

FRONTIER PRIMARY HEALTH CARE



PROFILE

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FRONTIER PRIMARY HEALTH CARE (FPHC)

Identity:

Frontier Primary Health Care (FPHC) is a non-political and non-profit making developmental Civil Society Organisation (CSO) working with communities on their development through provision of primary health care, Emergency Obstetric Care, Educational and other developmental services including skills training and micro-credit/financing, etc.

Legal status:

FPHC is registered under Societies Act of 1860 (Registration No. 5972/5/2617). It was registered in its present name and state in January 1995 but it is immediate successor to Austrian Relief Committee's Primary Health Care (ARC/PHC) programme which was established in 1980. On 31 December 1994, ARC/PHC ceased to exist, and on 1st January 1995, FPHC came into being, taking over all of ARC/PHC's staff and resources, and continuing and developing its work. FPHC has a Board of Governors consisting ten residents of Khyber Pukhtoonkhwa Province. FPHC has a Memorandum of association, along with Rules and Regulations, all as required by the Act.







Vision:

Healthy individuals in healthy communities living in a healthy environment making healthy choices

Mission:

FPHC work with the people and communities in its target areas in Khyber Pukhtoonkhwa Province on community development through primary health care, literacy and income generation focusing on women and children

Objectives:

-  *To strengthen community development*
-  *To focus on women, adolescents and children*
-  *To ensure sustainability of programmes*
-  *To conduct participatory research*
-  *To become a resource/model of primary health care*
-  *To respond to emergencies*

PROGRAMMES OF FPHC

Reproductive Health

- Provision of care before, during and after delivery.
- Provision of appropriate information and family planning services
- Control of STIs/STDs
- Infertility management
- Child health/ monitoring of growth of children under 2 years
- Awareness raising on RH/ARH, MCH/Nutrition through group methodology
- Individual counselling
- Gender sensitisation

Preventive

- HIV/AIDS control programme
- Expanded Programme of Immunisation (EPI)
- Malaria Control Programme
- TB Control Programme
- Control of Diarrhoeal Diseases

Rehabilitative

- Nutrition Rehabilitation
- Community based Management of Acute Malnutrition

Health Promotive

- Home visiting
- School Health
- Health Education

RH/Essential Obstetric Care Centre (Round the clock Secondary care health facility)

- Essential Obstetric Care services
- Outpatient consultation (Gyn.&Obs.)
- Family planning services & information sharing
- Treatment of STDs
- Care for new-born babies
- Vaccination (TT)
 - Support services:
 - Ultrasonography
 - Laboratory

Community and Human Resource Development (CHRD)

- Operational research
- Building of community institutions and processes
- Raising the economic status of women and girls
- Training of mid-level health workers
- Training of Community Health Workers (CHWs)
- Training of Female Health Workers (FHWs)
- In-service training of FPHC's staff and volunteers
- Social mobilisation
- Capacity building of NGOs/CBOs
- Development of IEC material

Diagnostic and Curative

- Outpatient consultation
- Nursing Care
- Laboratory Service
- Pharmaceutical Service
- Dental Care

Educational Centres

- Formal education
- Health Education

Emergency Response:

- Response to any emergency like:
 - Natural calamities (earthquake and floods)
 - Internal Displacement of People
 - Refugees from other countries

Service outlets:

FPHC provides the above mentioned services to people in selected areas of Mardan, Swabi, Nowshera and Charsadda districts of Khyber Pukhtoonkhwa Province and Malakand agency through:

- ✓ Nine health centres and two health posts (each having 4 – 16 paid staff members including Doctors, Lady Doctors, LHVs, Pharmacists, Laboratory Technicians and support staff). Each health centre is supported by 20 – 40 volunteer health workers (female and male), trained and supervised by FPHC.
- ✓ Two round the clock Emergency Obstetric Care (EmOC) Hospitals, having Lady Doctors, Nurses, Dais, Laboratory Technician and support staff. The staff members work in three shifts.
- ✓ Emergency health care and nutrition programme for war affected people in tribal area (Mohmand agency)
- ✓ One Malaria Control Project in Mardan district
- ✓ Two round the clock community labour rooms
- ✓ One formal education school.
- ✓ One Community and Human Resource Development Unit having qualified and experienced Master Trainers (female and male). The responsibility of this unit includes capacity building of FPHC's own staff members/volunteers and members of other NGOs/CBOs.
- ✓ FPHC's Head Office is located in Mardan city.

Strength:

FPHC's strength is the close relationship it maintains with the community it serves. Community is involved in planning, implementation and even evaluation of FPHC's programmes. This is one reason that FPHC is enjoying trust of these communities and it faces little or no resistance in working on more sensitive issues like gender, family planning, adolescent reproductive health and women empowerment in this conservative society.

FPHC has more than 234 paid staff members including Female and Male Medical Doctors, LHVs, Nurses, Pharmacists, Laboratory Technicians, Dental Technicians, EPI Technicians, Master Trainers, Community Health Supervisors, Dais, Developmental workers, Teachers and support staff. Most of the staff members are working with FPHC for the last 15 – 20 years. **About 47% staff members are females and 53% males.**

FPHC's above mentioned staff members have the support of more than 442 volunteer health workers (female and male), trained and supervised by FPHC. These volunteers are grass-roots of

FPHC in community. They meet once in a month to discuss any problem especially health problem in community with staff members of FPHC.

FPHC has formed health committees in community. These health committees also support FPHC in implementation of health care programmes.

FPHC has also formed awareness raising groups in community. These groups meet 1 -3 times in a month to share information on a specific topic. FPHC's staff members/volunteer health workers facilitates these groups.

FPHC has formed Community Based Organisations (CBOs) in its target areas. These CBOs also support FPHC in implementation of its programmes.

FPHC has 15 vehicles (including land cruisers, hiaces and pick-ups), generators, medical equipment (including Ultrasound machines, micro-labs, dental machines, microscopes and autoclaves etc.), training equipment (including multi-media projectors, televisions, VCRs, slide projectors, over-head projectors and tape recorders) and furniture etc.

In two of its target areas, FPHC has constructed buildings on the plots owned by FPHC. In addition FPHC has ten purpose built buildings. **FPHC has right of use from Health Department of Government of Pakistan** in respect of a Civil Dispensary building which FPHC is using as health centre. Other buildings held by FPHC are rented.

Expenditure:

During the last three years, total expenditure on FPHC's activities was as under:

Year 2009	-	Pak Rupees	40,589,613.00
Year 2008	-	Pak Rupees	44,959,853.00
Year 2007	-	Pak Rupees	33,895,598.00

(Exchange rate Pak Rupees 85 equal to 1 US Dollar)

Audit:

FPHC's accounts are audited bi-annually, annually and as desired by its partners. Both external and internal audit of accounts is carried out. The auditors of FPHC included:

- A. F. Ferguson & Co. Chartered Accountants Islamabad
- Sajjad Ahmed & Co. Chartered Accountants Peshawar
- Zeeshan Ali & Co. Chartered Accountants Peshawar

In addition to above, the Government of Pakistan, UNHCR and other donor agencies/partners carry out audit of FPHC's accounts of their respective projects.

Target Population:

Direct:

More than 188,500 people (64,000 local Pakistanis + 124,500 Afghan refugees) which does not include the beneficiaries of FPHC's EmOC Hospitals. This does not include around 125,000 population in five union councils benefiting FPHC's MNCH project.

About 124,000 war affected people in Mohmand agency.

Flood affected people in two districts.

There is also spontaneous attendance by many people living in the villages surrounding FPHC's health centres only for curative services.

More than 442 volunteers (CHWs/FHWs/LHWs) of FPHC

More than 190 staff members of FPHC and their families

More than 110 girls in the classrooms of educational centre and their families.

Indirect:

All those elsewhere who receive services from health workers and CBOs who have been supported by FPHC.

Public Private Partnership:

FPHC is working with two different communities i.e. Afghan refugees and local Pakistani population, its strategies for community development are slightly different. For example in Afghan refugee communities it is focusing more on preparing Afghan refugees for repatriation to Afghanistan and for the post repatriation situation in that war torn country. In Pakistani population FPHC is focusing more on public private partnership and strengthening the health care services of Government of Pakistan because this is the most sustainable and cheapest way of community development. FPHC has covered a long distance in public private partnership. For example:

- *FPHC has taken over responsibility of EPI in Pakistani population in its target area from health department of Government of Pakistan. The concerned Executive District Officer (Health) provides vaccines, syringes, cold boxes etc.*
- *FPHC regularly participate in NIDs, SNIDs and MNT campaigns.*
- *FPHC reports all its activities to Health Department*
- *The health department has given right of use of an old dispensary building to FPHC for use as its health centre.*
- *In one target area of FPHC, the teams of "Family Welfare Centre" of Population Welfare Department and FPHC's health centre are working together and provide family planning services*

and information to community. This is a unique example of public private partnership because the two teams are very co-operative and supports each other.

- *FPHC was selected as a member of committee formed by Director General Health Services Khyber Pukhtoonkhwa for improvement of vaccination coverage in the province.*
- *FPHC is also member of Steering Committee formed for strengthening of community health services by Government of Khyber Pukhtoonkhwa.*
- *FPHC is a member of District Technical Committee for Reproductive Health formed by Population Welfare Department of Government of Pakistan.*
- *FPHC receive technical support from health department especially EDO (Health) like training of staff members on control of TB etc.*
- *FPHC receive contraceptives from Population Welfare Department.*
- *EDO (Health) support FPHC's Malaria Control Programme by providing Larvicide for spraying on stagnant water*
- *FPHC has established a Birthing Centre in a Rural Health Centre of Health Department at Gumbat union council of Mardan district.*
- *FPHC's health facilities are used by Provincial Health Services Academy (PHSA) as a model of primary health care for its trainees of induction courses*
- *FPHC has strengthened infection prevention system and universal precautions in District Headquarters Hospital Mardan.*
- *FPHC has collaborated in upgradation of ICU in Lady Reading Hospital Peshawar by installing modern ICU equipment in the ICU.*
- *The Lady Health Workers of National Programme for FP/PHC support FPHC's programmes by participating in Polio Eradication Campaigns and some training programmes.*

Partnership with other agencies:

FPHC is working in partnership with many national and international organisations. For example:

- **FPHC was the first NGO in this conservative province of Pakistan who received support from Social Action Programme of Government of Pakistan.**
- **FPHC has taken over responsibilities of immunisation in all of its target areas from Government of Pakistan and even it has right of use of one Government building.**

- The health facilities of FPHC are used by Government of Pakistan and the Aga Khan University for training of students (Doctors, LHVs and Medical Technicians) of induction courses.

FPHC is collaborating/has collaborated with the following donors in the projects as mentioned against each:

DONORS	PROJECT	PERIOD
<i>Global Fund through ACD</i>	✓ <i>Malaria Control Project</i>	<i>2 years from Oct 2008</i>
<i>United Nations High Commissioner for Refugees (UNHCR)</i>	<i>Health and Education programmes of FPHC in Afghan refugee camps at Baghicha, Gandaf and Kagan</i>	<i>1998 to date</i>
<i>Association for Development and Cooperation (adc) Austria</i>	<ul style="list-style-type: none"> ✓ <i>Primary Health Care in Pakistan</i> ✓ <i>Community Development Project</i> ✓ <i>Essential Obstetric Care Centre</i> 	<i>1980 to December 2005.</i> <i>August 2004 to August 2008</i> <i>3 years</i>
<i>Quakers Trust UK</i>	<i>Community Labour Room Wardaga</i>	<i>2 years from May 2008</i>
<i>PAIMAN</i>	<i>MNCH Project</i>	<i>One year April 2009</i>
<i>Social Action programme of Government of Pakistan</i>	<i>Primary Health Care services</i>	<i>1996 – 1998</i>
<i>Family Health Project of Government of Pakistan</i>	<i>Primary Health Care services in FPHC's health centres at Kagan and Gandaf village</i>	<i>1999</i>
<i>World Population Foundation (WPF) Islamabad</i>	<ul style="list-style-type: none"> ✓ <i>Awareness raising programmes</i> ✓ <i>Human Resource Development and FPHC's PHC services in health centres at Kagan and Wardaga</i> 	<i>2001 – 2004</i>
<i>National Commission for Human Development (NCHD)</i>	<i>Implementation of PHC Extension project</i>	<i>3.5 years ended on 31 December 2005</i>
<i>Canadian International Development Agency (CIDA)</i>	<ul style="list-style-type: none"> ✓ <i>Preventive programmes of FPHC</i> ✓ <i>Human Resource Development</i> ✓ <i>PHC services in Gandaf</i> ✓ <i>Educational services in</i> 	<i>1995 - 2004</i>

	<i>Wardaga</i>	
<i>British Council Islamabad</i>	<i>MCH Services in Kagan</i>	<i>1997 – 1999</i>
<i>The Asia Foundation Islamabad</i>	<i>FPHC's PHC Services in Kagan and Wardaga</i>	<i>1997 – 2003</i>
<i>Women's Commission for Refugee Women, USA</i>	✓ <i>FPHC's RH activities in three health centres</i> ✓ <i>Training on HIV/AIDS</i>	<i>2004 – 2005</i>
<i>School of Tyrol, Austria</i>	<i>FPHC's educational services in refugee camps</i>	<i>1982 to date</i>
<i>Royal Netherland's Embassy Islamabad</i>	<i>FPHC's MCH services in Kagan</i>	<i>1996</i>
<i>Trust for Voluntary Organisations (TVO) Islamabad</i>	<i>FPHC's PHC services in Ismaila</i>	<i>2001 – 2003</i>
<i>RHR Consortium USA</i>	<i>Partial FPHC's services in Baghicha, Gandaf and Kagan</i>	<i>2000 – 2003</i>
<i>Hospital for Sick Children Canada</i>	<i>Research activity on Sprinkles</i>	<i>2004 – 2005</i>
<p>The health centres of FPHC provide comprehensive primary health services to community and these centres are regularly functional since 1981 and 1997.</p>		

- ✓ FPHC also had received support from VSO Islamabad in shape of VSO volunteers who worked with FPHC at different times for one year to seven years durations.

Researches:

Operational research is part of FPHC's programmes. However, FPHC was involved in the following researches carried out with support from or in partnership with the agencies as mentioned against each:

Family Planning Continuation Study - UNHCR, RH Working Group and JSI Research and Training Institute, USA

Sprinkles intervention to control Anemia in Pakistan and Afghan infants and young children - Hospital for Sick Children, Canada

MCH and Nutrition - The Asia Foundation/MotherCare

Gender:

The development projects can be more successful, if they are engendered. FPHC has strived to engender its programmes. All staff members of FPHC have been sensitised on gender issues. Gender balance is maintained within FPHC. For example 50% members of FPHC's Board of Governors are females. Even the Chairperson of the Board is a female. Team leaders of eight out of twelve outlets of FPHC are females. As earlier mentioned, **47% staff members are females and 53% males**. Even the volunteer health workers of FPHC have received training on gender issues.

Sustainability:

FPHC feels pride in claiming that because of involvement of communities, some of its programmes have achieved more than 70% financial sustainability. Even the one EmOC hospital of FPHC is 100% self-sustained.

Evaluation:

There are two types of evaluations of FPHC's programmes:

a) External Evaluation:

External evaluation of FPHC is carried out after every four years by external evaluators. During the last 12 years, FPHC was twice evaluated by International Bureau for Humanitarian Issues, Geneva and once by Dr. Shabina Raza, MBBS, M. Trop. Paeds. U.K.

FPHC was also evaluated by MotherCare and U.S. Agency for International Development.

b) Internal evaluation:

The internal evaluation of FPHC is carried out by the community through monthly meetings held with Community Health Workers and members of Health Committees and by FPHC's Board of Governors once in a year or whenever they desire. The donors of FPHC regularly evaluate the activities related to their respective projects.

Achievements:

Greater achievements have been recorded by FPHC on many fronts. For example:

- ❖ A model of primary health care programme is in place which is replicable to other parts of the country.
- ❖ In FPHC's target areas the antenatal coverage is more than 81%.

- ❖ 91% deliveries are supervised by trained staff members and volunteers.
- ❖ About 83% delivered women in target area receive post natal care within 3 days of delivery.
- ❖ Around 98% delivered women have received 2 or more doses of TT vaccines.
- ❖ EPI coverage in children is 100%.
- ❖ Over 159,920 attendances in OPDs in one year.
- ❖ Over 83,000 investigations are recorded in laboratories in one year.
- ❖ Close relationship with community is maintained.
- ❖ Different male and female support groups are operational.
- ❖ Health Committees are functional in all target areas.
- ❖ Strong collaboration with Health Department of Government of Pakistan is maintained.
- ❖ Comprehensive community development programme is in place.
- ❖ **Some of the programmes of FPHC have achieved 70% financial sustainability. Even one programme is 100% self-sustained.**

Secrets of success:

The secrets of successes include:

- ✚ trained and committed staff members and volunteers health workers.
- ✚ regular on the job training of staff members and volunteers.
- ✚ increased community involvement in planning, implementation and evaluation of FPHC's programmes.
- ✚ close collaboration with health department of Government of Pakistan and other agencies.
- ✚ comprehensive approach towards community development and low turn over of paid staff.