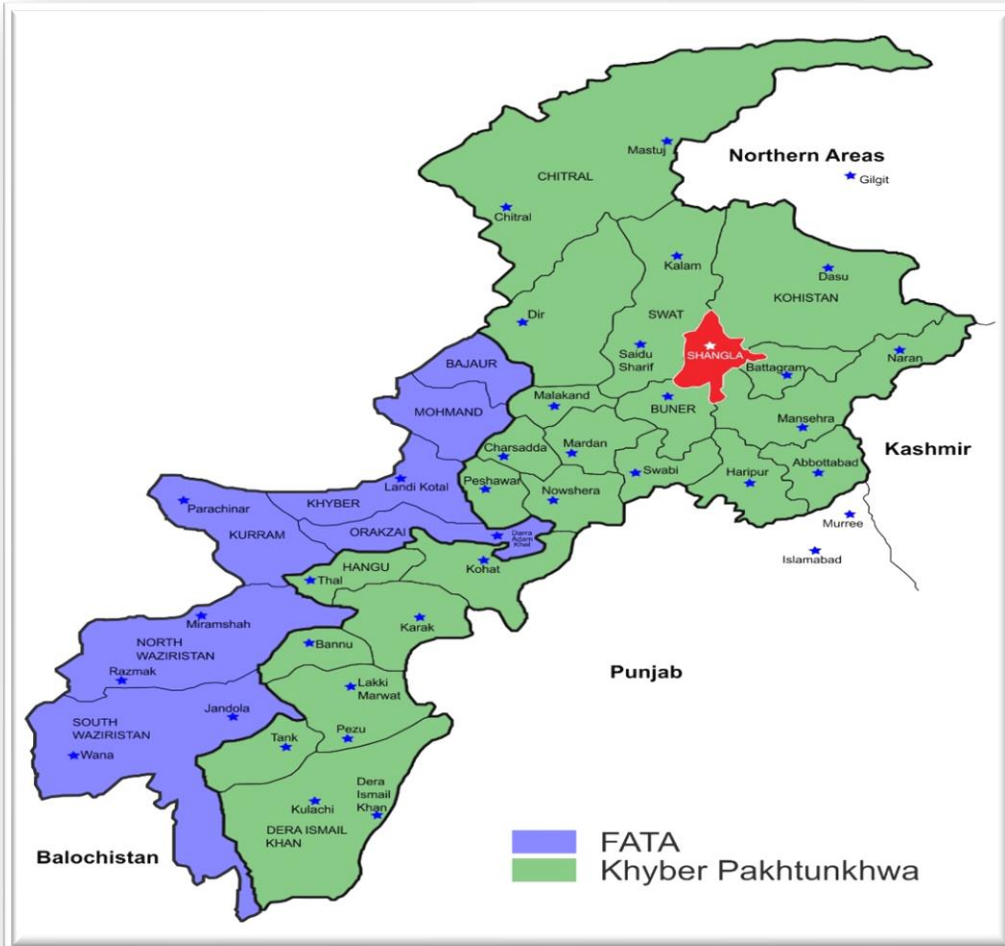




Global Health  
Development



EMPHNET  
The Eastern Mediterranean  
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

# DISTRICT SHANGLA

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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## Shangla District

Shangla district is in Khyber Pakhtunkhwa province and is part of Malakand division. It has an area of 1,585 sq.km. It was administratively declared as a district in 1995. The entire population are rural dwellers.

The Shangla district has four tehsils:

1. Besham Tehsil
2. Chakesar Tehsil
3. Martung Tehsil
4. Makhuzai Tehsil

The 4 tehsils are further sub-divided into 24 union councils, 28 district councils and 111 muazas.



### District profile<sup>1</sup>

Population – 2017	757,810
Population density	480/km <sup>2</sup>
Rural population	757,810
Urban population	NA
Households	89,695
Average Household Size	8.1
Female	372,338
Male	385,471
Transgender	1
Literacy Ratio (10 +) - 1998 <sup>2</sup>	14.73
Average Annual Growth Rate (1998 - 2017)	2.96

<sup>1</sup> [Ipbs.gov.pk/content/district-glance-Shangla](https://pbs.gov.pk/content/district-glance-Shangla)

## PHC Facilities and human resource in district Shangla

Rural health center (RHC)	2
Basic health unit (BHU)	15
Civil dispensaries (CD)	12
Total No. of PHC facilities (EPI Sites EPIMIS)	47
Doctors at all PHC facilities in RHC, BHUs, CDs	98
Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	303
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	115
Lady Health Workers (LHWs)	327
Lady Health Supervisors (LHSs)	13
Lady Health Workers (LHWs) trained in Routine EPI	79
Lady Health Workers (LHWs) un-trained in Routine EPI	248

## 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	Dandai	48
2	Sarkool	51
3	Kamach Nusrat khil	59
4	Bunerwal	61
5	Kuz Kana	63
6	Maira	63
7	Opal	63
8	Shang	64
9	Pir Kana	67
10	Kormang	67
11	Behlool khil	67
12	Martung Kas	69
13	Butyal	76
14	Alpurai	77
15	Dehrai Ghorbabb	77
16	musa khil	77
17	Shahpur	78
18	Lilowani	79

There are 18/28 union councils in Shangla district in which PENTA III coverage was below 80%.

### Union Council wise Pentavalent III Coverage in district Shangla<sup>3</sup>

(Jan - Dec 2021)

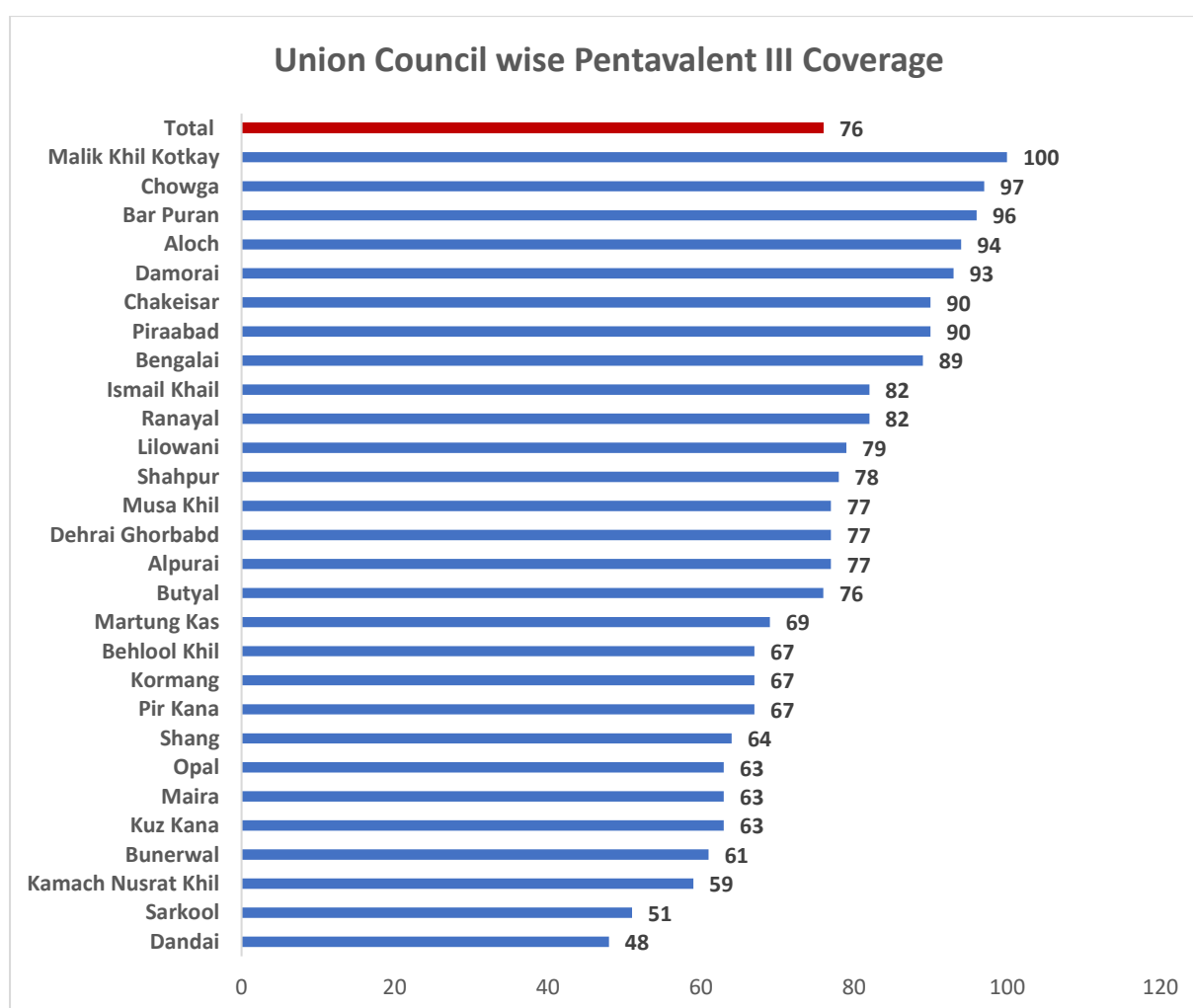
S. No.	Union Council	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	Aloch	1248	1176	1110	94
2	Alpurai	1763	1661	1281	77
3	Bar Puran	969	913	872	96
4	Behlool khil	1135	1069	718	67
5	Bengalai	857	807	717	89
6	Bunerwal	867	817	498	61
7	Butyal	765	721	549	76
8	Chakeisar	1027	967	871	90
9	Chowga	571	538	522	97
10	Damorai	953	898	836	93
11	Dandai	780	735	353	48
12	Dehrai Ghorbabd	1207	1137	876	77
13	Ismail khail	994	936	769	82
14	Kamach Nusrat khil	835	787	465	59
15	Kormang	605	570	380	67
16	Kuz Kana	1024	965	611	63
17	Lilowani	1667	1570	1240	79
18	Maira	943	888	559	63
19	Malik Khil Kotkay	1118	1053	1055	100
20	Martung Kas	1203	1133	787	69
21	Musa Khil	598	563	436	77
22	Opal	1065	1003	637	63
23	Piraabad	970	914	818	90
24	Pir Kana	2108	1986	1325	67
25	Ranayal	718	676	552	82
26	Sarkool	966	910	463	51
27	Shahpur	977	920	715	78
28	Shang	697	657	422	64

<sup>3</sup> EPMIS KP Dec 2021

<b>Total Coverage</b>	<b>28,630</b>	<b>26,970</b>	<b>20,437</b>	<b>76</b>
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According to the EPMIS Khyber Pakhtunkhwa, in district Shangla there are 28 Union Councils. These comprise of 15 basic health units, 2 rural health centers, and 12 civil dispensaries. The data reveals that the overall coverage of Pentavalent III in district Shangla is 76%. However, there are 18 union councils with less than 80% Pentavalent III coverage. The lowest coverage is reported as 48% in Dandai.

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



## LHWs Involvement in Routine EPI

S. No	Name of Health Facility	Total Attached LHWs	Total Attached LHSs
1	DHQ Hospital Alpuri	89	4
2	BHU KUZ Kana	19	1
3	BHU Olander	8	0
4	BHU Damori	21	1
5	THQ (Hospital) Besham	16	0
6	BHU Maira	15	1
7	RHC Chakisar	48	2
8	RHC Karora	13	0
9	Shaheed Pir Muhammad Khan Hospital Puran	60	2
10	BHU Chawga	30	1
11	BHU Towa	0	0
12	BHU Towa	0	0
13	BHU Martung	15	1
<b>Total =</b>		<b>334</b>	<b>13</b>

The LHW MIS data reveals that there are only 13/36 health facilities in which LHWs are attached. Therefore, the LHW coverage in the district Shangla is only limited to 36.11%.

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 Shangla district.