PPHI Sindh

Quarterly Health Bulletin

Volume 5 No. 2(April-June 2016)



In this issue

Highlights of the Quarter
Featured PPHI Specials
Disease Alert
Performance Review April-June 2016

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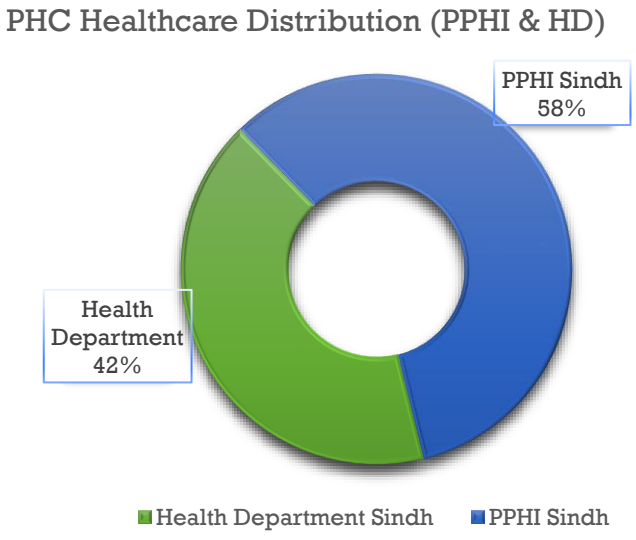
Mission 2016-17

- Overhauled integration of Preventive,Curative & Nutrition* interventions
- To reduce the maternal deaths by one fourth
- To reduce preventable deaths of newborns and children < 5 years by one third
- Improved control of the disease outbreaks
- To ensure the universal access to sexual and reproductive health-care services
- Revamped nutrition intervention*
- Strengthened and equipped infrastructure
- Value-added support to the vertical programs
- State-of-the-art modern warehouses
- Solarization of the 24/7 health facilities
- Upgraded online resource modules
- Online testing services for recruitment
- Upgraded online monitoring mechanism(MoM)
- Establishment of specilized Preventive & Curative wings
- Establishment of Research & Training Wing
- Public service mass campaigns
- Accredited postgraduate programs for the HCPs

*in selected districts

Welcome

PPHI Sindh is a Public-Private Partnership with the Government of Sindh (GoS). The first agreement for PPHI was signed back in February 2007 by Mr. Syed Sardar Ahmed, former Minister for Health. PPHI's journey started from District Kashmore and gradually expanded to 22 Districts of Sindh (excluding Benazirabad and 6 districts of Karachi). The need for partnership emerged because of a crucial need of time; GoS had an infrastructure of over 20 billion rupees for delivering Primary Healthcare (PHC) in the province. Tragically, this was either sub–optimally operational or altogether dysfunctional. This valuable infrastructure had to be made optimally operational therefore the government of that time decided "contracting–out" the management of government's PHC infrastructure to a Nonprofit Service Provider. This responsibility was first handed over to Sindh Rural Support Organization (SRSO) in 2007 and then to PPHI Sindh in 2013. The original design included integration of all vertical programs and transfer of the management of integrated PHC package. However, only the management of health facilities was transferred to PPHI while vertical programs were not relegated. PPHI Sindh is headed by a Board of Directors comprising of 9 members and 3 ex-officio members from GoS and run by an experienced management. PPHI management has recently expanded and established MNCH wing, Research & Training wing and a Media Cell, ensuring sustainable growth of the organization.



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A pregnant lady taken to BHU Plus Jeando Rind for basic obstetric care – PPHI Sanghar

Organizational Body

Board of Directors

Chairman

Mr. Fazal-ur-Rehman

Members

Mr. Muhammad Nazar Memon

Mr. Tasneem Siddiqui

Dr. Suleman Sheikh

Mr Farooq Haroon

Mr. Mushtaq Shah

Mr. Khalid. M. Soomro

Dr. Saeed Qureshi

Dr. Nighat Shah

Provincial Office

Chief Executive Officer

Dr. Riaz Ahmed Memon

Chief Operating Officer

Mr. Ghulam Ali Soomro

Chief Financial Officer

Mr. Muhammad Aqib Qureshi

Director Health Services

Dr Abdul Sattar Chandio

Director Procurement

Syed Shahid Ali

Principal Officer

Mr. Riaz Ahmed Jakhrani

Provincial Engineer

Mr. Ghulam Mustafa Malik

Company Secretary

Ms. Farah Yamin Khan

District Manager- Hq.

Mr. Iqbal Qureshi

Chief Auditor Executive

Mr. Hans Hussain Soomro

Legal Ad

Mr. Parvaiz Ahmed Memon

A Word by the Chairman

PPHI Sindh started its journey in February, 2007 with the objective of revitalizing health services in rural Sindh. The immediate goal was to ensure that health facilities were fully functional, providing health services to all persons within their reach. A dedicated and competent management team was hired, which embarked with full vigor to achieve this objective. Within a short time, facilities had regular attendance of doctors and staff as well as continuous medical supplies.

Owing to PPHI's efforts, health indicators, specially infant and maternal mortality have consistently improved. PPHI has focused on mother and child health and has continuously improved delivery coverage all over Sindh. It has set up round the clock delivery facilities at 24/7 MNCH Centers and implemented Infection Prevention Protocols. Family planning initiatives led by PPHI have successfully reduced family size whereas health awareness sessions have pushed communities to use the BHU as their main health provider.

Today, 1139 health facilities in 22 districts managed by PPHI are the main healthcare providers in rural Sindh. Many have labor rooms and ultrasound machines. Female doctors and PPHI trained midwives are available even in remote areas. Medicines are provided free of cost and lab tests are carried out regularly for all patients. Uninterrupted power supply is ensured by providing generators and moving towards solar energy solutions.

PPHI Sindh's achievements would not have been possible without the support of the Government of Sindh. The Government's cooperation has made it possible for PPHI to follow its mission and achieve phenomenal growth in a short span of time. Moreover, the commitment of PPHI's Board, management, staff and partners deserves appreciation who are dedicated to achieving the organization's objectives.

I believe that a dynamic organization like PPHI will continue to add value and become the leader in service delivery in Sindh. PPHI's work has made a sustainable impact in primary health, improving and saving lives of the marginalized in rural areas, who otherwise would have no means or access to basic healthcare. I foresee PPHI Sindh going from strength to strength and wish the best to the CEO, Dr. Riaz Ahmed Memon, the management and staff as well as all those who have extended their support and contributed to its success.

Fazal-ur-Rehman
Chairman PPHI Sindh

Acronyms

BHU Basic Health Unit

CPR Contraceptive Prevalence Rate

CSG Community Support Group

DHIS District Health Information System

DHQ District Headquarter

FMO Female Medical Officer

FP Family Planning

GD Government Dispensary

GoS Government of Sindh

HCP Healthcare Provider

HD Health Department

HF Heath Facility

HR Human Resource

HTN Hypertension

IUCD Intra Uterine Contraceptive Device

IYCF Infant & Young Child Feeding Practices

LHV Lady Health Visitor

LHW Lady Health Worker

MCHC Maternal & Child Healthcare Centre

MNCH Maternal, Neonatal & Child Health

MW Midwife

NSP Nutrition Support Program

NVD Normal Vaginal Delivery

OCP Oral Contraceptive Pill

OTP Out Therapeutic Program

PHC Primary Health Care

PNC Postnatal Care

POP Progesterone Only Pills

PPH Postpartum Hemorrhage

PWD Population Welfare Department

RHC Rural Health Centre

RUTF Ready to Use Therapeutic Food

SAM Severe Acute Malnutrition

SoP Standard Operational Procedure

SRSO Sindh Rural Support Organization

THQ Taluqa Headqaurter

ToR Terms of Reference

WHO World Health Organization

1. HIGHLIGHTS OF THE QUARTER



Nutrition project signing ceremony between NSP & PPHI Sindh – PPHI Head Office Karachi

1.1. Nutrition Program

On 16th March, 2016 PPHI entered into a contract with the Nutrition Cell (Government of Sindh) for the management of Severe Acute Malnourished (SAM) children in 9 districts of the province including Tharparkar, Umerkot, Sanghar, Badin, Tando Muhammad Khan, Larkana, Qamber, Jacobabad and Kashmore. It was agreed that PPHI Sindh would establish 270 OTP sites (where management of SAM children will done after identification) in 270 PPHI health facilities covering 259 union councils of the districts.

Once the contract was signed all foundation measures were done to gain some momentum to kick start the things in time. Initially major recruitment for the provincial positions was conducted including Project Coordinator, Project Finance Manager an MIS Manager. Likewise 9 District Monitoring Officers including 270 Nutrition Assistants were also recruited through a transparent thorough recruitment process. Total HR strength of the project is around 282 until now.

As per the agreement, NSP is responsible for the provision of specialized food, stationary, reporting tools and IEC material. So far they have only been able to provide commodities for Tharparkar and Umerkot districts. The rest of the districts would soon be operational subject to the availability of supplies by NSP. Screening for the identification of SAM children is ongoing in remaining 7 districts.

Management of SAM children in OTP is done with specialized food preparation called Ready to Use Therapeutic Food (RUTF). Until July, 2016, 866 SAM children in Tharparkar and 1024 SAM children in Umerkot have been registered and are under the management.

Major capacity building of the nutrition staff is also a responsibility of the Nutrition Cell. In this regard, Baseline trainings for Tharparkar, Umerkot and Tando Muhammad Khan districts have already been completed and the same is ongoing in remaining 06 districts.

Realizing that malnutrition is a multifactorial problem and needs a comprehensive approach, the OTP operation has been integrated with core service delivery and recently PPHI has also been given IYCF component for district Tharparkar.

What is Severe Acute Malnutrition (SAM)?

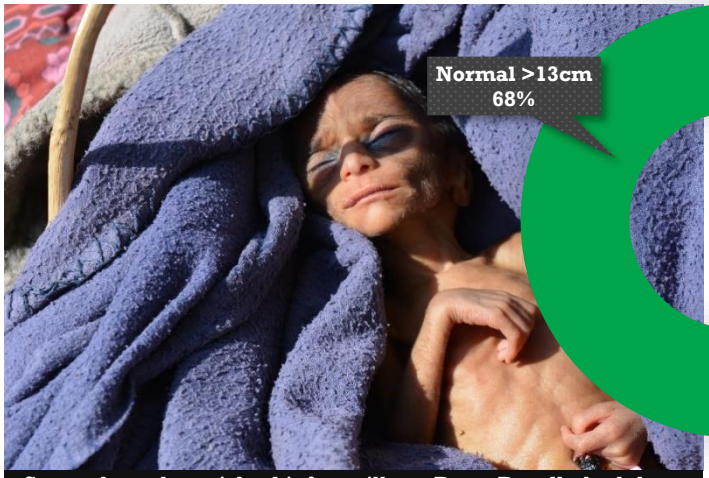
One billion people, or a seventh of the world's population, are hungry. When children from ages 6 to 59 months become severely hungry, they are nine times more likely to die as compared to a healthy child. These young children are said to suffer from Severe Acute Malnutrition (SAM), a condition that presents itself in the form of extremely low weight when compared to height, by visible severe wasting and/or the presence of edema. An estimated 20 million children are currently suffering from SAM. The statistics can be alarming and discouraging, however, SAM is not only preventable but also treatable with RUTF.

PPHI Nutrition Baseline Survey

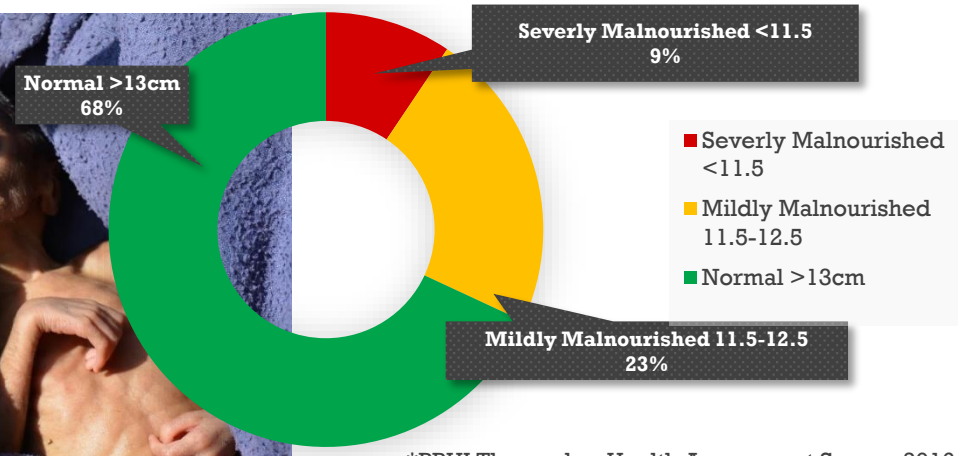
A total sample of 1766 children from ages 6 months to 5 years were screened for the MUAC during the Tharparkar Health Assessment Survey.
The survey suggests that around 8.7 percent of the children were severely malnourished followed by 20.8 percent of the children who were moderately malnourished, a total of 32 percent of the total screened children.



MAUC Screening during THAS 2016 - Village Kharsar Tharparkar



Severely malnourished infant village Dano Dandhal taluka Nagarparkar



*PPHI Tharparkar Health Assessment Survey 2016

What is Community based Management of Acute Malnutrition (CMAM)?

This approach, called Community based Management of Acute Malnutrition (CMAM), has proved to be extremely effective, becoming the preferred approach to tackling malnutrition. Prior to 2011, it used to be known as Community Therapeutic Care (CTC).

Before the development of CMAM, the traditional way of treating malnutrition was through therapeutic feeding centres, large centres where patients are admitted for an average of 30 days. Caretakers of malnourished children often have to travel long distances to access these centres, many having to leave the rest of their children at home for three weeks or longer.

Treating people in their homes

The central principle of CMAM is to treat malnourished children at home. As a result, it inevitably reaches more people than the traditional centre-based schemes.

Ready-to-use food

Children admitted to the program are provided with weekly medical treatment and given one week's supply of therapeutic food to take home. This vitamin-enriched food, called Ready-to-Use-Therapeutic-Food remedies SAM. Since it is oil-based, it has a huge advantage over traditional water-based mixtures. Even someone with no access to clean water can use it to nurse a malnourished child back to health.

Quality care

A family whose child is attending the program gets visited every week from community volunteers and outreach staff. This way the child's health is monitored, and the family is given tips on everything from breast feeding to personal hygiene.

Wider acceptance

The success of the CMAM approach has recently become more widely recognized. A number of UN organizations have now committed to use it. They have also recommended that governments should incorporate CMAM into their health and nutrition policies.

A new approach

One child dies every 10 seconds from problems related to malnutrition. By improving nutrition in the 1,000 days between pregnancy and a child's second birthday, we can help families, communities and countries break the cycle of poverty.

Curbing Malnutrition!

- Balanced Nutrition
- Exclusive breastfeeding may dramatically reduce infant morbidity and mortality. So Promoting the IYCF practices at the PHC level may play well.
- Health and hygiene practices.
- Practical SOPs for infection prevention.
- Optimized reporting of the burden of malnutrition may help in better tackling the issue.
- Emphasized promotive and preventive care rather than curative only.
- Mass sensitization of the communities regarding the vulnerability of the malnutrition through reinforced health education sessions.
- Close coordination of the vertical programs or organizational interventions for the malnutrition to augment the outcomes.
- Integration of the nutrition intervention into the core PHC services.
- School feeding programs may play well in curbing the burden.
- Capacity building of the healthcare providers so they can screen out the malnourished and help them by advising desired mediational supplementation and balanced nutrition.
- Active food regulatory authority to ensure the quality of the food manufacturing, confirming the right nutritional facts are printed on the packaging and controlling adulteration.
- Food fortification is of vital importance in decreasing the morbid burden.
-



A Female Medical Officer during MCPC Training – PPHI Khairpur Mirs

"Technical knowledge is of paramount importance as far as quality healthcare deliverance is concerned. PPHI Sindh has left no stone unturned for the long term sustainable capacity building of its HCPs and this is where we have the edge over the rest".

Dr Abdul Sattar Chandio
-Director Health Services, PPHI Sindh

1.2. Capacity Building…

Management of Complications in Pregnancy & Childbirth

A multiphase training program was conceived and materialized in this quarter where more than 345 HCPs have been trained. About 15% of pregnancies undergo some complications at one point or the other. If complications remain unidentified, this may lead to catastrophic consequences for maternal and newborn health. Given that the masses are living in rural suburbs of Sindh and have no access to PHC, we need extra effort to train the HCPs.

The HCPs have been mastered in most common maternal and neonatal complications that may really play well in decreasing maternal, fetal and neonatal morbidity and mortality. First three phases of the training have already been completed but spot revision and follow up is need based and an on-going process being replicated by the technical team of the district wherever needed.

Objectives

1) To build capacity of the HCPs to improve the quality of maternal, newborn and child health.
2) Early identification, initial management and timely referral.
3) To replicate the updated guidelines and protocols for the improved skills.
5) To reduce disease burden and mortality.

Trickle Down Training Framework

Phase I. Training of Trainers at Provincial Level (May 2016)
Phase II. Training of Medics at District Level by the Master Trainers (June 2016)
Phase III. Training of Paramedics by the Medics (July-August 2016)
Phase IV. Spot Revision & Follow-up (On-going)



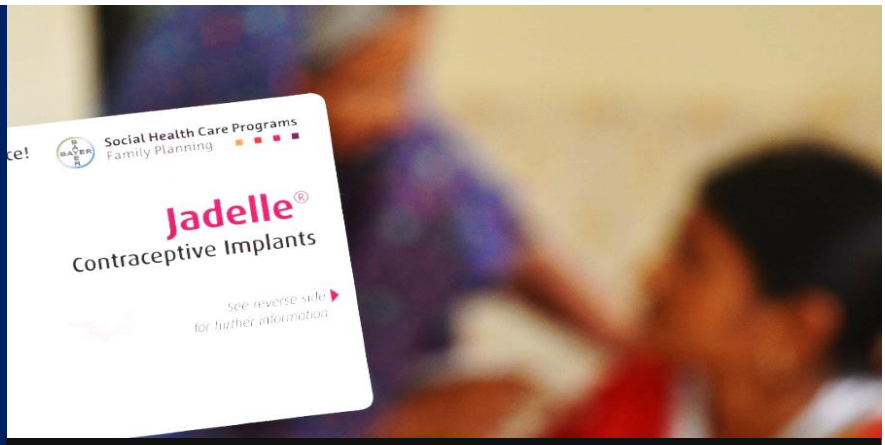
MCPC Phase 2 Training by the Master Trainers Region III & IV – PPHI Khairpur

Selected Modules of this MCPC

- Post-Partum Hemorrhage and its management at PHC
- Pre-eclampsia & Eclampsia
- Abortion
- Prolonged / Obstructed Labor and Use of Pantograph
- Puerperal Sepsis
- Shock
- Infection prevention Protocols
- Clinical Approach to the Patient with fever during pregnancy.

Key Facts

- Total Camps 275
- Total Family Planning Visits 21,506
- Jadelle 9,745
- IUCDs 1,711
- Injectable 3,836
- OCPs 3,825
- Condoms 22,090
- Tubal Ligation 88



A PPHI HCP counselling a FP client for Jadelle BHU Plus Rukan Bur'ra – PPHI Sanghar

1.3. 4th Family Planning Special Campaign…

21, 506 Family Planning Clients in the Campaign

Family Planning is a voluntary adoption on the basis of knowledge, attitude and practices by the couples. This gives them freedom to decide the size of thier family and the related standard of living. Consequentially, it promotes the quality of life, contributing to the social development of the nation.

PPHI is committed to reduce maternal and newborn mortality in Sindh and believes that this can be achieved by adopting effective family planning strategies. Furthermore, it aims towards accessibility of the quality of services in remote and rural areas to meet any unmet need. PPHI Sindh offers services in both short acting and long acting reversible contraceptives.

This quarter's family planning special campaign was observed from 9th to 12th May, where over 21,506 clients were entertained. The focus of these camps is on the Long Acting Reversible Contraceptives (LARC) i.e. Jadelle and IUCD. These camps are organized at selected PPHI health facilities, preferably 24/7 maternal and child healthcare centres. Both female and male medical officers are available for providing counselling and family planning services. Additionally, complimentary transport is also provided to clients who are willing to get the contraceptives. Awareness regarding FP camps is disseminated through electronic media, public service announcements in the mosques, religious sermons, community meetings, public awareness walks and more. Furthermore, community mobilization through LHWs is effective for the special FP campaigns.

A big number of 9,745 insertions were done during this 3 days campaign compared to a total sum of 4,190 in the first camp and is on the rise. Likewise 1,711 IUCDs insertions and 88 tubal ligations were also performed. These numbers are a result of good strategy, great team work and commitment to improve health indicators of Sindh.

""“Evidence suggests that family planning and access to contraception reduces maternal and child deaths. Therefore, at PPHI health facilities it is ensured that married couples are thoroughly counselled and they can walk in anytime at 24/7 facilities to get family planning services”.

Dr Zaib Dahar
-Senior Technical Advisor, PPHI Sindh


Jadelle Implant Insertion – BHU Plus Hatri PPHI Hyderabad



A Dervish at the Mela Qalander Lal Shahbaz Qalander – Sehwan Shareef

1.4. Medical Camp at Lal Shahbaz Qalander Fair

Thousands of devotees attending annual fair of Hazrat Lal Shahbaz Qalanadar at Sehwan every year. The existing infrastructure and resources of health department cannot meet the healthcare needs of the huge number of visitors. Keeping in view the casualties of the festivity last year, PPHI Sindh took an initiative to overcome the overwhelming vulnerable situation and arranged a 5-days emergency medical service for this grand event. PPHI Jamshoro had led the entire operation supported by PPHI Dadu. The campaign had one mobile medical camp, 6 fixed medical camps including heat stroke corners, multiple hydration corners throughout with an ample availability of medics, paramedics and quality provisions. Moreover there were 11 ambulances on standby for the immediate referral. The ultimate objective of the whole exercise was to minimize the causalities.

The camps furnished the curative and the preventive needs of the aficionados. The services included outpatient services, heat stroke management (indoor), emergency referral and provision of medicine and complimentary drinks and snacks.

PPHI Hyderabad and PPHI Tando Muhammad Khan were also hand-in-hand with PPHI Jamshoro to make this event a success.

	Name of Camp	Total OPD	Male OPD	Female OPD	Heat Stoke	Case Referral	ORS/Drinks Consumption (Ltrs / day)
1	Culture Dept Rest House	1,721	1,449	272	22	38	5600
2	Mono Tech College	1,385	1,221	164	1	19	3700
3	Eid Gah	505	436	69	15	11	2700
4	Jahaz Chowk	877	766	111	-	39	5600
5	TMO Bunglow	627	571	56	5	9	2600
6	Lal Bagh	1,443	1,179	264	-	42	5600
	TOTAL	6,558	5,622	936	43	158	25800

1.5. Health Promotion & World Health Days…

7th April World Health Day – Beat Diabetes

The theme for this year is Beat Diabetes – the number of people living with diabetes has nearly quadruples since 1980s to 422 million adults, with most living in the developing countries. WHO is marking this World Health Day by calling for action on diabetes.

422 million adults have diabetes. That is 1 person in 11. Diabetes can lead to complications in many parts of the body and increases the risk of dying prematurely. Key actions for everyone include: eat healthily, be physically active, avoid excessive weight gain, check blood glucose and follow medical advice.

World Health Day was celebrated at PPHI health facilities, different activities were planned in this regard to educate the people especially school health sessions were conducted keeping primordial prevention as a key priority.

422 million

About 422 million people worldwide have diabetes, a number likely to more than double in the next 20 years.

1.5 million

In 2012, diabetes was the direct cause of 1.5 million deaths. More than 80% of diabetes deaths occur in low- and middle-income countries.

90%

Type 2 accounts for around 90% of all diabetes worldwide. Reports of type 2 diabetes in children have increased worldwide.



World Health Day Celebrated at Shaheed Benazir Cultural Complex Mithi – PPHI Tharparkar

Highlights

- 4 International Health Days Observed.
- 4069 Health Education School & Community Sessions in the Quarter
- 6 Pre-defined Health Promotion Themes for the Quarter

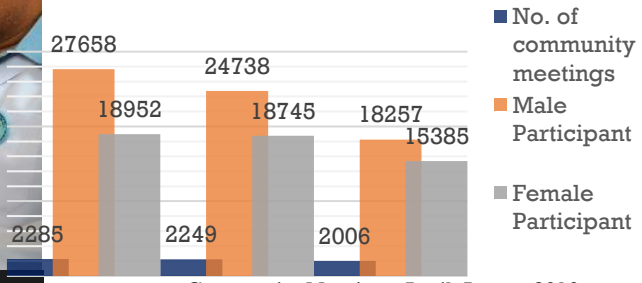
- Infectious Diseases - Control & Immunization
- World Health Day Special Activities at the HFs
- Tobacco Abuse & its Hazards
- Non Communicable Diseases & their High Trends
- Blood Borne Diseases & its Prevention
- Good Environment & Healthy Living

What are the risks of diabetes in children?

The frequency of diabetes is rising around the world, and studies have shown that children are at an increasing risk of developing the disease. Over time, diabetes can damage the heart, blood vessels, eyes, kidneys and nerves - causing chronic problems and early death.

Many countries are documenting a high number of newly diagnosed cases of type 1 diabetes, particularly in younger children. Interestingly, some disease patterns among children resemble infectious disease epidemics. Currently, there is no known way to prevent type 1 diabetes.

Recently, type 2 diabetes has increasingly been reported in children and adolescents, so much so that in some parts of the world type 2 diabetes has become the main type of diabetes in children. The global rise of childhood obesity and physical inactivity is widely believed to play a crucial role. Healthy eating and lifestyle habits are a strong defense against the disease.



Community Meetings April-August 2016

25th April World Malaria Day

This year's theme "End malaria for good" reflects the vision of a malaria-free world. The "World Malaria Day" offers an annual opportunity to highlight advances in malaria control and to commit to continued investment and action to accelerate progress against this deadly disease.

The ultimate objective of celebrating this day was to make people aware of how to control this common endemic disease by adopting simple preventive measures. This was also intended to make healthcare providers aware of the international treatment guidelines to avoid pervasive malpractice in treating the disease.



Community Health Session on World Malaria Day BHU Landhi – PPHI Sanghar

31st May World No Tobacco Day

WHO marks 31st May as World No Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco kills nearly six million people each year, of which more than 600,000 are non-smokers dying from breathing second-hand smoke.

According to WHO everyday over 3200 youngsters get into this addiction without knowing of its catastrophic consequences. It is high time we educate and sensitize the masses especially the youngsters to keep themselves away from this unhealthy habit.

Schools are in a uniquely powerful position to play a major role in reducing the serious problem of smoking and other tobacco use by youngsters as nicotine addiction may persist for a lifetime. PPHI used specialized health education sessions for youngsters to sensitize them regarding this grave concern and again the response was overwhelming as many pledged to fight against this social evil.

214 million

There were 214 million new cases of malaria worldwide in 2015.

438, 000 deaths

There were 438 000 deaths caused by malaria in 2015.

57 countries

Between 2000 and 2015, 57 countries achieved reductions in new malaria cases of least 75%.



School Health Session on No Tobacco Day RHC Uderolal – PPHI Matayari

6 million deaths

6 million deaths every year due to smoking and current trends show that tobacco use will cause more than 8 million deaths annually by 2030.

3200 Youngsters

Each day, more than 3200 people younger than 18 years of age smoke their first cigarette.

2.
PPHI
SPECIAL



Feathers of Peacock - Tharparkar Emblem

2.1. From the District Manager's Desk…

Featured District

District Tharparkar – Region Mirpurkhas

Tharparkar, where Marvi longed for her homeland & bestowed the history with an everlasting example of love for it, where drought and death is a recurring phenomenon, where sand dunes with traditional huts (Chaonras), trees, herbs & shrubs and Karoonjhar mountain ranges are nature's mesmerizing beauty, where the desert folks are still holding onto their customs spread over centuries and where people are still waiting for something miraculous to occur for changing their eternal fate. This 11th biggest sub-tropical desert of the world is one of the largest district of Pakistan with an area of over 19,389 Sq. km and an estimated population of 1,589,291. The consecutive droughts have adversely impacted lives, calling for an emergent and concrete strategy at the national level.



A classic *Thari* hamlet – Adhegam Tharparkar

About the District Manager

Mr Khalil Ahmed Saraz a graduate of Agriculture University Tandojam having Masters in Economics, previously worked as a section officer in Health and Finance department. Joined PPHI back in April 2014. Since then he has been posted in the drought ridden Tharparkar. Mr. Saraz has done exceptionally well especially during the drought emergencies declared within his tenure. Mr. Saraz is a calm and composed individual, who tackles the day to day affairs very shrewdly.



Mr Khalil Ahmed Saraz – PPHI Tharparkar

INTERVENTION OF PPHI SINDH IN THARPARKAR

PPHI Sindh took over administration of 31 BHUs in the year 2007 and 18 GDs in 2009. If compared to other Districts of Sindh, PPHI has only 21% share of total primary health care administration. However, the statistics over the years have shown that communities of rural Tharparkar have posed their trust upon PPHI Sindh and in that way, people of faraway catchment areas also benefit from the services. By taking a step further, 8 round-the-clock fully equipped MCHCs were established within the BHUs during the year 2015, making it a landmark achievement given the harsh dynamics, lowest percentage of female professional staff in Sindh and the lack of basic facilities.

PPHI Tharparkar is shortly adding 2 round-the-clock MCHCs and therefore a total of ten 24/7 health facilities in Tharparkar, with normal labor services. Currently, 8 BHUs are also working as 6/6 MCHCs. Additionally, 15 local females will also join PPHI Tharparkar health facilities after completing their Midwifery course in February 2017, which will certainly put a positive impact on the overall maternal & child health services.



Father brings her daughter for consultation at a PPHI Health Facility – PPHI Tharparkar

Tharparkar Quick Facts

Area 19,638 km^2(7,582 sqm)
Talukas 6, 48 UCs
Population (C1998) 914,291
Population (2013) 1,589,291
Population Density
46.6/km^2 (121/sq mi)
Literacy Ratio 18.3%

*Pakistan Bauru of Statistics

CHALLENGES & RECOMMENDATIONS FOR THE CHANGE

Vast desert, scattered population, lowest human development index and literacy rate, lack of health awareness, very low birth spacing, limited functional health facilities with professional staff and repeated spells of drought have made this district absolutely vulnerable to all kind of calamities and these conditions have even added more into the disease burden leading to raised maternal & child mortality.

Based on experience and extraordinary dynamics of Tharparkar, here are some very carefully worked out recommendations for improving social and health indicators in Thar:

- Functionalizing the closed schools along with initiating effective monitoring network.
- Provision of clean drinking water to all the areas, including Mithi and Islamkot.
- Provision of basic infrastructure, especially roads and electricity in rural Thar.
- Enhancement of MCHC facilities at primary health care level along with an ensured quality of emergency obstetric services at all THQs and RHCs.
- Modern & long-term family planning interventions on war footing.
- Establishment of Nutrition Stabilization Centres and nurseries with sufficient staff at all THQs.
- Filling the human resource gaps by providing the professional staff with sufficient wages, residential facilities i.e. staff colonies with all basic educational and health facilities at Taluka level, pick drop facility, etc.
- Improvement of the preventive health services on emergent basis, especially by completely over-hauling the immunization services.



A grandmother with her grandchildren en route to PPHI HF– Village Ratan Jo Tar Tharparkar



Dr Ishtiaque Ali Shah & Dr Shagufta Shah BHU Plus Malanhoor Veena – PPHI Tharparkar

2.2. PPHI Heros…

Featured Couple

BHU Plus Malanhoor Vena District Tharparkar

A highly motivated couple who were doctors decided to serve in Tharparkar under PPHI Sindh. It was December 2008, when they joined the 3 farthest health facilities of Islamkot Taluka. Though it was an enormous challenge for them to serve in such a far flung area, they served at these stations with absolute sincerity and succeeded in creating a strong impact by re-establishing the trust of communities in public institutions. Since January 2013 till date, they have been serving at BHU plus Malanhore Veena, which is a 24/7 MCHC with all the designated services providing maximum quality maternal & child healthcare at the rural level. Dr. Shagufta Shah is also serving in PPHI Sindh as a master trainer for standard/updated MCHC interventions.

Along with the mentioned services rendered by this couple, the MCHC Malanhore Veena has been serving the Organization as a training institute for new paramedic staff. Many of the LHVs/CMWs have been attached with Dr. Shagufta Shah for on-the-job training and skill development. This approach has very fruitfully contributed in improved performance during the past two years. Likewise, Dr. Ishtiaque Ali Shah has been a competent doctor vis-a-vis OPD, overall administration of BHU, ownership and especially the community and school health sessions.

The services to the community by this couple, during their tenure has been exemplary. They have truly set the trends for other health care providers, to serve the poor and deprived rural communities' in spite of all the hardships and challenging working conditions. PPHI Sindh honors and acknowledges their genuine services, as they are a real asset for the organization.

Personal Portfolio

Dr. Syed Ishtiaque Ali Shah and Dr. Shagufta Shah, a married couple of Medical Officers belonging to Hala Sindh. They have done their graduation from Liaqaut University of Medical and Health Sciences in the year 1996 and 2001 respectively. Dr. Shagufta Shah also went to AKUH Karachi for 1 year training program in Gynae and Obstetrics. After their graduation, they served at Agha Khan Maternal Care Centre for more than 02 years.

The couple have three children who are all studying in Army Public School Mithi.

Recently Mrs. Shah has got a postgraduate scholarship by PPHI Sindh jointly funded by PPHI and USAID.


Women waiting for doctor's consultation – BHU Kantio Tharparkar

Precautionary Measures for this Eid-ul-Adha

- Buy a healthy animal for the Sunnat-e-Ibrahimi.
- Try to wear gloves while checking the animals during buying.
- Don't take your children for buying an animal.
- Treat your animals with insecticide spray before you take them home.
- Minimize the contact of the children with the animals brought home.
- Try to cover full body, wear shoes and use tick repellents like DEET or Permethrin over the exposed parts of the body while getting in contact with the animals.
- Be safe with the animals and animal products, avoid blood tinged products during the slaughtering process.
- People involved in the livestock industry, such as agricultural workers, slaughterhouse workers and veterinarians are at high risk so they need extra care.
- In case of the mentioned signs and symptoms after H/o the animal exposure immediately seek medical advice.
- In case of any death due to CCHF apply safe burial practices.



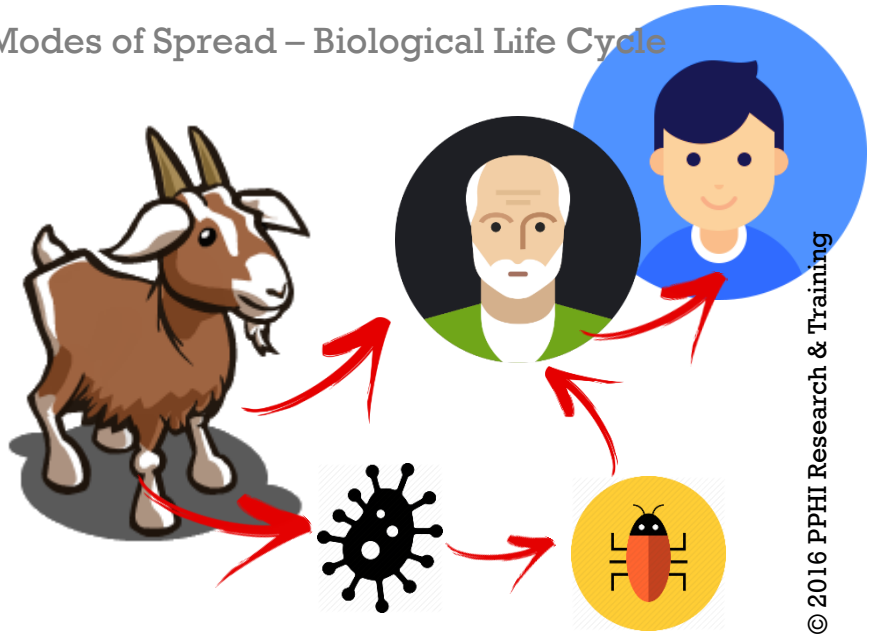
Tick Mite Vector for CCHF –Courtesy CDC

2.3. Disease Alert…

Crimean-Congo Hemorrhagic Fever

- CCHF virus causes severe viral hemorrhagic fever outbreaks.
- CCHF outbreaks have a case fatality rate of up to 40%.
- The virus is primarily transmitted to people from ticks and livestock animals. Human-to-human transmission can occur resulting from close contact with the blood, secretions, organs or other bodily fluids of infected persons.
- CCHF is endemic in Africa, the Balkans, the Middle East and Asia, in countries south of the 50th parallel north.
- There is no vaccine available for either people or animals.

Modes of Spread – Biological Life Cycle



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Treatment

Treatment is primarily symptomatic and supportive, as there is no established specific treatment. Ribavirin is effective *in vitro* and has been used during outbreaks but there is no trial evidence to support its use.



CCHF Characteristic Signs & Symptoms –Courtesy CDC

2.4. From the Readers Desk…



Congo Hemorrhagic Fever

کانگو بخار جان لیوا بخار ہے جو مویشیوں کی جلد میں موجود ٹکس (چیچڑ) کی وجہ سے ہوتا ہے ، اگر یہ ٹکس کسی انسان کو کاٹ لیں تو وہ انسان فوری طور پر کانگو بخار میں مبتلا ہوجاتا ہے ، "کریمین کانگو ہیمرجک فیور" ایسا بخار ہے جس کے جراثیم ایک متاثرہ شخص سے دوسرے صحت مند شخص کو فوری طور پر لگ جاتے ہیں ، یہ ایک متعدی بیماری ہے ، جس میں شرح اموات بہت زیادہ ہے ۔**اس بخار کا سب سے زیادہ خطرہ ان لوگوں کو ہوتا ہے جو لائیو اسٹاک ، زراعت اور ذبیحہ خانوں سے منسلک ہیں ، ایسے تمام لوگوں میں یہ بخار عام افراد کی نسبت زیادہ ہونے کا امکان ہے ۔

کانگو بخار ایک انسان سے دوسرے انسان میں خون ، متاثرہ شخص کے اعضاء ، رطوبت اور جسمانی تعلقات سے پھیلتا ہے ، جبکہ طبی عملے میں اگر انہوں نے اپنا حفاظتی لباس نا پہنا ہو انکو متاثرہ شخص کا علاج کرتے ہوئے یہ لاحق ہوسکتا ہے ، متاثرہ مریض کے لئے استعمال کئے گئے طبی آلات بھی اگر کسی بھی اور شخص کے لئے استعمال کئے جائے تو وہ بھی اس کا شکار ہوجائے گا ۔

اس بخار کی ابتدائی علامات کچھ یوں ہیں ، اگر ٹکس کاٹ جائیں تو تین سے نو دن کے درمیان بخار چڑھنا شروع ہوجاتا ہے ، پٹھوں میں درد ، تھکاوٹ ، گردن میں درد/اکڑاؤ ، آنکھوں کا سرخ ہو جانا اور ان میں درد ہونا ، دل کی دھڑکن کا بڑھ جانا ، جلد پر سرخ دھبے پڑ جانا شامل ہے ۔ اگر فوری علاج پر توجہ نا دی جائے تو جگر اور تلی بڑھ جاتی ہے ، ناک ، کان ، آنکھوں اور مسوڑوں سے خون رسنا شروع ہوجاتا ہے اور انسان کی موت واقع ہو جاتی ہے ۔

اگر بروقت علاج شروع ہوجائے تو صحتیابی ممکن ہے ، علاج میں دیر ہو جائے تو زیادہ تر کیسز میں مریض اس بیماری کے دوسرے ہفتے موت کے منہ میں چلا جاتا ہے ، اس سے بچاؤ کے لئے کوئی ویکسین دستیاب نہیں اس لئے احتیاط سے ہی اس بخار سے بچا جاسکتا ہے ۔

طبی عملہ بھی ہیمریجک فیور کے مریض کا علاج کرتے ہوئے اپنے ہاتھوں پر دستانے پہنے ، منہ کو ڈھانپے ، خصوصی جوتے پہنے اور آلات_جراحی استعمال کرتے ہوئے یہ حفاظت یقنی بنائے کہ انہیں یہ آلات ہرگز نا چبھیں اور نا ہی کسی اور پر استعمال ہوں ۔ اس کے ساتھ ساتھ مریض کو آئسولیشن وارڈ میں رکھا جائے اور دیگر مریضوں اور افراد کا داخلہ وہاں ممنوع ہو ، مریض کے زیر استعمال چادریں تولیہ اور دیگر اشیاء کو تلف کر دیا جائے ۔

اس کے ساتھ مریض کے لواحقین بھی ماسک اور دستانے پہن کر اس کی تیمارداری کریں ، اس کے خون اور یا کسی طرح کے بھی مواد کو ہاتھ نا لگائیں ، ہر کام دستانے پہن کر اور منہ ڈھانپ کر کریں ، مریض کی وہ اشیاء جو جراثیم آلود ہوجائیں ان کو تلف کر دیں ، اس کے بعد پورے گھر میں جراثیم کش اسپرے بھی کروائیں ۔

اس وقت پاکستان میں عید الاضحٰی کے موقع پر لوگوں کی بڑی تعداد میں مویشی بازاروں کا رخ کر رہے ہیں ، اس لئے اس مرض کے پھیلنے کا خدشہ اور بڑھ گیا ہے ، خریداری کرتے ہوئے اور مویشیوں کی دیکھ بھال کرتے ہوئے پورے آستین والی قمیض پہنیں ، ہاتھوں پر دستانے پہنیں ، منہ کو ماسک سے ڈھانپ لیں ، ہلکے رنگ کے کپڑے پہنیں کہ اگر کوئی چیچڑ کپڑوں پر چپک جائے تو نظر آجائے ۔ جوتوں کے ساتھ جرابیں پہن لیں ، ہاتھ جراثیم کش صابن سے دھوئیں ، جانور کو باندھنے والی جگہ پر چونے کا چھڑکاؤ کردیں ۔

مویشیوں کا کاروبار کرنے والے اپنے جانور رکھنے کی جگہ پر اسپرے کروائیں ، جانوروں کا ڈاکٹر سے معائنہ کروائیں ، کسی جانور پر بھی ٹکس نظر آئیں تو اس کو فوری طور پر الگ کردیں ورنہ باقی جانور بھی بیمار ہو جائیں گے ۔جانوروں پر چیچڑی کی افزائش روکنے والے اسپرے کریں یا پاوڈر کا چھڑکاؤ کریں ، اس ضمن میں انتظامیہ محکمہ لائیو اسٹاک اور ویٹس معاون ثابت ہوسکتے ہیں ،ان سے مکمل آگاہی کے بعد جانوروں کے بیوپاری احتیاطی تدابیر یقینی بناسکتے ہیں ۔

قربانی کا جانور لینے سے پہلے یہ دیکھ لیں کہ کہیں جانور بیمار تو نہیں یا اس کی جلد پر ٹکس تو نہیں چپکی ہوئیں ،جس وقت قربانی ہو تو اس وقت جانور کے خون اور آلائشوں کو ہرگز ہاتھ نا لگائیں ، منہ بھی احتیاط کے طور پر ڈھانپ لیں ، جانور ذبح کرنے کے بعد آدھا گھنٹا انتظار کریں تاکہ جانور میں سے خون نکل جائے پھر کھال اتاریں اور گوشت بنائیں ، خون ہرگز بھی اپنے جسم اور منہ پر نا لگنے دیں ۔

قربانی سے فارغ ہو کر نہا کر کپڑے تبدیل کریں ، ہرگز بھی مویشیوں کی آلائشوں کو آبادیوں اور سڑکوں پر نا پھینکیں ، انہیں محکمہ صحت کے بتائے طریقوں کے مطابق تلف کریں ، گوشت کو اچھی طرح پکا کر کھائیں ، اگر کسی بھی شخص میں کانگو فیور کی علامت دیکھیں تو اس کو فوری طور پر اسپتال لائیں ، بروقت علاج سے بہت سی جانیں بچ سکتی ہیں ۔

2.5. From the Researchers Desk…

Water pipe (Sheesha) Smoking

- An Emerging High Risk Behavior among the Youth

Dr Bahar Ali Wassan[1], Dr Aneela Ata-ur-Rahman[2]

1. PPHI Sindh 2. Liaquat University of Medical & Health Sciences Jamshoro

Background & Aim

Across the globe water pipe smoking has gained popularity in the last decade. However the trend has been an old rural tradition bound to elderly in the subcontinent but now this has reemerged into a modern outfit intruding the metropolitans captivating the youngsters and this drift is on the go.

Water pipe is a single or multi-stemmed instrument for vaporizing and smoking flavored tobacco called sheesha in which the vapor or smoke is passed through a water basin often glass-based – before inhalation.

According to WHO, water pipe smoke has high concentrations of toxic substances like carbon monoxide, heavy metals, carcinogens and potentially addictive levels of nicotine and it also states that smoking using a water pipe poses a serious potential health hazard. The average water pipe session typically lasts more than 60 minutes, and consists of 75 to 250 inhalations that each range from 0.15 to 0.50 liters of smoke and users consume about 100 to 200 times the volume of smoke of a cigarette.

Effects of smoking on human health have been studied extensively worldwide and water pipe smoking is relatively a new concept in our country and there are many ambiguities regarding this so this study aims to find out the perceptions of water pipe smokers, educating them and suggesting suitable recommendations.

Material & Methods

An observational cross-sectional interview based study conducted in the various sheesha cafes of Hyderabad as per the standard research protocols. Right now there are about 9 sheesha cafes in Hyderabad, total 100 water pipe smokers were approached 32 refused to be interviewed so the total respondents were (n=68) and the sampling was done by convenience sampling.

Results

Among all the smokers the minimum age was 14 years, maximum was 43 with a mean and standard deviation of 24.19± 6.38(SD) respectively, most of the respondents were male with 94.1%(n=64) while 5.9%(n=4) were females. About 58.8 %(n=40) were cigarette smokers too. The leading driving factor for starting the water pipe was found to be curiosity 41.2(n=28) followed by status symbol 26.5 %(n=18). Only 25%(n=17) of smokers were aware of the water pipe contents(ingredients). Around 50.0 %(n=34) of the water pipers said they come on weekends to the cafes, just to chill with friends 57.4 %(n=39) and 29% (n=29) had developed addiction. When they were asked about health hazards of water pipe smoking 64.7% (n=44) said yes to it but most of the smokers denied any long term impact over its prolonged use 67.6(n=48). The most favorite flavor was found to be Blue Mist (Mint) among 55.9 %(n= 38).

Conclusion

The water pipe smoking is emerging fast among the youth including a large proportion of teenagers. This phenomenon is thought to be adopted as a status symbol and curiosity is the most common driving factor for the starters. Most of the people lack awareness about it and majority of the smokers deny its dangerous effects over prolonged consumption.

Keywords

Water pipe, Emerging Trend, Youth, Potential Health Hazards, Nicotine, Carcinogens.



Key Findings

- The minimum age was 14 years, maximum was 43
- Most of the Sheesha smokers were males
- The leading factor to start the water pipe was CURIOSITY 41.2%, following taking it as Status Symbol 18%
- Over 64% of the Sheesha smokers were aware of the health hazards

Recommendations

Sheesha Cafés should be banned ideally if not;

- That must be registered & regularized for check
- The Sheesha Cafés should be obligated to serve the Sheesha to the adults(18+) only
- The Cafés must have Warning Signs in the Smoking Area
- The Sheesha should be brought under the High Taxation Net
- Health education programs must be instituted among the youngsters
- Legislation must be done for the Jurisdiction

3. QUARTERLY PERFORMANCE REVIEW

Services at PPHI Health Facilities

- Treatment of Common Diseases
- Maternal & Newborn Care Services including Antenatal Care, Nutritional Supplementation, Basic Emergency Obstetric Care, Postnatal Care, Emergency Referral Mechanism for Obstetric Emergencies, Ultrasonology
- Provision of Essential Drugs
- Immunization
- Family Planning including Counselling on Cafeteria Choice
- Control of the Endemic Diseases & Research
- Health Education via Community and School Health Sessions
- Basic Laboratory Services
- Radiography at Selected Centres
- Promotion of Food Supply, Water Supply & Sanitation

3.1. This Quarter Performance - A Quick Review...



5,465,162 Outpatient Visits

Over 5.4 million OPD visits in the quarter with ensured quality diagnosis, treatment and management as per guidelines.

921,563 Follow Ups



Good follow up amounts to quality healthcare deliverance. Ideally all the new cases must be followed excluding few exceptions to this rule.



123,123 Antenatal Visits

Antenatal care is an essential part of pregnancy and should start as soon as one finds out they are expecting. Having a healthy pregnancy is one of the best ways to promote a healthy birth.

20,666 Normal Deliveries



Most of the ladies were pre-booked during all ANC checkups including all services such as deworming, iron and folic acid supplementation. 989 High risk pregnancies were closely followed and were referred for comprehensive emergency obstetric care.



100,885 Family Planning

Good family planning strategies have remarkable impact over the quality of life, reducing maternal and neonatal morbidity and mortality, ultimately contributing to positive health outcomes.

32,684 Postnatal Visits



Postnatal care is of great importance as it helps the mother and the baby to achieve optimal health.



74,529 Fully Immunized

The main objective of quality immunization is to assure the provision of the quality immunization services that promote, protect and preserve the children against the vaccine preventable diseases.

607,531 Laboratory Tests



Accurate and reliable diagnosis is the cornerstone of disease management and control. Integration of laboratory and other diagnostics at PHC is of great importance, making comprehensive healthcare a complete healthcare

3.2. Top 5 Communicable Diseases…



974,046

Acute Respiratory Tract Infections

The disease is more prevalent in the children under 5 years of age most of the viral infections are self-limiting, seldom requiring antibiotics but need careful follow-up.

508,413

Diarrhoea/Dysentery

The disease is prevalent in South Asia, mostly involving children under five. The treatment of most diarrheas involves staying hydrated with clean and safe drinking water, zinc sulphate and no antibiotic usually.





507,244

Dermatitis & Scabies

Dermatitis and related syndromes are very prevalent. Heat rashes, fungal disease, photosensitive dermatitis, acnes and other skin allergies are common diseases of summer season.

230,642

Suspected Malaria

The disease is endemic in our part of the world although many have developed resistive immunity against it. It is prevalent especially in children. There are major issues with the management of malaria as per guidelines.





44,040

Worm Infestation

The helminthic worm infestation is very widespread in rural Sindh, affecting a majority of children under 5. PPHI Sindh has all standard treatments regimes available at all the HFs.

Case Definitions

Acute Respiratory Infection
Any acute onset of cough with mild fever, runny nose, pharyngitis, laryngitis, otitis, tonsillitis,
with normal breathing and without any general danger sign.

Acute Watery Diarrhoea
Acute diarrhea (passage of three or more loose stools in past 24 hours) with or without dehydration. In case of dysentery a person having 3 or more loose stools over last 24 hours with **visible blood** in the stool, abdominal cramps, tenesmus, fever and anorexia.

Dermatitis & Scabies
Dermatitis, also known as eczema, is a group of diseases that result in inflammation of the skin. They are characterized by itchiness and red skin.
Scabies is characterized by rash or lesion and intense itching especially at night. Lesions prominent around finger webs, wrists, elbows, axilla, beltlines, thighs, external genitalia, nipples, abdomen, buttock folds, head, neck, palms and soles of infants may be involved.

Suspected Malaria
History of recent fever within last 48 hours (may be continuous or irregular in the beginning), chills, headache, body ache, weakness, anemia, hepatosplenomegaly.

Worm Infestation
Worm infestation occurs when worms live as parasite in the human gastrointestinal tract.

Case Definitions

Peptic Ulcer Disease
Gnawing pain, burning discomfort, and tenderness in the epigastric area are the symptoms and signs most commonly associated with PUD. However findings are not specific or sensitive enough to diagnose this condition so confirmed diagnosis is made on laboratory basis.

Asthma
The chronic inflammation is associated with airway responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, particularly at night or in the early morning.

Dental Caries
Dental caries, also known as tooth decay or cavities, is a breakdown of teeth due to activities of bacteria

Hypertension
Blood pressure measurements are classified in stages, according to severity:
Normal blood pressure:
<120/80 mmHg
Pre-hypertension:
120-129/80-89 mm Hg
Stage 1 hypertension:
140-159/90-99 mm Hg
Stage 2 hypertension:
>160-179/100-109mmHg.
Based on average 2 or more readings on 2 or more different occasions after initial screening.

Diabetes
Symptoms of hyperglycemia (polyuria, polydipsia, unexplained weight loss, visual blurring, genital thrush, lethargy)
&
Raised venous glucose detected once.
Fasting > 125 mg/dl
Random > 200 mg/dl

3.3. Top 5 Non-Communicable Diseases...



163,113

Peptic Ulcer Disease

It is a lesion in the lining of the digestive tract, typically in the stomach or duodenum, caused by the digestive action of stomach acids. This is one of the most misreported diseases on the clinical grounds.

32,405

Asthma

A respiratory condition marked by attacks of spasm in the bronchi of the lungs, causing difficulty in breathing. It is usually connected to allergic reaction or other forms of hypersensitivity. Widely prevalent in both urban and rural population.



58,031



Dental Caries

Tooth decay is a common disorder, second only to the common cold. It usually occurs in children and young adults, but can affect any person. Tooth decay is a common cause of tooth loss in younger people. This is an underreported disease.

24,322

Hypertension

HTN is an iceberg diseases with many of the people living with it asymptomatically and most of the patients are missed by the physicians usually. Generally HCPs do not follow the diagnostic criteria of 3 consecutive blood pressure readings failing to manage it properly.



14,988



Diabetes Mellitus

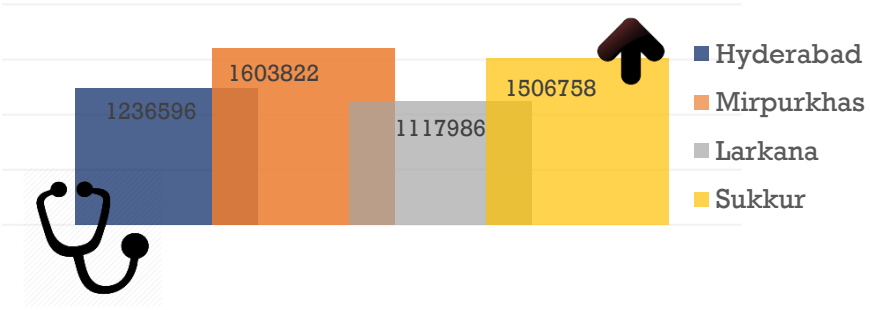
Diabetes mellitus, commonly referred to as diabetes, is a group of metabolic diseases in which there are high blood sugar levels over a prolonged period. Even disease is diagnosed and managed without following the standard diagnostic guidelines at large.

3.4. Regional Performance

This quarterly performance is actually based on the four key indicators including outpatient visits, total number of antenatal visits, normal delivery coverage and family planning visits. The graphical analysis of the all four key indicators is shown herein;

Key Indicators April-June 2016

Outpatient Visits

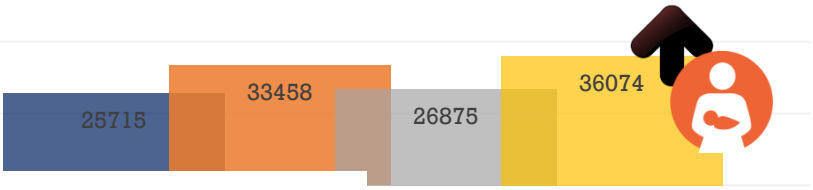


An OPD visit is when a patient attends a hospital for treatment without staying there overnight

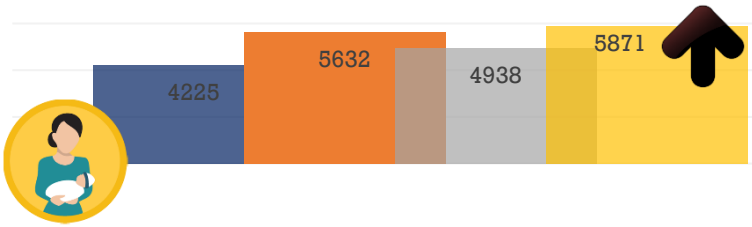
Focused ANC-1

1. Check for the Weight & Nutritional Status
2. Check for the Anemia - Hemoglobin
3. Check for the Blood Pressure for early detection of complications
4. Check for the Urine Albumin
5. Blood Grouping
6. Tetanus Toxoid Immunization
7. General Danger Signs

Antenatal Care - 1



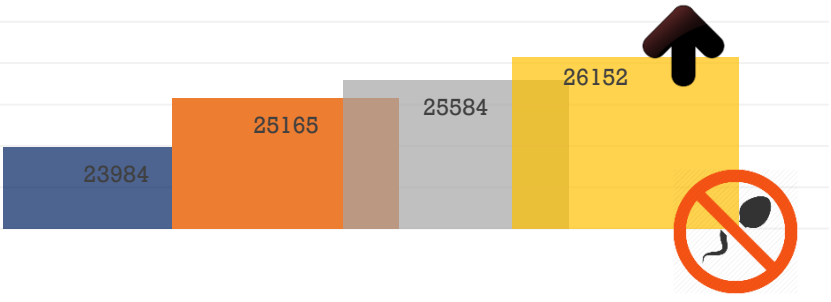
Delivery Coverage



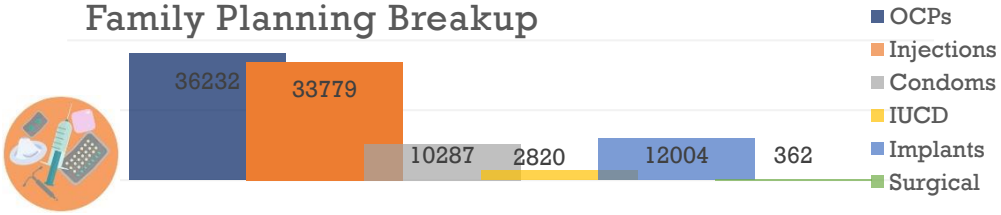
While birth is a natural process, that does not generally require medical intervention, it is still one that is fraught with danger for women and infants around the world so it requires safe preparation as well as clean and safe institutional delivery.

Family Planning

Good quality of care in family planning (services help individuals and couples to meet their reproductive health needs safely and effectively. Therefore, assessment and improvement of the quality of family planning services could enhance family planning services utilization.

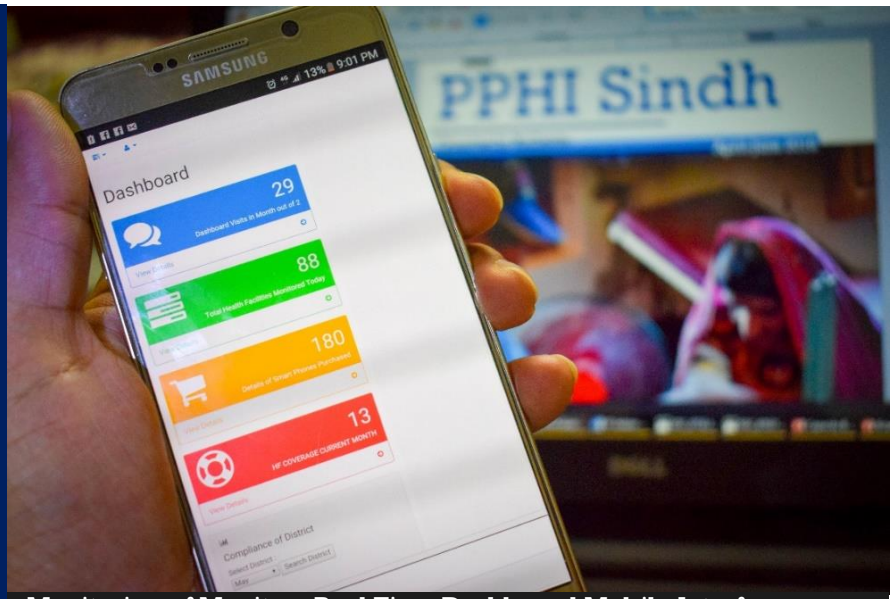


Family Planning Breakup



Salient Features

- Tracking reporting individual coverage and performance
- District wise data analysis
- Summary and frequency of monitoring
- Validation of the data source by GPS and live shots



Monitoring of Monitors Real Time Dashboard Mobile Interface

3.5. Monitoring of Monitors…

PPHI has a very comprehensive monitoring, data collection and analysis system that play a vital role in quality assurance and in forecasting improved real time health planning according to desired needs. Since PPHI operates in rural areas, MoM is a revolutionary intervention where a monitor is used for gathering first hand statistics directly from the field. It improves analysis and improvement of planning.

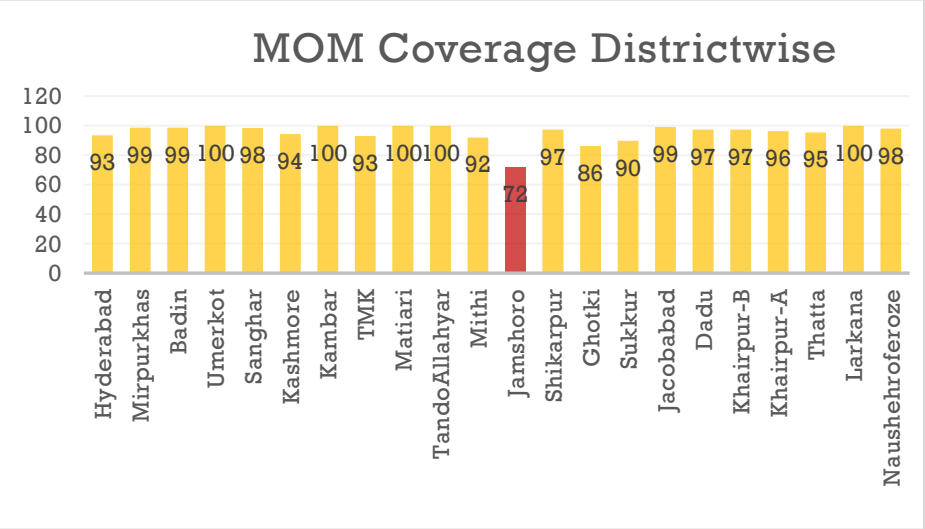
On the other hand MoM has an advance online dashboard with a real time synchronization that gets the farthest updates within the matter of seconds. The dashboard could be accessed by the authorized from anywhere around the world, whenever one wants a have peep into the things.

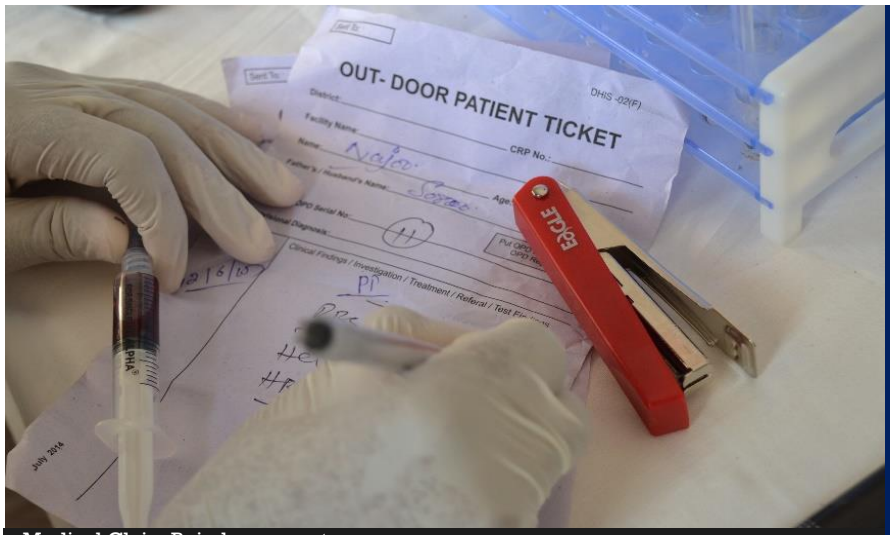
Quarterly Review of Mobile Monitoring

The overall coverage of all four region for the quarter was satisfactory whereas Mirpurkhas and Larkana regions covered the set targets very well.

The main observations that were made during the data analysis are as follow;

- Many required sections of the reporting format are often missed in reporting.
- GPS positions are mismatched.
- The HR codes of absentees are often mismatched.
- Some of the indicators are filled without ensuring the LQAS.
- The formats need to be filled the way they are designed. Even a single variable is of great importance so the reporting must be meticulous.





Medical Claim Reimbursement

Quick Facts

- Total Claims of the Quarter 107
- Hospitalization Claims Disbursed 15
- Maternity Claims Disbursed 92
- From FY 2016-17 Monthly Premium waived off

3.6. In House Medical Claims & Reimbursement

PPHI Sindh Board of Directors accorded approval of in house reimbursement of medical claims in its 8th Meeting, and it became effective in Financial Year -2015-16. As per scheme rules, all PPHI Sindh employees are eligible for claims against a deduction of a premium on monthly basis from the salary of Management Category and support staff, whereas the auxiliary staff is exempted from the contribution of premium. The reimbursement claims cover hospitalization and maternity related diseases of employees and their immediate family.

This is another great value addition by PPHI Sindh to the perks and privileges of its employees that really gives them an ultimate peace of mind. Now this has even brought more value into this as from july, 2016 medical claims premium will be borne by PPHI Sindh itself.



"When I got that first heart attack this truly brought me and my family under tremendous stress as my consultant suggested immediate coronary artery bypass grafting (CABG) and for that I needed a handsome amount of money but my organization was there to help me. I had the cover of in house medical claims reimbursement where I was completely compensated against my total claim of rupees 250,000 within the shortest possible time. I was operated in AKUH Karachi and now I am good with all my health and financial matters. I am really grateful to PPHI Sindh and would never ever let my organization down!!!".

Dr Sajjad Ahmed Buriro

-IMO BHU GM Jakhrani PPHI Jacobabad

Family Planning Services at PPHI

- Counselling on the Cafeteria Choice
- Permanent FP**
- Long Term Reversible FP
- Postpartum FP
- Short Term FP
- Advice on Sexual Health Issues

** At Selected Centers

PPHI Sindh

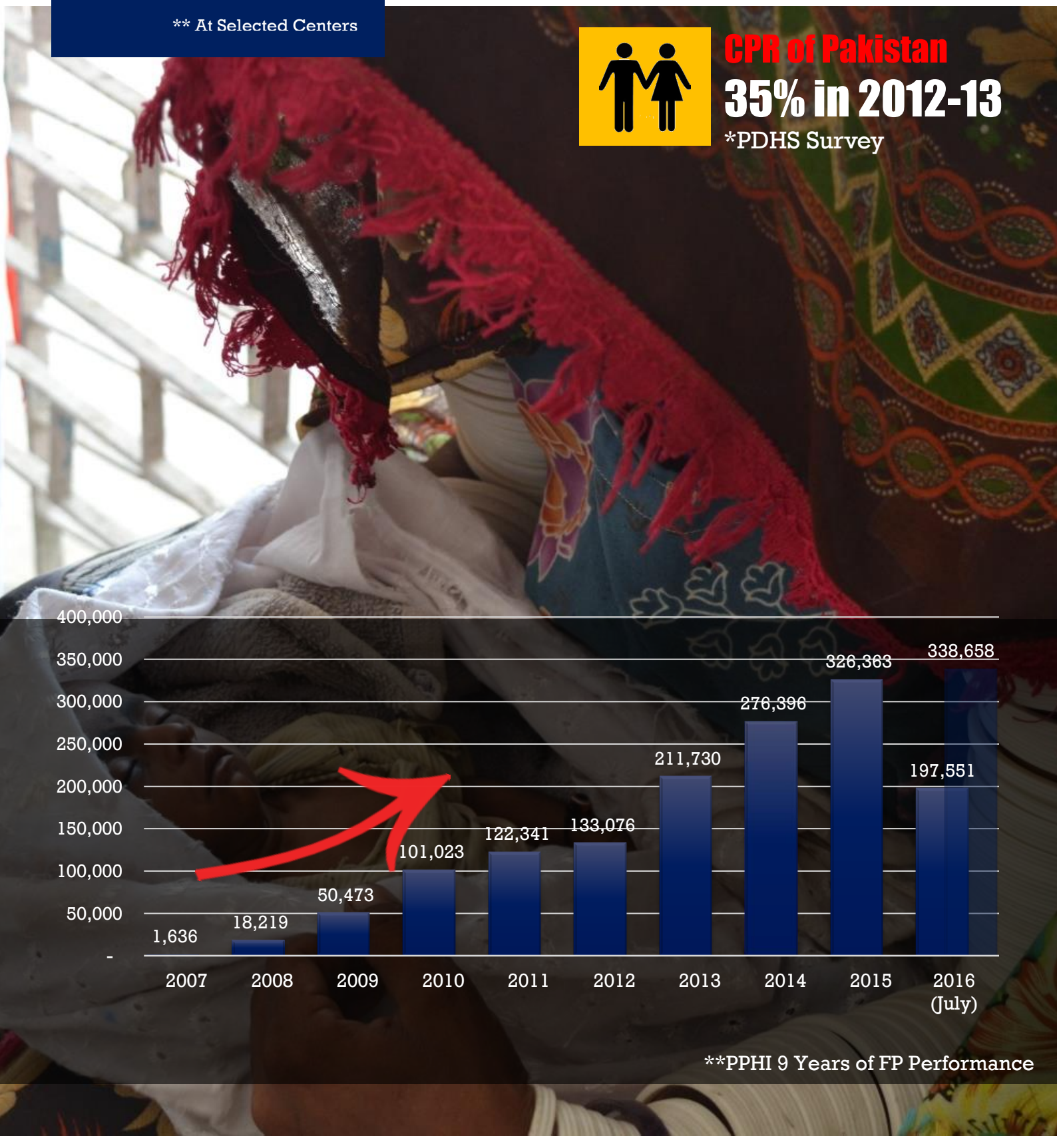
Stepping towards the Safe Motherhood...

1/3rd Maternal Deaths could be avoided by Effective Family Planning!

CPR of Pakistan

35% in 2012-13

*PDHS Survey



**PPHI 9 Years of FP Performance



PPHI & Government of Sindh

Working Together for a Healthier Sindh!

Performance for FY 2015-16

- ✓ Over 100 BHU Upgraded to 24/7 BHU Plus Maternity Centers
- ✓ 61000+ Babies Delivered
- ✓ 22 Million Patients Treated Free of Charge
- ✓ Family Planning Usage Increased Up to 300%
- ✓ 339935 Ultra sonograms
- ✓ 74 Matriculate Girls Qualified Midwifery Course & Deployed at PPHI HFs 100 more sent for the Training on 100% PPHI Scholarship.
- ✓ 14,30,831 Lab Tests Done
- ✓ 500+ Eye Surgeries Conducted
- ✓ 29 More Ambulances Added to the existing Fleet of 89 Ambulances

PPHI

PPHI Sindh

A Non-Profit Organization Committed to Serve the People of Sindh

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