

Improving Basic Health Services through People's Primary Healthcare Initiative (PPHI) in Quetta, Balochistan

By

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Abstract:

People's Primary Health care Initiative (PPHI) is working in 30 districts of Balochistan. The present study examined the major Primary Health Care Services, provided by People's Primary Health care Initiative (PPHI) to community people, in Quetta district of Balochistan. The required data was collected through questionnaire, from 100 beneficiary households randomly. Additional information was gathered through key informants and focused group discussions. The data was analyzed by using frequency distributions and percentages through Statistical Package for Social Sciences (SPSS). The findings of the study revealed that almost all respondents availed the services on physical examination, tetanus vaccination and prenatal medication. PPHI has played an important role to control polio and measles cases in the study area. The highest majority of women were satisfied with the aforementioned services. However, the unavailability of delivery homes, lack of transportation and emergency facilities were noted to be the major drawbacks in PPHI's Basic Health Units. Illiteracy and poverty entailed with over-population have jolted people in the study area. To effectively intervene the communities, PPHI needs to establish delivery homes in the Basic Health Units; provide emergency services 24 hours including sufficient medicines and the transportation facilities.

Keywords: PPHI, Maternal Health, Beneficiaries; Satisfaction; Quetta, Balochistan

Introduction:

Globally, various countries are exploring and trying new strategies for better outcomes of their respective health care system (World Health Organization, 2002). Primary health care system is one of the most important tools to contact individuals at community level (Salman, R.B. and Figures, J., 1997). According to Abu-Ghaida and Klasen (2004), in social sector particularly health and education are playing a vital role

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developing any nation, while both sectors have less investment from public finances in developing countries. Health services in most of the developing countries are provided by the governments. In Pakistan, the public health deliverance work as an incorporated health composite is governmentally managed at district level. In this system, the Basic Health Units (BHUs) serve 10,000 to 15,000 populations; five to ten BHUs in the catchment area are linked to a Rural Health Center (RHC) serving 25,000 to 50,000 people. In this way, the Tehsil Headquarters (THQ) and the District Headquarter (DHQ) hospitals provide secondary care services (referral cases) serving 100,000 to 300,000 population (Economic Survey of Pakistan, 2002-2003; Siddiqi et al, 2004). Maternal and Child Health Centers (MCHCs), Basic Health Units (BHUs) and Rural Health Center (RHCs) are basic care facilities and are supposed to give basic mother child care with community outreach programs. Maternal and Child Health Centers (MCHCs) are a part of the integrated health system but their number is limited (Local Government Ordinance 2001). Tehsil Headquarters(THQ) and District Headquarter (DHQ) hospitals have specialists, serve as referral centers and deal with childbirth care services. In Pakistan, the primary health care services are planned and put together by the federal government. The provincial Government is responsible to provide these basic health care services. Only the Federally Administrative Tribal Area-FATA is controlled and administered by the federal government. Thus, the health care units are established in the country in order to protect the citizens from numerous diseases. Lots of differences are found in public sector expenses on health care across provinces. Balochistan and Khyber Pakhtunkhwa spent less than 01 percent of GDP on health care services in comparison with Punjab and Sindh (Akram and Khan, 2007). The condition of Health status of Pakistani population shows a severe image. The budget allocated for health was declined from 0.7 percent in 1990 to 0.6percent in the year 2003 (Lashari, 2004). According to World Bank (2002), in Pakistan, the capacities of human resources remained very challenging due to untrained staff and poor management (World development, 2002).

UNICEF and World Health Organization have drafted the Global Immunization Vision Strategy (GIVS) to develop and fortify the programs for national immunization. The main purpose of this plan was the opening of new vaccines and to boost up the convenience of each suitable person. The child death rate in Pakistan is 87/1000 live births which is way off MDG target 2015 of 52/1000 live births. The target given by WHO that by 2010, 90percentofchildren must be immunized. The estimated target given to Africa and South Asia were 74percent and 69percent correspondingly. Similar situation is seen in Pakistan. It means Pakistan has not achieved its goals. The target given to Pakistan was rages from 56-88percent. WHO has made the report on said immunization and it was reported that only 47.3percent children were completely vaccinated. This is said to be very poor immunization and is the reason that still polio is not eliminated from Pakistan. Another life intimidating issue of Pakistan is Measles. And the rate of this casualty rises to 64 children in 2011 and the number rise to 306 in 2012 (Duclosetal 2009). In Pakistan, the government organizations

could not provide effective health services due to several reasons like poor infrastructures, ineffective human resources and insufficient medicines. This is why, Non-Governmental Organizations (NGOs) intervene the health sector at grass root level. There is lack of management in the government sector to control the health care problems and issues. These issues have obliged the country to take help from foreign and from non-governmental organizations regarding health problems. Thus, the government has handed over their control of health care system to NGOs. The situation of health services seemed to have been more effective in Pakistan since 2007 when the country introduced a national program, known as the People's Primary Healthcare Initiative (PPHI). People's Primary Healthcare Initiative (PPHI), previously known as the Prime Minister Healthcare Initiative. It started its work in October 2007, in all four provinces of Pakistan to indenture out the First Level Healthcare Facilities (Billeetal, 2010).

The PPHI-Balochistan is registered under section 42 of Companies Ordinance 1984, as a Not for Profit Organization. Through an agreement with Health Department Government of Balochistan, the administrative control of Basic Health Units (BHUs) in the province was entrusted to PPHI. Currently in 618 BHUs in the province PPHI is engaged in delivery of primary healthcare services (PHC). In a nut shell, the main components of PPHI-B are, provision of safe drinking water, improve nutritional status, maternal & child care, mental health immunization, non-communicable diseases, curative care, provision of essential drugs, education and Immunization. The governments and their respective health policies often form an umbrella under which the partnerships operate. PPHI lays a strong emphasis on institutional capacity building, integration, and sustainability. It has proved that leveraging on a better healthcare delivery system results in reducing the burden of diseases across the province. Reducing mortality rates for infants, children (less than 5 years) and mothers in Balochistan requires massive scaling-up of immunization in children under one year; management of malnourished children under five years, antenatal & postnatal care, prevention and treatment of communicable diseases, interventions for non-communicable diseases and mental health. By 2015, the utilization of health facilities rose to 89percent and in 2016 it reached to 95percent under PPHI. This marked improvement is due to a combination of efforts by PPHI. It happened due to effective service delivery, health workforce, information, provision of essential drugs & medical equipment, financing, Leadership and governance(PPHI,2016). PPHI gave new hope to the population regarding health care services in Balochistan. This study was conducted to investigate the procedures of the provision of healthcare services in line with beneficiaries' satisfaction on the availability, affordability and effectiveness of services and medicines provided including concerned issues relating to utilization of the primary health care services in Quetta, Balochistan.

Healthcare services are in very miserable condition in Pakistan. Whereas it is patient to nurse ratio or patient to doctor ratios in Pakistan brings a

diffuse and crucial condition but in the case of Balochistan the situation is very challenging. The basic healthcare services were very poor in both rural and urban areas of Balochistan. Awareness regarding nutritional needs, pre-and-post-natal care of mothers is also weak. The poor people of the country have very less knowledge about the diseases and illnesses and on the other hand they face extreme difficulty to have high cost private treatment as they have very few assets. Therefore, government and private sector needs to pay much attention to improve the overall quality of health facilities to all masses (Pakistan social and living standards measurement survey PSLM_2014-15). According to World Development (2002), 16,500 mothers die from pregnancy and 400,000 infant dies annually. Government of Pakistan is aware of the poor health issues of both mothers and kids and has constantly allotted high precedence to secure motherhood programs. Reproductive health and prenatal services are very essential factors in women life, it brings awareness and opportunities to women and their families to know and learn about the risks to reduce the child and mother mortality rate and complications during and after pregnancy.

Study Area:

PPHI is working in 30 districts of Balochistan. The management and the feedback from the side of the public was reported very cheering (Nishtar and Siddiqi, 2010). Quetta was selected as a study area. To fulfill service delivery gap in health sector, shaped PPHI to emergence as ray of hope. The research is mainly concerned with the services of the PPHI therefore, this study is based only on the beneficiaries of PPHI. Despite earnest effort by Government of Balochistan to improve the health care system and mandate given to PPHI to cater the health care system faces substantial challenges in providing primary health care services to the vulnerable communities. The major interventions of PPHI are:

- a) Provision of PHC (primary health care) health Services: The delivery of package of basic services, including health education, immunization, micro-nutrient support, family planning, prenatal care and basic curative care.
- b) Strengthening BHU infrastructure: To improve access and coverage of PHC services all 591 BHUs/FLHFs buildings would be repaired and renovated.
- c) Building Capacity of Health Care Providers: The capacity of health care providers including LHVs (lady health visitors) MO (Medical Officer) MT (Medical Technician, LMO (Lady Medical Officer) Dispensers and Vaccinators on PHC management. Informational seminars, workshop and updates for personnel of the partners.
- d) Support for Program Implementation and Operationally Relevant Research Activities

Methods of Data Collection and Analysis:

This is a descriptive type of research. Secondary information was collected from various published books, research articles, government reports, NGOs reports and articles and websites. Primary data was collected through structured questionnaire, checklists, key informant interviews, and focus group discussions. Data sources included both quantitative and qualitative methods. The units provided effective services on mostly to the deserving and marginalized community members. Based on simple random sampling technique, 100 beneficiaries (women) were selected from two Basic Health Units of PPHI namely, Wahdat Colony and Chaman Pattak. The data was analyzed through SPSS. The quantitative data was analyzed by using descriptive statistics such as, frequency distribution and percentages. In addition, the qualitative data was narrated.

Results:

Overall, results of the analysis depicted that almost all beneficiaries of PPHI availed the services that included physical examination, Gynecological examination, Tetanus vaccination and blood tests (Table 3). The said services were freely available for all women. It was observed that almost all staff and doctors were available during official hours (from 9:00 AM to 2:00 PM), in PPHI's Basic Health Units.

Socio-economic Conditions of Respondents:

The findings of the analysis showed that 100 percent of beneficiaries were married, 87 percent of respondents were living in joint family system and only 13 percent of people were living in single family (Table 1). The result regarding educational qualification of mother illustrated that 38 percent mothers were illiterate, 34 percent were matric (10 years of education) pass, 16 percent were bachelor (14 years of education), 12 percent were primary pass. Results reflected that a great proportion (38%) of mothers were illiterate. It seemed to have been a great challenge (Table 1) that eventually caused poverty, overpopulation, and unawareness.

Description	Frequency	Percent
Family type		
Joint	87	87.0
Single	13	13.0
Total	100	100.0
Education status of women		
Illiterate	38	38.0
Primary	12	12.0
Metric	34	34.0
Bachelor	16	16.0
Total	100	100.0

Field survey, 2016

The average age of women respondent was 28 years. Amazingly, average number of children in each household was four which is the sign of early marriage and the overpopulation. The results regarding household annual income illustrated that mostly respondents were poor. For instance, the average monthly income of household was 10,983 (Pakistani rupees). PPHI has established Basic Health Units within the premises of communities. This is why, almost all community people had easy access to BHUs. For instance, average time for traveling to BHU was only 14 minutes. Findings demonstrated that mothers visited 4 times the BHU centers of PPHI for prenatal services and 2 times after the delivery. Results revealed that last delivery expenses were nearly 8,000 (Pakistani rupees) which shows that delivery services were expensive for beneficiaries (Table 2).

Table: 2 Respondent's profile

Description	Minimum	Maximum	Mean	Std. Deviation
Respondent's Age (women)	19.00	45.00	28.0500	5.54390
Number of Children	1.00	11.00	3.6200	2.09270
Annual income(Pakistani rupees)	70,000	200,000	131800	31762.37530
Average time to travel to clinic	5.00	40.00	14.6500	7.62952
Number of visits BHU	2.00	8.00	4.8800	1.39465
Number of visit after delivery	.00	8.00	2.9000	1.67272
Last delivery expenses	3000.00	20000.00	8080.0000	2642.61884

Field survey 2016

4.2: Health services provided by PPHI

Results showed that 49 percent of women (beneficiaries) visited PPHI for tetanus vaccine, 26 percent for physical examination, 24 percent for other services such as, physical examination, gynecological examination, ultrasound service, tetanus vaccinations and blood test (Table 3).

Table 3. PPHI major services delivered

Description		Frequency	Percent
Physical examination	General checkup, blood test (malaria, typhoid, hepatitis B and C), blood pressure, weight check	27	27.0
Gynecological examination	Ultrasound, monthly checkup	24	24.0
Tetanus vaccine	Prenatal vaccinations	49	49.0
Total		100	100.0

Field survey, 2016

Prenatal Services:

The results depicted that 49 percent of respondents availed prenatal services provided by the well-trained mid-wives at basic health units. Similarly, 46 percent of women beneficiaries visited the doctors and only 5 percent of women were attended by nurses (Table.4).

Table 4. Services provided by PPHI doctors and staff

Profession	Description	Frequency	Percent
Doctor	Lady doctors qualified (MBBS)	46	46.0
Nurse	Diploma in nursing	5	5.0
Midwife	Well-trained	49	49.0

Total	100	100.0
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Field survey, 2016

Postnatal Services:

The findings showed that 71 percent of beneficiaries visited PPHI basic health units after delivery, for physical examination, 24 percent visited PPHI to seek family planning measures for instance, for contraceptives and 5 percent approached PPHI for blood test (Table 5).

Table.5 Health services received after delivery

Services	Description	Frequency	Percent
Physical examination	Postnatal medication, Blood pressure	71	71.0
Family planning	Contraceptives and counseling	24	24.0
Blood test	For anemia	5	5.0
Total		100	100.0

Field survey, 2016

Place of Vaccination:

Results depicted that more than 70 percent of women beneficiaries got the facility of vaccination for their child from basic health units, 27 percent respondents took benefits of vaccination from vaccination centers and only 2 percent of beneficiaries received the facility of vaccination for their children from private hospitals (Table 6).

Table 6. Vaccination venues

Description	Frequency	Percent
Basic health unit of PPHI	71	71.0
Government centers	27	27.0
Private hospitals	2	2.0
Total	100	100.0

Field survey 2016

Beneficiaries' Satisfaction with Healthcare Services:

Results showed that more than 65 percent of women beneficiaries were found very satisfied with the physical examination, tetanus vaccination and prenatal medication, 53 percent ultrasound services, 82 percent availabilities of medicines, 92 percent behavior of doctors, 86 percent of postnatal medication, and 96 percent of satisfaction were in the field of vaccination of child (Table 8). However, 35 percent of beneficiaries were dissatisfied with the services of ultrasound given by the PPHI. Moreover, it was observed that 34 percent of respondent were neutral with the physical examination and prenatal services given by the PPHI (Table 8). During the discussions it was figured out that by 'neutral' beneficiaries' meant that they were satisfied with the services provided by PPHI.

Table 7: PPHI beneficiaries 'level of satisfaction with services

Description	Frequency	Percentage
Physical examination, per-natal medication,timely tetanus vaccination		
Satisfied	65	65.0
Dissatisfied	1	1.0
Neutral	34	34.0
Total	100	100.0
Ultrasound		
Satisfied	47	47.0
Dissatisfied	35	35.0
Neutral	17	17.0
Total	100	100.0
Availability of medicines		
Satisfied	82	82.0
Dissatisfied	5	5.0
Neutral	13	13.0
Total	100	100.0

Behavior of doctors and staff		
Satisfied	92	92.0
Dissatisfied	3	3.0
Neutral	5	5.0
Total	100	100.0
Availabilities of child vaccination		
Satisfied	96	96.0
Neutral	4	4.0
Total	100	100.0
Postnatal services		
Satisfied	86	86.6
Dissatisfied	4	4.0
Neutral	10	10.0
Total	100	100.0

Field survey, 2016

Discussion:

It is the responsibility of the state to provide health and education facilities to its citizens in Pakistan. The Government is committed to fulfill these needs by strengthening the health systems to respond better and quickly to the challenges of an evolving Pakistan, resulting in a healthy nation (Health policy 2009). However, the reviewed literature demonstrated that about 70 percent of care is received at private hospitals and clinics, 20 percent at public hospitals and clinics, and the rest from pharmacies, homeopaths, and traditional healers (Federal Bureau of Statistics 2007). Peoples Primary Health Care Initiatives (PPHI) aims at to provide effective primary services to women related to reproductive health, per-natal and postnatal services, at grass-root level, mostly to the marginalized and disadvantaged communities, in Balochistan. PPHI provides free health services, such as blood test, tetanus vaccination, ultrasound and physical examination facilities. The findings of this study showed that 100 percent of women beneficiaries availed the services on maternal health care and child immunization.

There was a significant difference between conventional and PPHI approach of delivering services to the community members. For example, PPHI organized community people and conducted health awareness campaigns through which people were more attracted towards PPHI. Moreover, PPHI provided effective services and medicines free of cost to all community members. It was also noted that almost all Basic Health Units (BHUs) were established adjacent to the population and doctors including staff were available during the official hours.

In the Basic Health Units, PPHI doctors and staff are very vibrant, talented and cooperative. Best doctors are available at grass-root level entailed with medicine". Javed Anwar Shahwani, Commissioner Quetta.

Results showed that respondents had 4 children at young age (average 28 years). Due to illiteracy and living mostly (87 percent) in joint family system, women could not decide about family planning measures. The over-population resulted in poverty in such households. For instance, the average monthly income of household was rupees 1098. Nevertheless, a few respondents mostly educated had used contraceptives (pills, injection).

Child Immunization seems to have been one of the model projects of PPHI. The overall results indicated that 70 percent of the beneficiaries availed the services at basic health units of PPHI for the vaccination of their children, free of cost (table 6). The overall findings showed that almost all beneficiaries were satisfied with the physical examination, tetanus vaccination and prenatal and postnatal services and availability of medicines. Most importantly, almost all beneficiaries were satisfied with the behavior of doctors and staff (Table 8). Effective services and amicable environment in PPHI significantly helped in preventive and treatment measures.

Ms. Razia a lady doctor explained that *“we receive effective medicines timely. Whatever we prescribe is available in PPHI’s Basic Health Units. It significantly helps in the treatment process”*.

It was observed during the field work that the PPHI approach of providing services was appreciable. PPHI personnel informed that all it was due to effectively monitoring and evaluation system, regular meetings and accountability within the organization frame work.

“All necessary tests including malaria, typhoid, Hepatitis B and C are done free of cost in PPHI’s Basic Health Units. We are committed to intervene every one with quality health services in Quetta and throughout Balochistan”. Mumtaz Rind (Manager Monitoring, Evaluation and Research).

Prenatal and postnatal services provided to women seem to have been very beneficial that eventually controlled the infant and mother mortality, in PPHI beneficiary households.

The findings of Focus Group Discussions reflected that almost all women were happy and satisfied with health services provided in PPHI’s Basic Health Units. A few women argued that *PPHI is one of the most effective organizations in Quetta, Balochistan. Please ask PPHI’s authority to open Basic Health Units 24 hours. It can control the mother and infant mortality rate.”*

The challenging side of coin, there was almost no emergency service. In addition, the delivery homes and transportation facilities were missing in PPHI’s Basic Health Units. The analyzed data showed that average expenses of each delivery were very costly (Pakistani rupees, 8080) for poor people. PPHI had almost no maternity homes due to that most of delivery cases were referred to Government hospitals. Last but not least, PPHI provided free blood tests services, for instance, typhoid, malaria, Hepatitis B and C and anemia. PPHI played a marvelous role in child immunization to prevent several diseases such as, Hepatitis B, TB, Rota virus, PCV, Penta and measles.

Conclusion and Recommendations:

People’s Primary Health care Initiative (PPHI) exists in 30 districts of Balochistan. PPHI has played a pivotal role in provision of health services that including prenatal, postnatal and various tests such as, Malaria, Hepatitis B and C. It has consequently contributed to prevent several diseases such as, Hepatitis B, TB, Rota virus, PCV, Penta and measles in beneficiary households. Doctors and staff were available during the official hours (9:00AM to 2:00PM). Almost all beneficiaries were satisfied with their behavior and services provided free of cost. PPHI has played an important role to control polio and measles cases in the study area. There was a significant difference between conventional and PPHI’s approach of

service delivery. PPHI conducted seminars, campaigns, workshops and meetings at grass-root level. It attracted people to avail the effective health services. The crux to the study showed that illiteracy, ignorance and poverty resulted overpopulation. A young lady of 28 years old had 4 children. Such practices eventually affected the mother's health and the nutrition. Since emergency services and delivery homes were not available under PPHI's umbrella; therefore, women approached the Government and private hospitals for delivery purpose. Each delivery cost on average Pakistani rupees 8080.

Many such programs and projects do exist in Quetta city in particular. PPHI needs to collaborate with the Population Department in order to utilize resources effectively. To improve the health conditions and overcome unforeseen challenges, PPHI needs to train more personnel and volunteers (social workers) to improve the pre and post-natal services at grass root level. It is possible to develop effective linkages with UNICEF, Zakat Department, Social Welfare Department, Universities and Save the children.

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