

Project Completion Report

COMMUNITY HEALTH CENTER ROJECT KOHISTAN



Funded By:

Pakistan Poverty Alleviation Fund (PPAF)



Implementation Partner:

Salik Development Foundation (SDF)



Address: H. Office, Sheikh Maltoon Town, H.82, St,2 Sector C, District Mardan.

Background of the project

Over the course of July and early August 2010, Pakistan experienced the heavy monsoon rains which resulted floods. Heavy rainfall, flash floods and reverie floods have devastated large parts of Pakistan since the beginning of seasonal monsoon rains on 22 July.

In Khyber Pakhtunkhwa (KP) Province, intense rains during the last week of July and in early August were joined by the swelling of major rivers due to rainwater surging down from the highland areas. The Pakistan Meteorological Department reported said that within one week in late July, KP received more than 200 millimeters of rainfall - ten times as much as the province normally receives in the course of an entire year. Baluchistan, Pakistan-Administered Kashmir; Kohistan, Shangla, Batagram and Gilgit Baltistan, also experienced extreme weather, resulting in widespread losses and damages.

Salik Foundation provided emergency and relief health services soon after the floods in 5 UCs of district Kohistan with collaboration of Pakistan Poverty Alleviation Fund (PPAF) for a period of 45 days and then extended 08 months in static health services through both community health centers and government health facilities which is very appreciated and supported by the local community leaders and people.

Project Objectives

1. Decreased MMR of UCs Dassu, Komila, Pattan, Jajial and Bankad of district Kohistan within project period upto 20 percent.
2. Decreased IMR of UCs Dassu, Komila, Pattan, Jajial and Bankad of district Kohistan within project period upto 20 percent
3. Availability of MNCH services in 2 community health center for one year and 3 adopted government health facilities in 5 union councils of district Kohistan.
4. Mobilized and awared parents regarding immunization with the help of district EPI program in 5 UCs of district Kohistan during project period.
5. Availability of primary health care services in 2 community health centers and 3 adopted govt health facilities in 5 UCs of district Kohistan.

Justification of the project

As stated above all many districts of Khyber Pakhtoonkhwa were severely hit by floods. Kohistan is also one of the flood affected district. The district Kohistan has unique geographical location and faced the floods situation as different from other areas. Kohistan means the land of mountain this feature of kohistan faced a very worse condition during the floods. Inaccessibility to different areas is one of the main hurdles in the relief activities. So many of the NGOs and INGOs were hesitating to visit for relief activities to this district especially soon after floods. Due to far flung and spread areas Kohistan remain backward both in normal and especially in emergency situation. Due to these reasons district Kohistan remained very backward as compare to other districts. In this catastrophe also district Kohistan, is neglected district as in most of the flood hit districts.

The Kohistan district was completely cut off from the whole country for three weeks. They got shortage of food which badly effected children, women and elders regarding their nutrition requirements.

Similarly health status of the people have become very worst due to unavailability of doctors and medicines especially women have no medical facility i.e gynae, antenatal, postnatal, and EmOC services for safe motherhood. The infant mortality rate (IMR) and Maternal Mortality Rate (MMR) is high than other districts of Pakistan because of negligence, lack of trained and skilled birth attendants, poor living conditions, malnutrition, lack of health services especially for women and poverty.

So the need is justified and the proposal has been designed for the solution of health and education problems of above mentioned districts.

Project description & Introduction

This project aim to reduce MMR and IMR while to address the issues and problems related to Primary Health Care (PHC) also.

The services i.e. treatment, medication, examination, tests, health education, counseling and social mobilization will be done during this project. For the smooth running of the project, a health facility center will be established or government health facility which is non functional or missed services/staff will be adopted in which the health staff members including doctors (m/f) dispensers, LHVs health educators and support staff will be included.

The health facility will be supported by a clinical lab for laboratory tests.

Normal fees of Rs.30-50 Rupees will be charged from clients which will cover the cost of check up, treatment, medicines and lab tests. This fund will be used after the completion of the project for sustainability.

Capacity building trainings will be conducted for health care providers in which project and government health staff would participate.

For safe motherhood local traditional birth attendants (Dais) will be trained. They will be sensitized regarding maternal and infants deaths and morbidities during the motherhood process and referrals of complicated deliveries to nearest health facilities in time.

Health education will be given to mothers regarding nutrition, IYCF and health hygiene promotion. The mothers will be especially mobilized for vaccination of both mother and child under 2 years of age.

Government health staff especially lady health workers, where available will also be involved for mothers education.

- Kohistan was severely Flood effected district
- Total 11 Health Facilities destroyed completely and some partially effected by floods.
- The district was completely cut off for one month from other parts of the province.
- Due to which people especially women and children could not access to food and basic needs of life.
- Poor health status of PLs and children due to lack of food and medical aid.
- No MNCH program was in place even before floods.
- The status of majority health facilities was worst and about to non functional.
- MMR 285/100000 & IMR 104/1000

Detail of Health Facility/CHC wise catchment population

S.No	Total Target Population	160500
1	RHC Dassu	50000
2	RHC Pattan	48000
3	BHU Jajial	22000
4	CHC Komila	36000
5	CHC Bankad	4500

Situation Analysis

The actual situation analyzed before project implementation. The team of SDF health unit visited district Kohistan and met with EDO Health and DoH staff of Kohistan. EDO health briefed about project aims and objectives. He welcomed Salik Foundation and gave details of health facilities of district Kohistan. The team of Salik Foundation visited several health facilities of Tehsil Dassu and Tehsil Pattan. After the complete analysis i.e meetings with MOs of HFs and community members for strengthening health facilities and services in district Kohistan. The team prepared proper feasibility reports of all proposed government health facilities and community health centers according to the following details.

S#	Name HF / CHC	UC	Tehsil	Avg OPD	Catchment Population	Needs	Accessibility	Remarks
1	RHC Dassu	Dassu	Dassu	40	50000	Health Staff, Medicines & Equipment	Yes	
2	RHC Pattan	Pattan	Pattan	20	48000	Health Staff Medicines & Equipment	Yes	
3	BHU Jajial	Jajial	Pattan	10	22000	Health Staff Medicines & Equipment	Yes	
4	CHC Komila	Komila	Dassu		36000	Health Staff Medicines & Equipment	Yes	
5	CHC Bankad	Bankad	Pattan		4500	Health Staff Medicines & Equipment	Yes	

Strategy Implementation

- Consultation meetings of health unit team and management
- Ad/Recruitment process
- Staff Project Orientation and Training
- Staff arrival to Health Facilities
- Meeting with EDO (H), concerned Mos/Incharg of HF of H. Deptt
- Receiving of NOC for target health facilities from EDO Health
- Meetings with Religious and Community Leaders

- Inauguration Ceremony Conducted
- Social Mobilization and Awareness Sessions
- Involvement of religious leaders especially Mulana Abdul Haleem, Khateeb Jamia Masjid Pattan, Qari Rizwan, member of Ulman Committee, Maulana Dildar former MPA JUI,
- Monitoring & Supervision visits
- Installation of visibility sign boards and banners

Inauguration Ceremony

An inaugural ceremony was conducted in community health center Komila for proper opening of CHC Komila, CHC Bankad and other adopted health facilities and project.

In this ceremony Mr. Ahmad Nadeem from PPAF, EDO Health, DCO Kohistan, Community Leaders, Religious Leaders and other community members from different walks of life participated.



Dr. Taj (Dy.EDO (H)) is Addressing

The staff and doctors of Salik Foundation introduced SDF and PPAF while gave detail project orientation and announced available health services and facilities which was highly appreciated by all the participants.



Mr. Ahmad Nadeem (PPAF) is Addressing



A view of the participants during the Ceremony

Main Activities

- MNCH services/Gynae OPD
- General OPD for male, female and children.
- Registration of target beneficiaries of women/mothers for ANC and PNC care.
- Provision of antenatal, natal and postnatal care services.
- Basic EmONC services through WMO & skilled birth attendants.
- Provision of routine EPI services (vaccination of children against vaccine preventable diseases under EPI and pregnant women against tetanus).
- Deworming of all eligible children from the target population
- Health Education and Community Mobilization for Health.
- Display and distribution of health education awareness material in the target community and health facilities.
- Provision of minor emergency curative services to pregnant, postnatal and lactating mother in the target community.
- Provision of primary health care services.
- Coordination with all project stakeholders, DoH and community health facilities.
- Establishment of functional referral linkages with referral hospital.

Recruitment Process & Filling HR Gaps

- **Advertisement of posts:**
 - Opening date: 1st November 2010
 - Closing date: 5th November 2010
 - Channel of sharing
 - Web (www.salikfoundation.org)
 - Sharing through Pak NGO home group
- **Short listing:**
 - Date : 6th November 2010
 - Review of applications
- **Interviews**

- Date: 08th November 2010
- Timing : 08 : 30 O'clock to 01:00 O'clock
- **Signing mutual contracts between Salik Foundation and Employee's:**
- Date 10th November 2010
- Joining date :11th November 2010

Community Based Interventions

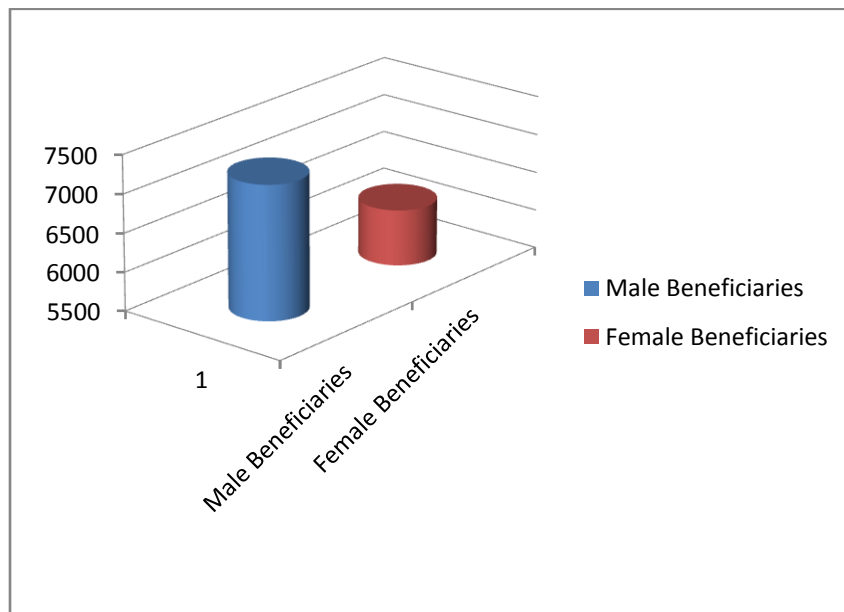
- Opening Ceremony
- Social Mobilization
- Formation of Health Management Committees
- Conduction of Broad Based Community Meetings
- Corner meetings with project stack holders
- Health awareness campaign through SDF field staff

Facility Based Activities / Progress

Total Beneficiaries = 13466

Total Male = 7239

Total Female = 6227

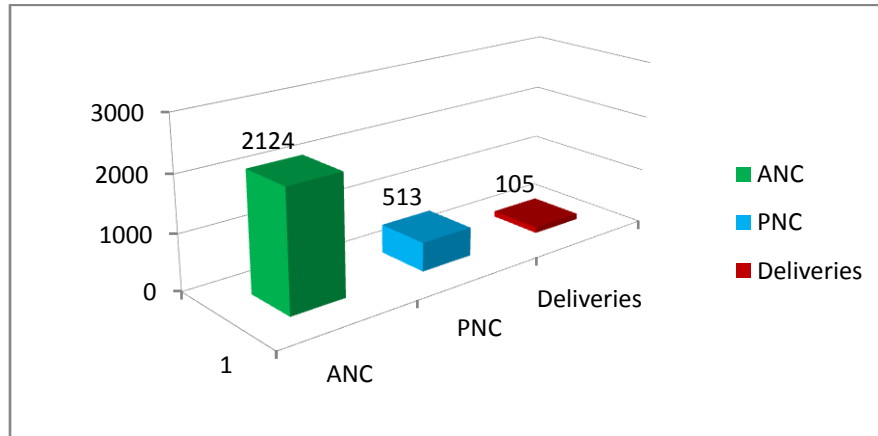


Maternal Health

Antenatal Check Ups = 2124

Postnatal Check Ups = 513

Deliveries Conducted =



General OPD

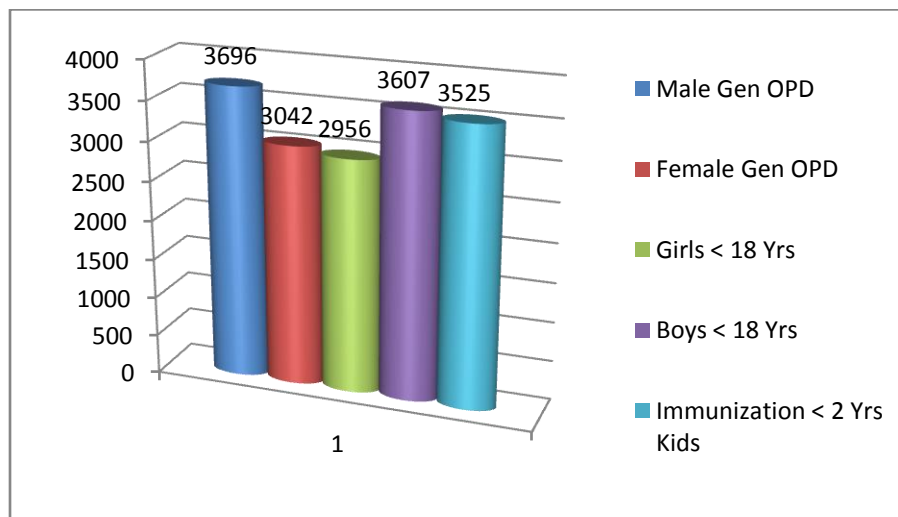
Male = 3696

Female = 3042

Girls = 2956

Boys = 3607

Vaccination = 3525



Note Worthy Achievements

- Establishment of well equipped community health center in UC Komila where there is no government health facility in place.
- 02 RHCa (Dassu & Pattan) One BHU Jajial government health facilities became operational for health services and the local population benefited.
- Demand created in the community for MCH and health services.
- Establishment of well equipped and furnished labour room in RHC Pattan.
- Govt Health Staff became regular on duty.
- Trust building on PPAF and Salik Foundation and popularity in district Kohistan.
- Beginning of institutional deliveries with the hand of WMO and skilled birth attendant in Kohistan where the MMR & IMR rates are high due to traditional barriers.
- Established health cluster coordination meetings with the support of EDO H Kohistan.

Lesson Learnt

- Successful and effective implementation of project by involvement of religious, community leaders, local community and health department.
- Social mobilization and awareness are effective tools for community demand creation and utilization of available health services.

Constraints / Issues / Problems

- Lack of cooperation from government health staff especially in the beginning of the project.
- Community Opposed Social Mobilization regarding ANC, PNC
- Start of activities in damaged health facilities especially in RHC Pattan, BHU Jajial.
- Insufficient accommodation in all health facilities and worst operational side before renovation.

- Long distance between health facilities some time creates problems for staff especially for monitors and data collectors for reporting.
- Communication problems of internet/phone etc.

Findings & Recommendation:

As the rates of IMR and MMR are high as compare to other district of Khyber Pakhtoonkhwa due to lack of MCH and EmONC services. But one of the big reason is malnutrition in district Kohistan especially of women and children. The men go outside for work and they can find better nutrition opportunities than women and children. Because traditionally women are restricted to homes. Some time and especially in disaster roads become blocked due to sliding etc and they remain hungry for several time or days. A healthy mother bear healthy child but in Kohistan it is only an ideam.

Salik Foundation recommend that if Nutrition projects included in MCH and PHC projects so it will be very much fruitful and will decrease the MMR and IMR.

Way Forward

- There are several UCs in district Kohistan where there is no health facility available and the existing health facilities were damaged in earthquake and floods. so the people need similar health facilities and health services.
- Salik Foundation would request to extend the project at least for 2 years especially to achieve the MMR & IMR goals and objectives up to some extent.

Picture Gallery

Press Cuttings



سے این پی کے تعاون سے کوہستان میں اولین ہسپتال کا افتتاح

داسو (نامہ و خصوصی) کوہستان میں کیونٹی ہسپتال کا افتتاح ہو گیا۔ اس موقع پر سرکاری طور پر مساک فاضل نے ہسپتال کا افتتاح کیا۔ اس موقع پر سرکاری طور پر مساک فاضل نے ہسپتال کا افتتاح کیا۔ اس موقع پر سرکاری طور پر مساک فاضل نے ہسپتال کا افتتاح کیا۔

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