

# QUARTERLY HEALTH DIARY PPHI BALOCHISTAN

April-June, 2016 Vol: 10



Umeed Ki Kiran



## TEN COMPONENTS OF PRIMARY HEALTH CARE



Community Participation



Health Education



Provision of Safe Drinking Water



Provision of Essential Drugs



Improve Nutritional Status



Curative Care



Immunization



Non-Communicable Diseases



Mental Health



Maternal & Child care

## ABBREVIATIONS

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



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# 1. Dengue Fever, Dengue Virus and Dengue Hemorrhagic fever in Balochistan

*Dr. Mukhtar Zehri*

Dengue fever (DF), Dengue Hemorrhagic fever (DHF) and Dengue shock syndrome have been causing significant and incremental morbidity and mortality in various parts of the world. It was characterized a viral infection in 1906. The incidence of dengue fever has increased dramatically since the 1960s, with around 50–100 million people infected yearly. Early descriptions of the condition date from 1779, and its viral cause and the transmission were elucidated in the early 20th century. Dengue has become a worldwide problem since the Second World War and is endemic in more than 110 countries.

Dengue is endemic in Pakistan with its usual peak incidence in the post monsoon period. In children under 16 years of age it was reported for the first time in Pakistan as an undifferentiated fever in year 1985. The first case of dengue fever in Pakistan was reported in 1994 in Karachi. During 1995 in the industrial area Hubb, Baluchistan 75 cases and 57 deaths were reported. Nearly two decades later, the disease is rapidly assuming the proportions of an epidemic, in Punjab, Sindh, Khyber Pakhtoonkhwa and now in Balochistan. In 2011, Pakistan had the worst strike

of dengue, more than 20,000 cases and 300 deaths were reported officially.

Dengue fever also known as break bone fever is an infectious tropical disease caused by the dengue virus. Symptoms include fever, headache, muscle and joint pains, and a characteristic skin rash that is similar to measles. In a small proportion of cases the disease develops into the life-threatening dengue hemorrhagic fever, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into dengue shock syndrome, where dangerously low blood pressure occurs. As there is no vaccine, prevention is sought by reducing the habitat and the number of mosquitoes and limiting exposure to bites.

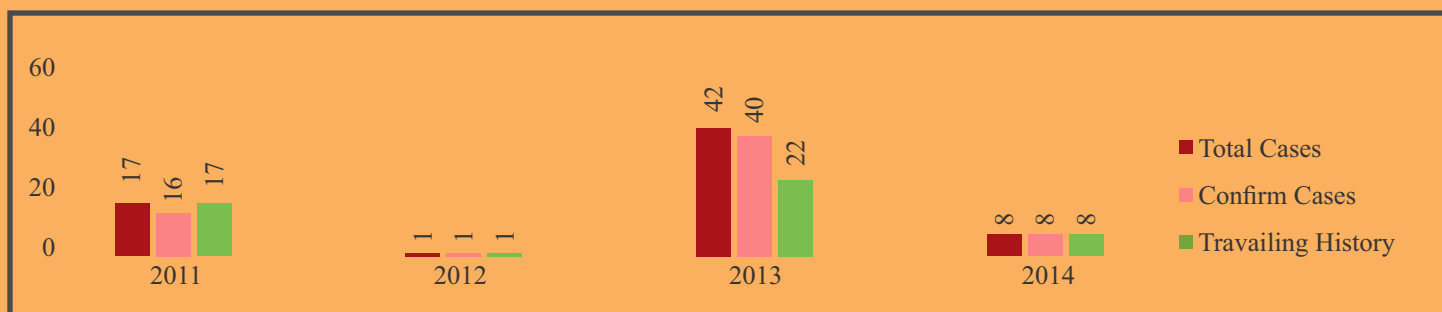
Treatment of acute dengue is supportive, using either oral or intravenous rehydration for mild or moderate disease, and intravenous fluids and blood transfusion for more severe cases. Apart from eliminating the mosquitoes, work is ongoing on a vaccine, as well as medication targeted directly at the virus.

## Joint Field Investigation Report on Dengue Fever Cases in Districts Lasbela, Kech and Gwader

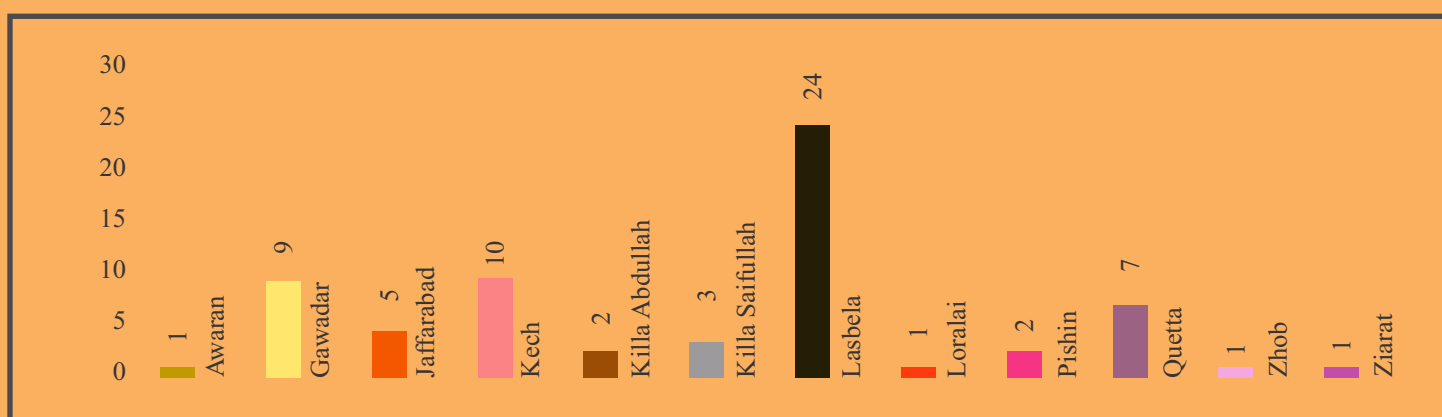
Dr. Mohammed Umar Baloch Secretary Government of Balochistan Health Department has directed to formulate a Joint Field Investigation team on Dengue Fever Cases in Districts Lasbela, Kech and Gwader June 13-20, 2016. The team was composed prominent public health consultants; Dr. Dawood Riaz Baloch National Professional Officer Surveillance & Response WHO Balochistan Quetta and Dr. Abid Saeed Provincial Field Epidemiology & Laboratory Training Program (FELTP) Technical Officer/ Provincial Disease Surveillance & Response Unit Department of Health Balochistan. The team has investigated the districts with or without travel history to Sindh, assessment of present available health care facilities at hospitals to combat dengue suspect and

confirm cases. The active cases finding at public and private hospitals, clinics, laboratories and house to house survey of various union councils of the said districts. The team has shared his report to Dr. Umar Baloch. PPHI-Balochistan is publishing the summary of report is being in published Quarterly Health Diary to aware the stakeholder, health care providers, managers, district health officers and especially District Support Managers to mobilize BHUs support group members, to conduct community and school/ madresah sessions on awareness, control and prevention of Dengue fever. They can print banners and poster on about Malaria and Dengue message in “Taleem e Sehat or Hifzan e Sehat” on Page 101-104.

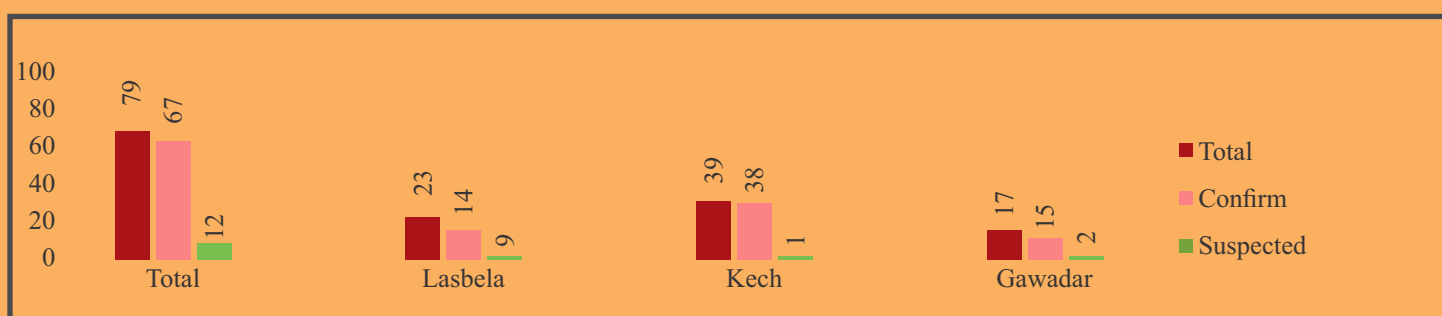
### Dengue cases from 2011-2014 with Respect to Traveling in Balochistan



### District Wise Reported Dengue Laboratory Confirmed cases 2011-2014



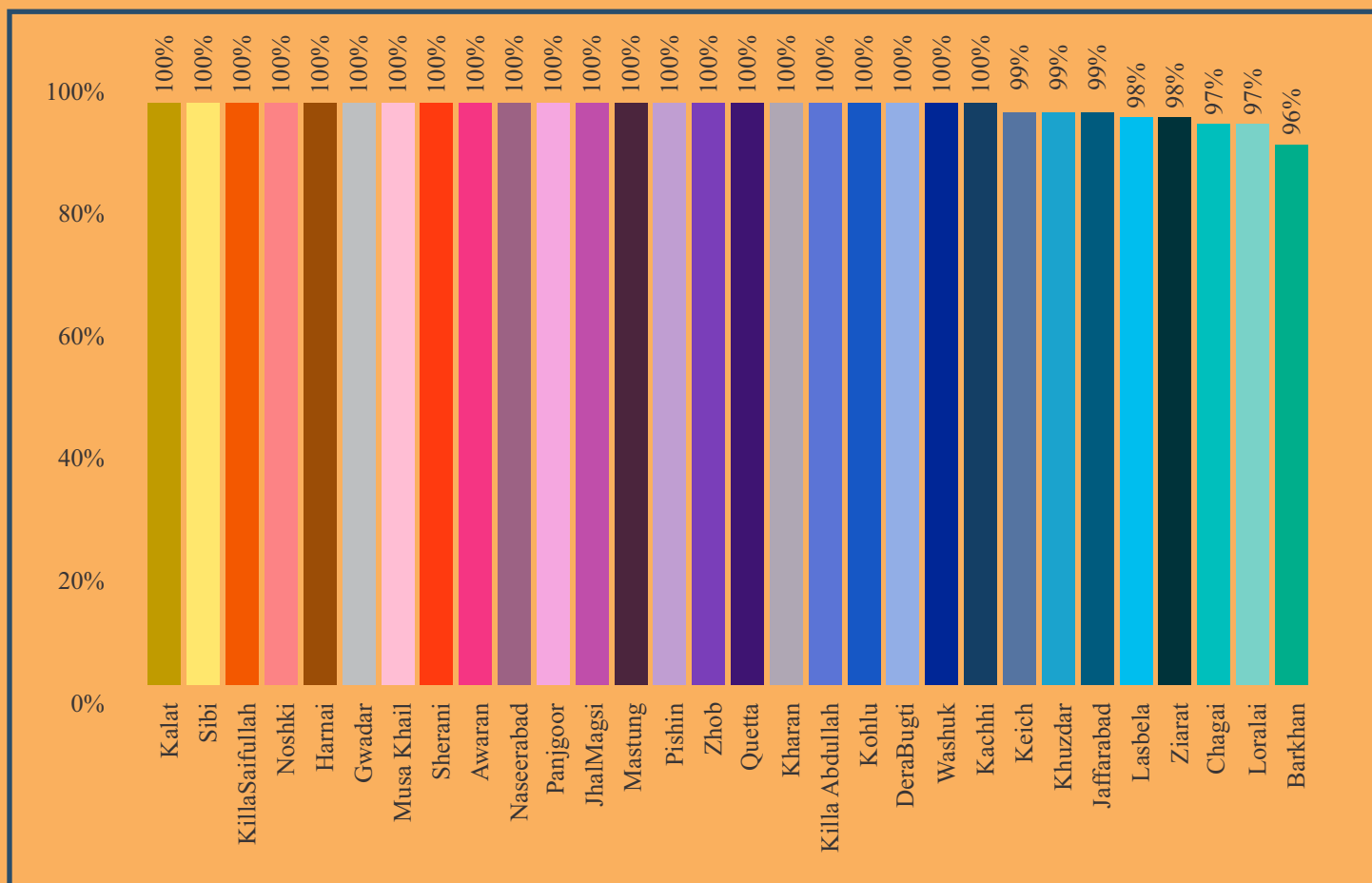
### District wise case Distribution of Dengue districts Lasbela, Kech and Gawadar 2016 Joint Investigation



Source: Joint Field Investigation Report 2016

**PREVENTION AND CONTROL:** Important conventional measures to reduce mosquito bites are wearing full sleeve clothes and long dresses to cover the limbs, use of repellents, coils and electric vapor mats, impregnated bed nets, trap lights, magnetic repellents and curtains cannot be overemphasized. Vector reduction is the most important measure in control of dengue but strategies differ from the ones which are employed for malaria control. Aedes is a domestic mosquito and attempts at spraying pesticides on streets and around the residential areas have forced the mosquitoes to move inside the homes aggravating the situation rather than improving it. Use of Long lasting insecticide-treated materials (LLITMs) which can remain efficacious for under 5 years, as bed nets and window curtains has potential for control of dengue in homes, offices and schools.

## 2. THE DISTRICT HEALTH INFORMATION SYSTEM REPORTING REGULARITY IN 2nd QUARTER OF 2016 (APRIL-JUNE) IS AS FOLLOWING



SOURCE: DHIS REPORTS PPHI-B

The DHIS reporting in BHUs is performing well and 99% facilities are reported in second quarter (April to June) 2016 in PPHI-managed facilities. Now we are looking to cut down errors in reporting from BHUs and audit of information with feedback to the healthcare provider. Two major errors identified in reports of BHU Sailana district Zhob which reported 20000 referred cases in June 2016 and BHU Kan Banglow district Ziarat reported 1615 No. of cases of malnutrition less than 5 years. There is no Homeopathic care facility at any BHU yet some districts like Kalat 12, Khuzdar 57, Lasbela 60, Jhal Magsi 5, Chaghi 5, Kohlu 4, Ziarat 10, Barkhan 47 and Musakhail 1 reported cases for Homeopathic treatment. These errors were identified and conveyed to these districts accordingly.

The timely reporting of more than 608 BHUs/HFs is owing to improvement of health information and management system which has been obtained due to continuous efforts of BHU in-charges, district PPHI teams & DHIS cell in head office. The district manager and head office can use this data in planning, supervision, monitoring & evaluation of health services. The data can be used for research and policy making in the requisite field.

### 3. HEALTH SERVICES PERFORMANCE TARGETS VERSUS ACHIEVEMENTS

#### 3.1 PPHI-Balochistan Health Services Performance Measurements Targets and Achievements in Percentages April-June 2016

S #	Health Services	Quarterly Target	Achievements			Total	Percentage
			April 2016	May 2016	June 2016		
1.	PREVENTIVE CARE						
i.	HEALTH EDUCATION						
a)	Social Group Meetings	990	286	287	292	865	87
b)	Community Health Sessions	990	300	307	297	904	91
c)	School/Madressa Health Sessions	990	305	301	215	823	83
ii.	IMMUNIZATION						
a)	Fully Immunized Children under one year	16089	3803	3425	3751	10979	68
b)	Pregnant Women TT 2	31513	2104	2093	2180	6377	20
iii.	MATERNAL CHILD HEALTH SERVICES						
a)	Antenatal Care 1	31513	8012	7714	6793	22519	71
b)	ANC Women with Hb <10 g/dl		929	818	917	2664	
c)	Antenatal Care Revisit	31513	4862	5064	4067	13993	44
d)	Post Natal Care	31513	3305	3291	2995	9591	30
e)	Complicated Pregnancies cases referred	3151	320	319	268	907	29
iv.	FAMILY PLANNING VISITS	141234	7520	7706	6410	21636	15
2.	CURATIVE CARE						
a)	OPD	814096	300064	291082	267875	859021	106
b)	Under 5 years malnutrition children		2057	1558	1487	5102	
c)	Quarterly Incidence of TB	251				149	59
d)	Hepatitis B&C Screening	0	1493	1596	1426	4515	
e )	Referred cases to Higher Health Facility	28748	2892	3096	1844	7832	27
3.	MONITORING, SUPERVISION& REPORTING						
a)	DIHS Monthly Reporting	1824	599	604	607	1810	99
b)	DSM/ADSM Visits	1080	341	344	346	1031	95
c)	M&E Officer Visits	1260	324	315	344	983	78



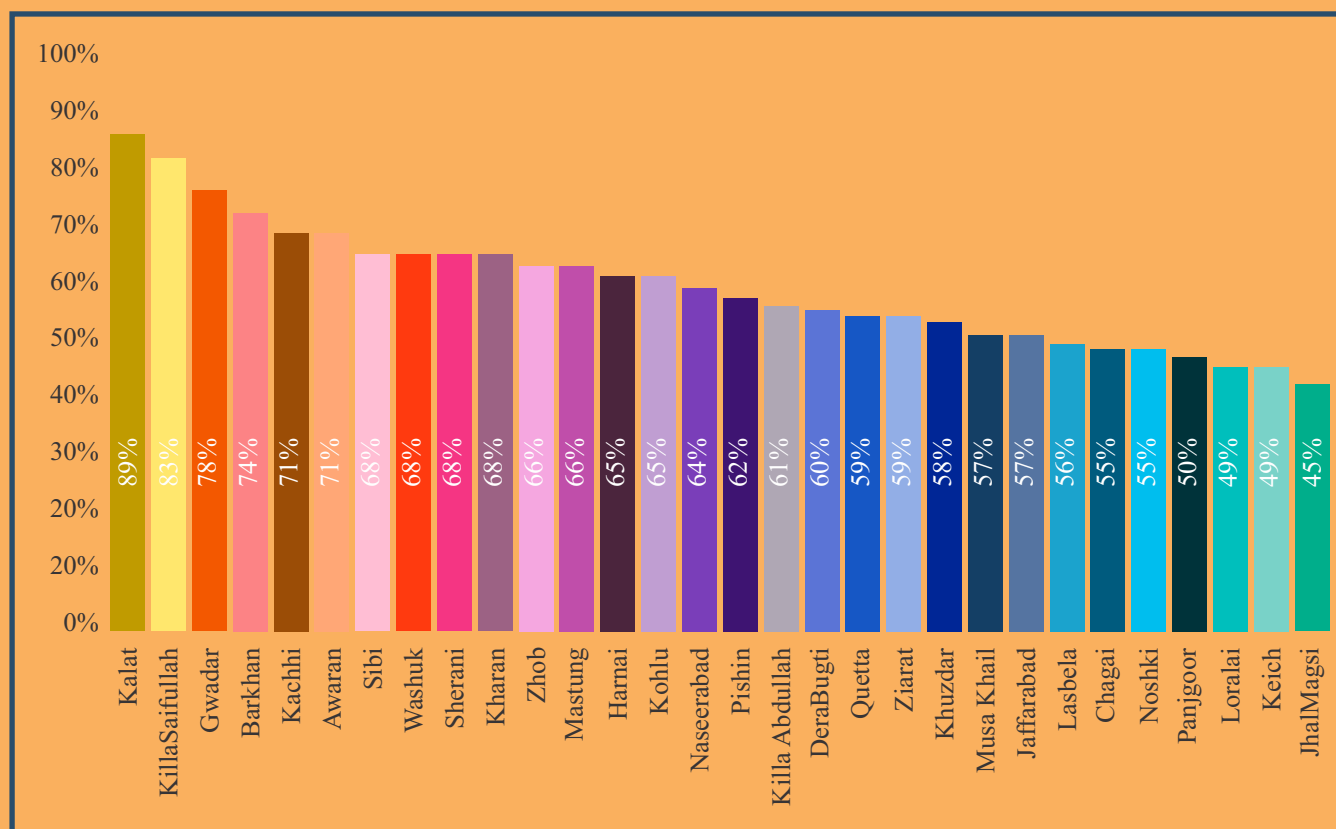
### 3.2 Percentage of Performance Measurement of Achievements of PPHI-B against Targets for District Health Services April-June, 2016

The achievement of PPHI-Balochistan against the set targets regarding delivery of PHC services in second quarter 2016 as compared to first quarter 2016 has been improved. In certain indicators the reporting of Districts was not up to the mark and such district support units were directed to examine their weaknesses, threats and improve their reporting for following indicators:-

1. Ensure 100 % BHUs monthly reporting
2. Report follow up case or old case.
3. At least 5 % of total OPD cases may be reported in referrals to Higher Health Facilities.
4. Stop zero reporting and least 8-10 % of total ANC may be reported in referring complicated pregnancy cases to Higher Health Facilities for saving mothers and their babies.
5. Improve the MCHS
6. Improve the immunization coverage.
7. Stop zero reporting of malnourished children under 5 years

After proper evaluation, the districts Kalat and Killa Saifullah ranked as “Excellent”, Gwadar, Barkhan, Kachhi, Awaran as “Best”, Sibi, Washuk, Kharan, Sherani, Mastung, Zhob, Kohlu, Harnai, Naseer Abad, Pishin, Killa Abdullah, Dera Bugti, as “Better”, Quetta, Ziarat, Khuzdar, Musa Khail, Jaffar Abad, Lasbela, Chagai, Noshki, Panjgoor as “Good” while, Loralai, Kech and Jhal Magsi as “Poor”.

#### DISTRICT HEALTH SERVICES PERFORMANCE MEASUREMENTS ACHIEVEMENTS IN PERCENTAGES April TO June, 2016



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

### 3.3 District Health Services Performance Measurements Targets and Achievements in Percentages April to June, 2016 (continued)

S.No	Districts	No. of BHUs	Preventive care									
			Health Education			Immunization		MCH				
			SG Meetings	CHSs	SHSs	Fully < 1 yr	TT 2	ANC 1	ANC Revisit	PNC	Referred Complicated. Pregnancy cases	Family Planning visits
1	Kalat	14	100	100	100	140	61	82	64	70	102	64
2	K. Saifullah	15	100	100	100	117	51	71	67	41	50	10
3	Gwadar	22	100	100	100	65	4	71	48	20	72	30
4	Barkhan	7	100	100	100	0	9	64	53	47	0	64
5	Kachhi	11	94	92	67	79	21	93	61	32	0	22
6	Awaran	7	100	100	72	24	24	68	53	27	39	65
7	Sibi	15	100	94	67	33	28	50	69	13	83	19
8	Washuk	19	100	100	89	108	15	50	28	26	0	10
9	Kharan	14	67	100	100	61	22	53	28	37	52	25
10	Sherani	10	94	100	100	64	0	36	30	27	32	3
11	Mastung	14	94	100	100	33	38	46	36	37	26	16
12	Zhob	16	94	100	94	64	15	68	46	40	33	5
13	Kohlu	33	100	100	100	2	0	84	63	5	1	17
14	Harnai	6	100	100	77	146	41	30	23	21	0	20
15	Naseerabad	15	100	100	67	102	28	55	35	15	24	12
16	Pishin	30	100	100	100	37	5	60	54	51	7	9
17	K. Abdullah	36	86	91	97	112	17	14	6	3	25	1
18	Dera Bugti	30	100	100	76	52	9	61	27	9	47	8
19	Quetta	37	67	75	94	117	16	66	36	17	0	31
20	Ziarat	14	33	100	100	59	10	36	50	22	0	23
21	Khuzdar	42	100	100	100	56	4	29	11	7	0	8
22	Musa Khail	21	100	100	100	43	1	20	5	11	26	3
23	Jaffarabad	38	61	58	36	31	18	65	20	18	17	9
24	Lasbela	42	67	81	81	143	22	24	29	4	0	28
25	Chagai	12	86	100	100	24	17	20	18	9	5	6
26	Noshki	10	60	57	56	65	16	95	77	42	0	12
27	Panjgur	19	80	80	50	34	16	31	6	4	18	7
28	Kech	37	94	92	67	28	12	27	15	7	52	9
29	Loralai	34	97	89	89	0	0	34	10	10	16	4
30	Jhal Magsi	11	33	83	50	10	3	18	2	6	0	13
Total		631										

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

# District Health Services Performance Measurements Targets and Achievements in Percentages April to June, 2016

S.No	Districts	No. of BHUs	Curative Care					Monitoring, Supervision and Reporting			BHUs Utilization Rate	District Rating	Category of Districts
			OPD	NO.<5 years malnourished children	Hepatitis B&C Screened cases	Quarterly TB Cases	Referrals	Monthly DHIS reporting	DSMs/ADSM Visits	M&E Officer Visits			
1	Kalat	14	114	41	260	-	52	100	100	0	143	89	A=80-89
2	K. Saifullah	15	101	504	308	-	113	100	100	100	104	83	A=80-89
3	Gwadar	22	100	0	61	0	97	100	100	95	142	78	B=70-79
4	Barkhan	7	115	79	0	11	214	95	100	81	48	74	B=70-79
5	Kachhi	11	107	0	0	-	35	100	100	0	167	71	B=70-79
6	Awaran	7	97	0	2	-	73	100	85	71	139	71	B=70-79
7	Sibi	15	100	198	56	1	32	100	100	81	123	68	C=60-69
8	Washuk	19	120	1178	0	-	5	100	98	93	146	68	C=60-69
9	Kharan	14	115	34	61	14	21	100	88	100	117	68	C=60-69
10	Sherani	10	127	8	0	-	186	100	0	100	86	68	C=60-69
11	Mastung	14	94	0	162	7	62	100	77	97	98	66	C=60-69
12	Zhob	16	107	372	0	-	51	100	78	100	57	66	C=60-69
13	Kohlu	33	120	0	39	3	76	100	98	93	87	65	C=60-69
14	Harnai	6	112	0	0	-	0	100	100	0	106	65	C=60-69
15	Naseerabad	15	94	25	0	10	39	100	100	0	84	64	C=60-69
16	Pishin	30	111	0	383	-	9	100	100	90	70	62	C=60-69
17	K. Abdullah	36	168	262	0	6	25	100	69	81	78	61	C=60-69
18	Dera Bugti	30	94	66	0	6	5	100	100	0	106	60	C=60-69
19	Quetta	37	104	406	788	51	28	100	100	62	95	59	D=50-59
20	Ziarat	14	90	0	0	-	39	98	100	93	84	59	D=50-59
21	Khuzdar	42	98	729	9	-	19	99	97	81	118	58	D=50-59
22	Musa Khail	21	105	180	0	2	24	100	100	92	81	57	D=50-59
23	Jaffarabad	38	109	132	204	33	11	99	100	100	153	57	D=50-59
24	Lasbela	42	105	67	39	-	3	98	97	66	98	56	D=50-59
25	Chagai	12	116	96	38	-	23	97	100	81	72	55	D=50-59
26	Noshki	10	111	48	71	0	8	100	100	0	87	55	D=50-59
27	Panjgur	19	108	16	93	3	23	100	100	78	65	50	D=50-59
28	Kech	37	90	57	250	-	3	100	100	62	72	49	E=40-49
29	Loralai	34	94	589	373	-	15	97	102	56	67	49	E=40-49
30	Jhal Magsi	11	99	25	31	0	57	100	100	71	74	45	E=40-49
	<b>Total</b>	<b>631</b>		<b>5112</b>	<b>3089</b>	<b>149</b>							

- No TB Health Care Facility 0 = Non reporting TB Health Care Facility  
Under 5 years malnourished children, Hepatitis B & C Screened cases & TB cases are in numbers  
A1= Supper, A = Excellent, B = Best, C= Better, D = Good, E = Poor

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

## 4. DETAIL OF HEALTH INFRASTRUCTURE IN BALOCHISTAN

No. of Districts with PPHI-B 32  
No. of BHUs/ Health Facilities with PPHI-B 631

Sr. #	Description	Total HFs	With PPHI-B
i)	Teaching Hospitals	9	0
ii)	Divisional HQ Hospitals	2	0
iii)	District HQ Hospitals	23	0
iv)	TB Clinics	23	0
v)	50-Beded Hospitals	4	0
vi)	Civil Hospitals	12	0
vii)	Rural Health Centers	101	1
viii)	Basic Health Units	641	627
ix)	Basic Health Units 24/7 MCH Plus		(36)
x)	Civil Dispensaries	541	3
xi)	MCHCs	92	0
xii)	Other HFs	37	0
xiii)	Health Houses (LHWs)	6720	0
<b>TOTAL</b>		<b>8205</b>	<b>631</b>

SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

### Maintenance of Physical Infrastructure of Health Facilities



Repair and renovation of BHU Jamak Kharan



Repair and renovation of BHU Absar, Keich



Repair and renovation of BHU Musa Jan, Loralai



Repair and renovation of Noor Pur, Jaffar Abad

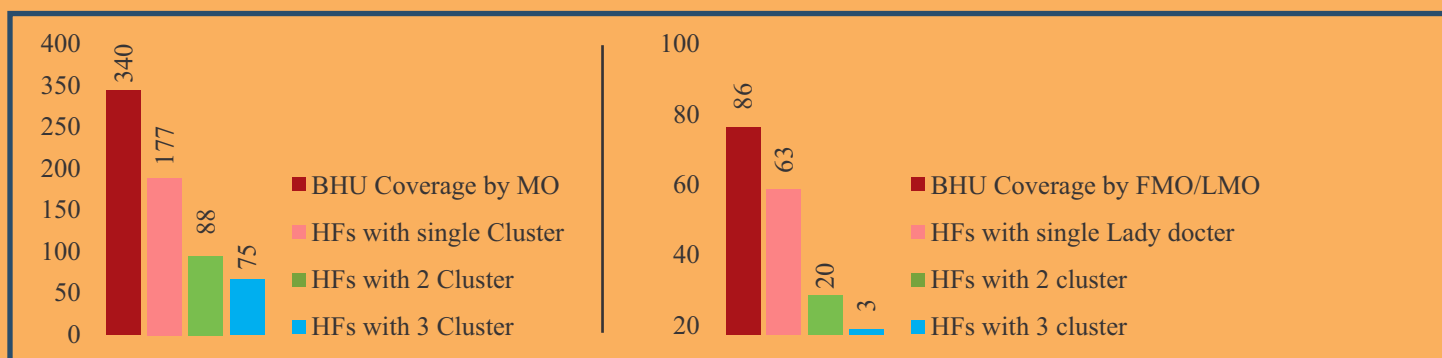


## 5. HUMAN RESOURCE DEVELOPMENT

### 5.1 Detail of sanctioned posts, contract employees and vacant positions

S #	Healthcare Provider		Sanctioned Posts	Working	Government Employees	PPHI Contract	% PPHI Staff	Vacant
1	MOs		582	246	171	75	30 %	336
2	LMOs		105	74	46	28	38 %	31
3	Dental Surgeon		1	1	1	0	0	0
Total			688	321	218	103		
4	Social Organizers		0	55	0	55	100%	0
5	LHVs		368	314	169	145	46 %	54
6	MTs	Male	503	472	333	139	29 %	31
		Female	350	223	190	33	15 %	127
7	Dispensers		331	381	251	130	34 %	(50)
8	Vaccinators		286	436	247	189	43%	(150)
9	Lab Assistants		5	63	3	60	95%	(58)
10	X-Ray Assistant		3	2	2	1	0	0
Total			1846	1946	1195	752		

### 5.2 Medical Officers/ Female Medical Officers/Lady Medical Officers coverage



OPD at a BHU Patkin Kharan



OPD at BHU Rakhni, Barkhan



Male OPD at a BHU Dashat Kombila Mastung



Female OPD at BHU Soorat Abad District Kohlu



Male OPD at BHU Killi Mangal, Nushki



Female OPD at BHU Mishkaf, Pishin

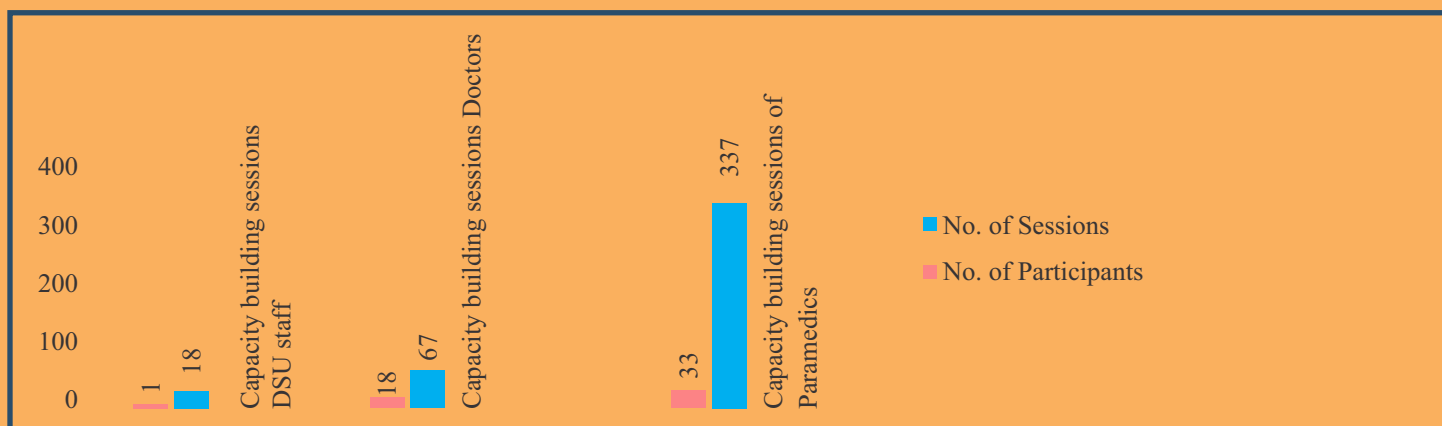


OPD at BHU Panhwer, Jaffar Abad



OPD at BHU District Chaghi

### 5.3 CAPACITY BUILDING



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

#### 5.3.1 Trickle down Trainings of District Staff on CMAM, IYCF and Micro Nutrient

Capacity building of the healthcare providers and supervisors is one of the key areas identified for successful and smooth implementation of nutrition program and other activities at BHUs. Five days training was organized by Balochistan Nutrition Program for Mothers and Children with coordination of PPHI-B in Seven (7) districts. The trainings were conducted at each district level, a group of master trainers on Community-based Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding (IYCF), Mid Upper Arm Circumference (MUAC), Severe Acute Malnutrition (SAM) and Micronutrients which were trained in nutrition, conducted the training.

In this regard two hundred fourteen (214) health care provider including; medical officers, lady medical officers, lady health visitors, female medical technician, medical technician and dispensers from one hundred and five (105) targeted BHUs of seven selected districts where trained. Now they are able to establish and run smoothly Out Patient Therapeutic Programs (OTPs) at BHUs.

The five days training in targeted districts was essential for enhancing and polishing the capabilities of participants under the supervision of most experienced facilitators. The comprehensive reports of respective districts were collected and compiled by Dr. Amir Bakhsh Baloch the Focal Person of BNPMC. These reports vividly explain the physical arrangements, quality, preparedness and knowledge of facilitators/trainers, strength and gaps as well as the list of participants. The summary of these reports reflect the effort of enhancing capacity building of the participants.

#### 5.3.2 One Day Orientation Workshop on Balochistan Nutrition Program for Mothers and Children

The one day orientation workshop on Balochistan Nutrition Program for Mothers and Children was held at head office Quetta. The main objective of workshop was enhancing and developing the capacity of the newly appointed District Focal Persons and District Support Managers. The fourteen participants from seven targeted districts attend the Nutrition workshop.

The Objectives of the workshop were;

- i. Orientation of the project activities, terminologies and timeline
- ii. Establishment of OTPs, CMAM and stabilization centers
- iii. Coordination mechanism with other stakeholders in the districts



- iv. Reporting mechanism according to performance indicators
- v. Logistic and financial management
- vi. Monitoring, reporting and evaluation of the project activities

The Chief Executive Officer, Chief Operating Officer, Public Health Specialist and Focal Person of Nutrition Program of Balochistan PPHI shared their valuable thoughts.

### **5.3.3 Three Days Training for District Nutrition Officers and District Focal Persons Nutrition of PPHI-B**

Three Days Orientation Training for District Nutrition Officers and District Focal Persons Nutrition of PPHI-B was organized by Project Management Unit, Balochistan Nutrition Program for Mothers and Children. The objective of the training was to prepare the supervisory staff for establishing, monitoring and evaluating and health education, community mobilization and identification of SAM, CMAM, and MUAC as well as macro and micro nutrition deficiencies.



Participants with Five Day Nutrition Training for Health Care Providers Sibi



Five Day Nutrition Training for Health Care Providers Nushki



Five Day Nutrition Training for Health Care Providers Killa Saif Ullah



Five Day Nutrition Training for Health Care Providers Kharan

### **5.3.4 TB Diagnosis and Management for BHUs Health Care Provider**

For proper control and end TB, the National & provincial TB control programs have started implementation of DOTs strategy through primary health care by providing TB diagnosis and management services in BHUs and other health facilities. The TB control program Balochistan has declared 30 BHUs in fifteen (15) districts as “T.B Health Care Facility”. The TB control Balochistan has up graded fifteen (15) BHUs in 2016 in nine Districts as TB Health Care Facility, conducted 3 days training on



TB Diagnosis and Management for medical officers, paramedics and 10 days training of Laboratory Assistants were completed. The TB Health Care Facility has been provided all sought of logistics, these BHUs/TB Health care facilities has started functioning from July 1, 2016.

### **5.3.5 Three Months Lady Health Visitors Training at Qatar Hospital Karachi**

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

The head office PPHI-Balochistan in collaboration with Institute of Development Studies and Practices Pakistan (IDSP) has arranged three (3) months' duration training for LHV's and FMTs in Qatar Hospital, Karachi. Five batches of 72 LHV's and FMTs have successfully completed their three (3) months training in Qatar Hospital Karachi. Head office is planning the training for 6th batch of fifteen (15) LHV's with IDSP which will be commenced from third week of August 2016.

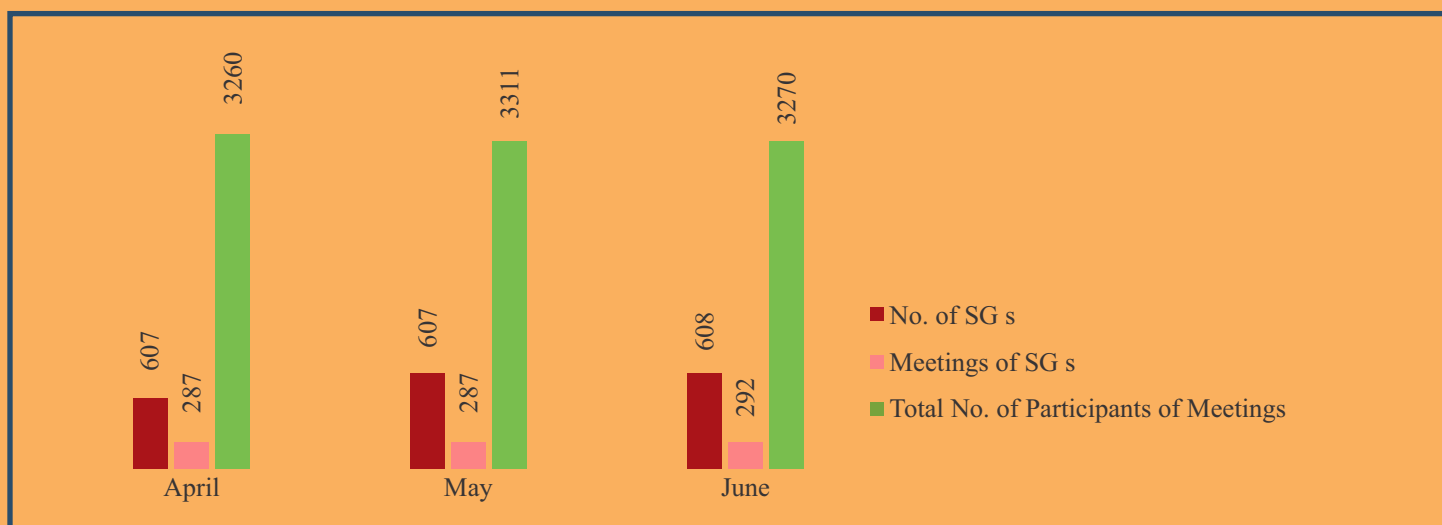


*Group Photo of LHV's completed three (3) months training on MNCH at Qatar Hospital Karachi with collaboration of Institute for Development Studies & Practices Pakistan*

## 6. PREVENTIVE & PROMOTIONAL SERVICES

### 6.1 HEALTH EDUCATION

#### 6.1.1 SUPPORT GROUP MEETINGS



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



Support Group Meeting, District Gwadar



Support Group Meeting, District Kharan



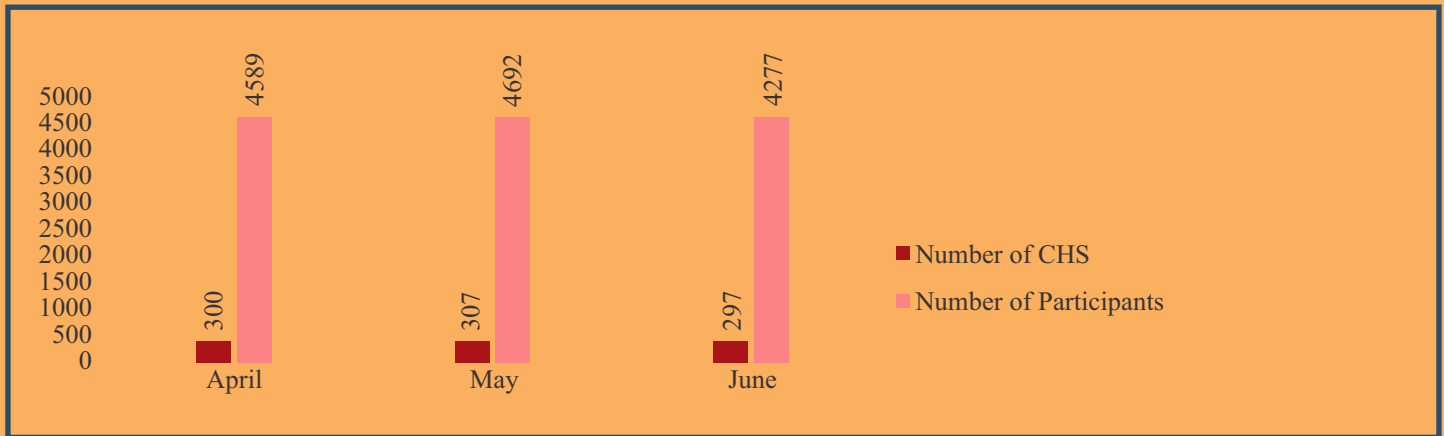
Support Group Meeting, District Nushki



Support Group Meeting, District Sherani



## 6.1.2 COMMUNITY HEALTH SESSIONS



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



Community Health Session at District Jaffarabad



Community Health Session at District Kohlu

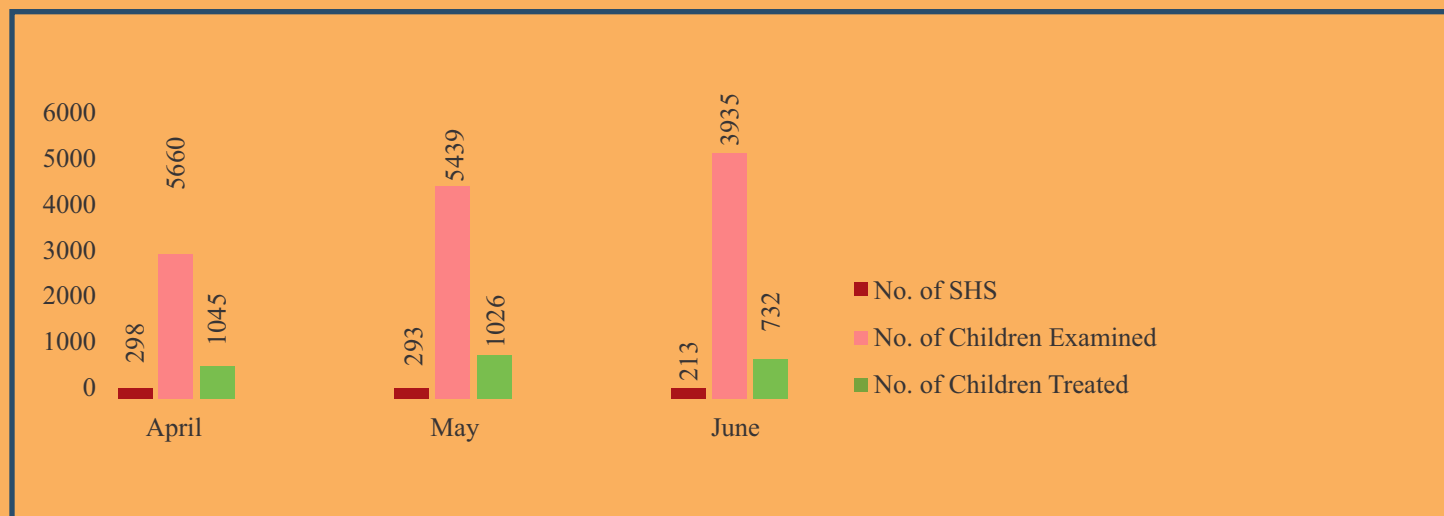


Community Health Session at District Mastung



Community Health Session at District Naseer Abad

### 6.1.3 SCHOOL/ MADRASSA HEALTH SESSIONS AND CHILDREN TREATED



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



School Health Session at District Khuzdar



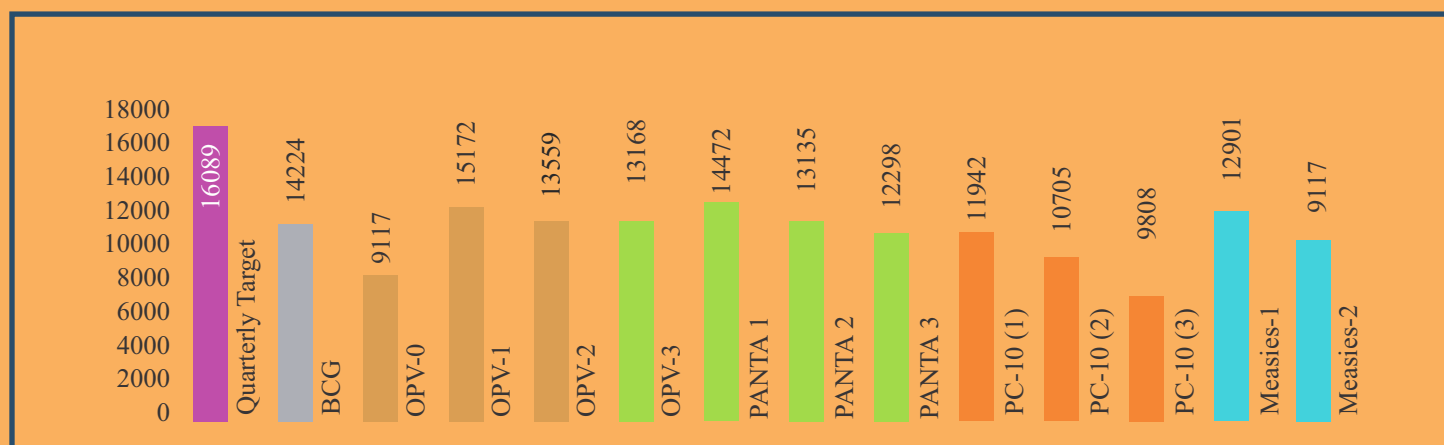
School Health Session at District Kachhi



School Health Session at District Harnai

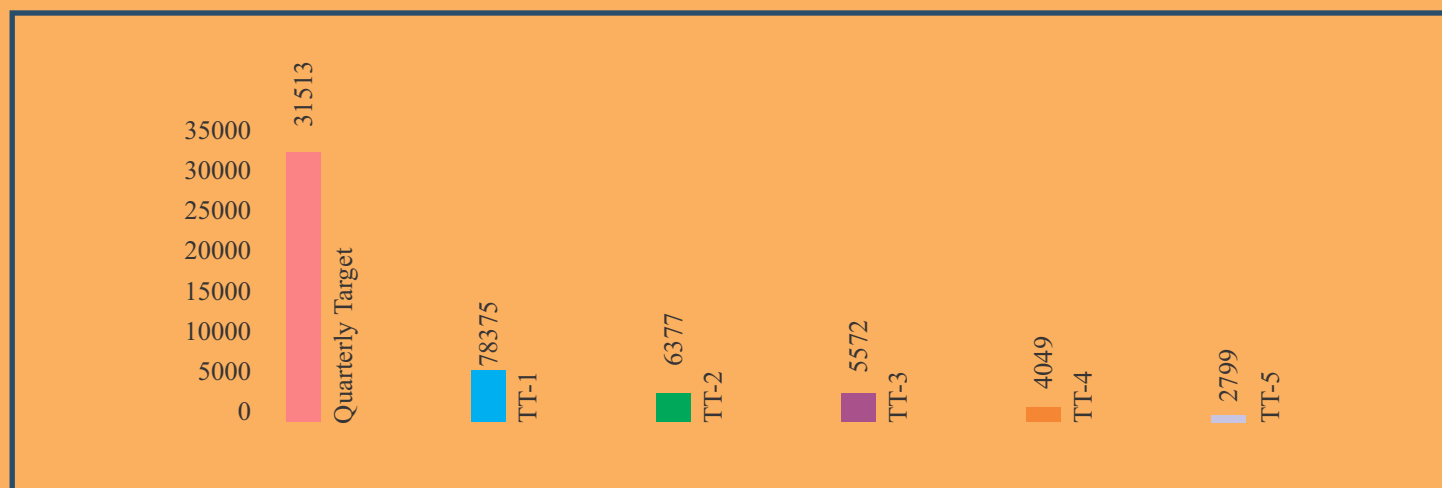


## 6.2 IMMUNIZATION JANUARY TO JUNE, 2016



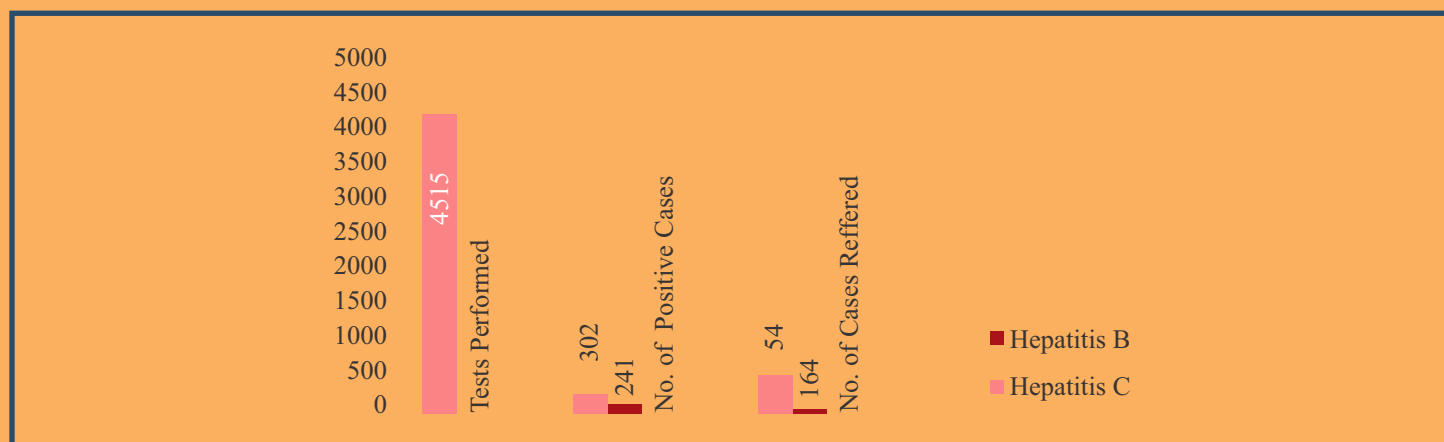
SOURCE: SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

## 6.3 TT Vaccination



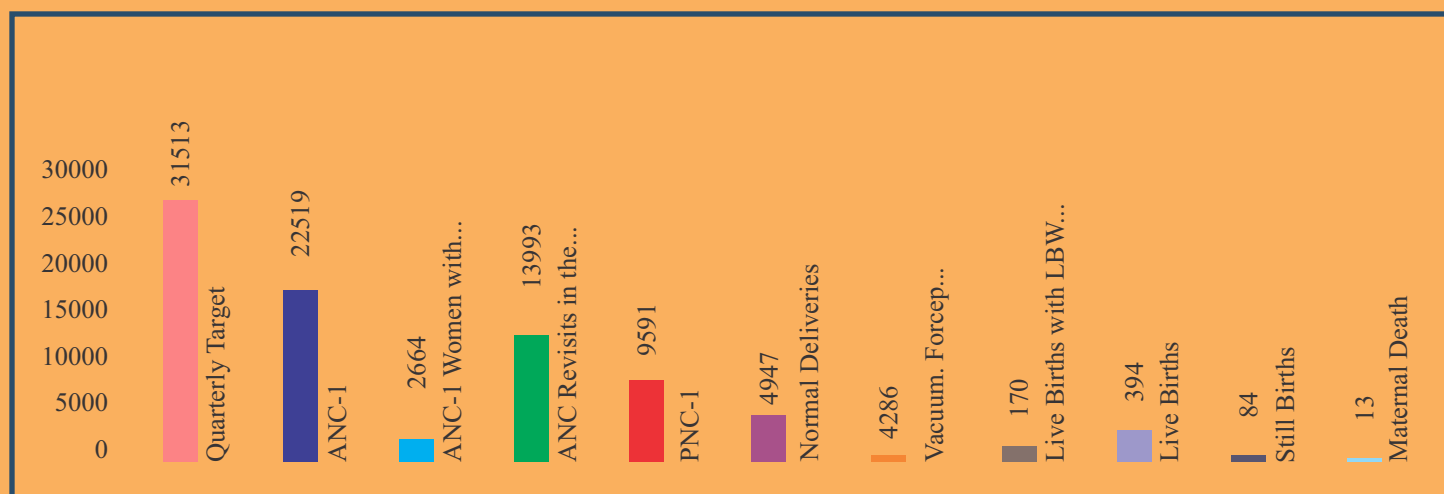
SOURCE: DHIS REPORTS PPHI-B

## 6.4 HEPATITIS B & C SCREENING



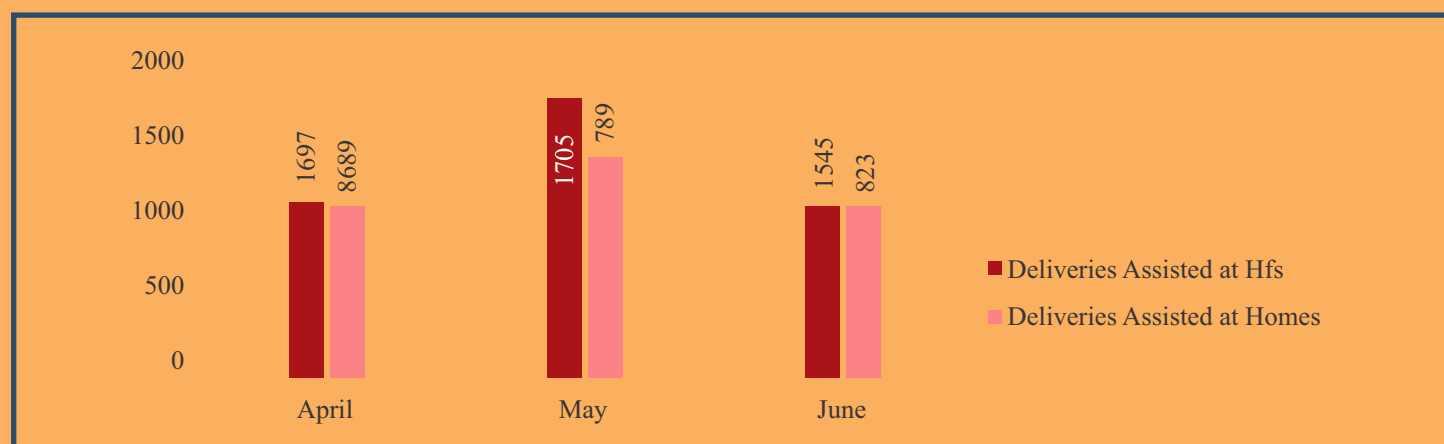
SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

## 6.5 MOTHER CHILD HEALTHCARE



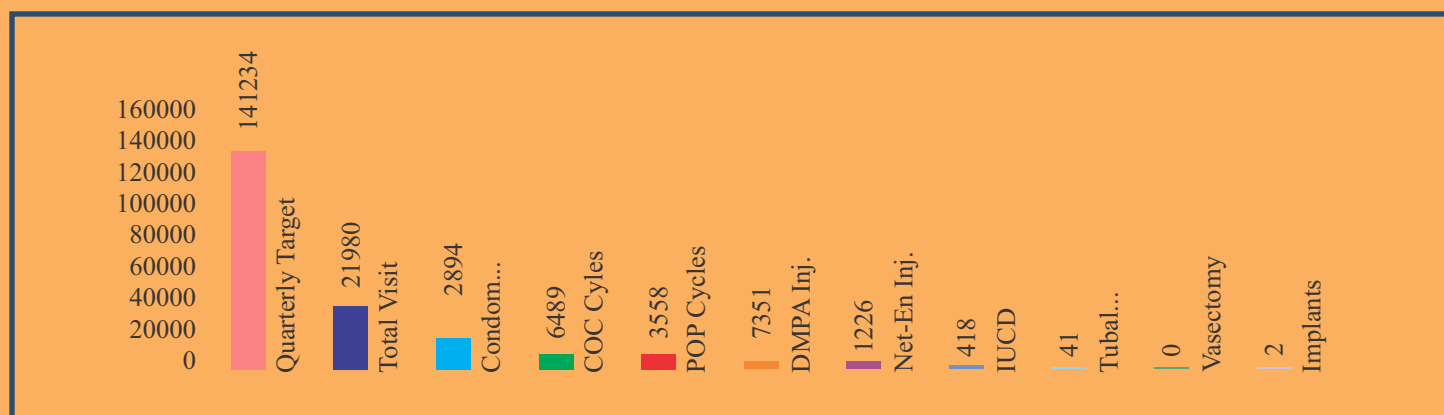
SOURCE: DHIS REPORTS PPHI-B

## 6.6 DELIVERIES CONDUCTED



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

## 6.7 FAMILY PLANNING



SOURCE: DHIS REPORTS PPHI-B

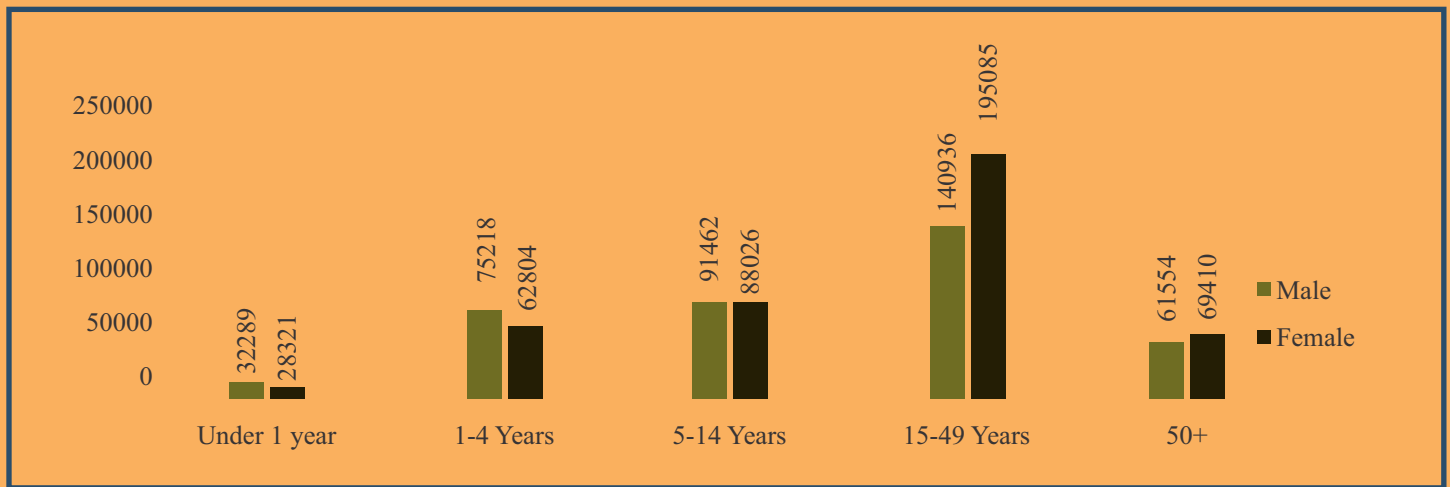
## 7. CURATIVE SERVICES

### 7.1. DETAIL OF OPD IN THE DISTRICTS WITH BREAKUP OF MALE, FEMALE, FOLLOW-UP CASES, REFERRALS AND CASES OF UNDER 5 YEARS MALNOURISHED CHILDREN.

S.No	District	M (new cases)	F(new cases)	Follow-ups	Referrals	Total OPD	No. of cases of <5 year Malnourished Children
1	Awaran	7137	7982	670	409	15119	0
2	Barkhan	3918	2538	205	433	6456	79
3	Chaghi	6618	5775	154	88	12393	96
4	Dera Bugti	17322	12317	206	61	29639	66
5	Gawadar	17410	20198	1035	97	37608	0
6	Harnai	4159	3852	9	0	8011	0
7	Jaffarabad	37378	41845	1083	296	79223	132
8	Jhal Magsi	7327	6001	238	275	13328	25
9	Kachhi	9195	10696	391	236	19891	0
10	Kalat	12713	13092	1048	419	25805	41
11	Kech	19297	26101	487	47	45398	57
12	Kharan	8479	7065	313	100	15544	34
13	Khuzdar	30109	30977	658	437	61087	729
14	K. Abdullah	20937	26912	2480	257	47849	262
15	K. Saifullah	7935	7793	379	778	15728	504
16	Kohlu	12291	6652	48	435	18943	0
17	Lasbela	19610	23047	275	41	42657	67
18	Loralai	14841	13493	688	157	28334	589
19	Mastung	9481	11809	680	505	21290	0
20	Musakhail	10069	6445	188	135	16514	180
21	Naseerabad	12339	13917	1455	390	26256	15
22	Noshki	5342	8610	455	36	13952	48
23	Panjgoor	14486	19406	1900	264	33892	16
24	Pishin	21170	24429	201	129	45599	0
25	Quetta	32537	54226	1493	828	86763	406
26	Sherani	3229	2807	467	488	6036	8
27	Sibi	9966	11084	667	243	21050	198
28	Washuk	10916	11861	319	34	22777	1178
29	Zhob	6797	5500	936	209	12297	372
30	Ziarat	8451	7216	159	244	15667	0
<b>Total</b>		<b>401459</b>	<b>443646</b>	<b>19287</b>	<b>8071</b>	<b>845105</b>	<b>5102</b>

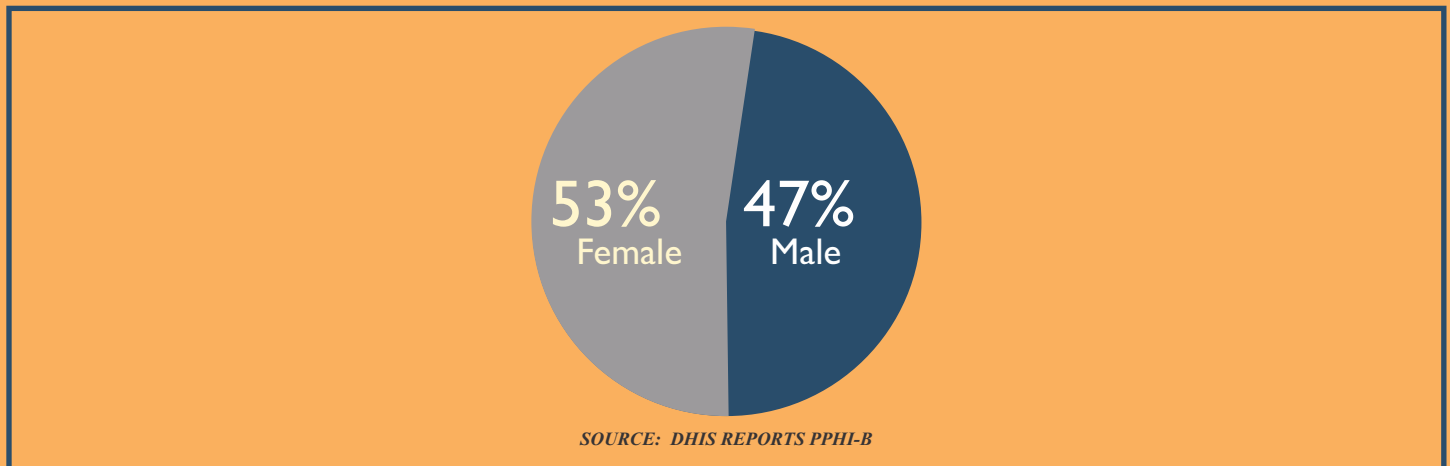
SOURCE: DHIS REPORTS PPHI BALOCHISTAN

## 7.2 AGE AND SEX WISE NEW CASES



SOURCE: DHIS REPORTS PPHI-B

## 7.3 NEW PATIENT'S DISTRIBUTION BY SEX



SOURCE: DHIS REPORTS PPHI-B



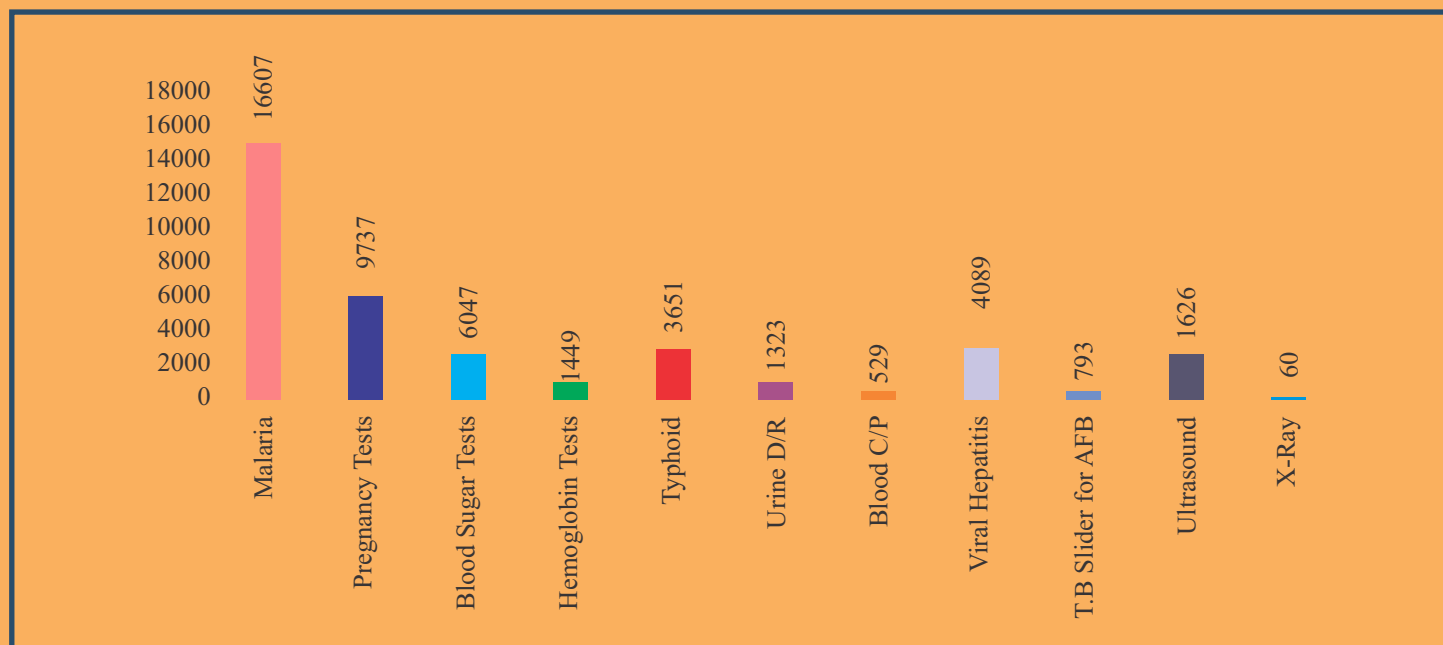
Blood Collection Camp at BHU Shadoband Gwader



Clinical Laboratory, BHU District Jaffar Abad

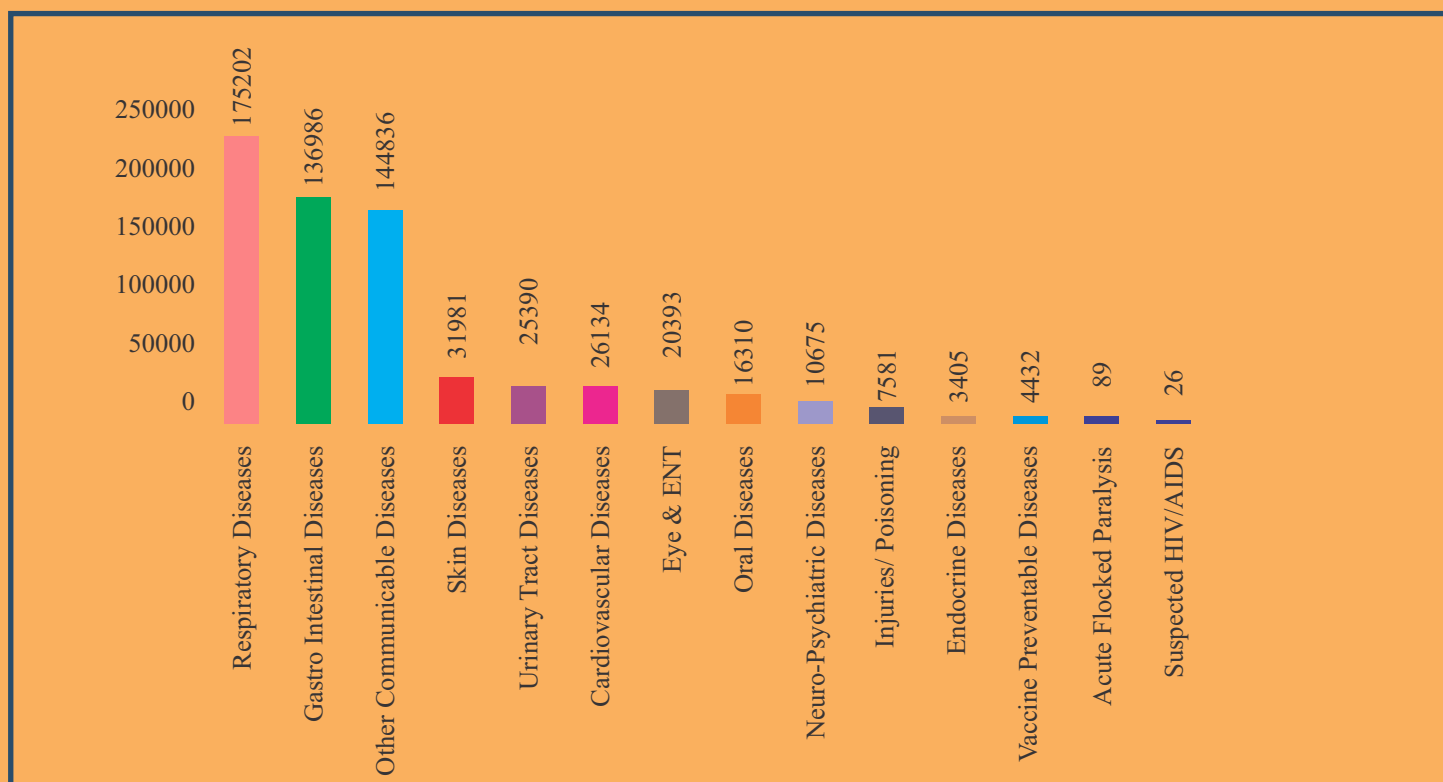


## 7.4 LAB/ DIAGNOSTIC TESTS



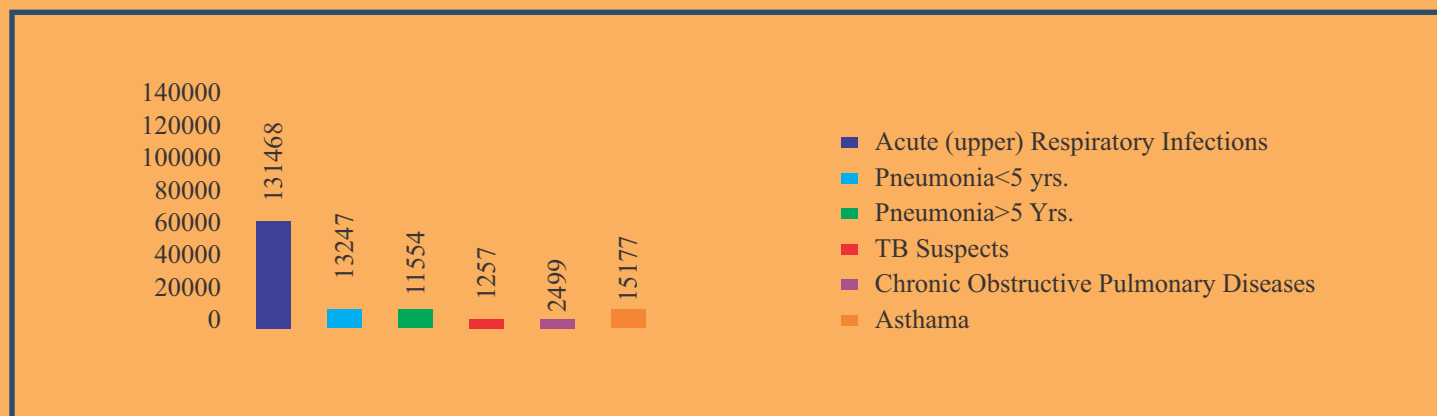
SOURCE: DHIS REPORTS PPHI-B/ F1 TO F13 REPORTING SYSTEM PPHI-B

## 7.5 PATTERN OF DISEASES



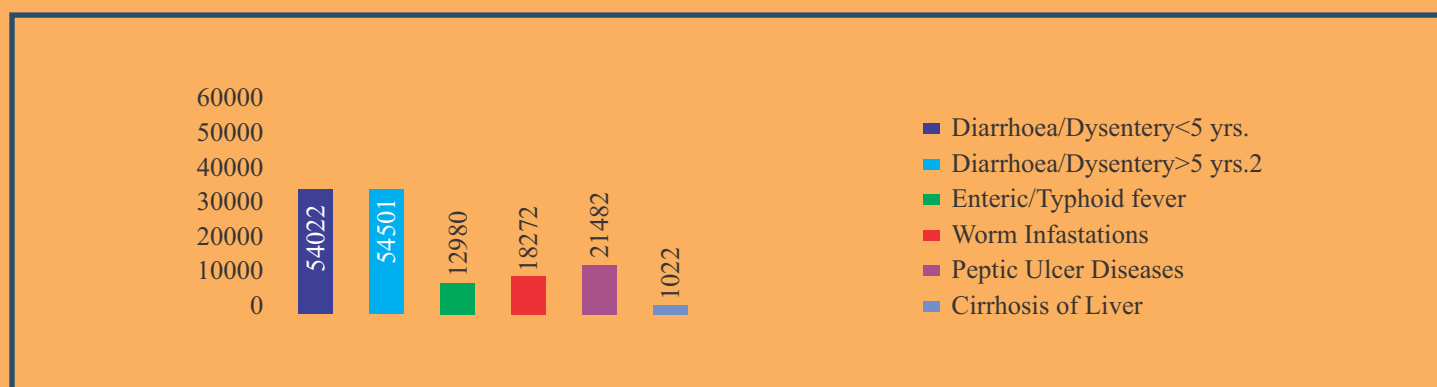
SOURCE: DHIS REPORTS PPHI-B

## 7.6 Respiratory Diseases



SOURCE: DHIS REPORTS PPHI-B

## 7.7 Gastro Intestinal Diseases



SOURCE: DHIS REPORTS PPHI-B

## 7.8 Other Communicable Diseases

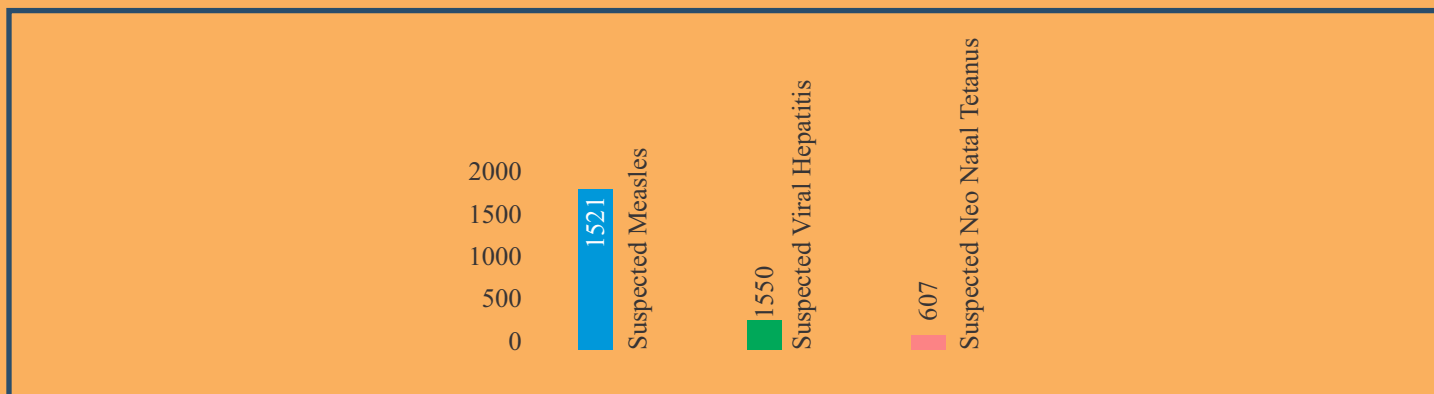


## 7.9. Urinary Tract Diseases/ Cardiovascular Diseases



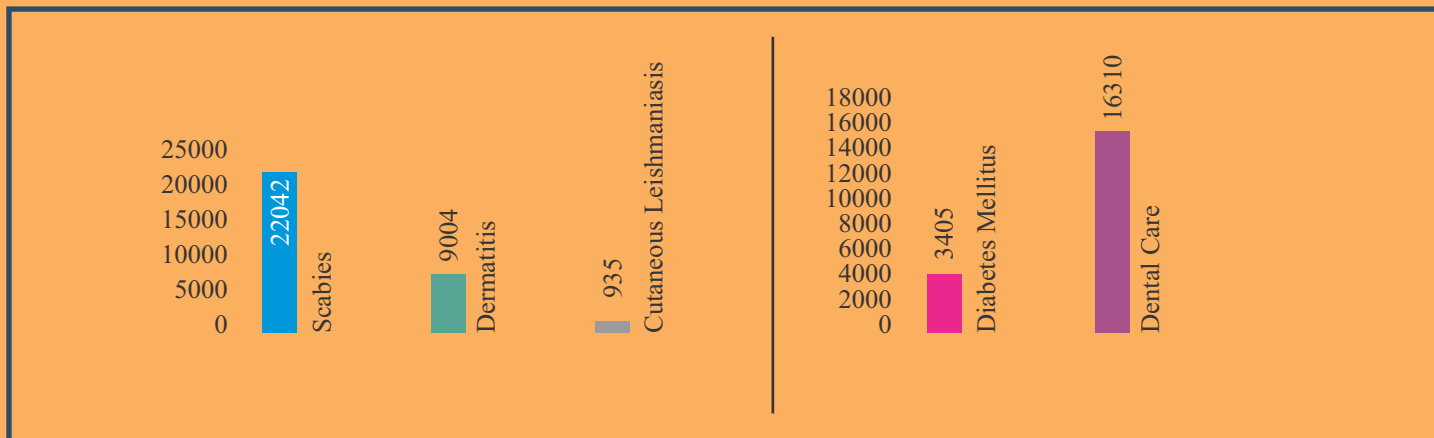
SOURCE: DHIS REPORTS PPHI-B

## 7.10. Vaccine Preventable Diseases



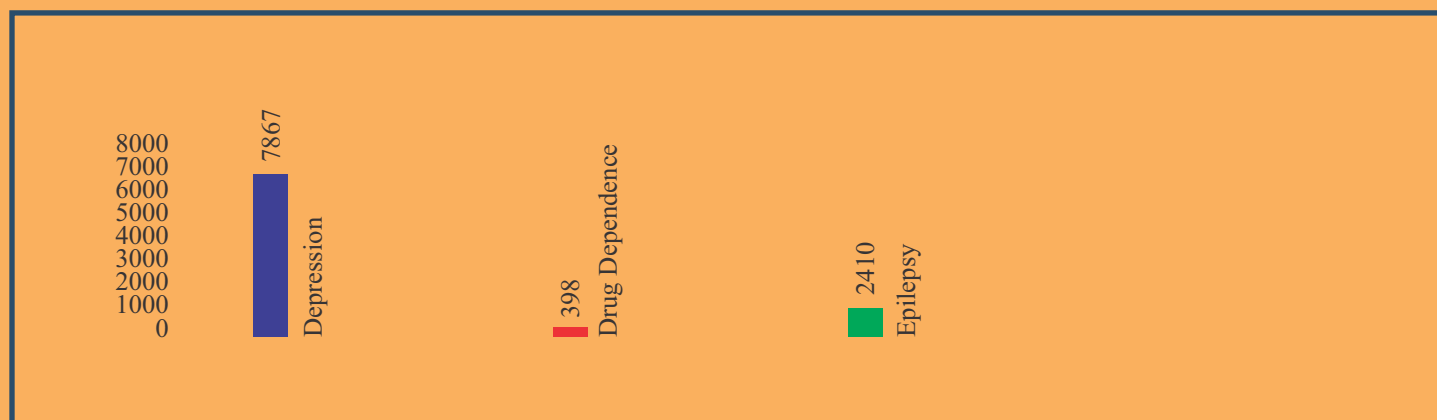
SOURCE: DHIS REPORTS PPHI-B

## 7.11. Skin Diseases/ Endocrine Diseases and Oral Diseases



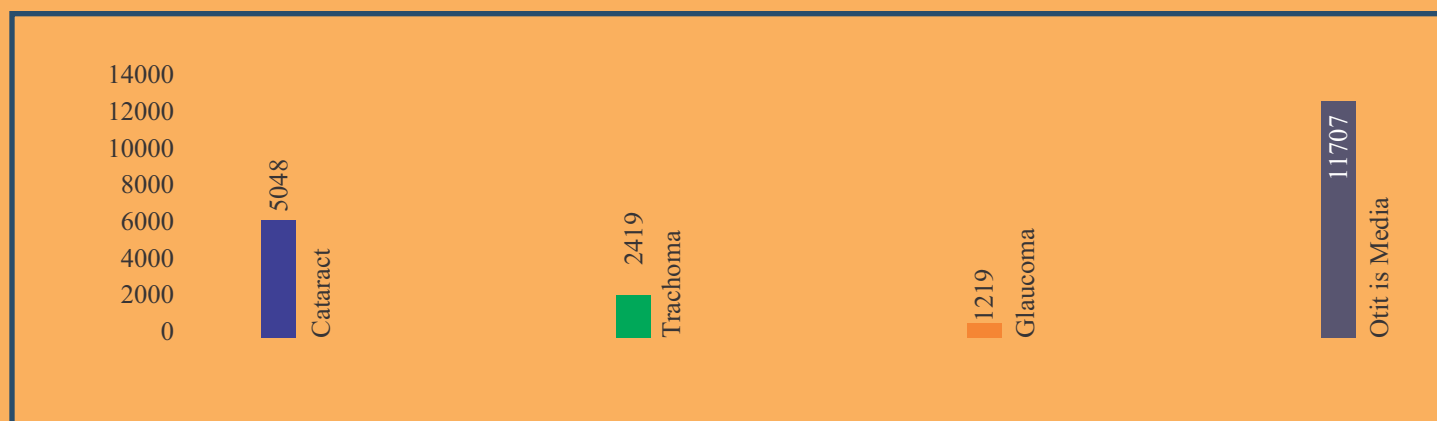
SOURCE: DHIS REPORTS PPHI-B

## 7.12. Neuropsychiatric Diseases



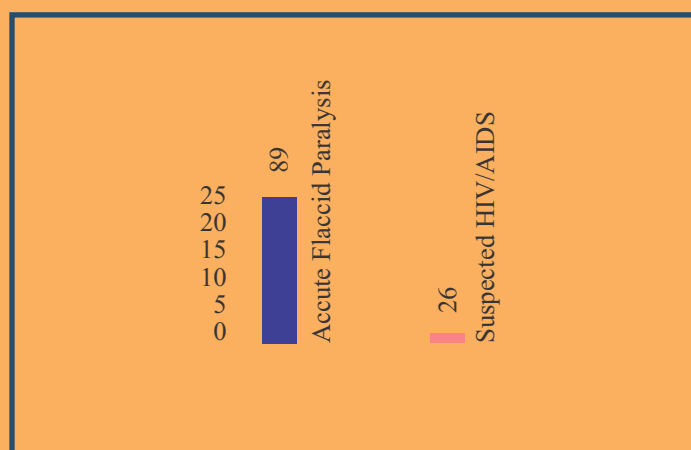
SOURCE: DHIS REPORTS PPHI-B

## 7.13. Eye & Ear Nose & Throat



SOURCE: DHIS REPORTS PPHI-B

## 7.14. Miscellaneous Diseases

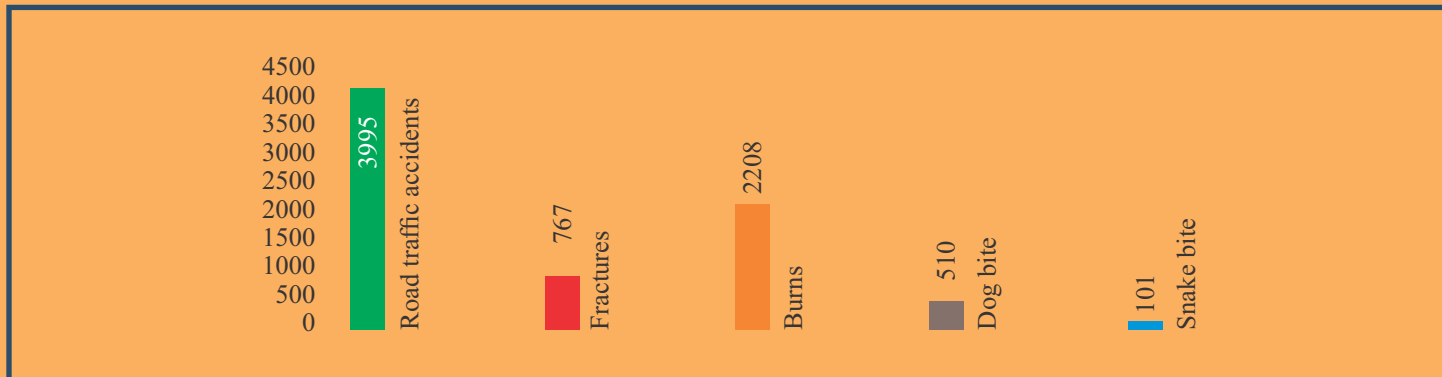


SOURCE: DHIS REPORTS PPHI-B



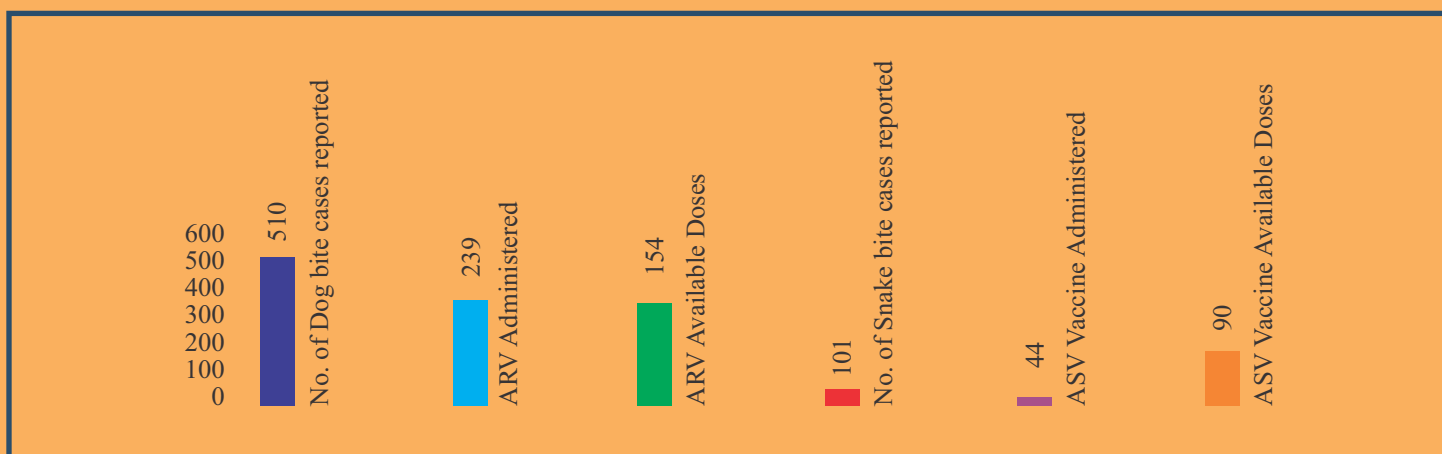
Ambulance donated by Dr. Shama Ishaque Baloch MPA, BHU Patkin, Kharan

## 7.15. Injuries and Poisoning



SOURCE: DHIS REPORTS PPHI-B

## 7.16. ANTI RABIES VACCINE/ ANTI SNAK VACCINE



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



A Snake bite case managed at BHU Padag District Chaghi



A Dog bite case in District Kachhi



## 8. EPIDEMICS AND FREE MEDICAL CAMPS



Trpartite Free Medical Camp District Pishin



Trpartite Free Medical Camp District Quetta



Free Medical Camp Ziarat Koh e Murad District Kiech



Break Down of Gastroenteritis Wahir Tehsil Wadh District Khuzdar.



Free Medical Camp Maila Shah Noorani District Khuzdar



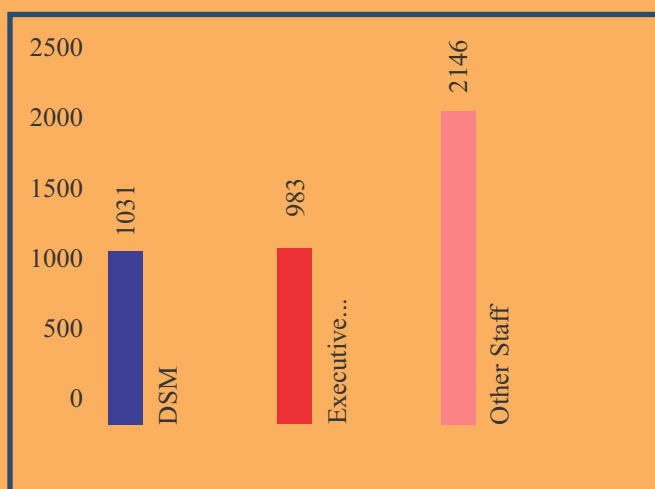
Trpartite Free Medical Camp District Pishin

9. Detail of BHUs Designated as TB Care Health Facility Quarterly Targets 2ndQuarter, 2016 and 15 new TB Health care Facilities will start reporting from July 2016 ★

S.No	Districts	No. of BHUs	BHU	Quarterly Incidence of TB	Current Status				Achievement in %
					Reporting/ Non Reporting	New Cases			
						M	F	Total	
1	Barkhan	1	Rakhani	11	1	3	8	11	100
2	Chaghi	1	Padag	6	★				
3	DeraBugti	1	PirKoh	6	1	4	2	6	100
4	Gwadar	2	Pishukan	9	0				
			Surbandar	6	★				
5	Jaffarabad	3	Gandakha	13	1	5	10	15	115
			ManjhiPur	11	1	2	4	6	55
			SuhbatPur	11	1	7	5	12	109
6	JhalMagsi	1	Kot Magsi	15	0				
7	Kalat	1	Lakhorian	3	★				
8	Kharan	2	Hurro	3	1	5	2	7	233
			Sarawan	4	1	3	4	7	175
9	Khuzdar	1	Saroona	5	★				
10	K.Abdullah	2	Habib Zai	15	1	1	5	6	40
			Milat Abad	3	★				
11	Lasbela	1	Ismailani	14	★				
			Gandacha	4	★				
12	Mastung	2	Ashkan Roodini	4	1	2	1	3	75
			Dasht Kombaila	9	1	2	2	4	44
13	Musa Khail	2	Kingri	3	1	1	1	2	67
			Rarasham	5	1	0	1	1	20
14	Naseerabad	2	Hameed Khoso	7	1	1	1	2	29
			Allah Dad Umrani	7	1	6	2	8	114
15	Noshki	1	Kochal Mall	4	0				
16	Kech	2	Shahi Tump	12	★				
			Buloo	8	★				
17	Kohlu	1	Tamboo	4	1	1	2	3	75
18	Panjgoor	4	Washboard	23	1	0	2	2	9
			Tasp	13	1	1	1	2	15
			Garamkan	16	★				
			Shahookan	2	★				
19	Quetta	11	Kili Kabir Tajik	9	1	3	7	10	111
			N.Pashtoon Abad	3	1	7	11	18	600
			Pashtoon Bagh	16	1	1	1	2	13
			Nasaran	5	1	3	10	13	260
			Sraghuri	3	1	2	1	3	100
			Nohsar	5	1	1	2	3	60
			Hudda.	9	1	0	0	0	0
			Village Aid,	18	1	1	1	2	11
			Ahmed Khanzai	31	★				
			Wahadat Colony	5	★				
			Kechi Baig	22	★				
20	Sibi	3	Sultan Kot,	3	1	1	0	1	33
			Bakhtiar Abad	4	0				
			Khajjak	8	★				
	Total	44	20 District BHUs 45	401	26/4	63	86	149	59



## 10. SUPERVISION & MONITORING VISITS



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



The DSM visited BHU Khajjak Sibi



The DSM visiting BH Ghurmi Harnai



The DSM visited BHU New Jangian, Washuk



The DSM visited BHU Murgha Faqirzai Killa Saif Ullah



The DSM & M&EO visited BHU Kalatoo Gwader

## 11. SPECIAL EVENTS



Mir Mujeeb ur Rehman Mohammed Hassani Minister Govt. of Balochistan, visited BHU Jangian Washuk



Haji Ghulam Dastageer Badeni MPA inaugurated the new building of BHU Zarochah, Nushki



Dr. Mohammed Umer Baloch Secretary Govt. of Balochistan, Health Department, visited BHU Shadoband Gwader and BHU Abser District Kiech



Dr. Masood Qadir Nousherawani Director Genral Health Service, Balochistan visited trpartite free medical camp Quetta



Mr. Abdul Rouf Baloch Additional Secretary Health Department, Balochistan inspected main store Pishin





The World Bank mission meeting with PPHI-B on Balochistan Nutrition Program for Mother & Children



Mr. Rashid Razzaq Chief Executive Officer & Mr. Rafiq Raisani Chief Operating Officer PPHI-B visited BHUs, Ahmedabad & Iskaloo District Kalat



Seven Districts DSM & Focal Person Nutrition Orientation on BNMCP & PPHI-B at Head Office Quetta

## 12. PHI BALOCHISTAN AT A GLANCE



District Health Committee meeting chaired by the Deputy Commissioner Ziarat



Dr. Taj Raisani Director Health Services, Quetta Division visited BHU Jamaldini Nushki



The Deputy Commissioner Kohlu inspected main store



The Additional Deputy Commissioner Jaffarabad inspected main store



The Deputy Commissioner Dera Bugti inspected Main Store



Monthly Review Meeting chaired by Dr. Abdul Mana Lakti the DHO Naseer Abad





Monthly Review Meeting chaired by Dr. Dawood Marri the DHO Dera Bugti



Monthly Review Meeting chaired by Dr. Syed Ghulam Murtaza Shah the DHO Kachhi



The Deputy Commissioner Sherani inspected Main Store



Monthly Review Meeting chaired by Mir Naseer Jattak AD Commissioner Kalat



Provision Air Cooler at BHU Bakhra Ghulam Bolak District Sibi



The Assistant Commissioner Killa Saif Ullah inspected main store

## 13. National Immunization Days & PPHI-Balochistan

### This could be the year that we eliminate one of the most tragic diseases in history

So far this year, only nineteen (19) polio cases have been reported in the entire world and thirteen (13) cases are from Pakistan and six (6) from Afghanistan. By this time next year, the World Health Organization predicts that number will finally reach zero. We absolutely need to keep the pressure

up, but we think we could reach the point where we have truly interrupted the transmission at the end of the year. Polio would become only the second human disease we've ever wiped from the planet and it has taken an incredible global public health collaboration to get here.

### Making a bold move to achieve eradication

In April 17, 2016, the entire world has gone to do something remarkable: 150 countries are going to switch from one kind of polio vaccine to another including Pakistan. They changed out the trivalent version of the vaccine one that protected against all three types of the polio virus to the bivalent version

that protects against two. This is because one of the types in the trivalent version of the vaccine hasn't had any wild cases since 1999. This effort is one of many ambitious steps the world had taken to erase the disease from the planet and in just a year, that dream could become a reality.

### On the verge of elimination

In 1988, at the height of the polio epidemic, more than 350,000 cases were reported worldwide. The progress to eliminate polio is incredible, since as recently many were left permanently paralyzed, the majority of whom were children. We have come a long way since then. In 2015, there were only ninety six (96) cases of polio in the whole world. Nigeria celebrated two years without a case of wild poliovirus on 24

July 2016. This is an important milestone for polio eradication efforts in the African region, but much still remains to be done to keep the country and region polio-free. Up to this point, we have only ever completely eradicated one human disease: smallpox. The last case occurred in 1977. Till last year, only 22 cases of Guinea worm were reported and it is expected that it will likely be eradicated soon.

### Not Gone Yet

Polio is highly infectious. It spreads through human contact, usually through infected stool, a particularly dangerous route of transmission among children who are not yet potty-trained, as well as in areas with poor sanitation systems. People can also catch it by coming into contact with

contaminated food or water. Afghanistan and Pakistan are the only two countries where polio is still spreading naturally. They were responsible for all 74 wild cases last year, and all 19 wild cases reported so far this year.

ROVINCE	District Name	No. of Cases	Total Districts	Total Cases
Khyber Pakhtunkhwa	Nowshehra	1	5	7
	Peshawar	1		
	Hangu	1		
	Bannu	3		
	Dera Ismail Khan	1		
FATA	South Wazeeristan	1	1	1
Sindh	Karachi	1	3	4
	Jacobabad	1		
	Shikar Pur	2		
Balochistan	Quetta	1	1	1
<b>PAKISTAN</b>		<b>13</b>	<b>10</b>	<b>13</b>

SOURCE: End polio Pakistan





NIDs Campaign, District Sherani



Monitoring NIDs, District Jaffar Abad



Monitoring NIDs District Chaghi



Monitoring NIDs, District Killa Saif Ullah



NIDs Campaign District Barkhan



Monitoring NIDs District Dera Bugti



## 14. PPHI-B IN NEWS AND VIEWS



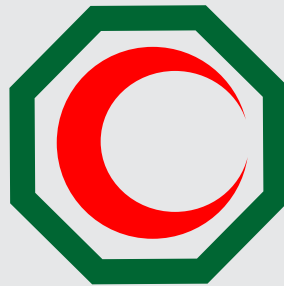
WHO SAVE THE LIFE OF ONE,  
IT SHALL BE AS IF HE SAVED  
THE LIFE OF ALL MANKIND

# PPHI BALOCHISTAN COMPLAINT CELL

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TOLL FREE  
**0800-77711**

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PPHI

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

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Ph#. 0812-863623 & 0812-863620

Fax#. 0812-863642

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