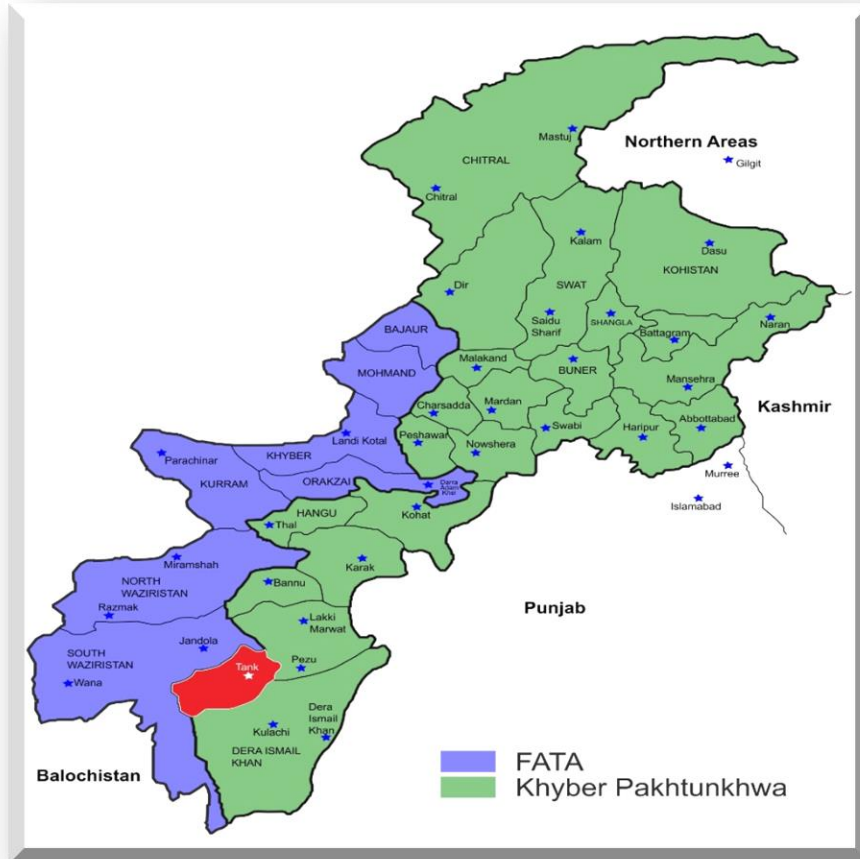




Global Health
Development



EMPHNET
The Eastern Mediterranean
Public Health Network



Strengthen Microplanning in High-Risk Union Councils

DISTRICT TANK

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

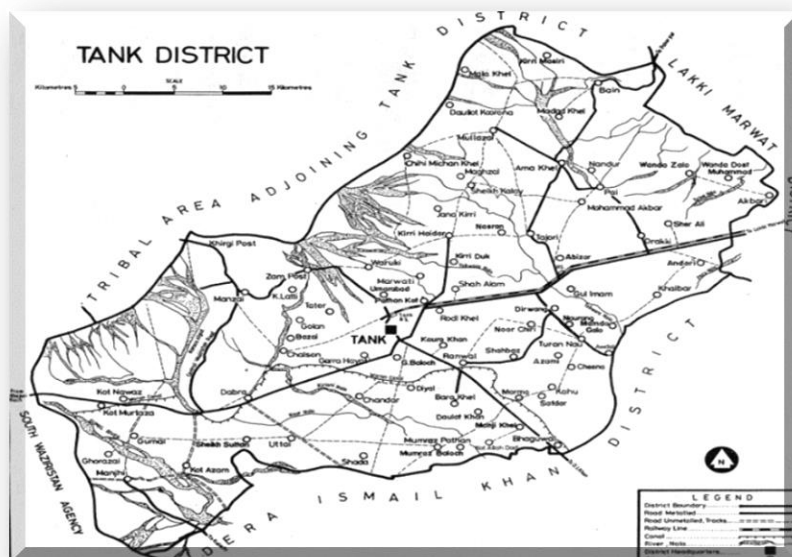
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Tank District

Tank District is a district in Dera Ismail Khan Division of Khyber Pakhtunkhwa province in Pakistan. Tank district covers a total area of 1679 square kilometers. The highest point of the region is 1,943 m (6,375 ft.) above sea level.

Administratively, the Tank district is divided into 1 tehsil and 16 union councils.



District profile¹

Population - 2017	391,885 persons
Population density	230 per sq.km
Rural population	344,720 (87.96 %)
Urban population	47,165 (12.04 %)
Households	43,071
Average Household Size	9.4
Female	191,194 (48.78%)
Male	200,687 (51.21%)
Transgender	-
Literacy Ratio (10 +) - 1998 ²	26.2%
Average Annual Growth Rate (1981 - 98)	3.13%

¹ [1 pbs.gov.pk/content/district-glance-Tank](https://pbs.gov.pk/content/district-glance-Tank)

PHC Facilities and human resource in district Tank

Rural health center (RHC)	02
Basic health unit (BHU)	18
Civil dispensaries (CD)	10
Total No. of PHC facilities (EPI Sites EPIMIS)	35
Doctors at all PHC facilities in RHC, BHUs, CDs	69
Average No. of paramedics at all PHC facilities in RHC, BHUs, CDs	222
No. of vaccinators at all PHC facilities RHC, BHUs, CDs	74
Lady Health Workers (LHWs)	201
Lady Health Supervisors (LHSs)	8

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	Waraspoon	19
2	City-I	38
3	Dabbara	38
4	Shiekh Uttar	42
5	City-II	47
6	Gul Imam	54
7	Tatta	55
8	Gomal	59
9	Jattater	59
10	Gara Baloch	61
11	Sarangzoona	64
12	Shah Alam	64
13	Ama Khel	68
14	Ranwal	68
15	Pai	72
16	Mullazai	76

There are 16/16 union councils in Tank district in which PENTA III coverage was below 80%.

Union Council wise Pentavalent III Coverage in district Tank³

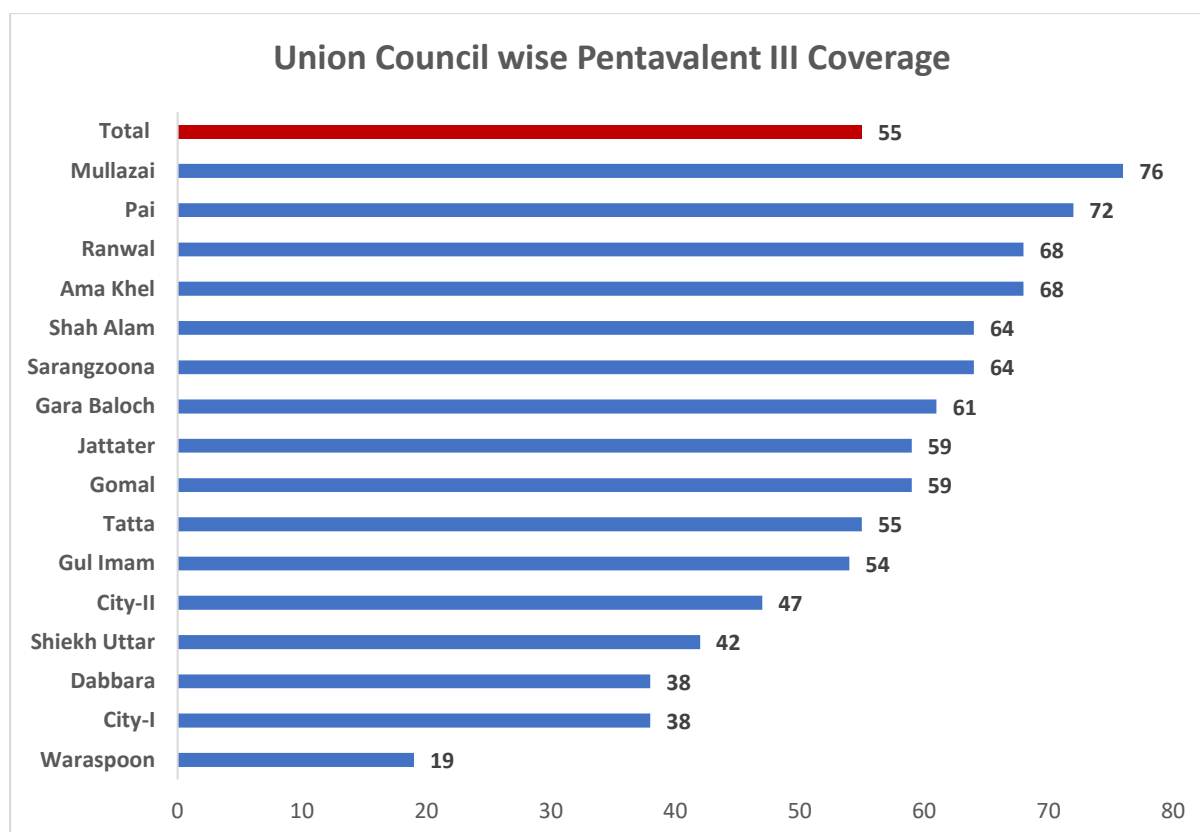
(Jan - Dec 2021)

S. No.	Union Council	Target		Pentavalent III	
		Newborns	Surviving Infants	Total	%
1	Ama Khel	830	782	535	68
2	City-I	813	766	288	38
3	City-II	795	749	352	47
4	Dabbara	908	855	324	38
5	Gara Baloch	891	839	514	61
6	Gomal	994	936	554	59
7	Gul Imam	919	866	464	54
8	Jattater	930	876	516	59
9	Mullazai	866	816	623	76
10	Pai	868	818	592	72
11	Ranwal	1033	973	666	68
12	Sarangzoon	919	866	552	64
13	Shah Alam	898	846	541	64
14	Shiekh Uttar	498	469	195	42
15	Tatta	820	772	428	55
16	Waraspoon	1392	1311	253	19
Total Coverage		14,374	13,540	7,397	55

According to the EPMIS Khyber Pakhtunkhwa, in district Tank there are 16 Union Councils. These comprise of 18 basic health units, 2 rural health centers, 10 civil dispensaries. The data reveals that the overall coverage of Pentavalent III in district Tank is 55%. However, there are 16 union councils with less than 80% Pentavalent III coverage. The lowest coverage is reported as 19% in Waraspoon.

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

³ EPMIS KP Dec 2021



LHWs Involvement in Routine EPI

S. No	Name of Health Facility	Total Attached LHWs	Total Attached LHSs
1	RHC Amakhel	18	1
2	BHU Pai	26	1
3	RHC Gul Imam	24	1
4	BHU Shah Alam	15	0
5	BHU Ranwal	22	1
6	BHU Sheikh Sultan and BHU Dabbara	17	1
7	BHU Gara Baloch and BHU Chadhrar	25	1
8	RHC Gomal	16	0
9	MCH Center	17	1
10	DHQ Hospital Tank	26	1
Total =		206	8

The LHW MIS data reveals that there are only 10/23 health facilities in which LHWs are attached. Therefore, the LHW coverage in the district is only limited to 43.47%.

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 Tank district.