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# BASIC DESIGN STUDY REPORT

ON

# THE PROJECT FOR IMPROVEMENT OF BASIC HEALTH CARE BY SUPPLYING ESSENTIAL EQUIPMENT/INSTRUMENTS TO BHUS AND RHCS IN BALOCHISTAN PROVINCE

IN

# THE ISLAMIC REPUBLIC OF PAKISTAN

**MARCH 1998** 



JAPAN INTERNATIONAL COOPERATION AGENCY DAIICHI HEALTH CARE FACILITY CONSULTANTS INC.







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· 1000年12月1日 - 1000年12月

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### Preface

In response to a request from the Government of Islamic Republic of Pakistan the Government of Japan decided to conduct a basic design study on the Project for Improbement of Basic Health Care by Supplying Essential Equipment/Instruments to BHUs and RHCs in Balochistan Province in the Islamic Republic of Pakistan and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to the Islamic Republic of Pakistan a study team from October 21 to November 19, 1997.

The team held discussions with the officials concerned of the Government of Pakistan, and conducted a field study at the study area. After the team returned to Japan, further studies were made. Then, a mission was sent to Pakistan in order to discuss a draft basic design, and as this result, the present report was finalized.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of Islamic Republic of Pakistan for their close cooperation extended to the teams.

March, 1998

Kimio Fujita

President

Japan International Cooperation Agency

### Letter of Transmittal

We are pleased to submit to you the basic design study report on the Project for Improvement of Basic Health Care by Supplying Essential Equipment/Instruments to BHUs and RHCs in Balochistan Province.

This study was conducted by Daiichi Health Care Facility Consultants Inc., under a contract to JICA, during the period from October 9, 1997 to March 31, 1998. In conducting the study, we have examined the feasibility and retionale of the project with due consideration to the present situation of Pakistan and formulated the most appropriate basic design for the project under Japan's grant aid scheme.

Finally, we hope that this report will contribute to further promotion of the project.

Very truly yours,

Junko Tsuda

Project Manager,

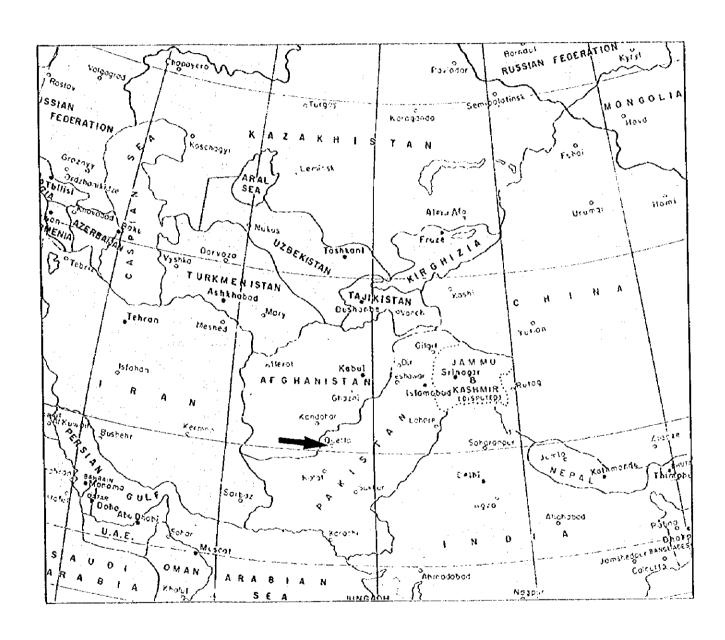
Basic Design Study Team on the Project for

Improvement of Basic Health Care

by Supplying Essential Equipment/Instruments to

BHUs and RHCs in Balochistan Province

### PAKISTAN AND SURROUNDING COUNTRIES





### **Abreviations**

ADB Asian Development Bank

BHU Basic Health Unit CD Civil Dispensary

E/N Exchange of Notes

EMW Electro-medical Workshop

DFID Department for International Development

DHO District Health Office
GNP Gross National Product

IDA International Development Association

KFW Kreditarstatt Fur Wiederaufbau

LHV Lady Health Visitor LHW Lady Health Worker

MCHC Maternal and Child Health Center

MSD Medical Store Depo PHC Primary Health Care

PHDP Pakistan Health Care Development Project

RHC Rural Health Centre

TBA Traditional Birth Attendants

SAP Social Action Programme

UNDP United Nations Development Programme

WB World Bank

WHO World Health Organization

### SUMMARY

The Islamic Republic of Pakistan has attained its independence in 1947 from British colonial regime, which had occupied Indo-Pakistan continent since 1876, with two separate territories towards the east (former East Pakistan) and the west (former West Pakistan) from India (In 1971, East Pakistan became independent and separate due to political and economic differences between the two Pakistans).

Pakistan economy, after the Fifth Five Year Plan (1978/79 – 1982/83) has been launched under the free economy policy, is going on the stable way in spite of the political and social uncertainty after 1989. The major export products including cotton products which occupy 60% of the export merchandise of the country depend on the international market including weather conditions, however, average GDP is 5.1% under the guidance by the World Bank and IMF after 1988. Pakistan, despite its high economic growth rate, has been suffering from low literacy rate (35% in 1990) and high population growth rate (average of the past 5 years is 3.1%), which would be obstacles of future development, and GNP per capita is US\$416 (1992) and also in spite of steady improvements in health sector over the years the position is not yet satisfactory.

The area of Balochistan province occupies about 43% of the whole area of Pakistan(approx. 350,000Km2) with sparse population counting only 5.6% of the total population of Pakistan (approx. 7.4 mill in 1995). The province which composes Pakistan with other three provinces, has longitude from 61° to 70° east, and latitude from 25° to 32° north surrounded with the southern border facing Afghanistan and North West Frontier Province and the eastern border facing Punjab and Shind Provinces. Balochistan province is divided into 6 divisions, 26 districts, 58 tehsils and 55 union councils etc. Capital city of the province is Quetta, the administrative center of Balochistan, which has about 500,000 of population. Except dwellers in urban areas, most of people have nomadic life style. Majority belongs to Iranian-Balochi tribe speaking Balochi, whose original ancestors were Kurdish living in the southern Iran near Syria.

In Pakistan, provincial development plan of health care should follow national development policy designated by the central government, except province-owned projects, which are under direct control of provincial government, and subsidiary budget is allocated accordingly. The provincial government of Balochistan has been implementing the improvement of basic health care services and training of medical manpower under Five Year National Development Plan and Social Action Programme-II or SAP-II.

The Health Referral System of Pakistan is three tier as teaching and special hospital for the tertial level, Divisional Headquarter Hospital, District Headquarter Hospital, Tehsil Hospital and Civil Hospital for the secondary level, and Rural Health Center, Basic Health Unit, Maternal and Child Health Center, Civil Dispensary and Sub Health Center for the primary level. This referral system is not always functioning because of the access conditions and the unsatisfactory of the health manpower allocation of the institutions in the remote area. Such is the conditions of the facilities concerned, patients who could not attended in the primary level institutions go to the district hospitals or the teaching hospitals out of the province which are located in the good accessibility.

Most of RHCs and BHUs in the province are located in remote areas so that they face various problems such as lack of medical manpower, basic medical equipment, medicines, and fundamental infrastructure(electricity and water supply, communication facilities etc), and furthermore insufficient budget allocation from the provincial government exacerbates the situation as essential health care services are not properly provided. Considering these circumstances, the Government of Pakistan has decided to improve and strengthen primary health care services of Balochistan province as a part of primary health care development plan in accordance with the 8th Five Year National Development Plan, and made a request to the Government of Japan for her grant aid assistance for the provision of essential medical instruments / equipment for RHCs and BHUs, which is core medical institution of primary health care services at village level and suffering from the shortage of necessary medical equipment, communication equipment at union level, and information system at district level and supervisory vehicles for District Health Offices.

In response to this request, the Government of Japan dispatched preliminary study mission to Pakistan in June, 1997. The mission made the studies on the background and effect of the feasibility of the project in consideration of the relevant programmes of the country. Upon results made by the mission the Government of Japan decided to conduct a basic design study on the project for the period of October 21 to November 19, 1997. After the analysis made in Japan the draft basic design study on the project was sent to Pakistan to discuss the draft basic design report prepared by the mission for the period of January 30 to February 8, 1998. The study mission visited some BHUs and RHCs and other related institutions to study the preset conditions and to collect data.

The objectives of the Project are to improve the diagnostic and curative level of the health services for the population of the union councils by supplying essential equipment /instruments to the primary health service institutions. The target institutions are BHUs, RHCs (431 BHUs and 47 RHCs as of April, 1997) and DHOs which directly control and supervise those institutions.

Most of RHCs and BHUs in the province are located in remote areas so that they face various problems such as lack of medical manpower, basic medical equipment, medicines, and necessary facilities (electricity, water, communication), and furthermore insufficient budget allocation from the provincial government exacerbates the situation as essential health care services are not properly provided. Particularly, regarding medical manpower, it is a problem of urban-rural-gap that there are not many medical institutions where female doctors work, and in such institutions Lady Health Visitors (LHVs) or Lady Health Workers (LHWs) cover the shortage to some extent. They are visiting the homes regularly to consult for the general health check of the house wives and the babaies who are restricted to go out for this purpose due to the religious and social customs. Such outreach services include the Expanded Programme for Immunization under the Prime Minister Programme of the country/

The equipment under the project is for the provision of the essential instruments / equipment to be utilized for the services of 463 BHUs and 68 RHCs (number is as of November, 1997 and includes the upgraded institutions) and the services of the District Health Offices. The equipment planning for the project is summarized as follows in consideration of the results of the study with the officers concerned of Balochistan.

- 1) BHUs and RHCs should be equipped with the basic and essential equipment/instruments as the common kits by which necessary services would be provided.
- 2) The additional equipment should be selected according to the necessity and relevancy.
- 3) Allocation of the medical manpower and the yearly number of the curative patients as well as the catchment population should be taken into account for the selection of the project institutions.

According to the above criteria, 454 BHUs and 60 RHCs will be equipped with the instruments / equipment under the project. and the equipment /instruments list with its components are summarized as follows:

# Equipment / Instruments List

Name of Kit	Contents of Equipment	Total Q'ty	Site
BHU/RHC	3 200		
Essential Diagnostic	(1) Diagnostic Kit	514	вни
Kit	(2) BP Apparatus Fixed on Wall		RHC
	(3) Sphygmomanometer		
First Aid Kit	(1) First Aid Set	514	BHU
			RHC
MCHC Kit	(1) D&C Set, TBAs Kit	498	BHU
	(2) Birth Calendar		RHC
	(3) Treatment Set		- X - 1 1
Delivery Kit	(1) Delivery Set	498	BIU
		-	RHC
Basic Laboratory Equipment Kit	(i) Laboratory Set	253	BHU
- · · ·			RHC
Multi Purpose	(1) Multi Purpose Microscope	253	BHU
Microscope			RHC
Basic Operation Kit	(1) Basic Operation Set	253	BHU
•	(2) Sterilizer	* ****	RHC
E.N.T. Kit	(1) E.N.T. Ophthalmo Set	253	BHU
			RHC
Dental Instruments Kit	(1) Dental Instruments Set	253	BHU
			RHC
Others for BHU	(1) X-Ray Plant (300mA)	2	BHU
	(2) Generator (25-33KVA)		
	(3) Water Filtration Tank (0.51)		
RIIC	1 (0)	<u> </u>	<u> </u>
Generator (25-33KVA)		22	RHC
Spectrophotometer		30	RHC
Autoclave		35	RHC
Electric Centrifuge		30	RHC
Refrigerator		41	RHC
Operation Set	(1) Mobile Operation Lamp w/ B	33	RHC
Operation Set		33	KIIC .
	(2) Operation Theater Table (3) OT Instruments	19	
Ambulance	(1) Box type	30	RHC
AutoGiance	■ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	1 .
Water Filtering Took (0.5.4)	(2) Pick up type	-	DHO
Water Filtration Tank (0.5 t)		7	RHC
Water Filtration Tank (0.5 t) X-Ray Plant (300mA)	(1) X-Ray (300mA)	7 10	
	(1) X-Ray (300mA) (2) Developing System(Manual)		RHC
X-Ray Plant (300mA)	(1) X-Ray (300mA)	10	RHC
X-Ray Plant (300mA)  I/V Stand	(1) X-Ray (300mA) (2) Developing System(Manual)	10 45	RHC RHC
X-Ray Plant (300mA)  I/V Stand  Delivery Table	(1) X-Ray (300mA) (2) Developing System(Manual) (3) Film Illuminator (1 Film)	10 45 3	RHC RHC RHC RHC
X-Ray Plant (300mA)  I/V Stand	(1) X-Ray (300mA) (2) Developing System(Manual)	10 45	RHC RHC

External assistance agencies who have activities in the health sector of Balochistan are WB, ADB, KFW, DFID, UNICEF and WHO, among which DFID, WB and KFW are providing health manpower such as doctors, paramedical staff, ADB are supporting for the improvement of health institutions (39 RHCs and 4RHCs). Facilities for the mmaintenance of the medical equipment is managed by Electro-medical Workshop (EMW), which is under control of Provincial Health Department. EMW was established under the Third Health Project with aid assistance from ADB and DFID. Damaged equipment of public hospitals (including RHCs) is repaired by the EMW under the supervision of Balochistan Provincial Health Department and Director General Health Services. The headquarter workshop situated inside of Sandeman Provincial Hospital in Quetta, having maintenance instruments and full-time engineers provides actual repair works and conducts 6-month training courses for engineers for 4 branches of the workshop which are located in Sibi, Khuzdal, Kech and Loralai districts. Out of 2 branch workshops are not fully functioning. equipment of RHCs and BHUs is out of order, and a nearby workshop branch is not functioning properly, engineers must be sent from other branches or the headquarter, resulting in long waiting time for repair. It is not always assured that sufficient spare parts are Therefore, only equipment that does not need special available at the workshop. maintenance should be selected to be procured as project equipment. As for X-ray plants, engineers appointed by the manufacturers through the Supplier will be sent to provide technical training at the time of the handing-over after installation to the local engineers working at the maintenance workshops on maintenance techniques and management. As for generators, only technical training at the time of the handing-over is to be given, while the installation is to be undertaken by Health Department of the Balochistan Government.

Most equipment to be supplied in this project are replacement of the deteriorated ones so that they do not need any additional maintenance costs and additional medical manpower for operation. Thus, consequently, no additional operating costs are required. However, it is recommendable that in order to secure constant operation of the equipment, the head of each District Health Office should be well informed about necessary items and amount of spare parts and consumables, and make a budget plan in cooperation with the Provincial Health Department. In addition, there are no particular financial concerns if it is expected that there would be an increase of incomes from users fees of laboratory examination, and governmental subsidies resulting from improved medical services with new equipment in the project institutions.

The cost to be born by the Pakistani side is roughly 1.894 million rupces (Banking commission for issuance of the Authorization to Pay; Transportation fee of the instruments / equipment from DHO to each project institutions; Training fee for the maintenance engineers) for Pakistani portion. The schedule to implement the project would require 12 months for

the detailed designing and the procurement, delivery and installation of the equipment.

The following effect will be brought through the project implementation.

- 1) Primary health care services will be upgraded in quantity and quality by procurement of the essential kits which will be utilized for the services of BHUs.
- 2) Additional equipment for RHCs will contribute to the upgradation of the diagnostic and curative level of services. In addition to this, work load of the divisional headquarter hospitals will become less if RHCs screening function is improved.
- 3) The procurement of ambulances will upgrade the emergency service activities in the district level as well as improve the relationship between the patients and institutions.
- 4) The health sector of Balochistan will be improved and the referral system of the district will be well organized.

Measures as shown below should be taken into account for the effective and continuous utilization of the project equipment

- 1) Monitoring on the Ambulances, X-ray Plants and Generators should be made by keeping the records of their utilization, breakdown time and running cost through which effective maintenance would be secured.
- 2) The replacement of the equipment should be planned after durability.
- 3) The spare parts and consumable should be registered on the Inventory Book to keep them in order.

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Chapter 1 Background of the Project

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### 1-1 Background of the Project

The Islamic Republic of Pakistan has attained its independence in 1947 from British colonial regime, which had occupied Indo-Pakistan continent since 1876, with two separate territories towards the east (former East Pakistan) and the west (former West Pakistan) from India (In 1971, East Pakistan became independent and separate due to political and economic differences between the two Pakistans).

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Climate is hot and dry with little rainfall. There are four seasons consisting of summer from April to September, autumn in October, winter from November to February, and spring in March.

The paved roads are not common in the south-west coastal areas which are covered with sand and the mountain area. Traffic facilities are almost underdeveloped. Transportation measures such as air plane route to and from Karachi are mostly developed. Mountain areas in the North-east are also covered by sand, where people live with stock raising. Social infrastructure such as water supply and electric supply has the gaps between the areas. Mastung, Ziarat, Pishin near Quetta and Lasbella near Karachi are rather developed.

In Pakistan, provincial development plan of health care should follow national development policy designated by the central government, except province-owned projects, which are under direct control of provincial government, and subsidiary budget is allocated accordingly. The provincial Health Department under the Health Secretary manages the tertial level hospitals such as teaching hospital and specialized hospitals, while the Director General Health Services controls 6 divisional health offices and its 26 district health offices and district headquarter hospitals.

The Health Referral System of Pakistan is three tier as educational and special hospital for the tertial level, Divisional Headquarter Hospital, District Headquarter Hospital, Tehsil Hospital and Civil Hospital for the secondary level, and Rural Health Center, Basic Health Unit, Maternal and Child Health Center, Civil Dispensary and Sub Health Center for the primary level. This referral system is not always functioning because of the access conditions and the unsatisfactory of the health manpower allocation of the institutions. Such is the conditions of the facilities concerned, patients who could not attended in the primary level institutions go to the district hospitals or the teaching hospitals out of the province which are located in the good accessibility. The accessibility to the health institutions in the rural area are shown as Table 1-under. Most of RHCs and BHUs in the province are located in remote areas so that they face various problems such as lack of medical manpower, basic medical equipment, medicines, and fundamental infrastructure( electricity, water, communication etc), and furthermore insufficient budget allocation from the provincial government exacerbates the situation as essential health care services are not properly provided. As for the female medical officers and technicians are very small in number in addition to the medical personnel allocation gap between the urban and rual areas, where LHV and LHW are providing supplementary services. These situations are explained as the religious and cultural reasons by which ladies are not so freely admitted to go out. The utilization ratio of RHC, BHU, MCHC in Balochistan is 28%, 63.3% and 60% respectively according to the Utilization of Rural Basic Health Services in Pakistan.

Table 1-1 below shows the access to health facilities in rural areas and it is easily understood that many rural inhabitants who have no private vehicles are in the difficulty to receive primary health services.

Table 1-1 Access to health facilities in rural area

(unit: %)

Public	Health Institutions	Within 5 Km	Withia 5-10km	More than 10km
Hospital	Balochistan	6	22	72
	Whole Pakistan	15	27	58
RHC	Balochistan	17	11	72
	Whole Pakistan	33	21	45
BHU	Balochistan	36	20	44
	Whole Pakistan	39	38	23
CD	Balochistan	35	17	48
	Whole Pakistan	34	37	29

Source: Pakistan Integrated Household Survey (1995-1996)

Considering these circumstances, the Government of Pakistan has decided to improve and strengthen primary health care services of Balochistan province as a part of regional health care development plan in accordance with the 8th Five Year National Development Plan, and made a request to the Government of Japan for her grant aid assistance for the provision of essential medical equipment for RHCs and BHUs, which is core medical institutions of primary health care services at village level and suffering from the shortage of necessary medical equipment, communication equipment at local level, and information system at district level and supervisory vehicles for District Health Offices.

The objectives of the Project are to improve the diagnostic and curative level of the health services for the population of the union councils by supplying essential equipment /instruments to the primary health service providers. The target institutions are BHUs, RHCs (431 BHUs and 47 RHCs as of April, 1997) and DHOs which directly control and supervise those institutions.

## 1-2 Outline of the Project

Project institutions are the union level health institutions, 431BHUs and 47 RHCs (as of April 1997) and District Head Offices who supervise these institutions in the district level.

The equipment / instruments requested under the project is essential ones necessary for the provision of the primary level health service for the union people. The number of these institutions were 463 BHUs and 68 RHCs (as of November 1997) inclusive of the upgraded institutions under the health policy of the province. The following Table attached show the results on the equipment list included in PC-1 with the justification for judgement of the Equipment / Instruments by items-wise. Numbers 1 to 4 in the column Criteria to include and ones 5 to 8 in the column Criteria to exclude are put in accordance with the criteria referred in 2-2 Basic Concept of the Project hereof.

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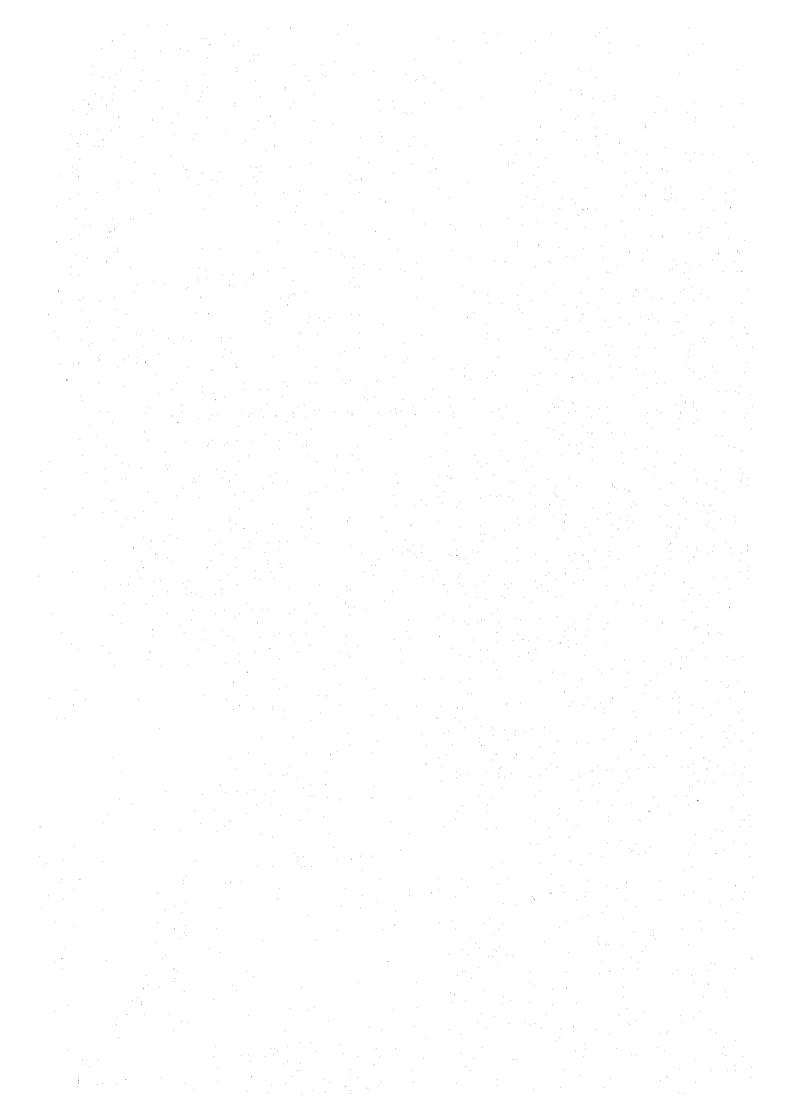
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		<u></u>	<b>3</b> , 4 + 30					0	×	Cut since same as I/V stand
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		,, <u></u>						0	×	Out since need spare perts
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		- 41 31 73 834 8 34				0			×	Airedy in possession
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H-22 DELIVERRY SET			0						0	
H-23 AIRWAY ( SET OF 4 PCS )								0	×	Common use with First Aid Set
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00	RONE SAW	_				-			0					× No frequent use
		•	1 . do 11 hour		0			ta ppo - t pota - c						Stand type
85	OPERATION THEATRE TABLE									-4.11.211.				O Mobile type
н-31	OPERATION THEATRE CEILING LAMP		1	<u> </u>										0
н-32	AUTOCLAVE (W / BOILER) MEDIUM		_					<b></b>			ļ	С		X Cut since seme as A-13 H/32
£	ELECTRIC STERILZER ( 40 cm.)					-			C			C	-	
H-35						-		1						
<del>1</del> -36	DIATHERMY SET	ļ				· ·	:					0		X Cut side law frequent use
H-37	DRESSING DRUMS.											9		X Out side low frequent use
	PROCTO SCOPE					· , · · ·				0	i			X Alredy in possession
i l	RUBBER CATHETER ( NELATON ) EACH SIZE								,	9				× Alredy in possession
Ŧ 4	METAL CATHETER SET	-												O Included in MCHC equipment
<del>1</del> -42	DISSECTION FORCEPS 130mm					-					-	9		X Included in MCHC equipment
1 &	DRESSING TRAY					_								X Cut since low fraquenct use

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		\$ A			****		-6					ė 			
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Sold Sold	EQUIPMENT LIST														
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	Labor Room Equipment		-	-			-	<b> </b>	ļ			<b></b>			
3	DELIVERY TABLE				O								-	0	FMO LHV are required on duty
				···				*************				0		x	Included in MCHC equipment
<del>1</del>	DELIVERY FORCEPS KEILAND		-	<u> </u>				ļ			<u>.</u>				Be included in MCHC
H-46	TOWEL CLIPS											7		š) <u>-</u>	equipment.
44.1	Subcical Riade to SIZE Pre OF 100											0		×	included in basic operation of
					<b>.</b>	**********					*******		_	(	
1 84 85	DIAGNOSTIC SET ( EYE - OPTICALSCOPE.		0				-	-						<b>\</b>	
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H-49	8. P. APPARATUS DESK				0			_	_		-	-		9	inoluded in A=UK
ç	OSSOCIONES DE LA MANA MANA MANA MANA MANA MANA MANA M		51 - 51 - 570gar 1 - 1		0								-	0	included in A-02
3		<u> </u>			C	····-				-11114444-1-4				0	Included in A=02
F-5	STETHSCOPE		ļ												Included in Basic Operation Set
H~52	LUMBER PUNCTURE NEEDLE W / 4											9	_	X	aquipment
н-53	WARD EQUIPMENT												_		
<del>1</del>	TEMPERATURE CHART HOLDER			ete-a-4								0		×	Cut since affice aquipment
35	HOSPITAL BED WITH SHEET									d				×	Old but alredy in possession
H-56	BEDSIDE LOCKERS									0				×	Old but elrady in possession
н-57	SPTUM CUPS WITH COVER									0				×	Alredy in possession
90 1 1	BEDDAN WITH HANDLE							• • • • • • • • • • • • • • • • • • • •		0				×	Alredy in possession

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2	MEDICAL TEMALE											0	×	Out since low frequency usn
	V STAND		0			-451.5884.11181.								
	HISTORY SEET HOLDER											0	×	Cut since office equipment
	EQUINALITY OF LAW BO DEVELOR OF THE				0		p- 054-4-1055-4-1-1						0	only sphygnomanometer included but stethosoope included in A-02
	Generator													
80-N	GENERATOR 50 KVA			0									-	25-33KVA
	Ambulance with Oxgen and Resuscitator													
	4 WD AMBULANCE 4200 00 DIESEL 4 X 4	-		0										
	Heal Management - Information System et District Level											1		
<b>N</b> -12	COMPUTER and PRINTERS											_   -	×	Not conditions to use computed
5 13	UPS and STABILIZER						0					1	×	Out since computer equipment
	Supervision and Monitoring											7		
	Supervisiory Vehioles for District Health Offices.													
N-10	4 WD VEHICLE 4200 00 DIESEL 4×4											0	×	Not ober purpose of use
	MOSQUIT NET	-										_	×	Cut since priority lower
·	MYCROSCOPE FOR MALARIA										4		-	





### Chapter 2 Contents of the Project

### 2-1 Objectives of the Project

Pakistan economy, after the Fifth Five Year Plan (1978/79 – 1982/83) has been launched under the free economy policy, is going on the stable way in spite of the political and social uncertainty after 1989. The major export products including cotton products which occupy 60% of the export merchandise of the country depend on the international market including weather conditions, however, average GDP is 5.1% under the guidance by the World Bank and IMF after 1988. Pakistan, despite its high economic growth rate, has been suffering from low literacy rate (35% in 1990) and high population growth rate (average of the past 5 years is 3.1%), which would be obstacles of future development. As far as looking at current situation of basic health care status of Pakistan, there is a gap between urban and rural areas in health care standard, which should be regarded as a major social and economic problem of the country. Among other provinces, the health status of Balochistan is underdeveloped as its infant mortality rate is higher than national average.

The objectives of the Project are to improve the diagnostic and curative level of the health services for the population of the union councils by supplying essential equipment /instruments to the primary health service providers. The target institutions are BHUs, RHCs (431 BHUs and 47 RHCs as of April, 1997) and DHOs which directly control and supervise those institutions

### 2-2 Basic Concept of the Project

The health care of Balochistan is administered mainly under the provincial jurisdiction as the central government makes a plan and the provincial government is responsible for management and supervision. Accordingly, education of medical manpower and their allocation plan, and administration of RHCs and BHUs are placed under the responsibilities of the provincial government. Secretary of Health, Provincial Health Department controls teaching hospitals, special hospitals and projects. The Director General Health Services supervise 6 Divisional Health Offices, 26 District Health Offices and District Headquarter Hospitals so that primary and secondary health care services of the provinces are under the control of Divisional Health Offices and District Health Offices.

The Health Referral System of Pakistan is three tier as educational and special hospital for the tertial level, Divisional Headquarter Hospital, District Headquarter Hospital, Tehsil Hospital and Civil Hospital for the secondary level, and Rural Health Center, Basic Health

Unit, Maternal and Child Health Center, Civil Dispensary and Sub Health Center for the primary level.

The area of Balochistan province occupies about 43% of the whole area of Pakistan (approx. 350,000 Km2) with sparse population counting only 5.6% of the total (approx. 7.4 mil., 1995). Most of RHCs and BHUs in the province are located in remote areas so that they face various problems such as lack of medical manpower, basic medical equipment, medicines, and necessary facilities (electricity, water, communication), and furthermore insufficient budget allocation from the provincial government exacerbates the situation as essential health care services are not properly provided. Particularly, regarding medical manpower, the allocation pattern of Balochistan does not seem to follow the guideline set forth by the Provincial Health Department. It is a problem of urban-rural-gap that there are not many medical institutions where female doctors work, and in such institutions Lady Health Visitors (LHVs) or Lady Health Workers (LHWs) cover the shortage to some extent.

Under these circumstances, major problems revealed to be solved are:

- Shortage or obsoleteness of basic medical equipment in BHUs and RHCs, insufficient medical manpower, lack of essential infrastructure, and poor health care services available at village level due to obsolete facilities.
- Health Referral System does not function properly because natural conditions surrounding BHUs and RHCs in remote area make access difficult and limited. This entails economic burden to patients, and hence consequently lessens the possibility of survival.

The basic concept of the Project is designed to address the above three problems aiming at strengthening health care program at provincial and district levels and eliminating the gap between urban and rural areas in medical standard by improving primary health care service in Balochistan. It is expected that the project will consequently contribute to the improvement of primary health care services of Balochistan with reducing maternal and infant mortality rate, and mobility rate of infectious disease.

This project being made in response to the request by the Government of Pakistan, the Government of Japan dispatched preliminary study mission to Pakistan in June, 1997. The mission made the studies on the background and effect of the feasibility of the project in consideration of the relevant programmes of the country. Upon results made by the mission the Government of Japan decided to conduct a basic design study on the project. The study mission visited some BHUs and RHCs and other related institutions to study the preset conditions and to collect data.

As a basic policy on the equipment planning, the following criteria to select equipment and exclude one are agreed with Balochistan government.

Equipment to be included in the Project is:

- 1) equipment to be utilized with ordinary and already established technique,
- 2) equipment whose Operation and Maintenance (O/M) costs can be covered by the Institution,
- 3) equipment required in accordance with the services of the Institution, with the uniformed standard in relation to the type of the institution,
- 4) equipment to be utilized within the present manpower.

Equipment to be excluded from the Project is:

- equipment whose operation requires materials such as flon gas and causes the environmental problems,
- equipment which may be contradictory to the regulations on the waste water / medical wastes treatment and radiation,
- 3) equipment whose O/M costs may exceed the financial capacity of the Institution,
- 4) equipment which requires substantial costs for modification of the facility,
- 5) equipment which requires special technology transfer for operation/utilization,
- 6) equipment also requested to other external assistance agencies,
- 7) equipment of which local agent for maintenance service is not available, and,
- 8) equipment with financial/marketing difficulties on the procurement of consumable and spare parts etc.

Regarding relevant facilities necessary for utilization of the equipment supplied according to the above criteria, it is agreed with Balochistan government that the following points should be taken into consideration.

Criteria to select the Project sites are summarized as follows:

- 1) staff allocation
- 2) physical facility conditions
- 3) medical demand
- 4) catchment area population

There will be no particular problems regarding facilities of project institutions since the equipment to be procured is selected according to the basic policies discussed above. Regarding medical manpower who will be responsible for utilize and maintain the equipment to be procured, there are no problems as only the equipment that can be utilized by the existing medical manpower is selected.

In considering of the above, basic concept of the Project is set to provide essential medical equipment to strengthen the health delivery system of the Province by which every people would be satisfied to have the opportunity to receive adequate basic health care services.

#### 2-3 Basic Design

## 2-3-1 Design Concept

Design concept for this project is mentioned hereunder as follows.

#### 1) Concept for natural conditions

Most of Pakistan belongs to mountain areas of Slaimans and Keeltarls leading to the border between Iran and Afghanistan, where the elevation is over 1000m and the land is covered with sand. The coastal areas along the southern border, belonging to subtropical dry zone, are also covered with sand. Climate is hot and dry with little rainfall. There are four seasons consisting of summer from April to September, autumn in October, winter from November to February, and spring in March. In summer, temperature goes up to 50°C and in winter down to minus 10°C in some areas. Temperature changes greatly in regions and seasons, therefore packing and transportation need special care. The equipment delivery timing shall be carefully planned and managed to avoid winter season. Dry climate conditions shall be taken note, however, equipment to comply with JIS and BS standard will be acceptable.

## 2) Concept for social conditions

Balochistan province is divided into 6 divisions, 26 districts, 58 tehsils and 55 unions etc. The province occupies 43% of total area of Pakistan with only 5.6% of total population. Population density is only 21 persons per Km2. Capital city of the province is Quetta, the administrative center of Balochistan, which has about 500,000 of population. Except dwellers in urban areas, most of people have nomadic life style. Majority belongs to Iranian-Balochi tribe speaking Balochi, whose original ancestors were Kurdish living in the southern Iran near Syria. They have tribal society like Patern tribe occupying North West Frontier Province. In some areas of the coastal zone in the south, Black Maclany tribal people live. The tribal problems will affect the works to be made by Japanese at the off-limit areas, for which we shall be sensible and request support both from the Home and Tribal Affairs Department and Health Department.

3) Concept for local agents and their capability and reliability
In Pakistan, some medical equipment and instruments, such as surgical instruments,

globe, operation table, bed, and dental instruments, are domestically manufactured. They are exported to overseas countries including Europe, Africa, China and Japan. Other medical equipment is mostly imported from Japan, USA, Germany, Britain, China, Poland, and Czechoslovakia. Generator, accessories for X-ray units could be procured from the local market provided that delivery period is secured. Quantitative items, items not available locally and items whose after sales services are required will be purchased from Japan.

4) Concept for administrative capability of the executing agencies of Balochistan Maintenance of the existing medical equipment in project institutions is managed by Electromedical Workshop (EMW), which is under control of Provincial Health Department. EMW was established under the Third Health Project with aid assistance from ADB and British DFID. Damaged equipment of public hospitals (including RHCs) is repaired by the EMW under the supervision of Balochistan Provincial Health Department and Director General Health Services. The workshop having maintenance instruments and full-time engineers provides actual repair works and conducts 6-month training courses for engineers for 4 branches of the workshop. Two out of five workshops are not functioning properly.

Table 2-1 Outline of Electromedical Workshop

	Institutions	Site	Engineer	Remarks
1.	Head Quarter	Quetta (in Sandeman Provincial Hospital)	Engineer 9 Others 3	Four engineers have been trained in Britain under British ODA.
2.	Branch	Sibi	Engineer 1	Will be functioning
3.	Branch	Khuzdar	Engineer 1 Technician 3	Functioning
4.	Branch	Turbat	Engineer 1 Technician 3	Functioning
5.	Branch	Loralai	Engineer 1	Will be functioning

In case that equipment of RHCs and BHUs is out of order, and a nearby workshop branch is not functioning properly, engineers must be sent from other branches or the headquarter, resulting in long waiting time for repair. It is not always assured that sufficient spare parts are available at the workshop. Therefore, only equipment that does not need special maintenance should be selected to be procured as essential equipment.

As for X-ray plant, engineers appointed by the manufacturers will be sent to provide technical training at the time of the handing-over to local engineers working at the Workshops on maintenance techniques and management. As for electric generators, only technical training at the time of the handing-over is to be given, while the installation is borne by Balochistan Health Department.

Supply/delivery system of Medical Equipment, Consumables and Medicine

Procurement and supply of medical equipment, consumables and medicines are managed by Medical Store Depot (MSD) under Provincial Health Department. Each District Health Office procures all necessary medical materials and medicines and distributes for relevant BHUs and RHCs from MSD twice a year within the budget given from the Provincial Health Department. Therefore, medical equipment, medicines and consumable (i.e. X-ray films) and fuel (diesel oil etc.) are provided from District Health Offices to BHUs and RHCs. During the survey, it was found that necessary medical consumables and medicines are sufficiently and properly procured and maintained at MSD, and no particular problems are found.

- Concept for grade of the Equipment to be procured 5)
  - The Basic Concept of the Project mentioned already, would be reflected for the planning of the level, grade and specifications of the Equipment after consideration of the needs of medical services (yearly number of patients, population of catchment area), the quality and quantity of medical manpower working at the project institutions.
- 6) Concept for implementation period
  - It is expected that 12 months would be necessary to implement the project after the signing of the Exchanging of Notes between Pakistan and Japan. The overall Project implementation schedule is shown as the Project Implementation Schedule in 3-1-6 Implementation Schedule hereof.
- 7) Concept for transportation

Equipment /Instruments will be brought by ocean vessel(s) to Karachi port, and inland transportation therein will be made by vehicles as follows:

① Instruments and Equipment:

26 District Head Offices

② X-ray which requires installation: 10 RHCs and 2 BHUs

③ Ambulances:

to be delivered at Quetta

#### 2-3-2 **Basic Design**

#### (1) Overall plan

The land area of Balochistan province is large, where 431 BHUs and 47 RHCs (as of April 1997) are dispersed in 26 districts in 6 divisions (Kalat, Keich, Nasirabad, Quetta, Sibi, and Zhob). They provide primary health care services. BHU is the terminal health service institution that covers from 4000 to 5000 population in a village, while RHC as an upper institution affiliating 4 to 5 BHUs covers from 15,000 to 20,000 catchment population.

Based on the above consideration, a mission has conducted a survey to grasp medical services and existing equipment of the institutions, and maintenance system of medical equipment by discussing with relevant officials of Balochistan government and visiting project sites. It could not visit some off-limits areas due to security reason, and desert areas in the south due to bad conditions of access roads, however, the mission visited 25 BHUs, 22 RHCs, 5 CD, 6 public hospitals including provincial hospitals, and 20 District Health Offices. According to a provincial health care program, 2 CD and 1 BHU will be upgraded to BHU and RHC respectively every year in each district so that the number of BHU and RHC will increase accordingly.

Interviews to the institutions for the study of manpower allocation, conditions of the existing medical equipment, and physical facilities such as water supply, drainage, electricity and communication system were made. Not only from interviews but also documents collected by the Team from District Health Offices, general information could be obtained including roles of the project institutions, staff allocation, size of beneficiary, and accessibility. The equipment plan was made from the data and information and the analysis made from them.

## (2) Equipment / Instruments Planning

In accordance with the design concepts for the selecting equipment as referred already, essential instruments/equipment for BHUs and RHCs are planned. Additional equipment for BHUs and RHCs are planned also. While, the criteria to select project institutions are as shown in 4) below;

- 1) Equipment planning
  - Equipment planning was made according to the necessity and relevancy, which were categorized as follows:
  - \* Kit comprising of the essential diagnosis items, MCHC items, basic laboratory items for both BHUs and RHCs is planned as shown in Table 2-2,
  - \* Equipment necessary to be replaced by the existing X-ray Plant, ambulance, generator etc. for BHUs and/or RHCs are planned as shown in Table 2-3,
  - \* Basic laboratory equipment, autoclave, centrifuge, refrigerator, operation set, water filtration tank, IV stand, delivery table, incubator and water bath for RHCs are planned as shown in Table 2-3.
  - 2) Selection criteria of Kits and Instruments packages for BHUs and RHCs. The Instruments planned in accordance with above 1) is categorized into 3 packages. The selection has made according to the staff availability as shown in the table 3-4. The institution must have at least one of the following essential medical staff to receive Instruments package and further consideration is made according to the quality level of medical services and the completeness of medical manpower. The institutions whose staff is not confirmed are made according to the number of yearly

#### patients and/or catchment area population of the institutions.

Table 2-2 Instruments Package Criteria

Kit	Composition of Kit		Essenti	al Medic	al Man-	Power		Ins	trumei	its
							•	, P	ackage	
		МО	MMT	ГМГ	LHV	COMP	DAI	1	2	3
A	1) Essential Diagnostic Kit	· · · · · · · · · · · · · · · · · · ·								
	2) First Aid Kit		0			0		•	0	0
B	3) MOICKI									
	4) DeliveryKii			0	0		0	•	0	
С	5) Basic Laboratory Equipment Kit		:							<del>                                     </del>
	6) Multi Purpose Microscope									
	7) Basic Operation Kit									
	8) ENTEKI							] •		
	9) Dental Instruments Kit									

Albreviation: MO : Medical Officer

MMT: Male Medical Technician
FMT: Fernale Medical Technician

111V : Lady Health Visitor or Lady Health Worker

COMP: Compounder

DAI : Dai or Traditional Birth Attendant

## 3) Selection criteria of additional equipment for BHUs and RHCs

Additional equipment for BHUs and RHCs has planned according to the following criteria as shown Table 2-3. The equipment and instruments selected by the criteria should be provided to the institutions selected in accordance with 4) below.

Table 2-3 Criteria for Additional Equipment

Equipment Name	Criteria
Generator	1) Institutions where X-ray Plant is planned as replacement or new supply however, its electricity is unreliable.
	2) Institutions who has X-ray Plant however, electricity is unreliable.
Basic Laboratory	1) Institutions where Medical Officer is on duty.
Equipment	2) Institutions where electricity and water supply are available.
Autoclave	1) Institutions where Medical Officer is on duty.
	2) Institutions where electricity and water supply are available.
Centrifuge	1) Institutions where Medical Officer and Laboratory Technician are on duty.
	2) Institutions where electricity is available.
Refrigerator	1) Institutions where refrigerator to keep medicines is not available.
	2) Institutions where electricity is available.
Operation Set	1) Institutions where Medical Officer is on duty.
	2) Institutions where electricity is available.

Ambulance	Refer 6) mentioned below
Filtration Tank	1) Institutions where X-ray Plant is planned as replacement or new supply however, its water supply is unreliable.
X-ray Plant	<ol> <li>Institutions where Medical Officer is on duty however, X-ray plant is not available.</li> <li>Institutions whose X-ray plant is out of order (not repairable).</li> </ol>
I/V Stand	1) Institutions where Medical Officer is on duty.
Delivery Table	1) Institutions where FMO、FMT and LHV are on duty.
Spectrophotometer	Institutions where Operation set mentioned above is planned.     Laboratory technician is on duty.

## 4) Selection criteria for Project Institutions

Selection of RHCs was made only to exclude the following RHCs. The following selection criteria was made taking into full account the current situations of BHUs and the level and medical personnel in actual position.

To be a Project institution, one of the following two conditions must be fulfilled. Any institutions that do not meet any of the conditions must be excluded.

- (1) It has permanent staff of essential medical manpower
- (2) It receives more than 500 patients a year.
- (3) It covers the catchment area of over 2000 population considering the basic and average population of 2000 to 3000 per institution..

#### 5) Institutions excluded

4 RHCs that have been recently upgraded under the Third Health Project supported by ADB should be excluded as they have already new buildings and equipment provided. They are:

(1)	Chagai District	RHC	Dalbandin
(2)	Loralai District	RHC	Makhtar
(3)	Mastung District	RHC	Kanak
(4)	Pishin District	RHC	Khanozai

It was confirmed that the following (1) to (3) institutions did not have permanent staff of doctors and essential medical manpower, while (4) and (5) were newly constructed with no equipment and essential medical manpower.

(I) BHU	Sailana
(2) RHC	Manikhawa
(3) RHC	Murgha Kibzai
(4) RHC	Walakram
(5) RHC	Omzaah

The final equipment list includes equipment for 454 BHUs and 60 RHCs accordingly.

Institutions	Number as of April	Number of Institutions as of November, 1997	Numbers by
	1, 1997	(time of site survey)	Basic Study
RHC	47	68 (inclusive of upgraded institutions)	60
BHU	431	463 (inclusive of upgraded institutions)	454

#### 6) Ambulance

Ambulances planned are mainly for replacement of the ambulance and the vehicle which are already out of order and left as it is because of nor repairable. These ambulances are to be utilized for the transfer of the emergency patients to the upper institutions and also for the health activities. Ambulance is considered as important means for regional health services. The purpose of the usage of ambulances under the conditions of the province whose emergency network system has not yet to be organized is to not to go to the accident place where emergency patients are left and to transport to the medical institutions but to just transfer the patients who have been brought by some means, to the nearest hospitals. As previously mentioned in this report, the space occupied by the province is vast, and the catchment area covered by the medical institutions are large. The criteria to select ambulance are;

# For RHCs (Replacement):

- a) Availability of drivers are essential
- b) Relevance such as population increase, the site is on the main road etc. and the ambulance utilization plan data.

#### For DHOs (New Supply):

- a) Availability of drivers are essential (drivers of DHOs are alloted for the outreach services, however, emergency transfers for patients are anticipated for emergency cases)
- b) Relevance such as the conditions of the districts where ambulances are required

At present, DHOs have vehicles for the National programmes such as EPI and 2<sup>nd</sup> Family Health Project. These vehicles are not equipped with ambulance use. Ambulances for DHO are planned to be used for the services upon request by BHUs and RHCs, which will be utilized in combination with the district hospitals and divisional hospital. The finalization of these ambulances has been made upon detailed consideration on the specifications, utilization plan of the regional /provincial level such as the frequency of the ambulance activities required the service distance. Necessary data is shown as Table 2-4 and 2-5 attached herewith.

Table 2-4 Ambulance Allocation Plan and Present Conditions of DHO/RHC
Figures in ( ) is part of Total Figures

						-		Figures in ( ) is	10 10 18 C		Ambulance		Γ
	-			No of	of Facilities	Ţ	Curative	Catchment	10 410	٠٤	Diamer		Ť
Division	:	District	Name of DHO/RHC	BH 28	RHC 15	Total	Care/Year('96/97)	Population(1995)		Order	RHC DHO	Total	Ē
40.00	+	1 / / / / / / / / / / / / / / / / / / /	KAIAT	9	ا ا	2	34,818	316,787	Į.	2			1
KALA I DIVISION		<u> </u>	RHC ZARD MONGOCHER				(090'L)	(25,984)	_	0	-		<del>히</del>
	1	NA COALVIO	KUADAN	2	4	25	71.892	198,195	0	2	1	ì	ন
		NOW WITH A COLUMN TO THE COLUM	KHIIZOAI	61	67	22	26.030	424,450	0	3			4
-	1	A I ASBELLA	ASBELLA	၉	-	97	30,890	367,566	0	-	i N		ল
	1	S MASTING		18	-	6	55,188	200,000	2	0		-	-1
	1	6 AWARAN	AWARAN	9	2	8	6.540	169,432		2	: 1	i	থ
NOISKIG INCIDA			GOWADAR	17	4	21	102,332	160,980	-	2			ल
			PANJGUR	12	1	13	57.845			ि		<u> </u>	न
: '	1		TURBAT	24	7	31	126,678		3	-			-
	i		RCH NASIRABAD				(17,651)		2	0	-	•	ಣ
NASHIRABAD DIVISION	NO.	1 BOLAN	BOLAN	17	2	19		358,670	1. 2.	0			FT
	L	SABAD	JAFFERABAD	26	1	27	181,498	555,557	8	6		-	ग
	1_		JHAL MAGSI	11	2	13	-	102,995		2	,		ল
1.	<u></u>		NASEERABAD	15	-	16	20,000	270,327	ō	ō	j .		7
			RHO MIR WAH		:		(000'6)	(20,000)		0	7		ন
NOISIVIO ATTELIO	-	1 CHAGA!	CHAGAI	21	2	23	40,695	186,454	ै	7	+	-	ल
	<u>L</u>	S DISHIN	NISIG	26	5	31	108,969	312.227	2	0		-	-1
	<u> </u>	SIGNETTA	OUETTA	29	က	32	192,410	676.941	•	-	i		~
	L	A OU A AROUN AH	OIL A ABDULLAH	8	2	22	2,019	272,221	0	0			-
MONIO IGIO	╁.		DERA RUGHTI	24	2	<u>26</u>	103,016	150,032	0	0		_	-
5	_	_	BHC BAIKER			-	12,947			0			7
					-	<u> </u>	(21,047)	(12,964)	-	:: O	•	í.	က
	1		i HOX	2		22	28,772			3			দ
		2 NOTICE 3 SIBI	SIBI	15	3	82	74,690	143,589	1	3			Ī
	-	5	RHC SHARIGH				(10,761)	(11,168)	1	0	•	Ž	S
	1_	4 ZIARAT	ZIABAT	32	4	6	32,018	117,46		1			1
			RHC KAWAS		<u>.</u>	-	(5,808)	(10.000)	-	0	-		7
14013741C GOTTA	+	1 DADKUAN	BABKHAN	83	0	5	1	147,599	0	···	11-11		~
2000	L		OII A SAIFIII AH	ç	-	Ξ	20,202		4	2	9. <b>1.</b> 1. 1.	X. (2)	က
	1	41 ODALAI		32	8	32	47,219		3	. 2			1
	-		BHO SIN AVI		<del></del>	-	(3,538)			0	1		4
	<u>i_</u>	A MILE A MURI	MISA KHE	m	-	4	41,767	218,156	0	1	(1) (1) (1)		~
	L	SZHOB	ZHOB	17	4	21	31,943		2	1	:: •		7
TOT 61		30		463	89	53.1			41	35	8	22	85
IOI AL	1	701											į

Table 2-5 Ambulance Service Activities in the Ambulance Planned Districts

		A orthogology by DEIC	Pr. DEIC			Activitie	Activities by DHO				
	Amh	Amhalance	Patient	Patient Transfer	Outr	utreach	Drug Tran	Drug Transportation	Catchment	Catchment Population	Conditions of each District
No. Districts	No. of Service/Month	noc/Service (Km)	No. of Service/Month	Distance/Service (Km)	No. of Nervice/Month	Distance/Service (Km)	No. of Service/Month	Distance/Service (Km)	1861	1995	
	10-15	Ę		338	6	120	4	100	209,149	316,787	2 ambulances are noder services as present. This district is smuled along the main most between Quetra and Kanach. District hospital has 6 doctors.
A CHARLES A	ç	002			ζ.	32		\$2 :	276,449	424,450	3 ambulances are usder services at present. This district is situated along the main road from Quetta to Karachi. Divisional hospital has 12 doctors. Population increase is drawis.
2 NACEDAL	10-13	002			6	65		0%		367.566	1 ambulances is under services at present This district is amated in adjacent of Kanchi and population increase is drastic.
A WASTING	4	98	V			30			132,044		No ambulances are in service at present This district is situated on traffic junction between Nuetta and Karach as well as Quetra Charpii.
5 GOWADAR	8-10	240-1200	9		**	130			122,385	160,980	2 ambulances are in service at present, Gnadar is port city and has difficult road socies to Quetto/Karachi. Air lifting is available for patient transfer, District hospital has ? doctors.
dio(Ned)	4 mbn lance not available	Adeliave							052,091	243,149	No ambulances are in service at present. It has difficult road access to other districts including Querta/Karachi. Air lifting is available for patient transfer. District hospital has 9 doctors.
2 KECH	12-14	140	101	osx	2	980	1	006	379,467	607,628	1 ambulance is in service at present. Population is increasing drastically. Divisional 607,628 hospital has 21 doctors.
NA TOBLE	12.15	100-300			4	. 9		•	27,123	358,670	No ambulances are in service at present. This district is situated on main road between Ouetta and Karach, Pohlation increase is dissist. District hospital has 4 doctor.
o TARTEDARAD	× 10	200-400		:		99		•	265.342	558,557	2 ambulances are in service at present. This district is amused on main road between Quetta and Karachi, Population increase is district. District hospital has 8 doctors.
10 THAY MAGEST	Š	350-600	4	450	ī	110		-	260'89	102,995	2 ambulances are in service at present in northern part only except southern part where DHO is located. No district hospital.
11 NASFERABAD	8-10	250-400	9		7	120	1	8	-	270,327	This district is sevated on main road from Ouetta to Karachi and adjacent to Sindh Province. No ambulances are in service at present.
XIII SIGHT	01-8	\$6-150	Ö		13	8			202,256	312.227	I ambulance is in service at present. Population increase near Ouetta is drastic. This district is situated on the junction between Ouetta and Afghanistus, Quetta and Zhob.
13 OUETTA	4.5	50.100	:			40			381.556		Ropalation morease is drastic, because of Quette being the Capital criv. No ambulances are in service at present. Road conditions are better.
14 OILA ABDULLAH	Ambulance not available	vailable							176,341	277,221	This district is adjacent to Afghanistan and traffic road is beavy because of inflow of refugees and accidents would occur.
15 DERA BUGHTI	3.4	200-300	8	250	,		9		103,821	153,032	No ambulances are in services at present. Accidents may happen at Sui Oil Field. District bosoital has 5 doctors.
16 KOHLU	8.8	500-800	4	350	8	100	ľ	90	71.269	105,050	No ambulances are in service at present. Patients to transfer to Punjub Province are estimated. District hospital has 6 doctors.
17 STBI	8-7	200-300		051	3	95	:		98,482	143,589	4 ambulances are in service at present. This district is situated along main road from Querta to Karachi and traffic, accidents are estimated.
18 BARKHAN	Ambulance not available	waitable							989'19	147.5991	No ambulances are an service at present. Traffic eccidents are estimated because of the district has access from Punjab Province. No district hospital.
HALIUTIAS ALIULAH	8-9	100-300	4	150				•	138,427	213,403	I ambulance is in service at present. Traffic accedents are estimated because this district is on the runction from Queeta to Zhob and Queeta to Loralai.
20 LORALAI	8-7	400-800	<del>ب</del>	350	1	150	•		235,038	\$62,387	I ambulance is in service at present. Population increase is drastic because of one of the main district in east part of province. District becapital but 16 doctors.
21 MUSA KHEL	8-9	400-600	4	350	2	051			91,174	218,156	I ambulance is in service. Population increase is drastic because of adjacent to Punjab Province. If has no district hospital and only I RHC.
22 ZHOB	6-5	300-700	9	200	1	150			223.220	223,220 344,122	No ambulances are in service at present, Population increase is drastic because of this district is central area of northern part of the province and adjucent to Afghanistan. District hospital has 16 doctors.
77777											

The allocation plan is shown as under.

The priorities A/B/C are;

- (A) 1st priority (30 vehicles, including 22 DHOs and 8 for RHCs)
- (B) 2<sup>nd</sup> priority (25 vehicles, including 2 for DHOs and 23 for RHCs)
- (C) lowest priority (20 vehicles)

Table 2-6 Allocation Plan of Ambulances

\* means institutions already driver is allocated

П	DISTRICT		FXISTING		REQUESTED		RIORIT	v .
			141011110		MACOLANTE		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·			Λ	В	С
	KALAT	3	RHC ZARD MONGCHER 1 (out of order/ not	2	RHC ZARD NIBGCGER 1(replacement)	0,		
			regainable)		DHO I for emergency	0.		
			RHC SURAB 1					
			BHU MAND HAJI 1					
	KHARAN	1	RHC LADAGASHI 1 (out of order/ not repairable)					
	KHUZDAR	3	RHC WADH 2 (1 out of order)	ı	DHO/DHQH 1 for emergency	0.		
			RHC ZEEDI (					
	e .		SHORANCH					
	LASBELLA	1	RHC BELLA 1 (out of order, not repairable)	2	BHU WINDER 1 (to be upgraded / new	_, <u></u>	0	
					supp <b>(y)</b>			
					DHO/DHQH I for emergency	0+		
$\vdash$	MASTUNG	4	(2 out of order / not repairable)	3	Replacement 2		00	!
	1:110110110	`	( to out of order / not repairable)	,	•	٥.		
					DHO/DHQH 1 for emergency	0		
	AWARAN	2	RIIC AWARAN I	2	BHU METHGO I (new supply)		0	
			RIIC MASHEY 1		DHO /DHQH I for emergency		0	
	GOWADUR	3	RIIC JIWANI I (out of order, not repairable)	3	RHC HWANI I(replacement)		0	
			RHC ORMARA 1		BHU SUR BANDAR 1 (to be upgraded /		o	
ı	·		RHC PASNI 1		new supply)			
					DHO 1 for emergency	٥,		
<u></u>						L		
	PANIGUR	N		2.	BHU GRAM KHAN 1 (to be upgraded /		0	
		<b>–</b> "			new supply)			
		•			DHO 1 for emergency	٥٠		
	KEICHI	5	RHC NASIRABAD I (out of order, not	2	RHC NASIRABAD 1 (replacement)	0*		
			repairable)		DHO 1 for emergency	٥٠		
			RHC MAND 1 (out of order)					
			RHC TUMP I (out of order)					
			RHC BULEDA I (out of order)					
			RHC DASHI KHUDAN I					
L	<u> </u>							

DISTRICT	EXISTING		REQUESTED	Pi	RIORITI	'n
				Λ	В	С
BOLAN  JAFFERA	5 District Headquarter Hospital 2 MACH Civil Hospital 1 (out of order/ not repairable) BHAG Civil Hospital 1 (out of order/ not repairable) RHC LEHRI 1 (out of order/ not repairable) 6 BHU GANDAKHA 1 (out of order, not	6	MACH Civit Hospital 1 (replacement)  BHAG Civit Hospital 1 (replacement)  RHC LEHRI I(replacement)  RHC KHATTAN 1 (new supply)  BHU BAKHTAR ABAD 1 (replacement)  DHO & BHU KOLPUR 1 for emergency (new supply)  MUHAMMAD Civil Hospital 1	0.	0 0	0,
BAD	repairable)  MUHAMMAD Civil Hospital 1 (out of order/ not repairable)  RHC ROHJAN JAMALI 1  C/D HAIRUDIN 1 (out of order/ not repairable)  BHU SOHBAT PUR 1  DHO 1 for emergency		(replacement)  C/D HAIRUDIN 1 (to be upgraded to BHU/new supply)  DHO 1 for emergency 1 (replacement)  BHU JANDA TALAB I (new supply)  BHU CATTLE FARM 1 (new supply)  CD MANJI PUR 1 (to be upgraded / new supply)  BHU BAGH HFAD 1 (new supply)  CD ZUL FIQAR ABAD 1 (to be upgraded / new supply)	O*	° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	0 0
HIVI'-	2 RHC JHALMAGSI 1	1	DHO for emergency 1	o.		
NASFERA- BAD	RHC GANDAWA I  3 Divisional Headquarter Hospital 2 (out of order/not repairable) RHC MIR WAII I (out of order/not repairable)	3	DHO and Div. HQH for emergency I(replacement) RHC MIR WAII I (replacement) BHU CHATTAR I (new supply)	O•		0
CHAGAI	2 RHC DALBANDIN I RHC NOKUKNDI I	1	DHO for emergency l		0	
PISHIN	2 RHC KHANOZALI  RHC BARSHORE I (out of order/ not repairable)	6	RHC KHANOZAI I (replacement) RHC BARSHORE I (replacement) DHO/DHQH for emergency I (new supply) RHC ALIZAI I (new supply) RHC UMARABD I (new supply) BHU KALA BAGH BARSHOOR I (new supply)	0'	0 0	0
QUETTA	2 1 out of order / not repairable	5	RHC KICHLAK I (new supply) RHC SORRENG COAL MINES I (replacement) CD PANIPAI I (to be upgraded / new supply) BHU KECHI BEG I (to be upgraded / new supply) DHO I (replacement)	0.	0	0.
KILLA ABDULLAH	N A	1	DHO and CHAMAN Civit Hospital 1 for emergency (new supply)	0.	:	

П	DISTRICT		EXISTING		REQUESTED	PI	RIORITY	
						٨	В	С
	DERA BUGHTI	2	RHC BAIKER I (out of order/ not repairable) RHC SUI 1 (out of order/ not repairable)	3	DHO/DHQH for emergency 1 (new upply) RHC BAIKER 1 (replacement) RHC SUI 1 (replacement)	0, 0, 0,		
	коні.и	3	DHQH2 (2 out of order/ not repairable)  MAIWAND Civil Hospital 1 (out of order/ not repairable)	3	DHO and DHQH for emergency 2 (replacement) MAIWAND Civit Hospital 1 (replacement)	0'		0.
	SIBI	5	HARNAI Civil Hospital 2 (1 out of order/ not repairable) DHQ11 2 RHC LUNI 1	3	RHC SHARIGH I (replacement) CD TALLI I (to be upgraded / new supply) DHO I for emergency (new supply)	0.		0
	ZIAPAT	3	RHC ZIARAT 2 (1 our of order/ not repairable) RHC KAWAS 1 (out of order/ not repairable)	3	RHC KAWAS I (replacement) BHU KACH I (to be upgraded / new supply) DHO I for emergency I (new supply)	0,	0	0
	BARKHAN	N A	,	1	DHO and Civil Hospital 1 for emergency (new supply)	0,		
	KILLA SAIFULLA II	6	(4 out of order/ not repairable) BHU KOZH KACH I MUSLIM BAGH Civit Hospital 1	3	RHC BADINI I(new supply) DHO 2 for emergency (replacement)	0,	0,	0*
	1.ORALAI	6	RIIC MEKHTAR I RIIC SINJAVI I (out of order/ not repairable) DUKI Civit Hospital I ZIOB DIVHQH 3 (1 out of order/ not repairable)	5	RHC ISMAIL SHEAR 1 (new supply) C/D MANIZAI 1 (new supply) C/D WAHVI 1 (new supply) RHC SINJAVI 1 (replacement) DDHO/DHQH 1 (replacement)	0.	01	0 0
	MUSA KHEL	1	RHC MUSA KHEL 1	1	DHO for emergency 1	0.		
	ZHOB	3	(2 out of order/ not repairable)	5	RHC MANI KHAWA I (replacement) RHC MURGHA KIBZAI I (replacement) RHC WALA AKRAM I (new RHC) RHC OMZAAH I (new RHC) DHO /DHQH for emergency 1	0,		0' 0 0
	TOTAL	71		75		30	25	20

## 7) Wireless Transceiver Set

The following conditions were considered for the wireless transceiver set;

- a) Radio licensing application/approval
- b) Future communication plan in corporation with the health delivery system and emergency network system of the province

In consideration of the above points it was decided that the wireless set be excluded from the equipment list for the Project.

The following tables show the finalization of the equipment / instruments by item-wise and institution-wise.

Table 2-7 Equipment / Instruments List

Kit	Item No.	Name of Kit	Contents of Equipment	Objectives	Total Q'ty	Site
Basic	Instru	nents/Equipment for Bl	HU/RHC			
۸	1	Essential Diagnostic Kit	(1) Diagnostic Kit Stethoscope Hammer Sphygmomanometer(Aneroid) Laryngoscope (2) Weighing Scale for Adult	Use for basic diagnosis like beriberi, heart beating, Blood-Pressure and weight.	514	BIIU RIIC
			Weighing Scale for Infant (3) BP Apparatus Fixed on Wall Sphygmonianometer(Mercurial)		:	
	2	First Aid Kit	(1) First Aid Set Identification Material Set Resuscitator(Infant/Adult) Foot Suction Pump Bandages and Sanitary Set Portable Case	Use for accident and disaster. Also to resuscitate on the way of transportation like in the ambulance.	514	BHU
8	3	MCHC Kit	(1) D&C Set, TBAs Kit Metal Catheter Various Forceps Vaginal Speculum with Retractor (2) Gynecological Birth Calendar Obstetric Stethescope Measuring Tape Virginal Speculum (3) Treatment Set Vaginal Forceps Virginal Speculum	Use to keep mother and child health services at local area.	498	BHU
	4	Delivery Kit	(1) Delivery Set Hemostasia Forceps Catheter Glycerin Enema Syringe	Use for home delivery (by TBA).	498	BHU
С	5	Basic Laboratory Equipment Kit	(1) Laboratory Set Pipette Stand Clinical Refractometer Albuminometer Alcohol Lamp Micro Slide Glasses Reagent Glass	Use for basic clinical test like blood and urine test for out patient.	253	BHC
	6	Multi Purpose Microscope	(1) Multi Purpose Microscope	Use for basic test of blood and to analyze malaria insect.	253	BHC
	7	Basic Operation Kit	(1) Basic Operation Set Instruments Set (knife, forceps, seissors, needle) (2) Sterilizer	Use for basic operation and treatment.	253	BHR
	8	E.N.T. Kit	(1) E.N.T. Ophthalmo Set Ophthalmoscope Otoscope Laryngoscope Tongue Depressor Spot light	Use for basic E.N.T. diagnosis.	253	BHC RHC
	9	Dental Instruments Kit	(1) Dental Instruments Set Pliers, Nipper etc.	Use for basic dental treatment.		BH

Kit	Item No.	Name of Kit	Contents of Equipment	Objectives	Total Q'ty	Site
	10	Others for BHU	(1) X-Ray Plant (300mA) Developing System (Manual) Film Illuminator(1 Film) (2) Generator (25-33KVA) (3) Water Filtration Tank (0.5 t)	Use for upgrading of diagnosis for BHU which have same level of doctor and X-ray facility. To be provided with generator, developing system, Film illuminator and water filtration tank.	2	BILL
Addi	tional I	quipment for RHC	,			
:	11	Generator (25-33KVA)	,	Use for the keeping electricity for X-ray plant and general electrical operated medical equipment.	22	RHC
	12	Spectrophotometer		Use for the basic check for primary common diseases	30	RHC
:.	13	Autoclave		Use for sanitary control of operation room equipment.	35	RHC
	14	Electric Centrifuge		Use for sample test.	30	RHC
	15	Refrigerator		Use for the keeping sample, reagent and vaccine etc.	41	RHC
	16	Operation Set	(1) Mobile Operation Lamp w/ B (2) Operation Theater Table (3) OT Instruments	Use for minor operation.	33	RHC
	17	Ambulance	(1) 4WD (Box Type) (2) 4WD (Pick up Type)	Use for transportation of patients RHC to DHQH etc. and use to transport patients and to contact between RHC and DHO.	8 22	RHC DHO
	18	Water Piltration Tank (0.51)		Use for keeping pure water for Developing system for X-ray Plant	7	RHC
	19	X-Ray Plant (300mA)	(1) X-Ray (300mA) (2) Developing System(Manual) (3) Film Illuminator (1 Film)	Use for patient who needs x-ray examination.	10	RHC
:	20	I/V Stand		Use for Infusion.	45	RHC
	21	Delivery Table		Use for delivery inside institutions	3	RHC
	22	Basic Laboratory Equipment	(1) Incubator (2) Water Bath	Use for Basic laboratory test.	9	RHC
	23	Workshop Maintenance Tool		Use for periodical and routine maintenance works	5	EM WS

(as of December, 1997)

Table 2-8 Conditions of BHUs / RHCs and Overall Equipment / Instruments

Onte are put from:

Romarks;

									-		(FX) Means Institutions to be explosed by the Orients to select 5	netsteutiona	to be say	Aged by	, C	to set	24 5 Moul					[
			: :	3	1	5	Unifity Conditions	ons					Preposed Equipment to be Procured	d Egui	ment	1 84 O	rocured		l			7
			Acovity			1 Avelente, 2.Out of	-	1 Average, 2 Available		\	Ç				in S	ipment	lor R				ŀ	_1
			_	2 3 4	6 4 4	Order 3 Not Average	١	Fig. Water   Tel	• 4 • 4	0	0	Spectro	Ave C	ntr Refrig	90		3	A X	2	4	2	Tage 1
O I D	Name of RHC/BHU	Ourseline Coarse	Catchmen Site t Area Excluded Population	2 2 H	71> 2<- 0010	_		Comm	•			a Prote		Kuga	) i	<b>§</b> 3	§ §		Treat the second			8
		1996/97			шæ		-				-		$\dashv$	+	1	1		_		_		_[ [
1 × 41 0 7	BHU BRINGH CHINA	1,838	5,169	-			+				-		$\frac{1}{1}$								-	1
1 × ×	SHU CHATTI	433	7.675	-			-			ŀ					-		1	-		1	1	T
1 KALAT	BHU JOHAN		28,000						-				+	-	-		-	-		T	$\mid$	Τ
KALAT	BHU MAL SHORAL	200	000 81	1 2 1	1 2 1	3, 3	٦	2 2	m		1		$\dagger$	╁	-		$\mid$	-	_			Π
KALAT	BHO WAND HAUL	3 705	X.		F				1		+	1	l	ŀ						~		П
X X X	STILL OND ADAR	1.202	15,000				+	-	ľ	-			ŀ	ŀ		-	-					1
, KALAT	BHU ROBDAR	612	12,000	-	-  -  -  -			-		-			-					-			+	T
1 KALAT	BHU SIA-KUMB	312	2,000			-	=	14	-				<u> </u>				-	$\frac{1}{1}$		ļ	-	1
1 KALAT	RHC SURAB	9,249	25 DA4	-	, 5,	11 3	2	2 3			1	-	+	╬	-		t	]	L	T	-	Π
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