

Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

January to March 2016

PUNJAB

Provincial Health and Nutrition Programme 202488 Grant 2012-18

United Kingdom/Pakistan: Non Budget Support Financial Aid

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 were to be completely met by October 2015. Remaining 7 were to be assessed in February 2016. In assessment of October 2015, eight DLIs have been fully achieved. In assessment of February 2016, 4 DLIs have been completed.

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

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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 last quarter of 2015 was 5. Currently, on average CMWs are still reporting approximately 5 deliveries per month per CMW. All districts show deliveries more than 4 per CMW except Toba Tek Singh and Nankana Sahib. There is need to give more attention to these districts.

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

Sr No	Districts	Deliveries /CMW in January	Deliveries /CMW in February	Deliveries /CMW in March	Average of three months (Jan + Feb + March) deliveries/ CMW
1	Attock	4.8	5.09	4.53	4.81
2	Bahawalnagar	5.2	5.32	5.24	5.25
3	Bahawalpur	4.4	5.00	5.02	4.81
4	Bhakkar	4.0	4.00	4.13	4.04
5	Chakwal	4.4	4.38	4.77	4.52
6	Chiniot	5.8	5.88	5.45	5.71
7	D. G Khan	4.9	4.82	5.12	4.95
8	Faisalabad	5.4	5.21	5.23	5.28
9	Gujranwala	5.9	5.14	4.61	5.22
10	Gujrat	5.4	4.86	5.28	5.18
11	Hafizabad	4.3	4.11	4.08	4.16
12	Jhang	5.2	4.95	5.31	5.15
13	Jhelum	4.0	4.16	4.05	4.07
14	Kasur	5.2	4.64	4.24	4.69
15	Khanewal	5.0	4.78	4.35	4.71
16	Khushab	4.2	4.05	3.88	4.04
17	Lahore	5.3	4.20	3.62	4.37
18	Layyah	5.1	4.09	3.82	4.34
19	Lodhran	5.0	4.84	5.17	5
20	M.B.Din	4.9	4.33	4.40	4.54
21	Mianwali	4.5	4.37	4.40	4.42

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Sr No	Districts	Deliveries /CMW in January	Deliveries /CMW in February	Deliveries /CMW in March	Average of three months (Jan + Feb + March) deliveries/CMW
22	Multan	5.2	5.30	5.58	5.36
23	Muzaffargarh	5.2	4.36	4.14	4.57
24	Nankana Sahib	4.0	3.63	3.51	3.71
25	Narowal	6.6	6.86	5.71	6.39
26	Okara	5.6	5.19	5.27	5.35
27	Pakpattan	6.4	6.13	5.54	6.02
28	Rahimyar Khan	4.5	4.26	4.98	4.58
29	Rajapur	5.4	5.91	5.97	5.76
30	Rawalpindi	4.9	4.85	4.32	4.69
31	Sahiwal	5.8	5.49	4.81	5.37
32	Sargodha	5.8	5.13	5.12	5.35
33	Sheikhupura	6.0	6.04	5.35	5.8
34	Sialkot	4.3	4.61	4.03	4.31
35	Toba Tek Singh	2.7	2.66	2.69	2.68
36	Vehari	4.7	4.66	5.03	4.8
	TOTAL	5.0	4.81	4.69	4.83

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 except Multan. Details of training have already been shared with DFID in last quarter report.

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.

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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.

STATUS:

In order to assess the functionality of SCs and OTPs, a third party assessment is being conducted by TRF+. First draft of the findings would be shared by mid of May 2016.

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. Purchase order for Ice Lined Refrigerator was issued. LC will be open after advance drawl from FD. Case is under process for Advance Drawl Amounting Rs.75 Million.
2. Purchase of IT equipment was re-tendered. Technical evaluation of bids are under process amounting to Rs.51 Million.
- 3.1st phase of up scaling VLMIS is completed. Bill of 4.1 Million from USAID Deliver project submitted of 1st phase.2nd Phase is under process of Amounting Rs.17 Million.

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.

Health Department, Representatives of DFID-WB, TRF+, EVA-BHN and all stake holders participated in the meeting. PD, PSPU highlighted the background of DFID and World Bank

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program. He briefed that more than 63% of DFID funds have been utilized by the programs. He also highlighted that 10.41 Million GBP has been approved and in process of release from DFID where as 16 Million GBP released in March/April 2015 and 14 Million GBP released in April 2013 & Aug 2013. He explained that next tranche will be released on basis of achievement of DLIs and utilization of funds. Representative of DFID expressed his satisfaction on the progress of the Program. Secretary Health directed that internal meetings on status of DLIs and utilization of funds should be conducted every month under the chair of Secretary (Primary & Secondary Healthcare). Minutes of the meeting is attached as **Annex-A**

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:

Contracting Out of Health Facilities under P&SHD in Punjab (Modified Model)

Punjab Government as part of chief minister's Health Reforms Roadmap identified significant gaps at primary and secondary level healthcare service delivery. These gaps includes non-availability of the most basic elements needed to operate these facilities like essential human resource, medicines, supplies, functioning equipment etc.

Existence of gaps indicates that quality of healthcare services are very poor. To improve these gaps, in January 2015, the Chief Minister directed that, while the government moves quickly to address gaps directly in its own facilities, a program of contracting out the management of primary and secondary healthcare facilities also be prepared and implemented. As a result, the department ran the procurement process for contracting out management 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. The primary and secondary healthcare department envisions that modified model of contracting out will help to improve the operational efficiency of

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the health facilities. 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) and review mechanism attached as **Annexure-B**. After bifurcation the procurement cell was attached with department of specialised healthcare and medical education. Realizing the importance of procurement, Primary & Secondary Healthcare department also decided to establish an independent procurement cell to 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.

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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:

- i. Field Level Supervisors (EDOs, DOH, DDOH) are performing monitoring & supervisory visits (Health Watch) and real time data is being collected through Android phones provided by Health Department and made to reach out to health facilities in their respected locations. Officers report back any issues along the way using the Health Watch application. In order to confirm their presence, they are also required to take their own photo along with the relevant data. Managers within GPS accuracy of five meters are able to view this data on a map in real-time. Compliance of Health watch visits is given below:

	January 2016	February 2016	March 2016
District	Compliance %	Compliance %	Compliance %
Narowal	60	60	60
D.G Khan	83.33	66.67	50
Toba Tek Singh	83.33	66.67	66.67
Lahore	80	80	60
Layyah	100	80	80
Rajanpur	80	80	80
Jhang	66.67	83.33	83.33
Khanewal	100	83.33	83.33
Khushab	100	83.33	83.33
Muzaffargarh	100	83.33	100
Faisalabad	85.71	85.71	85.71
Multan	85.71	85.71	71.43
Rawalpindi	100	88.89	88.89

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	January 2016	February 2016	March 2016
District	Compliance %	Compliance %	Compliance %
Attock	100	100	100
Bahawalnagar	100	100	100
Bahawalpur	100	100	85.71
Bhakkar	100	100	100
Chakwal	100	100	100
Chiniot	100	100	100
Gujranwala	100	100	100
Gujrat	100	100	100
Hafizabad	100	100	100
Jhelum	100	100	100
Kasur	100	100	100
Lodhran	100	100	100
Mandi Bahauddin	100	100	100
Mianwali	100	100	100
Nankana Sahib	100	100	100
Okara	80	100	100
Pakpattan	75	100	75
Rahimyar Khan	100	100	100
Sahiwal	100	100	100
Sargodha	100	100	100
Sheikhupura	100	100	100

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	January 2016	February 2016	March 2016
District	Compliance %	Compliance %	Compliance %
Sialkot	100	100	100
Vehari	100	100	100

In addition to this, a third party monitoring & evaluation is being carried out through MEAs. 172 MEAs for Primary Healthcare and 23 for Secondary Healthcare are working all over the Punjab to collect data on different indicators on daily basis. The data is collected on Tablet PCs and then sent to servers in Punjab Information Technology Board servers. The dashboard is available online. EDOHs meeting is held on monthly basis to discuss progress and challenges on different issues based on the MEAs data. The Chief Minister of the Punjab takes Stock Take meeting after every two months to view the progress on different indicators.

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.

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

Monthly meetings of EDOs are regularly being conducted. Advisor to CM, Secretary Health Primary & Secondary Healthcare, All Directors, All Executive District Officers (Health) in Punjab and Program Managers of Vertical Programs, Health Roadmap Team and SMU attended the meetings.

During the meetings, CM Roadmap team shared the progress against primary healthcare roadmap targets. Pros and Cons of departmental bifurcation were discussed. The chair discussed that DHQ and THQ were neglected areas in past. Drug control regime has also been priorities at Government Level. Following instructions were also issued by the chair.

1. Ensure ownership of the hospital and dedicated commitment to service delivery.
2. Ensure repair and maintenance of infrastructure.
3. Cleanliness Inspection.

Minutes of the meetings are attached as **Annex-D** and **Annex-E** respectively.

iii. Outputs of KMU during January-March 2016.

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KMU has prepared one policy brief “**Envisioning Role of Community Midwives in Punjab, Pakistan**” in the tenure January to March 2016. Abstract of policy brief is given below:

Abstract: The majority of women prefer the deliveries at home because this option is affordable and accessible. Midwifery care results in lower costs due to fewer unnecessary, invasive, and expensive interventions. This research highlights the motivation, efficiency and proficiency of community midwives working at the grassroots level. This study shows the existing retention status of CMWs in their geographical area. This paper provides an overview of research and statistics that describe the practice of midwives in Punjab. Some key reasons including financial constraints, lack of trust and a fear of being mishandled by newly trained young CMWs resulted in low acceptance of CMWs for maternal healthcare. The awareness regarding availability of trained CMWs in the community along with backup support by the district health system is extremely important to address the concerns of the community, thus leading to enhanced acceptance of the CMWs by the community and gaining optimum confidence. This study aims at improving the mother and child health, with the objective to improve the performance of community midwives (CMWs). One of the objectives of this study is to identify the indicators to improve the performance of CMWs in Punjab, Pakistan. Challenges/Bottlenecks are also pointed out and suggestions are made. The methodology used is empirical, quantitative data is represented in pie, bar, and line graphs. Three year secondary data from 2013 to 2015 of CMWs performance was collected from IRMNCH and nutrition program.

This brief is published on **Medical Channel** and attached as **Annex-F1**

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 31st March, 2016 for BP1 are presented in the table below.

Table 1: Summary of programme/initiative wise releases and expenditures as on 31st March, 2016 (PKR) – BP1

Programme	Allocation	Revised Allocation	Expenditure	Committed
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	-

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Programme	Allocation	Revised Allocation	Expenditure	Committed
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	41,895,534	41,895,534	813,093
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	2,765,637,889	2,072,368,410	694,082,572
Utilisation Rate			75%	100%

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

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 7,396.52 million. Table below provides the summary of allocation, releases and expenditures as of 31st March, 2016.

Table 2: Summary of programme/initiative wise releases and expenditures as on 31st March, 2016 (PKR) – BP2

Programme/Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Government share	
					Allocation	Expenditure
Rural Emergency Ambulance Service	203,560,000	203,560,000	134,135,000	69,425,000	150,750,000	0
National Programme for Family Planning and Primary Health Care	546,496,800	546,496,800	280,313,648	233,183,152	8,266,042,000	7,757,956,000
Expanded Programme for Immunisation	147,395,000	50,000,000	0	50,000,000	2,092,000,000	1,432,000,000
Implementing EPHS	215,757,600	100,000,000	95,559,005	4,440,995	0	0
Improving Monitoring and Evaluation	96,017,850	96,017,850	56,670,548	0	50,000,000	38,551,000
Seminar/Symposium/Conferences/Consultative	3,050,000	3,050,000	0	0	0	0

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Programme/Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Government share	
					Allocation	Expenditure
Meetings on EPHS, PHC & Contracting Out						
Financial Management Cell	2,000,900	2,000,900	0	0	8,400,000	2,244,000
Internal Audit Wing	2,005,000	2,005,000	0	0	20,370,000	6,731,877
IRMNCH	546,363,845	400,000,000	400,000,000	0	0	0
Total	1,762,646,995	1,403,130,550	966,678,201	357,049,147	10,587,562,000	9,237,482,877
Utilisation Rate			69%	94%		

Government Funding in addition to DFID

During the fiscal year 2015-16 Government has allocated a total of PKR 132,697 million for the health sector in Punjab¹. This allocation is split between Provincial and District Level by 71% and 29%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	30,725 ³	93,786
District	38,911	0	38,911
Total	101,972	30,725	132,697

Source: Information for provincial current and development budget has been extracted from the budget books, whereas data on district current budget has been extracted from the PIFRA. Budget allocation in PIFRA and printed budget books can vary.

Release of PKR 1,617 million (GBP 10.406 million) have been released by DFID during the second quarter for FY 2015-16. The unspent balance of DFID financial aid provided to date represents 2% of the total government allocations for health in Punjab and 7% of the development allocations (including capital component) during the fiscal year 2015-16.

Budget Analysis

Table below presents a consolidated⁴ 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 3rd Quarter of the Fiscal Year 2015-16 (PKR) as on 31st March, 2016.

Object Classification	Original Budget Estimates	Revised ⁵ Estimates	Released Amount	Expenditure 3 rd Quarter	Expenditure
A01-Employee Related	65,914,154,781	65,079,701,058	57,641,991,172	11,096,695,123	

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 estimates in this document refer to changes made during the year in the PIFRA system which maybe due to error during uploading the budget or omissions made.

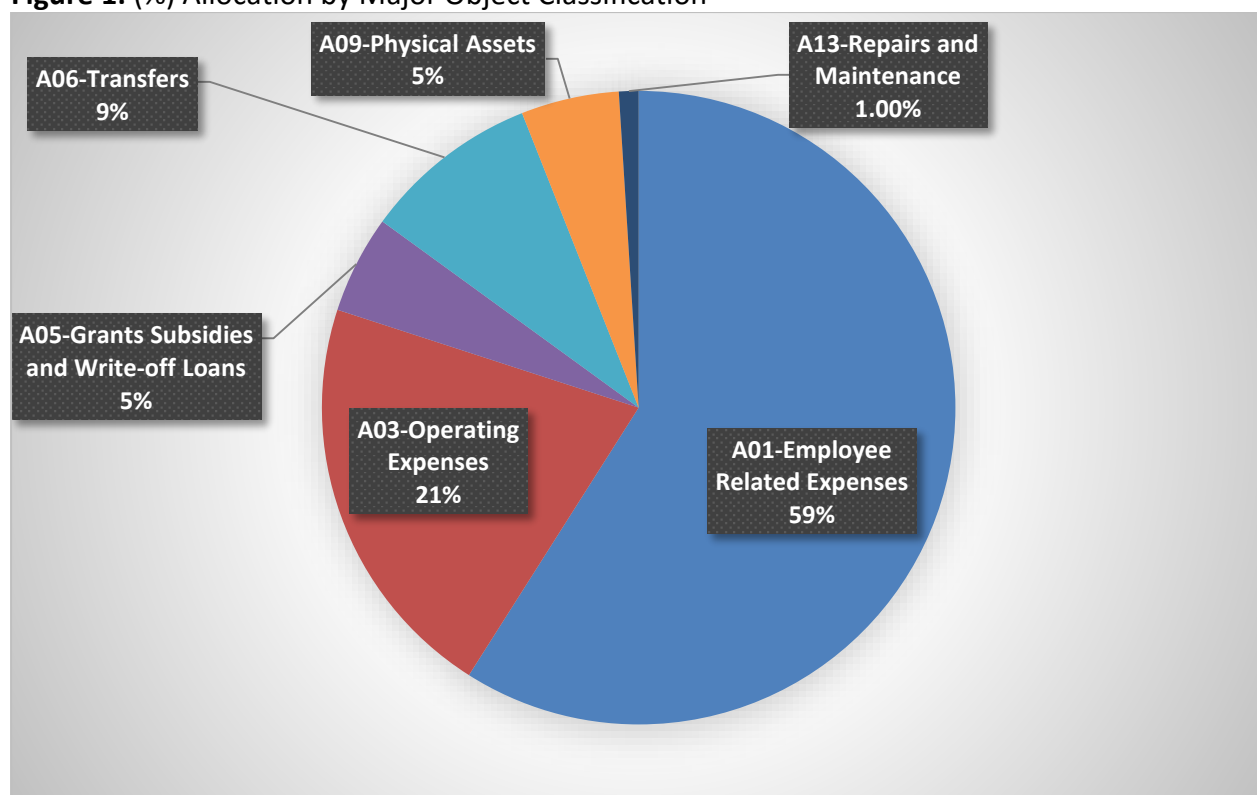
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Object Classification	Original Budget Estimates	Revised ⁵ Estimates	Released Amount	Expenditure 3 rd Quarter	Expenditure
Expenses					36,000
A02-Project Pre-Investment Analysis	15,603,000	14,372,000	14,372,000	2,442,854	14,372,000
A03-Operating Expenses	27,145,903,387	28,167,648,563	25,233,798,002	5,982,331,008	12,145,903,387
A04-Employee's Retirement Benefits	539,949,764	692,125,382	584,220,052	136,142,432	31,145,903,387
A05-Grants Subsidies and Write-off Loans	6,659,518,766	9,160,797,277	8,911,752,132	2,359,503,113	5,331,145,903,387
A06-Transfers	5,535,103,256	6,454,947,537	5,916,125,854	1,703,396,372	4,703,396,372
A09-Physical Assets	7,607,347,700	7,967,695,105	6,916,177,004	221,919,633	1,616,177,004
A12-Civil Works	111,245,000	245,266,000	245,265,000	45,188,431	103,265,000
A13-Repairs and Maintenance	1,237,308,723	1,428,484,586	1,240,456,298	288,777,375	516,456,298
Total	114,766,134,377	119,211,037,508	106,704,157,514	21,836,396,341	60,754,157,514

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

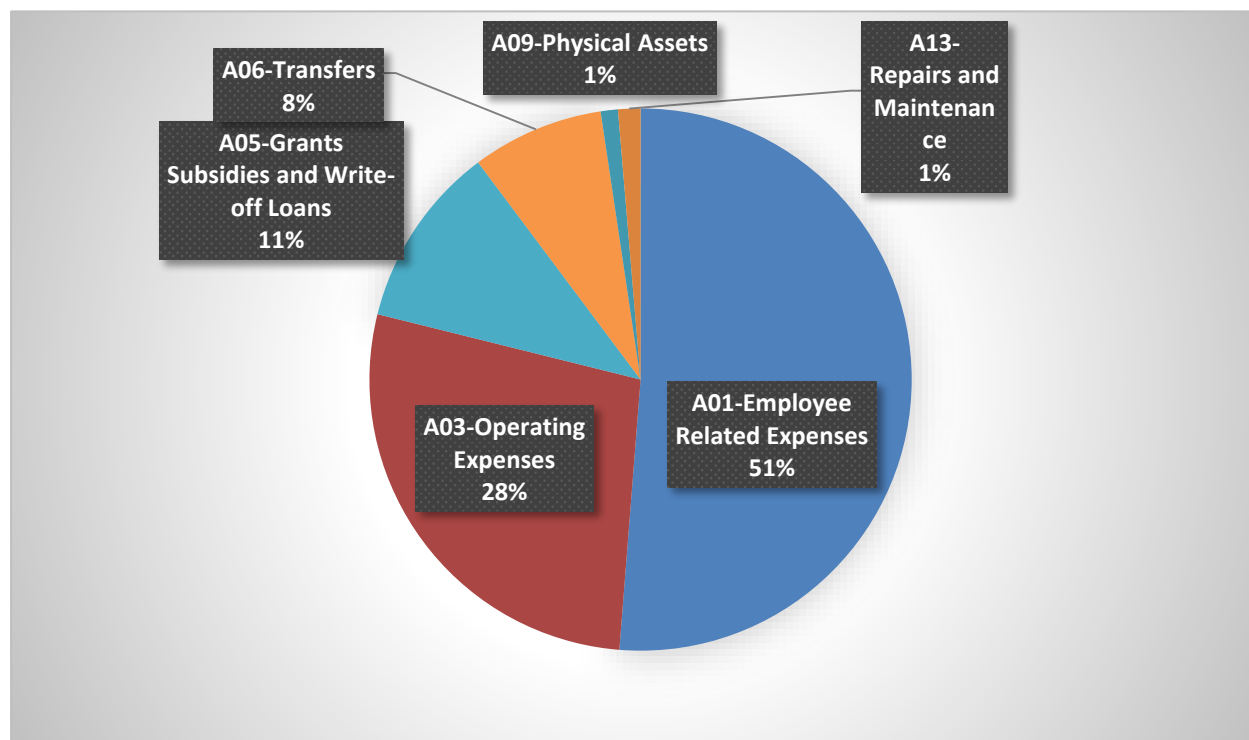
Highest allocation (59%) was made for payment of salaries followed by operating expenses (21%) in the Punjab for the fiscal year 2015-16. Figure below presents consolidated share of each expenditure head for the fiscal year 2015-16.

Figure 1: (%) Allocation by Major Object Classification



The major share in actual expenditures for the 3rd quarter of the fiscal year 2015-16 was for salaries (51%) followed by operating expenses (28%).

Figure 2: (%) Expenditure (3rd Quarter) by Major Object Classification



Summary of budget and expenditure of this tenure attached as **Annex-F2**

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 in previous report.

DLI – Quarterly budget execution report and review meetings

Status

This DLI has been complete and documentary evidence shared with DFID. Quarterly budget execution report and review meetings attached as **Annexure-G**.

DLI – Quarterly report on implementation of RMP

Status

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

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% and 97% in RHCs, information as provided by DHIS cell for the first quarter of 2016. Detailed report is attached as **Annex-H**.

- ii. **MEAs data analysis**

According to MEAs data analysis, 93% medicines available in BHU, RHC and 24/7 BHUs are shown below:

Availability (All BHUs)	
Jan-16	99%
Feb-16	95%
Mar-16	96%
Average	97%
Availability (RHCs)	
Jan-16	86%
Feb-16	90%
Mar-16	92%
Average	89%
Overall	
Jan-16	93%
Feb-16	93%
Mar-16	94%
Average	93%

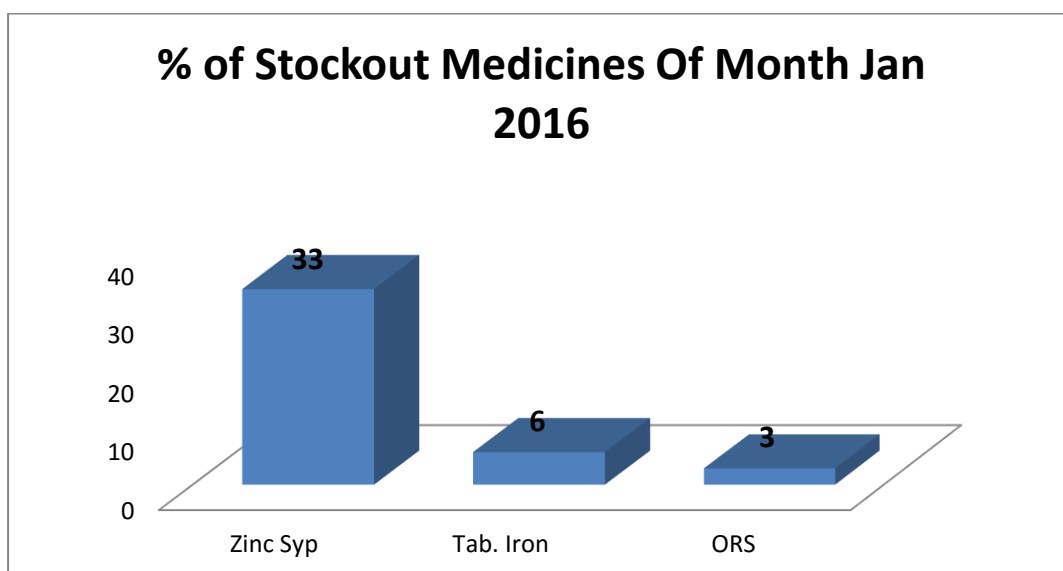
DLI. 70% Lady Health Workers report no stock outs for essential medicines and contraceptives (achieved by 31 October 2015).

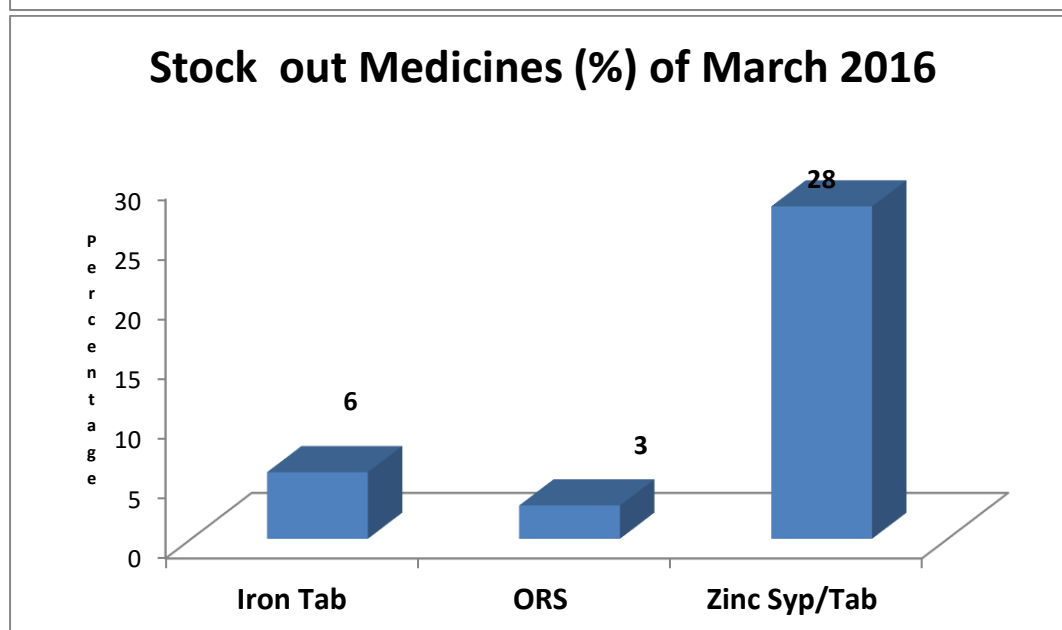
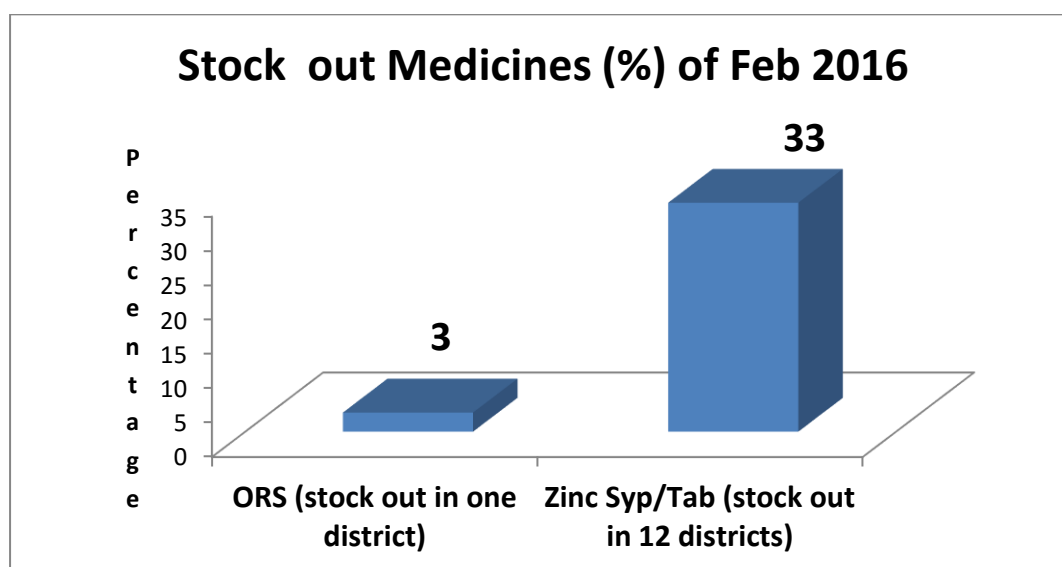
Means of Verification:

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 information in reports provided by LHWs MIS, approximately 68% no stock outs of medicines in 1st Quarter of 2016. Zinc Sulphate has been procured and in phase of distribution. 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:

According to data of MIS Cell (DHIS) reported in the previous quarterly report showed the following results:

- 79% of Senior Medical Officer,
- 81% of Women Medical Officer,
- 91% of LHV and
- 92% of EPI Vaccinator Positions

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As per above data this DLI have been achieved and payment by DFID is still pending..

Currently, MIS Cell (DHIS) shows that 71% Senior Medical Officer, 73% of Medical officer, 75% of Women Medical Officer, 91% of LHV and 91% of EPI Vaccinator positions have been filled during the first quarter of 2016.

Posts	Sanctioned	Vacant	Percentage
Senior Medical Officer	361	106	71
Medical Officer	2674	722	73
Women/Lady Medical Officer	497	124	75
Lady Health Visitor	4038	369	91
EPI Vaccinator	2199	197	91

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

Progress against agreed PHNP Log frame:

Output 1:																				
<p>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</p>																				
<p>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:</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th colspan="4">Comprehensive EmONC</th> </tr> <tr> <th>Health Facility</th> <th>Providing</th> <th>Not Providing</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>DHQ</td> <td>27</td> <td>0</td> <td>27</td> </tr> <tr> <td>THQ</td> <td>65</td> <td>39</td> <td>104</td> </tr> <tr> <td>Total</td> <td>92</td> <td>39</td> <td>131</td> </tr> </tbody> </table>	Comprehensive EmONC				Health Facility	Providing	Not Providing	Total	DHQ	27	0	27	THQ	65	39	104	Total	92	39	131
Comprehensive EmONC																				
Health Facility	Providing	Not Providing	Total																	
DHQ	27	0	27																	
THQ	65	39	104																	
Total	92	39	131																	
<p>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 Jan, Feb and Mar 2016 are $[(2208+2182+2151) / 3] = 2180$ Average Reporting in Jan, Feb and Mar 2016 are $[(2086+2044+1997) / 3] = 2042$ Average Reporting Compliance in Jan, Feb and Mar 2016 = 93.67%</p>																				

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:

CMWs with an average of two or below deliveries per month (Jan-Feb-Mar) = 313

Percentage of CMW with an average of 2 or below Deliveries = $313 / 2042 = 15.32\%$

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

Baseline:

Milestone 2016: 55%

Status :93.6% (average in Jan-Feb-Mar 2016)

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 is preparing quarterly execution reports. Two reports (quarterly) prepared to date and monthly reports are also being prepared. Review meetings are being chaired by Secretary/Additional Secretary.

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: Field Level Supervisors are performing monitoring & evaluation, supervisory visits and real time data is being collected through android smart phones. A third party monitoring & evaluation is also being carried out through MEAs.

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)

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Milestone 2016: Training materials and plan for pre & in-service trainings of LHWs developed and master trainers trained

Status: Draft revised LHW training curriculum developed. Consultation with the department are being held for its finalization. The final version will be available by end of June 2016 after which the provincial master trainers will be trained.

2. Key Challenges and Lessons Learnt

- i. After bifurcation of Health Department, allocation and aligning activities of all departments into the respective departments
- ii. Realigning the DFID and WBs program according to the bifurcated health department scenario
- iii. Improving skills of LHWs by Strengthening the Training Program with the support of Punjab Skilled Development Funds.
- iv. Implementation of sectoral plans of relevant sector under Multi-sectoral Nutrition Strategy

3. Way Forward:

- Aligning of Health Department activities with Multi sectoral Nutrition Strategy, identifying bottlenecks and ensuring implementation of initiatives to tackle malnutrition.
- To improve performance of LHWs regarding management of malnutrition training to be conducted after development of unified standardized nutritional manuals/ protocols, recording/reporting tools, M&E frame work and referral mechanism.
- Clustering of BHUs and mapping of stabilization Centers.
- Enhance coverage of SBAs and FP services
- Development of comprehensive FP & Nutrition communication strategy.