Strengthen Microplanning in High-Risk Union Councils

DISTRICT KALAT



Balochistan Province Pakistan

District Profile: Kalat

Acronyms

BHU Basic Health Unit

CD Civil Dispensaries

DDHO Deputy District Health Center

DHO District Health Officer

DHQ District Headquarter

GHD Global Health Development

EMPHNET Eastern Mediterranean Public Health Network

EPI Expanded Programme on Immunization

EPIMIS Expanded Programme on Immunization Management Information System

LHS Lady Health Supervisors

LHW Lady Health Workers

MCH Maternal & Child Health Center

RHC Rural Health Center

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Kalat District

Kalat is a district in Balochistan province Pakistan. It encompasses an area of 6,621 km² with its principal town being Kalat. It was classified as a district on February 3, 1954. The terrain of Kalat district is mountainous with several valleys and one main river Moro. Mount Harboi in Kalat is known for its Juniper old trees. The main economic activities are agriculture and livestock farming.

The district is administratively subdivided into the following tehsils:

- 1. Kalat
- 2. Mangochar
- 3. Surab
- 4. Johan
- 5. Gazg

I. District Profile¹

Population – 2017	412,058
Population density	48.96 per Sq. Km.
Rural population	339,665
Urban population	72,393
Average Household Size	7.38
Female	200,251
Male	211,806
Transgender	1
Average Annual Growth Rate (1998 - 2017)	2.93

II. PHC Facilities and human resource in District Kalat

Rural health center (RHC)	3
Basic health unit (BHU)	23
Civil dispensaries (CD)	11
Total No. of PHC facilities (EPI Sites EPIMIS)	23
Doctors at all PHC facilities in RHC, BHUs, CDs	18

¹ 1https://www.pbs.gov.pk/content/district-wise-results-tables-census-2017

Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	45
Lady Health Workers (LHWs)	86
Lady Health Supervisors (LHSs)	2
Lady Health Workers (LHWs) trained in Routine EPI	40
Lady Health Workers (LHWs) un-trained in Routine EPI	46

III. Union Councils with less than 80% PENTA III Coverage

(Jan - Dec 2021)

S.No	Name of Union Council	PENTA III Coverage Less than 80%
1	BHU Akhorak	62
2	BHU Chatti	72
3	BHU Garani	58
4	BHU Iskalkoo	46
5	BHU Johan	45
6	BHU Mama Tawa	20
7	BHU Mehmood Gohram	58
8	BHU Nichara	73
9	BHU Gazg	27
10	MCH Chashma	49
11	MCH Goum	75
12	CD Malghuzar	51
13	CD Neemargh	25
14	CD Kohing	6

There are 14 union councils in Kalat district in which PENTA III coverage was below 80%.

IV. Health facility wise Pentavalent III Coverage in district Kalat²

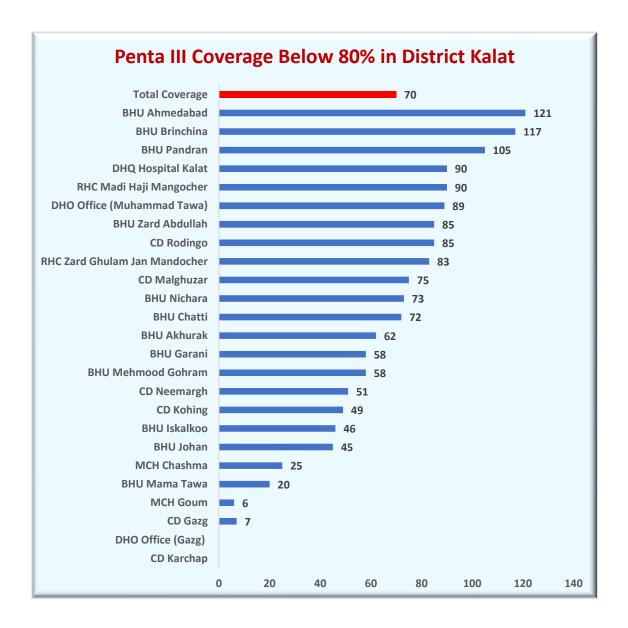
(Jan-Dec 2021)

S. No.		Target		Pentavalent III	
	Type of Health Facility	Newborns	Surviving Infants	Total	%
1	BHU Ahmedabad	215	199	241	121
2	BHU Akhurak	365	338	209	62
3	BHU Brinchina	194	180	211	117
4	BHU Chatti	406	376	270	72
5	BHU Garani	72	67	39	58
6	BHU Iskalkoo	327	303	140	46
7	BHU Johan	269	249	111	45
8	BHU Mama Tawa	261	242	48	20
9	BHU Mehmood Gohram	456	422	245	58
10	BHU Nichara	360	333	243	73
11	BHU Pandran	386	257	376	105
12	BHU Zard Abdullah	435	403	341	85
13	CD Gazg	281	260	19	7
14	CD Karchap	0	0	143	0
15	CD Kohing	661	612	300	49
16	CD Malghuzar	72	67	50	75
17	CD Neemargh	464	430	218	51
18	CD Rodingo	358	332	283	85
19	DHO Office (Gazg)	0	0	169	0
20	DHO Office (Muhammad Tawa)	261	242	216	89
21	DHQ Hospital Kalat	994	920	833	90
22	MCH Chashma	661	612	155	25
23	MCH Goum	249	231	13	6
24	RHC Madi Haji Mangocher	483	447	403	90
25	RHC Zard Ghulam Jan Mandocher	291	269	225	83
Total Coverage		8,521	7,891	5,501	70

 $^{^2}$ EMPIS Balochistan $\,$

According to the EMPIS Balochistan, in district Kalat there are 25 EPI centers. These comprise of 12 basic health units, 2 rural health centers, 1 DHQ hospital, 2 DHO Offices and 6 civil dispensaries, as well as 2 MCHs. The data reveals that the overall coverage of Pentavalent III in district Kalat is 70%. However, there are 16 health facilities with less than 80% Pentavalent III coverage. The lowest coverage is reported as 0% in DHO Office (Gazg) and CD Karchap.

The data in the above-mentioned table is presented in descending order of the PENTA III coverage in Kalat district, in the graph as follows:



V. LHWs Involvement in Routine EPI

S. No	Name of Health Facility	Total	Total
		Attached	Attached LHSs
		LHWs	
1	DHQ: Hospital Kalat	27	2
2	RHC Rodinjoo	3	0
3	RHC Zard Ghulam Jan	4	0
4	RHC Mandy Haji	6	0
5	BHU Pandran	2	0
6	BHU Nichara	1	0
7	BHU Mama Tawa	2	0
8	BHU Akhorak	1	0
9	BHU Iskalkoo	2	0
10	BHU Chatti	2	0
11	BHU Ahmed Abad	2	0
12	BHU Johan	2	0
13	BHU Kohak	1	0
14	BHU Mehmood Gohram	4	0
15	BHU Brinchina	2	0
16	BHU Zard Abdullah	2	0
17	CD Malghuzar	4	0
18	CD Kohing	8	0
19	CD Neemargh	1	0
20	CD Bencha	2	0
21	MCH Center Chashma	4	0
22	MCH Center Goum	4	0
	Total =	86	2

The LHW MIS data reveals that there are only 22/25 health facilities in which 86 LHWs are attached. Therefore, the LHW coverage in the district is only limited to 88%.

The sub-optimal level of PENTA III coverage may be attributed to lack of LHWs attachment with the respective health facilities and lack of training in routine EPI. Moreover, lack of and delayed refresher courses in EPI are also noted as one of the contributing factors for updating the knowledge of LHWs in routine EPI. The monitoring and supervisory role and capacity of Lady Health Supervisors is pertinent for effective service delivery by the LHWs. Therefore, lack of LHSs and lack of their capacity building in monitoring and supervision for routine EPI adds to the overall improved or poor EPI performance of the Kalat district.