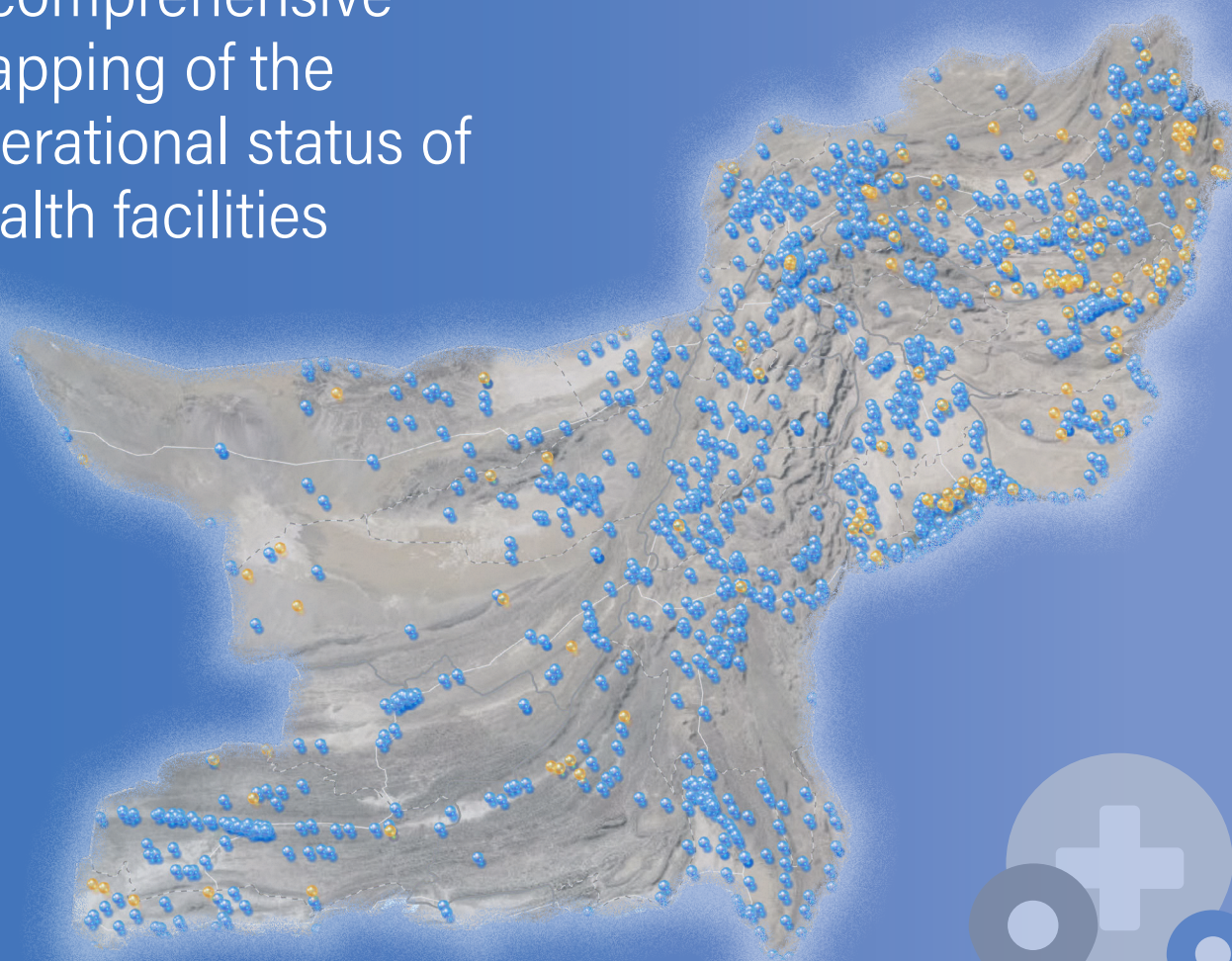


# HeRAMS Balochistan Baseline Report 2021



## OPERATIONAL STATUS OF THE HEALTH SYSTEM

A comprehensive  
mapping of the  
operational status of  
health facilities



June 2021



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# HeRAMS BALOCHISTAN

## BASELINE REPORT 2021

Operational status of the health system

A comprehensive mapping of the operational status  
of health facilities

June 2021



# ACRONYMS

<b>ABHR</b>	Alcohol-based hand rub
<b>BHU</b>	Basic health Unit
<b>CD</b>	Civil Dispensary
<b>DHIS</b>	District Health Information System
<b>DHQ</b>	District Headquarter Hospital
<b>HAU</b>	Health Auxiliary Unit
<b>HC</b>	Health Center
<b>HeRAMS</b>	Health Resources and Services Availability Monitoring System
<b>Hosp.</b>	Hospital
<b>LC</b>	Leprosy Center
<b>LH</b>	Leprosy Hospital
<b>MCH</b>	Mother and Child Health
<b>RHC</b>	Rural Health Centre
<b>Spec. Hosp.</b>	Specialized Hospital
<b>TB</b>	Tuberculosis
<b>THQ</b>	Tehsil Headquarter Hospital
<b>WHO</b>	World Health Organization



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## DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Balochistan, Pakistan and has allowed for the assessment of 1404 health facilities across the region, against a total estimate of 1661 to date.

This analysis was produced based on the data collected up to the 31st May 2021 and while the deployment of HeRAMS, including data verification and validation, continues. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This is the first report of the HeRAMS Balochistan Baseline Report 2021 series focusing on the operational status of health facilities, including level and type of support provided by partners, and availability and sufficiency of basic amenities. For more in-depth information on availability of essential health services and main barriers impeding service delivery, specialized reports are available on essential clinical and trauma care services<sup>1</sup>, child health and nutrition services<sup>2</sup>, communicable disease services<sup>3</sup>, sexual and reproductive health services<sup>4</sup>, and non-communicable disease and mental health services<sup>5</sup>

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact [herams@who.int](mailto:herams@who.int).

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<sup>1</sup> HeRAMS Balochistan Baseline Report 2021 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-balochistan-baseline-report-2021-general-clinical-and-trauma-care-services>.

<sup>2</sup> HeRAMS Balochistan Baseline Report 2021 - Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-balochistan-baseline-report-2021-child-health-and-nutrition-services>.

<sup>3</sup> HeRAMS Balochistan Baseline Report 2021 - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-balochistan-baseline-report-2021-communicable-disease-services>.

<sup>4</sup> HeRAMS Balochistan Baseline Report 2021 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-balochistan-baseline-report-2021-sexual-and-reproductive-health-services>.

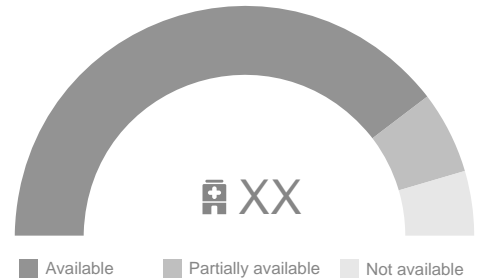
<sup>5</sup> HeRAMS Balochistan Baseline Report 2021 - Non-communicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-balochistan-baseline-report-2021-ncd-and-mental-health-services>.

# INTERPRETATION GUIDE

## Indicator status

### Arc charts

For each indicator, an arc chart provides an overview of the overall status (i.e. functionality, availability, sufficiency, etc.), hereafter referred to as "availability". The total number of health facilities included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of health facilities included in the analysis of an indicator can vary due to the exclusion of non-operational and inaccessible health facilities from subsequent analyses (see page 5 for details).



The status of an indicator is further broken down by division and or type of health facility.

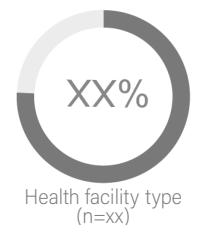
### Column charts

Column charts present the status of an indicator by division or by division and health facility type. The number of health facilities in a division is shown below the division's name.



### Donut charts

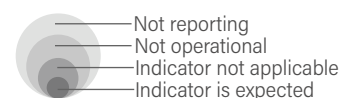
Each donut chart represents a type of health facility. The percentage of health facilities for which the indicators was available or partially available is shown inside the donut while the total number of health facilities included is shown at the bottom of the chart, below the health facility type name. If the indicator was not available in any health facility, the number inside the chart will display the percentage of health facilities for which the indicator was partially or not available.



## Maps

In contrast to charts and to highlight areas not reporting, respectively the impact of non-operational health facilities, maps depict all health facilities included in the HeRAMS assessment. Each circle corresponds to the cumulative number of health facilities in a district and may be divided in up to four smaller circles with the smallest circle indicating the proportion of health facilities assessed for the selected indicator. By default, the color of the innermost circle represents the percentage of health facilities for which the indicator is fully available. If an indicator is not expected or not applicable in some health facilities, a gray circle indicates the percentage of health facilities excluded from the analysis. Any deviation from this is clearly stated in the map legend. Non-reporting and non-operational health facilities are depicted in distinct colors and form two outer circle around the evaluated health facilities.

In the example shown on the right, the cumulative size of the circles corresponds to 15 health facilities. The smallest circle indicates the proportion of operational health facilities where the indicator is applicable (1) followed by the proportion of health facilities evaluated but where the indicator is not applicable (4). The two lighter shades of gray indicate the proportion of non-operational (5) and non-reporting (5) health facilities.



### Map label:

District name  
X / X%

For each circle, the corresponding district name is shown in the map label together with the total number of health facilities evaluated (excluding health facilities where the indicator is not applicable) and the percentage of evaluated health facilities for which the indicator was fully available.

## Reasons of unavailability

If an indicator was not or only partially available, main reasons of unavailability (i.e. causes of damage, reasons for non-functionality, etc.) were collected. Similarly, indicators assessing availability and sufficiency of basic amenities may have a sub-question gathering additional information on the type of amenity available. Alike reasons of unavailability, types of amenities are only evaluated if the amenity is available (regardless of the sufficiency level). For simplicity reasons, causes of damage, non-functionality and inaccessibility, reasons of unavailability, types of basic amenities, and type of support provided by partners are hereafter commonly referred to as "reasons".

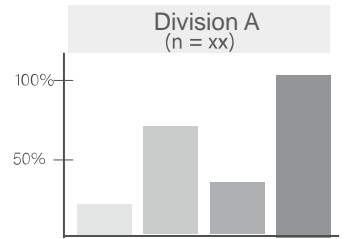
### Donut charts



Each donut chart indicates the percentage of health facilities having reported a given reason. The total number of health facilities reporting at least one reason is shown below the chart header.

### Bar chart

Bar charts depicting reasons follow the same logic as donut charts and exclude health facilities where the indicator was fully available (i.e. not available for charts displaying types of basic amenities). The number of health facilities reporting at least one reason is displayed below the division's name.



**Important:** The denominator for reasons charts excludes health facilities where the indicator is fully available, or in the case of basic amenities not available. It should further be noted that health facilities can report up to three reasons for each indicator. Thus, the sum of all reasons may exceed 100%.



# OVERVIEW OF HEALTH FACILITIES EVALUATED

Summary of health facilities evaluated

1661 Health facilities



257 Not reporting

1404 Health facilities evaluated

  
Building damage



8 Fully damaged  
868 Partially damaged

  
Functionality

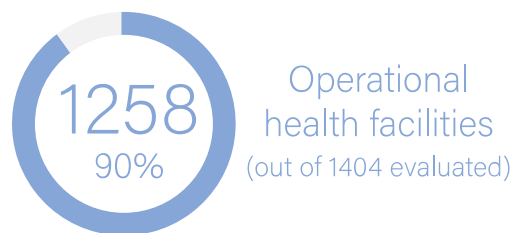


140 Non-functional  
656 Partially functional

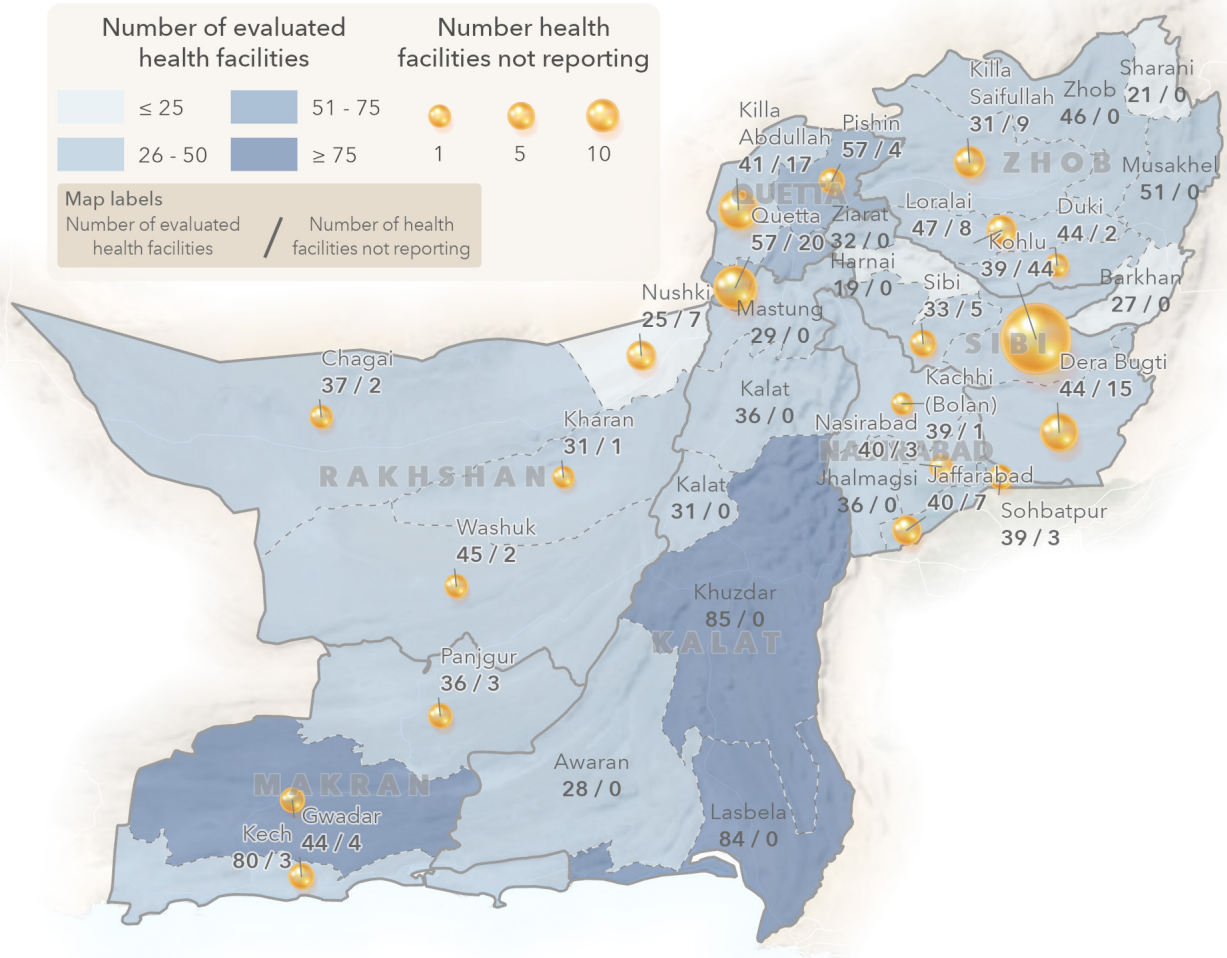
  
Accessibility



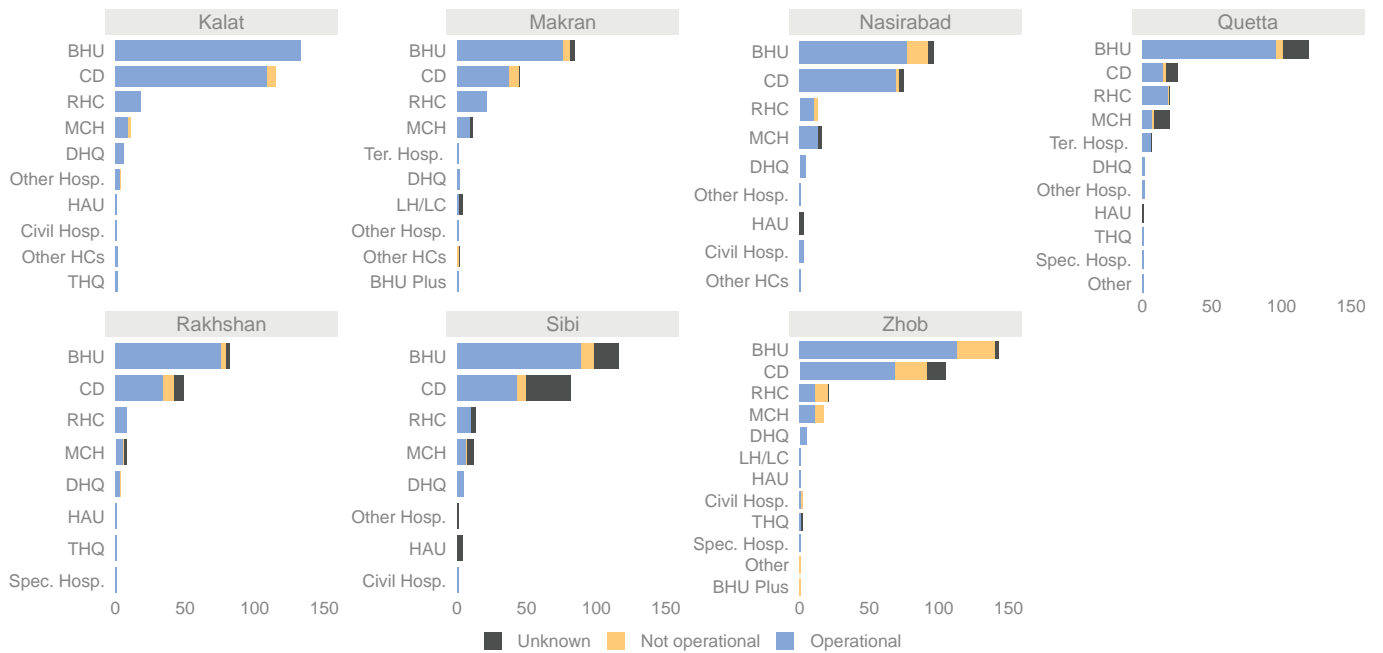
220 Partially accessible



Overview of health facilities by district



Overview of health facilities by health facility type and division



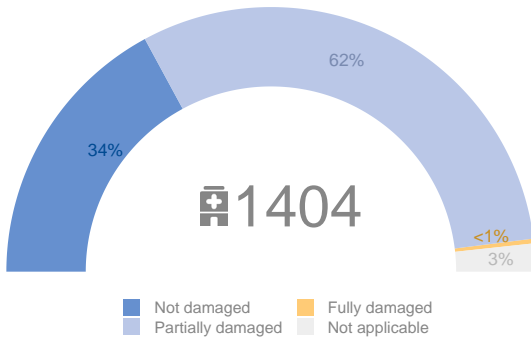
## Health facility status by division and health facility type

HEALTH FACILITY TYPE	MAKRAN			NASIRABAD			QUETTA			RAKHSAN			SIBI			ZHOB			KALAT			TOTAL		
	O	N/O	N/R	O	N/O	N/R	O	N/O	N/R	O	N/O	N/R	O	N/O	N/R	O	N/O	N/R	O	N/O	N/R	O	N/O	N/R
SPECIALIZED HOSPITAL	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-	3	-	-
TERTIARY CARE HOSPITAL	1	-	-	-	-	-	6	-	1	-	-	-	-	-	-	-	-	-	-	-	-	7	-	1
DISTRICT HEADQUARTER HOSPITAL (DHQ)	2	-	-	4	-	-	2	-	-	3	1	-	5	-	-	5	-	-	6	-	-	27	1	-
TEHSIL HEADQUARTER HOSPITAL (THQ)	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	1	2	-	-	5	-	1
CIVIL HOSPITAL	-	-	-	3	-	-	-	-	-	-	-	-	1	-	-	1	1	-	1	-	-	6	1	-
RURAL HEALTH CENTRE (RHC)	21	-	-	10	3	-	18	1	1	8	-	-	10	-	3	11	9	1	18	-	-	96	13	5
BASIC HEALTH UNIT (BHU)	76	5	8	77	15	6	96	5	24	76	3	4	89	9	19	113	27	38	133	-	-	660	64	99
BASIC HEALTH UNIT (BHU) PLUS	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-
CIVIL DISPENSARY (CD)	37	7	22	69	2	7	15	2	10	34	8	7	43	6	39	68	23	22	109	6	1	375	54	108
MOTHER AND CHILD HEALTH (MCH)	9	-	3	13	-	3	7	1	13	5	1	2	6	1	5	11	6	2	9	2	1	60	11	29
TB CLINIC	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
LEPROSY HOSPITAL / CENTRE	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	3
HEALTH AUXILIARY UNIT	-	-	-	-	-	3	-	-	1	1	-	-	-	-	4	1	-	-	1	-	-	3	-	8
OTHER HOSPITALS	1	-	-	1	-	-	2	-	-	-	-	-	-	-	1	-	-	-	3	1	-	7	1	1
OTHER HEALTH CENTERS	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	3	1	1
OTHER	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-
TOTAL	149	13	38	178	20	19	149	9	50	129	13	13	154	16	71	213	68	64	284	9	2	1256	148	257

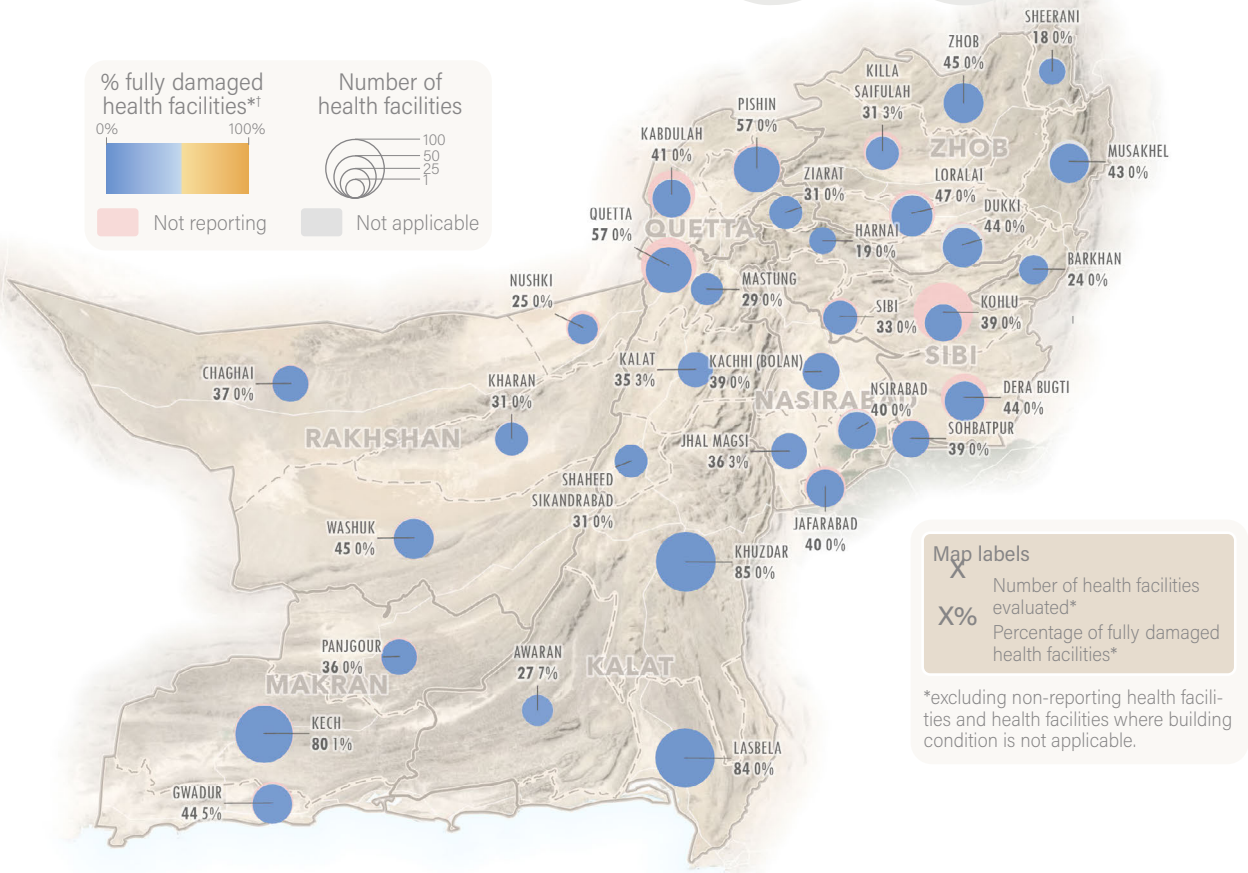
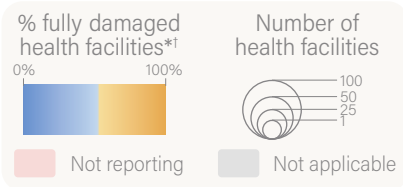
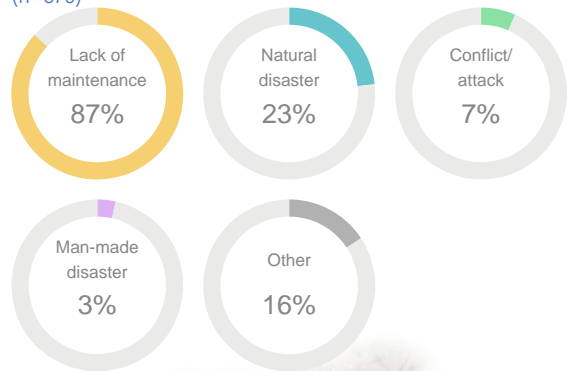
O = Operational - N/O = Not operational - N/R = Not reported

# BUILDING CONDITION

## Building condition

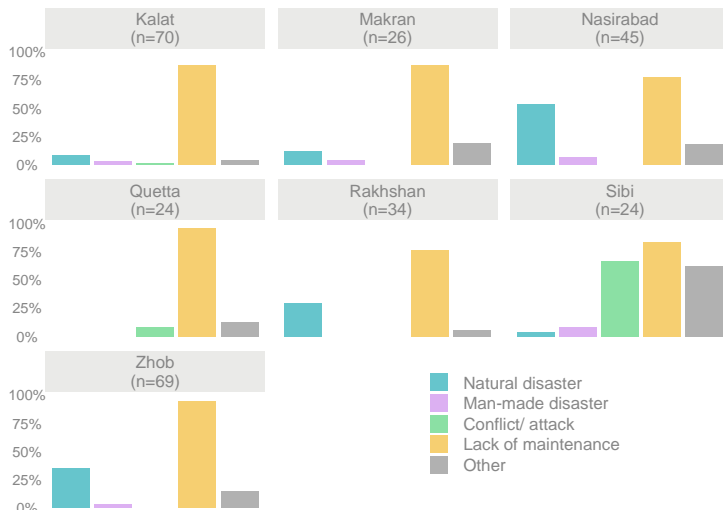


## Main causes of damage (n=876)

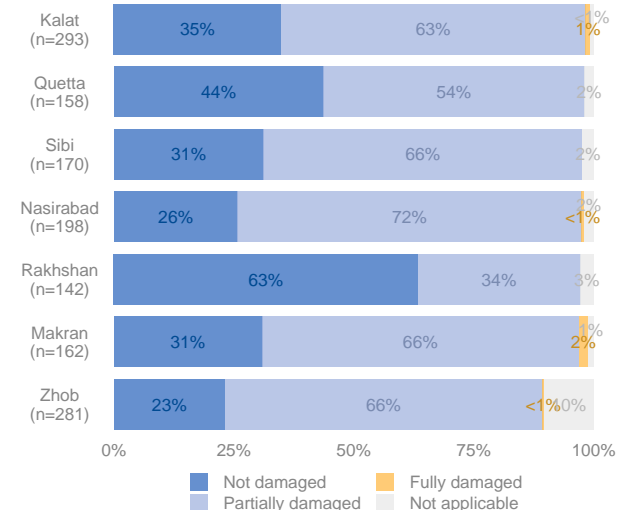


**Map labels**  
 X Number of health facilities evaluated\*  
 X% Percentage of fully damaged health facilities\*  
 \*excluding non-reporting health facilities and health facilities where building condition is not applicable.

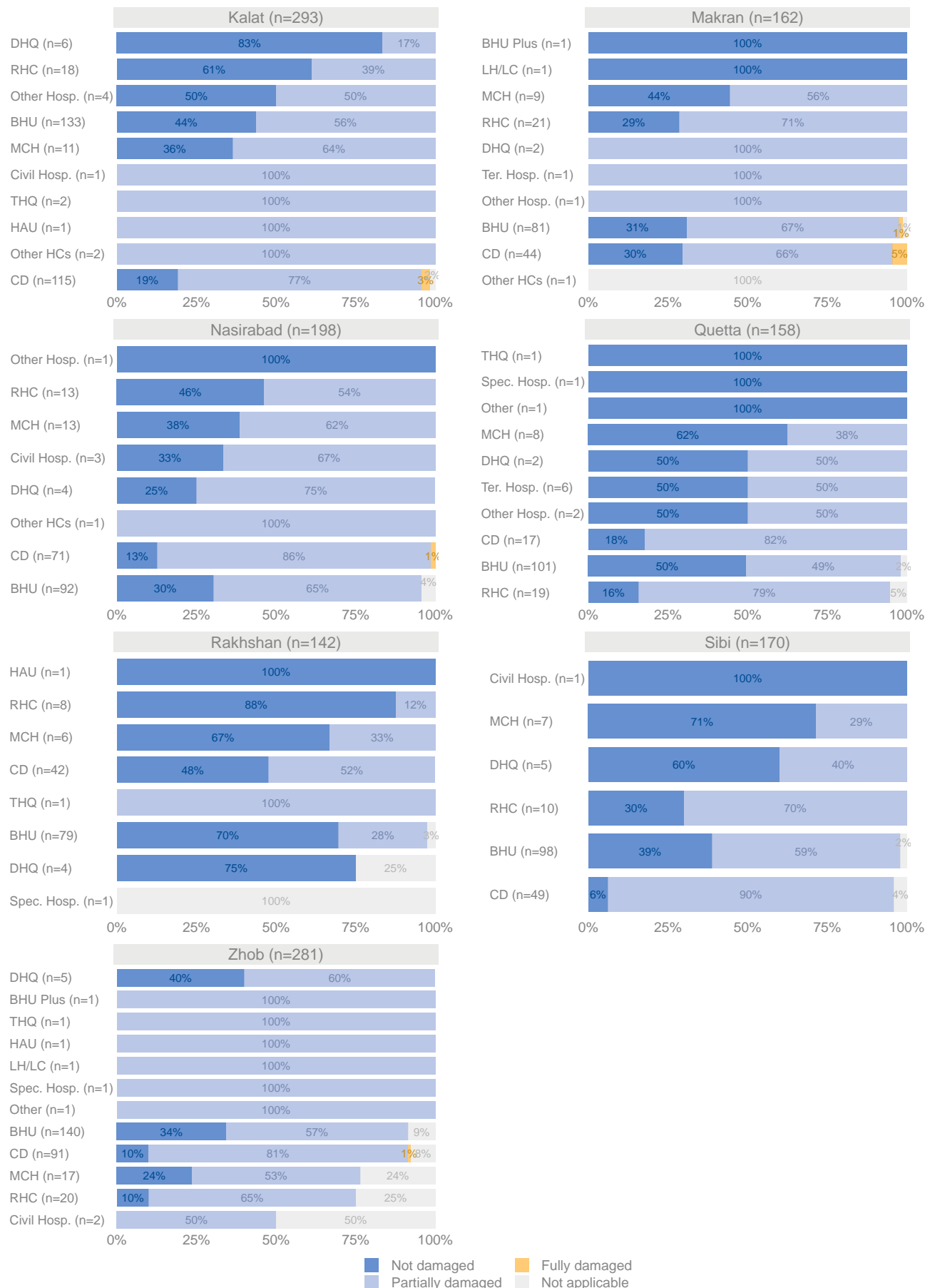
## Main causes of damage by division



## Building condition by division

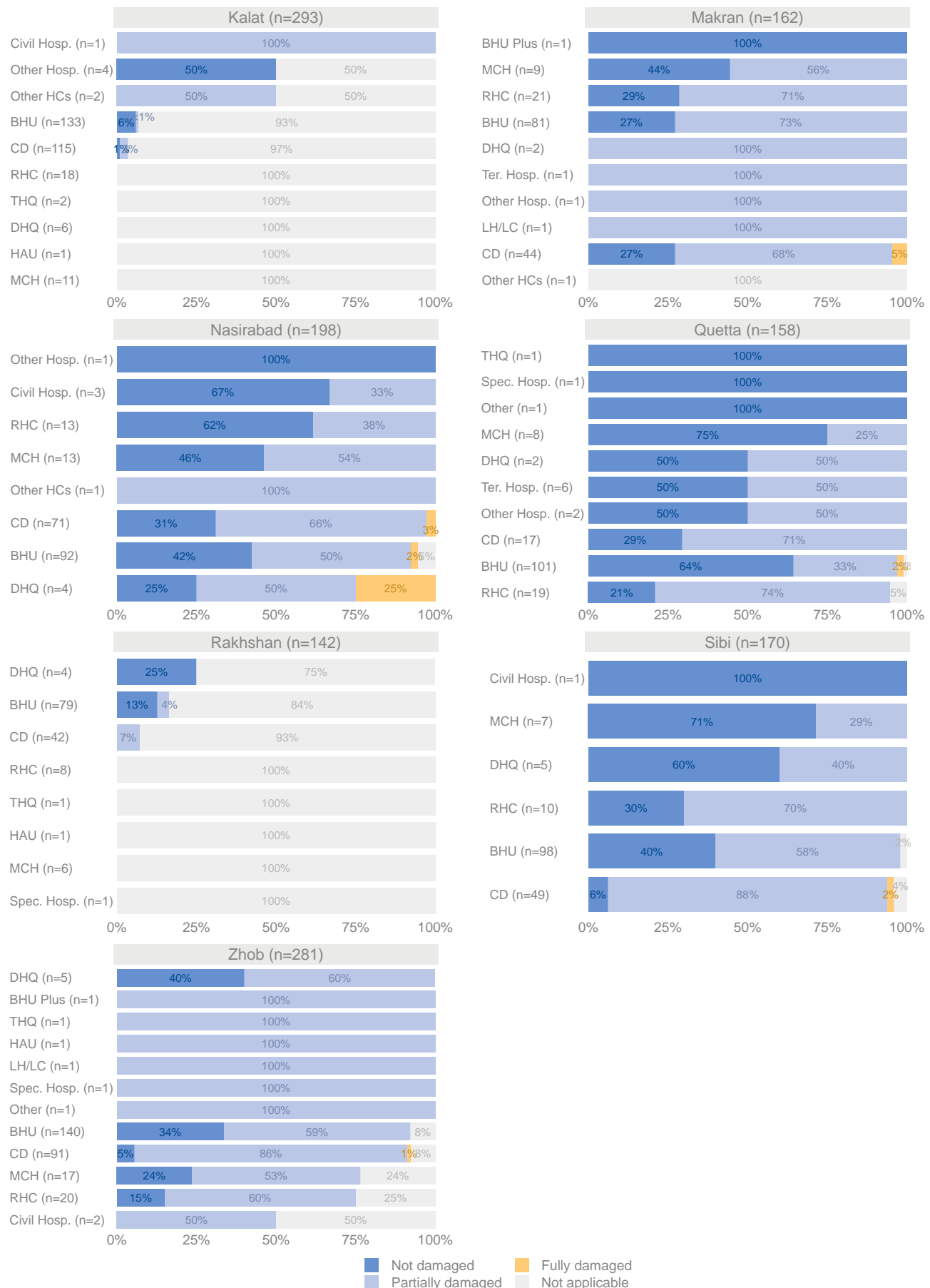


### Building condition by division and health facility type



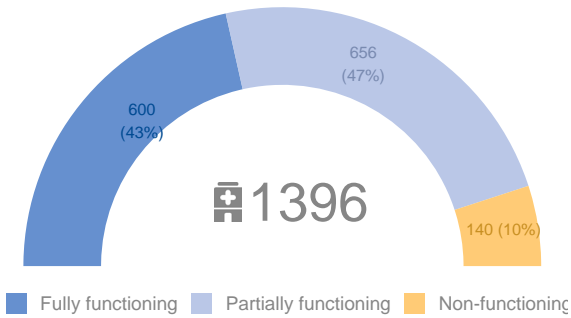


### Equipment condition by division and health facility type

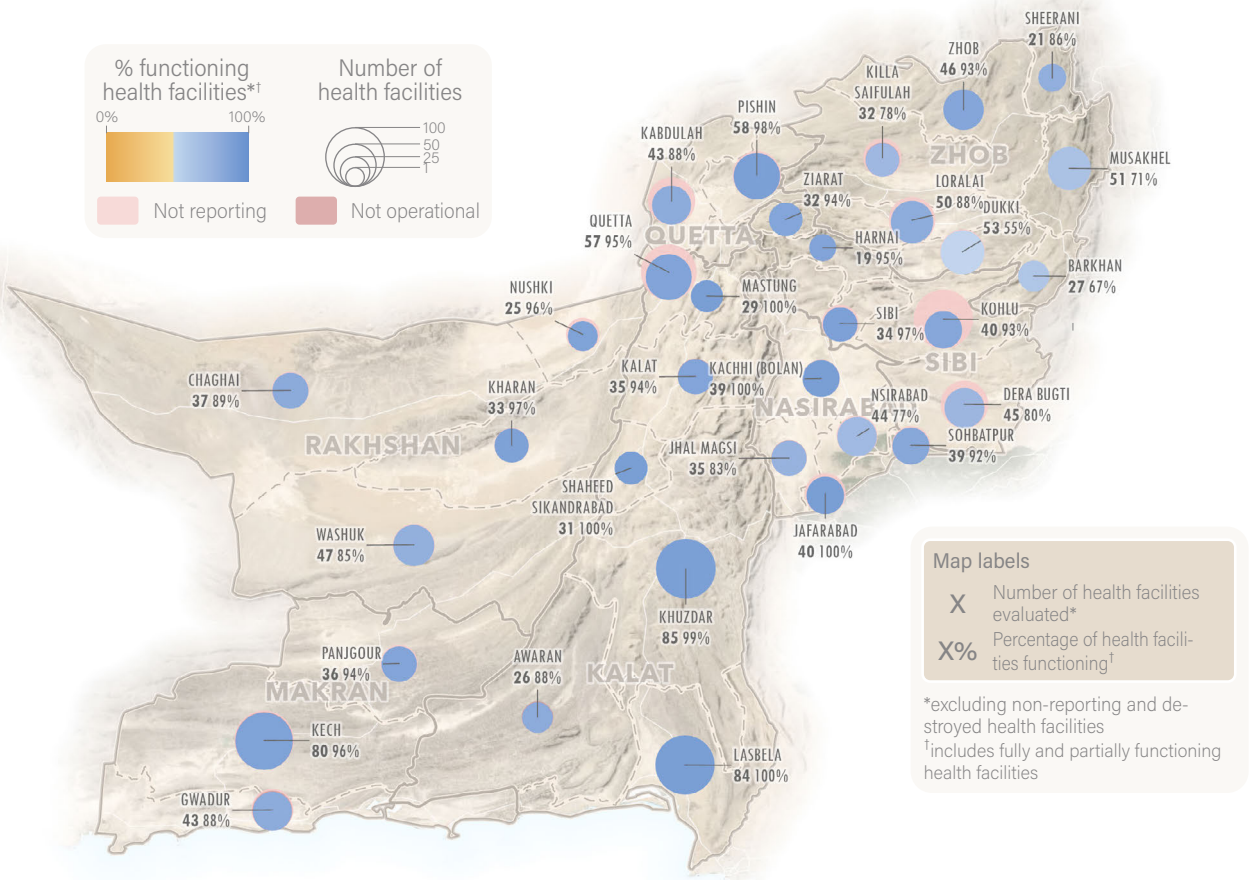
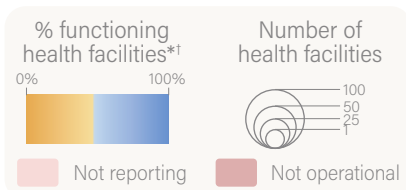
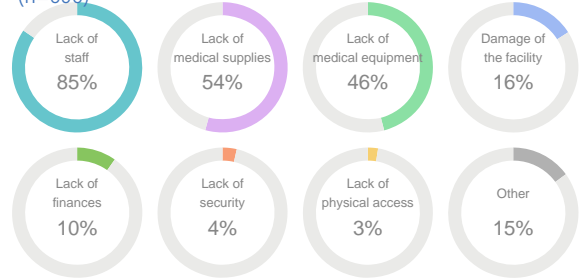


# FUNCTIONALITY

## Functionality



## Main causes of dysfunctionality (n=696)



**Map labels**

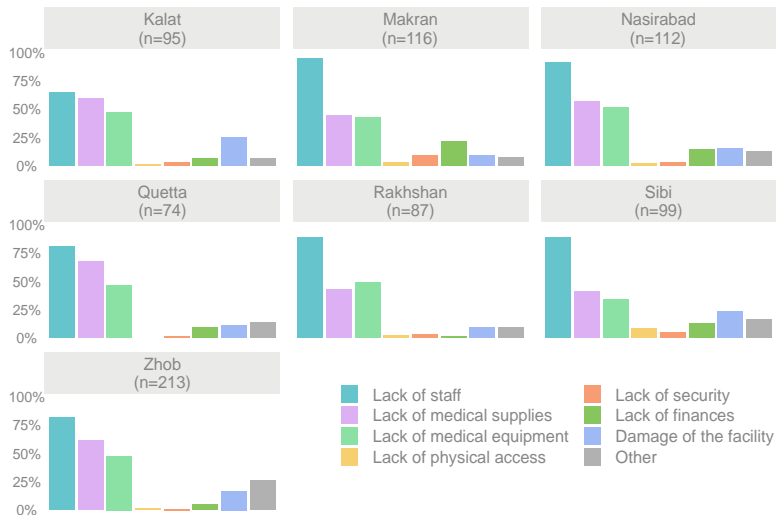
X Number of health facilities evaluated\*

X% Percentage of health facilities functioning†

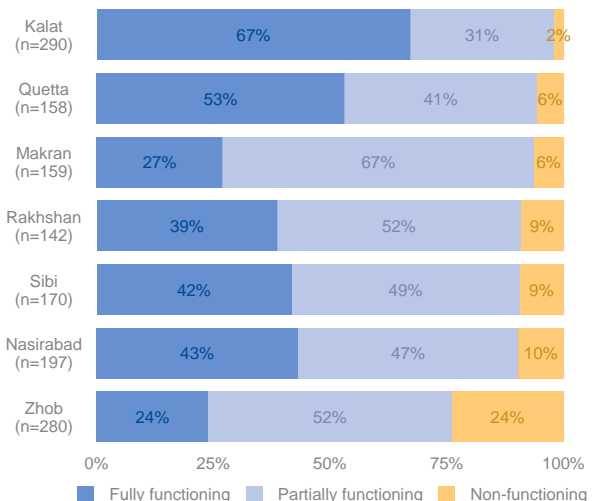
\*excluding non-reporting and destroyed health facilities

†includes fully and partially functioning health facilities

## Main causes of dysfunctionality by division

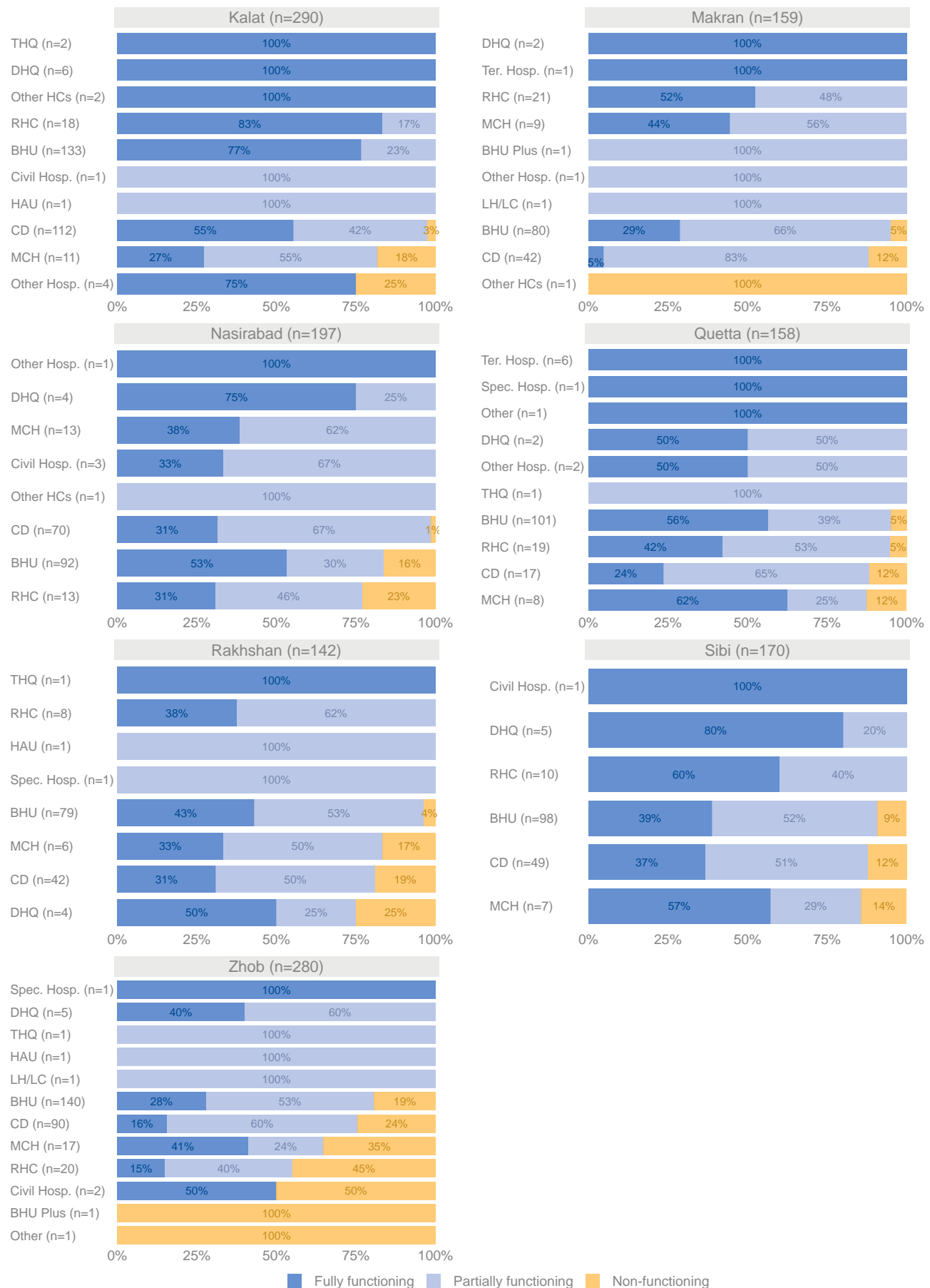


## Functionality by division



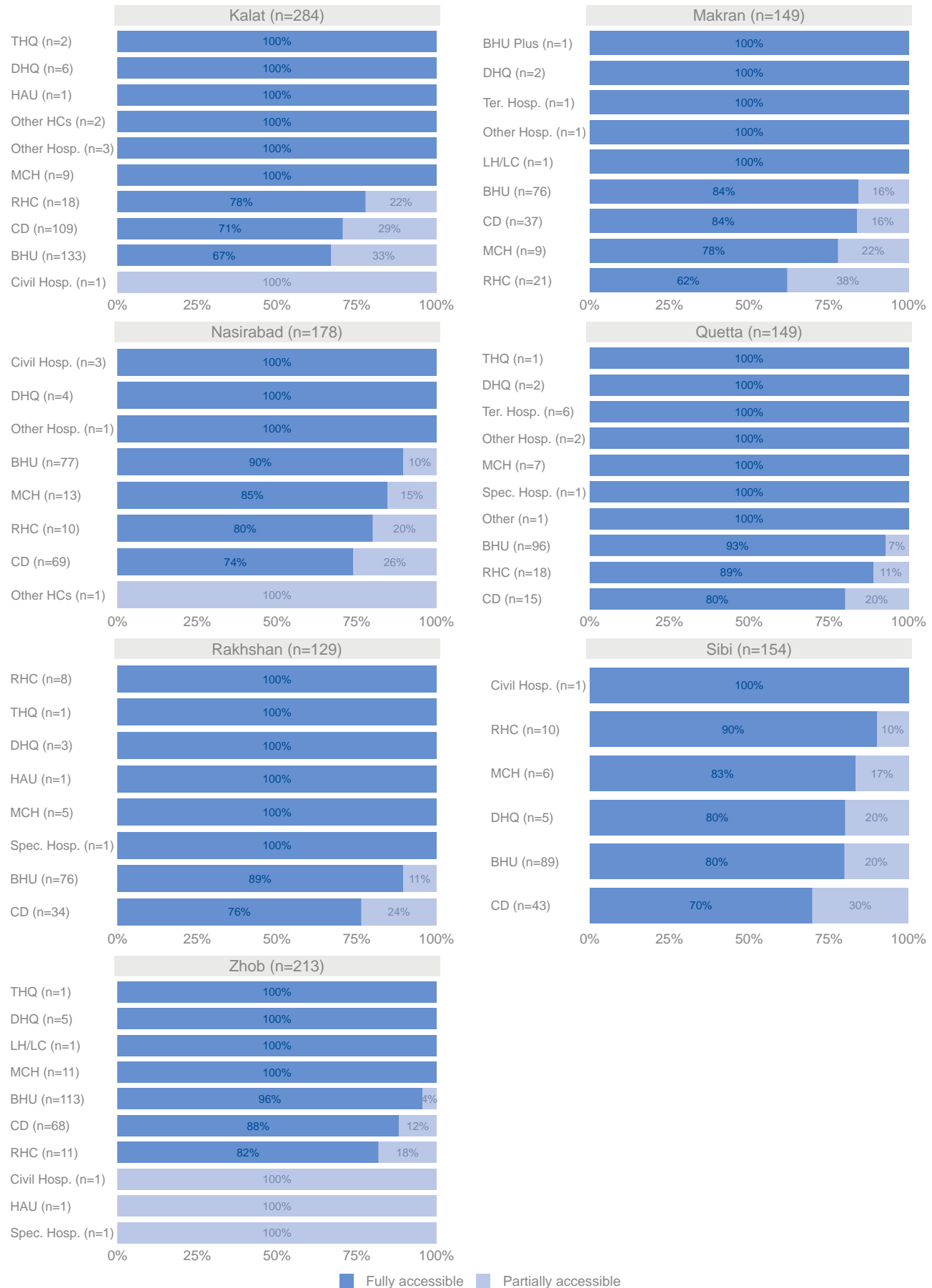


### Functionality by division and health facility type



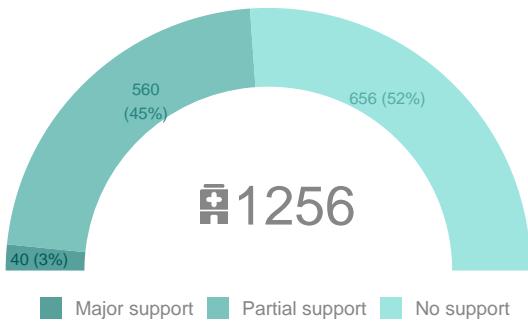


### Accessibility by division and health facility type

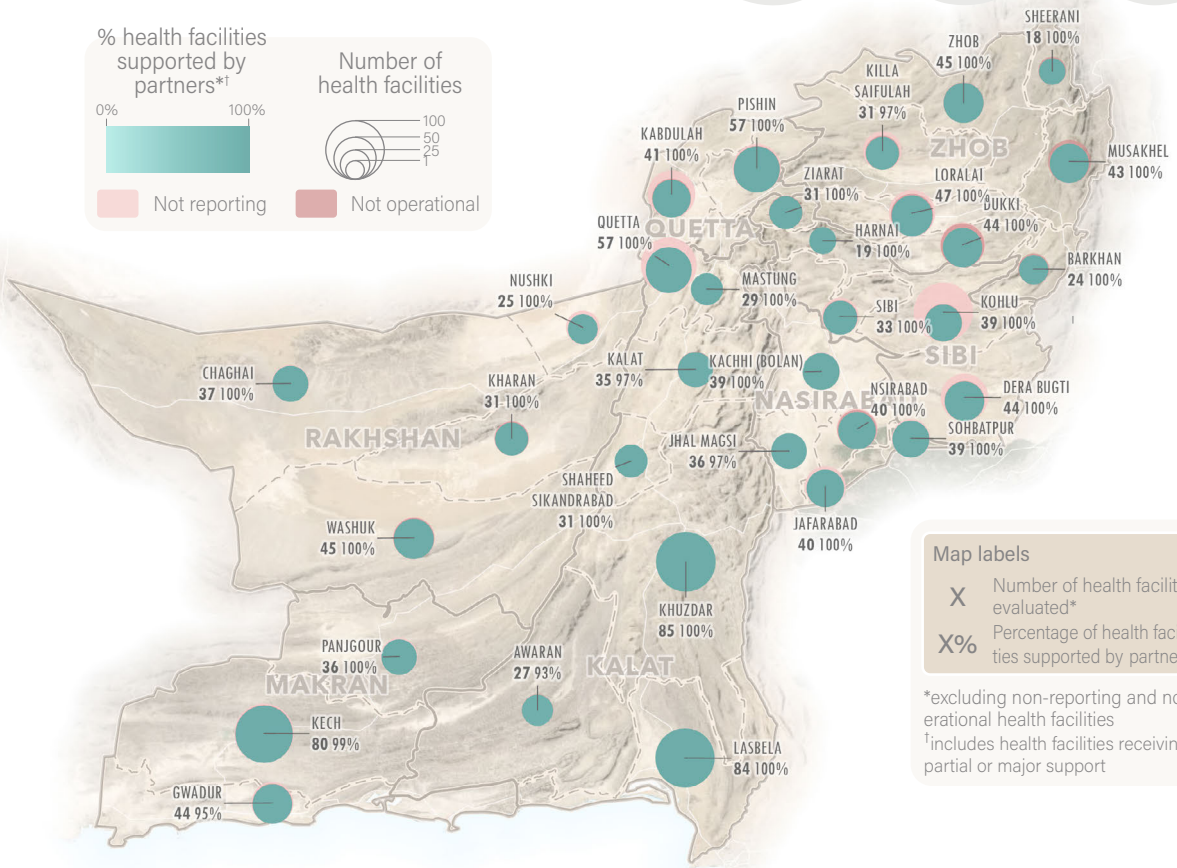
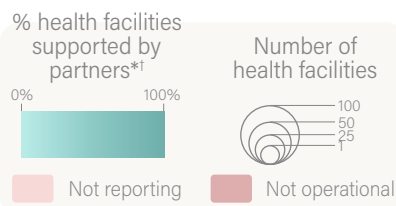
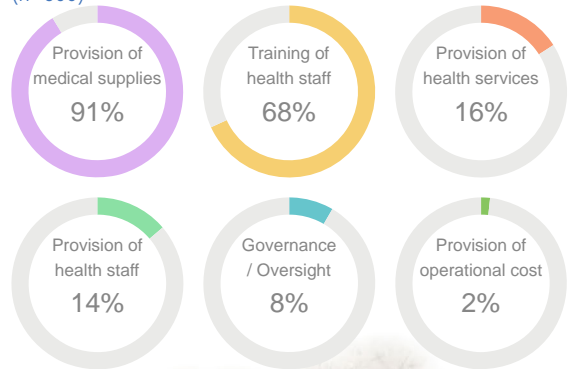


# PARTNER SUPPORT

Level of support provided by partners



Main types of support received by health facilities (n=600)

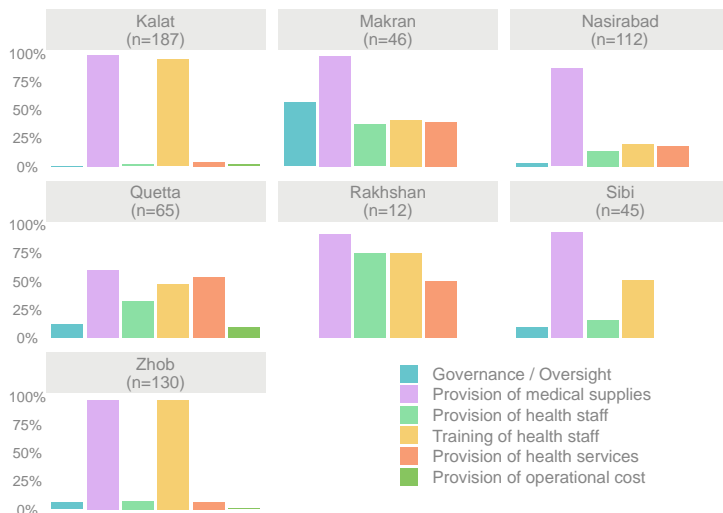


**Map labels**

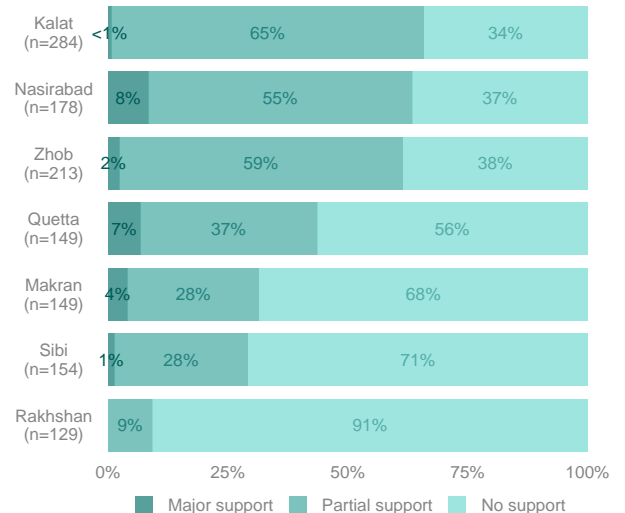
- X Number of health facilities evaluated\*
- X% Percentage of health facilities supported by partners†

\*excluding non-reporting and non-operational health facilities  
 †includes health facilities receiving partial or major support

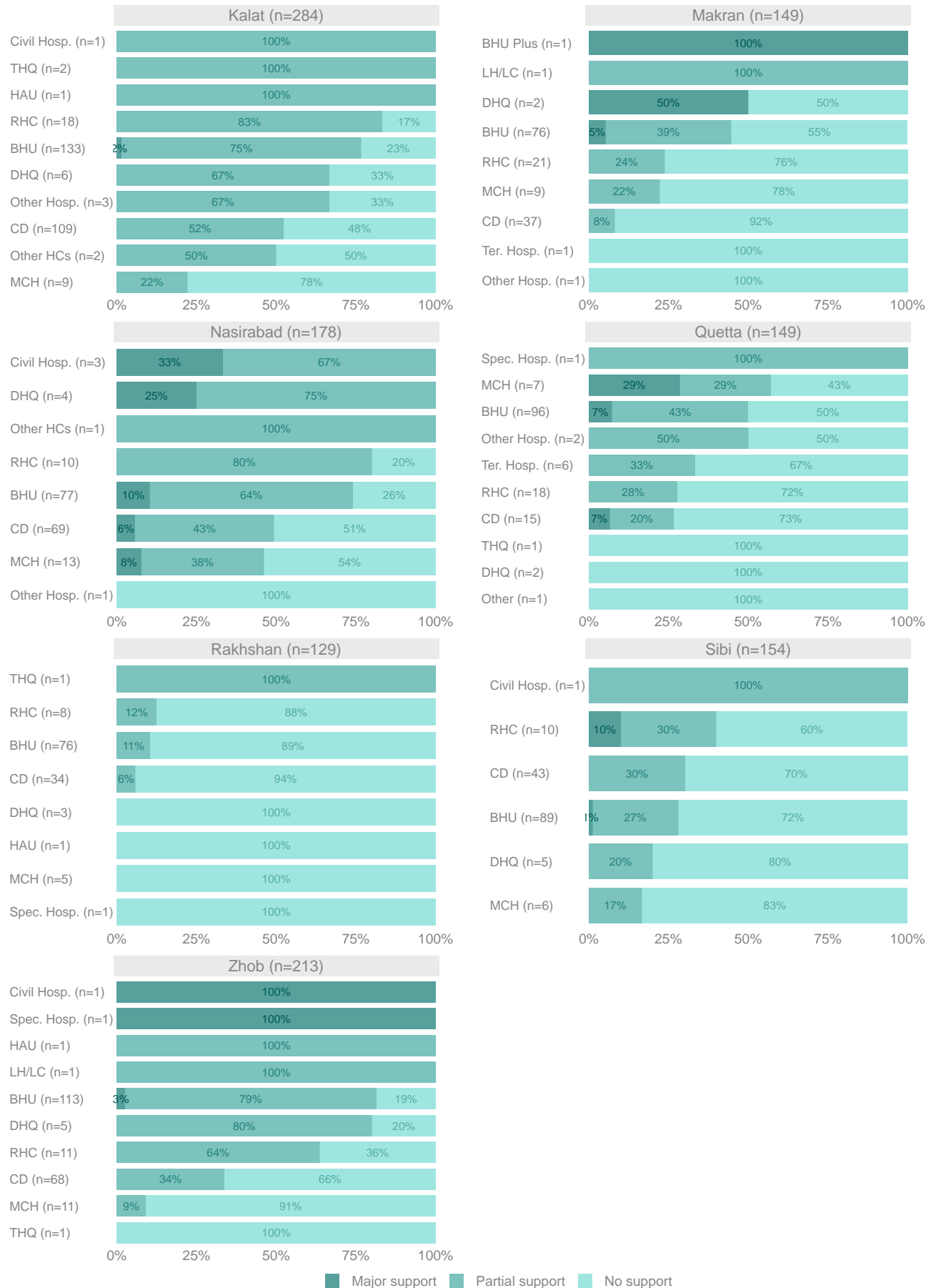
Main Type of support provided by partners by division



Level of support provided by partners and division

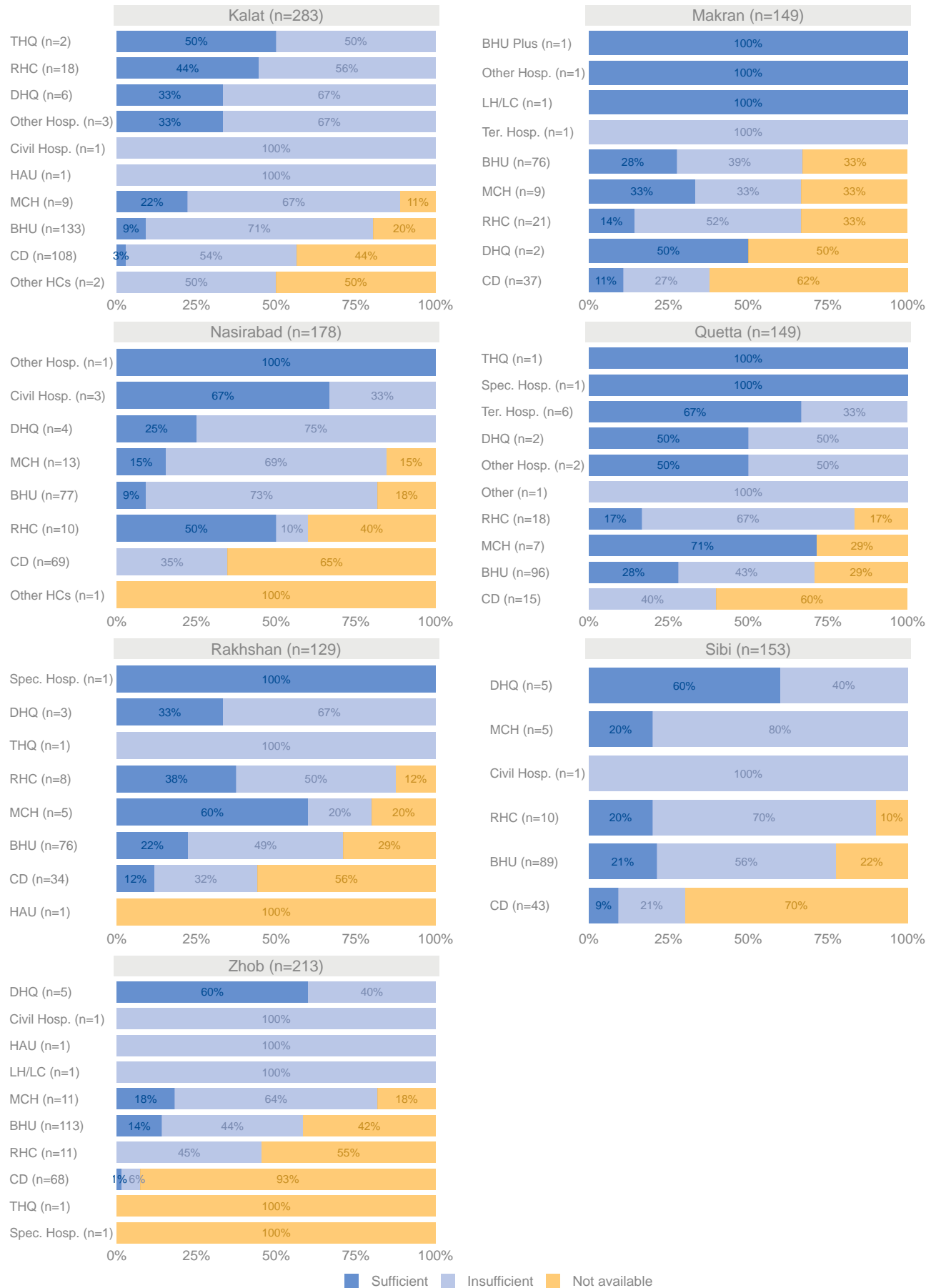


Level of support provided by partners by division and health facility type





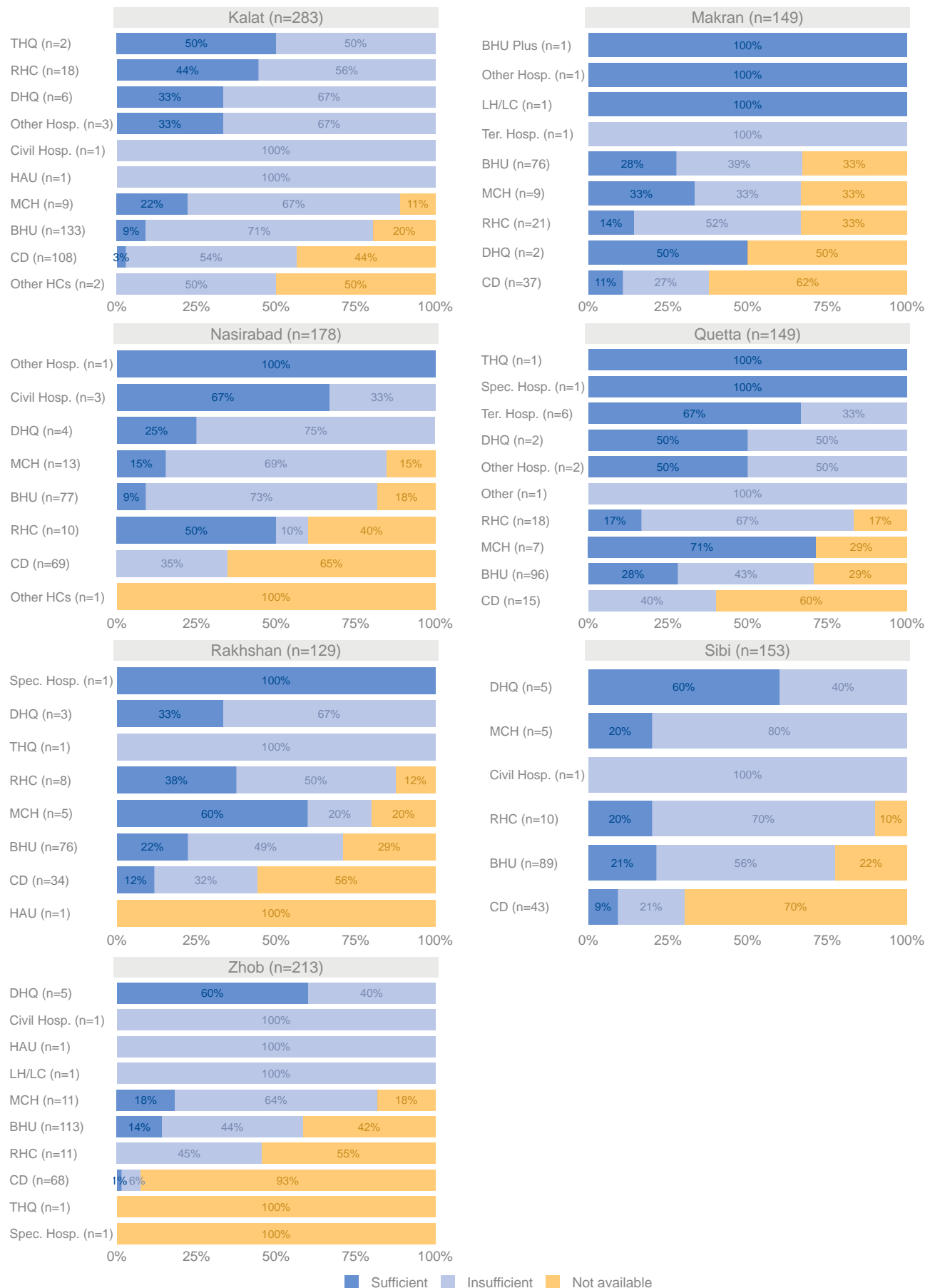
### Water sufficiency by division and health facility



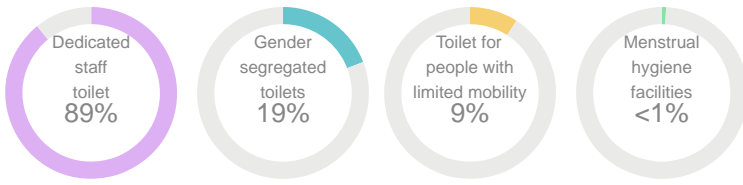




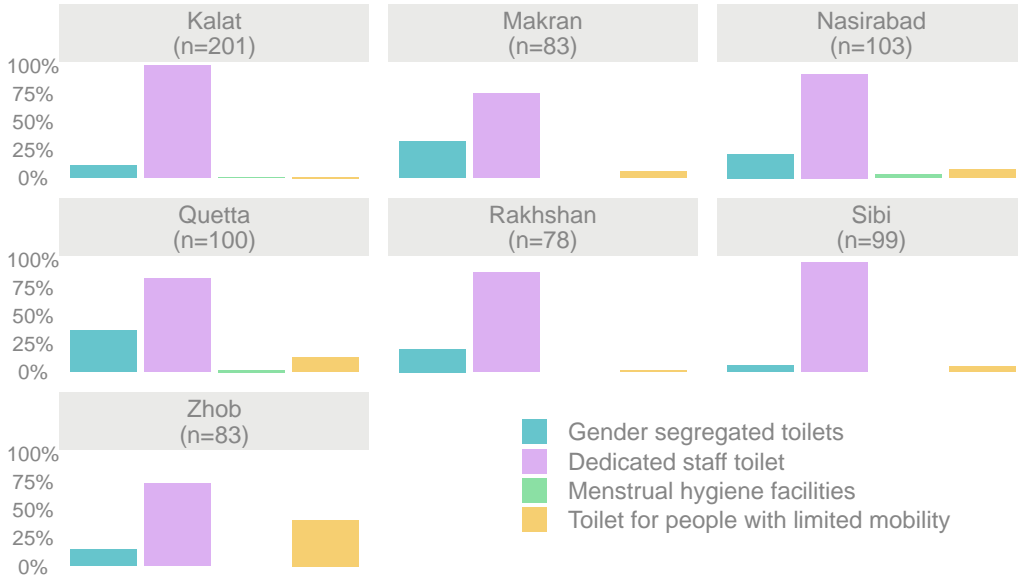
### Sanitation facility sufficiency by division and health facility type

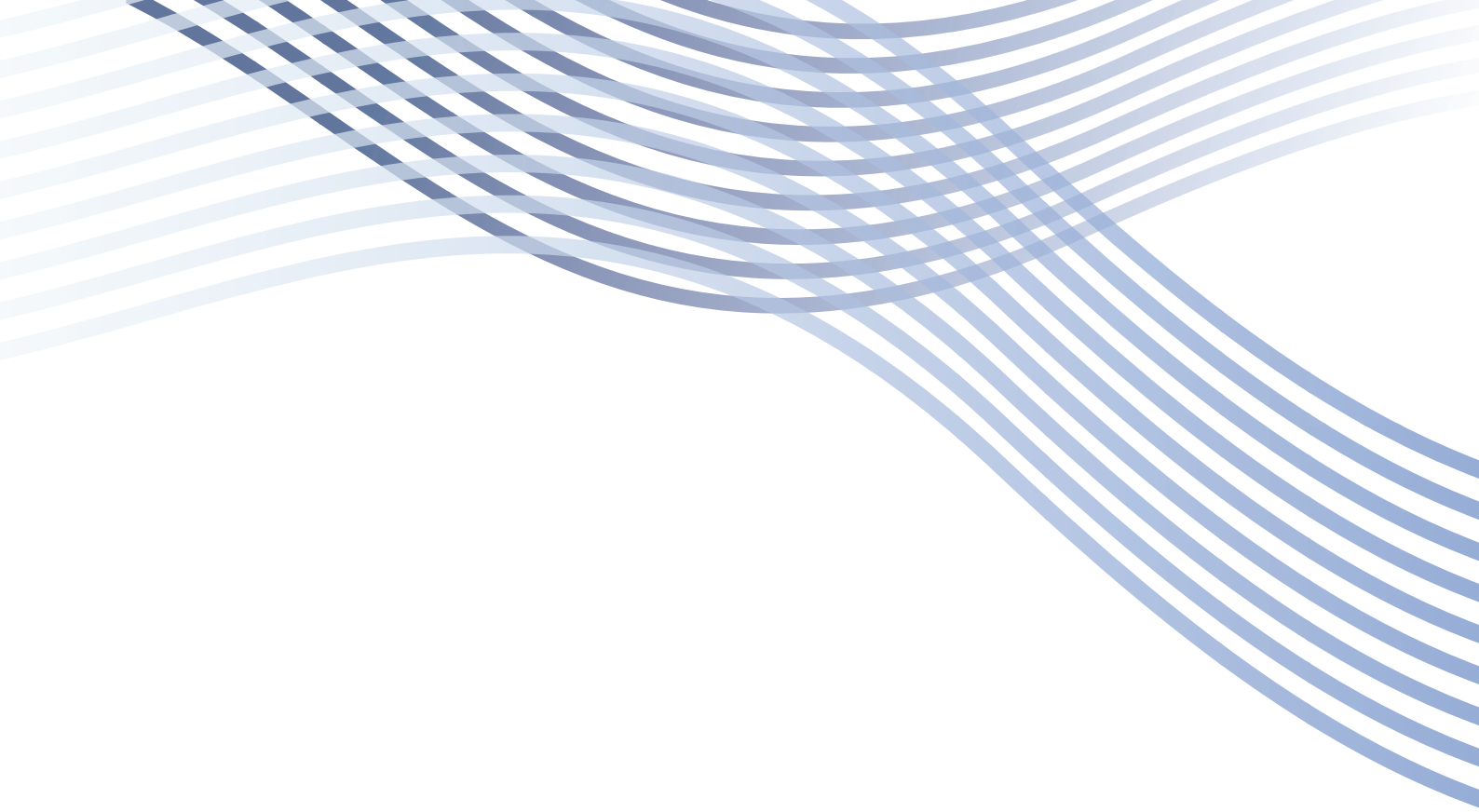


### Sanitation facility accessibility



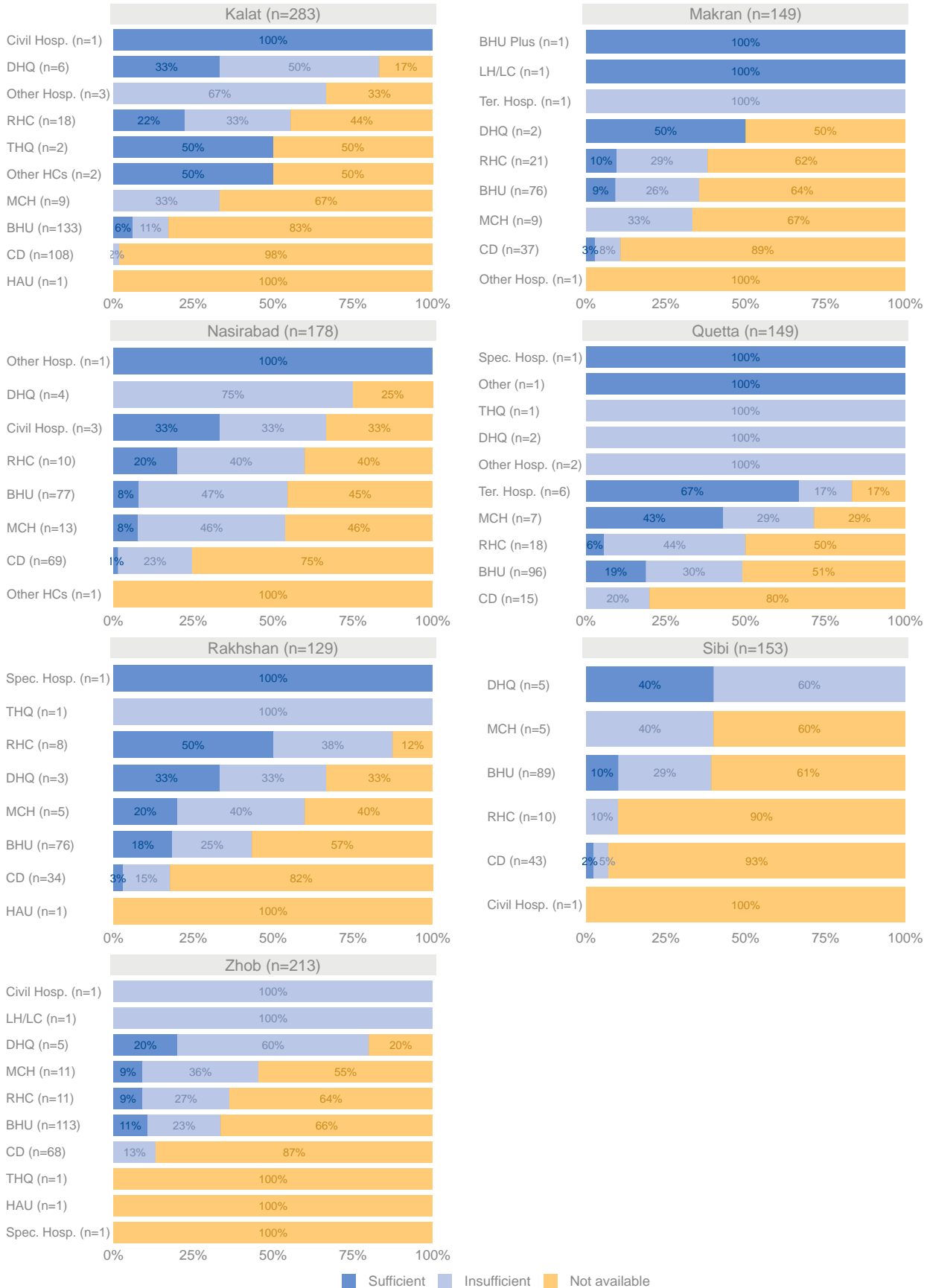
### Sanitation facility accessibility by division





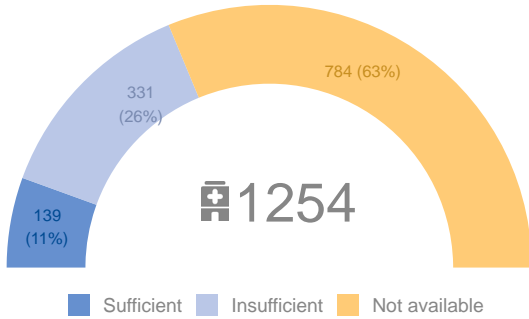


### Sufficiency in hand-hygiene facilities by division and health facility type

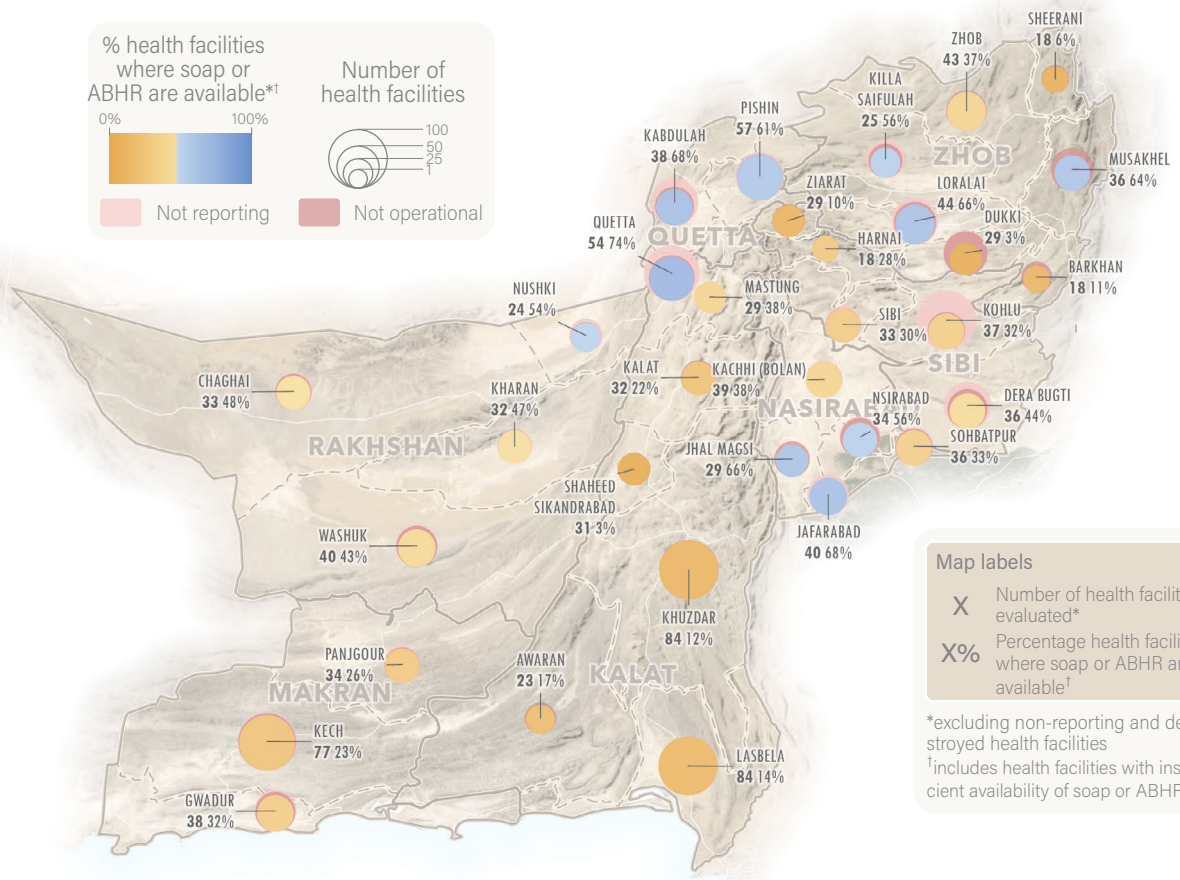
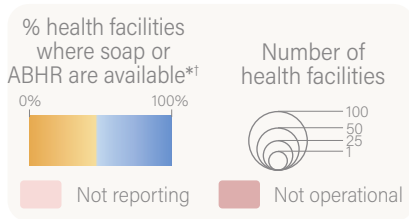
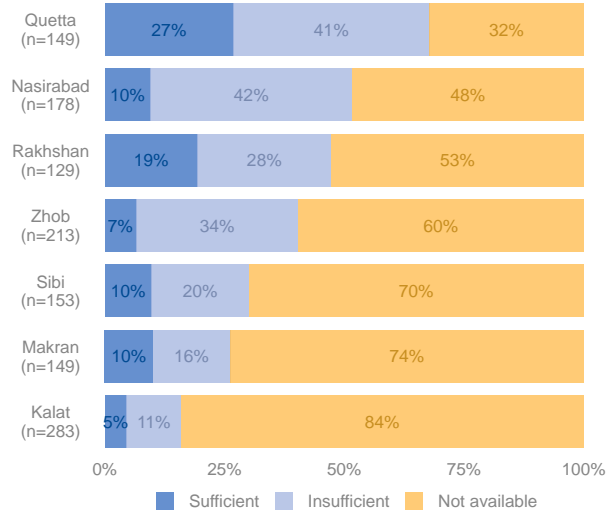


## Soap & alcohol-based hand rub (ABHR)

### Sufficiency in soap or ABHR



### Sufficiency in soap or ABHR by region



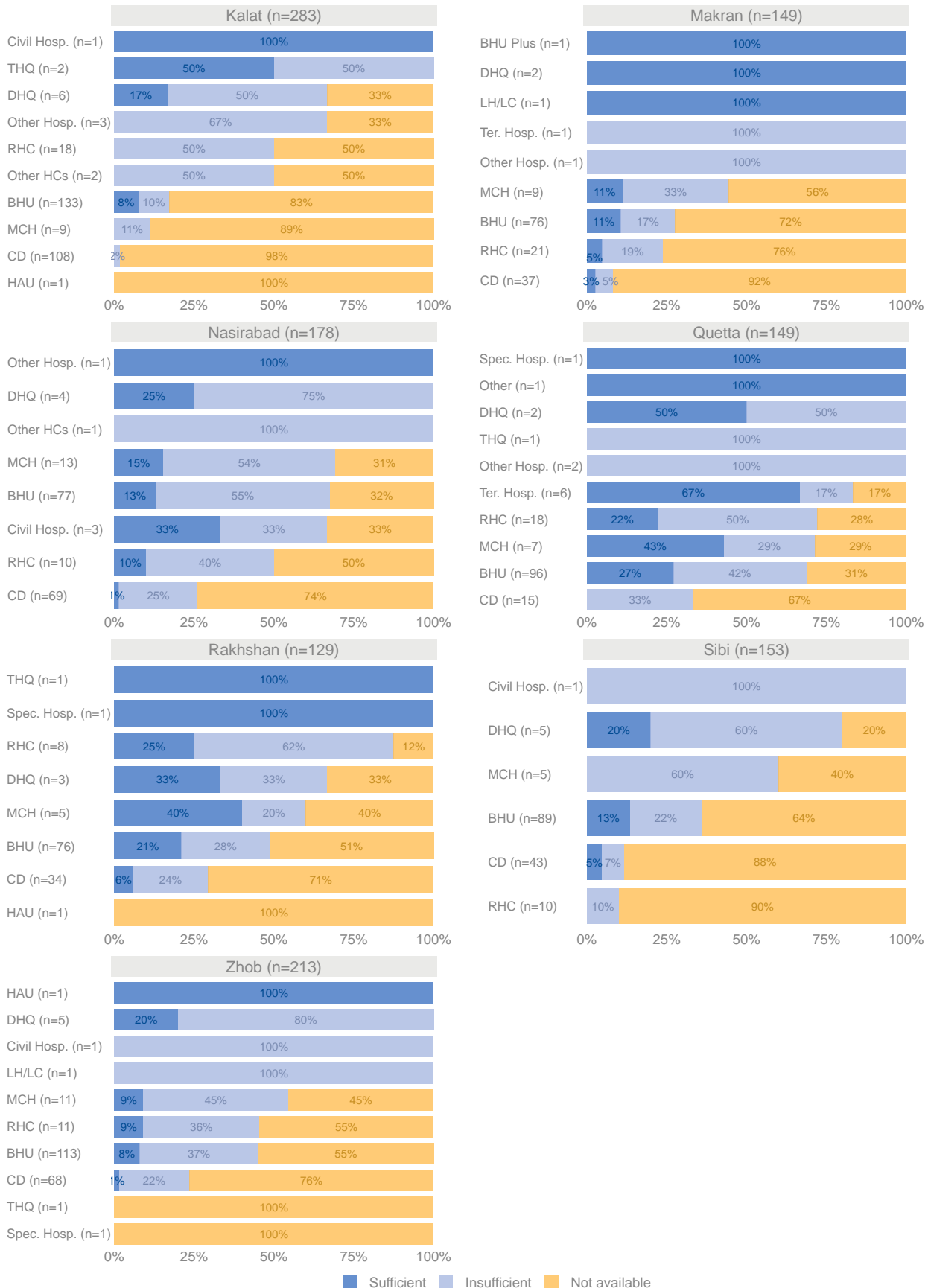
**Map labels**

X Number of health facilities evaluated\*

X% Percentage health facilities where soap or ABHR are available†

\*excluding non-reporting and destroyed health facilities  
 †includes health facilities with insufficient availability of soap or ABHR

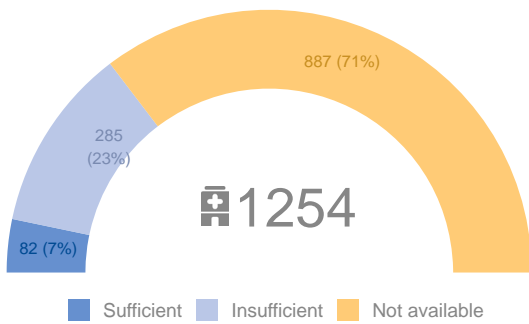
### Sufficiency in soap or ABHR by division and health facility type



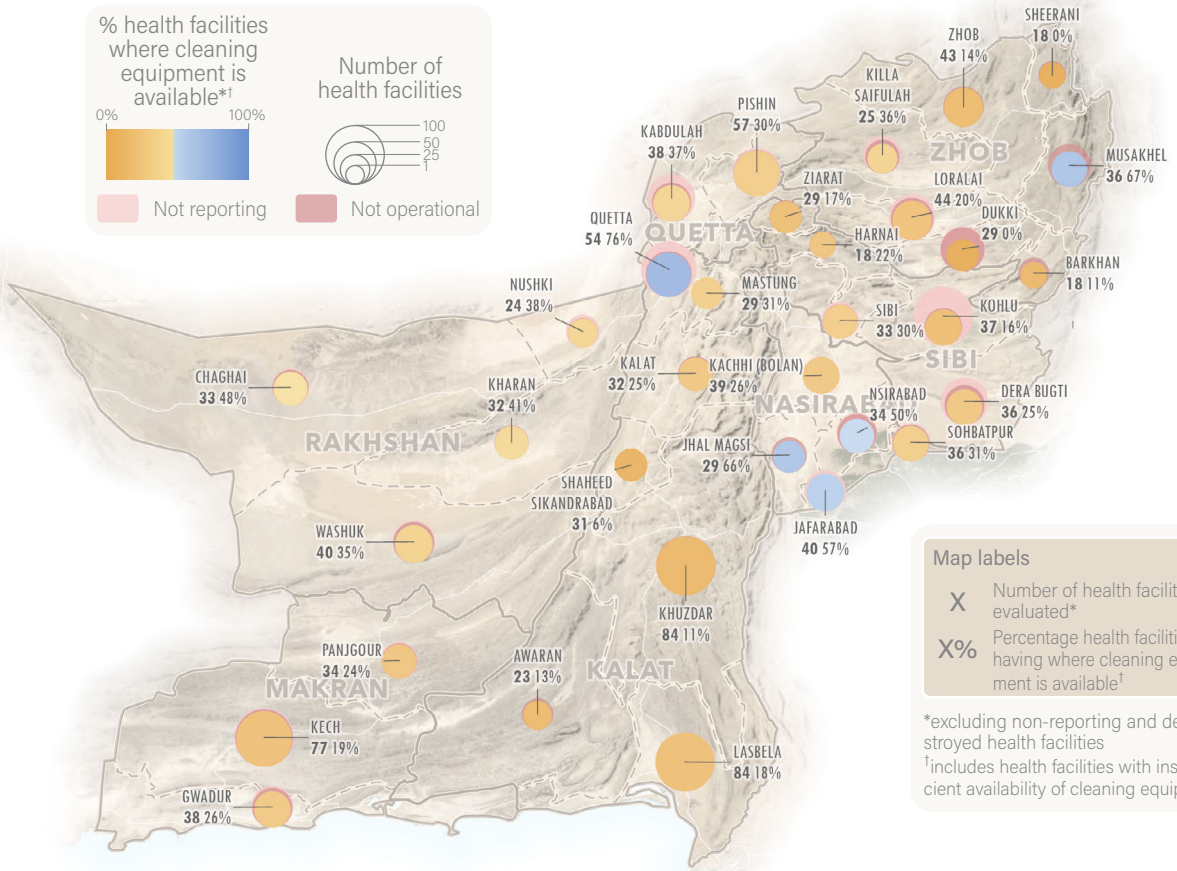
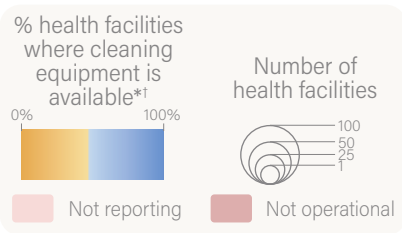
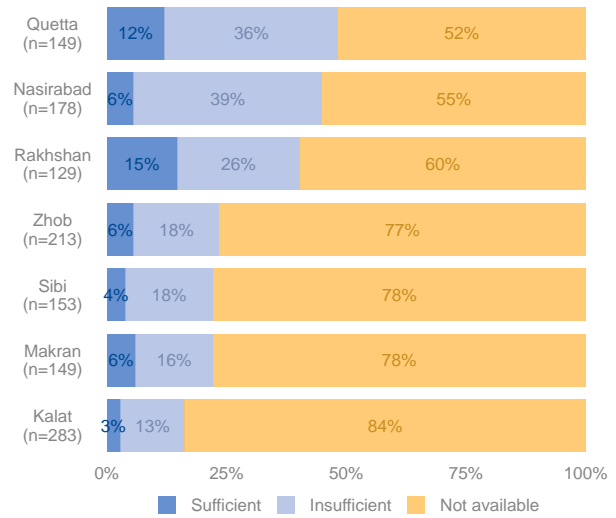
■ Sufficient ■ Insufficient ■ Not available

# CLEANING EQUIPMENT

Sufficiency in cleaning equipment and supplies



Sufficiency in cleaning equipment and supplies by division



**Map labels**

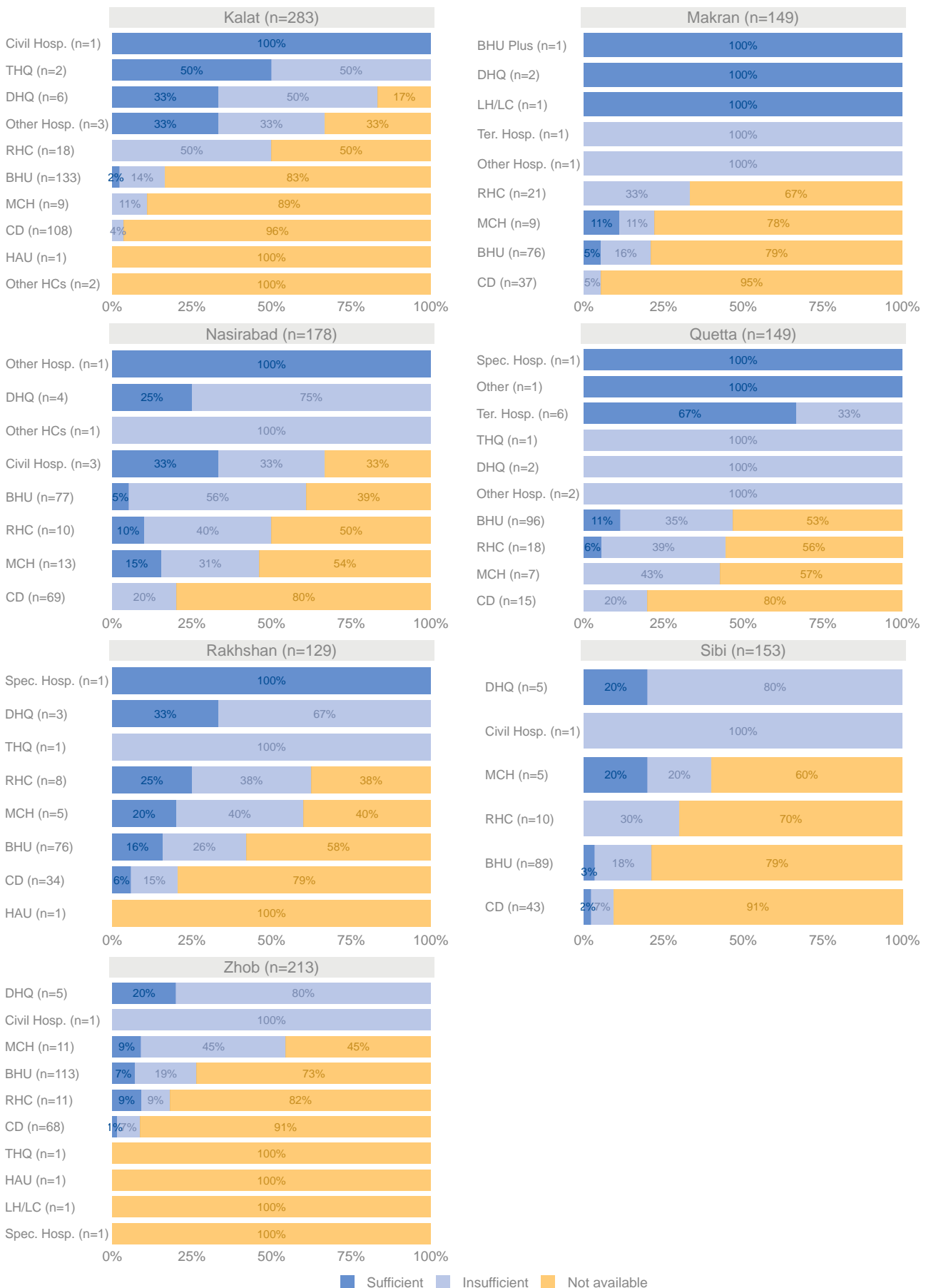
X Number of health facilities evaluated\*

X% Percentage health facilities having where cleaning equipment is available†

\*excluding non-reporting and destroyed health facilities  
 †includes health facilities with insufficient availability of cleaning equipment



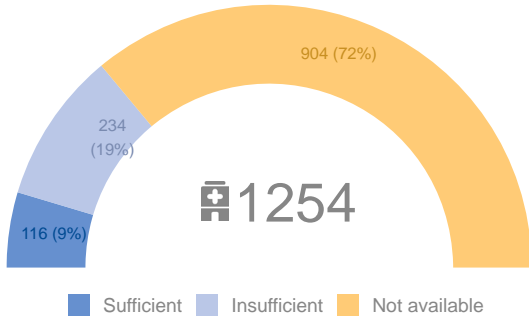
### Sufficiency in cleaning equipment by division and health facility type



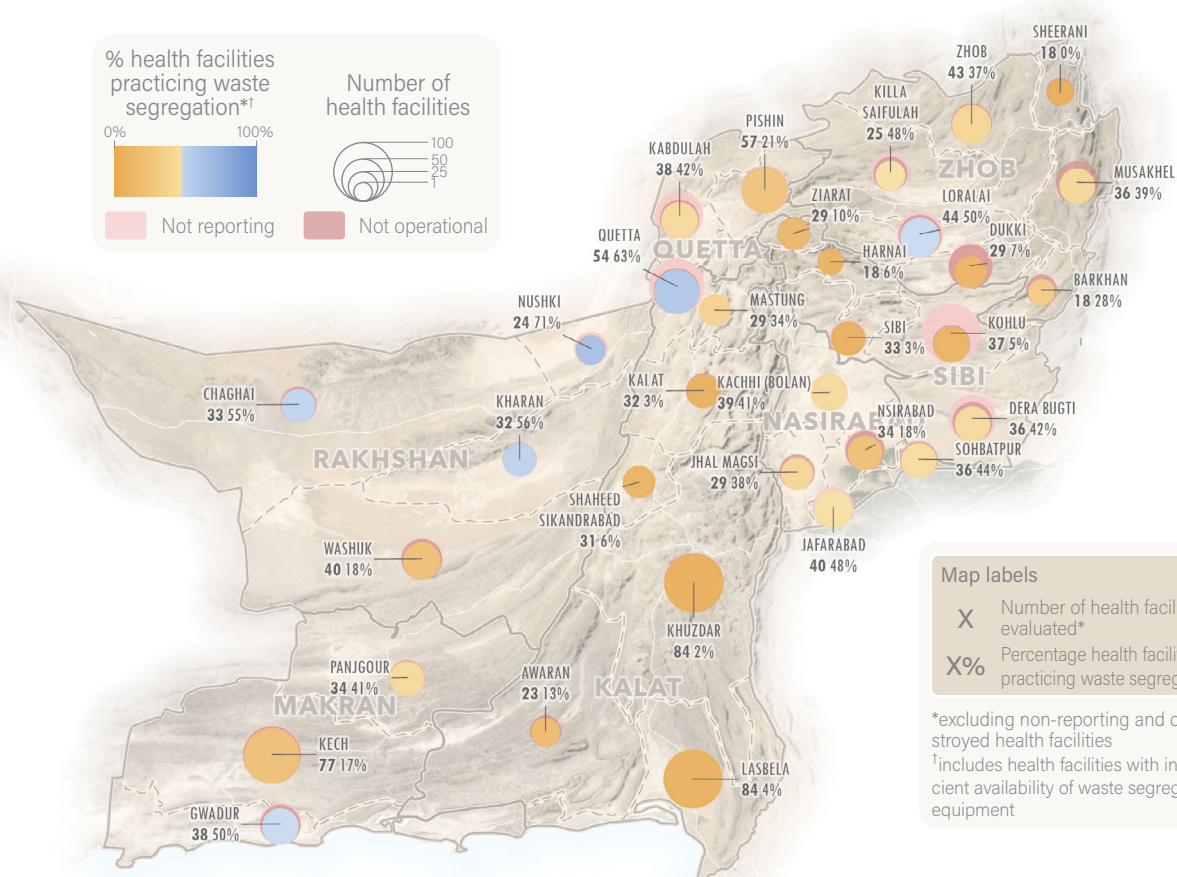
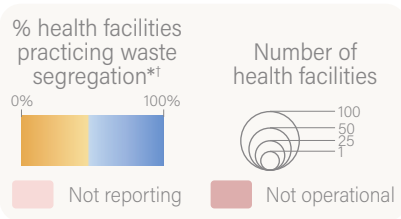
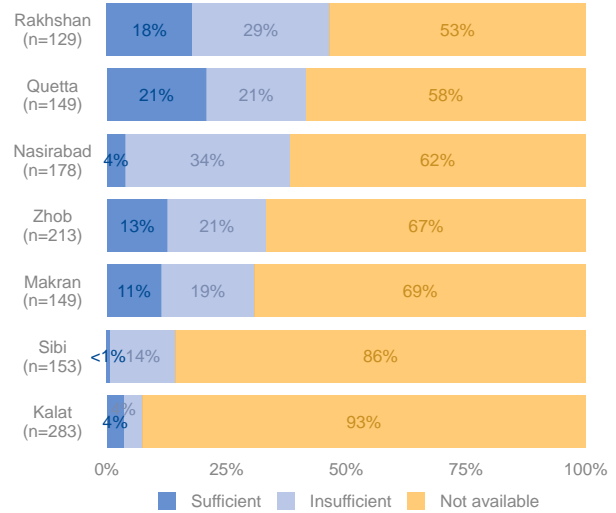
# WASTE MANAGEMENT

## Waste segregation

### Waste segregation sufficiency



### Waste segregation sufficiency by division



**Map labels**

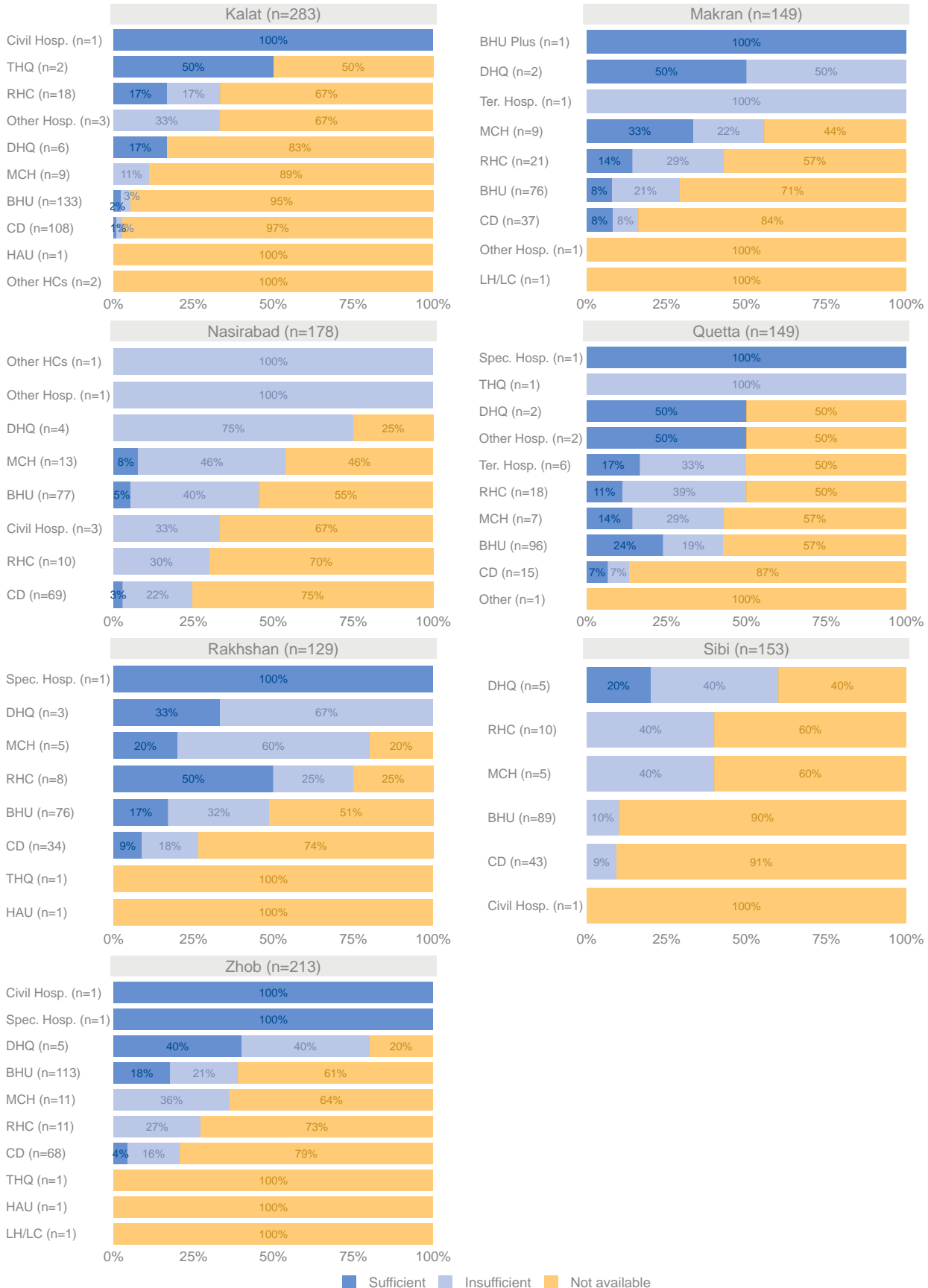
X Number of health facilities evaluated\*

X% Percentage health facilities practicing waste segregation†

\*excluding non-reporting and destroyed health facilities

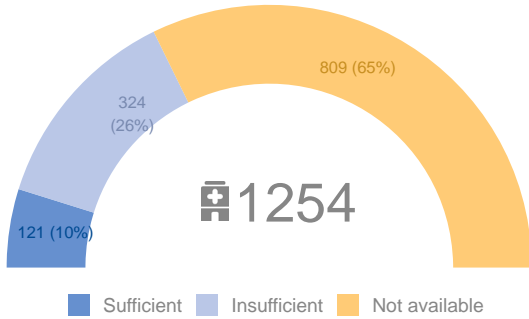
†includes health facilities with insufficient availability of waste segregation equipment

Waste segregation sufficiency by division and health facility type

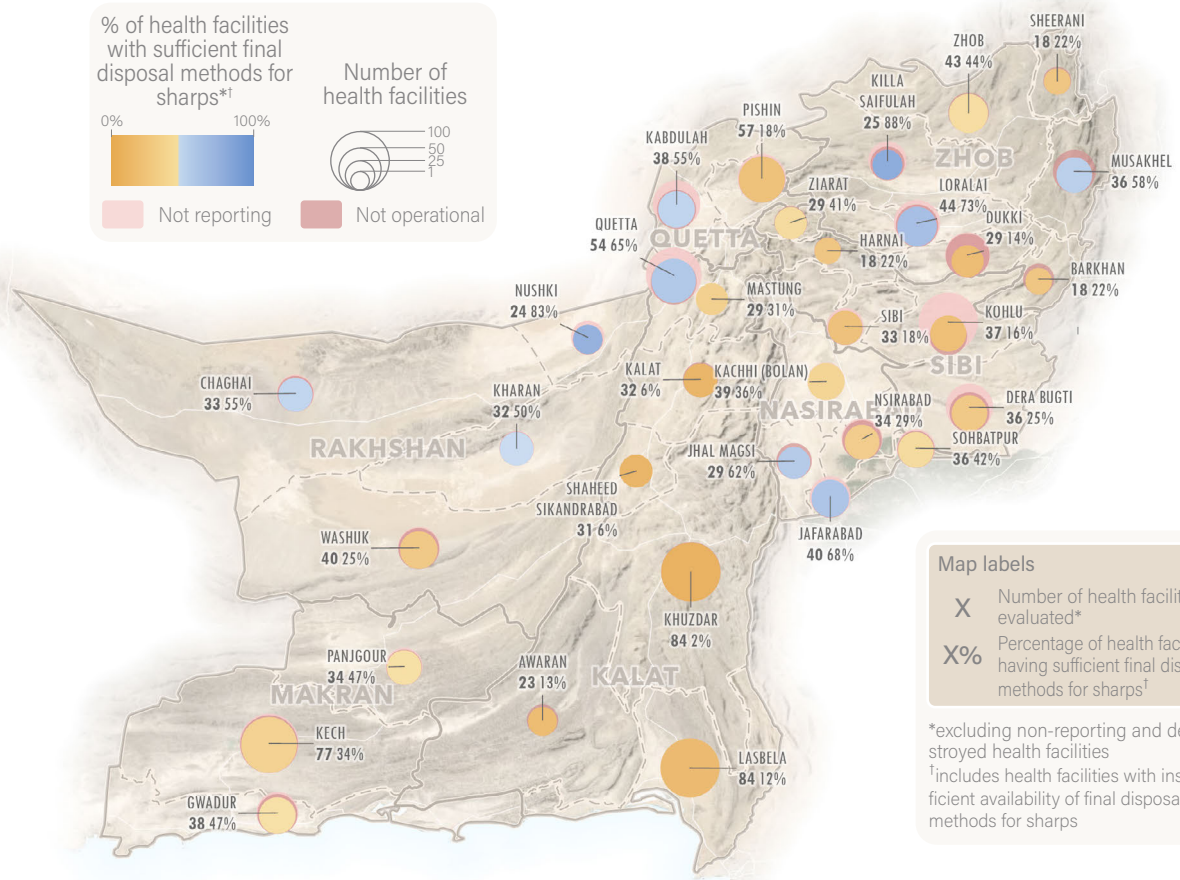
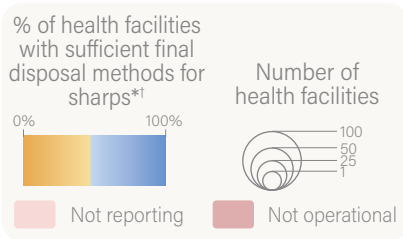
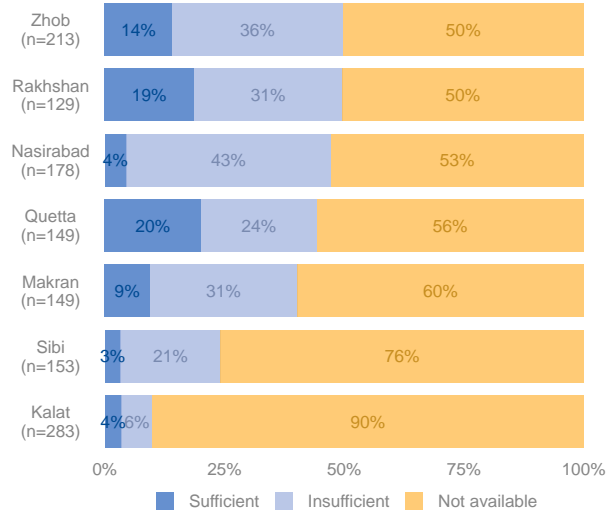


## Sharps disposal

### Sufficiency in final disposal of sharps



### Sufficiency in final disposal of sharps by division



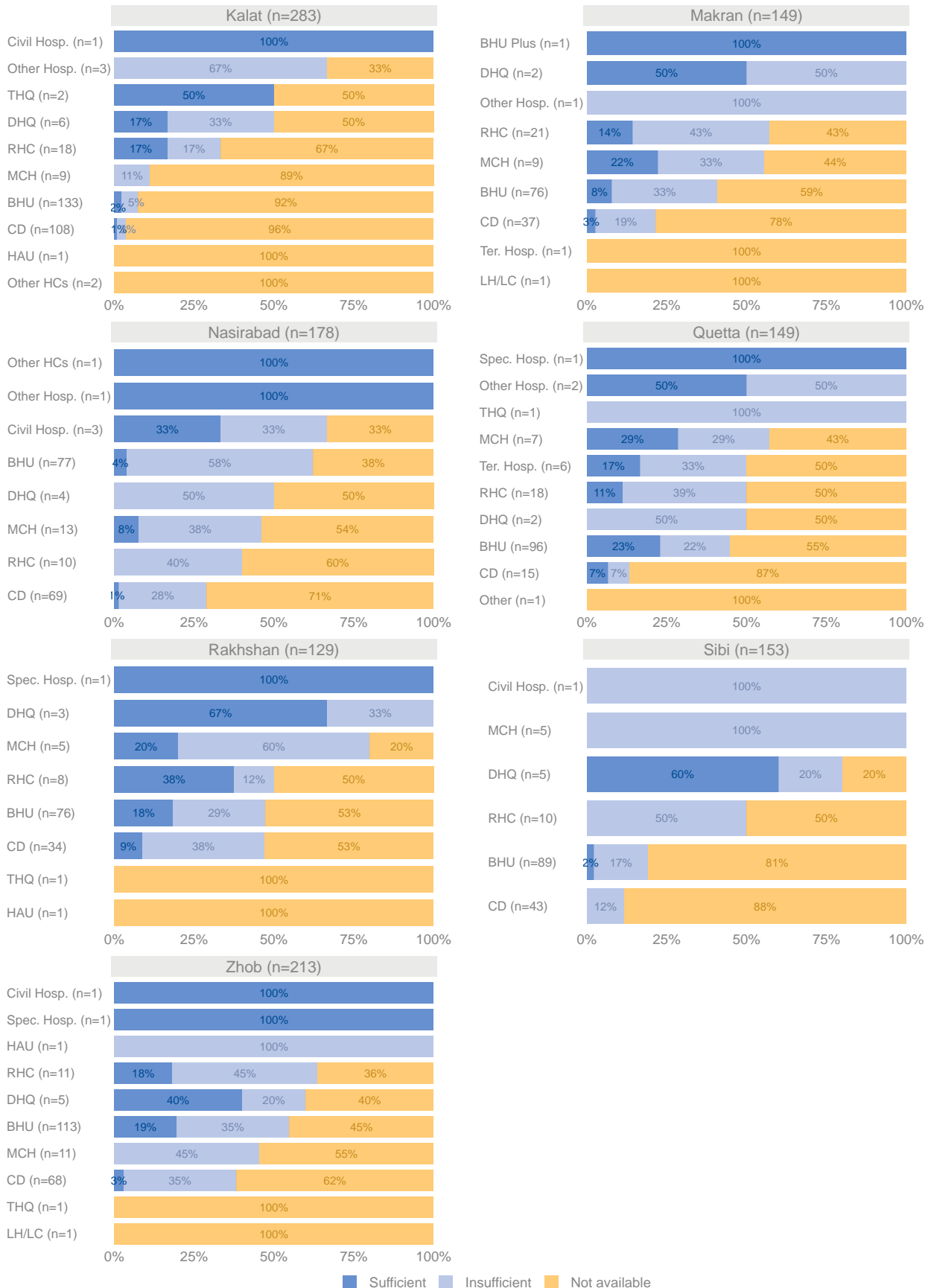
**Map labels**

X Number of health facilities evaluated\*

X% Percentage of health facilities having sufficient final disposal methods for sharps†

\*excluding non-reporting and destroyed health facilities  
 †includes health facilities with insufficient availability of final disposal methods for sharps

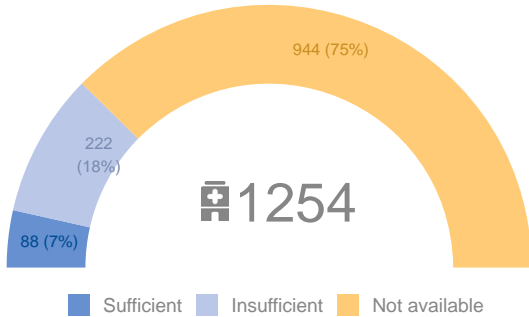
### Sufficiency in final disposal of sharps by division and health facility type



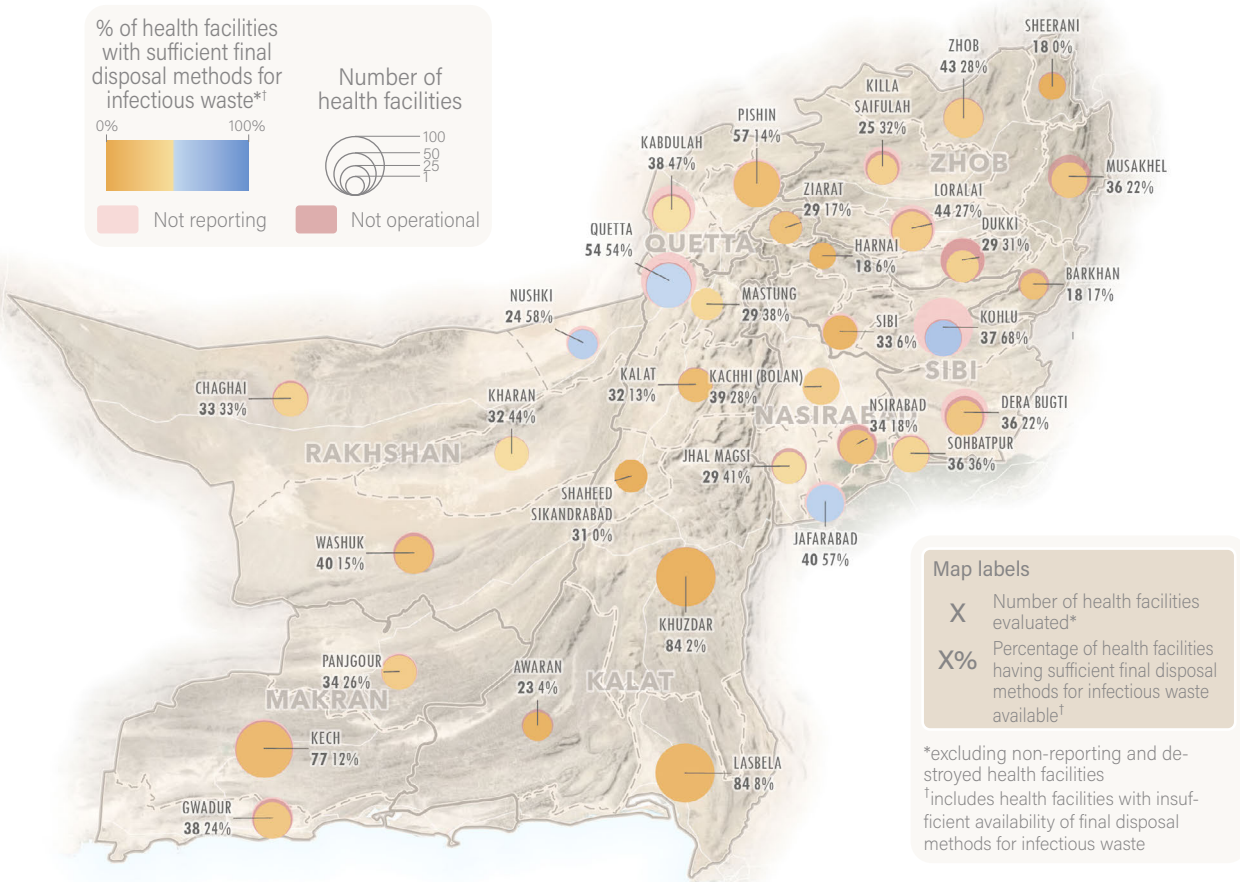
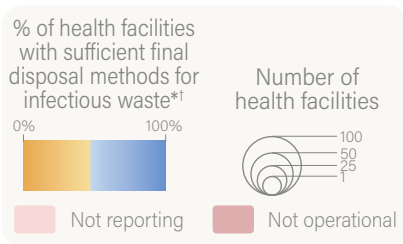
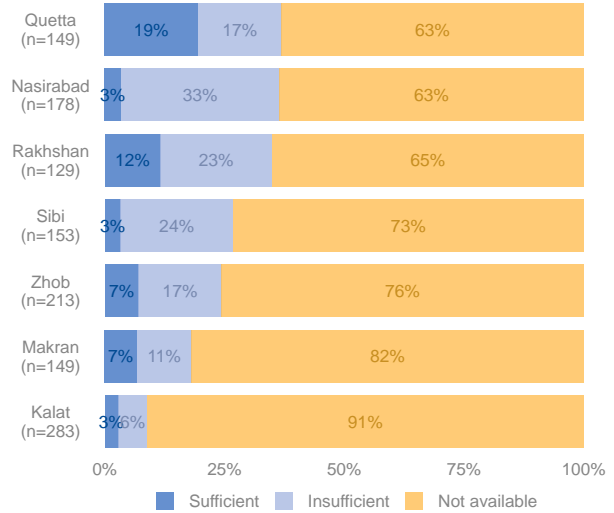
■ Sufficient ■ Insufficient ■ Not available

## Infectious waste disposal

Sufficiency in final disposal of infectious waste



Sufficiency in final disposal of infectious waste by division



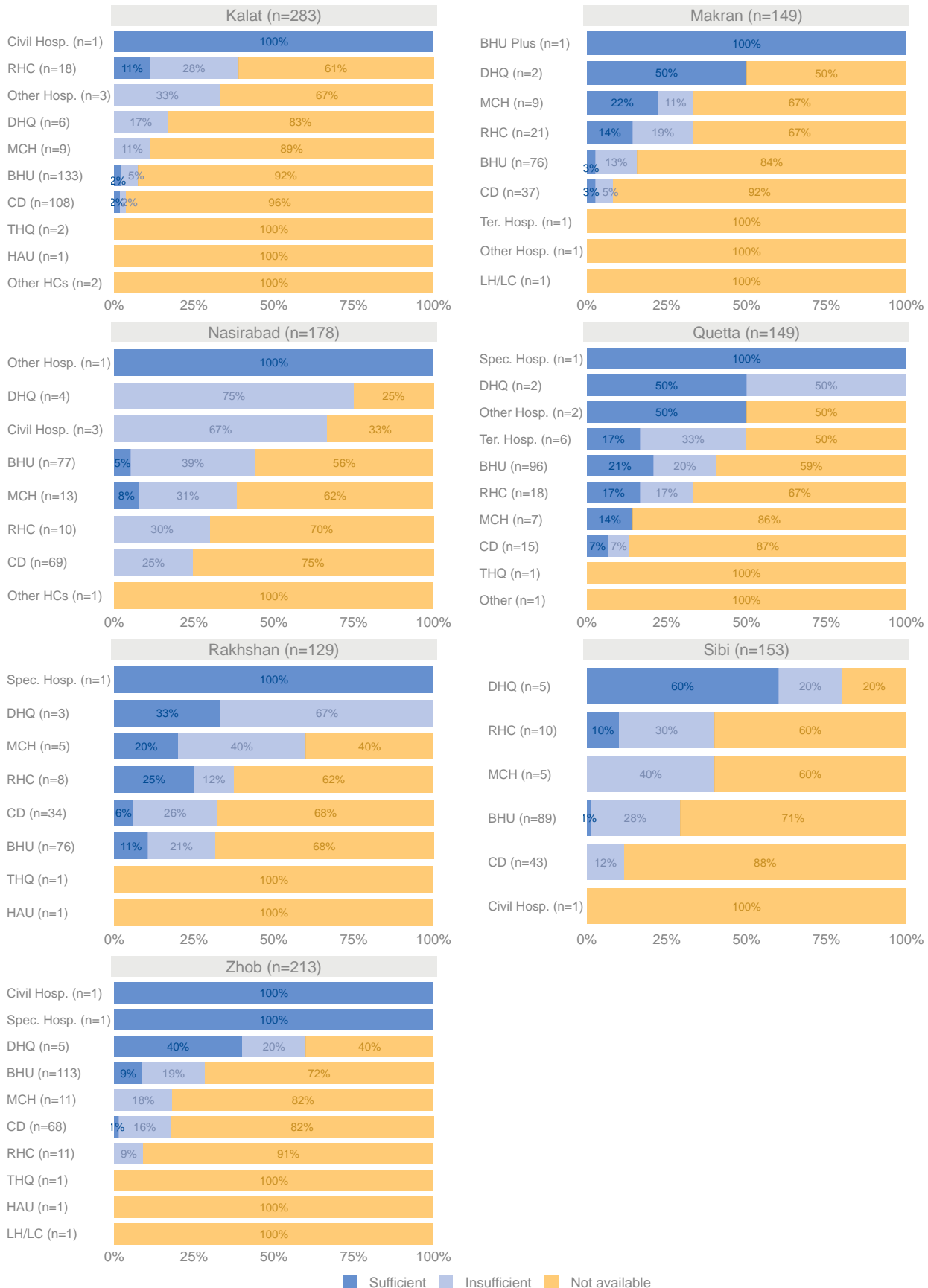
**Map labels**

X Number of health facilities evaluated\*

X% Percentage of health facilities having sufficient final disposal methods for infectious waste available†

\*excluding non-reporting and destroyed health facilities  
 †includes health facilities with insufficient availability of final disposal methods for infectious waste

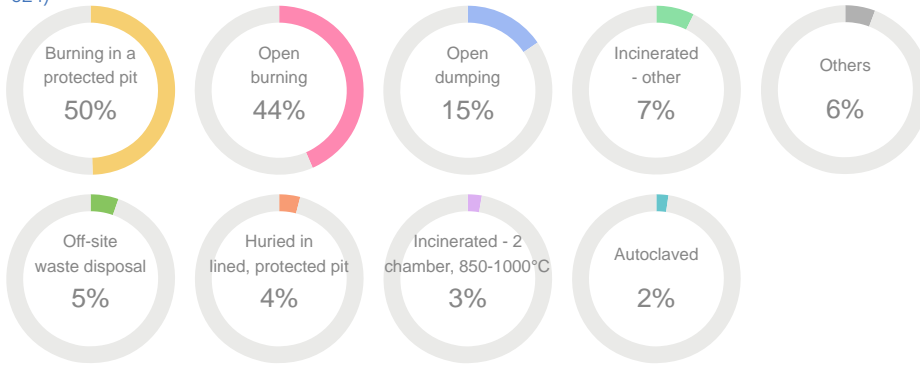
### Sufficiency in final disposal of infectious waste by division and health facility type



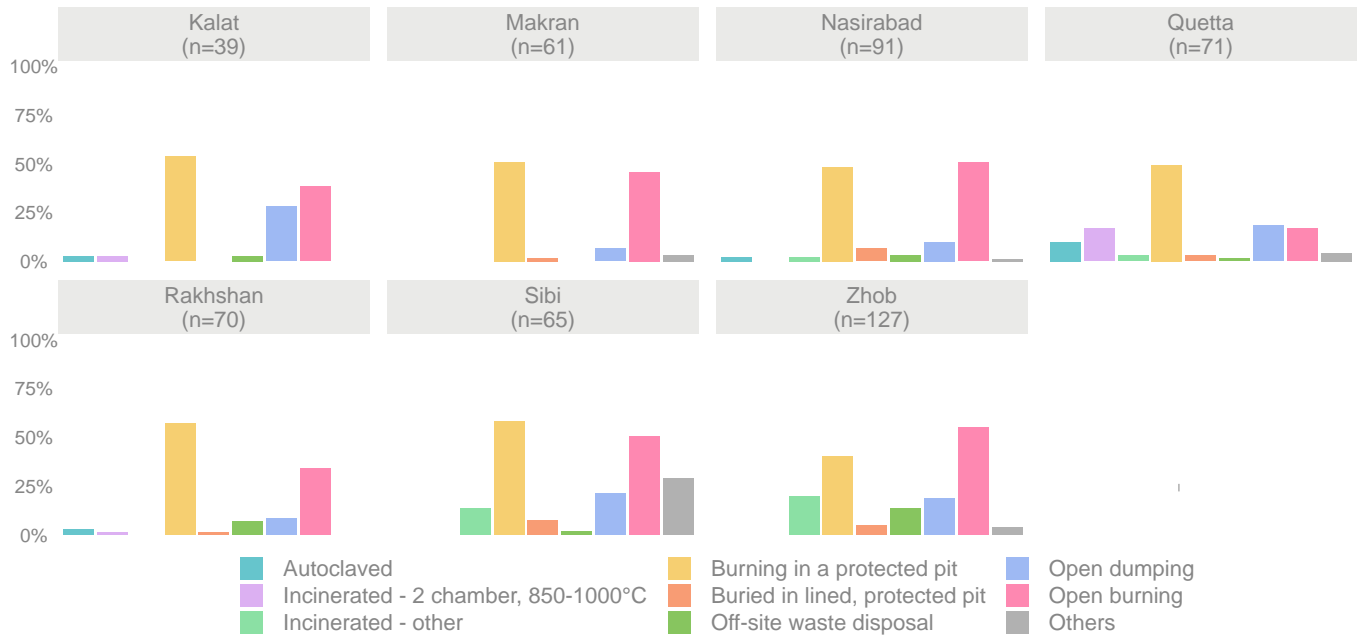
■ Sufficient ■ Insufficient ■ Not available

## Waste treatment methods

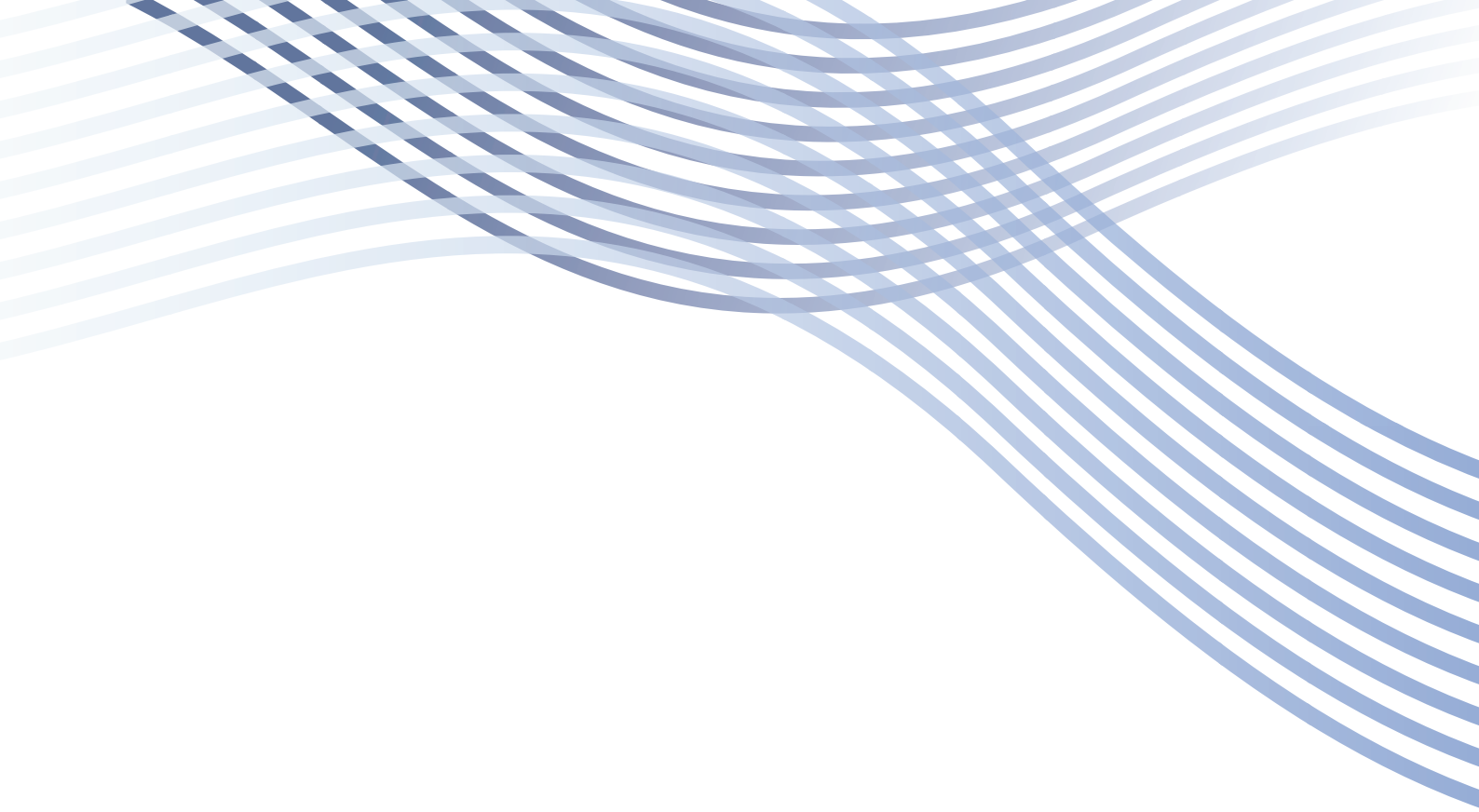
Sharps, infectious, and non-infectious waste treatment methods (n=524)



Sharps, infectious, and non-infectious waste treatment methods by division

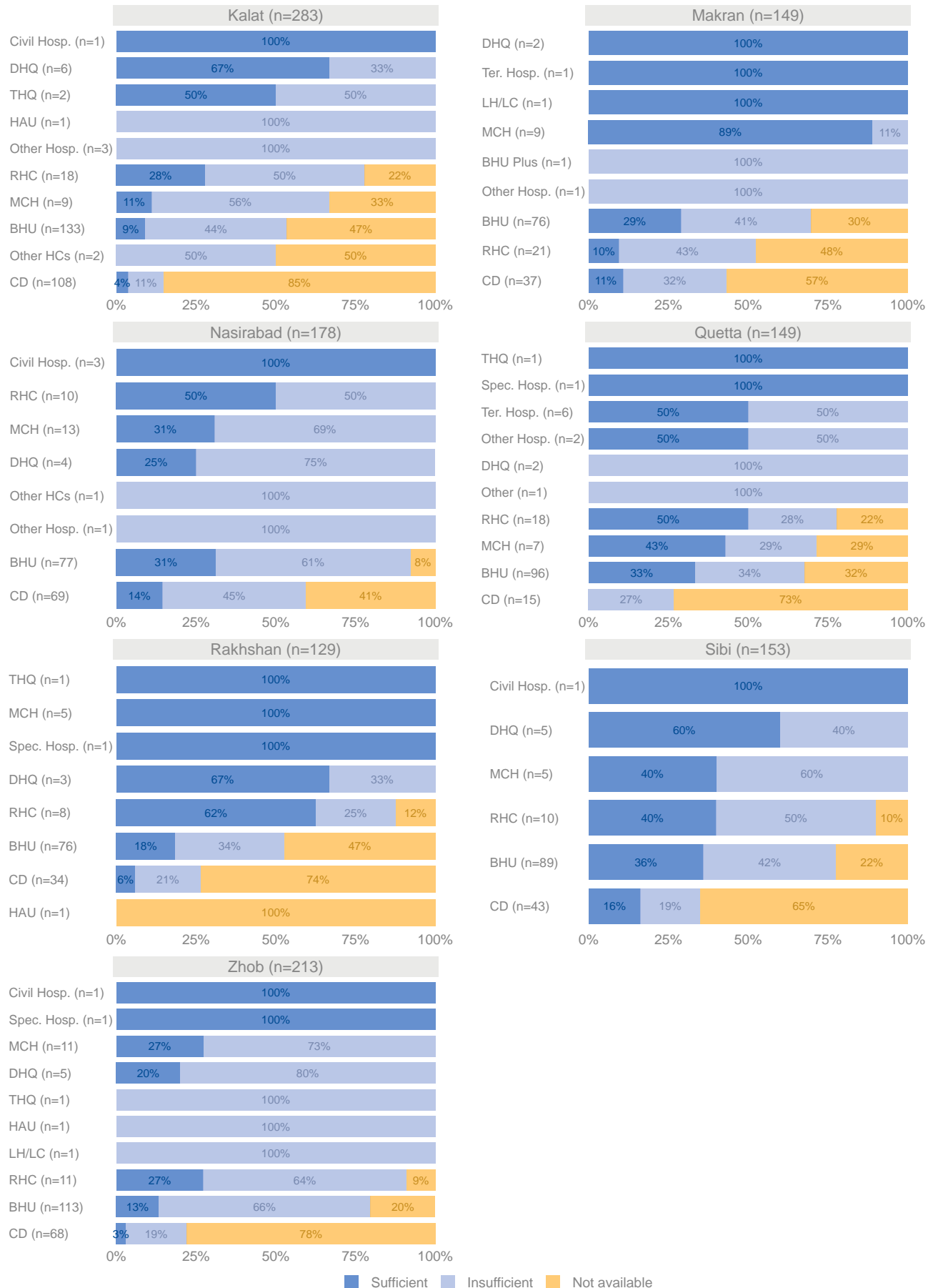






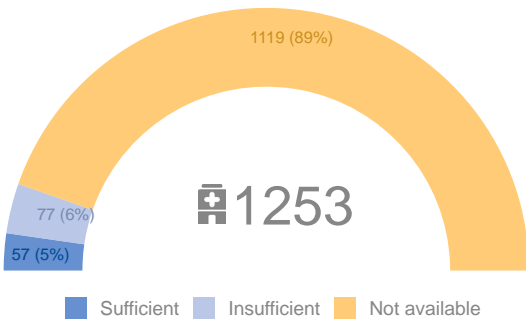


Power sufficiency by division and health facility type

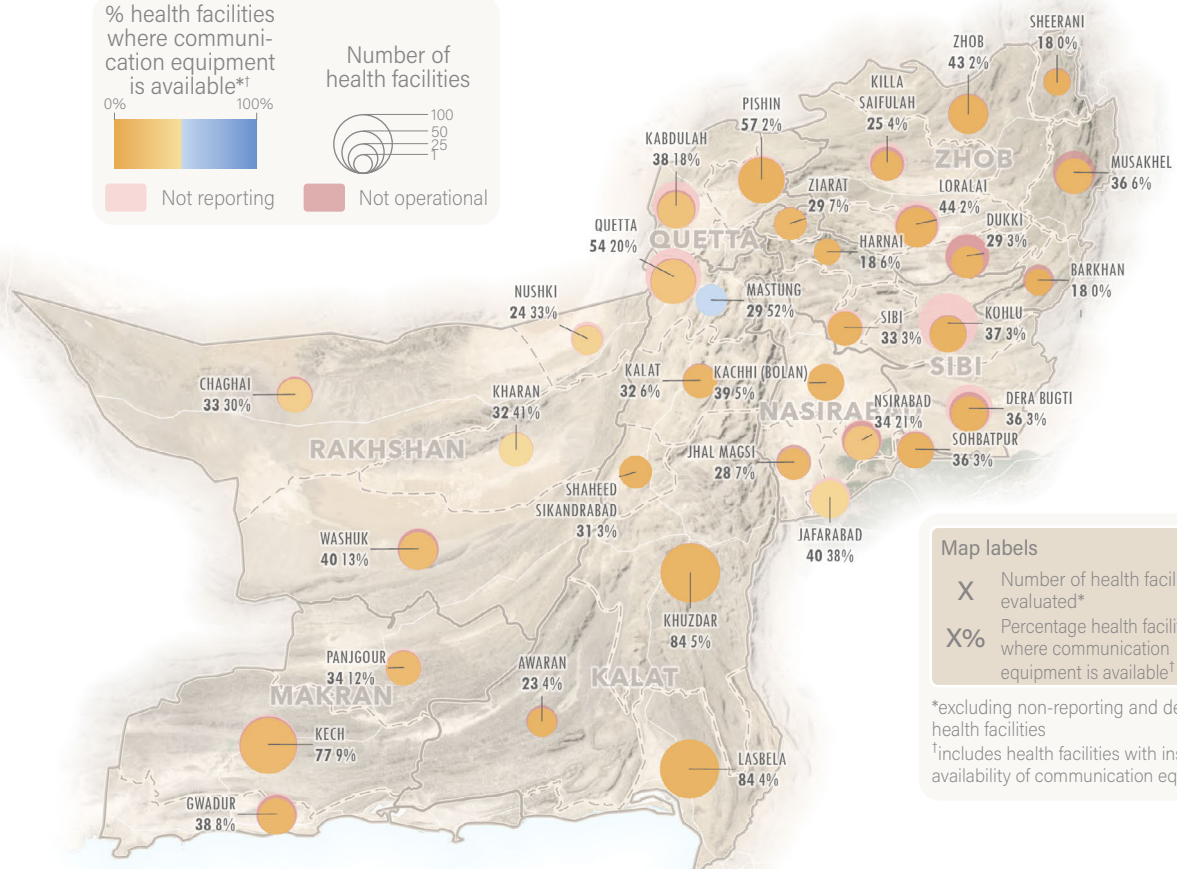
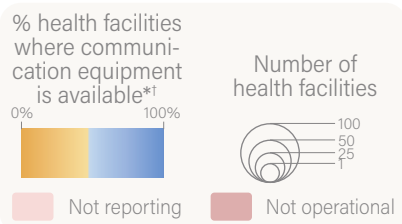
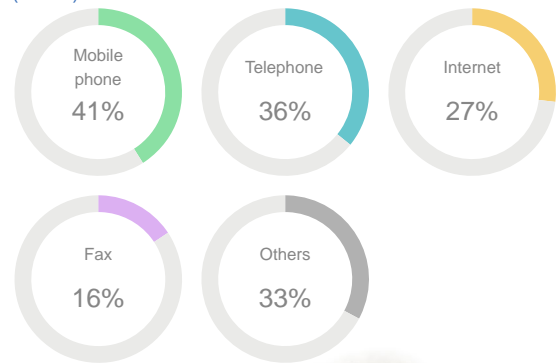


# COMMUNICATION EQUIPMENT

## Sufficiency in communication equipment



## Main types of communication equipment (n=134)

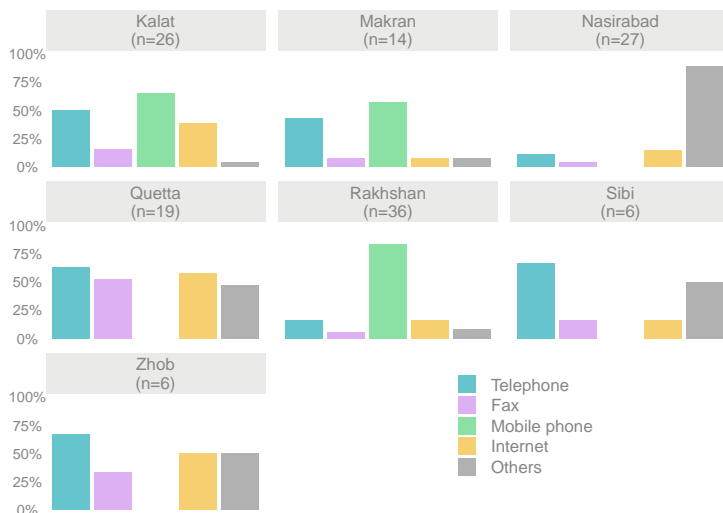


**Map labels**

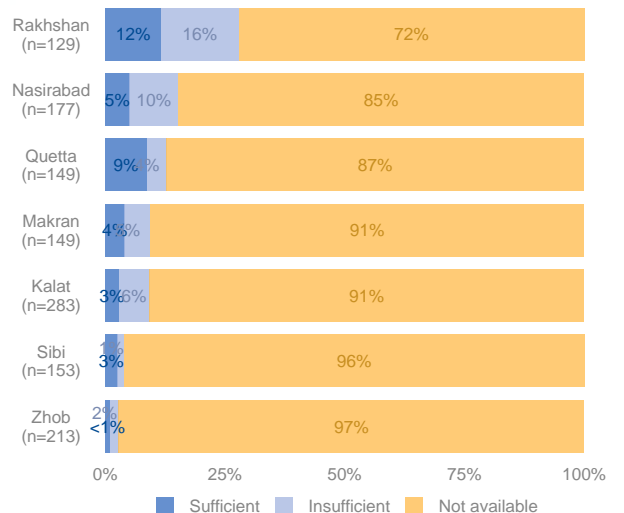
- X Number of health facilities evaluated\*
- X% Percentage health facilities where communication equipment is available<sup>†</sup>

\*excluding non-reporting and destroyed health facilities  
<sup>†</sup>includes health facilities with insufficient availability of communication equipment

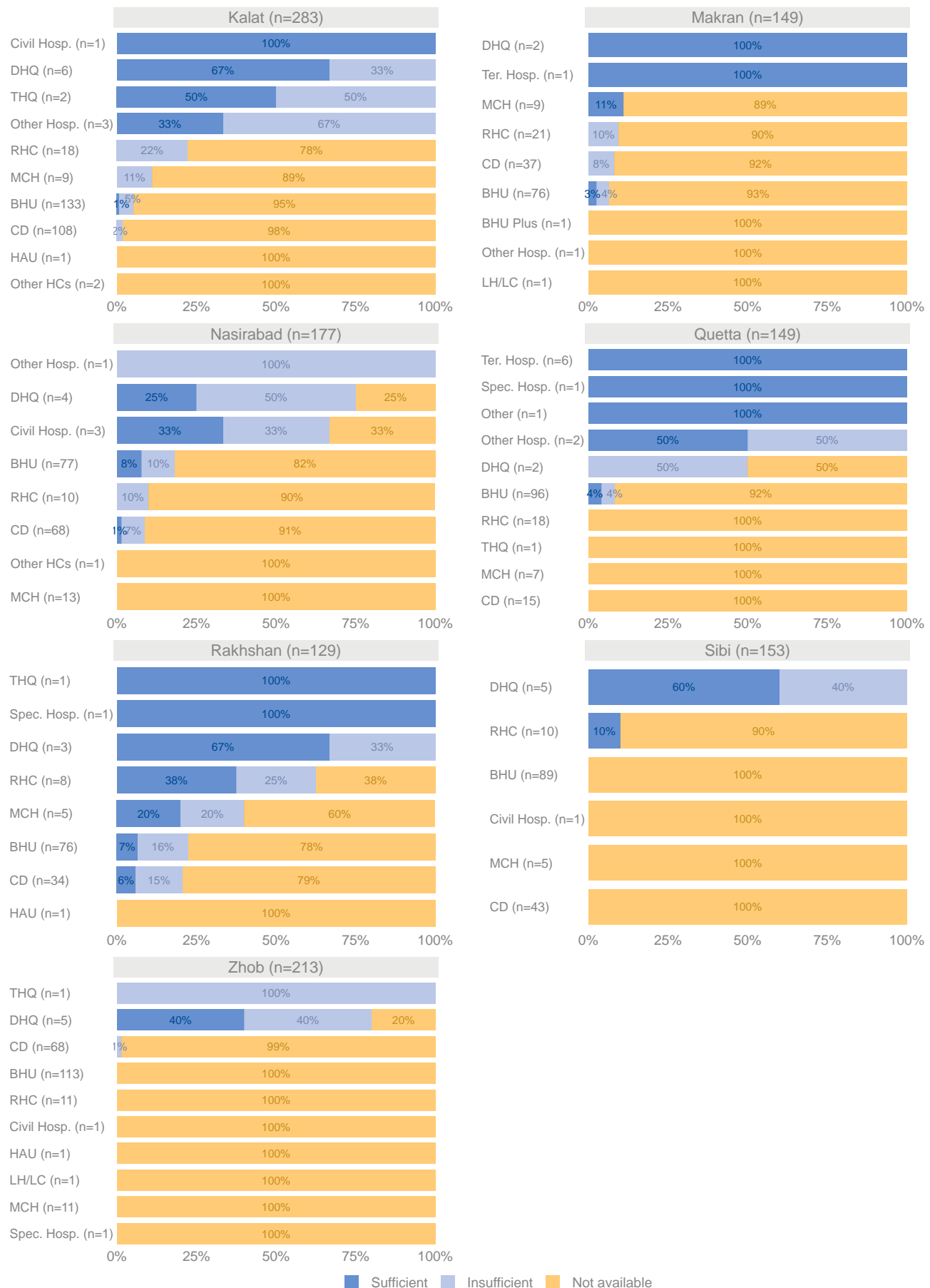
## Main types of communication equipment by division



## Sufficiency in communication equipment by division



### Sufficiency in communication equipment by division and health facility type

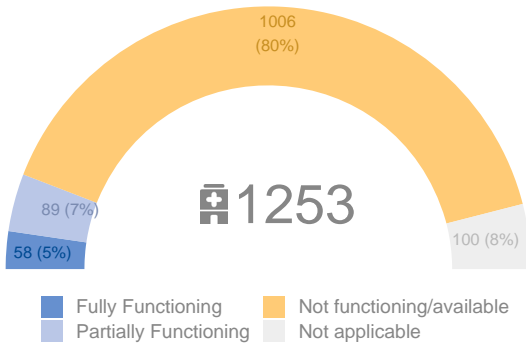


■ Sufficient ■ Insufficient ■ Not available

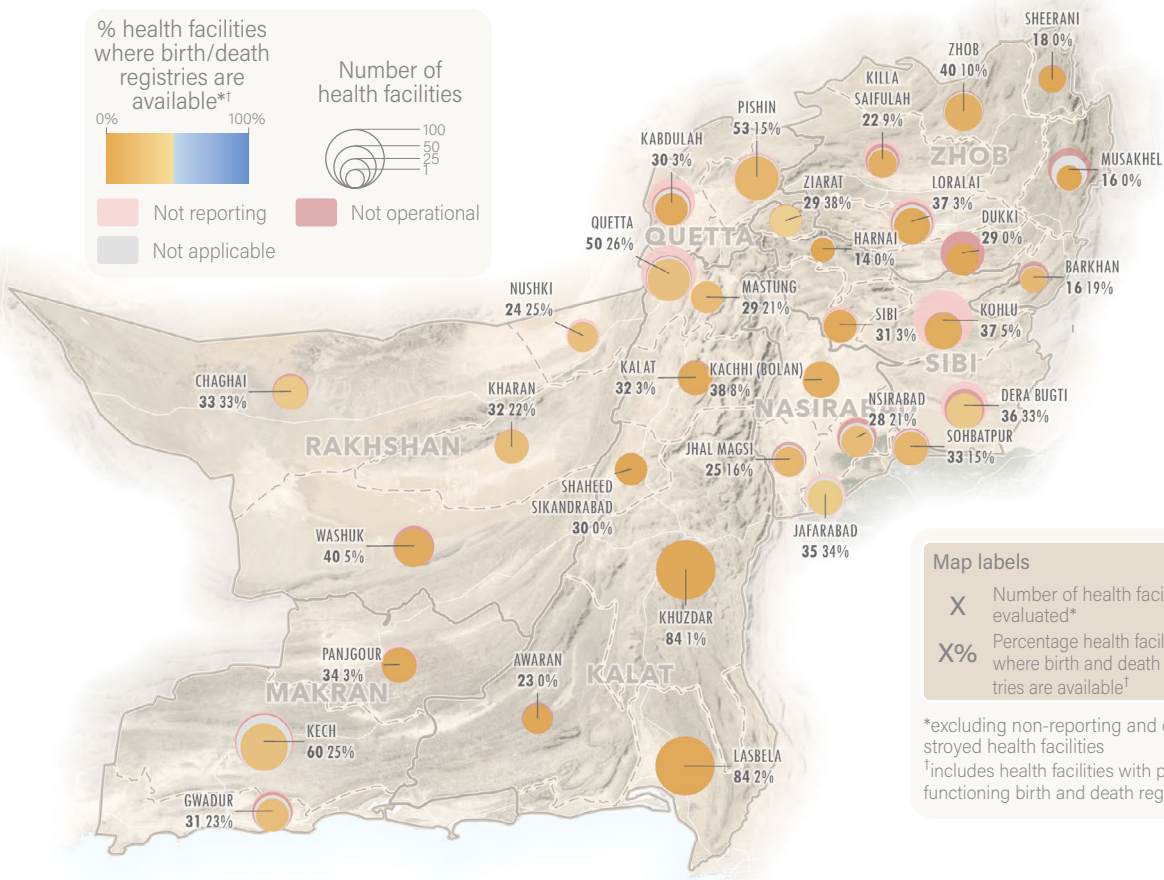
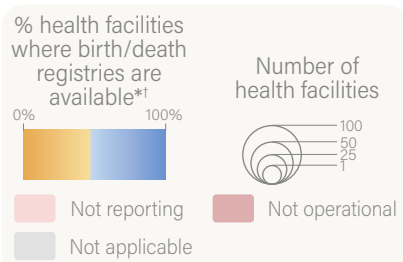
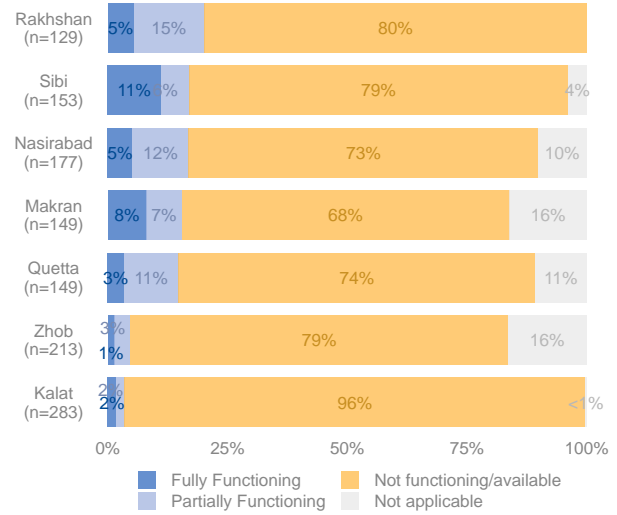
# FACILITY-BASED INFORMATION SYSTEMS

## Registration of births and deaths

Functionality of birth and death registries



Functionality of birth and death registries by division

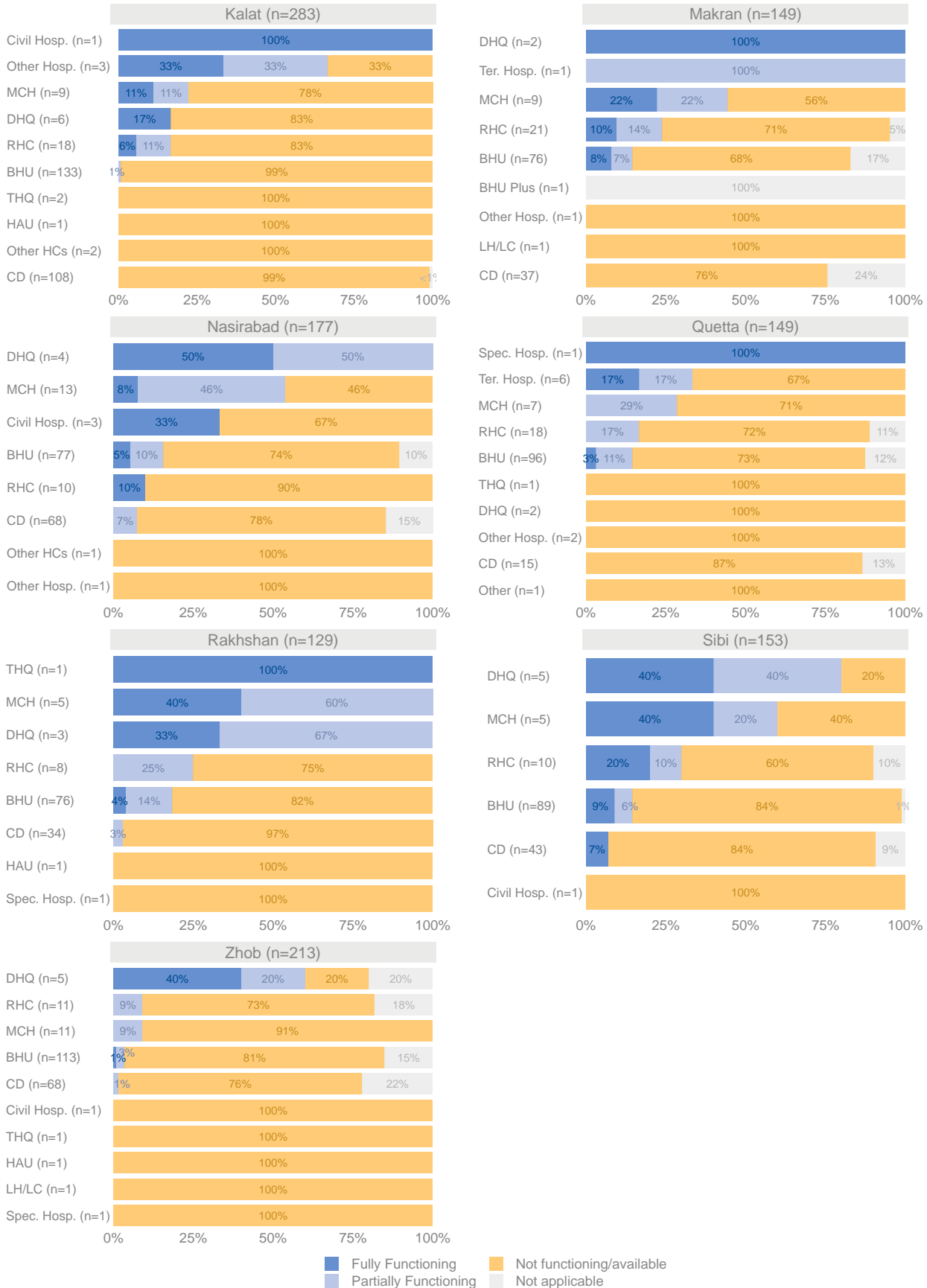


**Map labels**

- X Number of health facilities evaluated\*
- X% Percentage health facilities where birth and death registries are available†

\*excluding non-reporting and destroyed health facilities  
 †includes health facilities with partially functioning birth and death registries

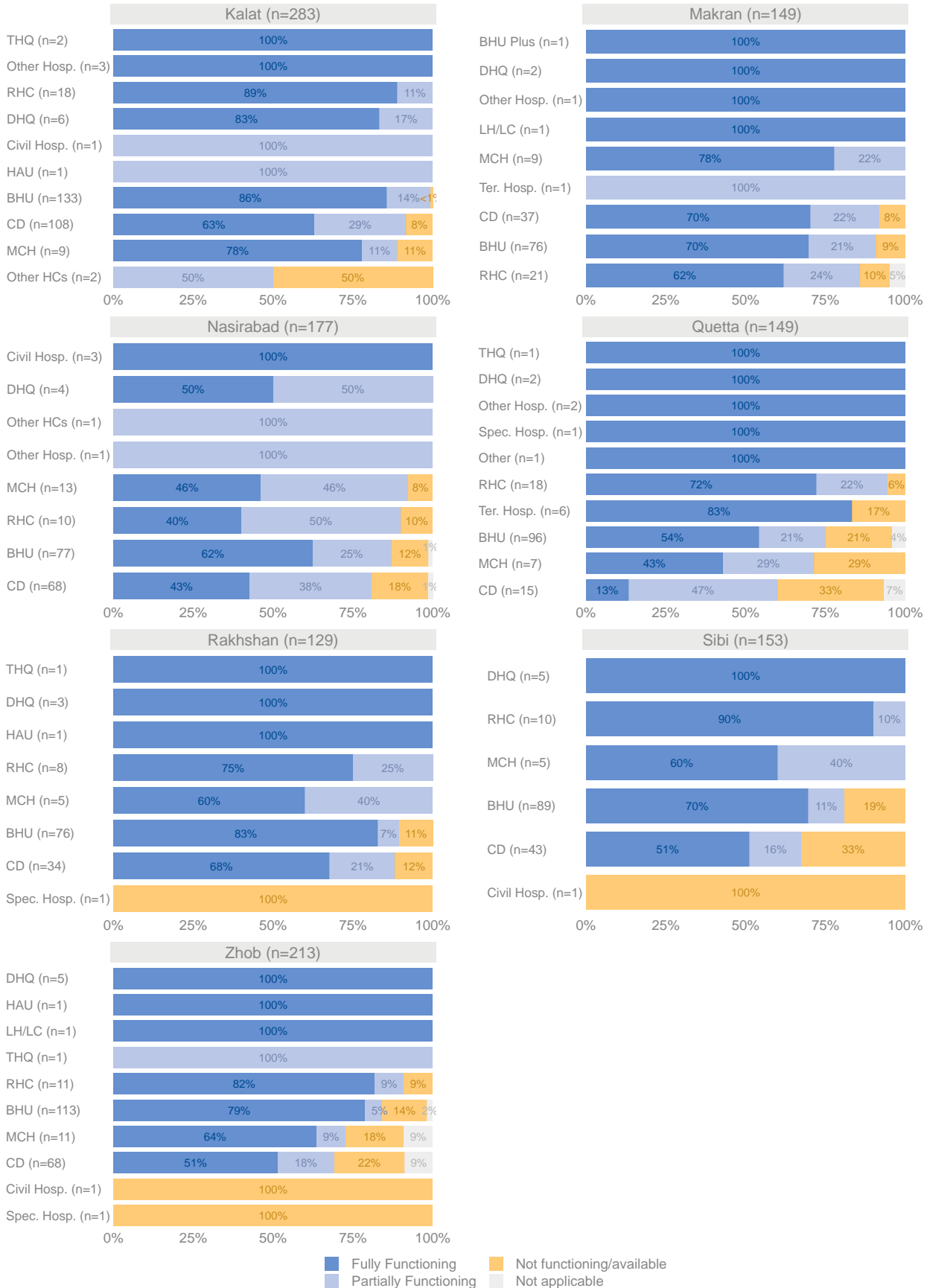
### Functionality of birth and death registries by division and health facility type







### Functionality of health records/registers by division and health facility type





### Functionality of the DHIS by division and health facility type

