

# PAKISTAN CHILDREN'S HEART FOUNDATION DATA REVIEW

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## IN-PATIENT CARE: GEOGRAPHICAL DISTRIBUTION OF PATIENTS BY PROVINCE IN THE LAST 5 YEARS

### Executive Summary

- Data on the geographical distribution of patients is important for
  - identifying likely risk factors resulting in CHDs
  - identifying focus areas for increasing health outcomes
  - important for healthcare resource allocation trends
- The distribution of patients who received treatment across the provinces was not in correlation to the size of the province or the population density. Rather, it was related to the proximity of the patients to PCHF.
- However, this is not an indication of the incidence of CHD patients in each province. It only indicates the number of patients who received treatment subsidized by PCHF. Further research needs to be conducted on the incidence of CHD by province.

### Key findings

- The number of patients (n) recorded by province, from highest to lowest, are:

Province	(n)
Punjab	1439
Khyber Pakhtunkhwa	470
Sindh	49
Azad Kashmir	22
Baluchistan	11
Gilgit- Baltistan	4

- The salient feature is that patients from every province have received treatment through PCHF.
- According to the pareto chart in figure 2, 30% of patient outcomes are achieved by just focusing on Punjab and Khyber Pakhtunkhwa. By enhancing access and treatment efforts in these two provinces, an 80% improvement in health outcomes is predicted.

### Policy implications

- Geographical data can help identify where social support efforts need to be increased.
- Efforts need to be catalyzed to enhance good national coverage.
- There should be comprehensive monitoring and evaluation of patients in provinces where numbers are more. These provinces are Punjab and Khyber Pakhtunkhwa.
- More partnerships and stake at each individual provincial level can help improve access and financing.
- The individual CHD burden in each province can be calculated by dividing the number of cases for each province or city by its population (expressed per 100,000).

### Future trends

- Data collection and reporting on the percentage distribution of patients from urban and rural areas within each province.
- Investigate contributing factors such as socioeconomic disparities and geographical barriers.

FIGURE 1: PERCENTAGE DISTRIBUTION OF PATIENTS BY PROVINCE

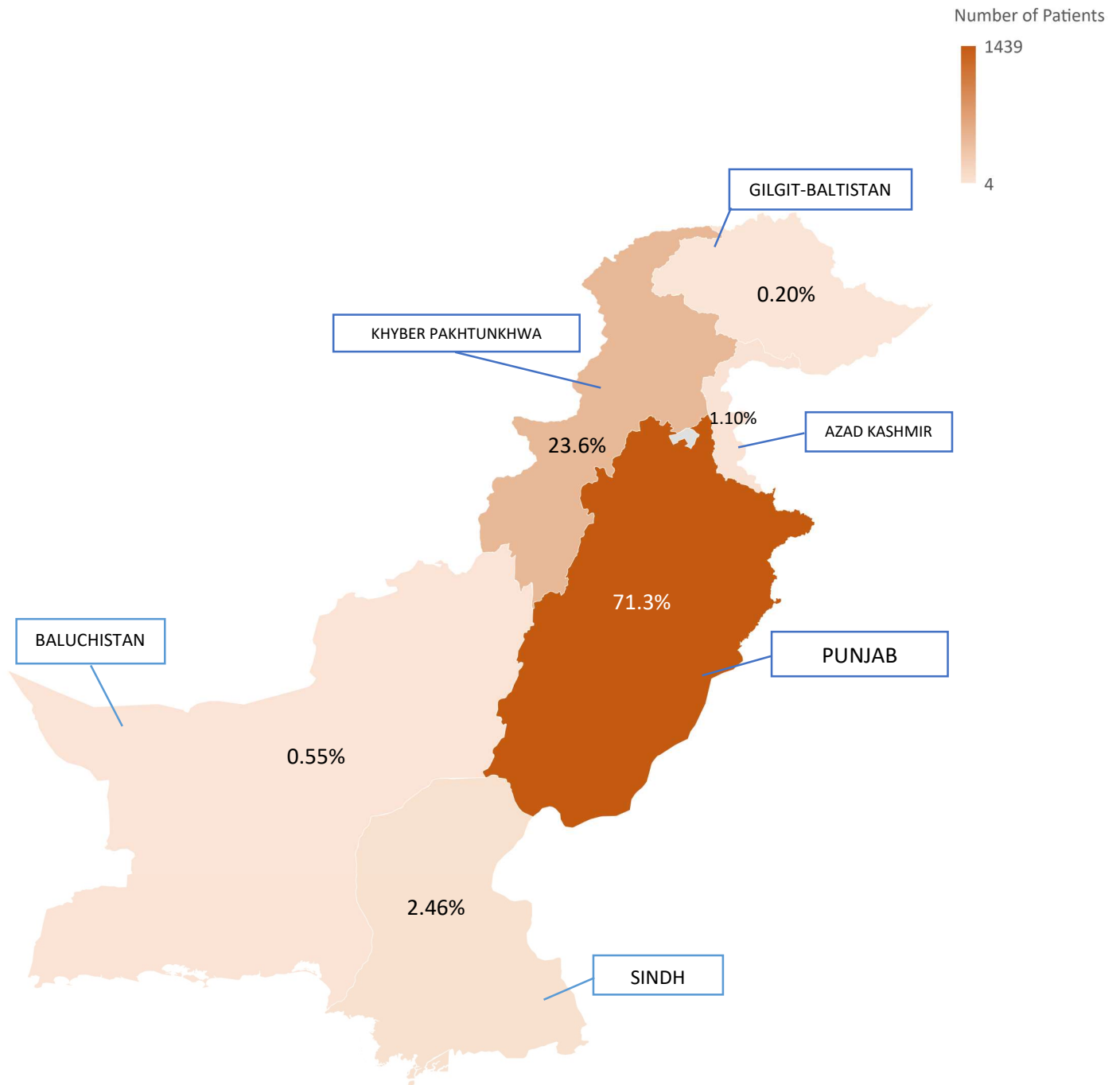
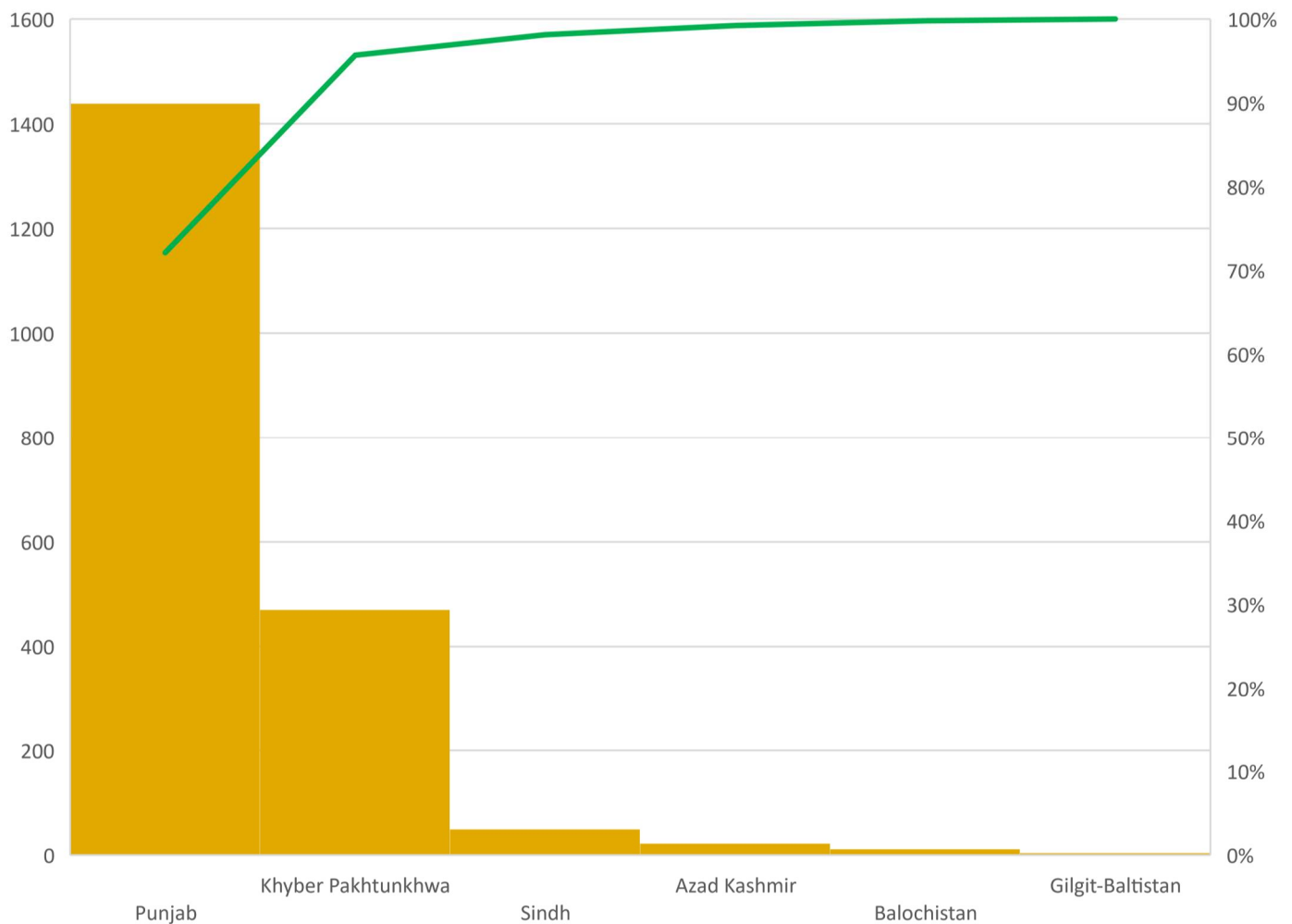


FIGURE 2: PARETO CHART OF FREQUENCY OF DISTRIBUTION OF PATIENTS BY PROVINCE



- The length of the bar in the bar graph graphically represents each province by significance of higher treated patient density.
- The sharp rise in the pareto line shows that around 30% of patient outcomes are achieved by just focusing on Punjab and Khyber Pakhtunkhwa. The subsequent plateau in the line then shows minimal outcomes. Which can be interpreted as lower health impact because of less patient density.
- Applying the pareto rule, by allocating more resources to 20% of the graphical distribution i.e, Punjab and Khyber Pakhtunkhwa, 80% improvement in health outcomes can be achieved.

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## Glossary

Pareto chart: A graphical representation of data that shows both the frequencies of defects and the cumulative effect.

This brief was produced by Dr Samaa Akhtar MD; M.H.Sc (London) Research Associate, Pakistan Children's Heart Foundation (PCHF). The advocacy project is led by Mr. Farhan Ahmad, CEO (Volunteer) PCHF. Contact Information: [research@pchf.org.pk](mailto:research@pchf.org.pk) and [info@pchf.org.pk](mailto:info@pchf.org.pk)

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[www.pchf.org.pk](http://www.pchf.org.pk) | +923111143278

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