



Pakistan Progress Report

Please complete. Maximum of 3 pages. Budget may be attached as additional pages.

Note: The rows expand, allowing room for narrative.

Date: October 31, 2008 Prepared by: Dr. Zahoor Uddin and Dr. Rubina Mumtaz
I. Demographic Information
1. City & Province: UC, Talhata, District Mansehra, Pakistan
2. Organization: Real Medicine Foundation (www.realmedicinefoundation.org)
"Real Medicine Foundation-HF Primary Healthcare Project in Pakistan" (http://www.realmedicinefoundation.org/initiatives/IN1-5.asp)
4. Reporting Period: July 1st, 2008 - October 31 st , 2008
5. Project Location (region & city/town/village): Starting location: Jabri, Union Council Shawal Muizullah, District Mansehra, Pakistan. Moved to: Kotbala, Union council Shawal Muizullah and Union Council Talhatta, District Mansehra, Pakistan
6. Target Population: 120,000 persons in five union councils of Tehsil Balakot.
II. Project Information
7. Project Goal: To improve the health and well-being of those affected by the October 2005 earthquake, with a focus on the 120,000 persons in five union councils of Tehsil Balakot, District Mansehra, Pakistan .
8. Project Objectives: <i>Project Objectives:</i> <ul style="list-style-type: none"> ○ To provide a standard package of primary health care incorporating disease prevention, health promotion and health education ○ To improve: <ul style="list-style-type: none"> ▪ a) the coverage and utilization of services by remote village populations; ▪ b) access to healthcare for girls and women; ▪ c) the standard of health care ○ To involve the government and local communities in the health care system and build their capacity to take ownership of the system after completion of the project. ○ To involve and train government health workers who wish to work in this area.
9. Summary of RMF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans): <p>Background: The October 8, 2005 earthquake destroyed large portion of the NWFP and Kashmir (AJK) regions. Widespread death and devastation affected an area of approximately 30,000 square kilometers, home to more than 3 million people living in hamlets spread in Himalayan slopes and valleys. This disaster was described as the world's third deadliest natural disaster in the last 25 years: it killed more than between 73,000 and 80,000 people, injured more than a 100,000 and made 3 million homeless in the highest mountain ranges in the world (Brennan RJ and Waldman RJ, <i>New England Journal of Medicine</i>, April 2006). Thousands of people were left injured. Most of them suffered even more as they were subjected to extremely harsh living conditions.</p> <p>In October 2005, Hashoo Foundation established a medical relief camp in Jabri (UC Shohal Moizullah, District Mansehra) where 10 to 15 doctors volunteered to help alleviate the sufferings of the residents coming from remote villages located in the mountains surrounding Balakot. The medical camp ran for more than three months. During</p>

that period, patients were treated for crushed injuries, infected wounds, orthopedics problems, post operative care and acute illnesses sustained as a result of the earthquake; others underwent treatment for chronic diseases which had gone untreated for years due to the remoteness of the region. As the BHU established by the government had been completely destroyed, the need for sustained health care for the residents of the area was felt strongly.

Objective 1: RMF-H Health Care Project

The RMF-HF Health Care Project resulted from a partnership between Real Medicine Foundation USA and Hashoo Foundation in mid-January 2006. A formalized RMF-HF Health Care Unit was established in Shohal Moizullah in February 2006. This health unit employs a full time MBBS doctor, a medical technician, two LHVs and a dispenser.

The health unit is equipped with a complete range of medical equipments, including a nebuliser, glucometer, deep freezer/refrigerator (for medicines and vaccines), an oxygen gas cylinder, a complete ENT diagnostic set, and a well-equipped room for examining gynecological cases. The health unit is also furnished with two room coolers, heaters, and an electric power generator to face drastic weather conditions. An ECG machine and a laptop have recently been added to assist in diagnosing ischemic hearth disease patients and reduce referral load to other hospitals.

In December 2006, considering the catchments area size, the health unit was shifted from Jabri, Shohal Moizullah to UC Talhata where a larger population could be served. Through this move, patients from Jabri, UC Shohal Moizullah and Union Council Talhata could be served simultaneously. The health unit is now accessible to a population of 12000 people, five times, as more as in the previous location.

The most common health problems in the area include Acute Respiratory Infections (ARIs), diarrhea diseases, infectious diseases, gastric diseases, gynecological diseases, skin infections and cardio vascular diseases. The health unit is regularly supplied with IV drips, IV antibiotics, IV sets, oral re-hydration salts, anti-hypertensive, oral antibiotics, antipyretics, analgesics, examination gloves and masks, and vitamins.

As the terrain extremely difficult, a jeep has been modified as an ambulance. This vehicle can easily access remote places, transporting referred patients to secondary and tertiary care units in neighboring larger cities and towns.

Objective 2: The efforts deployed by HF in the immediate aftermath of the earthquake through food and tents distribution have benefited our project: word-of-mouth recommendations have opened access to people living in very remote areas. Many walk a full day to visit the clinic, confident of a good healthcare service. The unit is the only one in this area having two LHVs among its staff, and this encouraged many women and girls to visit the clinic premises with ease and confidence.

Objective 3: RMF-HF Health Project Talhata, Balakot Mansehra NWFP, Pakistan

In October 2006, the government based BHU in Jabri was revitalized and fully operational. Having achieved one of its key objectives, the RMF-HF health unit was moved from Jabri to Talhata in November 2006. Talhata serves a larger target population coming from two union councils, UC Shawal Muizullah and UC Talhata.

Objective 4: following the successful 2-day outreach community program which took place in February 2007, proposals are being developed to create a fully-fledged MCH centre within the clinic, along with an large network of female CHWs to cover and link the target populations with the clinic in a more effective way.

3- Months Consolidated Morbidity Report from July to September 2008

From July 1st 2008 to September 30th 2008, **5,672** patients were diagnosed and treated at the RMF-HF Health Unit. During the quarter under review, the figures show that the patients visiting the unit consist of 43% male, 57% female and 18% children.

In this quarter, 203 women came for antenatal visits, 172 women visited the health unit for Gynecological Problems, and 105 women visited the RMF-HF health unit for Family Planning.

Most of the diseases diagnosed and treated result from the weather and living conditions of the patients:

- Acute respiratory infections (ARI): 34 % of cases treated

- Diarrhea (bloody and non bloody): 8.3 %
- Dyspepsia: 8.6 %
- Scabies 8 %,
- General body aches and weaknesses: 7 %
- Constipation: 2.2%
- Urinary Tract Infections: 5.9%
- Hyper-tension and Anxiety : 6.6 %

Cases of suspected meningitis (5), acute abdomen (7), burns (4), acute appendicitis (8) and acute jaundice syndrome (7) were less frequent. These cases were subsequently referred to secondary and tertiary care hospitals for further treatment.

10 to 15 patients are benefiting from home consultations each month.

The health unit has generated Quarterly Morbidity Reports (QMR), which were shared with the Ministry of Health (MOH) and the World Health Organization (WHO)

10. Results and/or accomplishments achieved during this reporting period:
Please see the 3 month consolidated report, July-Sept. 2008, attached herewith for results and accomplishments

11. Impact this project has on the community (who is benefiting and how):
Please see the 3 month consolidated report attached herewith for impact on community

12. Number served/number of direct project beneficiaries (for example, average number treated per day or month and if possible, per health condition).
From July 1st 2008 to September 30th 2008, **5,672** patients were diagnosed and treated at the RMF-HF Health Unit. During the quarter under review, the figures show that the patients visiting the unit consist of 43% male, 57% female and 18% children.

In this quarter, 203 women came for antenatal visits, 172 women visited the health unit for Gynecological Problems, and 105 women visited the RMF-HF health unit for Family Planning.

13. Number of indirect project beneficiaries (geographic coverage):
There are several direct and indirect beneficiaries:

- The project covers an indirect population of 119,364 people from five union councils including Talhatta, Shohal Moizullah, Garlat, Gari Habibullah and Balakot. The clinic is located near a main road where public transport is available, making the clinic easier to access.
- The clinic site is adjacent to HF's livelihood program supplying widows with livestock. The close proximity has made administration of both projects easier for HF staff on ground. It also enhances HF reputation in the area and had an impact on the clinic attendance.
- The two LHVs are the only source of gynecological, family planning, maternal and child healthcare in this area. However the community outreach programs revealed the dire need for a fully equipped and staffed MCH center in this community.

The rent paid for this area offers an income source to its owner. The watchmen, the cook and the driver are all locals given employment opportunity.

14. If applicable, please list the medical services provided:

- Maternal and Newborn Health
- Child Survival interventions

<ul style="list-style-type: none"> • Nutrition • Control of Communicable Diseases • Mental Health • Control of non communicable diseases • Selective outreach services • Provision of essential drugs • Home visits by community health workers
<p>15. Please list the five most common health problems observed within your region. Major health problems in the area include acute respiratory infections, diarrhea diseases, infectious diseases, gastric diseases, gynecological diseases, skin infections and cardio vascular diseases.</p>
<p>16. Notable project challenges and obstacles:</p> <ol style="list-style-type: none"> 1. Political instability and Security situation restricts movement 2. Capacity of project staff. There is lack of trained staff having computer skills and one position for DATA entry and inventory recording is not filled.. 3. High (increasing) inflation in the country. 4. Power shortage and frequent power outages creates problems in treating patients
<p>17. If applicable, plans for next reporting period: 3 proposals have been submitted to RMF USA: one relates to the integration of a fully-fledged MCH centre within the clinic; the second one proposes the creation of a community outreach program to train 40 CHWs in the catchments areas and the third proposes the addition of a pathology lab to the existing structure.</p>
<p>18. If applicable, summary of RMF-sponsored medical supply distribution and use: N/A</p>
<p>19. Success story(s) highlighting project impact: During the quarter under review the OPD of the health unit went up to 5,672 as compare to 5,411 patients in the previous quarter. In this quarter, 203 women came for antenatal visits as compare to the 115 in the previous quarter, 172 women visited the health unit for Gynecological Problems, and 105 women visited the RMF-HF health unit for Family Planning. 31 emergency cases were referred to secondary and tertiary care hospitals for further treatment by the mountain ambulance which is medically equipped with Oxygen, emergency first aid box and a full resuscitation kit.</p>
<p>20. Photos of project activities (file attachment is fine): See Quarterly Morbidity Report and Power Point Presentation for the month of July-September 2008 is attached.</p>
<p>III. Financial Information</p>
<p>21. Detailed summary of expenditures within each budget category as presented in your funded proposal (file attachment is fine). Please note any changes from plans. Financial report is attached for July-September 2008.</p>

Thank you!

Please email to:
Martina C. Fuchs, MD PhD
CEO Real Medicine Foundation
11628 Santa Monica Blvd., Suite 203
Los Angeles, CA 90025
USA

310.820.4502 phone
310.820.9479 fax

