Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

April to June 2016

PUNJAB

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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Provincial Health and Nutrition Programme 202488 Grant 2012-18

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. Fourteen DLIs have been proposed for the fourth year (2016-17).

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 January to March 2016 quarter of the PHNP Program. The DLI's are distributed among various areas and under each area that particular DLI has been explained.

Key challenges/lessons learnt are also stated below

1.2 Service Delivery

DLI – Achieve an average of at least 4 deliveries per community midwife per month (achieved by 31 Oct 2015) and 5 deliveries per CMW per month (achieved by February 2016)

Means of verification:

- Revised PC-1 for IRMNCH approved by PDWP including revised retention package for CMWs.
- Reports from CMWs indicating increased average monthly deliveries.

Status:

The IRMNCH Program monthly reports demonstrate that average number of deliveries per CMW per month for first quarter of 2016 was 5. Currently, on average CMWs are reporting 4 deliveries per month per CMW.

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

Sr No	Districts	Deliveries /CMW in April	Deliveries /CMW in May	Deliveries /CMW in June	Average of three months (April + May + June) deliveries/ CMW
1	Attock	5	4	4	4
2	Bahawalnagar	5	5	5	5
3	Bahawalpur	5	5	5	5
4	Bhakkar	4	4	3	4
5	Chakwal	5	5	4	5
6	Chiniot	5	5	4	5
7	D. G Khan	5	5	5	5
8	Faisalabad	5	4	4	4
9	Gujranwala	4	4	4	4
10	Gujrat	4	4	5	4
11	Hafizabad	4	5	4	5
12	Jhang	5	5	6	5
13	Jhelum	4	4	4	4
14	Kasur	4	4	4	4
15	Khanewal	4	4	5	4
16	Khushab	4	4	4	4
17	Lahore	4	3	3	3
18	Layyah	4	3	3	3
19	Lodhran	5	5	4	5
20	M.B.Din	5	5	5	5
21	Mianwali	5	5	5	5
22	Multan	6	5	5	5
23	Muzaffargarh	4	4	4	4
24	Nankana Sahib	3	3	4	3
25	Narowal	5	5	6	6

Sr No	Districts	Deliveries /CMW in April	Deliveries /CMW in May	Deliveries /CMW in June	Average of three months (April + May + June) deliveries/ CMW
26	Okara	6	6	6	6
27	Pakpattan	5	4	4	4
28	Rahimyar Khan	5	5	6	5
29	Rajanpur	5	5	5	5
30	Rawalpindi	5	4	4	4
31	Sahiwal	5	3	4	4
32	Sargodha	5	5	5	5
33	Sheikhupura	6	6	6	6
34	Sialkot	4	4	5	4
35	Toba Tek Singh	3	3	3	3
36	Vehari	4	5	5	5
	TOTAL	**4**	**4**	**5**	**4**

Source: MNCH Program MIS

DLI – Implementation of Essential Package Health Service. (Achieved, by 31 October 2015)

Means of Verification:

- 55,500 healthcare providers in all districts receiving orientation on EPHS for Primary healthcare.
- EPHS for secondary care finalized and approved.

Status:

District Level trainings of EPHS have been completed in all districts of Punjab. Details of training have already been shared with DFID.

DLI – 100% functional SC and OTP centres providing high quality nutritional support services. (Achieved by 31 October 2015)

Means of Verification:

- All SC/OTP centres fully staffed.
- Monthly reports for nutritional centres including the following :
  1. Necessary equipment and tools (height boards, weigh scales, MUAC tapes, equipment for clinical examination of children, anthropometric tables) in good working condition.
  2. Stock levels of supplies of RUTF and essential medicines.
  3. At least one assessment of performance of centres conducted in last 6 months with 80% staff having adequate skills for high quality services.

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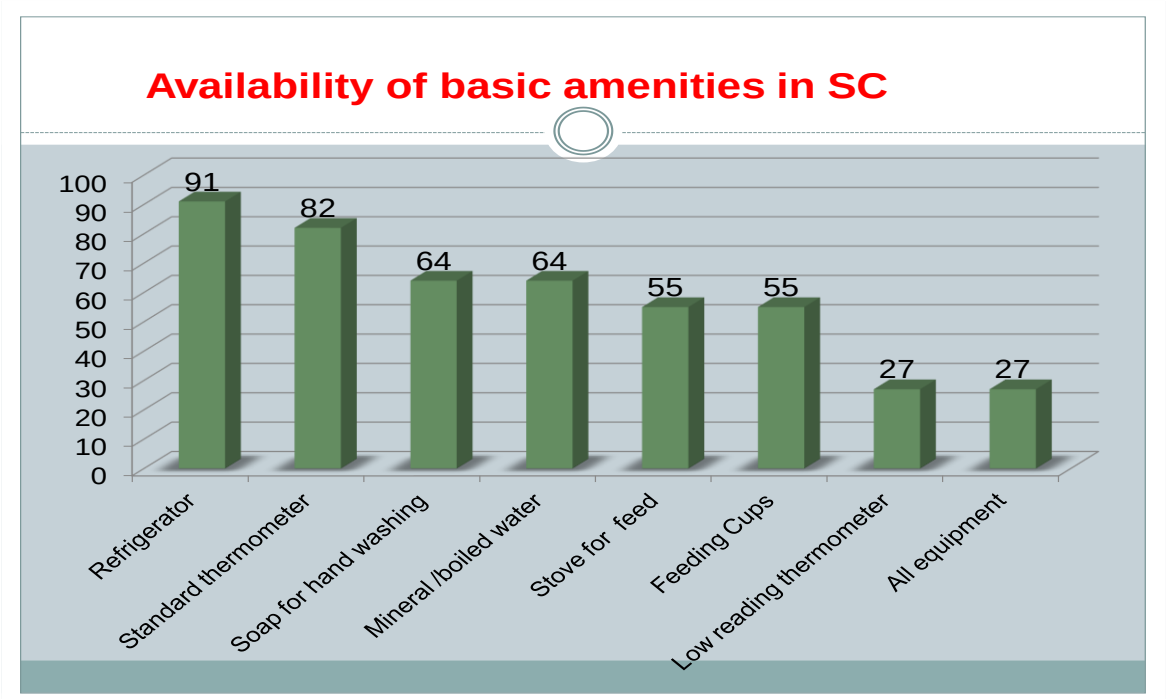
STATUS:

In order to assess the functionality of SCs and OTPs, a third party assessment has been conducted by TRF+. According to this report, all OTP centres were staff as required, and trained in the management of malnourished children. MAUC tape was available in 96 percent of OTP centres, 60% centres had IEC material for IYCF practices and 68% OTP centres were equipped with all anthropometric equipment. All SCs were staffed but only 55% had 24/7 staff, only 28% SCs staff was trained in managing SAM. ALL SCs had weighing scale for children. ALL SCs had weighing scale for infants, MUAC tape, infant length board and child length board. Assessment report attached as an **Annexure-A**



DLI-Rollout of Vaccine Logistics Management Systems in additional 23 districts of Punjab (achieved by 15 Feb 2016)

Means of Verification:

1327 district and facility staff trained in the use of VLMIS and reporting

Status:

1. Letter of Credit opened for procurement of ILRs. Ice Lined Refrigerator will be delivered before 15, August 2016.

2. Purchase order issued amounting Rs. 51125000 and funds need to be revalidated during year 2016-17 for payment of IT equipment.

3. Direct contracting with USAIDS Deliver Project for Up gradation of VLMIS finalized. 1327 district and facility level staff trained by USAID deliver project as per term and condition of the MOU signed by both sides. Payment paid to USAIDS Deliver. Details are attached as an **Annexure-B**

1.3 Stewardship and Governance (25%)

DLI – Meetings of steering committee task force for Health Sector Strategy held. (Programme performance budget, TRF + and EVA discussion)

Means of verification:

1. At least two meetings of steering committee in a year which include progress report on previous recommendations and action plan for the next period. (one meeting by 31 October 2015)
2. Approved minutes of Steering committee circulated including the above circulated.

Status:

Sixth Steering Committee meeting of World Bank-DFID sponsored PHSRP was held on 25th February 2016 at 2.00 PM under the chairmanship of Secretary (Primary & Secondary Healthcare) in the Committee Room of Health Department. Minutes of meeting is attached as an **Annexure-Bi**.

Next steering committee meeting is expected in the end of August.

DLI-District level contracts in 12 priority districts in Punjab including outreach services in at least 2 districts of Punjab (achieved by 15 February 2016)

Means of verification:

1. Signed contracts with organizations/firms/NGOs with the DoH, specifying the services, timing, assessment criteria and reporting requirements and MSDS prescribed for Primary Health facilities within regulation by PHC
2. Management unit established for contract management

Status:

In January 2015, the Chief Minister directed the Government of Punjab to moves quickly to address gaps by contracting out the management of healthcare facilities. Department ran the contracting out of health facilities in ten districts of Punjab. The effort got limited response from the market with only one provider being able to pass the technical evaluation of bids. After discussions, the provider and the government mutually agreed to close the round without contract award. It was also agreed that the government should continue to move forward and modify packages for the next round. The effort, however, was immensely useful in terms of giving an opportunity to the department to learn from the entire process and modify its model of contracting out to enable greater response from the potential providers. After bifurcation of erstwhile Health Department into Primary and Secondary Healthcare Department & Specialized Healthcare and Medical education it was decided that P&SH Department will modify contracting out model of Health facilities to improve the operational efficiency of the health facilities by taping the potential of private sector as well. This will also pave the way for healthcare for the marginalized class of the society.

DLI – Annual Procurement Plan of DoH (including DGHS) for FY 2015-2016 prepared and posted on PPRAs website (achieved by October 2015)

Means of verification:

1. Quarterly progress review mechanism to see whether funds are being released and procurements initiated as planned.
2. Annual procurement Plan and at least one quarterly progress review report by October and subsequent three more in the year.

Status:

Department of Health established a procurement cell for advising and backstopping procurement processes in all field formations to improve the transparency and standardisation in procurements. The Procurement Cell (PC) has developed standard bidding document (Notified and approved by competent authority). After bifurcation the procurement cell was attached with department of specialised healthcare and medical education.

Primary & Secondary Healthcare department is establishing its independent Procurement Cell. This procurement cell will work as advisory body for all procuring agencies. PC-1 of worth Rs. 49.90 millions for the Procurement Cell (P&SD) has been prepared and is under the process of approval.

DLI – Adoption of Standard Bidding Documents by DoH (achieved by 31 October 2015)

Means of verification:

- Notification by DoH

Status:

The bidding documents have been approved and notified by the competent authority and shared with DFID.

1.5 Data and Information (10%)

DLI – Improved Monitoring and Evaluation capacity of DoH (Achieved by 31 October 2015)

Means of Verification:

1. PC-I for health sector monitoring and evaluation approved.
2. Monthly review meetings at provincial level held including discussions on KPIs with EDOs to be verified from the minutes of the meeting.
3. Functional Knowledge Management Unit to be verified by the quarterly policy briefs and updated websites.

Status:

PC-1 for health sector monitoring and evaluation has been approved on 19th October 2015. In the meanwhile, Secretary Health Primary and Secondary realigned it in the light of bifurcation of department. New PC-1 has been submitted to Planning and Development Department and is under process.

Training of Primary Healthcare MEAs

In the month of April-2016, training of PHC MEAs, Making application more users friendly and detailed. Updating and clarifying SOPs based on application updates, queries from the field and common mistakes MEAs are expected to continuously increase professionalism in data collection to maintain credibility of MEA mechanism.

Compliance of Health watch visits is given below:

District	April	May	June
Attock	100	100	100
Bahawalnagar	100	100	100
Bahawalpur	100	100	100
Bhakkar	100	100	100
Chakwal	100	83.33	100
Chiniot	100	100	100
D.G Khan	100	100	100
Faisalabad	85.71	100	100
Gujranwala	100	100	100
Gujrat	100	100	100
Hafizabad	100	100	100
Jhang	83.33	83.33	83.33
Jhelum	100	100	100
Kasur	100	100	100
Khanewal	100	100	100
Khushab	83.33	83.33	83.33
Lahore	60	80	80
Layyah	100	100	100
Lodhran	100	100	100
Mandi Bahauddin	100	100	100
Mianwali	100	100	100
Multan	100	100	100
Muzaffargarh	100	100	100
Nankana Sahib	100	100	100
Narowal	80	100	100
Okara	100	100	100
Pakpattan	100	100	75
Rahimyar Khan	100	66.67	100
Rajanpur	80	80	80
Rawalpindi	100	100	100
Sahiwal	75	100	100
Sargodha	100	88.89	100
Sheikhupura	85.71	85.71	85.71
Sialkot	100	100	100

Toba Tek Singh	100	100	100
Vehari	100	100	100

i. Monthly review meetings at provincial level held including discussions on KPIs with EDOs to be verified from the minutes of the meeting.

Monthly meeting of EDOs were held regularly in DGHS office under the chair of Secretary, Primary & Secondary Healthcare, Department. All Divisional Directors Health, Program Directors and EDOs Health attended the meeting. In the meetings held in this quarter, Importance of School Health Council and progress on council constitution and account opening was reviewed. Revamping of DHQs and THQs were also discussed to the participants. Improvement in admission process of nursing school was explained. Issues discussed in detail related to admission in IPH, Disengagement of PRSP, appointment of PG MOs as consultants, anaesthesia regime, inspection of pharmaceutical units, CM roadmap progress & Secondary Healthcare Roadmap and decisions were taken. Minutes of the last three meeting held on 4.2016, 08.05.2016, 05.06.2016 in the committee room of DGHS are attached as **Annex-C** and **Annex-D**

ii. Outputs of KMU during April-June 2016.

KMU has prepared one policy brief **"Food Utilization As Anti Stunting Intervention In Pakistan"** in the tenure April to June 2016. Abstract of policy brief is given below:

Abstract: Worldwide childhood stunting is affecting approximately 162 million children under 5 years of age per year. It is a major public health problem in Pakistan likewise other developing countries. Children whose height for age Z-score is below minus two standard deviations i.e. (HAZ < −2 Z-score) are considered stunted. Stunting hampers children in reaching their full developmental potential and causes lasting damage in infancy and early childhood. To address stunting at birth, pregnant mothers need to be taken care of. Intervention leading to improve the nutritional status of the mother proved helpful to prevent stunting at birth. An integrated and multi sectoral approach is required to address menace of malnutrition and stunting. This brief is attached as **Annex-E**

Status of the Financial Management Cell (FMC):

Quarterly Utilization vs. Allocation of PHNP financial aid

Two 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 30th June, 2016 for BP1 are presented in the table below.

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Table 1: Summary of programme/initiative wise releases and expenditures as on 30th June, 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	-
Total	**3,025,951,320**	**2,766,450,982**	**2,073,146,810**	**659,628,562**	**33,675,610**
Utilisation Rate			**75%**	**99%**	

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

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

BP2 – Second business plan was approved by the health department on the 16th of July, 2015. The total cost of this business plan is 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 30th June, 2016.

Table 2: Summary of programme/initiative wise releases and expenditures as on 30th June, 2016 (PKR) – BP2

Programme/Initiative	Allocation	Release	* Expenditure to Date	* Committed Expenditure	Saving**	Government share	
						Allocation	Expenditure
Rural Emergency Ambulance Service	203,560,000	203,560,000	134,135,000	69,425,000	-	150,750,000	-
National Programme for Family Planning and Primary Health Care	546,496,800	546,496,800	523,496,800	23,000,000	-	10,004,000,000	10,004,000,000
Expanded Programme for Immunisation	147,395,000	147,395,000	96,270,000	51,125,000	-	2,092,000,000	1,710,000,000
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	47,225,000	44,745,000
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	-	8,400,000	5,250,000
Internal Audit Wing	2,005,000	2,005,000	1,148,490	856,510	-	20,370,000	14,004,000
IRMNCH	546,363,845	546,363,845	432,827,000	113,536,845	-	-	
Total	**1,762,646,995**	**1,762,646,995**	**1,301,685,204**	**411,878,554**	**49,083,237**	**12,322,745,000**	**11,777,999,000**
Utilization Rate			**74%**	**97%**			

* The expenditure figures have been conveyed by the programmes, however reconciled figures are still awaited from AG.

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

Government Funding in addition to DFID

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During the fiscal year 2015-16 Government has allocated a total of PKR 134,887 million for the health sector in Punjab[1]. This allocation is split between Provincial and District Level by 70% and 30%[2] respectively. Table below shows the allocation by Provincial and District level and also by current and development budget streams.

Table 3: Health Sector Budget Allocation for the Fiscal Year 2015-16 (PKR million)

Level	Current	Development	Total
Provincial	63,061	30,575[3]	93,636
District	41,251	0	41,251
Total	**104,312**	**30,575**	**134,887**

Source: PIFRA

PKR 1,617 million (GBP 10.406 million) was released by DFID during the second quarter for FY 2015-16.

Budget Analysis

Table below presents a consolidated[4] picture of Punjab Health Budget for the fiscal year 2015-16 by major object classifications.

Table 4: Consolidated Budget and Expenditure for Punjab for the 4th Quarter of the Fiscal Year 2015-16 (PKR) as on 30th June, 2016.

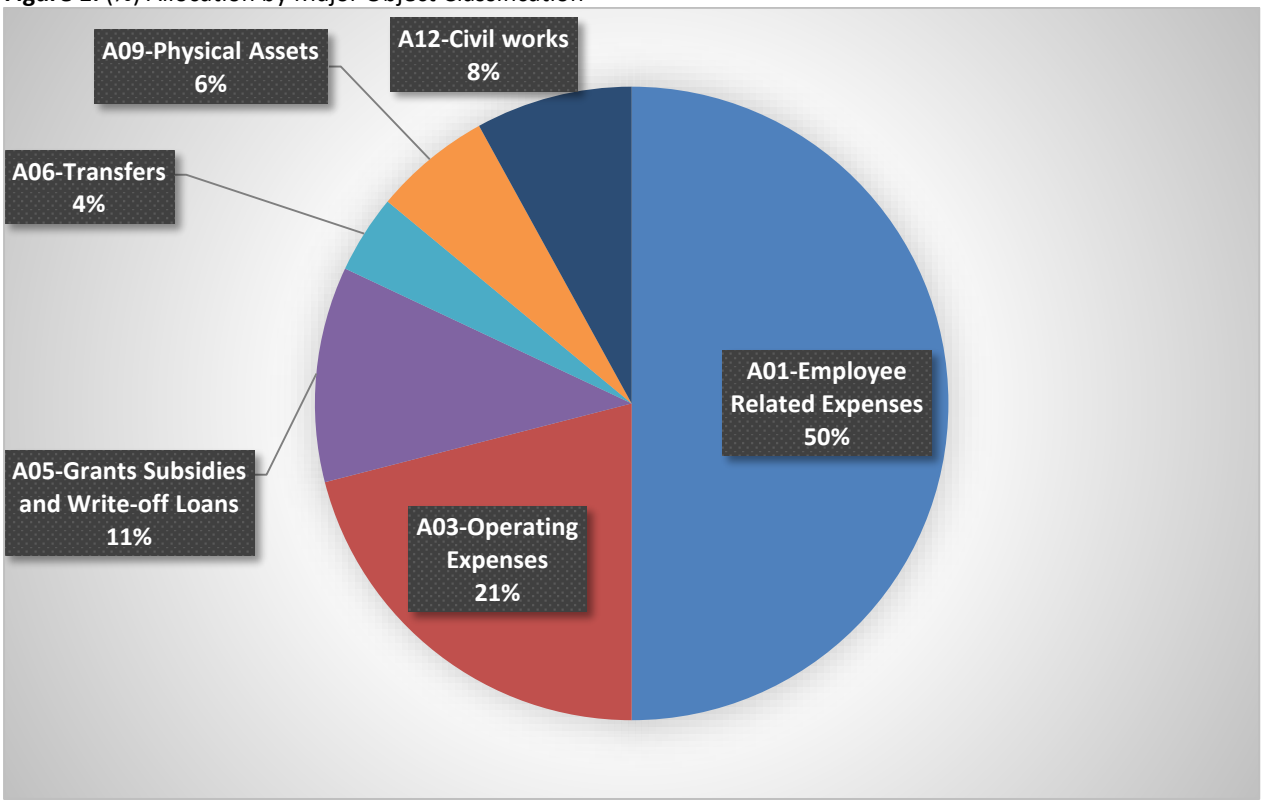
Object Classification	Original Budget Estimates	Revised[5] Estimates	Released Amount	Expenditure 4th Quarter	Expenditure to date
A01-Employee Related Expenses	67,537,352,316	58,454,179,811	58,039,272,693	14,185,792,680	53,028,978,241
A02-Project Pre-Investment Analysis	15,603,000	1,206,000	3,811,000	974,162	3,417,016
A03-Operating Expenses	27,388,706,387	30,108,061,277	30,852,511,057	16,134,269,990	28,328,128,572
A04-Employee's Retirement Benefits	602,442,767	936,205,353	893,148,857	342,794,691	654,645,255
A05-Grants Subsidies and Write-off Loans	14,477,861,766	15,549,966,344	12,493,224,964	(1,467,279,481)	11,165,846,598
A06-Transfers	5,783,948,504	6,639,555,873	6,893,736,057	2,042,394,637	6,726,111,850
A09-Physical Assets	7,740,318,368	3,879,823,860	10,271,342,786	5,156,606,522	6,800,609,039
A12-Civil Works	10,092,629,000	339,119,000	7,171,202,278	3,151,621,139	6,536,246,221
A13-Repairs and Maintenance	1,248,593,911	1,719,861,179	1,698,208,534	1,028,376,022	1,542,155,276
Total	**134,887,456,019**	**117,627,978,697**	**128,316,458,226**	**40,575,550,362**	**114,786,138,068**

Source: Data provided by Financial Management Cell (FMC) – PIFRA

Highest allocation (50%) was made for payment of salaries followed by operating expenses (21%) in the Punjab for the fiscal year 2015-16. Figure below presents consolidated share of each head for the fiscal year 2015-16.

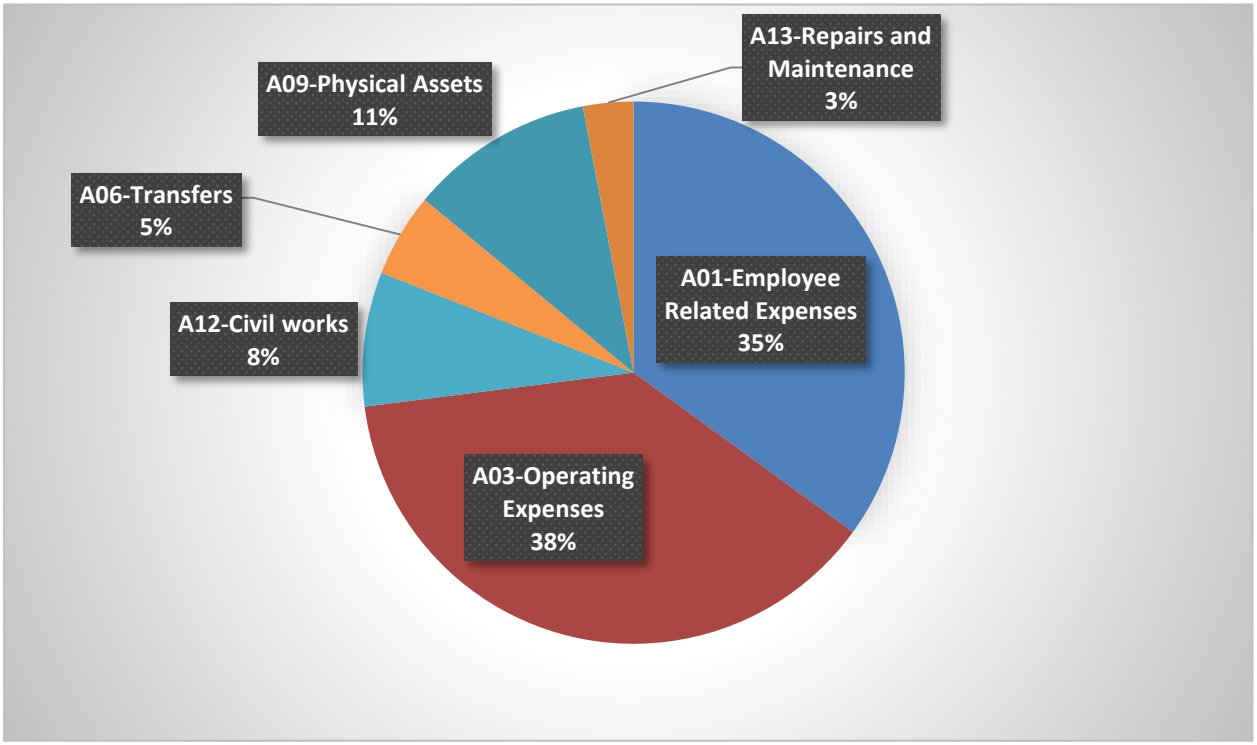
[1] Consolidated provincial and district, current and development.
[2] Note: development budget includes allocation for both provincial and district level, therefore actual district share will be more.
[3] Includes capital and revenue.
[4] Provincial + District + Current + Development
[5] Revised esitmates in this document refer to changes made during the year in the PIFRA system which maybe due to error during uploading the budget, omissions made or issuance of a supplementary grant or re-appropriations made.

Figure 1: (%) Allocation by Major Object Classification



The major share in actual expenditures for the 4th quarter of the fiscal year 2015-16 was for operating expenses (38%) followed by salaries (35%).

Figure 2: (%) Expenditure (4th Quarter) by Major Object Classification



Summary of budget and expenditure of this tenure attached as **Annex-F**

1.6 Financing (20%)

DLI – Development Expenditure for Health Increases by 20% for FY 2014/15 compared to 2013/14.

Status
This DLI has been achieved and all relevant documents shared with DFID.

DLI – Quarterly budget execution report and review meetings

Status

This DLI has been completed and documentary evidence shared with DFID.

DLI – Quarterly report on implementation of RMP

Status
FMC has been reporting on implementation of detailed RMP implementation plan on a regular basis. The progress report attached as **Annexure-G.**

1.7 Medical products

DLI - 85% of basic health facilities and RHCs - PHC facilities reporting no stock outs for at 18 tracer drugs (including contraceptives) over last three months. (Achieved by 31 October 2015)

Means of Verification:

i. Quarterly DHIS report prepared by DoH on stock level at facilities prepared by Provincial MIS cell.
ii. MEA data verifies availability of contraceptives and no stock outs.

Status:

i. Currently, availability of essential medicines in BHUs still almost 99.62% and 99.15% in RHCs, information as provided by DHIS cell for the second quarter of 2016. Detailed report is attached as **Annex-H**.

ii. MEAs data analysis

According to MEAs data analysis, 97% medicines available in BHU, RHC and 24/7 BHUs are shown below:

Availability (All BHUs)	
April-16	97%
May-16	98%
June-16	98%

Average	**98%**
Availability (RHCs)	
April-16	96%
May-16	96%
June-16	96%
Average	**96%**
Overall	
April-16	96%
May-16	97%
June-16	97%
Average	**97%**

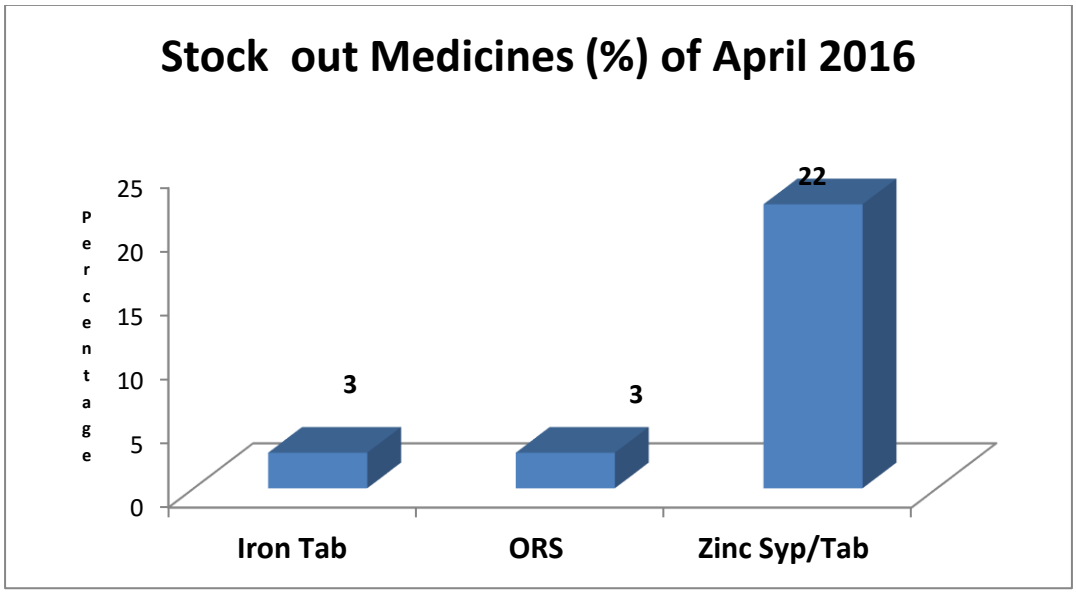
DLI. 70% Lady Health Workers report no stock outs for essential medicines and contraceptives (achieved by 31 October 2015).

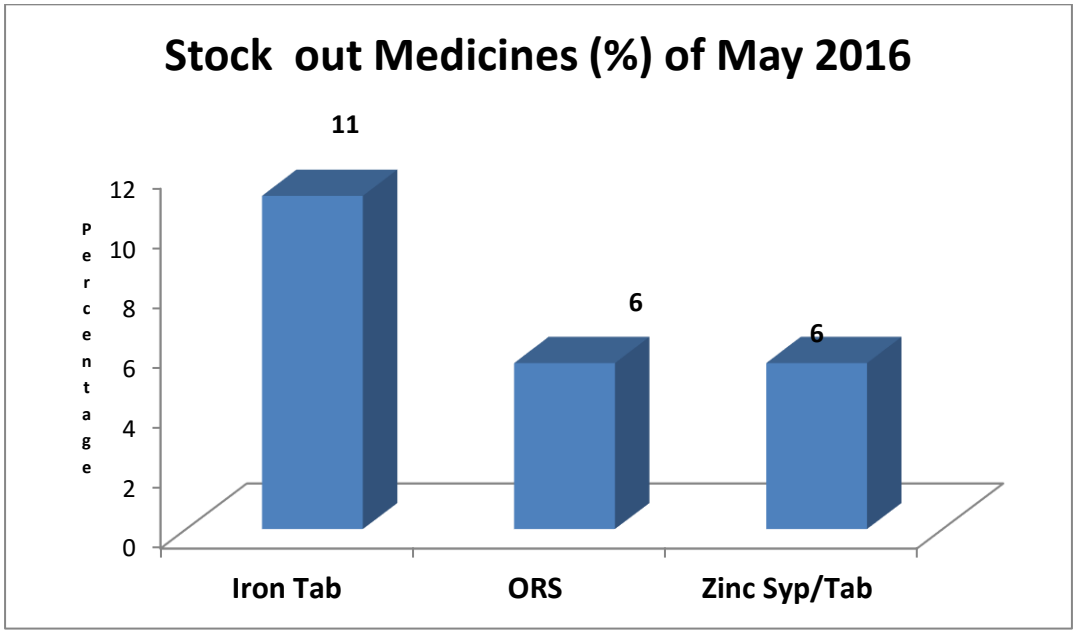
Means of Verification:

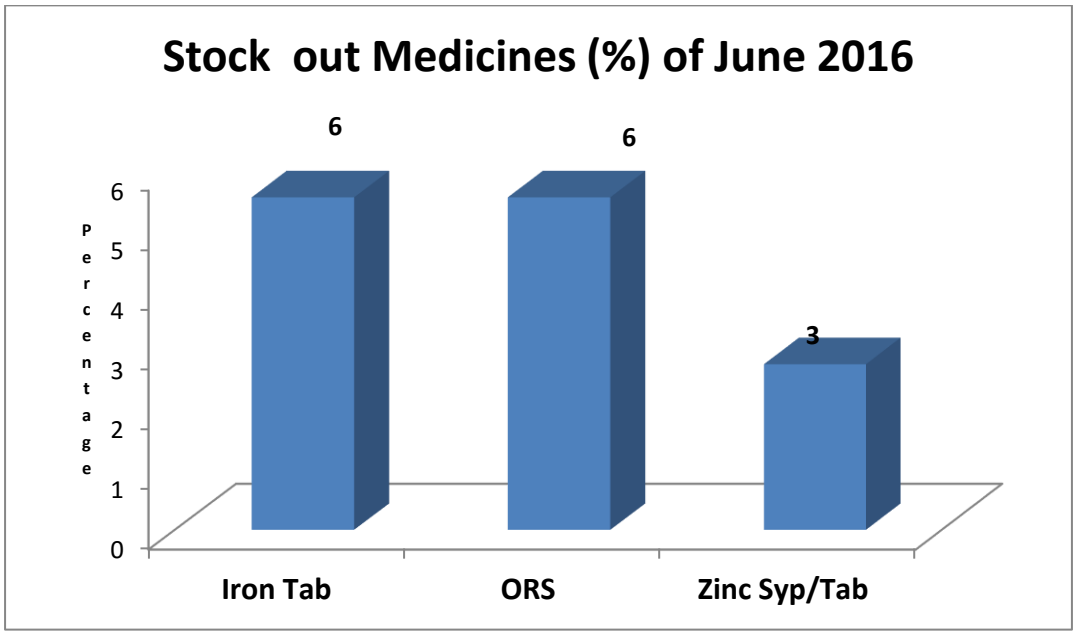
1. Monthly report prepared by LHW programme on supplies available: trend monitored quarterly by LHW Programme.
2. Rapid external assessment report on status supply availability: to be done annually.

Status:

According to reports provided by LHWs MIS, approximately 81% no stock outs of medicines in 2nd Quarter of 2016. Zinc Sulphate has been procured and distributed. Further details are shown in charts given below.







DLI: Reduced vacancies in Public Health Facilities (achieved by 15 February 2016).

Means of Verification:

1. 75% Women/ Medical Officer Positions filled

2. >80% Lady Health Visitor positions filled

3. >90% Vaccinator positions filled

(data source DHIS monthly reports verified by MEAs data)

Status:

MIS Cell (DHIS) shows that currently 71% Senior Medical Officer, 74% of Medical officer, 75% of Women Medical Officer, 91% of LHV and 91% of EPI Vaccinator positions have been filled during the second quarter of 2016.

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Posts	Sanctioned	Filled	Percentage
Senior Medical Officer	1075	765	71
Medical Officer	7983	5916	74
Women/Lady Medical Officer	1500	1122	75
Lady Health Visitor	12199	11044	91
EPI Vaccinator	6453	5868	91

Detailed vacancy position chart is attached as **Annex-H**.

Progress against agreed PHNP Log frame:

Output 1:

Output 1.1: Average FP users per month per LHW catchment population.

Baseline: 50 FP users/month per LHW in 2011 LHW MIS

Milestone for 2016 : 95 FP users/month per LHW

Status: 96 FP user/month per LHW

Output 1.2: Public Sector Health Care Facilities.

Baseline: 90 out of 132 facilities providing Comprehensive EmONC services.

Milestone for 2016: 85/140 health care facilities providing complete package of CEMONC care.

Status:

Comprehensive EmONC			
Health Facility	**Providing**	**Not Providing**	**Total**
DHQ	27	0	**27**
THQ	65	45	**110**
Total	**92**	**45**	**137**

Output 1.3: Number of CMWs completing monthly reporting.

Baseline:

Milestone for 2016: TBC CMWs deployed (3199), TBC reporting monthly (2879) 90%.

Status: Average Deployed in Apr, May and June 2016 are **2367**

Average Reporting in Apr, May and June 2016 are **2176**

Average Reporting Compliance in Apr, May and June 2016 is **91%**

Output 1.4: Percentage of deployed CMWs with an average of two or below deliveries per month (average over X months)

Baseline:

Milestone for 2016: 31%,

Status:

Percentage of CMW with an average of 2 or below Deliveries = 25%

Output 1.5: Percentage of registered children with Severe Acute Malnutrition (SAM) who are being treated in target districts

Baseline:

Milestone 2016: 55%

Status :85%

Output 3: Increased capacity of health sector at provincial and district level for delivery of improved RMNCH and nutrition services

Output 3.1: Capacity for DOH PFM strengthened

Baseline: Provincial Health Departments are not using provincial financial reports to measure budget execution

Milestone 2016: TA supports FM cell to prepare quarterly budget performance reports to review health sector financial performance by DOH senior management using PIFRA data.

Status: FMC with support from TA, has prepared 2 quarterly budget performance review reports and 1 bi-annual and 1 annual budget performance review reports. All the review meetings have either been chaired by the AS(D) of the Secretary alongwith FMC staff.

Output 3.3: Capacity of province and districts to monitor own health sector programmes.

Baseline: Limited capacity in Punjab and KP for M&E

Milestone 2016: Web based LHW, EPI and Nutrition MIS developed and generating regular reports, Quality of nutrition services assessed, Review meetings at provincial level using data generated from integrated MIS, 25% districts conducting regular review meetings using data generated from integrated MIS for corrective actions and planning purposes

Support provided for improving quality of IMU data and analysis

Status: Web based MIS for LHW and Nutrition developed, staff trained and being used by IRMNCH & N Programme. EPI database was not included in this TA as the Programme at the time of TA design indicated that this was being done by Deliver project. It has now been learnt that Deliver has not done this. We will discuss the scope of the work with EPI management and initiate this TA.

(a) A detailed assessment of nutrition programme has been done by TRF and report was disseminated on 27th July 2016

(b) Review meetings will be held once the web based MIS is fully implemented.

(c) TA proposed for development of Integrated District Health Review System was not approved by Executive Committee. In house support will be provided to refine and implement already developed review mechanism at district level

Output 3.4 Enhanced capacities of health care providers (public sector) to deliver effective RMNCH and nutrition services.
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 2016: Training materials and plan for pre & in-service trainings of LHWs developed and master trainers trained
Status: Training material for pre and in-service training of LHW and LHS developed (only awaiting MIS tools from Programme for including in the training manual). During current year the programme has no allocations for trainings, so the training of the master trainers will be conducted at the end of the current FY as programme has plans to allocate funds during the next FY for lower down trainings.

2. Key Challenges and Lessons Learnt

i. Delay In preparation of PC1: PC-1 of IRMNCH Program also stood expire at the same time when the bifurcation occurred and it took many months to prepare the new PC-1 of IRMNCH which is all together supported by DFID.
ii. Operational Lags at Nutrition sites :OTPs and SCs could not be made fully functional as per deadlines
iii. Shortage of Commodities :LHWs could not be provided the required commodities especially the Zinc Sulphate

3. Way Forward:

i. IRMNCH PC-1 has been Prepared and is going to be approved soon
ii. Supplementary Nutrition PC-1 has been prepared and in the process of approval
iii. Procurements of commodities (OTPs and SCs) which were initially done by UNICEF have been taken by the Government. Government has successfully procured the nutritional commodities and supplied to the facilities and will continue to do so in the future.
iv. Establishment of appropriate administrative system for OTPS and SCs to improve functionality.
v. To fill in the gaps in the service delivery at SCs and OTPS that were identified in the third party assessment, need to establish a strong monitoring and Evaluation system with a better focus on supervision by LHS.