

**Provincial Health and Nutrition Programme – PHNP**

**Quarterly Progress Report**

**July to September 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

# Provincial Health and Nutrition Programme 202488 Grant 2012-18

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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. Twelve DLIs have been finalized for the fourth year (2016-17). Three complete and three partial DLIs would be assessed 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 July to September 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 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:

**DLI Achieved.**

The IRMNCH Program reports that average number of deliveries per CMW in 24/7 area was 4.30 and non 24/7 areas was approximately equal to 6 in the 3<sup>rd</sup> Quarter of 2016.

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	4.23	4.90
2	Bahawalnagar	3.81	6.25
3	Bahawalpur	4.59	6.81
4	Bhakkar	4.50	6.74
5	Chakwal	5.39	3.50
6	Chiniot	3.89	5.44
7	D.G Khan	0.00	5.67
8	Faisalabad	4.37	5.61
9	Gujranwala	4.04	6.04
10	Gujrat	0.00	4.54
11	Hafizabad	3.93	5.05
12	Jhang	5.08	5.26
13	Jhelum	4.39	6.38
14	Kasur	5.25	5.43
15	Khanewal	4.39	6.13
16	Khushab	3.86	5.27
17	Lahore	3.83	6.10
18	Layyah	3.11	5.32
19	Londhran	4.23	5.10
20	Mandi Bahauddin	0.00	5.52
21	Mianwali	0.00	4.36

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Sr No	Districts	Deliveries /CMW in 24/7 Area	Deliveries /CMW in Non 24/7 Area
22	Multan	3.95	6.44
23	Muzaffargarh	0.00	5.88
24	Nankana Sahib	3.41	5.17
25	Narowal	5.07	8.83
26	Okara	4.67	6.56
27	Pakpattan	5.00	6.10
28	Rahimyar Khan	3.90	5.41
29	Rajanpur	4.42	6.19
30	Rawalpindi	2.93	4.64
31	Sahiwal	4.88	6.52
32	Sargodha	4.48	7.99
33	Sheikhupura	5.38	9.40
34	Sialkot	4.07	6.27
35	Toba Tek Singh	3.58	4.18
36	Vehari	2.59	5.18
	<b>TOTAL</b>	<b>4.30</b>	<b>5.92</b>

Source: MNCH Program MIS

Approved PC-1 of IRMNCH & NP describes the measures to improve CMWs performance through "New Retention Paradigm for CMWs" and extract from PC-1 is **annexed at A**.

**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 cEmONC health facilities (DHQ & THQs) is in process and will be provided by IRMNCH & N Program by 15<sup>th</sup> November 2016. Baseline will be assessed and fixed, based upon recommendation of newly notified facilities.

**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

**STATUS:**

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

According to IRMNCH & NP, 85% OTPs and SCs are functional. TRF+ is preparing for assessment by third part and will complete this work by end of February, 2017.

### **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:**

TRF+ is preparing for assessment by third part and will complete this work by end of February, 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 been approved by Primary & Secondary Healthcare Department. Notification is attached as **Annexure-B**. This DLI has been achieved and qualifies for disbursement linked to this DLI.

### ***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)

#### **Status:**

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

### **DLI Achieved.**

PC-1 for FMC has been approved by Departmental Development Sub Committee (DDSC) held on 15-07-2016. Administrative Approval of the same has been **Annexed at C**. Notification of RMP is likely to be made by end of October 2016 and same will be shared with DFID.

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

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

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

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

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

#### **Status:**

The ToRs for this assignment were shared with the department in April, 2016 and an approval received by end of August, 2016. When the ToRs were shared with the department, a consultant was also identified, however, when the approval was received, the identified consultant was no longer available. At present TRF+ is in search of suitable consultant to perform this job. TRF+ is trying its best to complete this work by end of February, 2017.

**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:**

### **DLI Achieved.**

Review Meetings of EDOs were 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, Progress on ADP schemes, Procurement under ADP Schemes was shared. The chair advised the EDOs to develop tool kit comprising of details on ADP Schemes, procurement plan, PPRA and PEEDA Act to be used at any time during any meeting and field visit. Progress on previous meeting decisions was also reviewed. Secretary, P&SHC encouraged the participants to put extra effort for completion of all development schemes under implementation as the Government has allocated good amount of funds for the Health sector. The Department is required to



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prove its capacity to utilize the funds while taking care of all admissible procedures in vogue. Minutes of the meetings are attached as **Annex-D**.

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

#### 1.6 Financing (20%)

#### 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 30<sup>th</sup> September, 2016 for BP1 are presented in the table below.

**Table 1:** Summary of programme/initiative wise releases and expenditures as on 30<sup>th</sup> September, 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 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 30<sup>th</sup> September, 2016.

**Table 2:** Summary of programme/initiative wise releases and expenditures as on 30<sup>th</sup> September, 2016 (PKR) – BP2

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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	-	-	-
<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>	<b>12,322,745,000</b>	<b>11,777,999,000</b>
<b>Utilization Rate</b>			<b>74%</b>	<b>97%</b>			

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

\*\* 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.

### Government Funding in addition to DFID

During the fiscal year 2016-17 Government has allocated a total of PKR 64,076 million for the Primary and Secondary health sector in Punjab<sup>1</sup>. This allocation is split between Provincial and District Level by 35% and 65%<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	41,756	0	41,756
<b>Total</b>	<b>46,076</b>	<b>18,000</b>	<b>64,076</b>

Source: 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.

**Table 4:** Consolidated Budget and Expenditure for Primary and Secondary Health Care Sector for the 1<sup>st</sup> Quarter of the Fiscal Year 2016-17 (PKR) as on 30<sup>th</sup> September, 2016.

Object Classification	Original Budget Estimates	Revised <sup>5</sup> Estimates	Released Amount	Expenditure 1 <sup>st</sup> Quarter	Expenditure to date
A01-Employee Related Expenses	33,061,165,659	32,994,856,288	23,775,001,950	183,978,325	183,978,325
A02-Project Pre-Investment Analysis	10,051,000	6,775,500	3,275,500	-	-
A03-Operating Expenses	13,645,581,905	11,894,597,568	3,149,105,220	5,222,874	5,222,874
A04-Employee's Retirement Benefits	369,417,279	397,394,468	211,228,595	4,231,457	4,231,457
A05-Grants Subsidies and Write-off Loans	1,701,450,366	3,465,575,050	2,840,359,407	1,600,424,289	1,600,424,289
A06-Transfers	1,925,248,198	1,931,644,198	730,686,617	-	-
A09-Physical Assets	9,568,504,008	9,547,140,963	950,361,943	26,438,000	26,438,000

<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

<sup>5</sup> 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, omissions made or issuance of a supplementary grant or re-appropriations made.

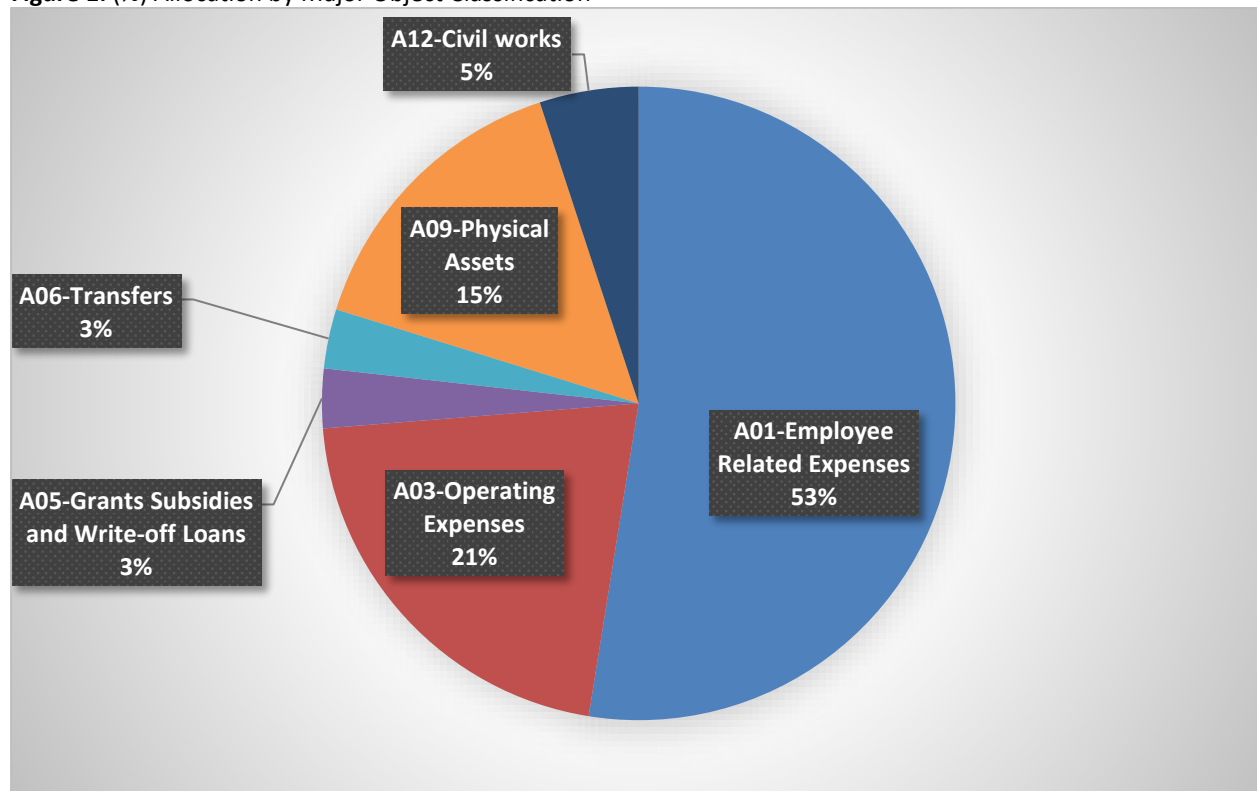
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Object Classification	Original Budget Estimates	Revised <sup>5</sup> Estimates	Released Amount	Expenditure 1 <sup>st</sup> Quarter	Expenditure to date
A12-Civil Works	3,221,711,000	3,221,711,000	2,037,851,000	-	-
A13-Repairs and Maintenance	572,905,446	567,541,446	221,556,921	210,418	210,418
<b>Total</b>	<b>64,076,034,861</b>	<b>64,027,236,481</b>	<b>33,919,427,153</b>	<b>1,820,505,363</b>	<b>1,820,505,363</b>

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

Highest allocation (53%) 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.

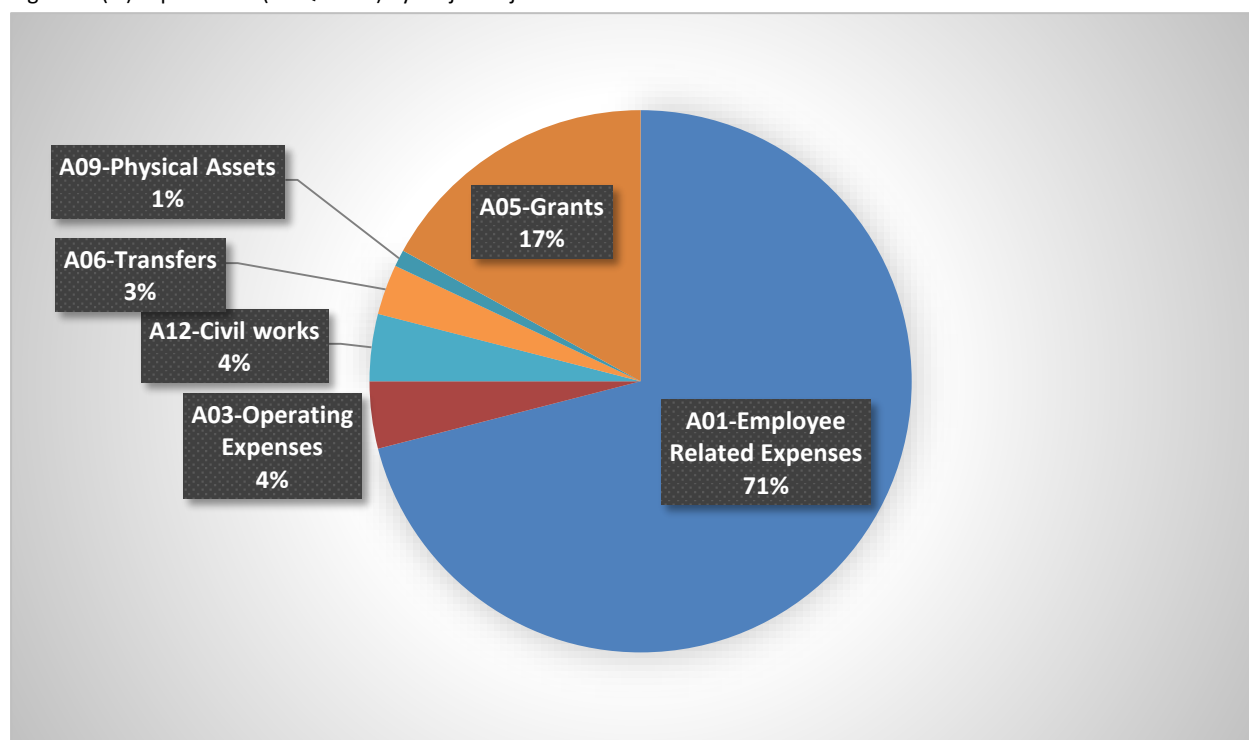
**Figure 1:** (%) Allocation by Major Object Classification



The major share in actual expenditures for the 1<sup>st</sup> quarter of the fiscal year 2016-17 was for operating expenses (71%) followed by grants (17%).

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Figure 2: (%) Expenditure (1<sup>st</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.

The size of the present development budget has increased to 74% in comparison with financial year 2015-16.

Health Budget Brief for 2016-17 is attached as **Annexure-E**.

**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.

The overall development budget utilization rate has been 66% and 74% with respect to original estimate and final grant respectively. Annual Expenditure Report Primary & Secondary Healthcare Department for FY 2015-16 is attached as **Annexure-F**.

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**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**

**DLI Achieved.**

Annual Procurement Plan is attached as **Annexure G**.

Progress Reports on Procurement of P&SHD are **annexed at H & I**.

### **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 & Injectable)**

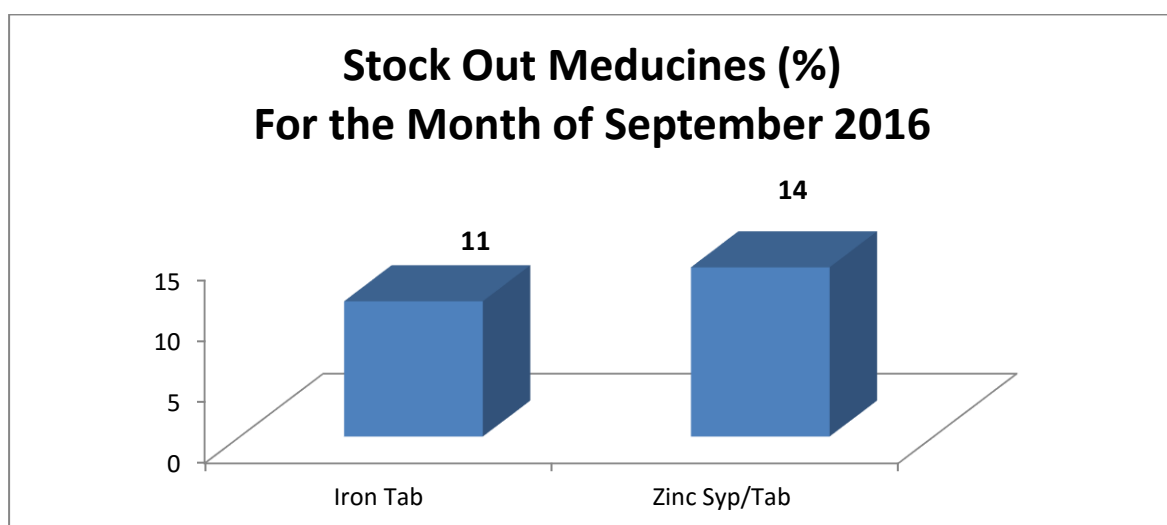
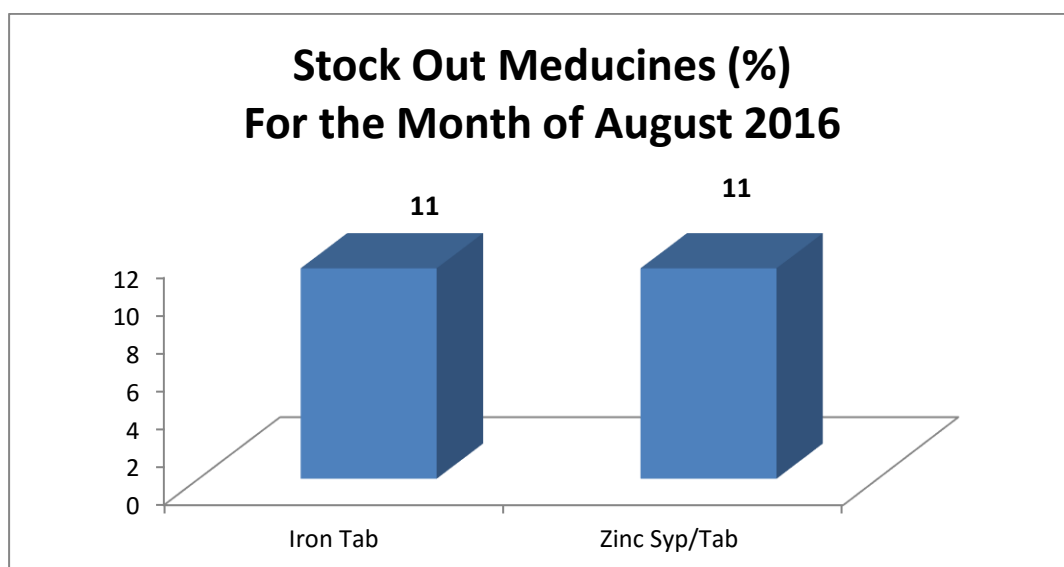
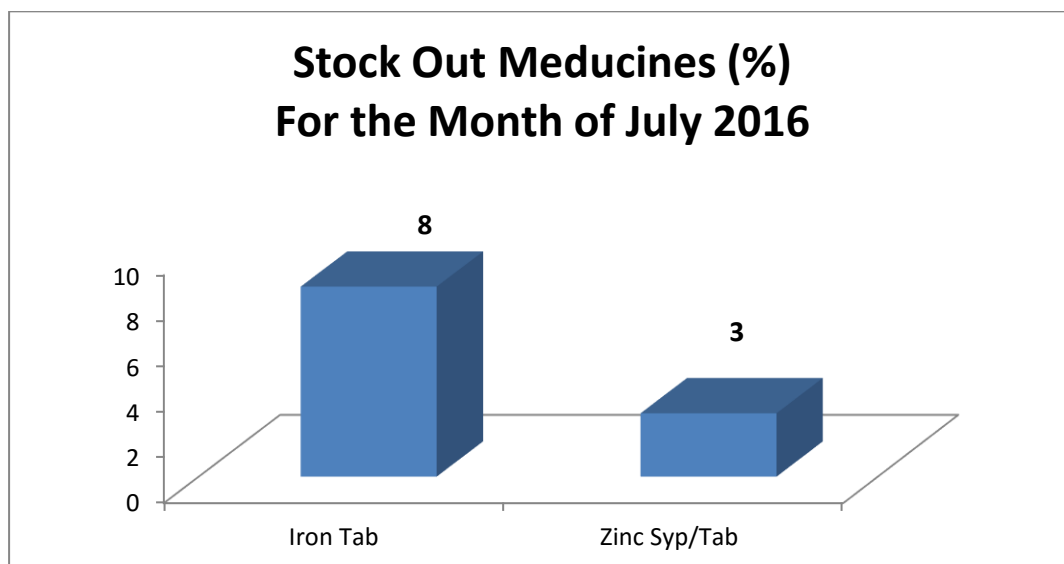
**Due Date: 28<sup>th</sup> February 2017.**

### **Means of Verification:**

1. LHW MIS validated by third party

### **Status:**

According to reports provided by LHWs MIS, approximately there was 84% no stock outs of medicines in 3<sup>rd</sup> Quarter of 2016. However, there has been stock out of Zinc Sulphate and Iron tablets in this quarter. Further details are shown in charts given below.



Progress against agreed PHNP Log frame:

Output 1:

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<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 2016 : 95 FP users/month per LHW  <b>Status: 97 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 2016: 85/140 health care facilities providing complete package of CEMONC care.  <b>Status:</b> Department is going to notify number of health facilities (DHQ &amp; THQ) providing EmONC services. This will fix the number of DHQ &amp; THQ and this number will be used to trace out progress of this output</p>
<p><b>Output 1.3: Number of CMWs completing monthly reporting.</b>                  Baseline:                  Milestone for 2016: TBC CMWs deployed (3199), TBC reporting monthly (2879) 90%.  <b>Status:</b> Average Reporting Compliance in 3<sup>rd</sup> Quarter is 87%</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>                  Baseline:                  Milestone for 2016: 31%,  <b>Status:</b>                  Percentage of CMW with an average of 2 or below Deliveries = 26.33%</p>
<p><b>Output 1.5: Percentage of registered children with Severe Acute Malnutrition (SAM) who are being treated in target districts</b>                  Baseline:                  Milestone 2016: 55%  <b>Status : 85%</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>                  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.  <b>Status:</b> Currently, FMC is extending support to both P&amp;SHD and SH&amp;ME Departments and generates reports as required.</p>
<p><b>Output 3.3: Capacity of province and districts to monitor own health sector programmes.</b>                  Baseline: Limited capacity in Punjab and KP for M&amp;E                  Milestone 2016: Web based LHW, EPI and Nutrition MIS developed and generating regular reports, Quality of nutrition services assessed, Review meetings at provincial</p>

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

**Status:**

- a. Web based MIS for LHW and Nutrition has been developed and reports being generated.
- b. Assessment of nutrition services completed.
- c. Review meetings will be held in the next quarter. System has recently been implemented.
- d. TA delayed by Executive Committee until the District Health Authorities are set up.

**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:** The curriculum, which was submitted to the programme in the previous quarter, was approved in the month of August 2016, with request to conduct training of provincial master trainers. The preparation of LHW refresher training plan and training of master trainers for LHWs is delayed due to change in the top level management of the programme. The task of refresher trainings of LHWs will be followed up during the next quarter with the new management once it has settled down.

## **2. Key Challenges and Lessons Learnt**

- i. Although PC-1 of IRMNCH & NP got approved on 19<sup>th</sup> August 2016 but program lacked ownership due to the absence of Program Director. The PC-1 activities which were supposed to be included in the DFID Business plan could not be finalised in time.
- ii. Procurement of IRMNCH & NP got delayed and the achievement of DLIs directly related to procurement for SCs & OTPs and LHWs were also affected.

## **3. Way Forward:**

- i. A permanent Program Director was required for IRMNCH & NP for proper ownership and Dr Akhter Rasheed has been appointed for this purpose.
- ii. Procurement process should be streamlined to ensure the availability of commodities at OTPs, SCs and health houses of LHWs



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- iii. More frequent interaction among all the stake holders and implementing partners is the key to harness commitment and coordination for successful achievement of the indicators.