality can be visualized through a line chart which was highest in Lahore (15,282).



Comparative Analysis of LBW<2.5%, Premature Births and Stillbirths

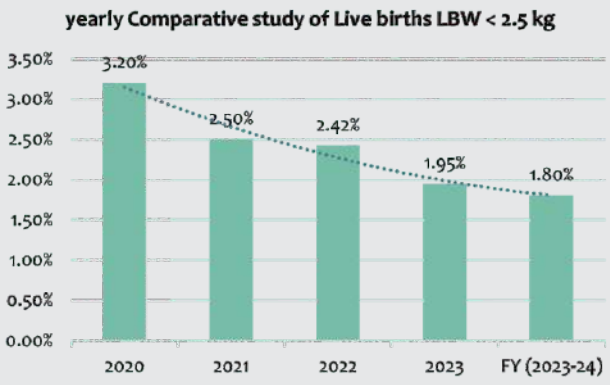


Total Deliveries Conducted and Live Births in Health Facilities Month-wise Analysis



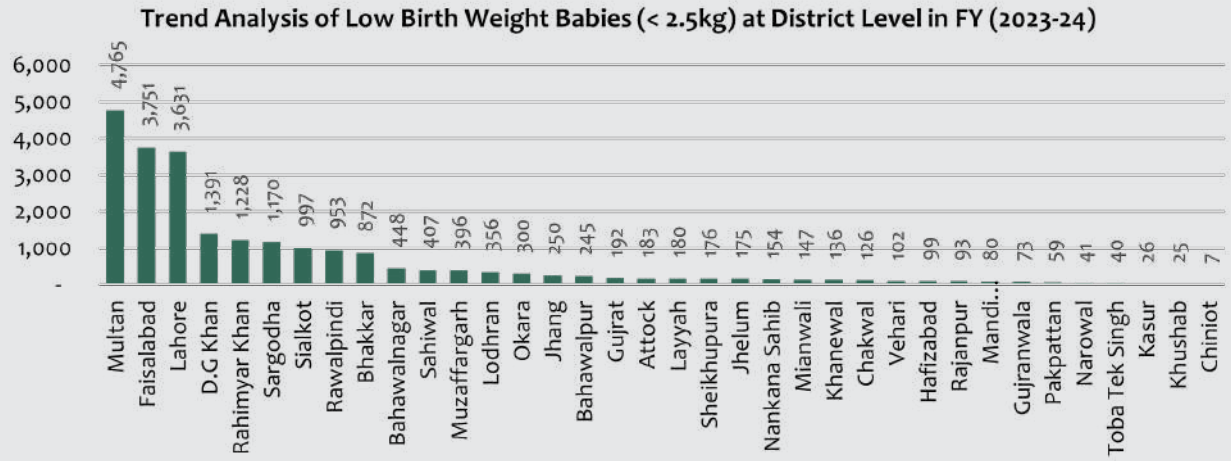
5-year Comparative Analysis of LBW < 2.5kg

The percentage was calculated based on the total number of live births conducted at health facilities. In the FY (2023-24), the reported number of low birth weights was 1.80% (23,274) out of the total live births (**1,293,616**), which is comparatively less than the previous year. In the year 2020, the recorded percentage of children with low birth weight was 3.2%. Subsequently, a declining trend was observed, indicating a reduction in the proportion of children born with low birth weight in the following years.



District-wise Low Birth Weight (< 2.5 kg)

This indicator quantifies the percentage of live births with low birth weight (infants born with a weight below 2.5 kg) among births that occur within health facilities during a specified period. On an individual level, low birth weight serves as a significant predictor of newborn health and survival. The data for the FY (July-23 to June-24) reveals that the highest number of low-birth-weight cases were recorded in Multan (4,765), while the lowest figures were observed in Khushab and Chiniot (25 and 7 respectively). Across Punjab, the overall average prevalence of low birth weight was 1.8%.



Kangaroo Mother Care (KMC), Newborn Indicators

Kangaroo Mother Care (KMC), a vital indicator related to newborn health, has been introduced this year. The following section pertains exclusively to District Headquarters Hospitals (DHQs) where the KMC project is being implemented. This indicator holds significant importance as it provides essential information concerning newborn care. The table below presents the data for the FY (2023-24).

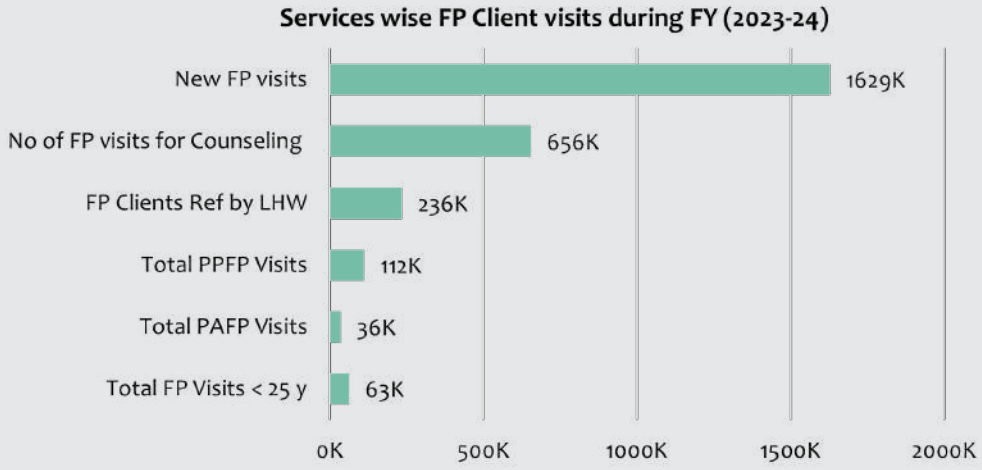
Note: The Following Section is Only for DHQs where KMC Project is implemented.

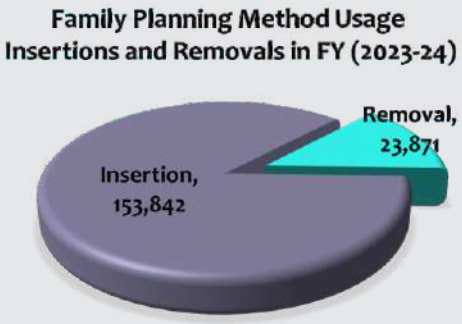
Kangaroo Mother Care (KMC) Newborn Indicators , FY (July-23 to June-24)

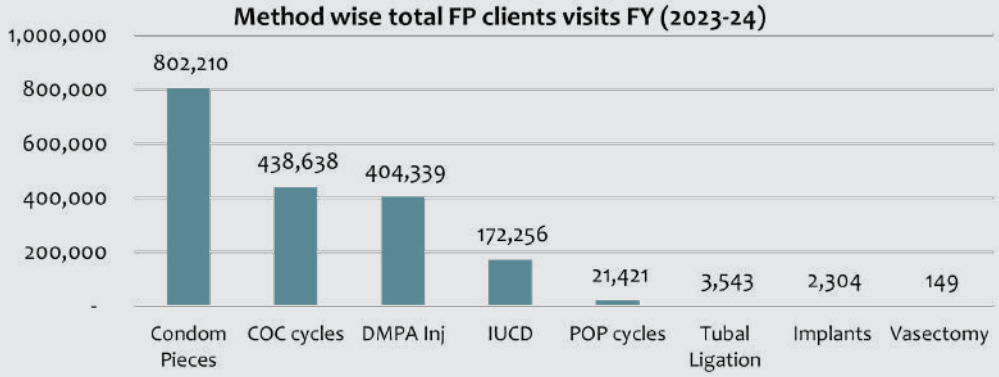
Sr	Babies Initiated with KMC Services	Total	Sr	Information on KMC Outcome	Total	Sr	Information on KMC Follow-up	Total
1	No. of Babies initiated with KMC Services	3,078	1	No. of Babies received KMC & discharge as per protocol	2,113	1	No. of Babies received 1st follow-up	2,539
2	No. of Babies born in Facility initiated KMC Services	2,787	2	No. of Babies received KMC & discharge on request	885	2	No. of Babies received 2nd follow-up	1,003
3	No. of Babies born outside the Facility received KMC Services	1,395	3	No. of Babies initiated KMC& referred / discontinued due to complication	604	3	No. of Babies received 3rd follow-up	655
			4	No. of Babies die during KMC	605	4	No. of Babies received 4th follow-up	610

Family Planning Visits.

Family planning guides assets for the planned number of children and determines the spacing of pregnancies through the use of contraceptive methods and treatment of infertility (this fact sheet focuses on contraception. In FY 2023-24, public sector health facilities reported 2,425,170 family planning visits, reflecting 16% of the expected MCBA population. Of these visits, 2% (58,270) were made by women under 25 years old, and 74% (1,628,618) were new clients. Family planning counseling accounted for 24% (588,656) of visits, with 85% (501,302) being first-time clients and 15% (87,354) returning clients. Additionally, 10% (236,721) of visits were referrals by LHWs, while 5% (118,244) were postpartum family planning (PPFP) visits, 4% (4,245) of which were by women under 25 years. Post-abortion family planning (PAFP) visits accounted for 1% (31,849) of the total, with 5% (1,671) by women under 25 years. In terms of contraception methods, condoms were the most commonly used at 43% (1,040,221), followed by combined oral contraceptive (COC) cycles at 24% (438,638). Less common methods included progestogen-only pills (POP) cycles, tubal ligation, implants, and vasectomy.

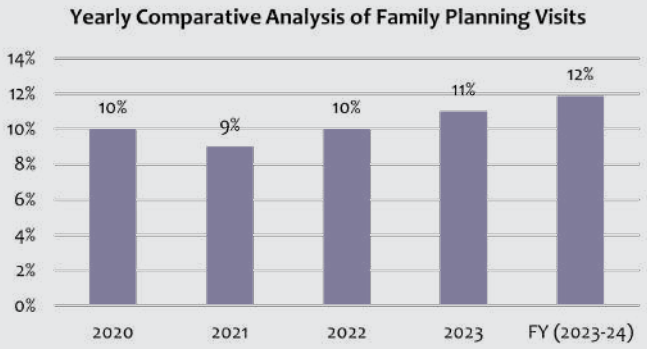






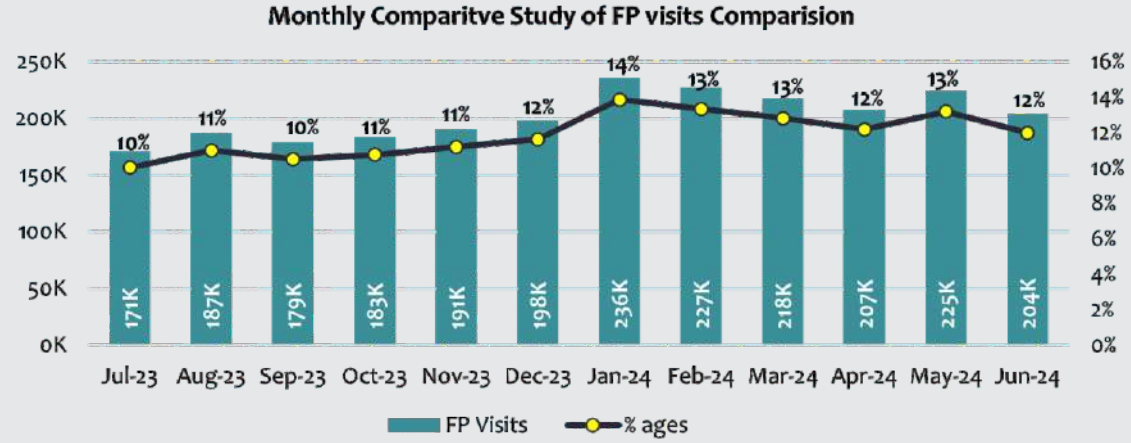
Yearly Trend Analysis of Family Planning Visits

The figure presents a year-wise comparison of the percentage of family planning visits, calculated from married women of childbearing age (16% MCBA), through a bar chart. There is a 1% increase in family planning visits in the current year compared to the previous year.



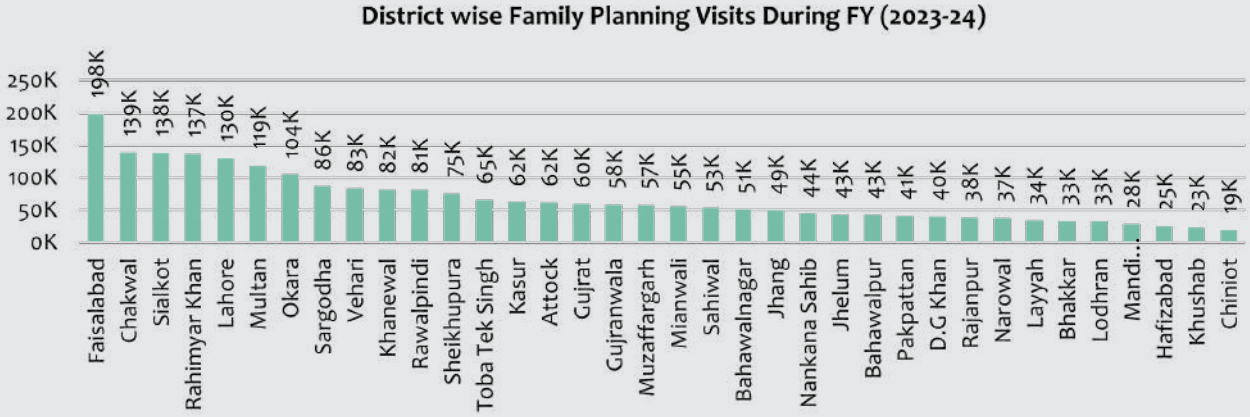
Monthly Trend Analysis of Family Planning Coverage During FY (2023-24)

In the Monthly Comparison of Family Planning (FP) visits, there is a clear upward trend over the reported period. Notably, the highest number of FP visits was recorded in December 2023 (198K), January 2024 (236K), and March 2024 (218K). On the other hand, the lowest visits were observed in July 2023 (171K), April 2024 (207K), and June 2024 (204K). The overall trend, as illustrated by the data, suggests a positive trajectory in family planning visits, reflecting increased participation and engagement.



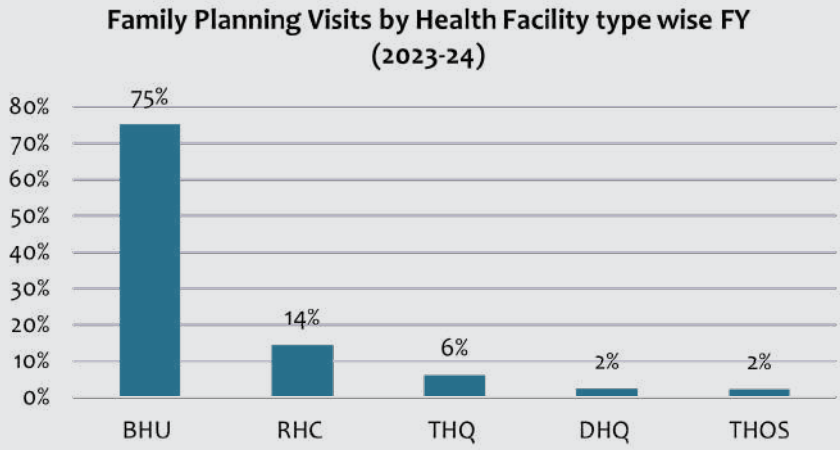
District Wise Family Planning Coverage During FY (2023-24)

Districts wise trend Analysis Faisalabad, Chakwal, and Sialkot recorded the highest FP visits, with 197,568, 138,642, and 138,310FP visits, respectively.



Family Planning visits by Health Facility type wise

This graph illustrates the distribution of FP visits across different health facility types. The largest share, comprising 75% of the total visits, took place in BHUs, followed by RHCs at 14%, THQs at 6%, and both DHQs and THOS at 2% each.

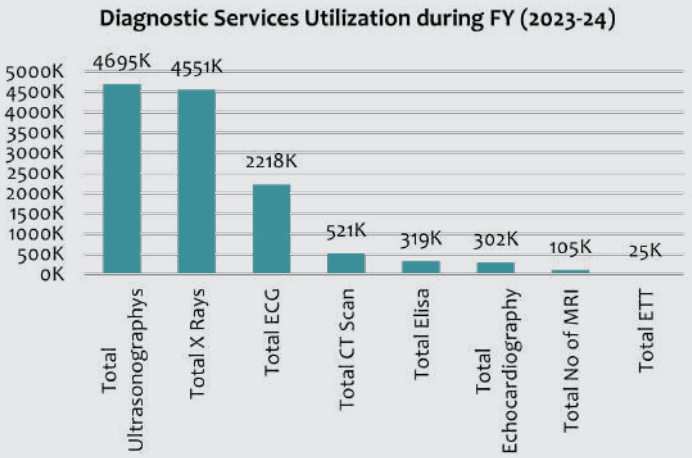


District wise Distribution of Commodities and Contraceptive Measures

District wise Distribution of Commodities and Contraceptive Measures (FY 2023-24)								
Districts	COC cycles	Condom Pieces	DMPA Inj	IUCD	Implants	POP cycles	Tubal Ligation	Vasectomy
Attock	13,725	26,108	14,005	5,992	59	282	1	
Bahawalnagar	8,620	17,821	8,676	9,615	89	288	6	7
Bahawalpur	7,117	13,706	10,315	3,235	11	236	5	
Bhakkar	6,241	12,368	7,754	2,761	20	87	12	
Chakwal	25,945	49,517	30,306	13,980	176	222	121	1
Chiniot	3,865	7,029	3,851	1,605	3	98	1	
D.G Khan	8,311	10,889	12,032	2,530	97	504	358	1
Faisalabad	22,870	44,212	12,159	8,408	93	1,733	241	
Gujranwala	9,998	18,218	6,953	6,825	22	9	53	
Gujrat	8,637	19,624	8,847	2,800	30	671	94	
Hafizabad	4,227	9,452	2,943	2,406	54	756	25	
Jhang	12,346	19,521	9,590	4,762	60	624	24	2
Jhelum	9,714	15,589	10,397	5,296	117	74	118	
Kasur	6,742	11,075	6,243	4,790	16	1,145		1
Khanewal	19,128	41,222	10,326	3,855	130	1,291	620	24
Khushab	5,975	8,875	5,004	1,197	3	26		
Lahore	19,798	46,109	19,629	8,307	390	2,214	437	24
Layyah	5,284	9,538	8,873	2,064	63	421	117	20
Lodhran	7,789	11,383	4,314	1,577	4	629	5	3
Mandi Bahauddin	5,163	9,273	6,753	4,046	121	70	41	2
Mianwali	8,168	18,275	9,365	3,906	23	196	26	1
Multan	31,651	43,897	20,297	7,010	6		18	
Muzaffargarh	16,027	20,966	10,537	5,094	20	404	11	4
Nankana Sahib	10,619	10,899	6,540	3,288	6	5	4	
Narowal	8,716	13,550	8,893	2,469	8	239	2	
Okara	14,448	30,723	12,225	5,105	18	203	7	1
Pakpattan	6,064	14,687	11,428	5,333	39	113	3	
Rahimyar Khan	19,929	42,711	13,490	6,893	28	2,760	102	
Rajanpur	6,685	5,301	5,712	1,559	86	322	31	8
Rawalpindi	16,766	29,614	22,456	5,426	48	831	47	5
Sahiwal	4,682	16,274	6,903	1,744	14	127		9
Sargodha	19,536	36,850	14,724	5,580	75	453	9	9
Sheikhupura	9,921	25,303	12,050	5,776	160	697	533	6
Sialkot	32,910	53,104	25,241	10,460	145	1,500	10	8
Toba Tek Singh	6,213	16,315	12,808	2,719	27	1,939	179	
Vehari	14,808	22,212	12,700	3,843	43	252	282	13

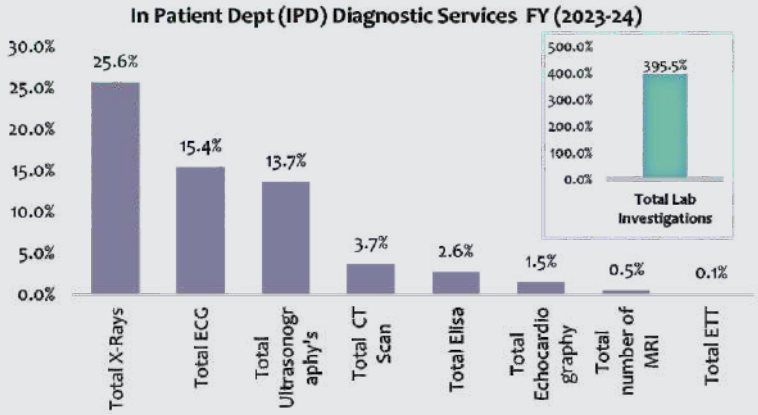
Diagnostic Services Utilization

It indicates the utilization of Diagnostic services of the health facility proportion of patients receiving diagnostics. It helps to understand the need for resource allocation for diagnostic services.
In FY (2023-24), the utilization percentages of diagnostic services in Punjab health facilities indicated a dominance of lab investigations, constituting(n=46,527,211) 79% of the total. On the other hand, Ultra Sonography at 7.9% (n=4,695,399), X-rays at 7.7% (n=4,551,420), ECGs at 3.7% (n=2,217,746), CT scans at (n=521,135) 0.9% and Elisa at 0.5% (n=319,175). This figure reflects the proportion of both indoor and outdoor services within the realm of diagnostic services. This data is crucial for understanding the demand for various diagnostic modalities and allocating resources accordingly.



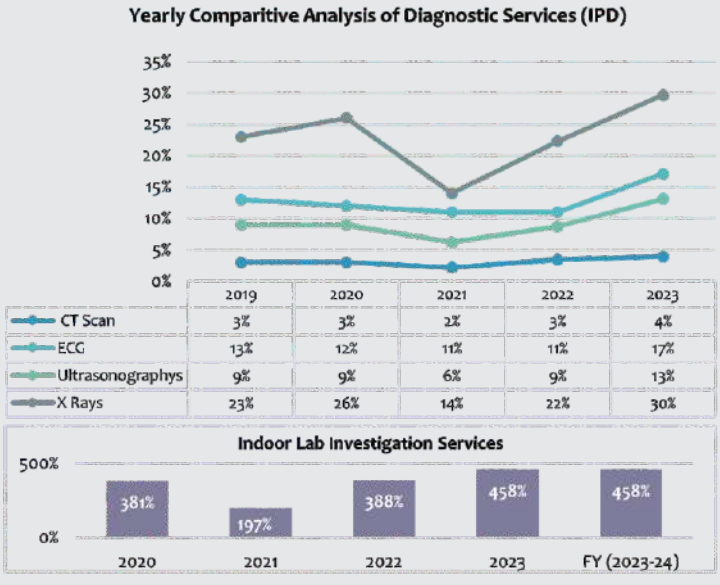
Lab Utilization Services (Indoor)

In indoor Lab Services during FY (2023-24), the overall percentage of Lab Investigations was 395.5%, X-rays 25.6%, ECG 15.4%, Ultra Sonography 13.7% and CT scans 3.7%.



5 Year Comparison Indoor Diagnostic Services

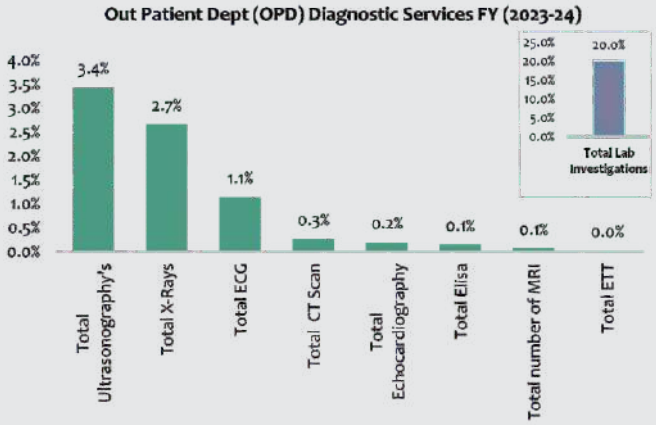
The figure presents a year-wise percentage comparison of Indoor Lab Utilization Services from 2020 to FY (2023-24) in Punjab, specifically focusing on CT scans, ECG, Ultrasound, and X-rays. These percentages are derived from the total admissions reported indoors.



Diagnostic Services Utilization

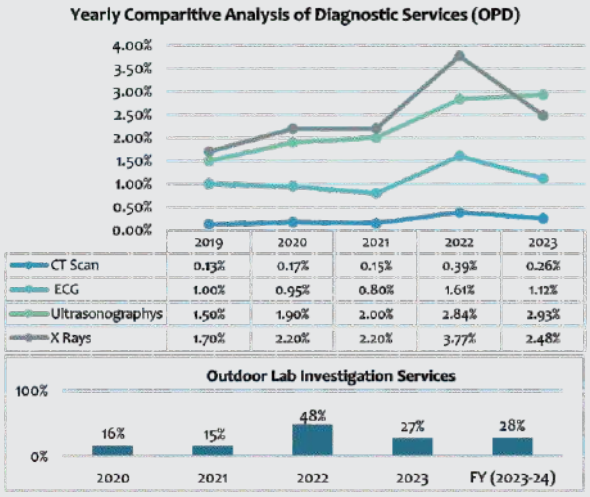
Lab Utilization Services (Outdoor)

In Outdoor Lab Services during FY (2023-24), the overall percentage of Lab Investigations were 20%, Ultra Sonographies 3.4%, X-Rays 2.7%, ECGs 1.1%, and CT scans 0.3%.



5 Year Comparison Outdoor Diagnostic Services

The figure illustrates the year-wise percentage comparison of Lab Utilization Services (outdoor) from 2020 to FY (2023-24) in Punjab for ECG, CT scans, Ultra Sound and X-rays. These percentages are calculated based on the total number of outdoor patients.



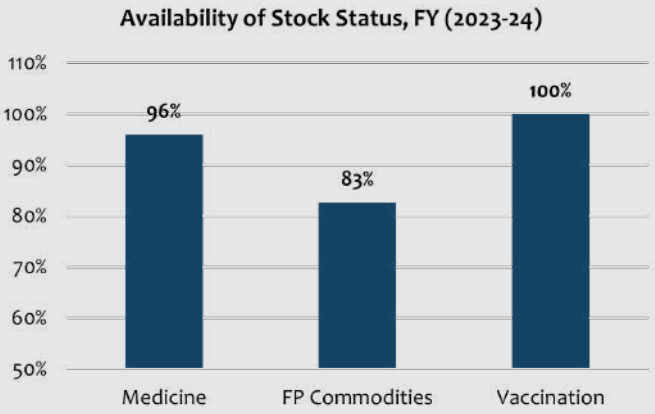
Analyzing the Laboratory Investigation for Communicable Diseases FY (2023-24)

Analyzing the Laboratory Investigation Reports for Communicable Diseases FY (2023-24)

Sr.	Viral Hepatitis & HIV		Sr.	T.B		Sr.	Malaria		Sr.	AWD / Susp Cholera		Sr.	Dengue Screening	
1	Total screened Patients (Hepatitis)	4,331,070	1	No. of all type TB Cases Registered	247,789	1	Slides Prepared	1,657,438	1	Total Screened	15,255	1	Total Screened	59,729
	1a) Hepatitis A +ve	3,324	2	No. of presumptive TB cases identified	612,184	2	Slides examined	1,486,141		1a) Tested Positive	1037		1a) Tested Positive	6,345
	1b) Hepatitis B +ve	185,154	3	Presumptive Tb Cases Undergoing Bacteriological Examination	495,707	3	Slides MP +ve	4,705		Samples Collected	1323	2	Samples Collected	14,155
	1c) Hepatitis C +ve	409,625	4	Presumptive Tb Cases With Positive Bacteriological Result	65,254	4	Slides P. falciparum +ve	1,047	2	2a) Samples Dispatched	502		**2a) Samples Dispatched**	7,058
	1d) Hepatitis E +ve	1,430	5	Number of patients screened for Drug Resistant TB through Gene Xpert	273,433	5	Screened by RDT	155,041		2b) Samples Positive	468		**2b) Samples Positive**	1,798
2	No of RDT kits used for Hepatitis A	16,833	6	Number of patients with Positive Drug Resistant TB results through Gene Xpert	17,356	6	Falciparum +ve on RDT	2,194	3	RDT Kits used for Cholera in detail of screen	670	3	RDT Kits for Dengue	24,834
3	No of RDT kits used for Hepatitis E	11,393				7	V+ve on RDT	4,222		**Measles**				
4	Total screened Patients (HIV)	789,239				8	Mix Positive (+ve)	930	1	Samples Collected	4,594			
	4a) HIV Screened +ve	6,130								**1a) Samples Dispatched**	2351	2	Samples Positive	51

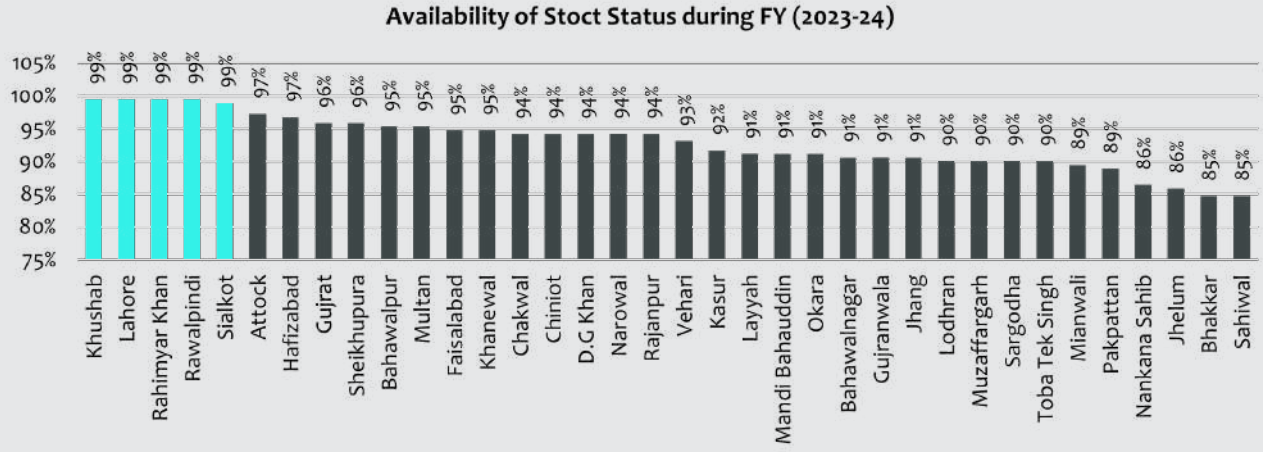
Comprehensive Analysis of Optimal Drug Availability

This indicator measures the percentage of health facilities where all tracer drugs/medicines were available throughout the year. Ideally, all facilities should maintain consistent availability of tracer drugs without experiencing any stock-out situations. A stock-out of any tracer drug for any duration during the year indicates a disruption in the logistic system. By analyzing this indicator, the district manager can determine whether stock-out situations are widespread across many health facilities or isolated incidents. They can also identify if these incidents occur regularly throughout the year or sporadically. This analysis helps in pinpointing potential faults in the supply chain and implementing appropriate measures to improve the situation. In the FY (2023-24), following a comprehensive inventory assessment covering 60 medicines across 36 districts, it was noted that 96% of our medicine stock was available. However, approximately 4% of our medicine inventory experienced stock-outs. Notably, the medicines Telbivudines, Dinoprostone Gel and Ribavirin (Tab+Syp+Inj) with Chlorhexidine Gel are significantly affected by these stock-outs. Conversely, FP Commodities like Vasectomy and Tubal Ligation experienced significant shortages, 17% of FP commodities were out of Stock.



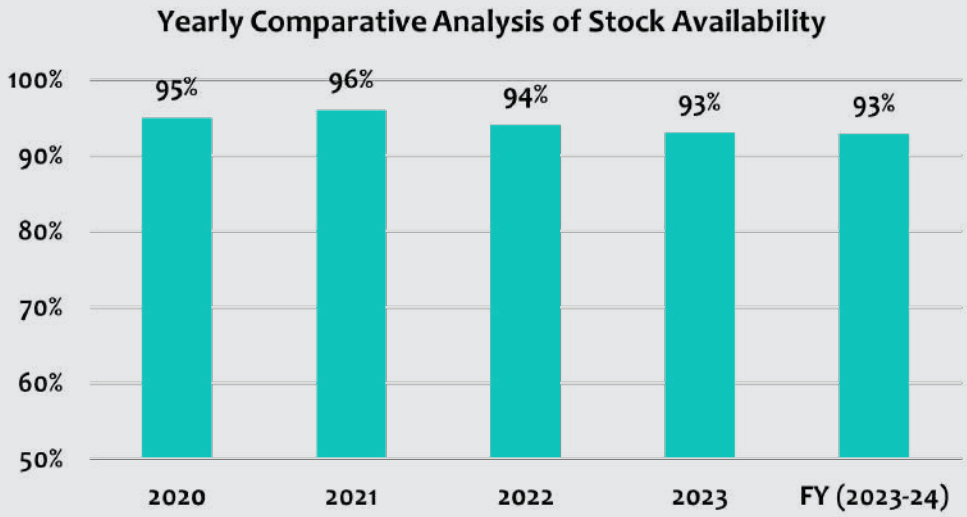
Trend Analysis District Wise Stock Availability

It is important to highlight that the availability of essential medical supplies including medicines, vaccinations, and family planning commodities was highest in the following Districts: Khushab, Lahore, Rahimyar Khan, Rawalpindi and Sialkot.



Yearly Comparative Analysis of Stock Availability

The graphical representation illustrates the percentage of available drug stock over the past five years, highlighting significant trends. In 2021, drug availability peaked at 96%. Since then, stock availability has gradually declined, with the lowest level recorded in both 2023 and FY (2023-24) at 93%.



District wise distribution of health personnel positions (Table - 1)

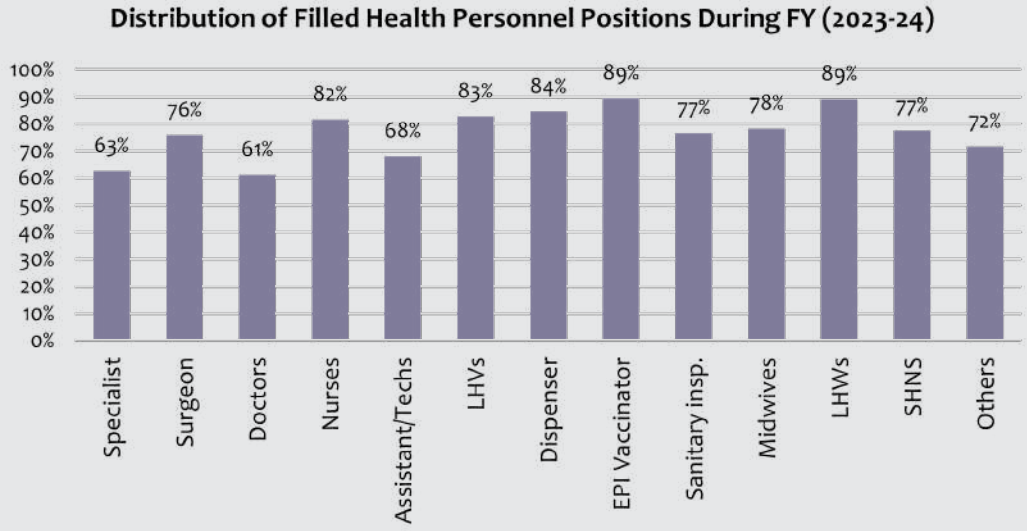
DISTRICT	Specialist		Surgeon		Doctors		Nurses		Assistant/Tec		LHVs		Dispenser	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Attock	113	68	15	11	402	280	352	287	111	63	241	185	134	114
Bahawalnagar	35	12	15	12	244	127	118	107	105	82	358	284	154	106
Bahawalpur	84	57	22	16	658	433	520	292	156	102	274	214	209	177
Bhakkar	56	44	9	9	251	177	200	190	68	41	107	101	91	83
Chakwal	97	44	10	7	304	227	223	195	78	62	156	129	122	117
Chiniot	26	21	5	5	184	118	91	77	47	36	129	90	49	35
D.G Khan	134	72	30	15	598	434	582	334	141	87	139	130	122	101
Faisalabad	337	181	56	44	1,532	827	1,859	1,743	405	295	484	400	446	401
Gujranwala	525	280	40	29	497	325	1,097	953	274	176	258	194	221	164
Gujrat	69	45	12	10	244	161	139	87	104	53	170	102	111	94
Hafizabad	51	41	8	6	176	150	55	38	38	31	65	61	56	54
Jhang	80	63	20	18	332	244	317	302	121	97	206	182	169	159
Jhelum	67	39	9	5	282	145	210	175	70	40	143	90	103	81
Kasur	43	36	11	7	215	172	155	138	85	56	194	177	133	129
Khanewal	92	68	11	8	303	259	259	244	102	49	181	159	127	96
Khushab	64	36	8	5	291	175	189	176	72	46	163	120	124	113
Lahore	703	384	97	69	4,401	1,653	7,810	6,332	606	460	141	137	559	428
Layyah	137	95	22	17	388	362	351	348	124	99	130	110	164	125
Lodhran	75	60	10	8	306	239	178	165	53	44	155	139	101	100
Mandi Bahauddin	72	43	17	5	263	168	185	175	91	25	137	80	101	68
Mianwali	69	48	10	7	358	260	279	244	61	47	163	150	119	117
Multan	432	220	43	35	1,709	1,082	2,485	1,767	263	177	263	225	267	209
Muzaffargarh	101	83	22	15	396	343	354	351	125	90	206	188	210	185
Nankana Sahib	27	18	10	9	142	103	109	100	80	48	190	132	119	104
Narowal	53	46	12	11	282	226	253	246	84	51	198	176	98	79
Okara	70	60	18	11	392	291	445	430	136	81	348	304	178	134
Pakpattan	50	34	10	8	107	97	181	177	53	41	142	133	90	87
Rahimyar Khan	73	52	20	15	407	313	227	166	132	92	298	257	232	213
Rajanpur	72	38	13	9	295	229	199	142	82	69	100	89	97	92
Rawalpindi	203	163	37	29	1,099	667	1,357	1,017	241	134	259	194	234	148
Sahiwal	60	46	18	14	698	439	793	474	159	118	227	192	203	192
Sargodha	54	21	15	12	245	169	123	112	110	82	177	139	122	96
Sheikhupura	114	105	20	20	473	392	469	436	119	71	247	194	160	148
Sialkot	23	18	5	5	132	117	64	61	68	45	177	147	95	77
Toba Tek Singh	75	65	13	13	220	197	250	247	90	71	202	183	147	144
Vehari	65	53	36	34	278	250	215	209	86	69	176	172	127	124
Total	4,401	2,759	729	553	19,104	11,851	22,693	18,537	4,740	3,230	7,204	5,959	5,794	4,894

District wise distribution of health personnel positions (Table - 2)

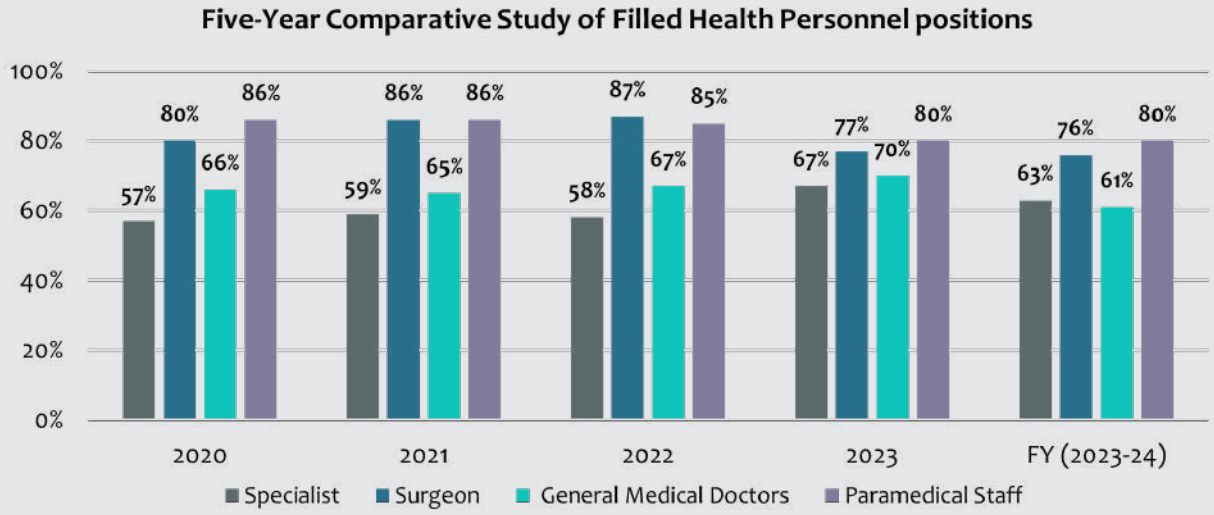
DISTRICT	EPI		Sanitary insp.		Midwives		LHWs		SHNS		Others	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Attock	57	51	58	33	81	47	731	528	58	47	210	147
Bahawalnagar	117	92	100	90	172	114	880	802	90	65	265	216
Bahawalpur	104	90	67	60	139	92	1,129	1,038	65	52	164	95
Bhakkar	57	57	34	34	99	87	635	587	35	24	85	69
Chakwal	40	38	15	8	78	69	489	429	32	28	80	60
Chiniot	43	39	32	25	40	27	348	282	31	24	114	84
D.G Khan	70	63	29	23	102	99	542	514	41	39	246	208
Faisalabad	206	189	109	45	332	290	1,596	1,469	22	4	928	760
Gujranwala	98	90	97	68	239	165	1,259	1,102	82	72	387	329
Gujrat	69	59	60	27	195	78	1,124	805	56	25	137	90
Hafizabad	22	21	19	15	46	39	209	198	16	13	38	25
Jhang	93	84	54	50	126	116	1,051	982	52	47	168	133
Jhelum	43	41	45	42	103	94	598	516	37	32	90	57
Kasur	93	82	46	26	154	124	773	641	55	50	171	130
Khanewal	84	73	77	72	73	44	1,085	978	58	42	128	93
Khushab	48	45	38	35	113	82	634	575	31	4	107	72
Lahore	76	69	31	24	139	134	223	221	6	6	1,846	1,375
Layyah	16	15	41	41	140	112	516	498	40	38	76	44
Lodhran	57	57	46	46	116	107	782	724	46	44	135	101
Mandi Bahauddin	51	47	40	25	79	45	816	734	43	40	85	60
Mianwali	54	52	33	24	95	89	614	554	32	23	98	77
Multan	198	145	85	74	211	180	1,404	1,370	70	57	460	200
Muzaffargarh	158	147	69	63	258	218	1,605	1,491	68	61	170	121
Nankana Sahib	55	44	43	36	74	46	463	409	45	35	119	68
Narowal	65	62	55	48	103	77	815	661	54	47	123	77
Okara	129	110	95	92	162	106	1,146	976	89	74	200	131
Pakpattan	50	46	42	36	120	111	613	595	41	34	109	72
Rahimyar Khan	141	129	79	35	223	181	1,263	1,111	90	68	245	175
Rajanpur	36	36	37	30	84	54	363	363	33	25	102	64
Rawalpindi	105	92	65	29	167	136	1,075	800	72	58	408	317
Sahiwal	78	70	64	45	150	105	1,008	902	42	4	262	232
Sargodha	76	73	67	63	177	138	703	610	60	49	95	70
Sheikhupura	77	67	61	47	115	98	667	640	64	55	131	75
Sialkot	59	53	56	46	73	53	971	865	47	37	101	68
Toba Tek Singh	77	75	51	23	115	101	902	856	58	38	127	99
Vehari	68	65	49	45	88	83	648	634	48	39	126	89
Total	2,870	2,568	1,989	1,525	4,781	3,741	29,680	26,460	1,809	1,400	8,336	6,083

Comparison of Filled Posts of Health personnel

This figure is situation analysis of Specialist, Surgeon, Doctors and Nurses Position in Punjab During FY (2023-24).



Comparative Assessment of Filled Health Personnel positions Over Time



Immunization Coverage: Complete Vaccine Series for Children Under One Year Old

This indicator measures the percentage of infants under one year of age who have received all required doses of key vaccines, including the Hepatitis B, BCG, OPV, Penta, IPV, PCV13, Rotavirus, MR, TCV, and the DTP Booster, within a year. These figures are vital for evaluating immunization effectiveness, guiding disease control efforts and assessing the performance of preventive health systems. The data comes from the "monthly EPI report of Provincial EPI cell" provided by the Directorate General Health Services. This assessment ensures infants receive essential vaccinations, contributing to better public health outcomes.

District-wise Vaccination Coverage Summary During FY (2023-24) Table 1

District	Hep.B Birth Dose	BCG	OPV-O	OPV-I	OPV-II	OPV - III	Penta-I	Penta-II	Penta - III	IPV-1	PCV13 - I	PCV13- II	PCV13 - III
Attock	76%	102%	108%	101%	99%	99%	101%	99%	99%	99%	101%	99%	99%
Bahawalpur	64%	118%	130%	117%	110%	111%	117%	110%	111%	117%	117%	110%	111%
Bahawalnagar	60%	99%	108%	95%	92%	91%	95%	92%	91%	94%	95%	92%	91%
Bhakkar	60%	100%	108%	101%	99%	99%	101%	99%	99%	99%	101%	99%	99%
Chakwal	71%	100%	107%	100%	98%	97%	100%	98%	97%	97%	100%	98%	97%
Chiniot	54%	99%	107%	101%	99%	99%	101%	99%	99%	101%	101%	99%	99%
Dera Ghazi Khan	61%	106%	110%	107%	105%	104%	107%	105%	105%	106%	107%	105%	105%
Faisalabad	62%	107%	122%	105%	101%	102%	105%	101%	102%	106%	105%	101%	102%
Gujranwala	41%	105%	112%	105%	101%	101%	105%	101%	101%	101%	105%	101%	101%
Gujrat	53%	115%	124%	113%	109%	107%	113%	109%	107%	109%	119%	110%	107%
Hafizabad	67%	110%	131%	112%	106%	106%	112%	106%	106%	113%	112%	106%	106%
Jhang	56%	109%	117%	109%	104%	104%	109%	105%	104%	106%	109%	104%	104%
Jhelum	72%	99%	108%	100%	99%	98%	100%	99%	98%	98%	100%	99%	98%
Kasur	51%	106%	111%	104%	102%	100%	104%	102%	100%	100%	104%	102%	100%
Khanewal	54%	104%	112%	104%	101%	100%	103%	101%	100%	100%	104%	101%	100%
Khushab	73%	110%	121%	111%	110%	109%	111%	110%	109%	110%	111%	110%	109%
Lahore	51%	116%	110%	107%	102%	103%	107%	102%	103%	110%	107%	102%	103%
Layyah	53%	102%	110%	102%	100%	99%	102%	100%	99%	99%	102%	100%	99%
Lodhran	61%	103%	114%	109%	106%	106%	109%	106%	106%	106%	109%	106%	106%
Mandi Bahuddin	70%	104%	113%	108%	102%	103%	108%	102%	102%	106%	108%	102%	103%
Mianwali	75%	107%	122%	106%	104%	104%	106%	104%	104%	104%	106%	104%	104%
Multan	61%	103%	112%	101%	100%	99%	101%	100%	99%	99%	101%	100%	99%
Muzaffargarh	48%	99%	104%	97%	98%	96%	102%	98%	95%	94%	98%	99%	97%
NN Sahib	76%	109%	133%	106%	103%	101%	106%	103%	101%	101%	106%	103%	101%
Narowal	49%	112%	121%	113%	110%	109%	113%	110%	108%	109%	114%	110%	108%
Okara	63%	115%	127%	114%	112%	109%	114%	112%	109%	110%	114%	112%	109%
Pakpattan	60%	110%	123%	107%	104%	104%	107%	104%	104%	107%	107%	104%	104%
Rajanpur	53%	104%	105%	104%	100%	99%	104%	100%	99%	101%	104%	100%	99%
Rawalpindi	59%	117%	123%	111%	107%	105%	111%	107%	106%	107%	111%	107%	106%
Rahim Yar Khan	56%	107%	116%	109%	104%	105%	109%	104%	105%	110%	109%	104%	105%
Sahiwal	74%	104%	111%	105%	102%	102%	105%	102%	102%	102%	105%	102%	102%
Sargodha	52%	104%	113%	105%	103%	102%	105%	103%	102%	102%	105%	103%	102%
Sheikhupura	53%	105%	112%	106%	105%	103%	106%	105%	103%	103%	106%	105%	103%
Sialkot	48%	106%	119%	111%	107%	109%	111%	107%	109%	108%	111%	107%	109%
TT Singh	68%	102%	109%	102%	101%	101%	102%	101%	101%	102%	102%	101%	101%
Vehari	40%	105%	119%	105%	103%	102%	105%	103%	102%	102%	105%	103%	102%

District-wise Vaccination Coverage Summary During FY (2023-24) Table 2

District	Rota-I	Rota-II	MR - I	IPV-II	TCV	MR - II	DTP Booster	dT-I	dT-II	dT-III	dT-IV	dT - V
Attock	101%	99%	98%	98%	98%	97%	100%	98%	97%	0%	0%	0%
Bahawalpur	117%	110%	109%	109%	109%	104%	108%	106%	91%	3%	0%	0%
Bahawalnagar	95%	92%	91%	91%	91%	88%	89%	90%	83%	7%	1%	1%
Bhakkar	101%	99%	99%	99%	99%	98%	104%	96%	92%	13%	5%	3%
Chakwal	100%	98%	96%	96%	96%	94%	90%	96%	93%	1%	0%	0%
Chiniot	101%	99%	100%	100%	100%	98%	105%	100%	97%	11%	1%	0%
Dera Ghazi Khan	107%	105%	104%	103%	103%	102%	96%	78%	66%	41%	2%	1%
Faisalabad	105%	101%	102%	102%	101%	99%	124%	94%	85%	6%	1%	1%
Gujranwala	105%	101%	101%	101%	101%	96%	100%	86%	80%	4%	1%	0%
Gujrat	108%	104%	108%	108%	108%	103%	102%	76%	67%	7%	2%	1%
Hafizabad	112%	106%	106%	106%	106%	102%	115%	94%	84%	4%	1%	1%
Jhang	109%	104%	104%	104%	104%	101%	113%	93%	85%	10%	4%	3%
Jhelum	100%	99%	99%	99%	99%	95%	107%	82%	82%	8%	5%	4%
Kasur	104%	102%	99%	99%	99%	96%	94%	95%	90%	11%	3%	1%
Khanewal	104%	101%	99%	99%	100%	97%	91%	100%	89%	10%	3%	2%
Khushab	111%	110%	107%	107%	107%	106%	112%	106%	102%	4%	1%	1%
Lahore	107%	102%	102%	102%	102%	97%	95%	75%	61%	4%	1%	1%
Layyah	102%	100%	99%	99%	99%	97%	97%	96%	92%	7%	2%	2%
Lodhran	109%	106%	104%	105%	105%	104%	112%	107%	93%	9%	2%	1%
Mandi Bahuddin	108%	102%	103%	105%	105%	102%	134%	97%	86%	0%	0%	4%
Mianwali	106%	104%	103%	103%	103%	102%	107%	89%	86%	3%	1%	1%
Multan	101%	100%	99%	99%	99%	97%	94%	97%	93%	8%	3%	2%
Muzaffargarh	97%	98%	94%	94%	94%	93%	104%	91%	91%	3%	0%	0%
NN Sahib	106%	103%	102%	102%	102%	102%	120%	102%	98%	0%	0%	0%
Narowal	112%	108%	110%	109%	109%	107%	111%	90%	83%	1%	0%	0%
Okara	114%	112%	107%	107%	107%	108%	117%	104%	99%	0%	0%	0%
Pakpattan	107%	104%	103%	103%	103%	101%	121%	102%	96%	21%	9%	5%
Rajanpur	104%	100%	98%	98%	98%	97%	96%	98%	84%	2%	0%	0%
Rawalpindi	111%	107%	104%	104%	103%	101%	93%	75%	67%	6%	1%	1%
Rahim Yar Khan	109%	104%	109%	108%	107%	102%	102%	93%	85%	10%	2%	1%
Sahiwal	105%	102%	103%	103%	103%	99%	106%	101%	96%	0%	0%	0%
Sargodha	105%	103%	100%	100%	100%	98%	99%	94%	86%	11%	2%	1%
Sheikhupura	106%	105%	105%	105%	105%	103%	96%	98%	93%	2%	1%	0%
Sialkot	111%	107%	104%	104%	104%	106%	91%	75%	72%	1%	0%	0%
TT Singh	102%	101%	101%	101%	100%	100%	102%	99%	96%	9%	3%	2%
Vehari	105%	103%	101%	101%	101%	98%	107%	104%	96%	4%	1%	1%

Health Facilities with Bed Strength

Number of Functional and Reporting Health Facilities with Bed Strength FY (2023-24)

District	THOS		DHQ		THQ's		RHC		BHUS		MCH		Dispensaries		Total	
	HF	Beds	HF	Beds	HF	Beds	HF	Beds	HF	Beds	HF	Beds	HF	Beds	HF	Beds
Attock	-	-	1	210	5	380	6	120	62	124	5	-	65	-	79	839
Bahawalnagar	-	-	1	535	4	410	10	200	103	206	7	-	79	-	145	1,349
Bahawalpur	3	2,169	1	70	4	330	12	240	75	150	10	-	5	-	158	3,001
Bhakkar	-	-	1	360	3	214	5	100	40	80	2	-	23	-	90	782
Chakwal	-	-	1	230	4	220	12	240	64	128	6	-	26	-	87	844
Chiniot	-	-	1	140	2	90	3	60	36	72	2	-	21	-	48	371
D.G Khan	1	957	-	-	3	230	9	180	53	106	5	-	44	-	96	1,519
Faisalabad	5	3,333	2	500	5	480	17	340	167	334	6	-	69	-	314	4,987
Gujranwala	3	1,436	-	-	3	260	12	240	94	188	10	-	4	-	174	2,163
Gujrat	1	640	-	-	11	522	9	180	87	174	9	-	39	-	119	1549
Hafizabad	-	-	1	310	1	60	7	140	32	64	5	-	53	-	64	640
Jhang	-	-	1	410	4	340	10	200	59	118	4	-	14	-	86	1,068
Jhelum	-	-	1	400	2	160	6	120	48	96	5	-	8	-	87	791
Kasur	-	-	1	315	4	170	11	220	81	162	7	-	10	-	132	902
Khanewal	-	-	1	270	3	230	9	180	88	176	4	-	26	-	106	842
Khushab	-	-	1	295	3	160	5	100	44	88	6	-	26	-	90	606
Lahore	18	12,909	2	255	14	801	5	100	39	78	50	-	77	-	240	14,183
Layyah	-	-	1	400	6	365	6	120	36	72	2	-	16	-	76	957
Lodhran	-	-	1	180	3	200	4	80	48	96	1	-	35	-	70	570
MB Din	-	-	1	268	2	70	10	200	47	94	3	-	13	-	72	672
Mianwali	-	-	2	600	3	160	10	200	42	84	8	-	29	-	77	1,070
Multan	5	2,621	2	285	2	110	8	160	93	186	29	-	4	-	164	3932
Muzaffargarh	-	-	1	450	4	370	13	260	72	144	4	-	36	-	115	1227
NankanaSahib	-	-	1	200	2	200	7	140	47	94	4	-	52	-	81	646
Narowal	1	400	-	-	2	120	6	120	57	114	4	-	37	-	83	787
Okara	-	-	2	465	3	180	10	200	96	192	11	-	23	-	138	1,039
Pakpattan	-	-	1	210	1	120	5	100	55	110	2	-	15	-	74	541
Rahimyar Khan	1	954	-	-	4	400	19	380	103	206	7	-	11	-	137	1916
Rajanpur	-	-	1	220	2	210	7	140	32	64	1	-	12	-	57	681
Rawalpindi	5	3,214	1	100	6	432	8	160	100	200	19	-	13	-	151	4,384
Sahiwal	2	1156	1	180	1	150	11	220	76	152	6	-	24	-	118	1886
Sargodha	1	731	-	-	10	510	12	240	132	264	16	-	42	-	171	1778
Sheikhupura	-	-	1	600	4	265	7	140	81	162	4	-	22	-	102	1185
Sialkot	2	712	-	-	4	300	6	120	89	178	13	-	27	-	118	1,349
Toba Tek Singh	-	-	1	300	3	280	8	160	70	140	2	-	23	-	114	902
Vehari	-	-	1	450	2	300	14	280	74	148	8	-	3	-	135	1,181
Total	**48**	**31,232**	**34**	**9,208**	**139**	**9,799**	**319**	**6,380**	**2,522**	**5,044**	**287**	**0**	**1,026**	**0**	**4,168**	**63,139**

Annexure-I

Detail of Health Facilities of Punjab

List of THQ Hospitals in Punjab, FY (2023-24)

List of THQ.s Hospitals in Punjab FY (2023-24)					
sr	Facility Name	sr	Facility Name	sr	Facility Name
	District: 111 – Bahawalnagar	47	142153-Civil Hospital Jalalpur Jattan		**District: 162-Lodhran**
1	111168-THQ Hospital, Chishtian.	48	142154-Govt. Maternity Hospital Gujrat	95	162058-THQ Hospital Kehror Pacca
2	111169-THQ Hospital, Fort Abbas.	49	142156-Trauma Center, Lalamusa	96	162110-THQ Hospital Dunya Pur
3	111170-Thq, Hospital, Haroon Abad.	50	142158-Tehsil Level Hospital Lala Musa	97	162116-THQ Hospital Lodhran
4	111171-THQ Hospital, Minchinabad.	51	142159-THQ Hospital Kharian		**District: 163-Multan**
	District: 112-Bahawalpur	52	142165-Govt. Maternity Hosp. Mangowal	98	163121-Govt.THQ. Hospital Shujabad
5	112138-THQ Hospital, Ahmadpur East.	53	142184-THQ Hospital Kunjah	99	162116-Govt. Mushtaq Lang THQ. Hosp.Jalalpur Pirwala
6	112139-THQ Hospital, Hasilpur.	54	142256-Civil Hospital, Kotla Arab Ali Khan		**District: 164-Pakpattan**
7	112168-THQ Khair Pur Tamewali	55	142272-THQ Hospital Sarai Alamgir	100	164081-THQ. Hospital, Arifwala Arifwala
8	112172-THQ Yazman		**District: 143-Narowal**		**District: 165-Sahiwal**
	District: 113-Rahimyar Khan	56	143070-THQ. Shakargarh	101	165123-THQ. Hospital Chichawatni
9	113176-THQ Hospital Khanpur	57	143078-THQ Zafar Wal		**District: 166-Vehari**
10	113177-THQ Hospital Liaquatpur		**District: 144-Sialkot**	102	166115-THQ. Burewala
11	113181-THQ Hospital Sadiqabad	58	144116-Civil Hospital Daska	103	166116-THQ. Mailsi
12	113205-THQ Hospital Mian Wali Qureshian	59	144136-THQ. Sambrial		**District: 171-Attock**
	District: 121-D.G Khan	60	144141-THQ. Kotli Loharan	104	171066-THQ Hosp Hassan Abdal
13	121007-THQ Khar Fort Munroo	61	144157-THQ. Hospital Pasrur	105	171067-THQ Hospital Jand
14	121069-THQ Hospital Tauns		**District: 145-Hafizabad**	106	171085-THQ Hospital Pindi Gheb
15	121076-Tehsil Headquarter Hospital, Kot Chutta	62	145200-THQ. Pindi Bhattian	107	171087-THQ Hospital Hazro
	District: 122-Layyah		**District: 146-Mandi Bahauddin**	108	171088-THQ Hospital Fateh Jang
16	122059-THQ Level Hospital Fateh Pur	63	146003-THQ. Hospital Malakwal		**District: 172-Chakwal**
17	122060-THQ Hospital Karor	64	146007-THQ. Hospital, Phalia	109	172073-THQ Talagang
18	122061-THQ Level Hospital Chowk Azam		**District: 151-Kasur**	110	172078-THQ Choa Saiden Shah
19	122062-THQ Level Hospital Kot Sultan	65	151107-THQ., Hospital Chunian	111	172188-City Hospital Talagang
20	122089-THQ Hospital Choubara	66	151120-THQ. Hospital Pattoki	112	172189-Trauma Centre Thq Hospital Kallar Kahar
21	122140-THQ Thal (Mian Nawaz Shareef) Hospital Layyah	67	151126-THQ. Hospital, Kot Radha Kishan		**District: 173-Jhelum**
	District: 123-Muzaffargarh	68	151193-Govt. Aziz Bibi THQ. Hospital, Roshan Bheela, Tehsil Kasur	113	173055-THQ Hospital PD Khan
22	123086-THQ Jatoi		**District: 152-Lahore**	114	173071-THQ Hospital Sohawa
23	123113-THQ Chowk Sarawar Shaheed	69	152046-GMH Pathi Ground		**District: 174-Rawalpindi**
24	123128-THQ Hospital Alipur	70	152047-GMH Chohan Road	115	174103-THQ Hospital Taxila
25	123129-THQ Hospital Kot Adu	71	152068-THQ Kahna Nau (Indus)	116	174130-THQ Hosp: Murree
	District: 124-Rajanpur	72	152105-Rana Abdul Raheem Memorial Hospital (Sodiwal)	117	174131-THQ Hosp Kahuta
26	124039-THQ Hospital Jampur	73	152154-THQ Level Govt. Hospital Shahdra	118	174132-THQ Hosp: Gujar Khan
27	124042-THQ Hospital Rojhan	74	152221-THQ Hospital Samanabad	119	174141-THQ Kotli Sattian
	District: 131-Faisalabad	75	152222-THQ Level Hospital Ghaziabad	120	174142-THQ Hospital Kallar Syedan
28	131170 -THQ Hospital Jaranwala	76	152223-THQ Raiwind (Indus)		**District: 181-Bhakkar**
29	131171-THQ Hospital Tandilianwala	77	152226 -THQ Qila Gujjar Singh Hospital	121	181058-THQ Hospital Kalurkot
30	131172-THQ Hospital Sumundri	78	152238-Eye and Gyne Hospital Swami Nagar	122	181059-THQ Hospital Mankera
31	131181-THQ Hospital Chak Jhumra	79	152248-New Karol THQ_Level	123	181120-THQ Hospital, Daryakhan
32	131182-60 Bedded Hospital Khurrianwala	80	152514-THQ Indus Hospital Manawan (Indus)		**District: 182-Khushab**
	District: 132-Jhang	81	152516-THQ MSSH Indus Bedian (Indus)	124	182058-THQ Hospital Naushera
33	132096 -THQ. Hospital Shorkot	82	152517-THQ Indus Sabzazar (Indus)	125	182059-THQ Hospital Noor Pur Thal
34	132110-THQ. Ahmed pur Sial		**District: 153 – Okara**	126	182105-THQ Hospital Qaidabad
35	132174-City Hospital Jhang City	83	153115-THQ. Hospital Depalpur		**District: 183 – Mianwali**
36	132183 -THQ. Hospital 18 Hazari	84	153140-THQ. Renala Khurd	127	183052-THQ Hospital Piplan
	District: 133 -Toba Tek Singh	85	153153-THQ. Hospital Havali Lakha	128	183053-THQ Hospital Kalabagh
37	133064-Govt Eye Cum General Hospital Gojra		**District: 154-Sheikhupura**	129	183054-THQ Hospital Isa Khel
38	133065-THQ. Hospital Kamalia	86	154289-THQ Hospital Muridke		**District: 184-Sargodha**
39	133069-THQ. Pirmahal	87	154395-THQ Hospital Sharaqpur Sharif	130	184134-THQ Hospital Bhalwal
	District: 134-Chiniot	88	154412-THQ Hospital Ferozewala	131	184141-THQ Bhera
40	134049-THQ. Lalian	89	154413-THQ Hospital Safdarabad	132	184142-THQ Kot Momin
41	134061-THQ. Bhowana		**District: 155-Nankana Sahib**	133	184147-THQ Bhagtanwala
	District: 141-Gujranwala	90	155227-THQ. Hospital Shahkot	134	184148-THQ Chak No. 46/Sb
42	141178-THQ. Hospital Wazirabad	91	155228-THQ. Sangla Hill	135	184149-THQ Hospital Chak No. 90/Sb
43	141181-THQ. Hospital Kamoke		**District: 161 – Khanewal**	136	184152-THQ Sillanwali
44	141195-THQ. Hospital Noshehra Vikran	92	161111-THQ Hospital Jahanian	137	184155-THQ Sahiwal
	District: 142-Gujrat	93	161112-THQ Hospital Kabir Wala	138	184169-Govt. Tb Hospital Sargodha
45	142003-Govt. Maternity Hospital Gulyana	94	161117-THQ Hospital Mian Channu (Olympian Arshad Nadeem)	139	184174-THQ Hospital Shahpur
46	142133-40-Bedded Tehsil Level Hospital Dinga				

Annexure-I

Detail of Health Facilities of Punjab

List of DHQ and Teaching / Specialized Institutions (THOS) in Punjab FY (2023-24)

List of DHQs Hospitals in Punjab FY (2023-24)					
Sr	Facility Name	Sr	Facility Name	Sr	Facility Name
	District: 111 – Bahawalnagar		**District: 146-Mandi Bahauddin**		**District: 164-Pakpattan**
1	111165-DHQ Hospital Bahawalnagar	12	146006-DHQ Hospital M.B.Din	24	164035-DHQ Hospital Pakpattan
	District: 112-Bahawalpur		**District: 151-Kasur**		**District: 165-Sahiwal**
2	112142-Jubillee Female Hospital QAMC Bahawalpur	13	151108-Baba Bulleh Shah (DHQ) Hospital Kasur	25	165125-DHQ Hosp. Sahiwal (Govt. Haji Abdul Qayyum)
	District: 122-Layyah		**District: 152-Lahore**		**District: 166-Vehari**
3	122055-DHQ Hospital Layyah	14	152095-Govt. Mozang Hospital	26	166117-DHQ Hospital Vehari
	District: 123-Muzaffargarh	15	152220-Govt. Mian Meer DHQ Hospital		**District: 171-Attock**
4	123130-DHQ Hospital Muzaffargarh		**District: 153 – Okara**	27	171086-DHQ Hospital Attock (Isfandyar Bukahri Hospital)
	District: 124-Rajanpur	16	153175-DHQ Hospital Okara		**District: 172-Chakwal**
5	124041-DHQ Hospital Rajanpur	17	153180-DHQ Hospital (South City) Okara	28	172072-DHQ Hospital Chakwal
	District: 131-Faisalabad		**District: 154-Sheikhupura**		**District: 173-Jhelum**
6	131384-Govt. General DHQ Hospital Samanabad	18	154189-DHQ Hospital Sheikhupura	29	173051-DHQ Hospital Jhelum
7	131495-Nusrat Fateh Ali Khan DHQ Hospital		**District: 155-Nankana Sahib**		**District: 174-Rawalpindi**
	District: 132-Jhang	19	155185-DHQ Hospital Nankana Sahib	30	174288-Wah General Hospital Taxila
8	132095-DHQ Hospital Jhang		**District: 161 – Khanewal**		**District: 181-Bhakkar**
	District: 133 -Toba Tek Singh	20	161113-DHQ Hospital Khanewal	31	181056-DHQ Hospital Bhakkar
9	133066-DHQ Hospital Toba Tek Singh		**District: 162-Lodhran**		**District: 182-Khushab**
	District: 134-Chiniot	21	162059-DHQ Hospital Lodhran	32	182037-DHQ Hospital Khushab
10	134059-DHQ Hospital Chiniot		**District: 163-Multan**		**District: 183 – Mianwali**
	District: 145-Hafizabad	22	163010-DHQ Hospital Multan (Govt.Shahbaz Sharif Hosp.)	33	183055-DHQ Hospital Mianwali
11	145176-DHQ Hospital Hafizabad	23	163282-DHQ Multan (MT)	34	183180-Mother and Child Hospital Mianwali(DHQ)

List of Teaching / Specialized Institutions (THOS) in Punjab FY (2023-24)			
Sr	Facility Name	Sr	Facility Name
	District: 112-Bahawalpur	23	152160-Sir Ganga Ram Hospital Lahore
1	112140-B.V. Hospital Bahawalpur	24	152182-General Hospital Lahore
2	112143-CH. Pervaiz Elahi Inst. of Cardiology QAMC Bahawalpur	25	152208-Mayo Hospital
3	112150-Sir Sadiq M Khan Abbasi Hosp Bahawalpur (Civil Hosp)	26	152209-Service Hospital
	District: 113-Rahimyar Khan	27	152210-Jinnah Hospital
4	113174-Teaching Hospital Sheikh Zayed RYK	28	152211-Punjab Institute of Cardiology Hospital
	District: 121-D.G Khan	29	152214-Govt Teaching Hospital Shahdra
5	121068-Teaching Hospital D.G. Khan	30	152215-Govt Nawaz Sharif Hospital Yakki Gate
	District: 131-Faisalabad	31	152217-Children Hospital Lahore
6	131233-Faisalabad Teaching Hospital G.M Abad	32	152218-Institute of Mental Health
7	131252-Allied Hospital-II (DHQ) Faisalabad	33	152219-Punjab Dental Hospital Lahore
8	131381-Allied Hospital-I Faisalabad	34	152534-Punjab Inst. of Neuro Sciences THOS Lahore
9	131391-Faisalabad Institute of Cardiology Faisalabad	35	152535-Jinnah Burn & Reconstructive Surgery Center (JBRSC) Lahore
10	131487-Children Hospital Faisalabad		**District: 163-Multan**
	District: 141-Gujranwala	36	163068-Children Hospital Complex Multan
11	141170-DHQ/Teaching Hospital Gujranwala	37	163090-CH. Pervaiz Illahi Institute of Cardiology
12	141171-CH. Pervaiz Elahi Inst. of Cardiology Wazirabad	38	163118-Nishter Hospital Multan
13	141172-Gujranwala Medical College Teaching Hospital Gujranwala	39	163142-Nishter Institute of Dentistry
	District: 142-Gujrat	40	163280-Pak Italian Modern Burn Centre, Nishtar Medical University Multan
14	142152-Aziz Bhatti Shaheed (DHQ) Hospital, Gujrat		**District: 165-Sahiwal**
	District: 143-Narowal	41	165111-Mini Hospital Ghalla Mandi Sahiwal
15	143069-DHQ Narowal	42	165124-DHQ Teaching Hospital Sahiwal
	District: 144-Sialkot		**District: 174-Rawalpindi**
16	144117-Allama Iqbal Memorial Hospital Sialkot	43	174143-Rawalpindi Institute of Cardiology, Rawalpindi
17	144161-Govt. Sardar Begum Hospital Sialkot	44	174278-Holy Family Hospital Rawalpindi
	District: 152-Lahore	45	174279-DHQ Hospital Rawalpindi
18	152081-Siad Mitha Hospital Lahore	46	174280-Benazir Bhutto Hospital
19	152082-Govt. Mian Munshi Hospital	47	174287-Syed Muhammad Hussain Govt. T.B Sanatorium Samli
#	152097-Govt. Kot Khawaja Saeeed Hospital		**District: 184-Sargodha**
21	152158-Lady Aitchison Hospital Lahore	48	184236-DHQ Teaching Hospital Sargodha
22	152159-Lady Wallingdon Hospital, Lahore		

Annexure- II

DHIS-2 Daily OPD Reporting Form

Date: _____

DHIS2 Daily OPD Reporting Form

Tehsil _____ **District** _____

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

	Section II: Outpatients Attendance *(From OPD Register)*	New cases																		
	Specialty	MALE								FEMALE								Transgender	Follow-up Cases	Evening OPD
		<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year	<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year			
1.	General OPD																			
2.	Medicine																			
3.	Surgery																			
4.	Pediatrics																			
5.	Eye																			
6.	ENT																			
7.	Orthopedics																			
8.	Psychiatry																			
9.	Dental																			
10.	Skin																			
11.	OBS/GYN																			
12.	Homeo Cases																			
13.	Tibb/Unani Shifa Khana																			
14.	Cardiology																			
15	TB & Chest																			
16.	Urology & Nephrology																			
17.	Burn & Plastic Surgery																			
18.	Pediatrics Surgery																			
19.	Neurosurgery																			
20.	Oncology																			
21.	Neurology																			
22.	Others																			
23.	Emergency/Trauma Centre																			

Section II A: Referrals *(from OPD Register)*									
1	Number of Cases Referred From					3	Number of cases Referred out		
a	Other Health Facility								
b	LHWs					4	No. of cases referred by School Health & Nutrition Supervisor		
b-1	Referred children under 1 year for severe infections (by LHWS)	<1 month	1-2 month	3-5 month	6-12 month	5	Number of School visited by School Health & Nutrition Supervisor	Male	Female
						6	Number of students screened		
2	Total no of Malnutrition Cases <5 year					7	Total students referred to health facility		

Section III: Cases Attending OPD *(From Abstract Form)*		New cases															
	Specialty	MALE								FEMALE							
		<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year	<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year
Respiratory Diseases																	
1.	Acute (upper) Respiratory Infections																
2.	Suspected Pneumonia																
3.	Cough more than two weeks (TB Suspect)																
4.	Chronic Obstructive Pulmonary Disease (COPD)																

Annexure- II

DHIS-2 Daily OPD Reporting Form

5.	Asthma																
Communicable Diseases																	
6.	Suspected Malaria																
7.	Suspected Meningitis																
8.	Suspected Dengue Fever																
9.	Seasonal Influenza ILI																
10.	Suspected Chicken Pox																
11.	Suspected Crimean Congo Haemorrhagic Fever (CCHF)																
12.	Suspected Chikungunya																
13.	Fever due to other causes																
14.	Suspected Anthrax																
15.	Suspected Brucellosis																
16.	Suspected Leprosy																

Section III: Cases Attending OPD *(From Abstract Form)*

Specialty		New cases															
		MALE								FEMALE							
		<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year	<1 month	1-2 month	3-5 month	6-12 month	1-4 year	5-14 year	15-49 year	50+ year
17.	Suspected Rubella (CRS)																
18.	Suspected SARI																
19.	Suspected Cervical Cancer (HPV)																
20.	Suspected Monkey Pox																
21.	Suspected Naegleria																
22.	Suspected HIV/ AIDS																
Skin Diseases																	
23.	Scabies																
24.	Dermatitis																
25.	Suspected Cutaneous Leishmaniasis																
Sexually Transmitted Infections																	
26.	Urinary Tract Infections (UTI)																
27.	Suspected Syphilis																
28.	Suspected Gonorrhea																
Vaccine Preventable Diseases/ Hepatitis																	
29.	Suspected Hepatitis																
30.	Suspected Measles																
31.	Suspected Neonatal Tetanus																
32.	Suspected Acute Flaccid Paralysis																
33.	Suspected Pertussis																
34.	Suspected Diphtheria																
35.	Suspected Corona Virus																
36.	Mumps																
Gastro Intestinal Diseases																	
37.	Diarrhea/Gastroenteritis																
38.	Acute Watery Diarrhea/Suspected Cholera																
39.	Dysentery																
40.	Suspected Enteric / Typhoid Fever																
41.	Worm Infestations																
42.	Peptic Ulcer Diseases																
43.	Chronic Liver Disease (CLD)																
Oral Disease																	
44.	Dental Caries																
Eye & ENT Diseases																	
45.	Cataract																
46.	Trachoma																
47.	Glaucoma																
48.	Otitis Media																
49.	Acute Conjunctivitis																
Cancer Diseases																	
50.	Suspected Lung Cancer																

Annexure- II

DHIS-2 Daily OPD Reporting Form

51.	Suspected Breast Cancer																
52.	Suspected Prostate Cancer																
Endocrine Disorder																	
53.	Diabetes Mellitus																
54.	Goiter																
Cardiovascular Diseases																	
55.	Ischemic Heart Disease (IHD)																
56.	Hypertension																
Psychiatric Diseases																	
57.	Anxiety & Depression (MDD)																
58.	Epilepsy																
59.	Drug Dependence																
Occupational Lung Diseases																	
60.	Silicosis																
Injuries / Poisoning																	
61.	Road Traffic Accidents																
62.	Injuries																
63.	Fractures																
64.	Burns																
65.	Dog Bite																
66.	Snake Bite																
Neurological / Neurosurgical																	
67.	CVA Stroke																
68.	Heat Stroke																
Any Other Unusual Disease (Specify)																	
69.																	

Annexure-II

DHIS-2 Daily Indoor & Surgeries Reporting Form

Date: _____

DHIS2 Daily Indoor & Surgeries Reporting Form

Tehsil _____ **District** _____

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

Section II: Indoor Services											
Specialty		Allocated Beds	Admissions	Discharged/ DOR (not on same day of admission)	Discharged/ DOR (on same day of admission)	LAMA	Referred	Deaths	Total Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Medicine									%	
2.	Pediatrics									%	
3	OB/GYN									%	
4.	Eye									%	
5.	ENT									%	
6.	Orthopedics									%	
7.	Cardiology									%	
8.	Neurosurgery									%	
9.	Psychiatry									%	
10.	TB/ Chest									%	
11.	Skin									%	
12.	Urology & Nephrology									%	
13.	Burn Unit									%	
14.	Oncology									%	
15.	Corona Ward									%	
16.	Neurology										
17.	Others									%	
Grand Total										%	
18	Emergency/ Trauma Centre										
19	Dialysis										

Section III: Cases attending Indoor																					
Priority Health Problems		Total Admissions										Total Deaths									
		< 5 years		5-14 years		15-49 years		50-69 years		70+ years		< 5 years		5-14 years		15-49 years		50-69 years		70+ years	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Medicine																					
1	Diarrhea																				
2	Pneumonia																				
3	Bloody Diarrhea/Dysentery																				
4	Watery Diarrhea/Cholera																				
5	Asthma																				
6	Chronic Obstructive Airways																				
7	Pulmonary Tuberculosis																				
8	Extra Pulmonary Tuberculosis																				
9	Enteric / Typhoid Fever																				
10	Diabetes Mellitus																				
11	Chronic Liver Disease																				
12	Chronic Renal Disease																				
Cardiac Diseases																					
13	Congestive Cardiac Failure (CCF)																				
14	Hypertension																				
15	Ischemic Heart Disease (IHD)																				
16	Valvular Heart Disease																				
Vaccine Preventable Diseases/ Hepatitis																					
17	Neonatal Tetanus																				

Annexure-II

DHIS-2 Daily Indoor & Surgeries Reporting Form

Section III: Cases attending Indoor																				
Priority Health Problems		Total Admissions										Total Deaths									
		< 5 years		5-14 years		15-49 years		50-69 years		70+ years		< 5 years		5-14 years		15-49 years		50-69 years		70+ years	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
18	Acute Flaccid Paralysis (AFP)																				
19	Measles																				
20	Malaria																				
21	Viral Hepatitis A																				
22	Viral Hepatitis E																				
23	Viral Hepatitis B																				
24	Viral Hepatitis C																				
Communicable Diseases																					
25	Dengue Fever																				
26	Seasonal Influenza ILI																				
27	Diphtheria																				
28	Pertussis																				
29	Viral Hemorrhagic Fever (CCHF)																				
30	Meningitis																				
31	Rabies																				
32	Corona Virus Disease																				
33	Probable Monkey Pox																				
34	Confirmed Monkey Pox																				
Neurological/Neurosurgical																					
35	CVA Stroke																				
36	Head Injury																				
37	Heat Stroke																				
Cancer Diseases																					
38	Silicosis (Lung Disease)																				
39	Breast Cancer																				
40	Prostate Cancer																				
41	Skin Cancer																				
Surgical																					
42	Acute Appendicitis																				
43	Burns																				
44	Cholelithiasis / Cholecystitis																				
45	Hernias																				
46	Hyperplasia of Prostate																				
47	Urolithiasis																				
Orthopedic Diseases																					
48	Arthropathies																				
49	Fractures																				
Eye																					
50	Cataract																				
51	Corneal Opacity																				
52	Glaucoma																				
53	Allergic Conjunctivitis																				
ENT																					
54	Chronic Otitis Media																				
55	DNS																				
Gynecological																					
56	Fibroid Uterus																				
57	Inflam. diseases of female pelvic organs (PID)																				
58	Uterine Prolapse																				
59	Vesico -Vaginal Fistula																				
Obstetrics / Maternal Complications																					
60	Ante partum Hemorrhage (APH)																				
61	Complication of Abortion																				
62	Ectopic Pregnancies																				
63	Postpartum Hemorrhage (PPH)																				

Annexure-II

DHIS-2 Daily Indoor & Surgeries Reporting Form

Section III: Cases attending Indoor																					
Priority Health Problems		Total Admissions										Total Deaths									
		< 5 years		5-14 years		15-49 years		50-69 years		70+ years		< 5 years		5-14 years		15-49 years		50-69 years		70+ years	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
64	Pre-Eclampsia/ Eclampsia																				
65	Prolonged/ Obstructed Labour																				
66	Puerperal Sepsis																				
67	Rupture Uterus																				
68	Other Obstetric Complications																				
Psychiatric Diseases																					
69	Drug Abuse (Psycho-Active substance use)																				
70	Psychiatric Disorder																				
Other Diseases Total																					
71	Others Diseases																				
Any Other Unusual Disease (Specify)																					
72																					

Section IV: Surgeries (From OT Register)															
Specialty	General Surgery	Gastroenterology	ENT	Pediatrics	OB/GYN	Eye	Orthopedics	Cardiology	Chest Surgery	Dental Surgery	Neuro Surgery	Plastic Surgery	Urology	Other Surgeries	Total
Operations under GA															
Operations under Spinal Anesthesia															
Operations under LA															
Operations under other type of Anesthesia															
Total															

Annexure-II

DHIS-2 Daily RMNCH Reporting Form

Date: _____

DHIS2 Daily RMNCH Reporting Form

Tehsil _____ **District** _____

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

Section II: Maternal and Newborn Health *(From Maternal Health & Obstetric Registers)*					
1	1st Antenatal Care visits (ANC-I)		13	Live births with LBW < 2.5kg	
2	ANC-1 women with Hb. <10 g/dl		14	Number of Premature Births (<37 weeks / <2.5 kg)	
3	2nd Antenatal Care visits (ANC-II)		15	Stillbirths in the facility	
4	3rdAntenatal Care visits (ANC-III)		16	Maternal Death	
5	4th & Above Antenatal Care visits (ANC-IV & Above)		17	Intra Uterine Death (IUD)	
6	1st Postnatal Care visit (PNC-1) in the facility		18	Total Neonatal deaths within 28 days (<28 Days only)	
7	Postnatal Care Revisit		**Neonatal deaths in the facility (complications)**		
Deliveries in the Facility			19	Birth Trauma	
8	Normal Vaginal Deliveries		20	Birth Asphyxia	
9	Vacuum / Forceps Deliveries		21	Bacterial Sepsis	
10	Cesarean Sections		22	Congenital Abnormalities	
11	Total No. of Abortions		23	Prematurity	
	11a. Dilation and Curettage (D&C)		24	Hypothermia	
	11b. Manual Vacuum Aspiration (MVA)		25	Others (Specify)	
	11c. Medical Abortion (Misoprostol)				
12	Live births in the facility				

Section III: Family Planning Services (From FP Register)													
1	Total FP Visits	Total	Below 25 Years	2	New Visits		3	No. of Counselling	New		4	Clients referred by LHW	
									Old				
5	Total PPFP	Total	Below 25 years	6	Total PAFP	Total	Below 25 Years						
Number of Clients													
Method		New Clients		Method		New Client / Insertion							

Annexure-II

DHIS-2 Daily RMNCH Reporting Form

		Old Client	Routine	Post Pregnancy	No. of Discontinued Specific Method			Old Client / Removal	Routine	Post Pregnancy	Below 25 Years
1	POP Cycles					5	IUCD				
2	COC Cycles					6	Implants				
3	DMPA Inj					7	Tubal Ligation				
4	Condom Pieces					8	Vasectomy				

Section IV: Immunization ***(From EPI Register)***

	Antigen	Dose					Antigen	Dose				
		0	1	2	3			1	2	3	4	5
1	BCG					7	Rota					
2	Hepatitis B Birth Dose					8	Measles					
3	OPV					9	Typhoid					
4	Pentavalent					10	DTP					
5	Pneumococcal					11	TT/Td					
6	IPV											

Section V: Nutritional Screening

Sr#	Category	Male	Female	Pregnant Women	Lactating Women	Total
1	Screening					
2	SAM					
3	MAM					

Section VI:1034 Rural Ambulance Service

Sr#	Description	Total #
1	Pick up from home to facility for delivery	
2	Drop Back to home	
3	Emergency child referrals	
4	MRC referrals	

Section VII: Newborn Indicators ***(Form KMC Register) (Note: This Section is Only for DHQ's where KMC Project is Implemented)***

Sr#	Babies Initiated with KMC Services	Total	Sr#	Information on KMC Outcome	Total	Sr#	Information on KMC Follow-up	Total
1	No. of Babies initiated with KMC Services		1	No. of Babies received KMC & discharge as per protocol		1	No. of Babies received 1st follow-up	

2	No. of Babies born in Facility initiated KMC Services		2	No. of Babies received KMC & discharge on request		2	No. of Babies received 2nd follow-up	
3	No. of Babies born outside the Facility received KMC Services		3	No. of Babies initiated KMC & referred / discontinued due to complication		3	No. of Babies received 3rd follow-up	
			4	No. of Babies die during KMC		4	No. of Babies received 4th follow-up	

Annexure-II

DHIS-2 Monthly Medicine and Vaccine Reporting Form

Month: _____ Year: 20____	DHIS2 Monthly Medicine and Vaccine Reporting Form	dhis2
Date of Submission	Tehsil _____ District _____	

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

Section II: Stock Report: Stock position of drugs (From Stock Register for Medicine/ Supplies)

	Medicine/drugs	Opening Balance	Received from any source	Closing balance		Medicine/drugs	Opening Balance	Received from any source	Closing balance
1	Cap. Amoxicillin Dispersible				31	Inj. Aminophylline			
2	Tab. Cotrimoxazole				32	inj. Diclofenac			
3	Tab. Erythromycin				33	Inj. Dexamethasone			
4	Tab. Co-Amoxiclav				34	Inj. Hydrocortisone Sodium susinate			
5	Syp. Cephradine				35	Inj. Oxytocin			
6	Tab. Ofloxacin				36	Tab. Iron/ Folic Acid			
7	Tab. Ciprofloxacin				37	Tab. Diclofenac			
8	Cap. Doxycycline 100mg				38	Tab. Paracetamol			
9	Anti-Histamine Tab/ Chlorpheniramine maleate Tablets 4 mg				39	Tab. Ibuprofen			
10	Tab. Methyldopa				40	Tab. Mefenemic Acid			
11	Tab. Atenolol				41	Cap. Omeprazole 20mg			
12	Tab. Chloroquine				42	Tab. Misoprostol			
13	Tab. Artemether + Lumefentrine				43	Tab. Zinc Dispersible			
14	Tab. Metronidazole				44	Tab. Drotaverine			
15	Tab. Glibenclamide				45	Syp. Amoxicillin			
16	Tab. Metformin 500mg				46	Syp. Cotrimoxazole			
17	Syp. Paracetamol				47	Syp. Erythromycin			
18	Syp. Salbutamol				48	Syp. Metronidazole			
19	Syp. Ibuprofen				49	Syp. Anthelmintic			
20	Syp. Zinc				50	Inj. Transamine/ Tranexamic Acid			
21	Inj. Ceftriaxone				51	I/V Infusions 5% /Dextrose			
22	Inj. Gentamicin				52	Infusion/Normal saline			
23	Inj. Co-Amoxiclav				53	Infusion Ringer lactate			
24	Injection Soda Bicarb				54	Chlorhexidine Gel			
25	Inj. CPM/Avil				55	Dinoprostone Gel			
26	Syp. Magnesium Sulphate				56	LOORS			
27	Inj. Metronidazole				57	Salbutamol Solution			
28	Sofobubir				58	Entecavir			
29	Ribavirin (Tab., Syp., Inj.)				59	Tenofovir			
30	Declatesvir				60	Telbuvidine			

Section III : Stock Report: Vaccines (Stock position of vaccine)

	Vaccines	Opening Balance	Received from any source	Closing balance		Vaccines	Opening Balance	Received from any source	Closing balance
1	BCG vaccine				8	TD Vaccine			
2	Hepatitis-B vaccine				9	OPV Vaccine			
3	Pentavalent vaccine				10	IPV Vaccine			
4	PCV-10				11	Anti-Rabies vaccine			
5	Measles vaccine				12	Anti-Snake venom			
6	Rota Virus vaccine				13	Vaccine Syringes			
7	DTP Booster				14	Typhoid vaccine			

Annexure-II

DHIS-2 Monthly Medicine and Vaccine Reporting Form

Section IV : Family Planning Commodities (From FP Register)									
Commodities		Opening Balance	Received from any source	Closing balance	Vaccines		Opening Balance	Received from any source	Closing balance
1	POP cycles				5	IUCD			
2	COC cycles				6	Implants			
3	DMPA Inj				7	Tubal Ligation			
4	Condom Pieces				8	Vasectomy			

Annexure-II

DHIS-2 Monthly Diagnostic Reporting Form

Month: _____ Year: 20____	DHIS2 Monthly Diagnostic Reporting Form	dhis2
Date of Submission _____	Tehsil _____ District _____	

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

Section II: Diagnostic Services (From Laboratory Register / TB Lab Register / Radiology Register)							
S.No	Services Provided	OPD (Number)	Indoor (Number)	S.No	Services Provided	OPD (Number)	Indoor (Number)
1	Total Lab Investigations			6	Total ECG		
2	Total X-Rays			7	Total Echocardiography		
3	Total Ultrasonography's			8	Total ETT		
4	Total number of MRI			9	Total Elisa		
5	Total CT Scan						

Section III: Laboratory Investigation for Communicable Diseases								
Viral Hepatitis & HIV			T.B			Malaria		
S.No	Indicator	No.	S.No	Indicator	No.	S.No	Indicator	No.
1	Total screened Patients (Hepatitis)		1	Number of all type TB Cases registered		1	Slides Prepared	
1a	Hepatitis A +ve		2	No. of presumptive TB Cases identified		2	Slides Examined	
1b	Hepatitis B +ve		3	Presumptive TB Cases Undergoing Bacteriological Examination		3	Slides MP +ve	
1c	Hepatitis C +ve		4	Presumptive TB Cases with Positive Bacteriological Result		4	Slides P. Falciparum +ve	
1d	Hepatitis E +ve		5	Number of patients screened for Drug Resistant TB through Gene Xpert		5	Screened by RDT	

Annexure-II

DHIS-2 Monthly Diagnostic Reporting Form

2	RDT Kits for Hepatitis A		6	Number of patients with Positive Drug Resistant TB results through Gene Xpert		6	Falciparum +ve on RDT	
3	RDT Kits for Hepatitis E					7	V +ve on RDT	
4.	Total screened Patients (HIV)					8	Mix Positive(+ve)	
4a.	HIV screened +ve							
Acute Watery Diarrhea / Suspected Cholera			**Dengue Screening**			**Measles**		
S.No	**Indicator**	**No.**	**S.No**	**Indicator**	**No.**	**S.No**	**Indicator**	**No.**
1	Total Screened		1	Total Screened		1	Samples Collected	
1a	Tested Positive		1a	Tested Positive		1a	Samples Dispatched	
2	Samples Collected		2	Samples Collected		2	Samples Positive	
2a	Samples Dispatched		2a	Samples Dispatched				
2b	Samples Positive		2b	Samples Positive				
3	RDT Kits for Cholera in detail of screen		3.	RDT Kits for Dengue				
NCD Tests								
S.No	**Indicator**	**No.**	**S.No**	**Indicator**	**No.**	**S.No**	**Indicator**	**No.**
1.	Glucose Test Strips		3.	Urine Pregnancy Test Kit (UPT)		5.	PCR (Total Positive)	
2.	HB Test Strips		4.	PCR (Total Screen)				

Annexure-II

DHIS-2 Monthly HR & Budget Reporting Form

Month: _____ Year: 20____	DHIS2 Monthly HR & Budget Reporting Form	
Date of Submission	Tehsil _____ District _____	

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

Section II: 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						22	Physiotherapists					
2	Medical Specialist						23	Matron					
3	Surgical Specialist						24	Head Nurse					
4	Cardiologist						25	Staff Nurse/Charge Nurse					
5	Chest Specialist						26	Lab Assistant/Techs.					
6	Neurosurgeon						27	X-Ray Assist /Techs					
7	Orthopedic Surgeon						28	Dental Assist. /Techs					
8	Child Specialists						29	ECG Assist. /Techs.					
9	Gynecologists						30	Lady Health Visitors					
10	Eye Specialists						31	Health/Medical Technicians					
11	ENT Specialists						32	Dispensers					
12	Anesthetist						33	EPI Vaccinators					
13	Pathologist						34	Sanitary Inspectors					
14	Radiologist						35	Midwives					
15	PMO/APMO/ CMO/SMO/MO						36	LHWs					
16	PWMO/APWMO/SW MO/WMO						37	P.G Trainee					
17	Dental Surgeon						38	School Health Nutrition Supervisor					
18	WMO(IRMNCH)						39	Aya (IRMNCH)					
19	Staff Nurse(IRMNCH)						40	Security Guard(IRMNCH)					
20	LHS(IRMNCH)						41	LHS Driver					
21	LHV(IRMNCH)						42	Others					

Section III: Revenue Generated *(From Receipt Register)*

		Total Receipt	Deposited			Total Receipt	Deposited
1	OPD/Dental 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 IV: Financial Report-for the Current Fiscal Year *(From Budget and Expenditure Statement)*

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