



QUARTERLY REPORT

(Jan-March, 2008)

President Primary Health Care Initiative (PPHI) NWFP/FATA



**House No 55, Street No 5, Sector K-5, Phase-III, Hayat-Abad,
Peshawar**

LIST OF ACRONYMS

ADP	Annual Development Program
ASM	Agency Support Manager
ASU	Agency Support Unit
BHU	Basic Health Unit
CHS	Community Health Session
DG	District Government
DGHS	Director General Health Services
DHIS	District Health Information System
DHQH	District Head Quarter Hospital
DoH	Directorate of Health
DPD	Deputy Program Director
DSM	District Support Manager
DSU	District Support Unit
E.O (F&A)	Executive Officer (Finance & Administration)
E.O (P&M)	Executive Officer (Planning & Monitoring)
EDO (H)	Executive District Officer (Health)
EPI	Expanded Program for Immunization
F.Y	Financial Year
FATA	Federally Administered Tribal Areas
FMT	Female Medical Technician
FSU	Federal Support Unit
GoNWFP	Government of North West Frontier Province
HMIS	Health Management Information System
HSRRU	Health Sector Research & Reforms Unit
LHV	Lady Health Visitor
M&R	Maintenance & Repair
MO	Medical Officer
MoO	Manual of Operations
MoU	Memorandum of Understanding
MPR	Monthly Progress Report
MRM	Monthly Review Meeting
MT	Medical Technician
OPD	Out-Patient Department
PD	Program Director
PHC	Primary Health Care
PPHI	Presidents Primary Healthcare Initiative
PSU	Provincial Support Unit
RHC	Rural Health Centre
SG	Support Group
SHS	School Health Session

EXECUTIVE SUMMARY

Since its inception in 2006 and actual fiends transferred in September 2007, PPHI has got considerable success in the districts where it has started work. Notable raise in OPD, maintenance and rehabilitation (M&R) of BHUs, medical staff recruitment and ensuring their attendance, provision of medicines and covering almost all BHUs in the district by clustering are the few remarkable activities of PPHI program. The program has built-in system for establishing support groups in order to inculcate sense of ownership in the beneficiary community, arranging community health sessions (CSH) and school health sessions (SHS) for awareness against the common diseases besides providing materials for health education (awareness of school children and community).

Increase in overall OPD recorded (53%) in the last 3 months (Jan-Mar, 2008). To overcome the deficiency of staff, PPHI recruited medical officers (57) and female medical officers (8) in its target areas. Most of the BHUs have been covered by MOs through clustering. Health education and awareness program is going side by side and, upto date 1,386 community health sessions (SHS) and a 1,305 school health sessions conducted so far with 33,157 and 217,334 participants respectively. During school health sessions, students are given a lecture on health and hygiene, then students are medically examined, and those require treatment, are provided with medicine. To inculcate the sense of ownership, PPHI regularly arrange support group meetings of the beneficiary communities and so for PPHI has established 257 support groups. M&R in 100 BHUs has been completed while it is on-going in 40 BHUs which will hopefully be completed in near future. The works are identified by the support groups and MOs taking into consideration the requirement the requirement of MOs and the patients.

Kurram Agency sectarian issue and trouble in Khyber have slowed down the progress as all the activities in Agencies have been affected. Similarly, FR Kohat (Dara Adam Khel) problems have affected the progress. Regular liaison is kept with Provincial Govt/ Health Department/ DG and FATA Secretariat. Activities will now gain momentum as we have received DTL of most of the medicines.

PPHI has done a lot to improve the PHC services at BHUs since its start of actual activities in September 2007 but it is true that there is always room for improvement. Some reasonable time would still be required to revive the decade long neglected BHUs/ PHC. Besides the improvement in physical infrastructure of BHUs, the behavior/ attitude of “not working in rural areas” will need time to change.

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PHOTO GALARY

ANNEXURE

- A District-wise progress report
- B Agency-wise progress report

1: INTRODUCTION

The President's Primary Healthcare Initiative (PPHI) is an outcome of the experimentation carried out in Tehsil Lodhran of District Rahim Yar Khan in southern Punjab. National Rural Support Program (NRSP) took over the management of 3 BHUs in Tehsil Lodhran from the Punjab Government. These BHUs were run by single medical officer at an enhanced salary. For maintaining a store of high quality medicines, a revolving fund of Rs 100,000/- was created with private philanthropic resources. The success of this endeavor was first extended to some of the districts of Punjab and then patronized and executed at the Federal level under the 'President's Primary Healthcare Initiative (PPHI) and launched in all provinces including NWFP/ FATA/ FANA and AJK.

1.1: PPHI IN NWFP & FATA

Presently PPHI is operational in 14 units (NWFP: 11 , FATA: 3) since its inception in November 2006, The Memorandums of Understanding (MOU) have been signed with Directorate of Health, GoNWFP and Director Health Services FATA on the 20th November 2006 and 25th November 2006 respectively. These were also signed by the District Government and the Agency Health Authorities.

Initially PPHI signed "District Agreements" and "Terms of Partnership" with 7 districts of NWFP and 3 agencies (December, 2006 & March, 2007 respectively). Based on the success and public demand, PPHI recently extended its services to 4 more districts in NWFP (*Table 1*).

1.2: FOCUS OF PPHI

The focus of the initiative for the improvement of primary healthcare through the first level healthcare facilities, specifically the BHUs is based on the guiding principles given below;

- Efficient Human Resource Management,
- Enhanced Community Participation,
- Local Resource Mobilization,
- Promoting Communication Channels

S. No.	Districts	No. of BHUs
1	Peshawar	50
2	Kohat	21
3	Nowshera	31
4	Swabi	40
5	Karak	19
6	Upper Dir	32
7	Chitral	21
8	Mardan	51
9	Charsadda	45
10	Haripur	41
11	Malakand	23

1.3: MISSION OF THE PPHI

To bring the PHC infrastructure to an optimum level of performance in terms of all the eight constituents of the PHC (Box-1); and, to assist in re-engineering the (district) health management and to hand over vibrant and high integration of RHF's to a reformed management, within the assigned time.

1.4: OBJECTIVES OF PPHI

The PPHI program has the following objectives;

1. Significantly strengthen the primary healthcare (PHC) system in the districts so as to ensure the delivery of a standard package of preventive, curative, and promotive services that will help NWFP achieve the Health Millennium Development Goals (MDG).
2. Significantly improve the:
 - i. Coverage and utilization of services,
 - ii. Quality of care, and
 - iii. Equity of access to the services by geographical areas, by income level, and by women and children.
3. Ensure that patients and communities are increasingly involved and satisfied with the publicly financed health services and facilitate the community's participation in the design, delivery, and evaluation of health services.
4. Build the capacity of health workers so that they can provide better services to the community within an available budget.

8 Components of Primary Healthcare

Box: 1

1. Improvement of basic hygiene.
2. Adequate supply of drinking water.
3. Participation of population.
4. Health and hygiene education.
5. Appropriate methods of treatment
6. Maternal and child care, including reproductive health and family planning.
7. Improvement of nutritional status.
8. Expanded program of Immunization (EPI).

1.5: PERFORMANCE INDICATORS

1. Treatment success rate among TB cases detected (cohort analysis).
2. TB case detection rate (number of sputum positive cases detected as % of target based on estimated prevalence, i.e.; case-findings).
3. Fully immunized children before 12 month of age.

4. Coverage of antenatal care % of all pregnant women receiving at least two antenatal care visits from a skilled provider.
5. Proportion of births attended by skilled attendants (excluding trained TBAs).
6. Number of newborns registered for growth monitoring.
7. Contraceptive prevalence rate % of women 15-49 years currently using a family planning method (modern).
8. Number of consultation per person per year.
9. Proportion of parents able to spontaneously name the danger signs of diarrhea and ARI and the appropriate response.
10. Percentage (%) of parents who report hand washing with soap after using toilet and before preparing food.
11. Score out of 100 on an index of care as judged by 3rd party.

(Some of the indicators fall within the purview of vertical/ parallel program)

1.6: PRIMARY HEALTHCARE SERVICES IN NWFP/FATA BEFORE PPHI

Before PPHI, the conditions of primary healthcare in target areas were miserable and no honest attention was given to improve the situations. Following is a brief synopsis of status of primary healthcare services in NWFP/FATA (*Table: 2*)

1. Vacant Posts of MOs and paramedic staff of BHUs
2. Absenteeism among the BHU staff
3. Deputed BHU staff sent to work at other healthcare facilities
4. Defective System of Supply of Medicine
5. Lack of Effective System of Monitoring of Performance
6. Management Failure
7. Poor Financial Resources & Management
8. Political Interference
9. Neglected Infrastructure
10. Lack of Incentives

11. Lack of Community Participation

COMPARATIVE ANALYSIS OF BHUs (Pre vs. Post PPHI)			Table: 2
Total No of BHUs in Target Area:	264		
Sanctioned Posts:	254		
Non-Sanctioned Posts:	10		
DESCRIPTION	PRE-PPHI	POST-PPHI	REMARKS
BHUs without MOs/ MT	113	21 (Long/ study leave)	Covered by MTs
Closed BHUs	17	0	All BHUs are operational
Working MOs	106	163	57 MOs & 8 FMOs (65) hired by PPHI
Working FMOs	0	8	
BHUs covered by clustering	0	73	Excluding focal BHUs
Maintenance & Repair	Neglected	140 BHUs	100 completed, 40 on-going
Community Participation in PHC services	Ineffective	Support Groups	257
Community Awareness Program	Ineffective	Community Health Session	1,386
Health Education	Nil	School Health Session	1,305
Monitoring System (Facilitation Visits)	ineffective	by A/DSMs/ staff	1,722

1.7: INITIAL PROBLEMS FACED BY PPHI

1. Law and Order situation
2. Acceptability in target areas
3. Labeled as NGO for negative propaganda
4. Access to information
5. Vacant posts / absenteeism / detailment
6. Availability of medicines / equipments etc
7. Non involvement of MOs in BHUs' catchments area activities
8. Access to information on parallel programs
9. Release of funds
10. Illegal occupants of BHUs
11. Deteriorated infrastructure / M&R of BHUs
12. Lack of basic facilities like water supply, sanitation and electricity.

2: ACHIEVEMENTS OF PPHI

2.1: NEW SERVICES INTRODUCED BY PPHI

PPHI introduce the following new services in BHUs and respective communities for effective healthcare service delivery,

1. Support Groups of beneficiary Communities.
2. Community Health Programs.
3. School Health Programs.
4. Capacity Building of Medical and Paramedic staff
5. Rehabilitation of Physical Infrastructure
6. Installation of telephones at BHUs.
7. Regular Monthly Review Meetings.
8. Facilitation & Monitoring
9. Inventory of Assets at BHUs.
10. Maintenance of expense, attendance and stock registers.

Box: 2

Millennium Development Goals (MDGs)

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal Health.
6. Combat HIV / AIDS, malaria and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development

2.2: BHU STAFF

The Medical Officer being In-charge of the First Level Healthcare Facility (FLCF) is of utmost importance for the success of PPHI program. MO plays a very important role to make BHU a hub for the preventive & curative PHC services.

Box: 3

The BHU staff is basically categorized into 3 types; Professional, Para-medics and Support/Auxiliary staff. The three categories have different personal perceptions towards program.

Presently 171 MOs/ FMOs are working out of which 57 have been hired by PPHI. No female MO hired by government while PPHI has recruited 8 FMOs. Study/ long leave is still a problem and 10 MOs are on leave. Staff position is evident from the table given below.

Table 2: BHU Staff

BHU STAFF				
Activities	NWFP	FATA	GRAND TOTAL	Remarks
No of BHUs	213	51	264	
Sanctioned Post (MOs)	203	51	254	
Non-sanctioned posts (MOs)	10	0	10	
Total MOs/ FMOs Currently working	135	36	171	MOs: 163, FMOs: 8
MOs/FMOs by Provincial Govt/ DG	86	20	106	No FMO by Provincial Govt
MOs by PPHI	41	16	57	
FMOs by PPHI	8	1	9	All FMOs contracted by PPHI

*KEY: Kt: Kohat, Now: Nowshera, KK: Karak, Chit: Chitral, Kur: Kurram,

2.3: CLUSTERING

Cluster is a unique approach in PPHI to cover BHUs without MOs/FMOs. In a cluster, an MO or FMO is assigned the responsibility to visit mostly 2 or three BHUs on alternate days. In this manner the deficiency of MOs is overcome as well as the rural population get medical facility. PPHI has formed 56 clusters which covers 73 BHUs excluding focal BHUs.

Table 3: Clusters

CLUSTERING				
Activities	NWFP	FATA	GRAND TOTAL	Remarks
Cluster made so far	43	13	56	Total BHUs:.....264 Covered by MOs/ FMOs: 243
Proposed Cluster	12	0	12	BHUs without MOs:.....21 (as against 113 BHUs without MOs before PPHI)
No of BHUs covered by clustering	101	27	128	
No of clusters of 2 BHUs	28	12	40	
No of clusters of 3 BHUs	15	1	16	Some FMOs clusters overlaps the MOs clusters as almost 80% of patients in BHUs are women & children & being conservative society, the local are hesitate to consult male MOs.
No of clusters of 4 BHUs	0	0	0	
No of FMOs Cluster	3	0	3	

2.4: MEDICINE PROCUREMENT

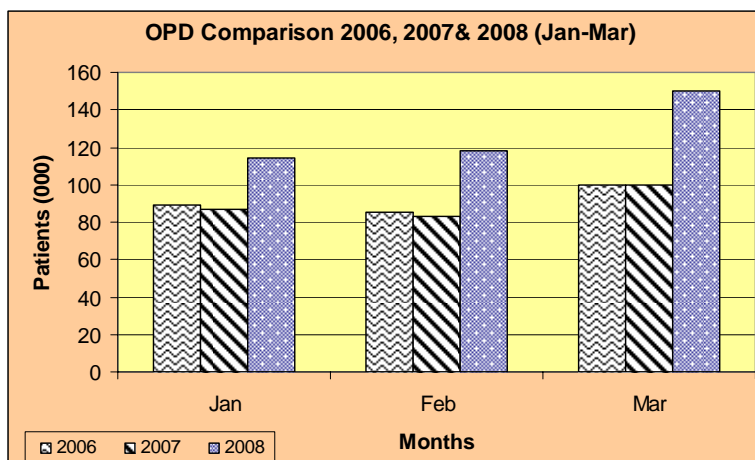
Supply of medicines is an important task in ensuring primary healthcare services in rural areas. After taking over the BHUs, PPHI retrieved some of the medicines from district governments which were distributed to respective BHUs. So far PPHI has placed orders for medicines worth Rs 37.5 million. PPHI has received medicines worth 18.6 million. Details are given in the table given below.

Table 4: Medicine Procurement

Medicine Procurement (Rs in Million)				
Activities	NWFP	FATA	GRAND TOTAL	Remarks
Orders Placed	31.9	5.6	37.5	
Medicines Received	15.9	2.7	18.6	
DTL Report Status (percentage)			60	

2.5: OPD AT BHUs

BHU's prime objective is to provide healthcare services to the local community. The BHUs were ineffective in addressing the eight essential elements of PHC before the inception of PPHI program. The PPHI facilitation to the PHC system had helped considerably in improving the situation specially the OPD at the BHUs.



In the last 3 months, 53% raise in OPD has been recorded despite the difficult situations especially in FATA. This is mainly due to, timely availability of medicines, better attendance and monitoring, community mobilization and maintenance and rehabilitation of BHUs. A comparative analysis of OPD is given in the following table;

Table 5: OPD

OPD¹				
Activities	NWFP	FATA	GRAND TOTAL	Remarks
2006 (Jan- Dec)	963,765	119,039	1,104,603	AS baseline year for PPHI
2007 (Jan- Dec)	1,163,271	140,838	1,282,310	Actual work started in Sep 2007, after the release of Funds
2007 (Jan- March)	238,500	30,612	269,112	First quarter of 2007
2008 (Jan- March)	336,416	49,265	385,681	First quarter of 2008
% increase	41	61	43	1st quarter 2007 vs. 1st quarter 2008
2008 (March)	132,474	19,760	152,234	Comparison of OPD of the corresponding months
2007 (March)	88,384	11,193	99,577	March 2007 vs. March 2008
% increase	50	77	53	

2.5.1: MOTHER & CHILD PREVENTIVE ACTIVITIES

¹. In 2007, the increase in OPD is mainly due to better monitoring while in 2008 staffing, medicines supply, community awareness, health education and facilitation attracted more patients to BHUs. The school children treated in addition to the above and given separately.

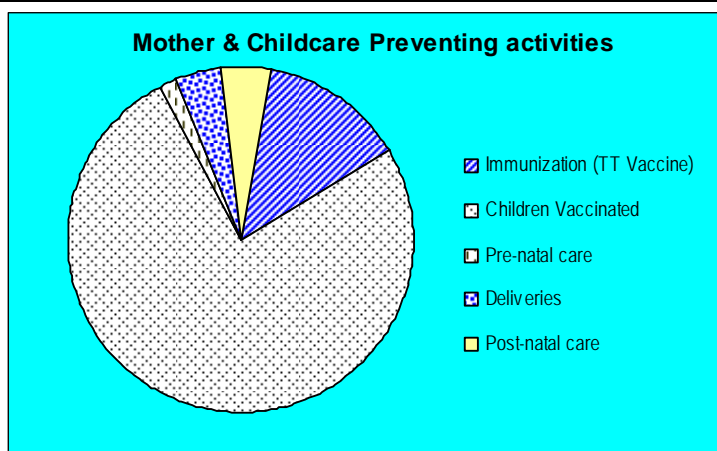
PPHI has given primary attention to mother and child preventive care. For this purpose PPHI not only ensures the availability of trained medical staff but also provide medicines and equipments. So far PPHI has administered TT vaccine to 76,243 pregnant and child bearing age women. Similarly 420,574 children have been vaccinated in the target areas. 6,041 deliveries handled in BHUs while 17,276 deliveries handled by professional birth attendants at their homes. As for as pre-natal & post-natal cares are concerned, 9,110 women were provided with pre-natal care while 25,808 women were given post-natal care. Details are given in the table given below;

Table 6: Mother & Child Healthcare Activities

Mother & Childcare Preventing activities				
Activities	NWFP	FATA	GRAND TOTAL	Remarks
Immunization (TT Vaccine)	68,946	7,297	76,243	
Children Vaccinated	387,937	32,637	420,574	
Pre-natal care	8,916	194	9,110	
Deliveries	23,129	188	23,317	
Post-natal care	25,620	188	25,808	

2.6: FACILITATION/ MONITORING BY PPHI STAFF

For the success of every program, regular monitoring and facilitation is necessary. PPHI has given prime importance to monitoring and facilitation in implementation of its program.



District support manager (DSM) and DSU staff regularly conduct field visits to ensure quality of services. DSM has conducted 625 field visits while DSU field staff has carried out 1,070 visits. During these visits, PPHI staff ensures the attendance of medical staff, availability of medicines, medical equipments, maintenance and rehabilitation work, conduct community health sessions, school health sessions and holds meetings with support groups. PPHI staff also keep liaison with vertical programs and other organizations working in health sector like Save the Children, UNHCR etc. (Table: 6)

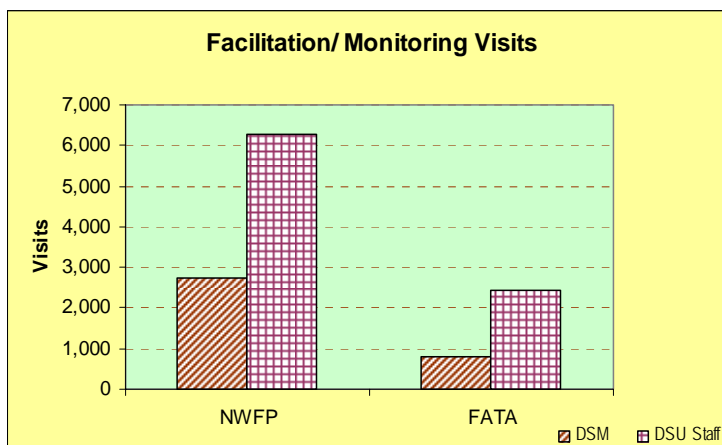
2.7: MONTHLY REVIEW

MEETINGS

Monthly review meeting is taking place at PSU as well as at DSU level regularly. AT DSU level, DSM invites meeting of all medical officers in which they share monthly progress of BHU activities, discuss problems they face in field and seek suitable solutions. They also review the M&R work being carried out in respective BHUs. So far 72 meetings have been conducted at DSUs level.

Table 6: Facilitation/ Monitoring Visits

Facilitation/ Monitoring Visits			
Field Visits	NWFP	FATA	Total
DSM	2,733	812	3,545
DSU Staff	6,265	,450	8,715
Total Visits	8,998	3,262	12,226



At PSU level all agency/ district support managers (A/DSMs) participate in review meeting which is chaired by Program Director (PD). They present their progress and discuss problems and various handicaps which are solved at the spot by PD. So far 12 review meetings have been conducted at PSU level.

Participants of MRMs at DSU

- Medical Officers (MOs)
- Support Group Members (as may be considered by the DSM).
- District In-charge of the Vertical Programs.
- A representative from the PSU.
- All DSU professional staff.

2.8: COMMUNITY PARTICIPATION

Community participation is the essence of program. Local communities are the guarantor of long term sustainability of services. The Role of community participation, interalia, include; provision of sense of ownership of BHU; provision local feedback; suggestions for improvements; access to preventive programs; organization of community health sessions; organization of school health sessions; and, focus on hygiene / sanitation / nutrition/ EPI etc.

PPHI ensures community participation in healthcare services in the following ways;

1. Support Groups are based on the catchments area of BHUs and population.
2. The number of members ranges from 15-25 persons.
3. They are representative of the community with members from each section of the community i.e. elders, councilors, leaders, students, religious people, local teachers etc.
4. These Support Groups are formed per BHU and are more important in the current circumstances.
5. Regular contact between PPHI and Support Groups is an added effort for the upkeep of BHUs Monitoring.

2.8.1: ESTABLISHMENT OF SUPPORT GROUPS

PPHI has established support groups in the catchment area of each BHU. This is a group of influential, elected representatives or elder of the community who take part in decision making regarding the BHU. Support groups helps in organizing the community/ school health sessions, identifying/ supervision of M&R works and any other task required for the improvement of BHUs. PPHI has established 257 out of 264 support groups in its target area. The deficient support group will be established as soon as the security situations become favorable in FATA. (Kurram Agency, Khyber Agency and FRs Pesh/ Kohat). Support group meetings take place on monthly basis or whenever needed. So far 770 support group meeting have taken place in the target BHUs.

Table: 7

SUPPORT GROUPS				
SUPPORT GROUP	NWFP	FATA	TOTAL	REMARKS
Support Groups formed (SGs)	213	44	257	Deficient SGs: 7 Khyber: 1, Kurram: 4, FRs: 2
Support Group Meetings	601	169	770	

2.8.2: COMMUNITY HEALTH SESSIONS

A community health session is the public awareness program as part of the community participation approach of PPHI. In community health sessions, lectures are given to the participants on a variety of topics (Box: 4) relating to health and hygiene.

So far PPHI has arranged 1,386 sessions has arranged in which 33,157 participants have taken part.

2.8.3: SCHOOL HEALTH SESSIONS

Health and hygiene education is most important in eradicating communicable diseases. For this purpose PPHI regularly arrange school health sessions in schools to aware the students about various diseases. During the session, students are given lectures,

Box: 4

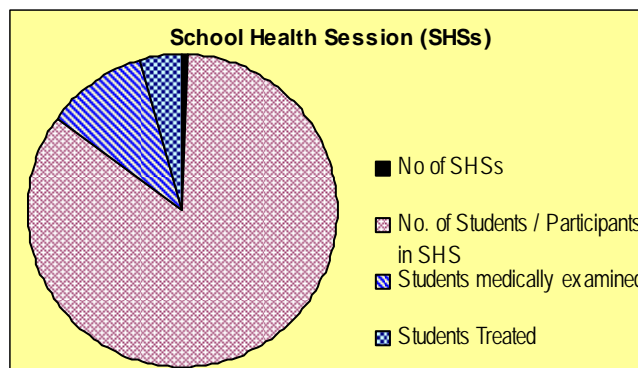
- Topics covered in Community/School Health Sessions**
1. General cleanness/ hygiene
 2. Awareness against communicable diseases.
 3. Polio/EPI
 4. Typhoid
 5. Dysentery
 6. Malaria
 7. Measles
 8. Diarrhea
 9. Scabies
 10. Hepatitis
 11. Tuberculosis
 12. ARI etc.

Table: 8

School Health Session (SHSs)			
School Health Sessions	NWFP	FATA	TOTAL
No of SHSs	1,149	156	1,305
No. of Students / Participants in SHS	210,409	6,925	217,334
Students medically examined	26,694	5,860	32,554
Students Treated	10,971	2,215	13,186

important tips about health, then they are medically examined and, if required, they are provided with treatment.

So far PPHI has arranged 1,305 school health sessions in which 217,334 students have participated, 32,554 students have medically examined while 13,186 have been provided with proper treatment.



3: MAINTENANCE AND REHABILITATION

Maintenance and rehabilitation is one of the important components of PPHI program. This was a neglected component in BHUs before PPHI. The situations has improved after PPHI because PPHI has started M&R work and so far 100 BHUs have been completed while it is being carried out in 40 BHUs.

M& R PPHI Funds (Rs in Million)				Table: 9
M&R	NWFP	FATA	Total	Remarks
M&R (Funds Allocated)	21.4	5.1	26.5	BHU from ADP: 17 in Swa, 12 in Chit, 8 in Pesh, 1 in Dir (up), Now: 9
M&R (Funds Transferred)	8.0	2.5	10.5	
M&R (Funds utilization)	5.17	1.7	6.9	
M& R Funds in hand	2.9	0.8	3.7	
No of completed BHU	77	23	100	
No of on-going BHU	36	4	40	
Remaining BHUs	53	24	77	

3.1: PROCEDURE FOR M&R

- PPHI provides Rs: 100,000/- per BHU (*one time Grant*)
- A Committee is established for M&R with the following members.
 - Medical Officer of BHU
 - Technical support (sub-engineer)
 - Two Support Group Members
 - Elected Representative (Councilor etc)
 - Social Organizer, PPHI

- Support Group passes a resolution for identification and prioritization of M&R works.
- The Committee scrutinize, approve the Resolution & supervise the works
- The expense register is open to all for inspection

4: FUNDS TRANSFER FROM DISTRICT GOVERNMENT

One of the crucial steps for the recognition of PPHI units was the 'One-Line Funds Transfer' for the BHUs from the allocated govt. health budgets. The PPHI districts have transferred the following amounts during the previous financial year 2006-07 in addition to the transfers under special grants and ADPs for uplift of PHC services at the BHUs i.e. medicine / equipment etc.

Through the efforts of PPHI the Provincial Government allocated grant of Rs. 25,000 per month per BHU for all the districts. The seven districts of PPHI are as under;

S/No	Districts	Provincial Grant (Rs) (Medicine Released, FY. 2007-08)	Total Released (Rs) (salary & non salary)
1	District Peshawar	15,000,000	9,682,498
2	District Kohat	6,300,000	336,836
3	District Nowshera	9,300,000	1,531,484
4	District Swabi	12,000,000	1,716,558
5	District Karak	5,700,000	314,766
6	District Upper Dir	9,600,000	4,439,360
7	District Chitral	9,300,000	864,132
TOTAL		67,200,000	18,885,634

DG has transferred Rs. 189 million in salary & non salary for 2007-2008 while Rs. 67.2 million has been released by the provincial Government for medicine at rate of Rs.25000 per month per BHU. The same has also been released by the Provincial Government for all the districts including the seven districts of PPHI.

5: Impediments to PPHI – NWFP

The PPHI program, since its inception, has been facing lots of management and financial barriers. The program has to establish its own image, both in the minds of the government and the community. Few of the obstacles are highlighted below;

5.1: Institutional Arrangements

The program had to reform by pulling out the miss-managed features from the existing health structure and mould it to the required settings. It faced lots of resistance as authority

was to be sliced from DG into two big chunks one of which was to be given to PPHI. The institutional arrangement was complex and consumed lots of the resources and energy of the PPHI teams during the inception months and still continues in some areas.

This transition was also coordinated with the HSRU, Health Secretariat over a number of meetings.

5.2: District Government Funds Transfer

The legitimacy of PPHI program stood on the actual funds transfer from the district governments to the concerned PPHI units. The process involved coordination meetings with the health secretariat of district government.

The reluctance on part of concerned authorities was worked out with establishment and finance departments for the DSUs. Finally, the DG has started to release to PPHI the Budget transfers.

5.3: Negative Perception of Communities against the SRSP Role

During the inception period of the program the negative propaganda “non-governmental organizations (NGO)” was used to dislodge the program. The involvement of SRSP being the non-government organization was exploited by the opposing groups for their vested interests. It was dealt in the following manner;

- The management of PPHI successfully countered the propaganda and the mind set of BHU staff and community members was corrected.
- The process involved meetings with the higher authorities such as the District Coordination Officers.
- The monthly meetings were organized with the doctors and paramedics. The same was countered through the interaction with local community leaders and councilors.
- Extensive interaction with communities, support groups, local representatives, councilors, district functionaries were made.

CHALLENGES TO PPHI

- Long/ study leave reserve posts not created at DGHS level
- Pending post creation/ SNEs with DoH
- Transfer/ posting orders still issued by DGHS & EDOs (H)
- Attendance of Medical Staff still a problem. *(Report to DoH for action)*
- PPHI not accepted as co-opted member of medicine coordination cell (MCC)
- Access to vertical program still a problem

6: Plan of Action of PPHI-NWFP/ FATA

The PPHI program has its emphasis on management perspectives of the primary healthcare setup. It is differentiated from the rest of the projects and programs as it involves mostly qualitative indicators. However, the quantitative fields of action involve the following major activities;

6.1: EXTENTION OF PPHI

In January 2008 four more districts namely Mardan, Haripur, Malakand and Charsadda have been commissioned and offices established after signing the agreements with respective district governments. Requisite staff has been hired and offices established for these districts. They have been assigned the task to collect baseline information regarding;

- Staff status of BHUs
- Water Supply
- Sewerage
- Electrification
- Special Repairs to the Infrastructure
- Boundary Walls (if broken or incomplete)
- Provision of telephone facility
- Provision of Sui Gas where available
- Link Road to nearby community or pakka road

PHOTO GALARY

M&R Before PPHI



M&R After PPHI



School Health Sessions



Community Health Session



DSU-Peshawar



DSU-Dherla (upper)



ASU-Khyber



DSU-Karak

District Nazim, Karakoram



KURRAM AGENCY



DSU-Karak



SUPPORT GROUP MEETING



ANNEXURE

Annexure-A: DISTRICT-WISE PROGRESS REPORT

S/No	LIST OF ACTIVITIES	Peshawar	Kohat	Nowshera	Swabi	Karak	Dir (up)	Chitral	NWFP Total	
1	No. of BHUs	50	21	30	40	19	32	21	213	
2	BHU Staff	Sanctioned Post (MOs)	50	18	30	40	16	32	17	203
		Non-sanctioned posts (MOs)	-	3	-	-	3	-	4	10
		Total MO/ FMOs Currently working	47	11	22	29	8	12	6	135
		MOs /FMOs by Provincial Govt/ DG	36	6	11	22	2	6	3	86
		MOs by PPHI	7	5	8	7	6	5	3	41
		FMOs by PPHI	4	-	3	-	-	1	-	8
		MOs/FMOs on Study long leave	3	3	1	3	-	-	-	10
		BHUs without MOs		4		4	1	-	11	20
No of MOs FMOs vacant posts	-	6	8	1	1	-	9	25		
3	Other Professional Staff	Sanctioned Posts	354	63	121	120	51	128	63	900
		Filled Posts	354	55	97	83	44	120	60	813
		Vacant Posts	-	8	24	37	7	8	3	87
4	Clustering	Cluster made so far	-	4	9	7	8	12	3	43
		Proposed Cluster	-	7	-	-	-	-	5	12
		No of BHUs covered by clustering	-	10	20	14	18	32	7	101
		No of clusters of 2 BHUs	-	2	7	7	6	4	2	28
		No of clusters of 3 BHUs	-	2	2	-	2	8	1	15
		No of clusters of 4 BHUs	-	-	-	-	-	-	-	-
5	Medicine Procurement (Rs in Million)	Retrieved / taken on stock from DG/ DoH (FATA)	0.97	9.3	1.5	2.3	0.3	1.5	-	15.83
		PPHI Orders Placed	5.86	3.5	3.5	5.6	3.0	4.88	5.48	31.9
		PPHI Medicines Received	2.7	2.1	0.8	2.5	1.5	3.8	2.51	15.9
		PPHI medicine Distributed	1.38	0.1	-	0.2	0.4	1.8	0.32	4.2
		Available in PPHI Stock	1.38	1.98	0.82	2.35	1.10	2.00	2.18	11.76
		DTL Report Status (Items % received)	52	30	-	56	6	45	63	50
6	Medical Equipment (Details of equipments must be annexed)	Equipments Retrieved/ taken on stock from DG	1.12	-	-	0.21	-	0.20	0.2	2
8	OPD	2007 (Jan- Dec)	372,760	112,179	157,201	267,448	60,518	129,182	63,983	1,163,271

	(month wise details of OPD for 2007 & 2008 must be annexed)	2008 (Jan- March)	87,557	31,731	55,146	73,445	28,280	47,287	12,970	336,416
		Total (Upto March 2008)	460,317	143,910	212,347	340,893	88,798	176,469	76,953	1,499,687
		2008 (March)	31,210	10,815	22,541	30,651	11,419	18,897	6,941	132,474
		2007 (March)	27,001	7,667	11,268	25,209	4,593	8,264	4,382	88,384
		% increase	16	41	100	22	149	129	58	50
9	No. of Deliveries Handled	at BHUs	1,260	61	21	75	83	4,369	107	5,976
		at Homes	2,737	415	322	177	265	13,106	131	17,153
		Total	3,997	476	343	252	348	17,475	238	23,129
10	Mother & Childcare Preventing activities (Details must be annexed) (Details of Immunization/ vaccination must be annexed)	Immunization (TT Vaccine)	22,997	6,695	2,858	12,338	3,172	17,108	3,778	68,946
		Children Vaccinated	169,387	32,555	60,507	52,123	10,525	52,105	10,735	387,937
		Pre-natal care	4,522	487	1,983	491	354	744	335	8,916
		Deliveries	3,997	476	343	252	348	17,475	238	23,129
		Post-natal care	3,997	350	199	189	3,172	17,475	238	25,620
12	Facilitation/ Monitoring Visits	By DSM	84	96	120	114	21	49	26	510
		DSU Staff visits	142	158	125	160	84	74	45	788
		Total Visits	226	254	245	274	105	123	71	1,298
13	Monthly Review Meetings (MRM) (Agenda of & decisions taken in MRM of reporting month must be annexed)	MRM Conducted so for	8	7	10	8	6	10	5	54
14	Support Groups	Support Groups formed (SGs)	50	21	30	40	19	32	21	213
		Support Group Meetings	107	81	88	233	68	8	16	601
15	School Health Session (SHSs)	No of SHSs	78	40	221	288	180	38	304	1,149
		No. of Students / Participants in SHS	4,860	4,531	5,481	14,733	42,656	125,960	12,188	210,409
		Students medically examined	1,769	2,606	4,775	10,188	3,473	2,117	1,766	26,694
		Students Treated	815	1,530	1,504	2,498	1,618	1,520	1,486	10,971
16	Community Health Sessions (CHSs)	No of CHSs	49	38	289	198	180	16	551	1,321
		No of Community Health Session Participants	942	1,301	5,714	3,913	5,035	1,646	12,556	31,107
17	M& R PPHI Funds (Rs in Million)	M&R (Funds Allocated)	5.0	2.1	3.1	4.0	1.9	3.2	2.1	21.4
		M&R (Funds Transferred)	1.47	0.63	1.9	1.2	0.8	1.08	0.99	8.0
		M&R (Funds utilization)	0.68	0.36	1.06	0.7	0.5	0.98	0.9	5.17
		M& R Funds in hand	0.78	0.27	0.8	0.55	0.31	0.10	0.09	2.9

		No of completed BHU	-	7	12	9	15	27	7	77
		No of on-going BHU	17	5	7	5	-	-	2	36
		BHUs from ADP Scheme	8		9	17		1	12	47
		Remaining BHUs	25	9	2	9	4	4	-	53
18	DG Funds Transferred during 2007-08 (Rs.In Million)	Salary	48.0	0.8	3.6	1.3	1.2	3.2	0.77	58.8
		Non salary	5.58	0.5	1.4	3.7	0.16	1.87	0.68	13.9
		Performance based budget	3.75	0.9	9.3	-		-	-	13.9
		Total funds transfer	34.1	3.1	14.4	5.1	7.5	5.07	1.45	70.8
		Funds Utilized	29.79	0.6	0.8	0.8	1.3	2.8	1.12	37.3
		Balance in hand	4.31	2.5	13.6	4.3	6.10	2.27	0.32	33.4

Annexure-B: AGENCY-WISE PROGRESS REPORT

S/No	LIST OF ACTIVITIES	Khyber	Kurram	FR Pesh/Kt	FATA TOTAL	
1	No. of BHUs	13	22	16	51	
2	BHU Staff	Sanctioned Post (MOs)	13	22	16	51
		Non-sanctioned posts (MOs)	-	-	-	-
		Total MO/ FMOs Currently working	11	16	9	36
		MOs /FMOs by Provincial Govt/ DG	5	12	3	20
		MOs by PPHI	6	4	6	16
		FMOs by PPHI	-	-	-	-
		MOs/FMOs on Study long leave	-	-	-	-
		BHUs without MOs		1		1
	No of MOs FMOs vacant posts	-	6	-	6	
3	Other Professional Staff	Sanctioned Posts	93	159	48	300
		Filled Posts	87	141	41	269
		Vacant Posts	6	18	7	31
4	Clustering	Cluster made so far	2	4	7	13
		Proposed Cluster	-		-	-
		No of BHUs covered by clustering	4	9	14	27
		No of clusters of 2 BHUs	2	3	7	12
		No of clusters of 3 BHUs	-	1	-	1
		No of clusters of 4 BHUs	-	-	-	-
	No of FMOs Cluster	-	-	-	-	
5	Medicine Procurement (Rs in Million)	Retrieved / taken on stock from DG/ DoH (FATA)	-	0.72	0.25	0.97
		PPHI Orders Placed	2.0	1.9	1.7	5.6
		PPHI Medicines Received	1.2	0.5	1.0	2.7
		PPHI medicine Distributed	0.4	-	0.20	0.6
		Available in PPHI Stock	0.83	0.50	0.70	2.13
		DTL Report Status (Items % received)	30	45	-	50
6	Medical Equipment (Details of equipments must be annexed)	Equipments Retrieved/ taken on stock from DG	-	-	-	-

8	OPD (month wise details of OPD for 2007 & 2008 must be annexed)	2007 (Jan- Dec)	45,354	41,625	32,060	119,039
		2008 (Jan- March)	21,097	17,981	10,187	49,265
		Total (Upto March 2008)	66,451	59,606	42,247	168,304
		2008 (March)	10,168	5,375	4,217	19,760
		2007 (March)	3,725	4,621	2,847	11,193
		% increase	173	16	48	77
9	No. of Deliveries Handled	at BHUs	65	-	-	65
		at Homes	123	-	-	123
		Total	188	-	-	188
10	Mother & Childcare Preventing activities (Details must be annexed) (Details of Immunization/ vaccination must be annexed)	Immunization (TT Vaccine)	5,593	1,281	423	7,297
		Children Vaccinated	19,157	11,662	1,818	32,637
		Pre-natal care	194	-	-	194
		Deliveries	188	-	-	188
		Post-natal care	188	-	-	188
12	Facilitation/ Monitoring Visits	By DSM	48	38	56	142
		DSU Staff visits	88	84	110	282
		Total Visits	136	122	166	424
13	Monthly Review Meetings (MRM) (Agenda of & deciswsion taken in MRM of reporting month must be annexed)	MRM Conducted so for	7	5	6	18
14	Support Groups	Support Groups formed (SGs)	12	18	14	44
		Support Group Meetings	48	73	48	169
15	School Health Session (SHSs)	No of SHSs	38	89	29	156
		No. of Students / Participants in SHS	3,306	2,682	937	6,925
		Students medically examined	2,799	1,087	1,974	5,860
		Students Treated	1,122	374	719	2,215
16	Community Health Sessions (CHSs)	No of CHSs	9	18	38	65
		No of Community Health Session Participants	437	677	936	2,050
17	M& R PPHI Funds (Rs in Million)	M&R (Funds Allocated)	1.3	2.2	1.6	5.1
		M&R (Funds Transferred)	0.88	0.66	0.96	2.5

		M&R (Funds utilization)	0.77	0.16	0.76	1.7
		M& R Funds in hand	0.11	0.50	0.20	0.8
		No of completed BHU	11	6	6	23
		No of on-going BHU	2	-	2	4
		BHUs from ADP Scheme				-
		Remaining BHUs	-	16	8	24
18	DG Funds Transferred during 2007-08 (Rs.In Million)	Salary	4.9	16.3	3.6	24.8
		Non salary	0.8	1.0	0.8	2.6
		Performance based budget	-	-	-	-
		Total funds transfer	5.7	12.1	4.4	22.2
		Funds Utilized	3.3	9.8	2.9	16.0
		Balance in hand	2.4	2.3	1.5	6.2