



CHIEF MINISTER'S INITIATIVE FOR PROMOTING HEALTH AND WELL BEING  
THROUGH INTEGRATED SCREENING CAMPS



# HEALTH WEEK 2017

8 STEPS TOWARDS HEALTHY LIFE



Primary & Secondary  
Healthcare Department

## **HEALTH WEEK REPORT 2017**

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# HEALTH WEEK REPORT 2017

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## **Acknowledgment**

We would like to thank the Chief Minister Punjab, Mian Muhammad Shehbaz Sharif for his vision of effective implementation of healthcare development projects and his continued support for such initiatives that aim to bring quality healthcare in Punjab.

We are obliged to have the guidance and supervision by the Minister Primary and Secondary Healthcare Department, Khawaja Imran Nazir to make this initiative of Health Week an event of success.

This Health Week across Punjab shall play a pivotal role towards raising self-consciousness of health and disease screening among masses. The success of this event was not possible without the dedication and tireless efforts of all the elements of department including DGHS, Vertical Programs, PHFMC and DHAs.

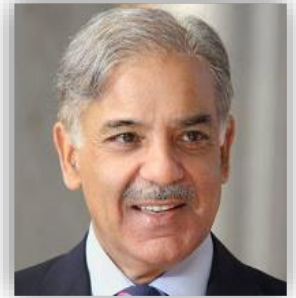
**Ali Jan Khan**  
**Secretary P&SHD**

## Resolve of the Leadership

**MIAN MUHAMMAD SHEHBAZ SHARIF**

**CHIEF MINISTER PUNJAB**

It is heart-wrenching to know that many people in Pakistan suffer from diseases that are either preventable or easily curable. The helplessness of people in the face of rising incidence of major and minor ailments and the dearth of effective health facilities in our beloved country has developed an unwavering commitment in my team to transform the delivery of health services. By the grace of God, I as Chief Minister Punjab, have been blessed with an opportunity to fulfill this commitment with unfathomable trust of my team.



The initiative of Health Week marks the start of a series of such activities across Punjab. Such initiatives are helpful in reaching out to people that otherwise, do not have access to healthcare. The screening camps during Health Week benefited thousands of people and we plan to develop a methodical way of spreading the effects of such activities to mitigate the incidence of diseases among the masses.

**KHAWAJA IMRAN NAZIR**

**MINISTER PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT**

The vicious cycle of poverty and disease poses an enormous threat to country's prosperity and progress. Hence, the Government of Punjab is working on effective measures for uplifting primary and secondary healthcare system. This way we hope to efficiently overcome the cluttering at the other end of the healthcare system. Initiatives like Health Week can play a vital role in promoting health seeking behaviors and awareness in the community.



**ALI JAN KHAN**

**SECRETARY PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT**

Health Week 2017 was an effective and collaborative effort to assess the situation of various prioritized diseases across Punjab. The meaningful and practical insights from the data collected during Health Week is a stepping stone for policy makers to improve the delivery of health services, and focus on disease prevention and control. The department is committed to enhance the canvas of such activities in a regular healthcare system.



## **List of Abbreviations**

ANC	Antenatal Check up
BHU	Basic Health Unit
BMI	Body Mass Index
BP	Blood Pressure
BSR	Blood Sugar Random
COPD	Chronic Obstructive Pulmonary Disease
DHAs	District Health Authorities
DHQH	District Head Quarter Hospital
EPI	Expanded Program on Immunization
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HISDU	Health Information Service Delivery Unit
HIV	Human Immunodeficiency Virus
MUAC	Mid Upper Arm Circumference
NCDs	Non-Communicable Diseases
P&SHD	Primary and Secondary Healthcare Department
PHFMC	Punjab Health Facilities Management Company
RHC	Rural Health Center
TB	Tuberculosis
THQH	Tehsil Head Quarter Hospital
WHO	World Health Organization

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# 1 Background

The World Health Organization (WHO) defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In Pakistan, non-communicable diseases (NCDs) are among the top ten causes of mortality and morbidity, contributing to about 46% of all deaths. Morbidity and mortality due to communicable diseases, though controlled through various preventive strategies, still poses a major threat to the health status of the communities in third world countries. Pakistan has the second highest disease burden for Hepatitis C virus (HCV) infection, ranks fifth amongst countries with highest burden of Tuberculosis.

Over the past few decades, major interventions adopted to mitigate the effects of communicable and non-communicable diseases include strengthening of health systems, implementation of mass vaccination programs, redefining the healthcare services packages as per the needs of the communities, capacity building of the healthcare providers in disease management, improvising the data management and information techniques for effective response and planning on the part of the decision makers, inclusion of health promotion, advocacy and focused literacy programs in the healthcare systems and establishment of wide scale disease surveillance.

Screening is one of the key strategy for any healthcare system to diagnose the unknown cases falling below the tip of the iceberg of disease in the community. Screening avails the opportunity of lead time by early detection of disease at uncomplicated stage. General population screening is the screening of a whole population or a subgroup which helps to identify and isolate people who may not even be aware of being at risk of developing a disease or already suffering from the disease. This is beneficial in early diagnosis, prevention and control of risk factors for the general population. High risk population screening is conducted among risk populations such as those identified with a certain lifestyle or a specific age, gender or ethnic subgroup. They are selectively screened for possible risk factors and diseases which are common for their specific age known through empirical medical evidence

In the developed countries, screening against prioritized diseases is imbedded in their routine healthcare systems. This arrangement has considerably reduced the morbidity and mortality rates of communicable & Non-communicable diseases in these countries. In Pakistan, various disease surveillance programs are in place such as polio surveillance and disease early warning systems (DEWS) yet disease screening programs have not received the due focus. Screening is the central component of the existing essential package of health services and care delivery at primary and secondary levels of healthcare facilities.

Screening of general public against prioritized conditions including Viral Hepatitis (B&C), TB, HIV/AIDS, Malaria and Non-Communicable Diseases such as Hypertension, Diabetes Mellitus, Asthma and COPD was done in all districts of Punjab through Health Week as 5 days long intensive activity at all level health care facilities (DHQs, THQs, RHCs and BHUs) from 15<sup>th</sup> to 19<sup>th</sup> August, 2017. The activity also included other components such as immunization for children and women of child bearing age, nutritional assessment, deworming of children over 5 years of age, antenatal checkup for pregnant ladies with ultrasound. The integrated approach was adopted to reduce indirect cost associated with the activity, delivery of major screening services along with immunization, awareness, counselling and doctor's advice under one activity along with achievement of individual vertical program screening & immunization targets.

IRMNCH & Nutrition Program, Department of Primary and Secondary Health Care celebrated the Mother & Child Health Week across all 36 districts as a part of the Health Week 2017. The

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community component of this week was focused on maternal and child health and nutrition and was implemented through all the Lady Health Workers in their covered areas; and in un-covered areas where possible. The theme of this week at community level was promotion of breast feeding as the week was celebrated in commemoration with the Global Breast Feeding Week.

### 2 Objectives of the Health Week

- i. To assess the situation related to burden of disease, missed/unknown cases of hypertension, diabetes, asthma and COPD, Tuberculosis, HIV AIDS, Malaria Viral Hepatitis B and C, Anaemia among subject population.
- ii. To ensure continuity of care for screened positive cases in terms of diagnosis, treatment and management of disease complications through existing health care system supported by respective vertical program.
- iii. To immunize subject population against Hepatitis B and other vaccines under EPI for children while advising adult population about other recommended vaccines.
- iv. Deworming of all children aged 2-5 years in LHW catchment areas
- v. Identification of anaemic pregnant and lactating women and provision of iron tablets where needed
- vi. Screening of 100% children aged 6-59 months in LHW catchment area to identify moderately and severely acute malnourished children (MAM and SAM) and their appropriate referral
- vii. To enhance public awareness on healthy lifestyles, importance of antenatal care and immunization by utilizing IEC and Advocacy strategies.
- viii. To prepare a central database on the basis of initial screening for further follow up for comparative analysis and operational research.

### 3 Scope of Work

All district health authorities (DHAs) of Punjab and Health facilities of PHFMC under the supervision and technical assistance of vertical programs of Primary and Secondary Healthcare Department (P&SHD) Punjab such as Prevention and Control of Non-Communicable Diseases (NCDs), Hepatitis and Infection Control Programs, TB Control Program, Malaria Control Program, AIDS Control Program, IRMNCH and EPI organized first health week all over Punjab. DHAs & PHFMC tapped their own resources including Human Resource (HR), operational cost required for this activity utilizing district, health council and PHFMC budgets. Logistics were jointly arranged by the provincial programs and districts / Health Facilities. Communication wings of all relevant vertical programs supported DHAs and District Managers PHFMC for publicity of the Health Week to enhance public awareness by using print, electronic and social media channels.

Provincial Program Prevention and Control of Non-Communicable Diseases (NCDs) was given a lead role in overall planning and management of Health Week. In this regard, a concept paper was developed through the extensive consultative process with the series of meetings between representatives of vertical programs of P&SHD. The concept paper was approved by the Competent Authority. The approved implementation plan of Health Week was shared with the CEOs DHAs and DHOs (Preventive) of the districts for effective and efficient execution of activity at all healthcare levels.

CEOs of respective DHAs were overall responsible for microplanning, coordination with relevant tiers, execution, data management, effective supervision and monitoring of the

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subjective activity on the prescribed format designed by the NCDs Program (**Annex-A Monitoring Checklist**). The 14 districts where Public Health Facility Management Company (PHFMC) is functional, logistics and operational related activities for all BHUs was the responsibility of PHFMC District Managers. While, DHOs (Preventive and Medical Services) along with district focal persons of all relevant vertical programs assisted CEOs of respective district for this purpose.

### 4 Methodology

To execute the plan an operational support team (OST) was conformed at the provincial level to arrange, coordinate and monitor all aspects of the activity. An android based application was developed by the Health Information and Service Delivery Unit (HISDU) of Primary and Secondary Healthcare Department for the real time data entry during Health Week.

A detailed plan about the requirement of logistics such as IT equipment, Screening equipment, diagnostic supplies, logistics for infection control measures and other logistics required for the activity was devised by NCDs Program and shared with the Procurement Cell of P&SHD. Procurement Cell of P&SHD completed the procurement of required items through tendering process. The required logistics were packed into four packages district wise in the TCS ware house Lahore and distributed through TCS to the DHQs, THQs directly and CEO Offices for RHCs and BHUs.

Human resource requirements according to the designed model was shared with the CEOs and in-charges of the health facilities by the NCDs Program and HR was notified by the DHAs accordingly. A training session / orientation of PD-DHDCs of all districts of Punjab about the implementation plan was conducted at DGHS Lahore. PD-DHDCs conducted trickle down trainings of notified staff in their respective districts. District Health Managers and Data Entry Operators were trained on Android application by the HISDU before the start of Health Week.



Figure 1: ToT - PDDHDCs



Figure 2: Trickle down Training

A Monitoring plan of the Health Week 2017 was also devised and approved by the Secretary P&SHD. According to the approved plan, Additional Secretaries, Deputy Secretaries and Program Directors of Vertical Programs carried out the 5 days monitoring of all districts of Punjab and evaluated the health facilities through dedicated Android application developed for Monitoring and Evaluation purpose against the designed monitoring checklist. The district health managers were also divided into three teams to carry out monitoring as per the standard checklists. A Third Party Validation (TPV) was carried out by the Earnest and Young to assess and evaluate the execution of Health Week as per plan and response from the community.



Figure 3: Methodology used for the Health Week 2017

## 5 Facility Based Integrated Screening Camps

Different models for DHQs, THQs, RHCs and BHUs were designed according to targets / expected influx of beneficiaries. A total of 438 health facilities participated in the Health Week with an expected target population of 300,000 to be screened during this activity (**Annex B – List of Health Facilities**).

*Table 1: Models Used for Various Level of HFs during Health Week*

HF Level	DHQs	THQs	RHCs	BHUs
No. of HFs	25	113	102	198
Minimum Target Beneficiaries	400 per day for 5 days	250 per day for 5 days	150 per day for 5 days	50 per day for 5 days
HR Utilized per HF	33 8 Doctors & 25 Paramedics	21 5 Doctors & 16 Paramedics	13 2 doctors & 11 Paramedics	4 Doctors and Paramedics

*Table 2: HR Requirement for the Screening at various level of HFs*

Steps	DHQ	THQ	RHC	BHU
Registration	5 Non-Paramedics	3 Non-Paramedics	2 Non-Paramedics	1 Paramedic
Physical Parameters	5 Paramedics	3 Paramedics	2 Paramedics	1 Paramedic
Blood Screening	6 Paramedics	4 Paramedics	2 Paramedics	
Lung Health	2 Doctors	2 Doctors	Merged with H&C	Merged with H&C
Vaccination	5 Vaccinators	3 Vaccinators	2 Vaccinators	1 Vaccinators
History & Counselling	6 Doctors	3 Doctors	2 Doctors	1 Doctor/Paramedic
TB Screening	1 Paramedic	1 Paramedics	1 Paramedic	
ANC	3 Paramedics	2 Paramedics	2 Paramedic	

### 5.1 Screening Tools

Screening for Nutritional status, Non Communicable Diseases like Diabetes, Hypertension, Asthma/ COPD, blood borne Communicable Diseases like Hepatitis B, Hepatitis C, HIV and Malaria was done during Health week.

Nutritional assessment was done by measuring Height (cm) and weight (kg) of individuals and calculating Body mass index (BMI) that categorizes individuals into underweight (BMI<18.5), Normal (BMI 18.5 – 25), Over weight (BMI 25.1 – 29.9) and Obese (BMI > 30). The waist to Hip ratio (WHR) has been used as an indicator or measure of health, and the risk of developing serious health conditions and abdominal obesity and was calculated by measuring circumference of waist (cm) and Hip (cm). A waist to hip ratio of > 0.9 (> 0.85 for female & > 0.9 for females) is considered for abdominal Obesity and increased health risk for developing other diseases. Haemoglobin level was tested by using Haemoglobin meters to screen Anaemia (Hb< 8.5 gm/dl = severe anaemia, Hb 8.5 - 9.5 gm/dl = moderate Anaemia, Hb 9.5 - 12 gm/dl for females & 13.5 gm/dl=mild anaemia, Hb > 12 gm/dl for females & 13.5 gm/dl=Normal). Mid upper arm circumference was measured using standard MAUC tape to assess malnutrition in children and pregnant ladies

To screen the major non communicable disease, Blood Sugar Random (BSR) was tested by glucometer, to screen diabetes (BSR > 140 = High), Blood pressure was checked by mercury sphygmomanometer (B.P >140/90 = High) to screen for hypertension and Peak expiratory flow

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rate (PEFR) was measured using Peak flow meter to check airway obstruction that may be caused by asthma or COPD (PEFR < 80% of the normal values = deranged). Blood borne major infectious diseases like Hepatitis B, C, HIV and malaria were tested using rapid diagnostic kits for whole blood to test HBsAg, Anti-HCV, HIV Ag/Ab, Plasmodium-Ag respectively. The screening for TB was done through sputum collected in a sputum cup only for those people suspected to be high risk on history taken by the doctor on step 6 (cough > 2 Weeks, unexplained fever, weight loss and family history / contact with a TB patient). The sputum was sent to lab for microscopy for AFB.

### 5.2 Process Flow – Screening Camps

8-Step approach was adopted to channelize the clients participating in the screening camp in a systematic way. At each step, dedicated staff performed the roles assigned related to integrated screening against prioritized diseases. Separate process flow was followed for the adult and paediatric population. 35-45 min were required by a single person to complete the process flow.

#### 5.2.1 General Process Flow for Adults

##### Zero Step – Issuance of Que No

Token Number for Que management and person identification at each step.

##### First Step - Registration Counter

Demographic profile of person with CNIC, Contact Number etc.

**Staff:** staff already trained on client registration tool-**Non-Paramedic**

**Function:** Filling the registration form for each client on android based application

**Time Required (Est.):** 3-5 Minutes

**Materials:** Android tabs/laptops/desktops, Patient registration slips/forms.

##### Second Step – Recording of physical parameters

Weight, Height, Pulse, Temperature, Blood Pressure, MUAC, Hip/Waist ratio for Screening of Nutritional Status

**Staff:** Trained staff preferably paramedics/Staff Nurses/LHVs

**Functions:** Measurement of physical parameters

**Time Required:** 5-6 Minutes

**Materials:** Tablets, Weighing Scales with Height rods, BMI charts, Thermometers, BP Apparatuses, Stethoscopes, MUAC tape, measuring tape.



*Figure 4: Recording of Physical Parameters*

##### Third Step- Serological/Haematological Screening

Random Blood Sugar, Hb, HBsAg, Anti-HCV, HIV-Ag/Ab, Plasmodium-Ag for Screening of Diabetes, Hypertension, Hepatitis B, Hepatitis C, HIV/AIDS & Malaria respectively.

**Staff:** Lab Technicians (Staff Nurses/Paramedics may also suffice for the lab technicians)

**Functions:** Measurement and recording of Haematological/Serological Markers

**Time Required:** 5-6 Minutes

**Materials:** Tablets, Glucometers, Sugar strips, Haemoglobin meters, Hb Strips, Alcohol Swabs, RDTs for Hep B & C, HIV/AIDS, and Malaria, needle



*Figure 5: Blood Sugar Testing*

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prickers, basic Personal Protection Equipment (Gloves, face masks etc.), safety boxes, syringe cutters, Yellow box, Alcohol Swabs, Bandages etc.

### Fourth Step- Measurement of Lung Health Parameters

PEFR for Screening of Asthma/COPD

**Staff:** Staff trained on using Peek Flow Meters Preferably Doctors

**Functions:** Measurement and recording of pulmonary function tests

**Time Required:** 4-5 Minutes

**Materials:** Tablets, Peak flow meters, mouthpieces, Personal Protection Equipment (Gloves, face masks etc.)



Figure 6: PEFR

### Fifth Step – Immunization Counter

Hepatitis B Vaccine for all adults and T.T vaccine for Females of reproductive age

**Staff:** Vaccinators or staff nurses

**Functions:** Administration of first dose of Hep B Vaccine for adults, TT vaccine for Women of Child Bearing Age.

**Time Required:** 4-5 Minutes

**Materials:** Tablets, all relevant vaccines with cold chain, de-worming tablets, Iron/Folic Acid Tablets, Alcohol Swabs, 1/3 mL syringes, safety boxes, syringe cutters & other consumables and vaccination cards, yellow bins for collection of infectious waste

### Sixth Step - Clinical History, Counselling and Referral

Consultancy by the doctor for history, assessment, counselling, Awareness

**Staff:** Trained staff preferably Doctors

**Functions:** Analysis of screening data, identification of screened positive cases, counselling on life style modification and other relevant preventive and control measures

**Time Required:** 8-10 Minutes

**Materials:** Tablets, Printers with supplies, Printed IEC materials, Condoms, counselling tools.

### TB Screening

Sputum collection of TB suspects (cough >2 weeks)

**Staff:** Paramedics for Sputum Collection

**Functions:** Sputum Collection from suspected TB Cases (Cough more than 2 weeks)

**Time Required:** 2-3 Minutes

**Materials:** Tablets, Sputum Cups, basic PPE, Gene-Xpert referral form

### Antenatal Check-up

Antenatal check-up for pregnant ladies

**Staff:** 2 LHVs

**Functions:** Fundal height, physical examination, Ultra Sonography

**Time Required:** 10-15 Min

**Materials:** Examination couch, side screen, Measuring Tape, U/S Machine, Gel, PPE, Tablets

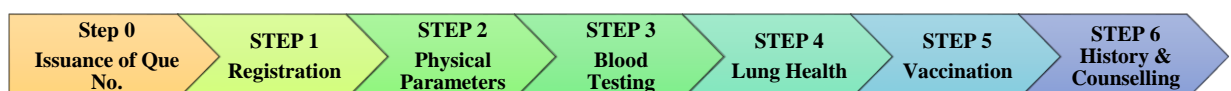


Figure 7: Process Flow for Adults

### 5.2.2 Paediatric Process Flow

#### Zero Step – Issuance of Que No

Token Number for Que management and child identification at each step.

#### First Step - Registration Counter

Demographic profile of child with CNIC, Contact Number of parent/guardian etc.

**Staff:** staff already trained on client registration tool shall be required.

**Skills Required:** Experience/Training in android based data entry, training on seeking the demographic information – **Non-Paramedic**

**Function:** Filling the registration form for each client on android based application

**Time Required (Est.):** 3-5 Minutes

**Materials:** Android phones/tabs/laptops/desktops, Patient registration slips/forms, basic stationary items

#### Second Step – Recording of physical parameters

Weight, Height/Length, MUAC

**Staff:** Trained staff preferably paramedics/Staff Nurses/LHVs

**Functions:** Measurement of physical parameters Weight, Height/Baby Length, Temperature, MUAC

**Time Required:** 5-6 Minutes

**Materials:** Child Weighing Scales, BMI charts, MUAC tape

#### Third Step – Vaccination and Paeds Counter

Routine EPI Vaccine for all children and de-worming of children

**Staff:** Vaccinators or staff nurses

**Functions:** Assessment of Vaccination status of the child, Administration of Routine EPI vaccines (Less than 2 years) as per requirement based on the assessment and Deworming of Children (2-5 Years).

**Time Required:** 2-3 Minutes

**Materials:** Tablets, all relevant vaccines with cold chain, de-worming tablets, Iron/Folic Acid Tablets, ORS, Zinc Syrup, MMS, Alcohol Swabs, 1/3 mL syringes, safety boxes, syringe cutters & other consumables and vaccination cards, yellow bins for collection of infectious waste

#### Nutritional Assessment & Referral

**Functions:** This counter is actually the extension of the 3<sup>rd</sup> counter. Nutritional assessment will be the core function of this counter. Further, service delivery package for children from IRMNCH program will be distributed at this counter.



Figure 8: Process Flow for Paediatrics

### 5.3 Data Management

Data Management comprises of data collection, collation, analysis, interpretation and dissemination of information. Considering the huge scope of this activity in which more than 300,000 beneficiaries’ demographic, screening and health status data to be managed, it was essential to devise methods and strategies for ensuring smooth flow of data. To address this challenge, the importance of real time data entry was given due consideration. Where Real time data entry saves time and ensures the quality and validity of the data, it also poses challenges such as development of android based interface, extensive training of HR on real time data entry and IT gadgets (Tablets and Internet Devices etc.). Extensive consultative process involving developers, IT managers and Technical staff was initiated to overcome these challenges. For the purpose of data recording during Health Week, two android applications were developed:



Figure 9: Data Management & Recording

- i. Integrated Screening app
- ii. Monitoring app

#### 5.3.1 Integrated Screening App

Integrated Screening Application was developed for recording of demographics, physical parameters, screening results and clinical information of the beneficiaries. HISDU in coordination with IT/MIS personnel of vertical programs trained the staff in every district on using android based application. The app was used on Android Tablets with active internet connectivity. All the data was relayed at the servers in HISDU, to ensure access of the data to the relevant vertical programs to be used for planning and policy making.



Figure 10: Training of Districts on Android App. by HISDU

The app is available on Google Play Store with the name “Integrated Screening App”. After downloading the app in android tablets every participating Health Facility was able to use it through a unique Login ID. A separate data entry event was created for each day to record the data, for example, “Health Week Day 1”, “Health Week Day 2”, etc. to start the activity each day by token number 1. After signing in, and event selection following series of interfaces were to be filled in sequentially against a unique token no. for **adults**.

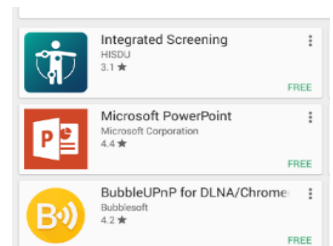
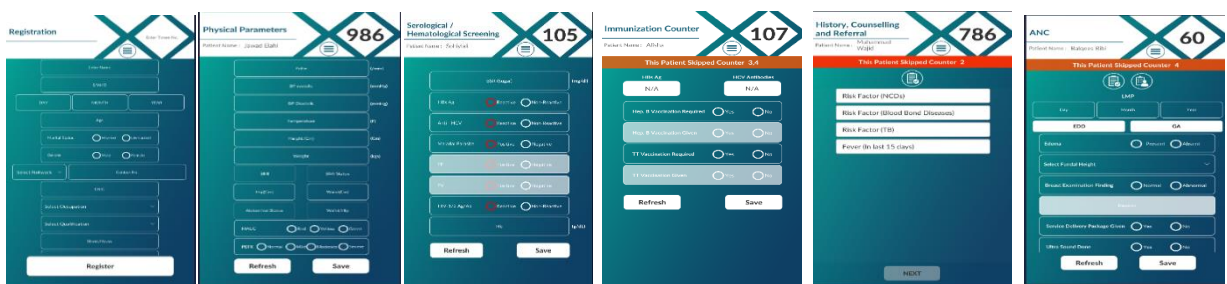


Figure 11: Integrated Screening App. on Google Play Store



Registration

Physical Parameters

Haematological Screening

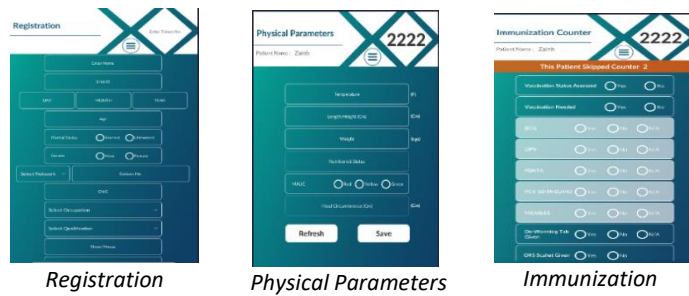
Immunization

Counselling and Referral

ANC

## HEALTH WEEK REPORT 2017

After signing in, and event selection following series of interfaces were to be filled in sequentially against a unique token no. for **paediatrics**.



Registration

Physical Parameters

Immunization

### 5.3.2 Monitoring Checklist App.

The purpose of this android app was to monitor and evaluate each health facility participating in Health Week. Provincial monitor team consisting of 12 provincial monitors was chosen to monitor and evaluate the performance of individual health facilities for Health Week. In addition to Provincial Team, district supervisory team from each district comprising of CEOs, DHO (P), MSs, PD (DHDC), District Coordinator IRMNCH, Health Manager PHFMC, District Coordinator TB Control Program, DDHOs was also formulated. The app contains a checklist on which health facilities were rated from a scale of 0-5. Every Provincial/District Monitor was given a unique login/password to access the Monitoring Checklist App and rate the assigned health facilities.

The app is available at Google Play Store with the name “Monitoring Checklist App”.

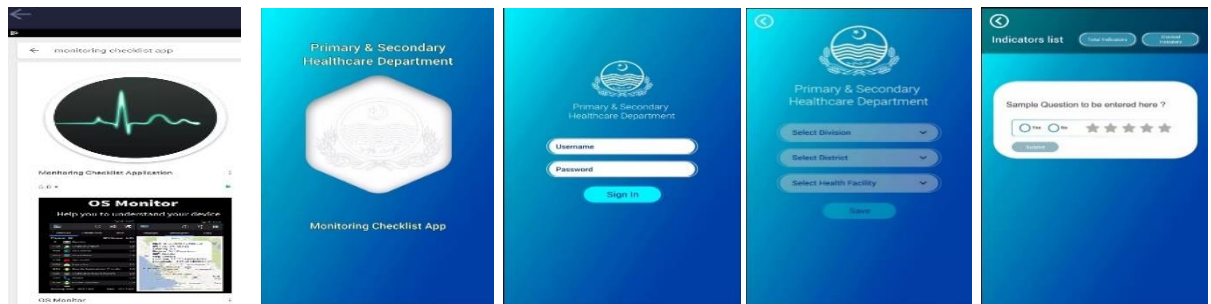


Figure 12: Monitoring Checklist App. on Google Play Store

Data was entered in real time on android tablets on each step of screening by Staff operating in camps. The data was relayed on the central server Database in HISDU. Data was masked for personal details, cleaned, analysed, collated and interpreted by experts' personnel of P&SHD.

### 5.4 Cost

Existing healthcare budget of the vertical programs Primary and Secondary Healthcare Department was used for financing the health week. Major onetime cost incurred was the purchase of the Tablets, these tablets shall be used in future as well for the execution of various interventions like Screening desks, vaccination static centres etc. The only recurring cost involved for this activity is the supplies such as RDTs for Hep B & C, Malaria, HIV, Blood Glucose Testing, Hb testing strips etc. Estimated direct screening cost per person is around 400 Rs (Total cost incurred for screening is PKR 145 million).

## 5.5 Results

During the first health week from August 15<sup>th</sup> - 19<sup>th</sup> 2017, a total of 362,017 were screened from all 36 districts of Punjab, out of which 326,781 were adults above age 14 and 35,236 children of age 14 and below according to the separate process flow for Adults and Paeds. The data was sorted into two separate categories i.e. Adults and Children. On average 9-10 thousand people were screened per district.

Then it was subject to a thorough cleaning by removing incomplete and missing entries, cleaning of outliers and grouping of relevant variables together for ease of processing and analysis.

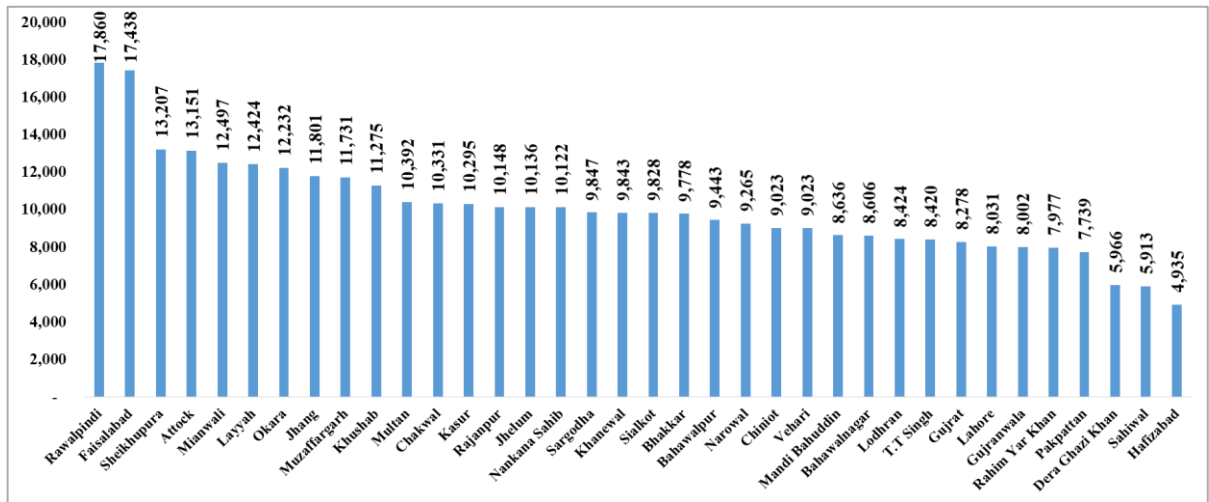


Figure 13: District wise Distribution of People Screened (n = 362,017)

### 5.5.1 Results-Adults (>14 Years of Age)

The mean age of the adult (14-85) screened (n=326,781) was 38.5 years ( $\pm 14.7$ ). Of these, 65.8% were females and 34.2% were males. There were 83.4% married people while 16.6% were un-married. 97.2% people were non-Government employees, while 2.8% were Government employees.

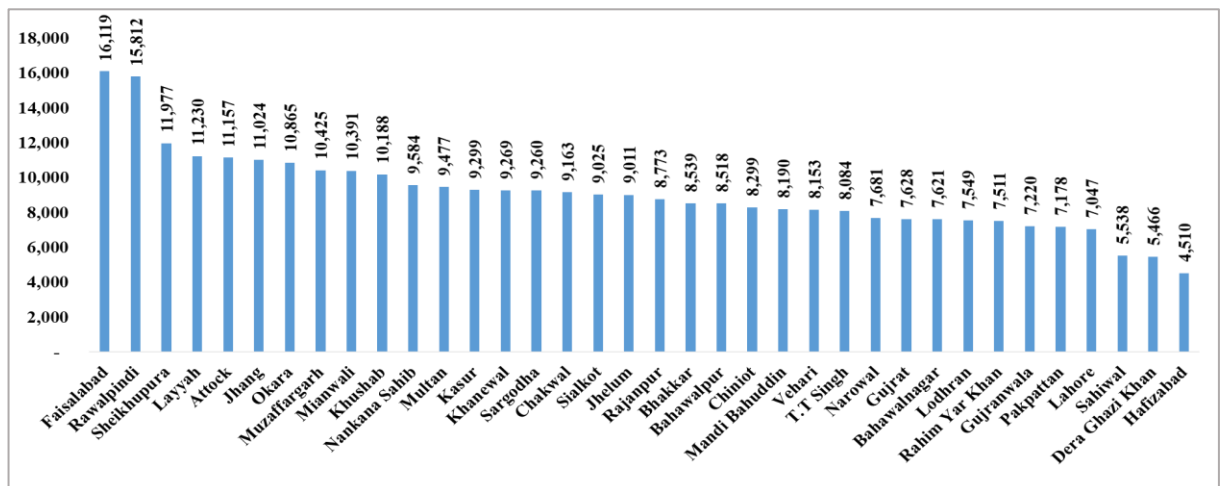


Figure 14: District wise Distribution of Adults (>14 Years) Screened (n = 326,781)

# HEALTH WEEK REPORT 2017

## Age & Gender Distribution - Adults

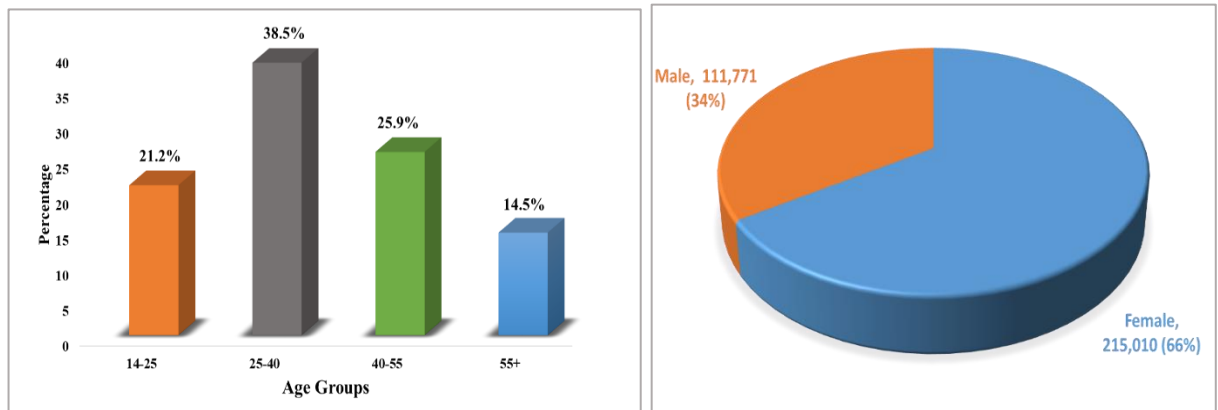


Figure 15: Age & Gender Distribution of Adults (>14 Years) Screened (n = 326,781)

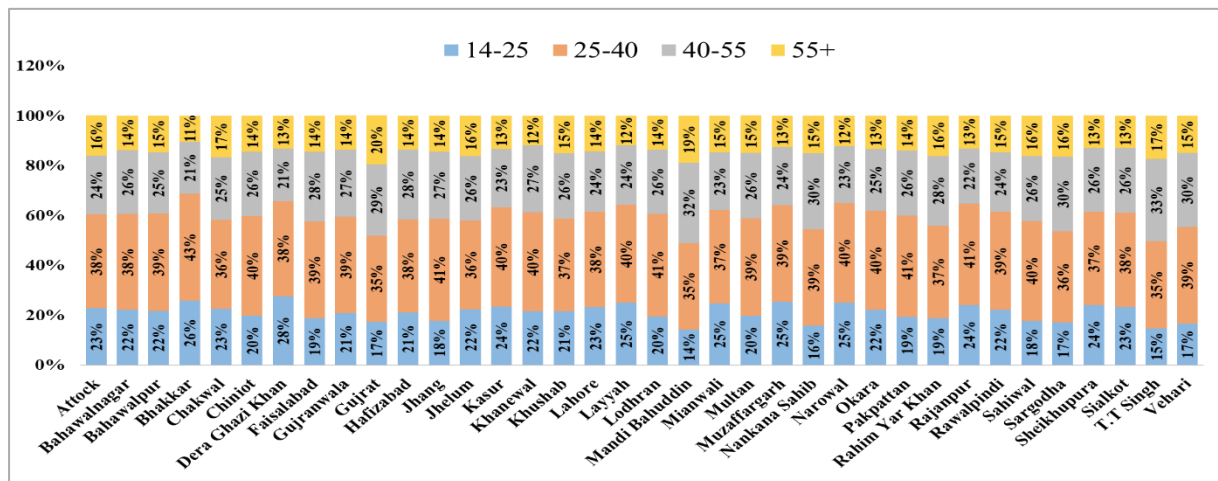


Figure 16: District wise Age Distribution of Adults (>14 Years) Screened (n = 326,781)

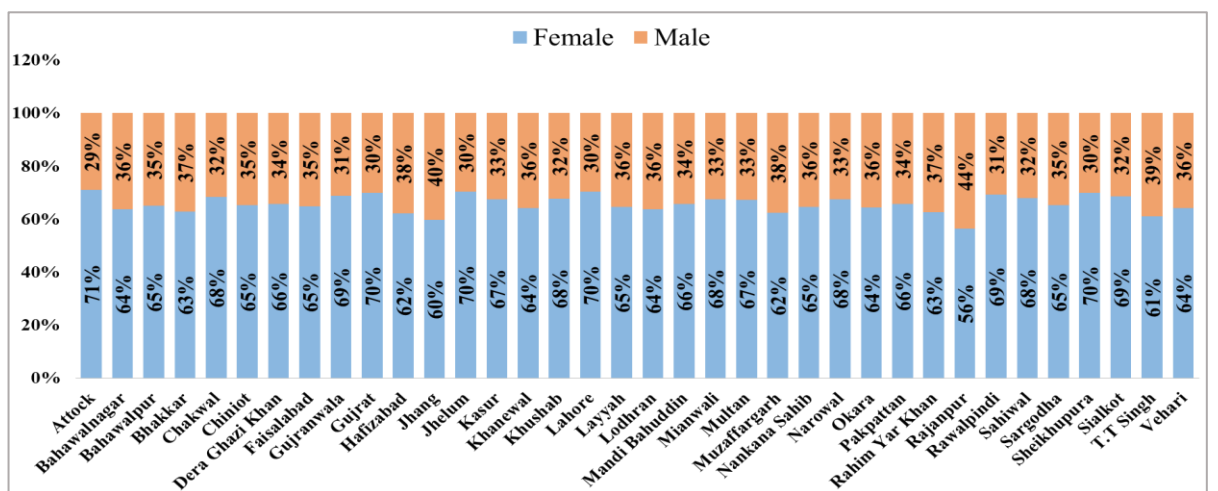


Figure 17: District wise Gender Distribution of Adults (>14 Years) Screened (n = 326,781)

## HEALTH WEEK REPORT 2017

*Table 3: District wise Distribution of People Screened*

District	Adults	Adults%	Children	Children %	Total	Total %
Attock	11157	3.4	1994	5.7	13151	3.6
Bahawalnagar	7621	2.3	985	2.8	8606	2.4
Bahawalpur	8518	2.6	925	2.6	9443	2.6
Bhakkar	8539	2.6	1239	3.5	9778	2.7
Chakwal	9163	2.8	1168	3.3	10331	2.9
Chiniot	8299	2.5	724	2.1	9023	2.5
D G Khan	5466	1.7	500	1.4	5966	1.6
Faisalabad	16119	4.9	1319	3.7	17438	4.8
Gujranwala	7220	2.2	782	2.2	8002	2.2
Gujrat	7628	2.3	650	1.8	8278	2.3
Hafizabad	4510	1.4	425	1.2	4935	1.4
Jhang	11024	3.4	777	2.2	11801	3.3
Jhelum	9011	2.8	1125	3.2	10136	2.8
Kasur	9299	2.8	996	2.8	10295	2.8
Khanewal	9269	2.8	574	1.6	9843	2.7
Khushab	10188	3.1	1087	3.1	11275	3.1
Lahore	7047	2.2	984	2.8	8031	2.2
Layyah	11230	3.4	1194	3.4	12424	3.4
Lodhran	7549	2.3	875	2.5	8424	2.3
Mandi B.Din	8190	2.5	446	1.3	8636	2.4
Mianwali	10391	3.2	2106	6	12497	3.5
Multan	9477	2.9	915	2.6	10392	2.9
Muzaffargarh	10425	3.2	1306	3.7	11731	3.2
Nankana Sahib	9584	2.9	538	1.5	10122	2.8
Narowal	7681	2.4	1584	4.5	9265	2.6
Okara	10865	3.3	1367	3.9	12232	3.4
Pakpattan	7178	2.2	561	1.6	7739	2.1
RY Khan	7511	2.3	466	1.3	7977	2.2
Rajanpur	8773	2.7	1375	3.9	10148	2.8
Rawalpindi	15812	4.8	2048	5.8	17860	4.9
Sahiwal	5538	1.7	375	1.1	5913	1.6
Sargodha	9260	2.8	587	1.7	9847	2.7
Sheikhupura	11977	3.7	1230	3.5	13207	3.6
Sialkot	9025	2.8	803	2.3	9828	2.7
T.T Singh	8084	2.5	336	1	8420	2.3
Vehari	8153	2.5	870	2.5	9023	2.5
<b>Total</b>	<b>326,781</b>	<b>100.0</b>	<b>35,236</b>	<b>100</b>	<b>362,017</b>	<b>100</b>

## HEALTH WEEK REPORT 2017

*Table 4: District wise Age Distribution of Adults (>14 Years) Screened*

District	Female		Male		Total
Attock	7929	71.1%	3228	28.9%	11157
Bahawalnagar	4846	63.6%	2775	36.4%	7621
Bahawalpur	5546	65.1%	2972	34.9%	8518
Bhakkar	5368	62.9%	3171	37.1%	8539
Chakwal	6262	68.3%	2901	31.7%	9163
Chiniot	5420	65.3%	2879	34.7%	8299
Dera Ghazi Khan	3584	65.6%	1882	34.4%	5466
Faisalabad	10458	64.9%	5661	35.1%	16119
Gujranwala	4962	68.7%	2258	31.3%	7220
Gujrat	5323	69.8%	2305	30.2%	7628
Hafizabad	2799	62.1%	1711	37.9%	4510
Jhang	6565	59.6%	4459	40.4%	11024
Jhelum	6340	70.4%	2671	29.6%	9011
Kasur	6268	67.4%	3031	32.6%	9299
Khanewal	5951	64.2%	3318	35.8%	9269
Khushab	6900	67.7%	3288	32.3%	10188
Lahore	4955	70.3%	2092	29.7%	7047
Layyah	7243	64.5%	3987	35.5%	11230
Lodhran	4808	63.7%	2741	36.3%	7549
Mandi Bahuddin	5393	65.8%	2797	34.2%	8190
Mianwali	7016	67.5%	3375	32.5%	10391
Multan	6370	67.2%	3107	32.8%	9477
Muzaffargarh	6500	62.4%	3925	37.6%	10425
Nankana Sahib	6185	64.5%	3399	35.5%	9584
Narowal	5187	67.5%	2494	32.5%	7681
Okara	6997	64.4%	3868	35.6%	10865
Pakpattan	4722	65.8%	2456	34.2%	7178
Rahim Yar Khan	4705	62.6%	2806	37.4%	7511
Rajanpur	4948	56.4%	3825	43.6%	8773
Rawalpindi	10940	69.2%	4872	30.8%	15812
Sahiwal	3762	67.9%	1776	32.1%	5538
Sargodha	6038	65.2%	3222	34.8%	9260
Sheikhupura	8376	69.9%	3601	30.1%	11977
Sialkot	6178	68.5%	2847	31.5%	9025
T.T Singh	4935	61.0%	3149	39.0%	8084
Vehari	5231	64.2%	2922	35.8%	8153
<b>Total</b>	<b>215,010</b>	<b>65.8%</b>	<b>111,771</b>	<b>34.2%</b>	<b>326,781</b>

## HEALTH WEEK REPORT 2017

*Table 5: District wise Gender Distribution of Adults (>14 Years) Screened*

District	14-25		25-40		40-55		55+		Total
Attock	2541	22.8%	4180	37.5%	2643	23.7%	1793	16.1%	11157
Bahawalnagar	1686	22.1%	2930	38.4%	1955	25.7%	1050	13.8%	7621
Bahawalpur	1843	21.6%	3340	39.2%	2088	24.5%	1247	14.6%	8518
Bhakkar	2203	25.8%	3663	42.9%	1778	20.8%	895	10.5%	8539
Chakwal	2062	22.5%	3281	35.8%	2294	25.0%	1526	16.7%	9163
Chiniot	1639	19.7%	3331	40.1%	2136	25.7%	1193	14.4%	8299
D G Khan	1511	27.6%	2085	38.1%	1151	21.1%	719	13.2%	5466
Faisalabad	3042	18.9%	6245	38.7%	4503	27.9%	2329	14.4%	16119
Gujranwala	1507	20.9%	2780	38.5%	1939	26.9%	994	13.8%	7220
Gujrat	1328	17.4%	2628	34.5%	2173	28.5%	1499	19.7%	7628
Hafizabad	946	21.0%	1693	37.5%	1255	27.8%	616	13.7%	4510
Jhang	1958	17.8%	4509	40.9%	2970	26.9%	1587	14.4%	11024
Jhelum	2012	22.3%	3209	35.6%	2327	25.8%	1463	16.2%	9011
Kasur	2188	23.5%	3693	39.7%	2172	23.4%	1246	13.4%	9299
Khanewal	1996	21.5%	3678	39.7%	2495	26.9%	1100	11.9%	9269
Khushab	2181	21.4%	3804	37.3%	2654	26.1%	1549	15.2%	10188
Lahore	1633	23.2%	2695	38.2%	1714	24.3%	1005	14.3%	7047
Layyah	2799	24.9%	4441	39.5%	2676	23.8%	1314	11.7%	11230
Lodhran	1483	19.6%	3096	41.0%	1945	25.8%	1025	13.6%	7549
Mandi B.Din	1171	14.3%	2830	34.6%	2641	32.2%	1548	18.9%	8190
Mianwali	2577	24.8%	3890	37.4%	2386	23.0%	1538	14.8%	10391
Multan	1876	19.8%	3692	39.0%	2479	26.2%	1430	15.1%	9477
Muzaffargarh	2649	25.4%	4020	38.6%	2454	23.5%	1302	12.5%	10425
Nankana	1507	15.7%	3708	38.7%	2918	30.4%	1451	15.1%	9584
Narowal	1919	25.0%	3066	39.9%	1749	22.8%	947	12.3%	7681
Okara	2405	22.1%	4320	39.8%	2699	24.8%	1441	13.3%	10865
Pakpattan	1392	19.4%	2915	40.6%	1867	26.0%	1004	14.0%	7178
R Y Khan	1415	18.8%	2783	37.1%	2094	27.9%	1219	16.2%	7511
Rajanpur	2106	24.0%	3569	40.7%	1941	22.1%	1157	13.2%	8773
Rawalpindi	3505	22.2%	6194	39.2%	3785	23.9%	2328	14.7%	15812
Sahiwal	980	17.7%	2216	40.0%	1448	26.1%	894	16.1%	5538
Sargodha	1582	17.1%	3374	36.4%	2791	30.1%	1513	16.3%	9260
Sheikhupura	2895	24.2%	4465	37.3%	3050	25.5%	1567	13.1%	11977
Sialkot	2100	23.3%	3406	37.7%	2347	26.0%	1172	13.0%	9025
T.T Singh	1188	14.7%	2829	35.0%	2669	33.0%	1398	17.3%	8084
Vehari	1355	16.6%	3154	38.7%	2425	29.7%	1219	15.0%	8153
<b>Total</b>	<b>69,180</b>	<b>21.2%</b>	<b>125,712</b>	<b>38.5%</b>	<b>84,611</b>	<b>25.9%</b>	<b>47,278</b>	<b>14.5%</b>	<b>326,781</b>

# HEALTH WEEK REPORT 2017

## Nutritional Status-Adults

### Body Mass Index (BMI)

The mean height of adults was 158.16 ±12.5 cm (5.27 feet) and the mean weight was 61.87 ±15.5 kg. The mean BMI (n= 119,599) was 24.6 ±6.47. BMI was then recoded into 4 standard categories of underweight (<18.5), normal (18.5-24.9), overweight (25-29.9) and obese (>30). 14.4% adults were underweight, 25% were overweight, and 16.9% were obese whereas 43.7% were having normal BMI. 36.7% males & 44.3% females had BMI>25. The highest prevalence (50.3%) of BMI>25 was found in age group 40-55. 16% males & 13.7% females were underweight with BMI<18.5 and highest prevalence (23.4%) of BMI<18.5 was found in age group 14-25.

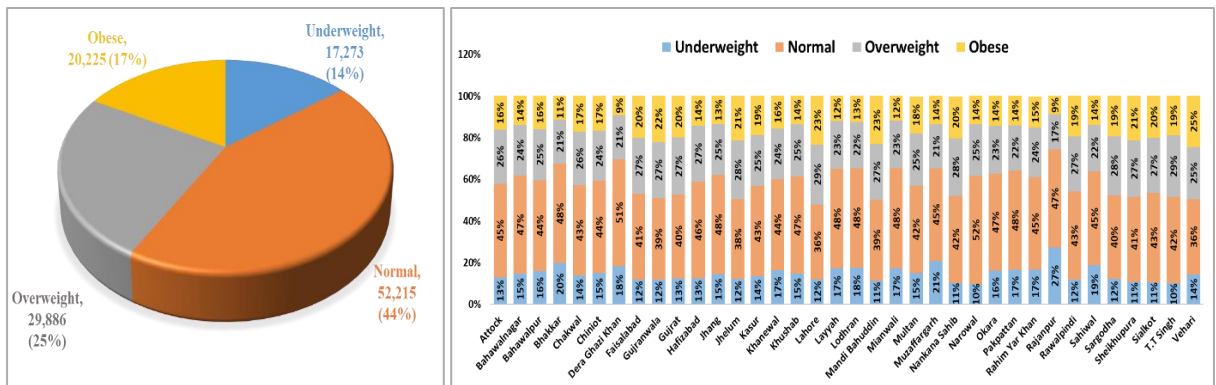


Figure 18: Body Mass Index (BMI) of Adults (n = 119,599)

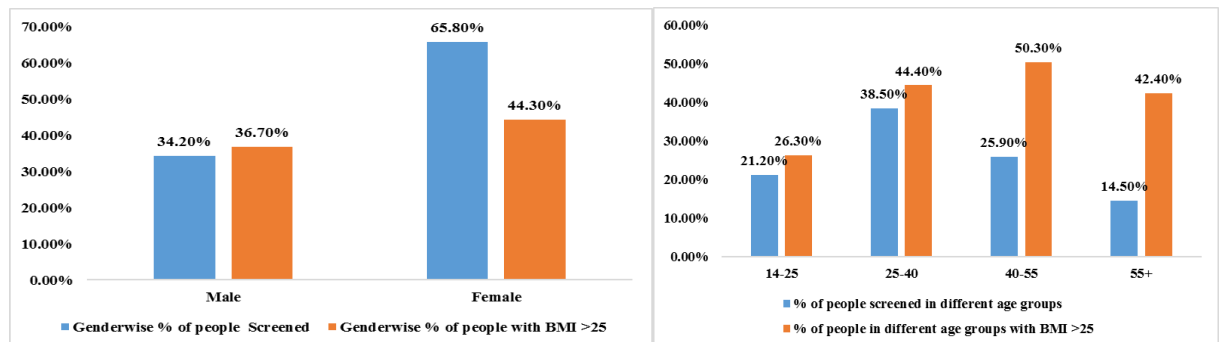


Figure 19: Overweight BMI (>25) – Age & Gender wise distribution of Adults - Punjab

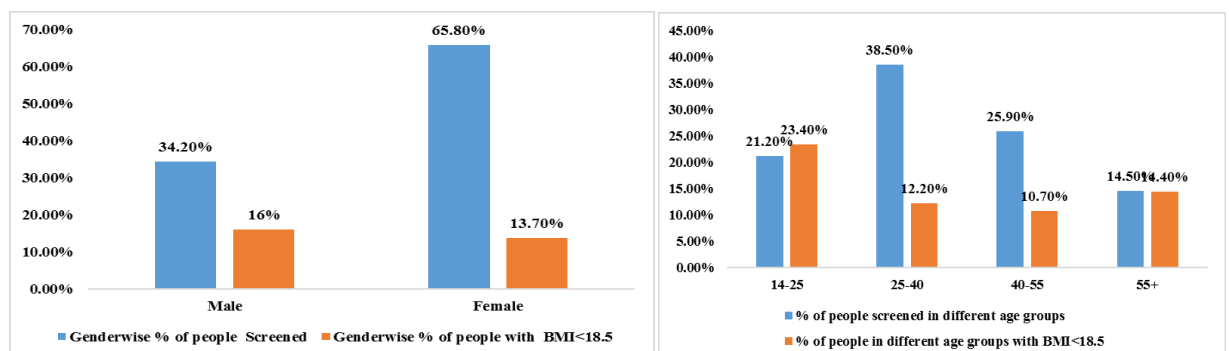


Figure 20: Underweight BMI (<18.5) – Age & Gender wise distribution of Adults - Punjab

Note: The percentage of overweight & underweight is calculated against the percentage of people screened in each age & gender group.

## HEALTH WEEK REPORT 2017

*Table 6: Body Mass Index (BMI) of Adults Punjab*

District	Underweight		Normal		Overweight		Obese		Total
Attock	456	13.0%	1580	45.0%	904	25.8%	568	16.2%	3508
Bahawalnagar	325	14.9%	1022	46.9%	532	24.4%	302	13.8%	2181
Bahawalpur	514	15.9%	1412	43.7%	792	24.5%	512	15.9%	3230
Bhakkar	593	19.8%	1434	47.8%	634	21.2%	336	11.2%	2997
Chakwal	512	13.9%	1595	43.2%	952	25.8%	629	17.1%	3688
Chiniot	198	15.0%	584	44.3%	316	24.0%	221	16.8%	1319
D G Khan	386	18.4%	1079	51.3%	441	21.0%	196	9.3%	2102
Faisalabad	610	12.1%	2072	41.0%	1354	26.8%	1022	20.2%	5058
Gujranwala	276	11.9%	901	39.0%	623	27.0%	510	22.1%	2310
Gujrat	432	12.6%	1379	40.1%	940	27.4%	684	19.9%	3435
Hafizabad	153	12.5%	565	46.3%	330	27.0%	173	14.2%	1221
Jhang	562	14.5%	1845	47.5%	956	24.6%	521	13.4%	3884
Jhelum	462	12.3%	1432	38.1%	1063	28.3%	799	21.3%	3756
Kasur	426	13.6%	1351	43.1%	772	24.6%	589	18.8%	3138
Khanewal	745	16.5%	1965	43.5%	1098	24.3%	712	15.8%	4520
Khushab	641	14.8%	2022	46.6%	1083	25.0%	592	13.6%	4338
Lahore	269	12.1%	798	35.8%	642	28.8%	518	23.3%	2227
Layyah	783	17.3%	2166	47.8%	1040	22.9%	544	12.0%	4533
Lodhran	459	17.7%	1238	47.7%	574	22.1%	324	12.5%	2595
Mandi B.Din	425	11.3%	1467	39.0%	1001	26.6%	867	23.1%	3760
Mianwali	814	17.4%	2245	48.0%	1065	22.8%	554	11.8%	4678
Multan	645	15.1%	1787	41.8%	1069	25.0%	771	18.0%	4272
Muzaffargarh	601	20.9%	1279	44.5%	604	21.0%	393	13.7%	2877
Nankana	375	10.5%	1478	41.6%	986	27.7%	716	20.1%	3555
Narowal	228	10.0%	1183	51.7%	564	24.7%	312	13.6%	2287
Okara	636	16.1%	1842	46.6%	906	22.9%	569	14.4%	3953
Pakpattan	472	16.7%	1346	47.5%	614	21.7%	401	14.2%	2833
R Y Khan	516	16.6%	1384	44.5%	741	23.8%	467	15.0%	3108
Rajanpur	541	27.4%	925	46.9%	336	17.0%	171	8.7%	1973
Rawalpindi	676	11.7%	2463	42.5%	1538	26.5%	1117	19.3%	5794
Sahiwal	456	18.7%	1108	45.3%	542	22.2%	339	13.9%	2445
Sargodha	353	12.2%	1162	40.1%	824	28.4%	558	19.3%	2897
Sheikhupura	560	10.8%	2129	40.9%	1409	27.0%	1111	21.3%	5209
Sialkot	427	10.6%	1729	42.8%	1069	26.5%	816	20.2%	4041
T.T Singh	234	10.1%	966	41.6%	683	29.4%	438	18.9%	2321
Vehari	512	14.4%	1282	36.1%	889	25.0%	873	24.6%	3556
<b>Total</b>	<b>17,273</b>	<b>14.4%</b>	<b>52,215</b>	<b>43.7%</b>	<b>29,886</b>	<b>25.0%</b>	<b>20,225</b>	<b>16.9%</b>	<b>119,599</b>

# HEALTH WEEK REPORT 2017

## Overweight (BMI > 25)

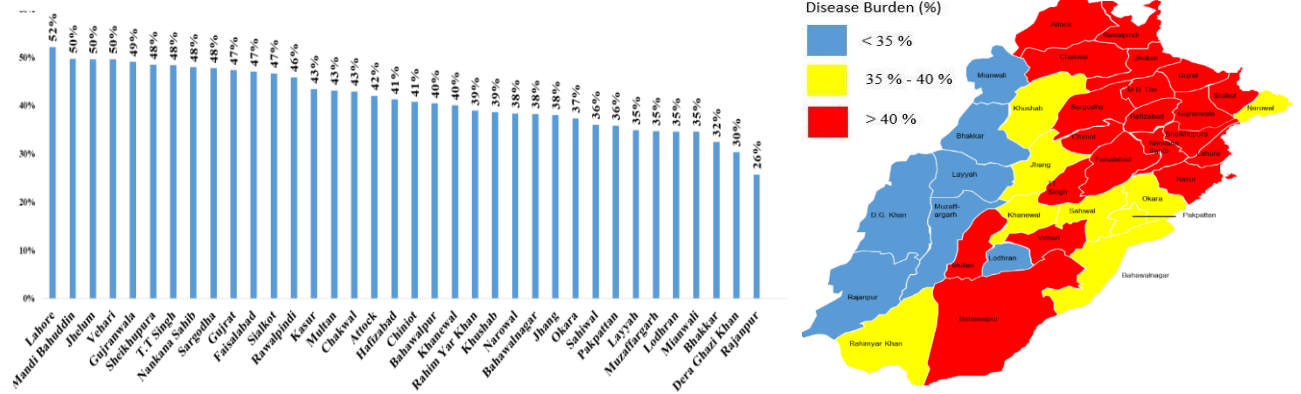


Figure 21: Overweight (BMI > 25) - District wise Distribution in Adults (n = 119,599, Mean = 41.2)

Note: Districts with percentage of overweight (BMI > 25) greater than 40% of people screened are shown in red, with percentage of overweight people screened between 35-40% are shown in yellow and those with percentage of overweight people screened is less than 35% are shown in blue.

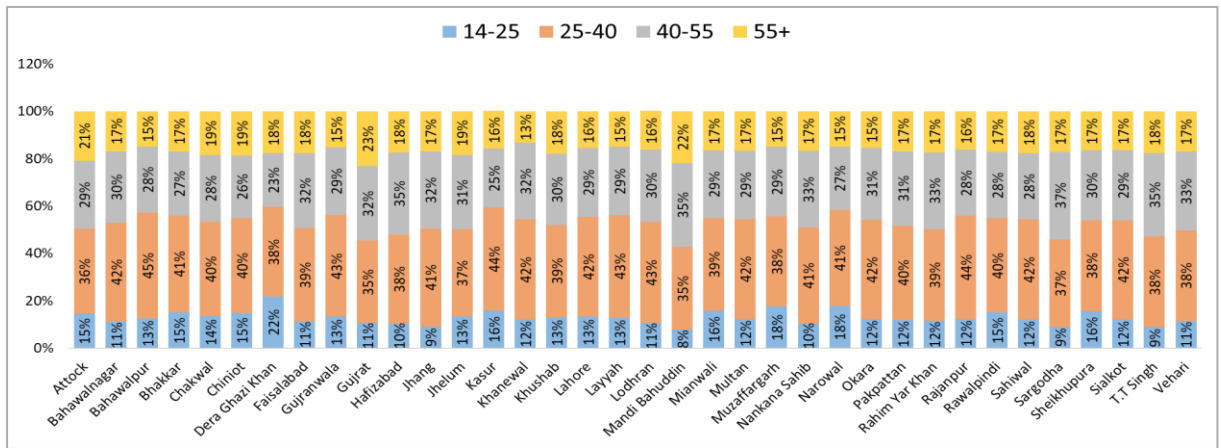


Figure 22: Overweight (BMI > 25) - District wise Age Distribution in Adults (n = 50,111)

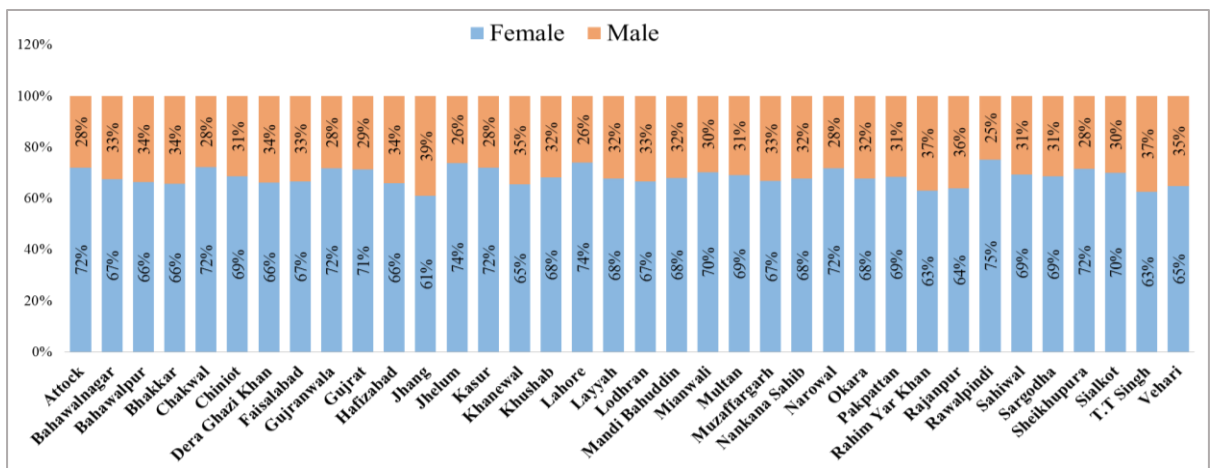


Figure 23: Overweight (BMI > 25) - District wise Gender Distribution in Adults (n = 50,111)

## HEALTH WEEK REPORT 2017

*Table 7: Overweight (BMI>25) - District wise Distribution in Adults Punjab*

District	Overweight		Total
Attock	1472	42.0%	3508
Bahawalnagar	834	38.2%	2181
Bahawalpur	1304	40.4%	3230
Bhakkar	970	32.4%	2997
Chakwal	1581	42.9%	3688
Chiniot	537	40.7%	1319
Dera Ghazi Khan	637	30.3%	2102
Faisalabad	2376	47.0%	5058
Gujranwala	1133	49.0%	2310
Gujrat	1624	47.3%	3435
Hafizabad	503	41.2%	1221
Jhang	1477	38.0%	3884
Jhelum	1862	49.6%	3756
Kasur	1361	43.4%	3138
Khanewal	1810	40.0%	4520
Khushab	1675	38.6%	4338
Lahore	1160	52.1%	2227
Layyah	1584	34.9%	4533
Lodhran	898	34.6%	2595
Mandi Bahauddin	1868	49.7%	3760
Mianwali	1619	34.6%	4678
Multan	1840	43.1%	4272
Muzaffargarh	997	34.7%	2877
Nankana Sahib	1702	47.9%	3555
Narowal	876	38.3%	2287
Okara	1475	37.3%	3953
Pakpattan	1015	35.8%	2833
Rahim Yar Khan	1208	38.9%	3108
Rajanpur	507	25.7%	1973
Rawalpindi	2655	45.8%	5794
Sahiwal	881	36.0%	2445
Sargodha	1382	47.7%	2897
Sheikhupura	2520	48.4%	5209
Sialkot	1885	46.6%	4041
T.T Singh	1121	48.3%	2321
Vehari	1762	49.6%	3556
<b>Total</b>	<b>50,111</b>	<b>41.9%</b>	<b>119,599</b>

## HEALTH WEEK REPORT 2017

*Table 8: Overweight (BMI > 25) - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	214	14.5%	529	35.9%	422	28.7%	307	20.9%	1472
Bahawalnagar	92	11.0%	350	42.0%	251	30.1%	141	16.9%	834
Bahawalpur	164	12.6%	582	44.6%	363	27.8%	195	15.0%	1304
Bhakkar	146	15.1%	396	40.8%	263	27.1%	165	17.0%	970
Chakwal	213	13.5%	630	39.8%	445	28.1%	293	18.5%	1581
Chiniot	80	14.9%	215	40.0%	142	26.4%	100	18.6%	537
D G Khan	138	21.7%	241	37.8%	145	22.8%	113	17.7%	637
Faisalabad	267	11.2%	936	39.4%	751	31.6%	422	17.8%	2376
Gujranwala	151	13.3%	484	42.7%	325	28.7%	173	15.3%	1133
Gujrat	171	10.5%	565	34.8%	512	31.5%	376	23.2%	1624
Hafizabad	52	10.3%	189	37.6%	174	34.6%	88	17.5%	503
Jhang	135	9.1%	612	41.4%	478	32.4%	252	17.1%	1477
Jhelum	247	13.3%	685	36.8%	585	31.4%	345	18.5%	1862
Kasur	213	15.7%	595	43.7%	337	24.8%	216	15.9%	1361
Khanewal	219	12.1%	764	42.2%	587	32.4%	240	13.3%	1810
Khushab	218	13.0%	654	39.0%	504	30.1%	299	17.9%	1675
Lahore	155	13.4%	486	41.9%	338	29.1%	181	15.6%	1160
Layyah	205	12.9%	684	43.2%	456	28.8%	239	15.1%	1584
Lodhran	94	10.5%	385	42.9%	273	30.4%	146	16.3%	898
Mandi B.Din	143	7.7%	655	35.1%	660	35.3%	410	21.9%	1868
Mianwali	258	15.9%	629	38.9%	463	28.6%	269	16.6%	1619
Multan	227	12.3%	777	42.2%	529	28.7%	307	16.7%	1840
Muzaffargarh	174	17.5%	381	38.2%	291	29.2%	151	15.1%	997
Nankana Sahib	176	10.3%	689	40.5%	554	32.5%	283	16.6%	1702
Narowal	156	17.8%	355	40.5%	234	26.7%	131	15.0%	876
Okara	180	12.2%	618	41.9%	450	30.5%	227	15.4%	1475
Pakpattan	120	11.8%	405	39.9%	319	31.4%	171	16.8%	1015
R Y Khan	139	11.5%	466	38.6%	393	32.5%	210	17.4%	1208
Rajanpur	62	12.2%	221	43.6%	142	28.0%	82	16.2%	507
Rawalpindi	397	15.0%	1060	39.9%	738	27.8%	460	17.3%	2655
Sahiwal	107	12.1%	372	42.2%	247	28.0%	155	17.6%	881
Sargodha	123	8.9%	513	37.1%	509	36.8%	237	17.1%	1382
Sheikhupura	393	15.6%	964	38.3%	744	29.5%	419	16.6%	2520
Sialkot	227	12.0%	791	42.0%	554	29.4%	313	16.6%	1885
T.T Singh	98	8.7%	431	38.4%	394	35.1%	198	17.7%	1121
Vehari	201	11.4%	675	38.3%	585	33.2%	301	17.1%	1762
<b>Total</b>	<b>6,355</b>	<b>12.7%</b>	<b>19,984</b>	<b>39.9%</b>	<b>15,157</b>	<b>30.2%</b>	<b>8,615</b>	<b>17.2%</b>	<b>50,111</b>

## HEALTH WEEK REPORT 2017

*Table 9: Overweight (BMI > 25) - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	1119	76.0%	353	24.0%	1472
Bahawalnagar	614	73.6%	220	26.4%	834
Bahawalpur	892	68.4%	412	31.6%	1304
Bhakkar	654	67.4%	316	32.6%	970
Chakwal	1214	76.8%	367	23.2%	1581
Chiniot	399	74.3%	138	25.7%	537
D G Khan	397	62.3%	240	37.7%	637
Faisalabad	1687	71.0%	689	29.0%	2376
Gujranwala	871	76.9%	262	23.1%	1133
Gujrat	1241	76.4%	383	23.6%	1624
Hafizabad	364	72.4%	139	27.6%	503
Jhang	961	65.1%	516	34.9%	1477
Jhelum	1427	76.6%	435	23.4%	1862
Kasur	1040	76.4%	321	23.6%	1361
Khanewal	1262	69.7%	548	30.3%	1810
Khushab	1196	71.4%	479	28.6%	1675
Lahore	909	78.4%	251	21.6%	1160
Layyah	1110	70.1%	474	29.9%	1584
Lodhran	616	68.6%	282	31.4%	898
Mandi B.Din	1377	73.7%	491	26.3%	1868
Mianwali	1168	72.1%	451	27.9%	1619
Multan	1318	71.6%	522	28.4%	1840
Muzaffargarh	668	67.0%	329	33.0%	997
Nankana Sahib	1221	71.7%	481	28.3%	1702
Narowal	666	76.0%	210	24.0%	876
Okara	1073	72.7%	402	27.3%	1475
Pakpattan	726	71.5%	289	28.5%	1015
R Y Khan	804	66.6%	404	33.4%	1208
Rajanpur	337	66.5%	170	33.5%	507
Rawalpindi	2051	77.3%	604	22.7%	2655
Sahiwal	651	73.9%	230	26.1%	881
Sargodha	1012	73.2%	370	26.8%	1382
Sheikhupura	1924	76.3%	596	23.7%	2520
Sialkot	1430	75.9%	455	24.1%	1885
T.T Singh	729	65.0%	392	35.0%	1121
Vehari	1204	68.3%	558	31.7%	1762
<b>Total</b>	<b>36,332</b>	<b>72.5%</b>	<b>13,779</b>	<b>27.5%</b>	<b>50,111</b>

# HEALTH WEEK REPORT 2017

## Under Weight (BMI < 18.5)

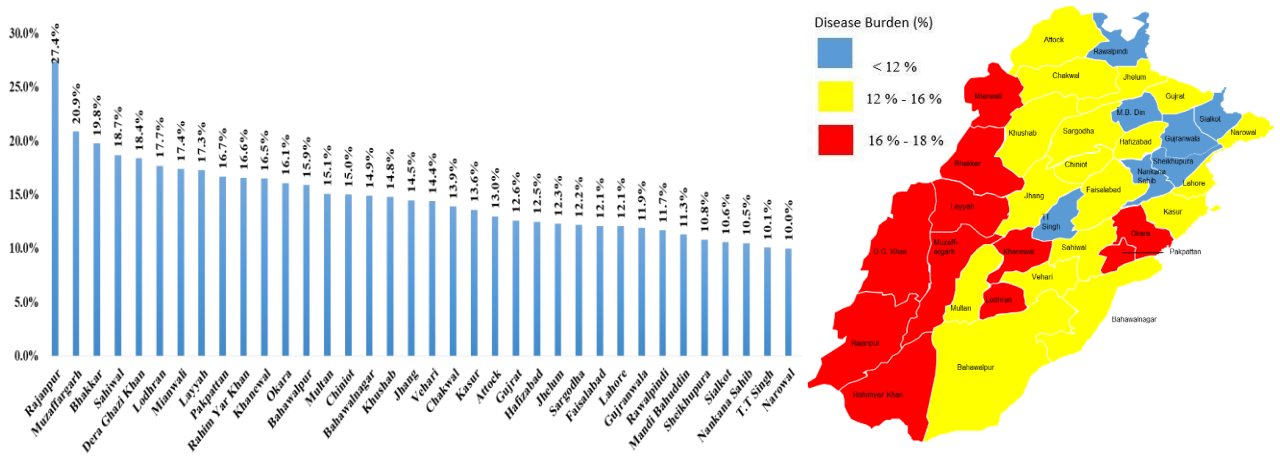


Figure 24: Underweight (BMI < 18.5) - District wise Distribution in Adults (n = 119,599, Mean = 14.4%)

Note: Districts with percentage of underweight (BMI < 18.5) Greater than 16% people screened are shown in red, with percentage of underweight people screened between 12-16% are shown in yellow and those with percentage of underweight people screened is less than 12% are shown in blue.

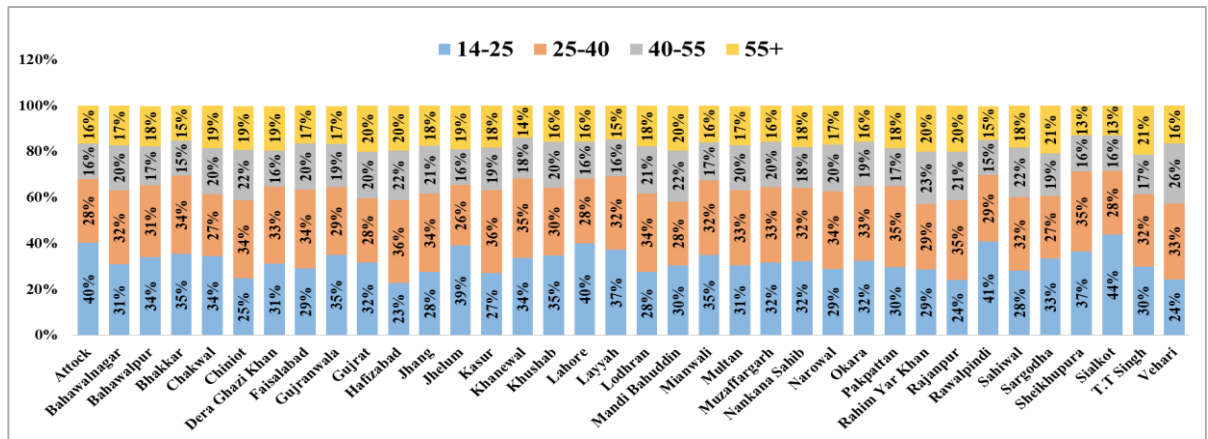


Figure 25: Underweight (BMI < 18.5) - District wise Age Distribution in Adults (n = 17,273)

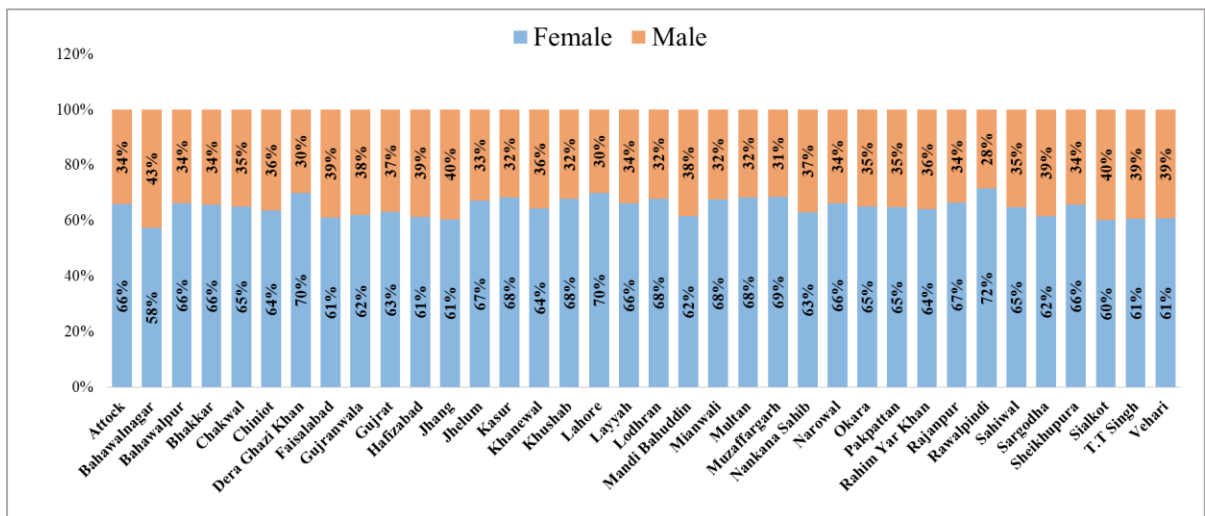


Figure 26: Underweight (BMI < 18.5) - District wise Gender Distribution in Adults (n = 17,273)

## HEALTH WEEK REPORT 2017

*Table 10: Underweight (BMI<18.5) - District wise Distribution in Adults Punjab*

District	Underweight		Total
Attock	456	13.0%	3508
Bahawalnagar	325	14.9%	2181
Bahawalpur	514	15.9%	3230
Bhakkar	593	19.8%	2997
Chakwal	512	13.9%	3688
Chiniot	198	15.0%	1319
Dera Ghazi Khan	386	18.4%	2102
Faisalabad	610	12.1%	5058
Gujranwala	276	11.9%	2310
Gujrat	432	12.6%	3435
Hafizabad	153	12.5%	1221
Jhang	562	14.5%	3884
Jhelum	462	12.3%	3756
Kasur	426	13.6%	3138
Khanewal	745	16.5%	4520
Khushab	641	14.8%	4338
Lahore	269	12.1%	2227
Layyah	783	17.3%	4533
Lodhran	459	17.7%	2595
Mandi Bahuddin	425	11.3%	3760
Mianwali	814	17.4%	4678
Multan	645	15.1%	4272
Muzaffargarh	601	20.9%	2877
Nankana Sahib	375	10.5%	3555
Narowal	228	10.0%	2287
Okara	636	16.1%	3953
Pakpattan	472	16.7%	2833
Rahim Yar Khan	516	16.6%	3108
Rajanpur	541	27.4%	1973
Rawalpindi	676	11.7%	5794
Sahiwal	456	18.7%	2445
Sargodha	353	12.2%	2897
Sheikhupura	560	10.8%	5209
Sialkot	427	10.6%	4041
T.T Singh	234	10.1%	2321
Vehari	512	14.4%	3556
<b>Total</b>	<b>17,273</b>	<b>14.4%</b>	<b>119,599</b>

## HEALTH WEEK REPORT 2017

*Table 11: Underweight (BMI<18.5) - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	184	40.4%	126	27.6%	71	15.6%	75	16.4%	456
Bahawalnagar	100	30.8%	105	32.3%	64	19.7%	56	17.2%	325
Bahawalpur	175	34.0%	161	31.3%	87	16.9%	91	17.7%	514
Bhakkar	210	35.4%	202	34.1%	91	15.3%	90	15.2%	593
Chakwal	176	34.4%	138	27.0%	103	20.1%	95	18.6%	512
Chiniot	49	24.7%	68	34.3%	43	21.7%	38	19.2%	198
D G Khan	121	31.3%	129	33.4%	61	15.8%	75	19.4%	386
Faisalabad	178	29.2%	209	34.3%	122	20.0%	101	16.6%	610
Gujranwala	97	35.1%	81	29.3%	52	18.8%	46	16.7%	276
Gujrat	137	31.7%	121	28.0%	88	20.4%	86	19.9%	432
Hafizabad	35	22.9%	55	35.9%	33	21.6%	30	19.6%	153
Jhang	155	27.6%	191	34.0%	117	20.8%	99	17.6%	562
Jhelum	180	39.0%	122	26.4%	72	15.6%	88	19.0%	462
Kasur	115	27.0%	154	36.2%	79	18.5%	78	18.3%	426
Khanewal	252	33.8%	257	34.5%	132	17.7%	104	14.0%	745
Khushab	223	34.8%	189	29.5%	129	20.1%	100	15.6%	641
Lahore	108	40.1%	76	28.3%	43	16.0%	42	15.6%	269
Layyah	292	37.3%	250	31.9%	125	16.0%	116	14.8%	783
Lodhran	127	27.7%	156	34.0%	94	20.5%	82	17.9%	459
Mandi B.Din	129	30.4%	118	27.8%	95	22.4%	83	19.5%	425
Mianwali	285	35.0%	264	32.4%	135	16.6%	130	16.0%	814
Multan	197	30.5%	211	32.7%	126	19.5%	111	17.2%	645
Muzaffargarh	190	31.6%	197	32.8%	120	20.0%	94	15.6%	601
Nankana	121	32.3%	120	32.0%	66	17.6%	68	18.1%	375
Narowal	66	28.9%	77	33.8%	46	20.2%	39	17.1%	228
Okara	206	32.4%	208	32.7%	122	19.2%	100	15.7%	636
Pakpattan	140	29.7%	167	35.4%	78	16.5%	87	18.4%	472
R Y Khan	148	28.7%	147	28.5%	117	22.7%	104	20.2%	516
Rajanpur	130	24.0%	189	34.9%	114	21.1%	108	20.0%	541
Rawalpindi	276	40.8%	197	29.1%	102	15.1%	101	14.9%	676
Sahiwal	128	28.1%	146	32.0%	99	21.7%	83	18.2%	456
Sargodha	118	33.4%	96	27.2%	66	18.7%	73	20.7%	353
Sheikhupura	205	36.6%	195	34.8%	88	15.7%	72	12.9%	560
Sialkot	187	43.8%	119	27.9%	66	15.5%	55	12.9%	427
T.T Singh	70	29.9%	74	31.6%	40	17.1%	50	21.4%	234
Vehari	125	24.4%	169	33.0%	134	26.2%	84	16.4%	512
<b>Total</b>	<b>5,635</b>	<b>32.6%</b>	<b>5,484</b>	<b>31.7%</b>	<b>3,220</b>	<b>18.6%</b>	<b>2,934</b>	<b>16.9%</b>	<b>17,273</b>

## HEALTH WEEK REPORT 2017

*Table 12: Underweight (BMI<18.5) - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	301	66.0%	155	34.0%	456
Bahawalnagar	187	57.5%	138	42.5%	325
Bahawalpur	341	66.3%	173	33.7%	514
Bhakkar	391	65.9%	202	34.1%	593
Chakwal	334	65.2%	178	34.8%	512
Chiniot	126	63.6%	72	36.4%	198
D G Khan	270	69.9%	116	30.1%	386
Faisalabad	373	61.1%	237	38.9%	610
Gujranwala	171	62.0%	105	38.0%	276
Gujrat	273	63.2%	159	36.8%	432
Hafizabad	94	61.4%	59	38.6%	153
Jhang	340	60.5%	222	39.5%	562
Jhelum	311	67.3%	151	32.7%	462
Kasur	291	68.3%	135	31.7%	426
Khanewal	479	64.3%	266	35.7%	745
Khushab	435	67.9%	206	32.1%	641
Lahore	188	69.9%	81	30.1%	269
Layyah	519	66.3%	264	33.7%	783
Lodhran	312	68.0%	147	32.0%	459
Mandi B.Din	262	61.6%	163	38.4%	425
Mianwali	551	67.7%	263	32.3%	814
Multan	441	68.4%	204	31.6%	645
Muzaffargarh	413	68.7%	188	31.3%	601
Nankana Sahib	236	62.9%	139	37.1%	375
Narowal	151	66.2%	77	33.8%	228
Okara	414	65.1%	222	34.9%	636
Pakpattan	306	64.8%	166	35.2%	472
Rahim Yar	331	64.1%	185	35.9%	516
Rajapur	360	66.5%	181	33.5%	541
Rawalpindi	484	71.6%	192	28.4%	676
Sahiwal	296	64.9%	160	35.1%	456
Sargodha	217	61.5%	136	38.5%	353
Sheikhupura	368	65.7%	192	34.3%	560
Sialkot	257	60.2%	170	39.8%	427
T.T Singh	142	60.7%	92	39.3%	234
Vehari	312	60.9%	200	39.1%	512
<b>Total</b>	<b>11,277</b>	<b>65.3%</b>	<b>5,996</b>	<b>34.7%</b>	<b>17,273</b>

# HEALTH WEEK REPORT 2017

## Waist/Hip Ratio

The Waist to hip ratio (n=123,308) of the population was  $0.96 \pm .197$ . This was recoded into normal (<0.9) and abdominal obesity (>0.9). 65.4% adults (67.2% males & 64.5% females) had abdominal obesity with a W/H ratio greater than 0.9. A gradually increasing trend was seen with increasing age.

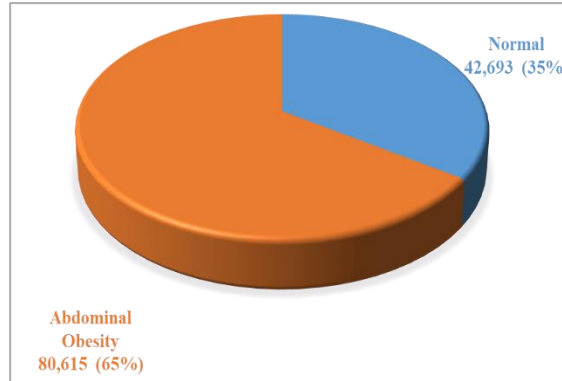


Figure 27: Waist to Hip Ratio of Adults Screened – Punjab (n = 123,308)

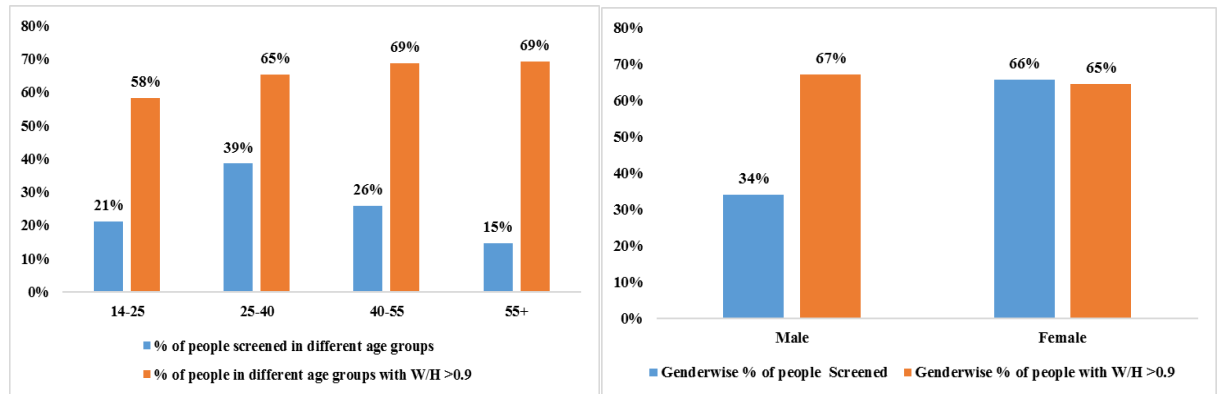


Figure 28: Waist to Hip Ratio (>0.9) - Age and Gender wise Distribution of Adults – Punjab

Note: The percentage of abdominal obesity is calculated against the percentage of people screened in each age & gender group.

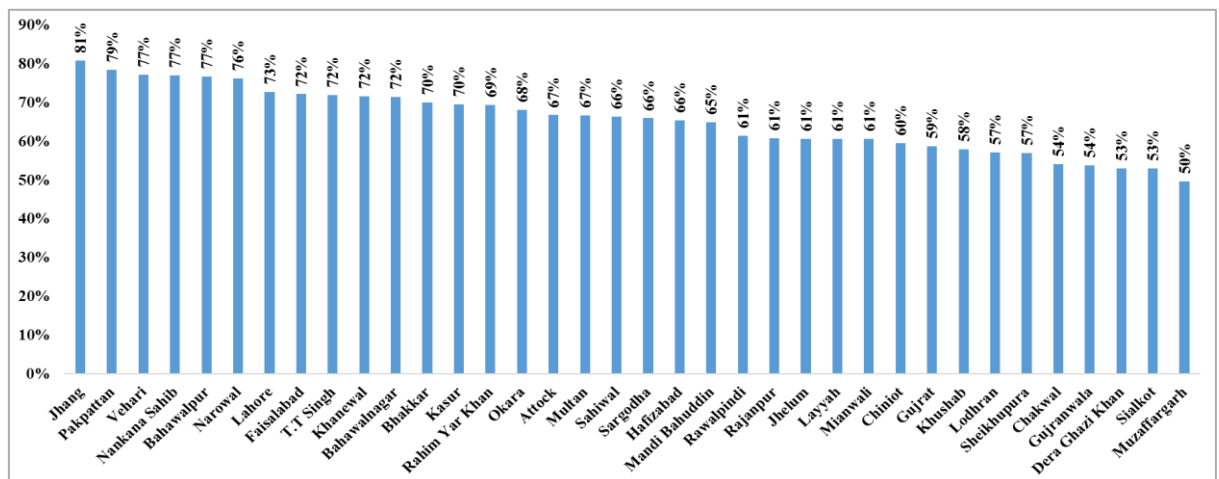


Figure 29: Waist to hip Ratio (>0.9) - District wise Distribution in Adults (n = 123,308, Mean = 66%)



## HEALTH WEEK REPORT 2017

*Table 13: Waist to hip Ratio (>0.9) - District wise Distribution in Adults Punjab*

District	Abdominal Obesity		Total
<b>Attock</b>	2394	66.8%	3584
<b>Bahawalnagar</b>	1571	71.5%	2197
<b>Bahawalpur</b>	2730	76.8%	3557
<b>Bhakkar</b>	2188	70.0%	3125
<b>Chakwal</b>	2008	54.1%	3714
<b>Chiniot</b>	1294	59.5%	2174
<b>Dera Ghazi Khan</b>	1086	53.0%	2050
<b>Faisalabad</b>	4000	72.2%	5544
<b>Gujranwala</b>	1314	53.9%	2439
<b>Gujrat</b>	2101	58.8%	3574
<b>Hafizabad</b>	868	65.5%	1326
<b>Jhang</b>	3299	80.9%	4079
<b>Jhelum</b>	2299	60.7%	3785
<b>Kasur</b>	2413	69.6%	3468
<b>Khanewal</b>	3114	71.6%	4348
<b>Khushab</b>	2504	57.9%	4323
<b>Lahore</b>	1645	72.8%	2260
<b>Layyah</b>	2640	60.6%	4355
<b>Lodhran</b>	1543	57.1%	2700
<b>Mandi Bahuddin</b>	2565	64.9%	3953
<b>Mianwali</b>	2817	60.6%	4650
<b>Multan</b>	2927	66.7%	4390
<b>Muzaffargarh</b>	1831	49.7%	3685
<b>Nankana Sahib</b>	2917	77.1%	3785
<b>Narowal</b>	1881	76.2%	2468
<b>Okara</b>	2707	68.1%	3973
<b>Pakpattan</b>	2160	78.5%	2750
<b>Rahim Yar Khan</b>	1831	69.4%	2640
<b>Rajapur</b>	1229	60.9%	2018
<b>Rawalpindi</b>	3474	61.4%	5656
<b>Sahiwal</b>	1643	66.4%	2474
<b>Sargodha</b>	1980	66.0%	2999
<b>Sheikhupura</b>	2978	57.0%	5229
<b>Sialkot</b>	2109	53.0%	3979
<b>T.T Singh</b>	1681	72.0%	2336
<b>Vehari</b>	2874	77.2%	3721
<b>Total</b>	<b>80,615</b>	<b>65.51%</b>	<b>123,308</b>

## HEALTH WEEK REPORT 2017

*Table 14: Waist to Hip Ratio (>0.9) - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	501	21.90%	860	35.20%	551	23.30%	482	19.50%	2394
Bahawalnagar	302	20.10%	597	38.50%	393	24.10%	279	17.30%	1571
Bahawalpur	513	20.50%	1056	38.70%	660	23.70%	501	17.10%	2730
Bhakkar	512	24.80%	851	38.70%	492	21.60%	333	14.90%	2188
Chakwal	386	21.00%	714	35.30%	483	24.30%	425	19.50%	2008
Chiniot	213	17.30%	475	37.00%	361	26.40%	245	19.30%	1294
D G Khan	295	27.80%	399	36.00%	223	19.90%	169	16.30%	1086
Faisalabad	615	17.20%	1524	38.10%	1130	27.50%	731	17.30%	4000
Gujranwala	262	20.40%	514	39.50%	320	24.40%	218	15.70%	1314
Gujrat	276	16.50%	716	34.30%	597	26.90%	512	22.30%	2101
Hafizabad	147	18.20%	322	35.70%	251	30.10%	148	16.10%	868
Jhang	523	17.20%	1283	38.70%	906	27.30%	587	16.70%	3299
Jhelum	383	21.00%	813	34.90%	630	25.70%	473	18.40%	2299
Kasur	498	21.00%	1008	41.10%	520	21.50%	387	16.30%	2413
Khanewal	569	21.10%	1219	39.90%	854	25.10%	472	13.90%	3114
Khushab	437	20.50%	907	36.50%	687	26.10%	473	16.90%	2504
Lahore	308	20.80%	656	39.50%	402	24.10%	279	15.50%	1645
Layyah	579	23.80%	1031	39.40%	645	22.50%	385	14.20%	2640
Lodhran	218	17.70%	628	40.50%	421	25.30%	276	16.50%	1543
Mandi B.Din	272	13.30%	862	33.90%	846	31.30%	585	21.50%	2565
Mianwali	601	23.20%	1058	37.80%	666	22.20%	492	16.80%	2817
Multan	478	19.50%	1147	39.20%	776	24.70%	526	16.70%	2927
Muzaffargarh	421	24.30%	691	37.30%	453	24.00%	266	14.40%	1831
Nankana Sb	406	15.20%	1116	38.90%	864	28.50%	531	17.30%	2917
Narowal	439	22.90%	711	38.50%	449	23.70%	282	14.90%	1881
Okara	502	20.50%	1055	39.30%	696	24.40%	454	15.80%	2707
Pakpattan	403	19.90%	809	38.70%	556	24.10%	392	17.30%	2160
R Y Khan	297	18.00%	684	37.90%	513	27.20%	337	16.90%	1831
Rajanpur	228	20.30%	463	38.90%	315	23.50%	223	17.30%	1229
Rawalpindi	660	21.90%	1296	37.70%	850	23.10%	668	17.30%	3474
Sahiwal	260	18.20%	629	38.80%	423	24.60%	331	18.40%	1643
Sargodha	265	16.30%	694	34.90%	641	30.40%	380	18.40%	1980
Sheikhupura	573	23.50%	1087	36.60%	805	24.50%	513	15.30%	2978
Sialkot	388	22.50%	796	37.60%	582	24.60%	343	15.20%	2109
T.T Singh	203	14.00%	597	37.30%	548	29.70%	333	19.00%	1681
Vehari	448	16.20%	1062	37.30%	863	29.70%	501	16.80%	2874
<b>Total</b>	<b>14,381</b>	<b>20.10%</b>	<b>30,330</b>	<b>37.70%</b>	<b>21,372</b>	<b>25.20%</b>	<b>14,532</b>	<b>17.00%</b>	<b>80,615</b>

## HEALTH WEEK REPORT 2017

*Table 15: Waist to Hip Ratio (>0.9) - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	1758	73.40%	636	26.60%	2394
Bahawalnagar	1092	69.50%	479	30.50%	1571
Bahawalpur	1824	66.80%	906	33.20%	2730
Bhakkar	1386	63.30%	802	36.70%	2188
Chakwal	1421	72.00%	587	28.00%	2008
Chiniot	871	67.20%	423	32.80%	1294
Dera Ghazi Khan	704	66.10%	382	33.90%	1086
Faisalabad	2669	67.90%	1331	32.10%	4000
Gujranwala	913	71.30%	401	28.70%	1314
Gujrat	1478	71.60%	623	28.40%	2101
Hafizabad	549	65.90%	319	34.10%	868
Jhang	1993	60.90%	1306	39.10%	3299
Jhelum	1660	73.70%	639	26.30%	2299
Kasur	1750	72.90%	663	27.10%	2413
Khanewal	1949	63.90%	1165	36.10%	3114
Khushab	1739	69.00%	765	31.00%	2504
Lahore	1197	74.20%	448	25.80%	1645
Layyah	1724	67.70%	916	32.30%	2640
Lodhran	1025	66.20%	518	33.80%	1543
Mandi Bahuddin	1717	68.00%	848	32.00%	2565
Mianwali	1960	69.80%	857	30.20%	2817
Multan	2001	68.90%	926	31.10%	2927
Muzaffargarh	1128	65.00%	703	35.00%	1831
Nankana Sahib	2014	68.60%	903	31.40%	2917
Narowal	1352	71.60%	529	28.40%	1881
Okara	1809	67.80%	898	32.20%	2707
Pakpattan	1479	68.80%	681	31.20%	2160
Rahim Yar Khan	1119	63.10%	712	36.90%	1831
Rajanpur	801	63.80%	428	36.20%	1229
Rawalpindi	2602	75.40%	872	24.60%	3474
Sahiwal	1138	69.40%	505	30.60%	1643
Sargodha	1384	68.10%	596	31.90%	1980
Sheikhupura	2161	72.00%	817	28.00%	2978
Sialkot	1411	69.90%	698	30.10%	2109
T.T Singh	1041	62.50%	640	37.50%	1681
Vehari	1803	65.30%	1071	34.70%	2874
<b>Total</b>	<b>54,622</b>	<b>68.60%</b>	<b>25,993</b>	<b>31.40%</b>	<b>80,615</b>

# HEALTH WEEK REPORT 2017

## Hemoglobin Level

The mean hemoglobin level (n=233,864) was found to be  $11.78 \pm 1.86$ . It was re-coded in 4 categories of normal Hb (>12), Mild anemia (9.6-12), Moderate Anemia (8-9.5) and Severe Anemia (<8). 43.4% people had normal Hb Level, 45.8% had mild anemia, 8.5% had Moderate anemia and 2.4% were found to have severe anemia. 65.4% of females and 38.5% of males had Hb. <12. Highest prevalence of Low Hb. <12 was found in age groups 14-25.

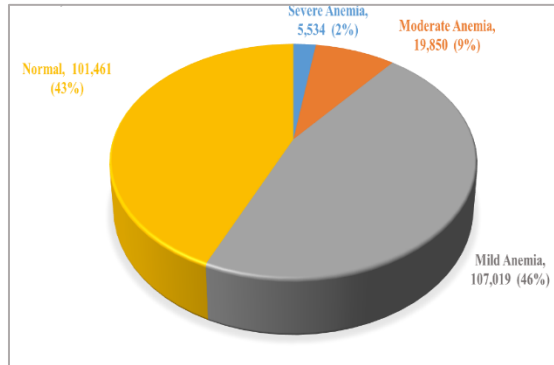


Figure 33: Haemoglobin Level of Adults Screened (n = 233,864)

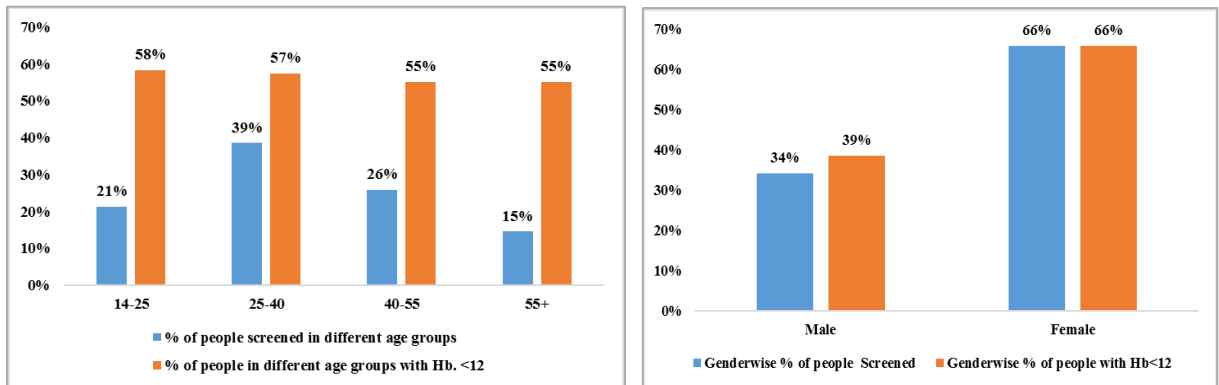


Figure 34: Hb level (<12g/dl) - Age and Gender wise Distribution in Adults – Punjab

Note: The percentage of Anaemia (Hb<12) is calculated against the percentage of people screened in each age & gender group.

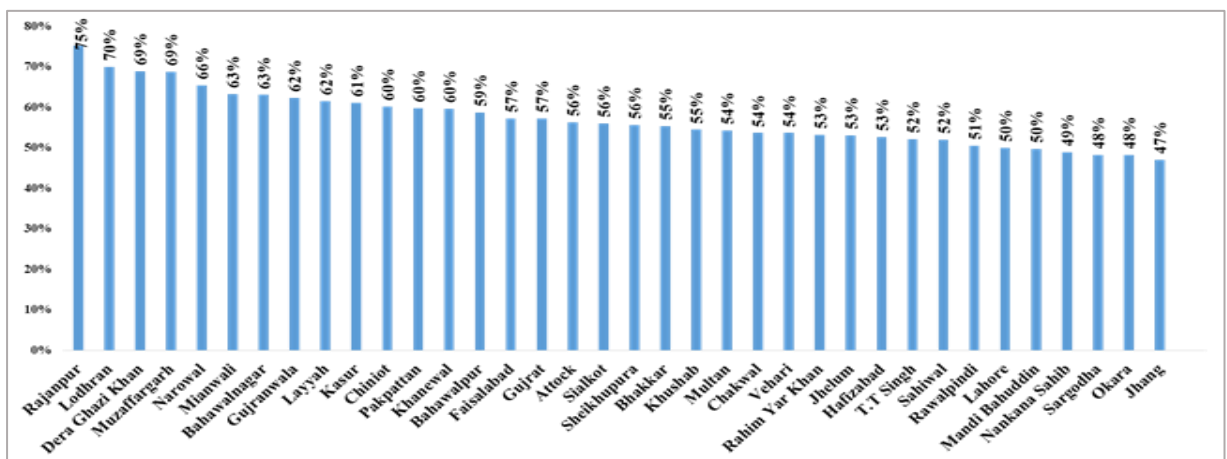


Figure 35: Anaemia (Hb<12g/dl) - District wise Distribution in Adults (n = 233,864, Mean 56.6%)

# HEALTH WEEK REPORT 2017

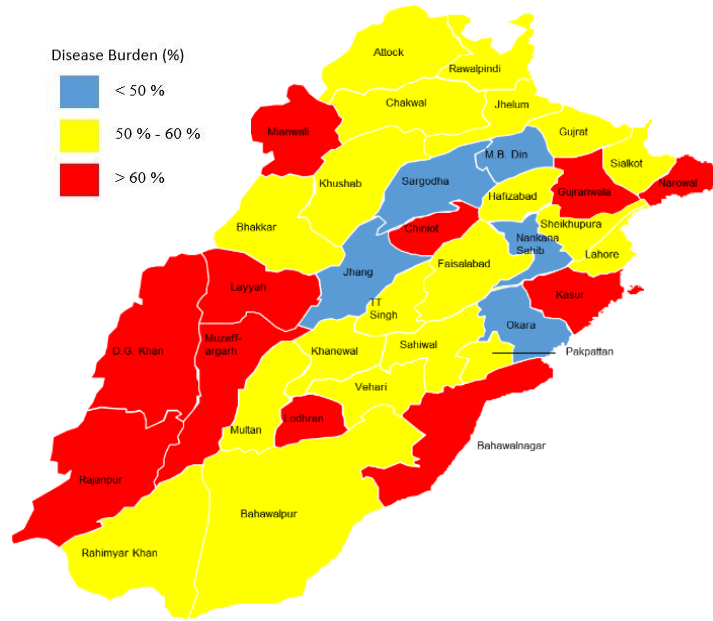


Figure 36: Anaemia (Hb<12g/dl) District wise Distribution in Adults (n = 233,864, Mean 56.6%)

Note: Districts with percentage of anaemia (Hb < 12) Greater than 60% people screened are shown in red, with percentage between 50-60% are shown in yellow and those with percentage less than 50% are shown in blue.

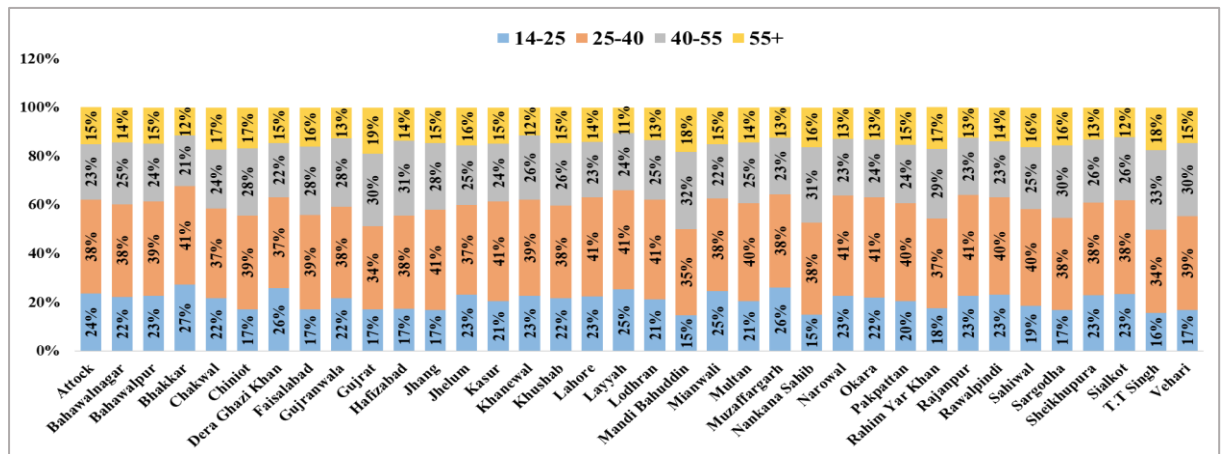


Figure 37: Anaemia (Hb<12g/dl) - District wise Age Distribution in Adults (n = 132,403)

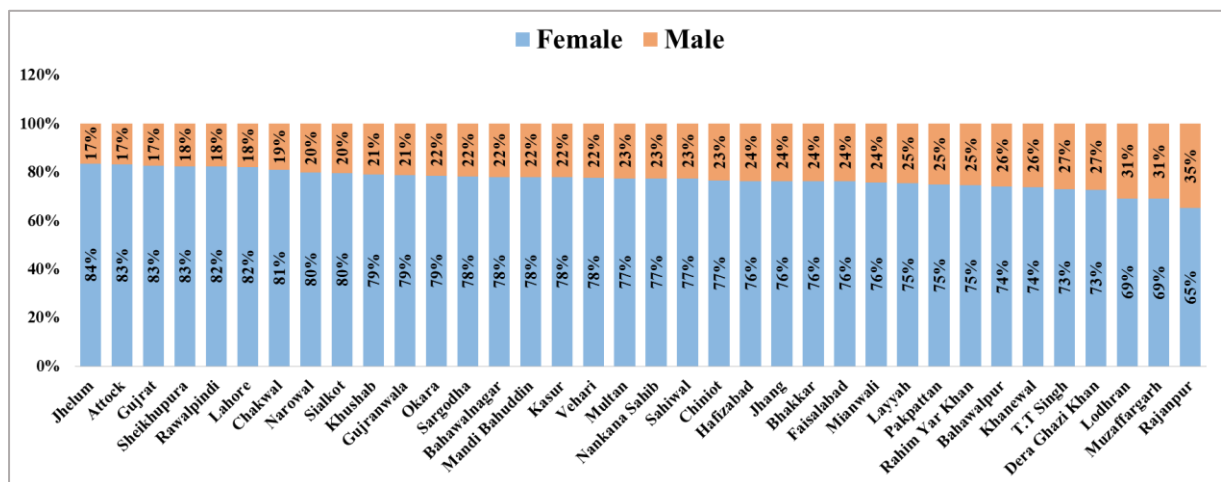


Figure 38: Anaemia (Hb<12g/dl) - District wise Gender Distribution in Adults (n = 132,403)

## HEALTH WEEK REPORT 2017

*Table 16: Anaemia (Hb<12g/dl) District wise Distribution in Adults Punjab*

District	Anaemia		Total
Attock	3619	56.3%	6426
Bahawalnagar	2727	63.1%	4320
Bahawalpur	3973	58.7%	6770
Bhakkar	3506	55.4%	6323
Chakwal	3550	53.7%	6609
Chiniot	2665	60.2%	4430
Dera Ghazi Khan	2903	69.0%	4207
Faisalabad	6284	57.3%	10966
Gujranwala	2916	62.3%	4681
Gujrat	3675	57.3%	6414
Hafizabad	1290	52.7%	2448
Jhang	4237	47.0%	9021
Jhelum	3754	53.1%	7072
Kasur	3479	61.1%	5690
Khanewal	4845	59.7%	8122
Khushab	3958	54.5%	7259
Lahore	2124	50.0%	4252
Layyah	5486	61.5%	8924
Lodhran	3892	70.0%	5559
Mandi Bahuddin	3407	49.7%	6854
Mianwali	5320	63.3%	8403
Multan	3954	54.3%	7287
Muzaffargarh	5182	68.8%	7536
Nankana Sahib	3667	48.9%	7499
Narowal	2878	65.5%	4397
Okara	3552	48.2%	7367
Pakpattan	3344	59.8%	5593
Rahim Yar Khan	3126	53.2%	5874
Rajapur	2794	75.2%	3714
Rawalpindi	5680	50.5%	11237
Sahiwal	2354	52.0%	4523
Sargodha	2936	48.3%	6077
Sheikhupura	5466	55.6%	9825
Sialkot	3954	56.0%	7066
T.T Singh	2387	52.2%	4572
Vehari	3519	53.7%	6547
<b>Total</b>	<b>132,403</b>	<b>56.6%</b>	<b>233,864</b>

## HEALTH WEEK REPORT 2017

*Table 17: Anaemia (Hb<12g/dl) - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	856	23.7%	1388	38.4%	828	22.9%	547	15.1%	3619
Bahawalnagar	609	22.3%	1035	38.0%	692	25.4%	391	14.3%	2727
Bahawalpur	898	22.6%	1541	38.8%	943	23.7%	591	14.9%	3973
Bhakkar	954	27.2%	1423	40.6%	727	20.7%	402	11.5%	3506
Chakwal	775	21.8%	1299	36.6%	863	24.3%	613	17.3%	3550
Chiniot	455	17.1%	1028	38.6%	733	27.5%	449	16.8%	2665
D G Khan	748	25.8%	1086	37.4%	642	22.1%	427	14.7%	2903
Faisalabad	1083	17.2%	2434	38.7%	1754	27.9%	1013	16.1%	6284
Gujranwala	631	21.6%	1096	37.6%	816	28.0%	373	12.8%	2916
Gujrat	626	17.0%	1257	34.2%	1091	29.7%	701	19.1%	3675
Hafizabad	224	17.4%	492	38.1%	397	30.8%	177	13.7%	1290
Jhang	718	16.9%	1738	41.0%	1167	27.5%	614	14.5%	4237
Jhelum	866	23.1%	1387	36.9%	920	24.5%	581	15.5%	3754
Kasur	716	20.6%	1417	40.7%	829	23.8%	517	14.9%	3479
Khanewal	1105	22.8%	1903	39.3%	1274	26.3%	563	11.6%	4845
Khushab	859	21.7%	1499	37.9%	1016	25.7%	584	14.8%	3958
Lahore	478	22.5%	864	40.7%	480	22.6%	302	14.2%	2124
Layyah	1395	25.4%	2222	40.5%	1294	23.6%	575	10.5%	5486
Lodhran	827	21.2%	1593	40.9%	958	24.6%	514	13.2%	3892
Mandi	500	14.7%	1206	35.4%	1081	31.7%	620	18.2%	3407
Mianwali	1314	24.7%	2018	37.9%	1187	22.3%	801	15.1%	5320
Multan	815	20.6%	1581	40.0%	989	25.0%	569	14.4%	3954
Muzaffargarh	1347	26.0%	1988	38.4%	1200	23.2%	647	12.5%	5182
Nankana	551	15.0%	1387	37.8%	1134	30.9%	595	16.2%	3667
Narowal	653	22.7%	1184	41.1%	667	23.2%	374	13.0%	2878
Okara	778	21.9%	1468	41.3%	840	23.6%	466	13.1%	3552
Pakpattan	681	20.4%	1352	40.4%	796	23.8%	515	15.4%	3344
R Y Khan	552	17.7%	1149	36.8%	891	28.5%	534	17.1%	3126
Rajanpur	638	22.8%	1154	41.3%	654	23.4%	348	12.5%	2794
Rawalpindi	1314	23.1%	2276	40.1%	1302	22.9%	788	13.9%	5680
Sahiwal	436	18.5%	938	39.8%	599	25.4%	381	16.2%	2354
Sargodha	496	16.9%	1106	37.7%	876	29.8%	458	15.6%	2936
Sheikhupura	1256	23.0%	2074	37.9%	1419	26.0%	717	13.1%	5466
Sialkot	924	23.4%	1517	38.4%	1025	25.9%	488	12.3%	3954
T.T Singh	372	15.6%	815	34.1%	783	32.8%	417	17.5%	2387
Vehari	590	16.8%	1358	38.6%	1052	29.9%	519	14.7%	3519
<b>Total</b>	<b>28,040</b>	<b>21.2%</b>	<b>51,273</b>	<b>38.7%</b>	<b>33,919</b>	<b>25.6%</b>	<b>19,171</b>	<b>14.5%</b>	<b>132,403</b>

## HEALTH WEEK REPORT 2017

*Table 18: Anaemia (Hb<12g/dl) - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	3012	83.2%	607	16.8%	3619
Bahawalnagar	2130	78.1%	597	21.9%	2727
Bahawalpur	2942	74.0%	1031	26.0%	3973
Bhakkar	2676	76.3%	830	23.7%	3506
Chakwal	2875	81.0%	675	19.0%	3550
Chiniot	2041	76.6%	624	23.4%	2665
D G Khan	2107	72.6%	796	27.4%	2903
Faisalabad	4795	76.3%	1489	23.7%	6284
Gujranwala	2296	78.7%	620	21.3%	2916
Gujrat	3041	82.7%	634	17.3%	3675
Hafizabad	985	76.4%	305	23.6%	1290
Jhang	3236	76.4%	1001	23.6%	4237
Jhelum	3135	83.5%	619	16.5%	3754
Kasur	2712	78.0%	767	22.0%	3479
Khanewal	3570	73.7%	1275	26.3%	4845
Khushab	3126	79.0%	832	21.0%	3958
Lahore	1744	82.1%	380	17.9%	2124
Layyah	4139	75.4%	1347	24.6%	5486
Lodhran	2694	69.2%	1198	30.8%	3892
Mandi B.Din	2662	78.1%	745	21.9%	3407
Mianwali	4033	75.8%	1287	24.2%	5320
Multan	3061	77.4%	893	22.6%	3954
Muzaffargarh	3578	69.0%	1604	31.0%	5182
Nankana Sahib	2839	77.4%	828	22.6%	3667
Narowal	2301	80.0%	577	20.0%	2878
Okara	2787	78.5%	765	21.5%	3552
Pakpattan	2501	74.8%	843	25.2%	3344
R Y Khan	2332	74.6%	794	25.4%	3126
Rajanpur	1821	65.2%	973	34.8%	2794
Rawalpindi	4683	82.4%	997	17.6%	5680
Sahiwal	1821	77.4%	533	22.6%	2354
Sargodha	2298	78.3%	638	21.7%	2936
Sheikhupura	4511	82.5%	955	17.5%	5466
Sialkot	3150	79.7%	804	20.3%	3954
T.T Singh	1743	73.0%	644	27.0%	2387
Vehari	2738	77.8%	781	22.2%	3519
<b>Total</b>	<b>102,115</b>	<b>77.1%</b>	<b>30,288</b>	<b>22.9%</b>	<b>132,403</b>

# HEALTH WEEK REPORT 2017

## Screening for Non Communicable Diseases

### Peak Expiratory Flow Rate (PEFR)

The PEFR (n=208,033) was found to be normal in 58.7% cases. It was mild deranged in 24.2%, moderately deranged in 13.3% and severely deranged in 3.8% people. PEFR was found to be deranged in 42.2 % females and 39.4 % males with a gradual increase in prevalence with age (Max. of 52.4% in age group 55+).

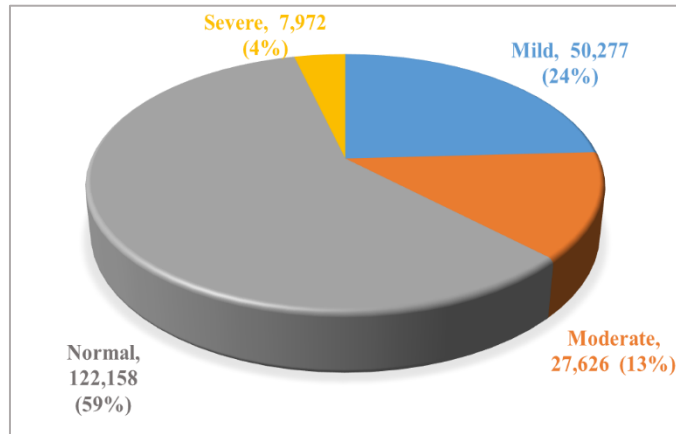


Figure 39: PEFR of Adults Screened (n = 208,033)

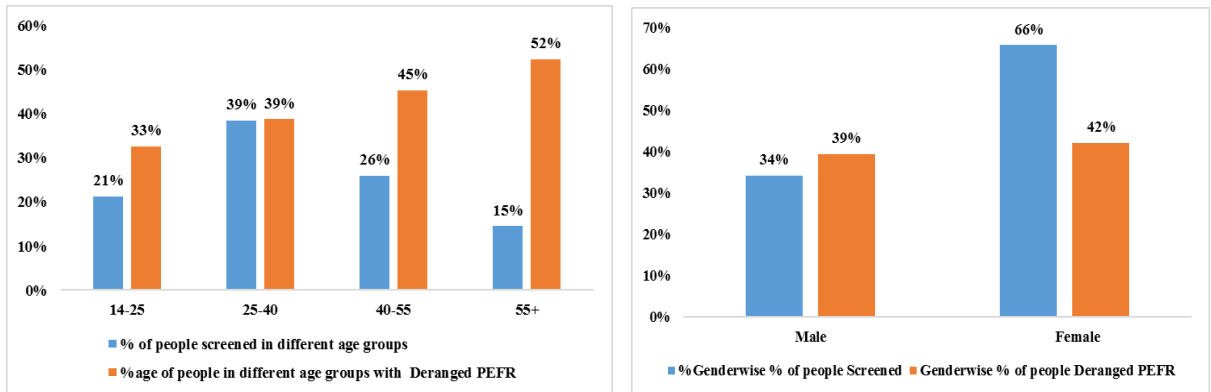


Figure 40: Deranged PEFR - Age and Gender wise Distribution in Adults – Punjab

Note: The percentage of persons with deranged PEFR is calculated against the percentage of people screened in each age & gender group.

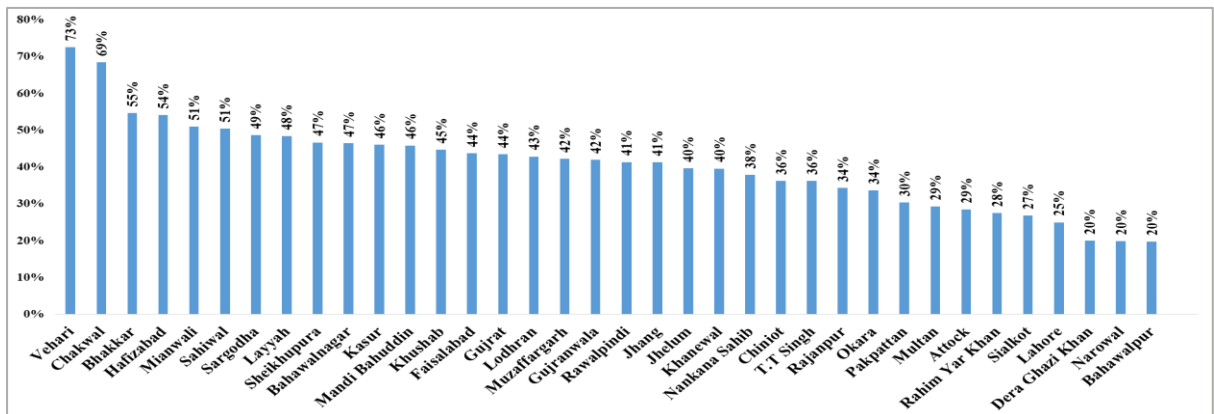


Figure 41: Deranged PEFR - District wise Distribution in Adults (n = 208,033, Mean = 41.3%)

# HEALTH WEEK REPORT 2017

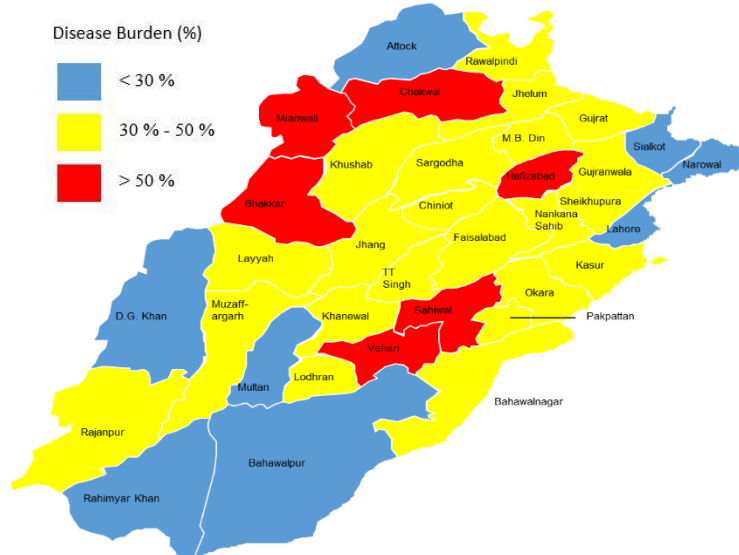


Figure 42: Deranged PEFR - District wise Distribution in Adults (Mean = 41.3%)

Note: Districts with percentage of Deranged PEFR , Greater than 50% people screened are shown in red, with percentage of people screened with deranged PEFR between 30-50% are shown in yellow and those with percentage of people screened with deranged PEFR less than 30% are shown in blue.

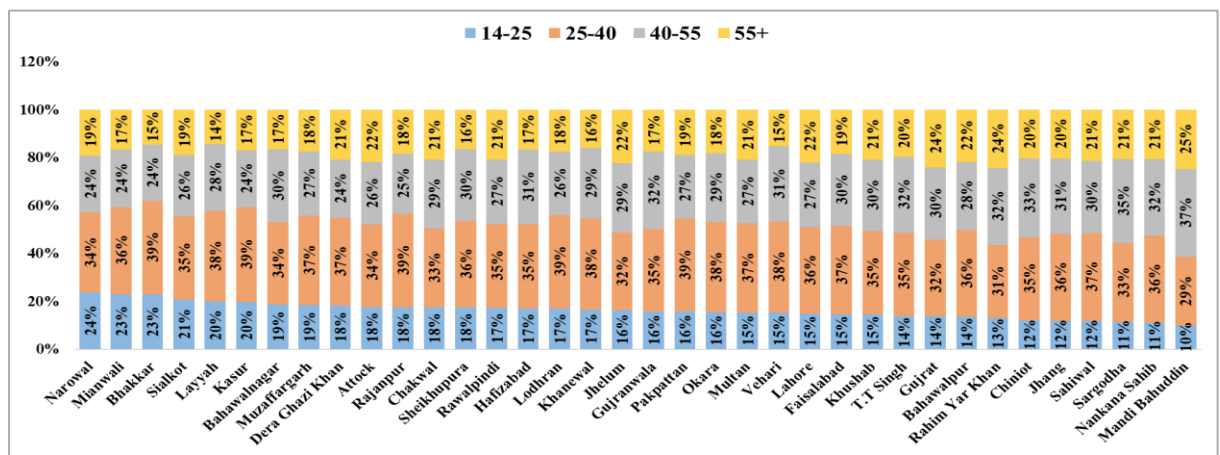


Figure 43: Deranged PEFR - District wise Age Distribution in Adults (n = 85,875)

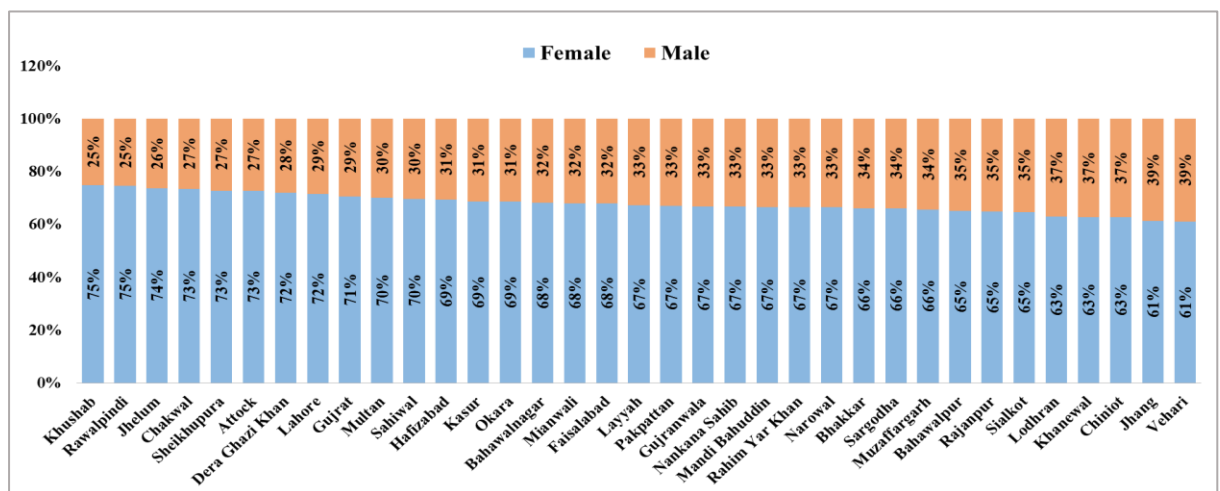


Figure 44: Deranged PEFR - District wise Gender Distribution of Adults Screened (n = 85,875)

## HEALTH WEEK REPORT 2017

*Table 19: Deranged PEFR - District wise Distribution in Adults Punjab*

District	Deranged PEFR		Total
<b>Attock</b>	1529	28.5%	5357
<b>Bahawalnagar</b>	1821	46.5%	3912
<b>Bahawalpur</b>	1237	19.7%	6292
<b>Bhakkar</b>	3047	54.7%	5566
<b>Chakwal</b>	3718	68.5%	5429
<b>Chiniot</b>	953	36.3%	2622
<b>Dera Ghazi Khan</b>	717	20.0%	3592
<b>Faisalabad</b>	4330	43.8%	9885
<b>Gujranwala</b>	1809	42.0%	4309
<b>Gujrat</b>	2659	43.5%	6119
<b>Hafizabad</b>	729	54.2%	1346
<b>Jhang</b>	2858	41.3%	6917
<b>Jhelum</b>	2931	39.7%	7389
<b>Kasur</b>	2115	46.1%	4587
<b>Khanewal</b>	3223	39.6%	8136
<b>Khushab</b>	2997	44.7%	6709
<b>Lahore</b>	826	25.0%	3306
<b>Layyah</b>	4166	48.4%	8607
<b>Lodhran</b>	2113	42.9%	4927
<b>Mandi Bahuddin</b>	2993	45.9%	6520
<b>Mianwali</b>	3997	51.0%	7840
<b>Multan</b>	2110	29.3%	7200
<b>Muzaffargarh</b>	2743	42.3%	6490
<b>Nankana Sahib</b>	2602	37.9%	6861
<b>Narowal</b>	713	19.9%	3588
<b>Okara</b>	1979	33.7%	5867
<b>Pakpattan</b>	1524	30.4%	5015
<b>Rahim Yar Khan</b>	1440	27.5%	5241
<b>Rajanpur</b>	1024	34.4%	2978
<b>Rawalpindi</b>	4507	41.4%	10875
<b>Sahiwal</b>	2264	50.5%	4482
<b>Sargodha</b>	2863	48.7%	5882
<b>Sheikhupura</b>	4302	46.7%	9209
<b>Sialkot</b>	1609	26.8%	6010
<b>T.T Singh</b>	1081	36.3%	2982
<b>Vehari</b>	4346	72.6%	5986
<b>Total</b>	<b>85,875</b>	<b>41.3%</b>	<b>208,033</b>

## HEALTH WEEK REPORT 2017

*Table 20: Deranged PEFR - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	270	17.7%	526	34.4%	399	26.1%	334	21.8%	1529
Bahawalnagar	345	18.9%	623	34.2%	553	30.4%	300	16.5%	1821
Bahawalpur	170	13.7%	449	36.3%	349	28.2%	269	21.7%	1237
Bhakkar	702	23.0%	1185	38.9%	715	23.5%	445	14.6%	3047
Chakwal	652	17.5%	1228	33.0%	1063	28.6%	775	20.8%	3718
Chiniot	115	12.1%	331	34.7%	314	32.9%	193	20.3%	953
D G Khan	132	18.4%	262	36.5%	174	24.3%	149	20.8%	717
Faisalabad	638	14.7%	1595	36.8%	1298	30.0%	799	18.5%	4330
Gujranwala	286	15.8%	624	34.5%	587	32.4%	312	17.2%	1809
Gujrat	366	13.8%	852	32.0%	802	30.2%	639	24.0%	2659
Hafizabad	124	17.0%	258	35.4%	225	30.9%	122	16.7%	729
Jhang	341	11.9%	1040	36.4%	895	31.3%	582	20.4%	2858
Jhelum	478	16.3%	949	32.4%	851	29.0%	653	22.3%	2931
Kasur	420	19.9%	833	39.4%	504	23.8%	358	16.9%	2115
Khanewal	537	16.7%	1226	38.0%	945	29.3%	515	16.0%	3223
Khushab	442	14.7%	1044	34.8%	889	29.7%	622	20.8%	2997
Lahore	124	15.0%	297	36.0%	223	27.0%	182	22.0%	826
Layyah	834	20.0%	1570	37.7%	1171	28.1%	591	14.2%	4166
Lodhran	360	17.0%	826	39.1%	558	26.4%	369	17.5%	2113
Mandi B.Din	295	9.9%	860	28.7%	1094	36.6%	744	24.9%	2993
Mianwali	922	23.1%	1450	36.3%	956	23.9%	669	16.7%	3997
Multan	323	15.3%	788	37.3%	560	26.5%	439	20.8%	2110
Muzaffargarh	507	18.5%	1022	37.3%	735	26.8%	479	17.5%	2743
Nankana Sahib	288	11.1%	946	36.4%	830	31.9%	538	20.7%	2602
Narowal	168	23.6%	240	33.7%	168	23.6%	137	19.2%	713
Okara	306	15.5%	745	37.6%	569	28.8%	359	18.1%	1979
Pakpattan	241	15.8%	590	38.7%	407	26.7%	286	18.8%	1524
R Y Khan	188	13.1%	440	30.6%	461	32.0%	351	24.4%	1440
Rajanpur	180	17.6%	400	39.1%	256	25.0%	188	18.4%	1024
Rawalpindi	783	17.4%	1571	34.9%	1214	26.9%	939	20.8%	4507
Sahiwal	269	11.9%	829	36.6%	683	30.2%	483	21.3%	2264
Sargodha	325	11.4%	945	33.0%	1005	35.1%	588	20.5%	2863
Sheikhupura	753	17.5%	1551	36.1%	1292	30.0%	706	16.4%	4302
Sialkot	333	20.7%	561	34.9%	411	25.5%	304	18.9%	1609
T.T Singh	151	14.0%	375	34.7%	343	31.7%	212	19.6%	1081
Vehari	667	15.3%	1655	38.1%	1361	31.3%	663	15.3%	4346
<b>Total</b>	<b>14,035</b>	<b>16.3%</b>	<b>30,686</b>	<b>35.7%</b>	<b>24,860</b>	<b>28.9%</b>	<b>16,294</b>	<b>19.0%</b>	<b>85,875</b>

## HEALTH WEEK REPORT 2017

*Table 21: Deranged PEFr - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	1111	72.7%	418	27.3%	1529
Bahawalnagar	1244	68.3%	577	31.7%	1821
Bahawalpur	805	65.1%	432	34.9%	1237
Bhakkar	2017	66.2%	1030	33.8%	3047
Chakwal	2730	73.4%	988	26.6%	3718
Chiniot	598	62.7%	355	37.3%	953
D G Khan	517	72.1%	200	27.9%	717
Faisalabad	2946	68.0%	1384	32.0%	4330
Gujranwala	1209	66.8%	600	33.2%	1809
Gujrat	1880	70.7%	779	29.3%	2659
Hafizabad	506	69.4%	223	30.6%	729
Jhang	1752	61.3%	1106	38.7%	2858
Jhelum	2159	73.7%	772	26.3%	2931
Kasur	1454	68.7%	661	31.3%	2115
Khanewal	2023	62.8%	1200	37.2%	3223
Khushab	2242	74.8%	755	25.2%	2997
Lahore	591	71.5%	235	28.5%	826
Layyah	2802	67.3%	1364	32.7%	4166
Lodhran	1331	63.0%	782	37.0%	2113
Mandi B.Din	1995	66.7%	998	33.3%	2993
Mianwali	2721	68.1%	1276	31.9%	3997
Multan	1480	70.1%	630	29.9%	2110
Muzaffargarh	1800	65.6%	943	34.4%	2743
Nankana Sahib	1737	66.8%	865	33.2%	2602
Narowal	475	66.6%	238	33.4%	713
Okara	1359	68.7%	620	31.3%	1979
Pakpattan	1024	67.2%	500	32.8%	1524
R Y Khan	960	66.7%	480	33.3%	1440
Rajanpur	666	65.0%	358	35.0%	1024
Rawalpindi	3363	74.6%	1144	25.4%	4507
Sahiwal	1581	69.8%	683	30.2%	2264
Sargodha	1894	66.2%	969	33.8%	2863
Sheikhupura	3133	72.8%	1169	27.2%	4302
Sialkot	1043	64.8%	566	35.2%	1609
T.T Singh	647	59.9%	434	40.1%	1081
Vehari	2656	61.1%	1690	38.9%	4346
<b>Total</b>	<b>58,451</b>	<b>68.1%</b>	<b>27,424</b>	<b>31.9%</b>	<b>85,875</b>

# HEALTH WEEK REPORT 2017

## Random Blood Sugar

The mean Blood Sugar level (n=231,488) of the population was  $121.79 \pm 38.74$ . It was recoded in Normal (BSR<140) and High (BSR>140). BSR was high in 14.7% adults (15.1% males & 14.5% females) with a gradual rise with rising age group (highest prevalence 23.1% in age group 55+).

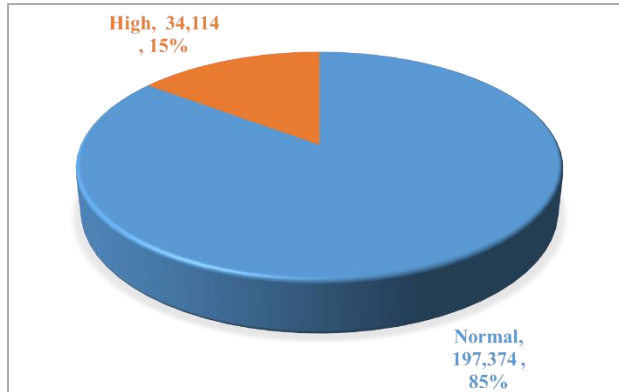


Figure 45: Blood Sugar Random (BSR) of the Adults Screened (n = 231,488)

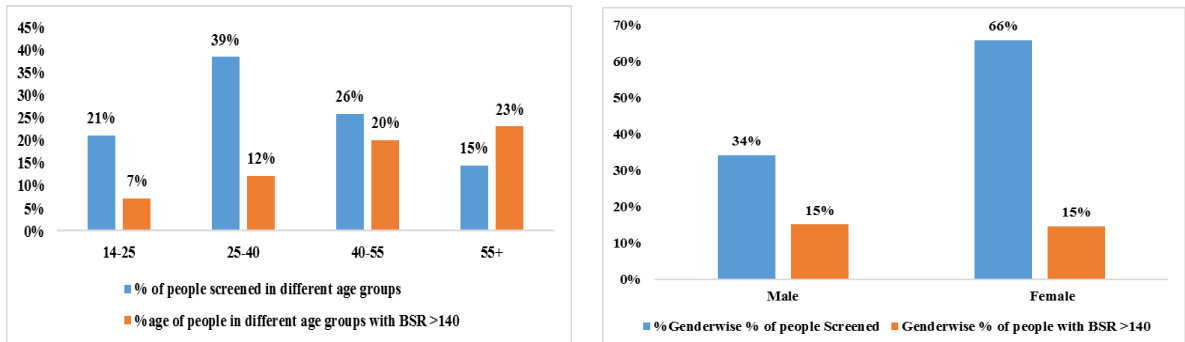


Figure 46: BSR > 140 mg/dl - Age and Gender wise Distribution in Adults - Punjab

Note: The percentage of people with BSR>140 is calculated against the percentage of people screened in each age & gender group.

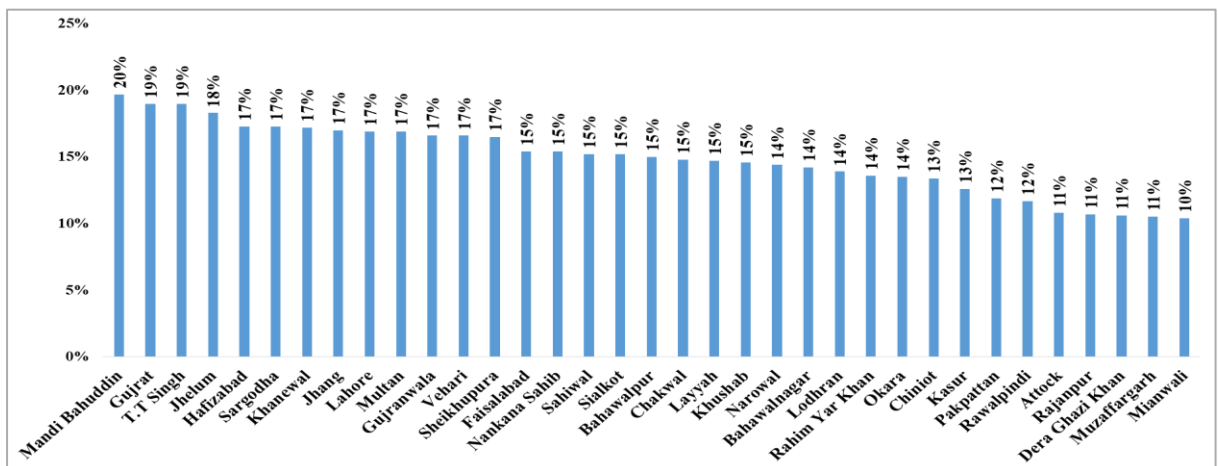
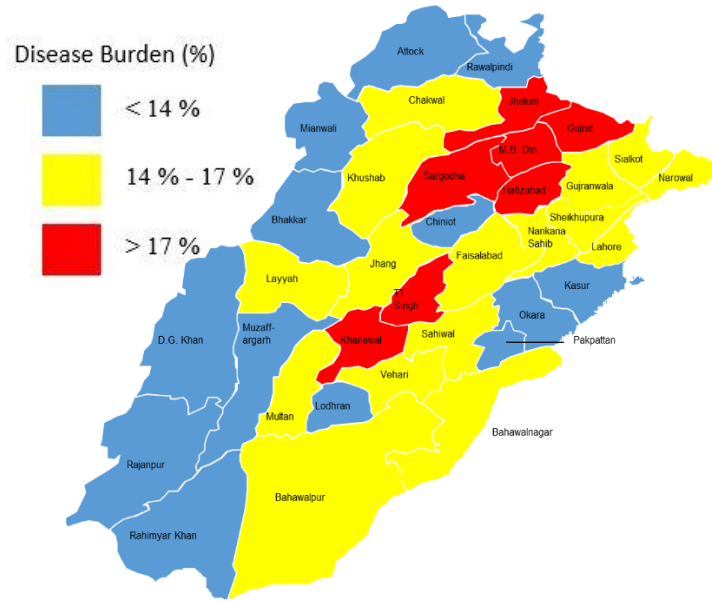


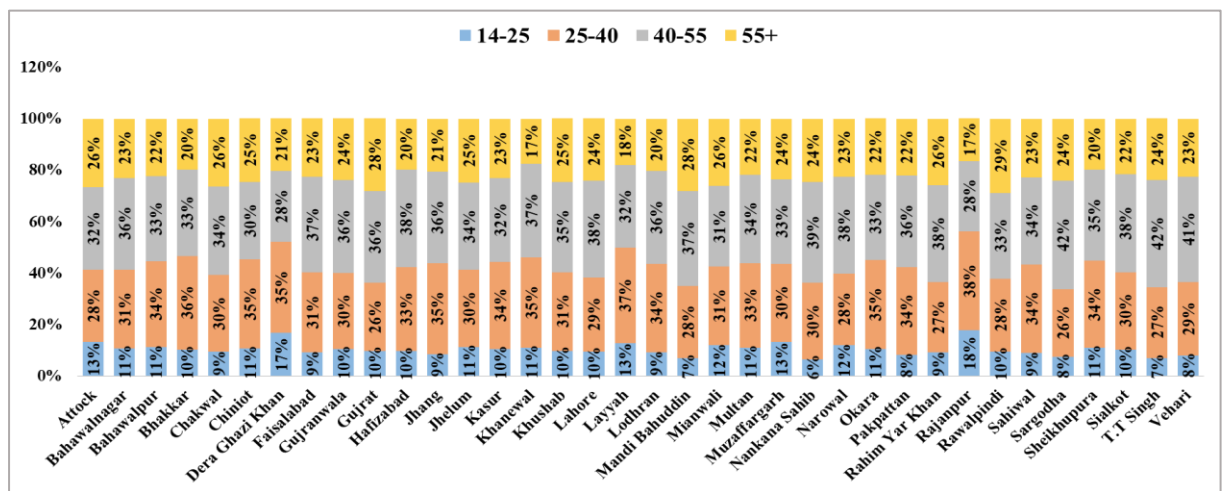
Figure 47: High BSR (>140mg/dl) - District wise Distribution in Adults (n = 231,488, Mean = 14.7%)

# HEALTH WEEK REPORT 2017

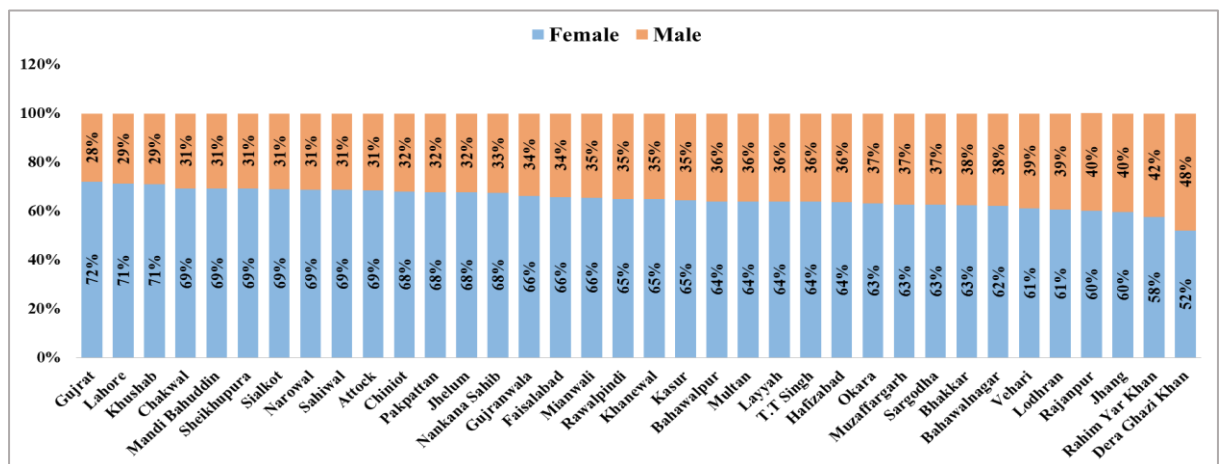


**Figure 48: High BSR (>140 mg/dl) - District wise Distribution in Adults (Mean = 14.7%)**

Note: Districts with percentage of people with High BSR (> 140) Greater than 17% people screened are shown in red, with percentage of people screened with High BSR between 14-17% are shown in yellow and those with percentage of people screened with High BSR less than 14% are shown in blue.



**Figure 49: High BSR (>140mg/dl) - District wise Age Distribution in Adults (n = 34,114)**



**Figure 50: High BSR (>140mg/dl) - District wise Gender Distribution in Adults (n = 34,114)**

## HEALTH WEEK REPORT 2017

*Table 22: High BSR (>140mg/dl) - District wise Distribution in Adults Punjab*

District	High BSR		Total
<b>Attock</b>	692	10.8%	6382
<b>Bahawalnagar</b>	604	14.2%	4268
<b>Bahawalpur</b>	1002	15.0%	6693
<b>Bhakkar</b>	638	10.2%	6258
<b>Chakwal</b>	967	14.8%	6537
<b>Chiniot</b>	590	13.4%	4411
<b>Dera Ghazi Khan</b>	444	10.6%	4187
<b>Faisalabad</b>	1685	15.4%	10924
<b>Gujranwala</b>	768	16.6%	4634
<b>Gujrat</b>	1194	19.0%	6278
<b>Hafizabad</b>	423	17.3%	2449
<b>Jhang</b>	1521	17.0%	8943
<b>Jhelum</b>	1279	18.3%	6985
<b>Kasur</b>	712	12.6%	5632
<b>Khanewal</b>	1371	17.2%	7993
<b>Khushab</b>	1046	14.6%	7148
<b>Lahore</b>	708	16.9%	4189
<b>Layyah</b>	1302	14.7%	8841
<b>Lodhran</b>	767	13.9%	5516
<b>Mandi Bahuddin</b>	1324	19.7%	6721
<b>Mianwali</b>	869	10.4%	8353
<b>Multan</b>	1216	16.9%	7216
<b>Muzaffargarh</b>	787	10.5%	7499
<b>Nankana Sahib</b>	1136	15.4%	7379
<b>Narowal</b>	635	14.4%	4411
<b>Okara</b>	983	13.5%	7298
<b>Pakpattan</b>	657	11.9%	5543
<b>Rahim Yar Khan</b>	812	13.6%	5961
<b>Rajanpur</b>	400	10.7%	3729
<b>Rawalpindi</b>	1299	11.7%	11115
<b>Sahiwal</b>	675	15.2%	4437
<b>Sargodha</b>	1031	17.3%	5960
<b>Sheikhupura</b>	1593	17.3%	9669
<b>Sialkot</b>	1063	15.2%	7001
<b>T.T Singh</b>	851	19.0%	4489
<b>Vehari</b>	1070	16.6%	6439
<b>Total</b>	<b>34,114</b>	<b>14.7%</b>	<b>231,488</b>

## HEALTH WEEK REPORT 2017

**Table 23: High BSR (>140mg/dl) - District wise Age Distribution in Adults Punjab**

District	14-25		25-40		40-55		55+		Total
Attock	92	13.3%	194	28.0%	223	32.2%	183	26.4%	692
Bahawalnagar	65	10.8%	185	30.6%	215	35.6%	139	23.0%	604
Bahawalpur	112	11.2%	336	33.5%	330	32.9%	224	22.4%	1002
Bhakkar	66	10.3%	232	36.4%	213	33.4%	127	19.9%	638
Chakwal	91	9.4%	288	29.8%	333	34.4%	255	26.4%	967
Chiniot	63	10.7%	204	34.6%	178	30.2%	145	24.6%	590
D G Khan	74	16.7%	157	35.4%	122	27.5%	91	20.5%	444
Faisalabad	156	9.3%	523	31.0%	626	37.2%	380	22.6%	1685
Gujranwala	80	10.4%	227	29.6%	277	36.1%	184	24.0%	768
Gujrat	117	9.8%	315	26.4%	427	35.8%	335	28.1%	1194
Hafizabad	41	9.7%	138	32.6%	160	37.8%	84	19.9%	423
Jhang	131	8.6%	535	35.2%	541	35.6%	314	20.6%	1521
Jhelum	144	11.3%	383	29.9%	434	33.9%	318	24.9%	1279
Kasur	74	10.4%	242	34.0%	231	32.4%	165	23.2%	712
Khanewal	150	10.9%	483	35.2%	501	36.5%	237	17.3%	1371
Khushab	102	9.8%	320	30.6%	367	35.1%	257	24.6%	1046
Lahore	67	9.5%	204	28.8%	266	37.6%	171	24.2%	708
Layyah	166	12.7%	483	37.1%	420	32.3%	233	17.9%	1302
Lodhran	71	9.3%	263	34.3%	277	36.1%	156	20.3%	767
Mandi B.Din	92	6.9%	374	28.2%	489	36.9%	369	27.9%	1324
Mianwali	103	11.9%	266	30.6%	272	31.3%	228	26.2%	869
Multan	135	11.1%	398	32.7%	418	34.4%	265	21.8%	1216
Muzaffargarh	104	13.2%	239	30.4%	258	32.8%	186	23.6%	787
Nankana Sb	73	6.4%	339	29.8%	447	39.3%	277	24.4%	1136
Narowal	77	12.1%	175	27.6%	240	37.8%	143	22.5%	635
Okara	103	10.5%	340	34.6%	326	33.2%	214	21.8%	983
Pakpattan	54	8.2%	225	34.2%	233	35.5%	145	22.1%	657
R Y Khan	75	9.2%	221	27.2%	307	37.8%	209	25.7%	812
Rajanpur	71	17.8%	153	38.3%	110	27.5%	66	16.5%	400
Rawalpindi	123	9.5%	366	28.2%	434	33.4%	376	28.9%	1299
Sahiwal	61	9.0%	232	34.4%	229	33.9%	153	22.7%	675
Sargodha	78	7.6%	270	26.2%	433	42.0%	250	24.2%	1031
Sheikhupura	173	10.9%	540	33.9%	563	35.3%	317	19.9%	1593
Sialkot	109	10.3%	320	30.1%	404	38.0%	230	21.6%	1063
T.T Singh	60	7.1%	233	27.4%	354	41.6%	204	24.0%	851
Vehari	86	8.0%	306	28.6%	437	40.8%	241	22.5%	1070
<b>Total</b>	<b>3,439</b>	<b>10.1%</b>	<b>10,709</b>	<b>31.4%</b>	<b>12,095</b>	<b>35.5%</b>	<b>7,871</b>	<b>23.1%</b>	<b>34,114</b>

## HEALTH WEEK REPORT 2017

*Table 24: High BSR (>140mg/dl) - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	475	68.6%	217	31.4%	692
Bahawalnagar	376	62.3%	228	37.7%	604
Bahawalpur	642	64.1%	360	35.9%	1002
Bhakkar	399	62.5%	239	37.5%	638
Chakwal	671	69.4%	296	30.6%	967
Chiniot	401	68.0%	189	32.0%	590
D G Khan	231	52.0%	213	48.0%	444
Faisalabad	1108	65.8%	577	34.2%	1685
Gujranwala	509	66.3%	259	33.7%	768
Gujrat	862	72.2%	332	27.8%	1194
Hafizabad	270	63.8%	153	36.2%	423
Jhang	909	59.8%	612	40.2%	1521
Jhelum	866	67.7%	413	32.3%	1279
Kasur	460	64.6%	252	35.4%	712
Khanewal	890	64.9%	481	35.1%	1371
Khushab	743	71.0%	303	29.0%	1046
Lahore	504	71.2%	204	28.8%	708
Layyah	833	64.0%	469	36.0%	1302
Lodhran	465	60.6%	302	39.4%	767
Mandi B.Din	918	69.3%	406	30.7%	1324
Mianwali	569	65.5%	300	34.5%	869
Multan	780	64.1%	436	35.9%	1216
Muzaffargarh	494	62.8%	293	37.2%	787
Nankana Sahib	767	67.5%	369	67.5%	1136
Narowal	437	68.8%	198	31.2%	635
Okara	621	63.2%	362	36.8%	983
Pakpattan	446	67.9%	211	32.1%	657
R Y Khan	468	57.6%	344	42.4%	812
Rajanpur	241	60.3%	159	39.8%	400
Rawalpindi	846	65.1%	453	34.9%	1299
Sahiwal	464	68.7%	211	31.3%	675
Sargodha	646	62.7%	385	37.3%	1031
Sheikhupura	1103	69.2%	490	30.8%	1593
Sialkot	735	69.1%	328	30.9%	1063
T.T Singh	544	63.9%	307	36.1%	851
Vehari	656	61.3%	414	38.7%	1070
<b>Total</b>	<b>22,349</b>	<b>65.5%</b>	<b>11,765</b>	<b>34.5%</b>	<b>34,114</b>

# HEALTH WEEK REPORT 2017

## Blood Pressure

The mean systolic BP (n=126,359) was 117+16.5 and the mean Diastolic BP was 76.29+11.18. This was recoded into normal (139/89) and high (140/90). Of the population, 14.38% (14.5% in males and 14.3% females) were hypertensive (n=18,178) with either high Systolic / Diastolic P.B or both with a gradual rising prevalence with rising age group, highest (22.7%) in age group 55 + .

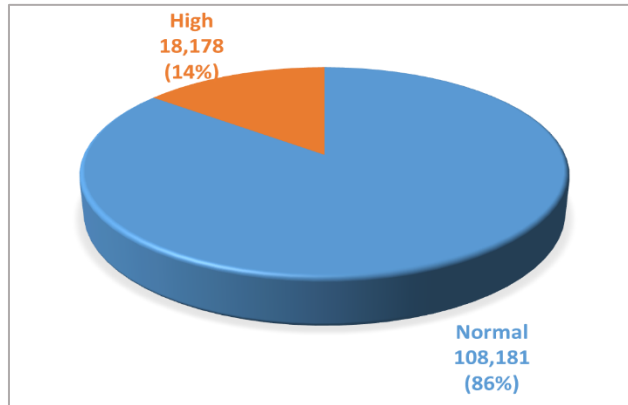


Figure 51: Blood Pressure of Adults Screened (n = 126,359)

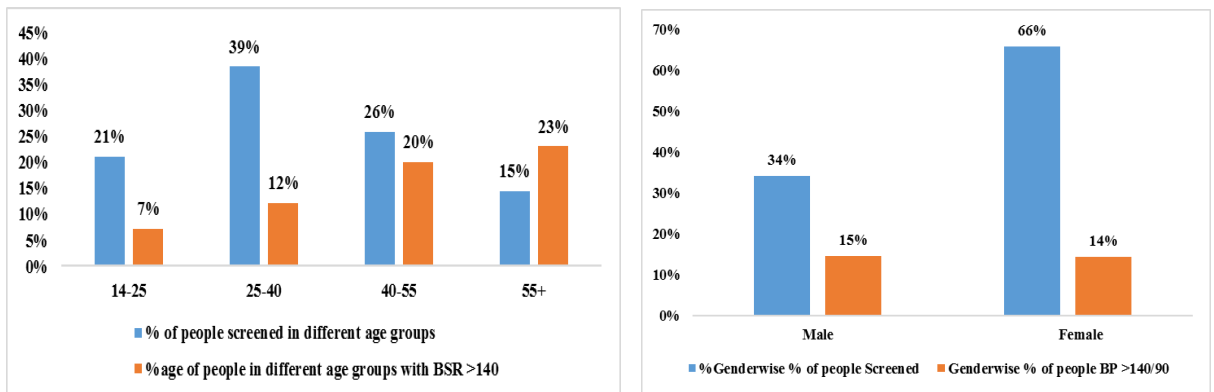


Figure 52: BP >140/90mmHg - Age & Gender wise Distribution in Adults - Punjab

Note: The percentage of person with BP>140/90 is calculated against the percentage of people screened in each age & gender group.

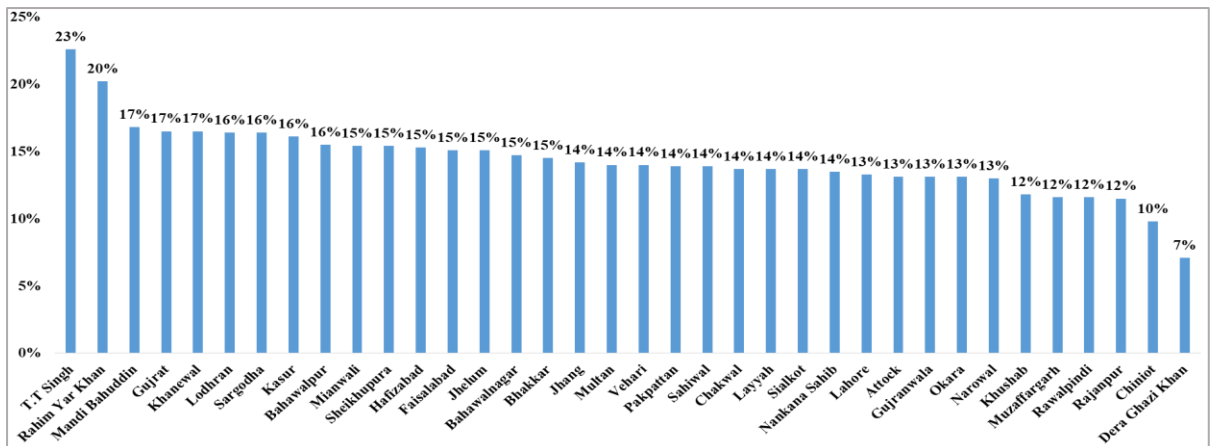


Figure 53: High BP (>140/90mmHg) - District wise Distribution in Adults (n = 126,359, Mean = 14.4%)

# HEALTH WEEK REPORT 2017

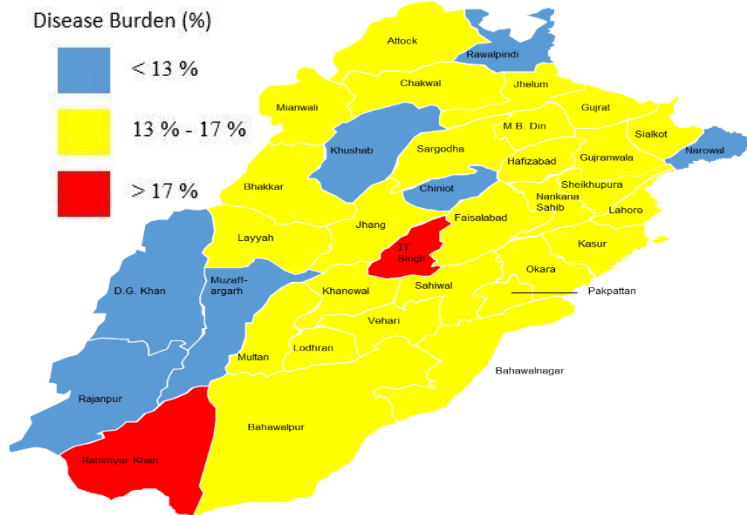


Figure 54: High BP (>140/90mmHg) - District wise Distribution in Adults (Mean = 14.4%)

Note: Districts with percentage of people screened with High BP (> 140/90) Greater than 17% people screened are shown in red, with percentage of people screened with high BP between 13-17% are shown in yellow and those with percentage of people screened with High BP less than 13% are shown in blue.

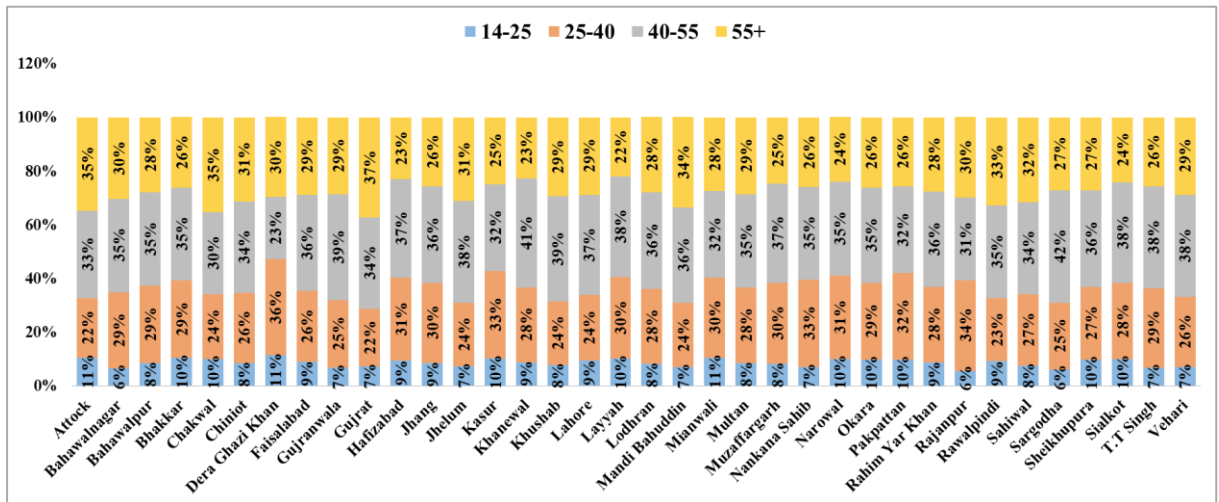


Figure 55: High BP (>140/90mmHg) - District wise Age Distribution in Adults (n = 18,178)

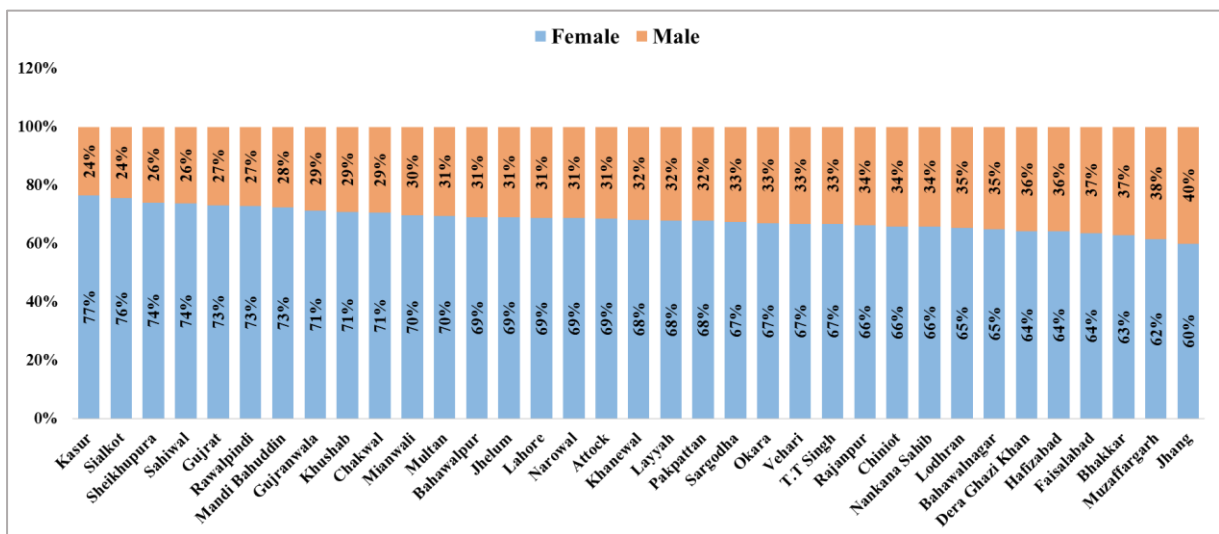


Figure 56: High BP (>140/90mmHg) - District wise Gender Distribution in Adults (n = 18,178)

## HEALTH WEEK REPORT 2017

*Table 25: High BP (>140/90mmHg) - District wise Distribution in Adults Punjab*

District	High Blood Pressure		Total
Attock	474	13.1%	3607
Bahawalnagar	326	14.7%	2214
Bahawalpur	557	15.5%	3595
Bhakkar	457	14.5%	3161
Chakwal	514	13.7%	3757
Chiniot	214	9.8%	2181
Dera Ghazi Khan	151	7.1%	2126
Faisalabad	838	15.1%	5560
Gujranwala	320	13.1%	2451
Gujrat	594	16.5%	3596
Hafizabad	204	15.3%	1331
Jhang	589	14.2%	4136
Jhelum	575	15.1%	3800
Kasur	566	16.1%	3506
Khanewal	784	16.5%	4743
Khushab	530	11.8%	4473
Lahore	308	13.3%	2312
Layyah	632	13.7%	4598
Lodhran	445	16.4%	2720
Mandi Bahuddin	668	16.8%	3965
Mianwali	741	15.4%	4799
Multan	616	14.0%	4411
Muzaffargarh	438	11.6%	3788
Nankana Sahib	511	13.5%	3794
Narowal	324	13.0%	2487
Okara	531	13.1%	4040
Pakpattan	401	13.9%	2876
Rahim Yar Khan	632	20.2%	3133
Rajanpur	237	11.5%	2052
Rawalpindi	696	11.6%	5975
Sahiwal	348	13.9%	2505
Sargodha	494	16.4%	3004
Sheikhupura	847	15.4%	5489
Sialkot	558	13.7%	4070
T.T Singh	531	22.6%	2350
Vehari	527	14.0%	3754
<b>Total</b>	<b>18,178</b>	<b>14.4%</b>	<b>126,359</b>

## HEALTH WEEK REPORT 2017

*Table 26: High BP (>140/90mmHg) - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	50	10.5	105	22.2	154	22.2	165	34.8	474
Bahawalnaga	21	6.4%	93	28.5	113	34.7	99	30.4	326
Bahawalpur	47	8.4%	161	28.9	194	34.8	155	27.8	557
Bhakkar	47	10.3	132	28.9	158	34.6	120	26.3	457
Chakwal	51	9.9%	125	24.3	156	30.4	182	35.4	514
Chiniot	18	8.4%	56	26.2	73	34.1	67	31.3	214
D G Khan	17	11.3	54	35.8	35	23.2	45	29.8	151
Faisalabad	75	8.9%	221	26.4	299	35.7	243	29.0	838
Gujranwala	21	6.6%	81	25.3	126	39.4	92	28.7	320
Gujrat	42	7.1%	128	21.5	202	34.0	222	37.4	594
Hafizabad	19	9.3%	63	30.9	75	36.8	47	23.0	204
Jhang	50	8.5%	176	29.9	212	36.0	151	25.6	589
Jhelum	42	7.3%	135	23.5	219	38.1	179	31.1	575
Kasur	57	10.1	185	32.7	183	32.3	141	24.9	566
Khanewal	69	8.8%	218	27.8	318	40.6	179	22.8	784
Khushab	41	7.7%	125	23.6	209	39.4	155	29.2	530
Lahore	29	9.4%	75	24.4	115	37.3	89	28.9	308
Layyah	64	10.1	192	30.4	237	37.5	139	22.0	632
Lodhran	36	8.1%	124	27.9	160	36.0	125	28.1	445
Mandi B. Din	46	6.9%	160	24.0	237	35.5	225	33.7	668
Mianwali	78	10.5	220	29.7	239	32.3	204	27.5	741
Multan	52	8.4%	174	28.2	214	34.7	176	28.6	616
Muzaffargar	36	8.2%	132	30.1	162	37.0	108	24.7	438
Nankana	36	7.0%	166	32.5	177	34.6	132	25.8	511
Narowal	32	9.9%	101	31.2	113	34.9	78	24.1	324
Okara	51	9.6%	153	28.8	188	35.4	139	26.2	531
Pakpattan	39	9.7%	129	32.2	130	32.4	103	25.7	401
R Y Khan	55	8.7%	177	28.0	225	35.6	175	27.7	632
Rajanpur	13	5.5%	80	33.8	73	30.8	71	30.0	237
Rawalpindi	63	9.1%	163	23.4	241	34.6	229	32.9	696
Sahiwal	26	6.7%	93	26.7	119	34.2	110	31.6	348
Sargodha	29	5.9%	124	25.1	207	41.9	134	27.1	494
Sheikhupura	82	9.7%	229	27.0	307	36.2	229	27.0	847
Sialkot	55	9.9%	158	28.3	210	37.6	135	24.2	558
T.T Singh	36	6.8%	156	29.4	202	38.0	137	25.8	531
Vehari	37	7.0%	138	26.2	200	38.0	152	28.8	527
<b>Total</b>	<b>156</b>	<b>8.6%</b>	<b>500</b>	<b>27.5</b>	<b>648</b>	<b>35.7</b>	<b>513</b>	<b>28.2</b>	<b>1,817</b>

## HEALTH WEEK REPORT 2017

*Table 27: High BP (>140/90mmHg) - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
<b>Attock</b>	325	68.6%	149	31.4%	474
<b>Bahawalnagar</b>	212	65.0%	114	35.0%	326
<b>Bahawalpur</b>	385	69.1%	172	30.9%	557
<b>Bhakkar</b>	287	62.8%	170	37.2%	457
<b>Chakwal</b>	363	70.6%	151	29.4%	514
<b>Chiniot</b>	141	65.9%	73	34.1%	214
<b>D G Khan</b>	97	64.2%	54	35.8%	151
<b>Faisalabad</b>	532	63.5%	306	36.5%	838
<b>Gujranwala</b>	228	71.3%	92	28.7%	320
<b>Gujrat</b>	434	73.1%	160	26.9%	594
<b>Hafizabad</b>	131	64.2%	73	35.8%	204
<b>Jhang</b>	353	59.9%	236	40.1%	589
<b>Jhelum</b>	397	69.0%	178	31.0%	575
<b>Kasur</b>	433	76.5%	133	23.5%	566
<b>Khanewal</b>	534	68.1%	250	31.9%	784
<b>Khushab</b>	376	70.9%	154	29.1%	530
<b>Lahore</b>	212	68.8%	96	31.2%	308
<b>Layyah</b>	429	67.9%	203	32.1%	632
<b>Lodhran</b>	291	65.4%	154	34.6%	445
<b>Mandi B. Din</b>	484	72.5%	184	27.5%	668
<b>Mianwali</b>	516	69.6%	225	30.4%	741
<b>Multan</b>	428	69.5%	188	30.5%	616
<b>Muzaffargarh</b>	270	61.6%	168	38.4%	438
<b>Nankana Sahib</b>	337	65.9%	174	34.1%	511
<b>Narowal</b>	223	68.8%	101	31.2%	324
<b>Okara</b>	356	67.0%	175	33.0%	531
<b>Pakpattan</b>	272	67.8%	129	32.2%	401
<b>R Y Khan</b>	365	57.8%	267	42.2%	632
<b>Rajanpur</b>	157	66.2%	80	33.8%	237
<b>Rawalpindi</b>	507	72.8%	189	27.2%	696
<b>Sahiwal</b>	257	73.9%	91	26.1%	348
<b>Sargodha</b>	333	67.4%	161	32.6%	494
<b>Sheikhupura</b>	627	74.0%	220	26.0%	847
<b>Sialkot</b>	422	75.6%	136	24.4%	558
<b>T.T Singh</b>	354	66.7%	177	33.3%	531
<b>Vehari</b>	352	66.8%	175	33.2%	527
<b>Total</b>	<b>12,420</b>	<b>68.3%</b>	<b>5,758</b>	<b>31.7%</b>	<b>18,178</b>

## HEALTH WEEK REPORT 2017

**Table 28: Age wise breakup of Nutritional Status-Punjab**

Age	% age	BMI >25	BMI<18.5	W/H >0.9	Hb. <12
14-25	21.2%	26.3%	23.4%	58.2%	58.3%
25-40	38.5%	44.4%	12.2%	65.2%	57.4%
40-55	25.9%	50.3%	10.7%	68.7%	55%
55+	14.5%	42.4%	14.4%	69.3%	55%
<b>Punjab Total</b>	<b>100%</b>	<b>41.9%</b>	<b>14.4%</b>	<b>65.4%</b>	<b>56.6%</b>

**Table 29: Gender wise break up of Nutritional Status - Punjab**

Age	% age	BMI >25	BMI<18.5	W/H >0.9	Hb<12
Male	34.2%	36.7%	16%	67.2%	38.5%
Female	65.8%	44.3%	13.7%	64.5%	65.8%
<b>Punjab Total</b>	<b>100%</b>	<b>41.9%</b>	<b>14.4%</b>	<b>65.4%</b>	<b>56.6%</b>

**Table 30: Age wise breakup of Non-Communicable Disease Screening**

Age	% age	BSR >140	BP >140/90	PEFR Deranged
14-25	21.2%	7.1%	6.9%	32.7%
25-40	38.5%	12.1%	10.8%	38.8%
40-55	25.9%	20.1%	18.6%	45.4%
55+	14.5%	23.1%	22.7%	52.4%
<b>Punjab Total</b>	<b>100%</b>	<b>14.7%</b>	<b>14.4%</b>	<b>41.3%</b>

**Table 31: Gender wise breakup of Non-Communicable Disease Screening**

Age	% age	BSR >140	BP >140/90	PEFR Deranged
Male	34.2%	15.1%	14.5%	39.4%
Female	65.8%	14.5%	14.3%	42.2%
<b>Punjab Total</b>	<b>100%</b>	<b>14.7%</b>	<b>14.4%</b>	<b>41.3%</b>

## HEALTH WEEK REPORT 2017

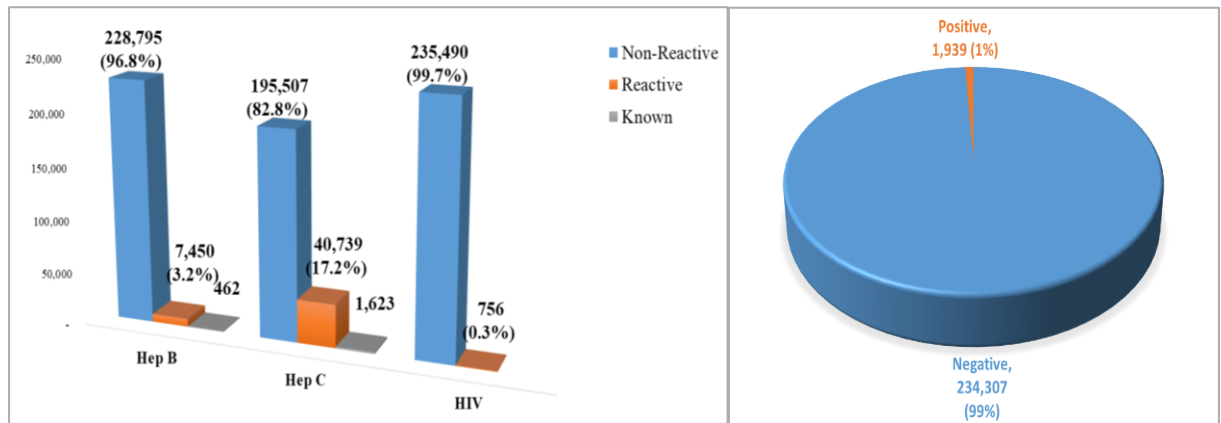
*Table 32: District Wise Burden of NCDs Punjab*

District	High	Hypertension	BMI (More Than	Anaemia	PEFR
Attock	10.8%	9.5%	42.0%	56.3%	28.5%
Bahawalnagar	14.2%	10.5%	38.2%	63.1%	46.5%
Bahawalpur	15.0%	11.7%	40.4%	58.7%	19.7%
Bhakkar	10.2%	9.6%	32.4%	55.4%	54.7%
Chakwal	14.8%	10.3%	42.9%	53.7%	68.5%
Chiniot	13.4%	7.3%	40.7%	60.2%	36.3%
D G Khan	10.6%	5.2%	30.3%	69.0%	20.0%
Faisalabad	15.4%	11.1%	47.0%	57.3%	43.8%
Gujranwala	16.6%	9.7%	49.0%	62.3%	42.0%
Gujrat	19.0%	13.5%	47.3%	57.3%	43.5%
Hafizabad	17.3%	11.6%	41.2%	52.7%	54.2%
Jhang	17.0%	10.2%	38.0%	47.0%	41.3%
Jhelum	18.3%	12.1%	49.6%	53.1%	39.7%
Kasur	12.6%	11.8%	43.4%	61.1%	46.1%
Khanewal	17.2%	13.9%	40.0%	59.7%	39.6%
Khushab	14.6%	9.6%	38.6%	54.5%	44.7%
Lahore	16.9%	9.8%	52.1%	50.0%	25.0%
Layyah	14.7%	10.1%	34.9%	61.5%	48.4%
Lodhran	13.9%	12.0%	34.6%	70.0%	42.9%
Mandi B.Din	19.7%	13.7%	49.7%	49.7%	45.9%
Mianwali	10.4%	12.2%	34.6%	63.3%	51.0%
Multan	16.9%	11.3%	43.1%	54.3%	29.3%
Muzaffargarh	10.5%	7.7%	34.7%	68.8%	42.3%
Nankana Sahib	15.4%	9.8%	47.9%	48.9%	37.9%
Narowal	14.4%	9.4%	38.3%	65.5%	19.9%
Okara	13.5%	9.7%	37.3%	48.2%	33.7%
Pakpattan	11.9%	10.1%	35.8%	59.8%	30.4%
R Y Khan	13.6%	15.1%	38.9%	53.2%	27.5%
Rajanpur	10.7%	8.2%	25.7%	75.2%	34.4%
Rawalpindi	11.7%	8.1%	45.8%	50.5%	41.4%
Sahiwal	15.2%	10.6%	36.0%	52.0%	50.5%
Sargodha	17.3%	11.9%	47.7%	48.3%	48.7%
Sheikhupura	16.5%	12.3%	48.4%	55.6%	46.7%
Sialkot	15.2%	10.4%	46.6%	56.0%	26.8%
T.T Singh	19.0%	17.6%	48.3%	52.2%	36.3%
Vehari	16.6%	11.0%	49.6%	53.7%	72.6%
<b>Total</b>	<b>14.7%</b>	<b>10.8%</b>	<b>41.2%</b>	<b>56.6%</b>	<b>41.3%</b>

## HEALTH WEEK REPORT 2017

### *Screening for Blood Borne Diseases - Punjab*

Serological findings revealed that 3.2% (n=236,245) people were found reactive for HBsAg antigen. 17.2% (n=236,246) were reactive for Anti HCV, 0.3% (N=236246) were reactive for HIV and 0.8% (n=236,246) were screened positive for Malaria. Out of the screened adults, 462 and 1623 were known cases for Hepatitis B and C respectively.



**Figure 57: Percentage of Hepatitis B, C HIV and Malaria Suspects in Adults Screened (n = 236,246) - Punjab**

**Table 33: Age wise Distribution of Blood Borne Diseases - Punjab**

Age	% in each range	Hepatitis B Suspects	Hepatitis C Suspects	HIV Suspects	Malaria Suspects
14-25	21.2	2.9%	8.9%	0.3%	0.8%
25-40	38.5	3.4%	17.3%	0.3%	0.8%
40-55	25.9	3.2%	22.0%	0.3%	0.8%
55+	14.5	2.7%	20.1%	0.4%	0.9%
<b>Punjab Total</b>	<b>100%</b>	<b>3.2%</b>	<b>17.2%</b>	<b>0.3%</b>	<b>0.8%</b>

**Table 34: Gender wise Distribution of Blood Borne Diseases - Punjab**

Gender	% age	Hepatitis B Suspects	Hepatitis C Suspects	HIV Suspects	Malaria Suspects
Male	34.2%	4.5%	18.7%	0.3%	0.8%
Female	65.8%	2.5%	16.5%	0.3%	0.8%
<b>Punjab Total</b>	<b>100%</b>	<b>3.2%</b>	<b>17.2%</b>	<b>0.3%</b>	<b>0.8%</b>

# HEALTH WEEK REPORT 2017

## Hepatitis B Suspects - Districts

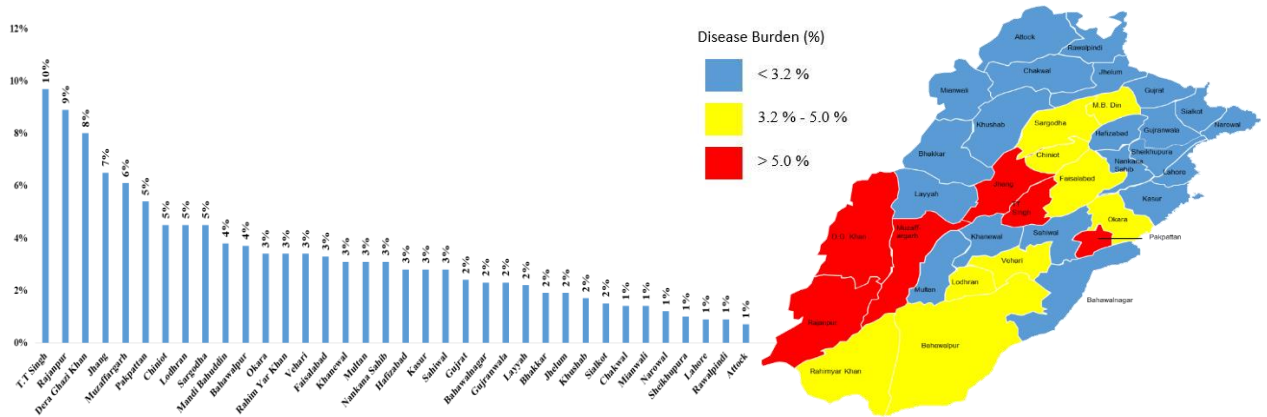


Figure 58: Hepatitis B Suspects - District wise Distribution in Adults (n = 236,246, Mean = 3.2%)

Note: Districts with percentage of Hep. B Suspects, Greater than 5% people screened are shown in red, with percentage of underweight people screened between 3.2-5% are shown in yellow and those with percentage less than 3.2% are shown in blue.

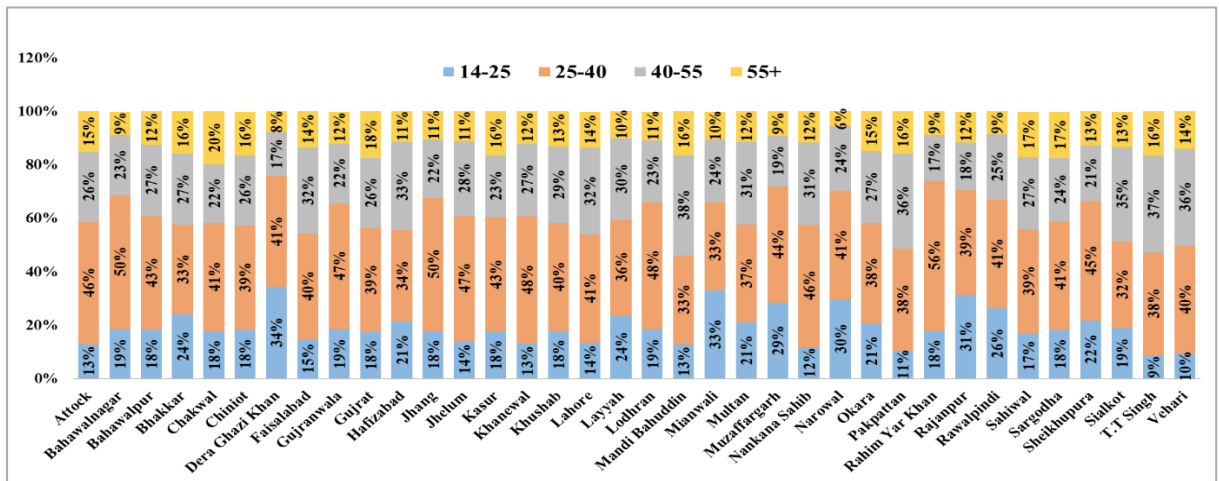


Figure 59: Hepatitis B Suspects - District wise Age Distribution in Adults (n = 7,450)

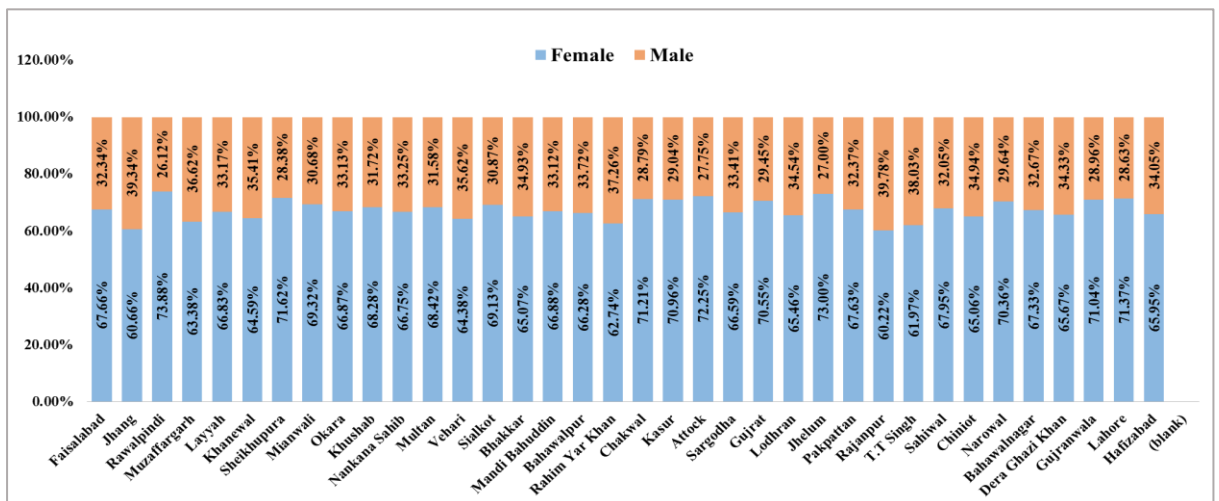


Figure 60: Hepatitis B Suspects - District wise Gender Distribution in Adults (n = 7,450)

## HEALTH WEEK REPORT 2017

*Table 35: Hepatitis B Suspects - District wise Distribution in Adults Punjab*

District	Reactive		Total
Attock	46	0.7%	6471
Bahawalnagar	102	2.3%	4352
Bahawalpur	251	3.7%	6822
Bhakkar	120	1.9%	6372
Chakwal	96	1.4%	6673
Chiniot	202	4.5%	4467
Dera Ghazi Khan	338	8.0%	4231
Faisalabad	365	3.3%	11154
Gujranwala	108	2.3%	4723
Gujrat	154	2.4%	6456
Hafizabad	70	2.8%	2504
Jhang	591	6.5%	9100
Jhelum	133	1.9%	7146
Kasur	159	2.8%	5740
Khanewal	250	3.1%	8190
Khushab	122	1.7%	7301
Lahore	37	0.9%	4309
Layyah	198	2.2%	8994
Lodhran	254	4.5%	5621
Mandi Bahuddin	264	3.8%	6906
Mianwali	115	1.4%	8473
Multan	227	3.1%	7408
Muzaffargarh	467	6.1%	7618
Nankana Sahib	238	3.1%	7562
Narowal	54	1.2%	4464
Okara	256	3.4%	7429
Pakpattan	304	5.4%	5641
Rahim Yar Khan	205	3.4%	6078
Rajapur	335	8.9%	3755
Rawalpindi	106	0.9%	11305
Sahiwal	130	2.8%	4568
Sargodha	278	4.5%	6121
Sheikhupura	101	1.0%	9904
Sialkot	105	1.5%	7211
T.T Singh	448	9.7%	4602
Vehari	221	3.4%	6574
<b>Total</b>	<b>7,450</b>	<b>3.2%</b>	<b>236,245</b>

## HEALTH WEEK REPORT 2017

*Table 36: Hepatitis B Suspects - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	6	13.0%	21	45.7%	12	26.1%	7	15.2%	46
Bahawalnagar	19	18.6%	51	50.0%	23	22.5%	9	8.8%	102
Bahawalpur	46	18.3%	107	42.6%	67	26.7%	31	12.4%	251
Bhakkar	29	24.2%	40	33.3%	32	26.7%	19	15.8%	120
Chakwal	17	17.7%	39	40.6%	21	21.9%	19	19.8%	96
Chiniot	37	18.3%	79	39.1%	53	26.2%	33	16.3%	202
D G Khan	116	34.3%	140	41.4%	56	16.6%	26	7.7%	338
Faisalabad	54	14.8%	144	39.5%	117	32.1%	50	13.7%	365
Gujranwala	20	18.5%	51	47.2%	24	22.2%	13	12.0%	108
Gujrat	27	17.5%	60	39.0%	40	26.0%	27	17.5%	154
Hafizabad	15	21.4%	24	34.3%	23	32.9%	8	11.4%	70
Jhang	106	17.9%	293	49.6%	130	22.0%	62	10.5%	591
Jhelum	19	14.3%	62	46.6%	37	27.8%	15	11.3%	133
Kasur	28	17.6%	68	42.8%	37	23.3%	26	16.4%	159
Khanewal	33	13.2%	119	47.6%	68	27.2%	30	12.0%	250
Khushab	22	18.0%	49	40.2%	35	28.7%	16	13.1%	122
Lahore	5	13.5%	15	40.5%	12	32.4%	5	13.5%	37
Layyah	47	23.7%	71	35.9%	60	30.3%	20	10.1%	198
Lodhran	47	18.5%	121	47.6%	59	23.2%	27	10.6%	254
Mandi B.Din	34	12.9%	88	33.3%	99	37.5%	43	16.3%	264
Mianwali	38	33.0%	38	33.0%	27	23.5%	12	10.4%	115
Multan	48	21.1%	83	36.6%	70	30.8%	26	11.5%	227
Muzaffargarh	133	28.5%	203	43.5%	88	18.8%	43	9.2%	467
Nankana Sahib	28	11.8%	109	45.8%	73	30.7%	28	11.8%	238
Narowal	16	29.6%	22	40.7%	13	24.1%	3	5.6%	54
Okara	53	20.7%	96	37.5%	69	27.0%	38	14.8%	256
Pakpattan	32	10.5%	116	38.2%	108	35.5%	48	15.8%	304
R Y Khan	37	18.0%	115	56.1%	35	17.1%	18	8.8%	205
Rajanpur	105	31.3%	132	39.4%	59	17.6%	39	11.6%	335
Rawalpindi	28	26.4%	43	40.6%	26	24.5%	9	8.5%	106
Sahiwal	22	16.9%	51	39.2%	35	26.9%	22	16.9%	130
Sargodha	51	18.3%	113	40.6%	66	23.7%	48	17.3%	278
Sheikhupura	22	21.8%	45	44.6%	21	20.8%	13	12.9%	101
Sialkot	20	19.0%	34	32.4%	37	35.2%	14	13.3%	105
T.T Singh	40	8.9%	171	38.2%	164	36.6%	73	16.3%	448
Vehari	21	9.5%	89	40.3%	80	36.2%	31	14.0%	221
<b>Total</b>	<b>1,421</b>	<b>19.1%</b>	<b>3,102</b>	<b>41.6%</b>	<b>1,976</b>	<b>26.5%</b>	<b>951</b>	<b>12.8%</b>	<b>7,450</b>

## HEALTH WEEK REPORT 2017

*Table 37: Hepatitis B Suspects - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	24	52.2%	22	47.8%	46
Bahawalnagar	51	50.0%	51	50.0%	102
Bahawalpur	135	53.8%	116	46.2%	251
Bhakkar	52	43.3%	68	56.7%	120
Chakwal	62	64.6%	34	35.4%	96
Chiniot	126	62.4%	76	37.6%	202
D G khan	139	41.1%	199	58.9%	338
Faisalabad	225	61.6%	140	38.4%	365
Gujranwala	57	52.8%	51	47.2%	108
Gujrat	93	60.4%	61	39.6%	154
Hafizabad	36	51.4%	34	48.6%	70
Jhang	255	43.1%	336	56.9%	591
Jhelum	86	64.7%	47	35.3%	133
Kasur	92	57.9%	67	42.1%	159
Khanewal	130	52.0%	120	48.0%	250
Khushab	60	49.2%	62	50.8%	122
Lahore	24	64.9%	13	35.1%	37
Layyah	100	50.5%	98	49.5%	198
Lodhran	132	52.0%	122	48.0%	254
Mandi B.Din	153	58.0%	111	42.0%	264
Mianwali	54	47.0%	61	53.0%	115
Multan	118	52.0%	109	48.0%	227
Muzaffargarh	205	43.9%	262	56.1%	467
Nankana Sahib	138	58.0%	100	42.0%	238
Narowal	27	50.0%	27	50.0%	54
Okara	162	63.3%	94	36.7%	256
Pakpattan	176	57.9%	128	42.1%	304
R Y Khan	88	42.9%	117	57.1%	205
Rajanpur	145	43.3%	190	56.7%	335
Rawalpindi	53	50.0%	53	50.0%	106
Sahiwal	68	52.3%	62	47.7%	130
Sargodha	142	51.1%	136	48.9%	278
Sheikhupura	66	65.3%	35	34.7%	101
Sialkot	66	62.9%	39	37.1%	105
T.T Singh	266	59.4%	182	40.6%	448
Vehari	97	43.9%	124	56.1%	221
<b>Total</b>	<b>3,903</b>	<b>52.4%</b>	<b>3,547</b>	<b>47.6%</b>	<b>7,450</b>

# HEALTH WEEK REPORT 2017

## Hepatitis C Suspects - Districts

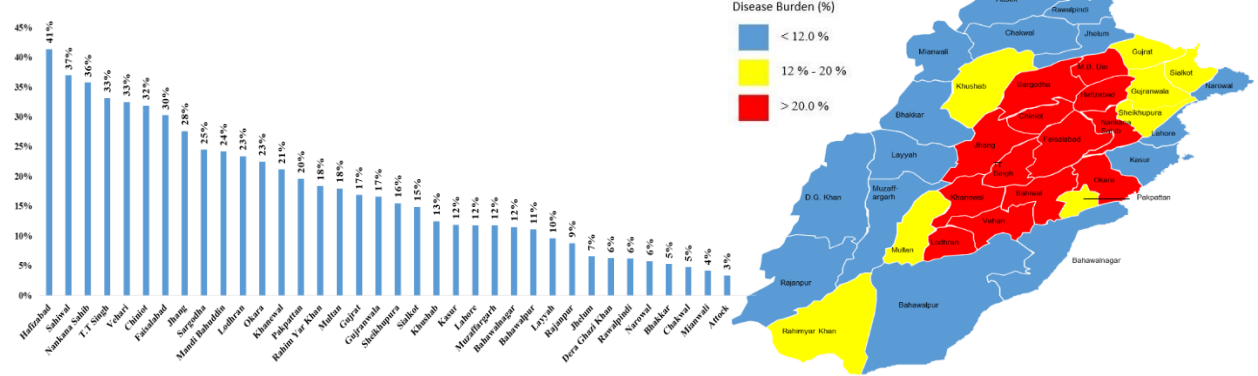


Figure 61: Hepatitis C Suspects - District wise Distribution in Adults (n = 236, 246, Mean = 17.2%)

Note: Districts with percentage of Hep. C Suspects, Greater than 20% people screened are shown in red, with percentage of underweight people screened between 12-20% are shown in yellow and those with percentage less than 12% are shown in blue.

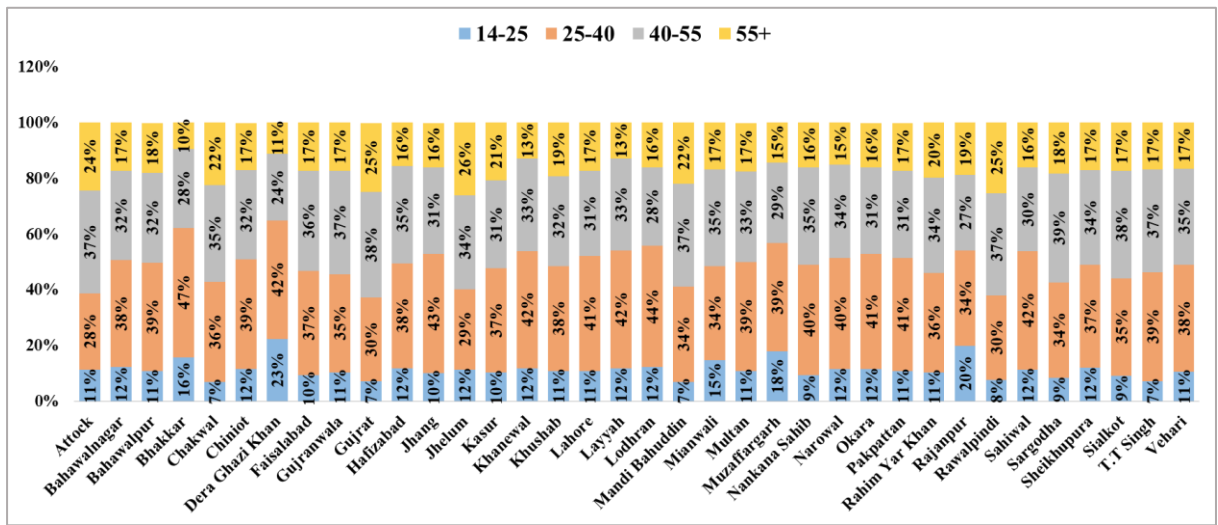


Figure 62: Hepatitis C Suspects - District wise Age Distribution in Adults (n = 40,739)

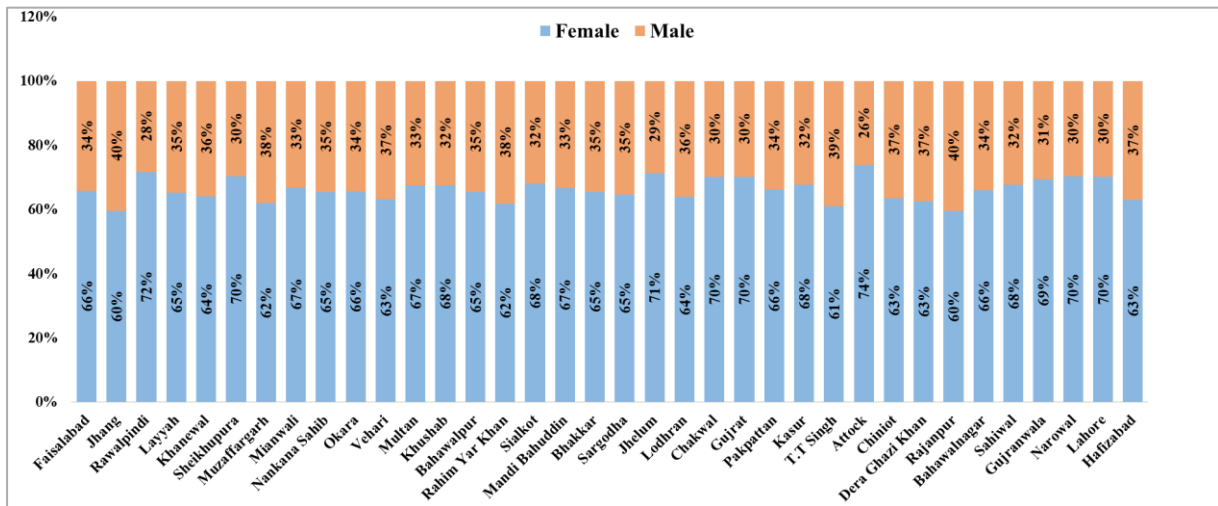


Figure 63: Hepatitis C Suspects - District wise Gender Distribution in Adults (n = 40,739)

## HEALTH WEEK REPORT 2017

*Table 38: Hepatitis C Suspects - District wise Distribution in Adults Punjab*

District	Reactive		Total
Attock	222	3.4%	6471
Bahawalnagar	500	11.5%	4352
Bahawalpur	756	11.1%	6822
Bhakkar	337	5.3%	6372
Chakwal	317	4.8%	6673
Chiniot	1427	31.9%	4467
Dera Ghazi Khan	267	6.3%	4231
Faisalabad	3375	30.3%	11154
Gujranwala	783	16.6%	4723
Gujrat	1091	16.9%	6456
Hafizabad	1037	41.4%	2504
Jhang	2516	27.6%	9100
Jhelum	470	6.6%	7146
Kasur	682	11.9%	5740
Khanewal	1738	21.2%	8190
Khushab	909	12.5%	7301
Lahore	510	11.8%	4309
Layyah	859	9.6%	8994
Lodhran	1314	23.4%	5621
Mandi Bahuddin	1673	24.2%	6906
Mianwali	356	4.2%	8473
Multan	1337	18.0%	7408
Muzaffargarh	896	11.8%	7618
Nankana Sahib	2709	35.8%	7562
Narowal	259	5.8%	4464
Okara	1670	22.5%	7429
Pakpattan	1108	19.6%	5641
Rahim Yar Khan	1121	18.4%	6078
Rajanpur	330	8.8%	3755
Rawalpindi	704	6.2%	11306
Sahiwal	1689	37.0%	4568
Sargodha	1497	24.5%	6121
Sheikhupura	1538	15.5%	9904
Sialkot	1076	14.9%	7211
T.T Singh	1529	33.2%	4602
Vehari	2137	32.5%	6574
<b>Total</b>	<b>40,739</b>	<b>17.2%</b>	<b>236,246</b>

## HEALTH WEEK REPORT 2017

*Table 39: Hepatitis C Suspects - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	25	11.3%	61	27.5%	82	36.9%	54	24.3%	222
Bahawalnagar	62	12.4%	192	38.4%	159	31.8%	87	17.4%	500
Bahawalpur	82	10.8%	295	39.0%	243	32.1%	136	18.0%	756
Bhakkar	53	15.7%	157	46.6%	95	28.2%	32	9.5%	337
Chakwal	22	6.9%	114	36.0%	110	34.7%	71	22.4%	317
Chiniot	166	11.6%	561	39.3%	457	32.0%	243	17.0%	1427
D G Khan	60	22.5%	113	42.3%	64	24.0%	30	11.2%	267
Faisalabad	321	9.5%	1258	37.3%	1208	35.8%	588	17.4%	3375
Gujranwala	82	10.5%	274	35.0%	292	37.3%	135	17.2%	783
Gujrat	80	7.3%	326	29.9%	414	37.9%	271	24.8%	1091
Hafizabad	124	12.0%	389	37.5%	362	34.9%	162	15.6%	1037
Jhang	255	10.1%	1080	42.9%	780	31.0%	401	15.9%	2516
Jhelum	54	11.5%	135	28.7%	159	33.8%	122	26.0%	470
Kasur	71	10.4%	255	37.4%	214	31.4%	142	20.8%	682
Khanewal	209	12.0%	727	41.8%	578	33.3%	224	12.9%	1738
Khushab	100	11.0%	341	37.5%	293	32.2%	175	19.3%	909
Lahore	55	10.8%	211	41.4%	156	30.6%	88	17.3%	510
Layyah	101	11.8%	364	42.4%	282	32.8%	112	13.0%	859
Lodhran	161	12.3%	571	43.5%	371	28.2%	211	16.1%	1314
Mandi B.Din	118	7.1%	570	34.1%	616	36.8%	369	22.1%	1673
Mianwali	53	14.9%	120	33.7%	123	34.6%	60	16.9%	356
Multan	147	11.0%	522	39.0%	435	32.5%	233	17.4%	1337
Muzaffargarh	160	17.9%	349	39.0%	257	28.7%	130	14.5%	896
Nankana Sb	254	9.4%	1075	39.7%	946	34.9%	434	16.0%	2709
Narowal	30	11.6%	103	39.8%	87	33.6%	39	15.1%	259
Okara	196	11.7%	690	41.3%	516	30.9%	268	16.0%	1670
Pakpattan	122	11.0%	449	40.5%	346	31.2%	191	17.2%	1108
R Y Khan	118	10.5%	400	35.7%	381	34.0%	222	19.8%	1121
Rajanpur	66	20.0%	113	34.2%	89	27.0%	62	18.8%	330
Rawalpindi	54	7.7%	214	30.4%	258	36.6%	178	25.3%	704
Sahiwal	194	11.5%	714	42.3%	508	30.1%	273	16.2%	1689
Sargodha	127	8.5%	510	34.1%	586	39.1%	274	18.3%	1497
Sheikhupura	187	12.2%	566	12.2%	521	33.9%	264	17.2%	1538
Sialkot	100	9.3%	376	34.9%	413	38.4%	187	17.4%	1076
T.T Singh	111	7.3%	597	39.0%	563	36.8%	258	16.9%	1529
Vehari	226	10.6%	818	38.3%	737	34.5%	356	16.7%	2137
<b>Total</b>	<b>4,346</b>	<b>10.7%</b>	<b>1,5610</b>	<b>38.3%</b>	<b>1,3701</b>	<b>33.6%</b>	<b>7,082</b>	<b>17.4%</b>	<b>40,739</b>

## HEALTH WEEK REPORT 2017

*Table 40: Hepatitis C Suspects - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	153	68.9%	69	31.1%	222
Bahawalnagar	301	60.2%	199	39.8%	500
Bahawalpur	451	59.7%	305	40.3%	756
Bhakkar	202	59.9%	135	40.1%	337
Chakwal	219	69.1%	98	30.9%	317
Chiniot	895	62.7%	532	37.3%	1427
D G Khan	153	57.3%	114	42.7%	267
Faisalabad	2158	63.9%	1217	36.1%	3375
Gujranwala	505	64.5%	278	35.5%	783
Gujrat	786	72.0%	305	28.0%	1091
Hafizabad	648	62.5%	389	37.5%	1037
Jhang	1559	62.0%	957	38.0%	2516
Jhelum	322	68.5%	148	31.5%	470
Kasur	455	66.7%	227	33.3%	682
Khanewal	1066	61.3%	672	38.7%	1738
Khushab	618	68.0%	291	32.0%	909
Lahore	332	65.1%	178	34.9%	510
Layyah	556	64.7%	303	35.3%	859
Lodhran	816	62.1%	498	37.9%	1314
Mandi B.Din	1079	64.5%	594	35.5%	1673
Mianwali	200	56.2%	156	43.8%	356
Multan	902	67.5%	435	32.5%	1337
Muzaffargarh	521	58.1%	375	41.9%	896
Nankana Sahib	1678	61.9%	1031	38.1%	2709
Narowal	157	60.6%	102	39.4%	259
Okara	1066	63.8%	604	36.2%	1670
Pakpattan	708	63.9%	400	36.1%	1108
Rahim Yar Khan	684	61.0%	437	39.0%	1121
Rajapur	200	60.6%	130	39.4%	330
Rawalpindi	485	68.9%	219	31.1%	704
Sahiwal	1123	66.5%	566	33.5%	1689
Sargodha	927	61.9%	570	38.1%	1497
Sheikhupura	1090	70.9%	448	29.1%	1538
Sialkot	731	67.9%	345	32.1%	1076
T.T Singh	865	56.6%	664	43.4%	1529
Vehari	1283	60.0%	854	40.0%	2137
<b>Total</b>	<b>25,894</b>	<b>63.6%</b>	<b>14,845</b>	<b>36.4%</b>	<b>40,739</b>

# HEALTH WEEK REPORT 2017

## HIV Suspects - Districts

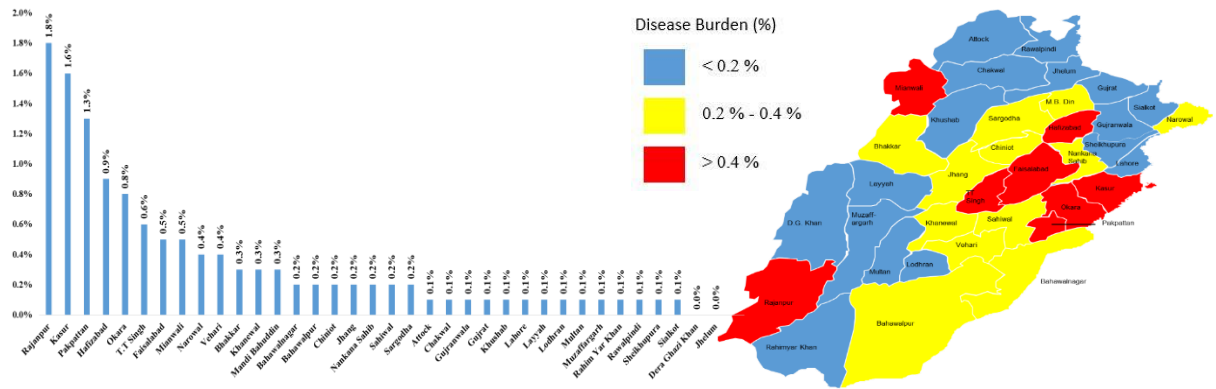


Figure 64: HIV Suspects - District wise Distribution in Adults (n = 236,246)

Note: Districts with percentage of HIV Suspects, Greater than 0.4% people screened are shown in red, with percentage of people screened between 0.2-0.4% are shown in yellow and those with percentage less than 0.2% are shown in blue.

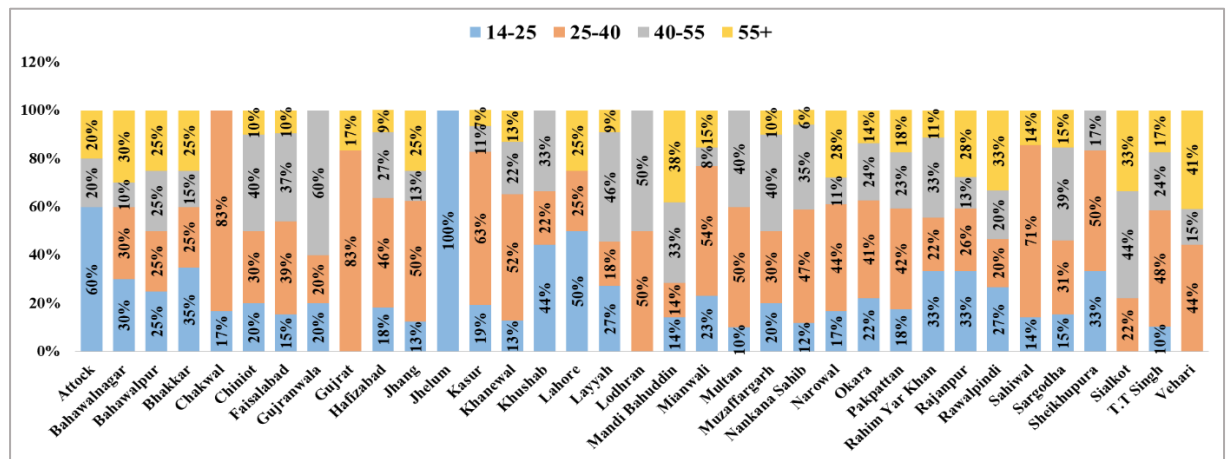


Figure 65: HIV Suspects - District wise Age Distribution in Adults (n = 756)

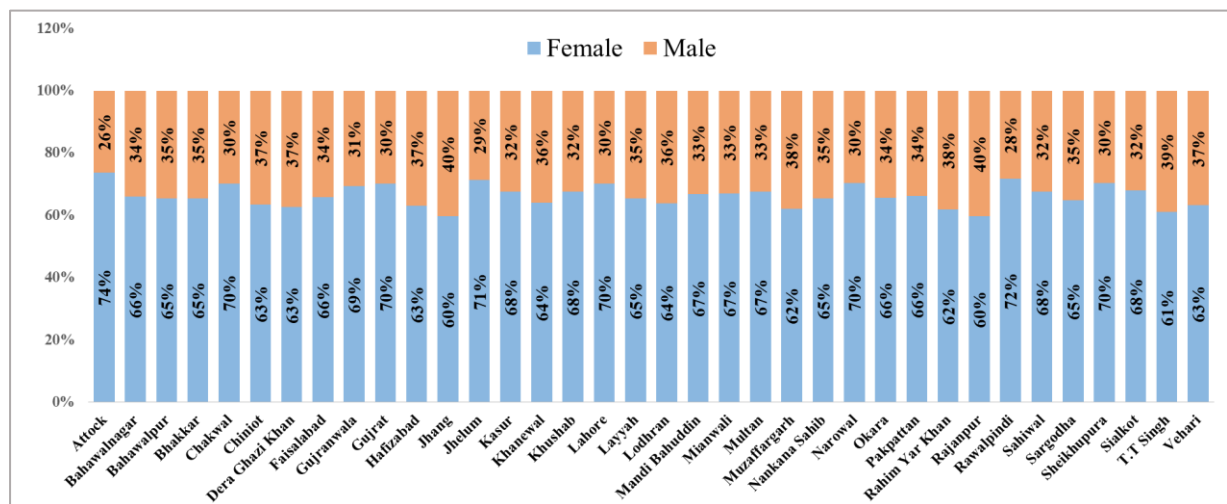


Figure 66: HIV Suspects - District wise Gender Distribution in Adults (n = 756)

## HEALTH WEEK REPORT 2017

*Table 41: HIV Suspects - District wise Distribution in Adults Punjab*

District	Reactive		Total
Attock	5	0.1%	6471
Bahawalnagar	10	0.2%	4352
Bahawalpur	16	0.2%	6822
Bhakkar	20	0.3%	6372
Chakwal	6	0.1%	6673
Chiniot	10	0.2%	4467
Dera Ghazi Khan	0	0.0%	4231
Faisalabad	52	0.5%	11154
Gujranwala	5	0.1%	4723
Gujrat	6	0.1%	6456
Hafizabad	22	0.9%	2504
Jhang	16	0.2%	9100
Jhelum	2	0.0%	7146
Kasur	93	1.6%	5740
Khanewal	23	0.3%	8190
Khushab	9	0.1%	7301
Lahore	4	0.1%	4309
Layyah	11	0.1%	8994
Lodhran	8	0.1%	5621
Mandi Bahuddin	21	0.3%	6906
Mianwali	39	0.5%	8473
Multan	10	0.1%	7408
Muzaffargarh	10	0.1%	7618
Nankana Sahib	17	0.2%	7562
Narowal	18	0.4%	4464
Okara	59	0.8%	7429
Pakpattan	74	1.3%	5641
Rahim Yar Khan	9	0.1%	6078
Rajanpur	69	1.8%	3755
Rawalpindi	15	0.1%	11306
Sahiwal	7	0.2%	4568
Sargodha	13	0.2%	6121
Sheikhupura	12	0.1%	9904
Sialkot	9	0.1%	7211
T.T Singh	29	0.6%	4602
Vehari	27	0.4%	6574
<b>Total</b>	<b>756</b>	<b>0.3%</b>	<b>236,246</b>

## HEALTH WEEK REPORT 2017

*Table 42: HIV Suspects - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	3	60.0%	0	0.0%	1	20.0%	1	20.0%	5
Bahawalnagar	3	30.0%	3	30.0%	1	10.0%	3	30.0%	10
Bahawalpur	4	25.0%	4	25.0%	4	25.0%	4	25.0%	16
Bhakkar	7	35.0%	5	25.0%	3	15.0%	5	25.0%	20
Chakwal	1	16.7%	5	83.3%	0	0.0%	0	0.0%	6
Chiniot	2	20.0%	3	30.0%	4	40.0%	1	10.0%	10
Faisalabad	8	15.4%	20	38.5%	19	36.5%	5	9.6%	52
Gujranwala	1	20.0%	1	20.0%	3	60.0%	0	0.0%	5
Gujrat	0	0.0%	5	83.3%	0	0.0%	1	16.7%	6
Hafizabad	4	18.2%	10	45.5%	6	27.3%	2	9.1%	22
Jhang	2	12.5%	8	50.0%	2	12.5%	4	25.0%	16
Jhelum	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2
Kasur	18	19.4%	59	63.4%	10	10.8%	6	6.5%	93
Khanewal	3	13.0%	12	52.2%	5	21.7%	3	13.0%	23
Khushab	4	44.4%	2	22.2%	3	33.3%	0	0.0%	9
Lahore	2	50.0%	1	25.0%	0	0.0%	1	25.0%	4
Layyah	3	27.3%	2	18.2%	5	45.5%	1	9.1%	11
Lodhran	0	0.0%	4	50.0%	4	50.0%	0	0.0%	8
Mandi B. Din	3	14.3%	3	14.3%	7	33.3%	8	38.1%	21
Mianwali	9	23.1%	21	53.8%	3	7.7%	6	15.4%	39
Multan	1	10.0%	5	50.0%	4	40.0%	0	0.0%	10
Muzaffargarh	2	20.0%	3	30.0%	4	40.0%	1	10.0%	10
Nankana Sb	2	11.8%	8	47.1%	6	35.3%	1	5.9%	17
Narowal	3	16.7%	8	44.4%	2	11.1%	5	27.8%	18
Okara	13	22.0%	24	40.7%	14	23.7%	8	13.6%	59
Pakpattan	13	17.6%	31	41.9%	17	23.0%	13	17.6%	74
R Y Khan	3	33.3%	2	22.2%	3	33.3%	1	11.1%	9
Rajanpur	23	33.3%	18	26.1%	9	13.0%	19	27.5%	69
Rawalpindi	4	26.7%	3	20.0%	3	20.0%	5	33.3%	15
Sahiwal	1	14.3%	5	71.4%	0	0.0%	1	14.3%	7
Sargodha	2	15.4%	4	30.8%	5	38.5%	2	15.4%	13
Sheikhupura	4	33.3%	6	50.0%	2	16.7%	0	0.0%	12
Sialkot	0	0.0%	2	22.2%	4	44.4%	3	33.3%	9
T.T Singh	3	10.3%	14	48.3%	7	24.1%	5	17.2%	29
Vehari	0	0.0%	12	44.4%	4	14.8%	11	40.7%	27
<b>Total</b>	<b>153</b>	<b>20.2%</b>	<b>313</b>	<b>41.4%</b>	<b>164</b>	<b>21.7%</b>	<b>126</b>	<b>16.7%</b>	<b>756</b>

## HEALTH WEEK REPORT 2017

*Table 43: HIV Suspects - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	5	100.0%	0	0.0%	5
Bahawalnagar	7	70.0%	3	30.0%	10
Bahawalpur	6	37.5%	10	62.5%	16
Bhakkar	10	50.0%	10	50.0%	20
Chakwal	5	83.3%	1	16.7%	6
Chiniot	8	80.0%	2	20.0%	10
Faisalabad	36	69.2%	16	30.8%	52
Gujranwala	3	60.0%	2	40.0%	5
Gujrat	3	50.0%	3	50.0%	6
Hafizabad	11	50.0%	11	50.0%	22
Jhang	7	43.8%	9	56.3%	16
Jhelum	2	100.0%	0	0.0%	2
Kasur	77	82.8%	16	17.2%	93
Khanewal	13	56.5%	10	43.5%	23
Khushab	4	44.4%	5	55.6%	9
Lahore	4	100.0%	0	0.0%	4
Layyah	10	90.9%	1	9.1%	11
Lodhran	6	75.0%	2	25.0%	8
Mandi Bahuddin	15	71.4%	6	28.6%	21
Mianwali	31	79.5%	8	20.5%	39
Multan	6	60.0%	4	40.0%	10
Muzaffargarh	7	70.0%	3	30.0%	10
Nankana Sahib	11	64.7%	6	35.3%	17
Narowal	8	44.4%	10	55.6%	18
Okara	35	59.3%	24	40.7%	59
Pakpattan	49	66.2%	25	33.8%	74
Rahim Yar Khan	6	66.7%	3	33.3%	9
Rajanpur	28	40.6%	41	59.4%	69
Rawalpindi	11	73.3%	4	26.7%	15
Sahiwal	7	100.0%	0	0.0%	7
Sargodha	8	61.5%	5	38.5%	13
Sheikhupura	8	66.7%	4	33.3%	12
Sialkot	8	88.9%	1	11.1%	9
T.T Singh	13	44.8%	16	55.2%	29
Vehari	20	74.1%	7	25.9%	27
<b>Total</b>	<b>488</b>	<b>64.6%</b>	<b>268</b>	<b>35.4%</b>	<b>756</b>

# HEALTH WEEK REPORT 2017

## Malaria - Districts

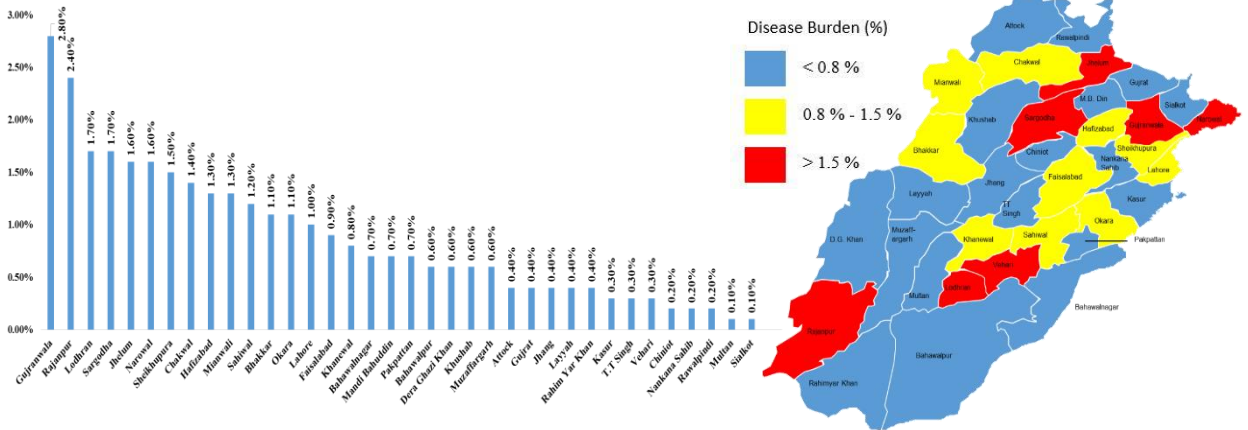


Figure 67: Malaria - District wise Distribution in Adults (n = 236, 246, Mean = 0.8%)

Note: Districts with percentage of Malaria, Greater than 1.5% people screened are shown in red, with percentage of people screened between 0.8-1.5% are shown in yellow and those with percentage less than 0.8% are shown in blue.

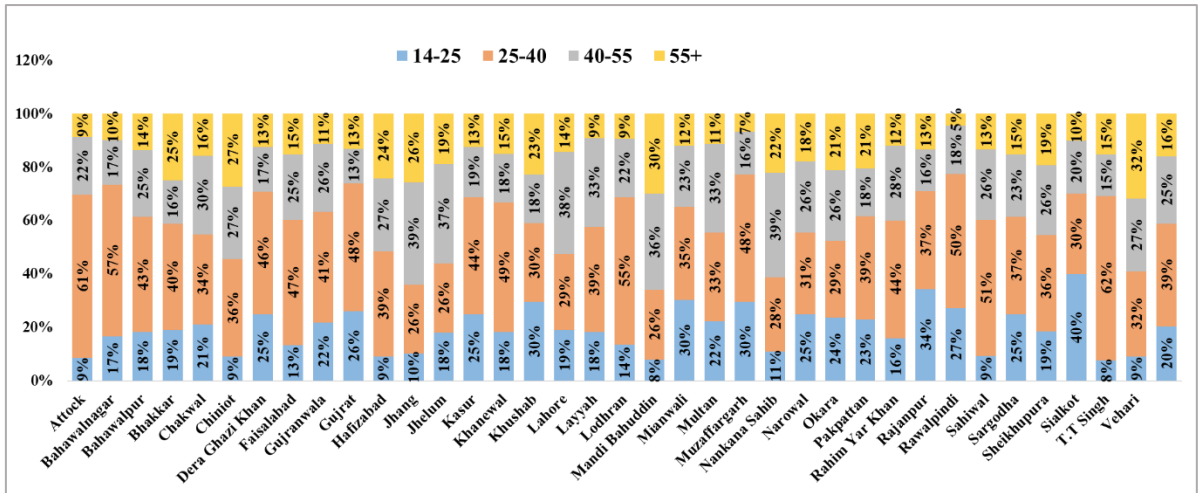


Figure 68: Malaria - District wise Age Distribution in Adults (n = 1,939)

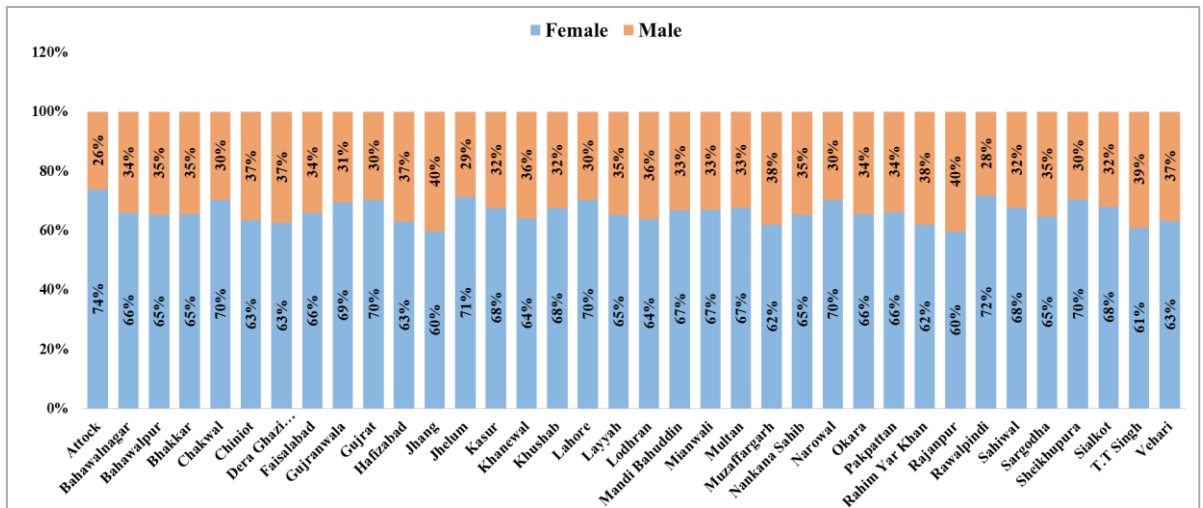


Figure 69: Malaria - District wise Gender Distribution in Adults (n = 1,939)

## HEALTH WEEK REPORT 2017

*Table 44: Malaria - District wise Distribution in Adults Punjab*

District	Malaria Positive		Total
Attock	23	0.4%	6471
Bahawalnagar	30	0.7%	4352
Bahawalpur	44	0.6%	6822
Bhakkar	68	1.1%	6372
Chakwal	95	1.4%	6673
Chiniot	11	0.2%	4467
Dera Ghazi Khan	24	0.6%	4231
Faisalabad	98	0.9%	11154
Gujranwala	133	2.8%	4723
Gujrat	23	0.4%	6456
Hafizabad	33	1.3%	2504
Jhang	39	0.4%	9100
Jhelum	116	1.6%	7146
Kasur	16	0.3%	5740
Khanewal	66	0.8%	8190
Khushab	44	0.6%	7301
Lahore	42	1.0%	4309
Layyah	33	0.4%	8994
Lodhran	96	1.7%	5621
Mandi Bahuddin	50	0.7%	6906
Mianwali	109	1.3%	8473
Multan	9	0.1%	7408
Muzaffargarh	44	0.6%	7618
Nankana Sahib	18	0.2%	7562
Narowal	72	1.6%	4464
Okara	80	1.1%	7429
Pakpattan	39	0.7%	5641
Rahim Yar Khan	25	0.4%	6078
Rajanpur	90	2.4%	3755
Rawalpindi	22	0.2%	11306
Sahiwal	53	1.2%	4568
Sargodha	104	1.7%	6121
Sheikhupura	145	1.5%	9904
Sialkot	10	0.1%	7211
T.T Singh	13	0.3%	4602
Vehari	22	0.3%	6574
<b>Total</b>	<b>1,939</b>	<b>0.8%</b>	<b>236,246</b>

## HEALTH WEEK REPORT 2017

*Table 45: Malaria - District wise Age Distribution in Adults Punjab*

District	14-25		25-40		40-55		55+		Total
Attock	2	8.7%	14	60.9%	5	21.7%	2	8.7%	23
Bahawalnagar	5	16.7%	17	56.7%	5	16.7%	3	10.0%	30
Bahawalpur	8	18.2%	19	43.2%	11	25.0%	6	13.6%	44
Bhakkar	13	19.1%	27	39.7%	11	16.2%	17	25.0%	68
Chakwal	20	21.1%	32	33.7%	28	29.5%	15	15.8%	95
Chiniot	1	9.1%	4	36.4%	3	27.3%	3	27.3%	11
D G Khan	6	25.0%	11	45.8%	4	16.7%	3	12.5%	24
Faisalabad	13	13.3%	46	46.9%	24	24.5%	15	15.3%	98
Gujranwala	29	21.8%	55	41.4%	34	25.6%	15	11.3%	133
Gujrat	6	26.1%	11	47.8%	3	13.0%	3	13.0%	23
Hafizabad	3	9.1%	13	39.4%	9	27.3%	8	24.2%	33
Jhang	4	10.3%	10	25.6%	15	38.5%	10	25.6%	39
Jhelum	21	18.1%	30	25.9%	43	37.1%	22	19.0%	116
Kasur	4	25.0%	7	43.8%	3	18.8%	2	12.5%	16
Khanewal	12	18.2%	32	48.5%	12	18.2%	10	15.2%	66
Khushab	13	29.5%	13	29.5%	8	18.2%	10	22.7%	44
Lahore	8	19.0%	12	28.6%	16	38.1%	6	14.3%	42
Layyah	6	18.2%	13	39.4%	11	33.3%	3	9.1%	33
Lodhran	13	13.5%	53	55.2%	21	21.9%	9	9.4%	96
Mandi B. Din	4	8.0%	13	26.0%	18	36.0%	15	30.0%	50
Mianwali	33	30.3%	38	34.9%	25	22.9%	13	26%	109
Multan	2	22.2%	3	33.3%	3	33.3%	1	11.1%	9
Muzaffargarh	13	29.5%	21	47.7%	7	15.9%	3	6.8%	44
Nankana Sahib	2	11.1%	5	27.8%	7	38.9%	4	22.2%	18
Narowal	18	25.0%	22	30.6%	19	26.4%	13	18.1%	72
Okara	19	23.8%	23	28.7%	21	26.3%	17	21.3%	80
Pakpattan	9	23.1%	15	38.5%	7	17.9%	8	20.5%	39
R Y Khan	4	16.0%	11	44.0%	7	28.0%	3	12.0%	25
Rajanpur	31	34.4%	33	36.7%	14	15.6%	12	13.3%	90
Rawalpindi	6	27.3%	11	50.0%	4	18.2%	1	4.5%	22
Sahiwal	5	9.4%	27	50.9%	14	26.4%	7	13.2%	53
Sargodha	26	25.0%	38	36.5%	24	23.1%	16	15.4%	104
Sheikhupura	27	18.6%	52	35.9%	38	26.2%	28	19.3%	145
Sialkot	4	40.0%	3	30.0%	2	20.0%	1	10.0%	10
T.T Singh	1	7.7%	8	61.5%	2	15.4%	2	15.4%	13
Vehari	2	9.1%	7	31.8%	6	27.3%	7	31.8%	22
<b>Total</b>	<b>393</b>	<b>20.3%</b>	<b>749</b>	<b>38.6%</b>	<b>484</b>	<b>25.0%</b>	<b>313</b>	<b>16.1%</b>	<b>1,939</b>

## HEALTH WEEK REPORT 2017

*Table 46: Malaria - District wise Gender Distribution in Adults Punjab*

District	Female		Male		Total
Attock	19	82.6%	4	17.4%	23
Bahawalnagar	20	66.7%	10	33.3%	30
Bahawalpur	26	59.1%	18	40.9%	44
Bhakkar	49	72.1%	19	27.9%	68
Chakwal	76	80.0%	19	20.0%	95
Chiniot	10	90.9%	1	9.1%	11
D G Khan	13	54.2%	11	45.8%	24
Faisalabad	62	63.3%	36	36.7%	98
Gujranwala	103	77.4%	30	22.6%	133
Gujrat	15	65.2%	8	34.8%	23
Hafizabad	22	66.7%	11	33.3%	33
Jhang	24	61.5%	15	38.5%	39
Jhelum	89	76.7%	27	23.3%	116
Kasur	10	62.5%	6	37.5%	16
Khanewal	40	60.6%	26	39.4%	66
Khushab	32	72.7%	12	27.3%	44
Lahore	28	66.7%	14	33.3%	42
Layyah	22	66.7%	11	33.3%	33
Lodhran	66	68.8%	30	31.3%	96
Mandi B. Din	28	56.0%	22	44.0%	50
Mianwali	75	68.8%	34	31.2%	109
Multan	3	33.3%	6	66.7%	9
Muzaffargarh	27	61.4%	17	38.6%	44
Nankana Sahib	10	55.6%	8	44.4%	18
Narowal	52	72.2%	20	27.8%	72
Okara	45	56.3%	35	43.8%	80
Pakpattan	24	61.5%	15	38.5%	39
R Y Khan	20	80.0%	5	20.0%	25
Rajanpur	44	48.9%	46	51.1%	90
Rawalpindi	17	77.3%	5	22.7%	22
Sahiwal	35	66.0%	18	34.0%	53
Sargodha	62	59.6%	42	40.4%	104
Sheikhupura	114	78.6%	31	21.4%	145
Sialkot	6	60.0%	4	40.0%	10
T.T Singh	9	69.2%	4	30.8%	13
Vehari	12	54.5%	10	45.5%	22
<b>Total</b>	<b>1,309</b>	<b>67.5%</b>	<b>630</b>	<b>32.5%</b>	<b>1,939</b>

## HEALTH WEEK REPORT 2017

*Table 47: District wise Blood Borne Disease burden Punjab*

District	Malaria	Hepatitis B	Hepatitis C	HIV
Attock	0.4%	0.7%	3.4%	0.1%
Bahawalnagar	0.7%	2.3%	11.5%	0.2%
Bahawalpur	0.6%	3.7%	11.1%	0.2%
Bhakkar	1.1%	1.9%	5.3%	0.3%
Chakwal	1.4%	1.4%	4.8%	0.1%
Chiniot	0.2%	4.5%	31.9%	0.2%
Dera Ghazi Khan	0.6%	8.0%	6.3%	0.0%
Faisalabad	0.9%	3.3%	30.3%	0.5%
Gujranwala	2.8%	2.3%	16.6%	0.1%
Gujrat	0.4%	2.4%	16.9%	0.1%
Hafizabad	1.3%	2.8%	41.4%	0.9%
Jhang	0.4%	6.5%	27.6%	0.2%
Jhelum	1.6%	1.9%	6.6%	0.0%
Kasur	0.3%	2.8%	11.9%	1.6%
Khanewal	0.8%	3.1%	21.2%	0.3%
Khushab	0.6%	1.7%	12.5%	0.1%
Lahore	1.0%	0.9%	11.8%	0.1%
Layyah	0.4%	2.2%	9.6%	0.1%
Lodhran	1.7%	4.5%	23.4%	0.1%
Mandi Bahuddin	0.7%	3.8%	24.2%	0.3%
Mianwali	1.3%	1.4%	4.2%	0.5%
Multan	0.1%	3.1%	18.0%	0.1%
Muzaffargarh	0.6%	6.1%	11.8%	0.1%
Nankana Sahib	0.2%	3.1%	35.8%	0.2%
Narowal	1.6%	1.2%	5.8%	0.4%
Okara	1.1%	3.4%	22.5%	0.8%
Pakpattan	0.7%	5.4%	19.6%	1.3%
Rahim Yar Khan	0.4%	3.4%	18.4%	0.1%
Rajapur	2.4%	8.9%	8.8%	1.8%
Rawalpindi	0.2%	0.9%	6.2%	0.1%
Sahiwal	1.2%	2.8%	37.0%	0.2%
Sargodha	1.7%	4.5%	24.5%	0.2%
Sheikhupura	1.5%	1.0%	15.5%	0.1%
Sialkot	0.1%	1.5%	14.9%	0.1%
T.T Singh	0.3%	9.7%	33.2%	0.6%
Vehari	0.3%	3.4%	32.5%	0.4%
<b>Total</b>	<b>0.8%</b>	<b>3.2%</b>	<b>17.2%</b>	<b>0.3%</b>

# HEALTH WEEK REPORT 2017

## 5.5.2 Pediatrics (<14 Years of Age)

Mean age of children (n= 35,236) reporting to screening camp was 6.13 ( $\pm$ 4.65) years. Of these 50.4% were males and 49.6% were females. Age was recoded into 3 categories of Infants (19.8%), children under 5 (31.0%) and children above 5 years (49.2%). 84.7% of the children measured for MUAC were in the Green category, 12% were in Yellow and 3.3% were in the Red category. 97.6% children reported to be vaccinated while 2.4% were not vaccinated.

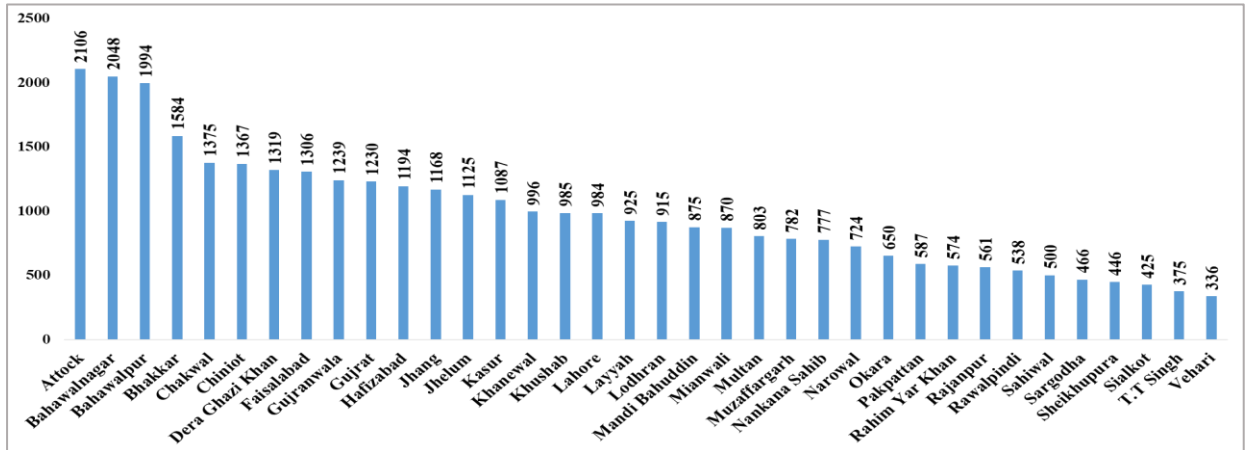


Figure 70: District wise Distribution of Paediatrics (<14 Years) Screened (n = 35,236)

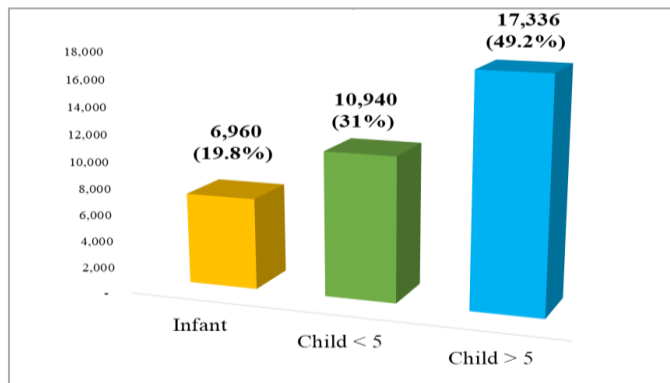


Figure 71: Age Distribution of Children (<14 Years) Screened

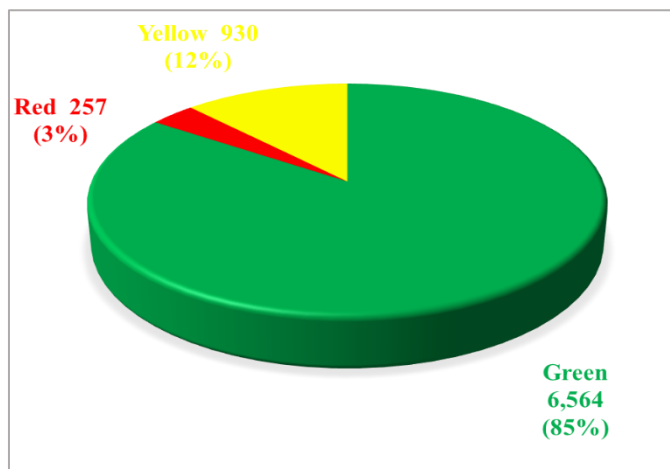


Figure 72: Results of MUAC in Children Screened

## HEALTH WEEK REPORT 2017

*Table 48: District wise Age Distribution of Paediatrics (<14 Years) Screened Punjab*

District	Less than 1 yr		1-5 yr		5-14 yr		Total
Attock	169	8.5%	15	0.8%	1810	90.8%	1994
Bahawalnagar	109	11.1%	9	0.9%	867	88.0%	985
Bahawalpur	142	15.4%	9	1.0%	774	83.7%	925
Bhakkar	106	8.6%	11	0.9%	1122	90.6%	1239
Chakwal	157	13.4%	4	0.3%	1007	86.2%	1168
Chiniot	99	13.7%	0	0.0%	625	86.3%	724
Dera Ghazi Khan	74	14.8%	9	1.8%	417	83.4%	500
Faisalabad	188	14.3%	33	2.5%	1098	83.2%	1319
Gujranwala	104	13.3%	51	6.5%	627	80.2%	782
Gujrat	80	12.3%	3	0.5%	567	87.2%	650
Hafizabad	75	17.6%	0	0.0%	350	82.4%	425
Jhang	82	10.6%	2	0.3%	693	89.2%	777
Jhelum	184	16.4%	22	2.0%	919	81.7%	1125
Kasur	116	11.6%	11	1.1%	869	87.2%	996
Khanewal	107	18.6%	6	1.0%	461	80.3%	574
Khushab	106	9.8%	12	1.1%	969	89.1%	1087
Lahore	48	4.9%	10	1.0%	926	94.1%	984
Layyah	132	11.1%	24	2.0%	1038	86.9%	1194
Lodhran	64	7.3%	8	0.9%	803	91.8%	875
Mandi Bahuddin	65	14.6%	1	0.2%	380	85.2%	446
Mianwali	141	6.7%	30	1.4%	1935	91.9%	2106
Multan	115	12.6%	6	0.7%	794	86.8%	915
Muzaffargarh	154	11.8%	6	0.5%	1146	87.7%	1306
Nankana Sahib	115	21.4%	0	0.0%	423	78.6%	538
Narowal	132	8.3%	30	1.9%	1422	89.8%	1584
Okara	146	10.7%	12	0.9%	1209	88.4%	1367
Pakpattan	47	8.4%	2	0.4%	512	91.3%	561
Rahim Yar Khan	69	14.8%	3	0.6%	394	84.5%	466
Rajanpur	86	6.3%	2	0.1%	1287	93.6%	1375
Rawalpindi	287	14.0%	28	1.4%	1733	84.6%	2048
Sahiwal	41	10.9%	1	0.3%	333	88.8%	375
Sargodha	127	21.6%	0	0.0%	460	78.4%	587
Sheikhupura	138	11.2%	1	0.1%	1091	88.7%	1230
Sialkot	86	10.7%	1	0.1%	716	89.2%	803
T.T Singh	33	9.8%	0	0.0%	303	90.2%	336
Vehari	100	11.5%	11	1.3%	759	87.2%	870
<b>Total</b>	<b>4,024</b>	<b>11.4%</b>	<b>373</b>	<b>1.1%</b>	<b>30,839</b>	<b>87.5%</b>	<b>35,236</b>

## HEALTH WEEK REPORT 2017

*Table 49: District wise Results of MUAC (Paediatrics <14 Years) Punjab*

District	Green		Red		Yellow		Total
Attock	250	86.5%	11	3.8%	28	9.7%	289
Bahawalnagar	140	89.7%	2	1.3%	14	9.0%	156
Bahawalpur	142	86.1%	5	3.0%	18	10.9%	165
Bhakkar	171	91.0%	3	1.6%	14	7.4%	188
Chakwal	230	88.1%	0	0.0%	31	11.9%	261
Chiniot	92	92.0%	2	2.0%	6	6.0%	100
Dera Ghazi Khan	141	98.6%	0	0.0%	2	1.4%	143
Faisalabad	176	90.3%	8	4.1%	11	5.6%	195
Gujranwala	128	81.0%	5	3.2%	25	15.8%	158
Gujrat	197	90.0%	5	2.3%	17	7.8%	219
Hafizabad	66	91.7%	4	5.6%	2	2.8%	72
Jhang	165	87.8%	6	3.2%	17	9.0%	188
Jhelum	203	81.9%	10	4.0%	35	14.1%	248
Kasur	153	81.8%	20	10.7%	14	7.5%	187
Khanewal	205	89.9%	4	1.8%	19	8.3%	228
Khushab	309	88.0%	13	3.7%	29	8.3%	351
Lahore	135	83.9%	3	1.9%	23	14.3%	161
Layyah	297	89.2%	3	0.9%	33	9.9%	333
Lodhran	105	78.9%	6	4.5%	22	16.5%	133
Mandi Bahuddin	164	90.1%	4	2.2%	14	7.7%	182
Mianwali	425	84.7%	10	2.0%	67	13.3%	502
Multan	280	90.6%	5	1.6%	24	7.8%	309
Muzaffargarh	188	64.2%	8	2.7%	97	33.1%	293
Nankana Sahib	140	85.4%	8	4.9%	16	9.8%	164
Narowal	210	81.1%	1	0.4%	48	18.5%	259
Okara	209	87.8%	5	2.1%	24	10.1%	238
Pakpattan	100	85.5%	4	3.4%	13	11.1%	117
Rahim Yar Khan	145	92.4%	3	1.9%	9	5.7%	157
Rajanpur	142	84.5%	6	3.6%	20	11.9%	168
Rawalpindi	270	76.3%	44	12.4%	40	11.3%	354
Sahiwal	133	78.2%	1	0.6%	36	21.2%	170
Sargodha	116	84.7%	6	4.4%	15	10.9%	137
Sheikhupura	334	83.7%	35	8.8%	30	7.5%	399
Sialkot	187	81.7%	2	0.9%	40	17.5%	229
T.T Singh	71	92.2%	2	2.6%	4	5.2%	77
Vehari	145	65.6%	3	1.4%	73	33.0%	221
<b>Total</b>	<b>6,564</b>	<b>84.7%</b>	<b>257</b>	<b>3.3%</b>	<b>930</b>	<b>12.0%</b>	<b>7,751</b>

### Pulmonary TB Suspects

Out of the total adults screened (n = 326,781), 2% (n = 6,667) were found to be suspects for Pulmonary TB on assessment done by doctor on history, out of which 7% (n = 512) of the suspects were found positive for AFB on sputum microscopy. So 0.15% people were found positive for pulmonary TB out of the total adults screened.

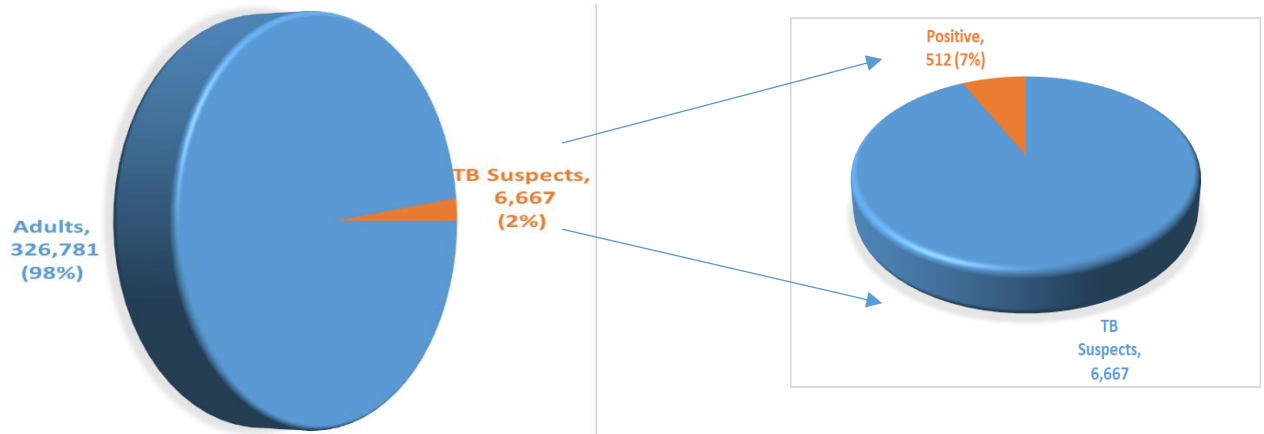


Figure 73: Percentage of Pulmonary TB Suspects

### Antenatal Check up

Out of total females screened (n = 215,010), 6% (n = 14,681) were pregnant and Antenatal check-up was carried out accordingly. On examination 13.5% (1,981) pregnant ladies has pedal oedema, and 1.35% (198) had abnormal breast findings. Ultrasound was done for 13,709 pregnant ladies. On ultrasound cardiac activity was found absent in 2.96% (406), 95.6% (13,115) were normal for gestational age, 95.8% (13,136) had normal liquor whereas 97% (13,305) had normal placental position.

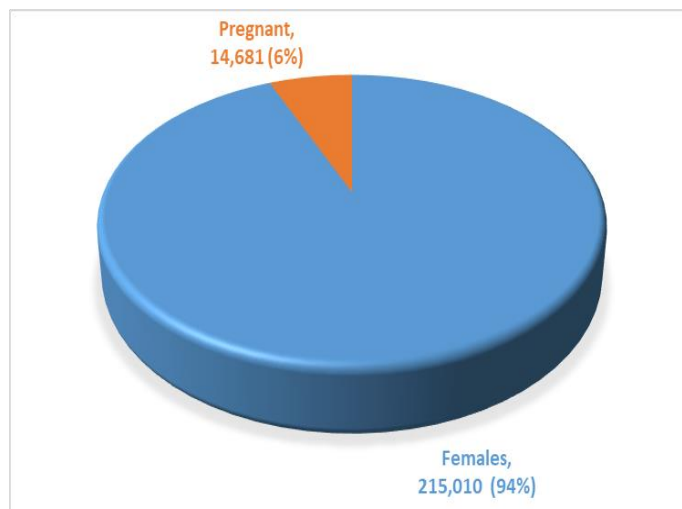


Figure 74: Percentage of Antenatal Check ups

## 6 Community Based Activity

The Lady Health Workers move from door to door during the health week and provide relevant services to target population at household level. The LHWs pre-registered children under five years for deworming a week prior to the start of health week activities. This helps them in easy identification of children later for deworming during the week. During the week, when the LHW visits a households, she marks the door with a chalk using standard format. The door marking includes date of visit, number of children (due/ defaulter) vs number vaccinated, number of children dewormed in the household and number of women given TT vaccine.

A brief description of the activities is mentioned below:

### 1. Immunization

- a. Immunization of children 0 to 2 years of age: LHWs identified due and defaulter children and established linkage with the vaccinator for immunization of the identified children. Mobile immunization stations were set-up by the vaccinators in each LHW covered area as per schedule given by the district in the micro-plan.

#### Vaccination – Community Based

Routine EPI Vaccination - 294,000 children

TT vaccine – 172,000 Women

- b. T.T. Vaccination for all pregnant women: All pregnant women who had not received TT vaccination were identified by the LHWs and vaccinated by the vaccinator.

### 2. Deworming

- a. LHWs pre-registered the children aged 2-5 years before the start of health week.
- b. All children aged 2-5 years registered by the LHWs were dewormed by them. Mebendazole tablets were provided to each LHW in sufficient quantity for this purpose.

#### Deworming Exercise

Over 5 million children were dewormed during the health week through door to door campaign by LHWs.

### 3. Iron tablets for pregnant and lactating women

- a. LHWs identified anemic PLWs in their catchment areas and counselled them on iron rich foods available to them
- b. Provision of iron tablets to the women who were identified as anemic by LHW was done.

#### Provision of Iron tablet to women

17.1 million Tablets were distributed among pregnant and lactating women by the LHWs.

### 4. Nutrition Screening

- a. Screening of 100% PLWs by LHWs using MUAC tapes was done; total number of women screened were
- b. Screening of 100% children using MUAC tapes was done

#### Nutrition Screening (Children)

5.4 million Children were screened during the week. Out of these, 88 thousand SAM and 435 thousand MAM children were identified and referred to OTPs for further management.

#### Nutrition Screening (Women)

1.1 million Women were screened out of which 45 thousand MAM cases were identified and counseled.

## HEALTH WEEK REPORT 2017

### 5. Health Education Sessions

- a. LHWs organized health education sessions in their catchment area; one session per day
- b. Two priority topics for the health education session during this round were:
  - i. Diarrhea prevention
  - ii. Importance of breast feeding (early initiation, exclusive and IYCF)
- c. LHWs also raised awareness about 1034 ambulance service during these sessions
- d. Moreover, she also highlighted the importance of antenatal care, skilled birth attendance, hand hygiene, use of safe drinking water, etc.
- e. Total participation in health education session was approximately 4 million women, including pregnant and lactating women as well. In some areas, electronic media was also used for this purpose whereby LHWs / LHSs displayed awareness videos through use of laptops, DVD players and portable projectors.
- f. Diarrhea Prevention and Management
  - i. LHWs gave orientation to all households (during health education sessions) regarding preparation of LoORS, use of LoORS and Zinc Sulphate during diarrhea
  - ii. LHWs also provided LoORS and Zinc Sulphate syrup to households where a diarrhea child was found during her visit
- g. Family Planning
  - i. LHWs visited every eligible couple in their catchment area and counselled the women on healthy timing and spacing of pregnancy; and informed about available services and how to access them
  - ii. LHWs also provided condoms, oral contraceptive pills and injectable contraceptives to women who were willing to use any of these methods.

#### Health Session Participations

Approximately 4 million women participated in the health education sessions



## 7 Third Party Validation Findings

Earnest and Young was engaged by the Primary & Secondary Healthcare Department to carry out the third party validation during health week 15<sup>th</sup> to 19<sup>th</sup> August, 2017. For the purpose of this TPV, 36 sample Health Facilities selected by Third Party randomly (5 DHQs, 11 THQs, 10 RHCs & 10 BHUs) were visited. The assessment was carried out on the basis of checklist focusing on following areas.

### 7.1 Citizen Feedback

During third party visits to the Health camps, third party gathered patient satisfaction feedback from 408 patients of different age groups and gender.

The summary of feedback received was as follows:

- **94%** patients were satisfied with the treatment and vaccination given to them during the Health week.
- **99%** patients were satisfied with the overall behaviour of hospital staff.
- **87%** patients were satisfied with the timely availability of materials / treatment / vaccination. All patients received the treatment/vaccination/ materials free of cost.
- All patients received benefit from this activity and were of the view that this should also be considered in the future.
- Primary & Secondary Healthcare Department estimated screening time per patient was 50-55 minutes. However we noted that only **15%** of the interviewed patients were able to meet this estimated time.

### 7.2 Turn-over

During third party visits, they also carried out a comparison of the targets of each health facility with the actual patient turnover. In 34 out of 36 locations (94%), patient target was successfully achieved. In many cases, the patient turnover exceeded the targets. The details are tabulated below:

Unit Type	Patient Target (per day)	Patient Turnover %				
		80% - 100%	100% - 150%	150% - 200%	200% - 250%	Above 250%
DHQ	400	1	3	-	1	-
THQ	250	3	4	2	2	-
RHC	150	-	4	2	3	1
BHU	50	-	3	3	2	2

## 8 Output - Health Week

- Basic Demographic & Health Profile database of 362,017
- Screening of 326,781 adults for Nutritional status, Anaemia, Diabetes, Hypertension, Asthma, COPD, Hepatitis B, C, HIV & Malaria.
- Hepatitis B vaccination of 326,781 adults,
- Tetanus vaccination of 170,000 Females
- Routine EPI vaccination of 300,000 children according to age.
- Deworming of 5 Million children above 5 years of age.
- 5.4 Million Children screened for malnutrition.
- Antenatal check-up of 14,648 pregnant ladies.

## 9 Expected Outcomes

- The subject activity is expected to bring change in the health seeking behaviours among beneficiaries and their families especially regarding life style modifications, importance of early disease screening and seeking medical care at the initial stages of diseases instead of ending up in a tertiary care hospital with complications of disease.
- Reduced patient burden on tertiary healthcare system thus lowering the cost related to management of disease complications.

## 10 Limitations

The health week activity was a well-coordinated and organized activity in all districts of Punjab. However, considering the scale of activity involving over 400 health facilities and almost 6000 Staff of various cadres and professional backgrounds few glitches were not unexpected. As such, there were a few limitations in the screening activity procedures, data collection and analysis of the health week activity.

- Timely delivery of logistics was one of the major limitation especially for the remote areas. The limitation was addressed through a central rate contract with TCS.
- Direct and indirect costs involved in execution of the activity raised the toll of the financial liabilities on the part of the department and DHAs.
- HR designated for the health facilities was taken from the existing lot available which led to temporary suspension of routine health service deliver at some of the health facilities.
- As per the design of the screening camp operations, the data had to be entered in real time on android tablets. In remote areas where internet connectivity was limited, this important indicator couldn't be met and the staff had to switch to manual data entry on prescribed registration forms developed and provided by the P&SHD for the purpose.
- Incomplete collection and recording of screening data at screening desks leading to many NULL entries in the main database.
- Cleaning of the enormous health week data was a difficult and strenuous task due to the large amount of data and coping with the above mentioned limitations. Cleaning was required for incomplete personal data, Null entries, incomplete entries, missing values, outliers, and various other issues.
- Inter-observer bias cannot be ruled out as the number of staff exceeds 5000 in number all over Punjab.

### 11 Way Forward

Health Week activity was planned as a concentrated activity in terms of time and resources. This mass level activity not only helped the community in terms of benefitting from standardized healthcare and screening services but also led to many lessons learnt on the part of the department. Following are major avenues to look forward and improvise.

- Collaboration between different social sector stake holders for enhancing the canvas of screening activity.
- Further Training of HR for district level management of screening activities in health facilities, and paramedics for physiological and serological screening.
- Conduct further screening activities to register remaining unknown cases of Infectious and Non Communicable Diseases among subject population.
- Ensure continuity of care for screened positive cases in terms of treatment of the diseases through existing health care system and vaccination of Hepatitis B and other vaccines under EPI for children.
- Enhance public awareness on healthy lifestyles, antenatal care and immunization by Health Education and Advocacy strategies.
- Central Database to be used for follow-up of screened positive patients
- Development of a new 3 in 1 app to be utilized for screening camps and NCD desks for simpler and efficient data entry
- Collaboration with HISDU for improvement in data entry and retrieval on dedicated high bandwidth servers.

### 12 Conclusion

Evidence suggest the success of integration efforts among various components of the healthcare such as MNCH, HIV/AIDS, EPI and non-communicable disease, though there is limited published literature available on the integration of 'Screening *Programs*' per se. As, screening against prioritized communicable and non-communicable diseases is becoming the need of time due to its proven efficacy in serving some essential functions such as early detection of cases and silent carriers of the diseases. Further, if early preventive and control measures are taken this can reduce burden of patients on the tertiary level of healthcare. Thus, establishment of integrated screening program shall serve not only to estimate the existing burden of disease, but can also play role in educating and counselling populations about evidence based risk reduction strategies. Surely this shall prove to be a sound step towards promoting comprehensive health & well-being among populations.

13 Pictures Gallery



# HEALTH WEEK REPORT 2017



**14 MONITORING CHECKLIST**

**MONITORING CHECKLIST  
HEALTH WEEK  
15<sup>th</sup> – 19<sup>th</sup> AUGUST 2017**

<b>Date(s)</b>	<b>District</b>
<b>Hospital/Health Facility/Area</b>	
<b>Monitor/Observer Information</b>	
<b>Name</b>	
<b>Designation</b>	
<b>Date(s) Observed</b>	

S. No.	List	Compliance Status (Yes/No)	If Yes Rate on a scale of 1-5 (1 Lowest & 5 Highest)
1.	Branding (Placement of Backdrops, Banners, Streamers & Standees)		
2.	Space adequacy according to process flow		
3.	Site Cleanliness and conducive environment of screening area		
4.	Number of screening desks as per process flow		
5.	Sitting arrangements for Human Resource as per process flow		
6.	Presence of Que Management System / Token System		
7.	Presence of waiting area		
8.	Availability of screening equipment Supplies, IEC Materials etc. at Screening Desks		
9.	Infection Control Measures		
10.	Presence of HR (Doctors & Paramedics) at Screening Desks		
11.	Supervisory visit conducted by any member of District Supervisory Team		

**12. Remarks (If any)**

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**HEALTH WEEK REPORT 2017**

**15 List of Health facilities**

<b>DISTRICT</b>	<b>DHQ</b>	<b>THQ</b>	<b>RHC</b>	<b>BHU</b>
<b>Attock</b>	Isfandyar Bukhari District Headquarter Hospital	Tehsil Head Quarter Hospital Fateh Jang Tehsil Head Quarter Hospital Hassanabdul Tehsil Head Quarter Hospital Hazro Tehsil Head Quarter Hospital Jand Tehsil Head Quarter Hospital Pindi Gheb	RHC Rangoo RHC Bahtar	BHU Musa BHU Chakki BHU Khudda BHU Dhurnal BHU Akhori
<b>Bahawalnagar</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Chishtian Tehsil Head Quarter Hospital Fort Abbas Tehsil Head Quarter Hospital Haroonabad Tehsil Head Quarter Hospital Minchanabad	RHC Faqeerwali RHC Daharanwala RHC Madriisa	BHU AKBAR MARI NIHAL BHU 54 F BHU T.Q.Shah BHU Kot Hemraj BHU165/7R BHU 98/F BHU 177/M
<b>Bahawalpur</b>	-	Tehsil Head Quarter Hospital Ahmedpur East Tehsil Head Quarter Hospital Hasilpur Tehsil Head Quarter Hospital Khairpur Tamewali Tehsil Head Quarter Hospital Yazman	RHC Khanqah Sharif RHC Lal Sohanra RHC QAIM PUR	BHU Basti Rana Iqbal BHU hatheji BHU Mari Sheikh Shujar BHU Jamalpur BHU 1DNB
<b>Bhakkar</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Darya Khan Tehsil Head Quarter Hospital Kallurkot Tehsil Head Quarter Hospital Mankera	RHC Jandanwala RHC Dulleywala	BHU Hassan Shah BHU Daggar Rehtas BHU Notak BHU 67 ML BHU 63 DB
<b>Chakwal</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Choa Saidan Shah Tehsil Head Quarter Hospital Talagang Tehsil Head Quarter Hospital City Talagang Tehsil Head Quarter Hospital Kalar Kahar	RHC Balkassar RHC Buchal Kalan	BHU Dab BHU Karyala BHU Tehi BHU Malhal Mughlan BHU Bheen
<b>Chiniot</b>	District Healthquarter Hospital	Tehsil Head Quarter Hospital Bhowana Tehsil Head Quarter Hospital Lalian	RHC Chak No 14 JB RHC Barana	BHU Chak No 126 JB BHU Kanvee Wala BHU Kalri BHU T.M Shah BHU Rajoa
<b>DG Khan</b>	-	Tehsil Head Quarter Hospital Taunsa Sharif	RHC Sarwar Wali RHC Chotti Zareen RHC Tibbi Qaisrani	BHU makwal BHU ghous abad BHU mana ahmdani BHU sameena BHU Chabri CH FortManro CH Sakhi Sarwer
<b>Faisalabad</b>	-	Tehsil Head Quarter Hospital Chak Jhumra Govt. General Hospital Sammanabad Faisalabad City Tehsil Head Quarter Hospital Jaranwala Tehsil Head Quarter Hospital Samundri Tehsil Head Quarter Hospital Tandlianwala	RHC 65/GB RHC Dijkol RHC KANJWANI	BHU 189/RB BHU44/JB BHU 283/GB BHU404/gb BHU143/GB BHU 192/RB BHU 222/RB
<b>Gujranwala</b>	-	Tehsil Head Quarter Hospital Kamoke Tehsil Head Quarter Hospital Nowshera Virkan Tehsil Head Quarter Hospital Wazirabad	RHC Dhonkal RHC Eminabad RHC ALI PUR CHATHA	BHU KALI SUBA BHU Kalaske BHU Verpal Chattha BHU Raja BHU Gunna Aur BHU Tatly Aali BHU Botala Sharm Singh

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<b>Gujrat</b>	-	Tehsil Head Quarter Hospital Kharian Tehsil Head Quarter Hospital Sarai Alamgir Tehsil level Major Shabbir Sharif Shaheed Hospital, Kunjah	RHC Tanda RHC Daulat Nagar RHC Lalamusa RHC Dinga	BHU Mandhar BHU Fatehpur BHU Besa BHU khokhar
<b>Hafizabad</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Pindi Bhattian	RHC Vanike Tarar RHC Jalalpur Bhattian	BHU Lawaray BHU Kot naka BHU kot sarwar BHU Chak Chattha BHU Kot Nawan
<b>Jhang</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Ahmadpur Sial Tehsil Head Quarter Hospital Shorkot Tehsil Head Quarter Hospital, 18-Hazari	RHC Bagh RHC Haveli Bahadur Shah	BHU Kaki Nou BHU mandi sha jevna BHU malohana BHU machiwal BHU Sultan Bahu
<b>Jhelum</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Pind Dadan Khan Tehsil Head Quarter Hospital Sohawa	RHC Domeli RHC Jalal Pur Sharif	BHU Pail Mirza BHU Mota Gharbi BHU GU singh BHU Jango Raryala BHU Dharyala Jalap
<b>Kasur</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Chunian Aziz Bibi Tehsil Head Quarter Hospital Roshan Bheela Tehsil Head Quarter Hospital Pattoki	RHC Mustafabad RHC Ellahabad RHC HABIB ABAD	BHU kotah BHU Serhali Kalan BHU Fateh Pur BHU Rao Khan Wala BHU Jamber Khurad BHU Bhamba Kalan
<b>Khanewal</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Jahanian Tehsil Head Quarter Hospital Kabirwala Tehsil Head Quarter Hospital Mian Channu	RHC Kacha Khuh RHC Tulamba RHC Abdul hakeem	BHU133/16-L BHU58/10-R BHU 9/V BHU Nourang Shah BHU9-garh BHU 50/15-1 BHU 157/10-R
<b>Khushab</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Khushab Tehsil Head Quarter Hospital Naushera Tehsil Head Quarter Hospital Noorpur Thal Tehsil Head Quarter Hospital Quaidabad	RHC Padhrar RHC Hadali	BHU Bijar BHU Talukar BHU Uchali BHU Khura BHU Chan BHU Shummar BHU Bandia
<b>Lahore</b>	-	Tehsil Head Quarter Hospital, Raiwind Shahdara Hospital, Lahore City Samanabad Hospital  130 Bedded Hospital, Mian Meer	RHC Manga Mandi RHC Chung RHC BARKI	BHU Hadyara BHU Lidher BHU Dogran Kallan BHU Ali Raza Abada BHU kacha BHU Shahzada BHU shamke bhatyan
<b>Layyah</b>	District Headquarter Hospital	THQ Thal (Mian Nawaz Sharif Hospital) THQ Fateh Pur, Karor Trauma Center Fateh Pur, Karor Lal-E-Son, Tehsil Head Quarter Hospital, Karor Tehsil Head Quarter Hospital Kot Sultan, THQ, Chaubara, THQ Chowk Azam	RHC jaman Shah RHC Mirhan RHC Pahar Pur	BHU bhaghal BHU 306/TDA BHU garray Wala BHU sheer garh BHU 120/TDA
<b>Lodhran</b>	District Headquarter Hospital	Malik Tayab Awan Tehsil Head Quarter Hospital Tehsil Head Quarter Hospital Kahrur Pacca	RHC 231 WB RHC Makhdoom Ali RHC Gogran	BHU Raja Pur BHU Ali Pur Kanjoo BHU Dhanot BHU 237 WB BHU Jalla Arain BHU Malik Pur

## HEALTH WEEK REPORT 2017

<b>M.B. Din</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Phalia	RHC Miana Gondal RHC Pahrianwali RHC Malakwal	BHU Waryait BHU Chot Dheiran BHU Ghanian BHU Bhikki Shareef BHU Charanwala
<b>Mianwali</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Esa Khel Tehsil Head Quarter Hospital Kalabagh Esa Khel Tehsil Head Quarter Hospital Piplan	RHC Daud Khel RHC Kamar Mashani RHC Tabbisar	BHU jalal pur BHU Dhok Ayyub BHU Kundian Rural BHU Lalu Khel BHU Muzaffar Pur BHU Pai Khel
<b>Multan</b>	-	Tehsil Head Quarter Hospital, Shuja Abad, Multan Mushtaq Lang Tehsil Head Quarter Hospital, Jalalpur Pirwala, Multan Mian Muhammad Shahbaz Sharif General Hospital, Multan City, Multan Town Hospital, Rahimabad Town Hospital, S Block , Multan City, Multan	RHC Qadir Pur Rawan RHC Ayyazabad Marral RHC Makhdoom Rashid (Mt) RHC Matotli	BHU Durabpur BHU nuwabpur BHU Kohja BHU gardaizpur BHU Lutafabad BHU Nawab Pur
<b>Muzaffargarh</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital, Jatoi, Muzaffargarh Tehsil Head Quarter Hospital, Chowk Sarwar Shaheed, Kot Adu, Muzaffargarh Tehsil Head Quarter Hospital, Alipur, Muzaffargarh Tehsil Head Quarter Hospital, Kot Adu, Muzaffargarh	RHC Basira RHC K.P Sadar RHC Rang Pur	BHU Marian BHU Bait mir hazar BHU 518/TDA BHU Thatha Qureshi BHU Mondka
<b>Nankana Sahib</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital, Sangla Hill, Nankana Sahib Tehsil Head Quarter Hospital, Shah Kot, Nankana Sahib	RHC Warburton RHC Bara Ghar RHC Bucheki	BHU Kharian Kalan BHU mithranpur BHU Kot Hussain BHU Pawan BHU Marrah Bolachan
<b>Narowal</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Shakargarh	RHC Sankhatra RHC Lesser Kalan RHC Shah Ghareeb	BHU Pejowali BHU Ali Pur Sayedan BHU Bua BHU Raiba Kalan BHU Nonar
<b>Okara</b>	District Headquarter Hospital South City  District Headquarter Hospital	Tehsil Head Quarter Hospital Depalpur Tehsil Head Quarter Hospital Haveli Lakha Depalpur	RHC Akthrabad RHC Gogera RHC Hujra Shah Muqem	BHU 1/4-L BHU 48/3-R BHU 18/1-L BHU 42/D BHU Rukan Pura
<b>Pakpattan</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Arifwala	RHC 93/D Noor Pur RHC CHAK NO.163/EB RHC Dogra Hayat	BHU Pir Ghani BHU 11/SP BHU 149/EB BHU Tibbi Lal Baig BHU 66/EB

## HEALTH WEEK REPORT 2017

<b>RahimyarKhan</b>	-	Tehsil Head Quarter Hospital Khanpur Tehsil Head Quarter Hospital Liaqatpur Tehsil Head Quarter Hospital Sadiqabad	RHC Jamal Din Wali RHC SEHJA RHC Taranda Muhammad Panah	BHU 186P BHU 116/p BHU Khairpur Khadali BHU Kotla Pathan BHU Ghouspur BHU Janpur
<b>Rajanpur</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital, Jampur, Rajanpur Tehsil Head Quarter Hospital, Rojhan, Rajanpur Tehsil Head Quarter Hospital, Civil Hospital Shah Wali, Rojhan, Rajanpur	RHC Muhammadpur RHC KOT MITTHAN RHC Fazilpur	BHU Saleemabad BHU Kotla Mughlan BHU Sahanwala BHU Kotla Naseer BHU omerkot
<b>Rawalpindi</b>	-	Tehsil Head Quarter Hospital Gujjar Khan Tehsil Head Quarter Hospital Kahuta Tehsil Head Quarter Hospital Kallar Syedan Tehsil Head Quarter Hospital Kotli Sattian Tehsil Head Quarter Hospital Murree Tehsil Head Quarter Hospital Taxila	RHC Mandra RHC Bagga Sheikhhan RHC Khyaban e Sir Sayyed	BHU Hayal Sharif Matore Choa Khalsa BHU Usman Khatter BHU Sui Cheemian BHU Tret
<b>Sahiwal</b>	-	Tehsil Head Quarter Hospital Chichawatni	RHC Noor Shah RHC Ghaziabad RHC Kassowal (4/24L)	BHU 132/9L BHU 64/4R 16/11L BHU 32_35/14L BHU 53/12L
<b>Sargodha</b>	-	Tehsil Head Quarter Hospital Bhalwal Tehsil Head Quarter Hospital Kot Momin Tehsil Head Quarter Hospital Sahiwal Tehsil Head Quarter Hospital Bhera Tehsil Head Quarter Hospital Shahpur Tehsil Head Quarter Hospital Sillanwali	RHC Lilliani RHC Jhawarian RHC Farooqa RHC Miani	BHU 10ML BHU 12 SB BHU121NB BHU Jhania shah
<b>Sheikhupura</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital, Muridkey, Sheikhpura Tehsil Head Quarter Hospital, Ferozewala, Sheikhpura Tehsil Head Quarter Hospital, Safdar Abad, Sheikhpura Tehsil Head Quarter Hospital, Sharaqpur, Sheikhpura	RHC Narang Mandi RHC Khanqah Dogran RHC Farooq Abad	BHU Nizam Pur Decca BHU bhalike BHU nangal sadan BHU Feroz Watwan BHU Ajnianwala
<b>Sialkot</b>	-	Tehsil Head Quarter Hospital, Kotli Loharan, Sialkot, Sialkot Tehsil Head Quarter Hospital, Daska, Sialkot Tehsil Head Quarter Hospital, Pasrur, Sialkot Tehsil Head Quarter Hospital, Sambrial, Sialkot	RHC Jamky Cheema RHC Kalaswala RHC Chawinda	BHU Muradpur BHU Uggoki BHU Raja Harpal BHU Bhadal BHU Adam K Cheema
<b>Toba Tek Singh</b>	District Headquarter Hospital	Govt. Eye Cum General Hospital Gojra Tehsil Head Quarter Hospital Kamalia	RHC Nia Lahore RHC Peer Mahal	BHU190/gb BHU 264/GB BHU737/gb BHU 424/JB BHU388/jb
<b>Vehari</b>	District Headquarter Hospital	Tehsil Head Quarter Hospital Burewala Tehsil Head Quarter Hospital Mailsi	RHC Gaggoo RHC SAHUKA RHC Machiwal	BHU 60/WB BHU lalipur BHU455/eb BHU24/wb BHU kikri kalan



Primary & Secondary  
**Healthcare Department**