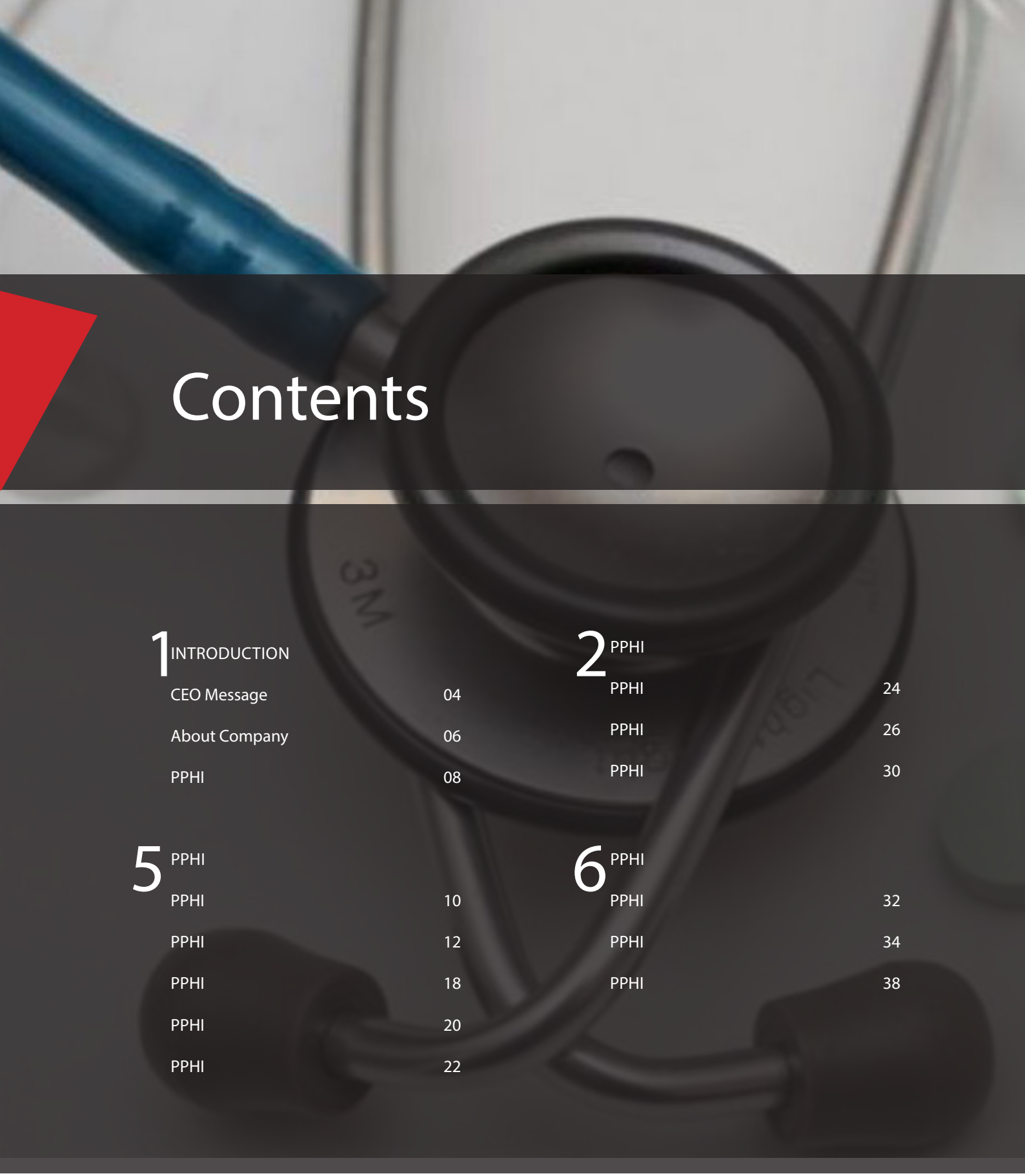
Journey With A Purpose

PPHI-BALOCHISTAN
ANNUAL REPORT 2016



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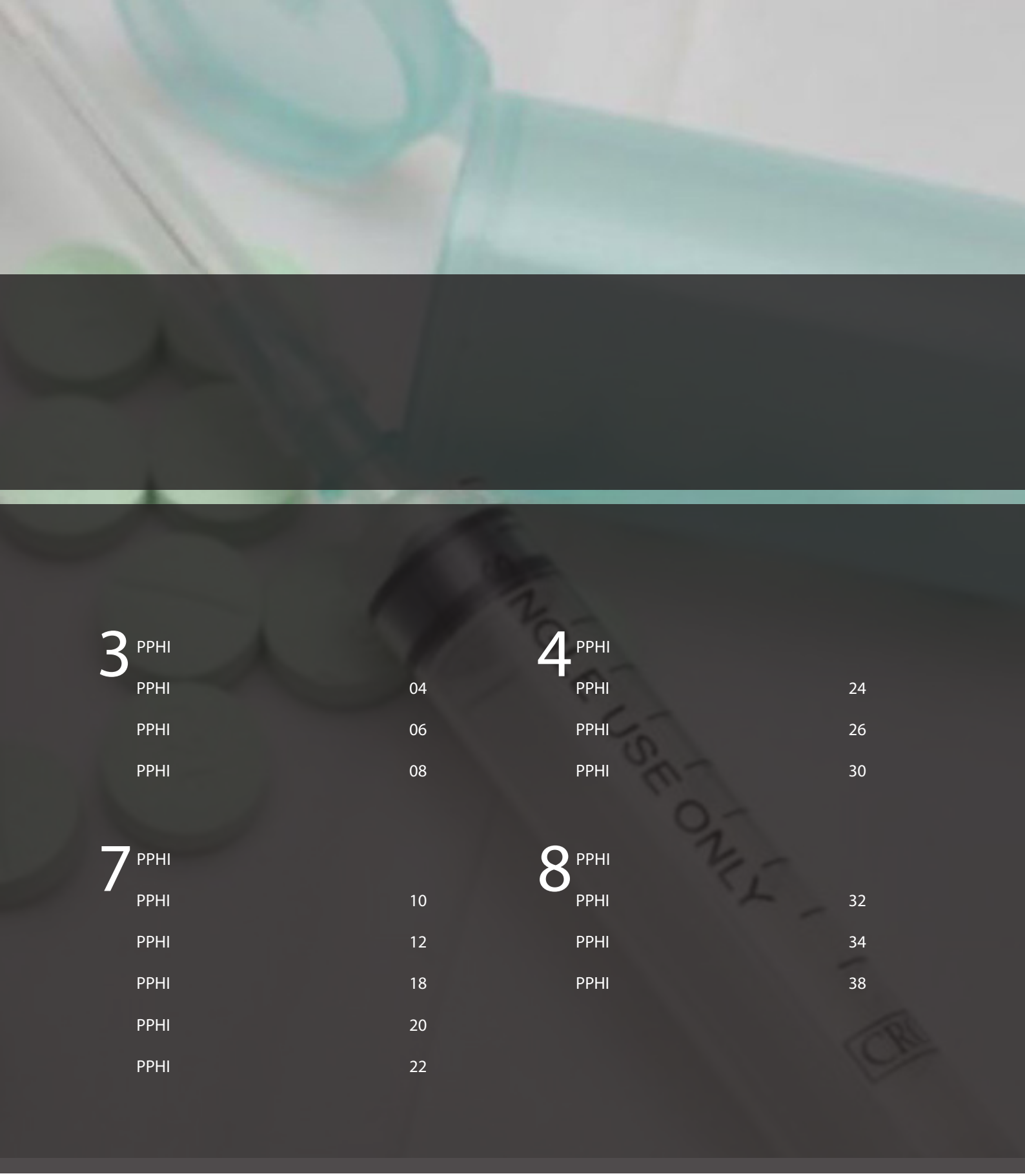


Few Words From Our CEO

PPHI-B through its health outlets has been instrumental in closing the primary healthcare gaps and has effectively supplemented Health Department's efforts. In the nine years since its inception PPHI-B has been at the forefront in providing the necessary basic health care facilities across the province. The platform has evolved into an integral part of the overall health system.

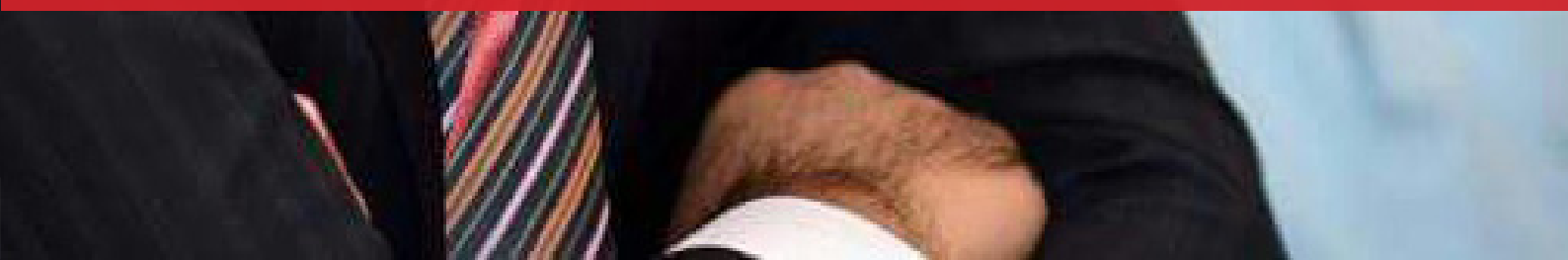
The organization is always on the lookout to learn new things relevant to the sector and has incorporated technological advancements within the available resources. The implementation of a robust information reporting sytem has been pivotal to decision making. Coordination with key stakeholders i.e. Health department government of Balochistan, District administration officials and private sector organizations has esnured the proper execution of day to day tasks.

There is a great emphasis on developing the people who make it possible to serve the poor masses across Balochistan. Training and development is embeded into the organizations DNA to ensure that our resource is equipped with the necessary skill set and knowledge to face off the challenges.

2016 has been an exceptional year with strong results in key focus areas of primary health care. It is indeed an honour to be leading a team determined and dedicated to a noble cause.

Rashid Razzaq
Chief Executive officer.

PPHI-B fundamentally being a people driven organization has proven again and again that great results can be achieved through effective resource allocation and utilization



Message From Our

Chairperson

PPHI-B over the years has successfully drawn attention to the health care needs and has been a powerful instrument for making governments and their partners recognize that the provision of health care cannot be left to the professionals alone. Our focus on the diseases affecting the poor masses and health systems are consistent with the basics of Primary Health Care.

It is important for health systems to be resilient and responsive in challenging environments . Systems across the world are facing shocks and stresses brought about by infectious diseases, outbreaks, hidden epidemics like mental illness, malnutrition and dengue fever and also by ecological, demographic, economic and political challenges. To withstand these global challenges and to mitigate the effects of emerging and future crisis strong systems need to be in place.

Many non-communicable diseases (NCDs) such as cancer, diabetes, heart and lung disease's are preventable yet affect health and claim lives prematurely. Health systems need to go beyond providing health care to the sick rather improve health and prevent illness. This will require political will and commitment to implement changes by addressing people's needs at their door steps.

PPHI-B has proven that clearly set objectives and proper implementation of systems can deliver great results. There's no doubt that this organization has all the ingredients supplementing the overall health system. It has set benchmark standards for the rest to follow.

MS Zubaida Jalal
Chairperson Board Of Directors

Board of Directors

Ms.Zubaida Jalal
Chairperson BOD
PPHI-Balochistan

Prof. Dr. A. J. Jaffar, MBBS,FCPS, FRCP Edinburgh (U.K) Chief Executive Children Hospital Quetta.

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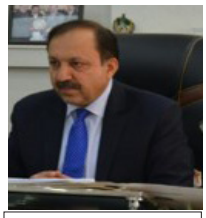
Prof.Dr.Shahnaz Naseer Baloch MBBS, MCPS, FCPS

Sardar Aijaz Ahmed Jaffar

Ex- Officio Directors

DR Umar Babar, Additional Chief Secretary Planning & Development GOB



Mr.Akbar Hussain Durrani. Secretary Finance GOB

Mr.Noor Ul Haq Baloch. Secretary Health GOB

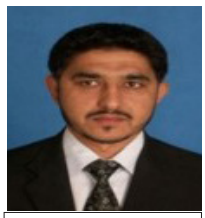
Mr.Rashid Razzaq CEO PPHI-Baluchistan

Mr.Mohammad Rafiq Raisani Secretary BOD

Head Office Bearers

DR . Mukhtar Zehri Public Health Specialist

DR . Ameer Baksh Baloch Incharge Nutrition Program



Mr .Arif Tareen Finance Manager

Mr. Agha Juniad Audit Manager

Mr. Mumtaz Ali Rind Manager MER

Mr. Rehan Hameed Baloch Manager Planning & HR

Engineer Saifullah Mis Officer

About Our

COMPANY

The Quest

In today's world of complexity and rapid pace it is almost impossible to do anything alone. This is especially true in health sector where constantly rising prices, changing disease patterns, and increasing use of sophisticated technology for diagnosis and treatment have made it virtually impossible to imagine any single organization providing services without some type of institutional partnership. These partnerships may take many forms, ranging from global partnerships between multinational companies and multilateral donors to local partnerships as between the non-profit private referring to PPHI-B, philanthropies and other not-for-profits. The partners, too, may vary from private not—for—profit companies, not—for—profit organizations, governments, donor organizations, to community groups. However, all partnerships have one thing in common: they have come about because both partners believe they have something to gain from the partnership agreement.

The country launched a "Primary Health Care Model 1999" (later known as PPHI) in district Rahim Yar Khan in 2003 on pilot basis which was an instant success. This not only reinforced the government's confidence in the effectiveness of the project, but also gave hope that the ailing "Primary Health Care" sector could be reinvigorated through a partnership arrangement. In the following years, the government would begin contracting out the management and execution of primary health services to the "People's Primary Healthcare Initiative" (PPHI). The 18th Constitutional amendment enhanced provincial autonomy by transferring, among other things, the subject of health to the provinces. Having the health sector in its purview and considering PPHI's previous performance, the Government of Balochistan decided to renew its agreement with PPHI-B for the delivery of primary healthcare services. So far, over 635 Basic Health Units and Health Facilities BHUs/HFs across thirty two districts of Balochistan have been taken over by PPHI-B under the renewed agreement. PPHI Balochistan now operates as a not-for-profit registered company with an eminent Board of Directors; MS. Zobaida Jalal (Former Federal Minister for Education) is the first chairperson of PPHI-Balochistan.

Public-private partnerships are increasingly seen as playing a critical role in improving the performance of health systems worldwide by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems. Yet, we also know that while partnerships can be an effective force toward achieving these results, they are not a magic solution to the many problems faced by health systems in Balochistan and country wide. If partnerships are to be effective in addressing the issues of poverty reduction and equity, quality improvement, and cost containment, considerable work will need to be done to develop the accountability and transparency, the legal and regulatory framework, and the mutual trust that is necessary for partnerships to succeed.

The Quest

A critical appraisal of PPHI-B was presented for a large-scale primary health care development organization and was implemented in Balochistan. PPHI-B as a company is under close scrutiny of the board of directors. Reviewing the achievements and shortcomings of last decade has yielded important lessons pointingto design flexibility, efficiency, and innovation to promptly address the pressing public health issues of the community. An important feature of PPHI-B is the mix of public private partnerships. As elaborated elsewhere, public private partnerships should be seen as a social experiment as they reveal promise but are not the solution for every problem. For this PPHI-B, focuses on partnerships between government programs, national & international organizations.

The governments and their respective health policies often form the umbrella under which the partnerships operate. PPHI-B lays a strong emphasis on institutional capacity building, integration, and sustainability. It has proved that leveraging on a better healthcare delivery system results in reducing the burden of disease's across the province. Reducing mortality rates for infants,children younger than 5 years and mothers in Balochistan requires massive scaling-up of immunization in children under one year, management of malnourished children under five years, antenatal & postnatal care, prevention and treatment of communicable diseases, interventions for non communicable diseases and mental health. There is a critical need for monitoring and evaluation of the long-term impact of PPHI-B as it develops in parallel with large development projects emphasizing the broadest possible determinants of health and well-being.

The rationale for contracting out BHUs/HFs to PPHI-B was driven by the fact that first level health care was in a state of constant decline despite the huge infrastructure that consumed millions in budget every year. The large scale financial input was returning minimal output. As a result, the public was suffering since the PHC system at the grassroots was unable to address their health problems. Research has shown that lack of access to affordable healthcare and out of pocket expenditures on health are breeding more poverty and worsening Pakistan's socio-economic issues. PPHI-B is working precisely on the same mission: to give people access to free healthcare and reduce out of pocket expenditures on health and ultimately prevent people from falling into poverty.

The performance of the PPHI-B managed BHUs/HFs has improved both in qualitative and quantitative terms. It has lived up to the expectations which is evident from the omnipresence of effective primary health care services in the rural and urban slums. By 2015, the health facilities' utilization rate rose to 89% and in 2016 it reached 95 % under PPHI-B (most of health facilities were dysfunctional before PPHI-B). This marked improvement is due to a combination of efforts by PPHI-B such as Service delivery, Health workforce, Information, Provision of essential drugs & medical equipments, financing, Leadership and governance

Mission and Objectives

Regions of
OPERATION

PPHI-B Providing basic health care Services across 32 districts

With a foot print of BHU's running across the entire province, PPHI-B is playing its part in rendering the critically required health care services for the poor masses.

Nutrition Program

PPHI-B in collaboration with health department government of Balochistan effectively ran the nutrition program in 7 districts and delivered exceptional results. The program shall follow a phase wise expansion into the other districts

Summary Annual Report 2016

People's Primary Health Care Initiative Balochistan Out-Comes; The First Decade (2007 - 2016)

The Primary Health Care (PHC) started officially in1978, when government of Pakistan signed on Alma Ata declaration and it was recognized as a fundamental tool for attainment of health for year 2000. Then the Millennium Development Goals (MDGs) with measurable targets and clear deadlines for improving the lives of the world's poorest people were set. To meet these goals and for poverty eradication, leaders of 189 countries signed the historic millennium declaration at the United Nations Millennium Summit in 2000. The Millennium Development Goals were amongst the most ambitious of global initiatives to be adopted on a result based approach toward poverty reduction and improvement in living standards. Since the creation of the MDGs there have been historic achievements in reducing child mortality, improving maternal health and tackling polio, tuberculosis, malaria, HIV/AIDS and other diseases. It is time for commitment on Sustainable Development Goal 3: Good Health and Well-being in (2016-2030) to continue PHC & MDGs.

The1978, Alma-Ata declaration adapted primary health care (PHC) as an approach to Health for All (HFA). During the 1980s, Basic Health Services Project and Primary Health Care Project laid down the framework for Minimum Service Delivery Standards on the basis of population. The health infrastructure was expanded so that each Union Council had a Basic Health Unit and at Markaz/Thana level Rural Health Centres were established. Similarly tehsil headquarters hospital and district headquarters hospital were established respectively. The contribution of basic health units in reducing the burden of disease among local communities across the country has been immense The comprehensive network of BHUs have been vital for primary healthcare service delivery. There are approximately 5,345 BHUs in the country with 635 in Balochistan, each encompassing a catchment population of around 5,000–20,000 persons.

It may have started from Lodhran District, back in August 1999, from a mere three Basic Health Units. These BHUs were taken over from the Punjab Government by the National Rural Support Program (NRSP). The three BHUs were run by one Medical Officer, engaged by the NRSP at an enhanced salary. It is difficult to say in what way the Lodhran experience inspired the Rahim Yar Khan pilot. Both were conceived around BHUs and both clustered three BHUs in the care of one Medical Officer. While the similarity may not go beyond these two features, the Lodhran experience admittedly encouraged more ambitious plans. The journey started from Lodhran, Punjab "Primary Health Care Model 1999" and was eventually applied as a pilot in District Rahim Yar Khan in 2003. A "Primary Health Care Model, PPHI" replicated in 3 district of Punjab, Sind, KPK and Balochistan in 2005-2006. The Government of Balochistan decided to hand over 552 BHUs/Health Facilities in two phases to PPHI, Balochistan under the umbrella of Balochistan Rural Support Program till October 2013. Then PPHI-Balochistan got registered as company under section 42 of company's ordinance 1984, (Not for profit) with its Board of Directors,and Chairperson governing the body.

Balochistan rural and urban slums have the worst health status in Pakistan. The primary health care system existing to improve health are severely under-developed and struggle to provide the required services. The rural slums have always received little attention in terms of health care infrastructure. The government's failure to improve rural PHC has had negative consequences not only for the rural population but beyond it. Infectious diseases such as polio, measles, acute respiratory tract infections, hepatitis, TB, diarrhea, malaria and renal tract infections/ sexually transmitted diseases now constitute 40% of the disease burden in the country and in Balochistan it has risen to 60%. The alarming condition requires planned investment on social services like education, provision of safe drinking water, sanitation and infrastructure along with the strengthening of health services to improve the health and well-being of the rural and urban slums.

People's Primary Healthcare Initiative Balochistan started its operations in the year 2006-2007 with the main objective: "To make the non-functional BHUs functional with an optimum level of performance in terms of provision of Primary Healthcare Services".This came about after an agreement with the Provincial and District Governments where the management of all the Basic Health Units in Balochistan was transferred in a phases. Transfer of the management included complete control, use and management of personnel, buildings, equipments and etc.

The basic theme was to upgrade the volume and quality of services envisaged to be delivered. As per agreement, the PPHI-B was to reorganize, restructure and re-energize the management of the Basic Health Units, for the delivery of larger volume and higher quality of services. By the grace of Almighty Allah PPHI-B in these ten years has succeeded in achieving the reciprocated objectives with the Department of Health Balochistan. Delivery of PHC services has increased considerably. Different reasons were generally attributed to the already deteriorated , redundant health service delivery system and dilapidated health institutions including the BHUs. Some of the important factors are highlighted below:

Why PPHI-B? Ground Realities about BHUs in Balochistan

- Large scale absenteeism of Medical and Paramedical staff at BHUs
- Non availability of Medical and Paramedical staff at the BHU level
- Non availability of essential drugs due to its irregular and insufficient supply of the same to the BHUs
- Non-availability of furniture, fixture, medical equipments and other allied facilities
- No proper, regular supervision and monitoring mechanisms
- No proper record maintenance & reporting to district and onward province
- Lack of Community participation and ownership
- No regular/ proper maintenance of infrastructure at the BHU level
- Excessive political interference
- Unauthorized use of BHU buildings
- Complete closure and dysfunctional BHUs

The implementation of the program was not easy. During the initial phase of operations different problems started emerging owing to the lack of knowledge about objectives, strategy, priorities and strengths. Ironically, support began to erode as soon as work began. There was hostility with suspicion and contempt for new ideas and deadlock towards the changing scenario. With the passage of time & proper management of the program, the hostilities decreased as we had learnt to push through the problems. Owing to multi pronged approaches and the help of civil community willing to accept the change; we managed to achieve our present status with more clear vision and line of action. All the above referred reasons contributed to the inevitable circumstances that made it pertinent to devise a strategy for the improvement of PHC services at BHUs resulting PPHI-B's creation.

Health issues have always perturbed the local population critically. The issues that had weakened the health system are as under:

i. The government seemed to have completely disowned the health facilities at the rural and urban slums which were the pivots of health services. Their infrastructure and other elementas were nonexistent before PPHI- B's inception. At this point 614 BHUs/HFs are functional and providing health care services to their catchment population, total coverage population by PPHI- B is more than 3.73 million out of 9.5 million (estimated) of the province.

ii. The staff was never checked due to which they had become self styled workers. The attendance ratio has been very low. The essential drugs were never provided in the rural health facilities as there was no one who could perform duties. Thus the human resource recruited to give support was always absent. The weak and ineffective monitoring or rather no monitoring had adversely affected the health service delivery. A closed supervision, monitoring & evaluation system was established. So for the 232 MOs, 81 LMOs at BHUs ,83 MOs, 39 LMOs are deputed on contract, providing health care service. PPHI- B introduced cluster formation of BHUs where one MO or LMO can provide health care services at 2-3 BHUs, in this way PPHI-B is providing MOs/LMOs services to 335/97 BHUs. There are 1946; Social Organizers, Medical Technicians, Female Medical Technicians, Lady Health Visitors, Dispensers, Vaccinators, Laboratory Assistants and X-Ray assistants with 796 deployed on contract. PPHI- B is providing more than Rs. 25000 essential drugs to each BHU/HF on monthly basis. For the first time in the history of the province, the medicine supply to BHUs has not only been provided in sufficient quantity but it has been provided at the door step of the BHUs regularly.

iii. Regular training and development activities are the backbone of any professional services system. This is more than true for the healthcare system, applicable at all levels. It has been observed that the skill set of the existing human resource in the health sector in Balochistan is not adequate to address the needs of an expanded health care system. The existing training system does not address this deficiency adequately. To overcome this situation the pre-service and in-service training systems need to be remodeled and re-invigorated on war footing. The curricula & module need to reflect better public and community orientation. The health professionals and workers should be able to communicate with clients and address motivational and administrative issues, with particular focus on performing with responsibility in day to day situation.

PPHI-B focuses on capacity building training sessions to polish the professional skills of BHU staff for better delivery of health services. Short term training courses are organized for the BHUs' staff depending on local trends, needs and future requirement. So far the district support managers, social organizers and other staffs have been trained in various areas. The 62 district managers & sub managers have been trained in PHC management and development at the Institute of Public Health Quetta. Likewise, the 56 social organizers were trained in the arts of health education, communication, behavior change communication & social mobilization and 34 office assistants were trained

on district health information system. Health staff has also been prepared for handling complex cases. They have been trained in polio, routine immunization, nutrition, MNCH, DEWS, malaria, hepatitis, diarrhea, ARI, TB DOTs, and Crimean-Congo hemorrhagic fever (CCHF) and dengue fever. The head office PPHI Balochistan in collaboration with Institute of Development Studies and Practices Pakistan (IDSP) has arranged three (3) months' duration training for LHVs and FMTs in Qatar Hospital, Karachi. Six batches of eighty eight (88) LHVs and FMTs have successfully completed their training

In addition to these, monthly capacity building sessions are organized through the platform of the monthly review meeting where all the BHUs' staff are invited and lectures are delivered by the senior medical and lady medical officers.

iv. The local community which is a major stakeholder in the health system was totally ignored thus operating the system in isolation. The community had no say and therefore lost interest. Now communities have evolved in shape of support groups to participate in PHC services and even in supervisory role. PHC is an essential healthcare system integrated with all other social actions to improve general community health development. An effective PHC program would necessitate a purposeful and persistent approach for integration of all its components and the means to deliver various elements of an enhanced community mobilization. To ensure smooth functioning of the BHUs under our management, we have the methodology to enhance community participation through 614 support groups & 7044 members of social groups in the catchment area of the BHUs. This methodology develops the capacity to provide the support for the best delivery of PHC so as to optimize the quality and volume of its benefits. Through this unique and crowning feature of PPHI-B; at every BHU, a support group is formed, comprising 05-15 members from catchment's area of a BHU. Meeting with the members of support groups are held on a monthly basis

v. The BHUs buildings had virtually turned into either ghost houses or resting and grazing places for local influential's. The infrastructure was to be re-raised and re-built from zero. Before PPHI-B's intervention, most of the BHUs were in deplorable condition. In some of the districts, it was observed that BHUs were utilized for other purposes other than the provision of health care. Almost all BHUs were neglected and they lacked basic infrastructural and medical facilities. They were devoid of basic amenities such as maintenance of the building, provision of utilities (water, electricity, telephone and gas) and non-availability of medical equipments and furniture. All these factors created a non-conducive atmosphere in which medical and paramedical staff weres hesitant to perform their duties efficiently and effectively. Post takeover by PPHI-B, the main objective was to repair and renovate the infrastructure so that a conducive atmosphere is provided for the essential staff and patients. This is a well established fact that the interventions in rehabilitation of BHUs have been acknowledged by all stake holders in the province. PPHI-B ensured that rehabilitation should not only cover the improvement of physical infrastructure but also the provision of services such as provision of utilities (water, electricity, telephone, gas etc). Repair and renovation of BHUs building with provision water, electricity, telephone, gas, toilets for staff is ongoing activity. So for PPHI-B repaired/renovated 865, provision of; electrification 399, solar electrification 42, tap water 414, toilets 322 ect.

vi. PPHI-B has ensured the provision of 99 diagnostic facilities in the BHUs. The following tests are performed in the laboratories for routine blood and urine examinations, malaria, blood sugar, typhoid, pregnancy test, blood group, hemoglobin, AFB (TB care health facilities) and viral hepatitis.

vii. PPHI-B has established 101 Labor Rooms in the entire province at BHU level, amongst which 36 labor rooms

are working on 24/7 basis. This effort of PPHI has been acknowledged by all stake holders. Now the facility of safe delivery is available to the poor masses at their doorsteps.

viii. On the eve of 29th October 2008 Ziarat earthquake; PPHI-B participated in the relief activities and conducted almost 200 free medical camps in addition to providing blankets and kitchen kits to the victims. The heavy rains of 2010, followed by that of 2012, brought heavy flood disasters in Districts Kohlu, Sibi, Naseer Abad, Jaffar Abad and Jhal Magsi Balochistan. Thousands lost their abodes and marooned in deep ponds of water. Flood affected people looked for the basic necessities of life and arrangements to tackle with health related issues. Many of them faced serious health risks as hundreds of snake bite, dog bite, diarrhea, malaria, skin disease and many other cases were detected in the flood-hit areas across Balochistan. Lack of safe drinking water and unhygienic living conditions made the situation even worse. There destruction caused by the natural distasters was sudden and the Government had meager resources and human power to meet the challenge. However, the Government wasted no time and moved with other organizations for the rescue and relief of the affected people. PPHI-B also moved quickly to take part in rescue and relief process. For the provision of medical assistance, the teams of PPHI-B reached the affected areas. PPHI Balochistan responded to the disasters, promptly and successfully set up an infrastructure to carry out medical assistance in flood affected areas. PPHI Balochistan has set a precedence of early medical response in disasters such as September 24, 2013 earth quake in Awaran & Kech. The role of PPHI-B has been significant in the early emergency response, which in-fact is a success story for PPHI-B.

ix. Monthly Review Meetings are a unique feature of PPHI-B. Held in the first week of every month in DC/ DHO offices of district council hall; where all BHUs in-charge's participate. The Deputy Commissioners,District Health Officers, prominent/ active members of support group's and district in-charge's of all vertical programs are normally invited in this meeting. The meeting is preferably chaired by the Deputy Commissioner or his nominee or the DHO. A distinguished, eminent medical specialist is also invited as resource person for delivering lecture on any important health issue in the first session of the meeting. The main objective of MRM is to discuss the performance and issues of the BHUs to evolve strategies to achieve the set targets for BHUs and DSUs.

x. The success of a program depends on regular monitoring and evaluation of set objectives and targets which can be judged by pace of work and activities done in line with the schedule. The important task for PPHI-B is to improve PHC services at BHUs. Balochistan is 44% of the country's land area with rough terrain and broken road's. PPHI-B has devised a number of methods for monitoring and evaluation of PHC services at BHUs. The DSM, Monitoring & Evaluation Officer, Managers of different head office sections and other DSU staff pay frequent facilitation visits to BHUs in order to ensure timely provision of medicines, equipment and furniture. Such facilitation visits have also improved the staff attendance at BHUs. The objective for these facilitation visits is to assist and coordinate efforts with BHUs staff in organizing and activating services like school health session's, community health session's and public awareness sessions.

xi. PPHI-B has played a vital role in improving the socio-economic conditions of the rural masses in Balochistan. Before PPHI- B's inception majority of the BHUs were non functional and the people under compulsion had to travel hundreds of kilometer to get treatment for their minor illnesses spending thousands of rupees. The scenario has changed now and presently the BHUs are fully functional and providing health facilities at peoples door steps

The support groups have been sensitized by creating a sense of ownership and now arrange meetings to discuss their health problems and are also engaged in efforts for resolving minor issues relating to the BHUs. In short Support Groups have adapted the collective approach for resolution of their issues.

xii. Despite having the largest possible network of public health facilities, investing millions of rupees every year and employing hundreds of medical and paramedical staff by the Government of Balochistan. The rural and urban slums population were deprived of basic health care. There was a need for some miracle to change the lives of people deprived of basic health facilities and finally the answer was given in the shape of PPHI-B.

PPHI Balochistan's overall performance against the set targets for the year 2016 has been exemplary. The facility utilization rate was reported 84 percent in 2013, 87 percent in 2014, 89 percent in 2015 and in 2016 it reached 95 %. However there is still room for improvement in certain area's such as timely DHIS reporting of BHUs and districts, targets; fully immunized children, screening of under five years malnourished children, ANC, ANC revisits, post-natal visits, family planning, referrals and more emphasis on referring complicated pregnancy cases to secondary level health facility.

SOCIO-DEMOGRAPHIC PROFILE PPHI -BALOCHISTAN 2017

The term "socio-demographic" refers to a group defined by its sociological and demographic characteristics. Socio-demographic groups are used for analysis in the social sciences as well as for marketing and medical studies. Demographic characteristics can refer to age, sex, and place of residence, religion, educational level and marital status. Sociological characteristics are more objective traits, such as membership in organizations, household status, interests, values and social groups. These factors are personal characteristics used to collect and evaluate people in a given population.

Increasing focus on health inequities has brought renewed attention to two related policy discourses primary health care and the social determinants of health. Both prioritize health equity and also promote a broad view of health, multi-sect oral action and the participation of empowered communities. Differences arise as each applies to the health sector, with resultant tensions around their mutual ability to reform health systems and address the social determinants. However, pitting them against each is unproductive. Health services that do not consciously address social determinants exacerbate health inequities. If a revitalized primary health care is to be the key approach to organize society to minimize health inequities, action on social determinants has to be a major constituent strategy. Success in reducing health inequities will require ensuring that the broad focus of primary health care and the social determinants is kept foremost in policy - instead of the common historical experience of efforts being limited to a part of the health sector.

In primary healthcare services, socio-demographic groups are used for analysis of health targets and outcomes. Pakistan's population was 32.5 million in 1951 making it the 14th most populous country in the world. Its population has since increased 5-6 folds approximately and reached 184.5 million in 2012-13. Pakistan is now the sixth most populous country in the world. The current population growth rate is 2 percent. According to the estimates, Pakistan will become the fifth most populous country by 2050 with its current growth rate. This scenario presents a devastationg picture for a country that's already-scarce on national resources. (PDHS 2012-13)

Balochistan is the largest yet least populated of the four provinces. Its 9.5 million people constitute's 5% of the country's total 191.91 million population. The average population density is 27 persons per square kilometer. The estimated catchment population covered by the Basic Health Unit's is 3.37 million. PPHI Balochistan's coverage ratio is 39:61. It has prepared the latest socio-demographic profile of Balochistan with the consultation and input of the district support units. The calculations were conducted carefully in line with the last population census of 1998.

In 2014, the National Institute of Population Studies Islamabad published the much-needed 'Pakistan Demographic Survey 2012-2013'.The report was shared with all stakeholders (public and private). The Survey highlighted that the national growth rate is declining at 2.6 to 2 percent during the study period. Simultaneously it also observed that a number of health indicators were changing. Data on demography and health are essential for a meaningful assessment of the existing healthcare systems. Hopefully the information would assist the policymakers and healthcare managers in formulating effective programs and strategies for improving health services for the masses.

S #	Districts	No. of BHUs	Population (Estimate) 2017	Children's		Pregnant Women Yearly Target	Under 5 yrs Yearly Target	Child Bearing age Women (15-49)	Married Couples
				Under 1 year Yearly Target	Under 2 Yrs				
1	Awaran	7	44,468	1,423	1,379	1,588	7,560	9,783	7,115
2	Barkhan	7	54,876	1,756	1,701	1,959	9,329	12,073	8,780
3	Chagai	12	69,895	2,237	2,167	2,495	11,882	15,377	11,183
4	Dera Bugti	30	120,031	3,841	3,721	4,285	20,405	26,407	19,205
5	Gwadar	22	107,686	3,446	3,338	3,844	18,307	23,691	17,230
6	Harnai	6	30,895	989	958	1,103	5,252	6,797	4,943
7	Jaffarabad	38	223,092	7,139	6,916	7,964	37,926	49,080	35,695
8	Jhal Magsi	11	73,264	2,344	2,271	2,616	12,455	16,118	11,722
9	K. Abdullah	37	251,628	8,052	7,800	8,983	42,777	55,358	40,260
10	K. Saifullah	15	61,516	1,969	1,907	2,196	10,458	13,533	9,843
11	Kachhi	11	48,641	1,557	1,508	1,736	8,269	10,701	7,783
12	Kalat	14	61,819	1,978	1,916	2,207	10,509	13,600	9,891
13	Kech	37	251,936	8,062	7,810	8,994	42,829	55,426	40,310
14	Kharan	14	54,243	1,736	1,682	1,936	9,221	11,934	8,679
15	Khuzdar	42	215,799	6,906	6,690	7,704	36,686	47,476	34,528
16	Kohlu	33	88,754	2,840	2,751	3,169	15,088	19,526	14,201
17	Lasbela	42	177,968	5,695	5,517	6,353	30,254	39,153	28,475
18	Loralai	35	177,771	5,689	5,511	6,346	30,221	39,110	28,443
19	Mastung	14	88,595	2,835	2,746	3,163	15,061	19,491	14,175
20	Musa Khail	21	83,497	2,672	2,588	2,981	14,194	18,369	13,360
21	Naseerabad	15	127,250	4,072	3,945	4,543	21,633	27,995	20,360
22	Noshki	10	65,257	2,088	2,023	2,330	11,094	14,357	10,441
23	Panjgoor	19	212,075	6,786	6,574	7,571	36,053	46,656	33,932
24	Pishin	30	267,486	8,560	8,292	9,549	45,473	58,847	42,798
25	Quetta	38	419,024	13,409	12,990	14,959	71,234	92,185	67,044
26	Sherani	10	33,948	1,086	1,052	1,212	5,771	7,469	5,432
27	Sibi	15	70,035	2,241	2,171	2,500	11,906	15,408	11,206
28	Washuk	19	63,443	2,030	1,967	2,265	10,785	13,957	10,151
29	Zhob	17	96337	3,083	2,986	3,439	16,377	21,194	15,414
30	Ziarat	14	90,429	2,894	2,803	3,228	15,373	19,894	14,469
Total		635	3,371,660	119,413	115,681	133,220	634,382	820,965	597,066

Health Services Performance Versus Targets 2016

Health Services	Annual Targets	Annual Target Achievement	Percentage
Preventive Care			
Health Education			
Social group meetings	3960	3627	91
Community Health Sessions	3960	3800	95
School/Madressa Sessions	3960	3091	78
Immunization			
Fully Immunized children under one year	64356	42682	66
Pregnant Women TT2	126052	28823	23

SOURCE: DHIS REPORTS F1 TO F13 REPORTING SYSTEM PPHI-B

Health Services Performance Versus Targets 2016

Health Services	Annual Targets	Annual Target Achievement	Percentage
Maternal Child Health Services			
Antenatal Care 1	126052	95073	80
ANC Women with Hb <10g/ dl		15563	
Antenatal Care Revisit	126052	61968	49
Post natal Care	126052	45778	36
Complicated pregnancy cases referred	12605	4923	39
Family Planning Visits	564935	104968	19

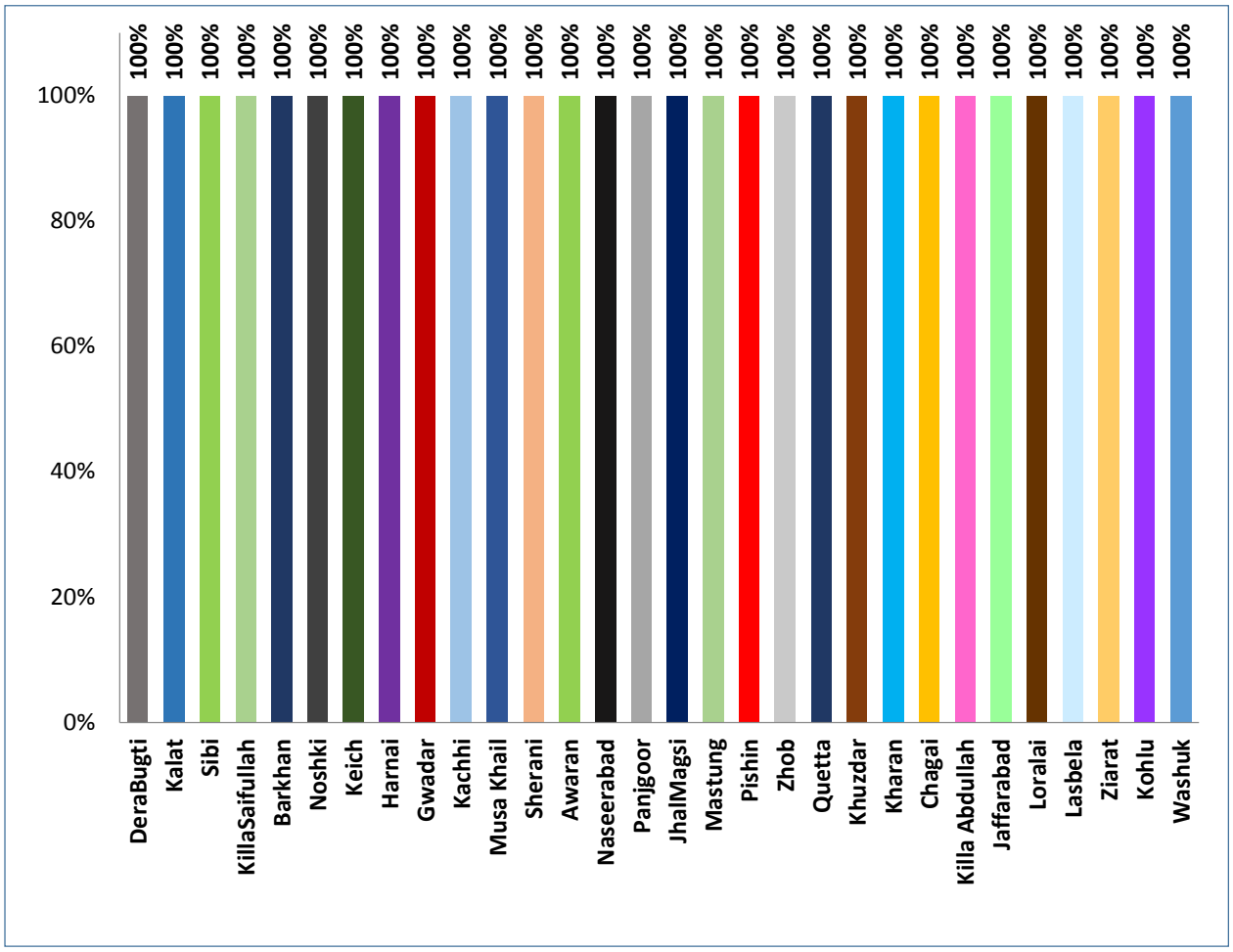
SOURCE: DHIS REPORTS F1 TO F13 REPORTING SYSTEM PPHI-B

Health Services	Annual Targets	Annual Targets Achievement	Percentage
Curative Care			
OPD	3256383	3565997	110
Under 5 Years Malnourished Children		27105	
4th Quarter/Yearly TB Cases	252/ 1008	109/ 471	41/47
Hepatitis B&C Screening		14564	
Referred Cases to Higher Health Facility	320307	46336	19
Monitoring, Supervision & Reporting			
DHIS Monthly Reporting	7320	7277	99
DSM/ADSM Visits	4320	4097	95
M&E Officer Visits	5160	4244	82

PPHI-B's OPERATION AND INITIATIVE:

In order to improve the reporting system, the IT wing of PPHI-B modified the existing DHIS software and converted it into an online reporting system from local host based software accessible to all district support offices. The data is extracted from monthly basic health unit reports and compiled at the Head Office. The data/reports received from districts are examined, processed and finalized for reporting by IT wing under the supervision of Public Health Specialist. The 3rd Quarter i.e. July to September health diary was published and this report includes 4th Quarter health update 2016 and Annual Report 2016.

THE DISTRICT HEALTH INFORMATION SYSTEM REPORTING PERCENTAGE FOR 4th QUARTER OF 2016 (OCTOBER-DECEMBER 2016) IS AS UNDER:



Owing to the intervention in DHIS software by IT wing, the reporting has improved with 99 % of facilities reported in 3rd quarter 2016 and 100 % in 4th quarter 2016 across PPHI-managed facilities. It demonstrates the importance and effectiveness of small steps yielding productive results and it is planned that the entire DHIS reporting system will be transferred on these lines in the future.

DISTRICT HEALTH SERVICES PERFORMANCE MEASUREMENTS, TARGETS AND ACHIEVEMENTS IN PERCENTAGES OCTOBER TO DECEMBER, 2016 (Cont'd)

S.No	Districts	No. of BHUs	Preventive care			Immunization		MCH				
			SG Meetings	CHSs	SHSs	Fully < 1 yr	TT 2	ANC 1	ANC Revisit	PNC	Comp. Pregnancy Referred	Family Planning
1	Kharan	14	100	100	100	79	53	76	61	35	71	53
2	K.Saifullah	15	100	100	100	78	40	85	77	50	50	17
3	Gwadar	22	100	100	100	70	6	87	70	21	47	71
4	Kalat	14	100	94	100	68	68	74	77	39	85	46
5	Sibi	15	100	100	100	33	24	77	61	18	64	12
6	Noshki	10	100	100	100	87	11	86	81	50	65	12
7	Quetta	38	100	97	100	56	29	78	61	44	81	24
8	Pishin	30	100	100	100	70	15	87	66	64	43	26
9	Barkhan	7	100	100	100	72	34	88	57	50	0	51
10	Washuk	19	100	100	100	61	10	86	39	46	0	19
11	Naseerabad	15	100	100	100	51	68	58	58	36	72	55
12	Kech	37	78	87	96	78	28	77	65	42	72	15
13	Musa Khail	21	100	100	100	67	21	25	24	21	67	26
14	Awaran	7	100	100	100	32	41	67	57	24	36	0
15	Panjgur	19	83	100	80	51	14	85	36	34	62	25
16	Jhal Magsi	11	100	100	100	27	14	66	54	58	0	15
17	Kachhi	11	92	92	92	72	36	57	39	20	0	18
18	Loralai	35	100	94	100	82	0	61	33	32	44	12
19	Khuzdar	42	94	96	100	76	12	61	20	15	0	20
20	Kohlu	33	100	100	78	70	17	64	24	19	6	5
21	Zhob	16	83	100	94	61	10	72	44	39	0	7
22	Ziarat	14	67	100	67	62	48	52	45	24	0	12
23	Jaffarabad	38	53	53	53	37	37	57	36	38	34	16
24	Lasbela	42	89	94	100	21	5	70	51	21	0	19
25	Harnai	6	100	100	94	74	56	41	27	30	0	36
26	Mastung	14	100	100	100	33	21	48	31	24	12	15
27	Chagai	12	100	100	100	57	31	35	36	9	0	11
28	K.Abdullah	37	100	100	100	41	15	15	6	11	25	1
29	DeraBugti	30	86	89	100	15	8	25	21	21	36	0
30	Sherani	10	100	67	67	69	0	30	18	18	0	4
		634										

SOURCE: DHIS REPORTS F1 TO F13 REPORTING SYSTEM PPHI-B

DISTRICT HEALTH SERVICES PERFORMANCE MEASUREMENTS, TARGETS AND ACHIEVEMENTS IN PERCENTAGES OCTOBER TO DECEMBER, 2016

S.No	Districts	No. of BHUs	Curative Care					Monitoring, Supervision and Reporting			BHU Utilization Rate	District Rating	Category of Districts
			OPD	No. <5 years malnourished children	No. Hepatitis B&C screening	Quarterly TB Cases	Referrals	Monthly DHIS reporting	DSMs/ADSM Visits	Executive M&E Visit			
1	Kharan	14	104	268	185	14	35	100	100	95	140	81	A=80-89
2	K.Saifullah	15	101	641	383	-	48	100	100	98	108	78	B=70-79
3	Gwadar	22	107	0	61	0	12	100	86	100	165	78	B=70-79
4	Kalat	14	96	677	320	0	22	100	100	0	167	77	B=70-79
5	Sibi	15	118	421	85	1	18	100	100	100	176	75	B=70-79
6	Noshki	10	117	409	30	0	14	100	100	67	105	75	B=70-79
7	Quetta	38	116	571	963	23	14	100	100	96	96	75	B=70-79
8	Pishin	30	104	226	452	-	12	100	100	100	76	73	B=70-79
9	Barkhan	7	109	35	47	16	55	100	86	100	53	72	B=70-79
10	Washuk	19	111	116	0	-	8	100	100	93	165	71	B=70-79
11	Naseerabad	15	102	799	0	3	19	100	83	42	90	71	B=70-79
12	Kech	37	105	111	230	0	24	100	82	65	93	69	C=60-69
13	Musa Khail	21	107	2430	129	8	51	100	98	95	93	68	C=60-69
14	Awaran	7	104	0	0	-	58	100	53	67	150	68	C=60-69
15	Panjgur	19	111	409	110	0	20	100	100	100	76	67	C=60-69
16	JhalMagsi	11	97	31	472	0	52	100	100	79	92	66	C=60-69
17	Kachhi	11	106	0	0	-	29	100	100	0	162	63	C=60-69
18	Loralai	35	113	1018	524	-	36	100	68	65	75	63	C=60-69
19	Khuzdar	42	104	2251	0	3	22	100	97	74	122	63	C=60-69
20	Kohlu	33	107	489	35	2	26	100	100	100	95	63	C=60-69
21	Zhob	16	107	726	36	-	28	100	83	100	62	62	C=60-69
22	Ziarat	14	100	225	4	-	38	100	94	100	81	62	C=60-69
23	Jaffarabad	38	99	281	92	24	16	100	100	98	161	62	C=60-69
24	Lasbela	42	116	44	18	0	1	100	100	68	127	61	C=60-69
25	Harnai	6	102	0	0	-	20	100	100	0	101	61	C=60-69
26	Mastung	14	99	410	0	7	36	94	95	59	106	61	C=60-69
27	Chagai	12	110	145	51	3	12	100	83	100	80	60	C=60-69
28	K.Abdullah	37	116	0	14	6	6	100	100	95	90	58	D=50-59
29	Dera Bugti	30	108	58	0	1	12	100	100	0	112	52	D=50-59
30	Sherani	10	91	0	0	-	51	100	56	67	73	51	D=50-59
		634		12791	4241	110							

(-) Districts BHUs with no TB Healthcare Facilities (0) Non- Reporting Districts

A1 = Extra Ordinary, A = Excellent, B = Best, C= Better, D = Good, E = Average

SOURCE: DHIS REPORTS PPHI-B/ F1 TO F13 REPORTING SYSTEM PPHI-B

District Health Services Measurement of Achievements of PPHI-B against Targets in Percentage for October to December, 2016

Performance Assessment

Performance indicators when applied appropriately can measure performance effectively. PPHI-B is applying a standard system for district and basic health units/health facility performance assessment. For each key performance metric certain indicators are used which are given below.

A. Preventive Care

i) Health Education

a. Support Group meeting

b. Community Health Session

c. School Heal Session

ii) Immunization

a. Fully Immunized Children <1 year 3.50 % BHU Catchment population where static center exist

b. TT2 Pregnant women 3.57 % BHU Catchment population

iii) MCH

a. Antenatal Care 1, Expected Births at the rate 3.50 % BHU Catchment population

b. Antenatal Care Revisit

c. Post Natal Care

d. Complicated pregnancies referred, 8-10 percent Expected Births

e. Family Planning, Married Couple at rate 16 %

B. Curative Care

a. OPD, Last year OPD/12

b. Under 5 year's malnourished children, 16 % of catchment population

c. Referrals 5 % of the OPD

d. Hepatitis B&C

e. Quarterly TB Cases 0.0027/100000/4

C. Monitoring, Supervision and Reporting

a. Monthly DHIS reporting

b. DSM Visit, 12 visits a month/spends more than 2 hours/ fills the supervisory check list & fill Lot Quality Assurance Sampling (LQAS)

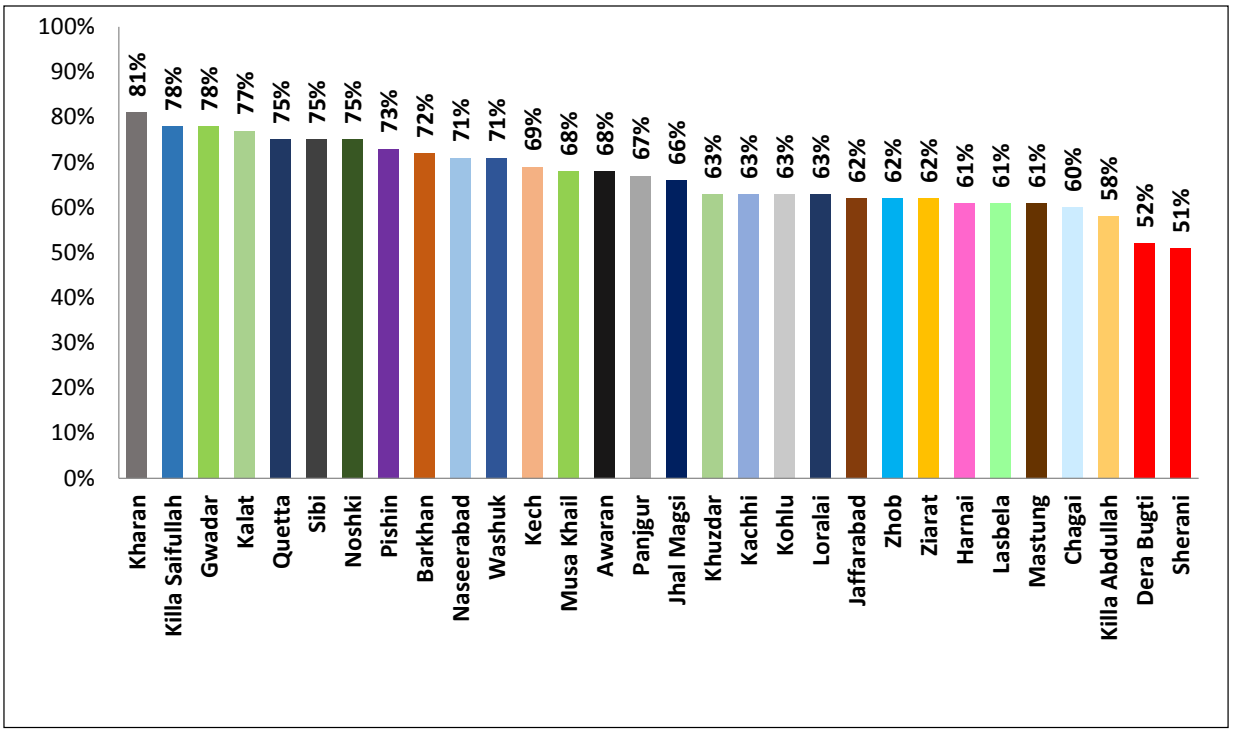
c. M&E Officer Visit12 visits a month/spend more than 2 hours/ fill the supervisory check list & fill Lot Quality Assurance Sampling (LQAS)

PHC services in 4th quarter 2016 compared to first, second and third quarter have improved. For certain indicators DSU reporting was not up to the mark and such district support units were directed to examine their weaknesses and improve on them. The issues identified were

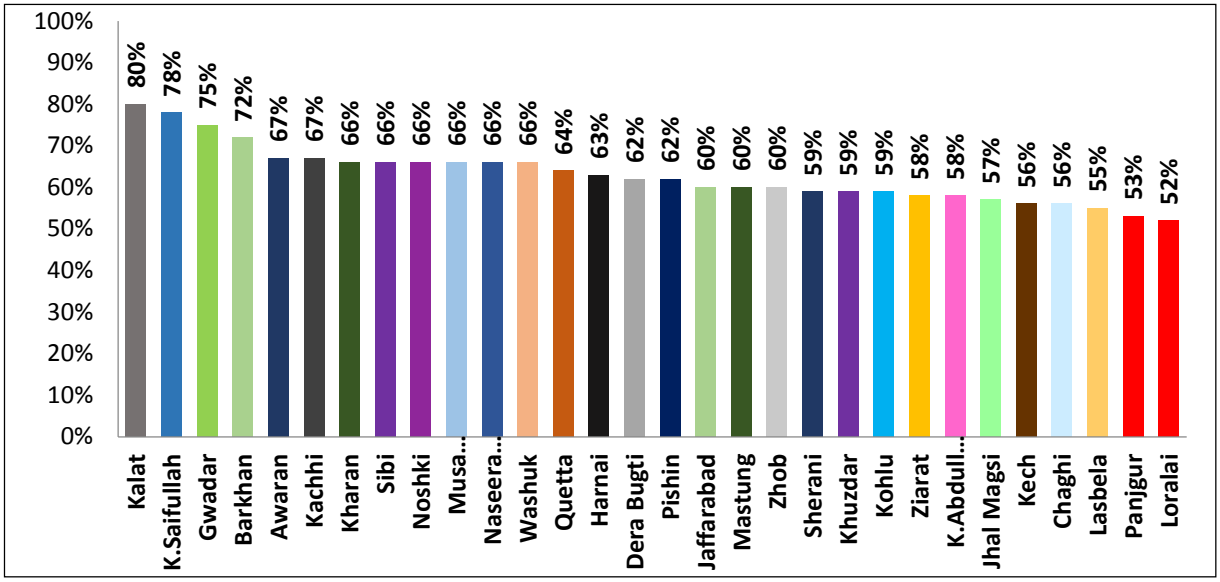
1. Timely DHIS reporting on 5th of every month to District and the DHO office
2. Reporting to head office on 10th of every month
3. Following up cases
4. Referrals to higher health facilities for comprehensive management of patients.
5. Complicated pregnancy referred cases.
6. Improvement in MCHS
7. Improvement in immunization.
8. Category D districts should strive hard to transit to grade A, B, C.
9. Error free reporting
10. Ensuring Data Quality and accuracy by filling Lot Quality Assurance Sampling (LQAS)

DISTRICT HEALTH SERVICES PERFORMANCE MEASUREMENTS ACHIEVEMENTS IN PERCENTAGE OCTOBER-DECEMBER, 2016

District Kharan has earned A category (Excellent), the B category (Best) were K. Saif Ullah, Gwadar, Kalat, Sibi, Noshki, Quetta, Pishin, Barkhan, Washuk and Naseer Abad in the category (Better) were Kech, Musa Khail, Awran, Panjgoor, Jhal Magsi, Kachhi, Loralai, Khuzdar, Kohlu, Zhob, Jaffar Abad, Lasbela, Harnai, Mastung and Chaghi the D Category (Good) districts are Killa Abdullah, Dera Bugti and Sherani.



DISTRICT HEALTH SERVICES PERFORMANCE MEASUREMENTS ACHIEVEMENTS IN PERCENTAGES 2016

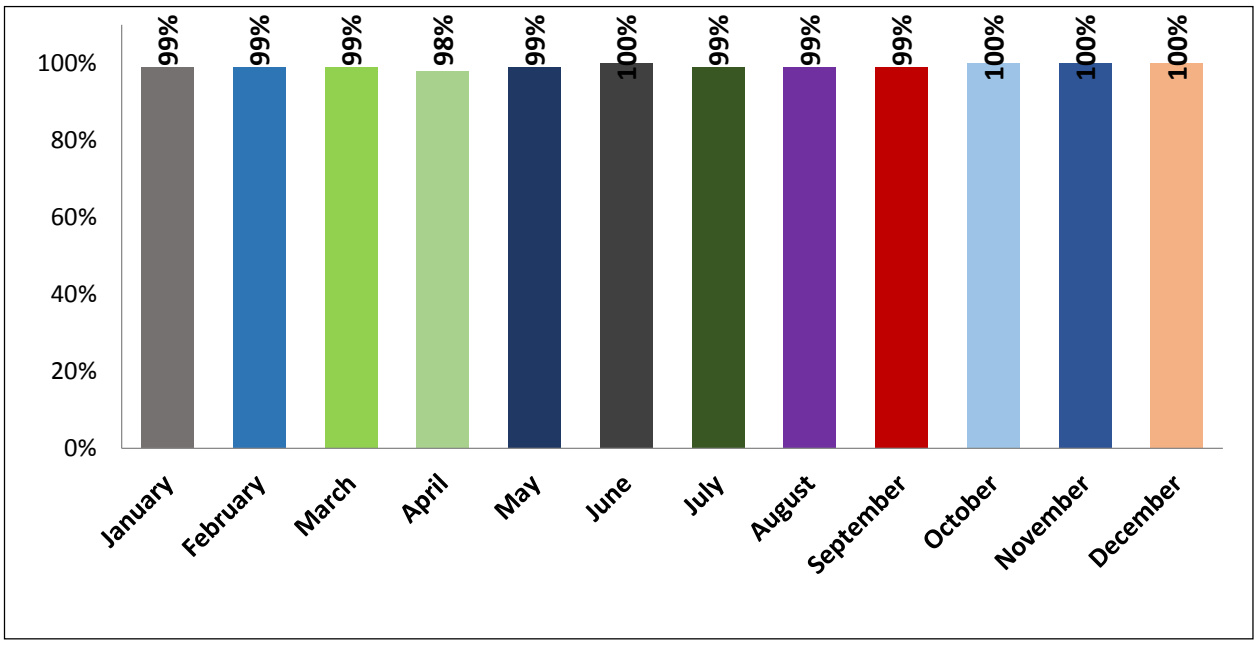


A = Excellent, B = Best, C= Better, D = Good, E = Average

SOURCE: DHIS REPORTS PPHI-B/ F1 TO F13 REPORTING SYSTEM PPHI-B

In calendar year 2016 district Kalat has earned A category (Excellent), Districts declared Best were Killa Saifullah, Gwadar and Barkhan, Better performance was come for, Awaran, Kachhi, Musa Khail, Naseer Abad, Washuk, Kharan, Noshki, Sibi, Quetta, Harnai, Pishin, Dera Bugti, Jaffarabad, Zhob and Mastung the districts came on Good were Kohlu, Khuzdar, Sherani, K.Abdullah, Ziarat, Jhal Magsi, Kech, Chaghi, Lasbela, Panjgoor and Loralai.

PPHI-B MONTHWISE DHIS REPORTING PERCENTAGE IN 2016



PERFORMANCE OF PPHI-B IN NUTRITION COMPONENT in 4th QUARTER OF 2016 (OCTOBER-DECEMBER 2016)

Balochistan Nutrition Program for Mother and Children (BNPMC) is aimed at improving the mal-nutritional status of mothers and children of Balochistan. The pilot execution targeted districts of Killa Saifullah, Zhob, Kohlu, Sibi, Noshki, Kharan and Panjgur with financial support from World Bank. PPHI-B being the major implementing partner post inception of the project ensured that all activities are planned and executed in line with the objectives. .The development of Inception Report and its approval by Nutrition Cell health department (government of Balochistan) and World Bank in May 2016 put forth the planning and strategies for implementation.

Several meetings were held with Balochistan Nutrition Program for Mother and Children and World Bank mission regarding project implementation strategies. Seven District Focal Persons were recruited and their trainings were completed. The capacity building sessions for 214 Health care delivery staff including medics and paramedics of 105 BHUs were held on essential areas of mal-nutrition management, establishment of OTPs, record keeping, community participation and mobilization with support of BNPMC. Training workshops, refresher trainings and on job support were regularly provided to the DSMs, Monitoring & Evaluation Officers and District Focal persons.

99 OTPs were established out of 105 in 2016. The reporting formats were formulated and circulated in nutrition targeted districts. Screening of the MAM/SAM cases in the children of 6-24 months and pregnant and lactating women's (PLWs) were carried out in the targeted BHUs, catchment areas through LHWs/CMWs and social organizers. Community support groups were revitalized and trained for community mobilization and identification of malnutrition among children and PLWs for maximizing the demand and coverage during reporting period.

Monthly review meetings (MRM) and District Health committee meetings chaired by the Deputy Commissioners or their nominees were held on regular basis in all targeted districts. Strengths, gaps and issues regarding project implementation activities were discussed, referred and mitigated accordingly, during last quarter of 2016.

A strong working relationship established with health houses of LHWs and work stations of CMWs wherever they were functional to maximize coverage and community based management of acute malnutrition. However, LHWs and CMWs Programs need to be strengthened and the coordination mechanism should be enforced by the health authorities according to the project deliverables and responsibilities. Most of the targets and performance indicators have been achieved during the reporting period. Three districts, Killa Saifullah, Kholu, and Noshki exceeded their targets on most project deliverables. However, Kharan and Panjgur districts need to establish all their OTPs to cater to all SAM cases in their respective catchment areas.

Performance of PPHI-B in Nutrition Program Establishment of OTPs in Second Quarter 2016

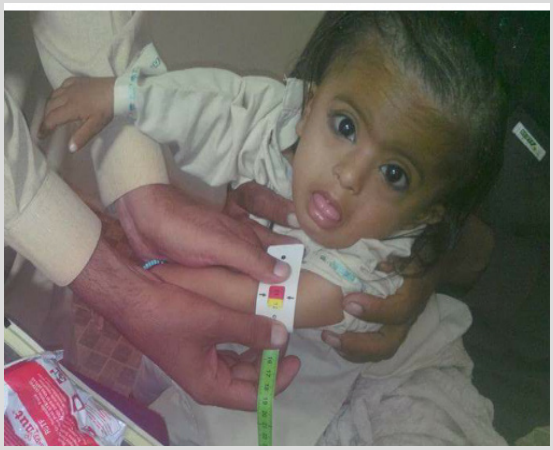
S: #	Districts	Target # of OTPs at BHUs to be established December 2016	Target # of OTPs at BHUs were established First Quarter 2016	# of OTPs at BHUs/ were established Second Quarter 2016	# of OTPs at DH/Q Hospital were established 2016	Total # of OTPs at BHUs/ were established in 2016	Achievement of OTPs at BHUs/ were established 2016 % age
1	Noshki	10	5	5	1	11	110
2	Kharan	13	7	3	1	11	85
3	Panjgoor	19	10	4	1	15	79
4	Sibi	15	8	5	1	14	93
5	K.Saifullah	15	8	7	1	16	107
6	Zhob	15	8	5	1	14	93
7	Kohlu	18	9	8	1	18	100
		105	55	50	7	99	94

Nutrition Target and Achievements in percentages of seven districts 4th Quarter 2016

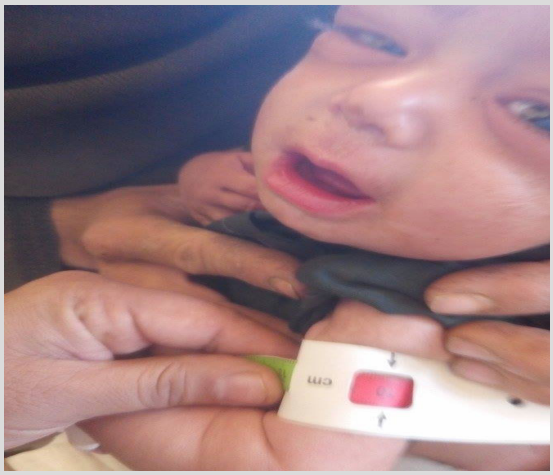
S:no	District	Percent of the Screened Children(6-2424months)	Percent of the Children Complying with SAM/MAM	Percent of the Screened PLWs	# of PLWs Complying with IFAs	Total # Admission	# of Defaulter	Total # Discharged
1	Noshki	153%	90%	97%	161	475	21	43
2	Kohlu	95%	167%	100%	710	580	4	32
3	Panjgur	132%	46%	43%	665	543	37	56
4	Zhob	98%	172%	67%	818	1316	40	0
5	Sibi	129%	140%	30%	350	431	10	46
6	K. Saifullah	171%	264%	212%	189	1027	12	253
7	Kharan	170%	59%	101%	217	644	0	119
Total		129%	110%	73%	3110	5016	124	549

Nutrition Program results

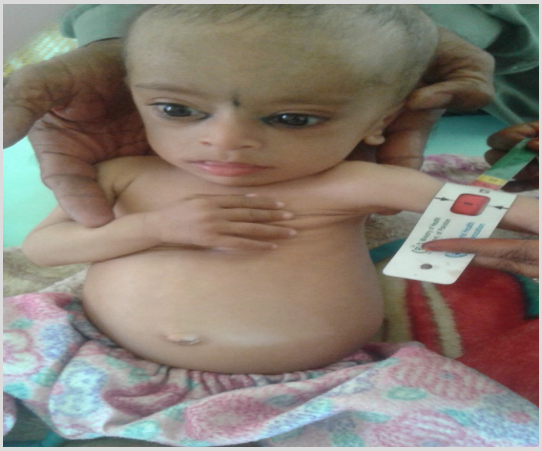
Before



District Sibi



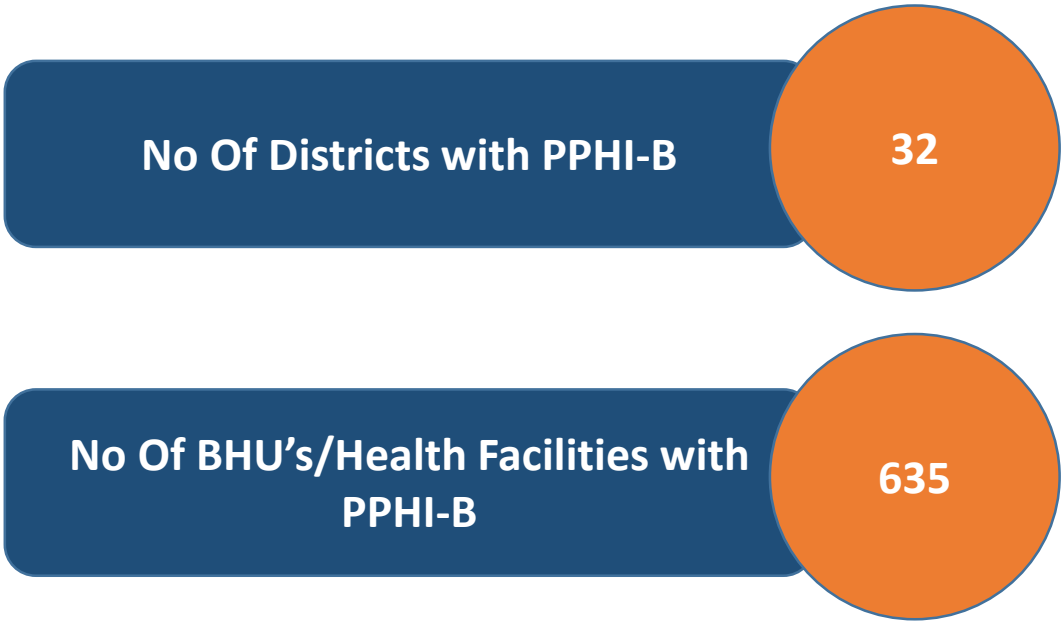
District Kilasaifullah



District Kharan

After

Detail of Health Infrastructure Balochistan 2016



Sr. #	Description	Total HFs	With PPHI-B
i)	Teaching Hospitals	9	0
ii)	Divisional HQ Hospitals	2	0
iii)	District HQ Hospitals	23	0
iv)	TB Clinics	23	0
v)	50-Beded Hospitals	4	0
vi)	Civil Hospitals	12	0
vii)	Rural Health Centers	101	1
viii)	Basic Health Units	641	631
ix)	Basic Health Units 24/7 MCH Plus	(37)	(37)
x)	Civil Dispensaries	541	3
xi)	Static Centers	(451)	(291)
xii)	MCHCs	92	0
xiii)	Other HFs	37	0
(xiv)	Health Houses (LHWs)	6720	0
TOTAL		8205	635

SOURCE: F1 TO F13AND P1 – P5 REPORTING SYSTEM PPHI-B

Maintenance of Physical Infrastructure of Health Facilities, Balochistan

BHU Guwargo Pajgoor after repair and renovation

Setting Benchmark
STANDARDS

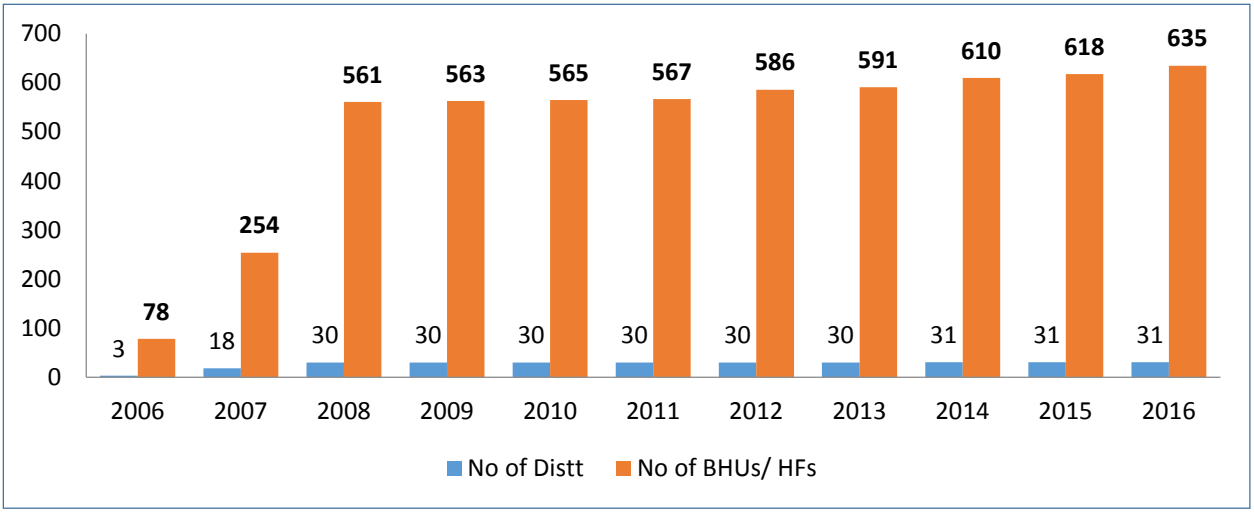
BHU Sorgaz, Mastung after repair/rennovation

BHU Chander, Kachhi after repair/rennovation

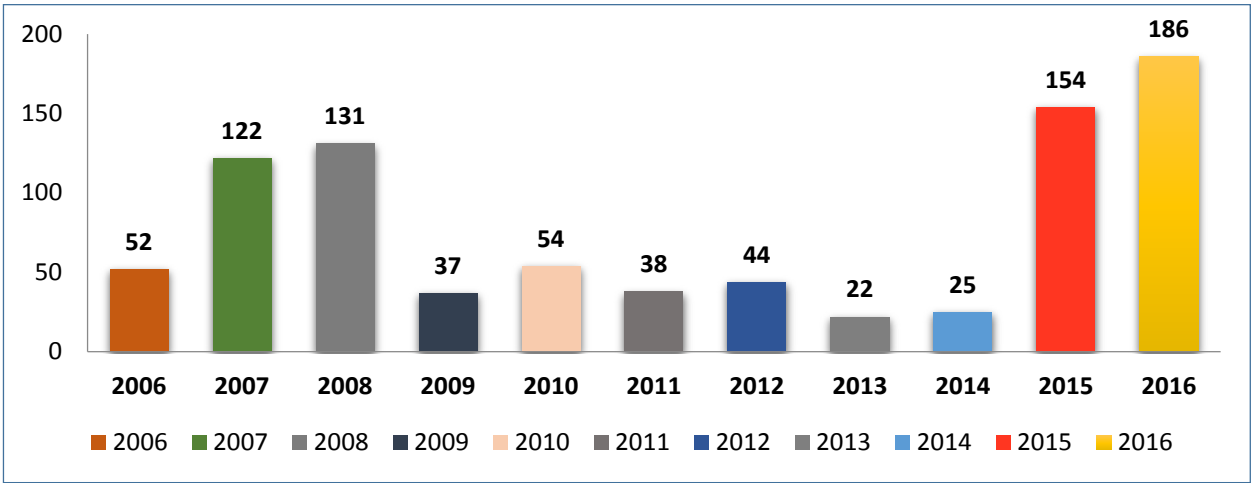
Effective Utilization of
RESOURCES

BHU Bajori, Khuzdar after repair/ronnovation

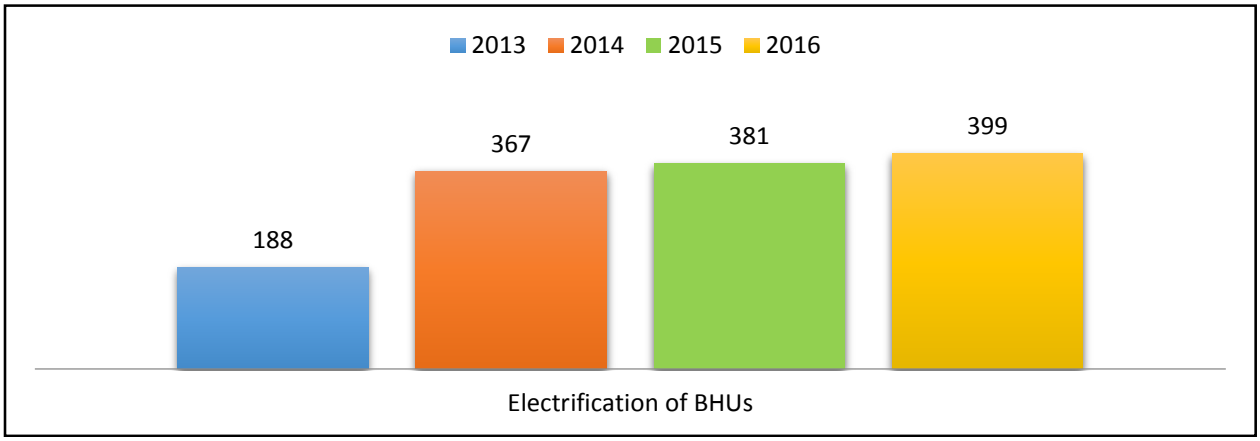
BHU's growth over the years



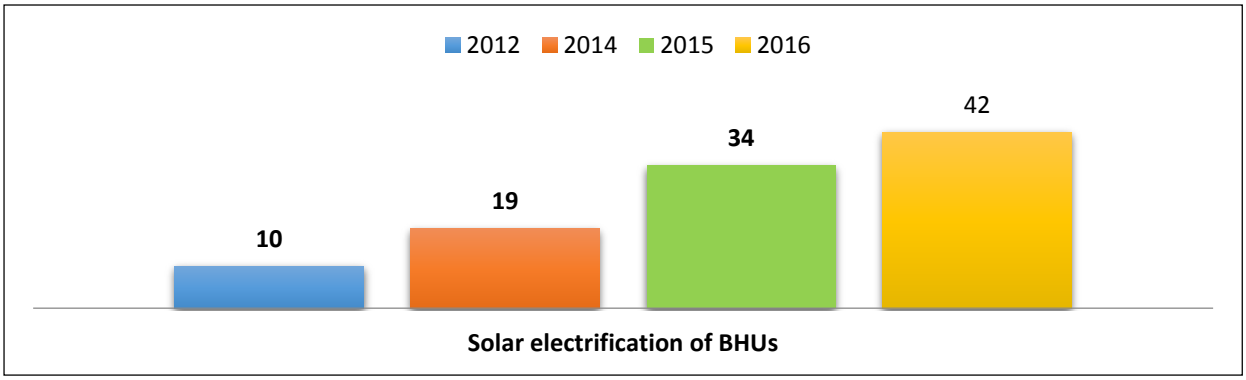
Repair, Renovation and Provision of Medical Equipments/ Furniture of BHUs



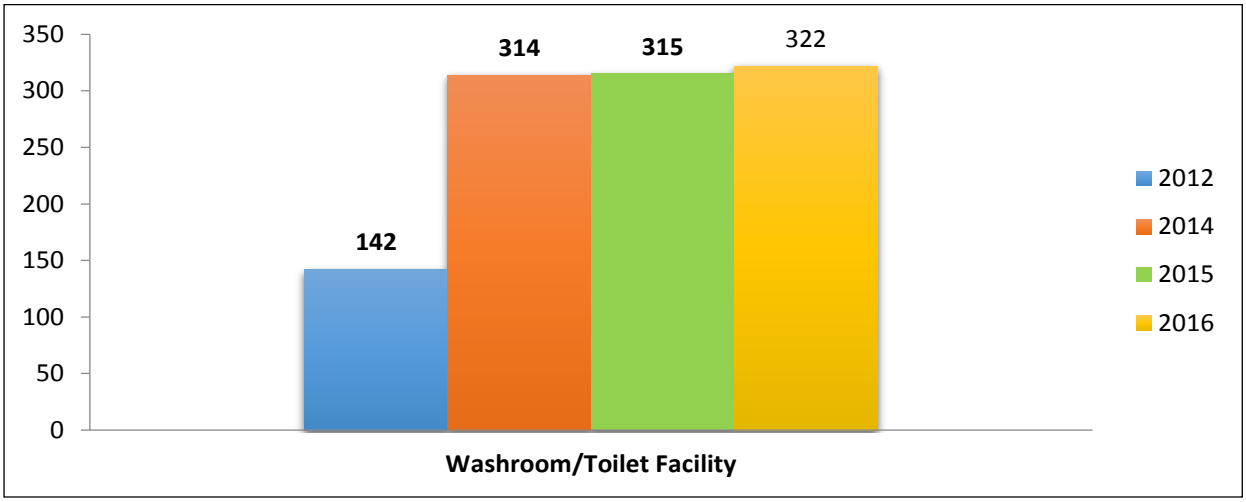
Electrification of BHUs



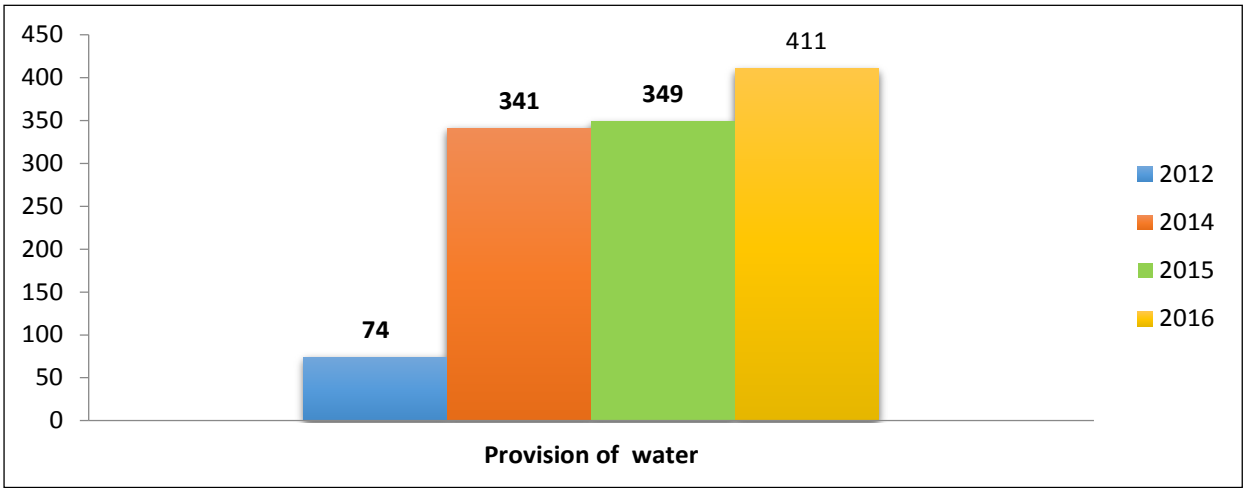
Solar Electrification of BHUs



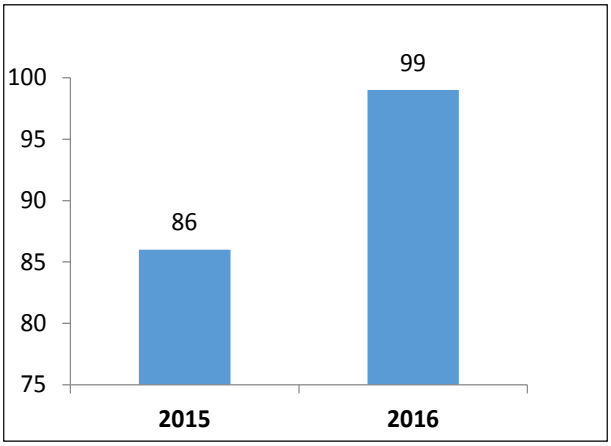
Washroom/Toilet Facility for Patients

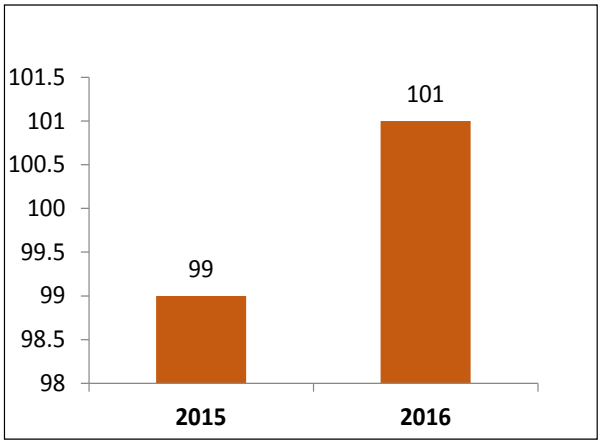


Provision of Water



Laboratories / Labor Rooms





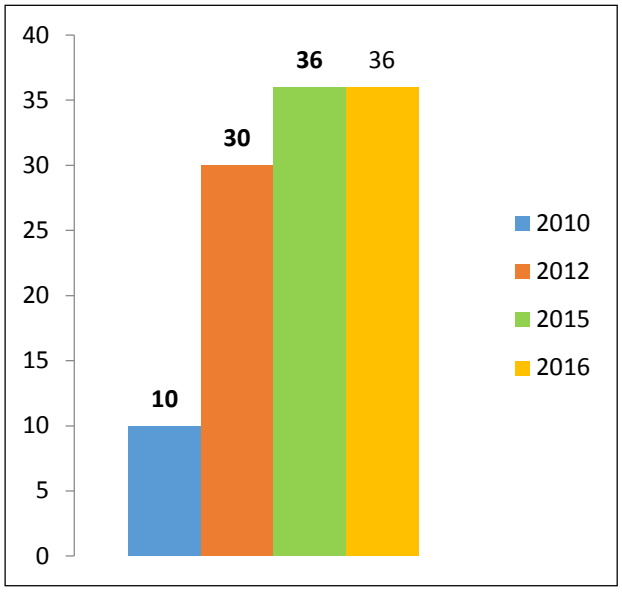
Solar Electrification BHU Shadoband Gwadar

Provision of Tap Water BHU Minzaki, Pishin

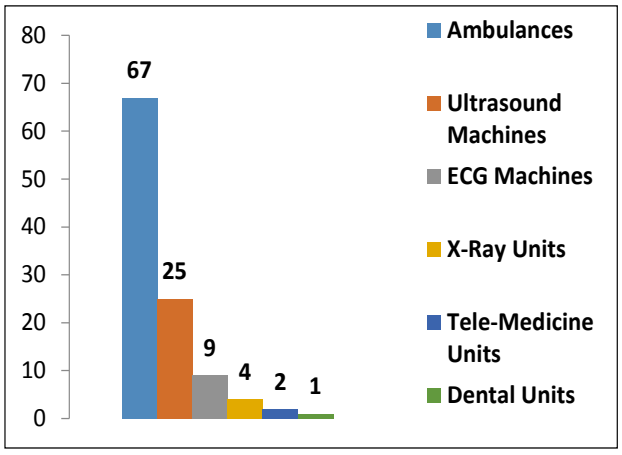
Provision of Tap Water & Toilet BHU Mishkaf Kachhi

Provision of Tap Water & Toilet BHU Sorgaz Mastung

Establishment of 24/7 MCHCs Centers/ Facility Based Delivery



Labor Room at BHU Nisai, K. Saifullah



Ambulance at BHU Miskan Zai, Kharan

BHU + MCH Services 24/7/Facility Based Delivery

PPHI-B has upgraded 17 BHUs into 24/7 MCHCs Plus (24/7 Basic Emergency Obstetric and Newborn Care (EmONC)) 2012 and 20 in 2014. These BHUs were provided, Lady Doctors, LHVs, ultrasound machines, labor room equipments, women specific medicines, micro lab for diagnostic tests, generators and ambulances. These centers are providing delivery services to enhance the institutional deliveries. The complicated pregnancy cases are referred for Comprehensive EmONCS to DHQ or Teaching Hospital.

The following basic essential obstetric care had been provided and standard protocols were used to monitor and manage labor. Basic essential obstetric care is performed at the 36 BHUs + MCH Services 24/7 to address, or stabilize before referral, the main complications of delivery, such as ante-partum hemorrhage, eclampsia, prolonged labor, uterine rupture, post-partum hemorrhage, repair of vaginal and cervical tears, and retained placenta.

These include:

Initial assessment, duration, use of a partograph;

Assessment of fetal well being;

Episiotomy;

Special care for women who have undergone genital mutilation;

Use of vacuum extractor;

Management of hemorrhage management of eclampsia;

Multiple birth;

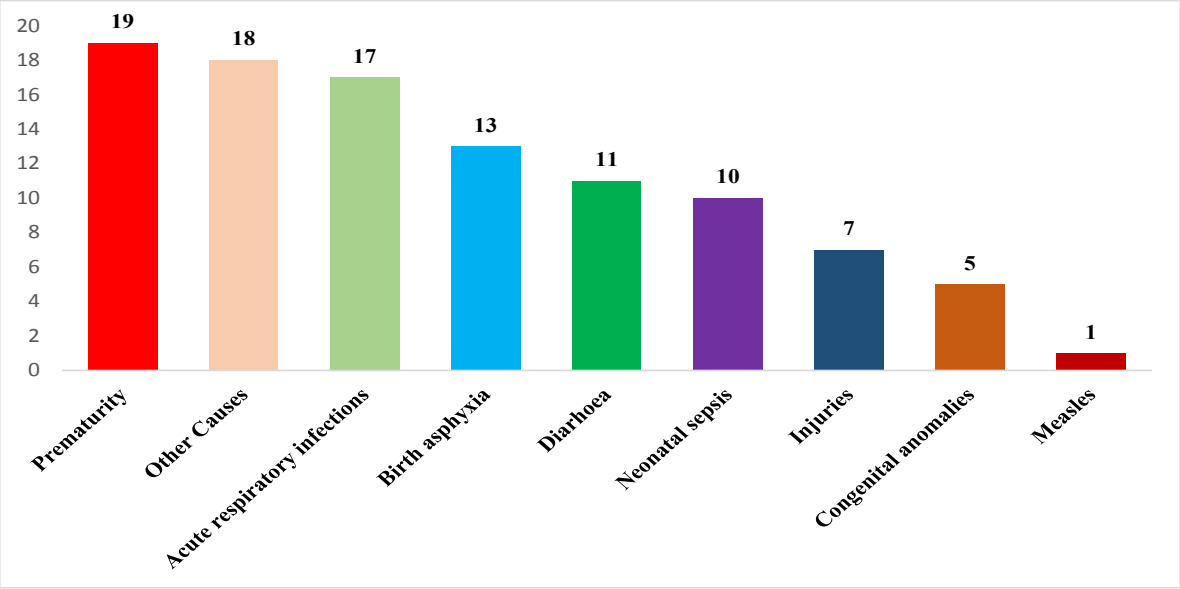
Breech delivery

Referral to next level of care, if necessary.

These 36 BHUs + MCH Services 24/7 Basic Emergency Obstetric and Newborn Care are equipped with broad spectrum inject able and oral anti-biotic (ampicillin, penicillin, doxycycline, gentamicin, metronidazole), plasma expanders, anti-convulsions, oxytocics, ergometrine, analgesics, magnesium sulphate, misoprestol, suturing kits, "high" sterilization techniques, gloves, syringes and needles, delivery equipment, and materials for universal precautions.

These facilities are providing resuscitation and basic care to the newborn (e. g., management of hypothermia and hypoglycemia), including measurement of birth weight. A readily available prophylactic to prevent neonatal ophthalmic, ideally polyfix eye ointment, has given to all newborns.

Distribution of causes of deaths in children under-5, 2013 in Pakistan



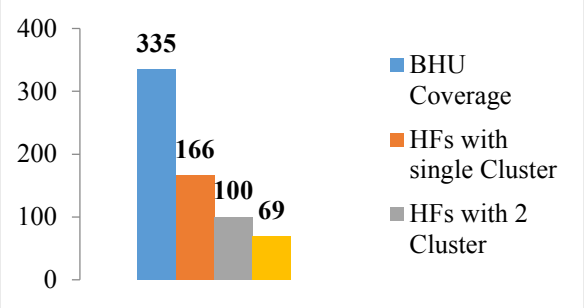
Source: WHO

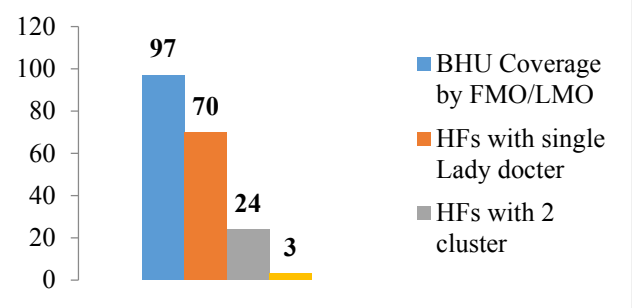
PPHI-BHuman Resource and Development

Detail of sanctioned posts, contract employees and vacant positions

S #	Healthcare Provider		Sanctioned Posts	Working	Government Employees	PPHI Contract	% PPHI Staff	Vacant
1	MOs		587	232	149	83	36%	355
2	LMOs		114	81	42	39	48%	33
3	Dental Surgeon		2	1	1	0	0	1
4	Pharmacist		1	2	1	1	50%	0
Total			704	316	193	123		
4	Social Organizers		0	54	0	54	100%	0
5	LHVs		360	326	170	156	48%	34
6	MTs	Male	507	478	334	144	30%	29
		Female	322	222	190	32	14%	128
7	Dispensers		341	379	242	137	36%	(38)
8	Vaccinators		286	401	209	192	48%	(115)
9	Lab Assistants		5	83	5	78	94%	(78)
10	X-Ray Assistant		2	4	1	3	0	(2)
Total			1823	1947	1151	796		

Medical Officers/Female Medical Officers/Lady Medical Officers coverage





The Clustering of Health Facilities

People living in rural Balochistan have always been at the receiving end of health services. In the vastness of the countryside, life offers constant challenges and hardships for the rural communities. Their problems are compounded by the fact that health professional's least prefer to serve in rural and distant areas. Medical officers mostly flock to towns and cities in search of job, creating a gap in health services in rural areas. Subsequently, this trend hampers the ability of healthcare providers to ensure health services for the rural public. The health department Govt. of Balochistan has notified to enhance the salaries MOs and LMOs who serve in rural areas under four categories to reverse this trend. As healthcare providing agency, PPHI-B's operations mainly concern the rural regions and communities of Balochistan where health professionals, especially medical officers and Lady Health Visitors are in short supply.

Clustering is not an article of faith with PPHI-B as some may tend to believe. It is the result of local realities at district level. While some BHUs are being served by one Medical Professional in clusters of 3, a large number are arranged in clusters of two HFs or are being managed by single MO. The arrangements vary from place to place as considered best given the relevant local conditions. The availability of professionals, medics and para-medics, in remote villages has always been a serious issue. We believe that where a resource is scarce, it must be shared. PPHI-B is working in 32 Districts with 23 clusters of 3 BHUs, as many as 50 clusters of 2 BHUs and 166 MOs at a single facility, 335 BHUs are covered with 55 percent MO coverage. We do, however, have views on the appropriateness of having a whole-time medical professional at each BHUs having more than 4000 population.

The clustering plan has considerably increased the facility utilization rate during the previous years. As a result, clustering system has also provided 55% MOs coverage in 614 BHUs and 78 % LMOs at 105 BHUs of Balochistan according to their sanctioned strength.

Male OPD BHU Tomni, Barkhan

Female OPD BHUGhurmai, Harnai

Female OPD BHU Aabsar Kech

Male OPD BHU Aghbarg, Pishin

Male OPD at BHU, Dera Bugti

Female OPD at BHU, Jaffarabad

Human Resource Development and Management

Extensive human resource development is a salient feature of PPHI-B as an organization. PPHI Balochistan invests tremendously in capacity-building of its human capital because they serve as the backbone of the organization. Health and managerial staff undergo relevant trainings throughout their tenure, which help them perform their responsibilities with professionalism and commitment. The capacity building programs aim at improving the staffs' understanding of the relevant concepts and to polish their skills to improve the overall service outcomes.

So far the district support managers, social organizers and other staff have been trained in various areas. The district managers have been trained in health management and development at the Institute of Public Health Quetta. Likewise, the social organizers were trained in the arts of health education, communication, behavior change communication and social mobilization and selected office assistants were trained in district health information system. On the other hand, the health staffs have been trained in handling complex cases. They have been trained in routine polio, immunization, MNCH, DEWS, malaria, hepatitis, diarrhea, ARI, TB DOTs, and Crimean-Congo hemorrhagic fever (CCHF) and dengue fever.

Practical Training Course in Maternal, Neonatal and Child Health

Maternal and child health care is the 5th component of primary health care. PPHI Balochistan has strongly emphasized on MCH services in each BHU/HF. It has established 24/7 labor rooms to enhance the institution/facility deliveries to reduce the high numbers of deaths and illnesses resulting from complications of pregnancy and child birth. In Pakistan like other underdeveloped countries, maternal mortality is a leading cause of death for women of reproductive age. Most maternal deaths result from anemia, hemorrhage, complications of unsafe abortion, pregnancy with hypertension, sepsis and obstructed labor. MCH seeks to address these direct medical causes and undertake related activities to ensure women have access to comprehensive reproductive health services.

PPHI Balochistan in 2015 signed a memorandum of understanding with Institute of Development Studies and Practices (IDSP) and revised it in 2016 for capacity building of lady health visitors (LHVs). Under this partnership, the lady health visitors are trained in modern concepts and practices in maternal, neonatal and child health at the Karachi-based Qatar Hospital. The training course is designed to improve MNCH outcomes in Balochistan which ranks first in maternal and child mortality in Pakistan. During this three-month long course, each LHV practically handles around 50 delivery cases in the supervision of highly qualified medical professionals. In 2015, fifty LHVs and in 2016 48 LHVs from different districts of Balochistan were trained at the Qatar Hospital. The post-training performance of LHVs has shown visible improvement. The LHVs are now working in a professional manner with increased self-confidence. They are able to handle complicated pregnancy cases at the BHUs. The trained LHVs have caused an obvious surge in the number of female outpatients which indicates that the public's confidence in BHUs has grown. Apart from treating patients, the LHVs are also mobilizing the communities to seek medical help in antenatal and postnatal cases at BHUs.

There are many factors that constitute the selection criteria of LHVs for training in Karachi. Those serving in underserved areas and poor slums are given preference. PPHI particularly aims for rural and urban slums which are mostly inhabited by poor and marginalized communities. It has established several MCH centers that operate 24/7 in the underserved localities. IDSP Pakistan issued a report late last year on LHVs training program. It stated that from March to September 2015, the trained LHVs had given professional and safe maternity healthcare to 1710 women at BHUs. Likewise, the number of referral cases by LHVs had also grown impressively. Six batches of eighty eight (88) LHVs and FMTs have successfully completed their three (3) months training in Qatar Hospital Karachi.

DHIS orientation during MRM meeting at Naseer Abad

DHIS orientation during MRM meeting at Lasbela

7th Batch of LHVs,group photo at Qatar Hospital Karachi

Two Days Workshop on Primary Health Care Management (November 28-29, 2016)

PPHI-B is engaged in the delivery of Primary Health Care (PHC) services since 2006. It has a proper supervision, monitoring and evaluation system for accountability in districts regarding provision of PHC services in BHU catchment areas. For DSU performance measurement targets have been set with quarterly performance evaluation. Performance evaluation of DSUs is reported and disseminated to all stakeholders of PHC. A two day ' Workshop on Primary Health Care Management was held in November 2016 with the participation of all DSMs wherein performance of the districts was discussed and suggestions/recommendations regarding issues and bottle necks faced by different districts were examined at length.

The workshop was aimed at carrying out a systematic performance review of the District Support Units engaged in delivery of PHC services across BHUs in the province. The districts were analyzed in light of third quarter reports in terms of the quality, acceptability, efficiency and equity. The basic aim of such performance measurement was to get a holistic picture of PPHI in healthcare system and to identify the lacunas and loopholes for setting future direction.

Mr. Rafiq Raisani Chief Operating Officer while briefing the participants regarding the workshop objectives said that the demand for high quality health care has been constantly increasing and is likely to continue growing in the foreseeable future. It is evident that due to the global demographic changes, potential users of Primary Health Care services are getting older and therefore, with greater disease complexity, provoking the emergence of higher expectations towards health system performance.

PPHI-B classifies performance indicators in Primary Health Care into categories i.e. Preventive Care, Curative Care, Monitoring & Supervision and submission of monthly reports.

Moreover, Dr. Mukhtar Zehri gave a detailed description about the meaning and components of Primary Health Care to the participants. He also shed light on Principles/Corner stone's of PHC i.e. equitable distribution, community participation, intersect-oral coordination, appropriate technology and human resource development. He elaborated in detail the components of PHC explaining how to promote food supply and proper nutrition, supply of safe water and basic sanitation, maternal and child healthcare including family planning, appropriate immunization process, treatment of common diseases and injuries, controlling epidemics, provision of essential drugs to the community, enhancing community participation, reducing mental health problems and curing non-communicable diseases. The Components of PHC were well defined to the participants, and the same was observed in the question and answer session. All participants were satisfied with the discussion about PHC as it was a learning session for all of them.

Dr. Amir Bakhsh Baloch Focal Person Nutrition in his presentation discussed the details of the Nutrition Project running in seven targeted districts across Balochistan. He presented an analytical overview of the project activities and elaborated the strategies, coordination mechanism, community mobilization, recording and reporting tools in his participatory presentation. Strengths, gaps and weakness of the project activities in different districts were also discussed in length during the presentation along with approached to mitigation and practical solutions of these weaknesses were suggested in this regard. An overview of Nutritional program in the country in general and particularly in Balochistan.

Importance of the Nutrition in Primary Health Care and impact of malnutrition on mental and physical growth of the children under five and health of the pregnant and lactating women were also discussed in the presentation.

Mr. Rashd Razzaq, Chief Executive Officer said his closing remarks that the teamwork and objectivity have been at the heart of PPHI's success and we as an organization have managed to strike a great balance between both. Further he said that when a team outgrows individual performance and learns team confidence, excellence becomes a reality.

A session of two Days Workshop on Primary Health care Management was chaired by Mr. Noor ul Haq Baloch Secretary Govt.nof Balochistan, Department of Health

Group Photo of Participants of two Days Workshop on Primary Health care Management at Quetta with Chief Executive Officer PPHI-B

PREVENTIVE & PROMOTIONAL SERVICES

HEALTH EDUCATION AND PROMOTION

Primary health care (PHC) is an essential part of health care and its main principles are equity, health promotion and disease prevention, community participation, appropriate health technology and multi sect oral approach. The health services based on PHC among other things are; education about prevailing health problems and the methods of preventing and controlling them, provision of safe drinking water and sanitation, proper nutrition, maternal and child care including family planning, immunization against major infectious diseases, prevention and control of locally endemic and epidemic diseases and provision of essential drugs and supplies.

Health education is the process of persuading people to accept measures which will improve their health and to reject those that will have an adverse effect. The various components of primary health care services can only succeed if they are widely accepted by the individual and community. Health education is a significant tool in primary health care services because individual behavior now has a greater effect on health. In Balochistan, the methods of disseminating health education to the people is extremely difficult as effected areas are mostly rural with low literacy rates both in male and female population. Reading health information on IEC materials is not something most of the communty members can do. PPHI-B adapted a strategy of pictorial messages on health education for communities. The role of health education is to convince the community and individuals of the importance of health and services rendered by the PHC. One of the best ways to achieve effective PHC is to ensure that the educating role is spread out across the community creating a widespread effect throughout the population.

Health education plays the following vital roles in the implementation of primary health care components. PPHI-B identified the roles of health care provider and social organizer at BHUs as health educators on: immunization, maternity services, child health, communicable diseases control, environmental health, nutrition, community health sessions, school health sessions, first aid services, drug addiction, accident prevention and emergency services and family life education.

PPHI-B identified five major needs for health education in PHC and these needs are:

i. Improved Health: Health education helps people improve their health in all stages of life. This activity is performed by health care provider and social organizer by visiting communities to give health talks as well as voluntary counseling on how to improve health and live a disease free life.

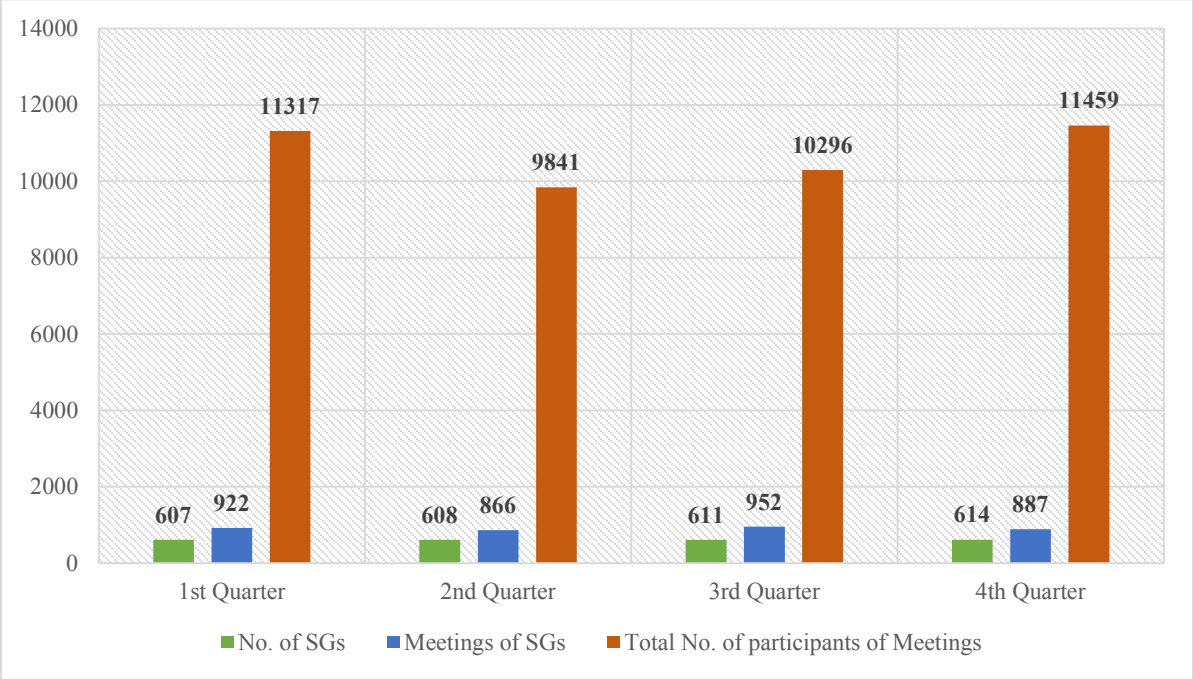
ii. Improve Decision Making: It helps people make better health decisions. To do so health care provider and social organizer often tailor their messages to the groups. It explains the risks of unhealthy habits like smoking and drug addiction.

iii. Fight Diseases: The goal of health education at the primary health care system is to minimize the occurrence of life threatening illnesses. For example, the risk of diabetes and heart diseases can be lessened with proper diet and exercise.

iv. Fight Misconception: It helps to correct some misconceptions affecting people's health. For example, in the northern part of Balochistan, where people believed that Polio immunization is a means of putting an end to child bearing (Family planning) can be corrected through health education.

v. Provide Resources: Health care provider and social organizer provide educational resources in the form of flyer's carrying health messages, posters and pamphlet's. It creates awareness on health services that are available for free or at minimal cost.

SUPPORT GROUP MEETINGS



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

COMMUNITY PARTICIPATION

There is limited evidence that community participation is associated with intermediate outcomes such as service access, utilization, quality and responsiveness that ultimately contribute to health outcomes. PPHI-B as a primary health care organization and service provider has encouraged participatory mechanisms where participation is an engaged and developmental process and people are actively involved in determining priorities and implementing solutions. Community participation is considered important in primary health care development and there is some evidence to suggest it results in positive health outcomes. Through a process of synthesizing existing evidence for the effectiveness of community participation in terms of health outcomes we identified several conceptual areas of confusion.

The PPHI-B has organized a "Support Group" attached to every BHU. Each Group comprises carefully selected individuals who represent important interests like elected councilors, malik's, wadera's, teacher's, ulema's, students, professionals, minorities, etc. The Group meets at least once a month and integrates the BHU with the community that has a stake in the services delivered. It is the group's responsibility to see that the BHU is pro

-viding the necessary basic health care facilities. Social organizer conduct social group meetings. These community based groups provide a strong support for the delivery of healthcare services. In most of the cases, health education and promotion is carried out by social group members with the facilitation of health personnel and social organizers. The support groups serve as a bridge between the communities and PPHI-B. Such extensive engagement achieves the following objectives:

i. Community health sessions at the BHUs through the medics and paramedics.

ii. Community health sessions in the villages through support groups

iii. School health sessions for educating children on health

iv. Need assessment for sustainable PHC services

v. Community mobilization for maximum participation in PHC related initiatives

vi. Identifying different health and social issues and devise ways and means for their solution with the help of the community through a participatory approach.

vii. Regular contact with people through monthly support group meeting

Support Group Meeting, District Sherani

Support Group Meeting, District Pishin

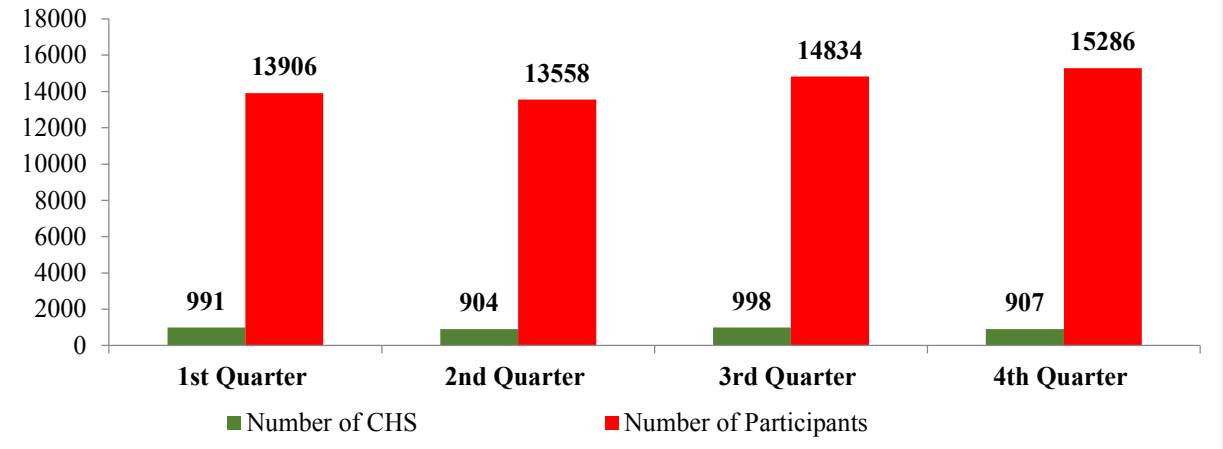
Support Group Meeting, District Dera Bugti

Support Group Meeting, BHU Sordo District Panjgoor

HEALTH EDUCATION AND PROMOTION

Community health sessions are a regular activity at the BHUs. Every Social Organizer and medical officer/paramedic is now going out into the villages and getting the community together for interactive sessions on healthcare issues. These sessions are expected to create and enhance public awareness on hygiene, sanitation, hand washing, nutrition, family health, disease prevention, family planning, immunization, inoculations, child health, etc. Family and community involvement is crucial for healthy home behaviors during pregnancy and has been shown to be a major determinant of use of ANC services. Establishing links between the community and the facility can increase utilization of services, including ANC, and impact maternal and neonatal mortality as well as stillbirths. The male partner, mother or mother in law should be welcomed to attend an ANC session with the woman. Their support can help the woman follow the ANC recommendations, encourage shared decision making, and improve the health for both mother and newborn.

Community Health Sessions: Participants



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

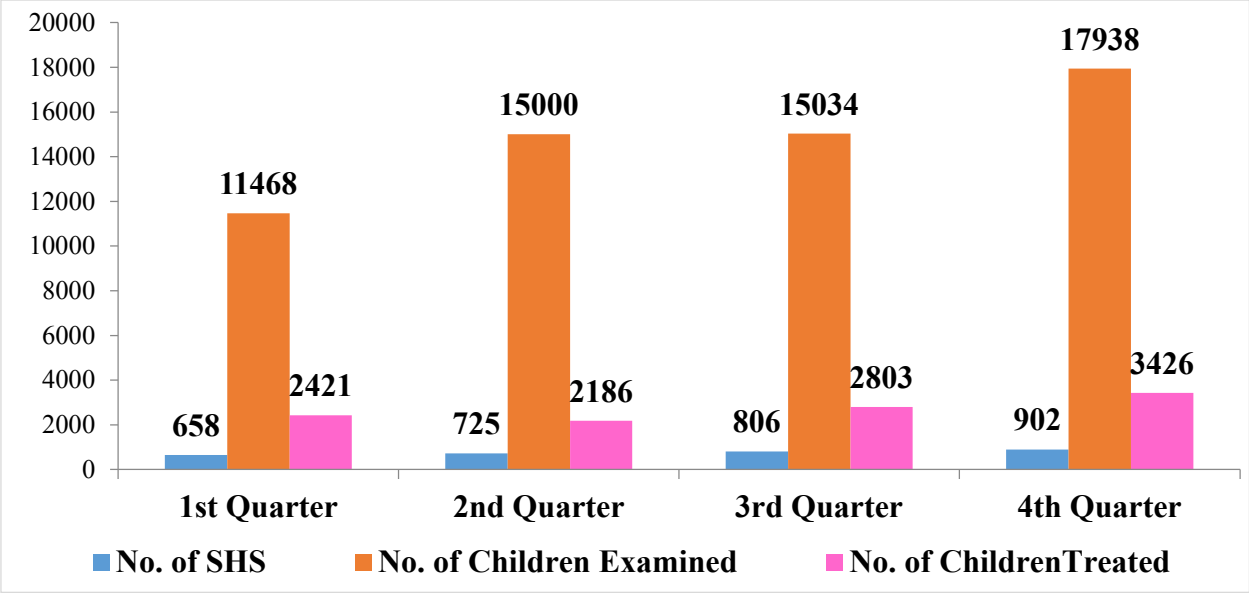
Community Health Session at District Kachhi

Community Health Session at District Gwadar

Community Health Session at District Kohlu

Community Health Session at District Sherani

SCHOOL/ MADRASSA HEALTH SESSIONS AND CHILDREN TREATED



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

School Health Session at District Harnai

School Health Session at District Naseer Abad

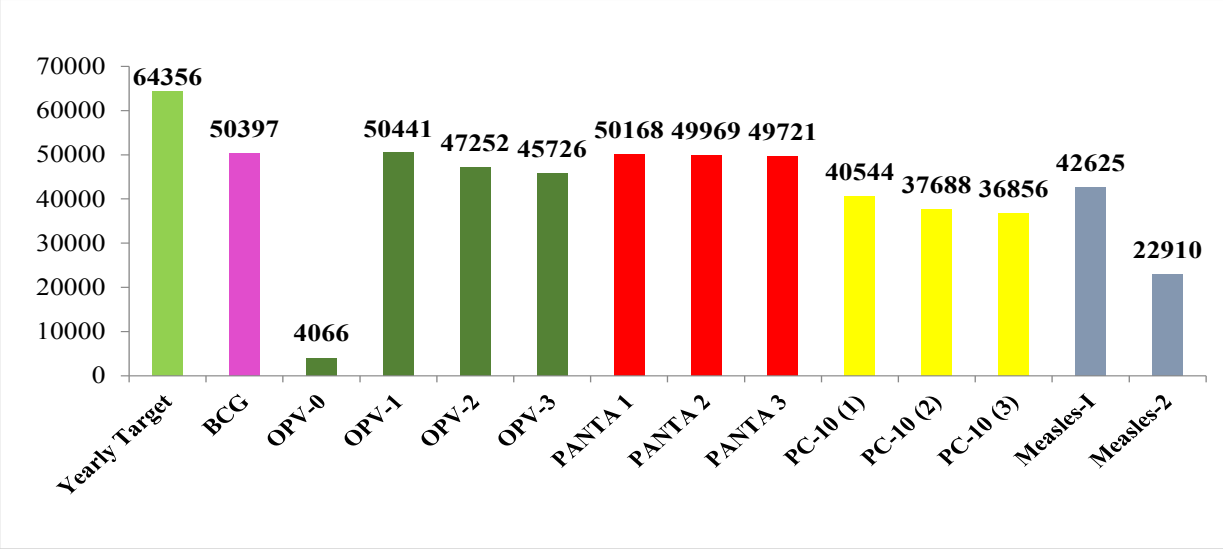
School Health Session at District Lasbela

School Health Session at District Killa Saiullah

IMMUNIZATIONJANUARY-DECEMBER, 2016

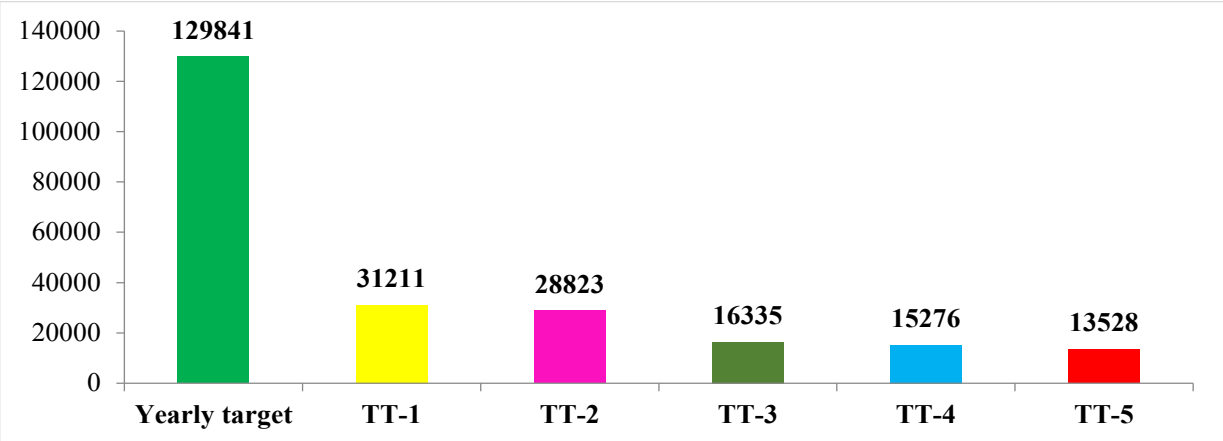
The Expanded Program on Immunization (EPI) in Pakistan protects the population against "9" vaccine-preventable diseases like infant tuberculosis, poliomyelitis, diphtheria, whooping cough, neonatal tetanus, hepatitis B, pneumonia, hemophilus influenza B (causes meningitis, pneumonia) and measles. The immunization program targets all children between the ages of 0-23 months. But, unfortunately vaccine-preventable diseases still account for majority of the infant and child mortalities in Pakistan. Evidence suggests that underachievement in immunization is due to a combination of factors, which include substandard service delivery, program mismanagement, inadequate monitoring and evaluation, ineffective logistics control, gaps in human resource and underfunding. In this scenario, the best option for the government is to strengthen the health system and improve the routine immunization.

Although EPI is beyond the purview of PPHI-B, still it has always complemented and supplemented the immunization program in all possible manners and has given tangible results. The EPI has established 492 static centers in Balochistan, out of which 284 are located in the BHUs. To put immunization services on track, PPHI-B has recruited 189 vaccinators on contract basis who run the static centers to achieve the national immunization targets. It is noteworthy that Balochistan's 21% of the total immunization target is achieved by the static centers at BHUs. In 2016 immunization coverage for BCG was 78%, Panta 3, 64% and Measles 66 %.



SOURCE: SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

TT Vaccination

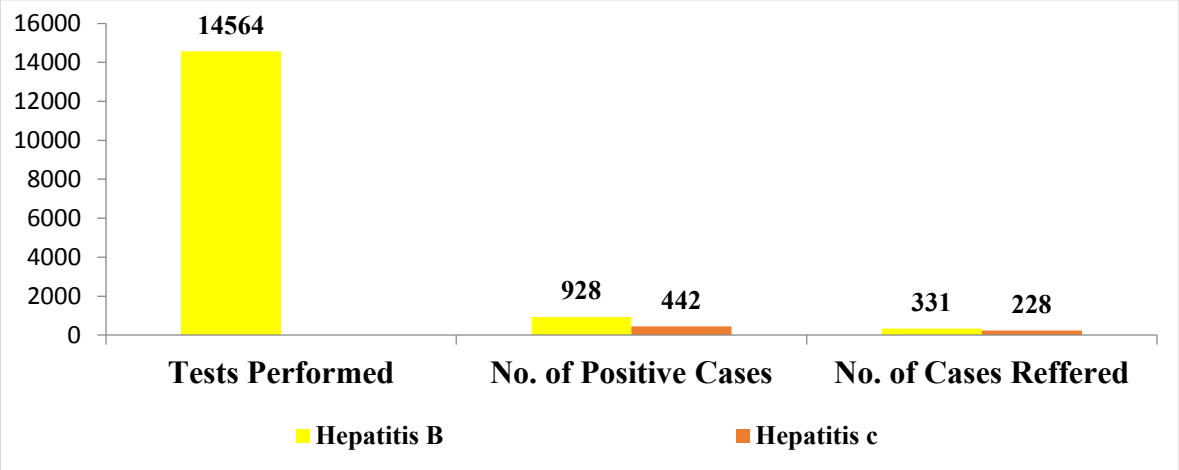


SOURCE: DHIS REPORTS PPHI-B

HEPATITIS B & C SCREENING

The National prevalence rates for hepatitis B surface antigen (HBs Ag) and anti-hepatitis C virus (HCV) are 2.5% and 4.8% with an overall infection rate of 7.3% consistent with an ongoing high burden of chronic liver disease.

Hepatitis B virus (HBV) and hepatitis C virus (HCV) contribute to the global public health threats confronting most developing countries, where health care systems lack the safety measures necessary to avert the risks of infection and public awareness about the modes of transmission is insufficient . World Health Organization (WHO) has worked with the Federal Ministry of Health substantiating the urgency of adding hepatitis B vaccine to the roster of the national Expanded Program on Immunization (EPI) in 1994 and of its provision to all newborn children in order to build a nationwide lifelong immunity and eliminate the burden of HBV. This arrangement was sustained until 2008 the pentavalent was introduced, which contained five antigens; diphtheria, tetanus, pertussis, hepatitis B, Haemophilus influenza type b (HIb) vaccine. PPHI Balochistan is working on preventive care HBV in communities and makes arrangement's with NGOs for screening of HBV & HCV at camps in risk groups. We are also focusing and emphasizing on preventive care and health care promotion about Hepatitis A, B and C in social group meetings, community health sessions and school/madresah sessions.



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

Antenatal Care at Basic Health Units Balochistan

Improving maternal, neonatal and child health (MNCH) is a global health and human rights priority. Good care during pregnancy is important for the mother's health and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behaviors and parenting skills. Good ANC links the woman and her family with the formal health system, increases the chance of using a skilled attendant at birth and contributes to good health through the life cycle. To reduce child mortality and improve maternal health and achieve the Sustainable Development Goal 3 PPHI-B is facing numerous challenges at district & provincial level. Limited availability, poor accessibility and low utilization of skilled birth attendance during pregnancy, child birth and the postnatal period:

i. Low basic obstetric emergency and newborn care coverage

ii. Poor involvement of communities in maternal and newborn care

iii. Limited provincial commitment of resources for maternal and newborn health care

Effects on mothers & causes of death

- Severe bleeding 25%
- Indirect causes 20%
- Infection 15%
- Unsafe abortions 13%
- Eclampsia 12%
- Obstructed labor 8%
- Other direct causes 8%

Certain pre-existing conditions become more severe during pregnancy. Malaria, anemia and malnutrition are associated with increased maternal and newborn complications as well as death where the prevalence of these conditions is high.

Effects on babies & causes of death:

- Prematurity 19 %
- Hypothermia 18 %
- Birth Asphyxia 13 %
- Acute Respiratory Infections 17%
- Diarrhea 11%
- Neonatal Sepsis 10 %
- Injuries 7 %
- Congenital Anomalies 5%
- Measles 1 %

The social, family, and community context and beliefs affect health during pregnancy either positively or negatively. Some cultures promote special foods and recommend rest for pregnant women, but in others, pregnancy is not to be acknowledged.

PPHI- B has adapted practical actions to help address the key challenges in providing quality care to mothers and babies during the critical time of pregnancy. Preventing problems for mothers and babies depends on an operational continuum of care with accessible, high quality care before and during pregnancy, childbirth, and the postnatal period. It also depends on the support available to help pregnant women reach services, particularly when complications occur. An important element in this continuum of care is effective ANC. The objective of the ANC is to prepare mother for birth and parenthood as well as prevent, detect, alleviate, or manage the three types of health problems during pregnancy that affect mothers and babies:

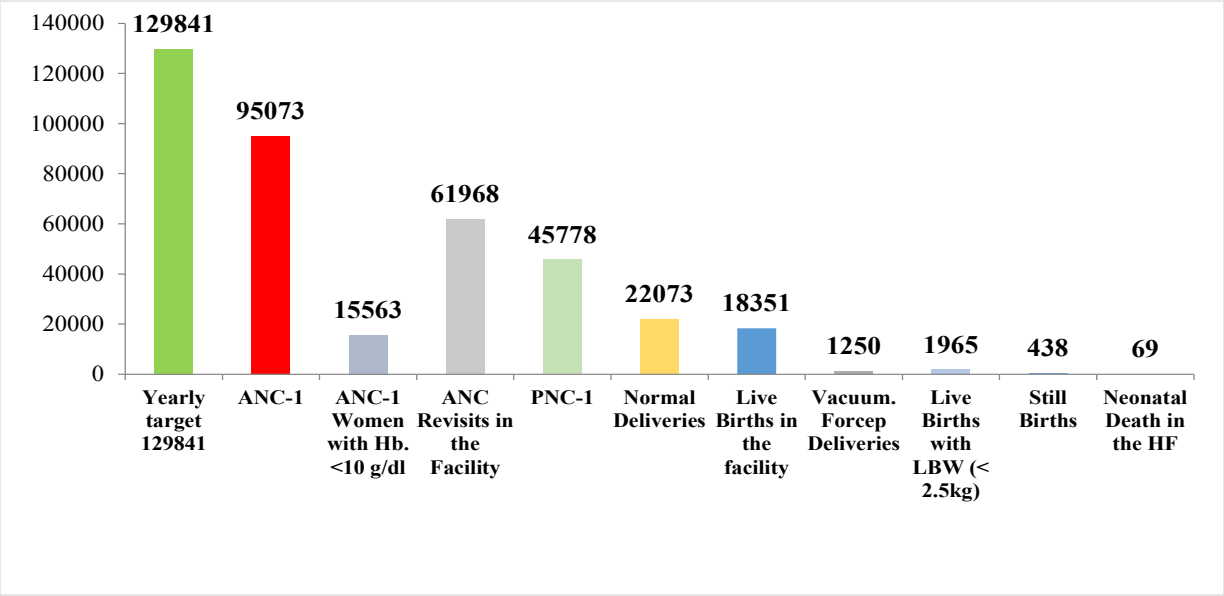
- Complications of pregnancy itself
- Pre-existing conditions that worsen during pregnancy
- Effects of unhealthy lifestyles

How Many Visits?

Pregnant women must be provided over four visits at specified intervals, at least for healthy women with no underlying medical problems

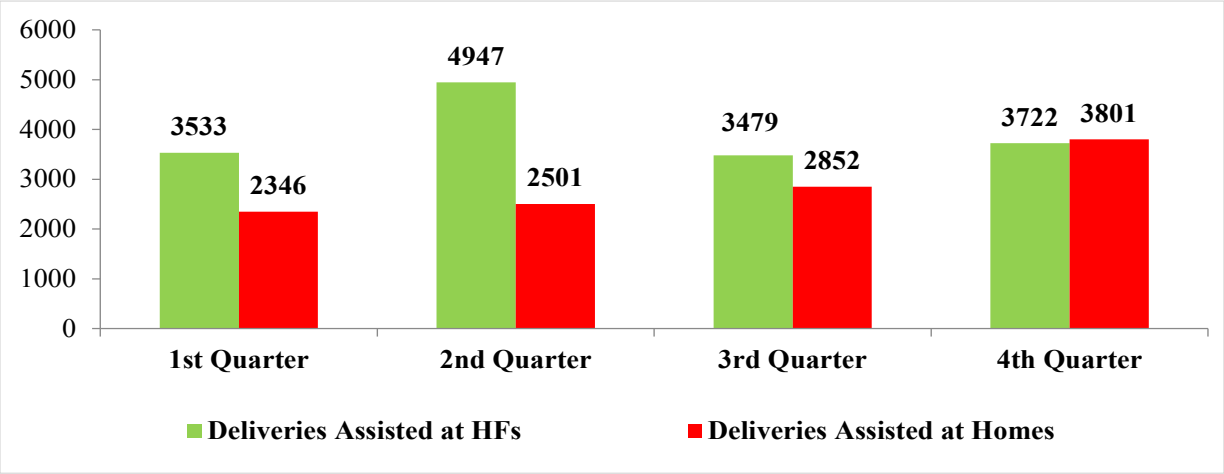
When?

For many of the essential interventions in ANC, it is crucial to have early identification of underlying conditions for example, prevention of congenital syphilis, control of anemia, and prevention of malaria complications. Hence the first ANC visit should be as early as possible in pregnancy, preferably in the first trimester. The last visit should be at around 37 weeks or near the expected date of birth to ensure that appropriate advice and care have been provided to prevent and manage problems such as multiple births (e.g. twins), post maturity (e.g. birth after 42 weeks of pregnancy, which carries an increased risk of fetal death), and abnormal positions of the baby (e.g. breech, where the baby's head is not the presenting part at birth).



SOURCE: DHIS REPORTS PPHI-B

DELIVERIES CONDUCTED



SOURCE: DHIS REPORTS, F1 TO F13 REPORTING SYSTEM PPHI-B

BIRTH SPACING/ FAMILYPLANNING

Birth spacing or waiting at least 2–3 years between pregnancies can reduce infant and child mortality, benefit maternal health and reduce maternal mortality by 30%. Birth and pregnancy spacing help in fertility return, unmet need for and use of family planning, and contact with key services for women during the period from the last birth through two years postpartum. Islam recommends working out a strategy to improve birth spacing in order to lengthen the time between births and improve the health of mothers and their babies.

Referring to the ideal period for birth spacing or having interval between births, Sheikh Yusuf Al-Qaradawi mentioned in his book "The Lawful and the Prohibited in Islam" that;

The ideal birth spacing is thirty months, or, if one wants to nurse the baby for two full years, then thirty-three months. Allah Almighty says:

"Mothers shall suckle their children for two whole years; (that is) for those who wish to complete the suckling. The duty of feeding and clothing nursing mothers in a seemly manner is upon the father of the child. No one should be charged beyond his capacity. A mother should not be made to suffer because of her child, nor should he to whom the child is born (be made to suffer) . If they desire to wean the child by mutual consent and (after) consultation, it is no sin for them; and if ye wish to give your children out to nurse, it is no sin for you, provided that ye pay what is due from you in kindness. Observe your duty to Allah, and know that Allah is Seer of what ye do." (Al-Baqarah: 233)

Benefits of Healthy Birth Spacing

• Baby can be born at the right time and have a healthy weight.

• Baby can develop well because mother can give lots of attention to the baby.

• Mother will have more energy and be less "stressed out".

• Mother will have more time to bond with the baby.

• Future babies will be healthier because Mother's body had enough time to replace nutrient stores before getting pregnant again.

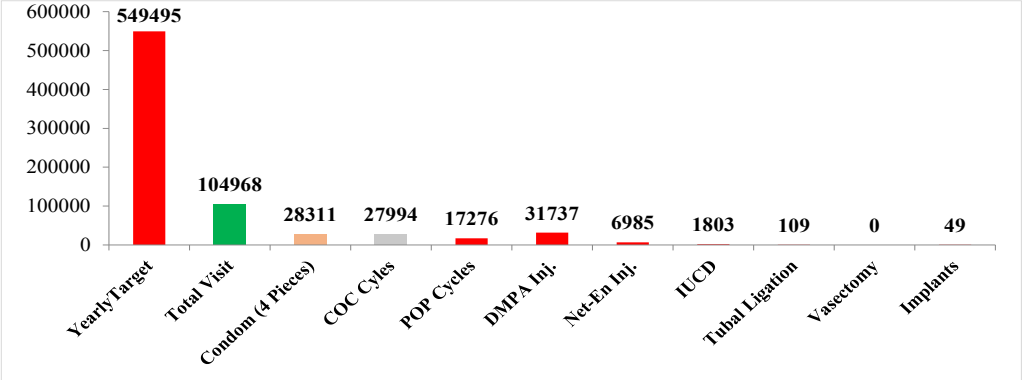
• Children who are adequately spaced are better prepared to begin kindergarten, and perform better in school.

• Mother has more time to spend with the child and the child receives more attention and assistance

• Families have more time to bond with each child.

• Parents have more time for each other and themselves

• Families can have less financial stress.



SOURCE: DHIS REPORTS PPHI-B

CURATIVE HEALTHCARE SERVICES

Curative care refers to a specific style of medical treatment and therapies provided to a patient with the main intent to improve or eliminate symptoms that the patient is experiencing and to cure the patient's overall medical problems. Examples of curative care include antibiotics, analgesics given in an acute respiratory tract infection. All of these courses of action aim to improve, and eventually eliminate overall symptoms. At Basic Health Units, health care services are the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in clients & patients. These services are delivered by medical officers, lady medical officers, medical technicians, dispensers, female medical technicians, lady health visitors, vaccinators, and other health care providers. The health care services represent the efforts put in delivering primary care, as well as in public health and referrals to secondary care and tertiary care for comprehensive management. PPHI Balochistan's curative healthcare services consist of the following components:

i. Communicable diseases control

ii. Prevention and treatment of non-communicable diseases

iii. Medical and surgical care

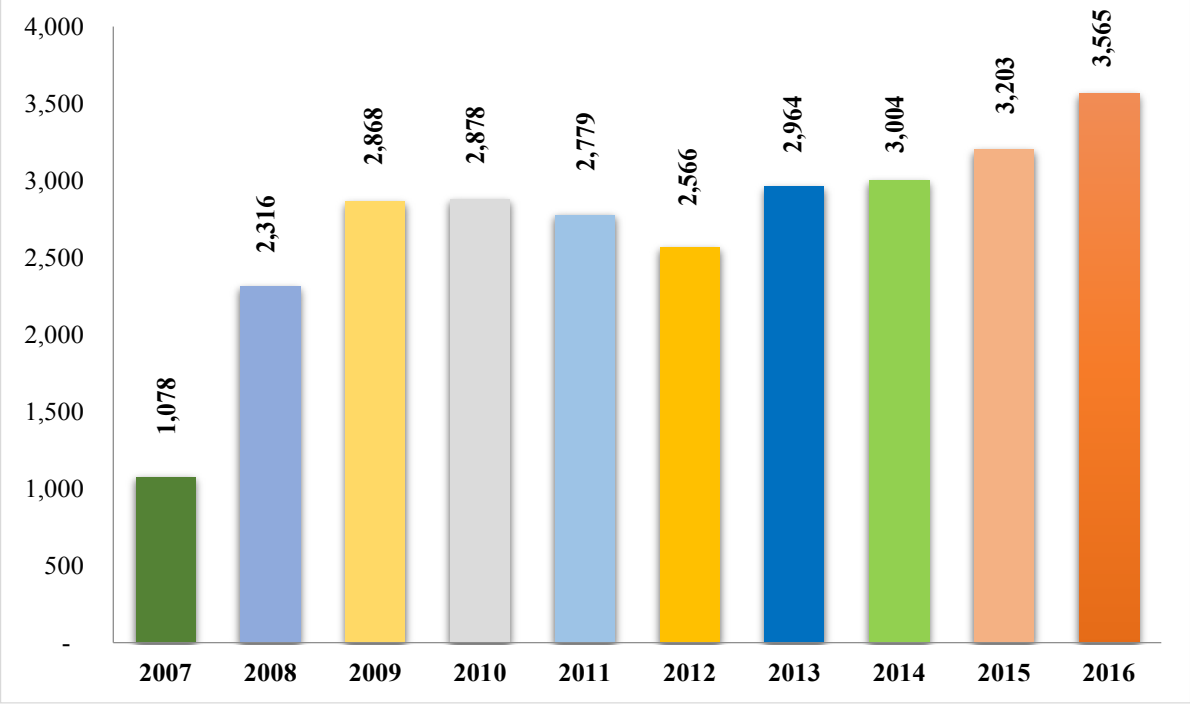
iv. Diagnostic services

v. Medical emergency services

vi. Dental care

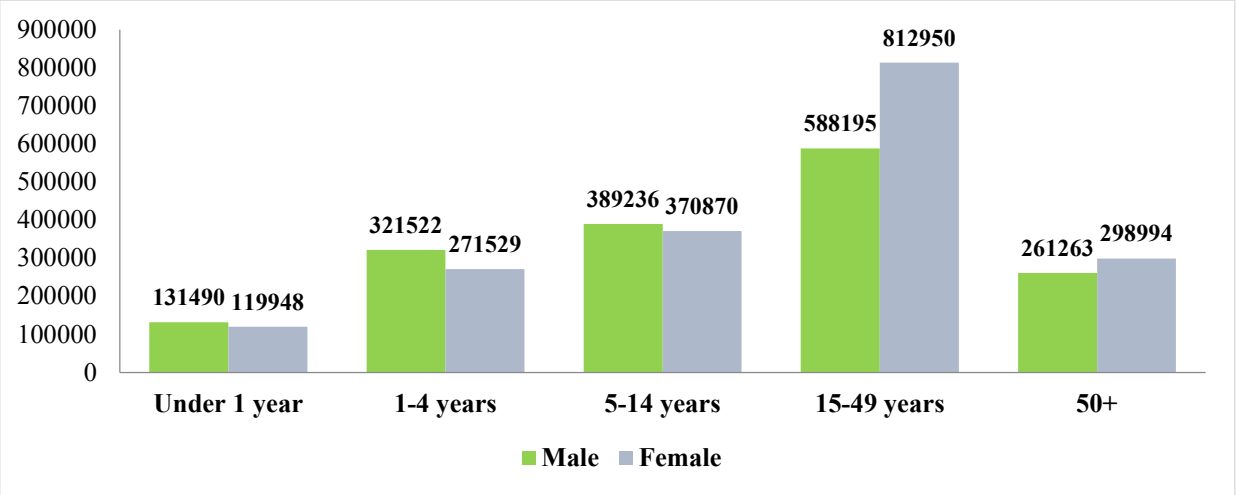
vii. Tele medicine

ANNUAL OUTPATIENTS AT BHUS (2007-2016) FIGURES IN THOUSANDS



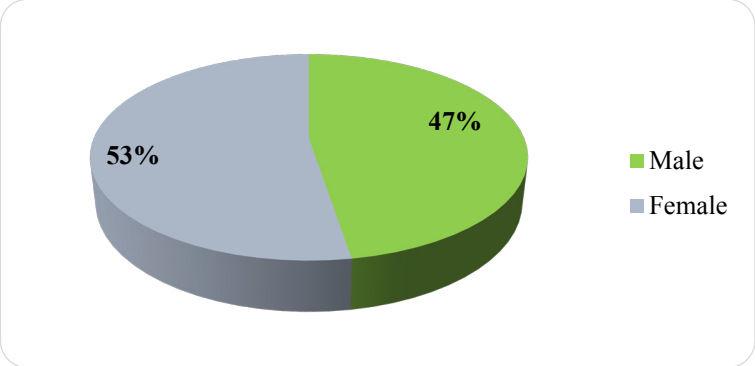
SOURCE: DHIS REPORTs PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

New Patients Distribution by Gender and Age



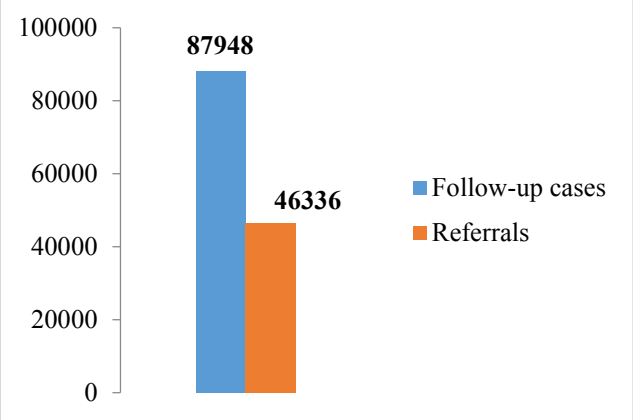
SOURCE: DHIS REPORTs PPHI-B

New Patients Distribution by Gender 2016



SOURCE: DHIS REPORTs PPHI-B

Follow-up and Referral Cases



SOURCE: DHIS REPORTs PPHI-B

Ambulance BHU Eisai Panjgoor

A significant feature of the annual report 2016 is that females have attended the BHUs more than 53 percent as compared to males. A BHU is primarily designed to handle patients with basic health issues, serious and complicated cases are immediately referred to higher health facilities such as Civil Hospitals, DHQs and Teaching Hospitals. A periodic review of the referral pattern provides valuable insights into the functioning of the health system as a whole. PPHI-B has witnessed a steady increase, over years, in the referral cases at BHUs. This pattern is a likely indication that BHUs are performing better than before.

Complicated Pregnancies: The Warning Signs

Pregnancies do not always have happy endings. Some pregnancies turn into nightmares for families and inflict pain, suffering, financial loss and, above all, death. Pregnancy complications often result in infant and maternal mortalities in the low-income settings where people do not have adequate access to quality healthcare. The warning signs of complications can show up at any stage of the pregnancy. PPHI considers it as a sacred obligation to prevent pregnancy-related mortalities by detecting and addressing the warning signs. If a case requires advanced medical attention, the BHU refers it to a higher health facility. Some common symptoms of complications as follows:

i. Abnormal bleeding

ii. Severe nausea and vomiting

iii. Declining baby movements

iv. Contractions earlier in the third trimester

v. Water breaks

vi. Persistent severe headache, abdominal pain, visual impairment and swelling during third trimester

vii. Severely anemic need for blood transfusion

Male OPD, BHU Suhbat Pur, Jaffarabad

Female OPD, BHU Absor, Kech

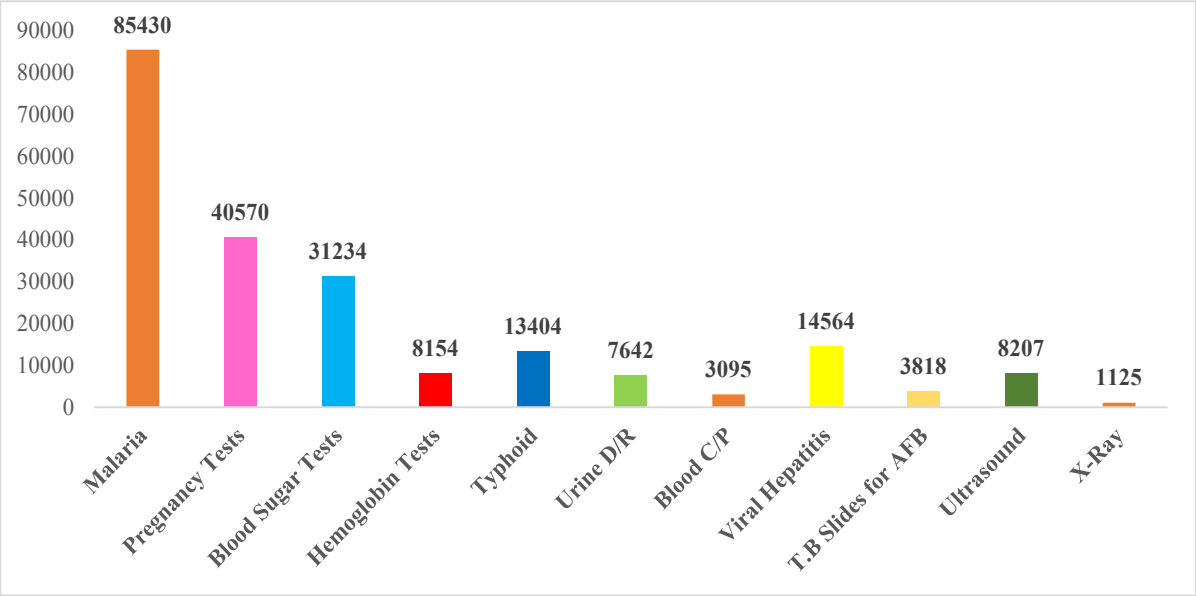
Number of Outpatients in Districts

S. No	District	Male (new cases)	Female (new cases)	Follow-ups	Referrals	Total OPD	No. of cases of <5 year Children
1	Awaran	29693	32222	4106	2370	61915	0
2	Barkhan	15853	10373	923	1792	26226	178
3	Chagai	27345	24608	802	344	51953	440
4	Dera Bugti	70443	49508	972	170	119951	275
5	Gwadar	74857	89077	3718	377	163934	1
6	Harnai	16221	15799	55	38	32020	3
7	Jaffarabad	158886	178186	4735	2612	337072	943
8	Jhal Magsi	34385	28066	1677	2030	62451	77
9	Kachhi	36279	41911	1236	722	78190	0
10	Kalat	50966	51478	5217	2442	102444	1146
11	Kech	91862	123412	5520	1532	215274	411
12	Kharan	35347	29816	2168	771	65163	354
13	Khuzdar	125047	125800	3738	2660	250847	3744
14	Killa Abdullah	84048	114746	9181	2171	198794	447
15	Killa Saifullah	31291	32165	1706	3071	63456	1796
16	Kohlu	53189	26831	392	963	80020	1058
17	Lasbela	88508	102854	1174	125	191362	185
18	Loralai	63448	56231	3433	2168	119679	3307
19	Mastung	39809	50568	2740	1626	90377	411
20	Musa Khail	43866	26908	2272	2968	70774	2811
21	Naseerabad	53310	56667	6567	1842	109977	994
22	Noshki	23097	36703	1803	485	59800	655
23	Panjgoor	56303	79489	4950	1159	135792	458
24	Pishin	86085	104598	930	800	190683	249
25	Quetta	135058	222957	6080	3143	358015	1631
26	Sherani	12678	10923	1883	1918	23601	8
27	Sibi	45361	51751	4343	946	97112	936
28	Washuk	45331	48274	1029	304	93605	1364
29	Zhob	27922	22640	3812	3234	50562	1098
30	Ziarat	35218	29730	786	1553	64948	2125
	Total	1691706	1874291	87948	46336	3565997	27105

SOURCE: DHIS REPORTs PPHI-B

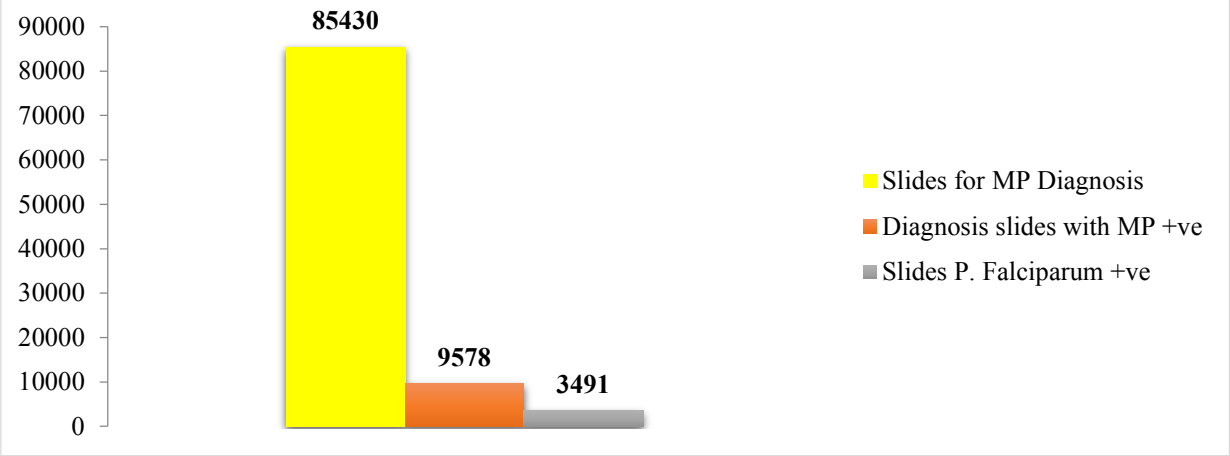
Diagnostic Services

PPHI runs 99 pathological laboratories where basic diagnostics are done such as routine blood and urine examinations, malaria, blood sugar, typhoid, pregnancy test, AFB (TB care health facilities) and viral hepatitis. Besides, X-rays facilities are also available at four BHUs; Police Line Quetta, Wahdat Colony Quetta, Rara Sham Musa Khail and BHU Tasp Panjgoor where a total of 1125 X-rays were performed in 2016. Likewise, ultrasound services are available at 36 MCH Plus/Basic Emergency Obstetric and Newborn care centers. The details of the diagnostics are as under:



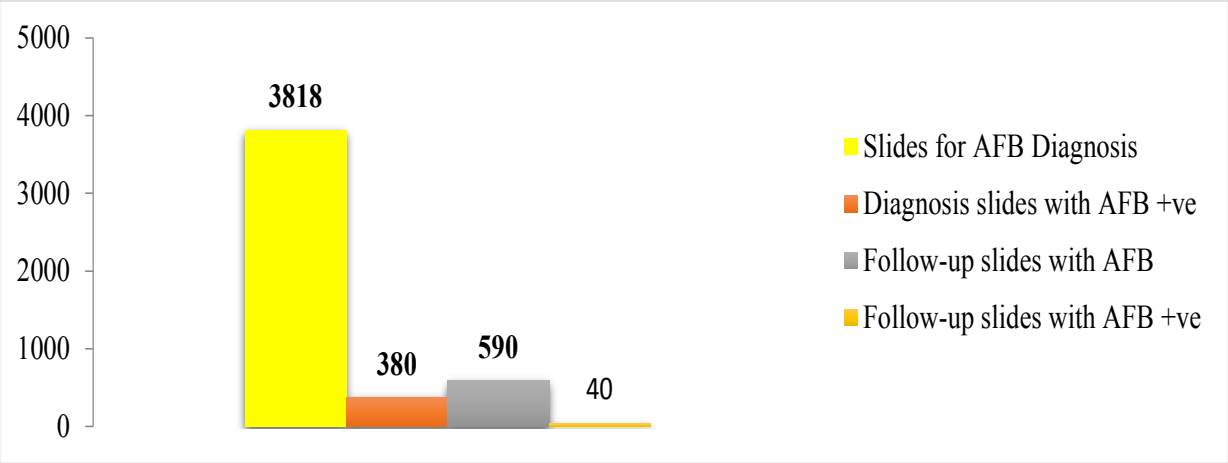
SOURCE: DHIS REPORTs PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

Tests performed for Malaria MP



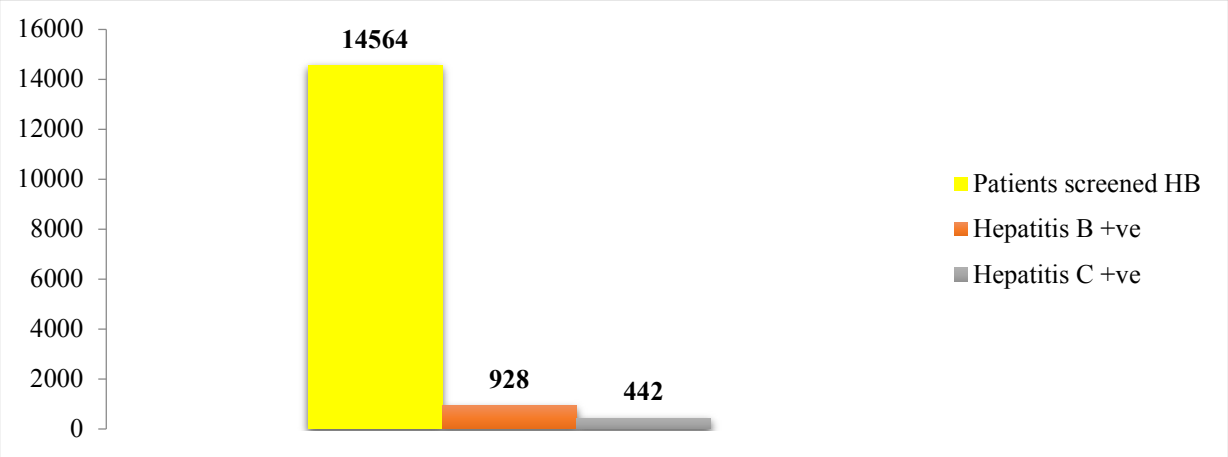
SOURCE: DHIS REPORT, PPHI-B

Tests performed for AFB



SOURCE: DHIS REPORT, PPHI-B

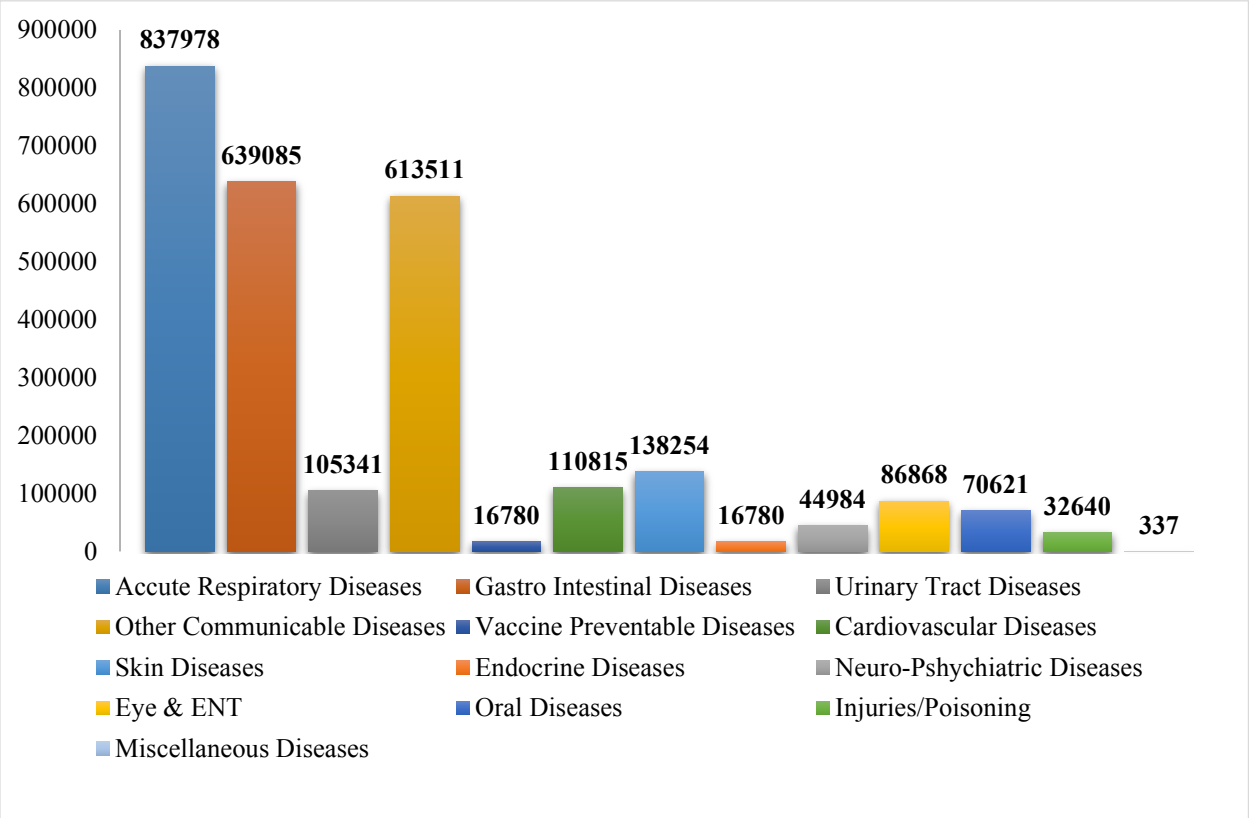
Screening for Hepatitis



Laboratory at BHU Ahmed Khanzai District Quetta

Laboratory at BHU Kurak District Sibi

PATTERN OF DISEASES



Proportion of Diseases 2016

S. No.	Diseases	Cases	Proportion
1	**Respiratory Diseases**	**837978**	**23.499**
1.1	Acute (Upper) Respiratory Infections	626839	**17.578**
1.2	Pneumonia < 5 yrs.	65390	**1.834**
1.3	Pneumonia > 5 yrs.	53829	**1.510**
1.4	TB Suspects	5301	**0.149**
1.5	Chronic Obstructive Pulmonary Diseases	10396	**0.292**
1.6	Asthma	76223	**2.137**
2	**Gastro Intestinal Diseases**	**639085**	**17.922**
2.1	Diarrhea/ Dysentery < 5 yrs.	203363	**5.703**
2.2	Diarrhea/ Dysentery > 5 yrs.	205932	**5.775**
2.3	Enteric/ Typhoid Fever	50349	**1.412**
2.4	Worm Infestations	81748	**2.292**
2.5	Peptic Ulcer Diseases	93395	**2.619**
2.6	Cirrhosis of Liver	4298	**0.121**
3	**Urinary Tract Diseases**	**105341**	**2.954**
3.1	Urinary Tract Infections	90311	**2.533**
3.2	Nephritis/ Nephrosis	3130	**0.088**
3.3	Sexually Transmitted Infections	7726	**0.217**
3.4	Benign Enlargement of Prostrate	4174	**0.117**
4	**Other Communicable Diseases**	**613551**	**17.206**
4.1	Suspected Malaria	240379	**6.741**
4.2	Suspected Meningitis	7358	**0.206**
4.3	Fever due to other causes	365814	**10.258**
5	**Vaccine Preventable Diseases**	**16780**	**0.471**
5.1	Suspected Measles	7204	**0.202**
5.2	Suspected Viral Hepatitis	7358	**0.206**
5.3	Suspected Neo Natal Tetanus	2218	**0.062**
6	**Cardiovascular Diseases**	**110815**	**3.108**
6.1	Ischemic heart disease	2610	**0.073**
6.2	Hypertension	108205	**3.034**
7	**Skin Diseases**	**138254**	**3.877**
7.1	Scabies	92166	**2.585**
7.2	Dermatitis	42361	**1.188**
7.3	Cutaneous Leishmaniasis	3727	**0.105**
8	**Endocrine Diseases**	**16780**	**0.471**
8.1	Diabetes Mellitus	16780	**0.471**
9	**Neuro-Psychiatric Diseases**	**44984**	**1.261**
9.1	Depression	32590	**0.914**
9.2	Drug Dependence	1881	**0.053**
9.3	Epilepsy	10513	**0.295**
10	**Eye & ENT**	**86868**	**2.436**
10.1	Cataract	20738	**0.582**
10.2	Trachoma	9695	**0.272**
10.3	Glaucoma	5134	**0.144**
10.4	Otitis Media	51301	**1.439**
11	**Oral Diseases**	**70621**	**1.980**
11.1	Dental Caries	70621	**1.980**
12	**Injuries/ Poisoning**	**32640**	**0.915**
12.1	Road traffic accidents	17056	**0.478**
12.2	Fractures	3298	**0.092**
12.3	Burns	9578	**0.269**
12.4	Dog bite	2287	**0.064**
12.5	Snake bite (with signs of poisoning)	421	**0.012**
13	**Miscellaneous Diseases**	**337**	**0.009**
13.1	Acute Flaccid Paralysis	289	**0.008**
13.2	Suspected HIV/ AIDS	48	**0.001**
	Total	**2714034**	

SOURCE: DHIS REPORTs PPHI-B

Proportion Communicable Diseases 2016

S.No.	Diseases	Cases	Proportion
1	Respiratory Diseases	751359	21.070
1.1	Acute (Upper) Respiratory Infections	626839	17.578
1.2	Pneumonia < 5 yrs.	65390	1.834
1.3	Pneumonia > 5 yrs.	53829	1.510
1.4	TB Suspects	5301	0.149
2	Gastro Intestinal Diseases	541392	15.182
2.1	Diarrhea/ Dysentery < 5 yrs.	203363	5.703
2.2	Diarrhea/ Dysentery > 5 yrs.	205932	5.775
2.3	Enteric/ Typhoid Fever	50349	1.412
2.4	Worm Infestations	81748	2.292
3	Urinary Tract Diseases	101167	2.837
3.1	Urinary Tract Infections	90311	2.533
3.2	Nephritis/ Nephrosis	3130	0.088
3.3	Sexually Transmitted Infections	7726	0.217
4	Other Communicable Diseases	613551	17.206
4.1	Suspected Malaria	240379	6.741
4.2	Suspected Meningitis	7358	0.206
4.3	Fever due to other causes	365814	10.258
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5.2	Suspected Viral Hepatitis	7358	0.206
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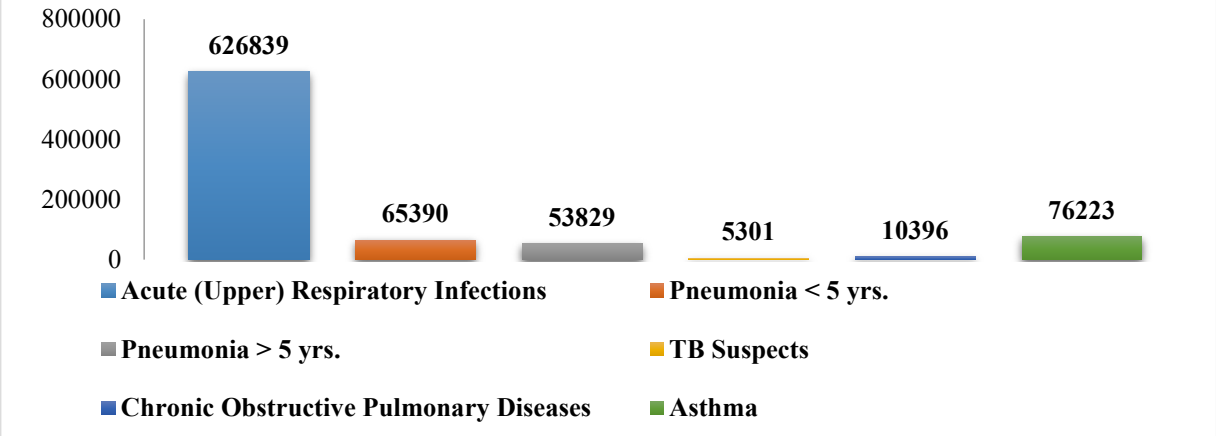
6	Skin Diseases	138254	3.877
6.1	Scabies	92166	2.585
6.2	Dermatitis	42361	1.188
6.3	Cutaneous Leishmaniasis	3727	0.105
7	Eye & ENT	51301	1.439
7.1	Otitis Media	51301	1.439
8	Injuries/ Poisoning	2287	0.064
8.1	Dog bite	2287	0.064
9	Miscellaneous Diseases	337	0.009
9.1	Acute Flaccid Paralysis	289	0.008
9.2	Suspected HIV/ AIDS	48	0.001
	Total	2216428	62.155

COMMUNICABLE DISEASES CONTROL

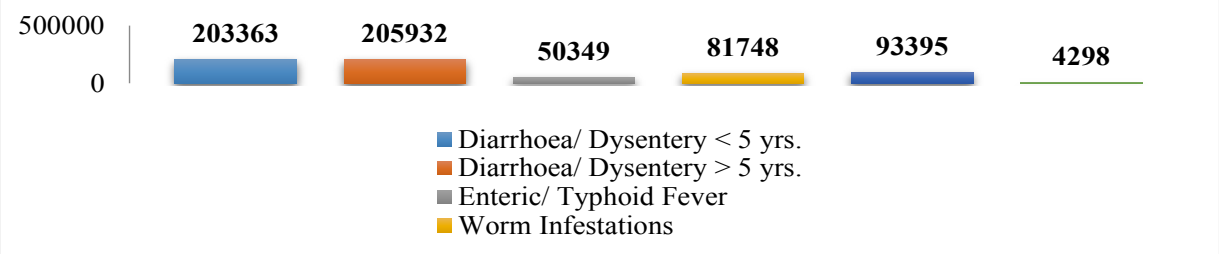
Pakistan is in the middle of epidemiological transition where about 60% of total disease burden is due to infectious or communicable diseases. The health characteristics of Balochistan are a typical example of the national situation with low life expectancy, widespread communicable diseases, and high child and maternal mortality rate. However, Balochistan has a reasonable health infrastructure. The problem mainly lies in their utilization and management. PPHI Balochistan is mandated to manage the basic health infrastructure effectively and enhance their utilization. PPHI's annual health report 2016 showed that 62 % (BOD) of diseases recorded at BHUs were communicable diseases.

The main communicable diseases that account for disease burden were respiratory infections (21 %), diarrheal diseases (15 %), suspected malaria (7 %), fever with other causes (10 %) urinary tract infections and sexually transmitted infections (2.6 %), scabies/skin infections (4%) and the childhood cluster of vaccine preventable diseases (infant TB, pneumonia, measles, pertussis, poliomyelitis, diphtheria, meningitis, tetanus; (0.47 %). Diarrheal diseases, respiratory infections, and the childhood cluster of vaccine preventable diseases mostly affecting under five years' children were (8 %). Tuberculosis affects both children and adults. PPHI-B employs a proactive strategy on disease control. On one hand, it treats the existing medical conditions. On the other, it pre-empts the onset of diseases by health education through its social organizers and health staffs. For the prevention of many disabling and fatal diseases, PPHI offers vaccination services in a sustained manner. PPHI health staff examines every child that visits a BHU to find out whether they have been fully immunized against the vaccine-preventable illnesses.

Respiratory Diseases

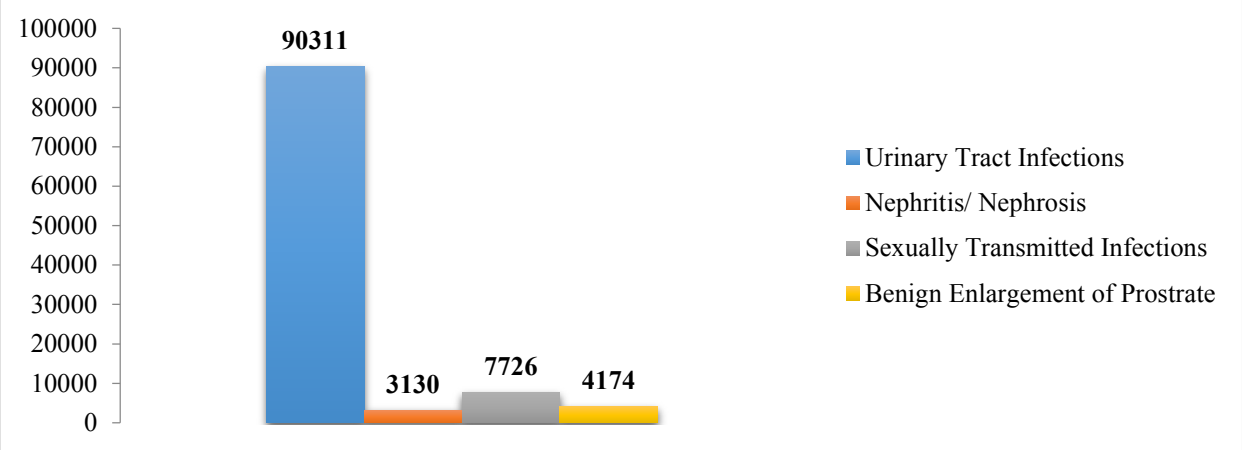


Gastro Intestinal Diseases

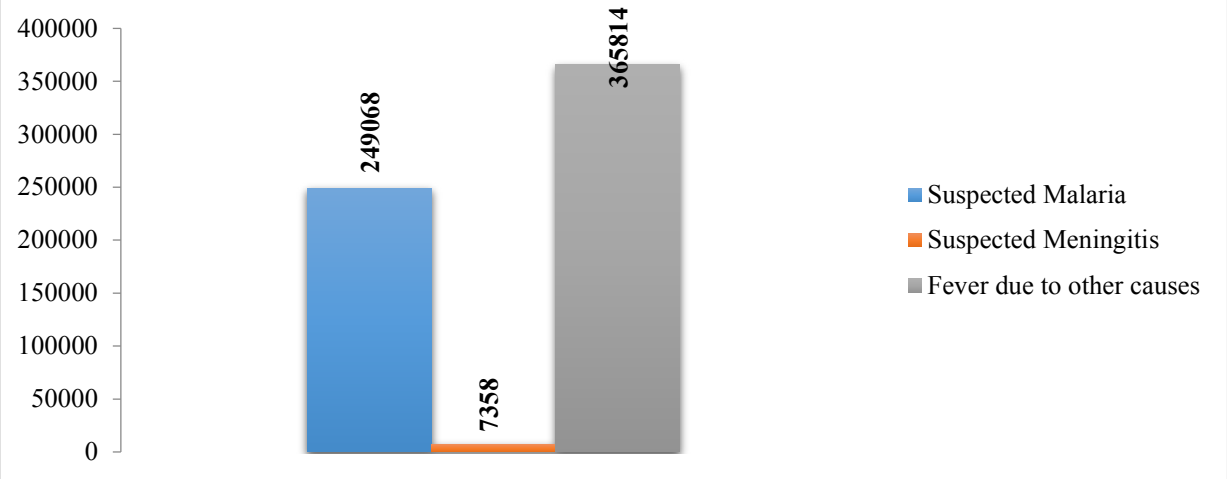


SOURCE: DHIS REPORTs PPHI-B

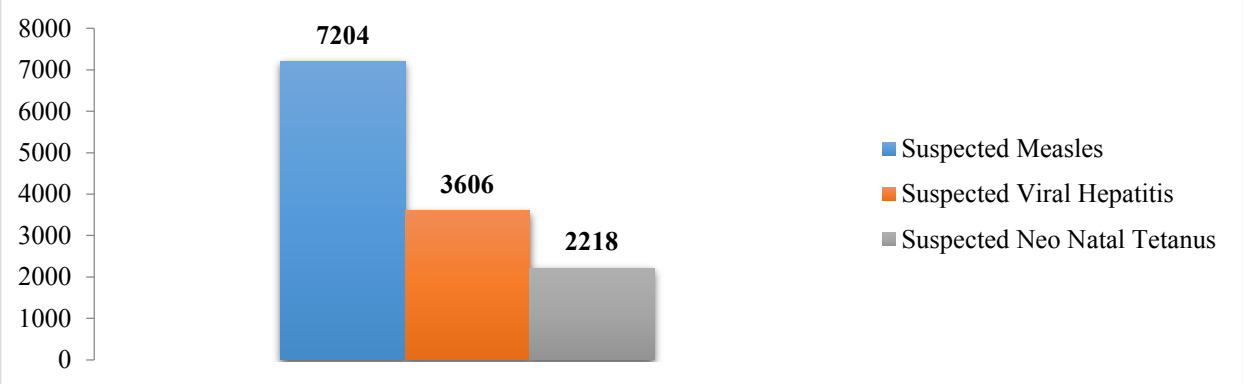
Urinary Tract Diseases



Other communicable Diseases

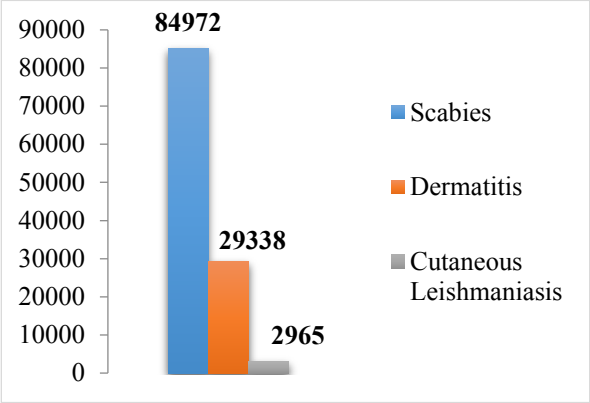


Vaccine Preventable Diseases

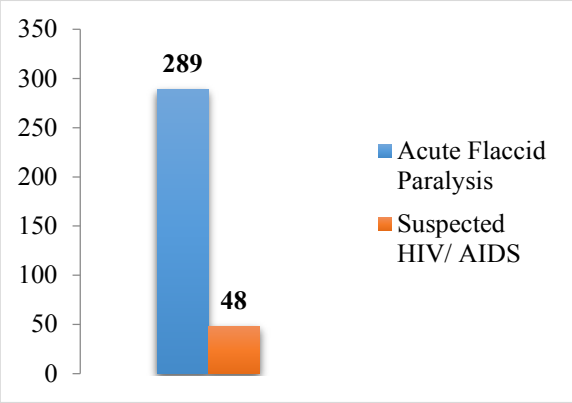


SOURCE: DHIS REPORTs PPHI-B

Skin Diseases



Miscellaneous Diseases



SOURCE: DHIS REPORTs PPHI-B

Proportion Non-Communicable Diseases 2016

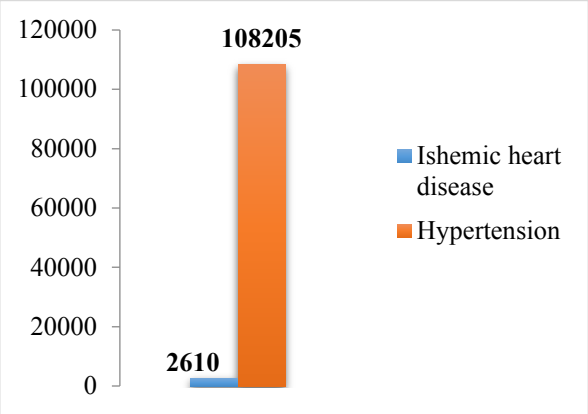
1	**Respiratory Diseases**	**86619**	**2.429**
1.1	Chronic Obstructive Pulmonary Diseases	10396	0.292
1.2	Asthma	76223	2.137
2	**Gastro Intestinal Diseases**	**97693**	**2.740**
2.1	Peptic Ulcer Diseases	93395	2.619
2.2	Cirrhosis of Liver	4298	0.121
3	**Urinary Tract Disease**	**4174**	**0.117**
3.1	Benign Enlargement of Prostrate	4174	0.117
4	**Cardiovascular Diseases**	**110815**	**3.108**
4.1	Ischemic heart disease	2610	0.073
4.2	Hypertension	108205	3.034
5	**Endocrine Diseases**	**16780**	**0.471**
5.1	Diabetes Mellitus	16780	0.471
6	**Neuro-Psychiatric Diseases**	**44984**	**1.261**
6.1	Depression	32590	0.914
6.2	Drug Dependence	1881	0.053
6.3	Epilepsy	10513	0.295
7	**Eye and ENT**	**35567**	**0.997**
7.1	Cataract	20738	0.582
7.2	Trachoma	9695	0.272
7.3	Glaucoma	5134	0.144
8	**Oral Diseases**	**70621**	**1.980**
8.1	Dental Caries	70621	1.980
9	**Injuries/ Poisoning**	**30353**	**0.851**
9.1	Road traffic accidents	17056	0.478
9.2	Fractures	3298	0.092
9.3	Burns	9578	0.269
9.4	Snake bite (with signs of poisoning)	421	0.012
	Total	**497606**	**13.954**

Prevention and Treatment of non-communicable Diseases

Chronic diseases cast severe financial impacts on the population and push the households from poverty to deprivation. Non communicable diseases (NCDs) impose a huge burden on human health worldwide. Currently, 63% of all deaths worldwide are caused by NCDs which include cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

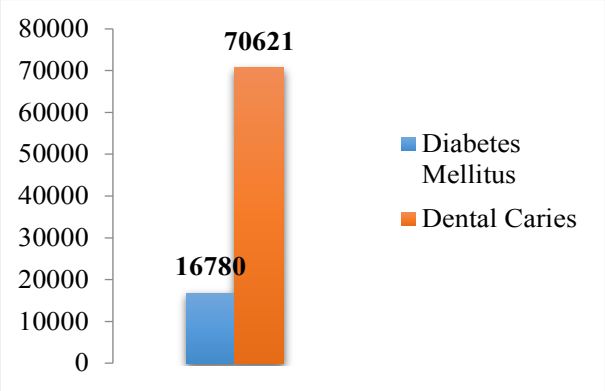
The burden of non-communicable diseases was reported as14 percent of the total burden of diseases in 2016. It has been observed that anemia, muscular and skeleton diseases are not being reported in the current monthly reports of BHUs. Cardiovascular diseases 3.1 percent, diabetes mellitus 0.47 percent and neuro-psy-chiatric diseases 1.26 percent of the total BOD. Other important problems are diabetes mellitus, rheumatoid arthritis and different causes of blindness, mental conditions associated with aging (geriatric problems). These diseases are not easily treatable. The most promising approach would be health education campaigns to prevent their very onset. Effective promotion of health life style is crucial for controlling non-communicable diseases.

Cardiovascular Diseases



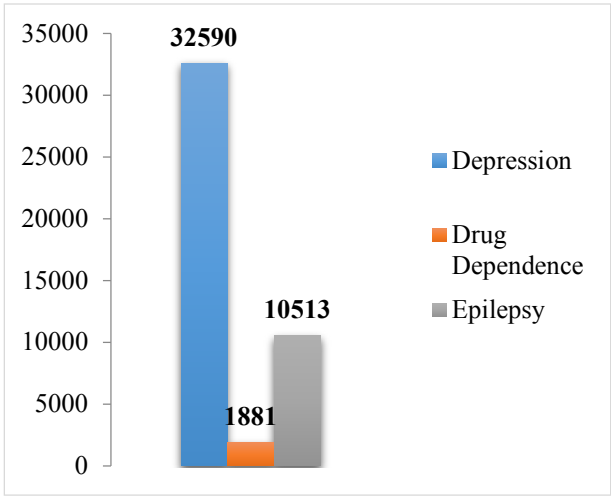
OPD BHU Jant Ali, Kohlu

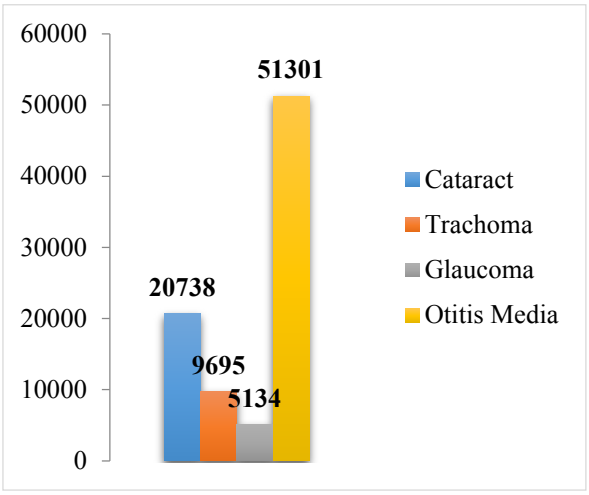
Endocrine Diseases and Oral Diseases



Female OPD BHU Manjhi Pur Jaffarabad

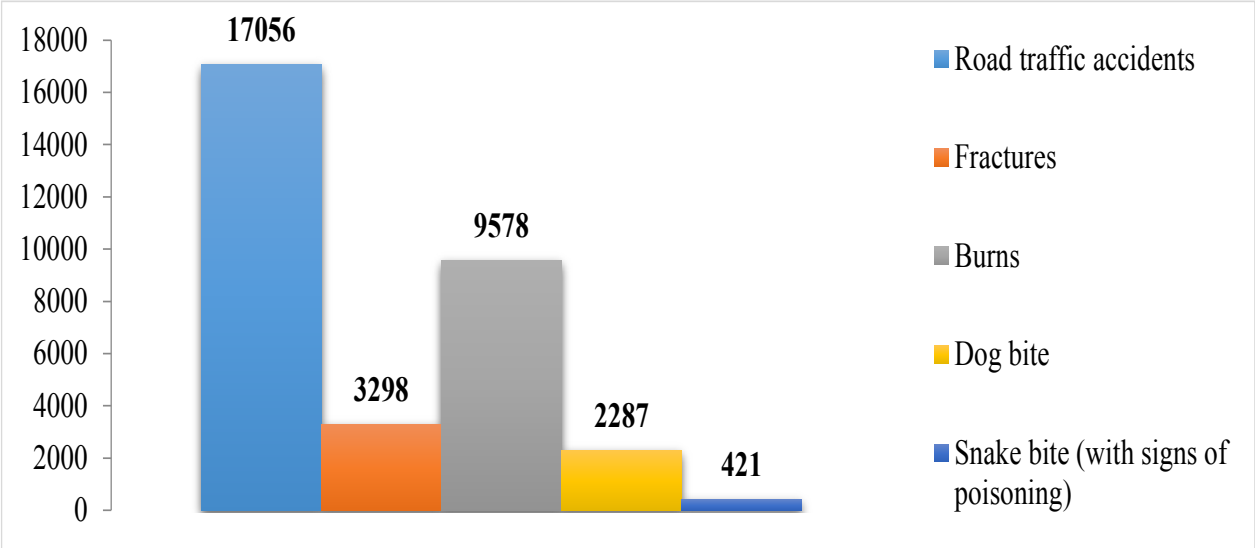
Neuropsychiatric Diseases/Eye & Ear Nose & Throat





SOURCE: DHIS REPORTs PPHI-B

Injuries and Poisoning



SOURCE: DHIS REPORTs PPHI-B

Medical and Surgical Care Services

Basic surgical care is available at most BHUs. Specialist medical and surgical care is referred to Divisional/DHQ Hospitals and Teaching Hospitals. In the port city of Gwadar, however, the PPHI-B has exclusively hired the services of Surgeon Dr. Elahi Bakhsh who serves the patients at the DHQ Gwadar. The PPHI-B has facilitated the DHQ in view of the shortage of health specialists in the port city. Dr. Elahi Bakhsh provided the following surgical services in 2016:

Major Cases			Minor Cases		Indoor Patients		Others/Referred
1	Male	45	Male	156	Male	190	64 Patients referred to Karachi.
2	Female	65	Female	172	Female	225	
3	Children	36	Children	102			
Total		**146**		**430**		**415**	**64**

Emergency Health Services

The BHUs provide basic emergency health services to their catchment population. Serious cases are immediately referred to higher health facilities after the administration of first aid. PPHI-B operates 67 ambulances which transport the patients to higher facility.

Dental Care

Oral health is integral to overall health. Regular dental visits allow for early identification and treatment of conditions and infections. PPHI-B offers complete dental care services at BHU Wahdat Colony Quetta. Other BHUs refer dental cases to advanced facilities.

Overview of Dental Section, BHU Wahdat Colony

Gender	OPD	Extraction	Root Canal Treatment	Scaling	Filling	Light Cure Filling	Others	Refferred
Male	311	115	55	62	28	12	21	18
Female	561	135	73	93	87	35	67	71
Total	**872**	**250**	**128**	**155**	**115**	**47**	**88**	**89**

Tele Medicine

Taking advantage of the modern technology, PPHI Balochistan has initiated telemedicine at two BHUs in Quetta and Gwadar with collaboration of COMSAT. Telemedicine is the delivery of health services, where distance is a critical factor, by health professionals using telecommunication technologies for the exchange of medical information for diagnosis, treatment and prevention of diseases. This system facilitates exchange of health information between health professionals over great distances. The two telemedicine facilities are providing services at BHU Wahadat Colony Quetta and BHU Shado Band Gwader.

BHU Shado Band Gwadar

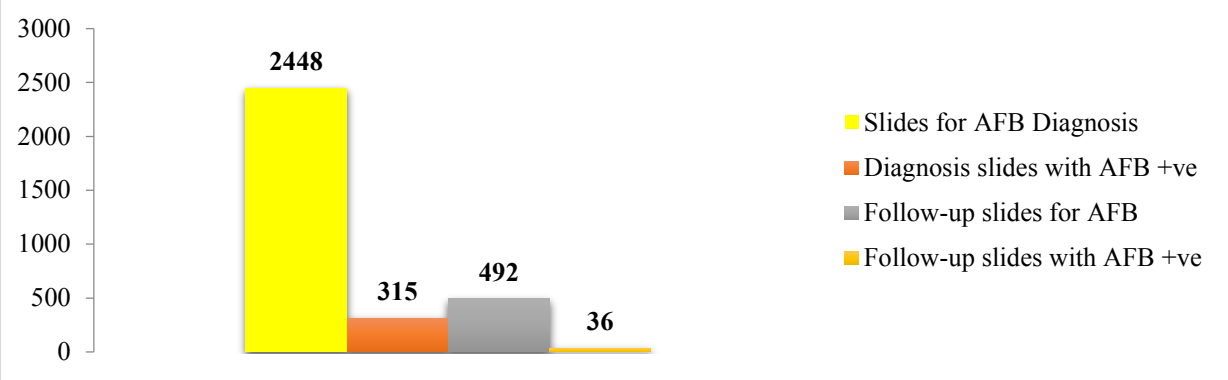
OPD	ANC	PID	UTI	P.S. Infertility	R.P.O.C.S	C.A. Piopiaps	Diarrhea	Referred	Ultrasound	Other
876	338	33	56	0	0	0	13	4	247	436

BHU Wahdat Colony

OPD	ANC	PID	UTI	P.S.Infertility	R.P.O.C.S	C.A.Piopiaps	Diarrhea	Referred
2175	1222	35	322	28	177	24	82	92

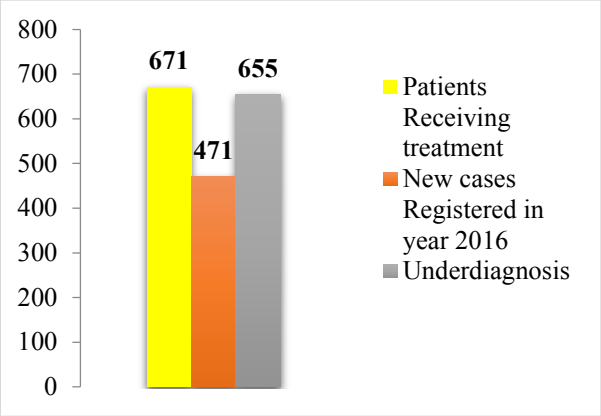
A view of Tele-Medicine equipment at BHU Wahdat Colony, Quetta

Test performed for Tuberculosis AFB



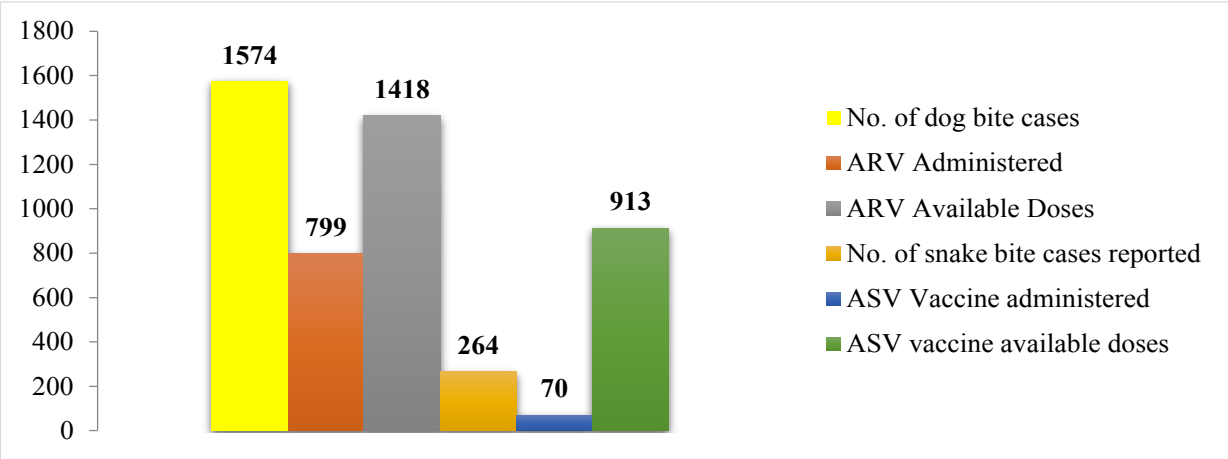
SOURCE: DHIS REPORTs PPHI-B

Tuberculosis



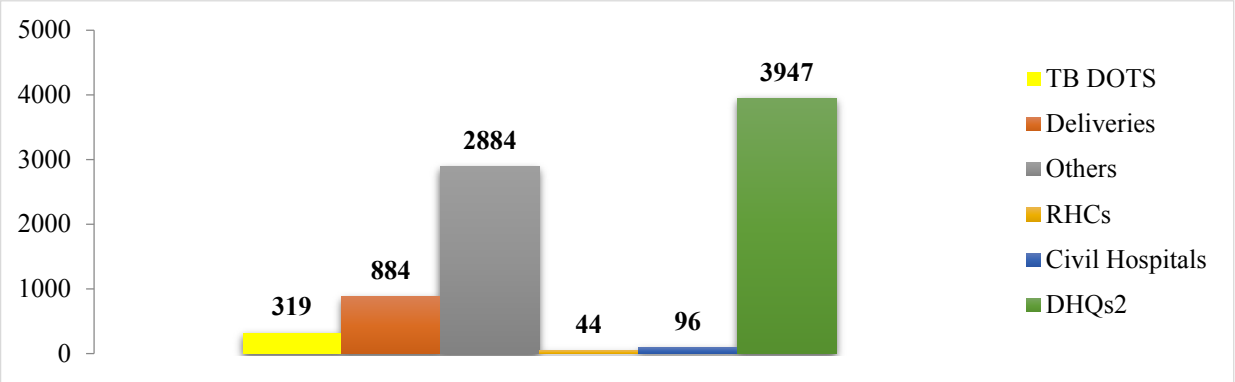
Laboratory, BHU Khajak, Sibi

Status of Anti Rabies Vaccine and Anti Snake Venom



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

TUBERCULOSIS/ REFFERALS



SOURCE: DHIS REPORTs PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

Detail of BHUs Designated as TB Care Health Facility Targets 3 rd Quarter July- September 2016 and 4th Quarter October- December 2016

S.No	Districts	No. of BHUs	BHU	Quarterly Incidence of TB	Current Status				
					Reporting / Non Reporting	New Cases			Achievement in %
						M	F	Total	
1	Barkhan	1	Rakhani	11	1	2	14	16	145
2	Chaghi	1	Pudag	6	1	2	1	3	50
3	DeraBugti	1	Pir Koh	6	1	1	0	1	17
4	Gwadar	1	Pishukan	9	0	0	0	0	
5	Jaffarabad	3	Gandakha	13	1	1	4	5	38
			ManjhiPur	11	1	7	7	14	127
			SuhbatPur	11	1	1	4	5	45
6	JhalMagsi	1	Kot Magsi	15	0	0	0	0	
7	Kharan	2	Hurro	3	1	2	2	4	133
			Sarawan	4	1	2	8	10	250
8	Khuzdar	1	Saroona	5	1	1	2	3	60
9	K.Abdullah	1	Habib Zai	15	1	3	3	6	37
10	Mastung	2	Ashkan Roodini	4	1	2	3	5	125
			Dasht Kombaila	9	1	1	1	2	22
11	Musa Khail	2	Kingri	3	1	4	2	6	200
			Rarasham	5	1	1	1	2	40
12	Naseerabad	2	Hameed Khoso	7	1	0	0	0	
			AllahDad Umrani	7	1	3	0	3	43
13	Noshki	1	Kochal Mall	4	1	0	0	0	
14	Kohlu	1	Tamboo	4	1	1	1	2	50
15	Panjgoor	2	Washboad	23	0	0	0	0	
			Tasp	13	0	0	0	0	
16	Quetta	8	Kili..Kabir Tajik	9	1	2	5	7	78
			N.Pashtoon Abad	3	1	1	4	5	167
			Pashtoon Bagh	16	1	1	2	3	19
			Nasaran	5	1	0	4	4	80
			Sraghurgi	3	1	0	0	0	
			Nohsar	5	1	0	2	2	40
			Hudda.	9	1	0	0	0	
			Village Aid.	18	1	1	0	1	6
17	Sibi	2	Sultan Kot.	3	1	1	0	0	
			Bakhtiar Abad	4	0	0	0	0	
	Total	**30**	**17 District BHUs 32**	**261**	**27/5**	**40**	**70**	**110**	**42**

Mr. Noor ul Haq Baloch Secretary GoB Department of Health Chaired Quarterly TB review meeting for 1st Quarter, 2015.

Detail of BHUs Designated as TB Care Health Facility

S.No	Districts	No. of BHUs	BHU	Annually Incidence of TB	Current Status				
					Reporting/ Non Reporting	New Cases			Achievement in %
						M	F	Total	
1	Barkhan	1	Rakhani	44	1	8	31	39	89
2	Chaghi	1	Padag	24	1	4	2	6	25
3	DeraBugti	1	Pir Koh	24	1	10	4	14	58
4	Gwadar	1	Pishukan	36	0	0	0	0	0
5	Jaffarabad	3	Gandakha	52	1	17	20	37	71
			Manjhi Pur	44	1	15	17	32	73
			Suhbat Pur	44	1	19	11	30	68
6	JhalMagsi	1	Kot Magsi	60	0	0	0	0	0
7	Kharan	2	Hurro	12	1	10	7	17	142
			Sarawan	16	1	11	19	30	188
8	Khuzdar	1	Saroona	20	1	3	3	6	30
9	K.Abdullah	1	Habib Zai	60	1	6	10	16	27
10	Mastung	2	Ashkan Roodini	16	1	7	10	17	106
			Dasht Kombaila	36	1	6	5	11	31
11	Musa Khail	2	Kingri	12	1	5	8	13	108
			Rarasham	20	1	1	3	4	20
12	Naseerabad	2	Hameed Khoso	28	1	6	2	8	29
			Allah Dad Umrani	28	1	15	7	22	79
13	Noshki	1	Kochal Mall	16	1	0	0	0	0
14	Kohlu	1	Tamboo	16	1	4	6	10	63
15	Panjgoor	2	Washboad	92	0	2	4	6	7
			Tasp	52	0	1	1	2	4
16	Quetta	8	KiliKabir Tajik	36	1	9	26	35	97
			N.Pashtoon Abad	12	1	17	25	42	350
			PashtoonBagh	64	1	4	3	7	11
			Nasaran	20	1	11	22	33	165
			Sraghurgi	12	1	4	4	8	67
			Nohsar	20	1	6	6	12	60
			Hudda.	36	1	3	2	5	14
			Village Aid,	72	1	2	2	4	6
17	Sibi	2	Sultan Kot,	12	1	1	4	5	42
			Bakhtiar Abad	16	0	0	0	0	0
	Total	32	17 District BHUs 32	1052	27/5	207	264	471	45

1 = Reporting TB Health Care Facility and 0 = Non- reporting TB Health care Facility

Source: TB Control Program Balochistan, Quetta

The Essential Drugs: The Lifeline of Primary Healthcare

"Essential drugs are those that satisfy the priority health care needs of the population". (WHO)

The National Essential Drug List (NEDL) for Pakistan was first prepared in 1994 under the guidelines of World Health Organization. The list was reviewed in 1995, 2000 and 2003. The present list is the fourth revision containing 335 medicines of different pharmacological classes. Provision of essential drug is one of the ten components of Primary Health Care. PPHI-Balochistan technical committee has formulated an essential drugs list of 66 drugs for 1st-2nd Quarters FY 2016-17. Provision of adequate supply of drugs and consumable supplies is critical to the successful provision of quality health services. This requires an effective logistic system. The main components of such systems are: availability of standard lists, quantification, procurement and distribution. Currently standard lists of drugs and supplies for all service delivery outlets are available. The essential drug list is formulated on the basis of:

i. Public health relevance

ii. Evidence on efficacy and safety

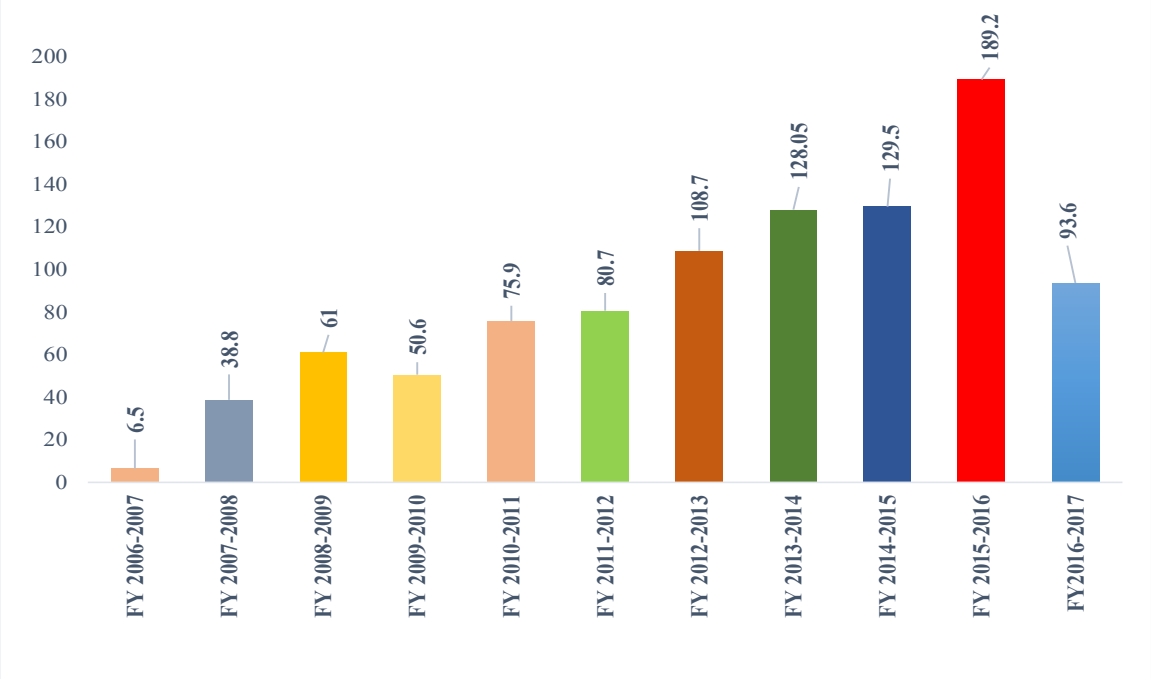
iii. Pattern of Diseases

iv. Comparative cost effectiveness

PPHI-Balochistan procures essential drugs from Medical Store Depot Balochistan (MSD) Quetta twice a financial year for 1st-2nd& 3rd-4th Quarters. MSD-Balochistan formulates list of medicines and medical items every fiscal year through a comprehensive procurement procedure for all the stakeholders of Balochistan.

The National Essential Drugs Lists are based and tilted towards communicable diseases and non- communicable diseases. PPHI- B technical committee has developed in light of Medical Store Depot Balochistan list drug quantification on the basis of districts' specific 'Burden of Disease'. Medical Store Department Balochistan has formulated comprehensive procurement procedures through which drugs and supplies are procured for whole Balochistan and then supplied to PPHI-B according to district demand. Presently guidelines for operation of an effective and comprehensive logistic system for drugs and supplies are available which require more strengthening. The procurement cycle is given below

Lack of access to essential drugs is an important contributing factor to the growing health issues of the developing world. Pakistan is also not immune to the problem of people's inaccessibility to essential drugs. Funding to health sector is insignificant which puts the health institutions and healthcare providers in a challenging position. They are to ensure the availability of medicines for the sick within the limited financial resources. This often creates the undesirable demand-supply gap which impacts the effective execution of health operations. The pattern of drug consumption by the public shows a steady rise in demands. However, despite such indications PPHI-B cannot afford to pursue an open-ended drug policy due to financial considerations. An ideal situation warrants a highly flexible and open-ended drug policy that corresponds to the growing demand for drugs. The PPHI has procured essential drugs for the first two quarters of fiscal year 2016-17. The rest would be procured in April 2017. The PPHI drug list has been upgraded to 66 items which also includes drugs for mental health and non-communicable diseases.



SOURCE: FINANCE SECTION PPHI-B

The BHU health staffs are guided by the following principles on essential drugs:

- Always consider the basic needs and the prevalent diseases in the communities
- Always remember that drugs are not to be wasted because they are costly
- Always ensure that patients comply with the prescription
- Always prescribe quality medicines and promote standard drugs
- Always remember that public is attracted to facilities with adequate supply of drugs
- Do not prescribe non-essential drugs to patients
- Shortage of drugs result in non-utilization of the health facilities

Promoting Liveliness and Resisting Stagnation

It is customary with the performance of most organizations that few years down the road the professional liveliness and vigour fade away and stagnation sets in. PPHI-B head office is fully cognizant that a similar situation can potentially penetrate into the organization. Therefore, in order to prevent stagnation and routinzation the head office continually resets the targets, each time raising the standard for the health managers. Performance is examined and appreciated in the light of actual outcomes and not merely for doing the routine jobs. Client satisfaction is an important factor in determining whether the service is effective or otherwise. This helps improve the quality of the health services.

How can the quality of services be improved?

- Service provider's behaviour must be courteous with patient and client.
- Service provider must develop rapport (good behaviour) with patient and client
- Brief medical history of the patient must be taken
- Client must be counselled on health issues
- Consultation time must be more than 5 minutes
- Positive signs should be identified in patient
- Accurate diagnosis
- Medicine must be rational
- List of poor and marginalized patients must be maintained at the BHU
- Doses of medicine, frequency of dose and duration of medicines to be taken must be detailed out
- Health managers must fill in the 'quantitative supervisory checklist' during monitoring to see if a facility is performing well

EPIDEMICS AND FREE MEDICAL CAMPS

Free Medical Camp at District Quetta

Free Medical Camp At Ziarat District Kech

Free Eye Camp with collaboration Mahvash & Jahangir Siddique Foundation at BHU Suhbat Pur

NATIONAL IMMUNIZATION DAYS AND PPHI-BALOCHISTAN

End Polio 2016

Pakistan is one of only three countries in the world with ongoing wild poliovirus transmission, alongside Afghanistan and Nigeria. The Global Polio Eradication Initiative is focusing on reaching every last child in Pakistan with vaccines, strengthening surveillance and maintaining political commitment, financial resources and technical support at all levels. So far this year, only thirty seven (37) polio cases have been reported in the entire world and twenty (20) cases are from Pakistan thirteen (13) from Afghanistan and four (4) from Nigeria. By this time next year, the World Health Organization predicts that number will finally reach zero. We absolutely need to keep the pressure up, but we think we could reach the point where we have truly interrupted the transmission at the end of the year. Polio would become only the second human disease we have ever wiped from the planet and it has taken an incredible global public health collaboration to get here

Making a bold move to achieve eradication

In April 17, 2016, the entire world has gone to do something remarkable: 150 countries are going to switch from one kind of polio vaccine to another including Pakistan. They changed out the trivalent version of the vaccine one that protected against all three types of the polio virus to the bivalent version that protects against two. This is because one of the types in the trivalent version of the vaccine hasn't had any wild cases since 1999. This effort is one of many ambitious steps the world had taken to erase the disease from the planet and in just a year, that dream could become a reality.

On the verge of elimination

IIn 1988, at the height of the polio epidemic, more than 350,000 cases were reported worldwide. The progress to eliminate polio is incredible, since as recently many were left permanently paralyzed, the majority of whom were children. We have come a long way since then. In 2015, there were ninety six (96) cases of polio in the whole world. Nigeria celebrated two years without a case of wild poliovirus on 24 July 2016 but unluckily outbreak take place in August 2016. That was an important milestone for polio eradication efforts in the African region, but much still remains to be done to keep the country and region polio-free. Up to this point, we have only ever completely eradicated one human disease: smallpox. The last case occurred in 1977.

Not Gone Yet

Polio is highly infectious. It spreads through human contact, usually through infected stool, a particularly dangerous route of transmission among children who are not yet potty-trained, as well as in areas with poor sanitation systems. People can also catch it by coming into contact with contaminated food or water. Pakistan, Afghanistan and Nigeria are the only three countries where polio is still spreading naturally. They were responsible for all 37 wild cases last year 2016.

PPHI-B plays a significant role in NIDs and SNIDs. BHUs are the head quarters of majority of the Union Councils and polio eradication activities at community level are carried out. PPHI-B regular and contract staff working in District Support Units and BHUs are fully involved in NIDs and SNIDs as a zonal supervisors, area in-charges, and team members and fix center staff. Medical officers of the BHUs are in-charge of the Union Councils are responsible for micro-planning and its implementation in NIDs. The district unit staff perform monitoring and supervision in every campaign. The PPHI's polio performance has been noted outstanding in all districts and it was acknowledged by district administration independent monitors.

PROVINCE	District Name	No. of Cases	Total Districts	Total Cases
Khyber Pakhtunkhwa	Nowshehra	1	6	8
	Peshawar	1		
	Hangu	1		
	Bannu	3		
	Dera Ismail Khan	1		
	Kohistan	1		
FATA	South Wazeeristan	2	1	2
Sindh	Karachi	1	5	8
	Jacobabad	1		
	Shikar Pur	2		
	Sujawal	2		
	Badin	2		
Balochistan	Quetta	1	2	2
	K.Abdullah	1		
PAKISTAN		20	14	20

PROVINCE	2009	2010	2011	2012	2013	2014	2015	2016
PUNJAB	17	7	9	2	7	5	2	0
SINDH	12	27	33	4	10	30	12	8
KPK	29	24	23	27	11	68	17	8
FATA	20	74	59	20	65	179	16	2
BALOCHISTAN	11	12	73	4	0	25	7	2
GILGIT-BALTISTAN	0	0	1	1	0	0	0	0
AZAD JAMMU & KASHMIR	0	0	0	0	0	0	0	0
TOTAL	89	144	198	58	93	306	54	20

Source: WHO

Teams In Action

Monitoring NIDs District Naseer Abad

Monitoring NIDs District Sherani

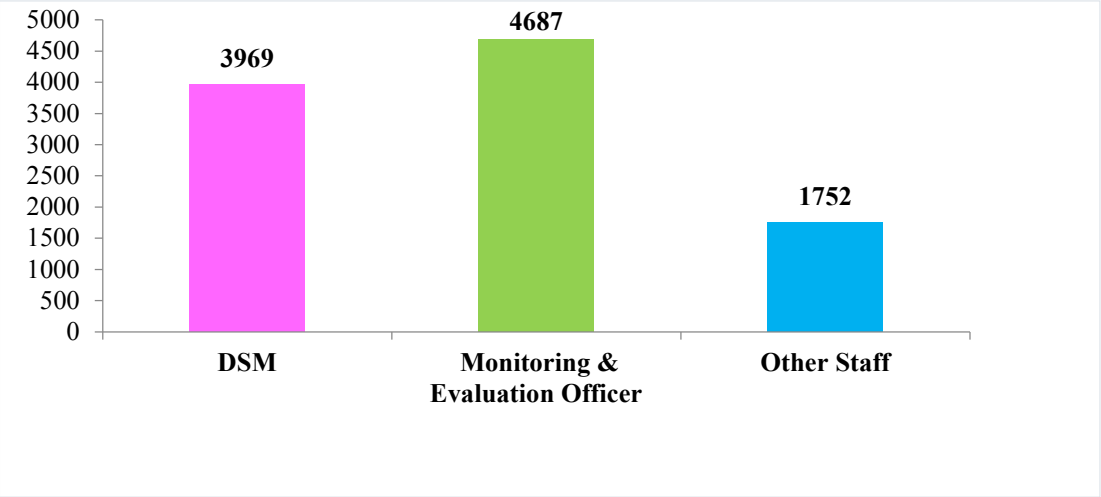
Monitoring NIDs District Washuk

Monitoring NIDs, District Nushki

D.C. Dera Bugti inaugurating Polio days

Monitoring NIDs District Jhal Magsi

MONITORING AND SUPERVISORY VISITS



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

At a BHU, Medical Officer or in-charge is responsible for supervising the work of facility employees and health personnel looking after primary health care services. A standard supervisory checklist is available for BHUs. The District Support Manager and Monitoring & Evaluation Officer are supposed to supervise the work of health care providers at BHU. The District Support Manager and Monitoring & Evaluation Officer have a target of 12 and 14 supportive supervisory visits in their respective districts and spend more than two hours at health facility.

The District Support Manager and Monitoring & Evaluation Officer do have a standard checklist for supervision that is used during supervisory visits. The Monitoring & Evaluation Officer submits report of his supervisory visits to DSM. PPHI-B is working on a target oriented mechanism which leads to quality of services in health and results in patient/client satisfaction. Clinical indicators/reports reflect an increase in infectious diseases as well as non-communicable diseases, mental and geriatric problems. Though standard checklist is available, again supervisory system is weak in terms of regularity and feed back to facilities.

How can the quality of services be improved?

- Service provider's behaviour must be courteous with patient and client.
- Service provider has to develop rapport (good behaviour) with patient and client.
- Take short history of patient.
- Counselling with client.
- Time for consultation must be more than 5 minutes.
- Positive signs in patient must be listed
- Provisional Diagnosis on prescription slip or OPD slip

- Doses of medicine.
- Describe Frequency of dose to patient or his/her attendant with feedback.
- Duration of medicine to be taken in hours.
- Medicine should be rational.
- Poor and marginalized patients/clients list at BHU.

M&E Officer visiting BHU Jam Yousaf Abad, Lasbela

The DSM visiting BHU Mishk, Khuzdar

The DSM visiting BHU Nalisar K. Saifullah

The DSM visiting BHU Shimshan Washuk

SPECIAL EVENTS

Honorable Chief Secretary Balochistan briefed on PPHI's role in delivering health care services across Balochistan

Third Annual General Meeting Chaired by MS Zobaida Jalal, Chairperson PPHI-B

Monthly Review Meeting District Gwader Chaired by MS Zobaida Jalal, Chairperson

The Chief Excutive Officer PPHI-B I naugrating a BHU in Pishin

The Chief Excutive Officer PPHI-B inspected BHU Zerkhoo Quetta

PPHI-BALOCHISTAN AT A GLANCE

The DHO Kachhi Dr. Syef Ghulam Murtaza Shah visited Main Store

District Health Committee Chaired the by DC Kohlu

Monthly Review Meeting, chaired by DC Mastung

Monthly Review Meeting, Chaired by DHO Nushki

The Deputy Commissioner Sherani visted BHU Alam Kapeep

The Assistant Commissioner Bolan visited BHU Kirta

Monthly Review Meeting, Chaired
by the DC Gwadar

Monthly Review Meeting, Chaired
by the DHO Jhal Magsi

Monthly Review Meeting, chaired
by the DC Harnai

District Health Committee Chaired
the by the DC Killa Saif Ullah

The Chairman District Council Harnai Mr. Shah
Jehan Khan visited BHU Guchina

MILESTONES 2016

MOU BETWEEN PPHI-B & NUTRITION CELL GOVERNMENT OF BALOCHISTAN

PPHI-B signed a landmark agreement with nutrition cell government of Baluchistan to utiliize its existing network of BHU's for an organized focus on child nutrition across the province.

Being an agile entity PPHI-B quickly launched nutrition activities in 7 districts across the province. Initial results have been promising with a visible improvement in childrens health based on available data both in terms of numbers and observation. With the results coming in it is evident that close coordination in execution of the planned activities between the partners has been key to yielding the desired results.

PPHI-B has optimistically planned to expand the program into the remaining districts following a phaswise approach using the learnings from the pilot execution in 7 districts

INTRODUCTION OF ONLINE DATE REPORTING SYSTEM

The incorporation of online reporting mechanism has greatly enhanced the assessment and monitoring capability and has provided a window of self-appraisal vis-à-vis the objectives of primary Healthcare. Making use of information technology to ensure the availability of data required for assessing the critical health indicators has been of prime importance. It gives decision making a proper direction by minimising risks and putting resources into the right places. Another important aspect is the performance visibility across all districts to track performance and make the necessary interventations for alignment with the set goals

STAR PERFORMERS

Setting benchmark performance Standards

PPHI-B actively recognizes and rewards outstanding performance inspiring positive competition across the organization. The districts work in line with the organization's principle committment of providing basic health care to the society. There's no doubt that personel across the 32 districts work tirelessly to achieve the set objectives but there are always performances that stand out and deserve praise.

PPPHI delivering great results PPPHI delivering great results
PPPHI delivering great results PPPHI delivering great results
PPPHI delivering great results PPPHI delivering great results
PPPHI delivering great results PPPHI delivering great results
PPPHI delivering great results PPPHI delivering great results

Kalat

Kalat's performance in 2016 has been exceptional. Data reporting has been spot on along with resource & budget utilization. MRM rate has declined by 80% which is a major achievement. The team's coordination with key stakeholders across the district has resulted in proper execution of activities on ground

Kilasaifullah

The district has posted improvements across board. The key highlight has been the the improvement in nutritional health of children falling in BHU catchment areas. Excellent local community engagement has yielded great results in bringing focus to child nutirition

Lasbela

Excellent use of data analytics to set priority has enabled the district to achieve the desired results.

Kohlu

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COMMUNITY HEROES

Setting benchmark performance Standards

PPHI-B actively recognizes and rewards outstanding performance inspiring positive competition across the organization. The districts work in line with the organization's principle committment of providing basic health care to the society. There's no doubt that personel across the 32 districts work tirelessly to achieve the set objectives but there are always performances that stand out and deserve praise.

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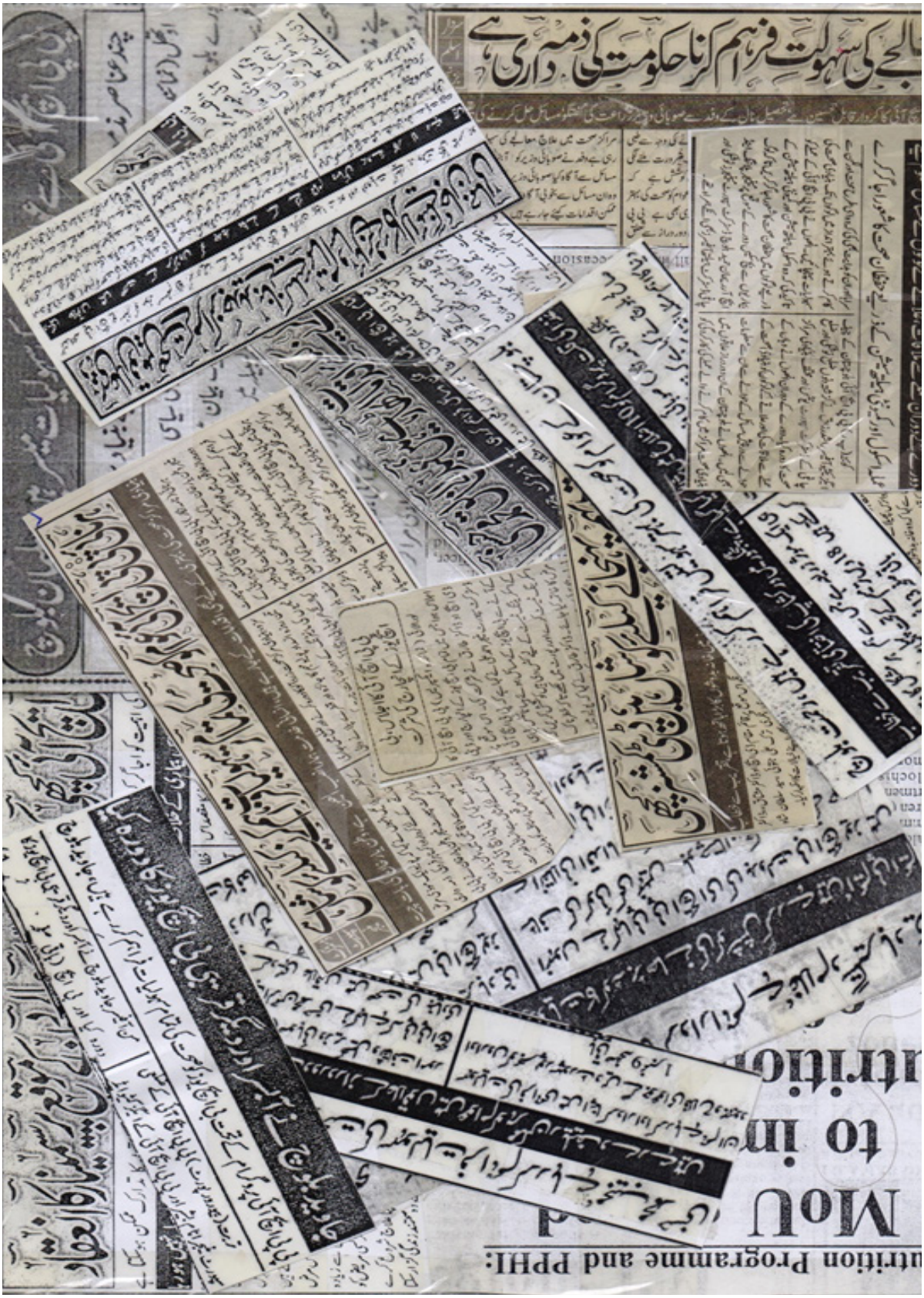
ABBREVIATIONS

ADSM	Assistant District Support Manager
ANC	Antenatal Care
ARV	Anti-Rabies Vaccine
ASV	Anti-Snake Venom
BCG	Bacille Calmette-Guerin
BHU	Basic Health Unit
BNPMC	Balochistan Nutrition Program for Mother and Children
CHS	Community Health Sessions
COCs	Combined Oral Contraceptives
CMAM	Community-based Management of Acute Malnutrition
DHIS	District Health Information System
DMPA	Generic name of Progestin-only inject able
DOTs TB	Direct Observing Therapy Tuberculosis
DSM	District Support Manager
ENT	Ear Nose & Throat
EPI	Expanded Program for Immunization
FELTP	Field Epidemiology &Laboratory Training Program
FMT	Female Medical Technician
HF	Health Facility
IUCD	Intrauterine Contraceptive Device
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
LHV	Lady Health Visitor
LMO	Lady Medical Officer
LLITMs	Long lasting insecticide-treated materials
MCH	Mother and Child Health
M&EO	Monitoring and Evaluation Officer
MO	Medical Officer
MT	Medical Technician
MUAC	Mid Upper Arm Circumference
NET-EN	Generic name of combined inject able
OPD	Out Patient Department
OPV	Oral Polio Vaccine
OTP	Outpatient Therapeutic Program
PNC	Post Natal Care
POP	Progestin Only Pill
PEM	Protein Energy Malnutrition
PHC	Primary Health Care

PPHI-BALOCHISTAN IN NEWS AND VIEWS



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