

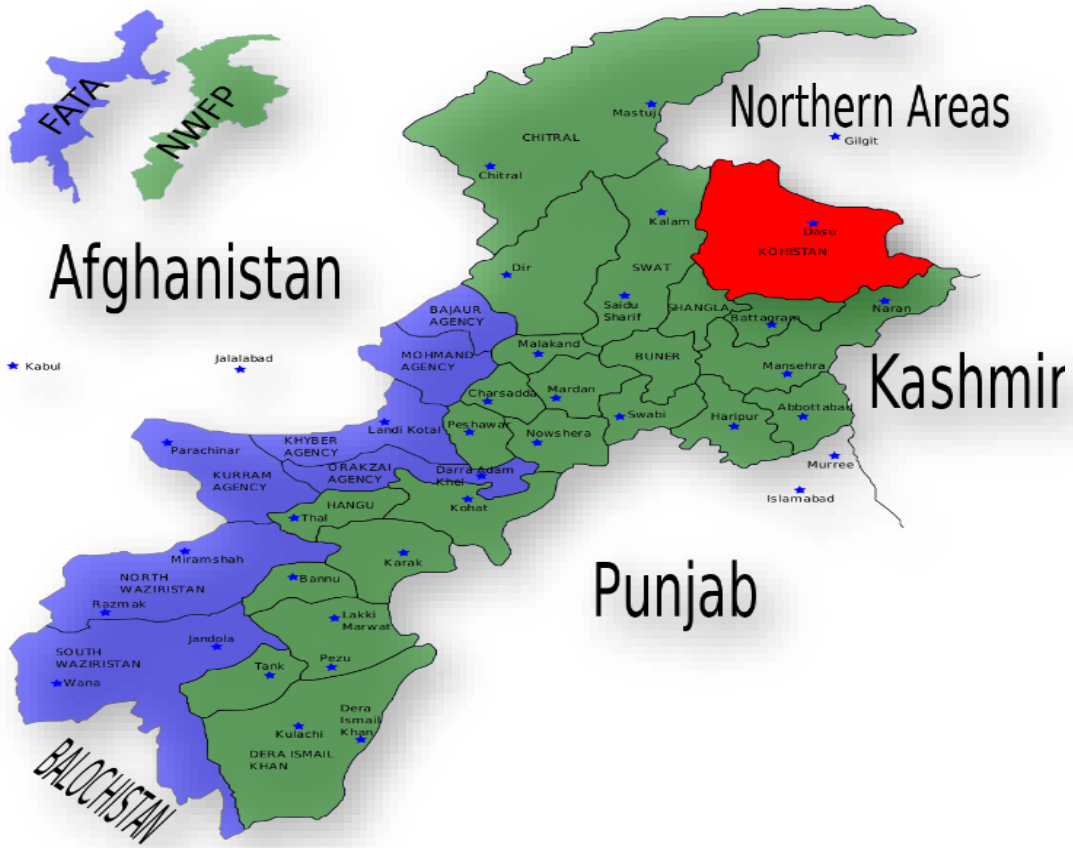


Global Health
Development



EMPHNET

The Eastern Mediterranean
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

DISTRICT KOHISTAN 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

Contents

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

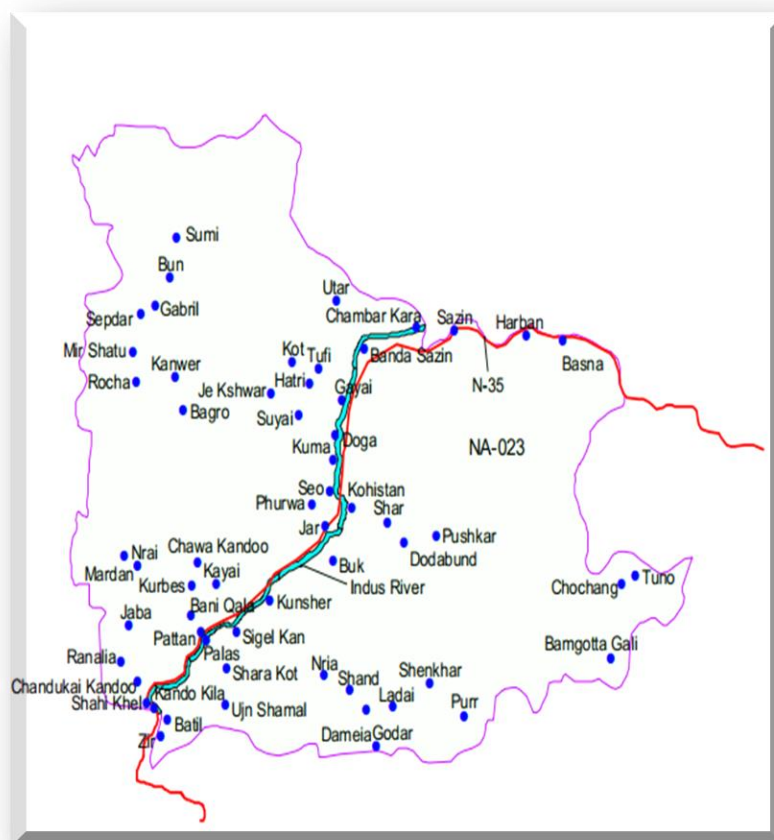
Kohistan Upper District

Kohistan Upper 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 four tehsils and 15 union councils.

The names of tehsils are as follows:

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



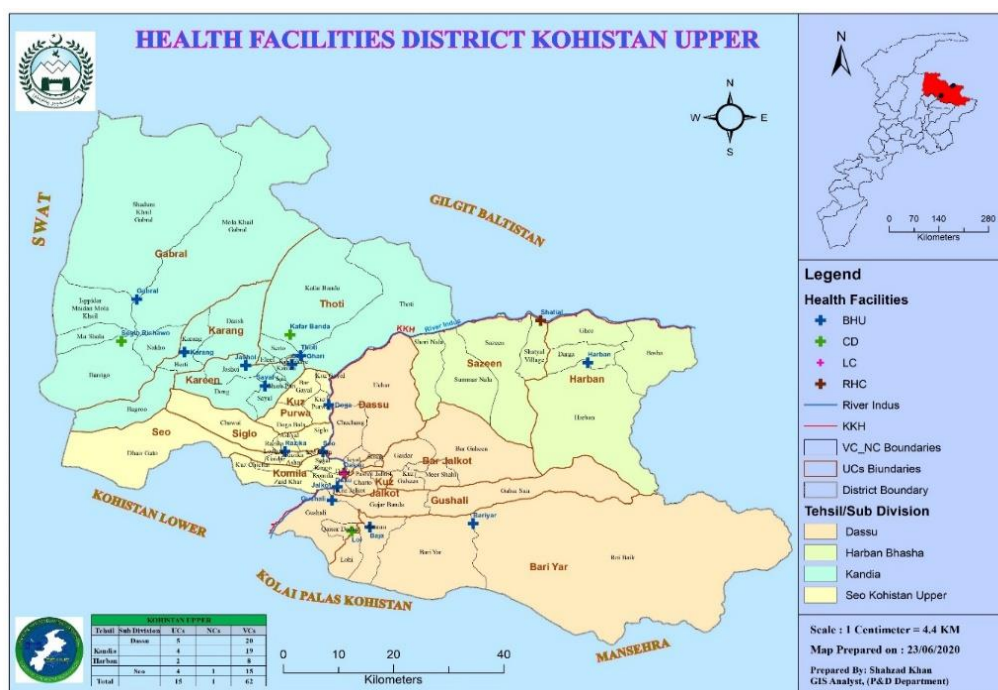
District profile¹

Population – 2017	306,337
Population density	4,850 km ²
Rural population	70%
Urban population	30%
Households	3,549
Average Household Size	7
Average Annual Growth Rate (1998 - 2017)	2.70

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

PHC Facilities and human resource in district Kohistan Upper

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	Dassu	18
2	Kuz Jalkot	22
3	Bar Jalkot	38
4	Thoti	43
5	Sazeen	46
6	Gabral	50
7	Karang	51
8	Kareen	67
9	Goshali	68
10	Seo	70
11	Kuz. Purwa	71
12	Komila	73
13	Sigloo	75

There are 13/15 union councils in the district which have less than 80% PENTA III coverage.

Union Council wise Pentavalent III Coverage in district Kohistan Upper²

(Jan-Dec 2021)

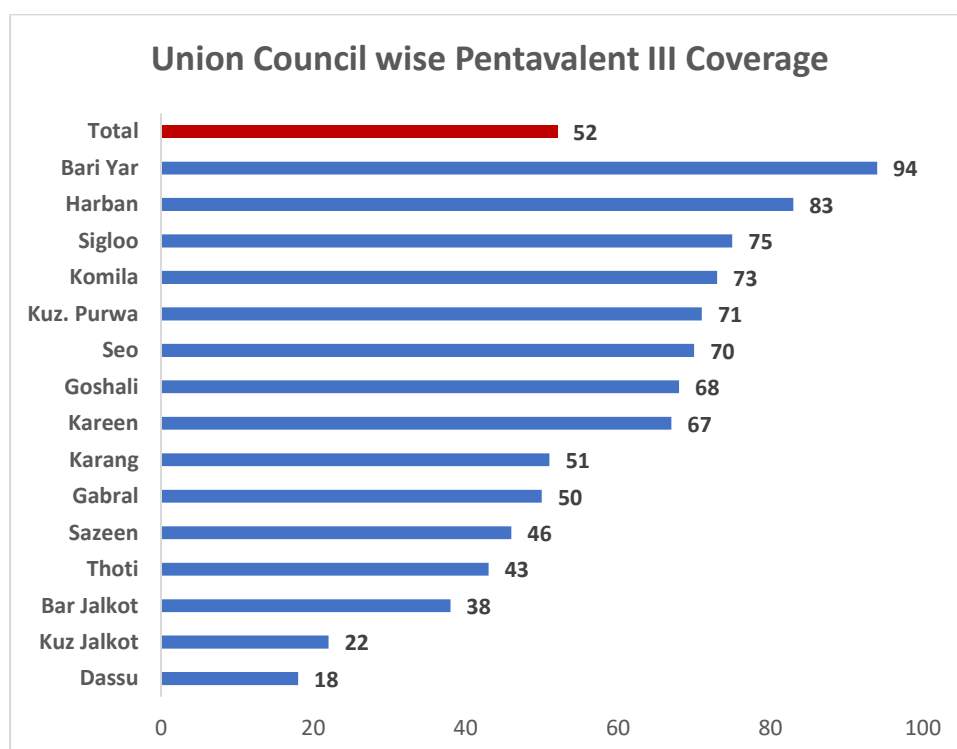
S. No	Union Councils	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	Bari Yar	654	616	582	94
2	Bar Jalkot	511	481	185	38
3	Dassu	615	579	103	18
4	Gabral	578	544	272	50
5	Goshali	580	546	374	68
6	Harban	561	528	436	83
7	Karang	545	513	264	51
8	Kareen	649	611	409	67
9	Komila	601	566	413	73
10	Kuz Jalkot	591	557	123	22
11	Kuz. Purwa	543	512	363	71

² EPMIS KP Dec 2021

12	Sazeen	598	563	261	46
13	Seo	610	575	403	70
14	Sigloo	543	512	384	75
15	Thoti	546	514	220	43
	Total	8725	8217	4792	52

According to the EPMIS Khyber Pakhtunkhwa, there are 15 Union Councils in district Kohistan Upper. These comprise of 13 basic health units and 3 rural health centers. The data reveals that the overall coverage of Pentavalent III in district Kohistan Upper is 52%. However, there are 13 health facilities with less than 80% Pentavalent III coverage. The lowest coverage is reported as 18% in Dassu.

The data in the above-mentioned table is presented in descending order of the PENTA III coverage in Abbottabad 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.