

Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

April to June 2017

PUNJAB

United Kingdom/Pakistan: Non Budget Support Financial Aid

Provincial Health and Nutrition Programme 202488 Grant 2012-18

List of Acronyms

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

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

1.1 Background

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

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

The Punjab Health and Nutrition Programme (PHNP) is making steady progress against an identified and approved log frame/work plan. All the first year and second year DLIs have been achieved. The total DLIs for the third year (2015-16) were 16. Out of these, 9 DLIs were achieved. For fourth year (2016-17), Twelve DLIs were agreed, out of these, seven complete and two partial DLIs have been achieved. Thirteen DLIs for the fifth year (2017-18) have been proposed and in process of finalization with the P&SHC Department.

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 April to June 2017 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 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: 31st October 2016

Means of verification:

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

Status:

Partially Achieved. The IRMNCH Program reports that average number of deliveries per CMW in 24/7 and non 24/7 areas was 3 in the 2nd Quarter of 2017.

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

Sr No	Districts	Deliveries /CMW in Non 24/7 Area	Deliveries /CMW in 24/7 Area
1	Attock	3	3
2	Bahawalnagar	3	3
3	Bahawalpur	2	3
4	Bhakkar	3	2
5	Chakwal	2	2
6	Chiniot	3	3
7	D.G Khan	5	5
8	Faisalabad	0	2
9	Gujranwala	3	3
10	Gujrat	4	3
11	Hafizabad	2	3
12	Jhang	3	3
13	Jhelum	3	3
14	Kasur	4	4
15	Khanewal	3	3
16	Khushab	3	3
17	Lahore	3	3
18	Layyah	2	3
19	Londhran	4	4
20	Mandi Bahauddin	3	3
21	Mianwali	4	5
22	Multan	3	4
23	Muzaffargarh	3	3
24	Nankana Sahib	2	3
25	Narowal	4	5
26	Okara	4	4
27	Pakpattan	5	5
28	Rahimyar Khan	0	3

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Sr No	Districts	Deliveries /CMW in Non 24/7 Area	Deliveries /CMW in 24/7 Area
29	Rajanpur	2	3
30	Rawalpindi	3	3
31	Sahiwal	3	4
32	Sargodha	5	4
33	Sheikhupura	3	4
34	Sialkot	3	3
35	Toba Tek Singh	2	2
36	Vehari	4	4
	TOTAL	3	3

Source: MNCH Program MIS

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

Due Date: 28th February 2017

Means of Verification:

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

Status:

Partially Achieved. Notification of designated CEmONC health facilities (DHQs & THQs) has been notified by Primary & Secondary Healthcare Department, Punjab and already shared with DFID.

DHIS Report Data (As per list of designated CEMONC centers):

Indicators	DHQ (%)	THQ (%)
Gynaecologist	80	86
Anaesthetist	53	51
Paediatrician	69	87

Source: DHIS (May, 2017)

MEAs Report Data (As per list of designated CEMONC centers):

Indicators	DHQ (%)	THQ (%)
Gynaecologist	91	91
Anaesthetist	47	82
Paediatrician	72	63

Source: MEAs Secondary Dashboard (May, 2017)

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

Due Date: 28th 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

b) DLI-85% of MAM screened children at OTPs receiving MMS supplementation

Due Date: 28th February 2017

Means of Verification:

- Nutrition MIS validated by third party

STATUS:

A joint third party assessment for both of the above DLIs was conducted by TRF+ and summary assessment report has already been shared with DFID.

- a) **Not Achieved.** According to TPV, 81% of OTPs and 73% of SCs were found to be fully functional against the agreed DLI parameters.
- b) **Achieved.** The provision of MMS to MAM children was validated through household survey. According to Report, total 3435 MAM children assessed and 99% children verified for receiving MMS.

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

Due Date: 28th February 2017

Means of Verification:

- Process agreed and guidelines developed
- Notification issued

Status:

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

1.3 Stewardship and Governance (25%)

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

Due Date: 31st October 2016

28th February 2017

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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:

Achieved. Notification of RMP has been approved by Primary & Secondary Healthcare Department, Punjab and already shared with DFID. FMC staff has been hired by the Department. Monthly and Quarterly progress report are being prepared and discussed at departmental level on regular basis. Bimonthly implementation plan of RMP has been approved by Department and is being implemented.

1.5 Data and Information (10%)

DLI – Functional data internal validation system for DHIS in place

Due Date: 28th February 2017

Means of Verification:

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

Status:

Not Achieved. The system development work for data validation system (DHIS+IRMNCH&N-MIS) has been completed and data validation manual approved by Director MIS as well as IRMNCH&N Programme. TORs for the implementation of the agreed data validation system were shared with the department in May 2017 and approval of these TORs is awaited.

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: 31st October 2016

28th February 2017

Status:

Review Meetings of CEOs is a regular feature of Primary & Secondary Health Department and held regularly in DGHS office under the chair of Secretary, Primary & Secondary Healthcare Department, Punjab. All Additional Secretaries, Deputy Secretaries, Divisional Directors Health, Program Directors and CEOs (Health) attended the meeting. In the meetings held in this quarter, the Chair shared that Development work has been

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increased manifolds. It was discussed that 85 DHQ/THQs revamping plan for FY 2017-18 is under consideration. Importance of Hepatitis and EPI in the present disease situation was highlighted. Integrated screening camps being planned and shall be implemented. Detailed minutes of the meetings are attached as **Annex- A, B**.

Status of the Financial Management Cell (FMC):

1.6 Financing (20%)

Overall financial progress (74%) against all programme components during the quarter is very encouraging. Detail of expenditures as on June 30, 2017 against four tranches released by DIFD is given below:

Table 1: Tranche wise releases and expenditures of DFID Funds as on 30th June, 2017

Tranche No.	Amount Disbursed GBP £	PKR Equivalent	PKR Expenditure	%age Utilization
1	14,000,000	2,150,926,000	2,150,926,000	100%
2	15,835,000	2,377,511,000	2,377,511,000	100%
3	15,524,750	2,398,160,622	1,705,886,175	71%
4	11,840,000	1,548,583,738	-	0%

Total	£ 57,199,750	PKR 8,475,181,360	PKR 6,234,323,175	74%
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Note: The expenditure figures have been conveyed by the programmes, however reconciled figures are still awaited from AG and will be updated accordingly.

Overall funds utilization against first three tranches is 90%. Funds released under first two tranches have been fully utilized by the programmes whereas 71% of third tranche has also been utilized by June 30, 2017. A Business Plan is being prepared for the utilization of funds released under tranche 4 by DFID to FD – Punjab along with unutilized funds from previous Business Plans.

Table 2: Summary of programme/initiative wise releases and expenditures as on 30th June, 2017 (PKR) – BP3

Programme / Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Balance	Government share
IRMNCH	1,509,375,022	1,509,375,022	176,000,000	1,068,699,099	264,675,923	1,982,000,000
Improving Monitoring and Evaluation (MEAs)	17,545,600	17,545,600	0	666,497	16,879,103	71,400,000
Total	1,526,920,622	1,526,920,622	176,000,000	1,069,365,596	281,555,026	2,053,400,000
Utilization Rate			12%	82%		

Government Funding in addition to DFID

During the fiscal year 2016-17 Government has allocated a total of PKR 66,020 million for the Primary and Secondary health sector in Punjab¹. This allocation is split between Provincial and District Level by 34% and 66%² respectively. Table below shows the allocation by Provincial and District level and also by current and development budget streams.

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.

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

Level	Current	Development	Total
Provincial	4,692	18,000 ³	22,692
District	**43,328	0	43,328
Total	48,020	18,000	66,020

Source: Data from PIFRA

** Due to transition of district data from account IV to new account, district budget figures are updated upto Feb. 2017 due to the non-availability of relevant data on PIFRA.

Budget Analysis

Table below presents a consolidated⁴ picture of Punjab Health Budget and expenditure 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 4th Quarter of the Fiscal Year 2016-17 (PKR) as on 30th June, 2017.

Object Classification	** Original Budget Estimates	Revised ⁵ Estimates	Released Amount	Expenditure to date	4 th Quarter Expenditure
A01-Employee Related Expenses	34,356,648,691	34,341,851,150	29,121,703,453	22,261,197,404	693,992,193
A02-Project Pre-Investment Analysis	8,222,471,921	0	0	0	0
A03-Operating Expenses	5,990,704,880	17,129,412,054	11,959,471,196	9,136,264,630	4,865,876,511
A04-Employee's Retirement Benefits	881,955,670	504,191,146	392,746,837	251,843,370	13,522,289
A05-Grants Subsidies and Write-off Loans	2,709,495,413	16,412,774,170	16,044,036,311	13,657,922,989	8,201,229,130
A06-Transfers	857,498,758	2,337,970,495	1,606,075,166	1,432,288,184	280,592,106
A09-Physical Assets	9,175,192,850	6,349,788,622	6,064,764,541	4,431,727,459	2,889,374,264
A12-Civil Works	3,221,711,000	3,446,661,813	3,036,052,560	2,146,302,556	862,580,655
A13-Repairs and Maintenance	604,254,465	669,768,386	407,037,571	291,389,342	107,433,522
Total	66,019,933,648	81,192,417,836	68,631,887,635	53,608,935,934	17,914,600,670

Source: Data from PIFRA

** Due to transition of district data from account IV to new account, district budget figures are updated upto Feb. 2017 due to the non-availability of relevant data on PIFRA.

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

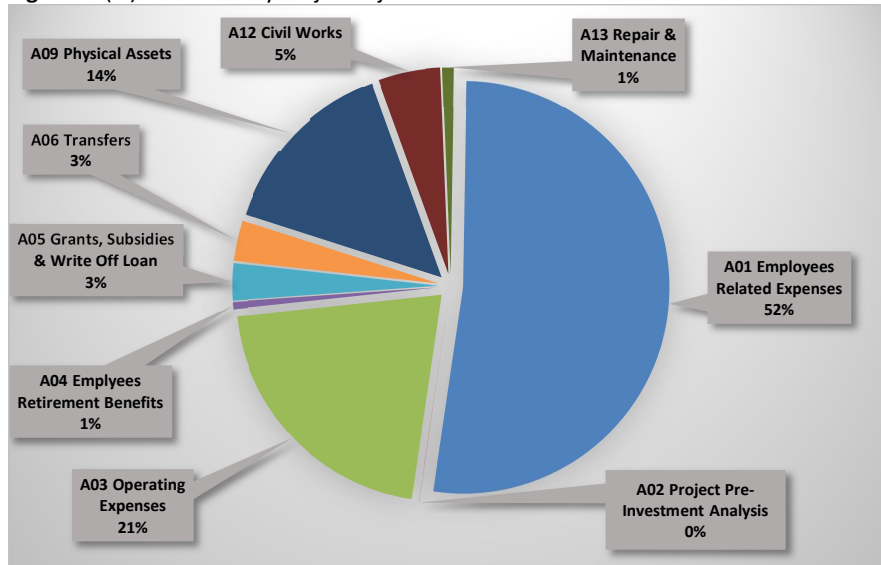
³ Includes capital and revenue.

⁴ Provincial + District + Development

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

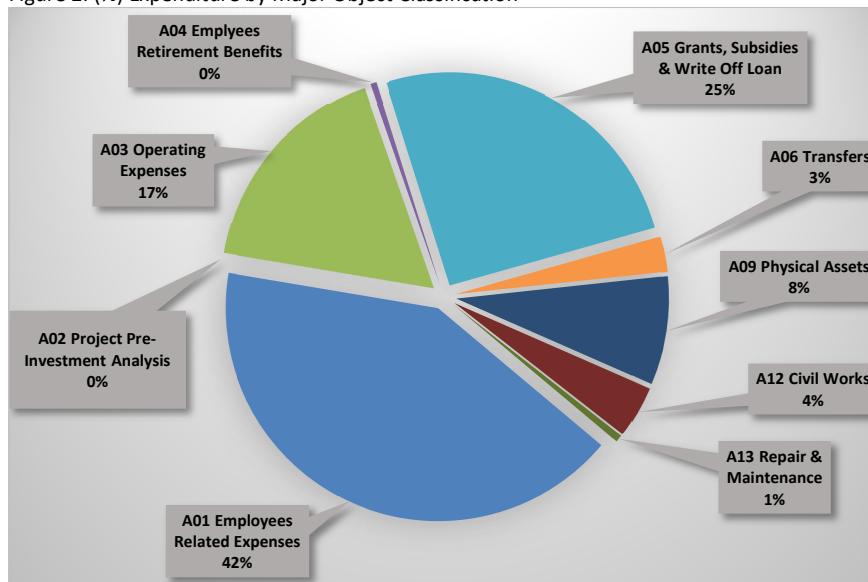
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Figure 1: (%) Allocation by Major Object Classification



The major share in actual expenditures for the fiscal year 2016-17 was for Salaries (42%) followed by Grants, Subsidies & Write Off Loan (25%) and Operating Expenses (17%).

Figure 2: (%) Expenditure 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: 31st October 2016

Status: DLI Achieved.

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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: 31st October 2016

Status: DLI Achieved.

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

Means of Verification:

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

Due Date: 31st October 2016

28th February 2017

Status

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

1.7 Medical products

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

Due Date: 28th February 2017.

Means of Verification:

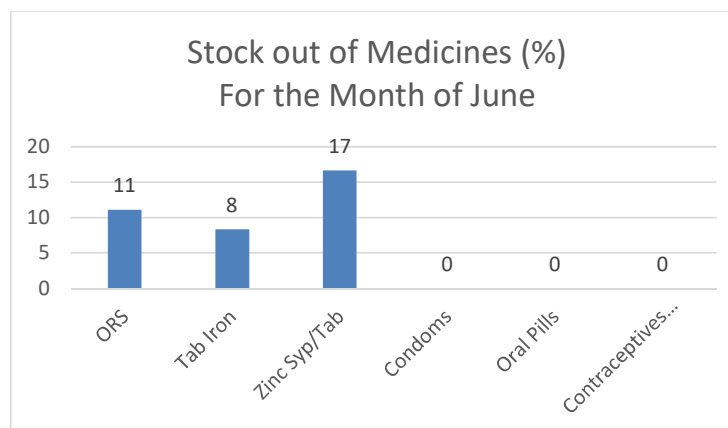
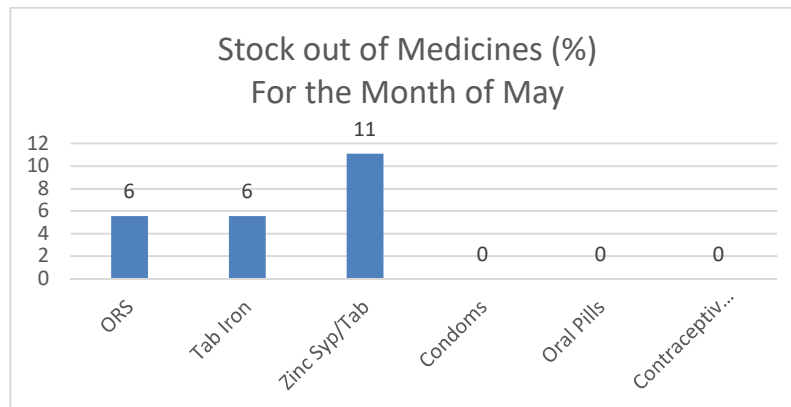
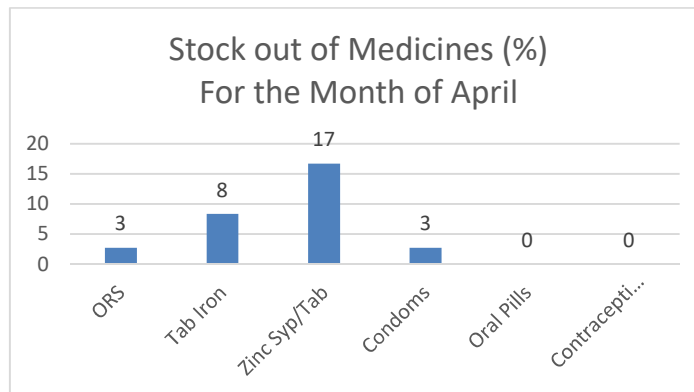
1. LHW MIS validated by third party

Status:

Not Achieved. Third Party Validation of this DLI was conducted by TRF+ to assess the validity of LHW MIS. The findings of TPV Report showed that the overall percentage for LHWs having no stockouts was 43%, for 3 or less days of stockouts was 72% whereas, for 5 or less days of stockouts was 82% of LHWs reporting no stockouts. TPV Report has already been shared with DFID.

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According to reports provided by LHWs MIS, approximately there was 75% no stock outs of medicines in 2nd Quarter of 2017. However, there has been stock out of ORS and Zinc Sulphate in this quarter. Further details are shown in charts given below.



Progress against agreed PHNP Log frame:

Output 1:

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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 2017: 100 FP users/month per LHW

Status: 98 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 2017: 90 health care facilities providing complete package of CEMONC care.

Status:

	THQ	DHQ	Total
Total Designated CEMONC Healthcare facilities	61	22	83
Providing Comp. EMONC	39	19	58

Output 1.3: Number of CMWs deployed and completing monthly reporting.

Baseline:

Milestone for 2017: TBC CMWs deployed (3994), TBC reporting monthly (3550) 92%.

Status: 95.3% (Quarter Average)

Reporting Compliance	Apr	May	June
Total Reporting CMW's of the province	2971	2957	3005
Total Reports submitted in the province	2849	2826	2820
Percent Reporting Regularity	96	96	94

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

Baseline:

Milestone for 2017: 27%,

Status: 31.4%

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

Baseline:

Milestone 2017: 60% in 22 Districts

Status : 96.53% in 29 Districts

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 2017: Quarterly budget review reports prepared (one for each quarter) using PIFRA data. One detailed bi-annual and one annual report prepared and discussed with senior health management

Status:

- PC-1 of FMC has been approved.
- Risk Mitigation plan has also been notified by P&SHD.
- FMC staff under PC-1 has been hired by P&SHD.
- Technical Support from TRF+ has been provided to P&SHD.

Output 3.2: Health Sector Roadmaps developed, launched and operational with agreed priorities, targets and actions.

Baseline: No health sector roadmaps

Milestone 2017: (a) Routine of stock takes maintained (b) Sustained performance on BHU and RHC input indicators (Availability of essential medicine > 90%, supplies >90%, functionality of basic utilities >90%) (c) Sustained e-VACCS attendance and coverage by vaccinators > 85%

Status: Routine Stock take meetings are being conducted every two months under the Chair of Chief Minister, Punjab.

- Availability of essential medicine at BHU= 95%, RHC= 92%
- Availability of essential supplies at BHU = 98%, RHC=99%
- Functionality of Utilities, BHU= 96%, RHC= 98%
- Sustained e-VACCS attendance and coverage by vaccinators= 97%

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 2017: (a) Province conducting quarterly review meetings with districts for corrective actions and planning purposes, using data from its monitoring systems (b) 18 districts conducting quarterly review meetings using data from monitoring systems

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

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

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

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

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

Status: 700 out of 804 OTP sites have been established, equipped and fully functional.

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2. Key Challenges and Lessons Learnt

- I. Formulation of PHNP for previous year (DLIs) could not remained smooth due to multiple reasons:
 - a. Restructuring of IRMNCH Program
 - b. Revision of PC-1 of IRMNCH & NP Program which completed in August 2016.
- II. The above mentioned facts also told upon the slow progress of DLI specially related to procurement of commodities like 6 essential items provided to LHWs and nutrition commodities (RUTF). DLI related to CEMONC was partially achieved.

3. Way Forward:

- i. On the basis of lesson learnt, DLIs should be formulated keeping in view the ground realities especially regarding procurement of commodities and practical working scenario of CMWs, LHWs and Basic & Comprehensive MONC services.
- ii. Mutual coordination should be optimum.