



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

Quarterly

HEALTH DIARY

PPHI BALOCHISTAN
Annual Report 2014



Umeed Ki Kiran





Community Participation



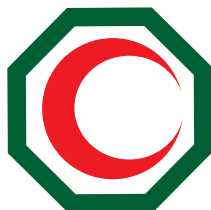
Health Education



Provision of Safe Drinking Water



Provision of Essential Drugs



PPHI



Immunization



Curative Care



Improve Nutritional Status



Maternal & Child Care

EIGHT COMPONENTS OF PRIMARY HEALTH CARE

Contents

i.	<i>Messages.....</i>	02
ii.	<i>BoDs.....</i>	06
1.	<i>Introduction.....</i>	07
2.	<i>Socio-demographic profile PPHI-Balochistan.....</i>	11
3.	<i>Health Infrastructure.....</i>	15
4.	<i>Human Resource Development.....</i>	20
5.	<i>Preventive care.....</i>	24
6.	<i>Community Health Session.....</i>	24
7.	<i>Immunization.....</i>	26
8.	<i>Hepatitis B&C.....</i>	28
9.	<i>Mother and Child Health.....</i>	28
10.	<i>Curative Care.....</i>	31
11.	<i>New Patients Age and Sex.....</i>	32
12.	<i>Diagnostic Tests.....</i>	35
13.	<i>Pattern of Diseases.....</i>	35
14.	<i>Tuberculosis.....</i>	41
15.	<i>Status of Anti Rabies Vaccine.....</i>	41
16.	<i>Referrals.....</i>	42
17.	<i>Epidemics and Free medical camps.....</i>	42
18.	<i>Special Events.....</i>	44
19.	<i>Telemedicine facility.....</i>	47
20.	<i>Monitoring visits.....</i>	48
21.	<i>PPHI-Balochistan at a glance.....</i>	49
22.	<i>National Immunization Days.....</i>	51
23.	<i>PPHI Champion.....</i>	52
24.	<i>Best performance.....</i>	53
25.	<i>Addresses.....</i>	54
26.	<i>PPHI in News and views.....</i>	55

Message

I am a native of village Mand, district Kech, Mekran Division. From my childhood, I was deeply concerned on the issues of health and education of the masses of the area especially of girls. As we all know that Balochistan in general and Mekran division in particular is least developed region in the country. One can feel that how difficult it is for a young educationist to face the challenges for uplift of education in such under developed area of the province. Being an educated youth of the area, I felt myself responsible for better education system for the girls of the community. At the outset journey started from a small team which was later transformed into an organization, engaged in provision of secondary education to the girls of the area.

It is a great honor for me to join as member board of director and consequent elect as chairperson PPHI-Balochistan. Our mission is caring for the quality to “Fighting poverty through healthcare” which means improving primary healthcare and betterment in quality of life of the masses. It is a great pleasure to acknowledge that PPHI-Balochistan has completed its one year journey in publishing the Quarterly Health Diary which is a source of health knowledge, information communication and performance evaluation for the general public.

I have observed that district support managers (DSMs) of PPHI-Balochistan along with their dedicated teams in the districts are continuously engaged in devising strategies and initiatives to improve quality of primary healthcare services delivered to people. Our experience also tells that it's not only about clinical training for service provider, data analysis for the head office and DSMs but it's about improvement in service quality and results at grass root level. One can feel that there was something missing in healthcare system. There is a gap between knowledge and skill on one hand and People's

behavior and attitude on other hand. Health worker knew his job but did not perform it, people knew their role but were shy to play their role. What was missing in this system is the commitment to play the role assigned to each one of us. The question arise, how can we ignite this commitment in every health service provider and team member? This is the question that knocks in the minds of every health manager around the world. How can we manage our limited resources on a prudent manner to ensure human resource to become creative in overcoming the impediments which come in their way? I believe that when there is steadfastness and commitment, the results are incredible. Even if the system is not supportive, with commitment the some could be improved a lot.

With such commitment there is a lot of change can be felt in primary healthcare system in Balochistan. During visit of BHU Ahmed Khanzai southwest prerace of Quetta, I found the entire health staff i.e. medical officer, Lady Health visitor, vaccinator and laboratory assistant present. The building of the BHU was in healthy condition with medical equipment, cold chain facility and a small laboratory for pathological tests. I would say it is not far behind than a health facility in modern world.

At last but not least I want to say you can focus on the missing piece in most health systems, how to lead? To change people's attitudes towards health seeking behavior.

March 1, 2015.

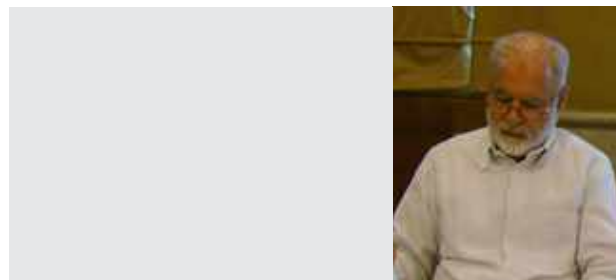
Mrs. Zobaida Jalal
Chairperson, Board of Directors,
PPHI-Balochistan, Quetta.

Message

“Contracting-out” the management of Government's Primary Healthcare (PHC) infrastructure to a Private “Service Provider” Started small in 1999 from Lodhran District in south Punjab. Its first growth was in 2003 – to all the 104 BHUs in Rahim Yar Khan District. By the end of June 2005, it grew to manage 844 BHUs and 200 Dispensaries, etc in 12 Districts of Punjab. In that year, the Federal Government decided to encourage and support all the Provinces, AJK and GB in “contracting - out” the management of their PHC infrastructure to private Service Providers. Such private managements are now responsible for more than 2800 BHUs and 900 Dispensaries, etc in about 100 Distts across Pakistan. This is the story of the PPHI compressed into a small paragraph for lack of space.

2. In Balochistan, the “contracting-out” of management of BHUs took a cautious start in November 2006. In 3 Districts Quetta, Pishin and Mastung, 78 BHUs were assigned for management to the Balochistan Rural Support Program (BRSP). Gradually, the management expanded to all the 561 BHUs in all the 30 Districts of Balochistan. A Company, “PPHI – Balochistan”, was incorporated for the express object of managing Government's Health infrastructure in 2013. It stepped into BRSP's shoes in August 2013. PPHI – Balochistan circulates regular reports among its stakeholders on its operations. It is not my object to add to what the management is reporting.

3. My purpose of writing is different. I have been associated with this pioneering work throughout Pakistan from the beginning. I have, therefore, seen it during all its phases in every Province of the country. This association entitles me to express views that others may find of interest. The first thing I would like to say is that “contracting-out” is new in Pakistan but



it is not novel. It is in fact very widely in use in many countries of the world, developed and developing, across all inhabited continents. Secondly, for best results, it is important to correctly understand the concept of “contracting-out” and to respect all its requirement. It is my observation that even holders of key positions, who have been associated with it in different ways, do so without understanding it fully. Thirdly, “Government” around the world since the closing years of the 20th C, is redefining its role. It is vacating large spaces for the private sector. Governments in Pakistan need to take note and think about it. A lot of space has, in any case, been occupied by the Private sector in Education, Health etc. in Pakistan. What has not happened, however, is that the Government in Pakistan has not yet recognized the necessity of re-defining its role. As a result, Government continues to perform functions that it need not perform while many necessary functions remain un-performed.

4. Private sector management of the Government infrastructure has many advantages. But it is possible to receive best value from this method only if all concerned fully understand the concepts and perform their due roles in strict accordance with it.

March 1, 2015

Farooq Haroon

*The writer was the CEO of the Punjab Rural Support Program when the management of Government BHUs was taken over by it in the Punjab. Later, he was the National Program Director at the Federal Support Unit of the PPHI from 2008 to 2013.

Message

The journey of last one year has taught us a lot about the quality and relevance of content in the diary. The overall emphasis on services and tracking the outcome has been the key. The integration of efforts in the health sector and synchronizing the actions/movements to achieve overall improvement in the life has been the basic lesson.

The elementary aim remained the linking of service provision with the broader health objectives in the context of high IMR and MMR. Target oriented approach has been the glaring feature of our work. Interpretation of this information as some contribution towards health amelioration of the province is one aspect of the analysis. The reader and analyst are also encouraged through this to share their valuable feedback and indicate the missing areas or any crucial angles not covered under this.

Added concentration on services has yielded positive results, especially the facility utilization rate increased from 84% to 87% against the acceptable mark of 67%. A well chalked out target oriented strategy has further focused the input. Most heartening outcome has been the female turnout; bringing male to

female ratio at 49:51 as compared to last year's 52:48. It also validates the boosted maternal health care efforts. Preventive healthcare measures have also enhanced immunization by 9% to a figure of 71%. Anti-natal care (ANC) and Post-natal care (PNC) is increased by 12% and 6% respectively.

In future, we yearn and hope to see the upcoming information really reflects a positive change in health service delivery, empowerment of community through better policies and ownership of this entire system on notions of accountability and fair play.

March 1, 2015

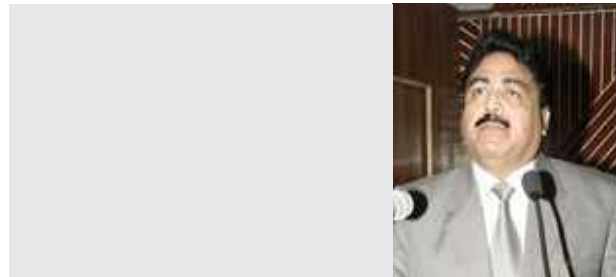
RASHID RAZZAQ
Chief Executive Officer,
PPHI-Balochistan.

Message

Health care delivery has always been a challenge in Pakistan particularly in province like Balochistan that is, geographically, almost half of the country. Difficult terrain, minimum road network and scattered population are the unavoidable obstacles in provision of quality healthcare services at the door step of the people living in rural areas and urban slums of Balochistan. In addition, low literacy rate, lack of awareness and ignorance make the health problems worse.

All these challenges are well taken by People's Primary Healthcare Initiative (PPHI) after joining hand with the Government of Balochistan. It is matter of satisfaction that PPHI is complementing the efforts of the Health department and seeks to emphasize the importance of all components of Primary Health Care for the comprehensive delivery of preventive, curative and promotive services at Basic Health Unit level.

Regular and periodic analysis of performance indicators on quarterly and annually basis is appreciable and it helps us to focus the areas where we are lagging behind. It indicates also where we need to divert our resources and exert our best efforts. The ultimate goal of these joint efforts is to reduce the morbidity and mortality of the diseases that can be easily prevented or treated and all these can only be driven by a passion, commitment and a resolve to serve the poor.



Lastly, I would like to stress on concentrated efforts for expansion of EPI services as it is the only way to prevent spread of infectious diseases and it is the biggest challenge and the top most priority for the health department. I am sure that PPHI, in close coordination with the Provincial health department, will take this challenge on war footing and try to invest best resources to achieve the desired targets.

March 1, 2015.

Dr. Farooq Azam Jan
Director General
Health Services
Balochistan Quetta.

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Arif Tarin,
Finance Manager

Introduction

A journey started from Lodhran Punjab “Primary Health Care Model 1999”, applied in District Rahim Yar Khan in 2003, as a pilot project “A Primary Health Care Model, PPHI” replicated in 3 district of Punjab, Sindh, 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 umbrella of Balochistan Rural Support Program till October 2013. Then PPHI-Balochistan got registered as Company under section 42 of companies ordinance 1984, (Not for profit) with its Board of Directors, Mrs. Zobaida Jalal (Former Federal Minister for Education) is the first chairperson of PPHI-Balochistan.

Behind this public private partnership the realities were under these compelling circumstances, the deplorable conditions and the ground realities that despite having 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. Need for some miracle and light of hope to happen was felt and was present in the shape of PPHI, Balochistan.

Despite earnest effort by Government of Balochistan and mandate given to PPHI-Balochistan, the health care system faces substantial challenges in providing primary health care services to the communities. Health care aspects were focused and as a result there were many changes in management, infrastructure, provision of medical equipment, availability of essential drugs and human resource development as a result the facility utilization rate was reported more 84 percent 2013 and 87 percent 2014.

MISSION

FIGHTING POVERTY THROUGH HEALTHCARE

Objectives:

- To improve the health of the rural and urban slums poor and reduce preventable mortality and morbidity, especially among women and children to achieve the MG4 and MG5 targets.
- 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 the capacity of health care providers.
- To plan, manage, monitor & evaluate the health care services and improve the health infrastructure focus on BHUs/FLHFs.

Summary Quarterly Health Diary Annual Report 2014

The Quarterly Health Diary has completed one year of documenting the evidence on the role of information, knowledge and communication in achieving health goals. This special issue contributes to knowledge based and to the mission of the Quarterly Health Diary by documenting evidence from BHUs/HFs monthly DHIS reports that health information for all is a prerequisite for achieving universal access to health for all, and of course, the Millennium Development Goals. Individuals and organizations are enabled and empowered to make better health care decisions through better access to use of health knowledge and information. It is essential for human welfare and to sustained economic and social development.

The World Report on Knowledge for Better Health 2008 reported that knowledge and information is needed to strengthen health systems, which will be necessary to meet Millennium Development Goals to guarantee equity and quality. Quarterly Health Diary equally emphasized the need to make health information available, accessible, and relevant to people's health needs.

Health is information driven and knowledge based sector. Without evidence based, timely, up to date, relevant, easy to use, and affordable information, the health care provider will not be effective in delivering health care to those who need it. PPHI-Balochistan has focused the six building blocks of health systems; health service delivery, health workforce, health information systems, access to essential drugs, health systems financing, leadership and governance are covered in this issue. Knowledge and information gaps in any of these building blocks will result in low quality health services, unqualified and inadequate numbers of health care professionals, weak data collection, utilization systems, under financing of and overspending on health, leadership based merely on opinion and intuition, and misinformed governance that lacks accountability and transparency. The changing nature of health information according to the role played by the health care provider requires

more dynamism in handling the information. PPHI-Balochistan information can be categorized in different ways depending on aspects such as user needs sources, format, urgency, and applicability. One way to categorize information is as follows:

1. Quarter Health Diary.
2. Clinical information in medical records and laboratory DHIS monthly reports.
3. Management, human resources information in management information systems DHIS.
4. Statistics and data in health system and health statistics databases.
5. Public information for health promotion, health education in media and press.
6. Personal information in health records and other demographic information systems in Districts and BHU records.

This issue touches on the social determinants of health, with one major contributor being education and access to information. PPHI-Balochistan aimed at providing primary health care to reduce maternal and infant mortality may have limited success unless carried out in war footing basis with improved availability of facility based delivery/ 24/7 MCH+ as a provincial health policy in near future by the Government of Balochistan. The Chief Minister Government of Balochistan convinced by the PPHI, Balochistan innovation and allocated Rs, One Billion project up gradation 100 BHUs in to facility based delivery/ 24/7 MCH+ 2014-2015. The Asian countries adopted facility based deliveries that have brought drastically changes in the MMR and IMR from three/ two figures in to two/one. We can initially implement it in major cities and towns. The best example of facility based or institution deliveries is Lady Dufferin Hospital, Quetta an example of public private partnership, which has major contributor in provision of MCHS and Comprehensive EMOC in Balochistan more than a century of period. It had a big role in to decline IMR and MMR in the province. The example of countries which had decreased IMR and MMR by facility based delivery:

S.#	Name of country	Maternal Mortality Rate	Infant Mortality Rate
1	Vietnam	59	20
2	Islamic Republic Iran	21	14
3	Japan	5	2
4	Thailand	48	9
5	Malaysia	29	14

PPHI, Balochistan has more focused on preventive and promotion of health care during 2014 in protecting against onset of disease and promoting better health outcomes among social groups, communities and schools.

The data in this special issue provide valuable insight on the health information needs in Balochistan. The People's Primary Healthcare Initiative, Balochistan has worked out reforms and renewal since its inception in 2007, several services which are provided by PPHI are out of box like social groups and clinical laboratories.

Now we have approached and followed UNDP programming instrument Result-Based Management

RBM for PPHI, Balochistan. In results-based management, the overall purpose of monitoring and evaluation is performance measurement and assessment in order to learn and manage for health care delivery system and development results more effectively. It has over sighted us in performance measurement and assessment to achieve PPHI objectives and ultimately the goal fighting against poverty through health provision.

The overall performance of the PPHI, Balochistan at the set target indicators for year 2014 has been improved but there is space to improve the reporting of the districts, fully immunized children, ANC, ANC revisits, post natal visits, family planning and referrals.



BHU Liari, LasBela



Support Group Meeting, BHU Chashma, Khuzdar.

Performance Measurement Targets & Achievements of PPHI-Balochistan 2014

S.#	HEALTH SERVICES			
1.	PREVENTIVE CARE	Year 2014	Year 2014	Percent
i.	Health education	Target	Achievement	%
a)	Social Group Meetings	3816	3765	99
b)	Community Health Sessions	3816	3836	101
c)	School/Madressa Health Sessions	3816	3012	79
ii.	Immunization			
a)	Fully Immunized Children under one year	64296	45935	71
b)	Pregnant Women TT 2	86028	29856	35
iii.	Pregnant Woman MCH			
a)	Anti -Natal Care 1	112788	64931	58
b)	Anti -Natal Care Revisit	112788	33206	51
c)	Post Natal Care	101532	23890	24
d)	Complicated Pregnancies Referred	11304	258	2
iv.	Family Planning Married Couples	505524	166103	33
2.	CURATIVE CARE			
a)	OPD	2963976	3004261	101
b)	Referral	14700	8054	55
c)	Hepatitis B&C Screening	7636	7636	100
d)	BHUs Utilization Rate		87	
3.	MONITORING & SUPERVISION			
a)	DSM/ADSM	3600	3874	108
b)	Executive M&E	5040	4473	89



OPD, District Jaffarabad



Community Health Session, Sibi

1. Socio-demographic Profile PPHI-Balochistan

1.1 The province of Balochistan is largest in area, 347190 sq.km (44% land mass), and one of the lowest population of the total country, about 8.7 million (5%) of the total 184.1 million, population density 25/sqkm. Estimated catchment covered by BHUs is 3.4 millions. PPHI-Balochistan covers the population at the ratio 40:60.

Meanwhile in mid-2014 Pakistan demographic survey 2012-2013 report was published and shared with all stake holders. The Pakistan demographic health survey 2012-2013 (PDHS) was completed by National Institute of Population Studies Islamabad. The national growth rate was decline 2.6 percent to 1.8 percent and simultaneously the numbers of health indicators were changed.

The term "socio-demographic" refers to a group defined by its sociological and demographic characteristics. Socio-demographic groups are used for analyses in the social sciences as well as in primary health care; set targets and examine the performance of health facilities, BHUs on given indicators to

achieve the MDGs in a time period. The socio-demographic 2015 of BHUs were prepared with consensus of 30 districts of PPHI, Balochistan. The base was 1998 census with annually increase of 2.6 percent growth rate.

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. A group based on both sociological and demographic traits, such as children less than 1 year of age and women 15-49 years must be fully immunized and for tetanus toxoid, is an example of a socio-demographic group. It is an indicator of BHUs and PPHI Balochistan to achieve every month and at the end of year



#	DISTRICT	No of BHUs	Population (Estimate) 2015	Children's		Pregnant Women Yearly Target	Child Bearing age Women (15-49 Y)	Married Couples
				Under 1 year Yearly Target	Under 2 Years			
1	Awaran	7	42,658	1,365	1,322	1,523	9,385	6,825
2	Barkhan	6	47,650	1,525	1,477	1,701	10,483	7,624
3	Chagai	11	67,049	2,146	2,079	2,394	14,751	10,728
4	DeraBugti	29	103,212	3,303	3,200	3,685	22,707	16,514
5	Gwadar	22	103,302	3,306	3,202	3,688	22,726	16,528
6	Harnai	6	29,637	948	919	1,058	6,520	4,742
7	Jaffarabad	35	197,528	6,321	6,123	7,052	43,456	31,604
8	JhalMagsi	11	70,281	2,249	2,179	2,509	15,462	11,245
9	Kachhi	11	46,660	1,493	1,446	1,666	10,265	7,466
10	Kalat	14	59,302	1,898	1,838	2,117	13,046	9,488
11	Kech	37	246,511	7,888	7,642	8,800	54,232	39,442
12	Kharan	13	50,994	1,632	1,581	1,820	11,219	8,159
13	Khuzdar	42	265,073	8,482	8,217	9,463	58,316	42,412
14	Killa Abdullah	36	241,382	7,724	7,483	8,617	53,104	38,621
15	KillaSaifullah	15	43,059	1,378	1,335	1,537	9,473	6,889
16	Kohlu	29	85,141	2,724	2,639	3,040	18,731	13,622
17	Lasbela	42	170,722	5,463	5,292	6,095	37,559	27,315
18	Loralai	31	168,237	5,384	5,215	6,006	37,012	26,918
19	Mastung	14	77,738	2,488	2,410	2,775	17,102	12,438
20	Musa Khail	17	95,071	3,042	2,947	3,394	20,916	15,211
21	Naseerabad	15	122,069	3,906	3,784	4,358	26,855	19,531
22	Noshki	10	62,600	2,003	1,941	2,235	13,772	10,016
23	Panjgoor	19	203,440	6,510	6,307	7,263	44,757	32,550
24	Pishin	30	242,443	7,758	7,516	8,655	53,337	38,791
25	Quetta	35	343,662	10,997	10,654	12,269	75,606	54,986
26	Sherani	9	27,438	878	851	980	6,036	4,390
27	Sibi	15	67,184	2,150	2,083	2,398	14,780	10,749
28	Washuk	19	60,859	1,948	1,887	2,173	13,389	9,738
29	Zhob	16	84,921	2,717	2,633	3,032	18,683	13,587
30	Ziarat	14	38,512	1,232	1,194	1,375	8,473	6,162
	Total	610	3,464,334	110,859	107,394	123,677	762,153	554,293

1.2 District Health Services Performance Measurements Targets and Achievements in Percentages October to December 2014.

Districts	No. of BHUs	Preventive care									
		Health Education			Immunization			MCH			
		SG Meetings	CHSs	SHSs	Fully < 1 yr	TT 2	ANC 1	ANC Revisit	PNC	Comp. Preg. Referred	Family Planning
Awaran	7	100	100	100	30	30	0	0	0	0	4
Barkhan	6	100	100	64	33	32	21	4	9	0	22
Chagai	11	69	81	81	68	57	24	5	6	0	12
DeraBugti	29	100	100	100	34	44	43	10	6	0	25
Gwadar	22	75	86	72	61	37	62	42	33	0	32
Harnai	6	97	67	69	94	91	88	68	55	0	30
Jaffarabad	35	94	92	89	70	30	60	17	10	12	74
JhalMagsi	11	61	61	61	24	37	88	80	76	0	59
Kachhi	11	97	97	94	91	41	71	22	62	0	59
Kalat	14	100	100	100	88	36	83	14	9	0	96
Keich	37	69	76	74	55	29	92	36	21	0	18
Kharan	13	108	100	92	29	58	85	7	8	0	79
Khuzdar	42	102	104	117	11	32	34	18	4	43	13
Killa Abdullah	36	119	128	128	115	62	13	4	3	0	3
KillaSaifullah	15	100	100	117	84	37	67	11	6	0	58
Kohlu	29	81	75	50	122	39	10	9	10	0	5
Lasbela	42	53	51	53	64	68	73	10	5	0	52
Loralai	31	56	53	50	128	11	10	7	3	0	7
Mastung	14	103	100	67	34	54	64	41	49	24	30
Musa Khail	17	125	119	86	19	17	21	13	9	0	14
Naseerabad	15	100	100	100	43	64	46	25	13	0	9
Noshki	10	83	89	89	138	54	93	35	21	0	38
Panjgoor	19	75	119	44	28	86	41	23	35	0	16
Pishin	30	100	94	100	30	11	47	0	40	0	25
Quetta	35	92	94	31	82	50	93	62	35	3	34
Sherani	9	78	78	56	70	38	73	24	20	0	20
Sibi	15	97	106	106	78	58	97	23	23	0	60
Washuk	19	81	86	86	86	76	28	15	19	0	7
Zhob	16	106	100	61	39	7	63	45	39	0	19
Total	610										

District Health Services Performance Measurements Targets and Achievements in Percentages October to December 2014.

Districts	No. of BHUs						BHUs Utilization Rate	District Rating percent
		Curative Care			Monitoring and Supervision			
		OPD	Referrals	Hepatitis B&C Screening	DSMs	Executive M&E and SOs		
Awaran	7	95	0	0	83	62	174	52
Barkhan	6	117	100	0	97	98	44	56
Chagai	11	106	4	31	0	74	57	43
DeraBugti	29	174	60	0	47	88	78	61
Gwadar	22	108	83	0	92	82	140	67
Harnai	6	120	0	0	107	33	113	69
Jaffarabad	35	77	20	649	117	93	138	66
JhalMagsi	11	94	0	0	103	98	71	61
Kachhi	11	100	0	0	81	34	154	67
Kalat	14	120	128	90	93	74	150	79
Keich	37	107	138	504	90	60	85	63
Kharan	13	123	68	51	100	79	119	70
Khuzdar	42	110	0	22	103	105	91	59
Killa Abdullah	36	119	0	0	100	86	48	62
KillaSaifullah	15	103	0	0	100	83	115	65
Kohlu	29	106	20	0	100	86	84	53
Lasbela	42	100	0	0	94	92	117	55
Loralai	31	121	16	0	100	86	59	47
Mastung	14	102	11	0	100	100	112	66
Musa Khail	17	120	71	0	100	94	62	58
Naseerabad	15	102	0	0	100	79	89	58
Noshki	10	90	48	157	100	87	75	69
Panjgoor	19	110	27	66	100	94	57	57
Pishin	30	41	109	0	113	100	33	56
Quetta	35	90	12	606	113	93	97	65
Sherani	9	79	0	0	70	60	49	48
Sibi	15	103	34	0	27	112	130	70
Washuk	19	111	97	0	43	57	105	60
Zhob	16	118	0	0	80	74	50	53
Ziarat	14	90	0	0	86	88	121	48
Total	610							

2. Detail of health infrastructure Balochistan.

2.1 No. of Districts with PPHI-Balochistan : 32

Health Facilities with PPHI : 610

S. #	Description	Total HFs	With PPHI
1	Teaching Hospitals	5	0
2	Hospitals	48	0
3	BHUs	606	606
4	Dispensaries	557	3
5	MCHCs	89	0
6	RHCs	89	1
7	Other HFs	79	0
TOTAL		1,473	610



BHU Katvi, Loralai



BHU REKO District Noshki

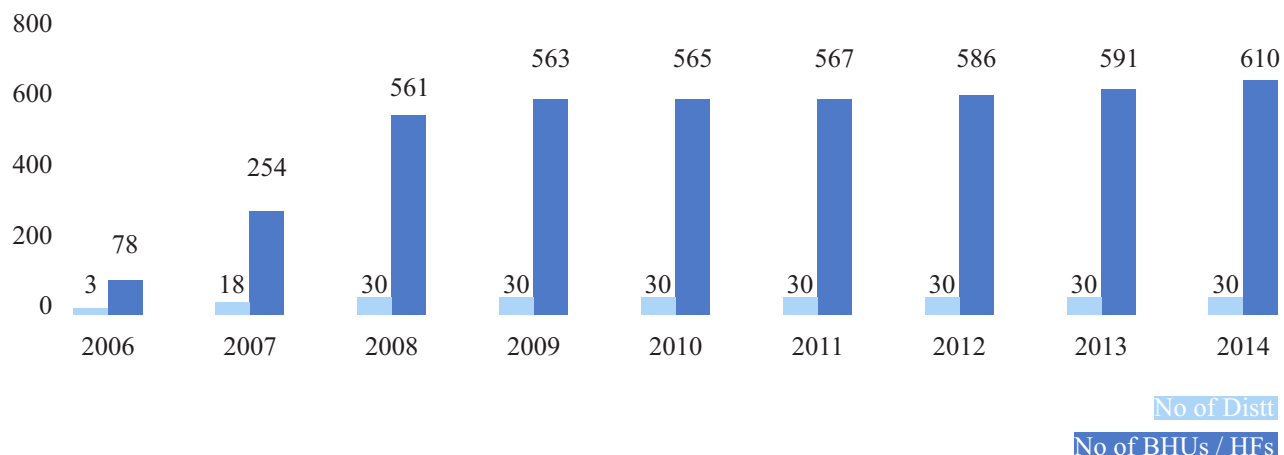
2.2 Infrastructure Development of BHUs/HFs

Infrastructure is the fundamental requirement in the functioning of Health Facility/BHUs and delivery of health care. In today's modern era, electrification is necessary to maintain cold chain for immunization, sterilization and for lighting. The availability of water for community is necessary to improve the health and cleanliness of patients and clients who are visiting Basic Health Units. In all situations, infrastructure is such a necessity that it affects the life of every single individual on this planet. Lack of proper infrastructure causes impediment in the delivery of services. It also causes bottlenecks in the smooth

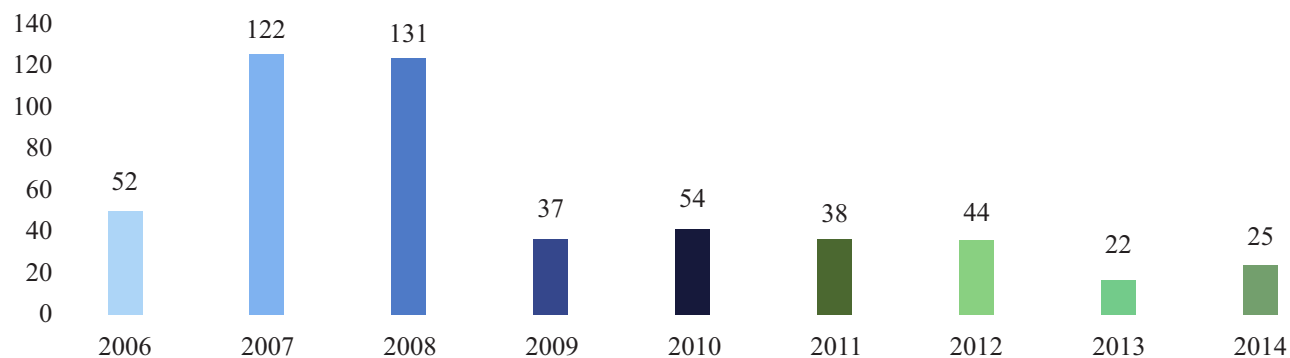
functioning of BHUs/HFs. The BHUs/HFs infrastructural situation was very poor when PPHI had taken over those BHUs. The main reason of inception of PPHI-Balochistan was poor infrastructure, lack of human resource in shape of absenteeism and poor management resulted poor delivery of health services. Now we have planned 144 BHUs for repair and renovation in 2015.

The PPHI-Balochistan has improved infrastructure as below:

2.3 Increase No of BHUs



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

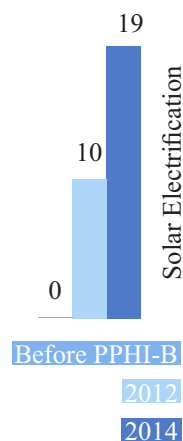
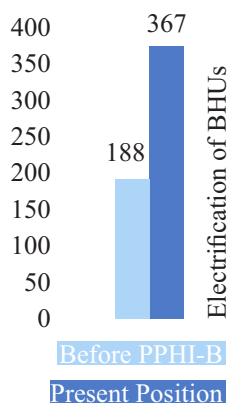


BHU Dedar Mal, Nushki

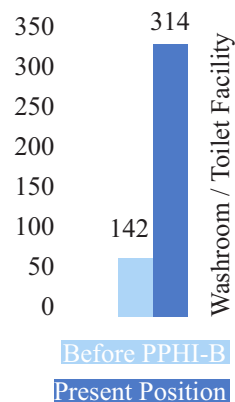
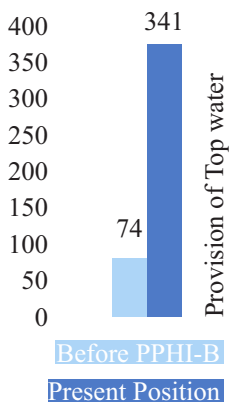


Solar Electrification.

2.5 Electrification of BHUs and Solar Electrification.



2.6 Provision of Tap Water and Washroom and Toilet Facility.

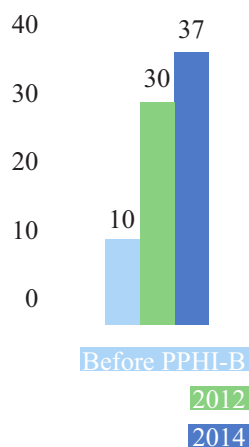


BHU Hurro, Kharan



BHU Sarawan, Kharan.

2.7 Establishment of 24/7 MCH Centers/ Facility Based Delivery



Ultrasound facility at BHU Kurrak, Sibi

BHU + MCH Services 24/7/ Facility Based Delivery

PPHI has upgraded 17 BHUs into 24/7 MCHCs Plus (24/7 BASIC EMOCS SERVICES) 2012 and 20 in 2014. 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 to enhance the institutional deliveries. The complicated pregnancy cases are referred for Comprehensive EMOCS to DHQ or Teaching Hospital. 100 BHUs are planned to be functionalized in year 2014-2015.

The following basic essential obstetric care had been provided and standard protocols used to monitor and manage labor. Basic essential obstetric care is performed at the 37 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 37 BHUs + MCH Services 24/7 are equipped with broad spectrum injectable and oral anti-biotic (ampicillin, penicillin, doxycycline, gentamicin, metronidazole), plasma expanders, anti-convulsions, oxytocics, ergometrine, analgesics, magnesium sulphate, misoprostol, suturing kits, "high" sterilization techniques, gloves, syringes and needles, delivery equipment, and materials for universal precautions.

These facilities are providing resuscitation and basic care of the new born (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.

3. Health Status situation – Where we are?

Dr. MukhtarZehri

The United Nations Millennium Development Goals (MDGs) seek to reduce less than 5 child mortality by two-thirds and maternal mortality by three quarters between 1990 and 2015. These goals, known as MDG 4 (child health) and MDG 5 (maternal health) have become critical targets for Pakistan and especially for Balochistan as they prioritize interventions for national and provincial health spending. The National and Provincial governments are proving yet to meet MDG 4 and MDG 5.

Maternal mortality and neonatal mortality have many causes. Two primary causes of maternal mortality include sepsis, a severe infection associated with non-sterile delivery, and hemorrhage, or unabated severe bleeding. Severe bleeding after birth can kill even a healthy woman within two hours if she is unattended. (WHO, 2008) The main direct causes of early neonatal deaths or deaths that occur within the first 7 days are asphyxia, preterm birth, hypothermia and severe infections. (Bhutta et al... 2010) Such conditions, if treated rapidly and appropriately by knowledgeable and skill health care providers, do not have to result in death. One of the most important ways to address some of the key factors associated with both maternal and neonatal mortality is ensuring skilled obstetric care at the time of delivery. (WHO, 2004) In the event of unexpected birth complications, which occur in approximately 1 out of every 10 deliveries, (Bacak et al... 2005) every moment of delay in receiving skilled care, significantly increases the risks of stillbirth, neonatal death and maternal death. (Lee et al., 2009)

Pakistan and Balochistan Indicators – MDG Commitment

I. Reduce Maternal Mortality Ratio to three-quarters by 2015 baseline levels (Baseline 1990: 550/100,000 Live birth; Target 2015: 140/100,000 Live birth). National 272/100000 live birth , Balochistan 785/100000 live birth 2014

ii. Reduce Children under five mortality rates by two thirds by 2015 from the baseline level (Baseline 1990: 140/1000 live births Target 2015: 52/1000 live birth). National 94/1000 live birth, Balochistan 98/1000 live birth. 2014

iii. Reduce Infant Mortality Rate by two thirds by 2015 from baseline levels (Baseline 1990-102 Target 2015-40 per 1000 live births). National 89/1000 live birth, Balochistan 72/1000 live birth. 2014

iv. Reduce Neonatal Mortality rate by half by 2015 from the baseline levels (Baseline 1990-50 Target 2015-25 per 1000 live births). National 54/1000 live birth, Balochistan 72/1000 live birth. 2014

v. Increase fully immunized children coverage up to above 90 percent by 2010. National 63 percent, Balochistan 16 percent 2014.

vi. Reduce total Fertility Rate by one third from the baseline levels (Baseline 1990: 5.4; Target 2015:2.1) National 4.1 percent, Balochistan 4.1 percent.

vii. Increase in proportion of deliveries attended by skilled birth attendants either in facilities or at home (Baseline: 24 percent in 2001; Target 90 percent by 2015) National 31 percent, Balochistan 22. 2014

viii. Decrease unmet need for family planning by at least 10 percentage points from baseline levels (proportion of couples who are not using FP methods but want to limit or space birth (Baseline 2000: 33% Target 2015: 23%) National 41, Balochistan 12. 2014

ix. Increase Contraceptive Prevalence rate (CPR) to 55% by 2015 (from 34%in 2004). National 35, Balochistan 14. 2014

4. HUMAN RESOURCE DEVELOPMENT 2014

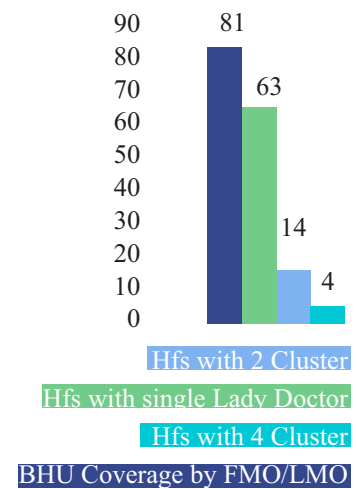
S.No.	Healthcare Provider		Sanctioned Posts	Working	Government Employees	PPHI Contract	% PPHI Staff	Vacant
1	MOs		577	236	192	44	18%	341
2	LMOs		104	71	54	17	24%	33
3	Dental Surgeon		1	1	1	0	0	0
Total			682	308	247	61	20%	374
4	Social Organizers		0	70	0	70	100%	0
5	LHVs		343	284	173	111	39%	59
6	MTs	Male	481	448	337	111	25%	33
		Female	350	242	210	32	13%	108
7	Dispensers		331	365	253	112	31%	(34)
8	Vaccinators		286	353	211	142	40%	(67)
9	Lab Assistants		5	55	3	52	95%	(50)
10	X-Ray Assistant		2	2	2	0	0	0
Total			1798	1819	1189	630	57%	200

4.1 Clustering

People's Primary Healthcare Initiative, Balochistan contracted a large number of Medical Officers, Lady Medical Officers, social organizers and paramedics MTs, FMTs, LHVs, Vaccinators, Laboratory Assistants and supporting staff to strengthen the health care delivery system. People's Primary Healthcare Initiative Balochistan has vital role in provision of preventive care and health promotional activities at communities, schools and madrasahs. The recruitment of 70 social organizers, 142 vaccinators and 52 laboratory assistant is out of box activity in BHUs of PPHI- B to increase preventive care, the immunization coverage in province and strengthen the curative service in shape of correct diagnosis.

People's Primary Healthcare Initiative Balochistan has introduced clustering of BHUs to ensure the scheduled availability of a doctor; each cluster is visited by a doctor on scheduled days of each week to increase the utilization of BHUs. The model contracts with doctors at higher pay than they formerly received. It has been observed medical officers and lady officers cannot work in rural area to provide health services to marginalized communities. The gap is covered by clustering of MOs and LMOs was more than 62 percent 2013 and 57 percent 2014. The coverage in LMOs was 106 percent in 2013 and 78 percent in 2014.

4.2 Medical Officers/ Female Medical Officers/Lady Medical Officers coverage



OPD BHU Gajan, JhalMagsi



OPD BHU Mushkaf, Kachhi

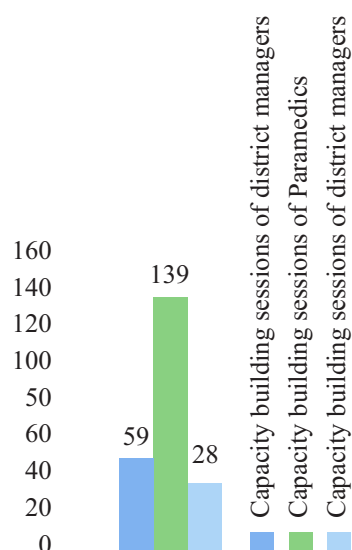


OPD BHU Hassan Abad, Lasbela



OPD BHU Shadoband, Gwadar

4.3 Training, Development of Human Resource Management in PPHI Balochistan



One Day DHIS Training, KillaSaifullah

Training and development is a function of human resource management with organizational activity aimed at bettering the performance of individuals and groups in institutional settings. It has been known by several names, including "human resource development", and "learning and development". We must stress the importance of proper and solid training and redeployment of health personnel, development of clear rules to ensure equal opportunities and more presence of not only health services but also quality of services and patient client satisfaction. Our workforce consists of people who have decided-individually and collectively, to devote their lives to providing health services. For that reason, they also need significant personal and institutional development.

The main challenges to maintain a good public health network is to manage the existing resources of the system and those to be added. The financial resources needed to reduce the huge gap that we currently have in the workforce population ratio are important to the PPHI- Balochistan. Health workers already in the system must be involved in a new work ethic. These efforts are not only related to financing or finding new jobs. The challenge is to call the health workers to share in this new commitment and a new way to respond to the demands of these new responsibilities.

Success will depend on the health workers' full commitment and identification with the demands posed by the system, from the health promotion worker to the specialized medical staff. I think we are about to move forward with the organization that our communities have demanded for many years. We believe we are near the desired goal of responding to the population, particularly the most vulnerable and historically neglected ones, and to give the community a technical, human and supportive response so that it can finally have the long awaited health care that the constitution grants.

PPHI- Balochistan has given mandate to manage four resources: money, equipment, information and human to strengthen the Primary Health care service in Balochistan. Investments in better capacity building may speed up production in term of service delivery or reduce dissatisfactions of community on services. Information and knowledge are power; data about preventive & cure care and quality of services result patient and client satisfaction. Investments in training and development of human resource can make them more productive or more effective in their jobs, directly contributing to the bottom line.

The purpose of training and management development programs is to improve health professionals, managers and sub-managers capabilities and organizational capabilities. When the organization invests in improving the knowledge and skills of its human resource, the investment is returned in the form of more productive and effective employees. Training and development programs may be focused on individual performance or team performance. The creation of PHC management training and implementation of training and management development program was based on training and management development needs identified by a training needs analysis, so that the time and money invested in training and management development is linked to the mission or objective of the PPHI-Balochistan.

The capacity building one session of district managers and sub-manager on primary health care management and development was held at Institute of Public Health Quetta, 28 participants were trained. The capacity building session were held on DHIS, routine immunization polio, MNCH, DEWS, malaria, hepatitis, diarrhea, ARI, TB DOTs, and Crimean-Congo Hemorrhagic fever (CCHF) and dengue fever.



3 months MCH training of LHV's at Qatar Hospital Karachi with collaboration of IDSP, Balochistan



DHIS Training session, Loralai



ANC provided by trainee LHV at Qatar Hospital, Karachi

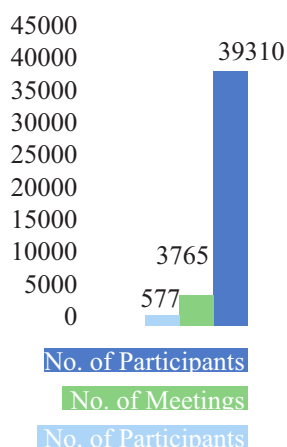
5. Preventive and Promotional Services:

5.1 Health Education

At the time of Alma Ata declaration of primary health care in 1978, health education was put as one of the components of PHC and it was recognized as a fundamental tool to the attainment of health for all. Adopting this declaration, PPHI-Balochistan utilizes health education as a primary means of prevention of diseases and promotion of health. In view of this, the PPHI-Balochistan has identified health education as a

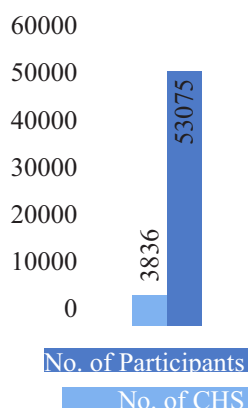
major component of program services. The objectives of health education are motivating people to adopt health-promoting behaviors by providing appropriate knowledge and helping to develop positive attitude and helping people to make decisions about their health and acquire the necessary confidence and skills to put their decisions into practice.

5.2 Male Support Group Meetings



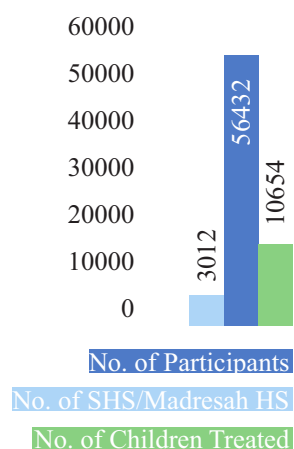
Support Group Meeting, BHU Padag, Chaghi

5.3 Community Health Sessions:



Community Health Session, Loralai

5.4 School/Madrasah Health Sessions:



School Health Session, Zhob

It is established for the fact that most health problems of the country and province are primarily related to individual, group behaviors and life styles. Medical staffs are not in a position to address fully those health problems that mainly requires continuous preventive and promotional health activities. In other words, maintenance of healthful life and prevention of diseases in a community/society demands for professionals who can apply models and practices of effective health education, communication for behavior change in a desired direction.

In addition to the existing major health problems, the communicable and non-communicable diseases could not be tackled in any other way than equipping every citizen or community member with the necessary knowledge of route of transmission and prevention mechanisms and motivating people to enforce those remedies. These actions require a wide range of activities including health education, adequacy, community participation, mobilization and behavior change communication by social organizers. The PPHI-Balochistan had mainly focused on preventive and promotive health care information, communication and health education and effective behavior change approaches towards health have been emphasized. On the other hand, it is well observed that there has been a shortage of adequately

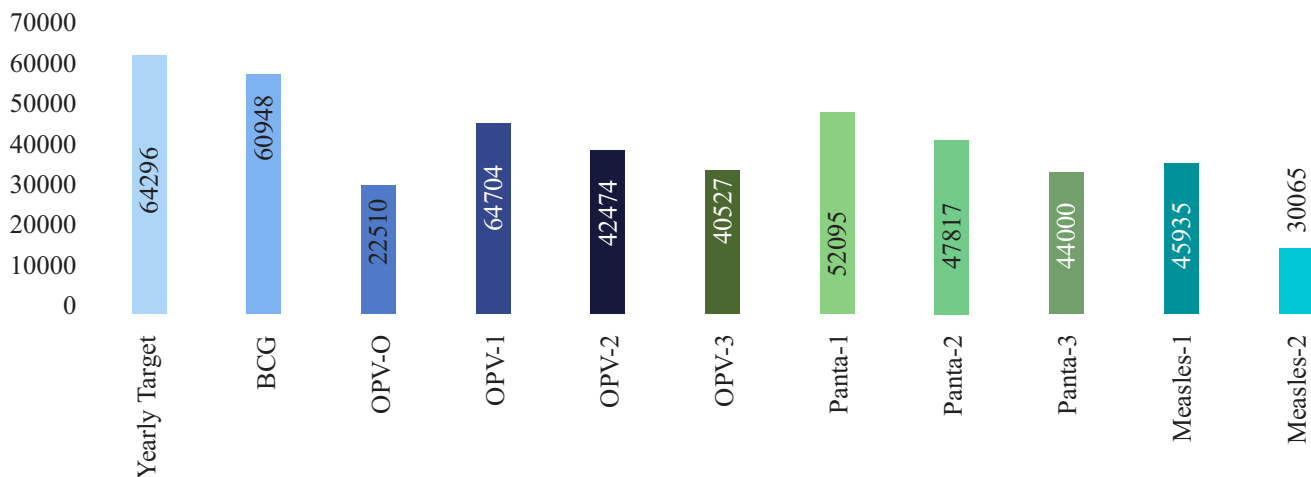
trained health professional in the field of information education and communication (IEC) at both the federal and provincial levels.

5.5 Social Organizers Training

A module on “Health Education, Community Mobilization, Participation and Behavior Change communication in Primary Health Care” is designed for Social Organizers and health professionals with a purpose of knowledge improvement and conceptualization of trainees about community mobilization, participatory development and its elements. This intensive training program provides the essentials of planned decentralized process of health education and social mobilization. Social mobilization training strengthens participation of rural poor and urban slums in local decision-making, improves their access to health, education, social and productive services and efficiency in the use of available financial resources, and enhances opportunities for asset-building by the poorest of the poor.

A pictorial book with health message is designed in Urdu “Taleem e Sehat aur Hifzan e Sehat” for health education and promotion is under printing process. It will help social organizers and health professional to improve the community's health.

5.6 Immunization, January to December, 2014



5.7 Immunization

Prevention of diseases is the need of the day. The morbidity and mortality caused by diseases and rising costs of treating them requires us to focus more on their prevention. Immunization is among the most successful components of preventive medicine. It is effective public health intervention that has had the greatest impact on health of the people. Every year millions of children around the globe are saved from illness or death because of vaccines. The MDG 4 is assessed and analyzed by fully immunized children and other survey tools. By significantly reducing the cost of treating diseases, immunization offers opportunities for poverty reduction and social and economic development of the country. The national and provincial targets for expended program for immunization are not achieved since inception of program, national coverage is 64 percent and provincial coverage is 16 percent 2014.

Despite the fact that PPHI has no control in all terms and by all means on Immunization and Vaccination

(EPI) of all types but still PPHI Balochistan has always complemented and supplemented the immunization program on as and where required and tasked basis and successfully undertook the same with tangible results.

Expended Program for Balochistan has established 492 static centers in province among these 297 are situated in BHUs; in percentage it comes, about 60 percent are in BHUs. The PPHI Balochistan has recruited 142 vaccinators on contract to make functionalize the static centers and achieve the immunization coverage. The yearly target covered by BHUs static centers is 64,296 as total EPI coverage for the province is estimated about 300,776. It means 22 percent of total coverage. These static centers are managed by the DHO office. It had been observed that supervision and monitoring by the DHO offices was less than 10 percent since last five years. PPHI Districts managers were directed that they must supervised the static centers in their first priority; they

have given fully immunized children static center wise monthly targets for each BHUs same for districts.

There is much to learn from decades of valuable experience in immunization that can potentially be applied to the “bigger picture” of primary health care. Investment in routine immunization has the potential to both optimize the programs that deliver the benefits of lifesaving vaccines and bolster the underlying health systems on which they rest. The following are challenges to achieve the target:

- Policy, standards, and guidelines
- Governance, organization, and management
- Human resources
- Vaccine, cold chain, and logistics management

- Service delivery
- Communication and community partnerships
- Data generation and use
- Sustainable financing
- Public private partnership with PPHI Balochistan

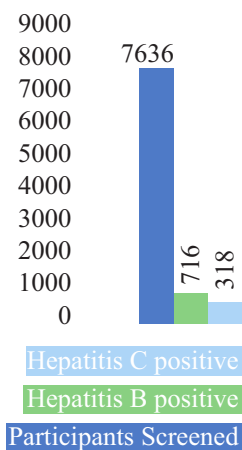
The report 2014 shows that static center coverage is under targeted, the BCG coverage was, 94 percent, Panta 3 was 61 percent and Measles 1 was 71 percent. The report shows more than 20 percent of default rate, which can be addressed by The PPHI district and the DHO offices by functionalizing the outreach teams. It is time to involve social groups of BHUs to mobilize their communities through community health sessions to immunize the children > 1 year and CBA women for TT.

5.8 TT Vaccination 2014

The TT2 coverage was observed 27 percent in MCH centers.



5.9 Hepatitis B and C Tests Performed



Free Medical Camp screening for Hepatitis B&C, Ziarat



Free Medical Camp screening for Hepatitis B&C, Jaffarabad



Jaffarabad

5.10 Mother Child Health Care

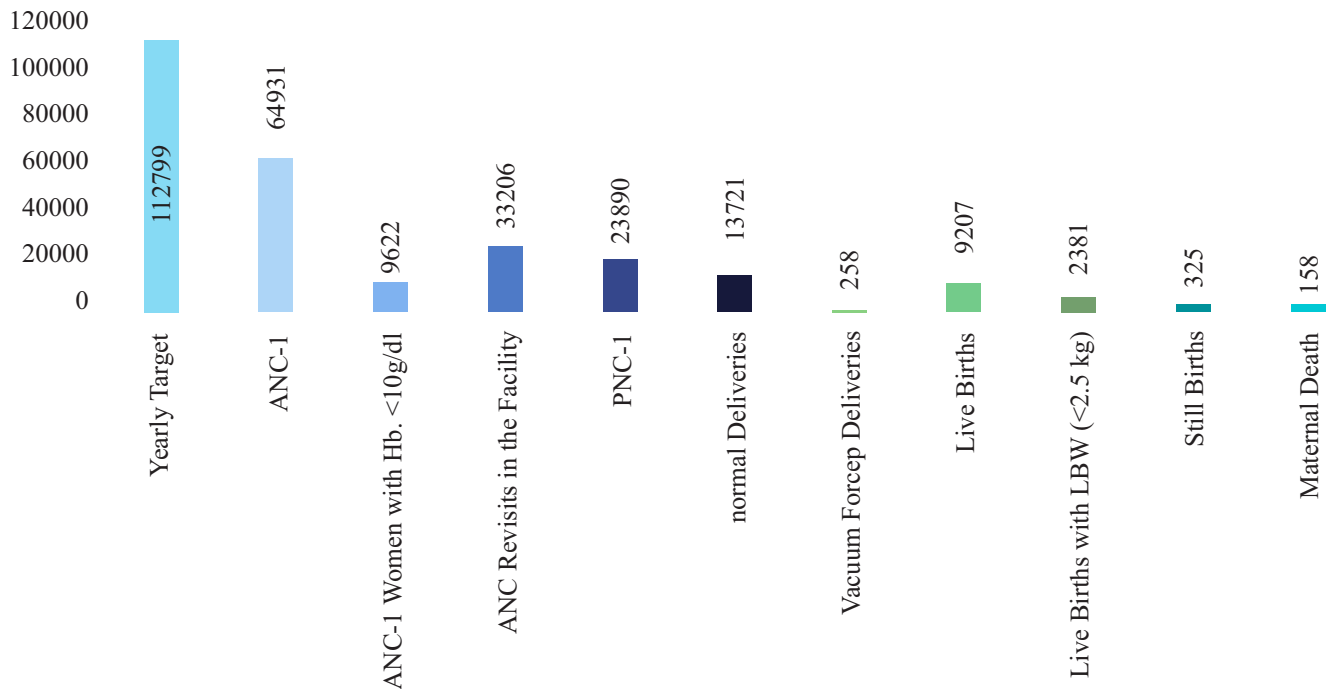
Pakistan's maternal and child mortality rates are the sixth highest in the world. Despite the Government of Pakistan targeting improvements in maternal and child health over the last 15 years, maternal and neonatal mortality and morbidity remain significant challenges. An estimated 30,000 women die each year because of complications during pregnancy and delivery, the equivalent of one woman dying every 20 minutes, even this is highest in Balochistan.

MCH includes antenatal care, delivery care (institutional delivery with appropriate referral for women with obstetric complications) and postnatal care, including care of the baby and breast-feeding support. Sexually transmitted disease (STD)/ HIV/ AIDS prevention and management, family planning services, and other RH concerns should be integrated with MCH activities.

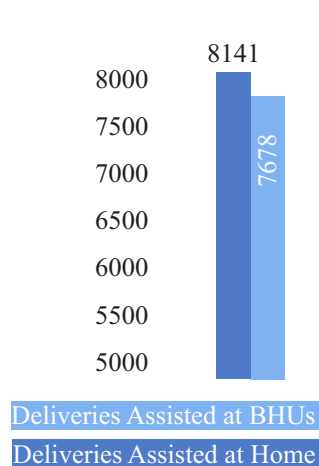
The activities related to Maternal Child Health helps prevent excess neonatal and maternal morbidity and mortality by:

- Deliveries at Health Facility
- Initiating the establishment of a referral system to manage obstetric emergencies.

PPHI-Balochistan has achieved 58% of ANC coverage. Among these 51% were revisited for ANC, there is a huge gap in PNC target and achievement to address it in the earliest. The overall performance in MCH services has been improved but not at mark. The best indicator in MCH was increased reporting the maternal deaths.

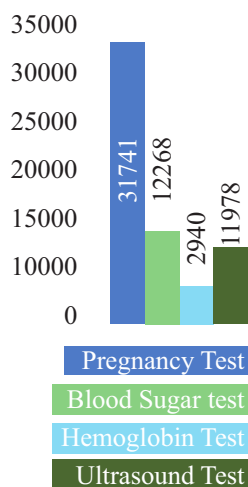


5.11 Deliveries Conducted



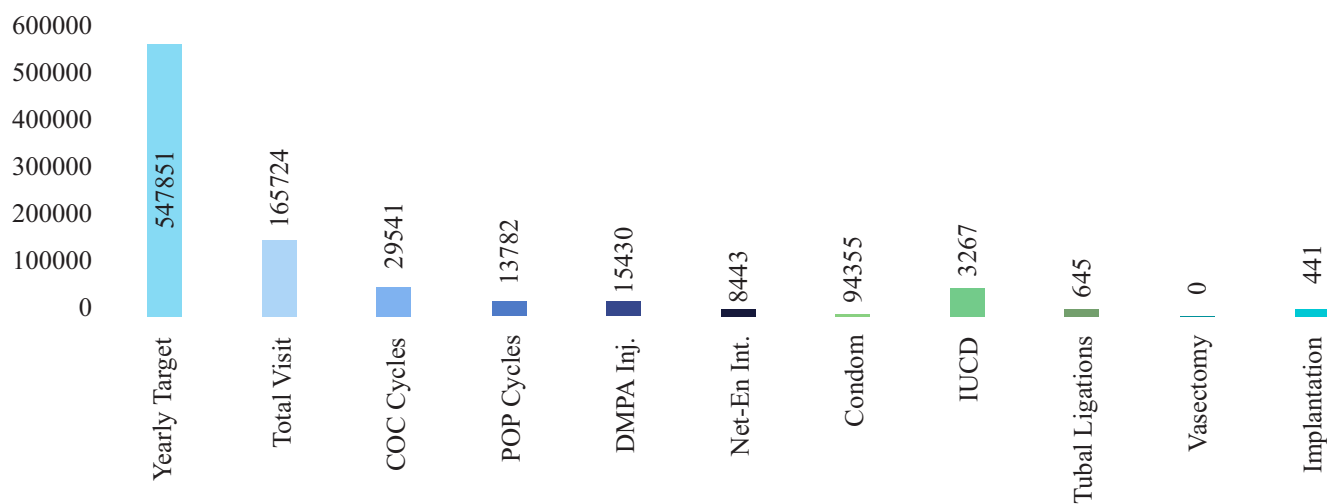
24/7 Labor Room, BHU Mushkaf, Kachhi

5.12 Mother Child Health Related Tests



24/7 BHU Hurro, Kharan

5.13 Family Planning



5.14 Population

Population growth is a global problem and it is only recently that population growth has been rapidly increasing. In the last 200 years the global population has gone from 1 billion to 7 billion. Sustaining a world of 7 billion is a global issue that will affect everyone.

Family planning allows women and couples to determine whether and when to have children. The ability to make these choices is fundamental to healthy families and communities worldwide. Family planning programs should offer a well-balanced mix

of contraceptive methods, including those that are short and long-acting, hormonal and non-hormonal, provider dependent and client controlled, and natural and clinical. PPHI-Balochistan has decreased unmet need of slum and rural population with the support of USAID/DELIVER PROJECT.

6. Curative Services

Health is an important aspect of human life. In general terms, better health status of individuals reflects reduced illnesses, low level of morbidity, and less burden of disease in a given population. It is widely recognized that improved health not only lowers mortality, morbidity and level of fertility, but also contributes to increased productivity. Hence investing in health is vital for promoting human resource development and economic growth in a country.

The health characteristics of Balochistan are a typical example of the national situation, with low life expectancy, widespread communicable diseases, a high maternal and child mortality, similar to many developing countries and regions. However, Balochistan has a reasonable availability of health infrastructure. The problem primarily relates to their utilization, management, the capacity of health human resources and institutions to ensure the policy objectives to overcome these problems and challenges the PPHI Balochistan has been given this mandate. Pakistan is in the mid-epidemiological transition where about 60% of total disease burden is due to infectious/communicable diseases. This is more than 84% in PPHI, Balochistan report 2014, which include diarrhea, malaria, ARI, TB, hepatitis, polio, tetanus, whooping, cough, measles, and homophiles influenza.

The non-communicable disease burden was 14 percent. It has been observed that Anemia, muscular and skeleton diseases are not reported in current BHUs/HF monthly district health information system (DHIS). It has been reported that 40 percent population is anemic national wide and this ratio is more than 50 percent in Balochistan. DHIS monthly report covers 43 indicators and two indicators for any other unusual diseases and non-specific was reported 22.7 percent (9683670) of the total disease burden of PPHI-B report 2014. I have observed and asked BHUs/HFs in-charges during inspection, that why a large number of patients are caption in this column. They answered that we have a large number of anemic, (which are clinically and pathologically) malnourished children under five years and muscular and skeleton diseases, we report it in those column 44 and 45 DHIS monthly reports. The anemia is covered in pregnant women in MCHS and reported in this box, but not whole population.

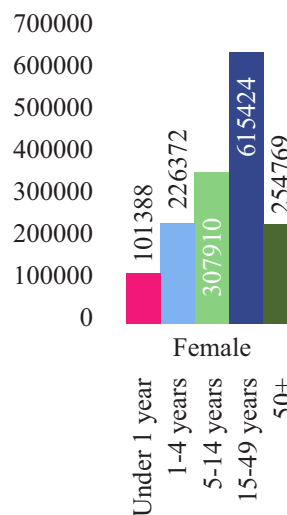
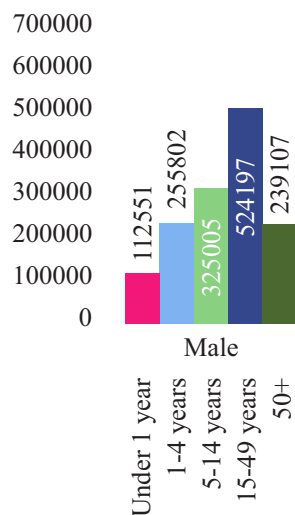


OPD BHU Pitokh, DeraBugti

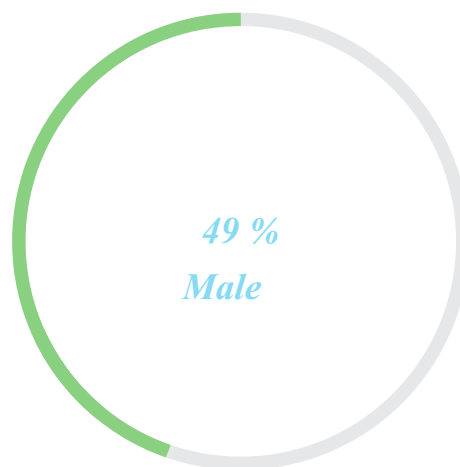
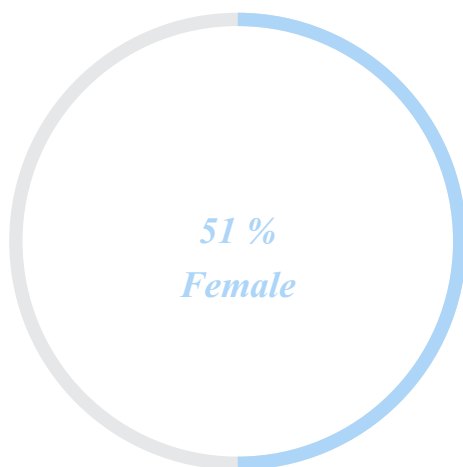


Ultrasound, BHU PirKoh, DeraBugti

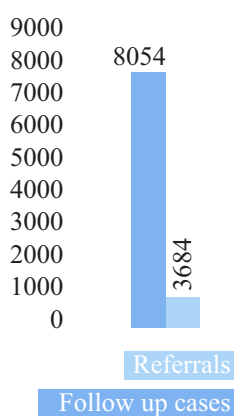
6.1 New Patients Distribution by Age and Sex



6.2 New Patients Distribution by Sex



6.3 Follow-up and Referral Cases



Ambulance 24/7 MCH BHU Kechi Baig, Quetta.

BHU in-charge should refer the patients to the designated district hospitals for a higher level of care. A periodic review of the referral pattern with all stakeholders is essential to ensure the continued efficient functioning of the system. The referral reported cases are 55 percent and the complicated

pregnancy referrals are only 2 percent. It is question on performance on BHUs and on the districts, during supervision visits it should be taken with BHU in-charges and properly filled check list of supervision by district managers and sub managers.



Male OPD, BHU Kingri, Musakhail



Female OPD, BHU AlamKapip, Sherani



BHU Manjhi pur District Jafarabad

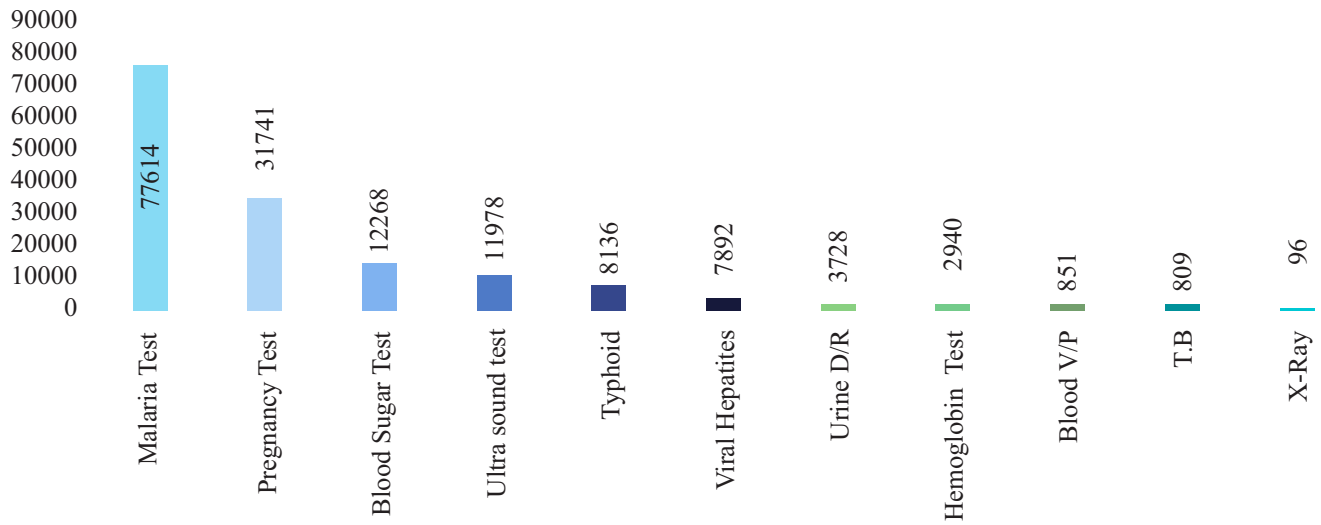


Laboratory in District Noshki

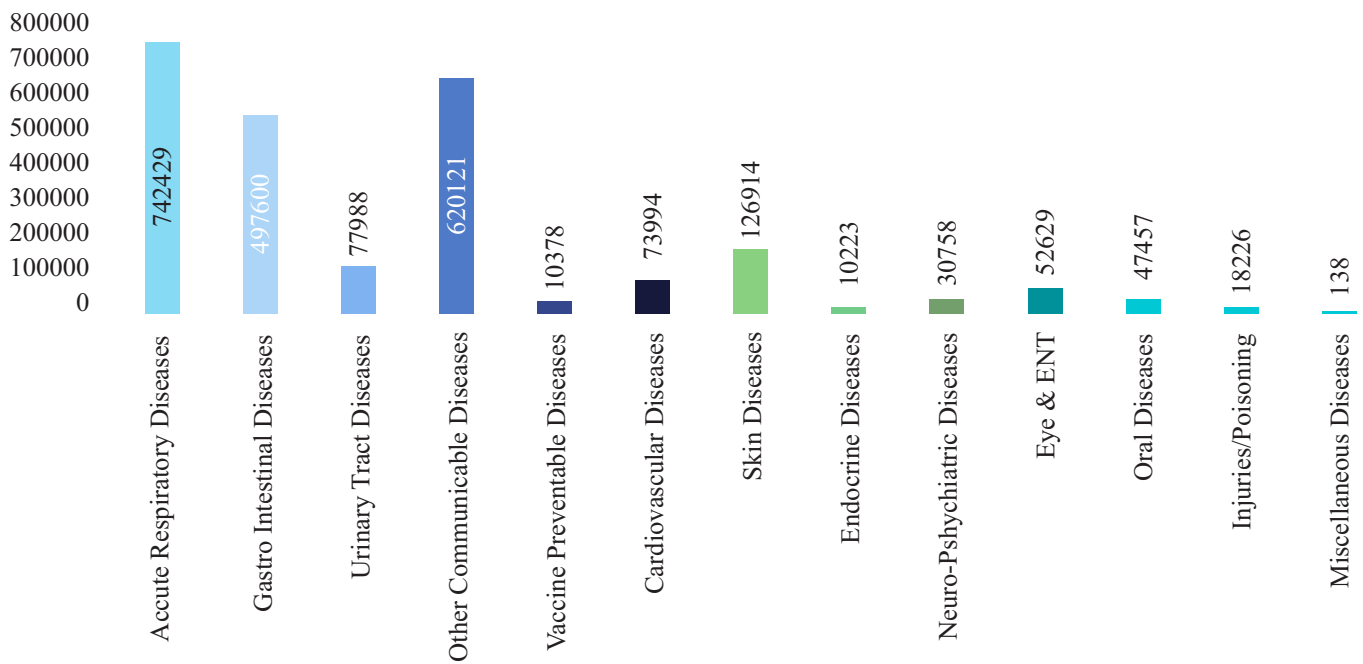
6.4 District wise Out Patient Department

District	Male	Female	Follow -ups	Referrals	Total OPD
Awaran	36209	37745	0	163	74117
Barkhan	11057	9672	0	180	20909
Chagai	17764	20288	0	2	38054
DeraBugti	46623	33374	0	113	80110
Gwadar	65428	76836	2387	134	144785
Harnai	16427	17023	37	0	33487
Jaffarabad	140525	131413	0	931	272869
JhalMagsi	27465	22319	0	154	49938
Kachhi	31803	39776	0	105	71684
Kalat	44077	43809	643	268	88797
Keich	88217	119081	1261	328	208887
Kharan	35809	24695	38	58	60600
Khuzdar	123891	117252	584	0	241727
Killa Abdullah	55074	61773	0	0	116847
KillaSaifullah	28629	20825	0	55	49509
Kohlu	46065	25291	0	16	71372
Lasbela	100132	99848	396	9	200385
Loralai	53954	44835	59	18	98866
Mastung	35092	51839	0	11	86942
Musa Khail	37930	20778	66	45	58819
Naseerabad	52512	55711	0	0	108223
Noshki	20281	26248	234	29	46792
Panjgoor	48631	66171	271	32	115105
Pishin	37211	41343	402	206	79162
Quetta	123216	208133	1500	48	332897
Sherani	7321	6002	0	68	13391
Sibi	45228	41912	0	59	87199
Washuk	32256	31626	176	70	64128
Zhob	22921	18783	0	408	42112
Ziarat	24912	21462	0	174	46548
Total	1456660	1535863	8054	3684	3004261

6.5 Diagnostic Tests performed



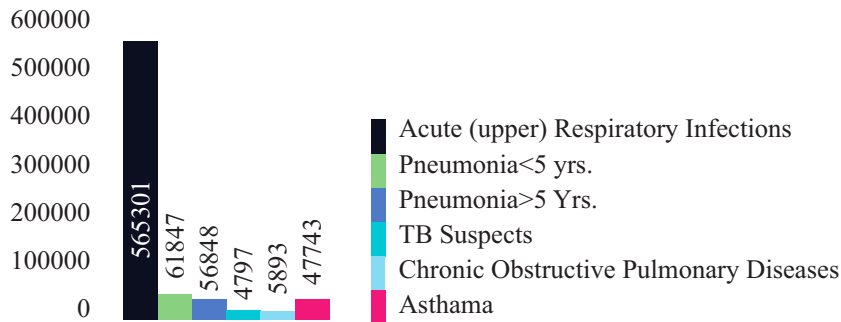
6.6 Pattern of Diseases



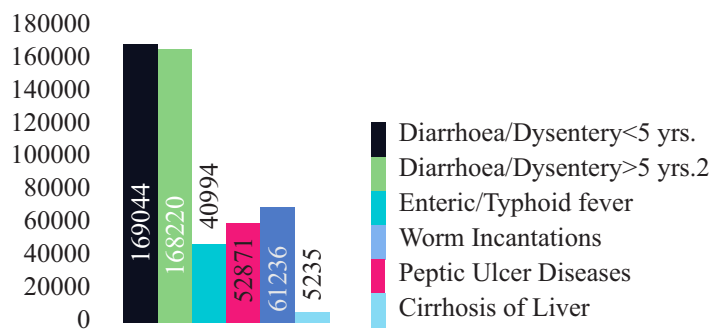
6.7 Proportion of Diseases in year 2014.

Diseases	Cases	Proportion
Respiratory Diseases	742429	32.153
Acute (Upper) Respiratory Infections	565301	24.482
Pneumonia < 5 yrs.	61847	2.678
Pneumonia > 5 yrs.	56848	2.462
TB Suspects	4797	0.208
Chronic Obstructive Pulmonary Diseases	5893	0.255
As thma	47743	2.068
Gastro Intestinal Diseases	497600	21.550
Diarrhea/ Dysentery < 5 yrs.	169044	7.321
Diarrhea/ Dysentery > 5 yrs.	168220	7.285
Enteric/ Typhoid Fever	40994	1.775
Worm Infestations	52871	2.290
Peptic Ulcer Diseases	61236	2.652
Cirr hosi s of Liver	5235	0.227
Urinary Tract Diseases	77988	3.377
Urinary Tract Infections	72690	3.148
Nephritis/ Nephrosis	740	0.032
Sexually Transmitted Infections	1769	0.077
Benign Enlargement of Prostrate	2789	0.121
Other Communicable Diseases	620121	26.856
Suspected Malaria	347583	15.053
Suspected Meningitis	9901	0.429
Fever due to other causes	262637	11.374
Vaccine Preventable Diseases	10378	0.449
Suspected Measles	6941	0.301
Suspected Viral Hepatitis	2490	0.108
Suspected Neo Natal Tetanus	947	0.041
Cardiovascular Diseases	73994	3.205
Ischemic heart disease	1064	0.046
Hypertension	72930	3.158
Skin Diseases	126914	5.496
Scabies	96700	4.188
Dermatitis	27434	1.188
CutaneousLeishmaniasis	2780	0.120
Endocrine Diseases	10223	0.443
Diabetes Mellit us	10223	0.443
Neuro-Psychiatric Diseases	30758	1.332
Depression	26051	1.128
Drug Dependence	1730	0.075
Epilepsy	2977	0.129

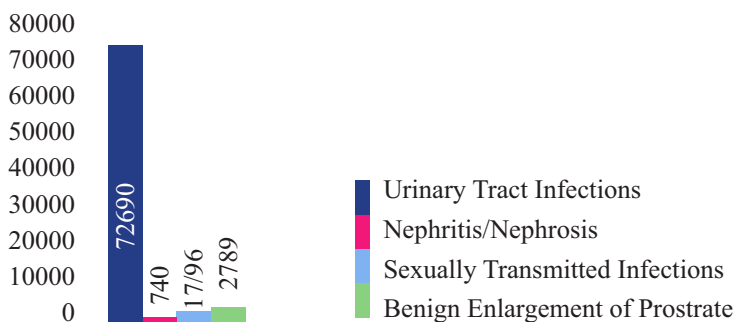
6.8 Respiratory Diseases



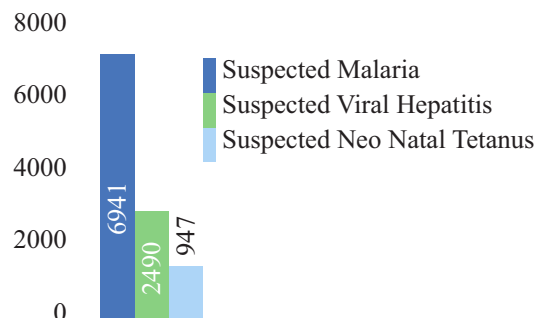
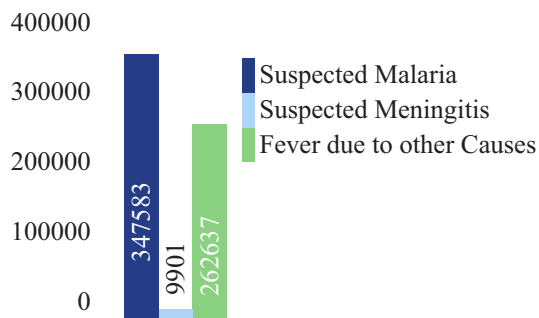
6.9 Gastro Intestinal Diseases



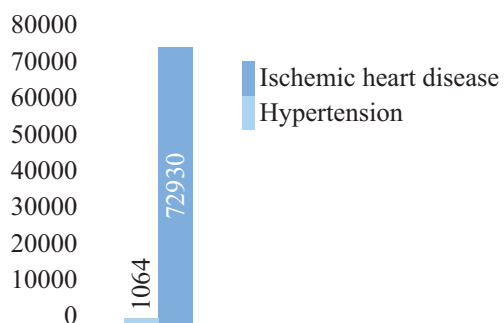
6.10 Urinary Tract Diseases



6.11 Other communicable Diseases/ Vaccine Preventable Diseases

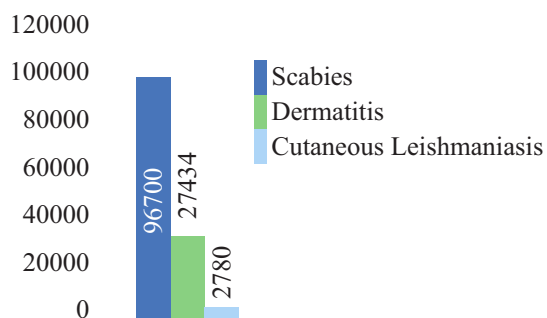


6.12 Cardiovascular Diseases



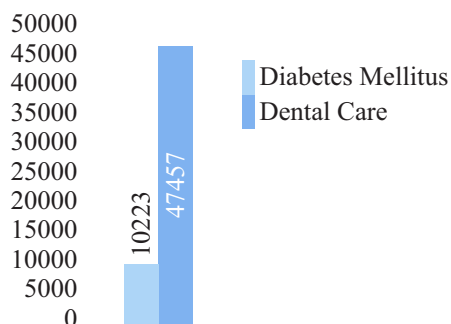
OPD BHU Took, Khuzdar

6.13 Skin Diseases



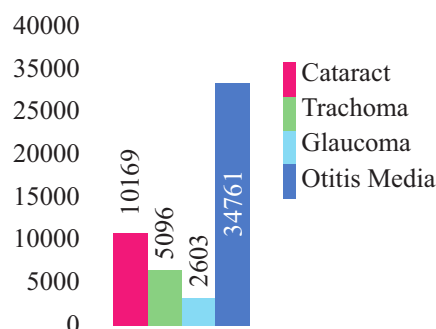
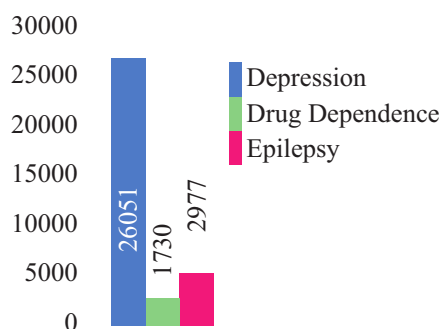
Laboratory BHU Babar, Zhob

6.14 Endocrine Diseases and Oral Diseases

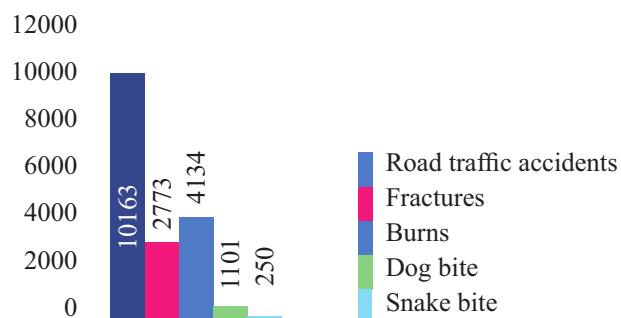


Laboratory, Sibi

6.15 Neuro-Psychiatric Diseases/ Eye & Ear Nose & Throat

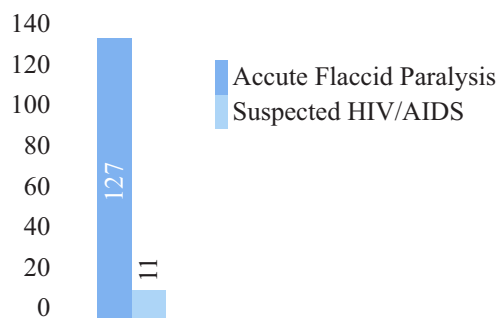


6.16 Injuries and Poisoning



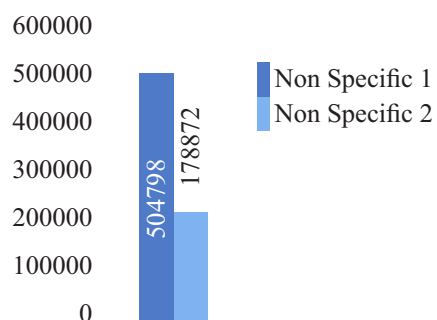
Dog Bite Case Naseer Abad

6.17 Miscellaneous Diseases



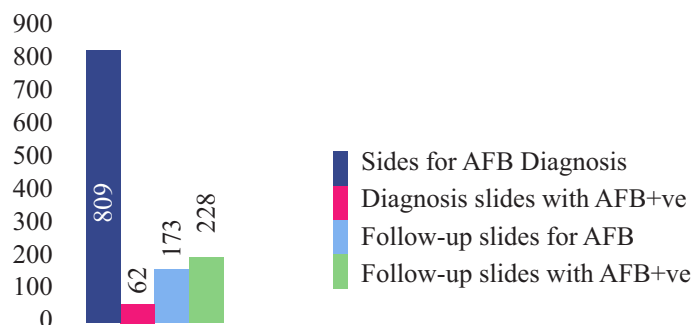
OPD District BHU Sargesha, Chaghi

6.18 Any other Unusual Diseases

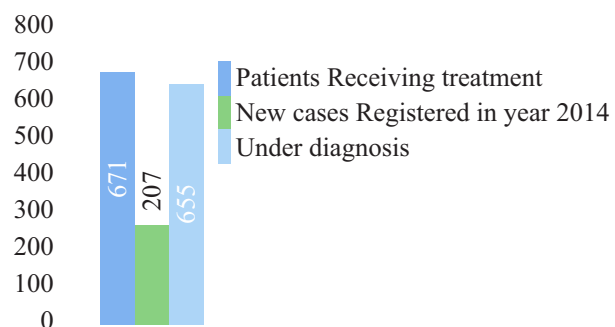


OPD at BHU Ghurmai, Harnai

6.19 Test performed for Tuberculosis AFB

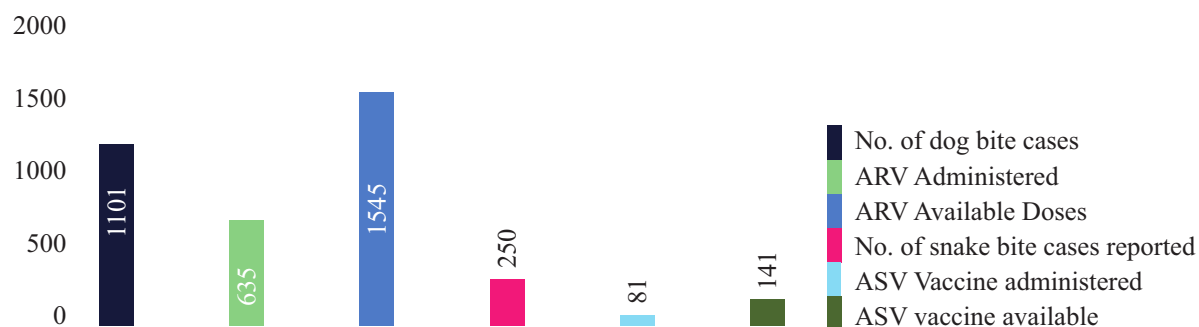


6.20 Tuberculosis



Laboratory, BHU Dedar Mal, Noshki

6.21 Status of Anti Rabies Vaccine and Anti Snake Venom

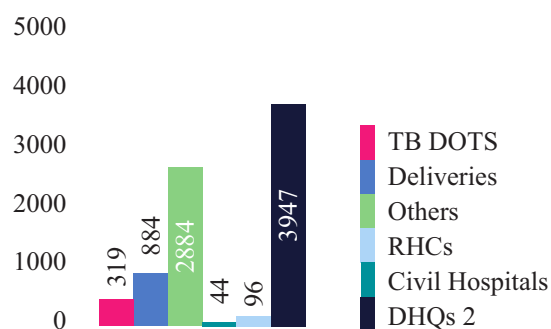


Dog Bite case, Barkhan



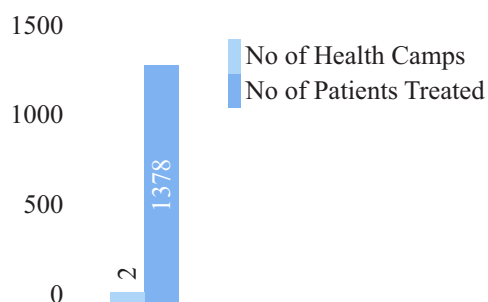
Dog Bite case, Jaffarabad

6.22 Referrals



Ambulance Service 24/7 MCH Plus, Quetta

7. Epidemics and Free Medical Camps



Diarrhea Outbreak, Kirdgaap, Mastung



Diarrhea Outbreak, Loralai



Diarrhea Outbreak Luck Rohail, Lasbela



Diarrhea Outbreak Luck Rohail, Lasbela



Diarrhea Outbreak HeenarArenji, Khuzdar

Free Medical Camps



Free Medical Camp, BHU Chandar, Kachhi



Free Medical Camp, Bhand, Barkhan



Free Medical Camp ShawatKakerKhurasan, Zhob-Sherani



Free Medical Camp, Kalat

8. *Quality of Health Service*

The head office has come with decision that we must come out routinization and in box practices, it means there is no difference in public and PPHI-Balochistan healthcare delivery system. The decision is a new innovation and out of box practices in all sectors which gives results. Now PPHI-B is working target oriented mechanism which leads to quality of services in health and result patient/client satisfaction with quality of services. 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.

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.
- Diagnosis.
- Doses of medicine.
- Frequency of dose.
- Duration of medicine to be taken.
- Medicine should be rational.
- Poor and marginalized patients/clients list at BHU.

The Head Office has provided quantitative supervisory check list to district managers and sub-managers for supervision and monitoring to improve the quality of services/patient/client satisfaction.

9. *Special Events*



Nawab Ayaz Jomezai Minister PHE visited BHU Murgha Faqirzai, K. Saifullah



Rashid Razaq, CEO visited BHU Mashkaf, Kachhi.



World Bank Mission visited Head Office



Community Health Session BHU Baaz Mohammad, Killa Abdullah



A cultural turban was honoured to CEO by village headman KilliBaz Mohammad, Killa Abdullah



Secretary DOH with Director Pakistan Assistant Program (UAE) visited BHU Wahadat colony, Quetta



Commissioner Zhob Inaugurated BHU Chemaza, Loralai



Secretary Food visited BHU Ghatidoor, Gwadar



PHS visited BHU PirKoh, DeraBugti



DC Kharan awarding best performance to Dr. Qazi Mohammad Yousuf, BHU Hurro



School HS District Zhob



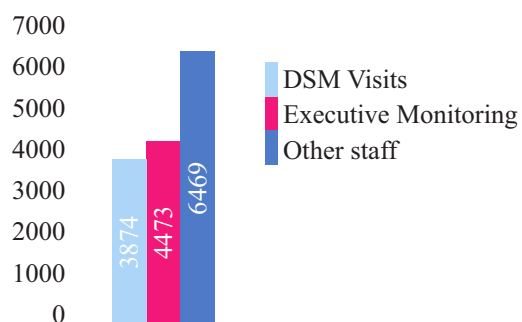
School HS District Zhob

10. Telemedicine facility at BHU Wahdat Colony, Quetta



A view of telemedicine Procedures BHU Wahdat Colony Quetta

11. Monitoring Visits



DSM Kharan visited BHU



Executive M&E Kohlu visited BHU



DSM Kalat visited BHU



DC Kachhi visited BHU Chandar



Executive M&E Killa Abdullah visited BHU

12. PPHI-BALOCHISTAN AT A GLANCE



Free Medical Camp Toisar, Musakhail



SHS in Tamboo, Naseerabad



Inspection of Medicine store, Noshki



School Health session, Pishin



Drinking water facility at BHU FatehPur, JhalMagsi



Support Group Meeting, Chaghi



Monthly Review Meeting, Chaghi



Monthly Review Meeting, Awaran



School Health Session, Pishin



School Health Session, Kech



Community Health session, HafizAbad, Killa Abdullah



Medicine store, Washuk

13. National Immunization Days and PPHI-Balochistan



Inauguration of NIDs, Barkhan



Monitoring of Fix center, Chaghi



Monitoring of Fix center, Sibi



Monitoring of Fix center, Mastung



Polio Walk, DeraBugti



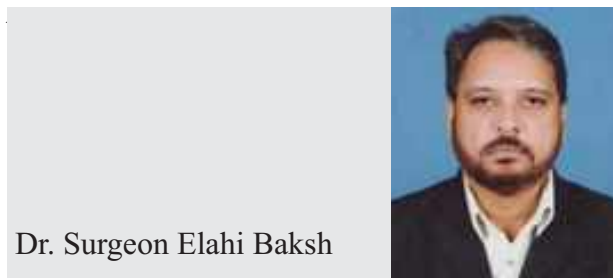
Monitoring of NIDs, Kharan

PPHI Champion

Facilitation in secondary level care at District Head Quarter Hospital Gwadar

Secondary Healthcare refers to a second tier of health system, in which patients from primary health care are referred to specialists in higher hospitals for treatment. In Balochistan, the health centers for secondary health care include Divisional head quarter hospitals, District head quarter hospitals and civil hospitals at block level. The secondary level care facilities are not available in all 48 hospitals of Balochistan, but government of Balochistan has planned a strategy to make these functional in the earliest to provide secondary level health care to the door step of people. The District head quarter hospital Gwadar was one among those secondary health care facilities where there was acute short fall of medical consultants.

The district Gwadar communities requested through Mir Hammal Khan Kalmati MPA to Chief Executive Officer, PPHI-B to hire a consultant to provide secondary level health care facilities at District Head Quarter Hospital Gwadar. PPHI-Balochistan has hired the services of Surgeon Dr. Elahi Bakhsh, he had been retired from that position and continued at that position. Surgeon Elahi Bakhsh was born in 1952 in Gandawah, Jhal Magsi, and Graduated from Bolan Medical College, Quetta and DCS A.F (P.G.M.I) 1985. He remained dedicated, enthusiastic, devoted and committed in his entire service. He had served his substantive part of posting at Divisional head quarter hospital Khuzdar thereby giving better health services



Dr. Surgeon Elahi Bakhsh

during emergency situation his dedication and facilitation has been outstanding.

It is out box activity of PPHI-B providing secondary level care facility at District Head Quarter Hospital Gwadar. The performance report of Surgeon Dr. Elahi Bakhsh for year 2013-14 is under:

S.No	Year	Major Cases		Minor Cases		Indoor Patients	
		Male	Female	Male	Female	Male	Female
1	2013	75	29	330	99	386	225
2	2014	40	18	337	135	295	213
Total		115	47	667	234	681	438

14. BEST PERFORMANCE OFFICIALS



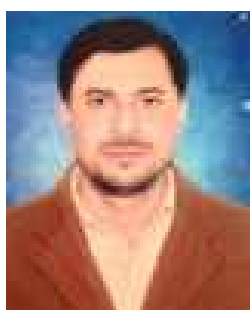
Dr. Arbab Tariq Kasi,

A young energetic physician joined department of health in 2004 and posted as medical Officer at BHU Wahdat Colony Quetta. The motive was to serve the humanity. He is very dedicated, enthusiastic and devoted to provide quality of health care services. He has achieved the given targets in preventive care and curative care.



Mohammed Khan Buzdar,
DSM DeraBugti.

He joined PPHI-B as Executive M&E in 2007 and worked in Districts Musakhail, Sherani, Mastung, Loralai, and Harnai. He has improved primary health care services in DeraBugti. He performed best manager roles to achieve the targets in a far flung area.



Mumtaz Ali Rind,

MA, Executive M&E. Head Office
He joined PPHI-B in August 2006 as Executive M&E, Quetta. He has worked in Districts Mastung, Kachhi, and RSU Sibi. Furthermore, he has best command in reporting and analysis of HO performance based measurement indicators as well as controlling vehicle tracking system. He is keen interested in facilitating the districts in reporting and feedback.



Abdul Qadir Khoso

He joined as Vaccinator BHU Mir Abdul Hameed Khoso Naseerabad in 1989. He is very dedicated, enthusiastic, devoted in his duties. As a health worker he always achieved less than 1 year fully immunized children in catchment population. His performance in polio eradication initiative (NIDs/SNIDs) is at highest level.



Akhter Muhammad,
MA

He joined as Social Organizer, Loralai in 2007. The recognition goes to his community organization, social mobilization and community awareness. He is very hard working and competent in his work, moreover, he is keen interested in field work.



Mohammad Shoaib,
Lab Technician BHU Ahmed Khanzai, BSc
Diploma in Lab Assistant.

He joined as Lab Assistant BHU Ahmed Khanzai, Quetta in 2009. He is the most punctual and dedicated staff in his job.

15. ADDRESSES OF PPHI OFFICES

Head Office PPHI Balochistan

8 A Jinnah Town, Samungli Road, Quetta
Ph #: 081 2863620, 081 2863623, Fax #: 081 2863642, E mail: pphibln@yahoo.com

PPHI Quetta

House No: 281/C51, Jinnah Town, Samungli Road Quetta
Ph #: 081 2863623, Fax #: 081 2863620, E mail: pphiquetta@yahoo.com

PPHI Noshki

Near Kamran Pump, Ghareebabad, Noshki
Ph #: 0825 874079, Fax #: 0825 872911, E mail: pphi.noshki@yahoo.com

PPHI Chagai

Near Police Station, District Chagai at Dalbandin
Ph #: 0825 211826, Fax #: 0825 210084, E mail: pphi.chagai@yahoo.com

PPHI Killa Abdullah

Durrani Plaza, Qandhari Bazar, Chamman
Ph #: 0826 618082, Fax #: 0826 618083, E mail: pphika@gmail.com

PPHI Dera Bugti

Near National Bank of Pakistan, Dera Bugti
Ph #: 0835 410569, Fax #: 0835 410568, E mail: pphi_db@yahoo.com

PPHI Barkhan

Near DPO Office Main Rakhani Road, District Barkhan
Ph #: 0829 668311 Fax #: 0829 668311, E mail: pphi.barkhan@gmail.com

PPHI Washuk

Family Lodges, Quetta Road, Kharan
Ph #: 0847 510957, Fax #: 0847 510957, E mail: pphiwsk@gmail.com

PPHI Kalat

Near Post Office, Kinara Road, Kalat
Ph #: 0844 210817, Fax #: 0844 210678, E mail: dsukalat@hotmail.com

PPHI Kharan

Family Lodges, Quetta Road, Kharan
Ph #: 0847 510831, Fax #: 0847 510677, E mail: pphikharan@yahoo.com

PPHI Loralai

Commissioner's colony near Education office Quetta road, Loralai, Balochistan
Ph & Fax #: 0824 410626, E mail: pphi.loralai@yahoo.com

PPHI Musakhail

Al Mardan Manzil Near B&R Rest House Musakhail
Ph #: 0828 611059, Fax #: 0828 611069, E mail: pphi.musakhail@yahoo.com

PPHI Harnai

Hostel No. 2 Labor Hospital Quetta, Road Harnai
Ph #: 0833 605962, Fax #: 0833 520412, E mail: pphidsuharnai@yahoo.com

PPHI Ziarat

Sara House Near Quaid e Azam Residency, Ziarat
Ph #: 0833 560203, Fax #: 0833 560259, E mail: pphiziarat@yahoo.com

PPHI Zhob Sherani

Jail Road New Appozai Town Block 4 C, Zhob
Ph & Fax #: 0822 413627, E mail: pphizhob.sherani@yahoo.com

PPHI Pishin

Near Boys Degree College, Surkhab Road, Pishin
Ph & Fax #: 0826 440360, E mail: pphipishin@yahoo.com

PPHI Killa Saifullah

Old Civil Hospital Quetta Road, Killa Saifullah
Ph & Fax # 0823 610754, E mail: pphikillasafullah@yahoo.com

PPHI Gwadar

Near New Town Office GWADAR
Ph #: 0864 210049, Fax #: 0864 210628, E mail: pphigwadar@yahoo.com

PPHI Awaran

Near Old DHQ Hospital Main Turbat Road Awaran.
Ph #: 0856 511138, Fax #: 0856 511139, E mail: pphiawaran@yahoo.com

PPHI Lasbella

Near National Bank Of Pakistan, Main RCD Road, UTHAL LASBELLA.
Ph #: 0853 610862, Fax #: 0853610861, E mail: pphiuthal@yahoo.com

PPHI Jaffarabad

Near Social Welfare Office, Dera Allah Yar Jaffarabad
Ph & Fax #: 0838 510946, E mail: pphidsujfd@gmail.com

PPHI Kech

Rakhshan Street Near Director District Audit Office TURBAT.
Ph #: 0852 411209, Fax #: 0852 411426, E mail: pphi.turbat@yahoo.com

PPHI Panjgur

Main Airport Road Near Akbar Khan Bugti Chowk, Chitkan Panjgur.
Ph #: 0855642178, Fax #: 0855642178, E mail: pphipgr@yahoo.co.uk

PPHI Khuzdar

Near Bolan Mining Enterprises, Shahra E Taleem, Khuzdar.
Ph #: 0848 413627, Fax #: 0848 413628, E mail: pphikhuzdar@yahoo.com

PPHI Kachhi

Quetta Road Rind Ali Opposite Shaheen Petroleum Service
Ph & Fax #: 0832 415791, E mail: pphi.bolan@yahoo.com

PPHI Jhal Magsi

Shahal House, Near Election Office, Gandawah
Ph #: 0837 430010, Fax #: 0837 430010, E mail: pphidsujhalmagsi@gmail.com

PPHI Sibi

House # 3 Near Session Judge House Mikangi Road, Sibi
Ph #: 0833 413078, Fax #: 0833 500036, E mail: pphi.sibi@yahoo.com

PPHI Naseerabad

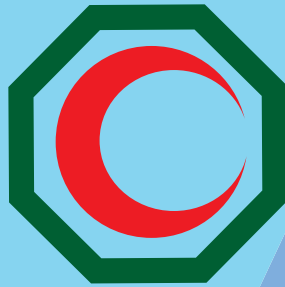
Near DHO, Office, Dera Murad Jamali
Phone #: 0838 711226, Fax #: 0838 711227, E mail: pphi.naseerabad@yahoo.com

PPHI Kohlu

Old DHQ Hospital, Kohlu, Ph #: 0829 667017, Fax #: 0829 667017, E mail: pphidsukohlu@yahoo.co.in

16. PPHI-B IN NEWS AND VIEWS





PPHI

PEOPLE'S PRIMARY HEALTHCARE
INITIATIVE (PPHI) – BALOCHISTAN
Head Office

H# 8-A Jinnah Town Samungli Road, Quetta

Ph#. 0812-863623 & 0812-863624

Fax#. 0812-863642

Email: pplibln@yahoo.com

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

For any Complaints/ Suggestion dial our toll free No: 0800-77711