

BHUs Lack Staff for Disease Control Program

A Report Based on Monitoring of 80 Basic Health Units in 58 Districts across Pakistan in April 2011

Almost half of the 80 Basic Health Units (BHUs) monitored in April 2011 did not have specially trained staff to treat TB patients. Furthermore, BHUs observed in April 2011 were found to lack staff to run disease control programs currently being implemented by the ministry of health. These include the Malaria Control Program (MCP) and the Control of Diarrheal Diseases (CDD) program.

With the exception of facilities monitored in Punjab, where 73% BHUs had TB staff, in all other regions, at least 60% BHUs did not have TB staff. Similarly, 39% of the monitored BHUs nationwide did not have staff to run the CDD program and 35% did not have staff to run MCP.

In Balochistan, 57% of the monitored BHUs did not have staff to offer basic vaccination facilities under the expanded program on immunization (EPI). This is especially worrying since many serious diseases are covered under the EPI. However, in all other regions, at least 90% facilities in each had the required staff.

The monitored BHUs also showed lacks in maternity care. Forty six percent of the monitored facilities did not have the standard minimum of two maternity beds on the premises. Labor rooms were missing in 40% of the monitored BHUs and delivery kits were lacking in 20% of the monitored BHUs. Female staff was present to attend to patients in 86% of the monitored BHUs, however, 57% of BHUs in Balochistan were lacking in this regard.

With regard to essential equipment, more than half of the monitored BHUs nationwide did not have a working oxygen tent, 31% did not have sterilizers and 17% lacked syringe cutters. Nationwide, 69% of monitored BHUs lacked wheelchairs and half did not have stretchers. Lacks in these areas had also been noted in BHUs monitored in April 2010, and negligible improvements were observed over the year. All these are very basic items that all health facilities should have. The lack of wheelchairs and stretchers means that there is no provision for conducting patients into the BHU, even if they are injured or otherwise incapable of walking. Similarly administering injections to patients is part of routine work for BHU staff, and the absence of syringe cutters is reflective of lack of concern with regard to reuse of syringes which often leads to transmission of disease.

General facilities for patients were also lacking in April 2011. Nationwide, 36% of the monitored BHUs lacked arrangements for clean drinking water for patients. Over a quarter of the monitored BHUs nationwide lacked washrooms with running water for patients. Similarly, a properly shaded waiting area for patients was missing in 21% of monitored BHUs nationwide. On a positive note, the numbers of BHUs with clean drinking water and washrooms with running water for patients increased by seven and nine percentage points respectively in 2011 compared to data gathered in April 2010.

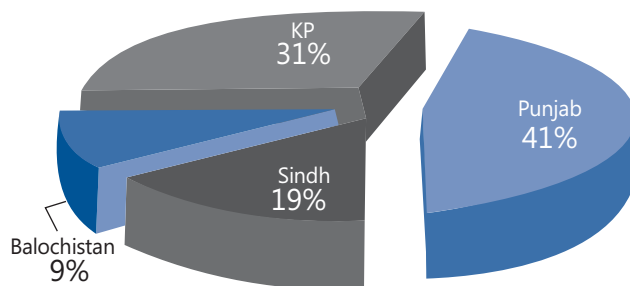
Good occupancy rates of doctors and technicians were observed – all sanctioned posts for doctors and female technicians were occupied, while the occupancy rates for male technicians was 98%. However, the number of BHUs providing information in this regard was low, especially with respect to female technicians. Another cause for concern was lack of housing for hospital staff. Residential houses for doctors were lacking in 22% monitored BHUs nationwide. Similarly, residential quarters for BHU staff were not present in 21% facilities. This is of special consideration to female staff, especially in remote areas. All state run health facilities are required to provide accommodation to doctors and other staff.

FAFEN Governance Monitors visited 80 basic health units (BHUs) across Pakistan during April 2011 – 33 BHUs in 22 districts of Punjab, 25 in 18 districts of KP, 15 in 11 districts of Sindh and seven in as many districts of Balochistan.

Table A: BHUs Monitored by Region

Sr. No.	Province	No. of BHUs	Percentage	Districts
1.	Punjab	33	41%	22
2.	Sindh	15	19%	11
3.	KP	25	31%	18
4.	Balochistan	7	9%	7
Total		80	100%	58

Graph A: Districts Covered (Region-Wise)



FAFEN Health Institution Monitor

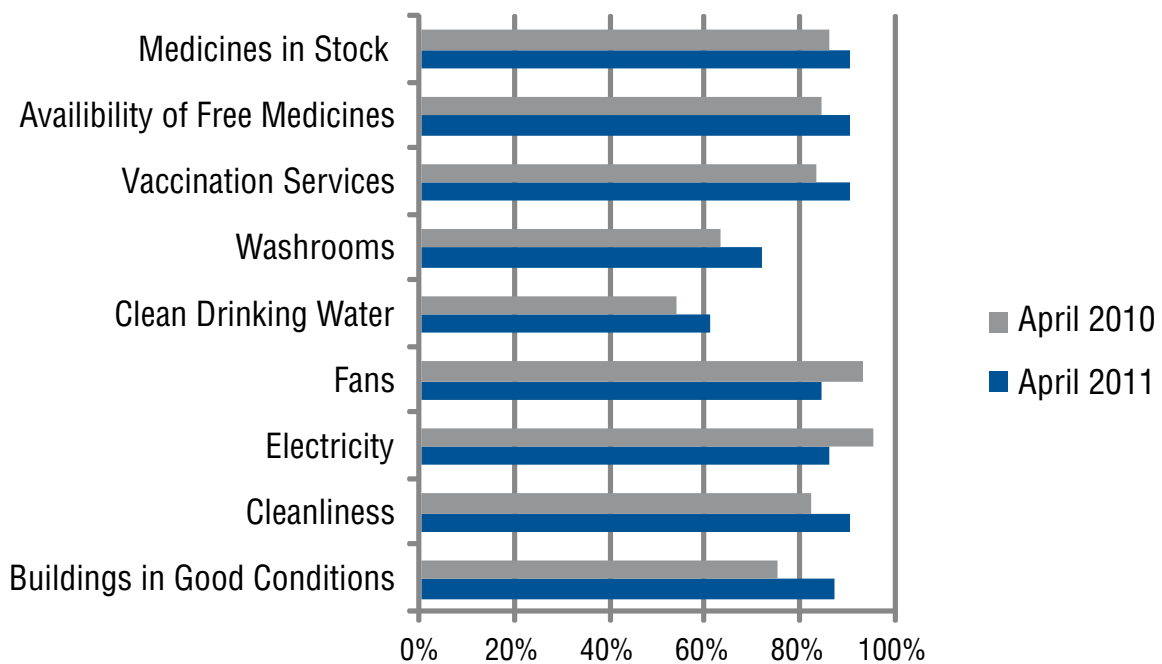
State of BHUs Monitored in April 2010 and April 2011

In May 2010, FAFEN Governance Monitors visited 110 BHUs across the country. While different BHUs were visited in many of the same districts in April 2011, findings from both monitoring periods show minor improvements in terms of physical infrastructure and medical services. However, many areas where lacks were observed in 2010 remain neglected in 2011 as well, for example the availability of essential equipment like syringe cutters and sterilizers. A detailed analysis of levels of improvements over the course of the year (2010-2011) follows.

With regard to physical infrastructure, buildings of 87% BHUs in April 2011 were in good condition compared to 75% in April 2010. Similarly, number of clean BHUs monitored in April 2011 was greater by nine percentage points. However, the number of BHUs that had electricity decreased by nine percentage points in April 2011, and fans were also present in lesser proportion of BHUs in April 2011, as 84% had this facility compared to 93% in April 2010.

The numbers of BHUs with clean drinking water and washrooms with running water for patients increased by seven and nine percentage points respectively in 2011. Vaccination facilities under the expanded program for immunization (EPI) were also present in 90% facilities in April 2011, compared to 83% in April 2010. On the other hand, while free medicines were available in 90% BHUs in April 2011, compared to 84% in April 2010, more in-house pharmacies in BHUs (24%) in 2011 were out of medicines than in 2010 (10%).

Graph B: State of BHUs Monitored in April 2010 and April 2010



Hardly any improvement was observed in availability of essential equipment. The numbers of BHUs that had stretchers, wheelchairs, sterilizers, syringe cutters and working oxygen tents increased only by minor percentage points. All these are very basic items that all health facilities should have. The lack of wheelchairs and stretchers means that there is no provision for conducting patients into the BHU, even if they are injured or otherwise incapable of walking. Similarly administering injections to patients is part of routine work for BHU staff, and the absence of syringe cutters is reflective of lack of concern with regard to reuse of syringes which often leads to transmission of disease.

A detailed analysis of FAFEN’s findings follows:

1. Patient Care

Almost half of the monitored BHUs in April 2011 did not have specially trained staff to treat TB patients. With the exception of facilities monitored in Punjab, where 73% BHUs had TB staff, in all other regions, at least 60% BHUs did not have TB staff. Similarly, 39% of the monitored BHUs nationwide did not have staff to run the Control of Diarrheal Diseases (CDD) program – 71% in Balochistan, 52% in KP, 47% in Sindh and 18% in Punjab.

Nationwide, 35% BHUs did not have staff to run Malaria Control Program (MCP). This included 71% of the monitored BHUs of Balochistan, 60% of those monitored in Sindh, 36% in KP and 15% in Punjab. Ninety percent of the monitored BHUs nationwide had staff to offer basic vaccination facilities under the expanded program for immunization (EPI), however, 57% of monitored BHUs in Balochistan did not have this staff.

Female staff was present to attend to patients in 86% of the monitored BHUs, however, 57% of BHUs in Balochistan were lacking in this regard. Advisory services to lactating mothers were not being offered at 22% of the monitored BHUs nationwide. Again, 71% of monitored BHUs in Balochistan lacked advisory services for mothers, while at least 20% of monitored BHUs each in Sindh and KP lacked these services.

Serious patients, whose treatment falls beyond the scope of the BHU, either due to particular requirements of medical equipment, or medical specialists, were being referred to higher level health facilities in 96% of the monitored BHUs.

Table 1: Patient Care

Sr. No.	Patient Care	Province	Punjab	Sindh	KP	Balochistan	Total
1.	Female staff is present to attend female patients.	Yes	30	13	23	3	69
		No	3	2	2	4	11
2.	The BHU has specially trained staff to treat TB patients.	Yes	24	5	9	2	40
		No	9	9	16	5	39
3.	The BHU has staff to offer basic vaccination facilities (EPI Program).	Yes	32	14	23	3	72
		No	1	1	2	4	8
4.	The BHU has staff to run Control of Diarrheal Diseases (CDD) program.	Yes	27	7	12	2	48
		No	6	7	13	5	31
5.	The BHU has staff to run Malaria Control Program (MCP).	Yes	28	5	16	2	51
		No	5	9	9	5	28
6.	The BHU offers advisory services to breastfeeding mothers.	Yes	30	11	18	2	61
		No	3	3	7	5	18
7.	The BHU staff is referring patients with serious conditions to THQ/DHQ.	Yes	32	14	24	7	77
		No	1	1	1	0	3

2. Equipment and Facilities

In April 2011, 80 monitored BHUs nationwide showed lacks in maternity care. BHUs lacked maternity beds, labor rooms and delivery kits.

Labor rooms were missing in 40% of the monitored facilities. At least 70% of the monitored BHUs in both KP and Balochistan did not have labor rooms, nor did 40% in Sindh and 9% in Punjab. Forty six percent of the monitored facilities did not have minimum two maternity beds on the premises. BHUs monitored in KP were in the worst conditions in this regard as 18 out of 25 did not have maternity beds. Balochistan followed, where more than half of the monitored BHUs lacked maternity beds. Six out of 15 BHUs in Sindh also did not have maternity beds. Delivery kits were absent in 20% of the monitored BHUs nationwide. The most lack was shown by BHUs monitored in Balochistan, as 43% did not have delivery kits. At least 20% of monitored BHUs each in Sindh and KP similarly lacked delivery kits, while 12% BHUs in Punjab also lacked this item. Any lack with regard to maternity care is a worrying fact since it is unlikely that mothers to be would journey to higher facilities like rural health centers (RHCs) in a state of emergency, which could be a long distance from their homes. BHUs, by virtue of their proximity are a venue where safe childbirth can be and should be guaranteed.

With regard to other essential equipment, more than half of the monitored BHUs nationwide did not have a working oxygen tent. Only 12% facilities in KP and 29% in Balochistan had this equipment. Sindh and Punjab BHUs were better in this regard as 53% of the monitored BHUs in Sindh and 79% in Punjab had working oxygen tents. Sterilizers were missing in 31% monitored BHUs nationwide. Both in Sindh and Balochistan, more than half of the monitored BHUs did not have sterilizers, while 27% and 16% of BHUs in Punjab and Sindh respectively also lacked this item. Nationwide, 17% monitored BHUs did not have syringe cutters, with the most lack observed in Balochistan where 43% of monitored BHUs lacked this item. At least 20% of BHUs each in Sindh and KP similarly lacked syringe cutters. However, most of the monitored BHUs in Punjab (94%) had syringe cutters.

Wheelchairs were missing in 69% of the monitored BHUs nationwide. Less than half (48%) of the monitored facilities in Punjab had this essential item, and the proportion of BHUs that had wheelchairs did not exceed 29% in other regions. Stretchers were lacking in half of the monitored facilities nationwide, and at least 39% of BHUs in each region did not have them. The most lack was observed in BHUs monitored in Balochistan, as 71% lacked stretchers.

Diagnostic services were also in a state of neglect, as more than three quarters of the monitored BHUs nationwide did not have a laboratory for tests and at least 60% facilities in each region were observed to be lacking in this regard.

Despite frequent load shedding many of the monitored BHUs lacked alternative power arrangements. Generators were absent in 82% BHUs nationwide and only 3% of the monitored facilities in Punjab had generators on the premises. In other regions, at least 68% facilities were observed to be lacking in this regard.

Free medicines were available in 90% of the monitored BHUs nationwide, while in house pharmacies in 10% monitored facilities were out of medicines. It is good to see that most BHUs were well stocked with medicines and that they were available to patients free of cost, as it is the responsibility of state run health facilities to provide these to the patients.

Table 2: Equipment and Facilities

Sr. No.	Medical Services	Province	Punjab	Sindh	KP	Balochistan	Total
1.	The BHU has a mini laboratory.	Yes	4	4	9	1	18
		No	29	11	15	6	61
2.	The BHU has a labor room.	Yes	30	9	7	2	48
		No	3	6	18	5	32
3.	The BHU has minimum of two maternity beds.	Yes	23	8	8	3	42
		No	10	7	16	4	37
4.	The BHU has a delivery kit.	Yes	29	11	20	4	64
		No	4	4	5	3	16
5.	The BHU has a generator for power backup.	Yes	1	4	8	1	14
		No	32	11	17	6	66
6.	The BHU has a stretcher.	Yes	20	5	13	1	39
		No	13	10	12	5	40
7.	The BHU has a wheel chair.	Yes	16	2	5	2	25
		No	17	13	20	5	55
8.	BHU has a sterilizer.	Yes	24	7	21	3	55
		No	9	8	4	4	25
9.	The BHU has syringe cutter.	Yes	31	12	19	4	66
		No	2	3	6	3	14
10.	The BHU has working oxygen tent.	Yes	26	8	3	2	39
		No	7	7	22	5	41
11.	Free medicines are available in the in-house pharmacy.	Yes	30	13	23	6	72
		No	1	2	2	1	6
12.	The in-house pharmacy is out of medicines.	Yes	3	2	3	0	8
		No	30	12	22	5	69

3. General Facilities

Nationwide, a proper road led to 94% monitored BHUs, and the buildings of 88% were in good conditions. However, the buildings of 33% BHUs in Sindh were not. Ninety percent of the monitored BHUs were clean, however, with the exception of Punjab, more than 10% of monitored facilities in all other regions were not clean. Boundary walls were present in 85% of monitored BHUs - all facilities monitored in Sindh had boundary walls, while lacks were observed in other regions.

The conditions with regard to general facilities for patients were poor. Nationwide, 36% of the monitored BHUs lacked arrangements for clean drinking water for patients – 71% facilities monitored in Balochistan, 40% each in Sindh and KP and 24% in Punjab did not have this facility. Over a quarter of the monitored BHUs nationwide lacked washrooms with running water for patients. Here as well, the majority of such BHUs were observed in Balochistan where 71% of monitored BHUs showed lacks. At least 68% of BHUs in all other regions had washrooms. A properly shaded waiting area for patients was missing in 21% of monitored BHUs nationwide, with monitored BHUs in Balochistan and KP showing the most lacks, as 43% and 40% respectively did not have shaded waiting areas. Similarly, 13% of facilities monitored in Sindh and 6% in Punjab also lacked shaded waiting areas.

Electricity was absent in 14% of the monitored BHUs nationwide, while fans were not present in 16% of BHUs. In both cases, BHUs monitored in Balochistan showed the most lacks, as 29% did not have electricity and 43% did not have fans. Both electricity and fans were present in at least 80% facilities in the remaining regions.

In April 2011, 89% of the 80 monitored BHUs nationwide did not have Sui gas connections – at least 80% facilities in each region did not have gas connections, required for cooking and heating (in winters). Telephone landline connections were absent in 65% BHUs nationwide, where the most lack was observed in facilities in Balochistan, as 86% of the monitored facilities did not have telephone connections. Except for Balochistan, the number of BHUs that had telephone connections did not exceed 36% in any region.

Residential quarters for doctors and other staff were also lacking. Accommodation for both doctors and patients is a requirement of all state run health facilities, however, residential houses for doctors were absent in 22% monitored BHUs nationwide. Similarly, residential quarters for BHU staff were not present in 21% facilities nationwide. In both regards, BHUs monitored in Balochistan and Sindh showed more lacks compared to facilities in other regions. More than 40% of monitored BHUs in Balochistan did not have accommodation for either doctors or other staff, while a similar proportion in Sindh also lacked houses for doctors. Housing for staff was unavailable in 33% of monitored BHUs in Sindh.

Table 3: General Facilities

Sr. No.	General Facilities	Province	Punjab	Sindh	KP	Balochistan	Total
1.	A proper road leads to BHU.	Yes	32	14	22	7	75
		No	1	1	3	0	5
2.	The building is in a good condition.	Yes	31	10	23	6	70
		No	2	5	2	1	10
3.	There is a boundary wall around the facility.	Yes	28	15	20	5	68
		No	5	0	5	2	12
4.	The BHU is clean.	Yes	32	12	22	6	72
		No	1	3	3	1	8
5.	The BHU has a landline telephone connection.	Yes	12	5	9	1	27
		No	21	9	16	6	52
6.	The BHU has a Sui gas connection.	Yes	3	2	2	1	8
		No	30	12	23	6	71
7.	The BHU has electricity.	Yes	30	13	21	5	69
		No	3	2	4	2	11
8.	The BHU has fans.	Yes	31	12	20	4	67
		No	2	3	5	3	13
9.	The BHU has clean drinking water arrangements for patients.	Yes	25	8	14	2	49
		No	8	6	10	5	29
10.	There is proper place/shade for waiting patients.	Yes	31	13	15	4	63
		No	2	2	10	3	17
11.	The BHU has wash room [with running water] for patients.	Yes	26	13	17	2	58
		No	7	2	8	5	22
12.	There are residential quarters in the premises of facility for BHU staff.	Yes	28	10	21	4	63
		No	5	5	4	3	17
13.	There is a residential house for the doctors in the premises of facility.	Yes	29	9	20	4	62
		No	4	6	5	3	18

4. Appointment of Doctors, Technicians and Support Staff

FAFEN Monitors requested 80 BHUs nationwide in April 2011 for information regarding appointments against sanctioned posts of doctors, technicians and support staff.

4.1. Appointment of Doctors

Nationwide, 72 posts for doctors were sanctioned – 27 in Punjab, 21 in Sindh, 19 in KP and five in Balochistan. In all regions, 100% occupancy rates were observed in BHUs which shared information in this regard. Information about sanctioned and filled posts for doctors was withheld by six of 33 monitored BHUs in Punjab and a similar number out of 25 BHUs monitored in KP. Two BHUs out of 15 monitored in Sindh and three out of seven in Balochistan also withheld this information.

Table 4.1: Appointment of Medical Staff

Name of Post	Punjab			Sindh			KP			Balochistan			Total		Occupancy Rate (%)
	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	
Doctors	27	27	27	21	21	13	19	19	19	5	5	4	72	72	100%

4.2 Appointment of Technicians

Occupancy rates for technicians were also good, as all sanctioned posts for female technicians were filled nationwide in the facilities that provided information. However, the number of facilities sharing information was very low: 26 BHUs in Punjab, 10 in Sindh, nine in KP and five in Balochistan did not share information. Similarly, 98% posts for male technicians were filled – one post each in Punjab and KP was unoccupied. Information about sanctioned posts for male technicians was withheld in seven BHUs in Punjab, five in Sindh and two in Balochistan.

Table 4.2: Appointment of Technicians

Sr. No.	Name of Post	Punjab			Sindh			KP			Balochistan			Total		Occupancy Rate (%)
		Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	
1.	Technician (Male)	27	26	25	15	15	10	33	32	25	5	5	5	80	78	98%
2.	Technician (Female)	7	7	7	5	5	5	17	17	16	2	2	2	31	31	100%

4.3 Appointment of Support Staff

Nationwide, 93% sanctioned posts for birth attendants were occupied, with shortfalls observed in Punjab and KP – seven and one post respectively were unfilled. Nine BHUs in Sindh, five in Punjab and two each in KP and Balochistan did not provide information in this regard. In BHUs monitored across the country, 97% posts for peons/watchmen were filled – three and one posts were unoccupied in Sindh and Punjab respectively. Two BHUs each in Sindh and Balochistan withheld information in this regard. All posts for sanitary workers were filled nationwide, and information was withheld by the staff of 20 BHUs in KP, nine in Punjab, six in Balochistan and three in Sindh.

Table 4.3: Appointment of Support Staff

Sr. No.	Name of Post	Punjab			Sindh			KP			Balochistan			Total		Occupancy Rate (%)
		Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	BHUs Sharing Information	Sanctioned Strength	Posted Staff	
1.	Birth Attendant	57	50	28	9	9	6	36	35	23	7	7	5	109	101	93%
2.	Peon/Watchman	59	58	33	23	20	13	37	37	25	6	6	5	125	121	97%
3.	Gardener	4	4	4	7	7	6	6	6	6	0	0	0	17	17	100%
4.	Sanitary worker	24	24	24	13	13	12	5	5	5	2	2	1	44	44	100%

5. Referrals

A total of 496 serious patients were referred to RHC/THQ/DHQ by BHUs across the country – 304 patients were referred from 29 BHUs in Punjab, 115 from 21 in KP, 72 from 10 in Sindh and five from three in Balochistan.

With regard to referrals, or serious patients referred to Rural Health Centers (RHCs), Tehsil Headquarters Hospitals (THQs), and/or District Headquarters Hospitals (DHQs) in the last calendar month (March 2011), 63 out of 80 monitored BHUs provided information. Information was withheld by 10 BHUs nationwide in this regard, while in seven the required information was unavailable.

Table 5: Referrals

Sr. No.	Province	Number of Serious Patients Referred to RHC/THQ/DHQ in last Calendar Month	BHUs Sharing Information	Information not Available
1.	Punjab	304	29	1
2.	Sindh	72	10	2
3.	KP	115	21	1
4.	Balochistan	5	3	3
Total		496	63	7

6. Government Oversight

In the January 2011 – March 2011 period, a total of 70 visits were made by government officials and elected representatives. Of these, 62 visits were made by government officials and eight by elected representatives to the monitored BHUs. Of the 62 visits made by government officials, 26 were made by EDOs/Health nationwide – 17 to BHUs in Punjab, five in KP and two each in Sindh and Balochistan. Other government officials made 36 visits nationwide – 24 in Punjab, seven in KP and five in Sindh. Eight visits were made by elected representatives, of which only one was made by an MNA in KP. Two visits were made by MPAs in BHUs monitored in Sindh, and one in KP.

Table 6: Government Oversight

Sr. No.	Visiting Official	Punjab	Sindh	KP	Balochistan	Total
1.	MNA	-	-	1	-	1
2.	MPA	-	2	1	-	3
3.	EDO/Health	17	2	5	2	26
4.	Any other Government Official	24	5	7	-	36
5.	Any other elected representative	2		1	1	4
Total		43	9	15	3	70

Monitoring Methodology

The Free and Fair Election Network (FAFEN) has launched a nationwide initiative to monitor governance processes under its Democratic Governance Program in line with its mandate to strengthen all forms of democratic accountabilities in Pakistan. Objective information about governance processes is vital to encourage informed engagement of citizenry with elected and public institutions for progressive outputs. FAFEN Governance Monitoring aims at enriching the public discourse and debate on governance and developing research-based recommendations for reforms.

FAFEN advocates for transparency, accountability, responsiveness, representativeness and public participation as essential elements of democratic governance to enhance the output, efficiency and effectiveness of all elected and public institutions.

FAFEN Governance Monitors visit schools and colleges, health facilities, police stations and other public institutions to monitor and evaluate their efficiency and efficacy in 150 National Assembly constituencies of 108 districts in Punjab, Khyber Pakhtunkhwa (KP), Balochistan, Sindh, Federally Administered Tribal Areas (FATA) and Islamabad Capital Territory (ICT). In addition, FAFEN is also monitoring complaints handling mechanisms of various public institutions to gauge their effectiveness.

Trained FAFEN Governance Monitors fill out standardized checklists during their monitoring visits, employing interviewing and observation techniques, and then transmit the data to the FAFEN Secretariat in Islamabad for data entry, cleaning and analysis. FAFEN plans to produce monthly thematic reports such as this one. This information will also contribute to FAFEN Bi-Annual State of Governance in Pakistan Reports.

FAFEN Governance Monitoring reports are based on non-probability sampling, and their findings should not be considered national or provincial generalizations. However, FAFEN's outreach across the country allows it to access most districts as well as urban and rural areas. Standardized methodology is applied across Pakistan to draw information in a uniform way through observation and interviewing. The observation and interviews are recorded on a standardized checklist. All information received at the FAFEN Secretariat is verified through multiple sources for authenticity and accuracy. These reports provide data analysis and inferences only for the monitored institutions within the sample. These reports are meant to present to relevant stakeholders a consolidated and current snapshot of the state of governance in public institutions in order to inspire public dialogue and as a contribution towards targeted interventions and reforms.

However, FAFEN's unique methodology to assess and evaluate governance processes continues to evolve. Any inaccuracies that may be noticed in the data or suggestions for improvement in the methodology can be sent to the email address at the end of this report.

Annex: List of Monitored BHUs

Sr. No.	Name of Health Facility	Province	District
1.	Basic Health Unit, Aali Wala	Punjab	Dera Ghazi Khan
2.	Basic Health Unit, Qasim Bela, Bosan Town	Punjab	Multan
3.	Basic Health Unit, Budhla Sant	Punjab	Multan
4.	Basic Health Unit, 214 RB Madina Town	Punjab	Faisalabad
5.	Basic Health Unit, Mianwala	Punjab	Attock
6.	Basic Health Centre, Chak No. 53/2-L	Punjab	Okara
7.	Basic Health Unit, Asian Wala	Punjab	Sargodha
8.	Basic Health Unit, Chak No. 345 GB	Punjab	Toba Tek Singh
9.	Basic Health Unit, Lak Baghar	Punjab	Jhang
10.	Basic Health Unit, Chak No. 47 MB	Punjab	Khushab
11.	Basic Health Unit, Mangowal	Punjab	Sargodha
12.	Basic Health Unit, Dallo Wali	Punjab	Sialkot
13.	Basic Health Unit, Hardeo Sahari	Punjab	Kasur
14.	Basic Health Unit, Wan Adhan	Punjab	Kasur
15.	Basic Health Unit, Kotla Sukhiya	Punjab	Sialkot
16.	Basic Health Unit, Chandowal	Punjab	Narowal
17.	Basic Health Unit, Cheena Ottar	Punjab	Kasur
18.	Basic Health Unit Chak No.206/P	Punjab	Rahimyar Khan
19.	Basic Health Unit, Chak No.116/P	Punjab	Rahimyar Khan
20.	Basic Health Unit, Gabar Arrain	Punjab	Muzaffargarh
21.	Basic Health Unit, Sirdhok	Punjab	Gujrat
22.	Basic Health Unit, Moinneddin Pur	Punjab	Gujrat
23.	Basic Health Unit, Mandyala Warraich	Punjab	Gujranwala
24.	Basic Health Unit, Kot Lakhnana	Punjab	Jhang
25.	Basic Health Unit, Chak #151-TDA	Punjab	Layyah
26.	Basic Health Unit, Dullah	Punjab	Chakwal
27.	Basic Health Unit, Kotla Easan	Punjab	Rajanpur
28.	Basic Health Unit, Chak No. 65/5-L	Punjab	Sahiwal
29.	Basic Health Unit, Khuda	Punjab	Attock
30.	Basic Health Unit, Musa	Punjab	Attock
31.	Basic Health Unit, Bun Shaheed	Punjab	Jhelum
32.	Basic Health Unit, Sultan Khel	Punjab	Mianwali
33.	Basic Health Unit, Chak No. 103/9-L	Punjab	Sahiwal
34.	Basic Health Unit, Syed Qadir Dino Shah Sheerazi	Sindh	Thatta
35.	Basic Health Unit, Ghulamullah	Sindh	Thatta
36.	Basic Health Unit, Darya Biag Mughal	Sindh	Hyderabad
37.	Basic Health Unit,Liaquat Colony	Sindh	Hyderabad
38.	Basic Health Unit, Khair Shah	Sindh	S. M. B. B. (Nawabshah)
39.	Basic Health Unit, Model Village	Sindh	Karachi
40.	Basic Health Unit, Mehmoodabad	Sindh	Mirpurkhas
41.	Basic Health Unit, Younusabad	Sindh	Karachi
42.	Basic Health Unit, Faqeer Abdullah, Jaanhero	Sindh	Umerkot

Sr. No.	Name of Health Facility	Province	District
43.	Basic Health Unit, Kamil Hingoro	Sindh	Sanghar
44.	Basic Health Unit Bhiria Road	Sindh	Naushero Feroz
45.	Basic Health Unit Shadion Walhar	Sindh	Tando Allahyar
46.	Basic Health Unit, Khair Muhammad Aarija	Sindh	Larkana
47.	Basic Health Unit, Mahar Shah	Sindh	Matiari
48.	Basic Health Unit, Aaqil	Sindh	Larkana
49.	Basic Health Unit Shahoo Khel	KP	Hangu
50.	Basic Health Unit, Jahangira Deobandi	KP	Nowshetra
51.	Basic Health Unit, Aza Khel Payan	KP	Nowshetra
52.	Basic Health Unit, Qambar	KP	Swat
53.	Basic Health Unit, Reshun	KP	Chitral
54.	Basic Health Unit, Koz Khana	KP	Shangla
55.	Basic Health Unit, Teerat	KP	Swat
56.	Basic Health Unit, Giloti	KP	Tank
57.	Basic Health Unit, Khurram	KP	Karak
58.	Basic Health Unit, Gulshan Rehman Colony	KP	Peshawar
59.	Basic Health Unit, Chamkani	KP	Peshawar
60.	Basic Health Unit, Sufaid Dehri	KP	Peshawar
61.	Basic Health Unit, Shah Muhammad	KP	Haripur
62.	Basic Health Unit, Kakul	KP	Abbottabad
63.	Basic Health Unit, Check Mardan	KP	Mardan
64.	Basic Health Unit, Wazir Abad	KP	Malakand
65.	Basic Health Unit Zafarabad	KP	Dera Ismail Khan
66.	Basic Health Unit, Rehman Abad, Shakardara	KP	Kohat
67.	Basic Health Unit, Bakhshali	KP	Mardan
68.	Basic Health Unit, Seri Behlol	KP	Mardan
69.	Basic Health Unit, Takiyan Sheikhhan	KP	Abbottabad
70.	Basic Health Unit, Gandhi Khan Khel	KP	Lakki Marwat
71.	Basic Health Unit, Kharari	KP	Battagram
72.	Basic Health Unit, Yaqubi	KP	Swabi
73.	Basic Health Unit, Union Council Jallo, Village Baio Bandi	KP	Mansehra
74.	Basic Health Unit, Gokort	Balochistan	Bolan
75.	Basic Health Unit, Gul Katch	Balochistan	Zhob
76.	Basic Health Unit, New Marriabad	Balochistan	Quetta
77.	Basic Health Unit, Kili Bala, Hajizai	Balochistan	Pishin
78.	Basic Health Unit, Ali Abad, Gola	Balochistan	Jaffarabad
79.	Basic Health Unit, Kochal Mall	Balochistan	Nushki
80.	Basic Health Unit, Mehmood Abad 2	Balochistan	Killa Abdullah

About FAFEN

Free and Fair Election Network (FAFEN), established in 2006, is a coalition of 42 leading civil society organizations, working to strengthen all forms of democratic accountabilities in Pakistan. Governed by Trust for Democratic Education and Accountability, FAFEN's key achievements are:

- Observed the public display of Pakistan's draft electoral rolls and conducted the country's first statistically-valid voters' list audit in 2007
- Deployed more than 18,829 trained, neutral Election Day observers nationwide to watch the February 18, 2008 polls and 264 long-term observers to monitor the pre-election process
- Fielded long-term observers nationwide and published 19 pre-election reports
- For the February 18, 2008, General Elections, FAFEN conducted 260 simultaneous parallel Vote Tabulations (PVTs)- the largest effort in the world
- Conducted its first survey, Constituents Aspirations Survey, in December 2008 with a sample size of 3,124 respondents to get the description of the state of public opinion and also to get a deeper understanding of the values, attitudes and beliefs of people living in the constituencies
- Conducted mapping of organizations working for human rights within Pakistan
- Observed general elections at Gilgit-Baltistan in 2009 and by-elections in various constituencies of the Punjab, Balochistan and Khyber Pakhtunkhwa in 2010
- Implemented a unique methodology to observe parliamentary proceedings under its Parliamentary Watch Project
- Monitors public institutions across Pakistan and issues monthly reports on the state and performance of educational, health and other local level institutions. In addition, monthly reports on prices, crimes, incidence of disease, caseload in lower courts and political and electoral violence are issued.

FAFEN continues to implement robust programs in-between elections related to monitoring parliamentary affairs, connecting constituents to their elected representatives, monitoring the performance of public and elected institutions and advocating electoral and democratic reforms. FAFEN is also monitoring political and electoral violence, peace activities and promoting active citizenry through ongoing civic education activities across the country. FAFEN is currently implementing Democratic Governance Program in 150 National Assembly constituencies in 108 districts across Pakistan.



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