

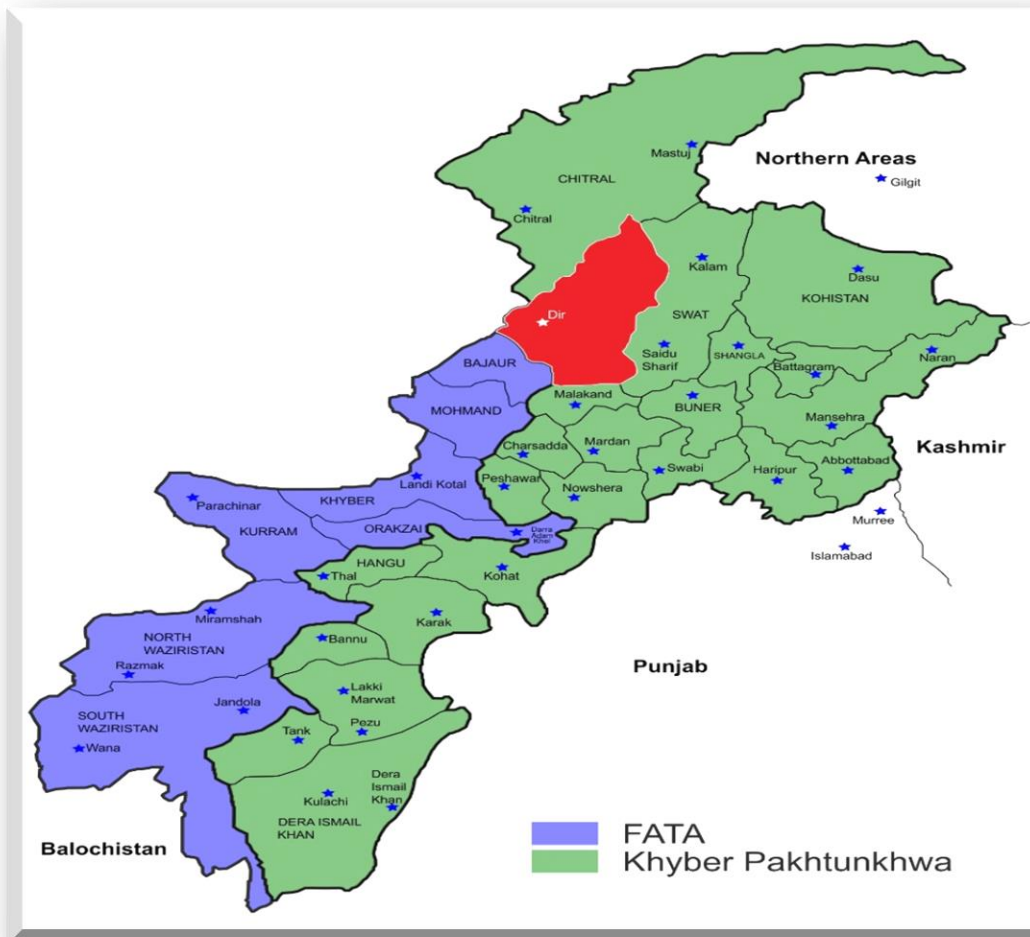


Global Health
Development



EMPHNET

The Eastern Mediterranean
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

DISTRICT DIR UPPER

Khyber Pakhtunkhwa 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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Dir Upper District

Upper Dir District is situated in Malakand division of Khyber Pakhtunkhwa province. At the time of independence, Dir was a princely state and was merged with Pakistan in 1969. It was declared as a district in 1970. In 1996, it was bifurcated into Upper and Lower Dir districts.

Administratively, Upper Dir district is divided into six tehsils.

1. Dir Tehsil
2. Larjam Tehsil
3. Sheringal Tehsil
4. Wari Tehsil
5. Kalkot Kohistan Tehsil
6. Barawal Bandi Tehsil



Dir is the main urban town, as majority of the population is rural, scattered in more than 1200 villages in the deep narrow valleys of the Panjkora and its tributaries. There are 42 union councils in the district.

District profile¹

Area	3699 sq. kms
Population – 2017	946,421 persons
Male	466,173
Female	480,247
Population density	250/km ²
Rural population	443,488
Urban population	22,685
Households	120,228

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

Average Household Size	8.7
Transgender	1
Literacy Ratio (10 +) - 1998 ²	21.21
Average Annual Growth Rate (1998 - 2017)	2.64

PHC Facilities and human resource in district Dir Upper

Rural health center (RHC)	04
Basic health unit (BHU)	30
Civil dispensaries (CD)	11
Total No. of PHC facilities (EPI Sites EPIMIS)	43
Doctors at all PHC facilities in RHC, BHUs, CDs	131
Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	437
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	108
Lady Health Workers (LHWs)	356
Lady Health Supervisors (LHSs)	14
Lady Health Workers (LHWs) trained in Routine EPI	178
Lady Health Workers (LHWs) untrained in Routine EPI	178

Union Councils with less than 80% PENTA III Coverage

(Jan - Dec 2021)

S.No	Union Council	Penta3 Coverage %
1	Tall	23
2	Darikand	54
3	Dislowre	54
4	Wari	57
5	Kotky	59
6	Chukyatan	62
7	Ganorei	63
8	Sawni	74
9	Patrak gharbi	75
10	Qulandi	77
11	Shahikot	78

² pbs.gov.pk/content/district-glance-upper-dir

12	Barikot	79
13	Pashta	79

There are 13/32 union councils in the district which have PENTA III coverage below 80%.

Union Council wise Pentavalent III Coverage in district Dir Upper³

(Jan-Dec 2021)

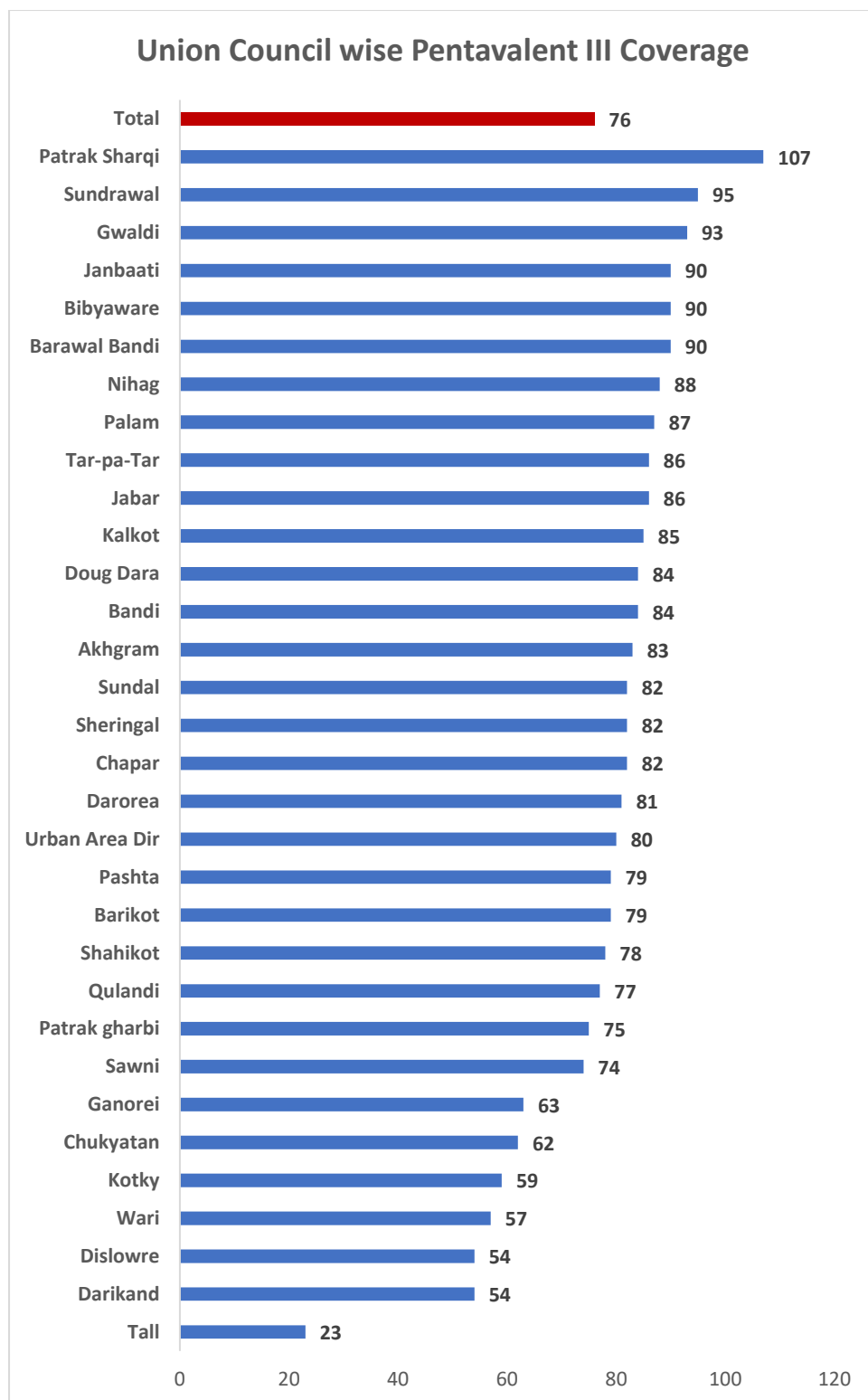
S. No	Union Council	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	Akhgram	1346	1268	1058	83
2	Bandi	1237	1165	982	84
3	Barawal Bandi	903	851	763	90
4	Barikot	806	759	602	79
5	Bibyaware	1268	1194	1076	90
6	Chapar	1460	1375	1131	82
7	Chukyatan	834	786	491	62
8	Darikand	468	441	239	54
9	Darorea	1542	1453	1183	81
10	Dislowre	1533	1444	775	54
11	Doug Dara	1157	1090	916	84
12	Ganorei	1268	1194	758	63
13	Gwaldi	856	806	748	93
14	Jabar	910	857	739	86
15	Janbaati	867	817	735	90
16	Kalkot	583	549	467	85
17	Kotky	1483	1397	828	59
18	Nihag	1060	999	881	88
19	Palam	1236	1164	1013	87
20	Pashta	1461	1376	1093	79
21	Patrak gharbi	557	525	395	75
22	Patrak Sharqi	555	523	557	107
23	Qulandi	1281	1207	935	77
24	Sawni	922	869	641	74
25	Shahikot	868	818	641	78
26	Sheringal	1727	1627	1330	82
27	Sundal	953	898	737	82

³ EPMIS KP Dec 2021

28	Sundrawal	626	590	558	95
29	Tall	1176	1108	257	23
30	Tar-pa-Tar	1377	1297	1121	86
31	Urban Area Dir	1964	1850	1486	80
32	Wari	2410	2270	1288	57
Total		36,694	34,567	26,424	76

According to the EPMIS Khyber Pakhtunkhwa, in district Upper Dir there are 32 Union Councils. The data reveals that during the reporting period of Jan-Dec 2021, an average coverage of 76% is reported for PENTA III in the Dir Upper district. 13 out of 32 union councils have coverage below 80% for PENTA III. The minimal coverage was recorded at 23% at BHU Tall and best coverage reported as 107% at BHU Patrak Sharqi.

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



LHWs Involvement in Routine EPI

S.No	Name of Health Facility	No. of Attached LHWs	No. of Attached LHSs
1	DHQ Hospital Dir	56	1
2	BHU Ganori	6	0
3	RHC Bibyawar	16	1
4	BHU Darora	8	0
5	BHU Tar-pa- Tar	43	2
6	BHU Jabbar	14	1
7	BHU Sheringal	27	1
8	BHU Qulandi	4	0
9	BHU Battal	0	0
10	Cat. D Hospital Barawal	31	1
11	Cat. D Hospital Patrak	17	1
12	BHU Barikot	5	0
13	Cat. D Hospital Wari	39	2
14	BHU Dislawar	13	0
15	BHU Nasir Abad	18	1
16	BHU Sundal	27	2
17	BHU Akhagram	24	1
18	RHC Nihag	10	0
Total		350	14

The LHW MIS data reveals that nearly 43% union councils (18 out of 42) have services of lady health workers, whereas 57.1% health facilities (24 out of 42) lack services of lady health workers. The data analysis indicates that 60% (6 out of 10) facilities with below 80% PENTA III coverage lack lady health workers.

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 Dir Upper district.