



PEOPLE'S PRIMARY HEALTHCARE INITIATIVE BALOCHISTAN PPHI BALOCHISTAN

UMEED KI KIRAN

ANNUAL REPORT 2017



COMPONENTS OF PRIMARY HEALTHCARE



COMMUNITY PARTICIPATION



PROVISION OF SAFE DRINKING WATER



CURATIVE CARE



IMMUNIZATION



HEALTH EDUCATION



NON-COMMUNICABLE DISEASES



MENTAL HEALTH



IMPROVE NUTRITIONAL STATUS



MATERNAL & CHILD CARE



PROVISION OF ESSENTIAL DRUGS

Fighting Poverty Through Healthcare

CONTENTS

Messages	07
The Chair person	07
The Chief Executive Officer	08
Board of Directors	12
Introduction	13
Mission, Objectives	14
Summary of Annual Report 2015	15
Socio-Demographic Profile of PPHI-Balochistan	19
Health Services performance targets versus achievements PPHI-Balochistan, 2015	21
DHIS Graphical Performance of Districts 4th Quarter, 2015	22
Districts Health Services Performance Measurements targets and Achievements in Percentages 4th Quarter, 2015	23
District Health Services Performance measurement and achievements 2015	25
PPHI-B DHIS reporting percentages 2015	26
Detail of Health Infrastructure in Balochistan	27
Increase number of BHUs	28
Repair and renovation and Provision of Medical Equipment/Furniture of BHUs	28
Electrification and Solar Electrification of BHUs	28
Provision of Tap Water and Toilet Facility	29
Establishment of 24/7 MCHCs Center	30
The Practice of Hand Washing	32
PPHI-B Human Resource and Development	35
Detail of Sanctioned Posts, Contract employees and vacant positions	35
MO/ FMO/ LMO Coverage	35
Human Resource Development and Management	37
Practical Training Course in Maternal, Neonatal and Child Health	37
Preventive and Promotional Services	39
Health Education (SGs, CHS, SHS)	39
Immunization, TT Vaccination	43
Hepatitis B&C Screening	44
Mother and Child Healthcare	45

CONTENTS

Deliveries	46
Birth Spacing	46
Family Planning Services	47
Curative Healthcare services	48
Annual Out-Patients 2007-2015	48
New Patients Distribution by Gender and Age	48
New Patients Distribution by Gender	49
Follow-up cases and Referrals	49
Complicated Pregnancies	49
Detail of OPD in Districts	51
Diagnostic Services	52
Pattern of Diseases	53
Proportion of Diseases 2015	54
Communicable Diseases control	55
Prevention and treatment of Non-Communicable Diseases	57
Medical and Surgical Services	59
Emergency Health Services	59
Dental Care	59
Tele Medicine	60
Test performed for Tuberculosis	61
Status of ARV/ASV	61
Detail of BHUs Designated as TB Care Health Facility	63
The Essential Drugs	64
Yearly Essential drugs Procured	64
How can the quality of services be improved?	65
Epidemics and Free Medical Camps	66
Free Medical camps: Quetta, Pishin and Killa Abdullah	69
National immunization Days and PPHI-Balochistan	71
Monitoring and Supervisory Visits	72
Special Events	74
PPHI-B at a glance	76
Best Performing Officials	77
PPHI-Balochistan Office Addresses	78
Printing and Publications	79
PPHI-B in News and Views	79

ABBREVIATIONS

ANC	Antenatal Care
ARV	Anti-Rabies Vaccine
ASV	Anti-Snake Venom
BCG	Bacille Calmette-Guerin
BEmONC	Basic Emergency Obstetric and Newborn Care
BNPMC	Balochistan Nutrition Program for Mother and Children
BHU	Basic Health Unit
BoD	Burden of Disease
CHS	Community Health Sessions
CMW	Community Mid- Wife
COCs	Combined Oral Contraceptives
DC	Deputy Commissioner
DHO	District Health Officer
DHIS	District Health Information system
DMPA	Generic name of Progestin-only inject able
DOTs TB	Direct Observing Therapy Tuberculosis
DSM	District Support Manager
DSU	District Support Unit
ENT	Ear Nose & Throat
EPI	Expanded Program for Immunization
FMT	Female Medical Technician
HF	Health Facility
HFA	Health for All
HIV/AIDS	Human Immunodeficiency Virus/Acquired immunodeficiency syndrome
IFA	Iron Folic Acid
IUCD	Intrauterine Contraceptive Device
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
LHV	Lady Health Visitor
LHW	Lady Health Worker
LMO	Lady Medical Officer
MAM	Management of Acute Malnutrition
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MNCH	Mother and Neonatal Child Health
M&E O	Monitoring and Evaluation Officer
MO	Medical Officer
MT	Medical Technician
MUAC	Mid Upper Arm Circumference
NRSP	National Rural Support Program
NCDs	Non-Communicable Diseases
NET-EN	Generic name of combined inject able
NIDs/ SNIDs	National Immunization Days/Sub National Immunization Days
OPD	Out Patient Department
OPV	Oral Polio Vaccine
OTP	Outpatient Therapeutic Program
PDHS	Pakistan Demographic Health Survey
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PLW	Pregnant and Lactating Women
PNC	Post Natal Care
POP	Progestin Only Pill
PPHI-B	People's Primary Healthcare Initiatives-Balochistan
RHC	Rural Health Center
SAM	Sever Acute Malnutrition
SDGs	Sustainable Development Goals
SG	Support Group
SHS	School Health Session
SO	Social Organizer
TB	Tuberculosis
TT	Tetanus Toxoid
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization



Message

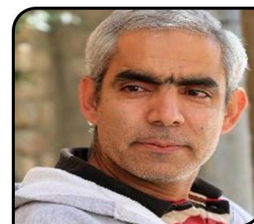
It is a matter of great pleasure that PPHI-B is publishing Annual Report 2017 to review his annual performance and achievements. It is also pride for me that greater focus has been given to National Health Vision 2016-2025 in which main target is; “To improve the health of all Pakistanis, particularly women and children, through universal access to affordable quality, essential health services, and delivered through resilient and responsive health system, ready to attain Sustainable Development Goals and fulfill its other global health responsibilities”.

It is well known that children and women in Pakistan and specially in Balochistan have many opportunities but at the same time face many constraints and challenges in Primary Healthcare. PPHI- B annual report 2017 report shows improved results in key areas such as health education, community revitalization, hygiene promotion, maternal and child health services, immunization, nutrition in seven target districts, prevention and control on communicable, non-communicable diseases, looking mental health care and as well as provision of essential drugs. It is important to recognize achievements as an inspiration for partners to strive harder and go further to ensure the rights of children and women.

We have planned the national and provincial health strategies to achieve Sustainable Development Goals in light of WHO six building blocks, which were adapted in 2015. The momentum would be gained throughout the coming fifteen years, at both federal and provincial levels. With increasing support from donors, and partners PPHI-B made unprecedented advances in capacity buildings of health professionals, provision of high quality primary healthcare to reach un-covered areas of the province. This is evident in the maternal, newborn and child health care program in the form of expanded service delivery and referrals of complicated pregnancies to higher facilities for emergency obstetric care.

PPHI-B appeal and approach to multitude of stakeholders came together to address the nutrition challenge in a joint effort which went far beyond the scope. Provincial nutrition policies and plans were adopted and budget secured through government and specific donor support in seven districts through Balochistan Nutrition Program for Mother and Children (BNPMC) with grant of World Bank and the implementation was monitored by BNPMC, Provincial Steering Committees and World Bank comprising interdisciplinary teams. PPHI-B is grateful to the partners who responded with us to help meet core commitments for children in nutrition, TB and Malaria control humanitarian situations.

Mrs. Rubina Irfan Baloch
Chairperson Board of Directors,
PHI Balochistan



Message

It gives me pleasure to report the progress PPHI Balochistan has achieved over a year. “Fighting Poverty through Healthcare” is a long journey in Balochistan’s content. Primary Healthcare is an important tool in our hand to achieve this. When healthcare providers, professionals, managers, and policy makers use of latest evidence and experience, they can provide high quality services to their clients and as a result, improve outcomes for communities. PPHI-B has an edge of efficiency in providing basic healthcare services to 40 % of population in Balochistan while spending less than 5 % of provincial health sector budget.

PPHI has lived up to public expectations to a great extent which is evident from the effective services of primary healthcare in rural areas and urban slums. The facility utilization rate was reported 98 percent in 2017. A significance performance indicator in Out Patients Department was 53 % female attendance in BHUs. This marked improvement is due to a combination of efforts by PPHI-B such as service delivery, provision of essential drugs & medical equipment, financing, and good governance.

For over 12 years now, Peoples Primary Healthcare Initiative Balochistan has been playing a pivotal role in delivery of services all across the Province: from urban slums to the rural communities of Balochistan. Focused on addressing basic needs like preventive and curative healthcare, PPHI-B is a rare example of efficiency and effectiveness in the health sector; poverty alleviation is an indirect implication of PPHI scope and activities.

As demand for health services increases, it is imperative that reliable data and quality information flows to healthcare providers. District Support Managers of PPHI-B are responsible for improving primary healthcare. What works? What doesn’t work? What looks promising? Can these efforts be replicated elsewhere? How do you begin? How do you evaluate? Where does the emerging evidence lead? What is sustainable? Health information products and services must continue to communicate the answers of such questions to communities in the area of responsibility. A successful health promotion intervention for communities in Balochistan, for example social groups meetings, might have a great local impact, but an effective, timely, and accurate account of what makes it work communicated to the right people, in the right way, at the right time will ensure that its benefits spread across and beyond Balochistan.

Aziz Ahmad Jamali
Chief Executive Officer,

Fighting Poverty Through Healthcare

BOARD OF DIRECTORS

Mrs. Rubina Irfan Baloch (Retired Senator)
Chairperson BoD, PPHI, Balochistan



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



Mr. Munir Badini
M.A, LL.B



Prof. Fazal e Haq Mir,
Sitara-i-Imtiaz
Secretary
Tameer-i-Nau Trust,
Balochistan



Dr. Rashid Tarin
MBBS

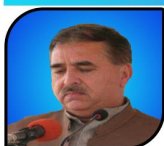


Prof. Dr. Shahnaz
Naseer Baloch,
MBBS, MCPS FCPS



Sardar Aijaz Ahmed
Jaffar

Ex Officio-Directors



Mr. Naseeb Ullah Bazai
Additional Chief
Secretary Planning &
Development
Department GoB



Mr. Qamar Masood
Secretary Finance
Department, GoB
Quetta

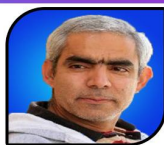


Mr. Javaid Anwar
Shahwani
Secretary GoB
Department of Health

Head Office Bearer



Mr. Agha Junaid,
Audit Manager



Mr. Aziz Ahmed Jamali,
Chief Executive Officer,
PPHI-Balochistan



Mr. Mohammed
Rafiq Raisani
COO/Secretary, BoD



Dr. Mukhtar Zehri,
Public Health
Specialist



Mr. Rehan Hameed
Baloch,
P& HR Manager



Mr. Fahad Khan
Kakar
MIS Officer



Mr. Faisal Shareef
Manager Information
& Technology



Mr. Mumtaz Ali
Rind,
Manager



Dr. Ameer Bakhsh Baloch
In Charge Nutrition
Program



Mr. Arif Tarin,
Finance Manager

Introduction

The PPHI Balochistan was established in 2006-2007. 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 it a hope that the ailing PHC sector could be reinvigorated through a partnership arrangement.

In the following years, the government began 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 the agreement with PPHI-B for delivery of primary healthcare services. So far, over 653 Basic Health Units and Health Facilities BHUs/HFs across thirty-three 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; Senator Mrs. Robina Irfan Baloch is the second 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 that now 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 PPHI Balochistan is mandated: to provide

- To provide and prudently manage comprehensive and accessible quality health services with emphasis on Primary Health Care in accordance with approved national & provincial policies. We share the vision to ensure a healthy.....
- The PPHI Balochistan has the shared vision to ensure, a healthy and productive population with universal access to quality health service.

Vision

Now PPHI-B has followed the National Health Vision Pakistan 2016-2025 which unveiled & endorsed by all federal and provincial ministers on August 30, 2016. ***“To improve the health of all Pakistanis with focus on Balochistan, particularly women and children, through universal access to affordable quality essential health services, and delivered through resilient and responsive health system, ready to attain Sustainable Development Goals and fulfill its other global health responsibilities”.***

MISSION

“FIGHTING POVERTY THROUGH HEALTHCARE”

Objectives:

- To improve the health of rural areas and urban slums and reduce preventable mortality and morbidity, especially among women and children to achieve the Sustainable Development Goals Specially Goal 3 (Good Health and Wellbeing);
- To ensure that rural and urban slums will receive good quality preventive, promotive and curative services;
- To sustain improvement in Primary Health Care by building capacity of healthcare providers; and
- To plan, manage, monitor & evaluate health care services and improve the health infrastructure with a focus on BHUs/ FLHFs.

1. SOCIO-DEMOGRAPHIC PROFILE of PPHI-BALUCHISTAN

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.

In primary healthcare services, socio-demographic groups are used for analyses of health targets and outcomes. Pakistan's population was 32.5 million in 1951, and 132.3 million in 1998; Its population has since increased approximately 7-6 folds, reaching 207.8 million in 2017 Census Report. Pakistan is now the sixth most populous country in the world. The current national population growth rate is 2.4 percent and Balochistan growth rate was 3.37 and the population of the Balochistan reached on 12,344,408. (12.34 millions) The national increase in population rate was 61 % and provincial population increase was 88 % during 1998 to 2017.

It is also observed that in Balochistan growth rate varies district to district 0.15 lowest in Awaran and highest 5.83 in Quetta. The data in demography and health are essential for a meaningful assessment of the existing healthcare systems.

Hopefully the information would assist the healthcare managers in formulating effective programs and strategies for improving health services for the masses. According to the estimates, Pakistan will become the fifth most populous country in 2050 at its current rate of population growth.

The current catchment populations are estimated on the bases of 1998 census report with growth rate of census 2017. We can set our targets accordingly till the publishing of district census report 2017. Hope these reports will published in 2018, the head office will able to calculate the catchment population of BHUs/HFs with the help and support of district support units.



Fighting Poverty Through Healthcare

DISTRICT POPULATION WITH TARGETS BALOCHISTAN 2018

S #	Districts	No. of BHUs	Population (Estimate) 2018	Children's		Pregnant Women Yearly Target	Under 5 years Yearly Target	Child Bearing age Women (Between 15-49 Y)	Married Couples
				Under 1-year Yearly Target	Under 2 Years				
1	Awaran	7	44,534	1,425	1,381	1,590	7,571	9,797	7,125
2	Barkhan	7	56,695	1,814	1,758	2,024	9,638	12,473	9,071
3	Chagai	12	72,725	2,327	2,254	2,596	12,363	16,000	11,636
4	Dera Bugti	32	126,307	4,042	3,916	4,509	21,472	27,788	20,209
5	Gwadar	22	109,650	3,509	3,399	3,915	18,641	24,123	17,544
6	Harnai	7	31,270	1,001	969	1,116	5,316	6,879	5,003
7	Jaffar Abad	38	229,586	7,347	7,117	8,196	39,030	50,509	36,734
8	Jhal Magsi	11	74,428	2,382	2,307	2,657	12,653	16,374	11,908
9	K. Abdullah	37	261,421	8,365	8,104	9,333	44,442	57,513	41,827
10	K. Saifullah	15	63,627	2,036	1,972	2,271	10,817	13,998	10,180
11	Kachhi	11	49,075	1,570	1,521	1,752	8,343	10,797	7,852
12	Kalat	14	63,594	2,035	1,971	2,270	10,811	13,991	10,175
13	Kech	38	273,797	8,762	8,488	9,775	46,545	60,235	43,808
14	Kharan	14	55,421	1,773	1,718	1,979	9,422	12,193	8,867
15	Khuzdar	43	218,160	6,981	6,763	7,788	37,087	47,995	34,906
16	Kohlu	36	119,425	3,822	3,702	4,263	20,302	26,274	19,108
17	Lasbela	42	183,621	5,876	5,692	6,555	31,216	40,397	29,379
18	Loralai	35	182,059	5,826	5,644	6,500	30,950	40,053	29,129
19	Mastung	14	91,236	2,920	2,828	3,257	15,510	20,072	14,598
20	Musa Khail	21	96,475	3,087	2,991	3,444	16,401	21,225	15,436
21	Naseer Abad	15	131,854	4,219	4,087	4,707	22,415	29,008	21,097
22	Noshki	10	67,311	2,154	2,087	2,403	11,443	14,808	10,770
23	Panjgoor	24	215,401	6,893	6,677	7,690	36,618	47,388	34,464
24	Pishin	30	268,412	8,589	8,321	9,582	45,630	59,051	42,946
25	Quetta	38	443,748	14,200	13,756	15,842	75,437	97,625	71,000
26	Sherani	11	35,063	1,122	1,087	1,252	5,961	7,714	5,610
27	Sibi	15	71,004	2,272	2,201	2,535	12,071	15,621	11,361
28	Washuk	23	76,732	2,455	2,379	2,739	13,044	16,881	12,277
29	Zhob	17	98,717	3,159	3,060	3,524	16,782	21,718	15,795
30	Ziarat	14	77,139	2,468	2,391	2,754	13,114	16,971	12,342
Total		653	3,888,487	124,432	120,543	138,819	661,043	855,467	622,158

2. Summary of Annual Report 2017

It is a matter of great pride that PPHI-B is publishing Annual Report 2017 to showcase its performance in health care delivery system over the course of year. Peoples Primary Healthcare Initiative Balochistan has elaborate review processes that culminate in the writing of Annual Report since 2014; PPHI-B conducts performance reviews beginning at the District level on monthly basis in the shape monthly review meeting (MRM) chaired by the Deputy Commissioner with participation of the DHO, Medical Superintendent D/H Hospital, District Health Management Team members and in-charges of BHUs. These reviews appraise BHUs/HF comparative monthly performance, based on the primary health care components. Health Services Achievements of the districts are collected on monthly basis in the online DHIS software, PPHI-B F1-F13 and P1-P5 formats. Health Services Achievement of the districts on set targets are quarterly reviewed at head office. The quarterly performance evaluation is shared with districts, copies to all stake holders and printed in Quarterly Health Diary regularly. Planning of health services performance indicators on set targets is also done accordingly for next quarters.

In 2017, 68 BHUs were additionally received to make these functional in different districts out of these 18 were made functional and operational. This brings the total number of functional BHUs/HF in 2017 to 653; 3 % increase 635 figure reported in 2016. In 2017 BHUs/HF 627 were seen to be directly reporting into the DHIS, in comparison to 610 in 2016 and 606 BHUs/HF reporting into DHIS in 2015. BHUs contribution to OPD attendance increased from 6.1% of the total OPD attendance of 2.96 Million in 2013, 3.04 Million in 2014, 3.20 Million in 2015, 3.56 Million in 2016 and 3.69 Million in 2017. Performance of the PPHI Balochistan against the set targets for year 2017 has been satisfactory. The facility utilization rate was reported 84 percent in 2013, further increased to 87 percent in 2014, 89 percent in 2015, and 95 percent in 2016 and it has reached to **98** percent in 2017. A significance performance indicator in Out Patients Department was 56 % female attendance in BHUs. As the efforts to ensure improved maternal and neonatal health continue, there was decrease in the proportion of pregnant women achieving the minimum 2 antenatal care (ANC) visits in 2017. Approximately **60 %** pregnant women made at least 2 ANC visits in 2017 in comparison to 65 % in 2016 & 37 in 2015. The supervised delivery number highly improved from at facility **16296** plus **12850** at home with total **29146** in 2017 as compared previous data at facility 15618 plus 11500 at home with total 27181 in 2016 & at facility 12883 plus 8946 at home with total 27181 in 2015.

Family Planning coverage declined from 14.7% in 2017 to 19 % in 2016 and 21 % in 2015. The decline in family visit was due to non-availability of commodities. These improvements in maternal care although not conclusive, could be a reflection of the increase in critical workforce, particularly LMOs, LHV's & FMTs in all districts. The LHV's/FMTs ratio has been slowly improving over the last ten years current technical work force ratio working at BHUs is Male and Female = 65:35. Improvement in childhood immunization is measured using the proxy Penta-3 & Measles 1 administered children less than one year called fully immunized. Fully Immunized coverage was 68 % in 2015, 66% in 2016 and 55 % in 2017.

3. HEALTH SERVICES PERFORMANCE, TARGETS; VERSUS ACHIEVEMENTS OF PPHI, BALOCHISTAN 2017

S#	Health Services	Annual Targets	Achieved	PERCENTAGE
1.	PREVENTIVE CARE			
i.	Community Participation/Health Education			
a)	Social Group Meetings	3816	3603	94
b)	Community Health Sessions	3816	3621	95
c)	School/Madressa Health Sessions	3816	3187	83
ii.	Immunization			
a)	Fully Immunized Children under one year	70793	37881	54
b)	Pregnant Women TT 2	133824	33580	25
iii.	Pregnant Woman MCH			
a)	Antenatal Care I	133824	92611	69
b)	ANC Women with Hb < 10 g/dl		13887	
c)	Antenatal Care Revisit	133824	72874	49
d)	Post Natal Care	133824	63704	36
E)	Referred Complicated Pregnancies	13382	6341	48
iv.	Family Planning Married Couples	599770	96367	16
2.	CURATIVE CARE			
a)	OPD	3565997	3696138	104
b)	Under 5 years' malnutrition children		45267	
c)	4 th Quarter /Yearly TB Cases	252/1008	115/413	46/41
d)	Hepatitis B&C Screening	0	14564	
e)	Referred cases to Higher Health Facility	178300	62092	35
3.	MONITORING, SUPERVISION & REPORTING			
a)	Monthly DHIS reports	7524	7391	98
b)	DSM/ADSM visits	4320	4022	93
c)	M&E Officer visits	5160	4619	89

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

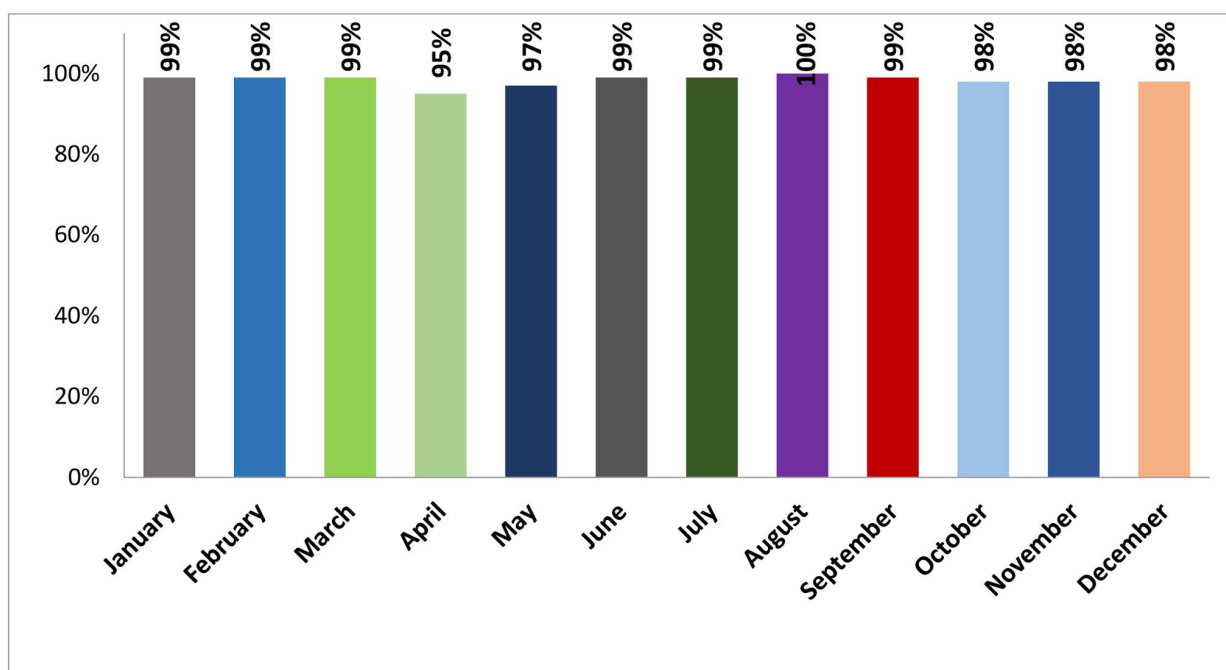
3.1 PPHI-B's OPERATION AND INITIATIVE:

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, which is now accessible online to all district support offices of PPHI-B. Data is extracted from monthly reports of BHUs in Districts and compiled at Head Office. The data/reports received from districts are being examined, processed and finalized for reporting by IT wing under the supervision of Public Health Specialist.

Fighting Poverty Through Healthcare

PPHI- B has integrated DHIS reporting system in a single system from January 2018. The system will remain under supervision & control of DHIS Cell Health Department Government of Balochistan. In this manner all the DSUs can enter their reports of BHUs directly in the system of DHIS Cell. This would certainly remove the anomalies and PPHI-B as well as DHIS would have correct data which ultimately show the correct performance of the BHUs of each district.

3.2 PPHI-B MONTHWISE DHIS REPORTING PERCENTAGE IN 2017



Owing to this intervention in DHIS software by IT wing, the reporting has improved a lot and an overall 99 % of facilities were being reported in the 1st quarter 2017, 99 %, 2nd quarter 2017, 98 % 3rd quarter 2017, 98 in 4th quarter 2017 and **98 percent in year 2017**. This also demonstrates the importance and effectiveness of small steps yielding productive results; the entire DHIS reporting system would be transferred on these lines.

Fighting Poverty Through Healthcare

SOURCE: DHIS REPORTS PPHI-B

3.3 District Health Services Measurement of Achievements of PPHI-B against Targets in Percentage for 2018

Performance Assessment

Performance indicators are one of the management tools which when applied appropriately can measure the performance of the districts and BHUs/Health Facilities. Assess performance on Preventive care performance is presently judged through following indicators.

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 3.57 % BHU Catchment population
- b. Antenatal Care Revisit at least 3 ANC revisits during pregnancy
- c. Post Natal Care
- d. Complicated pregnancies referred, 8-10 percent Expected Births
- e. Family Planning, Married Couple at rate 16 %

B. Curative Care is evaluated on the following criteria:

- a. OPD, Last year OPD/12
- b. Screening of under 5 year's malnourished children, 16 % of catchment population
- c. Referrals 5-10 % of the OPD
- d. Hepatitis B&C
- e. Quarterly TB Cases 0.0027/100000/4

C. Monitoring, Supervision and Reporting criteria:

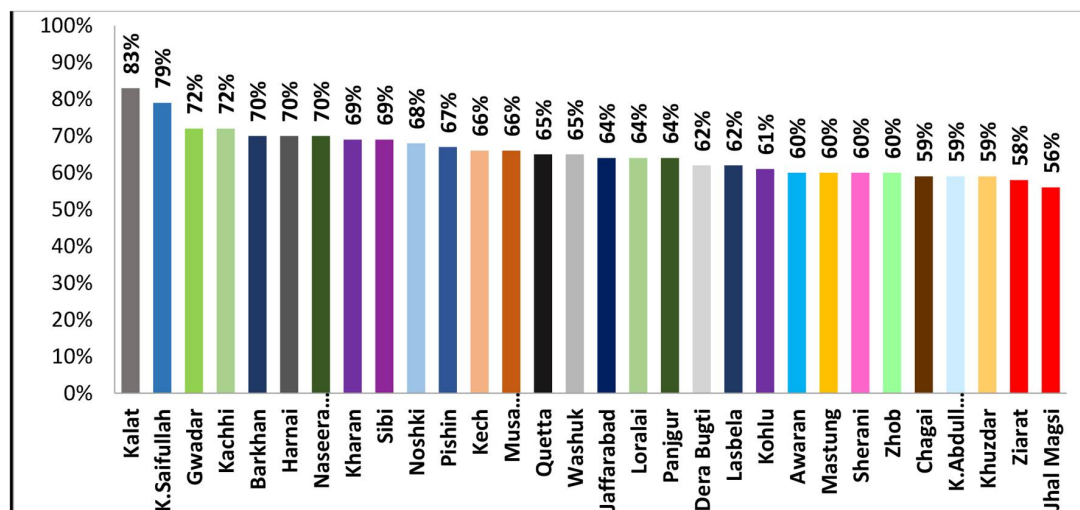
- a. Monthly DHIS reporting
- b. DSM Visit, 12 visits a month/spends more than 2 hours/ fills the supervisory check list & fill Lot Quality Assurance Sampling (LQAS)
- c. M&E Officer Visit 14 visits a month/spend more than 2 hours/ fill the supervisory check list & fill Lot Quality Assurance Sampling (LQAS)

Fighting Poverty Through Healthcare

The achievement of PPHI-Balochistan against the set targets regarding delivery of PHC services in year 2017 as compared to year 2016 has been improved. DSUs reporting was lacking in certain indicators and they were directed to examine weaknesses, threats and to improve their reporting for following:

1. Ensure timely DHIS reporting 5th of every month to District and the DHO office
2. Report on 10th of every month to Head Office
3. Follow up or old 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. Ensure Data Quality and accuracy by filling Lot Quality Assurance Sampling (LQAS)

3.3 DISTRICT HEALTH SERVICES PERFORMANCE MEASUREMENTS ACHIEVEMENTS IN PERCENTAGES 2017



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

In calendar year 2017, District Kalat have earned A category (Excellent), Districts stood on the Best were Killa Saifullah, Gwadar, Kachhi, Barkhan, Harnai, Naseer Abad, Kharan, and Sibi Better performance was observed for Noshki, Pishin, Kech, Musa Khail, Quetta, Washuk, Jaffarabad, Loralai, Panjgoor, Dera Bugti, Lasbela, Kohlu, Awaran, Mastung, Zhob and Sherani the districts came on Good were Chaghi, K.Abdullah, Khuzdar, Ziarat and Jhal Magsi.

Fighting Poverty Through Healthcare

4. Performance of the Nutrition Program in 2017

PPHI-Balochistan started Nutrition Program with financial support of the World Bank through Balochistan Nutrition Program for Mother and Children (BNPMC) Health Department, Government of Balochistan in 07-targeted districts; Panjgoor, Kharan, Noshki, Sibi, Kohlu, Killa Saifullah and Zhob. Program implementation activities started in July 2016. During 2017, PPHI established 107 Out Patient Therapeutic (OTP) program outlets in 100 BHUs and 07 OTPs in District Head Quarter Hospitals (DHQ) of all targeted districts against the target of 105 OTPs.

4.1 Nutrition Target and Achievements in percentage of seven districts-annual report 2017

S:No	Districts	Target of the screened (6-24 months)	Percent of the Screened Children(6-24months)	Percent of the Children Screened under five	Percent of the screened PLWs	# of PLWs Com plying with IFAs
	Noshki	3379	57%	59%	53%	3250
2	Kholu	4051	74%	38%	34%	2616
3	Panjgur	5980	219%	331%	72%	7800
4	Zhob	5869	92%	30%	33%	3606
5	Sibi	4793	146%	52%	40%	3584
6	Killa Saifullah	6479	62%	22%	32%	3821
7	Kharan	2951	135%	51%	52%	2876
	Total	33502	126%	91%	45%	27553

4.2 Performance Indicators:

S: No	Districts	Total Admission	Total Defaulter	Total Discharged
1	Noshki	930	170	1150
2	Kholu	1351	440	1704
3	Panjgur	2208	616	714
4	Zhob	3347	309	711
5	Sibi	1332	439	1522
6	Killa Saifullah	3237	412	2094
7	Kharan	792	173	857
	Total	13197	2559	8752

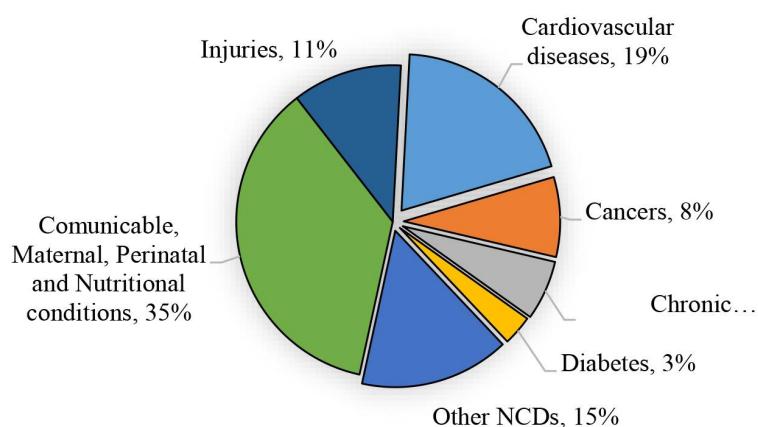
4.3 Total No. of PLWs Screened and Total No. of Children under five Screened

S:NO	District	Target of BHUs/ OTPs	Established\Functional OTPS
------	----------	----------------------	-----------------------------

Fighting Poverty Through Healthcare

Proportional mortality (% of total deaths, all ages, both sexes in Pakistan) WHO 2014

1	Noshki	10	11
2	Kharan	13	14
3	Panjgoor	19	18
4	Sibi	15	15
5	Killa Saifullah	15	16
6	Zhob	15	14
7	Kohlu	18	19
	TOTAL	105	107



Fighting Poverty Through Healthcare

5. Detail of Health Infrastructure in Balochistan

No. of Districts with PPHI-B 33

No. of BHUs/ Health Facilities with PPHI-B 653

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/HF	649	649
ix)	Basic Health Units 24/7 MCH Plus	(43)	(43)
x)	Civil Dispensaries	541	3
xi)	Static Centers	(451)	(301)
xii)	MCHCs	92	0
xiii)	Other HFs	37	0
(xiv)	Health Houses (LHWs)	6720	0
TOTAL		8217	653

SOURCE: F1 TO F13 AND P1 – P5 REPORTING SYSTEM PPHI-B

Maintenance of Physical Infrastructure of Health Facilities



BHU Danok, Kech after repair/renovation



BHU Barkohi, Musa Khail after repair/renovation



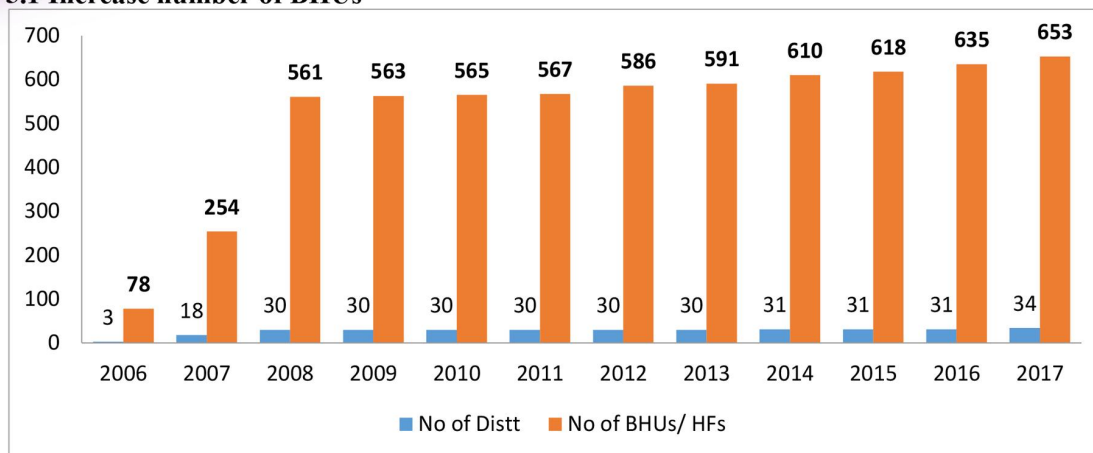
Repair & Renovation of BHU Mahmood Guhram District Kalat



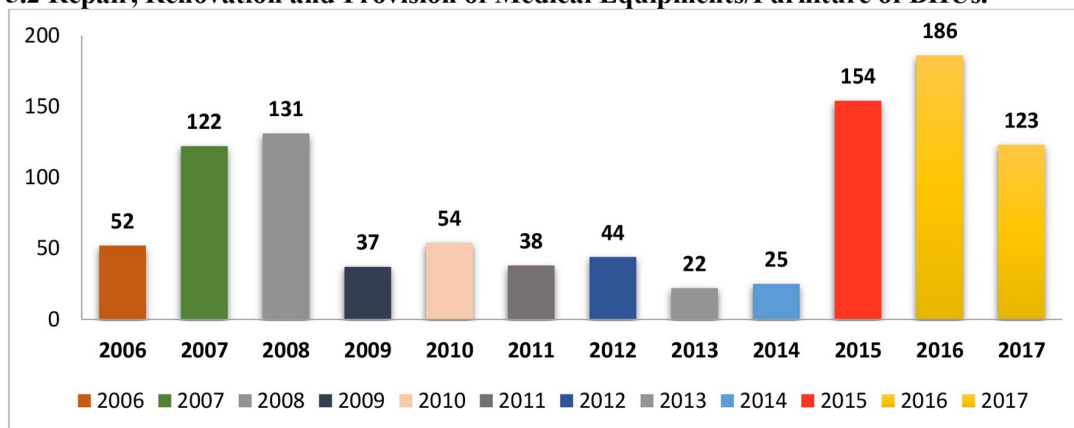
Repair & Renovation of BHU Kaich Baig District Quetta

Fighting Poverty Through Healthcare

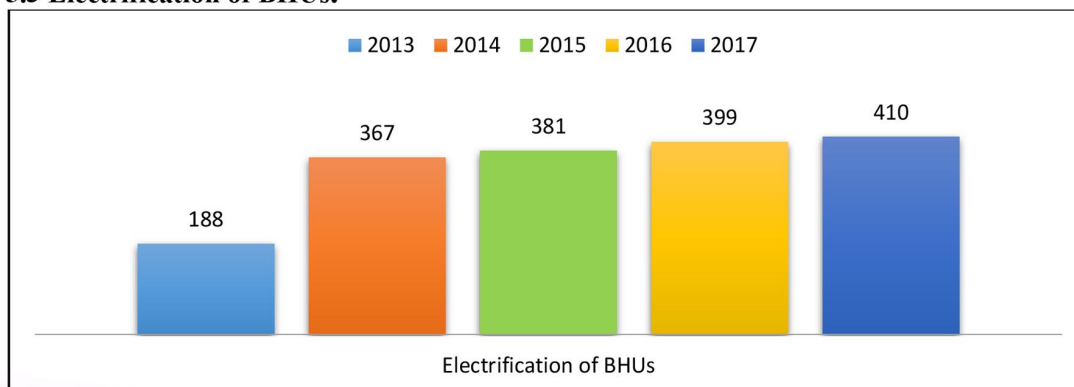
5.1 Increase number of BHUs



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

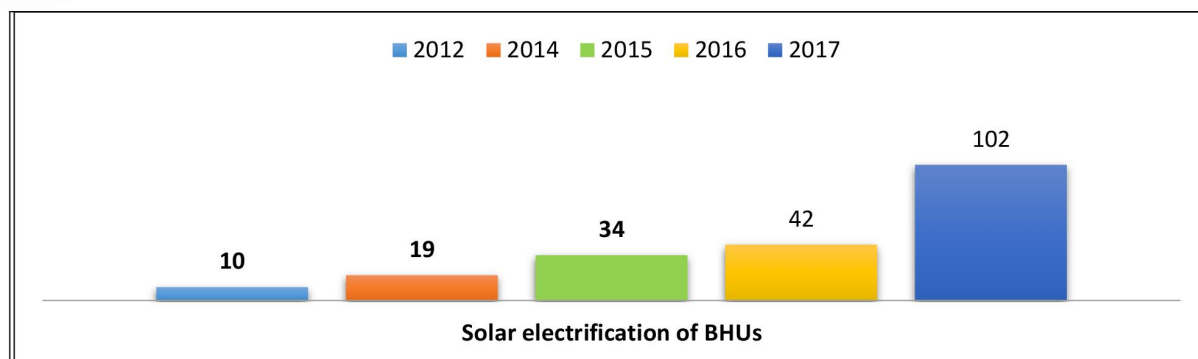


5.3 Electrification of BHUs.

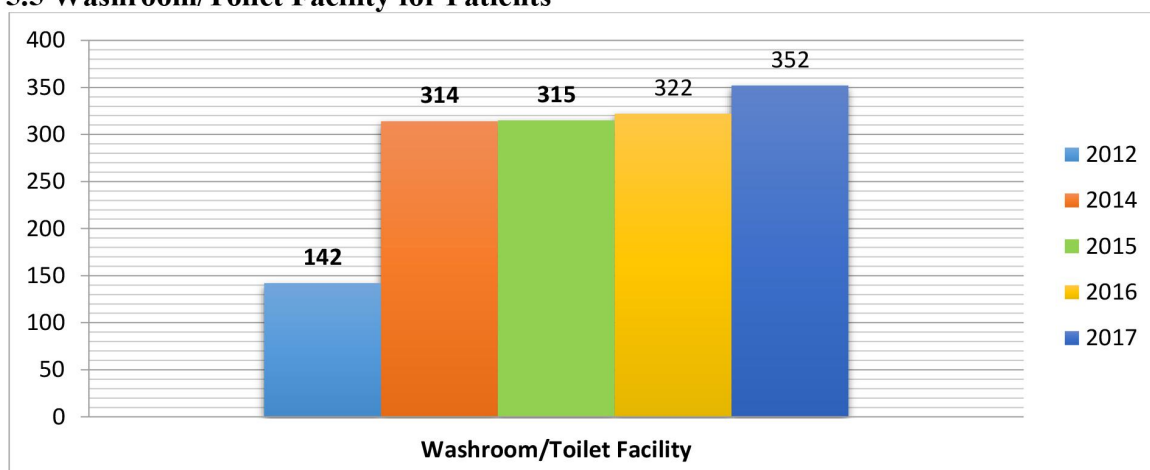


Fighting Poverty Through Healthcare

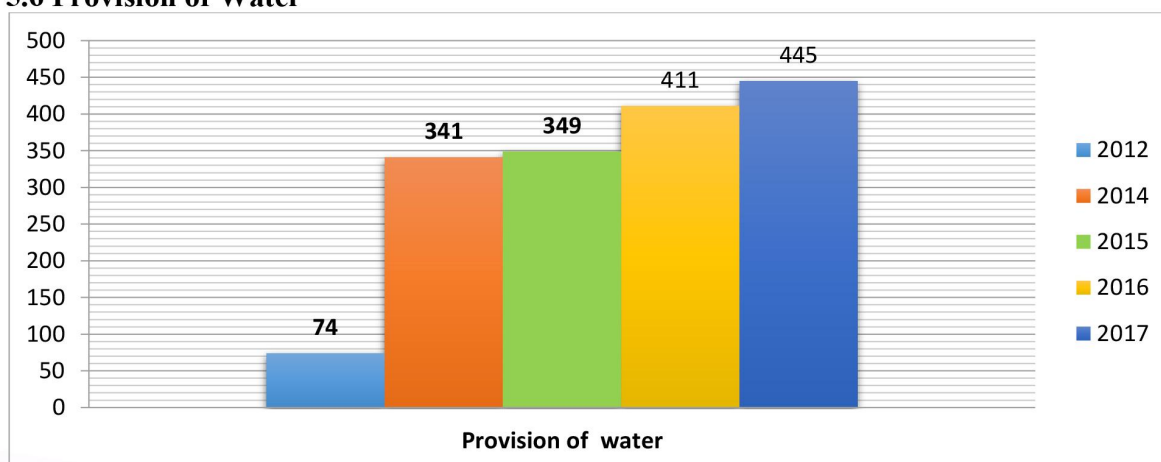
5.4 Solar Electrification of BHUs



5.5 Washroom/Toilet Facility for Patients

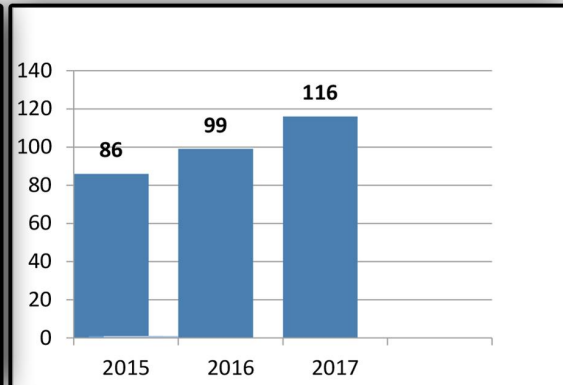
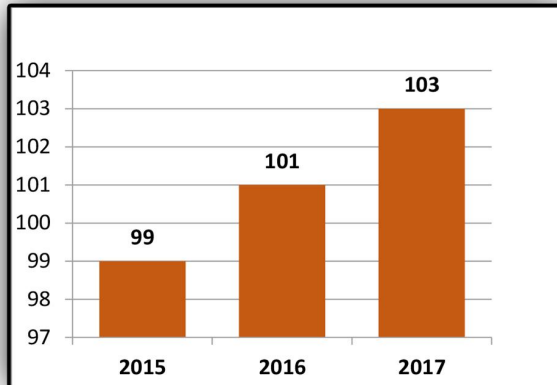


5.6 Provision of Water



Fighting Poverty Through Healthcare

5.7 Laboratories / Labor Rooms



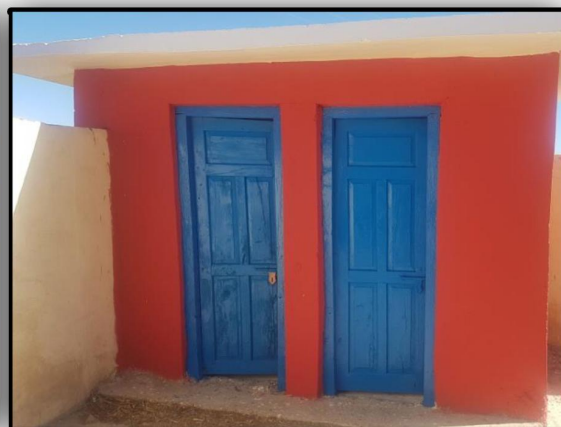
Solar Electrification BHU Shado Band Gwadar



Provision of Tap Water BHU Minzaki, Pishin



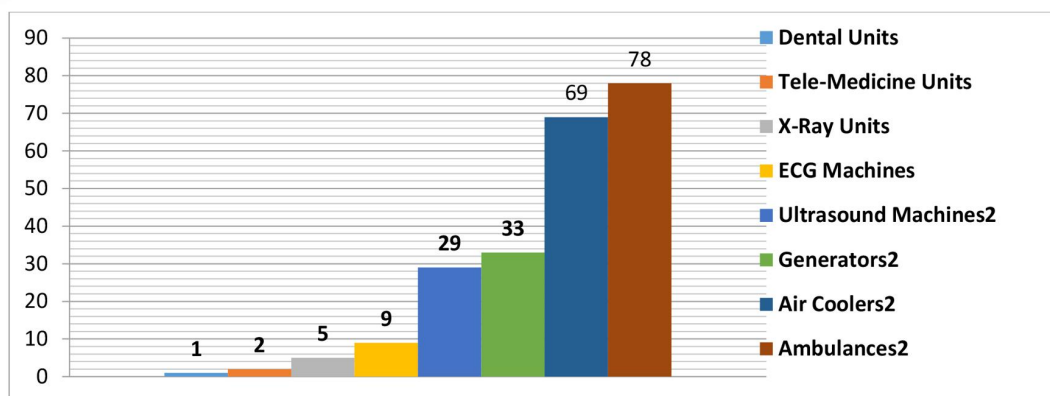
Provision of Tap Water & Toilet BHU Mishkaf Kachhi



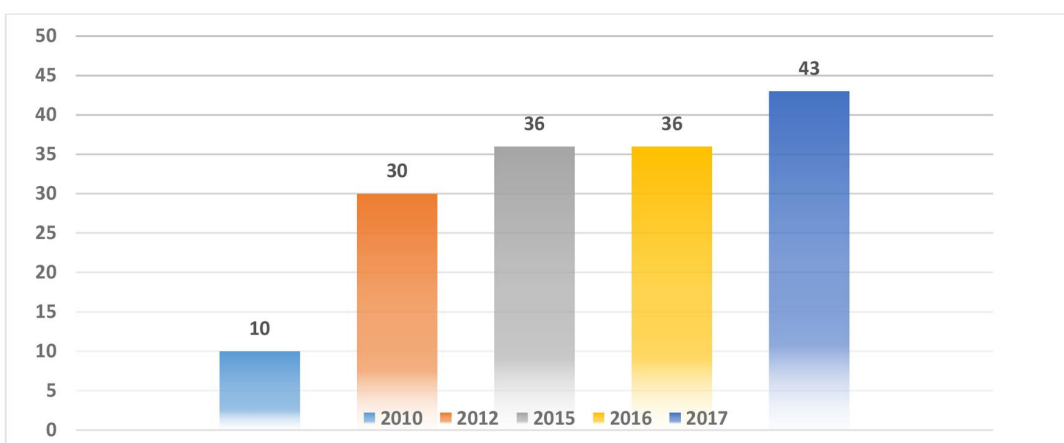
Provision of Toilet BHU Bhapove Khuzdar

Fighting Poverty Through Healthcare

5.9 Provision of Tap Water and Washroom and Toilet Facility



5.10 Establishment of 24/7 MCHCs Centers/ Facility Based Delivery



BHU + MCH Services 24/7/Facility Based Delivery

PPHI has upgraded 17 BHUs into 24/7 MCHCs Plus (24/7 Basic Emergency Obstetric and Newborn Care (EmONC)) 10 in 2010, 2012, 30, 36 in 2015/2016 and 43 in 2017. These BHUs had been provided Lady Doctors, LHV's, ultrasound machines, labor room equipments, women specific medicines, micro lab for diagnostic tests, generators and ambulances. These centers are providing delivery services. Complicated pregnancy cases are referred for Comprehensive EmONCS to DHQ or Teaching Hospitals.

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.

Fighting Poverty Through Healthcare

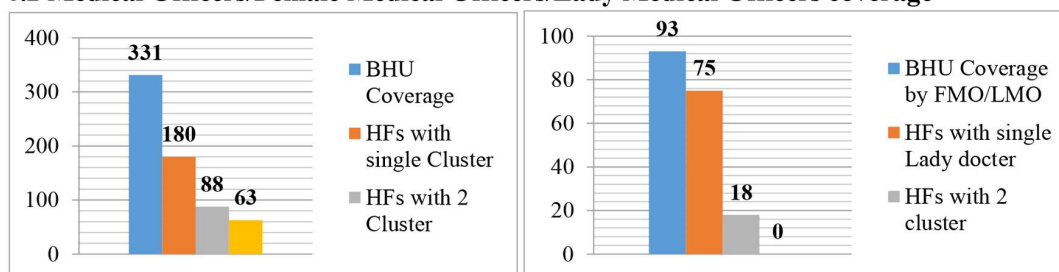
6. PPHI-B Human Resource and Development

6.1 Detail of sanctioned posts, contract employees and vacant positions.

S #	Healthcare Provider		Sanctioned Posts	Working	Government Employees	PPHI Contract	% PPHI Staff	Vacant
1	MOs		581	250	159	91	33 %	331
2	LMOs		113	90	53	37	41 %	23
3	Dental Surgeon		1	1	1	0	0	0
Total			695	341	213	128		
4	Social Organizers		0	53	0	53	100 %	(53)*
5	LHVs		369	363	178	185	51 %	6
6	MTs	Male	494	511	354	157	31 %	(17)*
		Female	314	240	208	32	13 %	74
7	Dispensers		347	392	236	156	40 %	(45)*
8	Vaccinators		286	482	247	235	49 %	(196)*
9	Lab Assistants		5	85	3	82	96 %	(80)*
10	X-Ray Assistant		3	3	2	1	33 %	0
Total			1818	2129	1228	901		

* Note: (Surplus staff against sanction post).

6.2 Medical Officers/Female Medical Officers/Lady Medical Officers coverage



Clustering of Health Facilities

Rural population remain at the receiving end of health services in Balochistan. In the vastness of the countryside, life offers constant challenges and hardships for communities. Their problems are compounded by the fact that health professionals least prefer to serve in rural and distant areas. Medical officers and Lady Health Visitors 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 Government of Balochistan has notified to enhance the salaries of those MOs and LMOs who serve in rural areas. As healthcare providing agency, PPHI's operations mainly concern the rural regions and communities of Balochistan where health professionals, especially medical officers and Lady Health Visitors are in low number.

Fighting Poverty Through Healthcare

While some BHUs are being served by one Medical Professional in clusters of three, a large number are arranged in clusters of two HF's 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 and para-medics, for serving in remote villages remains a serious issue. We believe that where a resource is scarce, it must be shared. PPHI-B is working in all 33 Districts with 21 clusters of three BHUs, as many as 44 clusters of two BHUs and 180 MOs at a single facility; 331 BHUs are covered with 53 percent MO coverage BHUs and 78 % LMOs at 93 BHUs of Balochistan according to their sanction strength (113). 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.



Male OPD at BHU Khidrani Harnai



Female OPD at BHU Jalbani, Kachhi



Male OPD at BHU Mehani District Barkhan



Female OPD at BHU Pir Koh Dera Bugti

Fighting Poverty Through Healthcare

6.3 Human Resource Management



Male OPD at BHU Mishkaf, Kachhi



Female OPD at BHU Sozo District Harnai

Dissemination of programmatic and technical information is crucial to strengthening health systems in low and middle-income countries. Knowledge management is an evidence-based approach that ensures health professionals have the right knowledge at the right time to positively affect health outcomes. However, there is a gap in understanding knowledge management; the capacity building for health care providers is required to address this gap, PPHI- B has played great role with support of his partners; National Rural Support Program, Balochistan Rural Support Program, Association Social Development prevention, treatment & control in malaria in 32 districts, Global Fund and TB Control Program Balochistan in TB control, EPI Balochistan, WHO & UNICEF in End Polio and Routine Immunization, Balochistan Nutrition Program for Mother & Children with support of World Bank to establish more than 109 Outpatient Therapeutic Program in seven districts and WFP in Nutrition, USAID and JAIPGO in Birth Spacing, Balochistan Institute of Psychiatry and Behavioral Science Quetta, National Health Services Regulation & Coordination Government of Pakistan & with WHO support in mental health, BRSP has supported in community participation and MCHS to PPHI-B in capacity building, logistic and provision of essential drugs. The IDSP has trained LHV/FMTs in MCH & safe delivery practices. It will help the capacity strengthening contributes to the sustainability of health systems. National Rural Support Program, Balochistan Rural Support Program will provide support in prevention, treatment & control in malaria in 32 districts of the province in year 2018. It is time now PPHI-B take benefit of such partnerships.

Fighting Poverty Through Healthcare

Participants of One Day Orientation on Supplementary Feeding Program for Health Care Providers Zhob



Participants of One Day Orientation on Supplementary Feeding Program for Health Care Providers K. Saifullah



One Day awareness session held on Checkengunya & Dengue with Collaboration of WHO Balochistan at Turbat, The Guest Speaker was Dr. Dawood Riaz a prominent public health analyst.

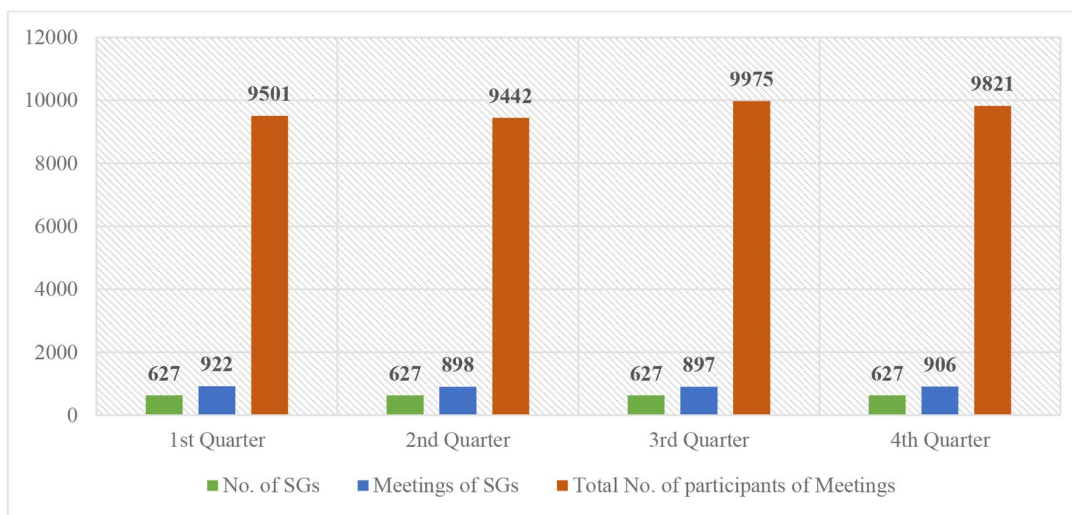
Fighting Poverty Through Healthcare

7. PREVENTIVE & PROMOTIONAL SERVICES

7.1 COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE

Community participation approach is a cost-effective way to extend health care services to the geographical and social periphery of a country; communities that begin to understand their health status objectively rather than fatalistically may be moved to take a series of preventive measures. Communities that invest labor, time, money, and materials in health promoting activities are more committed to the use and maintenance of the things they produce, such as water supplies. Health education is most effective in the context of village activities; and community health workers, if they are well chosen, have the confidence of the people. An error made in early efforts at community participation was to assume that villages were uniformly free from internal exploitation. Some are cohesive moral communities but in others there is grievous exploitation of landless laborers by landowners and shopkeepers. Villages may be divided by caste or ethnic origin. Social groups within communities may be tremendous assets. While planning community participation aspects of primary health care, the collaboration of an anthropologist or rural sociologist with field experience is recommended.

7.1.1 SUPPORT GROUP MEETINGS IN BALOCHISTAN DURING 2017



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

7.1.2 FUNCTIONS OF SUPPORT GROUP AND COMMUNITIES

The PPHI-B organizes a “Support Group” attached to every BHU. Each Group comprises carefully selected individuals who represent important interests like elected councilors, notables, teachers, ulma, students, professions, minorities, etc. The Group meets at least once a month and

Fighting Poverty Through Healthcare

integrates the BHU with the community that has a stake in the services delivered through the BHU. It is a responsibility of the Group to see that the BHU is enabled, at all times and on a sustained basis, to provide larger and better range of services. Social organizer conducts meetings of social group. These community-based groups provide a strong support for delivery of healthcare services. In most of the cases, health education and promotion are 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 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 Gwadar



Support Group Meeting, District K. Saifullah

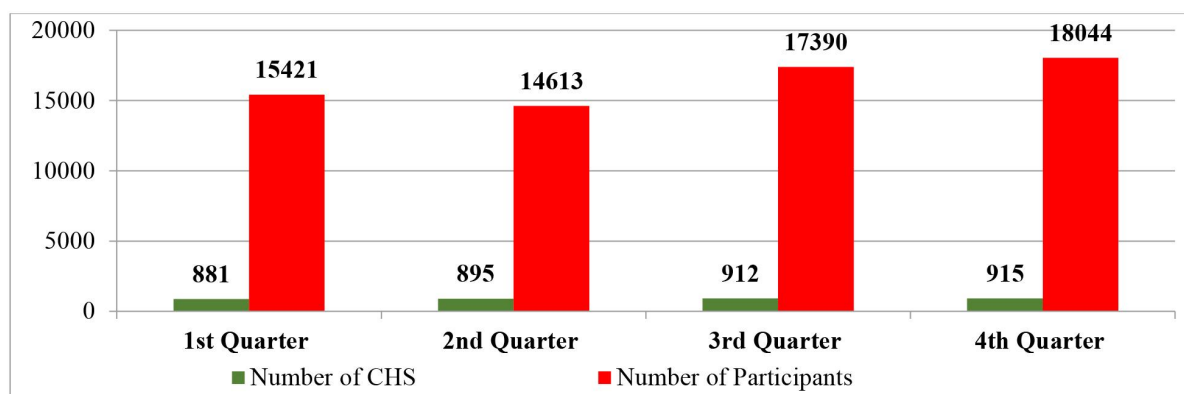
7.1.3 COMMUNITY HEALTH SESSIONS & SCHOOL/ MADRESAH SESSIONS

Community health sessions and School/Madrasah Sessions are regular activity in the field. 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

Fighting Poverty Through Healthcare

maternal and neonatal mortality as well as stillbirths. The male partner or the mother or mother in law should be welcome 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. The Students are educated about the general health issues and are provided treatment / screening also.

Community Health Sessions: Number of Participants



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



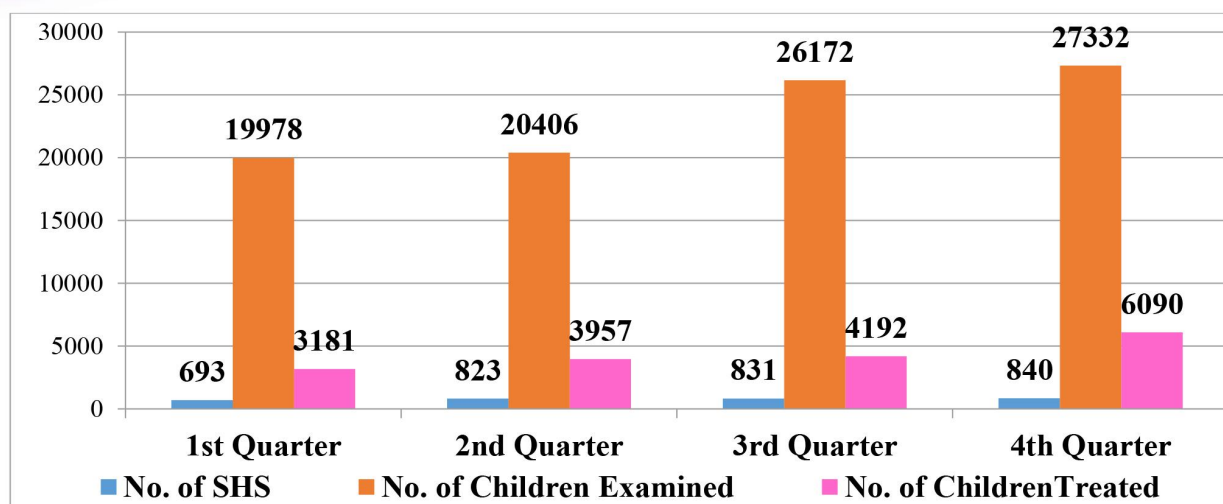
Community Health Session at District Kachhi



Community Health Session at District Musa Khail

Fighting Poverty Through Healthcare

7.1.4 SCHOOL/ MADRASSA HEALTH SESSIONS AND CHILDREN TREATED

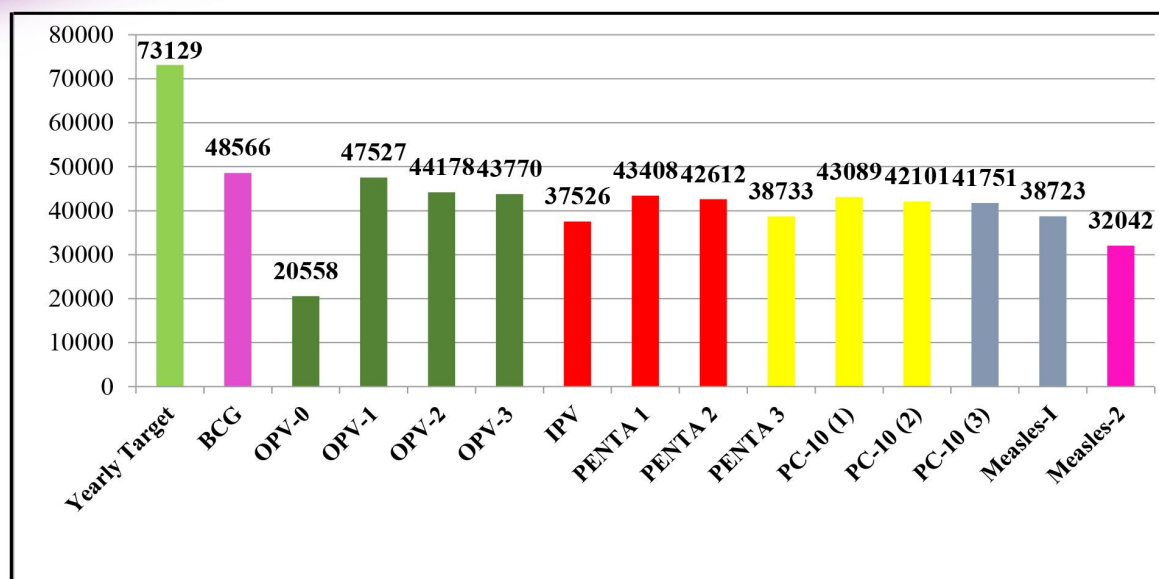


7.2 IMMUNIZATION: JANUARY-DECEMBER, 2017

The Expanded Program of Immunization (EPI) in Pakistan protects the population against nine diseases preventable by vaccines 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. Unfortunately, vaccine-preventable diseases still account for majority of the infant and child mortality 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 by improving the routine immunization.

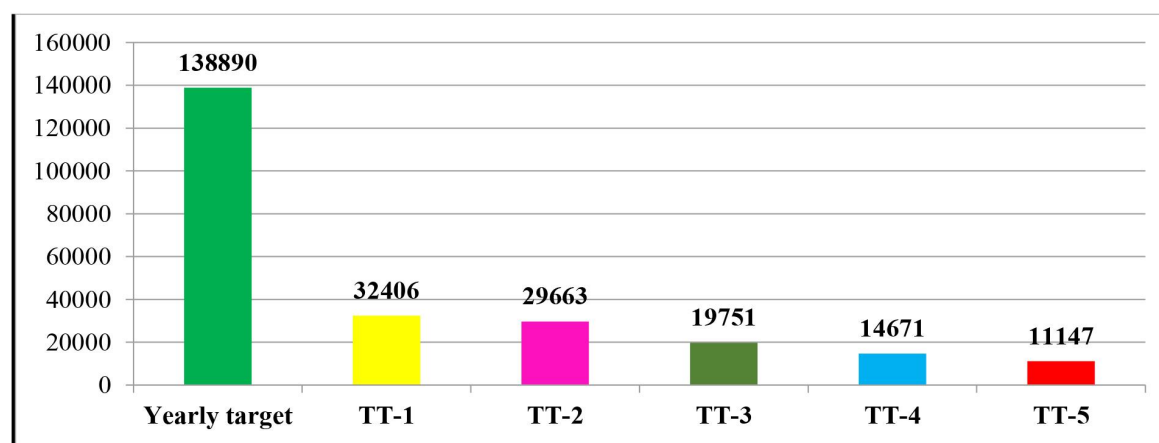
Although EPI is beyond the purview of PPHI, still we have always complemented and supplemented the immunization program in all possible manners and shown tangible results. The EPI has established 498 static centers in Baluchistan, out of which 294 are located in the BHUs. To put immunization services on the track, PPHI has recruited on contract basis 235 vaccinators who run the static centers to achieve the national immunization targets. It is noteworthy that Baluchistan's 24 % of the total immunization target is achieved by the static centers at BHUs. The annual report shows that the static center underperformed in 2017; immunization coverage for BCG was 66 %, Penta 3, 60% and Measles 52 %.

Fighting Poverty Through Healthcare



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

7.3 TT Vaccination



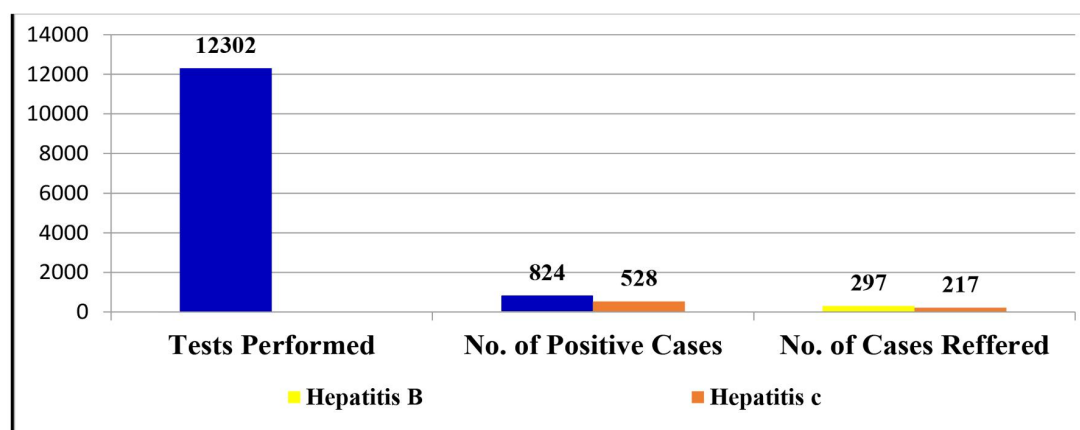
SOURCE: DHIS REPORTS PPHI-B

7.4 HEPATITIS B & C SCREENING

The National prevalence rate of hepatitis B surface antigen (HBs Ag) and anti-hepatitis C virus (HCV) are 2.5% and 4.8%, respectively, reflected a combined infection rate of 7.3% in the general population, consistent with an ongoing high burden of chronic liver disease.

Fighting Poverty Through Healthcare

PPHI Balochistan is working on preventive care HBV in communities and makes arrangement with NGOs for screening of HBV & HCV screening camps in risk groups. We are also focusing on preventive care and promoting awareness about Hepatitis A, B and C in social group meetings, community health sessions and school/madrasah sessions.



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

7.5 Antenatal Care at Basic Health Units Balochistan

The primary objective of antenatal care is to establish contact with the women and manage potential risks and problems. This creates the opportunity for the woman and her health care provider to establish a delivery plan based on her unique needs, resources and circumstances. The delivery plan identifies her intentions about where and with whom she intends to give birth and contingency plans in the event of complications (transport, place of referral, etc.). At least four antenatal visits are recommended, ideally with the first visit early in the pregnancy. This number may vary based on national policies. Appropriate antenatal care should include:

- Low basic obstetric emergency and newborn care coverage
- Poor involvement of communities in maternal and newborn care
- Limited provincial commitment of resources for maternal and newborn health care

Inadequate care during pregnancy breaks a critical link in the continuum of care and affects both women and babies. Certain pre-existing conditions become more severe during pregnancy.

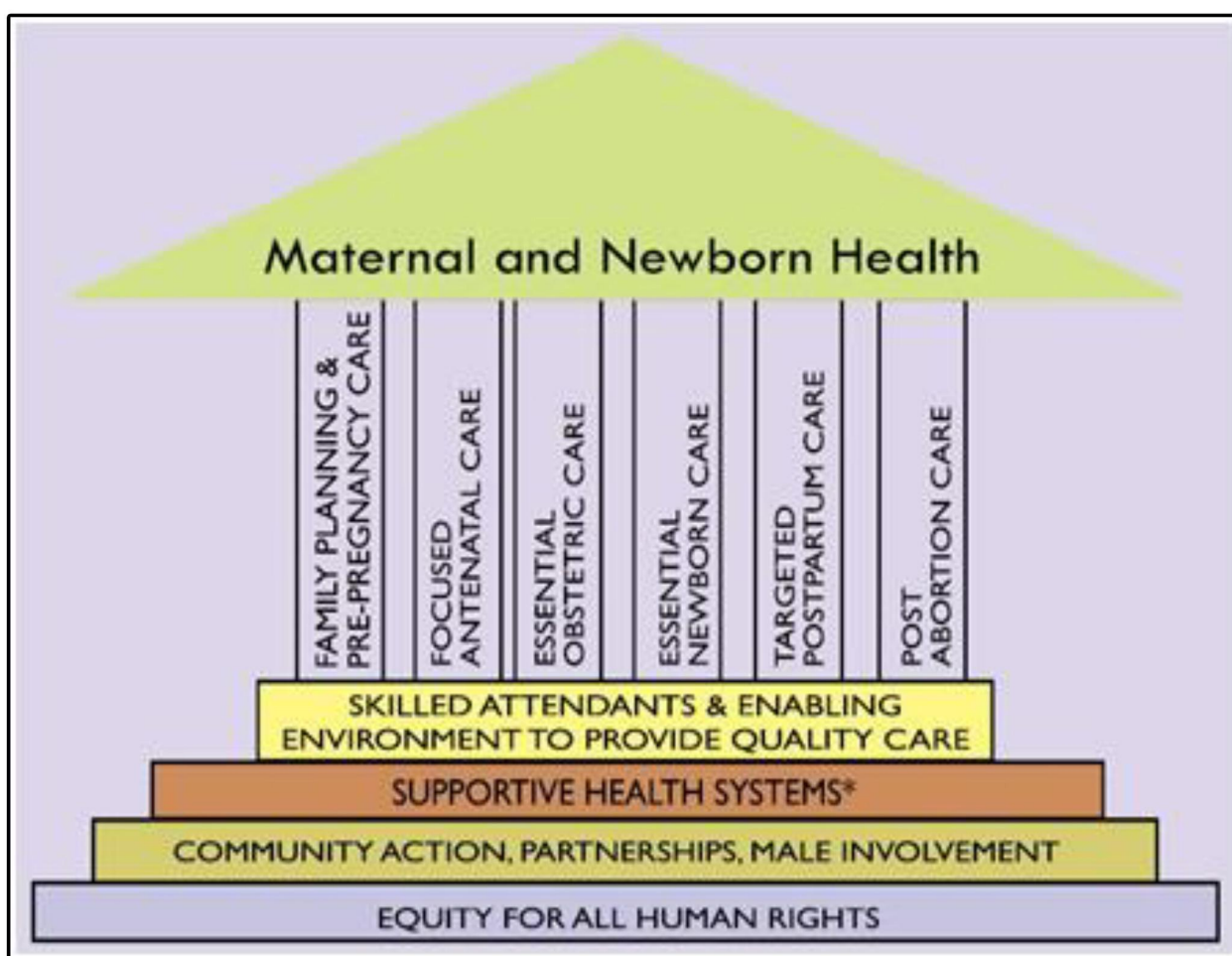
Malaria, anemia and malnutrition are associated with increased maternal and newborn complications as well as death where the prevalence of these conditions is high.

PPHI- B has adapted practical actions to help address 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

Fighting Poverty Through Healthcare

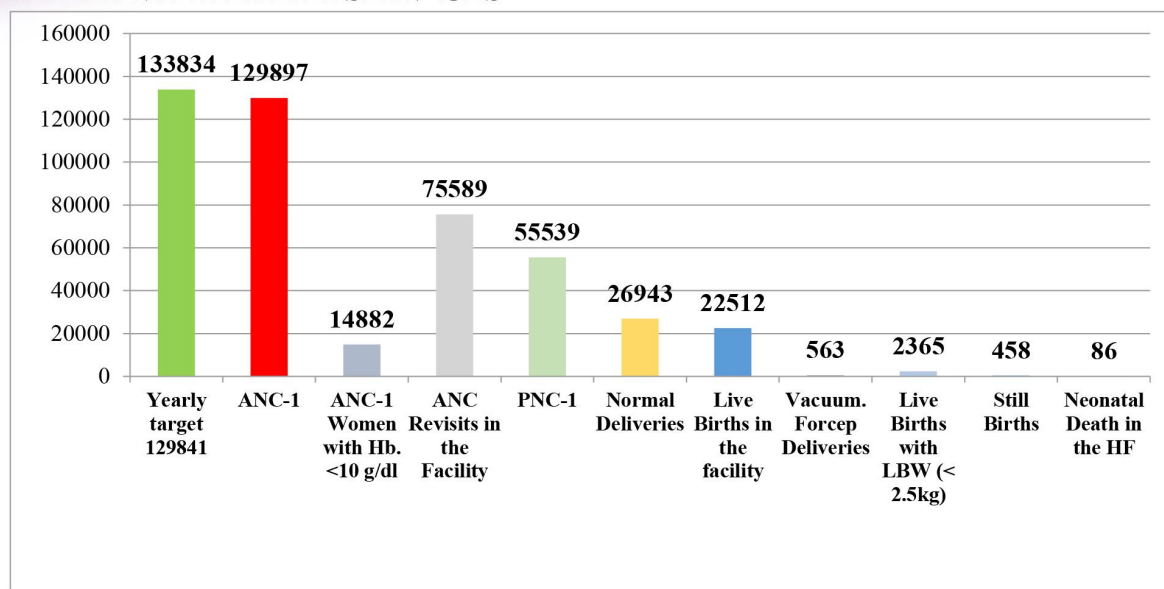
mother for birth and parenthood as well as prevent, detect, alleviate, or manage the three types of health problems during pregnancy that affect mothers and babies:

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



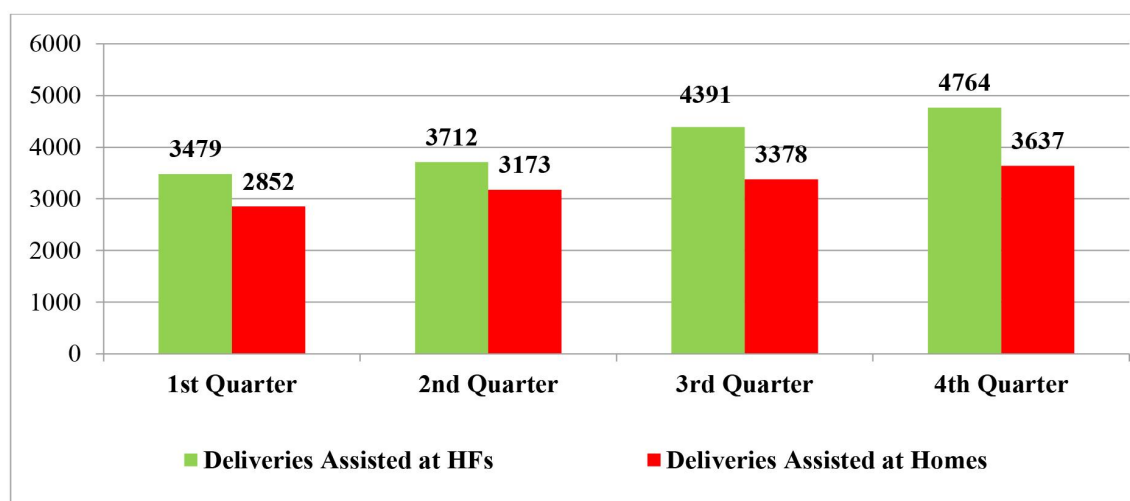
Fighting Poverty Through Healthcare

MATERNAL HEALTH SERVICES



SOURCE: DHIS REPORTS PPHI-B

7.6 DELIVERIES CONDUCTED



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

7.7 DELIVERY CARE

Even with the best possible antenatal screening, any delivery can become a complicated one requiring emergency intervention. Therefore, skilled assistance is essential to delivery care. In the absence of midwives or nurses, TBAs (who usually perform home deliveries, often as a

Fighting Poverty Through Healthcare

source of income) should be trained to identify complications, provide immediate first aid, and know when and where to refer women for additional care. It should also be remembered that:

- the first priority for a delivery is to be safe, a traumatic and clean; and
- Most maternal deaths are due to a failure to get skilled help in time for delivery complications.

7.8 POSTPARTUM CARE

Since up to 50 per cent of maternal deaths occur after delivery, a midwife or a trained and supervised TBA should visit all mothers as soon as possible within the first 24-48 hours after birth. The midwife or TBA should assess the mother's general condition and recovery after childbirth and identify any special needs. This attention is particularly important when the woman is alone as head of the family.

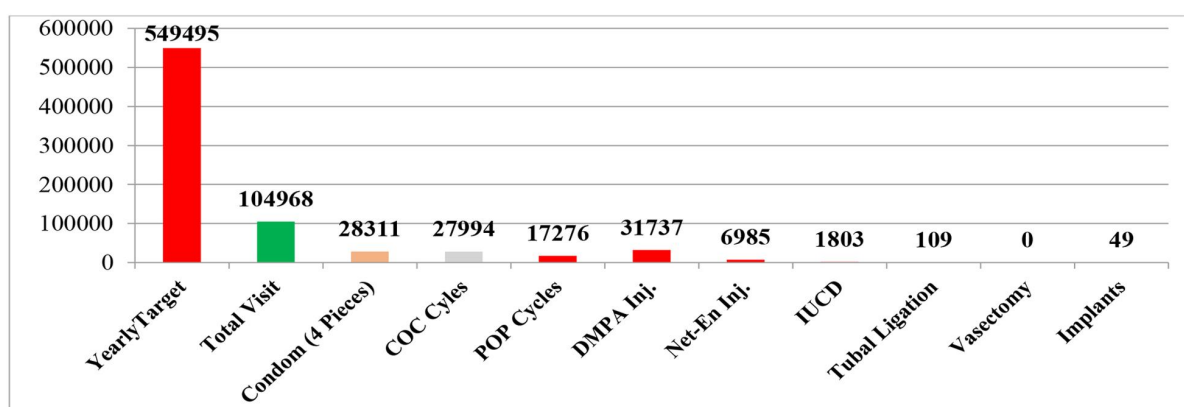
7.9 BIRTH SPACING/ FAMILYPLANNING

Family planning helps save women's and children's lives and preserves their health by preventing untimely and unwanted pregnancies, reducing women's exposure to the health risks of childbirth and abortion and giving Women, who are often the sole caregivers, more time to care for their children and themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have access to the information, education and means to do so.

7.9.1 HIGH QUALITY FAMILY PLANNING SERVICES

All MCH services should be of the highest quality possible. High-quality contraceptive care involves providing women and men with safe and appropriate methods to meet individuals' and couples' needs at every stage of their reproductive lives. Accurate and complete information should be provided, allowing women and men to select freely a method that suits their needs.

FAMILY PLANNING



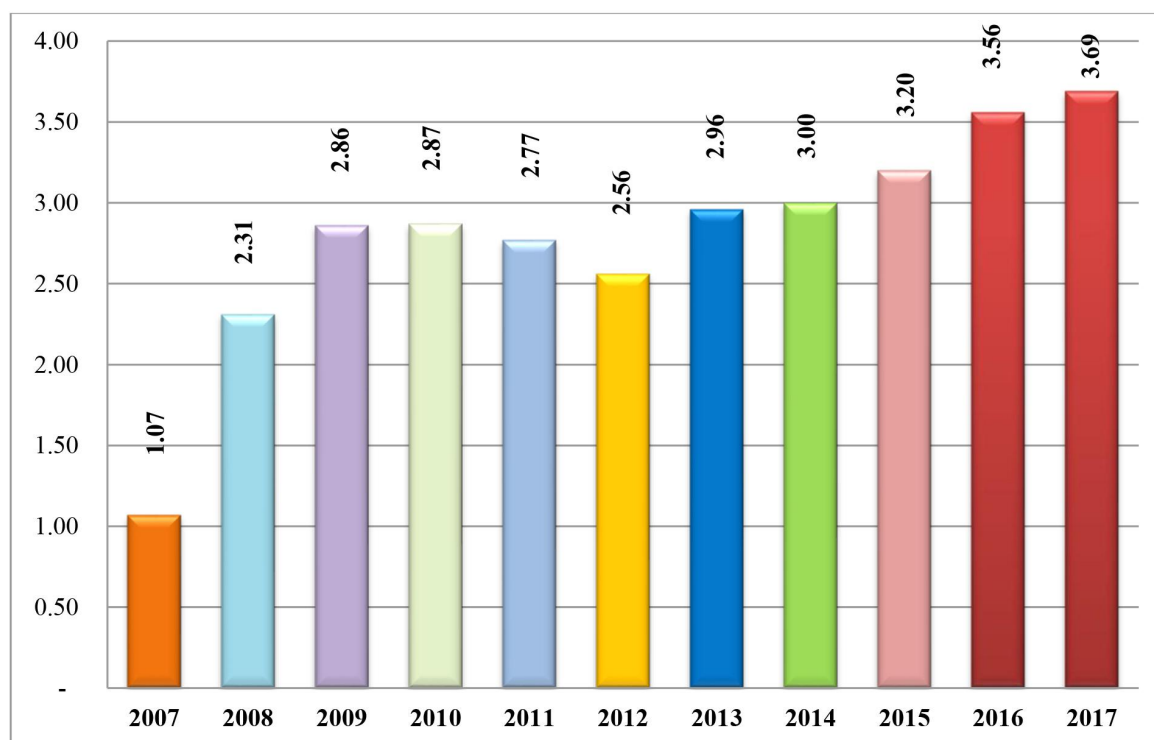
SOURCE: DHIS REPORTS PPHI-B

8. CURATIVE HEALTH CARE SERVICES

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 service
- vi. Dental care
- vii. Tele medicine

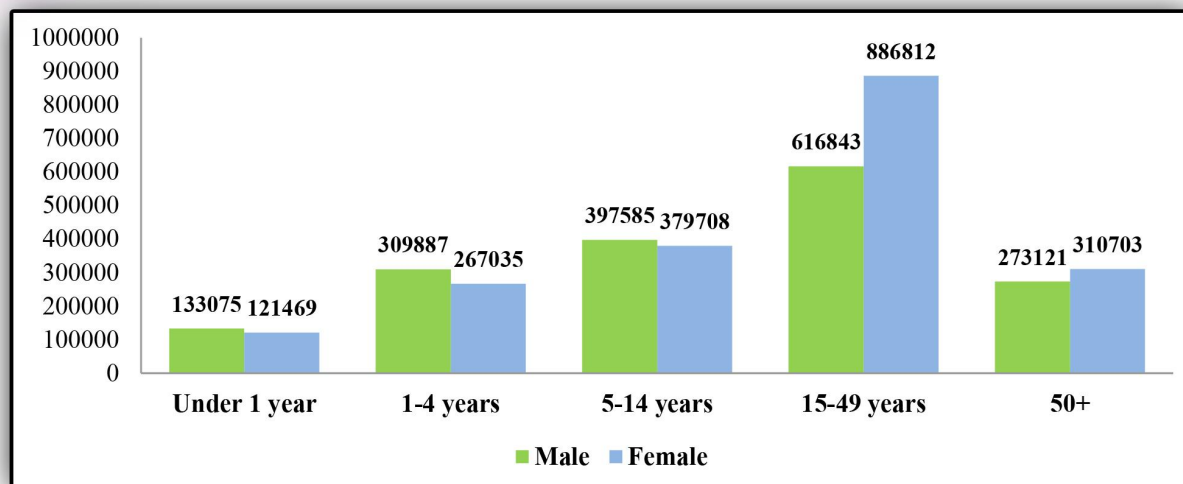
8.1 ANNUAL OUTPATIENTS AT BHUs (2007-2017) FIGURES IN MILLIONS



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

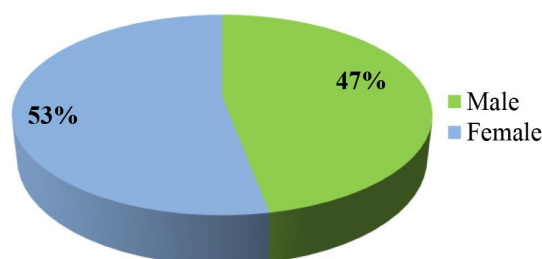
Fighting Poverty Through Healthcare

8.2 New Patients Distribution by Gender and Age 2017



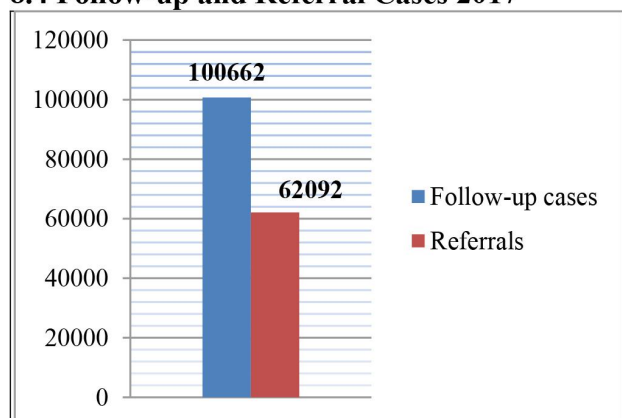
SOURCE: DHIS REPORTs PPHI-B

8.3 New Patients Distribution by Gender 2017



SOURCE: DHIS REPORTs PPHI-B

8.4 Follow-up and Referral Cases 2017



Ambulance BHU Eisai Panjgoor

SOURCE: DHIS REPORTs PPHI-B

Fighting Poverty Through Healthcare

8.5 NUMBER OF OUTPATIENTS IN DISTRICTS

S. No	District	Male (new cases)	Female (new cases)	Follow-ups	Referrals	Total OPD	No. of cases of <5 years Children
1	Awaran	29557	32695	3273	1904	62252	8
2	Barkhan	18645	11188	1380	1561	29833	124
3	Chaghi	25440	25192	1137	459	50632	182
4	Dera Bugti	69718	53688	688	123	123406	69
5	Gwadar	66318	81073	3712	2321	147391	0
6	Harnai	19153	19376	1006	93	38529	93
7	Jaffar Abad	154171	173836	4395	1799	328007	710
8	Jhal Magsi	29550	28266	842	1075	57816	182
9	Kachhi	35337	43421	1208	815	78758	99
10	Kalat	51058	52553	6456	3761	103611	2632
11	Kech	105004	138251	10008	3679	243255	209
12	Kharan	32337	27698	2824	3761	60035	2439
13	Khuzdar	129893	168841	6128	5418	298734	6925
14	Killa Abdullah	91494	125212	15670	2329	216706	265
15	Killa Saifullah	28496	33280	2260	3440	61776	2236
16	Kohlu	52038	25844	865	1333	77882	2312
17	Lasbela	95772	107382	1900	1301	203154	6925
18	Loralai	87662	68422	3901	4983	156084	4025
19	Mastung	33266	42667	3176	1844	75933	1532
20	Musa Khail	47105	27506	3990	3976	74611	5204
21	Naseer Abad	51168	55656	4676	1625	106824	2142
22	Noshki	19231	32987	1935	655	52218	5203
23	Pangos	54755	83757	2451	1141	138512	1251
24	Pishin	91811	108641	1365	1324	200452	588
25	Quetta	146637	241170	6856	4888	387807	1956
26	Sherani	8927	7579	1175	1097	16506	154
27	Sibi	42370	46651	2166	889	89021	1970
28	Washuk	52846	51713	1460	553	104559	421
29	Zhob	29747	24747	2925	2911	54494	1448
30	Ziarat	30905	26435	834	2101	57340	606
	Total	1730411	1965727	100662	62092	3696138	45267

SOURCE: DHIS REPORTs PPHI-B

Fighting Poverty Through Healthcare

A significant feature of the annual report 2017 is that 53% ratio of females has been observed to have attended BHUs. 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.



Male OPD, BHU Pishi War, Khuzdar

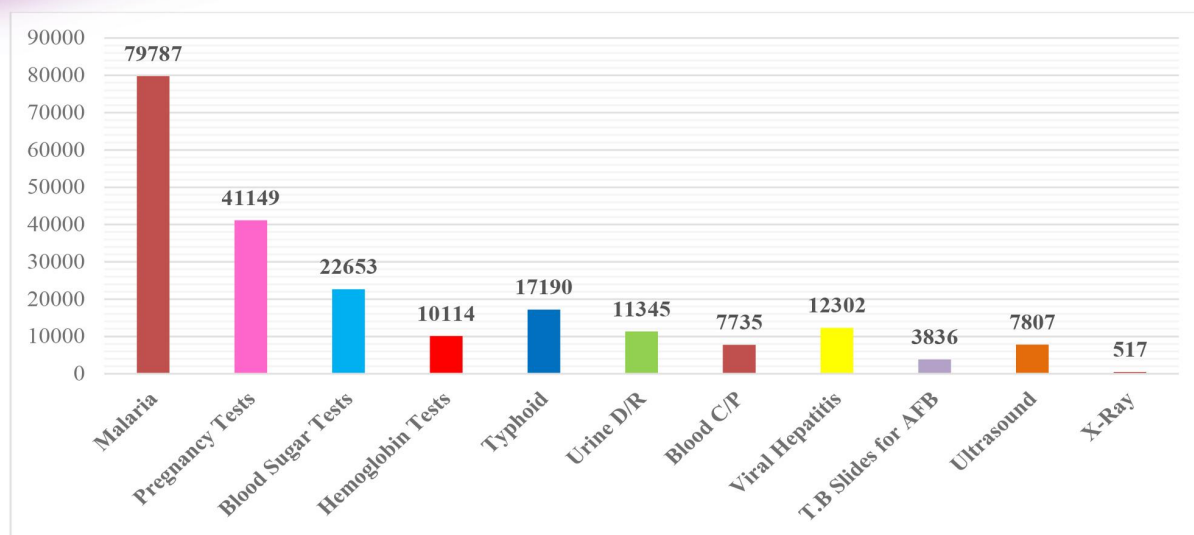


Female OPD, BHU Absor, Kech

8.6 Diagnostic Services

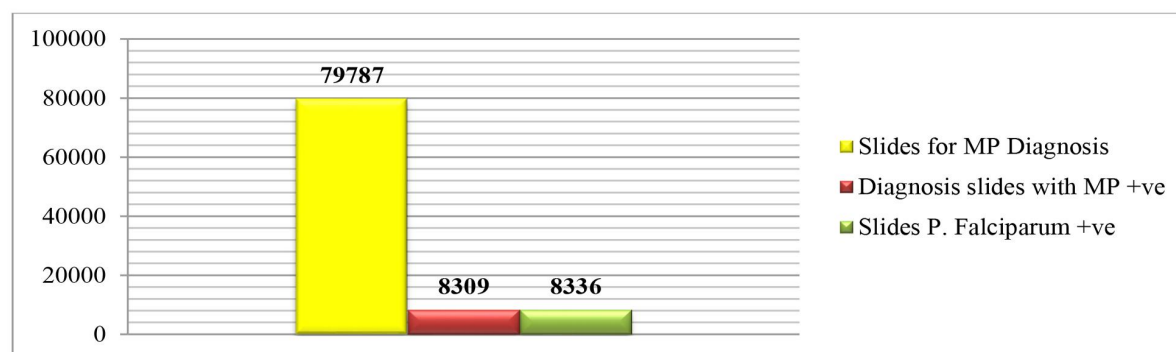
PPHI runs 148 pathological laboratories where basic diagnostics are done such as routine blood and urine examinations, malaria, blood sugar, typhoid, pregnancy test, AFB (TB care health facilities) and viral hepatitis. Besides, X-rays facilities are also available at four BHUs; Police Line Quetta, Wahdat Colony Quetta, Rara Sham Musa Khail and BHU Tasp Panjgoor where a total of 517 X-rays were performed in 2017. Likewise, ultrasound services are available at 29 MCH Plus/Basic Emergency Obstetric and Newborn care centers. The details of the diagnostics are as under:

Fighting Poverty Through Healthcare



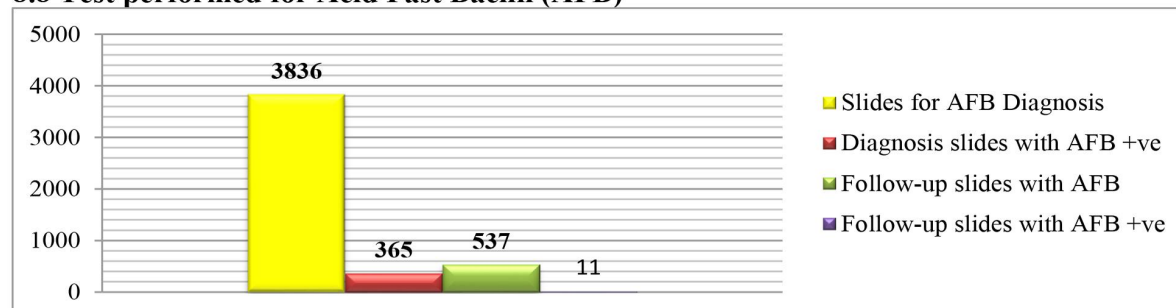
SOURCE: DHIS REPORTs PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

8.7 Test performed for Malaria MP



SOURCE: DHIS REPORT, PPHI-B

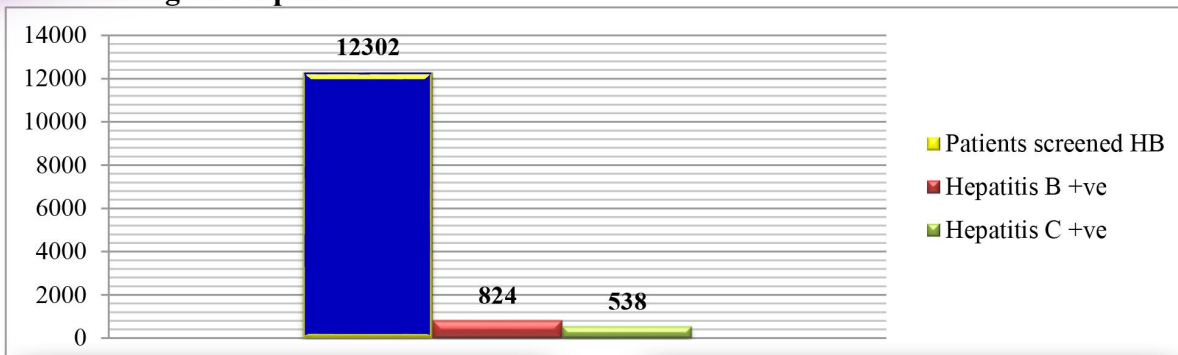
8.8 Test performed for Acid Fast Bacilli (AFB)



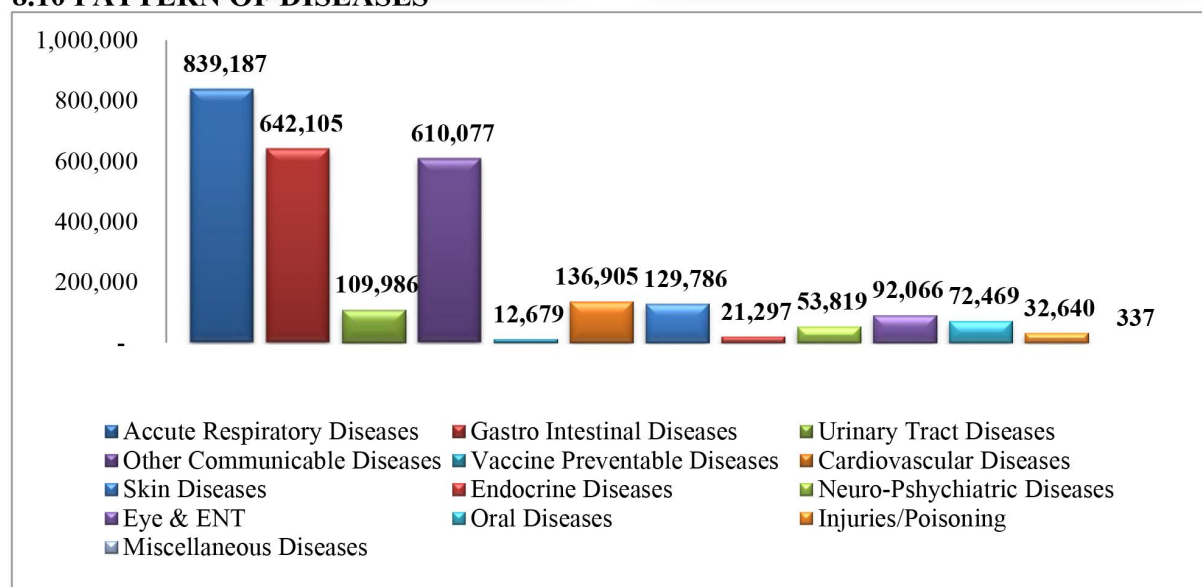
SOURCE: DHIS REPORT, PPHI-B

Fighting Poverty Through Healthcare

8.9 Screening for Hepatitis



8.10 PATTERN OF DISEASES



SOURCE: DHIS REPORTs PPHI-B

Fighting Poverty Through Healthcare

8.11 Proportion of Diseases 2017

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

Fighting Poverty Through Healthcare

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

8.12 Proportion Communicable Diseases 2017

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
5	Vaccine Preventable Diseases	16780	0.471
5.1	Suspected Measles	7204	0.202

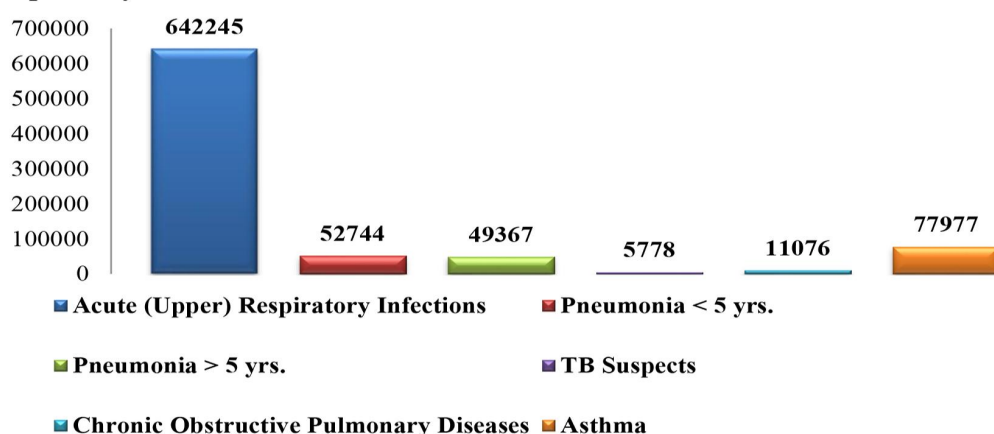
Fighting Poverty Through Healthcare

5.2	Suspected Viral Hepatitis	7358	0.206
5.3	Suspected Neo Natal Tetanus	2218	0.062
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

8.13 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. 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 2017 showed that 62 % Burdon of Diseases of diseases recorded at BHUs were communicable diseases.

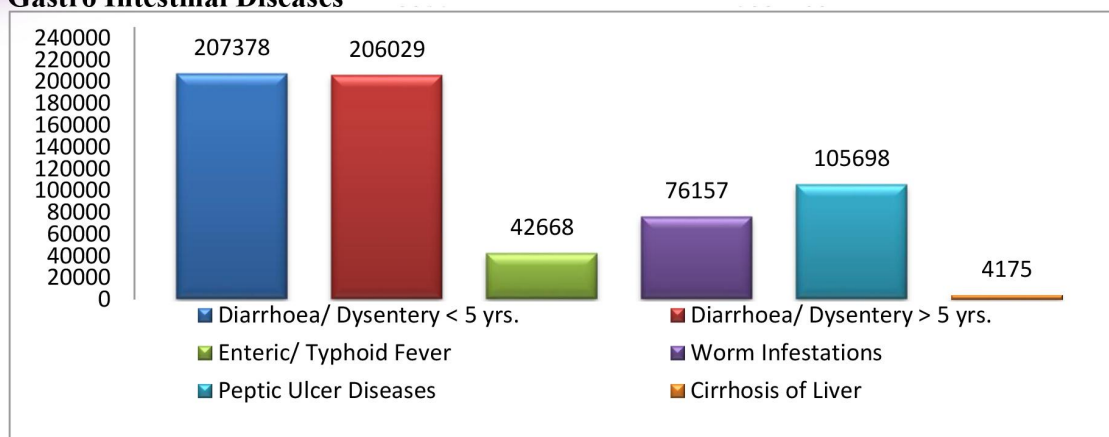
Respiratory Disease



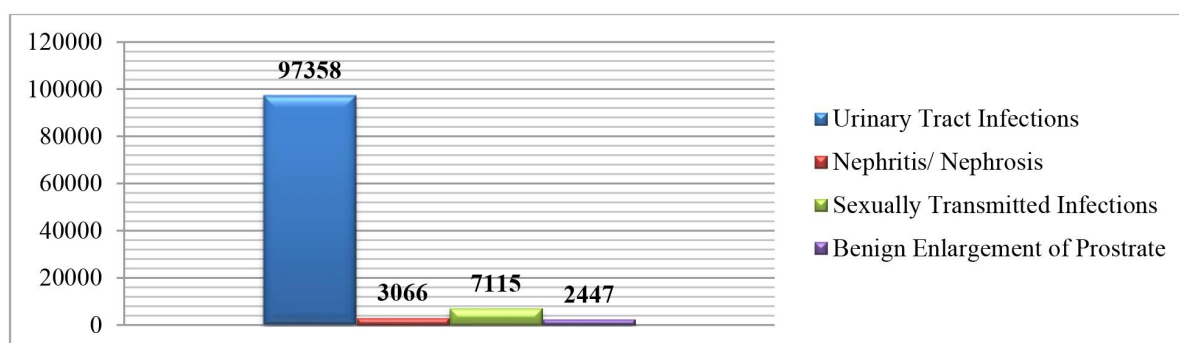
SOURCE: DHIS REPORTs PPHI-B

Fighting Poverty Through Healthcare

Gastro Intestinal Diseases

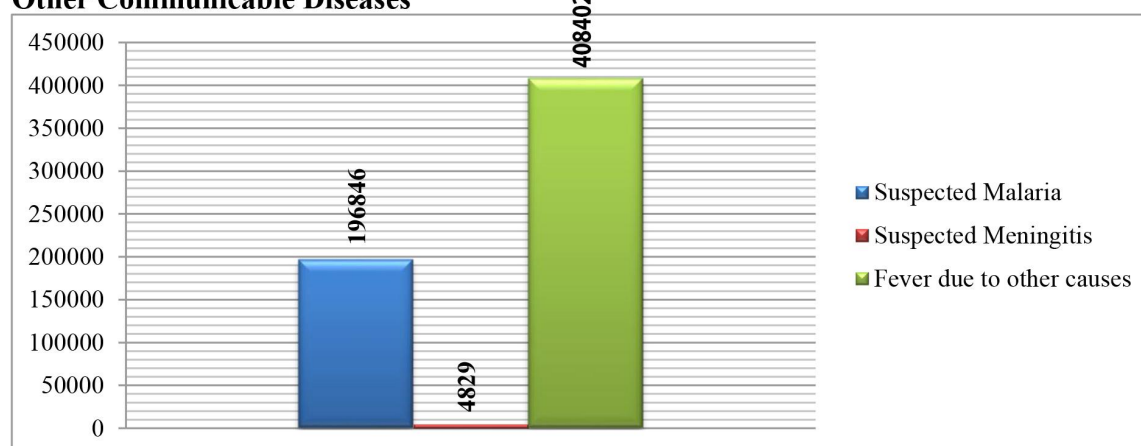


Urinary Tract Diseases



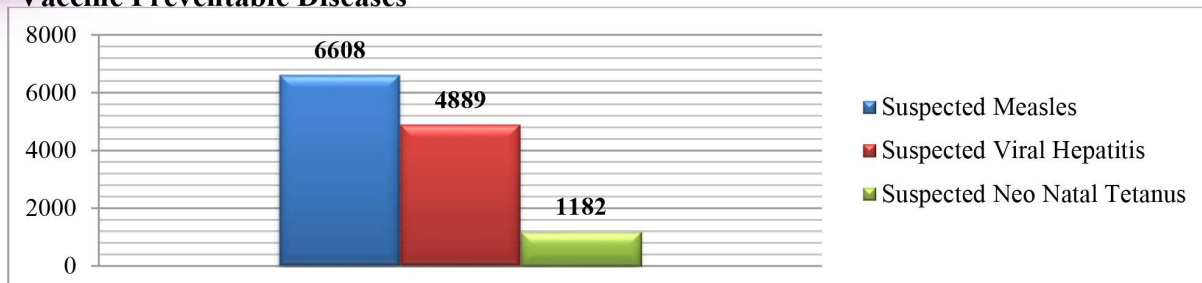
SOURCE: DHIS REPORTs PPHI-B

Other Communicable Diseases



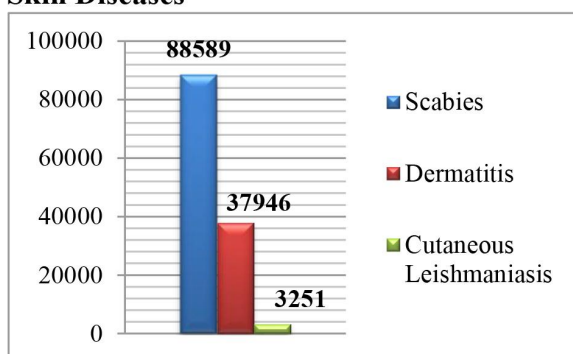
Fighting Poverty Through Healthcare

Vaccine Preventable Diseases



SOURCE: DHIS REPORTs PPHI-B

Skin Diseases

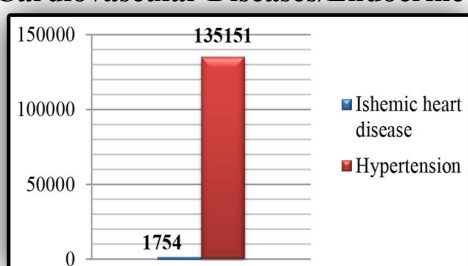


SOURCE: DHIS REPORTs PPHI-B

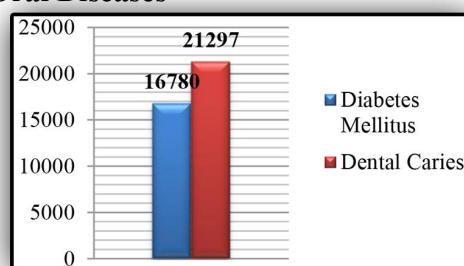


Immunization at Static Center BHU Rara
Sham District Musa Khail

Cardiovascular Diseases/Endocrine Diseases and Oral Diseases



SOURCE: DHIS REPORTs PPHI-B



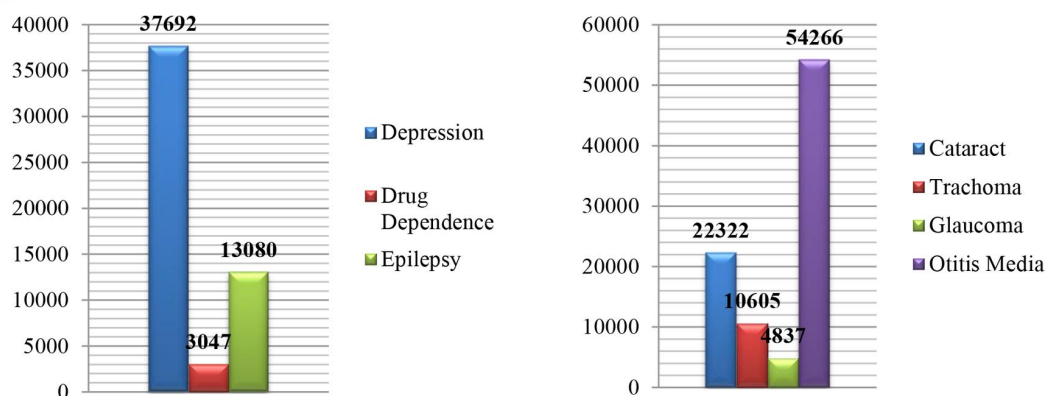
Laboratory BHU Hameed Khoso,
Naseerabad



Female OPD BHU Miralzai Killa Abdullah

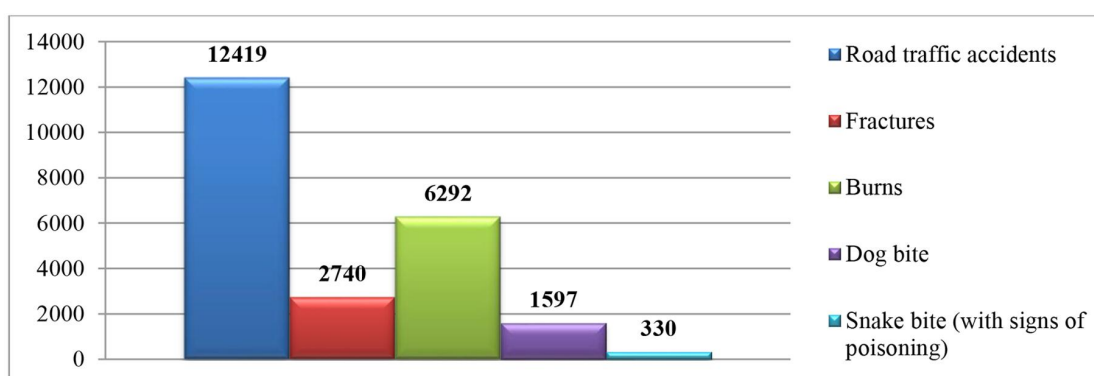
Fighting Poverty Through Healthcare

Neuropsychiatric Diseases/Eye & Ear Nose & Throat



SOURCE: DHIS REPORTs PPHI-B

Injuries and Poisoning



SOURCE: DHIS REPORTs PPHI-B

8.14 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 78 ambulances which transport the patients to higher facility.

8.15 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.

Fighting Poverty Through Healthcare

Overview of Dental Section, BHU Wahdat Colony Quetta

	OPD	Extraction	Root Canal Treatment	Scaling	Filling	Light Cure Filling	Others	Referred
Male	311	57	40	45	44	7	125	377
Female	462	88	43	56	105	12	243	465
Total	773	145	83	101	149	19	368	809

8.16 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 Gwadar.

BHU Shado Band Gwadar

OPD	ANC	PID	UTI	P.S Infertility	R.P.O.C.S	C.A Piopiaps	Referred	Ultrasound	Other
916	746	40	22	0	0	0	2	750	112

BHU Wahdat Colony Quetta

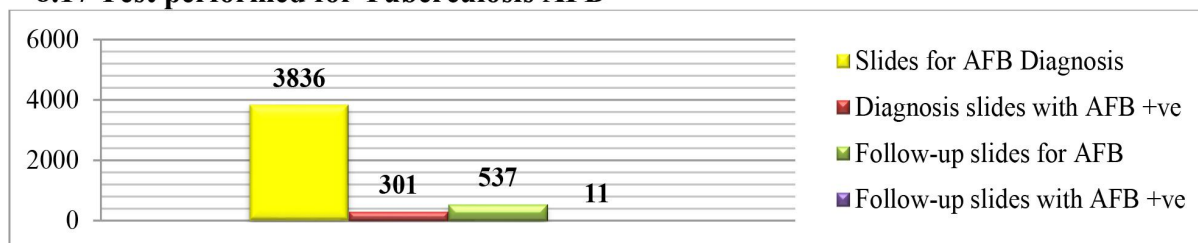
OPD	ANC	PID	UTI	P.S. Infertility	R.P.O.C.S	C.A.Piopiaps	Referred	Ultrasound	Others
2249	1722	120	116	60	89	24	97	1573	311

Fighting Poverty Through Healthcare



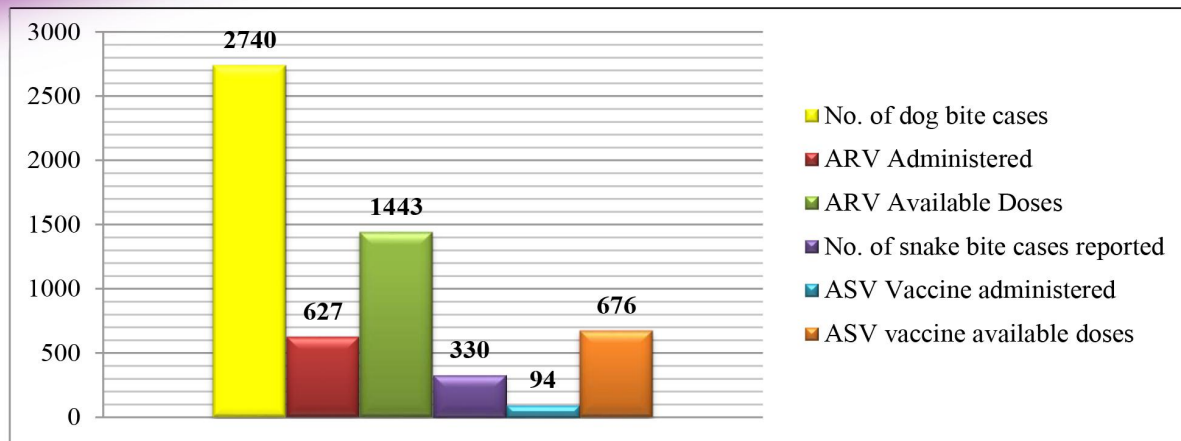
A view of Tele-Medicine equipment at BHU Wahdat Colony, Quetta

8.17 Test performed for Tuberculosis AFB



SOURCE: DHIS REPORTs PPHI-B

Fighting Poverty Through Healthcare



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



Dog Bite case, Dera Bugti



Plantation BHU, Sabez Ali Umrani, Naseer Abab



Ambulance Service BHU Saroona Khuzdar

Fighting Poverty Through Healthcare

8.19 Detail of BHUs Designated as TB Care Health Facility Targets 4th Quarter October – December, 2017

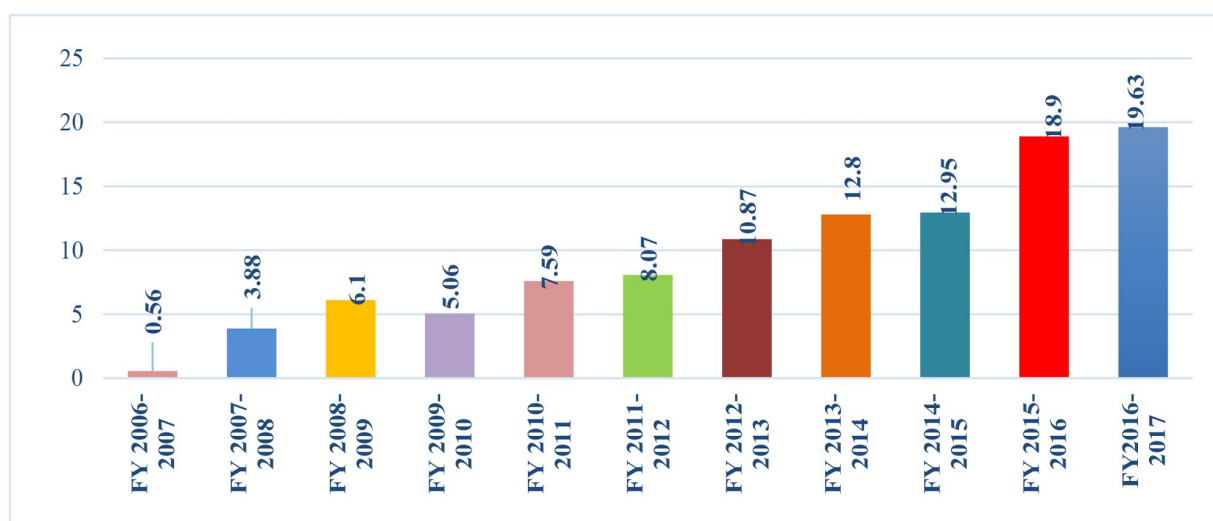
S. No	Districts	No. of BHUs	BHU	Quarterly Incidence of TB	Current Status				
					Reporting/Non-Reporting	New Cases			Achievement in %
						M	F	Total	
1	Chaghi	1	Padag	6	1	0	0	0	0
2	Barkhan	1	Rakhani	11	1	4	5	9	82%
3	DeraBugti	1	PirKoh	6	1	1	0	1	17%
4	Gwadar	2	Phishukan	9	0	0	0	0	0
			Surbandar	6	0	0	0	0	0
5	Jaffar Abad	3	Gandakha	13	1	3	10	13	100%
			Manjhi Pur	11	1	4	5	9	82%
			Suhbat Pur	11	1	4	5	9	82%
6	Jhal Magsi	1	Kot Magsi	15	0	0	0	0	0
7	Kharan	2	Hurro	3	1	2	6	8	267%
			Sarawan	4	1	4	0	4	100%
8	Kalat	1	Lakhorian	3	1	0	0	0	0
9	Khuzdar	1	Saroona	5	1	3	3	6	120%
10	K. Abdullah	2	Habib Zai	15	1	1	2	3	20%
			Milat Abad	3	1	0	0	0	0
11	Kech	2	Shahi Tump	12	1	0	0	0	
			Buloo	8	0	0	0	0	
12	Lasbela	2	Ismailani	14	0	0	0	0	0
			Daam	4	0	0	0	0	0
13	Mastung	2	Ashkan Roodini	4	1	2	1	3	75%
			Dasht Kombaila	9	1	2	1	3	33%
14	Musa Khail	2	Kingri	3	1	4	3	7	233%
			Rarasham	5	1	0	1	1	20%
15	Naseer Abad	2	Hameed Khoso	7	1	0	1	1	14%
			Allah Dad Umrani	7	1	4	6	10	143%
16	Noshki	1	Kochal Mall	4	0	0	0	0	
17	Kohlu	1	Tamboo	4	1	1	1	2	50%
18	Panjgoor	4	Washboad	23	0	0	0	0	
			Tasp	13	0	1	0	1	8%
			Garmakan	23	1	0	0	0	
			Eisai	2	0	0	0	0	
19	Quetta	11	Killi Kabir Tajik	9	1	1	7	8	89%
			N. Pashtoon Abad	3	1	0	1	1	33%
			Pashtoon Bagh	16	1	0	3	3	18%
			Nasaran	5	1	1	2	2	40%
			Sraghurgi	3	1	0	0	0	
			Nohsar	5	1	0	2	2	40%
			Hudda.	9	1	2	1	3	33%
			Village Aid,	18	1	1	0	1	6%
			Ahmed Khanzai	31	1	0	0	0	0
			Wahadat Colony	5	1	2	0	2	40%
20	Sibi	3	Kechi Baig	22	1	0	1	1	5%
			Sultan Kot,	3	1	0	1	1	33%

Fighting Poverty Through Healthcare

			Bakhtiar Abad	4	0	0	1	1	25%
			Khajjak	8	0	0	0	0	0
	Total	45	20 District BHUs 45	404	45/12	49	69	106	43%

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

8.20 YEARLY ESSENTIAL DRUGS PROCURED Rs. IN MILLIONS



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

Fighting Poverty Through Healthcare

9. EPIDEMICS AND FREE MEDICAL CAMPS



Diarrhoea Epidemics in Arenji Tehsil Wadh,
Khuzdar



Free Medical Camp At Ziarat District Kech



Diarrhea out break at village Drakhala & Free Camp Drakhala, Wadh, District Khuzdar



Free Medical Camp was arranged with Collaboration



Free Medical Camp inaugurate by the Deputy

10. National Immunization Days and PPHI-Balochistan

End Polio 2017

Pakistan is one of only three countries in the world with ongoing wild poliovirus transmission, alongside Afghanistan and Nigeria. In the last stage of polio eradication, Pakistan has made **tremendous progress** towards poliovirus transmission interruption and eradication. Two years ago, transmission of the wild poliovirus was widespread. In less than 24 months, a reinvigorated program has been able to first stem the tide of uncontrolled transmission and then tackle the more chronic underlying challenges that have proven obstacles to virus interruption and eradication.

The number of children paralyzed by the wild poliovirus has dropped progressively from 306 in 2014 to 54 in 2015 to 20 in 2016 and 8 cases in 2017 so far. Eradication efforts have begun to close the immunity gaps and the program is on track to reaching the goal of interrupting the transmission of polio in Pakistan. To accomplish the eradication of the poliovirus, Pakistan Polio Eradication Program refocused its goal **from “coverage” to “no missed children”**. This paradigm shift has driven program operations with very encouraging results. The proportion of children recorded as “missed” during campaigns and remaining unvaccinated after each campaign has declined to approximately 4% in the 2016 low transmission season.

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 supervisor, 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
Panjab	Lodhran	1	1	1
Khyber Pakhtunkhwa	Laki Marwat	1	1	1
FATA				
Gilget & Baltistan	Diamir	1	1	1
Sindh	Karachi	2	1	2
Balochistan	K.Abdullah	2	1	2
	Zhob	1	1	1
PAKISTAN		8	6	8

Fighting Poverty Through Healthcare

PROVINCE	2009	2010	2011	2012	2013	2014	2015	2016	2017
PUNJAB	17	7	9	2	7	5	2	0	1
SINDH	12	27	33	4	10	30	12	8	2
KPK	29	24	23	27	11	68	17	8	1
FATA	20	74	59	20	65	179	16	2	0
BALUCHISTAN	11	12	73	4	0	25	7	2	3
GILGIT-BALTISTAN	0	0	1	1	0	0	0	0	1
AZAD JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
TOTAL	89	144	198	58	93	306	54	20	8

Source: WHIO



Monitoring NIDs, District Kech



Monitoring NIDs, District Sheerani

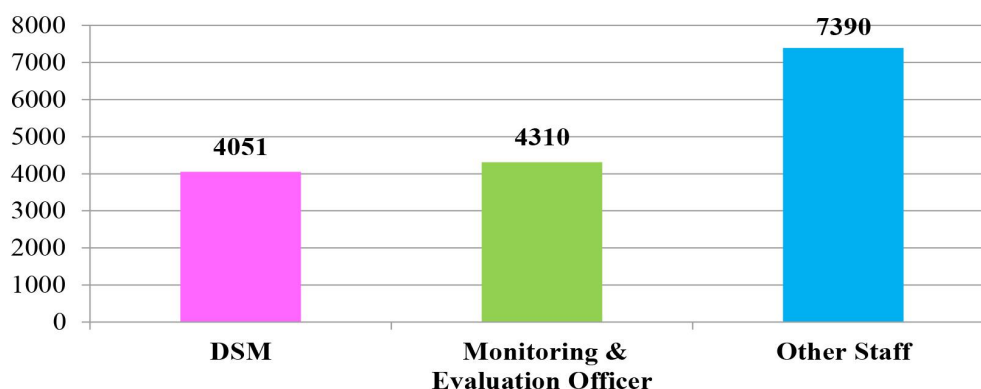


Monitoring NIDS District Kachhi



Monitoring NIDs District Sibi

11. Reporting, Monitoring and Supervisory Visits



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

NOTES ABOUT PRIMARY HEALTH CARE SUPERVISION AT BASIC HEALTH UNIT

I want to start my supervisory visit detail from a quotation, “There is no management without, Supervision in private company like PPHI-B or in programs and projects. As soon as the boss decides he wants his workers to do something, he has two problems: making them do it and supervision what they do?”

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 target oriented mechanism which leads to quality of services in health and result patient/client satisfaction. PPHI-Balochistan focused on clinical out indicators and was accurate disease registry and reporting there is 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.

Fighting Poverty Through Healthcare

- 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.



The M&E Officer visiting BHU Gokdan Kech



The DSM visiting BHU Poonga, Loralai



The DSM visited BHU Dildar Umrani Nasir Abad



The DSM visited BHU Eishani District Barkhan

12. SPECIAL EVENTS



Mr. Munir Badini Chaired Board of Directors Meeting held on August 8, 2017 at Pishin



Members Board of Directors PPHI- B visited BHU Batai Zai District Pishin on August 8, 2017



Mr. Munir Badini Chaired Board of Directors Meeting held on September 21, 2017

Fighting Poverty Through Healthcare



Mir Hamal Khan Kalmati visited BHU Surbander District Gwadar



Prof. A. J. Jaffar (Member BoD) chaired a meeting in CHQ Hospital on 20-07-2017 to re-visit the Essential Drug list of PPHI-B



Group Photo Members Board of Directors PPHI- B visited BHU Batai Zai District Pishin



Mr. Munir Badini Chaired Board of Directors Meeting held on September 21, 2017.



The World Food Program Provincial Team Meeting Implementation of TSFP with District Managers Zhob, Nushki, Kharan & K. Saifullah visited PPHI-B Head Office



BNPMC, Quetta and PPHI-B performance review meeting held at PPHI-B Head Office

Fighting Poverty Through Healthcare

13. PPHI-BALUCHISTAN AT A GLANCE



The Commissioner Zhob visited RHC Durg, Musa Khail



DSM Noshki received Best Performing award from DR. Ali Nasir Bugti, PD, BNPMC



The Commissioner Zhob visited BHU Oriagai Nasran, Loralai



Monthly Review Meeting, chaired by the DC Loralai



Monthly Review Meeting, chaired by the DC Musa Khail



Monthly Review Meeting, chaired by the DC Zhob

Fighting Poverty Through Healthcare



Monthly Review Meeting, Chaired by the DC Loralai



The DSM Kech presented Annual Report to the DC Kech



The Deputy Commissioner Sheerani visited BHU Mani Khuwa



DPIC Meeting, Chaired by DC Khuzdar



The Assistant Commissioner Bolan visited BHU Kirta



The Public Health Specialist visited BHU Sharan A. Sattar, Sheerani

Fighting Poverty Through Healthcare

14. PPHI-B Partners



World Health Organization



15. PPHI-B Office Addresses

Mr. Riaz Ali Mangal District Support Manager, PPHI Quetta House No: 281-51C, Opposite Police Station, Jinnah Town, Samungli Road Quetta Ph #: 0812-2870048, Fax #: 0812-863640, E-mail: pphiquetta@yahoo.com	Mr. Aman Shah District Support Manager, PPHI Zhob-Sherani Jail Road new Appozai town block 4-C, Zhob Ph & Fax #: 0822-413627, E-mail: pphizhob.sherani@yahoo.com
Mr. Mujeeb ur Rehman District Support Manager, PPHI Mastung D.C Road, Shahi Bagh Mastung Ph #: 0843-897350, Fax #: 0843-897350, E-mail: pphi.mastung@yahoo.com	Mr. Riaz Ahmed Raisani District Support Manager, PPHI Pishin Haji Sher M House, Baboo Mehla, By Pass Road, Pishin Ph & Fax #: 0826-440360, E-mail: pphipishin@yahoo.com
Mr. Zulfiqar Ali Sasoli District Support Manager, PPHI Noshki Near Kamran Pump, Ghareeb Abad, Noshki Ph #: 0825-874079, Fax #: 0825-872911, E-mail: pphi.noshki@yahoo.com	Mr. Fareed Panezai District Support Manager, PPHI Killa Saifullah Banglow No 3, DHQ Hospital Colony, Killa Saifullah Ph & Fax # 0823-610754, E-mail: pphikillasafullah@yahoo.com
Mr. Abdul Qadeer District Support Manager, PPHI Chagai Near Police Station, District Chaghi at Dalbandin Ph #: 0825-211826, Fax #: 0825-210084, E-mail: pphi.chagai@yahoo.com	Mr. Gulzar Gichki District Support Manager, PPHI Gwadar Near New Town Office GWADAR Ph #: 0864-210049, Fax #: 0864-210628, E-mail: pphigwadar@yahoo.com
Mr. Alamgir Khan Achakzai District Support Manager, PPHI Killa Abdullah Durrani Plaza, Qandhari Bazar, Chamman Ph #: 0826-618082, Fax #: 0826-618083, E-mail: pphika@gmail.com	Mr. Sami Atta District Support Manager, PPHI Awaran Old DHQ Hospital main Turbat Road Awaran. Ph #: 0856-511138, Fax #: 0856-511139, E-mail: pphiawaran@yahoo.com
Mr. Naimat Ullah Mangal District Support Manager, PPHI Washuk Family Lodges, Quetta Road, Kharan Ph #: 0847-510957, Fax #: 0847-510957, E-mail: pphiwsk@gmail.com	Mr. Tanveer Aftab District Support Manager, PPHI Lasbella Near Polic Station, Main RCD Road, Uthal Lasbella. Ph #: 0853-610862, Fax #: 0853610861, E-mail: pphiuthal@yahoo.com
Mr. Shafiq Mangal District Support Manager, PPHI Kalat Near Post Office, Kinara Road Kalat Ph #: 0844-210817, Fax #: 0844-210678, E-mail: dsukalat@hotmail.com	Mr. Ghulam Murtaza Baloch Assistant District Support Manager, PPHI Kech Rakhshan Street Near Director District Audit Office Turbat. Ph #: 0852-411209, Fax #: 0852-411426, E-mail: pphi.turbat@yahoo.com
Mr. Abdul Ghani Sasoli District Support Manager, PPHI Kharan Secretariat Complex, DC Road, Kharan Ph #: 0847-510831, Fax #: 0847-510677, E-mail: pphikharan@yahoo.com	Mr. Ikram Noor Baloch District Support Manager, PPHI Panjgoor Main Airport Road, Chitkan Panjgoor. Ph #: 0855642178, Fax #: 0855642178, E-mail: pphipgr@yahoo.co.uk
Mr. Watan Yar District Support Manager, PPHI Loralai Commissioner's colony near Education office Quetta road, Loralai, Balochistan Ph & Fax #: 0824-410626, E-mail: pphi.loralai@yahoo.com	Mr. Mohammed Sharif Mangal District Support Manager, PPHI Khuzdar Near Bolan Mining Enterprises, Shahra-e-Taleem, Khuzdar. Ph #: 0848-413627, Fax #: 0848-413628, E-mail: pphikhuzdar@gmail.com
Mr. Ghulam Rasool A District Support Manager, PPHI Barkhan Near DPO Office Main Rakhani Road, District Barkhan Ph #: 0829-668311 Fax #: 0829-668311, E- mail: pphi.barkhan@gmail.com	Mr. Sohail Islam Baloch District Support Manager, PPHI Kachhi Quetta Road Rind Ali Opposite Shaheen Petroleum Service Ph & Fax #: 0832-415791, E-mail: pphi.bolan@yahoo.com

Fighting Poverty Through Healthcare

Mr. Asmat Ullah Khan Tarin District Support Manager, PPHI Harnai Hostel No. 2 Labor Hospital Quetta, Road Harnai Ph #: 0833-605962, Fax #: 0833-520412, E-mail: pphidsuharnai@yahoo.com	Mr. Shah Jehan Mangal District Support Manager, PPHI Jaffar Abad Near Social Welfare Office, Dera Allah Yar Jaffar Abad Ph & Fax #: 0838-510946, E-mail: pphidsujfd@gmail.com
Mr. Naseeb Ullah Khan District Support Manager, PPHI Ziarat Sara house near Quaid-e-Azam Residency, Ziarat Ph #: 0833-560203, Fax #: 0833-560259, E-mail: ziaratpphi@gmail.com	Mr. Imran Khan Khajak District Support Manager, PPHI Sibi House # 3 near Session Judge House Mikangi Road, Sibi Ph #: 0833-413078, Fax #: 0833-500036, E-mail: pphi.sibi@yahoo.com
Mr. Mohammad Khan Buzdar District Support Manager, PPHI Kohlu Old DHQ Hospital, Kohlu Ph #: 0829-667017, Fax #: 0829-667017, E-mail: pphidsukohlu@yahoo.co.in	Mr. Faisal Iqbal Khoso District Support Manager, PPHI Naseer Abad Near DHO, Office, Dera Murad Jamali Phone #: 0838-711226, Fax #: 0838-711227, E-mail: pphi.naseerabad@yahoo.com
Mr. Sami Ullah Khan District Support Manager, PPHI Musakhail Al Mardan Manzil near B&R Rest House Musakhail Ph #: 0828-611059, Fax #: 0828-611069, E-mail: pphi.musakhail@yahoo.com	Mr. Mohammad Khan Buzdar District Support Manager, PPHI Dera Bugti Near National Bank of Pakistan, Dera Bugti Ph #: 0835-410569, Fax #: 0835-410568, E-mail: pphi_db@yahoo.com
Mr. Mushtaq Ahmed Baloch District Support Manager, PPHI Jhal Magsi Near Election Office, Gandawah, Ph #: 0837-430010, Fax #: 0837-430010, E-mail: pphidsujhalmagsi@gmail.com	

15. PRINTING AND PUBLICATION

1. Quarterly Health Diary /Annual Report 2013	500
2. Quarterly Health Diary for Quarter 1- 2 and 3, 2014	1500
3. Quarterly Health Diary Dairy /Annual Report 2014	500
4. Quarterly Health Diary for Quarter 1, 2 and 3, 2015	1500
5. Quarterly Health Diary Dairy /Annual Report 2015	500
6. Quarterly Health Diary for Quarter 1, 2 and 3, 2016	1500
7. Quarterly Health Diary Dairy /Annual Report 2016	500
8. Quarterly Health Diary for Quarter 1 and 2, 2017	1000
9. Training Manual for Social Organizers	60
10. DHIS Manual for Assistants	40
11. <i>“Taleem e Sehat aur Hifzan e Sehat”</i> 2 editions were published in Urdu.	1000
12. DHIS Material	
➤ OPD Tickets	6550000
➤ OPD Registers	5000
➤ Stock Registers	620
➤ MCH Registers	620
➤ Obstetric Registers	350
➤ Abstract forms	20000
➤ Monthly reporting forms	30000

16. BEST PERFORMANCE OFFICIALS



Dr. Wajid Ali Khoso

Medical Officer BHU Murad Ali had passed MBBS from Bolan Medical Collage Quetta in 1984 and appointed as Medical Officer in 1986. He performed his services as a District Coordinator in National Program Jaffar Abad during 1995-1998 and also District Coordinator TB Control Program at Sibi from 1997 to 1998. He worked with World Health Organization (WHO) as Regional Surveillance Officer in Sibi & Naseer Abad Division. He Retired from Govt. Service as a Chief Medical Officer in 1916. Now he is serving as Medical Officer PPHI-B at BHU Murad Ali on contract. He is hard working, vigilant, and dedicated. He achieved his targeted every year. He is always ready to provide medical treatment in any epidemic.



Mr. Ameet Kumar BA, Dispenser BHU Bakhtiar Abad, District Sibi is working as a regular employee since 2007. He is hardworking, vigilant and dedicated. He is multipurpose health worker. He performs duties as Focal Person of Malaria and Focal Person of Nutrition and in emergencies. He has managed the BHU, record keeping and best reporting of institution performance.



Mr. Munir Ahmed

Medical Technician BHU Gandakha has graduated from Shah Abdul Latif University Khairpur Sindh and he passed his diploma in Medical Technician in 1993 from Balochistan Medical Faculty Quetta and joined Govt. service to perform his duties as MT in BHU Gandakha. Munir Ahmed is also working as supervisor of TB Control Program to conduct microscopy test and also a Polio Area In-charge in Gandakha. He is hard working, vigilant, and dedicated. He achieved his targeted and playing model role in health care services. In DHIS monthly reporting he stood at 100 %.



Mr. Umar Din is serving with PPHI- B District Zhob since March 26, 2013 in BHU Appozai, district Zhob. He has completed his diploma in Medical Technician in February, 2013 from Balochistan Medical Faculty Quetta. He is hard working, vigilant, committed and dedicated worker and punctual, hard working. His behavior with patients in BHU in remarkable and well mannered. His record keeping, reporting was tremendous, he got 100 % in LQAS in DHIS. He performs duties as Focal Person of Malaria and Focal Person of Nutrition. He also over sight OPD and Laboratory. He is model in health professionals in District Zhob. In DHIS monthly reporting he stood at 100 %.



Mr. Ahmed Nawaz has retired from Government service from July 1, 2014 as a Dispenser from BHU Shahbaz Khan and appointed on contract basis as Dispenser under control and management PPHI Kachhi at same BHU on 30 September, 2014. He passed Dispenser examination in November 1992 from Balochistan Medical Faculty. He got 100 % in LQAS in DHIS. His work in the way gets the best results, productive, hard working, committed and achieving BHU targets. He also performs duties as Focal Person of Malaria at BHU.

**WHO SAVE THE LIFE OF ONE,
IT SHALL BE AS IF HE SAVED
THE LIFE OF ALL MANKIND**

PPHI BALOCHISTAN



**COMPLAINT
CELL**

**TOOL FREE
0800-77711**



PPHI

**PEOPLE'S PRIMARY HEALTHCARE INITIATIVE (PPHI)
BALOCHISTAN**

Head Office



H# 8-A Jinnah Town Samungli Road Quetta



0812-863623 & 0812-863620 Fax 0812-863642



pphibln@yahoo.com



<http://pphibalochistan.org.pk/>