

Health Facilities in Balochistan

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Abstract: The good health facilities are considered to be the important indicator of development. If a country is lacks in having necessary health facilities. It cannot claim for development. By health facilities we mean all those facilities necessary to maintain health & protect it against diseases. These facilities may be available for the people in the form of hospitals, dispensaries, qualified doctors and nurses, proper medicines & necessary equipment to run hospitals. It is a fact that economic development cannot take place without development of health sector. A sick nation cannot be expected to participate in production process efficiently. Whether a nation is suffering from physical disabilities or mental worries in both cases, it has deteriorated effects on economy. In developed countries, the development of health sector is the main contributing factor to their progress while on the contrary, the health sector is quite backward specially in less developed countries, like Pakistan (where the health care system is lead astray. It is ill planned, poorly organized and inefficiently run). According to the country's constitutional implementations of health care is a provincial function, The federal government is mainly concerned with the formulation of National Health Policy, Co-ordination of Provincial Health Services & Health Training Standards. Due to financial constraints & Shortage of qualified female manpower, the Public Sector could not fully manage to provide health care to all citizens especially of rural areas. However health care facilities rapidly expanded in urban areas in the private sector. A Government's main commitment has been to achieve the goal of "Health for all" through Primary health care. So the Public expenditure in health sector has gradually increased from 0.4 % of GNP in 1960s to 0.7 to 0.8% in 1990s.

Key words: Health Facilities, Health Care, Preliminary Health Services

Introduction

According to the health survey, the health facilities in Pakistan are extremely below the desired level. At the time of independence Pakistan inherited very poor health infrastructure, which includes one medical college and just 78 doctors in the country. There were in all 1105 health delivery facilities in 1947, of these 292 hospitals, 722 dispensaries and 91 MCH centers spread all over the country. The health care for women was negligible due to scarcity of lady doctors.

The existing network of medical services in the public sector consists of 865 hospitals, 4523 dispensaries, 5121 basic health units, 853 maternity and child centers, 513 Rural health centers and 262 Tuberculosis centers.

During 1999 there was one doctor for 1544 persons, one dentist for 34781 persons, one nurse for 3738 persons, one hospital bed for 1463 persons and one nurse for 2.55 hospital beds.

The deteriorated situation of Health sector is even more acute in Balochistan. There are still some areas, where people are even deprived of preliminary Health Services.

Balochistan is the largest province in terms of area(347,190 sq.km) It's population is about 6.5 millions. It is naturally endowed with mineral resources, But due to lack of Social and Physical infrastructure. It is suffering from severe backwardness, there are no sound Industrial & Agricultural bases due to which its production capacity is too narrow. Every sector of economy is undeveloped & under developed including health sector.

These are the main reasons for the backwardness of Health sector in Balochistan.

- 1: Lack of qualified doctors & Nurses.
- 2: Lack of Hospitals.
- 3: Lack of Modern equipment at the Hospitals.
- 4: Defective drainage & Sanitation system.
- 5: Lack of training facilities to the compounders and Nurses.
- 6: Traditional attitude of people towards curing the diseases.
- 7: Lack of preventive & Curative Medicines.

The main obstacle to the development of health sector is that we are not having necessary qualified doctors. The available doctors are quite inadequate to meet the health problems of people.

Health Delivery facilities: In 1970 Balochistan was recognized as a province. So the trend of growth in each facility from 1970 to 1999 is as follows:

Hospitals: The number of hospitals in 1971- 1972 was 27 and this number increased in 1998-1999 to 66 & bed strength increased to 4144 beds. Total percentage increase from 1971 to 1999 was 59.09% but the population growth was much higher during this period. A number of hospitals working in private sector specially in Quetta to full fill the required demand of people

T.B centers were also increased from 2 in 1971 to 5 in 1999. The percentage increase was 60% and the annual increase was 2.06%. This increase was very low, as the prevalence of T.B disease was quite high in the province.

A large population was at risk of this dangerous disease.

Dispensary: The dispensaries are headed by qualified doctors with supporting staff of LHV, dispenser, mid wife and Aya. There were 155 dispensaries in 1971 and this number increased to 626 in the year of 1999. The percentage increase was 2.59%.

Maternal and child Health center (MCH): - Most of these centers are located in rural areas and in the catchment of urban areas. These centers are headed by trained & qualified lady health visitors along with nurse, mid-wife and Aya. These centers mostly provide service to pregnant mothers & newly born babies. The total number of these centers was 75 in 1997 from these 41 centers in urban and 38 in rural areas.

Rural Health centers (RHC)/ Basic Health unit (BHU): The rural health centers and basic Health units were established in 1971 in order to provide health care facilities to the people of rural areas. The rural health center is headed by a senior medical officer, assisted by one male medical officer and one woman medical officer. One Dental surgeon, one

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Hakim. BHU is headed by a doctor & assisted by LHV, mid wife/ Nurse/ Dai & dispenser. The total number of RHC was 47 in 1997 from which 11 were in urban areas and 36 in rural areas. Basic health units (BHU) were 431 in total in 1997, from it 13 in urban areas and 418 in rural areas.

Lady Health Workers: To supplement the normal health facilities, a special program known as "Prime Minister's program (PMP) for primary Health care & family planning" was started in 1994. This program established a new cadre of service through Lady health workers for rural areas. These workers were selected from local community to work in same area or village. These workers have been provided a 3 months short training course & 5 months field training.

Health Manpower Turn over Trends:

Doctors: In 1971 Total number of Government doctors were 246 & this number increased to 861 in 1999. From these 696 were male doctors and 165 were female doctors. There were number of Private Practitioners in the province.

In 1995 this number was 328 Private Medical Practitioners & 97 Female Private Medical Practitioners. A small proportion adopts another careers. e.g.: - Males adopt C.S.S & P.C.S line While female doctors quit their medical profession after marriage or due to the traditional attitude of the families and the society.

Para medics and auxiliary Health workers: All the MCH centers are headed by Lady Health Visitors, in addition to their posting in Hospitals, RHCs, BHUs etc.

The LHVs are the next important service provider in the health sector after doctors. There were very few registered LHVs in the Province. Their number increased gradually to 216 in 1999.

The nurses play very important role in the health sector. They are the followers of the Florence Nightingale. There were 137 (Combined figure of LHVs/Nurses) in 1971, and this figure increased to 306 in 1999. In 1996 only 41 trained midwives were in the field. Most of the nurses come from other provinces. The females of Balochistan are not coming to this profession due to the Cultural & traditional factors of their tribal society.

Health Manpower Development Institutes:

Medical Colleges: There is one Medical College named Bolan Medical College and one Dental College. Many intelligent students qualify in other Private & Public Colleges situated in other Provinces. In 1995-96 total number of students admitted in 1st year, 65 females & 91 male students, in which one female and 4 male students were foreigners. So the total enrolments of Medical students were 521 females & 695 male students, among these 7 girls students & 52 males were foreigners.

Training Institutes for Para medics: There were 4 training institutes for nurses, one for LHVs and 41 for midwives in 1996. The existing training facilities are quiet inadequate and cannot cover the growing demand for the trained staff. The local population does not take interest in this profession.

Level of utilization of Health care facilities:

According to the provincial statistics, these health facilities are used by number of people.

In 1998-99, total numbers of indoor patients were 149514, In these 60543 males and 88971 female patients were treated. The number of female patients were larger than the male patients. The difference may be due to the reason that women need more care during child bearing

Number of out door patients treated in Balochistan was 642680 in 1997-98. Among this figure 407984

were males and 234696 were female patients of different diseases.

Private sector health facilities are more commonly used by the people who afford them. They made visits to Private doctors Hakims, Homeopaths, so in Balochistan there were 328 male and 97 female Private Medical practitioners in 1995 & this is increased now.

Special Health Projects During 1998-99:

Although these projects are launched by Federal Govt, implemented in all the provinces of Pakistan as well as in Balochistan.

Prime Minister's Program for Family Planning and Primary Health care: -

Prime Minister's Program for Family Planning and Primary Health care was launched in April 1994 & extended the service in the rural and less developed urban areas. The main objectives of the program are to reduce the infant & child mortality rate, malnutrition & deaths due to diarrhoeal diseases and to sustain the expanded program of immunization (EPI) against the six diseases.

Expanded Program of immunization (EPI): In expanded program of immunization the main target was the prevention of six EPI diseases by vaccination, namely Poliomyelitis, Neo-natal tetanus, Pertussis, diphtheria, Tuberculosis and measles.

Immunization services against these diseases are being provided through static centers as well as outreach and mobile teams through out the country also in Balochistan.

Malaria Control Program (MCP): The respective Provincial governments have implemented Malaria Control Program. Federal government (Directorate of Malaria Control Ministry of Health) is discharging the functions /roles such as: Policies /Planning, Technical advice, Co-ordination, Evaluation/ Monitoring, Research & training, Logistic supplies (insecticides & equipment) to provinces.

AIDS Control Program: AIDS Control Program was launched as an extensive program to prevent and control this diseases setting a Federal AIDS Committee in August 1987. A Hotline telephone (24-hrs service) established by using 123 number. This service is available in selective cities and Quetta is included in the list. Safe blood supply has been ensured at all hospitals to screen out the blood before transmission. Mass media Campaign has also been launched to educate people for AIDS prevention measures.

Cancer Treatment Program: Cancer treatment Program for the diagnosis and the treatment is launched in different cities by the Atomic Energy Commission & set up ten nuclear medical centers through out the country.

Private sector is also providing this service to all over the country. Effective Policies & Program are being evolved to improve the situation of Cancer treatment & for it's Prevention.

Drug Abuse: Drug abuse requires a community's quick response to eliminate this by extending full co-operation to Police, hospitals & local Govt officials and 203 treatment & rehabilitation centers are established through out the country. The total number of 31 Detoxification centers are functioning.

Iodine Deficiency Disorders (IDD) Control Program: Its main goal is to produce more iodized salt & it's distribution through out the country. Utility stores are used for this purpose. Private & Public sectors are involved in production and marketing of the salt & quality has been improved by the quality control system. Promotional campaigns through different media are used to create awareness among the people.

Anemia Control Program: A program for anemia control through food fortification on Pilot scale was initiated during 1998-99. It is caused due to the Low level of hemoglobin.

A field assessment of flour milling sector & quality control agencies has been conducted to develop a program for iron fortification of wheat flour.

Vitamin A Deficiency Control Program: The vitaminization of eatable oil/ ghee with Vitamins has already been legislated & Standards formulated since 1965. Vitamin A's drops campaign have been started in all over the country from many years.

Leprosy Control Program: A large number of Leprosy Patients are present in the country. In order to check this disease a number of centers are functioning in the country & are providing necessary treatment.

Polio Vaccination Program: The government has introduced Polio vaccination Program to protect the nation from the ailment of Polio. So for this purpose they started giving polio drops to the children from 0-5 years age.

Major Policy Directions of Government for the Improvement of Health sector

The quality of care at all levels must be improved. Out reach services must be given through trained health auxiliaries.

A nation-wide school health service must be improved.

Emergency & allied services must be improved.

Fertility regulation must be a focal point of primary health care.

Employment must be provided to all categories of health personnel in the Public & Private Sector.

The imbalance in health manpower development will be removed with special emphasis on enhanced output of specialists, Nurses & Paramedics.

Health insurance must be introduced at least for critical illness.

The managerial capacity of the Public health system must be improved. 10: The provision of primary health care centers in the urban areas is introduced, to improve specialized care.

Major development schemes of Health for Balochistan Budget 2000-2001

Reorganization of Health cares Delivery System.

Essential drug program.

TB Control programs.

Women health project.

School Health Services.

Health Education Program.

AIDS Prevention and Control Program.

Nutrition Program.

Improvement in civil Hospital Chaman.

Purchase of Blood Dialysis Machine in Civil Hospital Quetta.

Establishment of Thelesemia Center in Civil Hospital Quetta.

Improvement in Helpers Eye Hospital Quetta.

Provision of equipment for Bolan Medical College Quetta.

Basic minimum need Project

Hospital Waste Management.

Bolan Medical College Complex has been completed which was under construction for the last about twenty years and out door patients will start functioning from 1st July 2000.

The local population should take active part in the health sector's activities. The proper implementation of the special health programs and the programs specified in the budget 2000-2001. Federal Government & other agencies give special attention to Balochistan, because in the absence of Health facilities development process cannot takes place.

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Conclusions

Health facilities in Balochistan are not in a good position especially in rural areas. Hospitals, Doctors and other related staff are inadequate and insufficient, more training institutes must be opened for the further training of the staff.