



Global Health
Development



EMPHNET

The Eastern Mediterranean
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

DISTRICT QILA ABDULLAH

Balochistan Province

Pakistan

Acronyms

BHU	Basic Health Unit
CD	Civil Dispensaries
DDHO	Deputy District Health Center
DHO	District Health Center
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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Killa Abdullah District

Killa Abdullah District is a recently modified district in Balochistan province of Pakistan. The district is located within the heartland of the Kakar tribe of Pashtuns. Qila Abdullah district lies in the foothills of the Shela Bagh Mountain range. It is bordered by Pishin District in the east, Quetta District in the South and by Afghanistan in the west. The geographical area of the district is 4,894 km² and the general character of the district is mountainous. Its northern area is covered by the Toba Plateau. The hill ranges are fairly uniform in character. They consist of long central ridges with numerous spurs. These spurs vary in elevation from 1,500 to 3,300 meters.

The district is administratively subdivided into the following tehsils:

1. Dobandi
2. Gulistan
3. Qilla Abdullah
4. Chaman

District Profile¹

Population – 2017	758,354
Population density	154.96 per Sq. Km.
Rural population	609,024
Urban population	149,330
Average Household Size	7.55
Female	359,051
Male	399,299
Transgender	4
Average Annual Growth Rate (1998 - 2017)	3.98

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

PHC Facilities and human resource in District Killa Abdullah

Rural health center (RHC)	6
Basic health unit (BHU)	14
Civil dispensaries (CD)	9
Total No. of PHC facilities (EPI Sites EPIMIS)	27
Doctors at all PHC facilities in RHC, BHUs, CDs	34
Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	10
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	21
Lady Health Workers (LHWs)	42
Lady Health Supervisors (LHSs)	4
Lady Health Workers (LHWs) trained in Routine EPI	42
Lady Health Workers (LHWs) un-trained in Routine EPI	0

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	Jilga 1	60
2	Aghberg 1	18
3	Aghberg 2	42
4	Killa Abdullah	54
5	Piralizai 1	23
6	Piralizai 2	62
7	Jungle Camp 1	34
8	Jungle Camp 2	60
9	Abdul Rehmanzai	76
10	Gulistan 2	57

There are 10 union councils in Killa Abdullah district in which PENTA III coverage was below 80%.

Health facility wise Pentavalent III Coverage in district Killa Abdullah²

(Jan-Dec 2021)

S. No.	Type of Health Facility	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	Azam Town School	1094	1013	1562	154
2	BHU Abato Karaiz	154	143	191	134
3	BHU Abdul Rehmanzai	416	385	336	87
4	BHU Abdul Rehmanzai	202	187	327	175
5	BHU Ahmed Khan	950	880	397	45
6	BHU Bakht Mohala	694	643	672	105
7	BHU Bostan	334	309	532	172
8	BHU Dolangi	0	0	48	0
9	BHU Gul Shah Khan	474	439	114	26
10	BHU Habib Abad	0	0	9	0
11	BHU Habibzai	404	374	738	197
12	BHU Haji Karam Khan	654	606	439	72
13	BHU Hassanzai	164	152	110	72
14	BHU Imranzai	0	0	581	0
15	BHU Jalat Khan	410	380	184	48
16	BHU Jangle Pir Alizai	0	0	327	0
17	BHU Jelga Salezai	158	146	375	256
18	BHU Jilani	425	394	603	153
19	BHU Karam Khan	0	0	109	0
20	BHU Kolak Kkozai	0	0	26	0
21	BHU Kuz Naurak	118	109	85	78
22	BHU Lajwar	207	192	613	320
23	BHU Landi Karez	251	232	158	68
24	BHU Malik Shah Jehan	282	261	352	135
25	BHU Mehmood Abad	643	595	597	100
26	BHU Milat Abad	345	319	213	67
27	BHU Mir Alizai	1053	975	833	85
28	BHU Molvi Abdul Ghani	322	298	147	49

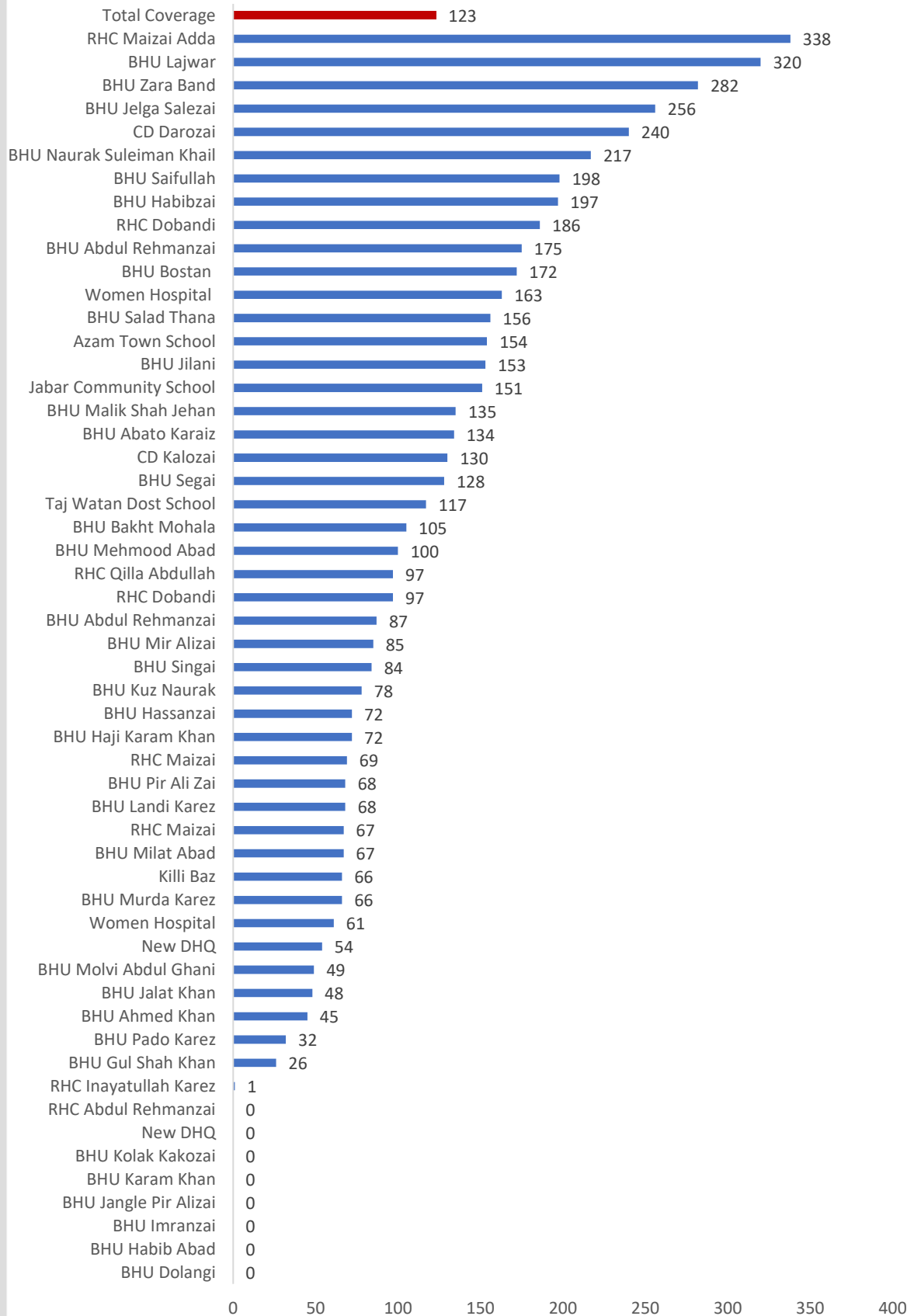
² EMPIS Balochistan

29	BHU Murda Karez	491	455	302	66
30	BHU Naurak Suleiman Khail	119	110	239	217
31	BHU Pado Karez	294	272	86	32
32	BHU Pir Ali Zai	300	278	190	68
33	BHU Saifullah	469	434	859	198
34	BHU Salad Thana	575	532	830	156
35	BHU Segai	507	469	600	128
36	BHU Singai	135	125	105	84
37	BHU Zara Band	184	170	481	282
38	CD Darozai	413	382	918	240
39	CD Kalozai	630	583	758	130
40	Jabar Community School	403	373	562	151
41	Killi Baz	606	561	372	66
42	New DHQ	348	322	173	54
43	New DHQ	0	0	587	0
44	RHC Abdul Rehmanzai	0	0	245	0
45	RHC Dobandi	354	328	609	186
46	RHC Dobandi	396	367	354	97
47	RHC Inayatullah Karez	207	192	1	1
48	RHC Qilla Abdullah	925	857	829	97
49	RHC Maizai	585	542	363	67
50	RHC Maizai	471	436	301	69
51	RHC Maizai Adda	166	154	597	388
52	Taj Watan Dost School	616	570	667	117
53	Women Hospital	613	586	955	163
54	Women Hospital	571	529	325	61
Total Coverage		20,152	18,659	22,986	123

According to the EMPIS Balochistan, in district Killa Abdullah there are 54 EPI centers. These comprise of 36 basic health units, 8 rural health centers, 2 hospitals, 2 DHQ Offices and 2 civil dispensaries, as well as 3 schools. The data reveals that the overall coverage of Pentavalent III in district Qila Abdullah is 123%. However, there are 26 health facilities with less than 80% Pentavalent III coverage. The lowest coverage is reported as 0% in 8 EPI center, namely: RHC Abdul Rehmanzai, New DHQ, BHU Karam Khan, BHU Kolak Kakozei, BHU Jangle Pir Alizai, BHU Imranzai, BHU Habib Abad and BHU Dolangi.

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

Penta III Coverage Below 80% in District Killa Abdullah



LHWs Involvement in Routine EPI

S. No	Name of Health Facility	Total Attached LHWs	Total Attached LHSs
1	Piralizai 1	20	1
2	Killa Abdullah 1	4	1
3	Habibzai 1	10	1
4	Gulistan	8	1
Total =		42	4

The LHW MIS data reveals that there are only 4/54 health facilities in which 42 LHWs are attached. Therefore, the LHW coverage in the district is only limited to 7%.

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 Qila Abdullah district.