

**Provincial Health and Nutrition Programme – PHNP**

**Quarterly Progress Report**

**October to December 2016**

**PUNJAB**

## Provincial Health and Nutrition Programme 202488 Grant 2012-18

### List of Acronyms

CDC	Communicable Disease Control
CEmOC	Comprehensive emergency obstetric care
CMWs	Community mid wives
cMLP	Continuous Multiyear Plans
DIME	Directorate of Information monitoring and evaluation
DHIS	District Health Information System
EmONC	Emergency obstetric medical care
EPHS	Essential Package for health services
HFA	Health Facility Assessment
IRMNCH	Integrated Reproductive maternal & new-born Child health
IYCF	Infant and young child feeding Practices
KPI	Key performance indicators
LHWs	Lady Health Workers
MEAs	Monitoring and Evaluation Assistants
MNCH	Maternal and new born Child health
MSDS	Minimum service delivery standards
OTP	Outpatient therapeutic program
PPHI	People's Primary Healthcare Initiative
PRSP	Punjab rural support program
RUTF	Ready to use therapeutic food
SC	Stabilization centre
TRF	Technical resource facility
THQH	Tehsil head quarter hospital

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### 1. Assessment of Health Sector Reform Programme against Disbursement Linked Indicators (DLI's)

#### 1.1 Background

The Government of Punjab is committed to improve the health outcomes of the people by bringing about advancements in service delivery that ensure access to quality health services with special focus on maternal and child health services. The Punjab Health Sector Strategy has identified key areas of intervention and is promoting using an integrated approach to ensure health system strengthening. The World Bank and DFID are actively supporting the Government of Punjab (GOPb) in implementation of the health strategy through the Punjab Health Sector Reforms Programme (PHSRP) and the Punjab Health and Nutrition Programme (PHNP). The DFID funded Punjab Health and Nutrition Programme was rolled out in March 2013 to support the delivery of an Essential Package of Health Services Program and implementation of IRMNCH and Nutrition Program. 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 (a) enhancing coverage, quality and access to essential health care especially for the poor and the vulnerable and in underdeveloped districts and (b) improving Health Department's ability and systems for accountability and stewardship functions.

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 and Governance, Human Resource, Information, Medical Products and Financing.

The Punjab Health and Nutrition Programme (PHNP) is making steady progress against an identified and approved log frame/work plan. All the first year and second year DLIs have been achieved. The total DLIs for the third year (2015-16) are 16. Out of these 9 DLIs have been completed. Twelve DLIs have been finalized for the fourth year (2016-17). Three complete and three partial DLIs have been assessed and achieved in October 2016. Six complete and three partial DLIs would be assessed in February 2017 and *one DLI (Mechanism for transfer / posting of doctors between the two department (P&SHD and SH&MDE) established)* that relates to February 2017 assessment has already been achieved.

Financial support to the programme is based on achieving the disbursement linked indicators (DLIs). As per agreement the Government of Punjab is obliged to report progress on achievement on DLIs every quarter. This document provides the progress update for the October to December 2016 quarter of the PHNP Program. The DLI's are distributed among various areas and under each area that particular DLI has been explained.

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Key challenges/lessons learnt are also stated below

### 1.2 Service Delivery

**DLI – Achieve an average of 6 deliveries per CMW per month in areas not covered by 24/7 BHUs & RHCs and an average of 4 deliveries per CMW per month in areas covered by 24/7 BHUs & RHCs (provincial average)**

**Due Date: 31<sup>st</sup> October 2016**

**Means of verification:**

- CMW database report supported by IRMNCH
- Report describing the measures introduced to improve CMW performance, validated by third party

**Status:**

Partially Achieved. The IRMNCH Program reports that average number of deliveries per CMW in 24/7 area was 4 and non 24/7 areas was 6 in the 4<sup>th</sup> Quarter of 2016. This DLI has been achieved and qualifies for remaining disbursement linked to this DLI.

The following table displays deliveries by CMWs per district for this quarter:

Sr No	Districts	Deliveries /CMW in 24/7 Area	Deliveries /CMW in Non 24/7 Area
1	Attock	3	5
2	Bahawalnagar	4	5
3	Bahawalpur	No-CMW	4
4	Bhakkar	2	5
5	Chakwal	3	No-CMW
6	Chiniot	No-CMW	4
7	D.G Khan	5	6
8	Faisalabad	No-CMW	5
9	Gujranwala	4	5
10	Gujrat	4	4
11	Hafizabad	6	No-CMW
12	Jhang	4	6
13	Jhelum	3	4
14	Kasur	4	5
15	Khanewal	5	7
16	Khushab	6	7
17	Lahore	3	5
18	Layyah	3	No-CMW
19	Londhran	4	5
20	Mandi Bahauddin	4	6
21	Mianwali	4	6
22	Multan	4	6
23	Muzaffargarh	4	5
24	Nankana Sahib	5	6
25	Narowal	7	8

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Sr No	Districts	Deliveries /CMW in 24/7 Area	Deliveries /CMW in Non 24/7 Area
26	Okara	5	6
27	Pakpattan	5	6
28	Rahimyar Khan	4	6
29	Rajanpur	4	6
30	Rawalpindi	3	3
31	Sahiwal	5	6
32	Sargodha	3	6
33	Sheikhupura	6	7
34	Sialkot	7	8
35	Toba Tek Singh	3	5
36	Vehari	4	6
	<b>TOTAL</b>	<b>4</b>	<b>6</b>

Source: MNCH Program MIS

### DLI – Availability of Gynaecologist, Anaesthetist and Paediatrician filled in 70% of DHQs and THQs designated cEMOC centers

**Due Date: 28<sup>th</sup> February 2017**

#### Means of Verification:

- Approved list of designated cEMOC centers
- Assessment report to set baseline
- DHIS report data validated by MEAs

#### Status:

Notification of designated cEMOC health facilities (DHQ & THQs) has been notified by Primary & Secondary Healthcare Department, Punjab. Notification is attached as **Annex-A**

#### DHIS Report Data:

Indicators	DHQ (%)	THQ (%)
Gynaecologist	95	90
Anaesthetist	91	57
Paediatrician	95	85

Source: DHIS

#### MEAs Report Data:

Indicators	DHQ (%)	THQ (%)
Gynaecologist	100	93
Anaesthetist	86	62
Paediatrician	100	84

Source: MEAs Secondary Dashboard

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### **DLI – 85% Functional OTPs and SCs (based on assessment report by TRF)**

**Due Date: 28<sup>th</sup> February 2017**

**Means of Verification:**

Validation by third party on following parameters:

- All Staff positions filled for SC and OTP services
- No stock-outs of therapeutic nutritional supplements
- Availability of functional anthropometric equipment

### **DLI-85% of MAM screened children at OTPs receiving MMS supplementation**

**Due Date: 28<sup>th</sup> February 2017**

**Means of Verification:**

- Nutrition MIS validated by third party

**STATUS:**

A joint third party assessment for both of the above DLIs is launched by TRF+, inception report has been submitted by the firm on 18<sup>th</sup> January 2017. Clean tables to be provided by 17<sup>th</sup> of February and final report during the first week of March 2017.

### **DLI- Mechanism for transfer / posting of doctors between the two department (P&SHD and SH&MDE) established**

**Due Date: 28<sup>th</sup> February 2017**

**Means of Verification:**

- Process agreed and guidelines developed
- Notification issued

**Status:**

DLI Achieved. Notification of posting/Transfer policy for MOs/WMOs (BS-17)/SMOs/SWMOs (BS-18) has already been shared with DFID.

### ***1.3 Stewardship and Governance (25%)***

### **DLI- Approval and implementation of the Risk Mitigation Plan by the Primary and Secondary Health Care department**

**Due Date: 31<sup>st</sup> October 2016**

**28<sup>th</sup> February 2017**

**Means of verification:**

- Approval of FMC PC-1
- Notification of RMP
- At least one progress report on implementation of the RMP (covering a period upto 30th Jan 2017)

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### **Status:**

Partially Achieved. Notification of RMP has been approved by Primary & Secondary Healthcare Department, Punjab and already shared with DFID. FMC staff has been hired by the Department and Quarterly progress report will be prepared and shared with DFID by February 2017.

### **1.5 Data and Information (10%)**

**DLI – Functional data internal validation system for DHIS in place**

**Due Date: 28<sup>th</sup> February 2017**

#### **Means of Verification:**

- Assessment and recommendation Report on internal validation system of DHIS
- Approval of assessment report on internal validation system

### **Status:**

TRF+ is working on it and will be completed this work by end of February, 2017. Draft of Data validation system is ready and is under review.

**DLI – Quarterly performance provincial and District review meetings based on KPIs**

#### **Means of Verification:**

- Meeting minutes with **progress on actionable points**
- At least One quarterly review meeting
- Two quarterly review meetings

**Due Date: 31<sup>st</sup> October 2016**

**28<sup>th</sup> February 2017**

**Status:** Partially Achieved.

#### **Provincial Review Meetings:**

Review Meetings of EDOs is a regular feature of Primary & Secondary Health Department and held regularly in DGHS office under the chair of Secretary, Primary & Secondary Healthcare, Department. All Additional Secretaries, Deputy Secretaries, Divisional Directors Health, Program Directors and EDOs (Health) attended the meeting. In the meetings held in this quarter, update on previous meeting decisions was shared with the participants and desired to take actions for improvement of overcrowding in the OPDs, Canteens, Patient Counselling, Evening & Night Service and Role Model. The chair passed the instruction to monitor drug manufacturing and supply chains to assure quality in best public interests. Minutes of the meetings are attached as **Annex-B1, B2**.

#### **District Review Meetings:**

District Review Meetings were held regularly in the office of Executive District Officer (Health). District Officer Health, Program Director (DHDC), MS THQs/DHQs, Deputy



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District Officer Health, District Coordinator (IRMNCH &NP), SMO/In charge all RHCs, Statistical officer attended the meeting. Minutes of meetings are attached as **Annexure-C(A1-Y1)**

### Status of the Financial Management Cell (FMC):

#### 1.6 Financing (20%)

#### Quarterly Utilization vs. Allocation of PHNP financial aid

Three business plans are now under implementation with coordination role being provided by the PSPU.

**Business Plan 1 (BP1)** – A total of PKR 2,150.926 million was available as financial aid with the department of health during the fiscal year 2013-14 out of which PKR 2,125 was released by the FD for implementation of activities as agreed under the business plan. An additional PKR 900 million was released to fund activities of BP1. A summary of releases and expenditures as on 31<sup>st</sup> December, 2016 for BP1 are presented in the table below.

**Table 1:** Summary of programme/initiative wise releases and expenditures as on 31<sup>st</sup> December, 2016 (PKR) – BP1

Programme	Allocation	Revised Allocation	Expenditure	Committed	Saving **
Rural Emergency Ambulance Service	74,300,000	-	-	-	-
Integrated Reproductive Maternal and Neonatal Child Health Programme	1,800,000,000	1,800,000,000	1,397,341,680	402,658,320	-
Maternal and Neonatal Child Health Programme	44,520,800	1,614,000	1,614,000	-	-
National Programme for Family Planning and Primary Health Care	59,960,000	59,398,050	59,398,050	-	-
District Health Information System	33,552,326	14,396,935	-	-	14,396,935
Expanded Programme for Immunisation	126,935,000	125,008,350	125,008,350	-	-
Communicable Disease Control Programme	21,123,500	300,000	-	-	300,000
Provincial Environmental Health, Medical Waste and Infection Control Program	51,962,760	51,384,086	51,384,086	-	-
Provincial Health Development Centre	31,578,144	31,578,144	12,634,162	-	18,943,982
Essential Package of Health Services - Medicine Transportation	72,000,000	-	-	-	-
Monitoring and Evaluation Assistants (MEAs)	69,956,000	42,708,627	42,673,934	-	34,693
Essential Package of Health Services - District Government	345,242,000	345,242,000	345,242,000	-	-
	294,820,790	294,820,790	37,850,548	256,970,242	-
<b>Total</b>	<b>3,025,951,320</b>	<b>2,766,450,982</b>	<b>2,073,146,810</b>	<b>659,628,562</b>	<b>33,675,610</b>
<b>Utilisation Rate</b>			<b>75%</b>	<b>99%</b>	

Source: Release order from Finance Department and programme reports on expenditure.

\*\* Saving of Rs. 33.68 M from 1<sup>st</sup> Business Plan has been included in 3<sup>rd</sup> Business Plan for reallocation.

**BP2** – Second business plan was approved by the health department on the 16<sup>th</sup> of July, 2015. The total cost of this business plan was PKR 1,762.65 million with the government share amounting to PKR 12,323 million. Table below provides the summary of allocation, releases and expenditures as of 31<sup>st</sup> December, 2016.

**Table 2:** Summary of programme/initiative wise releases and expenditures as on 31<sup>st</sup> December, 2016 (PKR) – BP2

Programme/Initiative	Allocation	Release	* Expenditure to Date	* Committed Expenditure	Saving**
Rural Emergency Ambulance Service	203,560,000	203,560,000	134,135,000	69,425,000	-

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Programme/Initiative	Allocation	Release	* Expenditure to Date	* Committed Expenditure	Saving**
National Programme for Family Planning and Primary Health Care	546,496,800	546,496,800	523,496,800	23,000,000	-
Expanded Programme for Immunisation	147,395,000	147,395,000	139,026,000	8,369,000	-
Implementing EPHS	215,757,600	215,757,600	42,993,332	146,740,299	26,023,969
Improving Monitoring and Evaluation	96,017,850	96,017,850	70,814,582	5,194,000	20,009,268
Seminar/Symposium/Conferences/ Consultative Meetings on EPHS, PHC & Contracting Out	3,050,000	3,050,000	-	-	3,050,000
Financial Management Cell	2,000,900	2,000,900	-	2,000,900	-
Internal Audit Wing	2,005,000	2,005,000	1,148,490	856,510	-
IRMNCH	546,363,845	546,363,845	432,827,000	113,536,845	-
<b>Total</b>	<b>1,762,646,995</b>	<b>1,762,646,995</b>	<b>1,301,685,204</b>	<b>411,878,554</b>	<b>49,083,237</b>
Utilization Rate			<b>74%</b>	<b>97%</b>	

\* The expenditure figures have been conveyed by the programmes.

\*\* Saving of Rs. 49.08 M from 2<sup>nd</sup> Business Plan has been included in 3<sup>rd</sup> Business Plan for reallocation.

**BP3** – Third business plan has been approved by the health department on the 21<sup>st</sup> October 2016. The total cost of this business plan is PKR 1,526.92 million with the government share amounting to PKR 2,503.40 million. Funds of PKR 1,526.92 Million is in the process of release from Finance Department. Table below provides the summary of allocation and commitments as of 31<sup>st</sup> December, 2016.

**Table 3:** Summary of programme/initiative wise releases and expenditures as on 31<sup>st</sup> December, 2016 (PKR) – BP3

Programme/Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Balance	Government share
IRMNCH	1,509,375,022	0	0	1,115,795,491	393,579,531	1,982,000,000
Improving Monitoring and Evaluation (MEAs)	17,545,600	0	0	-	17,545,600	71,400,000
<b>Total</b>	<b>1,526,920,622</b>	<b>0</b>	<b>0</b>	<b>1,115,795,491</b>	<b>411,125,131</b>	<b>2,053,400,000</b>
Utilization Rate			<b>0%</b>	<b>73%</b>		

### Government Funding in addition to DFID

During the fiscal year 2016-17 Government has allocated a total of PKR 65,648 million for the Primary and Secondary health sector in Punjab<sup>1</sup>. This allocation is split between Provincial and District Level by 34% and 66%<sup>2</sup> respectively. Table below shows the allocation by Provincial and District level and also by current and development budget streams.

**Table 3:** Primary and Secondary Health Sector Budget Allocation for the Fiscal Year 2016-17 (PKR million)

Level	Current	Development	Total
Provincial	4,320	18,000 <sup>3</sup>	22,320
District	43,328	0	43,328
<b>Total</b>	<b>47,648</b>	<b>18,000</b>	<b>65,648</b>

Source: Data from PIFRA

### Budget Analysis

Table below presents a consolidated<sup>4</sup> picture of Punjab Health Budget for the fiscal year 2016-17 by major object classifications.

<sup>1</sup> Consolidated provincial and district, current and development.

<sup>2</sup> Note: development budget includes allocation for both provincial and district level, therefore actual district share will be more.

<sup>3</sup> Includes capital and revenue.

<sup>4</sup> Provincial + District + Development

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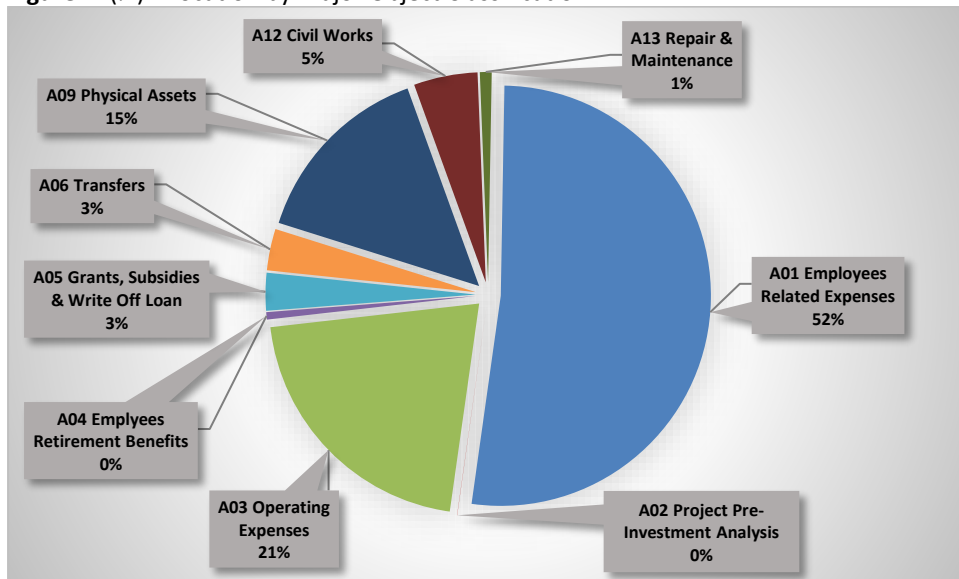
**Table 4:** Consolidated Budget and Expenditure for Primary and Secondary Health Care Sector for the 2<sup>nd</sup> Quarter of the Fiscal Year 2016-17 (PKR) as on 31<sup>st</sup> December, 2016.

Object Classification	Original Budget Estimates	Revised <sup>5</sup> Estimates	Released Amount	Expenditure to date
A01-Employee Related Expenses	34,100,374,703	33,461,374,067	27,142,929,463	15,291,528,135
A02-Project Pre-Investment Analysis	10,051,000	6,775,500	3,275,500	-
A03-Operating Expenses	13,762,286,671	11,470,704,064	5,104,325,242	1,789,687,243
A04-Employee's Retirement Benefits	371,916,130	481,276,147	369,831,738	228,728,079
A05-Grants Subsidies and Write-off Loans	1,900,450,670	9,178,757,145	8,716,820,627	4,578,008,559
A06-Transfers	2,096,465,813	2,054,115,995	1,313,001,665	958,940,656
A09-Physical Assets	9,590,395,208	3,121,979,691	1,805,468,141	200,552,387
A12-Civil Works	3,221,711,000	2,386,793,000	2,164,844,000	798,708,999
A13-Repairs and Maintenance	594,316,465	581,548,366	264,449,730	118,565,865
<b>Total</b>	<b>65,647,967,660</b>	<b>62,743,323,975</b>	<b>46,884,946,106</b>	<b>23,964,719,923</b>

Source: Data from PIFRA

Highest allocation (52%) was made for payment of salaries followed by operating expenses (21%) in Primary and secondary health care sector budget in Punjab for the fiscal year 2016-17. Figure below presents consolidated share of each head for the fiscal year 2016-17.

**Figure 1:** (%) Allocation by Major Object Classification

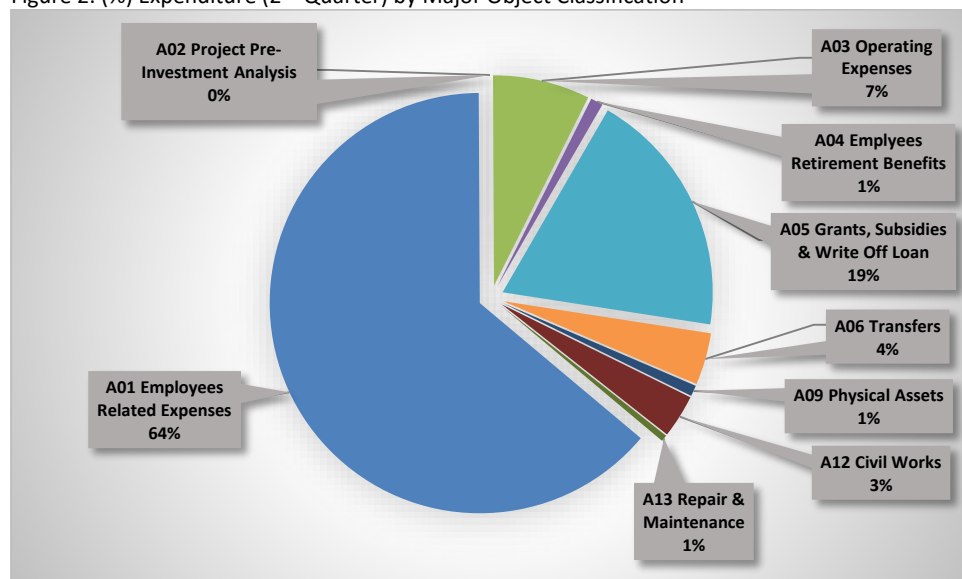


The major share in actual expenditures for the second quarter of the fiscal year 2016-17 was for Salaries (64%) followed by grants (19%).

<sup>5</sup> Revised estimates in this document refer to changes made during the year in the PIFRA system which may be due to error during uploading the budget, omissions made or issuance of a supplementary grant or re-appropriations made.

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Figure 2: (%) Expenditure (2<sup>nd</sup> Quarter) by Major Object Classification



**DLI – 40% increase in development budget allocation of P&SHD for the financial year 2016-17 compare with the budget allocation for base year 2015-16**

### Means of verification:

- Budget and expenditure analysis based on PIFRA data

**Due Date: 31<sup>st</sup> October 2016**

**Status:** DLI Achieved.

**DLI – At least 62% of the development budget utilized for the combined department for FY 2015-16**

### Means of verification:

- FMC reports on utilization of development budget (annual budget review report)

**Due Date: 31<sup>st</sup> October 2016**

**Status:** DLI Achieved.

**DLI – Procurement software fully operational to monitor timely implementation of P&SHC department's annual procurement plan ensuring improvement in the procurement process**

### Means of Verification:

- Approval of the Annual Procurement Plan with budget and timelines and its posting on PPRA's website
- At least one progress report of the Procurement Cell showing timely implementation of the annual procurement plan

**Due Date: 31<sup>st</sup> October 2016**

28<sup>th</sup> February 2017

**Status**

Partially Achieved. Annual Procurement Plan has already shared with DFID. Progress review meetings on procurement of P&SHD are conducting on regular basis and Progress Report is **annexed at D**

**1.7 Medical products**

**DLI. 75% Lady Health Workers report no stock outs for essential medicines (ORS, Zinc Sulphate & Iron tablet) and contraceptives (Condoms, pills & Injectables)**

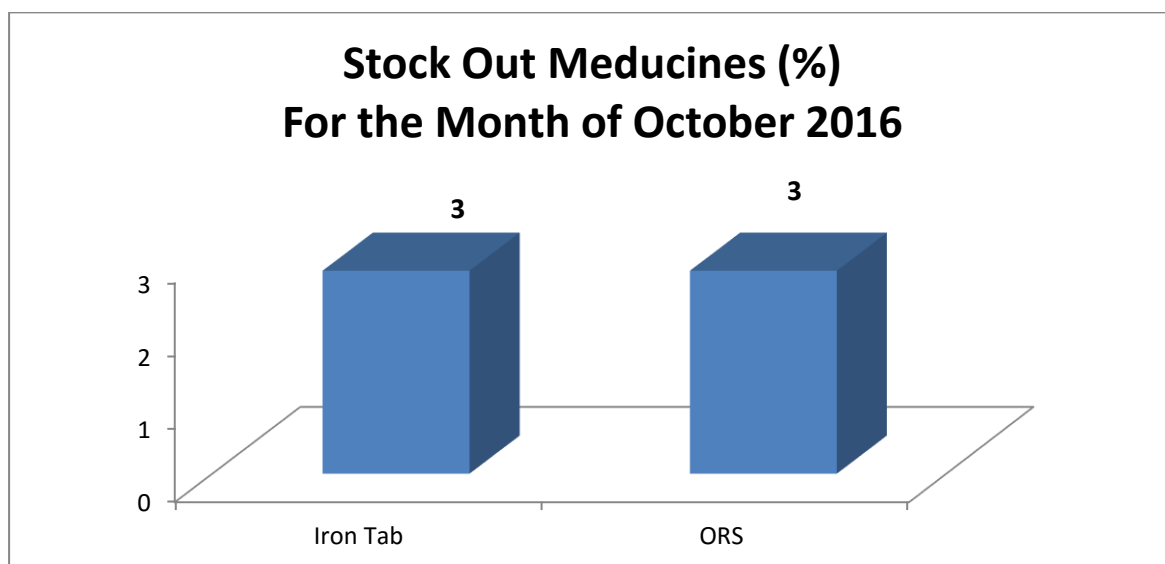
**Due Date: 28<sup>th</sup> February 2017.**

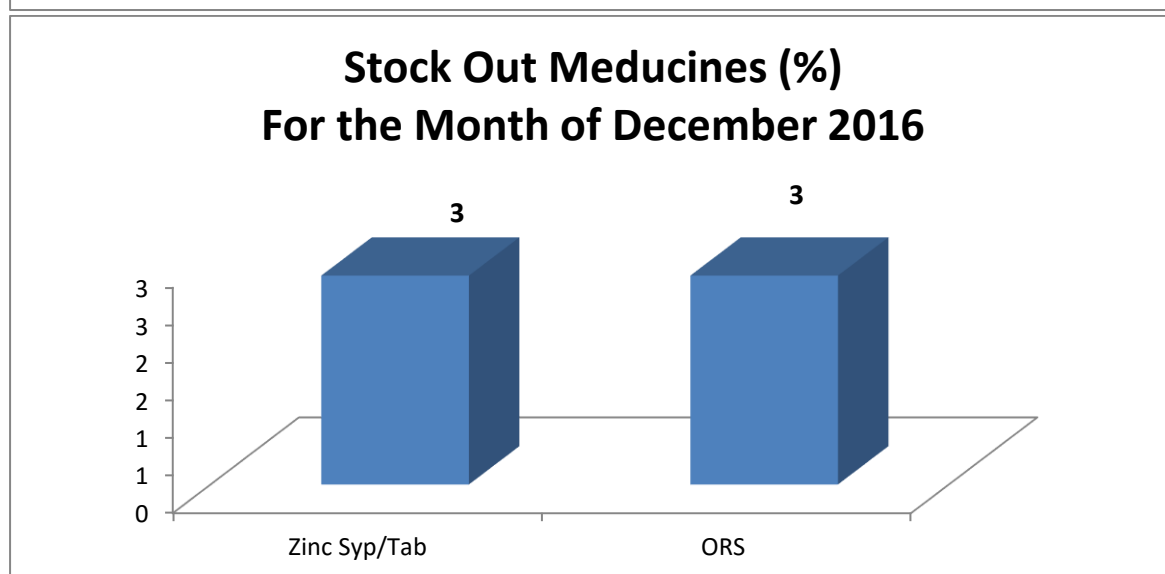
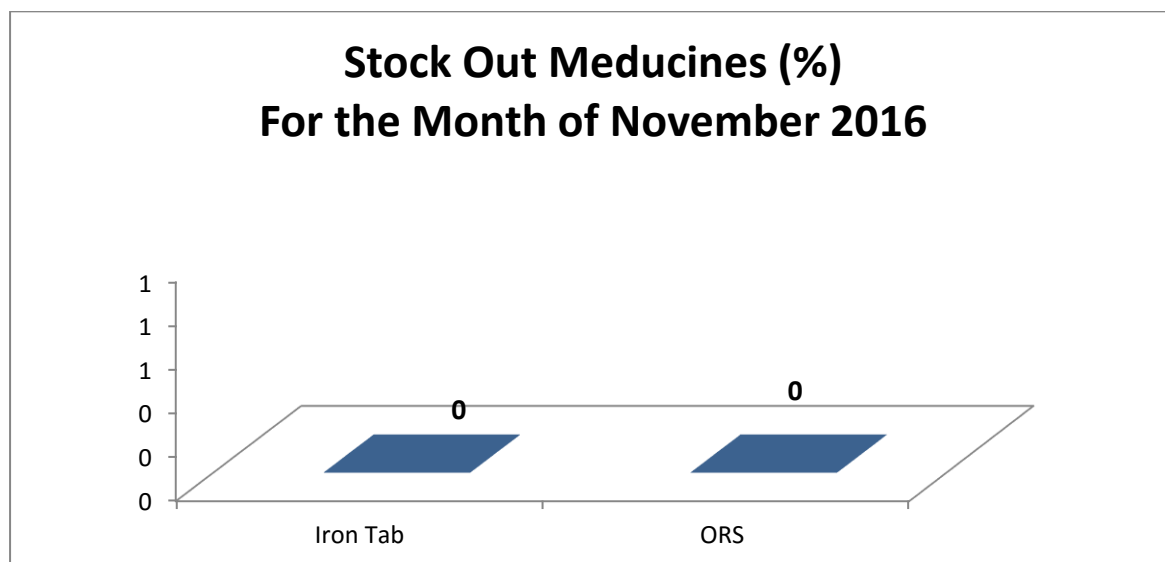
**Means of Verification:**

1. LHW MIS validated by third party

**Status:**

According to reports provided by LHWs MIS, approximately there was 96% no stock outs of medicines in 4<sup>th</sup> Quarter of 2016. However, there has been stock out of ORS, Zinc Sulphate and Iron tablets in this quarter. Further details are shown in charts given below.





Third Party Validation is underway by TRF+ and will be completed by end of February 2017.

**Progress against agreed PHNP Log frame:**

<b>Output 1:</b>
<p><b>Output 1.1: Average FP users per month per LHW catchment population.</b>                      Baseline: 50 FP users/month per LHW in 2011 LHW MIS                      Milestone for 2017 : 100 FP users/month per LHW  <b>Status: 96 FP user/month per LHW</b></p>
<p><b>Output 1.2: Public Sector Health Care Facilities.</b>                      Baseline: 90 out of 132 facilities providing Comprehensive EmONC services.                      Milestone for 2017: 90 health care facilities providing complete package of CEMONC care.  <b>Status: 87 health care facilities providing complete package of CEMONC care</b></p>
<p><b>Output 1.3: Number of CMWs deployed and completing monthly reporting.</b>                      Baseline:                      Milestone for 2017: TBC CMWs deployed (3994), TBC reporting monthly (3550) 92%.</p>

<p><b>Status: 92% (Quarter Average)</b></p>
<p><b>Output 1.4: Percentage of deployed CMWs with an average of two or below deliveries per month (average over X months)</b></p> <p>Baseline:</p> <p>Milestone for 2017: 27%,</p> <p><b>Status: 26%</b></p>
<p><b>Output 1.5: Percentage of registered children with Severe Acute Malnutrition (SAM) who are being treated in target districts</b></p> <p>Baseline:</p> <p>Milestone 2017: 60% in 22 Districts</p> <p><b>Status : 98%</b></p>
<p><b>Output 3: Increased capacity of health sector at provincial and district level for delivery of improved RMNCH and nutrition services</b></p>
<p><b>Output 3.1: Capacity for DOH PFM strengthened</b></p> <p>Baseline: Provincial Health Departments are not using provincial financial reports to measure budget execution</p> <p>Milestone 2017: Quarterly budget review reports prepared (one for each quarter) using PIFRA data. One detailed bi-annual and one annual report prepared and discussed with senior health management</p> <p><b>Status:</b></p> <ul style="list-style-type: none"> <li>• PC-1 of FMC has been approved.</li> <li>• Risk Mitigation plan has also been notified by P&amp;SHD.</li> <li>• FMC staff under PC-1 has been hired by P&amp;SHD.</li> <li>• FMC would be in the position to prepare quarterly / bi-annual reports shortly.</li> </ul>
<p><b>Output 3.2: Health Sector Roadmaps developed, launched and operational with agreed priorities, targets and actions.</b></p> <p>Baseline: No health sector roadmaps</p> <p>Milestone 2017: (a) Routine of stock takes maintained (b) Sustained performance on BHU and RHC input indicators (Availability of essential medicine &gt; 90%, supplies &gt;90%, functionality of basic utilities &gt;90%) (c) Sustained e-VACCS attendance and coverage by vaccinators &gt; 85%</p> <p><b>Status:</b> Routine Stock take meetings are being conducted every two months under the Chair of Chief Minister, Punjab.</p> <ul style="list-style-type: none"> <li>• Availability of essential medicine at BHU= 97%, RHC= 94%</li> <li>• Availability of essential supplies at BHU = 99%, RHC=99%</li> <li>• Functionality of Utilities, BHU= 95%, RHC= 97%</li> <li>• Sustained e-VACCS attendance and coverage by vaccinators= 96%</li> </ul>
<p><b>Output 3.3: Capacity of province and districts to monitor own health sector programmes.</b></p> <p>Baseline: Limited capacity in Punjab and KP for M&amp;E</p> <p>Milestone 2017: (a) Province conducting quarterly review meetings with districts for corrective actions and planning purposes, using data from its monitoring systems (b) 18</p>

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districts conducting quarterly review meetings using data from monitoring systems

**Status:** (a) Provincial level review meetings are being conducted on regular basis (b) 18 districts are also conducting quarterly review meetings using data from monitoring systems.

**Output 3.4** Number of Outpatient Therapeutic Program (OTPs) meeting all the following functionality criteria:

- Availability of skilled staff At least one OTP clinician has either been trained in OTP treatment or is a medical officer (MO);
- Availability of RUTF- no stock-out of RUTF during the previous 3 months
- Availability of equipment at least one Mid-Upper Arm Circumference (MUAC) tape and weighing scale;
- Reporting Regularity- At least 4 monthly reports over the 6 months prior to the month before the review submitted including against SPHERE standard parameters
- Availability and implementation of treatment protocols - In last 3 months 80% of all children being treated at the OTP were issued with RUTF according to the child's weight as per World Health Organisation prescribed standard.

Baseline: EPHS in Punjab for primary level, and related service delivery standards, are available, introduction expected to be gradual. Technical skills of service providers weak Fragmented systems for in service trainings (facility & community based service providers)

Milestone 2017: At least 501 OTP sites meet the functionality criteria

**Status:** 591 OTP sites have been established, equipped and functional while assessment to validate the number of functional OTPs is under way by TRF+

### 2. Key Challenges and Lessons Learnt

- i. There is shortage of staff in IRMNCH & NP that cause slow pace of work and affecting the timely provision of progress/updates.
- ii. Dropout of Staff Nurses has been witnessed due to salary issues
- iii. Third part evaluation of DLIs is under way and based on these reports hurdles and challenges will be identified.
- iv. Nutrition recording reporting tools are not universal, hence affecting data collection and reporting.
- v. Coordination among stakeholders and implementing partners needs special attention to be improved for better results.

### 3. Way Forward:

- i. Hiring of IRMNCH & NP staff is under process through NTS.
- ii. Consultant has been hired for developing unified nutrition training modules and recording reporting tools
- iii. Proposal of improved salaries for LHVs and Staff Nurses is being revised.