

Strengthen Microplanning in High-Risk Union Councils

DISTRICT MASTUNG

Balochistan Province Pakistan

Acronyms

BHU Basic Health Unit

CD Civil Dispensaries

DDHO Deputy District Health Center

DHO District Health Officer

DHC 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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Mastung District

Mastung District is a district located in the northwest of Balochistan province, Pakistan. Prior to its creation as a separate district in 1991, Mastung was part of Kalat District. It covers an area of 3,308 km² and is bordered with Kalat and Kharan districts to the south, Kachhi and Sibi districts to the east and Quetta district to the north.

Administratively, the district is divided into three tehsils, namely:

- 1. Dasht
- 2. Kardigap
- 3. Mastung

Prior to 2006, within these there were 12 union councils: Khadkocha, Ghulam Parenz, Karez Noth, Mastung-1, Mastung-2, Sorgaz, Dasht, Isplinji, Kanak, Shaikh Wasil, Kardigap and Soro. In 2006, one additional union council formed with the name of Alizai, bringing the total union councils to 13.

I. District Profile¹

Population – 2017	265,676
Population density	80.31 per Sq. Km.
Rural population	230,679
Urban population	34,997
Average Household Size	6.84
Female	128,169
Male	137,504
Transgender	3
Average Annual Growth Rate (1998 - 2017)	3.05

District Profile: Mastung

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

II. PHC Facilities and human resource in District Mastung

Rural health center (RHC)	6
Basic health unit (BHU)	16
Civil dispensaries (CD)	6
Maternal and Child Health Centers (MCH)	3
Total No. of PHC facilities (EPI Sites EPIMIS)	17
Doctors at all PHC facilities in RHC, BHUs, CDs	25
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	29
Lady Health Workers (LHWs)	212
Lady Health Supervisors (LHSs)	12
Lady Health Workers (LHWs) trained in Routine EPI	24
Lady Health Workers (LHWs) un-trained in Routine EPI	188

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	Ghulam Prinz	62
2	Mastung I	55
3	Mastung II	75
4	Pring Abad	57

There are 4/13 union councils in Mastung district in which PENTA III coverage was below 80%.

IV. Health facility wise Pentavalent III Coverage in district Mastung²

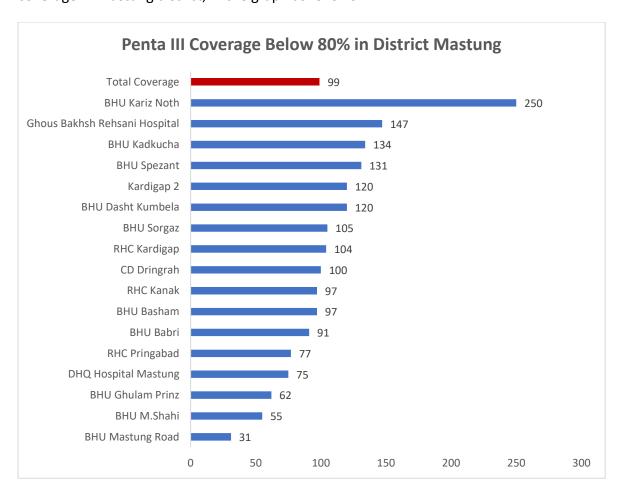
(Jan-Dec 2021)

S. No.		Target		Pentavalent III	
	Type of Health Facility	Newborns	Surviving Infants	Total	%
1	BHU Babri	358	332	303	91
2	BHU Basham	408	378	367	97
3	BHU Dasht Kumbela	479	444	533	120
4	BHU Ghulam Prinz	342	317	195	62
5	BHU Kadkucha	352	326	436	134
6	BHU Kariz Noth	198	183	458	250
7	BHU Mastung Road	268	248	77	31
8	BHU M.Shahi	522	483	268	55
9	BHU Sorgaz	434	402	421	105
10	BHU Spezant	438	406	531	131
11	CD Dringrah	356	330	330	100
12	DHQ Hospital Mastung	926	857	644	75
13	Ghous Bakhsh Rehsani Hospital	161	149	219	147
14	Kardigap 2	359	332	400	120
15	RHC Kanak	463	429	418	97
16	RHC Kardigap	371	344	357	104
17	RHC Pringabad	353	327	253	77
	Total Coverage		6,287	6,210	99

According to the EMPIS Balochistan, in district Mastung there are 17 EPI centers. These comprise of 10 basic health units, 3 rural health centers, 2 hospitals, 1 civil dispensary and 1 other EPI center. The data reveals that the overall coverage of Pentavalent III in district Mastung is 99%. However, there are 5 health facilities with less than 80% Pentavalent III coverage. The lowest coverage is reported as 31% in BHU Mastung Road.

² EMPIS Balochistan

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



V. LHWs Involvement in Routine EPI

S. No	Name of Health Facility	Total Attached LHWs	Total Attached LHSs
1	DHQ Hospital Mastung	8	1
2	RHC Pringabad	10	1
3	RHC Kanak	6	1
	Total =	24	3

The LHW MIS data reveals that there are only 3/17 health facilities in which 24 LHWs are attached. Therefore, the LHW coverage in the district is only limited to 18%.

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 Mastung district.