IMPACT AUDIT REPORT
OF
HEPATITIS PREVENTION AND CONTROL PROGRAM, PHASE-II (2016-21)
GOVERNMENT OF BALOCHISTAN
AUDIT YEAR 2025-26



AUDITOR-GENERAL OF PAKISTAN

SERVING THE NATION BY PROMOTING ACCOUNTABILITY, TRANSPARENCY AND GOOD GOVERNANCE IN THE MANAGEMENT AND USE OF PUBLIC RESOURCES

FOR THE CITIZENS OF PAKISTAN

PREFACE

The Auditor-General of Pakistan conducts audits in accordance with Articles 169 and 170 of the Constitution of the Islamic Republic of Pakistan 1973, read with Section 10 of the Auditor-General's (Functions, Powers and Terms and Conditions of Service) Ordinance, 2001. The Impact Audit of Hepatitis Prevention and Control Program Phase-II (2016-21) was carried out accordingly.

The Directorate General of Audit, Balochistan conducted Impact Audit during July to December 2025 with a view to evaluating the outcomes/impact of the program using time-series analysis based on the indicators before and after the program. The Audit Report indicates specific actions that, if taken, will help the management realize the objectives of the Program.

The Audit Report has been finalized in the light of written responses of the department; no DAC meeting was convened by the department despite repeated requests.

The Audit Report is submitted to the Governor of Balochistan in pursuance of the Article 171 of the Constitution of the Islamic Republic of Pakistan 1973, for causing it to be laid before the Provincial Assembly.

Islamabad **(Maqbool Ahmad Gondal)**
Dated: 2026 **Auditor-General of Pakistan**

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ABBREVIATIONS AND ACRONYMS

DHQ	District Headquarter Hospital
ELISA	Enzyme-Linked Immunosorbent Assay
EPI	Expended Program for Immunization
FY	Financial Year
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HCW	Health Care Worker
HDV	Hepatitis D Virus
INTOSAI	International Organization of Supreme Audit Institutions
LFT	Liver Function Test
PCR	Polymerase Chain Reaction
PPHI	People's Primary Health Initiative
RHC	Rural Health Center
SDG	Sustainable Development Goals
WHO	World Health Organization

EXECUTIVE SUMMARY

The Director General Audit Balochistan, Quetta conducted Impact Audit of Hepatitis Prevention and Control Program Phase-II (2016-21), which was incorporated into the Audit Plan for the Audit Year 2025-26 with the approval of the Auditor-General of Pakistan.

The primary objective of the audit was to determine the program's impact on reducing hepatitis prevalence in Balochistan, which included evaluating vaccination and treatment initiatives in high-risk areas, identifying systemic weaknesses to optimize future efforts, and determining whether the impact is attributable to the intervention.

The Audit was conducted in accordance with INTOSAI Auditing Standards with a view to evaluating the impact of the program on the target population. Three districts falling in the high-risk areas of Hepatitis prevalence, namely, Naseeabad, Jaafarabad and Sibi were selected for data collection and impact assessment.

Key Audit Findings:

Key Audit findings are as follows:

i. Adverse impact on prevalent HBV and HCV
ii. Lack of preventative care and clinical safety
iii. Failure to establish standardized patient record and clinical governance
iv. Lack of enhanced screening/upgradation of diagnostic capacity

Recommendations:

Audit recommends:

i. Ensuring timely release of remaining funds to reinforce preventive measures;
ii. Appointment of dedicated and specialized healthcare team to enhance effectiveness of the program besides streamlining standardized patient record;
iii. Prioritization of installation and functionalization of idle equipment to

enhance diagnostic capacity; and

iv. Enforcement of standardized medical waste management protocols and establishment of community outreach programs.

1.1 INTRODUCTION

The Hepatitis Control Program Balochistan (2016-2020) was launched by the Government of Balochistan to reduce the burden of Hepatitis B and C through prevention, screening, and free treatment services across the province. Aligned with Pakistan's national hepatitis elimination commitments and SDG-3 (Good Health and Well-Being), the program focused on establishing screening centers at DHQ and tertiary hospitals, provision of antiviral medicines (particularly for Hepatitis C), safe blood transfusion practices, infection control, and public awareness campaigns. The program was envisaged with a total budget of Rs. 2,756 million, out of which only Rs. 1,362.054 million (49.42%) was released and expended.

1.1.2 Background

Hepatitis is a major public health concern caused by viruses A–E, of which types B, C, and D are blood-borne and may lead to chronic infection, with type D being the most severe.[1] Hepatitis Prevention and Control Program (Phase-II) was initiated to address the high burden of chronic hepatitis B and C in the province, building on earlier initiatives that established service networks but left gaps in prevention, screening, and long-term disease management. Type of Hepatitis Viruses is provided in the table below[2]:

Type	Virus	Main Transmission Route	Chronic Potential
A	HAV	Fecal-oral (contaminated food/water)	No
B	HBV	Blood, semen, bodily fluids	Yes
C	HCV	Blood-to-blood contact (needles, etc.)	Yes
D	HDV	Blood (requires HBV to multiply)	Yes
E	HEV	Fecal-oral (contaminated water/food)	Rare

[1] https://www.who.int/news-room/questions-and-answers/item/hepatitis

[2] https://www.hopkinsmedicine.org/health/conditions-and diseases/hepatitis#:~:text=There%20are%20five%20viruses%20that,or%20in%20very%20high%20doses.

1.1.3 Role of Program:

The primary role of the Program was to serve as Balochistan's primary instrument for hepatitis control, aligning provincial operations with national and global health standards. The program envisaged implementation of five core pillars: infection prevention, disease management, public awareness, policy reform, and health system strengthening.[3]

2.1 OVERVIEW

2.1.1 Brief Description of the Program

The Hepatitis Prevention and Control Program, Phase-II is a strategically mandated public health intervention designed to combat the province's rising burden of viral hepatitis, particularly in high-risk districts like Jaffarabad, Sibi and Naseerabad, with combined population of 1.382 million[4]. Launched in 2016 in response to Provincial Assembly Resolution No. 105 and Balochistan High Court directives, the program aligns with WHO guidelines to provide a comprehensive continuum of care from mass screening and vaccination to free treatment for chronic Hepatitis B and C.

2.1.2 Program Objectives and Deliverables

Based on the critical gaps identified, the program was to deliver the following key outputs:[5]

- Scaled-up Hepatitis B vaccination for newborns and high-risk groups, alongside the enforcement of safety protocols for injections, blood transfusions, and invasive medical procedures.
- Establishing functional patient registries and referral pathways to

[3] PC-I of the program.

[4] https://www.pbs.gov.pk

[5] PC-I of the Program.

ensure continuous antiviral therapy and clinical follow-up for chronic Hepatitis B and C patients.

- Executing a comprehensive provincial awareness campaign through mass media and community outreach, supported by the distribution of educational materials on transmission risks and prevention.
- Conducting large-scale screening drives in high-prevalence districts and upgraded diagnostic capacity by providing PCR machines to district hospitals.
- Training of specialized cohort of healthcare workers in hepatitis management and drafting legislative proposals to regulate medical practices and combat quackery.

3.1 AUDIT OBJECTIVES

The primary objective is to determine the program's impact on reducing hepatitis prevalence in Balochistan. Specific objectives included:

- Evaluating vaccination and treatment initiatives in high-risk zones.
- Pin-pointing systemic weaknesses to optimize future efforts.
- Determining whether the impact is attributable to the intervention rather than external factors.

4.1 AUDIT SCOPE AND METHODOLOGY

4.1.1 Scope

The scope of this impact audit was limited to evaluating the impact of Hepatitis Prevention and Control Program, Phase-II (2016-21) by assessing the Hepatitis B and C elimination strategies in the high-risk districts of Naseerabad, Jaffarabad, and Sibi. By comparing Pre-intervention (FY 2015-16) and Post-intervention (FY 2020-21) data, the audit measured improvements in clinical safety, healthcare infrastructure, and public awareness. The audit was specially designed to evaluate the impact of training, diagnostic upgrades, and mass

education in absence of new health legislation, which was to be introduced as per PC-I, influenced service utilization and clinical outcomes.

4.1.2 Methodology:

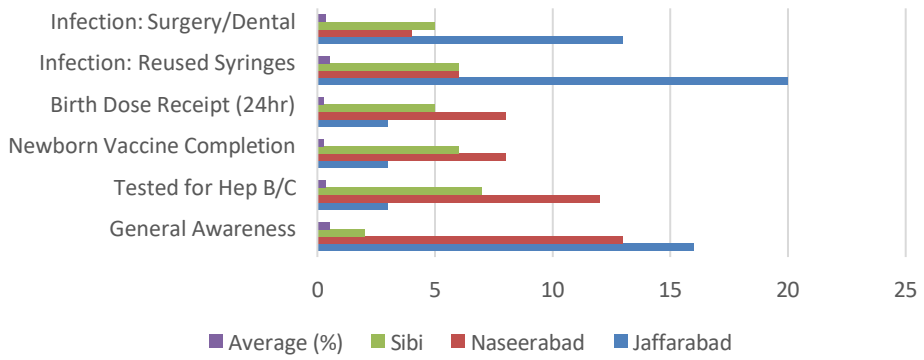
The methodology of impact audit consisted of qualitative and quantitative approaches based on analytical techniques including Time-Series Analysis (before and after the intervention). Data was gathered through on-site visits and a simple random sampling of 60 patients (20 per district). To evaluate the Impact attributable to the intervention, audit examined the contribution of "Rival Causes" including PPHI, EPI, and the Sehat Sahulat Program; however, due to non-availability of data in that period and the non-specialized nature of these rival causes, especially in HBV and HCV reduction, their role was considered as insignificant, and therefore, their impact was nullified.

The following techniques were employed:

- Evaluation design comprised Time Series Analysis for the period before intervention 2015-16 and after the intervention 2020-21.
- 3 districts including Jaffarabad, Naseerabd, and Sibi were selected for data collection through questionnaires based on selection of 60 patients through simple random sampling.
- Field Visits by Audit Teams were conducted to DHOs, and DHQ Hospitals in selected districts. The number of sites visited were 06, as detailed in Annexure-1.1.
- Data regarding HBV and HCV pertaining to the pre-intervention period and post intervention period was obtained from different studies conducted during 2017-25 and results of audit survey, as detailed in **Figure-01**.[6]

[6] National Hepatitis Strategic Framework (NHSF) for Pakistan (2017–2021), Pak-Euro Journal of Medical and Life Sciences. (2025), Hepatitis C prevalence and elimination planning in Pakistan. (2022).

Figure-01: Health and safety Indicators observed during surveys of targeted district



5.1 AUDIT FINDINGS

Audit, besides assessing the overall impact of the project on the target population, also evaluated the impact of project on the target population regarding each deliverable, which is summarized in the following table, and elaborated in the subsequent pages:

Impact Audit Matrix: Key deliverables of Hepatitis Program in Balochistan

Para	Deliverable	Condition Without[7]	Condition With	Impact[8]
5.1.1	**Prevalence of HBV and HCV**	HBV: 2.50% and HCV: 3.0%	HBV: 4.80% and HCV: 5.20%	Increase of 2.30% and 2.20%

[7] PC-I Chief Ministers Initiative for Hepatitis Free Balochistan, Quetta

[8](a)https://www.citypopulation.de/en/pakistan/admin/2 balochistan/#:~:text=Census,42.90%2Fkm%C2%B2%20Population and National Hepatitis Strategic Framework (NHSF) for Pakistan (2017–2021); (b) Audit survey results;

				in HBV and HCV rates respectively.
5.1.2	**Preventative care and clinical safety:** • **Legislation** • **Awareness campaign** • **Vaccination** • **Waste management**	• No regulations to prevent quacks, barbers and spread from unsafe use of needle/syringe • 90% women unaware of syringe risks; • 60% HCV needle-stick rate; • 50% vaccination. • Improper waste management system.	• No legislation despite planning. • No waste management, or awareness campaigns. • Scaled vaccination/safety protocols planned but not implemented;	Negligible: • Birth dose 26.6%; • 53.3% reused syringe risk; • 51% of patients had awareness;
5.1.3	**Standardized patient record and clinical governance**	• Manual registers; • Untraceable dropouts.	• Registries/referrals not established; • Incomplete details of 533 patients in selective districts; • 10% treatment completion.	Negligible: • No functional tracking system; • 90% treatment failure. • 96.25% loss-to-follow-up;
5.1.4	**Enhanced screening and diagnostic capacity**	• Symptom-based screening; • No proper infrastructure in districts.	• ELISA/ICT/ PCR upgrades planned but not executed • Missing pre-treatment tests.	• No diagnostic/ screening enhancement achieved; • Therapy without

				viremia confirmation;

5.1.1 Adverse impact on prevalent HBV and HCV

Condition Without: The Hepatitis Control Program Phase-II was launched in 2016 to combat a "silent epidemic". The initial disease burden for the province was 2.5% for HBV and 3% for HCV at the time of conceiving of this program.

Condition With: Although the Hepatitis Control Program Phase-II (2016-2021) significantly expanded services across Balochistan, it drastically failed to achieve its key milestones as infection rates rose sharply, instead of decreasing, with both HBV and HCV rates reaching 4.8% and 5.2 by 2020-21 respectively, as detailed below:[9]

Total population in Balochistan 2023[10]	Infection Type	2015-16	2020-21	Increase
14,894,402	HBV	2.50%	4.80%	2.30%
	HCV	3%	5.20%	2.20%

Impact:
The impact of the program on prevalence of HBV and HCV was adverse due to financial, institutional, and operational shortcomings. The main reason was funding shortfall of 49.42% as against the approved allocation. Besides, the public hospitals lacked essential PCR and ELISA diagnostic facilities, limiting accurate testing and patient tracking. Poor hospital waste management and low

[9] https://www.citypopulation.de/en/pakistan/admin/2balochistan/#:~:text=Census,42.90%2Fkm%C2%B2%20Population and National Hepatitis Strategic Framework (NHSF) for Pakistan (2017–2021)

[10] https://census23.pbos.gov.pk/#:~:text=This%20dashboard%20helps%20policymakers%2C%20researchers%2C%20planners%20and,Province/Country%2C%20BALOCHISTAN%2C%20ISLAMABAD%20CAPITAL%20TERRITORY%2C%20KHYBER%20PAKHTUNKHWA

community awareness compounded the problem. Moreover, the widespread presence of unqualified practitioners and unsafe medical practices—such as syringe reuse and unsterile instruments—significantly increased transmission risks.

5.1.2 Lack of preventative care and clinical safety

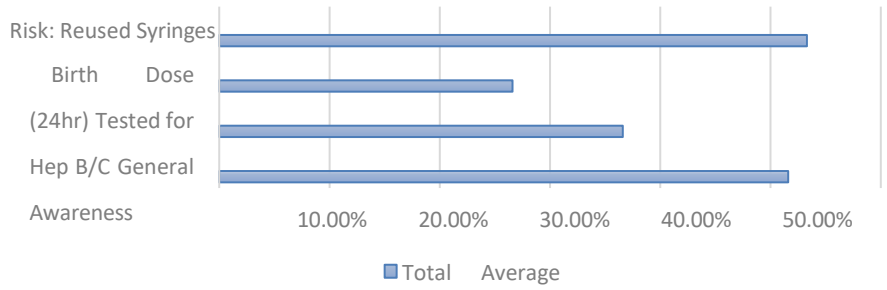
Condition Without: Before 2016, Balochistan experienced a severe hepatitis epidemic, with chronic carrier rates of 20.2% for HBV and 8.2% for HCV in the selected districts.[11] The crisis was worsened by poor infection control: 90% of women were unaware of transmission risks from used syringes, nearly half of all medical injections were unsafe, and healthcare workers experienced a 60% needle-stick injury rate despite only 50% vaccination coverage.[12] Besides, the issue of unqualified health practitioners, including 'Quacks' and other service provider such as barbers, beauticians and tattoo makers remained a major transmission sources for hepatitis due to unsafe practices.[13]

Condition With: The program failed to introduce legislation, establish proper waste management system, and carry out awareness campaigns regarding Hepatitis prevalence and clinical safety.

Impact: The program showed negligible impact on preventive care and clinical safety, with birth dose (24 hour) coverage at only 26.60% and reused syringe risk at 53.30%, indicating persistent infection-control gaps. These issues prevailed due to absence of regulation regarding clinical safety, awareness among people and lack of proper medical waste management system. Furthermore, survey results revealed that only 36.60% of patients were aware of testing services, while 63.4% remained unaware.

[11] PC-I Chief Ministers Initiative for Hepatitis Free Balochistan, Quetta
[12] ibid
[13] ibid

Figure-02: Field Survey regarding clinical and preventive safety



5.1.3 Failure to establish standardized patient record and clinical governance

Condition Without: Prior to 2016, patient data was limited to manual, paper-based registers that were insufficient for tracking complex vaccination and treatment schedules.

Condition With: The program, despite aiming to establish functional patient registries and referral pathways, failed to establish these registries and referral pathways to ensure continuous antiviral therapy and follow-up for chronic HBV and HCV patients. Audit of Hepatitis program offices in Jaffarabad, Naseerabad, and Sibi revealed that the operations were confined to single-room facilities with minimal staffing, resulting in a breakdown of data integrity protocols. A sample review of 533 patient records revealed the following shortcomings:

- 45 cases lacked mandatory CNIC verification;
- 174 cases lacked any contact information, making follow-up impossible;
- Widespread absence of essential pre-treatment tests (CBC, LFT, PCR). For example, in Sibi, a PCR machine remained uninstalled and idle despite 697 identified patients awaiting testing.

Furthermore, in many cases, antiviral therapy was initiated without prior PCR confirmation, meaning patients were treated without laboratory evidence of active viremia.[14] Further, based on audit's survey, only 10% of patients completed the full six-month treatment course, as illustrated below:

Number of patients continuing with mandatory 6-month course				
Treatment Month	**Jafarabad**	**Naseerabad**	**Sibi**	**Average**
Month 1	200	200	132	177
Month 2	190	184	85	153
Month 3	148	166	64	126
Month 4	109	126	54	96
Month 5	27	52	43	41
Month 6 (Completed)	9	6	29	15
% of patients who completed the Course	**5%**	**3%**	**22%**	**10%**
% of patients who could not complete the course	**95%**	**97%**	**78%**	**90%**

Impact: The impact of this intervention was negligible, as the program failed to establish a functional or reliable patient tracking system. Consequently, the program could not fulfill its primary obligation of providing continuous antiviral therapy, resulting in a 90% failure rate in treatment completion across the audited districts.

[14] Active viremia refers to a viral infection where the virus actively replicates and enters the bloodstream, spreading throughout the body.

5.1.4 Lack of enhanced screening and upgradation of diagnostic capacity

Condition Without: Before 2016, all 32 districts lacked upgraded diagnostic infrastructure, with district health authorities relying solely on symptom-based traditional screening methods.

Condition With: As per the PC-I of the program and Balochistan High Court directive in 2016, the program was to upgrade the infrastructure. This included establishing ELISA[15] screening at District Headquarter Hospitals (DHQs), extending ICT screening to Rural Health Centers (RHCs), and installing PCR laboratories at divisional headquarters to provide free diagnoses. Audit, however, revealed that the diagnostic tools were not procured, except a PCR machine in Sibi, which too was non-functional.[16] It was further revealed that out of total expenditure of Rs. 1,314.649 million, an amount of Rs. 1,058.544 million (80.5%) was incurred on medicine only.[17]

[15] a common lab test that uses antibodies and an enzyme to detect and measure specific substances like proteins, hormones, or antibodies in bodily fluids (blood, urine, etc.), helping diagnose infections.

[16] Structured Survey during the Field Audit Activity. The Sample Questionnaire, both in English and Urdu, is at Annexure 2.2.

[17] Budget and expenditure statement for the financial years 2015-21

Figure-02: Photographs of PCR machine lying idle in Sibi.



Impact: The diagnostic bottleneck led to clinical negligence, as antiviral therapy was frequently initiated without laboratory evidence of active viraemia, causing wastage of expensive medicines. This failure contributed to a surge in the provincial infection rate and a 96.25% loss-to-follow-up rate, as the program could not properly track patients through the required clinical loop.

6.1 SUMMARY OF DISCUSSIONS MADE WITH MANAGEMENT

The program management was of the view that the program received significantly fewer funds than approved - only 49.4 %; comprehensive surveys for healthcare workers were, therefore, deferred due to lack of budget. The department maintained that its screening and testing protocols are aligned with WHO and National Guidelines. All patients undergo mandatory ICT screening followed by ELISA/PCR for confirmation. Any gaps identified are administrative rather than clinical, as the core focus remained on providing free diagnostic services to the public. The management further stated that in the instances where equipment remained uninstalled (e.g., Sibi), the department is addressing logistical bottlenecks. As far as shortcomings in screening drives is concerned, the management was of the view that screening drives were conducted in high- prevalence areas as a priority.

7.1 CONCLUSION:

The Hepatitis Control Program Phase-II (2016–2021) could not accomplish its primary objective of eliminating the "silent epidemic" of HBV and HCV in Balochistan. The main mandate, which was prevention of Hepatitis, was not achieved, as no significant steps were taken for prevention including vaccination, avoiding exposure to infected blood/fluids, and safe medical/sexual practices. Instead, the program focused on screening and treatment, that too in unsystematic way. Instead of a reduction in disease burden, the provincial infection rate escalated from 2.5%–3% to 4.8% and 5.2% during the project cycle respectively. This failure was rooted in a 49.42% funding shortfall, with only Rs. 1,362.054 million released against the planned budget. This financial deficit triggered a domino effect: diagnostic facilities remained unequipped, specialized personnel were never deployed, and the program was forced to rely on untrained staff working in substandard conditions. Resultantly, records of 533 patients lacked essential documents, while over 900 patients were waiting for testing while the equipment was non-functional. Moreover, the absence of robust oversight allowed quackery and unsafe medical practices to flourish, as no preventive measures including legislation were initiated, while the total breakdown of data integrity and tracking meant that over 90% of patients failed to complete treatment. Ultimately, the program operated as a static distribution exercise rather than a dynamic clinical intervention, resulting in a significant resource wastage and a failure to prevent Hepatitis's transmission.

Audit recommends the following:

1. The government needs to establish a workable coordination mechanism wherein efforts, including vaccination, avoiding exposure to infected blood/fluids, safe medical/sexual practices, doing away with quackery through effective legislation, and comprehensive awareness campaigns, could optimally be combined for prevention of HBV and HCV;
2. All idle diagnostic machinery (such as the PCR machine in Sibi) should be installed and made functional immediately;
3. Community outreach programs should be established with a focus on

high-risk districts;

4. A centralized, CNIC-linked digital patient registry be established and effectively used for patients tracking and subsequent treatment;
5. Standardized medical waste management protocols must be enforced across all DHQs and RHCs to eliminate the risk of cross-infection.

ACKNOWLEDGEMENT

The Director General Audit, Balochistan wishes to express his appreciation to the management and staff of the Program, as well as the residents of Districts Naseerabad, Jaffarabad, and Sibi, for the assistance and cooperation extended to the audit team during the Impact Audit assignment.

Annexures

Annexure 1.1

Field survey results of selected district

Survey from 60 people in three districts. The following shows the fraction of patients who agreed to the indicators				
Indicator	**Jaffarabad (Out of 20)**	**Naseerabad (Out of 20)**	**Sibi (Out of 20)**	**Average[18] (%) Calculated with Base of 60 patients**
General Awareness	16	13	2	51.60%
Tested for Hep B/C	3	12	7	36.60%
Newborn Vaccine Completion	3	8	6	28.30%
Birth Dose Receipt (24hr)	3	8	5	26.60%
Infection: Reused Syringes	20	6	6	53.30%
Infection: Surgery/Dental	13	4	5	36.60%

[18] *These averages represent the percentage of the surveyed population across those specific clusters that met the criteria or identified the risk factor.*

Annexure 2.2

Questionnaire Structure for a Hepatitis Survey in Balochistan (General Public)

- **Location:**

  District_____
  Tehsil_____
  Village/UC_____

- **Participant Profile:**

- Age_____, Sex_____, Education level_____,

- Occupation_____ CNIC No._____

- Contact Number_____

1. Awareness about different types of hepatitis (A, B, C, D, E) and their causes.
   (Yes / No)
2. Knowledge of transmission routes (e.g., contaminated needles, unscreened blood transfusions, unprotected sex, from mother to child). (Yes / No)
3. Knowledge of prevention methods (e.g., vaccination, safe injection practices, using new blades at barber shops). (Yes / No)
4. Understanding of treatment availability. (Yes / No)
5. Have you ever been tested for hepatitis B or C?"

   If yes, what was the result (HBsAg+, Anti-HCV+)? Were you tested for Hepatitis D (Anti-HDV) if HBsAg was positive?

   a. If no, what were the barriers (cost, lack of awareness, no access)?

   b. Completion of Hepatitis B vaccine (especially for newborns).

   c. Awareness and receipt of Hepatitis B birth dose for infants.

Questionnaire Structure for a Hepatitis Survey in Balochistan (Patients treated)

- **Location:**

  District_____
  Tehsil_____
  Village/UC_____

- **Participant Profile:**
- Age_____, Sex_____, Education level_____,
- Occupation_____ CNIC No._____
- Contact Number_____

1. Previous diagnosis of hepatitis (B, C, or D), history of jaundice. (Yes / No)
2. Infected through injections with reused syringes. (Yes / No)
3. Infected through Surgery, dental procedure, or organ transplant without verified blood safety protocols. (Yes / No)
4. Infected through Blood transfusion, especially before the year 2000. (Yes / No)
5. Infected through sharing of razors at barber shops or within the household. (Yes / No)
6. Any known family members with hepatitis. (Yes / No)
7. Are you Awareness of the free treatment and testing services at government Hepatitis Clinics. (Yes / No)
8. Agreed with Quality of care and staff behavior at local health facilities. (Yes / No)
9. Suggestions for improving services (e.g., more camps, better awareness campaigns, reduced travel distance).

Office Treatment History:

- Is the patient currently on treatment or has been in the past?
- If yes, was the treatment completed? Was a follow-up PCR test (SVR) done to confirm cure?
- If no, what were the barriers (cost, side effects, distance to facility)?

.A عام عوام کے ل نی سوالنامہ مقام اور رابطہ کی تفصیلات :

تفصیل	جواب
ضلع	_____
تحصیل	_____
یونین کونسل /گاؤں(UC)	_____
شناختی کارڈ نمبر(CNIC)	_____
رابطہ نمبر	_____

.Bرشکت کنندہ کا پروفائل

تفصیل	جواب
عمر	_____
جنس	_____
تعلیمی سطح	_____
پیشہ	_____

.Cآگاہی، معلومات اور حفاظ یت اقدامات

سوال	جواب
.1 کیا آپ کو ہیپاٹائٹس کی مختلف اقسام (A, B, C, D) اور ان کے اسباب کے بارے میں آگاہی ہے؟	نہیں/ہاں
.2کیا آپ بیماری کے منتقلی کے طریقوں (جیسے آلودہ سوئیاں، غیر اسکرین شدہ خون، غیر محفوظ جنسی تعلقات، ماں سے بچے میں منتقلی) کے بارے میں جانتے ہیں؟	نہیں/ہاں

.3جیسے (کیا آپ احتیاطی تدابیر ،ویکسینیشن، محفوظ انجکشن کے طریقے نائی کے)کی دکانوں پر نئے بلیڈ کا استعمال بارے میں جانتے ہیں؟	نہیں/ہاں
.4کیا آپ ہیپاٹائٹس کے علاج کی دستیابی کے بارے میں سمجھتے ہیں؟	نہیں/ہاں

.Dٹیسٹنگ اور ویکسینیشن کی صورتحال

سوال	نہیں/ہاں	اگر ہاں، تو تفصیل
ٹیسٹ .5 کیا آپ نے کبھی ہیپاٹائٹس B یا Cکا کروایا ہے؟	_____	اور نتیجہ (,HBsAg+ (+Anti-HCV کا ٹیسٹ ہوا؟Dکیا
ہے .6 کیا ہیپاٹائٹس Bویکسین کا کورس مکمل خاص طور پر نوزائیدہ بچوں کے(لیے؟)	_____	
.7 کیا بچوں کو ہیپاٹائٹس Bکی پیدائشی خوراک(birth دی گئی ہے؟ (dose	_____	

Patients (زیر علاج مریضوں کے ل نی سوالنامہ :حصہ دوم
(Treated

.Aمقام اور رابطہ کی تفصیلات

تفصیل	جواب
ضلع	_____
تحصیل	_____

یونین کونسل /گاؤں(UC)	_____
شناختی کارڈ نمبر(CNIC)	_____
رابطہ نمبر	_____

B. رشکت کنندہ کا پروفائل

تفصیل	جواب
عمر	_____
جنس	_____
تعلیمی سطح	_____
پیشہ	_____

C. خ ••••بیماری اور انفیکشن کی تاری

سوال	جواب
8. کیا آپ کو پہلے ہیپاٹائٹس B)، C یا ،(Dکی تشخیص ہوئی ہے یا یرقان(jaundice)کی تاریخ رہی ہے؟	نہیں/ہاں
9. کیا آپ دوبارہ استعمال شدہ سرنجوں کے ذریعے انجکشن سے متاثر ہوئے؟	نہیں/ہاں
10. کیا آپ بغیر تصدیق شدہ خون کے حفاظتی پروٹوکول کے سرجری، دانتوں کے علاج، یا اعضاء کی پیوند کاری (organ transplant) سے متاثر ہوئے؟	نہیں/ہاں
11. کیا آپ خون کی منتقلی (Blood transfusion)سے 2000 سے پہلے؟متاثر ہوئے، خاص طور پر سن	نہیں/ہاں

12.کیا آپ نائی کی دکانوں پر یا گھر کے اندر استرا (razors)کے اشتراک سے متاثر ہوئے؟	نہیں/ہاں
13.کیا خاندان کے کسی فرد میں ہیپاٹائٹس کی تشخیص ہوئی ہے؟	نہیں/ہاں

D.خ اور خدمات کا تجربہ ••••علاج کی تاری

سوال	جواب
14. کیا آپ سرکاری ہیپاٹائٹس کلینکس میں مفت علاج اور ٹیسٹنگ کی خدمات سے واقف ہیں؟	نہیں/ہاں
15.کیا آپ مقامی صحت کی سہولیات پر نگہداشت کے معیار اور عملے کے رویے سے متفق ہیں؟	نہیں/ہاں
16.کیا مریض فی الحال زیر علاج ہے یا ماضی میں علاج کروا چکا ہے؟	نہیں/ہاں
اگر ہاں، تو کیا علاج مکمل ہوا؟ کیا علاج کی تصدیق کے ٹیسٹ کیا گیا؟(SVR)لیے فالو اپ پی سی آر	لاگو نہیں/ نہیں /ہاں
اگر نہیں، تو علاج میں رکاوٹیں کیا تھیں؟	سہولت / ضمنی اثرات /لاگت تک فاصلہ
17. جیسے مزید (خدمات کو بہتر بنانے کے لیے تجاویز کیمپ، بہتر آگاہی مہم، سفر کا کم فاصلہ:(	