Quarterly Bulletin PPHI
Volume 3 | Issue 1
Quarterly Performance Review January to March, 2014

PPHI

# PPHI

## Making the Same Budget Go Farther











- Flood Relief work during 2010, 2011 and 2012 without asking Sindh Government for additional funds.
- Construction of 3 Modern Medicine Warehouses for Rs. 62 Million (Badin, Khairpur & Thatta).
- Restoration of Health Facilities submerged in floods.
- Supply of 73,681 Anti Rabies Vaccine doses for FY 2012-13.
- Establishment of 29 Pathology Labs at a cost of Rs. 9 Million.
- Purchase of 45 Ultrasound Machines.
- Purchase of 35 Generators for MCHCs.
- Establishing of Eye Hospitals at Khairpur and Matiari.
- 75 Midwife Training from recognized universities for deployment after completion of course at HFs where female staff not avaialbe.
- DHIS system establishment along with data analysis interpretation and publishing of bulletin.
- Implemented Smart phone monitoring system.
- Purchase of 61 Ambulances.

If you have any kind of complaints against PPHI services in your area
Please call on **PPHI's Complaint Cell, Toll Free: 0800-77755**

PPHI

**PEOPLE'S PRIMARY HEALTHCARE INITIATIVE, SINDH**

www.pphisindh.org

# Introduction

PPHI is a Public – Private Partnership between the Sindh Rural Support Organization (SRSO) and Government of Sindh (GOS) since Feb, 2007.Now working as PPHI Sindh, a company under section 42 of the Companies Ordinance, 1984 from Jan 2014, it was started with one District – Kashmore – and expanded gradually to 21 Districts of Sindh. The Partnership had only one objective in launching PPHI. GOS had an infrastructure, valued at approximately Rs. 20 Billion, for delivering Primary Healthcare (PHC) in the rural areas. Tragically, this was either sub–optimally operational or altogether dysfunctional. This valuable infrastructure had to be made optimally operational. The strategy was named PPHI. It meant "contacting – out" management of the GOS's PHC infrastructure to the SRSO. PPHI has come to mean arranging many more Healthcare Providers even in remote and hard–to–access rural areas. It has come to mean Healthcare for Mother & Child; sufficient availability of necessary medical supplies; Health Education, Immunization; Communities connected with Health Facilities (HFs). PPHI has come to mean much more which is why we request you to please read on.

# Mission

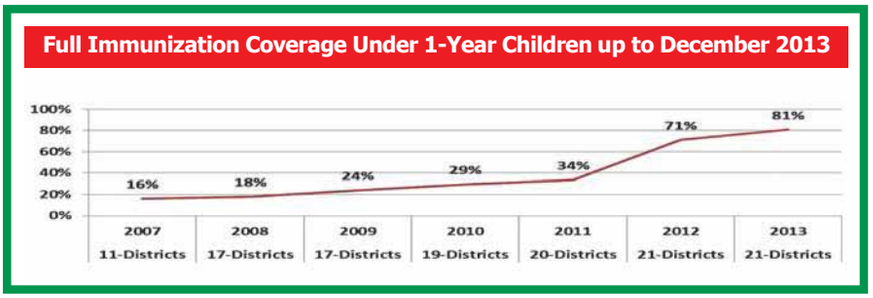
- To bring the Primary Health Care (PHC) infrastructure, that was by and large dysfunctional, to an optimum level of performance in terms of all the eight constituents of the PHC.
- To achieve the above without the use of any significant additional resources.
- To demonstrate a better and more efficient use of the available human and financial resources.
- To assist in the evolution of a sustainable PHC program that the state and the citizen have reasons to be satisfied with.

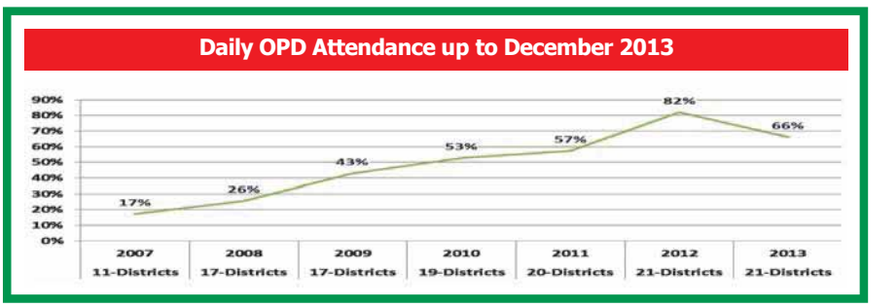
| S. No. | Type of PHC - HFs | Total HFs | HFs with Health Dept. | HFs with PPHI | % |
|---|---|---|---|---|---|
| 1 | RHC | 113 | 104 | 9 | 8% |
| 2 | BHUs | 779 | 132 | 647 | 83% |
| 3 | MCHCs | 72 | 38 | 34 | 47% |
| 4 | Dispensaries | 598 | 165 | 435 | 73% |
| 5 | Others (Unani Shafakhana etc.) | 37 | 25 | 12 | 32% |
| | **Total** | **1,599** | **464** | **1,137** | **71%** |

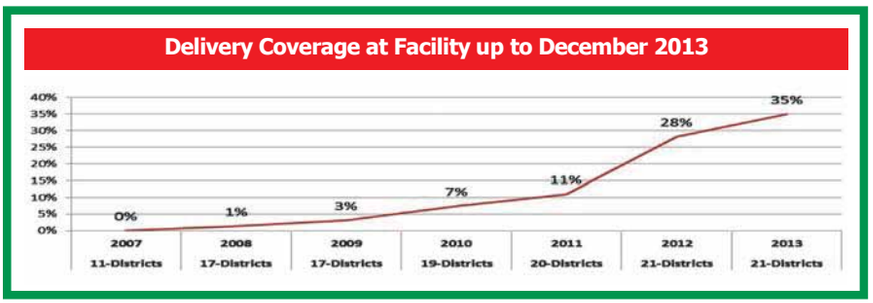


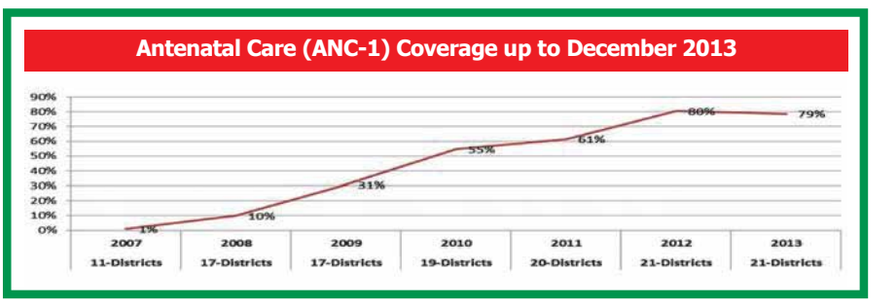

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

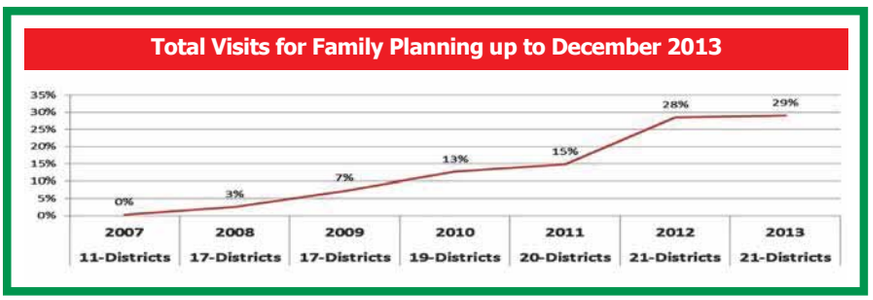
# PPHI 06 - Years Contribution towards Achievement of MDGs:




Yearly Targets are set as ANC-1=3.4%, Full immunization=2.7%, Delivery Coverage at Facility 20% of 2.9%, Family Planning Visits 40% of 16% Catchment Area Population whereas Yearly OPD attendance = Catchment area Population *2. Catchment Area population are provided by DHO of concerned district.

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# **PPHI Bulletin** – A Contribution to Health Information System



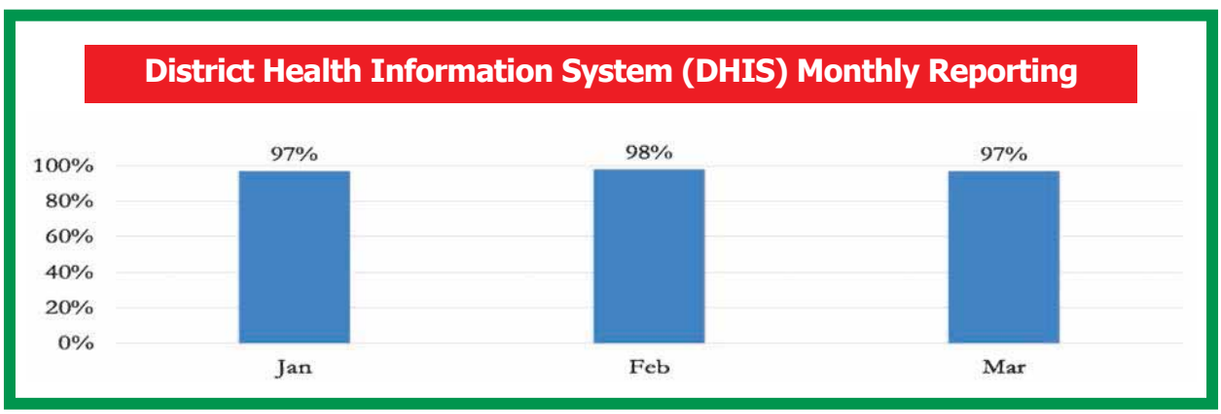
Dr. Riaz Ahmed Memon
Chief Executive Officer



Dr. A. Sattar Chandio
Director Health Services

There have been many efforts to arrange a dependable Health Information System. PPHI, under the leadership of its CEO and Dr Abdul Sattar Chandio, Director Health Services, after considerable preparatory work, has re–organized DHIS for its own reporting. PPHI's data can now be shared among stakeholders with a degree of confidence. All PPHI data is collected through the incharge MOs at HFs on HMIS / DHIS proformas.This data is randomly checked. The PPHI Senior Manager IT, Mr Uzair Aslam Bhatti, has very competently placed the DHIS software, developed by the Ministry of Health / JICA, at the PPHI website. The District level staff, after collection of the monthly report, enter the data into DHIS software directly. This data is accordingly compiled and disseminated with due confidence in its accuracy. We at PPHI continue our efforts to improve the quality of the data that we present and shall be most grateful for advice and suggestions from our readers for improving it in the future.

## PPHI has achieved a significant improvement not only in DHIS reporting but analysis at PSU Level as well




Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# Section I Inputs by PPHI Sindh

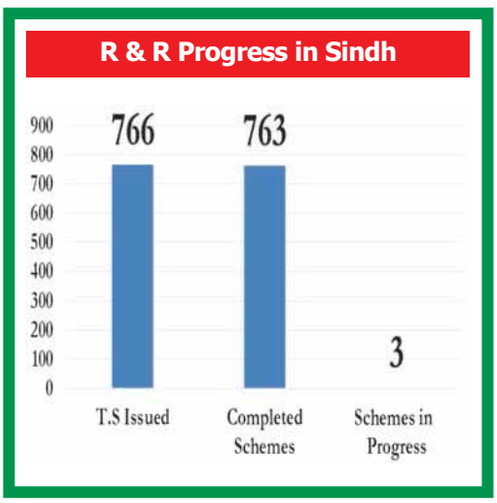
## 1.1 Human Resource at Health Facilities

| S. No. | Healthcare Providers | GOVT. Staff | SRSO/ PPHI Staff | Total Staff | % PPHI Staff | Clusters of HFs | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Clusters with one MO | | Clusters with one FMO |
| 1. | Medical Officers (Male) | 363 | 639 | 1,002 | 64% | 4 HFs | 0 | 5 |
| 2. | Medical Officers (Female) | 21 | 398 | 419 | 95% | 3 HFs | 7 | 12 |
| 3. | Dispensers / HTs | 864 | 625 | 1,489 | 42% | 2 HFs | 75 | 279 |
| 4. | LHWs / MWs | 470 | 503 | 973 | 52% | Single HF | 920 | 123 |

The cluster of HF means that a Doctor rotationally provides Healthcare at more than one HF according to a widely publicized schedule. PPHI has filled an HR gap through appointment of Medical and Paramedical staff at HFs. People can now expect to benefit from the huge investment of the state in various Preventive, Promotive and Curative programs. In addition, PPHI has brought Lady Doctors – first time ever in the history of the country – to the HFs in villages. This has fundamentally changed the Health environment for the rural women. It has created a huge opportunity for PPHI to increase vaccination, antenatal care, deliveries at HFs and utilization of contraceptive materials.

## 1.2 Physical Infrastructure District-Wise Repair and Renovation (R&R) Status

Most of the 1,137 HFs with the PPHI are deplorably dilapidated. GOS, on proposal from PPHI, approved a special grant of Rs. 500,000 / BHU and Rs. 300,000 / GD for repair and renovation. By the end of 4th Quarter 2013, PPHI has completed repair & renovation at 763 HFs. Work is in progress at another 3 HFs. Through better management and prudent spending, PPHI has completed these repairs at 35% less than the Government "Scheduled Rates." Routine maintenance of HFs has not been overlooked either.




Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

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## Construction of Medicine Warehouses from Savings

Contruction of 3 modern medicine warehouses for Rs. 62 million in district Thatta & Badin have been completed and are in use since 2013 whereas Khairpur is near to completion.






Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 1.3 Making Mother and Child Health Centres (MCHCs) Operational

No round–the–clock MCH Center is available in the rural areas. PPHI has made an important beginning with 37 MCHCs operating 24/7 and 6 MCHCs operating 12/6. These MCHCs are equipped with Diagnostic Labs and Ambulance connectivity. This is just a beginning.




## 1.4 Mobile / Stationary Ultrasound Tests Facility

For the first time in the history of Sindh, PPHI had brought the facility of Ultrasound Tests to its villages. PPHI is now using 81 high quality Ultrasound Machines, with portable generators to ensure un-interrupted power supply. PPHI is employing 35 Sonologists and has assigned them clusters of 8 to 10 HFs for conducting Free-of-Cost Sonograms for women and sharing findings with I/c Lady Doctor of the PPHI. Schedule of Sonologists is circulated in advance and widely publicized. LHWs of the area are also encouraged to refer pregnant ladies for Ultrasound tests. Please see the Ultrasound Tests by PPHI coverage data below.



| PPHI Free Ultrasound Services | | |
|---|---|---|
| **No. of HFs with coverage on fortnightly basis** | **No. of HFs with coverage on weekly basis** | **No. of HFs with coverage on daily basis** |
| **242** | **72** | **29** |

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 1.5 The New Pharmacies

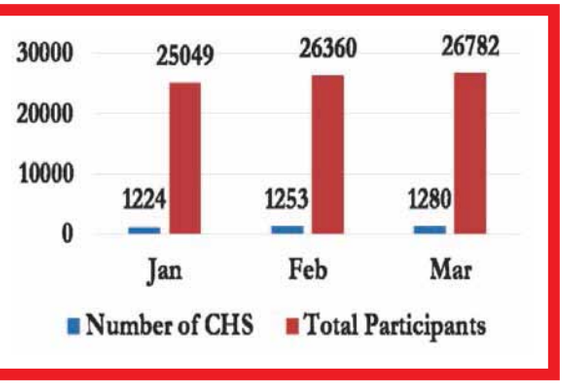


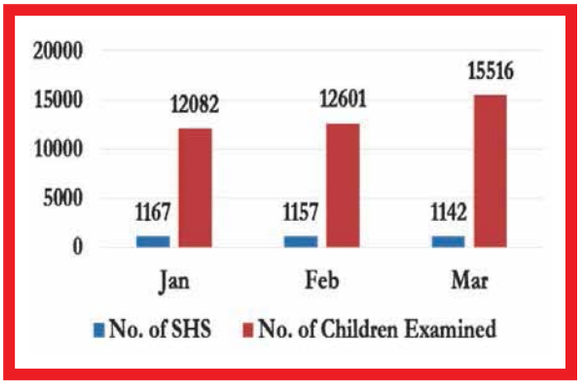
PPHI is providing 90 medicines & 20 related items to the Patients at every HF free of charge. These medicines are procured from National & Multi-national Pharmaceuticals of good repute. No medicine is supplied to a HF without Quality Tests at Government Laboratories. Only packed or stripped medicines are supplied at HFs. In this way, the Pharmacies at rural HFs have improved in terms of quantity, quality and coverage. Disposable syringes are provided at every HF. It is ensured that regular supply of medicines and material are delivered at the HF through centralized arrangements at the District level.

## 1.6 Health Education

School "Health Sessions" are a regular feature at Schools in the catchment area with the object of providing Education on key Health issues, healthy life and avoidance of disease. Doctors are also expected to provide medical assistance to school children during School Health Sessions. Health Education is also provided to the community on a regular basis every month.






Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 1.7 Capacity Building of Healthcare Providers

Training of Healthcare Providers for meeting old and new challenges & for better facility management has been a regular priority. PPHI always welcomes participation in Government/NGO run training programs as well as conducts specialized sessions of its own. Under contractual arrangement, Civil Hospital Karachi is providing 06-weeks Ultrasound training to PPHI Lady Doctors from far flung areas. Beside Specialists, Focal Persons for Vertical Programs and other stakeholders are regularly invited to conduct training sessions at "Monthly Review Meetings" in the Districts.

| S. No. | Staff | Topics | Jan | Feb | Mar |
|---|---|---|---|---|---|
| 1 | Capacity Building Session for Doctors | Clinical Malaria, DHIS, Immunization, Hand Washing, Family Planning, Eye Problem | 300 | 144 | 47 |
| 2 | Capacity Building Session for Paramedics | Topics AURT, Clinical Malaria, DHIS, Immunization, Hand Washing, Family Planning, Eye Problem | 87 | 66 | 190 |

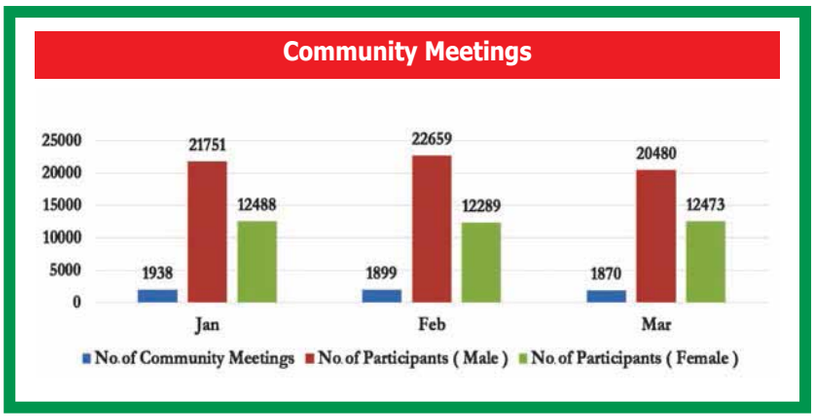
## 1.7.1 Capacity Building of DSU Staff

Induction Training for the newly recruited Managers etc. Training participated by CEO, COO, Director HR, RD, SMIT at Hyderabad. Training was conducted by Director HS, CFO, SMIT regarding PHC, Financial Managment and Smart Phone Monitoring.



## 1.8 Community Participation

To connect community with HFs, 1,137 Community Support Groups (CSG) have been formed (109 are female Support Groups, 932 are Male Support Groups). Exhaustive TORs have been developed on how these Groups are to be formed, how frequently these are expected to meet and enrich the deliverable services. Minutes of Monthly CSG meetings are recorded and updated at every HF.

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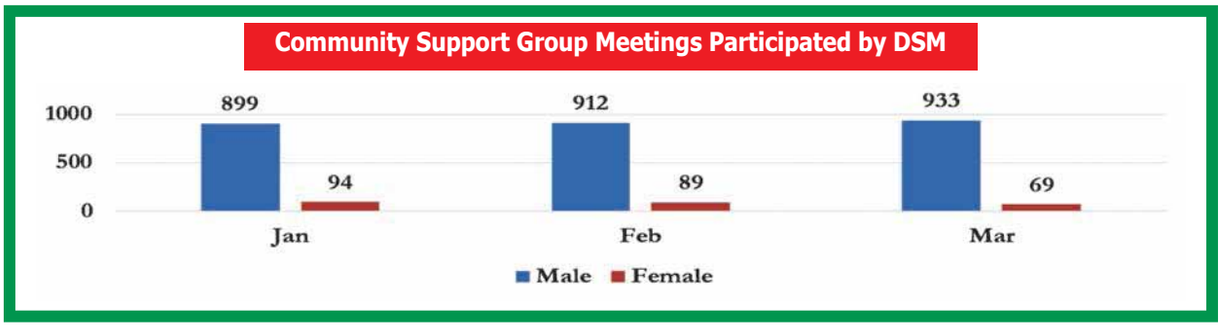
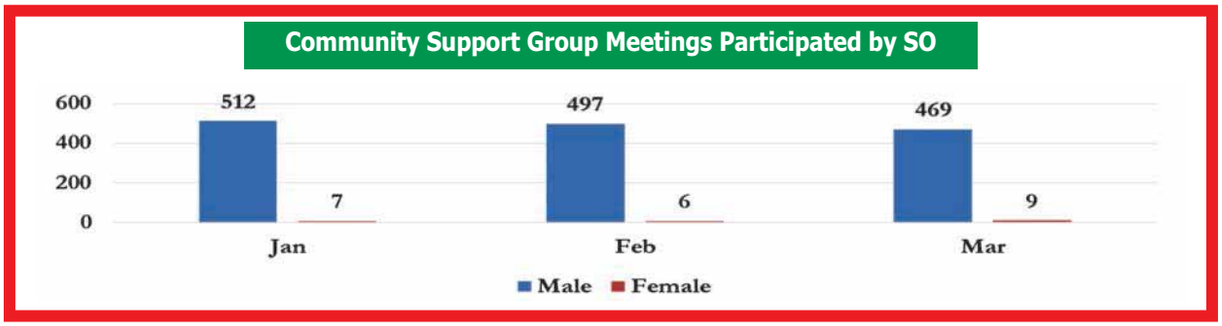
## 1.8.1 Community Support Group Meetings Participated by DSM and SOs



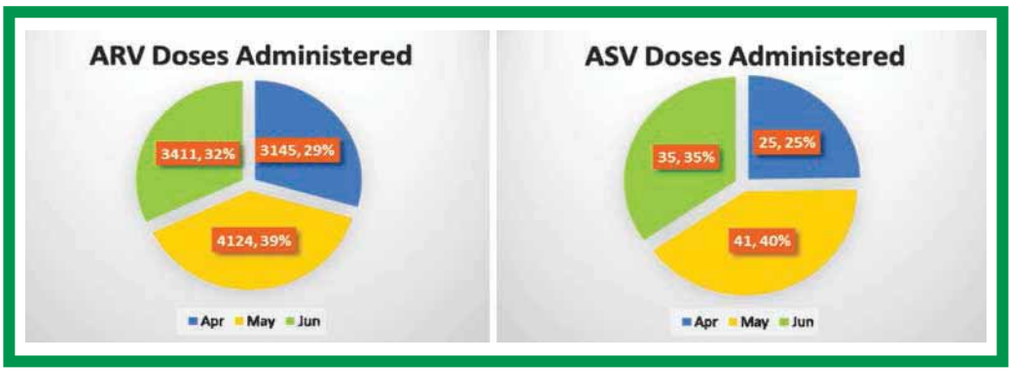




## 1.9 Addition of PPHI Vaccination Centres

Routine vaccination is the only answer to achieve Health Output Indicators. At the 1,137 HFs with the PPHI, there were only 425 EPI Refrigerators available. PPHI has added 155 new Cold Chain Points and appointed the same number of Vaccinators. EPI as a "Program" is not with PPHI management nor does PPHI receives funding earmarked for EPI.

## 1.10 Anti-Rabies & Anti-Snake Venom Vaccine Used

PPHI has provided 96,244 Anti Rabies Vaccinations (ARV) at its focal HFs with IM regime. All Districts have budget for ARV/ASV vaccines. It is only PPHI that is providing these vaccines.




Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 1.11 PPHI Ambulance Service

PPHI has made a landmark addition to the range of its services by introducing Ambulance service to make referral system purposeful. In the first phase, 66 Ambulances, including:

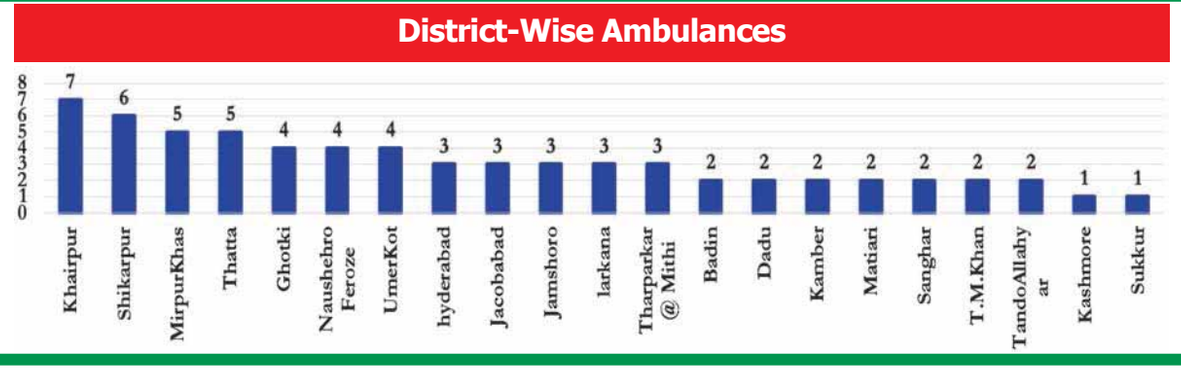
- 6 Advanced Cardiac Life Support (ACLS) Ambulances
- 25 basic Life Support Ambulances
- The aforementioned 36 Ambulances have trained Doctors and staff accompanying patients in distress. Besides, every 24/7 MCH Center has been provided dedicated Ambulance for strengthening referral system






## 1.12 Value Addition Services

- BHUs Provided Lab Facility : 71
- BHUs Provided Ambulances : 61
- BHUs Provided Electricity : 493
- BHUs Provided Solar Power : 37
- BHUs Provided Furniture/Equipment : 1050
- BHUs Provided Water Supply : 654
- BHUs Provided Labor Rooms : 647
- BHUs/MCHC Provided Generators : 35

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# 1.13 Estimated Targets Viz A Viz Performance Indicators

Total catchment area population catered by the PPHI HFs in Sindh is 14,781,520. Realistic target setting is for keeping track of performance of an HF. PPHI took all stakeholders on board and targets were set as per DHIS Policy by each District to rate their performance viz a viz (1) Daily OPD Attendance (2) Full Immunization coverage (3) Ante-Natal Care (ANC-I) (4) Data Accuracy (5) Delivery coverage at Facility (6) TB- DOTS patients missing more than one week (7) Total Visits for Family Planning (FP) (8) LHW pregnancy registration.

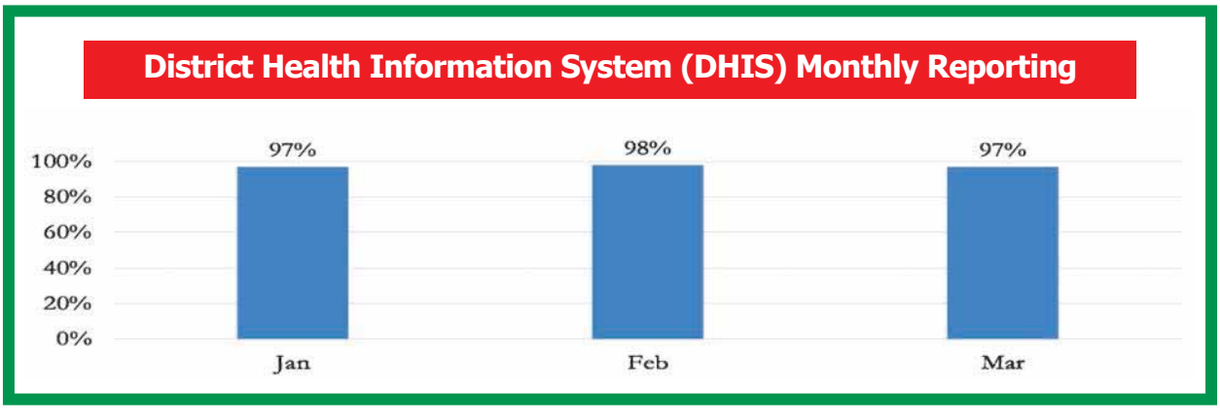
| Districts | Total Health Facilities ( HFs ) | Total Catchment Population | OPD Attendance (#) | Full Immunization Coverage (#) | Antenatal Care (ANC-1) coverage (#) | Reporting data accuracy | Delivery coverage at facility (#) | TB-DOTS patients missing more then one week (#) | Total Visits for Family Planning (#) |
|---|---|---|---|---|---|---|---|---|---|
| Badin | 103 | 816279 | 136047 | 1837 | 2312.791 | 95% | 395 | 0 | 4353 |
| Dadu | 49 | 786744 | 131124 | 1770 | 2229.108 | 95% | 380 | 0 | 4196 |
| Ghotki | 51 | 1211514 | 201919 | 2726 | 3432.623 | 95% | 586 | 0 | 6461 |
| Hyderabad | 41 | 450030 | 75005 | 1013 | 1275.085 | 95% | 218 | 0 | 2400 |
| Jacobabad | 38 | 650000 | 108333 | 1463 | 1841.667 | 95% | 314 | 0 | 3467 |
| Jamshoro | 35 | 416035 | 69339 | 936 | 1178.766 | 95% | 201 | 0 | 2219 |
| Kamber | 27 | 776847 | 129475 | 1748 | 2201.067 | 95% | 375 | 0 | 4143 |
| Kashmore | 39 | 675440 | 112573 | 1520 | 1913.747 | 95% | 326 | 0 | 3602 |
| Khairpur | 151 | 1556752 | 259459 | 3503 | 4410.797 | 95% | 752 | 0 | 8303 |
| Larkana | 47 | 809653 | 134942 | 1822 | 2294.017 | 95% | 391 | 0 | 4318 |
| Matiari | 36 | 424191 | 70699 | 954 | 1201.875 | 95% | 205 | 0 | 2262 |
| MirpurKhas | 98 | 637090 | 106182 | 1433 | 1805.088 | 95% | 308 | 0 | 3398 |
| Mithi | 49 | 373928 | 62321 | 841 | 1059.463 | 95% | 181 | 0 | 1994 |
| Naushehro Feroze | 49 | 571289 | 95215 | 1285 | 1618.652 | 95% | 276 | 0 | 3047 |
| Sanghar | 90 | 1262853 | 210476 | 2841 | 3578.084 | 95% | 610 | 0 | 6735 |
| Shikarpur | 26 | 312980 | 52163 | 704 | 886.7767 | 95% | 151 | 0 | 1669 |
| Sukkur | 35 | 663995 | 110666 | 1494 | 1881.319 | 95% | 321 | 0 | 3541 |
| T.M.Khan | 35 | 435000 | 72500 | 979 | 1232.5 | 95% | 210 | 0 | 2320 |
| TandoAllahyar | 45 | 415656 | 69276 | 935 | 1177.692 | 95% | 201 | 0 | 2217 |
| Thatta | 51 | 921313 | 153552 | 2073 | 2610.387 | 95% | 445 | 0 | 4914 |
| UmerKot | 42 | 613931 | 102322 | 1381 | 1739.471 | 95% | 297 | 0 | 3274 |
| Provincial Total | 1137 | 14781520 | 2463587 | 33258 | 41880.97 | 95% | 7144 | 0 | 78835 |

Yearly Targets are set as ANC-1=3.4%, Full immunization=2.7%, Delivery Coverage at Facility 20% of 2.9%, Family Planning Visits 40% of 16% Catchment Area Population whereas Yearly OPD attendence = Catchment area Population * 2. Catchment Area population are provided by DHO of concerned district.

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# Section 2 Output / Outcomes 1st Quarter 2014

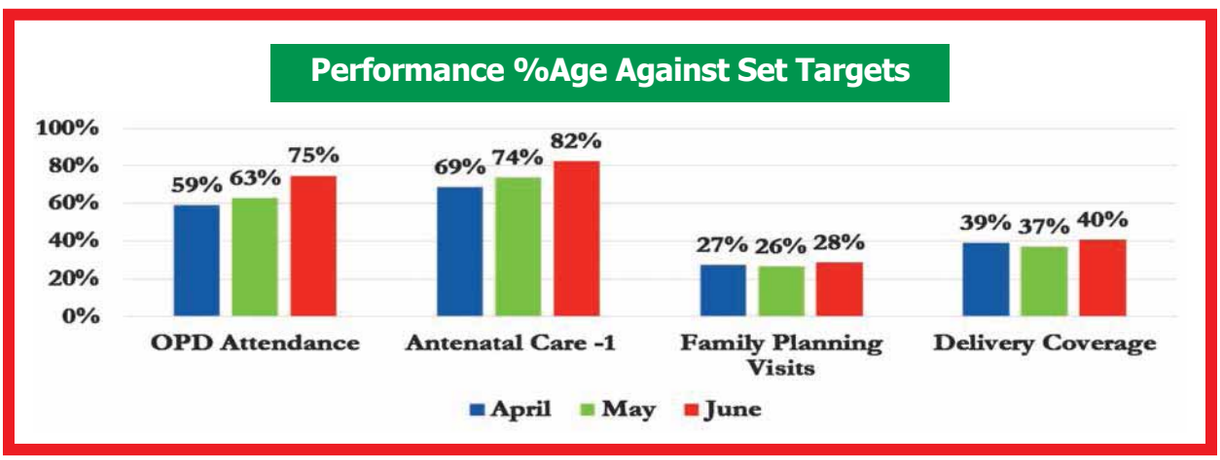
## 2.1 PPHI has achieved a significant improvement not only in DHIS reporting but analysis at PSU Level as well.




## 2.2 Performance Vs Targets of PPHI Sindh

PPHI Sindh managed 1,137 HFs in 21 districts with catchment area population 14,781,520.

| Indicator | Targets | Monthly Achivements | | | |
|---|---|---|---|---|---|
| | | April | May | June | Total |
| OPD Attendance | 2470344 | 1458386 | 1550763 | 1846332 | 4855481 |
| Antenatal Care -1 | 42018 | 28807 | 30888 | 34586 | 94281 |
| Family Planning Visits | 78801 | 21485 | 20723 | 22293 | 64501 |
| Delivery Coverage | 7168 | 2782 | 2625 | 2898 | 8305 |

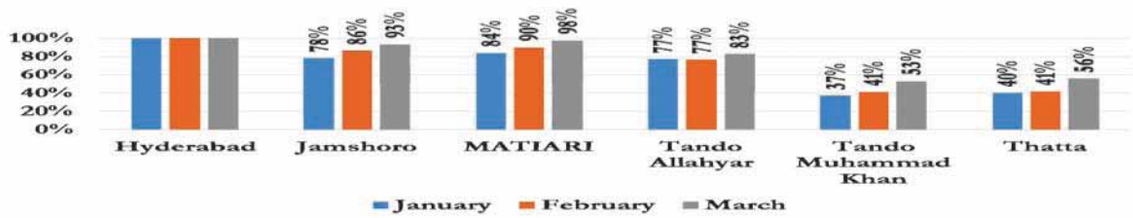



Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

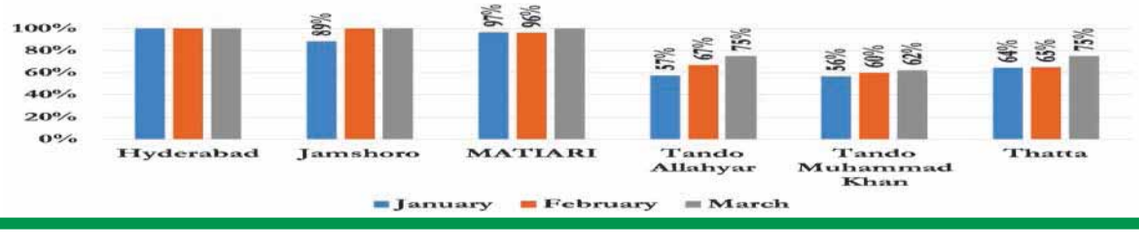
# Regional Support Unit I

| Districts | OPD Attendance | | | Antenatal (ANC -1) Coverage | | | Delivery Coverage at Facility | | | Total Visits for the FP | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Months | January | February | March | January | February | March | January | February | March | January | February | March |
| Hyderabad | 69256 | 69431 | 92470 | 1258 | 1238 | 1394 | 146 | 131 | 149 | 1012 | 839 | 936 |
| Jamshoro | 53209 | 58242 | 71006 | 1025 | 1189 | 1186 | 69 | 43 | 44 | 945 | 870 | 895 |
| MATIARI | 60785 | 65202 | 70699 | 1213 | 1206 | 1374 | 240 | 185 | 174 | 491 | 527 | 608 |
| Tando Allahyar | 53515 | 53101 | 69276 | 675 | 786 | 883 | 101 | 100 | 193 | 1032 | 1018 | 1032 |
| Tando Muhammad Khan | 39700 | 43501 | 106500 | 1022 | 1080 | 1126 | 24 | 24 | 25 | 526 | 565 | 659 |
| Thatta | 56294 | 58729 | 164176 | 1551 | 1560 | 1809 | 166 | 175 | 194 | 1271 | 1205 | 1041 |
| Total | 332759 | 348206 | 574127 | 6744 | 7059 | 7772 | 746 | 658 | 779 | 5277 | 5024 | 5171 |

## OPD Attendance



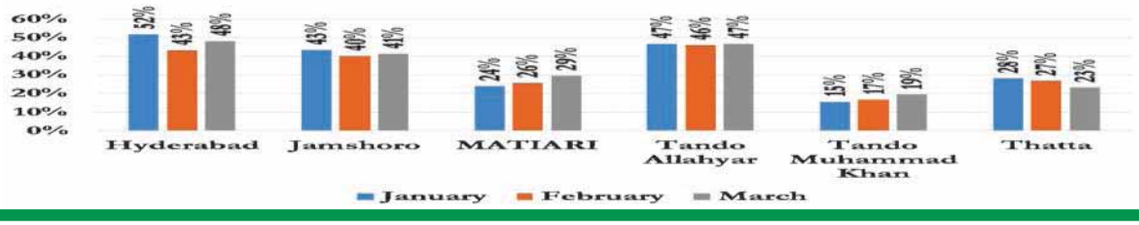

## ANC-1 Coverage




## Deliveries Coverage at HFs




## Family Planning Visits

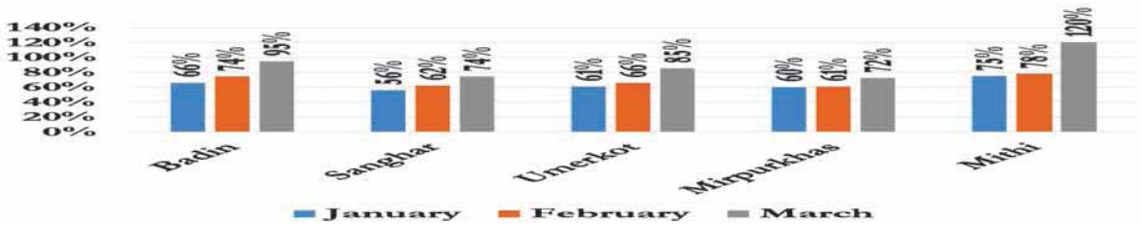



Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

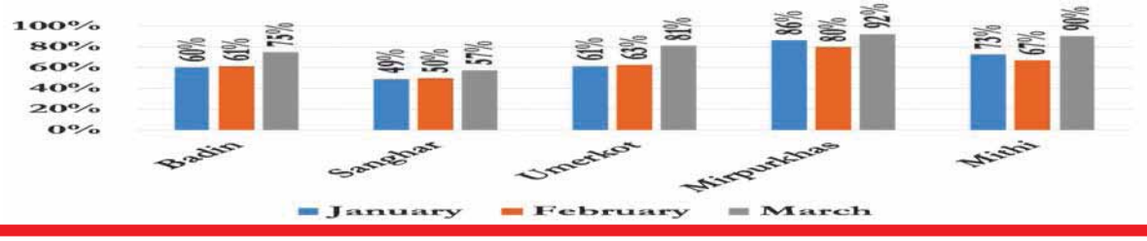
# Regional Support Unit II

| Districts | OPD Attendance | | | Antenatal (ANC -1) Coverage | | | Delivery Coverage at Facility | | | Total Visits for the FP | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Months | January | February | March | January | February | March | January | February | March | January | February | March |
| Badin | 91764 | 103274 | 138903 | 1424 | 1445 | 1770 | 125 | 90 | 102 | 1362 | 1533 | 1595 |
| Sanghar | 109795 | 122527 | 210829 | 1645 | 5132 | 1917 | 194 | 166 | 280 | 1111 | 1198 | 1338 |
| Umerkot | 61668 | 67019 | 134100 | 1061 | 1082 | 1400 | 144 | 90 | 113 | 698 | 690 | 970 |
| Mirpurkhas | 96638 | 97410 | 146196 | 2350 | 2177 | 2516 | 255 | 242 | 240 | 1781 | 1725 | 1765 |
| Mithi | 47280 | 49241 | 62391 | 778 | 714 | 965 | 40 | 20 | 25 | 453 | 478 | 501 |
| Total | 407145 | 439471 | 692420 | 7258 | 10550 | 8568 | 758 | 608 | 760 | 5405 | 5624 | 6169 |

## OPD Attendance




## ANC-1 Coverage




## Deliveries Coverage at HFs

## Family Planning Visits




Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

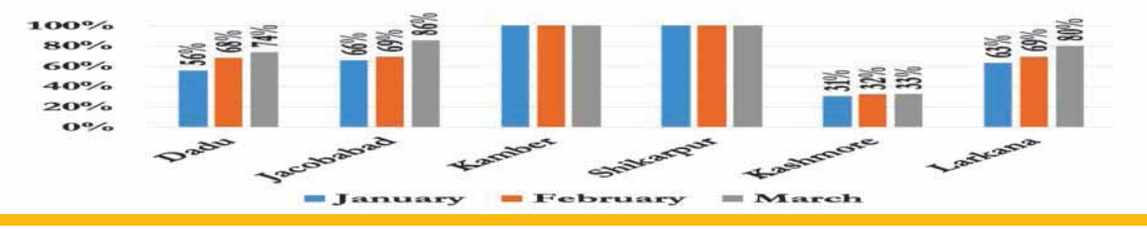
# Regional Support Unit III

| Districts | OPD Attendance | | | Antenatal (ANC -1) Coverage | | | Delivery Coverage at Facility | | | Total Visits for the FP | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Months | January | February | March | January | February | March | January | February | March | January | February | March |
| Dadu | 52889 | 68839 | 86867 | 1241 | 1523 | 1647 | 58 | 83 | 86 | 979 | 1266 | 1312 |
| Jacobabad | 58804 | 60580 | 108333 | 1212 | 1274 | 1577 | 207 | 197 | 190 | 628 | 546 | 654 |
| Kamber | 55436 | 57783 | 124936 | 1563 | 1668 | 1722 | 173 | 170 | 169 | 571 | 576 | 696 |
| Shikarpur | 57942 | 58002 | 61793 | 1267 | 1201 | 1555 | 150 | 155 | 159 | 684 | 681 | 770 |
| Kashmore | 20061 | 23063 | 104225 | 586 | 615 | 625 | 12 | 15 | 10 | 157 | 167 | 211 |
| Larkana | 73897 | 75360 | 112509 | 1214 | 1329 | 1532 | 198 | 174 | 192 | 1064 | 1298 | 1444 |
| Total | 319029 | 343627 | 598663 | 7083 | 7610 | 8658 | 798 | 794 | 806 | 4083 | 4534 | 5087 |

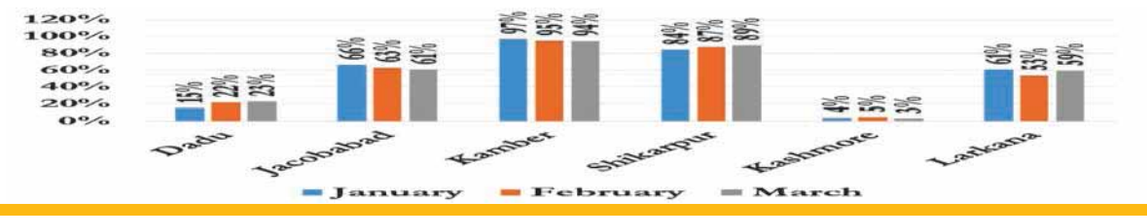
## OPD Attendance




## ANC-1 Coverage




## Deliveries Coverage at HFs



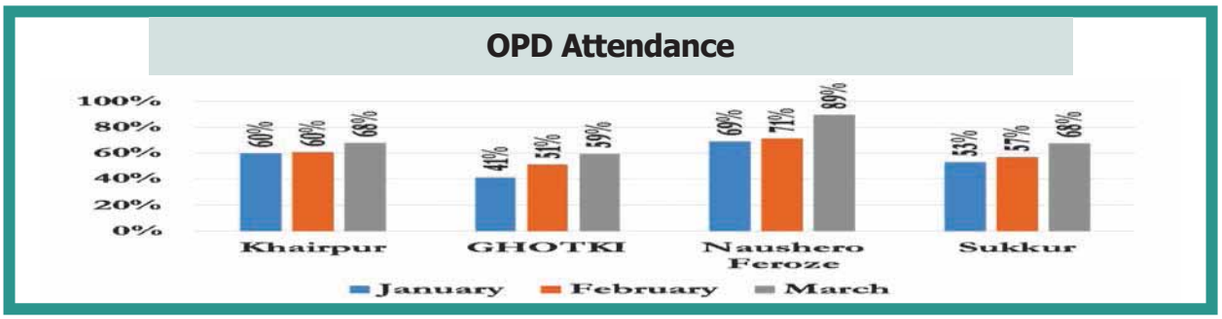

## Family Planning Visits

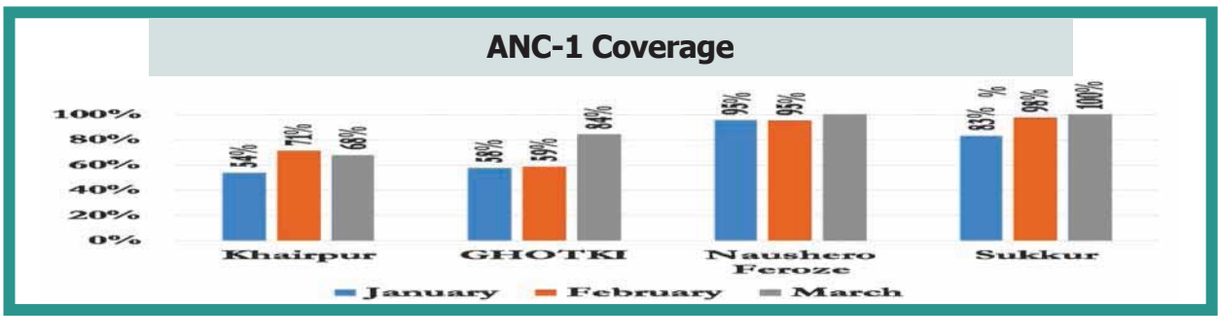


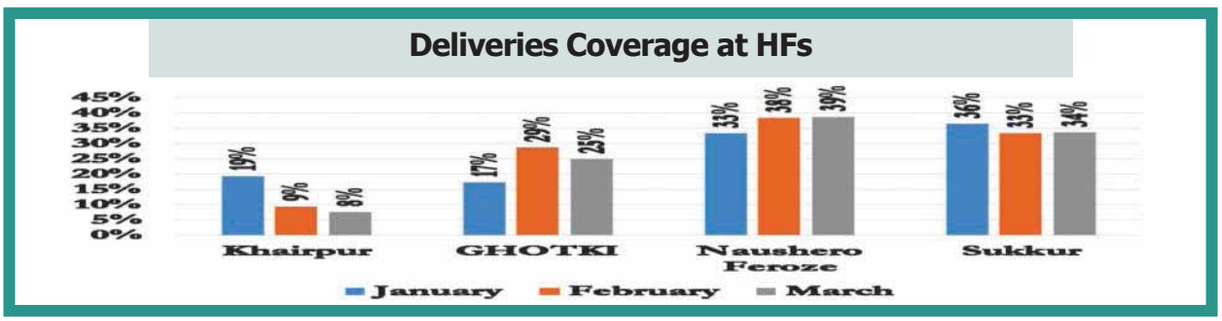

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# Regional Support Unit IV

| Districts | OPD Attendance | | | Antenatal (ANC -1) Coverage | | | Delivery Coverage at Facility | | | Total Visits for the FP | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Months | January | February | March | January | February | March | January | February | March | January | February | March |
| Khairpur | 225620 | 227421 | 307132 | 3435 | 4553 | 4345 | 211 | 101 | 82 | 2583 | 2663 | 2497 |
| GHOTKI | 49574 | 61124 | 118205 | 1178 | 1202 | 1727 | 60 | 100 | 87 | 2084 | 870 | 1181 |
| Naushero Feroze | 65772 | 67744 | 95215 | 1544 | 1540 | 1636 | 92 | 106 | 107 | 1218 | 1188 | 1303 |
| Sukkur | 58487 | 62564 | 110166 | 1565 | 1835 | 1880 | 117 | 107 | 108 | 835 | 820 | 885 |
| Total | 399453 | 418853 | 630718 | 7722 | 9130 | 9588 | 480 | 414 | 384 | 6720 | 5541 | 5866 |







Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

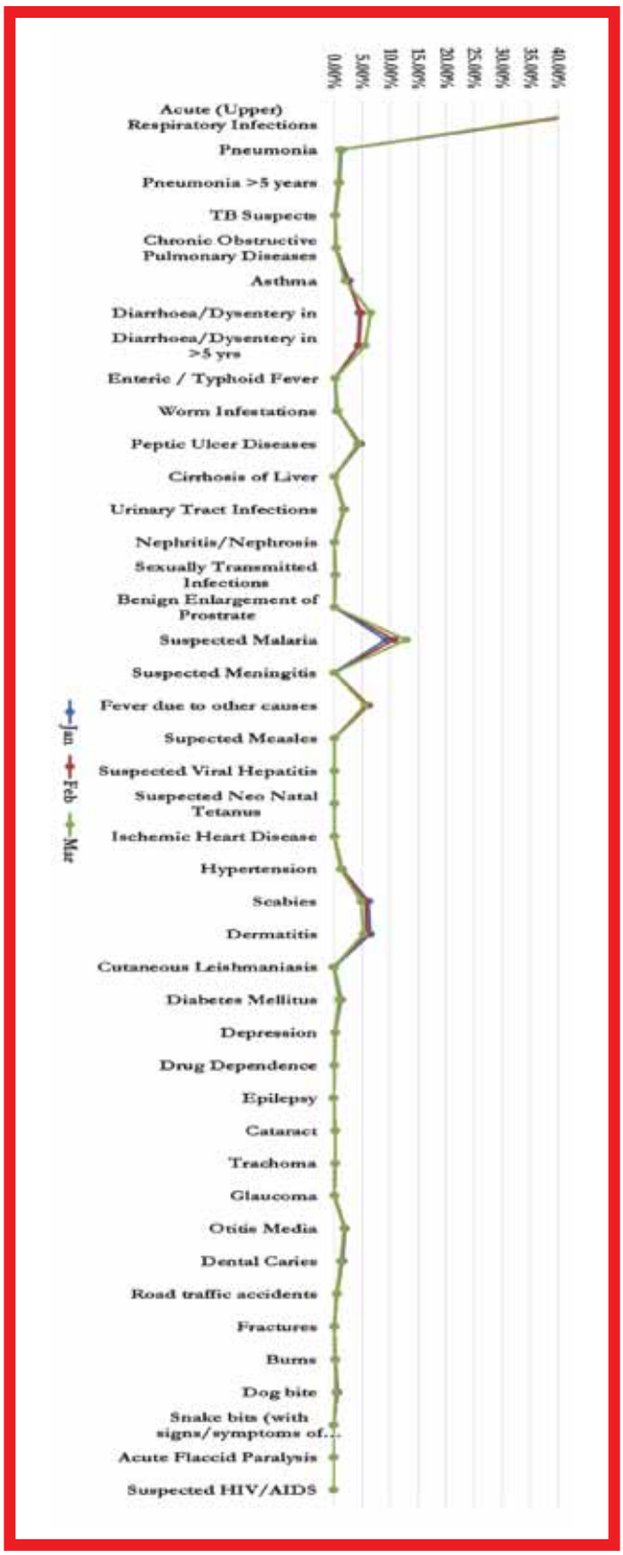
# 2.3 Burden of Disease (BoD)

## 2.3.1 No. and Proportion of diseases in overall (BoD)

| Diseases: | January | | February | | March | |
|---|---|---|---|---|---|---|
| | Cases | Proportion | Cases | Proportion | Cases | Proportion |
| Acute (Upper) Respiratory Infections | 369682 | 41.65% | 385219 | 41.77% | 450664 | 40.20% |
| Suspected Malaria | 82198 | 9.26% | 99114 | 10.75% | 145236 | 12.96% |
| Diarrhoea/Dysentery in | 40307 | 4.54% | 44581 | 4.83% | 74101 | 6.61% |
| Diarrhoea/Dysentery in >5 yrs | 38667 | 4.36% | 41159 | 4.46% | 63156 | 5.63% |
| Fever due to other causes | 53791 | 6.06% | 57024 | 6.18% | 62329 | 5.56% |
| Dermatitis | 56488 | 6.36% | 53515 | 5.80% | 59798 | 5.33% |
| Scabies | 54533 | 6.14% | 52031 | 5.64% | 54016 | 4.82% |
| Peptic Ulcer Diseases | 41739 | 4.70% | 42138 | 4.57% | 47809 | 4.26% |
| Asthma | 23464 | 2.64% | 22331 | 2.42% | 21239 | 1.89% |
| Otitis Media | 17774 | 2.00% | 18351 | 1.99% | 20940 | 1.87% |
| Urinary Tract Infections | 16738 | 1.89% | 16235 | 1.76% | 18750 | 1.67% |
| Dental Caries | 12928 | 1.46% | 12611 | 1.37% | 14251 | 1.27% |
| Hypertension | 12835 | 1.45% | 12836 | 1.39% | 13758 | 1.23% |
| Pneumonia | 11753 | 1.32% | 10413 | 1.13% | 11584 | 1.03% |
| Diabetes Mellitus | 11064 | 1.25% | 9887 | 1.07% | 10301 | 0.92% |
| Pneumonia >5 years | 8592 | 0.97% | 8214 | 0.89% | 9311 | 0.83% |
| Worm Infestations | 4539 | 0.51% | 5427 | 0.59% | 7437 | 0.66% |
| Road traffic accidents | 4491 | 0.51% | 4256 | 0.46% | 5380 | 0.48% |
| Dog bite | 5341 | 0.60% | 4913 | 0.53% | 4699 | 0.42% |
| Chronic Obstructive Pulmonary Diseases | 2824 | 0.32% | 3169 | 0.34% | 3591 | 0.32% |
| Sexually Transmitted Infections | 1658 | 0.19% | 2733 | 0.30% | 2861 | 0.26% |
| Trachoma | 1682 | 0.19% | 1890 | 0.20% | 2494 | 0.22% |
| Enteric / Typhoid Fever | 1894 | 0.21% | 1734 | 0.19% | 2428 | 0.22% |
| Cataract | 1711 | 0.19% | 2152 | 0.23% | 2396 | 0.21% |
| TB Suspects | 1998 | 0.23% | 1662 | 0.18% | 2126 | 0.19% |
| Burns | 2278 | 0.26% | 1952 | 0.21% | 2090 | 0.19% |
| Depression | 1561 | 0.18% | 1544 | 0.17% | 1891 | 0.17% |
| Suspected Viral Hepatitis | 1035 | 0.12% | 1254 | 0.14% | 1380 | 0.12% |
| Drug Dependence | 503 | 0.06% | 683 | 0.07% | 662 | 0.06% |
| Cirrhosis of Liver | 326 | 0.04% | 217 | 0.02% | 596 | 0.05% |
| Benign Enlargement of Prostrate | 289 | 0.03% | 275 | 0.03% | 595 | 0.05% |
| Supected Measles | 162 | 0.02% | 873 | 0.09% | 560 | 0.05% |
| Nephritis/Nephrosis | 215 | 0.02% | 134 | 0.01% | 548 | 0.05% |
| Glaucoma | 536 | 0.06% | 410 | 0.04% | 545 | 0.05% |
| Suspected Meningitis | 729 | 0.08% | 553 | 0.06% | 322 | 0.03% |
| Suspected Neo Natal Tetanus | 90 | 0.01% | 189 | 0.02% | 291 | 0.03% |
| Fractures | 300 | 0.03% | 212 | 0.02% | 285 | 0.03% |
| Ischemic Heart Disease | 424 | 0.05% | 289 | 0.03% | 229 | 0.02% |
| Cutaneous Leishmaniasis | 361 | 0.04% | 30 | 0.00% | 203 | 0.02% |
| Epilepsy | 65 | 0.01% | 47 | 0.01% | 91 | 0.01% |
| Snake bits (with signs/symptoms of poisoning) | 63 | 0.01% | 45 | 0.00% | 64 | 0.01% |
| Acute Flaccid Paralysis | 4 | 0.00% | 9 | 0.00% | 5 | 0.00% |
| Suspected HIV/AIDS | 12 | 0.00% | 0 | 0.00% | 0 | 0.00% |

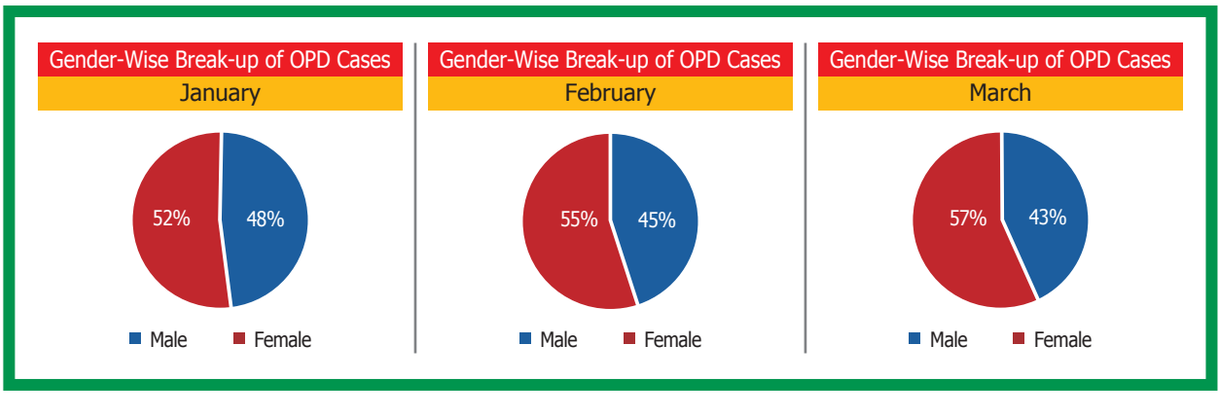
Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# Graphical Presentation of Diseases Burden

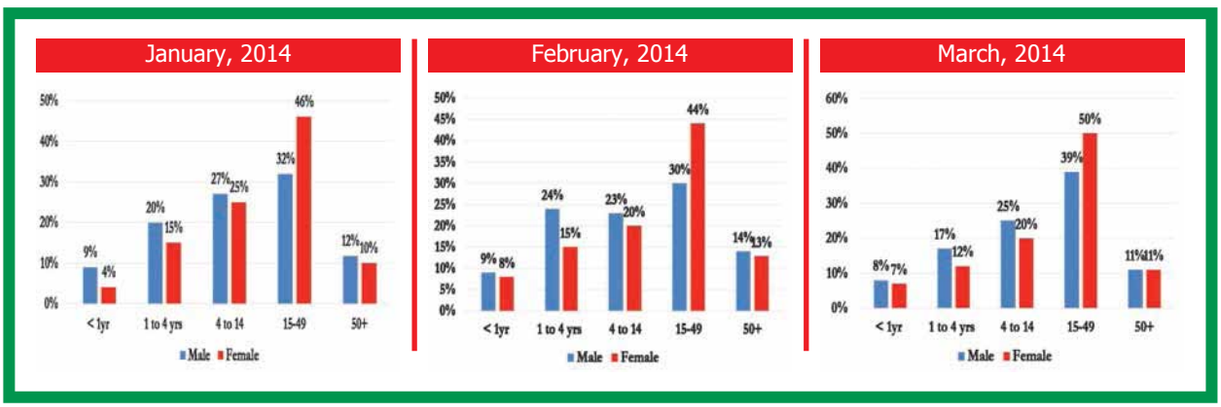



Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

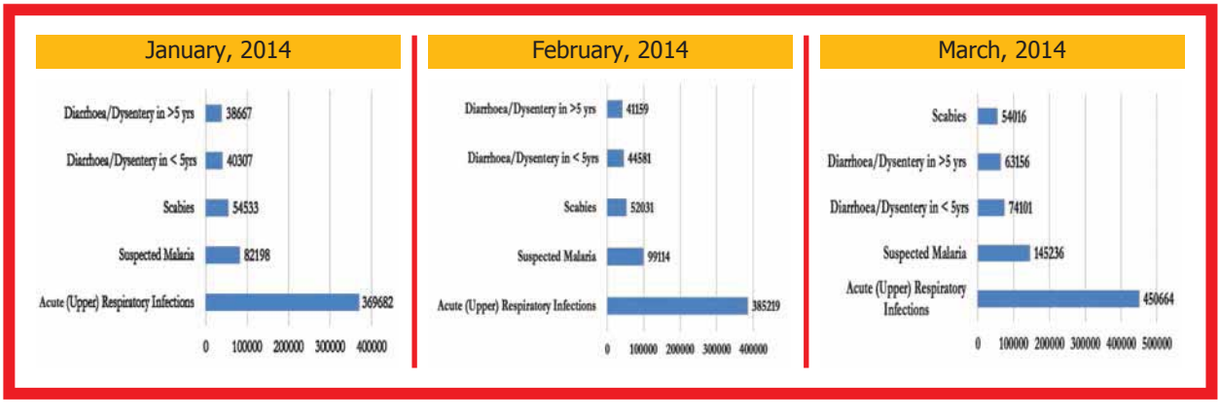
## 2.3.2 OPD Patients: Gender-Wise




## 2.3.3 Age and Gender-Wise Distribution of OPD Attendance

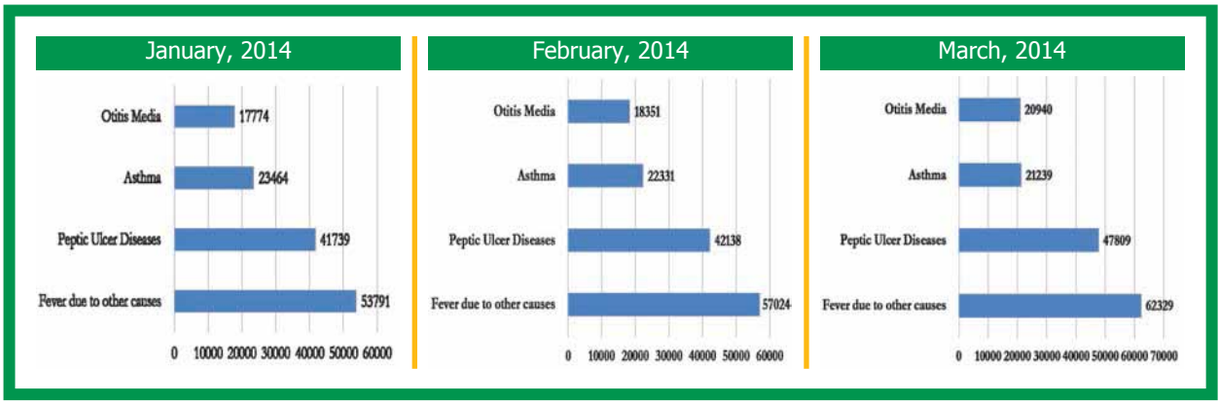



## 2.3.4 Top 4 Communicable Diseases




Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

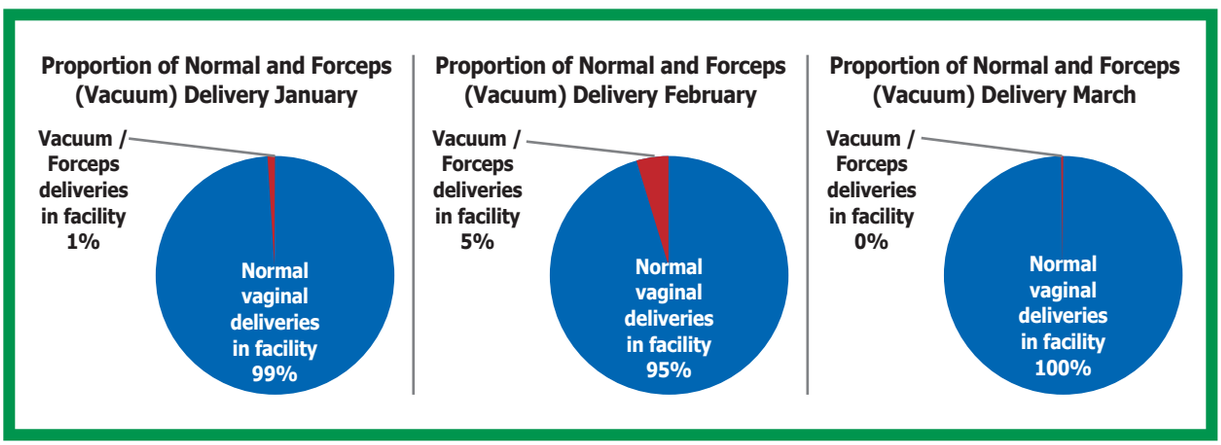
## 2.3.5 Top 4 Non-Communicable Cases




## 2.4 Tuberculosis

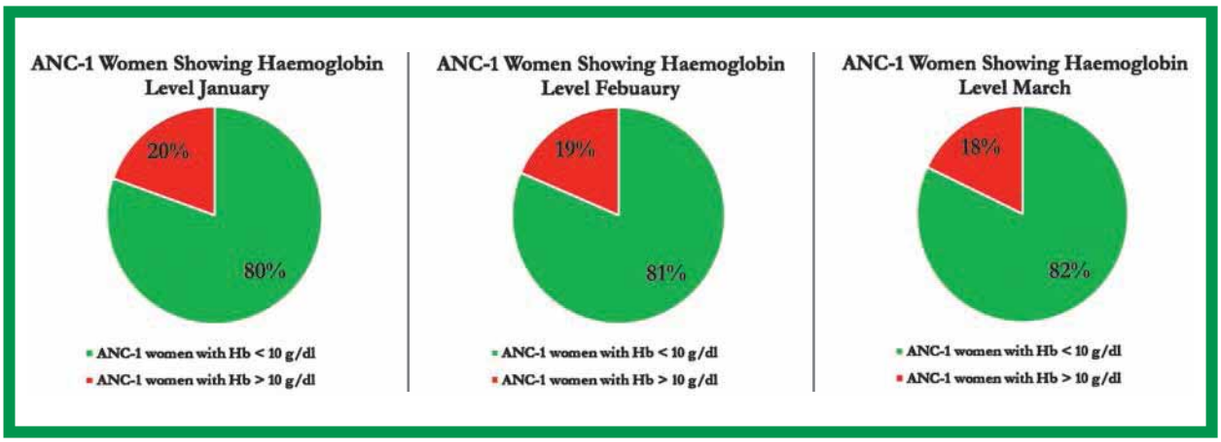
| Month | Intensive Phase TB Dots Patients | Intensive-Phase TB-Dots Patients Missing Treatment > 1 week |
|---|---|---|
| January | 230 | 13 |
| February | 237 | 29 |
| March | 405 | 31 |

## 2.4.1 Proportion of Normal and Forceps (Vacuum) Delivery

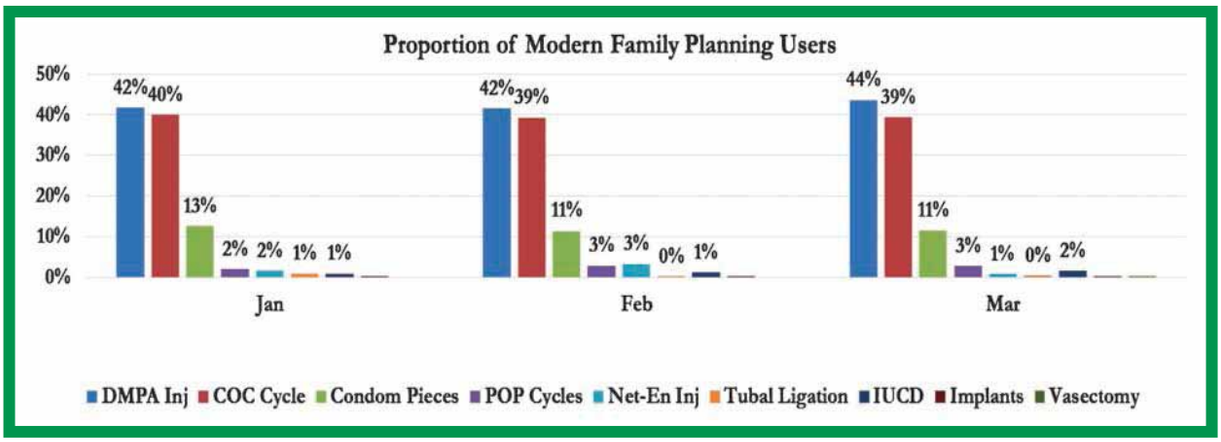



Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 2.4.2 ANC-1 Women Showing Haemoglobin Level




## 2.4.2 Modern Family Planning Method Users

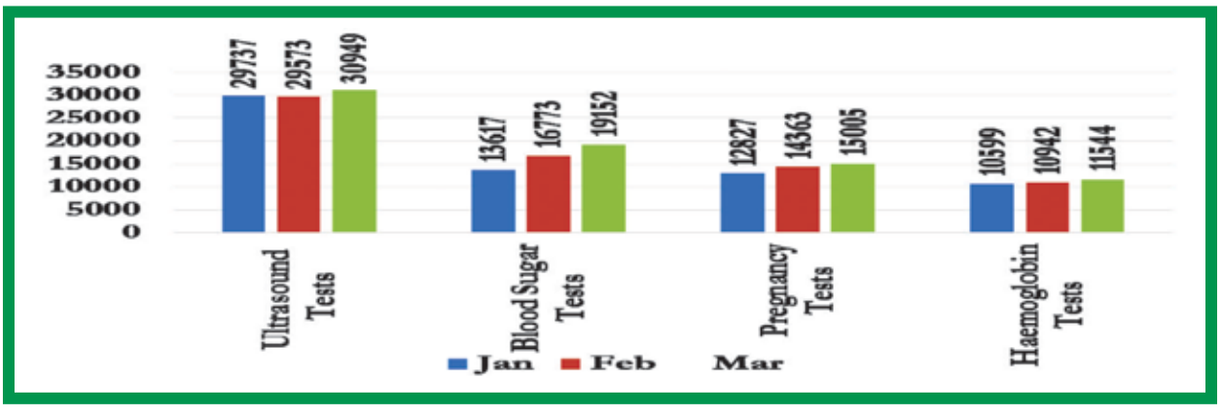



## 2.5 PPHI Diagnostic Services

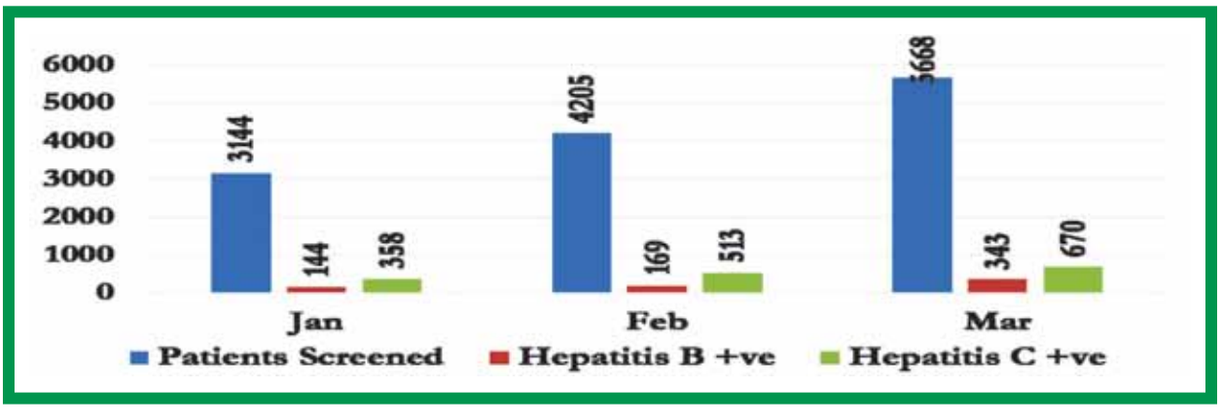
During 2011-12 alone, 200,800 ultrasound tests were undertaken – all free of cost. The success of the service can be judged from the fact that 35,365 pregnancies were confirmed; 1,311 Intra-uterine deaths were diagnosed; 2,829 cases of Missed Abortion were detected and more importantly 1,109 cases of ectopic pregnancies were diagnosed and thus lives were saved.

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 2.5.1 Routine Lab Tests




## 2.5.2 Hepatitis B & Hepatitis C Detection & Referral




| Lab Test | Jul | Aug | Sep |
|---|---|---|---|
| Ultrasound Tests | 29737 | 29573 | 30949 |
| Blood Sugar Tests | 13617 | 16773 | 19152 |
| Pregnancy Test | 12827 | 14363 | 15005 |
| Haemoglobin Tests | 10599 | 10942 | 11544 |
| Patients Screened | 3144 | 4205 | 5668 |
| Hepatitis B +ve | 144 | 169 | 343 |
| Hepatitis C +ve | 358 | 513 | 670 |

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 2.6 Special events of the 1st Quarter: Tharparkar Drought

Drought Emergency at Tharparkar dealt as emergency by increasing OPD timings from 8 am to 6 pm, with availability of male and female doctors at each HF, 7 fixed camps & 2 mobile camps established. Two specialist teams moved to THQs Chachro and Diplo, 4 ambulances along with 3 cardiac ambulances, Immediate Recruitment of Medical & Paramedical staff to fulfill HR gaps. In addition precautionary activities were planned and implemented in other vulnerable areas of various districts.







Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 2.7 MidWife Training

75 Midwife training candidates started their training course at PNFWP, Zia-ud-din University Karachi & Isra University Hyderabad. PPHI is bearing all expenses of the training institute along with 10,000 stipend for each candidates.




## 2.8 Implementation of Smart Phone Monitoring

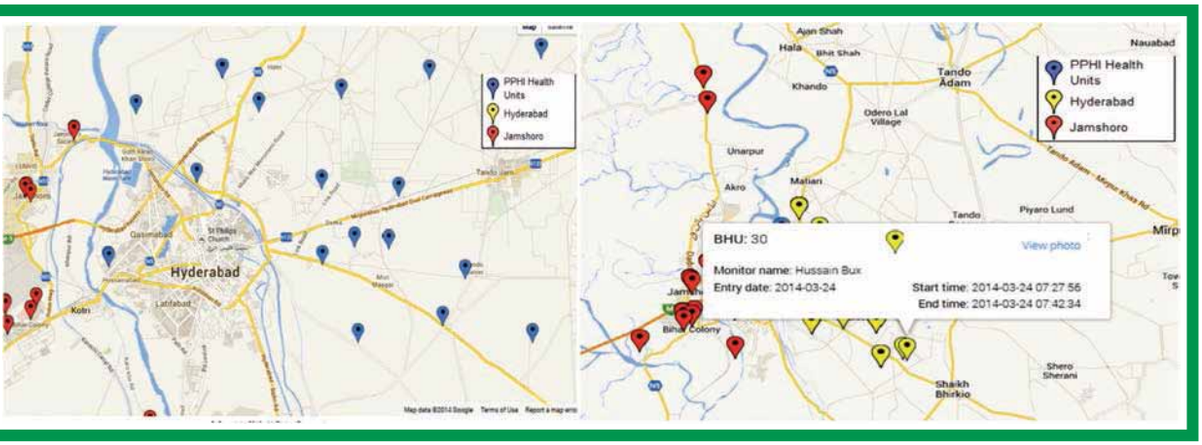
Smart Phone Monitoring of Monitors and Health Facility Monitoring started. Data Collection include:

Geo-coordinates of facility (to identify the GPS location along with date, time and evidence based (image) monitoring at HF).

Regularity and punctuality of HF staff and monitoring staff.

Physical verification of essential equipments at each HF with their functional status.

Medicine / Vaccine / Family planning stock received, issued, balance and stock out status. Cold chain status of EPI equipments.

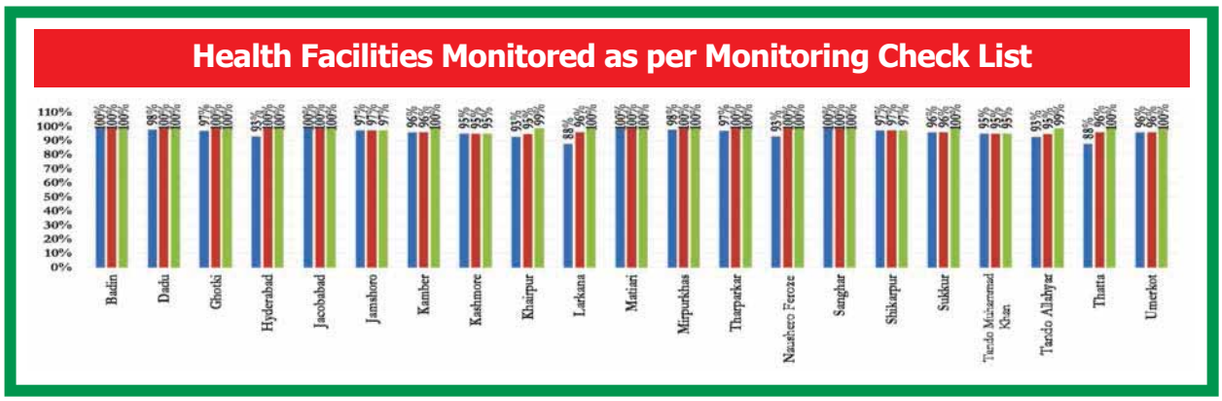



Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

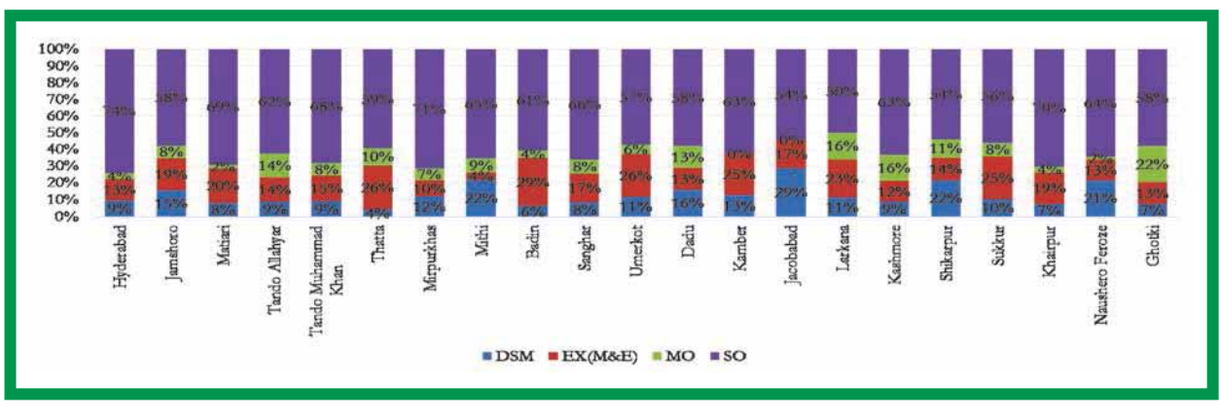
## 2.9 Supervision monitoring on District level, Provincial level and EPI Monitoring Checklist

There is strict Monitoring of staff at HFs with PPHI. During the month alone 5,631 visits were made by PPHI staff to various HFs for effective monitoring and facilitation. "Absenteeism" is regularly reported to concerned authorities for action. PPHI has arranged V–Wireless telephones at PPHI HFs for monitoring and quick exchange of information.

### 2.9.1 Percentage of Health facilities monitored with provincial and district level monitoring checklist

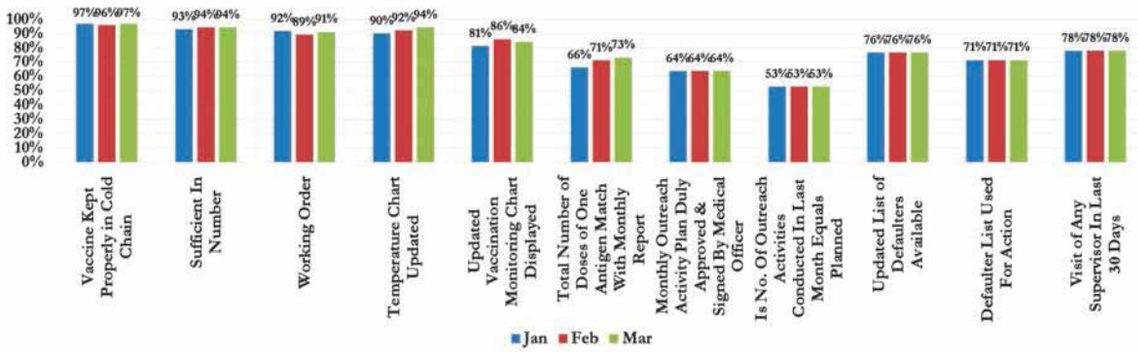



### 2.9.2 Monitoring visits by DSU team as per Monitoring Checklist during March




Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

## 2.9.3 EPI Indicators monitored by PPHI team during EPI center visits

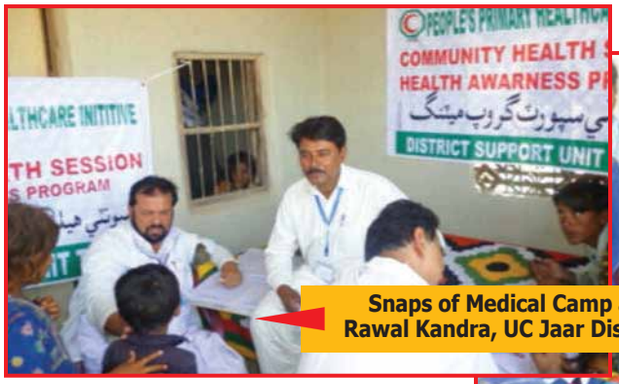



## Challenges

1. Despite being part of MOU, Vertical Programs are not yet transferred to PPHI Sindh.
2. Non Sharing of Data with PPHI by all stake holders working in Health Sector.

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# PPHI at a Glance






**Snaps of Medical Camp at Village Rawal Kandra, UC Jaar District Thatta**





**Worthy CEO PPHI Sindh, Visiting the MCHC Malanhore Veena**





**Recruitment Pictures @ District Office Tharparkar**

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# PPHI at a Glance






**School Health Session & School Health Session Done by NMC Chondiko Team District Khairpur**






**SHS Conducted by Dr Zaibunisa Qazi @ BHU Kandri Organised by Zubair Ahmed Sahito (SOI) DM Office Sukkur**





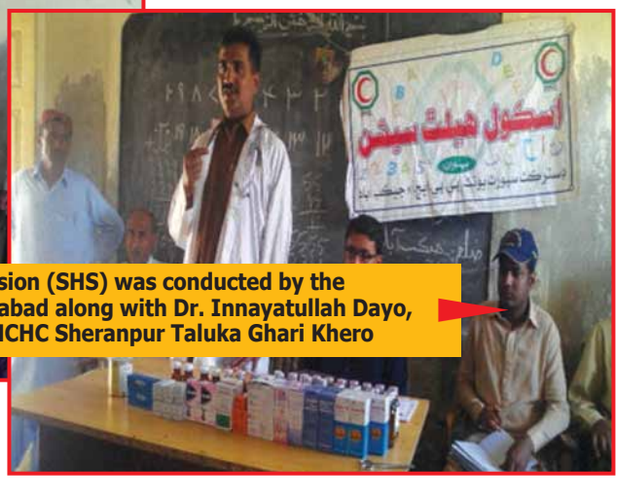

**Monthly Review Meeting of PPHI**

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# PPHI at a Glance

## MRM of Shikarpur Chaired by Regional Director Naseemuddin Mirani





**School Health Session (SHS) was conducted by the District Manager - Jacobabad along with Dr. Innayatullah Dayo, I/C Medical Officer MCHC Sheranpur Taluka Ghari Khero**





**The camp organized by DSU Jamshoro at sub health center Thano Arab Khan**

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# PPHI at a Glance





**Visit of Additional Deputy Commissioner Jacobabad Mr. Kashif Ali (DMG) at BHU Moladad of DSU Jacobabad.**






**SHS Pics on the subject HAND WASH organized by SO-I Tarique Mahar and conducted by Dr. Maida Sidiki @ GGHS Rustam**

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# PPHI Champions



**Miss Shazia Shoukat**
Health Facility:
MCHC GUJJO ( Thatta )

Keeping in view the low deliveries rate at District Thatta, it was decided to make a 24/7 MCHC in the area.

Miss Shazia Shoukat was appointed as LHV in night shift (08:00 pm to 8:00 am) at MCHC Gujjo. Where earlier one or two deliveries were being conducted daily, due to the commitment and efforts of Miss Shazia, there are now 10-12 deliveries being conducted at MCHC Gujjo every day.

Dr. Tasheen Pitafi has gained recognition for her knowledge and facilitation, as well as for her dedicated and sincere approach to responsibilities.

She is supporting in female health issues, has facilitated in plans and conducted sessions as per required topics and also facilitated on a presentation for capacity building of her team members.

She is very target oriented, and specially during Emergency situation her dedication and facilitation has been outstanding.

She has seen to the arranging of medical camps where there is need of camps and provided Ultrasound services in different medical camps and at BHU Saeed Pur she delivers free of cost services on her own behalf.



**Dr. Tashseen Pitafi**
Working at BHU Saeed Pur &
BHU Mir Muhammad Nizamani

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

# PPHI Heroes

Miss Suryia Praveen is one of the hard working Lady Health Visitors at District Kamber Shahdad Kot @Kamber. MCHC Shahdad Kot is the busiest center where more than 75 deliveries are being conducted every month. She played a vital role in terms of enhancing Antenatal care visits, Family Planning, Post natal care visits and in deliveries. It is said that it is very difficult to gain the confidence of a community as well as patients, but she did it with the height of confidence. She always cares for poor patients and counsels them from the core of her heart.



**Suryia Praveen (LHV)**
Health Facility:
MCHC Shahdad Kot



**Dr. Shazia Aamir**
Medical Officer
working at MCH Arian

She is very dedicated, enthusiastic and devoted in her duties, and always strives to provide safe delivery practices to the poor and needy community of the vicinity.

On 8th May 2013, a client name Sehet w/o Iqbal, age 20 years, was full term pregnant, and the delivery pain had started that morning. Her family took her to the private doctor, who told her that C - Section would be performed due to the weight of baby. For this, the doctor told the patient to make arrangements of blood & Advance amount of Rs. 25,000. Sehet belongs to a poor family and had no such amount. She decided to visit the MCH Arain on the advice of a family lady who took her ANC check up from MCH Arain. During consultation with Dr. Shazia suddenly delivery pain started. Our Female Medical Officer gave instruction for normal delivery, and Sehet gave birth to a 3 lb baby boy.

Due to the effort of our Female Medical Officer a normal delivery was conducted, client was saved from extra cost and from a fraud Private practitioner who is cutting the pockets of the poor community people.

So our Doctor is the heroine of the DSU PPHI Sukkur.

Source: The data has been collected on HMIS/DHIS format from all incharge MOs of HFs. There has been no comment on its validity from any Stake Holders.

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# Abbreviation & Acronyms

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|---|---|
| ACLS = Advanced Cardiac Life Support | HT = Health Technician |
| ANC = Antenatal Care | LHV = Lady Health Visitor |
| ARV = Anti Rabies Vaccine | MCHCs = Mother and Child Healthcare Centers |
| ASV = Anti Snake Vaccine | MDGs = Millennium Development Goals |
| BHU = Basic Health Unit | MO = Medical Officer |
| CSG = Community Support Group | MW = Midwife |
| DHIS = District Health Information System | OPD = Out Patient Department |
| DHO = District Health Officer | PD = Program Director |
| DSM = District Support Manager | PHC = Primary HealthCare |
| DSU = District Support Unit | PHS = Public Health Specialist |
| HR = Human Resource | PSU = Provincial Support Unit |
| EPI = Expanded Program for Immunization | RHC = Rural Health Center |
| EX(M&E) = Executive Monitoring and Evaluation | RPD = Regional Program Director |
| ERP = Enterprise Resource Planning | SHS = School Health Sessions |
| FMO = Female Medical Officer | SRSO = Sindh Rural Support Organization |
| FP = Family Planning | SO = Social Organizer |
| FSU = Federal Support Unit | TB-DOTS = Tuberculosis - Directly Observed |
| GD = Government Dispensaries | Treatment Short course |
| HFs = Health Facilities | TOR = Terms Of Reference |
| HMIS = Health Management Information System | TB = Tubercle bacilli |
| HR = Human Resource | ZR = Zero Report |

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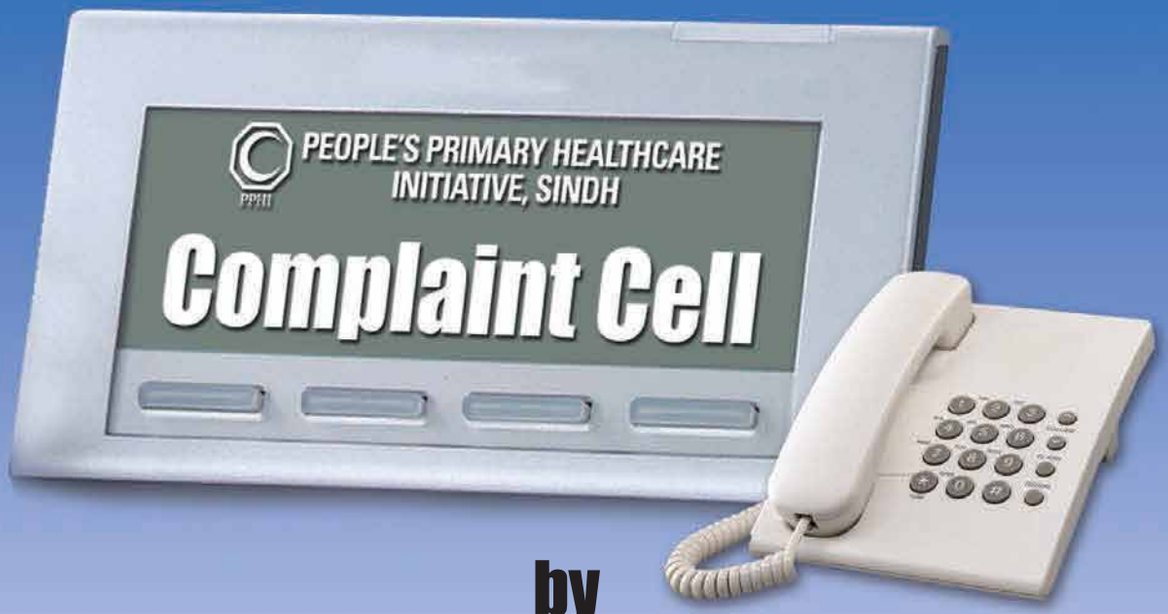
Whoso saveth the life of one,
it shall be as if he saved the life of all mankind.




# by
# People's Primary HealthCare Initiative, Sindh

PPHI is here to provide you with quality healthcare service in your area,
and has launched a 'Complaint Cell' for immediate responses to emergencies.

These complaint cells' services are also being provided in
Jamshoro and Hyderabad districts.




If you have any queries about PPHI services in your area, Please call on
PPHI's Complaint Cell, Toll Free 0800-77755

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