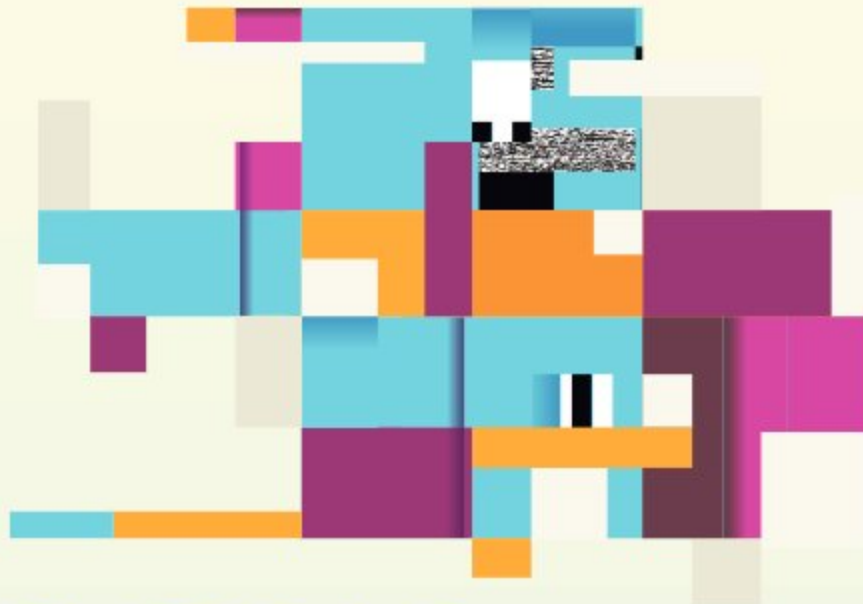


Fighting Poverty Through Healthcare



ANNUAL REPORT

2023



**PEOPLE'S PRIMARY HEALTHCARE
INITIATIVE BALOCHISTAN**

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COMPONENTS OF PRIMARY HEALTHCARE



A woman wearing a light-colored headscarf and a patterned shawl is filling a large blue plastic container from a public water tap. She is looking directly at the camera with a neutral expression. The background is a warm, orange-toned outdoor setting, possibly a public water station in a rural or semi-rural area.

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ABBREVIATIONS

ADC	Additional Deputy Commissioner	LMO	Lady Medical Officer
ADSM	Additional District Support Manager	LQAS	Lot Quality Assurance Sample
AFP	Acute Flaccid Paralysis	MCH	Mother and Child Health
AGM	Annual General Meeting	MDGs	Millennium Development Goals
ANC	Antenatal Care	MHPSS	Mental Health and Psychosocial Support
ARV	Anti-Rabies Vaccine	MISP	Minimum Initial Service Package
ASV	Anti-Snake Venom	MNCH	Mother and Neonatal Child Health
BCG	Bacille Calmette-Guerin	M&E O	Monitoring and Evaluation Officer
BEmONC	Basic Emergency Obstetric and Newborn Care	MO	Medical Officer
		MT	Medical Technician
BMGF	Bill & Melinda Gates Foundation	NDMA	National Disaster Management Authority
BHU	Basic Health Unit	NGO	Non-Government Organization
BoD	Board of Director	NRSP	National Rural Support Program
BRSP	Balochistan Rural Support Program	NCDs	Non-Communicable Diseases
CEmONC	Comprehensive Emergency Obstetric and Newborn Care services	NET-EN	Generic name of combined inject able
		NID/s/SNIDs	National Immunization Days/Sub National Immunization Days
CERF	Central Emergency Response Fund	OCHA	Office for Coordination Humanitarian Affairs
CHS	Community Health Sessions	OPD	Out Patient Department
CMW	Community Mid- Wife	OPV	Oral Polio Vaccine
COVID19-	Corona Virus Disease 19-	PDHS	Pakistan Demographic Health Survey
COCs	Combined Oral Contraceptives	PHC	Primary Health Care
CYP	Couple Years of Protection	PNC	Post Natal Care
DC	Deputy Commissioner	POP	Progestin Only Pill
DFAT	Department for Foreign Affairs Trade	PPHI-B	People's Primary Healthcare Initiatives- Balochistan
DHO	District Health Officer		
DHIS	District Health Information system	RHC	Rural Health Center
DH/QH	District Head Quarter Hospital	RH	Reproductive Health
DMPA	Generic name of Progestin-only inject able	SDGs	Sustainable Development Goals
DOTs/TB	Direct Observing Therapy Tuberculosis	SG	Support Group
DSM	District Support Manager	SHS	School Health Session
DSU	District Support Unit	SRH	Sexual & Reproductive health
ED	Emergency Civil Dispensary	STIs	Sexually Transmitted Infections
ENT	Ear Nose & Throat	SO	Social Organizer
EML	Essential Medicine List	TB	Tuberculosis
EPI	Expanded Program for Immunization	THQH	Tehsil Head Quarter Hospital
FMT	Female Medical Technician	TT	Tetanus Toxoid
F.P	Family Planning	UHC	Universal Health Coverage
GoB	Government of Balochistan	UNICEF	United Nations International Children's Emergency Fund
GBV	Gender Based Violence		
GFFO	German Federal Foreign Office	UNFPA	United Nations Fund for Population
HF	Health Facility	UNHCR	United Nations High Commissioner for Refugees
HIV/AIDS	Human Immunodeficiency Virus/Acquired immunodeficiency syndrome		
		VOA	Voice of America
IRC	International Rescue Committee	WHO	World Health Organization
IDSP	Institute for Development Studies & Practices	WFP	World Food Program
IUCD	Intrauterine Contraceptive Device	WFHs	Woman Friendly Health Spaces
LARC	Long-Acting Reversible Contraception	WPV	Wild Polio Virus
LBW	Low Birth Weight		
LHV	Lady Health Visitor		
LHW	Lady Health Worker		

ACKNOWLEDGMENT

In the vibrant pages of the 10th edition of our Annual Report 2023, PPHI Balochistan proudly reflects on a journey marked by resilience and progress. We extend our heartfelt gratitude to the visionary Board of Directors, whose unwavering leadership, strategic foresight, and steadfast support have been the guiding lights illuminating our path forward, steering us through challenges with grace and determination. Along with our respected colleagues from other Departments and Agencies, we also extend our sincere gratitude to the Department of Health of the Government of Balochistan.

We are immensely grateful to the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), International Rescue Committee (IRC), United Nations High Commissioner for Refugees (UNHCR), Bill & Melinda Gates Foundation (BMGF), US Agency for International Development (USAID), Global Fund, Mercy Corps, Pakistan Kuwait Investment Company (Private) Ltd, Trust for Vaccine & Investment, Muslim Hands, Islamic Relief Pakistan, Médecins Sans Frontières (MSF), Punjab Emergency Services Academy Rescue 1122 Lahore, Institute of Public Health, Quetta, Obstetrics & Gynecology Department, Sandeman Provincial Hospital, Quetta, Institute of Psychiatry and Behavioral Sciences Quetta, Balochistan Rural Support Program (BRSP), National Rural Support Program (NRSP), Medical Emergency Response Centers Balochistan, Save the Children, and Indus Hospital Karachi.

Their collaborative spirit and unwavering support have been the bedrock of our success, enriching our journey and guiding us towards greater impact and sustainability. Heartfelt thanks are extended to our esteemed partners, whose unwavering commitment to primary healthcare has been nothing short of extraordinary. Each partner has left an indelible mark on our collective efforts, inspiring us to reach new heights of excellence.

Special recognition is reserved for **Mr. Hameedullah Nasar**, the dynamic **CEO** of PPHI Balochistan, and his dedicated team of District Support Managers and BHU health workers. Their unwavering dedication to the well-being of the people of Balochistan is the heartbeat of our organization, driving us forward with passion and purpose.

As we turn the pages of another chapter, we do so with gratitude in our hearts and a renewed commitment to serving the people of Balochistan with integrity, compassion, and unwavering determination. Together, we will continue to write the story of hope, health, and resilience for generations to come.



Chairperson's Message

As Chairperson I have the great privilege of working with extraordinarily dedicated Board of Directors and staff throughout the organization. I am proud to present the 2023 Annual Report.

Primary health care has been proven to be the most equitable, effective, and cost-effective way to enhance the health outcomes of communities. To effectively implement, it is important to understand how to effectively integrate health services at PHC level. Integrated health services respond to the needs of individuals and populations and deliver comprehensive good-quality services throughout the life course via multidisciplinary teams who work together across settings and use evidence and feedback loops to continuously improve performance. Integrated health services, when based on strong primary care and essential public health functions, strengthen people-centered health systems and contribute to the best use of resources. This working definition of integration is anchored in the principles set out in the health-for all agenda and vision for primary health care. It adopts a health system perspective that acknowledges the importance of the alignment of all health system functions and effective change management for integrated care to be achieved.

I expect from PPHI-B management team, district support managers, and healthcare professional working in Basic Health Units that health interventions delivered through primary healthcare reach specific target groups, e.g. immunization for children and maternal healthcare for pregnant women, complex health interventions such as screening, and rapid responses to health crises that may emerge in different areas including infectious diseases, first aid and mental health. Delivering these interventions from primary healthcare, rather than as standalone programs, improves coordination and continuity of care. The initiative takes account of the broad factors that put children at risk and ensures that the main childhood illnesses all receive treatment, emphasizing prevention of disease through hygiene, immunization and improved nutrition.

To improve health outcomes and health equity, a renewed focus on tackling the social determinants of ill health and consideration of health in all policies, supported by strong leadership. Multi-sectoral action and policy, for primary healthcare, requires integration across sectors to address the social, cultural, environmental, political and commercial determinants of health and well-being. It also makes the best use of resources and allows the health sector to position itself within the development arena. Inter-sectoral actions and partnerships for health and well-being improve planning, coordination and delivery of services from different sectors, e.g. housing, education and employment. Integrated policies that engage many sectors ensure social protection and overall cohesion in society, and maximize equity in health outcomes.

I hope in present situation our teams & manager will continue their response.

Mr. Munir Ahmed Badini
Chairperson Board of Director

Chief Executive's Message



I am pleased to present the People's Primary Healthcare Initiative Balochistan, Annual Report for the year 2023. The Annual Report highlights the significant work that has been undertaken to improve the health care system across the province over the last year.

It has been truly inspiring and heart-warming to see how our health workers, overstretched as they were, pulled together during challenging. The spirit of healthcare as a calling seems to have been restored. We pay tribute to all health workers including those who succumbed to floods 2022 and 2023 fall and epidemics of acute watery diarrhea, cholera, malaria, dengue and Congo Crimean hemorrhagic fever whilst saving lives. Floods resulted in diversion of health system resources, overstretched health systems especially human resources, disrupted health services, worsened the state of communicable and non-communicable diseases (including mental health), and exacerbated existing inequalities and poverty. As the country recovers from the pandemic of Covid 19, we need to deal with the setbacks, leverage the gains made and move forward with health priorities. We need transformation in our health system that focuses on family and community health, disease prevention, promotion and directing scarce resources toward the groups most in need, especially expectant mothers, infants, children, and the infirm elderly. We need to build a health system that combats with the conditions that lead to poor health nutrition, unclean water, poor sanitation, zero vaccinated children, and outbreaks of malaria hence, reducing the expensive curative treatments.

In 2014, the United Nations cited Cuba as an example: "Cuba has a lot to teach the world about its preventive health system, which has achieved important results such as low mortality, long life expectancy, and universal health coverage". The organization appealed to governments to follow the example offered by the island: "Health must cease to be a privilege for the few and become a right for all". We call upon all our policymakers to assist in realizing this noble ideal.

I look forward to building on the strong foundations created during these past years to ensure that the immediate and long-term impacts of the pandemic and epidemic, as well as the health inequalities that exist in our communities, are fully addressed. I am committed to improving the health outcomes of PPHI-B by ensuring everyone has access to a strong and resilient health system that is available for them when and where they need it.

Thank You!

Mr. Hameedullah Nasar
Chief Executive Officer

BOARD OF DIRECTORS



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Chairperson BoD,
PPHI Balochistan



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Prof. Dr. Shahnaz Naseer Baloch



Ms. Roshan Khursheed Bharucha



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Mr. Qaisar Khan Jamali



Mr. Irfan Ahmed Awan



Mr. Abdul Saboor Kakar

Additional Chief Secretary Planning
& Development Department GoB



Mr. Babar Khan

Secretary GoB, Department of Finance



Mr. Abdullah Khan

Secretary GoB, Department of Health



Mr. Hameedullah Khan

Chief Executive Officer



Mr. Muhammad Zakir Nasar

Company Secretary/Chief Operating Officer

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Public Health Specialist



Mr. Muhammad Akbar Khan
Director Monitoring Evaluation & Reporting



Mr. Mohammad Wali Kakar
Chief Financial Officer



Mr. Syed Arif Shah
Chief Audit Officer



Mr. Haroon Kasi
Program Coordinator, Donor Projects



Mr. Syed Ali Rizwan Shah
Director Information Technology



Mr. Alamgir Khan
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Ali Ahmed Reki
Pharmacist

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HR Officer



Mr. Taimur Shah
Finance Officer



Mr. Syed Imran Ali
Finance Officer



Mr. Zabiullah
Finance Officer



Pamir Khan
Engineer



Mr. Arsalan Haider
Vehicle Management Officer



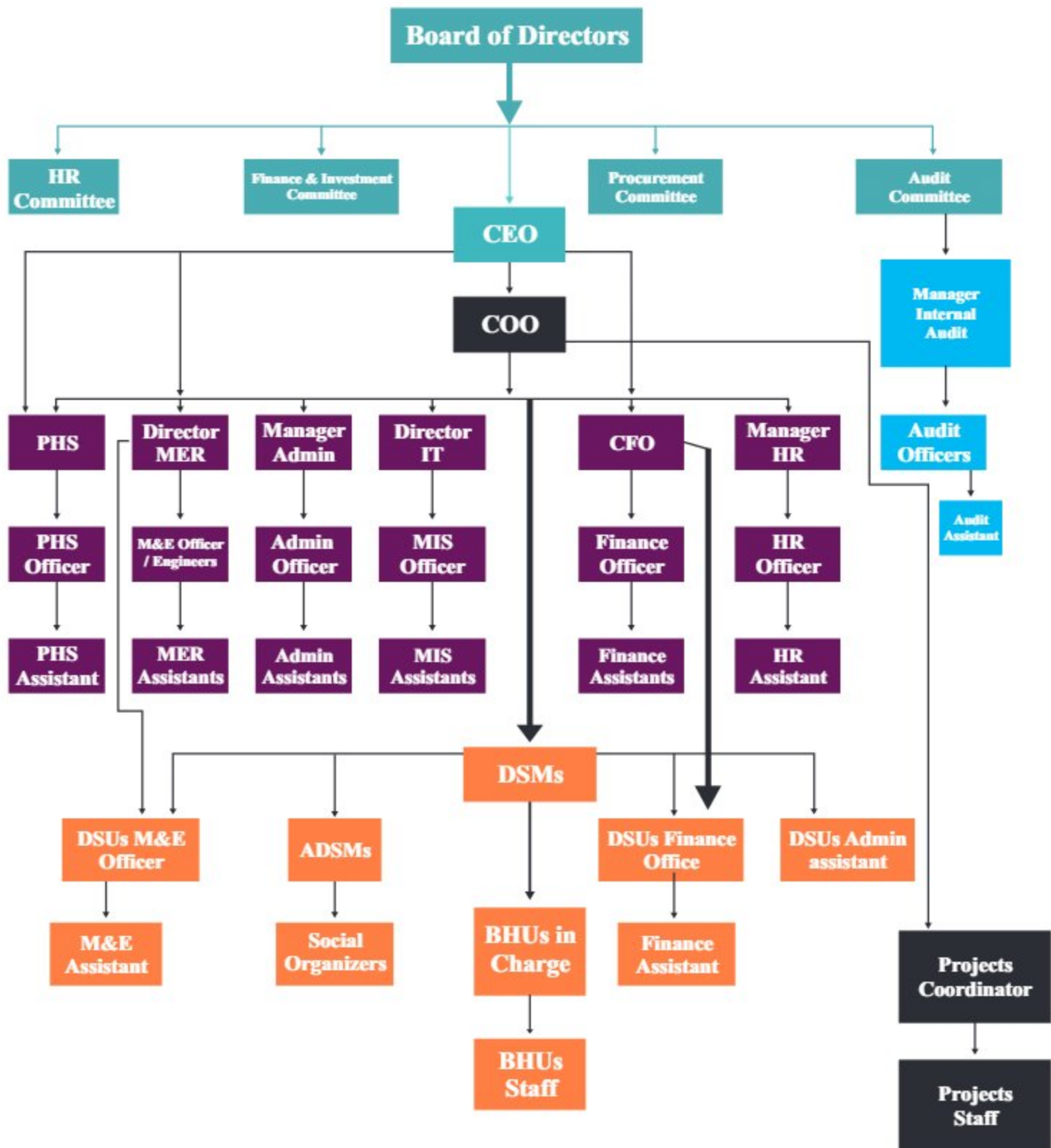
Mrs. Amber Muneer
Gender Officer



Mr. Kamran Abbas
MER Officer



Mr. Muhammad Fahad Khan
MIS Officer



INTRODUCTION

According to the Pakistan National Health Policy 2001, primary healthcare in Pakistan was functioning mainly in the public sector. It was decided that, those health services may be contracted out to private sector, which means handing over of non-functional and underutilized government health facilities, such as basic health units, rural health centers and hospitals to the private sector. This was supposed to provide support for awareness raising and the management of clinical and nonclinical services in the community.



In 1999 about 104 basic health units in one district, Rahim Yar Khan Punjab, were handed over to a non-governmental organization as a pilot initiative to provide primary healthcare services to overcome the inability of the healthcare services delivery system to tackle diseases at basic health units. The World Bank had been a catalyst for such contracting out in Rahim Yar Khan district, which includes providing funds and technical support. It was named “Primary Healthcare Rahim Yar Khan Model 1999”.

Instant success of RYK model country launched a “Presidents Primary Healthcare Initiative” in 2005 on pilot basis (three districts had taken from each province including AJK & Gilgit Baltistan) which was an instant success. This not only reinforced the government’s confidence in the effectiveness of the project, but also gave it a hope that the ailing PHC sector could be reinvigorated through a partnership arrangement. In the following years, the Government of Balochistan began contracting out the management and execution of primary health services at all Basic Health Units to the PPHI in two phases 2006 & 2007 under Balochistan Rural Support Program umbrella.

The 18th Constitutional amendment enhanced provincial autonomy by transferring, among other things, the subject of health to the provinces in 2010. Having the health sector in its purview and considering PPHI’s previous performance, the Government of Balochistan decided to renew the agreement with PPHI-B for delivery of primary healthcare services. In 2013, People’s Primary Healthcare Initiative (PPHI-B), Balochistan was incorporated as a company under section 42 of The Companies Ordinance, 1984 (repealed). PPHI Balochistan now operates as a not-for-profit registered company under section 42 of The Companies Act 2017 with an eminent Board of Directors. Currently 735 health facilities (3 CDs, 8 EDs and 724 BHUs) are under administration control of PPHI Balochistan.

It is one of the largest Non-Profit Organization in Balochistan and benefits about 6 million people in all districts of Balochistan through provision and strengthening of Primary Healthcare Services. Principle source of budget is through grants from the Health Department Government of Balochistan and various International and National donor agencies.

Public–private partnerships (PPP) in basic health services delivery aim to improve service provision, such as better coverage, quality and infrastructure of health care, as well as raising the demand for health by the community. PPHI-B is the best example of public private partnerships in Pakistan & particularly in Balochistan. We argue that to meet the challenges of globalization and achievement of the Sustainable Development Goals, Pakistan needs to improve the health status of its society by promoting and practicing PPP in providing primary health care services. The Government of Pakistan had decided to scale-up the program to the national level but the benefits of this are yet be fully apparent in terms of improved public health across the general population.



Last two years Balochistan faced intensified rainfall (375 millimeters in 2022) and flooding in 2023. The humanitarian situation in province has deteriorated significantly throughout the past monsoon season, as torrential rains have caused flooding and landslides across the nation, causing displacement and devastation. The Government of Balochistan has officially designated nine districts to be “calamity stricken”.

Notably, there has been an outbreak of waterborne and vector-borne illnesses including diarrhea and cholera, skin eye infections, malaria and dengue, The province has face malaria epidemics in majority of districts with acute and watery diarrhea in some districts, cholera reported in one district and dengue reported in Kech and Gwadar. Women are disproportionately affected, as they typically bear the burden of tasks such as collecting water for daily household needs and caring for the sick. Vector-borne and water-borne diseases remain a major concern in flood-affected areas.

Balochistan is already going the epidemiological transition from communicable conditions to the emerging non-communicable conditions and injuries. Burden of the communicable, maternal, child and nutritional group which was 63.3 %. Flood emergency will raise the percentage more and condition would worsen if not managed timely and responsibilities of health care providers would compound. We may lose progress that we made to improve the health indicators (2019-2026), likewise the maternal mortality ratio has reached 298/100,000 live births, neonatal mortality 34/1,000 live births, under five years’ mortality is 78/1,000 live births and no progress in contraceptive prevalence rate with only 14 %.

PPHI-B is working to strengthen weak and poor performing areas, whilst consolidation and building on national gain made under the Sustainable Development Goals (SDGs). It remains committed for providing quality and adequate health care services in every community throughout province, to increase access to basic and essential healthcare services at the grass root level.

In 2023 PPHI-B provided healthcare to communities on their journey to a healthier life. Delivering care to those who need it, we are inspired to make a positive difference in people’s lives. We have an extensive network of 736 BHUs/HFs including, MCH centers with 119 labor rooms, MCH Plus 40, 554 Static Centers for immunization, 37 TB Health Care Facilities, 117 pathology laboratories which are underpinned by our cohort of dedicated healthcare professionals.

PPHI-B partners have continued to contribute immensely for strengthening of our health delivery system, with financial and technical assistance, capacity building for supply chain ensuring the availability to routine vaccines in every static center. We have built a good partnership over the years and together chalked a good number of success stories, but we need to build a more effective future working relationship as partners in future.

MISSION

“FIGHTING POVERTY THROUGH HEALTHCARE”

OBJECTIVES:

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

OUR STRATEGIC GOAL'S

- ✓ Improve coordination of care to ensure patients receive the right care, at right place, right time and by the right person.
- ✓ Increase efficiency and effectiveness of health services for patients particularly those at risk of poor outcomes.
- ✓ Engage and support general practice and other stakeholders to facilitate improvements in our local health system.
- ✓ Be a high performing, efficient and accountable organization.
- ✓ Primary health care and essential public health functions are the core of integrated health services.
- ✓ Multisectoral policy and action
- ✓ Empowerment of people and communities.

OUR VALUES

- **Sustainable** (Efficient, Effective, Viable)
- **Innovative** (Flexible, Pioneering, Evolutionary)
- **Evidence-Based** (Research, Documenting, Transparent)
- **Collaborative** (Partnerships, Integrated, Engaged)
- **Influential** (Visible, Valued, Courageous)
- **Accountable** (Respect, Responsible, Outcomes)



OUR STRATEGIC FRAMEWORK

I. Improve Coordination

Collaborate with stakeholders and partners to develop innovative evidence-based models of care for identified health needs.

Provide leadership and influence through partnerships and alliances to improve the coordination of care.

With partners, increase the breadth and depth of information in the health needs assessment to inform joint planning and investment, to better integrate and coordinate commissioned services.

Develop and support disaster response capabilities in primary health care.

Increase Efficiency and Effectiveness

Develop a comprehensive, high performing primary healthcare that enables the person catered medical intuition.

Develop a digital health strategy that drives value and quality improvement across first level health care to improve health outcomes for people.

Provide professional development and quality improvement programs to support digital transformation within general practice teams include improving data analytics, use of decision support tools, risk stratification, secure electronic messaging, health pathways and smart referrals.

Foster participatory health towards achieving outcomes that matter to our community.

II. Engage stakeholders to improve primary health care

Support the development of the first level health care workforce and change management in the sector.

Work with institutions and faculties for training health care provers.

Be a trusted source of information in the sector through developing, sharing and promoting. Accurately curate information to ensure general practice, the primary care sector and other stakeholders receive concise, practical, and timely information to inform their operations.

Establish efficient, /effective and accountable governance and commissioning systems.

Support to develop flexible, agile teams to align with core purpose and contemporary workplace operations and management best practice.

Monitor and measure performance against the quadruple aim for better health outcomes, improved patient provider experience to reduce reducing costs of services.

III. Integrated Approach to Services Delivery

- Comprehensive; to provide care is comprehensive and tailored to the evolving health needs and aspirations of people, with a commitment to universal health coverage
- Equitable; to provide care that is accessible and available to all
- Sustainable; to deliver care that is efficient, effective and contributes to sustainable development
- Coordinated; to ensure care is integrated around people's needs and effectively coordinated across different providers and settings
- Continuous; to provide care and services across the life course
- Holistic; to ensure that care considers the physical, mental and emotional well-being of people, as well as their socioeconomic circumstances
- Preventive; to tackle the social determinants of ill health through action within and between sectors that promotes public health
- Empowering; to support people to manage and take responsibilities for their own health
- Goal-oriented; to ensure care is goal-oriented in terms of how people make health care decisions, assess outcomes and measure success
- Respectful; to provide care that respects people's dignity, social circumstances and culture
- Collaborative; to provide care that supports relationship-building, team-based working and collaborative practice across services and sectors
- Coproduced – to ensure that care is provided through active partnerships with people and communities at all levels
- Endowed with rights and responsibilities; to ensure the care has rights and responsibilities that all people should expect, exercise and respect
- Governed through shared accountability; to ensure that the governance of care of care providers to local people includes shared accountability for the quality of care and health outcomes
- Evidence-informed; to ensure that policies and strategies are guided by the best available evidence and supported over time through the assessment of measurable objectives for improving quality and outcomes
- Led by whole-system thinking; to ensure that strategies see the health system as a whole and try to understand how its component parts interact with each other and how it is influenced by factors beyond it
- Ethical; to ensure that care is based on the best risk–benefit ratio for all interventions, respects the individual's rights to make autonomous and informed decisions, safeguards privacy, protects the most vulnerable and ensures the fair distribution of resources.

MAP AND SOCIO-DEMOGRAPHIC PROFILE OF PPHI-BALOCHISTAN 2023

The term "socio-demographic" refers to a group defined by its sociological and demographic characteristics. Socio-demographic groups are used for analysis in the social sciences as well as for marketing and medical studies.

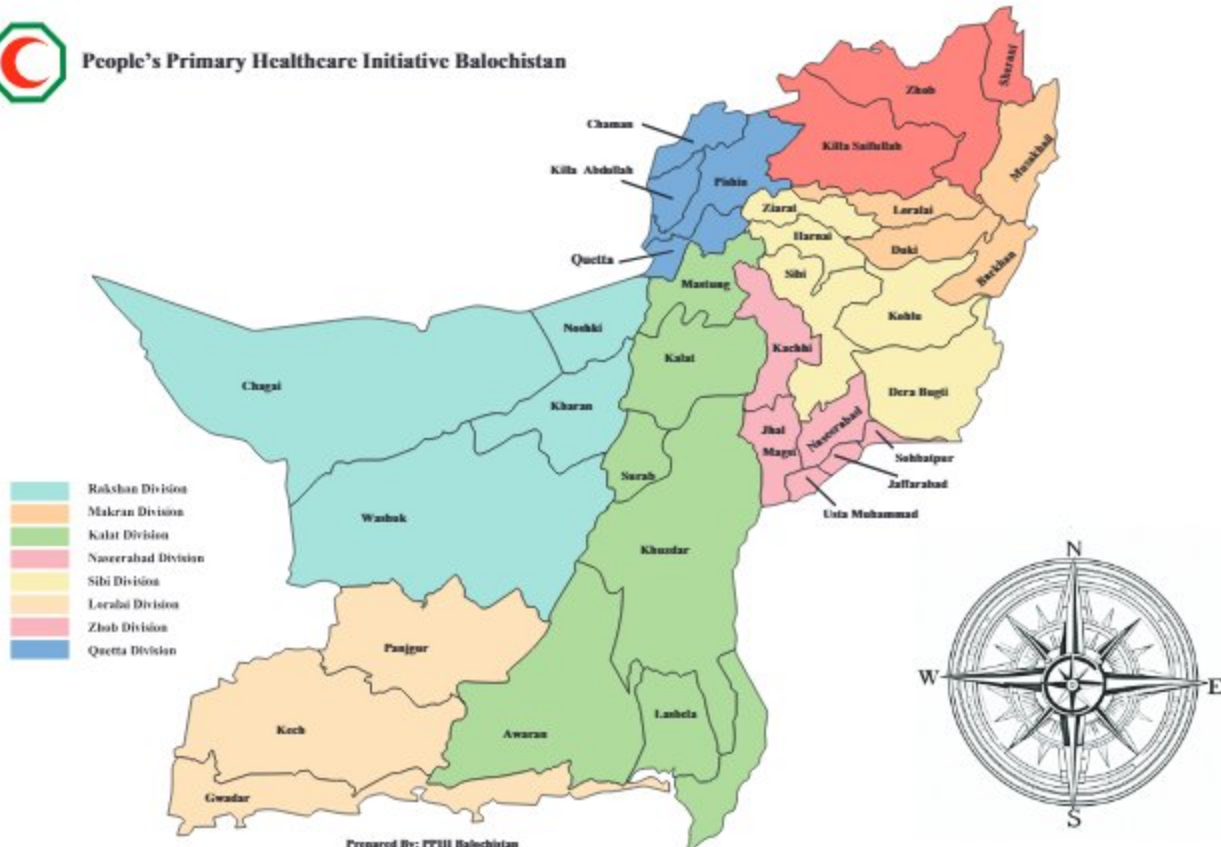
In primary healthcare services, socio-demographic groups are used for analyses of health targets and outcomes. Pakistan's population was 32.5 million in 1951, 132.3 million in 1998 and 207.8 million in 2017. Population has increased and reached 242.4 million in 2023. Pakistan is now the fifth most populous country in the world. The current national population growth rate is 2.5 percent and Balochistan growth rate was 3.20. (Population of Balochistan stands at 14.89 million).

Demographic data are essential for a meaningful assessment of existing healthcare systems. Such information would assist the healthcare managers in formulating effective programs and strategies for improving health services for the masses.

The current catchment populations are estimated on the bases of 2023 census report with growth rate 3.20. We have set our targets on the same. The head office was able to calculate the catchment population of BHUs/HFs with the help and support of district support units.



People's Primary Healthcare Initiative Balochistan



DISTRICT POPULATION WITH YEARLY TARGETS BALOCHISTAN 2024

S #	Districts	No. of BHUs /HFs	Population Estimated 2023	Children's		Pregnant Women	Under 5 Years	Child Bearing age Women (Between 15-49 Y)	Married Woman Reproductive Age
				Under 1 Year	Under 2 Years				
1	Awaran	7	52,750	1,688	1,635	1,883	8,968	11,605	8,440
2	Barkhan	10	110,123	3,524	3,414	3,931	18,721	24,227	17,620
3	Chagai	20	122,272	3,913	3,790	4,365	20,786	26,900	19,564
4	Dera Bugti	36	173,857	5,563	5,390	6,207	29,556	38,248	27,817
5	Duki	17	105,914	3,389	3,283	3,781	18,005	23,301	16,946
6	Gwadar	23	125,214	4,007	3,882	4,470	21,286	27,547	20,034
7	Harnai	8	51,320	1,642	1,591	1,832	8,724	11,290	8,211
8	Jaffar Abad	18	117,894	3,773	3,655	4,209	20,042	25,937	18,863
9	Jhal Magsi	14	88,228	2,823	2,735	3,150	14,999	19,410	14,116
10	Kachhi	13	69,928	2,238	2,168	2,496	11,888	15,384	11,188
11	Kalat	26	144,754	4,632	4,487	5,168	24,608	31,846	23,161
12	Kech	36	352,165	11,269	10,917	12,572	59,868	77,476	56,346
13	Kharan	22	103,959	3,327	3,223	3,711	17,673	22,871	16,633
14	Khuzdar	44	309,428	9,902	9,592	11,047	52,603	68,074	49,508
15	Killa Abdullah	40	408,273	13,065	12,656	14,575	69,406	89,820	65,324
16	Killa Saifullah	14	107,072	3,426	3,319	3,822	18,202	23,556	17,132
17	Kohlu	52	187,001	5,984	5,797	6,676	31,790	41,140	29,920
18	Lasbela	45	224,356	7,179	6,955	8,010	38,141	49,358	35,897
19	Loralai	19	111,077	3,554	3,443	3,965	18,883	24,437	17,772
20	Mastung	17	142,037	4,545	4,403	5,071	24,146	31,248	22,726
21	Musa khail	22	133,880	4,284	4,150	4,780	22,760	29,454	21,421
22	Nasirabad	17	164,548	5,266	5,101	5,874	27,973	36,201	26,328
23	Noshki	12	108,737	3,480	3,371	3,882	18,485	23,922	17,398
24	Panjgur	23	154,710	4,951	4,796	5,523	26,301	34,036	24,754
25	Pishin	38	457,352	14,635	14,178	16,327	77,750	100,618	73,176
26	Quetta	44	1,001,632	32,052	31,051	35,758	170,277	220,359	160,261
27	Sherani	11	34,235	1,096	1,061	1,222	5,820	7,532	5,478
28	Sibi	16	94,074	3,010	2,916	3,358	15,993	20,696	15,052
29	Sohbat Pur	17	126,186	4,038	3,912	4,505	21,452	27,761	20,190
30	Washuk	29	153,083	4,899	4,746	5,465	26,024	33,678	24,493
31	Zhob	20	113,335	3,627	3,513	4,046	19,267	24,934	18,134
32	Ziarat	13	67,187	2,150	2,083	2,399	11,422	14,781	10,750
Total		743	5,716,581	182,931	177,214	204,082	971,819	1,257,648	914,653

* CD = 3, EDs = 8, Non-Functional BHUs = 8, Total BHUs/HFs Functional = 724

Source: Estimated Population 2024 (Censuses report 2023 @ 3.20 Annual Growth Rate Balochistan)



2. ANNUAL REPORT 2023, IN SUMMARY

Dear Readers,

In 2023, PPHI-B navigated a sea of challenges, both on personal and professional fronts. Our mission to enhance primary health care and ensure community well-being persisted throughout the year. The economic crisis started after COVID 19 pandemic and heavy rains during 2022-2023, PPHI-B teamed up closely with the Health Department Government of Balochistan and partners in flood-hit areas, extending crucial health services to those in need. Amidst the storms, our team's resilience shown bright as we maintained positive spirit, delivering vital support and information for emergency health care. Those challenges highly affected achievement of set targets and implementation of development activities as well as provision of healthcare services to the people.

The social unrest emerged in 2023 due to difficulties in repayment of foreign debt installments coupled with the delays in the global supply chain the worst economic condition has severely affected smooth functioning of pharmaceutical companies and suppliers. As a result, there was delay in supply of essential medicine to health facilities.

At present, Department of Health Government of Baluchistan is focus towards strengthening primary healthcare, while maintaining the efforts for improving the secondary and tertiary care at the same time. While maintaining already well-established and well-functioning primary preventive care services are being strengthened and reorganized with proper follow-up and referral systems, thus optimizing the services provided to the public with the available resources. These endeavors are carried-out with the ultimate aim of achieving Universal Health Coverage, which would ensure access to promotive, preventive, curative, rehabilitative and palliative health services, ensuring patient safety and quality as well as keeping the patients away from financial hardship.

This Annual Performance Report for the year 2023 depicts progress made by PPHI-B towards achieving set targets for the year 2023. Further, this publication depicts the achievement against key performance indicators, giving an overview of the achievements during the last year.

As a primary healthcare provider, we adapted different rules, unconventional work setups, and the uncertainty ahead, we are constantly prepared to take the initiative and offer our services regardless of the situation. A standout achievement was our collaborative success with the Health Department, Government of Balochistan, and national/international partners, swiftly responding to diseases like malaria, acute watery diarrhea, cholera, dengue, and Crimean-Congo hemorrhagic fever. These triumphs, reflecting our collective strength, will take center stage in our yearly report, highlighting our dynamic response to health challenges.

Each successive issue of the annual report brings detailed material, facts and figures, on a specific area / catchment population of the BHUs / HFs under control of PPHI-B with health problems that the nation and specifically Balochistan is facing today. For service delivery, the global target is that more than 80 percent of the people and especially the poor have access to essential health services, such as delivering babies in a safe environment, vaccinating children, successful treatment of communicable diseases, tuberculosis, high blood pressure, mental health, diabetes etc. At the national level, we aim that by 2030 more than 65 percent of the population will have access to quality essential health services.

Throughout the year, PPHI-B is working to provide quality Primary Healthcare Services to the masses for achieving universal health coverage. Annual Report 2023 aim at strengthening health



systems based on primary health care: breaking down barriers to access; giving voice to the unheard; and enabling social participation, government action, multisectoral collaboration, and advocacy for health.

Primary Health Care is perhaps the most important source of acute, chronic disease and injuries prevention and management, as defined by World Bank (WB) and World Health Organization (WHO). Four groups and more than twenty-five proxy interventions for Universal Health Coverage. It may involve health professionals such as LMO's / MO's / LHV's / FMT's / MT's / Dispenser's / Vaccinator's and social workers. This type of care typically involves:

I. Reproductive, maternal, new-born, child and adolescent health & nutrition

- Antenatal, Maternity, neonatal and child care;
- Family Planning;
- Child Immunization;
- Nutrition;
- Health Seeking behaviors for Child Illness (Pneumonia & diarrhea);

II. Infectious diseases

- Tuberculosis Effective Treatment;
- Insecticide Treated Nets Coverage for Malaria;
- Adequate Water and Sanitation;

III. Non-communicable diseases

- Blood Pressure;
- Diabetes Mellitus;
- Mental Health
- Tobacco Control

IV. Service capacity and access

- Essential Health Workforce Density;
- Access to Essential Drugs, Vaccines and Commodities;
- Routine care;
- Care for urgent but minor or common health problems;
- Liaison with home care;
- Health promotion and disease prevention;
- End-of-life care;
- Telehealth Services;
- Emergency Response Centers on Highways;
- Social Mobilization during Endemic and Immunization;
- Medical Camps in Flood Effected areas of Province
- Rehabilitation of BHUs damaged during heavy rain fall
- Patient Transfer/Referral;

We are committed for continuous improvement in primary health care system. Describing our approach to safety and quality not only provides a guide for our internal improvement but also provides insight into the focus of our work with commissioned organizations and the broader primary health services. Our efforts aim to support provider readiness and continued improvement against current and emerging national

standards so that ultimately consistent standards of safety and qualities are adopted across Balochistan in healthcare system.

In the current report, the figurative description of sector wide indicators that covered in the table and charts. Key performance indicators for 2023 in comparison to previous years are:

Numbers of BHUs/HFs Managed by PPHI-B

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
HFs	743	744	766	762	760	722	653	635	618

Number of BHUs Functional & Reporting

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
Functional	736	736	753*	710	651	638	627	610	606

*37 BHUs Upgraded to RHC & handed over to Health Department

Number of Annual OPDs

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
OPD In Million	4.72	4.78	4.13	3.63*	3.80	3.69	3.69	3.56	3.20

*Decline due to COVID 19

Facility Utilization Figures

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
Average	83 %	81%	*81%	77*	85%	95%	98%	95%	89%

*Decline was due to COVID 19

A significant performance indicator in Out Patients Department was 53 % female attendance in BHUs. This indicated that BHUs under supervision and control of PPHI are becoming more woman friendly.

Antenatal care

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
ANC* %	62 %	63%	68%	74%	79%	84%	69%	80%	44%

*at least one visit

Deliveries Number

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
BHU	17,212	20,110	17,575	16,720	13,208	17,980	16,296	15,618	12,883
Home	13,202	13,699	14,065	13,989	16,687	10,761	12,850	11,500	8,946
Total	30,414	29,798	31,640	30,709	29,895	28,741	29,146	27,118	21,829

Family Planning coverage was 16 % in 2023 as compared to 19% in 2022, 35% in 2021, 28% in 2020, 26% in 2019, 22% in 2018, 15% in 2017, 19% in 2016 and 21% in 2015. The decline in visits of female for family planning support was due to non-availability of family planning commodities and unmet needs.

These improvements in maternal care although not conclusive, could be a reflection of the increase in critical workforce, particularly LMOs, LHV and FMTs in all districts. The LHV / FMTs

ratio has been slowly improving over the last ten years. Current technical work force ratio serving in BHUs i.e. Male vs Female = 82:18

Improving in childhood immunization as measured using the proxy Panta-3 & Measles-1 administered child less than one – year age, who are termed fully immunized. Fully Immunized coverage was 68% in 2015, 66% in 2016, 55% in 2017, 54% in 2018 and 69% in 2019, 74% in 2020 64 % 2021 51 % in 2022 and 67 % in 2023.

Fully Immunized Children (Routine Immunization/ Static Centers)

Year	2023	2022	2021	2020	2019	2018	2017	2016	2015
Coverage	52 %	51 %	64%	74%	69%	54%	55%	66%	68%

Monthly Review Meetings (MRM) are a noteworthy practice of PPHI-B, that's held in the first week of every month at DSU or DC / DHO offices wherein, all in-charges of the BHUs participate in MRM. Usually as per direction DC, ADC (R)/ADC (G) or DHO chair the MRM with participation of district in-charges of vertical programs, active/prominent members of support group and other stakeholders working on PHC in the district. A distinguished, eminent medical specialist is also invited as resource person for delivering lecture on important health issues in the first session of the meeting. Main objective of MRM is to discuss the performance, issues of the BHUs, to evolve strategies and take decisions to resolve these issues and achieve the set targets for BHUs and DSUs.

A new feature of Regional Review Meetings was started since last two years to discuss following matters: -

- Brief introduction of HFs and catchment population.
- District health services performance targets vs achievements.
- Review quarterly progress.
- Planning and its implementation for next quarter.
- Fund released/utilized.
- New BHUs taken over.
- Special initiative for clean and green BHUs.
- Activities on COVID-19.
- Social Mobilization against Congo Ceramic Hemorrhagic Fever (CCHF)
- Cope with emergencies (rainfall, flood, earthquakes and pandemics)
- Celebration of World TB Day and other events
- Suggestions and recommendations to improve the health care service delivery.

However, a lot needs to be done to improve timely & error free DHIS reporting of BHUs in districts, targets regarding fully immunized children, screening of under five years malnourished children, ANC, ANC revisits, safe delivery, post-natal visits, family planning, referrals in general and particularly for timely referral of complicated pregnancy cases to secondary level health facility.

3. HEALTH SERVICES PERFORMANCE, TARGETS; VERSUS ACHIEVEMENTS OF PPHI-B

S #	Health Services	Yearly Target	Achievements				Total	%
			1st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter		
1	PREVENTIVE CARE							
i.	COMMUNITY PARTICIPATION/HEALTH EDUCATION							
a)	Social Group Meetings	3,744	850	843	851	869	3,413	91%
b)	Community Health Sessions	3,744	909	868	897	882	3,556	95%
c)	School/Madressa Health Sessions	3,744	732	784	816	895	3,227	86%
ii.	IMMUNIZATION							
a)	Fully Immunized Children < 1	156,605	19,769	18,523	20,301	23,244	81,837	52%
b)	Pregnant Women TT 2	204,082	9,824	8,899	10,998	11,522	41,243	20%
iii.	MATERNAL CHILD HEALTH SERVICES							
a)	Antenatal Care 1	204,082	30,008	29,297	28,321	34,977	122,603	60%
b)	ANC Women with Hb <10 g/dl		6,520	6,467	7,491	8,798	29,276	
c)	Antenatal Care Revisit	612,246	34,465	32,510	28,913	33,515	129,403	21%
d)	Post Natal Care	204,082	16,432	14,733	13,865	19,074	64,104	31%
e)	Deliveries		6,650	6,197	6,988	6,551	26,386	
f)	Complicated Pregnancies cases referred	20,408	2,152	1,659	1,712	2,304	7,827	38%
iv.	FAMILY PLANNING VISITS	914,653	26,102	33,469	44,637	35,038	139,246	15%
2	CURATIVE CARE							
a)	OPD	4,573,236	1,160,769	1,134,417	1,227,805	1,215,423	4,738,414	104%
b)	Under 5 Years Malnutrition Children		25,023	25,798	34,316	31,414	116,551	
c)	Yearly TB Cases	1,536	83	160	90	87	420	27%
d)	Slide Examined for Malaria		87,244	111,569	123,052	125,778	447,643	
e)	Slides MP+		16,727	32,102	32,413	28,230	109,472	
f)	Slide Falciparum +		10,186	16,640	12,842	16,174	55,842	
g)	Hepatitis B&C Screening		6,621	6,873	6,917	7,060	27,471	
h)	Hepatitis B Positive		314	291	293	286	1,184	
i)	Hepatitis C Positive		295	203	204	188	890	
j)	Referred cases to Higher HF	429,164	28,703	25,863	31,219	37,018	122,803	29%
k)	Follow-case		42,040	38,509	44,093	41,410	166,052	
3	MONITORING, SUPERVISION& REPORTING							
a)	DHIS Monthly Reporting	8,832	2,169	2,193	2,162	2,182	8,706	99%
b)	DSM Visits	4,608	795	788	811	794	3,188	69%
	ADSM Visits	1,344	259	269	190	191	909	68%
c)	M&E Officer	5,376	871	899	824	821	3,415	64%

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



3.1 PPHI-B ENHANCED REPORTING PROCEDURES

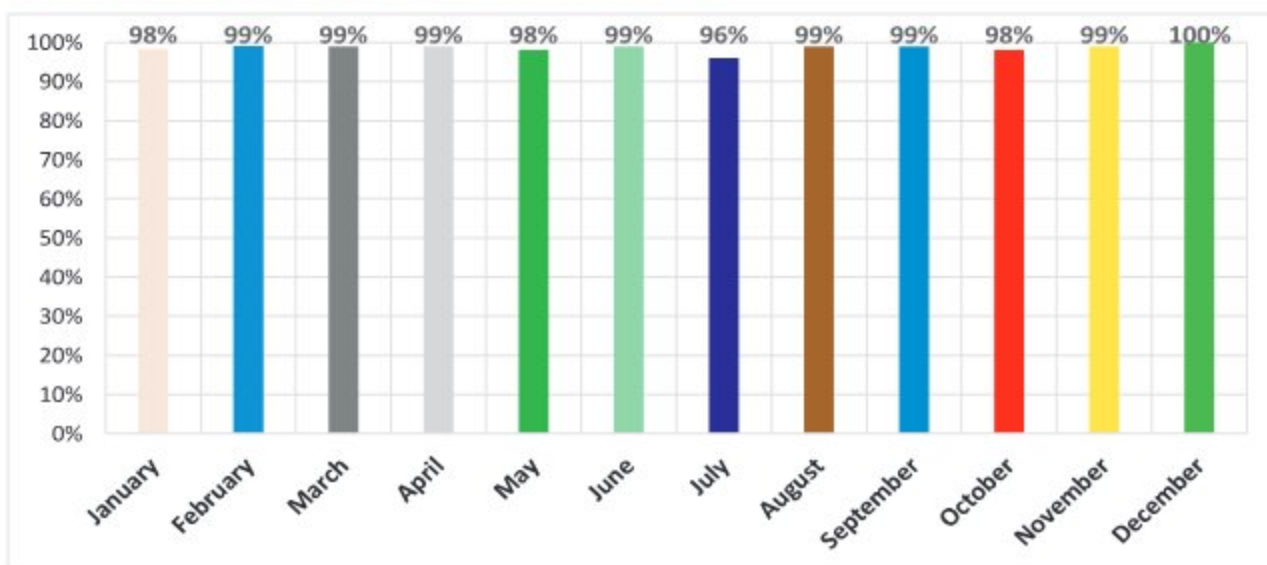
To enhance the reporting system, PPHI-B's Information & Technology wing has adopted the DHIS online software from the DHIS Cell of Balochistan Health Department. This software is now accessible online to all district support offices of PPHI-B. Monthly reports are collected from Basic Health Units (BHUs). After reviewing each BHU's report, the data is uploaded to DHIS by the District Support Unit of each district. Once the monthly reports are uploaded, analysis and evaluation begin at the head office level. Performance reports for each district are then generated by the Information & Technology wing under the supervision of a Public Health Specialist.

3.2 DHIS-2 IMPLEMENTATION AND INTEGRATION

The Provincial Health Information Management System (HIMS)/DHIS Cell of the Health Directorate in Balochistan has successfully conducted a baseline survey to facilitate the implementation of DHIS-2 in Basic Health Units (BHUs) and Health Facilities (HFs) across the province. Collaborating with UNICEF Pakistan and other partners, the HIMS/DHIS Cell, under the auspices of the Department of Health, Government of Balochistan, has initiated the DHIS2 implementation in two phases. The first phase covers seven districts, including Lasbela, Hub, Sohbat Pur, Jaffar Abad, Usta Mohammad, Jhal Magsi and Naseer Abad, while the second phase includes eight districts: Kech, Khuzdar, Kharan, Mastung, Pishin, Loralai, Gwadar, and Zhob. Additionally, Pathfinder has committed support for DHIS2 implementation in Kachhi, Chaghi, Quetta, Killa Saif Ullah, and Panjgur. The comprehensive plan is to extend DHIS2 implementation to all districts.

PPHI-Balochistan has successfully integrated DHIS reporting into a unified system since January 2018. This system operates under the supervision and control of the DHIS Cell within the Health Department of the Balochistan Government. Through this integration, all District Support Units (DSUs) can directly input BHU reports into the DHIS Cell's system. This streamlined process aims to eliminate discrepancies and ensure DHIS has accurate data to reflect the actual performance of BHUs in each district. Looking ahead, we aspire to transition to DHIS 2 reporting with the support of the HMIS/DHIS Cell within the Health Department of the Balochistan Government.

3.3 MONTHLY DHIS REPORTING PERFORMANCE IN 2023:



SOURCE: DHIS REPORTS PPHI-B



Throughout 2023, we saw impressive reporting rates: 99% in the first quarter, and 98% in the second, third, and fourth quarters, resulting in an overall rate of 99% for the year. This steady progress highlights the positive impact of small, continuous improvements.

The timely reporting from 736 BHUs/HFs is a testament to the enhanced health information and management system, achieved through the dedicated efforts of BHU in-charges, district PPHI teams, the Information & Technology (IT) wing, and the DHIS cell within the Health Department of the Balochistan Government. This data plays a crucial role in the planning, supervision, monitoring, and evaluation of health services. Additionally, it serves as valuable input for research, policymaking, decision-making, and the utilization of Lot Quality Assurance Sampling (LQAS) for error-free reporting.

However, challenges remain, particularly in rural and remote areas, where there is a lack of skilled staff to ensure quality care. Addressing these challenges requires continued efforts and support to improve data quality and healthcare delivery in underserved regions.

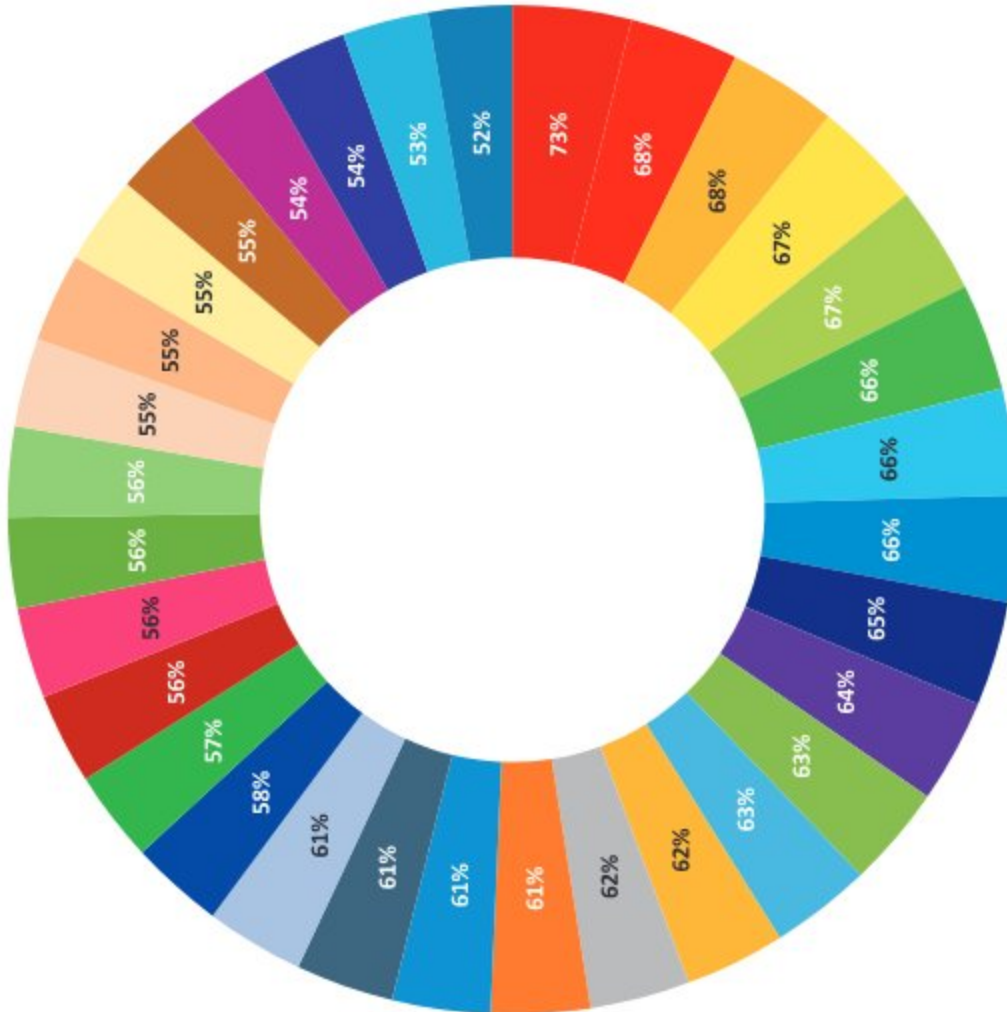
3.4 Improvements in Primary Healthcare Services Delivery

In 2023, PPHI-Balochistan made significant progress in meeting its targets for delivering primary healthcare (PHC) services compared to 2022. However, some District Support Units (DSUs) faced challenges in reporting certain indicators. They were instructed to identify weaknesses, threats, and enhance their reporting by:

1. Initiating DHIS2 reporting in districts where training and logistics were provided. District managers are responsible for ensuring timely and accurate daily reporting from Basic Health Units (BHUs).
2. Ensuring the presence of healthcare providers in BHUs during scheduled working hours.
3. Ensuring timely and error-free monthly reporting from all BHUs.
4. Reporting follow-up or previous cases.
5. Referring 5 to 10% of total outpatient department (OPD) cases to higher health facilities.
6. Recording referral cases, screening under-5 malnourished children in OPD registers, and complicated cases in maternal and child health (MCH) registers.
7. Avoiding zero reporting and referring 8-10% of total antenatal care (ANC) cases involving complicated pregnancies to higher health facilities.
8. Enhancing maternal and child health services (MCHS).
9. Improving immunization coverage.
10. Ensuring TB care health facilities report and meet quarterly targets.
11. Eliminating zero reporting of malnourished children under 5 years old.
12. Discouraging home treatment and encouraging patients to visit BHUs.
13. Creating a welcoming atmosphere at BHUs to facilitate women's visits for maternal and child health services (MCHS).
14. Ensuring high-quality assurance of DHIS reporting.
15. Proper management of essential drugs at BHUs.
16. Expanding MCH plus services to operate 24/7 at BHUs.
17. Achieving targets for COVID-19 vaccination and administering first and second booster doses.
18. Maintaining the ODK reporting system.
19. Keeping logbooks for ambulances and supervisory vehicles according to standard operating procedures (SOPs).

20. Dual checking DHIS reporting by DSMs, ADSMs, and M&E Officers before submission each month.

3.5 District Health Services Performance Achievements in 2023 (Percentages)



- Kalat
- Mastung
- Jaffarabad
- Jhal Magsi
- Kech
- Naseerabad
- Dera Bugti
- Gwadar
- Suhbat Pur
- Awaran
- Kharan
- Chagai
- Duki
- Sherani
- Barkhan
- Kohlu
- Musa Khail
- Quetta
- Zhob
- Pishin
- Killa Saifullah
- Washuk
- Panjgur
- Noshki
- Ziarat
- Sibi
- Khuzdar
- Lasbela
- Loralai
- Killa Abdullah

A1 = Extra Ordinary (90 –99 %), A = Excellent (80 – 89 %), B = Best (70 -79 %),
C = Better (60-69 %), D = Good (50-59 %), E = Average (40-49 %)

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



4. A VIEW OF PROJECTS & PROGRAMS

4.1. PPHI - UNFPA SUPPORTED PROJECTS (Progress from Jan-Dec 2023)

Balochistan, Pakistan's largest province, grapples with formidable challenges in delivering adequate healthcare services due to its vast size, sparse population, rugged terrain, and socio-economic factors. Primary healthcare services are crucial for addressing population health needs and preventing disease spread, yet the province faces hurdles including limited infrastructure, insufficient facilities, shortages of healthcare professionals, and low health literacy rates. Many districts encounter difficulties such as hard-to-access areas, scarce resources, especially in skilled female healthcare providers, and inadequate capacity among existing staff. These challenges significantly impact the provision of sexual and reproductive health services, particularly affecting women and children and exacerbating poor SRH indicators. Balochistan faces the country's poorest SRH/MNCH indicators, including a mortality rate of 298 per 100,000 live births, skilled birth attendance at 38%, institutionalized deliveries at 35%, and a contraceptive prevalence of 14% with a 22% unmet family planning need, highlighting severe SRH issues. Public sector responses are limited due to a fragile health system and minimal spending, necessitating more coordinated efforts. The UNFPA platform enables synchronized approaches, such as the Tripartite arrangement with PPHI and Population Welfare Department, strengthening family planning services and resource utilization. These efforts align with long-term development goals and the "Whole System" approach, recognizing the importance of service integration.

UNFPA funding significantly enhanced accessibility to sexual and reproductive health services, along with gender-based violence prevention and response for women and girls in Balochistan targeted facilities. Life-saving services, including family planning and GBV support, were provided through static health facilities and Mobile Service Units, benefiting Afghan refugees and the host population. Social mobilization efforts aimed to improve community health-seeking behaviour regarding family planning, reproductive health, GBV, and institutionalized service provision. Additionally, UNFPA-funded training sessions strengthened the capacity of healthcare providers in affected areas to deliver essential SRH and GBV services.

4.1.1 UNFPA – DFAT PROJECT

(A project funded by Department of Foreign Affairs & Trade (DFAT), Australian Government)

PPHI Balochistan with the financial and technical support of UNFPA, through Department of Foreign Affairs & Trade (DFAT), Australian Government has been running a project on "Provision of Life-Saving Maternal and Reproductive health and Protection Support Services" for Women and Girls of Afghan refugees and host community in Balochistan since 2019. Balochistan with the highest Maternal Mortality, the lowest contraceptive usage and skilled birth attendance in the country remained as worrying as in previous years. In circumstances where the availability of skilled female HCPs remained challenging throughout the province (mainly in the peripheries), due to its vast/hard-to-reach terrains, the effectiveness of the UNFPA Projects kept cumulating in year 2023. With the strategy to effectively utilize the limited resources and strengthening of the referral service, a unique strategy of "Hub & Spoke Model" was implemented in DFAT Project, which resulted in a significant increase in the sexual & reproductive health and Mental Health and Psychosocial Support Services.

Hub & Spoke Model: In Pishin, PPHI-B with the support of UNFPA is running the Hub & Spoke model to improve functions of the health system through rational allocation of limited available resources and to ensure upward and downward referrals. THQ Khanozai functions as a "HUB" for the surrounding five basic health units' "SPOKES" located in a radius of 18 KMs from the HUB. The project is aimed at enhancing the BEmONC services in the catchment with provision of 24/7 services to the community. All five BHUs refer complicated cases and after-hours deliveries to the hub for services. One mobile service unit (MSU) is also regularly visiting Saranan AR camp to deliver SRH, GBV and FP services. To complement the efforts of existing health staff, UNFPA has

deployed two female medical doctors and six lady health visitors. Hub & Spoke model is providing SRH and GBV integrated services to around 160,000 people in District Pishin and of whom 49% are Afghan Refugees. 5 HFs in 3 more Districts (2 in Quetta, 1 in KSF and 2 in Chagai) of Balochistan with a high influx of Afghan refugees are also ensuring the provision of SRH, GBV and MHPSS services to the communities

DFAT 2023 Indicators	Achievement
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	13,453
Number of women received Postnatal Care (PNC) services	3,145
Number of Normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	2,812
Number of persons treated for STIs	5,342
Number of clients received SRH services package in the catchment area.	24,752
Number of clients receiving FP (modern contraceptives) services.	9,539
Number of clients received FP counselling on (modern contraceptive) services	23,515
Number of referred cases of complicated pregnancies to CEmONC Centre.	217
Number of Couple Years of Protection (CYP) generated.	1,463
Number of women receiving dignity kits	2,870
Number of pregnant women provided with clean delivery kits to ensure safe births	2,859
Number of Newborn babies NBBK Kits Distributed	2,471
Number of men and women received SRH/FP/GBV information and awareness in the catchment population.	16,245
Number of clients that accessed the SRH services (ANC, deliveries, PNC, FP, STI) through mobile teams	4,999
Number of women, young girls received information on SRH/FP/GBV at Women friendly Health Spaces.	9,272
Number of GBV cases referred with the support of WFHS/through referral pathway.	139
Number of clients received mental health counselling and psychosocial support services.	1,347
Number of women referred for advanced cases of mental health.	269
Number of women/persons with disabilities received SRH, FP, and GBV services	397
Number GBV Cases Reported.	280
Number of GBV cases reported and followed up with case management.	154



Delivery conducted at Posti, Chagai



Delivery conducted at Pashtoon Bagh, Quetta



Delivery conducted at Nasai, Killa Abdullah



Awareness sessions at WGFS THQ, Hospital Khanozai



Awareness sessions at WGFS Pashtoon Bagh



Awareness sessions at WGFS Rod Mulazai Pishin



Outreach awareness sessions Nasai, Killa Saif Ullah



Outreach awareness sessions Rod Mulazai, Pishin



Outreach awareness sessions Nasai, Killa Saif Ullah



Stitching practice at WGFS THQ Hospital, Khanozai, Pishin



Kids drawing activity at WGFS Rod Mulazai, Pishin



Embroidery practice activity at WGFS Pashtoon Bagh, Quetta



Kits Distribution at BHU Sargasha, Chagai



Kits Distribution at WGFS Rod Mulazai, Pishin



Kits Distribution at Outreach Pashtoon Bagh, Quetta

4.1.2. UNFPA – JAPAN PROJECT

(A project funded by Japan Government in the flood affected districts in Balochistan)

Through the UNFPA-Japan funded project support, PPHI Balochistan implemented another project in two flood/ heavy rainfall affected districts, namely Lasbela and Jhal Magsi. The project aimed to ensure access to life-saving Sexual and Reproductive Health (SRH) services, Gender-Based Violence (GBV) support, and Psycho-Social Support (PSS) services for women and girls affected by humanitarian emergencies such as heavy rainfalls and floods. This was achieved through the establishment of 12 Health Facilities and 4 Women and Girls Friendly Spaces (WGFs), with 3 located in Lasbela and 1 in Jhal Magsi.

PPHI Balochistan with support of UNFPA served the communities by providing Basic Emergency Obstetric and Newborn Care services, family planning assistance, and conducting awareness sessions on SRH/FP/GBV/PSEA. Additionally, services related to GBV, mental health, and psychosocial support were offered, along with referral services through health facilities, women and girls' friendly spaces, and outreach programs. The progress of the project for 2023 can be summarized as follows:

Japan Funds Indicators	Achievement
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	7,104
Number of women received Postnatal Care (PNC) services	1,758
Number of Normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	1,126
Number of persons treated for STIs	3,013
Number of clients received SRH services package in the catchment area.	13,001
Number of clients receiving FP (modern contraceptives) services.	6,498
Number of clients received FP counselling on (modern contraceptive) services	10,621
Number of referred cases of complicated pregnancies to CEmONC Centre.	186
Number of women receiving dignity kits	2,773
Number of pregnant women provided with clean delivery kits to ensure safe births	1,315
Number of Newborn babies NBBK Kits Distributed	1,069
Number of men and women received SRH/FP/GBV information and awareness in the catchment population.	21,904
Number of women, young girls received information on SRH/FP/GBV at Women friendly Health Spaces.	5,756
Number of GBV cases referred with the support of WFHS/through referral pathway.	82
Number of clients received mental health counselling and psychosocial support services.	2,518
Number of women referred for advanced cases of mental health.	144
Number of women/persons with disabilities received SRH, FP, and GBV services	413
Number GBV Cases Reported.	200
Number of GBV cases reported and followed up with case management.	128



Delivery conducted at Gajjan, Jhal Magsi



Delivery conducted at Sukkan, Lasbela



Delivery conducted at Liari, Lasbela



Awareness sessions at WGFS Hathyari, Jhal Magsi



Awareness sessions at WGFS Sukkan, Lasbela



Awareness sessions at WGFS Liari, Lasbela

Individual Counselling session with client WGFS Sukkan, Lasbela



Individual Counselling session with client WGFS Liari, Lasbela



Kits Distribution at BHU Phore-I, Lasbela



Kits Distribution at WGFS Pinyan, Lasbela



4.1.3 UNFPA – US Funded Project

(A project funded by United States in the refugee’s influx districts of Balochistan)

In 2023, UNFPA under US-FUNDS project supported 12 BHUs and 9 WGFs in 5 districts (Chagai, Chaman, Loralai, Pishin, and Quetta) in Balochistan. The project aimed to ensure access to life-saving sexual and reproductive health (SRH) services, Gender-Based Violence (GBV) support, and Psychosocial Support Services (PSS) for women and girls, especially Afghan refugees, in these districts. PPHI served the communities by delivering Basic Emergency Obstetric and Newborn Care (BEmONC) services, family planning, awareness sessions on SRH/FP/GBV, GBV, mental health, psychosocial support, and referral services through health facilities and outreach.

The progress of the project for 2023 is as under:

US-PRM Funds Indicators	Achievement
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	7,464
Number of women received Postnatal Care (PNC) services	2,030
Number of Normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	1,484
Number of persons treated for STIs	3,346
Number of clients received SRH services package in the catchment area.	14,324
Number of clients receiving FP (modern contraceptives) services.	6,360
Number of clients received FP counselling on (modern contraceptive) services	8,208
Number of referred cases of complicated pregnancies to CEmONC center.	191
Number of Couple Years of Protection (CYP) generated.	918
Number of women receiving dignity kits	2,354
Number of pregnant women provided with clean delivery kits to ensure safe births	1,488
Number of Newborn babies NBBK Kits Distributed	1,217
Number of men and women received SRH/FP/GBV information and awareness in the catchment population.	2,673
Number of women, young girls received information on SRH/FP/GBV at Women friendly Health Spaces.	13,211
Number of GBV cases referred with the support of WFHS/through referral pathway.	290
Number of clients received mental health counselling and psychosocial support services.	3,728
Number of women referred for advanced cases of mental health.	269
Number of women/persons with disabilities received SRH, FP, and GBV services	473
Number GBV Cases Reported.	528
Number of GBV cases reported and followed up with case management.	313



Delivery conducted at BHU Nasarabad, Loralai



Delivery conducted at Jangal Pir Alizai, Killi Abdullah



Delivery conducted at BHU Muhammad Khail, Quetta

SRH/GBV/PSEA Awareness Sessions at Women and Girls Friendly Spaces (WGFS)



Individual Counselling sessions at WGFS Miralzai, Chaman



Individual Counselling session with client WGFS Murda Karez, Chaman



Individual Counselling session with client WGFS Kachi Baig, Quetta

4.1.4 UNFPA – KOREAN Funded Project

(A project funded by Korean Government)

UNFPA under the Korean Funded Project supported PPHI Balochistan in Harnai Balochistan, supporting 4 BHUs and 1 WGFS to deliver Integrated Sexual and Reproductive Health (SRH) Services and Mental Health and Psychosocial Support Services (MHPSS). The project aimed to ensure access of women and girls specially Afghan Refugees in this district to lifesaving sexual and reproductive health (SRH) services, Gender Based Violence (GBV) and Psychosocial Support (PSS) services. PPHI served the communities with delivering Basic Emergency Obstetric and Newborn Care (BEmONC) services, family planning, awareness sessions on SRH/FP/GBV, GBV, mental health and psychosocial support and referral services through health facilities and outreach. The progress of the project for 2022 is as under:

Korean Funds (Harnai) Indicators	Achievement
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	2,367
Number of women received Postnatal Care (PNC) services	244
Number of normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	309
Number of persons treated for STIs	1,208
Number of clients received SRH services package in the catchment area.	4,126

Number of clients receiving FP (modern contraceptives) services.	2,954
Number of clients received FP counselling on (modern contraceptive) services	3,546
Number of referred cases of complicated pregnancies to CEmONC center.	43
Number of Couple Years of Protection (CYP) generated.	500
Number of women receiving dignity kits	604
Number of pregnant women provided with clean delivery kits to ensure safe births	313
Number of Newborn babies NBBK Kits Distributed	289
Number of men and women received SRH/FP/GBV information and awareness in the catchment population.	4,239
Number of women, young girls received information on SRH/FP/GBV at Women friendly Health Spaces.	2,166
Number of GBV cases referred with the support of WFHS/through referral pathway.	68
Number of clients received mental health counselling and psychosocial support services.	414
Number of women referred for advanced cases of mental health.	66
Number of women/persons with disabilities received SRH, FP, and GBV services	180
Number GBV Cases Reported.	87
Number of GBV cases reported and followed up with case management.	49



Delivery conducted at BHU Ghurmi, Harnai



Delivery conducted at BHU Belli, Harnai



Awareness sessions at WGFS Ghurmi, Harnai



Stitching practice at WGFS Ghurmi, Harnai



Kids drawing and writing activity at WGFS Ghurmi, Harnai



Individual Counselling sessions at WGFS Ghurmi, Harnai



Individual Counselling sessions at WGFS Ghurmi, Harnai

4.1.5 UNFPA – CERF Project

(A Central Emergency Response Fund (CERF) project)

UNFPA under the “CERF - Flood Emergency Project” supported PPHI Balochistan in another project in 4 Districts (Naseer Abad, Jaffar Abad, Sohbatpur and Sibi) supporting 6 BHUs and 3 Outreach teams (2 in Naseer Abad and 1 in Sohbat Pur) to deliver Integrated Sexual and Reproductive Health (SRH) Services and Mental Health and Psychosocial Support Services (MHPSS). The project aimed to ensure access of women and girls in these districts affected by humanitarian emergencies i-e heavy rainfalls and floods to life saving SRH, GBV and MHPSS services. PPHI is ensuring the delivery of the services through BHUS, WGFSs and Outreach activities to meet the healthcare needs of the affected communities. The progress of the project for 2023 is as under:

CERF Flood Emergency Indicators	Achievement
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	3,273
Number of women received Postnatal Care (PNC) services	610
Number of normal deliveries assisted at static health facilities providing Basic	401
Number of persons treated for STIs	641
Number of clients received SRH services package in the catchment area.	4,925
Number of clients receiving FP (modern contraceptives) services.	920
Number of clients received FP counselling on (modern contraceptive) services	1,562
Number of referred cases of complicated pregnancies to CEmONC centre.	45
Number of women receiving dignity kits	617
Number of pregnant women provided with clean delivery kits to ensure safe births	537
Number of Newborn babies NBBK Kits Distributed	329
Number of men and women received SRH/FP/GBV information and awareness in	9,619
Number of women, young girls received information on SRH/FP/GBV at Women	2,025
Number of GBV cases referred with the support of WFHS/through referral	11
Number of clients received mental health counselling and psychosocial support	293
Number of women referred for advanced cases of mental health.	21
Number of women/persons with disabilities received SRH, FP, and GBV services	184
Number GBV Cases Reported.	35
Number of GBV cases reported and followed up with case management.	26



Delivery conducted at BHU Dehpahal, Sibi



Delivery conducted at BHU Noor Pur, Sohbat Pur



Delivery conducted at BHU Taj Pur Jamali, Jaffar Abad



Delivery conducted at BHU Bahadur Khan Mengal, Naseer bad



Community Health Session at Naseerabad, Jaffarabad and Sohbatpur



Awareness sessions at WGFS Jia Khan, Sohbat Pur



Awareness sessions at WGFS Ashiq Ali Umrani, Naseer Abad



Awareness sessions at WGFS Social Welfare, Naseer bad



Individual Counselling at WGFS Social Welfare, Naseer Abad



Individual Counselling at Ashiq Ali Umrani, Naseer bad



Individual Counselling at WGFS Jia Khan, Sohbat Pur



Learning Stitching and Computer Skills at WGFs of Naseerbad and Sohbat Pur

4.1.6 Other UNFP Supported Activities During 2023

4.1.6.1 Sixteen (16) Days of Activism

16 Days of Activism Against Gender-Based Violence is an international campaign that takes place each year. It is an annual global campaign spanning from November 25 to December 10. Anchored between the International Day for the Elimination of Violence Against Women and Human Rights Day, it serves as a powerful platform to unite activists worldwide, raise awareness, challenge societal norms, and advocate for policy changes addressing gender-based violence. This year the slogan of 16 days was "UNITE! INVEST TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS". PPH with the support of UNFPA run the campaign in 2023 with the celebration of international days to galvanize actions against gender-based violence.



WGFs THQ Khanozai.



DSU Nasirabad



WGFs Miralzai, Chaman



WGFs Ghurmi, Harnai

One-Day Seminar with District Administration and Healthcare Providers on World AIDS Day



Worlds HIV AIDs Day awareness session at WGFS THQ Khanozai



Worlds HIV AIDs Day awareness session at WGFS Haji saifullah Chaman

Embracing Diversity: PPHI-B and Quetta Online Unite for Celebrating International Day of Persons with Disabilities!



Worlds Persons with Disabilities Day awareness session at Boy Scouts Quetta.



Worlds Persons with Disabilities Day awareness session at DSU Naseer bad.

Shining the Light of Justice: A Glimpse into International Human Rights Day - December 10, 2023



Worlds Human Rights Day at WGFS THQ Khanozai



Worlds Human Rights Day at WGFS Kechi Baig Quetta.

Monitoring Visits and Review Meetings conducted at UNFPA Project Support Districts



4.1.6.2. Capacity Building of Staff and Manager (Trainings and Orientations)

People's Primary Healthcare Initiative- Balochistan, (PPHI-B) with the financial support of the United Nations Population Fund (UNFPA) has conducted different training for healthcare providers in the year 2023. Training conducted included GBV & Psychological First Aid, MISP, BEmONC, LARC and GBV in Emergencies training courses in addition to the different orientations conducted for project staff. Through these trainings and orientation sessions, a total of 147 healthcare providers (121 Female and 26 Male) have been trained in the year 2023. The Trainings and orientations aimed to develop the capacity of the service providers on SRH, FP, GBV, MHPSS and psychological first Aid services for a better response to health issues and for the sustainability of the services in the communities.



Three Days training on MISP for SRH in Emergencies & GBV for Managers and Healthcare providers supported by UNFPA in Karachi



Three Days training on GBV in Emergency for Healthcare Providers, Psychologists & SOs organized in collaboration with UNFPA (CERF).



Gender Based Violence (GBV) and Psychological First Aid (PFA) 3 Days Training for Psychologists, Lady Health Visitors, and Social Organizers

Five Days Training on Basic Emergency Obstetric Maternal Neonatal care & Long-Acting Reversible Contraceptive for Female Health Care Providers of District Kohlu, Barkhan, Loralai and Harnai

4.2. Bill & Malinda Gate Foundation (BMGF)

Strengthening Routine Immunization Services in Low Performing Areas 2023

In October 2021; PPHI-B and BMGF signed an agreement for Support for EPI / Dispensaries in Balochistan. The purpose of the project is to: “to rapidly boost polio immunity in children in polio high-risk areas of Balochistan through the running of 23 vaccination facilities/ dispensaries in areas where these services are not currently available”. On 15th of Dec 2021, the project was handed over to PPHI-B, which as an implementing partner started its operations from 1st January 2022. The Project intends to focus on integrated approach focusing enhance service provision in daily outpatient attendance and Sexual & Reproductive Health (SRH) Services (including antenatal care, skilled deliveries, postnatal care, family planning services and STIs’ management) with special focus on routine immunization services.

4.2.1. Project Health Facilities

Health facilities in BMGF program are categorized in two categories i.e., Basic Health Units and Experimental Dispensaries.

- a) Basic Health Units (already managed through PPHI – B): PPHI Balochistan provides Primary Healthcare (PHC) including MCH services in the province through 730 + Basic Health Units (BHUs). BMGF Project only support Routine Immunization services at BHU level. The 28 BHUs that are included in the program are in district Chaman, Killa Abdullah, and Dukki.
- b) Government Dispensaries/ EDs: The structure and support provided to EDs are different than BHUs in which through the support of BMGF two IPs are looking after the operations i.e., PPHI-B and RIZ Consultants. The Initiative for the establishment of EDs

were to support the community and to eradicate the polio in Super High Risk Union Councils (SHRUCS) in Quetta, Pishin and Chaman. 08 EDs were established in these 03 districts through BMGF funded project in the year 2022.

The full-fledged support of RI, OPD & SRH is provided to EDs through foundation. The budget was allocated for monthly Medicines, HR salary, and monthly Utilities including Rent, Bills and repair etc.

4.2.2. Achievement of The Program:

Keeping in view the objectives of the project routine immunization of children 0-23 is the highest priority. In the last two years of the project, the dropout rate of PI-PIII has been decreased from approx. 60% to 35% and the plan for 2024 is to bring it under 20%. Secondly, the number of enrolled children in the program has been increased from 40% to 70% approx. Moreover; as per the stakeholders monitoring reporting, the targeted project districts Measles cases has been decreased tremendously.

2023 - OPD DATA OF 08 EDs in DISTRICT QUETTA, PISHIN, AND CHAMAN								
Districts	No. of EDs	Gender	< 1 Years	1-4 Years	5-14 Years	15-49 Years	50+ Years	Total
Quetta	3	Male	2,233	4,230	3,322	2,623	1,225	13,633
		Female	2,168	3,836	4,641	14,144	4,248	29,037
Pishin	2	Male	1,326	2,437	1,711	556	325	6,355
		Female	1,113	2,001	2,142	12,921	2,414	20,591
Chaman	3	Male	1,837	3,473	3,484	759	486	10,039
		Female	1,850	3,264	5,201	15,685	5,126	31,126
Grand Total			10,527	19,241	20,501	46,688	13,824	110,781

2023 - MNCH DATA OF 08 EDs in DISTRICT QUETTA, PISHIN, AND CHAMAN		
1	# Antental Care 1st Visit (ANC-1) in the Facility	4,907
2	ANC-1 Women with Hb.<10g/dl	2,501
3	Antenatal Care Repeat visit in the facility	3,620
4	1st Postnatal Care visit (PNC-1) in the facility	3,300
5	STIs	2,509
6	# of clients receiving FP (modern contraceptives) services	3,938

District BHUs Killa Abdullah Vaccination Report of 6 Union Councils & 12 Health Facilities						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
1,932	293	2,609	2,331	2,054	2,171	1,838
District Chaman BHUs Vaccination Report of 6 Union Councils & 9 Health Facilities						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
1,837	188	3,880	2,802	2,230	3,183	3,098
District Dukki BHUs Vaccination Report of 8 Union Councils & 10 Health Facilities						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
2,831	1,105	3,747	3,599	3,333	3,671	3,148
District Pishin EDs Vaccination Report of 6 Union Councils						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
1,028	292	1,386	934	740	1,314	605
District Quetta EDs Vaccination Report of 3 Union Councils & 3 Health Facilities						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
1,396	400	2,257	1,814	1,646	1,986	1,692
District Chaman EDs Vaccination Report of 3 Union Councils 3 Health Facilities						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
702	123	1,131	929	890	964	841
Yearly Vaccination Report of the Project for 25 Union Councils & 36 Health Facilities						
BCG	OPV-0	Penta - I	Penta - II	Penta - III	IPV - I	Measles - I
9,726	2,401	15,010	12,409	10,893	13,289	11,222

VACCINATION BY BMGF VACCINATORS OF 0-11 MONTHS CHILDREN 2023



SOURCE: DHIS REPORTS PPHI-B



General OPD, SRH & RI daily activity at ED Usman Killa 11-A, Pashtoonabad, district Quetta



Routine Immunization Outreach Session in district Chaman



SRH Session in Chaman



EPI Focal Person Dr. Waheed Lashari visit to ED Pishin Town District Pishin



BMGF Project Quarterly Review Meeting at DSU Quetta



Successful Completion of Routine Immunization & Monitoring at EPI HQ Balochistan



4.3. UNHCR Supported Intervention

(Improve Primary Healthcare Services to the Refugee population and Host community)

Project Partnership Agreement was signed between UNHCR and PPHI-B on January 3rd, 2023. UNHCR supported interventions aimed at enhancing the primary healthcare services in the proximity of Afghan refugee villages, currently not covered through health facilities. To achieve the objective, mobile health screening camps were conducted in district Chagai, Chaman, Quetta, Killa Abdullah, Loralai, Killa Siaf Ullah and Pishin. Moreover, infrastructural support, along with essential equipment's and furniture required in BHU Urgus district Killa Saifullah and BHU Shay Salar in district Chagai were provided.

The provision of essential equipment and infrastructural development was for the reason to strengthen the capacity of health facilities for essential quality service delivery. Additionally, a referral mechanism was built between the camp teams, community and service providers to strengthen the provision of services at the health facilities through timely referrals. Simultaneously, to further strengthen the linkage between the community and the healthcare providers/facilities, social mobilization remained a key component. Social organizers from the community, already aware the issues and challenges, provided awareness sessions in the community on sensitive issues like Gender Based Violence (GBV), Immunization, Health and Hygiene, Nutrition, Family Planning (FP) and Sexual and reproductive Health (SRH) to improve the health seeking behavior of the communities and enhance the service delivery at the health facilities.

Mobile health screening camps, the primary component, commenced from March, 2023; soon after the appointment of medics, paramedics and other supporting staff. Initially a brief orientation was given to all staff in the first week of March 2023 on the project deliverables, camp services, nature of camps, target population, data recording and reporting, DHIS tools maintenance and community mobilization. To ensure that targets are met timely, a full fledge schedule for teams was made and shared with partners and other key stakeholders. With the integrated approach, from March till December 2023, a total of 22,948 people benefitted from the PHC services provided through the camps in all 7 Districts.

Monthly OPD Beneficiaries (Host & Refugees) 2023

Beneficiaries	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Host	539	115	209	151	70	194	293	295	39	0	1,905
Refugee	1,494	1,514	2,210	1,889	1,892	2,180	2,703	2,237	2,181	2,743	21,043
Total	2,033	1,629	2,419	2,040	1,962	2,374	2,996	2,532	2,220	2,743	22,948

Monthly OPD Beneficiaries (Male & Female) 2023

Beneficiaries	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Male	858	622	951	797	863	987	1,341	1,094	985	1,281	9,779
Female	1,175	1,007	1,468	1,243	1,099	1,387	1,655	1,438	1,235	1,462	13,169
Total	2,033	1,629	2,419	2,040	1,962	2,374	2,996	2,532	2,220	2,743	22,948

The health camps also focused on providing maternal health/sexual and reproductive health services to females. From March till December 2023, a total of 1,281 females had their Antenatal Care (ANC) Check-ups, 145 females revisited for Antenatal care check-up, 422 females got Postnatal care check-up, 88 females revisited for postnatal care check-up and 460 women were vaccinated with TT vaccination.

S#	Indicators	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1	ANC1	65	77	94	125	105	130	156	172	120	237	1,281
2	ANC Revisit	2	27	8	75	8	6	2	5	1	11	145
3	PNC1	3	28	36	68	35	37	48	57	36	74	422
4	PNC Revisit	2	16	8	62	0	0	0	0	0	0	88
5	TT	9	40	37	80	28	45	54	56	45	66	460

Reflects the Monthly Maternal Health Beneficiaries from March till December 2023.

Social Mobilization has always remained a key component in achieving the targets with focusing on improving the health seeking behavior of the communities which is lacking in the traditional setup. Communities are usually deprived of the services due to lack of information or awareness regarding available health services and its benefits. With the support of UNHCR, six (6) Social Mobilizers conducted community awareness sessions regarding health services provided through camps and other pressing issues like GBV, Immunization, Nutrition, FP, SRH etc. From April till December 2023, a total of 458 sessions were conducted by the social organizers and 8,911 people were reached. Out of 8,911 Beneficiaries reached 5,248 were Male and 3663 were Female.

Monthly Mobilization Activities 2023										
Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Sessions	42	41	42	52	60	48	55	60	58	458
Male	475	466	328	424	575	517	666	701	1,096	5,248
Female	125	205	287	367	423	510	498	581	667	3,663



Mobile Health Camp at District Chaghi



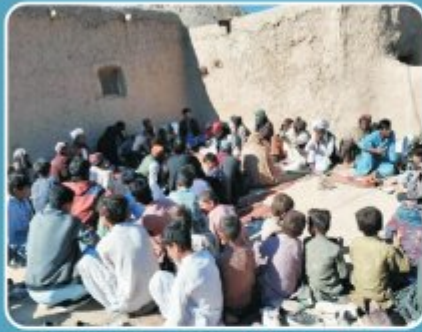
Mobile Health Camp at District Loralai



Mobile Health Camp at District Killa Saifullah



Mobile Health Camp at District Panjpai



Community Awareness Session Chaman



Community Awareness Session Pishin



Community Awareness Session Loralai



Community Awareness Session Killa Saifullah

4.4. Food and winterization assistance as well as primary healthcare services for the most vulnerable in the Afghan humanitarian crisis in Balochistan.

The project main objective was to provide urgently required humanitarian assistance to the Afghan displaced population and host communities; whose numbers and vulnerabilities have further increased after the recent overthrow of the regime in Afghanistan. IRC intended to respond to the humanitarian needs of the Afghan refugees, new arrival of Afghan Refugees and host communities in districts Chaman, Pishin and Killa Abdullah of Balochistan with GFFO support. The project focused on the most needed interventions to reduce the vulnerable households, poor socio-economic indicators and additional problems of refugees and host populations. It provided assistance to households in shape of non-food items, including winterization items and dignity kits for women and girls to fulfil their basic needs. The project provided Primary Health Care (PHC) services with particular focus on interventions for marginalized, women and girls. The health component focused on health assistance for communities (Afghan national and host populations) who could not access to health services due to physical and financial constraints. The communities who were living in remote areas were facilitated through Mobile Health Teams in nearby areas of villages' cluster. Mobile Health Teams were deployed in clusters of villages with necessary basic medical equipment and essential medicines. Mobile Health Teams comprised; Medical Doctors (male & female), Nurse, Midwife, Dispenser and Community Health Workers (CHWs). These team offered, maternal and child health care, screening for critical illness, malnutrition, etc. Referral pathways was established and where needed critical cases will be referred to nearest public health facilities. Community Health Workers provided preventive & promotive health care, malnutrition screening and community social mobilization to community.

Progress Against Target:

S.No	Indicator	Target	Progress till 15 th	Percentage
1.	Food Assistance	9,000	10,650	118
2.	Non-Food Assistance	4,000	4,200	105
3.	Dignity Kits	4,000	5,127	103
4.	Mobile Camps	1,560	785	50
5.	OPD	199,583	197,889	99
6.	Hygiene Sessions	109,200	113,378	104
7.	Awareness Sessions	5,000	7,540	151
8.	Capacity Building of BHU Staff	75	75	100

Consolidated Out Reach Camps Report June 2022 to March 15, 2023

District	# of Health camps in the month	Age group	Overall, Health reach						
			Male	Female	TGs	PWD	Total		Total
							Refugee	Host	
Pishin	270	< 5	5,505	7,012	8	24	7,834	4,691	12,525
		5 to 14	4,551	5,925	0	4	5,988	4,488	10,476
		15-49	6,199	17,009	0	2	14,139	9,069	23,208
		50 & >	4,011	4,732	0	0	5,148	3,595	8,743
Sub-Total	270		20,266	34,678	8	30	33,109	21,843	54,952
Killa Abdullah	242	< 5	4,654	4,338	0	0	4,056	4,942	8,992
		5-14	3,086	4,738	0	0	3,544	4,285	7,824
		15-49	2,962	17,719	0	0	9,012	11,664	20,681
		50 & >	1,990	3,153	0	0	2,416	2,721	5,143
Sub-Total	242		12,692	29,948	0	0	19,028	23,612	42,640
Chaman	273	< 5	7,673	7,446	0	1	5,422	9,697	15,119
		5-14	8,437	12,134	0	14	7,015	13,556	20,571
		15-49	4,569	26,313	1	33	10,699	20,184	30,883
		50 & >	2,323	4,117	0	1	2,341	4,099	6,440
Sub-Total	273		23,002	50,010	1	49	25,477	47,536	73,013
Grand total	785		55,960	114,636	9	79	77,614	92,991	170,605

Consolidated Report of Distribution June 2022 to March 15, 2023

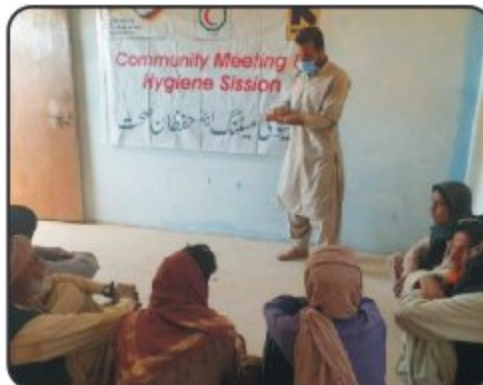
District	Age group	Overall In-kind distribution Client reach							
		Total						Host/Refugee %	
		M	F	TGs	PWDs	Host	Refugee	Host	Refugee
Pishin	15-49	3,675	2,456	0	2	3,570	2,561	58%	42%
Sub-Total		3,675	2,456	0	2	3,570	2,561	58%	42%
Killa Abdullah	5 to 14	1	56	0	0	32	25	56%	44%
	15-49	4,867	2,347	0	0	4,285	2,929	59%	41%
	50 & >	498	47	0	0	233	312	0	0
Sub-Total		5,366	2,450	0	0	4,550	3,266	58%	42%
Chaman	5 to 14	1	8	0	0	8	1	89%	11%
	15-49	3,216	1,829	0	175	3,076	1,969	61%	39%
	50 & >	764	212	0	0	659	317	68%	32%
Sub-Total		3,981	2,049	0	175	3,743	2,287	62%	38%
Grand Total		13,022	6,955	0	177	11,863	8,114	59%	41%

Consolidated Report of Awareness Sessions June to December 15, 2022

District	Awareness session							
	Male	Female	Children	TGs	PWDs	Total		Total Participants
						Refugee	Host	
Pishin	0	2,375	0	0	0	1,135	1,240	2,375
Killa Abdullah	0	2,464	0	0	0	1,265	1,159	2,464
Chaman	0	2,701	0	0	20	1,170	1,402	2,701
G. Total	0	7,540	0	0	20	3,570	3,801	7,540

District	Health & Hygiene Session						
	Male	Female	TGs	PWDs	Total		Total Participants
					Refugee	Host	
Pishin	25,093	14,680	0	0	21,905	17,868	39,773
Killa Abdullah	12,573	7,948	60	0	5,936	14,645	20,581
Chaman	14,610	37,855	181	29	15,113	37,911	53,024
G. Total	52,276	60,483	241	29	42,954	70,424	113,378

Activity Pictures of IRC Project



4.5. Telehealth Services

Innovation in healthcare is providing the service providers an opportunity to enhance healthcare coverage. Primary Healthcare System in Balochistan has long faced deficiency of general and specialist healthcare providers. Telehealth gives an opportunity to provide quality healthcare services to the underserved areas of Balochistan. PPHI-Balochistan in collaboration with COMSATS Islamabad introduced Telehealth services in Balochistan. A successful pilot was implemented at BHU Shado Band Gwadar and BHU Wahdat Colony Quetta. Subsequently, Government of Balochistan approved and funded 04 telehealth clinics in Districts Washuk, Mastung, Jaffar Abad and Duki in 2020. Government of Balochistan later approved extension of telehealth service to all districts of Balochistan. In the second phase of the project, 09 further health facilities were commissioned by June 2021. A mobile telehealth unit started operations in October 2021. In phase 3, 05 health facilities were commissioned in the last quarter of 2022. 05 more health facilities were commissioned in by April 2023.

Telehealth offers effective tools for delivering healthcare services, and provides an opportunity to expand the reach and quality of primary healthcare. Offering specialist gynecology, pediatric and dermatology services. With an all-female panel of doctors, the vast majority of the rural female population shall have access to quality healthcare with the comfort of interacting with a Lady Doctor.

PPHI-B is responsible for provide primary healthcare services across Balochistan. Despite our best efforts, there exists a gap in the outreach and types of services being provided, with geographical and financial barriers access to general and specialist care is difficult in rural Balochistan. Main barriers to healthcare include deficiency of general and specialist healthcare providers, distances and costs of travel and care. Literacy in general and health literacy in particular plus limited clinical availability compounds the problem, as people do not realize the severity of illness in time.

Tele Health Facilities Commissioned In 2023



BHU Pandran Kalat



BHU Appozai Zhob



RHC Mekhtar Loralai



BHU Gishkore Awaran



BHU Jahangir bad Kohlu

Solution

General & Specialty care is not readily available to the vast majority of the population in Balochistan, because of the unavailability of doctors at public healthcare facilities. Primary healthcare is no different, medical officer is available at less than half of the facilities approximately. Female doctors are even scarce available only in 13% approx. of the facilities. Efforts to fill the gaps by all actors have largely been futile. There is also the issue of absenteeism making the actual availability of the doctor far less than the actual appointed. A holistic approach may bear fruits but, in the absence, alternate strategies are required to improve primary healthcare.

Telehealth offers a way forward, telehealth facilities offering routine free checkups by qualified gynecologist during pregnancy improves prenatal healthcare eventually leading to a healthy delivery and improve postnatal healthcare. With the availability of pediatrician neonatal healthcare improves. Telehealth can also be used for capacity building of midwives and health workers through online workshops.



Abdominal Ultrasound Probe



Multipurpose Camera and Scope



Digital Stethoscope



Vital Sign Monitor

Telehealth clinics offer General, Gynecology, Pediatric and Derma specialties. The service appears expensive on the onset but, the benefits outweigh the cost as the service availability is diverse and fills the gap of onsite medical officer along with offering added specialty and capacity building benefits. Additionally, telehealth provides onsite ultrasound facility along with multi-purpose camera scope for derma, ENT scope for detailed examination. Such facilities are broadly unavailable in the traditional model.

Detail of OPDs

S.#	TeleHealth	Female	Male	Children	High Risk	Referred	Total
1	BHU Appozai	690	6	110	8	206	806
2	BHU Ashkan Rodini	1,431	10	90	5	81	1,531
3	BHU Bakhtiarabad Domki	1,066	5	91	88	29	1,162
4	BHU Chowki Jamali	1,093	13	461	2	22	1,567
5	BHU Duki Nasar Abad	1,231	1	30	4	62	1,262
6	BHU Ghurmi	3,261	1	155	5	20	3,417
7	BHU Gishkore	19	0	3	2	1	22
8	BHU Habibzai	2,988	1	34	64	162	3,023
9	BHU Hirronk	401	6	14	12	18	421
10	BHU Jahangir Abad	455	7	121	5	104	583
11	BHU Jangal	1,788	9	251	1	3	2,048
12	BHU Katagri	1,940	27	413	3	67	2,380
13	BHU Lohi	622	11	10	3	43	643
14	BHU Manjhipur	2,138	1	61	13	122	2,200
15	BHU Nokjo	851	303	17	0	13	1,171
16	BHU Pandran	673	27	249	10	258	949
17	BHU Shado Band	979	45	864	9	28	1,888
18	BHU Village Aid	1,137	0	2	68	137	1,139
19	BHU Wahdat Colony	2,096	0	6	42	129	2,102
20	BHU Washuk Town	787	5	71	7	25	863
21	DHQ Dera Bugti	350	1	4	0	0	355
22	DHQ Musakhail	2,740	3	32	10	93	2,775
23	MCH Surab	1,384	0	36	67	186	1,420
24	Mobile Teleheath Unit	2,871	27	935	20	136	3,833
25	RHC Chagai	1,454	3	11	1	4	1,468
26	RHC Haji Shaher	2,639	21	399	3	77	3,059
27	RHC Manjhoo Shori	882	270	18	2	9	1,170
28	RHC Mekhtar	627	0	123	3	92	750
29	RHC Nasai	1,465	5	20	177	60	1,490
Total		40,058	808	4,631	634	2,187	45,497

4.6. Emergency Response Centers at Makran Coastal Highway

Government of Balochistan had approved an emergency response center project for coastal highway and released Rs. 707.00 million budgets to PPHI-B for establishment of six (6) ERCs on Makran Coastal Highway.

The project started in 2021. Human resource recruitment of Station Officer one (1) eighty-four (84) Cadets (including Emergency Medical Technicians 36, fire & Disaster Emergency Response Team Resource (11) & light Transport Vehicles Drivers (36) and forty-four supporting staff were completed. Technical Cadets were sent to Emergency Service Academy Punjab Lahore (1122) for six (6) months training. Training was completed in November, 5th, 2022. After completion of training cadets were deployed at 1122 MERC Balochistan for further capacity building and to provide rescue services to the people of Balochistan. ERC cadets were sent to JPMC for a 15 days training in two batch starting from 5th March, 2023 to 20th March, 2023 and 21st March, 2023 to 4th April, 2023.

Consultancy services were hired through NIT to work out complete design and maps for the proposed centers alongside resident engineer supervision during ongoing civil works at sites. Three sites Liyari, Phore and Rasmallan in District Lasbela and three sites Basol Ormara, Pasni Zeropoint and Nalaint in District Gwadar were established. Four (4) ERC sites of District Lasbela and Gwadar were tendered for construction and awarded to bidders. Construction works including Phase-B are under progress and near to completion.

The Procurement of six (6) Ambulance including six (6) rescue bike has been also completed in January 25th, 2023 and handed over to the vender for Fabrication, after fabrication ambulances were deployed at field on 20th July, 2023. Basic necessary equipment and medicine purchased and provided to all ERC sites, while for other major equipment and furniture tender process is under progress and procurement is expected to be complete before 1st June, 2024.

4.6.1. Detail of Emergency Response Centers started to provide services on Coastal Highway

- i. ERC Liyari District Lasbela in March, 2023
- ii. ERC Phore District Lasbela in July, 2023
- iii. ERC Rasmallan District Lasbela in March, 2023
- iv. ERC Ormara District Gwadar in May, 2023
- v. ERC Pasni District Gwadar in May, 2023
- vi. ERC Nalaint District Gwadar in July, 2023

4.6.2. Detail of Emergency Response Centres has provided services on Coastal Highway March, 2023 to 31st December.

S#	ERC Centre	Highway	No. of Incident Responded	No. of Injured treated	No. of Death recorded
1	ERC Liyari	N-10	92	127	2
2	ERC Phore	N-10	96	165	6
3	ERC Rasmallan	N-10	62	74	1
4	ERC Ormara	N-10	48	108	4
5	ERC Pasni Zeropoint	N-10	46	85	10
6	ERC Nalaint	N-10	22	25	1
Total			366	584	24



Passing our parade of 84 ERC Technical cadets of Lasbela and Gwadar at Emergency Services Academy Punjab Lahore (1122).



Morning Activity By PPHI-B ERC Rescue 1122



Chief Executive Officer Mr. Hameedullah Khan visited ERCs



Mr. Abdullah Khan Secretary Govt. of Balochistan Health Department was briefed progress and performance of ERCs at Uthal, Lasbela



Mr. Abdullah Khan Secretary Govt. of Balochistan Health Department was visited the ERCs District Lasbela & Gwadar



Technical Cadets were providing first aid at ERCs



Chief Executive Officer Mr. Hameedullah Nasar visited the progress & performance of ERCs



5. DETAIL OF HEALTH INFRASTRUCTURE IN BALOCHISTAN

- No. of Districts with PPHI-B 36
- No. of BHUs/ Health Facilities with PPHI-B 727

S.No	Description	Total HFs	HFs With PPHI-B
i)	Teaching Hospitals	17	0
ii)	District HQ Hospitals	23	0
iii)	TB Clinics	20	0
iv)	50-Beded Hospitals	4	0
v)	Civil Hospitals	11	0
vi)	Rural Health Centers	138	0
vii)	Basic Health Units/HF	741	724
viii)	Basic Health Units 24/7 MCH Plus	(41)	(39)
ix)	Civil Dispensaries	540	3
x)	Static Centers (Vaccination)	(1,050)	(554)
xi)	MCH Centers	105	0
xii)	Other HFs	37	0
xiii)	Health Houses (LHWs)	6,726	0
TOTAL		8,342	727

*37 BHUs upgraded into RHC & BHU are Non-Functional

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

Maintenance of Physical Infrastructure of Health Facilities



Repair & Renovation of BHU Pandandaz, District Panjgur



Repair & Renovation of BHU Koraro, District Khuzdar

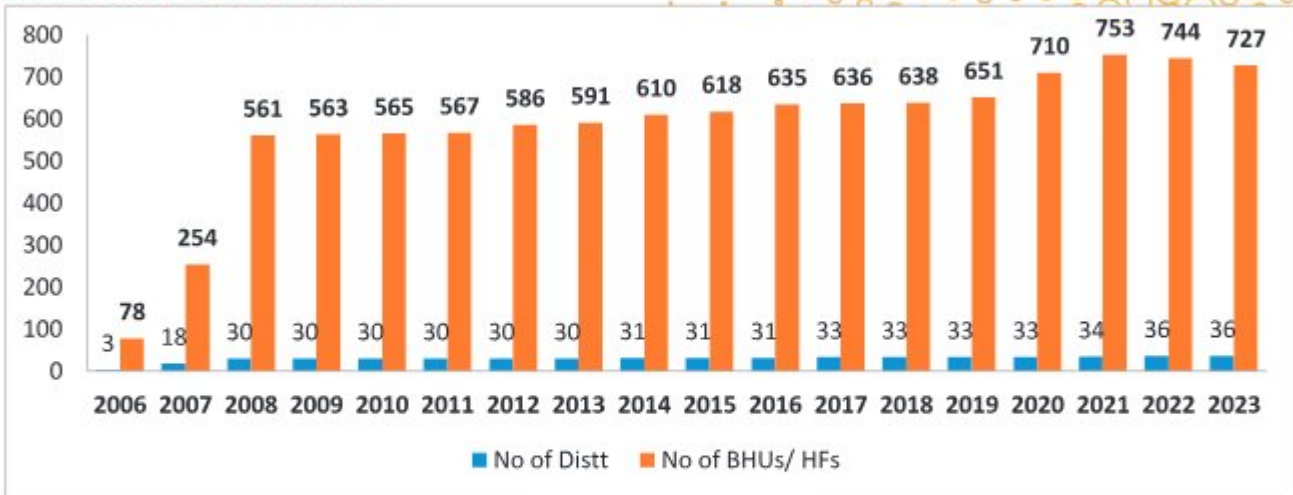


Repair & Renovation of BHU Gajan, District Jhal Magsi

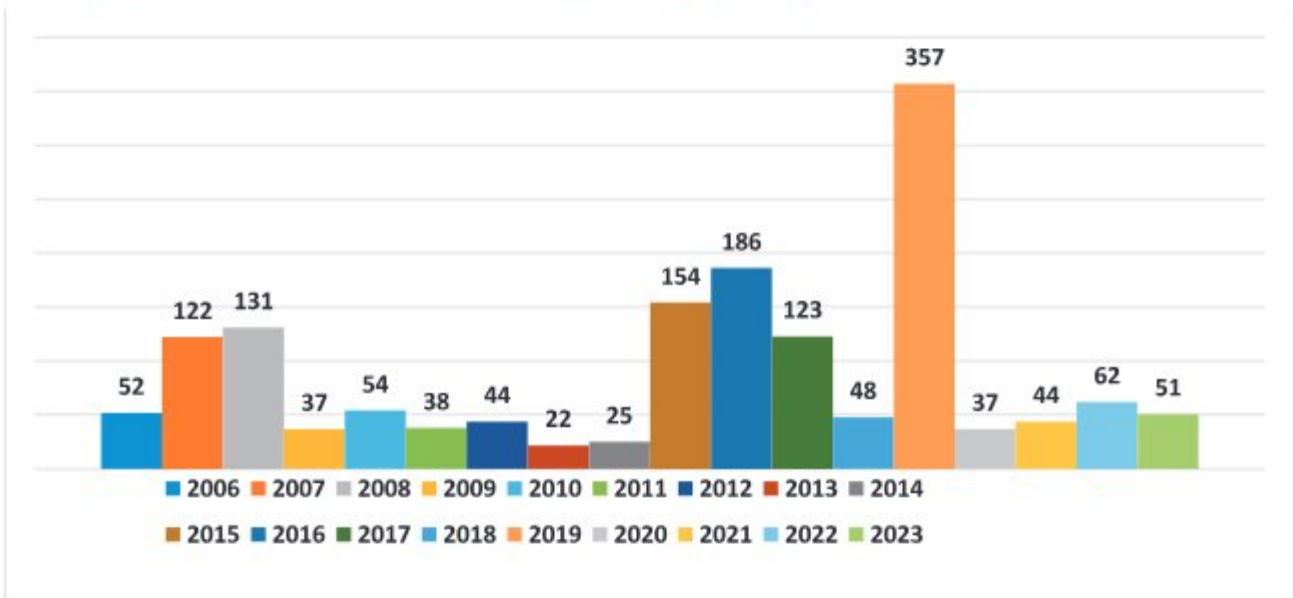


Repair & Renovation of BHU Padag, District Chaghi

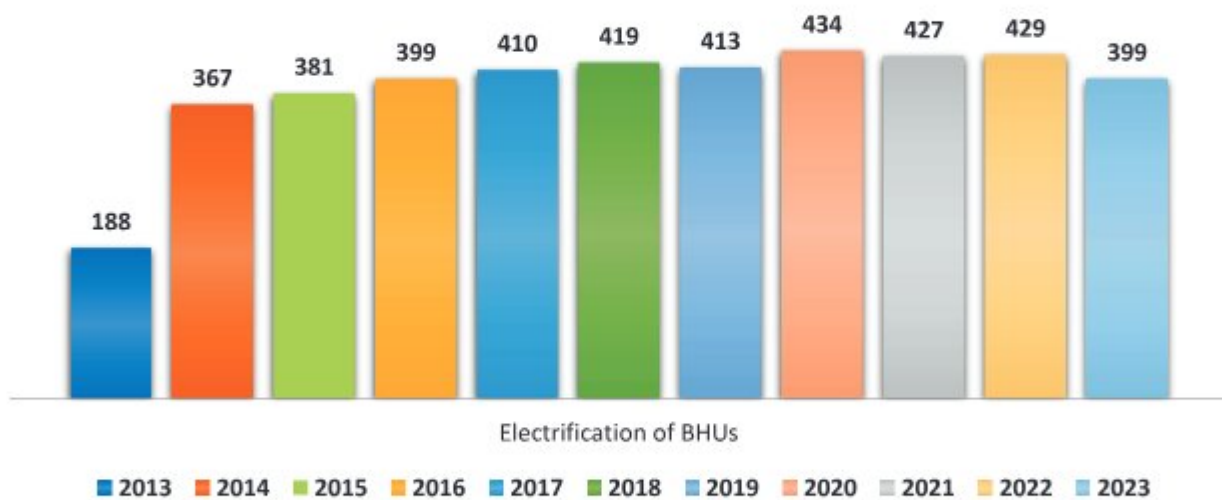
5.1 Increase number of BHUs



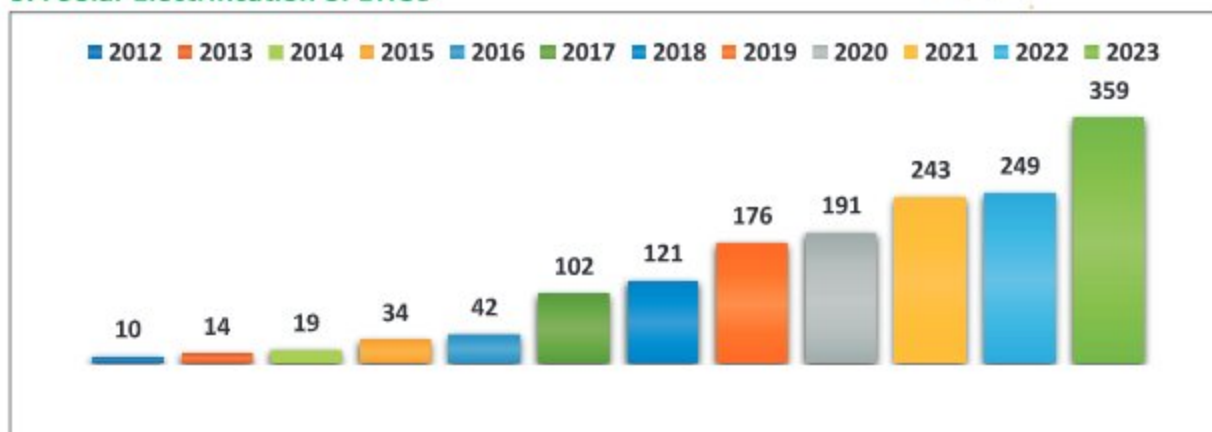
5.2 Repair, Renovation and Provision of Medical Equipment's/Furniture of BHUs.



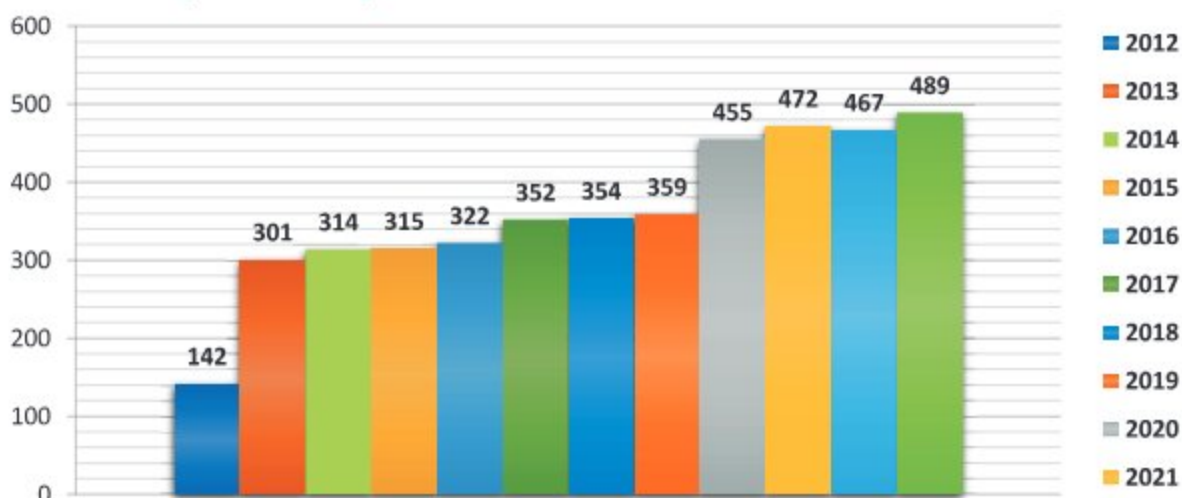
5.3 Electrification of BHUs.



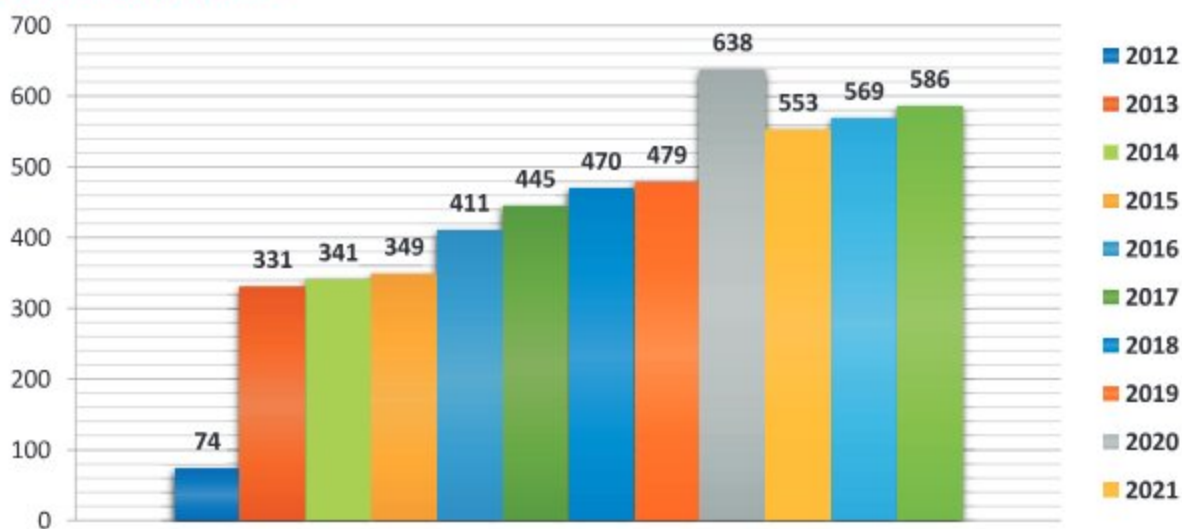
5.4 Solar Electrification of BHUs



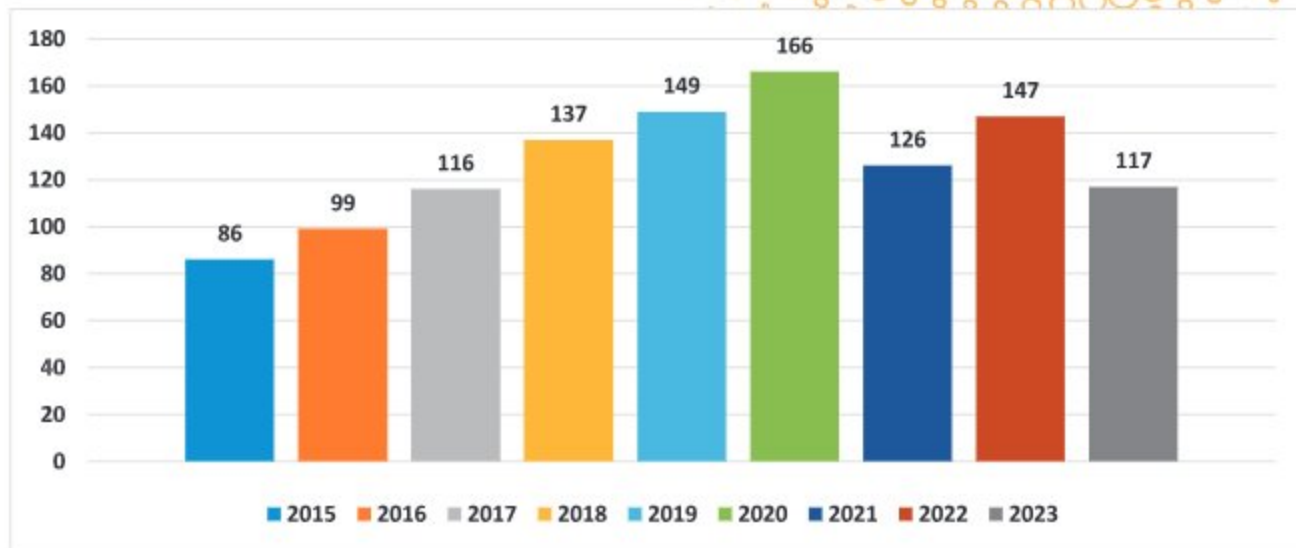
5.5 Washroom/Toilet Facility for Patients



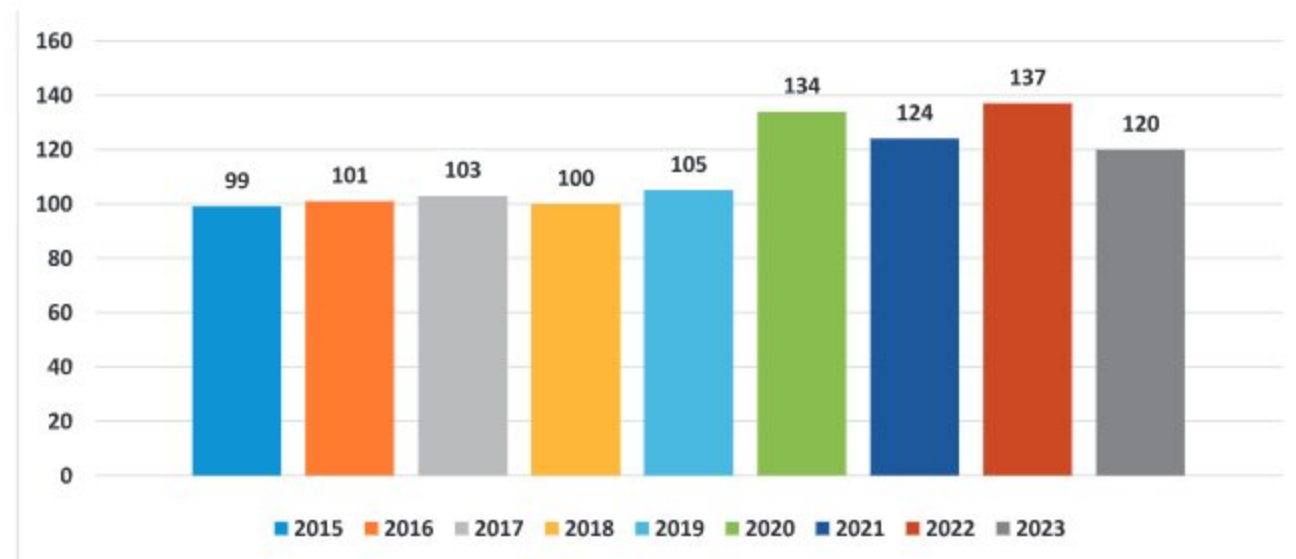
5.6 Provision of Water



5.7 Laboratories



5.8 Labor Rooms



Provision of Solar Panel and Water Pipe Line for BHU Bagbana District Khuzdar



Clean & Green Plantation activity at BHU Kot Mengal District Nasserabad

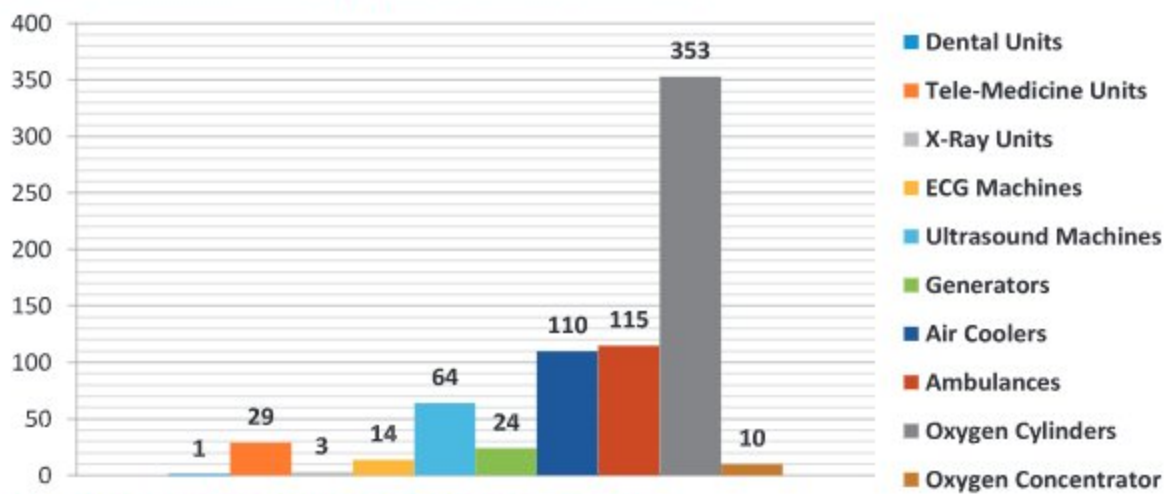


Labor Room at BHU Killi Atta Muhammad District Quetta



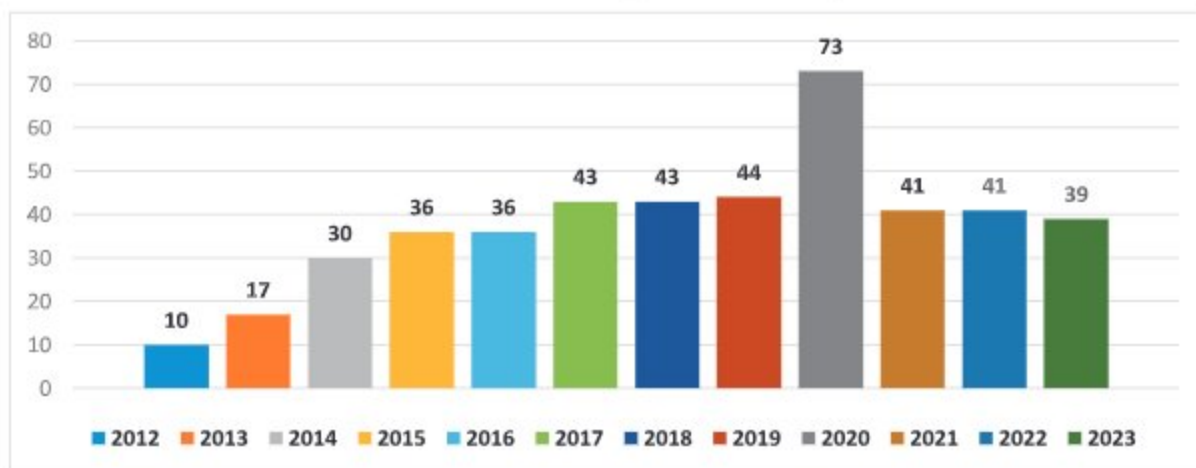
Laboratory at Dash e Kumbala District Mastung

5.8 Provision of Medical Equipment's and Ambulances



*17 Ultrasound Machines included in telehealth centers

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



In the 2010, high maternal mortality draws attention of PPHI-B management to strengthen the Primary Healthcare (PHC) in country for this purpose Basic Emergency Obstetric and New Born Care (BEmONC) was planned. In response, BHU Plus 24/7 BEmONC was implemented in all provinces with financial support of Federal Ministry of Health Islamabad.

In its first maternal health project, PPHI had identified barriers to maternal health and the feasibility of interventions to reduce the risk and mortality associated with pregnancy and childbirth. Recognizing that the major causes of maternal deaths were common and largely preventable or treatable, PPHI promoted a set of essential obstetric care services for all women. These services included not only emergency care but also prevention and early treatment of complications before they become emergencies; they targeted anemia, infection, hemorrhage, prolonged labor, hypertension, and through voluntary family planning services and unwanted pregnancy. Main focused on capacity building of female health care providers to increase the skills of those attending births.

PPHI- B has established 39 BHU Plus 24/7 Basic Emergency Obstetric Born Care by the end of the 2023. New approaches emphasizing increased access to quality of care, positive practices by health providers for families and communities. Policies that should favor safe motherhood, proper referral system to higher facilities and effective community mobilization. Meanwhile UNFPA also shared his support since last five years:

- Basic EmONC.
- Antenatal & Postnatal Care.
- Family planning services.
- Immunization.
- Laboratory services.
- Women specific medicines.
- Ultrasound services.
- 24 Hours ambulance services.
- MNCH counselling.

Some of the important protocols that revolve around the concept of 24/7 BHUs include the essential obstetric care principles and labor management. These protocols are observed to address the main complications of the delivery such as ante-partum hemorrhage, eclampsia, prolonged labor, uterine rupture, post-partum hemorrhage, management of vaginal and cervical tears and retained placenta. The protocols include the following:

- Initial assessment, duration, use of a partograph.
- Assessment of fetal well-being.
- Episiotomy.
- Special care for women who have undergone genital mutilation.
- Use of vacuum extractor.
- Management of hemorrhage management of eclampsia.
- Issues related to multiple births.
- Breech deliveries.

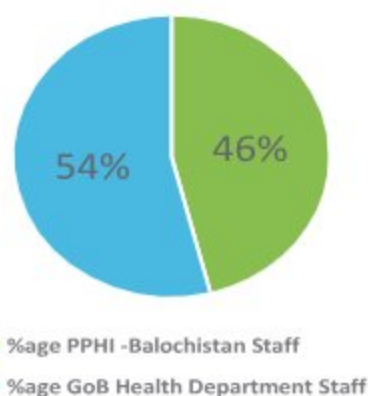
Referral to next level of care, if necessary.

These 24/7 BHUs are equipped with essential drugs and women specific medicines required for MNCH services. These facilities also provide resuscitation and basic care of the newborn (e.g., management of hypothermia and hypoglycemia) and readily available prophylactic to prevent neonatal ophthalmic etc.

6. PPHI-B HUMAN RESOURCE AND DEVELOPMENT

6.1 Detail of staff posted at BHUs by Health Department & PPHI Balochistan.

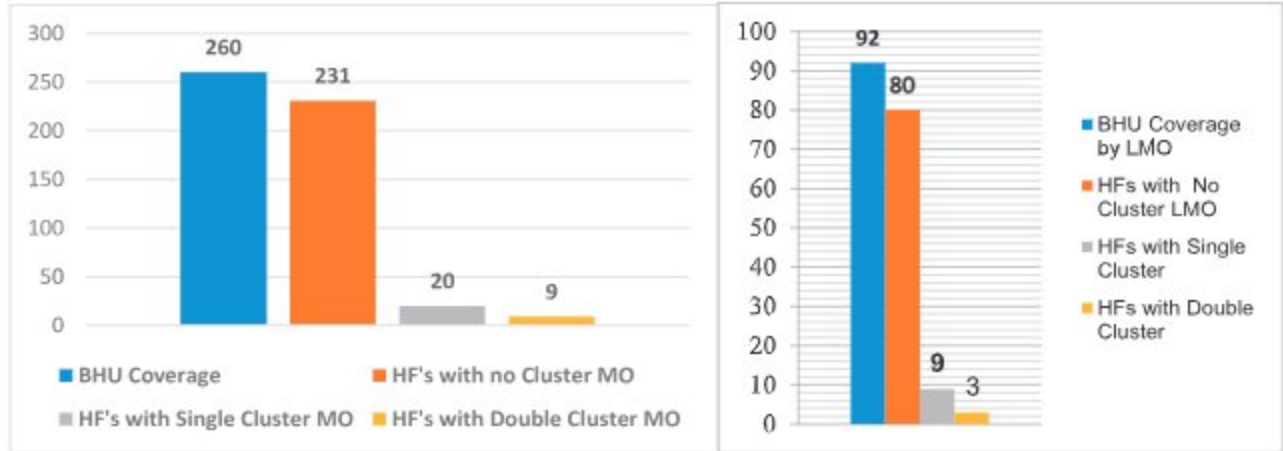
S #	Healthcare Provider	Sanctioned Posts	Employees at GoB Health Department Payroll	Employees at PPHI B & Project (Contract Staff Payroll)	Total Working Employees	%Age of PPHI- B Staff	%Age of GoB Health Department Staff	Vacant
1	MOs	620	152	92	244	38%	62%	376
2	LMOs	122	58	26	84	31%	69%	38
3	Dental Surgeon	3	10	0	10	0%	100%	-7
Sub Total		745	220	100	338	35%	65%	
4	Male Social Organizers		45	48	93	52%	48%	
5	Female Social Organizers		5	24	29	83%	17%	
6	LHVs	488	296	213	509	42%	58%	-21
7	MTs	671	355	257	612	42%	58%	59
7.1	FMTs	344	136	75	211	36%	64%	133
8	Dispensers	461	178	154	332	46%	54%	129
9	Vaccinators	171	219	300	519	58%	42%	-348
10	Lab Assistants	21	27	98	125	78%	22%	-104
11	X-Ray Assistant	8	11	0	11	0%	100%	-3
Sub Total		2,164	1,272	1,008	2,441	48%	52%	
G.Total		2,909	1,492	1,108	2,779	46%	54%	



6.2 Clustering of Health Facilities

The rural population remains at the receiving end of health services in Balochistan. In the vastness of the countryside, life offers constant challenges and hardships for communities. Their problems are compounded by the fact that health professionals least prefer to serve in rural and distant areas. Medical officers and Lady Health Visitors mostly flock to towns and cities in search of jobs, creating gap in health services at rural areas. Subsequently, this trend hampers the ability of healthcare providers to ensure health services for rural community. The health department Government of Balochistan has been notified to enhance the salaries of those MOs and LMOs who are serving in rural areas. As a healthcare providing agency, PPHI's operations mainly concern the

rural communities of Balochistan where health professionals, especially Medical Officers and Lady Health Visitors are low in number.



Male OPD at BHU Davi Bhatta District Sibi



Female OPD at BHU Belli, District Ziarat



Male OPD at BHU Kawas Gharbi, District Ziarat



Female OPD at BHU Baghbana, District Khuzdar



Male OPD at BHU Gishkore, District Awaran



Female OPD at BHU Dhorery, District Jhal Magsi

PPHI-B arranged the services of Medical Officers and Lady Medical Officers at few BHUs throughout the cluster. The objective is to provide better health facilities to the masses of the province in rural areas. The arrangements vary from area to area, given the relevant local conditions. The availability of health professionals and para-medics, for serving in remote villages remains a serious issue. We believe that where the resource is scarce, it must be shared. PPHI-B is working in all 36 districts with two (02) clusters of twenty-nine BHUs, (03) clusters of twelve BHUs, cover with 311, MOs/LMOs at single facility. In addition to this, 260 BHUs cover 36 % MOs and 13 % LMOs at various BHUs of the Province. However, we have views on the appropriateness to have full-time medical professionals at each BHUs having more than 4,000 population. The Clustering plan has considerably increased the facilities utilization rate during the previous year.

6.3 Human Resource Management in Primary Health Care System

Qualified and motivated human resources (HR) are essential for qualitative and robust health care delivery. Understanding the constraints and difficulties of health managers essential for effective and efficient management of health care services. The regular vacancies are not filled by PPHI-B. Only the contractual staff is hired at the district level by the PPHI-B through the district recruitment committee with appraisal of head office. Policy makers believe that contractual staff delivers relatively better under pressure, and the principle of 'hire and fire' works better as far as contractual staff is concerned.

Other important findings are the present public services rules, recruitment methods, appraisal system, reward and punishment, are not sufficient to handle the management issues related to human resource. To adopt good practices of human resource management can motivate health personnels to deliver effective health care delivery system. A differential human resource policy is suggested to manage the problems of discontentment and low motivated among the regular and contractual staffs.

The restricted career growth, high turnover, and low salary of contractual staff as compare to regular colleagues working in same organization has led to a conflicting environment in the organization. Increased number of temporary or contractual human resources may invite several undesired and unpleasant questions for the sustainability of health care delivery system. Pakistan is a signatory to the Sustainable Development Goals (SDGs) and committed to achieve Health for all, WHO has advocated developing a capable and motivated health work-force for overcoming the bottlenecks on the road to achieve the National and global health goals. WHO also stresses that the quality of health services, their efficacy, efficiency, accessibility and viability depend primarily on the performance of those who deliver them. So far manpower planning, hiring and retaining them in the organization assume great importance. For better management of human resources for health (HRH), it is utmost important to understand the various constraints and difficulties faced by health managers.

PPHI- B has played great role with support of his partners. Examples are National Rural Support Program, Balochistan Rural Support Program, Indus Hospital Net-work & Malaria Control in 32 districts, Global Fund and TB Control Program, EPI Balochistan, HIMS/DHIS Cell, WHO/ UNICEF working on Polio Eradication Initiatives/ Routine Immunization (PEI/RI), WFP for Nutrition, USAID and BRSP supported in community participation, MCHS helped PPHI-B for capacity building, and provision of essential medicine and logistics.

6.4 CAPACITY BUILDING OF HEALTH MANAGER & HEALTH CARE PROVIDER IN DHIS 2 BY HIMS/DHIS CELL DEPARTMENT OF HEALTH GOVERNMENT OF BALOCHISTAN WITH SUPPORT OF UNICEF.

Over the past few decades, information technology has transformed the world, and DHIS-2 is an open-source software system that is utilized for the management of healthcare information developed by University of Oslo- Norway. DHIS-2 is implemented in more than 80 countries including Pakistan. It was planned to be implemented in Balochistan province piloting two districts e.g Lasbela and Hub with the support of UNICEF 2023- 2024 and later, it would be implemented in Jaffer Abad, Usta Mohammed, Naseer Abad, Suhbat Pur, Jhal Magsi, Sibi, Khuzdar, Kech, Mastung, Kharan, Pishin, Loralai, Zhob & Gwadar districts with support of UNICEF Balochistan in two phases. Pathfinder will support in Kachhi, Chaghi, Quetta, Killa Saif Ullah & Panjgur districts.

Key Objectives:

- To implement DHIS-2 for improved health information management in District Hub, Lasbela and expand it to all Balochistan.
- To enhance data collection, analysis, and reporting capabilities at health facilities within the district.
- To facilitate evidence-based decision-making and improve health service delivery through the utilization of DHIS-2 data.

Implementation Steps:

- Trainings: Comprehensive trainings to health personnels on DHIS-2 usage, data entry, reporting, and analysis.
- Monitoring and Support: Established ongoing monitoring mechanisms to provide continuous technical support for users.
- Feedback Mechanism: Implemented a feedback mechanism to gather user input and address any issues or concerns promptly.

In district Lasbela and Hub more the 100 districts manager, officials and health care providers in 46 BHUs has completed the training.

Glimpse of capacity building of health manager & health care provider in DHIS- 2 by HIMS/DHIS cell Department of Health Government of Balochistan and support of UNICEF



7. PREVENTIVE & PROMOTIONAL SERVICES

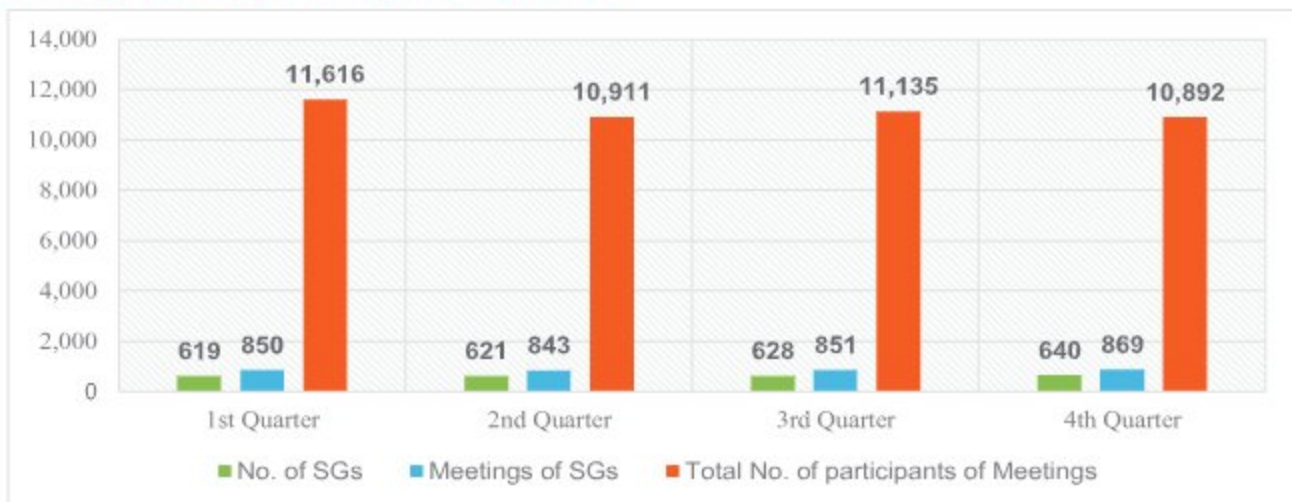
Health issues in our country and province often stem from individual and group behaviors. Traditional medical care isn't always equipped to handle these challenges, which require ongoing preventive and promotional efforts. We need professionals who can effectively educate and communicate with communities to encourage healthier lifestyles and disease prevention.

PPHI Balochistan has prioritized preventive healthcare, emphasizing education and behavior change. However, there's a shortage of trained personnel in health education and communication. Many existing programs lack proper planning and realistic goals. To address this, PPHI Balochistan, in collaboration with healthcare providers and social organizers, is actively working to implement comprehensive training programs aimed at ongoing skill development and capacity building.

Additionally, PPHI Balochistan, along with social organizers and healthcare providers, is involved in Support Group Meetings, Community Health Sessions, and School/Madrassa Health Sessions. These initiatives aim to engage directly with communities, providing valuable health education and promoting positive behavioral changes.

Quality health education is crucial not just for tackling current health issues but also for improving overall well-being. Therefore, dedicated specialists are essential for effective health education and promotion.

7.1.1. Support Group Meetings in Balochistan



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



Support Group Meeting, District Khuzdar



Support Group Meeting, District Lasbela

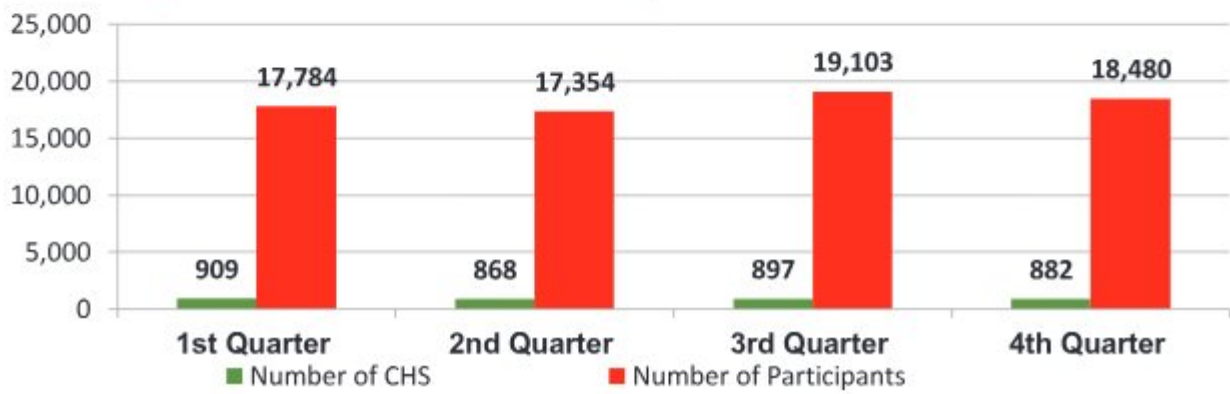


Support Group Meeting, District Ziarat



Support Group Meeting, District Kech

7.1.2. Community Health Sessions: Number of Participants



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



Female Community Health Session at District Jaffrabad



Female Community Health Session at District Quetta

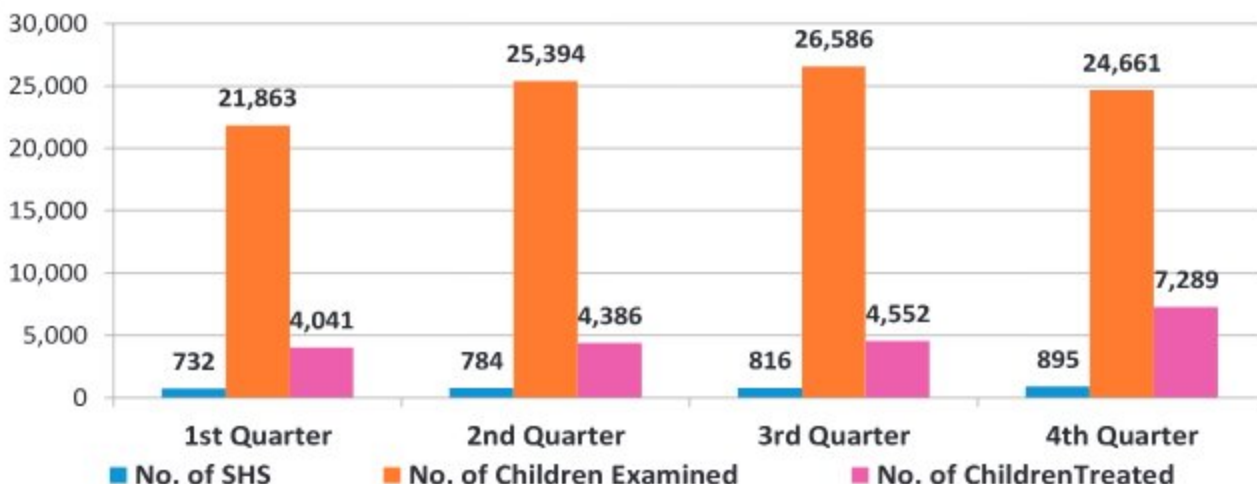


Community Health Session at District Dukki



Community Health Session at District Kech

7.1.3. SCHOOL/ MADRASSA HEALTH SESSIONS AND CHILDREN TREATED



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



School Health Session at District Loralai



School Health Session at District Pishin



School Health Session at District Gwadar



School Health Session at District Noshki

7.2. Immunization (January-December, 2023)

Heavy rainfall and flooding in 2022-2023 significantly disrupted essential health services, including routine immunizations, across the province. The Immunization Program's primary objective is to reduce and eventually eliminate vaccine-preventable diseases by collaborating with both public and private healthcare providers nationwide. This ambitious goal necessitates achieving and sustaining high vaccination coverage levels, refining vaccination strategies for under-vaccinated

populations, promptly reporting suspected cases, and swiftly implementing disease control measures.

The Expanded Program on Immunization (EPI) was established in Pakistan in 1978 to safeguard children through immunization against seven diseases, including childhood tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, and measles. Over time, the program expanded to cover thirteen diseases, such as hepatitis B, Haemophilus influenzae type b (Hib), Pneumococcal vaccine (PCV10), Rubella, Rotavirus, and Typhoid, with the support of various development partners. Additionally, the program aims to shield mothers and newborns from tetanus. Immunizing children with these vaccines has the potential to prevent up to 17% of childhood mortality in Pakistan, thereby contributing significantly to the achievement of Sustainable Development Goal (SDG) 3, which targets reducing child morbidity and mortality.

7.3. Current situation

Despite concerted efforts by the government and its partners, Pakistan's immunization indicators have yet to meet expected benchmarks. Key objectives such as polio eradication and measles control remain unmet. However, Punjab stands out as the first province to eliminate maternal and neonatal tetanus in 2016.

Vaccines represent one of the greatest achievements in global health and development. For over two centuries, vaccines have effectively reduced the burden of diseases like smallpox, polio, measles and other vaccine preventive diseases, enabling children to grow up healthy and happy. Thanks to widespread immunization efforts, children can walk, play, dance, and learn. Vaccinated children perform better in school, leading to economic benefits that extend throughout their communities. Today, vaccines are recognized as one of the most cost-effective tools for promoting global welfare. They serve as a protective barrier, ensuring the safety of families and communities. Despite the undeniable benefits of vaccination, low immunization rates persist.

7.4. PPHI-B's Contribution to the Expanded Program on Immunization (EPI)

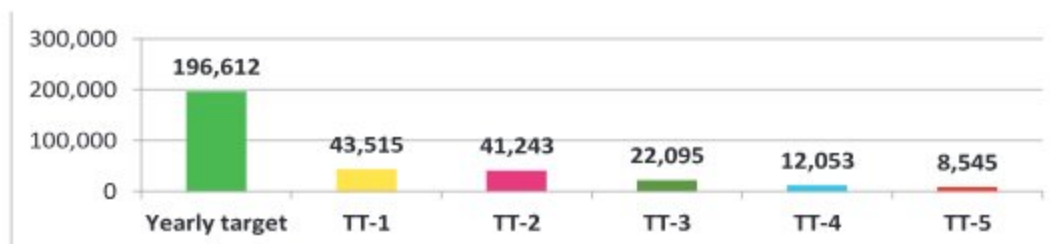
While the Expanded Program on Immunization (EPI) falls beyond the direct scope of PPHI, we have consistently complemented and supported the immunization program in various ways, yielding tangible results. The EPI has established 1070 static centers in Balochistan, with 554 located in the Basic Health Units (BHUs). To enhance immunization services, PPHI has recruited 336 vaccinators on a contractual basis to manage the static centers and achieve national immunization targets. To further strengthen the Expanded Program on Immunization (EPI) with the support of WHO from 2000 until 2023, 246 vaccinators were recruited and trained to provide their services in Basic Health Units (BHUs) and to enhance Immunization Outreach Activities (IOA). Monitoring teams have been established at the district, provincial, and national levels to individually monitor immunization coverage at both micro and macro levels. Quarterly review meetings are held to identify areas for improvement and address gaps based on monitoring reports collected from the field. During these meetings, partners collaborate to make decisions aimed at enhancing program effectiveness.

It is noteworthy that Balochistan static centers at BHUs contribute to achieving 22% of the total immunization targets. However, the annual report indicates that the performance of static centers was impacted in 2023 due to unawareness in the community. Immunization coverage for BCG was recorded at 64%, Penta 3 at 52%, and Measles at 52% accordingly.



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

7.6. TT Vaccination



SOURCE: DHIS REPORTS PPHI-B

7.7. Antenatal Care at Basic Health Units Balochistan

Antenatal care is a cornerstone of primary healthcare, ensuring improved outcomes for women with high-risk pregnancies and providing preventive maternal health care for all women. Under the leadership of Mr. Abdullah Khan, Secretary of the Health Department, the Government of Balochistan is deeply committed to enhancing the health of women and children in alignment with the National Health Vision 2016-2025.

Despite a remarkable increase in antenatal care coverage at Basic Health Units (BHUs) across Balochistan, this progress has not yielded significant reductions in maternal and neonatal mortality rates. While national coverage has surged from 26% to 78%, mortality rates persist at alarming levels.

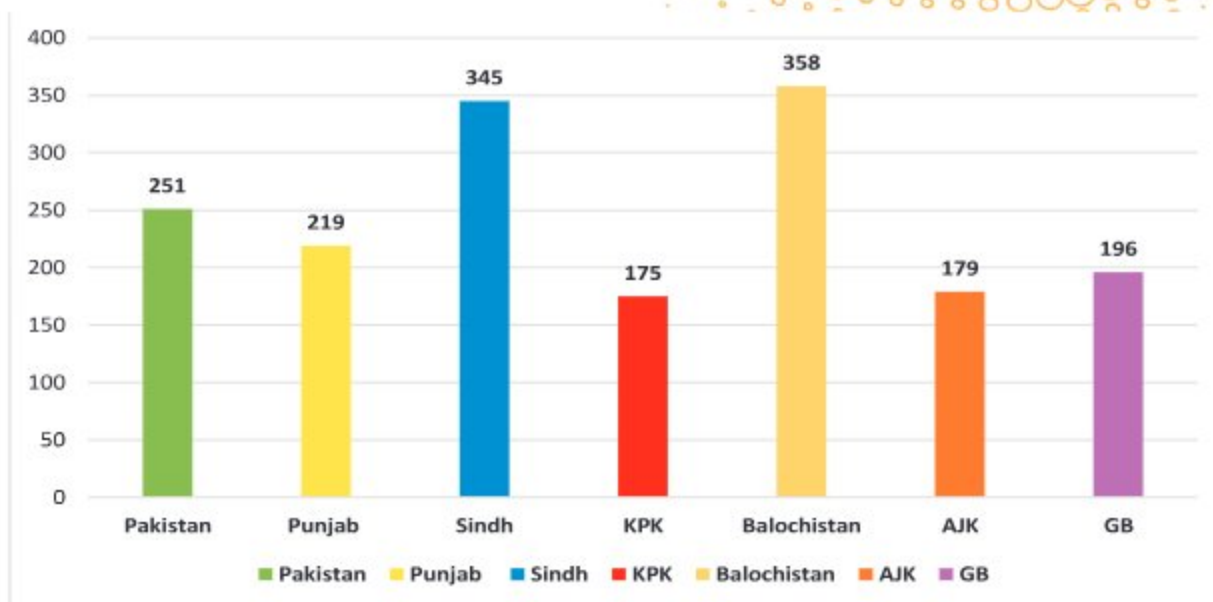
For many women, accessing antenatal care represents their sole interaction with healthcare professionals. However, the surge in attendance does not always translate to effective utilization, influenced by factors such as service availability and individual motivation.

The World Health Organization (WHO) recommends a minimum of four antenatal visits, with the first ideally occurring before 14 weeks of gestation. Recent monitoring efforts have underscored the critical importance of collecting data on the timing of care initiation, as delayed initiation may result in incomplete services and compromised health outcomes.

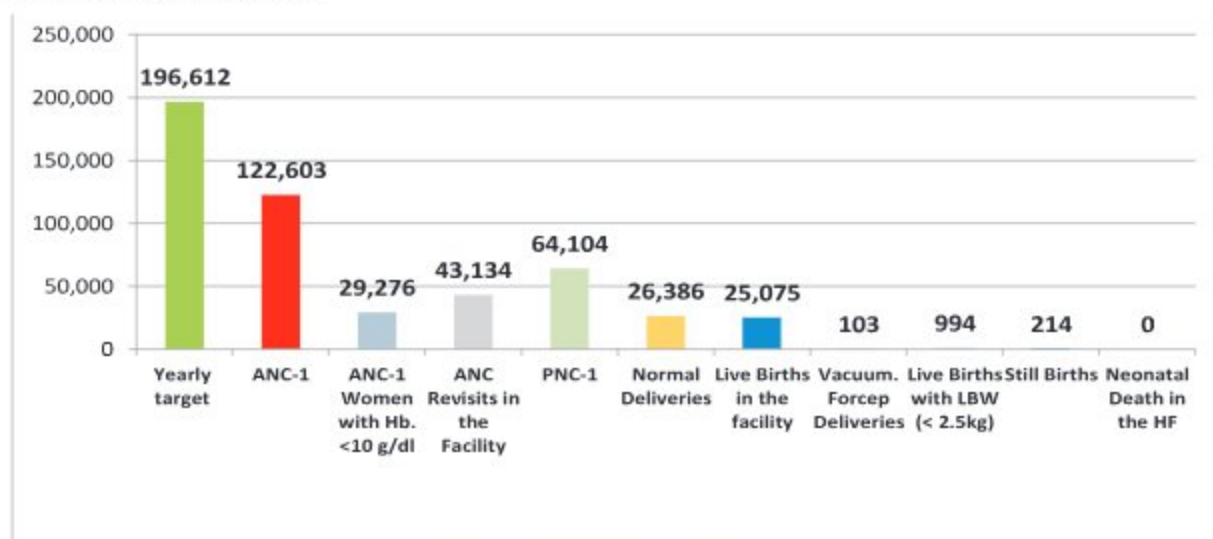
WHO-recommended antenatal care encompasses a range of essential components, including screenings, supplements, and counseling. PPHI-B is deeply committed to delivering comprehensive maternal and child health services through community-based initiatives.

To put it simply, assessing antenatal care's timeliness and content is essential to promoting better mother and newborn health outcomes across Balochistan.

7.8. Pregnancy Related Mortality Ratio by Region, Pakistan MMS 2019



7.9. Maternal Health Services



SOURCE: DHIS REPORTS PPHI-B

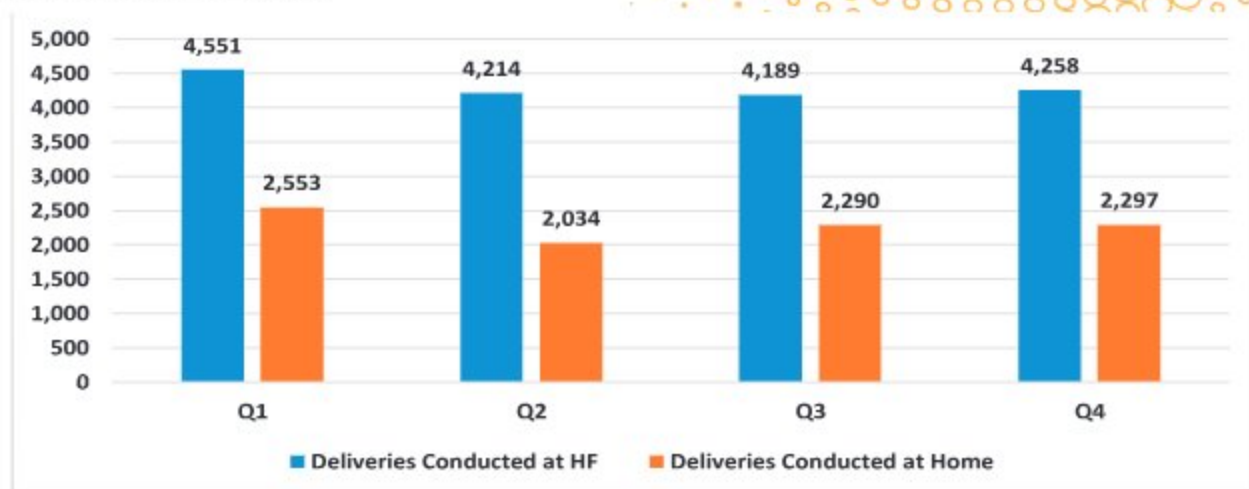
7.10. Causes of Maternal Mortality

Maternal mortality, or the death of mothers during pregnancy or childbirth, is often caused by complications such as hemorrhage, hypertension, infections, anemia, and prolonged labor. These complications account for two-thirds of all maternal deaths, with hemorrhage alone responsible for nearly one-third.

Since its establishment, PPHI-B has actively supported health education initiatives aimed at raising awareness about pregnancy and childbirth complications. These programs involve community and religious leaders in educating their communities about the importance of recognizing and addressing these complications. They also focus on emergency preparedness, including arrangements for transportation and other essential support.

By addressing these causes and barriers, PPHI-B aims to reduce maternal mortality and ensure safer pregnancies and childbirth experiences for women in Balochistan.

7.11. Deliveries Conducted



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

7.12 Challenges and Opportunities in Birth Spacing/Family Planning

1. **Achieving Replacement Level Fertility:** Balochistan aims to reach a replacement level fertility rate of 4% to stabilize population growth. However, contraceptive prevalence has declined among the poorest, and there's a high discontinuation rate for family planning methods.
2. **Addressing Adolescent Fertility:** Balochistan young population structure poses a challenge, with 43.3% of population growth expected from adolescents. To mitigate this, efforts focus on increasing the average age at first childbirth through delaying marriage and spacing between marriage and first birth. Free education for females up to class 10 aims to contribute to delaying marriage.
3. **Meeting Family Planning Needs:** It's crucial to meet existing family planning needs, address unmet needs, and boost demand among non-users. Strategies include motivating non-users, strengthening service delivery, improving service quality, expanding contraceptive options, targeting hard-to-reach populations, and ensuring contraceptive supply.
4. **Enhancing Health and Family Planning Services:** Challenges include inadequate attention to quality standards in training, improper personnel placement, lack of sufficient training institutes, inadequate supervision, and poor accountability. Maximizing personnel and infrastructure usage, along with community mobilization, is essential for nationwide adoption of the small family norm.

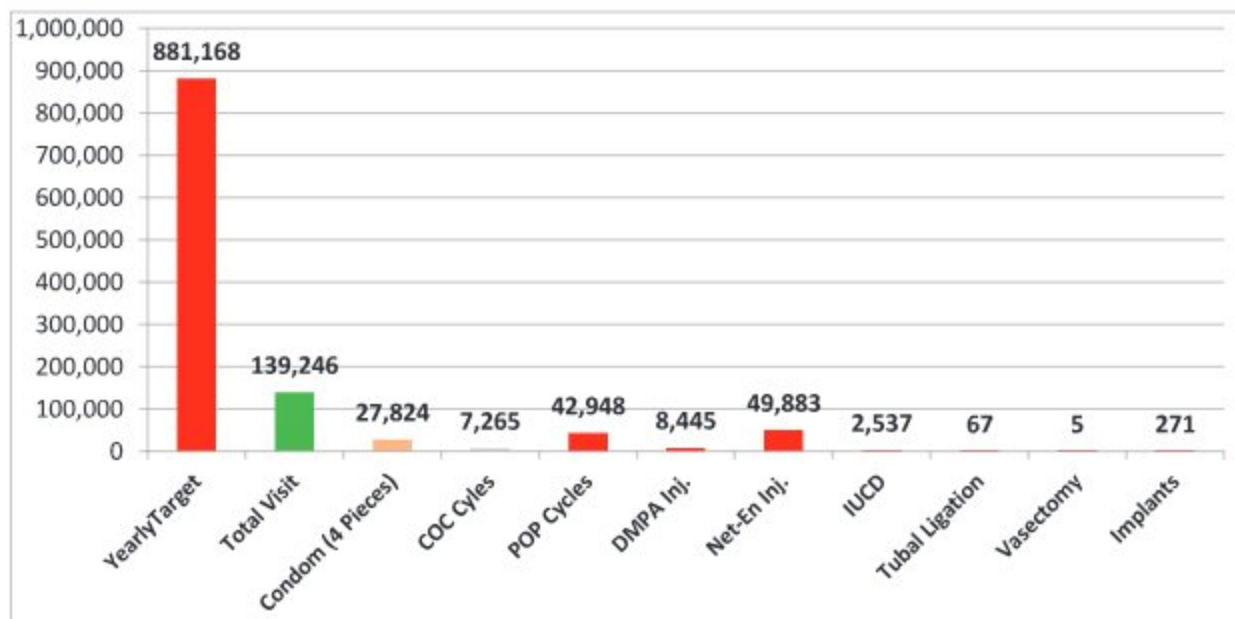
7.13. Benefits Of Healthy Birth Spacing

Healthy birth spacing, typically defined as waiting at least 18-24 months between pregnancies, offers numerous benefits for both the mother and the child. Some of the key advantages include:

1. **Reduced risk of maternal complications:** Healthy birth spacing allows the mother's body to recover fully from the previous pregnancy, lowering the chances of complications such as anemia, high blood pressure, and postpartum depression.
2. **Improved infant health outcomes:** Babies born with adequate birth spacing are more likely to be born at a healthy weight, reducing the risk of premature birth and other health issues.

3. Enhanced emotional well-being: Spacing births gives parents time to adjust to the demands of caring for a newborn, reducing stress and promoting emotional well-being for both parents and children.
4. Financial benefits: Healthy birth spacing can help families better manage the financial costs associated with raising children, as it allows for better planning and allocation of resources.
5. Increased likelihood of successful breastfeeding: Mothers who space their pregnancies have more time to establish breastfeeding with one child before the next arrives, leading to better breastfeeding outcomes for both mother and child.
6. Long-term health benefits: Research suggests that healthy birth spacing may have long-term health benefits for both mothers and children, including reduced risk of chronic health conditions later in life.

7.14 Family Planning



SOURCE: DHIS REPORTS PPHI-B

8. CURATIVE HEALTH CARE SERVICES

Despite facing numerous social, economic, political, and cross-border challenges, compounded by successive natural disasters such as heavy rainfall in 2022, PPHI-B's health indicators have shown improvement over the past 19 years. However, there is still room for growth in some areas outlined in its mandate.

Primary health care (PHC) serves as the initial point of contact for individuals, families, and communities with the national health system, encompassing health promotion, prevention, curative, and rehabilitative services. At Basic Health Units (BHUs), health care services include diagnosis, treatment, and prevention of various health issues, delivered by a team of medical professionals and health care providers.

PPHI Baluchistan curative healthcare services encompass several components:

- i. Communicable diseases control
- ii. Prevention and treatment of non-communicable diseases
- iii. Medical and surgical care
- iv. Diagnostic services
- v. Medical emergency services
- vi. Dental care
- vii. Telemedicine
- viii. Road Traffic Injuries
- ix. Medical camps in flood-affected areas

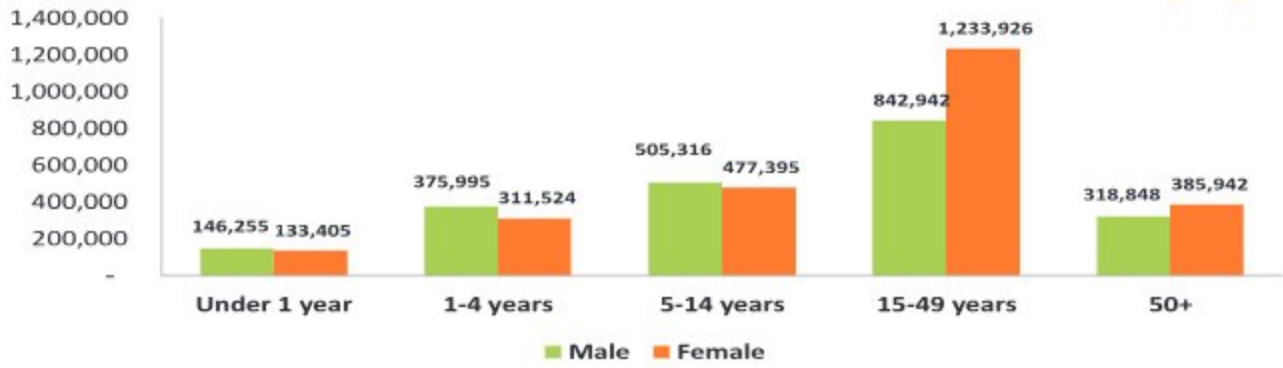
A notable aspect of the 2023 annual report is the observation that 53% of attendees at BHUs were female. BHUs primarily handle basic health concerns, with serious cases referred to higher-tier health facilities such as Civil Hospitals, District Headquarters Hospitals (DHQs), and Teaching Hospitals. A review of the referral pattern offers insights into the overall functioning of the health system. PPHI-B has witnessed a steady increase in referral cases at BHUs over the years, indicating improved performance.

8.1. Annual Outpatients at BHUs (2007-2023) Figures in Millions



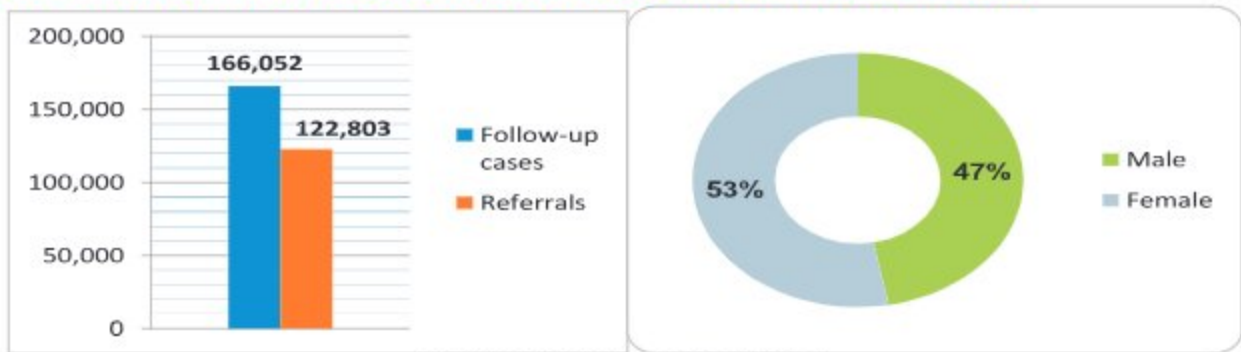
SOURCE: DHIS REPORTS PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

8.2. New Patients Distribution by Gender and Age 2023



SOURCE: DHIS REPORTs PPHI-B

8.3. New Patients Distribution by Gender Follow-up and Referral Cases 2023



SOURCE: DHIS REPORTs PPHI-B



OPD at BHU Katagari District Panjgur



OPD at BHU Peer Bukhsh District Barkhan



Female OPD at BHU Shadoband, DSU Gwadar



Female OPD at BHU Nasar Abad, District Dukki

8.4 Number of Outpatients in Districts 2023

S.No	District	Male cases	Female cases	Total OPD	Follow-up cases	Referred cases attended	Malnutrition <5 years Children
1.	Awaran	26,213	31,294	57,507	5,703	2,224	733
2.	Barkhan	32,804	24,077	56,881	2,967	3,296	2,484
3.	Chagai	34,779	45,568	80,347	2,046	918	973
4.	Dera Bugti	84,428	49,650	134,078	3,837	4,362	5,361
5.	Duki	39,752	36,707	76,459	2,197	3,421	357
6.	Gwadar	66,499	78,680	145,179	5,861	8,018	149
7.	Harnai	19,208	20,388	39,596	933	628	242
8.	Jaffarabad	78,960	70,214	149,174	4,100	2,487	7,060
9.	Jhal Magsi	55,938	41,025	96,963	3,552	4,020	3,198
10.	Kachhi	43,720	47,840	91,560	3,010	1,983	2,270
11.	Kalat	91,437	103,095	194,532	10,241	5,489	767
12.	Kech	101,064	149,208	250,272	7,454	6,074	1,103
13.	Kharan	48,045	46,873	94,918	3,698	4,962	8,949
14.	Khuzdar	130,299	127,572	257,871	5,487	5,150	2,980
15.	Killa Abdullah	130,591	227,155	357,746	13,388	4,427	8,125
16.	Killa Saifullah	30,534	34,642	65,176	13,903	3,717	3,093
17.	Kohlu	102,846	44,529	147,375	3,156	3,614	1,045
18.	Lasbela	127,020	160,420	287,440	4,459	2,524	2,007
19.	Loralai	38,916	34,568	73,484	2,022	2,135	10,721
20.	Mastung	48,554	69,253	117,807	13,190	6,527	1,862
21.	Musa Khail	61,736	40,591	102,327	2,551	4,682	679
22.	Nasirabad	70,484	74,315	144,799	3,424	880	6,788
23.	Noshki	32,179	37,066	69,245	1,288	1,166	1,196
24.	Panjgur	66,692	95,133	161,825	11,196	8,781	955
25.	Pishin	129,357	182,476	311,833	9,296	8,425	3,969
26.	Quetta	171,858	340,934	512,792	9,706	7,785	15,665
27.	Sherani	21,165	21,130	42,295	2,061	1,249	452
28.	Sibi	54,554	60,259	114,813	2,904	1,810	6,846
29.	Sohbat Put	102,311	100,459	202,770	4,153	4,002	12,799
30.	Washuk	71,005	68,086	139,091	2,713	1,993	316
31.	Zhob	47,875	53,396	101,271	3,086	2,697	509
32.	Ziarat	34,355	26,633	60,988	2,470	3,357	2,898
Total		2,195,178	2,543,236	4,738,414	166,052	122,803	116,551

SOURCE: DHIS REPORTs PPHI-B

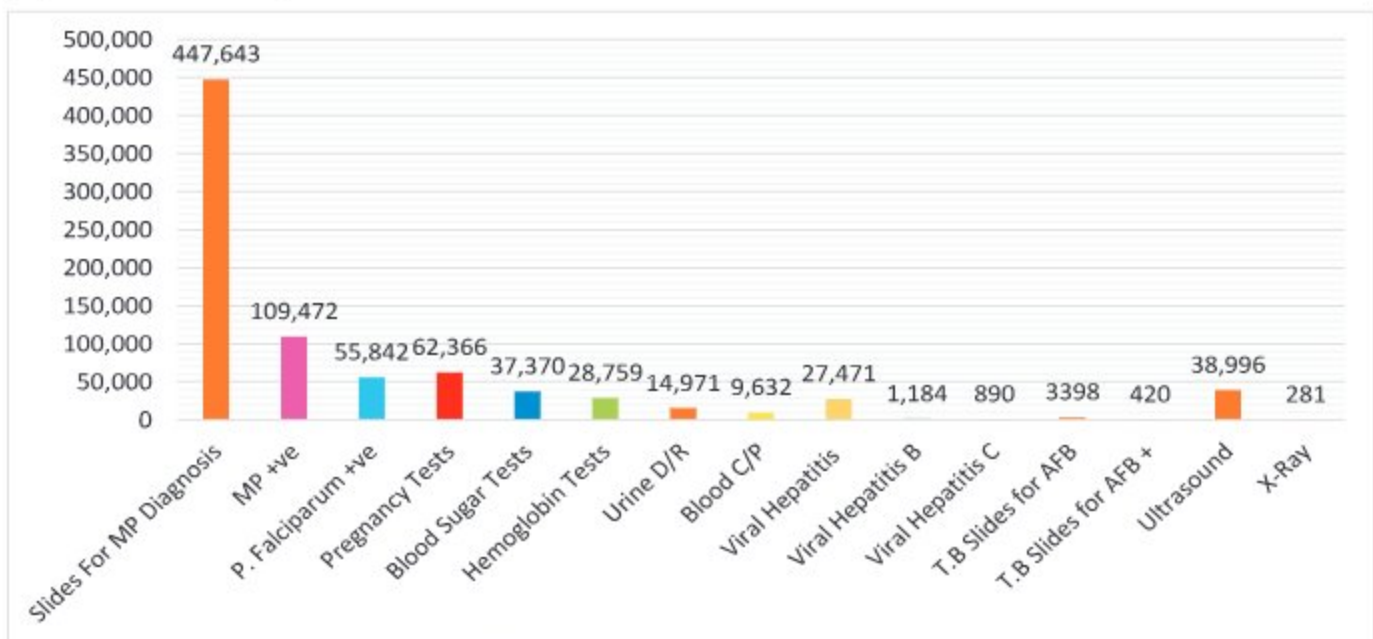


8.5 Diagnostic Services

PPHI operates 117 pathological laboratories providing essential diagnostic services such as routine blood and urine examinations, malaria testing, blood sugar analysis, typhoid detection, pregnancy tests, AFB (TB care health facilities), and screening for viral hepatitis. Additionally, X-ray facilities are available at two Basic Health Units (BHUs): Wahdat Colony Quetta and Rara Sham Musa Khail, where a total of 281 X-rays were conducted in 2023.

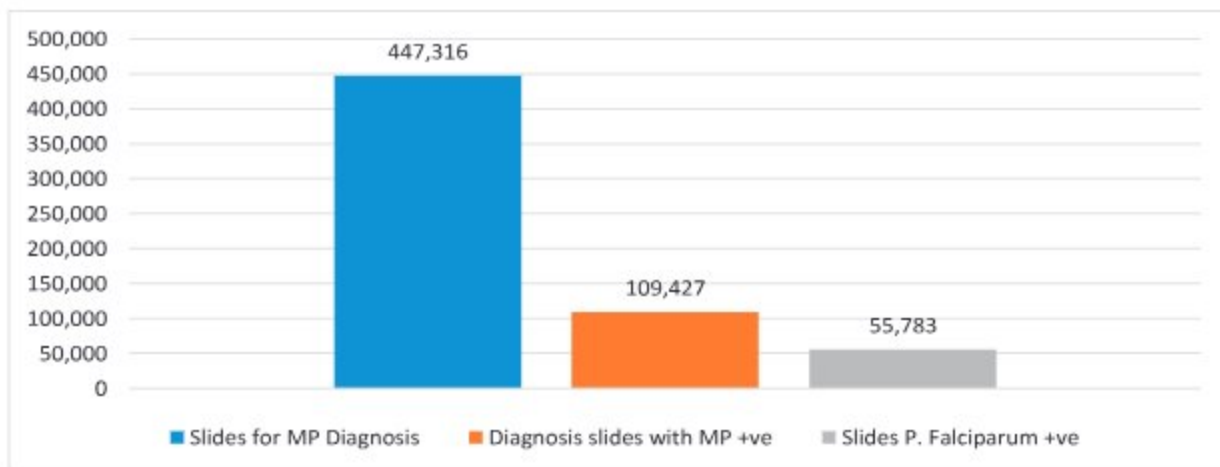
Ultrasound services are offered at 39 Maternal and Child Health (MCH) Plus/Basic Emergency Obstetric and Newborn Care centers as well as other BHUs, with a total of 38,996 ultrasound scans performed during the year.

These diagnostic services play a crucial role in early detection, diagnosis, and management of various health conditions, contributing to improved healthcare delivery and outcomes for the population served by PPHI.



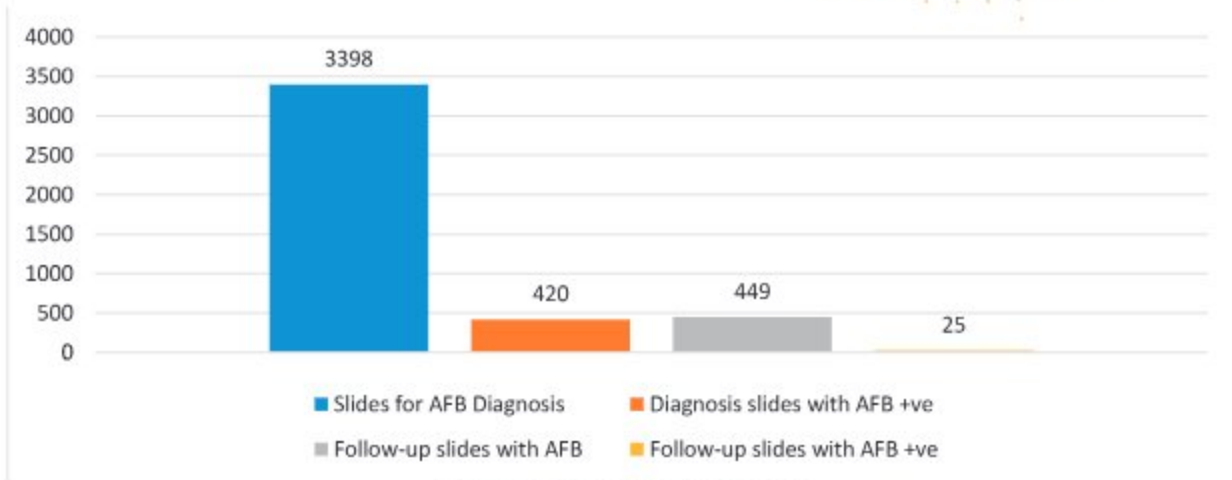
SOURCE: DHIS REPORTS PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

8.6. Test performed for Malaria MP



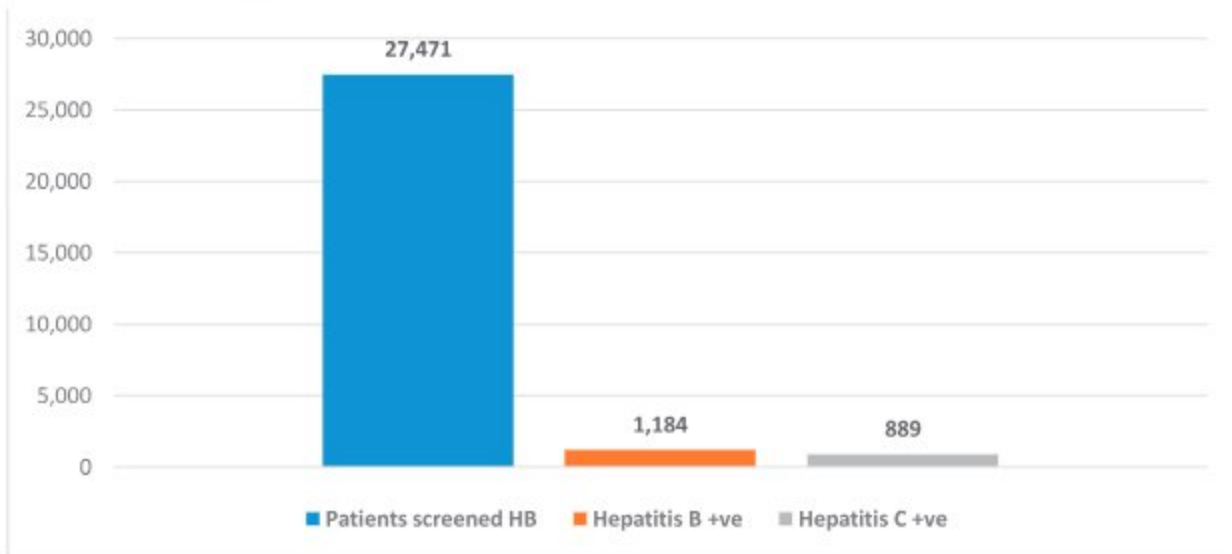
SOURCE: DHIS REPORT, PPHI-B

8.7. Test performed for Acid Fast Bacilli (AFB)



SOURCE: DHIS REPORT, PPHI-B

8.8 Screening for Hepatitis



SOURCE: DHIS REPORT, PPHI-B

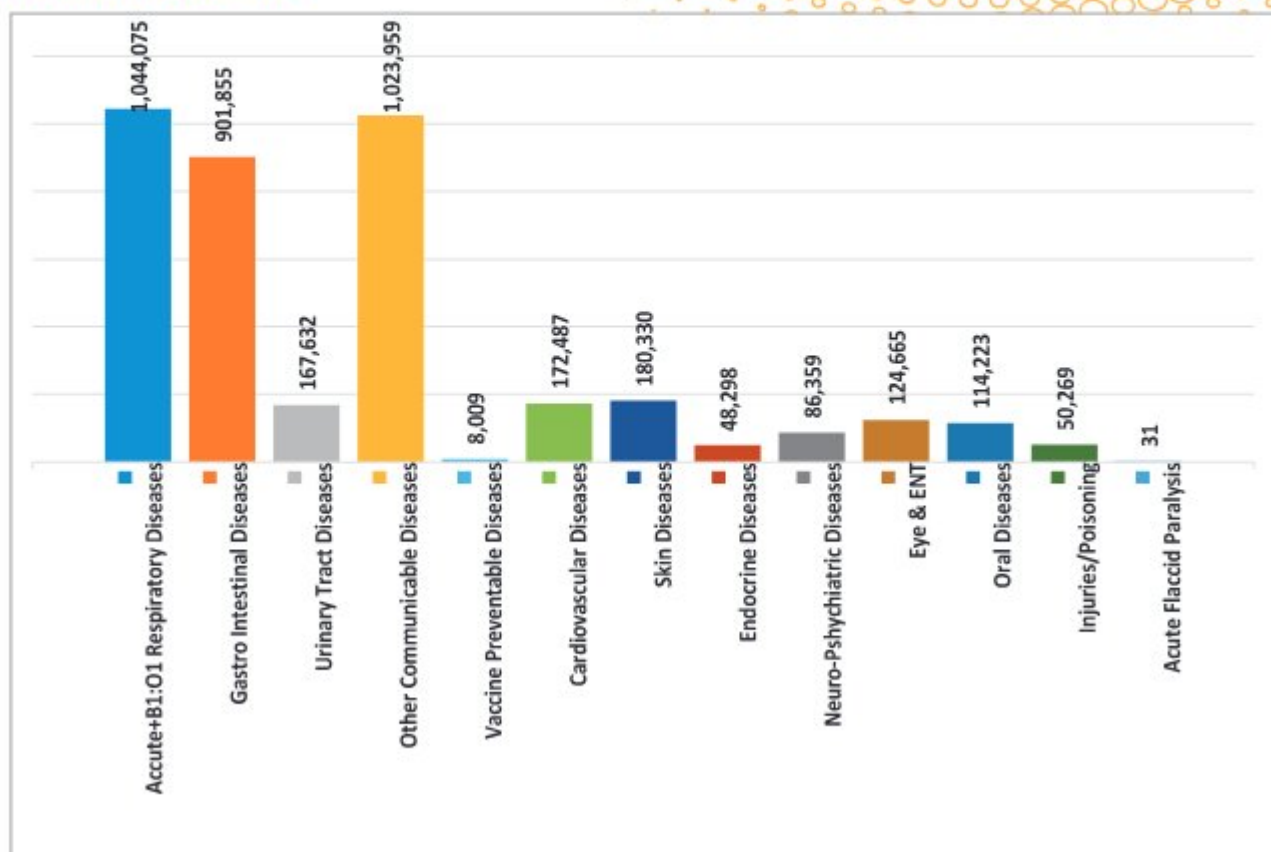


Laboratory at BHU Allahdad Umrani, District Nasserabad



Laboratory at BHU Padag, District Chaghi

8.9. Pattern of Diseases



SOURCE: DHIS REPORTs PPHI-B

8.10. Proportion of Diseases 2023

S. No	Diseases	Cases	Proportion
1	Respiratory Diseases	1,044,075	26.617
1.1	Acute (Upper) Respiratory Infections	818,808	20.874
1.2	Pneumonia < 5 yrs.	65,835	1.678
1.3	Pneumonia > 5 yrs.	59,102	1.507
1.4	TB Suspects	5,858	0.149
1.5	Chronic Obstructive Pulmonary Diseases	13,759	0.351
1.6	Asthma	80,713	2.058
2	Gastro Intestinal Diseases	901,855	22.991
2.1	Diarrhea/ Dysentery < 5 yrs.	270,701	6.901
2.2	Diarrhea/ Dysentery > 5 yrs.	273,042	6.961
2.3	Enteric/ Typhoid Fever	59,026	1.505
2.4	Worm Infestations	90,826	2.315
2.5	Peptic Ulcer Diseases	203,169	5.179
2.6	Cirrhosis of Liver	5,091	0.130
3	Urinary Tract Diseases	167,632	4.274
3.1	Urinary Tract Infections	148,931	3.797
3.2	Nephritis/ Nephrosis	5,950	0.152
3.3	Sexually Transmitted Infections	9,583	0.244
3.4	Benign Enlargement of Prostrate	3,168	0.081

4	Other Communicable Diseases	1,023,959	26.104
4.1	Suspected Malaria	447,643	11.412
4.2	Suspected Meningitis	1,018	0.026
4.3	Fever due to other causes	575,298	14.666
5	Vaccine Preventable Diseases	8,009	0.204
5.1	Suspected Measles	4,695	0.120
5.2	Suspected Viral Hepatitis	2,670	0.068
5.3	Suspected Neo Natal Tetanus	644	0.016
6	Cardiovascular Diseases	172,487	4.397
6.1	Ischemic heart disease	3,510	0.089
6.2	Hypertension	168,977	4.308
7	Skin Diseases	180,330	4.597
7.1	Scabies	116,166	2.961
7.2	Dermatitis	56,083	1.430
7.3	Cutaneous Leishmaniasis	8,081	0.206
8	Endocrine Diseases	48,298	1.231
8.1	Diabetes Mellitus	48,298	1.231
9	Neuro-Psychiatric Diseases	86,359	2.202
9.1	Depression	64,072	1.633
9.2	Drug Dependence	4,765	0.121
9.3	Epilepsy	17,522	0.447
10	Eye & ENT	124,665	3.178
10.1	Cataract	22,885	0.583
10.2	Trachoma	11,717	0.299
10.3	Glaucoma	6,037	0.154
10.4	Otitis Media	84,026	2.142
11	Oral Diseases	114,223	2.912
11.1	Dental Caries	114,223	2.912
12	Injuries/ Poisoning	50,639	1.291
12.1	Road traffic accidents	28,347	0.723
12.2	Fractures	4,568	0.116
12.3	Burns	14,362	0.366
12.4	Dog bite	3,041	0.078
12.5	Snake bite (with signs of poisoning)	321	0.008
13	Miscellaneous Diseases	31	0.001
13.1	Acute Flaccid Paralysis	31	0.001
Total		3,922,562	

SOURCE: DHIS REPORTs PPHI-B

8.11. Control of Communicable Diseases:

Pakistan grapples with a dual burden of disease, with a higher prevalence among the poor, many of which are controllable through cost-effective interventions like Primary Health Care (PHC) and adherence to best practices at primary and secondary care levels. Communicable diseases, maternal health issues, and under-nutrition collectively account for about half of the disease burden. In young children, diarrheal diseases and respiratory illnesses remain the primary causes

of mortality, while maternal deaths often result from preventable causes such as sepsis, hemorrhage, and hypertensive crises.

Pakistan remains one of the last two countries where polio is still endemic. Additionally, the country faces endemicity of hepatitis B and C, with 7.6% of the population affected, the 5th highest burden of tuberculosis globally, focal geographical areas of malaria endemicity, and established HIV concentrations among high-risk groups. Balochistan experienced a shift from malaria endemicity to epidemic due to heavy rainfall in 2022 and 2023. Other vaccine-preventable diseases and emerging infections necessitate the strengthening of disease surveillance and response systems nationwide.

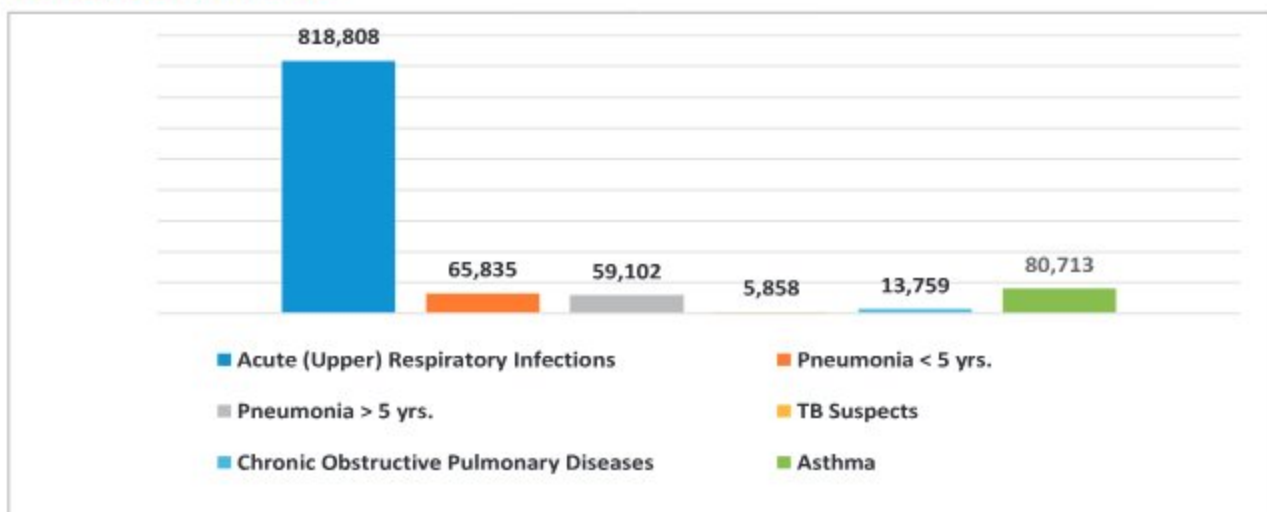
Pakistan also grapples with high prevalence rates of underweight children, stunting, micronutrient deficiencies, and low birth weight babies, contributing to elevated mortality rates among mothers and children. This issue is particularly pronounced in Balochistan, reflecting the national health situation characterized by low life expectancy, widespread communicable diseases, and high child and maternal mortality rates.

The health infrastructure in Balochistan is reasonably developed, but challenges lie in utilization and management. PPHI Balochistan is tasked with effectively managing basic health infrastructure and enhancing its utilization.

PPHI's annual report for 2023 revealed that 75.18% of the disease burden recorded at Basic Health Units (BHUs) comprised communicable diseases. Respiratory infections (32.20%), diarrheal diseases (18.42%), suspected malaria (15.17%), fever due to other causes (14.66%), urinary tract infections and sexually transmitted infections (4.27%), and scabies/skin infections (4.59%) were among the major contributors. Childhood vaccine-preventable diseases accounted for 0.2% of the burden, primarily affecting children under five years old. Tuberculosis affected both children and adults.

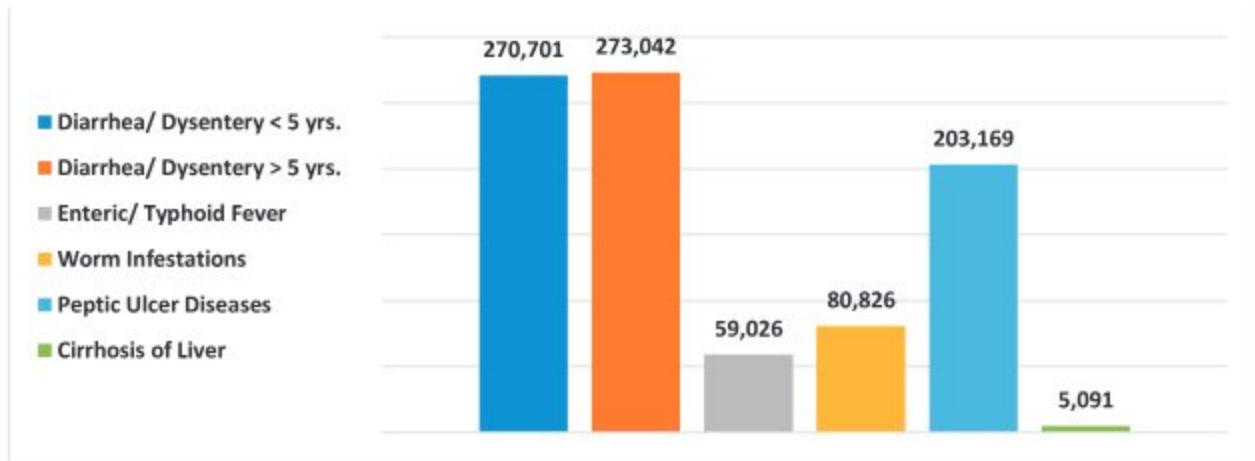
PPHI-B employs a proactive approach to disease control, treating existing medical conditions while also preempting disease onset through health education provided by social organizers and healthcare providers. Additionally, PPHI offers sustained vaccination services, examining every child visiting a BHU to ensure full immunization against vaccine-preventable illnesses.

8.12. Respiratory Diseases



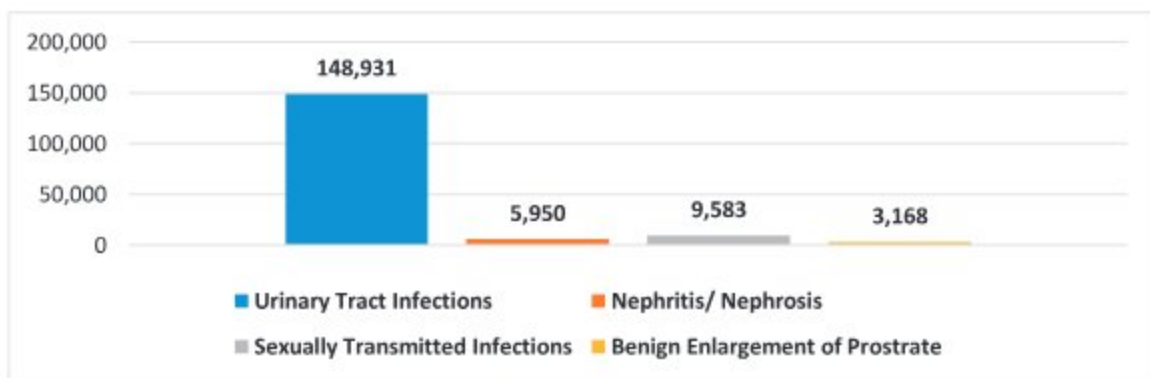
SOURCE: DHIS REPORTS PPHI-B

8.13. Gastro Intestinal Diseases



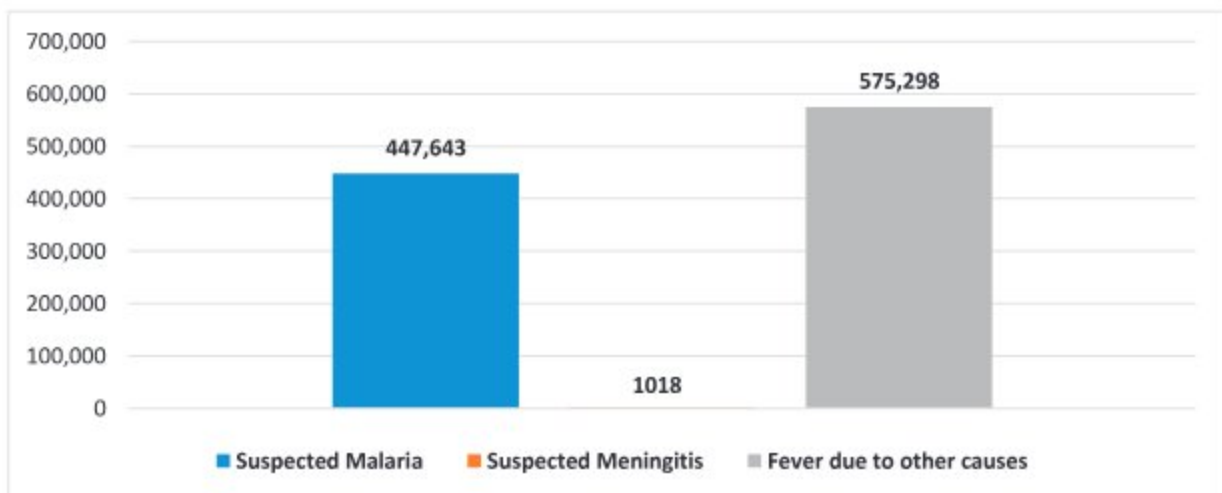
SOURCE: DHIS REPORTs PPHI-B

8.14. Urinary Tract Diseases



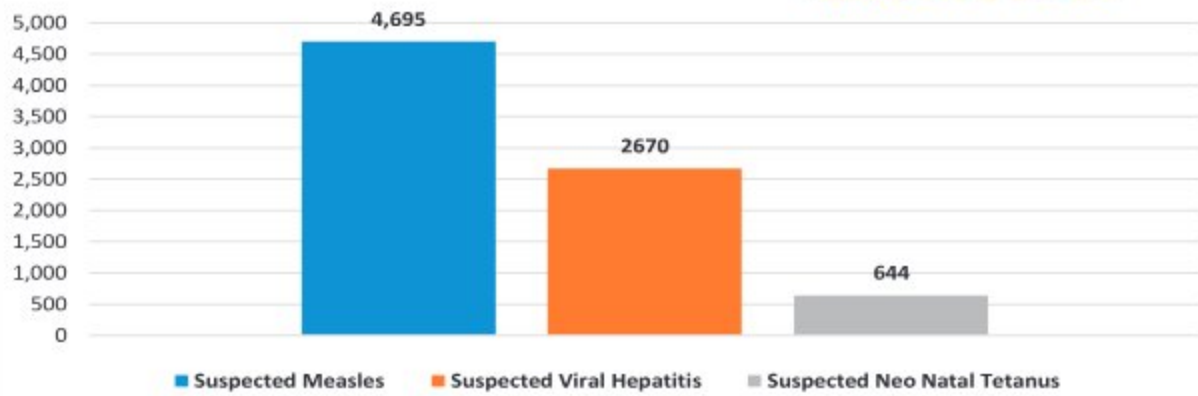
SOURCE: DHIS REPORTs PPHI-B

8.15. Other Communicable Diseases



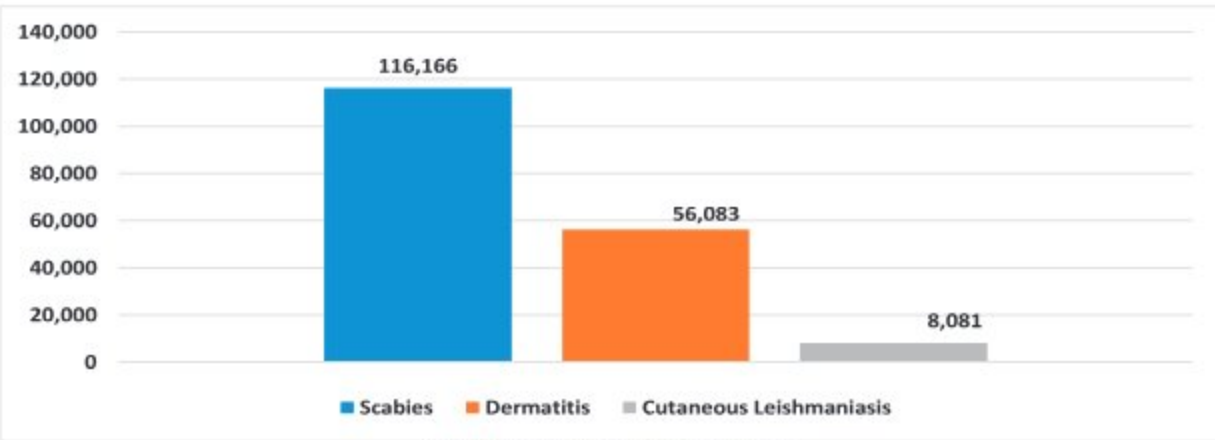
SOURCE: DHIS REPORTs PPHI-B

8.12 Vaccine Preventable Diseases



SOURCE: DHIS REPORTs PPHI-B

8.13 Skin Diseases



SOURCE: DHIS REPORTs PPHI-B

8.14. Prevention and Management of Non-Communicable Diseases:

Non-communicable diseases (NCDs), alongside injuries and mental health issues, now make up half of the Burden of Disease (BoD), leading to significant disabilities and premature deaths among economically active adults. Key factors like lifestyle, nutrition, and smoking, which contribute to NCDs, haven't received sufficient attention. Injuries represent over 5.2% of the total BoD and are expected to increase due to factors like rising road traffic, urbanization, conflict, and civil unrest in Balochistan.

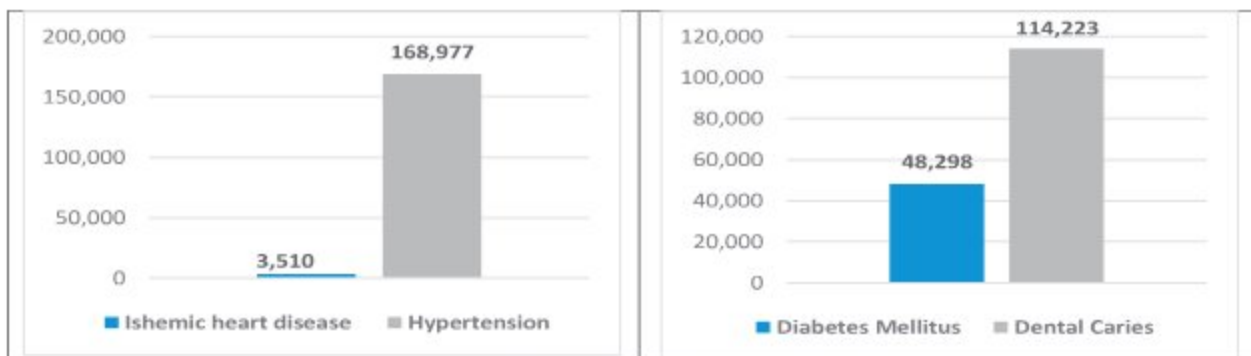
Pakistan ranks 7th highest globally in diabetes prevalence. One in four adults over 18 years old has hypertension, with high levels of smoking (38% among men and 7% among women). The burden of cancers and Chronic Obstructive Pulmonary Disease (COPD) is rising but remains largely unaddressed. Factors like poverty, low literacy, unemployment, gender discrimination, and a significant treatment gap contribute to a hidden burden of mental health issues in society. Disabilities due to blindness and other causes are also prevalent, with limited services available, including assistive devices to enhance quality of life. The four major NCD groups - cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes - account for over 80% of deaths.

The Provincial Program Implementation-Balochistan (PPI-B) promotes, coordinates, and implements technical cooperation activities aimed at preventing and controlling NCDs, related risk

factors, disabilities, and mental, neurological, and substance abuse disorders. These activities are tailored to fit the culture and society effectively. PPI-B also works on raising community and public awareness about the burden of common NCDs, related risk factors, mental health conditions, and spearheads collaborative efforts across sectors to reduce risks and disease burden, thus enhancing the overall physical, mental, and social well-being of the population.

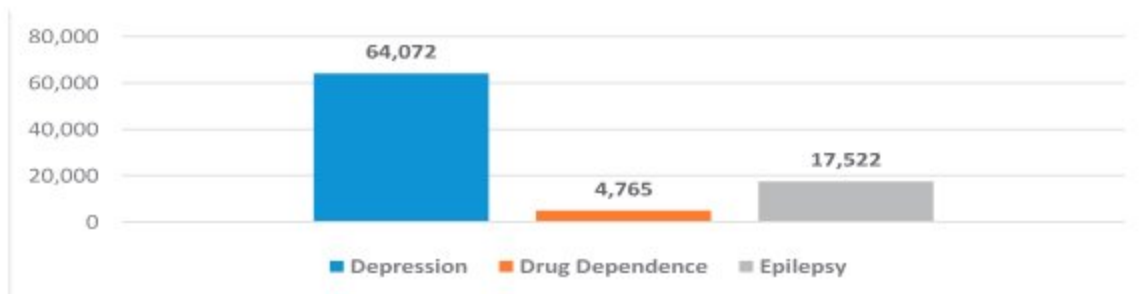
In 2023, NCDs accounted for more than 24.81% of the total disease burden at Health Facilities and Basic Health Units (HF/BHUs). However, it's noted that anemia, muscular, and skeletal diseases are currently not being adequately reported in monthly BHU reports. Cardiovascular diseases accounted for 17.71%, diabetes mellitus 1.10%, neuro-psychiatric diseases 4.9%, and road accidents 2.9% of the total BoD. Other significant issues include rheumatoid arthritis, causes of blindness, and mental conditions associated with aging (geriatric problems), which are challenging to treat. Health education campaigns are seen as the most promising approach to prevent these diseases from occurring, with effective promotion of healthy lifestyles being crucial in controlling NCDs.

8.15. Cardiovascular diseases/ Endocrine Diseases and Oral Diseases



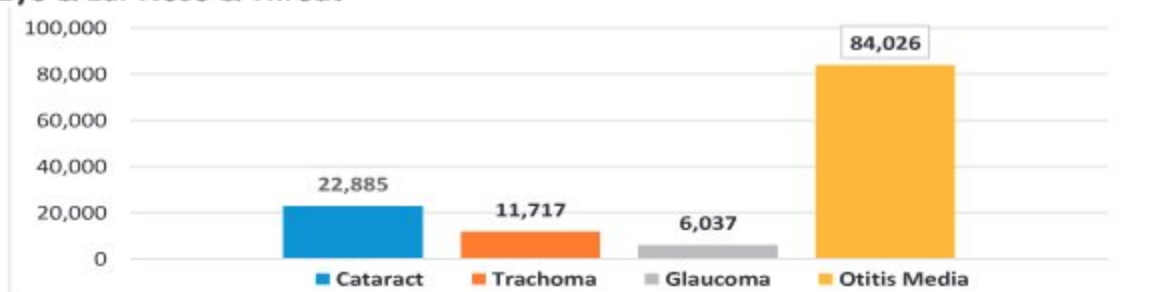
SOURCE: DHIS REPORTS PPHI-B

8.16. Neuropsychiatric Diseases



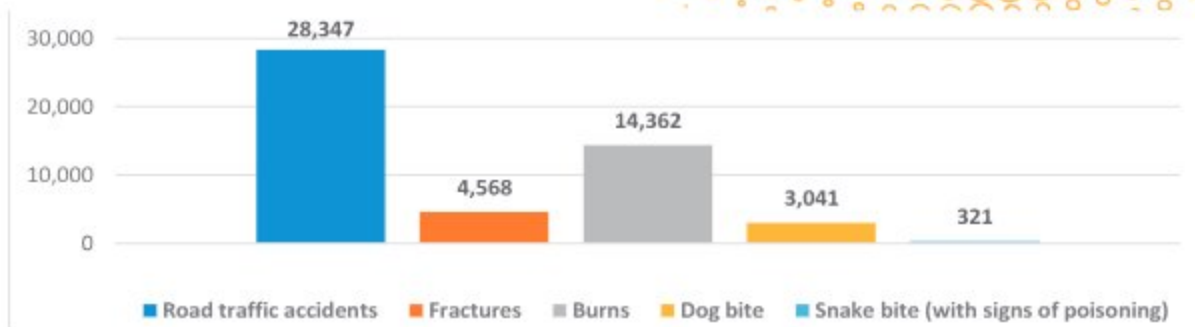
SOURCE: DHIS REPORTS PPHI-B

8.17. Eye & Ear Nose & Throat



SOURCE: DHIS REPORTS PPHI-B

8.18. Injuries and Poisoning



SOURCE: DHIS REPORTS PPHI-B

8.19. Medical and Surgical Care Services

Basic surgical care is available at most BHUs. Specialist medical and surgical care cases are referred to Civil Hospital/DHQ Hospitals and Teaching Hospitals.

8.20. Emergency Health Services

The BHUs provide basic emergency health services to their catchment population. Serious cases are immediately referred to higher health facilities after the administration of first aid. PPHI-B operates 115 ambulances which transport the patients to higher tier facilities.

8.21. Dental Care

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

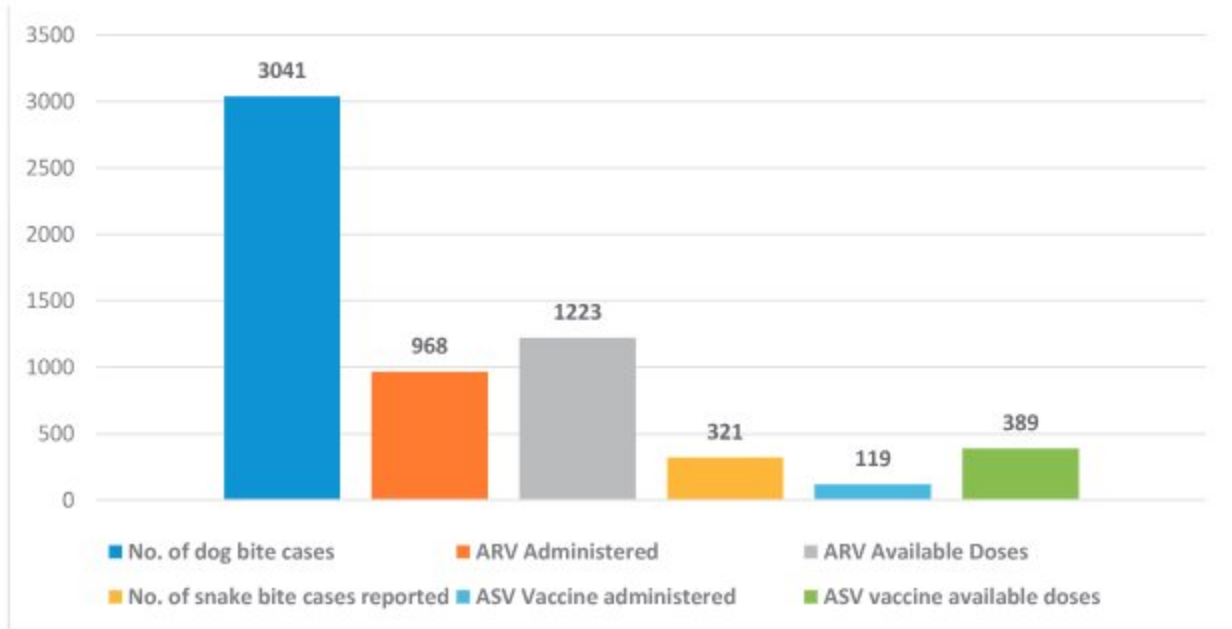
8.22. Overview of Dental Section, BHU Wahdat Colony Quetta

	OPD	Extraction	Root Canal Treatment	Scaling	Filling	Light Cure Filling	Others	Referred
Male	325	32	0	19	16	10	155	13
Female	539	65	0	47	49	13	275	18
Total	864	97	0	66	65	23	430	31



Dental Care Unit BHU Wadat Colony District Quetta

8.21. Status of Anti Rabies Vaccine and Anti Snake Venom



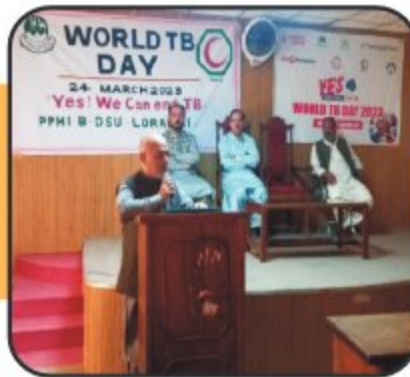
SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



8.22 Annual Trends of TB Cases in TB Care Health Facilities

S.No	Districts	No. of TB Facilities	BHUs/HFs Name	Status	Yearly Target	TB cases (new and relapse) 2023	Percentage
1	Barkhan	2	BHU Ameer Muhammad	Functional	10	2	20%
			BHU Rakhni	Functional	94	88	94%
2	Chagai	1	BHU Padag	Functional	31	14	45%
3	Chaman	1	BHU Millat Abad	Functional	16	1	6%
4	Dera Bugti	1	BHU Pirkoh	Functional	14	3	21%
5	Gwadar	1	BHU Pishukan	Functional	43	1	2%
6	Jaffarabad	2	BHU Allah Yar	Functional	20	2	10%
			BHU Cattle Farm	Functional	14	27	193%
7	Jhal Magsi	1	BHU Kot Magsi	Functional	24	41	171%
8	Kharan	2	BHU Hurro	Functional	12	6	50%
			BHU Sarawan	Functional	21	13	62%
9	Khuzdar	1	BHU Saroona	Functional	29	21	72%
10	Kohlu	1	BHU Tumbo Kohlu	Functional	16	8	50%
11	Mastung	2	BHU Ashkan	Functional	20	6	30%
			BHU Dasht Mathora	Functional	39	9	23%
12	Musa Khail	2	BHU Kingri	Functional	17	5	29%
			BHU Rana Sham	Functional	26	13	50%
13	Lasbela	1	BHU Ismalani	Non-Functional	25	0	0%
14	Nasirabad	2	BHU Abdul Hameed	Functional	34	10	29%
			BHU Allah Dad	Functional	34	23	68%
15	Noshki	1	BHU Kochal Mall	Non-Functional	29	0	0%
16	Quetta	11	BHU Ahmad Khanzai	Functional	156	6	4%
			BHU Hudda	Functional	30	0	0%
			BHU Kachi Baig	Functional	118	9	8%
			BHU Kili Kabir	Functional	53	5	9%
			BHU Nasaran	Functional	56	6	11%
			BHU Nohsar	Functional	90	4	4%
			BHU Pashtoon Abad	Functional	48	12	25%
			BHU Pashtoon Bagh	Functional	72	7	10%
			BHU Saraghurgi	Functional	48	9	19%
			BHU Villageaid	Functional	95	12	13%
BHU Wahdat Colony	Functional	50	3	6%			
17	Surab	1	BHU Lakorian	Functional	20	12	60%
18	Sibi	3	BHU Sultankot	Functional	13	1	8%
			BHU Bakhtairabad	Non-Functional	25	0	0%
			BHU Khajjak	Non-Functional	43	0	0%
19	Sohbat Pur	1	BHU Manjhi Pur	Functional	51	41	80%
		37		4NF/33 F	1536	420	27.34%

Visual Recap: World TB Day Celebration by PPHI Balochistan



8.23. Enhancing Healthcare Access: Essential Medicine Provision

In our ongoing commitment to equitable healthcare, ensuring access to essential medicines remains a top priority. This report outlines our efforts in aligning with World Health Organization (WHO) guidelines to optimize the availability and accessibility of vital essential medicine.

Essential medicines are fundamental to primary healthcare, addressing the urgent needs of the population. Through adherence to standardized National Essential Medicines Lists (NEMs), we streamline procurement and distribution processes, thus effectively managing healthcare costs.

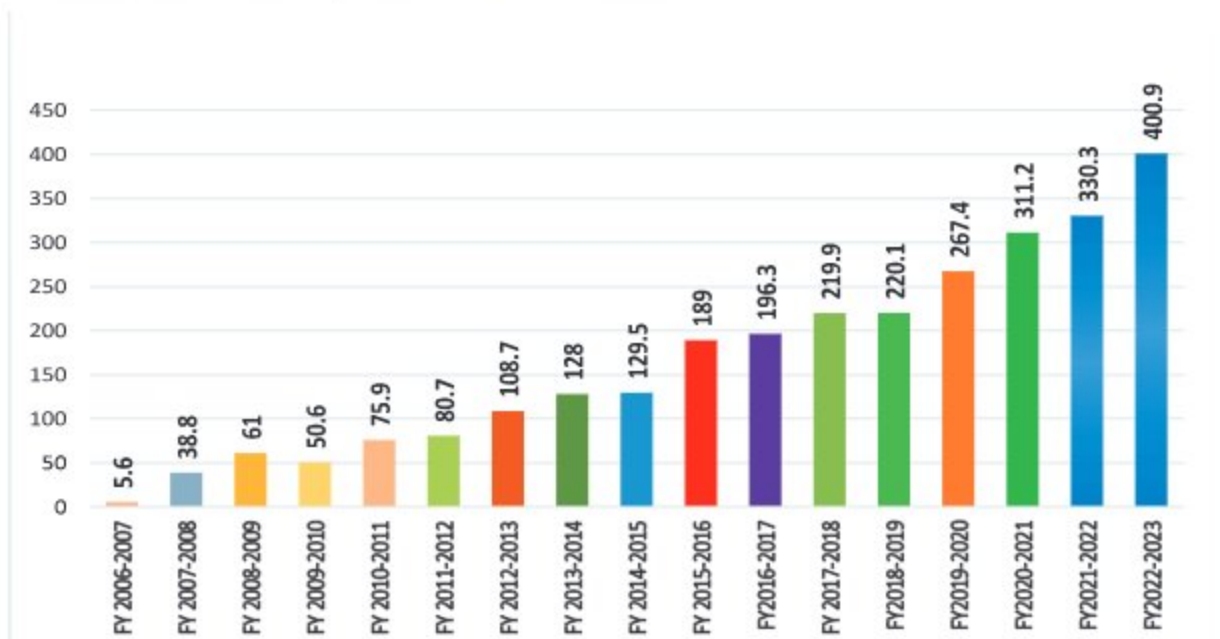
National Essential Drug List (NEDL) of Pakistan, developed in accordance with WHO guidelines, undergoes regular reviews to stay abreast of evolving healthcare needs. The current list, last updated in 2021, encompasses 266 items tailored for different healthcare levels by the department of health, Government of Balochistan.

Procurement, distribution efficient logistics systems play a pivotal role in ensuring the effective provision of essential medicine. By employing comprehensive procurement procedures, we strive to meet demand while considering district-specific disease burdens and consumption patterns.

Challenges: Limited healthcare funding poses significant challenges in meeting the escalating demand for essential medicine. Despite the steady rise in demand, financial constraints necessitate a balanced approach to drug policy formulation to ensure sustainable provision.

In the fiscal year 2024-25, PPHI-B adopted a phased approach due to notifying the essential medicine by (MSD) in phase July 2023 and December 2023 to procuring essential medicine, incorporating items for mental health and non-communicable diseases. This approach reflects our commitment to responsive healthcare provisioning within budgetary constraints. Access to essential medicine is fundamental to addressing healthcare disparities. Through strategic procurement, distribution, and policy adaptation, we aim to bridge the gap between demand and supply, ensuring equitable healthcare access for all segments of society.

8.24. Yearly Essential Drugs Procured Rs. In Millions



SOURCE: FINANCE SECTION PPHI-B

9. EPIDEMICS AND FREE MEDICAL CAMPS



Two days free medical camp at Koh-e-Murad District Kech



Mobile Telehealth Unit arranged community Medical Camps at Muslim town, District Quetta



Free Medical Camp at BHU Peshbogi under auspices of Federal Minister & WHO, District Dera bugti



PPHI-B in collaboration with Health dept Arranged free medical camp at UC Toor Ghundi, District Sherani



Free Medical Camp at BHU Washuk Town District Washuk



Free Medical Camp conducted by PPHI & Pak Army at BHU Khost, District Harnai



Integrated Health Outreach Medical Camp, District Usta Muhammad



Free Medical Camp by Korean Doctors Team at BHU Muhammad Shahi District Mastung



Responding Gastro/Diarrhea outbreak in Aranji Tehsil Wadh, District Khuzdar,

10. NATIONAL IMMUNIZATION DAYS AND PPHI-BALOCHISTAN

Pakistan, along with Afghanistan, remains one of the only two countries in the world with ongoing transmission of the wild poliovirus (WPV). In 2023, four cases of WPV were reported from Khyber Pakhtunkhwa and two from Sindh, while Afghanistan reported six cases. Achieving a polio-free world requires updated vaccination policies, including the phased withdrawal of oral polio vaccines (OPV), containment of the poliovirus in facilities, certification for eradication, and planning for knowledge and infrastructure transition to serve other health goals.

Despite progress, challenges persist. The World Health Organization has cautioned that Pakistan's vaccination programs continue to miss a significant number of children, risking setbacks in the fight against WPV. Additionally, Pakistan's campaign to repatriate undocumented Afghans has heightened the risk of cross-border poliovirus transmission.

Recent reports indicate a surge in environmental detections, with 60 positive samples since September, bringing the year's total to 82. These samples have been found in major cities, including Quetta, Karachi, Peshawar, Rawalpindi, and Islamabad.

Pakistan, with a population of about 241 million, witnessed a spike in polio cases in 2022, with 20 confirmed infections, compared to only one case reported in 2021. In contrast, Afghanistan has not reported new polio cases since August, with the virus isolated in its eastern Nangarhar border province. The WHO attributes this improvement to enhanced vaccination campaigns in eastern Afghanistan.

"Throughout 2023, PPHI-Balochistan (PPHI-B) has played a crucial role in the implementation of National Immunization Days (NIDs), Sub-National Immunization Days (SNIDs), and Measles-Rubella (MR) campaigns. In the majority of Union Councils, Basic Health Units (BHUs) serve as the nerve centers for community-level polio eradication efforts. PPHI-B's regular and contract staff, stationed in District Support Units and BHUs, actively participate in NIDs and SNIDs, assuming roles such as zonal supervisors, area in-charges, team members, and staff at fixed centers. Medical officers at BHUs lead Union Councils, overseeing micro-planning and its execution during NIDs. District unit staff diligently monitor and supervise each campaign. PPHI's exceptional performance in polio eradication across all districts has earned commendation from district authorities and independent monitors."

10.1. Challenges and Solutions

Challenges persist in the fight against polio, including:

- A. **Missed Vaccinations:** Despite efforts, Pakistan's vaccination programs continue to miss a significant number of children, hampering progress in polio eradication.
- B. **Cross-Border Transmission:** Pakistan's campaign to repatriate undocumented Afghans has increased the risk of cross-border poliovirus spread between the two countries.
- C. **Environmental Detections:** A surge in environmental detections of the poliovirus in major cities underscores the persistent threat of transmission.

To address these challenges, PPHI-Balochistan implements various solutions:

- a) **Enhanced Outreach:** Intensified outreach efforts aim to reach underserved communities and address barriers to vaccination access.

- b) Community Engagement: Collaborative efforts with community leaders and stakeholders help build trust and increase vaccine acceptance.
- c) Innovative Strategies: Adoption of innovative strategies, such as mobile vaccination teams and community awareness campaigns, helps overcome logistical challenges and vaccine hesitancy.

By addressing these challenges and implementing effective solutions, PPHI-Balochistan contributes to the global effort to eradicate polio and improve public health outcomes in the region.

10.2 Province Wise Polio Cases Reported

Province	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Punjab	2	7	5	2	0	1	0	12	14	0	0	0
Sindh	4	10	30	12	8	2	1	30	22	0	0	2
Khyber Pakhtunkhwa	47	76	247	33	10	1	8	93	22	0	20	4
Balochistan	4	0	25	7	2	3	3	12	26	1	0	0
Gilgit-Baltistan	1	0	0	0	0	1	0	0	0	0	0	0
Azad Jammu & Kashmir	0	0	0	0	0	0	0	0	0	0	0	0
Total	58	93	306	54	20	8	12	147	84	1	20	6

Source: WHO



M&E Monitoring NIDs Campaign District Nasserabad



ADSM Monitoring EOA Campaign District Quetta



DSM Covering Polio Refusal During Polio Campaign District Kharan



Monitoring Polio Campaign District Dukki



M&E Officer monitoring the EOA campaign District Khuzdar



DSM Monitoring of EOA Campaign District Gwadar



Monitoring Polio Campaign District Loralai



Monitoring Polio Campaign District Ziarat

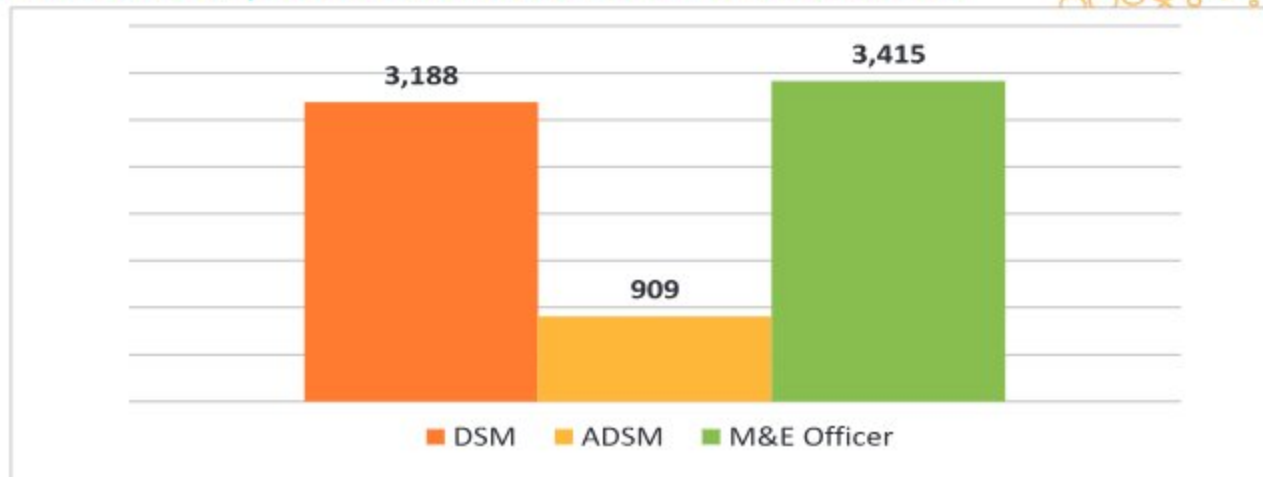


EOA campaign is carried out in catchment area of BHU Rindra Manik District Kachhi.



DSM Monitoring of Polio Campaign District Harnai

11. REPORTING, MONITORING AND SUPERVISORY VISITS



SOURCE: ODK REPORTING SYSTEM PPHI-B

PPHI-B has proposed to monitoring and evaluation in implementation of primary health care (PHC) supervisory services in order to improve the quality of health care in Province since its inception. The position Monitoring and Evolution Officer were created at district and head office for this purpose. PHC services are provided by professional health workers, who are often left on their own, with maximum support. In order to alleviate this, PHC supervision was introduced to provide mentorship, regular skills assessment and development and improve the overall quality of care provided by health care staff. As a result, PHC supervision has been shown to improve performance of health workers.

PHC supervision is a critical element of management and provision of health services. Supervision needs to be a priority within the health system if quality of services is to be improved and sustained. PPHI-B supervisor have expert knowledge, skills and experience within the primary health care field as well as managerial, mentorship and leadership skills. They have established an enabling environment for the provision of quality services by ensuring that the resources are in place to provide technically correct care.

11.1. Supervisory Tool and Indicators

PPHI-B head office has prepared a supervisory tool and indicators that could evaluate the quality of care provided by the BHUs, health facilities and district support units. Supervision tool with the participation of the relevant stakeholders based on the following:

1. Adequate numbers of staff with appropriate knowledge and skills
2. Drugs, clinical supplies and equipment
3. Procedures, guidelines, norms and standards, including ethical guidelines
4. A maintained infrastructure
5. Services available at adequately convenient hours with enough staff
6. Respect from all staff and consideration for privacy and confidentiality
7. General Cleanliness and other aspects of physical infrastructure based on checklists.
8. Storage and availability of essential medicine and vaccines.
9. Washroom cleaned/Functional
10. Drinking Water available

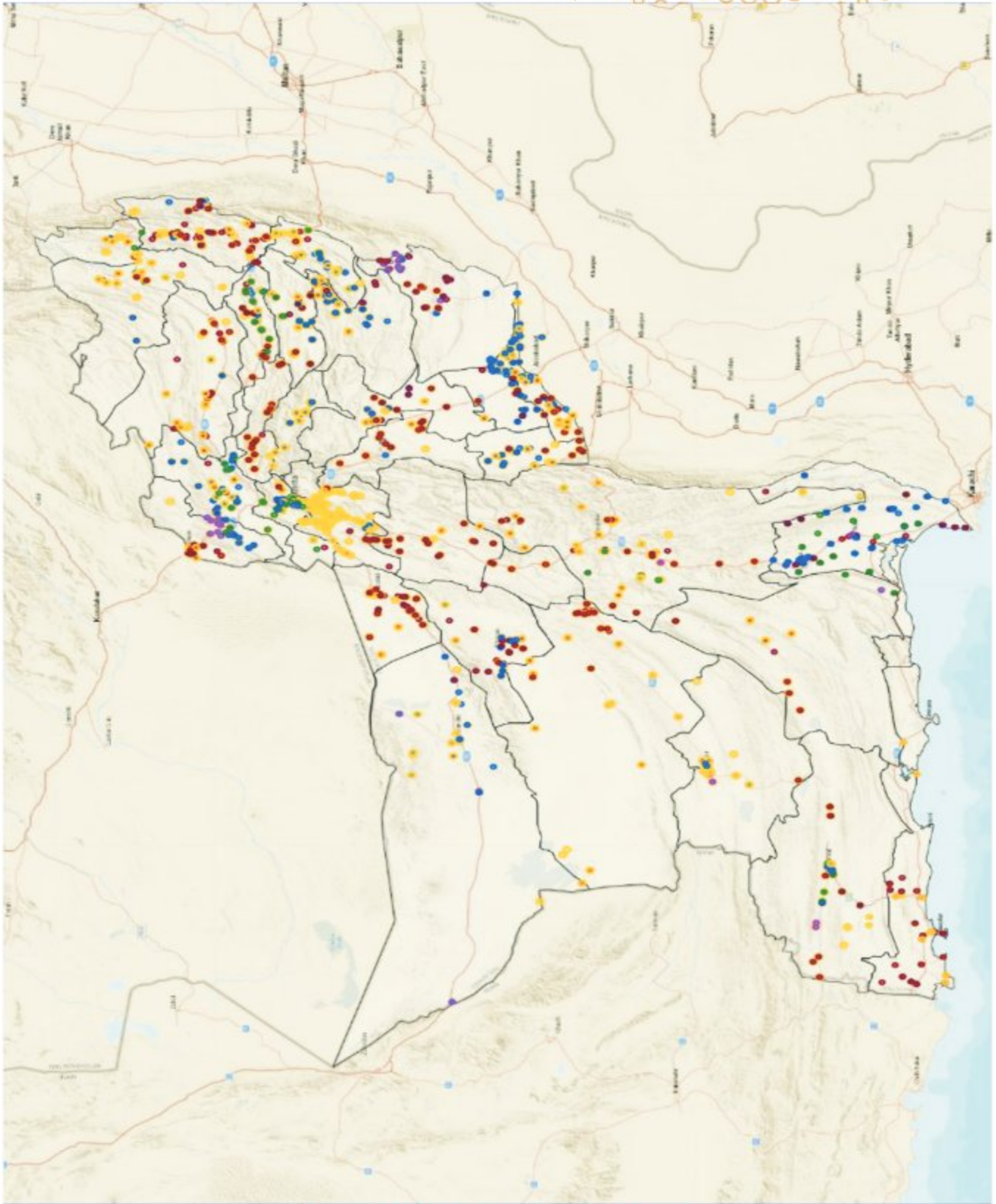
11. Waiting times for attention, time is taken for the whole process from entry to exit.
12. UPS/Generator functional
13. Attendance register, register/Leave register
14. Staff wearing identification badges
15. ILR/Refrigerator Temperature chart recorded / maintained/Solar plates are cleaned
16. Emergency room ready/ drug list/ essential supply
17. Oxygen cylinder filled/ready
18. Hospital waste disposed of properly
19. Sterilization /Hand washing facilities
20. Patient registration/OPD slip & OPD Register Patients
21. Patient privacy ensured during consultation /Examination
22. Health Education being provided
23. Medicines are being labelled while dispensing
24. Observation of client-provider interactions based on a checklist.
25. Using records to examine compliance with appropriate guidelines.
26. Client perceptions of the quality of care received.
27. Fill the Supervisory check list
28. Fill the Log Quality Assurance System

Monitoring and evaluation are an essential function for the improvement of healthcare. The District Support Manager and Monitoring & Evaluation Officer have a standard checklist for supervision that is used during supervisory visits. The Monitoring & Evaluation Officer submits report of his supervisory visits to DSM. PPHI-B is working in a target-oriented mechanism which leads to quality of services in health and resulting level of patient / client satisfaction. PPHI-B is focused on clinical out-come indicators, an accurate disease registry and reporting. Though the standard checklist is available, however, the supervisory system needs to be strengthened in terms of regularity and feed back to the respective health facilities.

PPHI-Balochistan takes pride in its endeavors to reinvigorate the primary health system of Balochistan. Despite the adversities and challenging nature of the job, achieving success was only possible with the support of all stakeholders. A lot of credit goes to the commitment of healthcare staff in peripheries and district support units for their continuous effort. The intensity and scope of this effort is often ignored. To highlight the field activities, management of PPHI-B envisioned to digitalize the activities through a Real-time GPS based monitoring system since 2021, now all the field activities are recorded digitally and can be viewed through a public dashboard.

<https://pphib.org/bs>

11.2 Field Activities



Source: 2022 PPHI-B Monitoring Dashboard



DSM and M&E Joint visit of BHU Tajan, District Dukki



DSM visited of BHU Surbundan, District Gwadar



ADSM Visit of BHU Duba Liari District Lasbela



ADSM Visit of BHU Tomani, District Barkhan



M&E Officer, visit of BHU Sheernab, District Mastung



M&E Officer, visit of BHU SR/JR Colony, District Quetta

12. SPECIAL EVENTS



Chief Minister Ali Mardan Domki along DSM visit of BHU Pashtoonbagh, Distirct Quetta.



Minister Health Dr. Amir Muhammad Jogezei meeting with CEO PPHI regarding PHC



PPHI-B Board of Directors (BoD) 44th meeting, chaired by Munir Ahmed Badini



CEO PPHI-B Hameedullah Nasar, after assuming charge of CEO, presided over 1st meeting



PPHI Head Office: Audit committee Meeting of BoD PPHI-B chaired by Qaisar Khan Jamali



PPHI Head Office: HR committee Meeting of BoD PPHI-B chaired by Ms. Roshan Khursheed Bharucha





PPHI Head Office: Grievance Committee Meeting of BoD PPHI-B Chaired by Naseem Ahmed Lehri



PPHI Head Office: Finance & Investment Committee Meeting of BoD PPHI-B Chaired by Mr. Irfan Ahmed Awan



The Chairperson PPHI-B Visited to BHU Miskan e Kalat, District Kharan



CEO PPHI Visited to ERC Liari, District Lasbela



The Chief Operating Officer PPHI-B visited BHU Bakhtiar Abad, District Sibi



Public Health Specialist PPHI-B Visit of BHU Baghabana

13. PPHI-BALOCHISTAN AT A GLANCE



Provision of Ambulance by Ms. Batool Asadi Deputy Commissioner for BHU Hameed Khosa, District Nasserabad



Internation Woman Human Rights Defenders Day Celebration, District Jhal Magsi



Inauguration of Refurbished EPI Site of BHU Ladh Zeedhi by DHO, Divisional EPI Officer WHO, DDHO, Community notables & PPHI Team, District Khuzdar



Free Medical Camp at Degree College on Woman's Day District Kech



Deputy Commissionaire paid visit to BHU Malar, District Awaran



Monthly Review Meeting at DSU, District Kachhi



Certificate Distribution by Director IDSR to the Trainee of IDSR-DHIS-2, District Chaghi



Refresher Training of DHIS-1, District Mastung



Commissioner & Deputy Commissioner Visit BHU Rakhani, District Barkhan



Public Health Specialist Visit to of BHU, Jhal Magsi



Health Secretary along CEO PPHI Balochistan inauguration of Model BHU Kechi Baig, District Quetta.



Korean delegation for joint venture with PPHI-B for improvement of PHC services

14. PARTNERS OF PPHI BALOCHISTAN

At every level, from a community to global platforms, with partners from across the spectrum to mobilize, bring together the required expertise and resources to transform the lives of communities and ensure mutually beneficial partnerships. We are grateful to all our partners who trusted us and believed they could make a difference. If 2023 is any indication, working together made an impact!



15. PPHI-B DISTRICT SUPPORT UNIT'S (DSU's) OFFICE ADDRESSES

<p>Mr. Niaz Ahmed District Support Manager, PPHI Awaran Old DHQ Hospital Main Turbat Road, Awaran. 0856-511139 pphiawaran@yahoo.com</p>	<p>Mr. Ghulam Rasool District Support Manager, PPHI Barkhan Opposite DPO Office Main Rakhani Road, Barkhan 0829-668311 pphi.barkhan26@gmail.com</p>
<p>Mr. Abdul Wahab Baloch District Support Manager, PPHI Chaghi Killi Khuda E Rahim Near Tablighi Markaz Dalbandin, Chaghi 0825-211826 pphi.chagai@yahoo.com</p>	<p>Mr. Aftab Ahmed District Support Manager, PPHI Dera Bugti Near WAPDA Grid Station Sui Road Town, Dera Bugti 0835-410569 pphi_db@yahoo.com</p>
<p>Mr. Mumtaz Ali Rind District Support Manager, PPHI Dukki Nasar Abad Road Near BHU Nasar Abad Dukki 0824-666129 pphidsuduki@gmail.com</p>	<p>Mr. Murshid Dhasti District Support Manager, PPHI Gwadar GDA Colony Near GDA School, Gwadar 0864-411022 pphigwadar@yahoo.com</p>
<p>Mr. Abdul Qahir District Support Manager, PPHI Harnai Labour Hospital Hostel #2 Quetta Road, Harnai 0833-520095 pphiharnai@gmail.com</p>	<p>Mr. Shah Jahan Mangle District Support Manager, PPHI Jaffrabad / Usta Muhammad Near DHO Office Main Quetta Road Dera Allah Yar, Jaffarabad 0838-510333 pphidsujfd@gmail.com</p>
<p>Mr. Tanveer Ahmed Bulaidi District Support Manager, PPHI Jhal Magsi Near Jaffar Khan Magsi Petrol Pump Nutal Road Gandawah 0837-430010 pphidsujhalmagsi@yahoo.com</p>	<p>Mr. Tariq Shabaz District Support Manager, PPHI Kachhi DHQ Hospital Dhadar, Kachhi 0832-415791 pphi.bolan@yahoo.com</p>
<p>Mr. Abdul Mujeeb Baloch District Support Manager, PPHI Kalat / Surab Near DHQ Hospital Harboi road, Kalat 0844-210678 pphidsukalat74@yahoo.com</p>	<p>Dr. Munir Ahmed District Support Manager, PPHI Kech (Turbat) Rakshan Street Main Road, Kech Turbat 0852-411209 pphi.turbat@yahoo.com</p>
<p>Mr. Sohail Islam District Support Manager, PPHI Kharan Secretariat Complex Building No. 6 Girls' College Road, Kharan 0847-510831 pphikharan@gmail.com</p>	<p>Mr. Murtaza Ahmed District Support Manager, PPHI Khuzdar Near Bolan Minning Rest House, Khuzdar 0848-413628 pphikhuzdar@gmail.com</p>
<p>Mr. Zia Ur Rehman District Support Manager, PPHI Killa Abdullah / Chaman Near Toor Pull opposite Session Court New DHQ Hospital, Chaman 0826-618083 pphika52@gmail.com</p>	<p>Mr. Anees Khan District Support Manager, PPHI Killa Saifullah Bungalow No. 03, DHQ Hospital Colony, Killa Saifullah 0823-610754 pphidsuksf@ymail.com</p>

<p>Mr. Muhibullah District Support Manager, PPHI Kohlu DHQ Hospital, Kohlu 0829-667017 pphidsukohlu@yahoo.co.in</p>	<p>Mr. Haji Khan District Support Manager, PPHI Lasbela / Hub Main RCD Road, Opposite to Police Station ,Uthal 0853-920162 pphiuthal@yahoo.com</p>
<p>Dr. Faheem Ahmed District Support Manager, PPHI Loralai Near Education Office Commissioner Colony Quetta Road, Loralai 0824-400003 pphi.loralai@yahoo.com</p>	<p>Mr. Raiz Ali Mangel District Support Manager, PPHI Mastung DC Road Shahi Bagh, Mastung 0843-897350 pphi.mastung@yahoo.com</p>
<p>Mr. Nisar Ahmed Tareen District Support Manager, PPHI Musakhail Al Asmat House, Near Makki Petroleum Services, DGK Road, Musakhail 0828-611059 pphi.musakhail@yahoo.com</p>	<p>Mr. Faisal Iqbal District Support Manager, PPHI Nasirabad Near DHO office Dera Murad Jamali, Nasserabad 0838-711226 pphi.Nasirabad@yahoo.com</p>
<p>Mr. Humayun Shah District Support Manager, PPHI Nushki Main RCD Road Near Government Dairy Form, Nushki 0825-874079 pphi.noshki@yahoo.com</p>	<p>Mr. Ikram Noor District Support Manager, PPHI Panjgur Airport Road, Chitkan, Panjgur 0855-41520 pphipgr@yahoo.co.uk</p>
<p>Mr. Asmatullah District Support Manager, PPHI Pishin Main Sor Khab Road Near Darman Hotel, Pishin 0826-440360 pphidsupishin@gmail.com</p>	<p>Mr. Farhan Kakar District Support Manager, PPHI Quetta House No: 88 A, Chaman Housing Scheme Airport Road, Quetta 0812-864054 / 0812-864053 dsuquetta@gmail.com</p>
<p>Mr. Imran Khajjak District Support Manager, PPHI Sibi Near DHQ Hospital Mir Chakar Khan Road, Sibi 0833-413078 sibidsu@gmail.com</p>	<p>Mr. Babar Jamali District Support Manager, PPHI Sohbat Pur Near SP Office, DC Colony, Sohbat Pur 0838-603077 pphidsusp@gmail.com</p>
<p>Mr. Mushtaq Ahmed District Support Manager, PPHI Washuk Secretariate Complex PPHI DSU Office Kharan Near DPO Office District Kharan 0847-510831 pphiwsk@gmail.com</p>	<p>Mr. Syed Aman Shah District Support Manager, PPHI Zhob / Sherani Mir Ali Khail Road, Near Grid Station, Zhob. 0822-413627 pphizhob.sherani@yahoo.com</p>
<p>Mr. Fareed Panazai District Support Manager, PPHI Ziarat Sarfaraz House, Near Levies Thana, Civil Hospital Road, Ziarat. 0844-560204 ziaratpphi@gmail.com</p>	

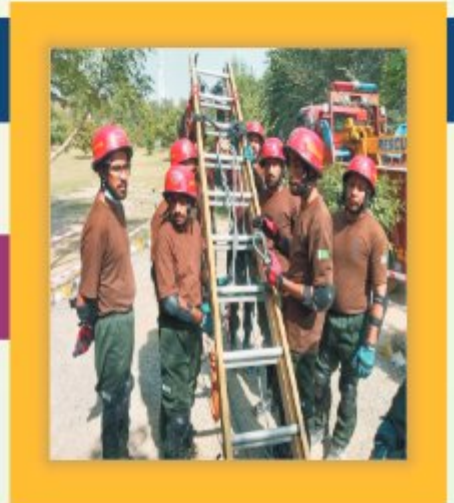
16. PRINTING AND PUBLICATION

1. Annual Report 2018	500
2. Quarterly Health Diary for Quarter 1,2 and 3, 2019	1500
3. Annual Report 2019	500
4. Quarterly Health Diary for Quarter 1 and 2, 2020	1000
5. Annual Report 2020	500
6. Biannual Report 2021	300
7. Annual Report 2022	500
8. Annual Report 2023	500

1 st Taleem e Sehat aur Hifzan e Sehat	1000
2 nd Taleem e Sehat aur Hifzan e Sehat	1000
3 rd Taleem e Sehat aur Hifzan e Sehat	1000
4 th Taleem e Sehat aur Hifzan e Sehat	1000
5 th Taleem e Sehat aur Hifzan e Sehat	1000

9. DHIS Material

➤ OPD Tickets	21,395
➤ OPD Registers	695
➤ Stock Registers (Medicine)	328
➤ Stock Registers (Equipment)	100
➤ Maternal Health Registers	07
➤ Obstetric Registers	127
➤ Monthly reporting forms	13,760
➤ Lab Registers	91
➤ Family Planning Registers	109



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