Annual Report
Health Department

2013-14

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Acronyms

Adm	Administration
ANC	Antenatal Care
ART	Anti retroviral therapy
B&A	Budget and Accounts
BHU	Basic Health Unit
CDC	Communicable Disease Control
Cmlp	Continuous Multiyear Plans
CM	Chief Minister
CMW	Community Midwives
C.T	Computed Tomography
DGHS	Director General Health Services
DHDC	District Health Development Centre
DHIS	District Health Information System
DHQ	District Head Quarters
DLI	Disbursement linked indicators
DOH	District officer health
DDOH	Deputy District officer health
EDO(H)	Executive District Officer - Health
EmONC	Emergency Obstetric and New born Care
EPHS	Essential Package of Health Services
EPI	Expanded Programme on Immunization
Est	Establishment
EVM	Effective Vaccine Management
FSW	Female sex workers
GoPb	Government of Punjab
GRDs	Government Rural Health Dispensaries
HBB	Home based birthing
Hep B & C	Hepatitis B and C
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Disease
HMIS	Health Management Information System
HR	Human resource
HRMIS	Human Resource Management System
HSW	Home based sex workers
HTSP	Healthy Timing and Spacing of Pregnancy
IDD	Iodine Deficiency Disorder
IMNCH	Integrated Management of Neonatal and Childhood Illness
IRMNCH	Integrated Reproductive Maternal Newborn Child Health
IDU	Injecting drug users
KPI	Key Performance Indicators
LHV	Lady Health Visitor
LHW	Lady Health Workers
MCH Center	Mother and child health centres
M.E	Medical Education
M&E	Monitoring and Evaluation
MERS	Middle East Respiratory syndrome
MIS	Management Information System
MNCH	Maternal Newborn Child Health
MNTe	Maternal and Neonatal Tetanus Elimination
MO	Medical Officer
MS	Medical Superintendent
MSW	Male sex workers
NPFP&PHC	National Program for Family Planning & Primary Health Care

NID	National Immunization Day
OPD	Outpatient Department
ORS	Oral Rehydration Salt
OTPs	Oral Therapeutic Centers
PHC	Primary Healthcare
PHCP	Punjab Hepatitis Control Program
PHDC	Provincial Health Development Centre
PHNP	Punjab Health and Nutrition Programme
PITB	Punjab Information Technology Board
PQCB	Provincial Quality Control Board for Drugs
PHSRP	Punjab Health Sector Reform Project
PSPU	Policy and Strategic Planning Unit
PPTCT	Prevention of Parent to Child Transmission
RHC	Rural Health Centre
RDT	Rapid Diagnostic Test
RUTF	Ready to Use Therapeutic Food
SHC	Secondary Health Care
SO	Section Officer
TB	Tuberculosis
THOH	Teaching Hospitals
THQ	Tehsil Head Quarter
Tech	Technical
USI	Universal Salt Iodization
VCCT	Voluntary counseling and confidential testing

Message from the Secretary Health

Advancements in Health are critical for social and economic development in Pakistan. In the post devolution era the Punjab Government has stepped forward with a health sector reforms plan that envisions equity and equality in health for all and specially for those most in need. Set under the umbrella of the well-defined and clearly articulated Punjab Health Strategy these initiatives encompass all significant areas of preventive, promotive and curative healthcare. And augur well for improving the Province's Human Development Indices.

At the same time the Health Reform Road Map has been launched strategically and with the highest expectations. It is being monitored by the Chief Minister himself. With this kind of ownership, it is poised to contribute purposefully to the achievement of all the significant milestones of the Health sector. The Policy and Strategic Planning Unit has been mandated to take this reform agenda forward with clarity and diligence. I am hopeful that we will forge ahead decisively and the turn-around would be visible to all the stakeholders quite soon. I am delighted to see this Report which is the first endeavor of its kind and is in keeping with the reform agenda of the Punjab Government. This is a comprehensive outlay of the work done by the Health Department and will prove to be an effective source of reference for all those involved in making our health systems stronger and more efficient. It has succinctly captured all the existing and future initiatives of the Department. I am looking forward to this becoming a yearly feature.

To conclude, I would like to thank Policy and Strategic Planning Unit and all those who were involved in the preparation of this Report.

Jawwad Rafique Malik

Executive Summary

The Punjab Government is committed to the principle of universal health care for all members of the society - combining mechanisms for health financing and service provision – to improve the health status of the population. The Health Department operates in a challenging environment to provide better access to services, particularly to those with high or complex health need and those living in remote or rural areas. The Health Department runs a vast three tiered network of healthcare care provision covering both the rural and urban populations, This network is not merely confined to service provision but also involves training of all cadres of health professionals. This means that the HD must find innovative, effective and cost efficient ways to deliver services. The health indicators of the province are improving steadily albeit slowly. New challenges and old issues continue to confound the pace of progress. Factors outside the health sector also affect the smooth delivery of services. The Health department however is steadfastly and strategically working towards achieving set targets and goals and has drawn out a comprehensive health sector strategy after 18th Constitutional Amendment to reform the health sector in Punjab. This report elaborates the performance / activities of the Health Department for the fiscal year 2013-14 and is the first such report of its kind. The information provided through this report will also be of particular relevance to donors and development partners whose contributions in various initiatives have been of critical value in improving the status of health services delivery. It will also be of immense value to planners, managers and researchers for developing policies and aligning priorities.

The health sector reforms agenda is being executed through the Policy and Strategic Planning Unit (PSPU) which is the focal department coordinating with all provincial and district stakeholders as well as interacting with the Donors and development partners. The World Bank funded Punjab Health Sector Reforms Programme and the DfID funded Provincial Health and Nutrition Programme has both aligned their targets with the Punjab health strategy and there is a shift to address emerging health challenges by revitalizing primary health care. As both these programmes have defined disbursement linked indicators the information from the annual report will be of value to assess progress. Capacity building of health care workers and managers will be an area of high focus under these programmes.

The report narrates not only the management and service delivery structure of the Health Department, but also elaborates on the performance of service delivery based on health facility type, districts and various health programmes. There is an account of routine and new mechanism for monitoring and evaluation. A breakdown of provincial and district budget allocations for health have also been included here. The report entails a description on all health related programmes and a brief on their activities during this year. It highlights new initiatives by the Health Department on the policy and planning front and also enumerates physical infrastructure related improvements. This report is not an analysis or commentary on the Health Department, but is merely a documentation of information provided by Health Department for the financial year 2013-14. It elucidates on data provided by DHIS and HRMIS, staying cognizant of the fact that the Health Department offers far many services and manages a much bigger human resource than stated in this report. Lack of centralized data on services and human resource was a major limiting factor of this narrative on the Health Department.

The Health Department is the largest employer of workforce for the province. Nevertheless issues of health care staff migration (from rural to urban and external) and attrition are problems that contnue to hinder progress. All vetical programmes are tasked with specific activities and are working with zeal and fervor to provide quality services to the population. The Punjab Health strategy (2012-2020) has been formally notified and wholeheartedly owned by the department. Strategic interventions are being applied methodically to improve primary/preventive health care. In addition the health reforms roadmap was also started in April 2014. Key goal of this roadmap is “saving lives of mothers and children” and it is focused on reducing Infant Mortality Rates & Maternal Mortality Rates (MMR) by strengthening. Key priority areas which are: (i) increasing immunization (ii) increasing Skilled Birth Attendance (SBA) rates, (iii) strengthening basic health

units, (iv)improving district level effectiveness and (v) increasing Contraceptive Prevalence Rate (CPR).

Monitoring and evaluation mechanisms have been modernized in the province and District Health Information System (DHIS) data is being reported on an online system. Strategies like introduction of the CMW cadre as well as strenghtening and capacity building of the LHWs have been extremely successful interventions that have reached out to the most vulnerable populations within communities. Integration of National Program for Family Planning and Primary Healthcare (Lady Healthworker Program) (Lady Healthworker Program) , MNCH and Nutrition programme under single mangement will further augment the activities of the individual programs to work in a cohesive and coordinated manner.

According to new Pakistan Economic Survey 2013-14, we are at present the sixth most populous country in the world with a projected population of 188 million. According to World Population Data Sheet 2013, Pakistan with population of 363 million in 2050 is expected to retain the same position. The population growth rate in Pakistan is 1.95 %, which is higher than average growth rate of South Asian countries. For Punjab, the growth rate is around 1.6%. The number of people utilizing public sector services continues to increase every year and the department is working under continuing pressure to meet the growing demands of the people and combat the challenge of double burden of disease (communicable and non-communicable). Constraints facing the department include:

- Harnessing the commitment at high administrative levels to create an enabling environment for health workers and building capacities to be able to deliver sevices effectively.
- Lack of a robust monitoring and accountability system
- Suboptimal quallity of services and weak linkages between all tiers of the health system and emrgency services
- Uneven deployment of staff in urban and rural areas
- Non availability of essential drugs and medicines at health facilities
- Weak budget planning and slow transfer of funds
- Absence of validation of DHIS reporting system and limited utilisation of information and evidence for planning at the district level

To overcome these issues pertinent strategic initiatives include

- Development of an essential package of health services for the primary level which is ready to be rolled out in Punjab.
- Development of an essential package of health services for the secondary level.
- Monitoring and Evaluation Assistants (MEAs) have been introduced who will be responsible for regular checking and monitoring of staff and facilities.
- The Health departement has setup a HR management information centre and is working on drafting innovative strategies to attract staff to rural/remote areas.
- Training is being provided in Hospital waste management and implementation of infection prevention protocols across the province.
- Disease surveillance system are being set up so that there is early warning of epidemics. Non communicable disease burden is high in Punjab and the department is running health education and awareness campaigns for Hepatitis and Diabetes
- The department continues to focus efforts towards reducing disparities in access and coverage of health services, ensuring equity and enhancing innovations in service delivery.To facilitate access and overcome catatrophic expenditure of the low and middle income groups the govenment is in the process of developing socila health insurance schemes to be piloted out in four districts of Punjab. The current contracting out model of health services has been thoroughly validated and revised to ensure quality. To protect the poor from increasing expenditures on health, a system of voucher scheme have been proposed for the poorest people to access a set of preventive and curative care services from the private and public health sector. Initially this scheme will be piloted in two districts, Bhakkar and Bahawalnagar both of which have poor socio-economic indicators.

The goal is to bring in a results oriented culture and build a system that is capable of implementing and sustaining the policies into practice with resultant improvement in the health outcomes for the people. This Annual report is a documentation of measures taken to achieve the long term vision of 'Improving health status of the People of Punjab by ensuring provision of quality health care services to all segments of society in a fair and equitable manner'. The department is grateful to all partners who have extended their support for the health sector reforms agenda and remains committed to its pledge of a prosperous and healthy Punjab.
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OVERVIEW 2013-14

VISION

Improving health status of the People of Punjab by ensuring provision of quality health care services to all segments of society in a fair and equitable manner.

ROLE

Policy and strategy development, intra-provincial coordination, management of healthcare delivery, monitoring and evaluation; medical, paramedical and nursing education.

PRINCIPLES

- Equitable and universal healthcare services
- Improving institutional capacities
- Ensuring good governance at all levels
- Optimal utilization of resources
- Promotion of a results based culture and institutionalization of innovations

PRIORITIES

- Enhance access to achieve universal coverage
- Focus on primary healthcare
- Quality of care
- Private sector mainstreaming
- Redefining role of government
- strengthening of institutional collaborations

GOALS

Child Health: Reduction in Infant Mortality Rate and Under five mortality rate to achieve target of 30 and 40 deaths per 1,000 live births respectively.

Maternal Health: Reduction in MMR to achieve target of 120 per 100, 000 live births.

Communicable Diseases:
Reduction in prevalence of TB to 0.1 percent, Hep B and C to 0.4 percent, and HIV/AIDS to 0.01 percent among vulnerable groups.

Non Communicable Diseases:
Control and reverse the prevalence of NCD by 40%

Nutrition: Two third reduction in prevalence of underweight, stunting and wasting among children and iron deficiency anaemia among women.

1. Demographic Profile of Punjab:

Punjab is the most populous province of Pakistan with a land area covering almost 205,344km^2 and a population of approximately 396.1 persons per square kilometer. It constitutes almost, 56% of the population of Pakistan. Punjab is a richly fertile region with a predominantly agriculture based economy. It contributes to almost 59% of Pakistan's GDP, including a contribution of 76% to the annual grain production of the country (once known as the granary of the East). Administratively the province has 36 districts and can arbitrarily be divided into three regions, the North, Central and Southern Punjab regions.

The multi ethnic population of Punjab is growing at an average 1.6% with an uneven spatial distribution determined by a number of factors like climate, water accessibility, industry, irrigation etc.

1.1 Health status of the Punjab

Life expectancy, health and living standards have all shown an improvement in recent years in Punjab. Nevertheless the targets set in the form of the Millennium Development Goals have not been achieved nationally. The Health department Punjab is cognizant of the fact that economic progress is dependent on a healthy population and is striving to make progress. Disease trends have markedly changed and recent studies show that the burden of communicable and non-communicable disease is now of almost equal proportions in Punjab. From childhood to old age, communicable diseases account for a large proportion of deaths and disability in the province. In recent years Punjab has been hit by devastating floods which apart from bringing economic ruin and physical dislocation have also contributed to spread of water borne diseases. At the same time non-communicable diseases and injury are among the top ten causes of death and disability in Punjab especially among the adult population. Malnutrition is present in alarming proportions in the province. Women and children are the more affected members of society. Rural and urban disparities in delivery as well as quality of health services are prevalent with resources concentrated around cities and large towns.

MAIN HEALTH INDICATORS OF THE PROVINCE

- Infant Mortality Rate **82/1000** live births
- Under five child mortality rate **104/1000** live births.
- Neonatal mortality rate **63/1000** live births
- **33%** of children under 5 are moderately or severely underweight.
- Prevalence of stunting-moderate and severe is **36%**
- Immunization coverage **55%**
- Deliveries attended by a skilled birth attendant **59**%.
- Maternal Mortality Rate **170** /100,000

(Source- MICS 2011)

2. The Health Department

The Punjab Health Department employs over 100,000 people including management/administrative staff, general cadre workers and specialist staff. Harnessing this huge workforce to work cohesively is a major challenge for the department. Recruitment and retention of the correct skill mix in the right ratio continue to be a challenge for the department. The department is cognizant of the fact that migration of workers, training issues and geographic

misdistribution of staff are all having an impact on the quality of service being provided. To focus specifically on these issues and to maintain an up to date profile for the province the department has set up an HR management information center to document an electronic record of all staff in the province. The current Punjab health Human Resource is as follows:

Category	Sanctioned	Filled	Vacant
Doctor- General Cadre	16,6332	11,335	5,297
Doctor-Specialist Cadre	2,514	1,100	1,414
Doctor-Teaching Cadre	3,329	1,944	1,385
Doctor- Dental Cadre	1,513	1.088	435
Nurse	15,787	13,009	2,778
Paramedic	41,904	33,338	8,566
LHW	48,000	46,125	1,875
TOTAL	**129,679**	**107,939**	**21,740**

Table 1- Health Department Human Resource

Source - HRMIS Health Department

2.1 Organizational Structure

2.1.1 Health Secretariat

The Health Secretariat takes the lead role in setting provincial policy and translating National Health Policy into strategic provincial plans, whilst the overall operational management of provincial public healthcare services is the main responsibility of the devolved districts. Secretary Health is the overall incharge of the Health Department. The overall management of the Tertiary Hospitals is also under the provincial Health Secretariat.

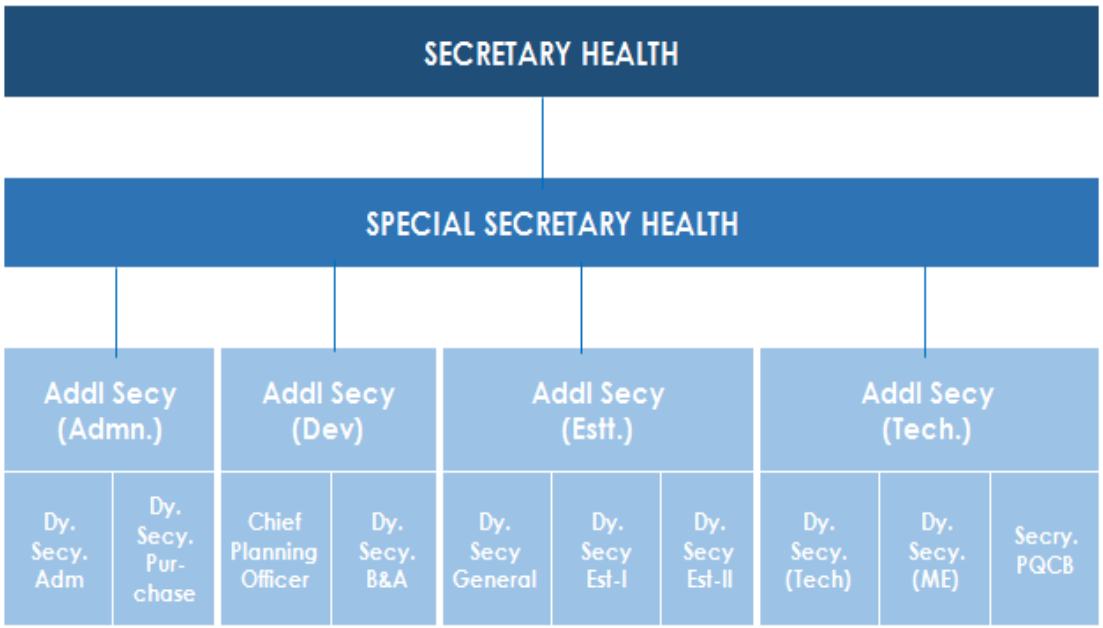

Fig 1: Health Secretariat Organogram

2.1.2 Directorate General of Health Services

Directorate General of Health Services is the main programmatic coordination, implementation and monitoring arm of the provincial Health Department of the Government of Punjab and is headed by the Director General Health Services (DGHS).

The Directorate is responsible for overseeing provision of Primary and Secondary Health Care services throughout the province and liaises with all 36 district health offices in the province. It also provides support and leadership in responding to emergency health and medical issues in the province, especially for communicable disease prevention and control. Collection and dissemination of information, advice to the provincial health department and working with donor partners on their approved agendas with the Department of Health, Government of the Punjab, are also included in the functions of the DGHS,

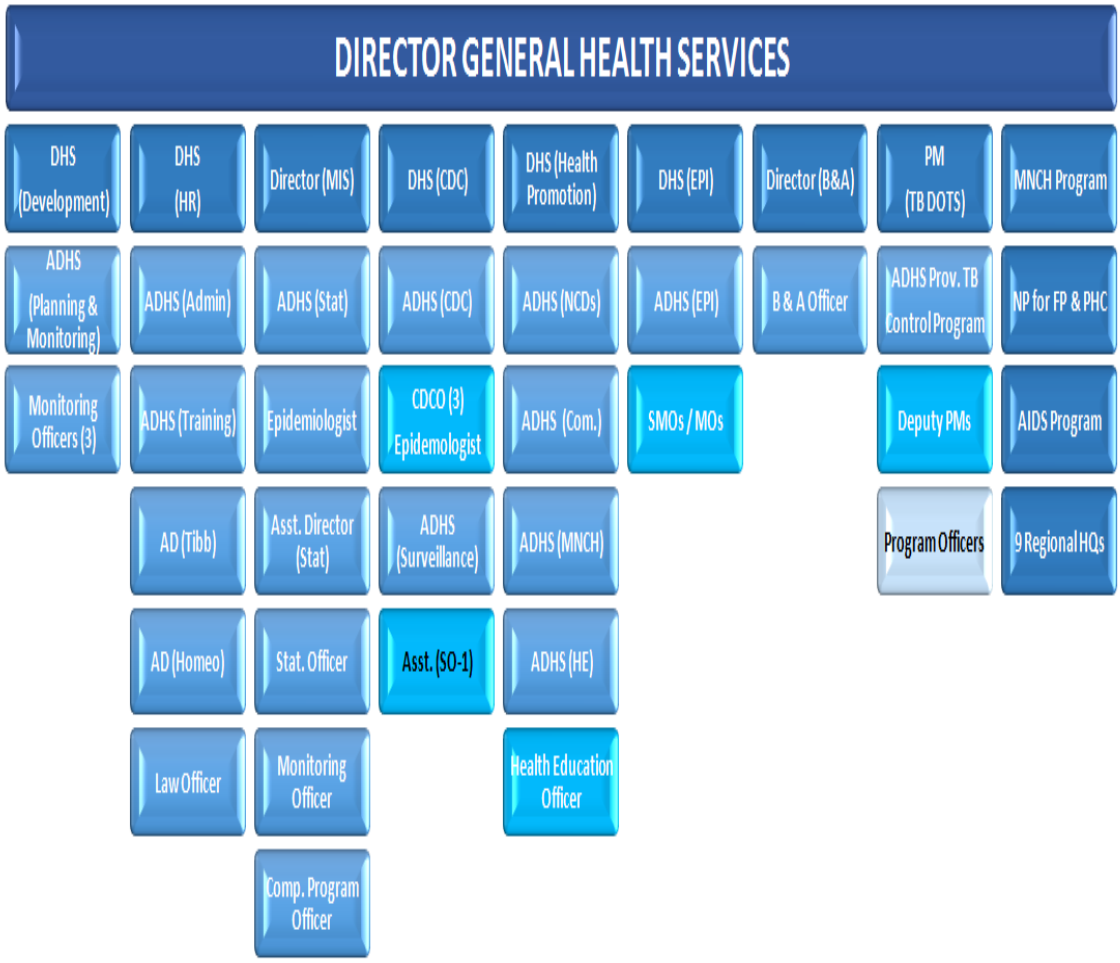

Fig 2: Organogram Directorate General Health Services

3. Service Delivery Structure

In Punjab, health services are provided through a tiered referral system of health care facilities; with increasing levels of complexity and coverage from primary, to secondary and tertiary health facilities. Primary care facilities include basic health units (BHUs), rural health centers (RHCs), government rural dispensaries (GRDs), mother and child health (MCH) centers and TB centers. All of these provide OPD services for preventive and a limited number of curative services. RHCs provide a broader range of curative services, 24/7. Primary care facilities also provide outreach preventive services to the communities, through vaccinators, sanitary inspectors and the sanitary patrol. Tehsil and district headquarter hospitals provide increasingly specialized secondary health care, while teaching hospitals form the tertiary level tier.

The public health delivery system is composed of the following tiers:

3.1 Outreach and Community based activities

These focus on immunization by vaccinator, sanitation through sanitary inspectors, malaria control through communicable disease controller, maternal and child health and family planning through Lady Health Visitors and community midwives. The outreach workers are connected with their vertical programmes. In Punjab there are twelve vertical programmes conducting their activities.

3.2 Primary Healthcare

The primary care facilities include Basic Health Units (BHUs) and Rural Health Centers (RHCs) mainly preventive, outpatient and basic inpatient care. Following health facilities are mainly working to provide Primary Health Care (PHC).

3.2.1. Basic Health Unit (BHU)

The BHU is located at a Union Council and serves a catchment population of up to 25,000. Services provided at BHU are promotive, preventive, curative and referral. Outreach/community based services are part of package provided by the BHU. BHU provides all PHC services along with integral services that include basic medical and surgical care. MCH services are also part of the services package being provided at BHU. BHU provides first level referral to patients referred by LHWs. BHU refers patients to higher level facilities as and when necessary.

The BHU also provides clinical, logistical and managerial support to the LHWs. It also serves as a focal point, where community and the public sector health functionaries may come together to resolve issues concerning health.

3.2.2 Rural Health Centre (RHC)

The RHCs have 10-20 inpatients beds and each serves a catchment population of up to 100,000 people. The RHC provides promotive, preventive, curative, diagnostics and referral services along with inpatient services. The RHC also provides clinical, logistical and managerial support to the BHUs, LHWs, MCH Centers, and Dispensaries that fall within its geographical limits. RHC also provides medico-legal, basic surgical, dental and ambulance services.

3.3 Secondary Healthcare

Secondary Health Care is an intermediate level of health care that is concerned with the provision of specific technical, therapeutic or diagnostic services. It is the first referral level serving a district or a tehsil. Specialist consultation procedures and hospital admissions fall into this category of care. The role of a district hospital in primary health care has been expanded beyond being dominantly curative and rehabilitative to include promotional, preventive and educational roles as part of a primary health care approach.

Following health facilities are working to provide Secondary Health Care (SHC)

3.3.1 Tehsil Head Quarter (THQ)

Tehsil Head Quarter (THQ) hospital is located at each THQ and serves a population of 0.5 to 1.0 million. At present majority of THQ hospitals have 40 to 60 beds. The THQ hospital provides promotive, preventive, curative, diagnostics, in patients, referral services and also specialist care. THQ hospitals are supposed to provide basic and comprehensive

Emergency Obstetric and New born Care (EmONC). THQ hospital provides referral care to the patients including those referred by the Rural Health Centers, Basic Health Units, Lady Health Workers and other primary care facilities.

3.3.2 District Head Quarter (DHQ)

The District Head Quarters (DHQ) Hospital is located at District headquarters level and serves a population of 1 to 3 million, depending upon the category of the hospital. The DHQ hospital provides promotive, preventive, curative, advance diagnostics, inpatient services, advance specialist and referral services. All DHQ hospitals are supposed to provide basic and comprehensive EmONC.

DHQH provides referral care to the patients including those referred by the Basic Health Units, Rural Health Centers, Tehsil Head Quarter hospitals along with Lady Health Workers and other primary care facilities.

3.4 Tertiary Healthcare

Tertiary care hospitals are located in the major cities for more specialized inpatient care. Tertiary care is specialized consultative health care, usually for inpatients and on referral from a primary or secondary health professional.

Following two types of hospitals fall in this category:

- A major hospital that usually has a full complement of services including paediatrics, general medicine, various branches of surgery and psychiatry.
- A specialty hospital dedicated to specific sub-specialty care (paediatric care, Oncology care, psychiatric hospitals). Patients will often be referred from smaller hospitals to a tertiary hospital for major operations, consultations with sub-specialists and when sophisticated intensive care facilities are required.

A detailed listing of all health facilities can be found as **Annexure-1**.

4. Medical Education

Health Department is actively involved in the development of human resource for the health system in Punjab. The department runs a number of public medical and dental colleges, nursing schools and paramedical schools to meet the requirements of the province. The data in Fig 3 provides a snapshot of the total number of teaching facilities in Punjab. As outlined there are 16 Medical Colleges, 58 Teaching Hospitals, 45 Nursing Schools, and 6 Paramedical Schools in Punjab.

Type	Nos
Medical Colleges	16
Paramedical Schools	6
Teaching Hospitals	58
Nursing Schools	45

Table 2: Medical / Paramedical Colleges, Teaching Hospitals and Nursing Institutes

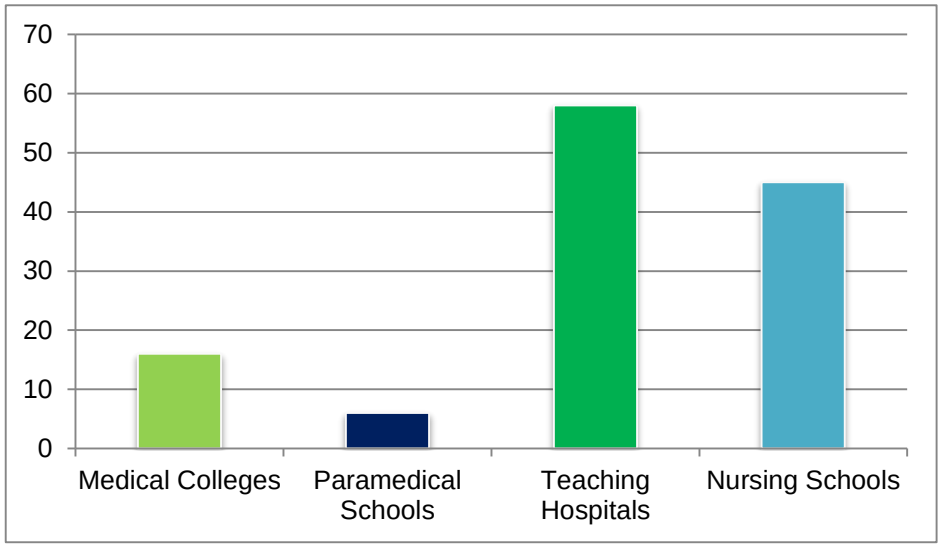

Figure 3- Teaching Facilities in Punjab

4.1 Health Infrastructure Improvements

Following are the major initiatives recently taken by the department for improvement of health services in Punjab. These initiatives are in the form of establishment of new health facilities (Colleges, Hospitals etc), extension of existing health facilities (construction of new blocks etc), up-gradation and reconstruction of existing health facilities and procurement of new equipment. Following are the details:

4.1.1 Establishment of new health facilities

- Medical College at Sahiwal, Gujranwala, DG Khan and Sialkot
- Kidney Centre, Multan
- Mian Shahbaz Sharif Hospital, Multan
- DHQ Hospital Sargodha
- 410 Bedded Hospital in Bahawalpur
- Rawalpindi Institute of Cardiology
- Institute of Gynae & Peads, Rawalpindi
- Nawaz Sharif Medical College, Gujrat
- Trauma Center at DHQ Hospital, D.G Khan
- Institute of Urology & Transplantation, Rawalpindi
- 60 bedded THQ Level Hospital at Lidher Bedian Road, Lahore
- 300 Bedded Hospital, Shahdara

4.1.2 Extension of existing health facilities

- Master Plan Phase-II L.G.H, Lahore
- Cardiology & Cardiac Surgery Block at B.V Hospital, Bahawalpur
- Emergency Block in Institute of Cardiology, Multan
- Modern Burn Unit, Nishtar Hospital, Multan
- Phase-II Sheikh Zayed Medical Complex, R.Y Khan

4.1.3 Up-gradation and reconstruction

- Said Mitha Hospital, Lahore
- DHQ Hospital, Sargodha
- General Hospital, Ghulam Muhammadabad, Faisalabad

4.1.4 Procurement of new equipment

- CT Scan for Said Mitha Hospital, Lahore
- MRI for Mian Munshi Hospital, Lahore

5. Private Sector in Health Services Delivery:

A unique trend in health care provision in Punjab has been the rapid growth of private sector health facilities as well as medical and paramedical training institutes. Indeed so rapid has been this phenomenon that the private sector has overtaken the public sector in service provision and is catering to almost 70% of the population. The majority of these facilities are in urban and semi urban locations and range from 'one room' clinics, maternity homes, dispensaries, diagnostic laboratories and a few state of art tertiary type hospitals, Another unique feature of private sector enterprises is that they usually do not provide preventive services. Since they do not fall under any regulatory body and rules of public service are not applicable, the standard and quality of care provided is many times of questionable value. In particular lack of regulation governing the qualifications of the health care staff is a very worrying aspect of private sector practitioners.

It is also difficult to get accurate data on the exact number and type of private facilities that are functioning or the precise percentage of population utilizing these services due to no such database being available. The Punjab Health Commission is an autonomous health regulatory body established under the PHC Act 2010. It is now fully operational and has been mandated with licensing and regulation of private as well as public sector facilities as well as defining standards of service for them. All Healthcare Establishments are required to implement MSDS to acquire a License to deliver healthcare services in Punjab. The Commission has so far issued 279 Provisional Licenses to health facilities both in the public and private sector. A complete list of these facilities is available at the PHC website, **www.phc.org.pk.**

6. The Punjab Health Sector Strategy:

Punjab has taken the lead in developing a health sector strategy (2012-2017) that is organized around a patient centered system and is based on a thorough situational analysis of the present status of the health sector of the province. The detailed strategy document is available on the PSPU website, **www.pspu.punjab.gov.pk**

The context for developing a health sector strategy is the realization at high levels of management and administration that in the post devolution setup fundamental responsibility for delivery of health services lies with the province. While the health department of Punjab is working zealously towards providing increased access and coverage of services to the people the province is still behind in achieving the MDGs. The multitude of challenges facing the department requires a reforms agenda that can identify the issues, highlight the priorities, define the actions, provide a plan for implementation and monitor the progress. The process for strategy development has been participatory and consultative and the document has been notified by the Department.

Following this, the Punjab health department has developed a detailed Operational plan that lays down the modalities for implementing the strategy. The focus of the HD is system strengthening and promoting primary health care. There is a significant shift towards monitoring and accountability with the recognition that these are the key elements that will steer the sector towards delivery of quality health services to the population.

The Donors and development partners have also aligned their activities with the health sector strategic priorities.

6.1 The Policy and Strategic Planning Unit:

The PSPU has evolved from the PMU-PHSRP and has been operational since 1st July 2013. The Unit has an approved budget of 171.9 million for the next three years, The PSPU is the focal Unit of HD Punjab steering the reforms agenda in the province. The need for such a Unit was identified mutually by the Department as well as donors and development partners.

The main functions of PSPU are as:

- Provide support to the stakeholders and decision-makers in the health sector through health policy analysis and strategic planning
- Coordinate technical assistance for developing and designing new initiatives Data analysis to meet the objectives
- Analyse health financing issues and work closely with the Financial Management Cell for advising the Health Department (HD) on annual development planning and budgeting with a strategic vision
- Develop a culture for participatory and evidence based decision making and needs based data collection in the health sector through Knowledge Management Unit (KMU) **www.kmu.pspupunjab.com**

6.2 Punjab Health Sector Reform Project and Punjab Health and Nutrition Programme

The World Bank and DFID are supporting the Government of Punjab (GOPb) to strengthen health systems and improved health services through the Punjab Health Sector Reform Project (PHSRP) and Punjab Health and Nutrition Programme (PHNP).The PHNP (2013- 2017) was rolled out in March 2013 to support the delivery of an Essential Package of Health Services. The objective is to bring about a reduction in the morbidity and mortality arising from common illnesses, especially among the vulnerable population. The programme plans to achieve this by:

- Enhancing coverage, quality and access to essential health care especially for the poor and the vulnerable and in underdeveloped districts and
- Improving Health Department's ability and systems for accountability and stewardship functions.

The Punjab Health Sector Reforms Programme (PHSRP) with the support of the World Bank is being implemented with the objective to support the implementation of the Punjab Health Sector Strategy, by focusing on the:

- Improvement of the coverage and utilization of quality essential health services, particularly in the low performing districts of Punjab.
- Focus on building the capacity and systems to strengthen accountability and stewardship in Department of Health.

The World Bank and DFID are monitoring the implementation of the PHSRP and PHNP through a set of disbursement linked indicators (DLIs). These DLIs cover the following areas: Service delivery, Stewardship & Governance, Human Resource, Information, Medical Products and Financing.

6.3 The Punjab Health Road Map:

The Roadmap is an initiative of the Chief Minister of Punjab, which aims to improve health outcomes for the province through a set of four priority reforms. The Roadmap effort was

launched in February 2014 and modeled on the approach used in the education sector in Punjab, which has resulted in an additional 1.5 million children enrolled in school.

Five areas identified as high priorities by the team are immunization, safe deliveries, primary healthcare, district effectiveness and family planning. By focusing on this set of priorities, the Roadmap aims to achieve dramatic and fast improvements in the health system. The Health Department drives the Roadmap, with support of the Roadmap team and the CM's Special Monitoring Unit. The CM meets with the Health Department, politicians, donors and key stakeholders every two months to review progress on the Roadmap in a Stocktake meeting. These Stocktake meetings provide a platform to monitor implementation and trouble shoot any obstacles to implementation.

7. Key Achievements undertaken

7.1 Integration of MNCH & Nutrition Programme

Health Department has integrated the LHW, MNCH and the Nutrition Programme under the nomenclature of **Integrated Reproductive Maternal Child Health Programme** (IRMNCH). This was done in pursuance of catching up on MDG 4 & 5. The programme is to function in a truly integrated manner, whereby the Additional Director General Health Services will be overall head of implementation, human resource management, financial affairs, procurements and MIS. He will be assisted by three Directors who will look after the programme in three thematic areas; Implementation, Procurement & Finance and MIS/M&E, Research & Development & HR Affairs. The integrated programme is covering,

- 24/7 Emergency obstetric service
- CMW interventions and
- Nutrition services
- LHW intervention

7.2 24/7 Emergency Obstetric Service

In Punjab, all Teaching hospitals, all District Head Quarter Hospitals (27/27) and 65/97 Tehsil Head Quarter Hospitals (THQH) are providing Comprehensive EmONC services. A list of Comprehensive EmONC centres is available with the Health Department. The IRMNCH and MNCH (IRMNCH and MNCH) programmes are generating regular monthly reports and the assessment of these facilities will be based on these reports.

The HD has set a target to steadily decrease the MMR to 140/100,000 by 2016 from the current figure of 227/100,000 live births. Promotion of skilled birth attendance (SBA) is thus a continuing priority for the HD. The Health Department is promoting deliveries with a Skilled Birth Attendants (SBAs) by upgrading 700 BHUs to provide round-the-clock delivery services via Lady Health Visitors (LHVs). So far, 150 BHUs have been upgraded. The SBAs; LHVs are being provided on site housing facilities so that they are physically present on the facility throughout the day and night.

7.3 CMW interventions

At the present moment there are around 2,138 CMWs trained and deployed in Punjab. The health department is planning to provide the better performing CMWs with retention fee beyond the bond period in order to facilitate them to establish their practice and continue in the programme.

In addition a refresher training course for deployed CMWs was conducted across Punjab. This month long training (January 2015 to February 2015) was held simultaneously in 7

districts of Punjab and approximately 400 CMWs attended the training. The main objective was to enhance their technical and clinical skills as well as teach them on business generation within their communities.

7.4 Nutrition

Health Department with the support of development partners is running 19 Stabilization Center's. These are located in THQs, DHQs and Teaching Hospitals. There is a plan to establish twenty four more centres during the financial Year 2014-15. These Centers provide indoor treatment facilities for children suffering from severely acute malnutrition (SAM) and any malnutrition related medical complications. There are 216 Outpatient Therapeutic Programme (OTP) sites which are offering services through BHUs and RHCs to treat moderate acute malnutrition (MAM) and non-complicated severe acute malnutrition in children. In addition to this a plan has been prepared to establish another 469 OTP centres in remaining districts of Punjab. The Department has recently undertaken a Spot Check Verification exercise to document the status of functionality of these sites.

7.5 LHW Interventions

The Lady Health workers are recognized as a critical link between the community and the health services. In order to strengthen their influence and broaden the scope of service 15000 LHWs have been trained in Infant and Young Child Feeding practices across Punjab. Involvement of LHWs in delivering routine immunization services has been successfully completed in 6 districts and now the pilot is being further extended to another 6 districts of Punjab. The network of Lady Health Workers also helps to identify and refer children with acute malnutrition in the community to these OTP sites and Stabilization center's for malnutrition management.

7.6 Development of Essential package of Health Services for Primary level

The Essential Package of Health Services (EPHS) for the primary level has been developed and notified by the Health Department. The EPHS for secondary level is under development. The EPHS defines the minimum set of services to be provided as a package to ensure equity. The objective is to ensure universal coverage of a set of services which are public goods, affordable and available without any user charges. The package at the primary health care level includes nutrition, maternal, new-born and child health, immunization, family planning, communicable diseases (malaria and TB) control; including service provision at community through lady health workers and community midwifes, outreach services through vaccinators, CDC and malaria supervisors and services at static primary health care facilities including BHUs and RHCs. The Minimum service Delivery Standards for the Primary level have also been developed and notified by the Health Department. These Standards will help ensure readiness of facilities for implementation of EPHS. An orientation to the EPHS has been provided to the district health managers. The HD Punjab is currently undertaking a Health Facility Assessment to ensure readiness of facilities for implementation of this package.

7.7 Development of Multisectoral Nutrition Strategy

The Government of Punjab along its development partners has developed a multisectoral nutrition strategy to address the complex issue of malnutrition. A steering committee on Multi-sector Approach to Improving Nutritional status in Punjab has been constituted under chairmanship of Chairman P&D Board with PD, PHSRP as Secretary to the Steering Committee. Various sectors such as Agriculture, Food, Social Protection, Water and Sanitation, Education etc are represented on the committee. This strategy has

considerable potential for reducing malnutrition in Punjab and is aimed at economic and human development which will translate into achieving Millennium Development Goals. The strategy has been approved by the provincial government and the PSPU is now in the process of setting up a dedicated Nutrition cell that will be overseeing implementation of the strategic plan in liaison with all sectoral partners.

7.8 Establishment of Procurement Cell

Though the Health Department, Punjab is following the procurement rules in all procurements, challenges in proper implementation of the rules, availability of appropriate human resources and institutional mechanism and capacity of staff exist and hamper the procurement process, occasionally leading to mis-procurement, quality issues and audit observations. Moreover, missing or incomplete procurement documents particularly Standard Bidding Documents (SBD) and Request for Proposals (RFP) also affect all steps of the procurement cycle. In order to improve transparency and efficiency in procurements a central procurement cell has been established through a PC-1 approval. The Deputy Secretary (Purchase)/ Procurement Specialist, is the head of the cell. Other staff include a Contract Manager, Pre-Qualification Specialist, Section Officer (SO) (Purchase-I), SO (Purchase-II), SO (Purchase-III), SO (Drug Control), SO (Standardization). The Deputy Drug Controller of Mayo Hospital and Secretary District Quality Control Board, Okara have been assigned the duties of Pre-qualification Specialist and Contract Manager respectively. This stop gap arrangement has been instituted till the service rules for these two positions are finalized and approved by the competent forum. It is envisaged that this unit will ensure good procurement and logistics practices at the provincial level and will also facilitate the district health offices and Autonomous Medical Institutions (AMIs) to adopt these practices. The Cell is also authorized to do central procurements from block grants of the Chief Minister Punjab.

7.9 Establishment of Financial Management Cell

The Budget and Development wing of Health Department were merged into Financial Management Cell. The Cell is to be the focal point in Health Department for The Finance Department and Planning & Development Department. It is to prepare recurrent and development budget for the health sector, analyze expenditure and make financial reports. The Cell is currently headed by Additional Secretary (Development), Health Department and is in the process of hiring additional staff.

7.10 Implementation of Continuous Multiyear Plans (cMLP) for enhancing routine immunization

Due to multiple reasons the EPI Programme of HD has not been able to achieve sustained high coverage levels over the past few years to bring about a reduction in childhood morbidity and mortality. In order to give the desired thrust to the EPI Programme, the Health Department has prepared a comprehensive multiyear plan for enhancing routine immunization for the next five years (2014-18). This will be merged with cMYP of other provinces as a single national cMYP. All partners and donors can invest in the field of their interest under this comprehensive document. This plan intends to address vaccine preventable diseases through integrated interventions. Immunization activities have been approved and a detailed action plan has been prepared. Both the documents are available with the Health Department. The Road Map team is also focusing on increasing immunization coverage to reduce deaths from vaccine preventable diseases. Working together, the MEA initiative has been launched by the department. These Monitoring and Evaluation Assistants are hired by the HD and are responsible to ensure that the routine EPI activities are being conducted as per schedule as well as ensuring the quality component of the programme.

The resurgence of persistent wild Polio virus transmission is a continuing threat for Pakistan. Four (4) cases of Polio have been confirmed in Punjab in 2014/15 and the province remains on high alert. Special vaccination campaigns and Polio days are being observed throughout the province to increase coverage of immunized children.

7.11 Healthwatch

This technology based monitoring and evaluation initiative is spearheaded and coordinated by Policy and Strategic Planning Unit (PSPU) with collaboration of Punjab Information Technology Board (PITB). In Healthwatch, Android-based smartphones have been provided to district supervisory officers (EDOHs, DOHs, DDOHs), who have been tasked with the collection of performance related data from Basic Health Units, Rural Health Centers, Tehsil and District Headquarters . The data submitted by these officers through the phones are being recorded on a website, known as the 'Dashboard'. According to the revised targets every health facility is visited at least once a month by the district supervisory officers.

7.12 Vaccinator Tracking

PITB and the EPI Cell have launched E-Vaccs, an attendance monitoring mobile application for vaccinators, in 26 districts. This mobile application is now providing Executive District Officers (EDOs) (Health) and other health officials with key information on vaccinator coverage of communities. The Department has also launched additional interventions aiming to strengthen management of vaccination staff and enable vaccination activities. The vaccinators have been provided with a travel allowance to cover their travel expenses to the community. Every six months an independent household survey is also to be conducted to track the progress of this initiative.

7.13 MNCH Monitoring System

This is an online, user friendly one click dashboard, illustrating results and analysis of all data generated in the catchment area of community mid wives (CMWs). This database is an online password protected system, providing universal access to authorized personnel and is linked and integrated with District Health Information System (DHIS). The online monitoring system covers all information from CMW covered/catchment population as well as all the public sector facilities and utilizes facility level indicators from the DHIS.

A special feature of the online Monitoring System is that it provides graphic reports (bar graphs, pie charts) on several indicators. The executive dashboard section gives a graphic representation of the status of antenatal usage, Tetanus Toxoid vaccination, live and still births, maternal and newborn deaths, referral and family planning usage. Each of the indicator graph provides MNCH service uptake comparison of all districts in the province. Breakup of information from each district can also be viewed for specific time periods.

7.14 Integrated Monitoring and Evaluation system

Integrated Monitoring and Evaluation system for performance monitoring is an initiative which has replaced conventional administrative appraisal system (of individuals and service outlets) with a modern and result-oriented system based on objective measurement of performance through pre-defined set of Key Performance Indicators (KPI). KPI system is an online integrated M&E system accessible to and by health managers at provincial and district levels. The desktop DHIS system has been converted into an online system. These KPIs are sourced to existing routine information systems and databases including District Health Information System and Management Information System (MIS) of vertical programmes. Currently, the KPIs have been defined for provincial Director General Health Services (DGHS), Executive District Officers (Health),

District/Tehsil Head Quarter hospitals (DHQ/THQ) and Medical Superintendent (MS) levels.

7.15 Monitoring and Evaluation Assistants (MEAs)

A key component of the Health Reform Road Map is to strengthen monitoring and accountability through supervisory visits, setting targets and collecting independent data. This will be accomplished through a team of MEAs. After due training MEAs will be conducting independent visits to BHUs in all Districts of Punjab. Data collected by MEAs will help EDOs and district managers better manage facilities in their districts. The data will also be used by the Health Department to track progress on key initiatives and will be shared with the Chief Minister. In the first phase the data collected by MEAs will be on paper, but within two months of their presence in the field they will be will be trained to collect data on android tablets, with the support of the Punjab Information Technology Board (PITB). Tabular data collection will allow real-time monitoring of facility functioning. These visits will eventually be expanded to Rural Health Centers (RHCs) and Tehsil Head Quarter Hospital (THQs).

8. Performance

The following data has been taken from the DHIS report for the fiscal year 2013-14 and reports the performance of the province on selected indicators.

8.1 OPD Consultations

DHIS data shows that the total number of OPD visits were 103,467,182.

This number includes consultations provided at all primary, secondary and tertiary healthcare facilities. The data is stratified in two categories, the department documents new cases and follow up cases separately. The highest numbers of consultations were availed at facilities categorized as 'Others' (civil hospitals, dispensaries, MNCH centers etc.). The second highest number of OPD consultations was availed at BHUs (32%).

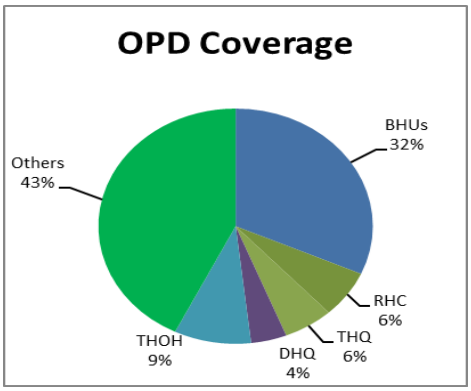

Fig 4 - OPD coverage in facilities

Facility Type	New	Follow up	Total
BHUs	33,406,643	2,416,157	35,822,800
RHC	6,816,371	530,884	7,347,255
THQ	6,284,230	347,252	6,631,482
DHQ	4,434,311	339,321	4,773,632
THOH	9,840,525	432,455	10,272,980
Others	36,138,727	2,480,306	38,619,033
Total	**96,920,807**	**6,546,375**	**103,467,182**

Table 3 - Facility-wise OPD cases

Figure 5 shows the district level performance in relation to outpatient consultation. The top 3 performing districts were Lahore (11,721,395), Faisalabad (11,103,616) and Rawalpindi (5,053,902).The lowest performing districts were Rajanpur (1,239,545) Mandi Bahauddin (1,161,773) and Hafizabad (1,328,411).

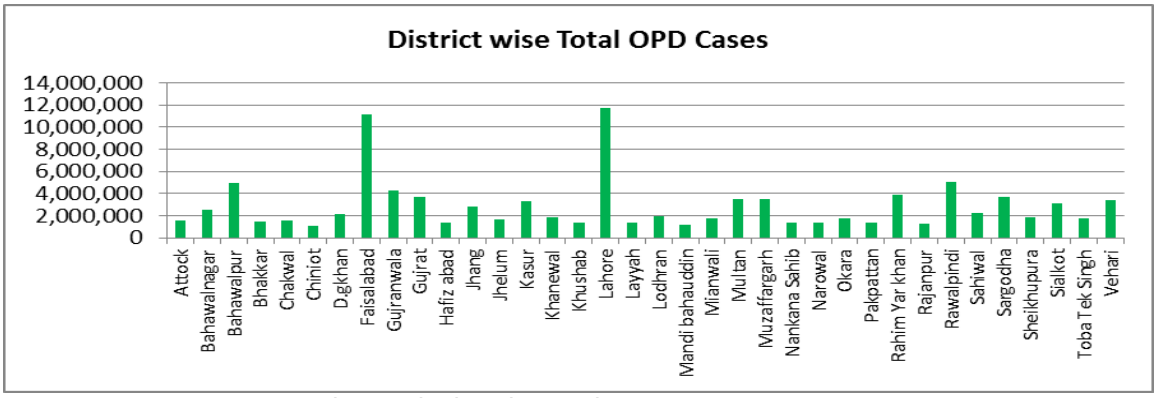

Fig 5 - District-wise total OPD cases.

8.2 Indoor Patient Admission

A total of 3,876,242 patients were admitted, this includes indoor admissions at THQ, DHQs and Teaching Hospitals. The primary healthcare tier which includes BHUs, RHCs, MNCH Centers, and Dispensaries, doesn't offer indoor admission facilities. The largest number of indoor admissions took place at Lahore (898,640), Faisalabad (508,000) and Multan (334,124) with most of them taking place (2,492,452) at Teaching Hospitals.

Facility Type	Indoor Patients
THQs	625,446
DHQs	730,218
THOHs	2,492,452
Others	28,126
Total	**3,876,242**

Table 4 – Facility-wise Indoor Patient cases.

In terms of district wise coverage of indoor admissions, the top 3 performing districts were Lahore (898640) Faisalabad (508000) and Multan (334124). The lowest performing districts were Lodhran (18436), Mandi Bahauddin (17,477) and Chiniot (16,048).

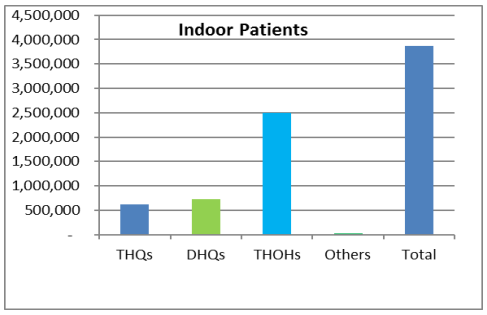

Fig 6- facility-wise Indoor Patient

The burden on tertiary hospitals of major cities is enormous resulting in compromises in the quality of care being provided. A large number of these indoor admissions may well be catered by District and Tehsil hospitals if adequately staffed and equipped. Figure 7 shows the detailed coverage of indoor cases district wise.

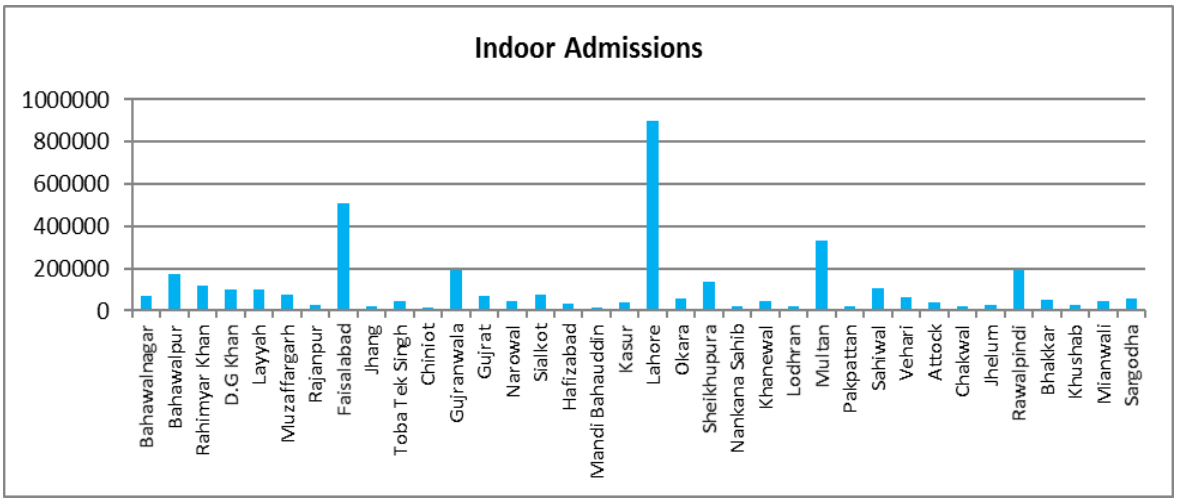

Fig 7 - District-wise total indoor admission cases.

8.3 Antenatal Care and Deliveries

The highest number of deliveries was conducted at BHUs (31%) and in teaching hospitals (28%). BHUs offered the largest number of province antenatal care (ANC-1) in the province.

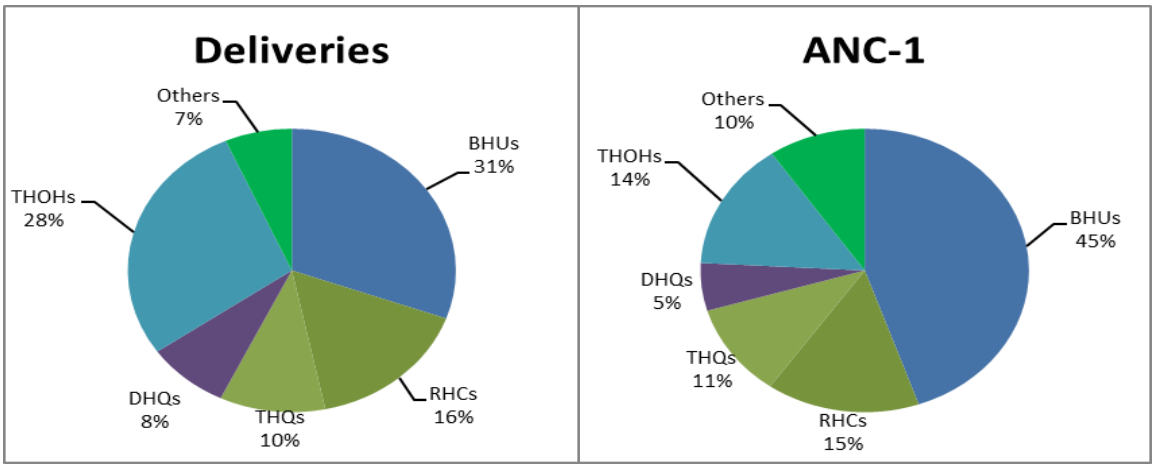

Fig 8 - Breakdown of facility-wise delivery (left) and antenatal care (right) cases.

Type of Health Facility	Deliveries	ANC-1
BHUs	97,906	714,254
RHCs	52,065	241,334
THQs	33,468	170,361
DHQs	26,175	86,729
THOHs	90,184	233,094
Others	21,199	153,167
Total	**320,997**	**1,598,939**

Table 5 - Facility-wise delivery and antenatal care cases.

In Punjab a total of 1,598,939 pregnant women were provided antenatal care (ANC-1) and 320,997 deliveries were conducted. The highest number of deliveries at healthcare facilities were in Lahore (98,679) followed by Rawalpindi (46173) and Muzaffargarh (40,432).The bottom three districts in terms of number of deliveries were Lodhran (5294) (Chiniot (8102) and Hafizabad (5593).

The highest number of ANC services received by pregnant women was in Lahore (380,004), Faisalabad (253,140) and Rawalpindi (124,642). The districts which provided the least number of ANC services were Chiniot (37045), Layyah (42,808) and Lodhran (40,319).

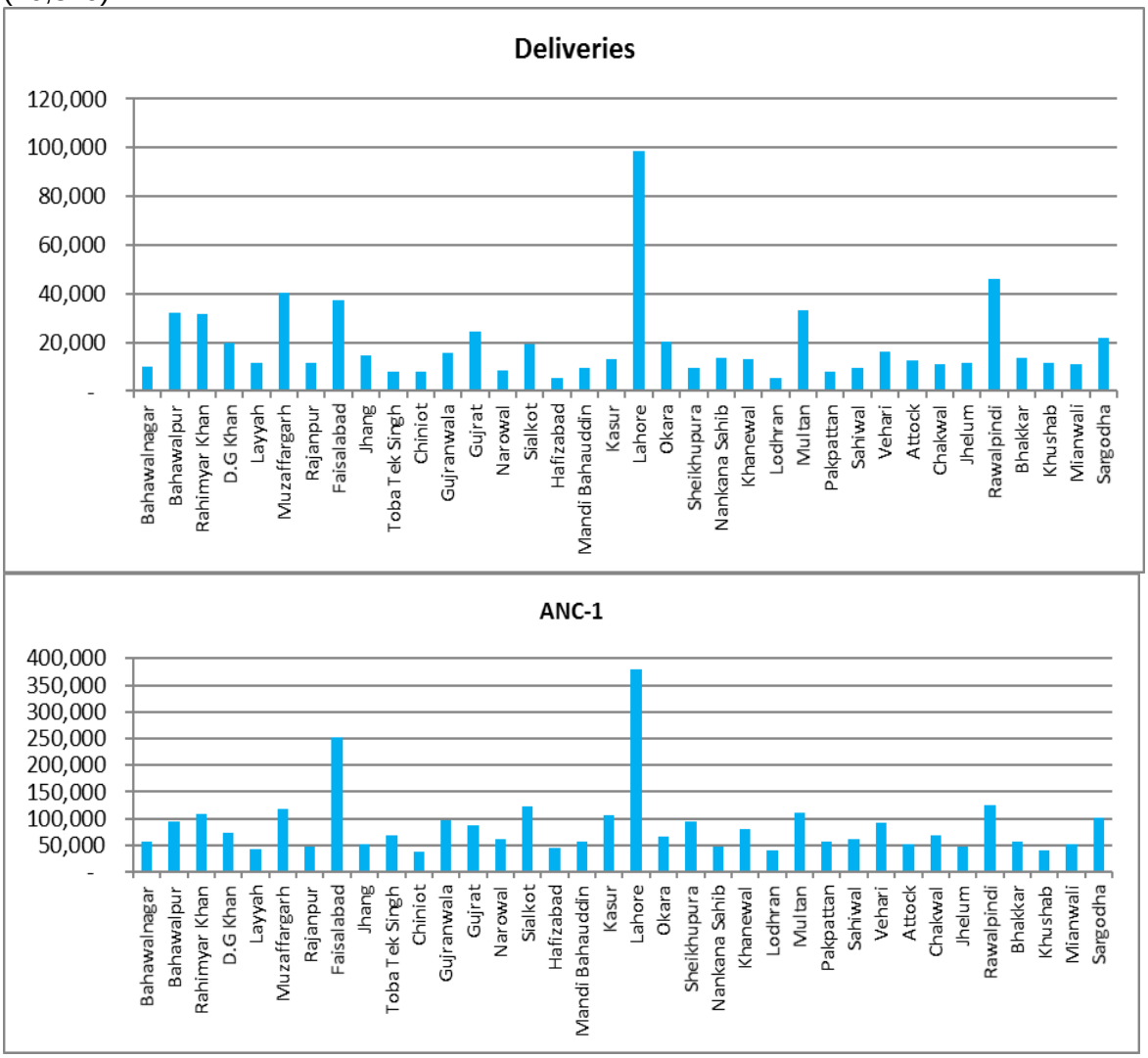

Fig 9 - District-wise delivery (top) and antenatal care (bottom) cases.

8.4 Caesarean Sections

A total number of 109,139 C-Sections was performed in Punjab. This total number is derived from data collected from the THQs, DHQs and Teaching Hospitals. The largest number of C- Sections was performed at Teaching Hospitals (79,171). Figure 10 shows the number of C-sections performed at different facilities.

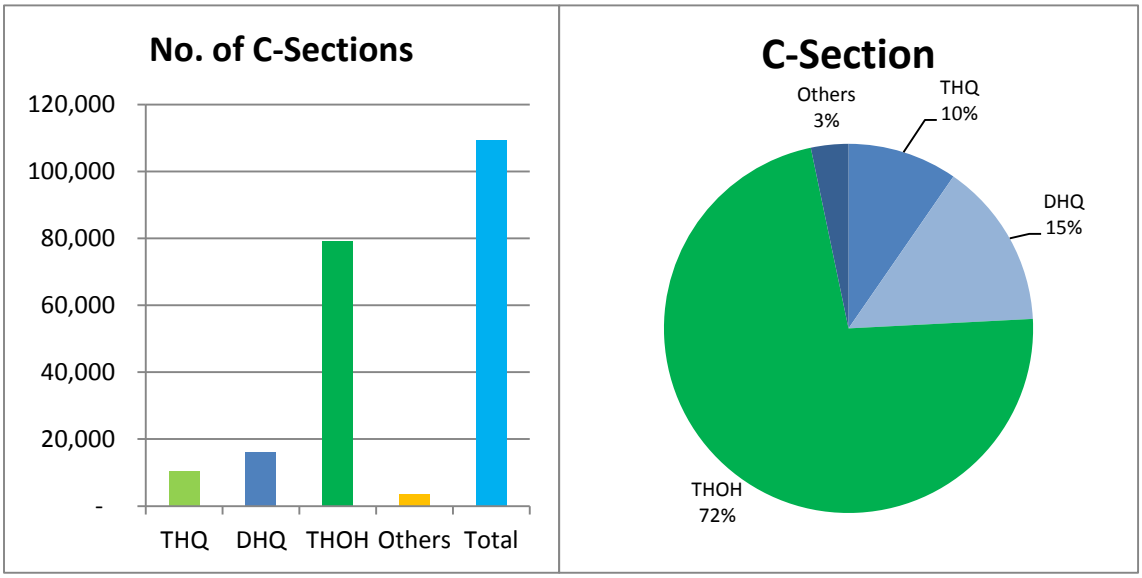

Fig 10 - Charts showing facility-wise C-Section cases.

Facility Type	No. of C-Sections
THQ	10,501
DHQ	15,887
THOH	79,171
Others	3,580
Total	**109,139**

Table 6 - Facility-wise C-section cases.

In terms of district wise coverage, the largest number of C-Sections were done in Lahore (39,530) followed by Rawalpindi (10,265) and Faisalabad (7,679). The lowest numbers of C-Sections were performed at Lodhran (40), Chiniot (133) and Khushab (322).

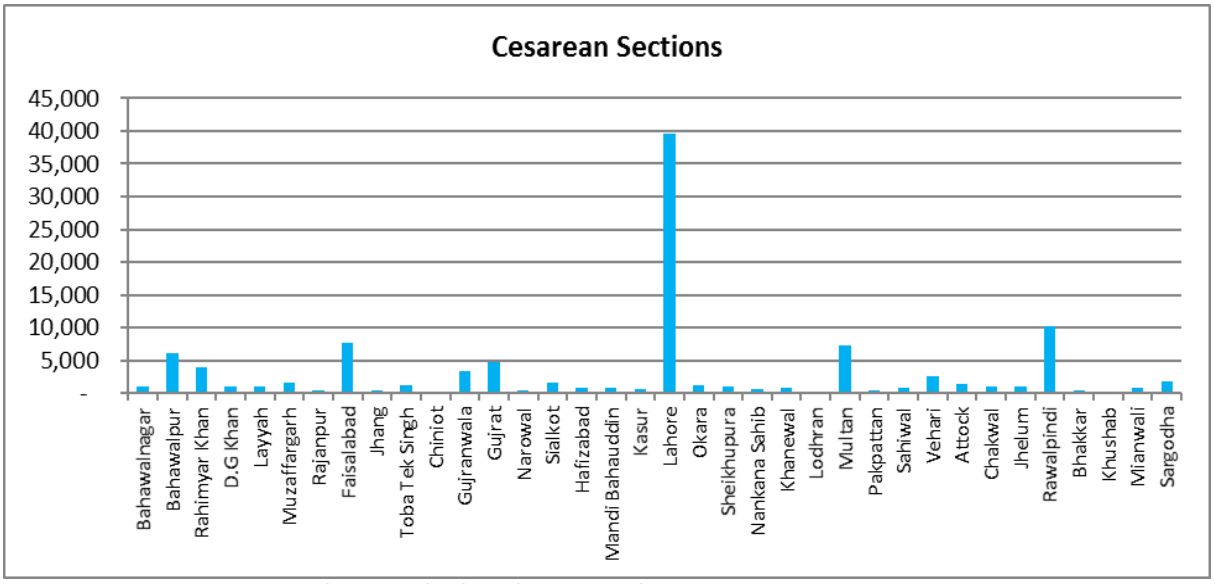

Fig 11 - District-wise C-Section cases.

8.5 TB, HIV/AIDS, Hepatitis B & C

The department maintains a database on diagnosed and suspected TB, HIV, Hepatitis B &C cases. A total of 77789, 46630, 186945 and 2777 cases of T.B, Hepatitis B, Hepatitis C and HIV respectively were confirmed. The largest proportion of confirmed cases of Hepatitis B, Hepatitis C and HIV were diagnosed by 'Other' facilities (Fig. 12). The largest numbers of TB cases were diagnosed by the RHCs. Figure 12 shows detailed classification and percentages of case diagnoses by each facility.

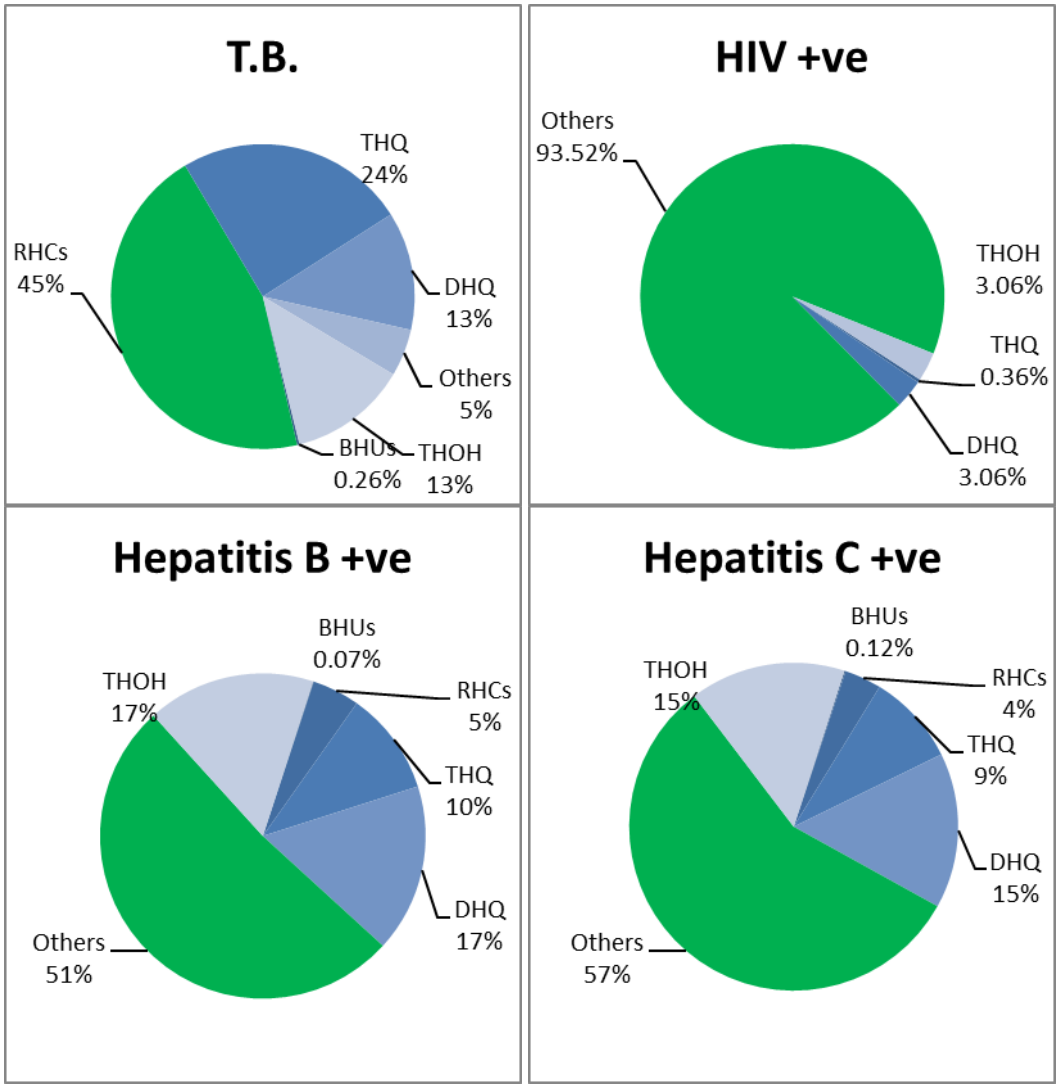

Fig 12 - Facility-wise TB cases (top left), HIV +ve cases (top right), Hepatitis B +ve cases (bottom left) and Hepatitis C +ve cases (bottom right).

In terms of district wise reporting:
Multan (4541), Faisalabad (4519) and Lahore (4397) have the highest number of confirmed TB cases amongst all districts. The lowest number of cases was reported from Mianwali (325), Rajanpur (756) and Khushab (813).

Confirmed cases of Hepatitis B were highest in Lahore (18394), Rahimyar Khan (3880) and Faisalabad (3624). The least numbers of cases were reported from D.G Khan (0), Mianwali (116) and Narowal (167).

The highest numbers of Hepatitis C cases were diagnosed in Lahore (59937) Faisalabad (42821) and Rawalpindi (7,689). The lowest numbers of cases were registered in D.G

Khan (0), Mianwali (161) Rajanpur (286). Lahore (1990), Gujrat (261), Faisalabad (217) and Sargodha (158) registered the highest number of confirmed HIV cases.

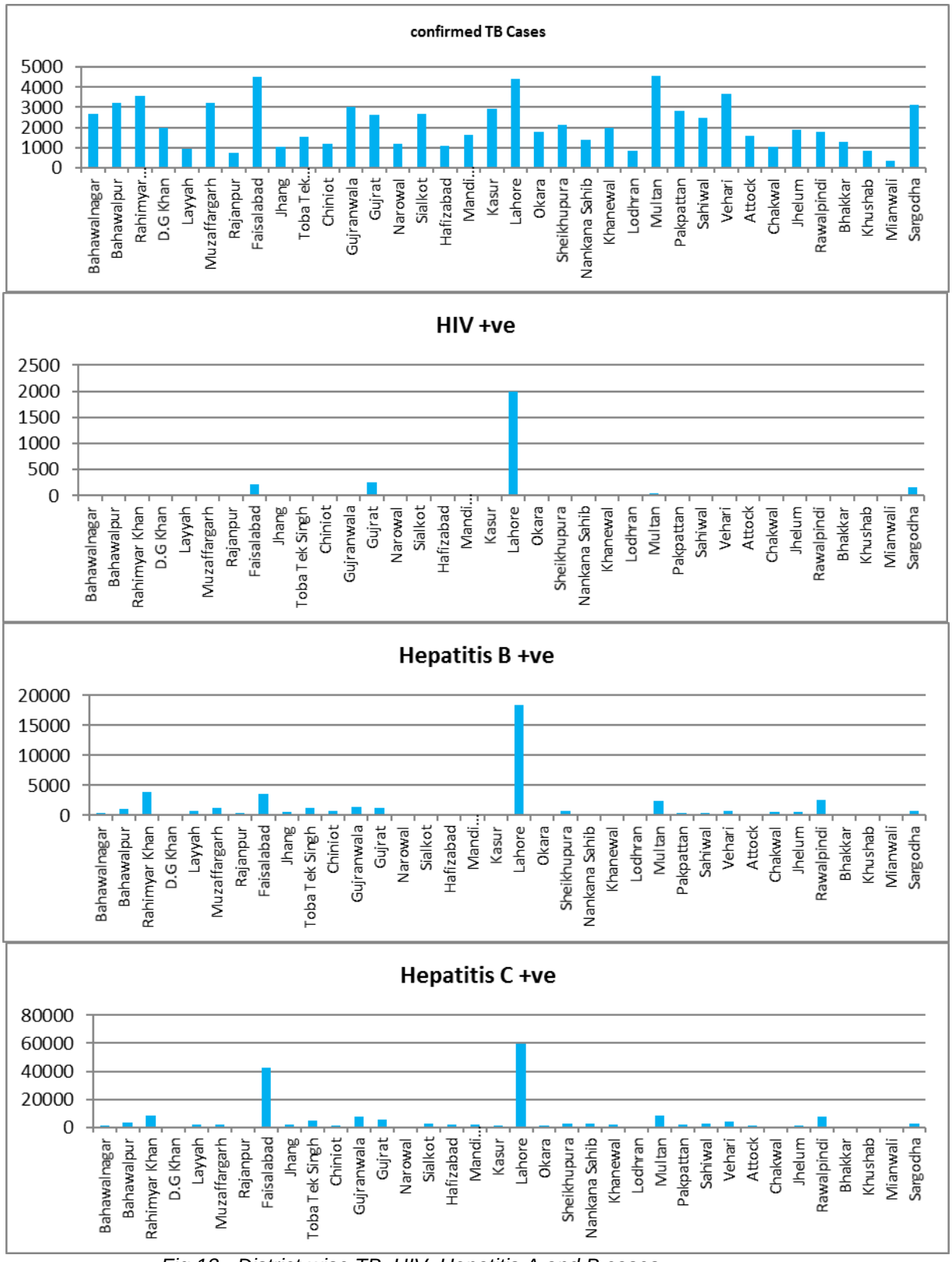

Fig 13 - District-wise TB, HIV, Hepatitis A and B cases.

8.6 Surgeries

The data on the number of surgeries carried out is stratified on the basis of type of health facilities and type of anesthesia used. A total of 1,026,037 surgeries have been performed in the Province out of which the Tertiary Hospitals performed 65% of the surgeries followed by the DHQ which performed 13% of the total surgeries.

Around 54% of the surgeries performed at all facilities used local anesthesia closely followed by 21% of the surgeries being performed under general anesthesia.

The fact that only 13% of surgeries were conducted in DHQs highlights the issue of lack of specialist staff at the district level facilities.

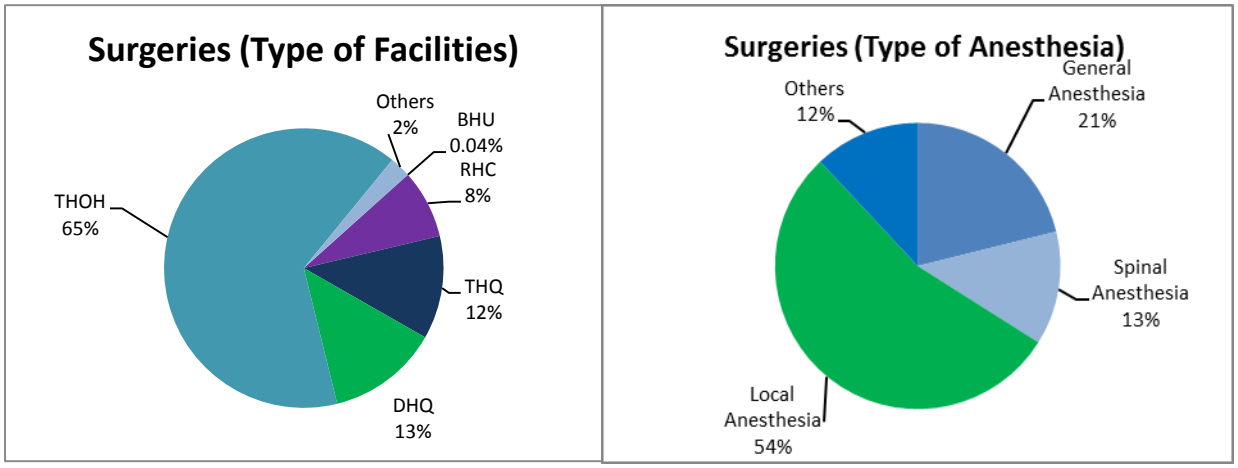

Fig 14 - Facility-wise breakdown of surgeries and the type of anesthesia used.

Facility Type	Operations under GA	Operations under spinal anesthesia	Operations under LA	Operations under other type of Anesthesia
BHU	1	15	433	0
RHC	1877	599	70198	8662
THQ	15325	18164	73465	15613
DHQ	24648	25474	52034	30203
THOH	172282	85663	339481	67109
Others	2729	1686	19034	1336
Total	216862	131601	554645	122923

Table 7- Facility-wise surgery cases and the type of anesthesia used.

A district wise analysis shows that the maximum numbers of operations performed under general anesthesia were undertaken in Lahore (77049) followed by Bahawalpur (31284) and Rawalpindi (14001).

The maximum numbers of operations under spinal anesthesia were performed in Lahore (35714), Faisalabad (15140) and Rawalpindi (11814).

There were highest number of surgeries under local anesthesia were performed at Lahore (177169) followed by Rawalpindi (61950) and Faisalabad (32161).

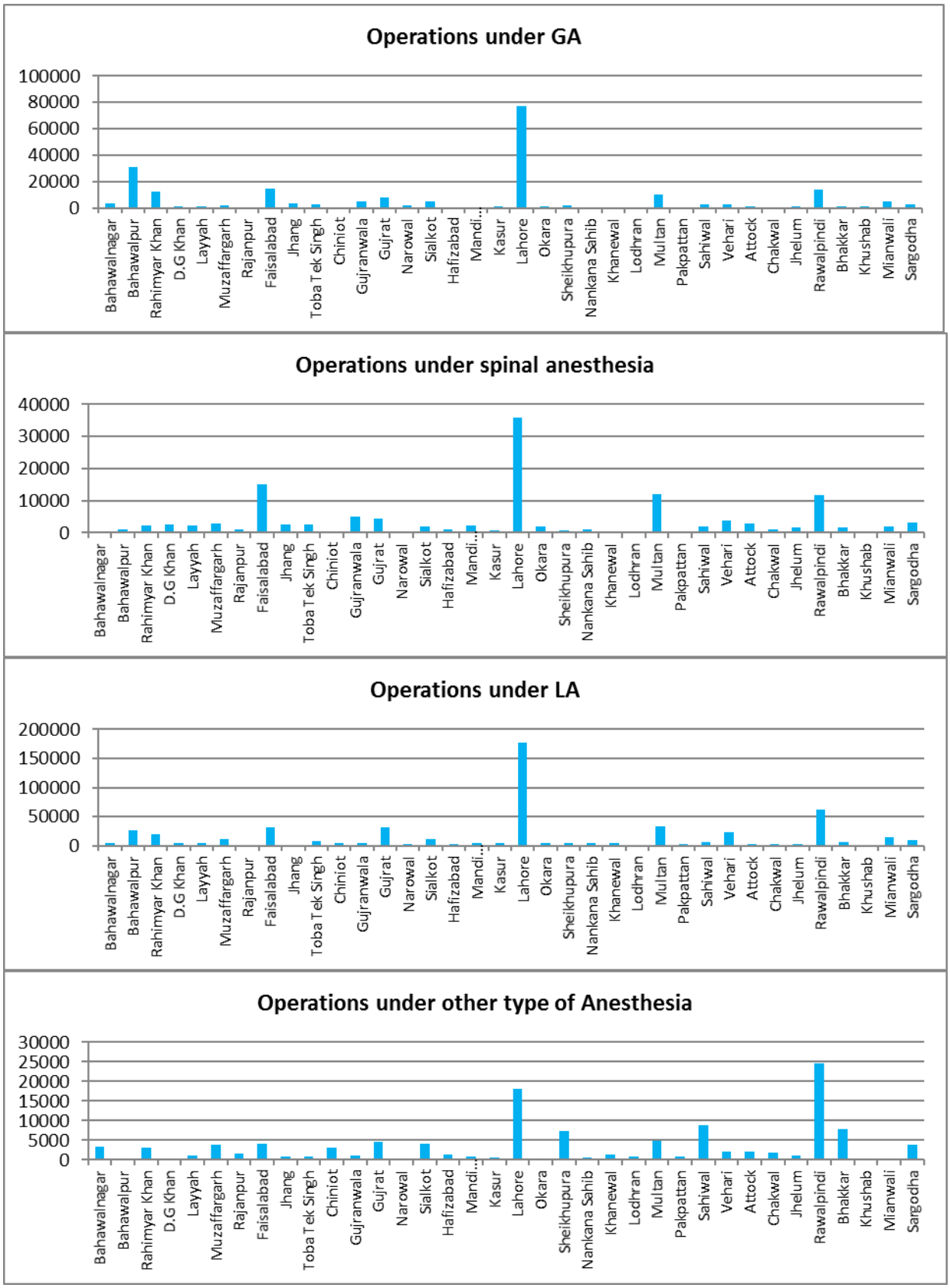

Fig 15 - District-wise surgery cases and types of anesthesia used.

8.7 Diagnostic Services

8.7.1 Laboratory investigations

The highest number of laboratory investigation were carried out in Tertiary Hospitals (62%) followed by DHQs (13.21%) and THQ's (12.18%). Figure 16 shows a detailed analysis of the type of diagnostic services availed at different types of health facilities.

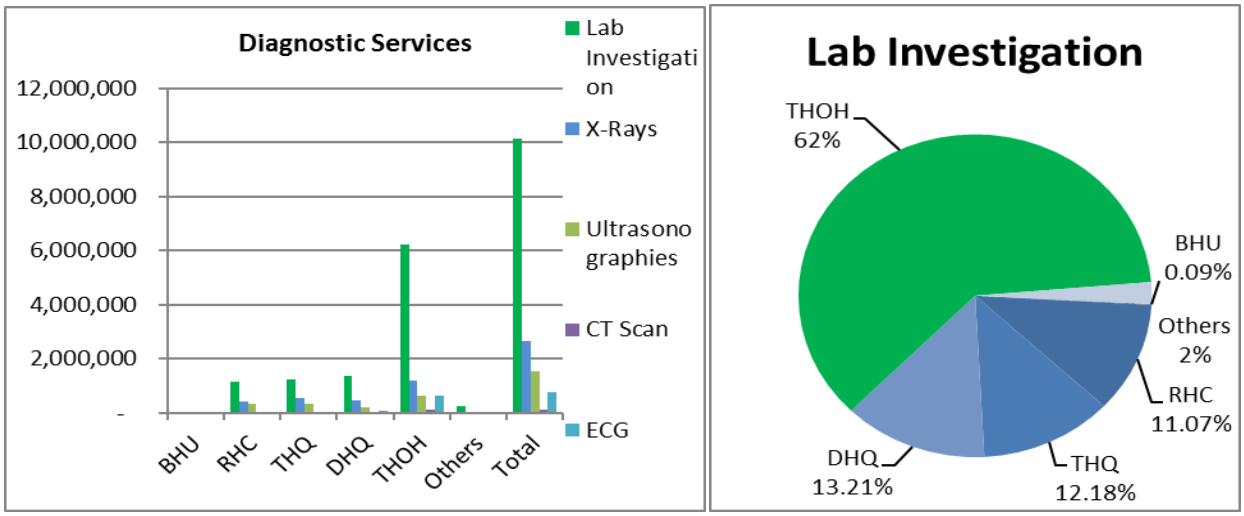

Fig 16 - Facility-wise diagnostic services and type of investigations.

Facility Type	Lab Investigation	X-Rays	Ultrasonography's	CT Scan	ECG
BHU	9,133	241	4,516	-	118
RHC	1,123,406	403,715	310,640	269	10,234
THQ	1,235,650	529,059	339,326	398	44,406
DHQ	1,340,491	452,355	215,167	3,113	82,595
THOH	6,215,617	1,202,075	622,774	110,515	632,334
Others	222,124	42,442	38,428	45	4,248
Total	**10,146,421**	**2,629,887**	**1,530,851**	**114,340**	**773,935**

Table 1 - Facility-wise diagnostic services and the type of services.

The health facilities in the districts of Lahore (3,680,366) Rawalpindi (916,770) and Bahawalpur (696,376) performed the largest number of Lab investigations. The lowest numbers of Lab investigations were performed in the districts of Khanewal (37,088) Lodhran (42,848) and Rajanpur (54,193).

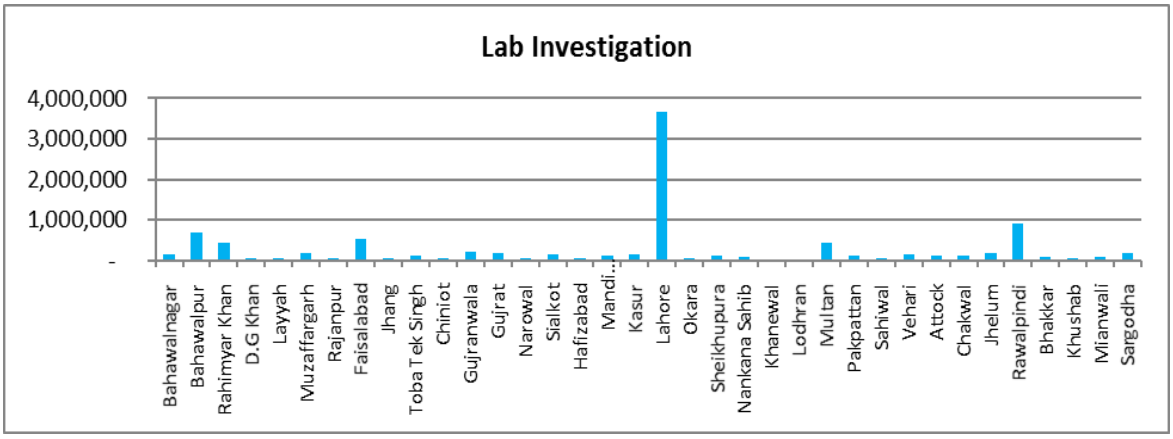

Fig 17 - District-wise lab investigations

8.7.2 X –Ray

A total of 2,629,887 X-Rays were conducted in the province. Highest number of X-Rays were carried out at Tertiary Hospitals (1,202,075) followed by THQs (1,202,075), DHQs (452,355), RHCs (403,715), Others reported as (42,442) and BHUs (241).

District Lahore (504,109), Rawalpindi (285,822) and Bahawalpur (201,709) health facilities performed the largest number of X-Rays. Figure 19 shows a detailed analysis number of X-Rays performed in all the districts. The lowest number of X-Rays performed was in the districts of Khanewal (15,928) Chiniot (20,766) and Rajanpur (17,895).

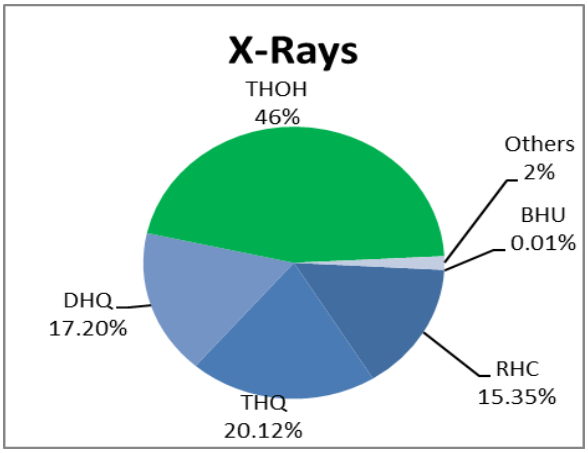

Fig 18 - Facility-wise X-Ray cases.

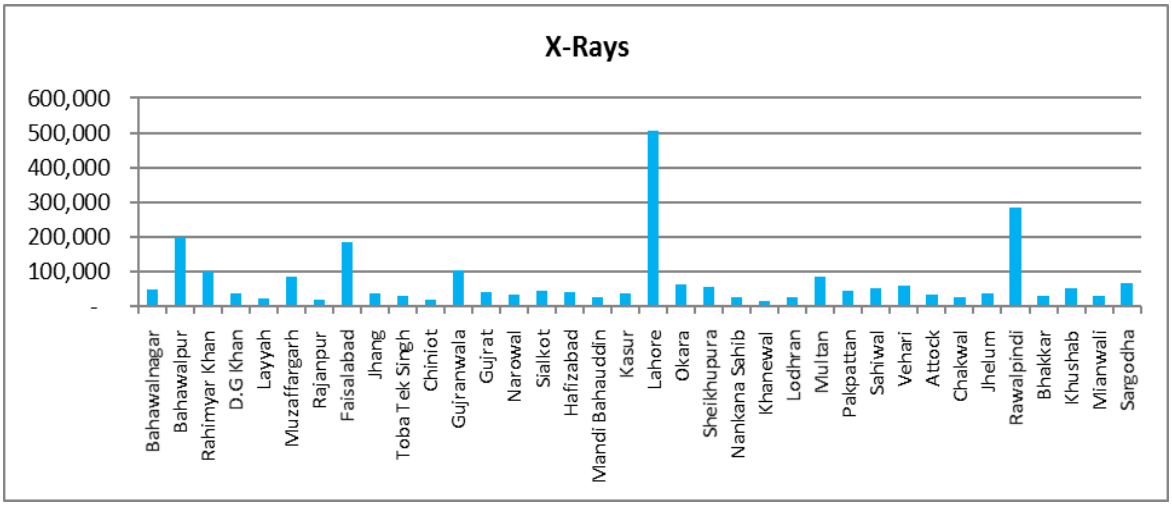

Fig 19 - District-wise X-Ray cases.

8.7.3 Ultrasonography

A total of 1,530,851 Ultrasonography's were conducted in the Province. Highest number of Ultrasound scans were carried out at Tertiary Hospitals (1,202,075) followed by THQs (339,326), RHCs (310,640), DHQs (215,167), others (38,428) and BHUs (4516). District Lahore (352,848), Rawalpindi (93, 6200), Bahawalpur (86,142) and Faisalabad (80,761) health facilities performed the largest number of Ultrasonograms. The lowest number of ultrasonograms was performed in the districts of Chiniot (552) Lodhran (7,650) and Khushab (9515).

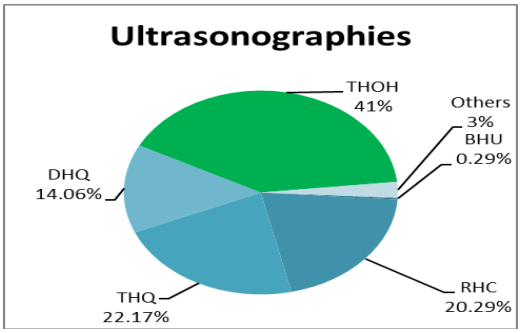

Figure 20 - Facility-wise ultrasonography's

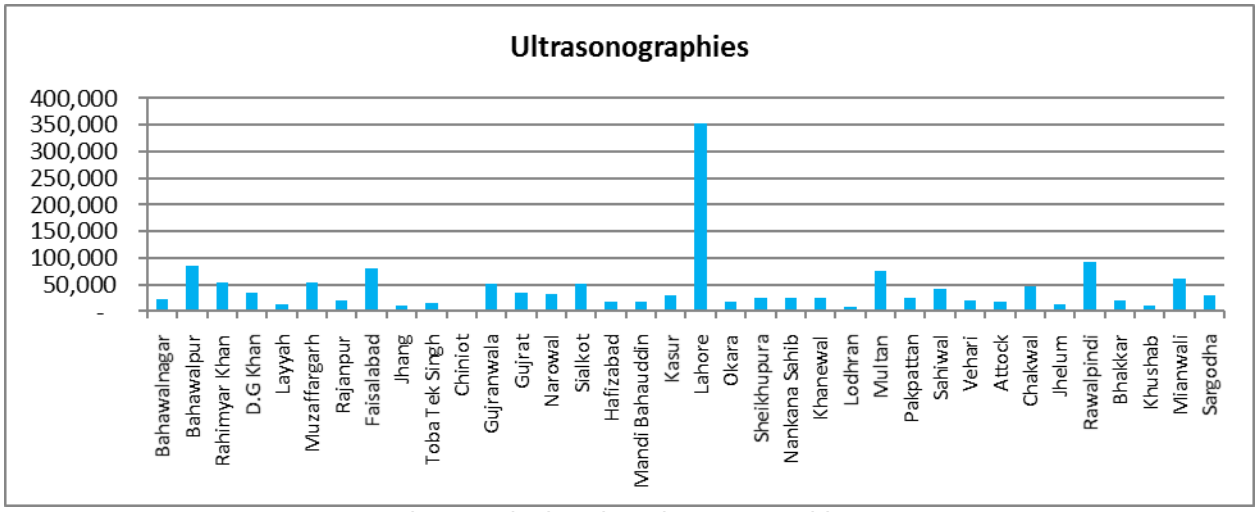

Fig 21 - District-wise Ultrasonographies

8.7.4 C.T Scan

A total of 114,340 C.T Scans were done in Punjab. Highest number of C.T Scans were carried out at Tertiary Hospitals (110,515) followed by DHQs (3,113), THQs (398), RHCs (269) and others (45). District Lahore (55193), Bahawalpur (18,428) and Faisalabad (13,851) health facilities performed the largest number of C.T Scans.

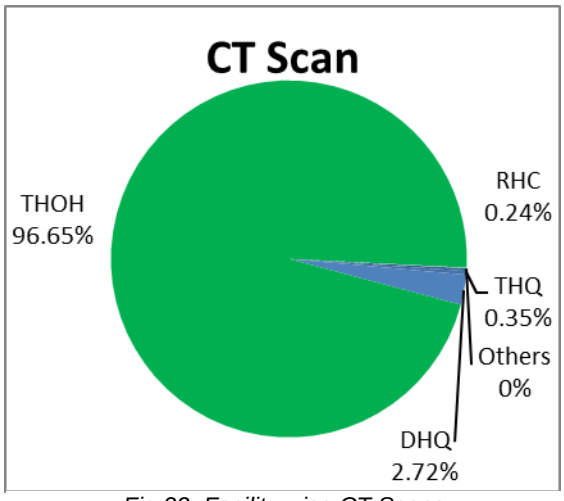

Fig 22. Facility wise CT Scans

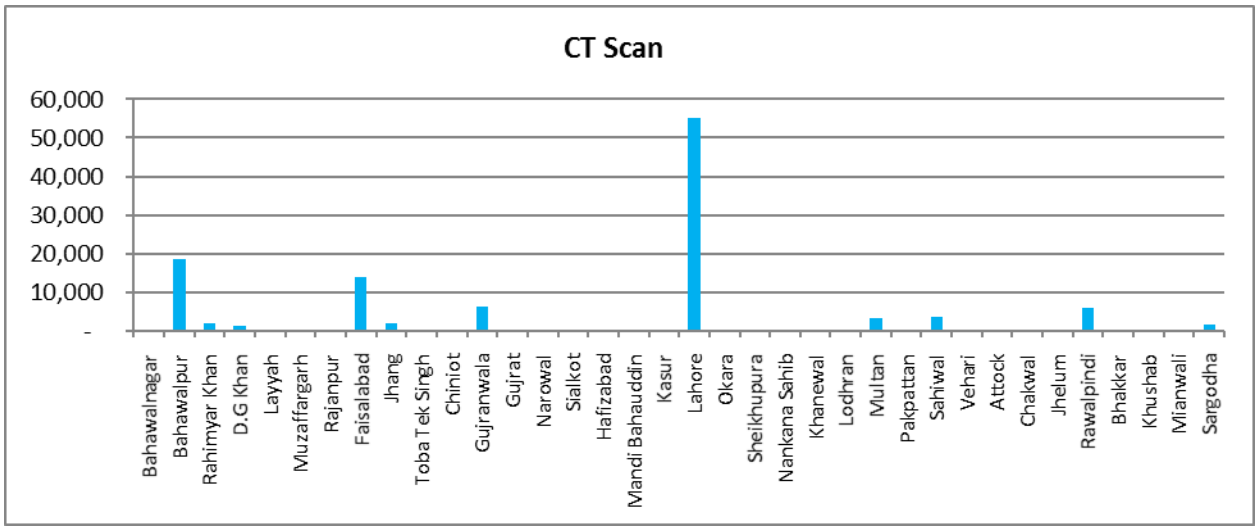

Figure 23 - District-wise CT Scans

8.7.5 ECG

A total of 773,935 ECGs were done in Punjab. Highest number of ECGs were carried out at Tertiary Hospitals (632,334) followed by DHQs (82,595), THQs (44,406), RHCs (10,234), Others (4,248) and BHUs (118).

District Lahore (271,942), Faisalabad (174,448) and Bahawalpur (72,179) health facilities performed the largest number of ECGs. The lowest numbers of ECGs were carried out in the health facilities of Jhang (733) Rajanpur (1252) and Lodhran (1533).

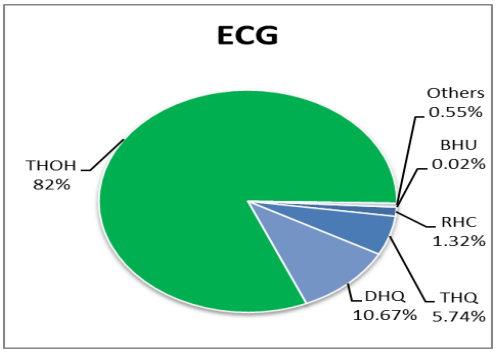

Figure 24 - Facility-wise ECGs

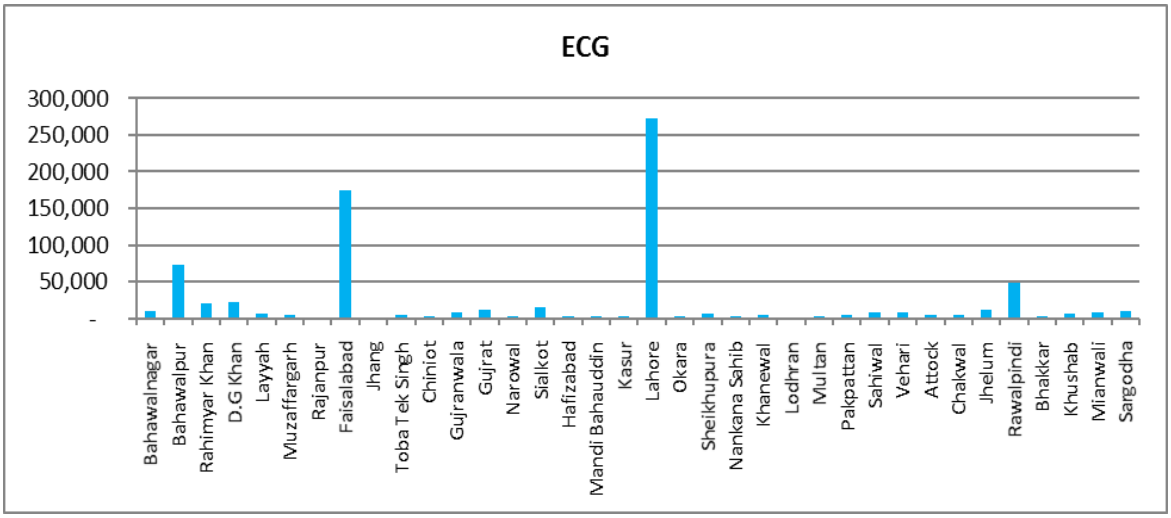

Fig 25 - District-wise ECG cases.

9. Programmes & their Activities

9.1 The Expanded Programme on Immunization (EPI)

The Expanded Programme on Immunization is a disease prevention programme aiming at reducing illness, disability and mortality from childhood diseases preventable by immunization. The routine immunization activities include vaccination of children aged 0-23 months with the eight EPI antigens according to a schedule and Tetanus Toxoid vaccination of pregnant women. In addition to offering immunization services the programme has the specific objectives to achieve 90/80 % immunization coverage, elimination of Neonatal Tetanus, elimination of Measles, two third reduction of VPDs morbidity & mortality, certification of eradication of Poliomyelitis after being free for 3 years from polio and introduction of new recommended vaccines in the EPI immunization schedule. The programme is conducting routine immunization activities (as per EPI schedule) as well as Supplementary immunization activities (for Polio and Measles) to achieve its objectives. At present coverage figures for routine immunization stand around 66% with marked geographical variations.

9.1.1 Activities undertaken by EPI:

- Measles Campaign
- Five successful rounds of Polio NIDs (National Immunization Days) conducted throughout the province
- Regular monthly EDO(H) meetings and quarterly DOH meetings to review EPI progress
- Facilitated WHO during EVM (Effective Vaccine Management) assessment
- Facilitated Unicef assess Cold Chain
- Launched Vlmis (Vaccine Logistic Management logistic solution) in 13 districts with the help of USAID
- Introduction of new vaccine management to decrease wastage
- MNTe (Maternal Neonantal Tetanus Elimination) campaigns in five districts of Punjab
- 342 vacant vaccinator posts filled
- No vaccine stockout in 2013-14
- A study – 'barriers in Immunization' was conducted with facilitation of Save the Children

Main challenges facing the programme are:

- Socio cultural resistance to immunization within communities.
- Vacant vaccinator posts
- Disruption of routine EPI schedule due to involvement of staff in Special immunisation days periodically
- Poor vaccine and cold chain management
- Irregular outreach services
- Drop outs and defaulters

9.2 National Maternal and Child Health Programme (MNCH)

This programme aims to accelerate progress towards achieving MDGs 4&5 by improving maternal, newborn and child health and nutrition services particularly among the poor, marginalized and disadvantaged segments. The overarching programme goal is to improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH programme at all levels of the health care delivery system, using community midwives as outreach skilled birth attendants and strengthening emergency delivery services at the primary level. The SBA rate for Punjab has increased considerably yet the CMWs have been limited in terms of penetrating into communities and establishing themselves. Delays in deployment and poor practical training skills have also resulted in attrition of staff from the programme. The Programme is now conducting refresher trainings for the CMWs so they gain confidence to practice independently and has also recently conducted a business generation course for them to improve their market skills. The programme has also developed a communication plan and led a robust awareness and advocacy campaign using both the print and electronic media.

A web based M&E mechanism is fully functional which is collecting data regularly through the DHIS and the MNCH programme reporting tools.

9.2.1 Progress on Activities by MNCH:

Description	Target	Achievement	Remarks
Basic EmONC Center	407	396	
CEmONC	117	102	
CMWs Trainings	6346	5658	
IMNCI Trainings	311	72	1821 Health care providers were trained.
EmONC Trainings	223	26	515 Health care providers were trained.
ENC	40	22	541 Health care providers were trained.
IYCF &HTSP Training	40	40	987 Health care providers were trained.
CMW Tutor Trainings	5	4	99 CMWs Tutors were trained.
Advocacy and Consultative Workshops(Average)	48	34	
District Level Seminar (with media interaction) (Average)	4	1.64	
Liaison & Coordination (with sectors other than health) (Average)	36	15	
Construction of CMW Schools	33	33	
Renovation Works(i)DHQ Hospitals	33	31	
Renovation Works(ii)THQ Hospitals	58	56	

Table 2 – MNCH Targets and Achievements

Challenges:

- Delay in timely release of funds for activities
- Absence of a strong referral system from the primary to the higher levels of service delivery
- Lack of awareness in communities on the benefits of using SBAs
- Weak coordination between the LHWs and the CMWs
- Attrition of staff

9.3 National Programme for Family Planning & Primary Health Care (NPFP & PHC)

The lady health worker programme has contributed significantly in improving the health status of women and children especially in rural areas. The programme places special emphasis on maternal, newborn and child health care at community level. The programme provides essential primary health care services to the community through a community based workforce, the Lady Health Workers (LHWs) has more than 20 community-based

tasks to perform; these include promotive, preventive and curative services covering aspects of maternal, newborn, child health and primary healthcare. Currently, 46125 lady health workers (LHWs) and 1820 lady health supervisors (LHSs) are attached with the Program The range of services that LHWs provide to their clients include:

- Hygiene education on drinking water and sanitation
- Nutritional advice and growth monitoring
- Monitoring and advising women on their health, and that of their babies
- Motivating and educating women on family planning
- Promoting and facilitating vaccination

One LHW is targeting 1000 people. The Lady Health supervisor is recruited to support the LHW and ensure quality of performance, One LHS supervises about 20-25 LHWs. She is provided with a vehicle to allow her mobility to perform her tasks. However, there have been reports of insufficient POL allowance which is hindering field supervision. Nevertheless, the majority of LHWs in Punjab has received at least one visit from their supervisor in the past month and has attended a monthly meeting at the health facility in the past two months.

Medical supplies and equipment are provided to LHWs by the programme to ensure an effective community health service.

9.3.1 Activities undertaken by NPFP & PHC:

- Provision of 24/7 Basic EmOC facilities at 89 BHUs.
- Screening and treatment of malnourished mothers and children coupled with health education messages.
- Terminated LHWs who were non-residents of area of assignment, had overlapping geographical areas of work and/or were under-educated or were holding dual jobs.
- The service coverage area of LHW was increased from 1000 to 1400 per LHW.
- Computerization of all LHW-related human resource data.
- Pilot projects on e-monitoring & reporting in several districts; using mobile phone technology for real time data

Challenges:

- Increasing coverage by LHWs in urban slums
- Retention of LHWs in the Programme
- Timely release of adequate funds for programme activities

9.4 Epidemics Prevention and Control Programme

This programme was initiated in the wake of 2011 Dengue epidemic. The enormity of this unprecedented epidemic compelled the Health Department to develop a comprehensive plan including standard Operating procedures as well as regulations to combat not only Dengue but any other epidemics also. The main activities of this programme are disease and vector surveillance, health education, communication, social mobilization and advocacy, institutional & capacity building, research & development. The regulations draft has redefined the roles and responsibilities of the health as well as other allied departments.

9.4.1 Activities undertaken by the Programme:

- Regular Dengue meetings of various Dengue committees; Central Emergency Response Committee (CERC), Cabinet Committee on Dengue, Provincial

Implementation Committee, Technical Advisory Committee, Dengue Experts Advisory Group (DEAG), District Emergency Reponses Committee and Town Emergency Response Committee for City District Governments.

- Online dashboard maintenance of dengue suspect, probable and confirmed cases.
- Integrated Vector Surveillance (IVM) through implementation of cluster–wise micro plans.
- Capacity building of temporarily recruited and permanent staff before the onset of possible Dengue epidemic through technical trainings.
- Provision of technical assistance to the District governments for behavior change campaigns through media and public and private educational institutions.

Challenges:

- To coordinate effectively with other programmes as well as intersectoral coordination

9.5 Punjab Hepatitis Control Programme (PHCP)

This programme is tasked with prevention and control of Hepatitis in Punjab. Spread of Hepatitis has reached alarming proportions in the province with an estimated 2% prevalence of Hepatitis B and 6.7% prevalence of Hepatitis C in the province. The programme promotes prevention through launch of hepatitis awareness campaign, provision of immunization to high risk groups, promotes infection control measures, facilitate implementation of hospitals waste management rules and provides diagnostics & treatment services to the poor patients. Twelve PCR labs provide free testing services across Punjab and 19 incinerators have been installed in various districts. Hospital waste management teams have been notified in all hospitals of Punjab (Teaching, DHQ and THQ) and one round of Hospital Waste Management has been conducted throughout Punjab. Mapping of all potential sources of spread of Hepatitis (barbers, beauty salons, general practitioners, dentists) has been completed in 33 districts. The programme is organizing yearly awareness campaigns for these enlisted groups on prevention of Hepatitis.

9.5.1 Activities undertaken by PHPC:

- Hepatitis awareness campaign through mass media was launched. Prevention messages targeting general communities were published in all lead newspapers and broadcasted on radio and TV channels.
- Master trainers were trained at PHDC (Provincial Health Development Centre) and DG office to scale up the infection control and hospital waste management trainings in the districts.
- The Districts organized training sessions at DHDC (District Health Development Centre) level.
- Two days training session for hospital waste management was organized for the waste management officers and infection controls from all public sectors hospitals of Lahore
- Master training workshop on the subject of injection safety and infection control in ten high prevalence districts.(Dera Ghazi Khan, Rahim Yar Khan, Jhang Rajanpur, Vehari, Hafizabad, Pakpattan, Bahawalnagar, Bahawalpur and Okara)
- Heavy duty syringe cutters and safety boxes were provided in the 10 high prevalence districts.
- Free diagnostic and treatment facilities were made available for 20000 poor patients.
- Screening devices were provided to all DHQ level hospitals.

- Hospitals were followed for constitution of HWM (Hospital Waste Management) teams under HWM Rules 2005 and make them functional.
- Province level review meetings were held at teaching hospitals for implementation of HWM Rules.

Challenges:

- Awareness raising among target population
- Resource allocation and mobilisation
- Absence of screening mechanisms in public health facilities

9.6 Health Education Programme

The Health education programme manages mass media campaigns on priority health subjects in coordination with the concerned health programme e.g. EPI, CDC, dengue prevention and control etc. It also collects and consolidates monthly reports of school health programme, and provides feedback to the relevant departments.

9.6.1 Activities undertaken by the Health Education Programme:

- Launch of mass media awareness campaign on Dengue, EPI, Hepatitis and world health days in liaison with the concerned programme.
- Conducted EPI awareness campaign
- Launch of Hepatitis awareness campaign
- Health Education materials (posters, leaflets, brochures, folders) were developed and distributed to the districts on hepatitis, dengue, EPI, measles, safe water, hand washing, personal hygiene, dental hygiene, hospital waste management, malaria, diabetes, blood pressure, heart disease, scabies, eye disease, smoking, Congo virus, MERS (Middle East Respiratory Syndrome) Corona virus, diarrhoea, solid waste and balance diet.
- Training of Master trainers and dissemination of Infection Prevention and Control protocols for primary and secondary level health facilities conducted in selected districts of Punjab.

9.7 TB Control Programme

Punjab bears 56% of TB case load of whole Pakistan. The estimated incidence of all types of TB cases is 276/100,000 population The Punjab TB Control programme supports planning, coordination, monitoring and evaluation of TB control activities in the province. It advises and provides training to all personnel involved in tuberculosis control. It runs a network of TB diagnostic and reference labs and maintains data on TB cases.

The Program Network in Punjab is as follows:

Health Units	Nos
Total Basic Management Units (BMUs) in Province (All RHC, THQ, DHQ, Tertiary Care Hospitals)	547
BMUs in Public Sector	472
BMUs in Parastatal Sector (PESSI, Railway)Private Sector (Pakistan Anti TB association, Gulab Devi Hospital and others)	75
General Practitioners in Private Public Mix (PPM)	1242

Private Labs in Private Public Mix	119

The Progress During 2013-14 is summarized as follows:

S.No.	Description	Target	Achievement
1	Case Detection Rate (B+ve)	70%	71%
2	Case Detection Rate (All Type)	70%	77%
3	Sputum Conversion Rate	90%	92%
4	Treatment Success Rate	85%	93%
5	Default Rate	<5	3%

9.7.1 Activities undertaken by the TB Control Programme:

- Free of cost treatment of TB available at all health facilities
- Free provision of diagnostic facilities at all RHC, THQ, DHQ, Tertiary Care Hospitals
- The free provision of drugs and diagnostic facilities at private and public private setups
- Capacity building of private practitioners under the DOTS (Directly Observed Therapy Short-course) Strategy through a structured modular training
- Advocacy Communication and Social Mobilization through media workshops and quarterly news letter
- Engaging stakeholders outside the government through Public private partnership with PESSI (Punjab Employees Social Security Institute) and Fauji Foundation

9.8 Nutrition Programme

This programme assists in planning, coordination, monitoring and evaluation of activities addressing nutritional needs of the undernourished in the province. The overall goal of the programme is to increase access to enough good quality food and information to improve nutritional status and health of the people.

36 Salt Iodization laboratories have been established across the province and there is a plan to start training soon. 800,000 bottles of Zinc and 2 million sachets of ORS were purchased in the fiscal year 2013-14 and are in various phases of distribution. Training of Lady Health Workers trained in Infant and Young Child Feeding practice is ongoing and up to now a total of 14,928 LHWs have been trained. 226 Oral Therapeutic Centers and 19 Stabilization Centers are functional for treatment and management of acute malnutrition in communities.

9.8.1 Activities undertaken by the Nutrition programme:

- Establishment of Stabilization Centers for the treatment of children with SAM (Severe Acute Malnutrition) with medical complications.
- CMAM (Community Management of Acute Malnutrition) activities in districts.
- Provision of RUTF (Ready to Use Therapeutic Food) and Therapeutic Formulas F75 and F100.
- Scaling up Nutrition Programme in different districts through establishment of OTPs (Oral Therapeutic Centers).
- Advocacy workshops for medical practitioners on significance of Zinc + LO ORS (Low Osmolarity Oral Rehydration Salts) in diarrhoea management.
- Trainings on IDD/USI (Iodine deficiency disorder/Universal salt Iodization) Programme and Food Inspectors were conducted in all districts.
- Training of laboratory technicians working in quality control and reference laboratories on titration method for the calculation of exact amount of Iodine in the salt.

- Annual Review meeting on IDD/USI was held with stakeholders, development partners and district focal persons.
- An orientation session was conducted with Food Safety Officers and Senior Management of Punjab Food Authority.
- Salt samples are regularly analysed through quality control and reference laboratories.

Challenges:

- Coordination with other sectors for implementation of the Multisectoral Nutrition Strategy.
- Capacity building of staff to be able to carry out the functions.

9.9 Roll Back Malaria Programme

This programme forges consensus among key actors in malaria control, harmonizes action and mobilizes resources to fight malaria in endemic areas. Its aim is to reduce the malaria associated morbidity and mortality by keeping malaria under effective control. The programme has also been involved in Dengue prevention and control activities. As a result of concerted efforts the incidence of malaria has reached its lowest level in the province.

9.9.1 Activities undertaken by the Roll Back Malaria Programme:

- Provision of Rapid Diagnostic Test (RDT) kits to the health Facilities where malaria microscopy services are not possible.
- Provision of Radical Treatment to all the confirmed cases of malaria in accordance with National treatment policy within 24-hours after diagnosis.
- All Entomologists and Communicable Disease Control (CDC) Officers in the province were trained as master trainers on integrated Vector Control Measures and Spray Operations regarding Dengue and Malaria fever.
- The master trained CDC Inspector and CDC Supervisors in the districts.

9.10 Punjab AIDS Control Programme

The programme is aimed at controlling and reversing the spread of HIV amongst the most at risk groups and to keep the epidemic from establishing among the bridging groups and the general population. It is providing preventive, diagnostic and treatment services. At present, Punjab has a concentrated HIV epidemic. The Round 4 of the HIV/AIDS surveillance project (HASP) states the prevalence in IDU as 37.8%, Hijra sex workers 5.2%, male sex workers 3.1% and female sex workers 0.6%.

9.10.1 Activities undertaken by the AIDS Control programme:

- Preventive services are being provided to IDUs (Injecting Drug Users), FSWs (Female Sex Workers), HSWs (Home based Sex Workers) and MSWs (Male Sex Workers) through community based Service Delivery Projects
- The diagnostic and treatment services are being provided through VCCT (Voluntary Counselling and Confidential Testing) Centres
- Preventive and curative activities are carried out through Surveillance Centres, Treatment Centers and Prevention of PPTCT (Prevention of Parent to Child Transmission) Centres established in various public sector hospitals.
- More than 50% of the registered HIV positive patients are receiving regular ART (Anti Retro Viral Therapy)

Challenges:

- To improve monitoring and supervision components of the programme
- Sensitization of the at risk population through health awareness and education for prevention measures

10. Health Budget and Expenditures at Provincial and District Levels

There has been an overall increase in health allocations and spending (current and development) in Punjab (provincial and district combined). Table 1 presents the overall health budget outlay and spending at provincial and district level for both routine health operations and development allocations and spending. In the fiscal year 2013-14, 57% of the total health budget was allocated for funding the routine health operations in the province, whereas 43% was allocated for carrying out the development programmes. This essentially means that a larger proportion of budget was allocated for funding the routine health operations in the province as compared to funding of the development programmes.

Total budget allocations for the districts (current and development) exhibit an overall increase from 29,798 million to 33760 million. There was a modest decrease in development budget during the year 2013-14 from 27,000 million to 105, 759 million.

Details	Budget 2012-13	Budget 2013-14
- Current	36,807	45,999
- Development	27,000	26,000
Total – Province	**63,807**	**71,999**
- Current	29,798	33,760
- Development	-	-
Total – District	**29,798**	**33,760**
- Current	66,605	79,759
- Development	27,000	26,000
Consolidated	**93,605**	**105,759**

Table 7: Comparison of 2012-13 and 2013-14 Budget

The development budget for new schemes increased from 43% in 2012-13 to 55% in 2013-14, reflecting a significant 12% rise. However, the development budget for ongoing schemes decreased from 57% (2012-13) to 45% (2013-14) which is a decrease of 12% from the previous year.

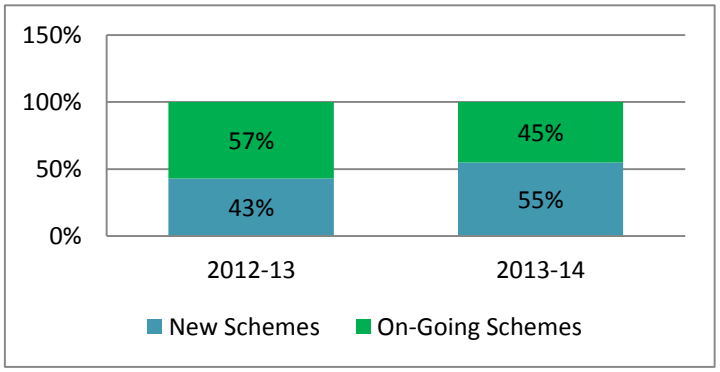

Fig 26: Ongoing and new Development schemes

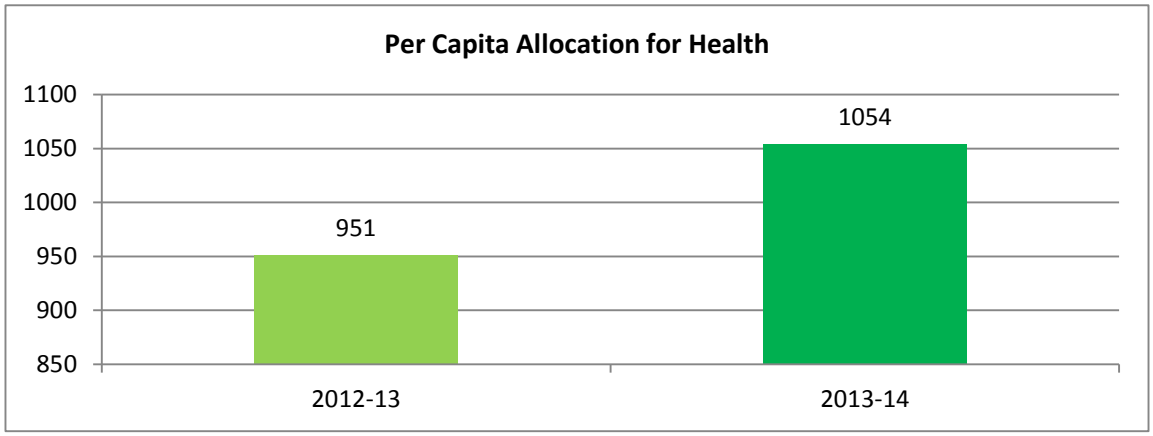

Fig 27: Per-Capita Allocation for Health

Total per-capita allocation showed a consistent (Fig 27) increase between the financial years 2012-13 and 2013-14. Per capita allocation for health increased from 951 to1054. Budget analysis according to the line items (Fig 28) revealed that a significant portion of the budget (58%) was allocated for 'employee related expenses' and the second largest allocation (21%) was on 'operating expenses'. This was followed by a 10% allocation on 'transfers' and a 7 % allocation on 'physical assets'.

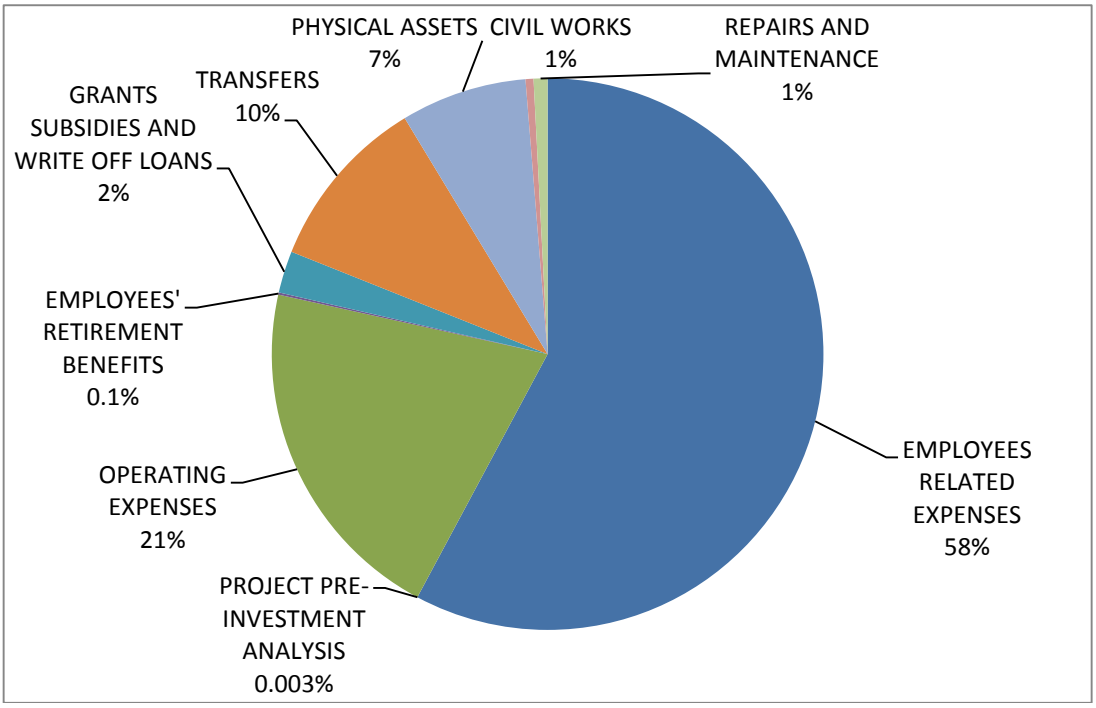

Figure 28: Allocation of Provincial Health Budget by Line items (budget categories)

11. Human Resource

The Health Department maintains an electronic record of its employees through a Human Resource Management Information System (HRMIS). The HRMIS maintains electronic database comprising of only technical staff. The data on non-technical and managerial staff working in districts, Health Secretariat, Director General Health and Programmes is not computerized and hence there is yet no mechanism other than manual calculations to ascertain the total strength of Health Department's human resource.

The following is the HR data on staff in the 36 districts of Punjab. This data is stratified on the basis of districts, human resource specialties and status of sanctioned posts.

Sr. No.	District	Specialists		Surgeons		Doctors		Nurses		Vaccinators		LHV	
		Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
1	Attock	63	21	9	6	105	84	129	116	0	0	4	4
2	Bahawalnagar	57	31	8	6	122	60	116	107	0	0	7	7
3	Bahawalpur	113	69	24	11	372	333	490	406	13	13	7	7
4	Bhakkar	41	24	7	6	48	26	100	96	1	1	9	9
5	Chakwal	27	18	5	4	26	17	32	26	0	0	3	3
6	Chiniot	13	5	4	3	59	24	36	35	0	0	8	8
7	D.G Khan	34	27	9	8	103	84	87	75	3	2	8	8
8	Faisalabad	182	91	22	18	467	442	1179	1153	3	3	21	20
9	Gujranwala	51	38	10	8	172	157	219	218	2	2	11	11
10	Gujrat	48	32	8	6	94	69	154	141	9	7	11	10
11	Hafizabad	21	10	5	4	86	26	65	62	0	0	5	5
12	Jhang	39	19	8	6	41	26	106	105	1	1	2	2
13	Jhelum	41	15	5	4	81	27	91	80	0	0	4	4
14	Kasur	29	15	5	3	73	42	53	53	0	0	4	4
15	Khanewal	47	26	6	6	67	40	58	54	1	1	4	4
16	Khushab	48	17	6	2	86	28	73	68	1	1	6	6
17	Lahore	292	214	35	26	988	913	1857	1742	6	5	16	16
18	Layyah	55	28	14	8	115	80	133	111	8	8	11	11
19	Lodhran	25	19	5	4	71	43	66	38	1	1	4	4
20	M.Bahauddin	21	5	5	2	29	17	37	30	1	1	2	2
21	Mianwali	39	17	8	3	94	63	91	79	1	1	8	8
22	Multan	117	66	27	23	350	346	587	511	0	0	7	7
23	Muzaffargarh	50	46	14	14	66	66	77	77	0	0	6	6
24	Nankana Sb	34	6	7	4	23	22	68	66	5	5	7	7
25	Narowal	22	9	4	2	41	33	65	48	0	0	2	2
26	Okara	47	30	9	3	94	35	88	87	1	0	5	5
27	Pakpattan	25	14	4	3	47	25	71	56	53	53	3	3
28	R.Y. Khan	69	18	10	7	324	293	400	342	1	1	6	6
29	Rajanpur	26	19	7	7	52	45	57	48	0	0	5	5
30	Rawalpindi	104	48	21	11	238	203	518	448	0	0	5	5
31	Sahiwal	37	25	9	9	100	74	160	155	0	0	5	3
32	Sargodha	61	51	14	13	76	53	242	234	6	6	15	15
33	Sheikhupura	35	18	7	5	114	48	140	124	0	0	5	5
34	Sialkot	72	37	13	10	157	76	158	152	1	1	10	10
35	T.T. Singh	38	22	6	5	70	39	53	52	13	13	4	4
36	Vehari	35	25	6	6	71	69	83	81	0	0	4	4
Total		**2058**	**1175**	**366**	**266**	**5122**	**4028**	**7939**	**7276**	**131**	**126**	**244**	**240**

Table 8- Sanctioned and filled posts of Health Personnel district wise.

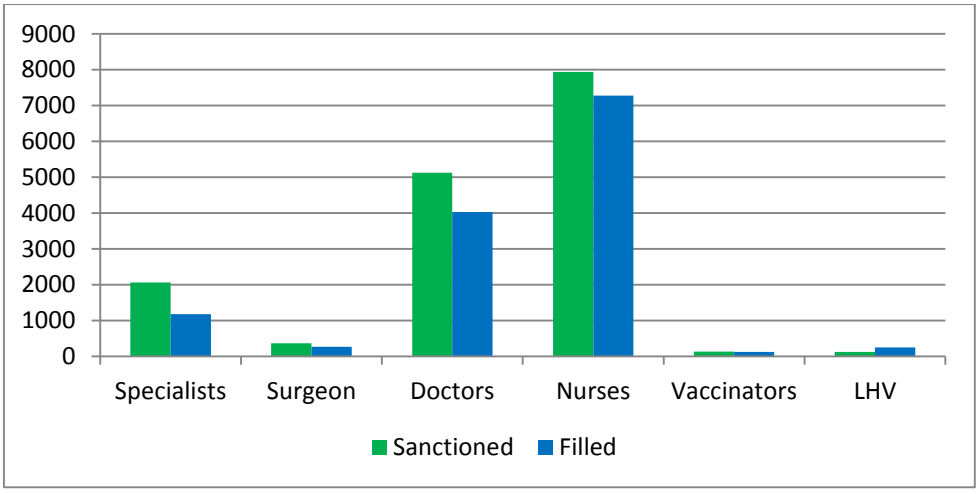

Figure 29- Comparison of Sanctioned vs. Filled posts of Health Personnel

The situation of health personnel in Punjab is elaborated in figure 29. 'health personnel' represents Doctors, Specialists, Surgeons, Nurses, Vaccinators and Lady Health Workers (LHW). Table 8 provides a comprehensive situation analysis of health personnel positions in all districts of Punjab. This data looks at the sanctioned positions for each district and how many of those sanctioned positions have actually been filled in Punjab. There are 2058 sanctioned posts of Specialists in Punjab and out of which 1175 positions have been filled. There are 366 sanctioned positions of Surgeons of which 266 have been filled. Around 5122 sanctioned posts of Doctors are available in Punjab of which 4028 positions have been filled. In the category of Nurses there are 7392 sanctioned positions of which 7276 positions have been filled. There are 244 posts for vaccinators of which 240 have been filled and in the category of LHW 240 positions have been filled out of the 244 sanctioned posts. As per Figure 29 the data indicates that there is significant disparity between sanctioned and filled posts in Punjab.

12. Monitoring and Evaluation

12.1 Online District Health Information System (DHIS)

District Health Information System is a mechanism of data collection, transmission, processing, and analysis and information feedback from health facilities. This is a computerized online information system in Health Department which generates monthly reports based on information on selected indicators collected from the health facilities. DHIS provides a baseline data for district planning implementation and monitoring on major indicators of disease pattern, preventive services and physical resources.

This has been modified from the earlier Health Management Information System (HMIS). DHIS has a much wider scope than the old HMIS. The upgraded version of DHIS is being implemented at district levels. All districts are reporting through DHIS online system now. Monthly review meetings are held in the DGHS where the EDOHs of all districts are invited to attend and see how there district has performed. However analysis of data and feedback to districts is still not a well-integrated activity.

12.2 M & E of Health Programmes

Health Secretariat and Director General Health office has no formal protocol in place to monitor vertical programmes. Each programme has its own mechanism of monitoring and evaluation. This is mostly done through physical random field visits by the provincial programme managers. There are no clearly defined work plans for these activities. Few programmes such as the EPI and MNCH have online tracking systems of their activities in place.

13. Future initiatives

13.1 RHC Plus Model

Rural Health Centre provides promotive, preventive, curative, diagnostics and referral services along with inpatient services. These health facilities are an integral part of the primary healthcare system. The government is in the process of upgrading 36 of these health facilities to the status of RHC Plus where an additional Emergency obstetrics and newborn care (EmONC) services will be provided to improve maternal and newborn health.

13.2 Performance Management Contracts

The District EDO (Health) and Medical Superintendent of Tehsil Head Quarter Hospitals (THQs) will be awarded contracts based on their performance. These contracts will be given to health managers based on already developed and functional online Key Performance Indicators which have information fed in from other monitoring and evaluation dashboards i.e DHIS, MISs of vertical programmes. Contracting of this nature is also a Disbursement Linked Indicator (DLI) of the World Bank's Provincial Health and Nutrition Programme (PHNP).

13.3 Voucher Scheme

This demand side financing initiative will be initially piloted in two districts. Through this voucher scheme all Skilled Birth Attendants (SBAs) at the primary and secondary healthcare tier will get incentives provided they complete a set of four antenatal and two post-natal care visits per patient. These incentives will be primarily monetary in nature. The services provided during these antenatal and post-natal visits will be assessed based on specific identified indicators.

13.4 Performance Based Incentives

The performance of healthcare providers will be assessed on the basis of a set of performance benchmarks already known to the provider. The healthcare providers benefiting from this will include all health personnel rendering health services at health facilities and community. These incentives will be primarily monetary in nature. The incentives will be offered to health care providers from primary and secondary health care tiers of the healthcare system.

13.5 Social Health Insurance

This Government of Punjab is launching a health insurance scheme. This will be implemented through a newly established designated - Punjab Social Health Insurance Unit under the Punjab Health Foundation. The health insurance scheme will cover expenditures of hospitalization; including child birth, common diseases of childhood, injuries and accidents, common surgeries and medical ailments; and a specific number of OPD visits. This insurance plan has financial commitment from the Government of Punjab through allocation in Annual Development Plan. In the first phase, the scheme will be launched in Districts of Layyah, Rajanpur, Hafizabad and Chakwal, and will later be expanded to other districts of the province.

Annexure-1 Total number of Health Facilities District wise

This data in Table.1 provides a detail of health facilities in Punjab as well as looks at how each district is faring in terms number of health facilities. The type of health facilities has also been detailed out in Table 1. Faisalabad (207), Lahore (163) and Sargodha (153) are the districts which have access to the most number of Health facilities. The cities with the least number of health facilities are: Chiniot (44), Rajanpur (46) and Hafizabad (58).

District	ADMIN	BHU	CD	CH	DHQ	FC	GRD	HD	LC	MCH	MH	OTHER	RD	RHC	SHC	SHS	TBC	TD	THOS	THQ	UD	Total
Attock	0	62	0	0	1	0	2	0	0	4	0	1	0	5	1	0	0	0	0	5	0	**81**
Bahawalnagar	0	102	0	0	1	0	0	0	0	7	2	0	0	10	0	0	1	0	0	4	0	**127**
Bahawalpur	0	73	0	1	0	0	5	0	0	10	0	2	0	11	0	0	2	0	1	4	0	**109**
Bhakkar	0	39	0	0	1	0	3	0	0	2	0	13	9	4	13	0	0	0	0	3	0	**87**
Chakwal	0	64	1	0	1	0	4	0	0	1	0	0	0	10	0	0	0	0	0	3	0	**84**
Chiniot	0	36	0	0	1	0	1	0	0	2	0	0	0	3	0	0	1	0	0	2	0	**46**
D.G Khan	0	50	19	0	0	0	3	0	0	5	0	1	1	10	0	0	0	0	1	3	0	**93**
Faisalabad	1	168	0	0	1	0	5	0	0	6	0	0	0	12	5	0	0	0	3	5	1	**207**
Gujranwala	1	92	0	0	0	0	21	0	0	10	0	0	0	10	0	0	1	0	1	3	0	**139**
Gujrat	0	90	0	2	0	0	2	0	0	6	0	1	0	10	0	0	0	0	1	1	0	**119**
Hafizabad	0	32	9	0	1	0	5	0	0	4	0	0	0	6	0	0	0	0	0	1	0	**58**
Jhang	1	58	0	0	1	0	8	0	0	6	0	0	0	9	0	0	1	0	0	2	0	**87**

District	ADMIN	BHU	CD	CH	DHQ	FC	GRD	HD	LC	MCH	MH	OTHER	RD	RHC	SHC	SHS	TBC	TD	THOS	THQ	UD	Total
Jhelum	0	45	0	0	1	1	8	0	0	6	0	2	0	6	0	0	0	0	0	2	0	**71**
Kasur	0	82	0	0	1	0	3	0	0	8	0	1	20	12	0	0	1	0	0	2	0	**130**
Khanewal	0	82	0	0	1	0	6	0	0	4	0	0	12	7	0	0	0	0	0	3	0	**115**
Khushab	0	41	0	0	1	0	8	0	0	7	0	0	0	5	0	0	0	0	0	4	0	**66**
Lahore	0	36	0	0	1	5	0	5	1	50	0	2	0	6	0	0	0	1	16	4	36	**163**
Layyah	0	39	0	0	1	0	21	0	0	2	0	0	0	3	0	0	0	0	0	5	0	**71**
Lodhran	1	48	0	0	1	0	5	0	0	1	0	0	0	4	0	0	0	0	0	2	0	**62**
M.Bahauddin	0	49	1	0	1	0	0	0	0	4	0	1	0	9	0	0	0	0	0	1	0	**66**
Mianwali	1	40	3	0	1	0	4	0	0	5	0	0	7	10	0	0	0	0	0	3	0	**74**
Multan	1	80	0	0	0	0	0	0	0	7	0	2	3	8	0	0	0	0	1	4	1	**108**
Muzaffargarh	1	70	0	0	1	0	5	0	0	3	0	0	0	13	0	0	0	0	0	3	0	**96**
Nankana Sahib	0	48	2	1	1	0	3	0	0	5	0	0	14	6	0	0	0	0	0	2	0	**82**
Narowal	0	56	0	0	1	0	3	0	0	4	0	0	0	7	0	0	1	0	0	1	0	**73**
Okara	0	96	0	0	2	0	0	0	0	6	0	1	1	10	0	0	1	0	0	2	0	**119**
Pakpattan	1	53	3	0	1	0	1	0	0	2	0	0	1	5	0	0	1	0	0	1	0	**69**
Rahimyar Khan	1	103	0	0	0	0	0	0	0	7	0	0	0	20	0	0	2	0	1	3	0	**138**

District	ADMIN	BHU	CD	CH	DHQ	FC	GRD	HD	LC	MCH	MH	OTHER	RD	RHC	SHC	SHS	TBC	TD	THOS	THQ	UD	Total
Rajanpur	0	32	2	0	1	0	0	0	0	1	1	0	0	6	0	0	0	0	0	3	0	**46**
Rawalpindi	1	98	0	0	0	0	6	0	0	12	0	0	0	8	0	0	0	0	3	6	0	**134**
Sahiwal	1	75	2	0	0	0	0	0	0	2	0	0	14	11	0	0	0	0	2	1	0	**108**
Sargodha	0	120	7	0	0	0	0	0	0	5	0	1	0	12	0	0	0	0	1	7	0	**153**
Sheikhupura	0	79	0	0	1	0	5	0	0	4	0	0	0	8	0	0	0	0	0	2	0	**99**
Sialkot	0	88	1	0	0	0	2	0	0	15	0	0	16	7	0	0	1	0	2	3	0	**135**
Toba Tek Singh	1	70	0	0	1	0	0	0	0	2	0	2	0	7	0	0	1	0	0	2	0	**86**
Vehari	0	74	0	0	1	0	4	0	0	4	0	0	0	14	0	0	0	0	0	2	0	**99**
Total	**12**	**2470**	**50**	**4**	**27**	**6**	**143**	**5**	**1**	**229**	**3**	**30**	**98**	**304**	**19**	**0**	**14**	**1**	**33**	**104**	**38**	**3600**

Key: BHU(Basic Health Unit), CD (Civil Dispensary) CH (Civil Hospital), DHQ (District Headquarter Hospital), FC (Filter Clinic),GRD (Government Rural Dispensary),HD (Homoepathic Dispensary),LC (Leprosy Clinic),MCH (MCH Centre),MH (Maternity Hospital),RD (Rural Dispensary),RHC (Rural Health Centre),SHC (Sub Health Centre),SHS (School Health Services),TBC (T.B. Clinic),TD (Tibbi Dispensary),THOS (Teaching Hospitals),THQ (Tehsil Headquarter Hospital),TINS (Teaching Institutes),UD (Urban Dispensary),OTHERS (Civil Hospital, Dispensaries, Filter Clinic, MCH Center, Maternity Homes, Specialized Hospital like Children Hospital, other than teaching hospitals, Children Hospital)