

DISTRICT DERA BUGTI

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DISTRICT HEALTH OFFICER

PROFILE

- District Dera Bugti has a very old history started with the name Giyandar by Chakar-e Azam to Dera Bibrak by Bibrak (Bewragh) and finally Dera Bugti by Bugtis.
- Dera Bugti became part of Sibi district after abolishment of one unit in 1970, and in 1983 got the status of a separate district within Sibi Division.
- The District comprises of three Sub-divisions
 1. Dera Bugti
 2. Sui
 3. Phelawagh

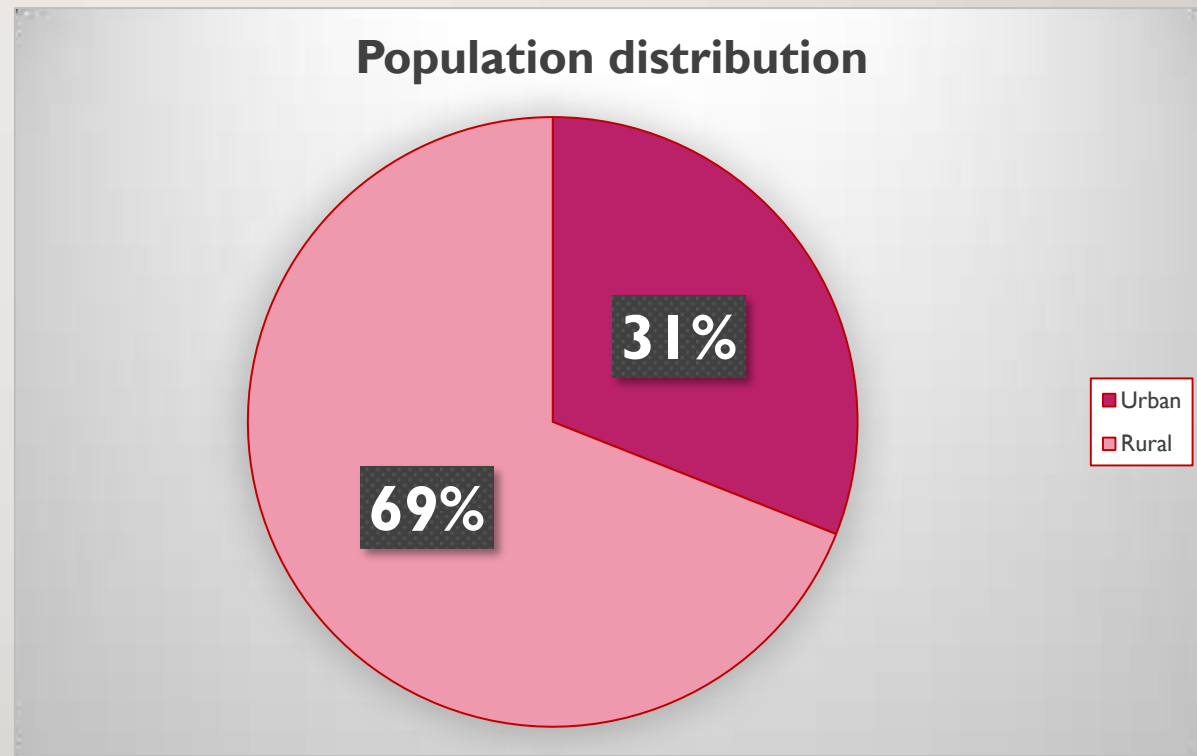
DISTRICT BOUNDRIES

- East: District Rajanpur.
- West: District Sibi and District Nasirabad.
- North: District Kohlu and District Barkhan
- South: District Jacobabad and District Kashmore, Sohbatpur
- **Total Area 10160 Sq: KM.**



DEMOGRAPHICS

- Total Population: 3,31051 (Census 2017)
- Growth rate: 2.9%
- Number of Houses: 46585



HEALTH SECTOR “VISION”

*To improve the
Health of all people of District Dera Bugti,
Particularly,
women and children by providing,
**universal access to affordable, quality,
essential health services.***

HEALTH SERVICE DELIVERY

1.	District Headquarter (DHQ) Dera Bugti	1
2.	Tehsil Head quarter Hospital QadirAbad (THQ)	1
3.	Basic Health Units. (BHUs)	42
4.	Rural Health Centers. (RHCs)	7
5.	Civil Dispensaries. (CDs)	26
6.	M.C.H Centers (MCH)	3
	Public Welfare Trust Hospital Sui.	1

RHCS SERVICES IN THE DISTRICT

S No.	Name of RHCs/THQ	Functional / Non-Functional	X-Ray/ Lab/ OT Services
1	Tehsil Headquarter Qadirabad	Non Functional	Building handed but medicine ,equipment and furniture not provided by higher ups
2	Nasirabad	Non Functional	Post not sanction, SNE sent for approval
3	Bashkan	Non Functional	Medicine budget not allocated, Equipment not provided
4	Sarmore	Non Functional	Medicine budget not allocated, Equipment not provided
5	Killi Pathan	Non Functional	Medicine budget not allocated, Equipment not provided
6	RHC Sui	Functional	As FC Hospital
7	RHC Baikar	Functional	Renovated and lab facilities without xray unit functinal

PROGRAMS

- EPI Program
- HIV AIDS Program
- Hepatitis Program
- LHW Program

EPI PROGRAM

Total Population	331051	Target Population Under 2years	9849
IPV Coverage	54%	OPV Coverage, 1,2, 3	52%
BCG Coverage	58%	Penta 1	54%
Measles 1	31%	Penta 3	52%
Measles 1 to Measles2 Drop out	80%	Penta Drop Out Rate	4%
TT 1 Vaccination Coverage		24%	
TT1 to TT2 drop out		32%	

HIV AIDS PROGRAMS

- HIV AIDS screening was done in the district
 - Total People Screened for HIV= 239 (contact sample)
 - Positive cases found= 8
 - Provincial HIV AIDS program provided treatment to all positive cases

HEPATITIS PROGRAM

- Hepatitis vaccination was done in the district.
- There are Five Centers for Vaccination.
- Two phases of CM initiative programme for “free hepatitis balochistan” conducted in schools.
- Levies force’ police Vaccinated against Hepatitis B in two phases.

S No	Center	Screened HBs Ag	Positive HBsAg	Vaccinated	Screened HCV	Positive HCV
Sui	Epi center sui	14814	212	14602	14814	97
Peer Koh	BHU	6802	121	6681	6802	72
Lope	BHU	2313	66	2247	2313	38
DHQ	EPI center	1890	181	1709	1890	18
RHC Baikar	EPI center	2642	119	2523	2642	21

LHW PROGRAM

- There are 52 LHWs and one LHS working in District
- LHWs are overburdened in their assign work as they are involved in many parallel activities like, mass Screening of Nutrition Programme , Polio Campaign & in RI as Social Mobilizers
- LHWs area wise distribution as as under,

S No	Name of Union Council	Nos of Leady Health Worker
1	Dera Bugti	20
2	Phelawagh	20
3	Sui	14

ISSUES AND CHALLENGES

- Very far flung and security compromised areas
- Shortage of Human resource
- Fear and security threats are main barriers for under performance of district
- People are reluctant to work under stressed developed due to security risks
- Neglected and underserved community
- Literacy element is also a reason of low vaccination coverage
- Limited number of vaccinators available
- LHWs are very limited to few Ucs
- No Budget for RHCs for Medicine and equipments not provided for these RHCs

WAY FORWARD

- Polio campaigns were conducted with security in far flung areas with mine detectors in last SIAs
- More focus on far flung areas with help of security personals
- Govt. Commitment is critical for Health services in the District
- Microplanning is being revised and underserved areas are being added.
- LHWs are now working in some areas which was not possible before due to security risks
- District Health Management is totally focused for improvement of Health service delivery for poor masses of District.



THANK YOU

