



PPHI BALOCHISTAN

**ANNUAL
REPORT
2024**

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Abbreviations

A

- ADC: Additional Deputy Commissioner
- ADSM: Assistant District Support Manager
- AGM: Annual General Meeting
- AFP: Acute Flaccid Paralysis
- ANC: Antenatal Care
- ARV: Anti-Rabies Vaccine
- ASV: Anti-Snake Venom

B

- BCG: Bacille Calmette-Guerin
- BEmONC: Basic Emergency Obstetric and Newborn Care
- BHU: Basic Health Unit
- BoD: Board of Director
- BHIMS: Balochistan Health Information System
- BHCIP Balochistan Human Capital Investment Project (Health)
- BRSP: Balochistan Rural Support Program

C

- CEmONC: Comprehensive Emergency Obstetric and Newborn Care services
- CERF: Central Emergency Response Fund
- CHS: Community Health Sessions
- CMW: Community Mid-Wife
- COVID-19: Corona Virus Disease -19
- COCs: Combined Oral Contraceptives
- CYP: Couple Years of Protection

D

- DC: Deputy Commissioner
- DFAT: Department for Foreign Affairs Trade
- DHO: District Health Officer
- DHIS: District Health Information System
- DH/QH: District Head Quarter Hospital
- DMPA: Generic name of Progestin-only Injectable
- DOTs TB: Direct Observing Therapy

Tuberculosis

- DSM: District Support Manager
- DSU: District Support Unit

E

- ED: Emergency Civil Dispensary
- ENT: Ear Nose & Throat
- EML: Essential Medicine List
- EPI: Expanded Program for Immunization
- ERC: Emergency Response Centers

F

- FDR:
- FMT: Female Medical Technician
- F.P: Family Planning

G

- GBV: Gender Based Violence
- GFFO: German Federal Foreign Office
- GoB: Government of Balochistan

H

- HF: Health Facility
- HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

I

- IDSP: Institute for Development Studies & Practices
- IUCD: Intrauterine Contraceptive Device

L

- LARC: Long-Acting Reversible Contraception
- LBW: Low Birth Weight
- LHV: Lady Health Visitor
- LHW: Lady Health Worker
- LMO: Lady Medical Officer
- LQAS: Lot Quality Assurance Sample



M

- M&E O: Monitoring and Evaluation Officer
- MCH: Mother and Child Health
- MDGs: Millennium Development Goals
- MHPSS: Mental Health and Psychosocial Support
- MISP: Minimum Initial Service Package
- MNCH: Mother and Neonatal Child Health
- MO: Medical Officer
- MT: Medical Technician

N

- NCDs: Non-Communicable Diseases
- NET-EN: Generic name of combined injectable
- NGO: Non-Government Organization
- NIDs/SNIDs: National Immunization Days/Sub National Immunization Days

O

- OPD: Out Patient Department
- OPV: Oral Polio Vaccine

P

- PDHS: Pakistan Demographic Health Survey
- PHC: Primary Health Care
- PNC: Post Natal Care
- POP: Progestin Only Pill
- PPHI-B: People's Primary Healthcare Initiatives-Balochistan

R

- RHC: Rural Health Center
- RH: Reproductive Health

S

- SCI: Save the Children International
- SDGs: Sustainable Development Goals
- SG: Support Group
- SHS: School Health Session
- SO: Social Organizer
- SRH: Sexual & Reproductive Health
- STIs: Sexually Transmitted Infections

T

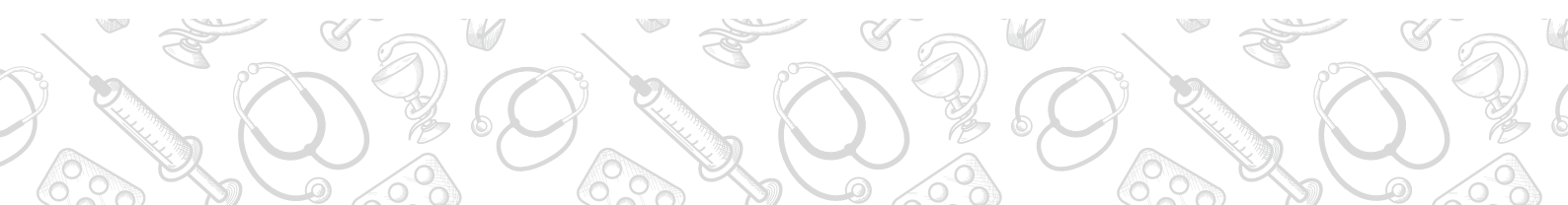
- TB: Tuberculosis
- THQH: Tehsil Head Quarter Hospital
- TT: Tetanus Toxoid

U

- UHC: Universal Health Coverage
- UNFPA: United Nations Fund for Population
- UNHCR: United Nations High Commissioner for Refugees
- UNICEF: United Nations International Children's Emergency Fund

W

- WFP: World Food Program
- WFHs: Woman Friendly Health Spaces
- WHO: World Health Organization
- WPV: Wild Poliovirus



Components of Primary Healthcare

Health Education



Provision of Safe Drinking Water



Improve Nutritional Status



Immunization



Maternal & Child Care



Mental Health



Non-Communicable Diseases



Provision of Essential Medicine



Community Participation



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Acknowledgment

As we proudly present the 11th edition of our Annual Report 2024, PPHI Balochistan reflects on a journey marked by resilience, progress, and unwavering commitment to the health and well-being of the people of Balochistan. This success would not have been possible without the collective efforts of our visionary leaders, dedicated partners, and passionate team members.

We extend our deepest gratitude to our visionary Board of Directors, whose strategic foresight, steadfast support, and leadership have been the driving force behind our progress. Their guidance has illuminated our path, enabling us to navigate challenges with determination and resilience.

A heartfelt thank you is extended to our valued partners for their collaborative spirit, technical expertise, and financial support, which have strengthened our healthcare delivery system and enabled transformative change. We recognize the significant contributions of:

- ◇ Government of Balochistan, Department of Health: For their policies, strategic and operational support.
- ◇ World Health Organization (WHO): For their invaluable technical expertise.
- ◇ UNFPA: For their extended support for SRH, and Mother Neonatal & Child Healthcare.
- ◇ UNICEF: For their unwavering commitment to child health, and their valuable support in the implementation of DHIS2 and the School Health Screening Initiative.
- ◇ UNHCR: For their tireless work supporting healthcare in refugee areas.
- ◇ Gates Foundation: For their commitment to improving healthcare through financial contributions focusing on immunization and healthcare.
- ◇ Mercy Corps: For their ongoing development and humanitarian assistance in refugees and host community.



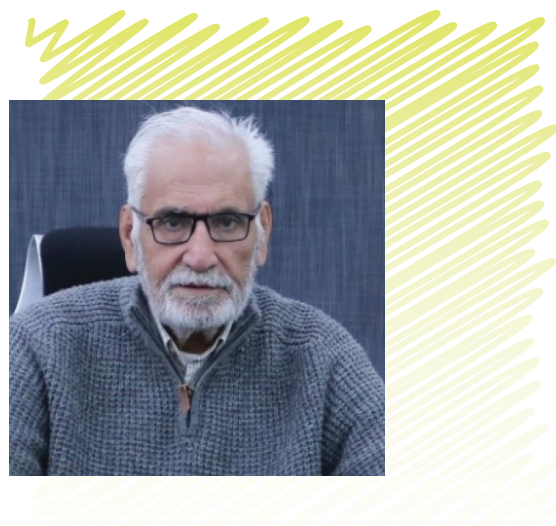


- ◇ Save the Children: For their medical and child welfare support.
- ◇ Muslim Hands, Islamic Relief Pakistan and Trust for Vaccine Investment: For their contributions to improving public health outcomes.
- ◇ Vertical Programs (EPI, Nutrition, Malaria, TB, HIV/ AIDS, MNCH, LHW, Prevention of blindness and Hepatitis Prevention Control Program): For their specialized efforts in tackling communicable diseases.
- ◇ Balochistan Health Management Information System for capacity building and implementation of DHIS- II in 30 Districts.
- ◇ Obstetrics & Gynecology Department, Sandeman Provincial Hospital, Quetta, and Institute of Psychiatry and Behavioral Sciences Quetta: For their specialized medical support and capacity building of health care providers.
- ◇ Balochistan Rural Support Program (BRSP), National Rural Support Program (NRSP), and Indus Hospital Network Karachi for their efforts to Control Malaria and eradication.
- ◇ Pathfinder and BHCIP (Health) support for implementation DHIS2.
- ◇ All other agencies and organizations whose invaluable contributions continue to strengthen our services.

Special recognition is reserved for Mr. Hameedullah Nasar, the dynamic CEO of PPHI Balochistan, whose visionary leadership inspires us daily. To the senior management team, District Support Managers, BHU health workers, and project staff, your dedication is the heartbeat of our organization, and your tireless efforts remain pivotal to our mission of delivering quality healthcare to all.

As we look back on the progress made in 2024, we sincerely thank all our partners, teams, and communities for their support. With renewed commitment, we aim to further improve healthcare services across Balochistan. Together, we will continue working for a healthier and stronger future for all.

Chairperson's Message



I am proud to highlight the strides we have made this year. We remain dedicated to strengthening integrated primary healthcare, ensuring equitable, cost-effective, and high-quality healthcare for all. Our commitment to planetary health drives sustainability in every aspect of our work. Collaboration remains central as we engage with provincial vertical programs, healthcare partners, and communities to foster meaningful change. As PPHI-B grows, we uphold fairness, representation, and inclusion, providing equitable opportunities while respecting cultural norms and systematic hindrances.

Patient safety is a cornerstone of quality healthcare and essential for resilient systems. It requires coordinated efforts to prevent, reduce, report, and analyze patient harm, ensuring efficient, evidence-based care while minimizing financial burdens. Unsafe care affects trust, strains resources, and slows progress toward Universal Health Coverage. A patient safety program aligned with WHO Global Action on Patient Safety strengthens efforts to reduce adverse events, lower costs, and enhance trust between patients and providers.

Primary healthcare plays a pivotal role in addressing disease burdens and associated risks. Despite progress, gaps in healthcare delivery impact satisfaction and outcomes. Without frontline improvements, Universal Health Coverage remains constrained. Strengthening primary healthcare builds trust, reduces pressure on higher-level facilities, and improves service accessibility. To achieve this, increased resources for system upgrades in compliance with Minimum Service Delivery Standards (MSDS) are essential. Investing in infrastructure, skilled personnel, and essential medical supplies is crucial to ensuring sustainable improvements in service delivery. Along with improvements focusing on enhancing water & sanitation, waste disposal, strong policies, health education and greater community engagement to ensure sustainable and effective service delivery.

A key challenge remains the availability of qualified doctors, particularly in underserved areas. Limited resources have hindered recruitment and retention, affecting service delivery. Addressing this requires enhanced incentives and improved working conditions for healthcare professionals through better remuneration, career growth, and professional support. Competitive salary packages, development programs, and incentive-based recruitment strategies will attract skilled professionals and improve service quality.

We remain committed to continuous process improvement, recognizing challenges as opportunities for innovation and adaptation. Our dedication to delivering quality healthcare despite challenges reflects resilience and determination to serve communities effectively.

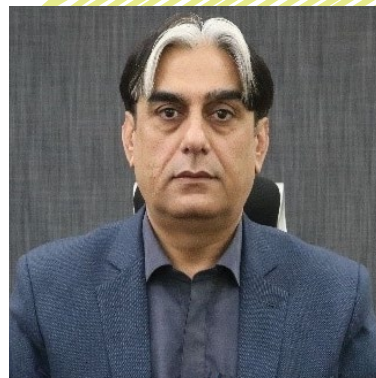
Despite obstacles, our teams and managers remain steadfast, driving progress and innovation. We deeply appreciate the commitment of all stakeholders and will continue excellence in primary healthcare, ensuring a healthier future for all.

Mr. Munir Ahmed Badini

Chairperson Board of Director

Chief Executive Message

I am pleased to present the People's Primary Healthcare Initiative Balochistan Annual Report for 2024, highlighting the significant efforts made to enhance the healthcare system across the province.



The adoption of Sustainable Development Goals (SDGs) has reaffirmed the global commitment to reducing preventable maternal and newborn deaths. Guided by the Alma-Ata declaration on primary health care, Pakistan has made health services more effective and equitable. Over the past few decades, substantial progress has been achieved at national and provincial levels in reducing maternal and neonatal mortality rates. In a developing country like Pakistan, the demand for Primary Health Care (PHC) continues to grow, making Maternal and Child Health (MCH) services a crucial component of Basic Health Units (BHUs).

Promoting institutional deliveries is one of the key strategies to reduce the Maternal Mortality Ratio (MMR), as it ensures safer childbirth for women through skilled care and timely interventions. Public health facilities serve as the primary healthcare providers, particularly in Balochistan rural areas and low socio-economic communities. Recognizing the significance of facility-based maternal and newborn care, BHUs have been established, strengthened, and modernized in line with public health standards (PHS). To enhance accessibility, 30% of BHUs have been operationalized with functional labor rooms, while 10% provide round-the-clock delivery services, including BEmOC (Basic Emergency Obstetric Care), neonatal care, and referrals. As the first referral point in rural and remote areas, BHUs play a vital role in maternal and child healthcare, significantly contributing to reducing mortality rates. As we progress, we remain steadfast in our commitment to achieving more equitable healthcare. By establishing labor rooms in additional health facilities, we will continue to demonstrate our resolve to serve communities effectively and inclusively.

Despite the availability of free primary healthcare, maternal, and newborn services, public health facility utilization remains low. BHUs form the backbone of healthcare service delivery across rural communities, yet several key determinants influence patient decisions—infrastructure quality, cleanliness, familiarity, trust in providers, and staff behavior. Institutional deliveries attended by skilled birth attendants are associated with lower maternal morbidity and mortality rates compared to home deliveries. Facility-based deliveries also contribute significantly to preventing stillbirths and improving newborn survival rates.

Moving forward, we aim to build upon the strong foundations established in recent years, ensuring the promotion and provision of institutional deliveries remains a priority. Addressing existing health inequalities is essential to achieving universal access to quality maternal and newborn care. We are committed to improving health outcomes at PPHI-B, guaranteeing access to a strong, resilient healthcare system that serves communities when and where they need it most.

This progress would not have been possible without the invaluable support of the Government of Balochistan, healthcare partners, stakeholders and my team who have played a crucial role in strengthening healthcare services across Balochistan. Their commitment and collaboration remain vital in achieving lasting impact and ensuring improved health outcomes for all.

Thank You

Mr. Hameedullah Nasar

Chief Executive Officer

Board of Directors



Chairperson BoD
Mr. Munir Ahmed Badini



Member of Board
Dr. Abdul Rashid Tarin



Member of Board
Prof. Dr. Shahnaz Naseer Baloch



Member of Board
Ms. Roshan Khursheed Bharucha



Member of Board
Mr. Muhammad Naseem Lehri



Member of Board
Mr. Qaisar Khan Jamali



Member of Board
Mr. Irfan Ahmed Awan

Ex Officio- Members



ACS (Dev), P&D, Balochistan
Hafiz Abdul Basit



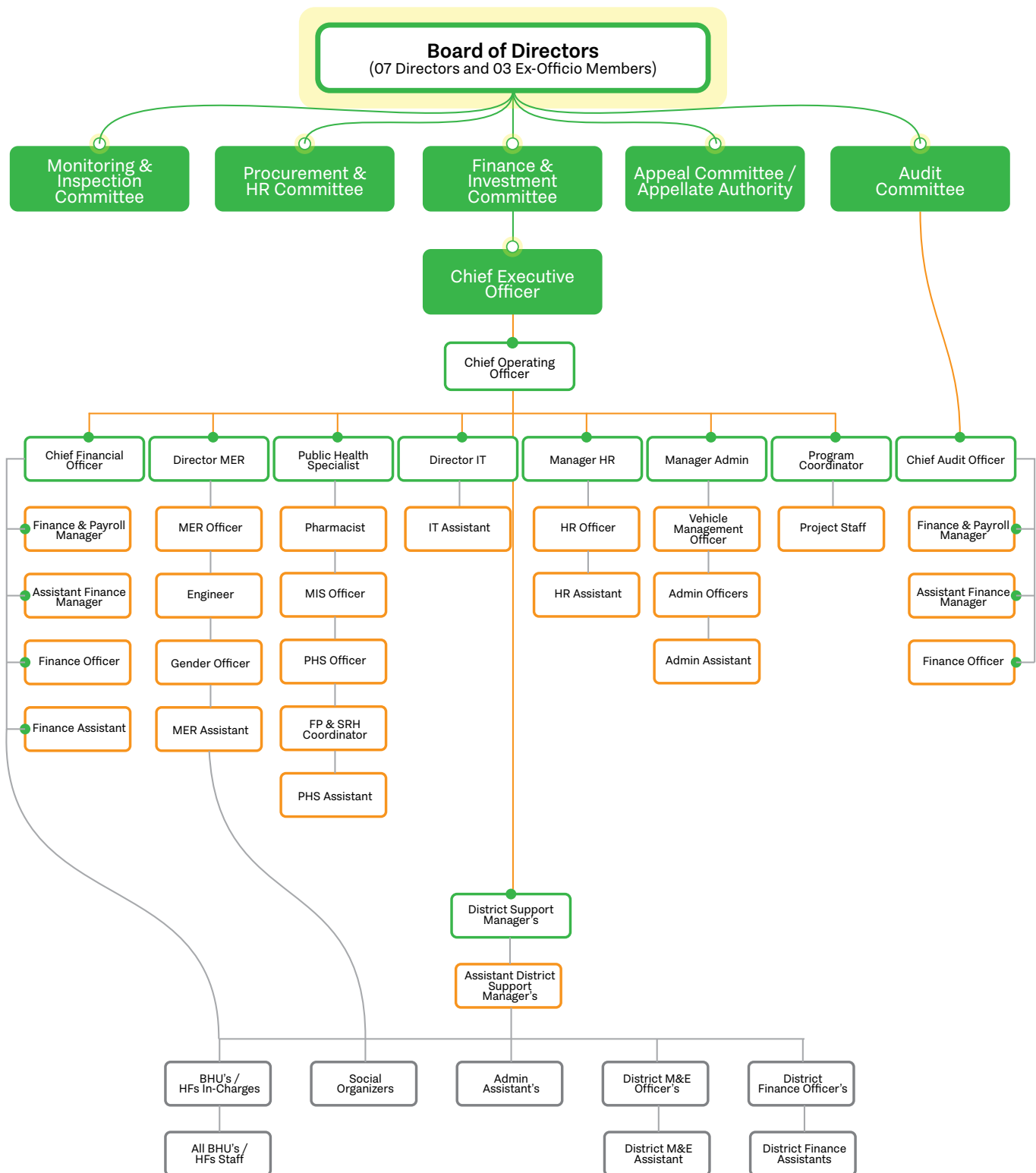
Secretary Finance, Balochistan
Mr. Imran Zarkoon



Secretary Health, Balochistan
Mr. Mujeeb Ur Rehman



Organizational Chart



Introduction

Despite persistent social, economic, political, and cross-border challenges, compounded by successive natural disasters, Pakistan and Balochistan have made notable progress in health indicators over the past 25 years—though they still lag behind some regional counterparts.

Over the past three decades, Pakistan has made measurable progress in improving key health indicators. Life expectancy has increased from 59 years in 1990 to approximately 67.9 years in 2024. The most recently recorded national Maternal Mortality Ratio (MMR) stands at 186 deaths per 100,000 live births, while Balochistan continues to report higher figures, with an MMR of 298 per 100,000 live births (2017–2018 PDHS). This improvement is largely attributed to the expansion of the Lady Health Worker (LHW) programme, deployment of Community Midwives (CMWs), and increased availability of skilled birth attendants.

Similarly, infant and under-five mortality rates have improved: nationally, from 72/1000 to 66/1000 live births, and provincially, from 78/1000 to 72/1000 lives. However neonatal mortality rates have remained stagnant, as has the troubling toll of stillbirths, with national rates at 34/1000 live births and provincial rates at 38/1000 live births. The provincial Contraceptive Prevalence Rate (CPR) in Balochistan remains critically low at approximately 14%, underscoring the urgent need to strengthen access to family planning and reproductive health services across the region.

Balochistan faces a double burden of disease (BoD), disproportionately affecting low-income communities. Many of these conditions can be effectively managed through low-cost interventions and best practices at primary and secondary care levels. Communicable diseases, maternal health issues, and under-nutrition dominate, constituting about half of the BoD. In young children, diarrhea and respiratory illnesses remain leading causes of death. Maternal deaths are frequently caused by preventable issues such as sepsis, hemorrhage, and hypertensive crises.



Pakistan is one of the two remaining countries where polio is still endemic, having experienced a resurgence of polio in 2024, with 72 confirmed cases of wild poliovirus type 1 (WPV1). The outbreak has been particularly severe in Balochistan (27 cases), Khyber Pakhtunkhwa (22 cases), Sindh (21 cases), and isolated cases in Punjab and Islamabad. This resurgence highlights ongoing challenges, including vaccine hesitancy, security threats to health workers, and disruptions in vaccination campaigns, necessitating urgent interventions to combat its spread. Additionally, Pakistan faces endemic challenges such as hepatitis B and C, with 7.6% of the population affected, the 5th highest global tuberculosis burden, malaria endemicity in specific areas, and a concentrated HIV prevalence among high-risk groups. Other vaccine-preventable diseases and emerging infections highlight the need for a uniformly strengthened disease surveillance and response system. Pakistan also has one of the highest rates of under-weight children in South Asia, with stunting, micronutrient deficiencies, and low birth weight contributing to high maternal and child mortality rates.

On the other hand, non-communicable diseases (NCDs), along with injuries and mental health issues, now constitute the other half of the BoD, leading to increased disabilities and premature deaths, especially among the economically productive adult age group. Common underlying factors for NCDs, including lifestyle choices, poor nutrition, and smoking, remain inadequately addressed. Injuries account for 11% of the total BoD, with a likelihood of increase due to rising road traffic accidents, urbanization, and conflict. Pakistan ranks 7th highest globally for diabetes prevalence, with one in four adults over 18 years being hypertensive. Smoking levels remain high, at 38% among men and 7% among women. The rising yet under-estimated burden of cancers and COPD also requires urgent attention. Additionally, poverty, low literacy, unemployment, gender discrimination, and limited access to treatment have resulted in a significant but often overlooked burden of mental health issues. Disabilities, such as blindness, remain prevalent, with inadequate services or assistive devices available to improve quality of life for affected individuals.

People's Primary Healthcare Initiative-Balochistan (PPHI-B) operates as a not-for-profit registered company under Section 42 of The Companies Act 2017, governed by an eminent Board of Directors was established in 2013. Today, PPHI-Balochistan oversees 746 health facilities, including 3 Civil Dispensaries (CDs), 8 Emergency Civil Dispensaries (EDs), and 735 Basic Health Units (BHUs). As one of the largest non-profit organizations in Balochistan, it provides and strengthens primary healthcare services to 6 million people across all districts of the province. Funding is sourced primarily through grants from the Health Department, Government of Balochistan, alongside support from national and international donor agencies.

Balochistan healthcare system remains underfunded compared to global recommendations. The World Health Organization (WHO) advises that developing countries allocate at least 5% of their GDP to healthcare, Pakistan spends only 2.91% of GDP on health, while Balochistan lags further behind at 2.1%. (For FY 2024-25, Balochistan total budget stands at Rs.955.6 billion, with Rs.67.3 billion allocated to healthcare, marking a 30% increase from the previous year.) However, this spending remains insufficient, given the province's health challenges, high disease burden, and ongoing gaps in healthcare accessibility. Increased funding and strengthened Public-Private Partnerships (PPPs) are critical to meeting Sustainable Development Goal (SDG) targets and ensuring equitable healthcare access.

PPHI-B remains committed to strengthening weak and underserved areas while consolidating national achievements under SDG Goal 3 (Good Health and Wellbeing). Through its expansive healthcare network, including 746 BHUs and health facilities, 176 labor rooms, 77 MCH Plus centers 24/7, 436 static immunization centers, 32 telehealth



centers, 143 OTP centers, 39 TB health facilities, 127 pathology laboratories, 129 ambulances, six emergency response centers along the Coastal Highway, including four purpose-built centers, and two ERCs in the mining areas of Soorange Quetta and Dukki were also operationalized, PPHI-B is driving change by ensuring communities have consistent, quality healthcare.

The Government of Balochistan, along with our partners and other government and non-government stakeholders, has played a pivotal role in strengthening healthcare delivery through financial support, technical assistance, and capacity-building initiatives. While we celebrate the significant progress achieved so far, the journey ahead demands a continued commitment to fostering stronger, collaborative partnerships. Together, we can build an even more effective and resilient healthcare system to meet the needs of our communities in the years to come.

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 GOALS:

- ♦ Enhance Coordination of Care: Ensure patients receive the right care, at the right place, at the right time, and by the right person.
- ♦ Boost Efficiency and Effectiveness: Strengthen health services, especially for patients at risk of poor outcomes, by increasing efficiency and optimizing processes.
- ♦ Engage Stakeholders: Actively collaborate with general practice and other stakeholders to foster improvements across the local health system.
- ♦ Strive for Excellence: Operate as a high-performing, efficient, and accountable organization, ensuring transparency and impact.
- ♦ Focus on Core Functions: Position primary healthcare and essential public health functions as the foundation of integrated health services.
- ♦ Promote Multisectoral Collaboration: Implement policies and actions that engage multiple sectors to achieve shared health goals.
- ♦ Empower People and Communities: Support individuals and communities to take ownership of their health, fostering long-term resilience and well-being.

OUR VALUES:

- ◇ Sustainable: Efficient, effective, and viable approaches that ensure long-term impact.
- ◇ Innovative: Flexible, pioneering, and evolutionary methods that adapt to changing needs.
- ◇ Evidence-Based: Guided by research, clear documentation, and transparency in decision-making.
- ◇ Collaborative: Partnerships that are integrated and actively engaged to achieve shared goals.
- ◇ Influential: Visible, valued, and courageous actions that inspire change and progress.
- ◇ Accountable: Respectful, responsible practices focused on delivering measurable outcomes.

OUR STRATEGIC FRAMEWORK:

I. Improve Coordination

- ◇ Collaborate with Stakeholders: Work closely with stakeholders and partners to develop innovative, evidence-based models of care tailored to identified health needs.
- ◇ Provide Leadership and Influence: Strengthen partnerships and alliances to enhance the coordination and delivery of care through strategic leadership.
- ◇ Enhance Health Needs Assessments: Expand the scope and depth of health needs assessments in collaboration with partners. Utilize the insights to inform joint planning, investments, and the integration of commissioned services for better coordination.
- ◇ Develop Disaster Response Capabilities: Build and support disaster response systems within primary healthcare to ensure resilience and preparedness.

II. Increase Efficiency and Effectiveness

- ◇ Develop a Comprehensive Primary Healthcare System: Establish a high-performing primary healthcare framework that delivers personalized and patient-centric medical care.
- ◇ Implement a Digital Health Strategy: Create a robust digital health strategy aimed at enhancing value and driving quality improvements across first-level healthcare, thereby improving overall health outcomes.
- ◇ Support Professional Development: Offer professional development and quality improvement programs to facilitate digital transformation in general practice teams. Key areas of focus include:
 - ◇ Enhancing data analytics capabilities.
 - ◇ Utilizing decision support tools and risk stratification.
 - ◇ Streamlining secure electronic messaging, health pathways, and smart referral systems.
- ◇ Promote Participatory Health: Actively engage the community to foster participatory health initiatives, ensuring the delivery of outcomes that align with the priorities and needs of the population.

III. Engage stakeholders to improve primary health care

- ◇ Support Workforce Development: Strengthen the capacity of the first-level healthcare workforce by fostering effective change management practices within the sector.
- ◇ Collaborate on Training Initiatives: Partner with institutions and faculties to enhance training programs for healthcare providers, ensuring high-quality skill development.
- ◇ Be a Trusted Source of Information: Develop, share, and promote reliable insights and resources within the sector. Accurately curate concise, practical, and timely information to support operations in general practice, the primary care sector, and other stakeholders.
- ◇ Establish Governance Systems: Implement efficient, effective, and accountable governance and commissioning systems to drive sector-wide improvements.
- ◇ Support Agile Teams: Develop flexible and adaptive teams that align with core objectives.
- ◇ Integrate contemporary workplace operations and best management practices.
- ◇ Monitor Performance Against the Quadruple Aim: Track and evaluate sector performance to achieve: “Better health outcomes, Improved patient and provider experiences, Reduced costs of healthcare services”.

IV. Integrated Approach to Services Delivery

- ◇ Comprehensive: Provide care that is broad in scope and tailored to evolving health needs and aspirations, with a commitment to Universal Health Coverage.
- ◇ Equitable: Ensure care is accessible and available to all, leaving no one behind.
- ◇ Sustainable: Deliver care that is efficient, effective, and contributes to sustainable development.
- ◇ Coordinated: Integrate care around people’s needs, ensuring effective coordination across providers and settings.
- ◇ Continuous: Offer care and services that support individuals across their life course.
- ◇ Holistic: Address the physical, mental, and emotional well-being of individuals while considering their socioeconomic circumstances.
- ◇ Preventive: Tackle the social determinants of ill health through cross-sector actions that promote public health.
- ◇ Empowering: Support individuals to manage and take responsibility for their own health.
- ◇ Goal-Oriented: Ensure care is guided by clear goals, enabling informed decisions, measurable outcomes, and success tracking.
- ◇ Respectful: Provide care that respects people’s dignity, cultural values, and social circumstances.
- ◇ Collaborative: Facilitate relationship-building and team-based, cross-sector collaboration to deliver cohesive care.
- ◇ Co-produced: Deliver care through active partnerships with individuals and communities at all levels.
- ◇ Endowed with Rights and Responsibilities: Ensure care upholds the rights and responsibilities that individuals expect, exercise, and respect.

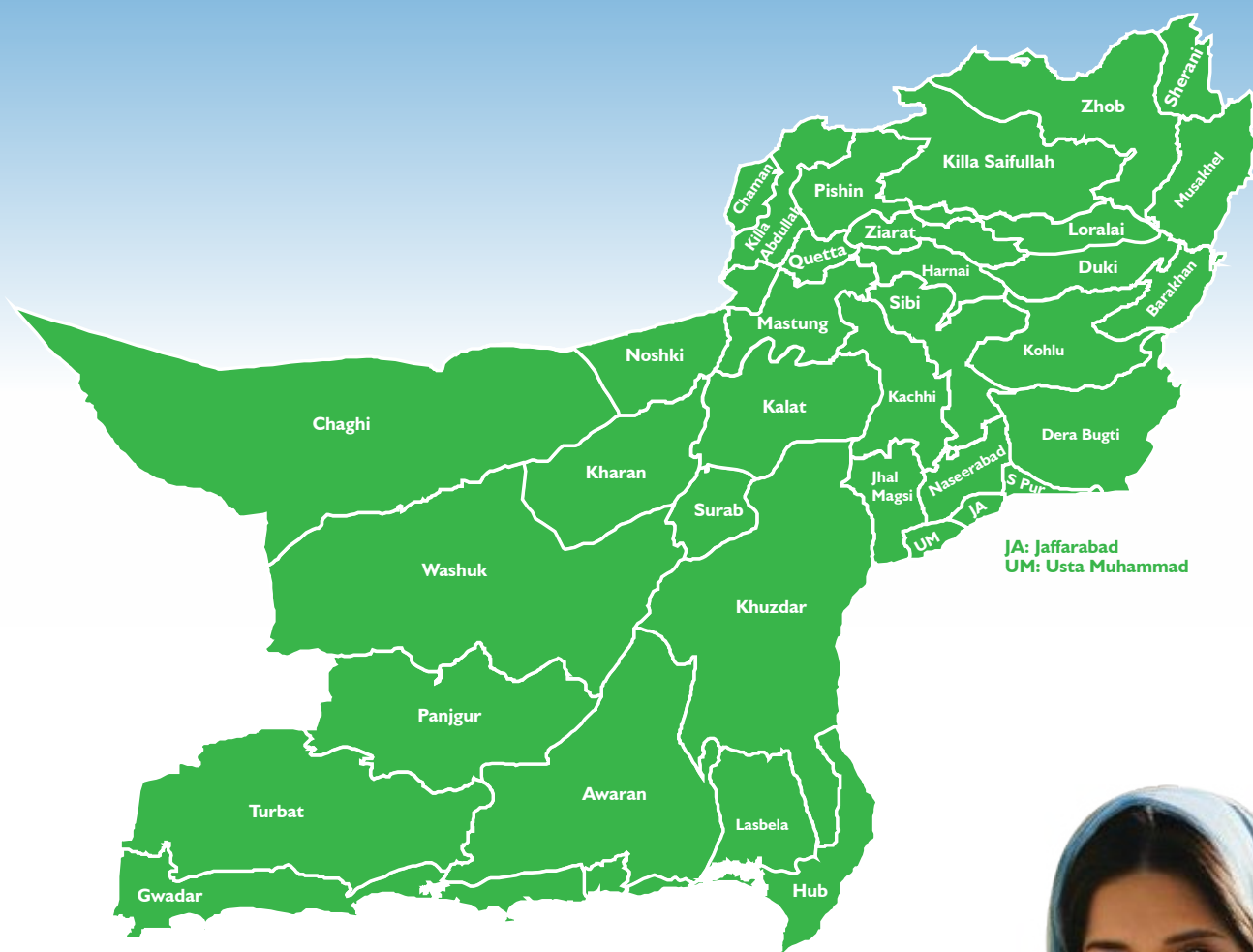
- ◇ Governed through Shared Accountability: Foster governance structures that ensure shared accountability for care quality and health outcomes between providers and local communities.
- ◇ Evidence-Informed: Use evidence-based policies and strategies, supported by measurable objectives, to continuously improve quality and outcomes.
- ◇ Led by Whole-System Thinking: View the health system as an interconnected whole, considering the interplay of its parts and external factors.
- ◇ Ethical: Provide care based on the best risk–benefit ratio, respecting autonomy, safeguarding privacy, protecting vulnerable populations, and ensuring the fair distribution of resources.

MAP AND SOCIO-DEMOGRAPHIC PROFILE OF PPHI-BALUCHISTAN 2024

The term “socio-demographic” refers to groups defined by their sociological and demographic characteristics. These groups are essential for analyses in various disciplines, including social sciences, marketing, and medical studies.

In the context of primary healthcare services, socio-demographic groups play a critical role in assessing health targets and outcomes. Understanding demographic trends is vital for formulating effective healthcare programs and strategies. For example, Pakistan’s population has experienced significant growth over the decades, increasing from 32.5 million in 1951 to 132.3 million in 1998, and reaching 207.8 million in 2017. By 2023, the population stood at 242.4 million, making Pakistan the fifth most populous country in the world. The national population growth rate is currently 2.5%, while Balochistan shows a higher growth rate of 3.20%, with a population of 14.89 million.

Demographic data are crucial for meaningful assessments of existing healthcare systems. These insights enable healthcare managers to design evidence-based programs and strategies to improve health services for the population. Using the 2023 census report and a growth rate of 3.20%, the catchment populations of Basic Health Units (BHUs) and Health Facilities (HFs) were estimated. This process was facilitated by the head office with assistance from district support units, setting informed targets for healthcare delivery.



JA: Jaffarabad
UM: Usta Muhammad



DISTRICT POPULATION WITH YEARLY TARGETS BALOCHISTAN 2025

S.No	District	Number of BHUs/HFs	Population (Estimate/2025)	Under 1-year Yearly Target	Under 2 Years	Pregnant Women Yearly Target	Under 5 years Yearly Target	Child Bearing age Women (Between 15-49 Y)	Married Woman Reproductive Age
1	Awaran	7	58,053	1,858	1,800	2,072	9,869	12,772	9,288
2	Barkhan	10	117,636	3,764	3,647	4,200	19,998	25,880	18,822
3	Chaghi	20	133,943	4,286	4,152	4,782	22,770	29,467	21,431
4	Chaman	22	257,197	8,230	7,973	9,182	43,723	56,583	41,152
5	Derabugti	35	180,288	5,769	5,589	6,436	30,649	39,663	28,846
6	Dukki	17	114,790	3,673	3,558	4,098	19,514	25,254	18,366
7	Gwadar	23	132,529	4,241	4,108	4,731	22,530	29,156	21,205
8	Harnai	8	55,441	1,774	1,719	1,979	9,425	12,197	8,871
9	Hub	14	91,976	2,943	2,851	3,284	15,636	20,235	14,716
10	Jaffrabad	8	50,684	1,622	1,571	1,809	8,616	11,151	8,110
11	Jhal Magsi	14	95,922	3,070	2,974	3,424	16,307	21,103	15,348
12	Kachhi	13	76,596	2,451	2,374	2,734	13,021	16,851	12,255
13	Kalat	22	128,943	4,126	3,997	4,603	21,920	28,367	20,631
14	Kech	35	364,194	11,654	11,290	13,002	61,913	80,123	58,271
15	Kharan	22	116,051	3,714	3,598	4,143	19,729	25,531	18,568
16	Khuzdar	44	331,401	10,605	10,273	11,831	56,338	72,908	53,024
17	Killa.Abdullah	20	223,586	7,155	6,931	7,982	38,010	49,189	35,774
18	Killa.Saifullah	14	112,421	3,597	3,485	4,013	19,112	24,733	17,987
19	Kohlu	51	197,449	6,318	6,121	7,049	33,566	43,439	31,592
20	Lasbela	31	146,112	4,676	4,529	5,216	24,839	32,145	23,378
21	Loralai	19	116,729	3,735	3,619	4,167	19,844	25,680	18,677
22	Mastung	16	150,055	4,802	4,652	5,357	25,509	33,012	24,009
23	Musakhail	24	144,077	4,610	4,466	5,144	24,493	31,697	23,052
24	Nasserabad	17	173,940	5,566	5,392	6,210	29,570	38,267	27,830
25	Noshki	12	114,837	3,675	3,560	4,100	19,522	25,264	18,374
26	Panjgur	23	173,008	5,536	5,363	6,176	29,411	38,062	27,681
27	Pishin	38	488,310	15,626	15,138	17,433	83,013	107,428	78,130
28	Quetta	45	1,057,999	33,856	32,798	37,771	179,860	232,760	169,280
29	Sherani	11	36,687	1,174	1,137	1,310	6,237	8,071	5,870
30	Sibi	15	90,100	2,883	2,793	3,217	15,317	19,822	14,416
31	Sohbat Pur	17	126,858	4,059	3,933	4,529	21,566	27,909	20,297
32	Surab	4	32,701	1,046	1,014	1,167	5,559	7,194	5,232
33	Usta. M	13	84,582	2,707	2,622	3,020	14,379	18,608	13,533
34	Washuk	29	173,005	5,536	5,363	6,176	29,411	38,061	27,681
35	Zhob	20	119,651	3,829	3,709	4,272	20,341	26,323	19,144
36	Ziarat	13	71,320	2,282	2,211	2,546	12,124	15,690	11,411
Total		746	6,139,073	196,450	190,311	219,165	1,043,642	1,350,596	982,252

Source: Estimated Population 2025 (Censes report 2023 @ 3.20 Annual Growth Rate Balochistan)

An illustration of a male doctor with a beard and a stethoscope around his neck, holding a clipboard and talking to a young male patient. They are in a green, leafy environment.

2.

An illustration of a person with dark hair tied back, sitting at a desk and looking at a computer monitor. The monitor displays a dashboard with charts and text. The scene is set in a green, leafy environment.

Annual Report 2024, in Summary



Annual Report 2024, in Summary

Dear Readers,

Balochistan, as a low-income province, faces several healthcare challenges, including poor infrastructure, a shortage of health professionals, and limited access to and affordability of healthcare services. The province's health profile is marked by high population growth, a double burden of disease, high maternal mortality, and high infant and child mortality rates, lagging behind other provinces. Despite these challenges, only 5% of the budget is allocated to primary healthcare facilities.

Healthcare policies primarily focus on curative services, with insufficient emphasis on preventive, promotive, environmental, social, and cultural dimensions. Furthermore, a gap exists between policymaking and implementation, and policy development often mirrors that of developed countries without accounting for local realities and weak healthcare infrastructure.

Compared to other provinces, Balochistan struggles with poor healthcare access, as 60% of the population relies on private healthcare, while 40% depends on free public services, primarily benefiting government employees and armed forces personnel. In contrast, developed nations with higher living standards and structured systems enjoy better health outcomes through investments in primary healthcare (PHC), universal health coverage (UHC), and broader policies. To achieve equitable health outcomes, Balochistan must adopt similar investments and comprehensive health policies.

Challenges and Progress

Balochistan experiences increased healthcare demand alongside a shortage of health professionals, particularly female health workers. This necessitates focused efforts on recruitment, training, deployment, and workforce management. The lack of quality education and training in the province's limited medical colleges and allied health schools hampers healthcare worker



competence and productivity. Low incomes force healthcare workers to take multiple jobs, adversely affecting service delivery. Additionally, poor management and limited knowledge hinder the utilization of available health facilities.

Despite facing challenges like inadequate infrastructure, political instability, and natural disasters, the province has achieved improvements in healthcare indicators over the past 25 years. However, continued progress demands stronger efforts and more targeted strategies.

Strategic Way Forward

- ❖ Balochistan Health Management Information System (BHMIS): Strengthen HMIS, DHIS2 to enable data-driven decisions in policy development, planning.
- ❖ Infrastructure and Equipment: Invest in modern medical equipment, diagnostic devices, vaccines, and technology.
- ❖ Budget Allocation: Allocate adequate funding tailored to the unique needs of urban and rural areas.
- ❖ Stakeholder Collaboration: Involve all relevant stakeholders to ensure inclusive policymaking.
- ❖ Healthcare Workforce Development: Prioritize the production and development of health professionals proportional to population needs.
- ❖ Strengthening Primary Healthcare: Enhance primary healthcare services and implement a robust referral system.

Current Efforts and Goals

The Department of Health, Government of Balochistan, is focusing on strengthening primary healthcare, improving secondary and tertiary care, and reorganizing preventive care services with proper follow-up and referral systems. These efforts aim to achieve Universal Health Coverage (UHC)—providing access to promotive, preventive, curative, rehabilitative, and palliative health services without financial hardship.

The Annual Report 2024 highlights the progress made by PPHI-Balochistan, including achievements against key performance indicators. Each report issue provides detailed insights into specific areas and catchment populations served by BHUs and HFs, focusing on health challenges and progress. Globally, the target is for more than 80% of the population, especially the poor, to have access to essential services, while Pakistan aims to achieve 65% access to quality healthcare by 2030.

Primary Healthcare Services

Primary healthcare, as defined by the World Bank and WHO, encompasses:

I. Reproductive, Maternal, Newborn, Child, and Adolescent Health & Nutrition

- ❖ Antenatal, maternity, neonatal, and child care.
- ❖ Family planning and child immunization.
- ❖ Nutrition services and addressing child illnesses like pneumonia and diarrhea.



II. Infectious Diseases

- ◆ Tuberculosis treatment, malaria prevention, and improved water and sanitation facilities.

III. Non-Communicable Diseases

- ◆ Blood pressure and diabetes management, mental health services, and tobacco control initiatives.

IV. Service Capacity and Access

- ◆ Ensuring workforce density, access to essential drugs, telehealth services, emergency response centers, and social mobilization.
- ◆ Rehabilitation of BHUs damaged by natural disasters and improved patient transfer and referral systems.
- ◆ Annual repair and renovation of health facilities/Basic Health Units.

Commitment to Improvement

PPHI–Balochistan remains committed to continuous improvement in the primary healthcare system by focusing on safety, quality standards, and collaboration with commissioned organizations. Efforts aim to align with national standards and ensure consistent quality across the province’s healthcare system.

The report includes figurative descriptions of sector-wide indicators, providing a comparative analysis of key performance indicators (KPIs) for 2024 with previous years, highlighting measurable progress and areas requiring focus are as below.

Number of BHUs Functional & Reporting

Year	2024	2023	2022	2021*	2020	2019	2018	2017	2016	2015
Functional	746	736	736	753	710	651	638	627	610	606

*37 BHUs upgraded to RHC and handed over to Health Department.

Number of Annual OPDs (in Millions)

Year	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
OPDs	4.44	4.72	4.78	4.13	3.63	3.8	3.69	3.69	3.56	3.2

Facility Utilization Figures

Year	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Average (%)	75%	83%	81%	81%	77%	85%	95%	98%	95%	89%

A significant indicator was 53% female attendance in BHUs, indicating improved women–friendly services.

Antenatal Care (ANC) Coverage (% with at least one visit)

Year	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
ANC (%)	71%	62%	63%	68%	74%	79%	84%	69%	80%	44%

Deliveries Conducted at BHUs

Year	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total Deliveries	25,850	26,386	29,798	31,640	30,709	29,895	28,741	29,146	27,118	21,829

Family Planning Performance

Coverage trends of family planning from 2015 to 2024 show a peak of 35% in 2021, declining to 17% in 2024. The recent decrease is partly due to a nationwide shortage of family planning commodities, significantly impacting service delivery.

Year	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Coverage (%)	17%	16%	19%	35%	28%	26%	22%	15%	19%	21%

Routine Immunization Progress

Improvements in childhood immunization are measured using Pentavalent-3 and Measles-1 vaccines among children under one year of age.

Year	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Coverage (%)	62%	52%	51%	64%	74%	69%	54%	55%	66%	68%

Monthly Review Meetings (MRM)

MRMs are a key practice of PPHI-B, held monthly to review BHU performance, discuss issues, and plan strategies. Meetings are chaired by DCs, ADCs, or DHOs and involve vertical program managers and stakeholders. They aim to improve DHIS2 reporting, immunization targets, ANC revisits, safe deliveries, postnatal visits, family planning, and timely referrals, particularly for complicated pregnancy cases.

Conclusion

While progress has been achieved, significant work remains to improve service coverage, quality, and access in Balochistan. Strategic investments in workforce, infrastructure, and system strengthening are critical to achieving UHC and equitable health outcomes.



3.

Health Services Performance, Targets; Versus Achievements of PPHI-B



Health Services Performance, Targets; Versus Achievements of PPHI-B

Health Services	Yearly Target	Achievements				Total	%
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
PREVENTIVECARE							
COMMUNITYPARTICIPATION/HEALTHEDUCATION							
Social Group Meetings	3,672	860	861	863	824	3,408	93%
Community Health Sessions	3,672	908	920	935	857	3,620	99%
School/Madressa Health Sessions	3,672	687	781	792	816	3,076	84%
IMMUNIZATION							
Fully Immunized Children under one year	153,415	20,025	25,966	26,756	21,720	94,467	62%
Pregnant Women TT 2	211,099	8,230	12,854	8,736	7,685	37,505	18%
MATERNAL CHILD HEALTH SERVICES							
Antenatal Care 1	211,099	33,622	42,225	43,416	30,640	149,903	71%
ANC Women with Hb <10 g/dl	-	7,025	7,174	7,417	6,631	28,247	
Antenatal Care Revisit	633,297	33,140	32,173	33,054	31,489	129,856	21%
Post Natal Care	211,099	17,468	15,820	15,558	15,481	64,327	30%
Deliveries	-	6,481	6,327	6,849	6,193	25,850	
Complicated Pregnancies cases referred	21,110	1,477	3,780	1,609	2,105	8,971	42%
FAMILY PLANNING VISITS	946,100	40,256	46,090	42,025	31,828	160,199	17%
CURATIVECARE							
OPD	4,738,414	1,071,041	1,009,717	1,076,048	1,043,820	4,200,626	89 %
Under 5 years malnutrition children	-	34,482	21,163	49,016	44,803	149,464	
Slide Examined for Malaria	-	77,850	119,484	107,406	125,778	430,518	
Slides MP+	-	10,717	14,770	16,353	28,230	70,070	
Slide Falciparum +	-	4,854	9,067	8,773	16,174	38,868	
Hepatitis B&C Screening	-	6,119	8,074	6,433	7,060	27,686	
Hepatitis B Positive	-	276	283	259	286	1,104	
Hepatitis C Positive	-	198	241	192	188	819	
Referred cases to Higher Health Facility	428,416	29,564	30,958	29,901	27,222	117,645	27%
Follow-case	-	35,716	33,177	32,497	24,033	125,423	
MONITORING, SUPERVISION & REPORTING							
DHIS(I-II)Monthly Reporting	8,832	2,176	2,184	2,123	2,116	8,599	97%
DSM Visits	4,608	846	824	870	887	3,427	74%
ADSM Visits	1,512	215	193	241	298	947	62%
M&E Officer	5,320	812	842	856	771	3,281	62%

SOURCE: DHIS2/DHIS REPORTS F1 TO F13 REPORTING SYSTEM PPHI-B

3.1 DHIS-2 IMPLEMENTATION AND INTEGRATION

Globally, electronic data collection methods have replaced traditional paper-based reporting due to their advantages in accuracy, timeliness, and efficiency. Developing countries, however, continue to face challenges such as limited financial and human resources, insufficient training, and dependency on outdated systems. Paper-based reporting is prone to errors, low completeness rates, duplication issues, and increased storage costs.

Recognizing these challenges, many countries, including Pakistan, have moved towards electronic reporting systems. In Balochistan, all healthcare facilities have been consistently reporting through the District Health Information System (DHIS).

The Balochistan Health Management Information System (BHMIS) Department of Health, Government of Balochistan, introduced DHIS-2 in the province to strengthen health data reporting and management. In this initiative, the BHMIS supported PPHI-Balochistan in implementing this upgraded system at the facility level.

A major feature of this new system is direct facility-level reporting:

- ◆ Facility In-charges upload their service delivery reports themselves using the DHIS2 platform.
- ◆ OPD reports are submitted daily, ensuring real-time tracking of patient attendance and disease trends.
- ◆ Other important indicators—such as Maternal, Newborn, and Child Health (MNCH), Family Planning, and Immunization—are recorded and submitted monthly.

This transformation has significantly improved the timeliness, completeness, and accuracy of health service data in Balochistan.

DHIS-2 a globally recognized platform developed by the Health Information Systems Program (HISP) at the University of Oslo was introduced. Following its successful pilot implementation in Punjab with support from UNICEF, the system was expanded to Balochistan.

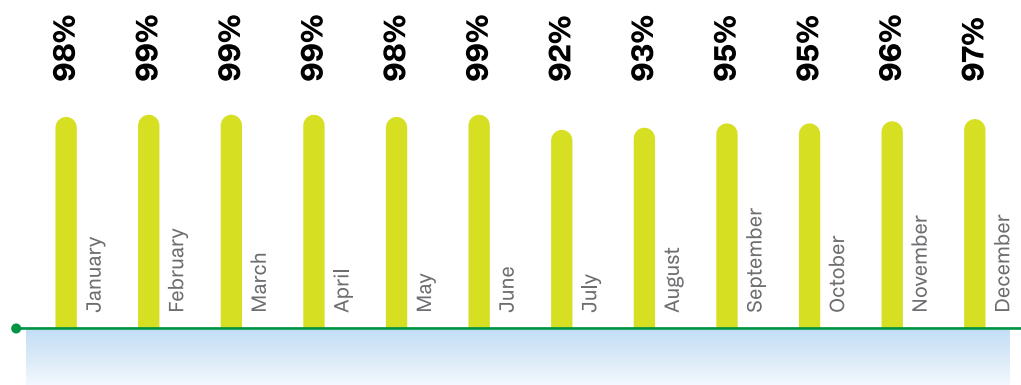
Implementation of DHIS-2 in Basic Health Units of PPHI Balochistan was initiated across the province in two phases with the support of BHMIS Department of Health, and partners, UNICEF, Pathfinder and BHICP.

- ◆ Phase 1: Districts Lasbela, Hub, Naseerabad, Jaffarabad, Usta Muhammad, Sohbatpur, Jhal Magsi, and Sibi.
- ◆ Phase 2: Districts Harnai, Chagai, Chaman, Gwadar, Kachhi, Kech, Khuzdar, Kharan, Kalat, Killa Abdullah, Killa Saifullah, Mastung, Musakhail, Loralai, Nushki, Pishin, Panjgur, Quetta, Surab, Sherani, Zhob and Ziarat.

As a result, DHIS2 has been successfully implemented in 30 out of 36 districts of Balochistan, strengthening the health information system at the grassroots level.



3.2 MONTHLY REPORTING PERFORMANCE IN 2024:



SOURCE: DHIS2/DHIS REPORTS PPHI-B

The monthly reporting performance for DHIS 1 and 2 demonstrates a strong start to the year with high completeness (98%–99%) from January through June. However, starting in July, coinciding with the implementation of the new DHIS 2 reporting tool, a noticeable shift occurs with completeness ranging from 92% to 97%. This temporary decrease likely reflects the initial learning curve associated with adopting a new system. Despite this transition, the consistent submission of monthly reports remains vital

Importance and Potential Impact of Monthly Reporting:

- ♦ **Timely Insights:** Tracks Diseases trends for early issue detection.
- ♦ **Informed Decisions:** Enables prompt action and resource allocation.
- ♦ **Continuous Monitoring:** Measures progress and allows for adjustments.
- ♦ **Accountability:** Provides transparency on performance.
- ♦ **Evidence for Planning:** Builds data for better health policies.

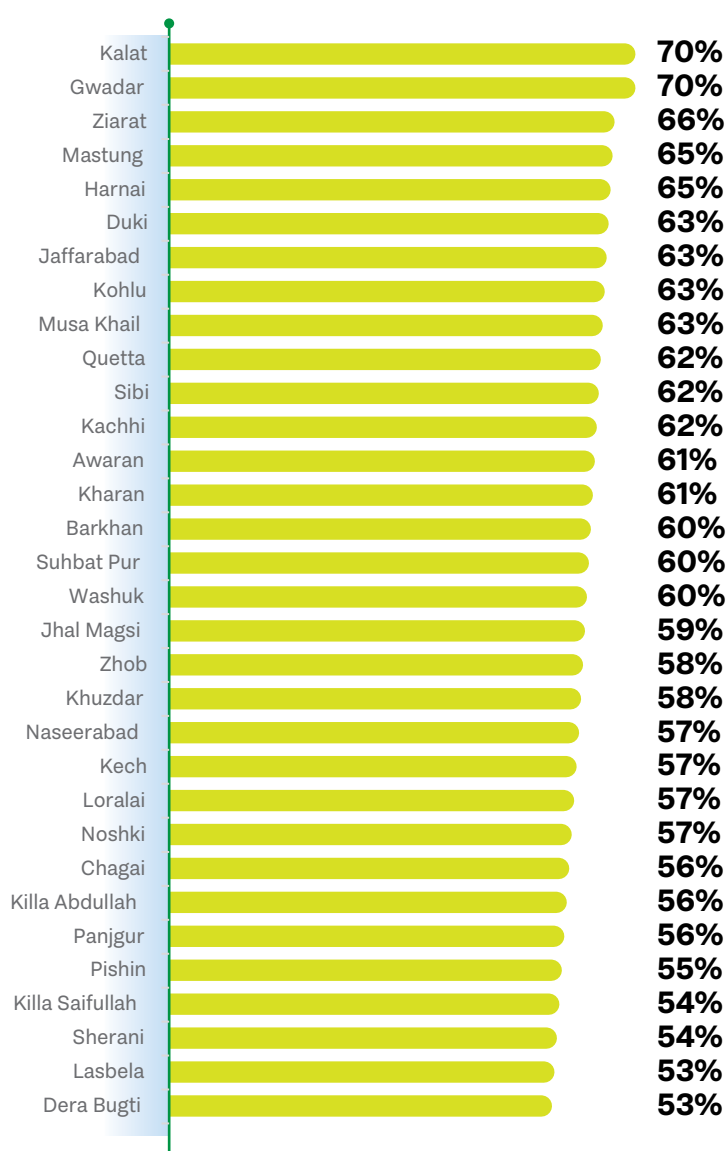
3.3 Improvements in Primary Healthcare Services Delivery

Significant improvements were observed in 2024 compared to 2023 in primary healthcare services across PPHI-B. However, some DSUs faced difficulties in reporting specific indicators. To address these, several actions were recommended:

1. Fully operationalizing DHIS2 in trained districts.
2. Ensuring healthcare providers' attendance during BHU operating hours.
3. Guaranteeing timely and error-free daily and monthly reporting.
4. Regular follow-up case reporting.
5. Documenting referrals, under-5 screenings, and maternal health complications properly.
6. Avoiding zero reporting across all indicators.
7. Improving Maternal and Child Health Services (MCHS).

8. Strengthening immunization services.
9. Enhancing TB care reporting.
10. Ensuring essential medicine availability and management.
11. Expanding 24/7 MCH Plus services.

3.4 District Health Services Performance Achievements in 2024 (Percentages)



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: DHIS2/DHIS REPORTS
PPHI-B/ F1 TO F13 REPORTING
SYSTEM PPHI-B



4.

A View of Projects & Programs



A View of Projects & Programs

4.1 Telehealth Services,

Baluchistan's primary healthcare system faces critical shortages of general and specialist



healthcare providers, severely limiting access to essential medical services—especially in rural and underserved communities. To bridge this gap, PPHI-Balochistan, in collaboration with COMSATS Internet Services Islamabad, launched Telehealth Services as part of the Government of Balochistan vision to improve healthcare accessibility. The solution is internationally recognized and is the winner of 5th Commonwealth Digital Health Awards in Telemedicine.

4.1.1 Phased Implementation and Expansion

Telehealth services were first piloted by the Federal Government at two sites—Shadoband (Gwadar) and Wahdat Colony (Quetta)—setting the foundation for further expansion across Balochistan. In 2019–20, the Government of Balochistan entrusted PPHI-Balochistan with the implementation of telehealth services across the province, leading to a structured rollout:

- ♦ **July 2020:** Four telehealth clinics established in Washuk, Mastung, Jaffarabad (now part of Usta Muhammad), and Duki.



- ♦ **June 2021:** Nine more facilities commissioned in Phase 2, extending telehealth coverage to additional districts.
- ♦ **October 2021:** A mobile telehealth unit launched with a vehicle donated by UNHCR, ensuring healthcare access beyond fixed locations.
- ♦ **Last Quarter of 2022:** Phase 3 introduced five more telehealth facilities, further strengthening outreach.
- ♦ **2023 Expansion:** Five additional healthcare facilities commissioned, expanding the service network.
- ♦ **2024 Partner Support:** UNFPA collaborated with PPHI-B to establish two new telehealth clinics at BHUs in Nushki and Chaman, alongside a telehealth station at BMC Hospital Quetta—underscoring the importance of partnerships in advancing healthcare accessibility.
- ♦ **Road Ahead:** Four new Telehealth clinics will be commissioned in 2025, ensuring continuous expansion of digital healthcare solutions.

The continuous support from the Government, its departments and our partners show a shared commitment to improve health services in Balochistan.

4.1.2 Enhancing Healthcare Accessibility

A defining feature of PPHI-Baluchistan telehealth initiative is its all-female panel of doctors, providing rural women with access to quality healthcare while interacting with Lady Doctors in a culturally comfortable environment. With specialized consultations in gynecology, pediatrics, and dermatology, telehealth effectively addresses critical gaps in specialist care availability. Remote consultations eliminate the need for long-distance travel, making specialized healthcare more accessible and affordable.

4.1.3 Addressing Healthcare Challenges in Balochistan

Despite significant progress, several healthcare barriers persist, including:

- ♦ Shortage of general and specialist healthcare providers, limiting service availability.
- ♦ Geographical constraints, where vast distances make healthcare access difficult for rural populations.
- ♦ Financial challenges, restricting access to timely medical care.
- ♦ Limited health literacy, where individuals fail to recognize the severity of illnesses until advanced stages.

4.1.4 Telehealth: A Solution to Overcoming Barriers

Telehealth provides a transformative approach to overcoming these challenges by ensuring real-time consultations and specialist care in remote locations. Digital connectivity and remote expert consultations empower individuals—especially women and children—by providing essential healthcare without geographic and financial constraints.

By leveraging technology, expanding services, and refining outreach strategies, PPHI-Balochistan continues to strengthen primary healthcare delivery, ensuring quality medical care for even the most underserved communities.



4.1.5 Expanding Access to Specialty Care through Telehealth

Balochistan primary healthcare system has long struggled with scarcity in general and specialist healthcare, making specialty care largely inaccessible to most of the population.

- ◇ Less than half of primary healthcare facilities have a medical officer available, while female doctors are present in only around 13% of facilities.
- ◇ Absenteeism further reduces actual availability, preventing patients from receiving essential medical consultations.

4.1.6 Telehealth as a Solution for Improved Healthcare Services

Telehealth facilities bridge these gaps by providing routine checkups and consultations from specialists, leading to major improvements in maternal, neonatal, and general healthcare:

- ◇ Gynecologists ensure routine pregnancy checkups, enhancing prenatal and postnatal healthcare, leading to safer deliveries and healthier mothers.
- ◇ Pediatricians strengthen neonatal healthcare, ensuring early diagnosis and treatment for infants.
- ◇ Midwives and healthcare workers benefit from capacity-building programs, delivered through telehealth-enabled online workshops, enhancing local healthcare expertise.

4.1.7 Advanced Telehealth Equipment for Comprehensive Care

Beyond consultations, telehealth clinics introduce advanced diagnostic tools, often unavailable in traditional primary healthcare settings:

- ◇ Abdominal Ultrasound Probe – Provides real-time imaging, improving pregnancy monitoring and abdominal diagnostics.



- ♦ Multipurpose Camera & Scope – Used for dermatology examinations, ENT diagnostics, and other specialized assessments.
- ♦ Digital Stethoscope – Enables remote auscultation, improving diagnostic precision.
- ♦ Vital Sign Monitor – Tracks patient vitals during virtual consultations, ensuring comprehensive medical evaluations.

4.1.8 Impact and Sustainability of Telehealth Services

With telehealth clinics providing General, Gynecology, Pediatric, and Dermatology specialty services, the benefits far outweigh the costs, as they:

- ♦ Fill gaps in onsite medical officer availability, ensuring wider access to specialist consultations.
- ♦ Expand diagnostic and treatment capacity, reducing the need for distant referrals.
- ♦ Strengthen healthcare workforce expertise, leading to long-term service improvements.

By leveraging technology and expert collaboration, telehealth facilities continue to transform healthcare accessibility, making quality medical care available to even the most underserved regions of Balochistan.

4.1.9. Comparison

PPHI-B / COMSATS	VS	OTHERS
Provided through specialized video conferencing equipment	VIDEO CONFERENCING	Provided through webcam
✓	EMR	✗
✓	ONLINE INTERACTIVE STETHOSCOPE	✗
✓	ALL IN ONE VITAL SIGN MONITOR	✗
✓	MULTI-PURPOSE CAMERA & SCOPE	✗
Portable USB Ultrasound Probe	ULTRASOUND	Offline Ultrasound Possible
Gynae, Derma, Pied, & General Physician - 1 Doctor caters to 2 facilities	PANEL & SPECIALIST	Focus on Gynae - 1 Doctor caters to the 5 facilities
Full BHU is provided electricity through Solar Setup	SOLARIZATION	Limited to providing backup to Tele equipment
CCTV is used to monitor Tele Health facilities	CCTV	✗
Fixed Monthly Cost	RECURRING COST	Fixed Monthly Cost
Reporting based on EMR. A Reporting dashboard is used for Telehealth Services. Updated Daily	REPORTING	Manual Reporting
Doctors can access the EMR and serve patients from any where	CLOUD BASED	✗

4.1.10. Telehealth Center BHUs OPD

S.No.	Telehealth Center in HF/BHUs	Total OPD	Female	Male	Children	High Risk	Referred
1	BHU Appozai	2,536	2,189	6	341	16	255
2	BHU Ashkan Rodini	1,928	1,827	32	69	15	19
3	BHU Chowki Jamali	2,164	1,465	27	672	8	41
4	BHU Duki Nasarabad	1,706	1,694	0	12	73	220
5	BHU Essachah	283	189	42	52	2	40
6	BHU Ghurmi	4,507	4,339	48	120	12	19
7	BHU Gishkore	630	535	1	94	30	99
8	BHU Hirronk	1,799	1,188	384	227	21	89
9	BHU Jahangirabad	2,096	1,232	8	856	24	334
10	BHU Jangal	2,694	2,617	2	75	15	18
11	BHU KATAGRI	2,998	2,645	8	345	14	123
12	BHU Killi Haji Saifullah	578	511	6	61	35	15
13	BHU Lohi	2,025	1,721	95	209	5	68
14	BHU Manjhipur	2,567	2,433	1	133	37	28
15	BHU Nokjo	1,994	1,469	517	8	0	10
16	BHU Pandhran	1,345	852	34	459	9	243
17	BHU Shado Band	1,945	1,001	56	888	3	17
18	BHU Village Aid	1,653	1,630	3	20	62	56
19	BHU Wahdat Colony	2,357	2,319	0	38	34	96
20	BHU Washuk Town	1,713	1,646	2	65	6	39
21	DHQ Dera Bugti	1,119	1,084	0	35	0	2
22	DHQ Musakhail	3,299	3,270	1	28	23	17
23	MCH Surab	2,446	2,389	0	57	68	249
24	Mobile Teleheath Unit	4,491	2,950	29	1,512	2	16
25	RHC Bakhtiarabad Domki	2,691	1,954	7	730	53	28
26	RHC Chagai	1,808	1,731	3	74	6	31
27	RHC Habibzai	5,200	5,156	3	41	138	178
28	RHC Haji Shaheer	4,214	3,409	5	800	5	35
29	RHC Manjhoo Shori	2,476	1,948	508	20	10	37
30	RHC Mekhtar	1,504	1,277	7	220	7	109
31	RHC Nasai	2,986	2,802	16	168	115	55
	Total	71,752	61,472	1,851	8,429	848	2,586

4.1.11. Glimpses Tele Health Facilities



BHU Nasarabad, District Dukki



BHU Jhangirabad, District Kohlu



BHU Village Aid, District Quetta

4.2. EMERGENCY RESPONSE CENTERS AT MAKRAN COASTAL HIGHWAY

During the reporting period, construction work was successfully completed at multiple Emergency Response Centers (ERCs), including ERC Phore, ERC Rasmallan (District Lasbela), ERC Pasni, ERC Nalent, and ERC Ormara (District Gwadar). Following the completion of civil works, all ERC sites were equipped with the necessary furniture, medical equipment, and essential electrical items to ensure full operational readiness. These developments mark a significant step toward strengthening emergency healthcare services in underserved areas.

4.2.1 Detail of Human Resource:

S#	Name of ERC	Medical Officer	Emergency Medical Technician	Fire Dert Rescue	Ambulance Driver	Auxiliary
1	ERC Liyari	01	03	01	03	03
2	ERC Phore	01	03	01	03	03
3	ERC Rasmallan	01	03	02	03	03
4	ERC Pasni	01	03	01	03	03
5	ERC Nalent	01	03	01	03	02
6	ERC Ormara	00	03	01	03	02
Total		5	18	7	18	16

4.2.2 Centre wise detail of Incident on Makran Coastal Highway

S#	ERC Centre	Highway	No. of Incident Responded	No. of Injured treated	No. of Death recorded
1	ERC Liyari	N-10	215	317	10
2	ERC Phore	N-10	168	265	12
3	ERC Rasmallan	N-10	195	304	21
4	ERC Ormara	N-10	96	211	11
5	ERC Pasni Zero Point	N-10	110	190	12
6	ERC Nalaint	N-10	106	153	1
Total			890	1,440	67

PPHI Emergency Response Centers (ERCs) along the Coastal Highway continued to deliver timely responses to road traffic accidents (RTAs) and various medical emergencies. Beyond routine operations, PPHI-ERCs actively participated in community support initiatives, most notably during the annual Hinglaj Mata festival at Nani Mandar. In this high-footfall religious event, PPHI-ERC teams not only provided on-the-spot first aid to pedestrian pilgrims but also organized a five-day free medical camp at Nani Mandar. The camp ensured access to basic healthcare services for hundreds of Hindu yatis (pilgrims), with ERC cadets delivering essential medical care throughout the event. This intervention reflects PPHI's commitment to inclusive healthcare access and emergency preparedness during large-scale public gatherings.

4.2.3 Emergency Contact Number of ERCs on Coastal Highway

S#	Name of ERC	Contact Number
1	ERC Liyari District Lasbela	0337-0796419
2	ERC Phore District Lasbela	0337-0796461
3	ERC Rasmallan District Lasbela	0337-0796419
4	ERC Ormara District Gwadar	0337-0796374
5	ERC Pasni Zeropoint District Gwadar	0337-0796376
6	ERC Nalant District Gwadar	0337-0796420
7	Station Coordinator District Gwadar	0321-8063833
8	Station Coordinator District Lasbela	0332-2328694
9	Project Coordinator ERCs Coastal Highway	0334-3649344

Pictorial View



4.3 EMERGENCY RESPONSE CENTER (ERC) MINES

In order to safeguard the lives of mine workers, Mines Department, Government of Balochistan, and PPHI Balochistan, an agreement was signed for the establishment of dedicated Medical Emergency Units to safeguard the lives of mine workers. Under this initiative, two Emergency Response Centers (ERCs) have been established in Duki and Soorance (Quetta) districts, both of which are key mining regions of the province.

To build a competent and skilled response team, relevant staff were recruited and sent to the Emergency Services Academy in Lahore (Rescue 1122) for a three-month intensive training program. After successfully completing the training, the staff were further engaged at various ERC 1122 centers across Punjab to enhance their practical knowledge and operational readiness.

The primary objective of these ERCs is to provide immediate and effective medical response to emergencies and accidents in mining areas, thereby reducing morbidity and mortality. Following the repair and renovation of both centers, they were equipped with essential furniture, medical equipment, and necessary medicines to ensure the smooth functioning of daily operations. Moreover, two fully equipped ambulances were also provided—one for each center—to facilitate rapid field response to emergency calls.

The Emergency Response Center in Duki was inaugurated in November 2024. It is equipped with state-of-the-art Advanced Cardiac Life Support (ACLS) and Basic Cardiac Life Support (BCLS) equipment and is staffed with trained personnel capable of managing a wide range of medical emergencies related to mining operations. Since its inception, the Duki ERC has also organized training workshops on emergency response and safety protocols for mine workers, contributing to a culture of safety in the mining sector.

The Soorance (Quetta) Emergency Response Center became operational at the end of December 2024, extending emergency healthcare services to another vital mining zone. Both centers are actively engaged in providing life-saving interventions and are strengthening the emergency healthcare system in hard-to-reach areas.

Since becoming operational, the Emergency Response Centers have actively addressed multiple incidents in mining areas. By December 2024, the centers had responded to 4 reported emergency incidents, provided treatment for 7 mine-related injuries, attended to 15 road traffic accident (RTA) cases, and offered 9 outpatient (OPD) consultations. These outcomes highlight role ERCs are playing in delivering rapid medical support and enhancing health resilience in mining communities.

4.3.1. Human Resource Deployment:

#	Name of ERC	Station Coordinator	MOs	Assistants	MTs	Drivers	Supporting Staff
1	Duki	1	1	1	6	6	3
2	Soorance	1	2	1	6	6	2
	Total	2	3	2	12	12	5



4.4. UNFPA FUNDED PROJECTS 2024

4.4.1. UNFPA – CERF Project

“Funded by the Central Emergency Response Fund (CERF) for Flood-Affected Districts in Balochistan”

From January to April 2024, PPHI Balochistan, with support from UNFPA under the CERF – Flood Emergency Project, implemented a four-month emergency response initiative in four flood-affected districts—Naseerabad, Jaffarabad, Sohbatpur, and Sibi. The project aimed to ensure that women and girls impacted by heavy rains and floods had access to life-saving sexual and reproductive health (SRH), gender-based violence (GBV) response, and mental health and psychosocial support services (MHPSS).

To achieve this, six Basic Health Units (BHUs) and three outreach teams (two in Naseerabad and one in Sohbatpur) were mobilized to deliver integrated SRH and MHPSS services. These services were provided through health facilities, Women and Girls Friendly Spaces (WGFSS), and outreach activities, ensuring comprehensive healthcare access for affected communities.

By focusing on emergency healthcare, GBV protection, and psychosocial well-being, the CERF-funded project played a crucial role in meeting the urgent needs of flood-affected populations, strengthening resilience and recovery efforts in the targeted districts.

The progress of the project for 2024 is as under:

UNFPA CERF Flood Emergency Project Achievement 2024 (January-April)

Indicator	Total
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	2733
Number of women received Postnatal Care (PNC) services	487
Number of normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	361
Number of persons treated for STIs	719
Number of clients received SRH service packages in the catchment area.	4300
Number of clients receiving FP (modern contraceptives) services.	933
Number of clients received FP counselling on (modern contraceptive) services	1618
Number of referred cases of complicated pregnancies to CEmONC center.	48
Number of women receiving dignity kits	781
Number of pregnant women provided with clean delivery kits to ensure safe births	462
Number of Newborn Baby NBBK Kits Distributed	333
Number of men and women received SRH/FP/GBV information and awareness in the catchment population.	13989
Number of women, and young girls received information on SRH/FP/GBV at Women-friendly Health Spaces.	4202
Number of GBV cases referred with the support of WFHS/through referral pathway.	24
Number of clients received mental health counselling and psychosocial support services.	628
Number of women referred for advanced cases of mental health.	129
Number of women/persons with disabilities received SRH, FP, and GBV services	261
Number GBV Cases Reported.	97
Number of GBV cases reported and followed up with case management.	68



Kits Distribution at BHU Dehpal Kalan, Sibi



Delivery conducted at BHU Abdul Hameed Khosa, Naseerabad



Awareness sessions at WGFS Social Welfare, Naseerabad



Kids activities at WGFS Naseerabad

4.4.2 UNFPA – JAPAN Project

“Funded by the Government of Japan for Flood-Affected Districts in Balochistan”

In January and February 2024, PPHI Balochistan, with financial and technical support from UNFPA and funding from the Government of Japan, implemented a short-term humanitarian project in two flood-affected districts—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 Psychosocial Support (PSS) services for women and girls impacted by heavy rains and floods.

To achieve this, 12 health facilities and 4 Women and Girls Friendly Spaces (WGFSS) were established—three in Lasbela and one in Jhal Magsi. These facilities provided essential healthcare services, including Basic Emergency Obstetric and Newborn Care (BEmONC), family planning assistance, and awareness sessions on SRH, family planning (FP), GBV, and the Prevention of Sexual Exploitation and Abuse (PSEA).

Additionally, the project focused on addressing GBV and mental health challenges by offering psychosocial support services and referral pathways through health facilities, WGFSS, and outreach initiatives. Despite its brief two-month duration, the project played a crucial role in delivering immediate relief and essential health services to flood-affected communities, demonstrating the impact of targeted and well-coordinated humanitarian efforts. The progress of the project for 2024 can be summarised as follows:

UNFPA Japan Funds Project Achievement 2024 (January-February)

Indicator	Total
Number of pregnant women attending (at least 4) ANC visits at targeted facility.	1013
Number of women received Postnatal Care (PNC) services	309
Number of normal deliveries assisted at static health facilities providing Basic Emergency Obstetrics and Newborn Care Services.	221
Number of persons treated for STIs	426
Number of clients received SRH service packages in the catchment area.	1969
Number of clients receiving FP (modern contraceptives) services.	979
Number of clients received FP counselling on (modern contraceptive) services	1519
Number of referred cases of complicated pregnancies to CEmONC centre.	24
Number of women receiving dignity kits	421
Number of pregnant women provided with clean delivery kits to ensure safe births	353
Number of Newborn Baby NBBK Kits Distributed	211
Number of men and women received SRH/FP/GBV information and awareness in the catchment population.	2730
Number of women, and young girls received information on SRH/FP/GBV at Women friendly Health Spaces.	2767
Number of GBV cases referred with the support of WFHS/through referral pathway.	12
Number of clients received mental health counselling and psychosocial support services.	234
Number of women referred for advanced cases of mental health.	55
Number of women/persons with disabilities received SRH, FP, and GBV services	110
Number GBV Cases Reported.	50
Number of GBV cases reported and followed up with case management.	38



Delivery conducted at Gajjan, Jhal Magsi



Kits Distribution at BHU Pinyan, Lasbela

4.4.3 OTHER UNFPA-SUPPORTED ACTIVITIES IN 2024

16 Days of Activism Against Gender-Based Violence

The 16 Days of Activism Against Gender-Based Violence is an international campaign observed annually from November 25 to December 10. This global initiative, anchored between the International Day for the Elimination of Violence Against Women and Human Rights Day, serves as a platform to unite activists, raise awareness, challenge societal norms, and advocate for policy reforms to combat gender-based violence (GBV).

In 2024, PPHI Balochistan, with UNFPA's support, joined the campaign "FOR ALL WOMEN AND GIRLS: RIGHTS. EQUALITY. EMPOWERMENT." Through awareness sessions, community events, and advocacy, the campaign promoted action against GBV and safer, more equal communities.

ACTIVITIES

The International Day Against Violence on Women and Girls Friendly Space, Pashtoon Bagh, Quetta and THQ Hospital Khanozai, Pishin hosted the unveiling of the opening exhibitions



Opening Exhibition of 16 days of activism at WGFS Pashtoonbagh, Quetta



Empowering Transgender and All Communities

Uniting Communities to Fight HIV: PPHI-B's World AIDS Day Campaign

"Take the rights path: My health, my right!"



Worlds HIV AIDs Day awareness session rally at WGFS THQ Khanozai



Worlds HIV AIDs Day awareness session at WGFS Haji Saifullah, Chaman

Dec 2, 2024 10:20:04

Empowering Disability Leadership for an Inclusive and Sustainable Future: International Day of Persons with Disabilities 2024

"Amplifying the Leadership of Persons with Disabilities for an Inclusive and Sustainable Future"



Worlds Persons with Disabilities Day awareness session rally at Chaman.



Awareness at Woman Girls Friendly Space in BHUs of District Quetta and Harnai



Worlds Persons with Disabilities Day awareness at catchment population of BHU Nana Saib, Pishin.

World Human Rights Day: A Commitment to Equality and Empowerment Across PPHI-B's WGFSS

"Our rights, our future, right now."



Group Photo : Empowering Women and Adolescents and Art Exhibition at BUIEMS Quetta



The Keynote of Chief Operating Officer PPHI-B on opening ceremony



Art Exhibition at BUIEMS Quetta

Commitment to Equality and Empowerment Across PPHI-B's WGFSS

"Our rights, our future, right now."



World Human Rights Day Celebration at the catchment of THQ Hospital Khanozai.



World Human Rights Day Celebration at BHU Pashtoon Bagh, Quetta.

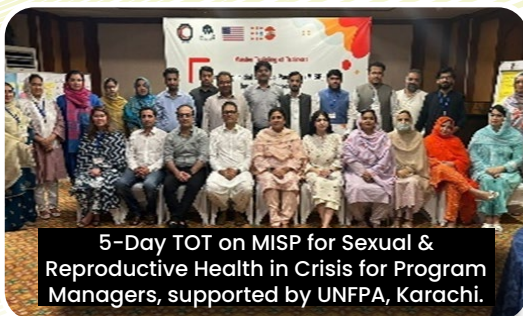
Monitoring Visits and Review Meetings



Capacity Building of Staff and Management

In 2024, People's Primary Healthcare Initiative – Balochistan (PPHI-B), with financial support from the United Nations Population Fund (UNFPA), conducted multiple training programs to enhance the capacity of healthcare providers. These trainings covered Gender-Based Violence (GBV) & Psychological First Aid, Minimum Initial Service Package (MISP), Basic Emergency Obstetric and Newborn Care (BEmONC), Long-Acting Reversible Contraception (LARC), and GBV in Emergencies, alongside various orientation sessions for project staff.

Through these capacity-building initiatives, a total of 202 healthcare providers (138 female and 64 male) were trained in 2024. The objective was to strengthen service delivery in Sexual and Reproductive Health (SRH), Family Planning (FP), GBV response, Mental Health and Psychosocial Support Services (MHPSS), and Psychological First Aid (PFA). These efforts contribute to improving healthcare responses and ensuring the sustainability of essential services within communities.



5-Day TOT on MISP for Sexual & Reproductive Health in Crisis for Program Managers, supported by UNFPA, Karachi.



Three-Day Training of Healthcare Providers on Gender Based Violence and Case Management.



2-Day Refresher Training for DSMs & Female Health Providers on SRH and GBV Service Provision.



5-Day Training on Basic Emergency Obstetric & Newborn Care and Long-Acting Reversible Contraception for Female Health Providers.

4.5. UNHCR SUPPORTED PROJECT

“Support to Afghan Refugees through Mobile Medical services in Refugee Villages”

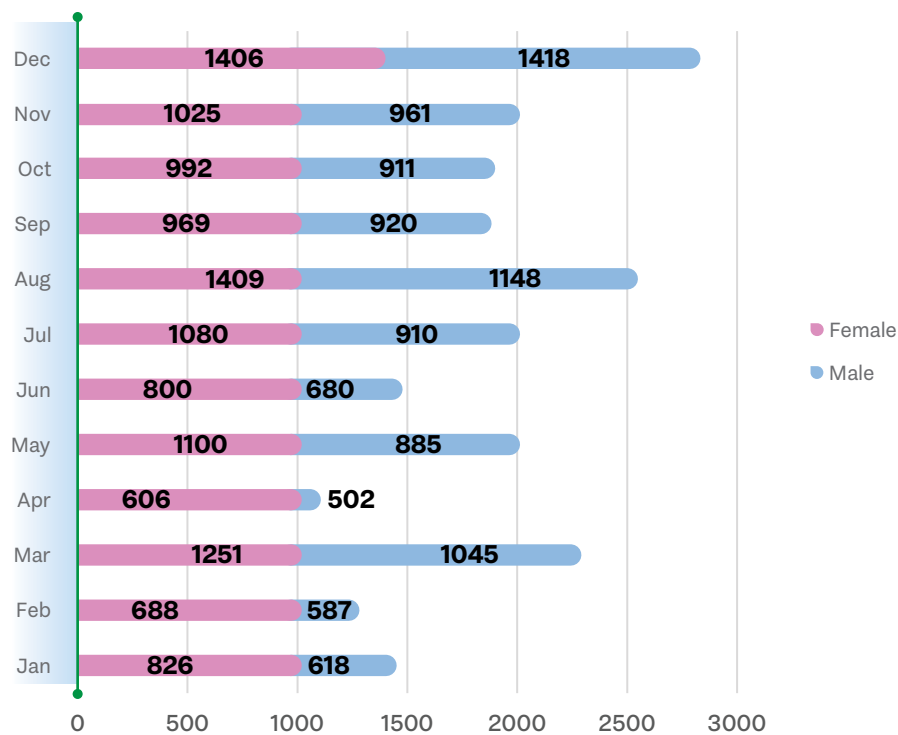
The partnership between PPHI-B and UNHCR in 2024 marked a significant milestone in providing essential primary healthcare services to both refugee and host communities in Lijay Karez, Posti, and Chaghi Camps in District Chagai, Katwai, Zarkaraiz and Ghazgi Minara Camp in District Loralai, Saranan & Surkhab Camp in District Pishin, Mohammad khail in District Quetta and Malgagai Camp in District Killa Saifullah, Balochistan. The primary focus of the project was the provision of primary healthcare through mobile health camps in refugee villages (RVs). The mobile health camps aimed to deliver comprehensive health services including general outpatient consultations, mental health and psychosocial support services (MHPSS), maternal and child healthcare, and community mobilization services. Realizing the plan, PPHI-B with the support of UNHCR engaged two (2) Mobile Health teams to conduct Mobile Health Screening camps comprising of a Medical Officer (MO), Lady Medical Officer (LMO), Lady Health Visitor (LHV), Male Technician (MT), Psychologist and a Team Helper.

The project partnership framework revolved around the primary health of refugees who has no or little access to primary healthcare in the proximity of the camps. Given the fragile environment refugees face specifically children and women, the health interventions were designed with careful attention considering communities physical, mental, and emotional well-being. Needs were identified through regular consultations with community leaders, direct outreach, and health screenings. The data generated through health camps helped identified the prevailing disease pattern in the community, counselling PPHI-B and other stakeholders on making decision regarding further interventions needed.

During the partnership, a significant achievement was made by a successful screening of 22,737 individuals, which included 22,418 refugees and 319 host community members. A total of 4,674 men, 7,873 women, 4,279 girls and 5,911 boys of different age groups from under 1 year to above 50 were benefitted through provision of primary health camps. Among the beneficiaries the majority belonged to females who are usually the most vulnerable and open to sensitive problems like trauma, stress, and depression etc. These screenings were vital in addressing common health concerns, promoting overall well-being, and identifying those in need of more specialized care.



Monthly OPD Beneficiaries (Male & Female)

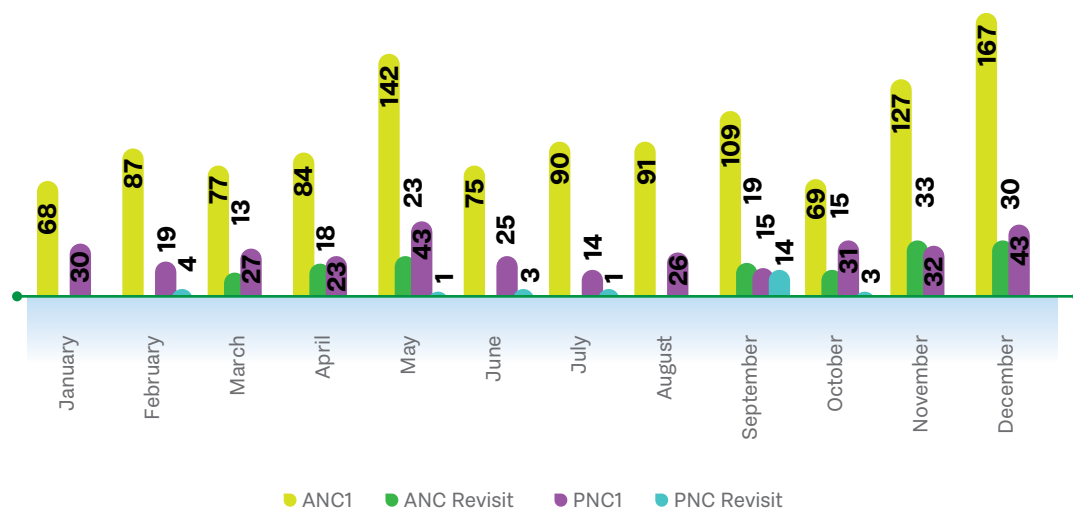


Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total	1444	1275	2296	1108	1985	1480	1990	2557	1889	1903	1986	2824

The health camps also focused on providing maternal health/sexual and reproductive health services to females. A total of 1,186 females had their Antenatal Care (ANC) Check-ups, 151 females revisited for Antenatal care check-up, 328 females got Postnatal care check-up and 26 females revisited for postnatal care check-up in 2024.



One of the major highlights of the partnership success was the incorporation of mental

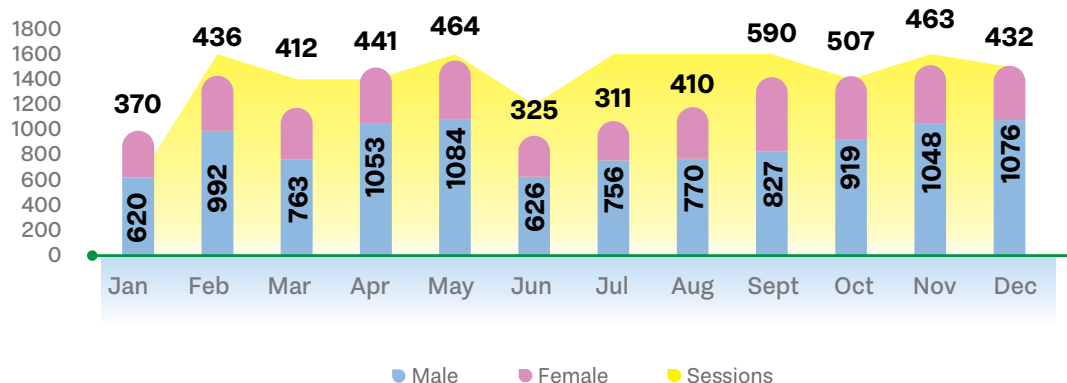


health and psychosocial support services (MHPSS) as part of primary healthcare delivery. The introduction of psychologists and social organizers into the teams ensured a more

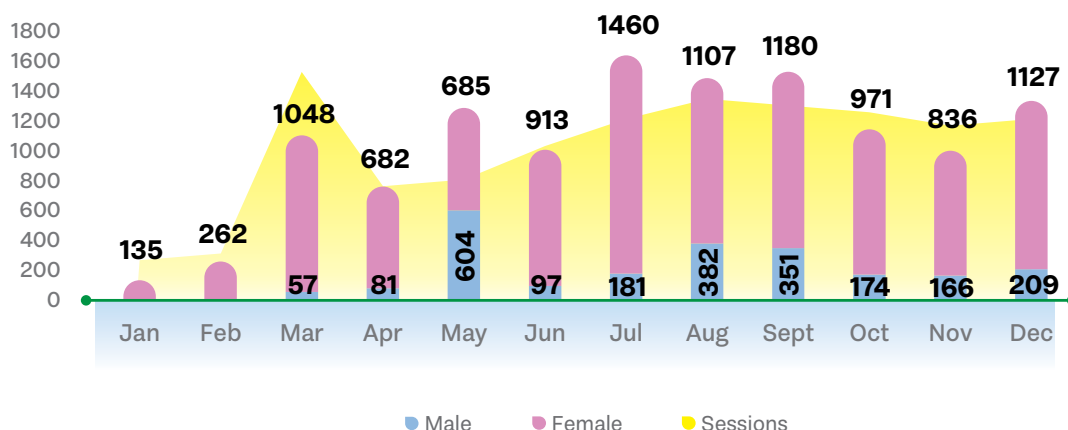


holistic approach to health, covering mental health, gender-based violence (GBV), sexual and reproductive health (SRH), family planning, immunization, nutrition, and hygiene education. The expansion of services in these areas addresses an urgent gap, especially in the context of refugee mental health needs and the social challenges they face. 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 of 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. To ensure effective communication, social organizers, as part of the project teams, played a central role in informing the community. They conducted awareness sessions in refugee villages and host communities. The social organizers, residing from within the community made the community aware regarding the available health services and tried to resolve any challenge or issue that arose. The dates and locations of the mobile health camps were predefined for the complete and shared among the teams and widely communicated through community leaders, local health workers, and the social organizers. This information was shared in advance, allowing community members to plan their visits to the health camps and to inform the marginalized and vulnerable groups such as women, children, the elderly, and those with disabilities. A total of 1,308 people received mental health counselling and psychosocial support services while the male and female social organizers conducted 971 community health awareness raising sessions reaching 28,403 beneficiaries, where 12,836 were male and 15,567 females.

Monthly Male SO Mobilization Activities



Monthly Female SO Mobilization Activities



Coordination & Localization

The management of PPHI-B and UNHCR has remained in close coordination with each other ensuring the teams are working in close collaboration. PPHI-B led the logistical and operational aspects, ensuring the deployment of healthcare teams and the management of mobile health camps while the UNHCR provided technical support at RV level. In addition, the project was coordinated with a wide range of partners, including local NGOs, health authorities, and community-based organizations, ensuring that all relevant stakeholders were involved in the delivery of services. The local organizations had a voice in the strategic direction of the health project. For instance, representatives (CHWs) from CBOs participated in community health meetings to provide support on the delivery of health services being given in the proximity of Afghan refugee camps. These CHWs from CBOs mobilized the community throughout the project ensuring that every beneficiary received the health services and worked as bridge between the community and the healthcare providers. Moreover, referral pathways were designed for the GBV case management and Mental Health clients, through various coordination meetings between CBOs and PPHI-B. PPHI-B Health facilities were identified where the GBV Survivors could be referred in the refugee camps by the partner CBOs. Simultaneously, for legal assistance and further



Monitoring Visit in Killa Saifullah



Monitoring Visit in Panjpai

specialized referral of GBV and mental health cases the services available with the CBOs were integrated into the project making sure there is collaboration and that every GBV/ mental health client receives the up most services available.

Determining that the program take maximum advantage of local capacity and systems, coordination meeting at district level with DHMTs and COBs remained a key practice to avoid duplication in service delivery. Working alongside with COBs allowed the exchange of trainings, where the capacity enhancement of each other was ensured. Trainings on GBV, Mental Health, Protection etc were designed and exchanged between the partners, ensuring that there is collaboration and that the partners benefits from the expertise of each other.

4.6 GATES FOUNDATION PROJECT

4.6.1. Project Primary Objective

“To rapidly boost polio immunity in children <2 years of age in polio high-risk areas of Balochistan through the running of 23 EPI facilities/dispensaries in areas where these services are not currently available”

Strategic Goals (3-5 years plan)

This investment will contribute to increasing population immunity in <2 years children in high-risk areas of Balochistan, thereby providing the required immunity foundation to achieve our goal of interrupting poliovirus transmission in Pakistan. This investment is in line with other investments to expand immunization opportunities in the super high-risk union councils (SHRUCs) of Pakistan. These areas of Balochistan have recent evidence of both WPV1 and cVDPV2 transmission. The investment will focus on enhancing daily outpatient attendance and Sexual & Reproductive Health (SRH) Services including Family Planning Services, as an integrated model of service provision.

Project Brief

In October 2021; PPHI-B and GATES FOUNDATION signed an agreement for Support for EPI / Dispensaries in Balochistan. 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 was started in 5 districts of Balochistan, including: Quetta, Pishin, Killa Abdullah, Chaman and Duki districts in different union councils with 23 health facilities. Subsequently; the health facilities were categorized in two categories i.e., Experimental Dispensaries (EDs) and Basic Health Units (BHUs). Following table has the list of EDs and BHUs district-wise.

Project Target Districts & # of Health Facilities:		
District	Health Facility Type	Health Facility Nos
Quetta	Experimental Dispensary	3
Pishin	Experimental Dispensary	2
Chaman	Experimental Dispensary	3
Chaman	Basic Health Unit	4
Killa Abdullah	Basic Health Unit	6
Dukki	Basic Health Unit	5
Total Health Facilities		23

Project Health Facilities

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

- I. Basic Health Units (already managed through PPHI-B): PPHI Balochistan provides Primary Healthcare (PHC) including MCH services in the province through 750+ Basic Health Units (BHUs). **GATES FOUNDATION** 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.
- II. Experimental Dispensaries (EDs): The structure and support provided to EDs are different than BHUs in which through the support of GATES FOUNDATION 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 GATES FOUNDATION 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.

Project Health Facilities in 2024

Although the health facilities included in the project were 23 as per the contract but after the rationalization of health facilities with other implementing partners in the union councils, it has been increased with the passage of time. In 2024 following UCs and HF in 05 Districts were part of Gates Foundation project in partnership with PPHI-B.

S#	District	Union Council	Static Centers
1	Quetta	11-A	ED Usman Killa 11-A
2		11-B	ED Kakar Colony 11-B
3		Kharotabad-2	ED Kharotabad - 2
4	Pishin	Bazar e Kona	ED Bazar e Kona
5		Pishin Town	ED Pishin Town
Total		2	2
6	Chaman	Sirki Talehri	ED Gull Ardozai School
7	Chaman	Mehmood Abad-1	ED Mehmood Abad-1
8	Chaman	Mehmood Abad-2	ED Mehmood Abad-2
Total		3	3
9	Chaman	Khair Abad	BHU Habib Abad
10	Chaman	Girdi Pinakai	BHU Jailani Khan
11	Chaman	Mehmood Abad-2	BHU Mehmood Abad
12	Chaman	Murda Karez	BHU Molvi Abdul Ghani
13	Chaman	Murda Karez	BHU Murda Karez
14	Chaman	Khair Abad	BHU Saifullah Khan
Total		4	6
15	Killa Abdullah	Abdul Rehmanzai	BHU Abdul Rehmanzai
16	Killa Abdullah	Gulistan 2	BHU Ahmad Khan
17	Killa Abdullah	Habibzai 1	BHU Habibzai
18	Killa Abdullah	Aghbarg 2	BHU Jalat Khan
19	Killa Abdullah	Masaizai	BHU Jangle Pir Alizai
20	Killa Abdullah	Jelga 1	BHU Jelga Salezai
21	Killa Abdullah	Abdul Rehmanzai	BHU Nadir Abdul Rehmanzai
Total		6	7
22	Dukki	Ghari Thaal	BHU Banikot zaki
23	Dukki	Lakhi 1	BHU Derma
24	Dukki	Sharqi Luni	BHU Mirjanzai

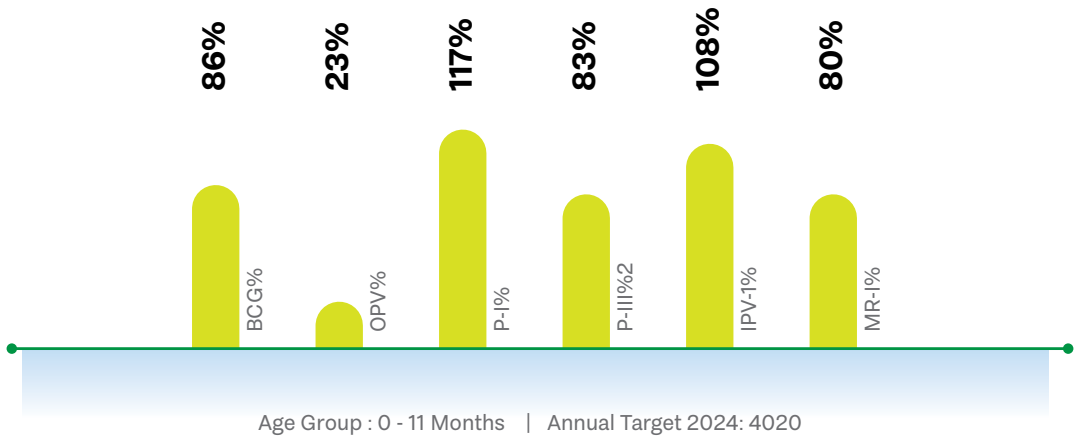
25	Dukki	Lakhi 2	BHU Musa jan Lakhi 2
26	Dukki	Nasarabad	BHU Nasarabad
27	Dukki	Sharqi Luni	BHU Sultan Muhammad Hosari
28	Dukki	Sharqi Luni	CD Nizam Machli
29	Dukki	Saddar 1	ORT Saddar 1 DHO office cold
30	Dukki	Vaila 3	ORT Vialla III DHO Office cold
31	Dukki	Sharqi Thaal	RHC ISMAIL SHEHR
Total		8	10
Total		26	31

Achievement of the Program:

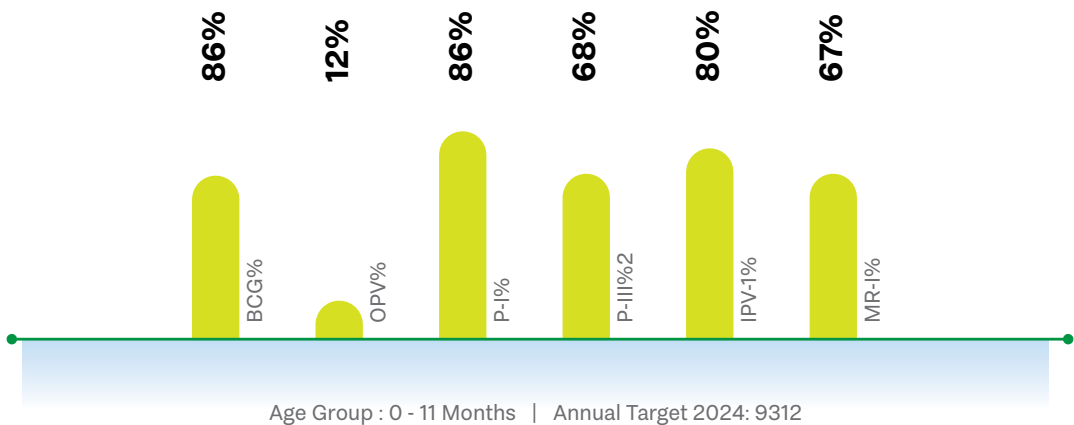
The overall impact of EDs as compare to BHUs is better because through foundation OPD & MNCH services are also part of the program. Moreover, the routine immunization coverages are satisfactory overall especially the BCG through which we analyze the enrollment of the community to the program and other antigens including Penta-I, Penta-III and IPV-I were also up to the mark.

The performance of the project was highly appreciated by EPI and Foundation. Furthermore; 4th year extension i.e., 2025 has been granted to PPHI-B.

Routine Immunization Coverage Districts: Quetta, Pishin & Chaman (EDs : 08)



Routine Immunization Coverage Districts: Quetta, Pishin & Chaman (BHUs : 23)



The following table contains the numeric data of Routine Immunization:

ROUTINE IMMUNIZATION Jan-Dec 24 Coverages (Yearly Target = 13,332)					
District BHUs Killa Abdullah Vaccination Report of 6 Union Councils & 7 Health Facilities					
BCG	OPV-0	Penta - I	Penta - III	IPV - I	Measles - I
2164	246	2,539	1,995	2,155	1,806
District Chaman BHUs Vaccination Report of 6 Union Councils & 6 Health Facilities					
BCG	OPV-0	Penta - I	Penta - III	IPV - I	Measles - I
1405	182	2,008	1,685	1,808	1,535
District Dukki BHUs Vaccination Report of 8 Union Councils & 10 Health Facilities					
BCG	OPV-0	Penta - I	Penta - III	IPV - I	Measles - I
2748	714	3,476	2,663	3,482	2,927
District Pishin EDs Vaccination Report of 2 Union Councils & 2 Health Facilities					
BCG	OPV-0	Penta - I	Penta - III	IPV - I	Measles - I
949	199	1,093	596	872	590
District Quetta EDs Vaccination Report of 3 Union Councils & 3 Health Facilities					
BCG	OPV-0	Penta - I	Penta - III	IPV - I	Measles - I
1989	606	2,564	1,940	2,538	1,918
District Chaman EDs Vaccination Report of 3 Union Councils 3 Health Facilities					
BCG	OPV-0	Penta - I	Penta - III	IPV - I	Measles - I
510	132	1,028	816	913	715

OPD DATA OF 08 EDs in DISTRICT QUETTA, PISHIN, AND CHAMAN								
District	No. of EDs	Gender	<1 Years	1-4 Years	5-14 Years	15-49 Years	50+ Years	Total
Quetta	3	Male	2,467	3,398	2,379	1,901	966	11,111
		Female	2,640	3,806	4,695	11,755	4,851	27,747
Pishin	2	Male	946	2,188	1,115	712	1,012	5,973
		Female	1,042	1,529	1,629	9,614	2,650	16,474
Chaman	3	Male	1,177	3,451	3,944	849	431	9,852
		Female	1,438	3,133	6,261	17,248	5,708	33,788
Grand Total			9,710	17,515	20,023	42,079	15,618	104,945

MNCH DATA OF 08 EDs in DISTRICT QUETTA, PISHIN, AND CHAMAN		
1	# Antenatal Care 1 st Visit (ANC-1) in the Facility	4,963
2	ANC-1 Women with HB<10g/dl	2,142
3	Antenatal Care Repeat visit in the Facility	4,157
4	1 st Postnatal Care Visit (PMC-1) in the Facility	3,217
5	STIs	1,630
6	# of Clients Receiving FP (modern contraceptives) Services	3,258
TOTAL		19,367

4.7 HEALTH SCREENING INITIATIVE OVERVIEW UNICEF

PPHI-B and UNICEF signed an agreement to initiate the school health children screening initiative in two District as pilot project and later it will be extended in 22 districts. The Health Screening initiative was launched in July 2024 with the objective of promoting a healthier environment for children and addressing their health needs to support a healthier society.



The overarching goal of the initiative is to ensure better health for improved educational outcomes. The project is funded by European Union with the support of UNICEF.

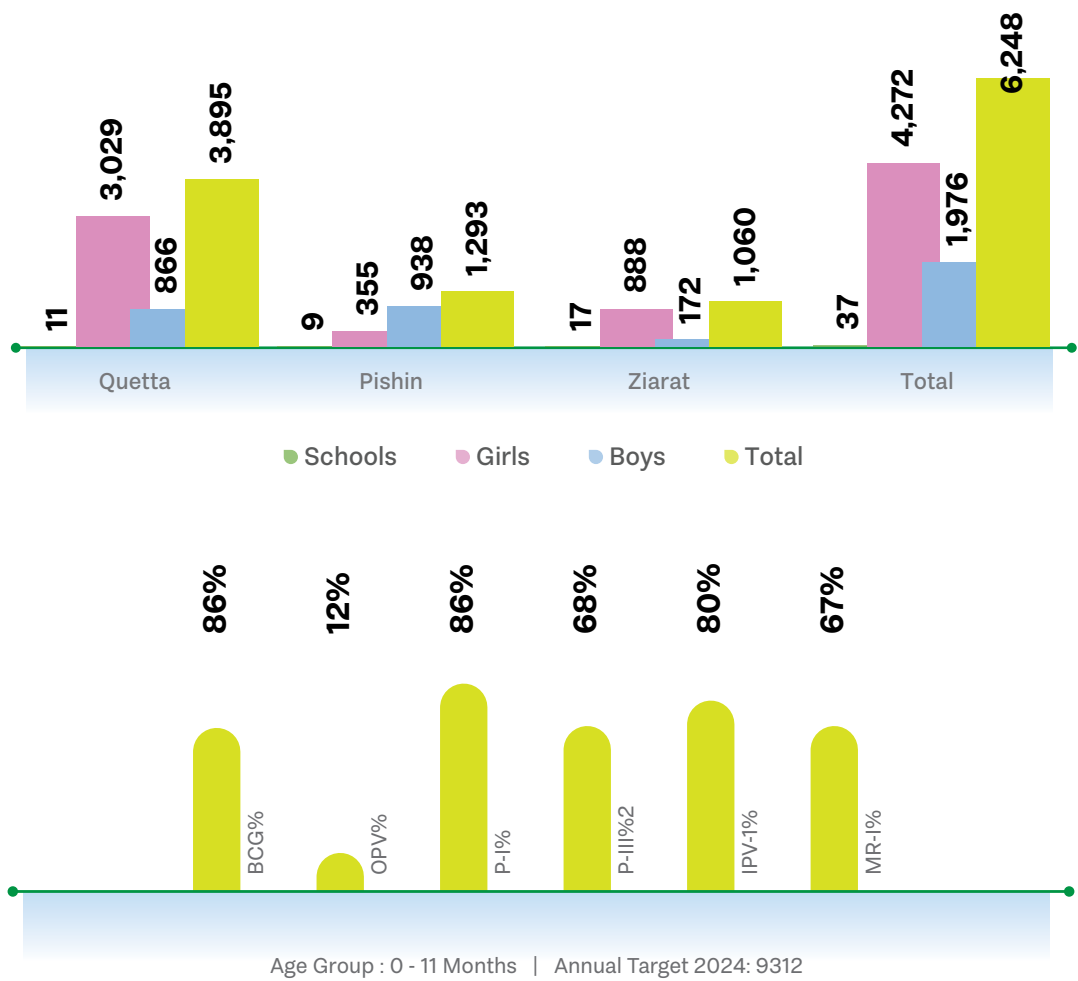
The core activity of the project involves the screening of students from the primary section in public schools Accelerated Learning Program (ALP) centers across 22 districts of Balochistan. They are referred to relevant hospitals, Basic Health Units, RHCs and other accessible higher health facilities as needed.

The screenings focus on key areas of child health, including ENT (Ear, Nose, and Throat), Pediatrics, Optometry, and Dental care, conducted by respective specialists.

The health screening camps officially commenced in Quetta on September 18th, launching a focused and impactful initiative to safeguard the well-being of school-going children. Since the launch, a total of 6,412 students have been screened, reflecting the commitment to ensuring that every child receives appropriate health assessments.

This initiative represents a crucial step toward the early identification and management of health issues among students. By facilitating timely medical support and necessary interventions, the program not only addresses immediate health concerns but also contributes to the long-term physical and academic development of the children. It fosters an environment where students can grow, learn, and thrive in good health—laying the foundation for a stronger, healthier future generation.

4.7.1.The project target achievement details are mentioned:



4.8 SAVE THE CHILDREN PROJECT OVERVIEW

The project, funded by the German Federal Foreign Office (GFFO) and implemented by Save the Children in collaboration with PPHI Balochistan, was initiated through a formal agreement signed on December 26, 2023. It aims to enhance community healthcare and safeguard child well-being in five districts of Balochistan: Pishin, Killa Abdullah, Killa Saifullah, Loralai, and Quetta. The intervention is being carried out in selected Basic Health Units (BHUs) within these districts, namely:

- ◇ Pishin: BHU Batazai and BHU Niganda
- ◇ Killa Abdullah: BHU Cheena Abdul Raheem and BHU Kulak Kakoza
- ◇ Killa Saifullah: BHU Kaza Marzia
- ◇ Loralai: BHU Nasar Abad
- ◇ Quetta: BHU Muhammad Khail and BHU Panjpai

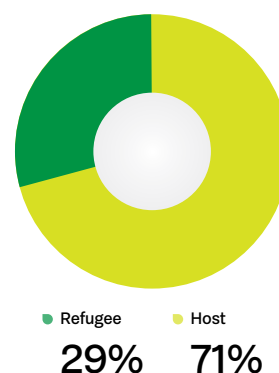
The project is focused on strengthening the primary healthcare system by addressing key areas such as nutrition, maternal and child health, mental health and psychosocial support (MHPSS), gender-based violence (GBV), child protection, and community awareness on health and hygiene. Special attention is given to the needs of vulnerable and marginalized populations, particularly women and children, to ensure equitable access to essential health and protection services.

Key Deliverables

- ◇ Provision of Outpatient Department (OPD) consultations at health facilities.
- ◇ Screening of children under five and pregnant and lactating women (PLWs) for nutritional status and health needs.
- ◇ Delivery of Mental Health and Psychosocial Support (MHPSS) and Child Protection (CP) services.
- ◇ Ensuring 24/7 maternal, neonatal, and child health (MNCH) care.
- ◇ Operationalization of a 24/7 referral and ambulance service to ensure timely access to care.
- ◇ Establishment of Children-Friendly Spaces to provide protective and supportive environments.
- ◇ Conducting awareness sessions (Health awareness and Hygiene Session) at Health Facilities and within communities on key health and protection issues.

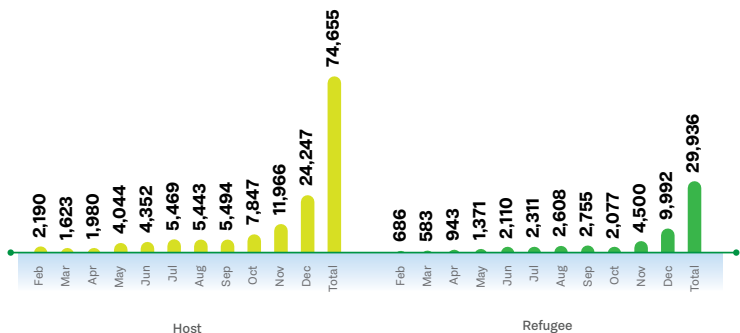
4.8.1. OPD Consultations in Health Facilities

To improve access to life-saving healthcare, the project enhanced the availability and quality of Outpatient Department (OPD) services through the provision of essential medical equipment, supplies, and operational support across targeted health facilities.

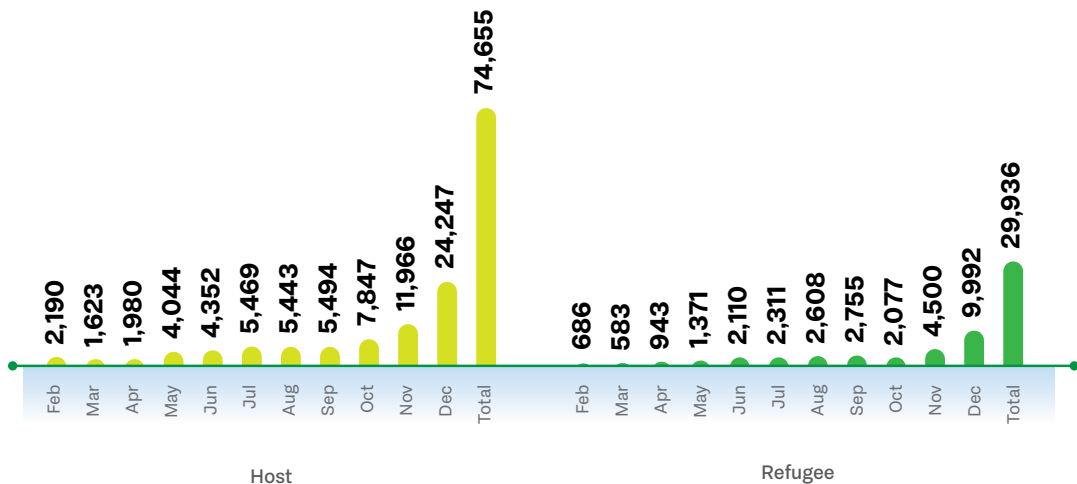


4.8.2. Service Coverage (February – December 2024)

A total of 104,591 individuals received OPD consultations during the reporting period. The breakdown of beneficiaries is as follows: 74,655 from the host community 29,936 from the refugee population



Monthly OPD Beneficiaries (Host & Refugee)



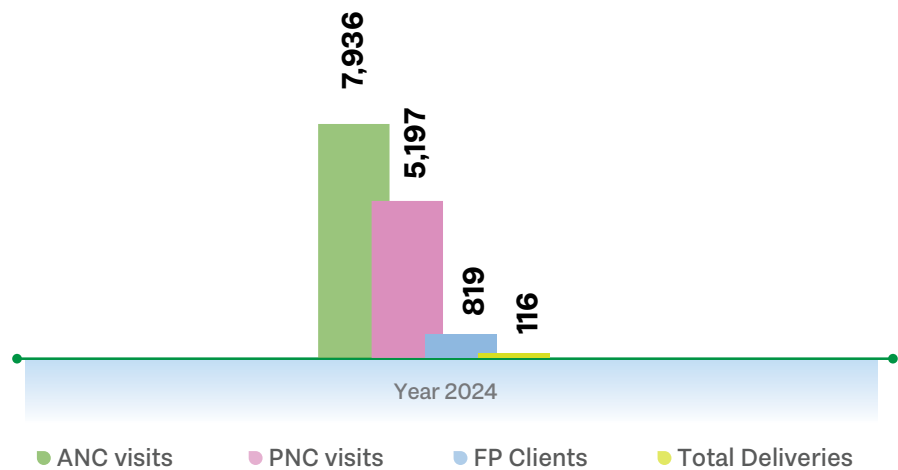
4.8.3. Maternal Health Care Services

The improvement in maternal health services in remote and underserved areas was ensured by 24/7 availability of skilled staff, equipped labor rooms, and enhanced infrastructure across Basic Health Units (BHUs). With continuous technical and operational support safe deliveries were made possible for women in need.

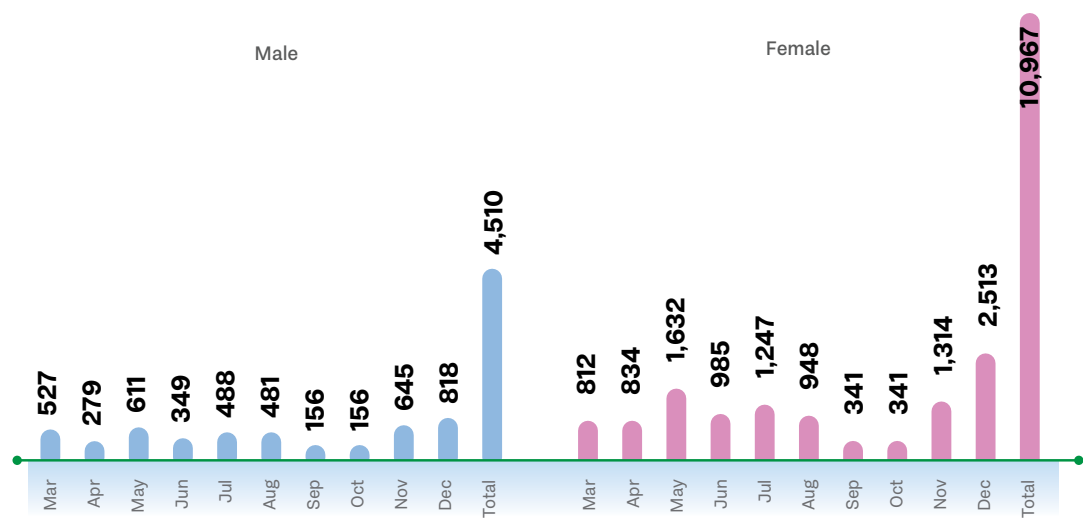
Women received comprehensive reproductive healthcare, including antenatal and postnatal care, family planning counseling, and education on nutrition, hygiene, and recognizing pregnancy-related complications. These services empowered women to make informed decisions about their health and contributed to better maternal and newborn outcomes. In year 2024 7,936 antenatal care (ANC) visits, 5,197 postnatal care (PNC) visits, 819 family planning clients, 116 safe deliveries were achieved.

4.8.4. Improved Nutritional Status of Children and PLWs

To address acute malnutrition among vulnerable populations, the project provided targeted nutritional support to children aged 6–59 months and pregnant and lactating women (PLWs). This support included the distribution of micronutrient supplements, therapeutic feeding, and enhanced healthcare services at both the facility and community levels. A total of 15,477 individuals were screened and treated with nutritional supplements, comprising 29% boy and 71% girls in year 2024

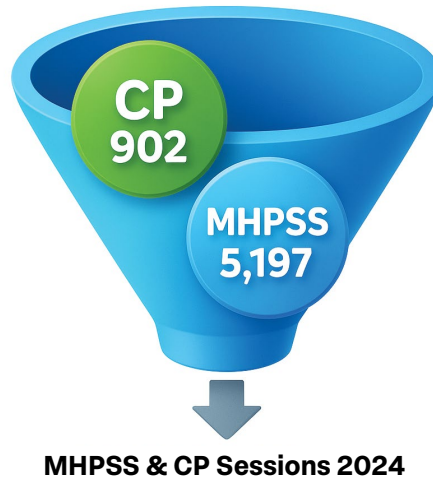


Children under 5 years and plw’s screened for malnutrition



Total Beneficiaries										
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1,339	1,113	2,243	1,334	1,735	1,429	497	497	1,959	3,331	15,477

Mental Health and Psychosocial Support (MHPSS) and Child Protection



Approximately 90% of women and children in the community experience psychological distress and mental health challenges. Despite their significant contribution particularly in domestic roles their efforts often go unnoticed and unappreciated, further exacerbating their emotional and mental burden.

Child protection concerns are identified through various channels, including community outreach activities, screening programs, and referrals from concerned individuals. Upon identification, comprehensive support is provided, which includes psychological counseling by trained professionals, interactive support programs, access to healthcare and education services, and legal assistance to safeguard the rights and well-being of the affected children.

Transforming Healthcare: Revitalizing BHUs for Community Well-being

With the generous support of Save the Children International (Pakistan), Basic Health Units (BHUs) across supported districts have undergone substantial renovation and upgradation. These improvements have significantly strengthened the healthcare infrastructure, making essential services more accessible and reliable for local communities.



Revitalized BHU Cheena Abdul Rahim, District Killa Abdullah

Capacity Building Initiatives Under the Project

A series of targeted trainings were conducted to strengthen the capacity of healthcare providers and community-level staff. These included:

- ◇ 5-day training for Lady Medical Officers (LMOs) and Lady Health Visitors (LHVs) on Basic Emergency Obstetric and Newborn Care (BEmONC) and Labour and Referral Care (LAARC).
- ◇ 3-day training for LMOs, Psychologists, and Social Organizers (SOs) on Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS).
- ◇ Specialized training for Medical Doctors and Mid-Level Healthcare Providers to enhance clinical competencies.
- ◇ Training for Community Engagement Staff to effectively mobilize and support local populations.
- ◇ Capacity building for Community Health Nutrition Volunteers (CHNVs) and Community Volunteers to promote grassroots health awareness and service linkage.
- ◇ Training of Psychosocial Support Counselors to provide appropriate mental health interventions and referrals.

Co-Curricular Activities

The 16 Days of Activism against Gender-Based Violence (GBV) was actively celebrated in BHUs during the reporting period. The campaign aimed to raise awareness about GBV and promote gender equality within communities.

- ◇ Awareness Sessions: BHU staff conducted sessions for patients and attendants, focusing on GBV prevention and the importance of gender equality.
- ◇ Community Engagement: Local women and youth were engaged in discussions and activities aimed at raising awareness about GBV.
- ◇ IEC Materials: Informational posters and leaflets were distributed to educate the public on GBV issues and available support services.
- ◇ Staff Involvement: Female health workers played a vital role in facilitating the campaign and addressing community concerns.
- ◇ Support from Save the Children: Save the Children supported the initiative, enhancing efforts to protect vulnerable populations and promote safe health spaces.





5.

Detail of Health Infrastructure in Balochistan



Detail of Health Infrastructure in Balochistan

No. of Districts

36

No. of BHUs/ Health Facilities with PPHI-B

746

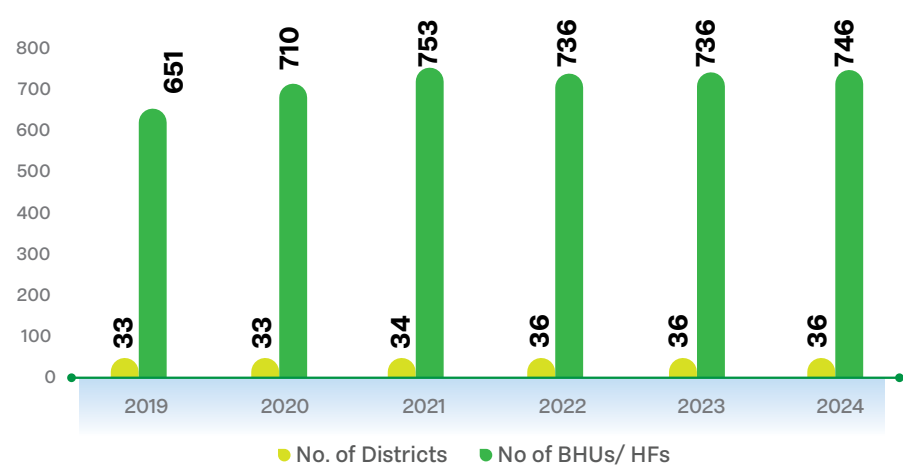
Sr. #	Description	Total HFs	With PPHI-B
i)	Teaching Hospitals	17	0
ii)	District HQ Hospitals	26	0
iii)	TB Clinics	20	0
iv)	50-Beded Hospitals	6	0
v)	Civil Hospitals	7	0
vi)	Rural Health Centers	130	0
vii)	Basic Health Units/EDs	743	743
viii)	Basic Health Units 24/7 MCH Plus	(77)	(77)
ix)	Civil Dispensaries	540	3
x)	Static Centers (Vaccination)	(802)	(469)
xi)	MCH Centers	105	0
xii)	Other HFs (All Allied Health Schools)	37	0
xiii)	Health Houses (LHWs)	6726	0
TOTAL		8357	746

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

Maintenance of Physical Infrastructure of Health Facilities

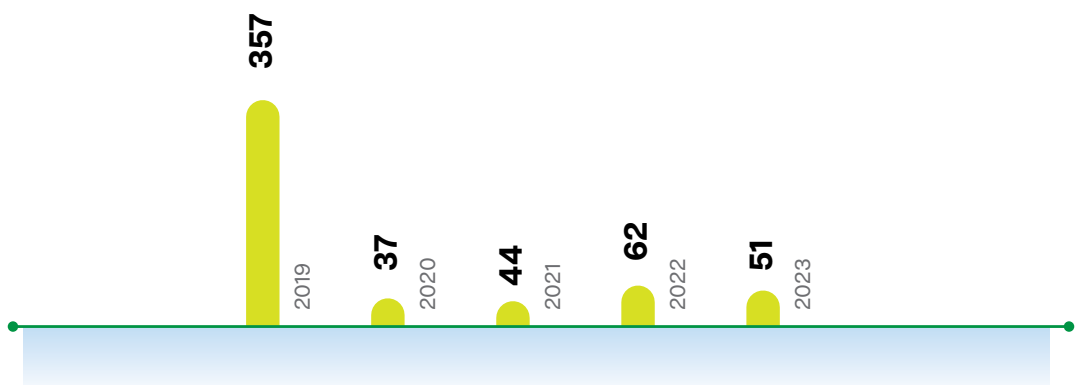


5.1 Increase number of HF's/BHUs

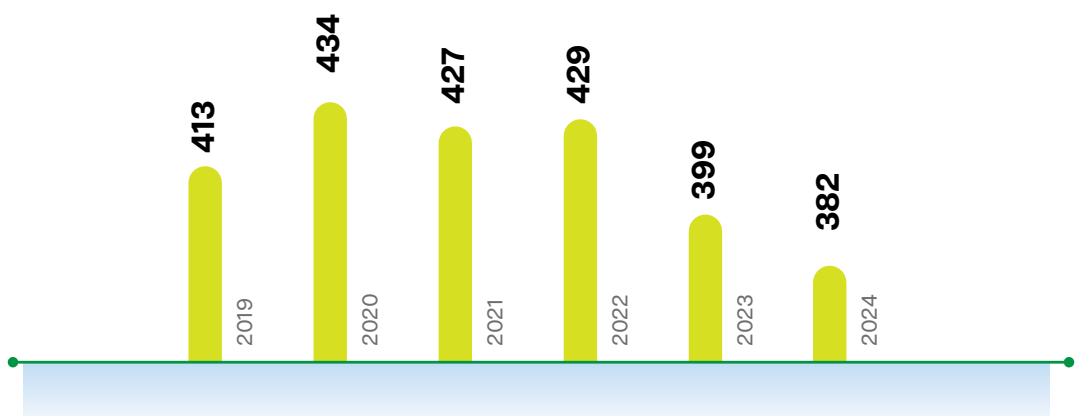


*37 BHUs upgraded to RHC and handover to Health Department GoB.

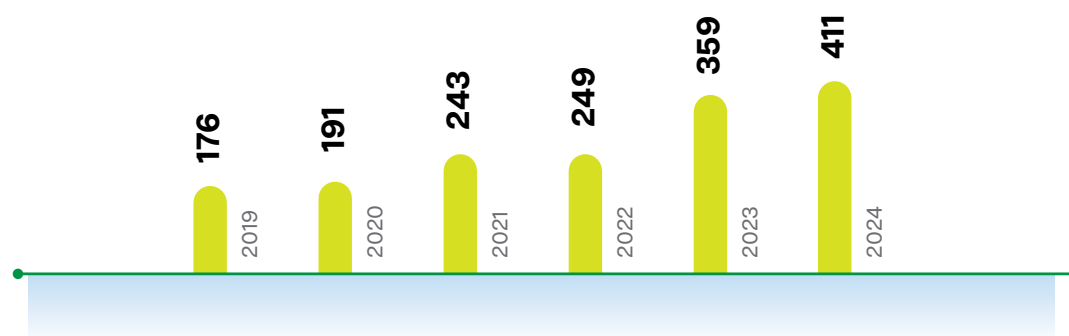
5.2 Repair, Renovation and Provision of Medical Equipment's/Furniture of BHUs.



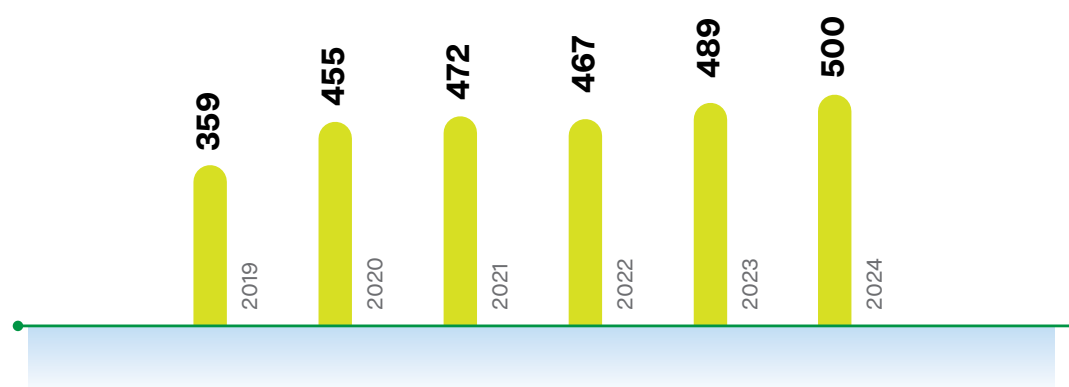
5.3 Electrification of BHUs.



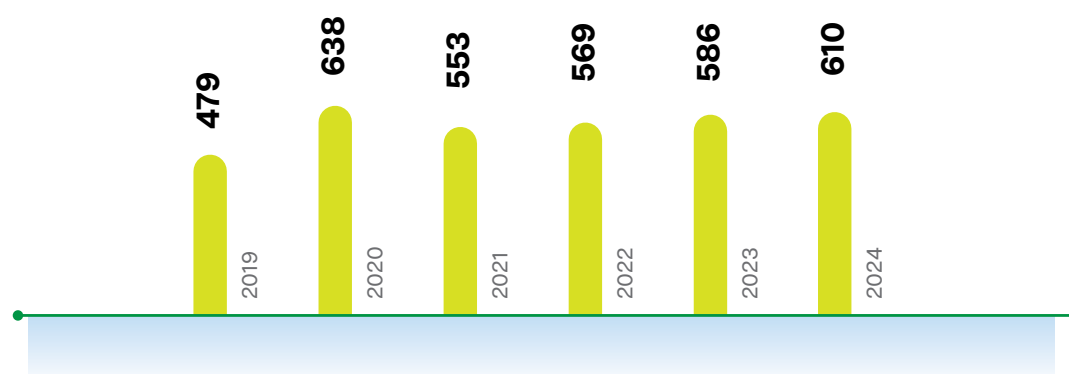
5.4 Solar Electrification of BHUs



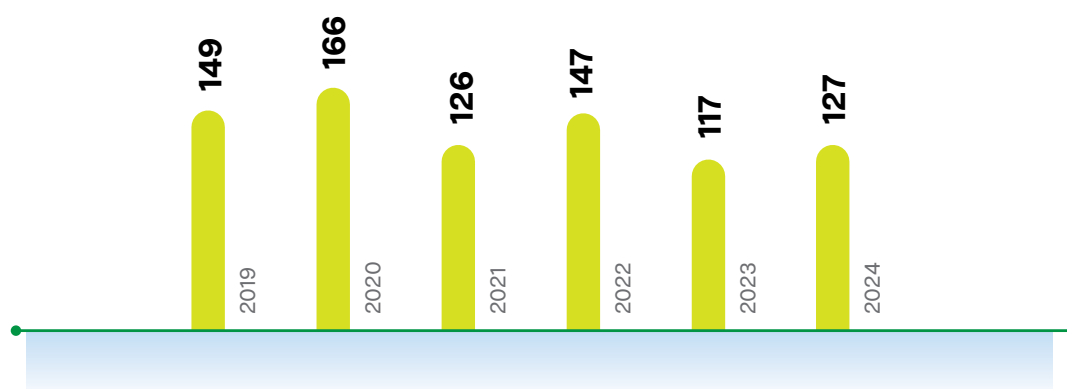
5.5 Washroom/Toilet Facility for Patients



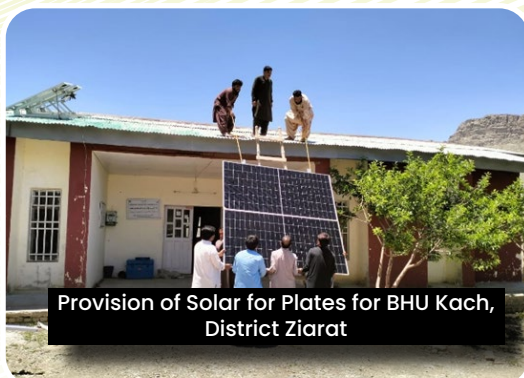
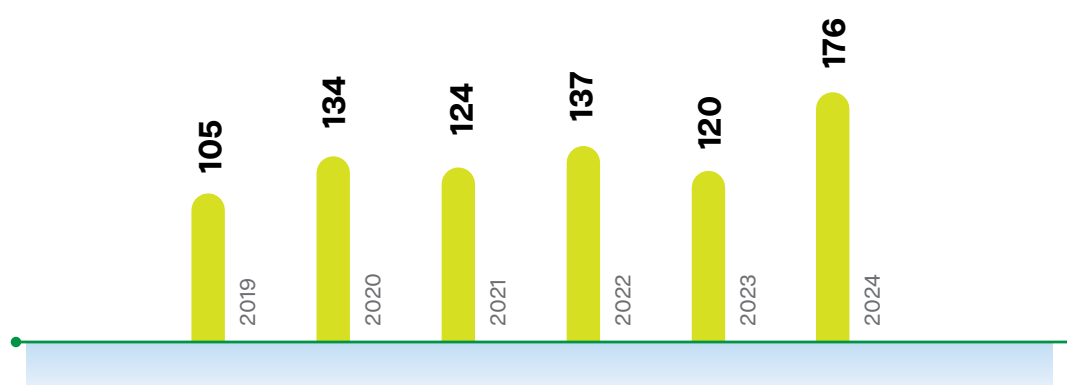
5.6 Provision of Water



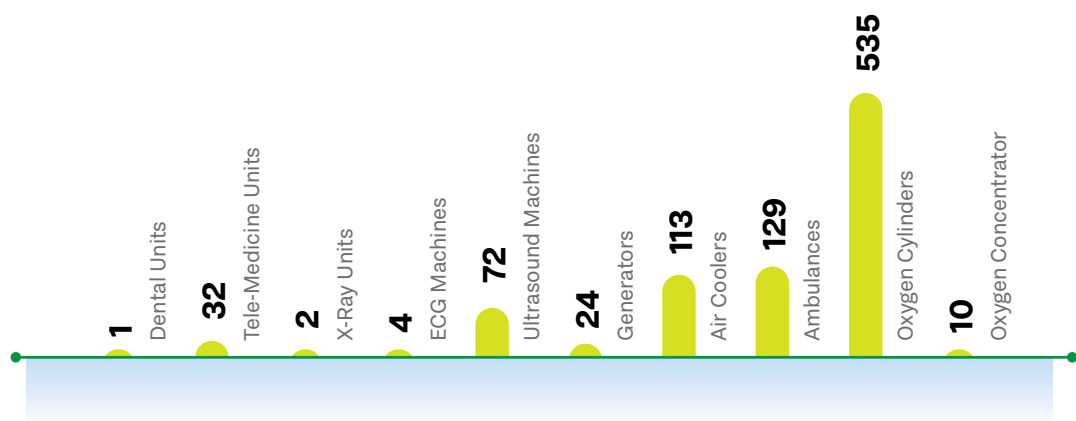
5.7 Basis Diagnostic Laboratories



5.8 Labor Rooms

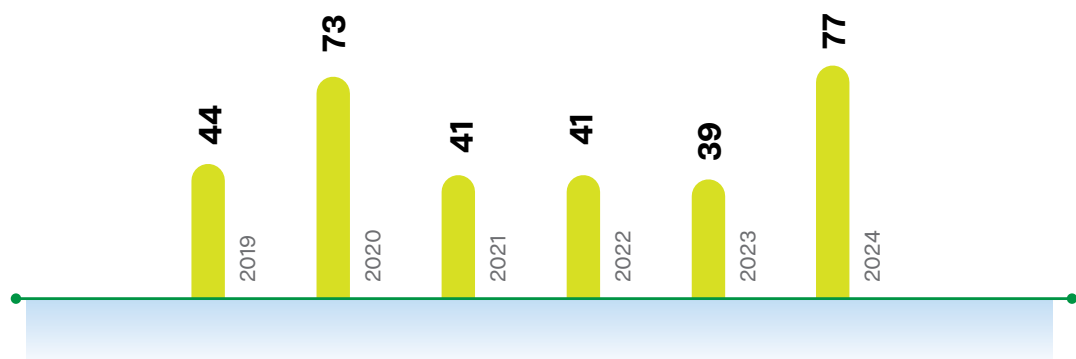


5.9. Provision of Medical Equipment's and Ambulances



*30 Ultrasound Machines included in telehealth centers

5.10 Establishment of Basic Emergency Obstetric Born Care/ 24/7 MCH Centers



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 77 BHU Plus 24/7 Basic Emergency Obstetric Born Care by the end of the 2024. 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 six years:

- ◇ Basic EmONC.
- ◇ Antenatal
- ◇ Normal Deliveries
- ◇ Postnatal Care.
- ◇ Family planning services.
- ◇ Immunization.
- ◇ Laboratory services.
- ◇ Women specific medicines.
- ◇ Ultrasound services.
- ◇ 24 Hours ambulance services.
- ◇ MNCH counselling.
- ◇ Following complicated cases are referred:

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:

- I. Ante-partum hemorrhage,
- II. Eclampsia,
- III. Prolonged labor,
- IV. Breech deliveries
- V. Uterine rupture,
- VI. Post-partum hemorrhage,
- VII. Management of vaginal and cervical tears,
- VIII. Issues related to multiple births,
- IX. Retained placenta,



6.

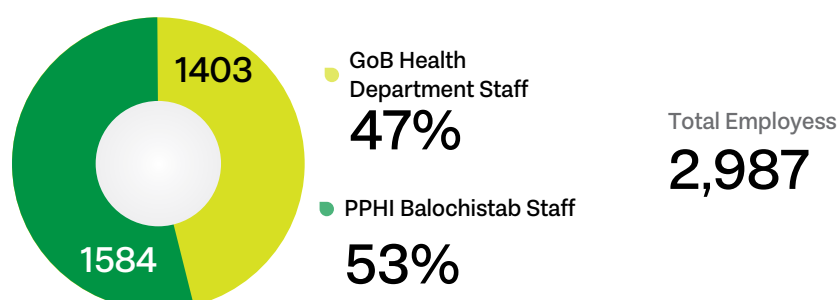
PPHI-B Human Resource and Development



PPHI-B Human Resource and Development

S #	Healthcare Providers	Total Working Employees	Employees at PPHI B & Project (Contract Staff Payroll)	Employees at GoB Health Department Payroll	%Age of PPHI-B Staff	%Age of GoB Health Department Staff
1	MOs	223	156	67	70%	30%
2	LMOs	97	61	36	63%	37%
3	Dental Surgeon	4	0	4	0%	100%
Sub Total		324	217	107	67%	33%
4	Male Social Organizers	56	56	0	100%	0%
5	Female Social Organizers	27	27	0	100%	0%
6	Lady Health Visitors (LHVs)	591	295	296	50%	50%
7	Medical Technicians (MTs)	675	320	355	47%	53%
8	Female Medical Technicians (FMTs)	232	96	136	41%	59%
9	Dispensers	388	156	232	40%	60%
10	Vaccinators	533	314	219	59%	41%
11	Lab Assistants	150	103	47	69%	31%
12	X-Ray Assistant	11	0	11	0%	100%
Sub Total		2,663	1,367	1,296	51%	49%
Grand Total		2,987	1,584	1,403	53%	47%

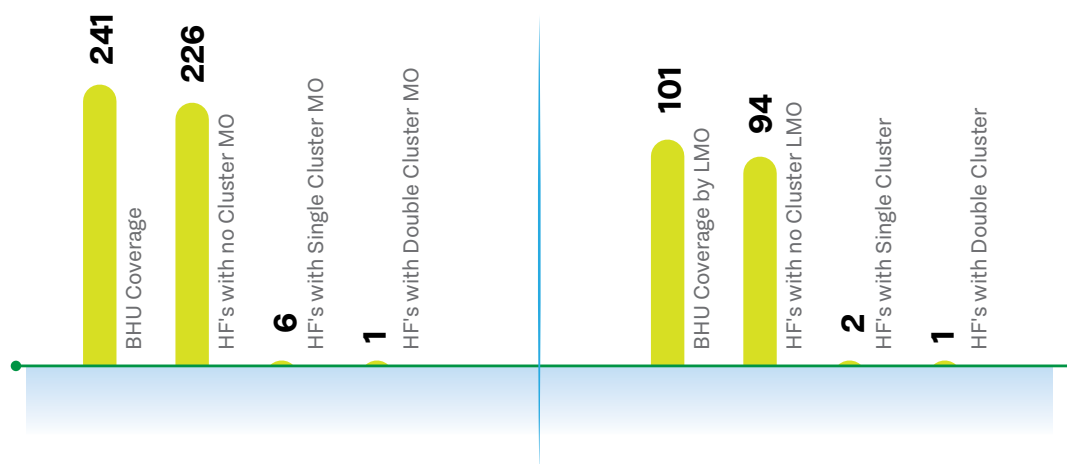
6.1 Detail of staff posted at BHUs by Health Department & PPHI Balochistan.



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 an 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.



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, 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 six BHUs, (01) clusters of three BHUs, cover with 312, MOs/LMOs at signal facility. In addition to this, 241 BHUs cover 32 % MOs and 14 % 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 years

6.3 Human Resource Management in Primary Health Care System

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. So far manpower planning, hiring and retaining them in the organization assume great importance. For better management of human resources for health, 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, TB Control Program (Global Fund), EPI Balochistan, BHIMS, 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. Population Welfare Department, Balochistan and RIZ consultancy has supported in capacity building of and provision of family planning logistic with support of UNFPA. RIZ consultancy also play his part in provision sub cutaneous Sanaya press initially piolet Quetta, Pishin, Killa Abdulla, Mastung and Sibi districts in forty BHUs and capacity building forty six health care provider with DSMs.

6.4 Capacity Building of health manager & health care provider in DHIS 2 by BHIMS Cell Department of Health Government of balochistan with support of UNICEF, paithfinder & BHICP

In developed countries, electronic methods are used frequently for data collection, due to their advantages over the paper-based methods, by mitigating issues associated with paper-based methods such as avoiding processing duplicate, easing data, better completeness and timeliness, higher quality of data and greater users' acceptance. However, several challenges related to the collection, aggregation, compilation, analysis, and reporting of health data were encountered in developing countries.

Moreover, limited financial and human resources, lack of sufficient training as well as

the use of the traditional paper-based methods in data collection, affected the reliability and timeliness of the data which in turn delayed the required outbreak response. Several studies highlighted various problems associated with the traditional paper-based methods use. These snags included the frequent errors occurrence, the low completeness rate, the duplication issues, and the storage costs as well. Therefore, many developing countries were focusing currently on moving their reporting systems from paper-based methods to electronic methods. All facilities of Balochistan have been reporting in existing DHIS system since many years. UNICEF on formal request of the Punjab Health department supported the upgradations for DHIS system. DHIS2 software was selected, due to its global installations in various countries and advanced. The system was configured, uploaded to online server from 1st January 2021. Instant success of DHIS2 in Punjab, it was piloted in other province including Balochistan with support of UNICEF Balochistan started it in 2023.

DHIS is an organized system of recording and reporting information regarding healthcare service delivery at health facilities and community. In other words, it provides information about performance of health facilities in districts. Among the web-based systems used in developing countries, the District Health information system (DHIS-2) was one of the most popular tools. This free and open-source platform open was developed by the Health Information Systems Program (HISP) at Oslo University Norway. Used by multiple organizations, it served as a tool for collection, validation, analysis, and presentation of aggregate statistical data, tailored but not limited to integrated health information management activities. Thus, it facilitates analysis of collected data across all the public health facilities that enhances forecasting of required services for future planning purposes and evaluating the performance of healthcare workers. DHIS2 has several features and functionalities.

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 personnel's 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.

Capacity Building Detail of PPHI-B Management & Health Professional Staff on DHIS-II

S.No	District	DSM	ADSM	M&E	Assistant	Lady Medical Officer	Medical Officer	Lady Health Visitor	Medical Technician	Female Medical Technician	Vaccinator	Dispenser	Nursing Orderly
1	Chaghi	1		1	3	0	0	6	17	0	0	8	0
2	Chaman	1		1	2	3	8	10	17	0	22	2	4
3	Gwadar	1		1	1	2	0	4	11	6	0	15	6
4	Hub	1		0	1	5	4	1	6	5	0	0	2
5	Jaffrabad	1	1	1	0	0	0	4	4	4	6	4	4
6	Jhal Magsi	1	1	0	2	0	1	5	10	3	1	9	1
7	Kachi	0		1	1	2	0	6	3	0	3	9	9
8	Kalat	1		1	2	0	1	2	8	1	0	9	0
9	Kech	1		1	2	3	10	14	34	6	3	24	3
10	Kharan	1		0	2	0	2	6	15	7	0	14	4
11	Khuzdar	1		1	1	1	2	5	27	6	1	14	16
12	Killa Abdullah	1		1	0	1	4	4	5	1	24	3	3
13	Killa Saifullah	0		1	1	0	0	2	10	0	0	05	0
14	Lasbela	1	1	0	1	4	2	3	20	7	0	11	6
15	Loralai	2	1	1	2	0	2	7	16	2	0	8	1
16	Mastung	1		0	1	0	3	8	14	1	4	2	6
17	Musakhail	1		1	1	0	0	3	22	4	4	2	0
18	Nasserabad	1		1	1	0	6	9	12	4	0	6	2
19	Noshki	1		1	1	0	1	9	10	3	0	18	11
20	Panjgur	1		1	1	2	1	9	14	5	0	10	10
21	Pishin	1		1	1	2	6	15	23	0	0	18	9
22	Quetta	1	1	1	1	17	29	25	32	12	0	16	0
23	Sherani	1		1	2	0	1	2	7	0	0	2	1
24	Sibi	0		0	3	0	3	10	5	0	6	11	0
25	Sohbat Pur	0		0	1	0	7	6	18	6	0	5	11
26	Surab	0		1					4				
27	Usta Muhammad	0		0	0	0	0	4	14	0	0	3	10
28	Zhob	1	1	1	2	0	4	7	13	3	0	5	3
29	Ziarat	1		1	1	0	1	3	11	2	0	5	1
Total		21	6	18	34	41	92	173	398	78	67	222	112

**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



Preventive & Promotional Services

In Primary Health Care (PHC), prevention focuses on preventing diseases from occurring or worsening, while health promotion aims to empower individuals and communities to take control of their health and well-being.

Health Education: Health education is steeped in individual, group or community learning and how it impacts on experiences and attitudes to health. It is the education and experiential base that elicits voluntary changes to behavior that result in improvements to current and future health outcomes.

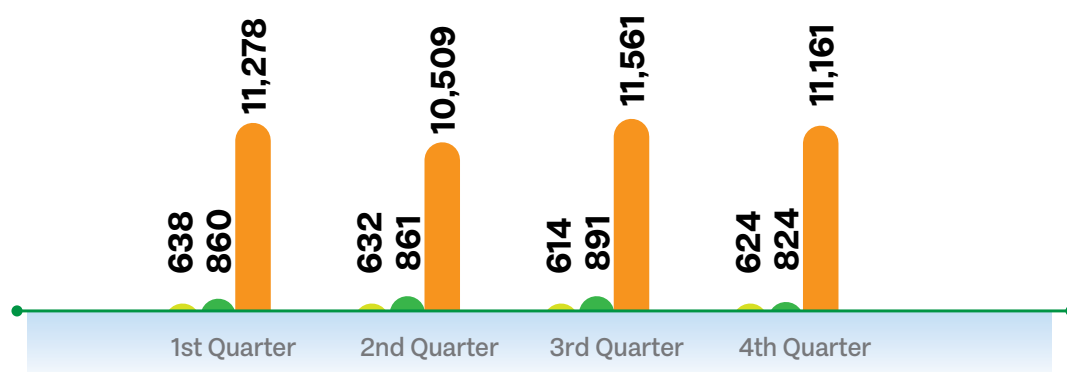
Health promotion is often confused with education (knowledge transfer), which is based on the notion that the provision of specific information tailored to issues affecting patients will result in reduced risk or improved health. Health promotion has had its origins in health education with early promotion focusing on changes to an individual's health by modifying individual behaviors. It then grew to incorporate disciplines such as public health, medicine, epidemiology, sociology, psychology, economics and social work. The WHO definition of health promotion is "the process of enabling people to increase control over and to improve their health". illustrates how health promotion works in practice and where health education fits within the health promotion process.

PPHI Balochistan, along with social organizers and healthcare providers, are involved in Support Group Meetings, Community 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

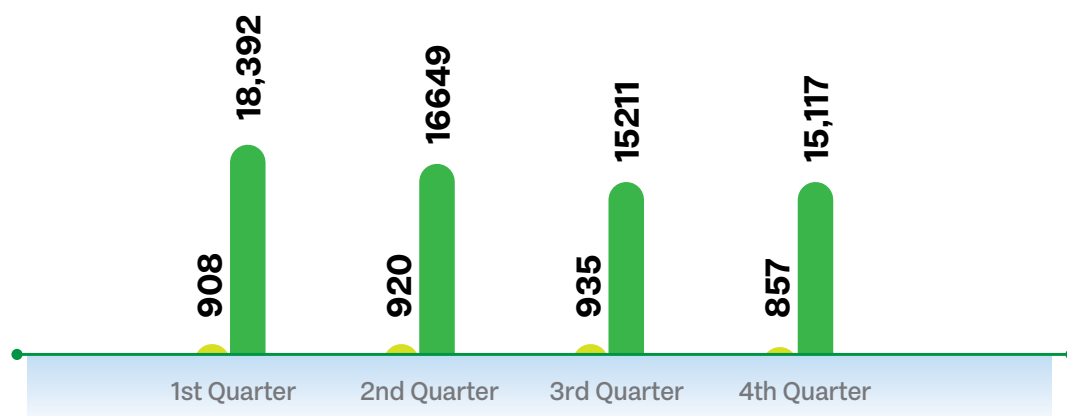
● No. of SGs ● Meetings of SGs ● Total No. of participants of Meetings



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

7.1.2 Community Health Sessions: Number of Participants

● No. of SHS ● No. of participants



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B

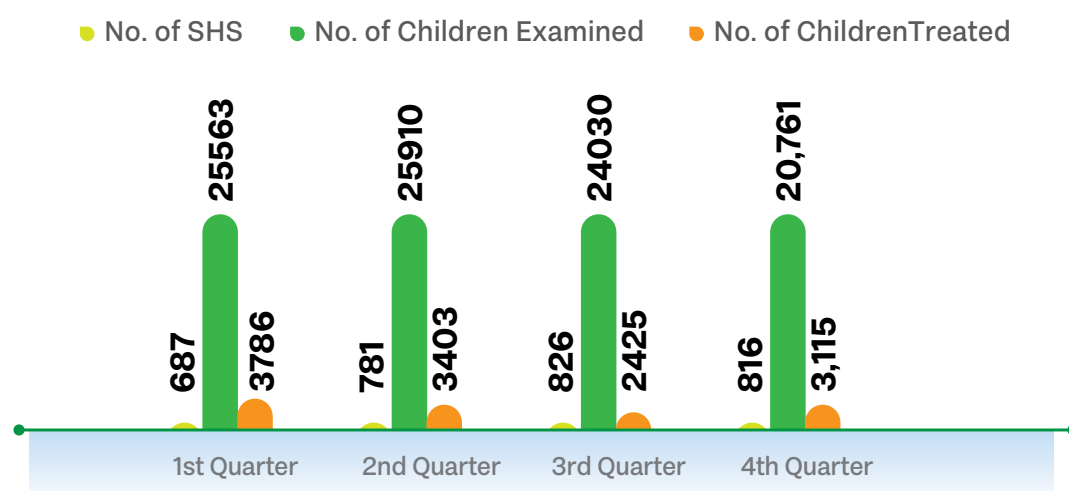


Community Health Session, Sibi



Community Health Session, District Jaffarabad

7.1.3 SCHOOL/ MADRASSA HEALTH SESSIONS AND CHILDREN TREATED



School Health Session, District Loralai



School Health Session, District Ziarat

7.2 IMMUNIZATION: JANUARY-DECEMBER, 2024

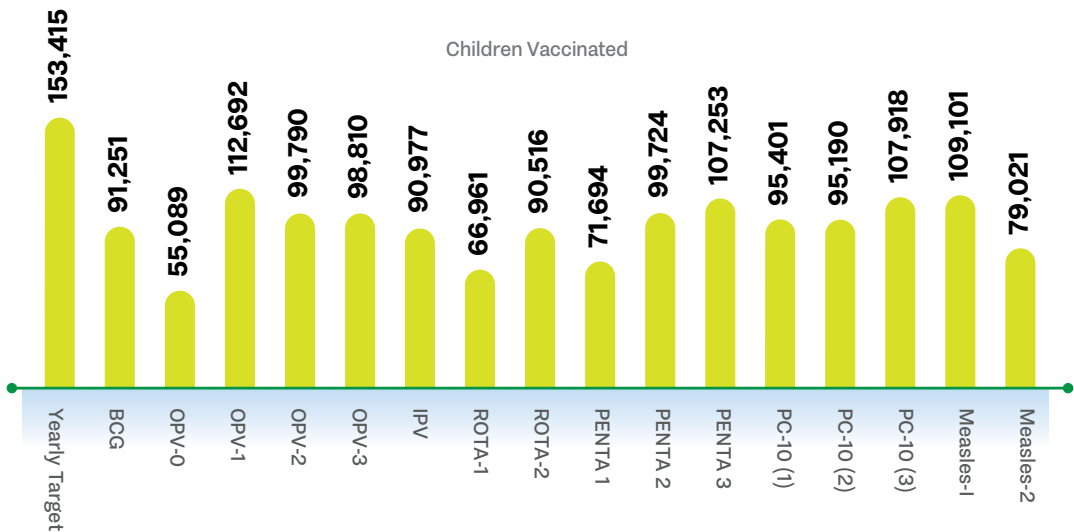
Pakistan bears an incredible burden of vaccine preventable diseases, and efforts to improve widespread immunization have been hindered by inadequate public health management following disasters and other health emergencies. Through a brief review of Pakistan's health system, an understanding of routine immunization challenges is sought based on the organizational changes made to the planning and delivery of immunization

activities. Further, recent immunization trends of measles, polio, and tuberculosis are examined in correspondence to health emergencies prompted by climate change. The national public health response to each disease is discussed, and insight is given to how the devolution of Pakistan’s health system may have influenced the severity of each emergency. Focus is given to the potential immunization challenges and how they may impact future initiatives for the control of vaccine-preventable diseases. Although incidence rates suggest increased cases of certain vaccine-preventable diseases and disruptions of immunization activities following recent disasters, further studies may need to be conducted to establish a stronger understanding of the immunization trends noted within this review.

Pakistan has recently been a focus of global attention due to its struggle in polio eradication, yet the country’s challenges are further exemplified by its poor management of routine immunization during times of health emergencies. With a cumulative average national vaccination rate of 60.6% and one of the highest morbidity and mortality rates in children less than five years old, vaccine-preventable deaths constitute nearly half of all deaths in Pakistan. Several factors may be responsible for decreased coverage, such as household income, education, and degree of rurality, yet these factors do not explain why coverage has decreased following initial improvements to immunization coverage.

7.3 PPHI-B’s Contribution to the Expanded Program on Immunization (EPI)

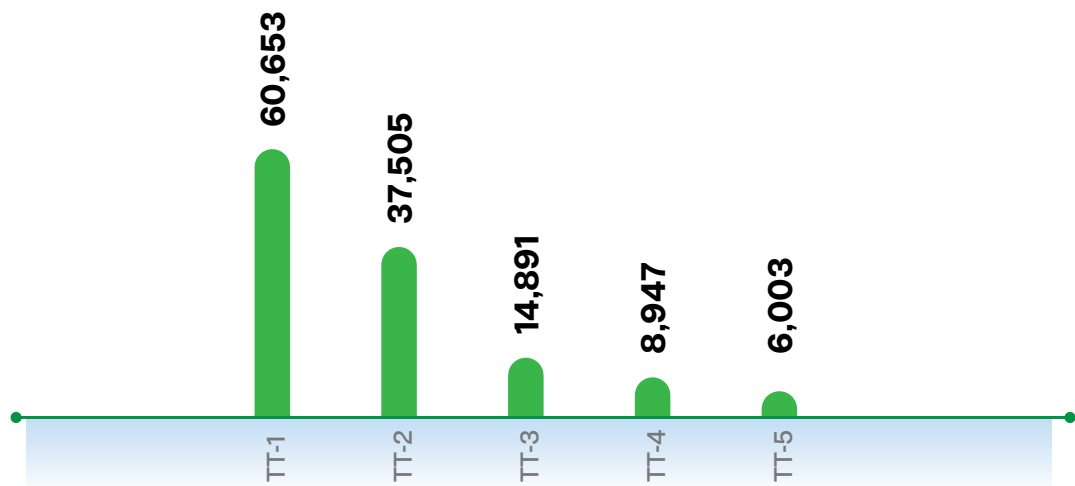
While the Expanded Program on Immunization (EPI) falls beyond direct scope of PPHI, we have consistently complemented and supported the immunization program in various ways, yielding tangible results. The EPI has functionalized 802 static centers in Balochistan, with 469 located in the Basic Health Units (BHUs). To enhance immunization services, PPHI has recruited 314 vaccinators on a contractual basis to manage the static centers and achieve national immunization targets. To further strengthen the Expanded Program on Immunization (EPI) PPHI-B fully participated to enhance Immunization Outreach Activities IOA, OBR and Big catch-ups. 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 31% of the total immunization targets. However, the annual report indicates that the performance of static centers was impacted in 2024 due to unawareness in the community. Immunization coverage for BCG was recorded at 59%, Penta 3 at 70%, and Measles at 71% accordingly.

7.4 TT VACCINATION



SOURCE: DHIS REPORTS PPHI-B

7.5 MATERNAL AND CHILD HEALTH AT BASIC HEALTH UNITS BALOCHISTAN

Maternal and child health is an important public health issue because:

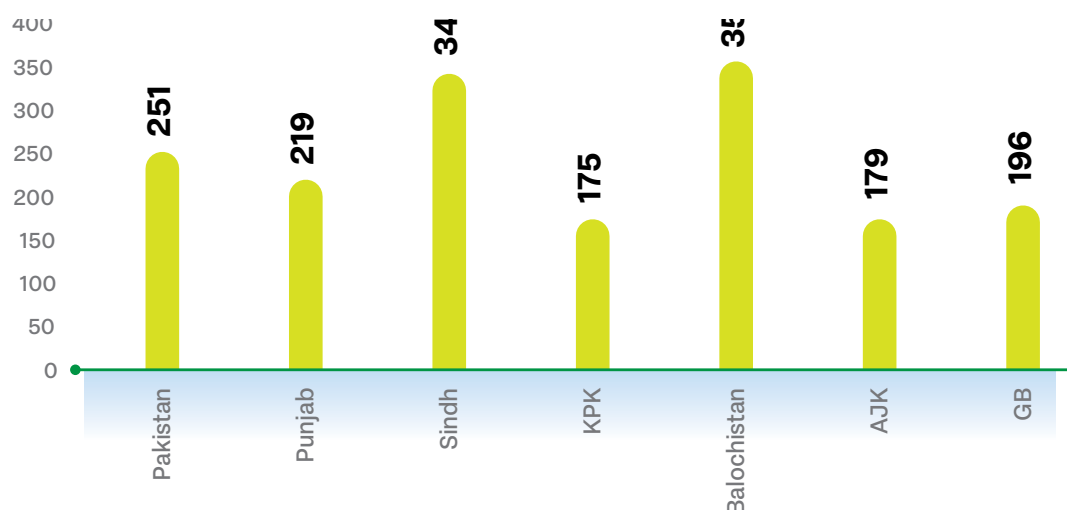
- ◆ We have the opportunity to end preventable deaths among all women, children and adolescents and to greatly improve their health and well-being.
- ◆ Too many women, infants and children worldwide still have little or no access to essential/ quality health services, education, clean air, clean water, adequate sanitation and nutrition.

Maternal and child health (MCH) is a global priority that has been continually discussed for many decades; it is one of the essential public health services. Although maternal and infant deaths declined substantially from 2019 to 2024, there has been a disproportionate level of health inequity worldwide. Children in low-income countries are almost 18 times more likely to die before age of five than children in high-income countries; most maternal deaths happen during or immediately after childbirth. Most maternal deaths are due to excessive bleeding, high blood pressure, prolonged labor pain and illegal abortions.

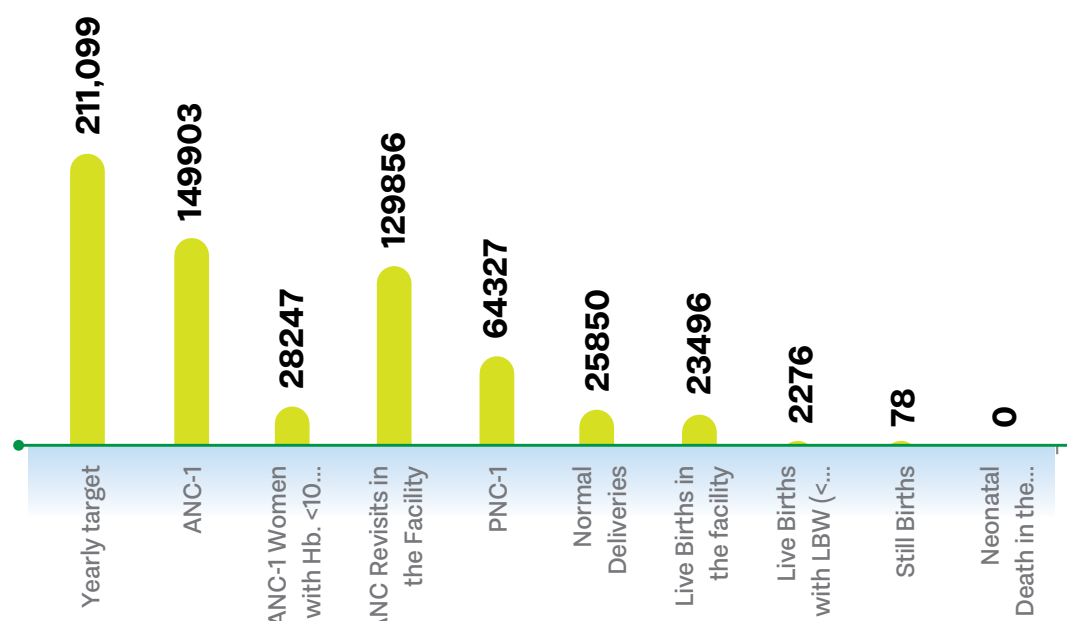
The major causes of neonatal deaths are preterm delivery, extreme infections and birth asphyxia. Women and children survive and thrive in countries that provide everyone with secure, accessible and high-quality health services. Improved health care and a balanced diet are essential contributors to improved MCH services. The lack of essential health condition measures also leads to maternal and infant morbidity and mortality. Until 2019, there was remarkable progress in the MCH areas. However, the rate of development is inadequate to meet the SDGs.

Humanitarian emergencies, such as pandemics and disasters, cause an unprecedented disruption in the provision of routine health services. Moreover, the outbreak of COVID-19—declared as a global Public Health Emergency disrupted healthcare services, including that for the most vulnerable communities, such as children and pregnant women, both clinically and socially. Countries struggling with the pandemic situation redirect both human and material resources to response efforts that lead to inadequate delivery of essential health services; in particular, resource-poor settings are severely affected.

7.6 PREGNANCY RELATED MORTALITY RATIO BY REGION, PAKISTAN MMS 2019.

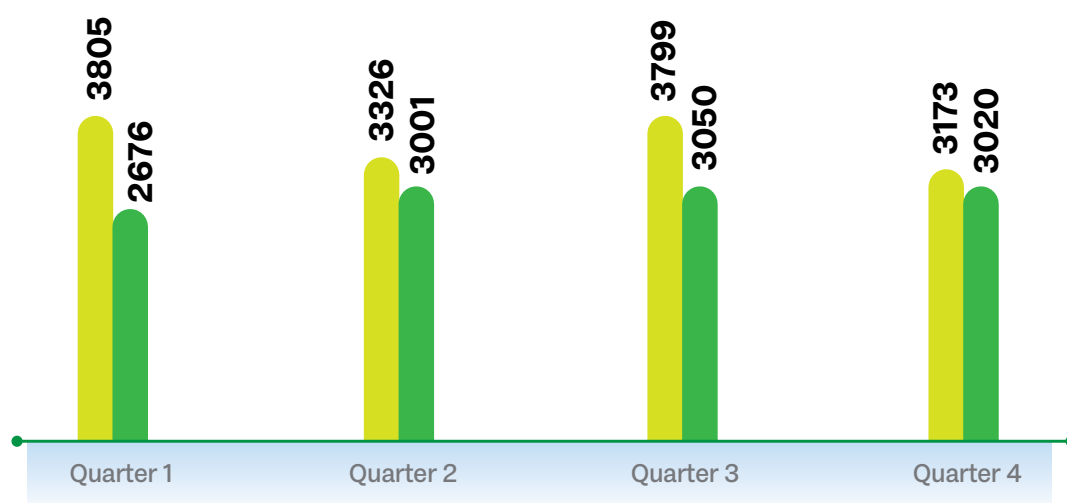


7.7 MATERNAL HEALTH SERVICES



SOURCE: DHIS REPORTS PPHI-B

7.8 DELIVERIES CONDUCTED



SOURCE: DHIS2/DHIS REPORTS, F1 TO F13 REPORTING SYSTEM PPHI-B

7.9 CHALLENGES AND OPPORTUNITIES IN BIRTH SPACING/FAMILY PLANNING

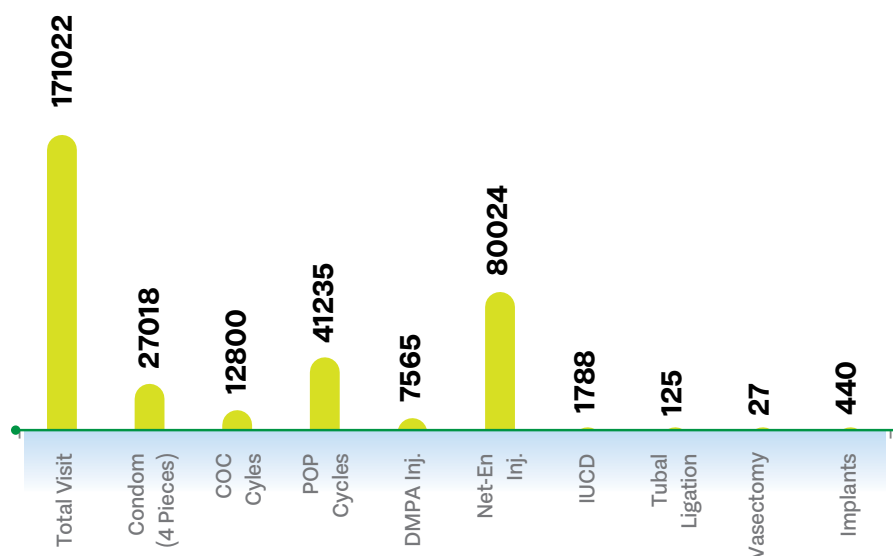
1. **Achieving Replacement Level Fertility:** Balochistan aims to reach a replacement level fertility rate of 4% to stabilize population growth. However, contraceptive prevalence has declined among the poorest, and there's a high discontinuation rate for family planning methods.
2. **Addressing Adolescent 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.

7.10 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:

5. **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.
6. **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.
7. **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.
8. **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.
9. **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.
10. **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.

7.11 FAMILY PLANNING



SOURCE: DHIS2/ DHIS REPORTS PPHI-B

An illustration of a medical office. In the center, a male doctor in a white coat and stethoscope sits on a stool, holding a young child. To his left, a female doctor in a white coat and stethoscope sits on a stool, looking at a laptop. To the right, another doctor in a white coat stands. The background features a large window with a microscope and various medical symbols. The foreground has some green plants and a small table with bottles. The overall color scheme is green and white, with a red banner on the left side.

8.

Curative Health Care Services



Curative Health Care Services

PPHI-B's health indicators have shown improvement over the past 13 years despite facing numerous social, economic, political, and cross-border challenges. 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 health care services encompass several components:

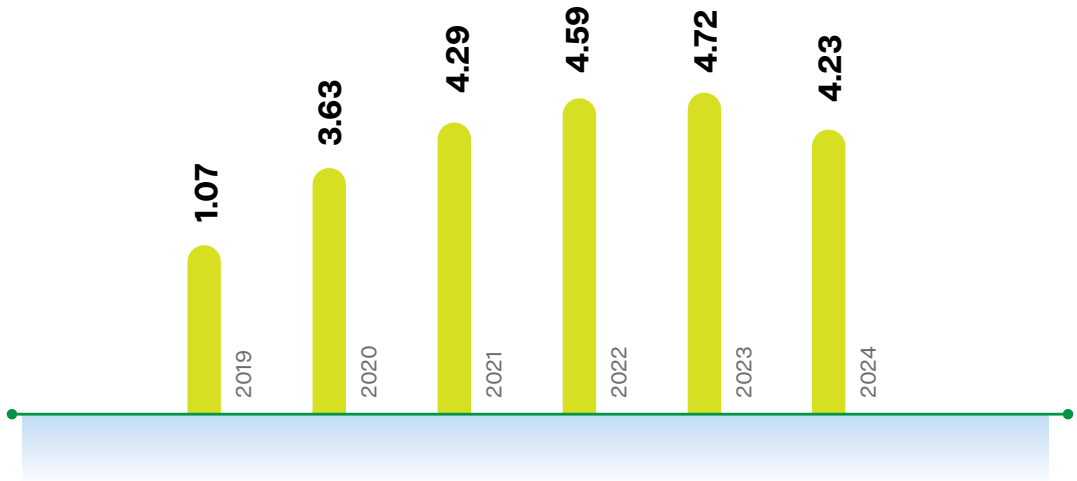
- I. Communicable diseases control
- II. Prevention and treatment of non-communicable diseases
- III. Medical and surgical care
- IV. Diagnostic services
- V. Medical emergency services
- VI. Dental care
- VII. Telemedicine
- VIII. Road Traffic Injuries
- IX. Medical camps in epidemics

The 2024 annual report shows that 53% of attendees at BHUs were female. BHUs primarily handle basic health concerns, 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



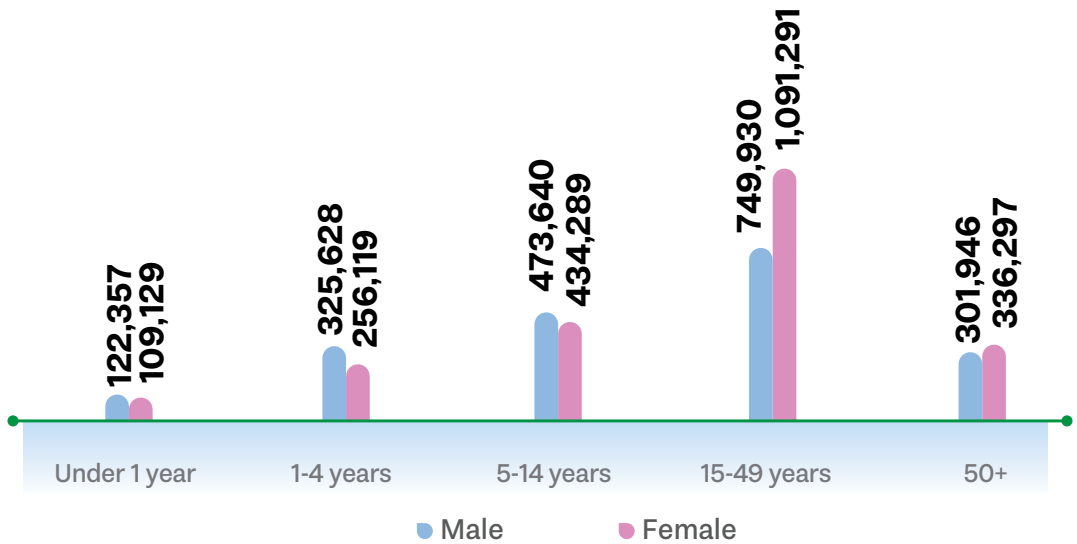
insights into the overall functioning of the health system. PPHI-B witnessed a steady increase in referral cases at BHUs over the years, indicating improved performance.

8.1 ANNUAL OUTPATIENTS AT BHUs (2012-2024) FIGURES IN MILLION

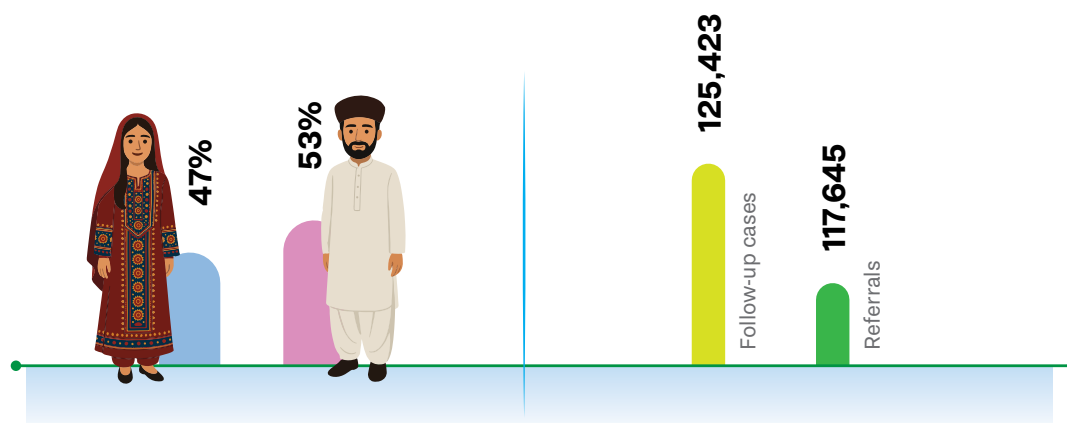


SOURCE: DHIS2/DHIS REPORTs PPHI-B/F1 TO F13 REPORTING SYSTEM PPHI-B

8.2 New Patients Distribution by Gender and Age 2024



8.3 New Patients Distribution by Gender Follow-up and Referral Cases 2024



SOURCE: DHIS REPORTs PPHI-B



8.4 Number of Outpatients in Districts 2024

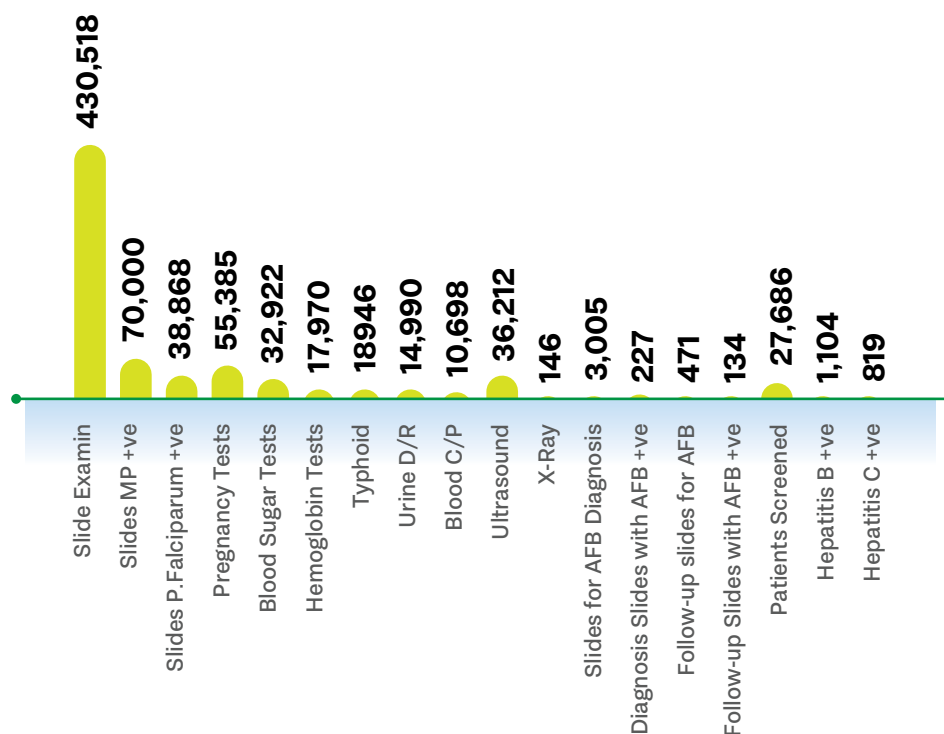
S.No	District	Male cases	Female cases	Follow-case	Referred cases attended	Total OPD	Malnutrition <5 years Children
1.	Awaran	25,626	29,370	4,199	3,732	54,996	570
2.	Barkhan	33,816	25,675	3,740	4,189	59,491	673
3.	Chagai	32,697	43,390	1,935	875	76,087	2,761
4.	Dera Bugti	83,206	48,559	4,166	6,224	131,765	2,136
5.	Duki	41,155	42,169	1,997	5,452	83,324	618
6.	Gwadar	63,958	74,757	4,455	6,349	138,715	6
7.	Harnai	21,539	23,739	1,020	620	45,278	31
8.	Jaffar Abad	82,423	72,716	1,417	1,417	155,139	8,116
9.	Jhal Magsi	44,728	35,138	2,296	2,236	79,866	6,854
10.	Kachhi	35,882	36,894	1,276	1,119	72,776	5,885
11.	Kalat	86,608	98,416	5,682	3,581	185,024	380
12.	Kech	97,220	144,372	8,300	9,094	241,592	27

13.	Kharan	48,345	45,578	4,849	6,181	93,923	7,698
14.	Khuzdar	116,498	114,360	4,449	4,751	230,858	2,138
15.	Killa Abdullah	98,503	176,385	9,147	2,642	274,888	7,299
16.	Killa Saifullah	31,763	32,435	5,739	3,673	64,198	2,957
17.	Kohlu	101,524	43,275	2,632	3,833	144,799	1,297
18.	Lasbela	97,394	109,966	2,036	694	207,360	4,678
19.	Loralai	39,517	37,673	2,926	3,385	77,190	6,211
20.	Mastung	43,355	60,045	9,736	8,190	103,400	2,431
21.	Musa Khail	58,213	38,457	2,631	5,253	96,670	30
22.	Naseer Abad	49,953	50,206	810	886	100,159	4,889
23.	Noshki	35,798	36,484	1,263	1,448	72,282	5,106
24.	Panjgur	63,930	89,911	10,175	7,269	153,841	622
25.	Pishin	109,193	144,338	6,944	5,375	253,531	5,106
26.	Quetta	153,033	295,095	9,211	7,698	448,128	45,877
27.	Sherani	19,223	15,881	1,200	593	35,104	144
28.	Sibi	41,188	46,845	1,720	778	88,033	8,994
29.	Sohbat Put	71,254	70,099	1,363	1,320	141,353	9,208
30.	Washuk	69,897	66,838	3,519	4,076	136,735	4,080
31.	Zhob	42,727	47,857	2,247	1,789	90,584	310
32.	Ziarat	33,335	30,202	2,343	2,923	63,537	2,332
	Total	1,973,501	2,227,125	125,423	117,645	4,200,626	149,464

SOURCE: DHIS2/ DHIS REPORTs PPHI-B

8.5 Diagnostic Services:

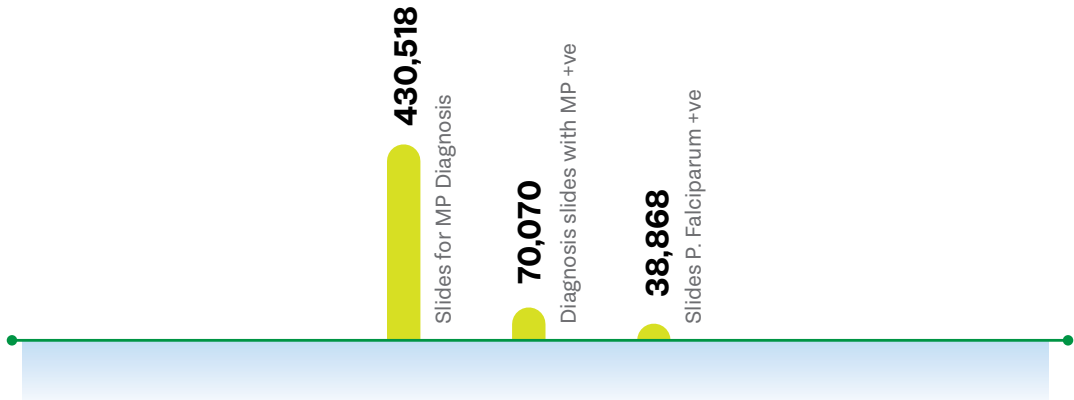
PPHI operates 127 pathological laboratories providing essential diagnostic services such as routine blood and urine examination, malaria testing, blood sugar analysis, typhoid



detection, pregnancy tests, AFB (TB care health facilities), and screening for viral hepatitis. Additionally, X-ray facilities are available at one Basic Health Units (BHUs) Rara Sham Musa Khail, Total 146 X-rays were conducted in 2024.

Ultrasound services are available at 39 Health Facilities included Maternal Child Health (MCH) Plus/Basic Emergency Obstetric and Newborn Care centers as other BHUs. Total 38,996 ultrasound scans were performed during the year. These diagnostic services play a crucial role in early detection, diagnosis, and treatment of various health conditions, contributing to improved healthcare delivery and outcomes for the population served by PPHI.

8.6 Test performed for Malaria MP



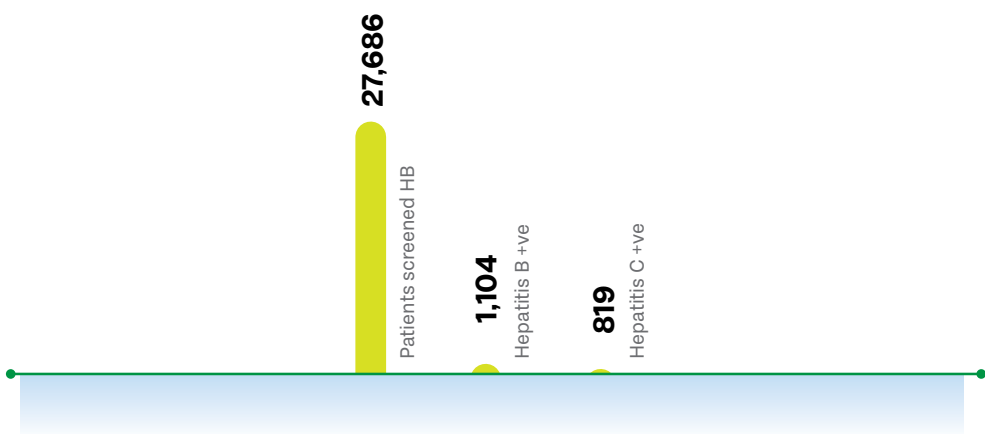
SOURCE: DHIS REPORT, PPHI-B

8.7 Test performed for Acid Fast Bacilli (AFB)

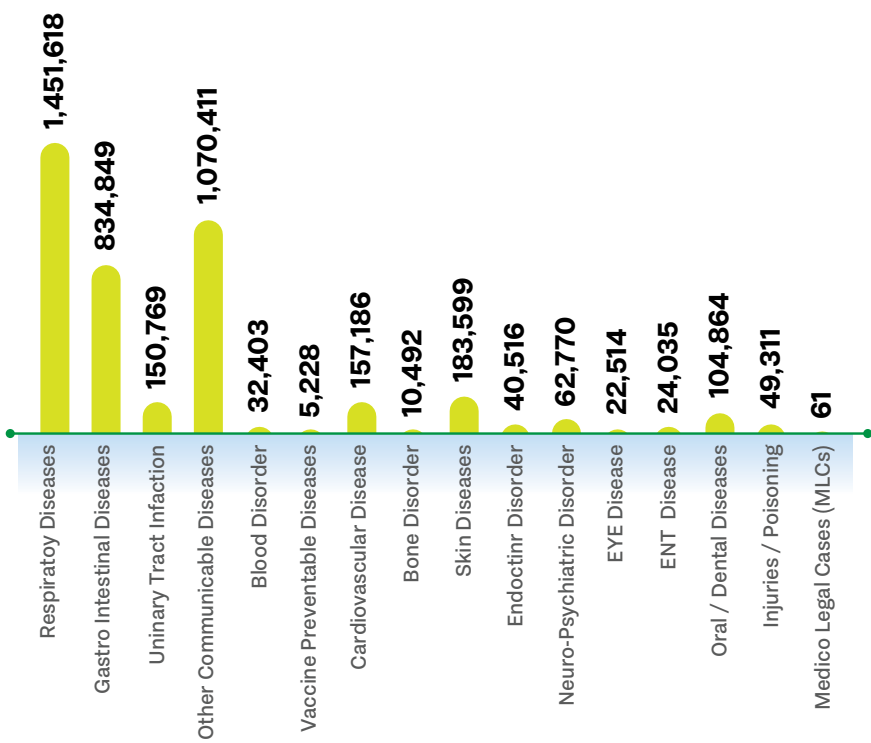


SOURCE: DHIS REPORT, PPHI-B

8.8 Screening for Hepatitis



8.9 PATTERN OF DISEASES



8.10 Communicable Diseases 2024

S.No	Category	Disease/Condition	Count	Proportion
1	Respiratory Infections	Acute (upper) Respiratory Infections	1,032,060	24.569
2		Pneumonia/ALRI (Acute Lower Respiratory Infections)	319,960	7.617
3		Cough more than two weeks (TB Presumptive)	6,155	0.147
4		Severe Acute Respiratory Infections	2,246	0.053
5	Gastro Intestinal Diseases	Acute Diarrhea (Non-Cholera)	490,665	11.681
6		Acute Watery Diarrhea/Suspected Cholera	3,837	0.091
7		Bloody Diarrhea/Dysentery	14,952	0.356
8		Suspected Enteric/Typhoid Fever	43,898	1.045
9		Worm Infestations	80,877	1.925
10	Urinary Tract Infection	Sexually Transmitted Infections	7,233	0.172
11		Urinary Tract Infection	143,536	3.417
12	Other Communicable Diseases	Acute Hemorrhagic Fever (including CCHF)	7,512	0.179
13		Suspected Malaria	362,353	8.626
14		Suspected Dengue Fever	833	0.020
15		Suspected Meningitis	546	0.013
16		Suspected HIV/AIDS	97	0.002
17		Suspected Influenza Like Illness	15,804	0.376
18		Suspected Viral Hepatitis	1,319	0.031
19		Chikungunya	97	0.002
20		Brucellosis	26	0.001
21		Chickenpox/Varicella	150	0.004
22		Gonorrhea	175	0.004
23		Mumps	705	0.017
24		Rubella (Congenital Rubella Syndrome)	36	0.001
25		Syphilis	127	0.003
26		Anthrax	80	0.002
27		Leprosy	168	0.004
28	Vaccine Preventable Diseases	Suspected Measles	4,153	0.099
29		Suspected Coronavirus	223	0.005
30		Suspected Neonatal Tetanus	134	0.003
31		Suspected Pertussis	112	0.003
32		Suspected Diphtheria	122	0.003
33		Suspected Polio	484	0.012
34	Skin Diseases	Scabies	127,720	3.040
35		Cutaneous Leishmaniasis	5,827	0.139
36	EYE Disease	Conjunctivitis	4,014	0.096
37		Pharyngitis	2,839	0.068
38		Re-Current Tonsilitis	9,947	0.237
39	Injuries / Poisoning	Dog bite	2,624	0.062
Total			2,693,646	64.125

8.11 CONTROL OF COMMUNICABLE DISEASES:

Pakistan grapples with a dual burden of disease, with a higher prevalence among the poor, many of them can be controlled through 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 hypertension.

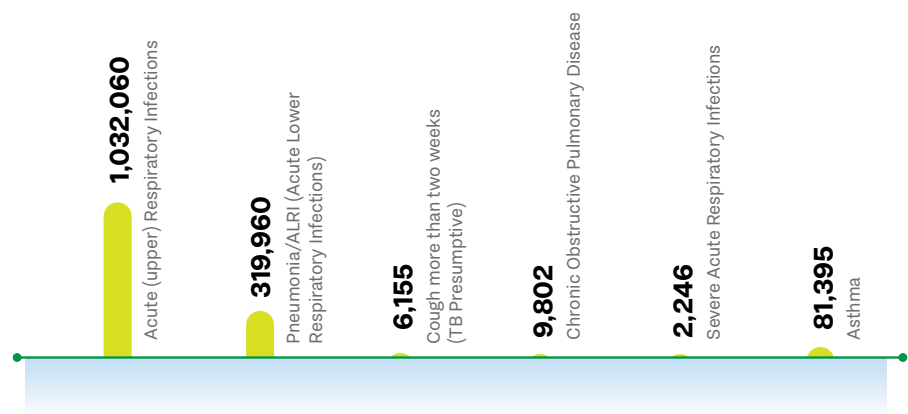
Pakistan remains one of the last two countries where polio is still endemic. Communicable diseases still remain a major public health concern and are the prime cause of morbidity and mortality, due to socioeconomic, environmental and behavioral risk factors, in Pakistan. Pakistan bears a significant portion of the regional burden of many communicable diseases, including HIV/AIDS, hepatitis B and C, (7.6% of the population) tuberculosis (5th highest burden of tuberculosis globally), and the burden of multidrug-resistant tuberculosis, also pose a significant regional threat. Pakistan is at high risk of epidemics due to communicable diseases because of overcrowded cities, unsafe drinking- water, inadequate sanitation, poor socioeconomic conditions, low health awareness and inadequate vaccination coverage. Vaccine-preventable, foodborne, zoonotic, health care-related and communicable diseases pose significant threats to human health and can threaten international health security.

Pakistan also grapples with high prevalence rates of underweight children, stunting, micronutrient deficiencies, and low birth weight babies. These factors contributed to elevated mortality rates among mothers and children specifically. These issues are particularly pronounced in Balochistan Province, 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 effectively managing basic health units, infrastructure and enhancing its utilization.

PPHI's annual report for 2024 revealed that 64 % of the disease burden recorded at Basic Health Units (BHUs) comprised communicable diseases. In Pakistan, communicable diseases contribute to approximately 41% of the total disease burden, while non-communicable diseases (NCDs) account for 59%. This means that NCDs impose the largest health burden in the. Respiratory infections (32.38 %), diarrheal diseases (12.12%), suspected malaria (8.62 %), urinary tract infections and sexually transmitted infections (3.58%), and scabies/skin infections (3.17 %) were among the major contributors. Childhood vaccine-preventable diseases accounted for 0.12% of the burden, primarily affecting children under five years old. Tuberculosis affected both children and adults.

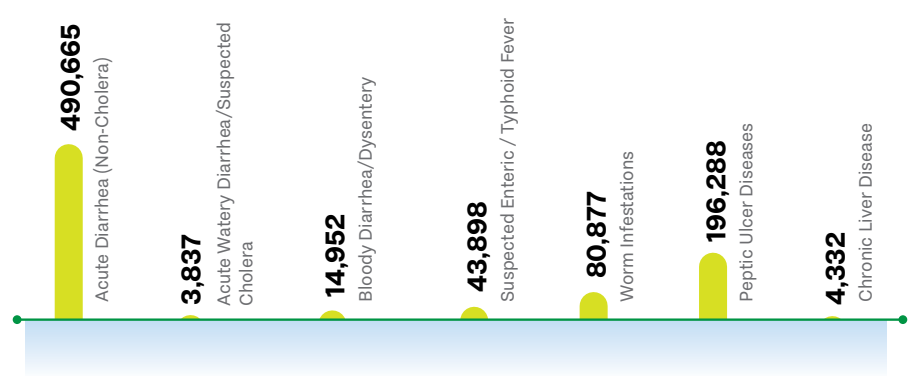
PPHI-B health force a proactive approach to disease control, treating existing medical conditions while also preempting disease onset through health education provided by social organizers and healthcare providers. Additionally, PPHI offers sustained vaccination services, examining every child visiting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

8.12. Respiratory Diseases



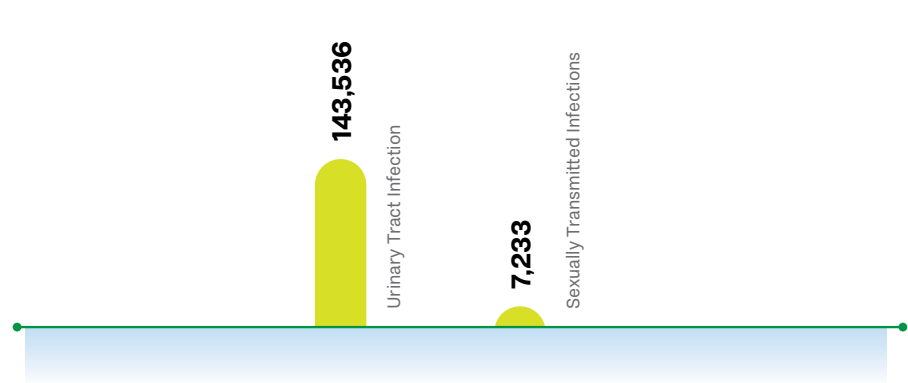
SOURCE: DHIS REPORTs PPHI-B

8.13 Gastro Intestinal Diseases



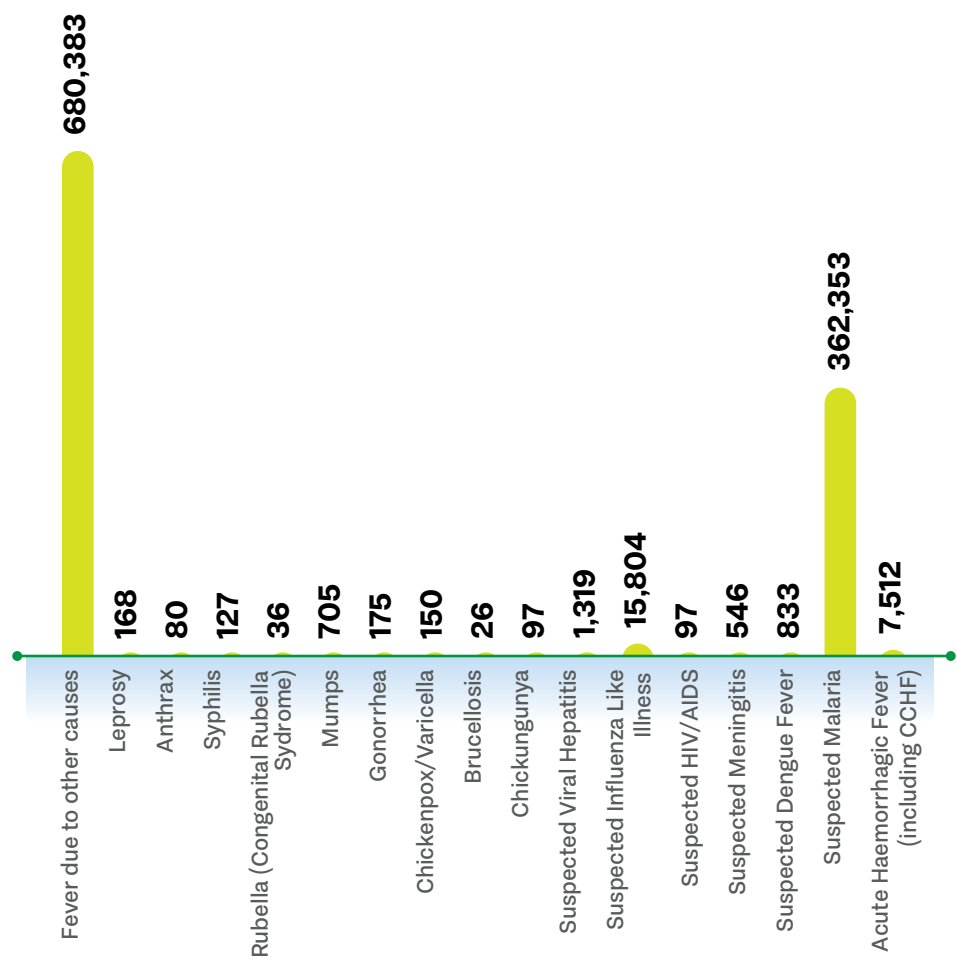
SOURCE: DHIS REPORTs PPHI-B

8. 14. Urinary Tract Diseases



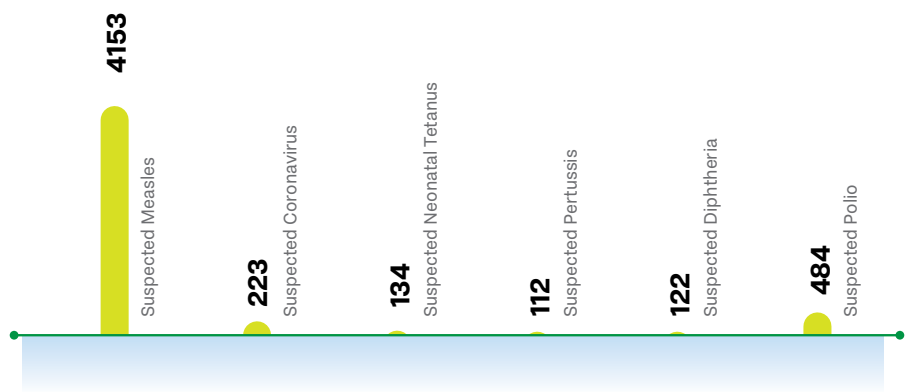
SOURCE: DHIS REPORTs PPHI-B

8.15 Other Communicable Diseases



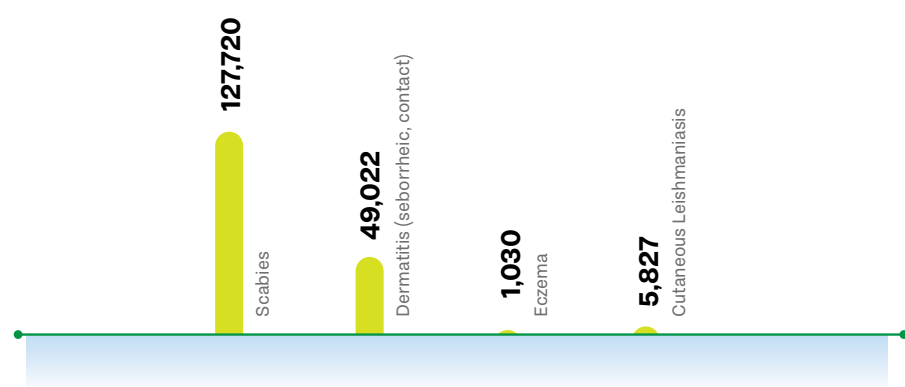
SOURCE: DHIS REPORTs PPHI-B

8.16 Vaccine Preventable Diseases



SOURCE: DHIS REPORTs PPHI-B

8.17 Skin Diseases

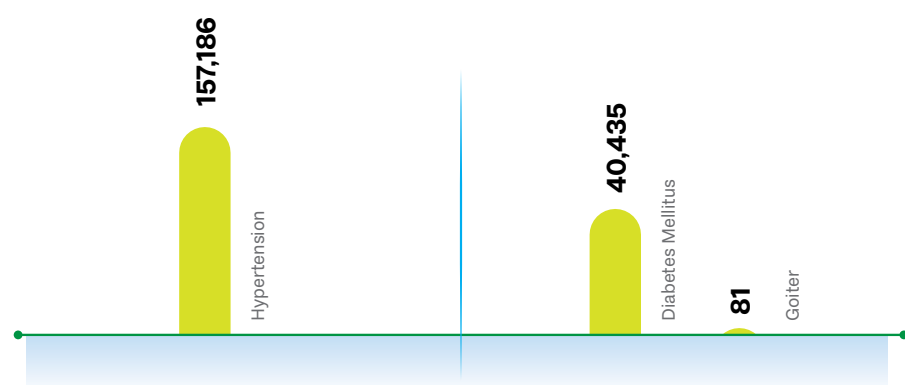


SOURCE: DHIS REPORTs PPHI-B

8.18 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 did not receive sufficient attention. Injuries represent 5.2% total disease burden and expected to increase by the factors e.g. Rising road traffic, urbanization, conflict, and civil unrest in Baluchistan.

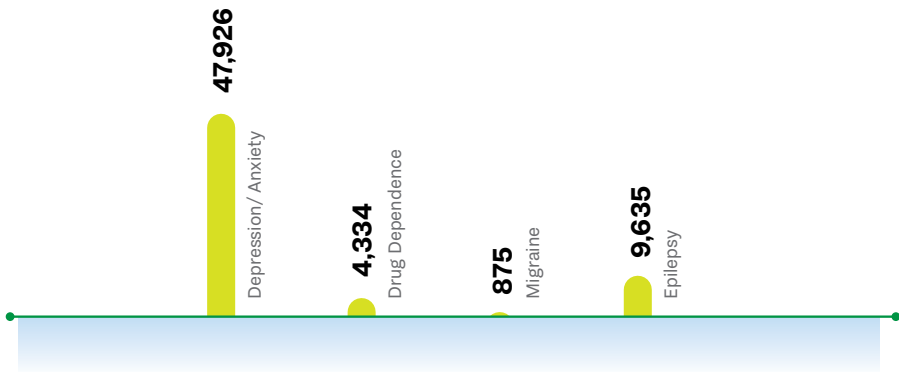
One in four adults over 18 years old has hypertensive, with high levels of smoking (38% among men and 7% among women). The burden of cancers and Chronic Obstructive Pulmonary Disease (COPD) is rising but remains largely unaddressed (fever due to other causes (14.66%). Factors like poverty, low literacy, 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.



In 2024, NCDs accounted for 36 % of the total disease burden at Health Facilities and Basic Health Units (HF/BHUs). Cardiovascular diseases accounted for 3.74 %, diabetes mellitus 0.96 %, neuro-psychiatric diseases 1.49 %, and road accidents 0.59 % of the total BoD. Other significant issues include rheumatoid arthritis, causes of blindness, and mental

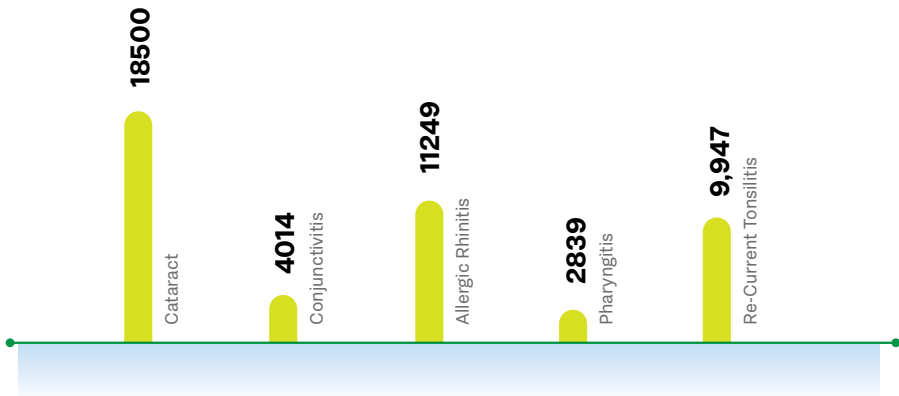
conditions associated with aging (geriatric problems), which are challenging to treat. Health education campaigns are seen the most promising approach to prevent these diseases from occurring, with effective promotion of healthy lifestyles being crucial in controlling NCD8.15. Cardiovascular diseases/endocrine diseases and Oral Diseases.

8.19 Neuropsychiatric Diseases

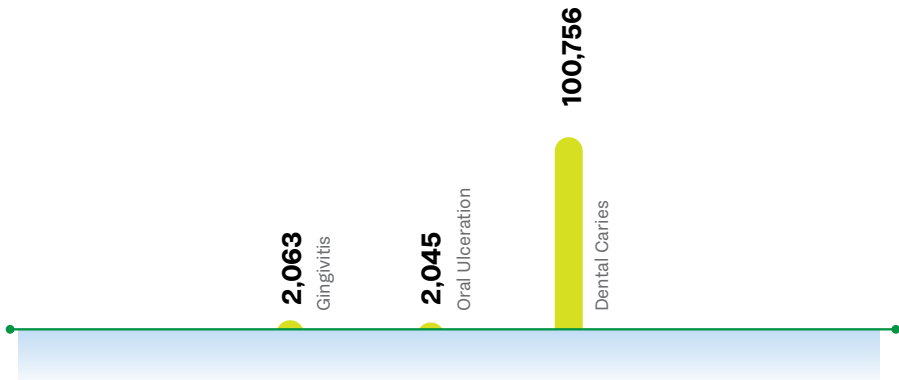


SOURCE: DHIS REPORTs PPHI-B

8.20 Eye & Ear Nose & Throat

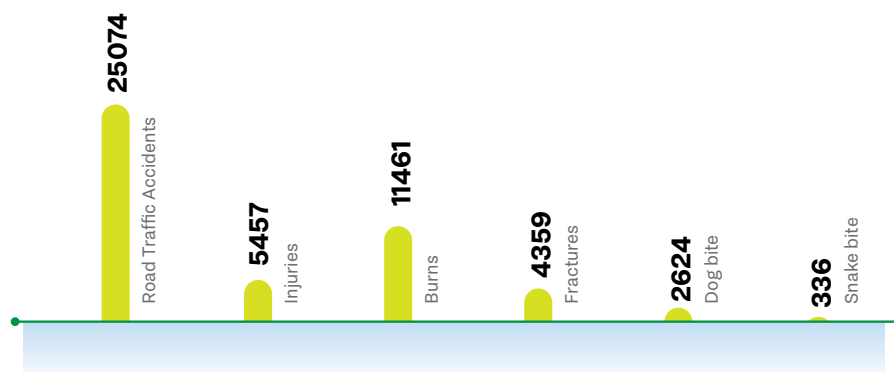


8.21 Oral / Dental Diseases



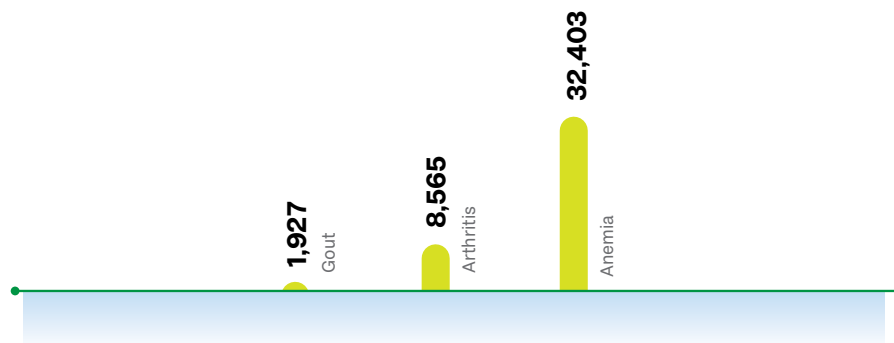
SOURCE: DHIS REPORTs PPHI-B

8.22 Injuries and Poisoning



SOURCE: DHIS REPORTs PPHI-B

8.23 Bone Disorder & Blood Disorder



8.24 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

8.25 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 to transport the patients to higher tier facilities.

8.26 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.

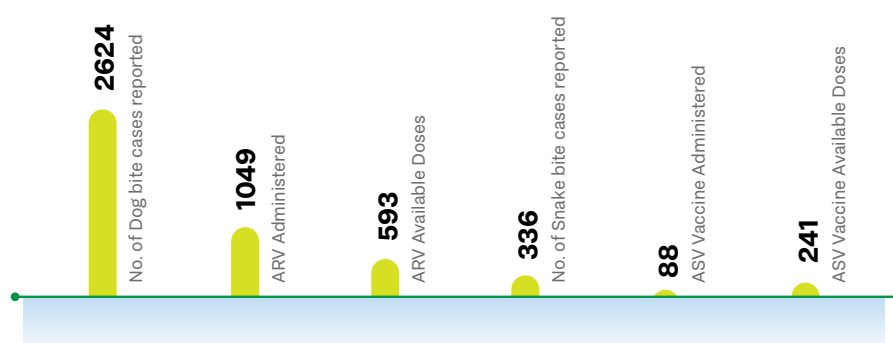
8.26.1 Overview of Dental Section, BHU Wahdat Colony Quetta

	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 Wahdat Colony District Quetta

8.27 Status of Anti Rabies Vaccine and Anti Snake Venom



SOURCE: F1 TO F13 REPORTING SYSTEM PPHI-B



Dog Bit Case Vaccinated at District Nasser Abad



Dog Bit Case Vaccinated at District Musakhail

8.28 Annual Trends of TB Cases in TB Care Health Facilities

S #	District	No of BH Us	BHUs Name	Current Status	Yearly Target	Positive Cases			Percentage
				Functional/ Non-Functional		Female	Male	Total Case	
1	Barkhan	2	Ameer Muhammad Rakhani	Functional	10	5	3	8	79
				Functional	97	47	49	96	99
2	Chaghi	1	Padag	Non-Functional	32			0	0
3	Chaman	1	Milat Abad	Functional	16	1	3	4	24
4	Dera Bugti	1	Pir Koh	Non-Functional	14			0	0
5	Gwadar	2	Phishukan	Functional	44	0	1	1	2
			Shado Band	Functional	43	1	1	2	5
6	Jaffrabad	2	Dera Allah Yar	Functional	20	6	3	9	44
			Cattle Form	Functional	15	9	12	21	145
7	Jhal Magsi	1	Kot Magsi	Functional	25	26	21	47	186
8	Kharan	3	Sarawan	Functional	23	5	12	17	76
			Hurrao	Functional	13	3	1	4	31
			Jungle	Functional	17	1	0	1	6
9	Khuzdar	1	Saroona	Functional	30	7	8	15	49
10	Kohlu	1	Tamboo	Functional	17	5	2	7	42
11	Lasbela	1	Ismailani	Non-Functional	26			0	0
12	Mastung	2	Dasht Kombaila	Functional	40	3	4	7	17
			Ashkan Roodini	Functional	21	5	4	9	44
13	Musakhail	2	Kingri	Functional	17	0	4	4	24
			Rarasham	Functional	26	2	2	4	15
14	Naseerabad	2	Hameed Khoso	Functional	35	2	6	8	23
			Allah Dad Umarani	Functional	35	11	14	25	71
15	Noshki	1	Kochal Mall	Functional	30	2		2	7
16	Quetta	11	Killi Kabir Tajik	Functional	54	3	2	5	9
			New Pashtoonabad	Functional	49	60	92	152	309
			Pashtoon Bagh	Functional	74	21	55	76	103
			Nasaran	Functional	10	70	61	131	1339
			Sraghurgi	Functional	49	0	2	2	4
			Nohsar	Functional	92	1		1	1
			Hudda	Functional	31	75	49	124	398
			Village Aid	Functional	97	49	59	108	111
			Ahmed Khan Zai	Functional	159	2	2	4	3
			Wahdat Colony	Functional	51	42	47	89	175
			Kechi Bag	Functional	121	80	124	204	169
17	Sohbat Pur	1	Manji Pur	Functional	52	11	20	31	59
18	Sibi	2	Sultan Kot	Functional	13	1	3	4	31
			Khajjak	Non-Functional	43			0	0
19	Surab	1	Lakhorian	Functional	21	1	5	6	28
20	Ziarat	1	Zindra	Functional	20	2	1	3	15
		39		35 F / 4 NF	1,584	559	672	1,231	78

Visual Recap: World TB Day Celebration by PPHI Balochistan



8. 29 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 Provincial Essential Medicines List, we streamline procurement and distribution processes, thus effectively managing healthcare costs.

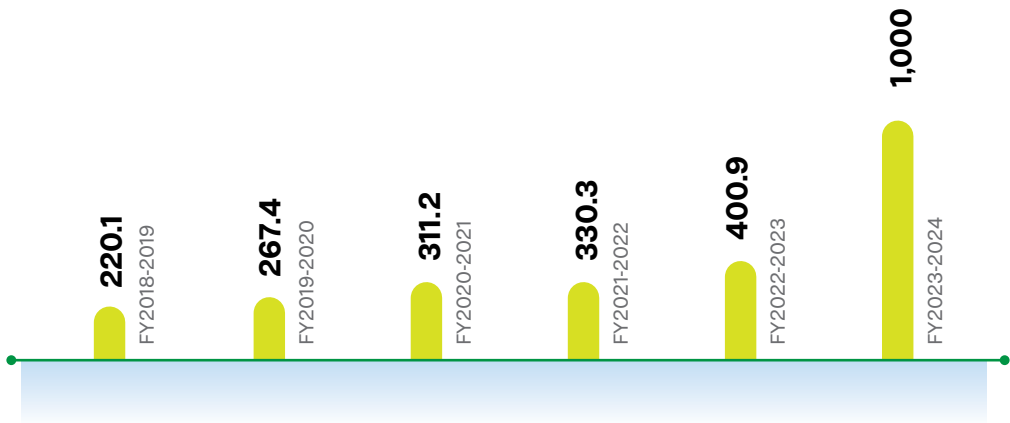
Provincial Essential Medicines List, developed in accordance with WHO guidelines, undergoes regular reviews to stay abreast of evolving healthcare needs. The current list, last updated in 2021, encompasses 266 for FLHCFs items tailored for different healthcare levels by the department of health, Government of Balochistan. Essential Medicine list 2021 was notified by Health Department, Government of Balochistan notified in April 22, 2025 had 202 items for FLHCFs with WHO guidelines.

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.

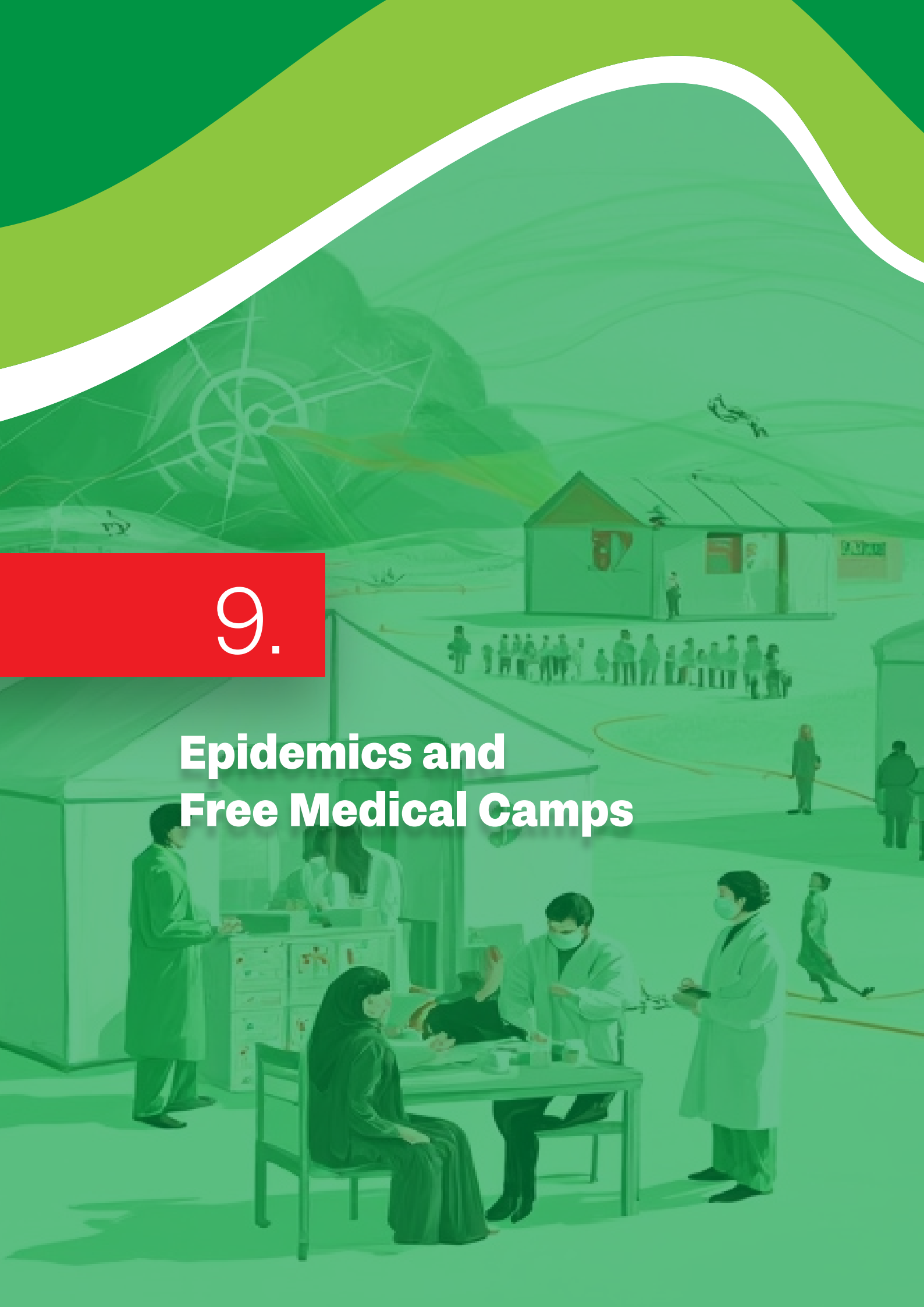
Challenges: Limited healthcare funding poses significant challenges in meeting the escalating demand for essential medicine. Despite the steady rise in demand, financial constraints necessitate a balanced approach to drug policy formulation to ensure sustainable provision.

In the fiscal year 2024-25, PPHI-B adopted a phased approach due to notifying the essential medicine list by Medical Store Deport (MSD) Government of Balochistan in phase 1 July 2023 and phase Jan-March 2025 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.

8.30 YEARLY ESSENTIAL DRUGS PROCURED Rs. IN MILLIONS



SOURCE: FINANCE SECTION PPHI-B



9.

Epidemics and Free Medical Camps



Epidemics and Free Medical Camps



Free medical camp organized by Zhob Malitia at BHU Tora Darga, District Zhob



PPHI-B along with IDSP at BHU Hanna Urrak, District Quetta



Free Medical Camp for flood affectees, District Khuzdar



Free Medical camp at BHU Chandia, District Sibi



DSM oversees PPHI's medical camp, enhancing healthcare delivery for the community, District Noshki



Free Medical Camp for flood affectees, BHU Noshera, District Jhal Magsi



Free Medical Camp at Village Kashnoob,
District Killa Saifullah



DSM Monitoring Free Medical Camp At
Turbat Tablege Ijtima Ghaa, District Kech



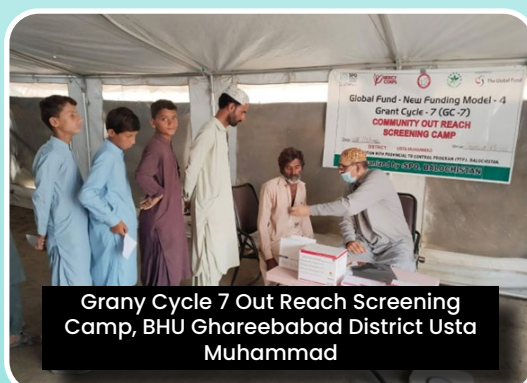
Free Medical Camp organized by PPHI-B,
District Kohlu



Free Medical Camp organized by PPHI-B,
District Jaffrabad



Free Medical Camp organized by PPHI-B,
District Chaman



Grany Cycle 7 Out Reach Screening
Camp, BHU Ghareebabad District Usta
Muhammad





10.

National Immunization Days and PPHI-Balochistan



National Immunization Days and PPHI- Balochistan

Pakistan, along with Afghanistan, remains one of the last two polio-endemic countries in the world. The World Health Organization (WHO), in collaboration with UNICEF and other key partners of the Global Polio Eradication Initiative, continues to support the Government of Pakistan in its efforts to eliminate polio. These collective efforts aim to make Pakistan a polio-free state and safeguard future generations.

Polio is a crippling disease and has no cure, but there is a safe and effective vaccine. The strategy to eradicate polio is therefore based on preventing infection by immunizing every child until transmission stops. In Pakistan, the program vaccinates over 40 million children during each national immunization day campaign through more than 285 000 frontline workers and targets specific high-risk areas with subnational immunization in areas where special focus is required to interrupt polio circulation.

A cornerstone of the polio eradication strategy is the need to ensure high (more than 80%) immunization coverage of children in the first year of life, with at least three doses of oral polio vaccine as part of national routine immunization schedules. While routine immunization alone cannot eradicate the disease, good routine oral polio vaccine coverage increases population immunity, reduces the incidence of polio and makes eradication feasible. If uniformly high immunization coverage is not maintained, pockets of non-immunized children build up, favoring continued spread and outbreaks of the poliovirus.

Polio-free countries must continue to ensure high levels of immunization coverage to prevent the re-establishment of poliovirus through importations from other countries. This can happen through international travelers, migrant populations or



population sub-groups who refuse immunization. An increasing number of industrialized, polio-free countries are using inactivated polio vaccine (IPV) in routine immunization schedules. IPV is not recommended for routine use in polio-endemic countries or in developing countries at risk of poliovirus importations as it does not stop transmission of the virus, and is more complex to administer and costly than oral polio vaccine.

PPHI-B plays a significant role in NIDs, SNIDs, and MR campaigns in 2024. BHUs are the headquarters of the majority of the Union Councils, where community-level polio eradication activities are carried out. PPHI-B regular and contract staff working in District Support Units and BHUs are fully involved in NIDs and SNIDs as zonal supervisors, area in-charges, team members, and fix center staff. Medical officers of the BHUs are in charge of the Union Councils, which are responsible for micro-planning and its implementation in NIDs. Every campaign is monitored and supervised by the district unit staff. The PPHI’s polio performance has been noted as outstanding in all districts, and it has been acknowledged by district administration and independent monitors.

10.2 Province Wise Polio Cases

Province	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Punjab	7	5	2	0	1	0	12	14	0	0	0	1
Sindh	10	30	12	8	2	1	30	22	0	0	2	23
Khyber Pakhtunkhwa	76	247	33	10	1	8	93	22	0	20	4	22
Balochistan	0	25	7	2	3	3	12	26	1	0	0	27
Gilgit-Baltistan	0	0	0	0	1	0	0	0	0	0	0	0
A. Jammu & Kashmir	0	0	0	0	0	0	0	0	0	0	0	0
Total	93	306	54	20	8	12	147	84	1	20	6	74

Source: WHO





Monitoring of Outreach Team, District Sohbat Pur



Monitoring of polio campaign, District Nushki



Monitoring of polio campaign, District Mastung



Monitoring of polio campaign, District Panjgur



Monitoring of BCU campaign, District Killa Saifullah



Providing Immunization Service at BHU Khajjak, District Sibi

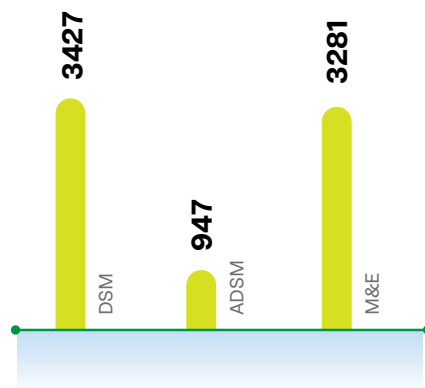


11.

Reporting, Monitoring and Supervisory Visits



Reporting Monitoring and Supervisory Visits



SOURCE: ODK REPORTING SYSTEM PPHI-B

Effective monitoring, evaluation, and review are essential in ensuring that priority health actions align with stated objectives and deliver the intended results. These functions enhance accountability, efficiency, and service quality within the healthcare framework.

11.1 Key Monitoring, Evaluation, and Review Functions

- ♦ Monitoring involves overseeing activities by collecting, tracking, and analyzing data against core indicators. This process ensures timely and accurate information, enabling immediate corrective measures.
- ♦ Evaluation assesses success against objectives by conducting a deeper analysis of expected versus achieved outcomes and the overall impact of services. The findings, recommendations, and lessons learned inform future decision-making.
- ♦ Reviews integrate evidence from monitoring and evaluation to gauge performance and progress. This process supports accountability, course correction, and resource optimization for continuous service improvement.



11.2 Supervisory Mechanisms, Medicine Availability, and ILR Management

The District Support Manager (DSM) and Monitoring & Evaluation (M&E) Officer conduct supervisory visits based on a standard checklist. The M&E Officer submits reports from these visits to the DSM, ensuring structured oversight of health facilities. While the standard checklist provides a robust framework, the supervisory system requires strengthening in terms of regularity and feedback to respective health facilities to enhance responsiveness and service quality.

Additionally, monitoring field reports now incorporate medicine availability data across the province, ensuring healthcare facilities maintain consistent stocks of essential medicines. Evaluating medicine shortages and distribution trends enables stakeholders to identify gaps and implement corrective actions, facilitating uninterrupted service delivery and optimizing healthcare resource allocation.

Moreover, the evaluation process now assesses whether ILRs (Ice Lined Refrigerators) are being managed properly to ensure effective storage of vaccines and essential medicines. Proper ILR functionality is crucial for maintaining cold chain integrity, preventing spoilage, and ensuring the availability of temperature-sensitive medical supplies. .

11.3 PPHI-Balochistan Commitment to Quality Healthcare

PPHI-Balochistan remains committed to reinvigorating the primary healthcare system despite adversities. Success is possible through the dedication of healthcare personnel in peripheral districts and strong support from stakeholders. The commitment of district support units and healthcare staff in remote areas is commendable, as they work tirelessly to improve health services despite operational challenges.

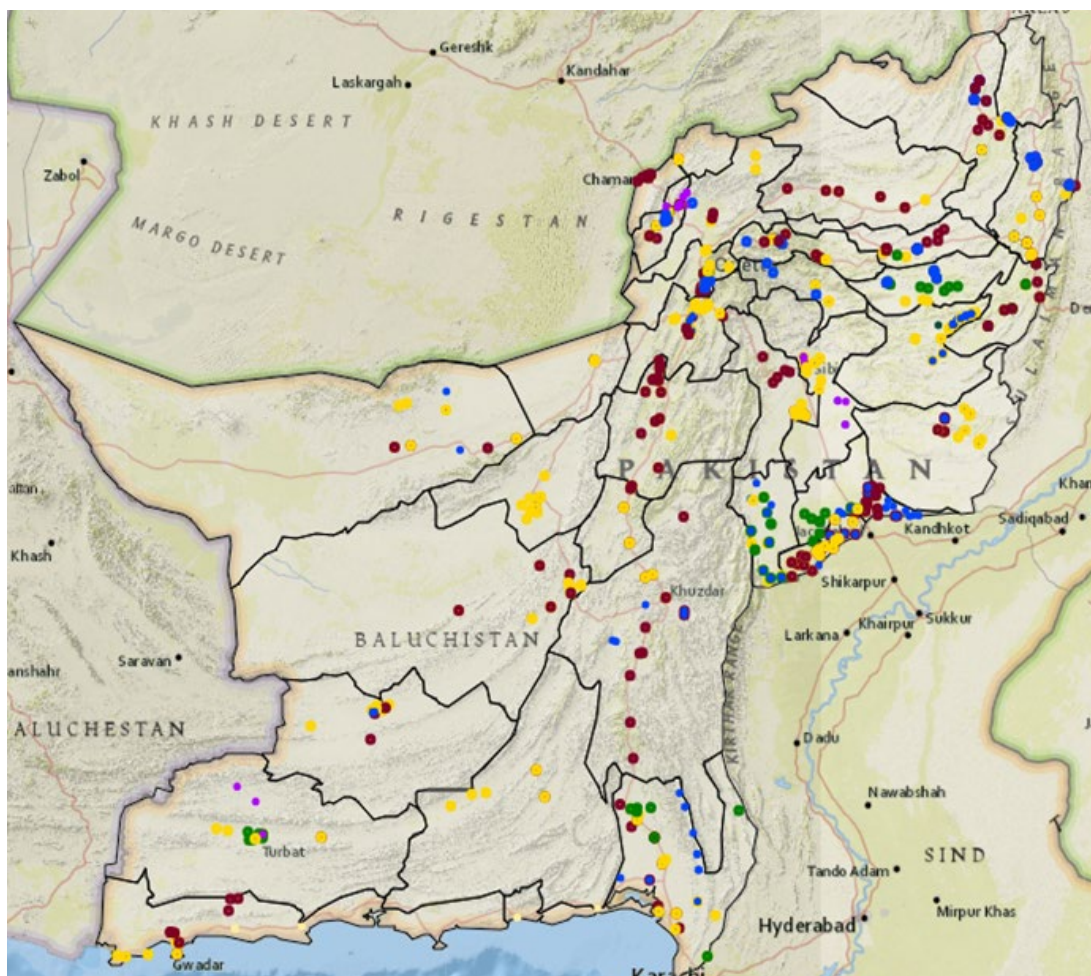
11.4 Advancing Digital Monitoring

To enhance transparency and efficiency, PPHI-Balochistan introduced a real-time GPS-based monitoring system in the last quarter of 2021. This digital platform enables real-time reporting of field activities, improving service accountability and oversight. The system allows stakeholders to track progress through a public dashboard, ensuring accessibility and data-driven decision-making. Additionally, digital monitoring statistics are utilized to evaluate field formations' performance, allowing for transparent reporting and enabling corrective measures to address gaps based on feedback. Learn more at PPHI-B Monitoring Dashboard <https://pphb.org/bs>



11.2 Field Activities

Source: 2024 PPHI-B Monitoring Dashboard





DSM and M&E Joint visit of BHU Aghbargai,
District Sherani



DSM and M&E Joint visit of BHU Chandar,
District Kachhi



DSM and M&E Joint visit of Telehealth
Center RHC Manjhoo Shori, District
Nasserabad



DSM Visit of BHU Killi Haji Khan, District
Pishin



M&E Officer, visit of BHU Azizullah SatakHzai,
District Jaffrabad



M&E Officer, visit of BHU Wahdat Colony,
District Quetta

Special Events



49th Extraordinary General Meeting of BoD PPHI-B chaired by Mr. Munir Ahmed Badini.



Quarterly Review District Meeting Chaired by CEO PPHI-B Hameedullah Nasar



PPHI-B in collaboration with UNFPA Pakistan arranged a sensitization seminar in commemoration with 16 Days of activism.



Representatives of UNFPA called CEO PPHI-B to discuss provision of healthcare services



Secretary Health Mr. Abdullah Khan along with CEO PPHI Hameedullah Nasar inaugurated Model Basic Health Unit Kechi Baig



DC Chaman accompanied by Director Monitoring & Evaluation PPHI-B Inaugurated BHU Shella Bagh Chaman



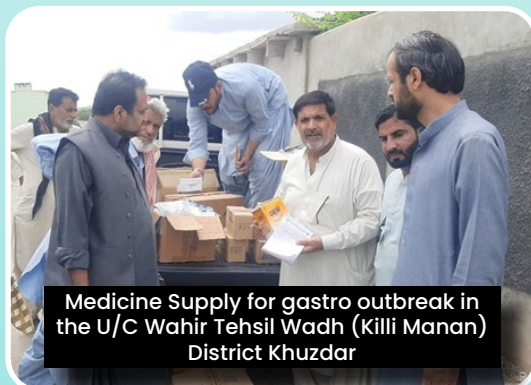


12.

PPHI-Balochistan at a Glance



PPHI-Balochistan at a Glance





MPA Dr. Nawaz Kibzai along Assistant Commissioner Inaugurated Labor Room of BHU Ali Khanzai, District Zhob



Commissioner Loralai Division along with Deputy Commissioner Dukki visit to BHU Nasarabad, District Dukki



IRC Coordinator shares the draft to develop HF infrastructures, District Chaghi



Deputy Commissioner Barkhan Inauguration of labor room at BHU Ameer Muhammad District Barkhan



World Malaria Day arranged by PPHI DSU Naseerabad



Dr. Fayyaz Ahmed Mastoi DHO Harnai inaugurated TB Lab in BHU Ghurmi, District Harnai



12.1 Partners of PPHI Balochistan

We extend our sincere gratitude to all our esteemed partners

for their unwavering support and shared commitment to improving public health. Your enduring trust and collaboration have enriched our mission in countless ways. In 2024, your support helped turn challenges into opportunities for impact.

We remain committed to advancing our shared goals in the years ahead.

 World Health Organization		
 USAID FROM THE AMERICAN PEOPLE	 The Global Fund To Fight AIDS, Tuberculosis and Malaria	
 THE WORLD BANK		 UNHCR The UN Refugee Agency
 INDUS HOSPITAL		 BRSP بلوچستان رورل سپورٹ پروگرام
 Muslim Hands UNITED FOR THE NEED	 OTVI Trust for Vaccines & Immunization	
 Islamic Relief Pakistan		 Pakistan Kuwait Investment Company (Private) Ltd.
 Balochistan Human Capital Investment Project Health	 Save the Children	



12.2 District Support Unit's PPHI-B

PPHI DSU Awaran Mr. Niaz Ahmed District Support Manager Near Old DHQ Hospital Main Turbat Road, Awaran 0856-511139 pphiawaran@yahoo.com	PPHI DSU Barkhan Mr. Ghulam Rasool Khetran District Support Manager Barkhan Main Rakhni Road Barkhan Near DPO Office, Barkhan 0829-668311 pphi.barkhan26@gmail.com	PPHI DSU Chaghi Mr. Wahab Baloch District Support Manager Near Tablighi Markaz, Dalbandin, Chaghi 0825-211826 pphi.chagai@yahoo.com
PPHI DSU Chaman Mr. Akram Khan Achakzai District Support Manager New DHQ , Near Judicial Complex, Chaman. 0826-618083 Pphichaman@gmail.com	PPHI DSU Dera Bugti Mr. Muhammad Asif Bugti District Support Manager Near Wapda Grid Station Sui Road Town, Dera Bugti 0835-410569 pphi_db@yahoo.com	PPHI DSU Dukki Mr. Mumtaz Ali Rind District Support Manager Nasarabad Road Near BHU Nasarabad, Dukki 0824-666129 pphidsuduki@gmail.com
PPHI DSU Gwadar Dr. Murshid Dashti District Support Manager GDA Colony Gwadar Near GDA School, Gwadar 0864-411022 pphigwadar@yahoo.com	PPHI DSU Harnai Mr. Alamgeer Achakzai District Support Manager Doctors Hostel #1 Labor Hospital, Harnai 0833-520095 pphiharnai@gmail.com	PPHI DSU Jaffarabab Mr. Tariq Shahbaz District Support Manager Near DHO Office Dera Allah Yar, Jaffarabad 0838-510330 pphidsujfd@gmail.com
PPHI DSU Jhal Magsi Mr. Shah Jahan Mengal District Support Manager Near Main Notal Road Gandawah 0837-430010 pphidsujhalmagsi@yahoo.com	PPHI DSU Kachhi Mr. Imran Khan Khajjak District Support Manager Bungalow No 01, DHQ Hospital Dhadar, Kachhi 0832-415791 pphi.bolan@yahoo.com	PPHI DSU Kalat Mr. Mujeeb Baloch District Support Manager Office Near Dhq Hospital Harboai Road, Kalat 0844-210678 pphidsukalat74@yahoo.com
PPHI DSU Kech Dr Muneer Ahmed Baloch District Support Manager Rakshan Street Turbat, Kech 0852-411209 PPHI.turbat@yahoo.com	PPHI DSU Kharan Mr. Noor Ahmed Kubdani District Support Manager Secretariat Complex Building No. 6 Girl'S College Road, Kharan 0847-510831/677 pphikharan@gmail.com	PPHI DSU Khuzdar Mr. Murtaza Ahmed Baloch District Support Manager Near Bolan Rest House Abdullah Shah Raod, Khuzdar 0848-413627 pphikhuzdar@gmail.com
PPHI DSU Killa Abdullah Mr. Zia Ur Rehman Khan District Support Manager Jungle Piralizai Near Deputy Commissioner Office And DEOC, Killa Abdullah 0333-7807248 pphika52@gmail.com		PPHI DSU Killa Saifullah Mr. Sohail Islam Baloch District Support Manager Bungalow No:03 Near DHQ Hospital, Killa Saifullah 0823-610754 pphidsuksf@ymail.com



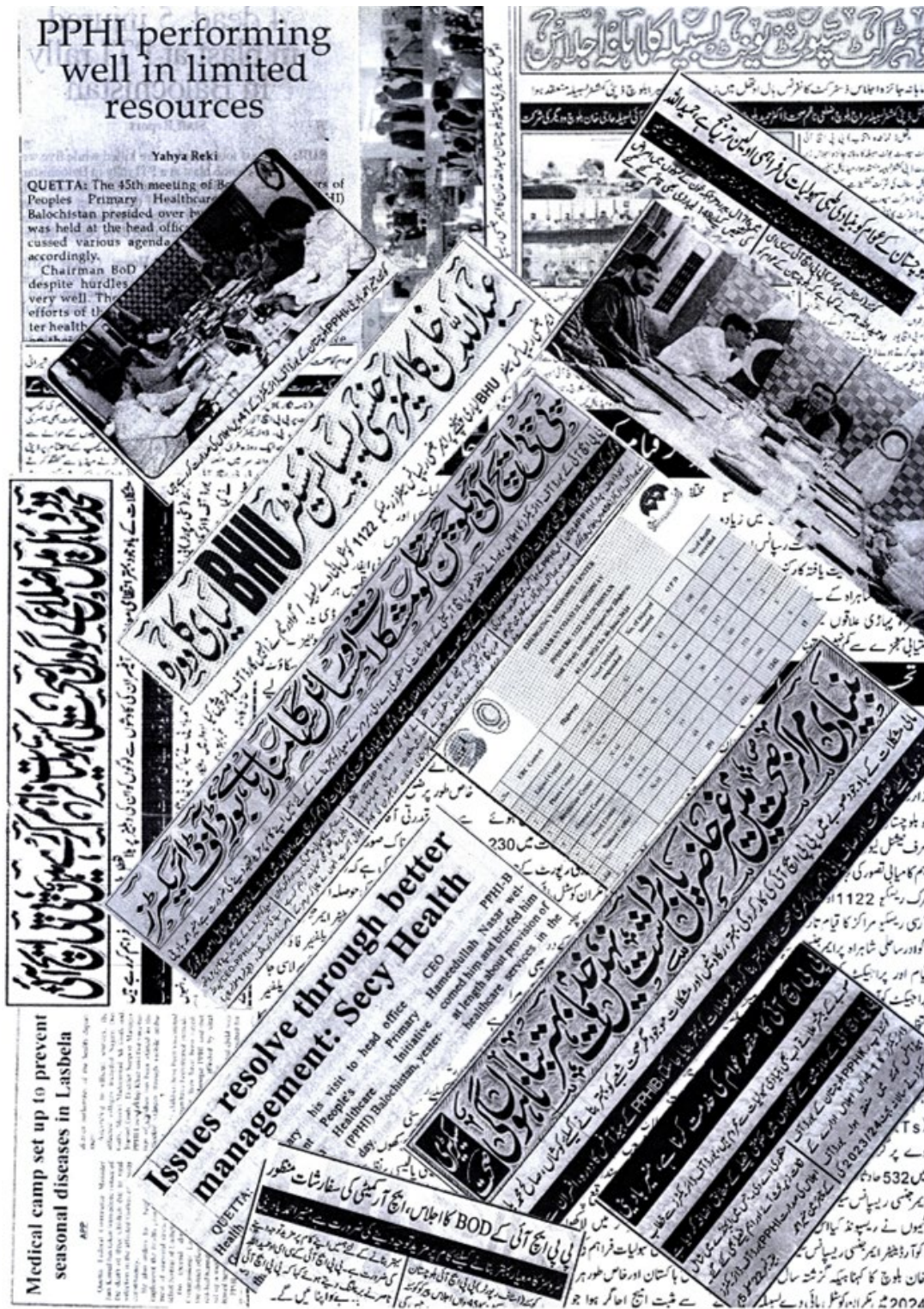
PPHI DSU Kohlu Mr. Muhammad Imran Faiz District Support Manager Near 50 Bed Hospital, Kohlu 0829-667017 pphidsukohlu@yahoo.co.in	PPHI DSU Lasbela / Hub Mr. Haji Khan District Support Manager Main RCD Road Opposite Uthal Police Station Uthal, District Lasbela. 0853-920161-2 pphiuthal@yahoo.com	PPHI DSU Loralai Mr. Farhan Khan District Support Manager Near Divisional Education Office, Commissioner Colony, Loralai 0824-400003 pphi.loralai@yahoo.com
PPHI DSU Mastung Mr. Riaz Ali Mengal District Support Manager DC Road Shahi Bagh, Mastung 0843-897350 pphi.mastung@yahoo.com	PPHI DSU Musakhail Mr. Muhammad Dawood Kakar District Support Manager Al Asmat House, Near Makki Petroleum Service Dgkhan Road, Musa Khail 0828-611059 pphi.musakhail@yahoo.com	PPHI DSU Nasserabad Mr. Faisal Iqbal Khosa District Support Manager Near Divisional Director Health Services, Dera Murad Jamali, Naseerabad 0838-711226 Pphi.naseerabad@yahoo.com
PPHI DSU Noshki Mr. Syed Humayun Shah District Support Manager Main RCD Road Near Government Dairy Form, Noshki 0825-874079 pphi.noshki@yahoo.com	PPHI DSU Panjgur Mr. Ikram Noor District Support Manager Near Social Welfare Office Airport Road, Chitkan, Panjgur 0855-641520 pphipgr@yahoo.co.uk	PPHI DSU Pishin Mr. Asmatullah Khan District Support Manager Near D.C Complex Sur Khab Road, Pishin 0826-440360 pphipishin@gmail.com
PPHI DSU Quetta Mr. Farid Panezai District Support Manager House No. 19-B Jinnah Town Samungli Road Quetta 0812-086628 dsuquetta@gmail.com	PPHI DSU Sibi Mr. Said Ali Bugti District Support Manager Mir Chakar Khan Road, Sibi 0833-413078 sibidsu@gmail.com	PPHI DSU Sohbat Pur Mr. Babar Jamali District Support Manager Tehsil Road Near Government Girls College, Sohbatpur 0838-603077 pphidsusp@gmail.com
PPHI DSU Surab Mr. Sardar Ali District Support Manager Killi Mirwani Road, Near Markazi Eid Gaah, Surab 0844-421799 pphisurab@gmail.com	PPHI DSU Usta Muhammad Mr. Usman Jamali District Support Manager Near DHO Office, Main Aliabad Road, Usta Muhammad. 0300-3979152 pphidsuusm@gmail.com	PPHI DSU Washuk Mr. Mushtaq Ahmed Baloch District Support Manager Green Town, Tehsil Basima, Washuk 0336-0330372 pphiwsk@gmail.com
PPHI DSU Zhob / Sherani Mr. Syed Aman Shah District Support Manager Banglow No 2, Near Grid Station, Zhob 0822-413627 pphizhob.sherani@yahoo.com	PPHI DSU Ziarat Mr. Nisar Ahmed Tareen District Support Manager Sarfaraz House, Near Levies Thana Civil Hospital Road, Ziarat 0833-560203 ziaratpphi@gmail.com	

12.3. PRINTING AND PUBLICATION

1. Quarterly Health Diary /Annual Report 2013	500
2. Quarterly Health Diary for Quarter 1- 2 and 3, 2014	1,500
3. Quarterly Health Diary Dairy /Annual Report 2014	500
4. Quarterly Health Diary for Quarter 1, 2 and 3, 2015	1,500
5. Quarterly Health Diary Dairy /Annual Report 2015	500
6. Quarterly Health Diary for Quarter 1, 2 and 3, 2016	1,500
7. Quarterly Health Diary Dairy /Annual Report 2016	500
8. Quarterly Health Diary for Quarter 1 and 2, 2017	1,000
9. Quarterly Health Diary Dairy /Annual Report 2017	500
10. Annual Report 2018	500
11. Quarterly Health Diary for Quarter 1,2 and 3, 2019	1,500
12. Annual Report 2019	500
13. Quarterly Health Diary for Quarter 1 and 2, 2020	1,000
14. Annual Report 2020	500
15. Biannual Report 2021	500
16. Annual Report 2022	500
17. Annual Report 2023	300
18. Training Manual for Social Organizers	60
19. DHIS Manual for Assistants	40
20.	
1st Taleem e Sehat aur Hifzan e Sehat	1,000
2nd Taleem e Sehat aur Hifzan e Sehat	1,000
3rd Taleem e Sehat aur Hifzan e Sehat	1,000
4th Taleem e Sehat aur Hifzan e Sehat	1,000
21. DHIS Material	
♦ OPD Tickets	19,167/100
♦ OPD Registers	766
♦ Stock Registers (Medicine)	87
♦ Stock Registers (Equipment)	46
♦ Maternal Health Registers	267
♦ Abstract forms	48/100
♦ Monthly reporting forms	9,312

- ◆ Lab Registers 29
- ◆ Family Planning Registers 33
- ◆ Obstetric Registers 40

12.4. News Highlights



PEOPLE'S PRIMARY HEALTH-
CARE INITIATIVE (PPHI)
BALOCHISTAN

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Email: pplibln@gmail.com
Website: <http://pphib.org>



PPHI BALOCHISTAN

If you have any kind of complaints
against PPHI-Balochistan, in your
area please call on, 081-2863623