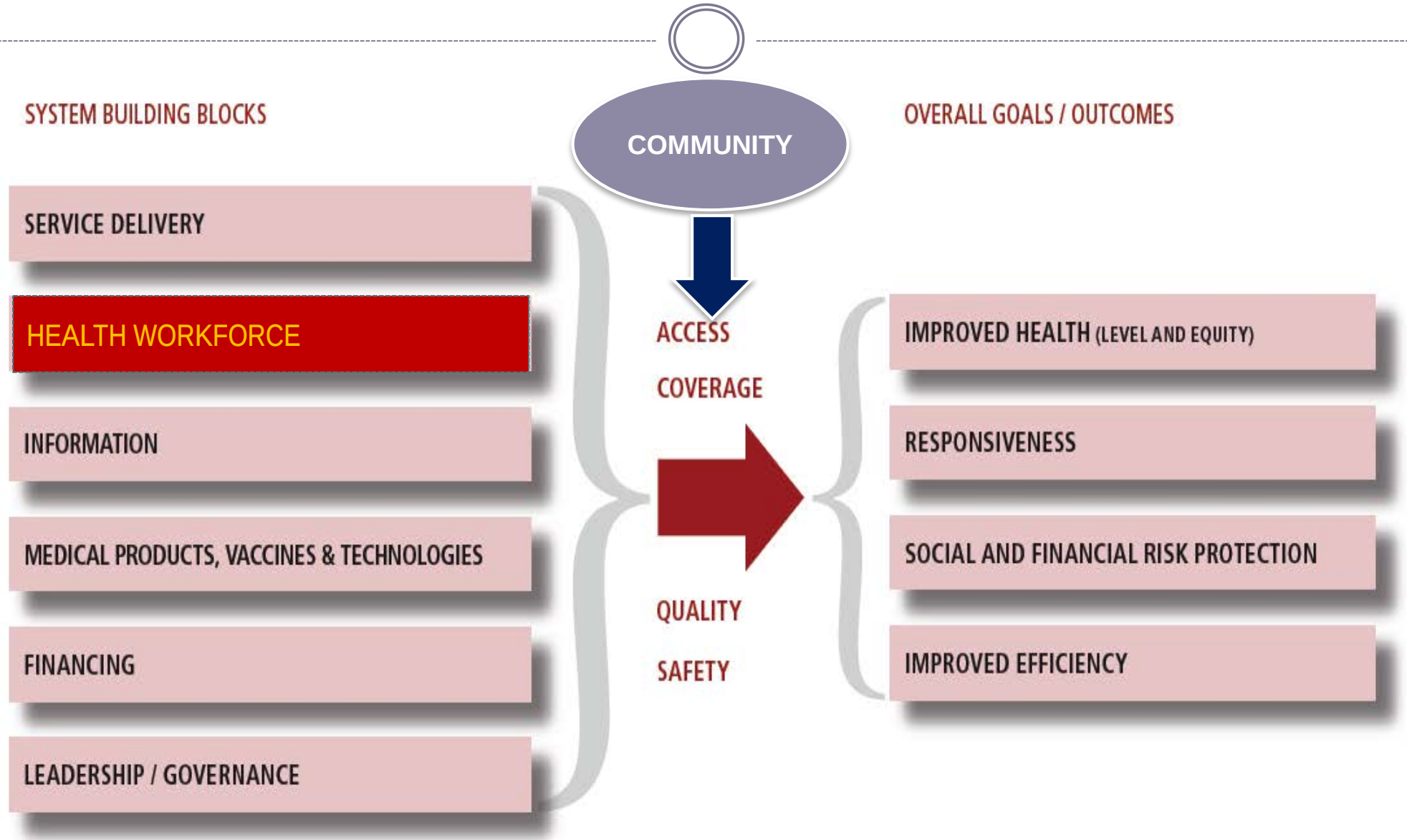
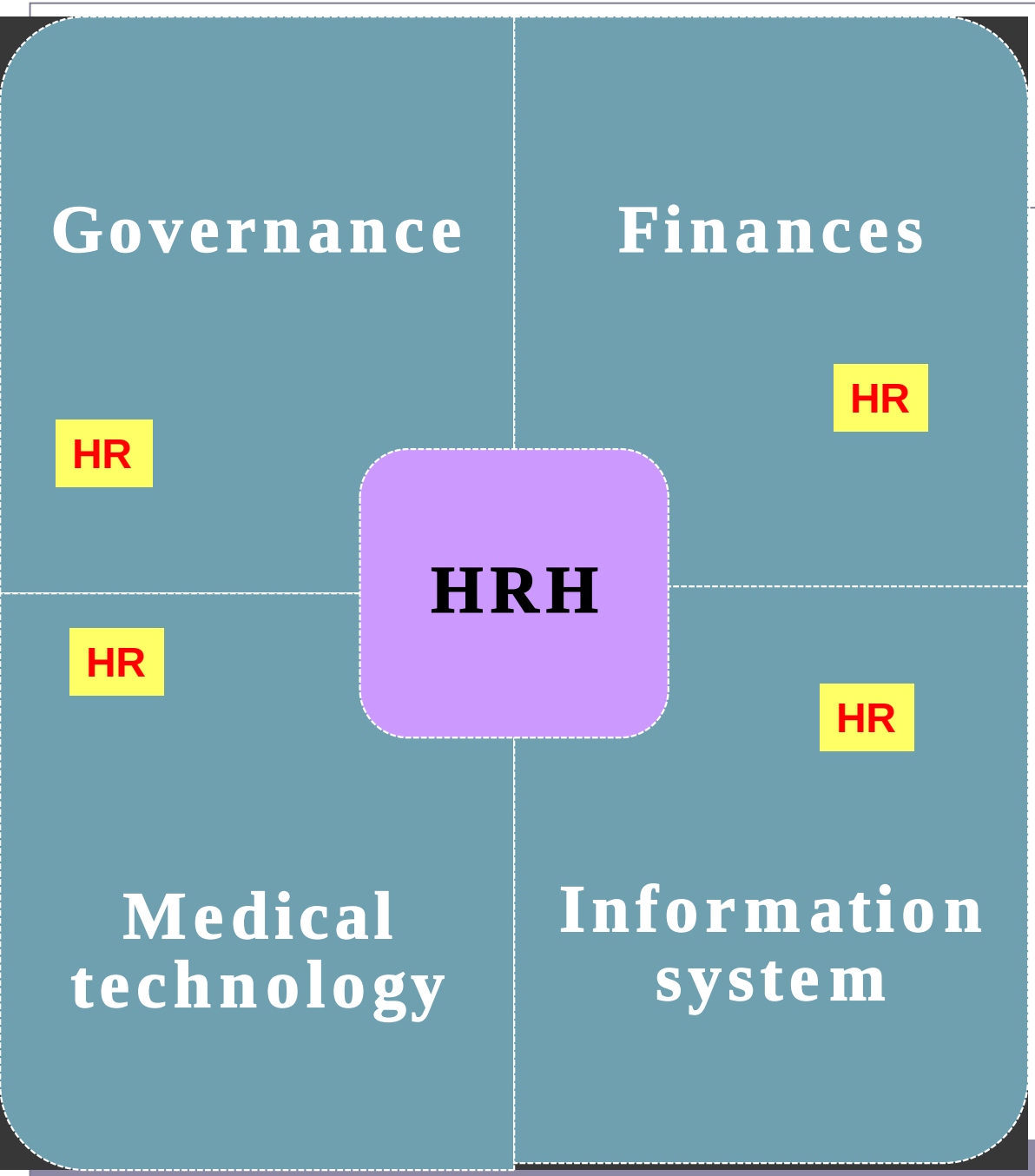
World Health Organization

Universal Health Coverage through Human Resource for Health (HRH) – Balochistan Profile

1. DR FAROOQ AZAM JAN, DOH BALOCHISTAN
2. DR ZULFIQAR KHAN WHO

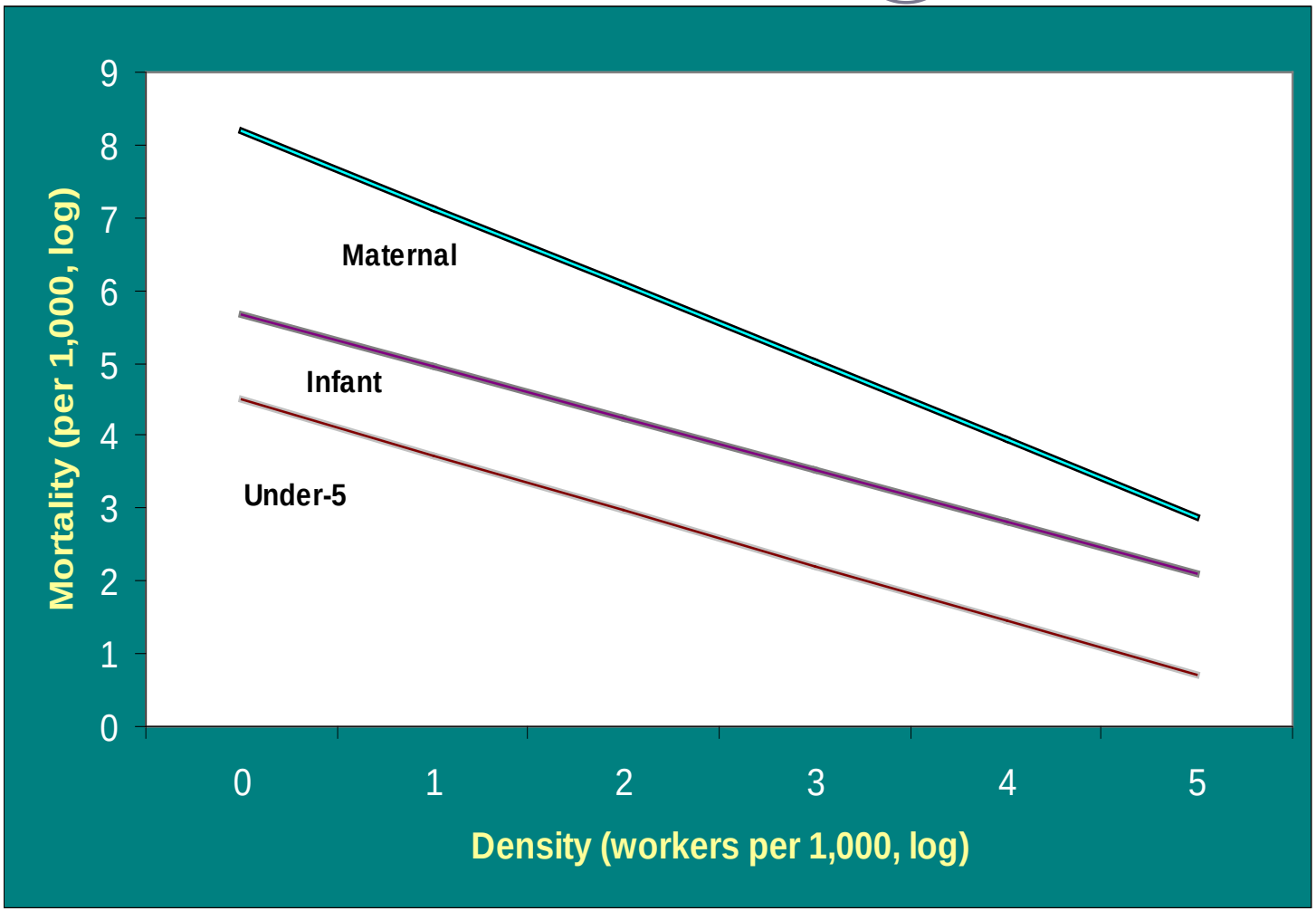
Health System Model





As a cross-cutting Health System building block, policy makers consider *HRH the ENGINE of any* Health System

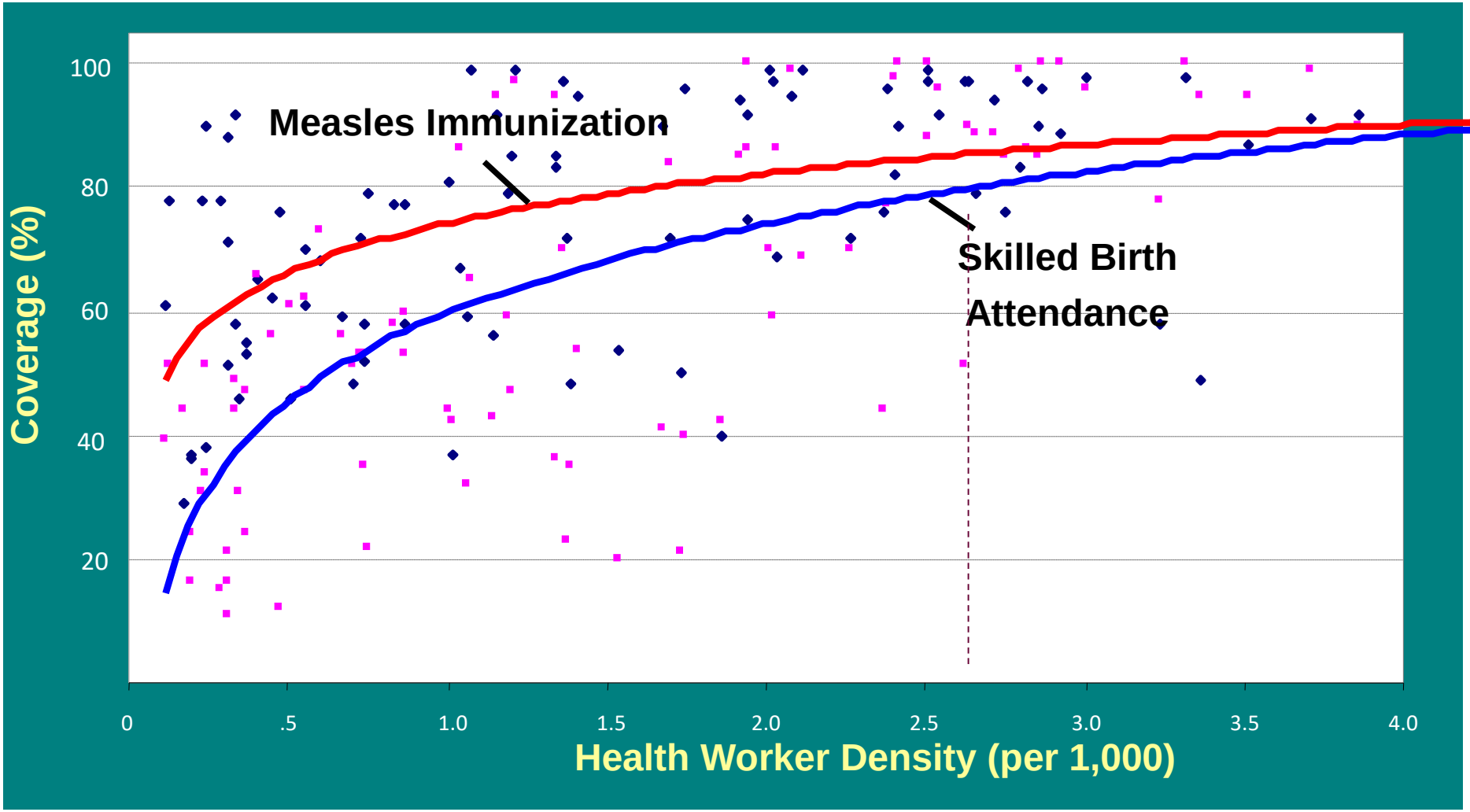
HRH and Health outcomes



HRH has significant role in improving health MDGs target.

Source : Anand & Baernighausen 2004

Worker Density & Service Coverage



From: JLI 2004.

The HRH Journey in Pakistan

Country wide HRH assessment 2009

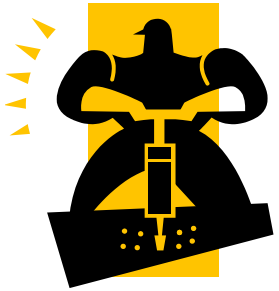
Provincial CCF consultation meetings Nov 2010 6

1. Health
2. Academia
3. Planning
4. Finance
5. Associations
6. Private sector
7. Labour
8. Regulatory bodies
9. Students

2011-12 Planning and Re-orientation meetings with Provinces

2011-12 Notification of Provincial CCF Committees

HRH Strategy and costed workplan



18th Amendment

2012-13 Provincial HRH Profiles

HRH national challenges

Link to HS national strategy Misconception Regulation

National coordination Shortage National strategy Imbalance Nursing
Migration Unstable HW

HRH observatory Evidence generation HRD capacity and

Message: we need to develop HRH strategies and plans to address these priority challenges

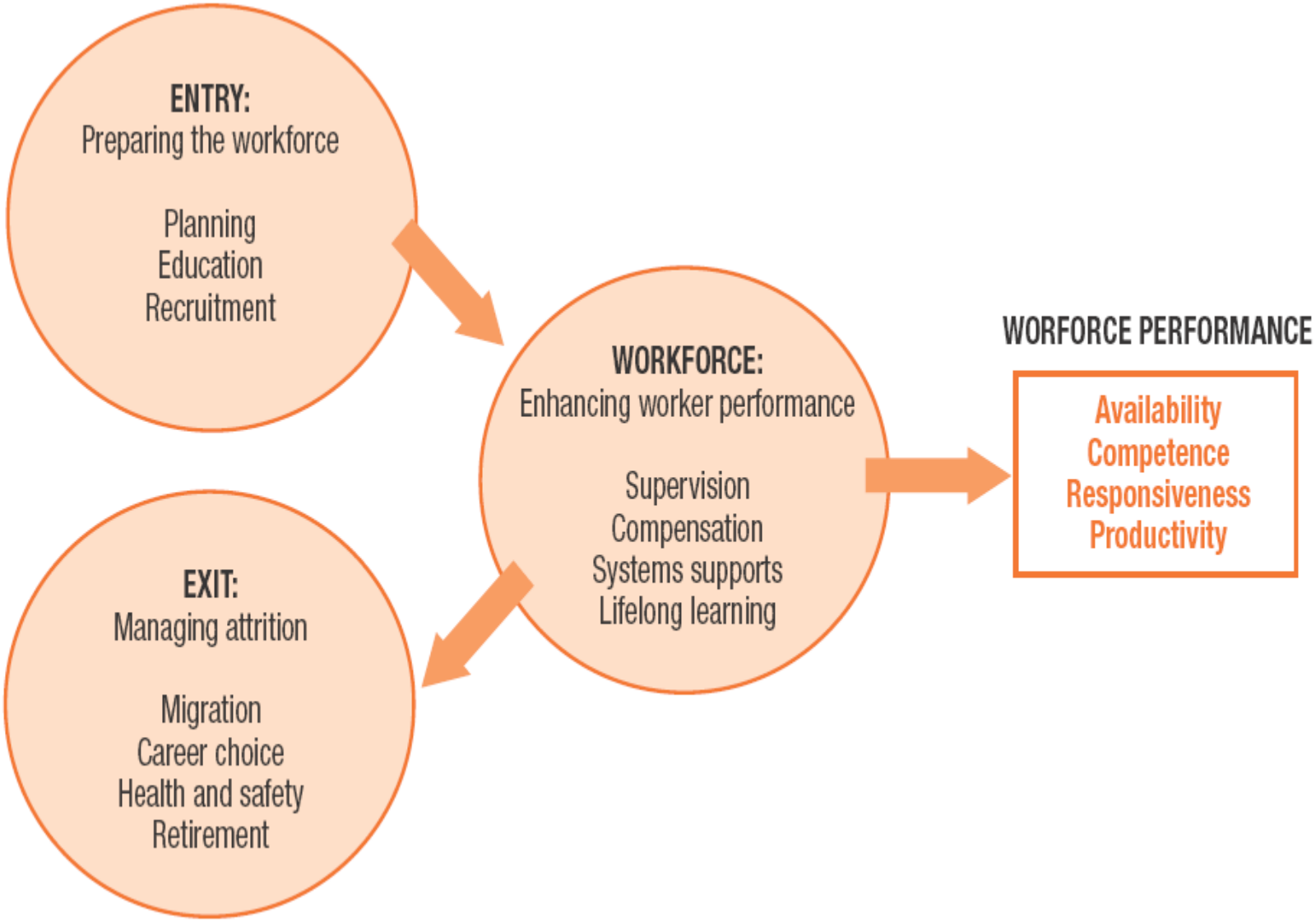
Scaling up Deployment

Implementation modalities HRH education Allied HRH Motivation

Retention strategies Work environment HRH projection Job classification

Surplus lincensing schemes Dual practice Bureaucracy

HRH PROFILES



Human Resources for Health Profile Punjab, Pakistan

HRH profile - Balochistan

Dr.Farooq Azam Jan
Director Health Services
Quetta Division, Balochistan

Balochistan

Table of Content

Aknowledgement i
Acronyms ii
Foreword iii
Executive Summary iv
Health Status v

1. BACKGROUND 03
1.1 Introduction 03
1.2 Purpose of the Study 03
1.3 Study Applications 03
1.4 Study Objectives 04
1.5 Methodology 04
1.6 Data Collection 05
1.7 Potential Risks and Biases –Risk Management 06

2. PROVINCE INFORMATION 07
2.1 Geography and Demography 07
2.2 Economic Situation 09
2.3 Health Status 09

3. PROVINCIAL HEALTH SYSTEM 13
3.1 Governance of Health System 13
3.2 Service Provision 16
3.3 Health Care Financing 19
3.4 Health Information System 21

4. HEALTH WORKERS SITUATION 2006 Data 22
4.1 Situation of Human Resources in Training Institutes/Colleges 22
4.2 Distribution of Generalists and Specialists 23
4.3 Distribution of Dentists 24
4.4 Distribution of Female Technical Staff 25
4.5 Distribution of Male Technical Staff 26
4.6 Distribution of Managerial and Office staff 27
4.7 Situation of Total Health Workforce 28
4.8 Distribution of Health Workforce (Hospital Data – 22011) 29
4.9 Distribution of Health Workforce (Medical Institute Data – 2011) 29
4.10 Distribution of Health Workforce (Pharamacists Data- 2011) 31

5. HRH PRODUCTION 34
5.1 Pre-Service Eduction of Health Workforce 34
5.1.1 Professional's Academy for Medical Science & Human Care, Quetta 36
5.1.2 Multipurpose Training School, Quetta 37

6. HRH UTILIZATION 39
6.1 Recruitment 39
6.2 Deployment & Distribution Mechanisms 40
6.3 The Work Environment 41
6.4 Payment Mechanisms 42

7. GOVERNANCE FOR HRH 45
7.1 HRH Policies and Plans 45
7.2 Policy Development, Planning and Managing for HRH 50
7.3 HRH Research 51
7.4 Stakeholders in HRH 51

Findings and Recommendations 52

ANNEXURE
A Division wise Number of Health Institutions of Balochistan Province
B District wise Projected Population of Balochistan for Year 2012
C Division wise List of Tehsils and Sub-Tehsils of Balochistan Province

HUMAN RESOURCES FOR HEALTH PROFILE BALOCHISTAN

- This study was conducted by the Department of Health Government of Balochistan in 2012
- To map and profile HRH in the Balochistan province of Pakistan
- In collaboration with the WHO Provincial and Country Office

PURPOSE OF THE STUDY

- Pakistan's health sector is a blend of rural and urban disparities in health; access to health care and its utilization
- There are insufficient no. of nurses, health managers, paramedics and SBAs
- In Pakistan; in addition to public sector, contribution of private sector and para-statal organizations toward HRH is quite huge
- This study aimed at getting a complete landscape of HRH in Balochistan Province
- The ultimate purpose - to improve the HRH situation in Balochistan province to achieve the country's national health goals and MDGs

PURPOSE OF THE STUDY

- A starting point for provincial health department HRH database and establishment of HRH information system
- A bench mark for monitoring of HRH stock and trends in the province
- Used to identify critical gaps in HRH production and distribution to strengthen policies, strategies and plans for filling the gaps
- Used to identify areas for research and further studies

STUDY OBJECTIVES

- To collect and collate data of different categories of health workers in Balochistan province
- To determine HRH distribution and utilization in the province
- To identify HRH training and continuing professional development programs and institutions in the province
- To document the number of health care professionals migrating out of Balochistan to other provinces & countries
- To formulate recommendations for policy makers, managers and other key stakeholders for reducing the HRH deficiencies and enhancing the effectiveness of the health workforce

METHODOLOGY

- Approval DoH – Project Feb 2012
- Data collection / organization team – 1 PI, 1 SC, 3 RAs
- PI and Co-PIs also involved in data collection
- Phone calls - Head / Chief of the Department / Organization by SC & PI
- Focal Persons for data provision - identified

METHODOLOGY

- Letters from PI , DoH and proforma - Sent through courier
- Repeated visits and reminding calls
- Secondary Data
- Collected information transferred to Data Management Unit to enter into computer
- Data transferred Excel program to enter information – Transferred into SPSS program
- Analysis carried out using SPSS

Sources of information

- Department of Health, Balochistan
- Pakistan Medical and Dental Council (PMDC),Islamabad
- Pakistan Nursing Council (PNC), Islamabad
- Pharmacy Council, Islamabad
- Directorate of Nursing, Balochistan
- Homeopathic and Tibb Councils,
- Multi Purpose School,Quetta
- WAPDA Hospital, Quetta
- Pakistan Railways, Hospital, Quetta
- Social Security Hospital,Quetta
- Bolan Medical College, Quetta
- Postgraduate Medical Institute, Quetta
- WHO HRH Assessment report 2009

Health Facilities in the Province

Health Facilities	Numbers	Health Facilities	Numbers
Dispensaries	579	Civil Hospitals	11
MCH Centers	89	DHQ hospitals	27
BHU	553	Tertiary Hospital	05
RHC	89	TB Clinics	23
THQ	01	Leprosy centers	14
Total	**1391**		

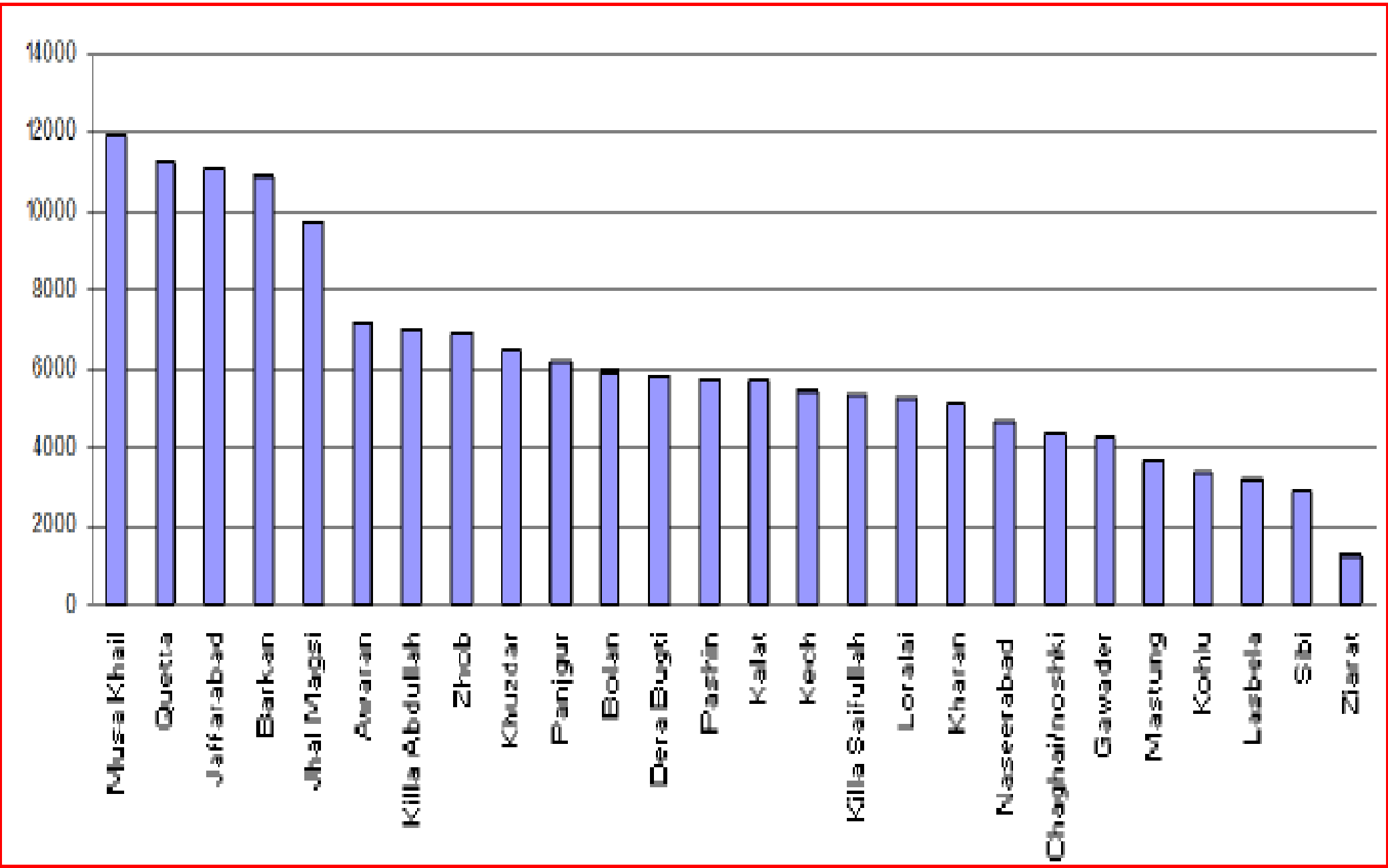
Availability and Distribution of General and Specialist Doctors

S.No	Districts	Generalists	Specialists	Total
1	Awaran	**19**	**0**	**19**
2	Barkan	**11**	**0**	**11**
3	Bolan	**53**	**3**	**56**
4	Chaghai	**51**	**3**	**54**
5	Dera Bugti	**36**	**0**	**36**
6	Gawader	**47**	**3**	**50**
7	Jaffarabad	**45**	**0**	**45**
8	Jhal Magsi	**13**	**0**	**13**
9	Kalat	**46**	**2**	**48**
10	Kech	**75**	**12**	**87**
11	Kharan	**47**	**0**	**47**
12	Khuzdar	**66**	**9**	**75**
13	Killa Abdullah	**54**	**7**	**61**
14	Killa Saifullah	**40**	**2**	**42**
15	Kohlu	**34**	**0**	**34**

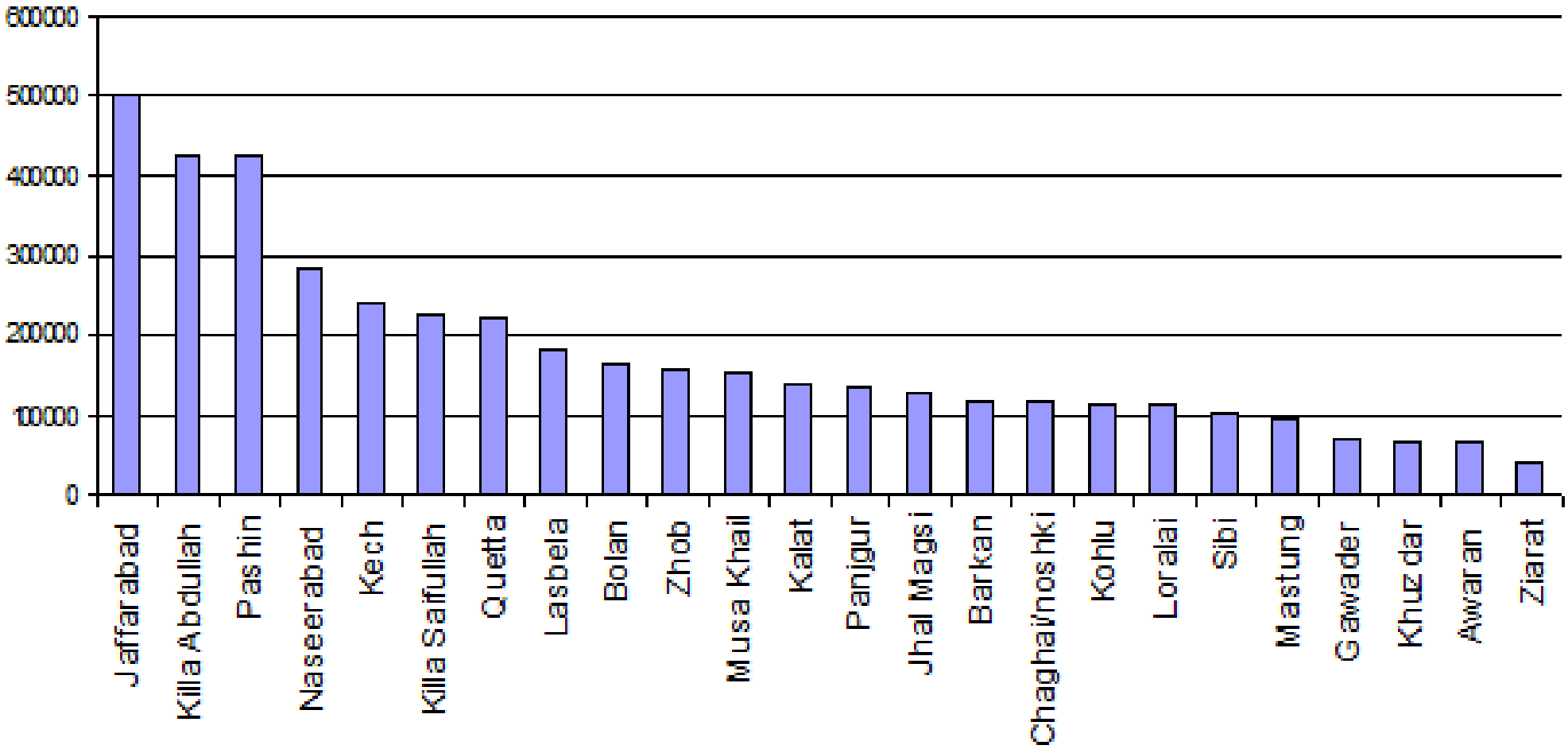
Availability and Distribution of General and Specialist Doctors

S.No	Districts	Generalists	Specialists	Total
16	Lasbela	**104**	**10**	**114**
17	Loralai	**57**	**8**	**65**
18	Mastung	**45**	**8**	**53**
19	Musa Khail	**13**	**0**	**13**
20	Naseerabad	**56**	**6**	**62**
21	Panjgur	**36**	**8**	**44**
22	Pishin	**68**	**6**	**74**
23	Quetta	**78**	**0**	**78**
24	Sibi	**64**	**8**	**72**
25	Zhob	**44**	**2**	**46**
26	Ziarat	**30**	**1**	**31**
27	Nushki	**12**	**1**	**13**
28	Washuk	**8**	**0**	**8**
29	Sheerani	**7**	**0**	**7**
30	Harani	**11**	**0**	**11**
Total		**1270**	**99**	**1369**

Population per Doctors in Districts



Population per Dental Surgeon in Balochistan



Availability and Distribution of Female Technical Staff

S.No	Districts	Registered Nurses	LHVs	LHWs	Midwives	Total
1	Awaran	**0**	**8**	**131**	**15**	**154**
2	Barkan	**0**	**21**	**144**	**2**	**167**
3	Bolan	**5**	**22**	**150**	**77**	**254**
4	Chaghai	**6**	**22**	**90**	**43**	**161**
5	Dera Bugti	**2**	**16**	**39**	**51**	**108**
6	Gawader	**3**	**20**	**94**	**32**	**149**
7	Jaffarabad	**4**	**14**	**252**	**59**	**329**
8	Jhal Magsi	**0**	**2**	**160**	**27**	**189**
9	Kalat	**4**	**21**	**105**	**45**	**175**
10	Kech	**14**	**30**	**522**	**52**	**618**
11	Kharan	**9**	**30**	**353**	**61**	**453**
12	Khuzdar	**17**	**26**	**360**	**55**	**458**
13	K.Abdullah	**4**	**24**	**102**	**45**	**175**
14	K. Saifullah	**4**	**5**	**108**	**23**	**140**
15	Kohlu	**3**	**16**	**80**	**70**	**169**

Availability and Distribution of Female Technical Staff

S.No	Districts	Registered Nurses	LHVs	LHWs	Midwives	Total
16	Lasbela	22	42	241	78	383
17	Loralai	7	26	287	106	426
18	Mastung	5	17	160	33	215
19	Musa Khail	0	3	131	25	159
20	Naseerabad	11	12	156	75	254
21	Panjgur	4	13	389	30	436
22	Pashin	7	40	130	62	239
23	Quetta	0	55	808	53	916
24	Sibi	14	36	112	86	248
25	Zhob	7	7	183	49	246
26	Ziarat	2	16	158	29	205
27	Nushki	2	2	203	13	220
28	Washuk	0	0	35	3	38
29	Sheerani	0	0	37	6	43
30	Harani	0	2	140	27	167
Total		156	548	5734	1332	7886

Availability and Distribution of Male Technical Staff

S.No	Districts	Laboratory Assistants & Technologist	Radiographer	Compounder	Paramedics	Total
1	Awaran	2	2	23	16	43
2	Barkan	6	1	22	22	51
3	Bolan	6	1	30	38	75
4	Chaghai	8	4	32	32	76
5	Dera Bugti	9	1	56	23	89
6	Gawader	10	4	39	31	84
7	Jaffarabad	7	2	78	59	146
8	Jhal Magsi	2	1	22	21	46
9	Kalat	10	4	65	38	117
10	Kech	13	6	80	52	151
11	Kharan	9	2	29	36	76
12	Khuzdar	28	6	71	37	142
13	Killa Abdullah	7	1	47	20	75
14	Killa Saifullah	6	1	35	25	67
15	Kohlu	5	1	37	22	57

Availability and Distribution of Male Technical Staff

S.No	Districts	Laboratory Assistants & Technologist	Radiographer	Compounder	Paramedics	Total
16	Lasbela	17	3	77	40	137
17	Loralai	9	3	84	31	127
18	Mastung	4	2	29	22	57
19	Musa Khail	3	1	26	12	42
20	Naseerabad	10	2	31	40	83
21	Panjgur	9	3	34	31	77
22	Pashin	8	3	55	41	107
23	Quetta	20	3	61	117	201
24	Sibi	8	3	56	38	105
25	Zhob	7	2	58	29	96
26	Ziarat	10	2	32	22	66
27	Nushki	2	2	11	27	42
28	Washuk	0	0	7	19	26
29	Sheerani	0	0	19	23	42
30	Harani	4	2	17	29	52
Total		241	68	1239	996	2596

Parastatal Organizations

Hospital	Medical	Paramedical	Pharmacist
WAPDA Hospital Quetta	13	52	na
Pakistan Railway Hospital Quetta	5	27	na
Sarfaraz Shaheed Social Security Hospital Quetta	7	23	na
Lady Dufferein Hospital Quetta	11	53	na
Chirstan Hospital Quetta	13	41	na
Sheikh Khalifa Bin Zayyed Hospital	36	96	04
Kidney Center General Hospital Quetta	20	49	10
Mohtarma BeNazir Shaheed Hospital Quetta	48	36	4

Teaching Institutes Information

Medical Institute	Teaching Staff	Non-Teaching Staff
Bolan Medical College Quetta	209	72
Quetta Institute of Medical Sciences	68	83
Post Graduate Medical Institute Quetta	NA	22

Health Human Resource Challenges

1. No adequate institutional mechanisms for essential HR functions i.e. forecasting, planning, career progression, performance evaluation, capacity building etc for various categories of HHR
2. No HRIS
3. Re-orientation of medical education toward COME is long overdue
4. CPD not institutionalized
5. Data of private sector not available
6. Data of para statal organizations, if available, is not being maintained in a standardized format
7. No standardized categorization of HRH as per international classification

RECOMMENDATIONS

Thematic Area	Strategies	Strategic Actions
Health Workforce	Establish a Human Resource Planning and Development Units	Establish a Human Resource Planning and Development (HRPD) Unit at the provincial level to provide a mechanisms to analyze the HRH information for policy dialogue, decision making and planning with stakeholder's Participation.
		Develop Automated database in the form of Human Resource Management Information Systems (HRMIS) for both public and private sector.
	Revise medical education curriculum with more emphasis on preventive and promotive care and incorporate COME at all levels	Adopt the community-oriented medical education (COME) curriculum that was developed for the pilots
		Implement COME curriculum for both medical and nursing education
	Create CME opportunities for health professionals and over time make CME mandatory for promotion in public sector and renewal of licensing under PHC	Make regular CME opportunities available for all health professionals through CPSP, UHS and private institutions

THANK YOU