



Global Health
Development



EMPHNET

The Eastern Mediterranean
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

DISTRICT SORAB

Balochistan Province

Pakistan

Acronyms

BHU	Basic Health Unit
CD	Civil Dispensaries
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
RC	Rural Health Center
SD/FR	Sub-Division / Frontier Region

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Sorab District

Sorab district is in Balochistan province. It has an area of 952 sq.km. It was administratively declared as a district in 1970.

Currently, Sorab district has four sub-divisions:

1. Sorab
2. Dasht Ghoram
3. Mehrabad
4. Gidder

District profile¹

Population - 2017	200,957
Population density	33-20/km ²
Rural population	140,000
Urban population	60,957
Households	91,414
Average Household Size	7.37
Female	110,000
Male	90,957
Transgender	3
Average Annual Growth Rate (1998 - 2017)	2.93

PHC Facilities and human resource in district Sorab

Rural health center (RHC)	1
Basic health unit (BHU)	4
Civil dispensaries (CD)	26
Total No. of PHC facilities (EPI Sites EPIMIS)	12
Doctors at all PHC facilities in RHC, BHUs, CDs	3

¹ [1pbs.gov.pk/content/district-glance-Sorab](http://pbs.gov.pk/content/district-glance-Sorab)

Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	162
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	18
Lady Health Workers (LHWs)	91
Lady Health Supervisors (LHSs)	2
Lady Health Workers (LHWs) trained in Routine EPI	30
Lady Health Workers (LHWs) un-trained in Routine EPI	61

Union Councils with less than 80% PENTA III Coverage

(June - Dec 2020)

S.No	Name of Union Council	PENTA III Coverage Less than 80%
1	Sorab	72
2	Hathyari	36
3	Dashtghoran	33
4	Toba	30
5	Lakoran	63
6	Jeewa	57

There are 6 union councils in Sorab district in which PENTA III coverage was below 80%.

Health facility wise Pentavalent III Coverage in district Sorab²

(Jan-Dec 2020)

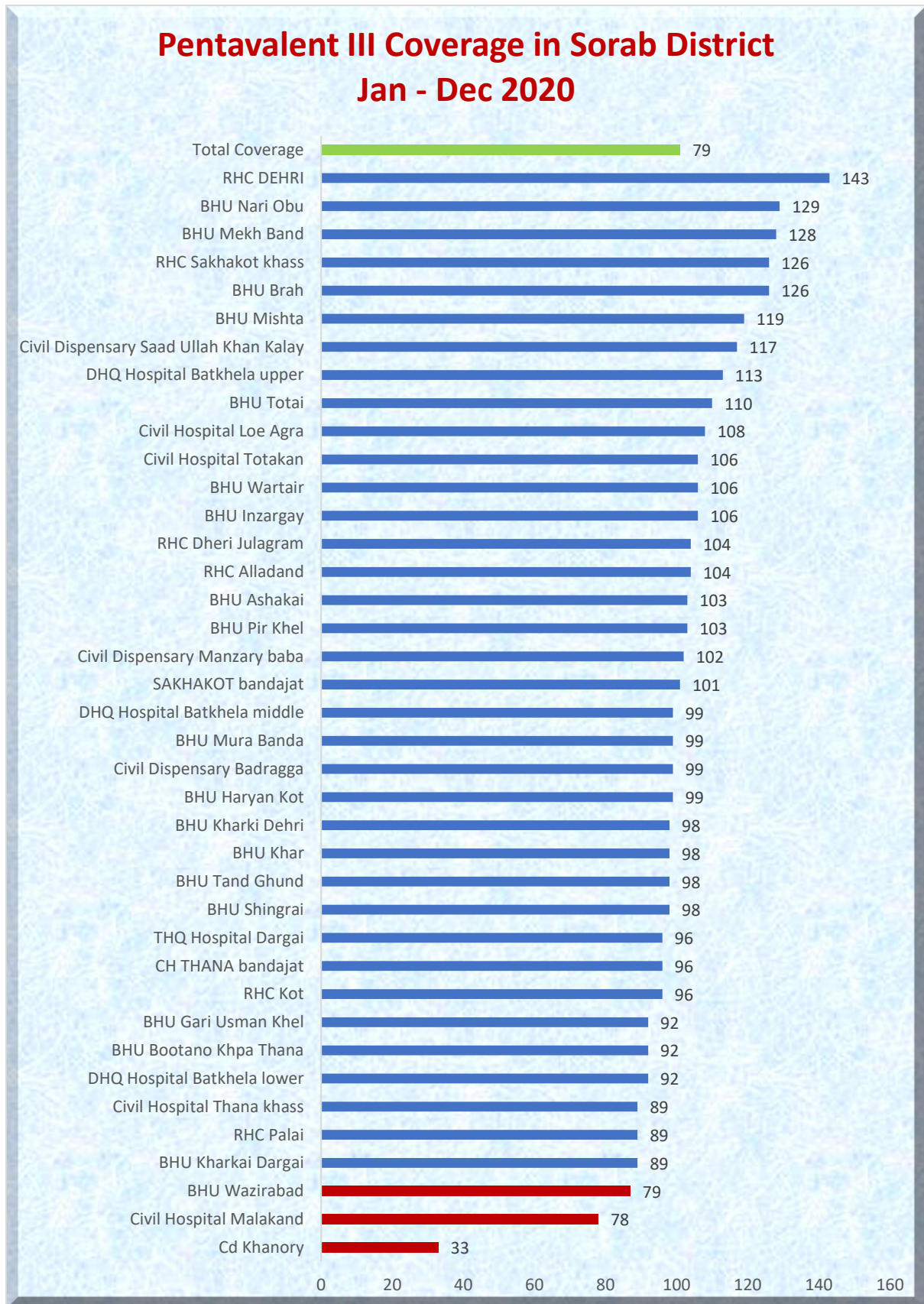
S. No.	Type of Health Facility	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	BHU Ashakai	749	706	726	103
2	BHU Bootano Khpa Thana	868	818	752	92
3	BHU Brah	251	236	299	126
4	BHU Gari Usman Khel	862	812	745	92
5	BHU Haryan Kot	659	621	612	99
6	BHU Inzargay	148	139	148	106

² EPMIS Balochistan Jan – Dec 2021

7	BHU Khar	775	730	716	98
8	BHU Kharkai Dargai	1204	1134	1005	89
9	BHU Kharki Dehri	850	801	783	98
10	BHU Mekh Band	708	667	854	128
11	BHU Mishta	88	83	99	119
12	BHU Mura Banda	424	399	395	99
13	BHU Nari Obu	236	222	287	129
14	BHU Pir Khel	306	288	297	103
15	BHU Shingrai	634	597	585	98
16	BHU Tand Ghund	148	139	136	98
17	BHU Totai	450	424	466	110
18	BHU Wartair	997	939	994	106
19	BHU Wazirabad	1098	1034	900	87
20	Cd Khanory	180	170	56	33
21	CH THANA bandajat	1130	1064	1019	96
22	Civil Dispensary Badragga	630	593	586	99
23	Civil Dispensary Manzary baba	177	167	170	102
Total Coverage		27,213	25,633	25,794	79%

According to the EPMIS Balochistan, in district Sorab there are 39 EPI centers. These comprise of 20 basic health units, 6 rural health centers, 9 civil dispensaries, 4 civil hospital and 3 district headquarter hospital. The data reveals that the overall coverage of Pentavalent III in district Sorab is 79%. However, there are 2 health facilities with less than 80% Pentavalent III coverage. The lowest coverage is reported as 33% in CD Khanory.

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



District Profile: Sorab

Provincial ToT Balochistan
07th -- 09th Feb, 2022

LHWs Involvement in Routine EPI

S. No	Name of Health Facility	Total Attached LHWs	Total Attached LHSs
1	Sorab	47	2
2	Hathyari	16	0
3	Dashtghoran	3	0
4	Toba	4	0
5	Lakoran	3	0
6	Jeewa	1	0
Total =		74	2

The LHW MIS data reveals that there are only 6 health facilities in which LHWs are attached. Therefore, the LHW coverage in the district Sorab is only limited to 64%.

The optimal level of PENTA III coverage may be attributed to 64% of LHWs attachment with the respective health facilities and training in routine EPI. However, 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 Sorab district.