

# **Implementation of Family Practice Programme in 10 model districts of Pakistan**

Ministry of National health Services,  
regulation and Coordination in  
partnership with WHO

# Challenges in service delivery

- Fragmented health service delivery,
- Large number of un regulated Private care providers,
- Un defined catchment population per PHC facility,
- Absence of medical record & continuity of care,
- Vertical vis integrated approach,
- Shortage of trained HWF particularly at remote areas,
- Weak community engagement in local health planning,
- Referral system and QoC !!
- Un valid Health information system,
- Poor Public Private partnership,

# Objectives

- Assess and improve service delivery at 5-10 model districts based on family practice approach (defined catchment Population, registration of families, improving referral system, access to Defined EPHS & improving PPP)
- Increase utilization rate of services at BHUs and RHCs and improve core indicators such as: ANC, safe and clean delivery, CPR, Child immunization, TB case findings, Access of people suffering from HIV/AIDS to treatment, reduce burden of Malaria, active screening for NCDs in place, etc.
- Improve quality and safety of care at PHC level and introduce Patient Safety Friendly Hospital Initiatives
- Improve knowledge of hospital managers at Tehsil and District level and ensure access of the entire population to standard Emergency Healthcare Services

# Planned Major Activities

<b>Activities</b>	<b>Responsibilities</b>	<b>Time Line</b>
<b>Establish task force to oversee planning &amp; implementation of the project</b>	<b>MoNHSRC</b>	<b>31 March</b>
<b>Selection of 5-10 districts among PMHIP districts at all provinces</b>	<b>MoNHSRC</b>	<b>7 April</b>
<b>Recruitment of national consultant to coordinate &amp; monitor implementation of activities</b>	<b>WHO</b>	<b>25 April</b>
<b>Review and adapt Service Delivery Assessment Tool (6 HS building blocks)</b>	<b>Task force</b>	<b>7 May</b>

# Planned Major Activities (Cont.)

<b>Activities</b>	<b>Responsibilities</b>	<b>Time Line</b>
<b>Assess service delivery at selected model districts</b>	<b>Selected consultants</b>	<b>30 May</b>
<b>Provincial Consultations level to identify gaps and priority interventions</b>	<b>PHDs and WHO</b>	<b>15 June</b>
<b>Agree on Essential Package of Health Services (Public and Private care providers)</b>	<b>PHDs and WHO</b>	<b>15 June</b>
<b>Agree on Core indicators to be reported by PHC facilities &amp; linkages with HIS dashboard</b>	<b>WHO &amp; MoNHSRC</b>	<b>15 June</b>

# Planned Major Activities (Cont.)

<b>Activities</b>	<b>Responsibilities</b>	<b>Time Line</b>
<b>Agree on a set of monitoring indicator to assess success of the intervention</b>	<b>WHO &amp; MoNHSRC</b>	<b>15 June</b>
<b>Estimate Cost for implementation of priority</b>	<b>WHO</b>	<b>10 June</b>
<b>Define catchment Population per BHUs and RHCs – considering role of the private clinics/ practitioners</b>	<b>PHDs</b>	<b>15 July</b>
<b>Mapping service delivery points (public/ private)</b>	<b>DHOs supported by WHO</b>	<b>30 July</b>

# Planned Major Activities (Cont.)

<b>Activities</b>	<b>Responsibilities</b>	<b>Time Line</b>
<b>Agree on methodology for contracting out with private care providers</b>	<b>PHD/ WHO</b>	<b>30 July</b>
<b>Constitute a sub- committee to develop and field test family folder</b>	<b>MoNHSRC / WHO</b>	<b>15 Aug.</b>
<b>Monitoring, documentation, evaluation and expansion</b>	<b>MoNHSRC / PHDs/ WHO</b>	<b>Dec</b>
<b>Capacity Building of GPs through organizing short on-line course</b>	<b>Selected universities/ WHO</b>	<b>2<sup>nd</sup> half 2017</b>