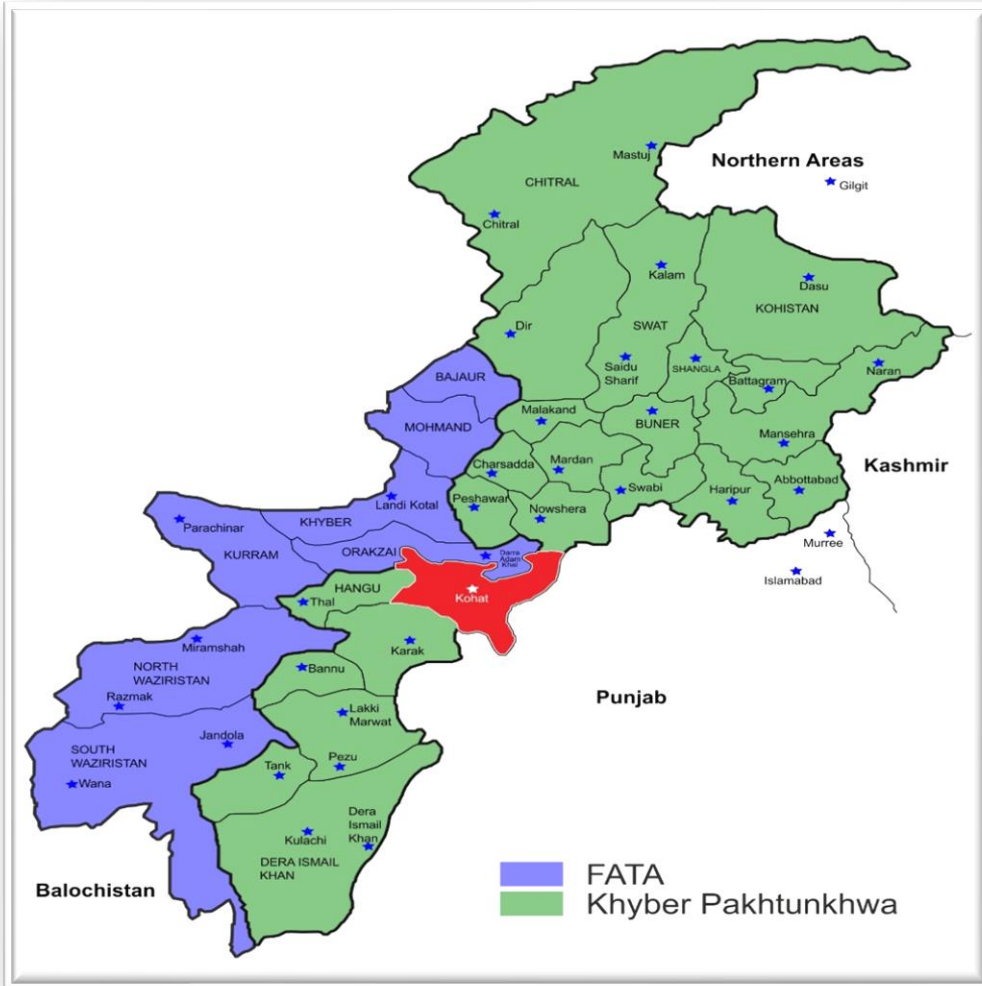




Global Health
Development



EMPHNET
The Eastern Mediterranean
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

DISTRICT KOHAT

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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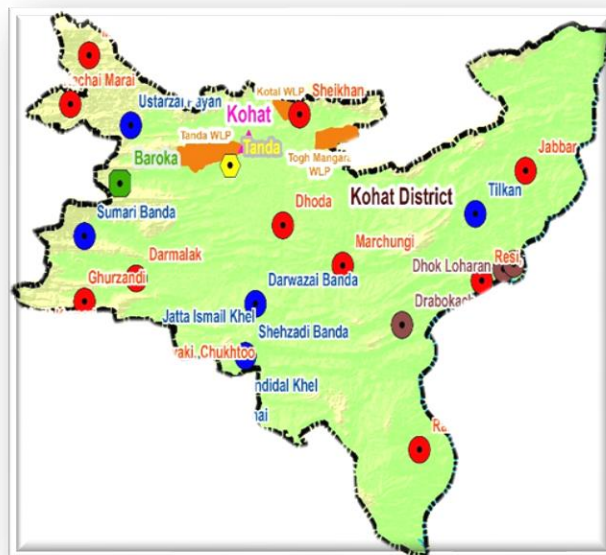
Kohat District

Kohat district is in Khyber Pakhtunkhwa province and is part of Kohat division. It has an area of 2,545 sq.km.

Kohat district has two tehsils:

1. Kohat
2. Lachi

The 2 tehsils are further sub-divided into 27 union councils.



District profile¹

| | |
|---|-----------------|
| Population - 2017 | 2,218,971 |
| Population density | 221.1 per sq.km |
| Rural population | 1,795,236 |
| Urban population | 423,735 |
| Households | 242,758 |
| Average Household Size | 7.5 |
| Female | 1,123,338 |
| Male | 1,095,580 |
| Transgender | 54 |
| Literacy Ratio (10 +) - 1998 ² | 44.1 |
| Average Annual Growth Rate (1998 - 2017) | 2.82 |

¹ pbs.gov.pk/content/district-glance-Kohat

PHC Facilities and human resource in district Kohat

| | |
|---|-----|
| Rural health center (RHC) | 4 |
| Basic health unit (BHU) | 20 |
| Civil dispensaries (CD) | 9 |
| Total No. of PHC facilities (EPI Sites EPIMIS) | 57 |
| Doctors at all PHC facilities in RHC, BHUs, CDs | 182 |
| Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs | 388 |
| No. of vaccinators at all PHC facilities RHC, BHUs, CDs | 125 |
| Lady Health Workers (LHWs) | 340 |
| Lady Health Supervisors (LHSs) | 14 |
| Lady Health Workers (LHWs) trained in Routine EPI | 194 |
| Lady Health Workers (LHWs) un-trained in Routine EPI | 146 |

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 | Sumary | 27 |
| 2 | Mandoori | 37 |
| 3 | Shakardara-Rural-2 | 37 |
| 4 | Shah Pur | 43 |
| 5 | Mohammad Zai | 44 |
| 6 | Urban-4 | 44 |
| 7 | Sudal | 47 |
| 8 | Dhoda | 50 |
| 9 | Jarma | 51 |
| 10 | Urban-6 | 56 |
| 11 | Surgul | 56 |
| 12 | Urban-1 | 59 |
| 13 | Urban-5 | 59 |
| 14 | Khushal Garh | 62 |
| 15 | Urban-2 | 62 |
| 16 | Gumbat | 63 |
| 17 | Darmalak | 63 |
| 18 | Nasrat Khel | 64 |

| | | |
|----|--------------------|----|
| 19 | Chorlaki | 67 |
| 20 | Bahader Kot | 68 |
| 21 | Ziarat-S-Allah Dad | 68 |
| 22 | Shakar Dara-Urban | 71 |
| 23 | Kharmatoo | 75 |
| 24 | Uster Zai | 75 |
| 25 | Lachi Urban | 75 |
| 26 | Bilitang | 76 |
| 27 | Urban-3 | 76 |
| 28 | Cantt | 77 |
| 29 | Sher Kot | 77 |
| 30 | Togh-2 | 77 |

There are 30/31 union councils in Kohat district in which PENTA III coverage was below 80%.

Union Council wise Pentavalent III Coverage in district Kohat³

(Jan-Dec 2021)

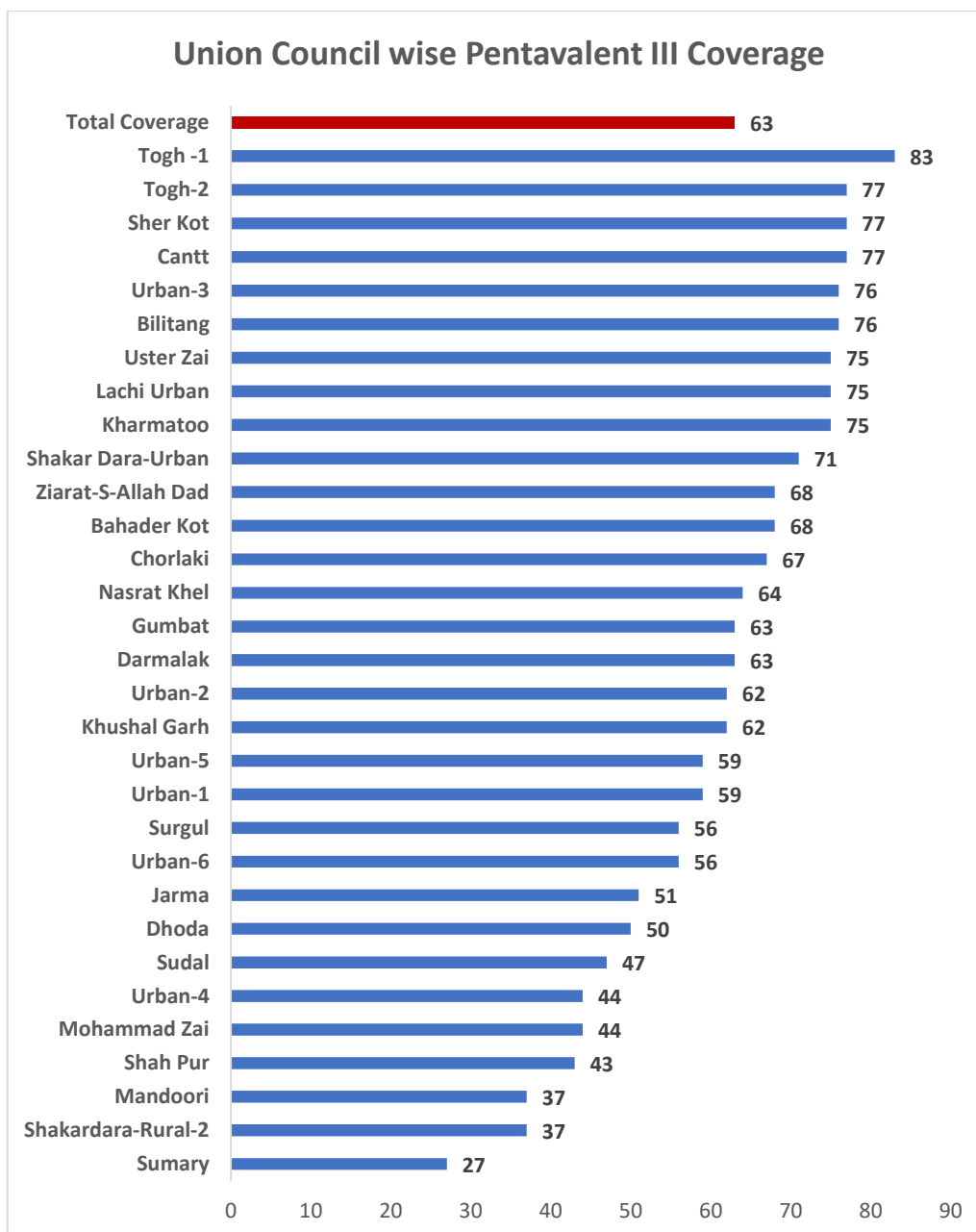
| S. No. | Union Council | Target | | Pentavalent III | |
|--------|---------------|----------|-------------------|-----------------|----|
| | | Newborns | Surviving Infants | Total | % |
| 1 | Bahader Kot | 1188 | 1119 | 756 | 68 |
| 2 | Bilitang | 1781 | 1678 | 1273 | 76 |
| 3 | Cantt | 798 | 752 | 578 | 77 |
| 4 | Chorlaki | 768 | 723 | 487 | 67 |
| 5 | Darmalak | 378 | 356 | 226 | 63 |
| 6 | Dhoda | 1787 | 1683 | 835 | 50 |
| 7 | Gumbat | 1173 | 1105 | 698 | 63 |
| 8 | Jarma | 1406 | 1324 | 681 | 51 |
| 9 | Kharmatoo | 1704 | 1605 | 1207 | 75 |
| 10 | Khushal Garh | 935 | 881 | 548 | 62 |
| 11 | Lachi Urban | 903 | 851 | 641 | 75 |
| 12 | Mandoori | 595 | 560 | 208 | 37 |
| 13 | Mohammad Zai | 1063 | 1001 | 438 | 44 |
| 14 | Nasrat Khel | 916 | 863 | 556 | 64 |
| 15 | Shah Pur | 1146 | 1080 | 464 | 43 |

³ EPMIS KP Dec 2021

| | | | | | |
|-----------------------|--------------------|---------------|---------------|---------------|-----------|
| 16 | Shakardara-Rural-2 | 552 | 520 | 193 | 37 |
| 17 | Shakar Dara-Urban | 1136 | 1070 | 761 | 71 |
| 18 | Sher Kot | 1235 | 1163 | 895 | 77 |
| 19 | Sudal | 1226 | 1155 | 539 | 47 |
| 20 | Sumary | 434 | 409 | 110 | 27 |
| 21 | Surgul | 705 | 664 | 371 | 56 |
| 22 | Togh -1 | 1021 | 962 | 803 | 83 |
| 23 | Togh-2 | 480 | 452 | 347 | 77 |
| 24 | Urban-1 | 5985 | 5638 | 3329 | 59 |
| 25 | Urban-2 | 424 | 399 | 249 | 62 |
| 26 | Urban-3 | 3903 | 3677 | 2798 | 76 |
| 27 | Urban-4 | 929 | 875 | 381 | 44 |
| 28 | Urban-5 | 941 | 886 | 526 | 59 |
| 29 | Urban-6 | 1964 | 1850 | 1039 | 56 |
| 30 | Uster Zai | 676 | 637 | 476 | 75 |
| 31 | Ziarat-S-Allah Dad | 998 | 940 | 639 | 68 |
| Total Coverage | | 39,150 | 36,878 | 23,052 | 63 |

According to the EPMIS Khyber Pakhtunkhwa, in district Kohat there are 31 Union Councils. The data reveals that the overall coverage of Pentavalent III in district Kohat is 63%. However, there are 30 union councils with less than 80% Pentavalent III coverage. The lowest coverage is reported as 27% in Sumary.

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



LHWs Involvement in Routine EPI

| S. No | Name of Health Facility | Total Attached LHWs | Total Attached LHSs |
|----------------|---|---------------------|---------------------|
| 1 | BHU Barh | 6 | 0 |
| 2 | RHC Billitang | 21 | 1 |
| 3 | BHU Dhoda | 17 | 0 |
| 4 | BHU Kachai | 11 | 0 |
| 5 | BHU Marray Payan | 7 | 0 |
| 6 | BHU Nakband | 6 | 1 |
| 7 | BHU Pershai | 4 | 0 |
| 8 | BHU Togh Bala | 25 | 1 |
| 9 | BHU Sher Kot | 20 | 1 |
| 10 | MCH Jungle Khel | 22 | 1 |
| 11 | RHC Chorlakki | 18 | 1 |
| 12 | RHC Gumbat | 10 | 0 |
| 13 | RHC Usterzal | 18 | 1 |
| 14 | Women & Children Liaqat Memorial Hospital Kohat | 95 | 4 |
| 15 | CH Shakardara | 37 | 1 |
| 16 | RHC Lachi | 26 | 2 |
| Total = | | 343 | 14 |

The LHW MIS data reveals that there are only 16/47 health facilities in which LHWs are attached. Therefore, the LHW coverage in the district Kohat is only limited to 34%.

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 Kohat district.