



Global Health
Development



EMPHNET

The Eastern Mediterranean
Public Health Network

Strengthen Microplanning in High-Risk Union Councils

DISTRICT KOHISTAN LOWER

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

Contents

Kohistan Lower District.....	4
District profile	4
PHC Facilities and human resource in district Kohistan Lower	5
Union Councils with less than PENTA III Coverage	6
Union Council wise Pentavalent III Coverage in district Kohistan Lower	6

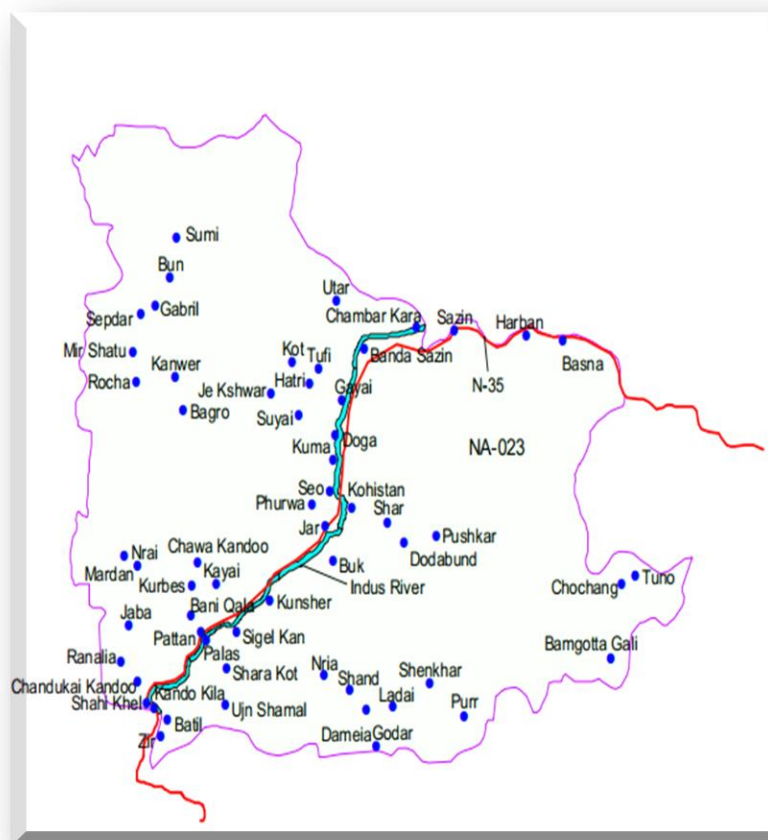
Kohistan Lower District

Kohistan Lower district is in Khyber Pakhtunkhwa province and is a part of Hazara division. It covers an area of 4,850 km².

It was declared as an administrative unit in 2014 and is divided into two tehsils and 15 union councils.

The names of tehsils are as follows:

1. Tehsil Dassu
2. Tehsil Seo
3. Tehsil Kandia
4. Tehsil Bhasha



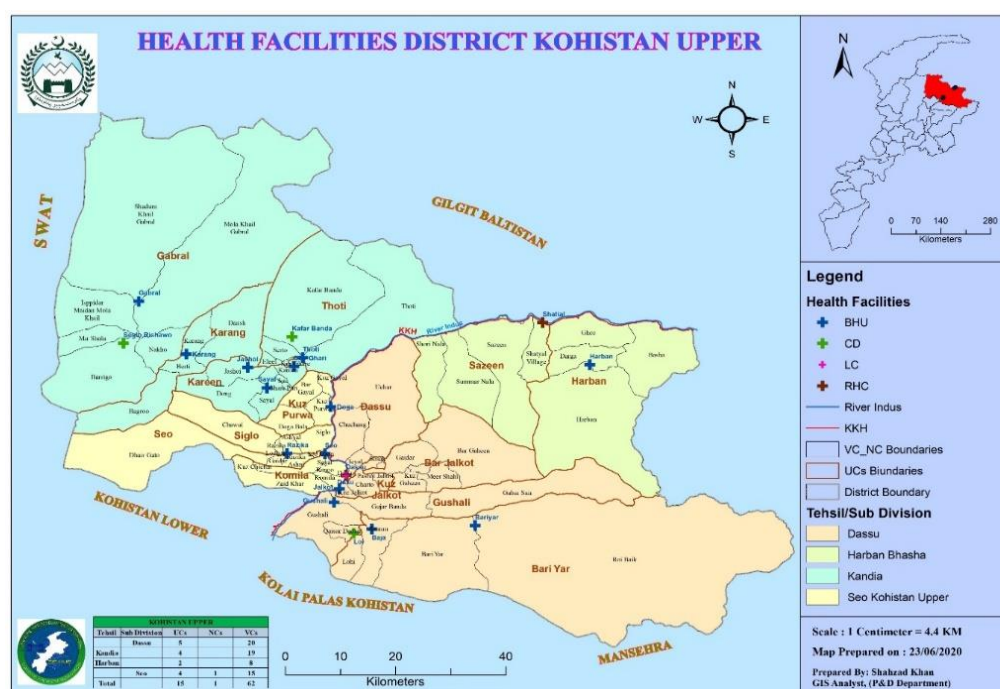
District profile¹

Population – 2017	202,913
Population density	-
Rural population	100%
Urban population	-
Households	26,355
Average Household Size	-
Average Annual Growth Rate (1998 - 2017)	-

¹ [Ipbs.gov.pk/content/district-glance-Kohistan Upper](https://www.ipbs.gov.pk/content/district-glance-Kohistan%20Upper)

PHC Facilities and human resource in district Kohistan Lower

Rural health center (RHC)	2
Basic health unit (BHU)	15
Civil dispensaries (CD)	3
Total No. of PHC facilities (EPI Sites EPIMIS)	17
Total. No of UCs without Health Facilities	2
Doctors at all PHC facilities in RHC, BHUs, CDs	26
Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	56
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	2
Total EPI Supervisors (DSV, TSV, FSV)	6
Lady Health Workers (LHWs)	51
Lady Health Supervisors (LHSs)	4
Lady Health Workers (LHWs) trained in Routine EPI	0
Lady Health Workers (LHWs) untrained in Routine EPI	51
Lady Health Workers (LHWs) uncovered areas	85%
Community Midwives (CMW) MNCH	NA



Union Councils with less than PENTA III Coverage

(Jan - Dec 2021)

S.No	Name of Union Council	PENTA III Coverage Less than 80%
1	Bankad	32
2	Dubair Bala	32
3	Dubair Khass	37
4	Chow dara	43
5	Dubair Payeen	46
6	Ranolia	47
7	Keyal	53
8	Sigayoon	55
9	Jijal	57

There are 9/10 union councils in the district which have less than 80% PENTA III coverage.

Union Council wise Pentavalent III Coverage in district Kohistan Lower²

(Jan-Dec 2021)

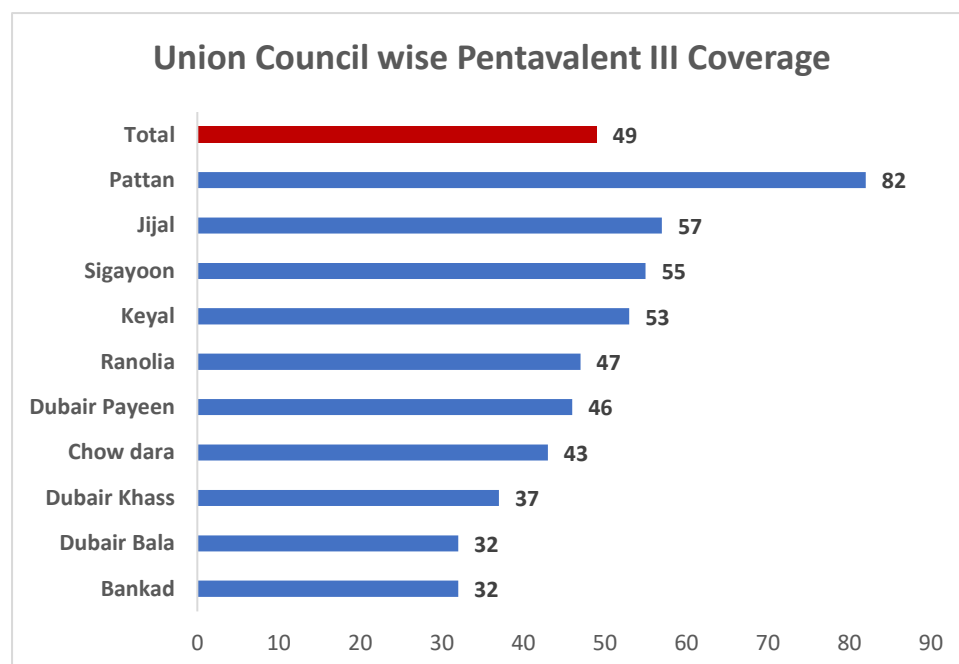
S. No	Union Councils	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	Bankad	814	767	249	32
2	Chow dara	816	769	333	43
3	Dubair Bala	812	765	248	32
4	Dubair Khass	814	767	286	37
5	Dubair Payeen	791	745	345	46
6	Jijal	801	755	432	57
7	Keyal	861	811	428	53
8	Pattan	857	807	666	82
9	Ranolia	796	750	355	47
10	Sigayoon	838	789	433	55
	Total	8,200	7,725	3,775	49

According to the EPMIS Khyber Pakhtunkhwa, there are 10 Union Councils in district Kohistan Lower. These comprise of 13 basic health units and 3 rural health centers. The data reveals

² EPMIS KP Dec 2021

that the overall coverage of Pentavalent III in district Kohistan Lower is 49%. However, there are 9 health facilities with less than 80% Pentavalent III coverage. The lowest coverage is reported as 32% in Bankad, whereas the highest is reported in Pattan at 82%.

The data in the above-mentioned table is presented in descending order of the PENTA III coverage in Kohistan Lower 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
		Total LHWs	Trained in Routine EPI	Untrained	
1	RHC Dassu	10	06	04	01
2	RHC Shahtiyal	06	04	02	01

The LHW MIS data reveals that there are only 2/16 health facilities in which LHWs are attached. Therefore, the LHW coverage in the district is only limited to 12.5%. The PENTA III coverage in RHC Shatiyal is 83% and there are 4/6 LHWs trained in routine EPI. On the contrary, there is a lack of LHWs at BHU Sargari, in which the PENTA III coverage is only 19%.

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 Kohistan Upper district.