

WADDAN
Partner In Development

Revitalizing Maternal Healthcare in Upper Dir

A Case Study on the Impact of MNCH Centers at Qulandi and Sawni BHUs

DISTRICT UPPER DIR, KHYBER PAKHTUNKHWA

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Transforming Primary Healthcare: At a Glance

The Challenge

Existing Basic Health Units (BHUs) lacked labor rooms. Women were forced to travel to THQ/DHQ hospitals, facing facing high costs and health risks.



The Intervention

WADDAN, with RAHA, UNHCR, and KFW, upgraded existing facilities into fully functional Mother and Child Health (MNCH) Centers.



Key Impact Metrics

900,000+

Vulnerable patients treated

0

Referrals to higher-level hospitals

PKR 9 Million+

Revenue generated for Govt of Pakistan

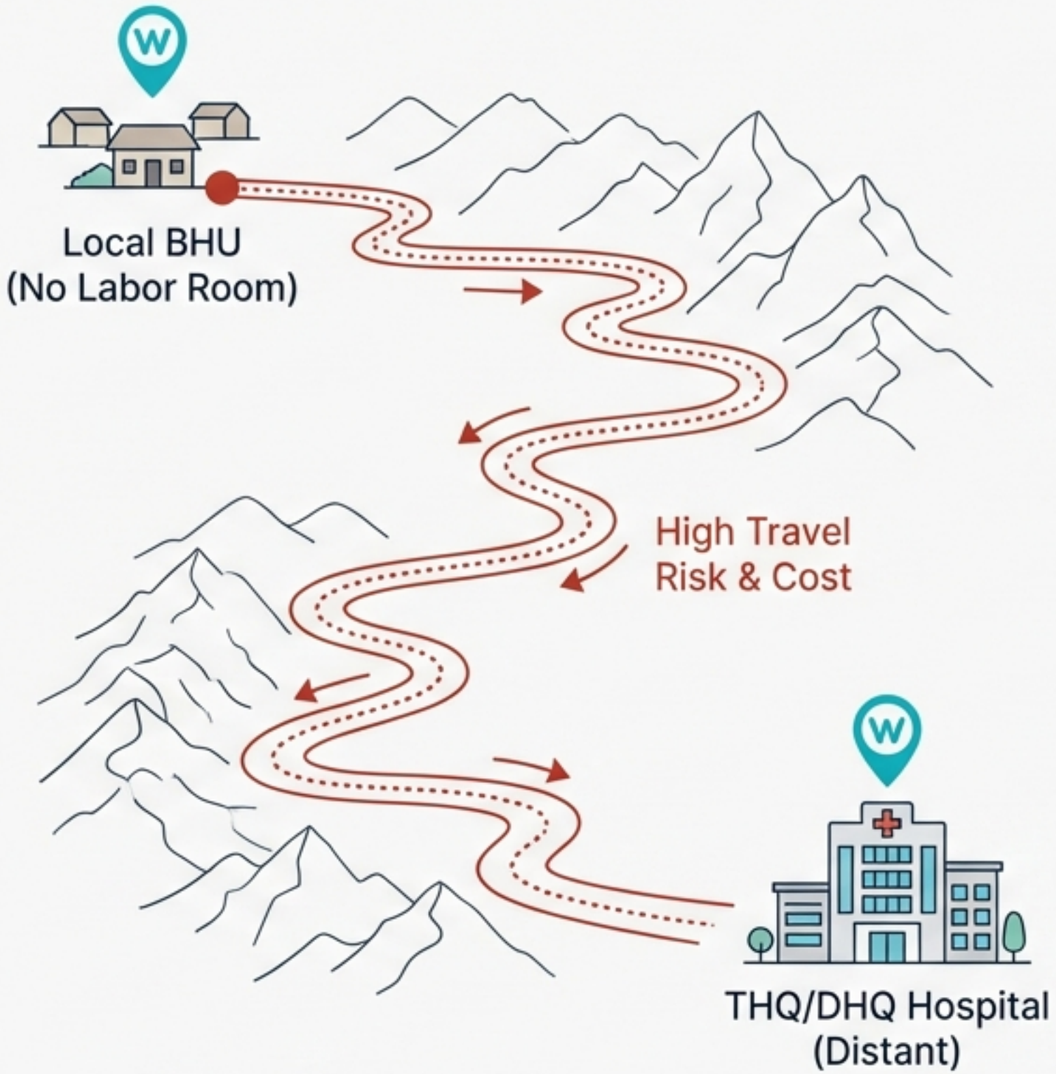
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The Critical Gap in District Upper Dir

Prior to intervention, maternal and neonatal healthcare in the district faced severe structural deficits. Government Basic Health Units (BHUs) existed physically but lacked functional labor rooms and MNCH services.

Consequences

- **Distance:** Pregnant women were compelled to travel long distances to Tehsil or District Headquarters hospitals.
- **Risk:** Increased exposure to treatment delays and complications during transport.
- **Burden:** Significant financial strain on families due to travel costs and private care alternatives.



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A Strategic Coalition for Healthcare Reform

WAJIDAN | RAHA | UNHCR | KFW



Core Objective

To strengthen maternal and neonatal **healthcare** services at the primary level.

Strategy

The initiative focused on the construction and operationalization of MNCH Centers specifically at the Qulandi and Sawni BHUs, transforming them into comprehensive healthcare facilities.

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Infrastructure Overhaul: Building Medical Sanctuaries

The project involved physical upgrades to ensure the centers could support 24/7 operations. The Qulandi and Sawni BHUs were upgraded from basic dispensaries to fully equipped MNCH Centers.

Facilities Added

- Fully functional labor rooms
- Dedicated wards for maternal care
- Diagnostic infrastructure including ultrasound services



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Inside the Facility: Modern Tools for Safe Deliveries

Inventory of Care

1. Neonatal Support - Incubators and essential neonatal supplies.
2. Maternal Support - Clean, modern delivery beds and labor room equipment.
3. Pharmaceuticals - Stocked with essential medicines and medical supplies.

These facilities are equipped to handle deliveries locally, removing the need for tertiary care for routine cases.





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Deploying Specialized Human Capital

The MNCH Centers are staffed by a dedicated team of professionals ensuring round-the-clock coverage.



- Qualified Lady Doctors
- Lady Health Visitors (LHVs)
- Trained Nursing Staff

24/7 Service Availability

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The Sustainability Model: Access vs. Affordability

Maternal Care

FREE

Delivery and maternal care services are provided 100% free of cost to remove barriers for the most vulnerable.



General OPD

PKR 10

General outpatient services carry a nominal government-approved fee per patient.

Strategic Outcome: This ensures the system remains affordable for the **community** while generating revenue streams for system maintenance.

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Community Utilization and Reach

900,000+

Vulnerable Patients Treated

This massive volume indicates strong community trust and fills a void in general healthcare access. The centers serve not just as maternity wards, but as primary health hubs for the entire population.



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Clinical Excellence: The ‘Zero Referral’ Achievement



Delivery Cases Referred to THQ or DHQ Hospitals

Average of 30 deliveries per month per MNCH Center

Significance: This metric demonstrates that the centers have the capacity and expertise to safely manage all normal deliveries and routine maternal care locally. The link to the overburdened district hospitals has been successfully severed for these patients.

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Economic Contribution to the Public Sector

PKR 9 Million+

Generated for the Government of Pakistan



Source:

Revenue accumulated through the nominal OPD fee structure (PKR 10/patient).

Impact:

Supports the sustainability of public healthcare services and validates the model of nominal fees for general care.

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Systemic Relief and De-Congestion



DHQ/THQ Hospitals

Patient Load Diverted



Qulandi & Sawni MNCH Centers

Reduced Hospital Burden

Lower patient load on secondary/tertiary facilities.

Family Economics

Drastic reduction in out-of-pocket expenses.

Time Savings

Elimination of travel time leads to faster treatment.

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Sustainability Through Government Ownership

The project upgraded existing government infrastructure rather than creating temporary parallel structures.

- Promotes long-term government ownership.
- Serves as a practical model for integrating quality MNCH services into other primary healthcare facilities.
- Ensures the investment remains within the public asset pool.

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Driving Behavioral Change in the Community

The presence of functional centers has increased community awareness regarding:

- Safe motherhood practices
- Importance of antenatal care
- Benefits of institutional deliveries over home births
- Early health-seeking behavior among women of reproductive age



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A Model for Resilient Primary Healthcare

The Qulandi and Sawni MNCH Centers prove that targeted investment in primary infrastructure yields massive returns in health outcomes and economic stability.

This case study reflects WADDAN's commitment to improving maternal and neonatal health, reducing preventable risks, and supporting resilient, community-centered primary healthcare systems in underserved areas.

www.waddan.org | info@waddan.org

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